



Thompson Region Division of Family Practice

**The ABCDs of How to Not Mess Up the Discharge Prescription:
Medication reconciliation provides a seamless discharge**

Brought to you by:

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Disclosures

Dr. Joslyn Conley – No Conflict

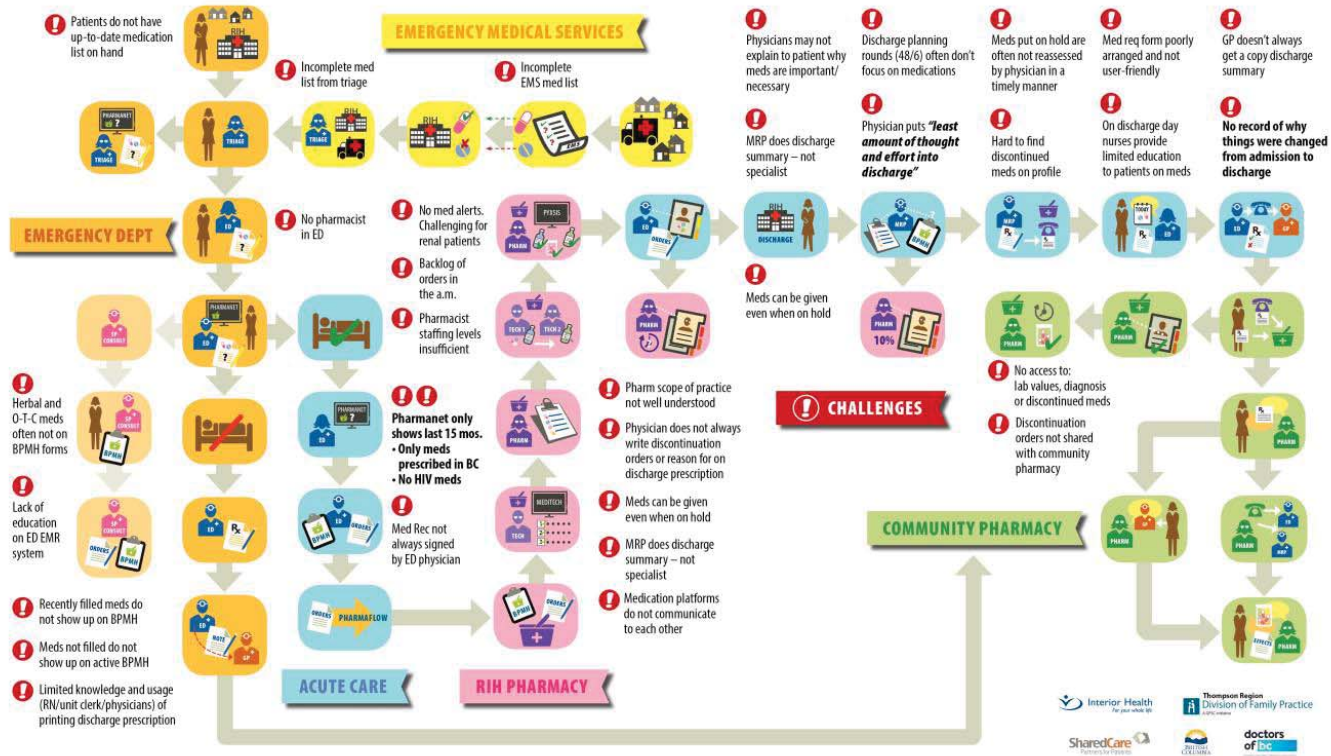
Laura Becotte – No Conflict

Thompson's Polypharmacy Risk Reduction Project @ Royal Inland Hospital

What We Did:

Polypharmacy Risk Reduction Patient Medication Process Map

Royal Inland Hospital, Kamloops BC
November 16, 2016



ABCDs of How to Not Mess up the Discharge Prescription

ABCDs for Physicians

How to Not Mess Up the Discharge Prescription:
Medication reconciliation provides a seamless discharge

- ASSEMBLE** Look at admission Best Possible Medication History (BPMH) located under Physician Orders in chart. BPMH can be pulled from PharmaNet.
▶ If BPMH is not in chart ask unit clerk to pull it.
- BE COMPLETE** Print discharge prescription.
▶ If not printed ask unit clerk to print.
- COMPARE** Compare admission medications with discharge medications.
▶ Document discontinued meds (from admission).
▶ Review of medication: Continue, discontinue and change.
1. Helpful to write why medications were started or discontinued.
2. Check for substitutions, called "Therapeutic Interchanges".
3. Clarify what medications to continue.
4. Complete Special Authority if needed.
- DISCUSS** Discuss new medication list with patient.
▶ Ask patient if they have any financial barriers to purchasing medications.
Give medication list to unit clerk.
▶ Clerk faxes medication list to Primary Care Provider and community pharmacy and photocopy for patient chart.
▶ Original copy is given to patient.

ABCDs for Unit Clerks

**How to Help the Physician Not Mess Up
the Discharge Prescription:**
Medication reconciliation provides a seamless discharge

- ASSEMBLE** Print discharge prescriptions on the day of discharge.
- BE COMPLETE** Pull admission Best Possible Medication History (BPMH) and attach to discharge prescription.
▶ If no BPMH, print one.
- COMPARE** Once discharge prescription list is completed, fax to: Primary care provider and community pharmacy.
Photocopy discharge prescription and put in chart.
- DISCUSS** Give original discharge prescription list to patient.

What We Found Trying to Build the Best Discharge Prescription:

- Current MRP culture can be a safety issue
- Paper methods are prone to errors
- Information is not going to appropriate parties

What We Need to Reduce Discharge Prescription Risk:

- Strategy to support physician colleagues
- Three points of contact for discharge prescriptions (patient, community pharmacy and most responsible practitioner)
- Indications included on prescription
- Robust interoperable EMR system

Thank You

Questions