Best Possible Medication History & Medication Reconciliation In the OPOR-Clinical Information System

This short guide is intended to provide information on **Best Possible Medication History (BPMH) and Medication Reconciliation** within the One Person One Record Clinical Information System (OPOR-CIS).

Importance of BPMH and Medication Reconciliation

- Collection of a Best Possible Medication History (BPMH) is a critical step in ensuring the patients medications on admission are appropriately managed—an accurate and comprehensive medication history contributes significantly to patient safety, effective healthcare delivery, and overall quality of care.
- Medication Reconciliation, specifically on Admission, Transfer and Discharge, are requirements based on Nova Scotia Health and IWK Health Policy, as well as Accreditation Canada Required Organizational Practices.

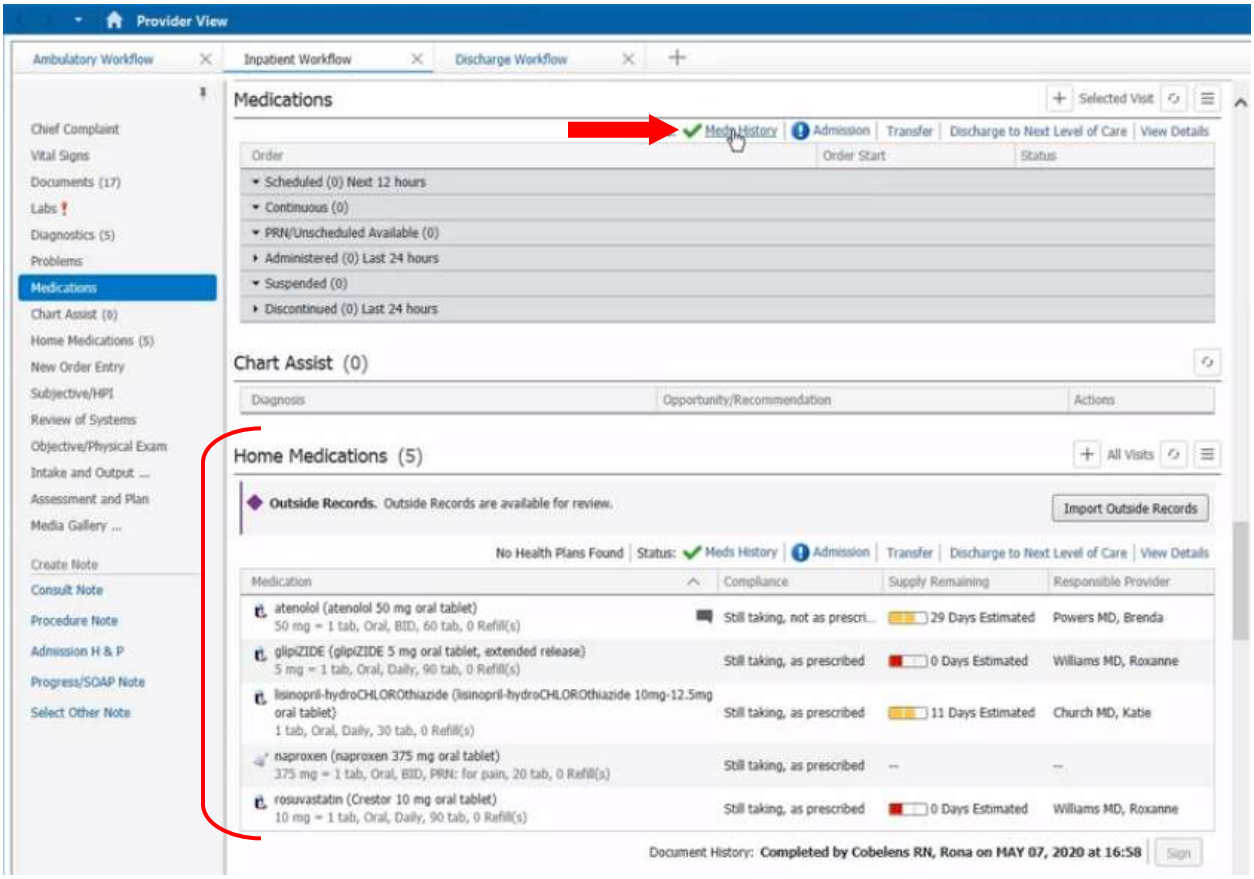
Best Possible Medication History (BPMH) in the OPOR-CIS

The intent is to support BPMH within the OPOR-CIS by ensuring the patients medications which are populated within the provincial Drug Information System (DIS) are automatically pulled into the OPOR-CIS.

Starting with this list from the DIS, a clinician will be able to follow a systematic process of interviewing the person/family to verify a client's prescribed and non-prescribed medication use.

The medication history includes, but is not limited to, prescribed medications; non-prescription (over the counter); herbals; vitamins; supplements; homeopathic; investigational drugs; prescriber samples; high-cost drug program medications; and compassionate release drugs. A complete documentation of BPMH should include drug name, strength (if applicable), dosage, route frequency, and time of last dose (if applicable).

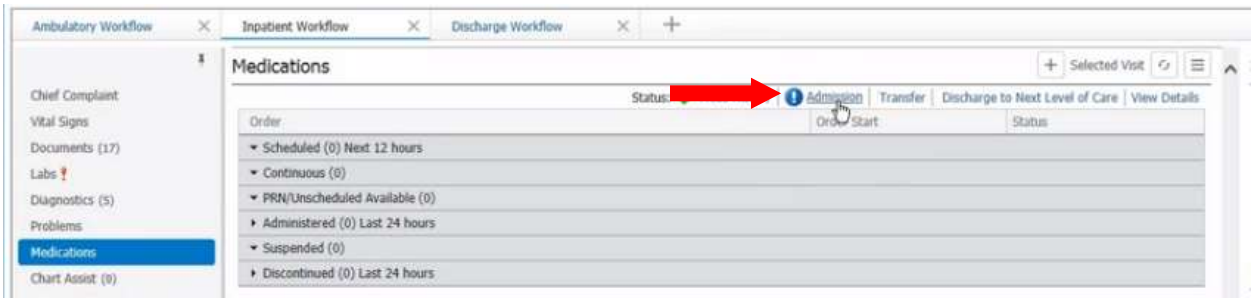
Within the OPOR-CIS, under **Meds History** – the list of medications that a patient is taking at home can be viewed.



Medication Reconciliation in the OPOR-CIS

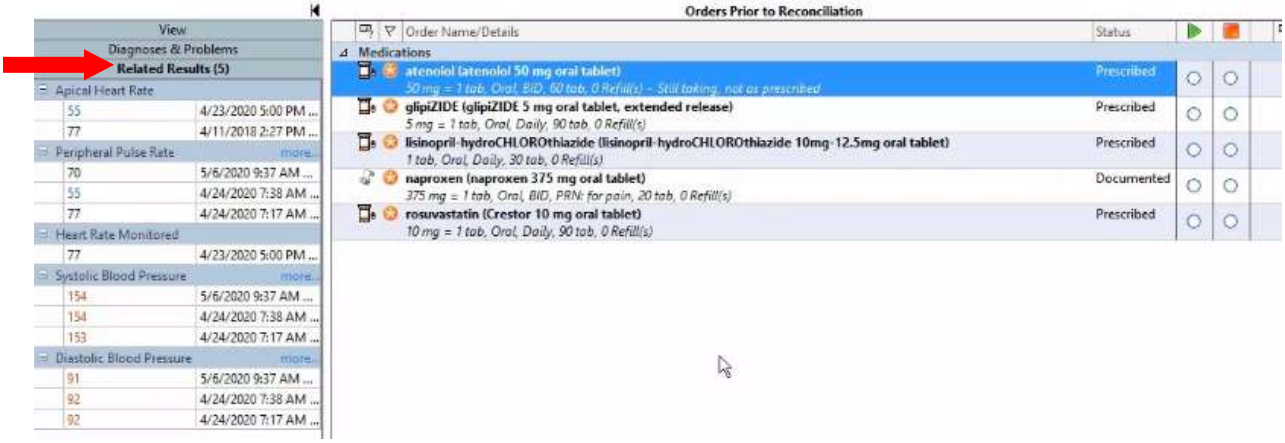
Admission Medication Reconciliation

Once BPMH has been appropriately completed, this will allow the provider to appropriately perform the Admission Med Rec. A blue exclamation mark icon, adjacent to “Admission” illustrates to the clinician that the Admission Med Rec is not complete and needs to be performed as part of the admission workflow.



Medications previously documented via BPMH are all populated for the provider, allowing them to select an appropriate action for each order. They may select “Continue” or “Do Not Continue” on the Orders Reconciliation screen.

Providers are supported in their choices by having quick access to **Related Results**, which can provide relevant clinical information. For example, blood pressure may be reviewed for patients on antihypertensives, or INR results for patients on warfarin.



If a home medication is non-formulary, the system will suggest therapeutic substitutions for most non-formulary medications or allow the provider to indicate a patient may continue taking their own supply from home if desired.

Transfer Medication Reconciliation

Transferring between levels of care is supported in the OPOR-CIS with Transfer Medication Reconciliation functionality. This allows a receiving provider to review active medications the patient is receiving on the sending unit and determine what therapies should continue under their care. All medications, including IVs, continuous infusions, DVT prophylaxis, regular and prn therapies will be populated. The provider will also be able to easily see the last administration time of these therapies, and any associated clinical data to support their choices.

Discharge Medication Reconciliation

Performed at the time of Discharge, this step in the OPOR-CIS allows providers to send their patients home from hospital with the correct medications.

Medication can be selected to continue or discontinue after discharge, and the option is presented to generate a new prescription for the continuing therapies.

During Discharge Medication Reconciliation, the provider will be able to easily see the medications that the patient was taking prior to their admission—this will support appropriate communication to the patient and their community pharmacy when therapies are discontinued, and new ones are initiated.

Looking to find more information on Medications within OPOR-CIS?

The following links illustrate Admission Medication Reconciliation and Discharge Medication Reconciliation in the Oracle Cerner System (note these videos are not localized to Nova Scotia).

Please contact **CMIO@nshealth.ca** for any questions about **BPMH or Medication Reconciliation** in the OPOR-CIS.

While this guide provides a brief overview, the **OPOR Education and Learning team** will prepare you with detailed content and experience leading up to the CIS implementation.

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