Med Rec Clinical Checklist

Using the patient list function in EPIC we generally prioritize based on 2 key factors: discharge disposition & Readmission risk score. Those discharging home and with higher readmission scores should be prioritized for review so if they are a candidate for counseling we can catch them before they leave.

Chart review:

- Check the discharge MAR for any user errors.
- Review the discharge note for PMH, HPI, and rational behind discharge decisions.
- Check vital signs in flowsheets, microbiology results and recent lab values
- Patients that are candidates for discharge counseling are patients GOING HOME and meet at least 1 of the following:
    - COPD diagnosis
    - CABG
    - Post MI
    - Heart Failure diagnosis
    - Going home on >3 new meds

Common EPIC-related user error issues:

- Incorrect prescribing selection
    - Print vs No Print vs Normal
    - Remember SNF often require printed Rx – verify with Case manager
- Incorrect pharmacy
    - When counseling patient I like to double-check which pharmacy they need them sent to
- Incorrect selection of “prescribe” vs “resume” on home meds, this causes confusing entries on AVS sheet for patient education.
    - AVS sheets will look incorrect if prescribing and resuming buttons are not used appropriately. It is ok to change these orders to correct the AVS as long as THE INTENT of the order is not changed.
- Once something is e-scribed it CANNOT be undone by EPIC. Changing the prescription in EPIC does not change the RX already sent to the pharmacy. It can be sent again, but personally I think verbal communication with pharmacy about corrected RX is warranted to prevent errors.
- AVS sheets will look incorrect if prescribing and resuming buttons are not used appropriately. It is ok to change these orders to correct the AVS as long as THE INTENT of the order is not changed.
- Nursing ads checkboxes on the AVS, these are not necessary for you to proceed with discharge counseling.

Common Clinical Issues

It is impossible to cover everything that you can run into, even the common things we find are quite vast in scope. However, I've done my best to dig out some common themes.

- Duplication of opioids – new RX given for something that is a home med or clearly CSMD has not been checked as required by law.
- Antibiotic selection and duration of therapy
- Steroid tapers – make sure they have one if they need one
- Heart failure & post MI guidelines
- Warfarin dose appropriateness based on AM INR
- Dose appropriateness for every drug based on indication (especially renally dosed meds & DOACs)
- When changes in BP meds are made, double check to evaluate BP & HR for toleration. Especially check to make sure RN has been giving the home med. Sometimes they have been holding for specified hold parameters and then the provider will continue home med at d/c.
- Drug interactions, especially for high risk meds. Providers tend to blow through the flags at discharge especially.
- Therapy duplications in general
    - Often when the betablocker, statin, etc is changed they will resume the old one by mistake.
- HOME MED ERRORS
    - When an ER tech did not do the home med list it's a good opportunity to verify the list with either Dr. First and/or the patient for accuracy. I've often discovered this in hindsight when discussing med list with patient and they tell me it's incorrect.
    - Also, if we were using a patient supply of something facilitate getting it back to them and/or make sure the RN doesn't forget
- Financial Barriers
    - Work with case management to ensure patient will be able to fill everything. Meds that are new/expensive or commonly have "preferred" products with insurance I prompt a benefits check.
    - Marissa's "Red Flag" list
        - Brilinta (ticagrelor)
        - Eliquis (apixaban)
        - Pradaxa (dabigatran)
        - Samsca (tolvaptan)
        - Vancomycin oral
        - Xarelto (rivaroxaban)
        - Zyvox (linezolid)
        - Northera (droxidopa)
        - Seebri (glycopyrrolate inhaler)
        - Utibron (indacaterol/glycopyrrolate inhaler)
        - Tikosyn (dofetilide)
    - If things become complicated with respect to cost I recommend patient's using our pharmacy to make sure everything is done correctly. Additionally, it's easier to verbal

orders from MD to our outpatient pharmacy when changes are made. Sometimes a simple over-ride done by Pharmacist in the computer is all that is needed but the patient's regular pharmacist is unaware. Keep in mind that we offer our services as a choice, just be clear we aren't requiring them to use us but we do recommend it in certain circumstances.