SELF-GUIDED PRACTICE WORKBOOK [N34] CST Transformational Learning

WORKBOOK TITLE:

# **Provider: Surgeon Inpatient (Workbook #2)**





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### **\*** SELF-GUIDED PRACTICE WORKBOOK

Duration	3 hours
Before getting started	<ul> <li>Sign the attendance roster (this will ensure you get paid to attend the session)</li> <li>Put your cell phones on silent mode</li> </ul>
Session Expectations	<ul> <li>This is a self-paced learning session</li> <li>A 15 min break time will be provided. You can take this break at any time during the session</li> <li>The workbook provides a compilation of different scenarios that are applicable to your work setting</li> <li>Work through different learning activities at your own pace</li> </ul>
Key Learning Review	<ul> <li>At the end of the session, you will be required to complete a Key Learning Review</li> <li>This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.</li> </ul>



### **Using Train Domain**

You will be using the train domain to complete activities in this workbook. It has been designed to match the actual Clinical Information System (CIS) as closely as possible.

Please note:

- Scenarios and their activities demonstrate the CIS functionality not the actual workflow
- An attempt has been made to ensure scenarios are as clinically accurate as possible
- Some clinical scenario details have been simplified for training purposes
- Some screenshots may not be identical to what is seen on your screen and should be used for reference purposes only
- Follow all steps to be able to complete activities
- If you have trouble to follow the steps, immediately raise your hand for assistance to use classroom time efficiently
- Ask for assistance whenever needed



### **PATIENT SCENARIO 1 – Discharge Patient Home**

#### **Learning Objectives**

At the end of this Scenario, you will be able to:

- Complete discharge steps, reconcile orders and medications.
- Update discharge diagnosis.
- Complete discharge documentation.

#### **SCENARIO**

It is post-op day 4 for your other patient. There were no complications in the post-operative period. You are ready to discharge your patient home. As part of the discharge process, the discharge medication reconciliation has to be done. Since the patient will be following up in your clinic you want to have some repeat blood work.

You will complete the following 4 activities:

- Patient Overview
- Discharge Medication Reconciliation & Create Prescriptions
- Place a Discharge Order and Future Orders
- Complete Discharge Diagnosis & Discharge Documentation



### Activity 1.1 – Patient Overview

You may use **Patient Overview** to communicate with other providers about the patient's status. Although it does not create any action items, it serves as a communication tool during patient handoff.

It provides a snapshot of patient's status and also helps you manage your patients:

- Location indicates where the patient is located (e.g. unit / room / bed)
- Illness Severity communicates the patient's illness severity and status
- Medication Reconciliation status tracks medication reconciliation completion status
- Other communication tools see discharge status, new lab results to be reviewed, and action items

Patient Overview					
🗚 🗎   📥   🔍 🔍   100% 🛛 🗸					
Patient Overview 🛛 🕂					
List: Hospitalist (14) ▼ Group by: None ▼	Add Patient				
Patient Information	Location	Illness Severity	Medica	Dis	N
*TEST, TEST 32 yrs F DOB: Oct 11, 1985		-	<b>0 ~ 0</b>		1
*TEST, CSTPRODBC 15 m F DOB: Aug 16, 2016	LGH 3E 	<ul> <li>Discharging</li> </ul>	✓ 0 ✓	F	1
*TEST, CSTPRODBC 15 m F DOB: Aug 10, 2016		• Watch	<b>√ 8 8</b>		1
CSTDEMO, INTERNALITONEB 27 yrs M DOB: Feb 20, 1990	LGH 5E 520 - 01	• Watch	~~~		1

First you will be communicating your plans to discharge in patient in Patient Overview: Select Patient Overview from the Toolbar and find the patient from the list.

📲 Patient Overview

1

2

#### Click inside the column under Illness Severity and select Discharging



Patient Overview						
🗚 🗎   🖶 🗎 🐴 🔩   100% 🔷   🔿 😁 1	4					
Patient Overview 23 +						
List: LGH Emergency Department, LGH Emergency	/ Depart (242) 💌					
Patient Information	Location	Ilness Severity	Medica	Dis	N.,	Ac.
*Validate, GeneralSurgeonA 38 yrs M DOB: Jan 29, 1979	LGH OCC MDC		000		ġ!	÷
*Validate, Pharm-Emerg 47 yrs F	LGH ED AC - 219	No Illness Severity				
*Vəlidate, Amb-Nurse 49 yrs M	LGH OCC MDC	No Watch Stable				
*Validate, Psychiatrist 59 yra F	LGH ED	No				
*Validate, GeneralSurgeonB 38 ym M	LGH ED	No Relationship Exists				

3

Click directly on the patient name to open their chart in Provider View.

Patient Information	Location	Illness Severity	Medica	Tis	N	Ac
<b>*Validate, GeneralSurgeonA</b> 38 yrs M DOB: Jan 29, 1979	LGH OCC MDC	Discharging	•••		Ê!	



Select the Transfer/Discharge tab and select Order Profile.

< 🖂 🔹 者 Provider View											
🗚 📄   📥 📄   🔍 🔍   100% -	-   🌀	• 🗳									
Admission	×	Rounding			23	Transfer/Discharge	23	Quick			
Order Profile (28) Medication Reconciliation Discharge Order Entry	Ord	ler Profile (28)					Pendin	g Orders			
Documents (0)			Туре	Order		<u>م</u>		Start			
Labs	⊿ Admit/Transfer/Discharge (1)										
Imaging			Ð	Admit to I Internal M	inpatie Iedicin	nt 2017-Sep-28 15:11 PDT, Admit to e, Admitting provider: Plisvca, Rocco,	General MD	28/0			



Review the patient's current orders under Orders Profile.

Orde	r Profile (35)							Selected v
			Pending Or	ders (24) Group by	: Clinical Catego	ory 🔽   Show: A	II Active Orders	
		Туре	Order	Start	Status	Status Updated	Ordering Provider	
⊿ Sta	tus (1)							
	28	Ð	Code Status 07-Nov-2017 14:06 PST, Attempt CPR, Full Code, Perioperative status: Attempt CPR, Full Code, During chemotherapy: Attempt CPR, Full Code	07/11/17 14:06	Ordered	07/11/17 14:07	TestPET, GeneralMedicine- Physician, MD	
⊿ Pat	ient Care (15)							
	9	ᠿ	Admission History Adult 03-Nov-2017 10:09 PDT, Stop: 03- Nov-2017 10:09 PDT	03/11/17 10:09	Ordered	03/11/17 10:09	SYSTEM, SYSTEM Cerner	
	Ð	<b>(</b> )	Basic Admission Information Adult 03-Nov-2017 10:09 PDT, Stop: 03-Nov-2017 10:09 PDT	03/11/17 10:09	Ordered	03/11/17 10:09	SYSTEM, SYSTEM Cerner	
	Ð	<b>(</b> )	Braden Assessment 03-Nov-2017 10:09 PDT, Stop: 03-Nov- 2017 10:09 PDT	03/11/17 10:09	Ordered	03/11/17 10:09	SYSTEM, SYSTEM Cerner	
	Ð	Ð	Hospital High Utilizer 03-Nov-2017 10:09 PDT, Stop: 03-Nov- 2017 10:09 PDT	03/11/17 10:09	Ordered	03/11/17 10:09	SYSTEM, SYSTEM Cerner	
	ø	<b>(</b> )	Infectious Disease Screening 03-Nov-2017 10:09 PDT	03/11/17 10:09	Ordered	03/11/17 10:09	SYSTEM, SYSTEM Cerner	
	<b>28</b>		Insert IV 01-Nov-2017	01/11/17 08:00	Future (On Hold)	29/10/17 19:08	TestAMB, GeneralMedicine- Physician1, MD	

**NOTE:** No manual action is required to discontinue orders at discharge. When the patient's encounter is discharged from the system (the act of discharging an encounter is usually completed by the unit clerk or nurse) this will automatically discontinue any active orders. Any planned orders to be completed in the future (non-initiated) or orders with pending results placed prior to discharge will remain active.

### Key Learning Points

Outstanding orders are automatically closed after discharge except future orders and orders with pending results

8 | 69



### Activity 1.2 – Discharge Medication Reconciliation & Create Prescriptions

Now that you have reviewed current orders, you are ready to complete your discharge medication reconciliation. The list of **medications to reconcile during discharge** includes:

- Home Medications medications that the patient was taking at home prior to admission. These medications were documented with BPMH but were not continued during the hospital visit
- **Continued Home Medications** medications the patient was taking at home prior to admission and **continued during this admission**
- **Medications** new medications that the patient started during this inpatient stay
- **Continuous Infusions** inpatient fluids and medications that were given by continuous infusion

You will determine which medications your patient should continue after discharge.

Continued medications will be carried forward and available as documented home medications within the patient's medication history. You can also create a prescription for the existing or new medications directly in the reconciliation screen.

All medications marked to be continued at home will be viewable at the patient's next visit.





#### In this activity you will:

- Discontinue or return to home medications
- Discontinue inpatient medications
- Create a prescription for an inpatient medication and a new home medication



1 Ensure you are in the Transfer/Discharge tab.

#### Select the **Medication Reconciliation** component and click **Discharge**.

< 🖂 🗧 🏦 Provider View					[□] Full screen (	Print .	🔁 0 minu
A 🗎   📥 🗎 🔍 🔍   100%	- 🕒						
Admission	8 Rounding	🛛 Transfer/Discharge	2 Quick Orders	× +			> /
Order Profile (31)	Medication Reconcilia	tion			s	elected visit	<b>e</b> =
Medication Reconciliation				Status: ✔ Meds History	✓ Admission   Transfe	er   🔒 Disc	charge
Discharge Order Entry	Order			Order Start	Status		_
Labs ?	△ Scheduled (3) Next 12 ho	urs					
Imaging (1)	ipratropium 500 mcg, nebu	lized, q4h while awake		Today 14:38	Ordered		
Micro Cultures (0)	metFORMIN 500 mg, PO, E	ID with food		Today 17:00	Ordered		
Pathology	salbutamol 5 mg, nebulized	l, q4h while awake		Today 14:38	Ordered		

2 The Order Reconciliation Discharge window displays (your list might be in a different order).

- Documented home medications marked by the \$\$\vert\$ icon
- Inpatient medications marked by the disconsistent in the interval of the interval
- Home prescription medications marked by the Decision

You will manage the patient's medications after discharge by selecting the corresponding button:

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Continue after discharge

to create a **prescription** for your patient to take home

÷	Ad	d	Man	nage Plans							Re	conciliation St Meds History	atus 🗸 ✔ Admission	🕒 Disch	narge
M				Orders Prior to Reconciliation							Orders	After Reconc	iliation		
		₽?	7	Order Name/Details	Status		۵.		₽?	7	Order Name	/Details	5	Status	*
	⊿	Cor	ntinue	d Home Medications											
		J,	8	morphine (morphine 10 mg oral caps 1 cap, PO, QID, 0 Refill(s)	Documented	0	0	0							Ε
		0	8	morphine 2 mg, IV, q1h, PRN: pain-breakthrough	Ordered	0	0	0							
		J.	8	ranitidine 150 mg, PO, BID with food, for 30 day, 6	Documented	0	0	0							
		<b>@</b>	8	ranitidine 150 mg, PO, BID with food	Ordered	0	0	0							
	⊿	Me	dicatio	ons											
		<b>(</b> )	3	acetaminophen 650 mg, PO, q4h, PRN: pain-mild or fever	Ordered	0	0	0							
		•	<b>F</b> 🕄	bisaCODYL 10 mg, rectal, qdaily, PRN: constipation	Ordered	0	0	0							-
		Det	ails												
		Missir	ng Reqi	uired Details 15 Unreconciled Order(s)				I	Reco	ncile a	and P	lan	Sign	Cano	el

**NOTE**: Some medications are listed twice: one is home medication and another is inpatient medication. If home medications are to be continued after discharge, select documented medication marked by sale rather than inpatient orders marked by the solution.

3



Home Medications section lists medications that were not ordered at admission.

The 😌 icon indicates medications awaiting your decision. Review each medication and make your selection.

Multivitamin Centrum is a documented home medication  $\Im$  and was not continued at the hospital. You have the following options:

Select the continue button if you want the patient to return to taking it at home. A prescription will not be provided but the patient will receive a Patient Discharge Summary listing multivitamin under section of "Home Medications – Continue Taking". It will be also viewable at the patient's next visit under Medication History.

Select the discontinue button if you want the patient to stop taking it after her discharge. The multivitamin will be listed under Stop Taking the Following Home Medications in the Patient Discharge Summary.

It will not be viewable at the patient's next visit.

+	Add	Man	age Plans							Reconciliation Status ✓ Meds History ✔ A	dmission  Discha	irge	
N.	Orders Prior to Reconciliation Orders After Reconciliation												
[	\$	7	Order Name/Details	Status		ī.		\$	7	Order Name/Details	Status	•	
	⊿ Co	ntinued	Home Medications										
	J,	•	morphine (morphine 10 mg oral caps 1 cap, PO, QID, 0 Refill(s)	Documented	0	0	0					E	
	Ð	3	morphine 2 mg, IV, q1h, PRN: pain-breakthrough	Ordered	0	0	0						

Go ahead and reconcile Morphine.



#### If you make an error, right click the medication and select Reset.

÷	Add	Reconciliation Status ✓ Meds History ✔ A									
M		Orders After Reconciliation									
		₽?	6	Order Name/Details	Status		۵.	6	₽?	7	Order Name/Details
	△ Continued Home Medications										
	morphine (morphine 10 mg oral caps Do 1 cap, PO, QID, 0 Refill(s)			Documented	۲	0	0	4		Reset	
		<b>()</b>	8	morphine 2 mg, IV, q1h, PRN: pain-breakthrough	Ordered	0	0	0			Add/Modify Compliance

5

4

Continued Home Medications section lists medications that were ordered at admission.

Ranitidine is listed as a documented home medication  $\Im$  and was continued as an inpatient medication  $\blacksquare$ .

**NOTE**: Select documented medication marked by a rather than inpatient orders marked by a icon, if home medications are to be continued after discharge. If the inpatient medication is continued upon discharge rather than restarting the home medication, this may create confusing notations within the Discharge Summary.

You the following options:

Select ▶ if you want the patient to return to taking her home medication after discharge.

Select 📕 to discontinue the inpatient medication after discharge.

Select **b** if the patient has run out of her prescription and you would like to create a refill.

+/	Add 📔 Man	age Plans							Reconciliation Status Meds History   Admissio	on 📵 Discharg	je
		Orders Prior to Reconciliation						Ore	ders After Reconciliation		
ſ	B, 77	Order Name/Details	Status		۳.		₽?	🕅 Order N	ame/Details	Status	*
	⊿ Continued	Home Medications									
	्रु 😚	morphine (morphine 10 mg oral caps	Documented	0	0	0					-
		1 cap, PO, QID, 0 Refill(s)		~	~	~					-
	🖶 😳	morphine	Ordered	0	0	0					
		2 mg, IV, g1h, PRN: pain-breakthrough		$\sim$	$\sim$	$\sim$					1
	<i>_</i>	ranitidine	Documented		0	0	S.	ranitidi	ne	Documented	
- 1		150 mg, PO, BID with food, for 30 day, 6			<u> </u>	<u> </u>		150 mg,	PO, BID with food, f < Notes >		
	🔁 😳	ranitidine	Ordered	0	0	0					
_ L		150 mg, PO, BID with food		$\sim$	$\sim$	$\sim$					

- 6 Lisinopril is also the patient's documented home medication 🔐 that has been continued in the hospital ⓓ but substituted to trandolapril № .

**WARNING**: It is recommended to select a documented home medication and stop the substitution **M**. If the substitution must be selected, **stop both** medications and create a new prescription order

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Keeping the above note in mind, consider one of the following options:

- Select 📕 if you want to discontinue inpatient trandolapril.
- Select lift you want the patient to return to taking lisinopril after discharge.

Select **b** if the patient has run out of her prescription and you would like to print a new one.

Your decision will be reflected in the Patient Discharge Summary and example of this document will be provided when you complete the reconciliation.

4	🖡 Add   🛃 Manage Plans									Reconciliation Status ✓ Meds History ✔ Admission	Discharge	
M	_								Orders After Reconciliation			
		0	3 8	Order Name/Details	Status		۵.		₿.	8	Order Name/Details	Status
	⊿	ŀ	lome M	edications								
		¢	<sup>2</sup>	multivitamin (Centrum 8400 oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	0	J.		multivitamin (Centrum 8400 oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s) < Notes for Patient >	Documented
		¢	<b>P</b>	non-formulary medication (Ginseng) PO, qdaily, 0 Refill(s)	Discontinue	0	0	۲				
	⊿	0	ontinue	d Home Medications								
		9	<b>P</b>	gliCLAZide 40 mg, PO, qdaily with food, for 30 day, 30 tab, 0 Refill(s)	Documented	۲	0	0	3		gliCLAZide 40 mg, PO, qdaily with food, for 30 day, 30 ta < Notes >	Documented
		ł	Fin 😳	gliCLAZide	Ordered	0	0	0				
	Г		<b>.</b>	40 mg, PO, quudy with jood	<b>D</b>							
		0		1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	0	4		1 tab, PO, qdaily, 30 tab, 0 Refill(s) < Notes for Patient >	Documented
		(	<b>]</b> , •••	<b>trandolapril</b> 1 mg, PO, qdaily	Ordered	0	0	۲				

7

Continue to review medications on the list and make your selections. Remember that it is recommended to return rather to home medication than to continue the inpatient one.



**NOTE:** Continued medications will be captured in the patient's Document Medication by Hx list (BPMH) and carried forward to the next visit. **Discontinued home medications will not be included** in the Document Medication by Hx list (BPMH).



### **Create Prescriptions**

1

You can **create a new prescription from any inpatient medication** order in the discharge reconciliation window.

To create a prescription for *Lorazepam and Sennosides 12 mg*. click the column marked with the  $\boxed{\Box}$  icon.

+	Add   🔚 Manage Plans						Reconciliation Status I Meds History I Admission	Discharg	ge
	Orders Prior to Reconci	liation					Orders After Reconciliation		
[	🖳 🏹 Order Name/Details	Status		<b>0</b> .		B, 77	Order Name/Details Statu	IS	*
	LORazepam (LORazepam subling 1 mg, sublingual, qHS, PRN: inson	j <b>ual)</b> Ordered	0	۲	0	<b>D</b> • 😣	LORazepam (LORazepam sublingual) Prese 1 mg, sublingual, qHS, PRN < Notes >	cribe	
	8 mg, IV, q8h, PRN: nausea or vor	r <b>ang</b> Ordered iiting	0	0	0				
	Polyethylene glycol 3350 (PEG 3) 17 g = 1 package, PO, gdaily, PRN	350 Ordered	0	0	0				
	sennosides 12 mg, PO, qHS, PRN: constipation	Ordered	0	۲	0	<b>D</b> • 😣	sennosides (senna 12 mg oral tablet) Prese 1 tab, PO, qHS, PRN: consti < Notes >	cribe	
	sennosides 24 mg, PO, qHS, PRN: constipation	Ordered	0	0	0				Ξ



- 2 Click each order marked by the 😵 icon and add required missing details. For example, select **prednisone**.
  - 1. To auto-populate **Dispense** and **Stop Date/Time** boxes, select **Duration** from the dropdown. The CIS **will calculate** the Dispense amount and the Stop Date/Time.

In this example, the Dose is **1 tab**. Select **7 day** for Duration – the Dispense and Stop Date/Time will be filled.

2. Ensure the **Type Of Therapy** selection is correct for the medication.

	Orders Prio	r to Reconciliation							Orders After Reco	nciliation		
\$ 7	Order Name/Details		Status		۵.		₽?	Ÿ (	Order Name/Details		Status	*
👘 🕒	LORazepam (LORazep	oam sublingual)	Ordered	0	۲	0	۵.	8	LORazepam (LORazepan	ı sublingual)	Prescribe	
	1 mg, sublingual, qHS,	PRN: insomnia		$\sim$	$\sim$	$\sim$			1 mg, sublingual, qHS, PR	N: in < Note	es >	
👘 🕒 😳	ondansetron (ondanse	etron PRN range d	Ordered	0	0	$\circ$						-
✓ Details for	LORazepam	(LORazepa	ım sublin	gua	l) 🔻					Send To:	Select Routing	• •••
📲 🎗 Details	0rder Comments											
*Dose	*Route of Admi	. *Frequency	Duration	*D	ispens	<b>e</b> 30	90	Refill				
🔵 1 mg	sublingual	🔶 qHS		t	ıb			• 0	🛨 🗧 🔓 In.	₽ ≈		
	*Start Date/Time: 20	)18-Apr-06	(None) See Instruction	is in the second s	PDT							^
	Type Of Therapy:	Acute	▲ 1 day									
	2	Maintenance	📥 2 day 🛆 3 day	=								
	*Stop Date/Time: 🍟	······	🛆 5 day									=
Pharmacy B	CCA Protocol Code:		△ 14 day									
			🛆 21 day									-
4 Missing Requ	ired Details 12 Unreco	nciled Order(s)	△ 30 day △ 1 doses/tin	nes			Re	concile	e and Plan	Sign	Can	cel



**NOTE**: For some home medications **dosed as strength** (for example mg, mcg, etc.), you may need to enter the **Dispense** amount in days equal to selected duration value.

- 1. In this example, the Dose is **1 mg**.
- 2. Select 7 day for duration.
- 3. \*Dispense = tab.

3



4 You can also **add additional prescriptions** for home medications that will be new to the patient. For your patient, you would like to add tiotropium.

Click the + Add icon.

By now, you are familiar with the Search window and search techniques. Search for *tiotropium 18 mcg once daily.* 

+ Add   💭 Manage Plans							Reconciliation Status ✔ Meds History ✔ Admission 🕴 Discha	arge	
M		Orders Prior to Reconciliation						Orders After Reconciliation	
	\$ ¥	Order Name/Details	Status		۵.		\$	P V Order Name/Details Status	
	⊿ Home	Medications							
	3	multivitamin (Centrum 8400 oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	0	3	multivitamin (Centrum 8400 oral tablet) Documer 1 tab, PO, qdaily, 30 tab, 0 Refill(s) < Notes for Patient >	nted
	4	non-formulary medication (Ginseng) PO, qdaily, 0 Refill(s)	Discontinue	0	0	۲			
				۲	•	•	D.	tiotropium (tiotropium inhaler) Prescribe 18 mcg, inhalation, qdaily, for 30 day, 30 cap, 0 < Notes >	2



### **Complete Discharge Medication Reconciliation**



Continue to reconcile all medications to successfully complete the discharge medication reconciliation process.

- 1. Only when **all medications are reconciled** as indicated at the bottom of this window, the Sign button becomes active.
- 2. Click Sign.

+	Add	<b>8</b> N	flanage Plans						Reconciliation Status ✔ Meds History ✔ Admission 🚯 Discharge
			Orders Prior to Reconciliation						Orders After Reconciliation
ſ	0	3 8	Order Name/Details	Status		۵.		37	Order Name/Details Status
İ	⊿⊦	lome	Medications						
	¢	<b>J</b>	multivitamin (Centrum 8400 oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	0	3	multivitamin (Centrum 8400 oral tablet)         Documented           1 tab, PO, qdaily, 30 tab, 0 Refill(s) < Notes for Patient >
	¢	<u></u>	non-formulary medication (Ginseng) PO, qdaily, 0 Refill(s)	Discontinue	0	0	۲		
					۲	•	۲	۵.	tiotropium (tiotropium inhaler) Prescribe 18 mcg, inhalation, qdaily, for 30 day, 30 cap, 0 < Notes >
	⊿ (	Contin	ued Home Medications						
	d	<u>ي</u>	gliCLAZide 40 mg, PO, qdaily with food, for 30 day, 30 tab, 0 Refill(s)	Documented	۲	0	0	<u></u>	gliCLAZide Documented 40 mg, PO, qdaily with food, for 30 day, 30 tab, < Notes >
	ť	Ð	gliCLAZide 40 mg, PO, qdaily with food	Ordered	0	0	۲		
	¢	,	lisinopril (lisinopril 10 mg oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	0	9	lisinopril (lisinopril 10 mg oral tablet) Documented 1 tab, PO, qdaily, 30 tab, 0 Refill(s) < Notes for Patient >
	Ć	<b>-</b>	trandolapril 1 mg, PO, qdaily	Ordered	0	0	۲		
	¢	J°	metFORMIN 500 mg, PO, BID with food, for 30 day, 60 tab, 0 Refill(s)	Documented	۲	0	0	3	metFORMIN Documented 500 mg, PO, BID with food, for 30 day, 60 tab, 0 < Notes >
	Ć	<b>]</b> •	metFORMIN 500 mg, PO, BID with food	Ordered	0	0	۲		
	¢	J.	salbutamol (salbutamol 200 mcg inhaler) 1 puff, inhalation, once, PRN: as needed, 0 Refill(s)	Documented	۲	0	0	J.	salbutamol (salbutamol 200 mcg inhaler) Documented 1 puff, inhalation, once, PRN: as needed, 0 Refill < Notes >
	Ć	<b>]</b> • 💽	salbutamol 5 mg, nebulized, q4h while awake	Ordered	0	0	۲		
	⊿ N	Medica	ations						
	Ć	ft 🗈	acetaminophen 650 mg, PO, q4h, PRN: pain-mild or fever	Ordered	0	0	۲		
	Ć	<u>-</u>	ipratropium 500 mcg, nebulized, q4h while awake	Ordered	0	0	۲		
	Ć	<b>]</b> •	MOXIfloxacin 400 mg, PO, once	Ordered	0	۲	0	ī.	MOXIfloxacin (moxifloxacin 400 mg oral tablet) Prescribe 1 tab, PO, g24h, 1 tab, 0 Refill(s) < Notes for Patient >
	Ć	<u>-</u>	predniSONE 50 mg, PO, gdaily with food	Ordered	0	۲	0	ī.	predniSONE (predniSONE 50 mg oral tablet) Prescribe 50 mg, PO, gdaily with food, for 7 day, 7 day, 0 < Notes >
	ť	Ð	zopiclone 3.75 mg, PO, gHS, PRN: insomnia	Ordered	0	۲	0	<b>D</b> •	zopiclone (zopiclone 7.5 mg oral tablet) Prescribe 0.5 tab, PO, qHS, for 5 day, PRN: insomnia, 5 da < Notes >
	D	etails							
[	0 Mi	ssing R	iequired Details ] [All Required Orders Reconciled]						Reconcile and Plat 2 Sign Cancel



- 2 The following will happen
  - The Document Medication by Hx list (BPMH) will be populated by medications that you selected to continue. Prescriptions will be added to this list.
  - Home medications that are not continued in current discharge reconciliation, will be dropped and removed from the list.
  - The prescription will print automatically.

Vancouver Coastal Healt Promoting wellness Ensuring	care.	Lion 231 Nort	s Gate Hospital E. 15th Street h Vancouver, BC V7L 2L7	
Patient Name: IPPH	IY-ONE, JANE			
DOB: 1941-DEC-04 Ag	e: 76 years Wei	ght: 70kg (2017-DEC-06)	Sex: Female	PHN: 9876415
Allergies: Peanuts, per	nicillin, morphine			
Δ	llerav list mav be in	complete Please review	with patient or caregiv	rer
[] Blister Packaging	- week cards; dispense_	cards at a time; Repeat		
[] Non-Safety vials [] Oth	er			
Faxed to Community Pharm	acv:	Fax:		
Faved to Family Physician:		Fav		
railed to railing ringsidian.	If you received	this fax in error please conta	act the prescriber	
Datiant Addrass: 5555 Main	Street	Home Phone:		
Vancouve	r. British Columbia	Work Phone:		
Canada				
Canada Any na Over	rcotic medications	need a duplicate prescuions can be filled on Phar	ription form to be co maNet at patient's dis	mpleted cretion
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A medication summary will be included in the **Patient Discharge Summary** as well as in the **Discharge Summary**.



#### Medications

#### New Medications to Start Taking

Medication	How Much	How	When	Reason	Next Dose	Additional Instructions
MOXIfloxacin (moxifloxacin 400 mg oral tablet)	1 tablet	by mouth	every 24 hours			
predniSONE (predniSONE 50 mg oral tablet)	50 milligram	by mouth	daily with food			Stop Date: 07-MAR-2018
tiotropium (tiotropium inhaler)	18 microgram	by inhalation	daily			
zopiclone (zopiclone 7.5 mg oral tablet)	0.5 tablet	by mouth	daily at bedtime as	insomnia		Stop Date: 05-MAR-2018
		-	needed			-

#### Home Medications - Continue Taking

Medication	How Much	How	When	Reason	Next Dose	Additional Instructions
gliCLAZide	40 milligram	by mouth	daily with food			
lisinopril (lisinopril 10 mg oral tablet)	1 tablet	by mouth	daily			
metFORMIN	500 milligram	by mouth	twice a day with food			
multivitamin (Centrum 8400 oral tablet)	1 tablet	by mouth	daily			
salbutamol (salbutamol 200 mcg inhaler)	1 puff	by inhalation	one time as needed	as needed		
Stop Taking the Following Home Medications						

Reason to Stop Taking

Medication non-formulary medication (Ginseng)

	Key	Learning	Points
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- Both home and inpatient medications can be converted into prescriptions during the discharge reconciliation process
- **Continued medications will be captured** in the patient's Document Medication by Hx list (BPMH) and carried forward to the next visit
- **Discontinued home medications will not be included** in the Document Medication by Hx list (BPMH)
- Discharge **medication information is included in the discharge summary** forwarded to patient's family doctor and in the **patient discharge summary** given to the patient



### Activity 1.3 – Place a Discharge Order and Future Orders

The **Discharge Patient order creates tasks** informing the team that the patient is ready to be discharged. The order is also required by Hospital Act Regulation. After the patient physically leaves the hospital, the encounter can be closed.

In the Clinical Information System (CIS), you also can create orders to be completed after the patient has been discharged. This applies to **orders to be done post-discharge** such as:

Referrals

1

• Investigations such as labs/imaging also called future orders

When the electronic order is placed, a testing facility that is part of your CIS will see that request to be added to their electronic queue.

When the order is going to be completed at the external site that does not have CIS or a specimen is expected to be collected at home, a printed requisition will be given to the patient for post-discharge orders. The electronic order is placed for the record only.

For your patient, you decide to place future orders for an abdominal CT with contrast. You also want to provide them with a referral to the Ostomy Clinic.

Navigate to the **Transfer/Discharge** tab in Provider View.

Select or scroll to Discharge Order Entry

Under Future Orders folder, find Discharge Patient (Discharged without Support Services) and select Order







**NOTE:** You may also use Quick Orders and select Discharge Patient under Patient Care.

Patient Care	≡•⊗
⊿ Patient Disposition	
Admit to Inpatient	
Admit to Day Surgery	
Change Attending to	
Bed Transfer Request	
Discharge Patient	
Discharge to External Site	
Patient Deceased	
Nurse May Pronounce Death	
Exception to Transfer	

2 To add a **CT abdomen scan with contrast** as a future order, search the catalogue directly from Discharge Order Entry.

#### Search ct abd

Select CT Abdomen w/contrast from the drop-down list.

	Discharge Order Entry 🕂				
	Inpatient 🗸				
	Personal	Public	Shared	🤉 ct abd	
	CT Abdomen Pelvis w/ + w/o Contr	ast			
	CT Abdomen Pelvis w/ Contrast				
	CT Abdomen Pelvis w/o Contrast				
	CT Abdomen w/ + w/o Contrast				
L	CT Abdomen w/ Contrast				
	CT Abdomen w/o Contrast				

Repeat the same steps to add the **Referral to Ostomy-Colostomy** search the catalogue directly from Discharge Order Entry



4

To add a CBC and Differential go to the Quick Orders tab and select the order sentence from the outpatient Orders Folder.

uick Orders	× + - · ·	•
	Outpatient Orders =• 🕤	*
	► Cardiac	
	Imaging	
	⊿ Labs	
	CBC and Differential Blood, Routine, once, Order	
	for future visit	
	Electrolytes Panel Outpatient (Na, K) Blood,	
	Routine, once, Order for future visit	
	Creatinine Level Blood, Routine, once, Order for	
	future visit	
	Urea Blood, Routine, once, Order for future visit	
	Glucose Random Blood, Routine, once, Order for future visit	

<sup>5</sup> Click Orders for Signature , then click Modify.

This will enable you to add more details to the orders

Orders for Signature (3)		23
		_
Admit/Transfer/Discharge		
Discharge Patient (Discharged Home without Support Services)		
Laboratory		
CBC and Differential (Blood, qdaily for 3 day)		
Consults/Referrals		
Referral to Ostomy-Colostomy	۲	
		_
	Sign Save Modify Cance	al

**NOTE:** You can remove the order placed in error by placing the cursor over the individual order in the Orders for Signature window, and clicking the  $\mathbf{x}$ .





7

### For the CBC and Differential, by the Order for future visit and click the calendar icon

Details 🕞 Order Comments				
*Specimen Type:	Blood	*Collection Priority:	Routine 🗸	
Unit collect:	🔿 Yes 🔘 No	Collected:	🔿 Yes 🔘 No	
*Collection Date/Time:	14-Dec-2017 🔹 💌 1455 🚔 PST	*Frequency:	once 🗸	
Duration:		Duration unit:	<b>v</b>	
CC Provider 1 (Outpatient Only):		CC Provider 2 (Outpatient Only):		
C Provider 3 (Outpatient Only):		Order for future visit:	💽 Yes 🌇 🔿 No	

8 You have an option to select different details recommending when the test should be completed or if it has to be repeated. Select one of the options:

- One-time test (single order) or recurring
- An approximate time from now
- An approximate time before a specific date
- Time range in days for a grace period
- Exact date



**NOTE:** These details are to guide appropriate booking not to book the actual test.



Future Order Details	Future Order Details
Single Order     Recurring Order  Future single order for Pulmonary Function Test Complete	<ul> <li>Single Order</li> <li>Recurring Order</li> <li>Future recurring order for Pulmonary Function Test Complete</li> </ul>
In Approximately day Geoce 2017 day Week month Grace Period (+/-) day Sometime Before day	Every     day     For     day       week     week       month     month       Grace Period (+/-)     a       First occurrence estimated start     06-Oct-2017
<ul> <li>On Exactly</li> <li></li></ul>	LEARNTEST, PHYS - 700006586 OK Cancel

For the Referral to Ostomy-Colostomy, complete the following details:

- Location: LGH Wound Ostomy
- Scheduling Priority: Emergent (less than 1 week)
- Reason for Referral: Type "follow-up for further education"
- Location: Paper referral

_					
Γ.	d Diagnostic Tests				
	🔲 🔁 🔇 CT AI	odomen w/ Con Order 14-1	Dec-2017 14:49 14-Dec-2017 14:49 PST, Routine		
Ŀ	Consults/Referrals				
	🔲 😣 Refer	ral to Ostomy-C Order 14-I	Dec-2017 14:49 Future Order, 14-Dec-2017		
Ē	Defer	al la Ostamu Calasta			
3	Details for Helerr	al to Ostomy-Colosic	my		
e	🛠 Details 🕅 Order (	Comments			
1	224				
	+ 2 1 4	1			
Π.	• • · · · · · · · · · · · · · · · · · ·	2			
	*Scheduling Priority:		Referred To Provider:	*Location:	¥
		Emergent (less than 1 week)			
	*Reason For Referral:	Urgent (less than 1 month)	Notes to Scheduling:		
		Routine			
		As Determined by Provider			
		As per notes			
		Patient to call			
Ш					



**NOTE:** For locations that are not part of PowerChart, the **Paper Referral** should be selected. Although the process remains on paper, placing this order in PowerChart informs care providers for this patient that the specific referral has been placed.

10 Click Sign

9



### **Key Learning Points**

- A **Discharge Patient Order** documents the decision to discharge a patient (required by the Hospital Act Regulation) and informs patient registration and the nurse
- **Future orders** are for referrals, tests, and investigations that will be carried out after discharge. They can remain active for up to 2 years after discharge
- You can easily place recurring future orders using appropriate options
- Selecting a specific location will prompt staff at the location that the order has been placed
- Selecting **Paper Referral** indicates that the process remains manual as the facility/provider may be practicing outside of the CIS while the order is still captured in the patient's electronic chart



# Activity 1.4 – Complete Discharge Diagnosis & Discharge Documentation

By now you are familiar with using Dynamic Documentation. It pulls the data such as:

- Test results, vital signs, or medications
- Your private notes typed or dictated in the Transfer/Discharge tab like Significant Findings

The CIS provides links to two discharge document types:

- **Discharge Summary** to be distributed through Excelleris to the list of automatically included providers. You can also select other providers who should receive a copy.
- **Patient Discharge Summary** to be printed by a nurse and handed to the patient.

Discharge Disposition							
Hospital Course							
Create Note							
Discharge Summary							
Patient Discharge Summary							
Select Other Note	-						



Confirm problems and diagnoses status at discharge:

1

Click on **Small Bowel Obstruction** to expand details. Ensure it states that this is a discharge diagnosis and note the status. Then, select **Modify**.

Admission	12 Rounding	11 Outpatient Chart	II Transfer/Discharge	32 Quick Orders	12 Endocrapy Workflow	II +	
Order Profile (22) Medication Reconctilation	Discharge Diagnosis					Gesticator: Medical and	Patient Stated • Al Value 2
Discharge Order Entry Documents (0)				Add new as: This Visi	a + Q Protem name		]
Labs Imaging (t)	- Snull bowwl obstruction			This Visit Chronic			Modify
Mico Caltures (8) Pathology (8)	Asthma		s	mall bowel obstruction			
Discharge Diagnosis Significant Findings				Condition type This Visit			
Procedures and Treatment Provided			1	Kugness Type Admitting			
Post Discharge Follow Up Discharge Disposition				Onset Date + Status -			
Hospital Course				Confirmation Confirmed			
Discharge Summary			c	mments			
Fatert Discharge Summary Select Other Note				Add new			

Ensure the diagnosis type reflects discharge.





**NOTE:** You can add comments for better communication with other care team members.

2 Click the **Discharge Summary** under **Create Note** component.



Start documenting patient's discharge by typing information under:

• Significant Findings

3

- Procedures and Treatment Provided
- Hospital Course

Entries made in these fields will auto-populate into your Discharge Summary.

Remember that you can use auto text entry to speed up the process. The Hospital Course component offers direct access to your saved autotext.

Discharge Summary	×	List									
Tahoma -	•][	Size 🔹	Ē 🕅	1	⇒   B	I	U ab	A:	E	± =	<b>B</b>

The Manage Auto Text window will appear.

inage Auto Text	
- Emanagemente rent	
My Phrases Public Phrase	es
+	<b>Q</b> Search Auto Text
Abbreviation	Description
"careplan	Care Plan
"critical_nursingsummary	Critical Care Nursing Shift Summary
"icu_rounds_checklist	ICU Rounds Checklist for Nurses
"maid_assessments	Medical Assistance in Dying
"maid_planning	Meidcal Assistance in Dying Contemplation
,,all_codestatus	Code Status Order
,,all_mmse_score	Mini Mental Status Exam
,,card_cardioversion	Cardioversion Procedure Note
,,cc_arterial_line	ICU Arterial line
,,cc_bronch	ICU Bronchoscopy Procedure
,,cc_cardioversion	ICU Cardioversion Note
,,cc_chest_tube_insertion	ICU Chest Tube Insertion Note
Previous 1 2 3 4 5 13 1	Vext



4 Once you are ready to create discharge notes, click the note links provided under **Create Note**. There are two note links available:

#### • Discharge Summary

- Create the note but Instead of Sign/Submit, clicking Save & Close will allow you to finish the note later in the Message Centre
- Patient Discharge Summary
  - o Use this note template, if necessary



**NOTE:** PowerChart will automatically send a saved document to your Message Centre. The document will be saved as a draft and will only be visible to you.

### 🔦 Key Learning Points

- You can fully manage discharge diagnosis right in the Transfer/Discharge tab.
- A Discharge Summary will be distributed to the providers who have documented lifetime relationships on the patient's record and to any other providers selected by you
- Patient Discharge Summary is printed for the patient at discharge by nursing



### **PATIENT SCENARIO 2 – Transfers**

#### Learning Objectives

At the end of this scenario, you will be able to:

- Inpatient Transfer
- Transfer Medication Reconciliation
- Discharge to an External Site

#### SCENARIO

Your other patient was admitted two days ago with a community acquired pneumonia. Her symptoms have been worsening despite antibiotic treatment. The patient was found to be septic.

You will complete the following 3 activities:

- Transfer to ICU
- Medication Reconciliation on Transfer
- Discharge to an External Site



### Activity 2.1 – Transfer to ICU

Once the decision to transfer a patient is made by the provider, physician to physician communication takes place outside of the Clinical Information System (CIS) to ensure proper transfer of responsibilities. It is important that the sending physician still discusses all aspects of care and shares any concerns with the receiving physician.

To initiate the transfer and locate an appropriate bed for the patient, a **Bed Transfer Request** order is placed. This order is typically placed by the Charge Nurse of the sending unit; however, a provider may also enter this order.



#### In this activity you will:

Place the Patient Disposition order – Bed Transfer Request



Place the Bed Transfer Order from the **Quick Orders tab > Patient Disposition** folder.

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General
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2

Click the Orders for Signature icon, then click Modify.



Review what details are included in this order. Note that some entries cannot be made in the Train Domain so you will leave them blank.

- 1. Name of the new attending provider = leave blank
- 2. Bed type = leave blank
- 3. Medical Service use drop-down
- 4. If patient has been accepted by the new provider = yes
- 5. Special Instructions = type or dictate
- 6. Click Sign to complete the process.

IP-PHY-Five, Jane	DC	08:1942-Jan-22	MRN:760000181	Code Sta	itus:		Process:		Location:LGH 2E; 208; 01
Allergies: penicillin Peanuts	Ag	e:/6 years nder:Female	Enc:/60000000181	Dosing V	vt·70 ka		Disease: Isolation:		Enc Type:inpatient Attending:Train, GeneralMedicine-Physicia
Add  Document Medication by Hx	Recon	ciliation •   🚴 Che	ck Interactions	bosing v	laro kg		Isolaton.		Reconciliation Status Meds History    Admission    Discharge
Orders Medication List Document In Plan									
	M	Orders for Signature							
View	l	8 0 B 1	Crder Name	Status	Start	Details			
··· Orders for Signature	*	△ LGH 2E; 208;	01 Enc:760000000181	Admit: 20	18-Jan-02 07:44 PS	т			
Plans		△ Admit/Transf	fer/Discharge						
-Document In Plan		🗖 🗖	Bed Transfer Request	Order	2018-Mar-01 16:	17 2018-Mar	-01 16:17 PST		
⊡ Medical									
ED Pneumonia (Validated) (Initiated)									
Suggested Plans (0)	nr								
Orders									
Admit/Transfer/Discharge									
- Status									
Patient Care		▼ Details for <b>B</b>	ed Transfer Re	equest					
- Activity		Petails 🗐 0	rder Comments						
- Diet/Nutrition	Ξ	1250							
Continuous Infusions		+ 3 1.	II ×						
Medications									
- Blood Products		*Requested St	art Date/Time: 01-Mar-2	018	• 1617	PST	Medical Service	: [	✓ (3)
- Z Laboratory									
Diagnostic Tests		New Atte	ending Provider:				New Attending Provider Accepted	: 🔿 Yes	
- Procedures			Bed Type:		×	9	Telemetry	Ves	
Allied Health						2	,		
Consults/Referrals		Spec	cial Instructions:			-			
Communication Orders			5						
- Supplies									
Non Categorized									
Medication History	-								
A A CHI	P								
Diagnoses & Problems									
Related Results									
Variance Viewer	1	0 Missing Required	Details Orders For Cosi	gnature					Sign Cancel

### Key Learning Points

The **Bed Transfer Request** order initiates the process of searching for a bed. It also allows for identifying new medical service and transferring responsibility of care

Verbal communication between units and physicians is critical



### **Activity 2.2– Medication Reconciliation on Transfer**

When transferring a patient to a different level of care, all current medications and orders must be reconciled.

The transfer medication reconciliation is similar to the admission reconciliation; however, it also includes **non-medication orders**. In the Clinical Information System (CIS), this task may be performed as **many times** as necessary, whenever a patient is transferred. The transfer reconciliation window is a convenient tool to review all of the patient's medications and orders in one step.

The receiving provider is generally the one responsible for completing transfer medication reconciliation with the exception of Critical Care providers.

The Critical Care provider will be the one responsible for completing the reconciliation when accepting **and** when sending the patient. When the Critical Care provider transfers the patient out of the Critical Care unit, he or she will **plan** transfer medication reconciliation and the receiving provider will review and sign it to initiate orders once the patient has arrived at their new unit/patient care area.

For example, when a patient is being transferred back to the Medicine Unit, the Critical Care provider plans transfer reconciliation and you as the receiving provider will review the orders, make adjustments if necessary, and sign.



#### In this activity you will:

Complete transfer medication reconciliation



In the **Transfer/Discharge** tab, display **Discharge Medication Reconciliation** component. Click **Transfer**.

Me	< 🔸 🔹 者 Provider View			🗇 Full screen 📾 Print 🍣 0 minute
5	🗚 🐚   📥 🖿   🔍 🔍   100%	- I • • 🖄		
	Admission	Rounding     Transfer/Discharge     Quick Orders	× +	- V / I
	Order Profile (22)	Medication Reconciliation		Selected visit $  \mathfrak{d}   \equiv$
	Medication Reconciliation		Status: ✔ Meds Histor	ry 🖌 Admission 📔 Transfer 🛛 🕄 Discharge
	Discharge Order Entry	Order	Order Start	Status
	Labs	✓ Scheduled (3) Next 12 hours		
	Imaging (1)	ipratropium 500 mcg, nebulized, q4h while awake	Yesterday 22:00	Ordered
	Micro Cultures	ranitidine 150 mg, PO, qHS	Yesterday 22:00	Ordered
	Pathology	salbutamol 5 mg, nebulized, q4h while awake	Yesterday 22:00	Ordered
	Discharge Diagnosis	✓ Continuous (0)		



2

3

The **Transfer Reconciliation** screen displays.

You are now familiar with all icons. Use hover to discover to review this information.

**NOTE**: The transfer reconciliation displays medication and non-medication orders. On transfer within the hospital, you can continue orders that are already in place. This allows for a safe and effective transfer of care.

Click All to select all non-medication orders you would like to stop or continue, with one click.

Add	🎦 Mana	age Plans   Transfer To: (None) -							Reconciliation S	tatus y ✔ Admission	🕒 Discha	ge
		Orders Prior to Reconciliation						Orders After Recon	ciliation			
23	3 8	Order Name/Details	Status			B, 77	Order Name/Detai	ls		Sta	atus	1
⊿	odicatio	nji se										
đ	þ 🗈 😳	cetaminophen 50 mg, PO, q4h, PRN: pain-mild or fever	Ordered	0	0							
đ	b 😳	tenolol 10 mg, PO, qdaily	Ordered	0								
6	7 😚	tenolol (atenolol 50 mg oral tablet) . tab, PO, qdaily, 0 Refill(s)	Documented									
đ	þ 🗈 😳	pratropium 300 mcg, nebulized, q4h while awake	Ordered	0	0							
9	7 😚	pratropium (ipratropium 20 mcg/puff inhaler) iee Instructions, 2 puffs PRN up to 12 times daily, 0 Refill(s)	Documented	0	0							
6	7 😚	pratropium (ipratropium 20 mcg/puff inhaler) ? puff, inhalation, QID, 0 Refill(s)	Documented	0	0							
đ	þ 🗈 😳	MOXIfloxacin 100 mg = 250 mL, 250 mL/h, IV, q24h	Ordered	0	0							
đ	þ 🗈 😳	predniSONE 10 mg, PO, qdaily with food	Ordered	0	0							
ŧ	þ 😳	anitidine .50 mg, PO, qHS	Ordered									
9	7 😣	anitidine 50 mg, PO, qHS, for 30 day, 30 tab, 0 Refill(s)	Documented		Ŭ							
đ	þ 🗈 😳	albutamol 5 mg, nebulized, q4h while awake	Ordered	0	0							
9	7 😳	albutamol (salbutamol 100 mcg/puff inhaler) ee Instructions, 1-2 puffs q4-6h, 0 Refill(s)	Documented	0	0							
đ	þ 🗈 😳	odium chloride 0.9% (sodium chloride 0.9% (NS) bolus) 500 mL, IV, once	Ordered	0	0	1						
⊿ S1	tatus			ALL	ALL							
đ	þ 🛃 😳	ode Status 31-Jan-2018 10:37 PST, Attempt CPR, Full Code, Perioperative status: Attem	Ordered	0	0							
⊿ Pa	atient Ca	re		ALL	ALL							1
▲ De	etails											
0 Mis	sing Requ	ired Details 24 Required Unreconciled Order(s)						Reconcile and	Plan	Sign	Cancel	

For your practice, make the appropriate selections. Once you reconcile all orders, you can choose one of the following two options:

- Sign to complete the process, and activate orders immediately
- Plan to save your selections to be activated at a later time.



**WARNING**: When transfer reconciliation is in a **planned** status, provider's decisions remain saved but orders and order changes will not be active. Patient care is continued per current state orders until the transfer reconciliation is signed.

When a patient is transferred out of the ICU, the Critical Care provider makes decisions about current orders and chooses **Plan** so the orders continue until the receiving provider signs off.

The status of planned transfer reconciliation is partial pending indicated by 🕏 icon.

Medication Reconciliation		Selected visit 🏾 🍋 🗏
	Status: ✔ Meds History	🗸 Admissior 🛛 🏷 Transfer 🛛 🕒 Discharge
Order	Order Start	Status
4 Scheduled (3) Next 12 hours		
ipratropium 500 mcg, nebulized, q4h while awake	Yesterday 22:00	Ordered
ranitidine 150 mg, PO, qHS	Yesterday 22:00	Ordered
salbutamol 5 mg, nebulized, q4h while awake	Yesterday 22:00	Ordered
∠ Continuous (0)		
⊿ PRN/Unscheduled Available (1)		
acetaminophen 650 mg, PO, q4h, PRN: pain-mild or fever	January 31, 2018 10:37	Ordered
△ Suspended (0)		
<ul> <li>Discontinued (0) Last 24 hours</li> </ul>		

In this situation, the receiving provider clicks the **Transfer** button to display pending Transfer Reconciliation window. The receiving provider reviews orders and makes decisions to continue, discontinue, or add orders. Sometimes it might be appropriate to stop all current orders and place new ones.

### Key Learning Points

- The receiving provider is responsible for the review and signature of the transfer medication and non-medication reconciliation upon receipt of the patient
- When the Critical Care provider is transferring patients out of the Critical Care unit, they will leave the reconciliation in **planned** status (select Plan) and current orders continue until the receiving provider signs off

1



### Activity 2.3 – Discharge to an External Site

When you transfer your patient to an external site, the patient must be discharged from the current site. The current encounter is closed. The receiving provider accepts the patient and completes steps for admission at the receiving site.

You contact Patient Transfer Network (PTN) to identify the receiving provider and arrange for a provider to provider communication. This action takes place outside of the Clinical Information System (CIS). In this example, a receiving provider has been identified and has accepted the patient. You complete handover and the patient is now ready to be moved.

To proceed with transfer to the external site, you will **discharge the patient from your site**. Follow the discharge process from our previous activities and discharge the patient.

Use one of the techniques you have learned before and place a **Discharge to External Site** order.

Orders for Signature						
🔊 🕐 🖳 🕅 Order Name	Status	Start	Details			
⊿ LGH ED; INTK; 314 Enc:70000	00015911 Adm	it: 01-Dec-2017 12	:24 PST			
⊿ Admit/Transfer/Discharge						
🔲 👘 🛛 Discharge to Ex	ternal Order	09-Dec-2017 1	6:04 09-Dec-2017	7 16:04 PST		
■ Details for Discharge te	o Externa	l Site				
Details 0rder Comments						
+ * lh. 🖡 🗧						
*Requested Start Date/Time:	)9-Dec-2017	1604	PST	Accepting Provider:		
Facility:			]	Unit/Location:		
Special Instructions:						
0 Missing Required Details Orders	For Cosignature				Sign	Cancel



### **Key Learning Points**

- When transferring your patient to an external site, you **discharge** the patient from the current site this includes discharge medication reconciliation and a discharge summary
  - **Discharge to External Site** order initiates the process of moving your patient to another site
- If the external site uses the CIS, the patient chart is available for the receiving team to view electronically. If the receiving site is not using the CIS, there will be a printout of the discharge summary as per organizational procedures



### **PATIENT SCENARIO 3 – Ambulatory Organizer**

#### Learning Objectives

At the end of this Scenario, you will be able to do the following in Ambulatory Organizer:

- Access the Patient Chart through Ambulatory Organizer
  - Document a patient visit

#### SCENARIO

In this scenario, you are seeing the patient in the outpatient clinic for a follow-up several weeks after surgery.

You will complete the following 3 activities in Ambulatory Organizer:

- Navigating Ambulatory Organizer
- Create Outpatient Prescriptions
- Complete a Visit Note



### Activity 3.1 – Navigating Ambulatory Organizer

**Ambulatory Organizer** helps organize your day and see your schedule. The name Ambulatory Organizer is a misnomer as its functionalities are useful in more than just the ambulatory/outpatient setting. As a surgeon, whether or not you run a clinic in the hospital, you can use Ambulatory Organizer to view any scheduled appointment (i.e. surgical slate).

Since you have been accessing patients via Patient Overview thus far; **Ambulatory Organizer** is essentially another big picture way to view your patients and organize your workflow.

Ambulatory Organizer						(D) Full screen	🖥 Print 🛛 📀 10 minutes age
A 10   -10 10   -5, -5,   10	× •   <b>⊘</b> ⊜ <u>∆</u>						
Ambulatory Organizer							
Day View (138) Open 1	terns (6) Upcomir	ng					
4 January 24, 201	B 🔤 🕨 Patie	ents for: 🍿 LGH ORs Open for Emergencies on Holidays and	d Weekends ~				
Time	Duration.	Patient	Details	Status (as of 11:30)	Notes		۲
7:05 AM Pilsvcw, Tyler, MD	10 mins	Surgery Scheduling - Postpone, 52 Years, Male	Repair Hernia Inguinal	Confirmed LGH Lions Gate LGH Main OR   LGHOR WHS	a.		(1)
7:05 AM Plisvcw, Tyler, MD	10 mins	Surgery Scheduling - Postpone, 52 Years, Male	Repair Hernia Inguinal	Confirmed LGH Lions Gate LGH Main OR   LGHOR SEY	4		
7:15 AM LIGHOR SEY	35 mins	No appointments					
7:15 AM LGHOR WHS	30 mins	No appointments					
7:45 AM Pliavcw, Tyler, MD	15 mins	Validate, PAC Screening-Nurse 52 Years, Male	Repair Hernia Inguinal	Confirmed LGH Llons Gate LGH Main OR   LGHOR CAP			
7:45 AM Plievcw, Tyler, MD	10 mins	PAC-Screening-Nurse, Vincent 52 Years, Male	Repair Hernia Inguinal	Confirmsed LGH Lions Gate LGH Main OR   LGHOR GRV	12		
7:45 AM Plisyce, Tyler, MD	11 mins	OR Manager - Dynamic Tracking, 52 Years, Male	Repair Hernia Inguinal	Confirmed LGH Lions Gate LGH Main OR   LGHOR GRV	14		
		many answers induced		Confirmed			+

The **Ambulatory Organizer** provides a simple and comprehensive view of the clinic's schedule and displays a snapshot of the day's appointments. The view is organized by appointment times. It also includes additional pertinent information such as:

- Appointment times and details
- Patient information and status
- Outstanding items to be completed for each visit
- Patient care related reminders

Remember to click **Refresh <** in **Ambulatory Organizer** to ensure that your display is up-to-date.



1 Select Each Ambulatory Organizer from the Toolbar.

PowerChart Organizer for Train, Surgeon-Physician4, MD						
Task Edit View Patient Chart Links Notifications Navigation	Help					
🗄 🖃 Message Centre 🎬 Patient Overview 🏻 Perioperative Tracking 📲 Ambulat	tory Organizer 🧯 MyExperience   Aratient List 🎬 Dynamic Worklist 🎬 LearningLIVE 🍦 🛙 😋 CareConnect (					
🗄 🎢 Exit 🕞 Communicate 👻 iAware 🍙 Discern Reporting Portal 📋 Repo	ort Builder 🛫 🗄 😋 Patient Health Education Materials 😋 Policies and Guidelines 😋 UpToDate 🖕					



Once Ambulatory Organizer opens it is defaulted to **Day View** on today's date.



If this is your first time logging in you will need to set up what you want to see.

Click **No Resource Selected** to bring up the search box

Type LGH MDC to display patients for this particular location

Ambulatory Organizer	💢 Full screen 🛛 👼 Print 💸 30 minutes ap
AB B B	
Ambulatory Organizer	
Day View Open Items (0) Upcoming	
<ul> <li>✓ January 24, 2018  → Patients for: No Resource Selected -</li> </ul>	
	18





Patients for: 🗰 LGH MDC Resource Group 👻				
Add Other				
LGH MDC Chair 1         LGH MDC Chair 2         LGH MDC Chair 3         LGH MDC Stretcher				
Apply Cancel				



#### All the patients in this clinic is now displayed in **Day View**:

Ambulatory Organizer						
Day View. (29) Open Itams	s (0) Upcoming					
4 January 24, 2018	📑 🕨 Patie	nts for: 🗰 LGH MDC Resource Group *				
Time	Duration	Patient	Decals	Status (as of 11:50)	Notes	۷
Douglas, Josh MD	10 mins	Amb-Phy, Blanca 74 Years, Female	MDC MD New	LGH OCC MDC	Reason for Visit : High blood pressure	
10:45 AM LGH MDC Stretcher; Dougla .	45 mins	Scheduling, Glenda 36 Years, Female	Infusion - Antibiotics	Confirmed LGH OCC MDC	Reason for Visit : Celluitts / Abscess	
11:00 AM LGH MDC Chair 1; Douglas, .	45 mins	Scheduling, Cora 36 Years, Female	Infusion - Antibiotics	Confirmed LGH OCC MDC	Reason for Visit : Celluitis / Abscess	
11:00 AM Douglas, Josh MD	10 mins	Amb-Phy, Robin 74 Years, Female	MDC MD New	Confirmed LGH OCC MDC	Reason for Visit : High blood pressure	
11:10 AM Douglas, Josh MD	10 mins	Amb-Phy, Mary 74 Years, Female	MDC MD New	Confirmed LGH OCC MDC	Readon for Visit : High blood pressure	
11:15 AM LGH MDC Chair 2; Douglas,	45 mins	Scheduling, Dana 36 Years, Female	Infusion - Antibiotics	Confirmed LGH OCC MDC	Reason for Visit : Cellulitis / Abscess	
11:30 AM Douglas, Josh MD	10 mins	Amb Phy, Latoya 74 Years, Female	MDC MD New	Confirmed LGH OCC MDC	Reason for Visit : High blood pressure	
11:40 AM Douglas, Josh MD	10 mins	Amb-Phy, Lea 74 Years, Female	MDC MD New	Confirmed LGH OCC MDC	Reason for Visit : High blood pressure	Ξ
11:50 AM Douglas, Josh MD	10 mins	Amb-Phy, Debbie 74 Years, Female	MDC MD New	Confirmed LGH OCC MDC	Reason for Visit : High blood pressure	

To help find your patient, you may sort the appointment list by selecting any of the following column headings:

mbulatory Organizer						=
Day View (29) Open Item	a (0) Upcoming					
4 January 24, 2018	🔜 🕨 Patier	ts for: 👹 LGH MDC Resource Group ~				
Time	Duration	Patient	Details	Status (as of 12:30)	Notes	۲
8:00 AM Douglas, Josh MD; LGH MD .	15 mins	Validate, Scheduling 36 Years, Female	Infusion - Antibiotics	Confirmed LGH OCC MDC	Reason for Visit : Cellulitis / Abscess	ń
8:00 AM Downlas, Josh MD+ LGH MD	15 mins	Scheduling, Joan	Infusion - Antibiotics	Confirmed	Reason for Visit : Celluitis / Abscess	



5 You may add an informal comment to an appointment to share information with other providers and clinicians.

Click 📮 to open the Comments box

Type testing then click Save.

	Comments	
	Add New Comment	Notes
s		Reason for Visit : Cellulitis / Abscess
s	(0 / 255) Save Cancel	Reason for Visit : Cellulitis / Abscess
Ŀ	Continued	

6 The color status on the left side of the booked appointment slot assists you to understand the flow of the clinic. The status of a patient will update based on documentation completed by other clinicians.

For example, an O.R. slate is displayed below to show a patient's status:

Ambulatory Organizer						
Day View (138) Open 1	tems (6) Upcomir 8  Patie	10 Ints for: 🗰 LGH ORs Open for Emergencies on Holiday	s and Weekands =			
	Duration	Palant	Details	Status (as of 12-67)	Roles	۵
12:30 PM Pisvov, Tyler, MD	10 mins	Postop-Nurse, Ian 55 Years, Male	Repair Hernia Inguinal Right	Post-Op LGH Lions Gate LGH Main OR   LGHOR NEW	4	•
12:30 PM Plisycy, Tyler, MD	10 mins	Postop-Nurse, Claude 64 Years, Male	Repair Hernia Inguinal	Post-Op LGH Lions Gate LGH Main OR   LGHOR NEW	14	
12:35 PM LCHOR SEY	25 mins	No appointments				
12:40 PM Plisvov, Tyler, MD	22 mins	SA-ER, Julie 36 Years, Female	Appendectomy	Confirmed LGH Lions Gate LGH Main OR   LGHOR AddOn 01	<b>1</b> 4	
12:45 PM Plisvow, Tyler, MD	15 mins	Postop-Nurse, Guadalupe 56 Years, Male	Repair Hernia Inguinal	Post-Op LGH Lions Gate LGH Main OR   LGHOR NEW	G.	T



Color Status	Definition
	Light blue indicates a confirmed appointment.
	Medium blue indicates a checked in appointment.
	Green indicates a seen by nurse, medical student, Tech, Allied Health or custom status has taken place.
	Orange indicates a seen by physician, mid-level provider, resident, or custom status has taken place.
	Dark grey indicates the appointment has been checked out.
	White indicates a no show, hold, or canceled appointment (these appointment types are displayed if the system administrator has configured them to display).



Hover the cursor over a patient's name to display patient demographic information in Day View.

mbulatory Organizer							
Imbulatory Organizer							
Day View (138) Open	Items (6) Upcom	ing ients for: 🗰 LGH ORs Open for Emergencies	on Holidays and Weekends ¥				
▲ Time	Duration	Patient	Details	Status (as of 12:52)			
<b>12:30 PM</b> Plisvcw, Tyler, MD	10 mins	Postop-Nurse, Jan 55 Years, Male Name: F	ostop-Nurse, Ian Right	Post-Op LGH Lions Gate LGH Main OR   LGHOR NEW			
<b>12:30 PM</b> Plisvcw, Tyler, MD	10 mins	Postop-Nurse, ¢tar FIN : 760 64 Years, Male DOB : 02	000000099 02/1962 Repair Hernia Inguinal	Post-Op LGH Lions Gate LGH Main OR   LGHOR NEW			
12:35 PM LGHOR SEY	25 mins	No appointments	nale				
12:40 PM Plisvcw, Tyler, MD	22 mins	SA-ER, Julie 36 Years, Female	Appendectomy	Confirmed LGH Lions Gate LGH Main OR LLGHOR AddO			

8

7

Calendar View is also another way to view patients, select Calendar View.



**NOTE:** Rescheduled, cancelled, hold, or no-show appointments are not displayed in Calendar View.

Da	ay View (138)	Calendar	(	Open	Items (6)
•	January	24, 2018		Þ	Patients for: 🗰 LGH ORs



Ambulatory Orga	nizer					
A B   B B	🔍 🔍   100% 🛛 🔸	004				
Ambulatory Org	ganizer					
Day View	Calendar	Onen Items (5)				
		open nemo (5)				
Day Week	Novemb	er 16, 2017	Patients for: LGH MDC Cha	ir 1 ; LGH MDC Chair 2 ; LGH MDC Chair 3 =		
LGH MDC Ch	LGH MDC Ch	LGH MDC Ch	han .			
	Sun 11/12	•	Mon 11/13	Tue 11/14	Wed 11/15	Thu 11/16
3 am						
4 am						
5 am						
6 am						
7 am						
						10 10 10 10 10 10 10 10 10 10 10 10 10 1
8 am			LGH MDC Antibiotics	LGH MDC Antibiotics	LGH MDC Antibiotics	LGH MDC Antibiotics CSTSOTICST, Actional, Infusion - Antibiotics
9 am						CityLin, LEVE
10 am						Lish MDC Ambiotics
						-
11 am						
12 pm			LGH MDC Infusion	CSTSOTEST, AUGAIL	WATER, BEAN	CSTSOHTEST, STHEATHER Transfigure - RVIG
1 pm				Olecked In hype	Directed In magnetizer	Confirmed TVSG
						1220
2 pm				LGH MDC Infusion	LGH MDC Infusion	

\* Due to the limitations of the training environment, Calendar View is not currently configured

In Calendar View, you may also hover over patients to view demographic details.

Day V	ïew (1) Calen	dar Op	pen Items (2) Upcoming	
Day	Week	December	12, 2017 Detients for	: Ba <u>ç</u>
		Baggoo, Al	lan MD	
7 am				
8 am	-	LGH JRAC	CSTSNCOOPER, STBE LGH MDO Mastectomy Partial Confirmed	C
9 am 10 am	CSTSNMCCOY, STJOSIE Dermabrasion Face		Appointment Time: 8:00 AM - 9:00 AM Name: CSTSNCOOPER, STBETTY Procedure: Mastectomy Partial Status: Confirmed	

9

10



In Calendar View, you can also view your whole week, select Week.

Ambulatory Organizer		
Day View Calendar Open Items (0)	]	
Day Week January 24, 2018		Patients for: 🇰 LGH MDC Resource Group 👻

**Open Items** displays a list of appointments that have outstanding actions to be completed (e.g. a missing consult note.)

Select the **Open Items** tab to view this.



**NOTE:** The Task List feature used by the nursing is not available for providers.

Ambulatory Organizer								
Day View (6) Calendar Open Items (1)								
Patients for: Baggoo, Alan	Patients for: Baggoo, Alan MD 👻							
From: August 7, 2017 View	7 More Days							
Appointment	Patient	Details	Notes	Outstanding Actions				
△ More Than 2 Days Ag	go (1)							
10 August, 2017     CSTSCHEMPI, NANCY     Cast New     Reason for Visit : query     Note Not Started       8:00 AM     5 Years, Female     ✓ Task List Complete								

12 Now that you are familiar with Ambulatory Organizer, let's open the patient's chart from Day View.

Select **Day View** and find your patient and Click directly on the patient's name to open their chart.



13 You will be prompted to Assign a Relationship with the patient, select Consulting Provider and click OK

Assign a Relationship	<b>×</b>
For Patient:	
Relationships:	
Consulting Provider	
Covering Provider Education Quality / Utilization Review Referring Provider Research Triage Provider	
	OK Cancel

### 14

The patient's chart will open to Provider View.

< 🔹 👻 者 🛛 Provider Vie	w							[D] Full screen	Print	₽ 0 minutes ago
A 🗎   📥 🖿   🔍 🔍   100%		-   • • 🗳								
Admission	23	Rounding 🛛	Outpatient Chart	23	Transfer/Discharge	23 Quick Orders	- 23	ŀ		=-
Advance Care Planning and Goals of Care	^	Advance Care Planning and	l Goals of Care 🚽			,				∂ =-
Chief Complaint		Advance Care Plan (0) Most Recent								E
Visits (3)		Advance Directive Not Found								
Histories		Resuscitation Status Not Found								
Documents (1)										
Links										~   <b>~</b>   =-
Vital Signs &	-	Chier Complaint							Selected vis	<u>at   45"   = *</u>

### Key Learning Points

- **Ambulatory Organizer** allows you to see your scheduled appointments and offers three different displays to help you prioritize your day:
- **Day View** lists your appointments scheduled for a selected date and facility and informs about appointment status and details.
- **Calendar** tab displays your appointments for a selected day or week.
  - **Open Items** tab display unfinished tasks for a single provider. You can open patient's chart in specific location directly from that view



### Activity 3.2 – Create Outpatient Prescriptions

In the outpatient setting, you may need to create prescriptions for your patient.



If you decide to perform an Outpatient Medication Reconciliation, the process is similar to the inpatient process.

To access the Outpatient Reconciliation tab, Select or Scroll to Current Medications in Provider View.

dmission	22 Rounding	22 Ou	tpatient Chart	22	Transfer/Discharge	-22	Quick Orders S	+		0 / -
dvance Care Planning and oals of Care	Current Medicati	ons 🛨							Selected visi	e   e   =-
hief Complaint							Status: 😲 Meds History	Admission	Transfer 🟮 Ou	tpatient
isits (3)	Order						Order Start	Status		
stories	Scheduled (0)									
ocuments (1)	A Continuous (0)									
ka	4 PRN/Unscheduled	Available (0)								
al Signs &	<ul> <li>Administered (0) L</li> </ul>	ast 24 hours								
bs	<ul> <li>Discontinued (0) t.</li> </ul>	ast 24 hours								
athology										
icro Cultures										
	Allergies / 1)								All Visb	5 10



**NOTE:** Outpatient Reconciliation is only be available if the patient has an outpatient encounter.

Location:LGH OCC MDC Enc Type:Outpatient Attending:



2 If you decide not to perform medication reconciliation, you may still create a prescription **from the existing medication list** for your patient.

To create a prescription, ensure you are on the **Outpatient** tab.

Select or scroll to Home Medications.

🔿 🔸 🏦 Provider Vie										Cl Full screer	Print .	@ 26 m	inutera
A B 8 B 4 4 100%													
Admission	ы	Rounding	22	Outpatient Chart	22	Transfer/Discharge	П	Quick Orders	1	+		0	/=
	-	Chest pain on breath	ng			Me	dical						
Chief Complaint		<ul> <li>Resolved Problems</li> </ul>	(0)										
Documenta (1)									Description (bob or		consists fits		-
Links									Neconciliación Statuli.	Incompacte	ompiete He	CIRCINATION	0
Histories													
Home Modications (3)	ι.												2
Allergies (1)	1.4	Home Medication	<b>15</b> (3)								AB V	953 4	
Labs 🕈													
Micro Cultures (0)									Status: 0 Med	s History   🖸 Ad	mission	Outpath	нt
Pathology (0)	4	Medication		- A -			Responsible Pro	oider	Compliance	Estimated Sup	oply Remaining		
Imaging	11	4 alendronate 10	ng, PO, gdaily, I	for 30 day, 30 tab, 0 Refil(s	3		-		-	10 days ren	naining		
History of Present Illness		dictofenac-mISO	ROstol (diclofer	sac-miSOPROstol 50 mg-200	mcg tab) 11	ab, PO, BID with food,	-		-	10 days ren	naining		
Physical Exam		for 30 day, 60 to	b, 0 Refill(s)										
Active Issues		G enatapril (enalap	rii maleate 2.5 r	ng orar tablet) 1 tab, PO, or	sany, 30 tab, 0	House(R)	Physician1, M	rgency- 4D					
New Order Entry								9 - 121	Company and response	Contraction of the second		1.1000	
Assessment and Plan								Doc	ument History: Incom	plete Complet	le History	1 50	n

3 Click directly on the **Home Medications** heading.

Home Medications (3)

4

In the Medication List, Click +Add

< 🕘 🔸 🔒 Medication List		🖸 Full screen 🛛 👼 Print 💸 0 minutes ago
+ Add   @ Document Medication by Hx   Reconciliation •   &	Check Interactions	Reconciliation Status Meds History 🚯 Admission 🚯 Outpatient
Orders Medication List	Posture All Antice Press 1 All Antice Market Price	Chana Mara Dalam
View	Compaged Address of Ministry Internet insurantial	or see more order
Orders for Signature	🖓 🕅 Order Name Status Dose Details	
The Admit (Transfer (Dirch stars	4 Medications	
Chathar Chathar	enalapril (enalapril m Prescribed 1 tab, PO, gdaily, drug form: tab, dispe	nse gty: 30 tab, refill(s): 0, start: 2018-Jan-04 11:00 PST
Balant Care	alendronate Documen 10 mg, PO, gdaily, drug form: tab, disp	ense gty: 30 tab, refill(s): 0, start: 2018-Jan-04 10:39 PST
Patient Care	diclofenac-miSOPRO Documen 1 tab, PO, BID with food, drug form: tal	o, dispense qty: 60 tab, refill(s): 0, start: 2018-Jan-04 10:39 PST
Diet/Nutrition		



### 5 In the Add Order window, search *cipro*.

Ensure the Ambulatory (Meds as Rx) is selected for order **Type**.

P Amb-	Phy, Lea - Add Order			
Amb-F	Phy, Lea Di	OB:1943-Feb-07 MRN:760000746 Code Status: ge:74 years Enc:760000000746	Process: Disease:	Location:LGH OCC MDC Enc Type:Outpatient
Allergie	s. penicilin 0	ender.remaie PHN.10700000746 Dosing Wi.70 kg	isolation.	Attending.
Search:	cipro 🔍 Adv	anced Options 👻 Type 🛅 Ambulatory (Meds as Rx)	<b>•</b>	
	Cipro			
- cita	Cipro 250 mg oral tablet			
	Cipro 250 mg oral tablet (1 tab, PO, o	once, drug form: tab)		
	Cipro 250 mg oral tablet (1 tab, PO, o	a12h, order duration: 10 day, drug form: tab)		
	Cipro 250 mg oral tablet (1 tab, PO, o	a18h, order duration: 10 day, drug form: tab)		
	Cipro 250 mg oral tablet (1 tab, PO, o	q24h, after completed dialysis, order duration: 10 day, drug form: tab	)	
	Cipro 250 mg oral tablet (2 tab, PO, o	a12h, order duration: 10 day, drug form: tab)		
	Cipro 250 mg oral tablet (3 tab, PO, o	q12h, order duration: 10 day, drug form: tab)		
	Cipro 250 mg oral tablet (10 mg/kg,	PO, q12h, order duration: 10 day, drug form: tab)		
	Cipro 250 mg oral tablet (15 mg/kg,	PO, q8h, order duration: 10 day, drug form: tab)		
	Cipro 250 mg oral tablet (15 mg/kg,	PO, q12h, order duration: 10 day, drug form: tab)		
	Cipro 250 mg oral tablet (20 mg/kg,	PO, q12h, order duration: 10 day, drug form: tab)		
	Cipro 500 mg oral tablet			
	Cipro 500 mg oral tablet (1 tab, PO, o	q12h, order duration: 10 day, drug form: tab)		
	Cipro 500 mg oral tablet (1 tab, PO, o	:18h, order duration: 10 day, drug form: tab)		
	"Enter" to Search			
		· · · · · · · · · · · · · · · · · · ·		
			,	mb-Dby Lee - 760000746
			,	Done Done

6

Select Cipro 500 mg oral tablet (1 tab, PO, q12h, order duration: 10 day, drug form: tab)

#### Click Done

7



Review and complete any missing details as necessary.

	e							
90 (?) E	V Order Name	Status S	Start [	Details				
LGH OCC MI	DC Enc:760000000746	Admit: 2018-Ja	n-18 11:26 PST					
Medications								
	🗴 ciprofloxacin (Cipro !	5 Prescribe 2	2018-Jan-24 14:31 1	. tab, PO, q12h, orde	r duration: 10 day, dr	ug form: tab, dispens	e qty: 20 tab, re	efill(s): 0, start: 2018-Jan-24 14
Details for	ciprofloxacin (	(Cipro 500	mg oral tab	let) 🔻				Send To: Select Routing 🔻
p Details	Order Comments   *Route of Admini	s *Frequency	Duration	*Dispense	30 90 *Refill			
🔵 <mark>1 tab</mark>	PO 🍥 PO	📄 q12h	il day 🥥 10 day	20 tab	• 0		∎h. <b>₽</b>	*
	PRN:		~	Spe	cial Instructions:			
	Drug Form: tab		~					
	Start Date/Time: 24-Ja	n-2018 🚔	• 1431	PST T	ype Of Therapy: 🜔	Acute		
	*Ston Date/Times 03-Fe	b-2018 🌲	•		0	Maintenance		
	Stop Date/ Time. 0010							
Pharmacy BC	CA Protocol Code:				Research Study:		~	

Select a printer, in Send To: select Do Not Send: other reason (for the purpose of training)

	Send To: Select Routing 🔻	
590-133D1 on spprt008 (from LD023080) in sessi	on 7	
Citrix UNIVERSAL Printer (from LD023080) in ses	sion 7	
HP LaserJet M4345 mfp PCL6 (Copy 1) (from LD	023080) in session 7	
More Printers	•	
Do Not Send: prescription called in to pharmacy	/	
Do Not Send: handwritten controlled prescriptio	on	
Do Not Send: other reason		
Other		

Click Sign when complete



Once you click **Sign** the following happens automatically:

- The medication is added to the patient's Medication List in their chart.
- The prescription will be automatically created and printed for your signature.

	PRESCRIPTION		
Vancouver CoastalHealth Promoting wellness. Exsuring cure.	OC 231 Nort	C Medical Daycare E. 15th Street th Vancouver, BC V7L 2L7	
Patient Name: AMBPHYON	E, BAO		
DOB: 1942-DEC-04 Age: 75 year	s Weight: 70kg (2017-DEC-15)	Sex: Female PH	N: 9876405807
Allergies: <b>penicillin</b> Allergy list r	nay be incomplete. Please review	with patient or caregiver.	
[] Blister Packaging week cards;	dispensecards at a time; Repeat_		
[] Non-Safety vials [] Other			
Faxed to Community Pharmacy:	Fax:		
Faxed to Family Physician:	Fax:		
If y	ou received this fax in error, please cont	act the prescriber	
Patient Address: 590 8TH W AVE, VANCOUVER, British (	Columbia Work Phone:		
	ton fine.		
Canada			
Any narcotic med Over the counte	fications need a duplicate presc r medications can be filled on Phar	ription form to be completed maNet at patient's discretion	
Prescription Details:		Date Issued: 2	017-DEC-15
metoprolol SIG: 50 m Dispense/Supply: 60 tal	g tab PO BID for 30 day		
Prescriber's Signature			
TestAMB, GeneralMedicine-Physic Prescriber's College Number: TEMP	ian1, MD		
Preseriber's Deepe: (60.4) 001 0003	100003		
Prescriber's Phone: (604) 001-0003			



#### To renew an existing prescription:

In the patient's Medication List locate the medication you wish to renew (e.g. enalapril).

Right- click then select **Renew** and select any of the choices listed.

Complete any information as necessary to print and click Orders for Signature and Sign.

Displayed: All Active Orders   All Active Medications Show More Orders					
Image: Status     Dose     Details       Image: Medications     Ciprofit     Renew     Image: Status     Dose     Details       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status     Image: Status     Image: Status     Image: Status     Image: Status     Image: Status       Image: Status </th <th>Same Supply &amp; Same Number of Refills Same Supply &amp; 0 Refills 30 Day Supply &amp; 0 Refills 30 Day Supply &amp; 11 Refills 90 Day Supply &amp; 3 Refills Other</th> <th>20 tab, refill(s): 0, start: 2018-Jan-24 14:31 PST, stop: 201 2018-Jan-04 11:00 PST t: 2018-Jan-04 10:39 PST 0, start: 2018-Jan-04 10:39 PST</th>	Same Supply & Same Number of Refills Same Supply & 0 Refills 30 Day Supply & 0 Refills 30 Day Supply & 11 Refills 90 Day Supply & 3 Refills Other	20 tab, refill(s): 0, start: 2018-Jan-24 14:31 PST, stop: 201 2018-Jan-04 11:00 PST t: 2018-Jan-04 10:39 PST 0, start: 2018-Jan-04 10:39 PST			
Order Information					

9

8

You may also create a prescription from any medication listed in the patient's **Medication List**. Right- click the medication and select **Convert to Prescription**.

Complete any information as necessary to print and click Orders for Signature and Sign.

: 🖓 Dati	ient Health Education Ma		<u>a</u>	
; 🕰 Pau	lent Health Education Ma		Renew	
			Modify	🔶 List 🔿 🌾 Recent 👻 Name 👻 🤉
6	Code Status:		Suspend	Location:LGH OCC MDC
)746 146	)746 /46 Dosina Wt:70 ka		Complete	Enc Type:Outpatient Attending:
			Cancel/Discontinue	🗇 Full screen 🛱 Drint 🔊 12 minutes ag
			Void	
Check Ir	Check Interactions		Convert to Prescription	Reconciliation Status Meds History  Admission
			Add/Modify Compliance	
			Order Information	
Displaye	d: All Active Orders   All Ac		Comments	Show More Orders
	V Order Name		Reference Information	
⊿ Mee	dications		Print •	
	enalapril (enalap		Advanced Filters	form: tab, dispense qty: 30 tab, refill(s): 0, start: 2018-Jan-24 14:44 PST
	ciprofloxacin (Ci		Curtomize View	luration: 10 day, drug form: tab, dispense qty: 20 tab, refill(s): 0, start: 2018-Jan-24 14:31 PST, stop: 201
	enalapril (enalap		Customize view	orm: tab, dispense qty: 30 tab, refill(s): 0, start: 2018-Jan-04 11:00 PST, stop: 2018-Jan-24
	alendronate	$\checkmark$	Disable Order Information Hyperlink	form: tab, dispense qty: 30 tab, refill(s): 0, start: 2018-Jan-04 10:39 PST
	diclofenac-miSO	PRO.	Documen 1 tab, PO, BID with foo	d, drug form: tab, dispense qty: 60 tab, refill(s): 0, start: 2018-Jan-04 10:39 PST



### Key Learning Points

You can add **a new prescription** or renew the existing one from the Medication List.

The CIS will print the prescription automatically when you sign the electronic prescription.



### Activity 3.3 – Complete a Visit Note

In the Outpatient Chart tab, you may generate an outpatient visit note using **Dynamic Documentation** 



Navigate to the **Create Note** section (depending on you specialty, you may see links to different note types).

For this scenario, select **Outpatient Consult** note.





2 The note displays and pulls the information you have entered thus far for the outpatient visit.

Edit and complete the note as necessary.

Click Sign/Submit when done.

< > 🔹 者 Documentation	🗇 Full screen 👘 Print 🌏 O minutes ag
+ Add [a], Consult Note × List Tahoma → 11 → F S S S ← → B Z U else Ag+ ■ S S S B E	4 b
Chief Complaint High blood pressure follow-up, chest pain. History of Present Illness Physical Exam Vitals & Measurements Assessment/Plan	Problem List/Past Medical History       Arthritis         Arthritis       Osteoporosis         Tobacco use       Historical         No historical problems       Procedure/Surgical History         Medications       Inpatient         Inpatient       magnesium sulfate, 2 g, 100 mL, IV, q24h         Home       alendronate 10 mg oral tablet, 10 mg, 1 tab, PO, gdD         enalapril maleate 2.5 mg oral tablet, 2.5 mg, 1 tab, PO, BID         enalapril maleate 2.5 mg oral tablet, 2.5 mg, 1 tab, PO, qdaily
	Allergies penicillin (Rash) Social History Control Con
Note Details: General Medicine Consult, TestAMB, GeneralMedicine-Physician1, MD, 15-Dec-2017 18:02 PST, Consult Note	Sign/Submit Save Save & Close Cancel

### Key Learning Points

Use note type links under the **Create Note** section to create a typical consult note.



### **PATIENT SCENARIO 4 – Managing Referrals**

#### **Learning Objectives**

At the end of this scenario, you will be able to:

Review and triage referrals

### **SCENARIO**

As provider working in the outpatient setting, you may receive referrals. If a facility is not using Clinical Information System (CIS), the process will remain on paper. If a facility is using the CIS, referrals can be accepted, rejected, and scheduled electronically. In this scenario, you will practice managing referral orders, reviewing your referral queue, and accepting/rejecting a referral.

You will be completing the following 2 activities:

Manage Referral Orders

Access and Navigate the List of Referred Patients



### Activity 4.1 – Managing Referral Orders

#### How to Order a Referral



In the Quick Orders tab, expand New Order Entry folder.

Type Referral

Select Referral to Cardiology-Cardiac Home

1	New Order Entry 🕂	=- 📀
	Ambulatory - In Office (Meds in Office) $\blacktriangleright$	
	Q referr	×
	Referral Information Request	
	Referral to Cardiology-Cardiac Home	
H	Referral to Clinic Not Using CST Cerner	
1	Referral to ENT	
	Referral to Infectious Disease	

2

Display **Details**, and add missing information to mandatory boxes, then click **Sign**.

Orders for Signature							
🔊 😨 🖳 Ϋ Order Name	Status Start	Details					
△ LGH OCC Univer Enc:700000016741							
△ Consults/Referrals							
📃 😣 Referral to Cardiology	Order 15-Dec-2017	7 15:35 Future Order, 15-Dec-2017					
Defense Lite Condi	ala an Cardina I						
E Details for Referral to Carol	ology-Cardiac i	Home					
📸 Details 📴 Order Comments							
*Scheduling Priority:	×	Referred To Provider:	Q				
*Location:	~	*Reason For Referral:					
LGH CardiacHom	e						
Paper Referral							
3 Missing Required Details Orders For Cosig	Inature		Sig	n Cancel			
	e						

**NOTE:** Referral orders to different specialties have unique appointment types associated with the specific reason or the length of the visit.



#### **Orders for Follow-up Appointments**

1

In the Quick Orders tab, locate the Follow-up Clinic order by using the New Order Entry search.



**NOTE:** Orders for follow-up visits are clinic specific and some clinics might have various types of appointments.

If your clinic has just one type of the follow-up appointment, you will see will see the generic "Follow up – Clinic" order:

🛨 Details for Follow Up - Clinic						
Details III Order Comments						
+ 🖬 In. 🔍 💐						
*Requested Start Date:	12-Dec-2017	*Scheduling Priority:	▼			
Referred To Provider:		*Reason For Visit:	Follow Up			
Notes to Scheduling:		]				

2 If the clinic has multiple follow-up appointments, the order name will specify the clinic name and you need to select a specific appointment type from the drop-down:

z Details for Follow Up - Clinic - LGH NROP						
Tetails 📴 Order Comments						
<b>+ 2</b> III. ↓ ¥						
*Requested Start Date: 12-Dec-2017	*Scheduling Priority: Urgent (less than 1 month)					
Referred To Provider:	*Appt Requested: Assessment					
*Reason For Visit: Follow Up	Notes to Scheduling: Please see pateint ASAP					



**NOTE:** You can save the repetitive orders with selections to favorites to optimize placing these orders in the future.



# When referring your patient to a clinic that is not using the CIS, place a **Referral to Clinic Not Using CST Cerner**.

A paper referral requisition will print. The referring location should be indicated in the notes to scheduling.

Orders for Signature			
🔊 🕐 🥙 Order Name	Status	Start	Details
△ LGH OCC Univer Enc:700000016741			
⊿ Consults/Referrals			۲ ) 
■ Details for Referral to Clinic	Not Usi	ng CST Ce	erner
😭 🗙 Details 📴 Order Comments		-	
+ ∎ III. ♥≥			
*Scheduling Priority:		<mark>∽ R</mark> efe	rred To Provider: 🛛 🔍 *Reason For Referral:
Notes to Scheduling:			
2 Missing Required Details     Orders For Cosig	nature		Sign Cancel

### 🔦 Key Learning Points

- Many outpatient orders are **future orders** as indicated by the order sentence
- When placing an order for the external facility, ensure to select a **Scheduling Location**
- When Scheduling Location is not available, select Print to Paper
  - For clinics with multiple follow-up appointment types, the clinic name is part of the order name and appointment type can be selected



### Activity 4.2 – Access and Navigate the List of Referred Patients

The CIS provides a list of referred patients using the **Dynamic Worklist** functionality that can be accessed from the main toolbar:

PowerChart Organizer for TestAMB, GeneralMedicine-Physician1, MD	
Task Edit View Patient Chart Links Notifications Inbox Help	
🗄 🖃 Message Centre 🎬 Patient Overview 📲 Ambulatory Organizer 🎬 MyExperience  🛔 Patient List Tracking Shell	📱 Dynamic Worklist 📲 LearningLIVE 🍦
🕴 🍫 Propo.: 1 Abnor.: 1 Criti.: 1 🝦 🗄 🖧 Exit 🖓 Communicate 👻 🍙 Discern Reporting Portal 🖕 🗟 😋 CareConnect	C PHSA PACS C VCH and PHC PACS
Message Centre	

**Dynamic Worklist** allows users to create a subset of patients based on many different criteria, for example:



Appointment types

Demographics like age or sex

Below you see an example of criteria set for *Referrals coming to the LGH Neuro ROP Clinic* with a referral status of *Ready for Triage* in the last 546 days.

odify Worklist		
I. Worklist Type 🔶 2. Criteria	3. Summary	
Worklist Type		
Worklist Name:	Referral Triage	
Location:	Past 365 Days Facility: LGH Neuro ROP Building(s): LGH Neuro ROP Unit(s): LGH Neuro ROP	
Auto-Remove Disqualified Patients:	Yes	
Criteria		
Referral Status:	At Least 1 Referral Status - Ready for	Triage of any value in the last 546 da



The Dynamic Worklist is vital for tracking and triaging patient referrals as they relate to your clinic. For example, one worklist can track patients that are **Ready for Triage** while other called **Booked** will group patients that already have an appointment.

It is important to name worklists properly to clearly reflect the selection criteria. Each list is set up once and then continuously used to monitor referrals. Hovering over the specific worklist **Details** will display its criteria to ensure that the right selection of patients is displayed.

P PowerChart Organizer for TestAMB, GeneralMedicine-Physician1, MD					
Task Edit View Patient Chart Links Notifications Navigation Help					
🗄 🖃 Message Centre 📲 Patient Overview 📲 Ambulatory Organizer	📲 MyExperience 🛔 Patient List Tracking Shell	👫 Dynamic Worklist 📲 LearningLIVE			
🕴 🍫 Propo.: 1 Abnor.: 1 Criti.: 1 🖉 🗄 Exit 🕞 Communicate 👻	📾 Discern Reporting Portal 🝦 👯 CareConnect	🔇 PHSA PACS 🔇 VCH and PHC PAC			
Dynamic Worklist	Dvnamic Worklist				
A D A CREferrals - Ready for T <u>Details</u>	📝 List Actions 👻 🔒 Add Patient	Remove Patient 🕡 Help			
Location Past 365 days Facility: LGH OCC MDC Building(s): LGH OCC MDC Cunit(s): LGH OCC MDC Referral Status At Least 1 Referral Status - Ready for Triage of any value in the last 546 days	Patient  CSTPRODBCSCHED, NATE DOB: 06/06/1988 (29 years) Sex: Male MRN: 700000579	Primary Care Provider Cerner Test, DEDDR Cerner			

Patient's chart can be open directly from the worklist assisting in making a decision to:





Request more information

With patient's chart open, an order is placed that updates clinic's worklists:

- Placing the Accept Referral order will automatically update the referral status to Accepted. Patient will drop from the Ready for Triage worklist and Scheduling will receive the order to book an appointment.
- Placing the **Reject Referral** order will automatically update the referral status to *Rejected*. Patient will drop from the worklist.
- Placing the **Referral Information Request** order will temporarily drop the patient from *Ready for Triage* worklist. The clerical staff receives the task to obtain information requested by a provider. Once the information is received, the nurse will change the referral status back to *Ready for Triage* and the provider will either accept or reject the referral.



#### **To Accept a Referral**

Click the **Solution** Click the **Solution** Click the **Solution** Solution on the toolbar to display worklists. Ensure the **LGH MDC Referrals - Ready for Triage** list is displayed.

Dynamic Worklist		
🏦 🗎   🚔 🖿   🔍 🍕   100% 🛛 +   🌑 🌑 🚰		
LGH MDC Referrals - Ready for Tr <u>Details</u> 🔻	📝 List Actions 👻 🚨 Add Patient	🚨 Remove Patient 🛛 📀 Help
Viewing 8 Total Patients	Patient	Primary Care Provider
Age Age Sex Language Race	COB: 06/06/1988 (29 years) Sex: Male MRN: 700000579	



1

Click patient's name to open and review the chart.

- 1. To accept the referral, under New Order entry
- 2. Type acc



<sup>3</sup> Select Accept Referral and click Orders for Signature 2 icon.



Click Modify to add required details and click the order to display **Details**.

Select one of the options for the **Sch Priority** for the Scheduling clerks. Special instructions are optional but might be helpful.

Click Sign. The referral is removed from the clinics Ready for Triage worklist.

Orde	rs	Medication List Document In Plan						
M	Orders for Signature							
ſ		D 🖓 🖓 🕅	7 Order Name	Status	Start	Details		
	⊿	LGH Cast Clin	st Clinic Enc:700000004604 Admit: 05-May-2017 11:04 PDT					
	⊿	Consults/Ref	errals					
		• ج 🗆 🗆	🛇 Accept Referral	Order	14-Dec-2017 11:36	14-Dec-2017 11:36 PST		
L								
	▼	Details for ${\sf A}$	ccept Referral					
	r	Ӿ Details 📗	Order Comments					
	*Sch Priority: Emergent (less than 1 week) Urgent (less than 1 month)		<b>▼</b> k)		Special Instructions:			
			)					
	Routine							
	As Determined by Provider		r	-				
L	-		As per notes	-				
(	11	Aissing Required	Patient to call					Sign Cancel



### To Reject a Referral



- 1. Return to the Dynamic Worklist screen to display the LGH MDC Referrals Ready for Triage worklist.
- 2. Select the patient, and locate the **Reject Referral** order under Outpatient Quick Orders > Referrals/Consults > Special Requests.
- 3. Place the order and **Sign**. The referral is removed from the clinics Ready for Triage worklist.

Orde	rs	Medication List	Document In Plan				
N	Orders for Signature						
		D 🖗 🖓 🖻	Order Name	Status	Start	Details	
	⊿	LGH Cast Clinic	Enc:700000004604	dmit: 05-Ma	ay-2017 11:04 PDT		
	⊿	Consults/Refer	rals				
		⊷ځ 🔲	Reject Referral	Order	14-Dec-2017 11:44	14-Dec-2017 11:44 PST	
	•						۱.
	▲	Details					
	O Missing Required Details Orders For Cosignature Sign Cancel						



#### **To Request More Information**



- 1. Return to the Dynamic Worklist screen to display the LGH MDC Referrals Ready for Triage worklist.
- 2. Select the patient, and locate the **Request More Information** order under Outpatient Quick Orders > Referrals/Consults > Special Requests.
- 3. Place the order and click Modify.
- 4. Click the order to display **Details** and type what information is required under **Required Information**.
- 5. Add Special Instructions if necessary.
- 6. Place the order and **Sign**. The referral is temporarily removed from the clinics Ready for Triage worklist until request is completed.

Orders for Signature							
🔊 🕐 🖗 Order Name	Status Start	Details					
△ LGH Cast Clinic Enc:700000004604 Ad	△ LGH Cast Clinic Enc:700000004604 Admit: 05-May-2017 11:04 PDT						
∠ Communication Orders							
📃 😓 😣 Referral Information R	Order 14-Dec-2017 11	:56 14-Dec-2017 11:56 PST					
🛨 Details for Referral Informati	on Request						
	•						
Details III Order Comments							
*Requested Start Date/Time: 14-Dec-201	7 🚔 🗸 1156	PST PST					
Required information:							
Special Instructions:							
1 Missing Required Details Orders For Cosign	ature	Sign Cancel					







### **b** End Book Two

You are ready for your Key Learning Review. Please contact your instructor for your Key Learning Review.