

PowerChart Tip Sheet



Medication History Enhancements– Inpatient Provider

March 2016

What's the change?

On September 14, 2015 a standardized pathway for collecting and documenting Medication History was implemented at Christiana Hospital (excludes Women's and Children's) with plans to implement a similar process at Wilmington Hospital on March 16, 2016. This work aims to improve the timeliness and completion rate of documented Medication History. The process for collecting Medication History varies depending on patient location and risk factors.

Pharmacy technicians are staffed 24 hours a day, 7 days a week in the Emergency Department at Christiana Hospital focusing their efforts solely on obtaining medication histories on high risk patients. At Wilmington Hospital, a pharmacist is staffed Monday through Friday between the hours of 1230-2100 to accomplish this task.

How is High Risk determined?

The Risk Stratification Algorithm will take into account:

- Age
- Referral Source (e.g. Nursing Home)
- # of medications
- Readmission status
- presence of high risk medications

What does the ED Provider need to do?

The risk stratification algorithm and associated medication history tasks are triggered off of the **ED Intends to Request Bed** order and again when an **Admission/Observation order** is placed.

Increased utilization of the **ED Intends to Request Bed** order when there is high likelihood the patient will be admitted is **critical** to enable pharmacy to complete timely medication history prior to the admitting provider encountering the patient.

What is the role and responsibility of all disciplines relative to medication history collection?

The following disciplines are responsible for obtaining and documenting Medication History as follows:

- ◇ **ED Nurse** documents *medication names only*.
- ◇ **Pharmacy Technician** or **Pharmacist** documents complete medication history on High Risk patients in the ED within 1 hour of "Intends to Request Bed" or admission order as resourced.
- ◇ **Inpatient Unit Nurse** documents complete medication history within 4 hours of arrival to unit, if not already completed in the ED.
- ◇ **Floor Based Pharmacist** documents complete medication history on non-PEP High Risk surgical unit patients within 24 hours as resourced (M-F 0800-1630 at Christiana Hospital).
- ◇ **Admitting Provider** may obtain medication history beyond that collected by the above disciplines, which can be electronically documented by clicking on

Status:  Meds History

Click link for instructions on how to document a home medication: <http://inet/portalphys/MedRecFAQs.pdf>

Medication Reconciliation (Med Rec) Tips & Best Practices

- ◇ The attending physician is responsible for completing Admission Med Rec within 24 hours of admission.
- ◇ Recommended workflow is for the admitting provider to first complete basic admission orders, then perform Admission Med Rec at the time of admission.
- ◇ After a **partial** Medication History is documented PowerChart allows completion of Admission Med Rec.

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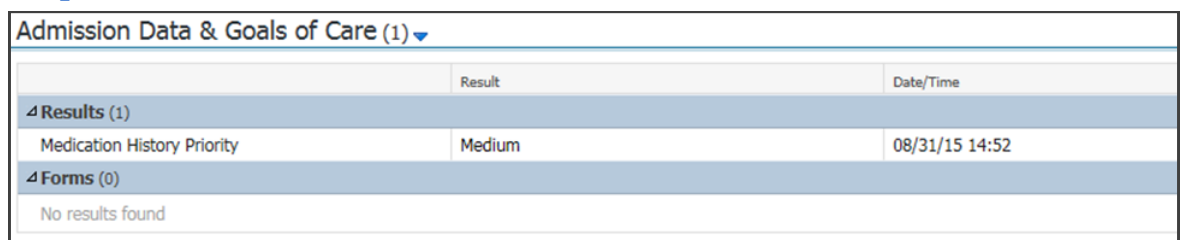
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Medication Reconciliation (Med Rec) Tips & Best Practices-continued

- ◇ Best practice is to perform the Admission Med Rec using a **complete** Medication History. However, documentation of complete Medication History may occur after the admitting provider encounters the patient. In this circumstance, Admission Med Rec can be accomplished by the next-day attending or by the admitting provider circling back to complete it.
- ◇ For **High Risk** patients, it is encouraged that Admission Med Rec be performed at the time of admission or shortly thereafter. This should be feasible considering the rapid medication history turnaround time for the High Risk population.

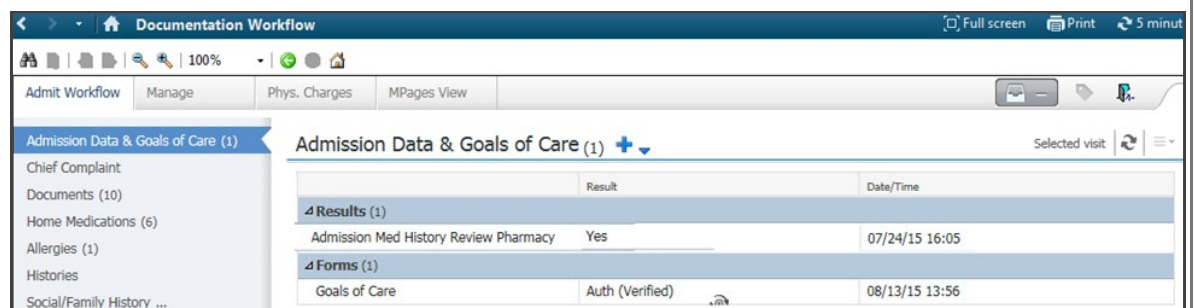
Admit Workflow Tips

This medication history risk designation is displayed within the new Admit Workflow.



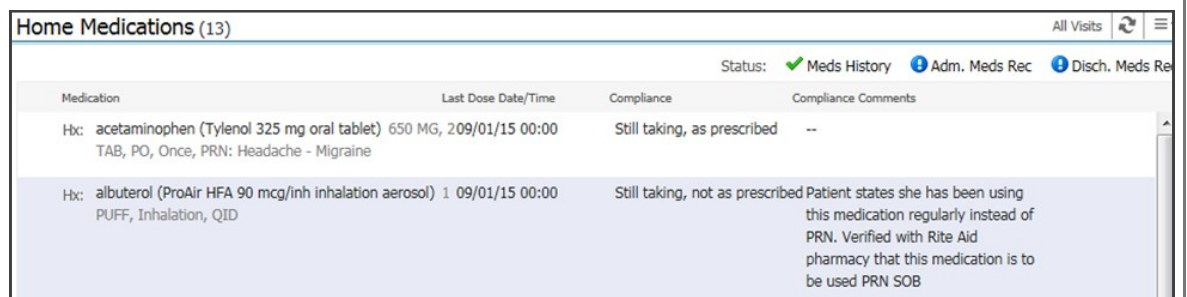
	Result	Date/Time
Results (1)		
Medication History Priority	Medium	08/31/15 14:52
Forms (0)		
No results found		

Pharmacy completion of medication history will display with a “Yes” result once completed.



	Result	Date/Time
Results (1)		
Admission Med History Review Pharmacy	Yes	07/24/15 16:05
Forms (1)		
Goals of Care	Auth (Verified)	08/13/15 13:56

Home medications section displays last dose date/time, compliance and other comments integral to complete admission medication reconciliation.



Medication	Last Dose Date/Time	Compliance	Compliance Comments
Hx: acetaminophen (Tylenol 325 mg oral tablet) TAB, PO, Once, PRN: Headache - Migraine	650 MG, 2/09/01/15 00:00	Still taking, as prescribed	--
Hx: albuterol (ProAir HFA 90 mcg/inh inhalation aerosol) PUFF, Inhalation, QID	1 09/01/15 00:00	Still taking, not as prescribed	Patient states she has been using this medication regularly instead of PRN. Verified with Rite Aid pharmacy that this medication is to be used PRN SOB

This information can also be seen in the Adm. Meds Rec screen by hovering over the medication name.

Can I still consult pharmacy to obtain a medication history?

- Pharmacy consults for assistance with medication history should be reserved for complex or high risk patients with whom pharmacy is not already involved.
- Future phases of this project will incorporate pharmacy assistance at Discharge Med Rec on High Risk patients therefore pharmacy consults will be monitored for appropriateness.