



Medication Reconciliation (MedRec)

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Frequently Asked Questions

How Do I Complete the Admission MedRec Quality Audit and Submit The Results?

STEP 1 - Determine the auditor(s)

Ideally an auditor(s) should:

- be someone familiar with the admission MedRec process(es), forms used and overall chart layout
- not audit their own work
- have some training or guidance provided (to ensure consistency in application of org-specific criteria).

STEP 2 - Complete the audit

For each chart audited, fill in the corresponding bubble in response to each of the questions as (applicable) in column A-H (across each row) according to the following guidance:

Column A – Admit Via

A. Admit via

<input type="radio"/>	<input type="radio"/>
EMERG	PRE-ADM
<input type="radio"/>	<input type="radio"/>
DIRECT	OTHER

This column allows organizations to identify the admission route for each audited chart. The data provided in this column, along with the data from the remainder of the tool, will allow organizations to identify if there are specific patient flow routes that require process improvements.

Column B - MedRec Performed

B. MedRec Performed

<input type="radio"/>	YES
<input type="radio"/>	NO
<input type="radio"/>	NO MEDS

Given the variety of criteria/definitions used to categorize MedRec as “performed”, it is up to organizations/units to specify to auditors what constitutes a “Yes/MedRec Performed”.

For example, if an organization has determined that per policy the presence of a form on a chart (or a specific signature) is an indicator that MedRec has taken place, when the audit is conducted they would be looking for this form to indicate “Yes”. If a patient is not on any medications at home, the auditor would indicate “No meds” and they will be credited as having MedRec performed.



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Column C - BPMH >1 source

Fill in “YES” when they identify the use of more than one of the following sources:

- Electronic provincial medication/community pharmacy record
- Medication vials or pill-packs/community pharmacy records
- Patient’s own medication list (hand-written or electronic)
- Home care reconciled medication list
- Previous admission records/discharge summary
- Prescriber referral/consultation notes
- Ambulatory clinic medication records
- Most current Medication Administration Record (MAR), if applicable (i.e. if admitted directly from a setting where medications have been administered to the patient(e.g. long term care))
- Best Possible Medication Discharge Plan (BPMDP), if applicable

C. BPMH >1 source

YES

NO

UNCLEAR

Fill in “NO” when they do not identify use of any of these listed above

Fill in “UNCLEAR” if the chart documentation does not allow the auditor to respond confidently “yes/no”

Column D - Actual Med Use verified by Patient/Caregiver Source

D. Actual Med use verified by PT/Caregiver source

YES NO

UNCLEAR UNABLE TO PERFORM

Fill in “YES” if there has been verification of medication use through patient or caregiver interview OR if the source includes a MAR or BPMDP for those coming from another structured care setting (e.g., long-term care facility).

Fill in “NO” if there has NOT been verification through an interview OR review of the MAR or BPMDP for those coming from another structured care setting.

Fill in “UNABLE TO PERFORM” if the interview was not possible due to patient specific factors (e.g. non-verbal patient, unable to contact a caregiver)

Fill in “UNCLEAR” if the chart documentation does not allow you to respond confidently “yes/no”



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Column E - Each med has drug name, dose, strength, route, frequency on BPMH and Admission Orders

E. Each med has drug name, dose, strength, route, frequency on BPMH and Admission Orders

- YES
- NO

Fill in **“YES”** if all applicable medication components are provided on the BPMH and admission orders (i.e. drug name, dose ± strength, route and frequency)

Fill in **“NO”** if there are missing components in the BPMH and admission orders

- *In a proactive model whereby the documentation of the BPMH leads directly to admission orders, the documentation of the BPMH and the admission orders may be the same. In a retroactive model, this assessment should focus primarily on the documentation of the BPMH.*
- *In situations where the auditor identifies a medication listed without a specified route or strength AND the medication is only available by a particular route (i.e. by mouth/p.o), at the discretion of the auditor/organization they may wish to indicate a “yes” response.*



Column F - Every med in BPMH is accounted for in Admission Orders

In this column, the auditor is specifically looking for any outstanding unaccounted for differences between the BPMH and the admission orders/admission documentation (e.g., progress note). An unaccounted for difference could include the *lack of*:

F. Every med in BPMH is accounted for in Admission Orders

- YES
- NO

An explicit admission order to discontinue, hold, change or continue a medication that is listed in the BPMH

OR

A clear* prescriber rationale/clinical documentation (e.g. progress note) for the difference (e.g. stopping warfarin in a patient admitted with an acute bleed).

** The definition of “clear” is at the discretion of end users and should incorporate clinical judgment*

Based on the previously conducted reconciliation step,

Fill in “YES” if there are **NO** unaccounted for differences between the BPMH (as collected) and the admission orders/admission documentation.(e.g.,progress note).

Fill in “NO” if there are outstanding unaccounted for differences between the BPMH (as collected) and the admission orders.



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Note: In a proactive model, this assessment should be relatively easy to complete. This is because by virtue of completing a proactive form, whereby each BPMH medication is “actioned” with an order (i.e. indicating continue/discontinue/hold/change); the comparison is effectively occurring as the admission orders are being “written”. This assessment will take considerably longer in a retroactive model as the auditor will need to assess whether there are still unaccounted for differences between the admission orders and the BPMH. Also note: If you respond “yes” in column F your response to column H will automatically be “yes” as well.



Column G - Prescriber has documented rationale

G. Prescriber has documented rationale for 'holds' and 'Discontinued' meds

YES, N/A

NO

UNCLEAR

Fill in “YES”/ “N/A” if all BPMH medications that have been discontinued or held in the admission orders include documentation of a rationale for this action OR if there are no BPMH medications that were discontinued or held on admission

Fill in “NO” if there are any BPMH medications that are discontinued or held in the admission orders that lack an accompanying rationale for this action

Fill in “UNCLEAR” if the chart documentation does not allow you to respond confidently “yes/no”

Column H - Resolution of Identified Discrepancies

H. Discrepancy communicated, resolved, and documented

YES

NO

UNCLEAR

This column is to be completed only if there was a previously identified unaccounted for difference(s) between the admission orders and the BPMH. The auditor is assessing whether this difference has been appropriately communicated, documented and resolved.

Fill in “YES” if adequate evidence (documentation such as progress note or prescriber order) is identified to support the resolution of any identified differences between the BPMH and the Admission Orders

Fill in “NO” if there are outstanding identified differences that do not appear to have been resolved.

Fill in “Unclear” if the chart documentation does not allow you to respond confidently “yes/no”

STEP 3 – Fax/Submit the completed audit tool

- **Prior to submitting your results, write your name and phone number in the upper left hand corner on each page /audit tool sheet that is faxed.**
- **The audit tool should be faxed to the toll-free fax number located in the bottom left corner of the form. Use a fine resolution setting and do not use cover sheet.**



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Once faxed, the system will automatically process the data and make it available for viewing within Patient Safety Metrics. There may be a up to 30 minute delay before the results can be viewed (as the system needs to process the data).

Important tips about using the “bubble tool”

- Do **NOT** use a cover sheet
- Print form in **Normal** or **Good quality** (printer settings)
- Make sure page guides are **straight**, or use a flatbed (flat glass scanning) fax machine
- Fax form in **FINE resolution** (setting on fax machine)
- Use the **VOID** bubble for errors to exclude entire patient rows - avoid crossing out bubbles
- Avoid **stacking forms** when filling in bubbles so ink does not bleed through the paper
- Avoid **3-hole punch** on forms prior to faxing
- Print a new form each time - avoid **photocopying**
- Keep forms free of **extra markings** - the **facility/program/service/unit/patient sample** information is hardcoded in the **barcodes**
- Fill in **bubble** completely (Sharpie is best) and keep inside the lines



Questions? We are here to help!

medrec@ismp-canada.org or metrics@saferhealthcarenow.ca



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Example of Acute Care MedRec Audit Tool

Note: Long-term care MedRec audit tool is identical except for 'Admit via' options.

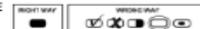
MedRec-Acute - Medication Reconciliation in Acute Care



Organization: *100 ABC Demo Hospital
In/Out: In Patient
Adult/Paed: Adult
Age Group:
Program:
Service:
Procedure/Diagnostic Group:
Unit/Site: SAMPLE
Patient Sample: DEMO
Point Of Transfer: Admission
Printed On: 2015-06-04

Contact Name, E-Mail and Phone Number (include area code):

FAX in FINE Resolution NO COVER PAGE
1-877-846-5153



YEAR: 201 (0, 1, 2, 3, 4, 5)
MONTH: JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC
DAY: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9
Enter Day as double digit (e.g. 03, with 0 on top row and 3 on bottom row)

Sample Includes: ALL ADMISSIONS SUBSET OF ALL ADMISSIONS

Pt #	A. Admit via	B. MedRec Performed	C. BPMH >1 source	D. Actual Med use verified by Pt/Caregiver source	E. Each med has drug name, dose, strength, route, frequency on BPMH and Admission Orders	F. Every med in BPMH is accounted for in Admission Orders	G. Prescriber has documented rationale for 'Holds' and 'Discontinued' meds	H. Discrepancy communicated, resolved, and documented
1 VOID <input type="checkbox"/>	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR
2 VOID <input type="checkbox"/>	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR
3 VOID <input type="checkbox"/>	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR
4 VOID <input type="checkbox"/>	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR
5 VOID <input type="checkbox"/>	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR

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Access your data and reports at www.patientsafetymetrics.com or for info contact 416-946-3103 or metrics@saferhealthcarenow.ca. Login 1 hour after faxing your forms to verify the data was received successfully



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