

Medication Reconciliation Quality Audit Data Collection Form – Long-Term Care

Date: (dd/MON/yy): _____

Auditor Name: _____

Resident Number	A: Admit via:	B: MedRec Performed within 48 hours	C: BPMH using more than 1source	D: Actual Med Use verified with Resident/ Caregiver	E: Each med has drug name, dose, strength, route, frequency on BPMH & Admission orders	F: Every med in BPMH is accounted for in admission orders	G: Prescriber documented rationale for 'Holds' and 'Discontinued meds	H: Discrepancy(ies) communicated, resolved, and documented
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear

Instructions

- Using the paper Word document, perform a retrospective audit of the last 10 residents admitted or re-admitted within the last 6 months¹. Home to keep a record of resident's name for each chart audited in a separate file. (See LTC Audit Notes)
- Follow-up with any outstanding discrepancies identified through the audit; i.e., resolve with the team.
- Share learning and good catches with team during safety huddles and ISMP Canada.
- Transfer data to the MedRec LTC Quality Baseline Audit Excel worksheet and send the file to ISMP Canada through the file sharing folder.
- Any questions? Email: alice.watt@ismpcanada.ca
- Record time to complete audit for ten residents: _____(Hours:Min)

¹ Some Homes may have less than 10 admissions/readmissions in 6 months; if more than 10, use the most recent ones.

Medication Reconciliation – Long-Term Care Stories – For Internal Home use only.

Stories are powerful; they can help drive change.

Resident #	Resident ID	MedRec Stories Good catches and outstanding discrepancies to be resolved by team. Loop back with individual staff, resident/caregiver, and team for: <ul style="list-style-type: none">• Sharing & Learning Safety Huddles• Good catches or incidents to report
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

MedRec Stories: For internal use only. Sharing stories with ISMP Canada is voluntary.