



# TRANSFER MEDICATION RECONCILIATION (CHANGE IN LEVEL OF CARE) HOSPITAL INFORMATION SYSTEM (HIS)

## PRESCRIBERS

### Completing Transfer Medication Reconciliation (Change in Level of Care)

#### Sending Prescriber

1. When a patient is identified for transfer to **another level of care at Niagara Health**, open the patient's chart.
2. Navigate to the inpatient MPage view.

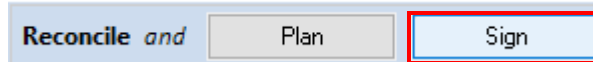
Medication	Compliance
HYDROmorphine (HYDROmorphine 1 mg oral tablet) 2 mg = 2 tab, PO, q4h, PRN: pain, 30 tablet(s), 0 Refill(s)	--
naproxen (naproxen 500 mg oral tablet) 500 mg = 1 tab, PO, BID, 60 tablet(s), 0 Refill(s)	--

3. Click **Home Medications** on Component List.

- New Order
- \* Home Medications (1)
- \* Problem List
- \* Follow Up
- Care Team
- Labs
- Microbiology (0)
- Diagnostics (0)
- Discharge Planning ...

4. Click **Transfer** to start cross encounter transfer reconciliation.
5. The **Order Reconciliation: Transfer** dialogue box opens.

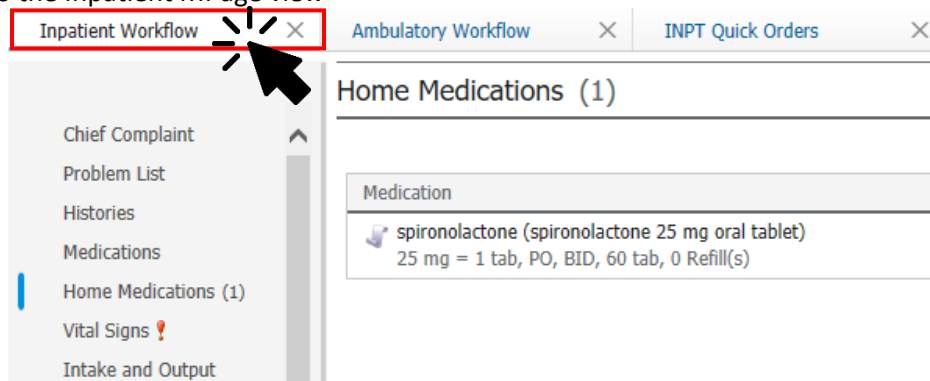
- Choose which medications to continue/discontinue.
- Click Sign to place the reconciliation in a completed/initiated state.



**Patient has been transferred to another level of care at Niagara Health.**

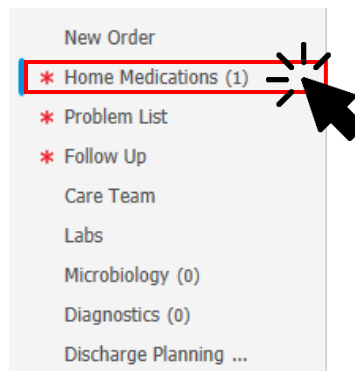
Receiving Prescriber

- Navigate to the Inpatient MPage view



**Reviewing Through Transfer Medication Reconciliation**

- Click **Home Medications** on Component List.



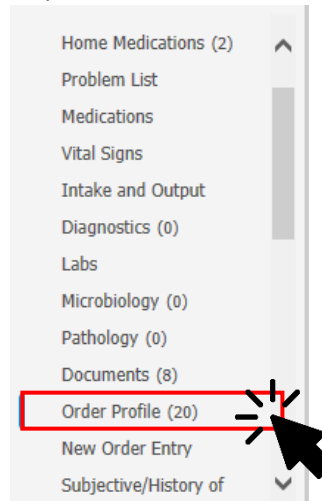
- Click **Transfer**
- The **Order Reconciliation: Transfer** dialogue box opens.
- Review the orders proposed by the sending prescriber, and select which to continue, stop, or add based on clinical judgement.



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## Reviewing Through Order Profile

- Alternatively, Click **Order Profile** on Component List.



**Order Profile workflow allows the review of any PowerPlans that should be discontinued at once, or to review the status of other orders.**

- Review the orders/PowerPlans, and select which to continue, discontinue, or add based on clinical judgement.

**Please refer to next page for notes and considerations**



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## Notes and Considerations

**Both the sending and receiving prescriber** can use the transfer reconciliation workflow whenever they are sending and receiving the patient. The benefit of reviewing medication through Transfer Medication Reconciliation is that it pulls medication and non-medication orders and provides a quick way to continue or stop orders.

### Sending Prescriber Workflow

**This workflow is specifically designed for transferring patients within Niagara Health, such as from one NH site to another or from High Intensity Rehab (HR) to Low Intensity Rehab (HC) in HDS.**

The sending prescriber should always initiate the transfer reconciliation, except in cases of ICU transfers.

- The **Transfer Reconciliation window** provides an opportunity to reconcile not only medications but also additional order types. This allows the sending prescriber to recommend which orders should be continued or discontinued in the patient's next level of care.
- Prescribers are encouraged to use the **plan med rec functionality** only if their workflow is interrupted and they need to return to the window later. Otherwise, they should always click the **Sign** button to finalize the reconciliation. A partially completed icon will indicate the transfer reconciliation status.

### Receiving Prescriber Workflow

Once the sending prescriber has completed the transfer reconciliation, the receiving prescriber will review the patient care recommendations in their unit.

- The receiving prescriber accesses the order recommendations through the **Reconciliation History** section of the Order Profile. They can then make any necessary adjustments in the Transfer Reconciliation window. This process is a collaborative effort to ensure comprehensive patient care.