

Medication Reconciliation is a Promoting Interoperability requirement and should be completed for every ED, Office Practice, Outpatient, and Inpatient visit/encounter.
















## Ambulatory Reconciliation Process







➤ Navigate to the workflow page.

- From the component menu, click **Home Medications**. The patient's home medications will display.
  - Verify the **Medication History** has been reviewed and updated as noted by the green checkmark.
- Click the **Outpatient** hyperlink to open the **Reconciliation** window.

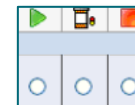
Home Medications (3)


Status:  Meds History |  Outpatient

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
<b>Home Medications</b>							
 metFORMIN (metFORMIN 500 mg oral tablet) 500 mg = 1 TAB, PO, Daily, 30 TAB, 0 Refill(s)	Prescribed						
 tiotropium (Spiriva 18 mcg inhalation capsule) 18 mcg = 1 CAP, INHALATION, Daily, 30 CAP, 0 Refill(s)	Prescribed						
 valsartan (Diovan 40 mg oral tablet) 40 mg = 1 TAB, PO, Twice Daily, 60 TAB, 0	Documented						


- The **Reconciliation** window is split into two sections:
  - Orders Prior to Reconciliation** on the left.
  - Orders After Reconciliation** on the right.
- The **paper scroll icon**  indicates a documented home medication.
- The **pill bottle icon**  indicates an electronic prescription the patient has received from a Northern Light provider.
- The **unreconciled item icon**  indicates the medication has not been reconciled.
- The three columns between these sections contain these options:
  - Continue** 
  - Convert to a Prescription** 
  - Do Not Continue** 
- Medication Compliance** information will display when hovering over the medication in the **Orders Before Reconciliation** pane.

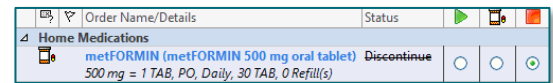
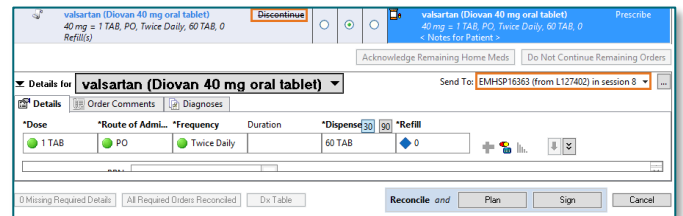
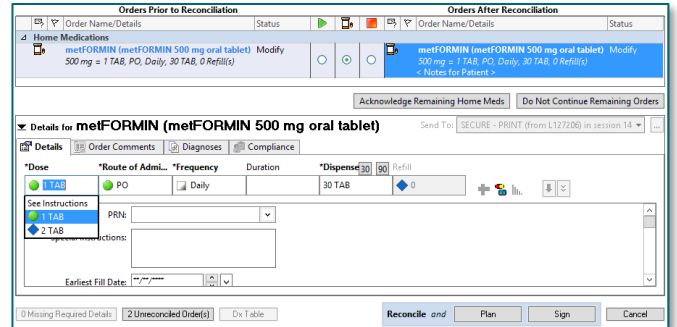
Medication



metFORMIN (metFORMIN 500 mg oral tablet)  
500 mg = 1 TAB, Tab, PO, Twice Daily, # 60 TAB, 0 Refill(s)  
Prescribed  
 This order has not yet been reconciled.

**Compliance:**  
Still taking, not as prescribed according to Patient.  
Last Dose: 06/11/2021 12:00 EDT  
Comments: Pt. reports taking half doses

- Select **Continue** to continue the medication.
  - Modifications can be made by clicking the order in the **Orders after Reconciliation** section and updating the **Order Details** in the **scratch pad**.
- Select **Convert to Prescription** to convert a documented medication to a prescription.
  - Single select the medication in the **Orders After Reconciliation** column to update the order details order, including the patient's preferred pharmacy.
  - Note the documented medication now appears as discontinued in the **Orders Prior to Reconciliation** pane.
- Select **Do Not Continue**  to discontinue a medication.



**NOTE:** It is important to use the radio buttons for the home medications you are responsible for.

- Once all applicable medications have been reconciled, acknowledge the remaining home medications by selecting the **Acknowledge Remaining Home Meds** button. This moves the remaining home medications to the **Orders After Reconciliation** column with a status of **Acknowledged**.
- Reconcile and **Sign** the **Outpatient Medication Reconciliation**.
  - If you plan to make updates or changes later, you can place the reconciliation in a planned state and sign later.
  - If you are finished updating the home medications, choose **Sign**.
- A green checkmark displays next to the **Outpatient Medication Reconciliation** status indicating Med Reconciliation is complete.

