

 Saskatchewan Health Authority WORK STANDARD	Title: Medication Reconciliation on External Transfer from Acute Care -RECEIVING SITE 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 for MedRec on External Transfer- Sending Site	

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.	Health care professional will request copies of required documentation from sending facility prior to transfer during verbal report. Required documentation include: - Initial BPMH form completed at first point of entry into acute care - Last 24-72 hrs of MAR - Last 24-72 hrs of physicians' orders *Completed DTMR Form as medication list <u>If BPMH is not sent:</u> -Using a blank PIP MedRec form, obtain BPMH as per the work standard. - If DTMR is not available as well, transcribe current meds from the transfer MAR onto the physician order sheet. <u>If DTMR is not sent:</u> -Transcribe current meds from the transfer MAR onto the physician order sheet. <i>* may not be available if patient is transferred out quickly or within a few hours of admission. In the interest of patient safety, there should be effort made to fax it after patient has left.</i>
2.	Health care professional will verify correct client using 2 client identifiers

3.	Health care professional will compare the transfer DTMR with the current 24-72 hrs of MAR(s), the last 72hrs of prescriber orders and the initial BPMH for any discrepancies • Interview patient/family to ensure all medications the patient was taking at home are captured on the DTMR • Document any discrepancies in the 'Comments/Rationale/Indication' column beside each medication to provide communication to the prescriber
4.	Prescriber reviews DTMR from sending facility and completes Sections 1 & 2 by checking off 'continue', 'restart', or 'stop'
5.	Prescriber marks a single diagonal line through the 'Quantity, Refill, and No Rx Needed' columns on ALL pages, including section 3. <i>All new meds to start on admission are to be written on Physician's Order sheets.</i>
6.	Prescriber signs and dates bottom of each page with Admitting Medication Orders.
7.	Health Care Professional or Prescriber labels <u>each</u> page of the form as " Admitting Orders ". This should be printed clearly at the top of each page. Mark a single diagonal line through all blank rows.
8.	Health Care Professional signs 'Reviewed by' section on all pages, including date and time. Completed DTMR with Admission Medication Orders are filed in the 'Physician's Order' section of the patient chart.