JOSEPH BRANT HOSPITAL

MedsTracker Use Manual

Last Updated: August 3 2018
MedsTracker Version: 16.8.3

JOSEPH BRANT HOSPITAL

Contents

Introduction

Medication Reconciliation should be conducted at transitions of care within Joseph Brant Hospital, this includes scope for inpatient areas and designated outpatient areas, as per accreditation standards.

Our solution for conducting Medication reconciliation is the Medstracker web application. Its use is primarily for the purposes of reconciliation rather than order entry. Reconciliations completed within MedsTracker are sent to pharmacy as PDFs for pharmacists to review and process within Meditech, thus changes in one tab (admission, transfer or discharge) do not automatically appear in the next until pharmacy has completed their processing.

It is expected that paper order sets are still utilized with MedsTracker supplementing as your reconciliation module.

This manual will walk through aspects of the applications that users will be using, details expectations, how to use, and exceptional cases.

Medication Reconciliation Roles And Responsibilities

The following chart describes the expected responsibilities for specific roles, please see Appendix for more details:

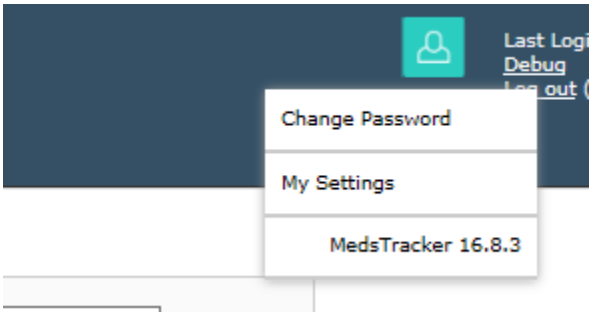
Role	BPMH	Admission Reconciliation	Transfer Reconciliation	Discharge Reconciliation
Physician	✓	✓	✓	✓
Mid-wife	✓	✓	✓	✓
Nurse	✓			
Pharmacist	✓			
Pharmacy Technician	✓			
Pharmacy Student	✓			
Physician Assistant	✓			
Nurse Practitioner	✓	✓	✓	✓
Resident	✓	✓	✓	✓
Medical Student	✓			
Unit Clerk				

Access the Application

Access to MedsTracker PROD is via Meditech when you enter a patient account, you may find the contextual launch to MedsTracker in the EMR.

Upon first log in, your username will be your Meditech username, a temporary password will be provided to you by IT staff during onboarding. You will be prompted to reset your password on first login.

Change Password



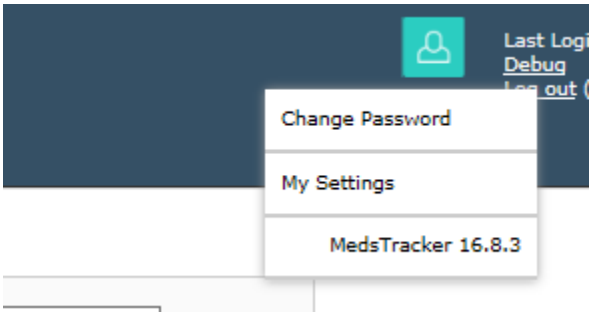
You can change the MedsTracker password at any time.

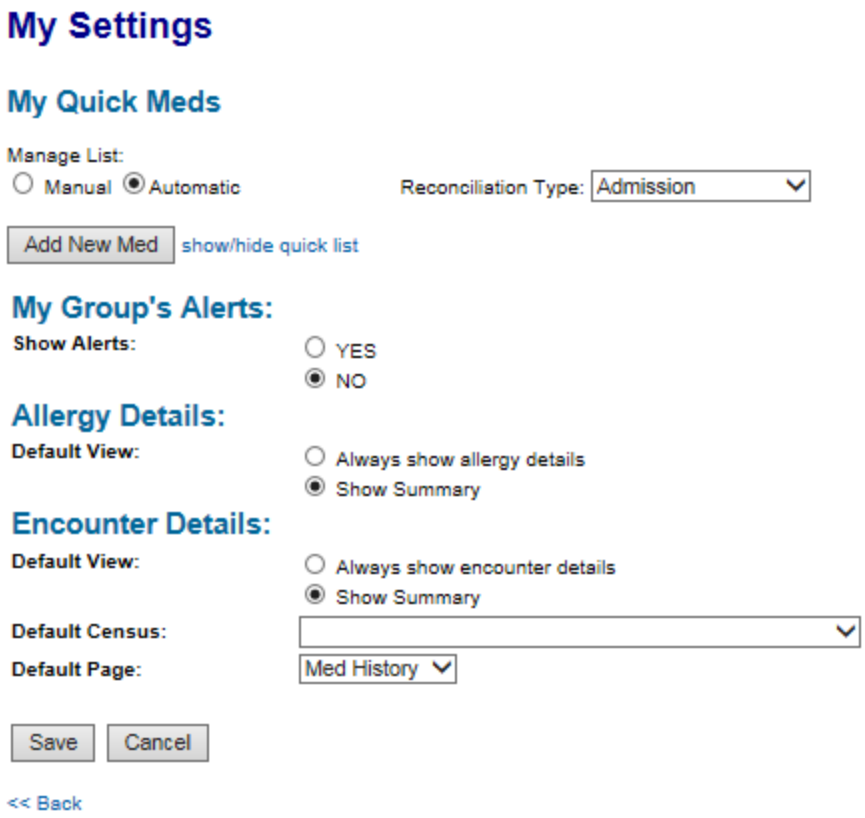
1. Click on the Change Password link in the User Menu to open the Change Password page.
2. Complete all fields and click Submit to change the password.

The new password cannot be the same as the old password.

My Settings

Users can customize their personal settings for some aspects of the application. Click on the link in the User Menu to view these options.





After making ANY changes on this page:

- Click Save at the bottom of the page to save the changes.
- Click <<Back to go back to the previous page.

My Quick Meds List

To view or hide the My Quick Meds list:

- Click the show/hide quick list link.

Customizing the "My Quick Meds" list

Users can customize the "My Quick Meds" list manually or automatically by selecting the Manual or the Automatic radio button.

Automatic— The most frequently entered medication orders that each user creates in MedsTracker (by clicking the Add New Med button) display on the list. A maximum of 20 orders are saved.

Manual— users can manually add an unlimited number of medication orders to the list.

- To manually add new medications to the list:
  1. Click the show/hide quick list link to view the list.
  2. Click the Add New Med button to open the medication entry box.
  3. Enter and save a medication order as usual. (See the Entering and Editing Medications chapter for more detailed information.)

4. Edit or delete medications from the list by clicking on the name of the medication to open the edit box. Edit or delete as usual.
5. If you have prescribing authority, you can add a prescription to the medication order. Medications with prescriptions display a red checkmark next to the name. The prescription will only display when the medication is selected at Discharge.

- All medications saved to this list are displayed on the My Quick Meds list on all other pages (via the Add New Med button).
- Editing or deleting medications on the list automatically sets the list to the Manual setting.

To customize the list outside of the My Settings page:

- Click the Add New Med button to open the medication entry box.
- At the top of the box next to My Quick Meds, click the show list link to display the "My Quick Meds" list.
- Click the customize link at the top of the list.
    - You are directed to the My Settings page to complete the customization of the list.
- Follow steps 1 through 5 above to complete the customization process.

My Group's Alerts

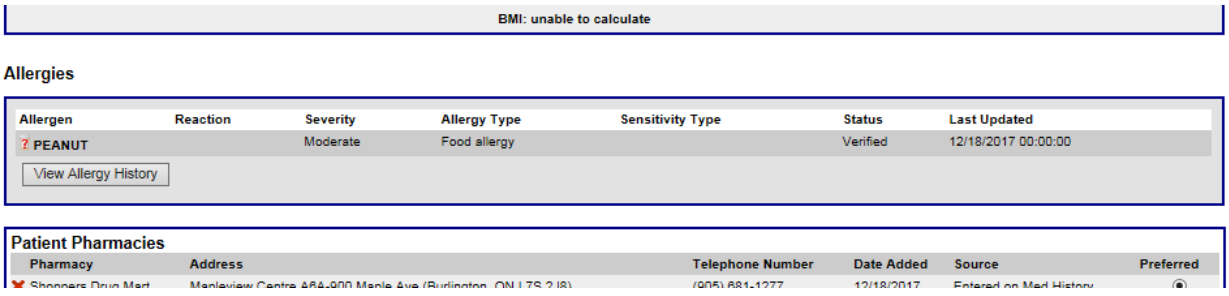
- Not utilized at JBH

Allergy Details

- Best viewed from Meditech, however they do flow into MedsTracker

Summary:

Allergy Details:



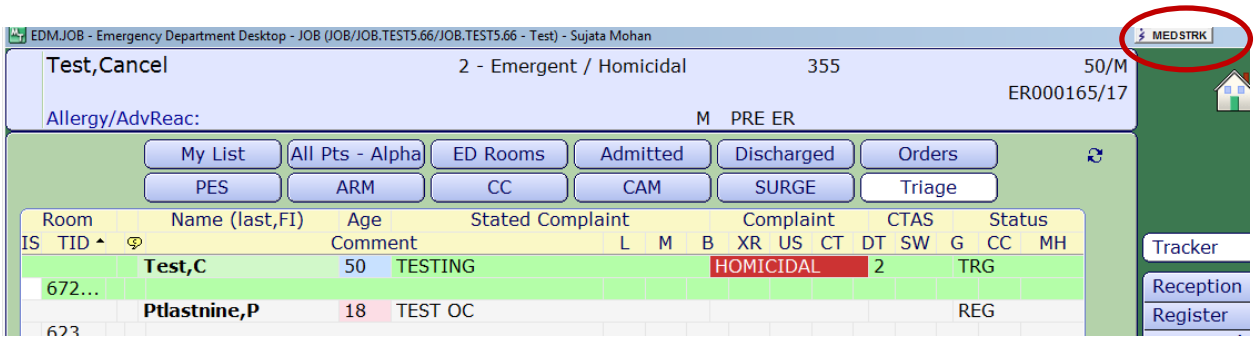
Encounter Details

You may select a tab to default to if necessary, such as medhistory or admission. Also, you may select a unit to default your view.

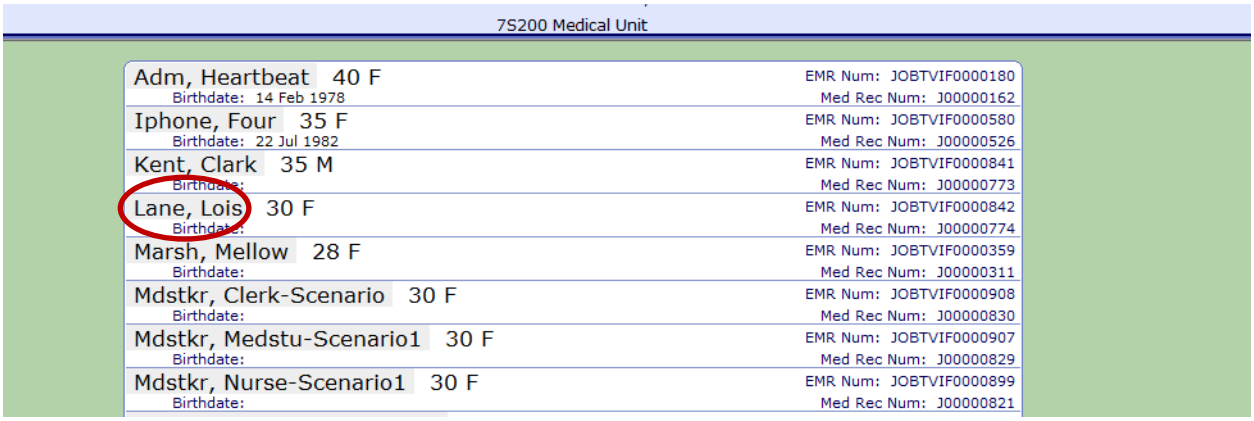
Patient Search in Meditech

ER:

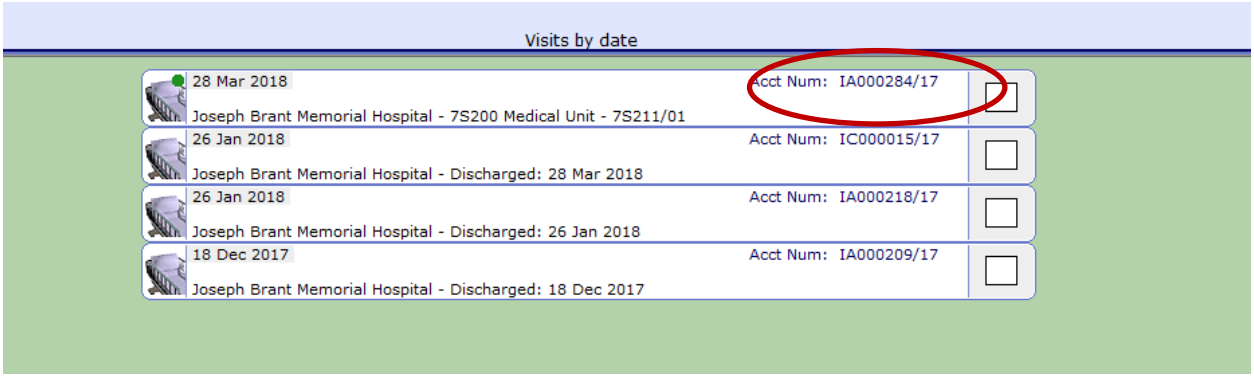
The contextual launcher is available directly on the tracker, you would select your patient within Meditech and the launcher appears in the upper right hand corner



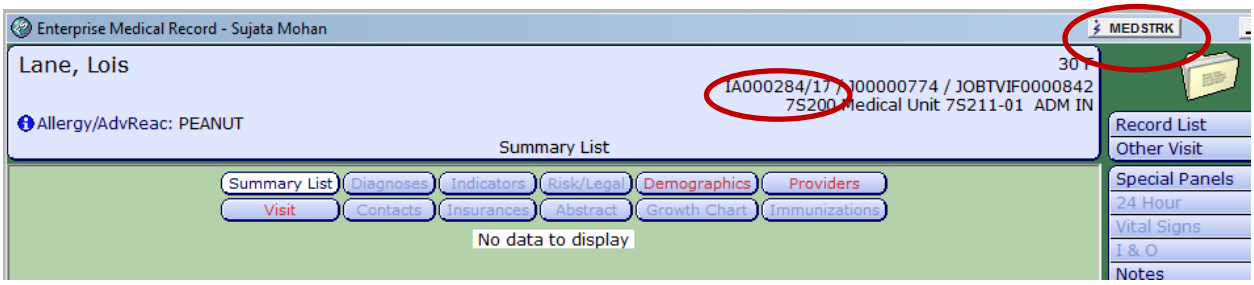
EMR:



You begin by searching for a record or location and a listing appears:



You must select a patient encounter for the launcher to appear



Note: The MEDSTRK button that appears in the upper right hand corner. Clicking this button takes you directly to the account within MedsTracker where Medhistory and reconciliations can take place.

Patient Search in MedsTracker:

The Search page is used to search for patients. You can search by Last Name, First Name, Medical Record Number (MRN), Account number, and Active/Inactive Status, or a combination of these. Alternatively, you can search for all patients in a department/unit by selecting the unit name from the Unit Census menu. Recently viewed patients can be found in the Recent Patients menu.

Search by	Details
Name	Partial name matches are also displayed. For example, searching for patients named “Brian” will also return patients named “Brianna.”
Account	If a partial account number is entered, all patients that have those digits in their account number will be displayed.
Active versus ALL	Select the **Active** radio button to search for current patients or active encounters. Select the **ALL** radio button to search for active **and** discharged patients
	Or
Recent Patients	Displays the last 20 active accounts that were selected. Click on a name to immediately bring up that patient’s record. Only active accounts display in this list.
Location Group (Optional)	Multiple departments/units can be organized and configured into groups. Choosing a group from this menu searches and lists all active patients from the multiple units. If a group is chosen from this menu, the Unit Census menu reflects only the units in that Group.

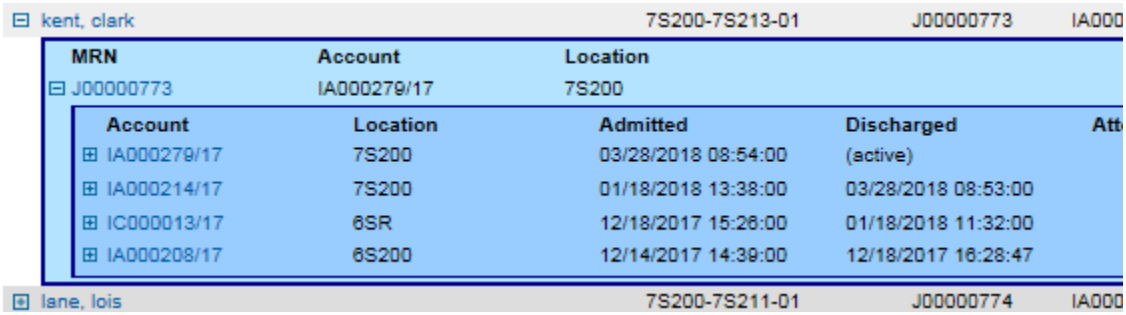
Unit Census	Choose a unit from this menu to display all active patients in a unit/department.
My Patients	You may create a customized list of patients by clicking the **My Patient** checkbox on the right side of a patient record. Selecting **My Patients** from the **My Patients & Groups** menu displays all of these patients on the page, regardless of their location or status (active or inactive). To remove a patient from the **My Patients** list, un-check the **My Patient** checkbox.

In the LIVE environment these features may not be necessary as you will be accessing patient encounters within Meditech and contextually launch directly to the patient's encounter within MedsTracker.

Clicking the patient name as it appears in the grey bar will take you to the most recent open account. If you open the drop down for the patient, you may select any account from history.

For a closed account, the information found on the pages will reflect the data *at that time*.

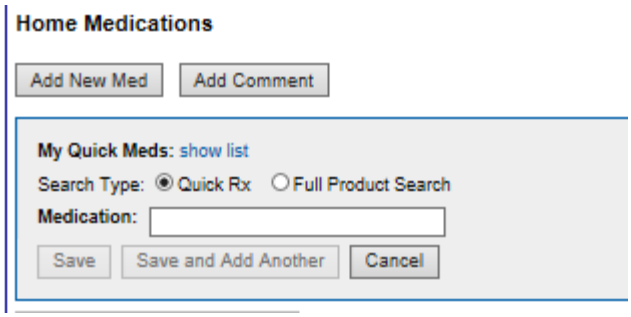
- On the MedHistory page, a closed account will display a red (Closed Visit) message.
  - Information on the MedHistory page *can* be edited in a closed visit. Home medications display identically regardless of which account number for a given MRN is selected
- On the Admission, Transfer, and Discharge pages, a closed account will display a red (Closed Visit - View Only) message.
  - No editing of the page is possible on View Only pages.
- *Administrators* can reactivate a closed visit by clicking the Reactivate button. This feature is available by request.



Add/Remove/Modify Medications in MedsTracker

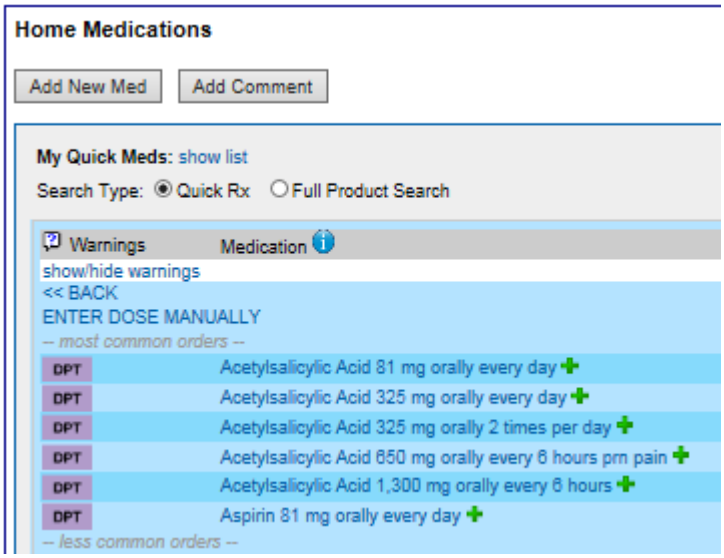
Add Medication

Click 'Add New Med' button



If you want to enter a multi-word medication, you may enter a few letters from each of the words to quickly display the full name. The order of the entered words does not affect the search.

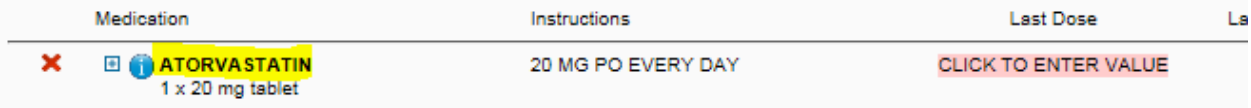
Desired medication Sufficient text to display the medication:
Hydrocodone-acetaminophen - hydro aceta

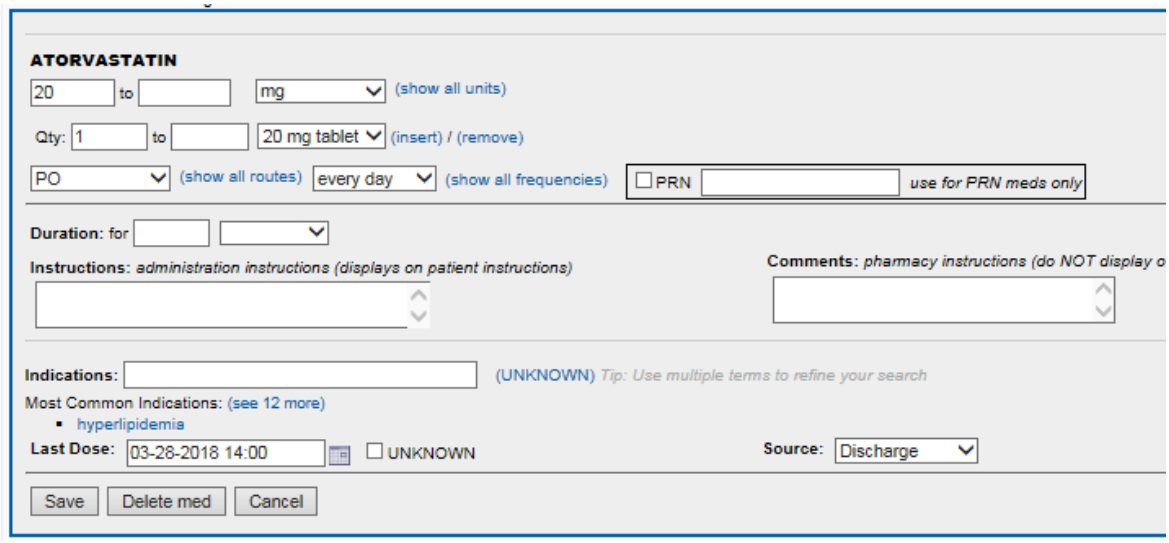


You may select the green plus icon to add the medication to the patient's medhistory as listed or by clicking the medication link in blue, you can conduct additional changes. You may also select 'ENTER DOSE MANUALLY'

Edit/Adjusting Medication Entry

If you clicked the green plus icon and would like to make additional edits click on the name of medication to open the above screen.





Change Dose

- You can adjust the dose for your drug. The quantity field is linked to the dose and will adjust itself based on the product selected (below example = 20 mg tablet)
- You can also adjust the units (ie. mg) if required, if your desired units aren't available from the quick list, you can click 'show all units' to bring up the complete list

Change Route of administration

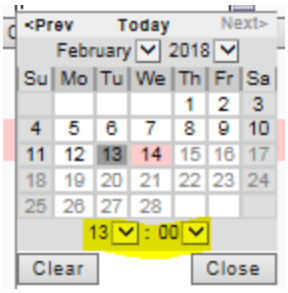
- The route dropdown will show the most common options for the drug, select 'show all routes' and find the desired route if missing from the quick list.

Change Frequency

- The most common frequencies for the drug appear on the dropdown, select 'show all frequencies' if your option is missing.
- Select the PRN check box if the dosing will be as needed
- If you are unable to find your frequency or additional instructions are required, select 'as directed' in the drop down and use the 'instructions' field to enter the remaining instructions. DO NOT USE THE COMMENTS FIELD – THESE COMMENTS DO NOT APPEAR WHEN SENT TO PHARMACY.

Enter Last Dose

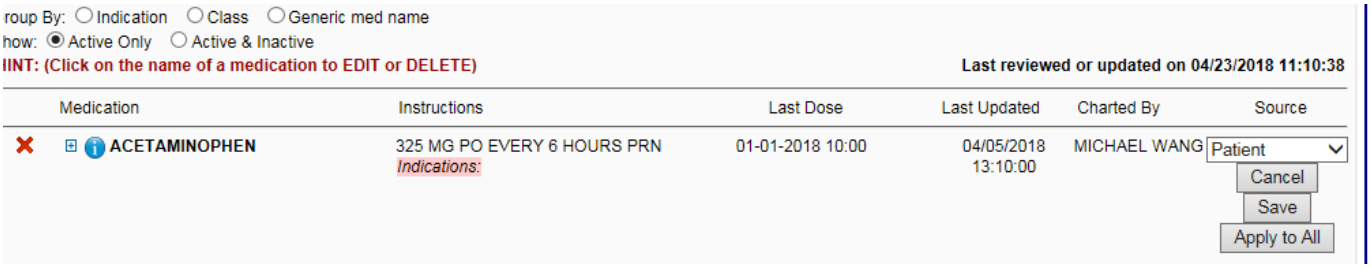
Click on Calendar icon or enter free text manually**.** To add the time, select the time from the drop down menu at the bottom of the calendar, then click on the date to populate the last dose field. Last dose will display on admission orders.



Click Save

Time saver hint - Enter Last Dose on all medications on the patient's home med list
Enter the date for the last dose by manually entering the date under the calendar icon. Select the time (if applicable), then click on the date on the calendar icon

Click Apply to All to set the last dose date/time for all the medications

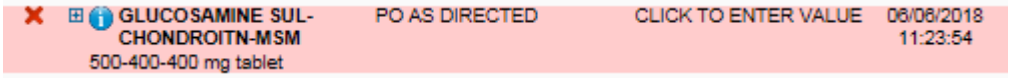


OR

Click Save to save the setting for the individual medication.

Pink Mediations

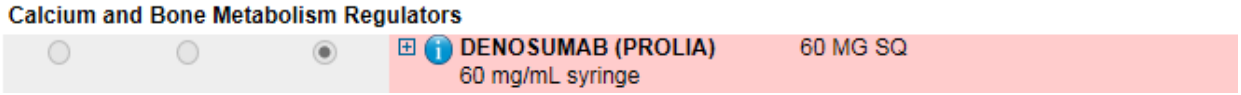
If a medication is highlighted in pink on the Med history page, the medication order is incomplete. Medications that are entered **without dose, units, route, or frequency** are considered incomplete.



To resolve on the "pink" medication Med History page:

1. Click on the medication name
2. Complete the red highlighted fields
3. Click Save

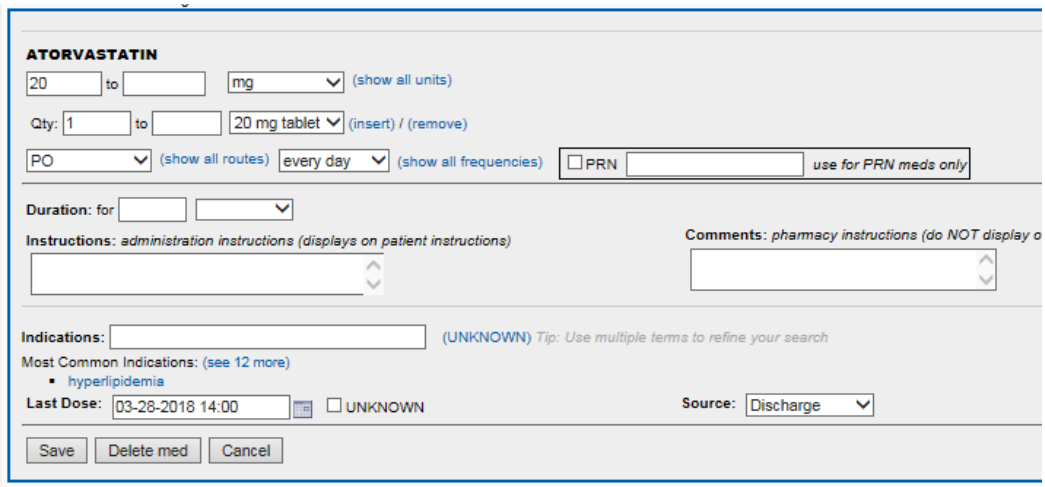
To resolve on the reconciliation tabs:



Medications that have a solid Pink highlight are incomplete – some part(s) of the dosing instructions are missing and are required for accurate administration. **They must be resolved before signing orders**. In order to resolve them, you may either cont. w/ changes or continue and enter the missing information.

Delete Medication

Click on the name of the medication then click Delete



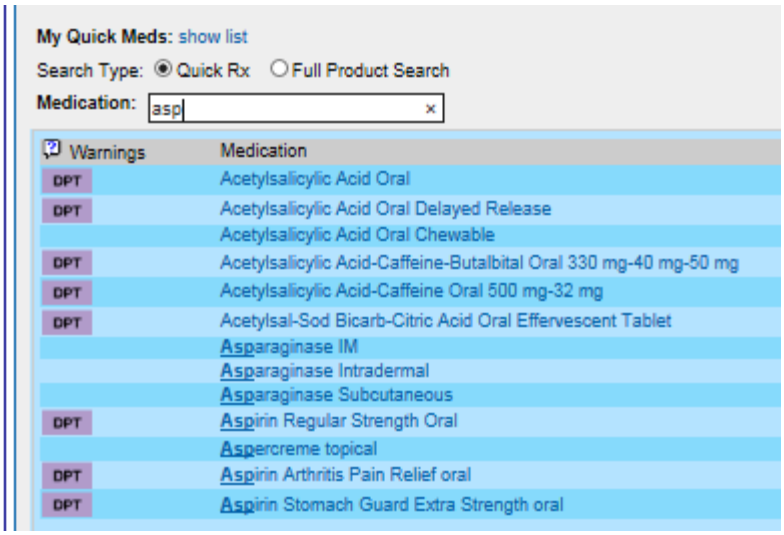
Delete med appears at the bottom of the medication edit screen

Or click or the red X to the left of the medication name

Note: Do not use this method to delete prescriptions

Patient's Age Restriction

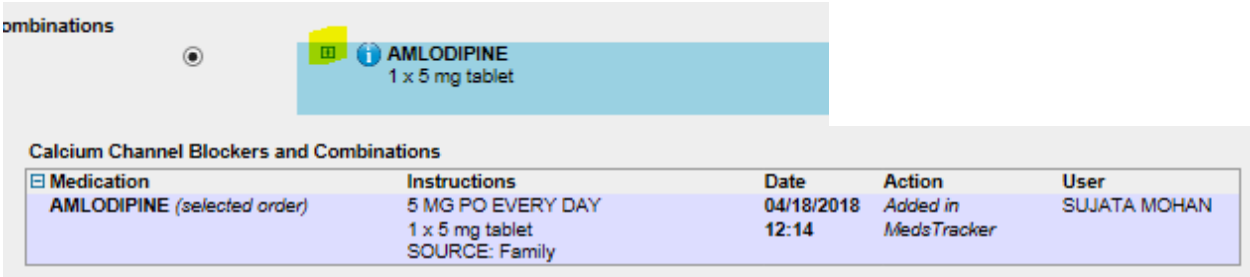
By default, medications that are searched using QuickRx are restricted based on the patient's age. If you want to un-restrict the search/view, you must use Full Product Search



Select the most appropriate dose form or product to begin selecting doses

Individual Mediation History

Click on the blue plus sign box **[+]** to expand the history for an individual medication.
Click on the blue minus sign box **[-]** to collapse the history and return to the current medication view.
History can be viewed in Medhistory and reconciliation pages.



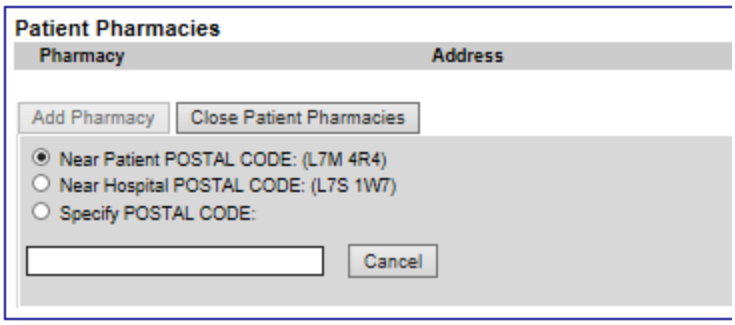
Important note: Not all updates made to the medication are shown.

MEDHISTORY

Use this page to conduct patient Best Possible Medication Histories.

Add Patient Pharmacy:

Click Add Pharmacy button:



Select the appropriate radio button for where you would like to associate your search.

Type in the first few letters of the pharmacy's banner name (i.e Rexall, Shoppers etc), note you cannot enter street names or other identifiers (i.e Mapleview, Brant street, etc). It will list pharmacies based on distance from the postal code selected.

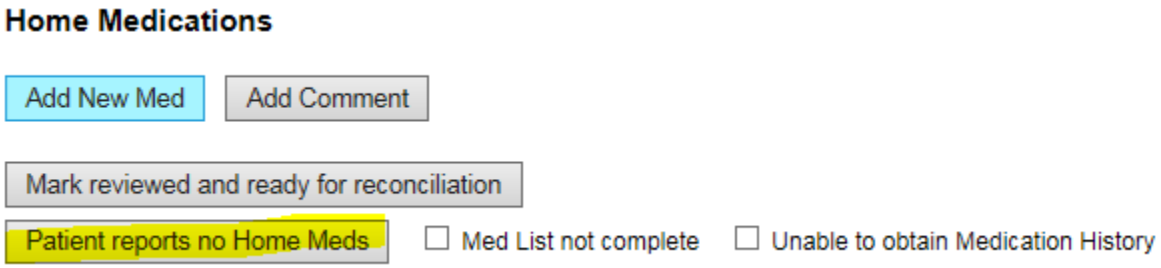
Click on the name of the desired pharmacy to add it to the list (the pharmacies are sorted by distance from the postal code selected) Mark the pharmacy as "preferred" if this is the patients regular pharmacy.

You will not be able to add a pharmacy missing from the list. Please email itsupport@josephbranthospital.ca to log a ticket to have it added.

Medications

Click **Add New** to add new medications and follow the instructions noted under the 'Add/Remove/Modify Medications in MedsTracker' to modify the patient's BPMH.

"Patient Reports no Home Meds" button



Click this button if the patient reports that they do not take any medications at home.

- If medications are listed from a previous encounter and the patient reports they are not taking any medications, pressing this button will remove all current medications from the list. This action cannot be reverted or un-done.

- If medications need to be re-added, you can switch to the "Active & Inactive" view of the list, find the discontinued medication, and reactivate it.

Once complete click the **Mark reviewed and ready for reconciliation** button to finish your BPMH.

"Med List not Complete" Checkbox

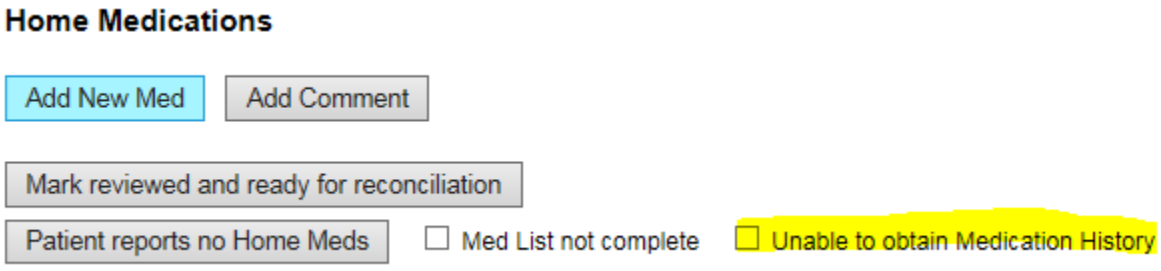
- Check the **Med List not complete** box if the medication history is not complete.
  - For example, if additional information about the list is pending.
- Enter a comment.
- Click **Save**.
  - A red warning above the Home Medications list displays:
    Home Medication List may not be complete, see comments below

Uncheck the box when the medication history is complete.

- Removes the red warning.

Do not click the Mark reviewed and ready for reconciliation button if there is an intent to revisit this patient's BPMH for modification at a later time.

"Unable to Obtain Medication History" Checkbox



- Check the Unable to obtain Medication History box if you are unable to obtain the patient's medication history.
  - For example, if the patient is unresponsive or unable to provide information.
- Enter a comment.

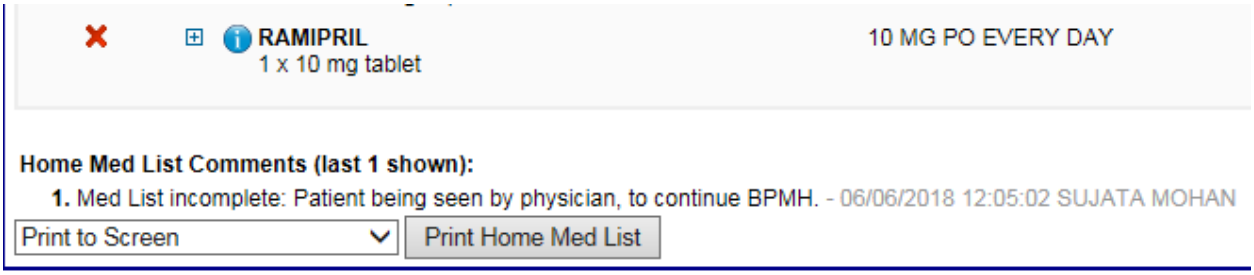
- Click Save.
    - A red warning above the Home Medications list displays
      Home Medication List may not be complete, see comments below

Uncheck the box when the medication history is complete.

- Removes the red warning.

Do not click the Mark reviewed and ready for reconciliation button if there is an intent to revisit this patient's BPMH for modification at a later time.

Home Med List Comments



Lists the last five comments added to the list using the Add Comment button. Click on show 5 to show additional comments if present.

Note: these are comments that apply to the entire list, not comments on individual medications.

Mark Reviewed and Ready for Reconciliation button

The **Mark reviewed and ready for reconciliation** button is should be used after all entry of new medications or updates to existing medications has been completed. This includes if the patient reports no home medications

If no updates are needed, using this button documents that the medication history has been reviewed and updated, even when no changes are made.

A history will be kept of the user who completed the BPMH

ADMISSION RECONCILIATION

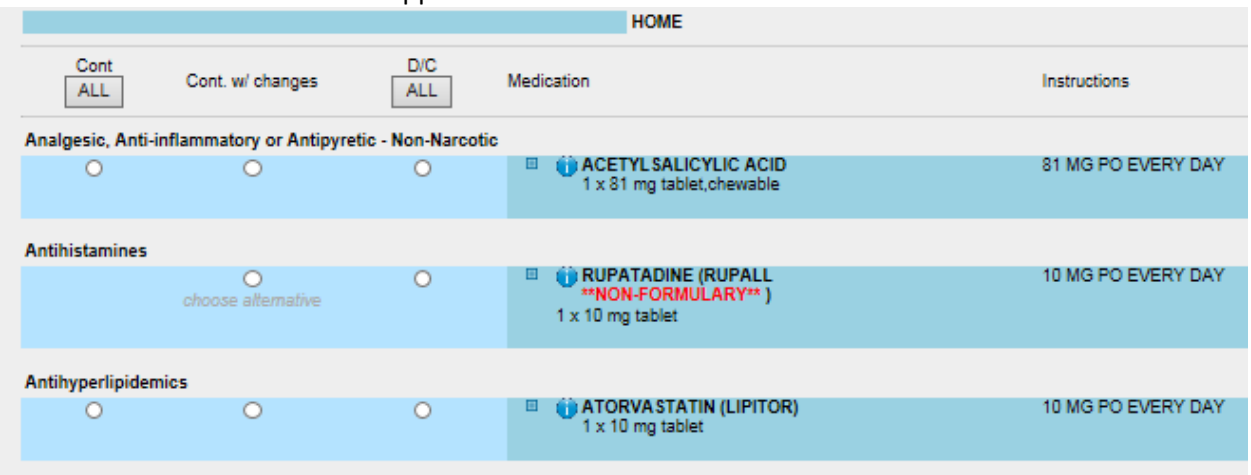
Click on the Admission tab, located on the menu bar

Click Start Reconciliation

A nurse or pharmacist will be prompted to enter a prescriber at this stage. If a reconciliation is conducted, it is as a verbal order on behalf of the prescriber.

*Home Medications will automatically display on the transfer page.
*Inpatient medications that have been entered in Meditech will automatically appear

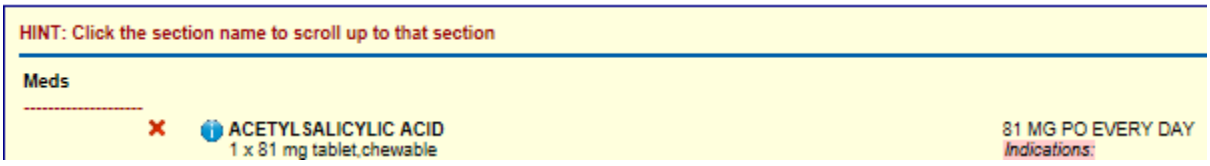
Once started home medications appear in blue as shown below:



The Cont., Cont. w/ changes, and D/C columns next to an un-reconciled medication have a blue background to cue you that it needs to be reconciled. Once reconciled, the background changes to white.

To reconcile Medications:

1. Click the Cont. (continue) radio button to continue a Home medication for the Admission.
    a. Continued medications are added to the yellow Orders Summary at the bottom of the page.

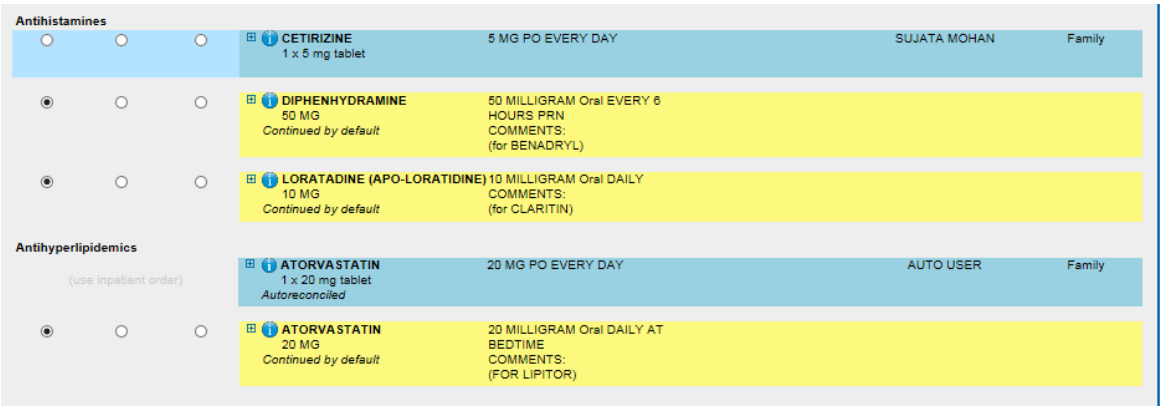


2. Click the D/C (discontinue) radio button to stop a Home medication for the Admission.
3. Click the Cont. w/changes button to continue a medication with changes.
    a. This opens the medication edit box.
    b. Edit the order as desired and click Save.
    c. The medication is added to the yellow Orders Summary at the bottom of the page.
4. If NO new medications will be ordered for the Admission, skip to step 6.

5. If NEW medications will be ordered for the Admission (in addition to the Home Medications), click the Add New Med button to add a new medication.
    a. New medications are added to the yellow Orders Summary at the bottom of the page.
6. When you have finished reconciling all home medications and adding any new medications, click the Finalize Reconciliation button at the bottom of the page.
    a. After successfully finalizing, the page reloads.
    b. Admission medication orders are sent to the pharmacy and the selected unit
    c. Your electronic signature displays at the bottom of the Admission Medications list.

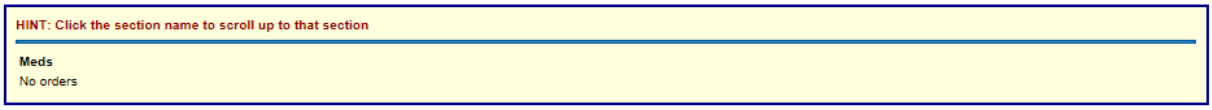
Inpatient Meds on Admission

Please note all inpatient medications if entered in Meditech before the admission reconciliation is complete, will appear as automatically continued. They appear as yellow medications vs the home medication blue.

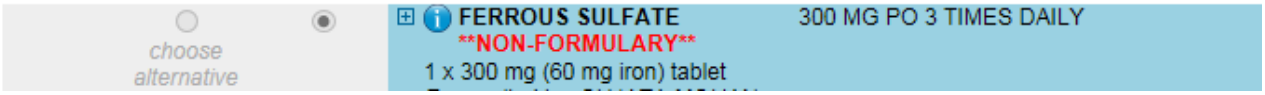


Once you've started reconciliation, you will be shown all the patients home medication as entered from the medhistory tab and any inpatient medications if entered in Meditech.

The status of auto-continued medications does not appear further in the medication summary.



Non-Formulary Medications



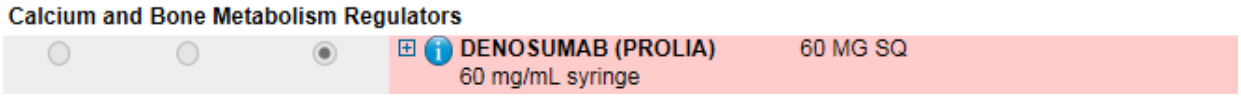
Any medications listed as 'non-formulary' will not allow you to continue unless some changes are made. Upon selection of cont. w/ changes, you may be provided with interchangeable options – please note it will not auto-select a corresponding dose.

If you would like for the patient to continue with the home med as listed, you may select must use – you can enter additional instructions into the free-text **instructions** field related to how pharmacy should proceed. This may be useful in instances where the patient's own medication is available. Pharmacy will attempt to keep the must use option or contact the prescriber for a potential interchangeable.

Do not use the Comments field as this information remains within medstracker and does not appear on orders sent to pharmacy.

If no interchangeable options are provided and the patient has no medications available for use, you may discontinue the medication and then search and add a new medication in its place.

Pink Medications



Medications that have a solid Pink highlight are incomplete – some part(s) of the dosing instructions are missing and are required for accurate administration. **They must be resolved before signing orders**. In order to resolve them, you may either cont. w/ changes or continue and enter the missing information.

Click "Finalize Verbal Admission Orders" (Orders will be automatically sent to Pharmacy and nursing unit printer)

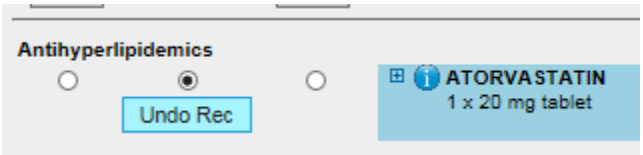
User may Click Print Orders if needed.

Add Medications

Click Add New to add new medications and follow the instructions noted under the 'Add/Remove/Modify Medications in MedsTracker' to modify the patient's BPMH.

Undo Rec Button

After reconciling a medication (by clicking the Cont., Cont. w/ changes, or D/C radio button), you can undo the action and set the medication back to a pre-reconciled state.



Example: You accidentally reconcile a medication that a different clinician needs to reconcile. The undo function will un-reconcile it so that the other person can perform the reconciliation.

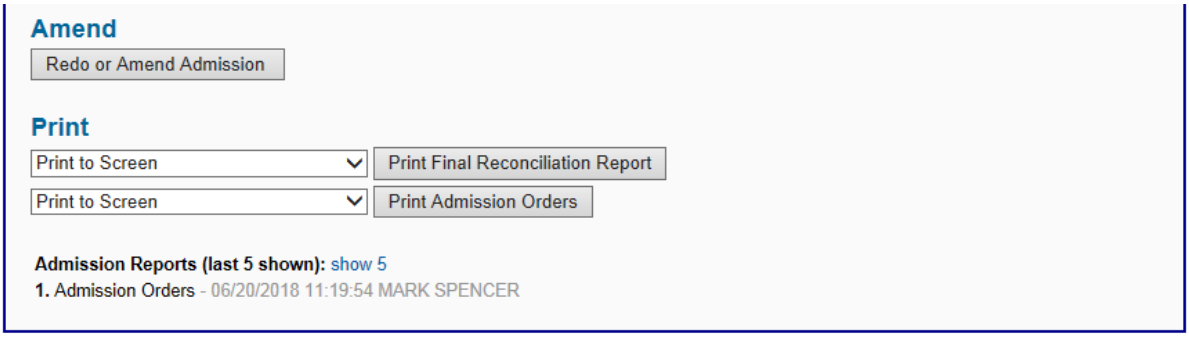
To undo a reconciliation on a med:

- Hover the pointer underneath the medication's reconciliation radio buttons (after the medication has been reconciled).
    - The Undo Rec button appears under the Cont. w/ changes button.
    - If you move your pointer away from this area, the Undo Rec button disappears.
- Click the Undo Rec button to return the medication to an un-reconciled state.
    - The reconciliation button background changes back to blue.
    - If the medication had been continued, it is removed from the yellow Orders Summary at the bottom of the page.

*All medications added to the current reconciliation do not appear automatically on the transfer or discharge tab until the order has been processed in Meditech (reviewed and entered by pharmacy).

Reprint Reconciliation Report or Admission Orders

Once a reconciliation is complete, you may reprint the reconciliation report or admission orders by selecting the appropriate printer and clicking 'print final reconciliation report' or 'print admission orders'



DAILY ORDERS

Shows orders from Meditech that have flowed into MedsTracker only. May not necessarily reflect the last reconciliation as this is based on order entry by pharmacy.

TRANSFER RECONCILIATIONS

Click on the Transfer tab, located on the menu bar

Click Start Reconciliation

A nurse or pharmacist will be prompted to enter a prescriber at this stage. If a reconciliation is conducted, it is as a verbal order on behalf of the prescriber.

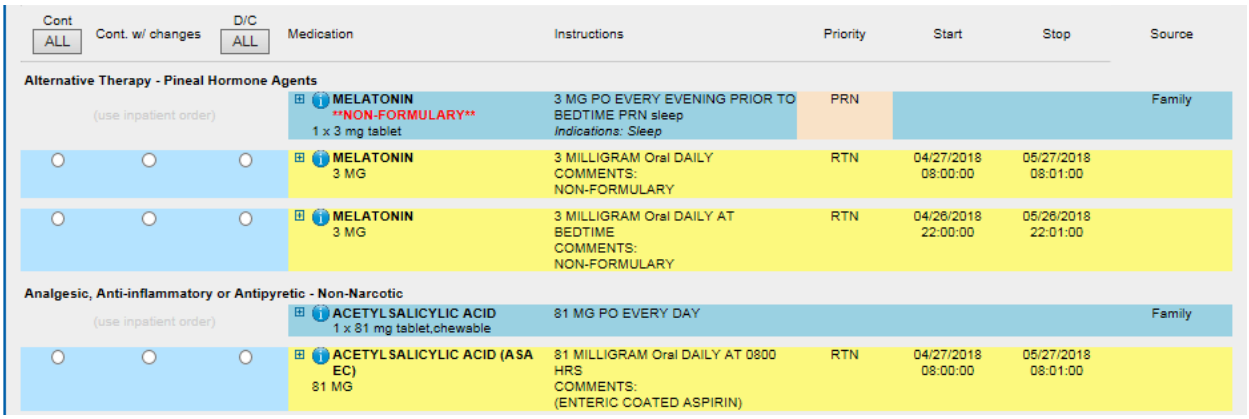
Please note that all inpatient medications and home medications need to be reconciled on this tab.

*Home Medications will automatically display on the transfer page.
*Inpatient medications that have been entered in Meditech will automatically appear

To reconcile Medications:

1. Click the Cont. (continue) radio button to continue a medication for the Transfer.
    a. Continued medications are added to the yellow Orders Summary at the bottom of the page.
2. Click the D/C (discontinue) radio button to stop a medication for the Transfer.
3. Click the Cont. w/changes button to continue a medication with changes.
    a. This opens the medication edit box.
    b. Edit the order as desired and click Save.
    c. The medication is added to the yellow Orders Summary at the bottom of the page.
4. If NO new medications will be ordered for the Transfer, skip to step 6.
5. If NEW medications will be ordered for the Transfer, click the Add New Med button to add a new medication.
    a. New medications are added to the yellow Orders Summary at the bottom of the page.
6. When you have finished reconciling all home/inpatient medications and adding any new medications, click the Finalize Reconciliation button at the bottom of the page.
    a. After successfully finalizing, the page reloads.
    b. Transfer medication orders are sent to the pharmacy and print on the selected unit
    c. Your electronic signature displays at the bottom of the Transfer Medications list and in the drop down

    User may manually select printer and click Print Orders if needed



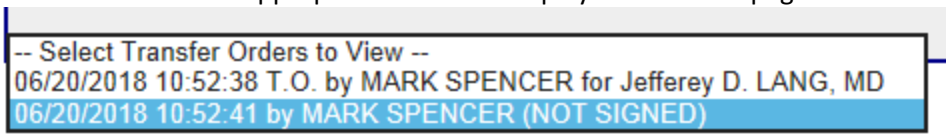
Cont (ALL)	Cont. w/ changes	D/C (ALL)	Medication	Instructions	Priority	Start	Stop	Source
Alternative Therapy - Pineal Hormone Agents								
(use inpatient order)			**MELATONIN** **NON-FORMULARY** 1 x 3 mg tablet	3 MG PO EVERY EVENING PRIOR TO BEDTIME PRN sleep *Indications: Sleep*	PRN			Family
○	○	○	**MELATONIN** 3 MG	3 MILLIGRAM Oral DAILY COMMENTS: NON-FORMULARY	RTN	04/27/2018 08:00:00	05/27/2018 08:01:00	
○	○	○	**MELATONIN** 3 MG	3 MILLIGRAM Oral DAILY AT BEDTIME COMMENTS: NON-FORMULARY	RTN	04/26/2018 22:00:00	05/26/2018 22:01:00	
Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic								
(use inpatient order)			**ACETYLSALICYLIC ACID** 1 x 81 mg tablet,chewable	81 MG PO EVERY DAY				Family
○	○	○	**ACETYLSALICYLIC ACID (ASA EC)** 81 MG	81 MILLIGRAM Oral DAILY AT 0800 HRS COMMENTS: (ENTERIC COATED ASPIRIN)	RTN	04/27/2018 08:00:00	05/27/2018 08:01:00	

Changes from the admission tab do not automatically appear in the transfer tab. The transfer tab will be a reflection of the home medications as entered from Med History and any medications currently entered in Meditech.

Select Transfer Orders to View OR Start New Transfer Orders

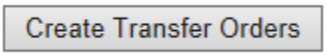
If a Transfer reconciliation has been performed at least one time, two choices display for users:

1. To view any previous transfer reconciliation, select orders from the menu Select Transfer Orders to View. Click on the appropriate orders to display them on the page.



OR

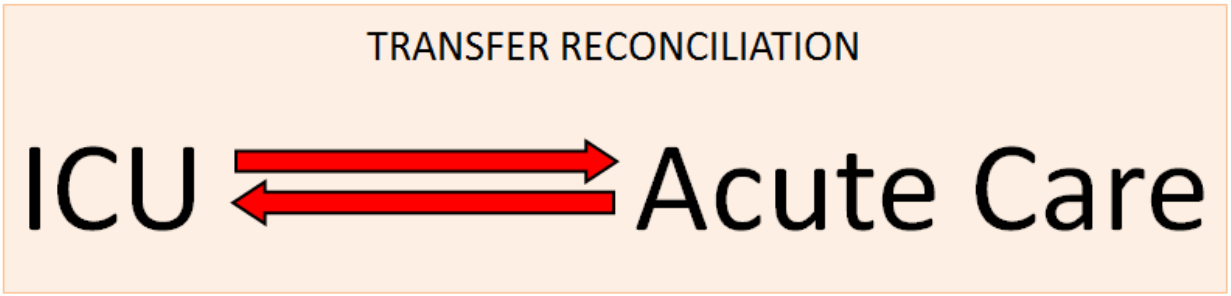
2. To start NEW Transfer Orders, click the Create Transfer Orders button.



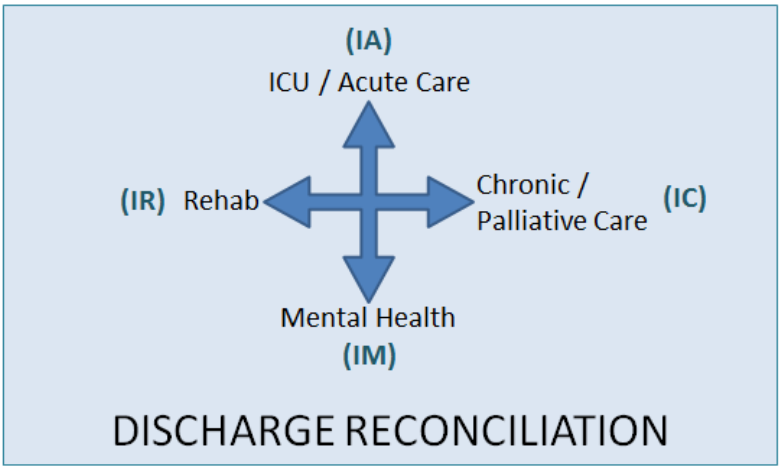
When To Do a Transfer

All transfers reconciliations done must be for patients proceeding to ICU or acute care. If they are moved to mental health, rehab or chronic care, an account number change takes place. This requires a reconciliation is completed on the discharge tab – Refer to When Conducting a Discharge/Admit to Another Unit .

Transfer reconciliations are done for movements to different levels of care when the patient remains in the same account number (i.e IA000001/18), generally the below:

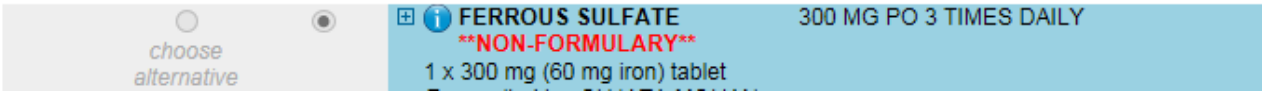


It is **not** conducted in the below situations:



If a switch is made **between any of the above account types, the discharge tab will be used instead** as patients are discharged from the original account number and then admitted to the next.

Non-Formulary Medications

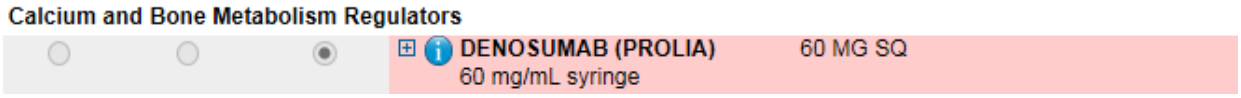


Any medications listed as 'non-formulary' will not allow you to continue unless some changes are made. Upon selection of cont. w/ changes, you may be provided with interchangeable options – please note it will not auto-select a corresponding dose.

If you would like for the patient to continue with the home med as listed, you may select must use – you can enter additional instructions into the free-text **instructions** field related to how pharmacy should proceed. This may be useful in instances where the patient's own medication is available. Do not use Comments field as this information remains within medstracker and does not appear on orders sent to pharmacy. Pharmacy will attempt to keep the must use option or contact the prescriber for a potential interchangeable.

If no interchangeable options are provided and the patient has no medications available for use, you may discontinue the medication and then search and add a new medication in its place.

Pink Medications



Medications that have a solid Pink highlight are incomplete – some part(s) of the dosing instructions are missing and are required for accurate administration. **They must be resolved before signing orders**. In order to resolve them, you may either cont. w/ changes or continue and enter the missing information.

Click Add New to add new medications if desired

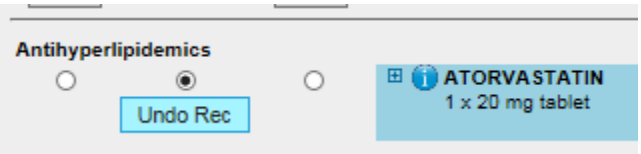
All medications added to the current reconciliation do not appear automatically on the transfer or discharge tab until the order has been processed in Meditech (reviewed and entered by pharmacy).

*Click "Finalize Verbal Admission Orders" (Orders will be automatically sent to Pharmacy and nursing unit printer)

User may Click Print Orders if needed

Undo Rec Button

After reconciling a medication (by clicking the Cont., Cont. w/ changes, or D/C radio button), you can undo the action and set the medication back to a pre-reconciled state.



Example: You accidentally reconcile a medication that a different clinician needs to reconcile. The undo function will un-reconcile it so that the other person can perform the reconciliation.

To undo a reconciliation on a med:

- Hover the pointer underneath the medication's reconciliation radio buttons (after the medication has been reconciled).
  - The Undo Rec button appears under the Cont. w/ changes button.
  - If you move your pointer away from this area, the Undo Rec button disappears.
- Click the Undo Rec button to return the medication to an un-reconciled state.
  - The reconciliation button background changes back to blue.
  - If the medication had been continued, it is removed from the yellow Orders Summary at the bottom of the page.

DISCHARGE RECONCILIATION

Click on the Discharge tab, located on the menu bar

Click Start Reconciliation.

A nurse or pharmacist will be prompted to enter a prescriber at this stage. If a reconciliation is conducted, it is as a verbal order on behalf of the prescriber.

*Select a Disposition that is most appropriate

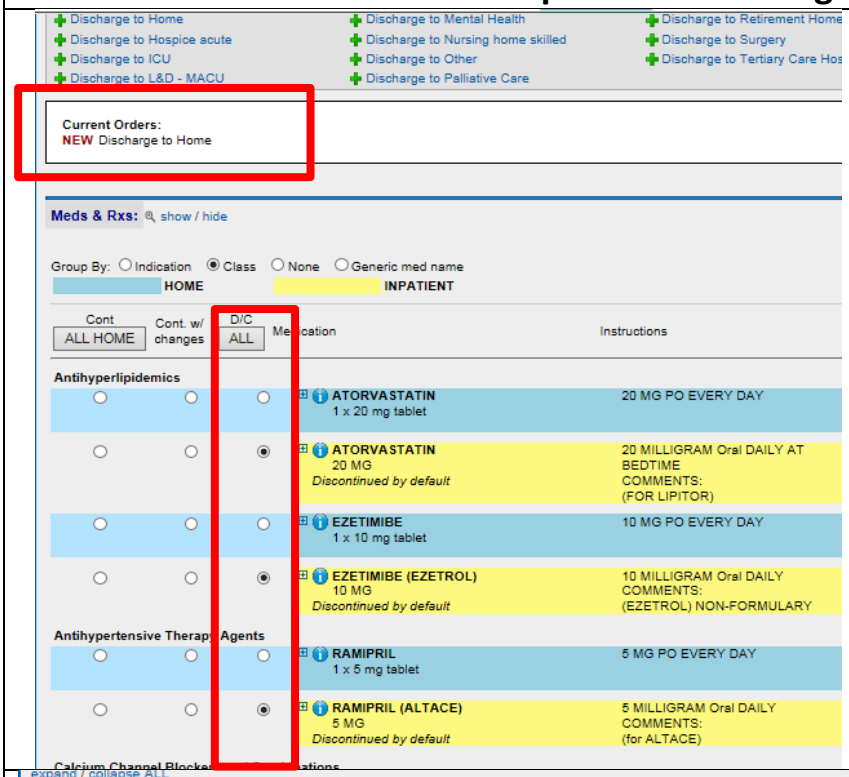
*Conduct reconciliation
*Create prescriptions if necessary
*Finalize

Defaulting Status on Inpatient Medications:

The application will discontinue or continue all inpatient medications based on discharge disposition selected.

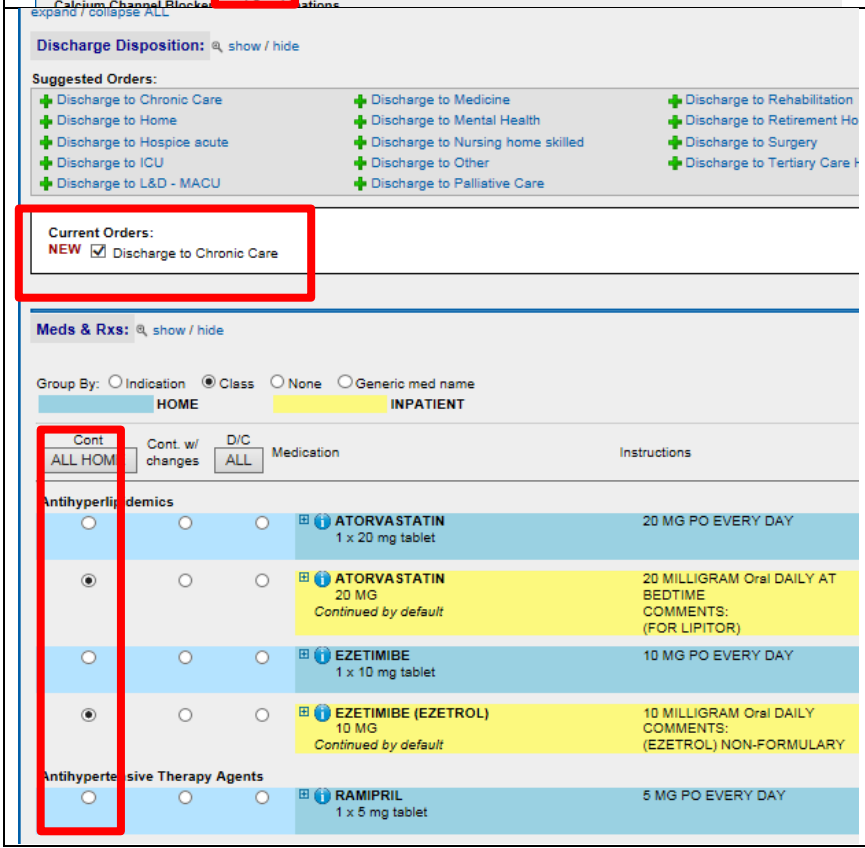
Disposition	Default position of Inpatient Medication
Chronic Care	Continue
Home	Discontinue
Hospice acute	Discontinue
ICU	Continue
L&D - MACU	Continue
Medicine	Continue
Mental Health	Continue
Nursing home skilled	Discontinue
Palliative Care	Continue
Rehabilitation	Continue
Retirement Home (Sign Orders)	Discontinue
Surgery	Continue
Tertiary Care Hospital	Continue

Examples of Defaulting



If selecting 'Discharge to Home' – inpatient medications automatically discontinue.

No changes made to home medications.



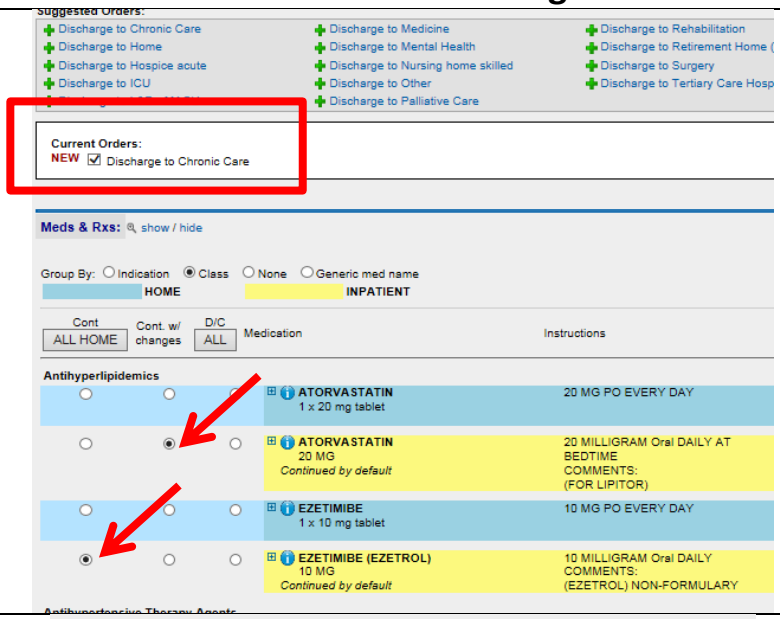
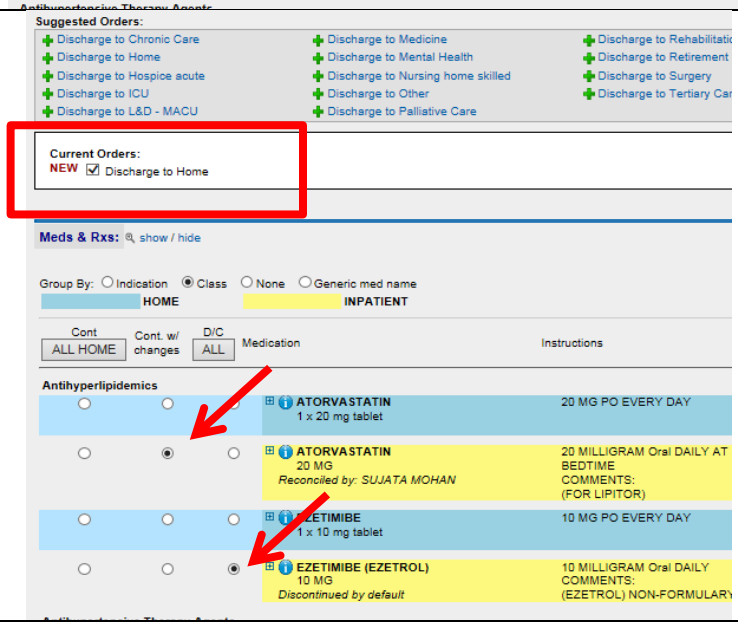
If selecting 'Discharge to Chronic Care' – inpatient medications automatically continue

No changes made to home medications.

Memory on Reconciliation if Discharge Disposition Changes

If a reconciliation is started and the discharge disposition is changed, the application will retain your original intentional changes on the reconciliation radio buttons for inpatient medications. Intentional changes include clicking on the radio buttons to continue, continue with changes, or discontinue medications that were different from the current defaulted position.

For example, if you click "discontinue all" when the home disposition is selected, the application will not retain the discontinue status on inpatient medications if you choose to change the disposition to Rehabilitation. This is because the default set by the application (to discontinue if going home) was never changed. Home medications would retain their discontinued status.

Retaining Intentional Changes	
	For example, with the 'Discharge to Chronic Care' disposition selected, if you continue with changes on Atorvastatin, this selection is considered an intentional change by the application.
	Notice when the disposition was changed, inpatient atorvastatin retained the 'continued with changes' status. The inpatient Ezetimibe switched to 'discontinue' automatically. This is because no intentional change was made for Ezetimibe. The application changes the status of 'discontinue' for the inpatient Ezetimibe to 'continue' as this is the default status for all inpatient medications with no intentional changes for the 'Discharged to Home' disposition. No changes occur to home medications.

To reconcile Medications:

1. Click the Cont. (continue) radio button to continue a medication for the discharge.
    a. Continued medications are added to the yellow Orders Summary at the bottom of the page.
2. Click the D/C (discontinue) radio button to stop a medication for the discharge.
3. Click the Cont. w/changes button to continue a medication with changes.
    a. This opens the medication edit box.
    b. Edit the order as desired and click Save.
    c. The medication is added to the yellow Orders Summary at the bottom of the page.
4. If NO new medications will be ordered for the discharge, skip to step 6.
5. If NEW medications will be ordered for the discharge, click the Add New Med button to add a new medication.
    a. New medications are added to the yellow Orders Summary at the bottom of the page.
6. When you have finished reconciling all home/inpatient medications and adding any new medications, click either the Sign Interim or Finalize Reconciliation button at the bottom of the page.
    a. If you Sign Interim
        i. the discharge is not complete, another prescriber or individual with privileges to reconcile may continue to make changes afterwards
        ii. Signing interim, allows you to print prescriptions pertinent to your area of care and leave the remainder for another user
    b. If you Finalize
        i. After successfully finalizing, the discharge is complete
        ii. Discharge patient instructions and prescription are printed to the selected unit printer

Note: Any role aside from a Physician, Midwife or Dentist will be unable to finalize a discharge reconciliation that has prescriptions created.

Undo Rec Button

After reconciling a medication (by clicking the Cont., Cont. w/ changes, or D/C radio button), you can undo the action and set the medication back to a pre-reconciled state.

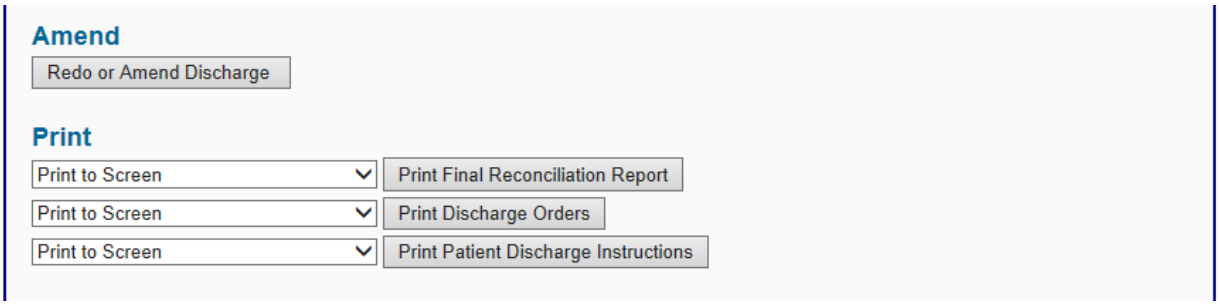
Example: You accidentally reconcile a medication that a different clinician needs to reconcile. The undo function will un-reconcile it so that the other person can perform the reconciliation.

To undo a reconciliation on a med:

- Hover the pointer underneath the medication's reconciliation radio buttons (after the medication has been reconciled).
    - The Undo Rec button appears under the Cont. w/ changes button.

- If you move your pointer away from this area, the Undo Rec button disappears.

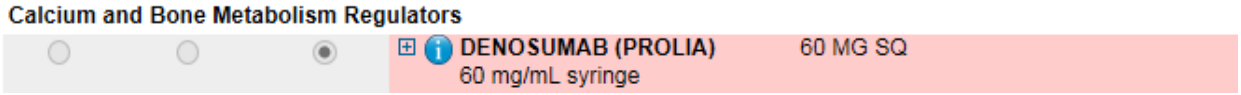
- Click the Undo Rec button to return the medication to an un-reconciled state.
  - The reconciliation button background changes back to blue.
  - If the medication had been continued, it is removed from the yellow Orders Summary at the bottom of the page.



The user is able to re-print the reconciliation report, discharge orders or patient instructions manually and select another printer if required prior to the account closing via discharge in Meditech.

You may also reprint prescriptions prior to the patient account closing via discharge from Meditech, however you will not be able to re-select your printer. If a prescription is failing to print due to a printer issue, please email itsupport for assistance.

Pink Medications



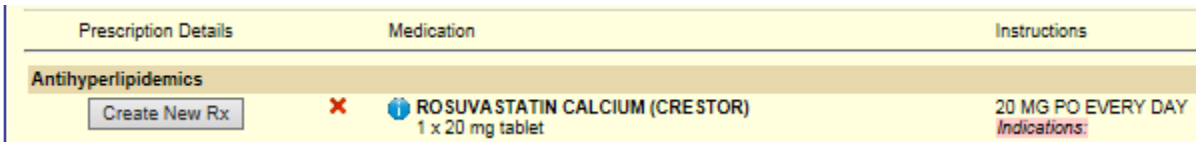
Medications that have a solid Pink highlight are incomplete – some part(s) of the dosing instructions are missing and are required for accurate administration. **They must be resolved before signing orders**. In order to resolve them, you may either cont. w/ changes or continue and enter the missing information.

Since this is discharge, no medication selection is restricted based on formulary.

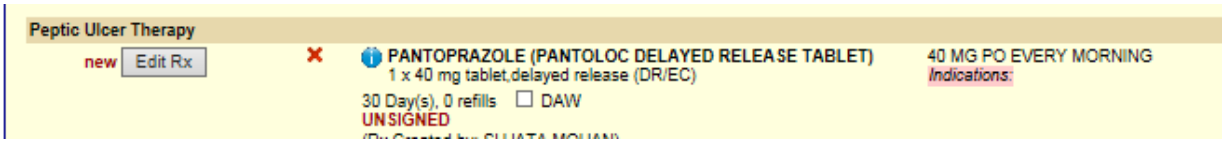
Prescription Creation

Items that are **continued during discharge reconciliation do not automatically generate prescriptions.**

No Rx created yet for a continued item:



Rx created for continued item:

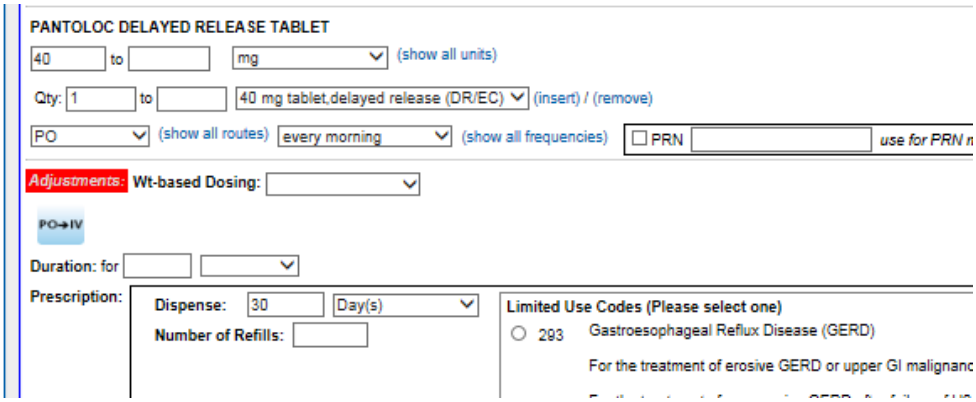


Any item listed as 'Create New Rx' does not have a prescription created at this stage.

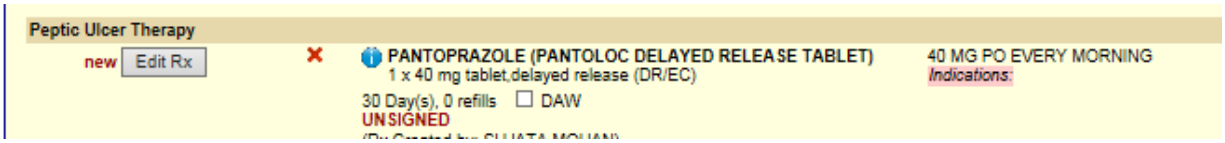
All medications listed to be continued will have the option to create a prescription.

You must actively create a prescription for every item listed to be continued. A 30 day supply with no refills will be the default quantity. This is the case even when a specific duration is entered – you must re-enter the quantity to dispense.

If you are prompted to enter an LU code during reconciliation. a prescription of that medication can be created at the time.



An LU code will have to be selected for the above continued drug to continue it in this instance. Once done, it creates a prescription on the summary below.



Signing Interim

If the discharge reconciliation is yet to be completed, by clicking "Sign Interim Orders" the encounter remains open for additional changes, however any existing prescriptions can be signed off and provided to the patient. A summary screen will appear listing your created prescriptions.

Check that your printer is correct and click 'print to selected option' to print.

Finalizing Discharge

This is to be done after reconciliation and prescription creation is completed. Finalization must eventually be completed to close the encounter. A summary screen will appear listing your created prescriptions. The prescription and patient discharge instructions will print automatically to the selected location. You may also print manually after the discharge reconciliation is complete and before the patient is discharged from Meditech.

Once the patient discharge is complete, no further patient orders/reports can be printed except by admin.

To Redo/Amend the Discharge orders?

The redo or amend function allows you to re-open and edit a previously complete discharge reconciliation. Do not have additional windows open as this may corrupt the reconciliation.

Examples when this is appropriate:

Patient's discharge is cancelled due to

- Change in condition
- Discharge canceled
- Additions are required to complete the discharge medications

Important note:

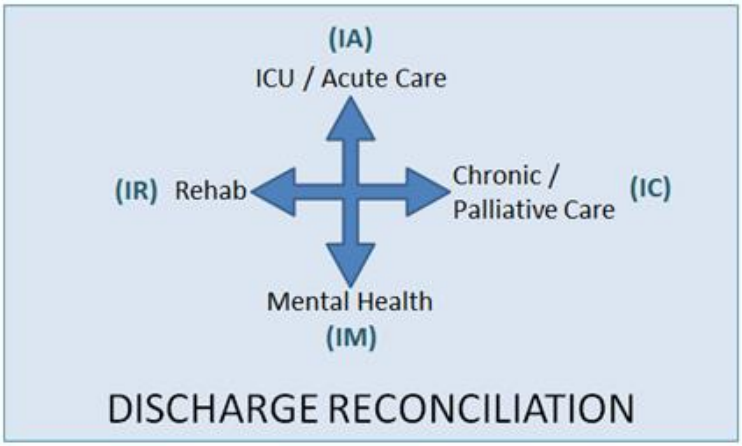
Discharge reports include a version number to help clinical staff keep track of the most up-to-date version of the discharge. This displays as (v. 1), (v. 2), etc. on reports. Ensure that the patient receives the correct report and information.

Click the Redo/Amend button to start the discharge over
Enter changes
Sign Orders
The Patient Discharge Instructions will display v.2 when printed for the patient.

When Conducting a Discharge/Admit to Another Unit

When patients are moving between any of the following account types, a discharge takes place on the original account and an admission to the next.

In order to create admission orders for the following unit, a discharge reconciliation is conducted in MedsTracker as described above. No prescriptions are required in this workflow, thus all users with reconciliation privileges are able to finalize this discharge.



The following events must take place in this order for the admission orders to appear on the next account, we will use the example of a patient leaving 7S100 (IA account) and entering rehab (IR account).

1. Patient has orders created for discharge before the patient is discharged from their IA account Meditech in MedsTracker
2. Physician creates discharge orders in MedsTracker and finalizes
3. Admissions discharges the patient in Meditech from the acute care (IA account) and admits to the rehab (IR account)

Name	Account Num	Status	Date	Location	Med Rec Num
DARTH,VADOR	IR000015/17	ADM IN	04/10/17	6S-007-3	J00000708
DARTH,VADOR	IA000149/17	DIS IN	04/10/17	4S-003-3	J00000708

4. The **following unit has 96 hours** from the time **discharge orders are finalized** to view admission orders in the IR account in MedsTracker and finalize. The button below must be used to view admission orders in this workflow

If there are deviations from the above workflow, admission orders may not be available for the next care setting.

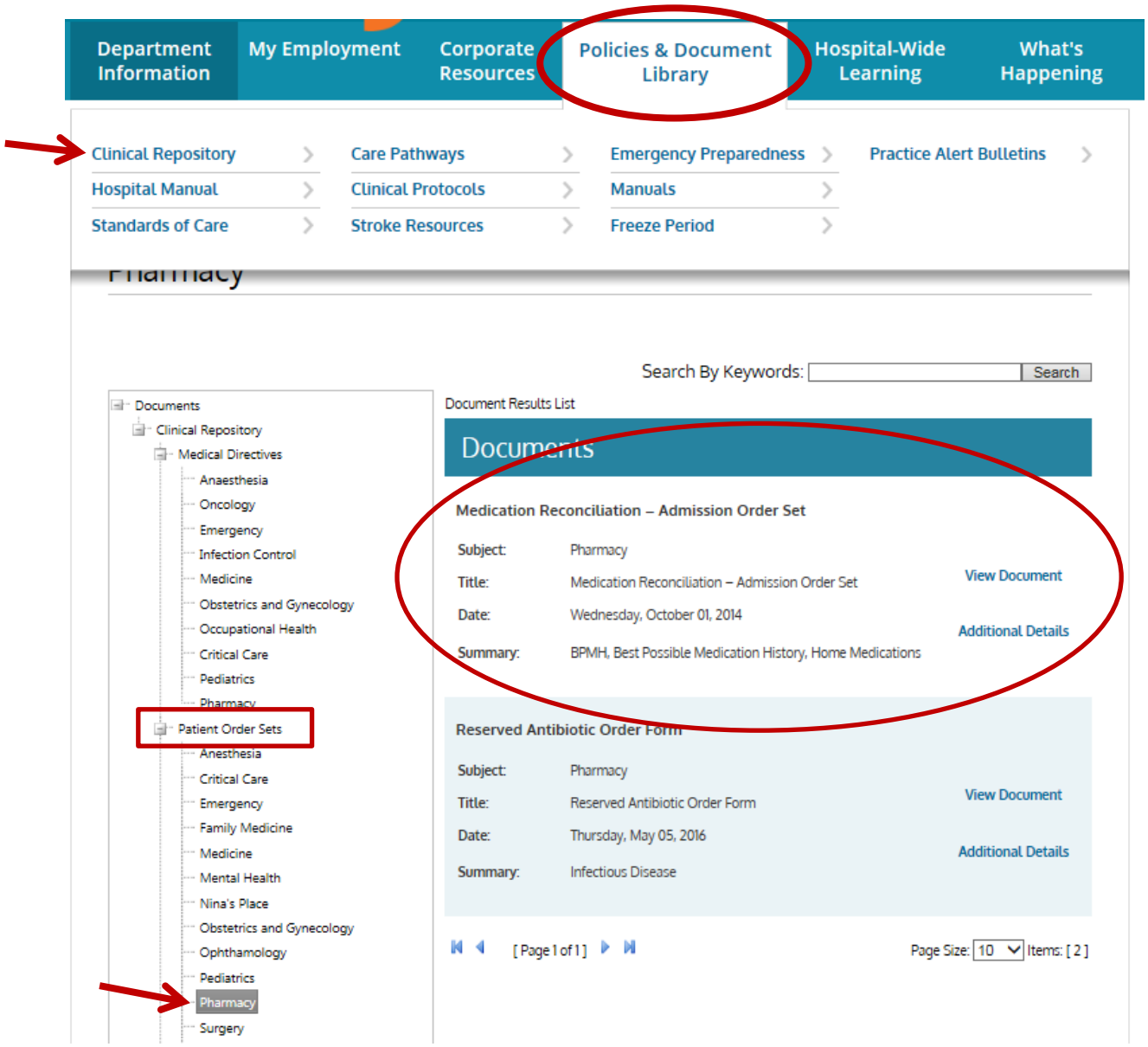
Do not click 'Start Reconciliation' as this begins the reconciliation anew for the IR account rather than link to the orders created from the IA account. An administrator would need to reset this instance for you. Contact itsupport.

Downtime Procedures

In the event of a downtime for MedsTracker where the application is unavailable for use resort to paper medication reconciliation order sets.

A copy of the order set can be found on the intranet under:

Policies & Document Library > Clinical Repository > Patient Order Sets > Pharmacy > Medication Reconciliation - Admission Order Set



Appendix

Roles and Responsibilities outline

Work Flow: Medication Reconciliation

Unit: All

Start: Patient arrival to JBH

Stop: Patient discharge

PRIOR TO ADMISSION – Best Possible Medication Reconciliation (BPMH)						
Role/Dept					Step # and Activities	Additional Notes
Physicians , NPs, Residents	Nursing	Physician Assistants	Pharmacist	Pharmacy Technician		
	X				• Pre-op scheduled appointment • Labour and delivery	Patients to bring their regular medications with them or obtain an up to date medscheck from the community pharmacy
	X		X		• Outpatient clinics (oncology, General Internal Medicine Rapid Assessment Clinic, Heart Function Clinic, vascular access clinic)	
X	X		X	X	• Patient's arriving to the Emergency department and are "consult" status	Dedicated resources include 2 pharmacy technicians during the weekdays and one pharmacy technician during the weekends to the ED and ICU patients.

ADMISSION Medication Reconciliation						
Role/Dept					Step # and Activities	Additional Notes
Physicians , NPs, Residents	Nursing	Physician Assistants	Pharmacist	Pharmacy Technician		
X					• Post-op admission to surgery: the surgeon to complete admission reconciliation on all post-op admitted patients • If the BPMH is not complete and the physician does not have enough information to perform reconciliation, an order is written for a BPMH to be completed. And admission reconciliation to occur after the completion of a BPMH	• Nursing can accept telephone orders
X					• Admitting physician to reconcile the BPMH of a patient that is being admitted in ED	
X					• Once the medication reconciliation is completed in MedsTracker, it will be printed on the local printer and placed on the patient chart.	• Unit Clerk to place the admission orders in the patient's chart

TRANSFER Medication Reconciliation						
Role/Dept					Step # and Activities	Additional Notes
Physicians, NPs, Residents	Nursing	Physician Assistants	Pharmacist	Pharmacy Technician		
X					• All patients transferred from Medicine or Surgery to the Intensive care unit – the admitting intensivest to complete a transfer reconciliation	• Nursing can accept telephone orders
X					• All patients transferred from the Intensive Care Unit to the Medicine or Surgical programs must have a transfer Medication reconciliation completed by the intensivist	

DISCHARGE Medication Reconciliation						
Role/Dept					**Step # and Activities**	**Additional Notes**
Physicians , NPs, Residents	**Nursing**	**Physician Assistants**	**Pharmacist**	**Pharmacy Technician**		
					For Patients being discharged home:	
X					• Patient is identified for discharge by the physician. • The physician completed the discharge medication reconciliation in MedsTracker. • The physician completes any medication prescriptions in MedsTracker. • The discharge summary along with prescriptions are printed to the local printer and placed on the patients chart.	
	X				• The discharge summary is faxed to the family doctor. • The discharge prescription(s) are faxed to the patient's retail pharmacy of choice **OR** • If patient from LTC, the summary and prescriptions are faxed to the facility as per normal process	
	X		X		• The patient/family are given discharge summary and prescriptions along with any health teaching.	
					For Patients Discharged from Medicine, Surgery, or ICU to rehab, Mental health, or complex continuing care:	
X					• The physician must utilize the discharge feature for this transfer and identify location patient is going in the 'discharge disposition' section.	
	X		X		• Nursing staff on the receiving unit will initiate 'special admission' med rec on the admission page and hit finalize right away. The orders will go to pharmacy at this point and print on local printer as per transfer orders	

Grid for Medication Reconciliation by Population

Patient Population / Status	**BPMH**	**Admission Reconciliation**	**Transfer Reconciliation**	**Discharge Reconciliation**
Out patient clinic (in scope) with **no** home meds	✓	-	-	✓ Minimal use
Out patient clinic (in scope) with home meds	✓	-	-	✓ Minimal Use
Out patient clinic (in scope) with **no** home meds admitted	✓	✓	-	-
Out patient clinic (in scope) with home meds admitted	✓	✓	-	-
ED patient with **no** home meds not admitted	✓ If possible	-	-	-
ED patient with home meds not admitted	✓ If possible	-	-	-
ED patient with **no** home meds admitted	✓	✓	-	-
ED patient with home meds admitted	✓	✓	-	-
In patient transferred from Medicine, Surgery or ICU to Rehab, Mental Health, Palliative, or Chronic Care	-	-	-	✓
In patient transferred from Medicine or Surgery to ICU	-	-	✓	-
In patient transferred from ICU to Medicine or Surgery	-	-	✓	-
Post-op patient transferred to Surgery / ICU (if **no** admission med rec completed)	-	✓	-	-
Post-op patient transferred to Surgery / ICU (if admission med rec completed)	-	-	✓	-
Direct transfer from hospital	✓ *	✓	-	-
Direct transfer from external facility (ie. LTC home)	✓	✓	-	-
In patient transferred to another In patient unit (with no change in account)	-	-	-	-
In patient discharged home	-	-	-	✓
MACU and L&D patient	✓	✓		✓
Neonates	-	-	-	-
NICU	✓	✓		✓
In patient discharged to another facility (including another hospital, retirement home, nursing home)	-	-	-	✓
Expired patient	-	-	-	-

Outline / add your unit specific process here:

Entering BPMH:

Completing Admission Reconciliation:

Completing Transfer Reconciliation:

Completing Discharge Reconciliation:

Medication Reconciliation manual, tip sheets, and training videos available on Intranet

Corporate Resources -> Medication Reconciliation