Summa Health | Internal Medicine Residency

Med Team: Discharge Expectations

Update history tabs in the patient's chart with new diagnoses and reconcile problem list on discharge

The discharge process should be <u>patient-centered</u> and <u>take place at the bedside</u>

Never discharge a patient without discussion the following key items with the patient and/or caregiver

- Hospital course and diagnoses
- All new, changed or discontinued medications
    - Including potential side effects, risks, benefits and indications for each new medication
- Refills needed on chronic medications
- Confirm patient's preferred pharmacy – *use "Meds to Beds" if possible*
- **Involve patient in setting the date/time for follow-up appointment in the IMC**
- If patient does not follow with the IMC, call PCP to schedule an appointment and fax DC summary
- Discuss contingency planning – *i.e. when to call the office/return to the ED*

Check to confirm that the patient is trained and prepared to provide self-care

- i.e. wound care, new insulin administration, daily weights, disease-specific diets etc.
- If not prepared, ensure that appropriate education is provided before discharge

Be aware of the patient's insurance status and how this will affect their discharge planning

Before discharge order is placed, seniors should review all med recs performed by interns

- If there is a concern, contact the attending to discuss further
- This can be done on rounds if time permits, this is a good opportunity for direct observation/feedback

Create a tele encounter to start the *Transitional Care Management* process if ALL of the following are true:
(encounter must be routed to Nathanial "Nate" Conway)

- Patient was *admitted* (including "Obs" but not ED discharges)
- Patient discharged to *home* (not SNF, LTAC, Hospice, etc)
- Patient is going to follow-up with the IMC for hospital follow-up

Tips for great discharge medication reconciliation

- Form the discharge med rec from an accurate home med list
- Include "through dates" for new short-term medications (antibiotics, steroids, etc.)
- Re-start home meds that were held on admission only if appropriate – *review with attending if unsure*
- Review/document notable medications changes and reasoning in the DC summary
- Review new meds started during hospitalization and whether appropriate to continue on DC
- Ensure accurate doses, instructions and quantities of medications

Tips for a great discharge summary:

- Appropriate principal diagnosis with the etiology
- Thorough list of secondary DC diagnoses (which include all the assessments in the progress note)
- Avoid copying the H&P – the outpatient provider can read the H&P if they want those details
- Concise and succinct
    - Avoid unnecessary details such as typing out vitals/labs/specific doses of meds received
- Overall length of summary should be around 1-2 paragraphs
    - Not too short that the PCP needs to read the chart, but not too long that they won't read it
- Avoid redundancy
    - Include key details in their appropriate sections only