

ISMP Canada Safety Bulletin

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Virtual Medication History Interviews and Discharge Education

Obtaining a patient's medication history and educating patients at discharge are processes that can be adapted to ensure the safety of both patients and health care providers. The need for such adaptation has come to the forefront during the current COVID-19 pandemic.

ISMP Canada recommends that medication history interviews and discharge patient education be conducted by telephone, video communication, or email, with the dual goals of reducing the number of non-essential entries into patients' rooms (and the associated risk of viral transmission) and conserving personal protective equipment (PPE) during a pandemic.



INCIDENT EXAMPLE

ISMP Canada received a report about a student health care provider who obtained a best possible medication history (BPMH) from a patient in a face-to-face interview. It was later discovered that the patient was under investigation for suspected COVID-19 virus. A review of the circumstances of this incident brought to light an opportunity for improvement. The facility consequently planned to implement a process to conduct medication history interviews by phone.

RECOMMENDATIONS

Organizational Set-Up for Virtual Communication

- Evaluate options for telephone, video-calling, and email communication according to the hospital's capabilities, as well as the patient's own resources or limitations. Consider the availability, security, and practicality of internet access, email accounts (both hospital and patient's personal emails), in-room telephone, mobile phone, internet-based video-calling platform, intercom, or 2-way communicating baby monitors.¹
- Ensure that staff in the registration department document the patient's mobile phone number and email address, to facilitate virtual conversations between the patient and health care providers, thus reducing the need for in-room meetings. Conversely, lack of access to these technologies should be documented.

- Advise patients that medication history interviews and discharge patient education might be conducted using telephone, video-calling technology, or email. Confirm and document (using electronic consent forms for virtual communication) that the patient and family understand any security or privacy limitations associated with the communication method that is selected.
- Update organizational policies (e.g., documentation, patient consent) related to privacy and electronic sharing of personal health information.

Obtaining a Best Possible Medication History (BPMH)²

1. Gather the patient's medication information and sources of information.

- Before the interview, access the patient's available medication information (e.g., a recent, up-to-date medication list, on paper or in electronic form; a compliance aid [blister pack] chart or grid; a community pharmacy dispensing report; a provincial electronic medication record; and/or a current Medication Administration Record [MAR] and BPMH for patients transferred from another facility).
- Avoid handling of patients' personal medications, whenever possible. If handling is required, follow established organization-specific infection control protocols.
- If patients are able to share medication information in digital form (e.g., electronic medication list or MyMedRec profile), explore options (e.g., email) available.

2. Conduct the medication history interview by phone, video call, or email with the patient and/or their caregiver.

- Assess and identify the most appropriate person (e.g., patient, caregiver) to provide relevant information about the patient's medication use.
- Nondigital sources of information (e.g., paper medication list, medication vials or other containers, compliance aid chart or grid) can be shared by video or can be photographed to be sent by email.

3. Document the medication history and sources of medication information in the health record.

Educating Patients at Discharge

1. Communicate with the patient and/or their caregiver.

- Educate patients about their discharge medications and changes to their medication regimen using a virtual communication mechanism (e.g., telephone, video call, or email, as outlined above for obtaining the BPMH). A telephone or video call once the patient is at home is also an option.

2. Communicate with the patient's primary care provider.

- Confirm the primary care provider's name, contact information, and accessibility.
- Include an updated medication list with the discharge summary that is sent to the primary care provider using a secure fax line or electronic method.
- Ensure that patients know when and how to follow up with their primary care provider.

3. Communicate with the patient's community pharmacy.³

- Confirm the name of the patient's community pharmacy and contact information.
- With permission from the patient:
 - send the discharge prescription and current medication regimen to the patient's community pharmacy by fax [[fax template example](#)] or secure electronic method, and request a confirmation of receipt; and
 - inquire about and request delivery of prescriptions to the patient's residence. If the pharmacy does not offer a delivery service, consider the safest alternative to limit exposure in the pharmacy.

The Canadian Society of Hospital Pharmacists, New Brunswick Branch, has shared several additional recommendations, which are available [here](#).³

CONCLUSION

In this digital age, the need for virtual communication extends beyond the medication realm and the current pandemic circumstances. In fact, virtual care with novel technology (e.g., remote assessment of a baby through a baby monitor in the home) is already in place. With appropriate incorporation into organizational policies and procedures, these strategies and recommendations can become new normal practices.


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The graphic features a central image of a healthcare professional in a white coat with a red cross on the chest, pointing forward. To the left, a large red arrow points towards the center. Below the arrow, the text 'Med Safety Exchange Webinar Series' is written in white. At the bottom left, there are logos for ISMP (Institut for Safe Medication Practices Canada) and CPSI/ICSP (Canadian Patient Safety Institute / Association canadienne pour la sécurité des médicaments).

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