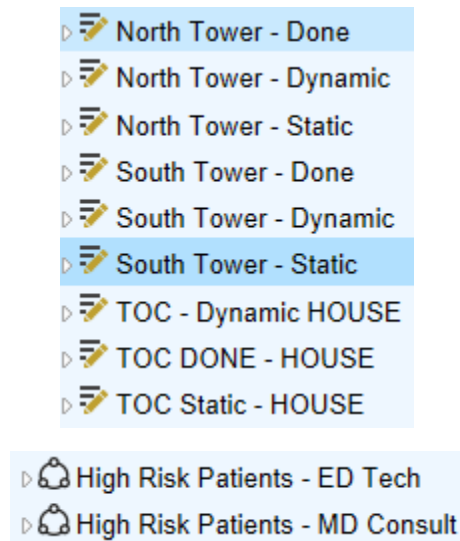


How To Identify & Review Discharge Patients

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

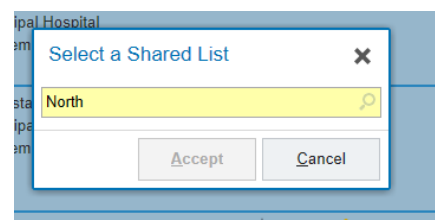
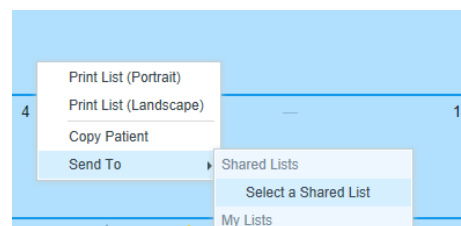
Access the Dynamic list for your assignment of the day and click the column to sort by “Has Discharge Order”

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 Disposit	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 Gail	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 HEALTHCAF - MEDICARE MGD CARE	Lindsey Brooks, NP
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 SHIELD - MEDICARE MGD CARE	Christopher M Greene, MD
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 ADMINSTR - MEDICARE MGD CARE	Ronald Streko, 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.

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 Disposit	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 Gail	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 HEALTHCAF - MEDICARE MGD CARE	Lindsey Brooks, NP
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 SHIELD - MEDICARE MGD CARE	Christopher M Greene, MD
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 ADMINSTR - MEDICARE MGD CARE	Ronald Streko, MD
Russell, Marsh Michael	7136/7136-01	74 y.o. / M	Myocarditis due to COVID-19 virus (Principal Hospital Problem)	7	★	✓	medication: glimepiride (GLIQUIN) NICHOLIN MEDICATION: metoprolol succinate 1 capsule	3	●	—	20.2%	1	Home or Self Care	CIGNA - WPAI THCAI Health NP	William Carmack, MD
Steele, Sarah Katherine	6126/6126-01	65 y.o. / F	NSAID pain SI elevated creatinine (HCC) (Principal Hospital Problem)	4	★	⚠	—	0	●	—	20.5%	0	Home or Self Care	MEDICARE MGD CARE	Harri S Sec
Wright, David	5125/5125-01	88 y.o. / F	Closed wound/tear fracture	12	★	⚠	—	0	●	—	11.1%	1	Home or Self Care	BLUE CROSS/BLU SHIELD - MEDICARE MGD CARE	Proctor



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.

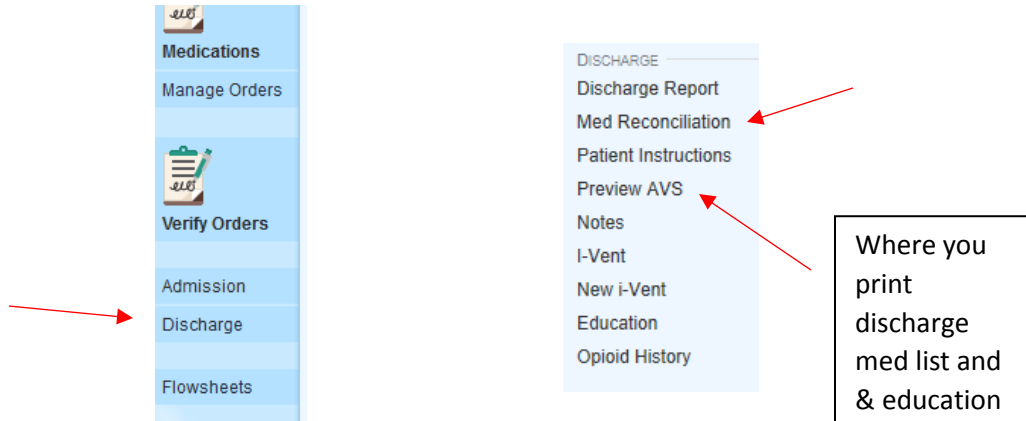
Patient ▲	Length of Stay (Days)	Has Discharge Order?	Discharge Med Rec Complete?	High \$ Meds	Medication Dosed Score	Discharge order signed?	Expected Discharge	Readmission Score	I-VENTS Score Column	Disch Disposition	Payor NWS	Time Since Review
Bishop, Jimmy Andrew 7105/7105-01 87 y.o. / M	4	☆	✓	—	1	●	—	20.4%	0	Home or Self Care	MEDICARE	Never review...
Blanks, Judy Gail 6115/6115-01 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 review...
Bradford, Starr Cloud 5107/5107-01 50 y.o. / F	1	☆	✓	—	0	●	—	14.2%	0	Home or Self Care	—	Never review...
Bradley, Gloria Ann 7107/7107-01 83 y.o. / F	7	☆	⚠	—	0	●	—	12.7%	0	Skilled Nursing Facility	MEDICARE	Never review...
Gonzalez, Connie Renae 7129/7129-01 59 y.o. / F	3	☆	✓	—	0	●	—	32.1%	0	Home or Self Care	BLUE CROSS/BLUE SHIELD -...	Never review...
Little, Kayla Marie 7108/7108-01 34 y.o. / F	4	☆	✓	—	1	●	—	29.6%	0	Home or Self Care	BLUE CROSS/BLUE SHIELD -...	Never review...
Pape, Michael G 5103/5103-01 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 review...
Record, Marvin Michael 7130/7130-01 74 y.o. / M	7	☆	✓	indacaterol-glycopyrrolate (UTIBRON NEOHALER) indacaterol-glycopyrrolate 1 capsule	3	●	—	22.3%	1	Home or Self Care	CIGNA HEALTHSPRING	Never review...
Sisco, Sarah Katherine 6126/6126-01 66 y.o. / F	4	☆	⚠	—	0	●	—	29.5%	0	Home or Self Care	MEDICAID - MEDICAID MGD CARE	Never review...

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”

Discharge

1. Review Home Medications 2. **Review Orders for Discharge** 3. Order Sets 4. Review and Sign

Review all prior to admission medications and discharge medications to determine the medications the patient should take after discharge.

Sort by: Reviewed

Signed Medication Changes

Medication	Instructions	Action
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	Prescribe (E:0)
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	Prescribe (E:0)
allopurinol (ZYLORIM) 300 MG tablet	Take 0.5 tablets (150 mg total) by mouth daily, Starting Mon 6/22/2020, No Print	Modify/New Rx (E:0)
allopurinol (ZYLORIM) tablet 300 mg	300 mg Daily, Oral, First dose on Thu 6/18/20 at 2130	Don't Prescribe (E:0)
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	Modify/New Rx (E:0)
aspirin 81 MG EC tablet	Take 81 mg by mouth nightly, Last Dose: Not Recorded	Resume (E:0)
aspirin EC tablet 81 mg	81 mg Every Night, Oral, First dose on Thu 6/18/20 at 2200 * DO NOT CRUSH THIS DOSAGE FORM *	Don't Prescribe (E:0)
calcitriol (ROCALTROL) 0.5 MCG capsule	Take 0.5 mcg by mouth every Monday, Wednesday, Friday, Last Dose: Not Recorded	Resume (E:0)
cetirizine (ZYRTEC) 10 MG tablet	Take 10 mg by mouth daily, Last Dose: Not Recorded	Resume (E:0)
glucosamine-chondroitin 500-400 mg tablet	Take 1 tablet by mouth 3 (three) times daily, Last Dose: Not Recorded	Resume (E:0)
multivitamin per tablet	Take 1 tablet by mouth daily, Last Dose: Not Recorded	Resume (E:0)
omega-3 fatty acids-fish oil 340-1000 mg Cap per capsule	Take 1 g by mouth 2 (two) times daily, Last Dose: Not Recorded	Resume (E:0)
omega-3 fatty acids-fish oil capsule 340 mg-1000 mg	2 g 2 times daily, Oral, First dose on Thu 6/18/20 at 2130 * DO NOT CRUSH THIS DOSAGE FORM *	Don't Prescribe (E:0)
omeprazole (PRILOSEC) 40 MG capsule	Take 40 mg by mouth daily, Last Dose: Not Recorded	Resume (E:0)
omeprazole (PROTONIX) EC tablet 40 mg	40 mg Daily, Oral, First dose on Fri 6/19/20 at 0900 TI for Proton Pump Inhibitors. * DO NOT CRUSH THIS DOSAGE FORM *	Don't Prescribe (E:0)
potassium chloride SA (K-DURKLOR-CON) 20 MEQ tablet	Take 20 mEq by mouth daily, Last Dose: Not Recorded	Resume (E:0)
simvastatin (ZOCOR) 40 MG tablet	Take 40 mg by mouth nightly, Last Dose: Not Recorded	Resume (E:0)

After Visit Summary Preview

START taking:

- cefuroxime (CEFTIN) 500 MG tablet
- diltiazem (DILACOR XR) 120 MG 24 hr capsule
- magnesium oxide (MAG-OX) 400 mg (241.3 mg magnesium) tablet

CHANGE how you take:

- allopurinol (ZYLORIM) 300 MG tablet
- insulin detemir U-100 (LEVEMIR) 100 unit/mL (3 mL) InPn injection

STOP taking:

- chromium picolinate 1,000 mcg Tab
- metoprolol succinate (TOPROL-XL) 50 MG 24 hr tablet

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Remove All Pend Sign & Verify Sign



= 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



Last signed by McNamara, Ryan Scott, MD on 6/22/2020, 10:00 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 + New

Select order mode [v] [Next]

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 (241.5 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 (ZYLORIM) 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

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Remove All Pend Sign & Verify Sign

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 Rxs in outpatient
- Drug Enrollment: Every patient you refer to case management or print coupons, etc