

Appendix 1: Example of a final medication list at discharge. © 2017 Queen Elizabeth Hospital.
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Community Pharmacy

This copy of your medication list is provided to share with your community pharmacist if you choose.

Name: ZZ TEST, PATIENT FOURTEEN

MRN: 010199982

Attending Physician: Test, Physician, MD

Family Physician/Nurse Practitioner: No Family Doctor, Physician,

Medication List at Discharge:

acetaminophen (Tylenol Arthritis) 650 mg, Oral, 3 times a day, Refills: 2

acetylsalicylic acid (ECASA) 81 mg, Oral, once a day

citalopram 20 mg, Oral, once a day

dabigatran 150 mg, Oral, 2 times a day, Refills: 2

pantoprazole (Tecta) 40 mg, Oral, 2 times a day, Refills: 2

QUetiapine 50 mg, Oral, bedtime, Refills: 2

Medications to Stop Taking (if applicable):

clopidogrel 75 mg, Oral, once a day

naproxen 375 mg, Oral, 2 times a day

RABEprazole 20 mg, Oral, once a day

warfarin 2 mg, Oral, once a day, based on daily INR's

Comment:

Appendix 2: Hospital to home/alternate level of care (ALC): discharge evaluation checklist.
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Hospital to Home/Alternate Level of Care (ALC): Discharge Evaluation Checklist

Patient Initials: _____ **Age:** _____ **MRN:** _____

Patient is being discharged to:

- Home
- Long Term Care
- Community Care
- Assisted Living
- Other : _____ (optional)

Discharge:

Date _____ Time ____:____

Patient's pharmacy (where patient's medications will be dispensed): _____

1. Was BPMH completed (with compliance information)?
 - Yes if so was it completed prior to admission med rec? **YES / NO**
 - No
2. What was the position of the person who completed the BPMH? _____
3. Was admission medication reconciliation completed?
 - Yes
 - No
4. Was the BPMH updated after admission med reconciliation was completed?
 - Yes
 - No
5. Was discharge med reconciliation completed?
 - Yes
 - No
6. Have any of the patient's home medications been discontinued?
 - Yes
 - No
7. Have any of the patient's home medications had dosage/frequency changes?
 - Yes
 - No
8. Were any therapeutic interchanges used while in hospital?
 - Yes
 - No
9. Have any new medications been added to the "Final Medication List" that were initiated in hospital?
 - Yes
 - No
10. Have any special authorization requirements been identified by a pharmacist in hospital?
 - Yes
 - No

Appendix 3: Hospital to home/alternate level of care (ALC): hospital to community pharmacy feedback form.
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Hospital to Home/Alternate Level of Care (ALC): Hospital to Community Pharmacy Feedback Form

Patient Initials: _____
Age: _____

Pharmacy: _____
MRN/PHN: _____

To be completed within four days of patient discharge via a phone call to the patient's pharmacy:

1. Was the discharge report provided to the pharmacy?
 Yes if so when? Date _____ Time ____:____
 No if no, second follow-up date: _____

2. What information was missing or incomplete?

3. What other information would be helpful to you in caring for the patient?

4. Were any calls needed to clarify medication related question?

- Yes if so, how many? _____
to whom (nurse/physician/pharmacist etc.)? _____
 No

Additional follow-up information:

Supplementary material for MacDonald K, Cusack M, Liang SQR, Rinco K. Care gaps in the electronic discharge medication reconciliation process at an acute care facility. *Can J Hosp Pharm.* 2017;70(6):430-4.