LEGACY HEALTH

STANDARD WORK INSTRUCTIONS

Process: Admission Medication Reconciliation in the ED		
Approved by: Medication Reconciliation Program Steering Committee		
Owner: Medication Reconciliation Standard Work sub-group		
Date: 11/12/2015	**Revised:**	**Rev Level:** Original
Departments: Inpatient Pharmacy, ED, nursing, physicians		

Sequence	Description or summary of task: **Triage Nurse** *selective overview** of medication list	Task time
1	Explain purpose of quick overview of current medication to patient Leave hardcopy of home medication list with the patient Do NOT 'mark as reviewed'	1 min
	Description of task: **ED Physician** *selective overview** of medication list	
2	Explain purpose of quick overview of current medication related to patient Leave hardcopy of home medication list with the patient Do NOT 'mark as reviewed'	1 min
	Description of task: **ED Bedside Nurse** *selective overview** of medication list	
3	Explain purpose of quick overview of current medication related to patient Leave hardcopy of home medication list with the patient Do NOT 'mark as reviewed'	1 min
	*Selective overview: Process for determining when a detailed medication list is needed based on the potential impact of the patient's home medication list on laboratory tests, medications administered during the visit, or new medications given at discharge. LH 900.xxx	
	Description of task: **Pharmacy technician** gathers the Best Possible Medication History (BPMH)	
4	Check in with supervising pharmacist	1 min
5	Identify patients in ED and admitted to the floor who need prior-to-admission (PTA) medication history completed 1. Log in to ED track board - click on Dispo column and review patients "Admit - Bed Type" 2. Prioritize based on ED patients with bed assignments, Senior Care Pathway patients, then consult placed for patients admitted during previous shift 3. For Patients admitted to the floor, check Med List Status column for "In Progress" 4. Prioritize based on date and time of admission, longest first	5 min
6	Initial quick chart review 1. Check for open "Medication Reconciliation - Completion of best possible medication history" i-Vent. Check with pharmacist for any follow up needed. 2. Click Review PTA Meds in Rounding Navigator and check **Entry Information** field for pharmacist documentation. Check with pharmacist for any follow up needed. 3. Check Med List Status field and last reviewed user/date status next to Marked as Reviewed button. If "**Completed**" and marked as reviewed by pharmacist, move to next patient. Review Status Comment and/or check with pharmacist if "**In progress**", or "**unable to assess**" is displayed.	5 min

7	Review progress notes and/or check with bedside nurse to determine whether patient is appropriate for bedside medication history interview. If not appropriate document i-Vent to notify pharmacist and move to next patient. Change med list status to "In progress"		2 min
8	Perform bedside medication review with patient, family or caregiver 1. Print "Rx Med Rec at Adm" report located under Summary activity button 2. Introduce yourself. "Hi, my name is…I'm a pharmacy technician with Legacy and I am here to review your home medication list with you." 3. Follow technician script, using open-ended and probing questsions, to gather information regarding: medications, time of last dose, preferred and recently used pharmacies 4. If patient brought a medication list from home, make a copy and return the original to the patient		12 min per patient
9	Assemble BPMH 1. Use at least two sources of information when possible, ideally sources include one from patient or family/caregiver (e.g. from interview, patient-owned medication list, pill bottles), and one from elsewhere [e.g. DC orders from recent hospitalization, medication lists and/or notes from outpatient providers (check Media and Meds tab), transfer orders from other facilities, pharmacy where patient fills prescriptions] 2. Explore discrepancies between the different sources	Tip: CRC notes are a good place to find information on where patient came from and name of caregiver.	0-10 min per patient
10	Document medication history findings in i-Vent 1. Click on "new i-Vent" 2. Select "Medication Reconciliation - Completion of best possible medication history" type 3. Leave status as "Open" 4. Enter Time spent. Include time required to contact outside sources, waiting for receipt of outside information, BPMH gathering, and patient interview (if appropriate) 5. Change Response to "Informational" 6. Type name(s) of supervising pharmacists in Associated Users field 7. Enter admission medication assessment using LHS smart-text template **Admission Medication History** 8. Click "Accept"		5-10 min
11	Notify and handoff of BPMH to pharmacist 1. Hand "Rx Med Rec at Adm" report and all sources of information used too assemble the BPMH to the pharmacist 2. Inform the pharmacist if medication history includes: anticoagulants, insulin, methadone, and/or adherence problems		1-2 min
	Description of task: **Pharmacist** updates the PTA medication list		
12	Click on My i-Vents. Open patient patient's record and review technician's i-Vent. Follow up with patient and/or prescriber on any outstanding discrepancies between the PTA medication list and other sources of information.		1 min
13	Update PTA medication list in Epic using BPMH gathered by technician 1. Remove duplicates, completed medications (PRN medications used seasonally, should not be removed) 2. Verify taking/not taking for each medication, and reason if not taking 3. Verify patient's preferred pharmacy 4. Change med list status to "complete"		0-20 min per patient

14	Documentation 1. In the open i-Vent click on copy and paste to note to create and edit a new note using contents of the documentation section. Select Pharmacy Note from the dropdown menu. Use standard smart-text ADM MEDI HX SIGNOFF to indicate review of technician's BPMH and sign progress note 2. Change i-Vent status to "closed" 3. Add pharmacist minutes to technician Time spent 4. Enter smart-phrase in documentation section “Please see note from @DATE@ by @NAME@ for complete assessment and documentation of PTA medications” 5. Click "Accept" to close i-Vent	5 min
15	Review admission medication orders if physician placed them prior to completion of PTA medication history review. Notify team if: 1. New medications were added to the PTA medication list 2. If there is a discrepancy between the PTA medication and admission med orders 3. Agree upon who will discontinue or change inpatient orders to match the PTA med list	0-5 min
	Description of task: **Hospitalist or Admitting Provider** places admission medication orders	
16	Review prior to admission medications. Confirm BPMH, create BPMH, (see technician standard work), or place order for Admission Med Rec Consult by Pharmacy	5-45 min per patient
17	Reconcile prior to admission medications. Click on Order, Replace, Don't Order, or Discontinue	5 min
18	Review current orders and select continue or not	2 min
19	Enter new admission orders	5 min
20	Review and sign	1 min
	Description of task: **Bedside nurse** does *overview* of medication list on admission	
21	Confirm BPMH, create BPMH (see technician standard work), or place order for Admission Med Rec Consult by Pharmacy	5 min
22	Confirm best possible allergy list or create best possible allergy history	2 min