

This document answers frequently asked questions about the **Best Possible Medication History (BPMH) Form** for medication reconciliation.

## Frequently Asked Questions

### 1 Is this form the completed BPMH for my patient?

Although the form appears complete, it is not. It is still necessary to interview the patient/caregiver or access a second source to complete the BPMH.

### 2 What is the difference between the “Continue per Netcare” column and the “Continue per verified history” column?

Confirm what the patient is actually taking and take one of the following actions:

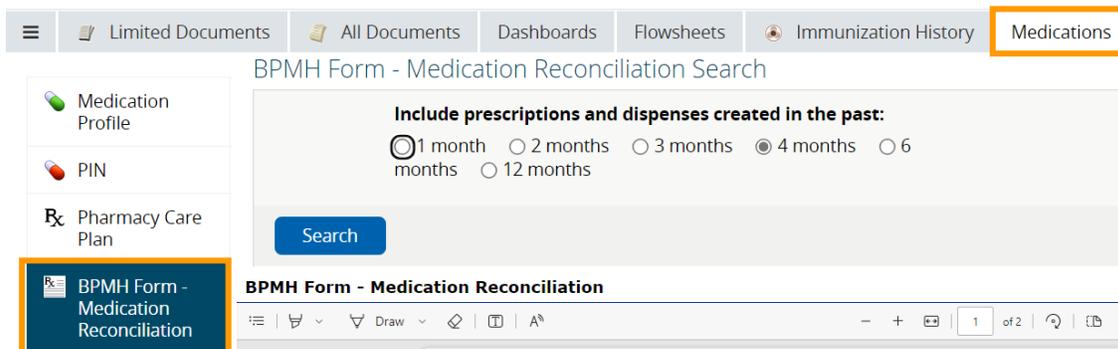
- If you want to continue according to what is pre-populated, check the “Continue per Netcare” column.
- If the patient is not taking the medications as pre-populated, complete the dose, route, and frequency columns by hand, and check the “Continue per Verified History” column.

REMINDER

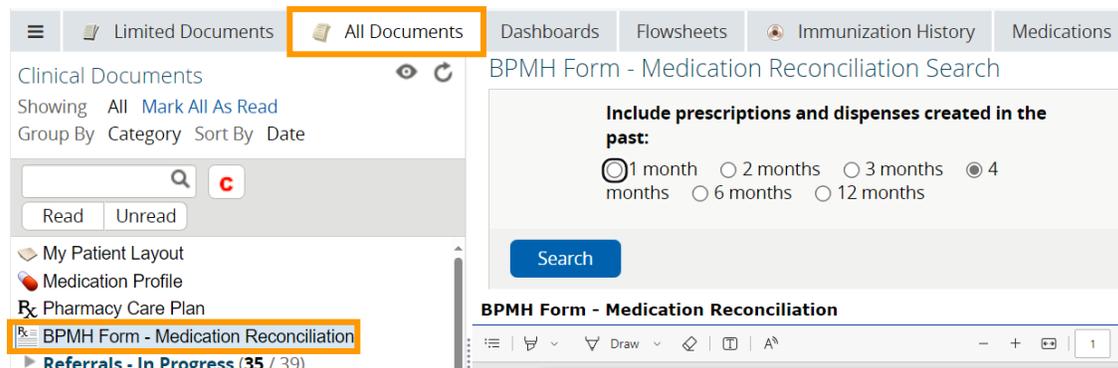
Medication information is provided in strength and number of tablets. To avoid patient harm, calculate the dose in mg, mcg, etc. This is also important for liquids and injectable products.

### 3 How do I access the new BPMH form?

- Click **Medications**, then the **BPMH Form – Medication Reconciliation** access point.



- Or click **All Documents**, then **BPMH Form – Medication Reconciliation**.



#### **4 I am a unit clerk. How can I access the form?**

Admitting and unit clerks can access the BPMH form by clicking the following icon on the toolbar:



#### **5 What is the difference between this form and the Medication/Pharmaceutical Information Network (PIN) profile I normally use?**

Key features of this form:

- It is pre-populated with the dispensed prescription history from PIN.
- It is an Alberta Health Services (AHS) and Covenant Health approved form.

Even though this form looks like it is a completed BPMH, it is not. It is still necessary to interview the patient/caregiver or access a second source to complete the BPMH.

Prescribed medications not appearing on the PIN, over-the-counter medications, herbals, vitamins, homeopathic preparations, supplements, health remedies, and substances of abuse need to be added to the BPMH. Information about the prescriber and community pharmacy are not included. Refer to the PIN profile if this information is needed.

#### **6 If this is PIN data, why does it display differently in this form than when viewed in the PIN profile?**

It is the same data. However, the generic drug name is displayed first when imported into the BPMH form. This decreases the chance of error.

#### **7 What medication information is not included in this form?**

Medication filled out-of-province/country, prescribed medications not appearing in PIN such as some chemotherapy agents, over-the-counter medications, herbals, vitamins, homeopathic preparations, supplements, health remedies, sample medications, and substances of abuse need to be written on the BPMH. Medications filled outside of the selected timeframe will not be displayed. It is also possible that very recent dispenses may not yet be uploaded from the community pharmacy.

#### **8 Do I need to confirm medication information on the form with a second source?**

Yes. The form simply imports PIN data, and actual medication use needs to be validated with a patient/family/caregiver or another source separate from PIN/ANP.

#### **9 Who should use this form?**

This form is an option for anyone collecting and documenting a BPMH and reconciling medications.

#### **10 Is this an official form?**

Yes. This is an official AHS and Covenant Health form (form number is displayed on bottom left of page) and can be placed in the patient's chart.

#### **11 Do I need to keep all pages of the form, even though some are blank or all entries are crossed out?**

Yes. This form is considered a legal document so all pages must be included and becomes a permanent record in the chart. The record status applies to all pages of the form, regardless if some are blank or have entries crossed out. It would be impossible to know if a page was missing containing important information or if the page was omitted because it was blank.

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You can also adjust the date field (or report timeframe) to decrease the number of duplicate medications and pages.

## 12 Do I need to sign, date and time every page of the form?

### Collecting the BPMH

If your area uses a paper process, and the form physically goes to pharmacy to be processed, it is sufficient for the individual completing the BPMH to print, sign, date and time on the bottom left corner of the first page, then initial each subsequent page.

### Prescriber Reconciliation

To indicate reconciliation has occurred, if your area uses a paper process, and the form physically goes to a Pharmacy to be processed and used as admission orders. There is a legal documentation requirement that the prescriber needs to sign, date and time the bottom right-hand corner on each page.

## 13 I work at a facility that uses an electronic medication order entry system. How do I sign off on the ANP BPMH form?

Where an electronic order entry system is in use, it is sufficient to print, sign and date the first page, and initial each subsequent page. When orders are entered by prescribers an electronic signature is captured by the Electronic Medical Record (EMR).

## 14 What are the benefits of the new BPMH form?

- i. The form **saves time** — it reduces the need for manual transcription by pre-populating the patient's dispensed medication history as per PIN.
- ii. The form is **user-friendly** — it allows clinicians to verify the medication information with the patient as a second source, and authorized prescribers to reconcile and include comments beside each medication.
- iii. The form is **convenient** — as an AHS and Covenant-approved form it can be retained in patient charts.
- iv. The form **improves patient safety** – it reduces transcription errors.

## 15 Does this new form change the MedRec requirements?

No, the MedRec requirements have not changed. Practitioners still have the option of continuing to use their current MedRec forms.

The new form does not remove the requirement to validate a patient's medication history with two sources. The pre-populated form serves as one source, and the patient/caregiver interview can serve as a second source.

## 16 How do I complete the form?

Materials are available on the [Alberta Netcare Learning Centre](#) to help you learn how to use the form.

## 17 When I print the form there are duplicate entries for a medication. Can this be prevented?

Duplicate entries are a known issue. To avoid some of the duplicate medications and pages you can adjust the date field (or report timeframe) to decrease the number. However, please be aware that medications dispensed outside of this shorter timeframe will not pre-populate e.g., chronic medications.





**26 The medication entry has been verified with the patient but there is no route indicated. What should be done?**

To ensure clarity and compliance with medication order policies, write the route in the “route” column for that entry.

Medications Add any additional prescriptions, over the counter and herbal medications including regular and PRN <input type="checkbox"/> No Home Medications	Taken per Netcare	Complete if information is not taken per Netcare, incomplete or for patient medications not listed in Netcare			Time of last dose
		Dose	Route	Frequency	
Metformin HCL (METFORMIN 500 MG TABLET) 1 Tablet(s) Three times daily X 30 Day(s) 2016-Oct-08 30 Tablet(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		po		

**27 How do you document a medication with differing doses throughout the day?**

If there is not enough space on the original row, then document the medication and its doses in the blank row spaces provided on the form. If additional entries have been documented, indicate this beside the original entry to flag for other healthcare providers.

**28 How was the form developed?**

The BPMH form was developed in collaboration with Alberta Netcare as part of the Medication Reconciliation program at AHS. Consultations and Human Factors usability testing with key stakeholders (physicians, nurses, pharmacists) took place within AHS to develop the form to ensure that it adheres with current AHS policies and processes; streamlines the MedRec process and enhances safe medication practice.