

### *Discharge from an Acute Care Facility*

#### Step 1 (Ready):

- Review the MAR for the previous 24 hours prior to discharge
- Record medications on the BPMDP that are relevant for discharge
- Compare these medications to the BPMH completed on admission
- Record any medications, from the BPMH, on the BPMDP that are not included on the MAR

#### Step 2 (Set):

- Identify any discrepancies between the previous 24-hour MAR and the BPMH (*e.g., omitted medications, dose adjustments, non-formulary/ formulary adjustments etc.*)

#### Step 3 (Go!):

- Resolve the discrepancies identified either through direct communication with the prescriber and/or through review of the patient's chart
- Complete all relevant sections of the BPMDP

#### Step 4 (Pass the Baton):

- Inform prescriber that the BPMDP has been prepared and requires review
- Prescriber* determines which medications on the BPMDP should be continued/ discontinued/ adjusted and completes all the necessary components of the prescription
- Prescriber* includes on the BPMDP new medications to begin on discharge
- Conduct BPMDP patient interview with patient and/or caregiver and document completion on the BPMDP. (*Refer to BPMDP Patient Interview Guide*)
- Refer patient for community pharmacy medication review program, if applicable to your province
- Communicate the BPMDP to the patient, community pharmacy, primary care physician, alternative care facility or applicable service

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### Choosing your Target Population

Whenever possible this process should be applied to all patients being discharged including those who may not have had medication reconciliation on admission. However patients at high risk for a medication adverse event on discharge should take priority.

#### Risk factors for patients at high-risk for a medication adverse event on discharge may include:

- Number of medications patient is taking ( $\geq 5$ )
- Multiple changes to patient's medication regimen
- Patients on high-risk medications (*e.g., warfarin, digoxin, insulin, ASA in combination with clopidogrel*)
- Patients discharged home without supports
- Principal diagnosis of: cancer, COPD, stroke, heart failure, diabetes, depression
- Prior unplanned hospitalization within the previous 6 months