Discharge Redesign Project  
Medication History and Admission Med Rec Procedure

Implementation Date: September 14, 2015

Project Scope:
The medication history process will be rolled out at the time of admission regardless of area of entry for patients at Christiana Hospital, excluding Women’s and Children’s. Responsibility of medication history completion will be shared by pharmacy and nursing. High risk patients admitted through the Emergency Department will have their medication history completed by pharmacy staff. Nursing staff will collect the medication history for all non-high risk patients admitted to Christiana Hospital (ED, OR, ICU, floor).

Definitions
Medication History - The record of medications a patient is taking at the time of hospital admission or presentation. A complete medication history includes the medication name, dose, route, frequency, and purpose.

Medication Reconciliation - A process for comparing the patient’s medications to new medications that are ordered to identify and resolve any discrepancies.

High Risk Algorithm - Algorithm used specifically for the Discharge Redesign pilot to determine patient priority (low, medium, high) for medication history collection by medication history technicians in the Christiana Emergency Department based on age, referral source, readmissions/revisits and high risk medications.

Procedure
ED nurses will:
a. In FirstNet, click on the clipboard in the activities column
b. Select task “ED Documented Home Medications” and then document
c. In ED Powerform
   i. Select “Document Medication by Hx” and use External History side by side view to assist with verifying medication names with patient
      ii. Validate or document medication names in medication history control
      ii. Do not select “Use Last Compliance”
   ii. “Leave Med History Incomplete – Finish Later” will default to pre-checked
      i. Uncheck box if medication name, dose, route and frequency has been documented and verified for all medications
   iii. Select ED Home Medication Validation Status
      i. Unable to obtain
      ii. Partial
      iii. Med Names Verified (select if ALL names have been verified)
   iv. Select information source(s) of medication history
   v. Sign powerform by clicking on green check mark in top left corner
ED providers will:
a. Enter an “ED Intends to Request a Bed Order” if after patient assessment there is a high likelihood of patient being admitted or enter an admission or observation order if decision to admit has already been determined
   i. High risk algorithm is triggered off of both of these orders

Medication History Technicians and Pharmacists will:
a. View Multi-Patient Task List for high risk patients (Christiana ED Med Hx or )
   i. Sort based on priority and task date/time
b. Double click on task to launch powerform
c. Import External Rx History (last 6 months) and use side by side view to assist with verifying medications with patients
d. Validate or document complete medication information
   i. Details – dose, route, frequency and prn if applicable
   ii. Order Comments – do not use
   iii. Compliance – status, information source, last dose date/time, comments
      i. Must select a status if any other information documented in compliance
e. If complete history documented, uncheck “Leave Med History Incomplete – Finish later”
f. Complete powerform elements
   i. Pharmacy Use Only
   ii. Medication history completion status
      i. Unable to obtain – requires medication history note and generates reassess task
      ii. Partial – requires a medication history note and generates reassess task
   iii. Select information source(s) of medication history
   iv. Sign powerform by clicking on green check mark in top left corner
g. Refresh Multi-Patient Task List

Floor nurses will:
a. Click on task icon on PAL
b. Chart Document Med Hx or Reassess Med Hx task which launches to powerform
   a. Document Med Hx (with priority) task
      i. Double click on task to launch powerform
      ii. Import External Rx History (last 6 months) and use side by side view to assist with verifying medications with patients
      iii. Validate or document complete medication information
         1. Details – dose, route, frequency and prn if applicable
         2. Order Comments – do not use
         3. Compliance – status, information source, last dose date/time, comments
            a. Must select a status if any other information documented in compliance
      iv. Complete powerform elements
         1. Medication history completion status
            a. Unable to obtain – requires medication history note and generates reassess task
            b. Partial – requires a medication history note and generates reassess task
         2. Select information source(s) of medication history
3. Sign powerform by clicking on green check mark in top left corner
   b. Reassess Med Hx task
      i. Scroll to bottom of powerform to view previous medication history notes
      ii. Attempt to address outstanding medications
      iii. Complete powerform when additional information is obtained
      iv. If med hx still partial, a reassess med hx task will fire again after powerform is signed (repeat process)

**Roles and Responsibility**

**Medication History**

a. ED nurse will attempt to obtain and document medication names at a minimum in the medication history for all ED admissions as early as possible in the admission
b. Medication history technicians will attempt to obtain and document complete medication history on designated high priority patients entering via the CHR emergency department (ED) within 1 hour of task firing.
c. Pharmacists will attempt to obtain and document complete medication history on high priority surgical patients not interviewed by the Perioperative Evaluation and Preparation Department (PEP) as resourced (Monday – Friday 0800 -1630) within 24 hours of task firing.
d. Inpatient nurses will verify or obtain and document complete medication history on all patients not completed by another responsible discipline within 4 hours arrival to floor.
e. Provider may need to obtain medication history to perform Admission Med Rec if not completed by another responsible discipline.

**Admission Medication Reconciliation**

The **Admitting** Provider will perform admission medication reconciliation on high risk patients in the ED. The **Attending Provider or designee on primary team** will perform admission medication reconciliation on low and moderate risk, as well as those high risk that may not have been touched in the ED.

a. Complete and document within 24 hours of admission.
b. Compare the medication history to medication orders.
c. Resolve any medication order discrepancies including but not limited to duplications, omissions, contraindications, unclear information, changes, interactions, and the need to continue current medications.
**Work Flow: Medication History and Admission Med Rec.**

- **Patient**
  - Arrives in ED with or without list of Home Meds or RX Bottles

- **Pharm Tech**
  - Collects Patient's Med Hx – Verifying Medication Names Only
  - Enters Intent to Request a Bed Order
  - Med Hx Rule Fires on Intent to Request a Bed and Admit Orders
  - Pt. Identified as High Risk?
    - Yes: Patient's Name Appears On Pharmacy Worklist
    - No: Completes Med Hx for High Risk Pt. within 1 Hour of Task Firing on Worklist
  - Marks Med Hx as Complete with Tech Name, Source, and Comments

- **ED**
  - Dictates Med Hx into H&P
  - Conducts H&P on High Risk Pt. Prior to Med Hx Complete
  - Cycles Back to See if Med Hx Complete
  - Sees Indication in Admit Workflow that Med Hx is Completed by Pharm. Tech
  - Dictates Full H&P
  - Completes Admission Med Rec.

- **Admitting Provider**
  - Patient Transferred to Floor
  - Task Fires to Nursing to Complete Med Hx during Admission Referral Process
  - Completes Med Hx within 4 Hours of Arrival to Floor
  - Marks Med Hx as Complete with Nurse Name, Source, and Comments
  - Attending Provider Completes Admission Med Rec. within 24 Hours

- **Floor Nurse**
  - No: Med Hx is Complete

- **Floor Pharmacist**
  - Surgical Patient?
    - Yes: Med Hx Rule Fires off of Admission Order
    - No: Med Hx Rule Fires off of Admission Order
  - Med Hx is Complete
  - Pt. Identified as High Risk?
    - Yes: Task Fires for Floor Pharmacist to Complete Med Hx
    - No: Pharmacist Completes Med Hx within 24 Hours