**NAME OF DOCUMENT** | Utilising medication information from the electronic Medical Record (eMR) in the electronic Discharge Referral Summary (eDRS) for medication supply at discharge
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**KEY TERMS** | AdHoc Medications Form, electronic Discharge Referral Summary (eDRS), discharge, medications, medication information, pharmacist, medical officer
**SUMMARY** | This procedure outlines a safe and consistent framework to edit and upload accurate reconciled medicine information to the electronic discharge summary and for supplementary use as an authority to supply discharge medicines by pharmacy
1. POLICY STATEMENT

By outlining a safe and consistent framework to edit and upload accurate reconciled medicine information to the electronic Discharge Referral Summary (eDRS), and for supplementary use as an authority to supply discharge medicines by pharmacy, this procedure will comply with and support implementation of:

- PD2013_043 Medication Handling in NSW Public Health Facilities
- PD2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals
- GL2006_015 Medical Discharge Referral Reporting Standard (MDRRS)
- PD2012_069 Health Care Records – Documentation and Management

2. BACKGROUND

Accurate and consistent medication information at transfer of patient care is essential for safety and continuity of patient care. Medication reconciliation functionalities within eMR provide the opportunity for a centralised record of current medications at both admission and discharge, strengthening the medication reconciliation process, and ensuring the patient and ongoing care providers receive consistent medicines information at discharge.

Two different medication reconciliation tools are available in the eMR:
- Adhoc medications form
- eMEDs admission and discharge reconciliation (via Medication List tab)

Both tools will generate a medication list within the electronic discharge referral summary (eDRS). This procedure applies only to the generation of a medication list within the discharge summary via the eMR. All other content of the discharge summary, including references to medications, is the responsibility of the medical officer.

Processes for use of both tools are covered within this procedure. The appropriate tool should be used according to local practice.

Definitions:

- **Best Possible Medication History (BPMH)**: The most accurate list of a patient’s current medications taken prior to admission and verified with a second source of information

- **eDRS**: Electronic Discharge Referral Summary

- **eMR**: Electronic Medical Record
Medication: Any prescription or non-prescription medicine, complementary medicine, diagnostic agent or recreational substance

Medication Reconciliation: A formal process of verifying and clarifying a patient's intended medication regimen to ensure that they receive all intended medicines and that accurate, current and comprehensive medicines information follows them at all transfers of care.

NIMC: National Inpatient Medication Chart

3. RESPONSIBILITIES

3.1 Medical officers are responsible and accountable for their prescribing practice and for the final content of the discharge summary; will undertake appropriate eMR training to support this procedure.

3.2 Pharmacists are responsible and accountable for dispensing medication, supporting and participating in medication management processes; will undertake appropriate eMR training to support this procedure, demonstrate competence and satisfy locally defined accreditation criteria to undertake updating of the discharge medication information in eMR and eDRS.

3.3 The Director of Pharmacy will facilitate eMR training and accreditation processes for pharmacists, oversee and report annual auditing.

3.4 eMR trainers will provide appropriate eMR training to support medical officers and pharmacists to undertake this procedure.

PROCEDURES – note: the appropriate procedure should be followed according to local practice

4. Procedure for using AdHoc Medications Form

4.1 Doctor workflow – see PowerChart eMR Quick Reference Guide Appendix 1
  • Open patient record in PowerChart
  • Create/revise the medication table in AdHoc Charting, including reasons for changes
  • Create electronic Discharge Referral Summary (eDRS)
  • Import the AdHoc medication table into the eDRS
  • Save Discharge Referral
  • Print and sign saved draft Discharge Referral for pharmacist review
Utilising medication information from eMR in the eDRS for medication supply at discharge

- Update and reimport medication table into the Discharge Referral as required, save and close
- Final review and verification of Discharge Referral
- Sign Discharge Referral (auto sent to GP and ward based printer for supply to patient).

4.2 Pharmacist workflow – see PowerChart eMR Quick Reference Guide Appendix 2
- Pharmacist notified of patient discharge and receives printed and signed hard copy of the eDRS
- Reconcile medications, arrange any modifications required by consultation with the doctor
- Reimport the revised AdHoc medication form into the eDRS
- Record changes in Pharmacist Intervention Box on AdHoc form, save and close, as required
- Notify doctor of amendment and arrange for amended eDRS to be checked, printed and signed
- Receive revised printed copy of eDRS in pharmacy
- Dispense medications in line with eDRS.

5. Procedure using eMEDs Discharge Reconciliation tool

5.1 Doctor workflow
- Open patient record in PowerChart
- Go to Medication List tab and select discharge reconciliation
- Create list of medications to be continued on discharge
- Add information about the status of the medication (e.g. new, increased/decreased dose) in “notes for patient”, including reasons for changes
- Create electronic Discharge Referral Summary (eDRS)
- Import the discharge medication list into the eDRS
- Save Discharge Referral
- Print and sign saved draft Discharge Referral for pharmacist review
- Clarify any issues identified by the pharmacist. Update discharge medication list in eMEDs as required, or agree any necessary modifications to be made by the pharmacist
- Reimport discharge medication list into the Discharge Referral as required, save and close
- If a medication is added that requires supply for pharmacy, reprint and sign and provide updated version to pharmacist
- Final review and verification of Discharge Referral
Medicine:
Utilising medication information from eMR in the eDRS for medication supply at discharge

- Sign Discharge Referral (auto sent to GP and ward based printer for supply to patient).

5.2 Pharmacist workflow – see eMEDs Quick Reference Guide Appendix 3
- Pharmacist notified of patient discharge and receives printed and signed hard copy of the eDRS
- Reconcile medications, consult with the doctor to clarify any identified discrepancies. Make any necessary modifications to the discharge reconciliation tool in eMEDs in consultation with the doctor.
- Notify the doctor that the eDRS will be updated but must undergo final review and verification prior to signing
- Reimport the revised medication list into the eDRS
- Document actions taken in the patient’s progress notes
- If new medication has been added that requires supply, arrange for the eDRS to be reprinted and signed
- Receive revised printed copy of eDRS in pharmacy (if required)
- Dispense medications in line with eDRS.

6. DOWNTIME PROCESS
- Utilise the NIMC and paper prescription processes.
- For further information, please refer to eMR Downtime Documents Intranet page located within Emergency Procedure and Disaster Management icon of the SESLHD Internet page.

7. DOCUMENTATION
- AdHoc Medication Form
- eMEDs medication reconciliation tool
- eDRS

8. AUDIT
- Annual audit of a minimum of 20 eDRS printouts used for supply of medication compared to the final version for the encounter in eMR
- Audit results must be reported to the relevant drug or medication safety committee
- Regular monitoring of IIMS.
Utilising medication information from eMR in the eDRS for medication supply at discharge

9. REFERENCES

PD2013_043 Medication Handling in NSW Public Health Facilities
PD2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals
GL2006_015 Medical Discharge Referral Reporting Standard (MDRRS)
PD2012_069 Health Care Records – Documentation and Management
SESLHDPR223 Medical Discharge Summary
SESLHDPR292 Hybrid Health Care Record Procedure
SESLHDPR267 Medicine: Continuity of Management and Documentation

10. REVISION AND APPROVAL HISTORY

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Appendix 1: Doctor Workflow - PowerChart eMR Quick Reference Guide

Completing an inpatient electronic Discharge Referral with the AdHoc Medications Form for Pharmacy Dispensing - Doctors

1. Doctor opens patient record in Powerchart
2. Create/Revise current Medication profile [AdHoc Charting] [SIGN]
3. Create Discharge Referral Baseline Document [Documentation tab ADD]
4. Save Discharge Referral [SAVE and CLOSE]
5. Draft PRINT the intern d/c referral for Pharmacy review and inform the pharmacist in person or via page [Select the document, view on screen then RIGHT CLICK the previewed document to select PRINT]
6. *Pharmacist re-imports medication table into Discharge Referral
7. Doctor reviews/edits AdHoc Med form
8. Doctor re-imports changes on AdHoc Med Form to discharge summary
   - Open current discharge referral [Documentation ADD] [Click on ‘Changes to Medications’] [Click on ‘Discharge Medications’] [OK]
   - [Click on ‘Discharge Meds (From PowerForms)’] [OK] [SAVE and CLOSE]
9. Doctor reviews Discharge Referral, updates the ‘To be discharged’ date, verifies the medication profile is correct [SIGN]
10. Sign the discharge referral
    - Print and sign a hardcopy of it and give to the pharmacist to dispense medications
    - Immediately after signing and on Patient Discharge
      - Copy auto-sent to GP
      - Copy auto-mails for patient to Ward Printers
Appendix 2: Pharmacist Workflow - PowerChart eMR Quick Reference Guide

Inpatient electronic Discharge Referral with the AdHoc Medications Form - Pharmacy Workflow - Pharmacist

1. Patient identified for discharge
2. Ward pharmacist receives from the doctor a signed hard copy of the interim AdHoc referral (Doctor to inform Pharmacist in person or via page)
3. Pharmacist reconciles medications at Ward Level
4. Do amendments need to be made to medications?
   - Yes: Pharmacist re-imports medication table into Discharge Referral
     - Open current discharge referral
     - [Click on 'Changes to Medications']
     - [Click on 'AdHoc Medications'][OK]
     - [Click on 'Discharge Meds (From PowerForms)'][OK]
     - [SAVE and CLOSE]
     - Pharmacist NEVER signs
   - No: Signed hard copy sent to Pharmacy department
5. Dispensary receives signed copy to process Discharge Medications as per clinical practice
6. Discharge Referral complete with Medications

Adhering to the business rules below will ensure that the medication information on the pharmacist's med list for the patient that contained in the autofaxed/emailed eDRS to the GP are reconciled:

- The pharmacist only provides a clinical check of the information contained within the medication chart, not within the body of the eDRS.
- All decisions to delete or change any medication in the AdHoc med form by the pharmacist with a view to re-importing them into the eDRS must be agreed to by the team doctors and documented in the pharmacist intervention box (in the AdHoc med form).
- The pharmacist may continue to re-import the edited AdHoc med form into the discharge referral until signed by the doctor (after re-importing the edited AdHoc med form the pharmacist never SIGNS the eDRS as that will autofaxemd to the GP). Subsequent editions should be re-imported by the doctor.
- All doctors make further changes to the AdHoc med form after the pharmacist has already reviewed and re-imported the agreed changes, it will be the doctor's responsibility to liaise with the pharmacist and upload those changes into the eDRS themselves.
- During POWH Pharmacy working hours: The doctor to inform the ward pharmacist (in person or via page) at least 3 hours prior to proposed discharge time that an interim discharge referral has been printed for pharmacy review. If the discharge is in less than 3 hours the pharmacist may not be able to do discharge reconciliation and this may need to be done by the doctor alone; this should be discussed with the ward pharmacist.
- Out of POWH pharmacy working hours: Where last minute changes to medications are made, for patients to be discharged after POWH pharmacy is closed, it is the responsibility of the doctor making these changes to update the AdHoc med form and re-import into the eDRS and inform the pharmacist.

For detailed step by step Quick Reference Guide on creating an electronic eMR discharge referral, adhoc medication form please refer to eMR LIVE HELP Hyperlink within the eMR Application
**Overview:** This guide outlines the layout and icons on the Discharge Reconciliation Screen, and describes the steps for updating the discharge reconciliation list for importing into the eDRS in accordance with SESLHDPR327: Utilising medication information from the electronic Medical Record (eMR) in the electronic Discharge Referral Summary (eDRS) for medication supply at discharge.

Primary responsibility for creation of the discharge medication list, and the accuracy of the signed eDRS lies with the doctor. They will import the discharge medication list into the eDRS, print and sign it and send it to the pharmacist for review and dispensing. If the pharmacist identifies any potential issues with the accuracy of the medication list in the eDRS, they will discuss these with the doctor and may update the discharge medication list with the doctor’s agreement.

**Overview of Discharge Reconciliation Screen**

Unless adding an order, pharmacists should only make changes to the Orders After Reconciliation side of the screen.
Making changes to the Discharge Reconciliation List

1. Open the patient’s chart in eMR (PowerChart)
2. Click on Medication List in the Menu.
3. Click on Reconciliation then click on Discharge

The Discharge Reconciliation List will then display (see picture page 1).

4. Changing dose/route/frequency etc:
   Note: If the medication formulation needs to change, you may need to remove the current order completely (see item 7) and add the new medication (see item 6).
   a. Single-click in the order box (but not on the name of the medication) to open the ‘scratchpad.’
   b. Amend details as appropriate, e.g. add the dose and dose unit - in this example, 1 sachet(s).
   c. Click out of the field to check that it is now displaying correctly.
   d. If you have made all the required changes, click Reconcile and Sign.
5. Adding a note to an order:
   a. Click on Notes for Patient to open the text box.
   b. Type your notation/comment/recommendation into the box.
   c. If you have made all the required changes, click Reconcile and Sign.

6. To Add a new medication
   Check: If the medication is already in the Home Meds list (Orders Prior to Reconciliation side of the Discharge Reconciliation screen) but has not been reconciled.

   If it is there, click on the green arrow radio button to move it across to the Orders After Reconciliation side of the Discharge Reconciliation screen. Amend the details (see point 4) and/or Add Notes for Patient as required (see point 5b).
If the medication is not already there, you need to add it as a Medication History medication and then convert it to a discharge medication.

a. Click **Add**.
   Change the **Type** to Document Medication by Hx.

b. Search for the medication e.g. Panadol Osteo.

c. Select the appropriate order sentence.

d. Click **Done**.

e. Click the green radio button to move it across to the **Orders After Reconciliation** side. Add **Notes for Patient** as required.

f. If you have made all the required changes, click **Reconcile and Sign**.
7. To Remove a medication:

Depending on the reason why the medication needs to be removed, this will determine which option you use: **Delete** or **Cancel/Discontinue**.

*[Delete is for use if the medication has been added in error and/or if the medication was not taking that medication on admission – the medication will not display on the eDRS].*

*[Cancel/Discontinue is for use if the medication is to be ceased for this patient – this will then display in the Medication ceased during this admission section of the eDRS].*

a. Right-click on the order you wish to remove.

b. Click on **Delete**, or **Cancel/Discontinue**.

c. Select the correct option from the **Void Order Reason** box; or the **Discontinue Reason** box.

d. If you have made all the required changes; Click **Reconcile and Sign**.

8. If you are making multiple changes, you can click **Reconcile and Sign** when all your changes are completed.

9. You can now import the updated list into the eDRS or advise the doctor that you have made the changes so they can import them into the eDRS and if required, print and sign a copy to send a new copy to the pharmacy for dispensing.
10. Importing Updated Medication List into the eDRS:
   a. Click on Documentation in the menu

   b. Identify the most recent eDRS (Discharge Referral Baseline eMEDs ONLY) and double-click to open the document.
   c. Click on Discharge Plan.
   d. Click on Discharge Medications.
   e. In the Confirm Clear pop-up, click OK.

   f. Click Discharge Meds.
   g. This will pop-up a window displaying the updated medication list. Click OK. Double-check that all the medications in the Medication ceased during this admission section are correct.
   h. Click Save & Close.