

Appendix Item 4: Form for Documenting Medication Discrepancies

Name (Last, First): _____

Comparison Date/Time:

Service:

Discharging Provider (if different):

- ☐
- No Home Meds

Patient Understanding of Medications:

- ☐
- High
- ☐
- Medium
- ☐
- Low

Intervention Provider (if Intense/Standard bundle instituted)

- ☐ Pharmacist reconciler ☐ Other trained staff

Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
Name DRF <input type="checkbox"/> PRN <input type="checkbox"/> OTC Comments Gold Standard Additional Med	High Medium Low	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Questions for provider Provider Response	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Reason Reconciliation Error History Error Intentional Documented Questions for provider Provider Response	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider Provider Response	Need to notify team <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders Recommended action: <hr/> Action taken by team, if any: _____ Comments: <hr/>

All Sources Used: ☐ Patient ☐ Patient's Family ☐ Caregiver ☐ Pharmacy(s) ☐ Outpatient Provider(s) ☐ Pill Bottles ☐ Pt's Own Med List ☐ Past DC Summary
☐ Outpt Records ☐ EMR ☐ Other Details:

General Comments :

Back Page of Med Comparison Worksheet/ Highlights of Procedure

Confidence: (How confident are you that the “Gold Standard” list is correct):

High: Pt and at least 2 corroborating sources agree

Med: Pt and at least/perhaps 1 corroborating source agree

Low: Anything not High or Med

Start w/ easily accessible sources. If patients use a list or pill bottles and seem completely reliable (and the data are not that dissimilar from the other sources, and/or differences can be explained), then other sources are not needed. If patients are not sure or are relying on memory only, or cannot clearly “clean up” the other sources of medication information, then it’s time to rely on additional sources: community pharmacies, outpatient physician offices, having the family bring in the pill bottles, etc.

Patient understanding of medications:

High: understands indications, dose, strength, and frequency of most medications

Med: Inconsistent or incomplete understanding of indications, dose, strength, and frequency of medications; not high or low

Low: at most, can identify medications by name or indication but not both, has little understanding of dose (e.g., “I take the blue blood pressure pill once a day”)

Documenting Adherence in Gold Standard list:

- If completely non-adherent (on purpose or b/c didn’t know to take medication), then leave off list and note it in general comments
- If sporadically non-adherent, give general assessment of adherence in comments
- If systematically non-adherent (e.g., always takes medicine once a day instead of 3 times a day), then note actual frequency taken in dose/route/freq and make note of difference from prescribed frequency in comments
- If patient denies knowledge of a medication that is on another list (i.e., doesn’t know why not taking it), keep track of these in comments

PAML Comparison:

1. (If have an electronic place to document PAML separate from admission note): What if the PAML has not been documented: return again > 24 hours after admission. If it still has not been documented, then use the list from the admission note if available. If still not available, then treat PAML as blank.
2. For transfers from within the hospital or from another acute care hospital, the PAML is what the patient was taking before the initial hospitalization. For admissions from a nursing home, the PAML is what the patient was taking at the nursing home (which may be in the transfer orders).
3. If meds are completely different from GS gold standard med hx, then contact provider and find out what sources they are using and document in comments in main form. This is to make sure they didn’t have a better source of info than you.
4. If the frequency is missing, how is that coded: as a change in dose/route/frequency, note “missing” in the details section.
5. If the PAML includes a medication that you did not include in the gold standard hx because the patient was completely non-adherent with it (or didn’t know s/he was supposed to take it), then mark it as an additional PAML med, error in PAML, and explain in the comments.
6. If the only reference to preadmission meds is in the admission note history of present illness (e.g., “patient responded well to risperdal,” without dates), does that count as a PAML med? No.

Admission Comparison

1. What are considered admission orders: all orders written from the time of admission until 8 am the following morning or until 8 hours after the time of admission, whichever comes first
2. Should admission medications that are later discontinued still be counted: yes.
3. For PRN meds, if the frequency is a range (e.g., q4-6h) and the medication is prescribed within that range (e.g., q6h), is that a change in frequency: No.
4. To save time, you can leave out the following **additional** admission orders:
 - a. Those that are clearly related to the chief complaint (e.g., levofloxacin for pneumonia when that is the admitting diagnosis)
 - b. Those that are clearly documented (e.g., lovenox for DVT prophylaxis)
 - c. Those that are standard prn orders at your hospital (e.g., Tylenol prn if that is in the standard order set at your hospital)

SIMON SAYS:

- Sedatives
- Inhalers (includes nebs)
- Muscle relaxants
- OTCs – may leave off for this study if PRN unless pain medications (meds (i.e. “What do you take for pain when you have pain?”))
- Nitroglycerin
- Stomach acid meds
- Aspirin
- eye drops (glaucoma) – may leave off artificial tear eye drops for this study
- Stool (colace/senna etc) – may leave off if PRN

Can exclude PRNs (things that would not need to go to adjudication):

Except – we ARE including PRN: inhalers, nitroglycerin, opiates, muscle relaxants, sedatives, analgesics (include Tylenol and NSAIDs)

Appendix Item 4: Form for Documenting Medication Discrepancies (page 2)

MRN: _____	Name (Last, First): _____	Admission Date: _____	Comparison Date/Time: _____
Location: _____	Service: _____	Admitting Provider: _____	Discharging Provider (if different): _____
<input type="checkbox"/> Control Patient <input type="checkbox"/> No Home Meds <input type="checkbox"/> Intervention Patient		Patient Understanding of Medications: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Intervention Level (if Intense/Standard bundle instituted) <input type="checkbox"/> Intense <input type="checkbox"/> Standard		Intervention Provider (if Intense/Standard bundle instituted) <input type="checkbox"/> Pharmacist reconciler <input type="checkbox"/> Other trained staff	

Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
Name DRF PRN OTC Comments Gold Standard Additional Med	High Medium Low	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Questions for provider:	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Reason Reconciliation Error History Error Intentional Documented Questions for provider: Response:	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Reason Reconciliation Error History Error Patient expired Intentional Documented Questions for provider: Response:	Need to notify team <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders Recommended action: _____ Action taken by team, if any: _____ Comments: _____
Name DRF PRN OTC Comments Gold Standard Additional Med	High Medium Low	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Questions for provider: Provider Response:	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Reason Reconciliation Error History Error Intentional Documented Questions for provider: Provider Response:	Comparison/Difference Same Omission Dose Route Frequency Substitution Additional med Formulation Other Details Reason Reconciliation Error History Error Intentional Documented Questions for provider: Provider Response:	Need to notify team <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders Recommended action: _____ Action taken by team, if any: _____ Comments: _____