

# Audit Instructions for MedRec at Admission, Discharge and Transfer

Select a **random** sample of 10 charts from each facility using the following criteria:

- Every patient who was admitted and either transferred or discharged to another facility, or had a change in their level of care (e.g. from acute to long-term care, or from intensive care to a medical unit) during the time period being audited should have an equal chance of being selected.
- Exclude the charts of patients who died, left against medical advice, or failed to return from a pass.

Please note:

- Specified sample size per facility is no more than 10 charts.
- Auditor should check for addendums to the MedRec forms during the audit.

**1a. Was the Best Possible Medication History (BPMH) generated?** *(at least 2 sources of information were used including the patients interview if possible)*

**[See Preadmission Medication List/Prescriber Order Form, also known as PIP form]**

The BPMH is a documentation of all medications (prescription, non-prescription e.g. herbal products) including drug name, dose, frequency & route that a patient is currently taking, even though it may be different from what was actually prescribed.

Typically, a BPMH is generated primarily by using the PIP populated MedRec form (when available) and interviewing the patient/family and/ by reviewing other sources of information e.g. Medication Administration Record (MAR).

*If the answer is YES, enter "1" and proceed to 1b.*

*If the answer is NO, MedRec at admission was not completed. Enter "0" in cells 1a,1b and 1c and proceed to question 2a.*

**1b. Did prescriber use the BPMH generated to develop medication orders and document decisions on home meds?**

The prescriber uses the BPMH to develop medication orders and, for every home medication, a decision is documented to continue, change or stop. Note that home medications put on hold is a 'stop' decision.

*If the answer is YES, enter "1" in cell for 1b and "0" in cell for 1c.*

*If the answer is NO, enter "0" in cell for 1b and proceed to 1c.*

**1c. If prescriber did not use the BPMH generated to write initial orders and document decisions on home meds, was it used to reconcile any discrepancies within 48 hours?**

If the BPMH generated is not used to write initial admission orders, determine if it was used to reconcile any discrepancies with the admission orders within 48 hours of admission.

[If an **addendum/physician order** was used to document decisions on medications listed on the PIP and/or reconcile discrepancies within 48 hrs, answer is "YES"].

*If the answer is YES, MedRec at admission was completed. Enter "1" and proceed to 2a.*

*If the answer is NO, MedRec at admission was not completed. Enter "0" and proceed to question 2a.*

**2a. Are all active medications from the medication administration record (MAR) captured?**

**[See Section 1 of the Discharge/Transfer MedRec Form]**

At a minimum this includes all scheduled medications, currently administered PRN (pro re nata = as needed) meds, and ASA (Aspirin®). If an auto-populated form has been used to generate the best possible medication discharge plan (BPMDP) and it was printed ahead of time, it is possible that medications ordered between the time of printing and reconciliation are missing. Therefore, when conducting the audit, review the last physician order sheet and the last MAR for late orders and check they are included on the BPMDP.

All meds that are to be continued on discharge must be listed with dose and frequency. If any of the meds from the MAR are missing, the answer is "0". If any of the meds to be continued are missing dose and frequency, the answer is "0". If there is any evidence that the current MAR was not used to complete the BPMDP, the answer is "0".

**2b. Are all medications from the BPMH captured?**

**[See Sections 1 and 3 of the Discharge/Transfer MedRec Form]**

This means all medications actively being used at admission, including over-the-counter (OTC) meds and herbals. Meds that are inactive at admission are excluded. Inactive meds include those the patient reports he or she is no longer taking (with or without medical advice) and past or completed courses of medication, such as antibiotics.

All meds actively used at admission but stopped or held upon admission must appear in section 3 on the BPMDP. All meds from the BPMH that are to be continued or restarted on discharge must include dose and frequency. If any meds from the BPMH are missing, the answer is "0". If any meds from the BPMH that are to continue or restart are missing dose or frequency, the answer is "0".

**3a. Is each in-hospital & pre-admission medication documented as:**

- “Same as prior to admission”, “Adjusted in Hospital” or “New in Hospital” [Section 1]
- or “Restart” or “STOP” [Section 3]?

This includes all regularly scheduled and active PRN meds from the MAR and all active meds (including those held or stopped at admission) from the BPMH. It does not include new meds to start upon discharge.

If the patient is being transferred to another acute inpatient facility or the Wascana Rehabilitation Centre, the answer is always "1" because this is not a required element for transfer.

**3b. Is the quantity to be dispensed specified?**

**[See Sections 1, 2 and 3 of the Discharge/Transfer MedRec Form]**

Quantity dispensed may be expressed as number of units (e.g. 30 tablets) or duration of supply (e.g. 34 days, 1/12).

If the patient is being discharged home or to a long-term care facility and this field is blank or reports 0, then the answer is "0". If this field contains a value greater than 0, then the answer is "1".

If the “No Rx Needed” column is indicated, enter “1”.

The exceptions to this rule are:

- Methadone, which can be prescribed only by an authorized practitioner [if the physician completing this section of the form is an authorized prescriber, quantities should be specified];
- Initial prescriptions for treatments where the Drug Plan requires the initial prescription to be written by a specialist in order to receive coverage (e.g. antiretroviral agents to treat HIV or Hepatitis C, biologics to treat Crohn’s, intravitreal injections for macular degeneration) – initial prescriptions would be marked as “Changed” or “New” in Section 1, or listed in Section 2;
- Tuberculosis drugs (e.g. isoniazid, rifampin, ethambutol, pyrazinamide), which are dispensed through the provincial TB program; and
- Cancer drugs, because they are dispensed through the cancer clinic pharmacies.

In any of these exception cases, enter "1".

If the patient is being transferred to another acute care facility or the Wascana Rehabilitation Centre, the answer is always "1" because it is not a required element for transfer.

**3c. Is each page of the Discharge/Transfer MedRec form signed and dated by the prescriber?**

- If the patient is being transferred to another acute inpatient facility or the Wascana Rehabilitation Centre, the answer is always "1" because this is not a required element for transfer.
- If there are no meds prescribed on the page, prescriber should either leave it blank OR draw a line through and sign. Enter 1’ for either scenario.