

Orders Rec Quick Start Guide

Reconciliation requirements

- a. Admission reconciliation should be completed within 24 hours of admission
- b. Transfer reconciliation should be completed at the time of transfer. Transfer reconciliation is required by CMS. It is not yet required by Joint Commission.
- c. Discharge reconciliation should be completed when the discharge order is entered
- d. The attending Physicians are responsible for reconciliation at each transition of care

Getting Started

Providers should add:

1. The orders reconciliation icon to their toolbar once
2. The new orders rec column to each patient list.
3. Prescription writer is added to your toolbar.

Entering Prescriptions

Providers may also enter prescription from within orders rec icon when completing discharge reconciliation. It is necessary to set your user preferences and enter your location and phone number in prescription writer prior to entering prescriptions.

1. Click on the Rx writer icon
2. Click on the user preferences icon
3. Select the location you are practicing from.
4. Select the phone number that a pharmacist can contact you with any questions.
5. You only have to select the location and the phone number once. If the phone number or address listed in not correct or if you have a change in phone number/address please call 15757.
6. Click “apply”
7. Click “ok”
8. Click close for the changes to register in Rx writer.

Admission Reconciliation

1. Select appropriate patient
2. Open up the ORM application (use the new orders rec icon)
3. Select admission reconciliation (Do not use the admission from transfer option, it is not configured)
4. Home medications are listed on the left and current medications (medications ordered for the visit) are listed on the right (If any inpatient meds were already ordered).
5. TIP: MD may decide to enter orders from within the ORM app or the usual “enter order” icon. Using the ORM app will save time and clicks for patients with a long home med list.
6. Select the “enter order” icon. Enter orders as usual.
7. Click on “Return to order reconciliation”
8. Click “more actions” icon. {Blue icon with an arrow}

- a. Click on “autoreconcile” {This will match home meds to medications listed in the admission orderset that are similar}
9. Decide which home medications will be continued while the patient is hospitalized by right clicking the med to select continue
10. Click on the “mark all remaining to be held on admission”
11. Click “save as complete” This completes the admission reconciliation.

Transfer Reconciliation

1. Select appropriate patient
2. Click on the “orders rec” icon
3. Select the transfer option
4. Inpatient medications are on top left of the screen. Home medication list is on the bottom left of the screen with an indication of which home medications were held on admission. The right side of the screen will list the orders that should be continued after transfer
5. Make decisions regarding which orders should be discontinued after transfer by:
 - a. Clicking on the “multi order reconciliation” icon
 - b. Selecting “Discontinue/Cancel”
 - c. Placing a checkmark in front of all medications that should be discontinued
 - d. Enter a discontinue reason
 - e. Linked order items can be identified by clicking the “view order set” icon once an order item in a set has a check mark applied to it.
6. Enter any orders that need to be added using the “enter order” icon
7. Click on the “Mark all remaining to be continued after transfer” icon to continue the remaining meds after transfer
8. Click “save as complete” when finished entering orders and deciding which meds to continue

Discharge Reconciliation: Single Provider workflow

1. Select appropriate patient
2. Click on the “orders rec” icon
3. Select the discharge option
4. Home meds and inpatient meds are listed on the left side of the screen. Medications that should be continued after discharge are listed on the right
5. TIP: Use the format layout icon to change the way the meds are listed. Use the “expand medication” option. This will allow the use of the quick action buttons
6. Click on the “Enter Discharge order” icon to enter discharge order set. TIP: Meds entered while in the discharge reconciliation screen are not processed through pharmacy and they do not go to the eMAR.
7. Click “Return to order reconciliation”
8. Now the Provider can decide which home meds and which inpatient meds should be continued when the patient is discharged.
 - a. Use the quick action buttons to make decisions about which meds should be
 - i. stopped after discharge
 - ii. entered as a prescription

- iii. continued after discharge but does not require a prescription.
- b. New prescriptions can also be added at this time. Change the submission from eSubmit to print if the patient does not have a preferred pharmacy. Use the “save only” submission status if a prescription is not required for a med the patient should continue or start at home.
9. Once all decisions regarding meds that should be continued after discharge are made, the Power button can be used to “Mark all remaining to be DCd at Discharge”
10. Click “save as complete”
11. If any prescriptions were entered while in the discharge reconciliation screen, a list of those meds will pop-up to allow the Provider to verify the prescriptions before they are eSubmitted or printed.
12. If the list is correct, click “Submit”.

Discharge Reconciliation: Multi-provider workflow

A 24 y.o male is admitted by the Hospitalist with a diagnosis of abdominal pain.

- He is diagnosed with appendicitis and is taken to surgery by a surgeon.
- 24 hrs after surgery he starts showing signs of infection and infectious disease is consulted

For Consultants

If the patient requires a new prescription upon discharge home, the Consultant Provider should do the following:

1. Select appropriate patient
2. Select the “Prescription Writer” icon
3. Once the Rx Writer dialogue box opens up, click on the enter prescription icon.
4. Pick the category you would like to select your prescriptions from (full catalog, quick list, favorites). To order insulin, full catalog must be selected.
5. Enter all required fields. Failure to enter all required fields will result in an error for eSubmit..
 - a. Dose
 - b. Dosage Units
 - c. Route
 - d. Frequency
 - e. Days
 - f. Refills
 - g. Quantity**
 - h. Dispensed Unit
6. If you need to add more medications, click “add to list”.
7. When you are finished adding all prescriptions, Click “Review and Submit.”
8. If your user preferences is defaulted to eSubmit and a preferred pharmacy is listed, the prescriptions will eSubmit. **Schedule drugs are not eligible for ePrescribe, they will default to Print.**

9. If the patient does not want to participate in ePrescribe/eSubmit, the Provider can manually change the submit method to print.
10. If the patient does not require a prescription for a medication that should be continued at home, the provider should enter a prescription with the submission status changed to "Save Only". Use this option when the patient should start taking a new OTC medication that does not require an actual prescription. If the patient previously took the med at home. Use the green arrow to move the med across to the discharge list.
11. Once you have entered all Prescription(s), click Submit.
12. REMEMBER TO SIGN ALL PRINTED PRESCRIPTIONS

For the Attending Physician

- + Once the Consultants have finished all their activities, follow the single provider process for completing the discharge reconciliation above.**
- + If a consultant enters a prescription or discharge med after the discharge reconciliation is complete, the reconciliation status will automatically reset to "Incomplete, Pending Update"**
- + The reconciliation will then need to be signed off on in SCM or Sovera.**