

# CARE4 MODULE NAME: Physician Systems

## Physician Access to Discharge Disposition

### Overview

This document provides instructions on how practitioners (physicians, nurse practitioners, physician assistants, etc.) will have access to the **Discharge Disposition**.

Note: Entering the discharge disposition is primarily as *nursing* responsibility, however, physicians will now have access to it.

### Why is this Change Happening

Physicians will have access to entering the **discharge disposition** because it controls what **required fields** show up on the discharge plan. For example, if a patient expires in the facility the disposition of **died in facility** can be selected on the discharge plan in order to turn off the requirement for a discharge **BPMH and/or Discharge Prescriptions**.

### How to Enter the Discharge Disposition as a Physician

- When in the Universal Discharge Plan, scroll down until you find the **Discharge Disposition Button**. Note: The Discharge Disposition Button has “*Nurse Responsibility*” in the title. This is so that physicians are aware it is nursing’s role – however – physician CAN choose to enter the disposition

The screenshot displays the 'Discharge Plan' interface. The main area contains several sections with 'Click to Enter' prompts: Admit Date/Time (07/12/2021 11:14), Admit Provider (Castillo, James), Reconcile Problems (No Problems to Reconcile), Outpatient Imaging and Cardio Respiratory Orders, \*Prescriptions (Required), Other Prescriptions and Forms, \*Discharge Orders (Required) with a red asterisk and the word 'Discharge' in red, Interventions, Instructions, and Outpatient Clinic and/or Office Appointment. At the bottom, the field '\*Disposition (Nurse Responsibility) (Required)' is highlighted with a red box. The right sidebar shows patient information for 'Test, Mh' (45, M, 06/06/1976) and a list of medical history categories including Home Meds, Problems, Allergies, PFSH, Medical History, Surgical History, Family History, and Social History.

- By clicking on the **Discharge Disposition Button** physicians can choose the appropriate disposition based on where their patient is going. Note: this can be left for nursing

*Disposition (Nurse Responsibility) (Required)		
	Leave Against Medical Advice	Absent Without Leave
	Cadaver Organ Tissue Retrieval	Died while on Pass or Leave
	Died in Facility	Home with Support (HCC)
	Home (Private) No Support	Left Before Registration
	Medical Assist in dying	No Return from Pass or Leave
	Suicide in Facility	Suicide out of Facility
	Transfer Correctional Facility	Trans to Supp/Grp Living (HFA)
	Transfer to Res Care (LTC)	Transfer to Acute Facility
	Transfer to Outpatient Clinic	

- **Leave Against Medical Advice** = patient left without medical advice
  - *Selecting this makes prescriptions and the discharge order not required*
- **Cadaver Organ Tissue Retrieval** = patient passed and is donating their organs
  - *Selecting this makes prescriptions and the discharge order not required*
- **Died in Facility** = patient has died in facility
  - *Selecting this makes prescriptions and the discharge order not required*
  - *Selecting this makes Expired Date/Time a required field*
- **Home (Private) No Support** = patient is discharged to their own private home
  - *Selecting this leaves Prescriptions and Discharge Orders as required*
- **Medical Assist in Dying** = patient has passed and is a MAID paid
  - *Selecting this makes prescriptions and the discharge order not required*
  - *Selecting this makes Expired Date/Time a required field*
- **Suicide in Facility** = patient died of suicide while in the facility
  - *Selecting this makes prescriptions and the discharge order not required*
  - *Selecting this makes Expired Date/Time a required field*
- **Transfer Correctional Facility** = patient is being sent to a correctional facility
  - *Selecting this leaves Prescriptions and Discharge Orders as required*
- **Transfer to Res Care (LTC)** = patient is being sent to residential care (includes LTC)
  - *Selecting this leaves Prescriptions and Discharge Orders as required*
- **Transfer to Outpatient Clinic** = patient is being transferred to an outpatient clinic (e.g., Dialysis)
  - *Selecting this leaves Prescriptions and Discharge Orders as required*
- **Absent Without Leave** = inpatients that are absent without leave
  - *Selecting this makes prescriptions and the discharge order not required*
- **Died with on Pass or Leave** = Patient died while on pass or leave
  - *Selecting this makes prescriptions and the discharge order not required*
  - *Selecting this makes Expired Date/Time a required field*
- **Home with Support (HCC)** = patient is sent home with Home and Community Care Services
  - *Selecting this leaves Prescriptions and Discharge Orders as required*
- **Left Before Registration** = patient left before being registered
  - *Selecting this makes prescriptions and the discharge order not required*
- **No Return from Pass or Leave** = Patient did not return from a pass or leave
  - *Selecting this makes prescriptions and the discharge order not required*
- **Suicide out of Facility** = patient died of suicide while out of the facility
  - *Selecting this makes prescriptions and the discharge order not required*
  - *Selecting this makes Expired Date/Time a required field*
- **Trans to Supp / Grp Living (HFA)** = patient returns to their support or group homes
  - *Selecting this makes prescriptions and the discharge order not required*
- **Transfer to Acute Facility** = Patient is transferred to another acute facility (e.g., another hospital)
  - *Selecting this makes prescriptions not required*
  - *Selecting this the discharge order required*

## How Turn Off the Mandatory Requirements when Prescribing

- If a patient is being sent to a destination where an actual prescription **does not** need to be sent with the patient, but the visit medication needs to be on their discharge medication reconciliation; the physician can simply click on an icon to turn off having to fill out these fields
- In the **Prescription** routine the physician clicks “continue” on the appropriate visit medication

The screenshot shows the 'PRESCRIPTIONS' tab with a 'Reconcile' button. Under 'Medications', there are sections for 'Home Medications' and 'Visit Medications'. The 'Visit Medications' section is active, showing 'acetaminophen [Tylenol]' with a dose of '500 - 1,000 mg PO Q6HR PRN'. The 'Last Taken:' field is empty. A red box highlights the '\*Continue' button, and another red box highlights the '\*Stop' button.

- After clicking **Continue**, the physician can click on the **RX** icon

The screenshot shows the 'PRESCRIPTIONS' tab with the 'acetaminophen 500 mg Tablet' entry. The 'RX' icon is highlighted in red. Below the medication name, there are fields for 'DURATION', 'QTY', 'tab', and '0 Ref'. The 'PRN' checkbox is checked. Below these fields are sections for 'PRN Reason', 'Rx Instructions', 'Notes to Pharmacy', 'Max Daily Dose', 'Protocol', and 'Taper'.

- This eliminates the need to fill out fields: duration, quantity, tabs, etc. Note in the picture below there are no \* present – indicating there are no required fields

The screenshot shows the 'PRESCRIPTIONS' tab with the 'acetaminophen 500 mg Tablet' entry. The 'DURATION' and 'QTY' fields are highlighted in red. The 'PRN' checkbox is checked. Below these fields are sections for 'PRN Reason', 'Rx Instructions', 'Notes to Pharmacy', 'Max Daily Dose', 'Protocol', and 'Taper'.