

Blessing's Automated Record

Raising the BAR in Healthcare!



**Orders Reconciliation 6.1 Hands On
Training**

Orders Reconciliation Manager

Go-Live March 11th

- 2011 lessons learned
 - More provider involvement was needed-
 - **Free texted medication did not work—cleaning up in BAR**
 - **Orders catalog display issue--corrected**
 - **No mapped medications allowed--now extensive mapping of medications**
- Improvements
 - Worked with Allscripts –
 - Webinars
 - On site 2-3 day meetings with current users
 - Included providers through multiple meetings
 - **Have inactivated free text meds and created a new report to monitor usage of free text**
 - **Corrected the orders catalog display issue**
 - **Extensive mapping /testing of medications**

Creating the Best Possible Medication History (BPMH)

ACCURACY OF HOME MEDICATION LIST IS KEY TO MEDICATION
RECONCILIATION EASE AND ACCURACY!

Purpose: Create a complete and accurate list of medications that reflects medication use prior to admission which will be used to safely create medication orders.

- Create a complete list of medications including medication name, strength, dosage, route and frequency by:
 - Systematic process of interviewing the patient/family and
 - A review of at least one other reliable source of information
 - Nursing home Medication Administration Record
 - Physician office record
 - Pharmacy record
 - Electronic medication history from other source.

Medication list includes:

- Prescribed medications
- Herbals/Dietary supplements/Vitamins
- Over the counter products
- Patches
- Infusion pump medications
- Sample medications
- Investigational medications

Home Medication History(OMR)

PROCESS

1. Obtain medication history through other electronic source if available.
2. Launch the Home Medication History document
3. Open OMR-Outpatient Medication Review
4. Compare other source list with the list in OMR.
5. Review list with patient
6. Discontinue meds that the patient is no longer taking
7. Correct any free text medications- highlighted in pink with icon
8. Add new home meds
9. Enter Last Dose Date/Time, reason for med
10. Save as Complete
11. Complete Home Medication history document

Home Medications Review Status for Reconciliation: **Complete**
Discharge Reconciliation Status: **Complete**
Some patient medication may not be shown. Showing: All Meds to be reviewed for this visit.
Display Format: **Review Active Medications (Modified)** Group/Sort by: **Item Class and Dru**

Lantus 100 units/mL subcutaneous solution	
10 unit(s)...	Info Source: [dropdown]
Status: Active	Last Dose Taken Date/Time: 01-02-2014
Refills: None Qty: 0	Follow up Reason/Comment: [dropdown]
Entry Type: Hx	
Ref#: 1487409	

Motrin 200mg	
1 tab(s) orally every 4...	Info Source: [dropdown]
Status: Active	Last Dose Taken Date/Time: *
Refills: None Qty: 0	Follow up Reason/Comment: Needs follow up
Entry Type: Hx	
Ref#: 1487429	

Home Medication History document

Outpatient Medication Review

Outpatient Medication Status: [<Not yet specified>](#)

   Show all available Show selected only

Chart Scope:

<input type="checkbox"/> Medication	Last Dose Taken	Instructions
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PRE HOSPITALIZATION MEDICATION INFORMATION

Do you take any herbal remedies or dietary supplements? No Yes (See Pre-Hospitalization Medication List)

Are you taking medication samples? Yes (enter in OMR) No

Are you taking over the counter medications? Yes (enter in OMR) No

INFORMATION OBTAINED FROM

<input type="checkbox"/> Meds From Other Source	<input type="checkbox"/> Patient/guardian verbal	<input type="checkbox"/> Patient written list	<input type="checkbox"/> Family	<input type="checkbox"/>
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Home Care Agency	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Hospice Agency	<input type="checkbox"/> Dialysis

I have obtained verification of home medications by:

<input type="radio"/> Two or more sources	<input type="radio"/> One source	<input type="radio"/> Unable to obtain
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Do any medications require further clarification? Yes No

General Medication Information

Medications brought to hospital None Yes

Medication patch None Medication patch(es) used

Medication pumps None Medication pump(s) used

Important medication experience/information/administration techniques Has difficulty swallowing pills Crush pills for administration Administer in food Fearful of needles

Current pharmacy (ies)

Home Medication Review: I have completed the Home Medication List through the OMR Transfer from acute care

Must open the OMR to complete home medication list. Click on pill bottle

Prehospitalization Medication Information section pulled from patient profiles
Added questions
Last question is mandatory

No Home Medications

- No Home medications- Nurse must enter the OMR and change the medication status to No Current Medications
 - Click on Not yet specified



A screenshot of a software interface showing medication review status. At the top, there is a toolbar with various icons including a plus sign, a printer, a refresh arrow, a document with a checkmark, a document with a red X, a document with a red arrow, a document with a red lightning bolt, a document with a red double arrow, a document with a red lightning bolt, a document with a red lightning bolt, and a document with a red lightning bolt. Below the toolbar, there are two status indicators: "Home Medications Review Status for Reconciliation: **Not Done**" and "Discharge Reconciliation Status: **Not Done**". On the right side, there are two more status indicators: "Med Status: [<Not yet specified>](#)" and "Preferred Pharmacy: [<None>](#)".

- Click on drop down arrow for Outpatient Medication Status and select No Current Medication



A screenshot of a patient record interface. The patient's name is "Orm, Psych" and the ID is "APS-0654-A". The provider is "Stiles, Lanny". The patient's height is "Ht: In. / cm", weight is "Wt: lbs / kg", and the admit date is "Admit Date: 12-24-2013". Below this information, there is a section for "Outpatient Medication Status:" with a dropdown menu. The dropdown menu is open, showing the following options: "No Current Medications" (highlighted in blue), "No Current Medications", "Unknown Medication History", "Patient Currently Takes Medications", and "Incomplete Medication History".

- Save OMR as Complete

Home Medication History (cont.)

TIPS AND TRICKS

- Review current medications for complete sig-strength, dose, UOM, route, and frequency- may look correct but is free text
- If medication has multiple strengths, doses, frequency, add as another medication-example: 10 mg in the morning and 20 mg at night-add as 2 separate medications, do not add the 2nd dose in the comments
- Document the appropriate site. Affected area prefills the Instructions

Triple Antibiotic 400 units-3.5 mg-5000 units/g topical ointment

Instructions Auto Edit Clear

Apply topically to affected area 4 times a day

Dose Unknown Dosage Units app Route topical Frequency 4 times a day PRN

- EDIT instructions to add the appropriate site, ie: right, left, bilateral and appropriate area.

Instructions Auto Edit Clear

Apply topically to Right leg 4 times a day

- Extended release versus regular strength
- Prescription for post op surgery-add to Instructions

Selecting appropriate medication/route

- Click on appropriate route to view the appropriate strength
 - May only see one option, click on option and second option will appear
 - When entering respiratory medications, select appropriate route: **nebulizer versus inhaler**
- Select a dose and frequency option-
 - If correct dose/freq not an option, select the closet option and then correct.
 - If select other, will need to complete all fields and possibly enter incorrect option.

A screenshot of a medication selection interface. The search bar contains 'levaquin'. Below it, a 'Full Catalog' dropdown is open, showing 'Levaquin' and 'Levaquin Leva-Pak'. To the right, a route dropdown is set to 'oral'. A table of options is displayed:

Route	Strength
oral	25 mg/mL solution
intravenous	250 mg tablet
	500 mg tablet
	750 mg tablet
	other...

A screenshot of a medication selection interface. The search bar contains 'levaquin'. Below it, a 'Full Catalog' dropdown is open, showing 'Levaquin' and 'Levaquin Leva-Pak'. To the right, a route dropdown is set to 'intravenous'. A table of options is displayed:

Route	Strength
oral	25 mg/mL solution
intravenous	250 mg/50 mL solution
	500 mg/100 mL solution
	750 mg/150 mL solution
	other...

A screenshot of a medication selection interface. The search bar contains 'motrin'. Below it, a 'Full Catalog' dropdown is open, showing 'Motrin'. To the right, a route dropdown is set to 'oral'. A table of options is displayed:

Route	Strength	Frequency
oral	50 mg tablet, chewable	1 tablet every 4 hours
	50 mg/1.25 mL suspension	other...

Home Medication List (cont'd)

Add Medication - Pic, A

[Clear](#)

Medication Name *Generic: ibuprofen*

Motrin 200 mg oral tablet

Dose Unknown Dosage Units tab(s) Route Frequency [PRN](#)

Last Dose Taken Date Last Dose Taken Time

Follow Up Reason/Comment Info

Start Date Approx End Date

[Health Issues](#) [Sample Tracking](#)

PRN Instructions:

- PRN itching
- PRN leg cramps
- PRN migraine
- PRN mild pain
- PRN mild to moderate agitation
- PRN mild to moderate pain
- PRN moderate to severe pain
- PRN mouth dryness
- PRN mouth pain
- PRN muscle pain

[Instructions](#) Auto Edit [Clear](#)

1 tab(s) orally every 4 hours, As Needed-
PRN mild to moderate agitation

Internal Memo

[Comments](#)

PRN Reason-Click on [PRN](#) and select reason-must be done so that order prefills for admission med rec

Internal Memo is the mandated area to address "reason" the patient states they are taking scheduled medication

Orders Reconciliation

New Orders Reconciliation Benefits

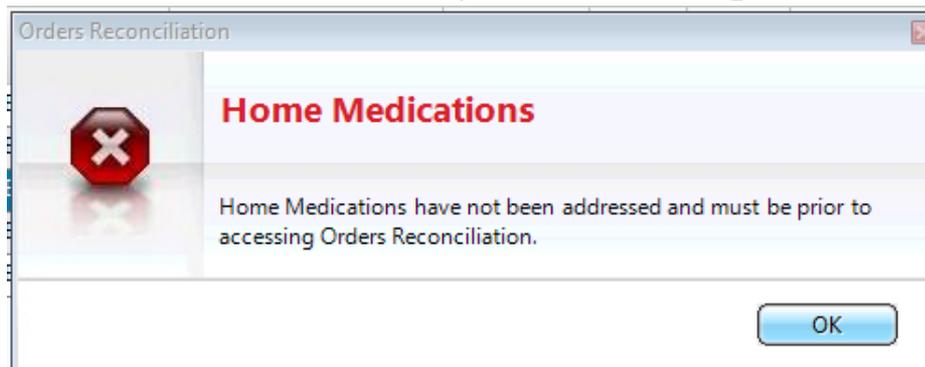
- **More timely medication to the patient**
- **Can not address admission medication history prior to nurse completing the home medication list(OMR)**
- **More accurate medication—less phone calls to clarify**
 - **No translation errors from pharmacy tech**
 - **Prompted for:**
 - **Site**
 - **Appropriate range—range, age, renal status, pregnancy, lactation**
 - **Frequency**
 - **Each medication has to be addressed**
- **Alerts seen by physician (ex. no coumadin with epidural, etc)**
- **Duplicates of class easily seen (ex. Restoril and Ambien)**
- **Substituted formulary medicines easy to see at discharge (ex. Prilosec/Protonix)**
- **Difference in doses at discharge are seen easily (Lasix 20mg/40 mg)**

Admission Medication Reconciliation-Physician Process

- New column on the Patient list-Orders Reconciliation BHS
 - Green flag-Admission Med Rec has not been completed
 - Red flag-Admission Med Rec is overdue(turns red after 24 hour post admission)
 - No flag-Admission Med Rec has been completed

Orders Reconciliation	Assigned Location	Patient Name	Provider
	OBS-4428-A	Orm, Mom A	Evans, Dan
	OBS-4430-A	Pic, Don't use	Evans, Dan
	SNU-6429-A	Monkey, Mommy Test	Evans, Dan

- Click in the column to open ORM(Orders Reconciliation Manager)
 - If the OMR(home medication list) has not been completed , will receive the following alert and ORM(Order Reconciliation Manager) will NOT open



Admission Medication Reconciliation

Medication Reconciliation Policy

1. Continue to call for medications needed before provider makes next rounds
2. Open Call page note
3. Launch ORM
4. Call physician
5. Review required medications with physician
6. Continue appropriate medication
7. Save Admission Medication Reconciliation-Orders are immediately on Orders tab as Ready for verification
 1. If all meds are addressed Save as Complete
 2. If only addressing needed meds Save as Incomplete

Admission Medication Reconciliation (cont'd)

- Open the Call/Page Contact Note
- Select “Order Clarification/Verification” under Reason for Call
- Launch Order Reconciliation Radio Button and select the Admission

The screenshot displays the 'Structured Notes Entry' window for a 'Call/Page Contact Note'. The interface includes a 'Document Info' sidebar on the left with a tree view of sections. The 'Order Reconciliation' section is selected in both the sidebar and the main content area. In the main content area, the 'Launch:' field has a radio button for 'Order Reconciliation' which is selected and circled. Below this, there is a table of orders with columns for 'Order Name', 'Date', 'Disc/Stop Date', 'Status', and 'Order Summary Line'. The table is filtered to show 'This Chart' and contains several rows of medication orders. At the bottom of the window, there are buttons for 'Retrieve Last Charted Values', 'Insert Default Values', and 'Clear Unsaved Data', along with a status bar containing options like 'Mark Note As: Results pending', 'Priority', 'Incomplete', 'Calculate after save', 'Save', and 'Cancel'.

Order Name	Date	Disc/Stop Date	Status	Order Summary Line
Nutritional Services				
<input type="checkbox"/> Diet	14-Oct-2011		Active	Regular
Pharmacy				
<input type="checkbox"/> acetaminophen	14-Oct-2011	13-Oct-2012	Active	Known As TYLENOL
<input type="checkbox"/> ceftriaxone ADULT IVPB	14-Oct-2011	13-Oct-2012	Active	ROCEPHIN adult IVPB
<input type="checkbox"/> lactated ringers	14-Oct-2011	13-Oct-2012	Active	Dose: 1,000 milliliter(s) Intravenous
<input type="checkbox"/> metoprolol	14-Oct-2011	13-Oct-2012	Active	Ordered as LOPRESSOR
<input type="checkbox"/> ramipril	14-Oct-2011	13-Oct-2012	Active	Known As ALTACE
<input type="checkbox"/> carvedilol CR	14-Oct-2011	13-Oct-2012	Active	Known As COREG CR
<input type="checkbox"/> warfarin sodium	14-Oct-2011	13-Oct-2012	Active	*HIGH ALERT*
Respiratory Services				
<input type="checkbox"/> CPAP/BIPAP	14-Oct-2011		Active	Inspiratory: 0, Expiratory: 4

Admission Medication Reconciliation (cont'd)

- Select Admission-
 - New
 - Outstanding.
- Select Care Provider and source

The screenshot shows a software interface for medication reconciliation. At the top, a light blue box contains the text 'Orm. Training' and '6400-6413-B'. Below this is a navigation bar with two buttons: 'Reconcile Orders' and 'View/Maintain History'. Underneath the navigation bar, there is a section titled 'Select a reconciliation to perform:' in blue text. This section contains three light blue boxes, each representing a different reconciliation type: 'Admission', 'Transfer', and 'Discharge'. Each box contains a link (underlined) and a brief instruction on how to proceed with that reconciliation.

Orm. Training
6400-6413-B

Reconcile Orders View/Maintain History

Select a reconciliation to perform:

Admission
Admission (Outstanding) 01-23-2014
Select the above link to start this reconciliation.
To mark this reconciliation as not done, go to View/Maintain History tab.

Transfer
Transfer(New)
Select the above link to perform the transfer reconciliation.

Discharge
Discharge(New)
Select the above link to perform the discharge reconciliation.

Admission Medication Reconciliation (cont'd)

- Home Medications are listed in the left column
- Active orders are in the right column

The screenshot displays a medication reconciliation interface. At the top, there are tabs for 'Reconcile Orders' and 'View/Maintain History'. Below the tabs is a toolbar with various icons and labels: Group/Sort By, Format/Layout, Reconciliation/Details, Enter Order, Order Entry/Session Type, Order Entry/Requested By, Enter Home Medications, Outpatient Medication Review, InfoButton, Mark All Remaining Reviewed/Not Ordered, Clinical Reconciliation, and More Actions.

Below the toolbar, a status line reads: 'Reconciliation Type: Admission requested on behalf of Evans, Dan H; New orders will be in session type of Standard'.

The main area is divided into two columns: 'HOME MEDICATIONS (0 of 7 reconciled)' on the left and 'CURRENT MEDICATIONS' on the right. The Home Medications column lists several categories with their respective medications and last dose taken dates:

- analgesics (central nervous system agents) (0/1 reconciled)**
 - Norco 325 mg-5 mg oral tablet - 1 tab(s) orally every 6 hours, As Needed- PRN (PRN) aches and pain. Last Dose Taken: 02-23-2014 4:00 PM.
- antidiabetic agents (metabolic agents) (0/1 reconciled)**
 - Lantus 100 units/mL subcutaneous solution - 6 unit(s) subcutaneous once a day (at bedtime). Last Dose Taken: 02-23-2014 10:00 PM.
- antiplatelet agents (coagulation modifiers) (0/1 reconciled)**
 - Plavix - orally. Last Dose Taken: 02-23-2014 11:00 AM. Needs follow up.
- beta-adrenergic blocking agents (cardiovascular agents) (0/1 reconciled)**
 - Lopressor 50 mg oral tablet - 1 tab(s) orally once a day. Last Dose Taken: 02-23-2014 11:00 AM.
- otic preparations (topical agents) (0/1 reconciled)**
 - Cipro HC 0.2%-1% otic suspension - 3 drop(s) to each right ear 2 times a day. Last Dose Taken: 02-23-2014 5:00 AM.
- proton pump inhibitors (gastrointestinal agents) (0/1 reconciled)**
 - Prilosec 20 mg oral delayed release capsule - 1 cap(s) orally once a day. Last Dose Taken: 02-23-2014 2:00 PM.

The Current Medications column shows a single entry: 'metoprolol - Dose: 25 milligram(s) By Mouth two times a day. Ordered as LOPRESSOR. Active'.

Completing an Admission Med Rec

1. Select Auto-Reconcile



1. this will match Home Medications and current active orders that are in the same therapeutic category
2. If there is a match, notice green check mark-the inpatient order will continue.
 1. Question mark means that this is not an exact match

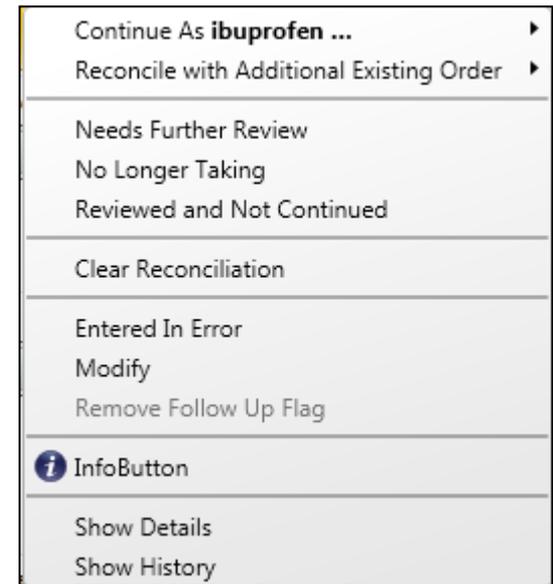
beta-adrenergic blocking agents (cardiovascular agents) (1/1 reconciled)	
Lopressor 50 mg oral tablet - 1 tab(s) orally once a day Last Dose Taken: 02-23-2014 11:00 AM	 metoprolol - Dose: 25 milligram(s) By Mouth two times a day Ordered as LOPRESSOR
Comment: Lopressor 50 mg oral tablet provisionally auto reconciled with the existing inpatient order metoprolol	

3. Review these medications with provider

Completing an Admission Med Rec

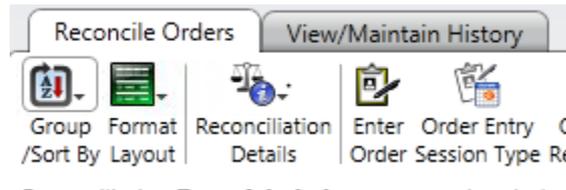
1. Right click on Medication:

1. If home medication is to be continued, select Continue or Continue As
2. If home medication has an alternative medication per hospital policy-select Continue then select Alternative and appropriate medication/dose
3. If home medication is order set only, (i.e. insulin) select order set
4. Needs Further Review-medication is not a complete order and physician does not know correct dosage, frequency, etc, -this will create an order for Nursing to clarify
5. All medications that are not to be continued, can be completed at the end by selecting Mark all Remaining Reviewed and Not Continued.(one click).



Admission Medication Reconciliation(cont)

1. Enter new additional orders through Order Entry Icon



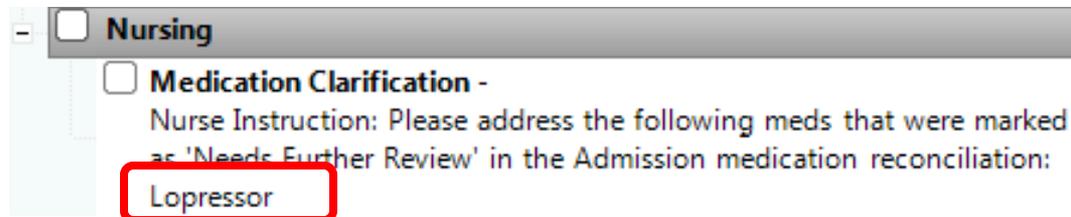
2. Save as
 1. Complete: if all medications are addressed
 2. Incomplete: if only addressing medications that are needed



3. Orders are **immediately** on Orders tab as Ready for verification

Clarification of Medication after completion of Admission Med Rec

1. When a medication is marked as Needs Further Review in the Admission Medication Reconciliation, a new nursing order is created that creates a task on the nursing worklist-Name of medication



2. Obtain clarification of medication
3. Correct OMR
4. Open Call page note
 1. Open Order entry browse
 2. Notify physician-obtain telephone order
 3. Enter order
 4. Obtain read back
 5. Complete call page note.

Reconciliation – Postop

- New document for the Post op Reconciliation.
- Includes the 7 elements.
- Most will prefill from the SIS documentation.
- The last 3 items will need to be free text(may use acronym expansion).
- Then launch Orders Reconciliation.
- Select Transfer-



Reconcile Orders View/Maintain History

Select a reconciliation to perform:

Admission
[Admission\(New\)](#)
Select the above link to perform the

Transfer
[Transfer\(New\)](#)
Postop/Transfer
[Transfer to SNU/Rehab/Psych](#)
Select the type of transfer reconciliat

Discharge
[Discharge\(New\)](#)
Select the above link to perform the

Operative Information from SIS

Preop Diagnosis

Postop Diagnosis

Procedure Name

Surgeon's Name

Anesthesia Type

EBL

Specimens Removed

Operative Information from Surgeon

Findings

Status

Order Reconciliation

Launch: Order Reconciliation

- Functionality is the same for both types of transfer-names are the only difference

- No faxing Postop transfer med rec.

Reconciliation – Postop(cont)

1. Click on Multi Order Reconciliation Icon

2. Select “Discontinue/Cancel”

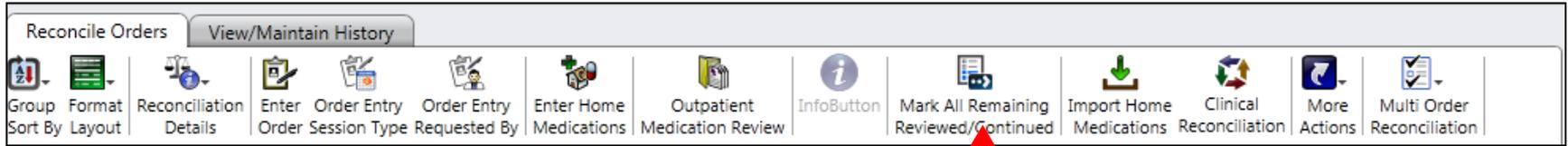
3. Current Orders will display in the DC/Cancel Box

4. Select the orders that are to be discontinued upon transfer

5. Select “Ok” at the bottom

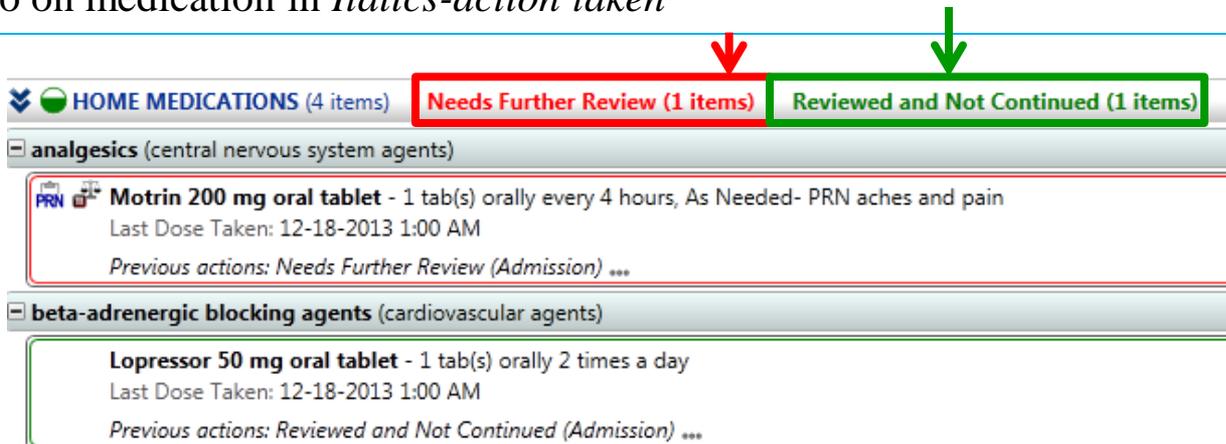
Pharmacy	Date	Status	Stop	
<input type="checkbox"/> multivitamin prenatal - Known As NATALCARE PLUS Dose: 1 tablet(s) By Mouth daily	30-May-2011	Routine	Active	29-May-2012
<input type="checkbox"/> Medication Override - MIDAZOLAM 1MG/ML 2ML VIAL Qty Removed: 1 each Route - Dose Given <see task>	30-May-2011	Routine	Active	
<input type="checkbox"/> bisacodyl supp - Known As DULCOLAX supp Dose: 10 milligram(s) Per Rectum daily PRN for Gas	30-May-2011	Routine	Active	28-May-2012
<input type="checkbox"/> R ketorolac INJ - Known As TORADOL INJ Dose: 30 milligram(s) Intravenous Push every 6 hours PRN for breakthrough pain Stop After: 8 Times	29-May-2011	Routine	Active	03-Jun-2011
<input type="checkbox"/> naloxone INJ - Known As NARCAN INJ	29-May-2011	Routine	Active	28-May-2012

Reconciliation – Post Op (cont)



Continue the rest of orders by selecting
“Mark All Reviewed/Continued”

- Home Medication list at bottom of page
- New- Notification of action taken on home medication during the Admission Medication Reconciliation
 - Needs Further Review-red-also box highlighted
 - Reviewed and Not Continued-green-also box highlighted
 - Also on medication in *Italics-action taken*



Transfer from Acute to SNU/Rehab/Psych

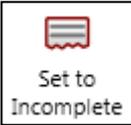
Transfer from Acute to SNU/Rehab/Psych Process

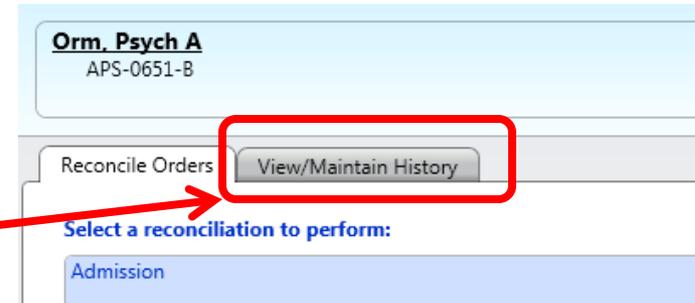
- ❑ LIP will complete the Transfer to SNU/Rehab/Acute document and launch Order Reconciliation Manager. The transfer orders are now Active in the current location and the medications are released to pharmacy)
 - Education for physicians:
 - include immediate processing of orders
 - If only numbered amount of doses required, enter Stop date.
 - Pharmacy will schedule medications appropriately for medications with specific days/doses ordered. For example: Ancef X 4 doses, Tapering prednisone, etc.
- ❑ Nurse/Unit Secretary will print out the BH Transfer SNU/Rehab/Acute Report and the BH Medication reconciliation – Postop/Transfer/SNU/Rehab Report
- ❑ Patient is transferred to SNU/Rehab/Psych
- ❑ Nurse/Unit Secretary will process all non-medication orders and will fax the Medication orders to pharmacy
- ❑ Pharmacy profiles/verifies medications.

Transfer

- Emergent transfer will continue on paper-continue to fax to pharmacy
- Transfer between acute floors 
 - Click on ORM icon in toolbar
 - Select Transfer
 - Address medications appropriately
 - Save as Complete
 - Orders are immediately Ready for verification by pharmacy

Resetting Completed Reconciliation

- Launch ORM(Orders Reconciliation Manager)
 - By opening appropriate document
 - ORM icon 
- Select View/Maintain History tab
- Select Appropriate reconciliation
- Select
 - Set to Incomplete 
 - Need to add further medication
 - Entered in Error 
 - Reconciliation is completed on wrong patient
 - Must also go to Orders tab to discontinue/cancel orders

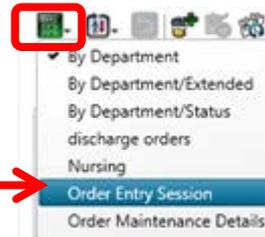


The screenshot shows the 'View/Maintain History' tab selected. Below the tabs is a toolbar with various icons and labels: 'Show Reconciliation Document', 'Show History', 'Set to Pending', 'Set to Incomplete', 'Mark as Not Done', 'Entered in Error', 'Link Selected', and 'Unlink'. Below the toolbar is a table with two main sections: 'EVENT' and 'RECONCILIATION'. The 'EVENT' section has columns for 'Event Type', 'Requested When', and 'Status'. The 'RECONCILIATION' section has columns for 'Reconciliation Ty...' and 'Entered By'. A red arrow points from the 'Set to Incomplete' icon in the list to the 'Admission' row in the table.

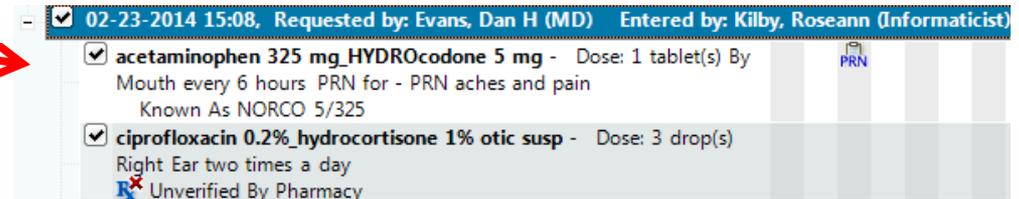
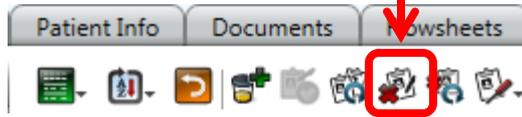
EVENT			RECONCILIATION	
Event Type	Requested When	Status	Reconciliation Ty...	Entered By
Admission	26-Dec-2013 10:16	Complete	Admission	Kilby, Roseann

Discontinue/Cancel Orders

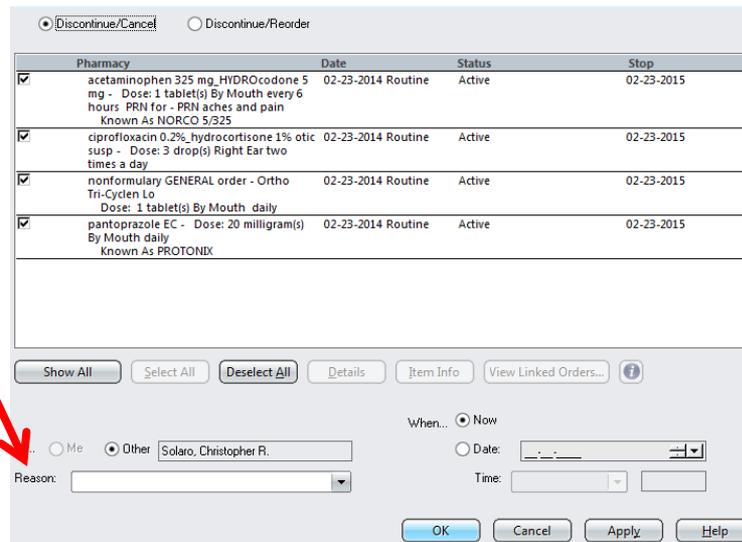
- On the orders tab
 - Click on Display format
 - Select Order Entry Session
- Select your session-this will select all orders in that entry session



- Select Discontinue/Cancel



- Enter Reason
- Select OK



Discharge Order Reconciliation

Reconcile Orders View/Maintain History

Select a reconciliation to perform:

Admission

[Admission\(New\)](#)
Select the above link to perform the admission reconciliation.

Transfer

[Transfer \(Complete\) 11-Oct-2011; modified by: SCM, RN GENERAL](#)
To perform functions such as viewing details, canceling, or resetting this reconciliation, go to View/Maintain History tab.

[Transfer\(New\)](#)
Select the above link to perform the transfer reconciliation.

Discharge

[Discharge\(New\)](#)
Select the above link to perform the discharge reconciliation.

Click Discharge (New) to open Discharge Order Reconciliation

Discharge Order Reconciliation (cont)

- Discharge Order Reconciliation displays home meds and inpatient meds *all in one list*.
- Each medication will be identified as one of the following types: **Home** or **Inpatient**.
- Format Display
 - Expand Medications
 - Combine Medications-previous version

Reconcile Orders | View/Maintain History

Group/Sort By Layout | Format Layout | Reconciliation Types | Enter Discharge Order Requested By | Order Entry Medications | Enter Home Prescriptions | Outpatient Medication Review | Mark All Remaining Reviewed/DISCONTINUED Actions | More

Reconciliation Type: Discharge by SCM, MD; New orders will be in session type of Discharge Order Reconciliation

ITEMS TO RECONCILE (0 of 13 reconciled) | HOME MEDICATIONS AT DISCHARGE

analgesics (central nervous system agents) (0/1 reconciled)

acetaminophen 325 mg_HYDROcodone 5 mg - Dose: 2 tablet(s) By Mouth once
Known As NORCO 5/325 *MODERATE ...

anticonvulsants (central nervous system agents) (0/1 reconciled)

LORazepam - Dose: 2 milligram(s) By Mouth once
Known As ATIVAN

antidepressants (psychotherapeutic agents) (0/1 reconciled)

Paxil - 35 tab(s) orally once a day Home

Options:



Continue as



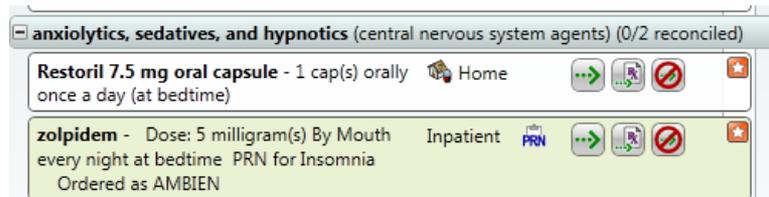
Create New RX-only providers



Mark as not required

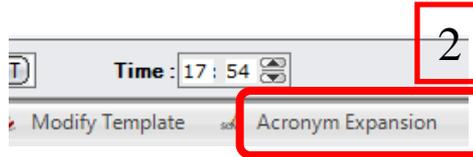
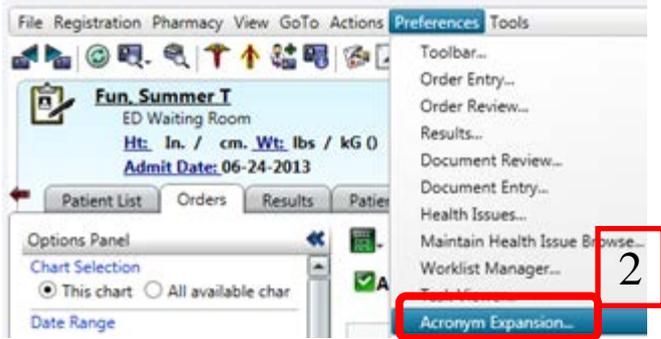
Discharge Order Reconciliation (cont)

- Select medications to continue
 - Green arrow-prefills all fields
 - Orange arrow-on inpatient order that require further information-not a complete match
 - Home medication and Inpatient meds are listed together
 - Easier to see dose/frequency changes
 - Easier to send patient home on correct medication

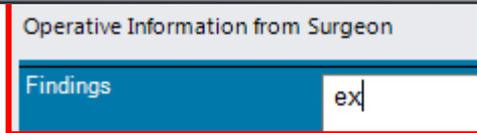
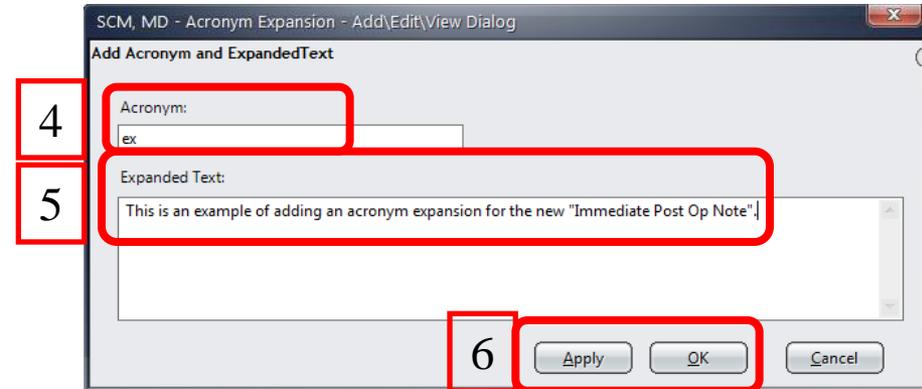
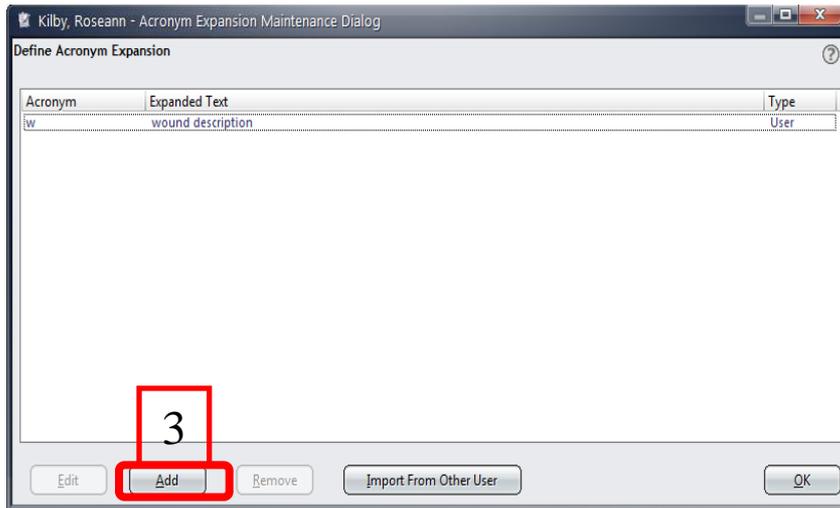


- Mark remaining medications as not required by selecting Mark All Remaining Reviewed/DISCONTINUED
- Save as Complete-When provider selects Complete, the new prescriptions then appear and they select to print.

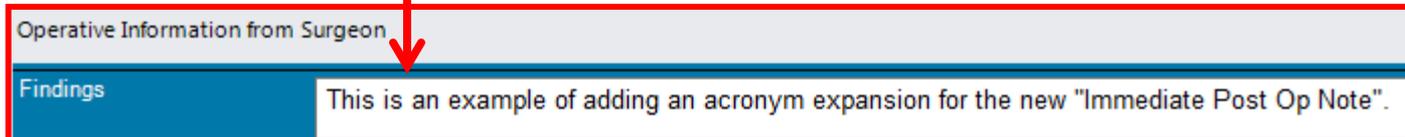
Acronym Expansion



1. Select Preference on toolbar or open document
2. Click on Acronym Expansion
3. Select Add
4. Enter name for Acronym
5. Type in the text for acronym.
6. Apply
7. OK



1. Type acronym
2. Space Bar
3. Expanded Text appears



Home Medication Summary

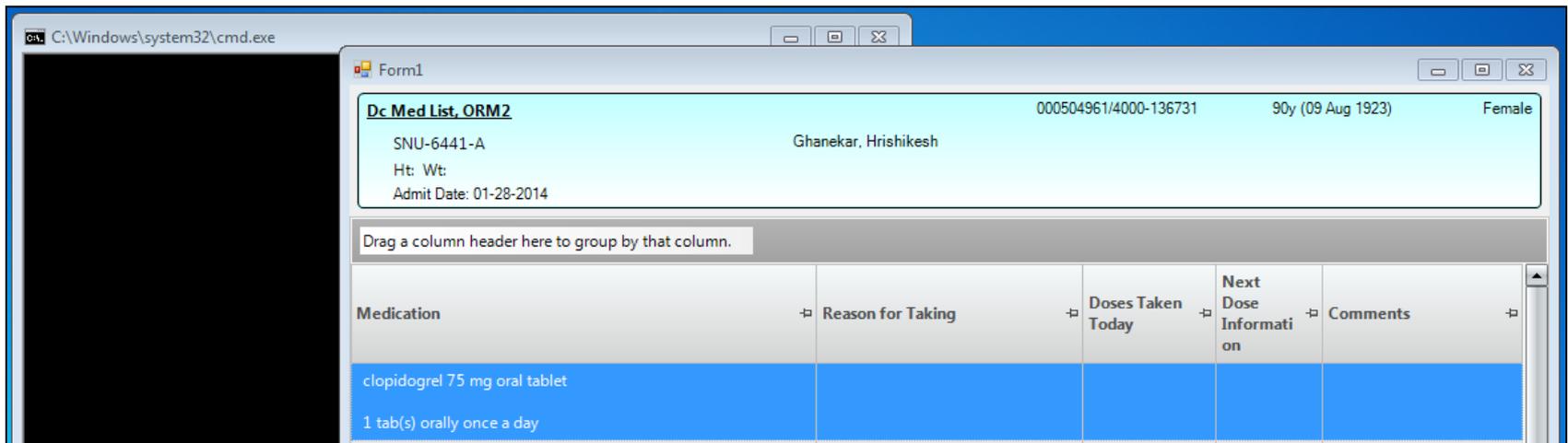
Home Medication Summary and App

- The Home Medication Summary structured note that is opened ONLY to access the Home Medication Summary app. NO documentation or editing can occur in the document itself.
- The Home Medication Summary app has been automated (with a few safety exceptions) to display:
 - Medication Info Button
 - Continued home medications
 - New home medications
 - Stopped home medications
 - Reason for taking (when the nurse documented on the home medication Internal Memo field)
 - Also Known As information for the medication (when supplied by the Multum database)
 - Comments entered by the nurse entering the home medication or physician entering a script.
 - Medication-specific comments supplied by the Multum database
 - The last dose taken at the hospital (see quick tips handout)
 - The next dose scheduled at home (see quick tips handout)

Home Medication Summary

Home Medication Summary App Use

- ❑ The document/app should not be started prior to the discharge orders reconciliation and medication passes being completed for the patient.
 - ❑ If the reconciliation is not complete, the app will be blank.
 - ❑ If the MAR is not up-to-date, the automating dosing information will not be accurate or safe.
- ❑ When the document is opened, you will see two windows:



Home Medication Summary

Home Medication Summary App Use (cont)

- Columns may be moved by drag and drop:

Medication	Reason for Taking	Doses Taken Today	Next Dose Information	Comments
------------	-------------------	-------------------	-----------------------	----------

Medication	Doses Taken Today	Next Dose Information	Comments	Reason for Taking
------------	-------------------	-----------------------	----------	-------------------

- The sort may be adjusted by dragging columns into this area:

- In this example, the Doses Taken Column sort allows the user to quickly view all medications that require nursing eMAR review

Dr. Med List, ORM2
SNU-6441-A
Ht: Wt:
Admit Date: 01-28-2014

Drag a column header here to group by that column

Medication

cyclobenzaprine 10 mg oral tablet

1 tab(s) orally every 6 hours, As Needed, muscle spasms , As needed, muscle spasms

Doses Taken Today ▲

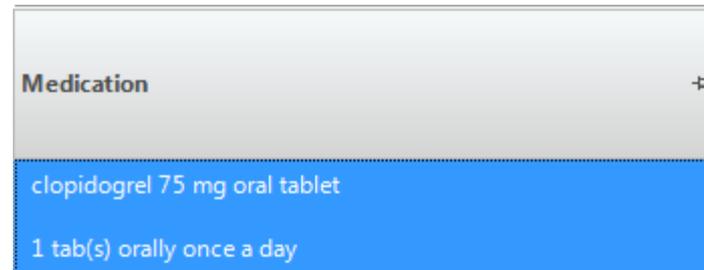
- + Doses Taken Today : (14 items)
- + Doses Taken Today : 1 of 1 (1 item)
- + Doses Taken Today : 1 of 2 (1 item)

Medication	Reason for Taking	Next Dose Information	Comments
Excedrin Migraine Geltab 250 mg-250 mg-65 mg oral tablet 1 tab(s) orally every 6 hours			This product contains acetaminophen. Do not use with any other product containing acetaminophen to prevent possible liver damage.
Fish Oil Ultra 1 cap(s) orally once a day	dry eyes		

Home Medication Summary

Home Medication Summary App Use (cont)

- ❑ Documenting Columns (Medication)
 - ❑ The medication column information is directly from the discharge orders reconciliation and may not be edited.



Home Medication Summary

Home Medication Summary App Use (cont)

- Documenting Columns (Reason for Taking)
 - The Reason for Taking column is populated when the nurse documents the reason in the internal memo section in the OMR

 - Edit as needed

Medication	Reason for Taking
Fish Oil Ultra 1 cap(s) orally once a day	dry eyes

Home Medication Summary

Home Medication Summary App Use (cont)

❑ Documenting Columns (Doses Taken & Next Dose Information)

❑ When safe, the Doses Taken Today has been automated to display the number of doses scheduled and the number of doses taken for the calendar day (see quick tips handout).

❑ When safe, the Next Dose Information has been automated to display the next scheduled dose time from the eMAR in terminology that allows the patient to adapt the hospital schedule to their home schedule.

Doses Taken Today	Next Dose Information
0 of 1	Bedtime

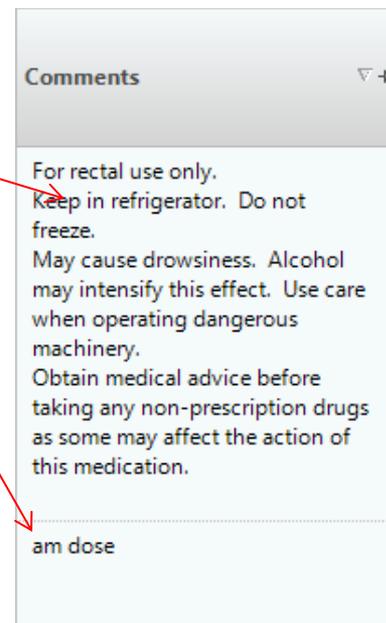
Date	Time Frame	Display Name
Today	0001 - 0400	No automation
Today	0401 - 1100	Morning
Today	1101 - 1600	Midday
Today	1601 - 2000	Evening
Today	2001 - 2400	Bedtime
Tomorrow	Any time	Tomorrow

❑ The nurse completing the Home Medication Summary will complete the blank fields for each medication.

Home Medication Summary

Home Medication Summary App Use (cont)

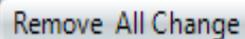
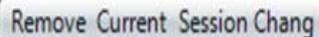
- ❑ Documenting Columns (Comments)
 - ❑ Medication-specific comments supplied by the Multum database
 - ❑ Comments entered by the nurse entering the home medication or physician entering a script.
 - ❑ The nurse completing the Home Medication Summary may add comments as needed for each medication.



Home Medication Summary

Home Medication Summary Use (cont)

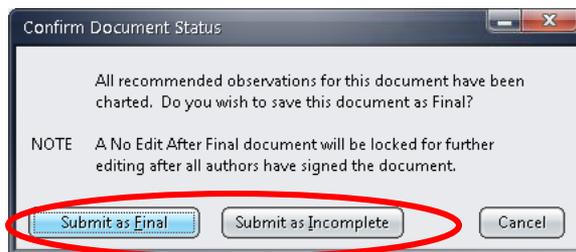
- ❑ Resetting documentation in the app.
 - ❑ Documentation can be reverted back to either the default automation or the last saved information.
 - ❑ To reset the documentation to the default automation, select the Remove All Changes button.
 - ❑ To reset the documentation to what it was when the app was last saved, select the Remove Current Session Changes button.

A rectangular button with rounded corners and a thin border, containing the text "Remove All Change" in a sans-serif font.A rectangular button with rounded corners and a thin border, containing the text "Remove Current Session Change" in a sans-serif font.

Home Medication Summary

Home Medication Summary Use (cont)

- ❑ Closing and saving the Home Medication Summary.
 - ❑ The Save button on the app must be used to save information to the document, documents tab and patient medication list.
 - ❑ To save your information:
 - ❑ Save the app 
 - ❑ If desired, preview the document 
 - ❑ Save the document 
 - ❑ If documentation is complete, select Submit as Final. Note: The patients med list will not print until the document is saved as Final.



Home Medication Summary

Home Medication Summary Use (cont)

- Finalizing an incomplete Home Medication Summary document.
 - Right-click modify the document on the documents tab.
 - The app will open.
 - If changes have been made to the discharge orders reconciliation, the new and modified items will be highlighted in yellow.
 - Complete documentation.
 - Save the app.
 - Save the document.
 - Submit as Final. Note: The patients med list will not print until the document is saved as Final.

Home Medication Summary

Home Medication Summary Use (cont)

- Modifying a Home Medication Summary document after being submitted as final.
 - Right-click cancel the document on the documents tab.
 - Open a new Home Medication Summary document.
 - The app will open.
 - If changes have been made to the discharge orders reconciliation, the new and modified items will be highlighted in yellow.
 - Complete documentation.
 - Save the app.
 - Save the document.
 - Submit as Final. Note: The patients med list will not print until the document is saved as Final.

Home Medication Summary

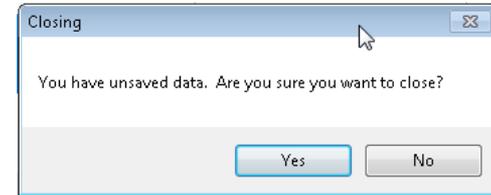
Home Medication Summary Use (cont)

- Correcting a Home Medication Summary document after being submitted in error.
 - Right-click cancel the document on the documents tab.
 - Open a new Home Medication Summary document.
 - The app will open.
 - Select the Remove All Changes button.
 - Save the app.
 - Save the document.
 - Submit as Incomplete.
 - When it is time to complete the documentation for the patient, follow the finalizing an incomplete document process.

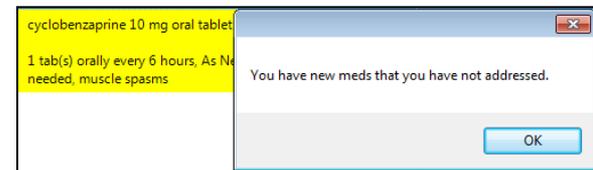
Home Medication Summary

Home Medication Summary App Warnings

- When trying to close the app with unsaved data.
 - The documents tab will not update if you have not saved the app data into the document.
 - To save your information:
 - Select No
 - Save the app
 - Save the document



- You have new meds that need to be addressed:
 - Someone has added or changed a medication since the app was last opened for the patient.
 - To save your information:
 - Select OK
 - Click on & modify each highlighted medication
 - Save the app
 - Save the document



PLEASE

LOG

OFF