# Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan Tutorial

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### **Patient Engagement and Activation Documents**

With all documents created in the care of a patient whether:

- 1. Ambulatory disease management plan of care or treatment plan <u>http://www.jameslhollymd.com/epm-tools/Medical-Home-Plan-of-Care-and-Treatment-Plan</u>
- 2. Automated Team Patient Engagement and Activation Document <u>Patient Engagement and Activation</u> <u>Patient Engagement and Activation Document</u>
- 3. Ambulatory care summary of care document
- 4. Hospital Admission Plan of Care and Treatment Plan Hospital Admission Plan of Care
- 5. Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan <u>Example of</u> <u>SETMA's Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan. (De-identified)</u>

the key is to engage and activate the patient in their own care.

### Nomenclature Can Confuse Function

While the traditional "discharge summary" should have been the most important document created during a patient's hospital stay, it historically came to be nothing but a document created for an administrative and billing function for the hospital and attending physician. It has long cease to being a dynamic document for the improvement of patient management. The "discharge summary" rarely provided continuity of care value, or transitions of care information, such as diagnoses, reconciled medication list, or follow-up instructions. In reality, the "discharge summary" was often completed days or weeks after the discharge and was a perfunctory task which was only completed when hospital staff privileges were threatened or payment was delayed.

The "discharge summary" should have always been a transition-of-care document which not only summarized the patient's care during the hospitalization but guided the patient's post-hospital care with a plan of care and treatment plan. In this way, the document would have been a vehicle for patient engagement and activation.

#### Changing the Name to Clarify the Function

In September, 2010, SETMA representatives as an invited participate attended a National Quality Forum conference on Transitions of Care. (http://www.jameslhollymd.com/Letters/nqf-<u>summary-of-</u> <u>dr-hollys-comments-sept-2-2010</u>) During that conference, SETMA realized that the name "discharge summary" needed to be changed. It was thought that a name change would clarify and focus the intent of this critical document. The name was changed to "Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan." The purpose and content of the new document was defined as:

1. **Follow-up instructions and plans** – appointments with all healthcare providers who participated in the patient's inpatient care. These appointments should be made before the patient leaves the hospital and the following information given to the patient and/or family or other principle care giver: time and date of appointment, name, address and telephone number of the provider or providers involved and the reason for the appointment.

- 2. **Referrals** appointments with new healthcare providers who have not been involved in the patient's care but who will participate in care post-hospital. An example might be an oncologist who will treat the patient's newly diagnosed prostate cancer but who did not see the patient in the hospital encounter. The same information as in the "follow-up" should be given to the patient in writing.
- 3. **Procedures** any testing or examinations which are to be done after the hospital should be scheduled before the patient leaves the hospital and all contact information included in the "Post Hospital Plan of Care and Treatment Plan."
- 4. **Testing which is not resulted at discharge** a definite plan must be established prior to discharge for the reporting to and discussing with the patient any test results which have not complete at the time of discharge.
- 5. **Reconciled Medication List** the most common cause for preventive readmissions is medication errors. An accurately reconciled medication lists which is clearly communicated to the patient with assurance that the patient can and has obtained their medication is a critical part of a transition of care document.
- 6. Hospital Care Coaching Call This call, which lasts 12-30 minutes, is scheduled the day following discharge from the hospital. It provides a valuable bridge between inpatient and ambulatory care. In January, 2013, CMS published Transitions of Care Management Codes with which to pay primary care providers for the tasks they perform in transition care. One element required for billing one of these codes is the provider having made a telephone contact with the patient within forty-eight hours of the patient's discharge from the hospital. The following link explains the *Transition of Care Management Code* requirement: <u>http://www.jameslhollymd.com/epm-tools/transition-of-care-management-code-tutorial</u>

The Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan should acknowledgment that a follow-up telephone call has been scheduled for the day following discharge which call will include at least the addressing of the following information:

- a. An internal review and audit of the Hospital Consumer Assessment of Healthcare Provider and Systems.
- b. Review of reconciled medication list.
- c. Review of follow-up care and referrals.
- d. Patient's care and understanding of that care.
- e. Patient's engagement and activation in their care.

## Discharge Summary Versus Hospital Care Summary – Post Hospital Plan of Care and Treatment Plan

The significant differences between these two documents are:

1. The Hospital Care Summary **MUST BE** completed at the time the patient is discharged from the hospital because it is not an administrative tool or simply a means where by a charge can be made. It is THE critical transition of care and continuity of care document linking the inpatient care with the ambulatory care.

From 2008 – 2013, SETMA has discharged over 20,000 patients from the hospital. 98.7% of the time the Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan has been completed at the time the patient leaves the hospital. Prior to 2003, before SETMA recognized the critical value of this transition of care document, we were routinely thirty days behind in the completion of the discharge summary.

When SETMA's CEO, took over responsibility for leading SETMA's inpatient work, he asked the question, "How far behind are you with discharge summaries?" When the answer was 30 days, he asked, "Are you ever more than 30-days behind, or are you ever less than 30-days behind?" The answer to both was, "No." The staff was then asked, "If you are never more than 30-days behind and if you are never less than 30-days behind, what does that tell you?" When no answer was given, the CEO asked, "If you once get caught up, where would you stay?" The staff realized that if they got caught up, as they had stayed 30-days behind, always; they would stay caught up, always.

- 2. Because the Hospital Care Summary is being completed at the time of the patient's discharge, the document serves as a patient engagement and activation tool. It allows the patient to know what they need to do, when and where they are to do it and why they needed to do it. Because this document is completed at the time the patient leaves the hospital, the Summary contributes to active, reconciled medication lists.
- 3. Because the document is completed in the ambulatory EMR which is also used in the clinic, it meant that the provider seeing the patient in the clinic would have a complete explanation of what was done to and for the patient in the hospital. The reconciled medication list done on admission to the hospital, on discharge from the hospital, at the time of the care coaching call and at the follow-up visit in the clinic is the same in all four.
- 4. In order to manage transitions of care and to audit the process, SETMA created the **Inpatient Medical Record Census** (IMRC). This is an electronic documentation of when and where a patient is admitted, when the history and physician is completed, when the Hospital Care Summary and Post Hospital Plan of Care is completed and questions posted by SETMA's Central Business Office about hospital charges.

# Hospital Care Summary And Post Hospital Plan of Care and Treatment Plan Tutorial

As the Hospital Care Summary is first accessed, a pop up will display to allow you to select a hospital location where the care was given. See below outline in Green.

Hospital Car	re <sup>Adr</sup>	mission Date / /	Facility	y Christus	St. Elizabeth	Home
Summary	Dis	charge Date / /	Туре	e Dischar	ge Summary	Histories
Summary	Schedule	d Admission 🔘 Yes 🔘 No	Attendin			Health
Admitting Diagnosis	Status	Discharge Diagnosis	(	What Location?	<b>X</b>	Den Den inn
Hypertension		Diastolic CHF, chronic		mar Eocation.	Constant of the local division of the local	
Dizziness		Abnormal heart rate		Altus In-Patien	t Hospice Bantist	n sical Exam
Fever		Fever		Altus In-Patien	t Hospice, St. Elizabeth	Picedures
Abnormal heart rate		Dizziness		Altus In-Patien	t Hospice, TMC	Ladiology
Diastolic CHF, chronic		Hypertension		Baptist Rehab	1	a diology
				Christus St. Eli	zabeth	EKG
				Dubuis SET Medical C	enter	L boratory
						I vdration
Additional Admitting Dx			Ad			lutrition
		Discharge into Cl	hronic Li		Close	
Admitting Chronic Conditio	ns	Discharge Chronic Con	ditions	<u>110-01001</u>		s ital course
DM (diabetes mellitus) type II c		DM (diabetes mellitus) typ	pe II contr <del>onec</del>		C Ver C No	sing Home
Diastolic CHF, chronic		Diastolic CHF, chronic				Follow-up Instr
Chronic renal disease, stage I		Chronic renal disease, st	age II		Days in ICU	Follow-up Loc
Hypertension		Hypertension			Days on IV Antibiotics	Description
Hypertensive retinopathy of b		Hypertensive retinopathy	of both eyes			Document
Metabolic syndrome		Metabolic syndrome			Days on Ventilator	Follow-Up Doc
Myocardial infarct, old		Myocardial infarct, old				
Coronary artery disease		Coronary artery disease			Fall Risk Assessment	08/21/2013
Elevated homocysteine		Elevated homocysteine			Functional Assessment	05/21/2013
Elevated C-reactive protein		Elevated C-reactive prote	ein		Pain Assessment	10/31/2012
Meniscus, lateral, derangemei		Meniscus, lateral, derang	ement		Karnofsky/Lansky Scale	11
Elevated blood uric acid level		Elevated blood uric acid I	evel		Palliative Perf Scale	
Obesity, morbid		Obesity, morbid			Last Hospital Discharge	
Elevated sed rate		Elevated sed rate			Medication Reconcilliation	11
BPH without urinary obstruction		BPH without urinary obst	ruction		Hospital Follow-Up Call	
Gout		Gout			Surgeries This Stay	
						11
						11
					ļ	11

You will notice that the Hospital Care Summary Master Template shows the admission diagnoses and the discharge diagnoses. The order and the content of the discharge diagnoses can be changed. See below the button entitled "re-order" which is outlined in "green."

Non-transmistry       Discharge Date       / / / / / / / / / / / / / / / / / / /	Hospital Ca	Adm	nission Date	11	Facility	Christus	St. Elizabeth		Home
Summery       Scheduled Admission       Yes       No       Attending       Health         Admitting Diagnosis       Status       Discharge Diagnosis       Status       Discharge Diagnosis       Status       Provedures         Dizziness       Dizziness       Dizziness       Dizziness       Discharge Condition       Physical Exam         Fever       Abnormal heart rate       Discharge Condition       Progeosis       EKG         Disatolic CHF, chronic       Discharge Diagnosis       Readmission Risk       Laboratory         Low       Discharge Chronic Conditions       Discharge Chronic List       Discharge Time       1 - 31 minutes         Midiates mellitus) type II c       DM (diabetes mellitus) type II c       Diastolic CHF, chronic       Discharge Chronic Conditions       Recorrer         Diges on IV Antibiotics       Disstolic CHF, chronic       Diastolic CHF, chronic       Dastolic C	Summony	Disc	harge Date	11	Туре	Dischar	ge Summary		Histories
Admitting Diagnosis       Status       Discharge Diagnosis       Statu       Revorder       Inclusion         Hypertension       Hypertension       Hypertension       Hypertension       Procedures         Discharge Condition       Fever       Discharge Condition       Procedures         Abnormal heart rate       Abnormal heart rate       Discharge Condition       Procedures         Discloit CHF, chronic       Discharge Chronic Conditions       Prognosis       EKG         Additional Admitting Dx       Additional Discharge Dx       Discharge Chronic Conditions       Nutrition         Additional Admitting Dx       Discharge Chronic Conditions       Recorder       Nutrition         DM (diabetes melifus) type II c       DM (diabetes melifus) type II controllec       Disson Immate       Nutrition         Discharge Into Chronic List       Dassioic CHF, chronic       Dassioic CHF, chronic       Dassioic CHF, chronic       Dassioic CHF, chronic       Dass on IV Antibiotics         Difficient Conditions       Resorder       Prison Immate       Nutrition         Hypertension       Hypertension       Days on IV Antibiotics       Nusring Home         Hypertension       Hypertension       Days on VAntibiotics       Document         Fellow-up Loc       Dass on IV Antibiotics       Document       Follo	Summary	Scheduled	d Admission 🔘	Yes 🔿 No	Attending				Health
Hypertension       Hypertension       Bischarging To       System Review         Dizziness       Dizziness       Procedures         Fever       Abnormal heart rate       Discharge Condition       Procedures         Diastolic CHF, chronic       Diastolic CHF, chronic       Prognosis       EKG         Additional Admitting Dx       Additional Discharge Dx       Readmission Risk       Low         Additional Admitting Dx       Additional Discharge Dx       Discharge Time       Nutrition         Additional Admitting Dx       Discharge Chronic Conditions       Readmission Risk       Low       Hypertension         Additional Admitting Dx       Additional Discharge Dronic Conditions       Resorder       Prison Inmate       Nutrition         M (diabetes mellitus) type II c       DM (diabetes mellitus) type II controllect       Prison Inmate       Nursing Home         Diastolic CHF, chronic       Diastolic CHF, chronic       Days in ICU       Days in ICU       Days in ICU         Hypertension       Hypertension       Hypertension       Days on IV Antibiotics       Document         Hypertensive retinopathy of b       Hypertension       Pain Assessment       Follow-up Loc         Metabolic syndrome       Metabolic syndrome       Pain Assessment       Sist/12/2013         Revated blood uric a	Admitting Diagnosis	Status	Discharge Dia	ignosis	:	Stat <mark>s <u>Re-order</u></mark>		-	
Dizziness       Dizziness       Physical Exam         Fever       Fever       Abnormal heart rate       Discharge Condition       Procedures         Abnormal heart rate       Diastolic CHF, chronic       Prognosis       EKG         Diastolic CHF, chronic       Discharge Condition       Procedures         Additional Admitting Dx       Additional Discharge Dx       Discharge Time       Nutrition         Additional Admitting Chronic Conditions       Discharge Chronic Conditions       Readmission Risk       Laboratory         Multition       Discharge Chronic Conditions       Re-order       Prison Inmate       Nutrition         Distolic CHF, chronic       Discharge Chronic Conditions       Re-order       Prison Inmate       Nutrition         Distolic CHF, chronic       Distolic CHF, chronic       Distolic CHF, chronic       Prison Inmate       Nursing Home         Chronic renal disease, stage I       Chronic renal disease, stage I       Days in CU       Pays on IV Antibiotics       Nursing Home         Hypertension       Hypertensive retinopathy of both       Hypertensive retinopathy of both eyes       Nursing Home         Idvalated Armedicau Advance       Coronary artery disease       Coronary artery disease       Pail Risk Assessment       Follow-up Loc         Idvalated Armedie Elevated Armagemet       Meniscus, l	Hypertension		Hypertension				bischarging To		System Review
Fever       Fever       Discharge Condition       Procedures         Abnormal heart rate       Abnormal heart rate       Prognosis       Radiology         Diastolic CHF, chronic       Diastolic CHF, chronic       Prognosis       EKG         Additional Admitting Dx       Additional Discharge Dx       Laboratory         Additional Admitting Dx       Discharge into Chronic List       Discharge Time       Nutrition         Admitting Chronic Conditions       Discharge Chronic Conditions       Re-order       Nutrition         M (diabetes mellitus) type II c       DM (diabetes mellitus) type II controllec       Distolic CHF, chronic       Nutrition         Diastolic CHF, chronic       Diastolic CHF, chronic       Diastolic CHF, chronic       Nutrition         Chronic renal disease, stage I       Chronic renal disease, stage I       Prison Immate       Nursing Home         Hypertension       Hypertension       Hypertension       Procenter       Diastolic CHF, chronic         Metabolic syndrome       Metabolic syndrome       Metabolic syndrome       Days in ICU       Document         Hypertension       Hypertension       Myocardial Infarct, old       Discharge ment       Functional Assessment       Dis/21/2013         Coronary artery disease       Coronary artery disease       Coreactive protein       Elevated ho	Dizziness		Dizziness				I	- 11	Physical Exam
Abnormal heart rate       Abnormal heart rate       Radiology         Diastolic CHF, chronic       Diastolic CHF, chronic       Prognosis       EKG         Additional Admitting Dx       Additional Discharge Dx       Laboratory       Hydration         Additional Admitting Dx       Discharge Fine       Nutrition       Nutrition         Additional Admitting Dx       Discharge Chronic Conditions       Readmission Risk       Laboratory         Admitting Chronic Conditions       Discharge Fine       Nutrition       Nutrition         Didatolic CHF, chronic       Did (diabetes mellitus) type II controllec       Did (diabetes mellitus) type II controllec       Diastolic CHF, chronic	Fever		Fever				Discharge Conditi	on	Procedures
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Additional Admitting Dx       Additional Discharge Dx       Readmission Risk Low       Laboratory         Additional Admitting Dx       Additional Discharge Dx       Discharge Time       Low       Hydration         Admitting Chronic Conditions       Discharge Chronic Conditions       Re-order       Nutrition       Nutrition         DM (diabetes mellitus) type II c       DM (diabetes mellitus) type II controllec       Discharge Chronic Conditions       Re-order       Prison Inmate       Nutrition         Dischoir cenal disease, stage I       DM (diabetes mellitus) type II controllec       Disatolic CHF, chronic       Diastolic CHF, chronic       Diastolic CHF, chronic       Days in ICU       Follow-up Instr         Hypertensive retinopathy of b       Hypertensive retinopathy of both eyes       Myocardial infarct, old       Days on V/ Antibiotics       Document         Metabolic syndrome       Metabolic syndrome       Metabolic syndrome       Days on V/ Antibiotics       Days on V/ Antibiotics         Bevated homocysteine       Elevated C-reactive protein       Elevated C-reactive protein       Fall Risk Assessment       08/21/2013         Meniscus, lateral, derangemei       Meniscus, lateral, derangement       Karrofsky/Lansky Scale       //         Elevated blood uric acid level       Obesity, morbid       Desity, morbid       Days in Clu       0//       1// <tr< td=""><td>Diastolic CHF, chronic</td><td></td><td>Diastolic CHF,</td><td>chronic</td><td></td><td></td><td>Prognosis</td><td></td><td>EKO</td></tr<>	Diastolic CHF, chronic		Diastolic CHF,	chronic			Prognosis		EKO
Additional Admitting Dx       Additional Discharge Dx       Readmission Risk       Laboratory         Additional Admitting Dx       Additional Discharge Dx       Discharge into Chronic List       Discharge Dx       Discharge Chronic Conditions       Readmission Risk       Laboratory         Admitting Chronic Conditions       Discharge Chronic Conditions       Re-order       C 1 - 31 minutes       Nutrition         DM (diabetes mellitus) type II c       DM (diabetes mellitus) type II controlled       Discharge Chronic Conditions       Prison Inmate       Nutrsing Home         Diastolic CHF, chronic       Diastolic CHF, chronic       Diastolic CHF, chronic       Days in ICU       Follow-up Instr         Chronic renal disease, stage I       Hypertension       Hypertension       Days on IV Antibiotics       Document         Hypertension       Myocardial infarct, old       Myocardial infarct, old       Days on Ventilator       Document         Elevated Chreactive protein       Elevated C-reactive protein       Elevated C-reactive protein       Fall Risk Assessment       08/21/2013         Behavited blood uric acid level       Obesity, morbid       Obesity, morbid       Doesity, morbid       Dostarge Medication Recordiation         BPH without urinary obstructii       BPH without urinary obstruction       BPH without urinary obstruction       Hospital FollowUp Call         Gou							1	- 1	EKG
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Admitting Chronic Conditions       Discharge Chronic Conditions       Re-order       Prison Inmate       Nursing Home         DM (diabetes mellitus) type II c       DM (diabetes mellitus) type II controllec       Prison Inmate       Nursing Home         Diastolic CHF, chronic       Diastolic CHF, chronic       Days in ICU       Days in ICU       Pays in ICU         Hypertension       Hypertension       Hypertension       Days on IV Antibiotics       Document         Metabolic syndrome       Metabolic syndrome       Days on Ventilator       Document         Myocardial infarct, old       Myocardial infarct, old       Days on Ventilator       Follow-up Loc         Coronary artery disease       Coronary artery disease       Follow-up Loc       Days on Ventilator         Elevated homocysteine       Elevated homocysteine       Follow-up Loc       Days on Ventilator         Meniscus, lateral, derangemei       Meniscus, lateral, derangement       Karnofsky/Lansky Scale       08/21/2013         Disstitution urinary obstructii       Debsity, morbid       Debsity, morbid       Last Hospital Discharge       / /         BPH without urinary obstructii       BPH without urinary obstruction       BH without urinary obstruction       Mospital Follow-Up Call         Surgeries This Stay       / /       / /       / /       / /       / / <td></td> <td></td> <td>Disch</td> <td>arge into Chr</td> <td>onic List</td> <td></td> <td>O &gt; 31 minutes</td> <td></td> <td>Hospital Course</td>			Disch	arge into Chr	onic List		O > 31 minutes		Hospital Course
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Chronic renal disease, stage I       Chronic renal disease, stage II       Days in ICU       Follow-up Loc         Hypertension       Hypertensive retinopathy of b       Hypertensive retinopathy of both eyes       Days on IV Antibiotics       Document         Metabolic syndrome       Metabolic syndrome       Days on Ventilator       Document         Myocardial infarct, old       Myocardial infarct, old       Days on Ventilator       Dollaw: Document         Coronary artery disease       Coronary artery disease       Coronary artery disease       Days on Ventilator       D8/21/2013         Elevated homocysteine       Elevated homocysteine       Elevated C-reactive protein       Fall Risk Assessment       08/21/2013         Meniscus, lateral, derangemei       Meniscus, lateral, derangement       Karnofsky/Lansky Scale       / /         Elevated blood uric acid level       Obesity, morbid       Obesity, morbid       Last Hospital Discharge       / /         BPH without urinary obstructio       BPH without urinary obstruction       Hospital Follow-Up Call       Surgeries This Stay       / /         Gout       Image: Surgeries This Stay       / /       / /       / /         Homedication       Image: Surgeries This Stay       / /       / /         Image: Surgeries This Stay       / /       / /       / / <t< td=""><td>Diastolic CHF, chronic</td><td></td><td>Diastolic CHF.</td><td>chronic</td><td></td><td></td><td>🔿 Yes 🔿 No</td><td></td><td>Follow-up Instr</td></t<>	Diastolic CHF, chronic		Diastolic CHF.	chronic			🔿 Yes 🔿 No		Follow-up Instr
Hypertension       Hypertension       PolidW-Up Loc         Hypertensive retinopathy of b       Hypertensive retinopathy of both eyes       Days on IV Antibiotics       Document         Metabolic syndrome       Metabolic syndrome       Days on Ventilator       Follow-Up Doc         Myocardial infarct, old       Myocardial infarct, old       Days on Ventilator       Follow-Up Doc         Coronary artery disease       Coronary artery disease       Days on Ventilator       08/21/2013         Elevated homocysteine       Elevated homocysteine       Fall Risk Assessment       08/21/2013         Elevated C-reactive protein       Elevated C-reactive protein       Pain Assessment       05/21/2013         Meniscus, lateral, derangemei       Meniscus, lateral, derangement       Karnofsky/Lansky Scale       / /         Obesity, morbid       Obesity, morbid       Obesity, morbid       Last Hospital Discharge       / /         BPH without urinary obstructii       BPH without urinary obstruction       Hospital Follow-Up Call       Surgeries This Stay       / /         Gout	Chronic renal disease, stage I		Chronic renal	disease, stat	ge II		Days in ICU	-	Fellew ve Lee
Hypertensive retinopathy of b       Hypertensive retinopathy of both eyes       Days on V Antibiotics       Document         Metabolic syndrome       Metabolic syndrome       Days on Ventilator       Follow-Up Doc         Myocardial infarct, old       Myocardial infarct, old       Days on Ventilator       Follow-Up Doc         Coronary artery disease       Coronary artery disease       Fall Risk Assessment       08/21/2013         Elevated homocysteine       Elevated homocysteine       Functional Assessment       05/21/2013         Meniscus, lateral, derangemei       Meniscus, lateral, derangement       Karnofsky/Lansky Scale       1 /         Elevated blood uric acid level       Obesity, morbid       Obesity, morbid       Last Hospital Discharge       1 /         BPH without urinary obstructii       BPH without urinary obstruction       BPH without urinary obstruction       Hospital Follow-Up Call       Surgeries This Stay       1 /         Image: State S	Hypertension		Hypertension					-	Follow-up Loc
Metabolic syndrome       Metabolic syndrome       Days on Ventilator       Follow-Up Doc         Myocardial infarct, old       Myocardial infarct, old       Image: Coronary artery disease	Hypertensive retinopathy of b		Hypertensive	retinopathy o	f both eyes		Days on IV Antibiotic	.s	Document
Myocardial infarct, old       Myocardial infarct, old       Image: Coronary artery disease       Image	Metabolic syndrome		Metabolic syn	drome	[		Days on Ventilator		Follow-Up Doc
Coronary artery disease       Coronary artery disease       Fall Risk Assessment       08/21/2013         Elevated homocysteine       Elevated homocysteine       Functional Assessment       05/21/2013         Elevated C-reactive protein       Elevated C-reactive protein       Pain Assessment       05/21/2013         Meniscus, lateral, derangemei       Meniscus, lateral, derangement       Functional Assessment       01/31/2012         Elevated blood uric acid level       Elevated blood uric acid level       Pain Assessment       1/1         Obesity, morbid       Obesity, morbid       Elevated sed rate       Elevated sed rate       1/1         BPH without urinary obstruction       BPH without urinary obstruction       Hospital Follow-Up Call       Surgeries This Stay         Gout       Image: Content of the second seco	Myocardial infarct, old		Myocardial inf	arct, old				_	
Elevated homocysteine       Elevated homocysteine       Image: Assessment in the image: Assessmen	Coronary artery disease		Coronary arte	ry disease			Fall Dick Access	ant	08/21/2013
Elevated C-reactive protein       IndictorMARsessment         Meniscus, lateral, derangemei       Meniscus, lateral, derangement         Elevated blood uric acid level       Elevated blood uric acid level         Obesity, morbid       Obesity, morbid         BPH without urinary obstruction       BPH without urinary obstruction         BPH without urinary obstruction       Gout         Image: Construction       Image: Construction	Elevated homocysteine		Elevated home	ocysteine			Functional Assess	ment	05/21/2013
Meniscus, lateral, derangemei       Meniscus, lateral, derangement       Introduction         Elevated blood uric acid level       Elevated blood uric acid level       Introduction         Obesity, morbid       Obesity, morbid       Introduction         Elevated sed rate       Elevated sed rate       Introduction         BPH without urinary obstruction       BPH without urinary obstruction       Hospital Follow-Up Call         Gout       Introduction       Introduction       Introduction         Introduction       Introduction       Intren	Elevated C-reactive protein		Elevated C-rea	active protein	1		Dain Assessme	nt	10/31/2012
Elevated blood uric acid level       Elevated blood uric acid level       Iterations synchisty Scale       Iterations synchisty Scale         Obesity, morbid       Obesity, morbid       Iterations synchisty Scale       Iterations synchisty Scale       Iterations synchisty Scale         Elevated sed rate       Elevated sed rate       Elevated sed rate       Iterations synchisty Scale       Iterations synchisty Scale         BPH without urinary obstruction       BPH without urinary obstruction       Iterations and state       Iterations and state         Gout       Gout       Surgeries This Stay       Iterations and state         Image: State state state state       Image: State state state       Iterations state         Image: State state state state state state       Image: State state state       Iterations state         Image: State	Meniscus, lateral, derangemei		Meniscus, late	eral, derangei	ment		Karnofeky/Laneky/	Scala	11
Obesity, morbid     Obesity, morbid     Initiative refrescale     Initiative refrescale       Elevated sed rate     Elevated sed rate     Last Hospital Discharge     I       BPH without urinary obstructio     BPH without urinary obstruction     Hospital Follow-Up Call       Gout     Surgeries This Stay     I       Image: State Stat	Elevated blood uric acid level		Elevated blood	d uric acid lev	/el		Palliative Perf Sc	ale	
Elevated sed rate     Class Hospital Discharge     / /       BPH without urinary obstruction     Medication Reconciliation     Hospital Follow-Up Call       Gout     Gout     Surgeries This Stay     / /       Image: Class Hospital Discharge     / /     //       BPH without urinary obstruction     Surgeries This Stay     / /       Image: Class Hospital Discharge     / /     //       Gout     Image: Class Hospital Discharge     / /       Image: Class Hospital Discharge     / /     //       Image: Class Hospital Discharge     / /     //       Image: Class Hospital Discharge     / /     //       Image: Class Hospital Discharge     //     //	Obesity, morbid		Obesity, morb	id			Last Hospital Discha	100	
BPH without urinary obstruction     Image: marked black in the second seco	Elevated sed rate		Elevated sed	rate			Medication Reconcil	iation	11
Gout     Gout     Surgeries This Stay       Image: Strain	BPH without urinary obstruction		BPH without u	irinary obstru	iction		Hospital Follow-Up	Call	
	Gout		Gout				Surgeries This Stay		
									11
									11
			L						11

You can change the Discharge Diagnoses and/or their status, but the admission diagnoses cannot be changed. However, if you do not go through the steps descried below (see Page 40), this functionality will not work properly.

To change the discharges diagnoses, you click in the boxes under Discharge Diagnosis. When that is done, the list of ICD-9 Codes in the IMO software package will appear. You can then select new diagnoses which were discovered during the hospitalization.

Hospital Care Summary Admitting Diagnosis St	Admission Date // Discharge Date // Scheduled Admission C Yes C No atus Discharge Diagnosis	Facility Type Discha Attending tus <u>Re-orde</u>	rge Summary	Home Histories Health System Review
	<u>L</u>			Physical Exam
IMO Search Plus Diagnosis Search powered by IMO Problem(IT A	Search IMO	100 -		x es y rry n n urse ome instr Loc int Doc 11 11 11

When an abbreviation or the first several letter of a diagnosis' name is typed in the box next to "**Search IMO**" above, the list of relevant ICD-9 codes will appear. The box to the left of the desired diagnosis is checked and then the button entitled "select" is depressed.

Diagnosis Search	_
chí Search IMO 100 -	
C R K CHF (congestive heart failure) (4280) .368	E
C 🖪 🗛 CHF (congestive heart failure), NYHA class I (4280) .368	
C R K CHF (congestive heart failure), NYHA class II (4280) .368	-
R R CHF (congestive heart failure), NYHA class III (4280) .368	
R R CHF (congestive heart failure), NYHA class IV (4280) .368	
C R R CHF (NYHA class I, ACC/AHA stage B) (4280) .368	
C R R CHF (NYHA class II, ACC/AHA stage C) (4280) .368	
C R R CHF (NYHA class III, ACC/AHA stage C) (4280) .368	
C R R CHF (NYHA class IV, ACC/AHA stage D) (4280) .368	
C R R CHF due to valvular disease (4280) (specify) .368	
C R Rx CHF exacerbation (4280) .368	
C R R CHF NYHA class I (4280) .368	
R Rx CHF NYHA class I (no symptoms from ordinary activities) (4280) .368	
○ R R CHF NYHA class II (4280) .368	
<b>R</b> K CHF NYHA class II (symptoms with moderately strenuous activities) (4280) .368	
$\bigcirc$ <b>R</b> K CHF NYHA class III (4280) .368	
C R R CHF IN YHA class III (symptoms with mildly strenuous activities) (4280) .308	
C R Ry CHF IN THA class IV (4280) .308	
R w CHF IN FIA class IV (symptoms with any physical activity and at test) (4280) .508	
CHF with laft warthing directoria directoria NVUA alors 1 (42820) (mercify) 268	-
Solution (42850) (specify) .508	
Select	

## **Re-Ordering the Discharge Diagnostic List**

Because the admission diagnoses will often be different from the discharge diagnoses and because the principle diagnosis which resulted in the hospitalization should be listed first, and because the co-morbidities which resulted in the hospital admission should be listed next, there is a "re-order" button which allows the provider to easily changed the order in which the diagnoses are listed. The following is a link to the full explanation of how to "re-order" a diagnoses list: <u>The ability to re-order the Chronic Problem List with the most important diagnoses at the top.</u>

Hospital Care A	dmission Date // Fa	cility Christu	is St. Elizabeth	Home
Current Di	scharge Date / /	ype Discha	arge Summary	Histories
Summary Schedul	ed Admission 🔿 Yes 🔿 No 🦳 Atter	ding		Health
Admitting Diagnosis Status	Discharge Diagnosis	Stat s <u>Re-order</u>	c .	ineditii
Hypertension	Hypertension		bischarging To	System Review
Dizziness	Dizziness			Physical Exam
Fever	Fever		Discharge Condition	Procedures
Abnormal heart rate	Abnormal heart rate			Radiology
Diastolic CHF, chronic	Diastolic CHF, chronic		Prognosis	EKO
				EKG
			Readmission Risk	Laboratory
			Low	Hydration
Additional Admitting Dx	Ad Discharge into Chargie Lind	litional Discharge Da	Discharge Time C 1 - 31 minutes	Nutrition
	Discharge into Chronic List		O > 31 minutes	Hospital Course
Admitting Chronic Conditions	Discharge Chronic Conditions	Re-orde	Prison Inmate	Nurning Homo
DM (diabetes mellitus) type II c	DM (diabetes mellitus) type II contro	llec	🔿 Yes 🔘 No	Norsing Home
Diastolic CHF, chronic	Diastolic CHF, chronic		Davs in ICU	Follow-up Instr
Chronic renal disease, stage I	Chronic renal disease, stage II			Follow-up Loc
Hypertension	Hypertension		Days on IV Antibiotics	Document
Hypertensive retinopathy of b	Hypertensive retinopathy of both e	/es		
Metabolic syndrome	Metabolic syndrome		Days on Ventilator	Follow-up Doc
Myocardial infarct, old	Myocardial infarct, old			
Coronary artery disease	Coronary artery disease		Fall Risk Assessment	08/21/2013
Elevated homocysteine	Elevated homocysteine		Functional Assessment	05/21/2013
Elevated C-reactive protein	Elevated C-reactive protein		Pain Assessment	10/31/2012
Meniscus, lateral, derangemei	Meniscus, lateral, derangement		Karnofsky/Lansky Scale	11
Elevated blood uric acid level	Elevated blood uric acid level		Palliative Perf Scale	
Obesity, morbid	Obesity, morbid		Last Hospital Discharge	
Elevated sed rate	Elevated sed rate		Medication Reconcilliation	
BPH without urinary obstruction	BPH without urinary obstruction		Hospital Follow-Up Call	
Gout	Gout		Surgeries This Stay	
				11
				11
				11

When you click the "re-order" button, the following template will appear.

	Reorde	r Discharge Ass	essments
Clic Clin You Ord	k the items in the "Current Order" in th ically significant conditions are highligi I cannot click OK until you have m ler" column.	e sequence that you would like ted in red so that you may quic oved ALL of the items fron	to reorder them. kly select them first for the new order. In the "Current Order" column to the "New
	Current Order		New Order
1.	Hypertension	] 1.	
2.	Dizziness	2.	
3.	Fever	3.	
4.	Abnormal heart rate	4.	
5.	Diastolic CHF, chronic	5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		] 11.	
12.		12.	
13.		13.	
14.		14.	
15.		15.	

By clicking each of the diagnoses in the new order in which you wish for them to appear, they will appear in the right hand column as they will appear on the Hospital Care Summary Discharge Assessment.

Reorder	r Discharge As	se	essments
Click the items in the "Current Order" in the Clinically significant conditions are highligh You cannot click OK until you have mo Order" column.	e sequence that you would i ed in red so that you may qu oved ALL of the items fro	like Jicki om	to reorder them. ly select them first for the new order. the "Current Order" column to the "New
Current Order			lew Order
1.		1. [	Diastolic CHF, chronic
2.	:	2. [	Abnormal heart rate
3.		3. [	Fever
4.		4. [	Dizziness
5.	:	5. [	Hypertension
6.		6. [	
7.		7. [	
8.	1	8. [	
9.		9. [	
10.	1	<b>o</b> . [	
11.	1	1. [	
12.	1.	2. [	
13.	1	3. [	
14.	1	4. [	
15.	1	5. [	
	OK Can	cel	

When the "OK" button is clicked, the re-ordered Acute Discharge list will appear as below.

Hospital Car	Adı	mission Date	11	Facility	Christus	s St. Elizabeth		Home
Summony	Dis	charge Date	11	Туре	Dischar	rge Summary		Histories
Summary	Schedule	dAdmission	🔿 Yes 🔿 No	Attending			J	Health
Admitting Diagnosis	Status	Discharge	Diagnosis		Status <u>Re-order</u>			Ourtern Deutern
Hypertension		Diastolic C	HF, chronic			Discharging To		System Review
Dizziness		Abnormal	heart rate				_	Physical Exam
Fever		Fever				Discharge Condi	tion	Procedures
Abnormal heart rate		Dizziness				1	_	Radiology
Diastolic CHF, chronic		Hypertens	sion			Prognosis		swo.
							_	EKG
						Readmission Ris	k	Laboratory
						Low	_	Hydration
Additional Admitting Dx				Addition	hal Discharge Dx	Discharge Time	_	Nutrition
		Di	scharge into Chr	onic List		C > 31 minutes	5	Hospital Course
Admitting Chronic Conditio	ns	Discharge	Chronic Cond	itions	Re-order	Duin on Immedia		
DM (diabetes mellitus) type II c		DM (diabe	tes mellitus) type	e II controllec		C Yes C No.		Nursing Home
Diastolic CHF, chronic		Diastolic C	HF, chronic			Deve is IOU		Follow-up Instr
Chronic renal disease, stage I		Chronic re	nal disease, sta	ge II		Days In ICO		Follow-up Loc
Hypertension		Hypertens	ion			Days on IV Antibiot	ics	Desument
Hypertensive retinopathy of b		Hypertens	ive retinopathy o	of both eyes				Document
Metabolic syndrome		Metabolic	syndrome			Days on Ventilator		Follow-Up Doc
Myocardial infarct, old		Myocardia	il infarct, old					
Coronary artery disease		Coronary	artery disease			Fall Risk Assess	ment	08/21/2013
Elevated homocysteine		Elevated h	iomocysteine			Functional Assess	sment	05/21/2013
Elevated C-reactive protein		Elevated C	C-reactive protein	n j		Pain Assessme	ent	10/31/2012
Meniscus, lateral, derangemer		Meniscus,	lateral, derange	ment		Karnofsky/Lansky	Scale	11
Elevated blood uric acid level		Elevated b	lood uric acid lev	vel		Palliative Perf S	cale	
Obesity, morbid		Obesity, m	norbid			Last Hospital Disch	arga	
Elevated sed rate		Elevated s	ed rate			Medication Reconc	illiation	11
BPH without urinary obstruction		BPH witho	out urinary obstru	uction		Hospital Follow-U	D Call	
Gout		Gout				Surgeries This Stay		
								11
								11
								11

## The Hospital Care Summary Template has the following functions:

- Admission Date -- this date must be manually entered into the template. It is imperative that the dates be correct on the hospital care summary.
- **Discharge Date** this date must be manually entered into the template. It is imperative that the dates be correct on the hospital care summary.

Hospital Care		Adn	nission	Date		11		Fac	cility			Home
Summary		Disc	charge	Date	0.11	11		Ţ	ype	Discha	rge Summary	Histories
ourninary	A	dmissi	on Da	ite			Mo	×		De rede		Health
Admitting Diagnosis Sta										tus <u>Re-ordel</u>	Discharging To	System Review
				A	unet	2012						Physical Exam
				Aut	jusi,	2013					Discharge Condition	Procedures
		Sun	Mon	Tue	Wec 21	Thu	Fri	Sat			Deservatio	Radiology
		4	5	6	7	8	9	10			Prognosis	EKG
		11	12	13	14	15	16	17			Readmission Risk	Laboratory
		18	19	20	21	22	23	24			Low	Hydration
Additional Admitting Dx		25	26	27	28	29	30	31	a	Discharge Dx	Discharge Time	Nutrition
			2	2	4	5	0	1		1.00	C > 31 minutes	Hospital Course
Admitting Chronic Conditions		т		Г	01/	_	0-			Re-order	Prison Inmate	Nursing Home
		100	lay		UK		La	ncel			O Yes O No	Follow-up Instr
			-	_	_				2		Days in ICU	Follow-up Loc
	<u> </u>								-		Days on IV Antibiotics	Document
									+		Days on Ventilator	Follow-Up Doc

Down the left hand column (see the green outlined box) are listed the **Admitting Diagnoses** and the patient's chronic conditions. These cannot be changed on the discharge summary.

Hospital C	are 4	Admission Date / /	Facility		Home
Summar		Discharge Date / /	Туре	Discharge Summary	Histories
Cummur	Sched	uled Admission O Yes O No	Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis	Status	Discharging To	System Review
					Physical Exam
				Discharge Condition	Procedures
		-		Dreamasia	Radiology
				Prognosis	EKG
				Readmission Risk	Laboratory
				Low	Hydration
Additional Admitting Dx			Additional Disc	harge Dx Discharge Time	Nutrition
		Discharge into Chr	onic List	C > 31 minutes	Hospital Course
Admitting Chronic Condi	tions	Discharge Chronic Cond	itions	Prison Inmate	Nursing Home
				O Yes O No	Follow-up Instr
				Days in ICU	Follow-up Loc
				Days on IV Antibiotics	Document
				Days on Ventilator	Follow-Up Doc
					,
				Fall Risk Assessment	08/11/2011
				Functional Assessment	08/11/2011
		-		Pain Assessment	08/11/2011
	_	-		Karnofsky/Lansky Scale	11
		_		Palliative Perf Scale	11
				Last Hospital Discharge Medication Reconcilliation	11
				Hospital Follow-Up Call	
				Surgeries This Stay	
					11
					11
					11

Next to this are the **Discharge Diagnoses** and the patient's chronic conditions. These can be changed. In this way, the admission diagnoses will reflect the clinician's impression on admission and the discharge diagnoses will reflect the clinician's conclusions after the patient's hospital evaluation and treatment are completed.

Hospital Ca	are	Admission Date / /	Facility		Home
Summan		Discharge Date / /	Туре	Discharge Summary	Histories
Summary	Scher	duled Admission C Yes C No	Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis	Statu	s <u>Re-order</u>	System Review
					Physical Exam
				ischarge Condition	Procedures
		-			Radiology
				Tognosis	EKG
			Í	eadmission Risk	Laboratory
				Low	Hydration
dditional Admitting Dx			Additional Di	ischarge Dx Discharge Time	Nutrition
		Discharge into Cr	Ironic List	C > 31 minutes	Hospital Course
dmitting Chronic Condit	ions	Discharge Chronic Con	ditions	Re-order Prison Inmate	Nursing Home
		_		C Yes C No	Follow-up Instr
				Days in ICU	Follow-up Loc
				Days on IV Antibiotics	Document
				Days on Ventilator	Follow-Up Doo
	-	_			
				Fall Risk Assessment	08/11/2011
				Functional Assessment	08/11/2011
				Pain Assessment	08/11/2011
	-			Karnofsky/Lansky Scale	11
		_		Palliative Perf Scale	11
				Last Hospital Discharge Medication Reconciliation	11
				Hospital Follow-Up Call	
				Surgeries This Stay	
					11
					11

The Column next to the discharge diagnose has the following parts:

- **Discharge to** there is a pop-up with the options: deceased or stable. At the following link, it is shown that there are eight different places to where the patient can be discharged. <u>http://www.jameslhollymd.com/your-life-your-health/patient-centered-</u> <u>medical-home- and-care-transitions-part-i</u>
- **Discharge Condition** -- there is a pop-up with the options: Good, Poor, and Terminal.
- Prognosis
- **Readmission Risk** this is the assessment of the risk of the patient being readmitted. Currently, the formulae SETMA uses to calculate readmission probability is:
  - 1. Admitted 2 or more times in the last year = high risk
  - 2. Admitted 1 times in the last year = medium risk
  - 3. Admitted 0 times in the last year = low risk
- **Discharge Time** 1-31 minutes -- >31 minutes
- **Prison Inmate** yes or no
- Days in ICU
- Days on IV Antibiotics
- Days on Ventilator

Hospital Ca	are A	dmission Date / /	Facility		Home
Summary		Discharge Date / /	Туре	Discharge Summary	. Histories
	Schedu	Jied Admission () Yes () No	Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis	Status H	Discharging To	System Review
					Physical Exam
				Discharge Condi	tion Procedures
	2	-		Prognosis	Radiology
					EKG
			j	Readmission Ris	k Laboratory
				Low	Hydration
Additional Admitting Dx		Discharge into Ch	Additional Disch	Discharge Time	s Nutrition
A de 14/100 - 01 - 01 - 01 - 01 - 01 - 01		Discharge into Ch		C > 31 minutes	Hospital Course
Admitting Unronic Conditi	ions	Discharge Unronic Cond	Itions <u>F</u>	Prison Inmate	Nursing Home
				O Yes O No	Follow-up Instr
-					Follow-up Loc
				Days on IV Antibiot	ics Document
				Days on Ventilator	Follow-Up Doc
ļ				Fall Risk Assess	ment 08/11/2011
				Functional Asses	sment 08/11/2011
				Pain Assessm	ent 08/11/2011
-				Karnofsky/Lansky	Scale / /
-		-		Palliative Perf S	cale / /
				Last Hospital Disch	arge / /
				Hospital Follow-II	n Call
				Surgeries This Stay	p cuir
				generation of all	11
					11
					11

The next assessment which is critical in this transition of care document is the **Fall Risk Assessment**. Because patients leaving the hospital are often in a weakened or frail condition, they have an increased susceptibility to falls. The complete of the fall risk assessment is critical to patient safety and to the reduction of preventable readmissions.

Hospital C	are /	Admission Date / /	Facility		Home
Summan		Discharge Date / /	Туре	Discharge Summary	Histories
Summar	Sched	uled Admission 🔘 Yes 🔘 No	Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis	Statu	Discharging To	System Review
		-			Physical Exam
				Discharge Condition	Procedures
				Brognosia	Radiology
		-		Prognosis	EKG
				Readmission Risk	Laboratory
				Low	Hydration
Additional Admitting Dx			Additional D	ischarge Dx Discharge Time	Nutrition
		Discharge into Ch	Ironic List	C > 31 minutes	Hospital Course
Admitting Chronic Condi	tions	Discharge Chronic Con	ditions	Prison Inmate	Nursing Home
			(	O Yes O No	Follow-up Instr
				Days in ICU	Follow-up Loc
		_		Days on IV Antibiotics	Document
				Days on Ventilator	Follow-Up Doc
				Fall Risk Assessment	08/11/2011
		-	(		08/11/2011
			j	Pain Assessment	08/11/2011
				Palliative Perf Scale	
				Last Hospital Discharge Medication Reconcilliation	
				Hospital Follow-Up Call	1
		_		Surgeries This Stay	
		_			
		-	<u> </u>		
			i		

When depressed the Fall Risk Assessment button deploys the following template:

Fall Risk Asses	sment 21/2013
Check this box if you are unable to complete this assess	sment to due medical or other reasons.
1. Level of Consciousness/Mental Status Alert Disoriented Intermittent Confusion	2. History of Falls (In past 3 months) No Falls 1-2 Falls 3 or more Falls Guidelines
3. Ambulation/Elimination Status Ambulatory/Continent Chair Bound (Requires restraints and assist with elimination) Ambulatory/Incontinent	4. Vision Status (With or without glasses) Adequate Poor Legally Blind
5. Gait/Balance Instructions Gait/Balance Normal Balance problem while standing Decreased muscular coordination Requires usage of assistive devices (i.e. cane, w/c, walker, furniture) Jerking or unstable when making turns	6. Systolic Blood Pressure (Between lying and standing)     No noted drop     Drop LESS THAN 20 mm Hg     Drop MORE THAN 20 mm Hg     8. Predisposing Diseases     None present     A constant
7. Medications Instructions ✓ NONE of thee medication tatken currently or within last 7 days Takes 1-2 of these medications currently and/or within last 7 days Takes 3-4 of these medications currently and/or within last 7 days Change in medication or dosage in last five days (Automatically selected based on current med list)	Total score above 10 indicates HIGH

When complete the assessment will identify the potential for falls and will allow the provider to give a proactive plan to decrease fall risk.

The next button is the Functional Assessment which is key to transitions of care planning for patient safety and decreasing readmissions.

Hospital C	are	Admission Date / /	Facility		Home
Summar	v	Discharge Date / /	Туре	Discharge Summary	Histories
ounnui	y Sched	duled Admission O Yes O No	Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis	Status R	Discharging To	System Review
					Physical Exam
			j	Discharge Condition	Procedures
				Drognosis	Radiology
	-			Froghosis	EKG
			i	Readmission Risk	Laboratory
				Low	Hydration
Additional Admitting Dx			Additional Disch	arge Dx Discharge Time	Nutrition
		Discharge into Chr	onic List	C > 31 minutes	Hospital Course
Admitting Chronic Condi	itions	Discharge Chronic Cond	itions R	Prison Inmate	Nursing Home
	_			C Yes C No	Follow-up Instr
				Days in ICU	Follow-up Loc
				Days on IV Antibiotics	Document
				Days on Ventilator	Follow-Up Doc
					08/11/2011
				Functional Assessment	08/11/2011
				Pain Assessment	08/11/2011
				Karnofsky/Lansky Scale	11
				Palliative Perf Scale	11
				Last Hospital Discharge Medication Reconciliation	11
				Hospital Follow-Up Call	
				Surgeries This Stay	
					11
					11
					11

	Global Assessment of Functioning
	Last Updated/Reviewed 05/21/2013
O 91 -100	Superior functioning in a wide rage of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
O 90 - 81	Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range or activities, socially effective, generally satisfied with life, no more than everyday
<ul><li>80 - 71</li></ul>	If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.
O 70 - 61	Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
O 60 - 51	Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
🔘 50 - 41	Serious symptoms OR any serious impairment in social, occupational, or school functioning.
O 40 - 31	Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
O 30 - 21	Behavior is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
O 20 - 11	Some danger or hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
O 10 - 1	Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.
	OK

If a patient is sent home with unaddressed pain concerns, they will often return to the emergency room and be readmitted. The depression of the Pain Assessment button deploys a tool which allows the provider to document the patient's pain status at discharge and encourages the addressing of pain before discharge.

Hospital C	are	Admission Date / /	Facility			Home
Summar	v	Discharge Date / /	Туре	Dischar	ge Summary	Histories
Carinnar	Scher	duled Admission O Yes O No	Attending			Health
Admitting Diagnosis	Status	Discharge Diagnosis	Stat	us <u>Re-order</u>	Discharging To	System Review
						Physical Exam
					Discharge Condition	Procedures
						Radiology
					Prognosis	EKG
					Readmission Risk	Laboratory
					Low	Hydration
Additional Admitting Dx			Additional D	ischarge Dx	Discharge Time	Nutrition
		Discharge into Chi	onic List		O 1 - 31 minutes O > 31 minutes	Hospital Course
Admitting Chronic Condi	itions	Discharge Chronic Cond	itions	Re-order	Prison Inmate	Nursing Home
					C Yes C No	Follow-up Instr
					Days in ICU	Fellew up Lee
					Dave on N/ Antibiation	Follow-up Loc
					Days of IV Antibiotics	Document
					Days on Ventilator	Follow-Up Doc
					Fall Risk Assessment	08/11/2011
						08/11/2011
	_				Pain Assessment	08/11/2011
	-				numotoky/Lunoky Ooulo	- 11
	1				Palliative Perf Scale	11
					Last Hospital Discharge Medication Reconcilliation	11
					Hospital Follow-Up Call	
					Surgeries This Stay	
	1					11
						11
						11
					,	

Patient Pain Screening
Last Update/Reviewed 10/31/2012
O       I       O       I       O       I       O       I       O       I
OK Cancel

The following link discusses the questionnaires and tools in greater detail and discloses their evidence-based source. <u>http://www.jameslhollymd.com/epm-tools/Patient-Centered-Medical-Home-Annual-Questionaires</u>.

The following two buttons deploy questionnaires which are helpful in assessing of patients who are eligible for hospice or palatine care. One of the most effective ways of helping patients remain at home is by referring them to hospice when appropriate. These tools help in that process.

Hospital Ca	are	Admission Date / /	Facility	Discharge Queener	Home
Summar	V	Discharge Date / /	Туре	Discharge Summary	Histories
	Sched	Iuled Admission Corres Cono	Attending	-	Health
Admitting Diagnosis	Status	Discharge Diagnosis	Statu	Discharging To	System Review
					Physical Exam
				Discharge Condi	tion Procedures
				Prognosis	Radiology
				Frogriosis	EKG
				Readmission Ris	k Laboratory
				Low	Hydration
Additional Admitting Dx			Additional D	ischarge Dx Discharge Time	Nutrition
		Discharge into Chi	onic List	C > 31 minutes	Hospital Course
Admitting Chronic Condi	tions	Discharge Chronic Cond	itions	Prison Inmate	Nursing Home
				O Yes O No	Follow-up Instr
		_		Days in ICU	Follow-up Loc
	-			Days on IV Antibio	ics Document
		-		Days on Ventilator	Follow-Up Doc
		_		Fall Risk Assess	ment 08/11/2011
		_		Functional Asses	sment 08/11/2011
					08/11/2011
		-		Karnofsky/Lansky	Scale //
				Last Hospital Disch Medication Reconc	illiation
				Hospital Follow-U	p Call
				Surgeries This Stay	
					11
				/	1 11

Karnofsky & Lai Last Update	nsky Per ed/Reviewed	formance Scales
Karnofsky Scale Patients 16 Years And Older		Lansky Scale Patients Less Than 16 Years
Able to carry on normal activity; no special care needed		Able to carry on normal activity; no special care needed
Normal, no complaints, no evidence of disease	O 100	Fully active
Able to carry on normal activity	O 90	Minor restriction in physically strenuous play
Normal activity with effort	0 80	Restricted in strenuous play, tires more easily, otherwise active
Unable to work, able to live at home, cares for most personal needs, a varying amount of assistance is needed		Mild to moderate restriction
Cares for self, unable to carry on normal activity or to do active work	0 70	Both greater restrictions of, and less time spent in play
Requires occasional assistance but is able to care for most needs	O 60	Ambulatory up to 50% of the time, limited active play with assistance/supervision
Requires considerable assistance and frequent medical care	C 50	Considerable assistance required for any active play, fully able to engage in quiet play
Unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly		Moderate to severe restriction
Disabled, requires special care and assistance	O 40	Able to initiate quite activities
Severely disabled, hospitalization indicated, although death not imminent	O 30	Needs considerable assistance for quiet activity
Very sick, hospitalization necessary	0 20	Limited to very passive activity initiated by others (e.g., T
Moribund, fatal process progressing rapidly	O 10	Completely disabled, not even passive play
	DK Ca	incel

Hospital Ca	are	Admission Date /	1	Facility			Home
Summary	/	Discharge Date /	1	Туре	Dischar	ge Summary	Histories
Gammary	Sche	eduled Admission 🕤 Ye	s 🕐 No 🛛 A	ttending			Health
Admitting Diagnosis	Status	Discharge Diagr	osis	Statu	s <u>Re-order</u>	Discharging To	System Review
							Physical Exam
						Discharge Condition	Procedures
							Radiology
						Prognosis	EKG
						Peadmission Disk	Laboratory
		_				Low	Understice
Additional Admitting Dx				Additional Di	scharge Dx	Discharge Time	Hydrauon
		Discharg	e into Chronic	List		C 1 - 31 minutes	Nutrition
Admitting Chronic Condit	tions	Discharge Chro	nic Condition	IS	Re-order	○ > 31 minutes	Hospital Course
						Prison Inmate	Nursing Home
						Down in ICU	Follow-up Instr
	-					Days In ICO	Follow-up Loc
						Days on IV Antibiotics	Document
		_				Days on Ventilator	Follow-Up Doc
						Fall Risk Assessment	08/11/2011
		_				Functional Assessment	08/11/2011
		_				Pain Assessment	08/11/2011
					_	· · · · · · · ·	11
		_			_	Palliative Perf Scale	11
					_	Medication Reconcilliation	11
						Hospital Follow-Up Call	
		_				Surgeries This Stay	
		_					11
	-			$\rightarrow$		1	11



Most recent reconciliation is documented for the audit. This link is to an article which address medication reconciliation: <u>http://www.jameslhollymd.com/Your-Life-Your-</u><u>Health/Medical-Home-</u> <u>Series-Two-Part-XIV-Medication-Reconciliation</u>

Hospital Car	re <sup>/</sup>	Admission Date / / Facility	Christus St. Elizabeth	Home
Summany	<b>с</b> і	Discharge Date / / Type	Discharge Summary	Histories
Summary	Sched	uled Admission C Yes C No Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis Status	Re-order	Sustam Deview
Hypertension		Diastolic CHF, chronic	Discharging To	System Review
Dizziness		Abnormal heart rate		Physical Exam
Fever		Fever	Discharge Condition	Procedures
Abnormal heart rate		Dizziness		Radiology
Diastolic CHF, chronic		Hypertension	Prognosis	Tudiology
				EKG
			Readmission Risk	Laboratory
			Low	Hydration
Additional Admitting Dx		Additional Disc	harge Dx Discharge Time	Nutrition
		Discharge into Chronic List	C > 31 minutes	Hospital Course
Admitting Chronic Conditio	ns	Discharge Chronic Conditions	Re-order Prison Inmate	Number
DM (diabetes mellitus) type II c		DM (diabetes mellitus) type II controllec	C Yes C No	Nursing Home
Diastolic CHF, chronic		Diastolic CHF, chronic	Dave in ICU	Follow-up Instr
Chronic renal disease, stage I	-	Chronic renal disease, stage II		Follow-up Loc
Hypertension		Hypertension	Days on IV Antibiotics	Document
Hypertensive retinopathy of b		Hypertensive retinopathy of both eyes		Document
Metabolic syndrome		Metabolic syndrome	Days on Ventilator	Follow-Up Doc
Myocardial infarct, old		Myocardial infarct, old		
Coronary artery disease		Coronary artery disease	Fall Risk Assessment	08/21/2013
Elevated homocysteine		Elevated homocysteine	Functional Assessment	05/21/2013
Elevated C-reactive protein		Elevated C-reactive protein	Pain Assessment	10/31/2012
Meniscus, lateral, derangemen		Meniscus, lateral, derangement	Karnofsky/Lansky Scale	11
Elevated blood uric acid level		Elevated blood uric acid level	Dalliative Derf Seele	
Obesity, morbid		Obesity, morbid	Last Hospital Discharge	
Elevated sed rate		Elevated sed rate	Medication Reconcilliation	08/14/2013
BPH without urinary obstruction		BPH without urinary obstruction	Hospital Follow-Up Call	
Gout		Gout	Surgeries This Stay	
				11
				11
				11

The next documentation is the Post Hospital Care Coaching Follow-up call. When the button outlined in green below is depressed the follow-up call template is opened so that the call can be scheduled. The following link is to an article about hospital and clinic follow-up calls: <a href="http://www.jameslhollymd.com/epm-tools/Tutorial-Hospital-Follow-up-Call">http://www.jameslhollymd.com/epm-tools/Tutorial-Hospital-Follow-up-Call</a>

Hospital Car	-	Admission Date / / Facility C	hristus St. Elizabeth	Home
Summony	C	Discharge Date / / Type D	Discharge Summary	Histories
Summary	Sched	luled Admission C Yes C No Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis Status Re	-order	
Hypertension		Diastolic CHF, chronic	Discharging To	System Review
Dizziness		Abnormal heart rate		Physical Exam
Fever		Fever	Discharge Condition	Procedures
Abnormal heart rate		Dizziness		Radiology
Diastolic CHF, chronic		Hypertension	Prognosis	reactionsys
				EKG
			Readmission Risk	Laboratory
			Low	Hydration
Additional Admitting Dx		Additional Dischar	C 1 - 31 minutes	Nutrition
		Discharge into Chronic List	C > 31 minutes	Hospital Course
Admitting Chronic Conditio	ns	Discharge Chronic Conditions Re	Prison Inmate	Nursing Home
Directelia CUE abassia		Directeria CHE abaseia	C Yes C No	
Chronic CHP, Chronic		Chastic chr, chronic	Days in ICU	Follow-up Instr
Unronic renardisease, stage i	-	Chronic renardisease, stage in		Follow-up Loc
hypertension			Days on IV Antibiotics	Document
Hypertensive retinopathy of b		Nypertensive retinopathy of both eyes		Follow Up Doc
Metabolic syndrome		Metabolic syndrome	Days on Ventilator	101011-00 000
Myocardial Intarct, old		Myocardiai infarct, öld		
Coronary artery disease		Coronary artery disease	Fall Risk Assessment	08/21/2013
Elevated nomocysteine		Elevated nomocysteine	Functional Assessment	05/21/2013
Elevated C-reactive protein		Elevated C-reactive protein	Pain Assessment	10/31/2012
Meniscus, lateral, derangemei		Meniscus, lateral, derangement	Karnofsky/Lansky Scale	11
Elevated blood unic acid level		Elevated blood unic acid level	Palliative Perf Scale	11
Obesity, morbid		Obesity, morbid	Last Hospital Discharge	h8/14/2013
Elevated sed rate		Elevated sed rate		
BPH without urinary obstruction		BPH without urinary obstruction	Hospital Follow-Up Call	
Gout		GOUT		
				11
				11

When this button is depressed, the following template is opened.

	Hospital Discharge Follow-U	Jp Call Return
Numb	Call Home Phone     (409)5339797     Day Phone     () -     Send Delayed-Deliv     Other     () -	ery Email to Follow-Up Nurse
	Questions to Ask	Patient Responses
Admit Date / / Discharge Date / / Setting C ER C In Patient Hospice	General ✓ How are you feeling? ✓ Are you having new symptoms since hospital stay? ✓ Have you obtained all DME that you were prescribed? Other	How does the patient feel? Is the patient having new symptoms? Has the patient obtained all prescribed DME?
Home Health Discharge Diagnosses Diastolic CHE chronic	Medications           Were you able to get all of your medications filled?           ✓           ✓           Are you taking all of your prescribed medications?           ✓           ✓           ✓	Was the patient able to fill all of their medications? Is the patient taking all of their medications?
Abnormal heart rate Fever Dizziness Hypertension	Appointments Have you kept or are you aware of your appointment(s) with?  on /// on // on // on //	Has the patient having any problemsisce effects? Has the patient kept and/or aware of all scheduled appointments or referrals?
	Additional Comments	
Diet         1800 CalADA           Exercise	Click to Document Completion Click to Send Response At Spoke with the patient? © Yes © No If no, list person spoken with. HCAHPS Patient Audit	Actions Taken Activated Patient To Come In - Made Same-Day Appointment Advised Patient To Call If Improvement Discontinues Advised Patient To Continue Medications Other Follow-Up Details From Hospital Staff Patient Ok To Follow-Up > 6 Days Patient To Follow-Up Vith Non-SETIMA Provider
Unable to Call, Letter Sent	1	Discase Process     Discussed     Discase Process     Medications     Symptom Self Care

Finally, the last element in this column is a listing of the surgeries done in this admission.

Hospital Car	-	Admission Date / / Facility Christus	s St. Elizabeth	Home
Summony		Discharge Date / / Type Discharge	rge Summary	Histories
Summary	Sche	duled Admission C Yes C No Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis Status <u>Re-order</u>	Discharging To	System Review
Dizzinene		Absermal beart rate		Physical Evam
Dizziness		Abhormai heart rate	Discharge Condition	Filysical Exam
A bearing beart rate		Dississes	Discharge Condition	Procedures
Abnormar neart rate		Hypertension	Dragnasia	Radiology
Diastolic CHF, Chronic			Prognosis	EKG
			Readmission Risk	Laboratory
			Low	Hydration
Additional Admitting Dx		Additional Discharge Dx	Discharge Time	Nutrition
		Discharge into Chronic List	C > 31 minutes	Hospital Course
Admitting Chronic Conditio	ns	Discharge Chronic Conditions <u>Re-order</u>	Drieon Inmate	Numine Hame
DM (diabetes mellitus) type II o		DM (diabetes mellitus) type II controllec	O Yes O No	Nursing Home
Diastolic CHF, chronic		Diastolic CHF, chronic	Days in ICU	Follow-up Instr
Chronic renal disease, stage I	-	Chronic renal disease, stage II	Days In Co	Follow-up Loc
Hypertension		Hypertension	Days on IV Antibiotics	Document
Hypertensive retinopathy of b		Hypertensive retinopathy of both eyes		Document
Metabolic syndrome		Metabolic syndrome	Days on Ventilator	Follow-Up Doc
Myocardial infarct, old		Myocardial infarct, old		
Coronary artery disease		Coronary artery disease	Fall Risk Assessment	08/21/2013
Elevated homocysteine		Elevated homocysteine	Functional Assessment	05/21/2013
Elevated C-reactive protein		Elevated C-reactive protein	Pain Assessment	10/31/2012
Meniscus, lateral, derangemen		Meniscus, lateral, derangement	Karnofsky/Lansky Scale	11
Elevated blood uric acid level		Elevated blood uric acid level	Palliative Perf Scale	
Obesity, morbid		Obesity, morbid	Last Hospital Discharge	
Elevated sed rate		Elevated sed rate	Medication Reconcilliation	08/14/2013
BPH without urinary obstruction		BPH without urinary obstruction		
Gout		Gout	Surgeries This Stay	
				11
				11
				11

## **Care Transitions Audit**

The Care Transition Audit is SETMA's adaptation of the Physician Consortium for Performance Improvement Data Set for Transitions of Care. SETMA has been auditing this data set since it was first published in June, 2009. The following is a link to a tutorial on this material: <a href="http://www.jameslhollymd.com/epm-tools/Tutorial-Care-Transition">http://www.jameslhollymd.com/epm-tools/Tutorial-Care-Transition</a>. SETMA has publicly reported by provider name on SETMA's performance on this data set since 2009. The following is a link to the 2013 results of this audit. <a href="http://www.jameslhollymd.com/public-reporting/reports/2013/SETMA.com-2013-Care-Transition-Audit.pdf">http://www.jameslhollymd.com/publicreporting/reports/2013/SETMA.com-2013-Care-Transition-Audit.pdf</a> The following is a link to a series of articles on Care Transitions:

http://www.jameslhollymd.com/

your- life-your-health/care-transitions.

The button outlined in green below deploys the Care Transition audit on each patient discharged from the hospital.

Hospital Ca	Ac Ac	Imission Date / /	Facility		Home
Summary	Dir	scharge Date / /	Type Discha	rge Summary	Histories
Summary	Schedul	ed Admission 🔘 Yes 🔘 No	Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis	Status Re-order	Disobarging To	System Review
				Discharging to	Physical Exam
				Discharge Condition	Procedures
					Dedielens
				Prognosis	Radiology
					EKG
				Readmission Risk	Laboratory
A REPORT OF A REPORT OF A			A define a Director and Director	Discharge	Hydration
Additional Admitting UX		Discharge into Chro	Additional Discharge Dx	C 1 - 31 minutes	Nutrition
		Discharge into ontoi	no clor	C > 31 minutes	Hospital Course
Admitting Unronic Conditio	ons	Discharge Unronic Condit	ions <u>ke-order</u>	Prison Inmate	Nursing Home
				C Yes C No	Follow-up Instr
				Days in ICU	Follow-up Loc
				Days on IV Antibiotics	Document
					Follow Up Doc
				Days on Ventilator	101001-00 000
				Fall Risk Assessment	08/11/2011
				PunctionalAssessment	08/11/2011
				Karnofsky/Lansky Scale	11
				Paliative Perf Scale	11
				Last Hospital Discharge	
				Medication Reconciliation	
				Hospital Follow-Up Call	
				Surgeries This Stay	
					,
			Í		
Care Transition Audit		Follow-Up Exceptions			
	<b>9</b>	Patient Ok To Follow-Up With	6 Days		

The following is what is deployed with the Care Transitions button is depressed:

Care Transition Audit	ОК	Cancel
Has the reason for hospitalization been documented?	No	Click to Update/Review
Have discharge diagnoses been entered?	No	Click to Update/Review
Have the patient's medications been updated/reconcile	d? No	Click to Update/Review
Have the patient's allergies been updated? Also document allergies/reactions to medications.	No	Click to Update/Review
Has the patient's cognitive status been documented?	No	Click to Update/Review
Have pending results or tests been documented?	No	Click to Update/Review
Have major procedures been documented?	No	Click to Update/Review
Has a follow-up care plan been completed?	No	Click to Update/Review
Has the patient's progress to goals/treatment been documented?	No	Click to Update/Review
Have advanced directives been completed and a surrogate decision maker named or a reason given for not completing an advanced care plan?	No	Click to Update/Review
Has the reason for discharge been documented?	No	Click to Update/Review
Has the patient's physical status been documented?	No	Click to Update/Review
Has the patient's psychosocial status been documente	d? No	Click to Update/Review
Has a list of available community resources been documented?	No	Click to Update/Review
OR		
Has a list of coordinated referrals been documented?	No	Click to Update/Review
Has a follow-up call been scheduled?	No	Click to Update/Review
Has the current/reconciled medication list been discussed with the patient/family/caregiver?	O Yes O No	
Have the discharge orders been discussed with the patient/family/caregiver?	O Yes O No	11
Have the follow-up instructions been discussed with the patient/family/caregiver?	🔿 Yes 🔿 No	
Have the discharge materials been printed and given to the patient/family/caregiver?	🔿 Yes 🔿 No	

When the Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan has been completed, any incomplete elements of the audit will be in red. Any element in red can be completed by depressing the button "click to update/review." Depressing the button will take the provider to the place in the chart where that element should be completed.

## Hospital Consumer Assessment of Healthcare Provider and System (HCAHPS)

This is an assessment of patient satisfaction with the care they received in the hospital. There are elements which relate to healthcare providers and elements which related to the hospital. In order for SETMA providers to improve their performance on these measures, they have been deployed in the EMR. In the Care Coaching Call after being discharged from the hospital, these questions are included. Further more a COGNOS audit has been created. In January, 2014, SETMA is going to begin publicly reporting these results by provider name.

The following is a link to a complete tutorial on HCAHPS: http://www.jameslhollymd.com/epmtools/SETMAs-Internal-HCAHPS-Survey-Tutorial.

When the button entitled "Post Hospital

Patient Audit" outlined in green below is deployed, the HCAHPS template appears.

Hospital Ca	Adi	mission Date / /	Facility		Home
Summany	Dis	charge Date / /	Type Dischar	ge Summary	Histories
Summary	Schedule	ed Admission 🔘 Yes 🔘 No	Attending		Health
Admitting Diagnosis	Status	Discharge Diagnosis	Status Re-order	Discharging To	System Review
				bischarging to	Physical Exam
				Discharge Condition	Procedures
					Padiology
				Prognosis	readiology
				Desidentia alla a Diale	EKG
				Readmission Risk	Laboratory
Additional Admitting Dx			Additional Discharge Dx	Discharge Time	Hydration
Contornary Contacting Day		Discharge into Chron	ic List	C 1 - 31 minutes	Nutrition
Admitting Chronic Conditio	ins	Discharge Chronic Conditi	ons Re-order	C > 31 minutes	Hospital Course
				Prison Inmate	Nursing Home
				Deve in IOU	Follow-up Instr
				Days in ico	Follow-up Loc
-				Days on IV Antibiotics	Document
				Dave on Ventilator	Follow-Up Doc
				Days on ventilator	
				Fall Risk Assessment	08/11/2011
				Functional Assessment	08/11/2011
				Pain Assessment	08/11/2011
				Karnofsky/Lansky Scale	11
				Palliative Perf Scale	11
				Last Hospital Discharge Medication Reconcilliation	11
				Hospital Follow-Up Call	
				Surgeries This Stay	
				1	
		Patient To Follow-Up With	Non-SETMA Provider		
Post-Hospital Patient Audit		Patient Ok To Follow-Up >	6 Days		

The following are the questions which are asked by SETMA Department of Care Coordination during the Care Coaching call the day after discharge from the hospital.

HCAHPS Patient Audit	
(Hospital Consumer Assessment of Healthcare Providers and Systems)	Return
Did your physician and his/her team explain your care plan to you? 🔿 Yes 🔿 No	Send Results
Did your physician and his/her team answer all of your questions? C Yes C No	
Did your physician and his/her team listen to your questions or comments without interrupting you? 👘 🔿 Yes 👘 No	
Did anyone (doctors, nurses or other hospital staff) ask if you have the help you will need at home once you leave the hospital?	C Yes C No
Did your physician give you in writing the symptoms which would make you need to return to the hospital or get immediate help? Did they explain this in a way you understood?	○Yes ○No ○Yes ○No
During this hospital stay, how often did SETIMA's doctors treat you with courtesy and respect? O Always O Sometimes O	Not At All
Patient Comments	
Unable to Complete	patient

Once a month, SETMA completes the HCAHPS Internal Survey audit and distributes the following report to all SETMA Providers. In January, 2014, this audit will be displayed publicly on SETMA's website.



HCAHPS Internal Audit

		Explai	n Care	Ans Ques	wer tions	Lister Interre	n W/O uption	Ask l Nee	f Help ded	Sympt Wri	oms In ting	Under	rstood	Cou	rtesy And Res	pect	
Hospital	Attending	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Always	Sometimes	Not At All	Encounter
Baptist	Anwar, Syed	67%	0%	67%	0%	67%	0%	67%	0%	67%	0%	67%	0%	67%	0%	0%	3
Hospital	Deiparine, Caesar	80%	20%	100%	0%	100%	0%	60%	40%	60%	40%	60%	40%	100%	0%	0%	5
	Holly, James	100%	0%	100%	0%	95%	5%	84%	16%	84%	16%	84%	16%	95%	0%	5%	19
	Le, Phuc	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	0%	5
	Leifeste, Alan	83%	17%	100%	0%	100%	0%	83%	17%	83%	17%	83%	17%	100%	0%	0%	6
	Qureshi, Absar	80%	20%	100%	0%	100%	0%	100%	0%	80%	20%	80%	20%	100%	0%	0%	5
	Unknown	100%	0%	100%	0%	100%	0%	100%	0%	0%	100%	0%	100%	100%	0%	0%	1
	Totals	91%	7%	98%	0%	95%	2%	84%	14%	80%	18%	80%	18%	95%	0%	2%	44
Baptist Rehab	Deiparine, Caesar	0%	100%	0%	100%	0%	100%	0%	100%	100%	0%	100%	0%	0%	0%	100%	1
	Unknown	100%	0%	100%	0%	100%	0%	100%	0%	0%	100%	0%	100%	0%	100%	0%	1
	Totals	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	0%	50%	50%	2
Christus St. Elizabeth	Aziz, Muhammad	33%	67%	100%	0%	100%	0%	67%	33%	33%	67%	33%	67%	100%	0%	0%	3
	Halbert, Dean	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	0%	1
	Totals	50%	50%	100%	0%	100%	0%	75%	25%	50%	50%	50%	50%	100%	0%	0%	4
SET Medical	Shepherd, James	100%	0%	100%	0%	100%	0%	83%	17%	83%	17%	83%	17%	100%	0%	0%	6
Center	Thomas, Michael	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	0%	5
	Unknown	83%	17%	100%	0%	100%	0%	100%	0%	83%	17%	83%	17%	100%	0%	0%	6
	Totals	94%	6%	100%	0%	100%	0%	94%	6%	88%	12%	88%	12%	100%	0%	0%	17

Discharge Date(s): 08/01/2013 through 08/23/2013

Encounters Not Completed

Prison Inmate Patient Refused Nursing Home/Rehab Unable To Contact Not Discha 29

28

08/26/2013 7:20:51 AM 1 of 1

On the "Follow-up" page in this tutorial (page number\_\_\_\_\_), one of the most difficult of the HCAHPS' survey is addressed. Below outlined in green are eight sets of "Reasons to Contact Provider." This is given to the patient, in the Hospital Care Summary and Post Hospital Plan of Care document. It tells the patient in simple terms what symptoms should cause them to seek immediate attention either from their healthcare provider or by returning to the hospital.

When this document is being completed, the "General" symptoms is automatically completed for all patients and the specific condition such as pneumonia, CHF, etc., are completed for patients who have those conditions.

Hospital Follo	ow-Up
Hospital Discharge Instructions         Consult Home Health agency         Consult Altus Home Health         Discussed condition, medications, and follow-up care with patient and/or family         Discharge to Nursing Home         Give a copy of the Post Hospital Follow-up Document         Home Rehab         Home Speech Therapy         Insure patient knows how to make follow-up appointment         Review medications with patient before discharge         Send discharge summary, HP and consults to nursing home with patient         Transport by Ambulance         SETMA Follow-Up Appointments         Use 24 Hour Time)         Other Follow-Up Appointments         Insure follow-Up Appointments	Post Hospital Follow-Up Instructions         BMP, CBC, UA in 10 days         Bring ALL medications to next office appointment         Code - Full         Code - Meds         Code - No         Continue medications per Post Hospital Follow-up document         Daily Weight - if patient gains more than 3lbs in one day call MD         Diet       Diet Help Desk         Discontinue smoking       Diet Help Desk         Fall Risk Assessment       Follow SETMA Guidelines as per Instructions         Hydration Alert       Notify CFNP of Readmission         Notify CFNP of Readmission       Portable Chest x-ray in 10 days         PTI/NR in       Stop antibiotics in         Sktures out in       Stures out in
Reasons To Contact Provider         General Instructions       Asthma         Congestive Heart Failure       Pneumonia         GI Bleeding       Stroke	arction Surgery

The following are examples of what will appear on the Hospital Care Summary and Post Hospital Plan of Care and Treatment plan which will meet and exceed the questions in the HCAHPS survey.

# Symptoms To Be Alert For

The day following your discharge from the hospital, you will receive a telephone call from SETMA's Care Coordination Department at which time all of your questions will be addressed and your medications will be reviewed. Within 2-5 days, you will have a follow-up appointment with your healthcare provider. The good news about this is that there will be very little time for you to develop a problem before you will have direct access to your healthcare provider.

If you have any of the following, you should call your healthcare provider no matter the time of day or night. Someone will always be available who has access to your medical record.

General Instructions

- 1. If you have a reaction to your medications
- 2. If you are unable to obtain or to take your medications
- 3. If you have nausea or vomiting which last longer than two hours
- 4. If you have any bleeding
- 5. If you have any loss of consciousness or significant change in your level of consciousness

#### Congestive Heart Failure

- 1. You have more than 4 pounds of weight gain in any one day
- 2. If you become suddenly and severely short of breath

Myocardial Infarction (Heart Attack)

- 1. Recurrent chest pain
- 2. Shortness of breath

On the right hand side of the Master Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan Template, there are 15 navigation buttons on the Hospital Care Summary Template.

Hospital Ca	re A	dmission Date / /	Facility			Home
Summer	D	ischarge Date / /	Туре	Dischar	ge Summary	Histories
Summary	Schedu	led Admission 🔿 Yes	No Attending			Health
Admitting Diagnosis	Status	Discharge Diagno	sis	Status <u>Re-order</u>		Sustam Bauriour
					Discharging To	System Review
	-					Physical Exam
					Discharge Condition	Procedures
					Prognosis	Radiology
					Fightaia	EKG
					Readmission Risk	Laboratory
					Low	Hydration
Additional Admitting Dx			Addition	al Discharge Dx	Discharge Time	Nutrition
		Discharge	into Chronic List		C > 31 minutes	Hospital Course
Admitting Chronic Conditie	ons	Discharge Chroni	c Conditions	Re-order	Prison Inmate	Nursing Home
					O Yes O No	Follow-up Instr
					Days in ICU	Follow-up Loc
					Days on IV Antibiotics	Document
					Dave on Ventilator	Follow-Up Doc
					Fall Risk Assessment	08/11/2011
					Functional Assessment	08/11/2011
					Pain Assessment	08/11/2011
					Karnofsky/Lansky Scale	11
					Palliative Perf Scale	11
					Last Hospital Discharge	
					Medication Reconcilliation	
					Hospital Follow-Up Call	
					Surgeries This Stay	
						11
						7

Six of the first seven buttons launched templates which are identical to templates on the Master GP Templates, they are:

- Histories
- Health
- System Review
- Physical Exam
- Radiology
- EKG

The fifth button entitled **Procedures** launches a template which enables the documentation of the procedures and studies done in the hospital.

	Special Procedures
	Echocardiogram
	Additional Procedures
Procedure	Results
Date //	
Date //	
Date / /	

By clicking in the box entitled Procedure, you will see the pop-up as below.

Procedu	Ire A	Results	Proced	ures	
Date	Hospital Procedures	<b>x</b>			
Date Date Date Date Date Date Date Date	Bronchoscopy CABG Cardiac Cardiac Cath Colonoscopy CT Cysto Doppler EGD MRA MRI Surgery Ultrasound	Close			
Date					

At the top of this template which is entitled **Special Procedures** are two buttons, which launch pop-ups with which to document special studies:

# Echocardiogram

0		Be sure to click "Return" when finished enterin	g data.
Click To Add New Test	Echocardiogra	im	Previous Tests
	Test Date //	-	Document
Indication			
T CHF T Angina T C	ardiomegaly 🧮 Atrial Fibrilation 🗍	Valvular Abnormalities 🔲 Murmurs Oth	ier 🗌
Interpretation			
Ejection Fraction 5	Cardomegaly No. Hype	ertrophy I No Dilation	F No
Impaired Relaxation	1 1165	Left Ventrical	Left Ventrical
Decrement Completion I No.		Right Ventrical	Right Ventrical
Ver	í.	T Atrial	Atrial
Ventricular Dysfunction			
Valvular Abnormalities			
Aortic Normal	Mitral F Normal	Tricuspid Abnormal	Pulmonic Normal
Stenosa	Sterosa	Stenosis	Stenosa
Mid	ation i inustriciency/Hegurgi	tation ) mustricency/Hegurgitation	Mid
Moderate	Hoderate	Moderate	Moderate
i bevere	1 Devere	i severe	1 Severe
Vegetation i no Ves	Vegetation T No Yes	Yes	Vegetation 1 Yes
Motion	Defects	Pericardial Effusion	Blood Clot
Kinesia C Normal	Atrial Spatial Defects	i No Ves	No Ves
Akinesis		E Mid	Atrum
Apical		Severe (Tamponade)	Ventricer
inferior			
Anterior			
	Pulmonary Ar	rtery Pressure	
Comments			
I			

# Electrocardiogram

	EKG Report	
Base Measurements	Rate         kpm         Rhythim           PR         ms (N 120 - 200)         QR5         ms (N < 100)         QT         ms (N <470)           R Adds	Return Normal Tracing Abnormal Tracing Document
Ectopy	PAC PAC PAC	
Atrioventricular Blocks	First Degree  Second Degree - Mohtz 1 Third Degree - Complete Second Degree - Mohtz 1	
Electrical Conduction	Prototyped 01     Carl Asia Servation     Regit Asia Servation     Sit Changes     Regit Asia Servation     Regit Asia Servation     Regit Methodule Hypertrophy     Sit Changes     Regit Methodule Hypertrophy     Regit Asia     Regit Methodule Hypertrophy     Regit Asia     Regit Methodule     Regit     Regit Methodule     Regit     Regit Methodule     Regit     R	
Scroll for	Convents.	
More. Clinical Impressions	Myocardial Infarction	
	Inferior Posterior Septal ST Segment Changes	Return Document
	Advantice	fic
	ST Elevation Anterior Finterior FLateral FGeneralized Septal FNonspec	ific
	Findings Suggestive Of Percentis "NPV "Activity of the second sec	
	T Wave Changes T Wave Inversion Anterior Interior Lateral Generalized Septal Nonspec	ific
Clinical Interpretation	Normal Tracing     Normal Tracing     Tracing Unchanging from     //     Claneal Change Evident     Tracing Repeat     //	

# Laboratory Documentation from the hospital which interacts with Ambulatory EMR

One of the significant advances in quality and cost of healthcare is our ability to document laboratory values done in the hospital. The following tool allows those values to be entered into our EMR such those lab values interact with all quality metrics. This prevents us from having to repeat the testing done in hospital.

	Discharge Summary Lab Entry	Return
Admission Labs Option 1 Select Existing Labs Click to Select Option 2 Enter New Labs		
1. Create Order	2. Enter Results in Lab Module 3. Edit Date	
Discharge Labs		
Option 1 Select Existing Labs		
1. Create Order	2. Enter Results in Lab Module 3. Edit Date	
Additional Labs		
CKMB Set 1 1. Create Order	CKMB Set 2 1. Create Order	CKMB Set 3 1. Create Order
2. Enter Results in Lab Module 3. Enter Date/Time	2. Enter Results in Lab Module 3. Enter Date/Time	2. Enter Results in Lab Module 3. Enter Date/Time
	** Times must be entered in military time. (e.g. 22:45) ** You must enter the colon between the hours and minut	** es. **

This allows the documentation of:

Arterial Blood Gases	CBC
CMP	CPK/Troponins
Cultures	Drug Levels
UA	PT/INR
Lipids	Hemoglobin A1c

Just off to the right of the screen (scroll over) on the discharge summary, you will see a button named "New Lab Entry." Click it and it will take you to this screen.

	Discharge Summary Lab Entry						
Admission Labs Option 1 Select Existing Labs Click to Select			Return				
Option 2 Enter New Labs 1. Create Order	2. Enter Results in Lab Module	3. Edit Date					
Discharge Labs	2. Enter Results in Lab Module	3. Edit Date					
Additional Labs							
CKMB 1. Create Order	2. Enter Results and Dates/Times in	Lab Module					

Under Admission Labs, Option 1 you can select labs that were previously entered using this method rather than re-entering the same set twice. For example, it would let you pick an old discharge set as the new admission set. However, since this only works with labs that have been entered this new way, you probably won't be using it for a little while until we accumulate some of these.

Admission Labs, Option 2 and Discharge Labs work the same way. Click the Create Order button and it will take you to the lab module. When you get there, click Orders.

1	💿 NextGen EHR: Jonny ZTest - [Order Module]									
Ĭ	File Edit Vie	ew Tools	s Admin	Utilities	Window	Help				
	Resu s Orders	Delete	SETMA - IT	-	•	Holly, J	ames			
Ш	View results by 👻	<u>Show</u>	Only Results	; 🛛 😰 <u>R</u> efr	esh 🍸 Ei	lter Resu	lts			
Ш	Results are viewed	l by lab sho	ort description	n.						
	Collection Date &	Time <sup>O</sup>	1/01/2012 00:00	06/29/20 11:37 *	11 06/2 11	9/2011 :23 *	06/2 11			
Ш	17 Alpha Hydroxy	yprog_								
Ш	170Hproges									
Ш	Albumin									
Ш	ALB									
Ш	ALT									
Ш	ALT									
Ш	Amylase									
Ш	Amulase									

Next, find the order that you want to enter results for. If you are doing it for an admission, it will be "ZHospAdmit" and for a discharge it would be "ZHospDisch." Select the correct order, the click the "Results (new results entry)" section and then the "New Results Entry" tab. Now, enter the results in the results column next to each descriptor. When you are done, click "Save" (there will be a few second freeze) and close the lab module.

		acritionalicy							
file Edit Vie	ew Tools Adr	nin Utilities Window	Help					_	_
t Save Clear	SETMA	A-IT ▼ H	Holly, James I	LMD	•	Patient	So Ir	🔽 🏈 🕵 i abox EPM ICS C	X
Its Orders									
ers									
New 🝷 🚯 🛛	efresh 👌 Sign-a	off 🧷 Update 🔕 Car	ncel 🔀 <u>D</u> ele	ete 🏼 🗃 Print	t 🕶 👕 🕇	jilter Ord	ers 🌠 Ca	ancel Filter	
Order#	Performing Entity	Encounter Date	NextGen Status	Result Status	Provide	er Name		Description	
DBS1626	530 InHouseLab	06/29/2011 10:00 AM	Ordered	Pending	Holly, J	ames L		ZHospAdmit	
DBS16261	166 InHouseLab	06/29/2011 10:00 AM	Assigned	Final	Holly, J	ames L		ZHospAdmit	
DBS16260	027 Orchard	06/29/2011 10:00 AM	Ordered	Sent	Holly, J	ames L		Lipid	
DBS16254	467 InHouseLab	06/29/2011 10:00 AM	Assigned	Final	Holly, J	ames L		ZHospAdmit	
DBS16254	155 InHouseLab	06/29/2011 10:00 AM	Assigned	Final	Holly, J	ames L		ZHospAdmit	
DBS16253	320 InHouseLab	06/29/2011 10:00 AM	Assigned	Final	Holly, J	ames L		ZHopsAdmit	
DBS16252	256 InHouseLab	06/29/2011 09:29 AM	Assigned	Final	Holly, J	ames L		ZHopsAdmit	
DBS16251	165 InHouseLab	06/22/2011 10:26 AM	Assigned	Final	Holly, J	ames L		ZHopsAdmit	
New Result [ Panel : ZHospA Panel Comment	pj Refresh 🧳 Cle Idmit (ZHospAdmit)	ear 🗙 Delet 🕞 Save R ) (1 item)	lesult Status F	inal	·				
) New Result Panel : ZHosp4 Panel Comment	pjRetresh 🖉 Cle admit (ZHospAdmit)	ear 🗙 Delet 🔲 🔜 Save R ) (1 item)	esult Status F	inal	•				
New Result L Panel : ZHosp4 Panel Comment Comp. Key	greerresh 🖉 Cle dmit (ZHospAdmit)	ear 🗙 Delet 📮 Save R ) (1 item) nt	iesult Status F	Final Result U	• Init	Flag	Range	Coding System	
New Result L Panel : ZHosp4 Panel Comment Comp. Key GLYCO	g Retresn 2 Cle dmit (ZHospAdmit) Compone GLYCO	ear 🗙 Delet 💽 Save R	iesult Status F	inal Iesult U	▪ Init mg/dL	Flag	Range	Coding System CPT	
New Result [ Panel : ZHosp4 Panel Comment Comp. Key GLYCO CHOL	Compone GLYCO Choir Compone	ear 🗙 Delet 🔲 Save R (1) item)	lesult Status F	inal Result U	Init ng/dL ng/dL	Flag	Range	Coding System CPT CPT	
New Result L Panel : ZHosp4 Panel Comment Comp. Key GLYCO CHOL TRIG	Compone GLYCO CHOL TRIG	ear 🗙 Delet 🔲 Save R	lesult Status F	inal iesult U r r	Init ng/dL ng/dL ng/dL	Flag	Range	Coding System CPT CPT CPT	
Panel : ZHospa Panel : ZHospa Panel Comment Comp. Key GLYCO CHOL TRIG HDL	Compone GLYCO CHOL TRIG HDL	ear X Delet Save R	esult Status F	Final Result U r r r	Init ng/dL ng/dL ng/dL ng/dL	Flag	Range	Coding System CPT CPT CPT CPT CPT	
Panel : ZHosp4 Panel Comment Comp. Key GLYC0 CHOL TRIG HDL LDLC W/C	Compone GLYCO CHOL TRIG HDL LDLC W/PC	ear 🗙 Delet 💽 Save R	esult Status F	inal Result U r r r	Init ng/dL ng/dL ng/dL ng/dL ng/dL ng/dL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT	
Panel ZHosp Panel Comment Comp. Key GLYCO CHOL TRIG HDL LDLC WBC HGR	Compone GLYCO CHOL TRIG HDL LDLC HGB	ear 🗙 Delet 💽 Save R	esult Status F	inal Result U r r r r	Init ng/dL ng/dL ng/dL ng/dL ng/dL 10e3/uL 2/dl	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT	
New Result [ Panel 2Hospd Panel Comment Comp. Key GLYCO CHOL TRIG HDL LDLC WBC HGB MCV	Compone     Compone     GLYCO     CHOL     TRIG     HDL     LDLC     WBC     HGB     MCV	ear 🗙 Delet 💽 Save R	esult Status F	inal tesult U r r r r r r f f	Init ng/dL ng/dL ng/dL ng/dL 10e3/uL a/dL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT CPT	
Panel 2Hosp4 Panel Comment Comp. Kay GLYCO CHOL TRIG HDL LDLC WBC HGB MCV PLT	Compone GLYCO CHOL TRIG HDL LDLC WBC HGB MCV PLT	ear X Delet Save R	esult Status F	inal tesult U r r r r r r f f	Init ng/dL ng/dL ng/dL ng/dL 10e3/uL a/dL 10e3/uL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT CPT CPT	
I New Kesur Panel : ZHosp Panel Comment Comp. Key GLYCO CHOL TRIG HDL LDLC WBC HGB MCV PLT BANDS	Compone GLYCO CHOL TRIG HDL LDLC WBC HGB MCV PLT BANDS	ear X Delet Save R	F P	inal tesult U r r r r r r r r r r r r r r r r r r r	Init ng/dL ng/dL ng/dL ng/dL 10e3/uL 1 10e3/uL 1 10e3/uL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT CPT CPT	
Inew Result Panel : ZHosp Panel Comment Comp. Key GL/CO CHOL TRIG HDL LDLC WBC WBC HGB MCV PLT BANDS NA	Compone GLYCO CHOL TRIG HDL LDLC HGB MCV PLT BANDS NA	ear X Delet Save R	esuit Status F	inal tesult U r r r r r r r r r r r r r r r r r r r	Init ng/dL ng/dL ng/dL ng/dL 10e3/uL 1 10e3/uL 1 10e3/uL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT CPT CPT	
Prevention of the sector of th	Compone GLYCO CHOL TRIG HDL LDLC WBC HGB MCV PLT BANDS NA K	ear X Delet Save R	esult Status F	tesult U r r r r r r r r r r r r r r r r r r r	Init ng/dL ng/dL ng/dL 0e3/uL 10e3/uL 10e3/uL ng/dL 10e3/uL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT CPT CPT	
Inew Result         Panel Comment           Panel Comment         Comp. Key           Comp. Key         GLYCO           CHOL         CHOL           TRIG         HDL           LDLC         WBC           HGB         MCV           MCV         BANDS           NA         K           LIBFA         VIBFA	Compone GLYCO CHOL TRIG HDL LDLC WBC HGB MCV PLT BANDS NA K LIDEFA	ear X Delet Save R	esult Status F	inal iesult U r r r r r r r r r r r r r r r r r r r	Init ng/dL ng/dL ng/dL 10e3/uL 10e3/uL 10e3/uL 10e3/uL ng/dL ng/dL ng/dL ng/dL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT CPT CPT	
Internet Composition of the second se	Compone GLYCO CHOL TRIG HDL LDLC WBC HGB MCV PLT BANDS NA K LIBEA	ear X Delet Save R	esult Status F	inal iesult U r r r r r r r r r r r r r r r r r r r	Init ng/dL ng/dL ng/dL ng/dL ng/dL 10e3/uL 10e3/uL ng/dL ng/dL ng/dL ng/dL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT CPT CPT	
Inew Result Panel : ZHosp Panel Comment Panel Comment Comp. Key GLYCO CHOL TRIG HDL LDLC HDL LDLC HDL LDLC HGB MCV PLT BANDS NA K LIBFA matted Results	Compone GLYCO CHOL TRIG HDL LDLC WBC HGB MCV PLT BANDS NA K IIIBFA	ear X Delet Save R	esult Status F	inal Iesult U r r r r r r r r r r r r r r r r r r r	Init ng/dL ng/dL ng/dL ng/dL 10e3/uL 1 10e3/uL 1 10e3/uL ng/dL ng/dL ng/dL ng/dL ng/dL ng/dL ng/dL	Flag	Range	Coding System CPT CPT CPT CPT CPT CPT CPT CPT CPT CPT	

You will then return to the previous screen. Click the "3. Edit Date" button. You will get a calendar and you should select the date you want each of the results you just entered to have. When you select the date and click ok, it will update all of them with the date you selected. The CKMB section operates the same way...except you have to enter the date/time manually when you enter the result. Just do everything else like you normally would.

## The next two navigation buttons are:

- <u>Hvdration</u> -- for instructions on using this template see this LINK
- <u>Nutrition</u> for instructions on using this template see this LINK

The next Navigation button is Hospital Course

Normal	Hospital Cours	se	
Admitted 📃 Through the ER	Other Facility For Trea	atment Of	Return
From the office	Uninsur	ed patient? 🔿 Yes 🔿 No	
By elective admission	Unassig	ned patient? 🔘 Yes 🔘 No	Add Treament Comments
Treated with IV Fluids Fluids Antimicrobial and	Received Blood Transfusion     Units Type Date     If I     If I	Patient Received Breathing treatments of Physical therapy Speech therapy Cocupational therapy Radiation therapy	
Received IV medications		Chemotherapy	
Diagnostics			Add Diagnostic Comments
The following were obtained and review	red Cultures Diagnostic Tests Lab		
Complications			Add Complication Comments
No complications experienced	Patient developed a com	plication of	
Hospital course uneventful Gradual improvement took place	Patient was transferred	to ICU for	
Deserves to Transforment			Add Response Comments
Response to Treatment			
Abdominal tenderness has resolved     Blood pressure control has been ree     Chest pain has resolved     Chest x-ray and physical exam of lu	Fluid and electrolyte bala stabilished. Neuro status has return Patient is afebrile ngs improved	ance were re-established ed to normal	
Discharge Condition			Add Discharge Comments
Has improved Has deter Is ambulatory Is up in cl	iorated 🔽 Stable but cont. to have nair 🗌 Is bedfast	problems Patient Deceased Cause of Death	
Reason for Discharge			
Recovered from acute condition Transferred to higher level of care	Maximum benefit reached in hospital s Transferred to Hospice for end of life	etting Patient is stable care Transferred to LTAC	Patient expired Scheduled Readmi for continued care
Consults Last Name First Name	Date Reason	Pending Tests/Results List any tests or results wh	ich are still pending.
	11	Check here if none	List Contact to Obtain Results
	11		
	11		() - ext
			_
	11		
	11		_
	11		
I have reviewed and agree with the c	onsultants documentation and plan.		
🔿 Yes 🔿 No			

This allows for detail to be documented about the patient's hospital course and condition on discharge.

## **Nursing Home Navigation Button**

This opens a template which allows for specific instructions to be given for a patient who is being transferred back to the nursing home.

	Nursing	g Home Discha	arge Orders		
Diet	_	Activity Level		Disch Master	
SETMA Guidelines     NH Maste       Diarrhea Guidelines     Insulin Sliding Scale Guidelines       Fall Guidelines     Lethargy / Change in Mental Status Guidelines       Family Concerns Guidelines     Loss of Appetite / Weight Loss Guidelines       Fever Guidelines     Physical Therapy Guidelines       Hemorrhoid Guidelines     Potassium Guidelines       Hypoglycemia Guidelines     Wound Care Guidelines					
Hospital Transfer		Reason for transfer			
Future Orders B12 BMP CBC CBC CMP Chest PA/Lat	Depakote Digoxin Dilantin EKG EP	FBS GlycoHem HFP Lipid Lithium	Liver Func Micral Strip Phenobarb Prealbumin PT/INR	Lab Guidelines Se Ketones Tegretol Theophylline Thyroid profile Urinalysis	
Comments:			Education/Instruction		

## **Follow-up Instructions Template**

Hospital Follo	ow-Up
Hospital Follo         Hospital Follow         Consult Home Health         Discussed condition, medications, and follow-up care with patient and/or family         Discusarge to Nursing Home       Give a copy of the Post Hospital Follow-up Document         Home Rehab       Home Speech Therapy         Insure patient knows how to make follow-up appointment       Review medications with patient before discharge         Send discharge summary, HP and consults to nursing home with patient       Transport by Ambulance         SETMA Follow-Up Appointments       ///         Use 24 Hour Time)       Other Follow-Up Appointments	Post Hospital Follow-Up Instructions         BMP, CBC, UA in 10 days         Bring ALL medications to next office appointment         Code - Full         Code - No         Continue medications per Post Hospital Follow-up document         Daily Weight - if patient gains more than 3lbs in one day call MD         Diet       Diet Help Desk         Discontinue smoking         Elevate Limb         Fall Risk Assessment         Follow SETMA Guidelines as per Instructions         Hydration Alert         Notify CFNP of Readmission         Portable Chest x-ray in 10 days         PT/INR n         Repeat labs in
Reasons To Contact Provider         Image: Congestive Heart Failure         Image: Comments         Comments         Image: Standard Nursing Home Discharge Orders         Image: Standard Home Discharge Orders	Stop antibiotics in Stutures out in Stutures out in Stutures Alert arction Surgery Cancel

This is a list of instructions to the nursing home or family about follow-up. If the patient is going home the Standard Home Discharge Order buttons should be activated:

Hospital Follo	ow-Up
Hospital Discharge Instructions         Consult Home Health agency         Consult Attus Home Health         Discussed condition, medications, and follow-up care with patient and/or family         Discharge to Nursing Home         Give a copy of the Post Hospital Follow-up Document         Home Rehab         Home Speech Therapy         Insure patient knows how to make follow-up appointment         Review all follow-up instructions with patient before discharge         Send discharge summary. HP and consults to nursing home with patient         Transport by Ambulance         SETMA Follow-Up Appointment         If I       (Use 24 Hour Time)         Other Follow-Up Appointments         If I       (Use 24 Hour Time)	Post Hospital Follow-Up Instructions         BMP, CBC, UA in 10 days         P Bring ALL medications to next office appointment         Code - Full         Code - Meds         Code - No         ✓ Continue medications per Post Hospital Follow-up document         Daily Weight - if patient gains more than 3lbs in one day call MD         Diet       Diet Help Desk         Discontinue smoking         Elevate Limb         Fall Risk Assessment         Follow SSTMA Guidelines as per Instructions         Hydration Alert         Notify Family of Readmission         Portable Chest x-ray in 10 days         PT/INR in         Repeat labs in         Stup care         Stop antibiotics in         Sutures out in         Weight Loss Alert
General Instructions Asthma Myocardial Infa Congestive Heart Failure Pneumonia GI Bleeding Stroke	arction 🗌 Surgery
Standard Home Discharge Orders	ancel

If going to the NH, Standard Nursing Home Discharge Orders should be activated.

Hospital Follo	ow-Up
Hospital Discharge Instructions         Consult Home Health         Discussed condition, medications, and follow-up care with patient and/or family         Discussed condition, medications, and follow-up care with patient and/or family         Discussed condition, medications, and follow-up care with patient and/or family         Discussed condition, medications, and follow-up care with patient and/or family         Discussed condition, medications, and follow-up Document         Home Rehab         Home Speech Therapy         Insure patient knows how to make follow-up appointment         Review all follow-up instructions with patient         Review medications with patient before discharge         Send discharge summary, HP and consults to nursing home with patient         SETMA Follow-Up Appointment         Vother Follow-Up Appointments         Image: the follow-U	Post Hospital Follow-Up Instructions         Image: String ALL medications to next office appointment         Code - Full         Code - Neds         Code - No         Continue medications per Post Hospital Follow-up document         Daily Weight - if patient gains more than 3lbs in one day call MD         Diet       Diet Help Desk         Discontinue smoking         Elevate Limb         Follow SETIMA Guidelines as per Instructions         Prilow Fortable Chest x-ray in 10 days         PT/INR in         PT/INR in         Stop antibiotics in         Stop antibiotics in         Sutures out in         Weight Loss Alert
General Instructions Asthma Myocardial Infa Congestive Heart Failure Pneumonia Comments Stroke	arction 🔲 Surgery
Standard Nursing Home Discharge Orders	ancel

In either case, once the default orders are reviewed, other pertinent issues like "when to stop antibiotics," "when sutures are to be removed," etc., should be activated.

### **Follow-up LOC Template**



This launches a template with the names, addresses and telephone contact information for a number of clinics which are able to care for patients without insurance.

**Document** – this creates the Hospital Care Summary document for placing on the chart and for sending to the Nursing Home with the patient.

# Back to the Start: Starting the Hospital Care Summary Process

## 1. Open a visit for the date of discharge.

If you complete the hospital care summary discharge summary on the day you discharge the patient from the hospital, as you should, you do this simply by clicking on **NEW** on the Main Tool Bar.



If you are completing a delinquent hospital care summary, you must create a **Custom Visit** so that the hospital care summary is filed on the date of discharge, even though it has been created on a different date, which date of document creation will be noted on the record.

You do this by going to the Left Top of the screen and clicking on **FILE**. You then click on **NEW** and then on **CUSTOM VISIT**.

1	N	extGen	EHR: Bo	bby Zte	st					
F	ile	Edit	View	Tools	Admin	Utilitie	s	Window Help		
		New				×		Encounter		S L MD
8	ò	Select P	atient		,	Alt + P		Case		
		Modify	Patient.					Custom Encou	nter	
		Close P	atient					Addendum		<u> </u>
		Save						Lock Encounte	r	1
	X	Close						Group Encoun	ter	
		Print						Patient		
		Custom	Print \	Fax				Person		
		Export I	Patient I	Docume	nts			Insurance		
		Genera	te CCD				2	Image		
		Graph				×		Template		

At this point, a Pop-Up entitled Custom Visit appears.



Beside the date on this Pop-up, there is a **Button** with three dots on it. If you click on that button, a calendar comes up which allows you to change the date to the date of the patient's actual discharge. Once the date is correct, you click the **OK** button to the right top of the Pop Up. This creates a visit with the correct date.

To cha being Enco	inge ti create unter Date: Time:	he da ed clie 08 : 8 OK	ite for ck the 3/26/2 1:19:0	the e "" b 013 6 AM	ncour utton	nter ]]] el
Calenda	r	Aug	just, 2	2013		×
Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	(
			OK		Ca	ncel

2. At this point, your New Visit has nothing in it. In order to make the Hospital Care Summary work, you must follow these steps:

At the bottom of the **Main Tool Bar**, you will click on the top left icon which is the **Template** Icon. You will then select **Master GP**.

Double click on Master GP, or highlight it and the click on the OK button at the bottom of the Pop Up.

	Master Di
Select Template	Hosp Cou
Medical Records Demographics	III Nh Orders
	Master Gr
Master Disch Labs	IMAssess
Master Eye	· · · · · · · · · · · · · · · · · · ·
Master up	
Master Nh	
Master Peds Step 3	⊞
Master Progress	⊕
Master Rhe Mcc Test1	04/08/2013 10:1
Med Physical Exam	⊕
Med Sys Rev Medical History	⊕ ● 01/24/2013 16::
Show	📋 🕮 🛄 01/24/2013 10:'
© All Step 2	01/03/2013 10:1
Categories	12/04/2012 10::
	in
	My Practice
	Custom
Step 4	
	Step 1

On the **Top Tool Bar**, the second icon is **SAVE**. You will click on this icon to save your change.

😚 NextGen EHR: Bobby Z	test - [08/26/2013 08:00	AM : "AAA Home"]		
📄 File Edit Default	View Tools Admin	Utilities Window	Help	
Logout Save lear Delete	SETMA-IT	<ul> <li>Holly, Ja</li> </ul>	ames L MD	Patient
Southern Constants	Patient Bobby Home Phone Work Phone Cell Phone	Ztest Se (409) - Da ( ) -	ex M Age 36 ate of Birth 07/12/1977	Patient's C

You will notice that **Master GP** now appears below the date of your custom visit, or your new visit at the right of your screen on the **Main Tool Bar**.



**3.** At this point, you will go back to the **patient's date of admission** and find the **Assessment** under the date of admission.



You will highlight **Assessment** by clicking on it. You will then hold the left mouse key down and DRAG the assessment up to your **current visit** – either a **new visit** if you are doing the discharge summary on time, or a **custom visit** if you are completing a delinquent hospital care summary.

Once you have successfully dropped this assessment on the date of the new visit or the custom visit, a pop up will appear which asks you if you want to **COPY** and **SAVE** the assessment to this visit. You click yes.

NextGen	X
?	Copy Template 'IMAssessment' to: encounter '08/26/2013 08:41 Holly, J'
	Yes No
Save Temp	olate 🔀
<u> </u>	Save changes to '08/26/2013 08:41 AM : "IMAssessment"' ?
	Ves No Cancel

You will notice now that your new or custom visit has both the Master GP and the Assessment listed under it.



At this point, go back to the **Main Tool Bar** and click on the top left hand icon for **Templates**. You will select the **Master Hospital Care Summary** one of three ways: You can return to **AAA Home** and select it.



If the Master Hospital Care Summary has been placed in your preferences list, as the Master GP has, you will simply double click on Master Hospital Care Summary.

Step 1 🖪

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## At this point two documents will be completed:

- The Post Hospital Plan of Care and Treatment Plan: Patient Engagement and Activation Document The following is a link to an example of this document:\_ <u>http://www.jameslhollymd.com/Presentations/pdfs/Post-Hospital-Plan-of-Care-and-Treatment-Plan.pdf</u>
- 2. The Post Hospital Plan of Care and Treatment Plan. This is link to a sample document: <u>http://www.jameslhollymd.com/Presentations/pdfs/Example-of-SETMAs-</u> <u>Hospital-Care- Summary-and-Post-Hospital-Plan-of-Care-and-Treatment-</u> <u>Plan.pdf</u>

#### Conclusion

To remind us of the constant need for change in healthcare transformation, we have archived a copy of the "old" version of our "discharge summary" tutorial. If you contrast the two, the progress we have made is remarkable, but more remarkable is the anticipation of the changes we will make over the next five years. The patient engagement and activation made possible by the functions detailed in this tutorial remind us of the constant change we will experience in the future. Sometimes the change is at lightening speed hardly leaving time for us to catch our breath. At other times the rate of change slows and allows us to incorporate all of the new ideas into our work flow. The key to the changes seen in this new tutorial is our clear understanding now of what it means for patients to be engaged, to be activated and to participate in shared decision making. Because this was the focus of our August, 2013 Provider training meeting, the following details the content of that session. We hope that it helps all who read this to incorporate these ideas into their practices and professional lives.

Today, August 20, 2013, we have our monthly provider training meeting. We close our offices for half a day. The subjects we will address today are:

- 1. HCAHPS reviewed as a patient-centric approach in in-patient care. link to the develop process of this audit and project began July 15th Completed July 30th --\_ <u>http://www.jameslhollymd.com/letters/</u>
- 2. CAHPS we will review the questions which our CAHPS vendor will use.
- "Have You Really Addressed Your Patient's Concerns," Carlos Roberto Jaen a Patient-Centered Office Visit - How? The following is the link to the power point for this part of the meeting today: <u>http://www.jameslhollymd.com/Presentations/What-is-patient-centeredcommunication</u>
- 4. "Patient Engagement" Health Affairs, February 14, 2013 How to promote patient engagement - <u>http://www.jameslhollymd.com/Presentations/SETMA-8-20-13-Provider-</u> Training- Health-Affairs-2-14-13-Patient-Engagement
- Health Affairs, Health Gaps, August 15, 2013. SETMA has eliminated ethnic disparities in hypertension and diabetes - this is a broader view\_ <u>http://www.jameslhollymd.com/Presentations/SETMA-8-20-13-Provider-Training-Health-Affairs-8- 15-13-Health-Gap</u>.
- 6. SETMA's Automated Team, the logical extension of Clinical Decision Support, Patient Engagement, Activation and Shared Decision Making. The following is the link to our

Automatic Team Tutorial: <u>http://www.jameslhollymd.com/epm-tools/Automated-Team-Tutorial-for- the-EMR-Automated-Team-Function</u>