Medication Reconciliation

Organization Requirements and Cerner Tips for Providers

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Providence HEALTH CARE

How you want to be treated.

Best **P**ossible **M**edication **H**istory (BPMH): Pharmacy BPMH Team

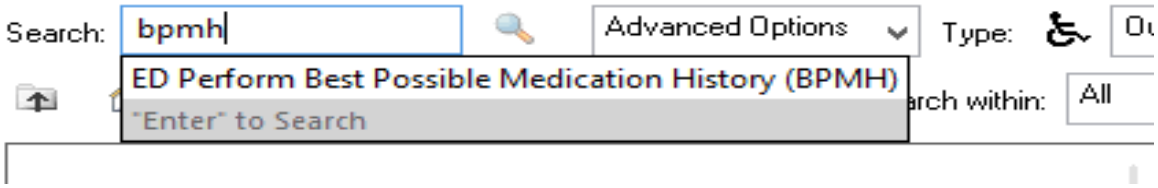
- **BPMH pharmacy team is available at:**

  VGH ED 07-24:00 7 days a week

  Scope of Pharmacy BPMH service:

  - BPMH for patients admitted through ED only (complex patients prioritized)
  - Admission MedRec is out-of-scope for Pharmacy BPMH team

- **To place a Pharmacy BPMH Consult order:**

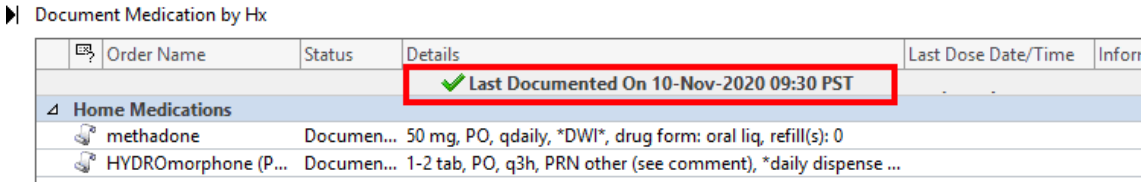


- The admitting provider team is responsible for documenting BPMH outside of Pharmacy BPMH hours

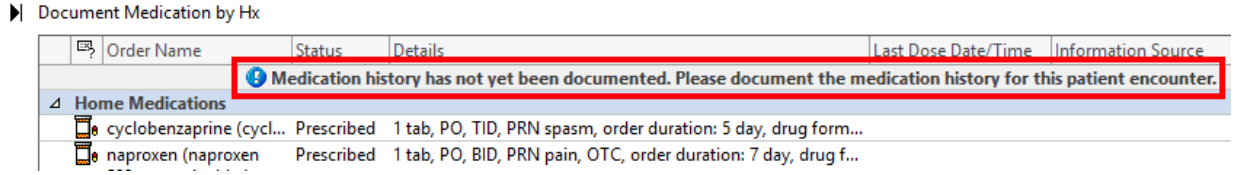
Best Possible Medication History (BPMH)

- **BPMH must be documented on each encounter prior to completing MedRec**

- **Look for Reconciliation Status:**
  - ✔ Meds History **= BPMH has been documented this visit**

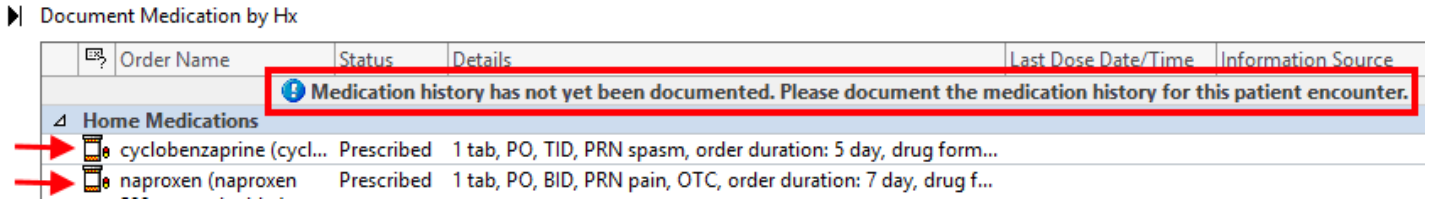


  - Meds History **= BPMH not yet documented this visit**



Best **P**ossible **M**edication **H**istory (BPMH)

- **For patients whose BPMH is not yet documented:**
  - **Medications that appear on the "Document meds by hx" screen may be outdated.**
    - Medication history list and prescriptions carry over in Cerner from previous encounters, and **<u>could be from months or years ago</u>.**



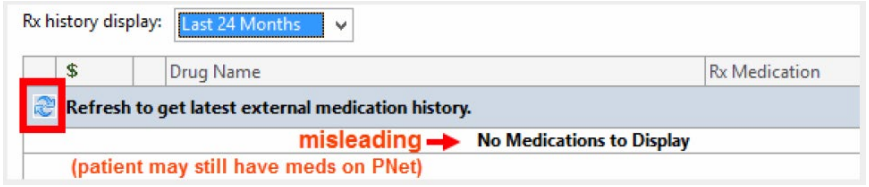
  - **Please verify whether the medication regimen is still current.**
    - DO NOT click "document history" without verifying information.
    - Outdated entries must be updated/removed if patient is no longer taking that regimen.
    - Select ***"Complete"*** to remove a medication from the BPMH list.
      <u>Do NOT</u> select *"Cancel/Discontinue".*

Best **P**ossible **M**edication **H**istory (BPMH)

- PharmaNet is a dispensing record ONLY
  - Shows medications a patient filled at a BC community pharmacy
  - May not capture medications not picked up by patient, samples, verbal instructions given to patients, meds given in clinics, out of province meds, etc.
  - Fill dates and quantities helpful to assess compliance
- Long Term Care Homes/Transfer from facilities
  - PharmaNet not reliable depending on type of facility
  - Refer to facility MAR
  - Enter BPMH based on facility MAR
- Contact SPH Pharmacy Dispensary for ARVs information

PharmaNet in Cerner

- Important takeaways when viewing PharmaNet in Cerner:
  - Click on blue arrows until there is a green checkmark at the top of PharmaNet screen

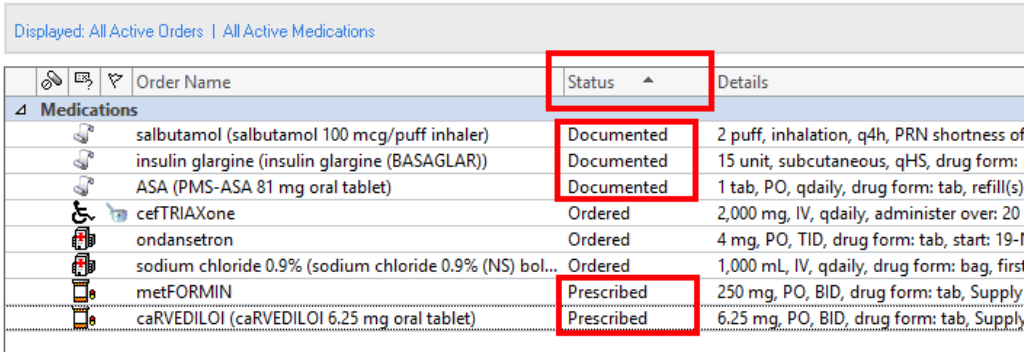


  - Medications with same generic name are collapsed together
    - must **click on triangle** to see different dosing regimens and different formulations

  - **Do NOT** use "CONVERT EXISTING SIG" when importing medications

Medication List in Cerner

- **Default filter is "All Active Medications":**
  - Displays active inpatient medications **and** home medications (documented and prescribed)
  - Filter can be manually changed
- **"Status" column:**
  - ***"Ordered"*** = active inpatient order
  - ***"Documented"*** = documented home medication (from BPMH)
  - ***"Prescribed"*** = previously prescribed medication (from BPMH)



- **Do NOT *"cancel/discontinue"*** items with "documented" or "prescribed" status from the medication list.
  - These are **not** active inpatient orders.
  - They are part of the patient's medication history.

Please review MedRec Practice Pointers to help navigate common Cerner issues related to BPMH and MedRec

Best Possible Medication History (BPMH)
For SPH and MSJ Acute

HOW TO REQUEST BPMH for ED patients

From the "Add Orders" window:

Search: BPMH ← Advanced Options

ED Perform Best Possible Medication History (BPMH)

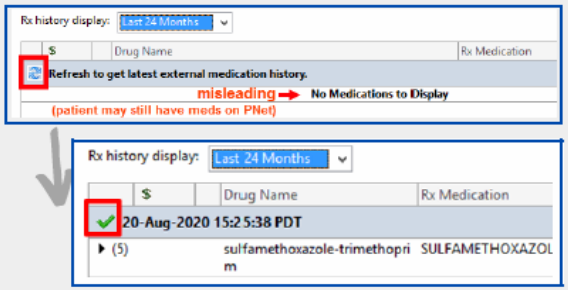
"Enter" to Search

BPMH TEAM AVAILABILITY

SPH ED 09-24 HR
MSJ ED 13-21 HR

HOW TO OBTAIN AN ACCURATE PHARMANET LIST

TIP: Click on "Recycle" icon until green checkmark displays



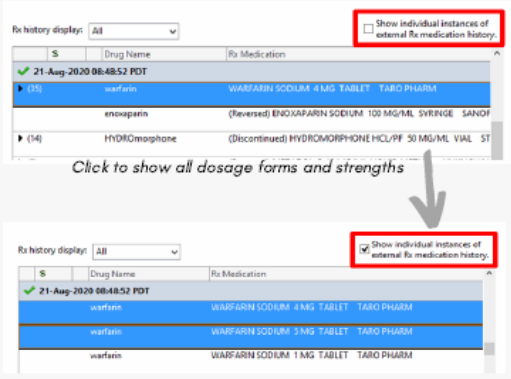
A blank PharmaNet screen **does not** always indicate that a patient has no medications on PharmaNet!

Recycle icon = list is incomplete

Click on "Recycle" icon until the green checkmark appears.

Green checkmark = list updated

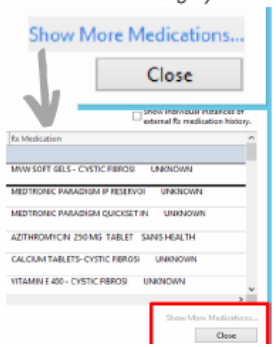
TIP: Show Individual Instances



Click to show all dosage forms and strengths

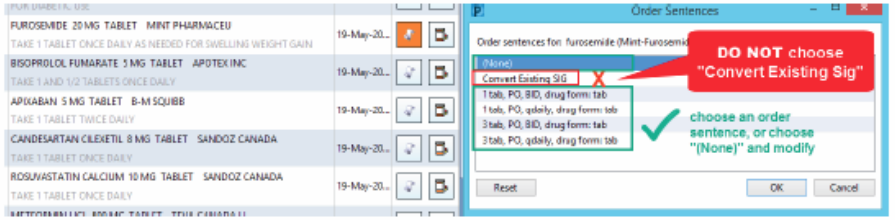
TIP: Show More Medications

If "Show More Medications" is blue, click until it turns grey

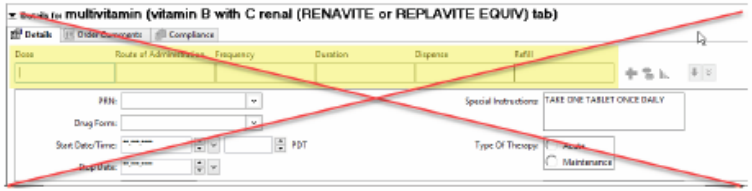


DO *NOT* USE "CONVERT EXISTING SIG" FUNCTION

When importing from PharmaNet, DO NOT select "*Convert Existing Sig*"!
Select the closest available order sentence or select "*(None)*".
Dose and frequency may be modified if needed.



Using "Convert existing sig" results in ERRORS for all future Admission, Transfer, and Discharge MedRec!

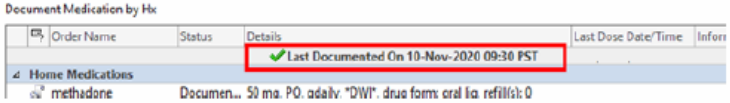


"Convert existing sig" brings the details inappropriately as text into the "Special Instructions" section.
It does not fill out the "dose", "route" and "frequency" fields.
These fields are required in order to complete MedRec.

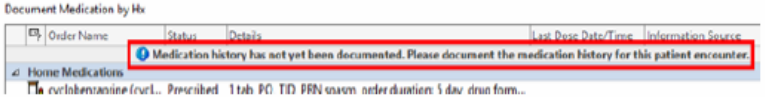
Tips for Updating Existing BPMH Entries

Check the Med History status icons to confirm whether BPMH has been documented for the current encounter.

Meds History = **BPMH has been documented for the current encounter**



Meds History = **BPMH has NOT been documented on the current encounter**



Medications appearing in BPMH list may not be the patient's current home medications.

BPMH medications carry over from previous encounters and may be months or years out-of-date.

Please verify the information with the patient.

Outdated entries must be updated/removed if the patient is no longer taking the regimen.

DO NOT click "Document History" without verifying the information.

If the patient is not taking the medication as it appears on the BPMH list:

If it appears as a "scroll":

Select the entry, right click, "**Modify**", and make the necessary changes in each field.

To remove an entry, right click and select "**Complete**"

If it appears as a "pill bottle":

Select the entry, right click, and select "**Complete**" to remove the medication from the list. Then, re-enter the medication by importing through PharmaNet or adding manually.

If a patient is no longer taking a medication:

If on hold temporarily with intention to restart:

Right click, Modify Compliance, in the "Status" drop down menu select "on hold", and indicate the date/time of the last dose in the "Last Dose" field.

If stopped by a provider (with no intention to restart):

Right click, and select "***Complete***".

***Note:** if the previous medication entry is incomplete (i.e. missing dose/route/frequency fields), you will need to fill in the missing fields before the system will allow you to "Complete" the order.

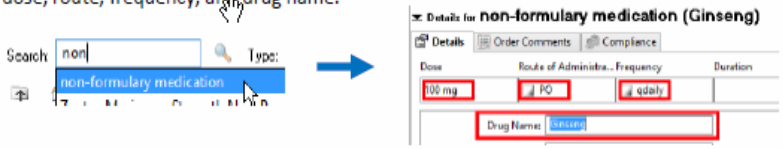
Entering Non-Formulary and Combination Products

Patients may report taking medications that are not on PharmaNet or cannot be imported from PharmaNet (eg. over-the-counter and compounded products).

How to add medications manually:

To add a medication to the BPMH that is not on PharmaNet, select + Add from top of the screen, type the medication name, and select the correct medication.

If the drug does not appear, then enter medication by typing "***non-formulary***" and manually enter the dose, route, frequency, and drug name.



Enter combination products and compounded preparations using generic names

Combination products should be manually entered by typing in the **brand name** or a **generic component** and selecting the correct medication.

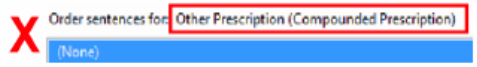
Compounded preparations (eg. customized cream formulations) should be manually entered as "non-formulary" as above.

Example: "*Polysporin*" (a combination product) can be entered by typing "*Polysporin*" and selecting the correct product. It will appear on the BPMH list as "*bacitracin-Polymixin B*".

DO NOT enter medications as "Other Prescription (Compounded Prescription)"

Some medications display as "*Other Prescription (Compounded Prescription)*" when you click the button. When this happens, **click "Cancel" and enter the medication as "non-formulary".**

DO NOT enter a medication into BPMH using the "Other Prescription (Compounded Prescription)" box, as Cerner is unable to recognize this medication.



Best Possible Medication History (BPMH) and Medication Reconciliation
Tips for Medications with Range Dosing

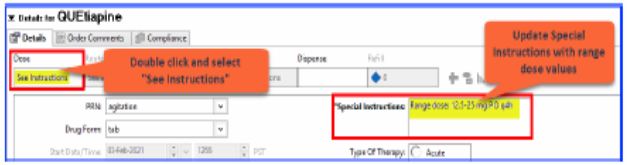
To enter a range dose on the patient's Medication History:

1) Import the medication from PharmaNet, or use + Add to manually add the medication.

2) Modify the following medication details:

i) **Dose**: select "*See Instructions*" from the drop down list.

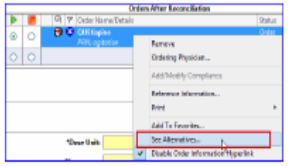
ii) **Special Instructions**: enter the range dose values.



To continue a range dose medication on Admission Medication Reconciliation (MedRec):

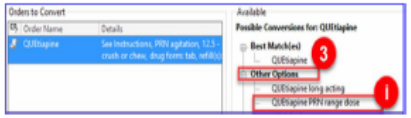
Inpatient range orders are only permitted for select PRN medications in Cerner.

1) Select **Continue** to continue the medication as an inpatient order.



2) Right click on the order in the right side column, select "*See Alternatives*" from the drop down list.

3) Click "*Other Options*".
If range dose is permitted for the medication, there will be a "*PRN range dose*" option.

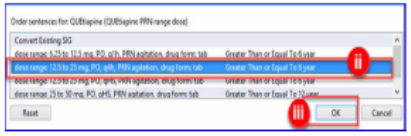


a) If a range dose order is permitted for the medication:

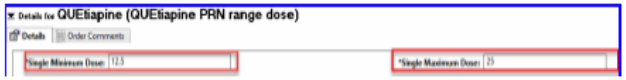
i. Select the "*PRN range dose*" option.

ii. Select the desired order sentence.

iii. Click OK.



iv. Enter the minimum and maximum values for the range in Order Details.



Note: Only the higher dose in the range is displayed in the order but full order details will include the range

To continue a range dose medication on Admission MedRec (continued):

b) If a range dose order is not permitted for the medication:

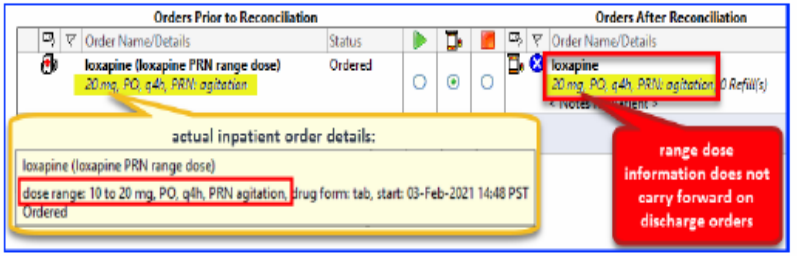
i. Under "Other Options", there will not be a "PRN range dose" option available.

ii. Provider must choose a specific dose for that medication order and cannot order a range dose.

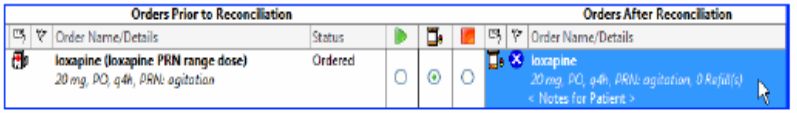
To continue a range dose medication on Discharge MedRec:

In Cerner, the highest dose of a range order auto-populates as the default dose in Discharge MedRec.

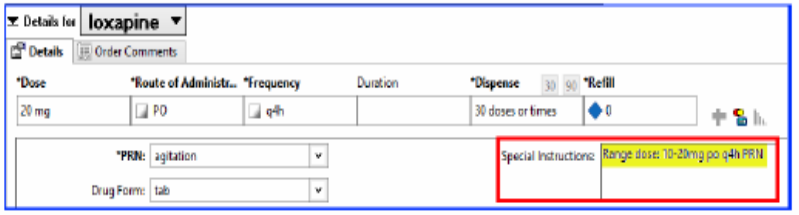
Range dose information must be manually entered by the provider in Discharge MedRec.



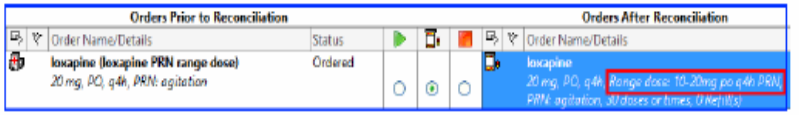
1) **Click/highlight** the medication with range orders that needs to be reconciled.



2) Indicate the proper dose range in the **Special Instructions** field. Ensure all other fields are correct.



The range should now properly display in the right side column.



3) Complete the remainder of Discharge MedRec and **Sign**.

ADMISSION MEDICATION RECONCILIATION

For SPH and MSJ Acute

WHO IS RESPONSIBLE FOR ADMISSION MED REC?

The **Most Responsible Provider** (MRP) is responsible.

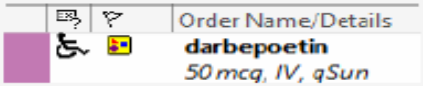
Admission MedRec is out of scope for the BPMH Pharmacy Service and nursing staff.

WHEN TO COMPLETE ADMISSION MED REC?

Upon admission.
It is recommended to have Admission MedRec complete prior to entering admission orders and PowerPlans.

WHY ARE SOME MEDICATIONS FLAGGED IN PURPLE?

Orders from another encounter are identified with a purple band:



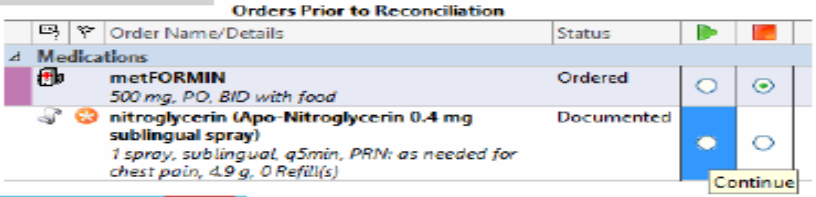
Continuing a "Purple Banner" medication on Admission MedRec creates an order on the inpatient encounter.
Selecting "Stop" will not create an order on the inpatient encounter.

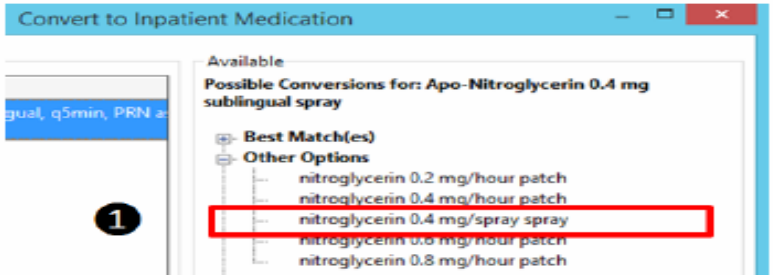
	Order is from a different inpatient encounter	Order is from an ambulatory encounter
Continue the order	The order on the other encounter will **be discontinued.**	The order on the ambulatory encounter will **remain active.**
Do not continue the order	The order on the other encounter will **remain active.**	The order on the ambulatory encounter will **remain active.**

(As detailed above, these actions will have varying effects on orders from the other encounter, depending on the encounter type)

MANUALLY CONVERTING MEDICATIONS

Some medications may not convert automatically to the correct product on MedRec.
If CST Cerner cannot identify the correct product, a **Convert to Inpatient Medication** window opens.





Read this window carefully and choose the most accurate match (1).

If the product is not available, use the template for **non-formulary (TNF) medication** (2).

TRANSFER MEDICATION RECONCILIATION

For SPH and MSJ Acute

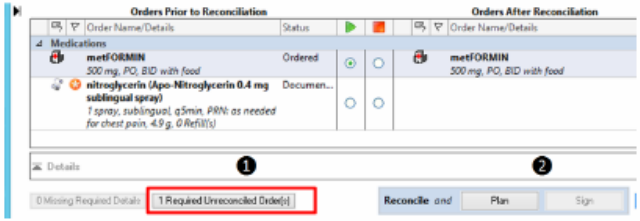
WHEN? Transfer MedRec is **<u>required</u>** when there is a **<u>change in level of care</u>** within the same facility (ie. from ICU/OR/PACU/HAU/CICU/CSICU to general unit)

WHO? Shared responsibility between transferring and receiving providers

- Follow the workflow of each critical care unit
- Should be done <u>before</u> transfer or upon patient's arrival to receiving unit
- If not signed before patient arrives on the general unit, it is the responsibility of the <u>receiving provider</u> to sign the Transfer MedRec ASAP

WHY? If the Transfer MedRec is not signed:

- changes to orders are not active
- patient may continue to receive critical care medications that are inappropriate
- providers will not be able to start Discharge MedRec



Tip: *If there are any "Required Unreconciled Order(s)" (1), the SIGN option will not be available (2) until an action is selected for each order.*

The receiving provider should SIGN (and <u>not</u> plan) the Transfer MedRec.

Transfers from General Unit ➡ OR/PACU ➡ General Unit

1. **Surgical provider SIGNS** the Transfer MedRec <u>prior to</u> patient leaving OR

Transfers from ICU/Medical HAU ➡ General Unit

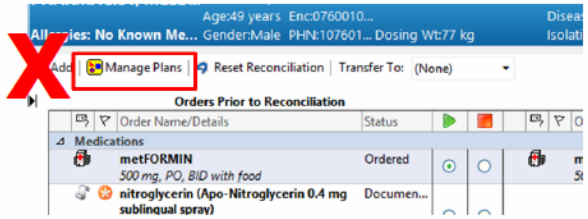
1. **Intensivist PLANS** the Transfer MedRec.
2. **Receiving provider SIGNS** the Transfer MedRec.*
   *During handover, intensivist and receiving teams should confirm that receiving team will sign the MedRec.
   If the receiving team is not available to sign prior to patient transfer out of ICU (eg. all members of receiving surgical team is in OR), receiving team may ask intensivist team to sign the Transfer MedRec.
3. **If not signed before patient arrives on the general unit, it is the responsibility of the <u>receiving provider</u> to sign the Transfer MedRec ASAP.**

DO *NOT* USE "MANAGE PLANS" FUNCTION

The "Manage Plans" function in Transfer MedRec **<u>does not work</u>**.
Discontinuing PowerPlans using this function would cause all PowerPlan medications to **continue**.

There are two options for discontinuing PowerPlans upon patient transfer:

1. Discontinue PowerPlans <u>prior</u> to completing Transfer MedRec
2. Discontinue each individual order of the PowerPlan on Transfer MedRec



DISCHARGE MEDICATION RECONCILIATION

For SPH and MSJ Acute

WHEN IS IT NEEDED?

Discharge to home or another facility

Exception: SPH <—> MSJ Acute
(considered as one site)

PARENTERAL INFUSIONS

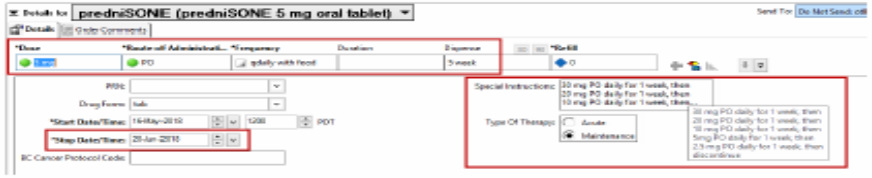
Cerner does not allow infusions to be acted upon on Discharge MedRec.
If infusions are to be continued on discharge, please specify this in the **Discharge Summary**.

TAPERING DOSES, START AND STOP DATES

The "tapering dose" functionality for medications is unavailable when creating a prescription in Cerner.
Inpatient medication taper orders do not populate correctly to prescriptions on Discharge MedRec.

To prescribe a tapering regimen on Discharge MedRec:

- **Prescribe** the first order of the tapering regimen. Enter the taper instructions manually into the **special instructions field** on this prescription.
- **Discontinue** all subsequent orders in the tapering regimen



Note: Start dates do not print on prescriptions.
For prescriptions with future start dates, or specific stop dates: **enter the intended start/stop date in "special instructions" field of the prescription.**

DUPLICATE ENTRIES

On Discharge MedRec, these items may appear as duplicates:

- Inpatient orders
- Documented (home) medications
- Prescribed (outpatient) medications

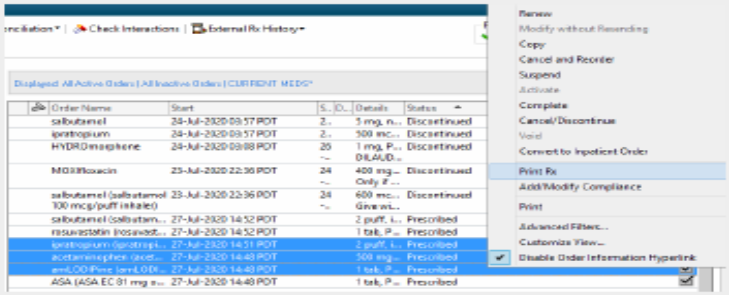
When true duplicates occur (ie. identical regimens), you should continue (or prescribe) the *documented* ( ) or *prescribed* ( ) medication and discontinue the inpatient order ( ).

Orders Prior to Reconciliation

Order Name/Details	Status
cholecalciferol (vitamin D3) *1,000 unit, PO, qdaily with supper*	Documented
cholecalciferol (vitamin D3) *1,000 unit, PO, qdaily with supper*	Ordered

This will ensure that medications will populate appropriately into the "Home Medications – Continue Taking" section of the Discharge Summary and Patient Handout.

PRINTING PRESCRIPTIONS



Ensure your filters are set to include "Prescribed Medications"

Double check printed prescriptions to ensure all prescriptions were printed!
If more than one medication is prescribed, they are sometimes routed to different printers due to the workstation's settings.

Reprinting prescriptions:
From the "Medication List" menu,

- Right-click over the prescription order in PowerChart
- Select **Print Rx**

To select multiple prescription orders, press and hold the **Ctrl** key on your keyboard and click on each order to highlight. Then reprint as above.

MEDICATION CHANGES AFTER DISCHARGE MEDREC IS COMPLETED

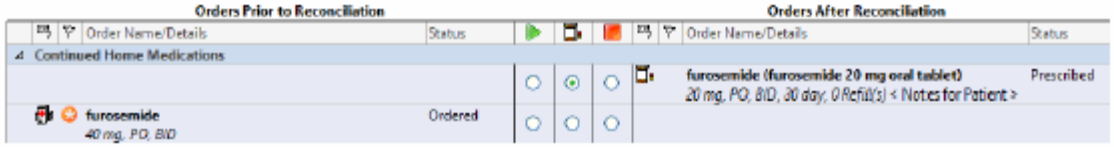
For medication changes made after Discharge MedRec has been signed, the changes must be reflected using the Discharge MedRec function as follows:

Example:

Discharge MedRec originally completed with furosemide 20mg PO BID prescribed for discharge.
Decision made after Discharge MedRec was completed to increase furosemide to 40mg PO BID.
Patient to continue furosemide 40mg PO BID upon discharge.

Steps:

1. Return to the Discharge MedRec screen.



2. Review medications on the left column "Orders Prior to Reconciliation" AND the right column "Orders after Reconciliation".

3. i) Select **Discontinue** to discontinue the medication regimen the patient should no longer receive (regardless of whether it is in the left or right column), AND
   ii) Select **Prescribe** to generate a new prescription for the medication regimen the patient should continue upon discharge.

4. SIGN the Discharge MedRec.

5. Update the Discharge Summary and Patient Discharge Handout to reflect the medication changes.