PROVINCIAL STANDARDS & GUIDELINES

BCRenal
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Medication Reconciliation

Updated May 2017

Developed by the BCPRA Kindey Care Committee

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IMPORTANT INFORMATION
This BCPRA guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to www.bcrenalagency.ca for the most recent version.

For information about the use and referencing of BCPRA provincial guidelines/resources, refer to http://bit.ly/28SFr4n.

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1.0 Scope

Kidney patients have complicated medication regimens that change frequently, reflecting the acute and dynamic nature of their health status. The average chronic kidney disease (CKD) patient is on multiple medications, which often include medications to manage additional disease states such as heart disease or diabetes.

Medication reconciliation (med rec) is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care (Accreditation Canada, 2012).

The med rec process involves generating a comprehensive list of all medications the client has been taking prior to a visit — the Best Possible Medication History (BPMH). The BPMH is compiled using a number of different sources and includes information about prescription medications, non-prescription medications, vitamins and supplements, along with detailed documentation of drug name, dose, frequency and route of administration. Any discrepancies identified between what the client is prescribed and what they are actually taking will be resolved at the clinic or referred to their provider of care (e.g., family physician). (Accreditation Canada, 2012).

Med rec is a "Required Organizational Practice" for sites seeking accreditation by Accreditation Canada. The standard for med rec in ambulatory care is that "the team reconciles the client's medications with the involvement of the client, family or caregiver at the beginning of service when medication therapy is a significant component of care. Reconciliation should be repeated periodically as appropriate for the client or population receiving services". (Accreditation Canada, 2012).

This guideline provides recommendations on the process and frequency of conducting med rec in Kidney Care Clinics (KCCs).

This guideline applies to both adult and pediatric patient populations.

2.0 Recommendations & Rationale

Recommendation #1:
Med rec for CKD patients is done: (1) at the initial, interdisciplinary KCC visit for each new KCC patient; (2) at least every 6 months (or at the next visit if the visit interval for a patient is longer than 6 months); and/or (3) at transitions of service relevant to a KCC patient's renal care (e.g., discharge from hospital and transition to dialysis, transplant or primary care).

The steps of med rec are described in Table 1. Obtaining a "Best Possible Medication History" (BPMH) is key to the med rec process. This includes collection of information on all types of medications (prescription, non-prescription, vitamins and supplements) from multiple sources (PROMIS, Pharmanet and the patient/caregiver). Completion of the med rec process and action taken on discrepancies is documented in the patient's health record and/or in PROMIS.

Community pharmacies can conduct med rec on eligible patients and bill as a billable service through Pharmacare. To minimize redundant med rec, KCCs may request a med rec report from the pharmacy that completed the med rec and/or request the patient bring a copy to a KCC visit. If a med rec has been completed by a community pharmacy within the past month, this would meet the annual requirement for med rec as long as the findings are verified with the patient/caregiver every 6 months.

Recommendation #2:
The med rec process is led by a pharmacist (best practice), registered nurse and/or nephrologist with the support and input of the KCC interdisciplinary team. Components of the med rec process may be done by a pharmacy technician.

Pharmacists receive in-depth education in med rec, titration of medications and therapeutic benefits, side effects and interactions of medications. This intensive level of education makes them the #1 choice for conducting med rec in KCC clinics.

Recommendation #3:
All medications are reconciled using the Best Possible Medication History Interview Guide (www.bcrenalagency.ca):

- **Prescription medications (BCPRA and formulary and non-BCPRA formulary)**
- **Non-prescription medications**
- **Vitamins**
- **Supplements**

Recommendation #4:
PROMIS is used to maintain the most current list of medications (i.e., incorporates the results of the Best Possible Medication History).

Recommendation #5:
Medication discrepancies are documented in PROMIS and/or the patient's chart.

Recommendation #6:
Discrepancies are followed up with the patient/family at the time of the interview and/or communicated to a physician (nephrologist, family physician or other medical specialist) for resolution.

Recommendation #7:
At a minimum, the PROMIS medication list is updated at every KCC visit.

Updating the medication list in PROMIS is a less intense process than med rec. It means that the list is printed from PROMIS and reviewed with the patient/caregiver for currency. The focus of the discussion with the patient is "what has changed or is new with your medications since the last visit?" Updates are noted on the medication list and entered into PROMIS. Reconciliation with the Pharmanet profile is recommended, but is optional.

Recommendation #8:
Patients are offered a copy of their current medication list.

Accreditation 2012 recommends that the team provide patients/caregivers a copy of their BPMH (current medication list). PROMIS has a patient friendly report called "My Medication List" which can be printed and given to patients. Patients may be provided with the list at the time of the visit (if there are discrepancies, these can be followed up at the time of the visit and the list updated) or mailed to the patient after the visit.

Recommendation #9:
Follow the steps identified in Table 1 for the KCC med rec process.

Table 1: Kidney Care Clinic Medication Reconciliation Process

TIMING	STEP	RESPONSIBILITY
Prior to KCC visit	1. Collect information about medications the patient is taking:	
	• Print a report from PROMIS listing the patient's medications (Medication Profile, Current Meds or Med Rec report).	Clerk, RN, pharmacist or pharm tech
	• Print the Pharmanet profile.	Clerk, RN, pharmacist or pharm tech
	• Check that there is an alert in the Clinical Condition field in Pharmanet to say: "Chronic Kidney Disease - Consider renal dosing." If not, refer to step 4.	Clerk, RN, pharmacist or pharm tech
Prior to or day of KCC visit	2. Identify discrepancies between the PROMIS report and Pharmanet list (note: Pharmanet list only includes dispensed medications).	RN, pharmacist, pharm tech or nephrologist
Day of visit	3. Interview the patient/caregiver using the Best Possible Medication History Interview Guide (www.bcrenalagency.ca) to review the drug name, dose, route and frequency for each medication being taken.	RN, pharmacist, pharm tech or nephrologist
	4. If no alert entered into Pharmanet to say: "Chronic Kidney Disease - Consider renal dosing.", provide patient with a BCPRA "prescription" to give to their community pharmacist to request the information be entered.	RN, pharmacist, pharm tech or nephrologist
	5. Document discrepancies on the PROMIS report and/or progress notes.	RN, pharmacist, pharm tech or nephrologist
	6. Resolve and document resolution of appropriate discrepancies with the patient/family based on information gathered.	RN, pharmacist, pharm tech or nephrologist
	7. Make note if patient/caregiver would like a copy of their current medication list.	RN, pharmacist, pharm tech or nephrologist

continued...

TIMING	STEP	RESPONSIBILITY
Day of KCC visit or next day	8. Document communication of discrepancies requiring resolution by a physician (nephrologist, family physician or other medical specialist). Communication may be in-person, by phone, by fax or by hard copy to the appropriate physician. Communication with the GP may be via the post-KCC visit typed consultation report.	RN or pharmacist
	9. If new orders are written during the clinic visit, provide the prescription to the patient and/or fax to the appropriate pharmacy.	Clerk, RN, pharmacist or pharm tech
	10. Update the medications in PROMIS.	Clerk, RN, pharmacist or pharm tech
	11. Verify data entry in PROMIS. Fix errors.	RN or pharmacist
	12. Verify that the patient/family understands any changes to the medication regimen and the importance of keeping the medication list up-to-date.	RN, pharmacist, nephrologist or pharm tech
	13. If requested, give (or mail) patient a printed copy of PROMIS's My Medication List.	Clerk, RN, pharmacist or pharm tech
	14. At discharge from KCC, a printed copy of PROMIS's My Medication List is provided to the patient and next provider of care (e.g., transition to dialysis, transplant or primary care).	Clerk, RN, pharmacist or pharm tech

3.0 Bibliography

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4.0 Sponsors

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Developed by:

1. Working Group of KCC multidisciplinary care providers (pharmacists and registered nurses) from across BC (see Appendix 1 for a list of participants).

Approved by:

- BC Provincial Renal Agency (BCPRA) Kidney Care Clinic (KCC) Committee
- BCPRA Pharmacy & Formulary Committee
- BCPRA Medical Advisory Committee

For information about the use and referencing of BCPRA provincial guidelines/resources, refer to **http://bit.ly/28SFr4n**.

5.0 Effective Date

May 2017

This guideline is based on scientific evidence available at the time of the effective date; refer to www.bcrenalagency.ca for most recent version.