# MEDREC ONTARIO NETWORK
# FREQUENTLY ASKED QUESTIONS

## What are the benefits and limitations of the sources of information for completing the best possible medication history?

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 create the BPMH. 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.

| Sources of Information | Benefits | Limitations |
|---|---|---|
| Patient/Caregiver Interview | • Can determine patient's **actual** medication use<br>• Assesses patient/caregiver understanding and health literacy level | • Based on patient/caregiver recall, information may be inaccurate or incomplete<br>• Not available in some cases (e.g. medical condition, language barrier, or family not available) |
| Medication Vials | • Typically includes complete information (drug name, dose, route, frequency and prescriber information)<br>• Clinician is able to assess the vial contents.<br>• Patient can visualize the medication which may cue their memory | • Information on the vial does not always reflect how the patient is *actually* taking the medication.<br>• The information on the label may not reflect the contents of the vial. |
| Best Possible Medication Discharge Plan (BPMDP) or Discharge Summaries from another facility | • Contact information about the previous provider may be available.<br>• Includes information about what medications were started, stopped, modified or discontinued during the patient's previous hospital stay | • Information may only be as current as the date of discharge and may not reflect actual medication use<br>• May need to review additional patient information available from discharging facility to obtain more detail e.g. progress notes, discharge summary |

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| Blister /Compliance Packs | • Includes complete information (drug name, dose, route, frequency and prescriber information).<br>• Clinician is able to use the blister packs contents to verify actual use with the patient. | • Blister packs may not always be clearly labeled.<br>• Changes to medications may have occurred since the last blister was filled.<br>• Patient may not be taking all the medications in the blister pack. Do not assume adherence.<br>• The following may NOT be included in the packs:<br>  ○ As needed medications<br>  ○ Larger medications or medications that come in multi-dose format e.g., inhalers, eye / ear drops, patches, injections etc.<br>  ○ Liquid medications |
| In hospital pharmacy generated medication profile or Medication Administration Record (MAR) | • Last dose of medication given is documented on the MAR.<br>• Provides details of medication name, dose, frequency, route and date started. | • Need to ensure the content is current.<br>• May not include medication changes made immediately prior to discharge e.g. discontinued or prn meds<br>• Documents may contain facility or discipline-specific abbreviations that may not be understood by other facilities<br>• 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)<br>• Pay special attention to start/stop dates and medications which are on hold or discontinued. |

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| *MedsCheck* – MOHLTC funded Medication Review | • Comprehensive medication review of all the medications a patient is taking. (Includes prescription medications, non-prescription and OTCs, herbals, vitamins etc. and prescription medications filled from other pharmacies) | • Does not capture recent changes since the date of the last review<br>• Not all patients qualify: Patient are eligible if they are on 3 or more prescribed medications.<br>• Appearance/format can vary from pharmacy to pharmacy<br>• May not be available at the time medication reconciliation is being completed<br><br>Note: Pharmacy profile printout is **not** a medication review |
| Patient's Own Medication Record/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<br>• May NOT reflect recent changes<br>• May not include OTCs, vitamins, herbals etc.<br>• May be difficult to distinguish whether the list reflects actual use or prescribed use |
| Community Pharmacy Lists | • May include complete prescribing information (date, dose, route, frequency and prescriber information.<br>• Able to retrieve one year of past medication information or longer | • May not be accurate or complete if the patient goes to multiple pharmacies<br>• May not reflect how the patient is actually taking their medication<br>• May be lengthy and difficult to determine current medication use (as they include duplicate entries for refills) particularly for those unfamiliar with pharmacy software.<br>• May not include OTCs, vitamins, herbals |
| Specialist/Consult Notes | • Prescriber documentation may be available to help clarify what was prescribed and the rationale for any changes to medications | • Not always up-to-date/complete<br>• Medications prescribed by other prescribers not included ie. Documentation is specific to the individual prescriber's actions. |

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| | • Medical conditions may be included which help with the medication review | • May not reflect how the patient is actually taking the medication<br>• May be a delay in the primary care provider receiving information |
| Rapid Response Nurses BPMH | • BPMH completed by rapid response nurses should reflect changes made to medication in hospitals. Patients are seen within 24-48 hours post-discharge from hospital.<br>• Should include complete medication details (i.e., medication name, dose, route, frequency)<br>• Should include all the medications a patient is taking including prescription and non-prescription medications, vitamins, natural products etc. | • Rapid response nurses may not have been provided with complete discharge information |
| Ontario Telemedicine Telehomecare Program Medication Lists | • Should include complete medication details (i.e., medication name, dose, route, frequency)<br>• Should include all the medications a patient is taking including prescription and nonprescription medications, vitamins, natural products etc.<br>• Nurses completing a medication history for patients enrolled in the program have weekly appointments with the patients providing them with many opportunities to confirm the patient's actual medication regimen | • Service not available in all LHINs |

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| | | |
| Ontario Drug Profile Viewer (DPV)<br><br>(Not currently available in primary care, long-term care or home care) | • It may be the only source of information for patients who are non-verbal or cognitively impaired and when community pharmacies are closed.<br>• Easily accessible, computer print-out<br>• Record of all provincial formulary medications dispensed<br>• Includes name and phone number of pharmacies/prescribers<br>• Ability to print one full year history<br>• Implied consent for accessibility<br>• May contain information that a MedsCheck was completed by the community pharmacy.<br>• As current as last medication dispensed<br>• Patient's consent to access the information is implied | • It is a record of what was dispensed by the community pharmacy and may not reflect what the patient is actually taking.<br>• It does NOT include:<br>  ○ Access to medication information for *all* patients<br>  ○ Complete information (e.g. lacking frequency, directions of use)<br>  ○ Medications such as:<br>  ○ non-prescription and/or non-provincial formulary medications (e.g. aspirin)<br>  ○ samples<br>  ○ investigational/clinical trial<br>  ○ "specialty" medications<br>  ○ iv chemotherapeutic agents<br>  ○ certain vaccines<br>  ○ prescriptions obtained out-of-province or over the internet<br>• Does not remove medications that are discontinued<br>• Patients may choose not to list their drugs or to list only certain drugs on the DPV |

*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/