Hospital to Hospital Medication Reconciliation

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Hospital to Hospital Medication Reconciliation is used when discharging a patient from one Health PEI Acute Care Hospital to another, e.g. QEH to PCH. It is to be used by the physician at the sending facility to place a patient's medication orders in a 'Proposed' state to be considered by the physician at the receiving facility. It allows the medication orders to flow through the system without being manually re-entered at the receiving facility.
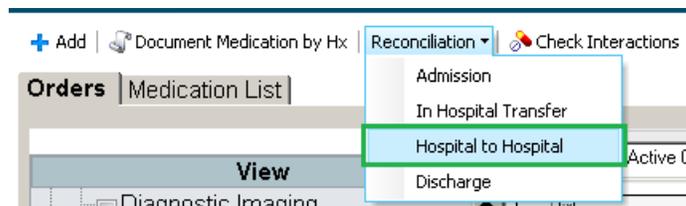
How to Perform Hospital to Hospital Medication Reconciliation

Sending Physician:

- The Best Possible Medication History and Admission Medication Reconciliation should have already been completed:

1. From the Orders Page, click on Reconciliation and choose Hospital to Hospital:

- All inpatient medication orders and documented home medication orders are displayed.
- Orders are sorted alphabetically and orders for the same medication are grouped together and shaded either blue or white to differentiate them from the others.

		Orders Prior to Reconciliation								Orders After Reconciliation	
		Order Name/Details		Status	▶	■				Order Name/Details	
⊿ Medications											
		acetylsalicylic acid (ECASA)		Ordered							
		81 mg, Oral, Daily			○	○					
		acetylsalicylic acid (ECASA)		Documented							
		81 mg, Oral, Daily									
		atorvastatin		Ordered							
		20 mg, Oral, Daily			○	○					
		atorvastatin		Documented							
		20 mg, Oral, Daily									
		bisacodyl (Dulcolax)		Ordered	○	○					
		10 mg, Rectal, Daily, PRN: Constipation									
		carbidopa-levodopa (Sinemet 250/25 oral tablet)		Ordered							
		1 tab(s), Oral, BID			○	○					
		carbidopa-levodopa (Sinemet 250/25 oral tablet)		Documented							
		1 tab(s), Oral, BID									
		digoxin		Ordered	○	○					
		0.125 mg, Oral, Daily									
		digoxin		Prescribed	○	○					
		0.125 mg, Oral, Daily, 30 tab(s)									
		dimenhyDRINATE (Gravol inj)		Ordered	○	○					
		12.5 - 50 mg, IM, q4h timed, PRN: Nausea/Vomiting									
		dimenhyDRINATE (Gravol inj)		Ordered	○	○					
		12.5 - 50 mg, IV, q4h timed, PRN: Nausea/Vomiting									
		dimenhyDRINATE (Gravol)		Ordered	○	○					
		12.5 - 50 mg, Oral, q4h timed, PRN: Nausea/Vomiting									
		enoxaparin (Lovenox)		Ordered	○	○					
		40 mg, Subcutaneous, q24h timed									

- Inpatient medications are indicated by a hospital icon and a status of Ordered or suspended.

- Documented home medications are indicated by either a scroll icon and a status of Documented or a pill bottle icon and a status of Prescribed.

2. Review each medication order and choose either Continue ▶ or Do Not Continue ■ by clicking the associated radio button.

- If an inpatient medication order was converted from a documented home medication, via Admission Medication Reconciliation or Convert to Inpatient, there will only be one radio button for both medications. Clicking the Continue radio button will continue the inpatient medication order.

Note: Inpatient order (dose increased) is continued

- If an inpatient medication order was not converted from a documented home medication, there will be two radio buttons, one for each medication order.

- Each order will need to be managed separately. In general, if both orders are the same, it is preferable to continue the inpatient medication over the home medication.

- Home medications for which there is no associated inpatient order are also visible. An example of this would be if Do Not Continue was chosen during Admission Medication Reconciliation.

- If it is not appropriate to resume a home medication at this time, choose Do Not Continue. It will remain in the documented home medications and may be ordered at a later date.

Suspended Medication Orders:

- Suspended inpatient orders will appear with a status of Suspended.
- Choosing Continue will place the order in a "proposed" Ordered status (i.e. not Suspended) for the receiving encounter.
- It will not resume the order in the current encounter.

- Choosing Do Not Continue will leave the medication in a suspended status on the current encounter and it will not be available on the receiving encounter.
- If there is an associated home medication, it will still be visible in the documented home medications and may be ordered at a later date.

Duration:

- If the duration has been specified on an order (e.g. 7 day course of antibiotics), it will be carried over into the proposed order at the receiving facility.

Adding Additional Orders:

- Additional medication orders can also be added in the Hospital to Hospital Reconciliation screen by clicking the Add button **+ Add** in the upper left corner of the screen.
- These orders will not be active on the current encounter, but will go into a proposed state for the receiving facility.
- Power plans (e.g. HH Psych Admit) can also be added and put into a planned state for initiation at the receiving facility.
- The counter in the lower left-hand corner of the screen will show how many orders are unreconciled.

| 0 Missing Required Details | 22 Required Unreconciled Order(s) |

3. When all orders have been reconciled, choose Transfer:

| Reconcile *and* | Plan | Transfer | Cancel |

Medication Reconciliation Transfer Report:

4. After clicking Transfer, the Print dialogue box will appear. Click Cancel to close this window.
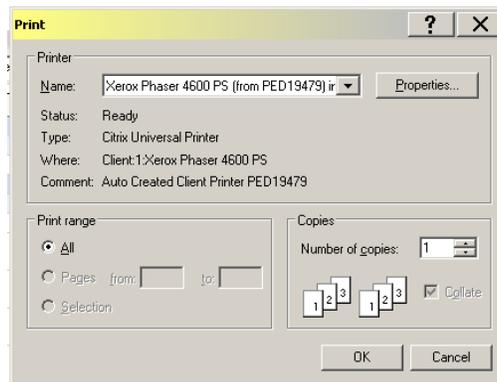
- After Hospital to Hospital Reconciliation has been performed, the Reconciliation Status bar will show that there are proposed Admission orders and that Discharge Reconciliation is complete:

Reconciliation Status
Meds History Admission Discharge

- The Discharge Readiness dashboard will show that Meds Rec is complete:

Saving your work:

If your work is interrupted and you would like to save your work, choose Plan:

The In Hospital Transfer Reconciliation status icon will appear:

This does not mean In Hospital Transfer Med Rec was performed. It means Hospital to Hospital Med Rec was not finished.

> **IMPORTANT:** You must go back and finish reconciling the medications and choose **Transfer** or the orders will not be available at the receiving facility.

If the Hospital to Hospital Reconciliation has not been completed or if the physician has chosen Plan instead of Transfer, Meds Rec will appear to be incomplete on the Discharge Readiness Dashboard.

Important:

1. After Hospital to Hospital Reconciliation is complete, the orders **will remain in a proposed state for 72 hours**. If the patient doesn't get transferred or if Admission Medication Reconciliation isn't performed at the receiving facility within 72 hours of Hospital to Hospital Reconciliation, the proposed orders will be canceled by the system and the Admission Med Rec icon appears . This does not indicate that Admission Med Rec needs to be performed again.

2. Once Hospital to Hospital reconciliation is complete, the only way to cancel it is to redo Admission Medication Reconciliation. If the physician attempts to do Discharge Medication Reconciliation, the following alert will be presented.

Receiving Physician:

- At the receiving facility (new encounter), the Reconciliation Status bar will show that there are pending admission medication reconciliation orders.

- If a BPMH has been completed at the previous facility, the Nurse or Pharmacy Technician will complete the BPMH using 'Use Last Compliance.'

Remember if a patient has transferred from another facility, the BPMH is based on what medications the patient was taking <u>prior to admission to the first facility (at home)</u>.

1. From the Orders page, the receiving physician will perform Admission Medication Reconciliation by clicking Reconciliation and choosing Admission:
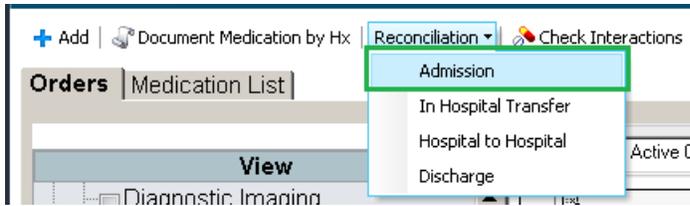
- The medication orders appear in alphabetical order with orders for the same medication grouped together and shaded either blue or white to differentiate them from the others.

- The orders on the left side of the screen represent the patient's documented home medications while the medication orders on the right side of the screen represent the proposed inpatient medication orders.

- The pending orders will have a question mark icon beside them to indicate that they are in a proposed state.

- Note the Continue and Do Not Continue buttons are **pre-selected** for all proposed medications.

- Any additional medications that may have been ordered prior to Admission Medication Reconciliation being complete will need to be reconciled.

- Check in the bottom left corner to see if all medications have been reconciled.

- To continue the medications as proposed by the physician at the sending hospital, click Reconcile and Sign in the bottom right corner:

- The Admission Medication Reconciliation Status indicator will change to a green check mark.

Managing Proposed Orders in Admission Medication Reconciliation Screen:

Reset Reconciliation:

- Choosing 'Reset Reconciliation' will ***discard the proposed inpatient orders*** from the previous facility and leave only the patient's documented home medications, prescriptions and any inpatient orders that were added on the new encounter prior to Admission Reconciliation.

> If 'Reset Reconciliation is clicked in error, choose 'Cancel' and go back into the Admission Med Rec screen.

Linked Orders:

- If two orders were 'linked' on the previous encounter (i.e. one radio button), and they were Continued by the sending physician, the radio button for both the home med and the inpatient med will be defaulted to Continue in the Admission Med Rec screen.

- This will not result in both orders being continued at the receiving facility; the inpatient order from the previous encounter will be ordered while the documented home medication will remain in the BPMH.

Removing Individual Proposed Inpatient Orders:

- Choosing Do Not Continue on a proposed inpatient order will remove it from the proposed orders.

- The order will still be visible in the Orders After Reconciliation (right-hand side of the screen) until another medication order is discontinued.

- This allows the prescriber a chance to reconsider.

- Once Do Not Continue is chosen on another medication order, the previously discontinued will disappear from view.

Subcutaneous order is no longer visible

- To bring back a medication order that has disappeared from view, choose 'Cancel' and go back into the Admission Med Rec screen and start over. Do not choose 'Reset Reconciliation.'

Modifying Proposed Inpatient Orders:

1. Click on the proposed order in the Orders After Reconciliation to open the Details screen.

2. Modify the order as desired and minimize the Details screen to go back to reconciling orders.

Suspending Proposed Inpatient Orders:

- It is not possible to Suspend orders from the Admission Med Rec screen.

- Continue the order in question and then go back and Suspend it from the Orders page after Admission Med Rec has been complete.

If a med order is modified AFTER hospital to hospital is completed, the link between the originating order and the proposed order will be broken and the proposed order will not come across to the admission med rec at the receiving facility.