EPIC INTEGRATION
MONTEFIOR HOME CARE

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Wojciech Rymarowicz MS PT, Director of Rehabilitation
Janice Korenblatt LCSW, Director of Social Work
Goals for Presentation

• Demonstrate how the integration of the Electronic Health Record (EHR) enhanced collaboration between Hospital and Montefiore Home Care (MHC)

• Highlight four MHC initiatives and programs
  – Intake Redesign
  – Heart Failure Readmissions Reduction Program
  – Rehabilitation Programs
  – Social Work/Complex Case

• Demonstrate how EPIC integration has aligned MHC with health system goals, initiatives and improved transitions of care
Overview
Montefiore Health System
Montefiore Einstein Fully Integrated Academic Health System

Albert Einstein College of Medicine

11 Hospitals, including Burke Rehabilitation Hospital

32,000+ Employees

6,200+ Providers

3,111 Total Beds - Including 166 Rehabilitation Beds

150 Skilled Nursing Beds

200+ Sites Including

Hutchinson Campus – Hospital without Beds

1 Freestanding Emergency Department - First in New York State

65 Primary Care Sites

18 Mental Health/Substance Abuse Treatment Clinics

91 Specialty Care Sites

- 3 Multi-Specialty Centers
- 8 Pediatric Specialty Centers
- 9 Women’s Health Centers
- 13 Rehabilitation Centers

9 Dental Centers

8 Imaging Centers

Care Management Organization

Home Health Programs
Brief Overview
Montefiore Home Care (MHC)

- Established in 1947 as the nation’s first hospital-based Certified Home Health Agency
- Clinical Staff: RN, PT, OT, SW, SLP
- 11,500 admissions annually
- Skilled visits annually > 144,000
EPIC Initiation and Integration

• Epic was initiated in 2016
• Rolled out by both site and organizational unit
  – Hospitals, ambulatory practices, home care…..across the network
  – It has been a work in progress-some sites are still not integrated
• MHC
  – Still have bi-weekly meetings
  – Working on clinical, financial and operational challenges
  – EPIC “Wisconsin” continues to provide upgrades, changes as required by new regulatory requirements
  – Large in-house EPIC team which addresses MHS needs
Growing Pains
EPIC and Intake

EPIC has proven to be a highly instrumental factor in the improvement of the MHC Intake process:

- Increased ability to manage a large referral volume from multiple sources
  - Goal: 100% paperless
- The integrated record allows for a thorough case assessment beyond the information included in the referral
  - Particularly helpful in more complex cases
  - Ability to see broad spectrum of patient care needs both acute and community
- Increases ability to “flag” cases for specific reasons i.e.: Heart Failure, COVID-19
EPIC and Intake

• Beginning in February 2021, MHS embarked on a broad initiative to impact inpatient length of stay (LOS).
• Goals:
  – Decrease overall inpatient length of stay
  – Identify barriers to timely discharge for patients referred for home care services
  – Identify barriers to timely admission to home care services
  – Manage patients at high risk for rehospitalization
• MHC included as a post-acute partner
• This initiative has reduced the inpatient LOS by one full day
EPIC and Intake

• MHC first implemented a high-level communication process that included Intake Liaisons, hospital discharge planning/case management leadership, home care leadership

• Goal:
  – identify barriers on a real-time, daily basis to try to isolate areas of need and manage “easy wins” to expedite the process

• Intervention:
  – initiated a “Discharge Sensitive” e-mail template for communication between discharge planners and liaisons for same day/next day discharges to drive the liaisons to the priority referrals in the workqueue

• Outcome:
  – Massive transparency of repetitive questioning by liaisons to SW/CM and information gaps in referrals for basic required information

• Next step:
  – Engage EPIC to update the electronic referral to drive compliance on referral source side
EPIC and Intake – Discharge Sensitive Template

Name: 
Medical record: 
D/C Date: 
Covid Status: 
Skilled Need: 
PCP and Phone Number: 
Other Contact (Name and Number): 
Charity: ☐ Yes ☐ No 
Is Discharge Address different from face sheet (if yes please write address here): 
If Applicable:
  Wound care: ☐ Yes ☐ No 
  Ostomy: ☐ Yes ☐ No 
  Drain: ☐ Yes ☐ No
EPIC and Intake – Electronic Referral Format

Ambulatory referral to Monte Home Health

Class: Internal Ref
Referral: [ ] Override restrictions
To dept spec: Home Health Serv
To dept: 
To provider: 
Type: Home Care, Office Visit
Priority: Routine, Urgent
Reason: Route to Coordinator

Does the patient require any of the following? Select all that apply to patient. If they do not apply, select "None".

- Oxygen
- Wound Care
- Wound Vac
- Drain
- Colostomy
- Nephrostomy/ileostomy
- Foley Catheter
- Pleural Catheter
- Device
- None
### EPIC and Intake – Electronic Referral Format

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient require any of the following? Select all that apply to patient. If they do not apply, select “None”.</td>
<td>Oxygen, Wound Care, Wound Vac, Drain, Colostomy, Nephrostomy/ileostomy, Foley Catheter, Pleural Catheter, Device, None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oxygen</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Li</td>
<td></td>
</tr>
<tr>
<td>Fre</td>
<td>Continuous, Intermittent</td>
</tr>
<tr>
<td>Tap</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>

| Does the patient require any of the following? Select all that apply to patient. If they do not apply, select “None”. | Oxygen, Wound Care, Wound Vac, Drain, Colostomy, Nephrostomy/ileostomy, Foley Catheter, Pleural Catheter, Device, None |

| Wound Care |  |
| Location |  |
| Measure (cm) for Length x Width x Depth |  |
| Cleanse with | normal saline, other |
| Apply to wound bed | gauze packing, foam, hydrocolloid dressing, alginate dressing, silver alginate, hydrogel dressing, other |
| Cover/wrap with | dry dressing, Kerlix, foam, Unna boots (must have an underlying wound), Ace wrap, other |
| Frequency | every other day, 3 times a week, weekly, other |

*If there is more than one wound, specify as above in the comment.*
## EPIC and Intake – Electronic Referral Format

Does the patient require any of the following? Select all that apply to patient. If they do not apply, select "None".

- [ ] Oxygen
- [ ] Wound Care
- [X] Wound Vac
- [ ] Drain
- [ ] Colostomy
- [ ] Nephrostomy/ileostomy
- [ ] Foley Catheter
- [ ] Pleural Catheter
- [ ] Device
- [ ] None

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wound Vac</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Irrigate:</strong></td>
<td>normal saline, other</td>
</tr>
<tr>
<td><strong>Apply negative pressure therapy:</strong></td>
<td>125mm/hg, Other</td>
</tr>
<tr>
<td><strong>Suction:</strong></td>
<td>Intermittent, Continuous</td>
</tr>
<tr>
<td><strong>Foam Color:</strong></td>
<td>Black foam, White foam</td>
</tr>
<tr>
<td><strong>Cover with transparent dressing and change:</strong></td>
<td>3 times a week, other</td>
</tr>
</tbody>
</table>

Cover with wet to dry dressing if vac malfunctions.
### EPIC and Intake – Electronic Referral Format

**Does the patient require any of the following? Select all that apply to patient. If they do not apply, select "None".**

- **Oxygen**
- **Wound Care**
- **Wound Vac**
- **Drain**
- **Colostomy**
- **Nephrostomy/ileostomy**
- **Foley Catheter**
- **Pleural Catheter**
- **Device**
- **None**

#### Drain Care Type:
- **JP Drain**
- **Other type**

#### Showering:
- **Yes**
- **No**

#### Insertion site:

#### Cleanse with:
- **normal saline**
- **other**

#### Apply to drain site:
- **gauze**
- **other**

#### Cover/.wrap with:
- **transparent dressing**
- **dry dressing**

#### Frequency:
- **Every other day**
- **3 times a week**
- **Weekly**
- **Other**

#### Flush:
- **Yes**
- **No**

---

**Does the patient require any of the following? Select all that apply to patient. If they do not apply, select "None".**

- **Oxygen**
- **Wound Care**
- **Wound Vac**
- **Drain**
- **Colostomy**
- **Nephrostomy/ileostomy**
- **Foley Catheter**
- **Pleural Catheter**
- **Device**
- **None**

#### Colostomy:

#### Size of stoma:

#### Size of ostomy device:

#### Size of flange:

#### Size of bags:

#### Size of wafers:

**Additional orders:**
EPIC and Intake – Electronic Referral Format

Does the patient require any of the following? Select all that apply to patient. If they do not apply, select "None".

- [ ] Oxygen
- [ ] Wound Care
- [ ] Wound Vac
- [ ] Drain
- [ ] Colostomy
- [ ] Nephrostomy/ileostomy
- [ ] Foley Catheter
- [ ] Pleural Catheter
- [ ] Device
- [ ] None

Nephrostomy/ileostomy

Dressing change

1. Cleanse with:
   - [ ] normal saline
   - [ ] other

2. Apply to site:
   - [ ] gauze
   - [ ] other

3. Cover/wrap with:
   - [ ] transparent dressing
   - [ ] dry dressing

4. Frequency:
   - [ ] Every other day
   - [ ] 3 times a week
   - [ ] Weekly
   - [ ] Other

5. Flush required?
   - [ ] Yes
   - [ ] No

Does the patient require any of the following? Select all that apply to patient. If they do not apply, select "None".

- [ ] Oxygen
- [ ] Wound Care
- [ ] Wound Vac
- [ ] Drain
- [ ] Colostomy
- [ ] Nephrostomy/ileostomy
- [ ] Foley Catheter
- [ ] Pleural Catheter
- [ ] Device
- [ ] None

Foley Catheter

1. Size (Fr):
   - [ ]

2. Inflate balloon with (cc):
   - [ ]

3. Flush:
   - [ ] Yes
   - [ ] No

4. Change Foley:
   - [ ] Every 30 days
   - [ ] Other
### EPIC and Intake – Electronic Referral Format

**Does the patient require any of the following? Select all that apply to patient. If they do not apply, select "None".**

- [ ] Oxygen
- [ ] Wound Care
- [ ] Wound Vac
- [ ] Drain
- [ ] Colostomy
- [ ] Nephrostomy/ileostomy
- [ ] Foley Catheter

#### Pleural Catheter

<table>
<thead>
<tr>
<th>Device</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Pleural Catheter</td>
<td></td>
</tr>
</tbody>
</table>

#### Dressing Change

- **Cleanse with:**
  - Normal saline
  - Other
- **Apply to site:**
  - Gauze
  - Other
- **Cover/wrap with:**
  - Transparent dressing
  - Dry dressing
- **Frequency of dressing change:**
  - Every other day
  - 3 times a week
  - Weekly
  - With every drainage
  - Other
- **Frequency of drainage:**
  - Daily
  - Every other day
  - 3 times a week
  - Weekly
  - Other

#### Limit of drainage output (cc):

**Device**

- [ ] Pleural Catheter
- [ ] Device
- [ ] None

**Device (Comment)**
## Order Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient require any of the following? Select all that apply to patient. If they do not apply, select &quot;None&quot;.</td>
<td>Wound Care</td>
</tr>
<tr>
<td>Wound Care</td>
<td>Abdominal incision - cover with island dressing.</td>
</tr>
<tr>
<td>Location:</td>
<td>Surgical wounds: midline abdomen - steri strips, cover w/ dry dressing. R groin dehiscence - collagenase and dry dressing. L groin - dry dressing.</td>
</tr>
<tr>
<td>Measurement (Cm) for Length x Width x Depth:</td>
<td>R groin approx 5 cm x 3 cm x 1 cm. L groin approx 3 cm x 2 cm x 0.3 cm. Abdo &gt;18 cm x 1 cm x 0.3 cm</td>
</tr>
<tr>
<td>Cleanse with:</td>
<td>normal saline</td>
</tr>
<tr>
<td>Apply to wound bed:</td>
<td>other</td>
</tr>
<tr>
<td>other</td>
<td>collagenase to right groin incision</td>
</tr>
<tr>
<td>Cover/-wrap with:</td>
<td>dry dressing</td>
</tr>
<tr>
<td>Frequency:</td>
<td>3 times a week</td>
</tr>
<tr>
<td>Specialized Services (Mark all that apply to ensure timely provision of services):</td>
<td>Other Post-op</td>
</tr>
<tr>
<td>Attending MD responsible for signing orders:</td>
<td>PCP</td>
</tr>
<tr>
<td>RN Assessment/Disease-Med Management</td>
<td>Yes</td>
</tr>
<tr>
<td>Describe Disease/Med Management needs</td>
<td>Toe gangrene, PVD s/p aortic bifurcation bypass graft, DM2, AUB, HTN, R groin incision dehiscence</td>
</tr>
<tr>
<td>Requested Services/Disciplines</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>The encounter with the patient was for the following medical conditions:</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Cardiac (HTN, HF, MI, CAD etc)</td>
<td>Post-Surgical</td>
</tr>
<tr>
<td>Wounds</td>
<td></td>
</tr>
<tr>
<td>Based on my findings, the patient needs Skilled Nursing and/or Therapy Services for the following care/treatments/therapy:</td>
<td>Teaching and training</td>
</tr>
<tr>
<td>Disease Management</td>
<td></td>
</tr>
<tr>
<td>Gait training</td>
<td></td>
</tr>
<tr>
<td>Safety assessment</td>
<td></td>
</tr>
<tr>
<td>Home exercise program</td>
<td></td>
</tr>
<tr>
<td>The following clinical findings support the patient is homebound/confined to the home:</td>
<td>Multiple medical comorbidities</td>
</tr>
<tr>
<td></td>
<td>Weakness/fatigue</td>
</tr>
<tr>
<td></td>
<td>Risk of complications from wound/device/etc.</td>
</tr>
</tbody>
</table>

HH F2F 4/19/2022
EPIC and Intake – Face to Face

Face to Face Attestation

Documentation of the Face to Face Encounter:

1. I certify that this patient is under my care and that, or another qualified licensed provider, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on 4/19/2022

2. The encounter with the patient was for the following medical conditions (list major medical diagnosis):
   Cardiac, HTN, HF, MI, CAD etc.
   Post-Surgical
   Wounds

3. Based on my findings, the patient needs Skilled Nursing and/or Therapy Services for the following care/treatments/therapy:
   Teaching and training
   Disease Management
   Get training
   Safety assessment
   Home exercise program

4. The following clinical findings support the patient’s homebound. (Homebound means it’s taxing and/or difficult to leave the home and/or there is a cognitive, functional or psychiatric impairment. Patient may leave the home infrequently for short durations and/or health care). The patient is homebound due to:
   Multiple medical conditions
   Weakness/fatigue
   Risk of complications from wound/dermatitis etc.

Certification for Home Health Services: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have initiated the establishment of the plan of care. This patient will be followed by a physician who will periodically review the plan of care.

When did the face to face encounter occur? 4/19/2022

Face to Face Physician’s Signature and Date Signed

on 4/19/2022
Montefiore Medical Center
Hospital HF Readmissions Reduction Program
Montefiore Medical Center
Hospital HF Readmissions Reduction Program

Hospital Readmissions Reduction Program & Transitional Care Steering Committee

- Pulmonary
- Cardiology
- Faculty Practice
- Montefiore Medical Group Primary Care
- Care Management Organization (CMO)
- Montefiore Medical Center
- Discharge Planning
- Hospital Medicine
- Montefiore Home Care
# Acute on Chronic Care Continuum Model

<table>
<thead>
<tr>
<th>Principal diagnosis “flag”</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN assessment</td>
<td>✓</td>
</tr>
<tr>
<td>SW assessment</td>
<td>✓</td>
</tr>
<tr>
<td>PICTOC</td>
<td>✓</td>
</tr>
<tr>
<td>Device</td>
<td>Scales</td>
</tr>
<tr>
<td>Standardized education</td>
<td>Booklet</td>
</tr>
</tbody>
</table>
| Post DC follow-up         | 14-day PCP  
14-day cardiology or HF per criteria |
| Home care                 | MHC HF pathway |
| CMO post DC phone call    | Priority |
MULTIDISCIPLINARY PATIENT-CENTERED APPROACH

INPATIENT BUNDLE

1. IDENTIFY HF
2. FOLLOW-UP
3. INITIATE EDUCATION
4. REFER HOME CARE PHARMACY
5. ASSESS SW CTCC
MULTIDISCIPLINARY PATIENT-CENTERED APPROACH

OUTPATIENT BUNDLE

PCP

PharmD

Health Educator

Social Worker

Comm Health Worker

RN

Home Care Team

48 hours post DC phone call

Post acute care

Self-care skills
# EPIC TOOLS

## HEART FAILURE CENSUS REPORT

<table>
<thead>
<tr>
<th>Dept/Room/Bed</th>
<th>MRN</th>
<th>Primary Problem</th>
<th>Exp Disch D. Discharge Facility</th>
<th>NHS Risk</th>
<th>Cardiac Consult HF Ed</th>
<th>CM Consult</th>
<th>SW Consult</th>
<th>Nutrition Consult</th>
<th>Pharmacy Consult</th>
<th>Home Care Ref</th>
<th>Next PCP App</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEILER 7TH SOUTH / 717 / 717-B</td>
<td>02299209</td>
<td>CHF exacerbation (Principal Hospital Problem)</td>
<td>other (see comments)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEILER QI SUITE / WEILER QI Suite Room / ENDS</td>
<td>09648310</td>
<td>CHF exacerbation (Principal Hospital Problem)</td>
<td>other (see comments)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WEILER 7TH NORTH / 410 / 410-01</td>
<td>01482822</td>
<td>CHF exacerbation (Principal Hospital Problem)</td>
<td>other (see comments)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAKEFIELD 4 NORTH / 810 / 810-01</td>
<td>02490344</td>
<td>CHF exacerbation (Principal Hospital Problem)</td>
<td>other (see comments)</td>
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<td></td>
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<tr>
<td>WAKEFIELD 4 NORTH / 910 / 910-B</td>
<td>02677932</td>
<td>CHF exacerbation (Principal Hospital Problem)</td>
<td>other (see comments)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>WAKEFIELD 4 CCU / CCU 754 / CCU 754A</td>
<td>02408471</td>
<td>Acute on chronic systolic heart failure (Principal Hospital Problem)</td>
<td>other (see comments)</td>
<td></td>
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</tr>
<tr>
<td>WAKEFIELD 4 NORTH / 309 / 309-01</td>
<td>03142614</td>
<td>CHF exacerbation (Principal Hospital Problem)</td>
<td>other (see comments)</td>
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<tr>
<td>WAKEFIELD 3 NORTH / 304 / 304-02</td>
<td>01130713</td>
<td>CHF exacerbation (Principal Hospital Problem)</td>
<td>other (see comments)</td>
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<td></td>
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</tr>
<tr>
<td>WAKEFIELD 3 NORTH / 306 / 306-01</td>
<td>06231619</td>
<td>CHF exacerbation (Principal Hospital Problem)</td>
<td>other (see comments)</td>
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<td></td>
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</tr>
</tbody>
</table>
PRINCIPAL DIAGNOSIS

Heart failure with reduced left ventricular function
- Hospital problem list must indicate HEART FAILURE
- Symptoms (SHORTNESS OF BREATH, DYSPNEA, EDEMA) will not trigger interventions

Endocrine
- Controlled type 2 diabetes mellitus without complication, with long-term current use of insulin

Respiratory
- Pulmonary edema

Cardiovascular and Mediastinum
- Acute decompensated heart failure
- Ischemic cardiomyopathy
- Paroxysmal atrial fibrillation

Other
- Discharge planning issues
PRINCIPAL DIAGNOSIS FLAG

INPATIENT
- HF census
- Inpatient bundle

OUTPATIENT
- Medical group outreach
- Ambulatory bundle
- **Home care intake**
- 48-hour post discharge RN

EMERGENCY DEPARTMENT
- Readmission best practice alert
- ED Navigator assessment
MHC HF Program
All Starts with Intake

- Intake identifies HF as primary diagnosis
- Assigns a HF Episode with HF Banner in Remote Client
- Priority scheduling
- Front loading visits
Primary Care Physician at Discharge: Tatiana Zaslavsky, DO

Admission Date: 1/1/20   Discharge Date: 1/4/20

Reason for Admission:
Chest pressure, SOB

Presenting History:
78F with a Hx HTN, DM, hypothyroid, s/p thrombectomy of right brachial artery, HFpEF comes in with chest SOB. She is accompanied her Niece and son is on the phone. Patient says she was admitted in October and treated for CHF at that time. As outpatient her lasix at one time was increased from 40mg; admits to eating more salty and sweet foods over the holiday period. She is compliant with all her medications and feels better since the ER.

Presenting Physical Exam:
Constitutional:
Well developed, well nourished
Skin: No pallor, warm, no rashes
 Eyes: PERRL, Anicteric
HENT:
Head:

- Moist oral mucosa
- Pulmonary/Chest:
  - CTAB
- Cardiovascular: RRR, Heart sounds nml
- Abdominal: BS nml, soft, NT/ND.
- Musculoskeletal: No LE edema
- Neurological: AOX3, No cranial deficits

Diagnoses:
Hospital Problems

* (Principal) CHF (congestive heart failure) (Chronic)
Heart Failure Program-Banner in Remote Client
Overview of MHC HF Protocol

- HF book (English and Spanish)
- Scale
  - All clinical staff document weights at all visits
- Apt with an MD within 2 weeks
- Follow the MHC HF Care Plan
- Front load nursing visits
- MSW/PT when appropriate
- Escalate weight gain
- Education – HF Fast 5
Standardized HF Tools to Facilitate Self-Care

READ IT

A GUIDE TO LIVING YOUR BEST FOR YOU AND YOUR HEART
MONTEFIORE’S HEART FAILURE PROGRAM

WATCH IT

UNDERSTANDING YOUR HEALTH JUST GOT EASIER
Watch the heart failure channel today!
Tune in to CHANNEL 55 to learn more about:
- Weight Monitoring
- Blood Pressure
- Medications
- Doctor’s Appointments
- Rest & Exercise
- Fluids
- Water Pills
- Salt

What is Emmi?
Emmi® is a series of videos that walk you through important information about a health topic, procedure or condition, such as heart failure.

Learn More About Your Health
Emmi videos help answer your questions and make you feel more at ease. You are the most important member of your healthcare team, so you should have all the information you need.

What to Expect
The heart failure channel plays Emmi videos 24 hours a day, 7 days a week. Ask your team if you have any questions after watching a video or would like more information.

TEACH IT BACK

FAST 5

❤️ Don’t wait to decompensate
❤️ Rule of 3: call your provider if you gain 3 pounds in 3 days
❤️ See you soon: follow-up with your providers within 2 weeks of discharge
❤️ Leave the salt shaker off the table
❤️ Medications don’t work if you don’t take them!
<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage/Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril (Prinivil/Zestil) 20 mg tablet</td>
<td>Take 1 tablet (20 mg total) by mouth 3 (three) times a day.</td>
</tr>
<tr>
<td>Metoprolol (Lopressor) 50 mg tablet</td>
<td>Take 1 tablet (50 mg total) by mouth daily.</td>
</tr>
<tr>
<td>Acetaminophen (Tylenol Extra Strength) 500 mg tablet</td>
<td>Take 500 mg by mouth 3 (three) times a day. 2 tab</td>
</tr>
<tr>
<td>Haloperidol (Halodol) 0.5 mg tablet</td>
<td>Take 1 tablet (0.5 mg total) by mouth 3 (three) times a day.</td>
</tr>
<tr>
<td>Miscellaneous Drug</td>
<td>Apply 1 drop to cheek once daily. abcdefg.</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td>Take 200 mg by mouth daily. Nature Grove Mineral.</td>
</tr>
<tr>
<td>Oxygen</td>
<td>2 L/min by nasal cannula route Intermittent. mcyhkkx.</td>
</tr>
<tr>
<td>Risedronate (Actonel) 35 mg tablet</td>
<td>Take 35 mg by mouth every morning before breakfast.</td>
</tr>
<tr>
<td>Silver Sulfa Diazine (Silvadene) 1 % cream</td>
<td>Apply 1 application topically 2 (two) times a day.</td>
</tr>
<tr>
<td>Unable to Find</td>
<td>Take 5 mg by mouth once daily. ABCDE.</td>
</tr>
<tr>
<td>Weigh Scale Misc</td>
<td>Dose: 1 unit / Route: miscellaneous / Freq: daily.</td>
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</table>
## Integration of Home Care Weights into EMR

### Synopsis

<table>
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<tr>
<th>Timeline</th>
<th>AW</th>
<th>Diabetes</th>
<th>MyChart PEF</th>
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**Months**
- Days
- All

**Patient Spotlight**
- No data to display.

### Vitals

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<tr>
<th></th>
<th>Weight</th>
<th>Height</th>
<th>BMI (Calculated)</th>
<th>BP</th>
<th>Pulse</th>
<th>Resp</th>
<th>SpO2</th>
<th>Peak Flow</th>
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<tr>
<td></td>
<td>182 lb</td>
<td>161 lb</td>
<td>157 lb</td>
<td>149 lb</td>
<td>142 lb</td>
<td>1.575 m (5' 2&quot;)</td>
<td>125/79</td>
<td>110/80</td>
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<tr>
<td></td>
<td>161 lb</td>
<td>157 lb</td>
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<td>142 lb</td>
<td>4/22/2022</td>
<td>1.575 m (5' 2&quot;)</td>
<td>110/80</td>
<td>96/94</td>
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<td>109/77</td>
<td>112/72</td>
<td>118/80</td>
<td>91 +</td>
<td>98</td>
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<td>17 +</td>
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</table>

**Signed by Neisha C Edwards, RN on 9/23/21 at 11:46**

**Department**

- MONTEFIORE HEALTH AGENCY
  - Address: 1 Fordham Plaza, Suite 1100
  - Phone: 718-405-4400
  - Fax: 718-367-0705

**Administrative Information**

- Type of Service: Repeat SN Visit - Home Health
- Visit documented by Neisha C Edwards, RN. Visit signed and closed by Neisha C Edwards, RN on 9/23/2021 at 11:46 AM.
- User/Addendum Date: 9/23/2021
- Driving Time: 0
- Distance Visit Time: 0
- Pre/Post: 0
Shared Medication List

- **Medications**

**Medications from outside sources need reconciliation.**

- albuterol HFA (VENTOLIN HFA) 90 mcg/actuation inhaler
- AMIODArone (Pacerone) 200 mg tablet
- apixaban (Eliquis) 2.5 mg tab tablet
- atorvastatin (LIPITOR) 10 mg tablet
- BD Nano 2nd Gen Pen Needle 32 gauge x 5/32”
- budescnide (PULMICORT) 0.5 mg/2 mL nebulizer solution
- budescnide-formoterol (Symbicort) 80-4.5 mcg/actuation inhaler
- carvedilol (COREG) 12.5 mg tablet
- finasteride (Proscar) 5 mg tablet (Expired)
  - flash glucose sensor (FreeStyle Libre 2 Sensor) kit
  - folic acid/multivit-min/lutein (CENTRUM SILVER ORAL)
- furosemide (LASIX) 80 mg tablet
- glucose 4 gram chewable tablet
- hydroALAZINE (APRESOLINE) 25 mg tablet (Expired)
- insulin aspart U-100 (NovoLOG Flexpen U-100 Insulin) 100 unit/mL (3 mL) injection
- insulin glargine, BASAGLAR, 100 unit/mL (3 mL) subQ injection pen
- montelukast (Singular) 10 mg tablet
  - sacubitril-valsalan (Entresto) 24-26 mg per tablet
- tamsulosin (FLOMAX) 0.4 mg cap
- tiotropium bromide (SPIRIVA RESPIMAT) 2.5 mcg/actuation mist inhaler
  - WEIGH SCALE MISC
<table>
<thead>
<tr>
<th>Priority and Order Details</th>
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</thead>
<tbody>
<tr>
<td>Class</td>
</tr>
<tr>
<td>Historical Med</td>
</tr>
</tbody>
</table>

**montelukast (Singulair) 10 mg tablet [22509] (Order 1208299624)**

- Date: 3/20/2021
- Department: Home Health Dept.
- Ordering: Erica Ramirez, RN
- Authorizing: Historical Provider, MD
### Home Health-Active Health Failure Census

<table>
<thead>
<tr>
<th>Age</th>
<th>Race</th>
<th>Patient Ethnicity</th>
<th>Patient MRN</th>
<th>Admission Source</th>
<th>Primary Payer</th>
<th>Episode Name</th>
<th>Episode Creation Date</th>
<th>Start of Care Date</th>
<th>Case Manager</th>
<th>Care Team Assigned</th>
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<td>66 y.o. Male</td>
<td>E2 Asian</td>
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<td>66 y.o. Male</td>
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[HH Active Heart Failure Census [26173574] as of Mon 5/9/2022 11:50 AM](#)
## TRUPOINT DASHBOARD

**CLINICAL OPERATIONS AND ANALYTICS**

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<tr>
<td>Readmissions</td>
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<tr>
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<td>18.0%</td>
</tr>
<tr>
<td>Prior Annual % Readmissions</td>
<td>19.0%</td>
</tr>
<tr>
<td>Prior Annual ▼</td>
<td>5.6%</td>
</tr>
<tr>
<td>Prior Period % Readmissions</td>
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<tr>
<td>Prior Period ▼</td>
<td>5.6%</td>
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</table>

**Readmission Rate Trend vs Prior Annual Rate**

- **Index Admission Volume Current vs. Prior Period**
- **Readmission Volume Current vs. Prior Period**

**CHF**

- **Current**
- **Prior**

---

**Montefiore**

**DOING MORE**
Rehabilitation Programs
REHABILITATION: EPIC INTEGRATION

• Key points
  – Follow progression across the network
  – Collaboration with surgeons and post acute team
  – Enhanced transition of care
  – Patient Satisfaction

• Specialty programs
  – Elective Joint Replacement
  – COVID-19 Pulmonary Rehabilitation
  – Intensive Rehabilitation
REHABILITATION – ELECTIVE JOINT PROGRAM

• Montefiore TJC Certified Advance Hip & KNEE
• Discharged POD #1 after elective joints
  – Now starting to discharge home - day of surgery
• 1,200 patients in 2020
• 1,600 patients in 2021
• Goal is to transition from home to out-patient PT or self-care
### EPIC WORK QUEUE FOR JOINT REPLACEMENTS

#### Patient Information

<table>
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<tr>
<th>Patient ID</th>
<th>MRN</th>
<th>My Diagnosis Notes</th>
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<td>09601718</td>
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<td>Acquired absence of knee joint following explantation of joint prosthesis with presence of antibiotic-impregnated cement.</td>
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<td>11</td>
<td>02432659</td>
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<td>WAKEFIELD Periop Pacu</td>
<td></td>
<td>Tibial plateau fracture</td>
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<td>6</td>
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<td></td>
<td>Primary osteoarthritis of left knee</td>
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<td>4</td>
<td>08043462</td>
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<td>Hip fracture, right</td>
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<tr>
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<td>02349964</td>
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<tr>
<td>2</td>
<td>06257172</td>
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<td>Traumatic complete tear of right rotator cuff, sequelia</td>
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<td>2</td>
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<td>History of total right hip replacement</td>
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## EPIC WORK QUEUE FOR JOINT REPLACEMENTS

### Referral/Authorization Workqueue - MMC HH INCOMING REFERRALS [68131]

**Last refreshed:** 5/11/2022 1:34:28 PM

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<td>GHI BLUE C...</td>
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<td>04/20/20...</td>
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<td>HUTCH TOWER PRACTICE 10TH FL ORTHOPAEDIC SURGERY</td>
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<td>HIP MEDICA...</td>
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<td>Joint replac...</td>
</tr>
</tbody>
</table>
Brief Overview of COVID-19 Rehab Program

- March 2020-Bronx epicenter pandemic
- Shortage: beds, PPE, oxygen
- MHC needed to rapidly develop programs to accept patients on oxygen who were severely deconditioned. Families/patients refused SAR and wanted to go home.
- Developed protocol with PMR, Hospital Medicine, MHC
- Patient selection in EPIC:
  - Medically uncomplicated patients with deconditioning with/without use of oxygen
    - Goal is to taper oxygen, improve functional status.
    - Outcomes measure: Modified Berg Scale
    - Provided care to over 300 patients in this program
Intensive Rehabilitation Program

- Patient selection:
  - Identified in EPIC by inpatient IDT team
  - Excellent prior functional status, now severely deconditioned after a long hospitalization including intubation/ICU course
- Patient appropriate for IRF/SAR. Family and pt. are requesting discharge home.
- Requirements:
  - Robust network of family/caregiver support
  - Family/caregiver clearly committed to providing the intense in-home care
- Key Clinical Components of Intensive Rehabilitation Program
  - PT up to 7 days/week
  - OT up 7 days/week (post ICU delirium, COVID encephalopathy)
  - Ongoing nursing for wound care, medication reconciliation
  - Speech therapy as medically appropriate
Home Health by Geraldine Abat, PT at 1/11/2022 2:12 PM

- PT SOC completed
- Diagnosis: Patient is an 81y/o Morbidly Obese female with PMHx HTN, Obesity, DM, Diabetic Neuropathy, Lumbar radiculopathy, OA. Patient with BLE edema and mild cellulitis; BLE with Unna Boot wrapping x 1 week. diet includes salt.
- PLOF: Independent indoors using a cane; requires assistance in adl's, iadl's and when negotiating steps; uses w/c in the community
- Living arrangement: Lives alone. Patient's dtr lives on the basement unit of the same house.
- Caregivers availability: Dtr provides intermittent assistance throughout the week.
- DME present: w/c, rollator, cane, raised toilet seat, commode
- DME needed: none
DME needed: none
Patient Goal: "I need help everyday and my dtr cannot help"
PT POC: 2x/week for 5 weeks for therapeutic exercises, gait/stair training, HEP, falls prevention, energy conservation techniques, transfer training.

HOMEBOUND STATUS:
Difficult & taxing effort to leave home
Require assistive device to ambulate
Unsteady gait and Impaired balance
Requires assistance in adl's, iadl's
Skilled PT is indicated to increase BLE strength, improve dynamic standing balance in order to participate in activities of daily living safely without any LOB; Increase independence in negotiating steps with min assistance.
Reported falls within 3 mos. = 0
Patient was able to do stairs with assistance
Will order RN MSW, HHA

Routing History
From: Geraldine Abat, PT  On: 01/11/2022 07:07 PM
To: Wayne Lee, MD, John S Futchko, MD, Edward Rivera, CM
Routing Comments:
SOCIAL WORK ASSESSMENTS IN EPIC
• Pain
• MSW assessment
• Cognitive Assessment
• GAD-7
• PHQ-9
• Income and financial Assets
  • Living arrangements
  • Income and financial assess
• Abuse
• Advance Directive
• Palliative
  • Spiritual
• Community Resources
• Care Plan
• Notes
• Signatures
• Communication
Pt referred to Montefiore Home Care:

- 74 y female with PMH of HTN, DM, forgetfulness and LE edema sent from cardiology clinic to ED. Pt was found to be in afib with a UTI. Pt had a 4 day hospitalization and referred to MHC.
- Pt resides with son who is also her CDPAP aide. Pt’s daughter is involved as well in patient’s care.
- Referred to home care for RN and PT.
- RN completed assessment and requested orders for home care SW as family is concerned with pt’s “forgetfulness” and requested SW to assist with community resources, including memory deficits.
<table>
<thead>
<tr>
<th>Question</th>
<th>1=Yes, A change</th>
<th>0=No, No change</th>
<th>N/A Don't Know</th>
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<td>5. Forget correct month or year</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)</td>
<td></td>
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</tr>
<tr>
<td>7. Trouble remembering appointments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Daily problems with thinking and/or memory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total AD8 Score**

Total Score (A score of 2 or greater is considered abnormal): 4
<table>
<thead>
<tr>
<th>Feeling nervous, anxious or on edge</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not being able to stop or control worrying</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
</tr>
<tr>
<td>Being so restless that it is hard to sit still</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
</tr>
<tr>
<td>Feeling afraid as if something awful might happen</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly every day</td>
</tr>
</tbody>
</table>

**Total score:** 0

**Control score:** 0

The severity of the anxiety disorder is represented by the following scores:
- 5-9 Mild Anxiety
- 10-14 Moderate Anxiety
- 15-21 Severe Anxiety
**DEPRESSION SCREENING - PHQ9**

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td></td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td></td>
</tr>
<tr>
<td>Trouble falling/staying asleep, sleep too much</td>
<td></td>
</tr>
<tr>
<td>Feeling tired or having little energy</td>
<td></td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td></td>
</tr>
<tr>
<td>Feeling bad about yourself - so that you are a failure or have let yourself or your family down</td>
<td></td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td></td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed. The opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
<td></td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or hurting yourself in some way</td>
<td></td>
</tr>
</tbody>
</table>

*If you checked off any problem on this questionnaire so far, how difficult has these problems made it for you to do your work, take care of things at home, or get along with other people?*

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>Somewhat difficult</td>
<td></td>
</tr>
<tr>
<td>Very difficult</td>
<td></td>
</tr>
<tr>
<td>Extremely difficult</td>
<td></td>
</tr>
</tbody>
</table>

**Total score:** 5

- 0-4: Minimal Depression
- 5-9: Mild Depression
- 10-14: Moderate Depression
- 15-19: Moderately Severe Depression
- 20-27: Severe Depression
SW met with pt, pt’s son and spoke to pt’s daughter during home visit.

According to family:

- Pt’s memory has changed during the last 6 months. During SW visit pt was unable to state the date or son’s name.
- Pt reported statements of self harm without a plan
- Family reporting hallucinations and delusions of person entering her bedroom
- Pt calling family members at night to report this
- Pt has attempted to leave home at home
- Pt has a Managed Long Term Care program
- Family requesting increased in CDPAP hours
- SW offered home visiting Geri Psych consult- which family was very receptive
EPIC Appointments: Completed, Pending, Cancelled, Missed

- Primary MD
- Cardiology
- Urology
- No Neurology consult

- Hospital team sees notes from MHC
  - Nurse
  - Physical Therapists
  - Social Worker
  - Geriatric Psychiatrist
COMPLEX CASE MEETING

• Multidisciplinary
• Weekly team meetings
• All network providers invited to join - case managers; physicians; behavioral health / SW
• Complex case note entered in EPIC – so providers across the network can see documentation
• Collaboration across the network………… improving patient care and transitions of care
IN CONCLUSION

• EPIC INTEGRATION ACROSS THE NETWORK HAS BEEN INVALUABLE IN HELPING US DEVELOP THESE PATHWAYS, AND PROGRAMS

• THE GROWING PAINS WERE WORTH IT.....