

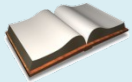


Guided Practice: Inpatient Nurse – Newborn Discharge Navigator

Exercise

To Complete Guided Practice outside of class:

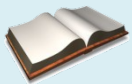
- Use this information to log in to the Epic PLY environment.
- Refer to your Tent Card for the User ID and Password for Inpatient Nurse.
- Refer to your Baby name that you just admitted.



Scenario: Your Baby patient will be discharged today.

Follow the Discharge Navigator to help you walk through the newborn discharge workflow.

- 1) Locate your Baby patient, open the Baby's chart from the **L&D Grease Board**.
- 2) Click on the **Navigators** button.
- 3) Go to the **Discharge Tab** to open the **Discharge Navigator**.



Discharge Doc

- 1) BestPractice
 - a. All BPA's should have been addressed by now. If you have any BPA's, address them.
- 2) Running Infusions - Any **Running Infusions** will show here.
 - a. Click on the blue **Open MAR** hyperlink (right hand side of the navigator.) This link will take you to the **MAR** to stop any discontinued running infusions.
- 3) LDA Avatar - Document the removal of any **LDA** that has been ordered to be discontinued.
 - a. To remove the LDA, **hover** over the LDA to be removed, click on the **removed button**. **Scroll down** and fill out **Removal date, time, Reason, and Post Removal Assessment**. **Click Accept**.
- 4) MAR Report - Review the **MAR**. This is a view only report.
 - a. Click on the blue **Due Mediations** hyperlink to take you to the MAR.
- 5) Med Rec Status - View Medication list report
- 6) History – Enter in the baby history.
- 7) Belongings – Document **Patient Belongings**.

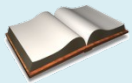


Screening

Review this navigator. Enter Information.
Charting by Exception.

1) Screenings – Review this section. Chart on your own.

*******Remember AWH, ALH, and AMH to enter your charges in the Charging Flowsheet in for your site. All other site will enter your charges in the charge section in your navigator. *******



Discharge Instructions

- 1) Follow-Up: The **Follow-Up** section **MUST** contain documentation: otherwise the **AVS will not Print. Note: This section does not schedule the appointment, you still need to call the providers office to arrange the appointment.**
 - a. Enter the Follow-up Provider. If the Provider was not listed in the data base enter it in the “Other” field.
 - i. How: **Make appointment**
 - ii. When: **1 Day**
 - iii. Why: **Free text - for baby newborn visit.**
 - b. **Add an appointment for the patient to see Dr. Wendling in 2 weeks for a Newborn visit.**
 - i. **With:** Mary Jo Wendling
 - ii. **When:** 2 Weeks (calendar will auto calculate the correct date).
 - iii. **Why:** Newborn visit at 2:30 p.m.
- 2) Expected Discharge: An **Expected Discharge date** can be entered by any clinician during the patient stay. Fill this section out on your own.
- 3) Medication Details
 - a. If there is a medication list, choose the **times** of these **medications**. Enter any appropriate **notes**. This information will auto populate in the AVS.
- 4) Activity - - Orders will populate in the **Activity** section based the **Orders** that the **Provider** has placed for the patient.
- 5) Diet - If the Provider places diet orders within the **discharge order set**, they will appear in the section. If the providers put in individual orders, these will not flow into this section.
- 6) Follow-up Provider
 - a. List all Providers and/or facilities that should receive a summary of care for this patient.
 - b. **Add a Provider** of your choice
- 7) Misc Orders: Same as the diet information above.

8) Pt D/C Instructions

- a. Use your facility's current workflow at this step. Some of the Aspirus locations have Smartphrases while others have SmartTexts.
- b. You may also click on the **Go to References/Attachments** blue hyperlink in this section to locate additional, patient friendly information about their diagnosis or care. This information will populate on the AVS.
 - i. Click on the **Go to References/Attachments** hyperlink. Click **Additional Search: Breastfeeding and Tongue Tie**. Click in the **box to the left of the title** if you want to include this **information on the AVS**. Click the **X (right hand corner)** to take you back to the navigators.

9) Audit Trail - Patient D/C instructions are shared by many clinicians and disciplines; Audit Trail will show you who else has edited the discharge instructions and if the AVS has been printed already.

10) Transitions of Care

- a. When a patient is discharged, based on the Provider and/or Location entered in the Follow-Up section of the Discharge Navigator, a Transitions of Care Report can be sent via a secure electronic transmission. These CMS directives are designed to improve the care coordination among health care providers both locally and nationally, and at the same time, ensure patient privacy while satisfying Meaningful Use requirements.
- b. **If a Provider/Location was not available in the database, print the Transitions of care report to be included in the discharge paperwork. If the Follow-up Provider/Location/Specialty can be found in the Follow-Up section, you will not need to print off this document from this section.**
- c. The Transitions of Care report is a supplement to the current discharge workflow. Continue to send additional paper documents (e.g. AVS, Transfer forms, SNF Report, etc.) with the patient at the time of discharge. At Discharge, Transitions of Care Reports are sent automatically to the specified clinicians/locations electronically or by fax.
- d. Inadvertent disclosure of a Transitions of Care Report to an unauthorized party through Epic process would fall under the privacy practices policy (policy #5133 Disclosure of Health Information – Privacy Practices). The disclosure must be reported to the Privacy Officer and can be submitted through the Corporate Compliance Hotline (715-847-2166).
- e. If you are aware that a mistake has been made, every attempt should be made to contact the organization receiving the record in error and request to destroy (shred) the record. The Privacy Officer must still be notified even after the organization was contacted to report the disclosure, and assess the need to report further.
- f. If you are aware of a record that has been linked to the incorrect patient, contact TSS at 72300 and ask that a ticket be created so that the records can be unlinked.
- g. Please contact the Compliance Department if you have any questions about the appropriateness of a disclosure.

- h. If you do not understand this section please ask your Super User or your Epic trainer for further verification.

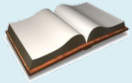
11) Education

- a. Click **Education** or use the blue hyperlink “**Go to Education**” for easy access.
- b. Review and update the **Education** appropriately for discharge.
- c. Click the back arrow to return to the navigator.

12) Care Plan

- a. Click **Care Plan** or use the blue hyperlink “**Go to Care Plan**” for easy access.
- b. Review and update the Care Plan appropriately for discharge.
- c. Click the back arrow to return to the navigator.

13) Resolve Care Plan – At Discharge you can resolve the care plan from this area.



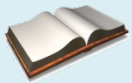
AVS

1) After Visit Summary

- a. ALWAYS review the AVS before printing it for the patient.
- b. Review the AVS with your Patient including the medications section of the AVS.
- c. Ask yourself, do they look different?

2) AVS Declined

- a. **To meet Meaningful Use requirements**, if the patient refuses the AVS, Click the **Patient Declines AVS** button.
- b. Write a **DAR** note about the patient **Declining** the AVS.



Transfer Out

This section is included for CAH Hospital workflows to meet EMTALA regulations. Please review this area if this pertains to you

This completes your **Newborn Discharge Navigator** Guided Practice Session. This is not all inclusive of a typical workflow; it only highlights specific portions of the Navigator.