

<b>Procedure Title:</b>	Medication Reconciliation for Acute Care Services	
<b>Applies To:</b>	Team Members working in <a href="#">Acute Care</a> .	
<b>Governing Policy:</b>	<a href="#">Medication Reconciliation, NSHA MM-SR-030</a>	
<b>Approved:</b>	<b>Effective:</b>	<b>Next Review:</b>
March 24, 2021	August 9, 2022	March 24, 2025
<b>Sponsor:</b>	Senior Director, Pharmacy Senior Director Interprofessional Practice and Learning	
<b>Issuing Authority:</b>	Drugs & Therapeutics (D&T) Health Authority Medical Advisory Committee (HAMAC)	
<b>Number</b>	NSHA MM-SR-030.01	<b>Manual:</b> Medication Management

## PURPOSE

This procedure outlines the roles and responsibilities in medication reconciliation.

## COMPETENCY REQUIREMENTS

1. Obtain the following competency requirements, as applicable:
  - 1.1. **All Team Members**
    - Completion of Drug Information System (DIS) [LMS](#), where DIS is available
  - 1.2. Additional requirements for **Health Care Providers (HCPs) with medication management within their scope of employment:**
    - Completion of Medication Reconciliation [LMS](#)
    - Review [MM-SR-030 Medication Reconciliation](#)

## ACCESS REQUIREMENTS

2. **All Team Members:** Obtain access to the following:
  - Meditech (Western Zone (WZ), Eastern Zone (EZ), Northern Zone (NZ))
  - BDM (Central Zone Pharmacy)
  - One Content™ (Central Zone (CZ))
  - Drug Information System ([DIS](#))

*This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.*

**Legend: Provider acronyms used in the procedure.**For definitions, refer to [Appendix A](#).

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Registered Nurse (RN)</li> <li>Licensed Practical Nurse (LPN)</li> <li>Authorized Prescriber (AP)</li> </ul> | <ul style="list-style-type: none"> <li>Pharmacist (RPh)</li> <li>Pharmacy Practice Assistant (PPA)</li> <li>Health Care Provider (HCP)</li> </ul> |
|---|---|

**PROCEDURE**

Task Description	Role (one of the following)
<b>Admission</b>	
1. Determine patient admission status.	Authorized Prescriber
2. Once admitted, initiate a Best Possible Medication History (BPMH). This is to be started as soon as possible. <ul style="list-style-type: none"> <li>If previously completed within 3 months in preparation for admission (e.g., in pre-assessment clinic), review history with patient to discuss changes and proceed to step 4.</li> </ul>	PPA/RPh RN/LPN Authorized Prescriber
3. Obtain patient's current medication information. <p>3.1. Preferred medication reference is <a href="#">DIS</a>.</p> <p>3.2. Optional sources of information include:</p> <ul style="list-style-type: none"> <li>Community pharmacy</li> <li>Previous medication administration record (MAR)</li> <li>Client medication bottles/list</li> <li>Electronic Medical Record</li> </ul>	Ward aid/Ward Clerk/Clerical (DIS and contacting community pharmacy only)  PPA/RPh RN/LPN Authorized Prescriber
4. Interview patient/support person/Delegate/Statutory Decision Maker. This is the primary source of information. Include the following (but not limited to): <ul style="list-style-type: none"> <li>All prescribed</li> <li>Non-prescription (over-the-counter)</li> <li>Herbals</li> </ul>	PPA/RPh RN/LPN Authorized Prescriber

Task Description	Role (one of the following)
<ul style="list-style-type: none"> <li>• Vitamins</li> <li>• Supplements</li> <li>• Homeopathic</li> <li>• Investigational drugs</li> <li>• Prescriber samples</li> <li>• High-cost drug program medications, and</li> <li>• Compassionate release drugs</li> </ul>	
<p>5. Document BPMH on</p> <ul style="list-style-type: none"> <li>• “NSHA and IWK Medication Reconciliation Report” found on <a href="#">DIS</a>, or</li> <li>• Local Admission Medication Reconciliation form.</li> </ul>	<p>HCP who performed interview Authorized Prescriber</p>
<p>6. If BPMH is used as an admission order, ensure all medications are actioned and proceed to step 9 (omit step 7 and 8).</p>	<p>Authorized Prescriber PPA/RPh RN/LPN</p>
<p>7. If Admission Med Rec form was completed after admission orders, compare the BPMH and admission orders and document discrepancies.</p>	<p>PPA/RPh RN/LPN Authorized Prescriber</p>
<p>8. Communicate discrepancies to Authorized Prescriber (written, verbal, or telephone depending on urgency). Local process (e.g., forms to communicate) can be used if available.</p>	<p>PPA – written only RPh RN/LPN</p>
<p>9. Resolve discrepancies.</p> <ul style="list-style-type: none"> <li>• Entire process is to be completed within 24 hours.</li> </ul>	<p>Authorized Prescriber</p>
<p><b>NOTE:</b> Patient transfer will not be delayed if this process has not been completed.</p>	
<p><b>Transfer</b></p>	
<p>10. Communicate decision to transfer to care team.</p>	<p>Authorized Prescriber</p>
<p>11. Print Transfer Medication Reconciliation Report form from Meditech.</p>	<p>Ward aid/Ward Clerk/Clerical PPA/RPh</p>

Task Description	Role (one of the following)
<p><b>NOTE:</b> Applies to NZ, EZ, WZ only. Printing occurs at Step 15 for CZ.</p>	RN/LPN Authorized Prescriber
12. Compare transfer Med Rec form to: <ul style="list-style-type: none"> <li>● BPMH</li> <li>● Most recent MAR, and</li> <li>● Most recent orders</li> </ul>	PPA/RPh RN/LPN Authorized Prescriber
13. Communicate discrepancies to Authorized Prescriber (written, verbal, or telephone depending on urgency).	PPA – written only RPh RN/LPN
14. Resolve discrepancies.	Authorized Prescriber
15. Print electronic Transfer Med Rec form (E-TMR) within the Clinical Portal. <div data-bbox="167 968 901 1045" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>NOTE:</b> Applies to CZ only.</p> </div>	PPA/RPh Authorized Prescriber
<p><b>NOTE:</b> Patient transfer will not be delayed if this process has not been completed.</p>	
<p><b>Discharge</b></p>	
16. Communicate decision to discharge to care team.	Authorized Prescriber
17. Print Discharge Prescription and Medication Reconciliation form from Meditech. <div data-bbox="167 1409 901 1539" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>NOTE:</b> Applies to NZ, EZ, WZ only. Printing occurs at Step 21 for CZ.</p> </div>	Ward aid/Ward Clerk/Clerical PPA/RPh RN/LPN Authorized Prescriber
18. Compare discharge Med Rec form to: <ul style="list-style-type: none"> <li>● BPMH</li> <li>● Most recent MAR, and</li> <li>● Most recent orders</li> </ul>	PPA/RPh RN/LPN Authorized Prescriber
19. Communicate discrepancies to Authorized Prescriber (written, verbal, or telephone depending on urgency).	PPA – written only RPh

Task Description	Role (one of the following)
	RN/LPN
20. Resolve discrepancies. <ul style="list-style-type: none"> <li>• Ensure Discharge Med Rec form is complete (e.g., signature, refills, changes).</li> </ul>	Authorized Prescriber
21. Print electronic Discharge Med Rec form (E-DMR) within the Clinical Portal. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>NOTE:</b> Applies to CZ only.                     </div>	PPA/RPh Authorized Prescriber
22. Ensure the Discharge Med Rec form is sent to the community pharmacy. This can occur one of two ways: <ul style="list-style-type: none"> <li>• Provide the original to patient/family/ Delegate/Statutory Decision Maker to take to pharmacy. File a copy in the patient health record.</li> <li>• Send/Fax form to community pharmacy and file the original in the patient health record.</li> </ul>	Ward aid/Ward Clerk/Clerical PPA RPh RN/LPN Authorized Prescriber
23. Provide education and/or medication calendar as appropriate for the patient.	RPh RN/LPN Authorized Prescriber
24. Send a copy of discharge medication reconciliation form to continuing care, outpatient services (if applicable), and primary care provider.	Ward aid/Ward Clerk/Clerical PPA/RPh RN/LPN Authorized Prescriber

**RELATED DOCUMENTS**

[Medication Reconciliation, NSHA MM-SR-030](#)

**LMS**

Medication Reconciliation [LMS](#)

**Appendices**

[Appendix A](#): Definitions

\* \* \*

## Appendix A: Definitions

<b>Acute Care</b>	<p>Includes the following:</p> <ul style="list-style-type: none"> <li>○ Acquired Brain Injury Services</li> <li>○ Critical Care Services</li> <li>○ Inpatient Palliative End-of-Life Services</li> <li>○ Inpatient Services</li> <li>○ Mental Health and Addiction Inpatient Services</li> <li>○ Women and Children’s Health Services</li> <li>○ Perioperative Services</li> <li>○ Correctional Health Services</li> <li>○ Rehabilitation Services</li> <li>○ Spinal Cord Injury Acute Services and Spinal Cord Injury Rehabilitation Services</li> <li>○ Emergency Services</li> <li>○ Inpatient Cancer Care Services</li> </ul>
<b>Authorized Prescriber</b>	<p>A health care professional permitted by legislation, their regulatory college, Nova Scotia Health, and practice setting (where applicable) to prescribe medications and treatments. The authority to order medications is not linked to any particular health profession, and may also differ within that health care profession depending upon specific competencies and skills.</p> <p>For the purposes of this policy, examples of an authorized prescriber may include, but are not limited to, a physician, medical resident, nurse practitioner, pharmacist, midwives, or a registered dietician approved to order parenteral nutrition.</p>
<b>Best Possible Medication History (BPMH)</b>	<p>A BPMH is a history created using:</p> <p>A systematic process of interviewing the patient/family; and</p> <p>A review of at least one other reliable source of information to obtain and verify all of a patient’s medication use (prescribed and non-prescribed). This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>○ All prescribed</li> <li>○ Non-prescription (over-the-counter)</li> <li>○ Herbals</li> <li>○ Vitamins</li> <li>○ Supplements</li> </ul>

	<ul style="list-style-type: none"> <li>○ Homeopathic</li> <li>○ Investigational drugs</li> <li>○ Prescriber samples</li> <li>○ High cost drug program medications, and</li> <li>○ Compassionate release drugs</li> </ul> <p>Complete documentation includes drug name, strength (if applicable), dosage, route frequency and time of last dose (as appropriate).</p>
<p><b>Delegate/ Statutory Decision Maker</b></p>	<p>"Delegate" means a person authorized under a personal directive to make, on the maker's behalf, decisions concerning the maker's personal care;</p> <p>"Statutory Decision-Maker" means a nearest relative. "Nearest relative" means, with respect to any person, the relative of that person first listed in the following subclauses:</p> <ul style="list-style-type: none"> <li>(i) spouse,</li> <li>(ii) child,</li> <li>(iii) parent,</li> <li>(iv) person standing in loco parentis,</li> <li>(v) sibling,</li> <li>(vi) grandparent,</li> <li>(vii) grandchild,</li> <li>(viii) aunt or uncle,</li> <li>(ix) niece or nephew,</li> <li>(x) other relative, who, except in the case of a minor spouse, is of the age of majority.</li> </ul> <p>(Personal Directives Act)</p>
<p><b>Discrepancy</b></p>	<p>A difference between what was prescribed and what the patient is actually taking.</p>
<p><b>Health Care Provider (HCP)</b></p>	<p>Applies to all staff/students who have a role in medication management within scope of practice/employment – including but not limited to:</p> <ul style="list-style-type: none"> <li>○ Registered Nurse (RN)</li> <li>○ Nurse Practitioner (NP)</li> <li>○ Licensed Practical Nurse (LPN)</li> <li>○ Physician</li> </ul>

	<ul style="list-style-type: none"> <li>○ Pharmacist (RPh)</li> <li>○ Pharmacy Practice Assistant (PPA)</li> </ul>
<p><b>Medication Reconciliation</b></p>	<p>Is a formal process in which healthcare providers work together with patients, families, and care providers to ensure that accurate, comprehensive medication information is communicated consistently across transitions of care.</p> <p>It requires a systematic and comprehensive review of all the medications a patient is taking to ensure that medications being added, changed, or discontinued are carefully evaluated.</p> <p>A component of medication management, medication reconciliation informs and enables prescribers to make the most appropriate prescribing decisions for the patient. (CPSI)</p>
<p><b>Patient</b></p>	<p>All persons who receive or have requested health care or services from Nova Scotia Health and its health care professionals and also means, where applicable:</p> <p>A co-decision-maker with the person, or</p> <p>An alternate decision-maker on behalf of the person</p>
<p><b>Reconcile</b></p>	<p>A process that involves:</p> <p>Review of the BPMH</p> <p>The identification, communication and resolution of discrepancies.</p>
<p><b>Team Member(s)</b></p>	<p>Includes Health Care Providers and clerical/support staff who have completed the identified competencies and are authorized by their manager.</p>
<p><b>Transfer</b></p>	<p><b>A transfer between</b> a Nova Scotia Health facility/clinic to the following:</p> <ul style="list-style-type: none"> <li>○ Another Nova Scotia Health care facility/clinic</li> <li>○ Another service within the same Nova Scotia Health facility/clinic where care is provided by a different care team/service.</li> </ul>



## VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2022-08-09	D&T, HAMAC	N/A
	2022-07-14		Added "written only" to PPA – Procedure 13