



# MEDICATION RECONCILIATION

## - LONG-TERM CARE

### Data Collection Form

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



Pt #	A. Admit via	B. MedRec Performed	C. BPMH >1 source	D. Actual Med use verified by Res/Caregiver source	E. Each med has drug name, dose, strength, route, frequency on BPMH and Admission Orders	F. Every med in BPMH is accounted for in Admission Orders	G. Prescriber has documented rationale for 'Holds' and 'Discontinued' meds	H. Discrepancy communicated, resolved, and documented
1 VOID <input type="radio"/>	<input type="radio"/> ACUTE <input type="radio"/> HOME <input type="radio"/> RES CARE <input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR <input type="radio"/> UNABLE TO PERFORM	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR
2 VOID <input type="radio"/>	<input type="radio"/> ACUTE <input type="radio"/> HOME <input type="radio"/> RES CARE <input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR <input type="radio"/> UNABLE TO PERFORM	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR
3 VOID <input type="radio"/>	<input type="radio"/> ACUTE <input type="radio"/> HOME <input type="radio"/> RES CARE <input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR <input type="radio"/> UNABLE TO PERFORM	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR
4 VOID <input type="radio"/>	<input type="radio"/> ACUTE <input type="radio"/> HOME <input type="radio"/> RES CARE <input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR <input type="radio"/> UNABLE TO PERFORM	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR
5 VOID <input type="radio"/>	<input type="radio"/> ACUTE <input type="radio"/> HOME <input type="radio"/> RES CARE <input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NO MEDS	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNCLEAR <input type="radio"/> UNABLE TO PERFORM	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR	<input type="radio"/> YES, N/A <input type="radio"/> NO <input type="radio"/> UNCLEAR
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](mailto:metrics@saferhealthcarenow.ca))

