

# 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, failed to return from a pass or due to a rapid decline in health had to be transferred to another facility and time did not allow MedRec to be completed at any point in the transfer process.
- If a patient has no medications and a line is drawn through the PIP form on admission but has medications ordered in hospital, enter "1" for questions 1a and 1b, and proceed to questions 2 and 3.

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/completed PIP MedRec form 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.*

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*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 is used to generate the DTMR Form 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 72 hours physician order sheets and the last 24-72 hours MARs for late orders and check they are included on the DTMR Form.

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 DTMR Form, the answer is "0".

### **2b. Are all medications from the BPMH captured? [See Sections 1 and 2 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 2 on the DTMR Form. 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 2]?**

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). For controlled substances, narcotics, benzodiazepines and gabapentin, both the number and written format must be indicated.

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If the patient is being discharged home or to a long-term care facility and this field is blank or reports 0, then enter "0". If this field contains a value greater than 0, then enter "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 "Adjusted in hospital" or "New in hospital" 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, always enter "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.

## Audit Instructions for MedRec at Admission, Discharge and Transfer

### Provincial Admission, Discharge/Transfer MedRec Audit Template Description

Documents required to complete audit : The Preadmission Medication List/PIP (take note of addendums), SK Discharge/Transfer Medication Reconciliation Form (DTMR Form), last 72 hours MAR and prescriber orders.

Note:  
Yes is "1"  
No is "0"

<b>Admission MedRec</b> Review PIP Form, physician orders and addendums to audit questions 1a, 1b and 1c	<b>Discharge MedRec</b> Review DTMR Form, BPMH, MAR and prescriber order sheets to audit questions 2a to 3c
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Note that patient transfers sent to your facility are not audited. For questions 3a,b and c, if patient is transferred to another acute care facility or Wascana Rehab, enter "1".

	<b>1a:</b> If the printed PIP MedRec Form has been completed (handwriting visible, no blanks) with medication name, dose, route and frequency of all meds (prescribed and non-prescribed) - enter "1", otherwise, enter "0".		<b>1c:</b> If the prescriber did not use the completed PIP MedRec form/BPMH to write his orders initially, but the prescriber orders were reconciled with the BPMH within 48 hours of taking the BPMH, enter "1", otherwise, enter "0".		<b>2b:</b> Using the completed PIP MedRec Form/BPMH, check to see that ALL the medications on this form are accounted for on the DTMR Form in sections 1 and 2 - enter "1", otherwise, enter "0".		<b>3b:</b> On the DTMR Form, look at the 'Prescriber Orders' section and check to see that the prescriber has specified 'Quantity' for medications that are to be continued in section 1, medications to restart in section 2, new medications in section 3 and - enter "1". If 'No Rx Needed' is checked, also enter 1, otherwise, enter "0".	
MedRec at Admission complete			MedRec at Discharge/Transfer complete			Discharge Prescription Complete		
Chart	<b>1a</b> Was BPMH generated?- <i>at least 2 sources of information was used including the patients interview</i>	<b>1b</b> Did prescriber use BPMH generated to develop medication orders and document decisions on home meds?	<b>1c</b> If BPMH is not used to write initial orders, a BPMH is taken and used to reconcile any discrepancies within 48 hours	<b>2a.</b> Are all active meds from the MAR captured?	<b>2b.</b> Are all meds from the BPMH captured?	<b>3a.</b> Is each in-hosp & pre-adm med documented as "Same as prior to admission", "Adjusted in Hospital" or "New in Hospital" (Section 1 of DTMR) or "Restart" or "STOP" (Section 2 of DTMR)?	<b>3b.</b> Is the quantity to be dispensed specified?	<b>3c.</b> Is each page signed and dated by the prescriber?
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		<b>1b:</b> If on the completed PIP MedRec Form, the physician has checked off the prescription order boxes as continue/change/stop and signed the Form- enter "1", otherwise, enter "0".		<b>2a:</b> Using the MAR and prescriber order sheets from the last 72 hours, check to see that all the medications are accounted for in section 1 of the DTMR Form - enter "1", otherwise, enter "0".		<b>3a:</b> For the 'Active Inpatient Medications' (section 1), check to see the 'Medication Status' column has been completed for each medication listed. For 'Pre-admission medications as listed on Best possible Medication History' (section 2), check to see that either the 'Restart' or 'Stop' option has been checked off - enter "1", otherwise enter "0".		<b>3c:</b> On the DTMR Form, look at the 'Authorized Prescriber' box at the bottom of <u>each</u> page and check to see that the Prescriber has signed and dated each page, except blank pages - enter "1", otherwise, enter "0".