



Clinical IS Job Aid



Topic: Transfer Orders Reconciliation - Providers

Facility: IU Health and Union Health

Audience: Providers

Effective Date

July 24, 2019

Contact

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Overview:

The Transfer Reconciliation creates a standardized electronic process to review all orders for a patient transferring between different levels of care when a new encounter is not required. This functionality replaces the printed Transfer Order Summary and the Transfer Order Review PowerNote (which is being retired on July 24, 2019).

All providers who practice in the hospital setting may use this feature to review current orders when transferring patients from one level of care to another level of care.

- Critical Care to Acute Care
- Acute Care to Critical Care
- Inpatient Bed to OR/Procedure areas to Inpatient Bed
- AHC Facility to AHC Facility Transfer

Step

Action

1 Click the Transfer link in the Reconciliation Status Bar on the Workflow MPage.

Status: Meds History Admission Transfer Discharge View Details

The Transfer Orders Reconciliation screen displays:

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
Medications							
digoxin 125 mCg = 1 Tablet, Orally, Daily	Ordered			digoxin 125 mCg = 1 Tablet, Orally, Daily	Ordered		
digoxin (digoxin 125 mCg (0.125 mg) oral tablet) 125 mCg = 1 Tablet, Orally, Daily, 30 Tablet	Documented						
furosemide 20 mg = 1 Tablet, Orally, Daily	Ordered			furosemide 20 mg = 1 Tablet, Orally, Daily	Ordered		
furosemide (furosemide 20 mg oral tablet) 20 mg = 1 Tablet, Orally, Daily, 30 Tablet	Documented						
hydroCODONE-acetaminophen (hydroCODONE-acetaminophen 5 mg-325 mg oral tablet) 1 Tablet, Orally, Q4H, PRN: Pain, Moderate (4-6 out of 10)	Ordered			hydroCODONE-acetaminophen (hydroCODONE-acetaminophen 5 mg-325 mg oral tablet) 1 Tablet, Orally, Q4H, PRN: Pain, Moderate (4-6 out of 10)	Ordered		
ibuprofen (ibuprofen 200 mg oral capsule) 400 mg = 2 Capsule, Orally, Q6H, PRN: for pain, 120 Capsule	Documented						

- All active orders on the Transfer Orders Reconciliation screen will default to **Continue**.
- Each medication order will need to be reconciled.
- For Home Medication orders that were continued with Admission Med Reconciliation, there will be two (2) lines for the medication but only one button to reconcile and the order will be continued as the Inpatient Order (Example above: furosemide).
- Home Medications that were not reconciled at the time of Admission Reconciliation will be displayed and require reconciliation at the time of Transfer Reconciliation.

Continued on next page

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Step

Action

2 Reconcile all orders on the Transfer Orders Reconciliation screen, by selecting the appropriate action:

Reconciliation Status
☒ Meds History ☒ Admission ☒ Discharge

Orders After Reconciliation

Order Name/Details	Status
1 Tablet, Orally, Daily	Documented
multivitamin with minerals (Centrum Ultra Women's)	Documented
Orally, Daily - Taking as Reported	Documented
pravastatin	Ordered
20 mg = 1 Tablet, Orally, Daily	Documented
pravastatin (pravastatin 20 mg oral tablet)	Documented
20 mg = 1 Tablet, Orally, Daily	Documented
4 Patient Care	
Admission Medication History	Ordered
02/21/19 21:13:12 EST, ONCE	Ordered
Admission Medication History	Ordered
02/21/19 21:13:12 EST, ONCE	Ordered
Initial 2 Hour Admission Documentation	Ordered
02/21/19 21:13:10 EST, ONCE	Ordered
4 Nutrition Services	
Regular Diet	Ordered
Start on: 02/22/19 9:23:00 EST, "No Fluid Restrictions" mL Nursing	Ordered
4 Radiology Services	
CTA and/or CTV Head/Neck W/WO IV Cont	Ordered (Ex...)
Routine, For: confusion, For: Both, 02/23/19 9:34:00 EST, ONCE	Ordered (Ex...)
XR Chest PA AP Portable (Chest PA AP Port XR)	Ordered (Ex...)
Routine, For: cough, 02/22/19 9:32:00 EST, ONCE	Ordered (Ex...)
4 Pulmonary Services	
Continuous Oxygen Saturation	Ordered
02/22/19 9:30:00 EST	Ordered
Nasal Cannula	Ordered
02/22/19 9:31:00 EST, 2 LPM	Ordered

3 Click the **Transfer** button when completed.

Note: All orders must be reconciled before they can be Signed/Initiated.

For Surgical/Procedure Patients Coming from an Inpatient Unit ONLY:

- “Reconcile and Plan” function should be used instead of ‘Transfer’ after addressing all orders in the Transfer Reconciliation window.
- It is recommended to plan the reconciliation immediately prior to the patient transfer to the surgery/procedure area.
- Benefits of this workflow:
 - Eliminates the need to reconcile Anesthesia and PACU orders.
 - Prevents the early discontinuation of PACU orders if marked as “Do Not Continue” which makes them unavailable for administration in the PACU.
- Planned Transfer reconciliation will be initiated by the PACU nurse prior to the patient transfer back to the Inpatient Unit

Continued on next page

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View Transfer Orders Reconciliation Status

To view if the **Transfer Orders Reconciliation** has been completed:

1	Navigate to either the <ol style="list-style-type: none">Medication List band, or theOrders band.
2	<p>Locate the Transfer category in the View pane under Reconciliation History..</p> <p>A Date/Time when <i>Transfer Orders Reconciliation</i> was completed displays under the <i>Transfer</i> category.</p> 