

# Medication Reconciliation Quality Audit Data Collection Form – Long-Term Care

## Data Collection Form

Date: (dd/MM/yy): \_\_\_\_\_

Auditor Name: \_\_\_\_\_

Resident #	A: Admit via	B: MedRec Performed within 48 hours	C: BPMH using more than 1 source	D: Actual Med Use verified with Resident/ Caregiver	E: Each med has drug name, dose, strength, route, frequency on BPMH & Admission orders	F: Every med in BPMH is accounted for in admission orders	G: Prescriber has documented rationale for 'Holds' and 'Discontinued meds	H: Discrepancy(ies) communicated, resolved, and documented
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear

### Instructions

- Using the paper Word document, perform a retrospective audit of the last 20 residents admitted/re-admitted within the last 6 months<sup>1</sup>. Home to keep a record of resident's name for each chart audited in a separate file. (See LTC Audit Notes)
- Follow-up with any outstanding discrepancies identified through the audit; i.e., resolve with the team.
- Share learning and good catches with team and ISMP Canada.
- Transfer data to the MedRec LTC Quality Baseline Audit Excel worksheet and send the file to ISMP Canada through the file sharing folder.
- Any questions? Email: [alice.watt@ismpcanada.ca](mailto:alice.watt@ismpcanada.ca)

<sup>1</sup> Some Homes may have less than 20 admissions/readmissions in 6 months; if more than 20, use the most recent ones.

**Medication Reconciliation – Long-Term Care Audit Notes** – For Internal Home use only.  
 Home to keep a record of resident’s name for each chart audited.

Resident #	Resident Name	Outstanding discrepancies to be resolved by team. Follow-up with staff and team for: <ul style="list-style-type: none"> <li>• Sharing &amp; Learning</li> <li>• Good catches or incidents to report</li> </ul>
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Audit Notes: For internal use only. Not to be sent to ISMP Canada