



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

PRESCRIBERS

Notes and Considerations

Sending Prescriber must add orders that need to be added for the new level of care, please refer to the pages FIVE and SIX of this tip sheet to learn how to add orders.

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

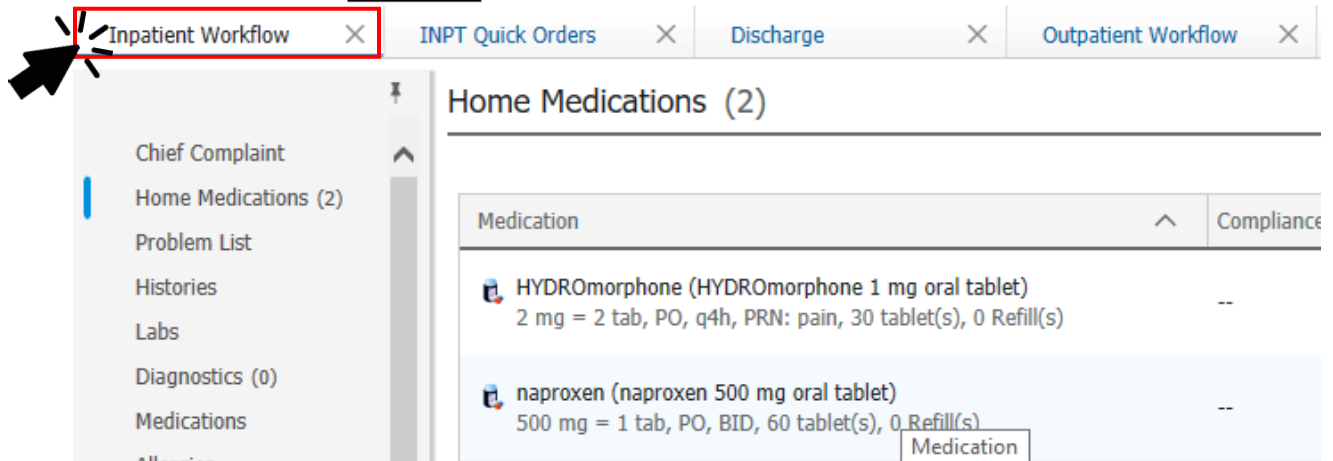
Once the sending prescriber has completed the transfer reconciliation, the receiving prescriber will review the patient care recommendations in their unit.

- 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.

Completing Transfer Order Reconciliation (Change in Level of Care)

Sending Prescriber

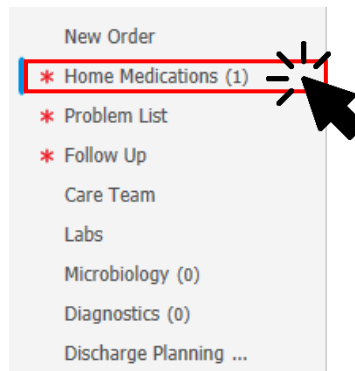
1. When a patient is identified for transfer to **another level of care at Niagara Health**, open the patient's chart.
2. Navigate to the inpatient MPage view.



The screenshot shows the 'Inpatient Workflow' tab selected in the top navigation bar. Below it, the 'Home Medications (2)' section is visible, containing a table with the following data:

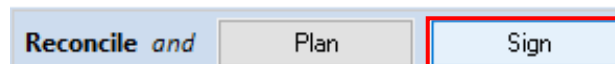
| Medication | Compliance |
|---|------------|
| HYDRomorphone (HYDRomorphone 1 mg oral tablet) 2 mg = 2 tab, PO, q4h, PRN: pain, 30 tablet(s), 0 Refill(s) | -- |
| naproxen (naproxen 500 mg oral tablet) 500 mg = 1 tab, PO, BID, 60 tablet(s), 0 Refill(s) | -- |

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



The screenshot shows a dropdown menu with the following items: New Order, * Home Medications (1), * Problem List, * Follow Up, Care Team, Labs, Microbiology (0), Diagnostics (0), and Discharge Planning ... The 'Home Medications (1)' item is highlighted with a red box and a black arrow.

4. Click **Transfer** to start the Transfer Order Reconciliation.
5. The **Order Reconciliation: Transfer** dialogue box opens.
6. Choose which orders to continue, discontinue, or add.
 - Please refer to **page FOUR** for step-by-step instructions on **adding orders through Order Reconciliation window**.
7. Click Sign to place the reconciliation in a completed/initiated state.

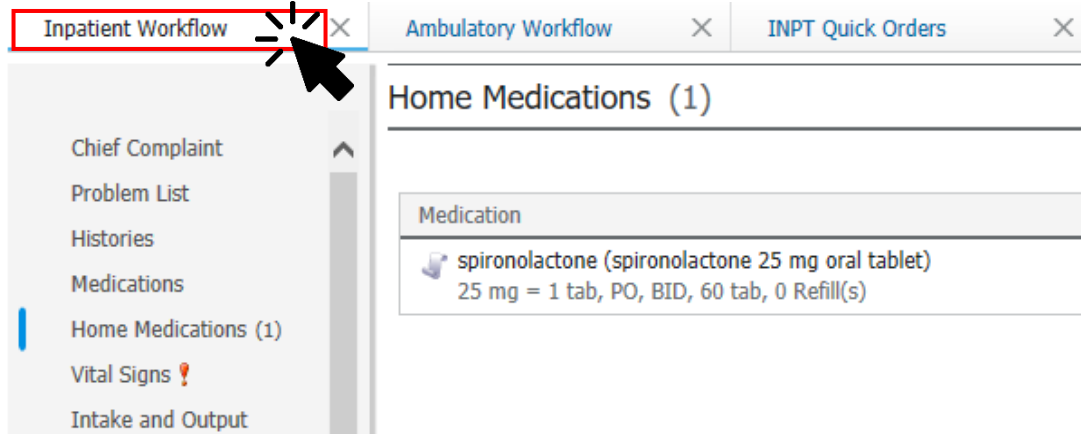


The screenshot shows three buttons: 'Reconcile and Plan', 'Plan', and 'Sign'. The 'Sign' button is highlighted with a red box.

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

Receiving Prescriber

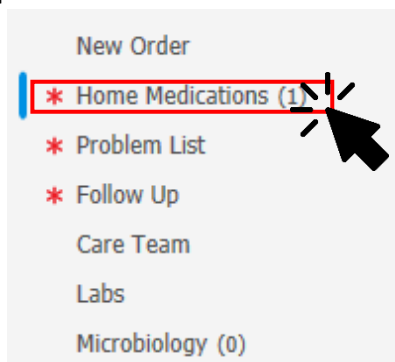
1. Navigate to the Inpatient MPage view



The screenshot shows a web interface with three tabs: 'Inpatient Workflow', 'Ambulatory Workflow', and 'INPT Quick Orders'. The 'Inpatient Workflow' tab is selected and highlighted with a red box. Below the tabs is a sidebar menu with options: 'Chief Complaint', 'Problem List', 'Histories', 'Medications', 'Home Medications (1)', 'Vital Signs', and 'Intake and Output'. The 'Home Medications (1)' option is selected. The main content area displays 'Home Medications (1)' and a list of medications, including 'spironolactone (spironolactone 25 mg oral tablet) 25 mg = 1 tab, PO, BID, 60 tab, 0 Refill(s)'.

Reviewing Through Transfer Medication Reconciliation

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

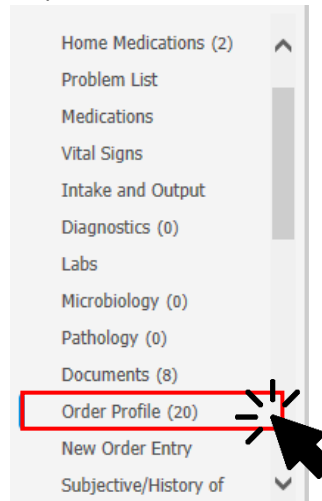


The screenshot shows a vertical list of options: 'New Order', '* Home Medications (1)', '* Problem List', '* Follow Up', 'Care Team', 'Labs', and 'Microbiology (0)'. The '* Home Medications (1)' option is highlighted with a red box and a mouse cursor.

3. Click **Transfer**
4. The **Order Reconciliation: Transfer** dialogue box opens.
5. Review the orders proposed by the sending prescriber, and select which to continue, stop, or add based on clinical judgement. **Please refer to page FOUR for step by step instructions on adding orders.**

Reviewing Through Order Profile

6. 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.

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

Please refer to next pages for adding orders through Order Reconciliation window and Order Profile Component

Adding Orders
Through Order Reconciliation Window

1. Click

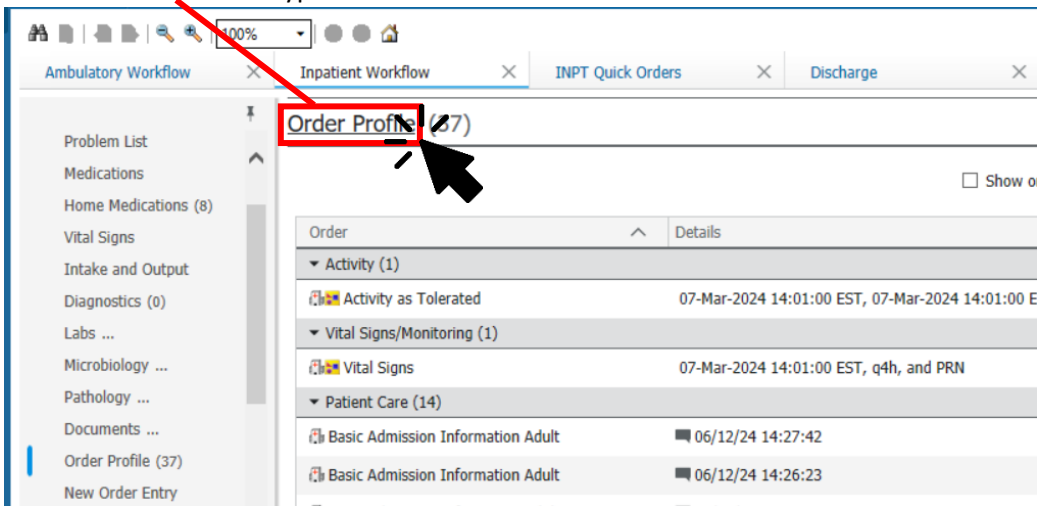


2. Add Order window opens. A) Search for the order(s), B) Click on the order(s), and C) Click **Done**.

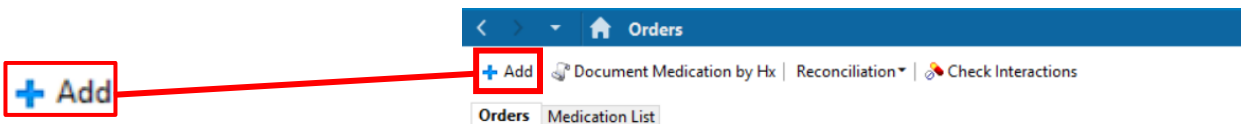
You have now added new order(s)

Through Order Profile Component

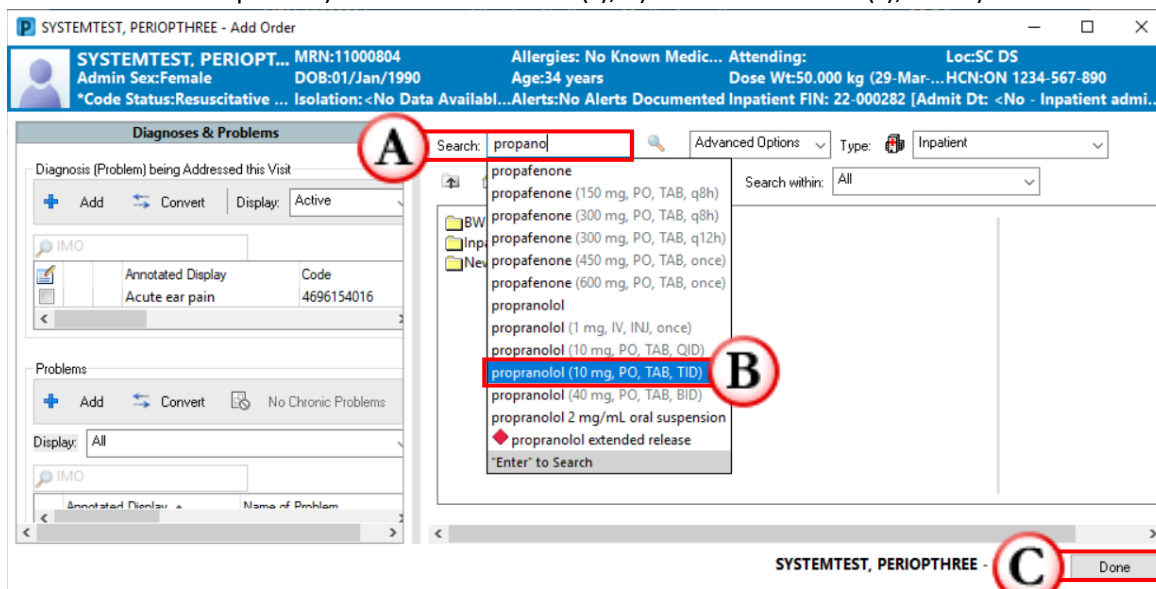
1. Click on **Order Profile** hyperlink.



3. Click **+ Add**



4. Add Order window opens. A) Search for the order(s), B) Click on the order(s), and C) Click **Done**.



You have now added new order(s)







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

Getting Help!

If you are still experiencing access issues, please contact **At-The-Elbow (ATE) support** or submit a ticket to the **HIS Service Desk**. Be sure to include **your device and username information** in your ticket:

<https://niagarahealth.service-now.com/sp?id=monarch>

Tips to Submitting a Ticket:

-  Give as much detail as possible to ensure the Command Centre is able to quickly understand the issue and place it in a priority sequence.
-  **Include the name of the person who is experiencing the issue and their contact information.**
-  Select the appropriate category, sub-category and priority of the issue.
- 

Attach a screenshot of the issue, or to help explain the issue, whenever possible, keeping in mind that no patient-identifiable information should be included in the screenshot.



If your issue has a **direct and immediate impact** on patient care and support staff are busy helping someone else, please call **905-378-4647 Ext. 42850 PRESS 3** to speak to the Operation Monarch Command Centre staff.