



Medication Reconciliation Discharge Quality Audit – Acute Care and Rehab

DATE (DD/MM/YYYY): _____ / _____ / _____

Pt #	A. Discharged to:	B. Discharge MedRec performed	C. All medications on the admission BPMH are accounted for on the discharge medication documentation (BPMDP)	D. Were there any outstanding discrepancies between the 24 hour MAR and the discharge medication documentation (BPMDP)	E. Each medication on the discharge medication documentation has: drug name, dose ± strength, route, frequency	F. Prescriber has documented rationale for added, changed and/or discontinued medications on discharge medication documentation	G. Discharge medication documentation has been provided and reviewed with the patient/caregiver	H. The discharge medication documentation has been communicated to the next health care provider(s)
1	<input type="checkbox"/> Long Term Care <input type="checkbox"/> Homecare <input type="checkbox"/> Home without care <input type="checkbox"/> Another Acute care facility <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No admission and discharge Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Admission BPMH <input type="checkbox"/> N/A - No Home Meds on admission	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No Changes to BPMH Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented
2	<input type="checkbox"/> Long Term Care <input type="checkbox"/> Homecare <input type="checkbox"/> Home without care <input type="checkbox"/> Another Acute care facility <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No admission and discharge Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Admission BPMH <input type="checkbox"/> N/A - No Home Meds on admission	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No Changes to BPMH Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented
3	<input type="checkbox"/> Long Term Care <input type="checkbox"/> Homecare <input type="checkbox"/> Home without care <input type="checkbox"/> Another Acute care facility <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No admission and discharge Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Admission BPMH <input type="checkbox"/> N/A - No Home Meds on admission	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No Changes to BPMH Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented
4	<input type="checkbox"/> Long Term Care <input type="checkbox"/> Homecare <input type="checkbox"/> Home without care <input type="checkbox"/> Another Acute care facility <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No admission and discharge Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Admission BPMH <input type="checkbox"/> N/A - No Home Meds on admission	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No Changes to BPMH Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented
5	<input type="checkbox"/> Long Term Care <input type="checkbox"/> Homecare <input type="checkbox"/> Home without care <input type="checkbox"/> Another Acute care facility <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No admission and discharge Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Admission BPMH <input type="checkbox"/> N/A - No Home Meds on admission	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - No Changes to BPMH Meds	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Documented
NUM								
DEN								
RESULT								