

#### Navigating the Medication Reconciliation Window

🕂 Add   🔲 Manage Plans		0			$\bigcirc$	<ul> <li>Reconcilia</li> <li>Meds</li> </ul>	ation Status History ✔ Admission	Discharge
Orders Prior to Reconciliation		(	3)		(4)	rders After Re	conciliation	
V Order Name/Details	Status		ī.		🖳 🏹 Order Na	me/Details		Status
△ Conti 2 Home Medications								
I mopril (lisinopril 10 mg oral tablet) 10 mg = 1 tab, PO, Daily, 30 tab, 0 Refill(s)	Documented	0	0	0				
Isinopril 10 mg = 1 tablet(s), PO, Daily	Ordered	0	0	0				
metFORMIN (metFORMIN 500 mg oral table 500 mg = 1 tab, PO, BID, with meals, 0 Refill(s)	t) Documented	0	0	0				
soo metFORMIN      soo mg = 1 tablet(s), PO, BID	Ordered	0	0	0				
				G			8	
				c	ontinue Remaining	Home Meds	Do Not Continue Rer	maining Orders
Tetails								
0 Missing Required Details 4 Unreconciled Order(s)					Reconcile and	Plan	Sign	Cancel

 Orders Prior to Reconciliation: Historical medications and active patient orders. Content is organized by order type.

#### 2. Order Type and Notification Icons

<b>[</b> ]•	Prescriptions: Indicates the order is a prescription
3	Home Medications: Indicates the order is a home medication
Ð	Inpatient Medications: Indicates the order is an inpatient medication
ۍځ	Ambulatory Medications: Indicates the order is an ambulatory medication
8	<b>Compliance</b> : Indicates a patient is not taking a medication or not taking the medication as prescribed
8	Unreconciled Order: Indicates the order has not yet been reconciled
8	Order Details Not Complete: Indicates there are required details that have not been completed for the medication

3. Medication Status:

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- Continue After Discharge: Continues historical and prescription medications after discharge
- Create New Rx: Creates a new historical and prescription medication, and discontinues the original order
- Do Not Continue After Discharge: Discontinues inpatient medication upon discharge
- 4. **Orders After Reconciliation**: All orders that will be continued after reconciliation. Content is organized by order type.

## niagarahealth



# **MEDICATION RECONCILIATION**

#### 5. Reconciliation Status Icons

₿	No reconciliation has been started
$\checkmark$	Reconciliation is completed
	Admission and Discharge reconciliation is in process
	No orders are addressed on Reconcile and Plan
2	All orders are reconciled on Reconcile and Plan

- 6. Unreconciled Orders: Orders that need to be reconciled.
- 7. **Continue Remaining Home Meds**: Continues all remaining historical medications.
- 8. Do Not Continue Remaining Orders: Discontinues all unreconciled orders.

### Documenting Medication History with Historical Medications

You can access the Historical Medication dialogue box by clicking **Medications** from the Workflow *MPages* view.

1. Click Document Medication by Hx.



- 2. Click Add.
- 3. Enter the medication name in the search box.

Note: To document history on an active medication: right-click the medication, select an applicable action to document, and enter any required details or information. Continue to Step 7.



- 4. From the list, select the medication.
- 5. Click the **Compliance** tab to select the status and information source.

± Details for ibuprofen (ibuprofen 300 mg oral tablet)
 ☐ Details ) @ Order Comment 0 Orapliance

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- 6. Enter the last dose date and time.
- 7. Click Document History.

#### **Reconciling Medications**

You can access Medication Reconciliation from the Discharge Summary.

- 1. Click the **Orders** tab or the **Medications** component from the Workflow MPages view to access the reconciliation options.
- Click Reconciliation > Admission to review defaulted medications. Check for compliance information, as needed.
- 3. For each Medication, select Continue or Do Not Continue.

Note: Right-click to select **Void**, **Cancel/DC**, or **Complete** to remove a medication.

0 Missing Required Details 1 Unreconciled Order(s) Dx Table

- 4. Click Unreconciled Orders.
- 5. Click Add or Manage Plans to add PowerPlans, as needed.
- 6. Click the order details to update dose, route, frequency, and schedule.
- 7. Click Sign.



#### Cross Encounter Transfer and Patient Discharge Report

- 1. From the Orders tab, click Reconciliation.
- 2. Select Cross Encounter Transfer.
- 3. Select the appropriate reconciliation action for each orderable item.

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- 4. Complete any required order details, or order comments.
- 5. Click Plan or Transfer.

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### MEDICATION RECONCILIATION HOSPITAL INFORMATION SYSTEM (HIS)

- 6. Select the printer to print a report with the following information:
  - Patient's Home Medications: A list of the patient's active documented medications and prescriptions regardless of the selections.
  - Recommended Medications: A list of medications to be continued, and inpatient medications that are not continued and not included in the report.
  - **Recommended Non-Medications**: A list of all non-medication orderable items.





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