Health PEI

DID YOU KNOW?

ELECTRONIC TRANSFER MEDICATION RECONCILIATION
Hospital to Hospital

February 20, 2024

Issue:

- Transitions in care are inherently associated with a high risk of medication discrepancies that have potential to cause patient harm[1].
- The increased acuity and volume of patient transfers **between Health PEI Hospitals** has further highlighted the importance of following established workflows and process for electronic medication reconciliation (Med Rec) within the clinical information system (CIS).

Key Points When Transferring a Patient Between Health PEI Hospitals

Prescriber at the 'sending' facility:

- Please choose **Hospital to Hospital** Med Rec
- **NOT** In Hospital Transfer reconciliation

Review each medication and decide whether to continue or stop • **NOT** Discharge reconciliation *each* order

- When complete, user must **reconcile and Transfer**.
  - Please do **NOT** choose 'plan'

Prescriber at the 'receiving' facility:

- Please wait until the new CIS encounter is created; ensure you are on the correct encounter at receiving facility (i.e., the NEW bed the patient is in)
- **DO NOT** place orders prior to the patient's arrival
- Complete **Admission** Med Rec
- Review each line, 'continue' or 'do not continue' are pre-selected, however you may change the selection if appropriate

Refer to this short YouTube video, attached information, and the posted Health PEI CIS Training Materials video for more details.

Following this process:

- Improves efficiency
  - easier to place orders at the receiving facility
  - intent is clear, therefore fewer phone calls from nursing/pharmacy/etc. to clarify orders
  - pharmacy and nursing staff save time investigating medication discrepancies (e.g. missing medications, or medications that were restarted after lengthy suspensions)
- Prevents medication errors
  - decision whether to continue or stop medication is clearly documented so subsequent MRP/nurses/pharmacists understand the plan for each medication order
  - medication or dose changes from the home regimen at sending facility are reflected in new orders at receiving facility

1. Medication Safety in Transitions of Care. Geneva: World Health Organization; 2019 (WHO/UHC/SDS/2019.9). License: CC BY-NC-SA 3.0 IGO.

Failure to follow this process:

- will lead the receiving facility's MRP to choose admission Med Rec
- is unsafe because the list of meds presented will be the last BPMH; this may be outdated and will not reflect any medication changes (new medications, discontinued medications, dose changes) from the sending hospital

For more Information, Please Contact:

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Hospital to Hospital Medication Reconciliation

When does it need to be done?

- Any time an inpatient is moved to another Health PEI facility and becomes an inpatient at that new facility
- Hip fracture in PCH comes to QEH for surgery
- Admitted to PCH, decompensates and comes to QEH ICU

- Admitted to QEH, goes to KCMH to wait for LTC bed
- Repeat with each new transfer
- PCH admit with hip fracture, QEH for OR, back to PCH

When does it not need to be done?

- Transfer for outpatient encounter
- ACC clinic visit
- Ortho clinic
- Wound care