



UNC
HEALTH CARE

TO: All Clinicians

FROM: Robert G. Berger, MD

**Professor of Medicine
Director of Medical Informatics**

**Brian P. Goldstein, MD
Executive Associate Dean for Clinical Affairs and
Chief of Staff**

**Marschall Runge, MD
Professor of Medicine
Chairman, Department of Medicine
Vice-Dean for Clinical Affairs**

SUBJECT: WebCIS Electronic Discharge Summary Interface to Discharge Instruction Form

DATE: April 7, 2008

On Tuesday April 8th, we will turn on an interface from the WebCIS electronic discharge summary -- either brief summary or full summary (if the full is the only summary done on discharge) -- to the e-Chart Discharge Instruction Form that the nurse completes and gives to the patient. Specifically, the interface will automatically fill in the nurses' electronic e-Chart Discharge Instruction Form (in those areas now using e-Chart) with the discharge medications listed on the discharge summary. This transfer of the list of discharge medications will occur when the resident signs the discharge summary.

Key Points:

1. Electronic transfer of the list of discharge medications to the e-Chart Discharge Instruction Form will reduce the risk of a transcription error and will help ensure that the list given to the patient accurately represents what you want the patient to take after discharge.
2. The list that will electronically transfer is the list that pre-fills on the Discharge Summary form. That list comes directly from WebCIS under the Medications tab. We have previously described how to create the list by using the "Discharge

Medications” sub-tab, and we repeat those instructions below. We expect that every patient will have a list of discharge meds created in this way at the time of discharge. Any medication written in the “General Notes” box will not transfer to the e-Chart Discharge Instruction Form in a format that can be easily read and edited. The General Notes box should be reserved for IV meds that will continue after discharge (and that are therefore not on the WebCIS list)

3. For most patients admitted via the ED, creating a list of discharge meds should be easier than in the past. As you know we now have pharmacy technicians working in the ED from 1000 – 2130 or from 1300 – 2130 depending on the day of the week. These technicians are collecting a detailed medication history from as many admitted patients as possible, and this history is being entered into the WebCIS medication list. Thus when you go to create a discharge medication list you should in those cases have an accurate list of the medications the patient was taking at the time of arrival. We are working to expand the pharmacy techs’ ED coverage by June, so as to cover nearly all ED admissions. At present we do not have this service in place for elective admissions but once the ED is adequately covered we will turn our attention to elective cases. We note that many outpatient clinics are obtaining a medication history at each visit, and we ask that every outpatient practice do so in the interest of better and safer patient care; the more that happens, the easier it will be to adjudicate medications after one of these patients is electively hospitalized or directly admitted.
4. It is very important that you sign the discharge summary only AFTER you are sure that the list of discharge meds is accurate and not likely to change. If you make a change to the discharge medications after you sign the discharge summary, you must not only create an addendum to the discharge summary, but also verbally notify the nurse of the change, since the addendum will not flow over to the e-Chart Discharge Instruction Form. Conversely if the nurse believes there is a discrepancy between the discharge medication list and what s/he thinks should be the correct list, the nurse will contact you.

Here again is the process that should be followed by the responsible physician(s) to create an accurate discharge medication list -- that will flow to the e-Chart Discharge Instruction Form, and that can be used to quickly generate prescriptions, and that will also reside in WebCIS for future reference:

Choose “discharge medications” on the main left CPOE toolbar, and highlight those current (non-IV) inpatient meds that you want the patient to continue to take at home. Click “home meds” and then process and sign the order in the usual manner. Next, navigate to the WebCIS medication screen. A submenu of the WebCIS medication page is now present that says “discharge medications”. Clicking this link will bring up the selected list of meds you just signed from CPOE, side by side with the “active” WebCIS “outpatient” med list. Now you can drag the appropriate CPOE meds over to the WebCIS “outpatient” med list, delete those “outpatient” meds you don’t want to continue, and add any other meds (including IV meds) that the patient needs to take after discharge. The result is a new, accurate snapshot of discharge medications.

As always, please do not hesitate to contact any of us for comments or questions.