Completion of discharge medications and discharge summary letter using EPR in PowerChart -Standard Operating Procedure (SOP)

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Improving Lives

Admission to medical ward

- Update problem list with accurate past medical history and current issues presenting on this admission.
- Ensure admission medicines reconciliation has been completed and is accurate. Utilise summary care record/ICR to complete home medicines and reconcile this to the patient's admission encounter.

During the admission

- Utilise the clinical summary section on EPR to detail events throughout the patient's admission.
- Use this section to summarise prior to consultant ward rounds – do not create draft notes in advance as this means an incorrect time of review by consultant is recorded.
- For daily ward round use "manage" Mpage.
- Update each section moving down the page including all the requests and plans.
- At the bottom of the Mpage click on "create other note"
- Use a SOAP note for daily review (this pulls in most recent observations and all the planned actions requested on EPR but not the clinical summary. This reduces the copy/paste style of ward round notes). Progress notes can be used for senior clinician ward round entries or when there has been a significant change to a patient's current issues and more context is required.
- This note should be completed at the time seeing the patient (if you want to "prep" for a ward round do so by updating the problem list and clinical summary on the manage Mpage)
- Use the "Diagnoses and Problems" section on the "blue menu" or the "problem list" on the discharge Mpage to update problem list. This will start to complete the discharge summary. The problem list on manage Mpage does not remove the need to add a problem on TTO Mpage
- Keep the information concise and relevant to the current admission and up to date.
- Ensure any procedures are entered into EPR and that lines/drains are documented accurately.

Medically optimised for discharge and TTOs

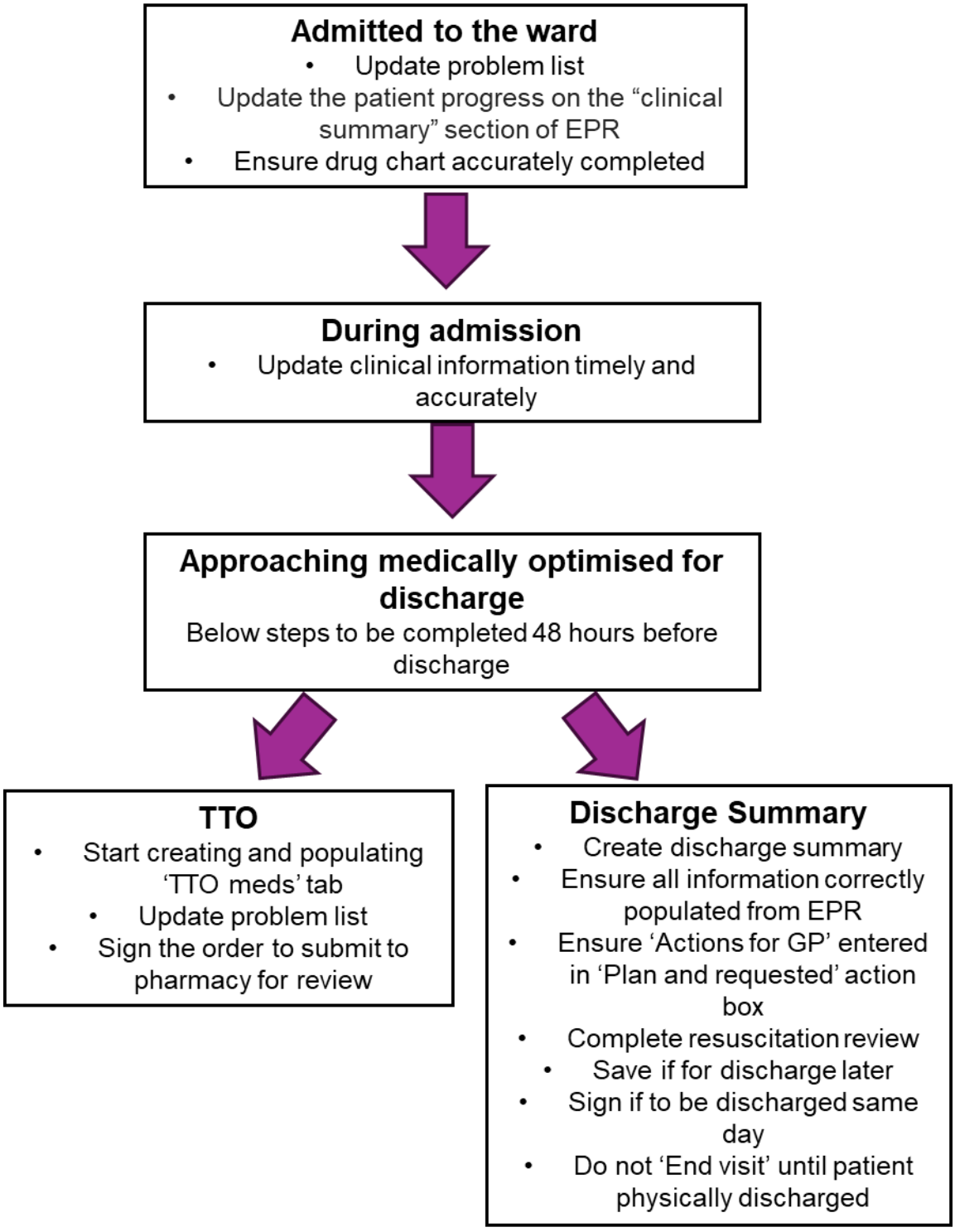
- When the patient is considered approaching medically optimised for discharge, begin the process of creating a discharge medicines reconciliation by accessing "TTO meds" Mpage, ensuring that the problems list is reviewed and updated if required.
- **Aim to complete the discharge medications 48 hours before the patient is expected to be discharged and BEFORE the patient is medically optimised.**
- Add to the problems list any condition that has been treated on this admission. These are the diagnoses that have been made and have been treated during the admission. Not all chronic issues need to be listed but any acute or chronic condition that has been identified as a problem during admission should be entered. Include diagnoses such as 'Sepsis', 'AKI', 'Organ failure' as these are under reported.
- There is a quick reference guide available via eCoach which gives further information around the steps to complete a TTO, titled 'Documenting TTO medications – Clinician'.

- Navigate to the discharge medications heading and click on the “discharge” button. All orders on this page will need to be reconciled using the columns available (see figure 3).
- **Do not use the green triangle** **“continue after discharge”, as this is a workflow not used in the UK.**
- Pill bottle – medications to be continued on discharge. Ensure any controlled drugs are completed with quantity of medications to be provided in words and in figures. If any controlled drugs are required a separate controlled drugs prescription will need to be printed, signed, and sent to pharmacy. A quick reference guide is available via eCoach, titled ‘Printing Inpatient CD TTO for Pharmacy Supply’.
- Red square – any medications that do not need to be continued after discharge. E.g. enoxaparin, oxygen, and PRN analgesia.
  N.B. If a home medication has continued during the admission unchanged, use the pill bottle column to select the drug history medication to continue, and select the red square column to reconcile the inpatient order. If a home medication has been changed during the inpatient stay, select the changed inpatient order to be reconciled using the pill button column. You can then use the red button to reconcile the home medication.
- Take care when completing each medications details and when selecting whether a medication is newly started on this admission. Any new medications on this admission will need the indication field completing. Any medications that have had a dose change, will need the ‘reason for dose change’ field completing.
- Document whether the medication is for the GP to continue after discharge and indicate the number of days to supply.
- The standard number of days to supply medications post admission is 28 days. For medications which are a course, specify the number of days to supply in the duration field as well as number of days to supply.
- Sign the order to submit to pharmacy for review.
- Once the pharmacist has reviewed the medications, if there are any amendments required, they will ‘unlock’ the TTO so that the changes can be made. Once these have been completed, contact the pharmacy team so that they can process it.
- **Aim to submit this order before the patient is considered medically fit for discharge if there are no anticipated barriers to discharge. Do not wait for IDT or any social input.**
- **Aim to submit this order 48 hours prior to an estimated date of discharge if there are still outstanding issues that are preventing discharge today (package of care, care home placement etc)**
- If there is a planned discharge over a weekend, then submit the TTO meds on the Friday morning prior to the weekend of planned discharge, or earlier if possible.
- If there are any changes to TTOs at a later stage, then follow the steps outlined above and submit a new ‘medication for discharge’ task for pharmacy to be notified to complete a new clinical screen and supply assessment.

Discharge summary

- Begin creating the discharge summary by navigating to the “discharge” Mpage at the top of the screen.
- If the clinical summary has been utilised throughout the admission, the clinical information page should be pre-populated with details of events through the patient’s admission.
- Ensure that the admission diagnoses are an accurate reflection of the acute and chronic problems that have been managed throughout the admission. Diagnoses can be selected for “this visit” “this visit and chronic” or “chronic” by clicking on the problem and selecting the appropriate heading in the side bar.
- Ensure that any post admission follow up appointment orders have been made. This can be done using the ‘Post admission appointment’ using request/care plans.
- Ensure that any action for the GP to take is entered into the “plan and requested action” box.
- Complete “resuscitation review” by clicking on the downward arrow and completing the pop out box. If no RESPECT form has been completed or the patient is not appropriate for a RESPECT form, then click on “other” and enter “RESPECT form not appropriate” before selecting the appropriate option for whether CPR attempts are recommended. If a RESPECT form has been completed and CPR attempts are not recommended, then select “RESPECT plan has been documented on paper” and select the appropriate box for whether CPR attempts are recommended or not.
- If the patient is not being discharged imminently, then save the information entered onto the clinical summary, plan and requested actions and resuscitation review and exit the page. This will save the discharge summary to be completed later. Aim to complete this process the day before discharge is expected.
- If the patient is to be discharged today, then review the draft discharge summary, and ensure its accuracy. Sign the document. This document needs to be printed by the nursing staff to allow discharge. Please complete this document as soon as possible on the day of discharge to avoid delays.
- When ready to complete the discharge summary, add your name to the Person Completing Record heading, including your grade, GMC number and bleep number.
- **Do not click on “end visit” until the patient has physically departed.**

Discharge summary and TTO process



FAQs

- **“There are multiple duplicate medications on the discharge reconciliation”.**

This is due to both the home (drug history) medications and inpatient medications being selected for continuation on discharge.

It is suggested that if there have been no changes during the admission to a patient’s medicine dosing or route, then to continue the “documented” medicine and discontinue the “ordered” medicines.

If there have been changes to the medicine during the admission, then continue the “ordered” medicine and discontinue the “documented” medicine.

- **“I cannot create a discharge reconciliation as there is an open reconciliation still outstanding”.**

This means that the patient has not had a completed admissions medicines reconciliation, and this will need to be completed before progressing to their discharge. This can be achieved by navigating to “medication list” on the blue bar on the left of the screen and selecting “reconciliation” and then “admission”. Complete this section by continuing all treatments that have been given in hospital and all medicines that are to be continued from their home medications. You may now proceed to the discharge reconciliation.

- **“I have been asked to sign a controlled drugs prescription”.**

The “controlled drugs prescription” will need to be printed and a signature in ink is required from a registered prescriber. The amount of the controlled drug to be issued must be documented in words and figures.

- **“I have done an addendum for a TTO and need to alert pharmacy to process it”**

Navigate to ‘Medication List’ in the blue left hand menu bar and search for ‘medication for discharge’. Complete any outstanding fields and select ‘Sign’.

Guide to support

Figure 1 – Use the TTO meds tab to start the discharge medications process

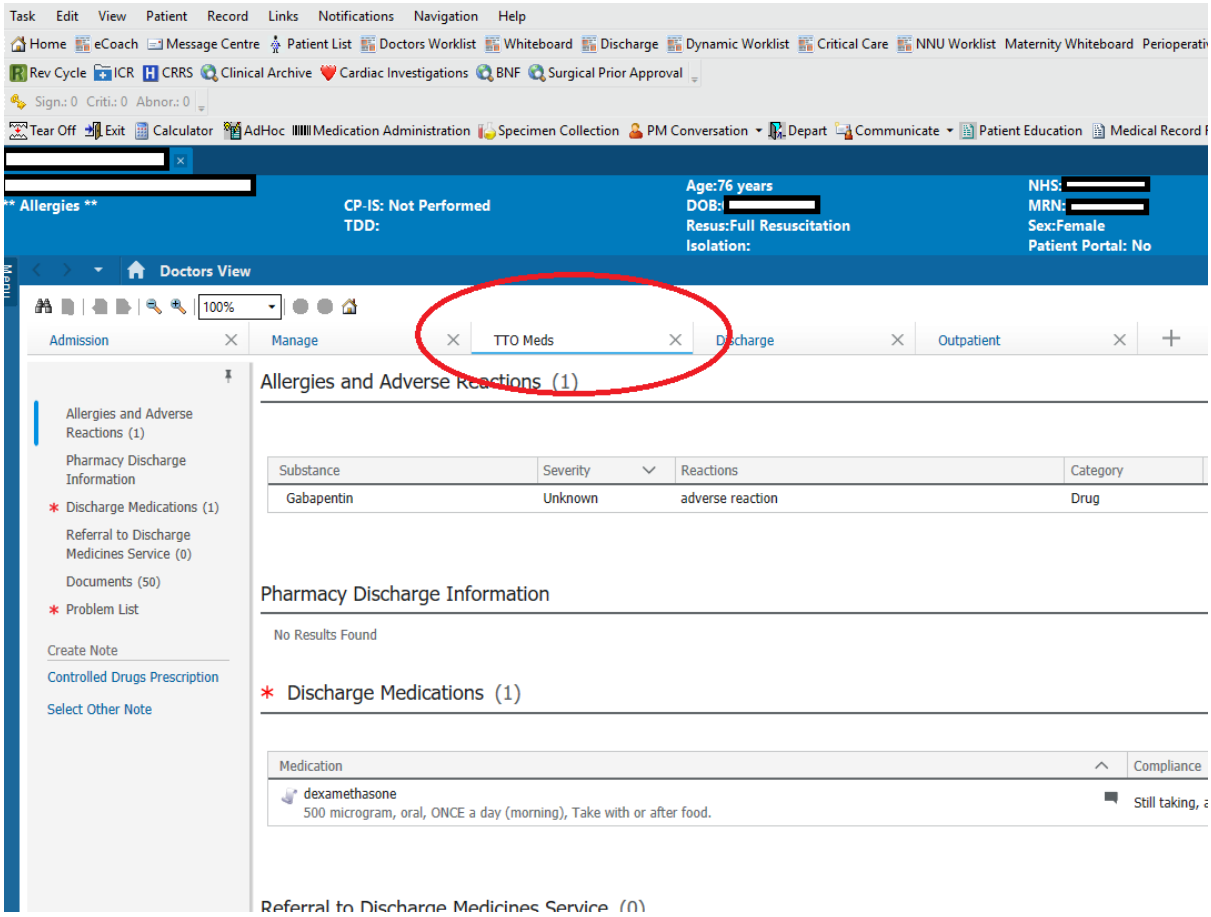


Figure 2 – Access the “order reconciliation: discharge” page here

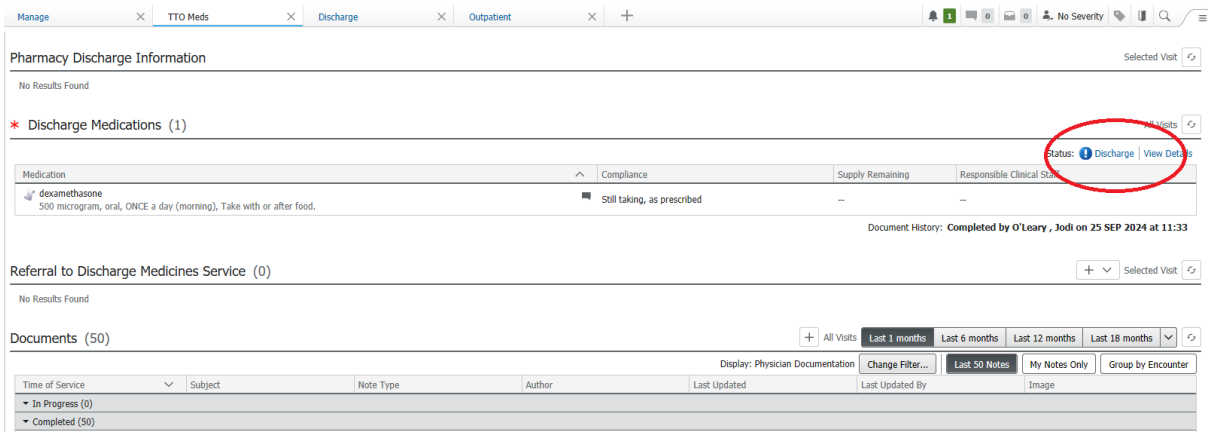


Figure 3 – The discharge medicines reconciliation

Reconcile the inpatient medications to a TTO prescription

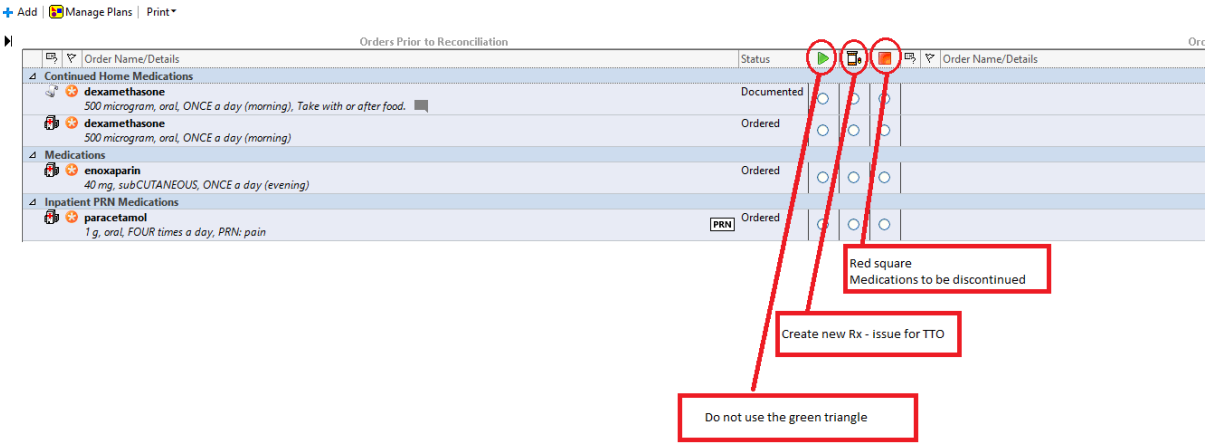


Figure 4 – The discharge summary

Click on the downward arrow to enter a resuscitation review

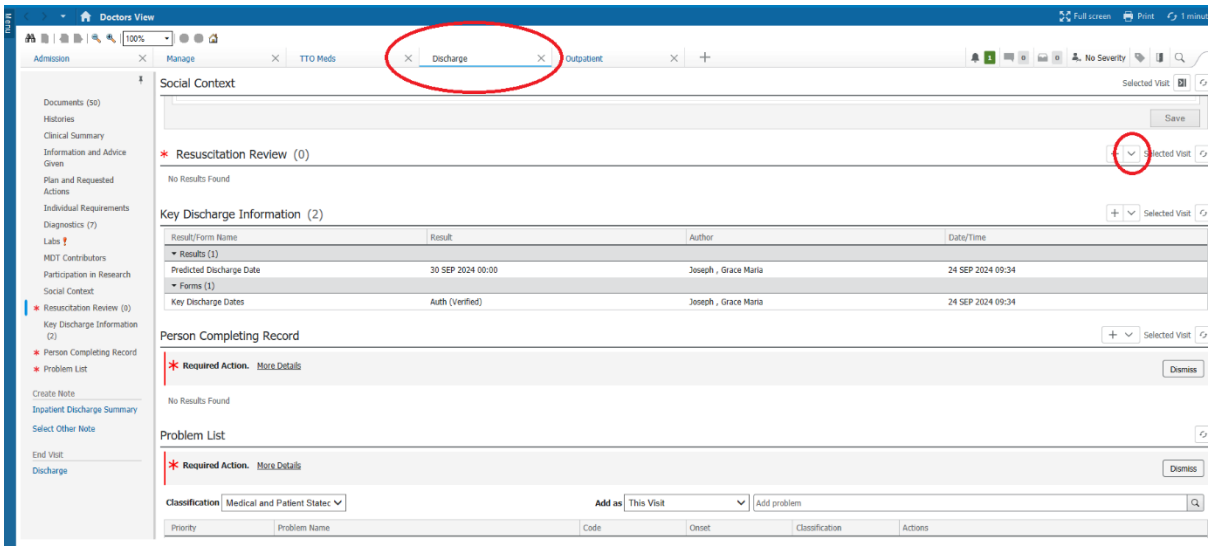


Figure 5 – Medication types

home (drug history) medication

inpatient medication

TTO medication