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

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 outcomes.

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 care.

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 interview.

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