Medication Reconciliation in LTC

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InterProfessional Practice/Medical Services
Former Sunrise Health Region
October 2018

Imagine

You come into the hospital wearing size 32 grey pants, a red shirt, blue shoes, and a black belt....

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You leave the hospital

…wearing a red dress

A blue shirt …

No belt

… and a size 32 grey brief !

What happened?

- Unintentional Discrepancy
  - Ordered a grey brief instead of grey pants
  - Forgot to reorder your belt

- Undocumented Intentional Discrepancy
  - Blue a better colour for you so substituted in place of red shirt but nobody was told

- Intentional Discrepancy
  - Everyone told you that you had the legs for a dress so we replaced your pants

Research……

"Studies have demonstrated that information on discharge summaries and transfer/referral forms do not match for more than 50% of LTC admissions, with at *least one medication discrepancy* in 70% of all admissions"

(ISMP, 2013)

Agenda

1. Definitions of Medication Reconciliation (Medrec)?
2. Roles of the multidisciplinary team
3. Purpose of med rec
4. Challenges to completing med rec in LTC
5. Forms / process to complete Med rec on Admission from:
    - Home
    - Hospital
    - another LTC site

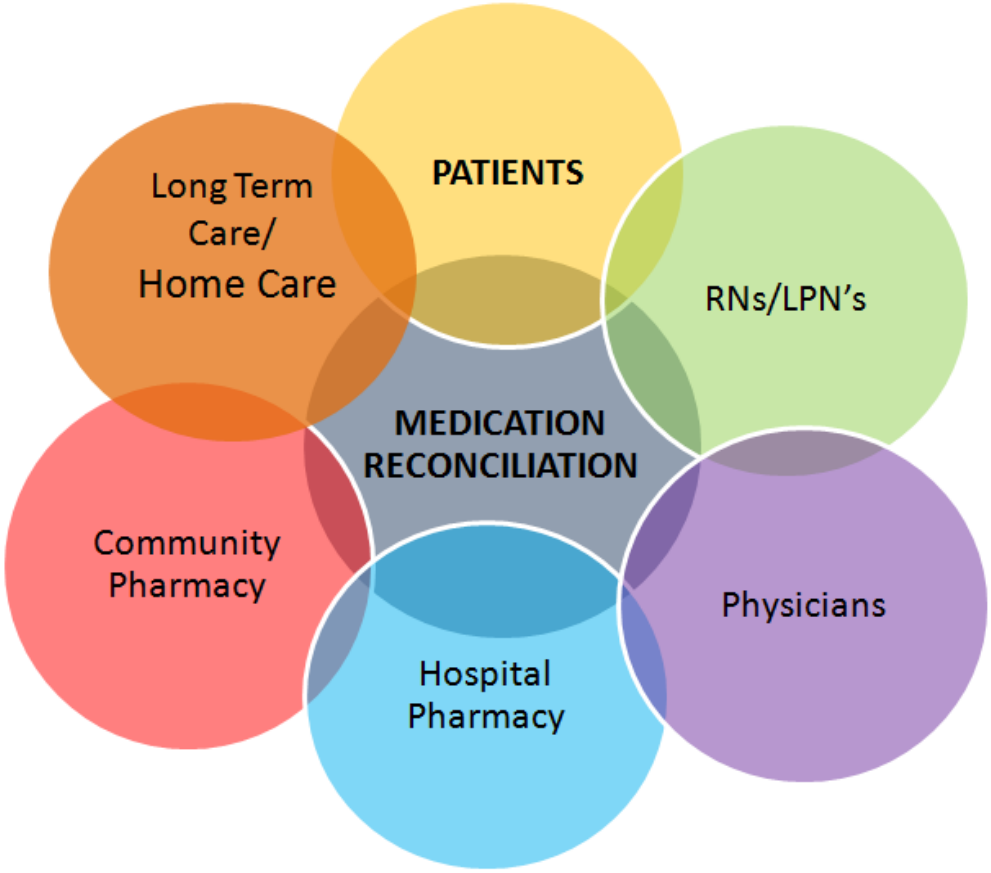
What is Medication Reconciliation (MedRec)?

MedRec is a formal process of…

- Obtaining a complete and accurate list of each resident's current home medications by the process of a Best Possible Medication History (BPMH) on admission
- Comparing the physician's admission, transfer, and/or discharge orders (from hospital) to the BPMH and identify any discrepancies
- Bringing discrepancies to the attention of the prescriber to reconcile meds

MedRec is also:

- *an Accreditation Canada Required Organizational Practice (ROP)*
- *Key action in the Ministry of Health Plan for 2018-19*
- *An element in the Connected Care Strategy*



- Performing med rec involves <u>multidisciplinary's</u> working together as a TEAM for seamless care for the patient as they move through the transitions of care

Med Rec in LTC Can…

- Prevent omission of medications
- Match in-house dose, frequency and route with at-home dose
- Assure medications follow the resident from one care site to another
- Reduce medication discrepancies
- Transcription errors will be eliminated/reduced
- A clear medication list will be available for HCP
- Improvements through audits

CHALLENGES WITH LTC ADMISSIONS

- Trust health care providers
- Unfamiliar with medications & names
- Usually numerous medications
- Don’t disclose all OTC meds or supps (ASA, vit B12)
- Caregiver administers or sets up medications
- Medication vials or list unavailable
- Difficulty recalling
- Medicated clients (sedated, confused)
- Disease affects mental status (dementia, Alzheimer’s)
- Hearing impairment
- Sight impairment
- Occasionally, language barrier

Completing med rec for residents coming "from home"

Pharmaceutical Information Program (PIP) MedRec form:

- **Community Pharmacists enter all dispensed medications into a provincial database called the Pharmaceutical Information Program (PIP)**

- **PIP is updated every hour**

- **Printed PIP med rec forms from the PIP database lists medications dispensed in past 4 months**

Medications/Patients not on PIP (Pharmaceutical Information Program)

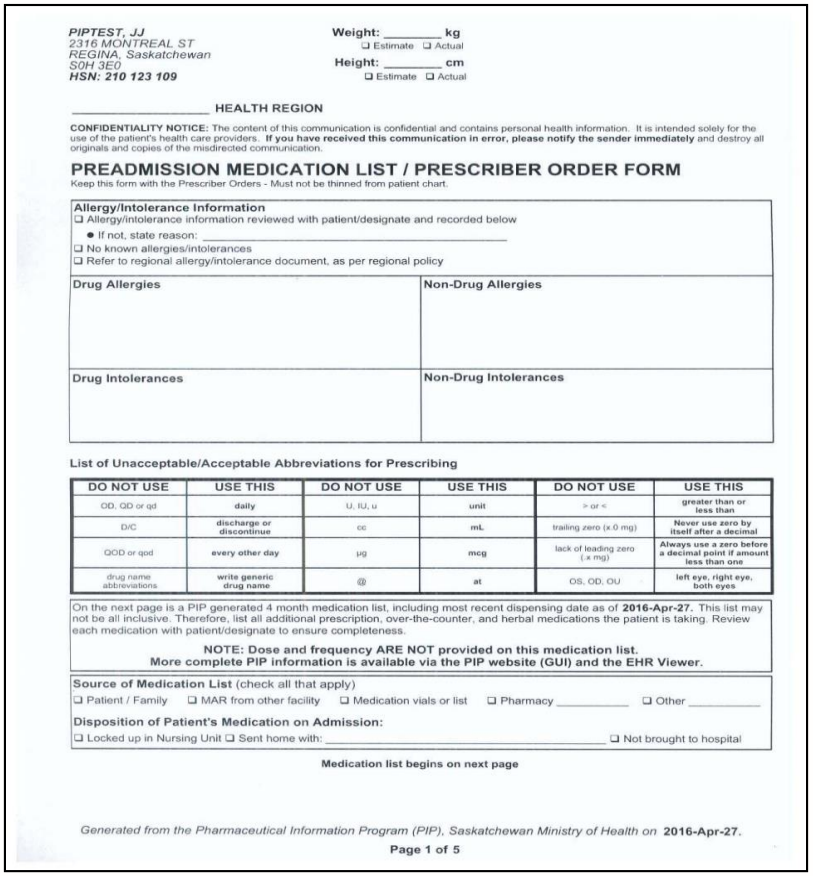
- **ASA(for most pts)/OTC meds**
- **Meds dispensed in other provinces**
- **RCMP, Veterans, First Nations**
- **Cancer, TB, STI, HIV drugs**

Process for LTC admissions (from home):

- Obtain PIP med rec form
- Using the PIP, collect a BPMH (best possible medication history) by conducting an interview with patient and/or family
- Fax BPMH to physician to complete admitting orders
- Review for any discrepancies and reconcile within 24-48 hrs
- Fax completed PIP med rec form to the contracted Community Pharmacy for the facility

Med Rec on admission is a 3-step process:

Preadmission Medication list/Prescriber Order Form" or "PIP MedRec" Form:



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2316 MONTREAL ST
REGINA, Saskatchewan
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Weight: _____ kg ❑ Estimate ❑ Actual
Height: _____ cm ❑ Estimate ❑ Actual

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM

Keep this form with the Prescriber Orders - Must not be thinned from patient chart.

Allergy/Intolerance Information
❑ Allergy/intolerance information reviewed with patient/designate and recorded below
● If not, state reason: _____
❑ No known allergies/intolerances
❑ Refer to regional allergy/intolerance document, as per regional policy

Drug Allergies	Non-Drug Allergies
Drug Intolerances	**Non-Drug Intolerances**

List of Unacceptable/Acceptable Abbreviations for Prescribing

DO NOT USE	USE THIS	DO NOT USE	USE THIS	DO NOT USE	USE THIS
OD, QD or qd	daily	U, IU, u	unit	> or <	greater than or less than
D/C	discharge or discontinue	cc	mL	trailing zero (x.0 mg)	Never use zero by itself after a decimal
QOD or qod	every other day	µg	mcg	lack of leading zero (.x mg)	Always use a zero before a decimal point if amount less than one
drug name abbreviations	write generic drug name	@	at	OS, OD, OU	left eye, right eye, both eyes

On the next page is a PIP generated 4 month medication list, including most recent dispensing date as of **2016-Apr-27.** This list may not be all inclusive. Therefore, list all additional prescription, over-the-counter, and herbal medications the patient is taking. Review each medication with patient/designate to ensure completeness.

NOTE: Dose and frequency ARE NOT provided on this medication list.
More complete PIP information is available via the PIP website (GUI) and the EHR Viewer.

Source of Medication List (check all that apply)
❑ Patient / Family ❑ MAR from other facility ❑ Medication vials or list ❑ Pharmacy _____ ❑ Other _____

Disposition of Patient's Medication on Admission:
❑ Locked up in Nursing Unit ❑ Sent home with: _____ ❑ Not brought to hospital

Medication list begins on next page

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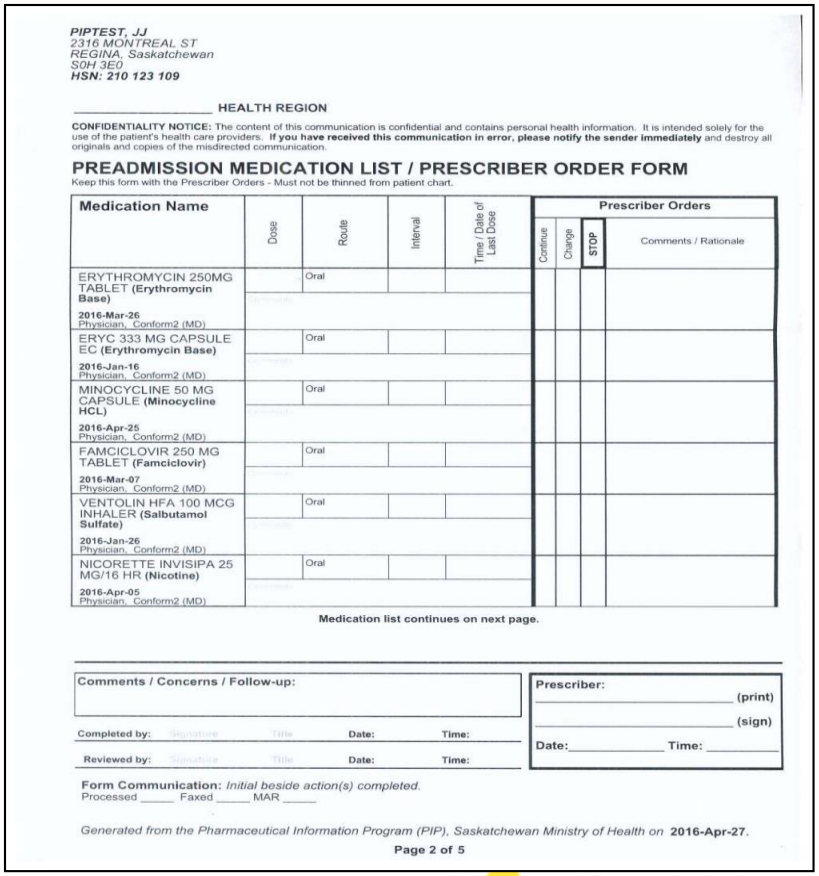
Page 1 of 5



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Medication Name	Dose	Route	Interval	Time / Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments / Rationale
ERYTHROMYCIN 250MG TABLET **(Erythromycin Base)** **2016-Mar-26** Physician, Conform2 (MD)		Oral						
ERYC 333 MG CAPSULE EC **(Erythromycin Base)** **2016-Jan-16** Physician, Conform2 (MD)		Oral						
MINOCYCLINE 50 MG CAPSULE **(Minocycline HCL)** **2016-Apr-25** Physician, Conform2 (MD)		Oral						
FAMCICLOVIR 250 MG TABLET **(Famciclovir)** **2016-Mar-07** Physician, Conform2 (MD)		Oral						
VENTOLIN HFA 100 MCG INHALER **(Salbutamol Sulfate)** **2016-Jan-26** Physician, Conform2 (MD)		Oral						
NICORETTE INVISIPA 25 MG/16 HR **(Nicotine)** **2016-Apr-05** Physician, Conform2 (MD)		Oral						

Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: Signature Title **Date:** **Time:**

Reviewed by: Signature Title **Date:** **Time:**

Prescriber:
_____ (print)
_____ (sign)
Date: _____ **Time:** _____

Form Communication: *Initial beside action(s) completed.*
Processed _____ Faxed _____ MAR _____

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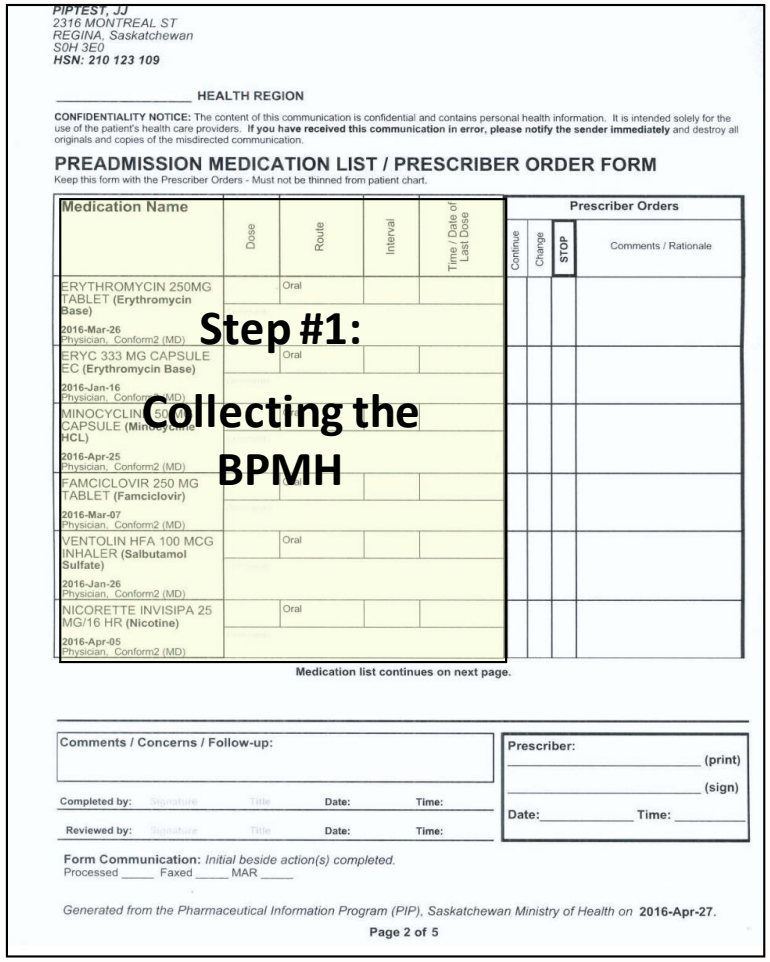
Med Rec on admission

Step 1: Collecting the BPMH



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ERYC 333 MG CAPSULE EC (Erythromycin Base) 2016-Jan-16 Physician, Conform2 (MD)		Oral						
MINOCYCLIN… CAPSULE (Minocycline HCL) 2016-Apr-25 Physician, Conform2 (MD)								
FAMCICLOVIR 250 MG TABLET (Famciclovir) 2016-Mar-07 Physician, Conform2 (MD)								
VENTOLIN HFA 100 MCG INHALER (Salbutamol Sulfate) 2016-Jan-26 Physician, Conform2 (MD)		Oral						
NICORETTE INVISIPA 25 MG/16 HR (Nicotine) 2016-Apr-05 Physician, Conform2 (MD)		Oral						

Step #1: Collecting the BPMH

Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: Signature Title Date: Time:

Reviewed by: Signature Title Date: Time:

Prescriber: _____ (print)
_____ (sign)
Date:_____ Time: _____

Form Communication: *Initial beside action(s) completed.*
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The BPMH is a 'snapshot' of the patient's actual medication use, which may be different from what is contained in their records. This is why the patient involvement is vital (from Safer HealthCare Now)

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BPMH

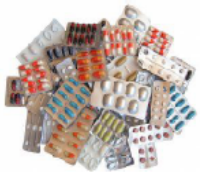
A Best Possible Medication History (BPMH) is a history created using:

- **A systematic process of interviewing the patient/family**
- **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)**

Medication Reconciliation: During your visit you will be asked about the different types of medications you may be taking; please review the list below to help identify the many options. By giving a complete and accurate list it will help ensure the best possible care is given to you.

Prescription Medication: anything that a Doctor may have prescribed to you (including Cancer & TB medications)

Over the counter: Anything you may buy to treat yourself example – Aspirin, vitamins



Samples: Anything you may have been given to try and cure a condition or improve your health

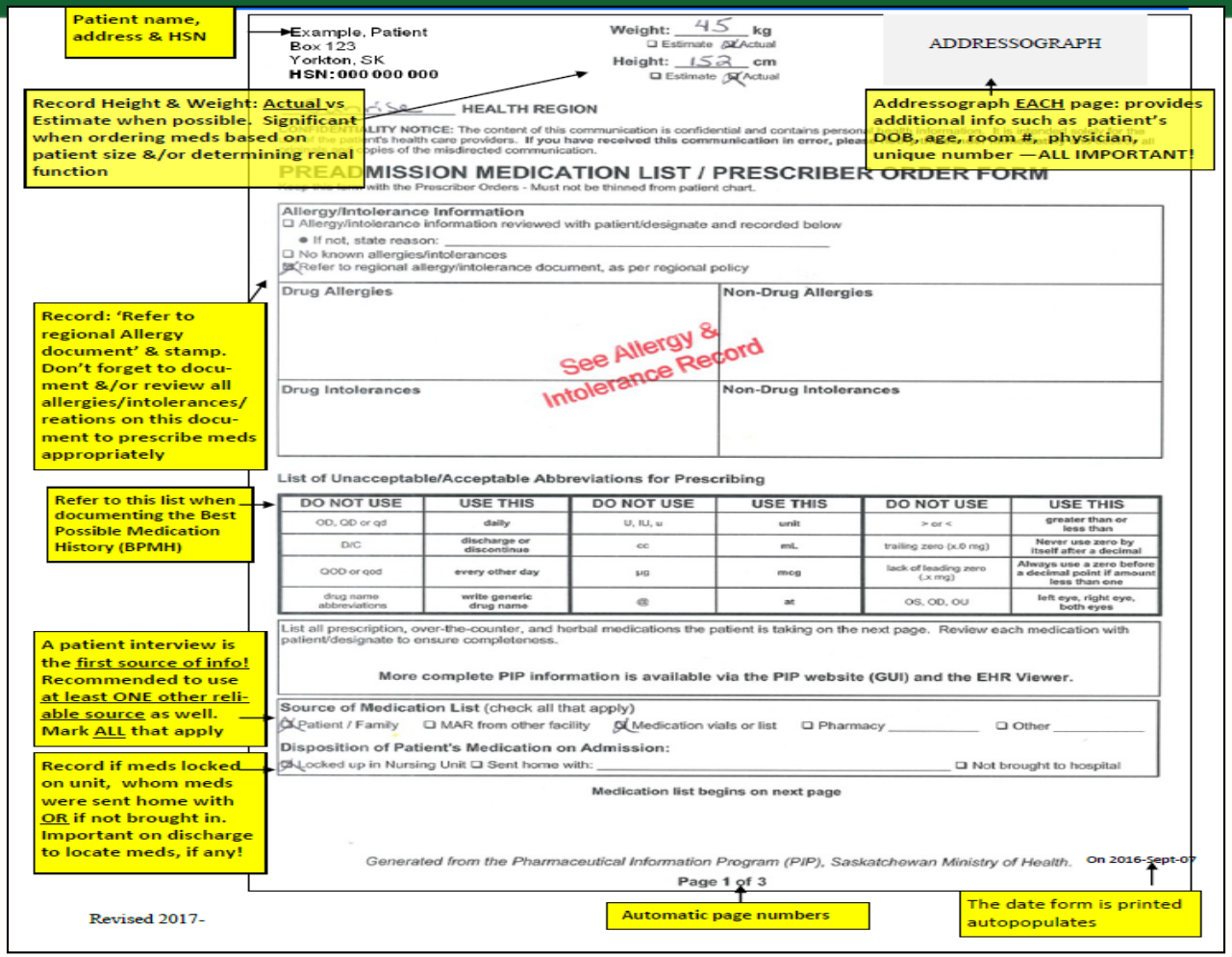
Herbal remedies: Anything that you may take to improve your health or fitness

How do you take your medications?

Sources of Information

- **Patient**
- **Family or Caregiver**
- **Prescription Vials / Bubble packs**
- **Medication List (always ask for one)**
- **Community Pharmacy**
- **Medication Profile (MAR) from another facility**
- **PIP (Pharmaceutical Information Program)**

Features of the PIP Med Rec Form



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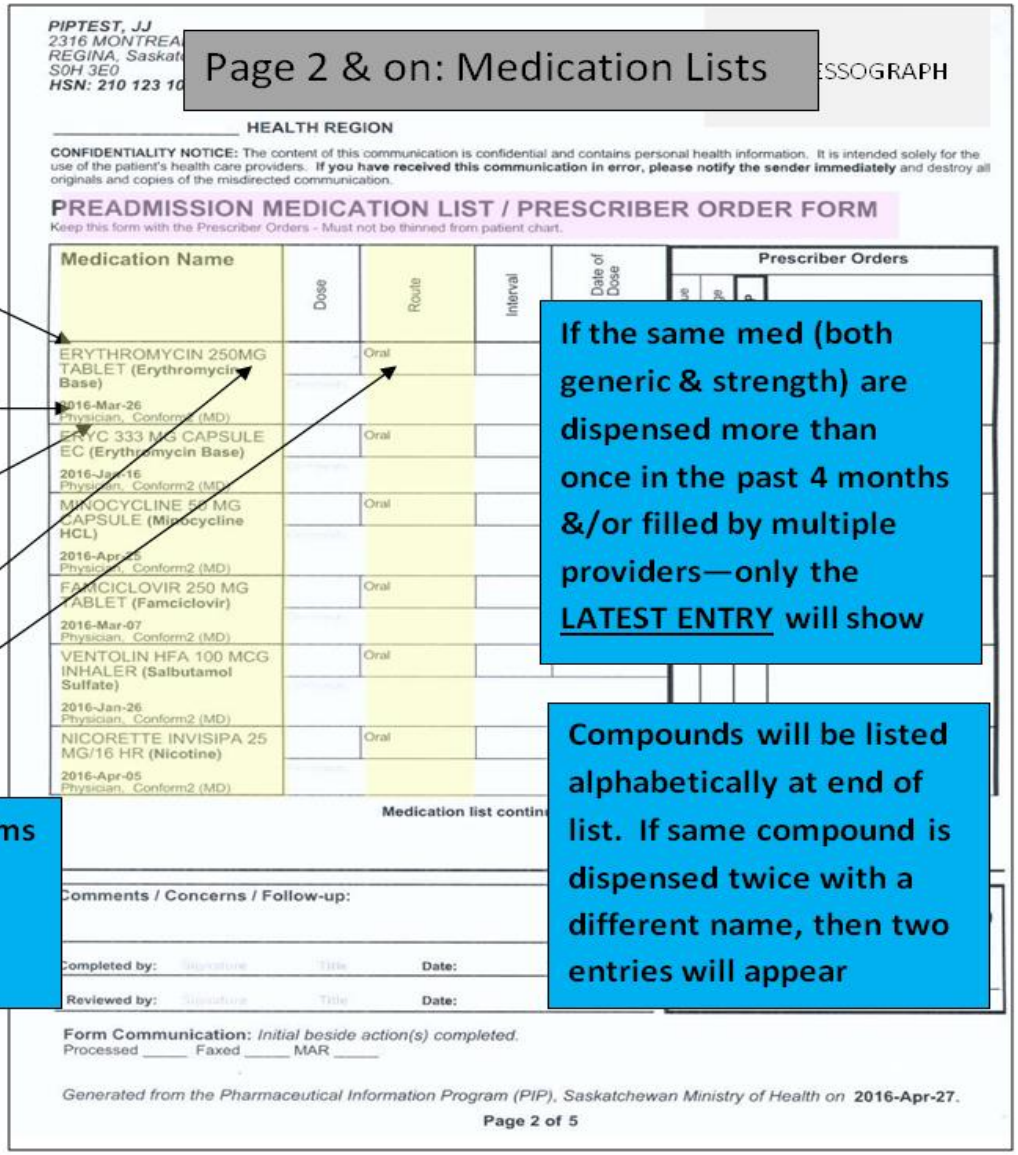
Page 2 & on: Medication Lists



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ERYTHROMYCIN 250MG TABLET (Erythromycin Base) 2016-Mar-26 Physician, Conform2 (MD)		Oral			
ERYC 333 MG CAPSULE EC (Erythromycin Base) 2016-Jan-16 Physician, Conform2 (MD)		Oral			
MINOCYCLINE 50 MG CAPSULE (Minocycline HCL) 2016-Apr-25 Physician, Conform2 (MD)		Oral			
FAMCICLOVIR 250 MG TABLET (Famciclovir) 2016-Mar-07 Physician, Conform2 (MD)		Oral			
VENTOLIN HFA 100 MCG INHALER (Salbutamol Sulfate) 2016-Jan-26 Physician, Conform2 (MD)		Oral			
NICORETTE INVISIPA 25 MG/16 HR (Nicotine) 2016-Apr-05 Physician, Conform2 (MD)		Oral			

Medication list contin

Comments / Concerns / Follow-up:

Completed by: Signature Title Date:

Reviewed by: Signature Title Date:

Form Communication: *Initial beside action(s) completed.*
Processed _____ Faxed _____ MAR _____

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Page 2 of 5

Medication:
Generic & Trade Name

Dispensing Date (bold)

Prescriber Name & Title

Strength Dispensed
(not necessarily prescribed)

Route

If the same med (both generic & strength) are dispensed more than once in the past 4 months &/or filled by multiple providers—only the LATEST ENTRY will show

Compounds will be listed alphabetically at end of list. If same compound is dispensed twice with a different name, then two entries will appear

Printed PIP MedRec Forms will only list meds dispensed in the past 4 months

ADDRESSOGRAPH

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FORM INSTRUCTIONS → List all additional prescription, over-the-counter, and herbal medications the patient is taking below. Upon completion, cross out any empty lines to prevent additions. Select the appropriate checkbox at the bottom of table when finished the page. If you require more space, photo-copy this page as many times as necessary AND manually update page numbers on ALL pages of form as necessary (when form fully complete).

Medication Name ☐ No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments/Rationale
TARO-WARFARIN 1 MG TABLET (Warfarin Sodium) 2016-Sep-01 Doe, John (MD)	1 mg Comments: Alternates warfarin 2mg vs 3mg	Oral	Every other Day	1600 Sept 7/16			X	Hold until
TARO-WARFARIN 2 MG TABLET (Warfarin Sodium) 2016-Sep-01 Doe, John (MD)	2 mg Comments: Alternates warfarin 2mg vs 3mg	Oral	Daily	1600 Sept 7/16			X	INR < 3
TEVA-SPIRONOLACTONE 25 MG TABLET (Spironolactone) 2016-Jul-07 Doe, John (MD)	12.5 mg Comments:	Oral	Daily	0800 Sept 7/16	X			
CRITIC-AID CLEAR 7 LOS OINT (Vitamin E/Dimethicone/Zinc Oxide/Petroleum White) 2016-Aug-22 Ban, Tess (Pharm)	Comments:	Topical						
MYLAN-NITRO 0.4 MG/H (Nitroglycerin) 2016-Jun-01 Ready, Bee (RN/NP)				0800 Sept 6/16		X		↑ to 0.8mg
LATANOPROST-TIMOLOL DROPS (Latanoprost/Timolol) 2016-Sep-01 Thiess, Seymour (OPT)				2200 Sept 6/16	X			

☐ End of medication list OR ☒ Medication list continues on next page.

Comments / Concerns / Follow-up:
Provide any "general" comments in this section (ie. Pt has dementia-unable to provide thorough history)

Completed by: Fifi R. Digit, RN Date: Sept 7/16 Time: 1730
Reviewed by: A. Me... Date: Sept 7 Time: 1800

Form Communication: Initial beside action(s) completed.
Processed ___ Faxed ___ MAR ___

Prescriber: John Doe (print)
J. Doe (sign)
Date: Sept 7 Time: 18:00

...maceutical Information Program (PIP), Saskatchewan Ministry of Health on 2016-Sept-07

Page 2 of 3

PRESCRIPTION & NONPRESCRIPTION Meds:

Using the ACCEPTABLE ABBREVIATION LIST (page 1) the dose, frequency, time/date of last dose & comments are completed as the patient takes it at home- MAY BE DIFFERENT than what was prescribed

A wavy line is drawn through any med that is completed (ie. antibiotics & short term meds).

DO NOT cross off any meds that the patient reports as 'stop taking on their own'. Write comment on these meds for Prescriber to review accordingly.

"X" if this is the end of the med list OR meds continue on the next page. If needed, copy a blank page & renumber all pages below accordingly

Signed by the nurse, pharmacist or prescriber that OBTAINS the BPMH, including title, date & time

Signed by the nurse, pharmacist, or prescriber that reviews the document for discrepancies. In cases where a 2nd person reviews or adds to the PIP(BEFORE orders are written by Prescriber), the 2nd person signs this section. (ie. Med history is obtained at Pre-Admission Clinic) (PAC)

Initial each page when each action is completed

IF additional pages are needed, print BLANK pages to complete & manually change page numbers accordingly

REMEMBER……

***** Your BPMH will be used as an order form, so try to be as neat and clear as possible! *****

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Medication Name	Dose	Route	Interval	Time / Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments / Rationale
Prednisone 5 mg Oral Tablet **(Prednisone)** Physician, Conform2 (MD)		Oral						
TEVA-METFORMIN 500 MG TABLET **(Metformin HCL)** **2016-Apr-25** Physician, Conform2 (MD)		Oral						
Levothyroxine Sodium 100 mcg Oral Tablet **(Levothyroxine Sodium)** Physician, Conform2 (MD)		Oral						
ELTROXIN 50 MCG TABLET **(Levothyroxine Sodium)** **2016-Feb-15** Physician, Conform2 (MD)		Oral						

Write all other meds on the blank lines

Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: Signature Title **Date:** **Time:**

Reviewed by: Signature Title **Date:** **Time:**

Prescriber:
_____ **(print)**
_____ **(sign)**
Date:_____ **Time:** _____

Form Communication: *Initial beside action(s) completed.*
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Levothyroxine Sodium 100 mcg Oral Tablet (**Levothyroxine Sodium**) Physician, Conform2 (MD)								
ELTROXIN 50 MCG TABLET (**Levothyroxine Sodium**) **2016-Feb-15** Physician, Conform2 (MD)								

Cross out blank lines

Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: Signature: Title: Date: Time:

Reviewed by: Signature: Title: Date: Time:

Prescriber:
_____ (print)
_____ (sign)
Date:_____ Time: _____

Form Communication: *Initial beside action(s) completed.*
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☐ **End of medication list** **OR** ☐ **Medication list continues on next page.**

Comments / Concerns / Follow-up:`

Completed by: Signature: Title: Date: Time:

Reviewed by: Signature: Title: Date: Time:

Prescriber:
_____ (print)
_____ (sign)
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Page 5 of 5

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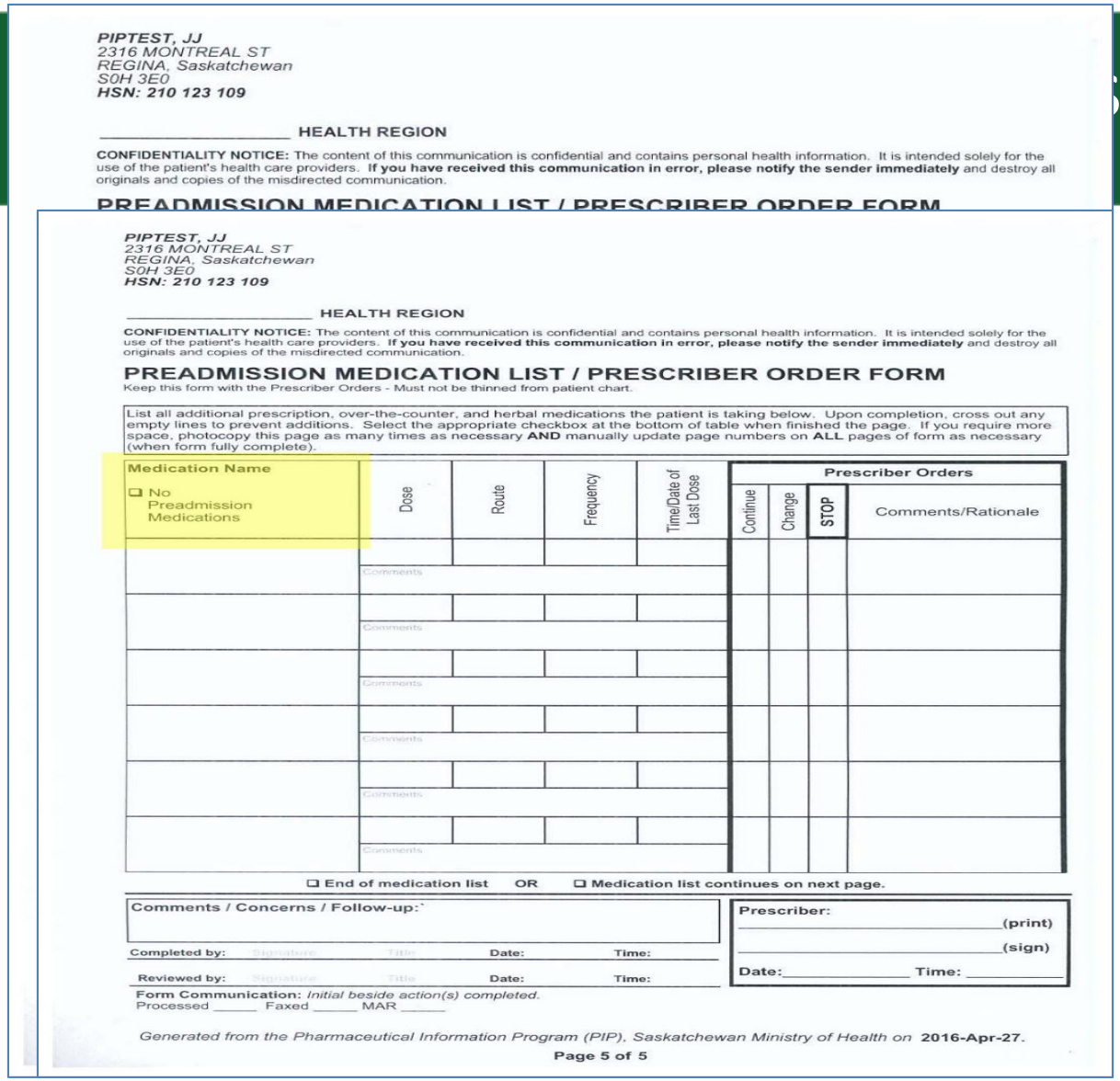

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Comments								
Comments								
Comments								
Comments								
Comments								
Comments								

☐ **End of medication list** **OR** ☐ **Medication list continues on next page.**

Comments / Concerns / Follow-up:`

Completed by: Signature Title **Date:** **Time:**

Reviewed by: Signature Title **Date:** **Time:**

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Prescriber:
_____(print)
_____(sign)
Date:_____ **Time:** _____

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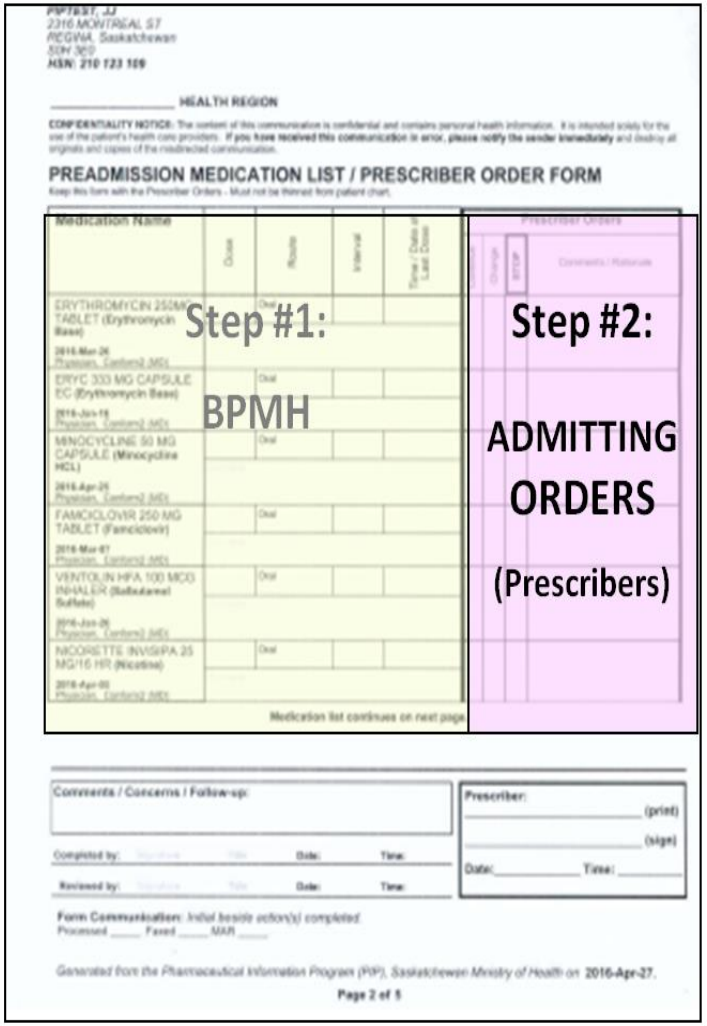
Page 5 of 5

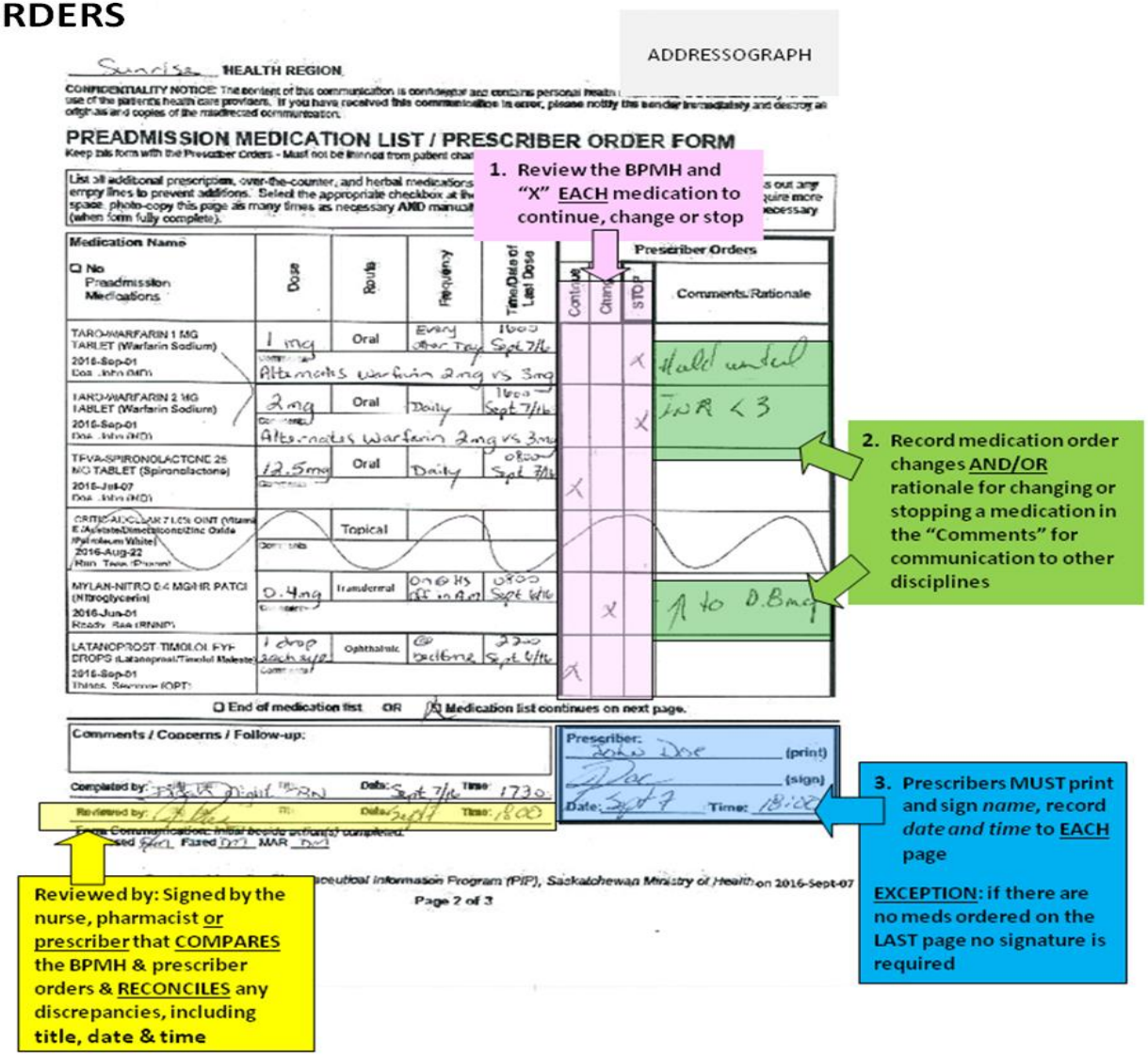


- Prescriber reviews the medication history documented in the Best Possible Medication History (BPMH) from Step #1 and writes admitting orders accordingly

Best Possible Medication History (BPMH) + Admitting Medication orders (AMO)= ONE FORM

Step #2: ADMITTING ORDERS

- **Ordering 'Meds as at home' or 'Meds as per PIP' without completing the PIP MedRec Form is NOT AN ACCEPTABLE ORDER!**



ADDRESSOGRAPH

Sunrise HEALTH REGION

CONFIDENTIALITY NOTICE: The content of this communication is confidential and contains personal health ... use of the patient's health care providers. If you have received this communication in error, please notify the sender immediately and destroy all originals and copies of the misdirected communication.

PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM

Keep this form with the Prescriber Orders - Must not be removed from patient chart

List all additional prescription, over-the-counter, and herbal medications ... is out any empty lines to prevent additions. Select the appropriate checkbox at the ... require more space, photo-copy this page as many times as necessary AND manually ... necessary (when form fully complete).

Medication Name ☐ No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments/Rationale
TARO-WARFARIN 1 MG TABLET (Warfarin Sodium) 2016-Sep-01	1 mg	Oral	Every other Tue	1000 Sept 7/16			X	Hold until Alternates warfarin 2mg vs 3mg
TARO-WARFARIN 2 MG TABLET (Warfarin Sodium) 2016-Sep-01	2 mg	Oral	Daily	1000 Sept 7/16			X	INR < 3 Alternates warfarin 2mg vs 3mg
TEVA-SPIRONOLACTONE 25 MG TABLET (Spironolactone) 2016-Jul-07	12.5mg	Oral	Daily	0800 Sept 7/16	X			
CRITICAID-CLAIR 7 LCS OINT (Vitamin E Acetate/Dimeticone/Zinc Oxide /Petroleum White) 2016-Aug-22		Topical						
MYLAN-NITRO 0.4 MG/HR PATCH (Nitroglycerin) 2016-Jun-01	0.4mg	Transdermal	ON 6 HS off in AM	0800 Sept 6/16		X		1 to 0.8mg
LATANOPROST TIMOLOL FIX DROPS (Latanoprost/Timolol Maleate) 2016-Sep-01	1 drop	Ophthalmic	@ bedtime	2200 Sept 6/16	X			

☐ End of medication list OR ☒ Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: ... RN Date: Sept 7/16 Time: 1730

Reviewed by: ... Date: Sept 7 Time: 1800

Prescriber: John Doe (print) ... (sign) Date: Sept 7 Time: 18:00

...ceutical Information Program (PIP), Saskatchewan Ministry of Health on 2016-Sept-07

Page 2 of 3

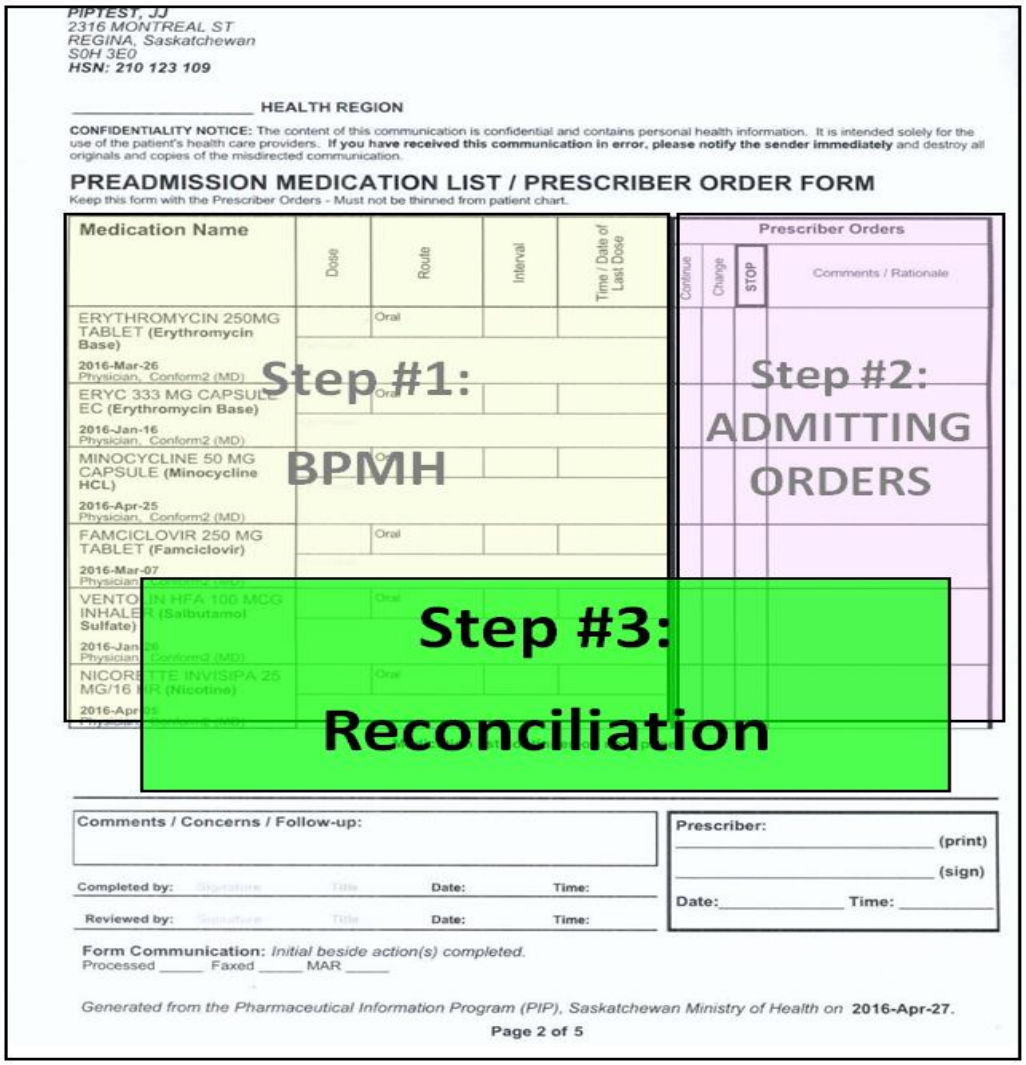
1. Review the BPMH and "X" EACH medication to continue, change or stop

2. Record medication order changes AND/OR rationale for changing or stopping a medication in the "Comments" for communication to other disciplines

3. Prescribers MUST print and sign *name*, record *date and time* to EACH page

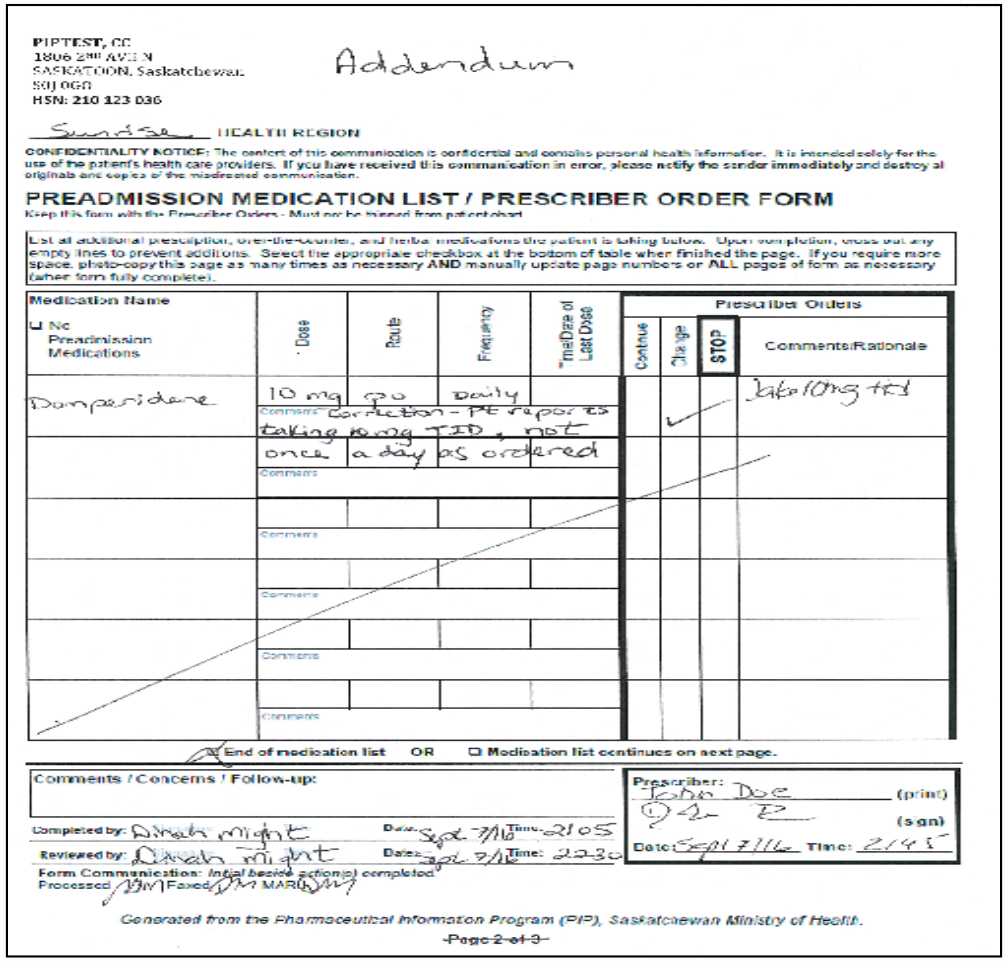
EXCEPTION: if there are no meds ordered on the LAST page no signature is required

Reviewed by: Signed by the nurse, pharmacist or prescriber that COMPARES the BPMH & prescriber orders & RECONCILES any discrepancies, including title, date & time



REVIEW THE BPMH AND COMPARE TO THE PHYSICIAN ORDERS AND RECONCILE ANY DISCREPENCIES – this is the whole intent of the med rec process!

Completing an Addendum



PIPTEST, CC
1806 2ND AVE N
SASKATOON, Saskatchewan
S0J 0G0
HSN: 210 123 036

Addendum

Sunrise HEALTH REGION

CONFIDENTIALITY NOTICE: The content of this communication is confidential and contains personal health information. It is intended solely for the use of the patient's health care providers. If you have received this communication in error, please notify the sender immediately and destroy all originals and copies of the misdirected communication.

PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM

Keep this form with the Prescriber Orders - Must not be traced from patient chart

List all additional prescription, over-the-counter, and herbal medications the patient is taking below. Upon completion, cross out any empty lines to prevent additions. Select the appropriate checkbox at the bottom of table when finished the page. If you require more space, photo-copy this page as many times as necessary AND manually update page numbers on ALL pages of form as necessary (when form fully complete).

Medication Name ☐ No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescribe Orders: Continue	Change	STOP	Comments/Rationale
Domperidone	10 mg	po	Daily			✓		take 10mg TID
Comments:	correction - PT reports taking 10mg TID, not once a day as ordered							
Comments:								
Comments:								
Comments:								
Comments:								

☒ End of medication list OR ☐ Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: Dinah Night Date: Sept 7/16 Time: 2105

Reviewed by: Dinah Night Date: Sept 7/16 Time: 2230

Form Communication: *Initial beside action(s) completed*
Processed: DN | Faxed: DN MAR | Mail: DN

Prescriber: John Doe (print)
JD (sign)
Date: Sept 7/16 Time: 2145

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health.

~~Page 2 of 3~~

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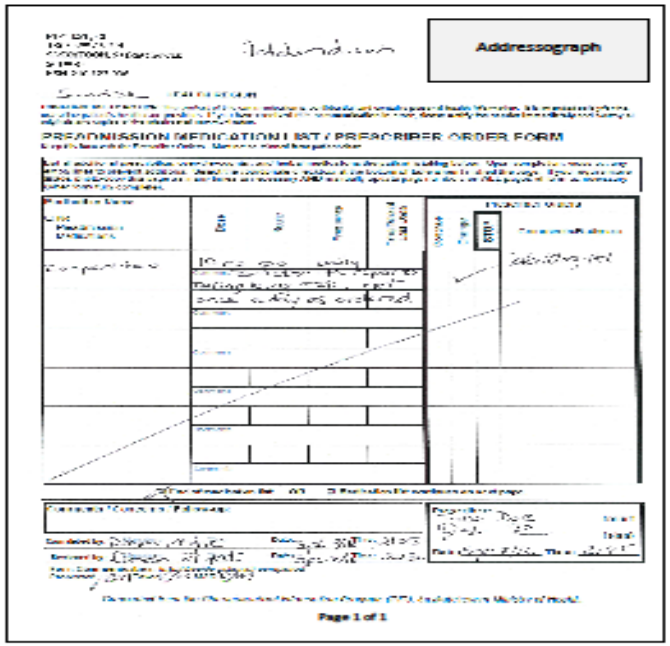
ADDENDUM

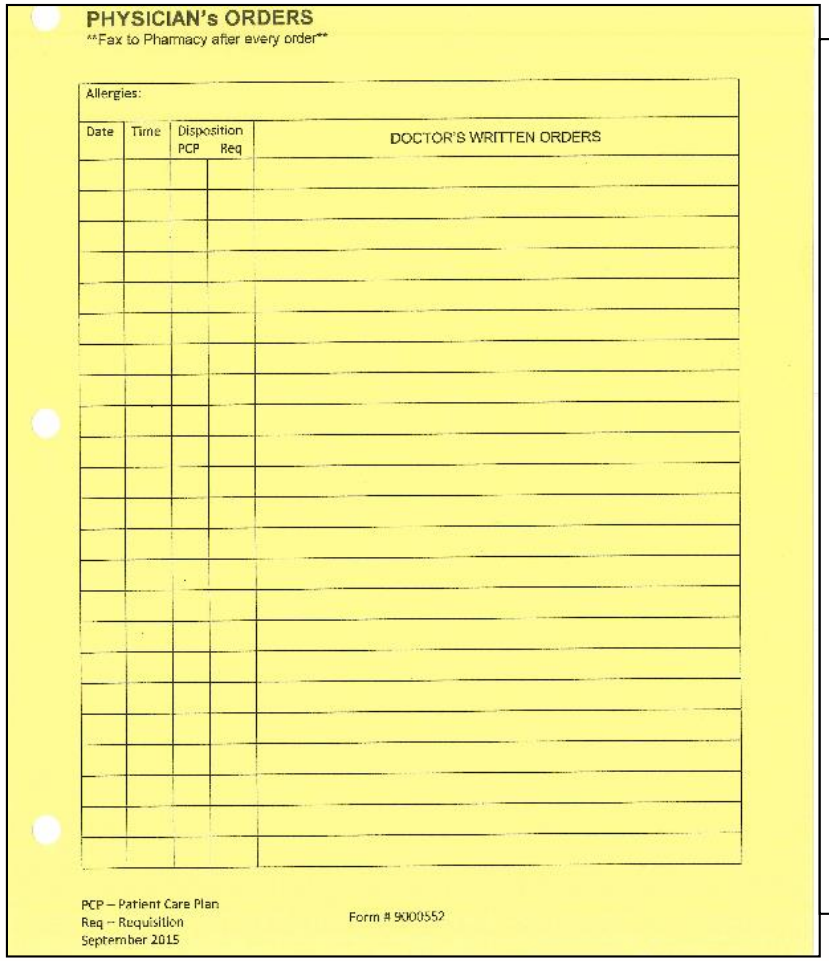
Reconciling Discrepancies on the PIP/MedRec Form:

1. **If the discrepancy is noted prior to the Prescriber leaving the unit, notify him/her immediately to correct the discrepancy/medication orders directly onto the PIP MedRec form before sending to Pharmacy**

2. **Any discrepancies noted after the prescriber has signed the PIP MedRec Form & has left the unit OR any new information received about the patient's meds after admission is completed (patient forget to mention some meds), use the ADDENDUM to communicate the discrepancy to the prescriber. The prescriber will then write any orders onto this form and it is sent to Pharmacy. Nursing and pharmacy can both use this form.**



a. In the 'comments' of the completed PIP MedRec form indicate the discrepancy noted and to see "attached addendum"
b. Use a blank PIP MedRec page for the addendum
c. Addressograph the top right corner and write "addendum" along the top.
d. Record the medication discrepancy onto the blank PIP MedRec Form (addendum) and sign as "completed by" with date & time
e. Cross off any blank lines
f. Fax addendum to prescriber OR leave in patient chart for prescriber to order if returning to ward in a reasonable amount of time
g. **Medication is reviewed and ordered on the Addendum by the Prescriber with their name, signature, date & time**
h. Nurse &/or Pharmacist reviews orders & signs the "reviewed by"
i. Fax to Pharmacy
j. Make appropriate changes to current MAR
k. Attach Addendum to original PIP MedRec form *to be used for reconciling at discharge*



PHYSICIAN's ORDERS

Fax to Pharmacy after every order

Allergies:

Date	Time	Disposition PCP	Disposition Req	DOCTOR'S WRITTEN ORDERS

PCP – Patient Care Plan
Req – Requisition
September 2015

Form # 9000552

1. Any NEW medications that are NOT listed on the PIP MedRec Form and need to be ordered on admission are written on the Physician's Orders Sheet (may vary in color/formatting pending on facility)
2. In **urgent situations** when prescribers are not able to complete orders on the PIP MedRec Form prior to the next scheduled doses of meds - these meds can be ordered STAT on the Physician Orders Sheets and be administered to avoid missed doses until the PIP MedRec Form can be completed by the prescriber

Documentation:

Fax to the contracted Community Pharmacy:

- the PIP med rec form
- a copy of the Doctor Order sheet (if additional meds were ordered)
- Pre-printed order (PPO) sets and addendum (If completed)

In the 'Physician's Order' section of the patient chart, place:

- PIP med rec form
- Pre-printed order (PPO) set
- Addendum (if completed)

Completing med rec for residents coming "from hospital"

Discharge Med Rec

Is the movement of a patient from an *acute care facility* to his or her *residence* (ie. Home with or without home care support, personal care home or LTC facility) or to a supportive care bed (ie respite or palliative care) in the same facility with a change in Pharmacy provider

SK Discharge Transfer Med Rec (DTMR) Form

- May be pre populated by *hospital pharmacy*

- On discharge, has a **dual** purpose:

1. To reconcile patients meds
2. Used as a discharge Rx

DTMR Form

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority
Location: ______________________

Label/Address

Allergies:

Prescription - Discharge to Home ☐ | **Prescription - Discharge to LTC** ☐ | **Transfer Medication List - External** ☐ **Transfer Orders - Internal** ☐

Community Pharmacists: For refills beyond what is listed below, please contact family physician/nurse practitioner.

1. Active Inpatient Medications Review MAR and prescriber order sheets for last 72hrs		Medication Status				Prescriber Orders Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin				
Scheduled medications, followed by PRN active prior to discharge Medication	Dose / Route / Frequency	Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
							☐ 1/12 Or			
							☐ 1/12 Or			
							☐ 1/12 Or			
							☐ 1/12 Or			
							☐ 1/12 Or			
							☐ 1/12 Or			
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							☐ 1/12 Or			
							☐ 1/12 Or			

Completed by: ______ Signature ______ Title
Date: ______ Time: ______

Reviewed by: ______ Signature ______ Title
Date: ______ Time: ______

Authorized Prescriber: #: ______
(print)
(sign)
Phone #:
Date:
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

*CONFIDENTIALITY NOTICE: The content of the communication is confidential and contains personal health information. It is intended solely for the use of the patient's health care providers. **If you have received this communication in error, immediately notify the sender by return fax** and destroy all originals and copies of the misdirected communication.*
Version: Paper.2.11 — Page ___ of ___

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority
Location: ______________________

Label/Address

2. Pre-admission medications as listed on Best Possible Medication History			Prescriber Orders Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin				
RESTART pre-admission medications not ordered or stopped in hospital STOP pre-admission medications no longer required Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Restart	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
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				☐ 1/12 Or			

Completed by: ______ Signature ______ Title
Date: ______ Time: ______

Reviewed by: ______ Signature ______ Title
Date: ______ Time: ______

Authorized Prescriber: #: ______
(print)
(sign)
Phone #:
Date:
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

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Version: Paper.2.11 — Page ___ of ___

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority
Location: ______________________

Label/Address

3. NEW medications to START after discharge			Prescriber Orders Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin	
Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Quantity Discharge Only	Refills Discharge Only
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	

Other Medication Instructions/Comments:

Copied/Faxed to:	Name of Recipient / Fax #	Date	Copied/Faxed to:	Name of Recipient / Fax #	Date
☐ Community Pharmacy			☐ Receiving Facility		
☐ Long Term Care			☐ Family Physician/ Nurse Practitioner		
☐ Home Care			☐ Other ☐ Copy to patient		

Please note: If faxed to Community Pharmacy, stamp original FAXED and retain in chart.

Completed by: ______ Signature ______ Title
Date: ______ Time: ______

Reviewed by: ______ Signature ______ Title
Date: ______ Time: ______

Authorized Prescriber: #: ______
(print)
(sign)
Phone #:
Date:
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

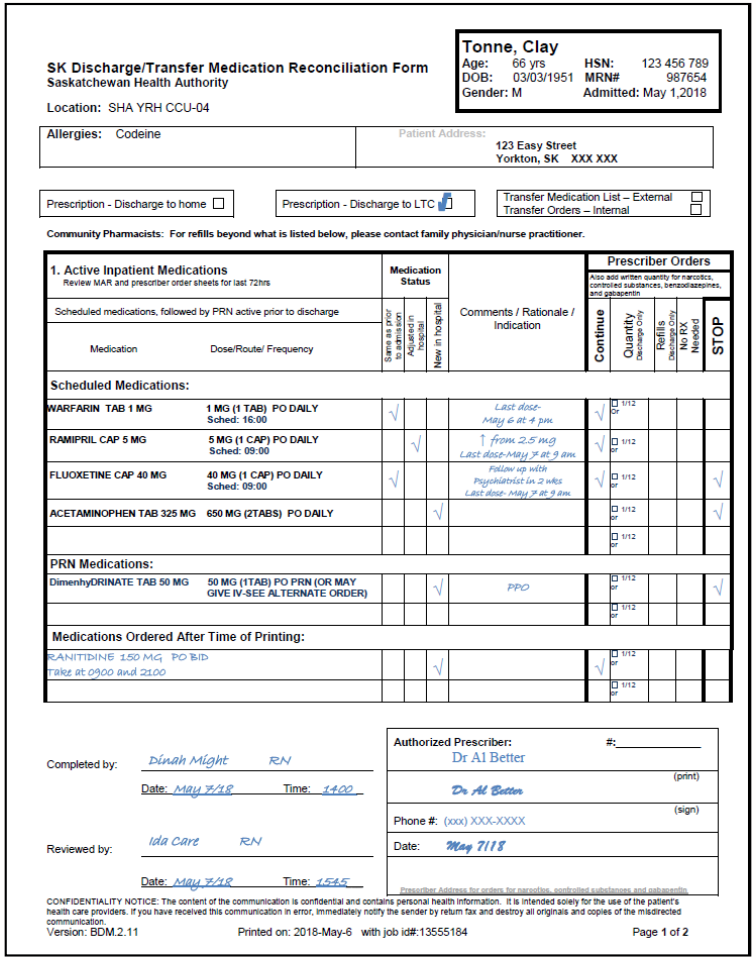
*CONFIDENTIALITY NOTICE: The content of the communication is confidential and contains personal health information. It is intended solely for the use of the patient's health care providers. **If you have received this communication in error, immediately notify the sender by return fax** and destroy all originals and copies of the misdirected communication.*
Version: Paper.2.11 — Page ___ of ___

Sending Acute Care site (to LTC):

At minimum, will send copies of:

- **completed DTMR Form**
  (as a Discharge Medication Plan & Prescription)
- **the initial PIP med rec form**
- **the last 24-72 hrs of MARs**
- **last 72 hrs of Dr orders**
- **signed LTC PPO set**
- **other PERTINENT documents (ie. Lab results, diabetic record, etc)**

  (as listed from Provincial Med Rec Definitions and Flowcharts)



SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA YRH CCU-04

Tonne, Clay
Age: 66 yrs **HSN:** 123 456 789
DOB: 03/03/1951 **MRN#** 987654
Gender: M **Admitted:** May 1,2018

Allergies: Codeine

Patient Address:
123 Easy Street
Yorkton, SK XXX XXX

Prescription - Discharge to home ☐
Prescription - Discharge to LTC ☑
Transfer Medication List – External ☐
Transfer Orders – Internal ☐

Community Pharmacists: For refills beyond what is listed below, please contact family physician/nurse practitioner.

1. Active Inpatient Medications Review MAR and prescriber order sheets for last 72hrs		Medication Status			Comments / Rationale / Indication	Prescriber Orders Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin				
Scheduled medications, followed by PRN active prior to discharge		Same as prior to admission	Adjusted in hospital	New in hospital		Continue	Quantity Discharge Only	Refills Discharge Only	No RX Needed	STOP
Medication	Dose/Route/ Frequency									
Scheduled Medications:										
WARFARIN TAB 1 MG	1 MG (1 TAB) PO DAILY Sched: 16:00	√			Last dose- May 6 at 4 pm	√	☐ 1/12 qr			
RAMIPRIL CAP 5 MG	5 MG (1 CAP) PO DAILY Sched: 09:00		√		↑ from 2.5 mg Last dose-May 7 at 9 am	√	☐ 1/12 qr			
FLUOXETINE CAP 40 MG	40 MG (1 CAP) PO DAILY Sched: 09:00	√			Follow up with Psychiatrist in 2 wks Last dose- May 7 at 9 am	√	☐ 1/12 qr			√
ACETAMINOPHEN TAB 325 MG	650 MG (2TABS) PO DAILY			√			☐ 1/12 qr			√
							☐ 1/12 qr			
PRN Medications:										
DimenhyDRINATE TAB 50 MG	50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)			√	PPO		☐ 1/12 qr			√
							☐ 1/12 qr			
Medications Ordered After Time of Printing:										
RANITIDINE 150 MG PO BID Take at 0900 and 2100				√		√	☐ 1/12 qr			
							☐ 1/12 qr			

Completed by: Dinah Might RN
Date: May 7/18 Time: 1400

Reviewed by: Ida Care RN
Date: May 7/18 Time: 1545

Authorized Prescriber: Dr Al Better #:_____
(print)
Dr Al Better
(sign)
Phone #: (xxx) XXX-XXXX
Date: May 7/18

Prescriber Address for orders for narcotics, controlled substances and gabapentin

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Version: BDM.2.11 Printed on: 2018-May-6 with job id#:13555184 Page 1 of 2

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SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA YRH CCU-04

Tonne, Clay			
Age:	66 yrs	**HSN:**	123 456 789
DOB:	03/03/1951	**MRN#**	987654
Gender:	M	**Admitted:**	May 1 2018

2. Pre-admission medications as listed on Best Possible Medication History

RESTART pre-admission medications not ordered or stopped in hospital
STOP pre-admission medications no longer required

Medication	Dose / Route / Frequency	Comments / Rationale / Indication (e.g. of use: -restart Warfarin on discharge - stop NSAID due to GI Bleed)	Prescriber Orders: Restart	Quantity (Discharge Only)	Refills (Discharge Only)	NO Rx Needed	STOP
Furosemide TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900,1200	Held in hospital		☐ 1/12 or			√
				☐ 1/12 or			
				☐ 1/12 or			

Also add written quantity for narcotics, controlled substances, benzodiazepines and gabapentin

3. NEW medications to START after discharge

Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Prescriber Orders: Quantity (Discharge Only)	Refills (Discharge Only)
Zopiclone 7.5 mg at HS prn			☐ 1/12 or 30 tab	
			☐ 1/12 or	
			☐ 1/12 or	

Also add written quantity for narcotics, controlled substances, benzodiazepines and gabapentin

Other Medication Instructions/Comments:

Copied/Faxed to:	Name of Recipient/Fax#	Date	Copied /faxed to:	Name of recipient/Fax#	Date
☒ Community Pharmacy	Drugs R' US 555-5555	May 7/18	☐ Receiving Facility		
☐ Long Term Care			☒ Family Physician/ Nurse Practitioner	Dr Al Better 555-0000	May 7/18
☐ Home Care			☐ Other ☒ Copy to patient		May 7/18

Please note: If faxed to Community Pharmacy, stamp original "FAXED" and retain in chart.

Completed by: Dinah Might RN

Date: May 7/18 Time: 1400

Reviewed by: Ida Care RN

Date: May 7/18 Time: 1545

Authorized Prescriber: #:

Dr Al Better (print)

Dr Al Better (sign)

Phone #: (xxx) XXX-XXXX

Date: May 7/18

Prescriber Address for orders for narcotics, controlled substances and gabapentin

Discharge RX = Admitting Medication Orders

THE DISCHARGE PRESCRIPTION BECOMES THE ADMITTING MEDICATION ORDERS (AMO) FOR ANY PATIENTS GOING INTO LONG TERM CARE

- A patient/family interview occurs again at the LTC site to ensure all medications have been captured from home. *This is essentially a **DOUBLE CHECK** process*
- Any discrepancies noted by the LTC staff will be communicated on a BLANK PIP Medrec form for the Prescriber to review and reconcile accordingly.
- **A COMPLETED 2ND PIP MEDREC FORM (in full) SHOULD NOT BE SIGNED BY THE PRESCRIBER AS THIS WILL CREATE A 2ND SET OF ADMITTING ORDERS!**
- The AMO (on the DTMR) are to be reviewed by the physician taking over the care of the resident (if there is a change in physicians) and changes made as appropriate
- If there are NO DISCREPANCIES noted, the physician will not be contacted
- The DTMR & LTC standing orders will be sent to the LTC facility & Community Pharmacy for dispensing from the acute care site PRIOR to the patient being sent

On discharge,

- **Obtain PIP med rec form to use as a 'working document'**
- **"Double CHECK" the PIP med rec form against the discharge form/MAR /last 24 hrs of prescriber orders to ensure NO discrepancies are noted**
- **Also do a patient/family interview**
- **If, NO discrepancies noted, do not fax or contact the physician for Admitting Orders. ALL orders are already received and reconciled on the DTMR form from acute care.**
- **This is a "working" document only!**

_____ HEALTH REGION

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM

Keep this form with the Prescriber Orders - Must not be thinned from patient chart.

Medication Name	Dose	Route	Interval	Time / Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments / Rationale
AURO-MOXIFLOXACIN 400 MG TAB **(Moxifloxacin HCL)** 2018-May-28 (MD)	400 mg	Oral	Daily	1900 June 4				
APO-EZETIMIBE 10 MG TABLET **(Ezetimibe)** 2018-May-17 (MD)	10 mg	Oral	Daily	0900 June 4				
ROSUVASTATIN 20 MG TABLET **(Rosuvastatin Calcium)** 2018-May-03 (MD)	20 mg	Oral	Daily	0900 June 4	**Physician Orders on Discharge Med Rec Form**			
MAR-ATENOLOL 25 MG TABLET **(Atenolol)** 2018-May-17 (MD)	25 mg	Oral	Daily	0900 June 4				
RAMIPRIL 2.5 MG CAPSULE **(Ramipril)** 2018-May-03 (MD)	5 mg	Oral	Daily	0900 June 4				
RABEPRAZOLE EC 20 MG TABLET **(Rabeprazole Sodium)** 2018-May-17 (MD)	20 mg	Oral	Daily	0900 June 4				

Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: Signature Title **Date:** **Time:**

Reviewed by: Signature Title **Date:** **Time:**

Prescriber:
_____ (print)
_____ (sign)
Date:_____ **Time:** _____

Form Communication: *Initial beside action(s) completed.*
Processed _____ Faxed _____ MAR _____

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health.

When there are discrepancies…

- **Use Addendum to record discrepancies &/or medications identified by the patient/health care provider that were 'not reported or were missed' during the patient's hospital admission or patient interview into LTC**
- **Fax Addendum to physician to reconcile/clarify or take a phone order and document in the 'Physician Order' section on the "Addendum" as such**
- **Record on the PIP med rec form beside the discrepancy to "refer to Addendum"**
- **When signed orders are received on the Addendum from the physician, fax copy to Community Pharmacy for dispensing and additions to the LTC MAR**
- **Place in patient chart with DTMR and PIP med rec form**

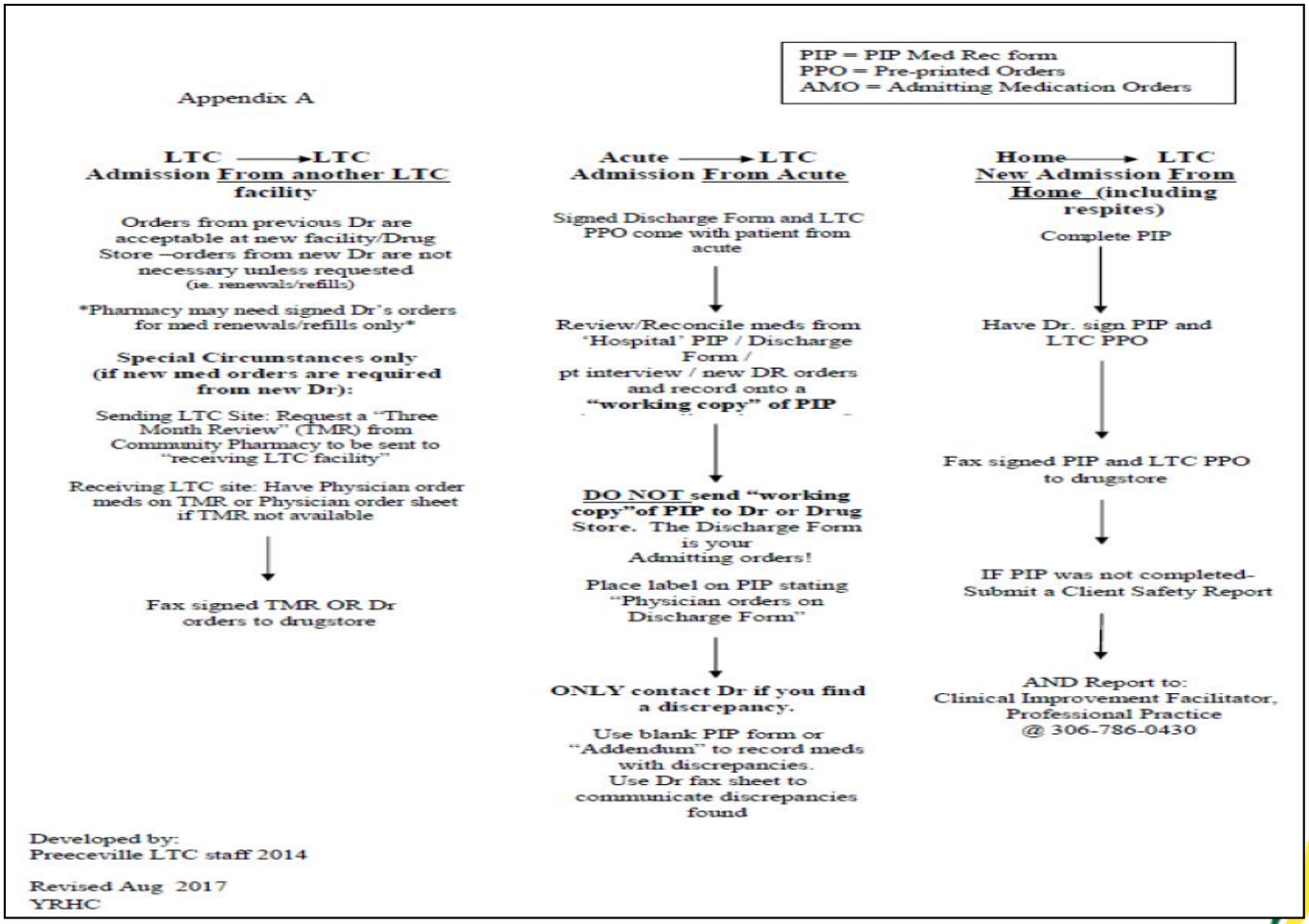
When there are discrepancies...continued

- **When signed orders are received on the Addendum from the physician, fax copy to Community Pharmacy for dispensing and additions to the LTC MAR**
- **Place in patient chart with DTMR and PIP med rec form**

Documentation

- **Place in the 'Physician's Orders" section of the resident chart:**
    1. **"Working copy" of the PIP**
    2. **Copy of initial PIP from hospital**
    3. **DTMR**
    4. **Preprinted Order (PPO) Set**
    5. **Addendum (if applicable)**
- **Chart follows resident to next site**
- **"Sending site" to request a 3 month review from their Community Pharmacy to send with resident**

Process Outline



Appendix A

PIP = PIP Med Rec form
PPO = Pre-printed Orders
AMO = Admitting Medication Orders

LTC ⟶ LTC
Admission From another LTC facility

Orders from previous Dr are acceptable at new facility/Drug Store –orders from new Dr are not necessary unless requested (ie. renewals/refills)

Pharmacy may need signed Dr's orders for med renewals/refills only

Special Circumstances only (if new med orders are required from new Dr):

Sending LTC Site: Request a "Three Month Review" (TMR) from Community Pharmacy to be sent to "receiving LTC facility"

Receiving LTC site: Have Physician order meds on TMR or Physician order sheet if TMR not available

↓

Fax signed TMR OR Dr orders to drugstore

Acute ⟶ LTC
Admission From Acute

Signed Discharge Form and LTC PPO come with patient from acute

↓

Review/Reconcile meds from 'Hospital' PIP / Discharge Form / pt interview / new DR orders and record onto a **"working copy" of PIP**

↓

DO NOT send "working copy"of PIP to Dr or Drug Store. The Discharge Form is your Admitting orders!

Place label on PIP stating "Physician orders on Discharge Form"

↓

ONLY contact Dr if you find a discrepancy.

Use blank PIP form or "Addendum" to record meds with discrepancies. Use Dr fax sheet to communicate discrepancies found

Home ⟶ LTC
New Admission From Home (including respites)

Complete PIP

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Have Dr. sign PIP and LTC PPO

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Fax signed PIP and LTC PPO to drugstore

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IF PIP was not completed- Submit a Client Safety Report

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AND Report to:
Clinical Improvement Facilitator, Professional Practice
@ 306-786-0430

Developed by:
Preeceville LTC staff 2014

Revised Aug 2017
YRHC

Comments/Questions?