Transfer Orders Reconciliation is functionality that assists with the management of orders when patients are ready for transfer due to changes in level of care, change in medical service, or for inpatient surgical procedures. This process will ensure that the most accurate and up to date orders are used to provide safe patient care. (Refer to Management of Orders Policy).

Three workflows require Transfer Orders Reconciliation:

1. Change in Level of Care (medical/surgical to ICU)

2. Transfer of Service

3. Transfer from Operating Room/PACU to inpatient nursing unit

1) <u>Change in level of care:</u>

- If a location change is appropriate, the transferring service will place the "**Transfer Bed Request Communication"** order.

- **Orders will NOT be suspended when patients are transferred**

- When a patient is transferred between levels of care or between medical services, the receiving physician will be responsible for performing Transfer Orders Rec after they have added and initiated their orders. An open chart **alert** will appear **two hours** after a transfer if a transfer order reconciliation has not taken place.

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2) <u>Transfer of Service & Attending:</u>

- The transferring service will place the "Transfer Patient" order

- Receiving service will **perform** Transfer Orders Reconciliation.

- The unit clerk or designee is responsible for assuring that all patients have the correct attending and service in IDX by acting on each Transfer Patient order. The attending and service will be updated in IDX and flow into PowerChart.

3) __Transfer from Operating Room to Inpatient Nursing Unit__

(***** denotes changes to the workflow)

- Patient on inpatient nursing unit is scheduled for surgery.

- When the patient is transferred to the OR**, Orders will no longer be suspended. ALL current orders will remain active**. *****

- When the surgery is completed, the s**urgeon** will **order and initiate** the appropriate **Post-op Surgery PowerPlan ***

- T**he surgeon then performs Transfer Orders Reconciliation to include any active inpatient and Post-op Surgery PowerPlan orders ***
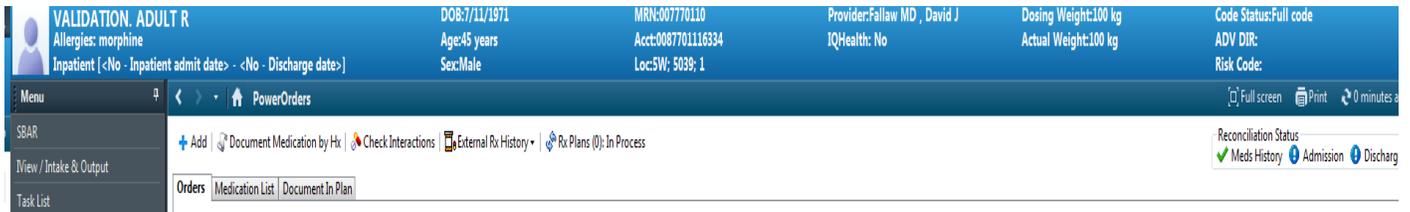
Workflow for PACU Nurse:

- The surgeon completes the Surgery PACU PowerPlan in a **Planned** state *****

- Anesthesia completes Anesthesia PACU PowerPlan in a **Planned** state *****

- Patient is moved to PACU

- The PACU nurse will **initiate both PACU and Anesthesia PACU PowerPlans** and act on the orders

- Patient meets PACU discharge criteria – PACU nurse **discontinues** both the Surgery PACU and the Anesthesia PACU PowerPlans
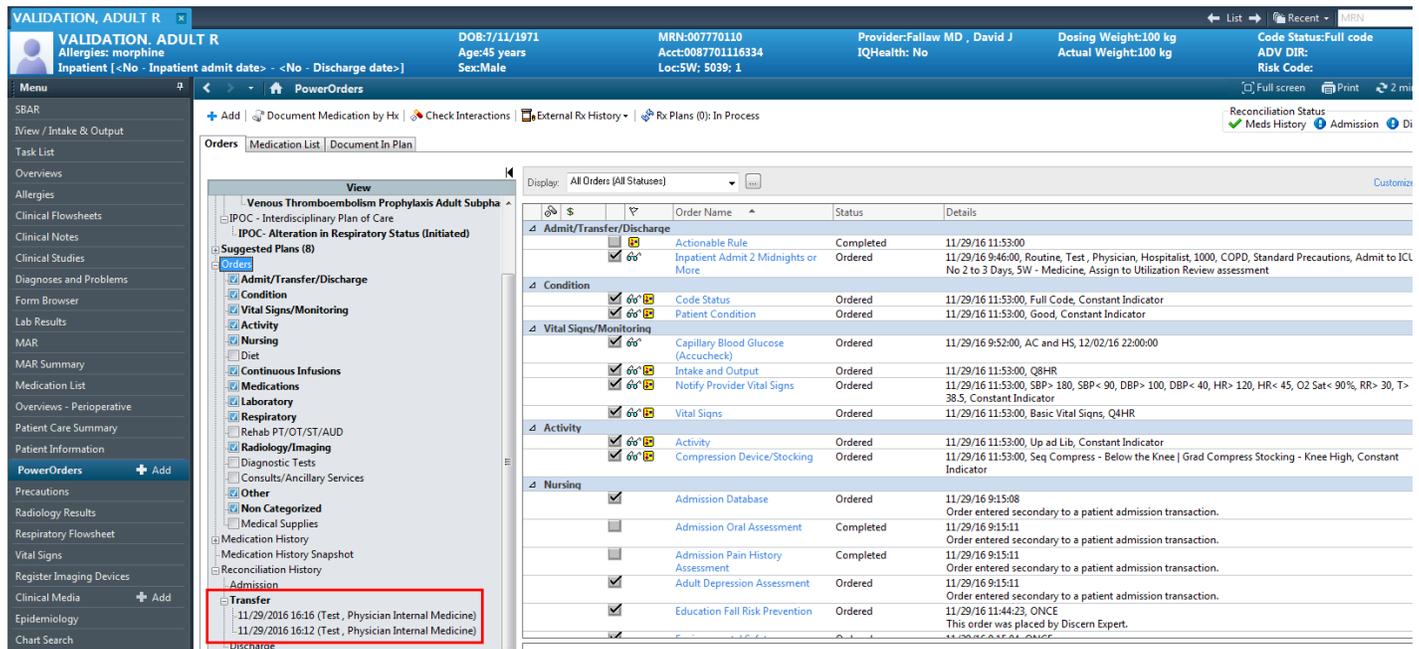
Note: While the physician is in the process of reconciling the orders, the nurse my notice the transfer icon at the top right in the PowerOrders:

Once the physician completes the reconciliation, the transfer icon will no longer be visible:

The nurse can also view transfer reconciliation history:

- Once PACU discharge criteria is met by the patient and the bed is available, the patient is transferred back to floor/ICU bed. If the bed is not available, the PACU nurse will continue to provide care using the Post-op Surgery PowerPlan and floor/ICU PowerPlan until the patient is transferred to a nursing unit bed.

  Note: The PACU nurse should discontinue both the Surgery PACU and Anesthesia PACU PowerPlans when transferred from PACU.

- When the patient has arrived on the nursing unit, **the nurse will address the task list for any overdue tasks ***

<u>Summary of Changes for Inpatient Nursing</u>

- **Orders will NOT be suspended when inpatients go to the OR**

- **Inpatient nurses will no longer Initiate Admission or Post-Op Surgery PowerPlan Orders**

- When the patient has arrived on the nursing unit, **the nurse will address the task list for any overdue tasks**