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With the upgrade to Epic August 2019 version, workflows for patient movement and physician ordering have been simplified. This guide shows you the updated workflows.

## Admission from ED – to same location

This section covers how to admit a patient from the ED to the same location. There is a separate section for Obstetrics specific workflows.

First, before placing any orders, ensure the patient is roomed.

You can easily check room status from the Storyboard.

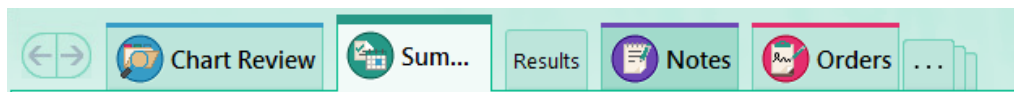
Place an Admit Patient order as soon as you make the decision to admit. This will notify Bed Control and update the patient class to inpatient.

All previous admission orders have now been combined into one order. (There are no longer separate orders for Admit to Birthing Unit, Admit to Mental Health, etc.)

Any orders placed while the patient is in ED are active immediately.

## Place the Admit Patient order

1. From within the patient's chart, open the **Orders** activity. (Note: The look of your activity tabs along the top of your screen may be different than shown depending on how you have chosen to promote your tabs.)



2. Search for the admit order by typing "Admit" into the search field. Hit enter.



- Double click the **Admit Patient** order to open it.

Procedures						(Alt+3)
Name	Code	Type	Phase of Care	Pref List	Cost to Org	
Admit Patient	ADT1	Admiss...		TOH IP FACILITY...		

- Make sure to fill out the order from top to bottom, and from left to right. You must enter the **Future Attending** (MRP).

Admit Patient

Accept
 Cancel

Future Attending:

Admitting Physician:

Diagnosis:

Provider Care Team

Special bed requests:
 

Apheresis
Bariatric
Dialysis
Lift
Near Nurses Station
Palliative
Incubator
Other

Bed request comments:

Next Required
 

Link Order

Accept
 Cancel

- Once the attending is chosen, all services specific to the provider will appear as quick buttons. Click the button for the appropriate service.

Admit Patient

Accept
 Cancel

Future Attending:

Service:

Internal Medicine - Team E
Internal Medicine - Team A
Internal Medicine - Team B
Internal Medicine - Team C
Internal Medicine - Team X
Internal Medicine - Team Y
Internal Medicine - Team Unknown
Internal Medicine - Team D

- The **Service** field will then populate with your selection.

Admit Patient

Accept
 Cancel

Future Attending:

Service:

Internal Medicine - Team E
Internal Medicine - Team A
Internal Medicine - Team B
Internal Medicine - Team C
Internal Medicine - Team X
Internal Medicine - Team Y
Internal Medicine - Team Unknown
Internal Medicine - Team D

**IMPORTANT!** It is imperative that you select the appropriate service by clicking the button. Do NOT fill in the Service field manually as this may result in delays with Bed Control. If the appropriate service does not appear as a button, this is an error. If that is the case, please create a ServiceNow ticket so that the necessary changes are made to Epic provider profiles.



7. Enter the **Admitting Physician** next. If the *Admitting Physician* is the same as the *Future Attending*, type "=" and the name will appear.

Admit Patient ✓ Accept ✗ Cancel

Future Attending:  Service:

Admitting Physician:

8. **Service Level** options appear as buttons and are now site specific (i.e., options will vary). Click the appropriate button.

Service Level:

AMA CCU ICU - TOH IR to PACU NICU / SCN Observation (6OBS) Stroke (5NW)

Transplant Ward Ward-Telemetry

9. Enter the **Diagnosis** using an ICD-10 diagnosis code. You can use the magnifying glass to search.

Diagnosis:

10. The remaining fields of the **Admit Patient** order are optional.

- A **Provider Care Team** can be added if applicable.
- Use the **Special bed requests** buttons to indicate special needs.
- Use the **Bed request comments** field to free text any other pertinent information for the Bed Control team.

Provider Care Team:

Special bed requests:

Bed request comments:

Next Required Link Order ✓ Accept ✗ Cancel



Once the **Admit Patient** order is signed, the patient will automatically be admitted under the *Future Attending* physician indicated in the order, the patient will become an inpatient, and a bed will be requested.

The admission order can now be modified up until the time the patient is physically transferred to their inpatient bed. Any updates to the order will also update Bed Control. If the patient no longer requires an admission, you could also discontinue the Admit Patient order, and Bed Control will be notified via an autogenerated In Basket message.

All admission orders do not have to be completed at the same time as the Admit Patient order is placed.

Once you are ready to place admission orders, use the **Admission** navigator. Work through the navigator from top to bottom. You will notice it is the same navigator as before, only the **Admission Instructions** section has been updated with the new ADT order information. Click **Admission Orders** to find and place order sets/individual orders.

The screenshot displays the 'Admission' navigator in a software interface. The top navigation bar includes tabs for Chart, Su..., Results, Notes, Orders, Charges, Video, Rounding, and Admission (highlighted with a red box). Below this, the 'Admission' section is active, showing a sidebar with various options. A red arrow points to the 'Admission Instructions' link in the sidebar. The main content area displays the 'Admission Tip Sheet' with instructions for using the admission process within the hospital. The sidebar also includes sections for 'BestPractice' (Care Everywhere, Allergies, History, Current Meds, 24-Hr Results, Lab Results, Advanced Care D..., Implants, VTE Risk) and 'Admission Orders' (circled in red).

## Admission

Reconcile orders for site transfer

**Admission Instructions**

**Admission Tip Sheet**

**Use for ALL Admissions within your hospital**

1. Place **Admission** order as soon as the patient requires admission in **Orders** activity.
2. If **updates** to the admission order are required before the patient is transferred, **modify** the order in the Orders activity.

**Admissions from ED to another site/campus within your hospital:**  
*Examples: General ED to Civic Inpatient, Civic ED to UOHI Inpatient*

1. In the Admit Patient order - choose the receiving location in the Service Level
2. Complete this Admission navigator.
3. Also click into the Reconcile orders for site transfer
4. Click on the **Go to Orders for Next Admission** link
5. Reconcile orders for the next encounter.

---

**Direct Admission**  
*Example: Direct Admission from clinic or home*

1. Use Patient Lookup
2. In "Place Amb orders" activity -> Place **Admit Patient [ADT1]** order
3. In "More menu" -> "Quick Navigators" -> "Orders for Admission"
4. Place admission orders to sign and hold for nurse to release upon arrival

**Urgent transfer to ED**  
*Example: Other hospital to ED*

1. Call ED with available patient info and ETA
2. ED will create an expected arrival
3. Optional: Add orders to expected arrival encounter



## Admission from ED – Obstetrics Specific Workflows

This section covers the different scenarios for patients presenting to the ED and who are then transferred to the Obstetric Assessment Unit (OAU).

### Scenario 1

The patient is 20+ weeks and presents to the ED. If the patient has not yet been roomed and they can physically make it to the OAU, the ED Triage nurse will set the **Dispo** to *Send to Labour & Delivery*.

The screenshot shows the ADT Disposition interface. The top navigation bar includes buttons for Chart Re..., Triage, Workup, My Note, Orders, Dispo (highlighted with a red box), Charge..., and Video ... The Dispo button is also highlighted with a red box. Below the navigation bar, the Dispo section is active, showing a search bar and a list of disposition options. The 'Send to Labour & Delivery' option is circled in red, and a red arrow points to it from the search bar.

### Scenario 2

The patient is 20+ weeks and presents to the ED. The patient has been roomed (for example, the patient presented with a non-obstetrical chief complaint). Obstetrics has been consulted. If Obstetrics would like the patient to go to OAU, they will tell the nurse to send them to OAU. The ED RN will then set the **Dispo** to Send to Labour & Delivery (same Dispo as above.)

### Scenario 3

The patient is 20+ weeks and presents to the ED. The patient has been roomed and is expected to give birth. The obstetrician can place an Admit order while the patient is in the ED.



Place the Admit Order as described in the **Admission from ED – to same location** section above. The **Admit Patient** order works the same way for the Obstetrics Specific Workflows.

Please make sure to read the **Admission from ED – to same location** section for full details. To quickly recap:

1. Use the **Orders** activity.
2. From the sidebar, search for the admit order by typing "admit" into the search field. Hit enter.
3. Double click the **Admit Patient** order to open it.
4. Fill out the order from top to bottom, and from left to right. Enter the **Future Attending** first.
5. Once the attending is chosen, all services specific to the provider will appear as quick buttons. Click the button for the appropriate service.
6. The **Service** field will then populate with your selection.

**IMPORTANT!** It is imperative that you select the appropriate service by clicking the button. Do NOT fill in the Service field manually as this may result in delays with Bed Control. If the appropriate service does not appear as a button, this is an error. If that is the case, please create a ServiceNow ticket so that the necessary changes are made to Epic provider profiles.

7. Enter the **Admitting Physician** next. If the *Admitting Physician* is the same as the *Future Attending*, type "=" and the name will appear.
8. **Service Level** options appear as buttons and are now site specific (i.e., options will vary). Click the appropriate button.
9. Enter the **Diagnosis** using an ICD-10 diagnosis code. You can use the magnifying glass to search.
10. The remaining fields of the **Admit Patient** order are optional.
  - A **Provider Care Team** can be added if applicable.
  - Use the **Special bed requests** buttons to indicate special needs.
  - Use the **Bed request comments** field to free text any other pertinent information for the Bed Control team.





## Admission from ED – to another campus

This section shows you how to admit a patient from the ED to another campus.

Place the **Admit Patient** order via the **Orders** activity as soon as you know the patient requires admission. This is the same *Admit Patient* order as used for *Admission from ED – to same campus*.

Use the **Service Level** to indicate the receiving location. The buttons that appear for *Service Level* are site specific and will vary based on where you currently are. A discharge order is NOT required.

Please make sure to read the **Admission from ED – to same location** section for full details re how to **Place the Admit Patient order**. To quickly recap:

1. Use the **Orders** activity.
2. From the sidebar, search for the admit order by typing "admit" into the search field. Hit enter.
3. Double click the **Admit Patient** order to open it.
4. Fill out the order from top to bottom, and from left to right. Enter the **Future Attending** first.
5. Once the attending is chosen, all services specific to the provider will appear as quick buttons. Click the button for the appropriate service.
6. The **Service** field will then populate with your selection.

**IMPORTANT!** It is imperative that you select the appropriate service by clicking the button. Do NOT fill in the Service field manually as this may result in delays with Bed Control. If the appropriate service does not appear as a button, this is an error. If that is the case, please create a ServiceNow ticket so that the necessary changes are made to Epic provider profiles.

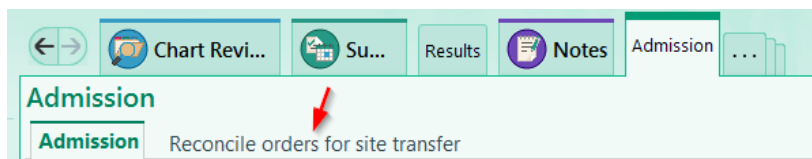




7. Enter the **Admitting Physician** next. If the *Admitting Physician* is the same as the *Future Attending*, type "=" and the name will appear.
8. **Service Level** options appear as buttons and are now site specific (i.e., options will vary). Click the appropriate button.
9. Enter the **Diagnosis** using an ICD-10 diagnosis code. You can use the magnifying glass to search.
10. The remaining fields of the **Admit Patient** order are optional.
  - A **Provider Care Team** can be added if applicable.
  - Use the **Special bed requests** buttons to indicate special needs.
  - Use the **Bed request comments** field to free text any other pertinent information for the Bed Control team.

## Admission Navigator

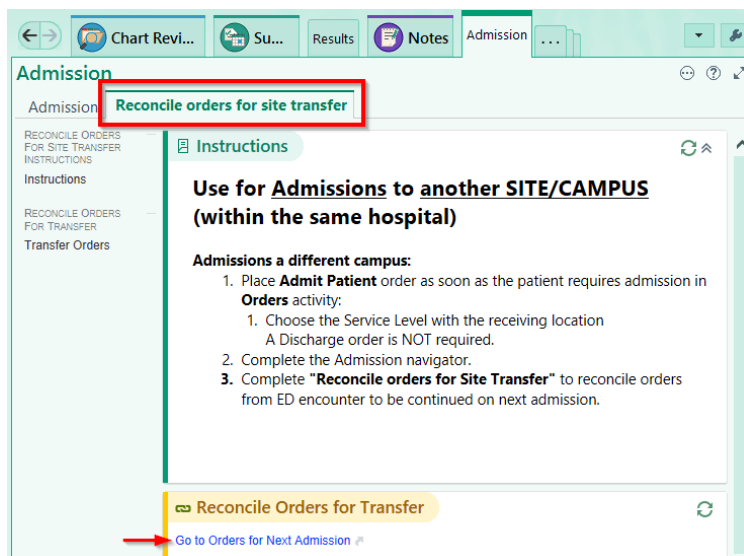
Work through the **Admission** navigator. When sending a patient to another campus, you must also complete the **Reconcile orders for site transfer** tab. This ensures the orders cross from the current encounter to the next encounter.



For example, this would apply to patients in the Civic ED who are being transferred to the Heart Institute, or for patients in the General ED who are going to the Civic and vice versa (Civic ED going to the General).

Notice there are quick instructions for you to reference from within the navigator itself.

From within the **Reconcile orders for site transfer** tab, click **Go to Orders for Next Admission**.





Once you click the link, all current orders for the patient will display.

To quickly reconcile and continue all orders, click "Mark Unreconciled CONTINUE".

Alternatively, you can discontinue all orders by clicking "Mark Unreconciled DON'T CONTINUE". Or you can use the buttons to continue, discontinue or modify orders individually.

Keep in mind, any orders placed after reconciliation is done must be reconciled in this navigator to ensure the order will continue when the patient is transferred. You will get a "reminder" warning when adding new orders on the current encounter.



## Admission from Clinic/External

This section shows you how to admit a patient you have reviewed in clinic (within Epic or not).

### Place Direct Admission order

If you do not have an encounter for the patient, you have two options to place the **Direct Admission** order. You may create an **Orders Only** encounter (Option A) or use **Place Amb Orders** (Option B).

#### Option A - To create an **Orders Only** encounter:

Use **Patient Lookup** to search for your patient. (Patient Lookup will be in the Epic Toolbar along the top of your screen. The order sequence may be different than shown, depending on your Epic profile.)



Enter the criteria for your search. Click Enter.

**Patient Lookup**

**Patient Search** | Recent Patients

MRN/HCN:  ID Type:

First Name:  Last Name:

Sex:  DOB:

Postal Code:  Phone #:

☐ Use sounds-like ☐ My patients

Double click the patient name to open the patient chart.

**Patient Select**

**Search Criteria**

Name/MRN: Demo, Admit Sex: Female Last Name: Demo First Name: Admit

ID Type	MRN	Patient Name	Date of Birth	Sex	Room	Phone	Address
TOH MRN	45009151	DEMO, ADMIT	08/04/1982	F	219	343-123-8521	123 testing, ottawa ON K1V 1C1

The chart will open in the **Chart Review** activity. Click the **Create** activity (tab).

**Demo, Admit** POC ENVIRONMENT TOH PHYSICIAN INTERNAL MEDICINE

**Chart Review**



Enter a **Type** of **Orders Only**.

Prep for Procedure | Place Amb Orders | Orders for OAU | Orders for Admission | Sign My Visit

History | Allergies | Problems | Immunizations | Demographics | Select Encounter | Place Amb Orders

Category Select

Search:

Title

- Abstract
- Anticoagulation Visit
- Cardiology Conference
- Committee Review
- Documentation
- Erroneous Encounter
- External Hospital Admission
- Home Monitoring
- ISAAC Questionnaire
- Letter (Out)
- Multidisciplinary Cancer Conference
- Nurse Triage
- Orders Only**
- Patient Message
- Patient Outreach

Date: 23/11/2020

Type: **Orders Only**

Provider: Debra Marilyn Pugh, MD PCP

Department: GEN GENERAL MEDICINE

Accept Cancel

Description	Res Book Open/Closed	CSN
pit...		300010...
G... Repatriation	Open	300010...
G... Sick		300010...

Then click **Accept**.

Date: 23/11/2020

Type: Orders Only

Provider: Debra Marilyn Pugh, MD PCP

Department: GEN GENERAL MEDICINE

Accept Cancel

You will be taken to the **Orders** activity within the patient's chart.

✓ Demo, Admit

Chart Review | Snapshot | **Orders** | Communications

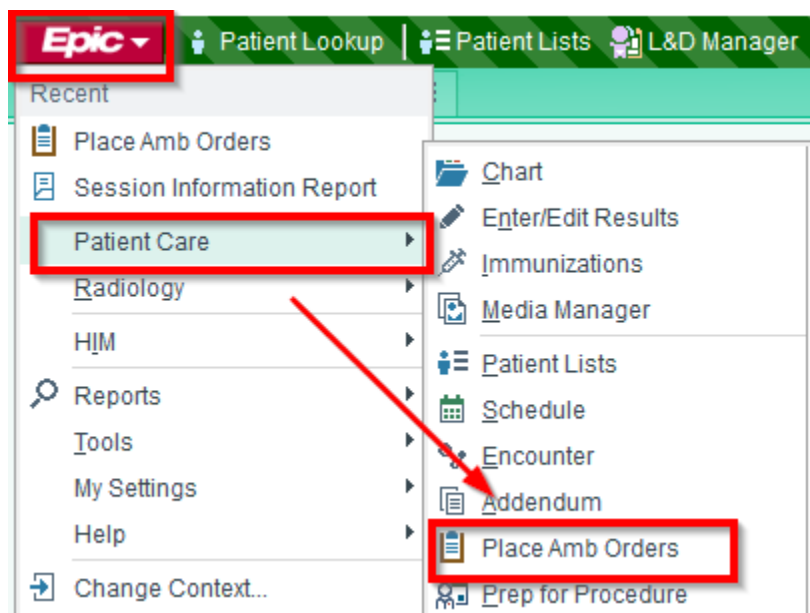
Orders

Problem List | Visit Diagnoses | **BestPractice** | Charges | Attendance Days

Disp & CC Chart | Appointment Requests



## Option B – Use **Place Amb Orders**:

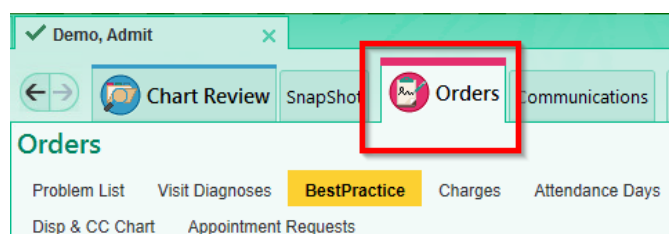


Click the **Epic** button in the top left corner of your screen.

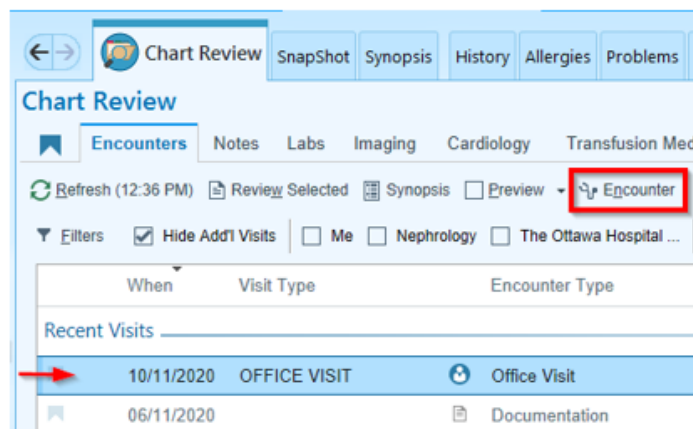
The first time you access **Place Amb Orders** you will need to first select **Patient Care**. Then select **Place Amb Orders**.

Thereafter, it will appear on your "Recent" listing once you click the Epic button.

The **Patient Lookup** screen will appear. Search for your patient. Double click the patient name. Click Accept at the "Automatic Selection for..." screen. You will be taken to the **Orders** activity within the patient's chart.



If you already have an outpatient encounter for your patient, open the encounter.



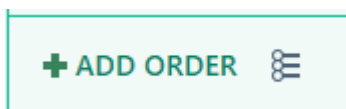
Go to **Chart Review**.

From within the **Encounters** tab, select the appropriate visit.

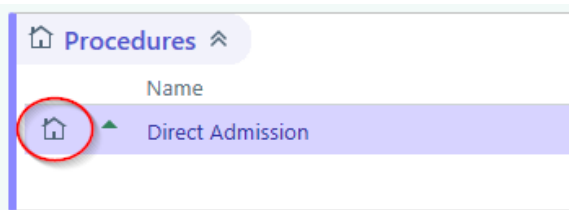
Click **Encounter**.



Once the patient chart is open (using whatever above option works best), use the **+ADD ORDER** bar at the bottom left of your screen to find and place the admit order.



Search for "admit" and hit Enter. Epic will use completion matching to find appropriate orders. Notice the house icon indicating this is an Ambulatory order.



Double click to open the **Direct Admission** order.

Direct Admission

Accept

Cancel

Hospital:

Civic

General

The Rehabilitation Centre

Heart Institute

Hawkesbury

Renfrew

St. Francis

Diagnosis:

Expected Admission Date:

Source Location:

Isolation Required:

Yes

No

Special Bed Requests:

Agitated

Bariatric Room

Dialysis

Lift

Mixed Gender Exempt

MRSA Cohortable

Near Bathroom

Near Nurses Station

No Special Needs

Oncology

Other Medical Needs

Palliative Care

Security Required

Ventilator

ADT Comments:

Comments:

+ Add Comments (F6)

Show Additional Order Details

Next Required

Accept

Cancel

Fill out the order from top to bottom, making sure all mandatory fields are addressed.

Once you select a **Hospital**, further site-specific options will appear.

Select the appropriate **Service Level** using the buttons. The field will then display with your selection.

Note: With the upgrade to Epic August 2019 version, workflows for patient movement and physician ordering have been simplified. All admission orders are now combined into one order. There are no longer separate orders for Admit to Birthing Unit, Admit to Mental Health, Admit to Complex Continuing Care, Admit to Rehab.

When done filling in the details for your order, click **Accept** at the bottom right of the order. Then click **Sign Orders** (bottom right corner of your screen).

This will notify Bed Control of your bed request. If the bed is needed within 48 hours, call Bed Control to escalate your request. If no bed is available, it may be suggested that you send the patient to Emergency.

## Place admission orders to sign and hold

At this point, you could also place orders to sign and hold for the upcoming admission. You have two options.

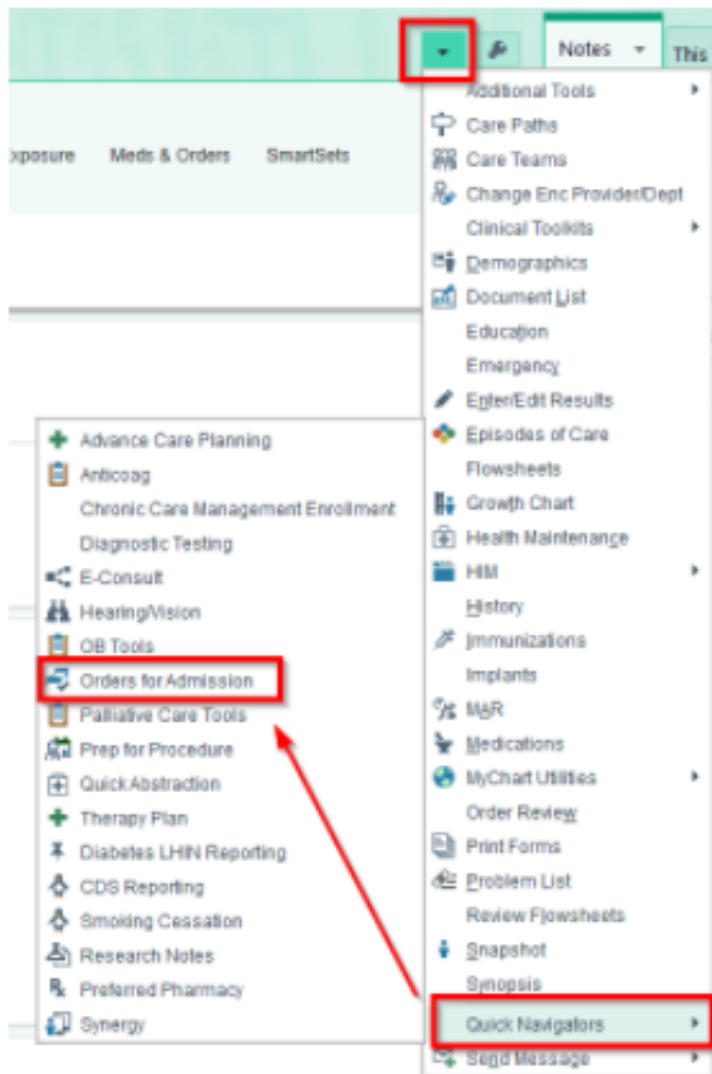
### Option A – Chart Search:

Go to the top right corner of your screen and chart search “Orders for Admission”.





## Option B – Use **Orders for Admission**:



Click the “More” down arrow to the right of your activity tabs.

Click Quick Navigators.

Then click Orders for Admission.

Either option will take you to the **Orders** activity. You can then place inpatient order sets and/or individual orders, and you can sign and hold them.



When signing, you will get a prompt to choose an order context. If these orders are not related to a procedure, use free text to describe the patient's admission. The intention of entering a context is to group the orders together to ensure the orders are released at the appropriate time. Some patients will have multiple groups of orders (each with its own context) signed and held at the same time. This will show the nurse which context the orders belong to so they can release the orders appropriate for the encounter.

Once the patient is registered and arrives on the unit or is roomed in Emergency, nurses can release the inpatient orders.

An inpatient **Admit Patient** order is required on each admission for legal documentation (either as part of an order set or placed using the orders activity). Once the patient arrives, the system will continue to prompt you until the Admit Patient order is placed.

The outpatient order notified Bed Control of your request. You must still place the inpatient Admit Patient order. This order has the bed icon, indicating it is being used in an inpatient context.

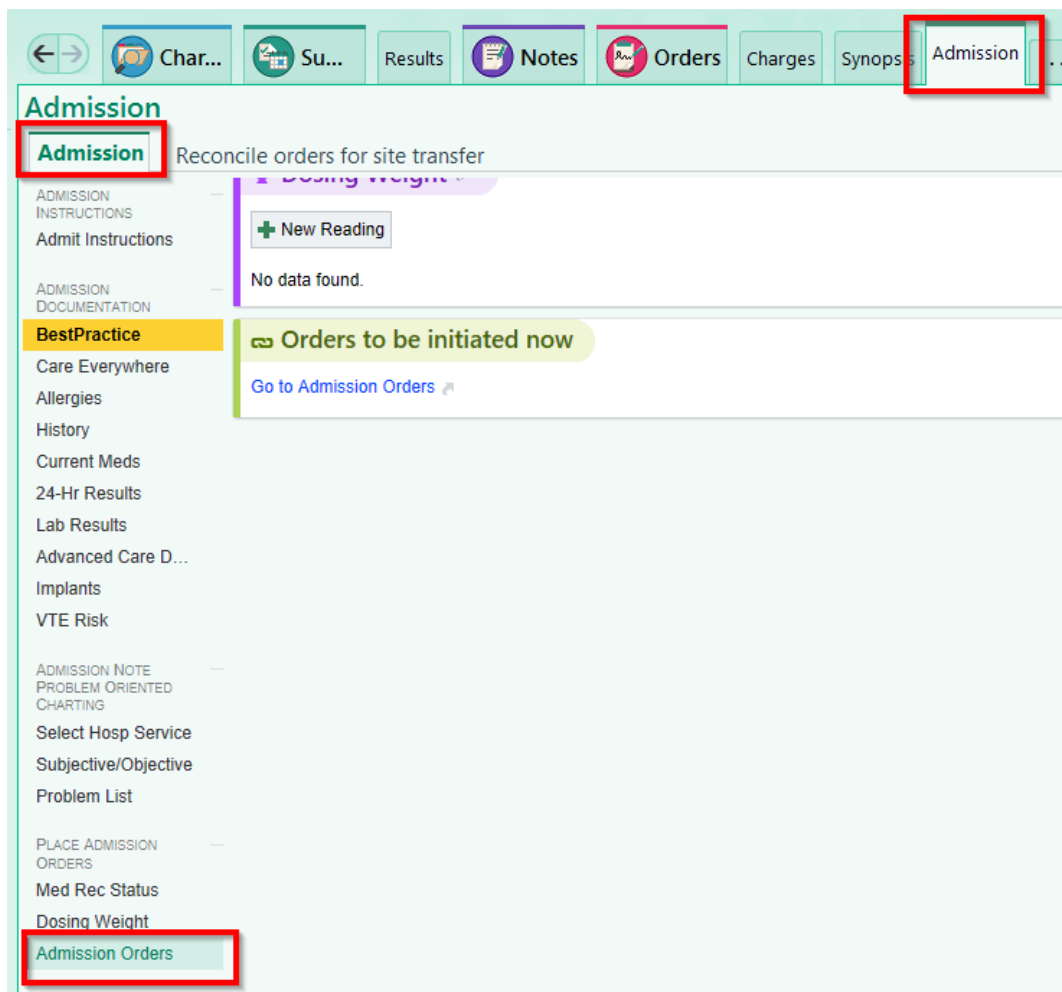
## Admission from Atlas Alliance Partner

### Readmission to Hospital within 72 hours

If you have received a patient after discharge from an Atlas Alliance partner, or the patient is being readmitted with 72 hours of discharge, follow these instructions.

This will apply to patients transferring between TOH, HGH, RVH and SFMH. For these purposes, TOH and UOHI are considered the same hospital as they share a formulary and order list.

Go to the Admission navigator. Click Admission Orders.



You will see the **Restart from previous admission** tab. Click the tab to review the order reconciliation done by the sending site (or done on previous admission).



**Admission**

Review Home Medications   1. Review Current Orders   **Restart from Previous Admission**   2. Reconcile Home Medications

3. Order Sets

Select orders from the previous admission that will continue. The patient was discharged from The Ottawa Hospital General Campus - 5NW Inpatient Unit at The Ottawa Hospital - General Campus on 23/11/2020 at 4:40 PM.

View by:

**Scheduled**

- acetylsalicylic acid (ASPIRIN) EC tablet 81 mg** Released
  - 81 mg, oral, Daily, First dose (after last modification) on Tue 24/11/20 at 0900, Discharge to another hospital
  - Do not crush, chew, or split.
  - Created from: [acetylsalicylic acid \(ASPIRIN\) EC tablet 81 mg](#)
- atorvastatin (LIPITOR) tablet 20 mg** Released
  - 20 mg, oral, Daily, First dose (after last modification) on Tue 24/11/20 at 0900, Discharge to another hospital
  - Created from: [atorvastatin \(LIPITOR\) tablet 20 mg](#)
- calcium carbonate 500 mg calcium (1,250 mg) tablet** Released
  - 500 mg, oral, 2 times daily, First dose (after last modification) on Mon 23/11/20 at 1715, Discharge to another hospital
  - Created from: [calcium carbonate 500 mg calcium \(1,250 mg\) tablet](#)

Make sure to pay attention to the orders marked "Not available at this location". Reordering/releasing such orders may not behave as intended. Some examples include diet orders—as each site has their own dietary system, and as well there are differences in formulary medications between hospitals.

The same principles apply for Readmissions, as this tab will appear for any admission within the Atlas Alliance. The difference being there will be no reconciliation decisions already made in the navigator.



## Admission Post Discharge/Readmit

If you have received a patient after a discharge/readmit from within your hospital, follow these instructions for admission.

For example, this would include patients being transferred to or from:

- Psychiatry
- Rehab
- Complex Continuing Care (CCC)
- Inter-campus transfers (excluding transfers to Psychiatry Off Service, i.e., patient who is under Psychiatry but not in a Psychiatry bed)

Once the patient has been registered and arrived on the unit, the nurse can release the orders without waiting for a physician reconciliation. Once the orders are released, they will be active.

Nurses will NOT be able to release any orders that were signed and held from a different hospital.

Keep in mind, when orders are released by the nurse, the authorizing provider on the order is from the sending Service/Campus.

Physicians can release orders using the **Admission** navigator.

Go to the **Restart from previous admission** tab. Previously reconciled orders will display here showing the decision from the sending provider.

You have the option to reorder any orders that have been marked as *Discontinue*.

If the orders were not reconciled prior to discharge from the sending provider, you can reorder from this screen using the **Reorder** button.

If orders have already been released by a nurse, they are active, and can be reviewed in the Admission navigator within the **Review Current Orders** tab.

Continue with reconciling home medications and placing new orders as shown previously.

Each admission requires an admit order. If the patient is already admitted to a unit, certain fields are no longer required as Bed Control does not require this information.

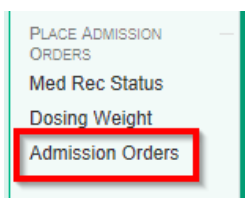


## Admission Orders and Medication Reconciliation

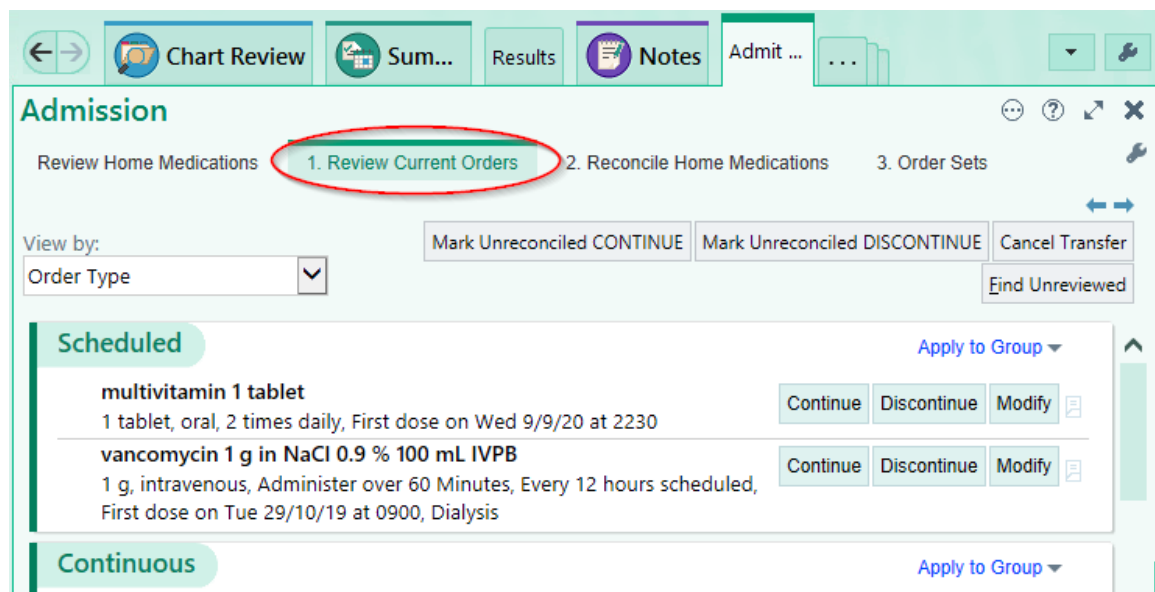
Use the **Admission** navigator (activity tab) to place admission orders and perform medication reconciliation.



Click **Admission Orders** from the navigator table of contents (along the left side).



This will take you to Admit Orders and will open by default on the **Review Current Orders** tab.



## Review Home Medications

If you want to first review home medications, click the **Review Home Medications** tab.

Patient reported medications will be indicated by the person with speech bubble icon

Medications previously prescribed in Epic are indicated by the house icon

Clinic-administered medications are indicated by the syringe icon

Long-term medications are marked by the pin icon

- If the prescription was not renewed in Epic, and the medication was marked as long term, the medication will appear as expired on this list.
- You can now discontinue expired medications, and it will strikethrough the medication to indicate it is no longer active.
- Because it was originally ordered as a long-term medication, it will continue to show on the patient's medication list for 540 days after the expiry of the prescription. This will prompt clinicians to follow up with the patient.





Add a new medication using the **+Add** button. Use the buttons to indicate the Last Dose. (When verifying orders, a pharmacist can adjust due times based on this information.)

Clinicians can also enter a med note that will be highlighted for the physician in the **Reconcile Home Medications** tab. To do so, click the **Order Note** icon to the right of the new medication. The *Medication Notes* window will display. Enter your note and click Accept. Your note will then appear below the new medication.

At the bottom of the listing, there is a **Mark as Reviewed** button. This will time stamp the review with the date, time and user. It is important that a clinician marks this as reviewed AFTER the last home medication is added.

## Review Current Orders

Back to the **Review Current Orders** tab. Any active orders that were placed in Emergency will show here.

Use the buttons to continue, discontinue or modify orders.

The red status bar indicates there are unreviewed current orders in this ordering session. This will reset each time you open the Admission navigator; however, you do not need to click continue each time.



## Reconcile Home Medications

Move on to the **Reconcile Home Medications** tab.

At the top of the listing, there is the **Med List Status** indicating which stage the *Best Possible Medication History* has been done and updated in the Home Medication List.

Possible options include:

- BPMH complete
- RN Initial Review – a first pass has been done by nursing
- In Progress – Med Rec techs or nursing has started the BPMH
- Unable to assess – set by clinicians if the patient condition does not allow for a BPMH
- Not appropriate – set by clinicians if the patient condition does not require a BPMH (e.g., palliation)
- MD Initial Review – a first pass has been done by physicians
- Change to BPMH – this is a new status that means a change has been made to the BPMH since the physician last reviewed it

The same icons ( ) as shown previously are used in the Reconcile Home Medications listing.

Use the buttons on each line to mark items individually.

Use the buttons at the top of the listing to mark items in groups.

You could use both sets of buttons. For example, if you have a long list of medications and only want to order one of them, mark the medication to be ordered using the “Order” button and then click the “Mark Unreconciled DON’T ORDER” button to mark the remaining.

Select “Order” to continue the home medication for the admission.

- If non-formulary, the system will prompt you with an auto-substitution.
- For example, if you would like to continue a patient’s ASA while they are admitted.



Select "Don't Order" if you do not want the home medication to be continued during the admission, but you do want to keep it on the patient's home medication list for review on discharge.

- For example, you would like to stop the home medication of Ibuprofen PRN for the admission, but you do not want to remove it from the patient's home medication list.

Select "Replace" to order a different medication instead of the patient's home medication.

- For example, you would like to replace a Ventolin inhaler with Ventolin nebulizer due to the patient's condition.

Select "Remove" to discontinue the medication for the admission and to remove the medication from the patient's home medication list. Use this option if this medication does not require further review upon discharge.

- For example, if the patient had an adverse reaction to a medication and should not be taking it during the admission or after discharge, you will want to select remove.

On the right sidebar, the red status bar will indicate the unreviewed home medications.

Once all home medications have been actioned, the status bar will turn green with a checkmark.

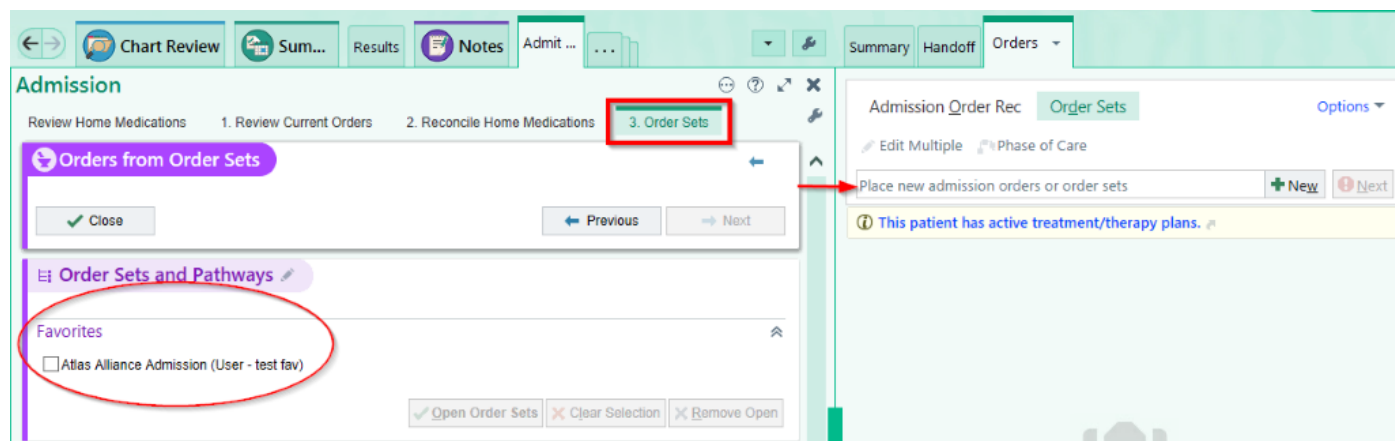
If home medications are added after reconciliation is done, the status bar will turn back to red. However, if home medications are MODIFIED after reconciliation, the status bar will not turn back to red. The system is only looking to see that each medication has been actioned, not if the home medication has been changed.

Please see section on **Medication Reconciliation once BPMH has been completed** for further details.



## Order Sets

Move on to the **Order Sets** tab.



This is where you can place admission order sets and any other orders you will need. Order sets may be suggested for you.

Once signed, the orders are active immediately.



## Medication Reconciliation once BPMH has been completed

From your patient lists, you can quickly see a patient's Med List Status within the **BPMH Status** column. To the right of that column is the **Admission Med Rec Complete?** column.

☆ All My Patients 3 Patients		Refreshed just now										Search All My Lists	
Si	Patient	Admission Info	MD Notifications	Code Status	BPMH Status	Admission Med Rec Complete?	Prof Char	Expir	S/H	CDI	Unsi	Order	Rec
O											Order	MOH	
—	<b>Aegea, Ed...</b> 60 y.o. / M	TRN IPORD Ed... GEN BLOOD B... Renal insufficie...	—	—	FULL	BPMH Complete	✓	!	—	—	—	—	—
—	<b>Aegea, De...</b> 71 y.o. / F	TRN IPORD De... Master Pool 05 None	—	!	Not on file	—	—	!	—	—	—	—	—

The display options for the **Admission Med Rec Complete?** column include:

**Blank** – indicates an admission medication reconciliation has not been started

**Yellow Yield icon** – indicates the Current orders and Home medications have not been reconciled, the Home medication list has not been marked as reviewed, and/or the med list status is not set to BPMH Complete.

**Yellow check mark** – indicates the Home Medication list is set to BPMH Complete, but the reconciliation has not been completed.

**Green check mark** – indicates the Home medication list has been review, the med list status is set to BPMH Complete, Current orders have been reviewed, and each Home medication has been reconciled once for this admission.

Because there is no mechanism in Epic to automatically flag modifications made to home medications after reconciliation has been completed, we added a new status of "Change to BPMH".

### Admission

Review Home Medications
1. Review Current Orders
2. Reconcile Home Medications
3. Order Sets

Med List Status:

View by: Review

BPMH Complete

RN Initial Review

In Progress

Unable to Assess

Not Appropriate

MD Initial Review

Change to BPMH

There are cur

admission orders to display

Clinicians can now revert the **Med List Status** to “Change to BPMH” whenever any modifications are made.

This new status of “Change to BPMH” reverts the green check mark in the **Admission Med Rec Complete?** column within patient lists back to the yellow yield sign, thus alerting physicians of any changes to the med list that need to be re-reconciled. Clinicians should also add a med note to highlight the change in the MD admission navigators.

To re-reconcile medications, double click on the icon to be taken directly to the Admission orders navigator.

Click on the Reconcile Home Medications tab to see what has changed. Make sure to set the Med List status back to BPMH Complete before leaving this tab.

Unfortunately, since the “reconciled home meds” are now current inpatient orders, if modifications are required, you need to go back to the Review Current Meds tab.

To view Home medications at the same time, you can open the Summary Report in the sidebar and click Home Meds.

Make any needed modifications here, then sign the orders.

Once that is complete, we can see the icon in the patient list has changed back to a green check mark.



## Transfer

This workflow should be used for patients being transferred within the same hospital. For example:

- Transfer between services
- Transfer to and from ICU
- Transfer to and from TCU
- This excludes transfer to and from Psychiatry, Rehab, and Complex Continuing Care (CCC), as well as transfer to another campus
  - Exception is Psychiatry Off Service (workflow included below)

There is now only one transfer order and one transfer navigator. If a bed request is required, place the transfer patient order as soon as possible to notify Bed Control.

If you attempt to order a transfer to services that require a discharge/readmit, the system will stop you from signing the order and will direct you to the **Discharge** navigator.

You can place the transfer order in the **Orders** activity to start the bed request prior to order reconciliation.

The higher level of care service is responsible for transfer order reconciliation by default. However, you may discuss with the transferring team for other solutions.

For example, for transfers out of ICU, order reconciliation will be completed by ICU. And for transfers to TCU, order reconciliation will be done by the sending service.

## Transfer Navigator

1. From within the patient's chart, click the **Transfer** tab. There are instructions for when the transfer order should be used within the navigator itself.

**Transfer**

TRANSFER INSTRUCTIONS

TRANSFER DOCUMENTATION

Problem List

BestPractice

Design Orders

Transfer Notes

TRANSFER ORDERS EFFECTIVE NOW

Transfer Orders

**Transfer Instructions**

**Use for Transfers within the same hospital (EXCL Psych, Rehab, CCC)**

Example: Medicine to Surgery

<b>EXCLUDING:</b> Between different patient classes: • Psychiatry and Acute Care • Complex Continuing Care (CCC) and Acute Care Use Discharge navigator	
<b>Between:</b> • Civic, General, TRC, Heart Institute, Hawkesbury, Renfrew, St. Francis • All other non-Alliance hospitals	

**Transfer Order**

- Indicate if the Transfer of the patient's attending and service will occur Immediately or Upon Patient Transfer

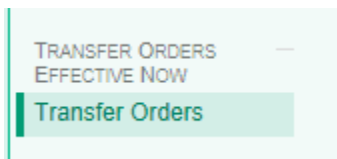
**Orders Reconciliation**

- Higher Level of Care team is responsible for order reconciliation
- If transferring to same Level of Care, receiving team is responsible for order reconciliation
- **All orders are active IMMEDIATELY on signing**





- Click Transfer Orders from the navigator table of contents.



- From here you can choose to continue, modify or discontinue orders. These changes will take effect immediately, regardless if the transfer of care to the new service/physician is delayed until patient transfer. Nurses will see the new orders as soon as they are signed.

**Transfer**

1. Review Current Orders   2. Reconcile Home Medications   3. Order Sets

? Transfer orders will be effective immediately.

View by:

**Scheduled** Apply to Group ▼

cyanocobalamin (VITAMIN B-12) tablet 1,000 mcg 1,000 mcg, oral, Daily, First dose (after last modification) on Tue 24/11/20 at 0900	<input type="button" value="Continue"/> <input type="button" value="Discontinue"/> <input type="button" value="Modify"/>
hydrochlorothiazide tablet 25 mg 25 mg, oral, Daily, First dose (after last modification) on Tue 24/11/20 at 0900	<input type="button" value="Continue"/> <input type="button" value="Discontinue"/> <input type="button" value="Modify"/>
levothyroxine (SYNTHROID) tablet 125 mcg 125 mcg, oral, Daily, First dose (after last modification) on Tue 24/11/20 at 0900	<input type="button" value="Continue"/> <input type="button" value="Discontinue"/> <input type="button" value="Modify"/>
ramipril (ALTACE) capsule 5 mg 5 mg, oral, Daily, First dose (after last modification) on Tue 24/11/20 at 0900	<input type="button" value="Continue"/> <input type="button" value="Discontinue"/> <input type="button" value="Modify"/>

**Consult** Apply to Group ▼

Inpatient consult to Internal Medicine Is this consult to an Atlas Alliance partner? Yes What hospital is the consult to? General Reason for consult: sick Did you contact the consultant? Yes What hospital is the consult to? General	<input type="button" value="Continue"/> <input type="button" value="Discontinue"/> <input type="button" value="Modify"/>
--	--

**Diet** Apply to Group ▼

Adult diet (RVH) Regular Diet effective now, Starting Mon 23/11/20 at 1649, Until Specified Diet type: Regular	<input type="button" value="Continue"/> <input type="button" value="Discontinue"/> <input type="button" value="Modify"/>
--	--

**Nursing** Apply to Group ▼

Activity - as tolerated Until discontinued, Starting Mon 23/11/20 at 1649, Until Specified	<input type="button" value="Continue"/> <input type="button" value="Discontinue"/> <input type="button" value="Modify"/>
Notify physician: Temperature greater than: 38.5; Systolic blood pressure greater than: 200; Systolic blood pressure greater than: 200	<input type="button" value="Continue"/> <input type="button" value="Discontinue"/> <input type="button" value="Modify"/>



## Place the Transfer Patient order

- The **Transfer Patient** order will be listed in the right sidebar. Click on the order to open the order composer window.

**Transfer Patient** [Accept] [Cancel]

Process Inst.: For Transfers within the same campus/location (Excluding to/from Psych, Rehab, CCC).  
 Transfers to Psych, Rehab, CCC, or another campus/location require a Discharge [ADT8] and new admission.  
 For OFF SERVICE Psychiatry patients, please use Psychiatry Off-Service to transfer the patient without a discharge/readmit.

Future Attending: [Empty field] Service: [Empty field]

Transfer of Care effective: [Now] [Upon Patient Transfer]

Diagnosis: [Empty field]

Provider Care Team: [Empty field]

Special bed requests: [Apheresis] [Bariatric] [Dialysis] [Lift] [Near Nurses Station] [Palliative] [Incubator] [Other]

ADT Comments: [Empty field]

[Next Required] [Link Order] [Accept] [Cancel]

- Make sure to fill out the order from top to bottom, and from left to right. Once the attending is chosen, all services specific to the provider will appear as quick buttons. Click the button for the appropriate service and the **Service** field will then populate with your selection.

**Transfer Patient** [Accept] [Cancel]

Process Inst.: For Transfers within the same campus/location (Excluding to/from Psych, Rehab, CCC).  
 Transfers to Psych, Rehab, CCC, or another campus/location require a Discharge [ADT8] and new admission.  
 For OFF SERVICE Psychiatry patients, please use Psychiatry Off-Service to transfer the patient without a discharge/readmit.

Future Attending: GEIGER, GLEN Service: Internal Medicine - Team A

Internal Medicine - Team A  
 Internal Medicine - Team B  
 Internal Medicine - Team C  
 Internal Medicine - Team X  
 Internal Medicine - Team Y  
 Internal Medicine - Team Unknown  
 Internal Medicine - Team D

**IMPORTANT!** It is imperative that you select the appropriate service by clicking the button. Do NOT fill in the Service field manually as this may result in delays with Bed Control. If the appropriate service does not appear as a button, this is an error. If that is the case, please create a ServiceNow ticket so that the necessary changes are made to Epic provider profiles.



- Select the appropriate option for **Transfer of Care effective**. Further questions will cascade in depending on your choice.

Transfer of Care effective:

Now

Upon Patient Transfer

Does the patient need to move to a new unit?

Yes

No

Does the patient need to move to a new unit?

Yes

No

Service Level:

AMA

CIV ED to GEN IP

ICU - TOH

IR to PACU

NACU

NICU / SCN

TOH ED to UOHI

Trauma Unit

Ward

Ward-Telemetry

Unit Location

Transfer of Care effective:

Now

Upon Patient Transfer

Service Level:

AMA

CIV ED to GEN IP

ICU - TOH

IR to PACU

NACU

NICU / SCN

TOH ED to UOHI

Trauma Unit

Ward

Ward-Telemetry

Unit Location

- Make sure to include a **Diagnosis**.
- The remaining fields of the **Transfer Patient** order are optional.

## Psychiatry Off Service

For patients at the Civic and General who will be admitted under Psychiatry Off Service, use the Transfer navigator until there is a bed on the Psychiatry Unit. Orders will be active immediately.

Once there is a bed on the Psychiatry Unit, you must follow the Discharge/Readmit workflow.

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## Discharge

There are various scenarios for discharging a patient and associated order reconciliation processes. The discharge process has been streamlined to have 1 Discharge order, 1 Discharge navigator, 1 Deceased navigator and 1 Send patient home from ED navigator.

### Discharge order

The one discharge order now has 4 choices built in:

- Discharge
- Discharge to Hospital (including to/from Psych, Rehab, CCC)
- Discharge Against Medical Advice
- Deceased

Discharge patient

✓ Accept ✗ Cancel

! Discharge

Date & Time: [Date Picker] Today Tomorrow

Morning Midday Afternoon Evening

! Dispo: Discharge Discharge to Hospital (incl to/from Psych, Rehab, CCC) Discharge Against Medical Advice Deceased

ADT Comments: [Text Area]

! Next Required Link Order

✓ Accept ✗ Cancel

If **Discharge to Hospital** is selected, further questions will keep cascading in based on the selections made. This information will be sent to Bed Control at both the sending and receiving locations to start the planning process.

Discharge to Hospital (incl to/from Psych, Rehab, CCC)

✓ Accept ✗ Cancel

Discharge

Date & Time: [Date Picker] Today Tomorrow

Morning Midday Afternoon Evening

Dispo: Discharge Discharge to Hospital (incl to/from Psych, Rehab, CCC) Discharge Against Medical Advice Deceased

! Hospital: Civic General The Rehabilitation Centre Heart Institute Hawkesbury Renfrew St. Francis Other

! Diagnosis: [Search Bar]

Special bed requests: Apheresis Bariatric Dialysis Lift Near Nurses Station Palliative Incubator Other

! Expected Admission Date: [Date Picker]

Unit [Search Bar]

ADT Comments: [Text Area]

! Next Required Link Order

✓ Accept ✗ Cancel



Hospital: **Civic** General The Rehabilitation Centre Heart Institute Hawkesbury Renfrew St. Francis Other

Admitting Physician:

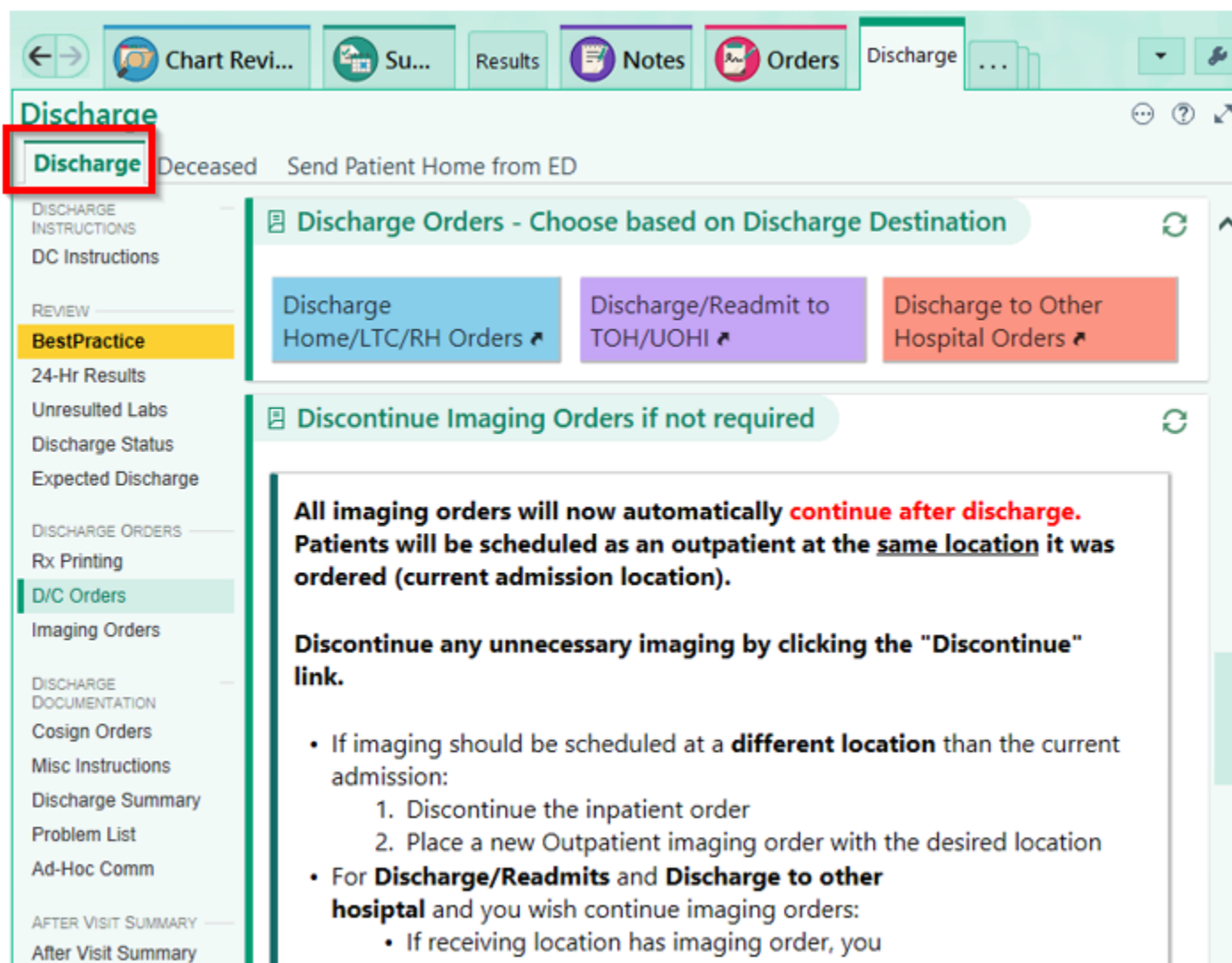
Service:

Service Level:  AMA CIV ED to GEN IP ICU - TOH IR to PACU NACU NICU / SCN TOH ED to UOHI  
Trauma Unit Ward Ward-Telemetry

Fill in all mandatory fields (indicated by the ).

## Discharge navigator

The **Discharge** navigator has been reorganized as follows:



Discharge navigator interface showing the 'Discharge' tab selected. The left sidebar lists various discharge-related options, including 'Discharge Orders' and 'D/C Orders'. The main content area displays 'Discharge Orders - Choose based on Discharge Destination' with three buttons: 'Discharge Home/LTC/RH Orders', 'Discharge/Readmit to TOH/UOHI', and 'Discharge to Other Hospital Orders'. Below this is a section titled 'Discontinue Imaging Orders if not required' with a detailed instruction: 'All imaging orders will now automatically continue after discharge. Patients will be scheduled as an outpatient at the same location it was ordered (current admission location). Discontinue any unnecessary imaging by clicking the "Discontinue" link.' followed by two bullet points: 1. If imaging should be scheduled at a different location than the current admission: 1. Discontinue the inpatient order 2. Place a new Outpatient imaging order with the desired location 2. For Discharge/Readmits and Discharge to other hospital and you wish continue imaging orders: • If receiving location has imaging order, you



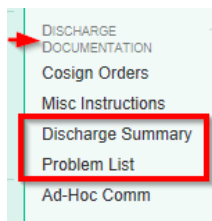
- The **Rx Printing** (prescription printing) section allows you to choose a default behavior for medications prescribed in the discharge orders navigator if the patient is going home.
  - Print all* – This is the default behavior and does not need to be set, unless it has been set before and needs to be changed.
  - Do not Print* – Any new medication prescribed in the Discharge Home Orders navigator will not generate a prescription, but it will update the patient's Home Medication list in Epic.

- The **D/C Orders** section now offers three choices for discharge orders. Each choice will be explained further below.

- The **Discharge Documentation** section has been adjusted slightly to improve the workflow.
  - The patient discharge instructions added to the **Misc instructions** section will automatically pull into the Discharge Summary.



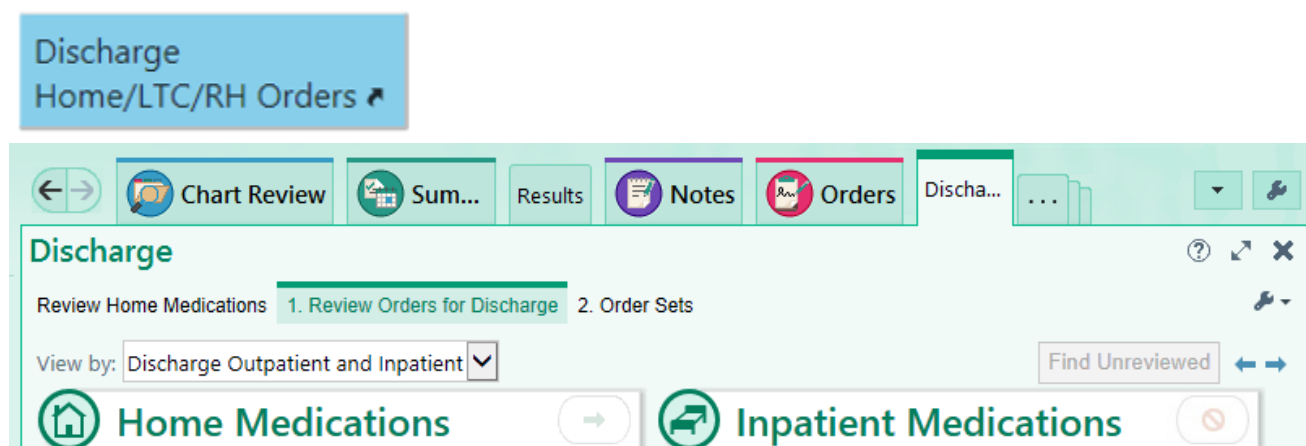
- The patient discharge instructions added to the **Misc instructions** section will automatically pull into the Discharge Summary.



Here is more information specific to the D/C Orders section.

**Discharge Home/LTC/RH Orders** (Discharge Home / Long Term Care/ Retirement Home) will:

- Generate a prescription.
- Update the patients' home medication list.



The patient's previous home medications will appear on the left.

- If you continue a medication that is patient reported, it will continue without printing a prescription. Such medications will appear in the Continue portion of the AVS.
- If you continue a medication that was previously prescribed in Epic, it will generate a new prescription (unless you have selected Do Not Print from within the Rx Printing section). Such medications will appear in the Continue portion of the AVS.
- If you modify a home medication, it will generate a new prescription (unless you have selected Do Not Print from within the Rx Printing section). Such medications will appear in the Change how you take portion of the AVS.
- If you discontinue a home medication, it will appear in the Stop taking portion of the AVS, and it will be removed from the Home Medication List in Epic.
- If you start a new medication or prescribe an inpatient medication, it will generate a prescription, and it will display in the Start Taking section of the AVS as well as update to the Home Medication List in Epic.
- To quickly find unreviewed medications, click **Find Unreviewed** to highlight and jump to them.
- Once all orders are reconciled, you will see a green checkmark in the orders sidebar.





**Discharge/Readmit to <site>** (Discharge/Readmits within the same hospital\*) will:

- Dynamically update the button based on the patient's location.
- Be used for transfers within a hospital to services such as Psychiatry, Complex Continuing Care and Rehab, as well as inter-campus transfers.
- Allow physicians to sign and hold orders for the next encounter with the option to continue, modify or discontinue orders.
- Allow a phase of care with the location to be automatically added to the orders.
- Allow nurses at the same hospital\* to release orders immediately without waiting for a physician to reconcile orders upon the second admission.

Discharge/Readmit to  
TOH/UOHI ↗

\*Since TOH and the Heart Institute generally share a formulary and list of orders, discharge/ readmitting and immediate release of orders by nursing is allowed.



## **Discharge to Other Hospital Orders** will:

- Be used when sending a patient to another hospital.
  - Within the Atlas Alliance, however, uses a different formulary/order list; or,
  - Outside the Atlas Alliance.
- Add a phase of care of Discharge to Other Hospital.
- Allow reconciled current orders to be signed and held for review, and then released during the next encounter.
- Not allow nurses to release these orders upon receiving the patient.
- Allow physicians to reconcile the orders (as they must do) using the Admission navigator. The receiving physician will be able to review the orders and replace any orders that are not available at their location.

Discharge to Other  
Hospital Orders ➔



Navigation: Chart Rev... Su... Results Notes Orders D/R Orders

## Inter-Facility Transfer

Review Current Orders

View by: Order Type ▼

Mark ALL Continue after Discharge Mark ALL Do Not Continue after Discharge

Cancel Discharge/Readmit Find Unreviewed

### Consult

**Inpatient consult to Internal Medicine**

Continue after Discharge Do Not Continue after Discharge

Is this consult to an Atlas Alliance partner? Yes  
 What hospital is the consult to? Civic  
 Reason for consult: test  
 Did you contact the consultant? Yes  
 What hospital is the consult to? Civic

### Imaging

**CT abdomen with and without IV contrast**

Continue after Discharge Do Not Continue after Discharge

HIGH, Once, Tue 10/11/20 at 1159, For 1 occurrence  
 Does your patient have signs or symptoms, or have clinical suspicion of AKI or severe chronic kidney disease (suspect eGFR <30 mL / min/1.73m2)? No

## Deceased navigator

The **Deceased** navigator has been streamlined to only show pertinent sections for physicians. Instructions are included in the navigator.

## Discharge

Discharge **Deceased** Send Patient Home from ED

DISCHARGE DECEASED INSTRUCTIONS

DC Deceased Inst...

NOTIFICATIONS

Contacts

Family Notification

\*DOCUMENTATION (MANDATORY)

Checklist

Date/Time/Cause

DC Deceased Order

Cosign Orders

Discharge Summary

### Discharge Deceased Instructions

**Discharge as Deceased**

1. Enter **Date / Time / Cause of Death** in this navigator.
2. Place a **Discharge as Deceased order** with a disposition of **Deceased** in this navigator.
3. If indicated, fill out **Consents, Coroner, and Autopsy sections** in this navigator.
4. Complete **Form 1** on paper.
5. Complete **Form 16** on paper, if NOT a Coroner's case.
6. Complete **Consent for Autopsy** on paper, only if autopsy requested by family. (Not required if Coroner's case).
7. Complete the **Discharge Summary** in this navigator.

### Contacts



## Send Patient Home from ED navigator

Instructions are included in the navigator.

### Discharge

Discharge Deceased

**Send Patient Home from ED**

ED DISPO  
INSTRUCTIONS

ED Dispo

SEND HOME FROM ED

Clinical Impression

Disposition

Follow-Up

Discharge Orders

Discharge Inst

Communications

Preview/Print AVS

#### Send Home from ED Instructions

### Use for Consulting Services sending Non-admitted Patients Home from ED

**Not for ED physicians**, use Dispo navigator in ED login context.

#### Required items:

1. Clinical Impression
2. Patient's disposition
3. Prescription Medications (as needed)
4. Follow ups (as needed)



## Leave of Absence (LOA)

This section will show you how to order a Leave of Absence and how to order medications to send with the patient. The LOA navigator is used for both procedural LOAs and passes off the unit.

### Procedural LOAs

This is used for patients going on LOA for a procedure, such as a cath or MRI at a different hospital.

In emergency cases, it is not necessary for an LOA order to be placed; nurses can drag and drop the patient into the **Patient's on Leave** section within the Unit Manager.

However, if you have advance notice, you can place an LOA order using the navigator. Notice that instructions are included within the navigator.

**LOA**

LOA INSTRUCTIONS  
LOA Instructions

TRANSFER DOCUMENTATION  
**BestPractice**  
Problem List

PATIENT INSTRUCTIONS  
Patient Inst

PLACE LOA ORDERS  
Orders for LOA  
Meds for LOA

### Procedural Leave of Absence (LOA) Instructions

#### Sending MD/RN

1. Complete the LOA order and LOA Medications for any medications required during the patient (MD)
2. **If patient movement is blocked, please ensure that the patient is marked as on LOA in the sending location's Unit Manager (Clerk/RN)**

#### Procedural MD

1. Confirm patient is admitted to unit and open your unit encounter (not sending unit encounter)
2. **Discharge the patient from your unit at end of procedure**

#### Sending MD/RN (receiving returning patient)

1. **Ensure patient is returned in the Unit Manager (Clerk/RN)**
2. Should now be able to resume chart access; see Key Hard-Stop Steps guide with Clerk/RN if unable to access

#### IF LOA patient unexpectedly needs to stay at procedural unit location:

• CIV, GEN, TRC, and UOHI	Use Transfer to another site
Between:	
• (TOH/UOHI), HGH, RVH, SFMH	Use Discharge to another hospital
• All other non-Alliance hospitals	

### Leave of Absence (LOA) Off Hospital Property/Home

1. Complete the LOA order and LOA Medications for any medications required during the patient.
2. Ensure that the patient is marked as on LOA in the sending location's Unit Manager (Clerk/RN)

Click **Orders for LOA**. Click on the *Order details* link to open the order composer.

Fill in all mandatory fields (indicated by the !).

Click **Meds for LOA** to order any medications for the LOA.

The receiving site can use the Restart from Previous Admission navigator to continue any medications while the patient is at the procedure hospital site.

Once the patient arrives back on the unit, and the nurse returns them from leave within the Unit Manager, the orders will automatically be active (the hold will be removed) without intervention from the physician.

## LOAs Off Unit

This is for patients leaving the unit with or without medications, and who will then be returning to the hospital.

Please place the LOA order and order the medications as far in advance as possible to allow Pharmacy to prepare the leave medications as applicable.

Place the LOA order indicating when the patient will leave and what time they are expected back. It is important this is accurate, as Pharmacy will prepare any medications for the leave based on the times specified in the LOA order.

To order medications for a pass, click **Meds for LOA** link.

You will only need to mark medication orders as **Continue on Pass** or **Do Not Continue on Pass**. You can click non-medication orders, however, doing so will not affect anything.

Medications will be dispensed for the timeframe specified in the LOA order. Controlled and PRN medications must have a dose specified (the quantity you want to dispense) in order for pharmacy to provide, as Pharmacy will not auto-calculate doses for these medications.