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 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.

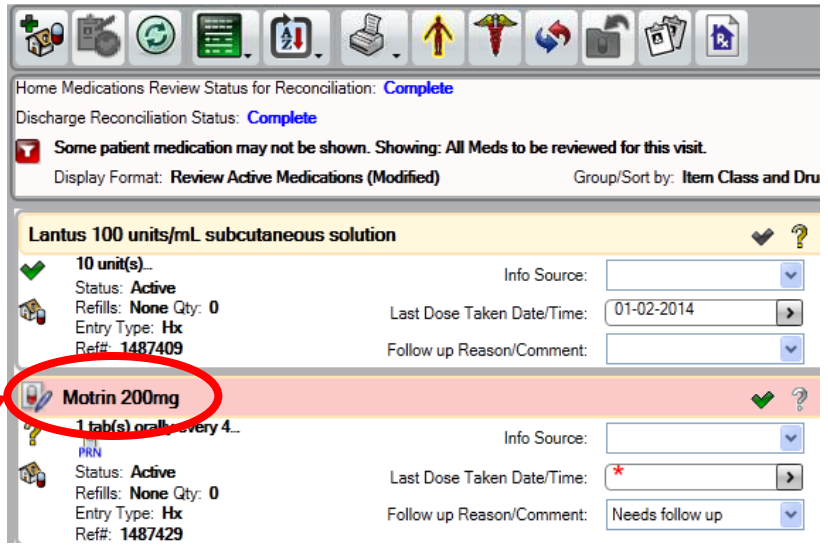
Medication list includes:

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

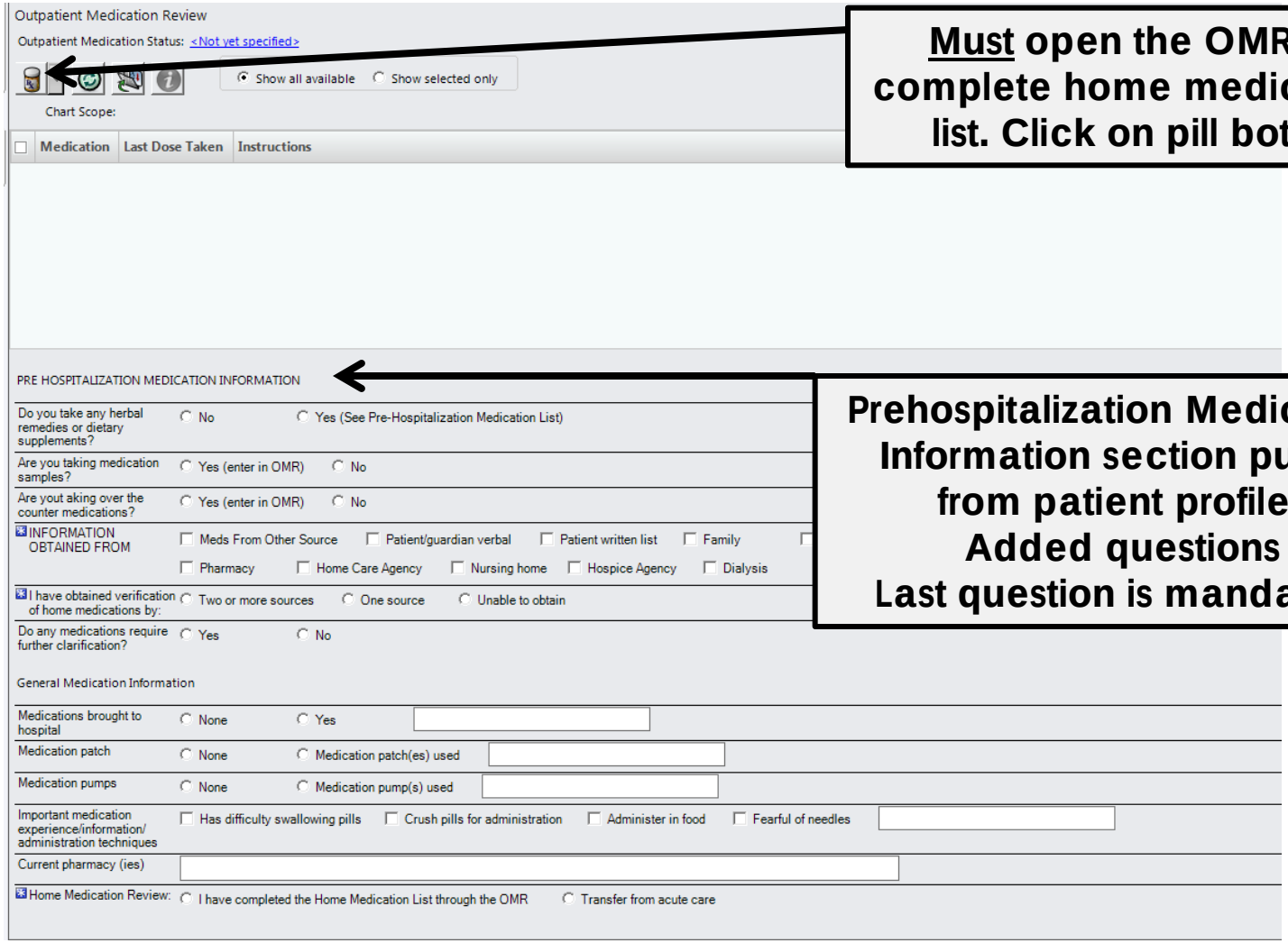
Home Medication History(OMR)

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 Medication History document



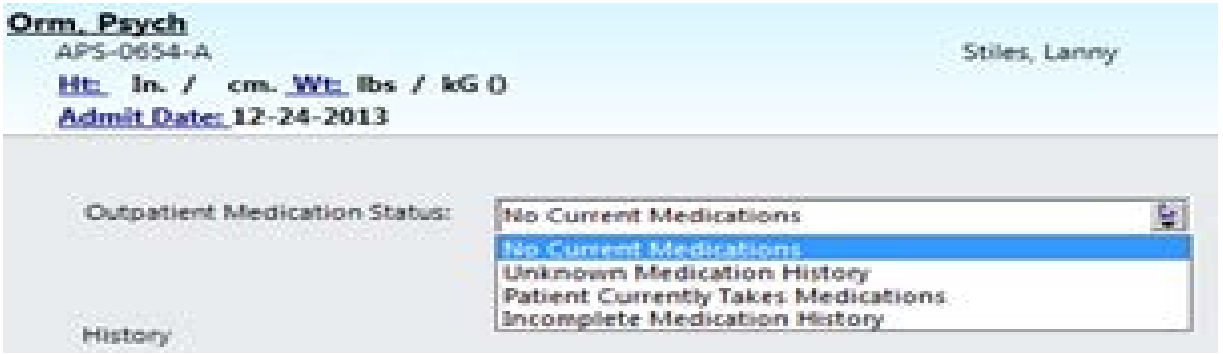
<u>Must</u> open the OMR to complete home medication list. Click on pill bottle

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

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

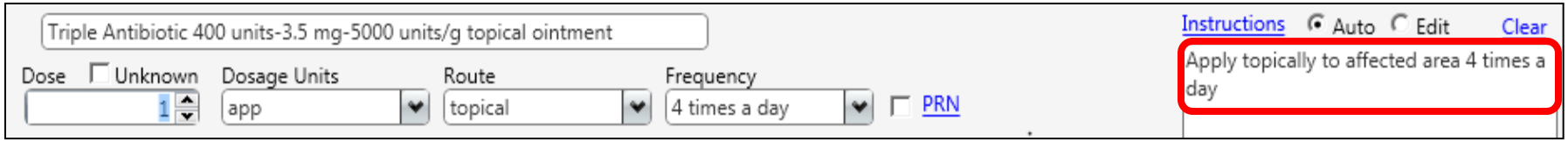


  - Save OMR as Complete

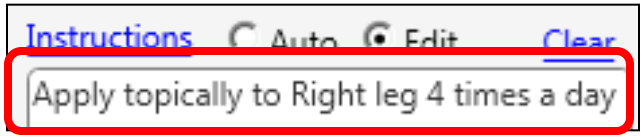
Home Medication History (cont.)

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



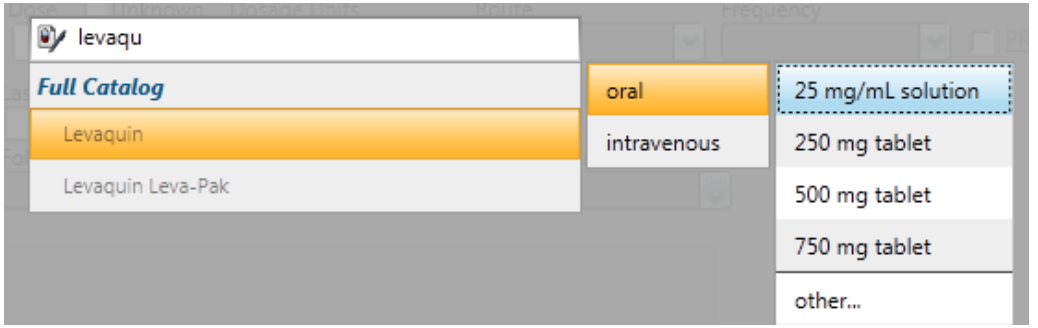
  - EDIT instructions to add the appropriate site, ie: right, left, bilateral and appropriate area.

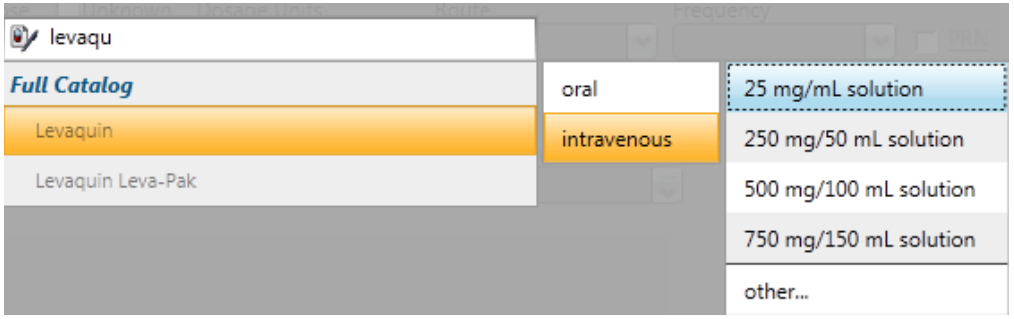


- Extended release versus regular strength
- Prescription for post op surgery-add to Instructions

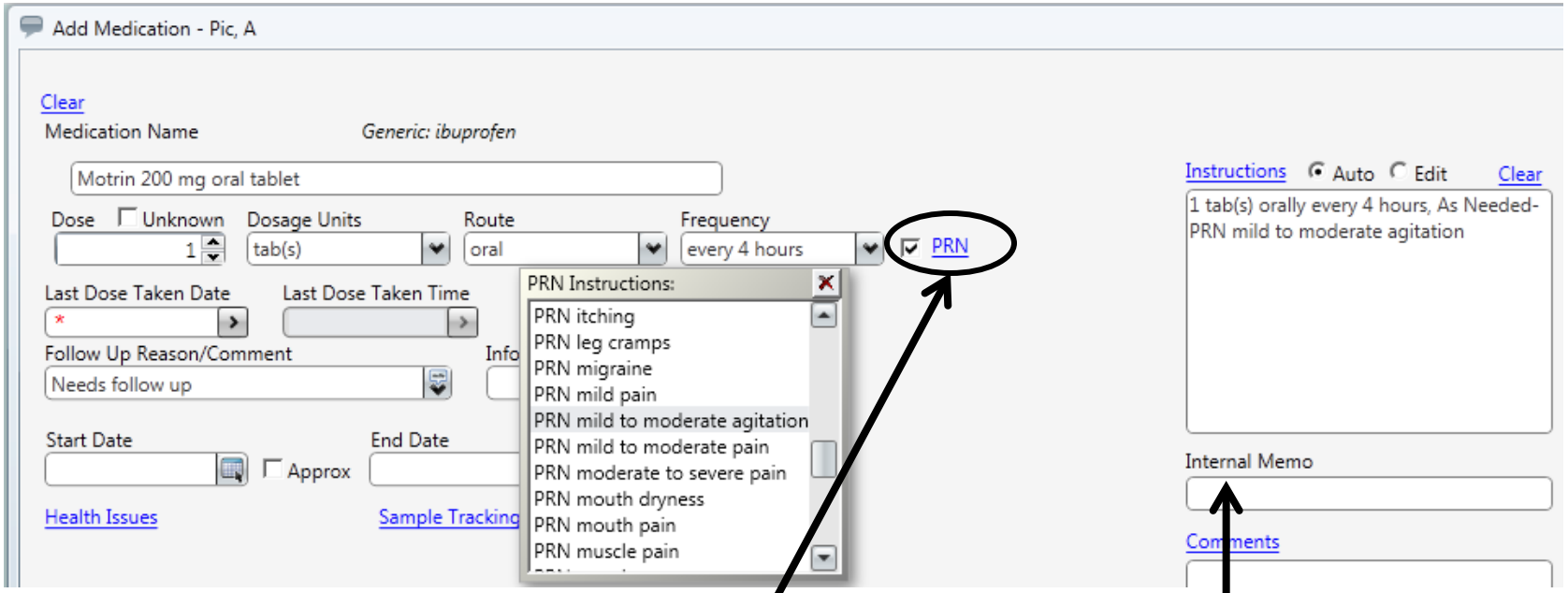
Selecting appropriate medication/route

- 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.





Home Medication List (cont'd)



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

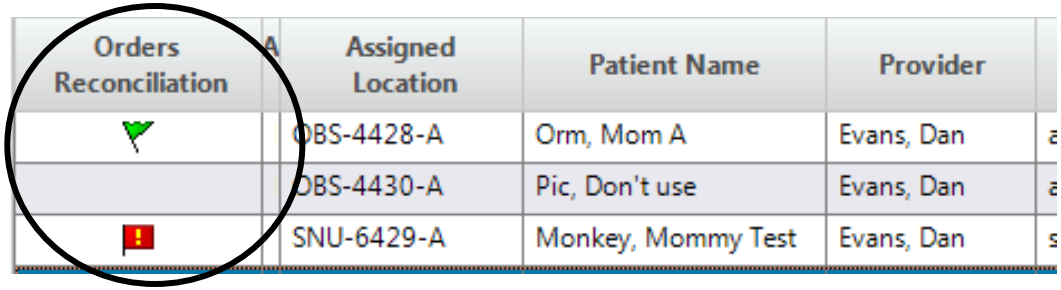
Orders Reconciliation

New Orders Reconciliation Benefits

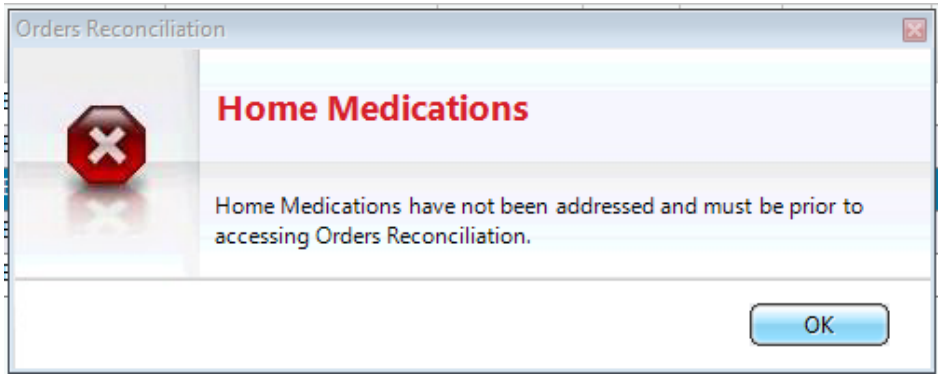
- **More timely medication to the patient**
- **Can not address admission medication history prior to nurse completing the home medication list(OMR)**
- **More accurate medication—less phone calls to clarify**
  - **No translation errors from pharmacy tech**
  - **Prompted for:**
    - **Site**
    -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



- 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



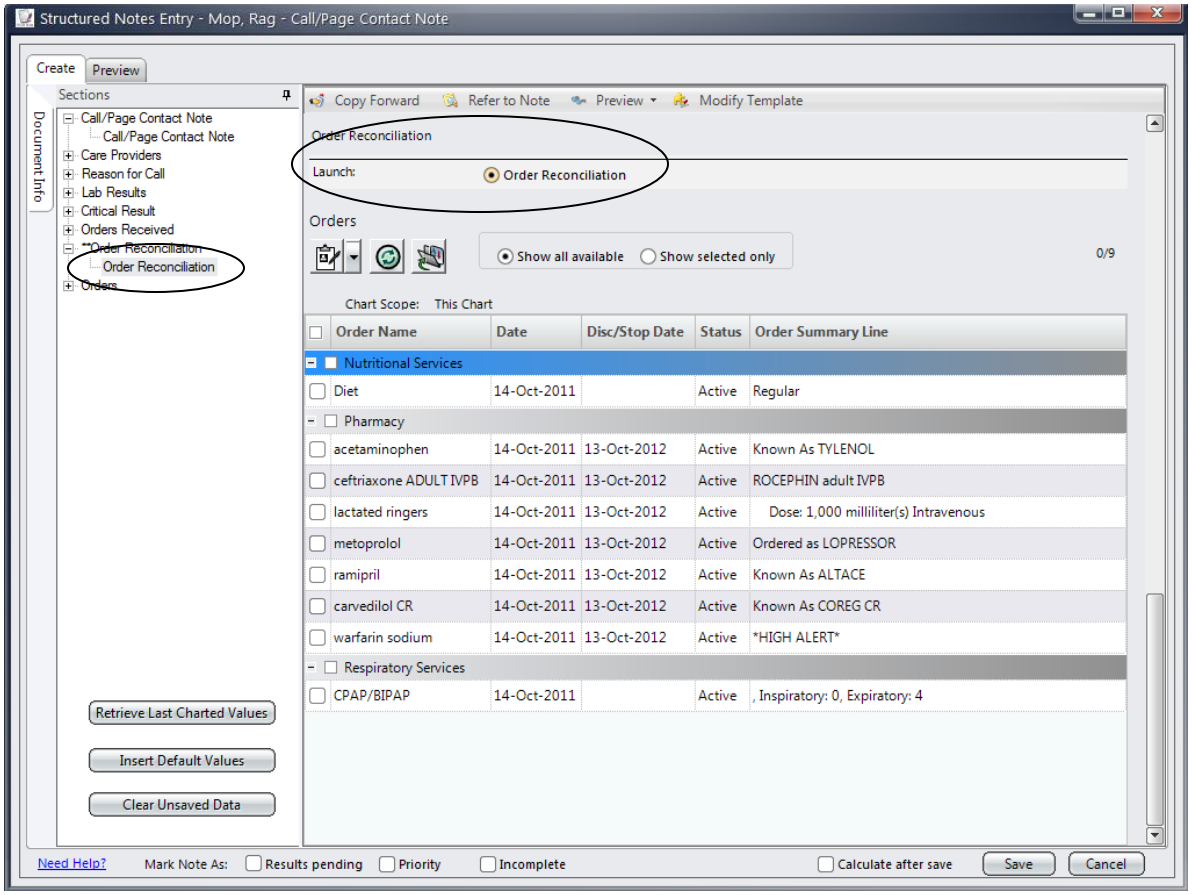
Admission Medication Reconciliation

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

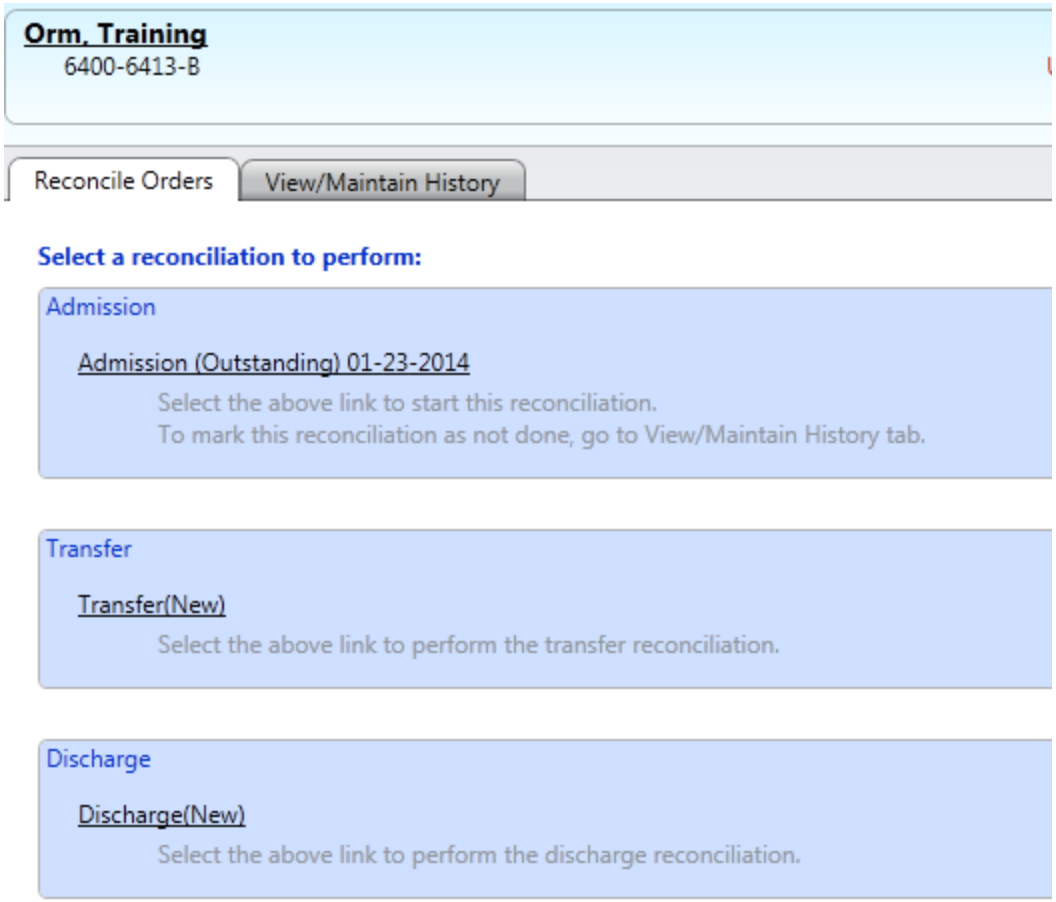
Admission Medication Reconciliation (cont'd)

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



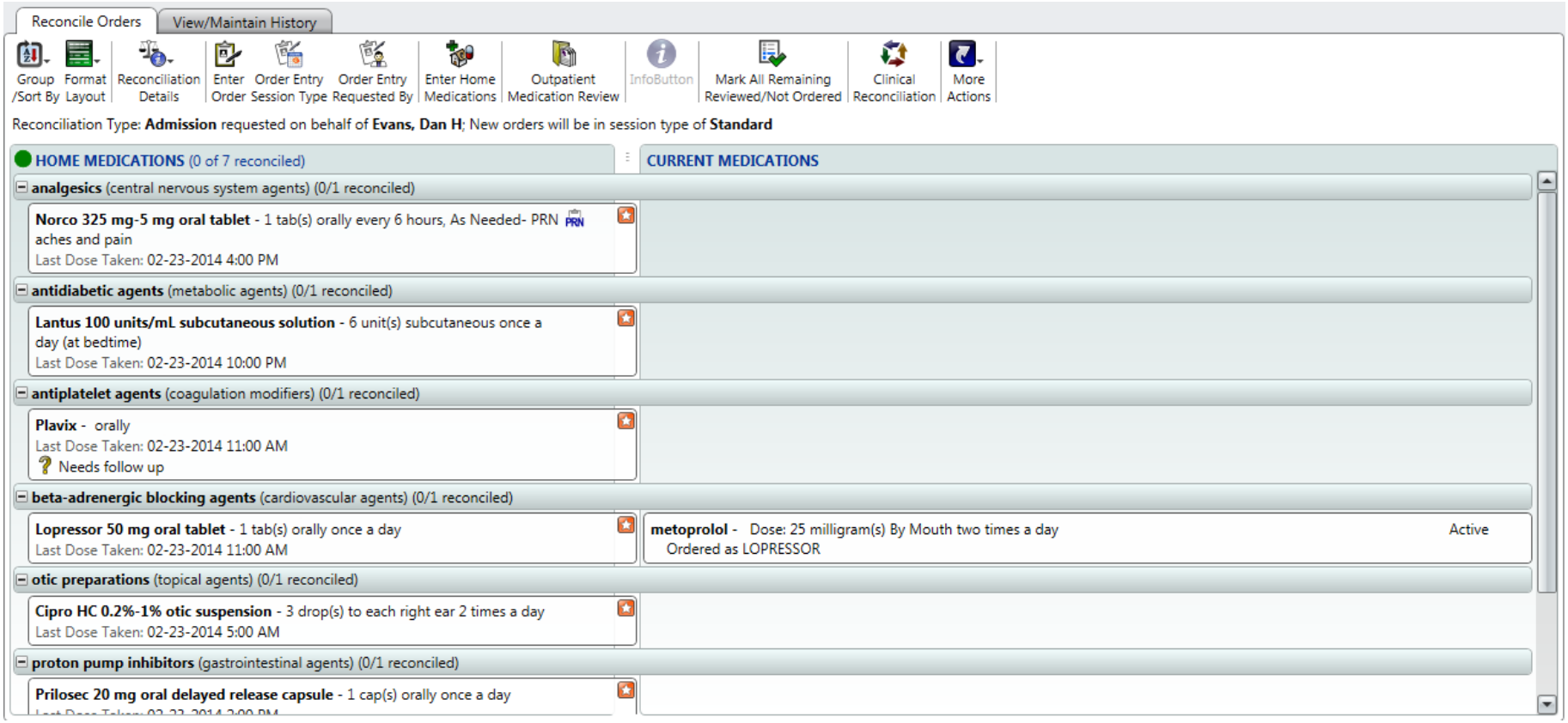
Admission Medication Reconciliation (cont'd)

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



Admission Medication Reconciliation (cont'd)

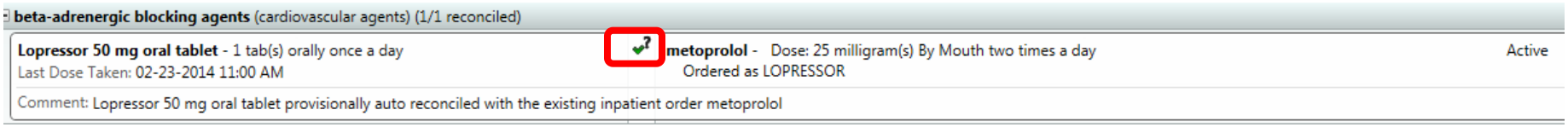
- Home Medications are listed in the left column
- Active orders are in the right column



Completing an Admission Med Rec

1. Select Auto-Reconcile

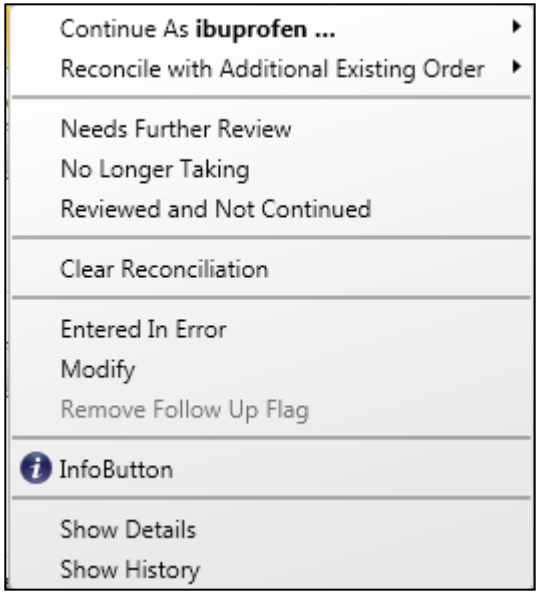
1. this will match Home Medications and current active orders that are in the same therapeutic category
2. If there is a match, notice green check mark-the inpatient order will continue.
    1. Question mark means that this is not an exact match

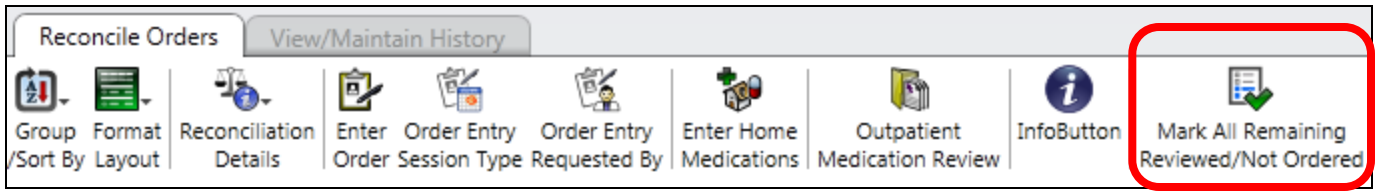


3. Review these medications with provider

Completing an Admission Med Rec

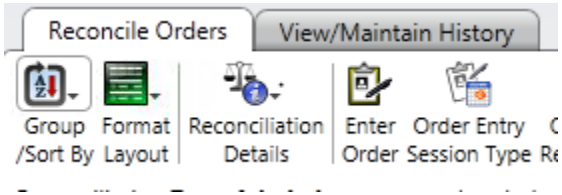
1. Right click on Medication:
    1. If home medication is to be continued, select Continue or Continue As
    2. If home medication has an alternative medication per hospital policy-select Continue then select Alternative and appropriate medication/dose
    3. If home medication is order set only, (i.e. 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

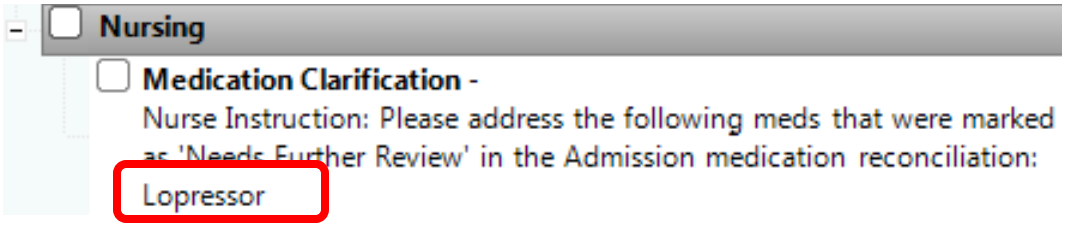


2. Save as
    1. Complete: if all medications are addressed
    2. Incomplete: if only addressing medications that are needed

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

Clarification of Medication after completion of Admission Med Rec

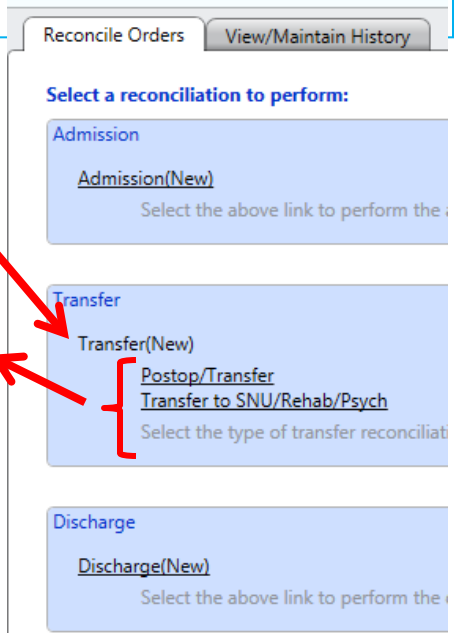
1. When a medication is marked as Needs Further Review in the Admission Medication Reconciliation, a new nursing order is created that creates a task on the nursing worklist-Name of medication

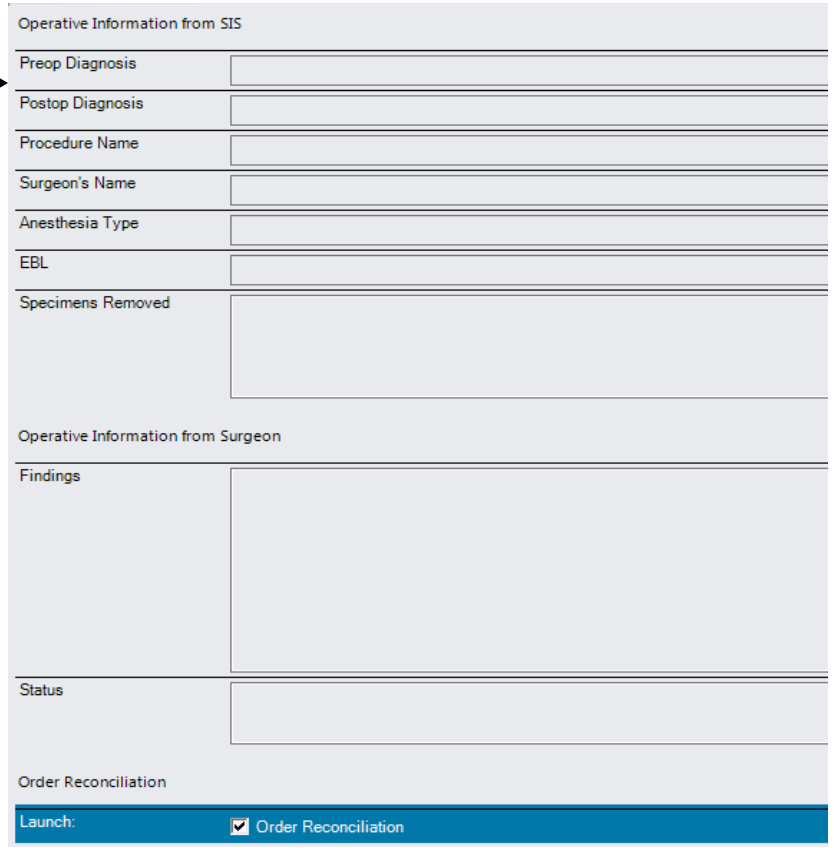


2. Obtain clarification of medication
3. Correct OMR
4. Open Call page note
    1. Open Order entry browse
    2. Notify physician-obtain telephone order
    3. Enter order
    4. Obtain read back
    5. Complete call page note.

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-

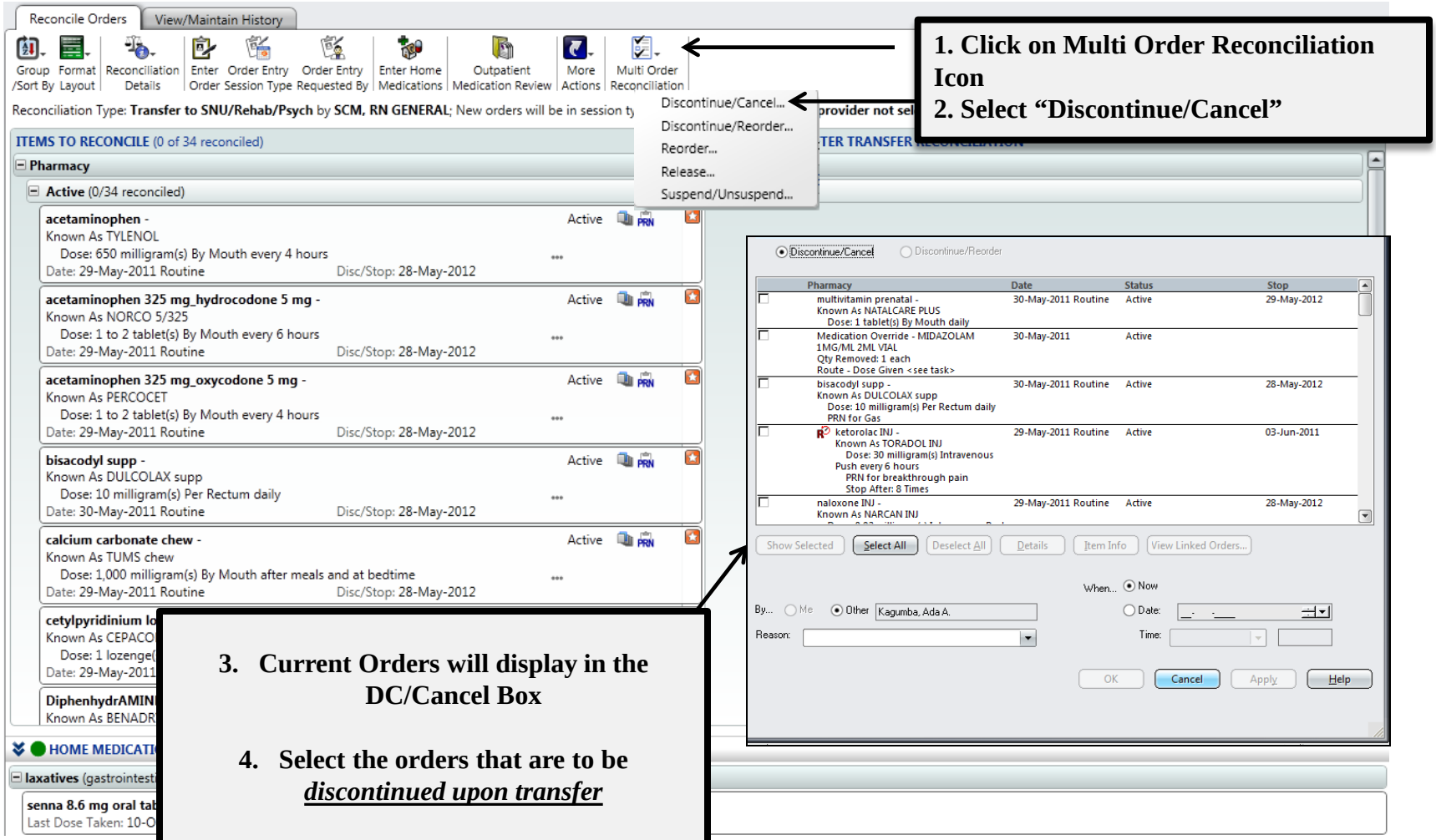




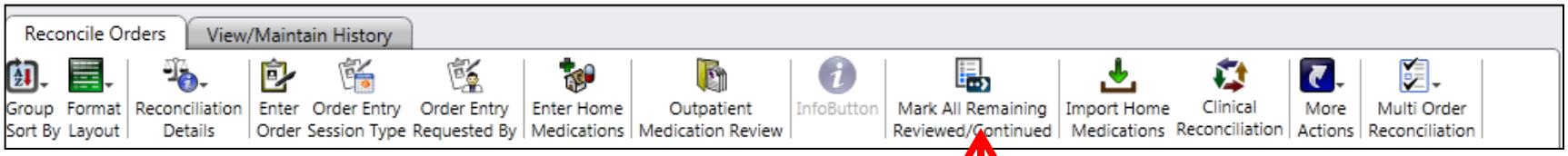
- Functionality is the same for both types of transfer-names are the only difference

- No faxing Postop transfer med rec.

Reconciliation – Postop(cont)

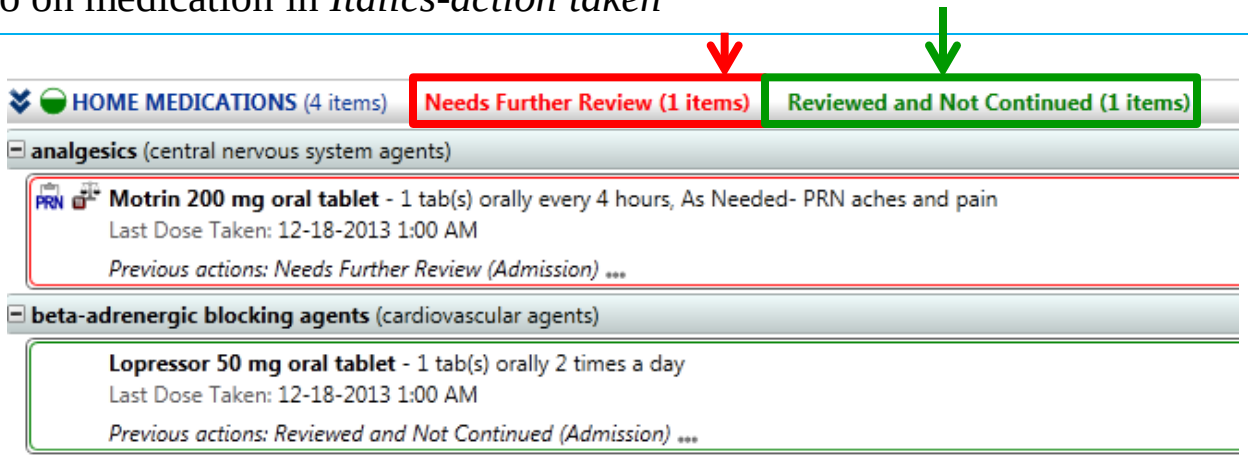


Reconciliation – Post Op (cont)



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

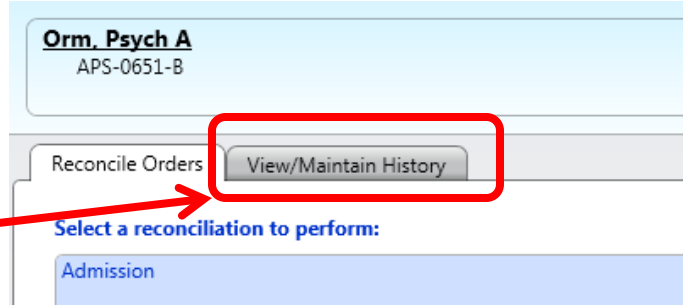
- LIP will complete the Transfer to SNU/Rehab/Acute document and launch Order Reconciliation Manager. The transfer orders are now Active in the current location and the medications are released to pharmacy)
  - Education for physicians:
    - include immediate processing of orders
    - If only numbered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

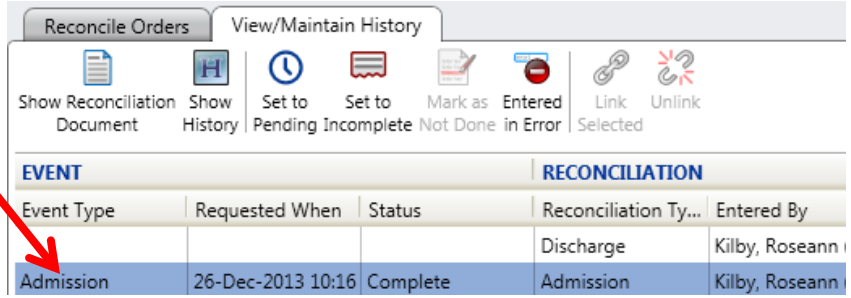
Transfer

- 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

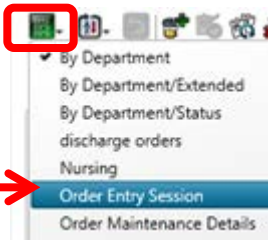
- Launch ORM(Orders Reconciliation Manager)
  - By opening appropriate document
  - ORM icon
- Select View/Maintain History tab
- Select Appropriate reconciliation
- Select
  - Set to Incomplete
    - Need to add further medication
  - Entered in Error
    - Reconciliation is completed on wrong patient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



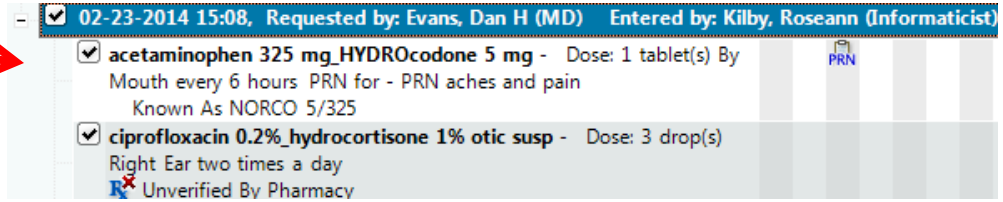


Discontinue/Cancel Orders

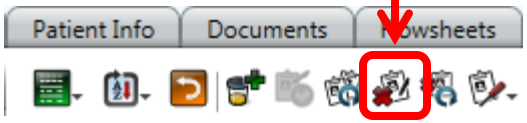
- On the orders tab
  - Click on Display format 
  - Select Order Entry Session



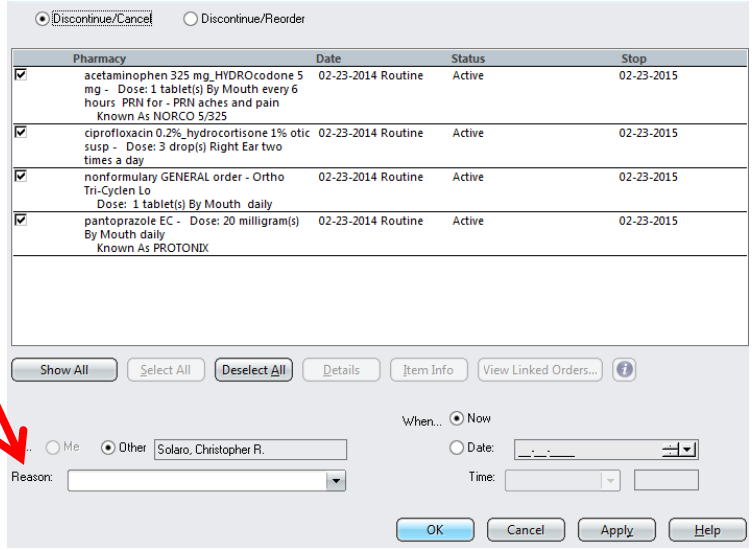
- Select your session-this will select all orders in that entry session



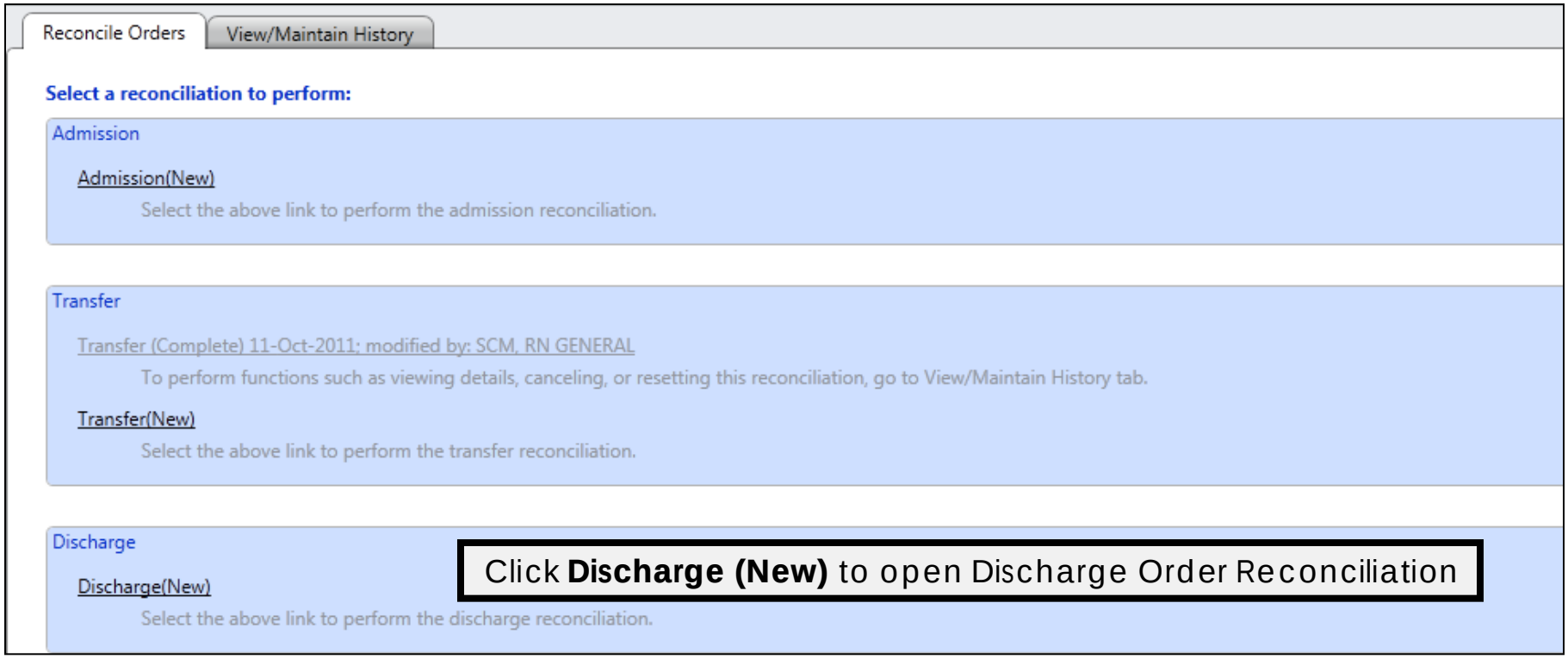
- Select Discontinue/Cancel



- Enter Reason
- Select OK

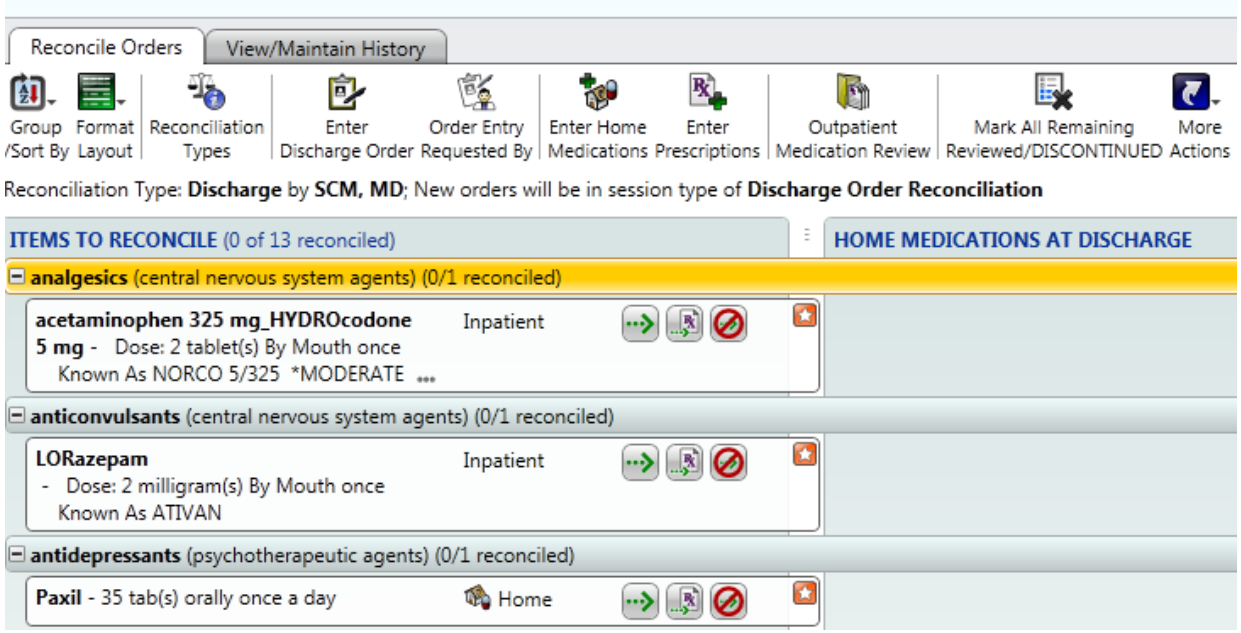


Discharge Order Reconciliation



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



Options:

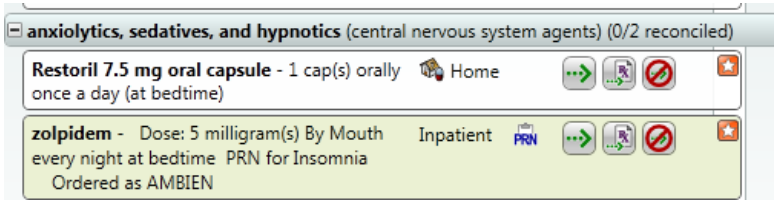
Continue as

Create New RX-only providers

Mark as not required

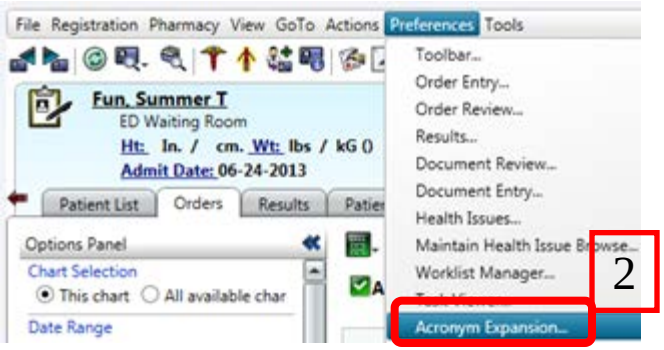
Discharge Order Reconciliation (cont)

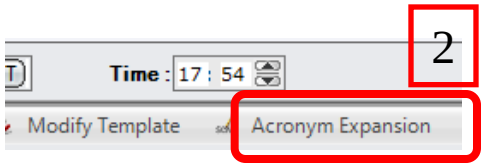
- Select medications to continue
  - Green arrow-prefills all fields
  - Orange arrow-on inpatient order that require further information-not a complete match
  - Home medication and Inpatient meds are listed together
    - Easier to see dose/frequency changes
    - Easier to send patient home on correct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



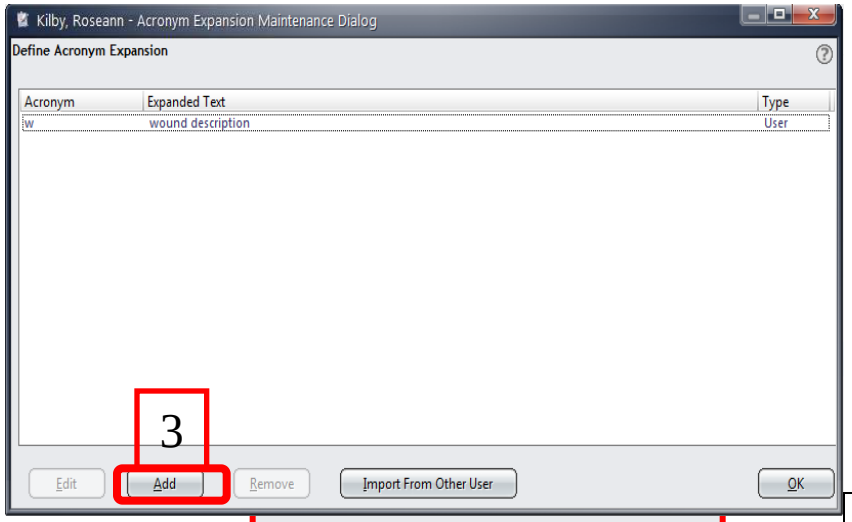
- Mark remaining medications as not required by selecting Mark All Remaining Reviewed/DISCONTINUED
- Save as Complete-When provider selects Complete, the new prescriptions then appear and they select to print.

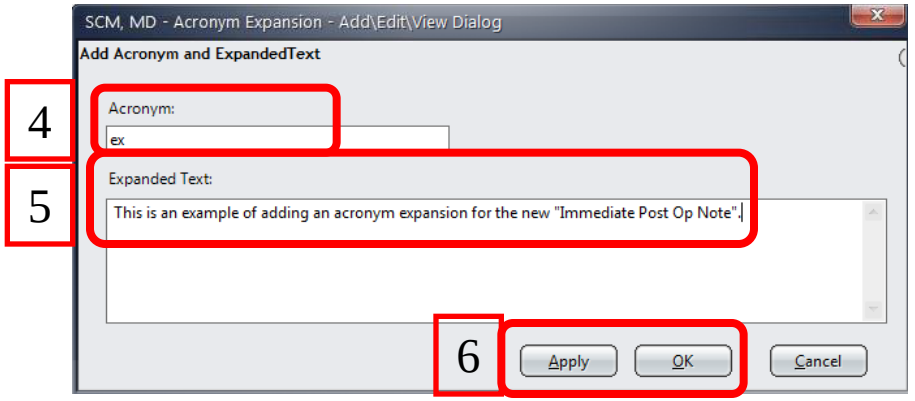
Acronym Expansion



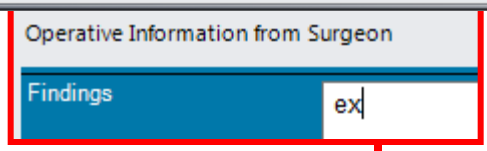


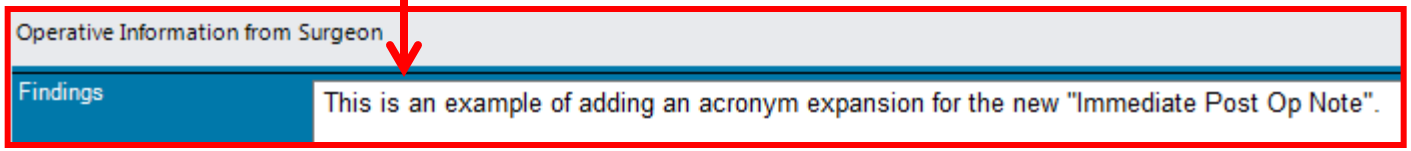
1. Select Preference on toolbar or open document
2. Click on Acronym Expansion
3. Select Add
4. Enter name for Acronym
5. Type in the text for acronym.
6. Apply
7. OK





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



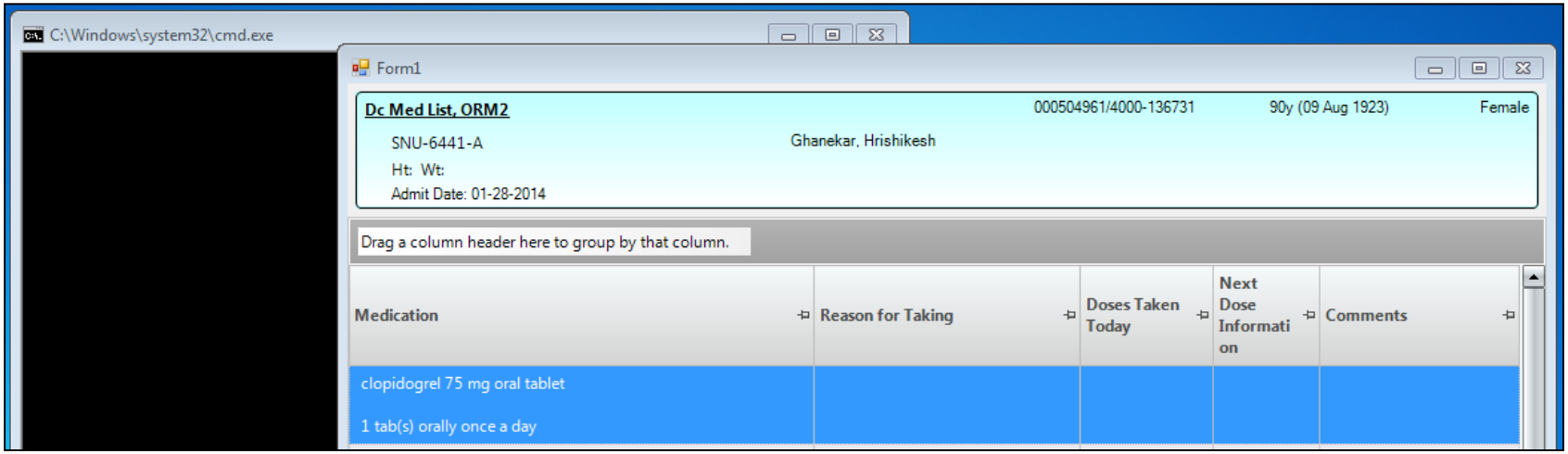


Home Medication Summary and App

- 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 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:

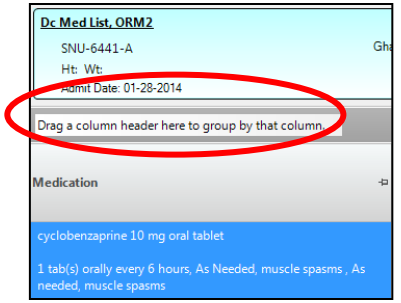


Home Medication Summary

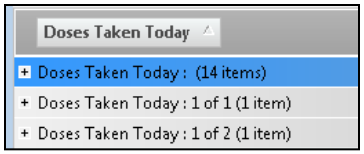
Home Medication Summary App Use (cont)

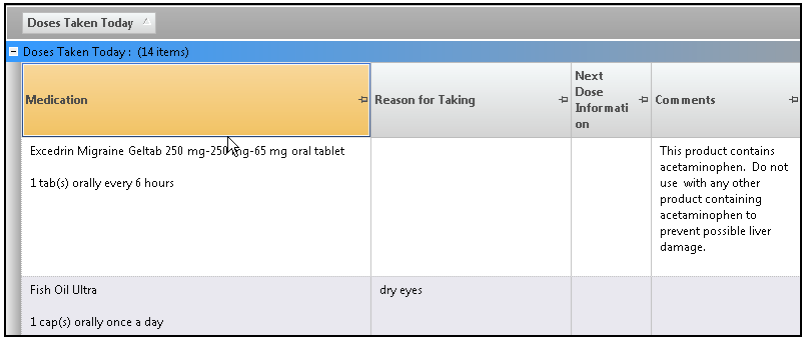
- Columns may be moved by drag and drop:

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



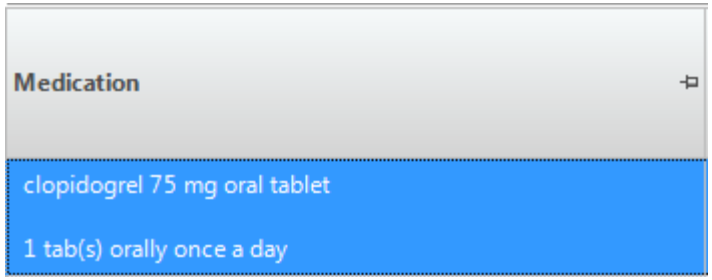
  - In this example, the Doses Taken Column sort allows the user to quickly view all medications that require nursing eMAR review





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.



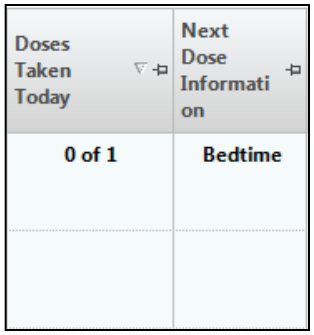
Home Medication Summary App Use (cont)

- 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 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.

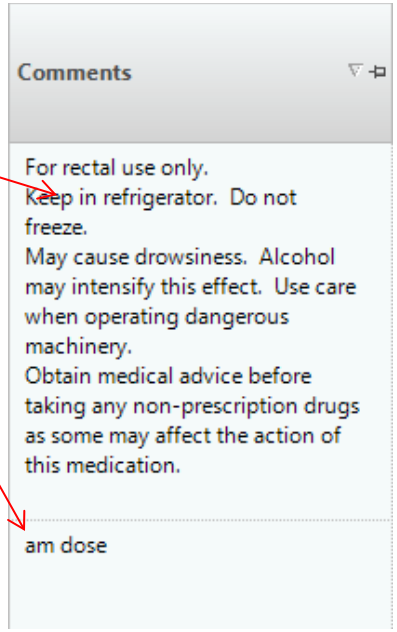


Date	Time Frame	Display Name
Today	0001 - 0400	No automation
Today	0401 - 1100	Morning
Today	1101 - 1600	Midday
Today	1601 - 2000	Evening
Today	2001 - 2400	Bedtime
Tomorrow	Any time	Tomorrow

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

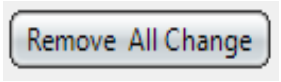
Home Medication Summary App Use (cont)

- 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.

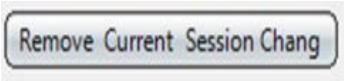


Home Medication Summary Use (cont)

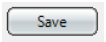
- Resetting documentation in the app.
  - Documentation can be reverted back to either the default automation or the last saved information.
    - To reset the documentation to the default automation, select the Remove All Changes button.

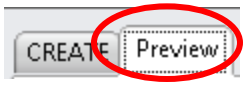


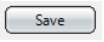
    - To reset the documentation to what it was when the app was last saved, select the Remove Current Session Changes button.



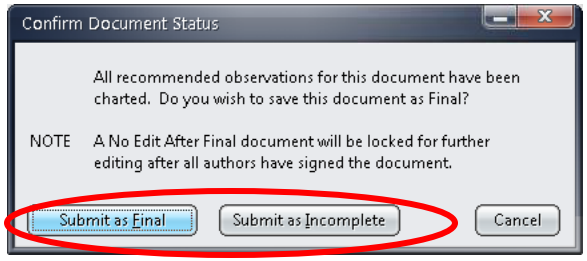
Home Medication Summary Use (cont)

- 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 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 Use (cont)

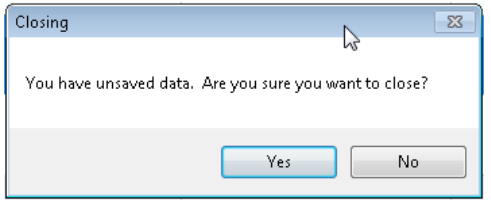
- Modifying a Home Medication Summary document after being submitted as final.
  - Right-click cancel the document on the documents tab.
  - Open a new Home Medication Summary document.
  - The app will open.
  - If changes have been made to the discharge orders reconciliation, the new and modified items 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 Use (cont)

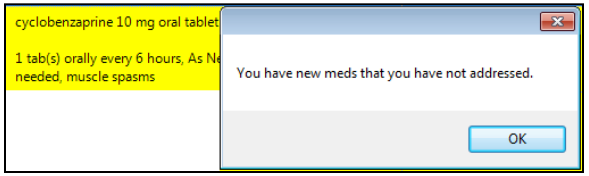
- Correcting a Home Medication Summary document after being submitted in error.
  - Right-click cancel the document on the documents tab.
  - Open a new Home Medication Summary document.
  - The app will open.
  - Select the Remove All Changes button.
  - Save the app.
  - Save the document.
  - Submit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

Home Medication Summary 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