



**PRAIRIE NORTH REGIONAL  
HEALTH AUTHORITY**

**POLICIES & PROCEDURES**

**Number:** 15579  
**Category:** Continuing Care/Home Care  
**Title:** Medication Reconciliation in Home Care - Admission

**Approved by:** VP of Integrated Health Services

**Source:** Home Care Managers  
**Date Effective:** April 29, 2013

<b>Review Date:</b>					
<b>Initial:</b>					

**PURPOSE**

To provide a standardized process for medication reconciliation in Home Care, by developing and implementing a structured process for accurate and complete transfer of medication information. Medication Reconciliation reduces the potential for medication discrepancies, preventing medication errors and patient harm.

**POLICY STATEMENT**

Medication Reconciliation will occur:

- On admission for Medication Management Services
- At 6 month intervals, ongoing
- Following 10 transfer/discharge reconciliation, if occurring before the 6 month period
- At the RN/LPN’s discretion.

**DEFINITIONS:**

**Medication Reconciliation:** A formal process whereby the most-up-to-date medication history (Best Possible Medication History) is obtained and all discrepancies between sources of the client’s medication history are resolved or **reconciled** using the Home Care Medication Reconciliation Physician Order Form (#PNRHA656 A – J). See [Appendix A](#) (form #PNHRA656 A – Lloydminster) as an example.

- #PNRHA656 A – Lloydminster
- #PNRHA656 B – Lashburn
- #PNRHA656 C – Maidstone
- #PNRHA656 D – Paradise Hill
- #PNRHA656 E – St. Walburg
- #PNRHA656 F – Turtleford
- #PHRHA656 G – Loon Lake/Goodsoil
- #PNHRA656 H – Meadow Lake
- #PNRHA656 I – Cut Knife
- #PNRHA656 J – North Battleford

**Discrepancy:** A difference noted between information sources related to the client's medication history. These differences are defined as:

- 0 No discrepancy
- 1 Med not currently prescribed
- 2 Dose different
- 3 Frequency different
- 4 Route different
- 5 Client no longer taking medication
- 6 Over the Counter (OTC) – dose & frequency required
- 7 New medication

**Best Possible Medication History (BPMH):** The most up-to-date list of medication the client is currently taking: prescribed and/or OTC/alternative products. It includes comparing all available information sources and identifying any discrepancies.

The form Home Care will be using will be referred to as Med Rec/BPMH.

**Physician/RN(NP) Orders:** Form will be referred to as prescriber's orders ([See Appendix B](#)).