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MEMO

Date: December 16, 2021

To: Attending providers, charge nurses and pharmacists at acute care facilities

and personal care homes in Manitoba

From: Dr. Trevor Lee, Chief Medical Information Officer, Digital Health

cc: Nickie McGregor, Director Clinical Digital Solutions, Digital Health

Re: New Transfer Medication Reconciliation Report from St. Boniface

Hospital

On January 31, 2022 St. Boniface Hospital will be the first facility in Manitoba to start using the integrated Electronic Patient Record (EPR) Medication Reconciliation functions. As part of this implementation, a new report, *Transfer Medication Orders Reconciliation to Another Facility/PCH*, will replace the current *SBGH Transfer Medication Reconciliation Worksheet*.

This new report pulls transfer medication reconciliation information directly from the new EPR module and was designed to meet the requirements of both acute care and long-term care facilities. As part of the development process, the WRHA PCH Program and Health Sciences Centre were consulted. The report is very similar to that produced by the WRHA Medication Reconciliation application.

Please note the following about the report:

- It has an electronic signature of the Transferring Prescribing Provider. As per consultation with the College of Physicians and Surgeons, a manual signature is not required by the Transferring Prescribing Provider
- It does not have "continue" or "stop" columns for the sending provider to complete because
 the reconciliation of medications on transfer is documented in the EPR prior to generating
 the report
- The Best Possible Medication History (BPMH) is included in the report for information purposes only

You will receive this new report on January 31, 2022 for patients being transferred from St. Boniface Hospital. Please see the attached sample report.



Ñ	Winnipeg Regional Health Authority	Office régional de la santé de Winnipeg
112	Carina for Health	À l'écoute de notre sonté



Addressograph for RECEIVING Unit Only

Transfer Medication Orders / Reconciliation

	to Another Facility / P	СН					
Transfer to (Fa	acility):			Date:		_ (DD-MMM-YYYY)
	Test, Report	41y (01-Jan-	,	Female		: 01370950	
SBGH-A7WE-	A7125-01	Attending Pr	ovider: Tester-S	SBH, Physician	ı2 Visit:	11009682	
PHIN: 1112223	333	Admit Date:	13-Dec-2021 14:	28	Serie	s:	
Address:	123 Home, Winnipeg, Manif	oba, R3C 1P1	Canada	Phone:	(204) 123456	7	
Weight: 41 kg	as of: 13-Dec-202	1 Heigh	nt: 152.4 cm	as of: 13-Dec	c-2021	BSA: 1.33 m ²	
Allergies		Allergen Rea	ction Description	on		Entered Date	
		No Know	n Allergies		13	-Dec-2021 15:16	1

Active Medications at time of printing: 13-Dec-2021 15:16

	Receivin	g Orders
Scheduled medications at time of transfer (medications, dose, route, and frequency)	Continue	Stop
heparin Inj 5,000 unit(s) SubCutaneous Every 12 hours (Q12H)		
levodopa / carbidopa 100/25 Tablet 1 tablet(s) By Mouth Two times a day (BID)		
levothyroxine Tablet 75 microgram(s) By Mouth Before Breakfast		
PARoxetine Tablet 30 mg By Mouth Daily (OD)	1	

Continue and Stop options for receiving provider to reconcile medications

ONCE form is signed, DO NOT ADD ANY CHANGES TO THIS FORM.

Receiving Prescriber		
Print Name:	Signature:	Date / Time:
		(DDD-MM-YY HH:MM / 24 HOUR)

Receiving Facility: DO NOT REMOVE OR THIN FROM THE CHART. Please place Reconciliation Forms in the Orders section of the chart.

Confidential Patient Information

St Boniface General Hospital Page: 1 of 4 Printed On: 13-Dec-2021 15:16







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Transfer Medication Orders / Reconciliation to Another Facility / PCH

Transfer to (Facility):		Date:	(DD-MMM-YYYY)
EPRUAT ORM Test, Report	41y (01-Jan-1980)	Female	MRN: 01370950
SBGH-A7WE-A7125-01	Attending Provider: Tes	ster-SBH, Physician2	Visit: 11009682
PHIN: 111222333 Admit Date: 13-Dec-2021 1		1 14:28	Series:

Active Medications at time of printing: 13-Dec-2021 15:16

	Receivin	g Orders
As needed medications at time of transfer (medications, dose, route, and frequency)	Continue	Stop
acetaminophen Tablet 325 to 650 mg By Mouth Every 6 hours (Q6H) PRN Pain		
dimenhyDRINATE Inj Injection (GRAVOL) 25 to 50 mg IntraVenous Every 6 hours (Q6H) PRN Nausea and Vomiting As alternative to Ondansetron		
ondansetron Inj Injection 4 mg IntraVenous Every 8 hours (Q8H) PRN Nausea and Vomiting		

ONCE form is signed, DO NOT ADD ANY CHANGES TO THIS FORM.

Receiving Prescriber		
Print Name:	Signature:	Date / Time:
		(DDD-MM-YY HH:MM / 24 HOUR)

Receiving Facility: DO NOT REMOVE OR THIN FROM THE CHART. Please place Reconciliation Forms in the Orders section of the chart.

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St Boniface General Hospital Page: 2 of 4 Printed On: 13-Dec-2021 15:16



Winnipeg Regional Health Authority Certing for Meelth A Pécoute de notre sonté	lòpital St-Boniface Hospital	Addressogra	ph for RECEIVING	Unit Only
Transfer				
Medication Orders / Re	econciliation			
to Another Facility	/ PCH			
Transfer to (Facility):		Date:		(DD-MMM-YYYY)
EPRUAT ORM Test, Report	41y (01-Jan-1980)	Female	MRN:	01370950
SBGH-A7WE-A7125-01	Attending Provider:	Tester-SBH, Physicia	n2 Visit:	11009682
PHIN: 111222333	Admit Date: 13-Dec	-2021 14:28	Series	s:
Suspended Medications				- 2-1
				g Orders
	dications at time of trans dose, route, and frequen		Continue	Stop
acetaminophen cpd / codeine 30 n (TYLENOL #3) 1 to 2 tablet(s) By Mouth Every 6 h Pain		0,		
BES Best Possible Medication History was	ST POSSIBLE MEDICA		n 13-Dec-2021	14:55
Pre-admission Medication		Instruction	ns	
antidepressants (psychotherapeutic agents)				
paroxetine 30 mg oral tablet	1 tab(s) orally o	once a day		
antiparkinson agents (central nervous system ag	gents)			
evodopa-carbidopa 100 mg-25 mg oral 1 tab(s) orally 3 times a day ablet				
ONCE form is signed, DO NOT ADD ANY	CHANGES TO THIS FORM	.		
Receiving Prescriber				
Print Name:	Signature:			H:MM / 24 HOUR)

Print Name: Signature:	
	_ Date / Time: (DDD-MM-YY HH:MM / 24 HOUR)

Receiving Facility: DO NOT REMOVE OR THIN FROM THE CHART. Please place Reconciliation Forms in the Orders section of the chart.

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Printed On: 13-Dec-2021 15:16 St Boniface General Hospital Page: 3 of 4



Ñ	Wirnipeg Regional Health Authority	Office régional de la santé de Winnipeg
112	Carina for Health	À l'écoute de notre sont



Addressograph for RECEIVING Unit Only

Winnipeg Regional Office régional de la santé de Winnipeg Cerring for Meelith À l'écoute de notre senté	Höpital St-Boniface Hospital
Transfer Medication Orders / R to Another Facility	econciliation
Transfer to (Facility):	Date: (DD-MMM-YYYY)
EPRUAT ORM Test, Report SBGH-A7WE-A7125-01 PHIN: 111222333	41y (01-Jan-1980) Female MRN: 01370950 Attending Provider: Tester-SBH, Physician2 Visit: 11009682 Admit Date: 13-Dec-2021 14:28 Series:
	ST POSSIBLE MEDICATION HISTORY s completed by: Tester-SBH, Physician4 (MD) on 13-Dec-2021 14:55
Pre-admission Medication	Instructions
hormones/hormone modifiers	
levothyroxine 75 mcg (0.075 mg) ora	Il tablet 1 tab(s) orally once a day
nutritional products	
Vitamin B12 100 mcg oral tablet	1 tab(s) orally once a day
ELECTRONIC SIGNATURE of Transfe Completed Medication Reconciliation of	rring Prescriber: Tester-SBH, Physician4 (MD) n 13-Dec-2021 15:12
	Electronic Signature of Transferring Prescribing Provider
ONCE form is signed, DO NOT ADD AN' Receiving Prescriber	CHANGES TO THIS FORM.
Print Name:	Signature: Date / Time: (DDD-MM-YY HH:MM / 24 HOUR)
Receiving	Facility: DO NOT REMOVE OR THIN FROM THE CHART.

Please place Reconciliation Forms in the Orders section of the chart.

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End of Report

St Boniface General Hospital Page: 4 of 4 Printed On: 13-Dec-2021 15:16