Discharge – Cross Encounter Transfer (for Medical Officers)

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Quick Reference Guide

This Quick Reference Guide will explain how to:

Complete **Cross Encounter Transfer Reconciliation** for Medical Officers.

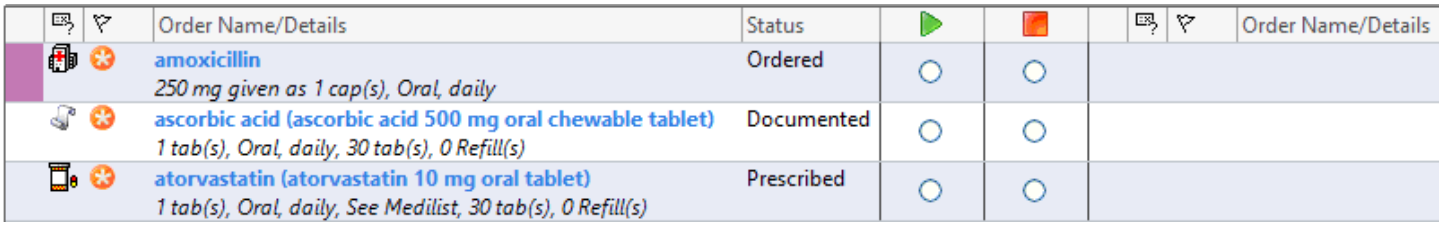
- This should be completed by the **transferring doctor** when their patient is being transferred to **another WH campus**.
- Cross encounter reconciliation orders are recommendations or proposals for the receiving doctor at the new campus to accept or decline. They do not make changes to the orders or the MAR until the receiving doctor actions these orders.
- Certain orders can be carried over onto the next encounter if accepted: Medications, Continuous Infusions, Non-Medications Orders (Diet, Patient Care Orders, Consult Orders).

For internal transfers of patients in and out of ICU **within the same WH campus**, the ICU doctor should do a **Transfer Reconciliation** (refer to *QRG - ICU - Transfer Medication Reconciliation*).

Transferring Doctor: Perform Cross Encounter Transfer Reconciliation

1. Navigate to Medical Officer View and select the Discharge tab.
2. Scroll to the * Medication Reconciliation section.
3. Select **Cross Encounter Transfer:**

4. The Cross Encounter Reconciliation Window will appear with a list of the patient's current orders on the left side.
5. The transferring doctor should propose orders to the receiving team:
   a. Select the Green Play radio button for orders proposed to continue
   b. Select the Red Stop radio button for orders proposed to discontinue



: Ordered inpatient medication : Prescribed outpatient medication : Documented home medication

NOTE: Documented home medications and prescribed medications are not active inpatient medication orders and do NOT appear on the MAR. The documented home medications and prescribed medications may be from previous encounters or current encounter as it is dependent on whether home medications reconciliation has been performed on admission.

6. Review all proposed orders on the right-hand side of the screen, then click Transfer (**DO NOT** click Plan).

7. The system will then prompt you to **PRINT** the Orders Reconciliation Report to send with the patient. This report includes the patient's Home Medications, along with Recommended Medications and Recommended Non-Medication orders proposed at the time of transfer. There is a field for "Provider Signature" on this paper form but you are not required to sign and date this document.

Important – The discharge summary does NOT display the list of current inpatient medications

The "Medications on Discharge" section of the discharge summary populates documented home medications and prescription orders so it is very important that medications are reconciled on discharge for an accurate list.

8. Complete the Discharge Summary as per usual (refer to *QRG – Discharge - Discharge Summary* as a refresher).

Nurse: Complete patient's transfer paperwork

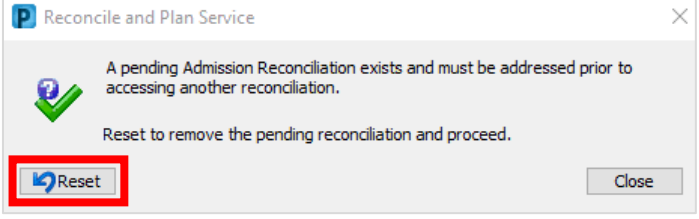
Refer to *QRG – Discharge – Documents Required for Patient Transfer* for instructions on how to print some of the documents below.

1. Transfer Letter Note (Nursing to print)
2. Orders Reconciliation Report (Medical to print, as above) - the purpose of this document is to provide a paper summary of the patient's home medications and medications proposed to be continued by the transferring team.
3. Patient Summary Transfer Report (Medical or Nursing to print) – this document includes patient details, including allergies, problems/alerts, diagnoses, procedures, latest observations along with active medication profile.
4. Transfer MAR Report (Nursing to print) – all active medication & infusion orders as per the MAR – the purpose of this document is so staff can document any infusion events that occur during patient transport.
5. Acute Resuscitation Plan (Nursing to print)

Resetting the Cross Encounter Reconciliation

1. If the Cross Encounter Reconciliation has been completed and is re-opened OR is followed by a Discharge Reconciliation, an alert window will open. This will ask if you want to reset the Cross Encounter Reconciliation.

2. Choosing to reset the Cross Encounter Reconciliation will undo the completed Cross Encounter Reconciliation and will need to be fully completed again.



Receiving Doctor at new WH campus: Perform Admission Reconciliation

Important

- All active inpatient medication and infusion orders from the **previous encounter** are automatically discontinued between 2 and 2:59 hours after the closure of the previous encounter on iPM.
- Therefore, within the 2 to 2:59 hours period, **DO NOT** use the **MAR summary** to review current inpatient medications because medications from the previous encounter will still appear as active in the MAR Summary (default displays inpatient medications for the last 10 days across all encounters).
- To review current inpatient medications for the selected encounter, use the **MAR** (it does not display inpatient medications across encounters).
- Infusion orders DO NOT display on the Discharge Summary so do not use this as a source of truth for medications and infusions your patient was on at the previous campus.

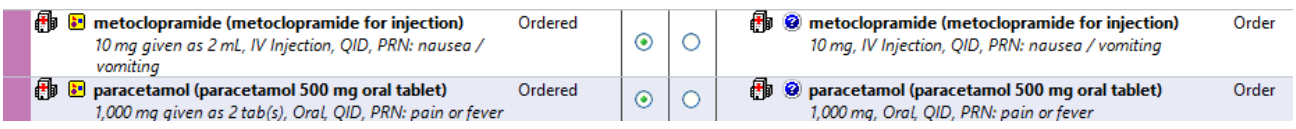
If Cross Encounter Reconciliation has been completed by the Transferring Doctor:

Scenario A: Active inpatient orders have not yet been automatically discontinued from previous encounter (within 2 to 2:59 hours)

1. After patient arrives at the new campus, the receiving doctor should review the proposed orders from the transferring doctor within 2 hours of the patient being discharged from the previous encounter on iPM.
2. Navigate to the Medical Officer View and select the Admit tab.
3. Scroll to the Medications section.
4. Select **Admission**:

This icon means that the Cross Encounter Transfer Reconciliation has been completed by the transferring medical officer and is ready for review.

5. The **Admission Reconciliation** window will open:
   All active inpatient orders from the previous encounter will appear on the left side of the screen.
   The proposed orders suggested by the transferring doctor will appear on the right side with this icon:



6. The receiving doctor can review each proposed order and select “Continue” ( ) or “Stopped” ( ) as required.
7. Additional inpatient medications and infusions can also be ordered in this window by clicking + Add

8. Click Reconcile And Sign and **review the MAR** for current active inpatient medications for the patient's new encounter.
9. Complete the rest of the Admission workflow as usual (refer to *QRG - Admit - Complete Admission Note* and *QRG - Medications - Reconciliation on Admission* as a refresher).

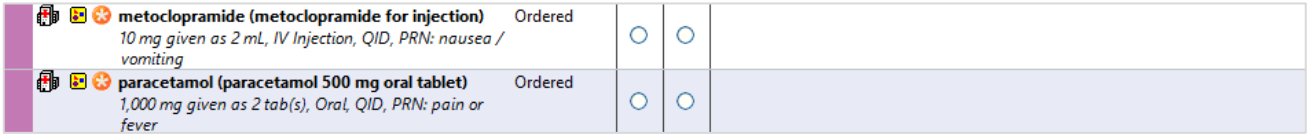
Scenario B: Active inpatient orders have been automatically discontinued from previous encounter (after 2 to 2:59 hours):

1. Follow the steps above or perform Admission Medication Reconciliation (Refer to *QRG - Medications - Reconciliation on Admission)*
2. No active inpatient orders from the previous encounter will appear on the left side of the screen.
   Only documented home medications or prescription orders (if any) will appear.
3. Orders proposed from a home medication or prescription order by the transferring doctor will still appear on the right side of the screen. Orders proposed from previous encounter's inpatient order will not appear.
4. **Review the MAR** for current active inpatient medications for the patient's new encounter.

If Cross Encounter Reconciliation has NOT been completed by the Transferring Doctor:

Scenario A: Active inpatient orders have not yet been automatically discontinued from previous encounter (within 2 to 2:59 hours)

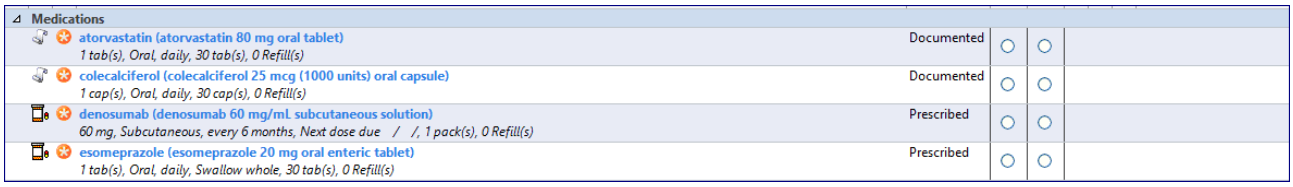
1. Perform Admission Medication Reconciliation (Refer to *QRG - Medications - Reconciliation on Admission)*
2. All active inpatient orders from the previous encounter will appear on the left side of the screen with a purple highlight next to the medication order



3. There will be no proposed orders on the right side of the screen.
4. **Review the MAR** for current active inpatient medications for the patient's new encounter.

Scenario B: Active inpatient orders have been automatically discontinued from previous encounter (after 2 to 2:59 hours)

1. Perform Admission Medication Reconciliation (Refer to *QRG - Medications - Reconciliation on Admission)*
2. No active inpatient orders from the previous encounter will appear on the left side of the screen.
   Only documented home medications or prescription orders (if any) will appear



3. There will be no proposed orders on the right side of the screen.
4. **Review the MAR** for current active inpatient medications for the patient's new encounter.