

Provider's Guide to Creating Electronic Transfer Forms

SWEDISHAMERICAN
A DIVISION OF UW HEALTH

...Enhancing Transitions of Care

PURPOSE

- **Incorporate paper Nursing and Physician Transfer forms into Meditech**

PHYSICIAN TRANSFER FORMS

Before - Paper



PHYSICIAN ORDERS FOR TRANSFER

ATTACH FACE SHEET FOR DEMOGRAPHICS

Adm. Date: _____ Transfer Date: _____ Destination: _____	
Primary Diagnosis for Transfer: _____	
Secondary Diagnosis: _____	
M.D. in Hospital: _____ M.D. to Follow: _____ Phone #: _____	
Allergies: _____ Isolation: No _____ Yes _____ Type _____	
Code Status (As Discussed with Pt/Family): <input type="checkbox"/> Code <input type="checkbox"/> No Code	
May Have 2-step Manroux? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advance Directive: <input type="checkbox"/> Living Will <input type="checkbox"/> Healthcare Surrogate <input type="checkbox"/> Healthcare POA	
May participate in Planned Activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RESTORATIVE POTENTIAL: <input type="checkbox"/> Within 30 Days <input type="checkbox"/> Within 3 Months <input type="checkbox"/> Unknown <input type="checkbox"/> Permanent Disability	
Nutrition/Diet Orders <input type="checkbox"/> General <input type="checkbox"/> NAS <input type="checkbox"/> No Concentrated Sweets <input type="checkbox"/> Other Consistency: <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Ground <input type="checkbox"/> Puree Supplements: _____ Tube Feeding: (Formula, Rate, Cycle) _____	Home Health Care Services: <input type="checkbox"/> Skilled Nursing Visits: _____ <input type="checkbox"/> Social Worker: _____ <input type="checkbox"/> SAHHC chronic disease protocols may be used <input type="checkbox"/> SAHHC may set up telemedicine device
Therapy Orders: Notify M.D. of Findings/Recommendations <input type="checkbox"/> Physical Therapy Evaluation/Treatment as indicated <input type="checkbox"/> Occupational Therapy Evaluation/Treatment as indicated <input type="checkbox"/> Speech Therapy Evaluation/Treatment as indicated	MOBILITY ORDERS: <input type="checkbox"/> No Restrictions <input type="checkbox"/> Bed Rest <input type="checkbox"/> Chair Frequency _____ Wt. Bearing: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None on _____ Leg Exercises _____ <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Prosthesis <input type="checkbox"/> Wheelchair
RETURN APPOINTMENTS: _____	

If no addressograph, add patient's name and medical record number.

Medication Orders: See Attached

Treatments Orders (Lab, Wound, IV's, Respiratory/O₂, Blood Glucose Fingerstick, Foley, Etc):

I certify that this pt. requires daily post-hospital skilled nursing and/or rehabilitation services in a SKILLED NURSING FACILITY.

I certify that this pt. is essentially home-bound and requires HOME CARE SERVICES.

Provider Signature _____ Date _____ Time _____

1st copy: Agency 2nd copy: Medical Record 3rd copy: Physician



PHYSICIAN ORDERS FOR TRANSFER
SHNU0514CC 9/10/2012

After - Electronic

SwedishAmerican: A Division of UW Health

Physician Orders for Transfer

Admit/Service Date: 08/19/15
 Patient Name: TESTTRANSFER, FORMS
 Medical Record Number: M000003176
 Account Number: L00000046318
 Date of Birth/Sex: 07/01/1944/F

Transfer Diagnosis Inability to independently perform activities of daily living

Evaluation & Treatment Orders Physical Therapy
Occupational Therapy

Mobility Orders Up with walker
Wt bearing as tolerated
Leg exercises ordered

Fluid Restriction 1500ml/day
Blood Glucose Assessment Before meals & at bedtime

Daily Weight Yes
IV Medication Orders to Continue After Discharge
 500 IV Vancomycin every 12 hours x 3days

Laboratory and Radiology Orders
 CBC, BMP in two weeks

Date Next PT/INR Due 8/22/15
Current Coumadin Dose 5mg Coumadin daily
PT/INR Managed By Dr. John Smith

Wound Care
 Change dressing daily and as needed.

PICC Line Type Single

PICC Line Flush

Lab Draws from PICC Line Yes

PICC Line Care Weekly/PRN drsng change
 Change caps w/blood draws
 Change caps weekly/PRN

Change Urinary Catheter Monthly/PRN

Discontinue Urinary Catheter on

Medication and other orders are found on the Patient Visit Report/Discharge Instructions contained in the packet sent with the patient.

I certify that this patient requires daily post-hospital skilled nursing and/or rehabilitation services in a SKILLED NURSING FACILITY.

Order Date/Time: 08/20/15 1809 Order Number: 0820-0007
 Electronically Signed by DOC, CPOE MD

1: SELECT

Discharge Disposition



- Click Discharge



- Select disposition that requires transfer forms

* Disposition EDIT	<input type="radio"/> Acute Care Hospital	<input type="radio"/> Hospice - Home
	<input type="radio"/> Acute Rehab Facility	<input type="radio"/> Hospice - Medical Facility
	<input type="radio"/> Against Medical Advice	<input type="radio"/> Inhouse Transfer To Psy Floor
	<input type="radio"/> Children's Hospital	<input type="radio"/> Long Term Care Hospital
	<input type="radio"/> Correctional Institution	<input type="radio"/> Psychiatric Facility
	<input type="radio"/> Custodial Care	<input type="radio"/> Skilled Nursing Facility
	<input type="radio"/> Home Health Care	<input type="radio"/> Specialty Hospital
	<input type="radio"/> Home/Self Care	<input type="radio"/> VA/Federal Hospital

Required

- Patient & Physician Transfer Forms attach automatically

Forms NEW	<input type="checkbox"/> MySwedes Chart Information	<input type="checkbox"/> Sedation/Anesthesia
	<input type="checkbox"/> Sedation/Anesthesia (Spanish)	<input type="checkbox"/> Smoking Cessation
	<input type="checkbox"/> Smoking Cessation (Spanish)	<input checked="" type="checkbox"/> Physician Transfer Form
	<input checked="" type="checkbox"/> Patient Transfer Information	<input type="checkbox"/> Incision/Wound Care
	<input type="checkbox"/> Incision/Wound Care (Spanish)	

2: ENTER

Physician Transfer Order



- Click “New” in Discharge Orders section

Discharge Date/Internal Note	EDIT	Thursday 8/20/15
Disposition	EDIT	Skilled Nursing Facility
* Discharge Orders	NEW	
Patient Instructions	EDIT	Patient Instructions from PDI

Order	Category
Attending Discharge Order	Discharge
<input checked="" type="checkbox"/> Physician Order for Transfer	Discharge
Sign Off Cardiology	Discharge

- Choose Physician Order for Transfer

- Click “Select”

2: ENTER

Physician Transfer Order



Enter order details

A. Click arrow next to Certification and select disposition (*required*)

The screenshot displays a software interface for entering a Physician Order for Transfer (DISCHARGE). The interface is divided into several sections:

- Order Section (Yellow Header):** Displays "Physician Order for Transfer (DISCHARGE)".
- Input Fields (Left):**
 - * Priority: R
 - Quantity: [Empty]
 - * Date: 8/20/15
 - Time: 1924
- Series? Section (Right):** Includes fields for Directions, Stop Date, Stop Time, and Count.
- Certification Section (Blue Header):** A dropdown menu is open, showing a list of options:
 - FACILITY (Skilled Nursing Facility)
 - HOMEHEALTH (Home Health Visits)
 - HOSPICE (Hospice Care)
 - REHAB (Acute Rehab Facility)
 - TX TO HOSP (Acute Care Hospital)
- Bottom Section:** Includes fields for * Certification, Mode of Transportation, and Therapy Orders for Evaluation and Treatment.

A red arrow points from the bottom of the Certification dropdown menu to the "Certification" field in the bottom section of the form. A "Cancel" button with a red 'X' is visible in the bottom right corner of the Certification dropdown.

2: ENTER

Physician Transfer Order



Enter order details

B. Select orders that apply to your patient

- Single, multi-select, and free text fields available

The screenshot shows a complex medical order entry form with a light blue background and a dark purple border. The form is divided into several sections, each with a title and a list of options or fields. The sections are:

- Mode of Transportation:** Wheelchair van
- Therapy Orders for Evaluation and Treatment:** Speech Therapy
- Mobility Orders:** Wt bearing as tolerated, Initiate telemedicine (Yes)
- Additional Mobility Order Comments:** Additional mobility orders as needed
- Initiate Telemedicine:** Yes
- Diet:** Heart healthy
- Diet Consistency:** Regular
- Supplement Type:** Dietician's choice
- Tube Feeding Orders:** Tube feeding orders as needed
- Fluid Restriction:** 1500
- Blood Glucose Assessment to be Done:** Before
- Daily Weight:** Yes
- Respiratory Therapy Orders:** RT orders as needed
- Next PT/INR Due:** (blank)
- Current Coumadin Dose:** (blank)
- PT/INR Managed By:** MD managing coumadin dosing
- PICC Flush Order:** Flush per protocol
- May draw labs from PICC:** Yes
- PICC Line:** (blank)
- PICC Line Care:** Change caps weekly/PRN
- Central Line/Port Type:** (blank)
- Central Line Flush Orders:** (blank)
- May draw labs from Central Line:** (blank)
- Central Line Care:** (blank)
- Wound Care Instructions:** Wound care instructions as needed

2: ENTER

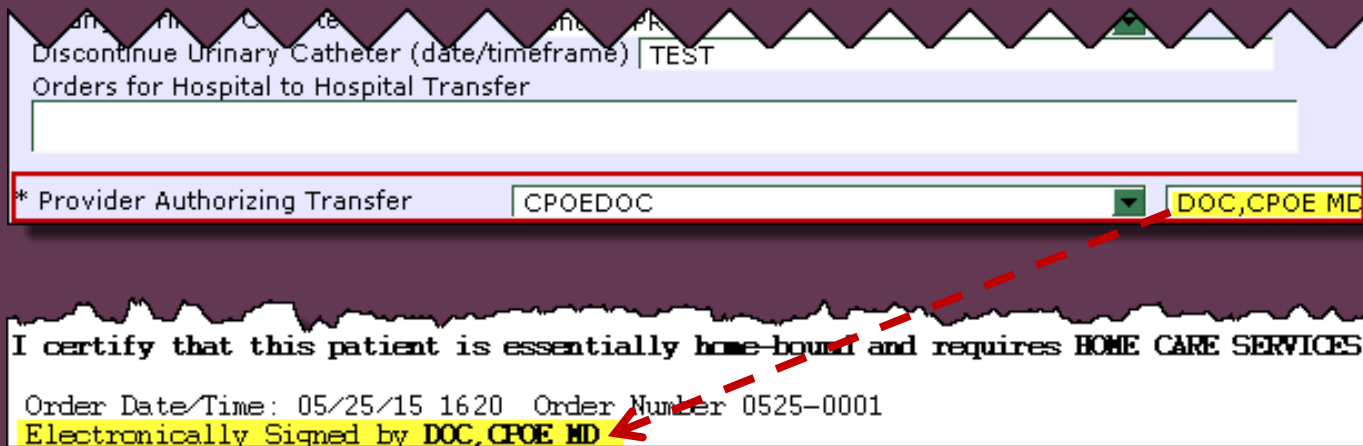
Physician Transfer Order



Enter order details

C. Choose provider authorizing transfer (required)

- This is the physician signing the order for transfer



Discontinue Urinary Catheter (date/timeframe) TEST

Orders for Hospital to Hospital Transfer

* Provider Authorizing Transfer CPOEDOC DOC,CPOE MD

I certify that this patient is essentially home-bound and requires HOME CARE SERVICES

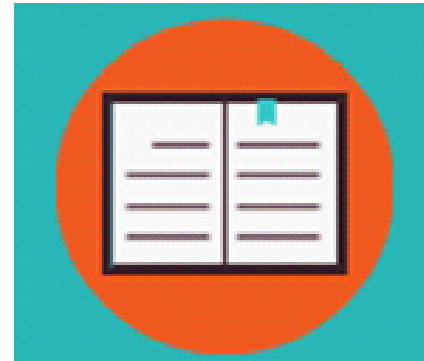
Order Date/Time: 05/25/15 1620 Order Number 0525-0001

Electronically Signed by DOC,CPOE MD

- Select “OK” and save order

3: DISCHARGE

Patient as Usual



■ Complete Discharge

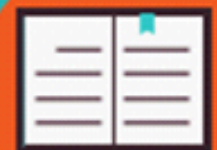
- *Note: Attending Discharge Order is still required*
- Complete Discharge Instructions
- Reconcile Discharge Medications

- Shared Discharge Components		
Discharge Date/Internal Note	EDIT	Thursday 8/27/15
Disposition	EDIT	Home Health Care
- Medications		
Discharge Medications	EDIT	New Prescriptions: Hydrocodone/Acetaminophen* (Norco*) 5 Mg/325 Mg Sup 2 Tab PO Q4H PRN #14 TAB Ref 0
- Instructions and Orders		
Discharge Instructions	NEW	Discharge Instructions Doc, Cpoe MD 9/8/15 0752 Draft
Discharge Orders	NEW	Physician Order for Transfer DOC,CPOE MD 09/08/15 0749 Attending Discharge Order DOC,CPOE MD 09/08/15 0752
Patient Instructions	EDIT	Patient Instructions from PDI
Results	NEW	LAB Test Group results for Patient Report
Forms		MySwedes Chart Information Sedation/Anesthesia Smoking Cessation Physician Transfer Form Patient Transfer Information Incision/Wound Care

❖ **Orders documented in PDOC discharge instructions DO NOT need to be duplicated in Physician Order for Transfer !!**

FREQUENTLY ASKED QUESTIONS

- Can I start the forms before discharge?
 - Yes, the forms can be started at any time
 - Enter Attending Discharge order at the time of discharge
- Do I still need a paper Face to Face (Home Health) or COBRA (Hospital Transfer) form?
 - Yes



ELECTRONIC TRANSFER FORM 411



October 6th

Call x69580
or ask a
Super User on the
unit for help

