

Medication Management

Patient-centred care to optimize safe, effective and appropriate drug therapy. Care is provided through collaboration with patients and their health care teams¹

Clinical Medication Review

Addresses issues relating to the patient's use of medication in the context of their clinical condition in order to improve health outcomes²

Medication Reconciliation

A formal process in which healthcare providers work together with patients to ensure accurate and comprehensive medication information is communicated consistently across transitions of care³

Best Possible Medication History

A complete and accurate list of all the medications a patient is taking created using at least 2 sources of information including a client and/or family interview⁴

1. Developed collaboratively by the Canadian Pharmacists Association, Canadian Society of Hospital Pharmacists, Institute for Safe Medication Practices Canada, and University of Toronto Faculty of Pharmacy, 2012
2. www.health.gov.bc.ca/pharmacare
3. ISMP Canada. Medication Reconciliation in Acute Care: Getting Started Kit. 2011
4. ISMP Canada. Medication Reconciliation in Acute Care: Getting Started Kit. 2011

Adapted from

Fraser Health, Providence Health Care,
Provincial Health Services Authority,
Vancouver Coastal Health