IHealth Update for Medical Staff

November 2023



Sent on behalf of IHealth Medical Staff Site Leaders, Dr. Kellie Whitehill (VGH), Dr. Pooya Kazemi (RJH), and your medical staff specialty champions.

Patient Discharge: Planning/Processes and Key Features



Key Messages

Discharge planning starts at admission

Starting discharge planning early during a hospital stay increases efficiency in

patient care, can lead to shorter hospital stays, and supports the transition of patients to home and community. Discharge planning is initiated by the care team upon the patient's admission.

Daily activities in the EHR that support discharge planning include:

- Documenting an Estimated Date of Discharge (EDD);
- Reviewing the eSTR (structured team report) that contains notes from nursing and allied health colleagues with valuable information to support decision making and plans for patient discharge;
- Starting your Discharge Summary early during a hospital stay in the Hospital Course component.

Discharge planning is an interdisciplinary team activity

Discharge planning is most effective when done with an interdisciplinary approach. In planning patient discharge, leverage the information available from MRP, Nurse Liaison, PT, OT, Pharmacy, SW and Indigenous Patient Navigators to support discharge communication.

Pay it forward by sharing the discharge plan

Discharge planning can "pay it forward" to your patients, care team colleagues and primary care providers, for example, if a patient is re-admitted to hospital, receives follow-up care, or receives care in the community.

To support the care team:

- 1. Do a discharge medication reconciliation.
- 2. Provide follow-up instructions.

To support the patient/family:

- 1. Send a Hospital Discharge Summary to the MyHealth patient portal.
- 2. Create a Patient Summary.
- 3. Create and print a Patient Friendly Medication List.

Video: Discharge Medication Reconciliation in PowerChart

FAQs

Q. Will there be Nursing Unit Assistant (NUA) job loss with the IHealth CPOE activation?

A: There will be no job loss within the NUA profession. A clinical operational team has been meeting along with professional practice to redesign some of the NUA work in this new electronic environment. New opportunities for NUAs to support the clinical/medical teams are being explored.

Q. How is Island Health going to ensure a stable environment for the EHR?

A: Island Health is moving to Oracle Cerner's remote-based server hosting option, consistent with best practices. Although EHR downtimes can occur, remote hosting should improve the stability of our infrastructure and ensure that the EHR system works optimally and seamlessly for all users. As more of the advanced functionality within the EHR relies on cloud-based technologies, this move will also better support Island Health in being able to leverage those new technologies.

Connect with us!

Send us questions and feedback by email – lHealth@IslandHealth.ca



(2) IHealth website: For Medical Staff

IHealth Intranet pages

Cerner EHR Updates

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