Saskatchewan Health Authority	**Title: Medication Reconciliation on External Transfer from Acute Care -RECEIVING SITE** **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 for MedRec on External Transfer- Sending Site	

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.	**Health care professional** will request copies of required documentation from sending facility prior to transfer during verbal report. Required documentation include: • Initial BPMH form completed at first point of entry into acute care • Last 24-72 hrs of MAR • Last 24-72 hrs of physicians' orders • *Completed DTMR Form as medication list **If BPMH is not sent**: -Using a blank PIP MedRec form, obtain BPMH as per the work standard. - If DTMR is not available as well, transcribe current meds from the transfer MAR onto the physician order sheet. **If DTMR is not sent:** -Transcribe current meds from the transfer MAR onto the physician order sheet. * *may not be available if patient is transferred out quickly or within a few hours of admission. In the interest of patient safety, there should be effort made to fax it after patient has left.*
2.	**Health care professional** will verify correct client using 2 client identifiers

3.	**Health care professional** will compare the transfer DTMR with the current 24-72 hrs of MAR(s), the last 72hrs of prescriber orders and the initial BPMH for any discrepancies • Interview patient/family to ensure all medications the patient was taking at home are captured on the DTMR • Document any discrepancies in the 'Comments/Rationale/Indication' column beside each medication to provide communication to the prescriber
4.	**Prescriber** reviews DTMR from sending facility and completes Sections 1 & 2 by checking off 'continue', 'restart', or 'stop'
5.	**Prescriber** marks a single diagonal line through the 'Quantity, Refill, and No Rx Needed' columns on **ALL** pages, including section 3. ***All new meds to start on admission are to be written on Physician's Order sheets.***
6.	**Prescriber** signs and dates bottom of each page with Admitting Medication Orders.
7.	**Health Care Professional or Prescriber** labels each page of the form as "**Admitting Orders**". This should be printed clearly at the top of each page. Mark a single diagonal line through all blank rows.
8.	**Health Care Professional signs** 'Reviewed by' section on all pages, including date and time. Completed DTMR with Admission Medication Orders are filed in the 'Physician's Order' section of the patient chart.