

Accreditation: ROP of the Week

Required Organizational Practice:

Medication Reconciliation at Care Transitions

WHAT IS MEDICATION RECONCILIATION AT CARE TRANSITIONS?

- Medication Reconciliation (Med Rec) is a structured process where healthcare provider's partner with patient/clients/residents, families and other caregivers for the accurate and complete transfer of medication information at transitions of care (i.e. admission, transfer and discharge).
- Med Rec is a three-step process: generate a Best Possible Medication History (BPMH), identify and resolve medication discrepancies, and communicate a complete and accurate list of medications to the patient/client/resident and their next care provider.

Med Rec promotes safety by reducing the potential for medication incidents.

AT HEALTH PEI:

- There are specific Medication Reconciliation policies and procedures for different care areas.
 These policies can be found on the Policy Development Management System (PDMS/MedWorxx).
- Med Rec is a **shared interprofessional responsibility** that requires direct discussions with patients/clients/residents, families or caregivers and often community providers (such as family physician, home care, and community pharmacists).
- A Best Possible Medication History (BPMH) is used to generate admission medication orders or to identify, resolve and document any medication discrepancies with current medications.
- A patient's BPMH and current medication orders are used to generate transfer or discharge medication orders.
- The patient/client/resident and communitybased health care providers (as appropriate) are provided with a complete list of medications upon discharge.

Questions Accreditation Canada Surveyors May Ask Staff:

How is medication reconciliation completed in your area?

How are patients/clients/residents and families involved in the Med Rec process?

Are you aware of any audit data related to Med Rec? Can you show me where to find that data?

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