

# ACCREDITATION

## Required Organizational Practice (ROP) of the Month

### MAINTAINING AN ACCURATE LIST OF MEDICATIONS DURING CARE TRANSITIONS

- The **Required Organizational Practice (ROP)** for **Maintaining an Accurate List of Medications During Care Transitions** follows the organization's medication reconciliation procedure to maintain an accurate list of medications during care transitions.
- This ROP is applicable to **all clinical/service-based standards** and is an update to the individual standard of medication reconciliation at various care transitions that were found within Inpatient, Emergency and Ambulatory Care; Home and Community Care; and Long-Term Care service standards.

**Medication Reconciliation (Med Rec)** promotes safety by reducing the potential for medication incidents.

#### AT HEALTH PEI:

- 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 community-based health care providers (as appropriate) are provided with a **complete list of medications upon discharge**.
- Standardized workflows and processes for electronic medication reconciliation are being incorporated within the Clinical Information System (CIS).
- Med Rec related incident reports are completed on the "Medication Event" form in the Provincial Safety Management System (PSMS). These are reviewed for trends and to identify need for quality improvements.
- For more education information visit [The Staff Resource Center](#).

#### Questions Surveyors May Ask Staff:

When is a Best Possible Medication History required in your program/service area?

Is the updated list of medications shared with the client during care transitions? How is it shared with the next provider?

What training or learning activities do you receive on medication reconciliation/maintaining an accurate list of medications during care transitions?