

**Procedure Title:** Medication Reconciliation for  
**Long Term Care**

**Applies To:** Team Members working in **Long Term Care**

**Governing Policy:** [Medication Reconciliation - NSHA MM-SR-030](#)

**Approved:**

March 24, 2021

**Effective:**

August 9, 2022

**Next Review:**

March 24, 2025

**Sponsor:**

Senior Director, Pharmacy  
Senior Director Interprofessional Practice and Learning

**Issuing Authority:**

Drugs & Therapeutics (D&T)  
Health Authority Medical Advisory Committee  
(HAMAC)

**Number** NSHA MM-SR-030.02

**Manual:** 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](#)
    - [Medication Reconciliation - NSHA MM-SR-030 policy](#)

## ACCESS REQUIREMENTS

1. **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](#))

<b>Legend: Provider acronyms used in the procedure.</b> For definitions, refer to <a href="#">Appendix A</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. Obtain resident’s current medication information. <ul style="list-style-type: none"> <li>1.1. Preferred medication references when admitted from another care facility include:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Previous medication administration record (MAR)</li> <li><input type="checkbox"/> Discharge Med Rec form</li> </ul> </li> <li>1.2. Preferred medication references when admitted from home include:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Another service provider</li> <li><input type="checkbox"/> <a href="#">DIS</a></li> <li><input type="checkbox"/> Community pharmacy</li> <li><input type="checkbox"/> Resident medication bottles/list</li> </ul> </li> </ul>	Ward aid/Ward Clerk/Clerical PPA/RPh RN/LPN Authorized Prescriber
2. Interview resident/support person/ Delegate/Statutory Decision Maker. This is the primary source of information.	PPA/RPh RN/LPN Authorized Prescriber
<b>NOTE:</b> If admission occurred in another facility for an extended period of time, resident and/or family may not be aware of current medications and best source would be previous facility discharge medication reconciliation and/or MAR.	
2.1. Include the following (but not limited to):	

Task Description	Role (one of the following)
<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> <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>3. Document Best Possible Medication History (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>4. If BPMH is used as an admission order ensure all medications are actioned and proceed to step 7 (omit step 5 and 6).</p>	<p>Authorized Prescriber PPA/RPh RN/LPN</p>
<p>5. 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>6. Communicate discrepancies to AP (written, verbal, or telephone depending on urgency). Local process (i.e., forms to communicate) can be used if available.</p>	<p>PPA – written only RPh RN/LPN</p>
<p>7. Resolve discrepancies.</p> <ul style="list-style-type: none"> <li>• Entire process is to be completed within 48 hours.</li> </ul>	<p>Authorized Prescriber</p>
<b>Transfer</b>	
<p>8. Communicate decision to transfer to care team.</p>	<p>Authorized Prescriber</p>

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Task Description	Role (one of the following)
9. Print Transfer Medication Reconciliation Report form from Meditech.  <div style="border: 1px solid black; padding: 5px;"> <b>NOTE:</b> Applies to NZ, EZ, WZ only.              Printing occurs at Step 13 for CZ.           </div>	Ward aid/Ward Clerk/Clerical PPA/RPh RN/LPN Authorized Prescriber
10. 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 - written only RPh RN/LPN Authorized Prescriber
11. Communicate discrepancies to Authorized Prescriber (written, verbal, or telephone depending on urgency).	PPA - written only RPh RN/LPN
12. Resolve discrepancies.	Authorized Prescriber
13. Print electronic Transfer Med Rec form (E-TMR) within the Clinical Portal  <div style="border: 1px solid black; padding: 5px;"> <b>NOTE:</b> Applies to CZ only.           </div>	PPA/RPh Authorized Prescriber
<b>Discharge</b>	
14. Communicate decision to discharge to care team.	Authorized Prescriber
15. Print Discharge Prescription and Medication Reconciliation form from Meditech.  <div style="border: 1px solid black; padding: 5px;"> <b>NOTE:</b> Applies to NZ, EZ, WZ only.              Printing occurs at Step 19 for CZ.           </div>	Ward aid/Ward Clerk/Clerical PPA/RPh RN/LPN Authorized Prescriber
16. 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

Task Description	Role (one of the following)
17. Communicate discrepancies to Authorized Prescriber (written, verbal, or telephone depending on urgency).	PPA – written only RPh RN/LPN
18. 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
19. Print electronic Discharge Med Rec form (E-DMR) within the Clinical Portal.  <b>NOTE:</b> Applies to CZ only.	PPA/RPh Authorized Prescriber
20. 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 the resident/family/ Delegate/Statutory Decision Maker to take to pharmacy. File a copy in the resident’s health record.</li> <li>• Send/Fax form to community pharmacy and file the original in the resident’s health record.</li> </ul>	Ward aid/Ward Clerk/Clerical PPA/RPh RN/LPN Authorized Prescriber
21. Provide education and/or medication calendar as appropriate for the resident.	RPh RN/LPN Authorized Prescriber
22. 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](#)

Medication Reconciliation [LMS](#)

## Appendices

[Appendix A: Definitions](#)

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## Appendix A: Definitions

<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 resident/family; and</p> <p>A review of at least one other reliable source of information to obtain and verify all of a resident'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> <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>
<b>Delegate/ Statutory Decision Maker</b>	<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> <p>(i) spouse,</p> <p>(ii) child,</p>

	<p>(iii) parent,          (iv) person standing in loco parentis,          (v) sibling,          (vi) grandparent,          (vii) grandchild,          (viii) aunt or uncle,          (ix) niece or nephew,          (x) other relative, who, except in the case of a minor spouse, is of the age of majority.          (Personal Directives Act)</p>
<b>Discrepancy</b>	A difference between what was prescribed and what the resident is actually taking.
<b>Health Care Provider (HCP)</b>	<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> <li>○ Pharmacist (RPh)</li> <li>○ Pharmacy Practice Assistant (PPA)</li> </ul>
<b>Long Term Care</b>	<p>Includes the following:</p> <ul style="list-style-type: none"> <li>○ Veterans units</li> <li>○ Standalone Nova Scotia Health Long Term Care facilities</li> <li>○ Designated Long Term Care units (does NOT include Transitional Care Units (TCU) or Alternative Level of Care Units (ALC))</li> </ul>
<b>Medication Reconciliation (Med Rec)</b>	<p>Is a formal process in which healthcare providers work together with residents, 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 resident 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 resident. (CPSI)</p>

<b>Reconcile</b>	<p>A process that involves:</p> <ul style="list-style-type: none"><li>○ Review of the BPMH</li><li>○ The identification, communication and resolution of discrepancies.</li></ul>
<b>Resident</b>	<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> <ul style="list-style-type: none"><li>○ A co-decision-maker with the person, or</li><li>○ An alternate decision-maker on behalf of the person</li></ul>
<b>Team Member(s)</b>	<p>Includes Health Care Providers and clerical/support staff who have completed the identified competencies and are authorized by their manager.</p>
<b>Transfer</b>	<p>A transfer between 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