Epic Physician Discharge Reconciliation Process

Use of the Epic Discharge Navigator can help to ensure that all steps are completed in the patient discharge process.

Try it out!

First, access Discharge Navigator under the **Navigators** activity. The best first step is to check for any cosign orders that need to be signed. They will be found in the Cosign orders section, if any.



Next, under the RX Routing activity, select wether you want prescriptions to print, not print, or be electronicaly prescribed.

Navigators						
ED Admit ED Floor Or	ders Admission	Rounding	Pre-Transfer	Post-Transfer	Discharge	D/C & Readmit
VTE RISK STRATIFICATION VTE Stratification	Prescription Time taken: 1821	Routing ·	- Make Sele 9/25/2016	ction to Def	aultOrder	Class for All (
BestPractice	Values By					
DISCHARGE	✓ Default Ord	ler Class				
Discharge Rpt	For Discharge F	Rx	28=e-Pres	cribe 300=Prin	t Script 10	=No Print
Last 24 Hr. Vitals Last 72 Hr. I & O						
Discharge Audit Trail	1.c. c	، بر يو	a .n			
Cosign Orders	No active problems You can use the b	s. ox to the uppe	er left to add a ne	w problem to the I	ist.	
Rx Routing Med/ Rec and Or	✓ Mark as Revie	wed Never	Reviewed			

The next activity is Medication and Order Reconciliation. The first step in this activity is to reconcile the problem list for discharge. <u>At least one problem is required to be entered for all inpatients</u>. You can add problems, resolve them, and indicate if they are hospital problems, chronic problems, principal problems, and to respond to questions on present on admission indicators. Present on Admission (or POA <u>if not completed</u> will generate a deficiency for the attending physician after discharge.

Γ	DISCUARCE	Discharge					
		Reconcile Problem List for Discharge Review Orders for Discharge New Orders for Discharge Review and Sign					
	Audit Trail	Discharge Problem List					
	Cosign Orders	Discharge Problem List					
	Py Pouting	Create Patient Care Coordination Note					
	KA Rodung	pneumonia 🕂 Add					
	Med/ Rec and Or	Review all problems to determine which can be resolved and which still					
	Problem List	require a plan for treatment after discharge.					

Diagnosis		Hospital	Principal	Sort Priority
New Proble	em			
Problem:	Pneumonia			Q
Display:	Pneumonia			
Priority:	🔎 Noted: 9/25/2016 📩 🗖 Chronic 🔽 Hospital prot	lem		
Class:	🔎 Resolved: 📄 🖻 Principal problem			
Present on admission?	© Yes C No C Clinically undetermined			
Overview:	🥸 📽 😰 🕂 Insert SmartText. 🖻 🗢 🖶 🕃			
1000	, , , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,
File to <u>H</u> isto	ory			Accept X Cancel



The next step is to review orders for discharge. On this screen you can choose or review the patient's pharmacy and choose to resume, modify, or discontinue the patient's current medications upon discharge. Orders highlighted in yellow are orders needing review, as well as orders under the red box on the right. All Scheduled meds must be printed and signed. If the patient is going to a facility, "new, "resume", and "modify" schedule II meds will need printed and signed.



Next, the discharge order can be completed as well as any new orders for discharge entered. Also, all Pended orders for Care Management will appear here as well. Providers should review these orders in detail and correct them if needed or notify the care manager. Once all orders have been placed, click Accept.

Discharge	
Reconcile Problem List for Disch	narge Review Orders for Discharge New Orders for Discharge Review and Sign
Additional Orders Sea	rch
	Search Pref List
Additional Inpatient O	rders
Procedures	
DISCHARGE PATIENT	Accept X Cancel Link Order Remove
Р	
Frequency: ONCE	Q
Starting:	9/25/2016 Today Tomorrow At 1825
First Occ	currence: Today 1825
Schedul	led Times: Hide Schedule
9/25/16	1825
Process Inst.: ** Fill in	expected date and time of discharge.**
Discharge Date & Time:	Today Tomorrow
(Morning Midday Afternoon Evening
Disposition:	Deuting Home Croup Home Independent Living Equility Obilied Nursing Equility (ONE)
	Routine – Home, Group Home, Independent Living Facility Skilled Nursing Facility (SNF)
Destination:	<i>Q</i>
D/C summary	Q
responsible provider:	
communication:	Practitioner contacted Practitioner contact attempted, not reached Practitioner contacted and updated
	Other (Please specify in comment box)
Family/Caregiver:	Family/Caregiver updated about discharge in hospital Family/Caregiver called not reached
	Family/Caregiver called and updated Other (please specify in comment box)
Comments (F6): 🕀 💩	📽 🎾 🕢 🛊 Insert SmartText 📑 😓 🔸 🛼

Additionally, if dictated notes, such as the discharge summary, needs to be forwarded to the patient's primary care physician or other community care provider, the Transition of Care order can be used to facilitate this.

3	Facility	List Search - Hy	yundai,William				
Ī	OC		Search	Browse (F	4) Preference Li	ist (F5) <u>F</u> acility List (F6)	Database Lookup (F7)
	🛛 🚅 Dur	ing visit 🛛 🟠	After visit		Medications	Procedures <u>O</u> rd	er Panels <u>S</u> plit
				_	1		
		Code	Name	Туре	Route	PrefList	Formulary
	F.	COM106	TRANSITION OF CARE - REQUEST TO HIM FOR RELEASE OF II	HIM		SALEM HOSP FACILITY I	
	4	601242	tocilizumab 200 mg piggyback (ACTEMRA)	Medication	Intravenous	HOSPITAL FORMULARY	Yes
	a -	601393	tocilizumab 400 mg piggyback (ACTEMRA)	Medication	Intravenous	HOSPITAL FORMULARY	Yes

TRANSITION OF CARE	- REQUEST TO HIM FOR RELEASE OF INFORMATION (FOR SELF-ENTERED NOTES)	✓ <u>A</u> ccept	X Cancel	Link Order	Remove						
Frequency:	ONCE O										
	Starting: 10/3/2016 🗂 Today, Tomorrow, At 1806 🕐	10/2/2015 Tortay Tomorrow At 1806									
	First Occurrence: Today 1806										
	Scheduled Times: Hide Schedule										
	10/3/16 1806										
Information Requested	History and Physical Note Op Note Consult Note Discharge Summary ED Reports OB Triage Delivery Summary										
Send To	PCP Other Provider (Specify Name and City Below)										
Provider Name #1											
City											
Clinic/Facility Affiliation											
Eax Number											
Fax Number											
Discharge Date											
Provider Name #2											
City											
Clinic/Facility Affiliation											
Fax Number											
Reference Links:	1. Tip Sheet										
Comments (F6):	🗩 🎂 📽 🍽 🕄 🕄 🕂 Insert SmartText 📑 😓 🔸 🧸										

Next, on the Review and Sign screen, check to be sure the pharmacy on file is correct, then sign the discharge orders.

Discharge		
Reconcile Problem List	for Discharge Review Orders for Discharge New Orders for Discharge Review and Sign	
Reconcile Problem List Review and Si Order Mode: Str Pharmacy No Ph New Before DISCHAR(9/25/2016, N D/C summar	tor Discharge Review Orders for Discharge New Orders for Discharge Review and Sign ign anderd ♥ Providers Dx Association arrmacy Selected Fill prescriptions at Suggested Advanced Search E.Rx? Name Phone Address ☆ Yes SALEM HOSP COM OUTP PHCY - SA 503-561-5325 875 OAK STREET SE SALEM OR 97301	
	No pharmacy selected Accept Cancel	

charge	
concile Problem List for Discharge Review Orders for Discharge New Orders for Discharge Review and Sign	(?)
Review and Sign	+
Order Mode: Standard Providers Dx Association	() <u>N</u> ext
Pharmacy No Pharmacy Selected New Before Discharge Procedures	
DISCHARGE PATIENT 9/25/2016, Morning D/C summary responsible provider: REDDY, JAYAPRAKASH	Remove
D/C summary responsible provider: REDDY, JAYAPRAKASH	
• • • • • • • • • • • • • • • • • • • •	

Next, on the Follow Up activity, patient follow up instructions can be entered.

Navigators							? Actions -	Resize 🖨	Close 🗙
ED Admit ED Floor Or	ders Admission	Rounding Pre-Transf	er Post-Transfer Di	scharge D/C &	Readmit				
STRATIFICATION VTE Stratification	Follow-Up							Ť	+
INTERVENTIONS BestPractice	Follow up with Jayaprakash Re	eddy, MD	Details In 3 days	V If	Vhy symptoms wor	sen	Contact info 890 Oak Street SE Sa	lem OR 97301	5
Discharge Discharge Rpt	+ Ne <u>w</u>	<u>+ </u> <u></u>	his department	2are Team				🗙 De <u>l</u> ete	
Last 72 Hr. L& O	With:	Search: J.	ayaprakash Reddy, MD	2					
Results		O Other:							
Last 24 Hr. Labs Last 24 Hr. Imaging Procedure Results Previous Progres	Contact info:	890 Oak Street SE Salem OR 97301 503-561-5200							
Previous D/C Su	How:	Call Mal	ke appointment G	o to					
DISCHARGE Audit Trail	When:	Today	1 Day 2 Days	3 Days	1 Week	s			
Cosign Orders		3	Days Weeks	Months	Date	9/28/2016			
Rx Routing Med/ Rec and Or	Why:	As needed If sy	ymptoms worsen For	suture removal	For wound re-c	heck 🎤			
Problem List		If symptoms worser							
Follow-Up D/C Instructions	I≪ Restore	✓ Close F9					↑ Previous F7	↓ Next F	8

On the D/C Instructions activity, use the .DCINSTRUCTIONSBIFOLD smartphrase, which has been redesigned to be a brief and appropriate set of discharge instructions for generic inpatients.



DISCHARGE INSTRUCTIONS

	DISCHARGE INSTRUCTIONS
Discharging Provider: Jay <u>Reddy</u> , MD	
Allergies:	
Allergies	
Allergen	Reactions
Contrast Agent [Diatrizoate]	Atopic Dermatitis
Diet: DIET CARDIAC W CONSISTENT CARBOHY	'DRATES
Pending Labs:	
Please follow up with your primary care provider or	specialist on all pending labs.
Fever: may use: {DCantipyretic:18675} per label	instructions
Activity: {DCACTIVITY:18672}	
Bathing: {DCBATHING:18673}	
Bowel Care: {DCBowelcare:18674}	
Wound Care: Bathe with dressing {ON OFF:1334	11] .
Smoking Cessation: If you smoke, please stop for quitting is available by calling FreshStart at (503 1-877-2NO-FUME; TTY1-877-777-6534 or the Amo your progress at your next office visit.	or your health and for the health of your loved ones. More information abou 3) 561-5639, the Oregon Quit Line at 1-877-270-STOP. (En Espanol erican Lung Association at http://wwwlungusa.org. Talk to your doctor about
Questions or concerns about your new medicat	ions or discharge instructions? Aonday-Friday, 9AM to 5PM at 503-814-1835 for assistance.

	As tolerated
Pending Labs:	Bathing: {DCBATHING:18673} No lifting greater than *** lbs.
Please follow up with your primary care provider or specialist on all pending	Bowel Care: (DCBowelcare:) Daily weights and track weight.
For the second	No bending or stooping
Fever: may use: {DCantipyretic:18675} per label instructions	Wound Care: Bathe with dre No stair climbing
Activity: {DCACTIVITY:18672}	No driving.
Acetaminophen (Tylenoi)	Smoking Cessation: If you sn Walk {AAADCWALK:18671}
Bathing: {DCBATHING:18673}	quitting is available by callin Other ***
	1-877-2NO-ELIME: TTV1-877-777-6534 or the American Lung Asso

Activity: Walk {AAADCWALK:18671} Bathing: {DCBATHING:18673} Bowel Care: {DCBowelcare:18674} Wound Care: Bathe with dressing {C	Bath Bow S S S S S S S S S S S S	ning: {DCBATHING:18673} vel Care: {DCBowelcare:1 Shower und Care: Bathe with dre No restrictions Sking Cessation: If you sm Other ***
Bowel Care: {DCBowelcare:18674} May use laxative of choice Wound Care: Bathe with dressing No straining during bowel m	ovement	Wound Care: Bathe with dressing {ON OFF:13341}. Smoking Cessation: If you smoke, please stop for off
Smoking Cessation: If you smoke, Other ***	 or anc h	quitting is available by calling FreshStart at (503) S <mark>other ***</mark> h 1-877-2NO-FUME: TTY1-877-777-6534 or the American Lung A

After using F2 to complete the instructions, remember to mark the instructions as Reviewed.



Next is the Preview After Visit Summary activity. The Preview AVS activity is a handy tool on the Discharge Navigator to ensure your tasks have been completed, enabling the nurse to print the AVS for patient discharge. If you have tasks that are incomplete and preventing the AVS from printing, you will be alerted to what they are. In this example, there are discharge orders requiring reconciliation and preventing the printing of the AVS.

Problem List	Instruct	After Visit Summary	? Close X	
Follow-Up		Canno	ot print the AVS at this time.	
D/C Instructions				
Preview AVS		The following information is missing or may need your attention		
Provious H & P	Diet an/	Reason	Required?	
	Dietant	Discharge order reconciliation is not complete for this contact.	Yes	
Previous D/C Su	Activity			

Once all the required physician elements have been completed, clicking on the Preview AVS activity will generate a sample AVS such as this.

After Visit Summary	? Close 🗙							
	Print Language: 📃 🧉 Print							
SALEM HEALTH An OHSU Partner								
After Visit Summary	John Lakar J MDN: 55500244							
Attending Providers	John Laker MRN. 33300241							
Provider	Specialty							
Edmd, Five, MD	-							
Eight, Pag Md, MD	-							
We appreciate having the opportunity to take care of you and your family. We consider this an honor. We want to ensure every patient receives an exceptional experience every time. To know how we are doing we rely upon feedback from you. You may receive a survey in the mail and it is our hope that you would take some time to complete it. The feedback you provide us is vital to our success.								
Thank you for choosing Salem Health for your care.								
About your hospitalization								
You were admitted on: September 25, 2016	You last received care in the: IMCU							
You were discharged on: September 25, 2016								

One last optional, but not required, activity is the Preliminary Cause of Death. Physicians can enter preliminary COD information on deceased patients, if they choose.

Navigators								?	Actions 🔻	Resize 🖨	Close	×
ED Admit ED Floor Or	ders Admission	Rounding	Pre-Transfer	Post-Transfer	Discharge	D/C & Readmit						
BestPractice Preliminary Cause of Death								4	+1			
DISCHARGE	Preliminary Cause of	Death:					<u>A</u>				9	
Discharge Rpt Last 24 Hr. Vitals	I Restore	 Close 	e F9					↑ Prev	rious F7	, Next	F8	
Loot 72 Lin L 8 O												

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