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# UHN DISCHARGE SUMMARY

## PRESCRIBER 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 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 KEY FEATURES AND FUNCTIONALITIES AVAILABLE 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 their **active inpatient visit**.

The screenshot displays the EPR interface for patient Ds, Karissa. The top navigation bar includes the patient's name, ID number (7019892), location (6MA 185 2), age (63Y), gender (Female), and birthdate (27-Apr-33). The main content area is divided into several sections:

- Patient Care**: Includes Patient Review, Assessments, Patient Dashboard Report, Patient Information, and Clinical Research.
- Assessments**: Lists Allergy/Adverse Reaction, Infection Calculators, Height and Weight, Morse Fall Scale, Fall Risk Interventions, Liver Clinic Assessment, Confusion Assessment Method (CAM / CAM-4), Delirium Prevention and Management, RAJ-MH Assessment, Update Dosing Weight, Medication Restrictions, and Scanned Documents.
- Patient Information**: Includes Bed History, Face Sheet, Face Sheet Summary, and Provider Register.
- Reports**: Includes Active Orders Report, Reprint Med Order Sheet, Transfer Report, LOA Meds Printout, Patient Addressograph Label, and Chart Request.
- Other**: Includes Cancer Staging, Discharge Summary, Communication Note, Palliative Status, and ED Follow-UP Note.

A red circle with the number 3 is overlaid on the 'Chart Request' section.

3

Navigate to the **Patient Care** tab and then click on the **Discharge Summary** button.

4

The note will launch in a separate web browser and default to the **Visit (Encounter)** tab.

University Health Network x

uhvngh01d.uhn.on.ca:3001/forms/discharge-summary/7019892/11510000462

UHN DISCHARGE SUMMARY

Name: **Dr. Karissa** Visit #: 11510000462 Attending MD: **Generic, Physician**

MRN: 7019892 Patient DOB: 27-Apr-1933 Gender: F Admission Date: 01-Nov-2015 Discharge Date: 27-Nov-2015

Jason Medison

Print Form Split Preview Undo Save Close

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

If the patient has told you not to send the Discharge Summary to their Primary Care Provider or to another external physician, continue to complete the note in this system, but please call Health Records (16-4711) prior to Sign-Off.

[Click here for examples of good Discharge Summaries](#)

Encounter Information

\* Service: General Internal Medicine

\* Discharge Date: 27-Nov-2015  
Actual LOS: 26 days

\* Discharge Disposition: Home

Primary Care Provider (PCP)

Name(s): Generic, Physician [Update from EPR](#)

Most Recent Health Care Provider (MRP)

Name: Generic, Physician [Update from EPR](#)

Phone:

# 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 shows the UHN Discharge Summary interface for a patient named Pablo. The browser address bar shows the URL: [uhnvh01d.uhn.on.ca:3001/forms/discharge-summary/7019891/11510000463](http://uhnvh01d.uhn.on.ca:3001/forms/discharge-summary/7019891/11510000463). The patient information includes Name: Pablo, MRN: 7019899, Patient DOB: 19-Aug-1977, Gender: M, Visit #: 11510000437, Attending MD: Generic, Physician, Admission Date: 30-Oct-2015, and Discharge Date: 16-Aug-2015. The interface features a navigation bar with tabs for Visit (Encounter), Diagnosis, Course While in Hospital, Alert Indicators, Medications, Discharge Plan, and Other. 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 table of allergens and reactions. The BPMH section is also visible, including a table for BPMH Medications.

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

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

## BANNER

indicate reminders important

## UNDO

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



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

PHARMACY NOTE: BPMH

**UHN** University Health Network

**PHARMACY NOTE: BEST POSSIBLE MEDICATION HISTORY**

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

Patient was seen on **NA** 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	
(Lipidil 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 20 mg orally once a day		
Ins orally		

**Community Pharmacy Information:**

NA

**Comments:**

NA

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:

USERS CURRENTLY EDITING THIS FORM

Name	Role	Username
Daniels, Dan	Physician	123456
Bob, Robertson	Pharmacist	123456

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

EPMH	Reconciliation Options	Discharge Medication
1	New: Start on Discharge	(Humalog) Insulin ispor (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.

through EPR Provider Directory

Provider List: [Open Request Form](#)

**Hyperlinks** to important information or supplementary forms are available, including the **EPR Provider List**, **Change Request Form**, **LU Codes**, and **EAP Forms**.

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 can be selected from a list of drop-down options and edited if needed; the route for added medication rows will auto-populate to "orally."

## 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.

[Click here for examples of good Discharge Summaries](#)

[Samples of good Discharge Summaries](#) specific to Medicine, Rehabilitation, and Surgery, can be viewed to ensure quality documentation that supports timely and appropriate follow-up care.

## Follow-Up Plan Recommended for Receiving Provider(s)

\* List the follow-up receiving provider(s), if applicable

No relevant information to note

In the event that there is no information to be documented in a section, the **No relevant information to note** checkbox can be selected so the section will not appear in the final note.

## Co-morbidities, History, and Risks

\* Itemize Patient's co-morbidities, history, and/or risks below, if applicable

No relevant information to note

Condition	Description	Developed/Pre-Existing	Impacts LOS		
Sternal fracture and consequent re...	The patient was admitted to Toronto Rehab for surgical rehab from Sunnybrook following a motor vehicle accident which occurred on July 4, 2015.	<input checked="" type="radio"/> Pre-Existing <input type="radio"/> Developed	Yes	No	N/A
Small subarachnoid hemorrhage		<input type="radio"/> Pre-Existing <input type="radio"/> Developed	Yes	No	N/A
Type 2 diabetes	Was under reasonable control. His hemoglobin A1C was 0.062 on admission. His oral agents were continued.	<input checked="" type="radio"/> Pre-Existing <input type="radio"/> Developed	Yes	No	N/A

## DIAGNOSIS (CO-MORBIDITIES, HISTORY AND RISKS)

Conditions:

Pre-existing:

- Sternal fracture and consequent retrosternal hematoma. The patient was admitted to Toronto Rehab for surgical rehab from Sunnybrook following a motor vehicle accident which occurred on July 4, 2015.
- Small subarachnoid hemorrhage
- Cirrhotic liver disease. Mr. Smith was maintained on SPIRONOLACTONE, as well as FUROSEMIDE. He also was on twice daily dosing of LACTULOSE to maintain a minimum of 2 bowel movements per day. He has a p.r.n.

Under the **Co-morbidities, History, and Risks** section of the **Diagnosis** tab, selecting the appropriate option buttons can group conditions to indicate **Pre-existing or Developed status**, and/or **Impacts to the Length of Stay**. The Discharge Summary note is populated accordingly.

## Co-morbidities, History, and Risks

\* Itemize Patients co-morbidities, history, and/or risks below

No relevant information to note

[Carry forward co-morbidities from the previous visit](#)

### CARRY FORWARD CO-MORBIDITIES

Would you like to populate this information into the current note?

Information from Visit 11510000643 and was signed off on 28-Feb-2017 at 08:58:18 by De Jong, Bethany in a(n) General Internal Medicine Discharge Summary.

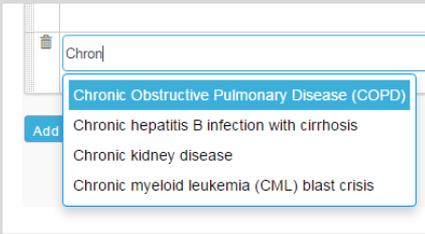
DIAGNOSIS (Co-morbidities, History and Risks)

Pre-existing:

- Hypertension: the patient presents for a physical. His main problem has been some pains in the neck, elbows and lower back. The back pain has been present for just a few days and is slightly worse with movement. He has had pains in his elbows for approximately four months.
- Type 2 diabetes with no known complications: the patient presents

Confirm  Cancel

**Co-morbidities, History, and Risks** can be auto-populated from a previous Discharge Summary (completed within the past 6 months). This information can then be edited within the form as needed.



**Type-ahead cells** narrow down long lists to show only matching options. Three characters must be entered into these cells before a list of matching options appears. Type-ahead cells in the Course While in Hospital, Interventions, Follow-Up instructions section display **pre-built templates** for optional use.



Under the **Investigations** section of the **Course While in Hospital** tab, Lab, Microbiology, Radiology and other results can be **filtered by type**, by clicking on the appropriate rounded button.



Radiology result details can be displayed by selecting **View Report**; Users may copy and paste pertinent information into the edited by clicking in the **Details** field.

Select the **Include in Note** checkbox for results to appear in the note.

When documenting Lab and Radiology results only include those items pertinent to follow-up care; do not copy and paste entire radiology results.



**COPY AND PASTE THE INFORMATION YOU WISH TO POPULATE INTO THE CURRENT NOTE**

There are 2 OR Notes available

▶ View Note #1

**PROCEDURE:** Laparoscopic cholecystectomy with Intraoperative cholangiogram

**DATE OF PROCEDURE:** January 18, 2016

Under the **Interventions** section of the **Course While in Hospital** tab, a

**View OR Note** button will be displayed (if any OR Notes were completed during the visit); selecting this button will display available OR Notes from which the User can copy and paste pertinent information into the Details field.

# TABLE/GRID USABILITY FEATURES

## ICON/BUTTON

## FUNCTION



Dotted edges along the left-side of a cell indicates that a **row can be moved up or down**.



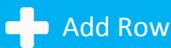
A garbage can icon on the left-side of a row **can be clicked to delete the row**.



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



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



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



Clicking this button **adds an additional column** to a table.



Clicking this button **pulls the most recent information documented in EPR** and overwrites data in the table.



Clicking this button **pulls information from the most recent visit** where a Discharge Summary was signed-off (within the past 6 months).



Clicking these buttons **pulls information from integrated systems actively being updated** during the current visit (e.g. PHS appointments, OR Notes, Sign-out Tool); information in the table will not be overwritten.



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.



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

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

# UHN DISCHARGE SUMMARY



The six tabs of the UHN Discharge Summary are **Visit (Encounter)**, **Diagnosis**, **Course While in Hospital**, **Alert Indicators**, **Medications** and **Discharge Plan**. These tabs align with the Discharge Summary template mandated by the Toronto Central Local Health Integration Network (TC LHIN), and used by all hospitals within it.

## 1 VISIT (ENCOUNTER)

This tab includes the patient's visit information, primary care and most responsible provider information, and contact information for Discharge Summary recipients from EPR.

Recipient	Contact Information
Generic - Physician Moe	Blackhorse drive 43214, ON, Fax: (416) 340-4797
Generic - Physician Moe	Blackhorse drive 43214, ON, Fax: (416) 340-4797

Add Additional Copy Recipient Start typing to search through EPR Provider Directory



Recipients documented in the patient's EPR face-sheet are auto-populated into the **Copies to be sent to** section .



Double-check contact information for recipient(s) to ensure they are the intended recipient(s); recipients listed multiple times will receive multiple copies of the Discharge Summary.

## 2 DIAGNOSIS

This tab includes the diagnosis most responsible for the patient's course while in hospital, co-morbidities or conditions that exist at the time of admission or develop post-admission, and their effect on the patient's Length of Stay.

## 3 COURSE WHILE IN HOSPITAL

This tab includes the patient's chief complaints and concerns, a summary of their course while in hospital, laboratory and radiology results, and any other interventions, procedures, or treatments; only items pertinent to follow-up care should be included.

## 4 ALERT INDICATORS

This tab includes the patient's allergens and their reactions.



EPR is the source of truth for allergies and all updates must be made in EPR; allergy information is auto-updated each time a tab is launched.

## 5 MEDICATIONS

This tab includes seven medication and pharmacy-related sub-tabs that are further discussed in the **Medication Reconciliation** section (page 14).

## 6 DISCHARGE PLAN

### Follow-up Instructions for Patient

\* List the follow-up instructions, if applicable

Category	Note
Medications	Resume taking Sample Medication on January 1st following your appointment with Dr. Bob.
Add	
Medications	
Medications - General Surgery	
Medications - Stroke	

Instructions for the patient after discharge can be documented in the **Follow-Up Instructions for Patient** section.



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

### Follow-Up Plan Recommended for Receiving Provider(s)

\* List the follow-up receiving provider(s), if applicable

No relevant information to note

Heading (Optional)	Recommended Plan
ECASA	It should be noted that the patient's ASA had not been restarted, which he is on for secondary cardiac prevention, pending Neurotrauma and GI follow-up at Sunnybrook Hospital
Following Endoscopy Appointment with Dr. Cairn	I ask that following Dr. Cairn's Oct. 8 endoscopy appointment (assessing for esophageal varices) that if Dr. Cairn agrees with resumption of ECASA that he inform Mr. Smith, and also note it in his clinic note so the family doctor will be aware.

[Click to edit](#)

The recommended plan to ensure timely and appropriate follow-up care for the patient can be clearly articulated in the **Follow-Up Plan Recommended for Receiving Provider(s)** section.

### Appointments and Referrals

\* List the follow-up appointments and referrals, if applicable

No relevant information to note

[Update from PHS](#)

Status	Type	With Who	Contact	Location	Date	Time	Comment / Instruction
Booked	24-Hour Urine Collection (TG)		416-340-3968	Toronto General Hospital, Eaton Building - Ground Floor, Room 406 (EG-406)	Date	Time	
Booked	radiation Oncology 17B		416-946-4696	Princess Margaret Cancer Centre, 17B Floor, Unit 17B	Date	Time	
Patient to be called							
Patient to call	24-Hour Urine Collection (TW)		416-603-5859	Toronto Western Hospital, Main	Date	Time	

All appointments and referrals to ensure timely follow-up care must be documented in the **Appointments and Referrals** section, with clear indication of the status—**Booked**, **Patient to be called**, or **Patient to call**. Appointments are grouped by status.

Appointments that have been scheduled in PHS can be pulled into this section.

# MEDICATION RECONCILIATION

## DISCHARGE RECONCILIATION

The **Best Possible Discharge Medication List** is the information source that will flow into the **Medication Letter** and **Patient Medication Grid**.

Signed-off Best Possible Medication History (**BPMH**) **must be aligned and reconciled** in the Discharge Medication List in order to sign-off. Signed-off Discharge Reconciliation can also be a source of BPMH if the patient is readmitted.

UHN DISCHARGE SUMMARY Name: **Ds, Pablo** MRN: 701969 Patient DOB: 19-Aug-1977 Gender: M Visit #: 1151000437 Attending MD: Generic, Physician Admission Date: 30-Oct-2015 Discharge Date: N/A

Print | Form | Split | Preview | Undo | Audit Trail | Sign-Off Note | Save | Close

Visit (Encounter) | Diagnosis | Course While in Hospital | Alert Indicators | Medications | Discharge Plan | Med Letter | Patient Med Grid | KPI

Allergies Show Allergies

Best Possible Discharge Medication List

Date Initiated: [Date] x

Exclude Discharge Medication List from Discharge Summary  
 Exclude "Hospital Only" medications from Discharge Summary

Update Discharge Medications from EPR | Align BPMH Medications | Rx all Medications

Audit Trail | Sign-off Discharge Rec

BPMH	Reconciliation Options	Discharge Medication	Dose	Unit	Route	Freq.	Rx7	Rx #27	Mtts	Rpt	LU7	LU Code	Rx Comments	Clarity
1	New: Start on Discharge	(Humalog) Insulin lispro (human)	1	unit	orally	once daily with breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0				
2	Adjusted	Meperidine	25	mg	intramuscular	every 2 hours as	<input type="checkbox"/>	<input type="checkbox"/>		0				

### Best Possible Discharge Medication List

Date Initiated: [Date] x

Reviewed by Jessica Pharmacist (Pharmacist), on 01-Mar-2017 at 15:35:51

Discharge Rec not signed-off

Updated BPMH information is available. Please align the BPMH medications.

Update Discharge Medications from EPR | Align BPMH Medications

Audit Trail | Sign-off Discharge Rec

The **Update Discharge Medications from EPR** button will pull active medications from EPR and overwrite all data currently within the table.

### Best Possible Discharge Medication List

Date Initiated: [Date] x

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 #2?	Mitte	Rpt	LU?	LU Code	Rx Comments	Clarify
1	Same as Home	ramprep 5mg & hydrochlorothiazid			orally					0				
2	New: Started in Hospital	25mg 1tab orally once daily orally												
2	New: Start on Discharge	Acetaminophen 500 mg orally	500	mg	orally	every 4 h ours	<input checked="" type="checkbox"/>			30 days	1			
3	Adjusted	Dexamethasone	4	mg	subcutan	2 Times a Day With								
	On Hold: Reassess													

Within the medications table, **Reconciliation Options** include **New: Started in Hospital**, **New: Start on Discharge**, **Same as Home**, **Adjusted**, **On Hold: Reassess**, **Discontinued**, and **Hospital Only**.

When **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    Audit Trail    Sign-of Discharge Rec

BPMH	Reconciliation Options	Discharge Medication	Dose	Unit	Route	Freq.	Rx?	Rx #2?	Mitte	Rpt	LU?	LU Code	Rx Comments	Clarify
1	Discontinued	ramprep 5mg & hydrochlorothiazid	1g5mg	tab	orally	daily			30	1				
2	New: Start on Discharge	Acetaminophen 500 mg orally	500	mg	orally	every 4	<input checked="" type="checkbox"/>		30 days	1				

Within the **Best Possible Discharge Medication List**, **Reconciliation Option**, **Medication Name**, **Dose**, **Unit** (for oral medications), **Route**, **Frequency**, **Mitte** and **Rpt** (repeats) are required to sign-off prescribed medications.

Update Discharge Medications from EPR    Align BPMH Medications    Rx: all Medications

BPMH	Reconciliation Options	Discharge Medication	Dose	Unit	Route	Freq.	Rx?	Rx #2?
1	New: Start on Discharge	(Humalog) Insulin lispro (human)	1	unit	orally	once daily with breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Adjusted	(Meperidine	25	mg	intramuscul	every 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Rx all Medications** allows Users to prescribe **New**, **Adjusted** and **Same as Home** medications with one click.

Up to **two** separate **Prescriptions** can be generated to support Prescribers with limited sign-off authority on medications (e.g. scope of practice does not include sign-off on narcotics or Patients that have multiple dispensaries).

Prescribers with limited sign-off authority can print both prescriptions, but have the other prescriber sign-off the second prescription if needed.

Prescribed medications are marked in the Medication List in the Discharge Summary note with **Mitte & Repeat** information.

9	Same as Home	Bacitracin ointment 500 units/g 15 g			topically	once daily								
BPMH	Reconciliation Options	Discharge Medication	Dose	Unit	Route	Freq.	Rx?	Rx #2?	Mitte	Rpt	LU?	LU Code	Rx Comments	Clarify

+ Add Discharge Medication    Clear Discharge Medications

Discharge Medication Comments    This medication list represents information as of November 24th 2016. Medications may change.

**Discharge Medication Comments** documented in this sub-section will appear in the **Discharge Summary** and the **Pharmacy Note**.

Up to **two Prescriptions**, a **Pharmacy Note**, and the **Discharge Summary** can be generated from the **Discharge Reconciliation** sub-tab.

Toronto General Hospital  
200 Elizabeth St., Toronto, ON, M5G 2C4, 416-340-4800

**UHN** University Health Network  
Toronto General  
Toronto Western  
St. Michael's  
Toronto Rehab

Date Prepared: **02-Mar-2017** at **08:06:19**  
Patient Name: **Dr. Edwards**  
Medical Record Number: **7019903** Health Card Number: **N/A**  
Date of Birth: **29-Mar-1976** Patient Phone Number: **(123)212-3456**  
Patient Address: **32 FRED NORTH YORK, ON M2L 1H2**

\*\*\*\*\* PRESCRIPTION [CHART COPY] \*\*\*\*\*

**ALLERGIES**

- Antidepressants: "nausea, release, release"
- Amoxicillin: rash, (diarrhea, Tachycardia)
- Barbiturates: "nausea when cooked"
- Lactose: "toes"

**MEDICATIONS TO BE DISPENSED**

Medications	Dose	Route	Frequency	Write	Rpts	Comments
Codebutropium	100 mg	orally	every 4 hours	Q 4 days	0	
Diclofenac	4 mg	topical	1 Twice a Day With Dinner	Q 20 days	0	
Pen	100 mg	orally	daily	Q 20 days	0	
Codebutropium IV (on hold)	80 mg	intravenously	every 8 hours	Q 20 days	0	
Polymyxin B - gramicidin cream 15 g	25 mg	topically	once daily	Q 20 days	0	
Rocephin oral suspension 500 mg/15 g	20 mg	orally	once daily	Q 20 days	0	

End of Medications to be Dispensed

**STOPPED MEDICATIONS**

1. ativan
2. ativan 0.12
3. Non-formulary insulin
4. ranitid 5mg & hydrochlorothiazide 25mg 1tab orally once daily
5. hydrochlorothiazide

**ADDITIONAL COMMENTS**

Please contact Family Physician or Primary Care Provider for reports.

**SUMMARY OF MEDICATION CHANGES SINCE ADMIT**

**NEW MEDICATIONS**

- None

**MEDICATIONS TO START ON DISCHARGE**

- Codebutropium 100 mg orally every 4 hours

**ADULTS TO MONITOR**

- Diclofenac 4 mg sublingually 2 Times a Day With Dinner

Prescriber Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
License #: \_\_\_\_\_ Phone: \_\_\_\_\_

Please ensure Rx has authentic original signature.  
Note: Not all medications may be covered by your drug plan.

Toronto General Hospital  
200 Elizabeth St., Toronto, ON, M5G 2C4, 416-340-4800

**UHN** University Health Network  
Toronto General  
Toronto Western  
St. Michael's  
Toronto Rehab

Date Prepared: **02-Mar-2017** at **08:06:19**  
Patient Name: **Dr. Edwards**  
Medical Record Number: **7019903** Health Card Number: **N/A**  
Date of Birth: **29-Mar-1976** Patient Phone Number: **(123)212-3456**  
Patient Address: **32 FRED NORTH YORK, ON M2L 1H2**

\*\*\*\*\* PRESCRIPTION [CHART COPY] \*\*\*\*\*

**MEDICATIONS TO BE CONTINUED**

- Capsoic (on hold) 0.025 mg orally once daily With Breakfast Once daily With Dinner
- mg 100 mg orally daily
- Phosphoramide (on hold) 5 mg orally 4 Times a Day
- Polymyxin B - gramicidin cream 15 g 25 mg topically once daily
- Rocephin oral suspension 500 mg/15 g 20 mg orally once daily

**ON HOLD MEDICATIONS**

- Codebutropium IV (on hold) 80 mg intravenously every 8 hours

**STOPPED MEDICATIONS**

- ativan
- ativan 0.12
- Non-formulary insulin
- ranitid 5mg & hydrochlorothiazide 25mg 1tab orally once daily
- Hydrochlorothiazide

\*\*\*\*\* PHARMACY NOTE: DISCHARGE MEDICATION RECONCILIATION \*\*\*\*\*

**PHARMACY NOTE: DISCHARGE MEDICATION RECONCILIATION**

Rx: Pharmacy Reconciliation of Outgoing Medications for Dr. Edwards (8897019903)  
A reconciliation of Outgoing Medications was released on MHA. The reconciliation was completed on 02-Mar-2017 at 08:06:19.

Discharge Medication:

Rx/Ph Before Admission	Reconciliation	Medication	Prescription?	LU Code
Codebutropium 100 mg orally every 4 hours	New Start on Discharge	Codebutropium 100 mg orally every 4 hours	Yes	
Same as Home	Same as Home	Codebutropium 100 mg orally every 4 hours	No	
Capsoic (on hold) 0.025 mg orally once daily with breakfast once daily with dinner	Discontinued	Capsoic (on hold) 0.025 mg orally once daily with breakfast Once daily With Dinner	Yes	
ativan 2ipuffs inhaled qm	Discontinued	ativan 1 inhaled	Yes	
ativan 0.12 1 tablet orally every 4 hours	Discontinued	ativan 0.12 orally	Yes	
Non-formulary insulin	Discontinued	Non-formulary insulin intravenously	No	
ranitid 5mg	Discontinued	ranitid 5mg & hydrochlorothiazide 25mg 1tab orally once daily	Yes	
Hydrochlorothiazide 25mg	Discontinued	Hydrochlorothiazide 4 mg sublingually 2 Times a Day With Breakfast With Dinner	Yes	
Same as Home	Same as Home	mg 100 mg orally daily	Yes	
Discontinued	Discontinued	Hydrochlorothiazide 4 mg IV medication every 8 hours	Yes	
On Hold: Rocephin	Discontinued	Codebutropium IV (on hold) 80 mg intravenously every 8 hours	Yes	
Same as Home	Same as Home	Codebutropium (on hold) 80 mg intravenously every 8 hours	Yes	
Same as Home	Same as Home	Polymyxin B - gramicidin cream 15 g 25 mg topically once daily	Yes	
Same as Home	Same as Home	Rocephin oral suspension 500 mg/15 g 20 mg orally once daily	Yes	

Discharge Medication Comments:  
This medication list represents information as of November 24th 2016. Medication list change.

Prepared by: Jessica Pharmacist, Pharmacist  
Signature: \_\_\_\_\_  
Paper/Telephone Number: \_\_\_\_\_

Printed by: Jessica Physion, Physician on 02-Mar-2017 at 08:11:23 - Page 1 of 1

# 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
<input type="button" value="+ Add Prescription Medication"/>			

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

Medication Name	Dosage	Unit	Route
<input type="button" value="+ 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: Patient:

**ETOH History**

ETOH history?  Yes  No

**BPMH Sources**

Sources of BPMH:

- Community Pharmacy
- Standalone/Free
- Drug Profile Vendor (ODS)
- EPS Site
- Family MD
- Family Member/Caregiver/Friend  Mother, Nancy Brown
- MD Primary
- Medication Vial
- Nursing Home SWS

**Drug Plan**

- No Drug Coverage
- Private Drug Plan  50% Out-of-Pocket Coverage

**PHARMACY NOTE: BPMH**

**UHN** University Health Network

**PHARMACY NOTE: BEST POSSIBLE MEDICATION HISTORY**

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

Patient was seen on N/A 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:**

N/A

**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

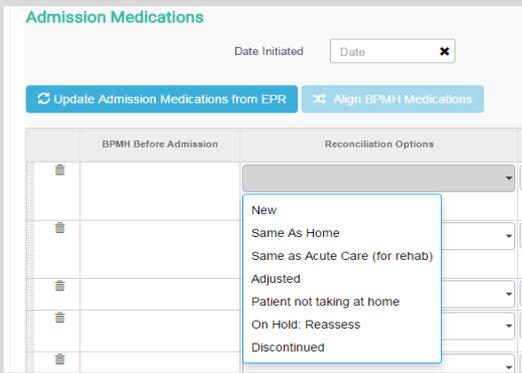
**\*\* For Pain meds only:**  
North York Community Care Access Centre

[Look up Pharmacy Address](#)



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

# ADMISSION RECONCILIATION



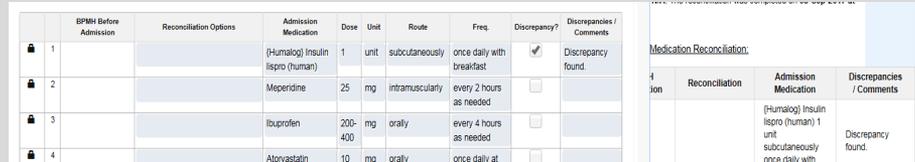
**Admission Medications**

Date Initiated:

[Update Admission Medications from EPR](#) [Align BPMH Medications](#)

BPMH Before Admission	Reconciliation Options
	<ul style="list-style-type: none"> <li>New</li> <li>Same As Home</li> <li>Same as Acute Care (for rehab)</li> <li>Adjusted</li> <li>Patient not taking at home</li> <li>On Hold: Reassess</li> <li>Discontinued</li> </ul>

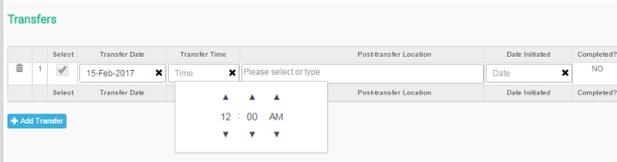
**Improved Reconciliation options** are available in the Admission Medications table, including **New**, **Same As Home**, **Same as Acute Care (for rehab)**, **Adjusted**, **Patient not taking at home**, **On Hold: Reassess**, and **Discontinued**. When the reconciliation option **Same as Home** is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

By clicking the **Discrepancy?** checkbox, "Discrepancy found" will appear in the **Comments** field; the Comments field will print onto the Pharmacy Note.

# TRANSFER RECONCILIATION

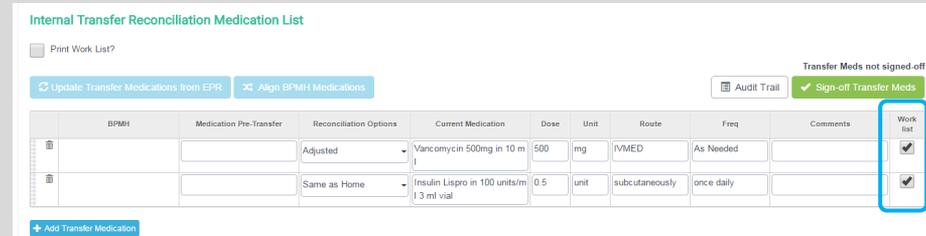


**Transfers**

Select:  Transfer Date: 15-Feb-2017  Transfer Time: 12 : 00 AM  Post-transfer Location:  Date Initiated:  Complete?: NO

[+ Add Transfer](#)

**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?  Audit Trail  Sign-off Transfer Meds

[Update Transfer Medications from EPR](#) [Align BPMH Medications](#)

BPMH	Medication Pre-Transfer	Reconciliation Options	Current Medication	Dose	Unit	Route	Freq.	Comments	Work List
		Adjusted	Vancocycin 500mg in 10 ml	500	mg	IVMED	As Needed		<input checked="" type="checkbox"/>
		Same as Home	Insulin Lispro in 100 units/ml 3 ml vial	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 .

# 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.

Status	Medication	Instructions	Morning	Noon, with lunch
1 No Change	ramipril 5mg & hydrochlorothiazide 25mg 1tab orally once daily	Take 1p5mg tab daily	<input checked="" type="checkbox"/> with breakfast	<input checked="" type="checkbox"/>

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

Status	Medication	Instructions	Extra
1 No Change	ramipril 5mg & hydrochlorothiazide 25mg 1tab orally once daily	Take 1p5mg tab daily	

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.

Noon, with lunch	Evening	Bedtime	As Needed	Purpose
<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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To relieve pain or fever

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.

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 Reconciliation 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/Counseling

Monitoring Needs

Compliance

Follow-Up Visit Planned

Medication/Dose Clarifications

Drug Coverage

Private

**Drug coverage** can be pulled from BPMH if available.

# PRINTING

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

Print Form **Split** Preview Prescription Pharmacy Note DS Note

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

**PRINT DISCHARGE MEDICATIONS**

You have not selected any medications to be prescribed

Prescription **Pharmacy Note**

Select Text Size:  
Small Normal Large

Select Copy Type:  
**Patient** Chart Both

Print Cancel

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.

**PRINT DRAFT DISCHARGE SUMMARY**

Select note(s) to print:  
**Discharge Summary**

Select Text Size:  
Small **Normal** Large

Select Copy Type:  
**Patient** Chart Both

Print Cancel

**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:  
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

Print Cancel

**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:

With Wallet Card?

Print allergies?

Include 'My Notes' space for patient?

Select Text Size:

Select Page Size:

Letter ▼



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
- Wallet Card
- With Space for Patient Notes

Transfer Rec

- Transfer Rec Summary
- Work List

All Tabs

- Discharge Summary
- Patient or Chart copy
- Prescription

# SIGN-OFF & REVISIONS

All note outputs can be previewed as a PDF and printed directly from the application, for both the patient and their paper chart. The image below depicts the View Only mode.

After sign-off, notes can be revised, re-signed off, and re-sent to the intended recipients. **Notes are auto-faxed to Primary Care and Referring Providers each time they are signed-off and a new note/revision is uploaded to EPR.**

[DRAFT: Chart Copy] GENERAL INTERNAL MEDICINE Discharge Summary [DRAFT COPY]

**UHN** Toronto General  
Toronto Western  
Toronto St. Michael's  
Toronto St. Paul's

**GENERAL INTERNAL MEDICINE DISCHARGE SUMMARY**

Patient Name: Ch. Daniels  
MRN: 7019901  
DOB: 01-Mar-1960, 36 years old  
Gender: Male

**VISIT ENCOUNTER**

Visit Number: 1151870046  
Admission Date: 15-Jul-2016  
Discharge Date: 15-Jul-2016  
Discharge Diagnosis: Postoperative

Primary Care Provider: Family Physician: Generic, Physician (416555854, generic.physician@uhn.ca)  
Most Responsible Health Care Provider: Generic, Physician (416555854, generic.physician@uhn.ca)  
Discharge Summary Completed On: Jul 15, 2016

Patient Encounter Type: Inpatient  
Discharge Disposition: Transferred to rehabilitation: from Toronto General Hospital (General Internal Medicine)

**DIAGNOSIS (CO-MORBIDITIES, HISTORY AND RISKS)**

Conditions:

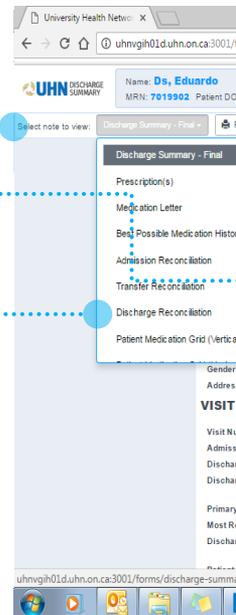
A **DRAFT COPY** watermark appears on outputs printed prior to sign-off/review.

**FINAL NOTES** can be viewed and printed using the drop-down at the top-left of the screen.

**REVISED COPY** appears in the header of a Discharge Summary note if it has been revised and re-signed-off, to inform intended recipients.

## FINAL NOTE OUTPUTS:

- Discharge Summary
- Prescription(s)
- Medication Letter
- Best Possible Medication History
- Admission, Transfer & Discharge Reconciliation
- Patient Medication Grid(s) (Horizontal, Vertical, Wallet Card)
- Other Documentation



**SIGN-OFF AND SEND NOTE?**

If the patient has told you not to send the Discharge Summary to their Primary Care Provider or to another external physician, make sure Health Records (16-4711) has provided confirmation prior to Sign-Off.

This note is **6 pages long**. Best practice recommends not to exceed **THREE (3)** pages to maintain a succinct note for the recipient.

Please scroll down to review this note. By clicking "Confirm" at the bottom, this note will be sent to EPR, and become a permanent part of the legal Patient Record. A copy will also be auto-faxed to its recipients.

[Return to Edit](#)

---

**UHN DISCHARGE SUMMARY (CRITICAL CARE) [DRAFT COPY]**

**UNIVERSITY HEALTH NETWORK DISCHARGE SUMMARY (CRITICAL CARE)**

Patient Name: **Ds, Pablo (MRN: 7019969)**  
 DOB: **19-Aug-1977**, 40 years old. Gender: **Male**  
 Address: **5 Oxley Blvd SCARBOROUGH, ON M1C 3B3**

Completed by:

Name	Bob, Boberton
Date Completed	31-Aug-2017
Phone	<input type="text"/>
Email	<input type="text"/>
Role	Physician
Location site	TGH

[Confirm](#) [Cancel](#)

Once **Sign-off** is selected, a **page count and note preview** will be displayed for Users to review and send the note; **Return to Edit** (revise) gives Users the option to return to the form and continue editing the note (best practice recommends not to exceed three pages to maintain a succinct note for the recipient).

forms/discharge-summary/7019892/1151000462

Visit #: **1151000444** Attending MD: **Generic, Physician**  
 Admission Date: **04-Nov-2015** Discharge Date: **04-Dec-2016**

0 Editing | Jessica Physician

Audit Trail | [Revise](#) | [Close](#)

This Discharge Summary was last signed-off and submitted on 02-Mar-2017 08:48:48

**[REVISED COPY]**

**UNIVERSITY HEALTH NETWORK DISCHARGE SUMMARY (GENERAL INTERNAL MEDICINE)**

replaces the Discharge Summary sent on 02-Mar-2017

Gender: Male  
 Address: 23 Front North York, ON M2L 1H2

**ENCOUNTER**

Number: 1151000444  
 Admission Date: 04-Nov-2015  
 Discharge Date: 04-Dec-2016  
 Discharge Diagnosis: Abdominal aortic aneurysm (no rupture)

Attending Care Provider / Family Physician: Generic, Generic  
 Responsible Health Care Provider: Generic, Physician  
 Discharge Summary Completed By: Physician, Jessica on 02-Mar-2017

17:13 24/11/2016

**REVISE** allows edits to be made to an already signed-off Discharge Summary note; the note must be re-signed-off to save into EPR and be re-sent to the recipients.

**SIGN-OFF DETAILS** appear at the top of the screen, documenting if/when the note has been signed-off and submitted.

# DOWNTIME



## GENERAL INFORMATION

- If EPR is down, the application will also not be available
- 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 Grid can be completed using **form D6979** (TG/TW/PM) or **D6979T** (TR)



## RECOVERY PROCESS

- No additional reconciliation required
- Copies of paper Prescriptions and Medication Grids 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**  
**PRESCRIBER REFERENCE GUIDE**

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