

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: [v]
Status: Active	Last Dose Taken Date/Time: 01-02-2014
Refills: None Qty: 0	Follow up Reason/Comment: [v]
Entry Type: Hx	
Ref#: 1487409	

Motrin 200mg	
1 tab(s) orally every 4...	Info Source: [v]
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:

☐ Medication ☐ Last Dose Taken ☐ Instructions

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

☐ Meds From Other Source ☐ Patient/guardian verbal ☐ Patient written list ☐ Family ☐ Pharmacy ☐ Home Care Agency ☐ Nursing home ☐ Hospice Agency ☐ Dialysis

☒ I have obtained verification of home medications by: ☐ Two or more sources ☐ One source ☐ Unable to obtain

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

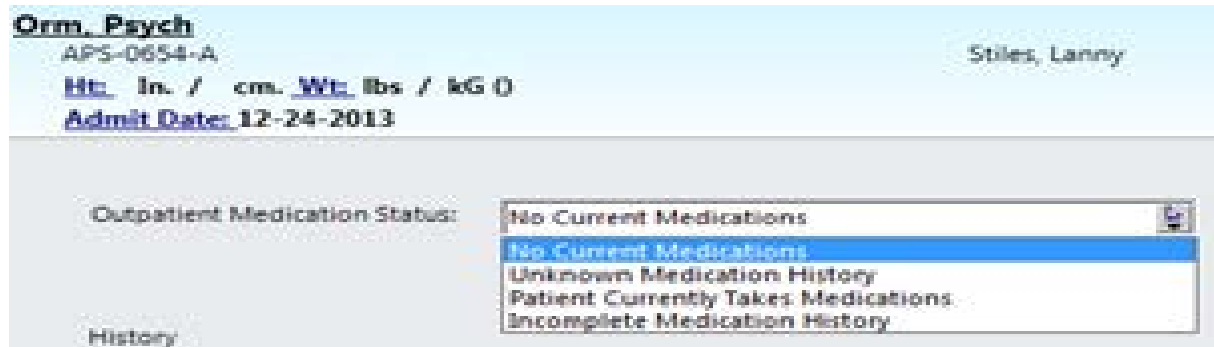
- No Home medications- Nurse must enter the OMR and change the medication status to No Current Medications
 - Click on Not yet specified



A screenshot of a software interface showing a toolbar with various icons (plus, minus, refresh, list, arrows, printer, person, caduceus, undo, redo, trash, clipboard, and a document with a plus) and a status bar below it. The status bar contains the following text:

Home Medications Review Status for Reconciliation: [Not Done](#) Med Status: [<Not yet specified>](#)
Discharge Reconciliation Status: [Not Done](#) Preferred Pharmacy: [<None>](#)

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



A screenshot of a patient record form. The patient's name is Orm, Psych and the ID is APS-0654-A. The provider is Stiles, Larry. The form includes fields for Ht., In., cm., Wt., lbs., kg, and Admit Date: 12-24-2013. The Outpatient Medication Status: dropdown menu is open, showing the following options: No Current Medications (selected), No Current Medications, Unknown Medication History, Patient Currently Takes Medications, and Incomplete Medication History. The History tab is visible at the bottom.

- 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](#)

Dose ☐ Unknown Dosage Units Route Frequency ☐ PRN

Apply topically to affected area 4 times a day

- 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.

Medication	Route	Frequency
Levaquin	oral	25 mg/mL solution
Levaquin	intravenous	250 mg tablet
Levaquin	intravenous	500 mg tablet
Levaquin	intravenous	750 mg tablet
Levaquin	intravenous	other...

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

Medication	Route	Frequency
Motrin	oral	50 mg tablet, chewable
Motrin	oral	50 mg/1.25 mL suspension
Motrin	oral	1 tablet every 4 hours
Motrin	oral	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

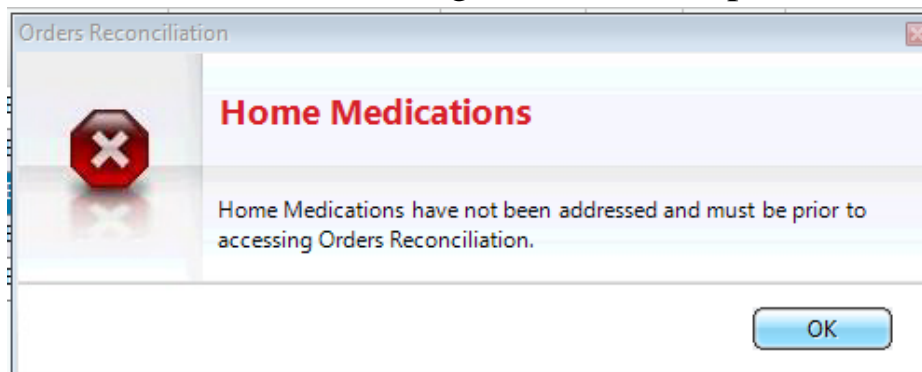
- **More timely medication to the patient**
- **Can not address admission medication history prior to nurse completing the home medication list(OMR)**
- **More accurate medication—less phone calls to clarify**
 - **No translation errors from pharmacy tech**
 - **Prompted for:**
 - **Site**
 - **Appropriate 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

Structured Notes Entry - Mop, Rag - Call/Page Contact Note

Create Preview

Sections

Document Info

Call/Page Contact Note

Call/Page Contact Note

Care Providers

Reason for Call

Lab Results

Critical Result

Orders Received

Order Reconciliation

Order Reconciliation

Orders

Copy Forward Refer to Note Preview Modify Template

Order Reconciliation

Launch: ☒ Order Reconciliation

Orders

☒ Show all available ☐ Show selected only 0/9

Chart Scope: This Chart

<input type="checkbox"/>	Order Name	Date	Disc/Stop Date	Status	Order Summary Line
<input checked="" type="checkbox"/>	Nutritional Services				
<input type="checkbox"/>	Diet	14-Oct-2011		Active	Regular
<input type="checkbox"/>	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*
<input type="checkbox"/>	Respiratory Services				
<input type="checkbox"/>	CPAP/BIPAP	14-Oct-2011		Active	Inspiratory: 0, Expiratory: 4

Retrieve Last Charted Values

Insert Default Values

Clear Unsaved Data

Need Help? Mark Note As: ☐ Results pending ☐ Priority ☐ Incomplete ☐ Calculate after save Save Cancel

Admission Medication Reconciliation (cont'd)

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

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


Reconcile Orders View/Maintain History

Group /Sort By Format Layout Reconciliation Details Enter Order Entry Order Entry Requested By Enter Home Medications Outpatient Medication Review InfoButton Mark All Remaining Reviewed/Not Ordered Clinical Reconciliation More Actions


Reconciliation Type: **Admission** requested on behalf of **Evans, Dan H**; New orders will be in session type of **Standard**

HOME MEDICATIONS (0 of 7 reconciled) **CURRENT MEDICATIONS**



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

metoprolol - Dose: 25 milligram(s) By Mouth two times a day **Active**
Ordered as LOPRESSOR

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


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

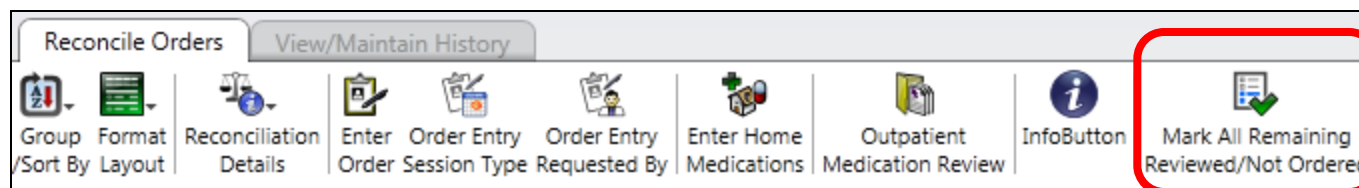
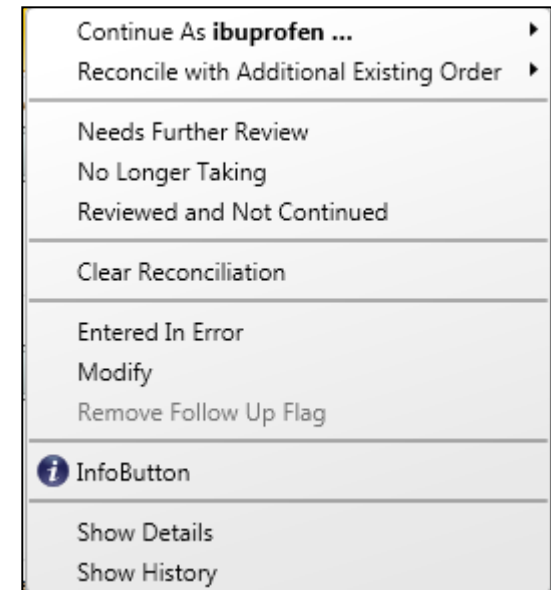
beta-adrenergic blocking agents (cardiovascular agents) (1/1 reconciled)			
Lopressor 50 mg oral tablet - 1 tab(s) orally once a day Last Dose Taken: 02-23-2014 11:00 AM		metoprolol - Dose: 25 milligram(s) By Mouth two times a day Ordered as LOPRESSOR	Active
Comment: Lopressor 50 mg oral tablet provisionally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

3. Review these medications with provider

Completing an Admission Med Rec

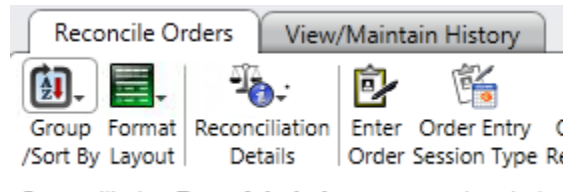
1. Right click on Medication:

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).

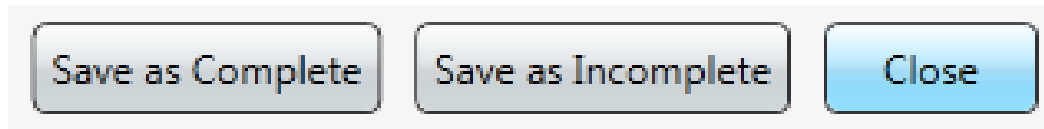


Admission Medication Reconciliation(cont)

1. Enter new additional orders through Order Entry Icon



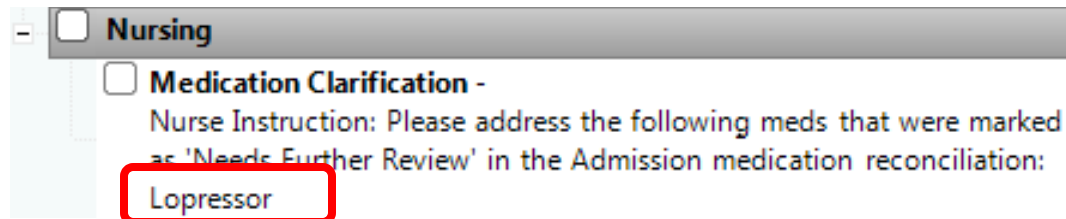
2. Save as
 1. Complete: if all medications are addressed
 2. Incomplete: if only addressing medications that are needed



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



The screenshot shows a software interface for a nursing worklist. At the top, there is a grey header bar with a minus sign icon and the word "Nursing". Below this, there is a task entry. The task has a checkbox icon and is titled "Medication Clarification -". Below the title, there is a text instruction: "Nurse Instruction: Please address the following meds that were marked as 'Needs Further Review' in the Admission medication reconciliation:". At the bottom of the task entry, the name "Lopressor" is listed and is highlighted with a red rectangular box.

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)

The screenshot shows a medical reconciliation software interface. At the top, there are tabs for 'Reconcile Orders' and 'View/Maintain History'. Below these are various icons for different functions like 'Group', 'Format', 'Reconciliation', etc. A list of 'ITEMS TO RECONCILE' is shown, including various medications like acetaminophen, bisacodyl, and calcium carbonate. A callout box points to the 'Multi Order Reconciliation' icon in the top toolbar.

1. Click on Multi Order Reconciliation Icon

2. Select “Discontinue/Cancel”

A dropdown menu is shown with options: 'Discontinue/Cancel...', 'Discontinue/Reorder...', 'Reorder...', 'Release...', and 'Suspend/Unsuspend...'. A callout box points to the 'Discontinue/Cancel' option.

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

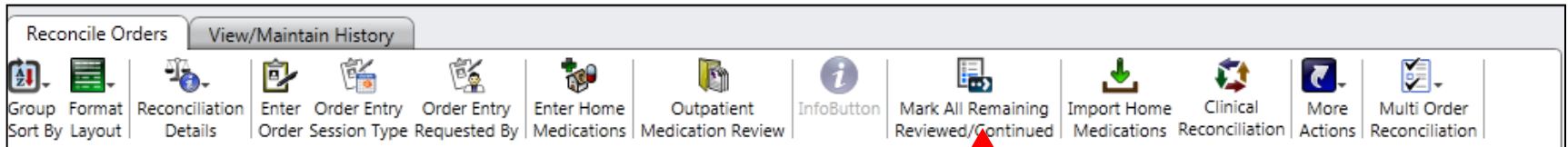
A secondary window titled 'Discontinue/Cancel' is shown. It contains a table of current orders with columns: Pharmacy, Date, Status, and Stop. The table lists several medications and their details.

Pharmacy	Date	Status	Stop
multivitamin prenatal - Known As NATALCARE PLUS	30-May-2011	Routine	Active
Medication Override - MIDAZOLAM 1MG/ML 2ML VIAL	30-May-2011	Routine	Active
bisacodyl supp - Known As DULCOLAX supp	30-May-2011	Routine	Active
ketorolac INJ - Known As TORADOL INJ	29-May-2011	Routine	Active
naloxone INJ - Known As NARCAN INJ	29-May-2011	Routine	Active

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

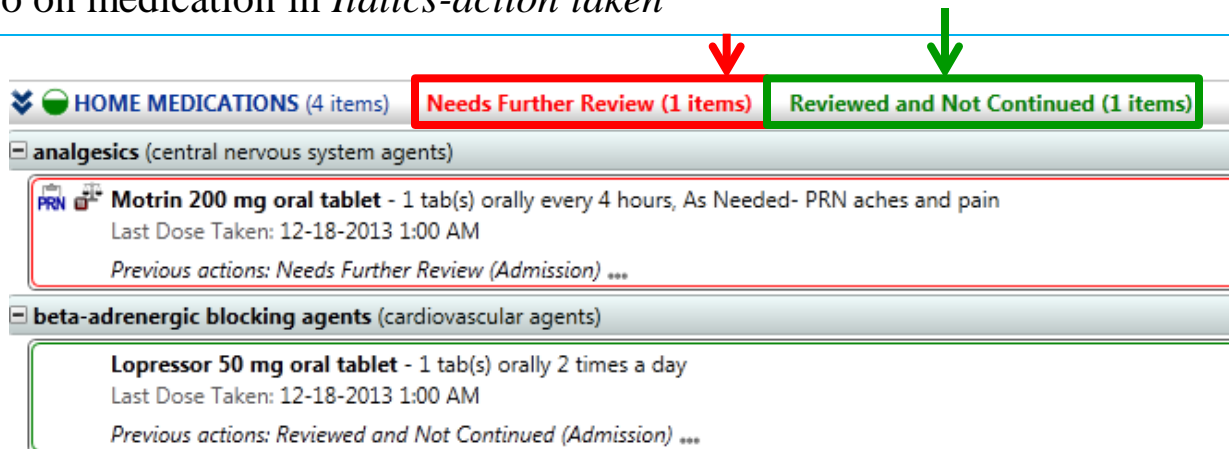
5. Select “Ok” at the bottom

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

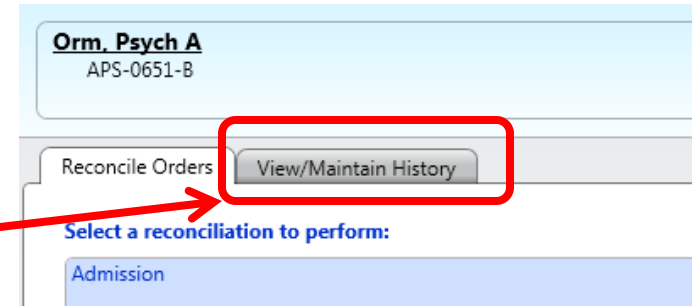
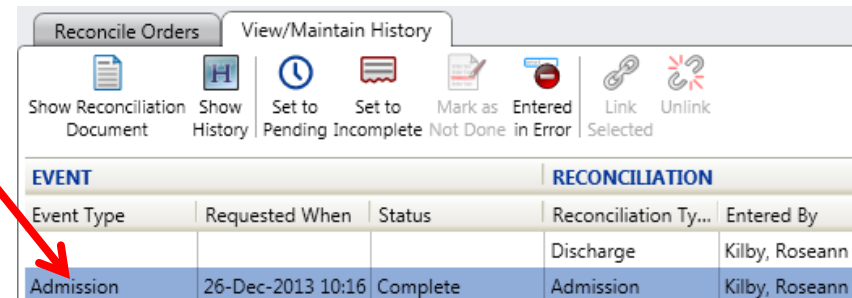
- ☐ LIP will complete the Transfer to SNU/Rehab/Acute document and launch Order Reconciliation Manager. The transfer orders are now Active in the current location and the medications are released to pharmacy)
 - Education for physicians:
 - include immediate processing of orders
 - If only numbered amount 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

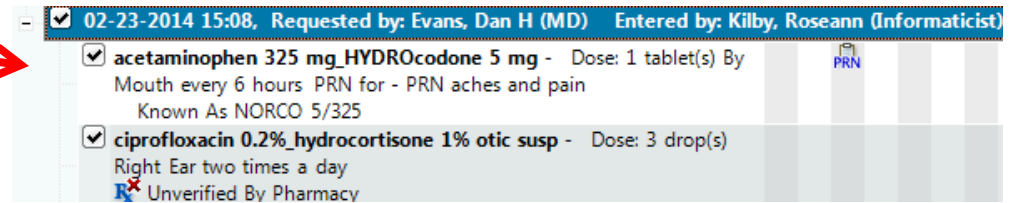
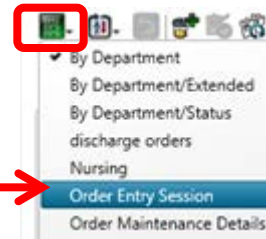
- Launch ORM(Orders Reconciliation Manager)
 - By opening appropriate document
 - ORM icon 
- Select View/Maintain History tab
- Select Appropriate reconciliation
- Select
 - Set to Incomplete 
 - Need to add further medication
 - Entered in Error 
 - Reconciliation is completed on wrong patient
 - Must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

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

A screenshot of the 'Discontinue/Cancel' dialog box. The dialog has two tabs: 'Discontinue/Cancel' (selected) and 'Discontinue/Reorder'. It contains a table of orders to be discontinued, with columns for Pharmacy, Date, Status, and Stop. Below the table are buttons for 'Show All', 'Select All', 'Deselect All', 'Details', 'Item Info', and 'View Linked Orders...'. At the bottom, there is a 'Reason' field with a dropdown menu, a 'When...' section with radio buttons for 'Now' (selected) and 'Date', and a 'Time' field. The 'OK' button is highlighted with a red box. A red arrow points from the 'OK' button to the next step in the process.

Pharmacy	Date	Status	Stop
acetaminophen 325 mg_HYDROcodone 5 mg - Dose: 1 tablet(s) By Mouth every 6 hours PRN for - PRN aches and pain Known As NORCO 5/325	02-23-2014 Routine	Active	02-23-2015
ciprofloxacin 0.2%_hydrocortisone 1% otic susp - Dose: 3 drop(s) Right Ear two times a day	02-23-2014 Routine	Active	02-23-2015
nonformulary GENERAL order - Ortho Tri-Cyclen Lo - Dose: 1 tablet(s) By Mouth daily	02-23-2014 Routine	Active	02-23-2015
pantoprazole EC - Dose: 20 milligram(s) By Mouth daily Known As PROTONIX	02-23-2014 Routine	Active	02-23-2015

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

The screenshot shows the 'Reconcile Orders' interface. At the top, there are tabs for 'Reconcile Orders' and 'View/Maintain History'. Below these are various icons and labels for actions: Group/Sort By Layout, Format, Reconciliation Types, Enter Discharge Order Requested By, Order Entry, Enter Home Medications Prescriptions, Enter Medication Review, Outpatient, Mark All Remaining Reviewed/DISCONTINUED, and More Actions.

Below the icons, it states: 'Reconciliation Type: Discharge by SCM, MD; New orders will be in session type of Discharge Order Reconciliation'.

The main section is titled 'ITEMS TO RECONCILE (0 of 13 reconciled)' and has a sub-header 'HOME MEDICATIONS AT DISCHARGE'. It lists three categories of medications:

- 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. Status: Inpatient. Action icons: Continue as, Create New RX-only providers, Mark as not required.
- anticonvulsants (central nervous system agents) (0/1 reconciled)**
 - LORazepam** - Dose: 2 milligram(s) By Mouth once. Known As ATIVAN. Status: Inpatient. Action icons: Continue as, Create New RX-only providers, Mark as not required.
- antidepressants (psychotherapeutic agents) (0/1 reconciled)**
 - Paxil** - 35 tab(s) orally once a day. Status: Home. Action icons: Continue as, Create New RX-only providers, Mark as not required.

Options:



Continue as



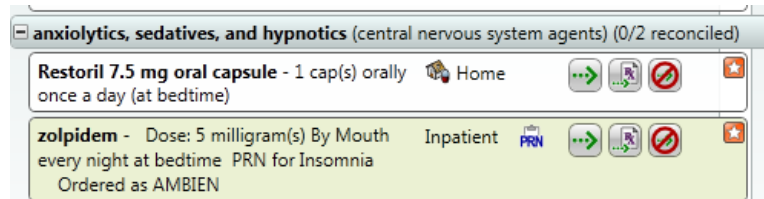
Create New RX-only providers



Mark as not required

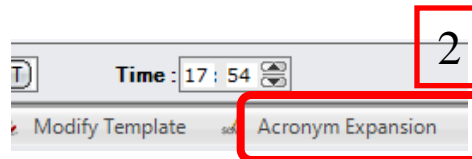
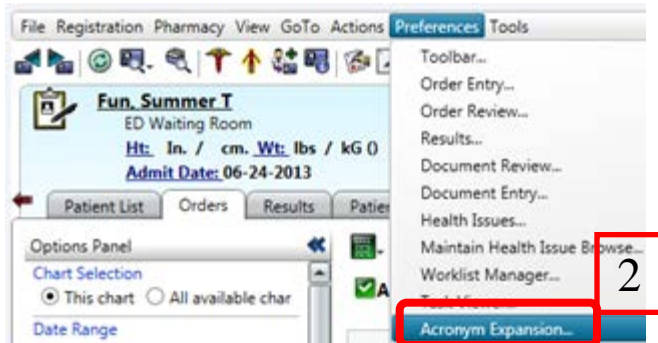
Discharge Order Reconciliation (cont)

- 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

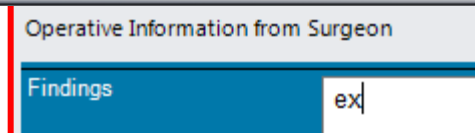
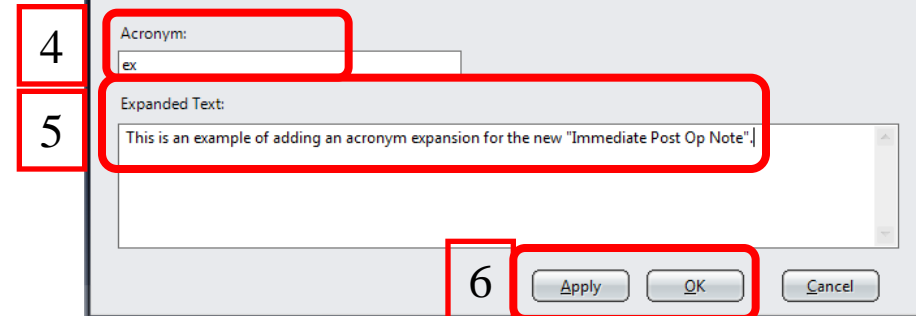
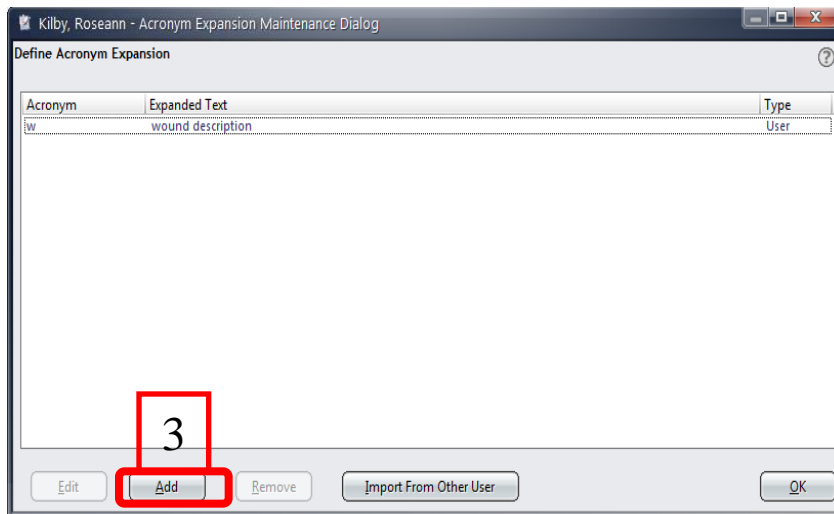


- Mark remaining medications as not required by selecting Mark All Remaining Reviewed/DISCONTINUED
- Save as Complete-When provider selects Complete, the new prescriptions then appear and they select to print.

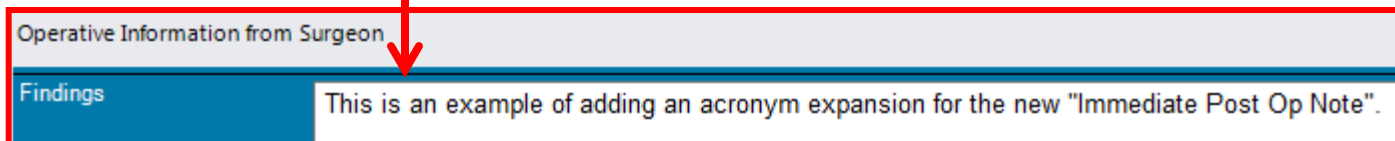
Acronym Expansion



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:

The screenshot displays a Windows command prompt window titled 'C:\Windows\system32\cmd.exe' on the left. On the right, a window titled 'Form1' shows the application interface. At the top of 'Form1', there is a header bar with the text 'Dc Med List, ORM2' on the left, and patient information on the right: '000504961/4000-136731', '90y (09 Aug 1923)', and 'Female'. Below this header, the patient's name 'Ghanekar, Hrishikesh' and other details 'SNU-6441-A', 'Ht: Wt:', and 'Admit Date: 01-28-2014' are listed. A grey bar below the header contains the text 'Drag a column header here to group by that column.' Below this is a table with five columns: 'Medication', 'Reason for Taking', 'Doses Taken Today', 'Next Dose Information', and 'Comments'. The first row of the table is highlighted in blue and contains the following text: 'clopidogrel 75 mg oral tablet', '1 tab(s) orally once a day', and empty cells for the other three columns.

Medication	Reason for Taking	Doses Taken Today	Next Dose Information	Comments
clopidogrel 75 mg oral tablet				
1 tab(s) orally once a day				

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
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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)

Doses Taken Today			
Doses Taken Today : (14 items)			
Medication	Reason for Taking	Next Dose Information	Comments
Excedrin Migraine Gelfab 250 mg-250 mg-65 mg oral tablet			This product contains acetaminophen. Do not use with any other product containing acetaminophen to prevent possible liver damage.
1 tab(s) orally every 6 hours			
Fish Oil Ultra	dry eyes		
1 cap(s) orally once a day			

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.

Medication
clopidogrel 75 mg oral tablet
1 tab(s) orally once a day

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.

Comments ▾ ➕

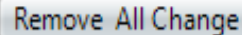
For rectal use only.
Keep in refrigerator. Do not freeze.
May cause drowsiness. Alcohol may intensify this effect. Use care when operating dangerous machinery.
Obtain medical advice before taking any non-prescription drugs as some may affect the action of this medication.

am dose

Home Medication Summary




Home Medication Summary Use (cont)

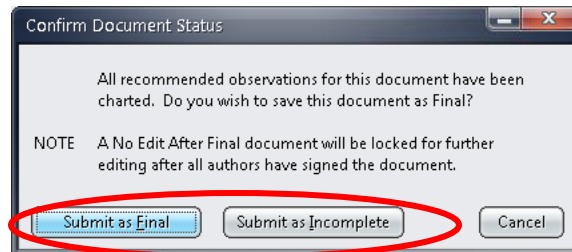
- ☐ Resetting documentation in the app.
 - ☐ Documentation can be reverted back to either the default automation or the last saved information.
 - ☐ To reset the documentation to the default automation, select the Remove All Changes button.
 - ☐ To reset the documentation to what it was when the app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

A rectangular button with rounded corners, a thin border, and a light blue gradient background. The text "Remove All Change" is centered in a dark blue, sans-serif font.A rectangular button with rounded corners, a thin border, and a light blue gradient background. The text "Remove Current Session Chang" is centered in a dark blue, 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

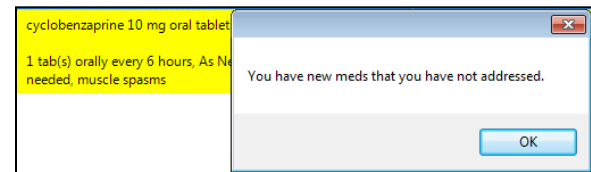
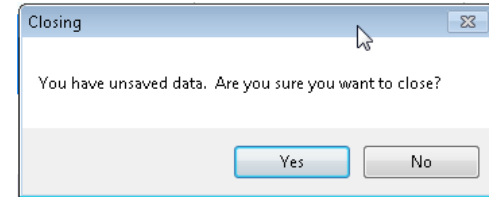
Home Medication Summary Use (cont)

- ☐ 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