Medication Reconciliation Guideline: How to complete an admission "Medication Reconciliation Order/Record/Prescription" form utilizing a Best Possible Medication History

Site Applicability

All VCH & PHC sites/programs utilizing "Medication Reconciliation Order/Record/Prescription" forms

(For the purpose of this guideline "clients" includes patients and residents.)

Practice Level

- RN, RPN, Midwives, NP – Basic Skill
- Pharmacist
- Physician
- LPN:
  - **VCH:** with additional education (see LearningHub)
  - **PHC: residential care only** - stable patient with predictable outcomes
- Regulated Pharmacy Technician (advanced orientation)

Policy Statement

Prescribers will reconcile client medications at admission utilizing the Best Possible Medication History (BPMH).

Need to Know

- Medication Reconciliation is a formal, systematic process in which health care proffessionals partner with clients to ensure accurate and complete medication information transfer at interfaces of care.
- Medication reconciliation is based upon the guiding principle: "An up-to-date and accurate medication list is essential to ensure safe prescribing in any setting."
- The BPMH is the cornerstone of the medication reconciliation process.
- While medication reconciliation is the responsibility of the prescriber; obtaining the BPMH is an interdisciplinary team responsibility.
- A **Best Possible Medication History (BPMH)** is a comprehensive medication history created using:
  1) a systematic process of interviewing the client/family; and
  2) a review of at least one other reliable source of information to obtain and verify all of the client's medication use (prescribed and non-prescribed). Complete documentation includes drug name, dosage, route and frequency.
- Over half of medication errors occur at the interfaces of care.
- "If you don't have a good admissions process, you can't have a good care process or a good discharge"

Equipment & Supplies

- **Acute, Residential Care, Tertiary Mental Health, Sub Acute Mental Health:**
  - Medication Reconciliation Order form - peri operative and standard (PharmaNet* or manual*)
  - Medication Reconciliation Record (PharmaNet* or manual*)
  - **PHC only:** "Residential/Rehab Moving In Medication Orders"
- **Community (Mental Health & Addictions, Home Health, etc):**
  - Medication Reconciliation Record (PharmaNet* or manual*)
  - Medication Reconciliation Prescription (PharmaNet*)
- **Best Possible Medication History – Top Ten Tips and Interview Guide** (VCH.0265)

***PharmaNet populated MedRec forms:**

- A summary of the client's PharmaNet medication information for the last six months prints directly onto the "Medication Reconciliation Order/ Record/Prescription" form. This provides the clinician gathering the medication history with a record of the last time a prescription for a particular drug product was dispensed for the patient during this time period.
  *Staff should print the PharmaNet form even if a client has not had any medications dispensed in the last six months – this form contains space to enter non PharmaNet medications.

  NOTE:
  PharmaNet does NOT include samples, non-prescription medications (i.e. over the counter, herbals, etc), BC Cancer Agency intravenous medications or BC Centre for Excellence (HIV) medications. In addition, it does not indicate which drugs have been discontinued or whether administration instructions have been changed since filled. It does not include prescriptions that may have been provided to the client but not yet filled/dispensed.

***Manual or non PharmaNet MedRec forms:**

- These forms are used for patients/residents/clients that have no Personal Healthcare Number (PHN) and are from out of the province/country, etc.

Procedure

Completing a medication reconciliation form involves the following three steps:

1. **Collection**
2. **Clarification** → verifying the medication list and obtaining the BPMH
3. **Reconciliation** → Medication Reconciliation Orders
   → Medication Reconciliation Record
   → Medication Reconciliation Prescription

Step 1: **Collection** - obtaining a list of the client's current home medications (such as PharmaNet populated "Medication Reconciliation Order/Record/Prescription" form).

Step 2: **Clarification – obtaining the BPMH:** Verify the medication list with the client, family and/or care provider adding any non-prescription medications, herbals, samples, or other medications taken by the patient not recorded in PharmaNet.

- Interview the client, family member and/or care provider using a systematic process to identify the client's actual use of their medications. Suggestion: BPMH Interview Guide and Top Ten Tips adapted from Safer Health Care Now! (VCH.0265).
- Gather any medications and/or medication list the client, family member and/or care provider may have brought with them.
- Open any medication containers to view contents when discussing with the client.
- For each medication listed, **complete the medication history column** using the options listed on the form i.e. what medications the client is actually taking and how they take them.
- **** Acute Care / Residential Care / Hospice etc*** - remind the client not to take home/personal medications while in hospital (facility) unless specifically instructed to do so by the physician/pharmacist/nurse.
- Ask the client and/or care provider about any medications that are not on PharmaNet such as non-prescription medications, vitamins, herbals, samples, vaccines, antiretrovirals, study medications, etc.
- For non prescription and herbal medications document the name of the drug, the dose, the route, the frequency and indication if known. These are recorded in the blank spaces at the end of the Medication Reconciliation Order/Record/Prescription form.

- Discuss any identified differences (discrepancies) with the client, family member and/or care provider.
- Communicate the specific nature of any discrepancies to the most responsible prescriber to facilitate resolution and the reconciliation process.

Step 3: Reconciliation

- **Acute: Medication Orders:** Identify any discrepancies, make any changes to the orders as necessary for the client's current requirements and create medications orders.
  - The responsible physician/prescriber reviews each medication and determines whether to order using the options listed in the Medication Reconciliation column on the far right hand side of the form. The prescriber will sign and date each page of the form.
  - "Medication Reconciliation Order" forms will then be processed as medication orders as usual. Once processed, MedRec orders are filed in the orders section of the client's chart behind the "Medication Reconciliation" chart tab.
- **Ambulatory Care**: **"Medication Reconciliation Record"** may be faxed to other healthcare provider's for information sharing purposes, a copy will be retained in the client's file and a copy will be provided to the client.
- **Community (Mental Health, Home Health): "Medication Reconciliation Record"** may be faxed to other healthcare provider's for information sharing purposes, a copy will be retained in the client's file and a copy will be provided to the client.
- **Community (Addictions): "Medication Reconciliation Prescription"** form will be faxed to the community pharmacy and a copy will be retained in the client's file.

BPMH Record *(in development)*

In the acute care setting, the client's medical condition may prevent the collection of a BPMH at the time of admission and/or within the first twenty-four hours (i.e. confusion, delirium, mechanical ventilation, etc.)

A PharmaNet BPMH record will be used to collect client medication information retrospectively. The "BPMH Record" will allow for collection of the client's medication history overtime and to update as necessary. The information will then be available for reference upon transfer and/or discharge of the client.

Downtime Procedure

In the event of a downtime of your health care information system, Excelleris™, Medinet and/or Care Connect, staff are directed to use the manual (non PharmaNet form) specific to their site and program.

Expected Patient/Client/Resident Outcomes

Improved safety and quality of care for the client.

Patient/Client/Resident Education

- Encourage the use of a personal medication list. The VCH-PHC "My Medication Card" is available in four languages (IA.850.M43) from Printing Services and/or the Patient Health and Education Materials (VCH or PHC)

Evaluation

- **Acute Care:** Performance audits are completed each fiscal period and examine the percentage of Patient Health Records containing MedRec documentation.
- **VCH:** Audits monitoring the quality of the MedRec process (completion of the BPMH) will be conducted every fiscal period utilizing random sampling methodology.

Documentation

See Procedure

Related Documents

- VCH-PHC Medication Reconciliation Policy: (VCH: BD-00-11-40016) (PHC: CPV1400)
- Best Possible Medication History - Top Ten Tips and Interview Guide (VCH.0265)
- Medication Reconciliation online: LearningHub

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(2017 – VCH LPNs in Acute & Community to perform BPMH as approved by SPRRC)
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VCH: *(Regional SharePoint 2nd Reading)*
Health Authority Medical Advisory Council (HAMAC)
Health Authority Profession Specific Advisory Council Chairs (HAPSAC)
Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAC)
Operations Directors
Professional Practice Directors

PHC:
PHC Medical Advisory Council (PHC MAC)
Professional Practice Standards Committee

(2016)
Director, Lower Mainland Pharmacy Information Services & Technology
Director, Pharmacy Operations, PHC
Director, Professional Practice and Nursing, PHC
Interim Professional Practice Director, Richmond, VCH
Practice Consultant, Professional Practice and Nursing, PHC
Practice Consultant, Professional Practice and Nursing, PHC
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