The Medication Reconciliation Process in Home Care

1 IDENTIFY CLIENT

Identify and target high risk clients using a medication risk assessment tool (MedRAT), if necessary.

The target criteria is set by the organization.

Goal: All clients are to have Medication Reconciliation.

2 CREATE THE BPMH AND IDENTIFY DISCREPANCIES

Interview the client using a systematic process to establish what medications the client is actually taking.

Compare information from client interview with information gathered from other sources, including:

- Referrals/physicians orders
- Discharge/transfer information
- Medication calendars
- Medication labels, vials, and bottles
- Pharmacy lists
- Current reconciled medication list
- Prescriptions: new and existing
- Electronic client database

Identify discrepancies among the sources of information.

Document any discrepancies on the Best Possible Medication History (BPMH) tool.

3 RESOLVE AND COMMUNICATE DISCREPANCIES

Resolve appropriate discrepancies (with the client/family) based on information gathered.

Identify discrepancies requiring resolution by:

- Physician/Nurse Practitioner
- Pharmacist
- Other

Communicate the BPMH and discrepancies requiring resolution (depending on urgency and resources available), via:

- Phone
- Fax
- Hand delivered by clinician
- Hand delivered by client/family
- Other

Document actions taken in the client record for follow up on the next visit if necessary.

4 CLOSE THE MEDICATION RECONCILIATION LOOP

Confirm resolution of discrepancies by physician/nurse practitioner or pharmacist.

Communicate reconciled medication list to client/family. This may be done directly by physician/nurse practitioner, or pharmacist to the client or through the home care clinician for delivery to the client.

Verify the client/family understands any changes to the medication regimen and the importance of keeping this medication list up-to-date.

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