

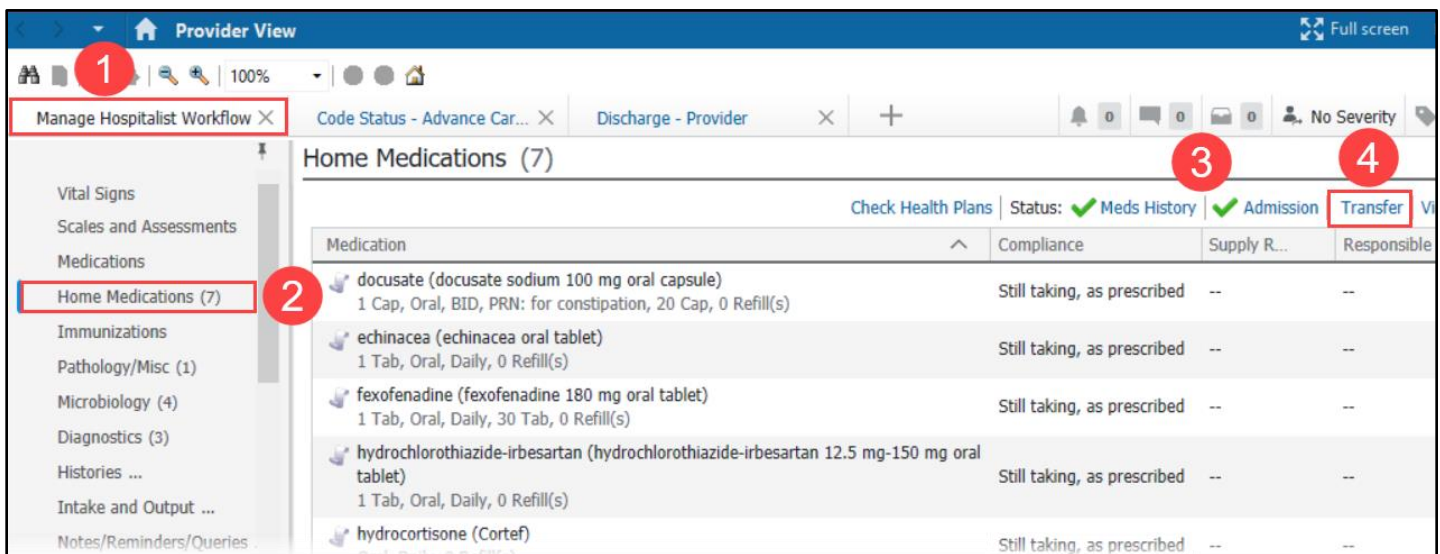
Transfer Medication Reconciliation

Medication Reconciliation must be performed whenever there is a change in level of care and post operatively. When a patient is transferred from inpatient to the OR and returns to the inpatient unit, a transfer medication reconciliation must be completed post-operatively. All active medications and unreconciled home medications must be addressed.

If a provider consults another provider to complete the transfer medication reconciliation, this is appropriately communicated by entering a Communication to Nurse Order or by speaking to the nurse caring for the patient. Communicating with the nurse does not relieve the provider of the responsibility to make sure that medication reconciliation is performed; it is merely to notify the nurse that the provider has consulted with another provider who will be performing the transfer medication reconciliation.

To complete the transfer medication reconciliation:

1. Select Manage Specialty Workflow from the Provider View.
2. Select the Home Medications Component.
3. Confirm that the home Med History and Admission Reconciliation are complete, shown by a green check mark in the indicator.
4. Click Transfer.



Transfer Medication Reconciliation for Providers

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5. Address all medications by selecting Continue or Do Not Continue .
 - a. Inpatient medications default to Continue. Check for Anesthesia orders. These must remain active until the patient leaves the PACU.
 - b. Inpatient medications are paired with like home medications.
 - c. Home medications that are not continued on the admission medication reconciliation default to Do Not Continue.
6. Click Add to add new orders.
7. Click Manage Plans to modify or discontinue PowerPlans. When the Manage Plans window displays, right-click on the PowerPlan and click Discontinue.
8. Click Reconcile and Sign to complete the transfer medication reconciliation.

Note: When all medications have been reconciled, the Transfer indicator displays a green checkmark in the Home Medications Component within the Provider View.

Transfer Medication Reconciliation Key Safety Points:

- Any active medication order, such as Emergency Department, Anesthesia, or any other hospital orders will default to Continue in the Med Reconciliation window.
- Anesthesia medications will be discontinued by the PACU RN prior to the patient moving to the inpatient unit.
- Discontinue any PowerPlans, orders, and medications that are not appropriate for the next unit.