Medication Reconciliation at Discharge Definitions and Flowcharts

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Definitions

Medication Reconciliation	Medication Reconciliation [MedRec]: is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.
BPMH	A Best Possible Medication History (BPMH) is a history created using: 1. A systematic process of interviewing the patient/family 2. A review of at least one other reliable source of information to obtain and verify all of a patient's medication use (prescribed and non-prescribed) (Safer Healthcare Now, [March 2017] Medication Reconciliation in Acute Care : Getting Started Kit) **This creates a complete list of the medications the patient is taking and how they are taking them**
BPMDP	The Best Possible Medication Discharge Plan (BPMDP): Accounts for the medications that the patient was taking prior to admission (BPMH) to acute care, the most current medication list, and any new medications planned to start upon discharge. The best possible medication discharge plan (BPMDP) should be communicated to the patient, community physician, community pharmacy and alternative care facility or service. This may include: *-an up-to-date and accurate list of medications the patient should be taking on discharge* *-a medication information transfer letter to the next care provider which includes rationale for the medication changes* *-a structured discharge prescription to the next care provider or community pharmacist* *-a patient medication schedule and/or wallet card* *ISMP: Safer Healthcare Now March 2017*

Miscellaneous Definitions

PIS [Pharmacy Information System]: is the pharmacy computer system. As of December 31, 2017 this is the BDM pharmacy information system throughout the province in Acute Care Facilities

PIP: A provincial database called the Pharmaceutical Information Program. The Preadmission Medication List is popularly called the PIP form because it is printed from this program.

DTMR Form [The form is the Saskatchewan Discharge/Transfer Medication Reconciliation Form] either paper-based or produced by the PIS system. DTMR Form is the template used to create the BPMDP.

Original document: An original document has ink directly written upon it by a health care professional in the process of completion of the document.

Photocopied document: Produced via a photocopier. May become an original document if additional information is written on it in ink by a practitioner.

Transition Points in Care:

Admission

Admission MedRec

When a person is formally accepted into an acute care facility MedRec is done at the time of admission that results in a BPMH, orders and a medication administration record (MAR).

Transfer: Internal and External

Transitions in Care MedRec from MoH Pt Safety Wkg Grps

Internal: is the movement of an acute care patient within a facility. At a minimum, medication reconciliation must be performed at the following internal transfer points:

- Critical care unit → Ward (sending unit performs MedRec)
- Operating room (i.e., when a general or spinal/epidural anaesthetic is administered) → Ward
  - MedRec is performed by the receiving unit within 24 hours of the patient returning to the unit from the Operating Room or Post Anesthetic Care Unit (Recovery)

  Note:

  -If the OR visit occurs within the first 24-48 hours of admission and an admission MedRec is completed, an internal transfer MedRec is not required (i.e., it is not necessary to perform two MedRecs within 48 hours).

  -If the PIP/BPMH was completed by the pre-admission clinic pre-op, medications will be ordered and reconciled post-op on the unit. Depending on how long the patient remains in recovery following surgery, the patient may not arrive on the ward until day 2 of the stay. In this situation an internal transfer MedRec is not required.
- Psychiatry ↔ Ward (receiving unit performs MedRec; if general ward is performing MedRec, medical/ surgical providers are encouraged to work closely with psychiatry before modifying orders because of off-label indications common in psychiatry).

NOTE: There may be area specific procedures that direct other instances of MedRec.

External: is the movement of an acute care patient between two acute care facilities (i.e., a minimum data set of transfer documentation is required; a copy of the last 24-72 hrs of the MAR and prescriber order pages, and the BPMH/PIP when time does not allow the DTMR Form to be completed).

Discharge

Discharge MedRec

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).

MedRec that is done at the time of discharge where the BPMH, MAR(s) and potentially a pharmacy system medication list is reviewed, reconciled and a discharge prescription written, given to the patient or electronically transmitted to the patient's pharmacy of choice with appropriate patient teaching provided.

MedRec for Internal Transfer (within an acute care facility)

Patient to be transferred within an Acute Care setting*.

*See full definition in the definitions tab

Sending Unit

1. Completes the DTMR Form used for internal transfer through management and transcription of medications from the MAR(s), prescriber order sheets and BPMH into Sections 1 & 2.
2. Completes the "Medication Status" portion of the DTMR Form

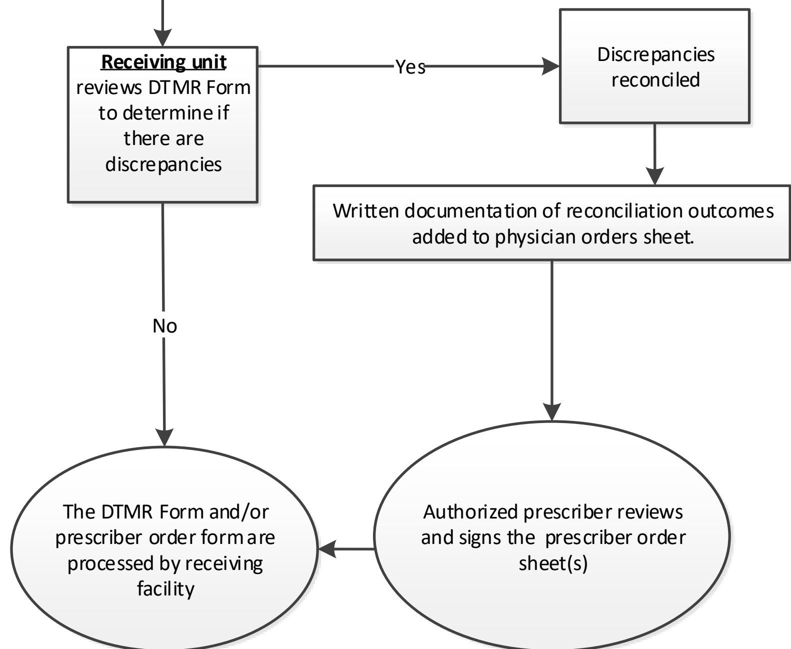
Patient's Prescriber on the **sending** unit begins the ordering process by:

1. Reviewing each listed medication in all sections of the DTMR Form, in comparison to the BPMH, MAR(s) and prescriber order sheets.
2. Resolving and documenting identified discrepancies.
3. Indicating the medication management decision by selecting the desired action in the Prescriber's Order Section of the DTMR Form. Draw a line through the Quantity, Refills, and No Rx Needed sections indicating this is not required information on transfer.
4.Draw a line through section 3 (New meds to start after discharge section, indicating this is not required information on transfer.)
5. Signing in the designated areas of the DTMR Form.
6. Writing in all new orders to be started following transfer on the physician orders sheets which must be sent with the patient

Completion of the DTMR Form and processes will be as per area procedure

Note: Print cycle for the MAR from the PIS will determine number of MARs reviewed
1. Review of last 72 hrs of orders plus the MAR if printed every 24 hrs
2.MAR may display PRNs even if none administered
3. If a PRN is not given within the last 72 hrs it will not be included at Transfer.

NOTE: Variation for psychiatry where the psychiatric unit will reconcile when receiving and assist the department receiving the transferred psychiatric patient when modifying pharmaceuticals



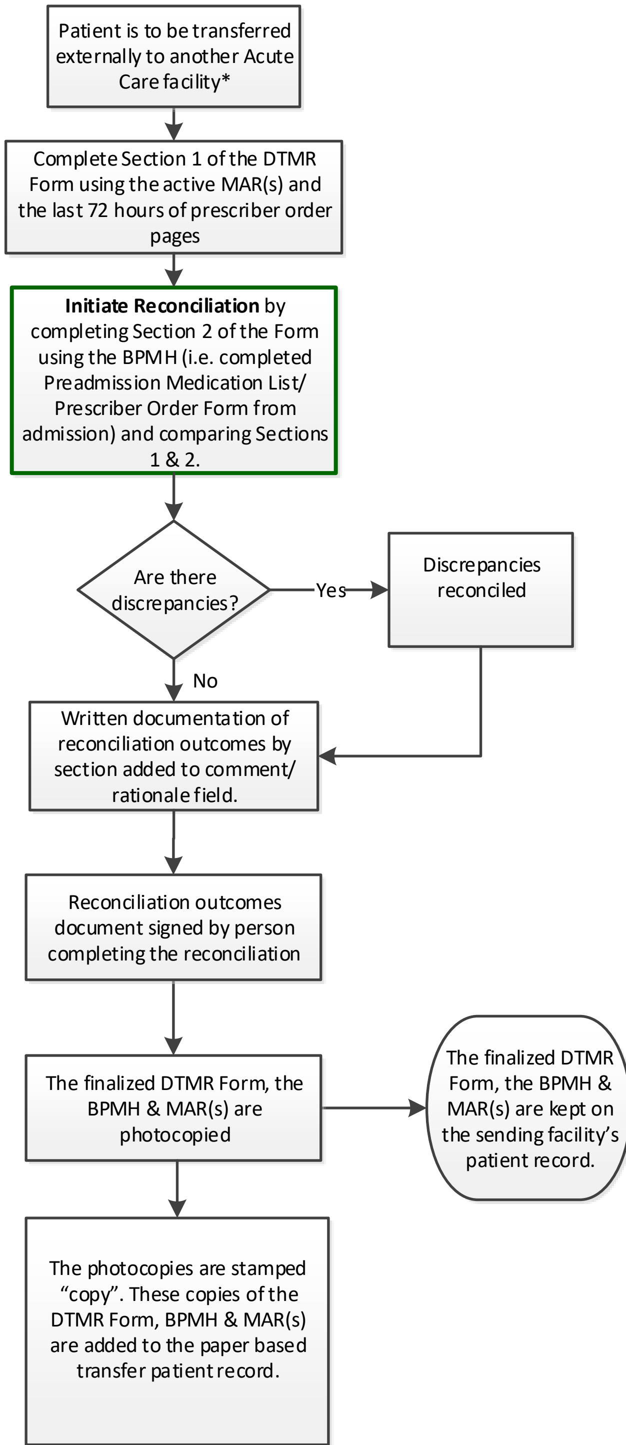
Medication Reconciliation at External Transfer – Acute Care (AC) to AC

MedRec for External Transfer – Sending Facility's Process Flow

Non-prescriber or prescriber completes sections 1 & 2 to the left of the 'Prescriber Orders' section.
Prescriber (sending) leaves the 'prescriber order' section blank for receiving prescriber to complete

Documents sent with the transfer:
1. Completed DTMR Form if available
2. BPMH originally associated with this admission to Acute Care. ***NOTE:* for an encounter with multiple acute care facility transfers: Only one BPMH is collected during an encounter and it is usually collected by the first acute facility. It is used for MedRec at all transfers between facilities during the encounter (regardless of number) and at the final discharge to home or LTC.**
3. Active Medication orders: MAR(s) – at minimum the last 24-72 hrs
4. Last 72 hours of prescriber orders
5. The facility's standard documentation that is included in a transfer.

NOTE:
At minimum, a copy of the last 24-72 hrs of the MAR(s) and prescriber order pages, and the BPMH will be sent when a patient is decompensating rapidly and time does not allow the DTMR Form to be completed.



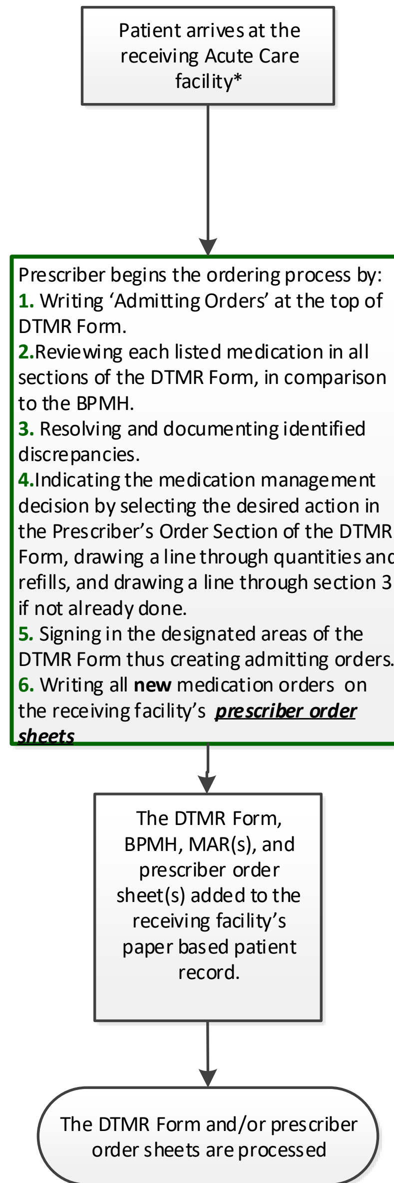
*See full definition in the definitions tab

Medication Reconciliation at External Transfer – Acute Care (AC) to AC

MedRec for External Transfer – Receiving Facility's Process Flow

*See full definition in the definitions tab

Documents received with the transfer:
1. Completed DTMR Form if available
2. BPMH originally associated with this admission to Acute Care. ***NOTE:* for an encounter with multiple acute care facility transfers:** **<u>Only one BPMH</u> is collected during an encounter and it is usually collected by the first acute facility. It is used for MedRec at all transfers between facilities during the encounter (regardless of number) and at the final discharge to home or LTC.**
3. Active Medication orders: MAR(s) – at minimum the last 24-72hrs
4. Most recent page(s) of prescriber orders - the last 72 hours
5. The facility's standard documentation that is included in a transfer



NOTE:
At minimum, a copy of the last 72 hrs of the MAR(s) and prescriber order pages, and the BPMH will be sent when a patient is decompensating rapidly and time does not allow the DTMR Form to be completed.

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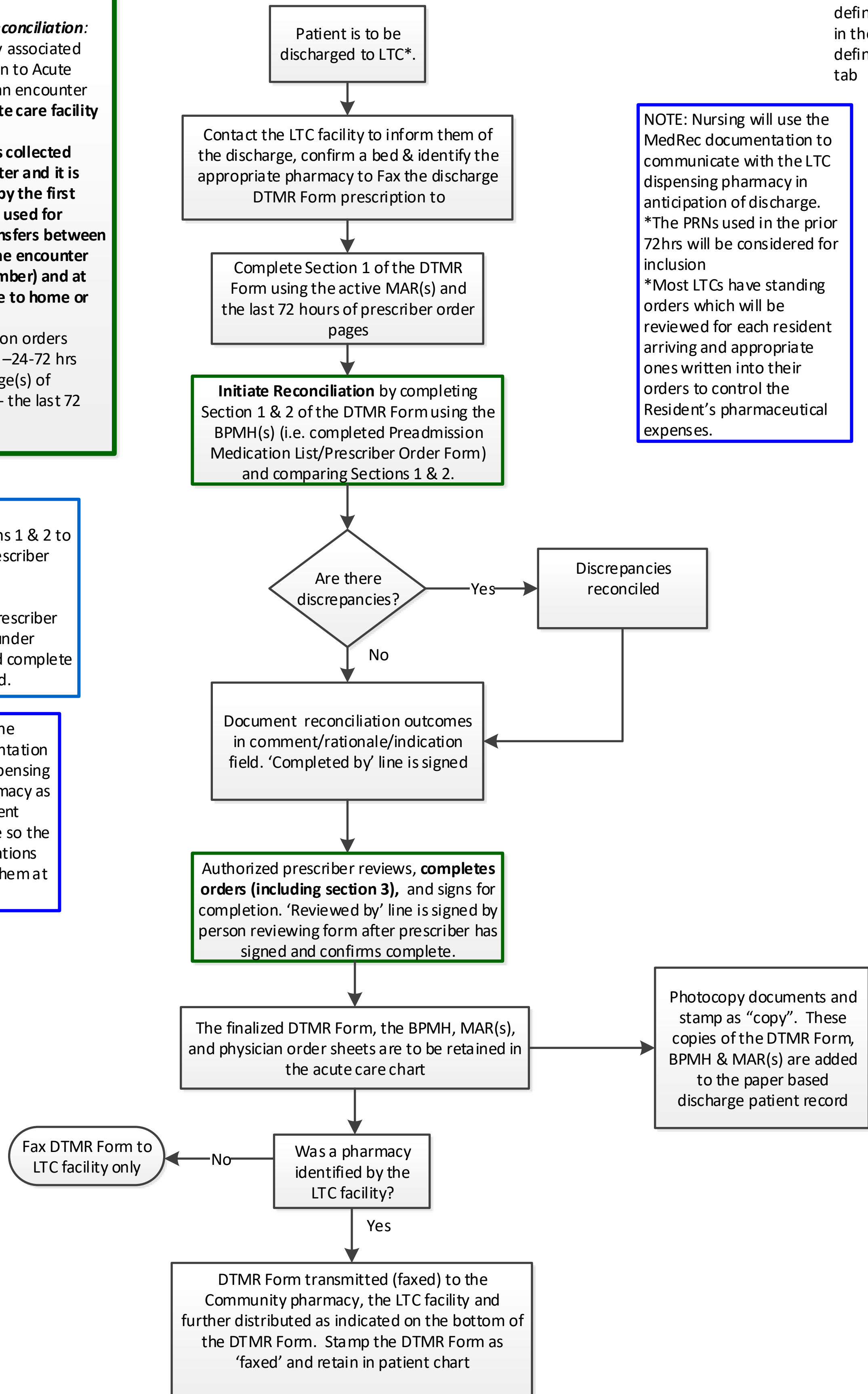
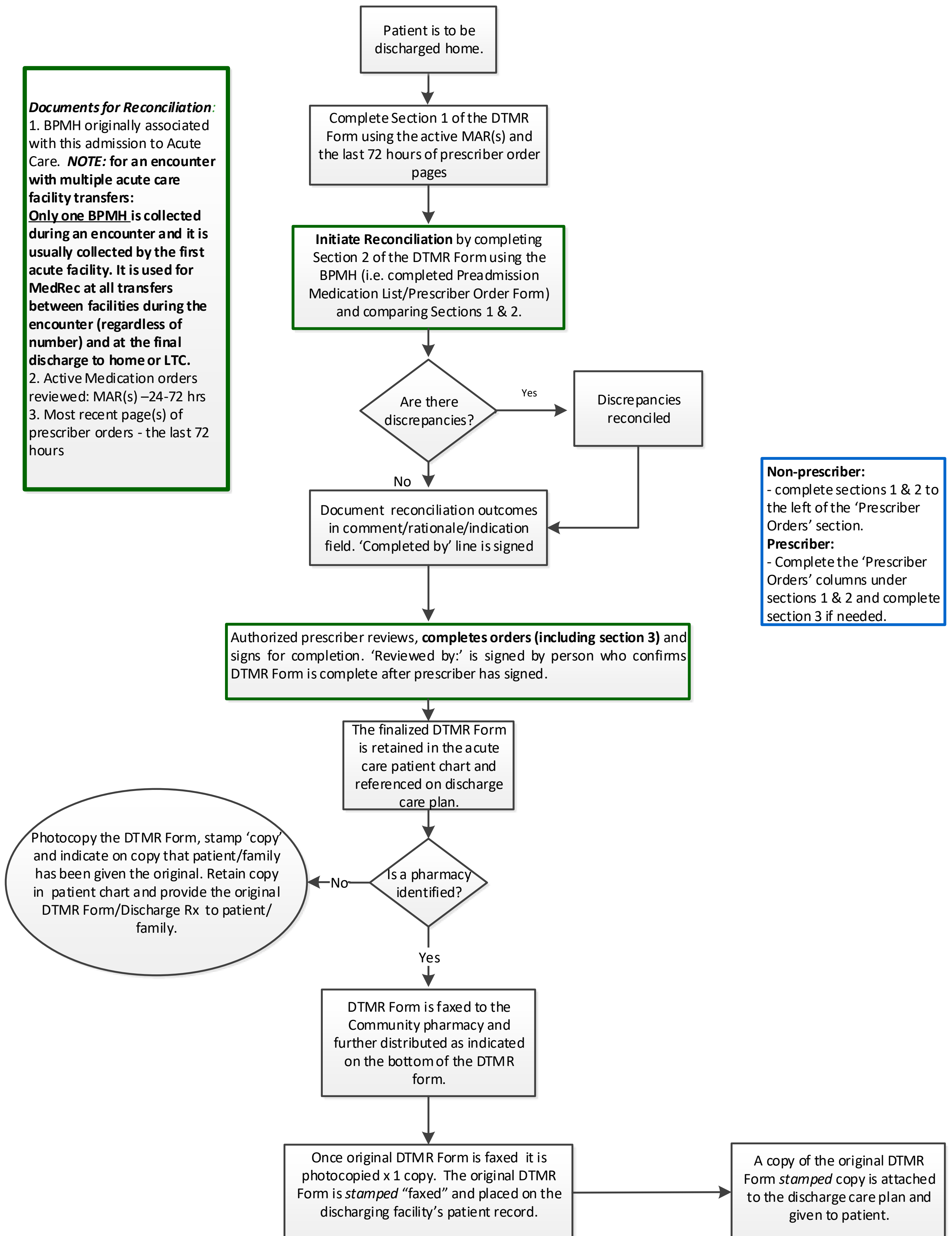
Medication Reconciliation at Discharge from Acute Care – Long Term Care

MedRec for Discharge to LTC




MedRec for Discharge Home
Patient is to be discharged home.
Complete Section 1 of the DTMR Form using the active MAR(s) and the last 72 hours of prescriber order pages
Initiate Reconciliation by completing Section 2 of the DTMR Form using the BPMH (i.e. completed Preadmission Medication List/Prescriber Order Form) and comparing Sections 1 & 2.
Are there discrepancies?
Yes
Discrepancies reconciled
No
Document reconciliation outcomes in comment/rationale/indication field. 'Completed by' line is signed
Authorized prescriber reviews, completes orders (including section 3) and signs for completion. 'Reviewed by:' is signed by person who confirms DTMR Form is complete after prescriber has signed.
The finalized DTMR Form is retained in the acute care patient chart and referenced on discharge care plan.
Is a pharmacy identified?
No
Photocopy the DTMR Form, stamp 'copy' and indicate on copy that patient/family has been given the original. Retain copy in patient chart and provide the original DTMR Form/Discharge Rx to patient/family.
Yes
DTMR Form is faxed to the Community pharmacy and further distributed as indicated on the bottom of the DTMR form.
Once original DTMR Form is faxed it is photocopied x 1 copy. The original DTMR Form is stamped "faxed" and placed on the discharging facility's patient record.
A copy of the original DTMR Form stamped copy is attached to the discharge care plan and given to patient.
Documents for Reconciliation:
1. BPMH originally associated with this admission to Acute Care. NOTE: for an encounter with multiple acute care facility transfers:
Only one BPMH is collected during an encounter and it is usually collected by the first acute facility. It is used for MedRec at all transfers between facilities during the encounter (regardless of number) and at the final discharge to home or LTC.
2. Active Medication orders reviewed: MAR(s) –24-72 hrs
3. Most recent page(s) of prescriber orders - the last 72 hours
Non-prescriber:
- complete sections 1 & 2 to the left of the 'Prescriber Orders' section.
Prescriber:
- Complete the 'Prescriber Orders' columns under sections 1 & 2 and complete section 3 if needed.