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Medication Reconciliation Essentials

LilyAnn Jeu, PharmD, MHA, BCPS, CPHQ, CPPS, LSSGB

Director, Department of Patient Safety

In conjunction with Pharmacy, Ambulatory Care Providers, Internal Medicine Chief Residents, and HealthBridge/IT Guides

- **MiYoung Helena Hahn, BS, MS, PharmD, BCPS, BCCP**, Medication Reconciliation Pharmacist, Department of Pharmacy
- **Marcia Edmond-Bucknor, MD**, Assistant Professor/Medical Director, Department of Family Medicine
- **Lavonia Francis, DNP, RN, ACNS-BC, NEA-BC**, Assistant Vice President, Ambulatory Care Services
- **Marie Boursiquot, RN, MSN, CNS**, Assistant Director of Nursing, Outpatient Department
- **Nazeera Ghanie, MD, MBA, and Frank Lin, MD**, Chief Residents, Internal Medicine



Why Medication Reconciliation

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



GOALS of medication reconciliation

1. Create an accurate medication list

2. Identify and resolve discrepancies*

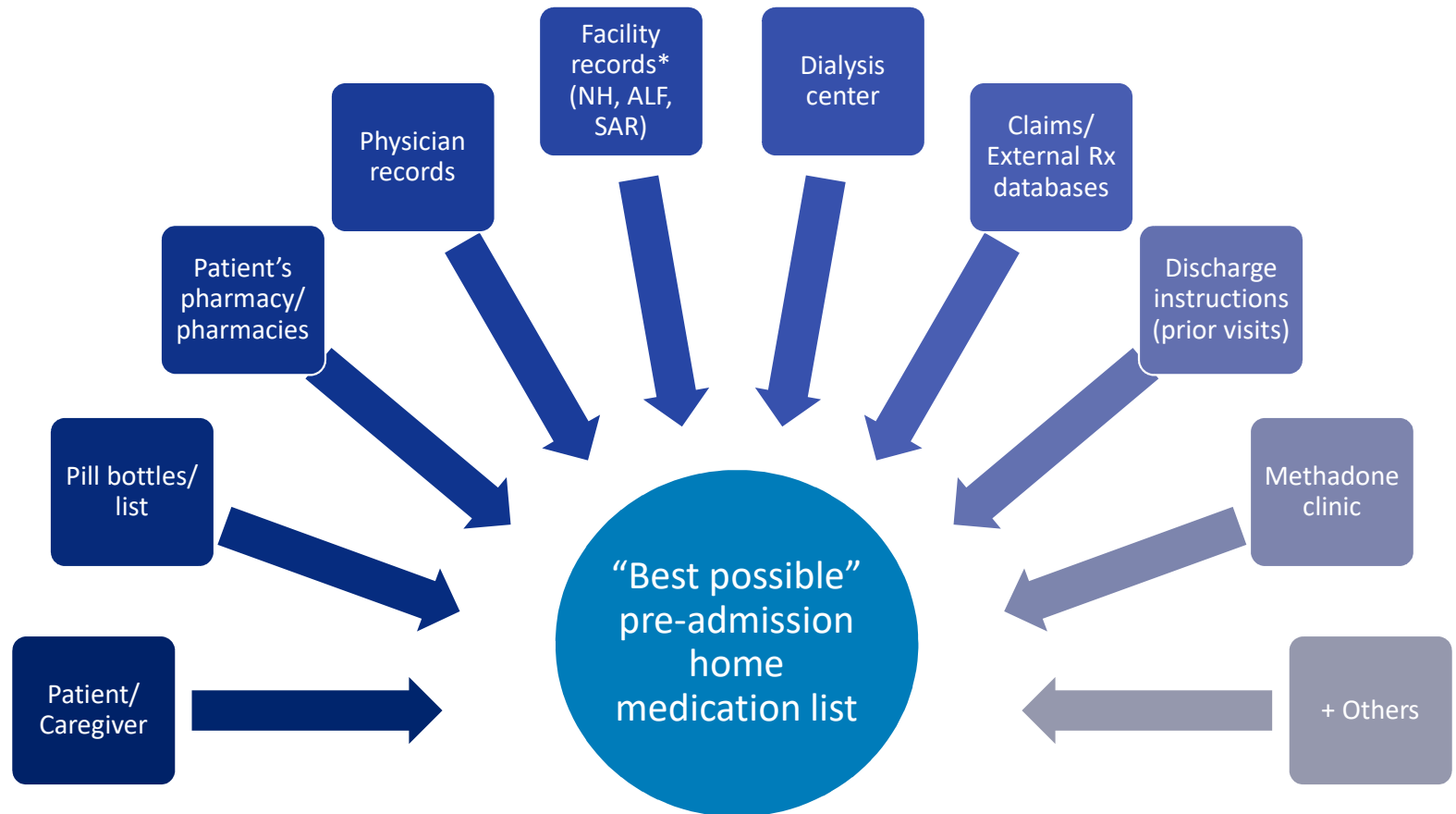
3. Prevent medication errors*

*Discrepancies and errors include omissions, duplications, contraindications, and drug interactions

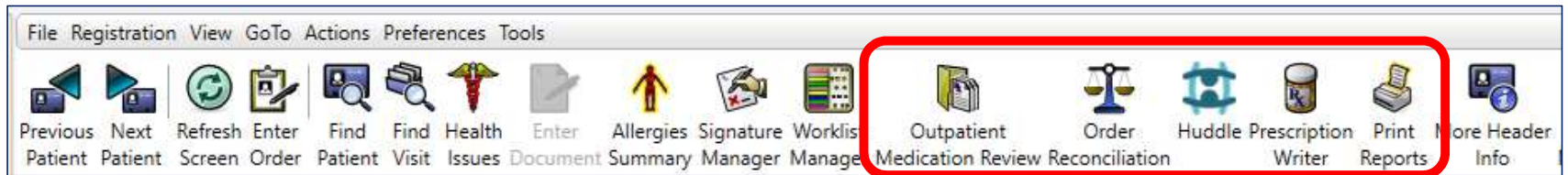
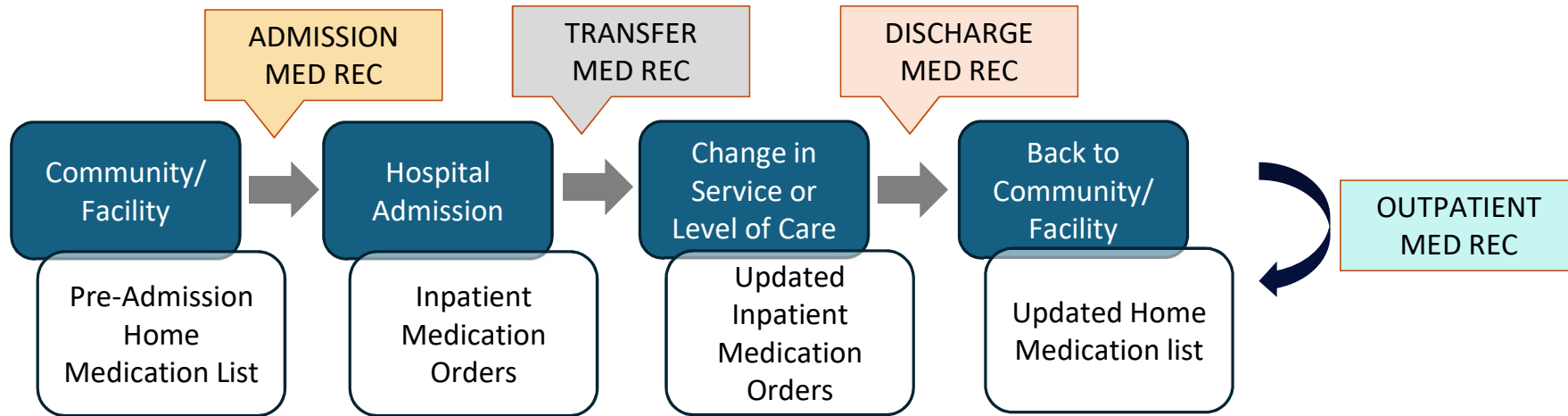
Sources to Create the “Best Possible” Pre-Admission Medication List



What are
common sources
of patient's home
medications?



Medication Reconciliation at Transitions of Care



Inpatient Medication Reconciliation

Admission Medication Reconciliation

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

GOAL: Complete Step 1 and Step 2 within 24 hours of admission

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 (List can be updated later)



STEP 2: Generate inpatient orders from pre-ADM med list 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

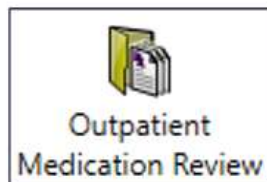


Generates inpatient admission medication orders AND Order Reconciliation document.

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

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- ☐ Add additional Home Medications (icon in header)
- ☐ Save as Complete (List can be updated later)



Stop if OMR not yet addressed

STEP 2: Generate inpatient orders from pre-ADM med list using "Order Reconciliation" module



- ☐ For each pre-admission home medication to continue, select one:
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- ☐ Enter Orders for new medications (icon in header)
- ☐ Save as Complete



Generates inpatient admission medication orders AND Order Reconciliation document.

ADMISSION Medication Reconciliation Example

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



Providers can click on the “Medication History for Ambulatory” icon to pull claims information from Surescripts

[illegible]

ADMISSION Medication Reconciliation Example



1. Click on "Get Dispense History." (Try a second time if no list initially appears.)
2. Identify latest prescription for each medication (review dates)
3. Accept to Med Hx
4. Close to add selected medications to OMR list

Caution: Surescripts data may not be 100% complete

Medication History for Reconciliation - [Redacted]

Get Dispense Hx Expand/Co Accept to Med Hx

Dispensed Medication History as of: 08-28-2025 08:33 [Disclaimer](#)

☒ Showing: All medications Showing 23 medications from Surescripts 1 Medications selected

Name	Count/Number Rx Fills	Date Last Modified/Filled	Source Type
Miscellaneous (generic name unknown)	5	08-25-2025	
apixaban	5	08-11-2025	
clotrimazole	1	08-25-2025	
fludrocortisone	1	08-25-2025	
furosemide	1	08-25-2025	
insulin aspart	2	08-25-2025	
☒ FIASP FLEX INJ TOUCH		06-24-2025	Claim
☒ NOVOLOG INJ FLEXPEN		08-25-2025	Claim
insulin glargine	1	08-25-2025	
levoFLOXacin	1	08-27-2025	
midodrine	1	08-25-2025	
mycophenolate mofetil	1	08-25-2025	
omeprazole	1	08-25-2025	
predniSONE	1	08-25-2025	
sulfamethoxazole-trimethoprim	1	08-25-2025	

Updated medication dispense history results available for review.

[Need Help?](#) 4 Close

ADMISSION Medication Reconciliation Example (Continued)

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



Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Order Entry Enter Home Outpatient Mark All Remaining More
/Sort By Layout Types Order Session Type Requested By Medications Medication Review as Reviewed and HELD Actions

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

HOME MEDICATIONS (0 of 3 reconciled or maintained) CURRENT ORDERS

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:

antiarrhythmic agents (cardiovascular agents)

2 propranolol 10 mg oral tablet - 1 tab(s) orally 2 times a day x 30 days
Last Dose Taken:

anticoagulants (coagulation modifiers)

3 apixaban 5 mg oral tablet - 1 tab(s) orally 2 times a day
Last Dose Taken:

HYDROMORPHONE Injectable - (Known as DILAUDID Inj)
7 MILLigram(s) Intramuscular Once
For 1 Times

Ketorolac - (Known as toRadol)
10 MILLigram(s) Oral Every 6 Hours
*PRN For Agitation (Severe)

Continue As Enalapril - [2.5 MILLigram(s) Oral Tablet 2 Times Per Day] Enalapril -
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

Enalapril - 10 mg PO BID
Enalapril - 10 mg PO daily
Enalapril - 20 mg PO BID
Enalapril - 20 mg PO daily
Enalapril - 5 mg PO BID
Enalapril - 5 mg PO daily
Related Items
Order Entry...

Apixaban - (Known as ELIQUIS)
10 MILLigram(s) Oral At Bedtime
Nurse Instructions ***High-Alert Med***

Enoxaparin Injectable - (Known as LOVENOX)
40 MILLigram(s) Subcutaneous Daily
For 30 Days

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



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PRO
Tip

Admission medication reconciliation does **NOT** need to be reset/repeated, even if additional home medications are added in the Outpatient Medication Review module during the admission

ADMISSION Medication Reconciliation Example

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

Med Status: Patient Currently Takes Medications

Patient reports taking 3 out of 4 pre-admission home medications – Marked as “Verified”

Marked as “No Longer Taking”

Save Complete Save Incomplete Cancel

Q&A

Question: What if the patient takes no medications at home (e.g., newborn)?

Outpatient Medication Status

Med Status: Patient Currently Takes Medications

Outpatient Medication Status: No Current Medications

History

Answer: Document Med Status “No Current Medications,” then Save Complete.

Question: What if the patient’s pharmacy is closed/unknown at the time of admission?

Answer: You can initially mark the medication list as incomplete or unknown, then update the list as soon as possible.

However, OMR and Admission Order Rec must be completed prior to initiating Discharge Order Reconciliation.

NEW Admission Medication Reconciliation Reminder Alert (*July 8, 2025*)

For admitted patients, the following alert will appear for residents/PAs/NPs upon attempting medication order entry until Admission Order Reconciliation has been completed.

Recommendation: Generate initial inpatient medication orders via Admission Order Reconciliation.

Note: Review/update the home medication list in the Outpatient Medication Review module BEFORE attempting Admission Order Reconciliation.

Alert Detail - TEST, INPATIENTNS31 - Carvedilol

Alert Summary

Acknowledged	Viewed	Document	Alert	Priority	Type	Comment	Scope
			Admission Medication Reconciliation	HIGH	WARNING		Chart

Alert: Admission Medication Reconciliation

Message:

[Expand](#)

Please verify and update the patient's home medication list in Outpatient Medication Review and then **COMPLETE Admission Order Reconciliation within 24 hours of admission.**

Acknowledgement Comment:

This alert must be acknowledged and a comment added before clicking Proceed.

☐ Acknowledge when seen

<< Previous Alert 1 of 1 Next >>

To view suggested actions for the Carvedilol order click View Action.

To continue with the Carvedilol unchanged click Proceed.

To return to the Carvedilol and discard alerts click Go Back.

Improving Medication Reconciliation Hand Off

References Tools

Find Health Enter Allergies Signature Worklist Outpatient Order Huddle Prescription Print More Header Workflow Drug Health Education LexiComp Immunization CernerBridge Clinical InfoBut
Visit Issues Document Summary Manager Manager Medication Review Reconciliation Writer Reports Info Management Info Manager Log Registry Path Mgr.

Medicine Handoff

MRN: [REDACTED]

Attend [REDACTED]

Code Status:

Admit Date [REDACTED]

Hospital [REDACTED]

Illness Severity
☒ Stable ☐ Watcher ☐ Unstable 14 hr ago (H. Sherman)

Patient Summary
 [REDACTED]

Action List
 Add a task...

Situational Awareness (If/Then)
 [REDACTED]

Vitals Summary (24h)
 T(C): 36.1, Max: 37 (17:03)
 HR: 52 (46 - 68)
 BP: 124/63 (115/62 - 138/86)
 RR: 20 (18 - 20)
 SpO2: 100% (96% - 100%)

Common Labs (last 24h)
 8.13 $\frac{14.4}{44.4}$ [234 ANC:5.63 07-18 @ 08:41
 9.86 $\frac{15.4}{45.8}$ [254 ANC:6.81 07-17 @ 17:27

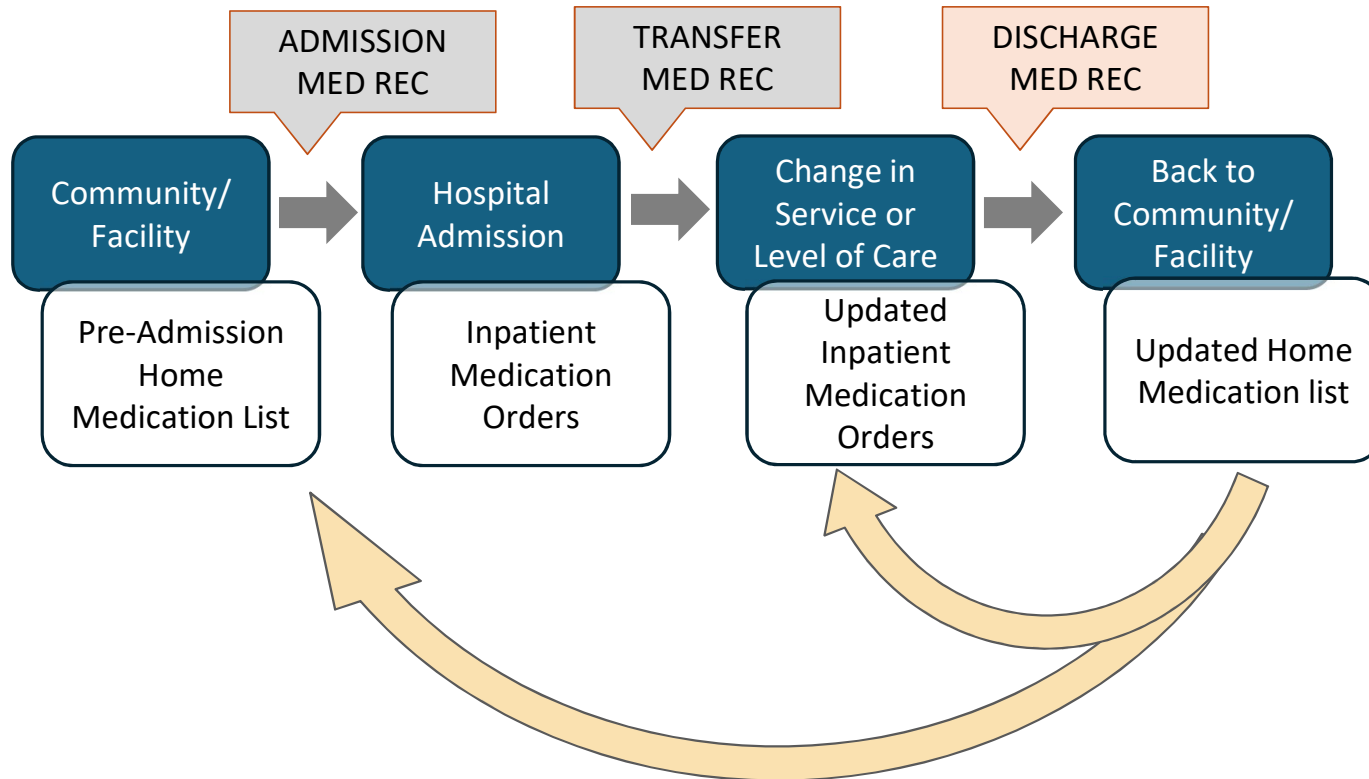
Allergies
 No Known Allergies

Medications
 Aspirin 325 MILLigram(s) Oral Daily
 Enoxaparin Injectable 40 MILLigram(s) SubCutaneous Daily
 Valsartan 40 MILLigram(s) Oral 2 Times Per Day

Last Order Reconciliation Date: 07-18-25 @ 11:28 (Admission Reconciliation)

Discharge Medication Reconciliation

Medication Reconciliation at Transitions of Care



“Look Back” with Changes in Service or Level of Care

Rationale	Scenarios/Examples
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 held home medications	Antiplatelet or anticoagulants held for surgery/procedure Oral contraceptives
Avoid duplications	Lisinopril taken at home vs enalapril ordered inpatient



Review **consult service notes** for recommendations for medication regimen adjustments during the hospital visit AND upon discharge.

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

MUST complete Discharge Reconciliation before Discharge Instructions are printed to provide an accurate medication list to patients

Generate discharge home medication list using “Order Reconciliation” module



- ☐ 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)  



Before submitting e-prescriptions, confirm the patient’s preferred pharmacy for discharge prescriptions even if it was already reviewed upon admission.



DISCHARGE Medication Reconciliation Example

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

**PRO
Tip**

Select to continue the Home or Inpatient medication (not both).

Reconcile Orders View/Maintain History

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

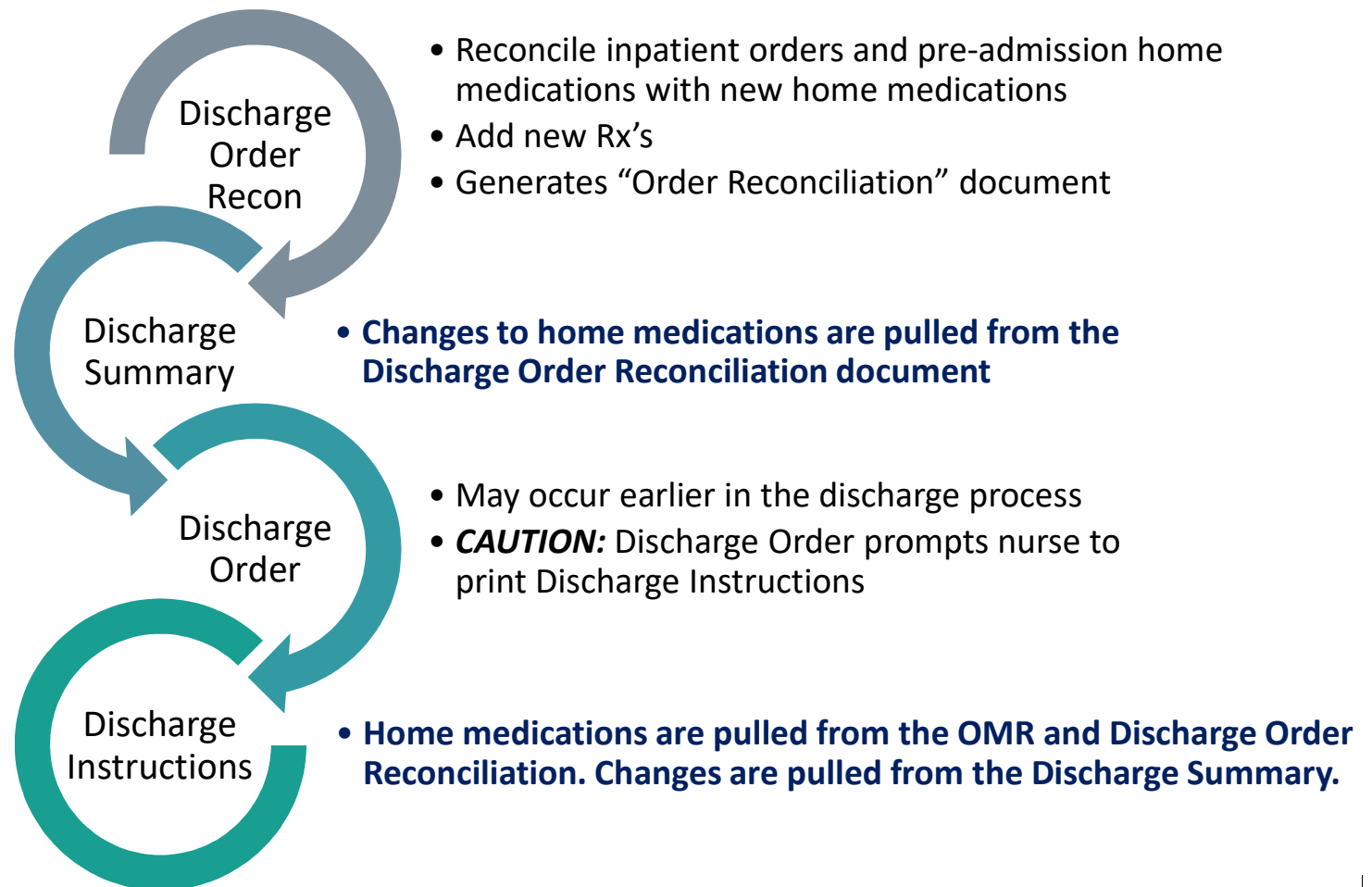
- angiotensin converting enzyme (ACE) inhibitors (cardiovascular agents) (0/2 reconciled)
 - enalapril Home and Inpatient
- antiarrhythmic agents (cardiovascular agents) (0/2 reconciled)
 - dofetilide Inpatient
- anticoagulants (coagulation modifiers) (0/3 reconciled)
 - apixaban Home and Inpatient
 - 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

Q&A

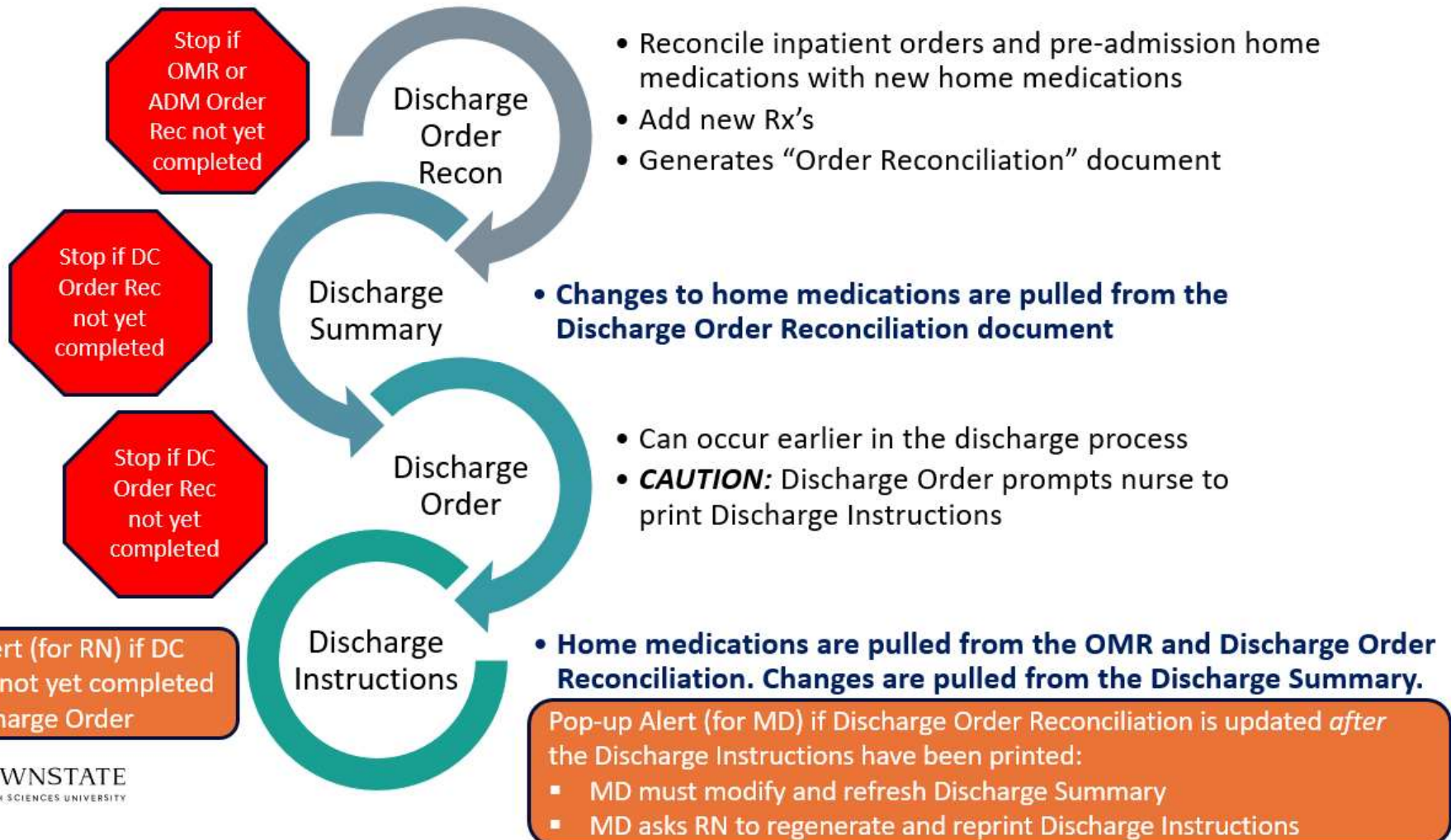
Question: “Why do the new prescriptions I entered for discharge home medications not appear in the Home Medication section in the Discharge Instructions? I used the Prescription Writer module.”

Answer: New prescriptions must be entered via the “Enter Prescriptions” icon/link WITHIN the “Order Reconciliation” module to appear in the Discharge Instructions (**NOT** the “Prescription Writer” module from the main screen)

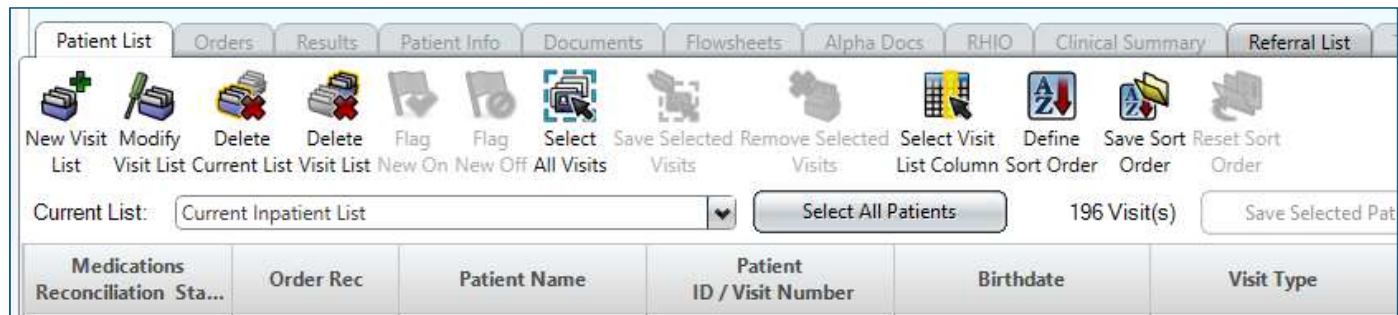
Order of Operations Matters



Order of Operations Matters



Reminder Flags Available in Patient List (Time Limits Apply)



ADMISSION

DISCHARGE

Home Medication Review Status:
Requires MD approval

Home Medication Review Status:
Not Done

Medications Reconciliation S...	Order Rec

Admission Order Reconciliation is overdue

Order Rec

Active Discharge Order WITHOUT completing Discharge Order Reconciliation



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Outpatient Medication Reconciliation

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OUTPATIENT Medication Reconciliation Workflow

STEP 1: Update home medication list

RN



- Review and update list



Verified (patient) taking

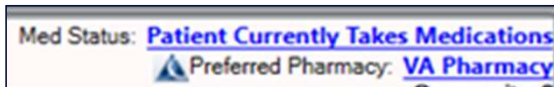


No Longer Taking (per pt report)

- Add new home medications



- Update patient's preferred pharmacy



Save Complete

Save Incomplete

STEP 2: Confirm/update home med list

MD



- Review and update list (same as RN instructions)

Save Complete

MD must (also) save Complete

- Publish home medication list in the progress note (next slides)

STEP 3: Print new home medication list

- Print a stand-alone medication list (later slides)
or medication list in Encounter/After-Visit Summary

Step-By-Step for How to Update the Home Medication List

Update the home medication list in the HealthBridge Outpatient Medication Review module



1 Ask the patient if he/she is still taking each medication listed and then mark:

- Verified (patient) taking
- No Longer Taking (per pt report)
- Needs follow up

Options Panel

Home Medications Review Status for Reconciliation: **Not Done**
Discharge Reconciliation Status: **Not Done**
Some patient medication may not be shown. Showing: All Meds to be reviewed for this visit from My EHR and all pending medications from all Community sources.
Display Format: **Review Active Medications (Modified)** Group/Sort by: **Item Class and Drug**
Selected medications will become unselected with any changes in filtering and sorting options or access to other functionalities that will refresh the medication list.

Med Status: **Patient Currently Takes Medications**
Preferred Pharmacy: **Medi-Serv Pharmacy**
Community: 0
Items: 10

Active (10 items)

amlODIPine 10 mg oral tablet
1 tab(s) orally once a day x 90 days
Status: **Active**
Refills: 2 Qty: 90 Tablet
Start Date: 08-10-2023 End Date: 05-05-2024
Originating Source: My EHR
Last Modified: 08-10-2023 16:23

Calcium 500+D oral tablet, chewable
1 tab(s) chewed 2 times a day x 90 days
Status: **Active**
Refills: 2 Qty: 180 Tablet
Start Date: 08-10-2023 End Date: 05-05-2024
Originating Source: My EHR
Last Modified: 08-10-2023 16:24

QuickPick Advanced X
Unknown
Today a.m.
Today p.m.
Yesterday a.m.
Yesterday p.m.
2 Days Ago
3 Days Ago
Last Week
Last Month
Last Year

Save Complete

Save Incomplete

Step-By-Step for How to Update the Home Medication List

Update the home medication list in the HealthBridge Outpatient Medication Review module



1 Ask the patient if he/she is still taking each medication listed and then mark:

- Verified (patient) taking
- No Longer Taking (per pt report)
- Needs follow up

2 Optional: For medications that the patient is still taking (or was instructed to hold), enter the date and time of the last dose taken.

Step-By-Step for How to Update the Home Medication List

Update the home medication list in the HealthBridge Outpatient Medication Review module



1 Ask the patient if he/she is still taking each medication listed and then mark:

- Verified (patient) taking
- No Longer Taking (per pt report)
- Needs follow up

3 Add any home medications not already on the list.

2 Optional: For medications that the patient is still taking (or was instructed to hold), enter the date and time of the last dose taken.

Step-By-Step for How to Update the Home Medication List

Update the home medication list in the HealthBridge Outpatient Medication Review module

1 Ask the patient if he/she is still taking each medication listed and then mark:

- Verified (patient) taking
- No Longer Taking (per pt report)
- Needs follow up

4 If the medication list is unknown/incomplete or the patient takes no medications, change the Medication Status. Click on hyperlink.

3 Add any home medications not already on the list.

2 Optional: For medications that the patient is still taking (or was instructed to hold), enter the date and time of the last dose taken.

Outpatient Medication Status:

- No Current Medications
- No Current Medications**
- Unknown Medication History
- Patient Currently Takes Medications
- Incomplete Medication History

History

QuickPick Advanced

- Unknown
- Today a.m.
- Today p.m.
- Yesterday a.m.
- Yesterday p.m.
- 2 Days Ago
- 3 Days Ago
- Last Week
- Last Month
- Last Year

Save Complete

Save Incomplete

Step-By-Step for How to Update the Home Medication List

Update the home medication list in the HealthBridge Outpatient Medication Review module

1 Ask the patient if he/she is still taking each medication listed and then mark:

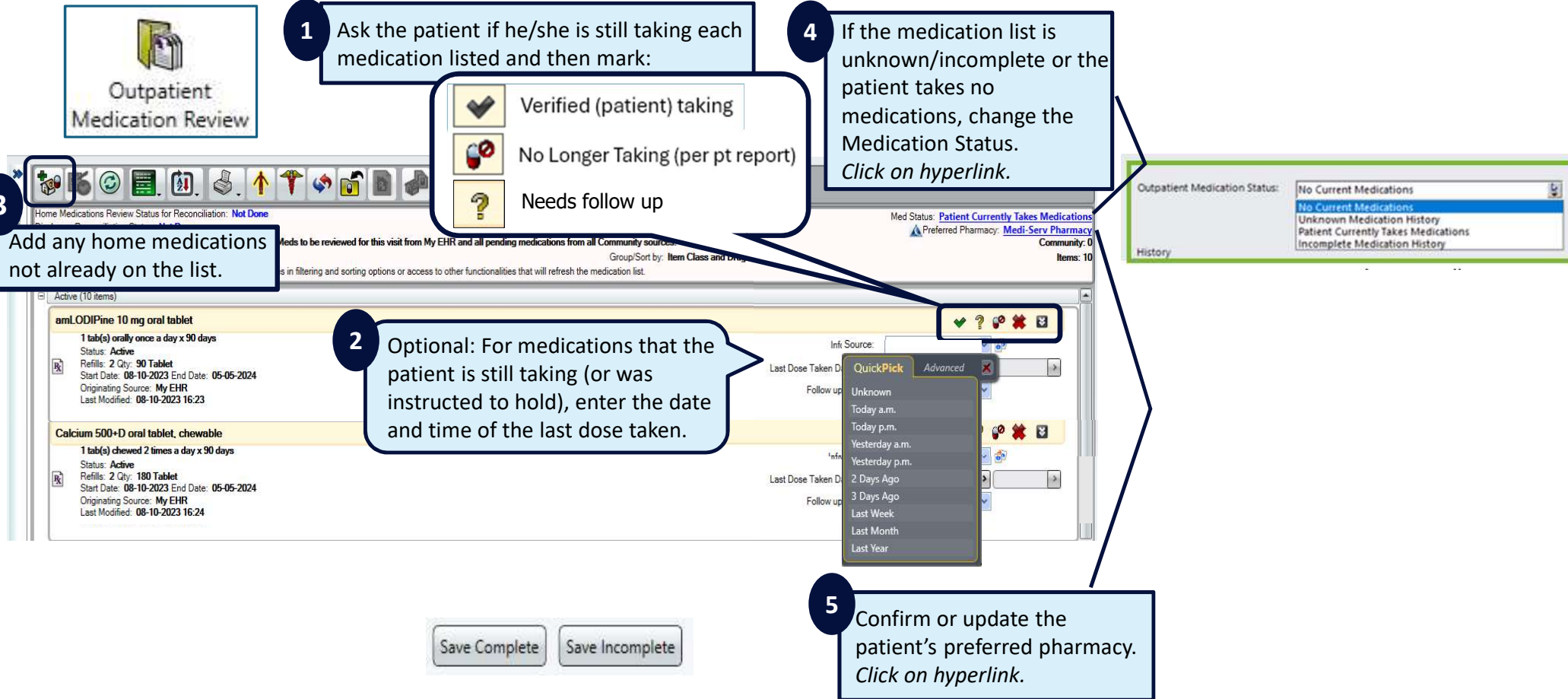
-  Verified (patient) taking
-  No Longer Taking (per pt report)
-  Needs follow up

4 If the medication list is unknown/incomplete or the patient takes no medications, change the Medication Status. *Click on hyperlink.*

3 Add any home medications not already on the list.

2 Optional: For medications that the patient is still taking (or was instructed to hold), enter the date and time of the last dose taken.

5 Confirm or update the patient's preferred pharmacy. *Click on hyperlink.*



The screenshot shows the 'Outpatient Medication Review' module interface. At the top, there's a header 'Outpatient Medication Review'. Below it, a status bar indicates 'Home Medications Review Status for Reconciliation: Not Done'. The main area displays a list of medications. Two medications are visible: 'amlODIPine 10 mg oral tablet' and 'Calcium 500+D oral tablet, chewable'. Each medication entry shows details like 'Status: Active', 'Refills: 2 Qty: 90 Tablet', 'Start Date: 08-10-2023 End Date: 05-05-2024', 'Originating Source: My EHR', and 'Last Modified: 08-10-2023 16:23'. To the right of each medication entry, there's a 'QuickPick' dropdown menu with options: 'Unknown', 'Today a.m.', 'Today p.m.', 'Yesterday a.m.', 'Yesterday p.m.', '2 Days Ago', '3 Days Ago', 'Last Week', 'Last Month', and 'Last Year'. At the bottom, there are two buttons: 'Save Complete' and 'Save Incomplete'. On the right side, there's a 'History' section showing 'Outpatient Medication Status' with options: 'No Current Medications', 'Unknown Medication History', 'Patient Currently Takes Medications', and 'Incomplete Medication History'. The 'Patient Currently Takes Medications' option is selected. At the bottom right, there's a 'Preferred Pharmacy' section with 'Medi-Serv Pharmacy' listed.

Step-By-Step for How to Update the Home Medication List

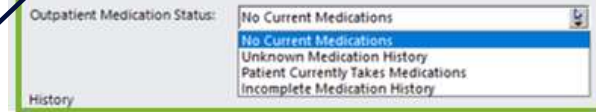
Update the home medication list in the HealthBridge Outpatient Medication Review module



1 Ask the patient if he/she is still taking each medication listed and then mark:

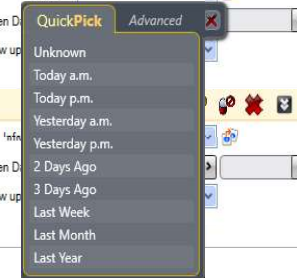
- ☒ Verified (patient) taking
- ☐ No Longer Taking (per pt report)
- ☐ Needs follow up

4 If the medication list is unknown/incomplete or the patient takes no medications, change the Medication Status. Click on hyperlink.



3 Add any home medications not already on the list.

2 Optional: For medications that the patient is still taking (or was instructed to hold), enter the date and time of the last dose taken.



6 Save the home medication list. Home Medications Review Status will become marked as "Complete" or "Incomplete."

Save Complete Save Incomplete

5 Confirm or update the patient's preferred pharmacy. Click on hyperlink.

Patient has provided the names, doses, and frequencies of all medications (including OTC medications and supplements) **OR** the patient reports taking NO medications.

The home medication list is missing one or more medication names, doses, or frequencies.

Option: Medication History from Surescripts Claims Data

Caution:
NOT 100%
complete



1

Click on the “Medication History for Ambulatory” icon to pull filled prescriptions from claims data (not cash Rx’s)

Medication History for Reconciliation -

Get Dispense Hx Expand/Collapse | Accept to Med Hx

Dispensed Medication History as of: 08-28-2025 08:33

Showing: All medications | Showing 23 medications from Surescripts | 1 Medications selected

Name	Count/Number Rx Fills	Date Last Modified/Filled	Source Type
Miscellaneous (generic name unknown)	5	08-25-2025	
apixaban	5	08-11-2025	
clotrimazole	1	08-25-2025	
fludrocortisone	1	08-25-2025	
furosemide	1	08-25-2025	
insulin aspart	2	08-25-2025	
☒ FIASP FLEX INJ TOUCH		06-24-2025	Claim
☒ NOVOLOG INJ FLEXPEN		08-25-2025	Claim
insulin glargine	1	08-25-2025	

Updated medication dispense history results available for review.

Need Help? | Close

5

Close window to add selected medications to Outpatient Medication Review list

2
Opens new window.
Click on “Get Dispense Hx”



If no medication list appears, click on “Get Dispense Hx” a second time.

3
Review dates and identify latest prescription for each medication -> Select checkbox

4

OUTPATIENT Medication Reconciliation Workflow

MD

Publish home medication list in the progress note

Structured Notes Entry - MEDRECONFRANKTWO, FRANKTWO - General Adult Ambulatory (OPD)

Create **Preview** Date of Service : 07 - 18 - 2025 Time : 10 : 35

Sections

- Reason for Visit
 - Visit
- NURSING FLOWSHEETS
- HPI
- SELF-MANAGEMENT
- ADVANCE DIRECTIVE
- PROBLEM LIST
- SIGNIFICANT EVENTS
- PFSH

NYS Prescription Database Check

☐ I have checked the NYS Prescription database before ordering the controlled substance prescription (C

OUTPATIENT MEDS

Outpatient Medication Status: Patient Currently Takes Medications

 2. Refresh document if medications do not auto-populate

Chart Scope: All Charts

Medication	Instructions
☒ levoFLOXacin 750 mg oral tablet	1 tab(s) orally x 5 days
☐ aspirin	

1. Check off medications to include in the note

3. Preview note to confirm that the medication list date matches Visit Date AND the medication list appears in the note

**PRO
Tip**

Omitting (not checking) medications listed in the note does NOT remove them from the Outpatient Medication Review module. Provider must make these updates through the Outpatient Medication Review or Prescription Writer modules.

OUTPATIENT MEDS:

* Patient Currently Takes Medications as of 06-13-2025 14:39 documented in Structured Notes

OUTPATIENT Medication Reconciliation – Documentation in Notes

Structured Notes Entry - MEDRECONFRANKTWO, FRANKT

Create Preview Date of Service : 07

Sections

- Reason for Visit
- NURSING FLOWSHEETS
- HPI
- SELF-MANAGEMENT
- ADVANCE DIRECTIVE
- PROBLEM LIST
- SIGNIFICANT EVENTS
- PFSH
- ALLERGIES
- OUTPATIENT MEDS**
 - NYS Prescription Database Check
 - OUTPATIENT MEDS
- ROS
- PHYSICAL EXAM
- HEALTH MANAGER
- SCREENING
- BODY IMAGES
- LABORATORY RESULTS
- OTHER RESULTS
- DX, ORDERS, RX**
 - Health Issues
 - Order List
 - NYS Prescription Database Check
 - Prescriptions List
- REFERRAL

NYS Prescription Database Check

☐ I have checked the NYS Prescription database before ordering the controlled substance prescription (Class II-IV).

OUTPATIENT MEDS

Outpatient Medication Status: Patient Currently Takes Medications

Show all available Show selected only

Chart Scope: All Charts

Medication	Instructions
☒ levoFLOXacin 750 mg oral tablet	1 tab(s) orally x 5 days
☐ aspirin	

OUTPATIENT MEDS:
* Patient Currently Takes Medications as of 06-13-2025 14:39 documented in Structured Notes

- levoFLOXacin 750 mg oral tablet: 1 tab(s) orally x 5 days, Status: Active, Quantity: 5, Refills: None
- aspirin: Status: Active, Quantity: 0, Refills: None

ROS:

PRO Tip A separate prescription order section is available in some note templates.

NYS Prescription Database Check

☐ I have checked the NYS Prescription database before ordering the controlled substance prescription (Class II-IV).

Prescriptions List

Outpatient Medication Status: Patient Currently Takes Medications

Show all available Show selected only

Chart Scope: This Chart

Modification Type	Medication	Instructions
☒ None	enalapril 10 mg oral tablet	1 tab(s) orally once a day
☐ None	levoFLOXacin 750 mg oral tablet	1 tab(s) orally x 5 days
☐ None	aspirin	

DX, ORDERS, RX:
Prescriptions List:
* Patient Currently Takes Medications as of 06-13-2025 14:39 documented in Structured Notes

- enalapril 10 mg oral tablet: None, 1 tab(s) orally once a day, Rx, Status: Active

ENCOUNTER ASSESSMENT AND PLAN:

How to Manage Outdated Prescription Requests in HealthBridge

Crestor 40 mg oral tablet

1 tab(s) orally once a day x 30 days MDD: 1

Prescriber: [REDACTED]
Supervising MD: [REDACTED]
Refills: 5
Package Size: [REDACTED]
Last Fill Status: Full Dispense on 01-23-2025
Last Renew Date: 07-31-2024
Schedule: 0
Transmit Method: eSubmit
Entry Type: Rx
Pharmacy: [REDACTED]
Health Issues: [No Health Issues]
Note To Pharmacy:
Internal Note: COMMENTS: Do not take dairy products, antacids, or iron preparations within one hour of this medication. Do not take this drug if you are pregnant. It is very important that you take or use this exactly as directed. Do not skip doses or discontinue unless directed by your doctor.

Quantity: 30 Tablet
Days: 30
Therapeutic Class: antihyperlipidemic agents (metabolic ag...
Transmit Status: eSubmit Successful
Reference #: [REDACTED]

Rx REQUEST

Pharmacy requests must be managed from the associated task.

When an Rx Request is more than 7 days old, remove listing from the Outpatient Medication Review module:

- Check all categories under “Status” and “Multum Item Class”
- Mark as “No Longer Taking”



Outpatient Medication Review

[REDACTED]

Options Panel

Filters

Source: No Source Filter

Status:

- ☒ Unsubmitted
- ☒ Active
- ☒ No Longer Taking
- ☒ Inactive

All

Multum Item Class:

- ☒ By Prescription Only
- ☒ Over the Counter (OTC)
- ☒ Free Text (non-Multum)

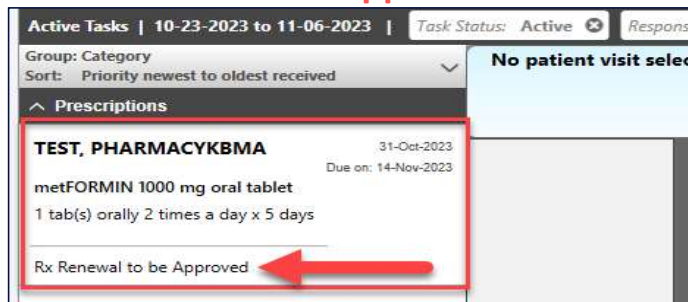


How to Manage Renew Prescription Requests in HealthBridge (Within 7 Days)

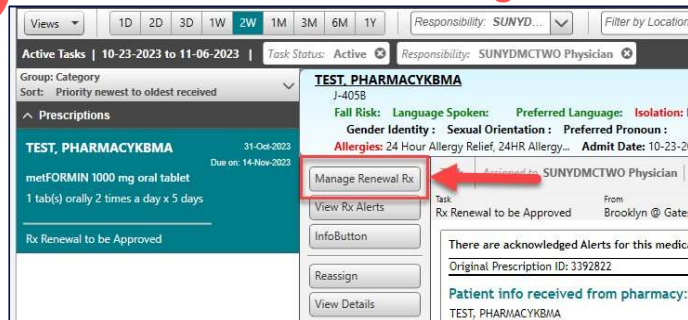
1 Compass -> Prescriptions



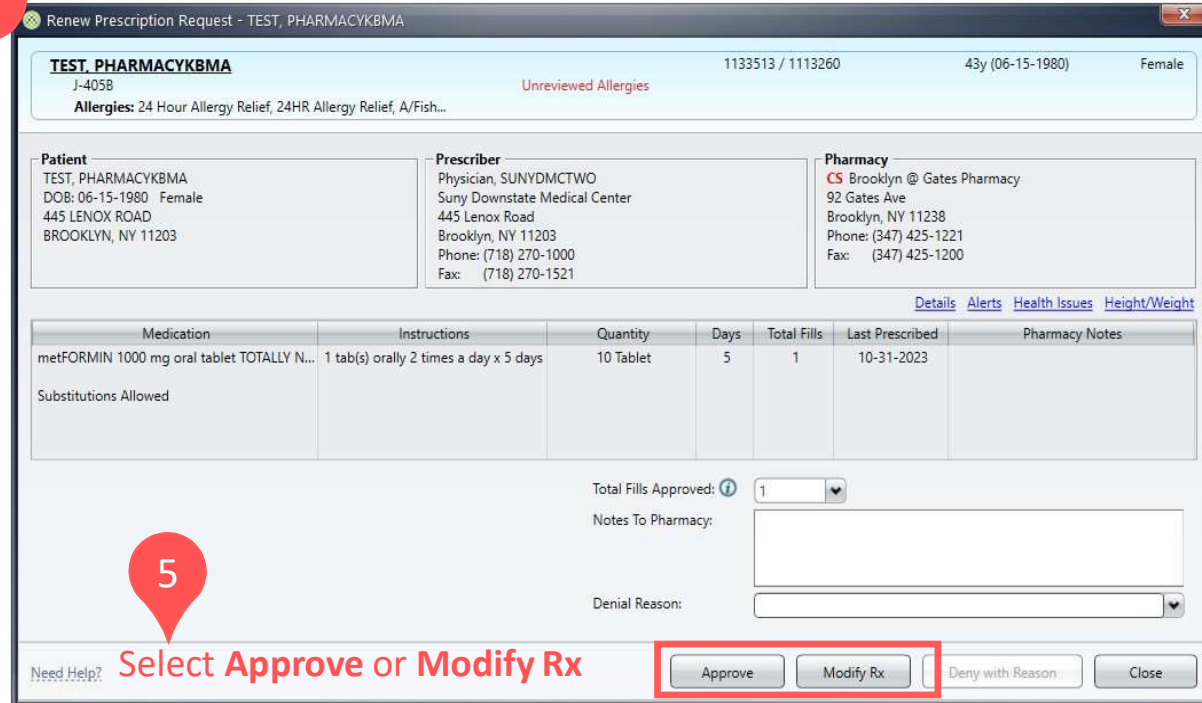
2 Select prescription with task type "Rx Renewal to be Approved"



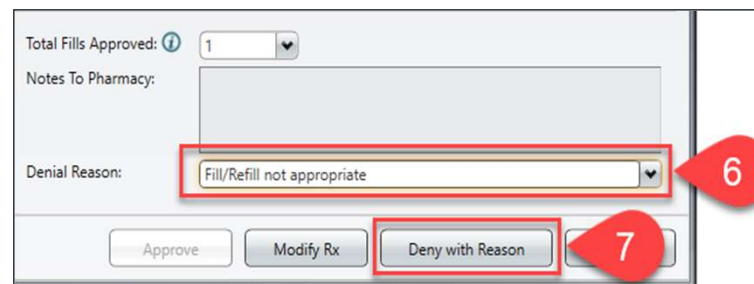
3 Action column -> click "Manage Renewal RX"



4 The "Renew Prescription Request" window opens



5 Select Approve or Modify Rx



If you wish to deny this refill request, select a **Denial Reason** from the dropdown

Then click **Deny with Reason**

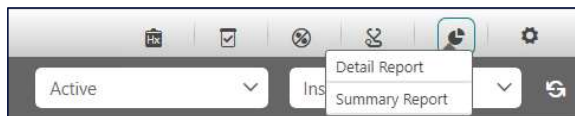
OUTPATIENT Medication Reconciliation – Provide Medication List

STEP 3: Print new home medication list

**MD
(or RN)**



- ☐ Select all “Active” medications
- ☐ Open Reports menu
- ☐ Select and print “Detail” or “Summary Report”



- ☐ Select printer and print for patient

Patient Medication List

Facility Name: SUNY Downstate Medical Center

Printed: 07-18-2025 12:00

MEDRECONF RANK TWO, FRANK TWO

Primary ID: 9784888

DOB: 05-27-1976

Location: Mock NS 1

Allergies: No Known Allergies

Intolerance:

Adverse Event:

Hx **aspirin** Active

Ref #: Generic Drug Name: aspirin
Submitted By: Physician, SUNYDMC1 (MD Attending) On Behalf Of:
Entered: 06-13-2025 14:14 Updated: 06-13-2025 14:14

Rx **levoFLOXacin 750 mg oral tablet** **1 tab(s) orally x 5 days** Active

Ref #: Generic Drug Name: levoFLOXacin
Submitted By: Physician, SUNYDMC1 (MD Attending) On Behalf Of:
Entered: 06-13-2025 14:38 Updated: 06-13-2025 14:38

Rx **enalapril 10 mg oral tablet** **1 tab(s) orally once a day** Active

Ref #: Generic Drug Name: enalapril
Submitted By: Physician Resident Fellow, SUNYDMC (MD Resident) On Behalf Of:
Entered: 07-18-2025 11:22 Updated: 07-18-2025 11:22

OUTPATIENT Medication Reconciliation – Provide Medication List

Alternative STEP 3: Print new home medication list

MD
(or RN)



- ☐ Report Selection: Category “Orders”
- ☐ Select “Ambulatory Care Medication List Report”

Report Selection

Report Category: Orders

- Alternate Level of Care (ALOC) Order Report
- Ambulatory Care Medication List Report**
- AP List of Active orders for an Order Department/Subdepartment - Print all patients at location
- Daily Active Isolation Orders Report

- ☐ Select printer and print for patient
- ☐ Contains section for Special Instructions and Signatures

SUNY Downstate Medical Center
Ambulatory Care Patient Medication List

Patient Name: MEDRECONFRAKT WO, FRANKTWO **MRN/Acct#:** 9784668 / 1113435 **Current Location:** Mock NS 1

Admit Date: 06/09/2025 **Attending Provider:** **Gender:** Female

DOB: 5/27/1976

Status	Drug Name	Dose & Frequency	Entered by/ Prescribed by
<u>Home Medication</u>			
	aspirin		.Physician, SUNYDMC1
<u>Active Medication</u>			
	enalapril 10 mg oral tablet	1 tab(s) orally once a day	.Physician Resident Fellow, SUNYDMC
	Reason for taking medication: _____		
	levoFLOXacin 750 mg oral tablet	1 tab(s) orally x 5 days	.Physician, SUNYDMC1
	Reason for taking medication: _____		
<u>Special Instructions:</u>			
Patient/Patient Representative Signature: _____		Date/Time: _____	
Copy sent to next provider of care: _____		☐ Yes	
		Physician Name	
Nurse Signature: _____		Date/Time: _____	
Physician Signature: _____		Date/Time: _____	



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Questions?

Medication Reconciliation Essentials

LilyAnn Jeu, PharmD, Department of Patient Safety
lilyann.jeu@downstate.edu