

Documentation of patient medication is within the scope of non-prescriber Allied Health Professionals; however, the requirement to document medication and to what detail will be determined by the practice setting. In most settings where patient medication documentation occurs, non-prescriber Allied Health Professionals will review patient medications relevant to care and create a Medication History. Though uncommon, in some settings, non-prescriber Allied Health Professionals will also take part in the Medication Reconciliation process by completing a Best Possible Medication History.

[How is Allied Health defined?](#)

[What is Medication Reconciliation \(MedRec\)?](#)

[Why is MedRec important?](#)

[Who is responsible for each of the 3 Steps?](#)

[Who are authorized prescribers?](#)

[As an Allied Health Professional, What is My Role in MedRec?](#)

[What is the difference between a BPMH and Medication History?](#)

[Where can I get more information or specific assistance?](#)

How is Allied Health defined?

Allied Health refers to a broad staff group (regulated and unregulated) that works across service sectors. For the purpose of this document, Allied Health does not include Nursing or those who are prescribers (e.g. Pharmacists). Disciplines that fall under the Allied Health umbrella include Audiologists, Occupational Therapists, Physiotherapists, Psychologists, Recreation Therapists, Respiratory Therapists, Social Workers, Speech-Language Pathologists, Spiritual Care Practitioners, Therapy Assistants, Dietitians, Kinesiologists, Prosthetists, and Orthotists. This is not an exhaustive list of Allied Health professionals.

NOTE: Spiritual Care Practitioners, Recreation Therapists, Therapy Assistants, Kinesiologists, Prosthetists, and Orthotists are currently NOT members of a regulated health discipline, as defined by the Health Disciplines Act (Alberta) or the Health Professions Act (Alberta).

What is Medication Reconciliation (MedRec)?

MedRec is a 3-step process of working with patients, family, and other healthcare professionals to ensure accurate and comprehensive medication information, including over-the-counter or non-prescription medication, is communicated across transitions of care (CMPA, 2013).

The MedRec 3-Step Process:

- Step 1: Generate a [Best Possible Medication History \(BPMH\)](#)
- Step 2: Reconcile the BPMH at care transitions
- Step 3: Document and communicate the medication information

Why is MedRec important?

Communicating accurately about medications is necessary to the delivery of safe care. As members of a patient's care team, Allied Health providers contribute to this communication.

Who is responsible for each of the 3 Steps?

As per Alberta Health Services (AHS) [Medication Reconciliation Policy](#):

- **Step 1: Generate a BPMH**
Responsible: When indicated, health care professionals who have medication management within their scope of practice and job duties (*In other words, **regulated** Allied Health disciplines can generate a BPMH*)

- **Step 2: Reconcile the BPMH at care transitions**
Responsible: An **authorized prescriber**, who addresses and resolves any discrepancies or differences in medication therapy.
- **Step 3: Documenting and communicating**
Responsible: Health care professionals, who document (digital and non-digital formats) and communicate the complete list of medications that the patient should be taking at care transitions (admission, transfer, and discharge).

Who are Authorized Prescribers?

Authorized prescribers are health care professionals who are permitted by Federal and Provincial legislation, their regulatory college, Alberta Health Services, and practice setting (where applicable) to prescribe medications. Authorized prescribers include, but are not limited to: physicians; medical residents; Nurse Practitioners; pharmacists with additional prescribing authorization; midwives; and Registered Dietitians for parenteral nutrition if providing nutrition support and authorized to prescribe.

As a *regulated* Allied Health Professional, What is My Role in MedRec?

While *regulated* Allied Health professionals are allowed to generate a BPMH as per [AHS Medication Reconciliation Policy](#), in practice, there is variation whether Allied Health typically performs this activity, depending on clinical setting. Non-regulated Allied Health disciplines do NOT have a role in generating a BPMH.

Inpatient Setting - Given the availability of nurses, authorized prescribers, and pharmacy services in inpatient settings, Allied Health professionals by and large are **NOT** responsible for generating a BPMH. While an Allied Health provider may be aware of medications if the medications are relevant for their care of a patient, Allied Health generally does NOT have a formal role in ensuring that medications are completely and accurately documented.

Home Care – Allied Health members serving in Case Manager roles in Home Care may, with appropriate training, be required by their program to generate a BPMH.

Ambulatory Care – For outpatient Rehabilitation or Allied Health Clinics run by Allied Health providers, where medication management is **NOT** part of the care provided at the clinic, MedRec is **NOT** required. Instead, MedRec and prescriptions would be the responsibility of the primary care provider.

Nonetheless, when an understanding of the patient's medication is relevant to the care provided by Allied Health in a non-prescriber clinic, service or program, then the Allied Health provider should review relevant medications. The Allied Health provider can collect and document a current [medication history](#) (drug name, dose, route, and frequency) as the medication history may impact the treatment delivered. Examples: Dysphagia clinic, Psychology service

If Allied Health is working in a clinic, service or program with a prescriber, determine the clinic's processes with respect to MedRec roles and responsibilities. Examples: Geriatric program, Spasticity service, Mental Health

If a patient's medication does not impact safe or effective care in a non-prescriber setting, a formal medication review or documentation of a medication history is not required. Example: Audiology hearing screening

What is the difference between a BPMH and medication history?

The difference between a Best Possible Medication History (BPMH) and a medication history is the minimum number of information sources required. For a BPMH, the medication name, dose, route, and frequency are verified **using at least 2 sources of information**, ideally with the patient/family interview as one source. A medication history also documents name, dose, route and frequency when that information is available, from **one source**.

Where can I get more information or specific assistance?

- Medication Reconciliation AHS Policy and resources on [Insite](#). Email medrec@ahs.ca with any questions..
- Practice questions can be directed to: Practice.Consultation@albertahealthservices.ca
- Refer to your Connect Care Learning Home Dashboard for additional instructions (in progress).