Meaningful Use: Firing Up the Discharge Process

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DMC – Detroit Receiving Hospital, Detroit MI

Financial Relationships

No financial disclosures.

Goals

1. Describe steps to implement an electronic discharge plan of care.
2. Identify lessons learned when implementing an electronic discharge plan of care.

- Detroit Medical Center is an 8 hospital system in Southeast Michigan
- Children's Hospital, Rehabilitation Institute of Michigan, Detroit Receiving Hospital, Harper University Hospital/Hutzel Women's Hospital, Sinai-Grace Hospital, Huron Valley-Sinai Hospital, Detroit Surgery Hospital
- Implemented an EHR at all sites in 2006
- January 1, 2011: Vanguard Health Systems

M
MAGNET RECOGNITION
AMERICAN NURSES CREDENTIALING CENTER

The Leapfrog Group
2009
Top Hospital

Health Care's MOST WIRED
Winner 2009

Healthcare Informatics
Leadership, Vision & Strategy for the CIO

eHealthcare Leadership Awards
2009 WINNER

Background / Purpose

MAINTENANCE
RELAPSE
ACTION
CONTEMPLATION
PREPARATION
PRECONTEMPLATION

History of Meaningful Use

- American Recovery and Reinvestment Act (ARRA) including Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- Provides for Medicare and Medicaid incentive payments for “meaningful use” of certified EHR technology by eligible professionals (EP) and hospitals

HITECH Act

- Focuses on attaining meaningful use of EHRs as a pathway toward improved health system performance.
- Attaining meaningful use depends on adoption of EHRs and development of secure pathways for exchanging health information

To be Meaningful User

- Must do 3 things:
  1. Demonstrate meaningful use of certified EHR technology
  2. Demonstrate this technology allows exchange of health information to improve quality of care
  3. Submit information on clinical quality measures

Significance

Meaningful Use Incentives

- Estimated $44.7 billion will be made available

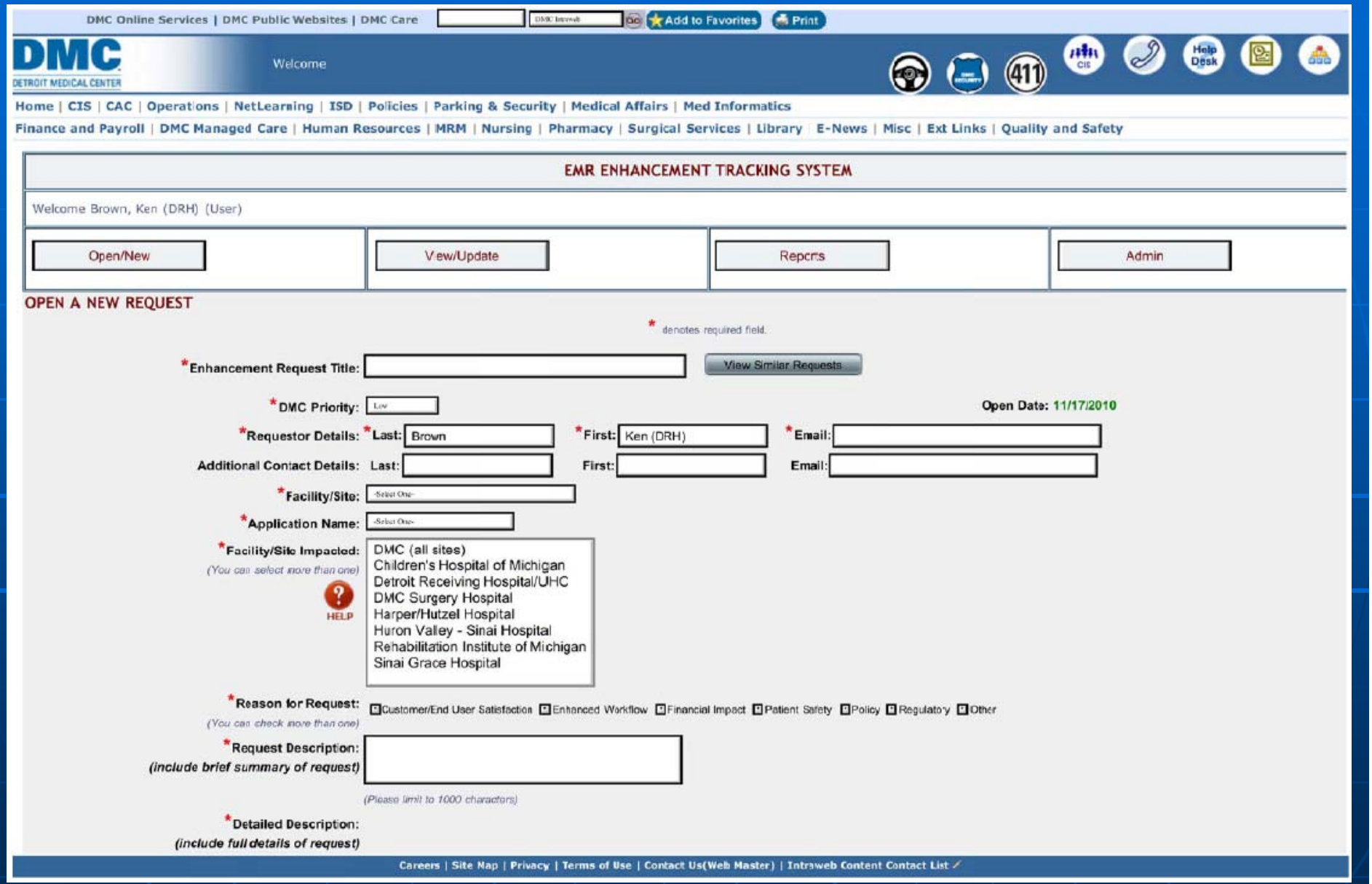
Hospital Calculations

YEAR	MEDICARE	MEDICAID	TOTAL
2011	$1,709,190	$1,619,594	$3,328,784
2012	$1,281,893	$1,214,407	$2,496,300
2013	$854,595	$809,605	$1,664,200
2014	$427,298	$404,802	$832,100

Strategy and Implementation

Enhancement Process

- Need for update/change is identified by clinicians
  - Patient Safety
  - Standard of Care/Policy
  - Regulatory
  - Enhanced Workflow
  - Financial
- Contact is made with site clinical transformation representative
- Discussion of the requested change occurs between CT and clinician to determine feasibility
- Specifications of requested change are created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EMR ENHANCEMENT TRACKING SYSTEM
Welcome Brown, Ken (DRH) (User)
Open/New
View/Update
Reports
Admin
OPEN A NEW REQUEST
* denotes required field.
*Enhancement Request Title:
View Similar Requests
*DMC Priority:
Low
Open Date: 11/17/2010
*Requestor Details:
*Last: Brown
*First: Ken (DRH)
*Email:
Additional Contact Details:
Last:
First:
Email:
*Facility/Site:
-Select One-
*Application Name:
-Select One-
*Facility/Site Impacted:
(You can select more than one)
HELP
DMC (all sites)
Children's Hospital of Michigan
Detroit Receiving Hospital/UHC
DMC Surgery Hospital
Harper/Hutzel Hospital
Huron Valley - Sinai Hospital
Rehabilitation Institute of Michigan
Sinai Grace Hospital
*Reason for Request:
(You can check more than one)
Customer/End User Satisfaction
Enhanced Workflow
Financial Impact
Patient Safety
Policy
Regulatory
Other
*Request Description:
(include brief summary of request)
(Please limit to 1000 characters)
*Detailed Description:
(include full details of request)
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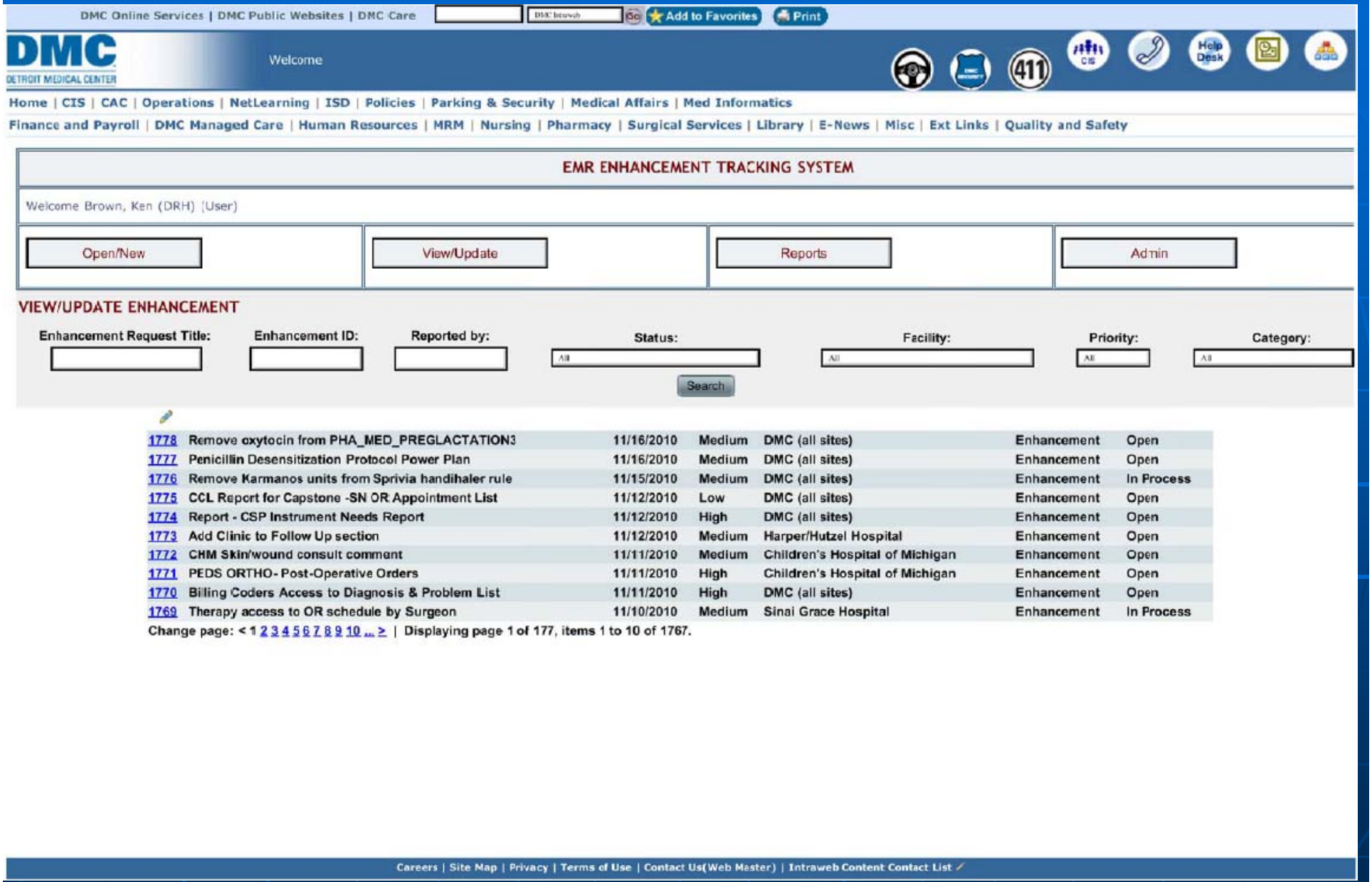
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Open/New
View/Update
Reports
Admin
VIEW/UPDATE ENHANCEMENT
Enhancement Request Title:
Enhancement ID:
Reported by:
Status:
Facility:
Priority:
Category:
Search
1778 Remove oxytocin from PHA_MED_PREGLACTATION3 11/16/2010 Medium DMC (all sites) Enhancement Open
1777 Penicillin Desensitization Protocol Power Plan 11/16/2010 Medium DMC (all sites) Enhancement Open
1776 Remove Karmanos units from Sprivia handihaler rule 11/15/2010 Medium DMC (all sites) Enhancement In Process
1775 CCL Report for Capstone -SN OR Appointment List 11/12/2010 Low DMC (all sites) Enhancement Open
1774 Report - CSP Instrument Needs Report 11/12/2010 High DMC (all sites) Enhancement Open
1773 Add Clinic to Follow Up section 11/12/2010 Medium Harper/Hutzel Hospital Enhancement Open
1772 CHM Skin/wound consult comment 11/11/2010 Medium Children's Hospital of Michigan Enhancement Open
1771 PEDS ORTHO- Post-Operative Orders 11/11/2010 High Children's Hospital of Michigan Enhancement Open
1770 Billing Coders Access to Diagnosis & Problem List 11/11/2010 High DMC (all sites) Enhancement Open
1769 Therapy access to OR schedule by Surgeon 11/10/2010 Medium Sinai Grace Hospital Enhancement In Process
Change page: < 1 2 3 4 5 6 7 8 9 10 ... > | Displaying page 1 of 177, items 1 to 10 of 1767.
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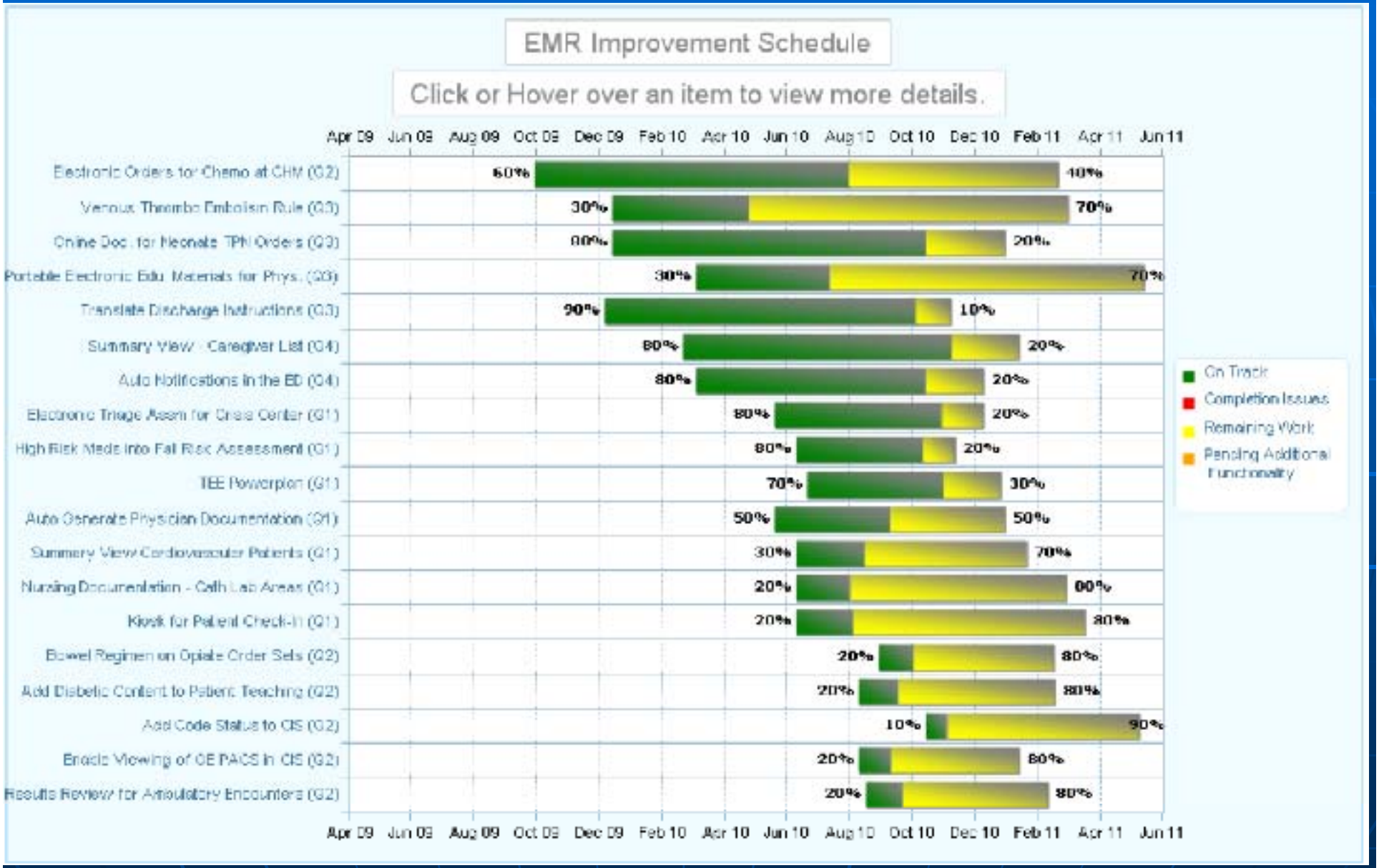
Enhancement Process

- Specifications request
- ISD evaluates feasibility and estimates time and time frame
- Build in non-production environment
- Test with requester

EMR Awards
Project Milestone Report

<<—— Planned Milestone Completion Dates ——>>

ID #	Project Name	DMC Lead	Metrics Y N	Reporting Y N	Reqts Received		Analysis / Design Approved		Build/ Unit Test		UAT Test/Workflow		Training/ Communication		Launch (Tuesdays)		Status
165	3Q 2007 - POC Lab Draw Documenation/Label Gen.(Pilot at DRH ED) (BI-2025)	Tonya Davis-Kennedy	Y	Y	Completed	C	08/31/09	C	10/30/09	C	12/04/09	C	10/15/10	C	10/26/10	C	Complete
458 461	2Q 2009 - Electronic Orders for Chemo at CHM Hem-Onc Unit and Clinic (BI-2211)	Ken Risko Kathy Dodds	Y	Y	10/2/2009	C	10/9/2009	C	10/20/2010 12/31/2010		11/26/2010 02/11/2011		1/6/2011 03/11/2011		3/12/2011 03/15/2011		Build/Unit Test
588	3Q 2009 - Translate Discharge Instructions into Arabic and Spanish (BI-2760) CHM, DRH, DSH, HVSH, HUH/HWH, SCH	Kathy Dodds Tonya Davis-Kennedy Brian Urban	Y	na	12/11/2009 10/06/2010	C	1/29/2010 10/15/2010	C	11/5/2010	C	11/12/10	C	11/16/10		11/19/10		Upgrade Complete at all Sites Training
586	3Q 2009 - Portable Electronic Education Materials for Physicians (BI-2978)	Linda Bell Brian Urban	Y	Y	3/12/2010	C	3/19/2010	C	11/24/2010 05/24/2011		12/8/2010 04/08/2011		12/22/2010 04/22/2011		1/19/2011 04/29/2011		Build/Unit Test
583	3Q 2009 - Online Documenation for Neonate TPN Orders (BI-2967) CHM, HWH, SCH, HVSH	Lisa Culker	Y	Y	12/16/2009	C	1/7/2010	C	10/1/2010	C	11/16/10		12/03/10		12/21/10		UAT Workflow
576	3Q 2009 - Venous ThromboEmbolism Rule (BI-2888) DMC System Wide	Ken Risko Tonya Davis-Kennedy	Y	IP	12/16/2009	C	1/7/2010	C	1/12/2011		02/11/11		03/08/11		03/15/11		Build/Unit Test
620	4Q 2009 - Auto Notifications in the ED (BI-2995) DRH, SCH	Brian Urban Tonya Davis-Kennedy	Y	NA	3/12/2010	C	3/19/2010	C	10/25/2010	C	11/19/10		12/17/10		12/21/10		UAT Workflow
615	4Q 2009 - Summary View - Trauma (BI-2947) DRH, SCH	Tonya Davis-Kennedy	Y	Y	3/5/2010	C	3/12/2010	C	10/1/2010	C	10/19/10	C	10/22/10	C	10/26/10	C	Complete
609	4Q 2009 - Crush Med Alert (BI-3019) DMC System Wide	Tonya Davis-Kennedy Ken Risko	IP	NA	2/26/2010	C	3/5/2010	C	8/27/2010	C	09/24/10	C	10/22/10	C	10/26/10	C	Complete
606	4Q 2009 - Summary View - Caregiver List (BI-2986) DMC System Wide REV 2	Brian Urban	IP	IP	10/29/2010	C	11/12/2010		12/3/2010		12/31/10		01/14/11		01/25/11		Requirements

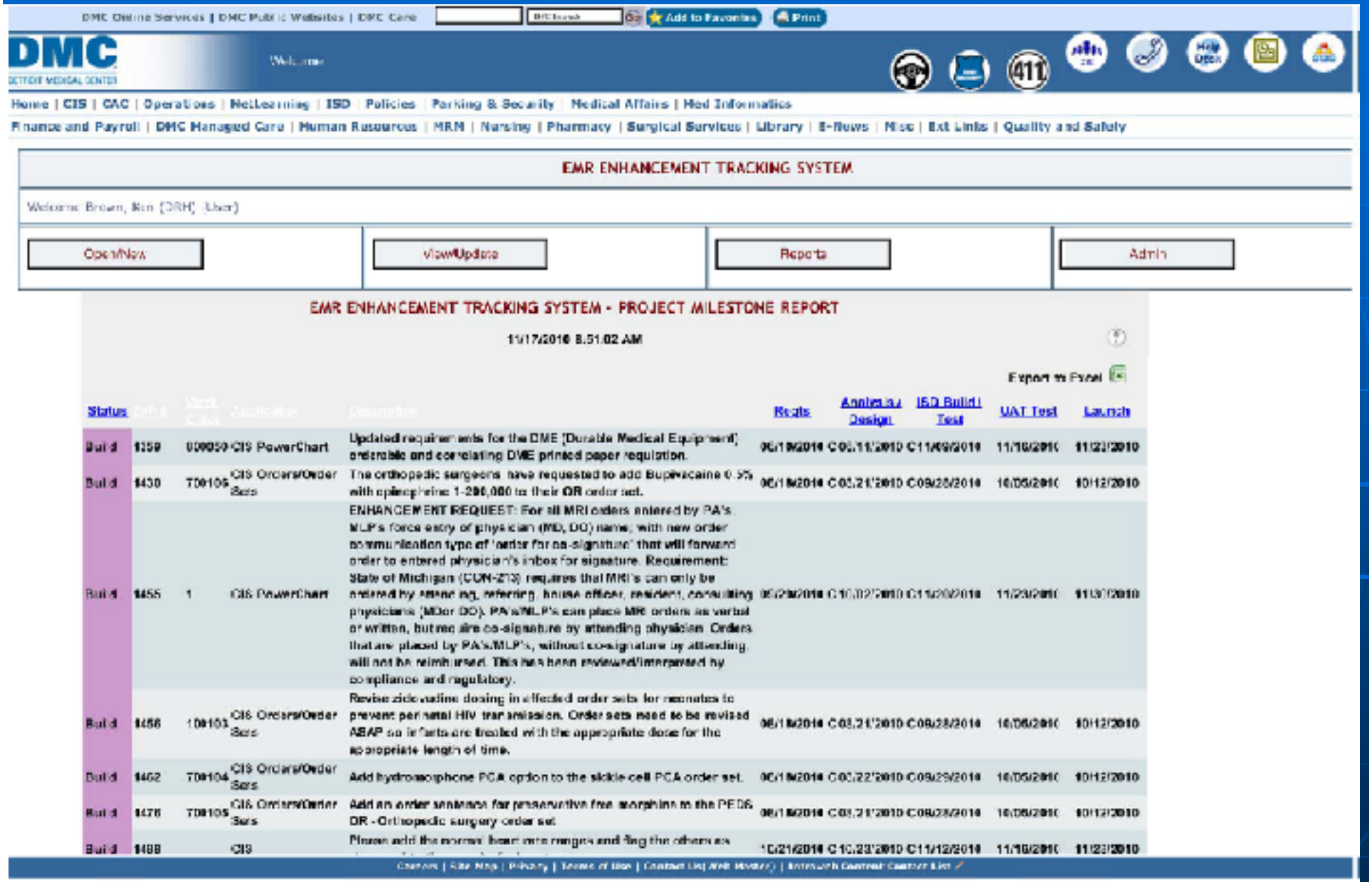

EMR Improvement Schedule
Click or Hover over an item to view more details.
Apr 09
Jun 09
Aug 09
Oct 09
Dec 09
Feb 10
Apr 10
Jun 10
Aug 10
Oct 10
Dec 10
Feb 11
Apr 11
Jun 11
Electronic Orders for Chemo at CHW (G2)
60%
40%
Venous Thrombo Embolism Rule (G3)
30%
70%
Online Doc. for Neonate TPN Orders (G3)
80%
20%
Portable Electronic Edu Materials for Phys. (G3)
30%
70%
Translate Discharge Instructions (G3)
90%
10%
Summary View - Caregiver List (G4)
80%
20%
Auto Notifications in the ED (G4)
80%
20%
Electronic Triage Assm for Chest Center (G1)
80%
20%
High Risk Meds into Fall Risk Assessment (G1)
80%
20%
TEE Powerpoint (G1)
70%
30%
Auto Generate Physician Documentation (G1)
50%
50%
Summary View Cardiovascular Patients (G1)
30%
70%
Nursing Documentation - Cath Lab Areas (G1)
20%
80%
Kiosk for Patient Check-In (G1)
20%
80%
Bowel Regimen on Opiate Order Sets (G2)
20%
80%
Add Diabetic Content to Patient Teaching (G2)
20%
80%
Add Code Status to CIS (G2)
10%
90%
Enable Viewing of CE PACS in CIS (G2)
20%
80%
Results Review for Ambulatory Encounters (G2)
20%
80%
On Track
Completion Issues
Remaining Work
Pending Additional Functionality

Enhancement Process

- Submitted by CT and placed in the enhancement database
- All sites are responsible for reviewing each enhancement and identify whether or not the change would benefit their site
- Enhancements are presented at various levels for approval by site representatives, other departments, and ISD

Enhancement Process

- Once approved, and prioritized, enhancements move throughout the process until completion
  - Weekly conference call updates to progress
- ISD notifies the requesting site, build is completed, site tests to ensure build is functioning as expected



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EMR ENHANCEMENT TRACKING SYSTEM - PROJECT MILESTONE REPORT

11/17/2010 8:51:02 AM

Export to Excel

Status	Enh #	Work Order	Application	Description	Reqts	Analysis / Design	ISD Build / Test	UAT Test	Launch
Build	1359	000050	CIS PowerChart	Updated requirements for the DME (Durable Medical Equipment) orderable and correlating DME printed paper requisition.	06/18/2010	C08/11/2010	C11/09/2010	11/16/2010	11/23/2010
Build	1430	700106	CIS Orders/Order Sets	The orthopedic surgeons have requested to add Bupivacaine 0.5% with epinephrine 1-200,000 to their OR order set.	06/18/2010	C08/21/2010	C09/28/2010	10/05/2010	10/12/2010
Build	1455	1	CIS PowerChart	ENHANCEMENT REQUEST: For all MRI orders entered by PA's, MLP's force entry of physician (MD, DO) name; with new order communication type of 'order for co-signature' that will forward order to entered physician's inbox for signature. Requirement: State of Michigan (CON-213) requires that MRI's can only be ordered by attending, referring, house officer, resident, consulting physicians (MD or DO). PA's/MLP's can place MRI orders as verbal or written, but require co-signature by attending physician. Orders that are placed by PA's/MLP's, without co-signature by attending, will not be reimbursed. This has been reviewed/interpreted by compliance and regulatory.	06/23/2010	C10/02/2010	C11/20/2010	11/23/2010	11/30/2010
Build	1456	100103	CIS Orders/Order Sets	Revise zidovudine dosing in affected order sets for neonates to prevent perinatal HIV transmission. Order sets need to be revised ASAP so infants are treated with the appropriate dose for the appropriate length of time.	06/18/2010	C08/21/2010	C09/28/2010	10/05/2010	10/12/2010
Build	1462	700104	CIS Orders/Order Sets	Add hydromorphone PCA option to the sickle cell PCA order set.	06/18/2010	C08/22/2010	C09/29/2010	10/05/2010	10/12/2010
Build	1476	700105	CIS Orders/Order Sets	Add an order sentence for preservative free morphine to the PEDS OR - Orthopedic surgery order set	06/18/2010	C08/21/2010	C09/28/2010	10/05/2010	10/12/2010
Build	1488		CIS	Please add the normal heart rate ranges and flag the others as	10/21/2010	C10/23/2010	C11/12/2010	11/16/2010	11/23/2010

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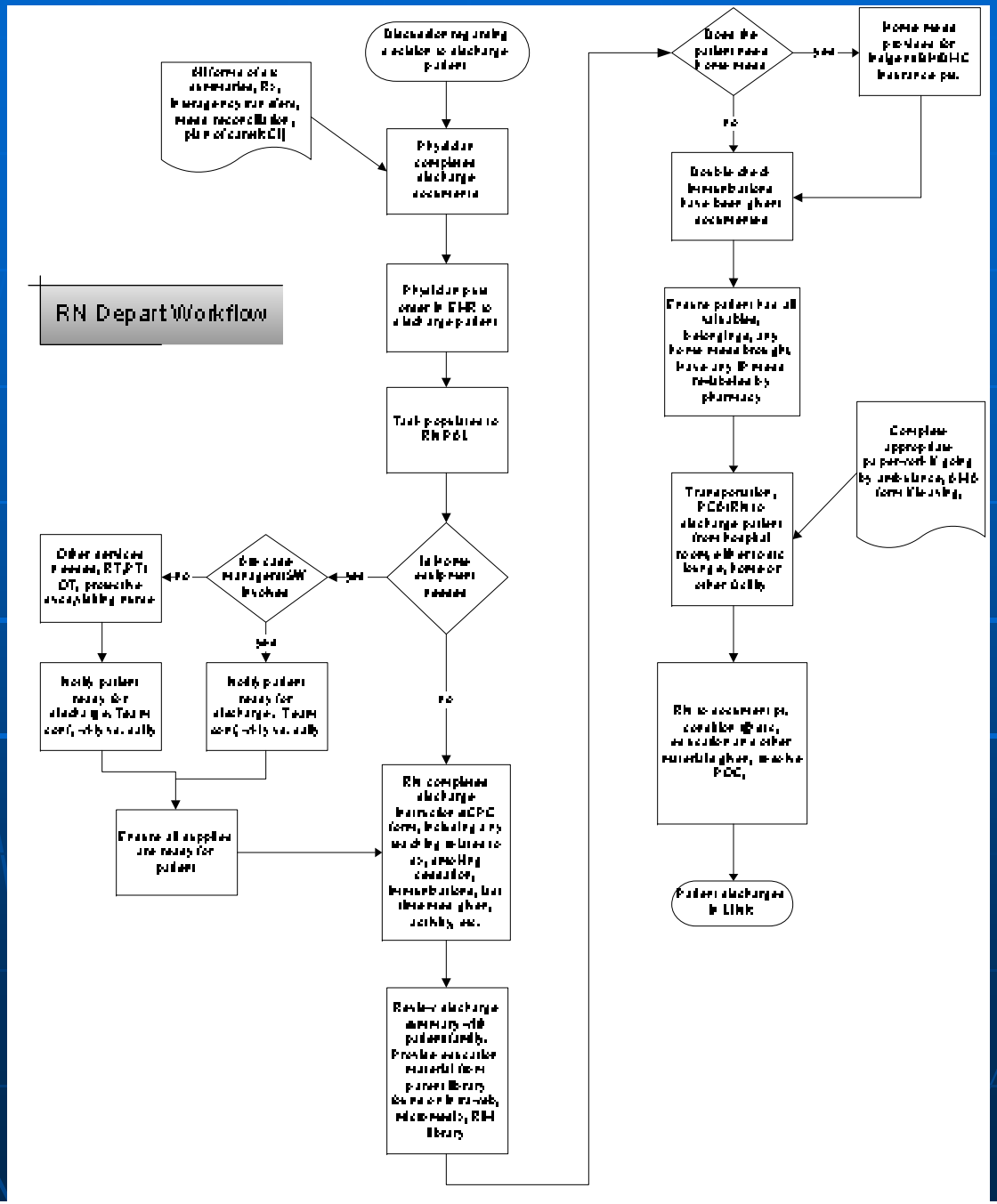
Enhancement Process

- Once approved, the build is moved into production for use by the clinicians
  - Build takes days to weeks amount of time depending on complexity and testing

Workflow

- EHR Team worked with end-users
  - Dietary
  - Respiratory
  - Social Work
- Determine current and future state workflow
- ISD obtained specifications to build the depart process
- Participants tested the build
- Train the Trainer approach for all end-users


RN Depart Workflow
Discussion regarding decision to discharge patient
Physician completes discharge documents
Physician puts order in EHR to discharge patient
Task populates to RN PBL
Is home equipment needed
yes
no
Is case management/SW involved
yes
no
Other services needed, RT, PT, OT, protective accepting nurse
Notify patient ready for discharge. Team conf, w/ly vs. daily
Notify patient ready for discharge. Team conf, w/ly vs. daily
Ensure all supplies are ready for patient
RN completes discharge instruction at CPC form, including any teaching related to ds, smoking cessation, immunizations, last time meds given, activity, etc.
Review discharge summary with patient/family. Provide education material from patient library found on intra-web, micromedia, RN library
Does the patient need home meds
yes
no
Home meds provided for Indigent/BMDHC insurance pts.
Double check immunizations have been given documented
Ensure patient has all valuables, belongings, any home meds brought. Have any IP meds re-labeled by pharmacy
Transportation, PCS/RN to discharge patient from hospital room, either to etc lounge, home or other facility
Complete appropriate paper-work if going by ambulance, 6-16 form if leaving,
RN to document pt. condition @ etc, education and other materials given, resolve POC,
Patient discharges in LINK

Brochure

DISCHARGE SUMMARY

Areas of this section will be completed by nursing, dieticians, SW, CRM, or anyone else involved in the discharge process. **Only the discharging nurse should access the discharge form via Depart; all others should access the form via ad hoc charting**

- Click on the pencil icon to open.
- Complete all appropriate fields for your patient.
- Sign the form (The section will become gray and a will display).

Signing this section will place it on the forms tab. If you need to modify this section it needs to be done from the forms tab.

Saving this section will not display the information on the discharge summary until it has been signed.

Saving/Signing Depart

After completing your required sections of Depart you will need to click SAVE so the information will be present when the next person completes their section.

RN RESPONSIBILITIES

- Complete Discharge Summary
- Complete discharge instructions and medication leaflets if applicable.
- Explain discharge instructions to patient
- Must check box on main screen of Depart that states, "Patient and/or responsible adult verbalizes understanding of instructions given."

☐ Patient and/or responsible adult verbalizes understanding of discharge plan

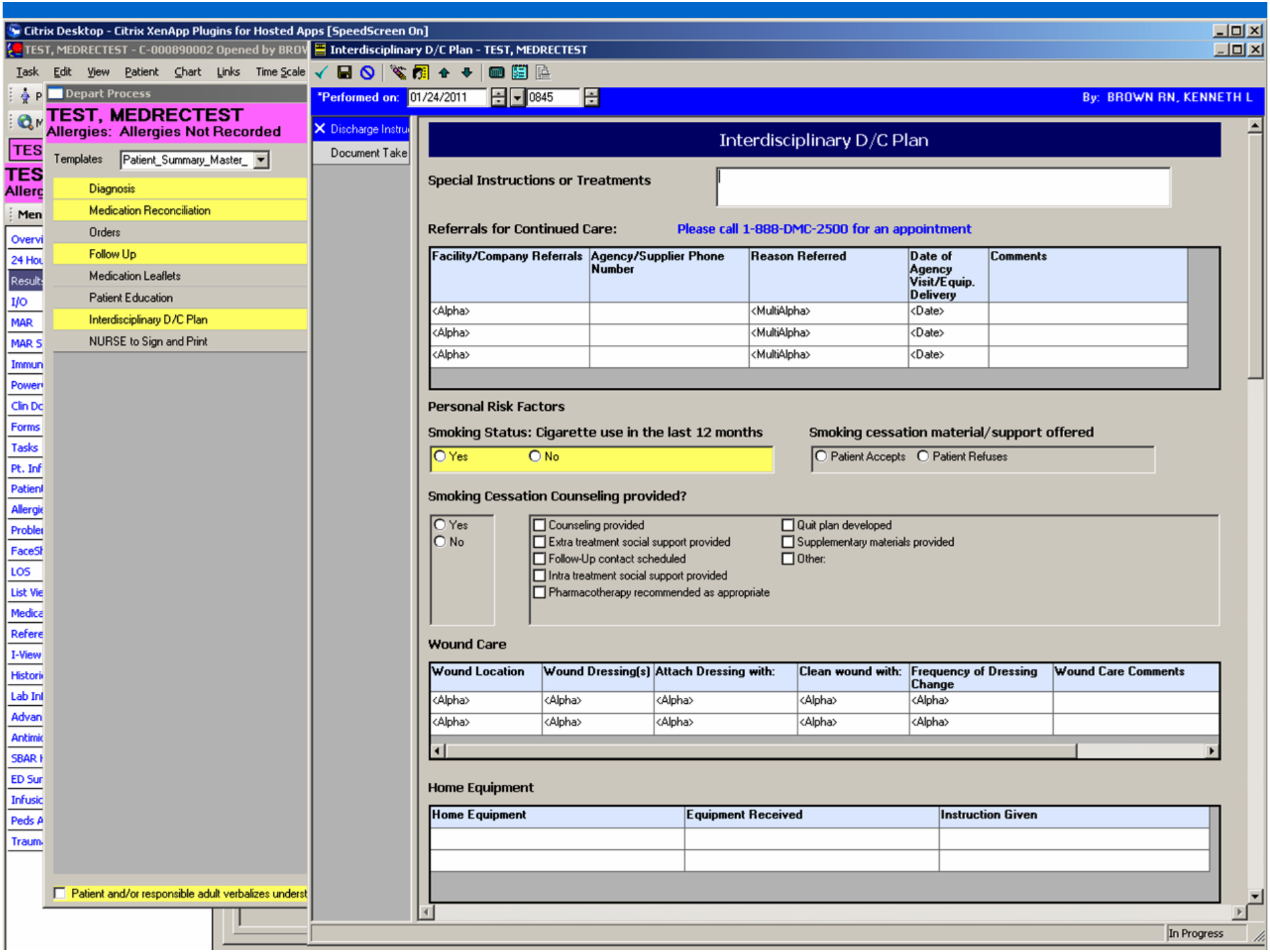
- Sign and print Depart
- Write discharge summary progress note as appropriate.

***** No patient signature required on discharge papers!!***

Pamela Haddox, RN, BSN
Clinical Transformation Team
Detroit Receiving Hospital
April 2010

DEPART

DMC
DETROIT MEDICAL CENTER


Citrix Desktop - Citrix XenApp Plugins for Hosted Apps [SpeedScreen On]
TEST, MEDRECTEST - C-000890002 Opened by BROV
Interdisciplinary D/C Plan - TEST, MEDRECTEST
Task Edit View Patient Chart Links Time Scale
Depart Process
TEST, MEDRECTEST
Allergies: Allergies Not Recorded
Templates Patient_Summary_Master_
Diagnosis
Medication Reconciliation
Orders
Follow Up
Medication Leaflets
Patient Education
Interdisciplinary D/C Plan
NURSE to Sign and Print
Patient and/or responsible adult verbalizes underst
Discharge Instru
Document Take
*Performed on: 01/24/2011 0845
By: BROWN RN, KENNETH L
Interdisciplinary D/C Plan
Special Instructions or Treatments
Referrals for Continued Care:
Please call 1-888-DMC-2500 for an appointment
Facility/Company Referrals
Agency/Supplier Phone Number
Reason Referred
Date of Agency Visit/Equip. Delivery
Comments
<Alpha>
<MultiAlpha>
<Date>
Personal Risk Factors
Smoking Status: Cigarette use in the last 12 months
Yes
No
Smoking cessation material/support offered
Patient Accepts
Patient Refuses
Smoking Cessation Counseling provided?
Yes
No
Counseling provided
Extra treatment social support provided
Follow-Up contact scheduled
Intra treatment social support provided
Pharmacotherapy recommended as appropriate
Quit plan developed
Supplementary materials provided
Other:
Wound Care
Wound Location
Wound Dressing(s)
Attach Dressing with:
Clean wound with:
Frequency of Dressing Change
Wound Care Comments
Home Equipment
Home Equipment
Equipment Received
Instruction Given
In Progress

Evaluation

Homepage

Detroit Receiving Hospital

Objective		1st Quarter 2010			2nd Quarter 2010			3rd Quarter 2010			4th Quarter 2010		
		Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
4) Record demographics Goal – at least 50%	ALL	0%	0%	0%	0%	48%	96%	96%	96%	97%	95%		
4.f) Cause of death	Inpt	N/A	N/A	N/A	N/A	97%	97%	97%	96%	96%	96%		
	Obs	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%		
5) Maintain an up-to-date problem list of current and active diagnoses	Inpt	88%	89%	86%	87%	86%	99%	99%	99%	100%	100%		
Goal – at least 80%	Obs	79%	79%	81%	80%	76%	100%	100%	100%	100%	99%		
6) Maintain Active Medication List	Inpt	93%	93%	89%	91%	92%	99%	100%	99%	99%	99%		
Goal – at least 80%	Obs	94%	94%	85%	85%	88%	98%	97%	99%	99%	99%		
8) Record and chart changes in the following vital signs: (Ht, Wt, BMI, BP) Goal – at least 50%	ALL	17%	17%	13%	12%	12%	13%	12%	74%	95%	97%		
b) Calculate and display the body mass index (BMI) for patients 2 years and older	Inpt	17%	17%	13%	12%	12%	13%	12%	74%	97%	97%		
	Obs	7%	10%	4%	5%	3%	5%	0%	60%	85%	95%		

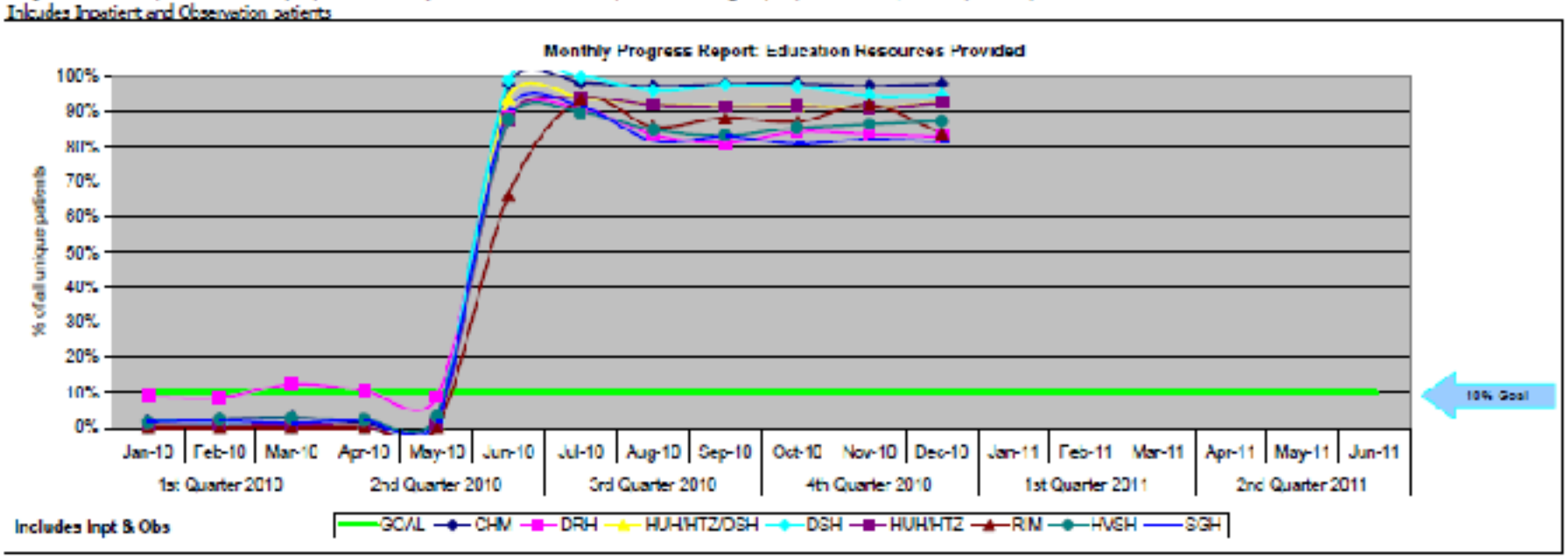
Action Plan/Comments/Updates	Delivery Date	Responsible Person(s)
4.f) EMR Enhancement to capture date, time and cause of death via physician discharge order. Status - completed	9/30/2010	ISD/Clinical Transformation/Medical Informatics STATUS: COMPLETE 11/15/2010
5) Looking at options to capture Logicare information for ED	October 1, 2010	ISD/Clinical Transformation. STATUS: CLOSED. MU Criteria changed, ED information no longer required
6) Work with ED clinicians to capture medication history - adoption	Completed	DRH - STATUS: CLOSED - DRH meets criteria
8.b) EMR Enhancement to calculate BMI and display in All Results. Status - In-production - monitor adoption	August 30, 2010	DRH - STATUS: CLOSED - DRH meets criteria

UPDATE: Since the change of the encounter type from LD to Inpatient and Observation status, action plans may need to be adjusted for your site.

Meaningful Use Dashboard

7) Identify patient-specific education resources and provide those resources to patient if appropriate

Report Specifications and Metrics
Numerator: # of unique patient IDs currently admitted who are provided patient education specific resources.
Denominator: # of unique patient IDs currently admitted
Target: At least 10 percent of all unique patients seen by the EP or admitted to inpatient or emergency department are provided patient specific education resources.
Includes Inpatient and Observation patients



	GOAL	1st Quarter 2010			2nd Quarter 2010			3rd Quarter 2010			4th Quarter 2010			1st Quarter 2011			2nd Quarter 2011		
		Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
CHM	10% of all unique pt	2%	3%	3%	1%	3%	98%	98%	97%	98%	98%	97%	98%						
DRH		9%	9%	12%	11%	9%	88%	91%	83%	81%	84%	84%	83%						
HUH/HTZ/DSH		1%	1%	1%	1%	1%	94%	94%	92%	92%	92%	91%	92%						
DSH		0%	1%	0%	0%	2%	99%	100%	96%	96%	97%	95%	95%						
HUH/HTZ		1%	1%	1%	1%	1%	88%	94%	94%	91%	94%	91%	94%						
RIM		0%	0%	0%	0%	0%	66%	94%	86%	88%	87%	92%	84%						
HVGH		2%	2%	3%	2%	3%	60%	90%	85%	82%	85%	87%	87%						
SGH		2%	2%	1%	2%	2%	91%	91%	82%	83%	81%	82%	82%						
DMH Ave		2%	2%	3%	2%	2%	89%	94%	89%	89%	90%	90%	89%	####	####	####	####	####	####
		Baseline																	

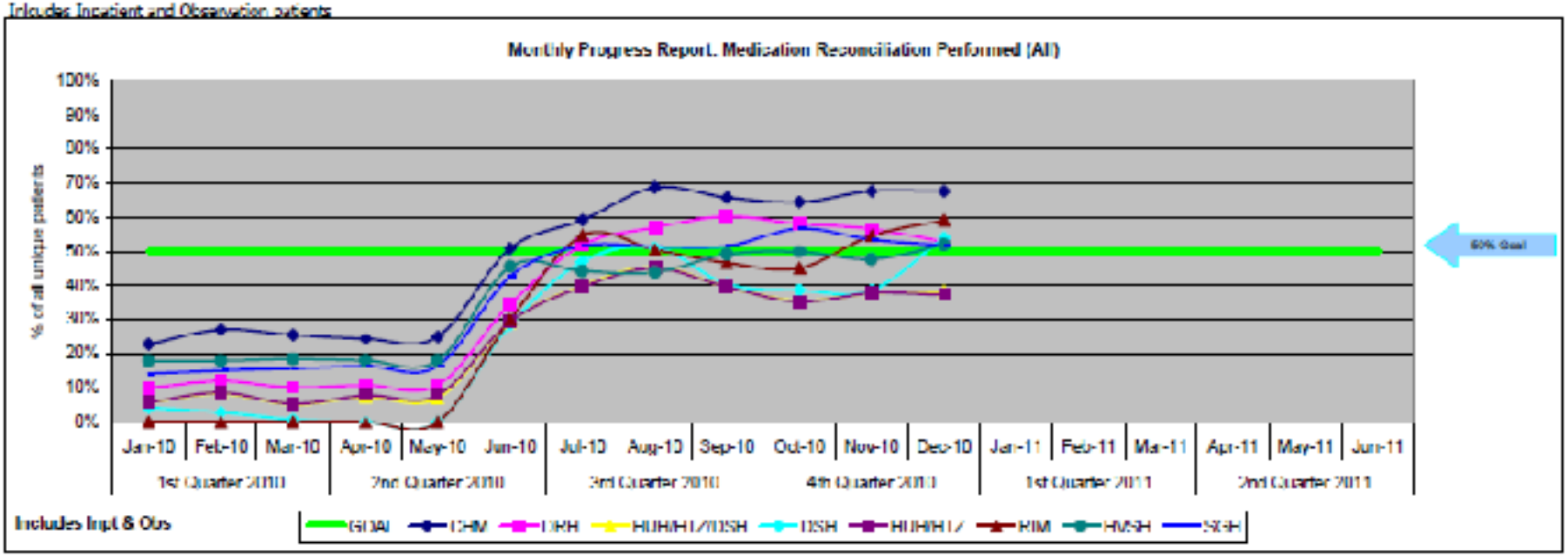
Evaluation

- One measure of effectiveness is discharge medication reconciliation compliance
  - 11% (pre-update)
  - 60% (10 days post-update)

Meaningful Use Dashboard

8.A) Perform medication reconciliation at relevant encounters and each transition of care (All Transitions of Care)

Report Specifications and Metrics
Numerator:
Denominator:
Target: Perform medication reconciliation for at least 50 percent of relevant encounters and transitions of care
Includes Inpatient and Observation patients



		1st Quarter 2010			2nd Quarter 2010			3rd Quarter 2010			4th Quarter 2010			1st Quarter 2011			2nd Quarter 2011		
	GOAL	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
CHM	50% of all unique pt	23%	27%	26%	28%	25%	51%	59%	64%	66%	64%	63%	68%						
DKH		10%	12%	10%	11%	11%	44%	52%	57%	60%	58%	57%	52%						
HUH/HTZ/DSH		6%	8%	5%	7%	7%	29%	40%	45%	40%	35%	38%	38%						
DSH		4%	0%	1%	0%	0%	29%	47%	51%	41%	39%	39%	54%						
HUH/HTZ		6%	9%	5%	8%	8%	29%	40%	45%	40%	35%	38%	37%						
RIM		0%	0%	0%	0%	0%	30%	55%	51%	47%	43%	55%	59%						
HVSH		18%	18%	18%	18%	18%	46%	44%	44%	49%	50%	48%	52%						
VSH		14%	15%	16%	16%	16%	43%	57%	51%	57%	57%	57%	57%						
DMC Ave		10%	11%	10%	11%	11%	36%	48%	52%	49%	48%	49%	52%	####	####	####	####	####	####
			Baseline																

Lessons Learned

- Parking lot issues:
  - Created generic process for all sites
    - Should be more patient population specific:
      - Mother/baby
      - Pediatrics
      - Geriatric
  - Emergency Department admitted patients waiting for bed placement (6X)

Implication for Practice

- Numerous
  - Nurses providing patients with a comprehensive, literacy – based discharge plan of care
    - Legible
    - Easily communicated to next provider of care

Comments and Questions