



Medication Reconciliation User Guide

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TruBridge
54 St. Emanuel Street
Mobile, AL 36602
T(877) 424-1777
trubridge.com



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Chapter 1 Introduction

1.1 Attestation Disclaimer

Promoting Interoperability Program attestation confirms the use of a certified Electronic Health Record (EHR) to regulatory standards over a specified period of time. TruBridge Promoting Interoperability Program certified products, recommended processes, and supporting documentation are based on TruBridge's interpretation of the Promoting Interoperability Program regulations, technical specifications, and vendor specifications provided by CMS, ONC, and NIST. Each client is solely responsible for its attestation being a complete and accurate reflection of its EHR use during the attestation period and that any records needed to defend the attestation in an audit are maintained. With the exception of vendor documentation that may be required in support of a client's attestation, TruBridge bears no responsibility for attestation information submitted by the client.

Chapter 2 Overview

As it applies to the software, Medication Reconciliation is a standardized electronic process of reviewing a patient's complete medication profile at the time of admission, level of care change, and discharge. This document will discuss the reconciliation process from admission to discharge.

NOTE: *Facilities outside of the United States may choose a date format of MMDDYY, DDMMYY, or YYMMDD to be used on all date fields in the Medication Reconciliation application. Where four-digit dates display, a date format of MMDD, DDMM, or MMDD, respectively, will be used. Whichever date format is selected will be reflected in all date fields and column displays throughout the application. A TruBridge representative should be contacted in order for the date format to be changed.*

Chapter 3 Accessing Medication Reconciliation

3.1 Overview

This section discusses the paths that may be used to access Medication Reconciliation.

3.2 Accessing Medication Reconciliation

- Nursing and Provider staff may access Medication Reconciliation from **Web Client > Patient Chart > Medication Reconciliation**.
- Pharmacy users may access Medication Reconciliation through System Menu. From the Pharmacy Department, select a patient and then access **Medication Reconciliation** from the Pharmacy selection screen.
- **Flow Charts:** When documenting on certain flowcharts from the patient chart, there may be special-coded questions that launch the Medication Reconciliation screen when they are selected:
 - **Initial Interview Flow Chart:** Select the special-coded **Home Medications** question. If this path is taken, the system will only display destinations designated as admission destinations. The user may add Home Medications at this point. See [Admission Reconciliation](#)²².
 - **Discharge Summary and Instructions Flow Chart:** Select the special coded **MEDICATIONS** question. If this path is taken, the system will only display destinations designated as discharge destinations. See [Discharge Reconciliation](#)³¹.

NOTE: *If drug allergies must be entered before order entry but drug allergies have not been addressed, the following prompt will display when accessing Medication Reconciliation: "This patient has no allergy information entered. Patient allergy entry is required before ordering Medication(s). Would you like to enter allergy information now? Yes/No." Select **Yes** to enter allergies or **No** to proceed to Medication Reconciliation.*

Chapter 4 Medication Reconciliation Main Screen

4.1 Overview

This section discusses the layout and the available options when accessing the Medication Reconciliation main screen from a patient's chart.

4.2 Medication Reconciliation Main Screen Overview

The Medication Reconciliation main screen is accessed from the patient's chart. Once selected, the system will check to see if Drug Allergies have been addressed. Drug Allergies must be addressed prior to entering Medication Reconciliation. The system will allow the option to address Drug Allergies and once one has been added or NKDA has been indicated, the user may proceed to Medication Reconciliation.

Unless a Discharge Reconciliation has been performed on a patient (see [Discharge Reconciliation](#) ³¹), the following screen will display after selecting **Medication Reconciliation** from any of the paths listed in the previous section.

Select Web Client > Charts > Patient > Medication Reconciliation

The screenshot shows the Medication Reconciliation interface for patient JESSICA I. ROGERS. The patient's information includes DOB: 02/05/1963, Admitted: 6/6/2023, Code Status: Full Code, Weight: 72.57 kg, Height: 68.00 in., and Attending Physician: WILLIAMS KATHERINE. The medication list is organized into three columns: Home Meds, Active Meds, and Pending Actions. The Home Meds column contains the following medications:

- Amoxapine 100MG Oral Tablet (1 TABLET ORAL Twice Daily Start Date: 05/09/2018)
- Aspirin 325MG Oral Tablet (1 TABLET BY MOUTH Daily Start Date: 05/11/2018)
- Boniva 150MG Oral Tablet (150 MILLIGRAMS ORAL Daily Start Date: 05/09/2018)
- Furosemide 20MG Oral Tablet (1 Tablet Oral Twice Daily Start Date: 03/21/2013)
- Humulin R 100U/1ML Injection Solution (Insulin Human Regular) (1 Per Protocol SUBCUTANEOUS Before Meals/At Bedtime Start Date: 05/09/2018)
- Hydrochlorothiazide/Lisinopril 12.5MG-10MG Oral Tablet (1 EACH ORAL Daily Start Date: 03/21/2013)
- HYDROcodone bitartrate-acetaminophen 10MG-300MG Oral Tablet (1 TABLET ORAL AS NEEDED TWICE A DAY Start Date: 05/09/2018)
- Nexium 10MG/EPKT Oral Packet (Esomeprazole Magnesium) (1 TABLET ORAL Daily Start Date: 05/09/2018)
- Plavix 75MG Oral Tablet (75 MG ORALLY Daily Start Date: 05/09/2018)
- Singulair 4MG/Package Oral Packet (Montelukast Sodium) (1 TABLET BY MOUTH Daily Start Date: 05/09/2018)

The Active Meds and Pending Actions columns are currently empty. The interface includes a navigation menu on the left, a top toolbar with various action buttons, and a search bar.

Medication Reconciliation

The Medication Reconciliation screen contains the following components:

Action Bar:

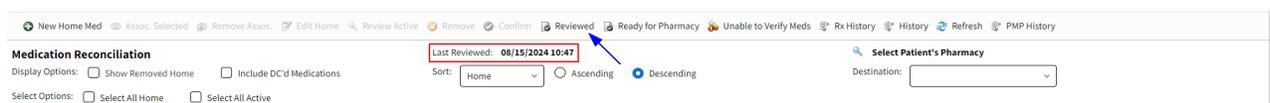
Please note that the Action Bar options will become disabled if a Destination has been selected from the drop-down. Clearing the Destination selection will enable the Action Bar options.

- **No Active Meds:** Select this option to document that the patient has no active medication orders on their pharmacy profile. This option is not available if the patient has at least one active medication order in the Active Meds column.
- **No Home Meds:** Select this option to document that the patient is not currently taking any prescriptions or other home medications. This option is not available if the patient has at least one home medication in the Home Meds column. (See [Home Medications](#)¹² for additional information.)



- **New Home Med:** Select this option to enter the patient's home medications. (See [Home Medications](#)¹² for additional information.)
- **Associate Selected:** Select this option to associate up to three active medications with a home medication. This option is not available if both an active and home medication have not been selected. (See [Association of Meds](#)²⁸ for additional information.)
- **Remove Association:** Select this option to remove an association between an active and home medication. This option is not available if the row of an associated active and home medication has not been selected. (See [Association of Meds](#)²⁸ for additional information.)
- **Edit Home:** Select this option to edit an existing home medication. This option is not available if a home medication has not been selected. (See [Home Medications](#)¹² for additional information.)
- **Review Active:** Select an active medication and then select this option to review order entry information for active or discontinued orders on the Active Medication Review screen. This option is not available if an active medication has not been selected. (See [Admission Reconciliation](#)²² for additional information.)
- **Remove:** Select this option to remove a medication from the Home Medications list. This option is not available if no home medications have been selected. (See [Home Medications](#)¹² for additional information.)
- **Confirm:** Select this option to confirm a home medication. This option is not available until an unconfirmed home medication has been selected. (See [Home Medications](#)¹² for additional information.)
- **Reviewed:** Select this option to record a "Reviewed" event in the Med Rec History. This will also update the Last Reviewed Date/Time label at the top of the screen.
 - **Last Reviewed:** The label for date and time will display on the main screen if **Reviewed** has been selected. If Reviewed has never been selected, this will not be visible. This will update each time Reviewed is selected. This date and time will also display in **History**.

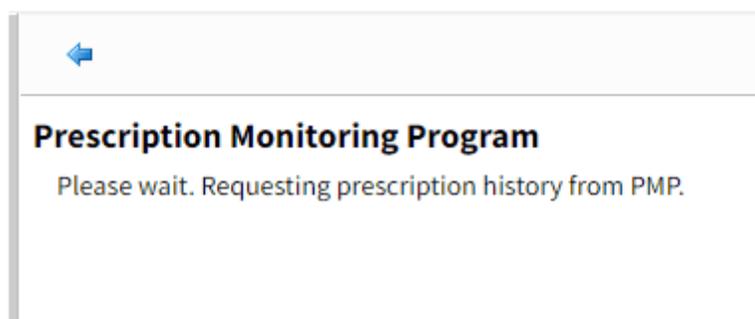
Select Web Client > Charts > Patient > Medication Reconciliation > Reviewed



Last Reviewed

- **Ready For Pharmacy:** Select **Ready for Pharmacy** when all home medications have been entered or reviewed. The option will remain visible until an Admission Reconciliation launching Order Entry has been performed. The system will log the date/time, account number, and a status of Incomplete. Once the status has been set to **Incomplete**, the **Ready for Pharmacy** option should be disabled. (See [Ready for Pharmacy](#) tip sheet.)
- **Unable to Verify Medications:** Select this option to indicate that the user is unable to verify and document a complete list of home medications due to a medical or other reason. This option will always remain active since it is possible to perform an Admission Reconciliation without addressing any home medications. Selecting this option will log an event in the **History** for Medication Reconciliation.
- **Rx History:** Displays based on a patient's level of consent/privacy settings. The Medication History for Reconciliation includes medication description, payer information, quantity/dose information, prescriber information, pharmacy information, and the date last filled. The user may retrieve up to two years of available data. Only one MHR request may be sent per visit, unless "No Records Returned" or "Patient Not Found" responses are received. See the [Prescription Entry User Guide](#) for more information.
- **History:** Select this option to view Medication Reconciliation event history. The system logs the Date/Time, Event, User ID, and User Name each time a reconciliation is performed on the account and also logs the Reviewed and Unable To Verify Medications information. Select the back arrow to return to the Medication Reconciliation screen or double-click an entry to view the patient's medication disposition at the time of reconciliation/review. **Previous** and **Next** options are available to navigate multiple events or the back arrow may be selected to exit.
- **Refresh:** Select this option to refresh the screen to see any recent changes that may have been made.
- **PMP History:** Select this option to run an inquiry on the patient's Prescription Monitoring Program history. A message will display that states "Please wait. Requesting prescription history from PMP." Selecting the option will also leave a stamp at the top of the Main screen that says "PMP History Reviewed: Date/Time."

Select **Web Client > Charts > Patient > Medication Reconciliation > PMP History**



PMP History Reviewed: **09/04/2024 10:41**

Pharmacy Only

- **Formulary Matching, Review matches, and Matching Complete:** These options are only visible when the Destination is blank and if Medication Reconciliation is launched from the Pharmacy department.

Additional Options

- **Select Patient's Pharmacy:** A look-up option is available to select the patient's preferred pharmacy. Selecting the magnifying glass icon will open a pharmacy search screen. The **Local** check box is preselected to pull pharmacies in surrounding zip codes. The user may use Search to find a pharmacy by Name, City, State/Prov, Zip Code/Post, Phone, or Organization Type. Once a preferred pharmacy is selected, the name of the pharmacy will display in place of the "Select Patient's Pharmacy" label on the Medication Reconciliation screen. By hovering the cursor over the label, a tool tip will display the street address and telephone number of the selected pharmacy. The preferred pharmacy will populate to any new Home Medications that are added.

Select Web Client > Charts > Patient > Medication Reconciliation > Select Patient's Pharmacy

Facility 2 : TRUBRIDGE HOSPITAL

Search: Name Local: Custom Pharmacy: All Retail Mail

Name	Address	City	State/Prov	Zip/
02567	7081 Airport Rd	Mobile	AL	3660
AHS Family Pharmacy - Mobile, AL	2419 Gordon Smith Dr.	Mobile	AL	3661
COLVIN DRUG	34789 LINE DRIVE	MOBILE	AL	3665
CVS PHARMACY # 1814	3932 COTTAGE HILL ROAD	MOBILE	AL	3665
CVS Pharmacy # 2567	7081 AIRPORT RD	MOBILE	AL	3660
CVS Pharmacy # 2675	900 GOVERNMENT ST.	MOBILE	AL	3660
CVS Pharmacy # 4818	4881 SCHILLINGER RD.	MOBILE	AL	3661
CVS Pharmacy # 4876	3445 ST STEPHENS RD	PRICHARD	AL	3661
CVS Pharmacy # 4877	2280 MLK BLVD.	MOBILE	AL	3661

 **CVS Pharmacy # 4818**

Destination: 4881 SCHILLINGER RD.
MOBILE AL 36619
251-666-5169

Select Patient's Pharmacy

- **Destination:** This drop-down option is used to select the Type of Reconciliation being performed and must be addressed to begin the Reconciliation process. The following sections provide additional information on destinations: [Admission Reconciliation](#)^[22], [Discharge Reconciliation](#)^[31] and [Level of Care Change Reconciliation](#)^[37].

NOTE: The Action Bar options will change when a Destination has been selected.

- **Display Options:**
 - **Show Removed Home:** Select this option to include removed home medications in the home medication display. Removed medications will display with a red x icon.
 - **Include DC'd Medications:** Select this option to include discontinued medication orders in the active medication display. The Discontinued medication orders will display with a red x icon.
- **Sort:** Select sort options to change the Home and Active Medication display with the following options:
 - **Home:** Select this option to sort the medications alphabetically by home medication description. Select **Descending** to sort the list in reverse alphabetical order and **Ascending** to return to alphabetical order.
 - **Active:** Select this option to sort the medications alphabetically by active medication description. Select **Descending** to sort the list in reverse alphabetical order and **Ascending** to return to alphabetical order.
 - **Confirmed:** Select this option to list confirmed home medications first followed by unconfirmed home medications. Select **Descending** to list unconfirmed home medications first and **Ascending** to return to confirmed home medications.
 - **Start Date:** Select this option to sort home medications chronologically by start date. Select **Descending** to sort the list in reverse chronological order and **Ascending** to return to chronological order.
- **Select Options:** Individual medications may be selected by a single-click. Hold down the **<Ctrl>** key while clicking to select multiple items.
 - **Select All Home:** Select this option to highlight/select all home medications. e.g., Select this check box and select **Confirm** on the Action Bar to confirm all home medications.
 - **Select All Active:** Select this option to highlight/select all active medications.

Medication List

Medications listed within Medication Reconciliation will be sorted alphabetically and are not case-sensitive. Medication descriptions will be sorted alphabetically within the associated drop-downs when a **Home** or **Active** med is selected and the user is on the edit screen.

Home Meds	Active Meds	Pending Actions
<input checked="" type="checkbox"/> Cipro 250MG Oral Tablet (Ciprofloxacin Hcl) 250 MILLIGRAMS ORAL Daily	CIPROFLOXACIN (CIPRO) TAB : 250 MG (Pending Admit) 250 MG PO BID	
<input checked="" type="checkbox"/> Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime	NPH Insulin U-100 70/30 Inj:(Human) (Pending CPOE) 1 UNITS SUBCUTANEOUS ACHS	
<input checked="" type="checkbox"/> Singulair 10MG Oral Tablet 10 MILLIGRAMS ORAL Daily	SINGULAIR (MONTELUKAST) 10 MG TABLET (Pending CPOE) 10 MG PO DAILY	
<input checked="" type="checkbox"/> Xanax 1MG Oral Tablet (Alprazolam) 1 MILLIGRAMS ORAL Daily	ALPRAZOLAM (XANAX) 0.5 MG (Pending CPOE) 1 MG PO PRN/Q8H	

(Pending CPOE) and (Pending Admit) Orders

- **Home Meds:** This column displays the home medications that have been entered on the account during the current stay. If the patient has been to the facility before, any previous medications that they were discharged with will automatically default to the Home Meds column upon the creation of the new visit. If home medications have been removed during this stay, the **Show Removed Home** option may be selected to display those entries as well.
- **Active Meds:** This column displays the active medication orders on the patient's pharmacy profile.
 - Select **Include DC'd Medications** to view discontinued medications for this stay.
 - Pending (unverified) CPOE orders will display with **(Pending CPOE)** next to the medication description.
 - The **Active Meds (Pending Admit)** orders display next to the medication description in parentheses. During a Discharge Medication Reconciliation, only Physicians will have the ability to perform actions on **(Pending Admit)** orders.

NOTE: If Medication Reconciliation is accessed on a clinic account, active medications do not populate the Active Meds column.

NOTE: Active Meds will show the full item master description, including anything after a colon.

- **Active Medication Review** screen displays the following fields: **Medication, Dose, Route, Frequency, Duration, Start Date/Time, Stop Date/Time, Ordering Physician, Indication, Instructions**, and any associated home medication will display or may be selected from a drop-down of home medications. There is also a **More Information** option that will display MicroMedex information about the active medication.
- Double-clicking an active medication or selecting the row and selecting **Review Active** from the Action Bar will populate the **Active Medication Review** screen.

Select Web Client > Charts > Patient > Medication Reconciliation > Select Active Med > Active Medication Review

← Update More Information

Active Medication Review

Medication: **ASPIRIN 325 MG TAB**
 Dose: **1 TAB**
 Route: **PO**
 Frequency: **DAILY**
 Duration:
 Start Date/Time: **08/14/2024 13:07**
 Stop Date/Time: **00:00**
 Ordering Physician: **KEW**
 Indication: **N/A**
 Instructions: **FOR HEADACHE OR TEMP >101**

Associated Med: Aspirin 325MG Oral Tablet

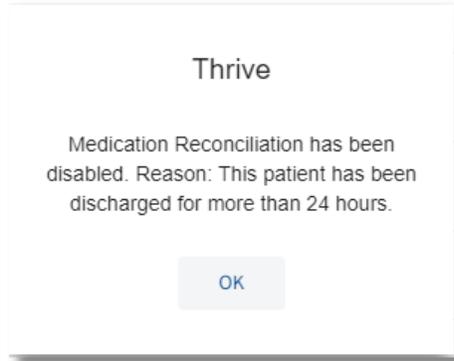
- ✓ Aspirin 325MG Oral Tablet
- Boniva 150MG Oral Tablet
- Furosemide 20MG Oral Tablet
- HumuLIN R 100U/1ML Injection Solution
- HYDROcodone bitartrate-acetaminophen 10MG-300MG Oral Tablet
- NexIUM 10MG/1PKT Oral Packet
- Plavix 75MG Oral Tablet
- Singulair 4MG/Package Oral Packet

Active Medication Review

- **Pending Actions:** This column displays the action selected to be performed during the reconciliation process. A Destination must be selected in order for these Action Bar options to display: **Cont. Home, Modify Home, Do Not Cont. Home, Cont. Active, Modify Active, DC Active.**
- **Pending Actions:** In the lower-left corner of the screen, this label field displays the number of pending actions associated with a reconciliation event.
- **Total:** This field displays the total number of rows in the medication list.

NOTE: If a discharge reconciliation was not performed on an account that has been discharged for over 24 hours, Medication Reconciliation will become disabled and may only be viewed via history mode.

Select Charts > Patient > Medication Reconciliation



Medication Reconciliation

Chapter 5 Home Medications

5.1 Overview

This section discusses the process of adding home medications via Medication Reconciliation.

5.2 Home Medications

Nurses and providers have the ability to document home medications. If a Discharge Reconciliation has been performed on a previous account, the medications continued at discharge will automatically populate the Home Meds column as unconfirmed entries that can be removed, edited, and/or confirmed. Exception: The Indication, Physician, and Pharmacy fields may not be edited if information in those fields was entered using Prescription Entry on the previous account. See below for the process to document home medications.

Documenting No Home Medications

- If the patient is not taking home medications, select **No Home Meds** from the Medication Reconciliation main screen.

Select **Web Client > Charts > Patient > Medication Reconciliation > No Home Meds**

The screenshot displays the Medication Reconciliation interface. At the top, there is a navigation bar with various icons and labels such as 'No Active Meds', 'New Home Med', 'Assoc. Selected', 'Remove Assoc.', 'Edit Home', 'Review Active', 'Remove', 'Confirm', 'Reviewed', 'Ready for Pharmacy', 'Unable to Verify Meds', 'History', and 'Refresh'. Below this, the 'Medication Reconciliation' section includes 'Display Options' with checkboxes for 'Show Removed Home' and 'Include DC'd Medications', and 'Select Options' with checkboxes for 'Select All Home' and 'Select All Active'. A 'Last Reviewed' timestamp of '09/04/2024 11:34' is shown. There are also 'Sort' options (Home, Ascending, Descending) and a 'Select Patient's Pharmacy' dropdown menu. The main table has three columns: 'Home Meds', 'Active Meds', and 'Pending Actions'. Under the 'Home Meds' column, there is a single entry 'No Home Medications' with a green checkmark to its left, which is highlighted by a red box.

Medication Reconciliation - No Home Medications

- Once this option has been selected, **No Home Medications** displays under the **Home Meds** column header.
- To document confirmation that the patient is not taking any home medications, select the entry, then select **Confirm**. A green check mark will display to the left of the entry as notification that this information has been confirmed.
- If **No Home Medications** was entered in error, select the row and then select **Remove**. Adding a home medication automatically removes the entry as well.

Documenting Home Medications

- Select **New Home Med** to enter a current medication for the patient. Enter the medication in the **Name** field to display a list of formulary and non-formulary medications.

Select **Web Client > Charts > Patient > Medication Reconciliation > New Home Med > Name**

Medication Search

Name: Formulary Matches Only

Drug
Lasix 20MG Oral Tablet (Furosemide)
Lasix 40MG Oral Tablet (Furosemide)
Lasix 80MG Oral Tablet (Furosemide)

Medication Search

- To remove non-formulary medications from the list, select the **Formulary Matches Only** check box. The Formulary Matches Only option will stay selected/deselected until addressed again by the user (sticky functionality). Double-click or select the applicable medication and then select **Continue** to access the Home Medication Entry screen. If the patient does not know the exact name of the medication, or the medication is not found on the list of available options, select **Custom** to display the Home Medication Entry screen with the option to enter a medication name. (Custom medication entries are considered a "placeholder" until the patient's correct medication information has been identified. Custom medications should not be Confirmed. Once the correct medication is identified, it should be added and the custom medication entry should be removed.)

Select Web Client > Charts > Patient > Medication Reconciliation > New Home Med > Search Name > Select Medication > Continue

Home Medication Entry

Medication: **Lasix 40MG Oral Tablet**
 RxNorm Code: **200809**

Dose: 40 MILLIGRAMS
 Route: ORAL
 Frequency: DAILY
 Last Dose Date/Time: 8/19/2024 07:00
 Compliant:
 Need Education:
 Source: Medication bottle
 Indication: blood pressure
 Physician: Katie Whiddon
 Pharmacy: **CVS Pharmacy # 4890**
 Comments:
 Prescription Detail: TAKE 1 TABLET BY MOUTH DAILY
 Prescription Status: **Unprocessed**
 Associated Med(s):

Home Medication Entry

Home Medication Entry Screen

- **Medication:** This field automatically populates after medication selection. If "Custom" was selected, the name (up to 105 characters) may be manually entered.
- **Dose:** Dose will populate from the selected medication. This may be manually changed.
- **Unit:** The Dose Unit will populate from the selected medication. Select the correct unit(s) from the drop-down menu.
- **Route:** Select the correct route from the drop-down menu.

- **Frequency:** Select the correct frequency from the drop-down menu. "Other" may be selected to manually enter a frequency.
- **Last Dose Date/Time:** Date is entered in the first field using the following format: MMDDYYYY. The Date Picker icon may also be used. Time is documented in the second field using military time.
- **Compliant:** Select the check box if the patient is compliant.
- **Needs Education:** Select the check box if the patient needs additional information about the medication.
- **Source:** Select the source from the drop-down menu. "Other" may be selected to manually enter a source (i.e., from whom or what the medication information was received).
- **Indication:** Select the indication from the drop-down menu. "Other" may be selected to manually enter an indication (i.e., reason for taking the medication)
- **Physician:** Select the prescribing physician from the drop-down menu, which lists the physicians of record for the current stay. If the ordering physician is not listed, select "Other" to free text the physician's name. The magnifying glass may be selected to choose from the Physician Table.
- **Pharmacy:** Use the magnifying glass icon to search for a pharmacy. If a pharmacy was already added from the Add Patient Pharmacy lookup, then that pharmacy's information will automatically pull to the Home Medication Entry screen.
- **Comments:** This is a 50-character free-text field. (If the selected Home Medication was continued from a previous visit, the comment *Previous Home Med* will automatically display in this field.)
- **Prescription Detail:** This is not a free-text field. If the medication being reviewed pulled forward from a previous account, the signature line (Sig Line) from the previous stay displays here.
- **Prescription Status:** This field indicates if the prescription that is tied to a Home Medication is either "Processed" or "Unprocessed."
- **Associated Med(s):** Up to three active medications may be associated with a home medication. Use the drop-down menu to associate an active medication with a home medication. The association may be made at a later time.

NOTE: For clinic accounts, the **Dose** (quantity and unit) and **Route** fields are populated with the default values assigned in the Prescription Entry tables.

Action Bar Options

- **Back Arrow:** Select this option to return to the Medication Reconciliation screen. If data has been entered but not saved, the following prompt will display: *Do you wish to save before exiting?* Select **Yes** to save changes and return to the Medication Reconciliation screen. Select **No** to disregard changes and return to the Medication Reconciliation screen. Select **Cancel** to return to the Home Medication Entry screen.
- **Update:** Select this option to save changes and exit to the Medication Reconciliation screen. If no changes have been made to the selected medication, this option is not available.
- **Confirm:** Select this option to confirm the accuracy of the data entered. If the medication has already been confirmed, this option will not be available. Confirmed medications will appear with a green check mark on the Medication Reconciliation main screen. (What constitutes confirmation of the entry is determined by facility policy and procedure.)
- **Unconfirm:** If a medication has been confirmed, this option will be available. Select this option to remove a medication's confirmed status.

- **Remove:** Select this option to remove a medication from the Home Meds list and return to the Medication Reconciliation screen. The medication may be viewed by selecting **Show Removed Home** on the Medication Reconciliation screen. To add the medication back to the Home Meds list, select the medication, then select **Edit Home**. Select **Undo Remove** to update the medication to the Home Meds list and return to the Medication Reconciliation screen.
- **Modify:** If home medications populate to the current account from a previous account, the Modify option is available to make changes to those medications when they are selected from the Home Meds column. This button will be grayed out if **New Home Med** was selected first. This option will only be available for home meds that were continued at discharge at the patient's previous visit. This may only be available for certain roles/logins. Selecting **Modify** will bring up an Alternative Medication Selection screen to select the "new" medication or a therapeutic substitution for the current medication. Once the medication has been selected, the user will be taken to the Home Medication Entry screen to complete filling out the information such as dose, frequency, etc. Once the new medication has been updated, the previous entry will be removed (displays when "Show Removed Home Meds" is selected) and the new home med information will display. **NOTE:** *This option should only be used for previous home medications that have been modified to a different dosage, therapeutic substitution, etc.*
- **More Information:** Select this option to display MicroMedex Information for the medication. This option is not available for custom entries.
- **History:** Select this option to display a log of data updates to the selected medication. Each entry displays the following information: Date/Time, Dose, Unit, Route, Frequency, Entered by and Confirmed. Select the back arrow to return to the Medication Reconciliation screen or double-click an **entry** to display the Home Medication Entry screen for that event. **Previous** and **Next** options are available to navigate multiple events, or the back arrow may be selected to exit.
- After all maintenance has been performed, select **Update**. This will return to the Medication Reconciliation screen and the med will display in the **Home Meds** column. The description of each medication displays, followed by the dose, units, route, and frequency. Each entry is preceded by an icon denoting confirmation status. A check mark displays for confirmed medications, and a question mark displays for medications that have not been confirmed.

Select Charts > Patient > Medication Reconciliation

The screenshot displays the Medication Reconciliation interface. At the top, there is a navigation bar with various icons and labels: No Active Meds, New Home Med, Assoc. Selected, Remove Assoc., Edit Home, Review Active, Remove, Confirm, Reviewed, Unable to Verify Meds, Rx History, History, Refresh, and PMP History. Below this, the main header includes 'Medication Reconciliation', 'Last Reviewed: 09/04/2024 10:42', 'PMP History Reviewed: 09/04/2024 11:03', and 'CVS Pharmacy # 4890'. There are also filters for 'Display Options' (Show Removed Home, Include DC'd Medications), 'Sort' (Home, Ascending, Descending), and 'Destination'. Under 'Select Options', there are checkboxes for 'Select All Home' and 'Select All Active'. The main content area is divided into three columns: 'Home Meds', 'Active Meds', and 'Pending Actions'. The 'Active Meds' column contains two entries: 'Coumadin 2.5MG Oral Tablet (Warfarin Sodium)' with a checkmark icon and '2.5 MILLIGRAMS ORAL', and 'Lasix 40MG Oral Tablet (Furosemide)' with a question mark icon and '40 MILLIGRAMS ORAL DAILY'.

Medication Reconciliation

The following options are available from the Action Bar when a Home Med row is selected:

- **Edit Home:** Select the home medication row, then select **Edit Home** to display the Home Medication Entry screen. Proceed as noted above. Only one medication may be addressed at a time.
- **Remove:** Select the home medication, then select **Remove** to remove a medication from the Home Meds list. Only one medication may be addressed at a time. The medication may be

viewed by selecting **Show Removed Home** on the Medication Reconciliation screen. To add the medication back to the Home Meds list, select the medication then **Edit Home**. Select **Undo Remove** to update the medication to the Home Meds list and return to the Medication Reconciliation screen. The medication will appear with an Unconfirmed status

- **Confirm:** Select the applicable unconfirmed medications, then **Confirm** to confirm the medications. Multiple medications may be addressed, but the Confirm option is not available if a confirmed medication is selected. To remove a confirmed status, select the Home Medication row and then select **Edit Home**. Select **Unconfirm**, then update.
- **Reviewed:** Select this option to record a "Reviewed" event in the Med Rec History. The **Reviewed** option will be disabled if the medication list is blank and if neither **No Home Meds** nor **No Active Meds** have been selected.

Ready for Pharmacy Option

The **Ready for Pharmacy** option allows a pharmacist to match home medications to formulary medications before the physician performs an admission reconciliation, which will bypass the Alternative Medication Selection screen for the physician.

Select **Charts > Medication Reconciliation > Ready for Pharmacy**

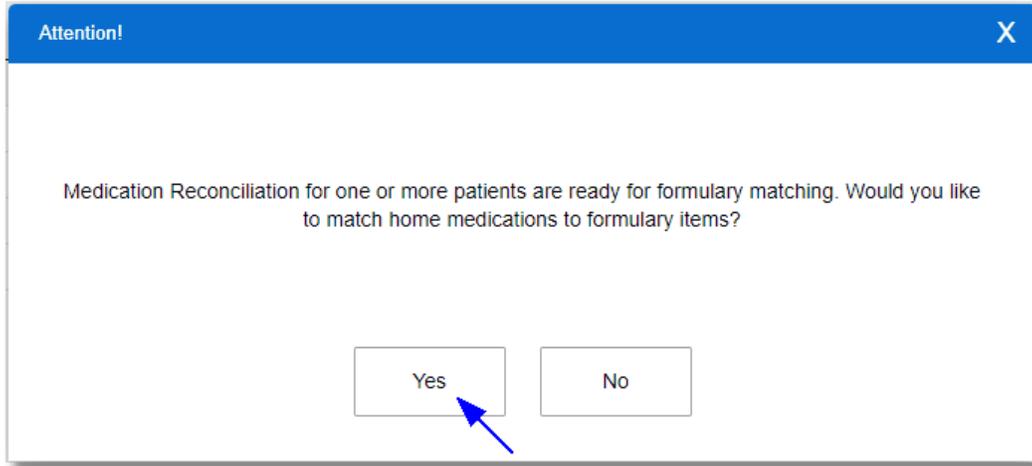
The screenshot displays the Medication Reconciliation interface. At the top, there is a toolbar with various actions: New Home Med, Assoc. Selected, Remove Assoc., Edit Home, Review Active, Remove, Confirm, Reviewed, Ready for Pharmacy (highlighted with a blue arrow), Unable to Verify Meds, Rx History, History, and Refresh. Below the toolbar, the 'Medication Reconciliation' section includes display options (Show Removed Home, Include DC'd Medications), sort settings (Home, Ascending, Descending), and destination selection (CVS Pharmacy # 4890). A 'Formulary Matching Status: Incomplete' indicator is visible in the top right. The main area is divided into 'Home Meds' and 'Active Meds' sections. Under 'Home Meds', two medications are listed: Coumadin 2.5MG Oral Tablet (Warfarin Sodium) and Lasix 40MG Oral Tablet (Furosemide).

Ready For Pharmacy

Users should only select **Ready for Pharmacy** once all home medications have been entered and reviewed. This will update and add the label for Formulary Matching Status to Incomplete under the Destination and send a notification to the Pharmacy department to review. Pharmacy will receive a prompt when accessing the Pharmacy Department that Formulary Matching is ready for one or more patients. Selecting "No" will close the alert. The prompt will reappear the next time the Pharmacy Department is accessed as long as an Admission Reconciliation has not been performed for the patient prior to Pharmacy completing the Formulary Matching. Selecting "Yes" will display a list of patients ready for Formulary Matching.

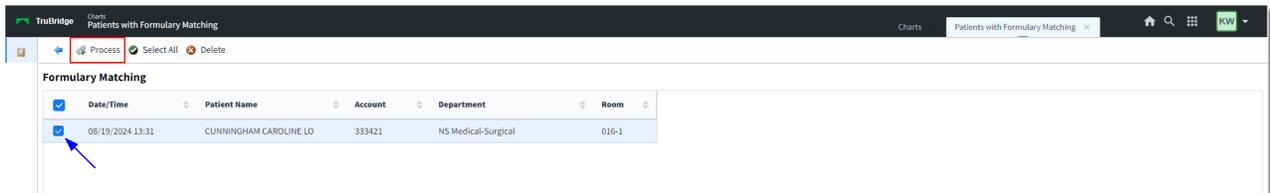
Within **System Menu**, the Pharmacy Department will receive the notification shown below.

Select **System Menu > Pharmacy Department**



Formulary Matching Prompt

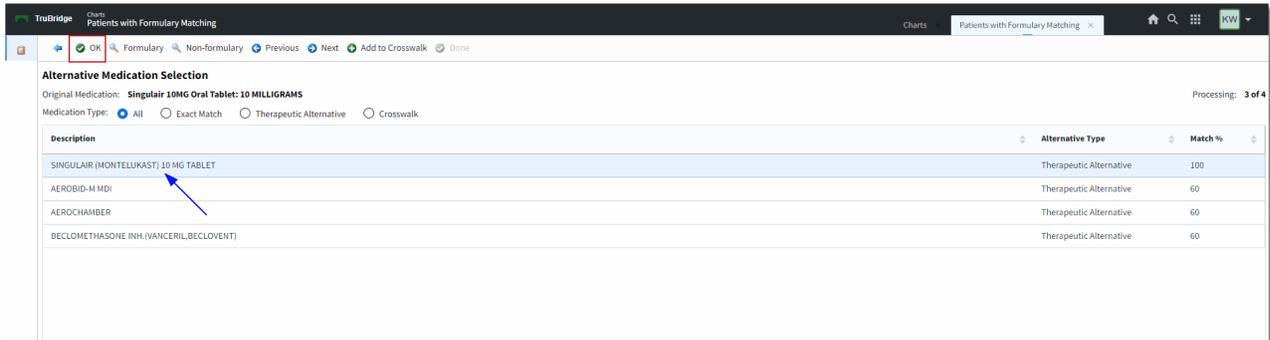
Select **System Menu > Pharmacy Department > Patients with Formulary Matching > Select patient(s) > Process**



Review Formulary Matches

A list of patients ready for Formulary Matching Review will display. The Pharmacists may select a single patient, multiple patients, or all patients and initiate Formulary Matching by selecting **Process**. When Process is selected, the Pharmacist will be taken into Medication Reconciliation to select the home medications to be matched and select **Formulary Matching**. The Alternative Medication Selection screen will display if there are no existing matches within the Crosswalk table or if there is more than one exact match for the original medication. The original medication will display and the Pharmacist may select the appropriate medication to match.

Select System Menu > Pharmacy Department > Patients with Formulary Matching > Select patient(s) > Process > Alternative Medication Selection



Formulary Matching Alternative Medication Selection

- **Back Arrow:** Exits to previous screen.
- **OK:** Saves selected match and takes user to the Medication Edit screen.
- **Formulary:** Allows user to perform a manual search of the facility's formulary database.
- **Non-Formulary:** Allows user to perform a manual search through the non-formulary database.
- **Previous:** Takes the user to the previous home medication (if applicable).
- **Next:** Takes user to the next home medication (if applicable).
- **Add to Crosswalk:** When an Alternative Medication is selected, the Pharmacists can select **Add to Crosswalk** to add the items to the Formulary Matching Table for future use.
- **Done:** Selecting this option after all Formulary Matching has been completed will create a Medication Reconciliation "Formulary Matching Complete" entry in the **History** table.

Once **Done** is selected, the Patients with Formulary Matching screen will open, which shows the pharmacy employee the Medication Reconciliation screen with some additional options on the Action Bar.

Select System Menu > Pharmacy Department > Patients with Formulary Matching > Select patient(s) > Process > Alternative Medication Selection > Done

Medication Reconciliation

Display Options: Show Removed Home Include DC'd Medications
 Sort: Home | Ascending Descending
 Select Options: Select All Home Select All Active
 Destination:
 Formulary Matching Status: **Incomplete**

Home Meds	Active Meds	Pending Actions
<input checked="" type="checkbox"/> Cipro 250MG Oral Tablet (Ciprofloxacin Hcl) 250 MILLIGRAMS ORAL Daily	ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML 1 EA INHALED PRNQH	
<input checked="" type="checkbox"/> HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime	ANCEP 2 GM/DSW 100ML IVPB QBH 100 ml/hr	
<input checked="" type="checkbox"/> Singulair 10MG Oral Tablet 10 MILLIGRAMS ORAL Daily	IBUPROFEN (MOTRIN) 400MG TABLET 400 MG PO PRNQH (AS NEEDED)	
<input checked="" type="checkbox"/> Xanax 1MG Oral Tablet (Alprazolam) 1 MILLIGRAMS ORAL Daily	Insulin REG (Humulin R) 100U/ML Per Protocol SUBCUTANEOUS PRN	
	MORPHINE PCA(WATCH)INJ:1MG/ML 1 EA IV PRN	

Medication Reconciliation

Once all selected home medications have been matched with a formulary item, select **Review Matches**. If changes are needed, select the item and select **Edit** or **Remove**. **Clear All** will remove all matches.

Select System Menu > Pharmacy Department > Patients with Formulary Matching > Select patient(s) > Process > Alternative Medication Selection > Done > Review Matches

Review Formulary Matches

Home Medication	Formulary Medication
Xanax 1MG Oral Tablet	ALPRAZOLAM (XANAX) 0.5 MG
Singulair 10MG Oral Tablet	SINGULAIR (MONTELUKAST) 10 MG TABLET
HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension	NPH Insulin U-100 70/30 Inj;(Human)
Cipro 250MG Oral Tablet	CIPROFLOXACIN (CIPRO) TAB - 250 MG

Review Formulary Matches

After reviewing matches, selecting **Matching Complete** will update the Formulary Matching Status to Complete.

Select Charts > Medication Reconciliation> Formulary Matching Status Complete

The screenshot displays the TruBridge Medication Reconciliation interface for patient CUNNINGHAM, CAROLINE LOUISE. The patient's information includes DOB: 01/15/1981, Admitted: 7/3/2024, and Visit #: 333421. The interface shows a list of medications under 'Home Meds' and 'Active Meds'. A red box highlights the 'Formulary Matching Status: Complete' message in the top right corner of the medication list area.

Home Meds	Active Meds	Pending Actions
<input checked="" type="checkbox"/> Cipro 250MG Oral Tablet (Ciprofloxacin Hcl) 250 MILLIGRAMS ORAL Daily		
<input checked="" type="checkbox"/> Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime		
<input checked="" type="checkbox"/> Singulair 10MG Oral Tablet 10 MILLIGRAMS ORAL Daily		
<input checked="" type="checkbox"/> Xanax 1MG Oral Tablet (Alprazolam) 1 MILLIGRAMS ORAL Daily		

Formulary Matching Status Complete

Medication Reconciliation will now reflect the **Formulary Matching** Status as Complete. With the **Formulary Matching** complete, a Provider can perform the **Admission Reconciliation** by continuing the necessary Home Medications and selecting **Reconcile**.

NOTE: The **Formulary Matching** and **Matching Complete** options are only available when Medication Reconciliation is launched from the Pharmacy Department prompt.

Chapter 6 Admission Reconciliation

6.1 Overview

This section discusses the admission reconciliation process via Medication Reconciliation.

6.2 Admission Reconciliation

Admission Reconciliation allows the provider or nurse to continue, modify, or discontinue the patient's home medications upon admitting the patient to the facility. The ability to perform an admission reconciliation is determined by Behavior Controls in System Administration.

NOTE: If drug allergy entry is required for order entry but drug allergies have not been addressed, the Allergy application will launch when an admission destination is chosen. If allergies are not addressed, the destination will be removed upon returning to Medication Reconciliation.

Use the **Destination** drop-down to select an **Admission** destination. For each home medication, select one of the following options from the Action Bar: **Continue Home Med**, **Modify Home Med**, or **Do Not Continue**. Multiple medications may be selected using the **<Ctrl>** key, the **<Shift>** key or **Select All Home**. Not all medications must have a pending action to perform an Admission Reconciliation.

It is important to note that active meds may already exist on the patient's account prior to an Admission Reconciliation being performed. It is not required that active medications be addressed upon performing an Admission Reconciliation, but the user is able to perform actions on the active meds as well, if needed. For instance, if an active med is selected and then **Modify Active** is selected, the user will be launched into the Alternative Med (see below) screens to choose a substitution for the current med. Upon entering Order Entry, the newly selected medication will display as a new order and the current active medication will have a Stop order. If the frequency is changed to X1, the Stop Date/Time will be set to the Current Date/Time.

Select **Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions > Reconcile**

The screenshot displays the Medication Reconciliation interface for patient CUNNINGHAM, CAROLINE LOUISE. The patient's information includes DOB: 01/15/1981, Admitted: 7/3/2024, and Visit #: 333421. The interface shows a list of medications with columns for Home Meds, Active Meds, and Pending Actions. A blue arrow points to the 'Cipro 250MG Oral Tablet (Ciprofloxacin Hcl)' entry in the Home Meds column. The Pending Actions column shows 'Continue Home' for this medication and 'Modify Home' for 'Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular)'. Other medications listed include Singulair 10MG Oral Tablet and Xanax 1MG Oral Tablet (Alprazolam).

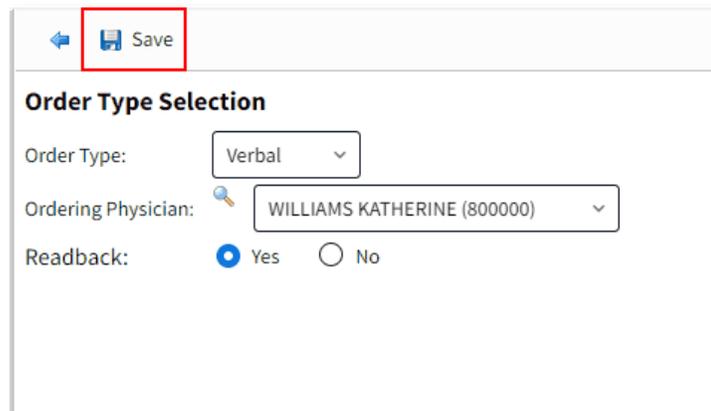
Medication Reconciliation

A **Pending Action** may be removed by selecting the medication row and then **Clear Selected**. To abort the reconciliation process, select **Clear Dest**. When the Destination and Pending actions have been correctly entered, select **Reconcile** from the action bar.

If a nurse is performing the admission reconciliation, they will be prompted for information regarding Order Type, Ordering Physician, and Readback. The order types available are verbal or phone orders. The admitting physician's name will display in the ordering physician field; however, this may be changed with a look-up option. Select **Save** to continue with the reconciliation process. (The Order Type Selection screen does not display when providers are performing the reconciliation.)

NOTE: *If an active hospitalist is assigned to the patient, the Ordering Physician will default to the hospitalist on the Order Type Selection screen. If an active hospitalist is not assigned, then the system will default to the attending physician.*

Select **Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions > Reconcile > Order Type Selection**



Order Type Selection

Addressing Alternative Medication Selection

In the following instances, the Alternative Medication Selection screen will display so the user may select an alternate medication for the patient:

- If an exact match cannot be made to a continued home medication or if there are multiple exact matches that may be available, the user will be directed to the screen to make a selection.
- If modifying home medications, the user will be prompted with the Alternative Medication Selection screen to choose a substitution. (For continued home medications, if the home medication was originally selected from the pharmacy formulary, the medication will automatically be sent to Pending Orders.)
- If the home medication was originally added from the non-formulary medication list, the Alternative Medication Selection screen will display so that a formulary medication may be selected, if available.

- If an active medication has been selected to Modify, the user will be prompted to select an Alternative Medication. (This will also create a Stop order for the current active medication and a new order for whatever alternative medication was selected.)

The list defaults to all medication types but may be sorted by exact matches, therapeutic alternatives, and crosswalk medications. The match percentage for exact matches is always 100 percent. The match percentage for therapeutic alternatives is determined by the UtiMedex codes on the items. A 15-number match will result in a 100% match, a 12-number match will result in an 80% match, and a 9-number match will result in a 60% match. Medications below 60% will not be listed as alternate medication options. Formulary and non-formulary searches may also be performed. The process of continuing non-formulary home medications may be streamlined by using the Formulary Matching Table to link non-formulary medications with formulary alternatives. If the crosswalk has been created, the formulary alternative will automatically be sent to Pending Orders, allowing the user to forgo the Alternative Medication Selection List. This ability to bypass the Alternative Medication Selection screen is driven by Behavior Controls in System Administration.

If an exact match is made based off the GFI code, the order will auto generate to the Pending Orders queue to be processed. The system uses the Prescription Entry Units, Routes and Frequency tables (crosswalks) in Tables > Clinical to convert the data on the Home medication to the data on the Active medication. If the Home medication frequency is not in the crosswalk, the field will be blank on the active medication order, the user will be required to address the frequency before Signing or Updating from Order Entry.

NOTE: If a medication order is being modified with the exact same medication (same or different strength), duplicate therapy clinical monitoring checks should not run against the order item that is being discontinued.

NOTE: For reused NDCs, the system will take the home medication description and compare it with the active NDC that was reused. If the descriptions match, the system will work the same as if the NDC had not been reused. If the descriptions do not match, the user will be taken to the Alternative Medications Selection screen with a disclaimer indicating, "The home medication's NDC has been reused and the description does not match the current active description. The below results could include invalid medication." Also, if the descriptions do not match, the "Non-Formulary" button will be disabled to prevent creating an invalid medication.

Select **Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions > Reconcile > Therapeutic Alternative**

The screenshot displays the 'Alternative Medication Selection' screen in the TruBridge system. At the top, patient information for CUNNINGHAM, CAROLINE LOUISE is shown, including DOB (01/15/1981), sex (Female), and various clinical details. The 'Original Medication' is 'Humulin 70/30 Kwipen 70U-30U/1ML Subcutaneous Suspension: 1 EACH (Insulin Human Isophane (Nph)-Insulin Human Regular)'. Below this, the 'Alternative Medication Selection' section shows a table with one entry: 'NPH Insulin U-100 70/30 Inj (Human)' with an 'Alternative Type' of 'Exact Match' and a 'Match %' of '100'. A blue arrow points to this entry. The interface includes navigation buttons like 'OK', 'Formulary', and 'Non-formulary'.

Alternative Medication Selection

After the alternative medication has been selected, the Medication Edit screen will display. Modifications may be made to the dose, route, frequency, and instructions of the medication to be ordered.

NOTE: If the selected medication frequency does not match the original home medication frequency, the user will see a red bold label next to the frequency drop-down that indicates "Frequency does not match Original Medication." The back arrow may be selected to return to the main Medication Reconciliation screen.

Select **Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions > Reconcile > Therapeutic Alternative**

The screenshot displays the 'Medication Edit' interface. At the top left, there is a back arrow and an 'Update' button, which is highlighted with a red box. Below this, the 'Original Medication' is listed as 'HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension' with a dose of '1 EACH' and route of 'SUBCUTANEOUS'. The frequency is 'Before Meals/At Bedtime'. A 'Prescription Detail' field is present but empty. The 'Selected Medication' section shows 'NPH Insulin U-100 70/30 Inj:(Human)' with a dose of '1' (units), route of 'SUBCUTANEOUS', and frequency of 'ACHS'. There are four empty text boxes for 'Instructions'.

Medication Edit

If a medication is not selected from the Alternative Medication Selection screen and the user selects **Next**, the user will be returned to the Medication Reconciliation main screen once **Done** is selected. The initial Pending Action selected for the home medication that was NOT matched will be blank, but may be viewed by selecting **Review Pending**, which will display a list of the remaining home medications and their Pending Action before Reconcile was initially selected. This list will include modified and continued medications. The user may select **Reconcile** to address the medication with the selected Pending Action and proceed to Order Entry. Selecting the

medication row(s) and then **Remove** or **Edit** the Pending Action(s) on the medication(s) to make changes before completing the Reconciliation to Order Entry.

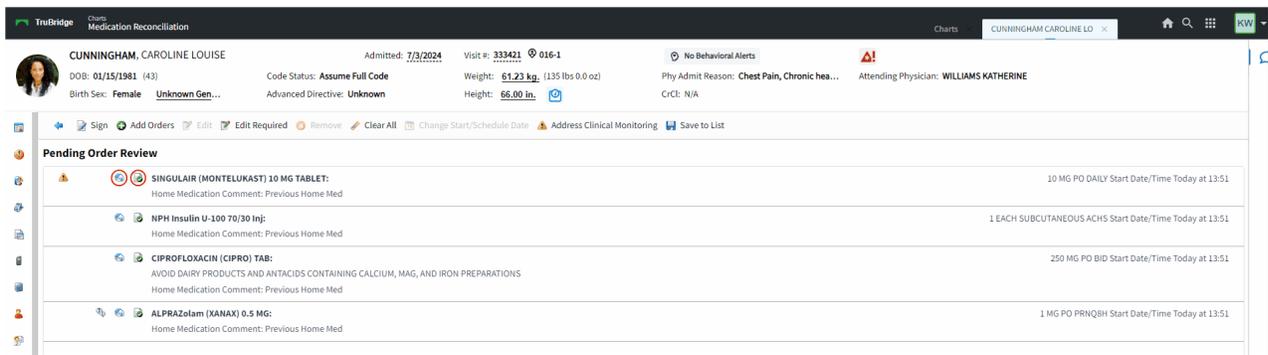
Select **Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions > Reconcile > Alternative Medication Selection (select Next to skip medication match) > Done > Review Pending**



Medication Reconciliation Order Review

Once all of the home medication Pending Actions have been addressed, Order Entry will launch to the Pending Order Review screen to place active orders on the patient's pharmacy profile. Medications may be removed from Pending Orders on this screen. On the Pending Order Review screen, a house icon will appear next to any orders generated from a continued home medication during an Admission Medication Reconciliation. If the Formulary Matching process was completed by the pharmacy, a piece of paper with a green check mark icon will display. Home Medication comments will not pull forward to the generated order instructions field, but will show on the Home Medication Comment line of the order on the Pending Order Review screen. Any required fields or Clinical Monitoring will need to be addressed prior to signing or updating. (If **Clear all Pending** is selected, the system returns to the Medication Reconciliation screen.)

Select **Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions > Reconcile > Order Entry - Pending Order Review**



Pending Order Review

Once Order Entry has been completed, all active medication orders, including those entered by nursing and pharmacy, will display on the Medication Reconciliation main screen. Active orders entered during admission reconciliation are automatically associated with the home medications from which they were continued or modified. Associated orders display on the same row, which helps to streamline the reconciliation process at Level of Care Change or Discharge. If more than one active medication is associated with a home medication, all rows retain the same color. Up to

three active medications may be associated to one home medication. (To view other options for association, see [Association of Meds](#) ²⁸.)

Select **Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions > Reconcile > Pending Order Review - Update or Sign > Medication Reconciliation**

TruBridge Medication Reconciliation

CUNNINGHAM, CAROLINE LOUISE Admitted: 7/3/2024 Visit #: 333421 016-1 No Behavioral Alerts

DOB: 01/15/1981 (43) Code Status: Assume Full Code Weight: 61.23 kg (135 lbs 0.0 oz) Phy Admit Reason: Chest Pain, Chronic hea... Attending Physician: WILLIAMS KATHERINE

Birth Sex: Female Unknown Gen... Advanced Directive: Unknown Height: 66.00 in CrCl: N/A

Actions: New Home Med, Assoc. Selected, Remove Assoc., Edit Home, Review Active, Remove, Confirm, Reviewed, Unable to Verify Meds, History, Refresh

Medication Reconciliation

Display Options: Show Removed Home Include DC'd Medications Sort: Home Ascending Descending Select Patient's Pharmacy Destination: [Dropdown]

Select Options: Select All Home Select All Active

Home Meds	Active Meds	Pending Actions
<input checked="" type="checkbox"/> Cipro 250MG Oral Tablet (Ciprofloxacin Hcl) 250 MILLIGRAMS ORAL Daily	<input checked="" type="checkbox"/> CIPROFLOXACIN (CIPRO) TAB : 250 MG (Pending CPOE) 250 MG PO BID	
<input checked="" type="checkbox"/> Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime	<input checked="" type="checkbox"/> NPH Insulin U-100 70/30 Inj:(Human) (Pending CPOE) 1 UNITS SUBCUTANEOUS ACHS	
<input checked="" type="checkbox"/> Singulair 10MG Oral Tablet 10 MILLIGRAMS ORAL Daily	<input checked="" type="checkbox"/> SINGULAIR (MONTELUKAST) 10 MG TABLET (Pending CPOE) 10 MG PO DAILY	
<input checked="" type="checkbox"/> Xanax 1MG Oral Tablet (Alprazolam) 1 MILLIGRAMS ORAL Daily	<input checked="" type="checkbox"/> ALPRAZOLAM (XANAX) 0.5 MG (Pending CPOE) 1 MG PO PRNQBH	

Medication Reconciliation

NOTE: When a PCA medication is ordered by a physician, the medication will display under Active Medications in the Medication Reconciliation application before it is verified by nursing (Pending CPOE).

Chapter 7 Associating Home and Active Medications

7.1 Overview

This section discusses the process of associating home and active medications.

7.2 Association of Meds

Manual association of home and active medications may be necessary prior to completing a Level of Care Change or a Discharge Reconciliation. Three options are available to associate medications after the reconciliation process. All three are discussed below.

- **From the Medication Reconciliation screen:** Use the <Ctrl> key to select the **Home** medication row and up to three **Active** medication row(s), then select **Associate Selected** from the action bar.

Select Charts > Patient > Medication Reconciliation > Ctrl+ Select Home Med and Active Med(s) > Assoc. Selected

The screenshot shows the 'Medication Reconciliation' screen. At the top, there is an action bar with buttons: 'New Home Med', 'Assoc. Selected' (highlighted with a blue arrow), 'Remove Assoc.', 'Edit Home', 'Review Active', 'Remove', 'Confirm', 'Reviewed', 'Ready for Pharmacy', 'Unable to Verify Meds', 'History', and 'Refresh'. Below the action bar, there are display options: 'Show Removed Home' and 'Include DC'd Medications'. There are also select options: 'Select All Home' and 'Select All Active'. A 'Sort' dropdown is set to 'Home', and radio buttons for 'Ascending' and 'Descending' are present. A 'Select Patient's Pharmacy' dropdown is also visible. The main table has three columns: 'Home Meds', 'Active Meds', and 'Pending Actions'. The 'Home Meds' column contains: Cipro 250MG Oral Tablet (Ciprofloxacin Hcl), Humulin 70/30 Kwipken 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) (highlighted with a red box), Singulair 10MG Oral Tablet, and Xanax 1MG Oral Tablet (Alprazolam). The 'Active Meds' column contains: ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML, ANCEF 2 GM/DSW 100ML, IBUPROFEN (MOTRIN) 400MG TABLET, Insulin REG (Humulin R) 100U/ML (highlighted with a red box), and MORPHINE PCA(WATCH)INJ:1MG/ML.

Medication Reconciliation - Assoc. Selected

- **From the Home Medication Entry screen:** Select the **Home** medication row, then **Edit Home**. Use the **Associated Med(s)** drop-downs to select up to three of the **Active** medications in the list. The blank space at the top of the drop-down may be selected and saved to remove an association. Select **Save** before exiting.

Select Charts > Patient > Medication Reconciliation > Select Home Medication > Associated Med(s)

The screenshot shows the 'Home Medication Entry' form with the following fields and values:

- Medication: HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension
- RxNorm Code: 847189
- Dose: 1 (input), EACH (dropdown)
- Route: SUBCUTANEOUS (dropdown)
- Frequency: Before Meals/At Bedtime (dropdown)
- Last Dose Date/Time: [calendar icon] 00:00 (input)
- Compliant:
- Need Education:
- Source: [dropdown]
- Indication: ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML (Ord#1)
- Physician: ANCEF 2 GM/D5W 100ML (Ord#3)
- Pharmacy: IBUPROFEN (MOTRIN) 400MG TABLET (Ord#8)
- Comments: Insulin REG (Humulin R) 100U/ML (Ord#5)
- Prescription Detail: MORPHINE PCA(WATCH)INJ:1MG/ML (Ord#7)
- Associated Med(s): [dropdown menu with three options and a blue arrow pointing to the top blank option]

Home Medication Entry - Associated Med(s)

- **From the Active Medication Review screen:** Select the **Active** medication row and then select **Review Active**. Use the **Associated Med** drop-down to select the home medication. The blank space at the top of the drop-down may be selected and saved to remove an association.

Select Charts > Patient > Medication Reconciliation > Select Active Medication > Associated Med

Active Medication Review

Medication: **ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML**
 Dose: **1 EA**
 Route: **INHALED**
 Frequency: **PRNQ6H**
 Duration:
 Start Date/Time: **07/03/2024 09:24**
 Stop Date/Time: **00:00**
 Ordering Physician: **KEW**
 Indication: **N/A**
 Instructions: **Treats COPD, Emphysema, bronchitis**

Associated Med: 

- Cipro 250MG Oral Tablet
- HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension
- Singulair 10MG Oral Tablet
- Xanax 1MG Oral Tablet

Active Medication Review - Associated Med

To remove an association, select the row of an Associated Home and Active medication, then select **Remove Association**. If an association is removed, the active medication will move to the bottom of the Active Meds list with other unassociated active medications.

Select Charts > Patient > Medication Reconciliation > Select Associated Row > Remove Assoc.

Medication Reconciliation

Display Options: Show Removed Home Include DCG Medications Remove Assoc. Edit Home Review Active Remove Confirm Reviewed Ready for Pharmacy Unable to Verify Meds History Refresh

Select Options: Select All Home Select All Active

Sort: Home Ascending Descending

Select Patient's Pharmacy: Destination:

Home Meds	Active Meds	Pending Actions
<input checked="" type="checkbox"/> Cipro 250MG Oral Tablet (Ciprofloxacin Hcl) 250 MILLIGRAMS ORAL Daily		
<input checked="" type="checkbox"/> HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime	Insulin REG (Humulin R) 100U/ML Per Protocol SUBCUTANEOUS PRN	
<input checked="" type="checkbox"/> Singulair 10MG Oral Tablet 10 MILLIGRAMS ORAL Daily		
<input checked="" type="checkbox"/> Xanax 1MG Oral Tablet (Alprazolam) 1 MILLIGRAMS ORAL Daily		

Medication Reconciliation - Remove Assoc.

Chapter 8 Discharge Reconciliation

8.1 Overview

This section discusses the discharge reconciliation process via Medication Reconciliation.

8.2 Discharge Reconciliation

Discharge Reconciliation allows the user to continue, modify, or discontinue the patient's home medications and/or active medications upon discharging the patient from the facility. If **Show Removed Home** or **Include DC'd Medications** is selected, removed home medications and discontinued medications may also be addressed. Destinations designated as Discharge Types may be performed by a nurse or provider role.

Beginning with the TruBridge EHR 22.00 release, the user will be able to access Prescription Entry without performing a Discharge Reconciliation on all Stay Types. This option is useful in the Operating Room or Outpatient Surgery when the provider wants to order the patient prescriptions prior to the patient's procedure or discharge. If **Require Medication Reconciliation** is checked in the ED General Control table, however, the user will receive a hard stop when attempting to access Prescription Entry prior to performing a Discharge Reconciliation on any patients that are staying in the Emergency Department. *NOTE: Temporary Prescriptions will NOT be deleted if the user accesses Medication Reconciliation AFTER creating Temporary Prescriptions in Prescription Entry.*

NOTE: All home and active medications should be associated prior to performing the Discharge Reconciliation.

Select Options check boxes include **Select All Home** and **Select All Active**. Choosing **Select All Home** will highlight all home meds and allow for the medications to be Continued, Modified, or Discontinued at one time. Choosing **Select All Active** will highlight only non-associated active medication orders to be Continued, Modified, or Discontinued.

Use the **Destination** drop-down to select a **Discharge** destination. For each home medication and/or active medication, select one of the following options from the Action Bar: **Continue Home**, **Modify Home**, **DC Home**, **Cont. Active**, **Modify Active**, or **Do Not Cont. Active**. Multiple medications may be selected using the <Ctrl> key. All rows of medications must be addressed in order to perform a discharge reconciliation. The **Reconcile** button will be available when the Destination is set to a Discharge and all home/active medications have a Pending Action.

Select Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions

Medication Reconciliation

Display Options: Show Removed Home Include DC'd Medications
 Select Options: Select All Home Select All Active
 Sort: Home | Ascending | Descending
 Select Patient's Pharmacy: Discharge

Home Meds	Active Meds	Pending Actions
<input checked="" type="checkbox"/> Cipro 250MG Oral Tablet (Ciprofloxacin Hcl) 250 MILLIGRAMS ORAL Daily	CIPROFLOXACIN (CIPRO) TAB : 250 MG 250 MG PO BID	DC Home
<input checked="" type="checkbox"/> Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human isophane (Nph)-Insulin Human Regular) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime	NPH Insulin U-100 70/30 Inj:(Human) 1 UNITS SUBCUTANEOUS ACHS	Continue Home
<input checked="" type="checkbox"/> Singulair 10MG Oral Tablet 10 MILLIGRAMS ORAL Daily	SINGULAIR (MONTELUKAST) 10 MG TABLET 10 MG PO DAILY	Continue Home
<input checked="" type="checkbox"/> Xanax 1MG Oral Tablet (Alprazolam) 1 MILLIGRAMS ORAL Daily	ALPRAZolam (XANAX) 0.5 MG 1 MG PO PRNQ8H	Modify Home
	ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML 1 EA INHALED PRNQ8H	Modify Active
	ANCEF 2 GM/DSW 100ML IVPB Q8H 100 ml/hr	Do Not Continue Active
	IBUPROFEN (MOTRIN) 400MG TABLET 400 MG PO PRNQ8H (AS NEEDED)	Continue Active
	MORPHINE PCA(WATCH)INJ:1MG/ML 1 EA IV PRN	Do Not Continue Active

Pending Actions: 8 Total: 8

Medication Reconciliation

A pending action may be removed by selecting the medication, then selecting **Clear Selected**. Use the **<Ctrl>** key to select multiple medications. To abort the reconciliation process, select **Clear Dest**. When the destination and pending actions have been correctly entered, select **Reconcile**.

If any existing prescriptions (home meds) were discontinued, the user will be prompted to enter a **Discontinue Reason**. If the user exits the chart or closes out of the system without selecting a Discontinue Reason, the previously processed home medication will not fully discontinue. The medication will display in Prescription Entry and pull to the Discharge Instructions (Discharge Med List). It is best practice to select a Discontinue Reason every time a home medication is discontinued during a Discharge Medication Reconciliation, as bypassing it could create less accurate Discharge Instructions.

The Alternative Medication Selection screen displays for modified home or active meds. Therapeutic alternatives display for selection. Formulary and non-formulary searches may also be performed. The original medication will display at the top of the screen, along with a count of how many medications will need to be addressed. The user may double-click or single-click the medication and select **OK** to continue.

Select Charts > Patient > Medication Reconciliation > Destination - Discharge > Reconcile > Alternative Medication Selection

Alternative Medication Selection

Original Medication: **Xanax 1MG Oral Tablet: 1 MILLIGRAMS (Alprazolam)** Processing: 1 of 2

Medication Type: All Exact Match Therapeutic Alternative Crosswalk

Description	Alternative Type	Match %
ALPRAZolam 1MG Oral Tablet	Exact Match	100
Xanax 1MG Oral Tablet	Exact Match	100
ALPRAZolam 0.25MG Oral Tablet	Therapeutic Alternative	100
ALPRAZolam 0.25MG Oral Tablet, Disintegrating	Therapeutic Alternative	100
ALPRAZolam 0.5MG Oral Tablet	Therapeutic Alternative	100
ALPRAZolam 0.5MG Oral Tablet, Disintegrating	Therapeutic Alternative	100
ALPRAZolam 0.5MG Oral Tablet, Extended Release	Therapeutic Alternative	100
ALPRAZolam 1MG Oral Tablet, Disintegrating	Therapeutic Alternative	100
ALPRAZolam 1MG Oral Tablet, Extended Release	Therapeutic Alternative	100
ALPRAZolam 2MG Oral Tablet	Therapeutic Alternative	100
ALPRAZolam 2MG Oral Tablet, Disintegrating	Therapeutic Alternative	100
ALPRAZolam 2MG Oral Tablet, Extended Release	Therapeutic Alternative	100
ALPRAZolam 3MG Oral Tablet, Extended Release	Therapeutic Alternative	100
ALPRAZolam Intensol 1MG/1ML Oral Solution	Therapeutic Alternative	100
ALPRAZolam XR 0.5MG Oral Tablet, Extended Release	Therapeutic Alternative	100
ALPRAZolam XR 1MG Oral Tablet, Extended Release	Therapeutic Alternative	100
ALPRAZolam XR 2MG Oral Tablet, Extended Release	Therapeutic Alternative	100

Alternative Medication Selection

NOTE: When a multi-component IVPB active med is continued during a Discharge Medication Reconciliation, the system will create a prescription based off the NDC of the first additive for that item in the item master setup. Users will need to modify the prescription if applicable, or delete the prescription and enter a custom prescription for the IVPB multi-component medication.

Once all medications have been selected, the Prescription Entry application will launch. Any modified home or active medications and any continued active medications must be addressed. The screen will automatically take the user through the Prescription Edit screen for each "new" prescription that the user is creating. A count of the number of prescriptions to be addressed will display in the upper-right corner of the screen. All of the prescription information should be reviewed and addressed (as needed) by the user. All continued home medications will automatically populate as processed with "No Rx Needed" in the status so that the home meds will populate to the Discharge Instructions.

For information on the Prescription Entry application and the functionality, please see the [Prescription Entry User Guide](#).

Select Charts > Patient > Medication Reconciliation > Destination - Discharge > Reconcile > Prescription Detail Edit

Albuterol Sulfate 0.083% Inhalation Solution [3ML Vial]

Address clinical monitoring Prior Auth Status: Priority: **Editing 1 of 3**

Medication Information (For Internal Use Only)

Dose: 1 TABLET
 Route: INHALATION
 Frequency: Daily
 Indication:
 Modify:
 Start Date: 8/30/2024
 Stop Date/Time:
 Last Given:
 Next Due:
 Instructions:
 Comment:
 Sample Lot #:
 Lot Expiration:
 * Denotes requirements for Prescription Benefit Checking.

Prescription Information (Items Sent Electronically)

Sig: BREATHE 1 TABLET INHALATION Daily
 Description: (no associated problems)
 Associated Problems:
 *Dispense:
 Refills:
 *Days Supply:
 *Earliest Fill Date: 8/30/2024
 Prescribing Method: Generic substitution permitted Dispense as written No Rx Needed NA
 Delivery Method: Electronic Print Fax View NA
 *Pharmacy:
 Note to Pharmacy:
 *Prescriber:
 Payer:
 Error loading 271.
 COBOL program XEBUILD270 failed to create the 270 file for visit: 333421

Prescription Detail Edit Screen

The system will locate and use the oldest active NDC number when creating the prescription, in collaboration with the NDC listed on the active medication order (for any active meds that were continued). Prescription Entry proceeds as usual. Once all prescriptions have been processed, discharge reconciliation is complete.

Post-Discharge Medication Reconciliation

Select Charts > Patient > **Medication Reconciliation**

Medication Reconciliation

Display Options: Show Removed Home Include DC'd Medications
 Sort: Home | Ascending | Descending
 Destination: Discharge

Home Meds	Active Meds	Pending Actions
<input checked="" type="checkbox"/> Cipro 250MG Oral Tablet (Ciprofloxacin Hcl) 250 MILLIGRAMS ORAL Daily	CIPROFLOXACIN (CIPRO) TAB : 250 MG 250 MG PO BID	DC Home
<input checked="" type="checkbox"/> Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime	NPH Insulin U-100 70/30 Inj-(Human) 1 UNITS SUBCUTANEOUS ACHS	Continue Home
<input checked="" type="checkbox"/> Singulair 10MG Oral Tablet 10 MILLIGRAMS ORAL Daily	SINGULAIR (MONTELUKAST) 10 MG TABLET 10 MG PO DAILY	Continue Home
<input checked="" type="checkbox"/> Xanax 1MG Oral Tablet (Alprazolam) 1 MILLIGRAMS ORAL Daily	ALPRAZOLAM (XANAX) 0.5 MG 1 MG PO PRNQ6H	Modify Home
	ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML 1 EA INHALED PRNQ6H	Modify Active
	ANCEF 2 GM/DSW 100ML IVPB Q8H 100 ml/hr	Do Not Continue Active
	IBUPROFEN (MOTRIN) 400MG TABLET 400 MG PO PRNQ6H (AS NEEDED)	Continue Active
	MORPHINE PCA(WATCH)INJ:1MG/ML 1 EA IV PRN	Do Not Continue Active

Total: 8

Medication Reconciliation

When the discharge reconciliation is complete, the Medication Reconciliation screen displays in history view. Select **Previous** or **Next** to view different events.

Re-Admit: Selecting this option will reverse a Discharge reconciliation. A message stating "Medication(s) will revert to previous status. Do you wish to proceed?" will display. (This option is switch-driven and may not be available for the selected destination. In conjunction with the switch setup in the Medication Reconciliation Destinations table, the user must have the behavior control for Re-Admit to select the **Re-Admit** button.)

Select Charts > Patient > Medication Reconciliation > **Re-Admit**

Medication(s) will revert to previous status. Do you wish to proceed?

Re-Admit Message

If **Yes** is selected, the Medication Reconciliation screen will open. All medications will revert back to their previous status:

- The continued active medications will appear as home medications.
- All home medications will display as unconfirmed.

- The Active Meds column will display all medications that are still active on the account (unless the orders were discontinued prior to Re-Admit being selected).
- Home and active medications that were previously associated will no longer display on the same line and the home med will need to be manually associated to the active med.

Select Charts > Patient > Medication Reconciliation > Re-Admit

The screenshot shows the Medication Reconciliation interface for a patient. The interface includes a top navigation bar with various actions like 'New Home Med', 'Assoc. Selected', 'Remove Assoc.', 'Edit Home', 'Review Active', 'Remove', 'Confirm', 'Reviewed', 'Unable to Verify Meds', 'History', and 'Refresh'. Below this, there are filters for 'Display Options' (Show Removed Home, Include DC'd Medications), 'Sort' (Home, Ascending, Descending), and 'Destination' (CVS/pharmacy #4888). The main area is divided into three columns: Home Meds, Active Meds, and Pending Actions. The Home Meds column contains a list of medications with their details, including 'Albuterol Sulfate 0.083% Inhalation Solution', 'ALPRAZolam 2MG Oral Tablet', 'Cipro 500MG Oral Tablet (Ciprofloxacin Hcl)', 'Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular)', 'Ibuprofen 400MG Oral Tablet', and 'Singulair 10MG Oral Tablet (Montelukast Sodium)'. The Active Meds column shows 'ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML', 'ALPRAZolam (XANAX) 0.5 MG', 'ANCEF 2 GM/DSW 100ML', and 'CIPROFLOXACIN (CIPRO) TAB : 250 MG'. The Pending Actions column shows 'Do Not Continue Active' for each medication in the Active Meds column. A red box highlights the Home Meds column, and another red box highlights the Pending Actions column.

Medication Reconciliation

History captures all events performed in Medication Reconciliation. The Medication Reconciliation History keeps track of all events performed on an account: Admission, Discharge, Formulary Matching Complete, Reviewed, Level of Care Change, Unable to Verify Meds, Re-Admit, Current, and Interrupted Admission. The following information is captured:

- **Date/Time** the event was performed
- **Event** description
- **User ID** that performed event
- **User Name** that performed event

Select Charts > Patient > Medication Reconciliation > History

The screenshot shows the Medication Reconciliation History table. The table has four columns: Date/Time, Event, User ID, and User Name. The data rows are as follows:

Date/Time	Event	User ID	User Name
	Current		
09/03/2024 12:11	Reviewed	s102783	WILLIAMS KATHERINE ELISE
09/03/2024 12:10	Re-Admit	s102783	WILLIAMS KATHERINE ELISE
08/30/2024 10:23	Discharge	kew1027	Kerry E Wheeler
08/30/2024 10:06	Admission	kew1027	Kerry E Wheeler

Medication Reconciliation History

Chapter 9 Level of Care Change Reconciliation

9.1 Overview

This section discusses reconciliation processes for a Level of Care Change, both with and without a change in account numbers.

9.2 Level of Care Change-Same Account Number

When a patient retains the same account number, Level of Care Change Reconciliation is similar to Admission Reconciliation. The provider will have the option to continue, modify, or discontinue active medications and home medications that have not been associated with active medications. The ability to continue or modify associated home medications is restored on discharge.

Level of Care Change without Renew:

If **Renew Medication** is NOT selected for the Level of Care Change in the Destinations table, then Order Entry launches if medications are selected for continuation. Current orders will be discontinued with a stop date/time of the current date/time. New orders will have a start date/time of the current date/time. Orders may be reviewed and signed without being addressed individually.

Select Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions

Medication Reconciliation
 Last Reviewed: 09/03/2024 12:11
 Destination: Level of Care Change - No Renew

Home Meds	Active Meds	Pending Actions
<ul style="list-style-type: none"> Albuterol Sulfate 0.083% Inhalation Solution 1 TABLET INHALATION Daily Start Date: 08/30/2024 ALPRAZolam 2MG Oral Tablet 1 TABLET BY MOUTH Daily Start Date: 08/30/2024 Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) NPH Insulin U-100 70/30 Inj:(Human) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime Start Date: 08/30/2024 Ibuprofen 400MG Oral Tablet 400 MILLIGRAMS ORAL PRNQH (AS NEEDED) Start Date: 08/30/2024 Singulair 10MG Oral Tablet (Montelukast Sodium) 10 MILLIGRAMS ORAL Daily Start Date: 08/30/2024 	<ul style="list-style-type: none"> ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML 1 EA INHALED PRNQH ALPRAZolam (XANAX) 0.5 MG 1 MG PO PRNQH IBUPROFEN (MOTRIN) 400MG TABLET 400 MG PO PRNQH (AS NEEDED) SINGULAR (MONTELUKAST) 10 MG TABLET 10 MG PO DAILY ANCEF 2 GM/DSW 100ML NFB Q8H 100 ml/hr CIPROFLOXACIN (CIPRO) TAB : 250 MG 250 MG PO BID MORPHINE PCA(WATCH)INJ:1MG/ML 1 EA IV PRN 	<ul style="list-style-type: none"> Continue Active

Pending Actions: 8 Total: 8

Level of Care - No Renew

Use the **Destination** drop-down menu to select a **Level of Care Change** destination. Select the active medications to be continued or **Select All Active**, then select the **Cont. Active Med** option from the Action Bar:

When the destination and pending actions have been correctly entered, select **Reconcile**.

Select **Charts > Patient > Medication Reconciliation > Destination: Level of Care Change (No Renew) > Medications > Cont. Active > Reconcile > Order Entry: Pending Order Review**

The screenshot displays the TruBridge Medication Reconciliation interface for patient CUNNINGHAM, CAROLINE LOUISE. The patient's information includes DOB: 1/15/1981, Admitted: 7/3/2024, Weight: 61.23 kg, and Height: 66.00 in. The interface shows a 'Pending Order Review' section with a list of medications and their respective stop dates and start times. The medications listed are:

Medication	Stop Date	Start Date/Time
ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML	09/03/2024 12:34	1 EA INHALED PRN QGH Start Date/Time Today at 12:34
ANCEF 2 GM/DSW 100ML	09/03/2024 12:34	IVPB 100 ml/hr Q8H Start Date/Time Today at 12:34
MORPHINE PCA(WATCH)INJ	09/03/2024 12:34	1 EA IV PRN Start Date/Time Today at 12:34
IBUPROFEN (MOTRIN) 400MG TABLET	09/03/2024 12:34	400 MG PO PRN QGH (AS NEEDED) Start Date/Time Today at 12:34
SINGULAIR (MONTELUKAST) 10 MG TABLET	09/03/2024 12:34	10 MG PO DAILY Start Date/Time Today at 12:34
NPH Insulin U-100 70/30 Inj	09/03/2024 12:34	1 UNITS SUBCUTANEOUS ACHS Start Date/Time Today at 12:34
CIPROFLOXACIN (CIPRO) TAB	09/03/2024 12:34	250 MG PO BID Start Date/Time Today at 12:34

Pending Order Review - No Renew

Both a **Stop** order and a new order will display. Current orders are discontinued with a stop date/time of the current date/time and new orders are created with a start date/time of the current date/time. Orders may be reviewed and signed without being addressed individually

Level of Care Change with Renew:

The following occurs if **Renew Medication** is selected for the Level of Care Change in the Destinations table:

- Order Entry launches if medications are selected for continuation.
- Current orders will be renewed with a stop date/time 30 days from the current date/time for items that are not set up with **Reorder Days**.
- If an item is set up with **Reorder Days**, the soft stop will be put into place accordingly, based on the start date/time. Orders may be reviewed and signed without being addressed individually.

NOTE: *Renew can only occur on Verified orders. If a Renew Destination is selected on Pending medications, a Stop order and New order will be created.*

Select Charts > Patient > Medication Reconciliation > Destination > Medications > Pending Actions

The screenshot displays the Medication Reconciliation interface for patient CUNNINGHAM, CAROLINE LOUISE. The interface includes a navigation bar with options like 'Cont. Home', 'Modify Home', 'Do Not Cont. Home', 'Cont. Active', 'Modify Active', 'DC Active', 'Reconcile', 'Clear Selected', 'Clear Dest.', and 'Review Pending'. The 'Reconcile' button is highlighted with a blue arrow. The 'Destination' dropdown menu is set to 'Level of Care Change - Renew'. The 'Pending Actions' column is highlighted with a red box, showing 'Continue Active' for most medications and 'Modify Active' for ANCEF 2 GM/DSW 100ML. The 'Total: 8' is shown at the bottom right.

Home Meds	Active Meds	Pending Actions
Albuterol Sulfate 0.083% Inhalation Solution 1 TABLET INHALATION Daily Start Date: 08/30/2024	ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML 1 EA INHALED PRNQH	Continue Active
ALPRAZolam 2MG Oral Tablet 1 TABLET BY MOUTH Daily Start Date: 08/30/2024	ALPRAZolam (XANAX) 0.5 MG 1 MG PO PRNQH	Continue Active
Humulin 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension (Insulin Human isophane (Nph)-Insulin Human Regular) 1 EACH SUBCUTANEOUS Before Meals/At Bedtime Start Date: 08/30/2024	NPH Insulin U-100 70/30 [nj:](Human) 1 UNITS SUBCUTANEOUS ACHS	Continue Active
Ibuprofen 400MG Oral Tablet 400 MILLIGRAMS ORAL PRNQH (AS NEEDED) Start Date: 08/30/2024	IBUPROFEN (MOTRIN) 400MG TABLET 400 MG PO PRNQH (AS NEEDED)	Continue Active
Singulair 10MG Oral Tablet (Montelukast Sodium) 10 MILLIGRAMS ORAL Daily Start Date: 08/30/2024	SINGULAIR (MONTELUKAST) 10 MG TABLET 10 MG PO DAILY	Continue Active
	ANCEF 2 GM/DSW 100ML IVPB QSH 100 ml/hr	Modify Active
	CIPROFLOXACIN (CIPRO) TAB : 250 MG 250 MG PO BID	DC Active
	MORPHINE PCA(WATCH)INJ:1MG/ML 1 EA IV PRN	Continue Active

Level of Care Change - Renew

Use the **Destination** drop-down menu to select a **Level of Care Change** destination. Select the active medications to be continued or **Select All Active**, then select the **Cont. Active** option (**Modify Active** or **DC Active** may also be selected) from the Action Bar.

When the destination and pending actions have been correctly entered, select **Reconcile**.

Select Charts > Patient > Medication Reconciliation > Destination > Medications > Cont. Active > Reconcile

CUNNINGHAM, CAROLINE LOUISE Admitted: 7/3/2024 Visit #: 333421 016-1 No Behavioral Alerts
 DOB: 1/15/1981 (43) Code Status: Assume Full Code Weight: 61.23 kg. (135 lbs 0.0 oz) Phy Admit Reason: Chest Pain, Chronic hea... Attending Physician: WILLIAMS KATHERINE
 Birth Sex: Female Unknown Gen... Advanced Directive: Unknown Height: 66.00 in. CrCl: N/A

Pending Order Review

ALBUTEROL/IPRATROPIUM (DUONEB) 3MG/3ML	- Stop Date: 10/03/2024 12:47
ANCEF 2 GM/DSW 100ML	- Stop Date: 09/03/2024 12:47
CEFAZOLIN (KEFZOL,ANCEF) INJ:	IVPB 0 Q8H First Dose: Today at 12:47 Start Date/Time Today at 12:47
MORPHINE PCA(WATCH)INJ	- Stop Date: 09/06/2024 07:24
IBUPROFEN (MOTRIN) 400MG TABLET	- Stop Date: 10/03/2024 12:47
ALPRAZolam (XANAX) 0.5 MG	- Stop Date: 09/10/2024 10:05
SINGULAIR (MONTELUKAST) 10 MG TABLET	- Stop Date: 10/03/2024 12:47
NPH Insulin U-100 70/30 Inj	- Stop Date: 10/03/2024 12:47
CIPROFLOXACIN (CIPRO) TAB	- Stop Date: 09/03/2024 12:47

Pending Order Review - Renew

Existing orders are renewed with a stop date/time 30 days from the current date/time. If an ordered item is set up with **Reorder Days**, the soft stop will be put into place accordingly, based on the start date/time. These orders may be reviewed and signed without being addressed individually.

NOTE: New orders will be created if existing orders are unverified at the time the orders are renewed.

9.3 Level of Care Change-New Account Number

When a patient receives a new account number, the Level of Care Change Reconciliation is very similar to Discharge Reconciliation. The provider will have the option to Continue or Discontinue home and active medications, but the system will not launch Prescription Entry as no prescriptions are necessary. Home medications will copy over to the new account. Any continued active medications will need to be transferred from the previous account to the new account or reordered via Order Entry.

Chapter 10 Reports

10.1 Overview

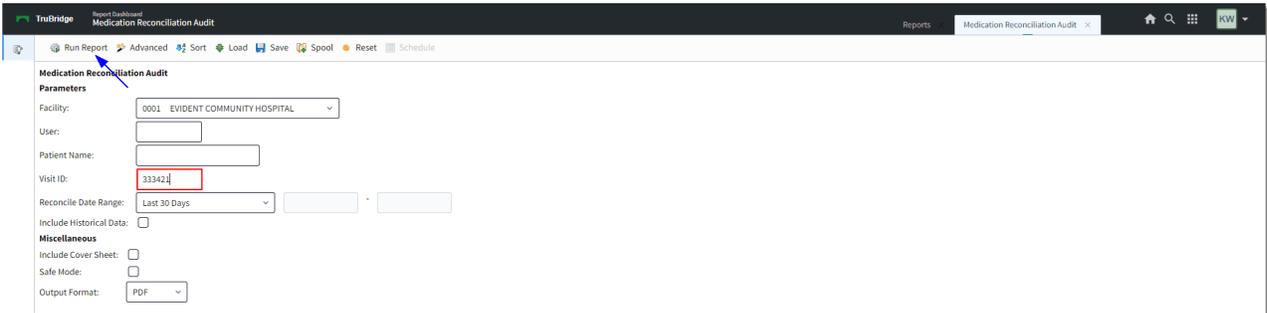
This section discusses reports that may be generated for Medication Reconciliation.

10.2 Medication Reconciliation Audit

The Medication Reconciliation Audit Report is an all-inclusive audit report. The report will display added home medications, removed medications, and discontinued prescriptions. This report displays the date, time, and user completing each reconciliation and the actions that were performed each time.

The Medication Reconciliation Audit Report is accessible via the Report Dashboard. See the [Report Writer](#) document for detailed instructions on using Report Dashboard.

Select **Web Client > Application Drawer > Report Dashboard > Add > Search for and Select Report title > Insert > Select the report title from Report Dictionary > Medication Reconciliation Audit**



The screenshot shows the 'Medication Reconciliation Audit' configuration window. The 'Parameters' section includes:

- Facility: 0001 EVIDENT COMMUNITY HOSPITAL
- User: [Empty]
- Patient Name: [Empty]
- Visit ID: 333424
- Reconcile Date Range: Last 30 Days
- Include Historical Data: [Unchecked]

The 'Miscellaneous' section includes:

- Include Cover Sheet: [Unchecked]
- Safe Mode: [Unchecked]
- Output Format: PDF

Medication Reconciliation Audit

The following parameters may be used to delimit the data that appears on the report.

- **Facility:** Select the facility for which the report should generate. All other facilities will be excluded.
- **User:** Enter the User Base Login of the employee who entered the documentation. All other UBLs will be excluded. (Leave blank to include all.)
- **Patient Name:** Enter a patient name to generate the report for a specific patient. All other patients will be excluded. (Leave blank to include all.)
- **Visit ID:** Enter an account number to generate the report for a specific patient account. All other patient accounts will be excluded. (Leave blank to include all.)

- **Reconcile Date Range:** Enter a date and time range for which the report should generate. The report will generate information if a reconciliation occurred during the entered date/time range. This includes Destinations that are now inactive. Drop-down options include **Manual Selection** (this will enable the date fields to enter a custom date range), **Previous Week**, **Previous Month**, **Previous Quarter**, **Previous Calendar Year**, **Previous Fiscal Year**, **Last 7 Days**, **Last 30 Days**, **Last 90 Days**.
- **Include Historical Data:** Select the check box to include accounts that have been purged to history.
- **Output Format:** Select an option from the drop-down menu and then select **Run Report**. Output options include **PDF**, **XML**, **CSV**, **HTML**, **MAPLIST**, and **TXT**.

Medication Reconciliation Audit Report Example

Select **Web Client > Application Drawer > Report Dashboard > Medication Reconciliation Audit > Run Report**

09/03/2024 13:01		EVIDENT COMMUNITY HOSPITAL Medication Reconciliation Audit Document was generated by the Thrive EHR Software 06/05/2024 - 09/03/2024		1 med_recon_audit.template
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	Xanax 1MG Oral Tablet			
Action Taken:	Confirmed by WILSON KATHY E 08/28/2024 13:44			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	Singular 10MG Oral Tablet			
Action Taken:	Confirmed by WILSON KATHY E 08/28/2024 13:44			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension			
Action Taken:	Confirmed by WILSON KATHY E 08/28/2024 13:44			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	Cipro 250MG Oral Tablet			
Action Taken:	Removed by Chason Hicks 07/25/2024 01:04			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	Bactrim DS 800MG-160MG Oral Tablet			
Action Taken:	Discontinued (Adverse Reaction) by CURRY L HILL 07/10/2024 16:05			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	Singular 10MG Oral Tablet			
Action Taken:	Confirmed by Kerry E Wheeler 08/30/2024 10:05			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	Xanax 1MG Oral Tablet			
Action Taken:	Confirmed by Kerry E Wheeler 08/30/2024 10:05			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension			
Action Taken:	Confirmed by Kerry E Wheeler 08/30/2024 10:05			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	Insulin REG (Humulin R) 100U/ML			
Action Taken:	Confirmed by Kerry E Wheeler 08/30/2024 10:05			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	Cipro 250MG Oral Tablet			
Action Taken:	Added by Patricia Maurin 06/18/2024 02:02			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	HumuLIN 70/30 Kwikpen 70U-30U/1ML Subcutaneous Suspension			
Action Taken:	Confirmed by Kerry E Wheeler 08/30/2024 10:23			
Patient:	CUNNINGHAM CAROLINE LO	Visit:	333421	Profile: 652
Medication:	No Home Medications			
Action Taken:	Update by Zack Mayhall 07/09/2024 15:30			

Medication Reconciliation Audit

The following information displays for each medication:

- **Patient Name**
- **Visit Number**
- **Profile Number**

The following information displays for each entry:

- **Medication:** Medication Description (this will display as "No Home Medications" if that option was selected for the patient).
- **Action Taken:** Added, Confirmed, Discontinued (with Discontinue reason), Removed, or Update (for No Home Medications). This information will be immediately followed by the user name that performed the action as well as the date/time the action was taken.

10.3 Medication Reconciliation History

The Medication Reconciliation History report uses information from the Medication Reconciliation **History** button, including blank reconciliations, admission reconciliations, transfer/level of care changes, discharge reconciliations, re-admits, and reviews. The report includes a calculation feature that will total the number of reconciliation processes that were completed by each user.

The Medication Reconciliation History is generated using the Report Writer application. See the [Report Writer](#) document for detailed instructions on using Report Writer.

Select **Web Client > Application Drawer > Report Dashboard > Add > Search for and Select Report title > Insert > Select the report title from Report Dictionary > Medication Reconciliation History**

The screenshot shows the 'Medication Reconciliation History' report configuration window in the TruBridge application. The window has a title bar with 'TruBridge Report Dashboard Medication Reconciliation History' and a 'Reports' tab. Below the title bar is a toolbar with icons for 'Run Report', 'Advanced', 'Sort', 'Load', 'Save', 'Spool', 'Reset', and 'Schedule'. The main area is titled 'Medication Reconciliation History' and contains several sections of configuration options:

- Parameters:**
 - Facility: 0058 f10 MPEMR IN HOSPITAL (dropdown)
 - User: (text input)
 - Patient Name: (text input)
 - Visit ID: (text input)
 - Reconcile Date Range: Last 30 Days (dropdown) with start and end date inputs
 - Destination: (text input)
 - Include Historical Data:
 - Show Removed Items:
 - Include DC'd Medications:
- Sections To Exclude:**
 - Exclude Med Recon Data Section:
 - Exclude Totals Per Name:
- Miscellaneous:**
 - Level of Detail: Detail (dropdown)
 - Include Cover Sheet:
 - Safe Mode:
 - Output Format: PDF (dropdown)

Medication Reconciliation History

The following parameters may be used to delimit the data that appears on the report.

- **Facility:** Select the facility for which the report should generate. All other facilities will be excluded.
- **User:** Enter the User Base Login of the employee who entered the documentation. All other UBLs will be excluded. (Leave blank to include all.)
- **Patient Name:** Enter a patient name to generate the report for a specific patient. All other patients will be excluded. (Leave blank to include all.)
- **Visit ID:** Enter an account number to generate the report for a specific patient account. All other patient accounts will be excluded. (Leave blank to include all.)
- **Reconcile Date Range:** Enter a date and time range for which the report should generate. The report will generate information if a reconciliation occurred during the entered date/time range. Drop-down options include **Manual Selection, Previous Day, Previous Week, Previous Month, Previous Quarter, Previous Calendar Year, Previous Fiscal Year, Last 7 Days, Last 30 Days, or Last 90 Days.**
- **Destination:** Enter destination for which the report should generate. This includes both active and inactive destinations. (Leave blank to include all.)
- **Include Historical Data:** Select the check box to include accounts that have been purged to history.
- **Show Removed Items:** Select the check box to include medications that were removed.
- **Include DC'd Medications:** Select the check box to include discontinued medications.
- **Exclude Med Recon Data Section:** Select the check box to exclude the Medication Reconciliation data and only display the totals per user.
- **Exclude Totals Per Name:** Select the check box to exclude the total of reconciliations performed per user.
- **Level of Detail:** This report may be generated in **Detail** format, which includes Medication Reconciliation Data and Total data, or **Report Summary Only**, which only includes the total data.
- **Output Format:** Select the output format in which the report should generate. Options are **PDF, XML, CSV, HTML, MAPLIST,** and **TXT.**

Once all parameters have been selected, select **Run Report** to generate the report.

Medication Reconciliation History - Detail Example

Select **Web Client > Application Drawer > Report Dashboard > Medication Reconciliation History > Run Report**

09/04/2024 13:30	F10 MPEMR IN HOSPITAL Medication Reconciliation History Document was generated by the Thrive EHR Software 06/06/2024 - 09/04/2024	8 med_recon_history.template
Home Medication	Active Medication	Action Taken
	HIGH ALERT MEDS	No Action Taken
	Metformin (GLUCOPHAGE) 500 MG TAB JC	No Action Taken
	AB CeFaZolin (Ancef) 2gm/50ml bag	No Action Taken
	ASPIRIN 81MG CHEW TAB JC	No Action Taken
	ANCEF/DEXTROSE IVPB : 1GM/50ML	No Action Taken
	ANCEF/DEXTROSE IVPB : 1GM/50ML	No Action Taken
	*ACETAMINOPHEN (TYLENOL) 325MG: TAB	No Action Taken
DISCHARGE Reconciliation - Performed by Wayne Best on 08/19/2024 15:58		10018243
Home Medication	Active Medication	Action Taken
Albuterol Sulfate 2MG Oral Tablet		Continue Home Med
Amoxicillin 200MG/5ML Oral Powder for Suspension		Continue Home Med
Ampicillin 250MG Oral Capsule		Continue Home Med
Apokyn 10MG/1ML Subcutaneous Solution		Continue Home Med
Coumadin 5MG Oral Tablet		Continue Home Med
Furosemide 10MG/1ML Injection Solution		Continue Home Med
Garlic 500 MG Oral Tablet		Continue Home Med
Lasix 20MG Oral Tablet		Continue Home Med
Lisinopril 10MG Oral Tablet		Continue Home Med
Melatonin 0.3 MG Oral Tablet		Continue Home Med
Meloxicam 15MG Oral Tablet		Continue Home Med
Milk Of Magnesia 1200MG/15ML Oral Suspension		Continue Home Med
Naratriptan 1MG Oral Tablet		Continue Home Med
Neupogen 300MCG/0.5ML Injection Solution		Continue Home Med
Ondansetron 2MG/1ML Injection Solution		Continue Home Med
Peterson's Ointment 3%-2.5%-2.2%-6.6% Topical application Ointment		Continue Home Med
DISCHARGE Reconciliation - Performed by DENISE WILSON on 08/26/2024 15:41		10018658
Home Medication	Active Medication	Action Taken
	SODIUM CHL 0.9% 1000ML	Discontinue Active Med
	ASPIRIN EC 81MG TABLET	Discontinue Active Med
DISCHARGE Reconciliation - Performed by DENISE WILSON on 08/26/2024 16:39		10018659
Home Medication	Active Medication	Action Taken
	SOL LR 1000ML	Discontinue Active Med
Re-Admit Reconciliation - Performed by DENISE WILSON on 08/26/2024 16:40		10018659
DISCHARGE Reconciliation - Performed by DENISE WILSON on 08/26/2024 16:41		10018659

Medication Reconciliation History - Detail

The following information displays for each entry as available:

- **Home Medication:** Description of the home medication
- **Active Medication:** Description of the associated active medication, if applicable
- **Action Taken:** Continue Home Med, Continue Active Med, Do Not Continue Home Med, Discontinue Active Med, or No Action Taken

Medication Reconciliation History - Report Summary Only Example

09/04/2024 13:38		f10 MPEMR IN HOSPITAL Medication Reconciliation History Document was generated by the Thrive EHR Software 06/06/2024 - 09/04/2024		1 med_recon_history.template
Totals Per Name Per Reconciliation				
Name	Event	Total Reconciliations		
Alicia M Millwood	Current	1		
Alicia M Millwood	Reviewed	2		
CLAPPER SAM nurse	Current	1		
Christopher Colvin	Current	1		
DENISE WILSON	DISCHARGE	3		
DENISE WILSON	Re-Admit	1		
Drew Roberts	Current	1		
Evans Madeleine Estelle	Current	1		
JENNIFER RICE	Reviewed	1		
JENNY PHYS CRUMPLER	ADMISSION	2		
JENNY RN CRUMPLER	ADMISSION	5		
JENNY RN CRUMPLER	Current	1		
JENNY RN CRUMPLER	DISCHARGE CPOE	3		
Jacob Olier	DISCHARGE	1		
KAWANA A BOWEN	Current	2		
Patricia Maurin	Current	1		
Sheetal V Yerawar	Current	1		
TIM OGLETREE	Current	1		
TIM OGLETREE	DISCHARGE	1		
Wayne Best	DISCHARGE	1		
Zack Mayhall	Current	1		
Zack Mayhall	Reviewed	1		
mohamed natheem	Current	1		

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Medication Reconciliation History - Summary

The following information displays for the **Totals** section:

- **Name:** Name of user who performed the event.
- **Event:** The title of the event that was completed. (Each user will have a different totals line for each event they complete.)
- **Total Reconciliations:** The total number of times the event was completed by the named user.