Multidisciplinary Discharge
Meditech Magic 5.66
“Achieving quality and cost-effective patient care using information technology.”

- Practice started in 1985
- Corporate office in Burlington, MA
- Dedicated to the healthcare industry
  - Strategic Planning – aligning IT with business strategies
  - IT Project Implementations
  - IT Operations
Magic 5.66 Multidisciplinary Discharge

- Clinical/Functional Goals
- 5.66 Discharge Desktop(s)
- Expectations for the Routine
- Functionality Expectations
- Reality of Implementation
- Key Functionality Points
5.66 Discharge Desktops

• Multiple disciplines effectively communicate during discharge planning in a complete and timely manner
  – Nursing
  – Physicians
  – Pharmacy
  – Nutrition
  – Social Work
  – PT, OT
  – Case Managers
  – Ect.

• Functionality assists in the overall patient centered goal to reduce readmission and adverse health consequences
Customized Discharge Desktop - I.E. Physicians

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;SEPARATOR&gt;</td>
</tr>
<tr>
<td>2</td>
<td>Disp Date</td>
</tr>
<tr>
<td>3</td>
<td>Disposition</td>
</tr>
<tr>
<td>4</td>
<td>&lt;SEPARATOR&gt;</td>
</tr>
<tr>
<td>5</td>
<td>RXN Neds</td>
</tr>
<tr>
<td>6</td>
<td>RXN Ord</td>
</tr>
<tr>
<td>7</td>
<td>RXN Ref</td>
</tr>
<tr>
<td>8</td>
<td>Instr Pdoc</td>
</tr>
<tr>
<td>9</td>
<td>&lt;SEPARATOR&gt;</td>
</tr>
<tr>
<td>10</td>
<td>Instr PDM</td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

Discharge Date/Disposition

Allergies/ADRs: Acetaminophen (From Percocet), Oxycodone (From Percocet)

Discharge Plan

- Patient Problems
  - Medical: Acquired hemolytic anemia
  - Surgical: Bilateral inguinal hernia

- Discharge Date/Disposition
  - DC Date
  - Disposition:
    - (01) HOME OR SELF CARE
    - (02) PARTIAL PSYCH DAY PROGRAM
    - (03) REST HOME/ASSISTED LIVING
    - (04) HM HOSPICE Died in Facility
    - (05) ANOTHER ACUTE CARE HOSPITAL
    - (06) FROM CUMMINGS TO MHA
    - (07) OTHER HOMECARE

- Prescriptions
  - Orders
  - Referrals
  - Reports

- CPOE Discharge Order
  - CPOE DC Order

HealthNET SYSTEMS CONSULTING INC
### Customized Discharge Desktop - I.E. Nursing

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>View Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2</td>
<td>RXM Ref</td>
<td>DISCHARGE REFERRALS</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>Assessments</td>
<td>DISCHARGE DOCUMENTATION</td>
</tr>
<tr>
<td>5</td>
<td>Care Plan</td>
<td></td>
</tr>
</tbody>
</table>

**Discharge Plan**

- 0 sections not complete

  **DISCHARGE REFERRALS**
  - Referrals

  **DISCHARGE DOCUMENTATION**
  - Assessments
  - Care Plan  - Care plan with goals
5.66 - Functionality Expectations

• Dynamic routine to streamline multidisciplinary coordination of a complete and accurate discharge plan
• Plan requirements driven by discharge disposition
• Customized desktops directed towards specialty (Case Managers, Nursing, Physicians, etc)
• User friendly functionality in one location
Implementation Roadblocks

• New look and feel
  – A lot of Training and Support will be needed
• Many bugs that need to be resolved (Early Adopters)
• Set-back on finalizing:
  – Workflow
  – Training Materials
  – Training
  – Decision on what functionality for initial LIVE versus Post-LIVE
Available Functionality

- Assessments
- Comments
- Care Plan
- Disp Date
- Disposition
- Forms
- Instr Pdoc
- Instr POM
- PIC
- Ref Links
- Ref Text
- Results
- RXM DME
- RXM Meds
- RXM Ord
- RXM Ref
- Vaccines
Care Team

• MU Requirement
• Care Team will appear in:
  – Patient Portal
  – Patient Visit Report (Clinical Review)
  – Patient Health Summary
• Considerations:
  – Build in Provider Dictionary
  – Setup of Provider Types
  – Update Address/Phone Number
  – Primary Abstract Service - Specialty
• Using Sign-Up Functionality – Only most recent MD listed
  – Manual addition of other attending physicians
**Care Team Management**

<table>
<thead>
<tr>
<th>Record</th>
<th>ZZRXM, NICOLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acct</td>
<td>U00001768</td>
</tr>
<tr>
<td>Sex</td>
<td>F</td>
</tr>
<tr>
<td>Age</td>
<td>32</td>
</tr>
</tbody>
</table>

**Visit Care Team**

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Name</th>
<th>Primary Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY CARE PHYSICIAN</td>
<td>BHATTACHARYYA, PRIYA PULIKAI MD</td>
<td>708 783-2000</td>
</tr>
<tr>
<td></td>
<td>ZZMED, REC MD</td>
<td>719 979-3058</td>
</tr>
<tr>
<td></td>
<td>ZZMOJO, MAUREEN MD</td>
<td>781 979-3068</td>
</tr>
<tr>
<td></td>
<td>ZZMOJO, MAUREEN MD</td>
<td>781 979-3068</td>
</tr>
</tbody>
</table>

**Address**

<table>
<thead>
<tr>
<th>Address</th>
<th>3231 EUCLID AVE, 5TH FLOOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>BERWYN</td>
</tr>
<tr>
<td>State</td>
<td>IL</td>
</tr>
<tr>
<td>Zip</td>
<td>60402-3471</td>
</tr>
</tbody>
</table>

**Other Phone**

| Fax | 708 783-3656 |

**Add Visit Care Team Member**

<table>
<thead>
<tr>
<th>Care Team Member</th>
<th>ZZCPMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Type</td>
<td>STAFF</td>
</tr>
<tr>
<td>Specialty</td>
<td>CARDIOLOGY</td>
</tr>
<tr>
<td>NPI Number</td>
<td>1427035948</td>
</tr>
</tbody>
</table>
Care Team on Outputs

Patient Visit Data
Reason for Visit: REASON FOR VISIT IN ADM

Allergies: Acetaminophen
Oxycodone

Medical Problems
Acquired hemolytic anemia

Care Team Members
PRIYA PULUKAT MD BHATTACHARYYA, PRIMARY CARE PHYSICIAN, 708 783-2000
REC MD ZZMED, ADMITTING, CARDIOLOGY, 718 979-3068
MAUREEN MD ZZMOJO, ATTENDING, MEDICAL, 781 979-3068
TEST*********** MD ZZTEST, STAFF, CARDIOLOGY, 781 979-3063
MAUREEN MD ZZMOJO, FAMILY, MEDICAL, 781 979-3068
Customize by Disposition

• Assessments
• Forms (Link NPR, CDS’s)
• Custom Patient Visit Report
• Coming from 5.64 full discharge functionality and can not do this with PDOC
  – Risk Forget Forms
  – Forms that may not need to go on the pt visit report but should come with printed packet and the do not
• Various Formatting issues
Forms
Patient Visit Report Format

Enter/Edit Discharge Report Format Dictionary

<table>
<thead>
<tr>
<th>Mnemonic</th>
<th>TEST</th>
<th>Active</th>
<th>Y</th>
<th>Print Orientation</th>
<th>Portrait</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>TESTING REPORT</td>
<td>Facility</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Header: ADM.PAT.ZCUS.CMM.T
Trailer: ADM.PAT.ZCUS.CMM.T

Data Sections
- General Visit Data
- Instructions for Patient
- Home Medications
- Additional Information

Instructions Details

Header Title: Patient Instructions

Include
- Physician Documentation
- Nursing Queries
- Referrals
- RXM Orders

- Follow-Up Instructions - NUR
- Referrals
- Follow-Up Orders

Buttons: OK, Cancel
# Link to Discharge Disposition

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Assessment</th>
<th>Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>DISCHARGE INSTRUCTIONS - HOME</td>
<td>TEST2</td>
</tr>
<tr>
<td>03</td>
<td>INFECTION CONTROL (IC NURSE)</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Report: TEST
Assessment on Patient Visit Report

**Allergies/ADRs:**

**Discharge Plan Print Preview**

**Patient Instructions**

Follow-Up Instructions - NUR

- Was Dis Charge Order Placed? Y
- OK To Proceed? Y
- Nurse preparing Discharge Instructions: MALONII
- Date: 05/03/13
- Call HHS Dr: LIKHRI
- Phone: LIKHRI
- Specialty: MEDICAL
- Appt Info: F/U IF CONDITION WORSE
- HHS Dr: CRID
- Phone: CRID
- Specialty: CARDIOLOGY
- Appt Info: MAKE F/U APPT FOR AFIB
- Recommended Follow-Up: MAKE APPT WITH ANTIcoag CLINIC
- Notify your doctor if: Change in bowel habits
  - Chest Pain
  - Increased Confusion
  - Incision tender/reddened
  - Blood Sugar >300
  - Calf Pain
  - Diarrhea (stop antibiotic)

Nutrition Education: Cardiac
- Teaching Provided: Anticoagulation
- Discharge Diet: Coumadin Diet
- Pending test results Y
- Contact for results pending: PCP
- Pending Test Results: BIOPSY
PDQC – Control Pt Rpt Display
Pending Tests
  Pending test results: Yes
  Pending Test Results:
  PTH Biopsy
  Contact for results pending The reason you are on Warfarin: Atrial fibrillation
Your target INR range is: 2.0 - 3.0
Your last INR result was: 3.2
Your next INR blood draw should be on: Your warfarin dose until your next blood test is: Your anticipated
duration of treatment with warfarin: Indefinite
Notify your doctor if: Incision tender/reddened, Weight gain >2 lbs a day
Discharge Diet: Coumadin Diet
Housekeeping Chores: None until follow up
Bathing: Bath/Whirlpool in 14 days, Shower tomorrow
Wound Care Instructions: Only MD to remove bandage
Returning to Work: Not applicable, No restrictions
Lifting: Lift no more than 10 lbs, Follow-up with MD
Recommended Followup:
  Recommended Followup section

Current State Formatting Issues
Medication Reconciliation

• Combined Sort by Generic Class
  – FSV Header View – Medispan display
  – View inpatient and Home Meds together under classes
  – Unable to change sort on the fly

• New Warnings
  – Can’t Finalize until all medications reconciled
  – Warns if all home medications are not reconciled

• Finalize
  – Possible tool for communication
  – Clinical setting no true finalize
  – Only can Stop/Cancel after finalize (Loss other edit ability)

• Submitting Process
  – Many fixes needed to fix renew, convert, and new issues (PP2)
No conflict checking is provided for these medications.

<table>
<thead>
<tr>
<th>Medications/Equipment</th>
<th>Orders/Referrals</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient and Home Medications (6)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>28:00</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen* (Tylenol*) 325 MG TAB 650 MG PO Q6PRN PRN HEADACHE (PAIN SCORE 4-6)</td>
<td>Inp Status: Active</td>
<td>Conv</td>
</tr>
<tr>
<td>Artpiprazole* (Abilify*) 10 MG TAB 10 MG PO DAILY</td>
<td>Inp Status: Reported</td>
<td></td>
</tr>
<tr>
<td>oxycodone/Acetaminophene 5/325* (Percocet, Rox...) 2 TAB PO Q6PRN 30 Days PRN SEVERE DISCOMFORT (7-10 PAIN)</td>
<td>Inp Status: Active</td>
<td>Conv</td>
</tr>
<tr>
<td><strong>48:00</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride 0.45% (NaCl 0.45%) 1,000 ML .010H 100 MLS/HR</td>
<td>Inp Status: Active</td>
<td>Conv</td>
</tr>
<tr>
<td>Docusate Sodium* (Colace*) 100 MG CAP 100 MG PO BID</td>
<td>Inp Status: Active</td>
<td>Conv</td>
</tr>
<tr>
<td><strong>68:00</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additional Checks

Reconcile All Home Medications:
### Not in Discharge?

#### Medication Reconciliation

<table>
<thead>
<tr>
<th>Medication</th>
<th>Generic</th>
<th>Review</th>
<th>DC</th>
<th>Cont</th>
<th>Hold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acetaminophen</strong> (Tylenol) 500 MG TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown Dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acetaminophen</strong> (Tylenol) 325 MG TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown Dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allopurinol</strong> (Zyloprim) 300 MG TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>150 MG PO HS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allopurinol</strong> (Zyloprim) (Unknown Strength) TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>300 MG PO HS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alum &amp; Mag Hydrox-Simethicone</strong> (Maalox) SUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 ML PO BIDPRN &amp; 15 ML PO BIDPRN ABDOMINAL CRAMPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amiodarone</strong> (Cordarone) (Unknown Strength) TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown Dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aripiprazole</strong> (Abilify) (Unknown Strength) TAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown Dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Custom Headings!
## Standard Patient Friendly Output!

### Home Medication List at Discharge
**START taking the following Medications**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Route</th>
<th>Qty</th>
<th>Refills</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxyCODONE/ Acetaminophen 5/325* (Percocet, Roxicet*)</td>
<td>1 TABLET</td>
<td>ORAL, TWICE A DAY</td>
<td>30</td>
<td>0</td>
</tr>
</tbody>
</table>

### CONTINUE taking the following Medications

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amiodarone* (Cordarone*)</td>
<td>200 MILLIGRAM</td>
<td>ORAL, DAILY</td>
</tr>
<tr>
<td>200 MG TAB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### STOP taking the following Medications

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen* (Tylenol*) 325</td>
<td>650 MILLIGRAM</td>
<td>ORAL, EVERY SIX HOURS AS NEEDED as needed for PAIN/INFLAMMATION</td>
</tr>
<tr>
<td>MG TAB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Orders/Referrals

• No need to access separate routines
• Orders
  – Similar functionality once user learns how to access
• Referrals
  – Specialty (Abstract Service) Required
  – Diagnosis
  – # Visits
  – Can add custom CDS’s
  – Still can not customize outputs
<table>
<thead>
<tr>
<th>Medications/Equipment</th>
<th>Orders/Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zolpidem* (Ambien*) 5 MG TAB</td>
<td>Reported</td>
</tr>
<tr>
<td>5 MG PO HS</td>
<td>Reported</td>
</tr>
<tr>
<td>Zolpidem* (Ambien*) (Unknown Strength) TAB</td>
<td></td>
</tr>
</tbody>
</table>
Additions to Referrals

Referral:
- Service: CARDIOLOGY
- Refer To: Criss, David I. Md
- Time Frame: Within the next 14 days
- Note: Make F/U Appt
- Visit: 1
- Dxs: 427.31 - Atrial fibrillation
- Letter: None generated yet.

Search:

Specialty
- Cardiology
- Dental
- Dental Surgical
- Dermatology
- Endocrinology
- Family Practice
- Gastroenterology
- Gynecology

HealthNET SYSTEMS CONSULTING INC
Patient Visit Report Output

**Referrals**
CARDIOLOGY
Within the next 10 days
Dr Criss Group
  Criss, David I. Md
MAKE F/U APPT
Visits: 1

ORTHOPEDIC
Within the next 30 days
Agility Orthopedics
  Shurland, Abraham T. Md
  92 Montvale Ave
  Suite 1400
  Stoneham, MA 02180
  781 279-7040
MAKE APPT AFTER XRAY
Visits: 1

**Follow-Up Orders**
Right Ankle Xray  Service Date: Within the next 30 days
Hallmark Health System

H&H (HGB&HCT)  Service Date: Within The Next 2 Days
Hallmark Health System

Anticoag Svcs Ref  Service Date: Within The Next 2 Days
Anticoag Management Services

Comp Metabolic Panel  Service Date: Within The Next 2 Days
Hallmark Health System
Outputs, Outputs

- Forms – CDS/NPR
- Assessments
- Patient Queries
- PDOC Reports
<table>
<thead>
<tr>
<th>Include</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Documentation</td>
</tr>
<tr>
<td>Nursing Queries</td>
</tr>
<tr>
<td>Referrals</td>
</tr>
<tr>
<td>RXM Orders</td>
</tr>
<tr>
<td>Patient Data Queries</td>
</tr>
<tr>
<td>Follow-Up Instructions - NUR</td>
</tr>
<tr>
<td>Referrals</td>
</tr>
<tr>
<td>Follow-Up Orders</td>
</tr>
<tr>
<td>Patient Data Queries</td>
</tr>
</tbody>
</table>

- Patient Data Queries
- pt data queries
Nurse Documents:

- Recommended Follow-up: MAKE APPT WITH ANTICOAG CLINIC
- Notify your doctor if: Change in bowel habits
  - Chest Pain
  - Increased Confusion
  - Incision tender/reddened
  - Blood Sugar >300
  - Calf Pain
  - Diarrhea (stop antibiotic)

Physician Documents:

- Follow-up Care Plan
- Notify your doctor if: Chest Pain, Shortness of Breath, Diarrhea (stop antibiotic), Incision tender/reddened, Calf Pain, Palpitations, Increased Confusion, Blood Sugar >300, Change in bowel habits

Patient Data Queries Bring it All Together!
Communication Changes/Decisions

• Physicians can access POM Discharge Orders from the Routine

• Can pull “Discharge” type Order Query info onto Patient Visit Report

• Loss of the “Discharge in Process” Order

• Finalize not easy to see after a physician processes

• Who will print the packet?
# Reconcile Rx – Discharge Actions

<table>
<thead>
<tr>
<th>Medication Description</th>
<th>New Code</th>
<th>Last Taken</th>
<th>Review</th>
<th>Discharge</th>
<th>DC</th>
<th>Cont</th>
<th>Hold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen* TYLENOL® 500 MG TAB Unknown Dose</td>
<td></td>
<td>&lt;Last Taken&gt;</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen* TYLENOL® 325 MG TAB Unknown Dose</td>
<td></td>
<td>&lt;Last Taken&gt;</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
</tbody>
</table>
No conflict checking is provided for [ ] medications.

---

**FINALIZED**

<table>
<thead>
<tr>
<th>Medications/Equipment</th>
<th>Orders/Referrals</th>
<th>All</th>
</tr>
</thead>
</table>

- **Discharge Plan (2)**
  - 28:00
    - Aripiprazole* (Abilify*) 10 MG TAB
      - 10 MG PO DAILY
      - Stopped
  - 68:00
    - Pioglitazone Hydrochloride* (Actos*) (Unknown Str
      - Unknown Dose PO DAILY
      - Comment: XYZ

---

- **Inpatient and Home Medications (4)**
  - 28:00
    - Acetaminophen* (Tylenol*) 325 MG TAB
    - 650 MG PO Q6PRN
    - PRN HEADACHE (PAIN SCORE 4-6)
      - oxyCODONE/Acetaminophe 5/325* (Percocet, Rox...
      - 2 TAB PO Q6PRN
      - PRN SEVERE DISCOMFORT (2-10 PAIN)
      - Active

---

For Discharge

HealthNET
SYSTEMS CONSULTING INC
Discharge Complete CPOE Order

Now to Print the Packet?

Print Packet

Print Sections
Thank You!

Any Questions?

Nichole Malone

nmalone@healthnetconsulting.com