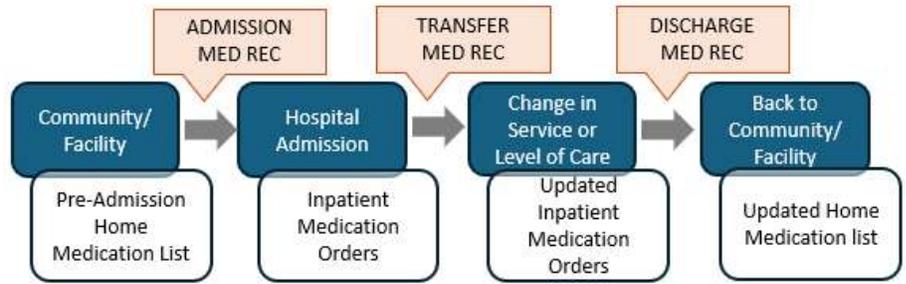


Medication reconciliation is the *process* of comparing medications a patient is taking with newly ordered/planned medications and resolving discrepancies.

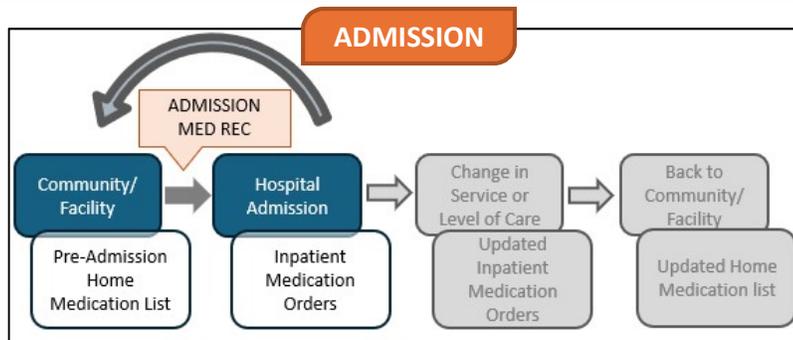


GOALS of medication reconciliation:

- Create accurate list of medications to continue
- Identify and resolve unintentional medication discrepancies with transitions of care
- Avoid omissions, duplications, contraindications, drug interactions, and errors

How to Complete **ADMISSION** Medication Reconciliation in HealthBridge

Complete within 24 hours of admission



Medications Reconciliation S...	Order Rec

Patient List Reminder Flags

- Med Recon Status flags = Home meds pending review
- Red Order Rec flag = ADM Order Reconciliation pending

STEP 1: Create home medication list in "Outpatient Medication Review" module



- Check 2 or more sources (e.g., patient, pharmacy, facility)
- For each medication, verify if patient still takes and indicate:
 - Verified (patient) taking
 - No Longer Taking (per pt report)
- Add additional Home Medications (icon in header)
- Save as Complete (Repeat Step 1 as needed)

STEP 2: Generate inpatient admission medication orders using "Order Reconciliation" module*

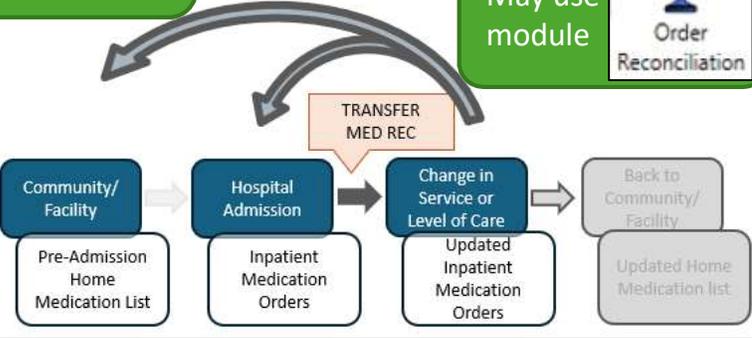


- For each pre-admission home medication to continue, select one:
 - Continue medication regimen as inpatient order
 - Reconcile with existing order (If order already active)
 - Additional functions/options (e.g., Modify regimen)
- Select "Reviewed and Reconciled" to HOLD home med
- Enter Orders for new medications (icon in header)
- Save as Complete

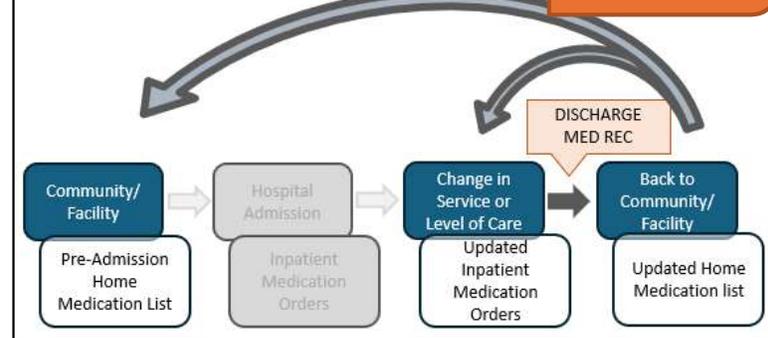
*Perform Step 2 to create inpatient admission med orders, not with every home med list update.

Look back to the home medication list upon changes in service/level of care

TRANSFER



DISCHARGE



Why review the pre-admission medication list at transfer and discharge?

- Update medication list based on current indications and clinical status
- Avoid omissions, duplications, and inappropriate medications
- Counsel patients on changes to prevent medication errors
- Avoid medication errors and patient harm

Rationale	Scenarios/Examples
Update regimens with changes in clinical status	Renal dosing no longer needed with resolution of AKI
Reconcile discrepancies	Pressors (ICU) vs antihypertensives (home)
Discontinue medications no longer indicated	Antipsychotics for inpatient delirium Stress ulcer or VTE prophylaxis
Discontinue/hold contraindicated meds	Anticoagulants and/or antiplatelets stopped due to acute GI bleed
Prevent omissions of home medications held upon/during admission	Antiplatelet or anticoagulants held for surgery/procedure Oral contraceptives
Avoid duplications (e.g., formulary substitutions)	Lisinopril taken at home vs enalapril ordered inpatient

How to Complete DISCHARGE Medication Reconciliation in HealthBridge

Generate discharge home medication list using "Order Reconciliation" module



Complete before Discharge Summary or Instructions

- Review and reconcile home medications and inpatient orders
 - NOTE:** = 2 related orders for the same medication
- In-line reconciliation actions:
 - Continue as ... (Adds med to home list; No new Rx generated)
 - Create new prescription (Generates Rx and adds med to home list)
 - Mark as not required (Med will be omitted/removed from home list)
 - Suggest to continue as ... (Adds med to home list; No new Rx generated)
- If new medication (not in lists), enter prescriptions via "Prescription Writer" module (icon in header)



Patient List Reminder Flag
Green Order Rec flag = Active Discharge Order **WITHOUT completing** DISCH Med Recon

Admission Reconciliation – REQUIRED within 24 hours of admission

STEP 1: Outpatient Medication Review module (create pre-admission home med list)

Medication List:

- Apixaban 5 mg oral tablet** (Status: Active, Verified)
 - 1 tab(s) orally 2 times a day
 - Entered By: JEU, LilyAnn(PharmD) Supervising MD:
 - Status: Active
 - Refills: None Qty:
 - Originating Source: My EHR
 - Last Modified: 07-12-2024 15:05
 - Transmit Method: Leave Unsubmitted Transmit Status: None
 - Entry Type: Hx Ref#: 49 Dispensed Units:
- Enalapril 2.5 mg oral tablet** (Status: Active, Verified)
 - 1 tab(s) orally 2 times a day x 30 days
 - Prescriber: Ferguson, Laurie(PharmD) Supervising MD: Dominguez, Freddy
 - Status: Active
 - Refills: None Qty: 60 Tablet
 - Start Date: 06-20-2024 End Date: 07-19-2024
 - Originating Source: My EHR
 - Last Modified: 06-20-2024 14:55
 - Pharmacy: CS VA Pharmacy
 - Transmit Method: eSubmit Transmit Status: Failed
 - Entry Type: Rx Ref#: 39
- Clonazepam 1 mg oral tablet** (Status: Active, No Longer Taking)
 - 1 tab(s) orally once a day (at bedtime)
 - Entered By: Pharm Student, SUNYDMC(Student) Supervising MD:
 - Status: Active
 - Refills: None Qty:
 - Start Date: 07-09-2024 End Date: 07-09-2024
 - Originating Source: My EHR
 - Last Modified: 07-09-2024 15:12
 - Transmit Status: None
 - Entry Type: Hx Ref#: 45
- Propranolol 10 mg oral tablet** (Status: Active, Verified)
 - 1 tab(s) orally 2 times a day x 30 days
 - Prescriber: Ferguson, Laurie(PharmD) Supervising MD: Dominguez, Freddy
 - Status: Active
 - Refills: None Qty: 60 Tablet
 - Start Date: 06-20-2024 End Date: 07-19-2024
 - Originating Source: My EHR
 - Last Modified: 06-20-2024 14:55
 - Pharmacy: CS VA Pharmacy
 - Transmit Method: eSubmit Transmit Status: Failed
 - Entry Type: Rx Ref#: 38

Annotations:

- Blue callout: Patient reports taking 3 out of 4 pre-admission home medications – Marked as “Verified”
- Orange callout: Marked as “No Longer Taking”

Buttons: Save Complete, Save Incomplete, Cancel

STEP 2: Order Reconciliation module (generate/reconcile inpatient orders)

Reconciliation Type: Admission Reconciliation by JEU, LilyAnn; New orders will be in session type of Standard

HOME MEDICATIONS (0 of 3 reconciled or maintained)

- analgesics (central nervous system agents) (no items)**
- angiotensin converting enzyme (ACE) inhibitors (cardiovascular agents)**
 - 1 Enalapril 2.5 mg oral tablet - 1 tab(s) orally 2 times a day x 30 days (Last Dose Taken:) **1**
- antiarrhythmic agents (cardiovascular agents)**
 - 1 propranolol 10 mg oral tablet - 1 tab(s) orally 2 times a day x 30 days (Last Dose Taken:) **2**
- anticoagulants (coagulation modifiers)**
 - 1 apixaban 5 mg oral tablet - 1 tab(s) orally 2 times a day (Last Dose Taken:) **3**

CURRENT ORDERS

- HYDROMORPHONE Injectable - [Known as DILAUDIOL Inj]
 - 7 MILLIgram(s) IntraMuscular Once
 - For 1 Times
- Ketorolac - [Known as toRADOL]
 - 10 MILLIgram(s) Oral Every 6 Hours
 - *PRN For Agitation (Severe)

Annotations:

- Blue callout: Example shows the 3 “verified” home medications to be reconciled with previously entered inpatient orders

Context Menu (for Enalapril):

- Continue As Enalapril - [2.5 MILLIgram(s) Oral Tablet 2 Times Per Day]
- Reconcile with Existing Order
- Needs Further Review
- Review and Reconcile
- Clear Reconciliation
- No Longer Taking
- Entered In Error
- Modify
- Remove Follow Up Flag
- Show Details
- Show History

Medication Order Reconciliation Examples (Page 2)

Transfer Reconciliation – Option to use HealthBridge “Order Reconciliation” module to reconcile current inpatient orders with pre-admission home med list.

Inpatient Orders

Pre-Admission Home Medications

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Order Entry Enter Home Outpatient Mark All Remaining as More Multi Order /Sort By Layout Types Discharge Order Requested By Medication Prescriptions Medication Review Reviewed and CONTINUED Actions Reconciliation

Reconciliation Type: **Transfer Reconciliation** by **Jeu, LilyAnn**; New orders will be in session type of **Standard**

ITEMS TO RECONCILE (0 of 41 reconciled)

Medication

Pending Verify (0/1 reconciled)

Active (0/22 reconciled)

Apixaban - [Known as ELIQUIS] 10 MILLigram(s) Oral At Bedtime Nurse Instructions ****High-Alert Med*** Date: 06-27-2024 Routine Disc/Stop: 07-27-2024 23:59

Brimonidine 0.15% Ophthalmic (NF) - [Known as ALPHAGAN P 0.15% Ophthalmic] 1 Drop(s) Both Eyes 3 Times Per Day For 30 Days Date: 06-27-2024 Routine Disc/Stop: 07-27-2024 14:14

Cyclopentolate 1% Ophthalmic - [Known as CYCLOGYL 1% Ophthalmic] 1 Drop(s) Left Eye Every 5 Minutes For 3 Times Date: 06-20-2024 Routine Disc/Stop:

Dofetilide - [Ordered as TIKOSYN] 125 MICROgram(s) Oral 2 Times Per Day For 30 Days Date: 06-20-2024 Routine Disc/Stop: 07-20-2024 15:02

Enalapril - [Known as VASOTEC]

HOME MEDICATIONS (3 items)

angiotensin converting enzyme (ACE) inhibitors (cardiovascular agents)

enalapril 2.5 mg oral tablet - 1 tab(s) orally 2 times a day x 30 days Last Dose Taken: Previous actions: Reconciled With Existing (Admission Reconciliation) ...

antiarrhythmic agents (cardiovascular agents)

propranolol 10 mg oral tablet - 1 tab(s) orally 2 times a day x 30 days Last Dose Taken: Previous actions: Continued (Admission Reconciliation) ...

anticoagulants (coagulation modifiers)

apixaban 5 mg oral tablet - 1 tab(s) orally 2 times a day Last Dose Taken: Previous actions: Reconciled With Existing (Admission Reconciliation) ...

Discharge Reconciliation – Use of “Order Reconciliation” module is **REQUIRED** before creating the Discharge Summary or printing Discharge Instructions.

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Discharge Order Entry Order Entry Enter Home Outpatient Mark All Remaining as More Discharge Instruction /Sort By Layout Types Discharge Order Requested By Medication Prescriptions Medication Review Reviewed and NOT REQUIRED Actions Instruction

Reconciliation Type: **Discharge Reconciliation** by **Jeu, LilyAnn**; New orders will be in session type of **Discharge**

ITEMS TO RECONCILE (0 of 30 reconciled)

HOME MEDICATIONS AT DISCHARGE

angiotensin converting enzyme (ACE) inhibitors (cardiovascular agents) (0/2 reconciled)

enalapril Home and Inpatient

antiarrhythmic agents (cardiovascular agents) (0/2 reconciled)

dofetilide Inpatient

anticoagulants (coagulation modifiers) (0/3 reconciled)

apixaban Home and Inpatient

Enoxaparin Injectable - [Known as LOVENOX] 40 MILLigram(s) SubCutaneous Daily For 30 Days Inpatient

antidiabetic agents (metabolic agents) (0/2 reconciled)

Insulin Regular Injectable - [Known as NovoLIN R] 5 Unit(s) SubCutaneous With Meal In Front of Patient For 30 Days Inpatient

metFORMIN - [Known as GLUCOPHAGE] 1,000 MILLigram(s) Oral Twice Daily With AM & PM Meal For 30 Days Inpatient