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# UHN DISCHARGE SUMMARY

## PHARMACIST REFERENCE GUIDE

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TIMELY DISCHARGE SUMMARY COMPLETION IS CRUCIAL FOR ALL INPATIENTS. THIS ENSURES CONTINUITY OF CARE, DECREASES HOSPITAL RE-ADMISSION RATES AND PREVENTS ADVERSE EVENTS POST-DISCHARGE.

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## **UHN DISCHARGE SUMMARY & ELECTRONIC MEDICATION INFORMATION TRANSFER TOOL (EMITT) APPLICATION**

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THE APPLICATION WAS DEVELOPED IN COLLABORATION WITH UHN CLINICIANS, PATIENT PARTNERS, PRIMARY CARE, AND THE TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK. IT SUPPORTS COLLABORATIVE PRACTICE AND IMPROVED VALUE FOR PRIMARY CARE.

THIS GUIDE PROVIDES A GENERAL OVERVIEW OF MEDICATION RECONCILIATION AND EMITT FUNCTIONALITY WITHIN THE DISCHARGE SUMMARY APPLICATION

# APPLICATION ACCESS

1

Log in to EPR using your EPR ID and password and **search** for the **patient**

2

Click on the patient's **electronic record** and then select the desired **inpatient visit**

3

Navigate to the **eForms** tab and then click on the **Medication Reconciliation (EMITT)** button

The screenshot displays the EPR application interface for a patient named Ds, Karissa. The top navigation bar includes icons for various functions and a search bar. The patient's information is displayed at the top right, including Location: 6MA 185 2, Visit Number: 11510000462, Age: 83Y, Number: 7019892, Gender: Female, and Attending: Phys Moe. The left sidebar shows a list of Patient Shortcuts, including Chart Review, Med Profile, Order Entry, and Medication Dose Summary. The main content area is divided into three tabs: Patient Care, ADT, and eForms. The eForms tab is selected, and the Medication Reconciliation (EMITT) button is highlighted with a red circle and the number 3. Other buttons visible include Incident Report, Incident Report eForm, Incident Report Policy, eClinical eForms, and Pharm. The bottom of the screen shows a list of Toronto Central LHIN Referrals.

4

4

Upon clicking the Medication Reconciliation (EMITT) button you will be directed to the **integrated Discharge Summary/EMITT application**

5

The **Discharge Summary** for the patient will launch in a separate web browser and default to the **BPMH** sub-tab of the **Medications** tab

**UHN DISCHARGE SUMMARY**

Name: **Dr. Pablo** Visit #: **11510000437** Attending MD: **Generic, Physician**  
 MRN: **7019969** Patient DOB: **19-Aug-1977** Gender: **M** Admission Date: **30-Oct-2015** Discharge Date: **16-Aug-2017**

Print Form Split Preview Pharmacy Note DS Note

Visit (Encounter) Diagnosis Course While in Hospital Alert Indicators **Medications** Discharge Plan Other Documentation

**5** BPMH Admission Rec Transfer Rec Discharge Rec Med Letter Patient Med Grid KPI

**Allergies** Show Allergies

**Best Possible Medication History (BPMH)**

BPMH not signed

Audit Trail ☒ Unable to Complete BPMH ☒ Sign-off BPMH

Date Initiated Date

General Communications (internal/does not print)

BPMH Comments

**BPMH Medications**

Prescription Medications (Include any medication prescribed in hospital. Use generic names.)

	Medication Name	Dosage	Unit	Route	Frequency	Purpose	Duration / Comments
1	Acetaminophen			orally			
	Medication Name	Dosage	Unit	Route	Frequency	Purpose	Duration / Comments

# GENERAL LAYOUT

## PREVIEW BUTTONS

can be used to preview the note in full-screen or split-screen mode, or to hide the preview note

**PRINT** can be used to print the Discharge Summary or a medication-related document within the **Medications** sub-tabs

**MEDICATIONS** tab consists of seven sub-tabs; users are defaulted to the **BPMH** sub-tab

## ALLERGIES

section displayed within each sub-tab can be collapsed (hidden)

## MAIN SCREEN

area allows for documentation of medication details

**PATIENT DEMOGRAPHIC INFORMATION** is always indicated at the top of the screen

The **DISCHARGE SUMMARY** consists of six tabs — **Visit (Encounter)**, **Diagnosis**, **Course While in Hospital**, **Alert Indicators**, **Medications** and **Discharge Plan**

**COLOURED MESSAGES** downtime and other notification

The screenshot displays the UHN Discharge Summary interface. At the top, the patient's name is **De, Pablo**, MRN: 7019969, Patient DOB: 19-Aug-1977, Gender: M. The visit is # 1100000437, Attending MD: Generic, Physician. The admission date is 30-Oct-2015, and the discharge date is 16-Aug-2016. The interface includes tabs for **Visit (Encounter)**, **Diagnosis**, **Course While in Hospital**, **Alert Indicators**, **Medications**, and **Discharge Plan**. The **Medications** tab is active, showing sub-tabs for **BPMH**, **Admission Rec**, **Transfer Rec**, **Discharge Rec**, **Med Letter**, and **Patient Med Grid**. The **Allergies** section is expanded, showing a list of allergies with their reactions. The **Best Possible Medication History (BPMH)** section is also visible, showing a table of medications.

**Allergies** Hide Allergies

Allergen	Reactions
1 Acetaminophen	anemia; fever
2 Morphine	shock; swelling
3 Banana	*fever; (tolerates when cooked)
4 Soy	*GI upset, vomiting
5 Latex	*itching, hives
6 Air Pollens	*watery eyes, nose

**Best Possible Medication History (BPMH)**

Date Initiated:  Date:

General Communications (Internal/Does not print)

BPMH Comments:

**BPMH Medications**

Carry forward medications from previous visit

Prescription Medications (Include any medication prescribed in hospital. Use generic names.)

Medication Name	Dosage	Unit	Route	Frequency
1 Acetaminophen	500	mg	orally	every 4 hours
2 Digoxin	0.0625	mg	orally	once daily with breakfast once daily with dinner
3 Advair	2	puffs	inhaled	prn
4 Acetaminophen	500	mg	orally	every 4 hours

+ Add Prescription Medication

## BANNER

indicate reminders important

**UNDO** allows the user to remove the most recent changes saved to the note

**i** opens Help and Support information; including eModules, guides and Help Desk contact information

## USER EDITING

indicates other users working concurrently

**NAME** indicates the user logged into the application

**CLOSE** allows the user to save and log out of the application

**SAVE** allows the user to save all work and exit the application; the application also auto-saves each time a field is completed

**COMPLETION/ SIGN-OFF** allows the user to indicate completion or cancel completion in each **Medication** sub-tab

**AUDIT TRAIL** indicates sign-off history of a note

**PREVIEW** area displays the note being updated and how it appears when printed

The screenshot displays the UHN Pharmacy Note interface. At the top, a navigation bar includes a help icon (i), a user indicator (1 Editing, Roberton Bob), and buttons for Undo, Save, and Close. Below this, the main content area is divided into several sections. On the left, there's a 'Documentation' tab and a 'KPI' section. The main area shows a 'PHARMACY NOTE: BEST POSSIBLE MEDICATION HISTORY' for a patient named Dr. Larry (MRN/019891). The note includes sections for Allergies, Sources Of Medication History, Drug Plans, Pre-admission Medications, and Prescription Medications. A table lists medications with columns for Medications, Purpose, and Comments. Below the table, there's a 'Community Pharmacy Information' section. At the bottom, there's a 'Prepared by' field, a 'Signature' line, and a 'Pager/Telephone Number' field. A 'Clear Prescription Medications' button is located at the bottom left. On the right side of the screenshot, there's a 'BPMH not signed off' status and a 'Sign-off BPMH' button. A 'Preview' area on the right shows the note being updated and how it appears when printed.

PHARMACY NOTE: BPMH

**UHN**

**PHARMACY NOTE: BEST POSSIBLE MEDICATION HISTORY**

Re: Pharmacy Pre-Admission Medication History for Dr. Larry (MRN/019891)

Patient was seen on N/A to review and document pre-admission medications. A best possible medication history regarding pre-admission medication was completed on 24-Feb-2017 at 16:00:08:

**Allergies:**

- Please refer to EPR for most up to date allergy information.

**Sources Of Medication History:**

- Not available

**Drug Plans:**

- Not available

**Pre-admission Medications:**

**Prescription Medications:**

Medications	Purpose	Comments
(Humalog) Insulin lispro (human) 30 mL, orally twice a day	control blood sugar levels	
(Lipid) Micro Fenofibrate micronized 45 mg orally once a day		
(for Tylenol No. 1) Acetaminophen 300 mg - caffeine 15 mg - codeine 4 mg 15 mg orally pain relief		
Bisoprolol 30 mg orally once a day		
Ins orally		

**Community Pharmacy Information:**

N/A

**Comments:**

N/A

Prepared by: James Phamson, Pharmacist

Signature: \_\_\_\_\_

Pager/Telephone Number: \_\_\_\_\_

Printed by: James Phamson, Pharmacist on 24-Feb-2017 at 16:00:09

13/24  
24/11/2016

# FEATURES & FUNCTIONALITIES

## Enhanced inter-professional collaboration through:

2 Editing | Roberton Bob

USERS CURRENTLY EDITING THIS FORM

Name	Role	Username
Daniels, Dan	Physician	123456
Bob, Roberton	Pharmacist	177888

Save Close

The ability to **concurrently contribute** to the same note, with an **indicator** in the upper-right corner showing the **number of users editing**

**User notifications** when another clinician has edited a part of the Discharge Summary

**ⓘ** Dan Daniels has updated Medications: Discharge Reconciliation X

	BPMH	Reconciliation Options	Discharge Medication
	1	New: Start on Discharge	(Humalog) Insulin (spec: human)

**Fields that lock** if another clinician is updating them, to prevent accidental overwriting of information

Discharge Rec not yet reviewed by Pharmacist  
Discharge Rec not signed-off

Audit Trail

✓ Mark as Reviewed ✓ Sign-off Discharge Rec

LUP	LU Code	Rx Comments	Clarify

**Completion/Sign-Off buttons** allow the user to indicate completion or cancel completion in **Medication** sub-tabs; the **Review** button allows Pharmacists to indicate review of the section; sign-off/review is only possible when no one else is editing the same table

**Copies to be sent to** Providers/Specialists/Clinicians within the Patient's Circle of Care who should be notified

**Hovering** over a heading/button displays its definition and/or explains its functionality

Chronic

Chronic Obstructive Pulmonary Disease (COPD)

Chronic hepatitis B infection with cirrhosis

Chronic kidney disease

Chronic myeloid leukemia (CML) blast crisis

**Type-ahead drop-downs** require a minimum of three characters entered into the field for a list of matching options to be displayed; the list narrows down as more information is entered. Selecting a provided option optimizes data entry and ensures consistent use of terminology

	BPMH	Reconciliation Options	Discharge Medication	Dose	Unit	Route	Freq.
	acetaminophen 500mg orally	Same as Home	acetaminophen	500	mg	orally	Every 4 Hours (starting at 2 AM)
						orally	

Add Medication

The medication route **auto-populates to 'orally'** for added medication rows, and can be edited if needed



**Contact**

Unit Phone Number

☒ Include Pharmacist Information

Last Name  First Name

Phone  Fax

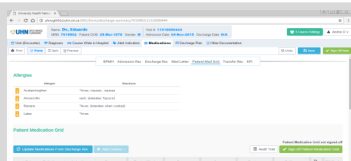
Pager

[Pull from Discharge Rec](#)

Buttons to **pull Pharmacist/Prescriber and Drug Plan coverage information** into subsequent sub-tabs reduce the need to re-enter information

[Look up LU Code](#)  
[Access EAP Request](#)

A number of **hyperlinks** to important information or supplementary forms are available within the application, including LU Codes and EAP Requests



Pharmacists can now **view** the entire Discharge Summary, and **edit** the **Medications** and **Discharge Plan** tabs

## TABLE/GRID USABILITY FEATURES

### ICON/BUTTON

### FUNCTION



Dotted edges along the left-side of a cell indicates that by clicking and dragging, a **row can be moved up or down, and a column can be moved left or right** (or deleted by dragging out of the table)



A garbage can icon on the left-side of a row **can be clicked to delete the row**



A lock icon on the left-side of a row indicates that the **row cannot be moved or deleted**

atorvastatin

A greyed-out cell in a table indicates that a **value cannot be entered or changed**



Add Discharge Medication

Clicking this button **adds an additional row** to a table in order to enter additional medications



Add Column

Clicking this button **adds an additional column** to a table (or re-add a previously deleted column)



Align BPMH Medications

Clicking this button **pulls signed-off BPMH medications into the table** being edited, aligns to matching medications (if exists), and adds to data in the table



Update Discharge Medications from EPR

Clicking this button **pulls the most recent medications from EPR into the table** being edited, aligns with BPMH (if available), and overwrites data in the table



Carry forward from previous visit

Clicking this button **pulls medication information from the most recent visit** where the Discharge Reconciliation or BPMH was signed-off (within the past 6 months)



Clear Discharge Medications

Clicking this button **clears the entire medication table above**; this change can be reversed using the Undo button

To move more easily within tables press **Tab to move ahead by one cell** and **Shift+Tab to move back by one cell**

# MEDICATION RECONCILIATION

## BEST POSSIBLE MEDICATION HISTORY (BPMH)

**BPMH** can be **populated from a signed-off Discharge Reconciliation or BPMH from a patient's previous inpatient visit** (within the last 6 months)

**BPMH** completed while a patient is an emergency patient is preserved when the visit is converted and the patient is admitted as an inpatient

General Communications (Internal/does not print) [ ]

BPMH Comments [ ]

**BPMH Medications**

☐ Patient has no BPMH medications

☒ Carry forward BPMH from previous visit

Prescription Medications (Include any medication prescribed in hospital. Use generic names.)

Medication Name	Dosage	Unit	Route
-----------------	--------	------	-------

+ Add Prescription Medication

Other Medications (Include vitamins, herbal and other meds not prescribed in hospital.)

Medication Name	Dosage	Unit	Route
-----------------	--------	------	-------

+ Add Other Medication

The **General Communications** field is for internal Pharmacist communications and does not print onto any notes

**Prescription** and **non-prescription medications** are documented in separate tables

Signed-off BPMH prescription medications **auto-populate** and **align within the admission, transfer and discharge reconciliation tables**

Smoking History

Recent smoking history? ☐ Yes ☒ No

Nicotine replacement requested? ☐ Yes ☒ No

Comments [ ]

ETOH History

ETOH history? ☐ Yes ☒ No

**BPMH Sources**

Sources of BPMH

Community Pharmacy ☒

Dispense/Review Pack ☐

Drug Profile Viewer (CDR) ☐

EPR Note ☐

Family Member/Caregiver/Friend ☒ Mother, Nancy Brown

MD Primary ☐

Medication Vial ☐

Nursing Home (SNH) ☐

Drug Plan

No Drug Coverage ☐

Private Drug Plan - 50% Pain Med Coverage ☒

Pharmacy Note: BPMH

**UHN**

**PHARMACY NOTE: BEST POSSIBLE MEDICATION HISTORY**

Re: Pharmacy Pre-Admission Medication History for Dr. Karissa (MRN7019892)

Patient was seen on NIA to review and document pre-admission medications. A best possible medication history regarding medication was completed on 22-Feb-2017 at 10:28:02:

**Allergies:**

- Please refer to EPR for most up to date allergy information.

**Sources Of Medication History:**

- Community Pharmacy
- Family Member/Caregiver/Friend: Mother, Nancy Brown

**Drug Plans:**

- Private Drug Plan - 50% Pain Med Coverage

**Community Pharmacy Information:**

NIA

**Comments:**

- Patient has recent smoking history. Nicotine replacement was requested. Patient...
- Patient does not have ETOH history.

**Smoking** and **ETOH History** information is printed in the comments area of the BPMH

Any **Sources of BPMH** and **Drug Plan** checkboxes selected, along with information entered in the accompanying field, will be printed into Pharmacy Notes

Community Pharmacy Information (List All)

Rexall Pharmacy - Atrium  
595 Bay St  
(416) 591-1414

\*\* For Pain meds only:  
North York Community Care Access Centre

[Look up Pharmacy Address](#)

Press the **Enter** key to **format Community Pharmacist information** to separate lines

# TRANSFER RECONCILIATION

**Transfers**

Select	Transfer Date	Transfer Time	Post-transfer Location	Date Initiated	Completed?
1	15-Feb-2017	Time	Please select or type	Date	NO
Select	Transfer Date		Post-transfer Location	Date Initiated	Completed?

+ Add Transfer

12 : 00 AM

**Transfer Date** and **Time** must be entered for all transfers in order to pull medications from EPR for the specified period of time

**Internal Transfer Reconciliation Medication List**

☐ Print Work List?

+ Update Transfer Medications from EPR    ⚙️ Align BPMH Medications

Audit Trail    ☒ Sign-off Transfer Meds

	BPMH	Medication Pre-Transfer	Reconciliation Options	Current Medication	Dose	Unit	Route	Freq	Comments	Work list
			Adjusted	Vancomycin 500mg in 10 m	500	mg	IV/MD	As Needed		<input checked="" type="checkbox"/>
			Same as Home	Insulin Lispro in 100 units/ml	0.5	unit	subcutaneously	once daily		<input checked="" type="checkbox"/>

+ Add Transfer Medication

By clicking the **Work List** checkbox beside each medication (if appropriate), users can generate and print a list of medications requiring follow-up

# ADMISSION RECONCILIATION

**Admission Medications**

Date Initiated    Date

+ Update Admission Medications from EPR    ⚙️ Align BPMH Medications

	BPMH Before Admission	Reconciliation Options
		New
		Same As Home
		Same as Acute Care (for rehab)
		Adjusted
		Patient not taking at home
		On Hold: Reassess
		Discontinued

**Improved Reconciliation options** are available in the Admission Medications table, including **New**, **Same As Home**, **Same as Acute Care (for rehab)**, **Adjusted**, **Patient not taking at home**, **On Hold: Reassess**, and **Discontinued**. When the reconciliation option **Same as Home** is selected for a BPMH medication, **details are auto-populated into subsequent fields**

	BPMH Before Admission	Reconciliation Options	Admission Medication	Dose	Unit	Route	Freq.	Discrepancy?	Discrepancies / Comments
1			(Humalog) Insulin lispro (human)	1	unit	subcutaneously	once daily with breakfast	<input checked="" type="checkbox"/>	Discrepancy found.
2			Meperidine	25	mg	intramuscularly	every 2 hours as needed	<input type="checkbox"/>	
3			Ibuprofen	200-400	mg	orally	every 4 hours as needed	<input type="checkbox"/>	
4			Atorvastatin	10	mg	orally	once daily at	<input type="checkbox"/>	

Medication Reconciliation:

Reconciliation	Admission Medication	Discrepancies / Comments
	(Humalog) Insulin lispro (human) 1 unit subcutaneously once daily with	Discrepancy found.

By clicking the **Discrepancy?** checkbox, “Discrepancy found” will appear in the **Comments** field; all information in the Comments field will print onto the Pharmacy Note

# MEDICATION RECONCILIATION

## DISCHARGE RECONCILIATION

Information entered into the **Best Possible Discharge Medication List** will flow into the **Medication Letter** and **Patient Medication Grid**; it can also be a source of BPMH if the patient is readmitted

### Best Possible Discharge Medication List

Date Initiated

Date



☐ Exclude Discharge Medication List from Discharge Summary

☐ Exclude "Hospital Only" medications from Discharge Summary

Select **Exclude "Hospital Only" medications from Discharge Summary** to omit medications reconciled as "Hospital Only" from the Discharge Summary output

Select **Exclude Discharge Medication List from Discharge Summary note** to sign-off on the Discharge Summary without completing medication reconciliation; only the **Discharge Medication Comments** will appear in the **Discharge Summary printout** (if a patient's Discharge Disposition is set to Deceased, this checkbox is auto-selected)

	BPMH	Reconciliation Options	Discharge Medication	Dose	Unit	Route	Freq.	Rx?	Rx #?	Mitte	Rpt	LU?	LU Code	Rx Comments	Clarify
1	rampiril 5mg & hydrochlorothiazide 25mg 1tab orally once daily orally	Same as Home	rampiril 5mg & hydrochlorothiazide 25mg 1tab orally once daily			orally					0				
2	Acetaminophen 500 mg orally	New: Started in Hospital	Acetaminophen	500	mg	orally	every 4 h ours	<input checked="" type="checkbox"/>		30 days	1				
3		New: Start on Discharge													
		Same as Home													
		Adjusted													
		On Hold: Reassess													
		Discontinued													
		Hospital Only													
			Dexamethasone	4	mg	subcutaneous	2 Times a Day With Breakfast With Dinner								

Within the **Best Possible Discharge Medication List**, **Reconciliation Options** include **New: Started in Hospital**, **New: Start on Discharge**, **Same as Home**, **Adjusted**, **On Hold: Reassess**, **Discontinued**, and **Hospital Only**

When the reconciliation option **Same as Home** is selected, details in the BPMH column (if available) **are auto-populated into subsequent fields**; when **New: Start on Discharge** and **New: Started in Hospital** are selected, medication name is populated into subsequent fields and Rx? is auto-selected

Update Discharge Medications from EPR Align BPMH Medications Rx all Medications

Audit Trail

Mark as Reviewed

Sign-off Discharge Rec.

	BPMH	Reconciliation Options	Discharge Medication	Dose	Unit	Route	Freq.	Rx?
1	Acetaminophen 50 mg orally once a day	Same as Home	Acetaminophen	50	mg	orally	once a day	<input type="checkbox"/>
2	(Humalog) Insulin lispro (human) orally	New: Start on Discharge	(Humalog) Insulin lispro (human)					<input checked="" type="checkbox"/>

To Sign-Off/Mark as Reviewed, a **Reconciliation Option** is required

To sign-off on a prescription, the **Medication Name**, **Dose**, **Unit** for oral medications, **Route**, **Frequency**, **Mitte** and **Rpt** (repeats) are also required



# MEDICATION RECONCILIATION

## PATIENT MEDICATION GRID

In order to sign-off on the **Patient Medication Grid**, the Discharge Reconciliation must be 'Marked as Reviewed' and/or 'Signed-off'

Within the **Patient Medication Grid**, the **Instructions** field must be filled out and checkboxes in that row need to be selected to appear in the grid

Update Medications From Discharge Rec. + Add Column -

Audit Trail Patient Medication Grid not signed-off Sign-off Patient Medication Grid

Status	Medication	Instructions	Morning	Noon, with lunch	Evening	Bedtime	As Needed	Purpose
1 No Change	ramipril 5mg & hydrochlorothiazide 25mg Tab orally once daily	Take 1g5mg tab daily	<input checked="" type="checkbox"/> with breakfast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To promote water loss and reduce blood pressure and to protect the heart

Columns in the grid can be **renamed** by clicking on their title and editing the field

Update Medications From Discharge Rec. + Add Column -

Audit Trail Patient Medication Grid not signed-off Sign-off Patient Medication Grid

Status	Medication	Instructions	Morning	Noon, with lunch	Evening	Bedtime	As Needed	Purpose
1 No Change	ramipril 5mg & hydrochlorothiazide 25mg Tab orally once daily	Take 1g5mg tab daily	<input checked="" type="checkbox"/> with breakfast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To promote water loss and reduce blood pressure and to protect the heart

An extra **column can be added** to the grid to accommodate an additional medication time by using the blue **Add Column** drop-down button above the grid

Update Medications From Discharge Rec. + Add Column -

Audit Trail Patient Medication Grid not signed-off Sign-off Patient Medication Grid

Status	Medication	Instructions	Morning	Noon	Evening	Bedtime	As Needed	Purpose
1 No Change	ramipril 5mg & hydrochlorothiazide 25mg Tab orally once daily	Take 1g5mg tab daily	<input checked="" type="checkbox"/> with breakfast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To promote water loss and reduce blood pressure and to protect the heart
2 New	Acetaminophen	Take 500 mg every 4 hours	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To relieve pain or fever
3 No Change	ms	Take 100 mg daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Columns can be **rearranged** by clicking the column header and dragging it to the desired slot, and **removed** by dragging the column out of the grid

Update Medications From Discharge Rec. + Add Column -

Audit Trail Patient Medication Grid not signed-off Sign-off Patient Medication Grid

Users will be prompted to update the Patient Medication Grid if any changes have been made to the Discharge Reconciliation; only medications modified in the Discharge Rec will be updated in the grid. Customizations made to medication name, instructions, schedule checkboxes and purpose for all other medications will be preserved.



Most patients prefer the vertical grid over the horizontal grid

# MEDICATION LETTER

Medications in this sub-tab are populated from the Discharge Reconciliation sub-tab and are categorized based on their reconciliation status

Fields under the Notes heading are not mandatory; only fields containing information will appear in the Medication Letter

Notes

Education/Counselling

Monitoring Needs

Compliance

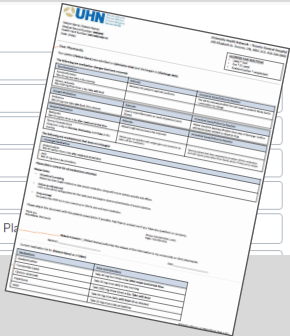
Follow-Up Visit Planned

Medication/Dose Clarifications

Drug Coverage

Pull from BPMH

Private Drug Plan



Drug coverage can be pulled from BPMH if available

# KEY PERFORMANCE INDICATORS

Mark all (non-reconciliation) activities as "Completed"

Mark all Completed

Clinical Pharmacy Key Performance Indicators (EMITT)

1. Admission Med Rec (includes BPMH review)

Manual - On paper

2. Pharmaceutical Care

Completed

Completion cancelled by by Roberton Bob, on 05-Sep-2017 at 15:54:02

Activity Sign-off/Completion is tracked in this sub-tab; the Completed button automatically updates when the associated sub-tab is signed-off

Manual—On paper is used to indicate items completed on paper; all tables in corresponding medication sub-tab must be blank

Selecting the Mark all Completed button will indicate all activities (excluding medication reconciliation) have been completed, with one click

# DISCHARGE PLAN



According to UHN policy, the Most Responsible Provider is responsible for the review and sign-off of a Patient’s Discharge Summary

Patient follow-up instructions to be included in the Discharge Summary can now be documented within the Discharge Plan tab, under Follow-Up Instructions for Patient

Follow-up Instructions for Patient

\* List the follow-up instructions, if applicable

Category

Medications

Medications - General Surgery

Note

Resume taking Sample Medication on January 1st following your appointment with Dr. Bob.

Pre-populated follow-up instructions can be selected and further modified if needed

# PRINTING

UHN DISCHARGE SUMMARY

Name: **Ds, Pablo** MRN: 7019969 Patient DOB: 19-Aug-1977 Gender: M Visit #: Admiss

**PRINT DISCHARGE MEDICATIONS**

You have not selected any medications to be prescribed

Select Text Size:

Select Copy Type:

Clicking **Split** in a **Medications** sub-tab allows Users to select a note output to preview or print

Clicking **Print** allows Users to view print options specific to the sub-tab, and generate a PDF to be printed; sub-tabs with multiple output options will default to printing what is currently being viewed

Clicking the **Print** button on any other tab enables printing of the **Discharge Summary**

**PRINT DRAFT DISCHARGE SUMMARY**

Select note(s) to print:

Select Text Size:

Select Copy Type:

**Patient/Chart/Both copies** of the Discharge Summary and Medication tab outputs can be printed, with the **copy type indicated in the header** of each printout

Printouts can be generated in **small, normal or large-text format** based on the patient/user preference; medication outputs default to print in small text

**PRINT PATIENT MEDICATION GRID**

Select Medication Grid Type:

☒ With Wallet Card?

☐ Print allergies?

☐ Include 'My Notes' space for patient?

Select Text Size:

Select Page Size:

**Wallet Cards** for patient medications can be printed for some Medication sub-tab outputs by checking the **Wallet Card checkbox**

Wallet Cards print on a separate page

Users also have the option to **include allergies** and/or **provide a space for patient notes**



PRINT PATIENT MEDICATION GRID

Select Medication Grid Type:

Vertical
Horizontal
Wallet Card

☐ With Wallet Card?
☐ Print allergies?
☐ Include 'My Notes' space for patient?

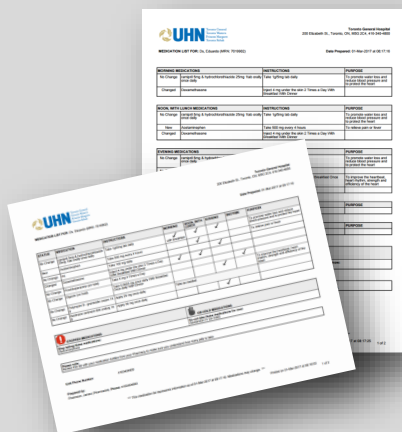
Select Text Size:

Small
Normal
Large

Select Page Size:

Letter
Letter
Legal

Print
Cancel



The Patient Medication Grid can be printed in **horizontal** or **vertical** versions, with additional options of printing on **letter** or **legal-sized** paper

## PRINT OPTIONS

### SECTION

### PRINTOUTS

### FORMATS

BPMH

- BPMH Summary

Admission Rec

- Admission Rec Summary

Discharge Rec

- Pharmacy Note
- Patient or Chart copy
- Up to two Prescriptions

Med Letter

- Medication Letter
- Patient or Chart copy
- (With) Wallet Card

Patient Medication Grid

- Patient Medication Schedule (Vertical & Horizontal)
- Legal or Letter-size
- With Allergies
- With Space for Patient Notes
- Wallet Card

Transfer Rec

- Transfer Rec Summary
- Work List

All Tabs

- Discharge Summary
- Patient or Chart copy
- Prescription

# DOWNTIME



## GENERAL INFORMATION

- If EPR is down, the application will also be unavailable
- If a source system (labs, radiology, or medications) is down, the application will function, but source data will be unavailable



## PLANNED DOWNTIME

- Scheduled outside core business hours (2 - 6 hours)
- Email communication sent in advance and a banner message in the application to indicate downtime



## UNPLANNED DOWNTIME

- May involve the entire application or a source system
- Email communication sent and an overhead pager announcement made
- Users may wait until the application is restored
- If documentation is needed urgently:
  - Admission medication reconciliation can be documented in the **patient chart** (TG/TW/PM) or using the **form B-0011** (TR)
  - Discharge Prescriptions can be issued using **Prescription form 2113**
  - Medication Schedule can be completed using **form D6979** (TG/TW/PM) or **D6979T** (TR)



## RECOVERY PROCESS

- No additional reconciliation required
- Copies of paper Prescriptions and Medication Schedules must be placed in the patient's paper chart



## SUPPORT

Technical



Ext. 4357



help@uhn.ca

Education



<https://www.uhnmodules.ca/DischargeSummary>

Change Requests



Medical.Informatics@uhn.ca

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# **UHN DISCHARGE SUMMARY**

## **PHARMACIST REFERENCE GUIDE**

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