

Procedure Title:	Medication Reconciliation for Continuing Care	
Applies To:	All Continuing Care staff responsible to process Continuing Care referrals and/or authorize Continuing Care services and/or provide home care nursing services	
Governing Policy:	Medication Reconciliation - NSHA MM-SR-030	
Approved:	Effective:	Next Review:
March 4, 2022	August 9, 2022	March 4, 2026
Sponsor:	Senior Director, Continuing Care	
Approval Authority:	VP Operations, Western Zone	
Number	NSHA MM-SR-030.03	Manual: Medication Management

PURPOSE

This procedure outlines the roles and responsibilities of Continuing Care team members in the Medication Reconciliation (Med Rec) process.

COMPETENCY

1. Obtain the following competency requirements, as applicable:
 - 1.1. **All Continuing Care Service Authorizers and Home Care Nurses:**
 - Review of [Medication Reconciliation - NSHA MM-SR-030](#)
 - 1.2. Additional requirements for **Home Care Nurses with medication management within their scope of practice:**
 - Completion of Medication Reconciliation [LMS](#)
 - Completion of Drug Information System (DIS) [LMS](#), where available.

ACCESS REQUIREMENTS

1. **Home Care Nurses:** Obtain access to one or more of the following, as applicable to their practice area:
 - Drug Information System ([DIS](#))
 - Meditech (Western Zone, Eastern Zone, Northern Zone)
 - One Content™/Horizon Patient Folder (Central Zone)

PROCEDURE

Task Description	Role
1. Determine if Med Rec is required (as per Appendix B).	Staff member completing the intake or authorization process Home Care Nurse
2. Determine if a Discharge Med Rec form is indicated/has been provided. 2.1. If the Discharge Med Rec form has not been received, refer to Appendix C . <div data-bbox="168 758 979 989" style="border: 1px solid black; padding: 5px;"> <p>NOTE: When a Client is transferred/discharged from another Nova Scotia Health program within 48 hours (e.g., inpatient care, ambulatory care), the Discharge Med Rec form can serve as the initial Best Possible Medication History (BPMH).</p> </div>	Staff member completing the intake or authorization process Home Care Nurse
3. Provide all medication records received and the service plan to the nursing provider.	Service Authorizer
4. Review all medication-related documents received from the Service Authorizer.	Home Care Nurse
5. Complete a BPMH: 5.1. Interview the Client or family/caregiver. <div data-bbox="185 1360 997 1591" style="border: 1px solid black; padding: 5px;"> <p>NOTE: If discharged from a Nova Scotia Health facility, Client and/or family may not be aware of current medications and best source would be previous facility Discharge or Transfer Med Rec form and/or medication administration record (MAR).</p> </div> 5.2. Obtain information from at least one other source. <ul style="list-style-type: none"> □ If unable to obtain the information from the Client or caregiver, obtain Client’s current medication information from at least two other sources. □ If all reasonable efforts to obtain two sources have been made and were 	Home Care Nurse

Task Description	Role
<p>unsuccessful, document that only one source was available.</p> <p>5.2.1. Preferred sources of information if recently transferred/discharged from inpatient services include:</p> <ul style="list-style-type: none"> ■ Previous MAR ■ Discharge medication orders ■ Discharge Med Rec form ■ DIS <p>5.2.2. Secondary sources of information include:</p> <ul style="list-style-type: none"> ■ Client medication bottles/list <p>5.3. File completed BMPH in the Client health record.</p>	
<p>6. Identify Discrepancies.</p> <ul style="list-style-type: none"> • Communicate Discrepancies to Most Responsible Health Care Practitioner (MRHCP), (written/fax, or telephone depending on urgency). 	Home Care Nurse
<p>7. Resolve Discrepancies.</p> <ul style="list-style-type: none"> • Provide prescription if required. 	MRHCP
<p>8. When Discrepancies are resolved:</p> <ul style="list-style-type: none"> • Provide information to the Client on how to obtain an updated medication list from community pharmacy, or • Provide the Client the updated list from DIS. <p>8.1. Document the following in the Client health record:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All information received <input type="checkbox"/> Source of information, and <input type="checkbox"/> Reconciled. 	Home Care Nurse
<p>9. During subsequent home visits, compare the BPMH with the Current Medication List in the Client health record as per Appendix B.</p>	Home Care Nurse
<p>10. Repeat Med Rec process as per Appendix B.</p>	Home Care Nurse

Task Description	Role
11. Discharge: On last visit, ensure an up-to-date list of the Client’s medications or information on how to obtain an up-to-date list from the community pharmacy are provided to the Client/family.	Home Care Nurse

REFERENCES

Refer to references listed in [Medication Reconciliation, NSHA MM-SR-030](#)

RELATED DOCUMENTS

RELATED DOCUMENTS

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

Medication Reconciliation [LMS](#)

Drug Information System (DIS) [LMS](#)

Appendices

Appendix A: Definitions

Appendix B: Criteria to Perform Medication Reconciliation

Appendix C: Steps to Follow when Discharge Med Rec Form is not Received

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Appendix A: Definitions

Best Possible Medication History (BPMH)	<p>A BPMH is a history created using:</p> <ol style="list-style-type: none"> 1. A systematic process of interviewing the Client/family; and 2. A review of at least one other reliable source of information to obtain and verify all of a Client’s medication use (prescribed and non-prescribed). This includes, but is not limited to: <ul style="list-style-type: none"> ○ All prescribed ○ Non-prescription (over-the-counter) ○ Herbals ○ Vitamins ○ Supplements ○ Homeopathic ○ Health remedies ○ Investigational drugs ○ Prescriber samples ○ High-cost drug program medications ○ Compassionate release drugs <p>Complete documentation includes drug name, strength (if applicable), dosage, route frequency and time of last dose (as appropriate).</p>
Client	<p>All persons who receive or have requested health care or services from Nova Scotia Health Continuing Care and its health care professionals and also means, where applicable:</p> <ul style="list-style-type: none"> ○ A co-decision-maker with the person, or ○ An alternate decision-maker on behalf of the person, such as a guardian or substitute decision maker (SDM)
Current Medication List	<p>The list of medications that the Client states that they are taking. It may be the same as the BPMH; however, if the BPMH is from the initial visit, these lists may differ.</p>
Discrepancy	<p>A difference between what was described and what the Client is actually taking.</p>
Home Care Nurse	<p>All Nova Scotia Health Continuing Care home care nurses who have completed the identified competencies and provide home care nursing in their scope of employment.</p>

Medication Reconciliation (Med Rec)	<p>A formal process in which healthcare providers work together with Clients, 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 Client 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 Client. (CPSI)</p>
Most Responsible Health Care Practitioner (MRHCP)	<p>The physician, clinical associate, nurse practitioner, or pharmacist who has responsibility for directing and coordinating the care and management of an individual Client at a specific point in time.</p>
Reconcile	<p>A process that involves:</p> <ul style="list-style-type: none"> ○ Review of the BPMH ○ The identification, communication, and resolution of Discrepancies.
Service Authorizer	<p>Continuing Care staff member who authorizes the delivery of Continuing Care services (i.e., Care Coordinator or Referral Assistant).</p>

Appendix B: Criteria to Perform Medication Reconciliation

Criteria	Responsible
<p>Medication Reconciliation is to be completed for Clients who present for medication administration, prescribing and/or titration.</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> ● Administration of oral, intravenous or subcutaneous medications. ● Medication pre-pour. ● Palliative end of life care. ● Central line care (i.e., PICC line, port-a-cath). ● Identification of medication-related risk. <p>Home Care Nurses may additionally identify the need for Medication Reconciliation for individuals receiving nursing services. For example:</p> <ul style="list-style-type: none"> ● When needed to support the provision of other care (examples: complex wound care, cardio-respiratory interventions). ● Review at each visit to determine if changes occurred and document in Client health record. <ul style="list-style-type: none"> ○ For palliative end of life care, review on an as needed basis (i.e., a complete medication review may not be required for daily changes to support palliation). 	<p>Home Care Nurse</p>

Appendix C: Steps to Follow when Discharge Med Rec Form is not Received

Action	Responsibility
<ol style="list-style-type: none"> 1. Make every reasonable effort to obtain the Discharge Med Rec form from the referral source: <ol style="list-style-type: none"> 1.1. Contact the referral source to request the Medication Reconciliation form. 2. Document actions and results in Client health record. <ol style="list-style-type: none"> 2.1. For SEAscape users, document in the “Continuation Notes” section. 3. If the Discharge Med Rec form is not obtained within 48 hours of discharge, complete a Safety Improvement and Management System (SIMS) report. 	<p>Staff member completing the intake or authorization process</p> <p>Home Care Nurse</p>
<ol style="list-style-type: none"> 4. Document the request/receipt of the Discharge Med Rec form in the Client health record. <ol style="list-style-type: none"> 4.1. For SEAscape users, document in the “Presenting Situation” section of the care plan. 	<p>Service Authorizer</p> <p>Home Care Nurse</p>
<ol style="list-style-type: none"> 5. To avoid delays, complete the service authorization while awaiting receipt of the Discharge Med Rec form. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>NOTE: Medication-specific nursing interventions cannot proceed until the necessary information is obtained.</p> </div>	<p>Service Authorizer</p>

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2022-08-09	VP Operations, Western Zone	N/A
Clarification			2022-03-31 DIS LMS moved from Competency 1.1 to 1.2