



# MEDICATION RECONCILIATION - HOME CARE

Data Collection Form



DATE (dd/MMM/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Pt #	A. MedRec Initiated	B. BPMH > 1 source	C. Actual Med use verified by Client/Caregiver source	D. Each medication in BPMH has drug name, dose, strength, route, frequency	E. Medication list has been provided and reviewed with client/caregiver	F. Discrepancies (unexplained differences) resolved, and/or communicated to the most responsible provider, and actions documented	G. The reconciled medication list has been communicated to the client/caregiver and others in the client circle of care (e.g. healthcare provider(s), etc.)
1 VOID <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO HOME MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UN CLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNABLE TO PERFORM <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOT DOCUMENTED	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO DISCREPANCIES	<input type="radio"/> CLIENT/CAREGIVER AND CIRCLE OF CARE <input type="radio"/> CLIENT/CAREGIVER ONLY <input type="radio"/> CIRCLE OF CARE ONLY <input type="radio"/> NEITHER <input type="radio"/> CLIENT DISCHARGED BEFORE RESOLUTION
2 VOID <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO HOME MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UN CLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNABLE TO PERFORM <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOT DOCUMENTED	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO DISCREPANCIES	<input type="radio"/> CLIENT/CAREGIVER AND CIRCLE OF CARE <input type="radio"/> CLIENT/CAREGIVER ONLY <input type="radio"/> CIRCLE OF CARE ONLY <input type="radio"/> NEITHER <input type="radio"/> CLIENT DISCHARGED BEFORE RESOLUTION
3 VOID <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO HOME MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UN CLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNABLE TO PERFORM <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOT DOCUMENTED	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO DISCREPANCIES	<input type="radio"/> CLIENT/CAREGIVER AND CIRCLE OF CARE <input type="radio"/> CLIENT/CAREGIVER ONLY <input type="radio"/> CIRCLE OF CARE ONLY <input type="radio"/> NEITHER <input type="radio"/> CLIENT DISCHARGED BEFORE RESOLUTION
4 VOID <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO HOME MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UN CLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNABLE TO PERFORM <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOT DOCUMENTED	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO DISCREPANCIES	<input type="radio"/> CLIENT/CAREGIVER AND CIRCLE OF CARE <input type="radio"/> CLIENT/CAREGIVER ONLY <input type="radio"/> CIRCLE OF CARE ONLY <input type="radio"/> NEITHER <input type="radio"/> CLIENT DISCHARGED BEFORE RESOLUTION
NUM ©							
DENOM							
RESULT							

Refer to the detailed instructions for directions for completing the data collection form and calculating the results. Instructions are available in the measurement package from Safer Healthcare Now! (metrics@saferhealthcarenow.ca)

