

## Discharge Redesign Project Medication History and Admission Med Rec Procedure

**Implementation Date:** September 14, 2015

### **Project Scope:**

The medication history process will be rolled out at the time of admission regardless of area of entry for patients at Christiana Hospital, excluding Women's and Children's. Responsibility of medication history completion will be shared by pharmacy and nursing. High risk patients admitted through the Emergency Department will have their medication history completed by pharmacy staff. Nursing staff will collect the medication history for all non-high risk patients admitted to Christiana Hospital (ED, OR, ICU, floor).

### **Definitions**

**Medication History** - The record of medications a patient is taking at the time of hospital admission or presentation. A complete medication history includes the medication name, dose, route, frequency, and purpose.

**Medication Reconciliation** - A process for comparing the patient's medications to new medications that are ordered to identify and resolve any discrepancies.

**High Risk Algorithm** - Algorithm used specifically for the Discharge Redesign pilot to determine patient priority (low, medium, high) for medication history collection by medication history technicians in the Christiana Emergency Department based on age, referral source, readmissions/revisits and high risk medications.



### **Procedure**

ED nurses will:

- a. In FirstNet, click on the clipboard in the activities column
- b. Select task "ED Documented Home Medications" and then document
- c. In ED Powerform
  - i. Select "Document Medication by Hx" and use External History side by side view to assist with verifying medication names with patient
    - i. Validate or document medication names in medication history control
    - ii. Do not select "Use Last Compliance"
  - ii. "Leave Med History Incomplete – Finish Later" will default to pre-checked
    - i. Uncheck box if medication name, dose, route and frequency has been documented and verified for all medications
  - iii. Select ED Home Medication Validation Status
    - i. Unable to obtain
    - ii. Partial
    - iii. Med Names Verified (select if ALL names have been verified)
  - iv. Select information source(s) of medication history
  - v. Sign powerform by clicking on green check mark in top left corner

ED providers will:

- a. Enter an “ED Intends to Request a Bed Order” if after patient assessment there is a high likelihood of patient being admitted or enter an admission or observation order if decision to admit has already been determined
  - i. High risk algorithm is triggered off of both of these orders

Medication History Technicians and Pharmacists will:

- a. View Multi-Patient Task List for high risk patients (Christiana ED Med Hx or )
  - i. Sort based on priority and task date/time
- b. Double click on task to launch powerform
- c. Import External Rx History (last 6 months) and use side by side view to assist with verifying medications with patients
- d. Validate or document complete medication information
  - i. Details – dose, route, frequency and prn if applicable
  - ii. Order Comments – do not use
  - iii. Compliance – status, information source, last dose date/time, comments
    - i. Must select a status if any other information documented in compliance
- e. If complete history documented, uncheck “Leave Med History Incomplete – Finish later”
- f. Complete powerform elements
  - i. Pharmacy Use Only
  - ii. Medication history completion status
    - i. Unable to obtain – requires medication history note and generates reassess task
    - ii. Partial – requires a medication history note and generates reassess task
  - iii. Select information source(s) of medication history
  - iv. Sign powerform by clicking on green check mark in top left corner
- g. Refresh Multi-Patient Task List

Floor nurses will:

- a. Click on task icon on PAL
- b. Chart Document Med Hx or Reassess Med Hx task which launches to powerform
  - a. Document Med Hx (with priority) task
    - i. Double click on task to launch powerform
    - ii. Import External Rx History (last 6 months) and use side by side view to assist with verifying medications with patients
    - iii. Validate or document complete medication information
      1. Details – dose, route, frequency and prn if applicable
      2. Order Comments – do not use
      3. Compliance – status, information source, last dose date/time, comments
        - a. Must select a status if any other information documented in compliance
    - iv. Complete powerform elements
      1. Medication history completion status
        - a. Unable to obtain – requires medication history note and generates reassess task
        - b. Partial – requires a medication history note and generates reassess task
      2. Select information source(s) of medication history

3. Sign powerform by clicking on green check mark in top left corner
- b. Reassess Med Hx task
  - i. Scroll to bottom of powerform to view previous medication history notes
  - ii. Attempt to address outstanding medications
  - iii. Complete powerform when additional information is obtained
  - iv. If med hx still partial, a reassess med hx task will fire again after powerform is signed (repeat process)

### ***Roles and Responsibility***

#### **Medication History**

- a. ED nurse will attempt to obtain and document medication names at a minimum in the medication history for all ED admissions as early as possible in the admission
- b. Medication history technicians will attempt to obtain and document complete medication history on designated high priority patients entering via the CHR emergency department (ED) within 1 hour of task firing.
- c. Pharmacists will attempt to obtain and document complete medication history on high priority surgical patients not interviewed by the Perioperative Evaluation and Preparation Department (PEP) as resourced (Monday – Friday 0800-1630) within 24 hours of task firing.
- d. Inpatient nurses will verify or obtain and document complete medication history on all patients not completed by another responsible discipline within 4 hours arrival to floor.
- e. Provider may need to obtain medication history to perform Admission Med Rec if not completed by another responsible discipline.

#### **Admission Medication Reconciliation**

The Admitting Provider will perform admission medication reconciliation on *high risk patients* in the ED. The Attending Provider or designee on primary team will perform admission medication reconciliation on low and moderate risk, as well as those high risk that may not have been touched in the ED.

- a. Complete and document within 24 hours of admission.
- b. Compare the medication history to medication orders.
- c. Resolve any medication order discrepancies including but not limited to duplications, omissions, contraindications, unclear information, changes, interactions, and the need to continue current medications.

## Work Flow: Medication History and Admission Med Rec.

