

Step 1

Collect - *Collect the Best Possible Medication History (BPMH)*

- Gather sources of information (e.g, community pharmacy list, discharge summary, medication vials, drug information system list, etc.).
- Interview the patient using a systematic process to determine actual medication use by the patient.
- Document the BPMH.

Step 2

Compare - *Identify discrepancies*

- Compare the BPMH with information contained in the patient's primary care chart.
- Document the differences (discrepancies) that need clarification.

Step 3

Correct - *Resolve discrepancies*

- Correct the discrepancies as appropriate through discussion with the primary care provider and the patient.
- Update the BPMH with the resolved discrepancies; this becomes the *reconciled list*. Document the reconciled list in the primary care chart.

Step 4

Communicate - *Ensure continuity of medication information*

- Communicate any medication changes to the patient and verify the patient's understanding of their medication regimen.
- Convey to the patient the importance of keeping an up-to-date medication list.
- Provide the reconciled list to the patient's community pharmacist and others involved in the patient's circle of care.

At subsequent patient visits, update the reconciled list with any recent medication changes made to the patient's medication regimen.