

 Saskatchewan Health Authority WORK STANDARD	Title: Medication Reconciliation on External Transfer to Acute Care - SENDING SITE (paper-based) Role performing Activity: Health Care Professional (RN, LPN, pharmacist, pharmacy technician) and Prescriber	
	Location: Acute Care Facilities- IHUH	Department/Unit: Nursing and Medical
	Document Owner: Stacey Amyotte and Tanya Slinn	Date Prepared: July 17, 2018
	Last Revision: August 7, 2018	Date Approved: October 31, 2018 Approved by: Jacqui Kennet-Peppler
	Related Policies/Documentation - Medication Reconciliation at Discharge & Transfer in Acute Care- FAQs - Medication Reconciliation at Discharge Definitions & Flowcharts - Discharge/Transfer MedRec Process Narrative - Work Standard for MedRec on Discharge from Acute Care (paper-based)	

Work Standard Summary:

- Transfer is the movement of an acute care patient between two acute care facilities.
- DTMR= the SK Discharge Transfer Medication Reconciliation Form is the standard provincial document to be used on discharge/transfer.

Task Order	Essential Tasks:
1.	Prescriber will notify nursing of intention to transfer patient, preferably 24hrs prior.
2.	Health care professional will use a blank DTMR form to complete transfer medication reconciliation.
3.	Health care professional will complete the Active In-patient Medication list in Section 1 of the DTMR form through review of the current 24-72 hrs of MAR(s), the last 72hrs of prescriber orders and the Best Possible Medication History (BPMH) from the PIP med rec form indicating: <i>Same as prior to admission, adjusted in hospital or new in hospital</i> status beside each medication - Document changes to the medication dose, frequency, route (from BPMH), last dose taken, etc. in the 'Comments/Rationale/Indication' column beside each medication to provide communication to the next service provider

4.	Health care professional will complete Section 2 of the DTMR form by comparing the BPMH and the Active Inpatient Medication List (section 1). - Record all medications that were held/stopped on admission in Section 2. - Include the rationale for medication changes and discontinued medications, if any, in the 'Comment/Rationale/Indication' field.
5.	Health care professional records any other pertinent <i>medication</i> information in the 'Other Medication Instructions/Comments' section on the last page (e.g. last INR result)
6.	Health Care Professional completing Sections 1 & 2 signs 'Completed by' on all pages, including date and time
7.	Prescribers <u>do not</u> complete the Prescriber Orders (stop, continue, quantity, or refills) on Transfer Sending facility leaves this section blank
8.	Health Care Professional: - Document name, contact number & date of all recipients that will be receiving the DTMR form in the designated section at the bottom (prior to faxing &/or copying the form). Send copy/fax of DTMR Form to the receiving facility (*may not be completed in emergencies). - Copies of initial BPMH**, 24-72hrs of MAR and last 24-72hrs of Prescriber orders <u>must be</u> sent to the receiving facility. - All original documents (DTMR, BPMH, MAR(s) and prescriber orders) are retained on the patient record. - If the patient is transferred emergently and time does not allow the DTMR form to be completed, the MAR, prescriber orders and initial BPMH <u>must be</u> copied and sent with the patient or faxed immediately after the transfer has occurred. <i>* may not be completed if patient is transferred out quickly or within a few hours of admission.</i> <i>**initial BPMH is completed by the facility where the patient first was admitted into acute care.</i>