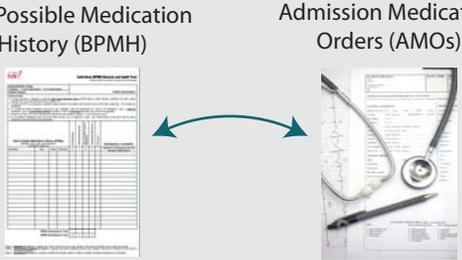
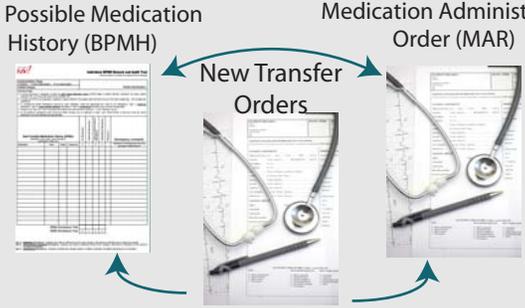
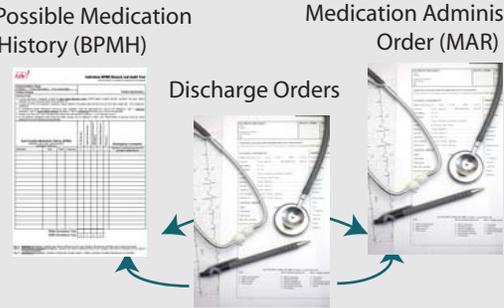


Medication Reconciliation (MedRec) is a Multi-Step Process

	Admission	Transfer	Discharge
	<p>Best Possible Medication History (BPMH) Admission Medication Orders (AMOs)</p> 	<p>Best Possible Medication History (BPMH) Medication Administration Order (MAR)</p> <p>New Transfer Orders</p> 	<p>Best Possible Medication History (BPMH) Medication Administration Order (MAR)</p> <p>Discharge Orders</p> 
How To	<p>Proactive Process</p> <ol style="list-style-type: none"> Create the BPMH using (1) a systematic process of interviewing the patient, family/caregiver and (2) a review of at least one other reliable source of information. Create AMOs by assessing each medication in the BPMH. Compare the BPMH against the AMOs ensuring all medications have been assessed; identifying and resolving all discrepancies with the most responsible prescriber. <p>Retroactive Process</p> <ol style="list-style-type: none"> Create a the primary medication history (PMH). Generate the AMOs from the PMH. Create the BPMH using (1) a systematic process of interviewing the patient, family/caregiver and (2) a review of at least one other reliable source of information. Compare the BPMH against the AMOs ensuring all medications have been assessed; identifying and resolving discrepancies with the most responsible prescriber. 	<ol style="list-style-type: none"> Compare the admission BPMH with the transfer orders and the existing transferring unit's MAR ensuring all medications have been assessed; Identify and resolve all discrepancies with the prescriber Document and communicate any resulting changes to the medication orders. 	<ol style="list-style-type: none"> Create the BPMDP <ul style="list-style-type: none"> Review the last 24-hour MAR or the most up-to-date medication profile and record medications on the BPMDP that are relevant for discharge; Compare these medications to the BPMH obtained at admission and record any medications on the BPMDP that are not included on the MAR; Identify all discrepancies between the BPMH and the last 24-hour MAR or most up-to-date medication profile <ul style="list-style-type: none"> Omitted medications, dose adjustments, non-formulary/ formulary adjustments; Complete documentation for each medication on the BPMDP indicating: continue as prior to admission, adjusted, discontinued or new in hospital. Resolve and document any discrepancies with the prescriber. <ul style="list-style-type: none"> Prescriber reviews and completes the BPMDP, makes adjustments and writes new prescriptions as appropriate. Communicate BPMDP to the patient and the next providers of care <ul style="list-style-type: none"> Conduct a BPMDP patient/caregiver interview using a systematic process and document; Assess patient/caregiver knowledge about medications once education provided; e.g. side effects to look out for, who to call if questions re medication, what to do if a dose is missed Refer patient for community pharmacy medication review program follow-up where applicable; Communicate BPMDP to the community pharmacy, primary care physician, alternative care facility, family health team, ambulatory clinics and home care as applicable.
Tasks	<ul style="list-style-type: none"> Clarify any confusion about medication names, doses, frequencies, or routes on the BPMH. Prescriber to decide which medications on the BPMH to continue, discontinue or modify. Identify and resolve discrepancies between the BPMH and admission medication order with the prescriber. 	<p>Prescriber to decide:</p> <ul style="list-style-type: none"> which stopped medications on the BPMH should be restarted. which inpatient medications to continue, discontinue or modify upon transfer. 	<p>Prescriber to decide:</p> <ul style="list-style-type: none"> which stopped medications on the BPMH should be restarted. which inpatient medications to continue, discontinue or modify upon discharge. which new medication to start upon discharge.