

**Physicians' Newsletter, June 12, 2008**

**From the Chief of Staff and Executive Associate Dean for Clinical Affairs**

This is a very long column, with important patient safety information. Please read it in full. If you have questions about WebCIS, call or email Dr. Robert Berger. For other questions, call or email me.

In April I described the new, automatic connection between the “discharge medications” section of the electronic discharge summary and the E-chart discharge instruction form that the nurse completes and gives the patient at discharge. This feature of our EMR is designed to help make sure that your patient knows what medications you want him/her to take after discharge. We added this feature because it is an important component of patient safety. The literature shows that a high percentage of post-discharge patients experience adverse events that relate to some component of their hospital stay, and that medication adverse events are the most common. We simply must accurately communicate to our patients (and to referring physicians, primary physicians, and accepting physicians at post acute care facilities) exactly what medications we want the patient to put in his/her body after discharge. We also created this tool in WebCIS because it eliminates redundancy in the discharge process. As you know, with the paper green sheet, you would have to write the discharge medications once, then dictate the medications separately, and the nurse would have to rewrite the medications a third time to give to the patient. This new process reduces all of that to one step, with the medications entered by the person who knows best what they should be. I fully realize that this new process does not save the physician significant time, but it improves patient care.

For the patient to get an accurate discharge medication list it is essential that you accurately record what you want the patient to take on the electronic discharge summary. Since you sometimes change the discharge medications right up to the time of discharge, you should review and finalize this list just prior to discharging the patient. Equally important -- once you finalize the medications, you must sign the discharge summary. The medications will flow to the patient's instruction form only when you sign. I understand the challenge of timing these steps, especially for surgical patients who might become ready for discharge only after you have left for the operating room. However, patient safety must be a priority, and each patient service needs to look at its distribution of work and explore ways to facilitate the timing of creating an accurate medication list and signing the form.

Here are a few key points about the process:

- Remember that you can start an electronic discharge summary either as a “brief” or “full” discharge summary. Even if you start a full discharge summary, you can convert this to a brief to expedite discharge. When you do this, the information that you put already in the full discharge summary will not be lost. Sign the brief discharge summary form. Then when you want to finish the full discharge summary, simply go back to the brief discharge summary in the "CREATE

NOTES" section, click to open it and it will reopen as a draft full discharge summary and your data will still be there. When you finish the full discharge summary, sign it again and that one will be routed to your attending. Both the brief and full discharge summary will be saved in the reports section for future reference.

- In April we explained how you can bring meds over from CPOE as you create a snapshot list of discharge meds. You don't have to use CPOE, though. The key is creating the snapshot in WebCIS. If you don't want to use CPOE, simply add or remove meds from the WebCIS medications list. Then create, or go back to your already created, electronic discharge summary. When you select the "discharge medications" tab, you should see the added medications.
- Here is an update regarding the Pharmacy Technicians who are interviewing patients admitted via the ED and updating the Medications history in WebCIS at that time: As of June 28<sup>th</sup>, we will have 5 Pharmacy Technicians in the ED. Three of them are already fully trained and the other two will be finishing their training by mid July. Beginning approximately the middle of July, we will provide the Med History Service for 17 hours a day, 7 days a week. The hours will be 1000 AM to 0300 next AM. You can verify that a technician has updated the Medications list in WebCIS by speaking to the technician in the ED, or by looking at the "Medication History Performed By" box just above the list of meds.

There are going to be times when, even with your best efforts, you need to change the medication list after you have signed the discharge summary form. We know that this will happen and we realize that this system is not perfect. However, we do think that it represents a big improvement over how we did things on paper. If you do have to change medications after the form is signed, you can do that when you work on the full discharge summary. In that event, please indicate in the comments that this was added after signature. If you change meds after you already signed the full discharge summary, create an addendum.

We are working to improve our IT systems so that you can focus on your education and on taking care of patients. We are already working on several improvements that were suggested by the house staff. We have changed the progress notes form so that the previous day's progress note can roll forward to any practitioner directly caring for the patient. In other words, resident A can write a progress note on Tuesday and resident B can use that progress note on Wednesday to create an updated accurate progress note. In addition, we are working on a "Rounds Report" that will allow you to print out, each morning, a preselected array of information from the previous 24hrs for each of your patients. This will include vital signs from E-chart, medications from CPOE, and lab and radiology values, plus demographic information. The Rounds Report probably will not be released for several more weeks.

I have also asked your Chief Residents to collectively serve on a new ad hoc group that will take a comprehensive look at the impact of WebCIS (and to some extent CPOE and E-chart) on your educational experience and on your ability to provide high quality and efficient care. Dr. Matt Ewend has agreed to lead this group and I will be a full participant as well. Please help us by sharing with your Chief Residents your top two or three criticisms of our IT systems. If you do not have Chief Residents in your program, please give the information to your Program Director.