Saskatchewan Health Authority	**Title: Medication Reconciliation on External Transfer to Acute Care - SENDING SITE (paper-based)** **Role performing Activity: Health Care Professional (RN, LPN, pharmacist, pharmacy technician) and Prescriber**	
WORK STANDARD	**Location: Acute Care Facilities- IHUH**	**Department/Unit:** **Nursing and Medical**
	Document Owner: Stacey Amyotte and Tanya Slinn	**Date Prepared:** July 17, 2018
	Last Revision: August 7, 2018	**Date Approved:** October 31, 2018 **Approved by:** Jacqui Kennet-Peppler
	Related Policies/Documentation • Medication Reconciliation at Discharge & Transfer in Acute Care- FAQs • Medication Reconciliation at Discharge Definitions & Flowcharts • Discharge/Transfer MedRec Process Narrative • Work Standard for MedRec on Discharge from Acute Care (paper-based)	

Work Standard Summary:

- Transfer is the movement of an acute care patient between two acute care facilities.
- 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 transfer patient, preferably 24hrs prior.
2.	**Health care professional** will use a blank DTMR form to complete transfer 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: • *Same as prior to admission, adjusted in hospital or new in hospital* status beside each medication • Document changes to the medication dose, frequency, route (from BPMH), last dose taken, etc. in the 'Comments/Rationale/Indication' column beside each medication to provide communication to the next service provider

4.	**Health care professional** will complete Section 2 of the DTMR form by comparing the BPMH and the Active Inpatient Medication List (section 1). • Record all medications that were held/stopped on admission in Section 2. • Include the rationale for medication changes and discontinued medications, if any, in the 'Comment/Rationale/Indication' field.
5.	**Health care professional** records any other pertinent *medication* information in the 'Other Medication Instructions/Comments' section on the last page (e.g. last INR result)
6.	**Health Care Professional** completing Sections 1 & 2 signs 'Completed by' on all pages, including date and time
7.	**Prescribers <u>do not</u> complete the Prescriber Orders (stop, continue, quantity, or refills) on Transfer** • **Sending facility leaves this section blank**
8.	**Health Care Professional:** i. Document name, contact number & date of all recipients that will be receiving the DTMR form in the designated section at the bottom (prior to faxing &/or copying the form). ii. **<u>Send</u>** copy/fax of DTMR Form to the receiving facility (*may not be completed in emergencies). iii. Copies of initial BPMH**, 24-72hrs of MAR and last 24-72hrs of Prescriber orders **<u>must be</u>** sent to the receiving facility. iv. All original documents (DTMR, BPMH, MAR(s) and prescriber orders) are retained on the patient record. v. If the patient is transferred emergently and time does not allow the DTMR form to be completed, the MAR, prescriber orders and initial BPMH **<u>must be</u>** copied and sent with the patient or faxed immediately after the transfer has occurred. * *may not be completed if patient is transferred out quickly or within a few hours of admission.* ***initial BPMH is completed by the facility where the patient first was admitted into acute care.*