

CENTRAL MONTANA MEDICAL CENTER
Lewistown, Montana

Orig. Effec. Date: <u>02/2013</u>
Approved By _____
Revised:
Approved By: _____

POLICY NO. IT-007
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SUBJECT: MEDICATION RECONCILIATION
DEPARTMENT: IT
AFFECTED DEPARTMENTS: ALL DEPARTMENTS

PURPOSE

To define the process of comparing inpatient medication orders to all of the Medications that the patient had been taking in order to identify and resolve discrepancies, including omissions, duplications, contraindications, unclear information and changes.

DEFINITIONS

- Home- place of patient residence, i.e. Private home, SNF, Assisted Living Facility, etc...
- Home Meds- Medication(s), prescribed or OTC, the patient is taking at home prior to admission to CMMC.
- Active Meds- Medication(s), ordered by physician on admission or during the patient's course of treatment at CMMC.
- Admission- Patient enters hospital for services and assigned a primary account number
- Discharge- Patient discharged from CMMC
- Medication Reconciliation- The process of comparing information the patient brought to the hospital with the medications ordered by the hospital, to identify and resolve discrepancies.
- Associating Meds- The process of matching a home med with an active med.
- Confirming Meds- Home Medication entered or reviewed by nursing that includes medication name, dose, unit, route, frequency and last dosing date/time. Confirmed meds are indicated by a green ✓ to the left of the medication.

POLICY

1. Medication orders may be entered in CPSI by physicians, providers, pharmacists or nurses.
2. The medication reconciliation process will be performed by the physician on all CMMC patients:
 - a. On admission, typically during the first patient visit after home medications have been entered by nursing and
 - b. Prior to discharge to home
3. Nursing will associate meds every night when chart checks are completed (click reconcile button after associating meds).
4. Patients home meds will be entered by nursing at admission and confirmed as soon as possible.
5. Patient or family are provided written information on the medication the patient should be taking when he/she is discharged from CMMC.
6. Discharge medication information is provided to receiving facilities for patient transfers.

PROCEDURE

- I. Admission
 1. The CPSI Medication Reconciliation Program can be accessed from the:
 - a. POC virtual chart- Pharmacy tab- Medication Reconciliation
 - b. Initial Interview Flowsheet- current Medications
 - c. CPOE Application

2. During the initial interview process, nursing will enter home medications by selecting “Add Home Med.” Home Medication entry information should include:
 - a. Medication Name
 - b. Dose
 - c. Unit
 - d. Route
 - e. Frequency
 - f. Last dose- date/time taken by patient
 - g. Source information
 - h. Physician who ordered medication or “unknown” or “not applicable”
 - i. Pharmacy where patient routinely obtains medication
 - j. Additional comments
3. Nursing staff are responsible to “confirm” meds with each admission/re-admission. Documentation of confirmation is noted by a green ✓ to the left of each medication on the Medication Reconciliation screen.
4. In the event that home medications are discovered after the physician has completed the admission medication reconciliation, the nurse should notify the physician to determine appropriate course of action.

II. Discharge

1. The medication reconciliation discharge process is the responsibility of the physician and may be completed up to several hours prior to the “discharge” order.
2. Prescriptions will be printed and given to patients for all new medication.
3. The patient Discharge Instruction Report will be printed and given to patients which includes a summary of what medications the patient should take on discharge.
4. Patient discharge education for managing medications should include:
 - a. Educational information on medication especially new or high risk medications.
 - b. Making sure to update Med List when meds are discontinued, doses are changed, or new meds are added.
 - c. Carry the medication information in the event of emergency situations.
5. Patient’s transferred to other facilities- print CCD Summary and transfer report to send with patient.