

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)
POLICY AND PROCEDURE

SUBJECT: MEDICATION RECONCILIATION PROCESS

NUMBER NN-MM-30

Page 1 of 5

ORIGINAL DATE: 5/21/07

REVIEW/REVISE DATE: 06/07/07, 7/18/13

APPROVAL: Cody L. Phinney, Agency Director

~~~~~

I. PURPOSE

To obtain and document a complete list of every consumer's current medications upon admission to services for safe prescribing of medications when consumers are transferred or discharged to a new level of care.

II. POLICY

NNAMHS will reconcile the medications of all consumers to improve the safety of medication management.

III. DEFINITIONS

1. Reconciliation – process of comparing medications that the consumer has been taking prior to admission, or entry to a new setting, with the medications that the organization is about to provide.
2. Avatar Medication List – the list of medications documented in Avatar by the admitting RN, identifying all medications the consumer is currently prescribed or taking at the time of admission.

3. Next Provider of Care – individual(s) with whom the consumer has an established relationship for receiving health care services, or has a follow up appointment scheduled with.

#### IV. PROCEDURE

- A. Upon admission of a consumer receiving medications every reasonable effort must be made to obtain an accurate and current list of medications they are taking or prescribed.
  1. The list can be obtained from numerous sources including, emergency departments, hospital discharge summaries, transfer records, consumer or family, outpatient chart, medication bottles, pharmacies and group homes.
- B. Admissions to Inpatient or POU services:
  1. The admitting RN completes the medication list found under the medication tab of the consumer's Avatar electronic medical record. . The list includes allergies and adverse reactions.
  2. The RN is to inquire about prescription medications, over the counter or Sample medications, herbal products, vitamins, neutraceuticals (nutrients, dietary supplements), drug patches, and respiratory therapy related drugs, such as inhalers
  3. The completed list is printed and placed in the physician order section of the medical record. The list is stamped with a red ink reconciliation stamp for verification of reconciliation by the admitting prescriber
  4. The completed list is reviewed by the prescriber and signed, verifying review, before the first medication orders are given.
  5. When the prescriber is not available the RN may review the Avatar Medication List with the on call prescriber by phone (readback protocol is required). The RN documents the prescribers review and documents their name, title and date on the reconciliation stamp. The RN may then sign the stamp verifying the completed reconciliation.

6. The admitting RN will complete form MR 282 Discharge Medication Alert identifying if the consumer receives medications in a group home provider setting or from a community pharmacy.
  - a. The completed MR 282 is placed with the Physicians Discharge Orders in the medical record for review at time of discharge.
  - b. At the time of discharge the discharging prescriber will complete the MR 282, ensuring that the group home provider and/or community pharmacy are informed of medication additions and deletions.
  - c. At the time of discharge from POU or inpatient the MR 282 is handed off to the group home provider or the consumer's service coordinator to ensure duplication of medications taken prior to admission and discharge medications does not occur.
  - d. When consumers are transferred to the inpatient unit from POU a reconciliation of the current medications is conducted by the receiving inpatient unit prescriber.
7. At the time a consumer is discharged from inpatient or POU services: The discharging prescriber will reconcile the consumer's medication by review of the initial Avatar medication list and the printed WORx profile listing all current medications.
  - a. The final discharge order will then include a comprehensive list of all the medications that the consumer will be taking after discharge (To include prescription, OTC, herbals and any temporary or prn medications).
  - b. Discharge medication prescriptions are to include the current medication ordered and the discontinuation of any medication(s) it is replacing.
8. All inpatient and POU reconciliations are completed on the following documents:
  - a. Avatar Medications List - used at time of admission
  - b. WORx Medication Profile – used at time of transfer from POU to inpatient unit and at discharge from either unit.

9. Pharmacy sends a printed copy of the WORx Medication Profile to the discharging unit/RN for handoff to the discharging prescriber.
10. When the WORx Profile is not available during hours of pharmacy closure the current written/printed MAR may be copied, stamped and used as the medication list for review and reconciliation at discharge.
  - a. The discharge medication list is documented by the RN on the Nursing Discharge Instructions Form MR 189. The list will then be presented to the consumer with verbal education as appropriate prior to discharge from that level of care.
  - b. Authorization is obtained on the form MR 150 Authorization for Disclosure of Health Information from the consumer to release the medication list to the next provider(s) if outside the organization.
  - c. The consumer receives a copy of the discharge medication list as well as medication education.
  - d. If no outside provider or the consumer declines to have the list sent, give the discharge list of current medications to the consumer and document the consumer's refusal on the discharge instructions.
  - e. A list of current medications must be sent with every COBRA transfer and any scheduled appointments where the consumer will be receiving medication.

C. Admissions to Outpatient services:

1. All consumers receiving medications in outpatient services will require the use of the form MR 171 Summary List that is initiated upon admission. The medications identified on this list are provided by the consumer and any other source accessible to the admitting staff. This list serves as a comprehensive list of the consumer's home medications. Whenever medication changes are made during outpatient visits the summary list will be updated and serve as the current medication list

2. The prescribing clinician will review the medications listed on the Summary List (Section # 3 reconcile on the section provided on that form by initialing, dating and timing reconciliation to show it has occurred prior to the medication being ordered.
3. Medication changes (Not titrations of existing medications) made during the outpatient treatment will follow the procedure as noted above.
4. When the consumer is discontinuing service from the outpatient program the summary list will again be reconciled when discharge medications are ordered on the last visit.
5. Reconciliation is to be completed in all programs where medications are prescribed. Each outpatient program uses the summary list for completing the reconciliation.