From the Office of Health Informatics

Quick Reference Guide (QRG) Completing the Provider Admit Workflow

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This Quick Reference Guide (QRG) demonstrates the process of completing the Provider Admit Workflow.

Common Buttons & Icons

	Unreconciled Med Rec icon
	Pending Complete Med Rec icon
	Complete Med Rec icon
	Prescription icon
	Documented Home Medication icon
	Unreconciled Medication icon
	Inpatient Order icon
	Continue After Reconciliation icon
	Discontinue After Reconciliation icon
	Missing Details icon
	Collapse icon

1	**Orders for Signature Tray** icon
0 minutes ago	**Refresh** icon
	Expand icon
	No Pharmacologic Contraindications / Contraindicated icons
	No Mechanical Contraindications / Contraindicated icons
	Pharmacologic therapy recommended and ordered/selected icon
	Mechanical therapy recommended and ordered/selected icon

Reconcile Home and Admission Medications

➢ From the Provider View Inpatient workflow page:

STEP 1: Navigate to the **Home Medications** component.

STEP 2: Verify that the patient's home medications have been updated.

NOTE: **Meds History should have a green checkmark.**

STEP 3: Click **Admission.** The Order Reconciliation: Admission window opens.

STEP 4: Click the appropriate radio buttons to continue a medication or discontinue a medication.

NOTE: **The green arrow is to continue a medication while the red square is to discontinue the medication.**

- **Free text items can never be converted to an inpatient medication.**

STEP 5: Review and modify order details for the orders after reconciliation, as needed.

NOTE: To view order details, click the order in the Orders After Reconciliation column.

- **To plan an Admission Med Rec and initiate it at a later time, click Plan.**

STEP 6: Click **Sign**. The Home Medications component returns.

NOTE: A green checkmark should display in front of Admission. If a Pending Complete icon displays, the reconciliation is incomplete. Click the Admission hyperlink to address the missing information.

Place Admission Orders

➢ **From the Home Medications component:**

STEP 1: Click the **Inpatient Quick Orders** tab.

STEP 2: Click the appropriate admission PowerPlan in the PowerPlans component.

STEP 3: Click the **Orders for Signature** Tray icon.

STEP 4: Click **Modify Order Details**.

NOTE: Some orders have been selected by default.

- **Address all orders with a Missing Details icon.**

STEP 5: Right-click **Admission Order**; then click **Modify**.

NOTE: If a resident, an APN, or a PA, the Attending and Admitting fields must be changed to reflect the admitting, attending physician. In addition, the ordering physician must be updated to reflect the admitting, attending physician. To document the ordering physician:

- **Right-click Admission Order; then click Ordering Physician. The Ordering Physician window opens.**
- **Search for the admitting, attending provider's name in the Physician name field.**
- **Click Request Co-Sign.**
- **Click OK.**

STEP 6: Update the **Start Date/Time** fields to the date and time the patient was admitted.

STEP 7: Click the **Patient Type/Physician Certification Statement** dropdown arrow; then click the appropriate option.

NOTE: To clarify what each of the patient type options are, click the Order Comments tab.

STEP 8: Click the **Patient Placement** dropdown arrow; then click the appropriate level of care.

STEP 9: Document the rest of the fields, as needed.

<u>STEP 10</u>: Click the **Diagnoses** tab.

<u>STEP 11</u>: Select the checkbox for the desired diagnosis to associate this order with.

<u>NOTE</u>: **If the diagnosis is not listed, use the Search field to conduct a search and select the appropriate result.**

<u>STEP 12</u>: Click the **Collapse** icon.

<u>STEP 13</u>: Right-click **Code Status and Treatment Restrictions**; then click **Modify**.

<u>STEP 14</u>: Click the **Information Source** dropdown arrow; then click the appropriate option.

<u>STEP 15</u>: Click the **Code Status** dropdown arrow; then click the appropriate option.

<u>STEP 16</u>: Document the rest of the fields, as needed.

<u>NOTE</u>: **Multi-select in the Treatment Restriction Options field by pressing and holding Control.**

<u>STEP 17</u>: Click the **Collapse** icon.

<u>STEP 18</u>: Select the checkboxes for desired orders to add.

<u>NOTE</u>: **Clear the checkboxes for any orders to remove.**

- **The VTE Prophylaxis Advisor is preselected, and it cannot be unselected.**
- **To modify the order details, right-click the order; then click Modify.**
- **To add an order not part of the PowerPlan, complete the following steps:**
    - **Click the Add to Phase dropdown arrow.**
    - **Click Add Order. The Add Order window opens.**
    - **Enter the order in the Search field.**
    - **Click the appropriate result.**
    - **Click Done.**

<u>STEP 19</u>: Update the order sentences, as needed.

<u>NOTE</u>: **To update an order sentence:**

- **Click the Details dropdown arrow.**
- **Select the appropriate order sentence. The Scratch Pad/Details pane opens.**
- **Document the fields, as necessary.**
- **Click the Collapse icon.**

<u>NOTE</u>: **Once finished selecting orders, save this PowerPlan as a favorite by completing the following steps:**

- **Click Save as My Favorite.**
- **Enter a name to delineate the PowerPlan at the end of the original PowerPlan name.**
- **Click OK.**

STEP 20: Click **Initiate Now**.

NOTE: **Initiating the PowerPlan places the orders in an active or actionable state.**

- **To place the orders in a future state so they are not active now, click Plan for Later instead; then initiate them when ready.**

STEP 21: Address the VTE Prophylaxis Advisor.

NOTE: **Please see the last section in this document for more information on the VTE Prophylaxis Advisor.**

STEP 22: Click **Orders For Signature**.

STEP 23: Click **Sign**.

STEP 24: Click the **Refresh** icon.

Reconcile Orders Across Encounters

➢ **From the Provider View workflow page:**

STEP 1: Navigate to the **Home Medications** component.

STEP 2: Click **Cross Encounter Transfer**.

STEP 3: Click the appropriate radio buttons to continue an order on to the new encounter or to discontinue an order.

NOTE: **Home Medications converted to inpatient medications during the Admission Medication Reconciliation process are automatically grouped together.**

STEP 4: Review and modify order details for the orders after reconciliation, as needed.

NOTE: **It is very important to review all details, including doses remaining, schedule of lab draws, etc. of the orders being reconciled to ensure accuracy.**

- **To view order details, click the order in the Orders After Reconciliation column.**
- **Clicking Plan puts this reconciliation in a planned status to be finalized later.**
- **Clicking Transfer signs the orders and moves them to the new encounter where they can be picked up. Once the Transfer button is clicked, no edits can be made from this encounter.**

STEP 5: Click **Transfer**. A Print window opens.

NOTE: **If the patient is being transferred to a non-Northern Light Health facility, print the transfer orders to use as recommendations.**

STEP 6: Click **Cancel**, if the orders do not need to be printed.

➢ **From the FIN the patient is transferring to:**

STEP 1: Navigate to the **Home Medications** component.

STEP 2: Click **Admission**. The Order Reconciliation window opens.

NOTE: **Purple boxes in the left most column indicate that these orders have come in from the Cross Encounter Reconciliation.**

- **Orders are already marked continue or discontinue based on the selections that were made during the Cross Encounter Reconciliation.**

STEP 3: Review all details of the orders being reconciled to ensure accuracy and update as appropriate.

NOTE: **To view order details, click the order in the Orders After Reconciliation column.**

- **Click Plan to place this reconciliation in a planned status to be finalized later.**

STEP 4: Click **Sign**.

Manage the VTE Advisor Workflow

➢ **From the VTE Prophylaxis advisor window:**

STEP 1: Review the Current State section.

STEP 2: Click the **Patient Type** dropdown arrow; then click the appropriate patient type.

STEP 3: Select the checkboxes for the patient's risk factors.

NOTE: **If a risk factor is automatically selected that not relevant, clear the checkbox.**

STEP 4: Click **Select Recommendations**.

NOTE: **Click the Expand icon to view the options for some sections. Sections can also be collapsed once done viewing to help with navigation.**

STEP 5: Select the checkboxes for the appropriate Pharmacologic Contraindications, as needed.

STEP 6: Select the checkboxes for the appropriate Mechanical Contraindications, as needed.

STEP 7: In the **Renal Function** section, click the appropriate option.

STEP 8: In the **Heparin/LMWHs received in past 100 days?** section, click the dropdown arrow; then click the appropriate option.

STEP 9: In **Current Regiment**, select the checkbox to discontinue any activity orders.

STEP 10: In the **Recommended Pharmacologic Therapy** section, click the appropriate medication option, as needed.

NOTE: Medication recommendations display in preferred order from top to bottom.

- **To delay the start of a medication, click the Delay (from now) dropdown arrow; the click how much to delay.**

STEP 11: In the **Recommended Mechanical Therapy** section, click the appropriate mechanical therapy, as needed.

NOTE: Mechanical therapies display in preferred order from top to bottom.

STEP 12: In the **General Lab and Activity Orders**, select the checkboxes for the orders to add, as needed.

STEP 13: Click **View Summary** to review the selections.

STEP 14: Click **View Summary** again to close the window.

STEP 15: Click **Document and Order**. The chart returns to the Orders screen.

NOTE: Exercise independent clinical judgement when using the VTE Advisor.