

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.80.03 (E)	Page 1 of 4
	Original Effective Date: 04/15/03	New Effective Date: 10/06/17
	Supersedes: 500.80.03	Dated: 01/28/13
	Administrator's Approval: Jim Schwochert, Administrator	
	Required Posting or Restricted: <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: Medication Reconciliation (EMR)		

POLICY

Medication Reconciliation is a process whereby medications are prescribed, dispensed, and administered appropriately across the continuum of care while ensuring that medications are not unintentionally omitted or inappropriately continued.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, -2014, P-D-01 Pharmaceutical Operations, P-E-12 Continuity of Care During Incarceration

TJC (The Joint Commission) National Patient Safety Goals for 2009 – Goal #8 – Medication Reconciliation

DAI 500.30.06 including (E) version – Transfer of Inmate Patient

DEFINITIONS, ACRONYMS, AND FORMS

Advanced Care Provider (ACP) – Practitioner with prescriptive authority.

BHS – Bureau of Health Services

DOC – Department of Corrections

EMR – Electronic Medical Records

DOC-2077 – Health Transfer Summary

DOC-3001 – Off-Site Service Request and Report

FDA – Food and Drug Administration

Medication – Intended to include prescribed medications, sample medications, over the counter medications, herbal derivatives, vaccines, vitamins, nutraceuticals, diagnostic and contrast agents used on or administered to persons to diagnose, treat or prevent disease or other abnormal conditions, radioactive medications, respiratory treatments, parenteral nutrition, blood derivatives, intravenous solutions, and any product designated by the FDA as a drug. This definition of medication does not include enteral nutrition solutions which are considered food products, oxygen, and other medical gases.

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Medication Reconciliation – Process of making clinical decisions regarding newly prescribed medications based on the patient’s current medication list as determined by the medication history and medication review processes and adjusting the patient’s current medications, if necessary, to avoid any incompatibility with newly prescribed medications. In some situations, as outlined in this document, this process of medication reconciliation may also involve a complete reorganization of the patient’s current medications, discontinuing or holding some if necessary, to ensure compatibility among all of them. Medication reconciliation shall be performed by an ACP.

Medication Review – Process of reviewing the patient’s most current list of medications to assist with the identification of a potential medication related problem(s) which could potentially occur between the current patient medication list and any newly prescribed medication. The review is to occur whenever medications are prescribed. The review shall be performed by a prescribing practitioner.

Medication Verification – Process of validating the patient’s stated list of current medications such as a pharmacy, medication bottle/label, and/or prescriber, current medication record, Health Transfer Summary of health information provided by a reliable source.

PROCEDURE

I. General Guidelines

- A. An ACP is responsible to review/determine the inmate patient’s plan of care including medication reconciliation.
- B. If there is no ACP on-site, an on-call physician shall be contacted for medication reconciliation.
- C. Medication reconciliation shall occur at the following transition points for inmate patients:
 1. Intake.
 2. Return to facility following discharge from inpatient hospitalization greater than 23 hours (not observation.)
 3. Return to facility following a procedure involving conscious sedation/general anesthesia.
 4. Upon return from a Contracted County jail or out of state facility
 5. Infirmary admission
 6. Return from mental health facility other than WRC.
- D. Medication review shall occur at the following transition points for inmate patients:
 1. Returning from court
 2. Returning from emergency room
 3. Returning from off-site appointments
 4. Transfers between DOC facilities.

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II. Verification of current prescribed medications will occur prior to medication reconciliation.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility:		
Original Effective Date:	DAI Policy Number:	Page 4 of 4
New Effective Date:	Supersedes:	Dated:
Chapter: 500 Health Services		
Subject: Medication Reconciliation (EMR)		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other