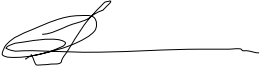


MEMO

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.



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: Tester-SBH, Physician2		Visit: 11009682
PHIN: 111222333	Admit Date: 13-Dec-2021 14:28		Series:

Address: 123 Home, Winnipeg, Manitoba, R3C 1P1 Canada **Phone:** (204) 1234567

Weight: 41 kg **as of:** 13-Dec-2021 **Height:** 152.4 cm **as of:** 13-Dec-2021 **BSA:** 1.33 m²

Allergies	Allergen Reaction Description	Entered Date
	No Known Allergies	13-Dec-2021 15:16

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

Scheduled medications at time of transfer (medications, dose, route, and frequency)	Receiving Orders	
	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)		

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.



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: Tester-SBH, Physician2		Visit: 11009682
PHIN: 111222333	Admit Date: 13-Dec-2021 14:28		Series:

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

As needed medications at time of transfer (medications, dose, route, and frequency)	Receiving Orders	
	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.



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: Tester-SBH, Physician2		Visit: 11009682
PHIN: 111222333	Admit Date: 13-Dec-2021 14:28	Series:	

Suspended Medications

As needed medications at time of transfer (medications, dose, route, and frequency)	Receiving Orders	
	Continue	Stop
acetaminophen cpd / codeine 30 mg Tablet (TYLENOL #3) 1 to 2 tablet(s) By Mouth Every 6 hours (Q6H) PRN Pain		

BEST POSSIBLE MEDICATION HISTORY

Best Possible Medication History was completed by: Tester-SBH, Physician4 (MD) on 13-Dec-2021 14:55

Pre-admission Medication	Instructions
<i>antidepressants (psychotherapeutic agents)</i>	
paroxetine 30 mg oral tablet	1 tab(s) orally once a day
<i>antiparkinson agents (central nervous system agents)</i>	
levodopa-carbidopa 100 mg-25 mg oral tablet	1 tab(s) orally 3 times a day

****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.



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: Tester-SBH, Physician2		Visit: 11009682
PHIN: 111222333	Admit Date: 13-Dec-2021 14:28		Series:

BEST POSSIBLE MEDICATION HISTORY

Best Possible Medication History was completed by: Tester-SBH, Physician4 (MD) on 13-Dec-2021 14:55

Pre-admission Medication	Instructions
<i>hormones/hormone modifiers</i>	
levothyroxine 75 mcg (0.075 mg) oral tablet	1 tab(s) orally once a day
<i>nutritional products</i>	
Vitamin B12 100 mcg oral tablet	1 tab(s) orally once a day

ELECTRONIC SIGNATURE of Transferring Prescriber: Tester-SBH, Physician4 (MD)
Completed Medication Reconciliation on 13-Dec-2021 15:12

Electronic Signature
of Transferring
Prescribing Provider

****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.