Discharge Workflow Page-Nursing

Table of Contents

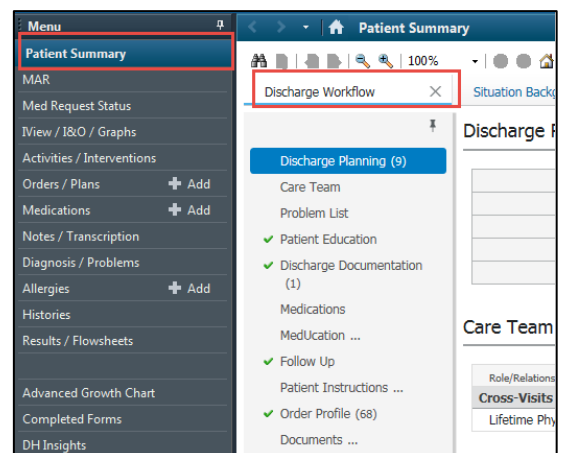# Reasons for the New Discharge Workflow

The discharge process is an opportunity for improved patient outcomes and reduced readmissions.

- The new Discharge Workflow Summary page contains the relevant information available to the nurse and the provider for discharging the patient.
- Currently the discharge instructions are confusing and too many pages print out. Only one packet titled *Patient Instructions* prints for the patient with the new process.
- The nurse is able to review and edit the patient instructions prior to printing to ensuring the patient has the information needed for a safe discharge.
- The discharge process will be all in one place within the chart and the instructions will be cleaned up for the patient and the nurse.

Note: This change is for Med/Surg, ICU, Tele and Women's Health only.
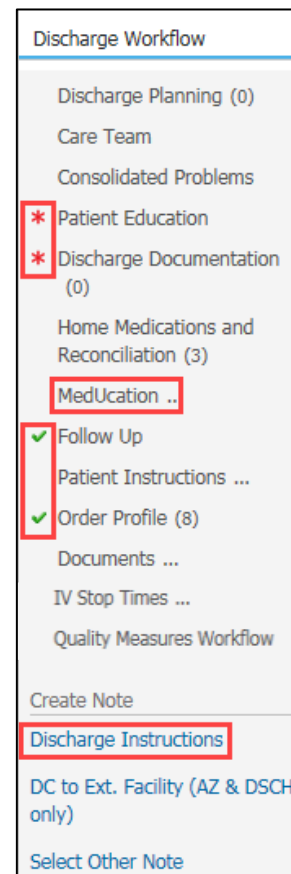
Discharge Workflow Location

The **Discharge Workflow** page is located in the *Patient Summary* on the Menu (TOC) of the chart. (Depending on role, it is located in the ICU Nurse View or Maternal Child Health Summary.)

Steps to Completing the New Discharge Workflow

1. Review discharge orders and coordinate discharge with the care team, patient and family

   - Check for orders in the *Order Profile*
   - Check for discharge information in the *Discharge Planning* component.

2. Review and complete all components of the Discharge Workflow. Required components will have a red asterisk next to them, once completed they will change to a green checkmark.
3. Review MedUcation calendar and personalized medication instructions (PMI) from the MedUcation component and click "Finish" to generate MedUcation on the discharge printout.
4. Click on *Discharge Instructions* to generate a document with a preview of the patient handout. Review the document and edit as needed. Click *Sign/Submit* in the bottom right-hand corner.
5. The Sign/Submit Note screen will display. Click *Sign & Print* in the bottom right corner.


Components of the Discharge Workflow

The components of the Discharge Workflow page include:

1. *Discharge Planning*: Displays relevant information about the patient, such as the anticipated discharge date and location, and any special home equipment or devices. Displays Home Caregiver Name/Relationship information.
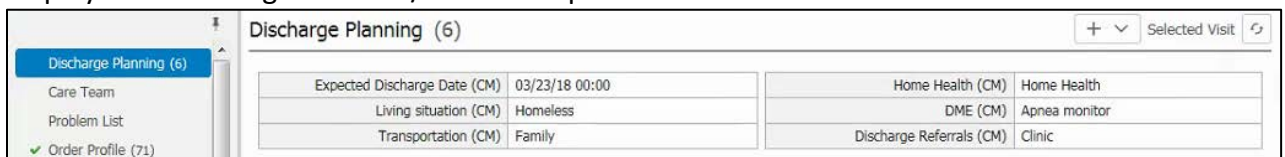
2. *Care Team:* Displays Attending and Admitting physicians. This functions the same as the field/column in Care Compass.
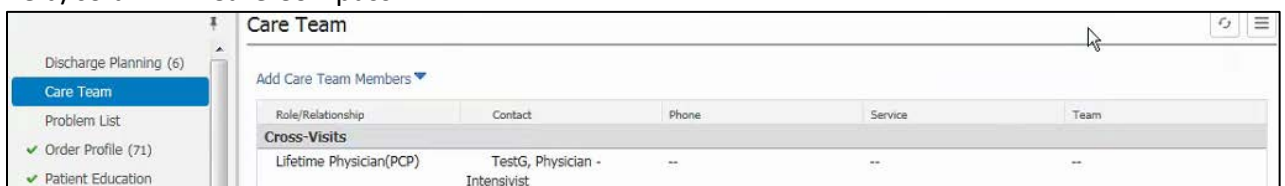
3. *Consolidated Problems*: Pulls in the patient's diagnoses and current problems. In addition, historical (resolved) problems can be viewed in this component.

4. *Patient Education*: Appropriate discharge education leaflets can be added and printed. A red asterisk will remain on the menu component heading until at least one education leaflet has been entered. Select from suggested education based on the patient's documented diagnosis. Click on *More Options* to search and add other education. Review *Added Education* to modify, print, or remove education and medication leaflets.



5. *Discharge Documentation*: Complete the *Nursing Discharge Summary* by clicking the down caret (next to the plus sign) to launch the individual AdHoc forms. The *Nursing Discharge Summary* form includes DC information, DC vitals and Valuables/Belongings. A red asterisk will remain on the menu component heading until the *Nursing Discharge Summary* has been completed.

If applicable, complete the *Interdisciplinary Education* form and *Discharge Phone Call Consent*. **Nurses must complete and sign the individual forms in order for the details to populate on the Discharge Instructions.**

6. *Home Medications and Reconciliation*: Displays current inpatient medications and reconciliation status. Ensure that the discharge medication reconciliation is complete, indicated by the green checkmark within the component.
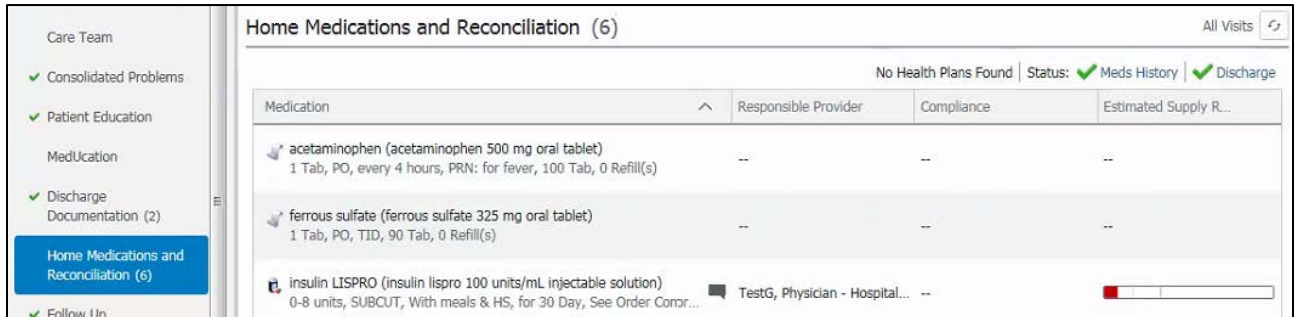
7. *MedUcation:* Once discharge medication reconciliation has been completed, finalize MedUcation. New medications will automatically be pre-checked to print personal medication instructions (PMI). Click *Finish* to upload MedUcation to the patient portal and generate the calendar and leaflets to the Discharge Instructions. If the instructions are not available for a new medication, then go to the Medication Leaflet tab, located within the *More Options* button within Patient Education component to add instructions.

    Note: Select *Finish* within the Discharge Workflow Page rather than the Table of Contents (TOC or Menu Bar). If you finalize from the TOC, it will not show in the patient instructions.

8. *Follow Up:* Review the *Follow Up* instructions. This should be completed by the provider and should only be updated by the nurse when given the correct information from the provider. Search by Provider or Location name, select appropriate time frame, and add comments.   Click *Save*.
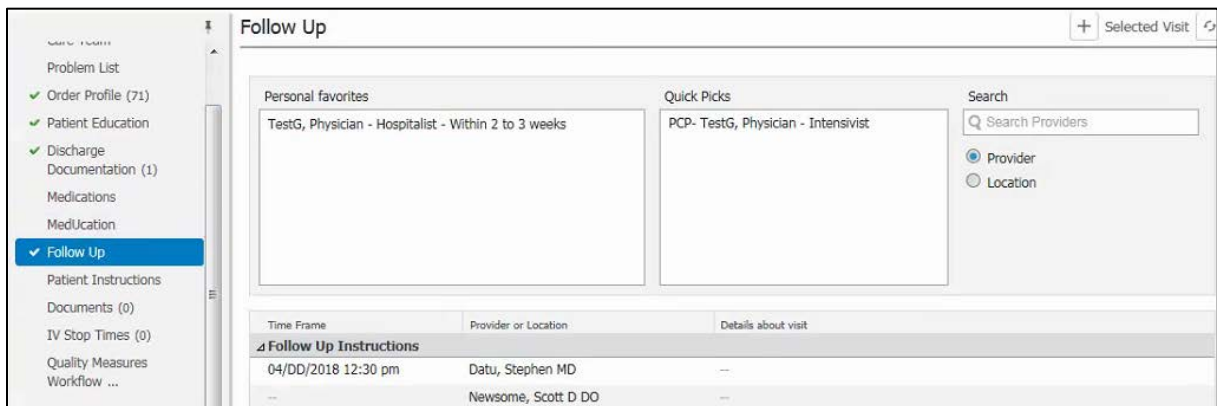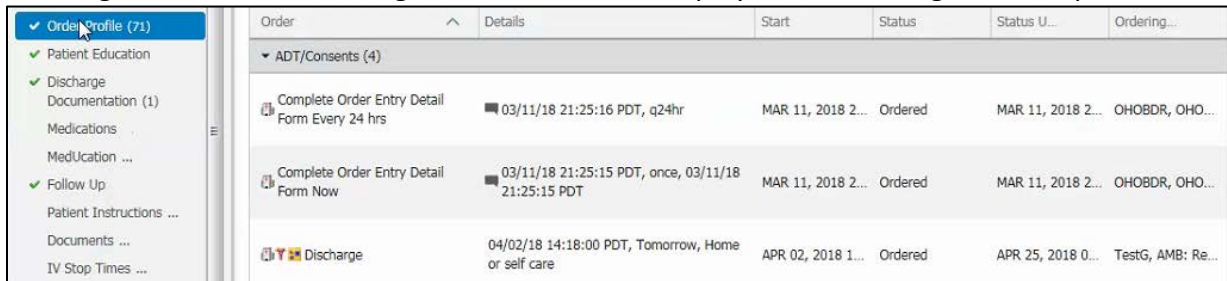
9. *Patient Instructions:* Type patient specific instructions. **Do not remove any other clinicians' comments** as this field is shared with the providers.


10. *Order Profile:* Allows viewing of current active orders. A red asterisk displays if no discharge order is entered. A green check mark is displayed if a discharge order is present.

11. *Documents:* A variety of physician notes and ancillary notes are available for viewing.
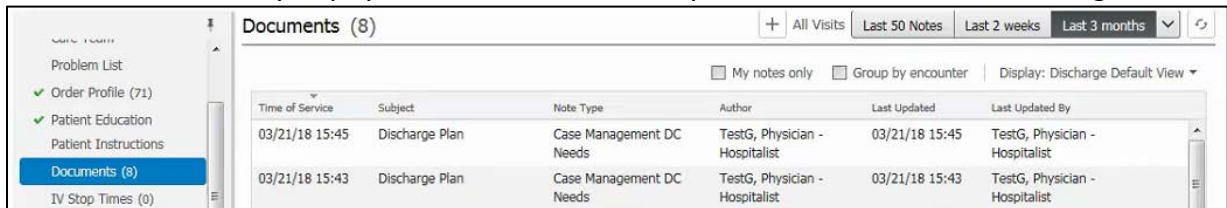

12. *IV Stop Times:* Document IV Stop Times for billing purposes. This section allows you to chart your IV stop times by clicking *Document Stop Times*.
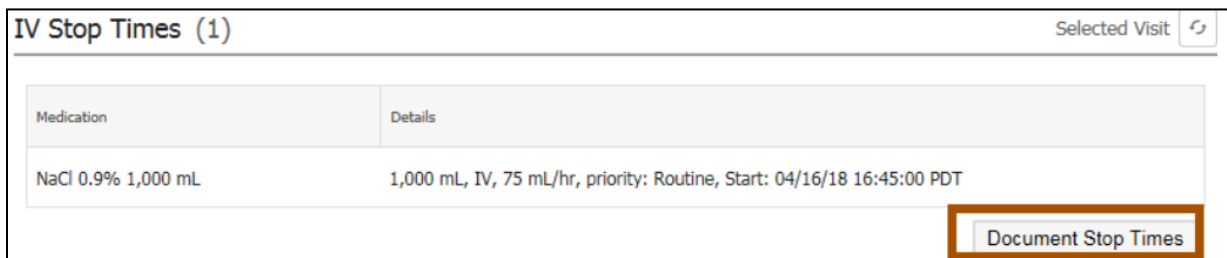
13. *Quality Measures Workflow:* Displays VTE, Stroke and other Quality Measures to view what is and is not documented.

14. *Discharge Instructions:* Select *Discharge Instructions* under the *Create Note* section to generate a preview of the patient's discharge instructions. All required components must be completed (or reason for skipping is required) to generate note. **Edit as needed before signing and printing to ensure the instructions are helpful to the patient.**

Create Note
Discharge Instructions
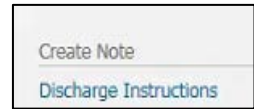
15. *DC to Ext Facility:* **AZ Service Area and Dominican only.** Separate education will be provided.

16. *Select Other Note:* Only for Providers

Modifying Nursing Discharge Summary

To modify a signed *Nursing Discharge Summary* AdHoc form, select the form (located under *Discharge Documentation*), and click *Modify*. Make necessary changes and re-sign.
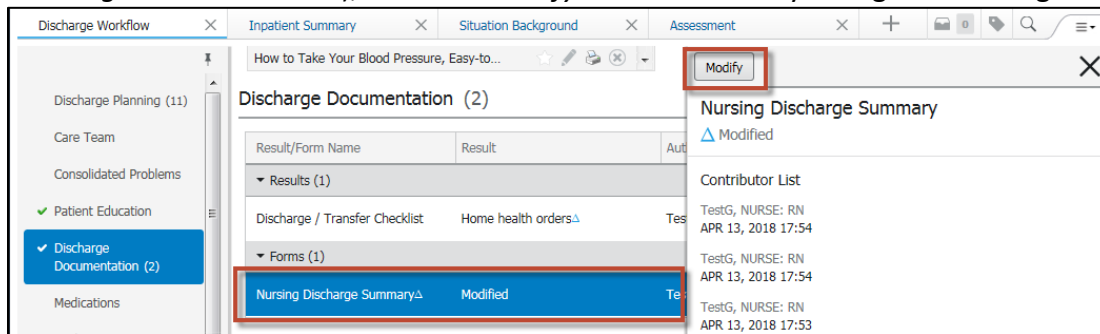
Customizing the Printout

Free text information can be added to the *Inpatient Discharge Instructions* component. It is possible to remove certain sections from the printout by hovering over the component and clicking the *X*.

Review last dose given for each medication in the MAR or MAR Summary. Type the next dose date/time for the patient in the medication grid.

	What	How Much	When	Instructions	Next Dose
New	albuterol (albuterol 0.083% NEB)	3 Milliliter Inhaled	Every 6 hours as needed for as needed for wheezing	Testing to see something Printed Prescription	2/4/19 at 9pm

Review the document with the patient and remember that a copy of this will be sent to the patient portal.