

 Saskatchewan Health Authority	Title: Medication Reconciliation on Discharge from Acute Care (Paper-based)	
	Role performing Activity: Health Care Professional (RN, LPN, pharmacist, pharmacy technician) and Prescriber	
<h1>WORK STANDARD</h1>	Location: Acute Care Facilities	Department/Unit: Nursing and Medical
	Document Owner: XXXXXX	Date Prepared: May 15, 2018
	Last Revision: June 12, 2018	Date Approved: XXX
	Related Policies/Documentation Medication Reconciliation at Discharge & Transfer in Acute Care- FAQs	

Work Standard Summary:

- 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.
- DTMR= the SK Discharge Transfer Medication Reconciliation Form is the standard provincial document to be used on discharge/transfer.

Task Order	Essential Tasks:
1.	Prescriber will notify nursing of intention to discharge patient, preferably 24hrs prior.
2.	Health care professional will use a blank DTMR form to complete discharge medication reconciliation.
3.	Health care professional will complete the Active In-patient Medication list in Section 1 of the DTMR form through review of the current 24-72 hrs of MAR(s), the last 72hrs of prescriber orders and the Best Possible Medication History (BPMH) from the PIP med rec form indicating: <ul style="list-style-type: none"> • <i>Same as prior to admission, adjusted in hospital or new in hospital</i> status beside each medication • Document any changes to the medication dose, frequency, route (from BPMH), last dose taken, etc. in the comments/rationale column beside each medication to provide communication to the next service provider
4.	Health care professional will initiate reconciliation by completing Section 2 of the DTMR form by comparing the BPMH and section 1. Record any medications that were held or stopped on admission in Section 2.
5.	Health care professional or Prescriber identifies any discrepancies and brings it to the prescriber's attention to reconcile <u>prior</u> to writing the prescription. 'Completed by' is signed by the person completing Sections 1 & 2.

6.	<p>Prescriber in Section 1: review current medications, identify and resolve discrepancies. Complete the prescription by checking off the appropriate boxes under ‘Prescriber Orders’ on the right hand side of the page.</p> <ul style="list-style-type: none"> • If prescriber checks continue a medication, one of the corresponding boxes must also be checked (i.e. quantity, refills, or no Rx needed)
7.	<p>Prescriber in Section 2: review the meds stopped or held on admission recorded in this section. Complete the prescription by indicating whether medication is to be stopped or restarted (specify quantity) on discharge.</p>
8.	<p>Prescriber in Section 3: list all new medications to start after discharge and complete the prescription by providing a quantity and any refills needed, under ‘Prescriber Orders’ on the right hand side of the page.</p>
9.	<p>Prescriber: Print name, sign, and date every completed page in the designated space provided at the bottom of each page. Add prescriber number and address for narcotics, controlled substances, benzodiazepines, and gabapentin.</p>
10.	<p>Health Care Professional/Prescriber: Cross out blank lines and /pages on the DTMR form and sign the page to indicate this was reviewed and deemed not needed.</p>
11.	<p>Health Care Professional: Review completed DTMR form for discrepancies. If the prescriber is unavailable to resolve discrepancies, document actions to reconcile in the ‘Other Medication Instructions/Comments’ field at the bottom of the last page for next service provider to follow-up. The person reviewing the DTMR form signs and dates all pages in ‘reviewed by’ sections at the bottom of the form.</p>
12.	<p>Once the prescriber has completed and signed the DTMR form it is the patient’s discharge prescription if going home or to LTC.</p>
13.	<p>Health Care Professional:</p> <ol style="list-style-type: none"> i) Document name, contact number & date of <i>all recipients</i> that will be receiving the DTMR form in the designated section at the bottom (<i>prior to faxing &/or copying the form</i>) of the page. <ol style="list-style-type: none"> (a) DTMR form is faxed to : <ul style="list-style-type: none"> - Community pharmacy of patient’s choice - Family physician - Home Care (as required) - LTC facility (if applicable) -NOTE: if discharging to a facility, also send copies of BPMH and 24-48hrs of MAR ii) All original documents (DTMR, BPMH, MAR(s) and prescriber orders) are retained on the patient record. When a community pharmacy is not identified, the original DTMR form/Discharge Rx is given to the patient with the discharge care plan and a photocopy of the original DTMR form is retained on the patient’s record. <ol style="list-style-type: none"> (a) When copy of prescription is given to the patient, it is marked as such: “copied or faxed”