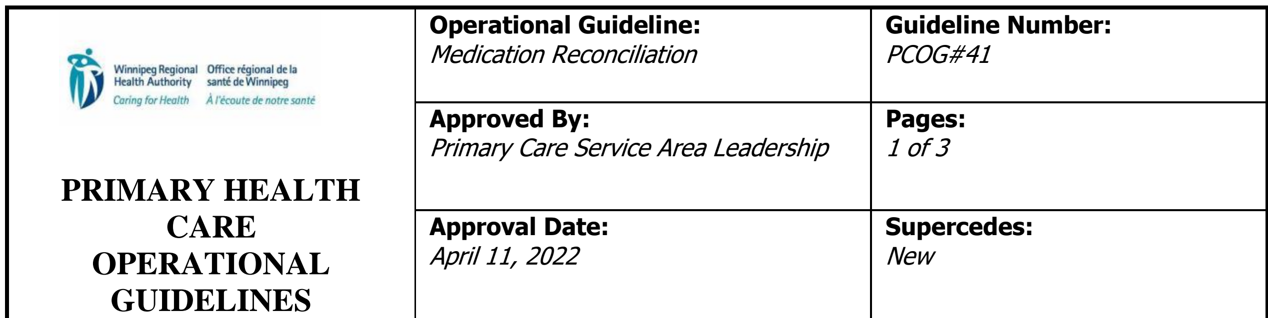

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé **PRIMARY HEALTH CARE OPERATIONAL GUIDELINES**	**Operational Guideline:** *Medication Reconciliation*	**Guideline Number:** *PCOG#41*
	Approved By: *Primary Care Service Area Leadership*	**Pages:** *1 of 3*
	Approval Date: *April 11, 2022*	**Supercedes:** *New*

1. INTENT

- To provide direction regarding a standard and consistent approach for the completion of Medication Reconciliation to ensure patient safety within the Primary Health Care setting

- To meet Accreditation Canada's Required Organizational Practice around Medication Reconciliation as a strategic priority whereby a coordinated process is in place for reconciling medications at Transitions of Care so that a complete and accurate list of current medications is documented in the Patient Health Record and/or communicated to other Health Care Providers as appropriate

- To support system automation through the completion of Medication Reconciliation electronically via the Community Electronic Medical Record (C-EMR) resulting in less time on administration and more focus on managing overall patient care

2. DEFINITIONS

Medication Reconciliation: Medication Reconciliation is a three-step process whereby the designated Health Care Provider with appropriate expertise or training (i.e. Physician, Nurse Practitioner, Primary Care Nurse, Pharmacist, etc.) works in partnership with patients and families to generate a Best Possible Medication History (BPMH) (including over-the-counter medication, vitamins, and supplements), identifies and resolves medication discrepancies, and communicates a complete and accurate list of medication to the patient and/or other Health Care Providers as appropriate. Poor communication about medication can cause errors and patient safety incidents.

Transition of Care: The movement of patients from or within one Health Care Facility, Community Site, or Program to another, including Admission, Transfer and Discharge. These are critical communication points in the patient's care trajectory during which the transfer of information is vulnerable.

3. GUIDELINE

- Medication Reconciliation within the WRHA Primary Care Direct Operated Clinics will be guided by the applicable and relevant processes, procedures and workflows established and outlined in:
  - **WRHA Regional Policy #110.000.380 Medication Reconciliation** including supplemental WRHA Community Care procedure **Medication Reconciliation Procedure Community Care Services**; and
  - EMR Support Services **Medication Reconciliation in the EMR** (APPENDIX A) reference document and **Accuro Medication Reconciliation Training - YouTube Video** developed to support implementation of Medication Reconciliation across the Community-EMR

- Further to the above documentation, defined target populations for Medication Reconciliation within the Primary Health Care setting shall be as follows:
  - **WRHA Primary Care Direct Operated Clinics** - Any enrolled patient who identifies that site as being the Home Clinic where they receive the majority of their primary care needs and as such, is included within the panel of a clinic Provider
  - **Midwifery Services** – Any patient receiving ongoing prenatal care and as such, is included within the panel for a Midwife
  - **Antenatal Home Care** – Any patient receiving ongoing prenatal care or postnatal care (related to gestational hypertension for 14 days post-delivery) and as such, is included within the panel for a Antenatal Home Care Nurse

- Medication Reconciliation within the Primary Health Care setting shall be completed and documented for patients at any of the following touchpoints (as applicable):
  - Beginning of service (intake);
  - Transfer of service (both internal and external);
  - End of service (when possible); or
  - Annually (at a minimum)

- Medication Discrepancies identified by a Health Care Provider shall be communicated to the most responsible prescriber for resolution. Unresolved discrepancies and/or action taken shall be documented in the Patient's Health Record.

- Health Care Providers shall educate Patients/Patient's Caregivers of the importance of keeping an up-to-date medication list and sharing this list with all Providers of care (i.e. Other Primary Care Providers, Specialists, Nursing Stations, Pharmacists, etc.)

- Education on Medication Reconciliation shall be provided to Health Care Providers during their initial on-site staff training and/or reviewed as needed thereafter. Community sites/services shall keep evidence of staff education as per established procedures.

- The Regional Primary Health Care Quality Team will establish mechanisms to monitor compliance and measure effectiveness which shall:
  - Evaluate the completion of the Medication Reconciliation process used at Transitions of Care:
    - Do patients receive Medication Reconciliation?
    - Is the BPMH documented?
  - Evaluate the quality of the Medication Reconciliation process used at Transitions of Care:
    - Is the BPMH complete?
    - Are medication discrepancies identified and resolved?
  - Provide results/feedback to Health Care Providers and Site/Program Leadership; and
  - Use the evaluation results to make improvements when needed

4. SOURCE/REFERENCES

- WRHA Regional Policy #110.000.380 Medication Reconciliation (September 2020); including supplemental WRHA Community Care procedure “Medication Reconciliation Procedure Community Care Services” (October 2020)
- Accreditation Canada Qmentum Primary Care Services Standard (V14) and Required Organizational Practices Handbook (V14); January 2019
- “Medication Reconciliation in the EMR” (APPENDIX A) reference document and “Accuro Medication Reconciliation Training” YouTube Video developed by EMR Support Services to support implementation of Medication Reconciliation across Community-EMR
- Consultation with Primary Care Service Area Leadership, Medication Reconciliation Workflow Working Group, Community Health Information Management, Regional Primary Health Care Quality Team, EMR Support Services and WRHA Regional Pharmacy

5. APPENDICES

- APPENDIX A – Medication Reconciliation in the EMR

SCOPE: Applicable to all WRHA Primary Care Direct Operated Clinics, Midwifery Services and the Antenatal Home Care Program.

NOTE: While the Funded Community Health Agencies are out of scope of all Primary Care Operating Guidelines, it is recommended the content and/or processes identified within be adopted by those Agencies that are on the shared instance of the Community Electronic Medical Record.

Questions regarding this or any other Primary Care Operating Guideline should be directed to Primary Care Service Area Leadership