

DISCHARGE PROCESS - NURSING

Upon reviewing a discharge order from the MRP, the nurse must follow these steps to complete a discharge. **THERE HAS TO BE A DISCHARGE ORDER PLACED IN ORDER TO COMPLETE THESE STEPS**

 Navigate to the Nurse View Mpages and select the **Discharge** Mpage. From here the nurse must review all 4 sections that are required for the discharge are completed. If they are complete, a green check will be seen beside it. If there is a red astirix, the MRP still needs to complete their required sections for the discharge. Nurse must notify if these are expected to be completed for the discharge.



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2. Once all areas are reviewed and confirmed correct, the nurse will navigate to the **Discharge Documentation** tab. In this tab, the nurse will select the drop-down button.

ž	Discharge Documentation (0)				Selected Visit 🦻
Discharge Planning Care Team	No Results Found				
✓ Problem List✓ Follow Up	Discharge Medications (8)				+ All Visits 🕢 🚍
Discharge			Status: 🗸	Meds History 🖌 🗸 Admissi	on Transfer 🗸 Discharge to Home View Details
Documentation (0)	Medication	^	Compliance	Supply Remaining	Responsible Provider
 Discharge Medications (8) 	amoxicillin 945 mg, PO, q8h, 0 Refill(s)		-		NHS Test02, Physician - Hospitalist
 Orders (215) 	→ licinanril /licinanril 5 ma aral tablet\				

In the drop-down the nurse will select the correct discharge documentation note type for their patient population:

+ ~
Nursing Discharge Summary Pediatric
Nursing Discharge Summary
Nursing Discharge Summary NICU
Newborn Discharge or Transfer
OB Maternal Discharge
Perioperative - Discharge

3. The nurse will complete the documentation required in the PowerForm that appears. Once all sections are complete, the nurse will click the **green check mark** to sign.

				Show Sign Confirmation
"Performed on: 11/Nov/203	24 • V 11541 • EST			By: NHS Test02, Nurse
Discharge Information	Arrangements			
Discharge Education	Discharged To			
C-HOBIC Therapeutic Self G		D		
 vauabes/beiongings 	Morre with categore Morre with categore Acute Cate Facility Complex Continuing Cate Continuing Cate Program for Homeless Patients Contraining Cate Program for Homeless Patients Contraining Cate Arrowship Patients Gincup home/supportive housing	Home with robuptor Home with community resources Leve enlancement detention Long Term Care Mental headsh and addoctions unit Distario Headh @ Home Pallative residential hospice	Prevenuer home Revenuer home Revenuer home State Transferrational Care Bed Other:	
	Acute Care Facility Detail		Home Treatments	
			Apres mondering Aprese mondering Pethods Pethod Pethod Pethod Pethod Pethod Apres Apres	
	Devices/ Equipment		Professional Skilled Services	
	C Degree Annuged is per 01/PT C Expense Annuged is per Home Health		Inver Nove Nove	

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4. Once all areas are reviewed and confirmed correct within the Mpage, the nurse will now navigate to the bottom of the Discharge Mpage menu and select the blue "<u>Inpatient Discharge</u> <u>Instructions</u>" to print the Discharge Instructions and medication list.

Handover	×	Admission	× Flagged Eve	ents ×	Discharge	×
	¥	Discharge Plar	nning			
Discharge Planning Care Team	^	Estimated Disch	narge Date			
✓ Problem List		07 NOV 2024 12:.	22			
 Follow Up Discharge 		Care Team				
 Documentation (0) Discharge Medications (8) 		Role / Relationship This Visit	*			Contact
✓ Orders (215) Documents		Critical Care (All Critical Care CC	Facilities) IRT			Ovtcharenko,
Outstanding Orders Allied Health Instructions Demo		Problem List				
Changes To My Routine		Classification Me	edical and Patient St; 🗸	Add	as This Visit	✓ s
How I Might Feel and What To Do		Priority	Problem Name Atrial fibrillation			Cod
Transfusion Info		2 🗸	Risk for falls			
C-HOBIC		🗸	Sepsis			
Create Note			Diabetes type II Fatigue			
Inpatient Discharge	1	Resolved Chron	ic Problems			

NOTE: if patient is discharged (eg AMA) and not all required sections are complete, the nurse will get a notification to why those sections are not complete if attempting to print the discharge instructions. They must contact the MRP to confirm the reason why they aren't complete and then choose the override reasons why they weren't complete.

Override Discharge Requirements	X
Following components have missing required actions. Select a reason from the dropdown(s) to override.	
* Follow Up	
	~
* Discharge Medications	V
* Orders	
Medication only	\sim
	Submit Cancel

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5. Review the discharge instructions and add anything that needs to be included to the appropriate sections. Once everything is deemed correct, select the **Sign/Submit** button.

Inpatient Discharge Instructi X List		4 \$
Font - Size - X C C C C C I U S A E<		
НОНО, ТІММҮ	DOB: 04/06/1952 HRN: 11/01/53 Weilt Date: 30/04/2024	^
Discharge Instructions		
Reason for Your Visit		
Changes to my Routine		
How I Might Feel and What To Do		
What to do next		
Instructions From Your Doctor		
Scheduled Follow-Up Appointments		
You Need to Schedule the Following Appointments		~
3 Note Details: Discharge Instructions, NHS Test02, Nurse, 2024-Nov-11 11:15 EST, Inpatient Discharge Instructions	Sign/Submit Save	Save & Close Cancel

6. In the next page, ensure that the note type is correct. Next, the nurse can select which providers that were requested to have a record of the discharge instructions if their credentials are inputted into the system. Once done, select **Sign & Print.**

Sign/Submit Note			_		×
*Type: Discharge Instructions	Note Type List Filter:				
*Author: NHS Test02, Nurse	Title: Inpatient Discharge Instructions	*Date of Service:	EST		
➢ Forward Options □ Create provider letter					
Provider Favorites Recent Relationships	Name Search				
Contacts	Recipients	iment	Sign	Review/C	.c
		Sign & Print	Sign	Cance	4

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 Select the correct printer in the **Device** drop down. The nurse can preview the Discharge Instructions Note by selecting the Preview button. Once ready to print, the nurse will select Send. Provide the printed paperwork to the patient.

Template Purpose Discharge Instructions Template Patient/Personal Image: Providers Sections Proper authorization receiver Name Relationship Destination Comment	Purpose Patient/Personal Proper authorization received? Jestination lequester
Elated Providers Sections Reguester Relationship Destination Comment Comment	Patient/Personal Proper authorization received? Jestination lequester
Islated Providers Sections Name Relationshin Destination	Proper authorization received? Destination lequester lequester
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Ielated Providers Sections Requester Comment Comment	lequester
Name Belationshin Destination Comment	
Name Belationship Destination	
	lomment
NHS Test02 Nurse Charge Nurse	
NHS Test02, Nurse Covering Nurse	
NHS Test02, Nurse Primary Nurse	
NHS Test02, Nurse Primary Nurse	
NHS Test02, Nurse Primary Nurse	
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 The final step in Millennium for a discharge <u>once the patient has PHYSICALLY left the unit</u> is to select the PM Conversation application on the top tool bar. Once selected, chose Discharge Encounter from the drop down. In the window that opens, complete all mandatory yellow sections and select Complete once ready.

🔓 PM Conversation 👻 🗎 Medical Record Re	S Discharge Er
Cancel Bed Transfer	01/May/2024
View Encounter	Facility:
Discharge Encounter	SCS
Bed Transfer	Inpatient/Am SC 2BB
Infection Control	Bed:
LOA	Discharge Info
Update Alerts	*Discharge Da
Telephone Visit	*Discharge Di
Cancel Discharge	C Absent with
Add / Modify Person	Correctional Did not retur
WH Manage Family Relationship	Died in facili Died while o Died with M

the second se					
01/May/2024		13:47			
Facility:		Building:			_
SCS		SCS			
Inpatient/Ambulatory Unit:		Room:			
SC 2BB		SC2B13			
Bed:		Attending Provider:			
A		Tam, Benjamin Ho-Lai, FRCPC			
*Discharge Date (DD-MMM-)	www:	*Discharge Time:			
* Discharge Date (DD-MMM-)	YYYY):	*Discharge Time:			
* Discharge Date (DD-MMM- */**/*** * Discharge Disposition:	YYYY):	*Discharge Time:			
*Discharge Date (DD-MMM-) */**/*** *Discharge Disposition: Absent without pass/leave (YYYY): T AWOL)	*Discharge Time:			
*Discharge Date (DD-MMM-) **/**/*** **Discharge Disposition: Absent without pass/leave (Correctional facility Did not return from pass/lea	AWOL)	*Discharge Time:			
*Discharge Date (DD-MMM- */**/*** Discharge Disposition: Absent without pass/leave (/ Correctional facility Did not return from pass/leave Died in facility Died while on pass/leave Died while on pass/leave Died while MDD	AWOL)	*Discharge Time:	Complete	Ca	ncel

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