




# Medication Reconciliation (MedRec) is a Multi-Step Process

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