UHN DISCHARGE SUMMARY

PRESCRIBER REFERENCE GUIDE

Version 4.0, Oct 2, 2017

WHAT'S INSIDE...

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.

UHN DISCHARGE SUMMARY APPLICATION

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.

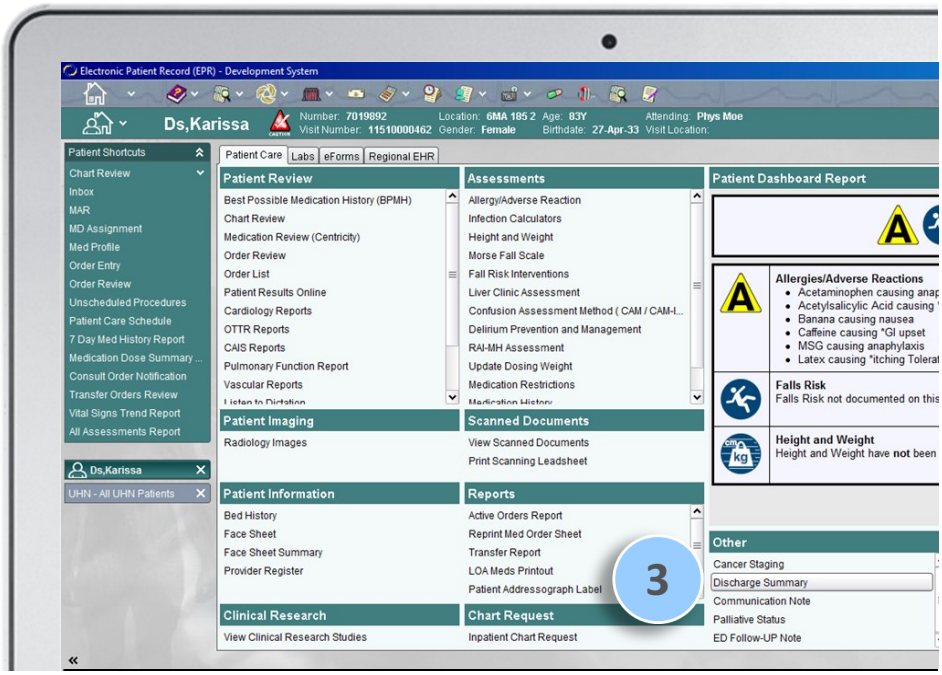
APPLICATION ACCESS

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**.

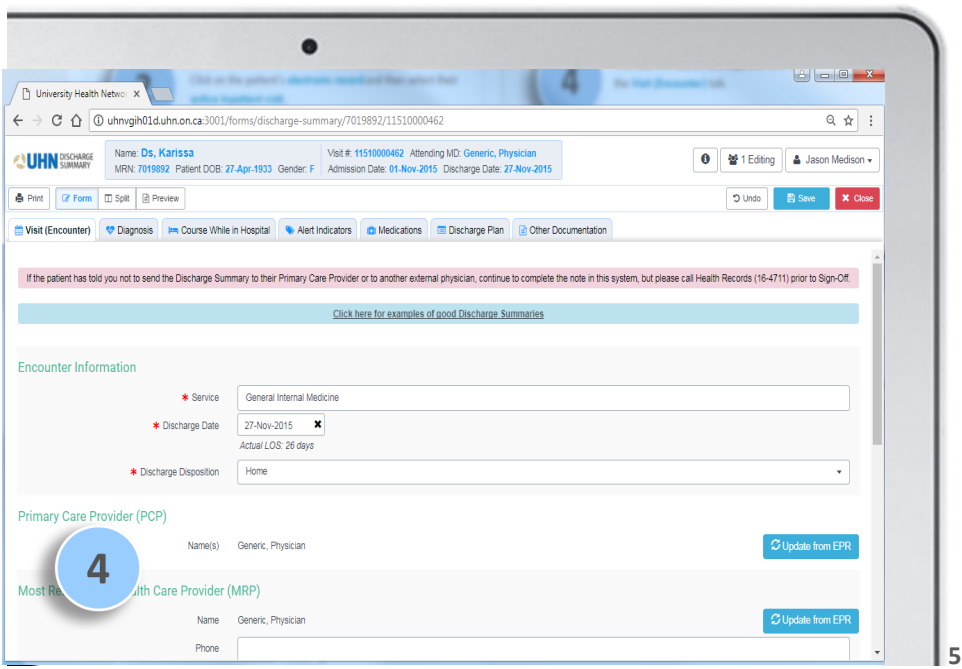


3

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.



GENERAL LAYOUT

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

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**

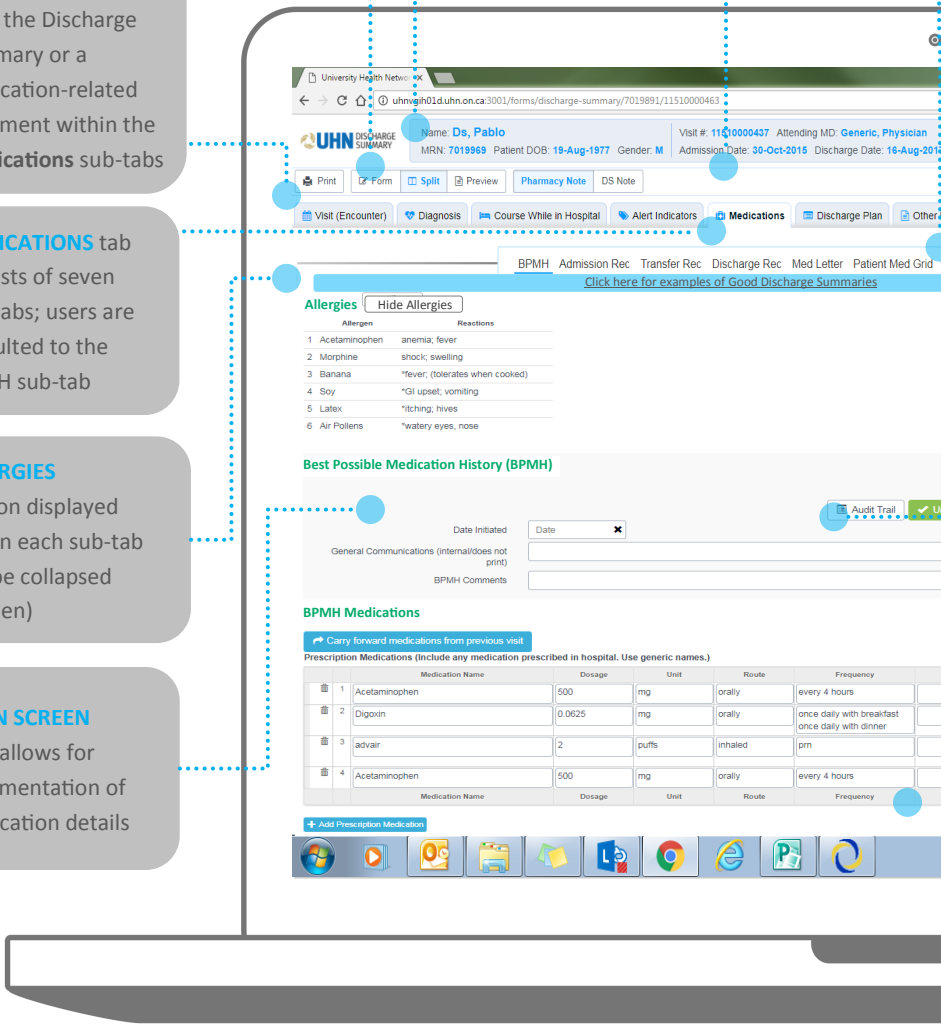
COLOURED MESSAGES downtime and other i notification

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



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

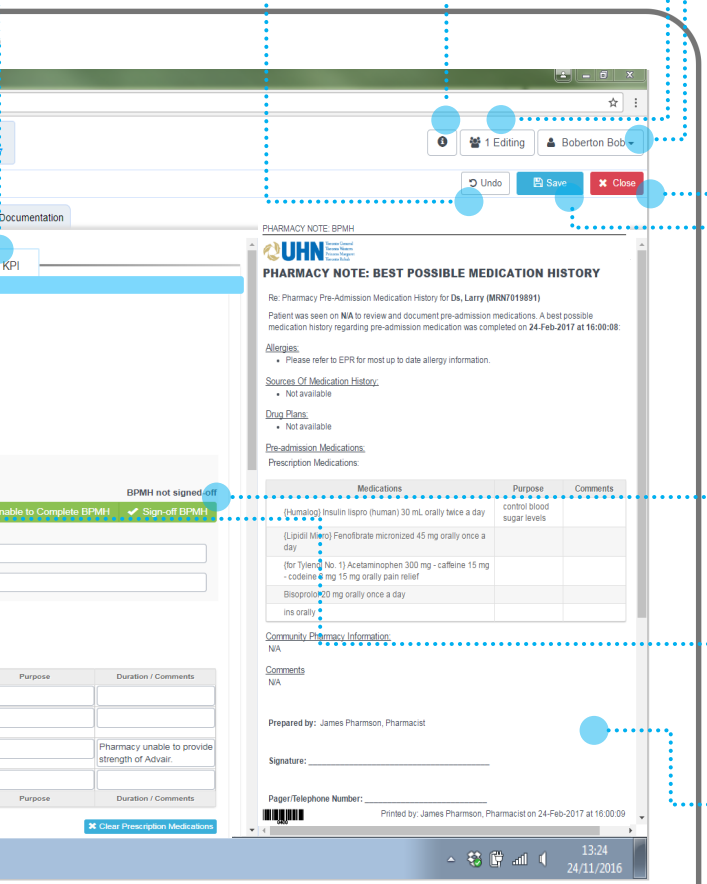
CLOSE allows the user to save and log out of the application

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

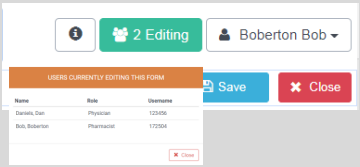
AUDIT TRAIL indicates sign-off history of a note

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

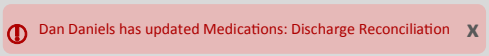


FEATURES & FUNCTIONALITIES

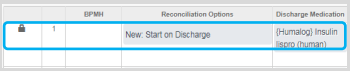
Enhanced inter-professional collaboration through:



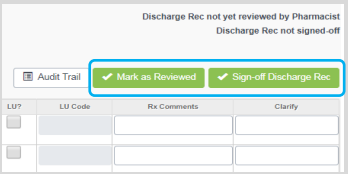
The ability to **concurrently contribute** to the same note, with an **indicator** in the upper-right corner showing the **number of users editing.**



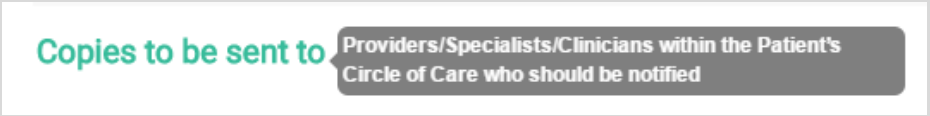
User notifications when another clinician has edited a part of the Discharge Summary.



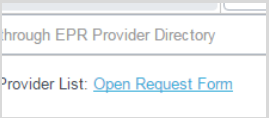
Fields that lock if another clinician is updating them, to prevent accidental overwriting of information.



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.

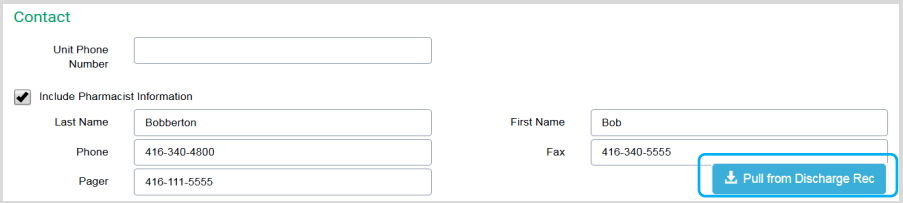


Hovering over a heading/button displays its definition and/or explains its functionality.



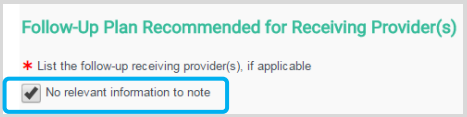
Hyperlinks to important information or supplementary forms are available, including the **EPR Provider List Change Request Form, LU Codes**, and **EAP Forms.**

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.”

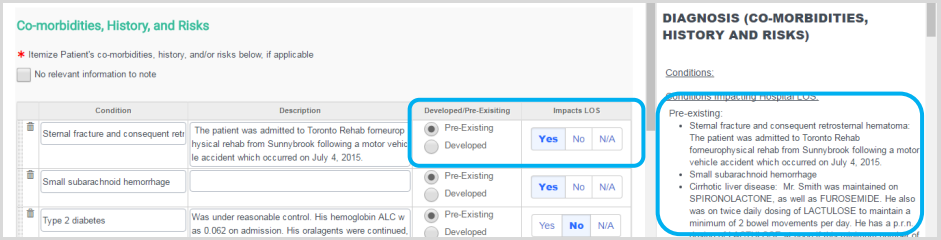


Buttons to **pull Pharmacist/Prescriber and Drug Plan coverage information** into subsequent sub-tabs reduce the need to re-enter information.

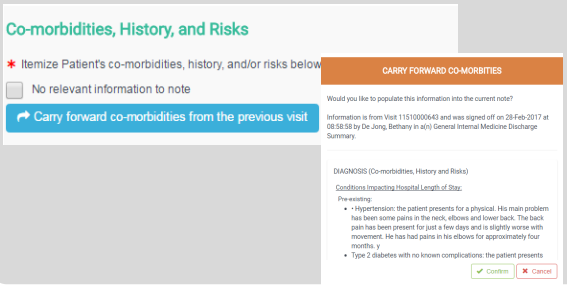
Samples of good Discharge Summaries specific to Medicine, Rehabilitation, and Surgery, can be viewed to ensure quality documentation that supports timely and appropriate follow-up care.



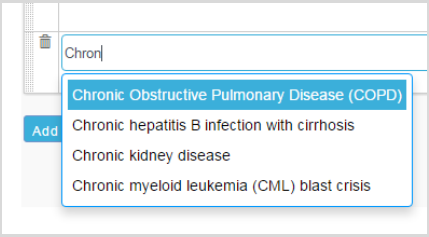
In the event that there is no information to be documented in a section, the **No relevant information to note** checkbox can be selected so the section will not appear in the final note.



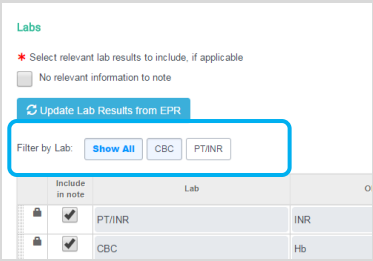
Under the **Co-morbidities, History, and Risks** section of the **Diagnosis** tab, selecting the appropriate option buttons can group conditions to indicate **Pre-existing or Developed status**, and/or **Impacts to the Length of Stay**. The Discharge Summary note is populated accordingly.



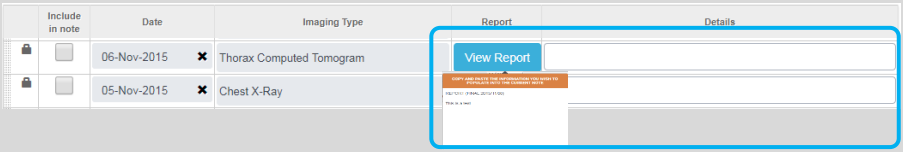
Co-morbidities, History, and Risks can be auto-populated from a previous Discharge Summary (completed within the past 6 months). This information can then be edited within the form as needed.



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.



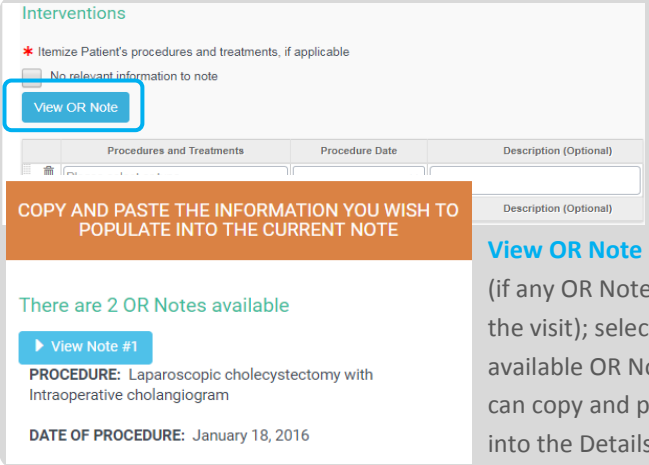
Under the **Investigations** section of the **Course While in Hospital** tab, Lab, Microbiology, Radiology and other results can be **filtered by type**, by clicking on the appropriate rounded button.



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.

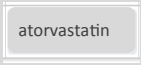
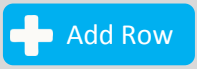
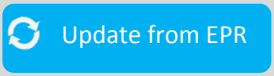
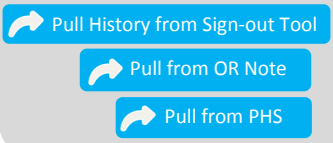
Select the **Include in Note** checkbox for results to appear in the note.

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



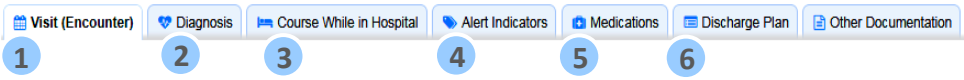
Under the **Interventions** section of the **Course While in Hospital** tab, a **View OR Note** button will be displayed (if any OR Notes were completed during the visit); selecting this button will display available OR Notes from which the User can copy and paste pertinent information into the Details 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.**

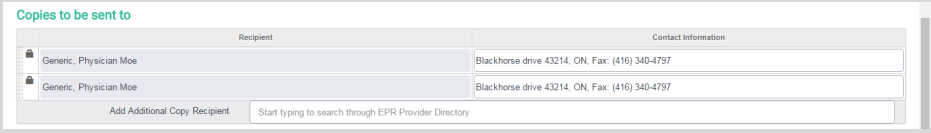
UHN DISCHARGE SUMMARY



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.



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

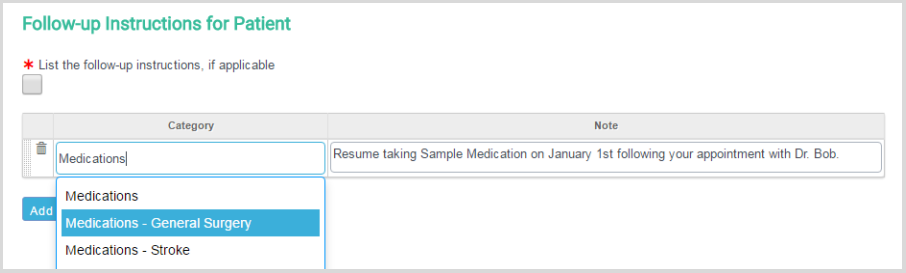
This tab includes the patient's allergens and their reactions.

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

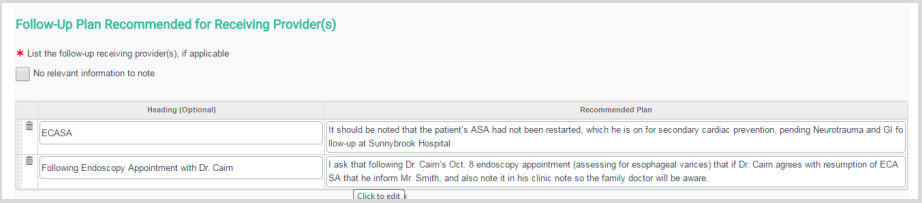
This tab includes seven medication and pharmacy-related sub-tabs that are further discussed in the **Medication Reconciliation** section (page 14).

6 DISCHARGE PLAN

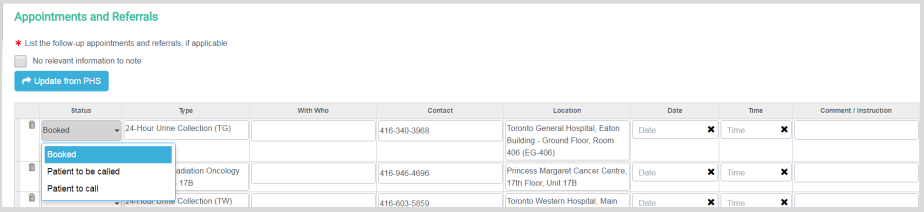


Instructions for the patient after discharge can be documented in the **Follow-Up Instructions for Patient** section.

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



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.



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.

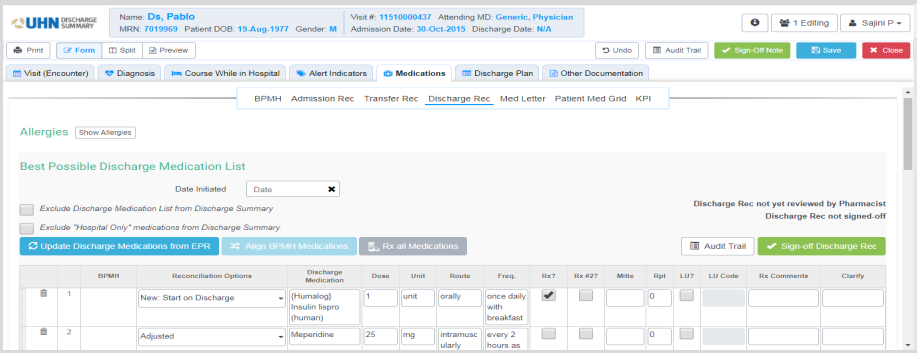
Appointments that have been scheduled in PHS can be pulled into this section.

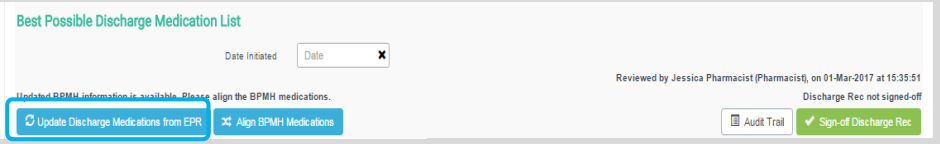
MEDICATION RECONCILIATION

DISCHARGE RECONCILIATION

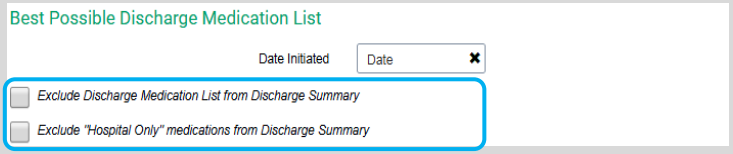
The **Best Possible Discharge Medication List** is the information source that will flow into the **Medication Letter** and **Patient Medication Grid.**

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.



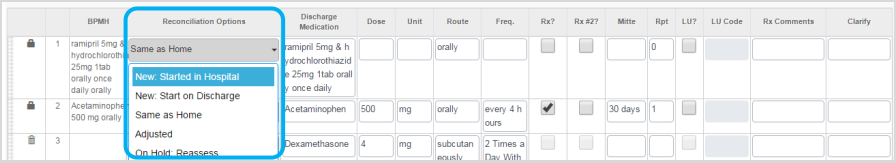


The **Update Discharge Medications from EPR** button will pull active medications from EPR and overwrite all data currently within the table.



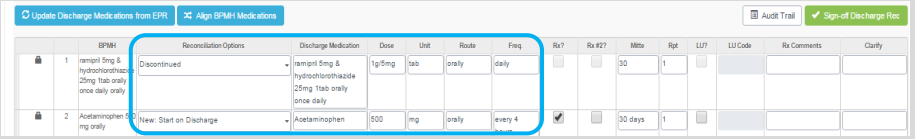
Select **Exclude "Hospital Only" medications from Discharge Summary** to omit medications reconciled as "Hospital Only" from the Discharge Summary output.

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).

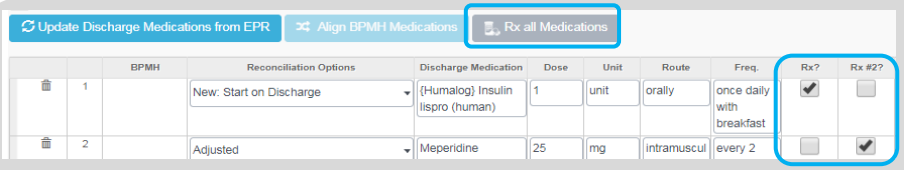


Within the medications table, **Reconciliation Options** include **New: Started in Hospital, New: Start on Discharge, Same as Home, Adjusted, On Hold: Reassess, Discontinued,** and **Hospital Only.**

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.



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.

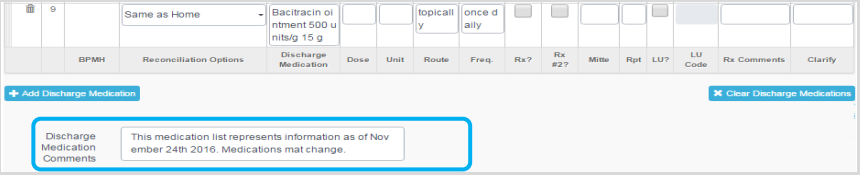


Rx all Medications allows Users to prescribe **New, Adjusted** and **Same as Home** medications with one click.

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).

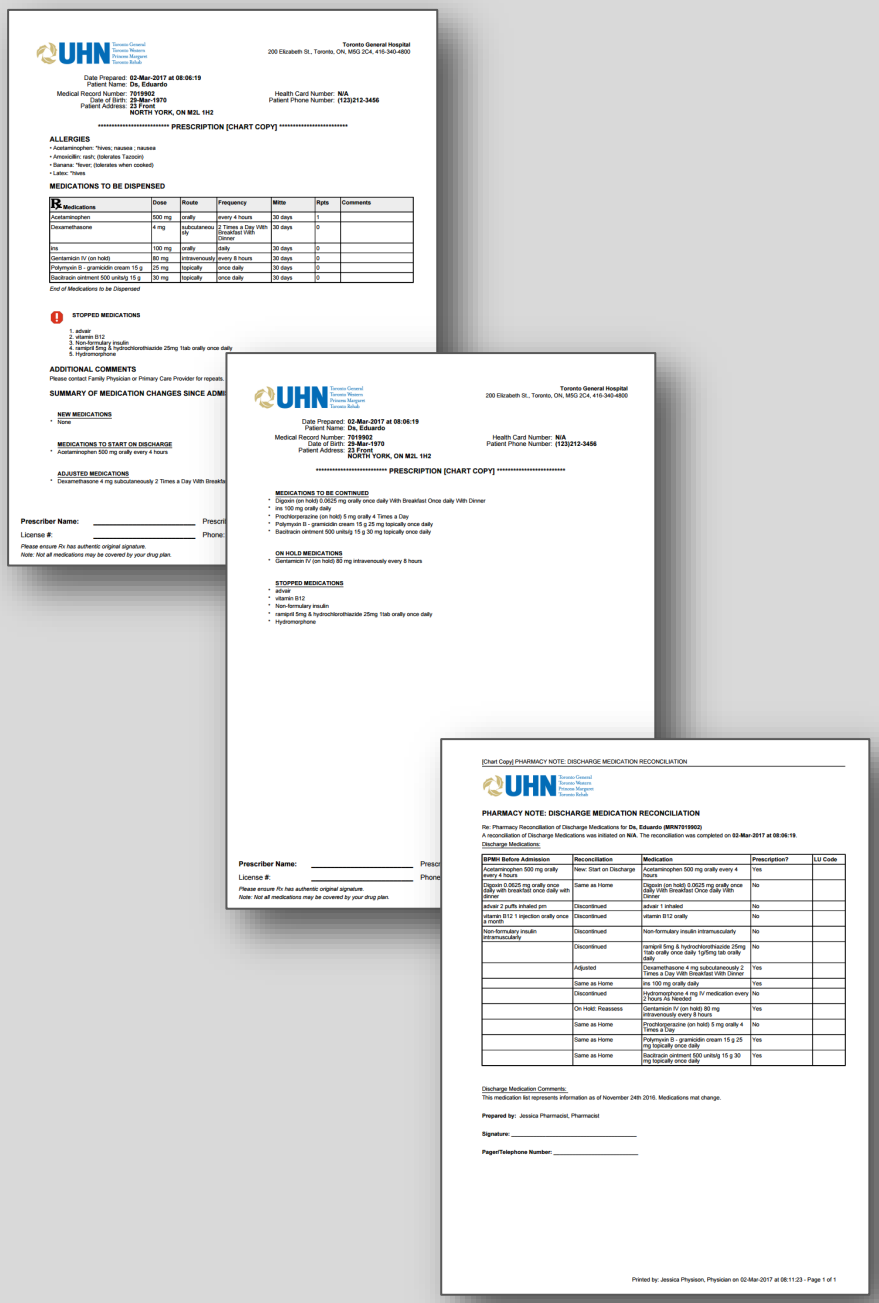
Prescribers with limited sign-off authority can print both prescriptions, but have the other prescriber sign-off the second prescription if needed.

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



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.



UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

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

Date Prepared: **02-Mar-2017 at 08:06:19**
Patient Name: **Ds, Eduardo**
Medical Record Number: **7019902**
Date of Birth: **29-Mar-1970**
Patient Address: **23 Front NORTH YORK, ON M2L 1H2**

Health Card Number: **N/A**
Patient Phone Number: **(123)212-3456**

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

ALLERGIES

- Acetaminophen: ?hives; nausea ; nausea
- Amoxicillin: rash; (tolerates Tazocin)
- Banana: ?fever; (tolerates when cooked)
- Latex: ?hives

MEDICATIONS TO BE DISPENSED

Rx Medications	Dose	Route	Frequency	Mitte	Rpts	Comments
Acetaminophen	500 mg	orally	every 4 hours	30 days	1	
Dexamethasone	4 mg	subcutaneously	2 Times a Day With Breakfast With Dinner	30 days	0	
ins	100 mg	orally	daily	30 days	0	
Gentamicin IV (on hold)	80 mg	intravenously	every 8 hours	30 days	0	
Polymyxin B - gramicidin cream 15 g	25 mg	topically	once daily	30 days	0	
Bacitracin ointment 500 units/g 15 g	30 mg	topically	once daily	30 days	0	

End of Medications to be Dispensed

STOPPED MEDICATIONS

1. advair
2. vitamin B12
3. Non-formulary insulin
4. ramipril 5mg & hydrochlorothiazide 25mg 1tab orally once daily
5. Hydromorphone

ADDITIONAL COMMENTS

Please contact Family Physician or Primary Care Provider for repeats.

SUMMARY OF MEDICATION CHANGES SINCE ADMI

NEW MEDICATIONS

- None

MEDICATIONS TO START ON DISCHARGE

- Acetaminophen 500 mg orally every 4 hours

ADJUSTED MEDICATIONS

- Dexamethasone 4 mg subcutaneously 2 Times a Day With Breakfa

Prescriber Name: _____ Prescri
License #: _____ Phone:

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

UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

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

Date Prepared: **02-Mar-2017 at 08:06:19**
Patient Name: **Ds, Eduardo**
Medical Record Number: **7019902**
Date of Birth: **29-Mar-1970**
Patient Address: **23 Front NORTH YORK, ON M2L 1H2**

Health Card Number: **N/A**
Patient Phone Number: **(123)212-3456**

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

MEDICATIONS TO BE CONTINUED

- Digoxin (on hold) 0.0625 mg orally once daily With Breakfast Once daily With Dinner
- ins 100 mg orally daily
- Prochlorperazine (on hold) 5 mg orally 4 Times a Day
- Polymyxin B - gramicidin cream 15 g 25 mg topically once daily
- Bacitracin ointment 500 units/g 15 g 30 mg topically once daily

ON HOLD MEDICATIONS

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

STOPPED MEDICATIONS

- advair
- vitamin B12
- Non-formulary insulin
- ramipril 5mg & hydrochlorothiazide 25mg 1tab orally once daily
- Hydromorphone

Prescriber Name: _____ Prescri
License #: _____ Phone:

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

[Chart Copy] PHARMACY NOTE: DISCHARGE MEDICATION RECONCILIATION

UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

PHARMACY NOTE: DISCHARGE MEDICATION RECONCILIATION

Re: Pharmacy Reconciliation of Discharge Medications for **Ds, Eduardo (MRN7019902)**
A reconciliation of Discharge Medications was initiated on **N/A**. The reconciliation was completed on **02-Mar-2017 at 08:06:19.**
Discharge Medications:

BPMH Before Admission	Reconciliation	Medication	Prescription?	LU Code
Acetaminophen 500 mg orally every 4 hours	New: Start on Discharge	Acetaminophen 500 mg orally every 4 hours	Yes	
Digoxin 0.0625 mg orally once daily with breakfast once daily with dinner	Same as Home	Digoxin (on hold) 0.0625 mg orally once daily With Breakfast Once daily With Dinner	No	
advair 2 puffs inhaled prn	Discontinued	advair 1 inhaled	No	
vitamin B12 1 injection orally once a month	Discontinued	vitamin B12 orally	No	
Non-formulary insulin intramuscularly	Discontinued	Non-formulary insulin intramuscularly	No	
	Discontinued	ramipril 5mg & hydrochlorothiazide 25mg 1tab orally once daily 1g/5mg tab orally daily	No	
	Adjusted	Dexamethasone 4 mg subcutaneously 2 Times a Day With Breakfast With Dinner	Yes	
	Same as Home	ins 100 mg orally daily	Yes	
	Discontinued	Hydromorphone 4 mg IV medication every 2 hours As Needed	No	
	On Hold: Reassess	Gentamicin IV (on hold) 80 mg intravenously every 8 hours	Yes	
	Same as Home	Prochlorperazine (on hold) 5 mg orally 4 Times a Day	No	
	Same as Home	Polymyxin B - gramicidin cream 15 g 25 mg topically once daily	Yes	
	Same as Home	Bacitracin ointment 500 units/g 15 g 30 mg topically once daily	Yes	

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

Prepared by: Jessica Pharmacist, Pharmacist

Signature: _____

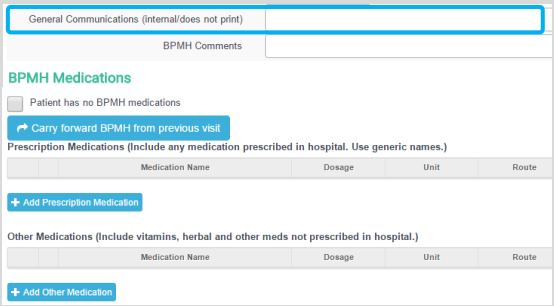
Pager/Telephone Number: _____

Printed by: Jessica Physison, 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).

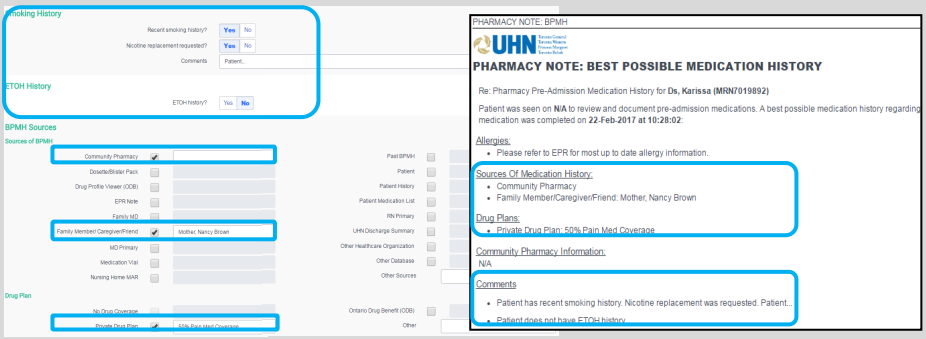
BPMH completed while a patient is an emergency patient is preserved when the visit is converted and the patient is admitted as an inpatient.



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

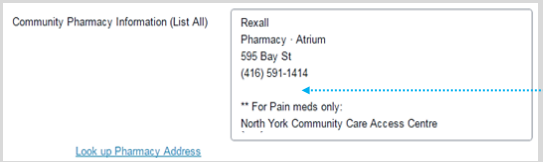
Prescription and **non-prescription medications** are documented in separate tables.

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



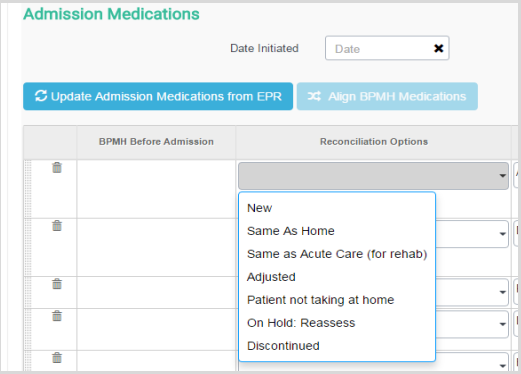
Smoking and **ETOH History** information is printed in the comments area of the BPMH.

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



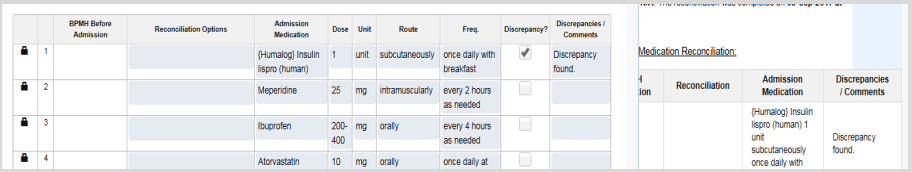
Press the Enter key to **format Community Pharmacist information** to separate lines.

ADMISSION RECONCILIATION



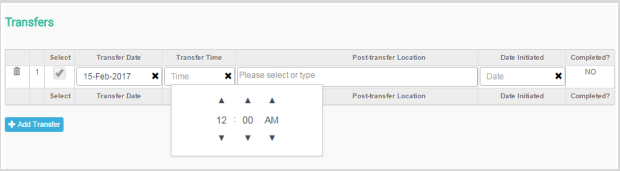
Improved Reconciliation options are available in the Admission Medications table, including **New, Same As Home**, **Same as Acute Care (for rehab)**, **Adjusted**, **Patient not taking at home**, **On Hold: Reassess**, and **Discontinued.**

When the reconciliation option **Same as Home** is selected for a medication, BPMH **details are auto-populated into subsequent fields.**

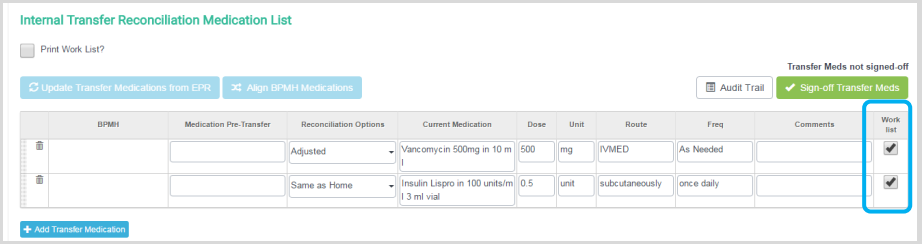


By clicking the **Discrepancy?** checkbox, "Discrepancy found" will appear in the **Comments** field; the Comments field will print onto the Pharmacy Note.

TRANSFER RECONCILIATION



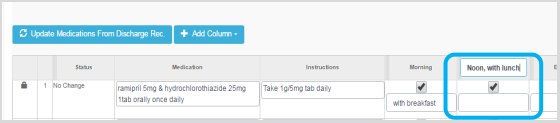
Transfer Date and **Time** must be entered for all transfers in order to pull medications from EPR for the specified period of time.



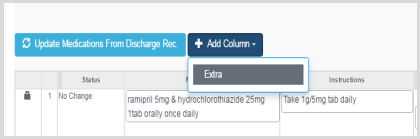
By clicking the **Work List** checkbox beside each medication (if appropriate), users can generate and print a list of medications requiring follow-up .

PATIENT MEDICATION GRID

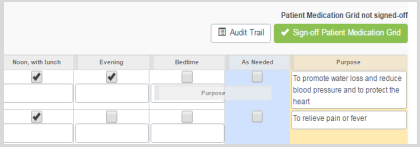
In order to sign-off on the **Patient Medication Grid,** the Discharge Reconciliation must be 'Marked as Reviewed' and/or 'Signed-off.'
Within the **Patient Medication Grid**, the **Instructions** field must be filled out and checkboxes in that row need to be selected to appear in the grid.



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



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.



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.

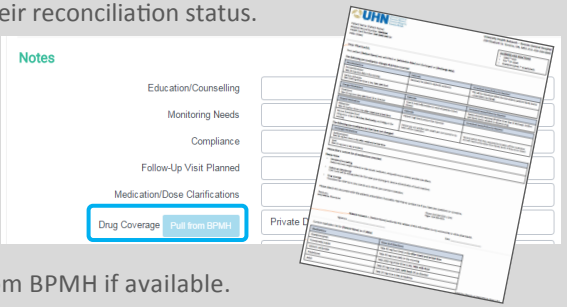
Users will be prompted to update the Patient Medication Grid if any changes have been made to the Discharge Reconciliation; only medications modified in the Discharge Reconciliation will be updated in the grid. Customizations made to medication name, instructions, schedule checkboxes and purpose for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

Most patients prefer the vertical grid over the horizontal grid.

MEDICATION LETTER

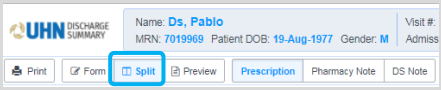
Medications in this sub-tab are populated from the Discharge Reconciliation sub-tab and are categorized based on their reconciliation status.

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

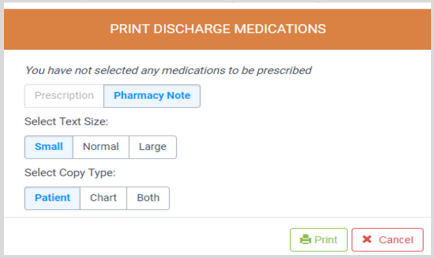


Drug coverage can be pulled from BPMH if available.

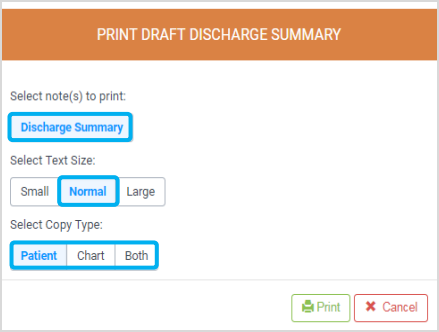
PRINTING



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

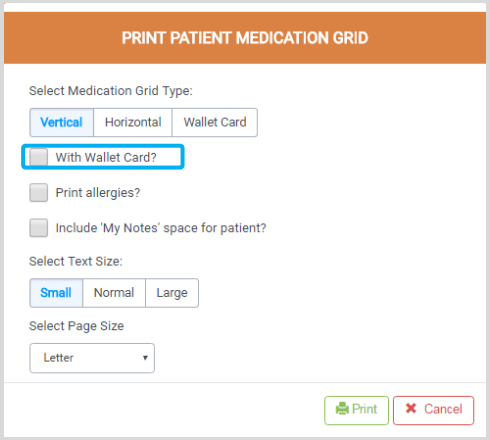


Clicking **Print** allows Users to view print options specific to the sub-tab, and generate a PDF to be printed; sub-tabs with multiple output options will default to printing what is currently being viewed.



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.

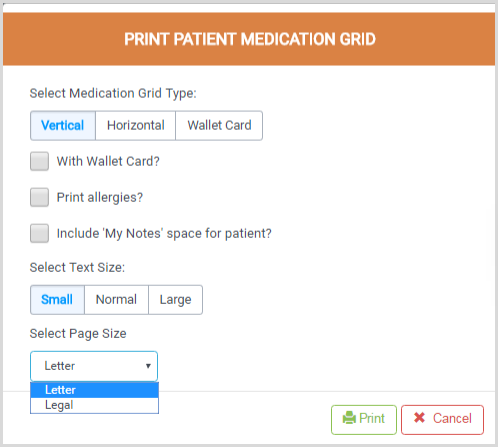
Printouts can be generated in **small, normal or large-text format** based on the patient/user preference; medication outputs default to print in small text.

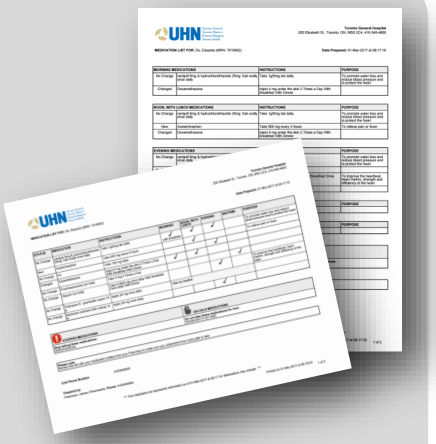


Wallet Cards for patient medications can be printed for some Medication sub-tab outputs by checking the **Wallet Card checkbox.**

Wallet Cards print on a separate page.

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





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

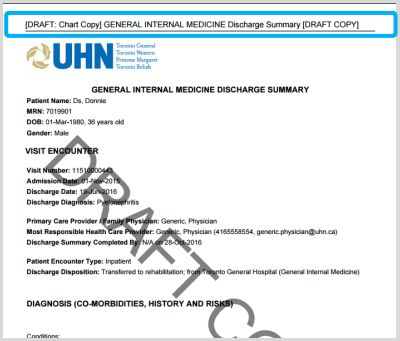
PRINT OPTIONS

SECTION	PRINTOUTS	FORMATS
BPMH	• BPMH Summary	
Admission Rec	• Admission Rec Summary	
Discharge Rec	• Pharmacy Note • Up to two Prescriptions	• Patient or Chart copy
Med Letter	• Medication Letter	• Patient or Chart copy • (With) Wallet Card
Patient Medication Grid	• Patient Medication Schedule (Vertical & Horizontal) • Wallet Card	• Legal or Letter-size • With Allergies • With Space for Patient Notes
Transfer Rec	• Transfer Rec Summary • Work List	
All Tabs	• Discharge Summary • Prescription	• Patient or Chart copy

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 Princess Margaret Toronto Rehab

GENERAL INTERNAL MEDICINE DISCHARGE SUMMARY

Patient Name: Ds, Donnie
MRN: 7019901
DOB: 01-Mar-1980, 36 years old
Gender: Male

VISIT ENCOUNTER

Visit Number: 115100004
Admission Date: 01-Nov-2016
Discharge Date: 10-Dec-2016
Discharge Diagnosis: Pyelonephritis

Primary Care Provider / Family Physician: Generic, Physician
Most Responsible Health Care Provider: Generic, Physician (4165558554, generic.physician@uhn.ca)
Discharge Summary Completed Date: N/A, 22-Dec-2016

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

DIAGNOSIS (CO-MORBIDITIES, HISTORY AND RISKS)

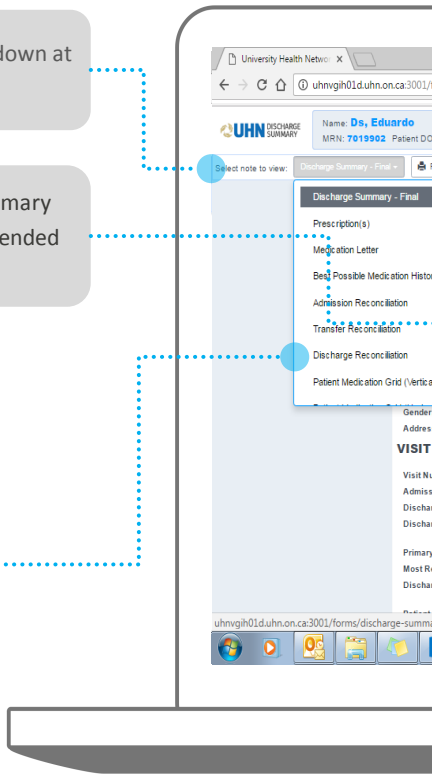
Conditions:

DRAFT COPY

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

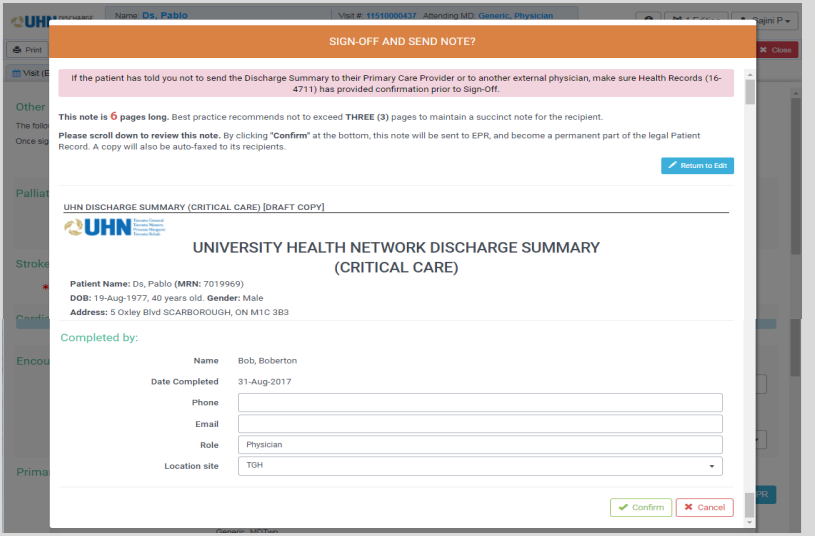
FINAL NOTES can be viewed and printed using the drop-down at the top-left of the screen.

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



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).

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	

NOTES

NOTES

UHN DISCHARGE SUMMARY

PRESCRIBER REFERENCE GUIDE