Reducing Harm | Improving Healthcare | Protecting Canadians

Medication Reconciliation (MedRec)

safer healthcare now!

Frequently Asked Questions

What are the Potential Benefits and Limitations of the Sources of Information for the BPMH?

The Best Possible Medication History (BPMH) is the cornerstone of medication reconciliation. It relies heavily on the ability of clinicians to access complete, accurate and up-to-date medication information. There are benefits and limitations to the various sources of medication information available to obtain the best possible medication history (BPMH). As a result, it is important for clinicians to use more than one source of information to synthesize the BPMH because there is not one perfect source. A patient or family interview should always be used as a source of information, where possible, to determine actual medication use. Improving access to the various sources of information will help improve the quality of the BPMH and make the process of obtaining it more efficient.

Source of Information	Benefits	Limitations
Patient/Caregiver Interview	• Can determine patient's **actual** medication use • Assesses patient/caregiver understanding and health literacy level	• Patients are not always available for interview (e.g. due to medical condition, language barrier or family not available) • Quality of information is dependent on interview skills of clinician and based on patient/caregiver recall • Patient may give inaccurate or incomplete information
Medication Vials	• Includes complete information (drug name, dose, route, frequency and prescriber information) • Patient can visualize the medication which may cue their memory • Clinician is able to assess the vial contents.	• Information on the vial does not always reflect how the patient is *actually* taking the medication. • The contents of the vial may not reflect the contents of the label.

Reducing Harm | Improving Healthcare | Protecting Canadians

Medication Reconciliation (MedRec)

safer healthcare now!

Frequently Asked Questions

Source of Information	Benefits	Limitations
Provincial Electronic Medication Record/Databases or Drug Information Systems (DIS)	• May be the only source of information for patients who are non-verbal or cognitively impaired or when community pharmacies are closed. • May allow for seamless medication information flow into hospital electronic or paper based MedRec processes, reducing the need for transcription. • Includes a record of all provincial formulary medications dispensed • Provides name and phone number of pharmacy/doctor • Easily accessible/computer print-out • Implied consent for accessibility • As current as the last medication dispensed • Patient's consent to access the information is implied.	• Is a record of what was dispensed by the community pharmacy and does not reflect the patient's actual medication use? • Depending on the province, it may **NOT** include: o Access to medication information for *all* patients or all medications o Complete information (e.g. lacking frequency, directions of use) o Medications such as: ▪ Non-prescription and/or non-provincial formulary medications (e.g. aspirin) ▪ Samples ▪ Investigational/clinic trial drugs ▪ Immuno-suppressants ▪ chemotherapeutic agents ▪ vaccines ▪ "specialty" medications ▪ Prescriptions obtained out-of-province or over the internet • Does not remove medications that are discontinued. • Patients may choose not to list their drugs or only list certain drugs
Blister/Compliance Packs	• Clinician is able to use the blister pack contents to verify actual use with the patient. • Includes complete information (drug name, dose, route, frequency and prescriber information).	• Blister packs may not always be clearly labeled. • Changes to medications may have occurred since the last blister was filled. • Patient may not be taking all the medications in the blister pack. Do not assume adherence. • The following may NOT be included in the packs: o As needed (prn) medications o Larger medications o Medications that come in multi-dose format e.g., inhalers, eye / ear drops, patches, injections, liquid medications

Reducing Harm | Improving Healthcare | Protecting Canadians

Medication Reconciliation (MedRec)

safer healthcare now!

Frequently Asked Questions

Source of Information	Benefits	Limitations
Best Possible Medication Discharge Plan (BPMDP)/Discharge Summaries	• Contact info about the previous provider may be available. • Includes information about what medications to start, stop, change and may include the rationale for these changes.	• If the discharge is not recent, the information may not be current or accurate and may not reflect actual medication use. • May need to review additional patient information available from discharging facility to obtain more detail e.g. progress notes, discharge summary
Medication profile or Medication Administration Record (MAR) from hospital	• MAR provides a record of administration and last dose of medication given • Provides details of medication name, dose, frequency, route and date started.	• May not reflect recent changes. • Documents may contain facility or discipline-specific abbreviations that may not be understood by other facilities. • May reflect medications that have been interchanged due to the hospital auto-substitution/interchange policies. This includes non-formulary/formulary adjustments made in hospital. (e.g. a combination product that the patient takes at home may be given as two separate medications in hospital) • Pay special attention to start/stop dates and medications which are on hold or discontinued.
Provincially funded Medication Review	• Comprehensive medication review of all the medications a patient is taking. (Includes prescription medications, non-prescription and OTCs, herbals, vitamins etc.)	• Does not capture recent changes since the date of the last *review* • Provincial restrictions may apply and not all patients qualify. Example: in some provinces, patient qualifies if they are on 3 or more prescribed medications. • Format/Appearance of the medication review can vary from pharmacy to pharmacy • Note: Pharmacy profile printout is **not** a medication review
Patient's Own List	• May include all medications a patient is taking	• Will likely contain only the information that the patient has remembered to record or deemed appropriate to record • May NOT reflect recent changes • May not include OTCs, vitamins, herbals etc. • May be difficult to distinguish whether the list reflects actual use or prescribed use

Reducing Harm | Improving Healthcare | Protecting Canadians

Medication Reconciliation (MedRec)

safer healthcare now!

Frequently Asked Questions

Source of Information	Benefits	Limitations
Community Pharmacy Lists	• May include complete prescribing information (date, dose, route, frequency and prescriber information.)	• May not be complete if patients go to multiple pharmacies • May be lengthy and difficult to determine current medication use particularly for those unfamiliar with the pharmacy's specific format of the medication profile. • May Include duplicate entries for prescription refills and medications that are discontinued • May not include OTCs, vitamins, herbal products (e.g. aspirin) • May not reflect how the patient actually taking their medication
Specialist/Consult Notes	• Physician information may be available to help clarify what was prescribed and why • Medical conditions may be included which help with the medication review	• Not always up-to-date/complete • Medications prescribed by other prescribers may not be included • May not reflect how the patient is actually taking the medication

Adapted with permission from the Marquis Manual: A Guide for MedRec Quality Improvement. Page 71. 2014 and The Ontario Primary Care Medication Reconciliation Guide. Available at http://ismp-canada.org/primarycaremedrecguide/