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**This Quick Reference Guide (QRG) reviews the daily workflow of a Hospitalist/Intensivist at a Pay Per Service Hospital.**

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## Review the Hospitalist and Intensivist View

Here is an overview of the main screens you will use in the patient chart.

- **Inpatient Hospitalist 2018** or **Interventionist 2018** – Where documentation and chart review should occur. This page can be rearranged/customized to reflect your daily workflow.
- **Discharge** – Where discharge order, prep, and documentation should occur.
- **ICU Summary** – Presents focused data from within the chart that is important to consider with critical patients.
- **MPages View** – Calculator tool that can help with using different scales and assessments.
- **Patient Info and Story** – Where you can find flagged chart data that is entered by the clinical team.
- **Patient Timeline** – Allows for visualization of labs, lines, vents, meds, and vitals in a timeline view.
- **Inpatient/Peds Inpatient Quick Orders (Interventionist Only)** – Order entry.
- **Transfusion Summary** – Presents information related to transfusion.

## Complete an Admission

At AR Gould, EMMC, Inland, Mercy (Pay-Per-Service Hospitals) **use one financial number through the visit** (Exception- Acute Rehab/Swing. See Swing workflow).

Orders should not be placed while the financial number is registered to the Emergency Department. Once the patient registration is moved to EDIP (ED Inpatient Virtual Unit), Admission orders can be placed.

### ➤ **From Inpatient/Intensivist 2018 – Pay Per Service Hospitals:**

**STEP 1:** Add the patient to patient list to ensure visibility in Provider Handoff.

**NOTE:** **Double-check you are using the proper encounter.**

**STEP 2:** Complete Admission Med Rec from the Home Medications component.

**STEP 3:** Document the Admission PowerPlan and additional PowerPlans/orders from the Inpatient Quick Orders Page.

- Suggested PowerPlans and Modules include:
  - General Medical Admission/Transfer

- Critical Care Admission
- COPD/Bronchitis Module
- Coumadin Reversal/Vitamin K Module
- Coumadin Reversal ICH Module
- Enteral Feeding Module
- Heart Failure Module
- Pneumonia Module
- Sepsis Module
- Stroke Modules (Intracerebral Hemorrhage, Ischemic with and without TPA)
- Transfusion Orders
- DKA Critical Care Adult

**STEP 4:** Admission H&P from the Workflow Page (Dynamic Documentation; Create Note)

### **Complete Daily Rounds – All Acute Locations**

➤ For each patient:

**STEP 1:** Update patient list for today's patients.

**NOTE:** You can print the Provider Handoff report, if preferred.

**STEP 2:** Review Physician Handoff – IPASS and workflow page for results.

**STEP 3:** Review Patient Info and Story for flagged nursing annotations and results of interest.

**STEP 4:** Provide direct patient care.

**STEP 5:** Update Physician Handoff – IPASS.

**STEP 6:** Add/Modify/Discontinue orders as needed for your patient.

**STEP 7:** Write your daily progress note.

**NOTE:** You can use tagging, auto text, and/or M\*Modal to complete the note.

**STEP 8:** Pull all data into the Progress Note from Inpatient 2018 Workflow /Intensivist 2018 Workflow.

**STEP 9:** Sign the note.

### **Transfer Level of Care Using the Same FIN**

➤ Note that if a new FIN is used, you must follow the Discharge and Re-admit processes.

**STEP 1:** Place the Transfer Level of Care order to alert nursing of the change in status.

**STEP 2:** Complete Transfer Medication Reconciliation and New Order Entry.

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**STEP 3:** Modify the Admission order to update patient type and placement.

**STEP 4:** Create the Progress Note.

**STEP5:** Place the Transfer Review Complete order to indicate that all provider processes are complete.

### **Discharge – All Acute Locations**

➤ **From the Discharge Workflow page:**

**STEP 1:** Complete Discharge Med Rec.

**NOTE:** This includes ePrescribe from the Home Medications component.

**STEP 2:** Review the Problem List component to add and prioritize This Visit diagnoses.

**NOTE:** Use Diagnosis Assistant to further specify your diagnoses, when possible.

**STEP 3:** Add the Discharge order from the Order Profile component.

**STEP 4:** Complete the Discharge Quality Measures PowerForm from the component.

**STEP 5:** Fill in Dynamic Documentation components for the following:

- HPI
- DC
- PE
- Hospital Course
- Patient Instructions
- Follow-Up Recommendations

**STEP 6:** Create and sign the note.

- Use **Discharge Summary** if you intend to use M\*Modal Speech-to-Text or if you want to manually type the hospital course.
- Use **Discharge Order** if you intend to dictate the hospital course to transcription.
- Add any additional recipients for review or, if appropriate, cosignature. (The note will automatically CC to the PCP.)

### **Perform Acute Rehab and Swing Admissions**

➤ **Acute rehab/swing admissions work like a discharge with a re-admit. (EMMC, AR Gould, SVH, CA Dean, and Blue Hill)**

**STEP 1:** Add the patient to your patient list to ensure visibility in Provider Handoff.

**NOTE:** Double-check to confirm you are using the correct encounter with the new FIN.

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**NOTE:**     **A new FIN will be created.**

**STEP 2:**     Use the previous encounter to pull forward orders from Inpatient to Swing that need to be continue for the following:

- Cross Encounter Med Rec
- Admissions Med Rec

**STEP 3:**     Use the correct Swing FIN and the Inpatient Quick Orders page to document the following:

- Swing PowerPlan (if available)
- General Medical Admission Transfer (Patient Placement=Swing)
- Additional orders as appropriate

**STEP 4:**     Use the correct Swing/Acute Rehab FIN from the Workflow page (Dynamic Document; Create Note) to document Admission H&P/Progress Note as appropriate.