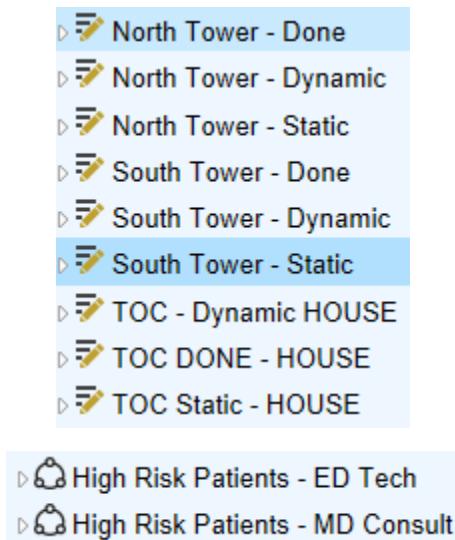


How To Identify & Review Discharge Patients

List Management

Step 1

Access “Patient List” function of EPIC & find “Shared Patient Lists”. You should see **11** lists related to Med Rec.



We have a South Tower Med Rec & North Tower Med Rec assignment, but occasionally we only have one person assigned for the whole hospital. This is the “house” designation.

Dynamic: This list changes throughout the day as patients are discharged and change locations.

Static: Once patients are on this list they never leave unless you remove them. Even after discharge.

Done: This is simply for convenience and workflow purposes. Similarly to the static list, once a patient is added here they never leave unless you remove them.

MedRec Consults – “High Risk – MD Consult”

Beginning 9/21/20 MDs, RNs, Case Managers will be able to place consults for MedRec at Discharge. Consults will come into in-basket just like any other consult. The in-basket pharmacist will notify the MedRec person. The MedRec person will then add the patient to the “High Risk –MD Consult” list in EPIC. Review this list daily, throughout the day for discharges.

ED Tech List

Ed techs are instructed to add patients to this list that they feel require additional help at discharge due to non-compliance, financial barriers, etc. Please review this list daily.

Step 2

Access the Dynamic list for your assignment of the day and click the column to sort by “Has Discharge Order”

North Tower - Dynamic 76 Patients													Refreshed just now		Search MCTH ALL U...	
Patient Name	Room/Bed	Age/Gender	Primary Problem	Length of Stay (Days)	Has Discharge Order?	Discharge Rec Complete?	High \$ Meds	RX Renal Dosed Medications Score	Discharge order signed?	Expected Discharge	Readmission Score	RX I-VEN Score	Disch Column	Disch Deposit	Payor NWS	Current PCP
Bishop, Jimmy Andrew	7105/7105-01	87 y.o. / M	UTI (urinary tract infection) (Additional Hospital Problem)	4	●	✓	—	1	●	—	20.4%	0	Home or Self Care	MEDICARE	David A Denman, MD	
Blanks, Judy Gall	6115/6115-01	77 y.o. / F	Atrial fibrillation with rapid ventricular response (HCC) (Principal Hospital Problem)	0	★	✓	apixaban (ELIQUIS) 5 mg Tab tablet apixaban (ELIQUIS) tablet 5 mg	4	●	—	18.3%	0	Home or Self Care	UNITED HEALTHCAFE Brooks, NP	Lindsey MEDICARE MGD CARE	
Bradford, Starr Cloud	5107/5107-01	50 y.o. / F	Chest pain (Principal Hospital Problem)	1	★	✓	—	0	●	—	14.2%	0	Home or Self Care	—	Richard Gregory May, DO	
Gonzalez, Connie Renae	7129/7129-01	59 y.o. / F	Acute hypercapnic respiratory failure (HCC) (Principal Hospital Problem)	3	★	✓	—	0	●	—	32.1%	0	Home or Self Care	BLUE CROSS/BLU SHIELD - MEDICARE MGD CARE	Keith L Kidd	
Little, Kayla Marie	7108/7108-01	34 y.o. / F	Orthostatic hypotension (Principal Hospital Problem)	4	★	✓	—	1	●	—	29.6%	0	Home or Self Care	BLUE CROSS/BLU M Greene, MD	Christopher MEDICARE MGD CARE	
Pape, Michael G	5103/5103-01	64 y.o. / M	Pulmonary embolism (HCC) (Principal Hospital Problem)	10	★	⚠	apixaban (ELIQUIS) 5 mg Tab tablet apixaban (ELIQUIS) 5 mg Tab tablet apixaban (ELIQUIS) tablet 10 mg apixaban (ELIQUIS) tablet 5 mg	1	●	—	17.3%	0	Home or Self Care	VETERANS ADMINISTR	Ronald Stroko, MD	

Step 3

Select all the patient's with discharge orders, indicated by , by pressing shift and clicking the first and last patient with the indicator on the list. Then either drag them to the “static” list or right click & select “Send To” -> “Select a Shared List”. Type first few letters of list you want and hit the spyglass to find it.

Bishop, Jimmy Andrew	7105/7105-01	87 y.o. / M	UTI (urinary tract infection) (Additional Hospital Problem)	4	●	✓	—	1	●	—	20.4%	0	Home or Self Care	MEDICARE	David A Denman, MD
Blanks, Judy Gall	6115/6115-01	77 y.o. / F	Atrial fibrillation with rapid ventricular response (HCC) (Principal Hospital Problem)	0	★	✓	apixaban (ELIQUIS) 5 mg Tab tablet apixaban (ELIQUIS) tablet 5 mg	4	●	—	18.3%	0	Home or Self Care	UNITED HEALTHCAFE Brooks, NP	Lindsey MEDICARE MGD CARE
Bradford, Starr Cloud	5107/5107-01	50 y.o. / F	Chest pain (Principal Hospital Problem)	1	★	✓	—	0	●	—	14.2%	0	Home or Self Care	—	Richard Gregory May, DO
Gonzalez, Connie Renae	7129/7129-01	59 y.o. / F	Acute hypercapnic respiratory failure (HCC) (Principal Hospital Problem)	3	★	✓	—	0	●	—	32.1%	0	Home or Self Care	BLUE CROSS/BLU SHIELD - MEDICARE MGD CARE	Keith L Kidd
Little, Kayla Marie	7108/7108-01	34 y.o. / F	Orthostatic hypotension (Principal Hospital Problem)	4	★	✓	—	1	●	—	29.6%	0	Home or Self Care	BLUE CROSS/BLU M Greene, MD	Christopher MEDICARE MGD CARE
Pape, Michael G	5103/5103-01	64 y.o. / M	Pulmonary embolism (HCC) (Principal Hospital Problem)	10	★	⚠	apixaban (ELIQUIS) 5 mg Tab tablet apixaban (ELIQUIS) 5 mg Tab tablet apixaban (ELIQUIS) tablet 10 mg apixaban (ELIQUIS) tablet 5 mg	1	●	—	17.3%	0	Home or Self Care	VETERANS ADMINISTR	Ronald Stroko, MD
Record, Marvin Michael	5129/5129-01	74 y.o. / M	Myocarditis due to COVID-19 virus (Principal Hospital Problem)	7	★	✓	—	3	●	—	23.3%	1	Home or Self Care	CIGNA WISCONSIN	HFM THOMP Caron, DO
Stoe, Sarah Katherine	5129/5129-01	38 y.o. / F	Neutropenic fever (Principal Hospital Problem)	4	★	⚠	—	0	●	—	29.5%	0	Home or Self Care	MEDICARE	Hai S Seo, MD
Stoe, Sarah Katherine	5129/5129-01	38 y.o. / F	Closed intramural fracture	12	▲	—	—	1	●	—	19.1%	1	BLUE Printer	—	—

Print List (Portrait)

Print List (Landscape)

Copy Patient

Send To

Shared Lists

Select a Shared List

My Lists

Capital Hospital

Select a Shared List

North

Accept Cancel

Step 4

Now that you have patients on your Static list this is the list you will work from as they will never leave unless you remove them. Periodically (every hour or so) you will need to go to the dynamic list and pull patients over to your static list to make sure they don't disappear.

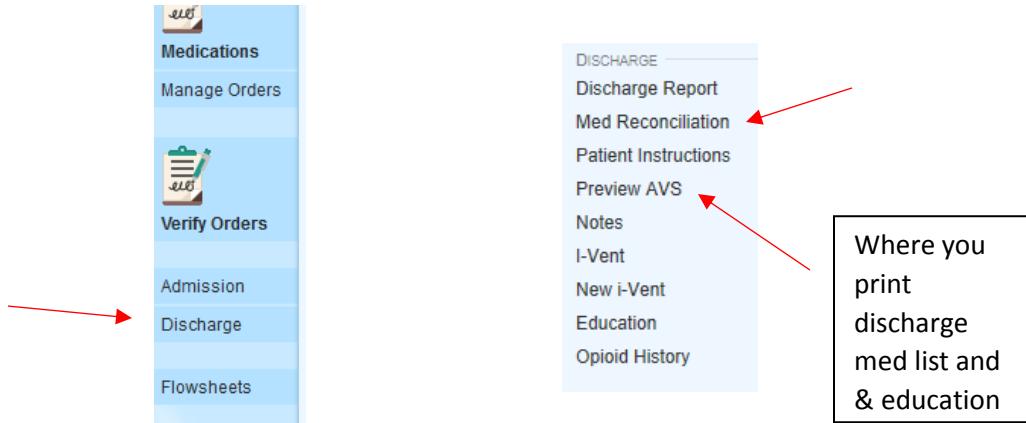
Patient ▾	Length of Stay (Days)	Has Discharge Order?	Discharge Med Rec Complete?	High \$ Meds	Dosed Medication Score	Discharge order signed?	Expected Discharge	Readmissio n Score Column	VENTS Disch Disposition	Payor NWS	Time Since Review	
Bishop, Jimmy Andrew 71057105-01 87 y.o. /M	4	★	✓	—	1	●	—	20.4%	0	Home or Self Care	MEDICARE	Never revie...
Blanks, Judy Gail 61156115-01 77 y.o. /F	0	★	✓	apixaban (ELIQUIS) 5 mg Tab tablet apixaban (ELIQUIS) tablet 5 ...	4	●	—	18.3%	0	Home or Self Care	UNITED HEALTHCARE - MEDICARE M...	Never revie...
Bradford, Starr Cloud 51075107-01 50 y.o. /F	1	★	✓	—	0	●	—	14.2%	0	Home or Self Care	—	Never revie...
Bradley, Gloria Ann 71077107-01 83 y.o. /F	7	★	⚠	—	0	●	—	12.7%	0	Skilled Nursing Facility	MEDICARE	Never revie...
Gonzalez, Connie Renae 71297129-01 59 y.o. /F	3	★	✓	—	0	●	—	32.1%	0	Home or Self Care	BLUE CROSS/BLUE SHIELD ...	Never revie...
Little, Kayla Marie 71087108-01 34 y.o. /F	4	★	✓	—	1	●	—	29.6%	0	Home or Self Care	BLUE CROSS/BLUE SHIELD ...	Never revie...
Pape, Michael G 51035103-01 64 y.o. /M	10	★	⚠	apixaban (ELIQUIS) 5 mg Tab tablet apixaban (ELIQUIS) 5 mg Tab...	1	●	—	17.3%	0	Home or Self Care	VETERANS ADMINISTRAT...	Never revie...
Record, Marvin Michael 71307130-01 74 y.o. /M	7	★	✓	indacaterol-glycopyrrolate (UTIBRON NEOHALER) indacaterol-glycopyrrolate 1 capsule	3	●	—	22.3%	1	Home or Self Care	CIGNA HEALTHSPRING	Never revie...
Sisco, Sarah Katherine 61266126-01 66 y.o. /F	4	★	⚠	—	0	●	—	29.5%	0	Home or Self Care	MEDICAID - MEDICAID MGD CARE	Never revie...

Step Whenever

This last step to list management and is optional. Whenever you complete a patient's discharge you can send them to the done list. See step 3 for moving patients. This just helps keep your working list cleaned up. If you choose to do this please make sure your DONE list is cleaned out at the end of your shift. Please also make sure your Static list is cleaned out at the end of the day as well.

Discharge Review

Select “Discharge” on the activities menu. Then “Medication Reconciliation”. Note: “Preview AVS” is where you click to print discharge med lists.



Review the Med List, Notice “Prescribe” is an option for medication that were NOT PTA meds (aka home meds) and “Resume” is the option for PTA meds. Changes to medication regimen appear on the right. Make sure you are on the 2nd tab titled “Review Orders for Discharge”

The screenshot shows the 'Review Orders for Discharge' screen. The top navigation bar includes tabs for 'Review Home Medications', 'Review Orders for Discharge' (which is circled in red), 'Order Sets', and 'Review and Sign'. Below the tabs, a note says: 'Review all prior to admission medications and current inpatient medications to determine the medications the patient should take after discharge.' The main area displays a list of medications with their details and actions (Prescribe, Modify/New Rx, Don't Prescribe, Resume). A red arrow points from the 'Review Orders for Discharge' tab to the 'Prescribe' column for a specific insulin entry. The right side of the screen shows a summary of orders and a preview of the discharge summary.



= Outpatient Order, means it's a new med that was given in the hospital & now prescribed

After Visit Summary Preview

Hover over the clock icon to see who ordered it and when:

After Visit Summary Preview Show All Orders

Last signed by McNamara, Ryan Scott, MD on 6/22/2020 AM.

Take 1 tablet (500 mg total) by mouth every 12 (two hours for 7 days, Starting Mon 6/22/2020, Until Mon 6/29/2020, Normal)

Pharmacy that medications were e-scribed at order signing

Discharge Order Rec Order Sets Options ▾

Edit Multiple

Place new discharge orders or order sets

Reconcile Meds for Discharge is complete.

After Visit Summary Preview Show All Orders

START taking:

- cefuroxime (CEFTIN) 500 MG tablet
 - Take 1 tablet (500 mg total) by mouth every 12 (twelve) hours for 7 days, Starting Mon 6/22/2020, Until Mon 6/29/2020, Normal
- diltiazem (DILACOR XR) 120 MG 24 hr capsule
 - Take 1 capsule (120 mg total) by mouth nightly, Starting Mon 6/22/2020, Until Tue 6/22/2021, Normal
- magnesium oxide (MAG-OX) 400 mg (241.3 mg magnesium) tablet
 - Take 1 tablet (400 mg total) by mouth daily, Starting Mon 6/22/2020, Until Tue 6/22/2021, OTC

CHANGE how you take:

- allopurinol (ZYLOPRIM) 300 MG tablet
 - Take 0.5 tablets (150 mg total) by mouth daily, Starting Mon 6/22/2020, No Print
- insulin detemir U-100 (LEVEMIR) 100 unit/mL (3 mL) InPn injection
 - Inject 0.15 mLs (15 Units total) subcutaneously 2 (two) times daily, Starting Mon 6/22/2020, No Print

STOP taking:

- chromium picolinate 1.000 mcg Tab
 - Take 1,000 mcg by mouth daily, Until Mon 6/22/2020, Historical Med
- metoprolol succinate (TOPROL-XL) 50 MG 24 hr tablet
 - Take 50 mg by mouth daily, Until Mon 6/22/2020, Historical Med

R CVS/pharmacy #7885 - RINGGOLD, GA - 4825 BATTLEFIELD PARKWAY

Can place new orders here, but must select an order mode at this screen to be able to e-scribe.

Prescribing Options

Normal: Escribed to pharmacy

Print: Printed at specialty printer on unit

No Print: Goes nowhere – appropriate for facility patients & changes

Last Step: Don't forget I-Vent & Chart Documentation!

All the I-vents start with Transition of Care – MedRec – then :

- Discharge: Every patient you review
 - If this patient has an MD consult for Medrec then include “.RXMedRec” in the documentation section of i-vent and Copy this to the Notes section of the chart (Just like kinetic/warfarin/tpn notes). Notice education verbiage at the end, delete if patient was not educated.
 - It is not necessary to copy a note for every patient you review, just consulted patients.
- Patient Education: Every patient you counsel
 - Please also copy a note to the chart using “.RXMedRec” to document education in chart.
- ADE Prevention Minor: Every patient in which you intervene with provider, please leave detailed notes.
- ADE Prevention Major: Same as above or significant extended time spent and/or high severity of repercussions. Please leave detailed notes
- Prescription Coordination: Every patient in which you facilitate filling of Rx's in outpatient
- Drug Enrollment: Every patient you refer to case management or print coupons, etc