Memorial Healthcare System Transition of Care Pharmacist Process Instructions

Upon arrival to unit

1. Run LACE Meditech report & print highlighted census to display next to discharge board.
    a. See "Downloading & Publishing LACE Tool" document on G-drive
    b. Include date, RPh names and ASCOM phone numbers on top of census report.
2. Check with charge nurse, case manager, and unit secretary about expectations for the day
    a. They will likely be the person(s) to notify you when discharge orders are written for a qualifying patient
3. Notate any patients on discharge board with high LACE scores and indicate "pharmacist discharge" in notes field

Discharge Medication Reconciliation and Patient Education Process

1. MD must address Discharge MAR and complete orders.
2. When the Discharge MAR is complete, make a copy of the Discharge MAR and any new prescriptions for your reference and return originals to chart
3. Review Discharge MAR for completeness & correctness
    a. If there are any dose changes, new therapies, make sure there are corresponding prescriptions. If not, this may allow you to catch the MD before he/she leaves the floor
    b. Look for contraindications, duplications in therapies, etc
    c. Review Meditech for diagnoses, past medical history, and indications for all medications on the patient's discharge MAR
        i. You're looking for pertinent omissions, contraindications with disease states, etc
4. Update RXM & print patient copies (automatically prints in triplicate)
    a. While updating, be sure to clean up medication list, including any undefined entries or previously listed dates. Consider adding special comments to aid the patients in taking meds. Enter last dose taken based on Meditech records.
    b. 2 copies for the patient to keep, 3rd for patient & pharmacist to sign for the medical record
5. Utilize Clinical Pharmacology to print counseling sheets (per policy new medications are required, or upon patient request)
    a. Make sure to print the Handout Documentation page and have the patient sign
    b. This goes in the chart with the signed copy of the Discharge MAR and copy of prescriptions.

6. Interview patient and counsel regarding **ALL** medications
    a. This is also a good time to discuss pertinent lifestyle modifications (fluid, sodium restriction, smoking cessation, etc)
7. Give the patient a card with your name on it if they have any questions
    a. The # is the office coordinator's line, indicate patient may leave a message
8. Place signed copy of discharge medication list in the "Discharge" section of the chart, along with the Clinical Pharmacology Handout Documentation page and copy of prescriptions.
9. Write "Meds Done" on discharge board in the notes section of the corresponding patient room number and sign/initial the discharge MAR in patient chart.
10. Document any and all interventions made in Meditech
    a. Every patient who has RXM updated and receives counseling should have Discharge Counseling and Med Rec General Documentation entered as CIs
    b. Other possible CIs include:
        i. Discharge Prescription Filling (referred to outpatient pharmacy)
        ii. Drug Info Coumadin
        iii. Drug Program Enrollment (if you got them in touch with Marissa)
        iv. Medication History
        v. Medication Teaching
        vi. Med Rec ADE Major or Minor Prevention
        vii. New Therapy Recommendation
11. Update the LACE Tool "Completed Patients" spreadsheet utilizing copy & paste from census spreadsheet once counseling is complete. Make notes as appropriate for data collection purposes

Clinical Pearls

- **Disease State Management**
    - Pay close attention to chronic diseases (HF, COPD, DM, etc) and identify appropriate medications and any possibly exacerbating medications
    - Quick references are published under LACE Project Folder under "Disease State Management"
    - Often there are guidelines for certain disease states and what medications patients should be discharged on. Do a quick check to make sure patient is on all of the appropriate medications.

- **Health Care "Coach"**
    - Counseling the patient needs to involve a comprehensive approach to managing the disease state. It is appropriate to discuss smoking cessation (was there a Nicotine patch on the discharge MAR?), refresh education on inhalers for COPD,

discuss interactions pertinent to chronic Coumadin therapy, and explain to patients WHY they are taking certain medications ("this medication has been shown to help people with heart failure live longer and decrease the amount of hospitalizations…") The goal is to improve adherence to medication regimens and empower the patient to manage their health issues themselves.

Process Pearls

- **"The Phone"**
  - The MedRec ASCOM phone (ext.6696) will be stored with the MedRec notebook in the central pharmacy
- **Missing Discharges**
  - It is helpful to do hourly rounding for discharge orders on any patients that are on the discharge board that have high LACE scores. You may miss some discharges if you rely solely on the nursing staff to notify you. It is advantageous to check the discharge rack periodically. **Timing is everything**!
- **Facility Transfers**
  - Per policy, we are to update RXM for every patient discharged. We may offer counseling services to patients being transferred to a facility. Check with the nurses or case managers to see if they feel the patient would benefit from counseling (often times the facility is temporary and the patient will be resuming their own care soon). RXM must also be updated with any changes to provide an accurate medical record if the patient is re-admitted. Discharge medication lists are NOT required, but may be requested by the patient or family.
  - Facility Transfer Discharge Process:
    - Review discharge MAR for completeness and correctness
    - Update RXM
    - Speak with patient and/or family to assess counseling needs
    - Document any counseling, medrec, or ADE prevention
- **New Meds or Changes in Current Therapy**
  - Will need written prescription (often forgotten) and counseling sheet from Clinical Pharmacology with documentation patient received counseling
- **Evaluate patient for financial access issues**
    - Marissa (ext 3125) is an excellent resource
    - If you assist with patient access, enter the intervention "DRUGENROLL".
- **Outpatient Pharmacy & filling prescriptions**

- A patient may wish to utilize our outpatient pharmacy. The most efficient method of facilitating this is to call Outpatient and tube the prescriptions. Then notify the patient and the nurse that the prescriptions are being filled in Outpatient pharmacy and the patient needs to be taken there on the way out. We currently DO NOT pick up prescriptions and deliver to the patient room and/or handle any form of payment. CI "Discharge Prescription Filling".

- **We do not "Call-in" prescriptions for patient convenience**
  - We may, however, need to do this upon MD request or out of necessity