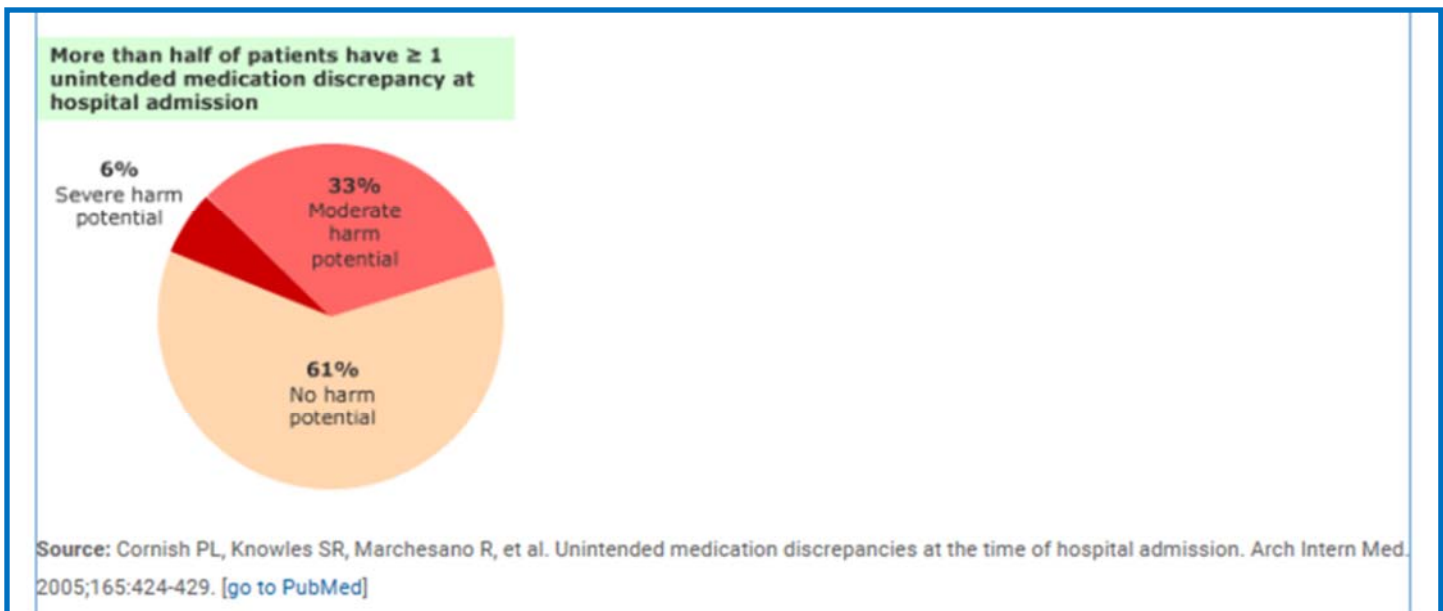


### Patient Safety

Medication reconciliation saves lives!

Required by the hospital policies and procedures

Required by Centers for Medicare and Medicaid (CMS)



### CLRMC Med Rec Policy and Procedures

- A med rec is in place to help avoid errors
- All healthcare providers review meds on admission, transfer and discharge
  - \* Transfer med reconciliation is done when the patient changes to a different level of care (if going to a higher level of care the higher acuity unit will address the meds)
- Inpatient & home med list are available for provider review prior to discharge
- Provider to finalize the med rec
- RN to give patient education and list of meds

**Reported & prescribed home medications from the previous visit default in the current visit medication reconciliation list excluding the last taken information.**

#### REVIEW MEDS WITH THE PATIENT. KEEP YOUR PATIENT SAFE!

- Home Meds (3)	Trade	Last Taken	Review	DC	Cont
metFORMIN (GLUCOPHAGE) 500 MG TAB 500 MG PO BID	Reported	<Last Taken>	0	0	
NIACIN 100 MG TAB 100 MG PO TID	Reported	08/21/18 @ 0900	0	0	
LISINAPRIL (ZESTRIL) 5 MG TAB 5 MG PO DAILY	Reported	<Last Taken>	0	0	
+ Current Inpatient Medications (2)					

Remove (discontinue) medications the patient is no longer on.

Enter the date/time of the Last Dose Taken. This is important for scheduling, assessment and drug interaction information.

**Last Taken**

metFORMIN (GLUCOPHAGE) 500 MG TAB  
500 MG PO BID

Date

August 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Unknown Date/Time  
 Unknown Dose

Time

Dose

Information Source

Medication Purpose

Comments

Attention Required?  
 Yes  No

#### Last Taken Screen:

If the patient does not know the last time they took meds, select "Unknown Date/Time".

Check "Unknown dose" box if the patient is unsure of the dose. This defaults "attention required" to yes.

If the Patient is unsure of the frequency or other important information, "Attention Required" should be used to communicate the med is not ready to be reconciled by the provider. Vital information is missing and errors could occur if the med is continued.

- Home Meds (3)	Trade	Last Taken	Review	DC	Cont
metFORMIN (GLUCOPHAGE) 500 MG TAB 500 MG PO BID	Reported	V	0	0	
NIACIN 100 MG TAB 100 MG PO TID	Reported	<Last Taken>	0	0	
LISINAPRIL (ZESTRIL) 5 MG TAB 5 MG PO DAILY	Reported	<Last Taken>	0	0	

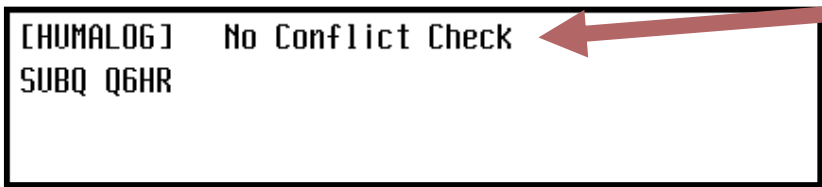
Attention required is indicated by the yellow highlighted field. Each shift should attempt to get the information until the med rec is complete.

**Select "Review" for each up to date medication which indicates they are ready for the provider, then submit.**

Last Taken	Review	DC	Cont
08/21/18 @ 0900	⊙	○	
08/21/18 @ 0900	⊙	○	
08/21/18 @ 0900	⊙	○	

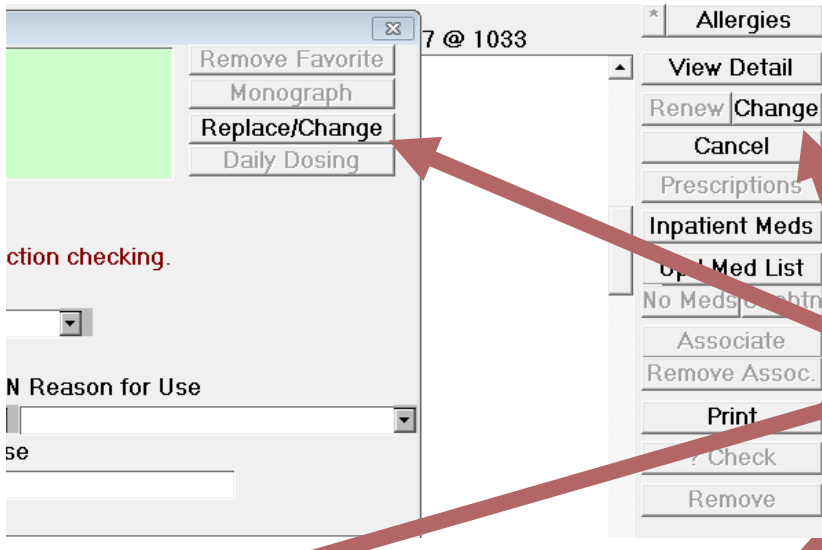
**A second tier reviewer reviews the home med list again at the second point of contact. Click "Reset Review", go through steps above and mark meds as reviewed after completion (see Medication Reconciliation Policy for definitions)**

# Med Rec Education Series Part 3 Undefined and Bracketed Meds



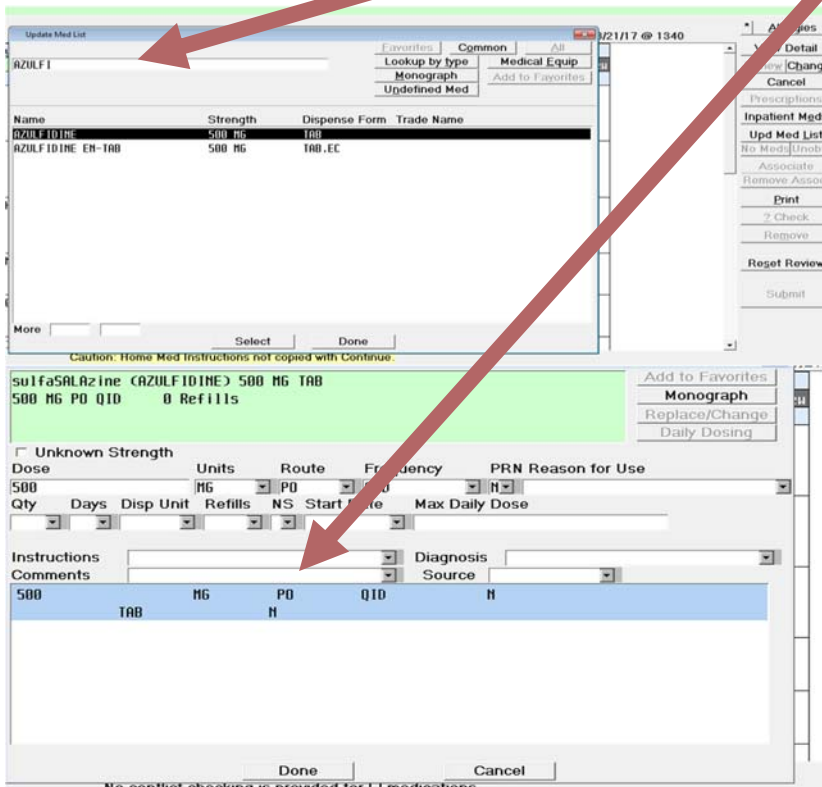
A medication in brackets indicates an "Undefined" med.

Bracketed meds do not map to inpatient meds if continued upon admission, and do not offer safety checks in the system such as allergy checks.



## How to Update Undefined Meds

- Highlight undefined med to edit
- Select "Change"
- Select "Replace/Change"
- Use the type-ahead feature to find and select the correct medication
- Select the medication string
- Make any necessary edits to medication instructions and click done
- The information previously entered in the Last Taken field will default into the updated medication entry
- Edit screen with any final new information
- Click "ok" and the med will update



If you cannot find a drug in the medication look up, please submit a ticket to IT to have the drug added to the home medication dictionary.

## Med Rec Education Series Part 4 Timing and Holding Medications

According to facility bylaws, a provider must address the home medication list within 24 hours of admission.

ED hold times are included in the 24 hour time frame.

It is vital the nurse update and verify the accuracy of the home med rec ASAP.

Telephone orders for the home med rec should be minimal and only address meds the patient needs prior to the provider seeing them.



- Medication continued before review is done
- Last Taken isn't documented
- Medication name is bracketed and no safety checks will be done
- Medication information is missing

- Home Meds (10)	Trade	Last Taken	Review	DC	Cont	HOLD
ASPIRIN (BAYER ASPIRIN) 325 MG TAB 325 MG PO DAILY	Continued Reported Med Rec: CONT	<Last Taken>	○	○	04/06 1858	
[metformin] No Conflict Check 500	Reported	⚠	○	○	04/06 1858	



- Last Taken is documented
- Review done prior to physician addressing and continuing meds
- Medication names not in brackets

- Home Meds (10)	Trade	Last Taken	Review	DC	Cont	HOLD
MIDODRINE (PROAMATINE) 5 MG TAB 5 MG PO BID	Continued Reported Med Rec: TAKEN	ⓘ 04/09/17 @ 1700	04/09 1548	○	04/10 1157	
LEVOTHYROXINE (SYNTHROID) 112 MCG TAB 125 MCG PO DAILY	Continued Reported Med Rec: TAKEN	ⓘ 04/09/17 @ 0900	04/09 1547	○	04/10 1158	

**If a medication is on hold: DO NOT DC that medication.** Nursing should review the medication and leave it as part of the home med list. Providers have the hold option from their Reconcile Rx screen.

**If the patient is no longer taking a med at home:** Remove that med from the med list using "DC".

**Once the medication is DC'd, it will not appear on the discharge med list.**

## Med Rec Education Series Part 5 Medication Claim History

### How does the medication claim history work?:

Medication Claim History (External Medication History) comes from Surescripts participating pharmacies and medication insurance claims. It is electronically requested when the patient is registered in Meditech. Patients are matched only if all five identifiers (last name, first name, date of birth, gender and zip code) match in both systems

Medications that are not listed in medication claim history are: OTC medications, vitamins, herbal medications or drugs purchased with a discount card (i.e. purchased outside of insurance plan or \$4 Rx offered at large chain pharmacies.)

Not all patients will have meds displayed

### Viewing the Medication Claim History

- Select "+" to view any listed meds in the Medication Claim History
- Convert external med to a home med by clicking the medication name
- The Updated Med List window will appear; select the appropriate string
  - \* Bracketed meds: the type ahead box will appear. Type the med name and select a matching formulary drug and the appropriate string.
- Selecting done will save the medication on the home med list as well as bring you to the last taken screen **BE CAREFUL! Canceling out of this screen, will still save the external med to the home med list.**

- Medication Claim History (65)				Add	Disclaimer	Update
+ [Azithromycin 250MG Tablets 6-P]	1 Generic Equivalent	04/03/17	Walgreens Drug ...			
TAKE AS DIRECTED			acuaps1-Rcopia ...			
+ Tessalon Cap 100 Mg		03/31/17	Walgreens Drug ...			
TK 1 C PO Q 8 H			acuaps1-Rcopia ...			
+ [Sulfameth/Trp 800/160MG Tb]	1 Generic Equivalent	03/31/17	Walgreens Drug ...			
TK 1 T PO BID			acuaps1-Rcopia ...			
+ Orphenline Tab 25 Mg		03/28/17	Walgreens Drug ...			
Unknown Strength						
Dose	Units	Route	Frequency	PRN	Reason for Use	
500	MG	PO	QID	N		
Qty	Days	Disp Unit	Refills	NS	Start Date	Max Daily Dose
Instructions	Comments		Diagnosis	Source		
500	TAB.SA	MG	PO	QID	N	

## Med Rec Series Part 6: Transfer Functionality

### Transfer Med Rec

A transfer med rec should be done with every change in level of care reconciling all active inpatient medications. *On very rare occasions a telephone order for a transfer may be done. Be prepared to address all orders 1 by 1 with provider and nurse.*

Transfer Orders need to be entered prior to post op orders and other new level of care orders (i.e. ICU to Med-Surg).

- Begin the transfer process by selecting "Transfer" from the order entry screen
- Home meds should not be addressed from the transfer. If not already completed, home medications can be addressed from the Reconcile Rx screen to ensure all details are included and visual
- All orders default to "Stop" within a transfer and individual orders can be continued by selecting the "Cont" radio button for that order

Cont from AMB
Reconcile Meds
Transfer
Receive
Discharge Plan
Preferences

- If most orders need to be continued upon transfer, select the top "Cont" option and all orders will default to continue
- Next use individual radio buttons to "Stop" necessary orders if needed
- After all pages of transfer orders are addressed, click "done"
- Once inpatient orders and home meds (if necessary) have been addressed, proceed to enter any new level of care and post op orders utilizing order sets and/or the orders and meds/fluids tabs if needed
- Do not forget to submit at the end of entering orders

Cont	Stop
Cont	Stop
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>
Cont	Stop
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>

*Receiving the transfer as a nurse will discontinue anything that was marked to be discontinued during reconciliation of transfer orders and activate anything added from the "Add More" option within the transfer routine*



# Med Rec Series Part 7

## DISCHARGE Med Rec for the NURSE

It is best practice for the attending provider to do the discharge electronically, but on very rare occasions a telephone order for discharge may be done by the nurse. Be prepared to go through all meds 1 by 1 with the provider.

[Discharge Plan](#)

### Accessing the DC Med Rec

- Select the discharge option from the Clinical Review or Order Entry Screen
- Click edit next to "Home Medication"

- Patient Problems <a href="#">EDIT</a> <a href="#">I</a>		Click any Problem to Ed
Medical	Headache; Hypokalemia; Hyponatremia	
-		
- DISCHARGE		
* Planned DC Date <a href="#">EDIT</a> <a href="#">I</a>	Planned Discharge Disposition Date	
Disposition <a href="#">EDIT</a>	<input type="radio"/> Against Medical Advice <input type="radio"/> EXPIRED - 20 <input type="radio"/> HOME, SELF CARE - 01 <input type="radio"/> HOME,W/HOME HEALTH - 06	<input type="radio"/> LONG-T <input type="radio"/> PSYCHI <input type="radio"/> Rehab <input type="radio"/> SKILLE
- Ambulatory Order(s)		
* Home Medication <a href="#">EDIT</a>	Discharge Home Meds including prescriptions	
- FINAL - Discharge Order & Note		
* Discharge Order <a href="#">ADD</a>	Discharge Order	

All home meds must be addressed at discharge

**Blue font** indicates active inpatient meds

**Black font** indicates home meds reported at admission

Cardiovascular Drugs	FS	Inp Status	Conv	Cont	Stop	Renew	Cnc
ATORVASTATIN (LIPITOR) 20 MG TAB 20 MG PO 1700		Active <a href="#">I</a>					<a href="#">I</a>
ATORVASTATIN (LIPITOR) 20 MG TAB 20 MG PO BEDTIME		Continued Reported		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

Nurses do not have the functionality to convert inpatient meds to a home med. If a new medication needs to be added as a home med at discharge, select the new button in the top right corner and then update med list.

New

Update Med List  
<Cancel>

**Finalizing a discharge indicates the med rec is complete and the patient is ready for discharge**

*This can not be undone and should NOT be done if there are still conditions to be met before discharging the pt*

Finalized appears at the top of the medication screen within the discharge plan

**\*\*FINALIZED\*\***

A red message appears from the Reconcile Rx screen when a dc med rec is finalized

\*\*\*\* Warning: Home Medications have been finalized in Discharge \*\*\*\*

+ Preferred Pharmacy  
KROGER SOUTHWEST 398

### DC Med Rec Clarification Order:

- Utilized for any telephone orders that are given pertaining to the DC Med Rec:** The discharge plan does not prompt for an order source, therefore this order is utilized for any telephone orders given that pertain to the DC Med Rec. Include all meds in this order.
- Finalizing the DC Med Rec:** If the med rec has not been finalized at the time of discharge, call the provider for clarification and enter the DC Med Rec Clarification Order stating to finalize the discharge. Then finalize from the Discharge Plan screen.

Utilizing this order with the appropriate order source of "T" for telephone order will ensure the provider is queued to sign the order.

**FYI: Printing the DC Med Rec and completing it on paper is an alternative for a large amount of meds. Write the telephone order on the paper so the provider will sign at a later date.**

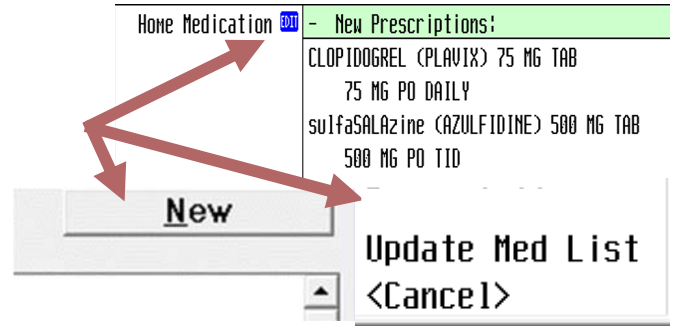
## Med Rec Education Series Part 8 Editing A Finalized DC Med Rec: Nurse

**A finalized discharge plan cannot be undone. It is important to ensure this list is accurate prior to the patient being discharged.**

### Adding a medication to the DC med rec

Once DC Med Rec is finalized edits or updates should be done from the home med list within the Discharge Plan.

- Select "EDIT" next to home medication
- Select "New" & "Update Med List"



### Cancelling a med from the DC Med Rec

- If a med was continued or added, it can be cancelled after the med rec has been finalized by selecting the "CNC" button.
- If an eRx was sent, the pharmacy must be notified of the cancellation. The cancellation does not transmit.

Cardiovascular Drugs		Conv	Cont	Stop	Renew	Cnc	
amLODIPine (NORVASC) 2.5 MG TAB 5 MG PO BID 30 Days	Continued			<input type="radio"/>		<input type="radio"/>	
ATORVASTATIN (LIPITOR) 20 MG TAB 20 MG PO DAILY 30 Days	Continued			<input type="radio"/>		<input type="radio"/>	
CARVEDILOL (COREG) 25 MG TAB 25 MG PO BID MEALS 30 Days	Continued			<input type="radio"/>		<input type="radio"/>	
hydrALAZINE (APRESOLINE) 25 MG TAB 100 MG PO Q8HR #90 TAB	Converted					<input type="radio"/>	

**DC Med Rec completed on wrong patient:** Go back into the DC Med Rec and recreate the home med list to match what was reported upon admission. Notify all necessary providers and pass this information on to other nurses in report.

**DC Med Rec finalized but patient not going home:** Notify all necessary providers and pass on to other nurses in report.

### Verify the DC Med Rec is addressed at the time of discharge

- If the DC med rec was completed and finalized on the wrong patient or the length of stay was extended, ensure the med rec has been re-addressed for discharge.
- Check for the last updated date from the Reconcile Rx screen. If it isn't around the time of the final DC order, the nurse needs to verify with the provider the med rec has been addressed again.

**After making all updates, select "Submit" and "Save- Profile Finalized"**



**Verifying the transmission status is important to ensure the electronic prescriptions are successfully received by the patient's pharmacy.**

### Accessing the electronic Rx Transmission Status

#### Option 1: Viewing one or two Rx's (For more than two, use option 2 below)

- Navigate to the discharge plan home medication edit screen or the Reconcile Rx screen in Clinical Review
- Highlight each converted, new or renewed medication(s) needing verification
- Select "View" from the discharge plan home medication edit screen or "View Detail" from the Reconcile Rx screen
- Scroll down until you come to this notation
- Successfully accepted by the ultimate receiver and received indicate the prescription was successfully transmitted

ISOSORBIDE MONONITRATE SR (IMDUR) 30 MG TAB.SR.24H 30 MG PO DAILY #30 TAB	→	Discharge: Converted Med Rec: DIS.CONV	Ref 0
SULFAMETHOXAZOLE/TMP (BACTRIM DS 800/160 MG) 1 TA... 1 TAB PO Q12H #20 TAB	→	Discharge: New Med Rec: DIS.NEW	Ref 0
CARVEDILOL (COREG) 3.125 MG TAB 12.5 MG PO Q12HR #60 TAB	→	Discharge: Renewed Med Rec: DIS.RENEW	Ref 0

Status	Expires	Call In Status	Order Source
Active	07/25/17		
Pharmacy			
Walgreens Drug Store 03848 281-479-3488 3300 CENTER ST, DEER PARK Fax: 281-476-0862			
Electronic Prescribing			
Submitted/Status	Trace	Pharmacy	
06/25/17 6:52am	Controlled Rx	Walgreens Drug Store 03848 281-479-3488	
RECEIVED	C1177656771-109007760 (Successfully accepted by ultimate receiver)		

#### Option 2: Viewing multiple Rx's by viewing the electronic Rx report by Patient

1. Highlight the patient from the status board
2. Click on the Magic Key Menu icon
3. Select 109 Custom Reports JCAHO
4. Select 95 ePrescribe Reports Menu
5. Select 4 List Electronic Rx by Patient
6. Recall pt name with Space bar and enter keys
7. Input "T" in From Date field for today's date
8. Input "T" in Thru Date field for today's date
9. Input "Y" in Include Details field
10. Input "Preview" in print on field to view report

### Importance of Updating Last Dose Taken from Reconcile Rx

The discharge patient medication report prints the last dose taken date & time that is documented in Reconcile Rx. This must be updated just before discharge. Otherwise, the last dose taken will reflect what was entered upon admission and appear incorrect on the list given to the patient.

ASPIRIN (TRADE NAME: ASPIRIN) 81 MG ORAL	DAILY.	06/26/17-8:00am
---	--------	-----------------

### Patient is in acute care/inpatient status

- Rehab provider is consulted
- Rehab coordinator reviews patient chart and gathers information
- If patient is a candidate, coordinator prints home medication reconciliation to keep with other patient documentation
- Attending performs discharge from acute care

### Patient admitted to rehab

- Admitting nurse reviews Reconcile RX med list against inpatient med list from the acute visit and discharge note if available. If necessary, clarify discrepancies with the physician (rehab or the discharge attending provider). **Ensure meds are documented as reviewed.**
- Nurse notifies rehab attending provider the admission med rec is ready
- Rehab attending provider addresses the admission med rec in Meditech
- After the admission med rec is complete:
  - Nurse clicks "Reset Review"
  - Nurse updates the home med list in Meditech to match home med list printed by rehab coordinator in the acute care hospital
  - The admitting nurse performs the review of home medications process with the patient or reliable source
    - \*Last dose taken field is not required for patients that are admitted from acute hospital stays
  - The charge nurse or the next shift nurse is the second-tier reviewer
  - Remember to verify the preferred pharmacy is updated and correct