How to Discharge Patients at VGH

What do I need to get done for the patient to leave the building on discharge day?

1. **Discharge medication reconciliation** done in Cerner and script printed
2. **Discharge medication list** (Cerner template populates what you've done above in #1)
    - Done under attending's CPSBC ID (hopefully in your team group chat's description)
3. **Patient discharge summary** (similar to My Discharge Plan pre-Cerner) – layman terms, what the patient needs to know
4. **Outpatient lab or imaging requisitions** (both likely on the ward, can be done on Cerner as well. Paper lab rec here)
    - Done under attending's MSP # (from college website)
5. *Optional but would be great – relevant patient education materials eg heart failure action plan, SADMANS sick day management info*
6. **Discharge order**
    - After review with senior resident/attending
    - Can do "criteria-led" discharges, eg "pending AMCT sees to give methadone script" "first thing tomorrow morning, give script/patient discharge summary" "when mobility cleared by Allied Health"
7. Let the bedside nurse know the plan

When do I have to do the discharge summary?

- Transition to Cerner makes this step easier, but it is still very important to get these done within 24 hours of discharge. This is especially important when patients are complex/pending short-term outpatient appointments/likely to re-present to medical attention, as your summary of the patient's stay in hospital will be crucial.
- My general strategy on CTU blocks has been to physically discharge patients in the morning and complete the discharge summary in the afternoon before I leave that day, to avoid work piling up.
- My advice would be to anticipate and prepare for the upcoming discharge and periodically update "Course in Hospital" in Provider View, as this will populate the discharge summary. For any patient you are regularly assigned, you can complete the initial paragraph describing the presentation and initial events in hospital, and begin to write the issues list.

Tips?

- Keeping up a good "best practices" section in your rounding notes with follow-up items (appointments, investigations), home medications held, etc. can make this process a lot easier.
- Don't let unarranged follow-up items build up before discharge – eg avoid "at time of discharge, refer to Pacific Lung for PFTs and Resp follow up" – if there are things you can set up now, you will save yourself (or the person who discharges your patient for you if you're post call!!) from the discharge scramble

- Remember to CC all of the patient's actively following specialists as well as their GP on the discharge summary