TIPS from the second and third week of new Soarian Discharge

- When using the patient education form, **DO NOT UPDATE THE DATE AND TIME FIELD AT THE BOTTOM**! This reflects the *first* date and time it was signed. History will always show all the dates and times of your subsequent signings. **Don’t waste your time!**

- When you sign the Patient Education form “In progress”, you are brought back to the open assessment. As long as this is showing on your screen, you are **locking everyone else out** from using it. If you are not intending to add something to it, close it up (by clicking on assessment icon or switching to another patient) so others may use it. Note: At the end of the day, doing a “Menu/Exit/Logoff” will prevent both MAK worklist lockouts and patient education form lockouts.

- If someone **accidentally signs the Patient Education form as “Complete”**, the only way to add to the form after that is to go to Patient Record, find the form (under Multi-disciplinary and Nursing Assessments flow sheets) and **choose edit**. It will ask for a reason (“additional information”), but any changes made will be reflected in the patient discharge plan.

- The **High risk for readmission list** in Soarian Links/Workflow Reports folder should now be a little shorter, thanks to a workflow removing the patients who are planned for a discharge to another facility, SNF, group home, etc. **Starting next week with new admissions, the list will be further streamlined**, by removing **ED visits from readmission criteria**, reducing readmission definition from 90 days to 30 days, eliminating the **elevated troponin indicator**, and increasing the **poly pharmacy definition to 8 meds instead of 5**. Continue to let us know about patients who you think do not should be categorized as high risk. If the SNF patients are still appearing, please speak to your unit’s Case Managers about updating their Case Mgmt discharge form to indicate a plan for facility discharge.

- Missing information about medications- extended releases and other formulation details) are **now seen in the generic name column of the patient plan**. **PLEASE let us know if you notice any other inaccuracies!** As soon as we are confident that the new discharge plan is completely accurate with regards to medications, we will stop printing the old Discharge Medication Lists.

- As of 9/12/12, we have added all vaccines administered to the discharge plan, not just pneumonia and influenza!!

- **Make sure you review the content of the “discharge plan” before giving to the patient or facility.** For inaccuracies that cannot be fixed by going into the Soarian Assessment, fix directly on the report. Common things observed:
  
  - Patient was marked as drowsy in the morning but is no longer drowsy and the facility report still says drowsy. Fix: Cross off drowsy on the report.
  - “Commonly Used to” section for medications: is not stating why the patient is taking the medication. Fix: correct the report itself.
  - Last Dose taken is missing: Fix: Add this to the report.
  - Patient is still showing as having a chest tube, but no longer does. Fix: Go into Soarian and remove the chest tube site.
  - Discharge Meds not correct on the report: Fix: Call the physician to fix Med Rec.

- We have replaced the Medical Staff Directory link with a **Find a Doc link** that will be easy to cut and paste into the appointment name field. This will not give you any external doctors, but is constantly updated so new TCCH physicians will be in there. For doctors outside of our health system, you will still need to do via Internet Explorer/Google search.

- **Don’t forget Discharge Documentation section at the bottom** of the patient discharge chapter! You need to indicate that you reviewed instructions, etc. We also just put an “**Against Medical Advice**” choice there.
You should use this only if the patient was AMA and you were unable to review discharge plan or finish discharge instructions with the patient.

- **Timing:** Sometimes if you are too fast between making a change, and going to print, you will see a preview or printout that is mostly empty; sometimes the patient’s name is not even there! Tip: Do a refresh or wait a minute or two before trying to print after you have made a change to any patient information.

- **Appointment timing:** if the doctor gives the patient a date, but but the doctor wants the patient to call that morning for the time, put in 00:00 in the time slot, then in the next field put in “Call office in am for exact time.

- When making appointments for high risk patients, some physician offices need name, address, phone and date of birth. This is permissible to give out. Do not give out Social Security numbers. If the offices are talking about appointments, please send details to Carli Meister or others on the Project Red Team.

- Avoid delays in discharge! While the new discharge plan is a wonderful tool for the patient we should not be delaying discharges if there are any problems printing it, or to wait for an office to respond on an appointment, etc. One option for the occasional printing problem is to use the old paper process for their printed instructions, and print a discharge med list (When we turn off automatic printing of discharge med lists, you can force print from the Home med list). Then you can get an email address from the patient and the new report can be made available to them at home.
  - Note: If beds are not needed and the patient is willing to wait, and the delay can be remedied promptly, this is OK, too. Use your judgment.

- The project team knows that a solution is needed for better discharge instructions for the surgical patients. Right now the goal is to improve the discharge order sets for the surgeons (specific order sets for Ortho, ENT, etc.), then see what is still needed in the library documents so that there is no duplication (which makes the patient report very long). Documents in the electronic “library” need to be sanctioned by the physician departments before we can put them in the discharge chapter text block sections.

- All Pediatric patients and ACC patients will be using the new process starting September 25 😊

- The down time PCs are no longer locked down for internet.

- Occasionally when printing a discharge plan, you may see a message stating the report is too big and to use the reprint facility. This is being investigated by Siemens and IT. In the meantime, go to reprint facility from Soarian Links (use the first initial and 3 letters of the last name of the person who created/ran the report- e.g. “kzop”.

- FIXED: When a new discharge plan is generated after discharge, it now will include the physician orders.

- ADL form – Mobility field choice is now ‘Resting in Bed’ rather than ‘Bedrest’. This caused some confusion on the discharge plan that the facilities get, as it seems to indicate a bedrest order rather than patient activity at the moment the nursing staff enter the patients room.

- Staff Informatics Council requested two defaulted values on the Education form- one for unit orientation topics, safety and rounding; and the other for pain management.

- We also added “Electrophysiologist” to Follow Up Appointment type; and “One week and One month” to Call for Appointment field. Also, we added “Senior Health Link” to Suggested Referrals section. Also added in the same place a referral for Neighborhood Health Agency – to be used for a post invasive cardiology consult.