



Provincial Health Services Authority

# BC CANCER ABBOTSFORD MEDICATION RECONCILIATION AT ADMISSION (AMBULATORY CARE) PROCEDURE

## Summary of Changes

	NEW	Previous
BC Cancer	Ambulatory Care Admission Medication Reconciliation Procedure	Medication Reconciliation Policy & Procedure  Ambulatory Care Medication Reconciliation Directive

Released:	05/APR/2019	Next Review:	01/APR/2022	
				Page 1 of 6

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## 1. Introduction

### 1.1 Focus

Medication Reconciliation is the responsibility of the most responsible prescriber for the patient. Obtaining and communicating the Best Possible Medication History (BPMH) and documenting and resolving any medication discrepancies are the responsibility of all healthcare professionals.

Medication Reconciliation is conducted in partnership with patients and families to ensure that the Medication Reconciliation documentation reflects the current use of medications and is utilized to communicate accurate and complete information about patients' medications across care transitions.

### 1.2. Health Organization Site Applicability

This procedure applies to BC Cancer Abbotsford Centre.

### 1.3. Practice Level

This policy applies to all health care professionals who obtain, communicate BPMH, document and resolve any medication discrepancies.

### 1.4 Definitions

**Medication Reconciliation** – a formal process in which the healthcare providers work together with patients, families and care providers to generate a Best Possible Medication History, identify and resolve medication discrepancies, and communicate a complete and accurate list of medications.

**Prescriber** – healthcare professional who is able to prescribe medications as part of their scope of practice (e.g. physician, nurse practitioner).

**Healthcare professional** – Refers to physician, pharmacist, nurse, or nurse practitioner.

**Most Responsible Provider** refers to the Provider who has overall responsibility for the patient's care at BC Cancer.

**Staff** – Employee of BC Cancer who performs the designated steps. Employees include Health Unit Clerks, Patient Care Aides, Registered Nurses, Licensed Practical Nurse, HIM Staff and/or Oncologists/Nurse Practitioner

**Patient** – Refers to patient, family or care provider.

Released:	05/APR/2019	Next Review:	01/APR/2022	
				Page 2 of 6
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## 1.5 Equipment and Supplies

- Ambulatory Care Medication Reconciliation Form

## 2. Steps and Rationale

- 2.1 Medication Reconciliation is retrieved by Health Information Management (HIM) staff and placed on the new patient chart. HIM staff transports chart to chart prep room on level 2 or Level 0 if new patient is being seen in patient review.
- 2.2 Medication Reconciliation form is provided to patient by Reception Clerk (level 2) when they check in for their NP appointment. Patient reviews the medication list and completes their portion of the Medication Reconciliation form.
- 2.3 Completed Medication Reconciliation form from patient is provide to LPN/PCA who will place on the patient chart for physician.
- 2.4 Physician completes the medication reconciliation form and provides chart to HUC and requests pharmacy consult if necessary.
- 2.5 Clinic HUC faxes the Ambulatory Care Medication Reconciliation form to Health Information Management (HIM). **HIM** scans Ambulatory Care Medication Reconciliation form into CAIS.

Released:	05/APR/2019	Next Review:	01/APR/2022	
				Page 3 of 6
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## 3. Patient/Client Education

Patient and family education on the Medication Reconciliation is provided in the “Patient Safety is # 1” Handbook. Patient and families are essential to accurate completion of the Medication Reconciliation process and will be given information by the health care provider at each transition point when medication reconciliation is performed.

## 4. References

Accreditation Canada. Required Organizational Practices (2017). [www.accreditation.ca](http://www.accreditation.ca)

Canadian Patient Safety Institute and Institute for Safe Medication Practices Canada (2011). *Medication Reconciliation in Acute Care: Getting Started Kit*. Safer Healthcare Now!  
[www.patientsafetyinstitute.ca/en/toolsResources/Pages/Med-Rec-resources-getting-started-kit.aspx](http://www.patientsafetyinstitute.ca/en/toolsResources/Pages/Med-Rec-resources-getting-started-kit.aspx).

Institute for Safe Medication Practices Canada. (2012). *Medication Reconciliation (MedRec)*. Institute for Safe Medication Practices Canada. [www.ismp-canada.org/medrec/](http://www.ismp-canada.org/medrec/)

Institute for Safe Medication Practices Canada. (2011). *Optimizing Medication Safety at Care Transitions - Creating a National Challenge*. Institute for Safe Medication Practices – Canada. [www.ismp-canada.org/download/MedRec/MedRec\\_National\\_summitreport\\_Feb\\_2011\\_EN.pdf](http://www.ismp-canada.org/download/MedRec/MedRec_National_summitreport_Feb_2011_EN.pdf)



Institute for Healthcare Improvement. (2012). *How-to Guide: Prevent Adverse Drug Events (Medication Reconciliation)*. Institute for Healthcare Improvement.  
[www.ihl.org/knowledge/Pages/Tools/HowtoGuidePreventAdverseDrugEvents.aspx](http://www.ihl.org/knowledge/Pages/Tools/HowtoGuidePreventAdverseDrugEvents.aspx)

Released:	05/APR/2019	Next Review:	01/APR/2022	
				Page 4 of 6
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## 5. Appendices

### Appendix A: Ambulatory Care Medication Reconciliation Form

		
Birthdate: _____ PHN: _____	Gender: _____	<b>Ambulatory Care Medication Reconciliation</b> (Page 1 of 7) Printed on: 2019 Feb 21 11:38

<b>Official Use Only:</b>		
Date: _____	Physician Signature: _____	Printed Name and College ID: _____

**Dear Patient:**  
 Please review the list of medications in Section A and Section B.  
 Under column Patient's Use: please indicate "yes" if the information is correct and "no" if the information is incorrect.  
 Your healthcare provider will discuss this information with you during your appointment.

Section A Current Medications	Patient's Use	Official Use Only	
		Verification	Reconciliation
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> As listed and managed by other provider	
		<input type="checkbox"/> As listed <input type="checkbox"/> Unable to verify <input type="checkbox"/> Discontinued <input type="checkbox"/> Different than listed	<input type="checkbox"/> Continue verified dose <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Discontinue <input type="checkbox"/> Managed by other provider
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> As listed and managed by other provider	
		<input type="checkbox"/> As listed <input type="checkbox"/> Unable to verify <input type="checkbox"/> Discontinued <input type="checkbox"/> Different than listed	<input type="checkbox"/> Continue verified dose <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Discontinue <input type="checkbox"/> Managed by other provider
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> As listed and managed by other provider	
		<input type="checkbox"/> As listed <input type="checkbox"/> Unable to verify <input type="checkbox"/> Discontinued <input type="checkbox"/> Different than listed	<input type="checkbox"/> Continue verified dose <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Discontinue <input type="checkbox"/> Managed by other provider
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> As listed and managed by other provider	
		<input type="checkbox"/> As listed <input type="checkbox"/> Unable to verify <input type="checkbox"/> Discontinued <input type="checkbox"/> Different than listed	<input type="checkbox"/> Continue verified dose <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Discontinue <input type="checkbox"/> Managed by other provider

THIS FORM DOES NOT ACT AS A PRESCRIPTION

Requested by: khanda2

BC01400120 BCQA-Fraser Valley Cancer Cl

Released:	05/APR/2019	Next Review:	01/APR/2022	
				Page 5 of 6

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<b>First Issued:</b>	April 5, 2019		
<b>Approving Body:</b>	BC Cancer Abbotsford Regional Senior Operations Committee		
<b>Final Sign Off:</b>	<b>Name</b>	<b>Title</b>	<b>Date Signed</b>
	Dr. Muhammad Zulfiqar	Regional Medical Director	April 2019
	Ruby Gidda	Acting Senior Director	April 2019
<b>Developed By:</b>	<b>Name</b>	<b>Dept.</b>	<b>HO</b>
	Ruby Gidda	Operations	
<b>Owner(s):</b>	Senior Operations		
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	Ruby Gidda		04-05-2019