ETSUHealth

Aug. 23, 2021

ETSU Population Health: QI Weekly

Medication Reconciliation Post-Discharge (MRP)

Patients 18 years + who are discharged from an inpatient facility (hospital, rehab, or SNF) need to have their medications reconciled within 30 days of discharge. An LPN or higher can perform the medication reconciliation, but a prescribing practitioner, clinical pharmacist, or registered nurse will need to review and finalize.

- The patient's discharge medication list should be reviewed and reconciled with the current meds list, and this should be documented in the note. If no medications were prescribed at discharge, please document this and review the current meds list.
- Patients with multiple discharges during the year must have medication reconciliation completed within 30 days of each discharge.
- Patients receiving hospice services are excluded from this measure.

Medication Reconciliation

1. Atorvastatin Calcium 40 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME Requested for: 01Feb2021; Last Rx:01Feb2021 Ordered
2. Citalopram Hydrobromide 10 MG Oral Tablet; TAKE 1 TABLET DAILY Requested for: 01Feb2021; Last Rx:01Feb2021 Ordered
3. Clopidogrel Bisulfate 75 MG Oral Tablet; Therapy: (Recorded:28Jun2021) to Recorded
4. Eliquis 2.5 MG Oral Tablet; TAKE ONE TABLET TWICE A DAY; Therapy: 01Feb2021 to (Evaluate:02May2021) Requested for: 01Feb2021; Last Rx:01Feb2021 Ordered
5. metFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour; take 2 TAB 2x a day w/breakfast and dinner Requested for: 01Feb2021; Last Rx:01Feb2021 Ordered
6. Metoprolol Tartrate 25 MG Oral Tablet; TAKE 0.5 TABLET Twice daily Requested for: 01Feb2021; Last Rx:01Feb2021 Ordered
7. Midodrine HCl - 5 MG Oral Tablet; Therapy: (Recorded:28Jun2021) to Recorded
8. Omeprazole 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE Daily Requested for: 01Feb2021; Last Rx:01Feb2021 Ordered
9. tiZANidine HCl - 2 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED Requested for: 01Feb2021; Last Rx:01Feb2021 Ordered

Discharge medications were discussed with the patient and updated on the chart by the provider on 6/28/21.
Hospital discharge summary / hospital notes reviewed by the provider.
The patient will remain on the same medications as at hospital discharge.
The patient did not have any questions about their medications.
The patient did get their prescriptions filled.
Medication reconciliation performed at today's visit.

Family Medicine:

- For straight hospital follow-up visits (not transitional care), make sure to document that the patient is being seen for hospital follow-up in the reason for visit section of the office visit note.
- Please leave the med list in the note and add verbiage to indicate (at least) the following:
  - **Provider discussed discharge medications with patient and updated the chart**
  - **Medication reconciliation was performed at today's visit**

    - This will help alert your coder that the 1111F code needs to be billed.