Medication Reconciliation at Discharge Definitions and Flowcharts

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Definitions

Medication Reconciliation

Medication Reconciliation [MedRec]: is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.

BPMH

A Best Possible Medication History (BPMH) is a history created using:

- 1. A systematic process of interviewing the patient/family
- 2. A review of at least one other reliable source of information to obtain and verify all of a patient's medication use (prescribed and non-prescribed)

(Safer Healthcare Now, [March 2017] Medication Reconciliation in Acute Care: Getting Started Kit)

**This creates a complete list of the medications the patient is taking and how they are taking them

IDP

The Best Possible Medication Discharge Plan (BPMDP): Accounts for the medications that the patient was taking prior to admission (BPMH) to acute care, the most current medication list, and any new medications planned to start upon discharge. The best possible medication discharge plan (BPMDP) should be communicated to the patient, community physician, community pharmacy and alternative care facility or service. This may include:

- -an up-to-date and accurate list of medications the patient should be taking on discharge
- -a medication information transfer letter to the next care provider which includes rationale for the medication changes
- -a structured discharge prescription to the next care provider or community pharmacist
- -a patient medication schedule and/or wallet card

ISMP: Safer Healthcare Now March 2017

Miscellaneous Definitions

PIS [Pharmacy Information System]: is the pharmacy computer system. As of December 31, 2017 this is the BDM pharmacy information system throughout the province in Acute Care Facilities

PIP: A provincial database called the Pharmaceutical Information Program. The Preadmission Medication List is popularly called the PIP form because it is printed from this program.

DTMR Form [The form is the Saskatchewan Discharge/Transfer Medication Reconciliation Form] either paper-based or produced by the PIS system. DTMR Form is the template used to create the BPMDP.

Original document: An original document has ink directly written upon it by a health care professional in the process of completion of the document.

Photocopied document: Produced via a photocopier. May become an original document if additional information is written on it in ink by a practitioner.

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Transitions in Care MedRec from MoH Pt Safety Wkg Grps

Transition Points in Care:

Admission

Admission MedRec

When a person is formally accepted into an acute care facility MedRec is done at the time of admission that results in a BPMH, orders and a medication administration record (MAR).

Transfer: Internal and External

Internal: is the movement of an acute care patient within a facility. At a minimum, medication reconciliation must be performed at the following internal transfer points:

- Critical care unit → Ward (sending unit performs MedRec)
- Operating room (i.e., when a general or spinal/epidural anaesthetic is administered) → Ward
 o MedRec is performed by the receiving unit within 24 hours of the patient returning to the
 unit from the Operating Room or Post Anesthetic Care Unit (Recovery)

Note:

- -If the OR visit occurs within the first 24-48 hours of admission and an admission MedRec is completed, an internal transfer MedRec is not required (i.e., it is not necessary to perform two MedRecs within 48 hours).
- -If the PIP/BPMH was completed by the pre-admission clinic pre-op, medications will be ordered and reconciled post-op on the unit. Depending on how long the patient remains in recovery following surgery, the patient may not arrive on the ward until day 2 of the stay. In this situation an internal transfer MedRec is not required.

NOTE: There may be area specific procedures that direct other instances of MedRec.

External: is the movement of an acute care patient between two acute care facilities (i.e., a minimum data set of transfer documentation is required; a copy of the last 24-72 hrs of the MAR and prescriber order pages, and the BPMH/PIP when time does not allow the DTMR Form to be completed).

Discharge

Discharge Med Rec

Discharge is the movement of a patient from an acute care facility to his or her residence (i.e., home with or without home care support, personal care home or LTC facility) **or** to a supportive care bed (i.e., respite or palliative care) in the same or different facility **or** within the same facility with a change in pharmacy provider (i.e. palliative designation with community pharmacy providing medication management service).

MedRec that is done at the time of discharge where the BPMH, MAR(s) and potentially a pharmacy system medication list is reviewed, reconciled and a discharge prescription written, given to the patient or electronically transmitted to the patient's pharmacy of choice with appropriate patient teaching provided.

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Medication Reconciliation at Internal Transfer

MedRec for Internal Transfer (within an acute care facility)

Patient to be transferred within an Acute Care setting*.

*See full definition in the definitions tab

Sending Unit

- 1. Completes the DTMR Form used for internal transfer through management and transcription of medications from the MAR(s), prescriber order sheets and BPMH into Sections 1 & 2.
- 2. Completes the "Medication Status" portion of the DTMR Form

<u>Patient's Prescriber</u> on the **sending** unit begins the ordering process by:

- Reviewing each listed medication in all sections of the DTMR Form, in comparison to the BPMH, MAR(s) and prescriber order sheets.
- 2. Resolving and documenting identified discrepancies.
- **3.** Indicating the medication management decision by selecting the desired action in the Prescriber's Order Section of the DTMR Form. Draw a line through the Quantity, Refills, and No Rx Needed sections indicating this is not required information on transfer.
- **4.**Draw a line through section 3 (New meds to start after discharge section, indicating this is not required information on transfer.)
- 5. Signing in the designated areas of the DTMR Form.
- **6.** Writing in all new orders to be started following transfer on the physician orders sheets which must be sent with the patient

Completion of the DTMR Form and processes will be as per area procedure

number of MARs reviewed

1. Review of last 72 hrs of
orders plus the MAR if printed
every 24 hrs

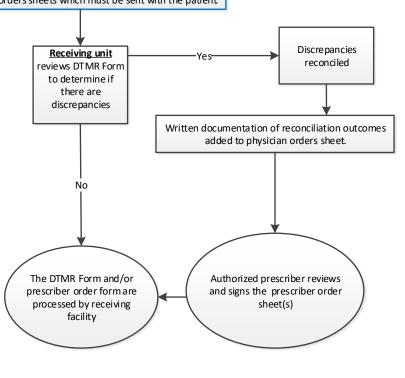
2. MAR may display PRNs even
if none administered

3. If a PRN is not given within
the last 72 hrs it will not be
included at Transfer.

Note: Print cycle for the MAR

from the PIS will determine

NOTE: Variation for psychiatry where the psychiatric unit will reconcile when receiving and assist the department receiving the transferred psychiatric patient when modifying pharmaceuticals



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Medication Reconciliation at External Transfer - Acute Care (AC) to AC

MedRec for External Transfer – Sending Facility's Process Flow

Non-prescriber or prescriber completes sections 1 & 2 to the left of the 'Prescriber Orders'

Prescriber (sending) leaves the 'prescriber order' section blank for receiving prescriber to complete

Documents sent with the transfer:

1. Completed DTMR Form if available 2. BPMH originally associated with this admission to Acute Care. NOTE: for an encounter with multiple acute care facility transfers:

Only one BPMH is collected during an encounter and it is usually collected by the first acute facility. It is used for MedRec at all transfers between facilities during the encounter (regardless of number) and at the final discharge to home or LTC.

- 3. Active Medication orders: MAR(s) at minimum the last 24-72 hrs
- 4. Last 72 hours of prescriber orders
- 5. The facility's standard documentation that is included in a transfer.

NOTE:

At minimum, a copy of the last 24-72 hrs of the MAR(s) and prescriber order pages, and the BPMH will be sent when a patient is decompensating rapidly and time does not allow the DTMR Form to be completed.

Patient is to be transferred externally to another Acute Care facility* Complete Section 1 of the DTMR Form using the active MAR(s) and the last 72 hours of prescriber order pages Initiate Reconciliation by completing Section 2 of the Form using the BPMH (i.e. completed Preadmission Medication List/ Prescriber Order Form from admission) and comparing Sections Discre pancies Are there reconciled discrepancies? Written documentation of reconciliation outcomes by section added to comment/ rationale field. Reconciliation outcomes document signed by person completing the reconciliation The finalized DTMR The finalized DTMR Form, the Form, the BPMH & BPMH & MAR(s) are MAR(s) are kept on photocopied the sending facility's patient record. The photocopies are stamped "copy". These copies of the DTMR Form, BPMH & MAR(s) are added to the paper based transfer patient record.

*See full

the definitions tab

definition in

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Medication Reconciliation at External Transfer – Acute Care (AC) to AC

MedRec for External Transfer - Receiving Facility's Process Flow

definition in the definitions tab

*See full

Documents received with the transfer:

1. Completed DTMR Form if available 2. BPMH originally associated with this admission to Acute Care. *NOTE:* for an encounter with multiple acute care facility transfers:

Only one BPMH is collected during an encounter and it is usually collected by the first acute facility. It is used for MedRec at all transfers between facilities during the encounter (regardless of number) and at the final discharge to home or LTC.

- 3. Active Medication orders: MAR(s) at minimum the last 24-72 hrs
- 4. Most recent page(s) of prescriber orders the last 72 hours
- 5. The facility's standard documentation that is included in a transfer

NOTE:

At minimum, a copy of the last 72 hrs of the MAR(s) and prescriber order pages, and the BPMH will be sent when a patient is decompensating rapidly and time does not allow the DTMR Form to be completed. Prescriber begins the ordering process by: 1. Writing 'Admitting Orders' at the top of DTMR Form.

Patient arrives at the

receiving Acute Care

facility*

- 2.Reviewing each listed medication in all sections of the DTMR Form, in comparison to the BPMH.
- **3.** Resolving and documenting identified discrepancies.
- 4.Indicating the medication management decision by selecting the desired action in the Prescriber's Order Section of the DTMR Form, drawing a line through quantities and refills, and drawing a line through section 3 if not already done.
- Signing in the designated areas of the DTMR Form thus creating admitting orders.
 Writing all new medication orders on the receiving facility's <u>prescriber order</u>

The DTMR Form, BPMH, MAR(s), and prescriber order sheet(s) added to the receiving facility's paper based patient record.

The DTMR Form and/or prescriber order sheets are processed

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MedRec for Discharge to LTC

Documents for Reconciliation:

1. BPMH originally associated with this admission to Acute Care. NOTE: for an encounter with multiple acute care facility transfers:

Only one BPMH is collected during an encounter and it is usually collected by the first acute facility. It is used for MedRec at all transfers between facilities during the encounter (regardless of number) and at the final discharge to home or LTC.

2. Active Medication orders reviewed: MAR(s) –24-72 hrs 3. Most recent page(s) of prescriber orders - the last 72 hours

Non-prescriber:

- complete sections 1 & 2 to the left of the 'Prescriber Orders' section.

Prescriber:

- Complete the 'Prescriber Orders' columns under sections 1 & 2 and complete section 3 if needed.

Goal: is to have the MedRec documentation and Rx to the dispensing community pharmacy as per local agreement prior to discharge so the resident's medications will be awaiting them at the LTC facility.

Fax DTMR Form to

LTC facility only

See full definition Patient is to be in the discharged to LTC. definitions tab NOTE: Nursing will use the Contact the LTC facility to inform them of MedRec documentation to the discharge, confirm a bed & identify the communicate with the LTC appropriate pharmacy to Fax the discharge dispensing pharmacy in DTMR Form prescription to anticipation of discharge. *The PRNs used in the prior 72hrs will be considered for inclusion Complete Section 1 of the DTMR *Most LTCs have standing Form using the active MAR(s) and orders which will be the last 72 hours of prescriber order reviewed for each resident pages arriving and appropriate ones written into their Initiate Reconciliation by completing orders to control the Section 1 & 2 of the DTMR Form using the Resident's pharmaceutical BPMH(s) (i.e. completed Preadmission expenses. Medication List/Prescriber Order Form) and comparing Sections 1 & 2. Discrepancies Are there reconciled discrepancies? No Document reconciliation outcomes in comment/rationale/indication field. 'Completed by' line is signed Authorized prescriber reviews, completes orders (including section 3), and signs for completion. 'Reviewed by' line is signed by person reviewing form after prescriber has signed and confirms complete. Photocopy documents and stamp as "copy". These The finalized DTMR Form, the BPMH, MAR(s), copies of the DTMR Form, and physician order sheets are to be retained in BPMH & MAR(s) are added the acute care chart to the paper based discharge patient record Was a pharmacy identified by the LTC facility? Yes DTMR Form transmitted (faxed) to the Community pharmacy, the LTC facility and

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further distributed as indicated on the bottom of the DTMR Form. Stamp the DTMR Form as 'faxed' and retain in patient chart

MedRec for Discharge Home Patient is to be discharged home. Documents for Reconciliation: Complete Section 1 of the DTMR 1. BPMH originally associated Form using the active MAR(s) and with this admission to Acute the last 72 hours of prescriber order Care. NOTE: for an encounter pages with multiple acute care facility transfers: Only one BPMH is collected during an encounter and it is Initiate Reconciliation by completing usually collected by the first Section 2 of the DTMR Form using the acute facility. It is used for BPMH (i.e. completed Preadmission MedRec at all transfers Medication List/Prescriber Order Form) between facilities during the and comparing Sections 1 & 2. encounter (regardless of number) and at the final discharge to home or LTC. 2. Active Medication orders reviewed: MAR(s) -24-72 hrs Yes Discre pancies Are there 3. Most recent page(s) of reconciled discrepancies? prescriber orders - the last 72 hours Non-prescriber: No - complete sections 1 & 2 to the left of the 'Prescriber Document reconciliation outcomes Orders' section. in comment/rationale/indication Prescriber: field. 'Completed by' line is signed - Complete the 'Prescriber Orders' columns under sections 1 & 2 and complete section 3 if needed. Authorized prescriber reviews, completes orders (including section 3) and signs for completion. 'Reviewed by:' is signed by person who confirms DTMR Form is complete after prescriber has signed. The finalized DTMR Form is retained in the acute care patient chart and referenced on discharge care plan Photocopy the DTMR Form, stamp 'copy and indicate on copy that patient/family has been given the original. Retain copy ls a pharmacy in patient chart and provide the original identified? DTMR Form/Discharge Rx to patient/ family. Yes DTMR Form is faxed to the Community pharmacy and further distributed as indicated on the bottom of the DTMR form. Once original DTMR Form is faxed it is A copy of the original DTMR photocopied x 1 copy. The original DTMR Form stamped copy is attached Form is stamped "faxed" and placed on the to the discharge care plan and discharging facility's patient record. given to patient.

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