

EPIC INTEGRATION MONTEFIORE HOME CARE

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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

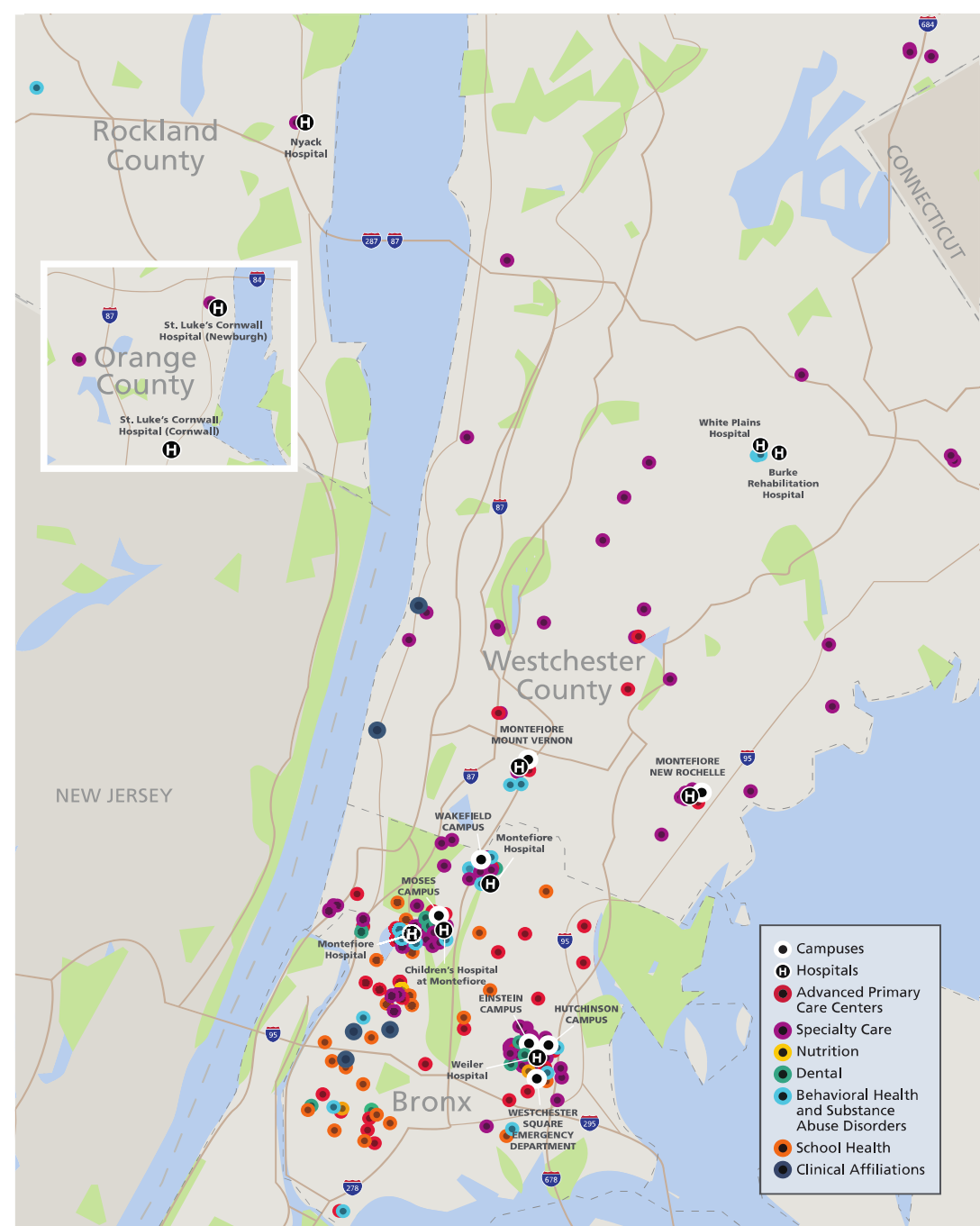
- 3 Multi-Specialty Centers
- 8 Pediatric Specialty Centers
- 9 Women's Health Centers
- 13 Rehabilitation Centers

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

✓ Accept

✗ Cancel

Class:

Internal Ref

Referral:

☐ Override restrictions

To dept spec:

Home Health Ser

To dept:

To provider:

Type:

Home Care

Office Visit

Priority:

Routine

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

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

Oxygen

! Liters/Min:

! Frequency:

! Taper:

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:

! Measurement (Cm) for Length x Width x Depth:

! Cleanse with:

! Apply to wound bed:

! Cover/wrap with:

! Frequency:

*If there is more than one wound, specify as the 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 ☒ Wound Vac ☐ Drain ☐ Colostomy ☐ Nephrostomy/ileostomy ☐ Foley Catheter
☐ Pleural Catheter ☐ Device ☐ None

Wound Vac

! Irrigate:

normal saline

other

! Apply negative pressure therapy:

125mm/hg

Other

! Suction:

Intermittent

Continuous

! Foam Color:

Black foam

White foam

! Cover with transparent dressing and change:

3 times a week

other

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

! 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

- ❗ Cleanse with:
- ❗ Apply to site:
- ❗ Cover/wrap with:
- ❗ Frequency:
- ❗ Flush required?

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

- ❗ Size (Fr):
- ❗ Inflate balloon with (cc):
- ❗ Flush:
- ❗ Change Foley:

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

Pleural Catheter

Dressing Change

! Cleanse with:

! Apply to site:

! Cover/wrap with:

! Frequency of dressing change:

! Frequency of drainage:

! Limit of drainage output (cc):

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

Device

! Device (Comment)

EPIC and Intake – Electronic Referral Format

Order Questions

Question	Answer
Does the patient require any of the following? Select all that apply to patient. If they do not apply, select "None".	Wound Care
Wound Care	Abdominal incision- cover with island dressing.
Location:	Surgical wounds: midline abdomen- steri strips, cover w/ dry dressing. R groin dehiscence- collagenase and dry dressing. L groin- dry dressing.
Measurement (Cm) for Length x Width x Depth:	R groin approx 5cm x 3 cm x 1 cm. L groin approx 3 cm x 2 cm x 0.1 cm. Abdo >18 cm x 1 cm x 0.1 cm
Cleanse with:	normal saline
Apply to wound bed:	other
other	collagenase to right groin incision
Cover/wrap with:	dry dressing
Frequency:	3 times a week
Specialized Services (Mark all that apply to ensure timely provision of services):	Other Post-op
Attending MD responsible for signing orders:	PCP
RN Assessment/Disease-Med Management	Yes
Describe Disease/Med Management needs	Toe gangrene, PVD s/p aortic bifurcation bypass graft, DM2, AUB, HTN, R groin incision dehiscence
Requested Services/Disciplines:	Physical Therapy
	Occupational Therapy
The encounter with the patient was for the following medical conditions:	Cardiac (HTN, HF, MI, CAD etc)
	Post-Surgical
	Wounds
Based on my findings, the patient needs Skilled Nursing and/or Therapy Services for the following care/treatments/therapy:	Teaching and training
	Disease Management
	Gait training
	Safety assessment
	Home exercise program
The following clinical findings support the patient is homebound/confined to the home:	Multiple medical comorbidities
	Weakness/fatigue
	Risk of complications from wound/device/etc.
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 I, 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

Gait training

Safety assessment

Home exercise program

4. The following clinical findings support the patient is 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 comorbidities


Weakness/fatigue

Risk of complications from wound/device/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

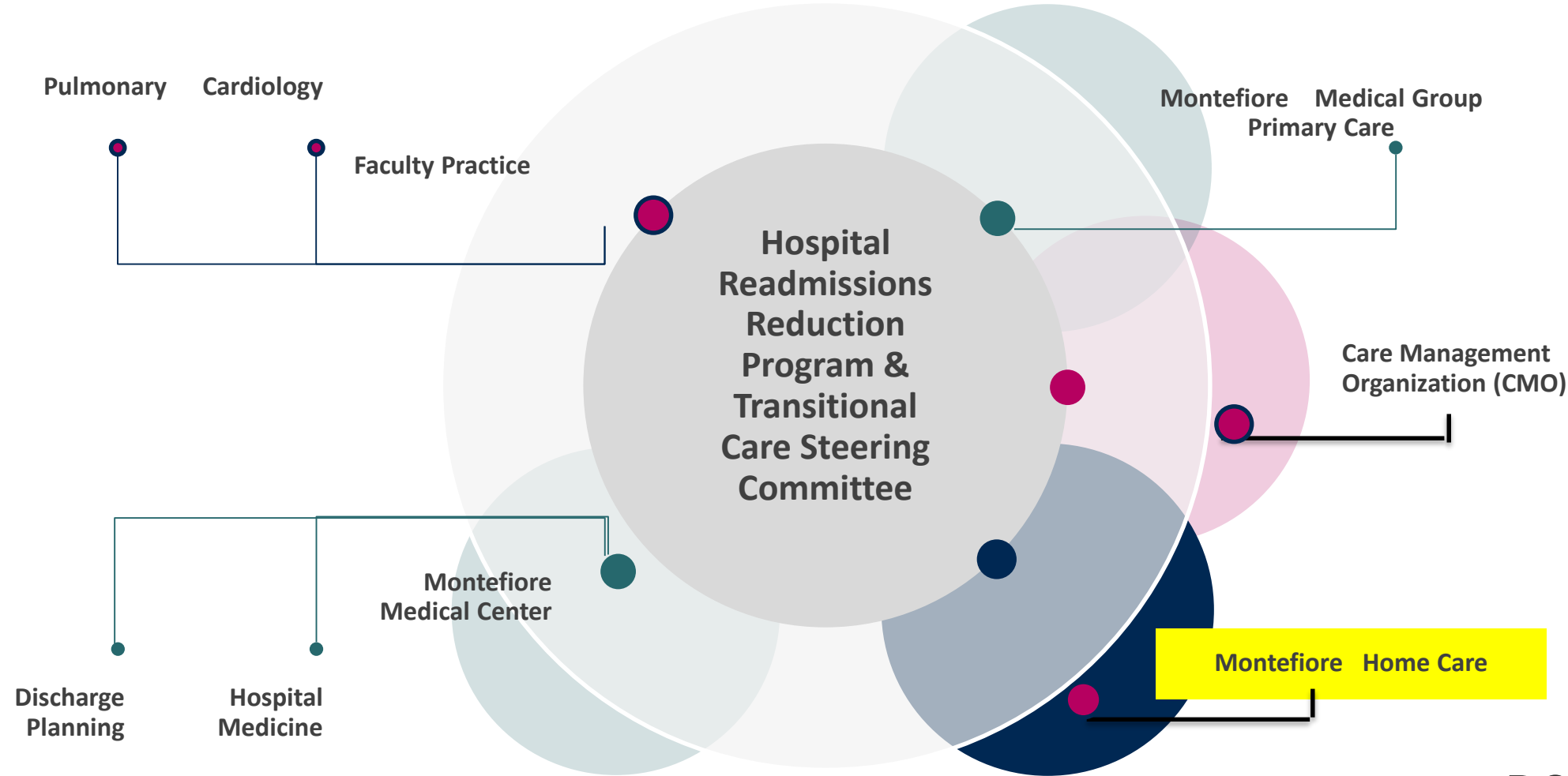
Face to Face Physician's Signature and Date Signed

 on 4/19/2022

Montefiore Medical Center Hospital HF Readmissions Reduction Program



Montefiore Medical Center Hospital HF Readmissions Reduction Program

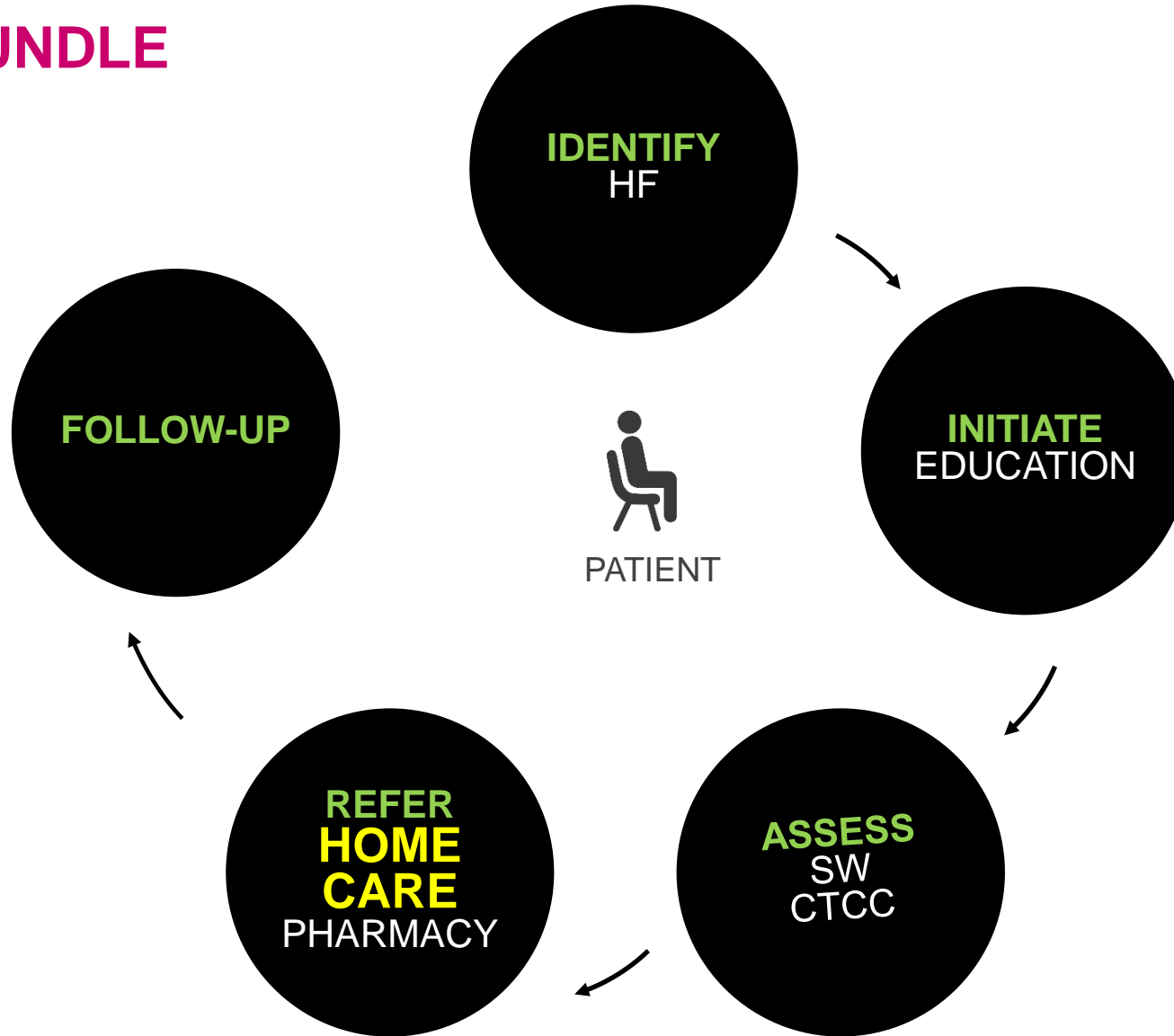


Acute on Chronic Care Continuum Model

Principal diagnosis “flag”	✓
RN assessment	✓
SW assessment	✓
PICTOC	✓
Device	Scales
Standardized education	Booklet
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

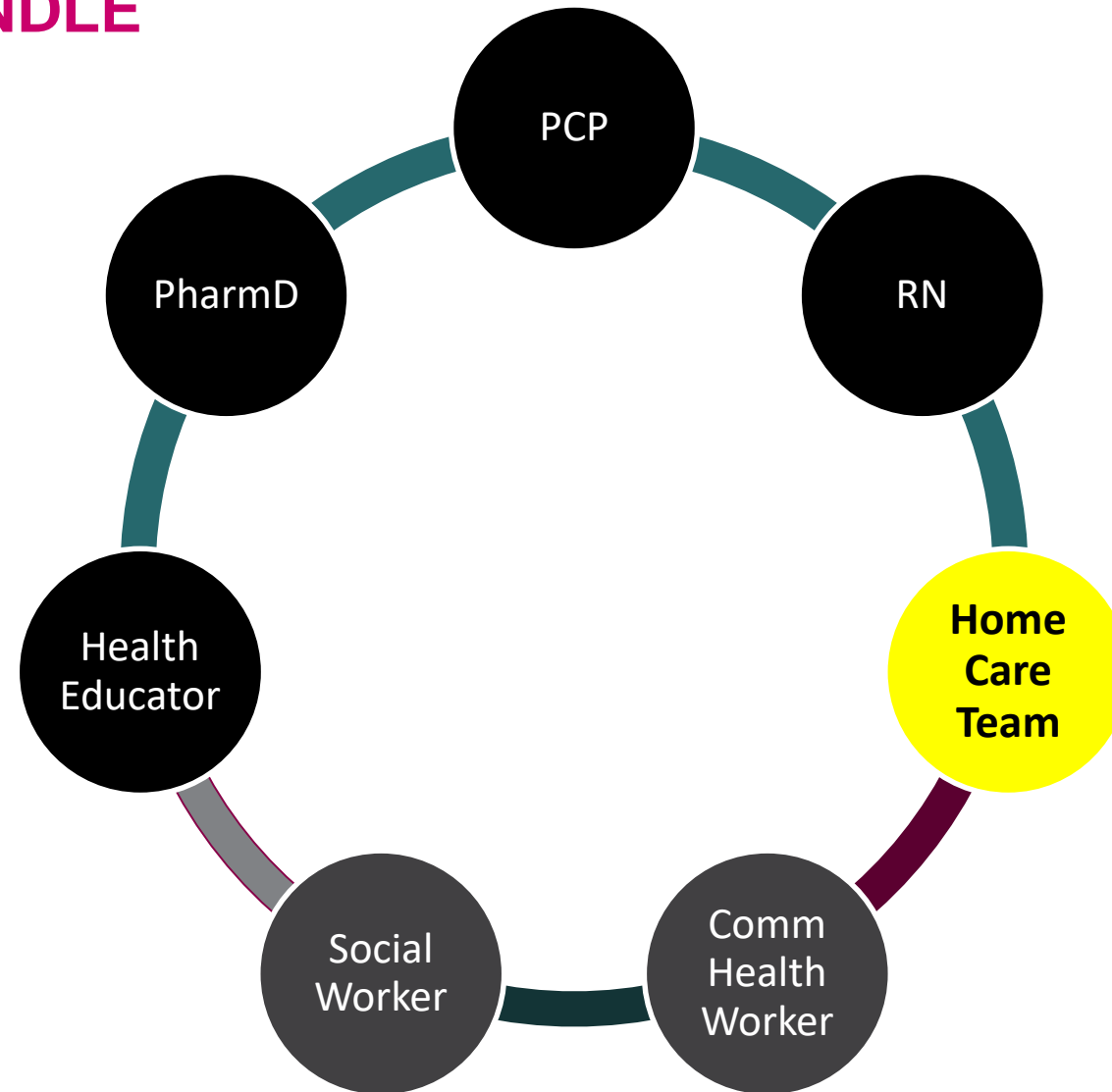
MULTIDISCIPLINARY PATIENT-CENTERED APPROACH

INPATIENT BUNDLE



MULTIDISCIPLINARY PATIENT-CENTERED APPROACH

OUTPATIENT BUNDLE



EPIC TOOLS

HEART FAILURE CENSUS REPORT

MMC IP Admitted Patients with Heart Failure- HF Census Report [25963702] as of Thu 4/28/2022 2:06 PM

Filters Options Hospital Chart Add to List Tx Team Patient List Membership

Moses Select All

Dept/Room/Bed	MRN	Primary Problem	Exp Disch D	Discharge Facil	MHS Risk	Cardiac Consult	HF Education	CM Consult	SW Consult	Nutrition Consu	Pharmacy Cons	Home Care Ref	Next PCP App
WEILER 7 SOUTH / 717 / 717-B	02299200	CHF exacerbation (Principal Hospital Problem)	04/28/2022	other (see comments)	✓	—	—	✓	✓	✓	✓	✓	
WEILER GI SUITE / Weiler GI Suite Pool Room / ENDS	09546710	CHF exacerbation (Principal Hospital Problem)	04/29/2022	nursing facility, skilled	✓	✓	⚠	✓	—	✓	—	—	
WAKEFIELD 4 NORTH / 410 / 410-01	01482822	Heart failure (Principal Hospital Problem)	04/29/2022	return to SNF	✓	✓	⚠	✓	—	—	—	—	
MOSES FOREMAN 6B / F678 / F678-B	02490944	CHF (congestive heart failure) (Principal Hospital Problem)	04/30/2022	home no services	✓	—	⚡	✓	—	—	—	—	06/21/2022
MOSES KLAU 8 / K827 / K827-B	02677532	Acute on chronic systolic heart failure (Principal Hospital Problem)	04/29/2022	home care	✓	—	⚡	✓	✓	—	—	✓	
MOSES FOREMAN 6C CCU / 6CCU 02 / 6CCU-02	02933074	CHF exacerbation (Principal Hospital Problem)	04/29/2022	home no services	✓	✓	⚠	✓	✓	—	⚠	—	
WEILER 9 SOUTH / 910 / 910-B	03653608	CHF (congestive heart failure) (Principal Hospital Problem)	05/02/2022	home no services	✓	⚠	—	✓	—	✓	⚠	✓	
WEILER 7N CCU/ICU / CCU 754 / CCU 754-A	02408471	CHF (congestive heart failure) (Principal Hospital Problem)		other (see comments)	✓	—	—	—	—	—	—	—	05/04/2022
WAKEFIELD 3 NORTH / 309 / 309-01	03142614	Acute on chronic systolic heart failure (Principal Hospital Problem)	04/28/2022	home care (reinstatement)		—	✓	✓	✓	✓	—	✓	
WAKEFIELD 3 NORTH / 304 / 304-02	01130713	CHF exacerbation (Principal Hospital Problem)	04/28/2022	other (see comments)		✓	⚠	—	✓	✓	—	—	
WAKEFIELD 3 NORTH / 306 /	06231619	CHF exacerbation (Principal Hospital Problem)	04/29/2022	nursing facility, skilled		✓	✓	—	✓	✓	—	—	

Weights Intake and Output Future appointments Previous visits ED visits

PRINCIPAL DIAGNOSIS

Diagnosis	Hospital	Principal	Sort Priority	Resolved	Updated
Hospital (Problems being addressed during this admission)					
Heart failure with reduced left ventricular function	Edit Overview	<input checked="" type="checkbox"/>		Change Dx	Resolve Yesterday Assa, Andrej, MD
Overview 65 yo M with recently diagnosed with HFrEF Has recent diagnosis of intermediate Gleason prostate CA s/p x RT + RT. Approximately April 2018 developed HF symptoms and echo revealed se...					
Syncope	Create Overview	<input checked="" type="checkbox"/>		Unprioritized	Change Dx Resolve -3 days Johnson, Sadie M, MD

Hospital Problems

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

DC Summary

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 pressure and SOB. She is accompanied by her Niece and son is on the phone. Patient says she was admitted in October 2019 for similar symptoms and treated for CHF at that time. As outpatient her Lasix at one time was increased from 40mg to 80mg daily. She admits to eating more salty and sweet foods over the holiday period. She is compliant with all her medications. She says she 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

Hospital

* (Principal) CHF (congestive heart failure) (Chronic)

Non-Hospital Problem

Heart Failure Program-Banner in Remote Client

iCare Remote - Non-Production - RIVERA, YVONNE (Reports syncing)

Actions Help

+ Add Sync Sync Options

All Patients

Zzztest, Cfccobinitial 1/1/89

Bracamonte, Nury N 3/9/59
Downloading reports

Zzztest, Cfccobinitial
31 y.o. (1/1/1989) Female, MSN: 05500023

Episode: TESTING HEART FAILURE BANNER (Admitted)

DOC

Current Cert Period: N/A

Encounter Cert Period: Unlinked or N/A

Last Sync: 2 Hours Ago

Unknown Alerts Sync Patient Remove Patient Add Directions Add Specialty Comments

Zzztest, Cfccobinitial Episode: TESTING HEART FAILURE BANNER

Primary Dx: Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm [I25.761]

Heart Failure Program

Home Care Address & Directions/Precautions

Address:
the fifteenth of December
Apt# 2ABCD
BRONX, NY 10458

Directions/Precautions:

Phone Numbers:
Home: 718-333-1111
Mobile: 646-581-8268
Work: 212-999-8888

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

Montefiore
Montefiore Einstein
Center for Heart &
Vascular Care

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.

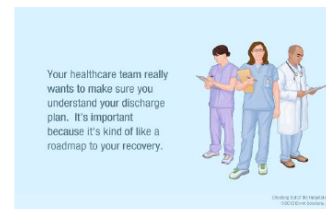
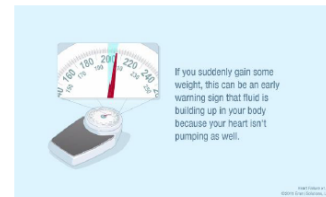
Learn More About Your Health

Emmi videos help to 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.

Montefiore
DOING MORE



emmi
Empower. Engage. Drive Results.

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!

Empowered People | Improved Relationships | Healthier Populations

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Montefiore
DOING MORE

SCALE ON MED LIST IN RC

—	⌘	🏠	lisinopril (PRINIVIL,ZESTRIL) 20 mg tablet	Take 1 tablet (20 mg total) by mouth 3 (three) times a
—	⌘	🏠	metoprolol (LOPRESSOR) 50 mg tablet	Take 1 tablet (50 mg total) by mouth daily
Not on Plan of Care				
+		💡	acetaminophen (TYLENOL EXTRA STRENGTH) 500 mg tablet	Take 500 mg by mouth 3 (three) times a day. 2 tab
+	⌘	🏠	haloperidol (HALDOL) 0.5 mg tablet	Take 1 tablet (0.5 mg total) by mouth 3 (three) times a
+		💡	MISCELLANEOUS DRUG	Apply 1 drop to cheek once daily. abcdefg
+		💡	NON FORMULARY	Take 200 mg by mouth daily. Nature Grove Mineral
+	⌘	💡	oxygen	2 L/min by nasal cannula route Intermittent. mcxyhkxc
+	⌘	💡	risedronate (ACTONEL) 35 mg tablet	Take 35 mg by mouth every morning before breakfast
+		💡	silver sulfadiazine (SILVADENE) 1 % cream	Apply 1 application topically 2 (two) times a day.
+		💡	UNABLE TO FIND	Take 5 mg by mouth once daily. ABCDE
+		💡	WEIGH SCALE MISC	🔄 Dose: 1 unit / Route: miscellaneous / Freq: daily

Integration of Home Care Weights into EMR

Synopsis

Timeline		AWV		Diabetes		MyChart PEF				1 Year		 05/08/21 – 05/08/22 		 Today																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Months		Sep 2021		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»		»	

161 lb		157 lb	
109/77 +	112/72	118/80	
91 +	98	94	
17 +	16	16	

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

Department

Name	Address	Phone	Fax
MONTEFIORE HOME HEALTH AGENCY	1 Fordham Plaza, Suite 1100 Bronx NY 10458-5871	718-405-4400	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	Driving Time	Distance	Visit Time	Pre/Post
	9/23/2021			11:15 AM - 11:40 AM	

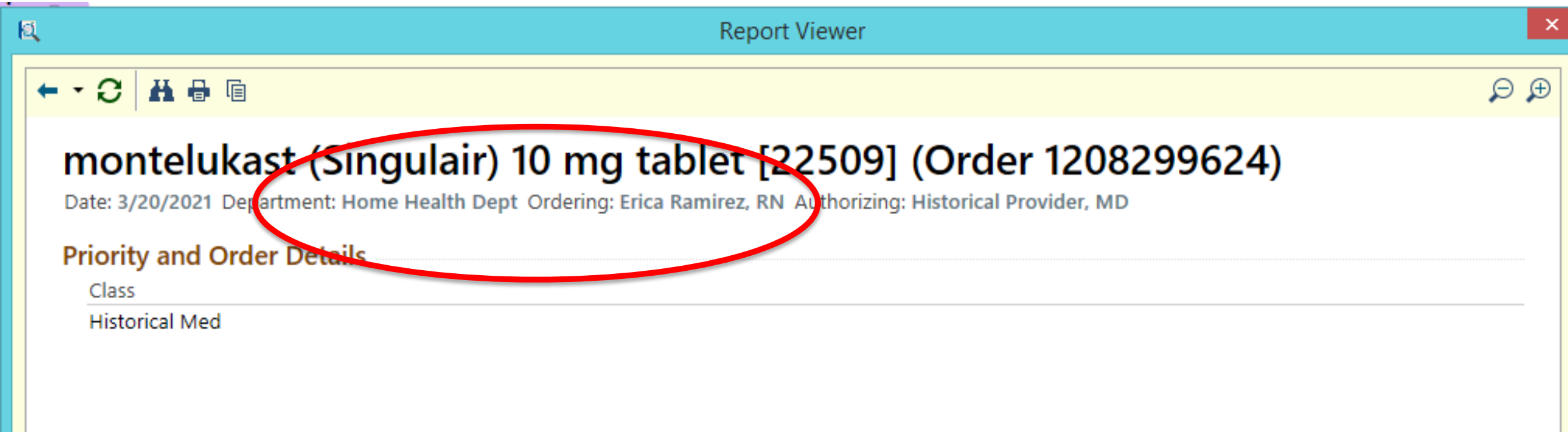
Shared Medication List

🔍 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"
- budesonide (PULMICORT) 0.5 mg/2 mL nebulizer solution
- ✚ budesonide-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
- ✚ hydrALAZINE (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 (Singulair) 10 mg tablet
- sacubitril-valsartan (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

Shared Medication List

A screenshot of a web application window titled "Report Viewer". The window has a light blue header bar with a close button (X) on the right. Below the header is a yellow toolbar with icons for back, forward, refresh, home, print, and document. The main content area is white and displays medication information. A red oval highlights the medication name and order number. Below this, there is a section titled "Priority and Order Details" with a sub-section "Class" containing the text "Historical Med".

Report Viewer

← ↻ 🏠 🖨 📄 🔍

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

Date: 3/20/2021 Department: Home Health Dept Ordering: Erica Ramirez, RN Authorizing: Historical Provider, MD

Priority and Order Details

Class

Historical Med

Home Health-Active Health Failure Census

HH Active Heart Failure Census [26173574] as of Mon 5/9/2022 11:50 AM

Filters

Options

Chart

Appts

FYI

Detail

PT Discipline Summary

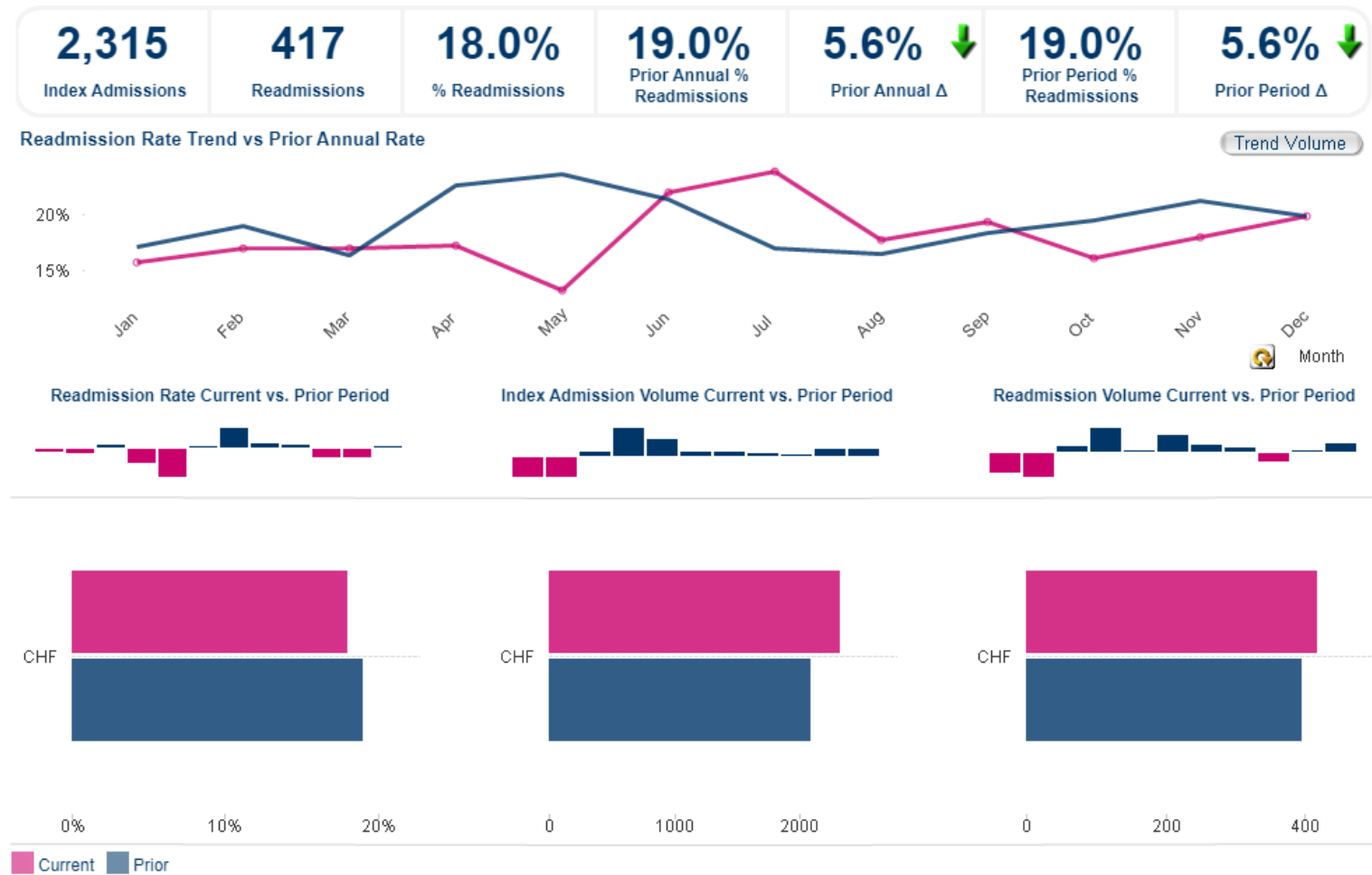
MSW Discipline Summary

Select All

Age	Sex	Race	Patient Ethnicit	Patient MRN	Admission Src	Primary Payor	Episode Name	Episode Creation Date	Start of Care Date	Case Manager	Care Team Assign
66 y.o.	Male	R2 Asian	E2 Not Spanish/Hispan	02165543		Healthfirst Medicare		04/27/2022	04/28/2022	Frances Nunez, RN	Team 6
66 y.o.	Male	R3 Black or African-American	E2 Not Spanish/Hispan	06007496	Institutional	Medicare		04/26/2022	05/01/2022	Osman Barwah, RN	Team 1
77 y.o.	Male	R3 Black or African-American	E2 Not Spanish/Hispan	03100334	Community	Medicare		03/22/2022	03/25/2022	Myra Matute, PT	Rehab Only
84 y.o.	Male	R3 Black or African-American	E2 Not Spanish/Hispan	02384835		Hip Medicare		04/29/2022	05/02/2022	Joan Constantine, RN	Team 2
76 y.o.	Male	R3 Black or African-American	E2 Not Spanish/Hispan	02347220		Hip Medicare		04/04/2022	04/07/2022	Mary Fran O'Donovan, RN	Team 2
84 y.o.	Male	R3 Black or African-American	E2 Not Spanish/Hispan	01482768		Healthfirst Medicare		04/18/2022	04/27/2022	Misael Campos, RN	Team 5
68 y.o.	Female	R9 Other	E1 Spanish/Hispan	02117159	Institutional	Medicare		04/28/2022	05/08/2022	Joy Decasseres, RN	Team 1
94 y.o.	Female	R3 Black or African-American	E2 Not Spanish/Hispan	01201723	Institutional	Medicare		04/13/2022	04/25/2022	Nancy Grosser-Ubriaco, RN	Team 1
91 y.o.	Female	R9 Other	S3 Not Applicable/Unkr	01557707	Community	Aetna Medicare		04/22/2022	04/29/2022	Joy Decasseres, RN	Team 1
89 y.o.	Female	R9 Other	E1 Spanish/Hispan	03229549		Healthfirst Medicare		04/22/2022	04/28/2022	Neisha C Edwards, RN	Team 5
86 y.o.	Female	R9 Other	E1 Spanish/Hispan	02816834		Healthfirst Medicare		04/21/2022	04/28/2022	Maureen Igharosa, RN	Team 1
62 y.o.	Female	R9 Other	E2 Not Spanish/Hispan	01282763		Fidelis Medicaid		04/22/2022	04/28/2022	Noah Nukpoafe, RN	Team 2
67 y.o.	Female	R9 Other	E1 Spanish/Hispan	01177720	Community	Medicare		12/08/2021	12/12/2021	Francis Kass-Yirenkyi, RN	Team 4

TRUPOINT DASHBOARD

CLINICAL OPERATIONS AND ANALYTICS



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

My Lists

- *Orthopedic
- All Ortho
- Wakefield Orthopaedic Surgery Service

☆ Wakefield Orthopaedic Surgery Service 38 Patients

Refreshed just now «Search Moses All A...

Order ▲	Length of Stay (Days)	MRN	My Cosign Notes	Location	Problem
	5	09601718	—	649/649-01 649-01	Acquired absence of knee joint following explantation of joint prosthesis with presence of antibiotic-impregnated...
	11	02432699	—	427/427-01 427-01	Femur fracture, left
	4	02615280	—	WAKEFIELD Periop Pool Ro... WAKEFIELD PERIOP	Tibial plateau fracture
	6	02678746	—	438/438-01 438-01	Tibial fracture
	3	05885959	—	656/656-01 656-01	Primary osteoarthritis of right knee
	1	01268195	—	657/657-02 657-02	Primary osteoarthritis of left knee
	4	09043452	—	427/427-02 427-02	Hip fracture, right
	0	02349684	—	WAKEFIELD Periop Pool Ro... PACU 10	Primary osteoarthritis of left knee
	2	06257172	—	650/650-02 650-02	Traumatic complete tear of right rotator cuff, sequela
	2	03508241	—	655/655-01 655-01	Primary osteoarthritis of left knee
	2	03695722	—	660/660-01 660-01	History of total right hip replacement
	1	02821824	—	652/652-02 652-02	Primary osteoarthritis of left knee

Available Lists

- Recent Searches
- System Lists
- Montefiore Medical Center (MMC) Sy...
- Burke Rehabilitation Hospital

EPIC WORK QUEUE FOR JOINT REPLACEMENTS

Referral/Authorization Workqueue - MMC HH INCOMING REFERRALS [68131] Last refreshed: 5/11/2022 1:34:28 PM

[Refresh](#)
[Defer](#)
[Filter](#)
[Notes](#)
[Edit](#)
[Edit w/ Related Rfls](#)
[Sched St](#)
[Upd Preauth](#)
[Assign](#)
[Chart](#)
[Intake](#)
[In Basket Msg](#)
[New Call](#)
[Assign To User](#)
[Show Mine](#)
[WQ Maintenance](#)
[WQ History](#)
[Send Transfer of Care](#)
[Duplicate Main](#)

Active (Total: 267)		Deferred (Total: 2)									
Order Date	Ref Location	Ref Department	IP	Num Of Day...	Ins Verified	Auth Req	Payer	Dx	Services Req...		
04/20/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	Y	22	Authorized	Pending	HIP MEDICA...	S/P total kne...	Joint replace...		
04/20/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	22	Authorized		WELLCARE ...	Status post r...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		HIP MEDICA...	Status post l...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	Y	20	Authorized		MEDICARE	Status post ...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		BCBS HMO/...	Status post l...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		AETNA MED...	Status post r...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		MEDICARE	Status post r...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		HEALTHFIR...	Status post r...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		GHI BLUE C...	Status post r...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		HIP MEDICA...	Status post l...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		HEALTHFIR...	Status post r...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		HIP MEDICA...	Status post l...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		GENERIC W...	Status post r...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		HEALTHFIR...	Status post l...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		HEALTHFIR...	Status post l...	Joint replace...		
04/22/20...	HUTCH TOWER I PRACTICE	HUTCH TOWER 1 PRACTICE 10TH FL ORTHOPAEDIC SURGERY	N	20	Authorized		HIP MEDICA...	Status post r...	Joint replace...		

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

Rehabilitation Start of Care (SOC)

Case Communication with MD, Case Managers

- **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

ROUTING OF PT NOTE IN EPIC TO MD AND CM

- 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



SW EPIC TEMPLATE

- 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

Time/Charges/POS	⌵
Admin	
Place of Service Entry	
HH COVID-19 Screening	
Homebound Status	⌵
Homebound Status	
Pain	⌵
<hr/>	
Pain	
PAINAD	
Additional Pain Information	
MSW Assessment	⌵
Cognitive Assessment	⌵
Cognitive Screening	
GAD 7 Screen	⌵
GAD-7	
PHQ-9	⌵
PHQ-9	
Income and Financial Assets	⌵
LIVING ARRANGEMENTS	
Income and Financial Assets	
<hr/>	
FINANCIAL	

Abuse	⌵
Abuse	
Advanced Directive	⌵
Advanced Directive	
Palliative	⌵
SPIRITUAL	
Community Resources	⌵
RESOURCES	
Care Plan	⌵
Interventions	
Notes	⌵
Notes	
Signature Form	⌵
Documents	
Verbal Consent	
Communication	⌵
HH Communication Notes	
Case 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.

COGNITIVE ASSESSMENT- AD8

Cognitive Screening

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

Yes No

Please complete any one of the screening tools below. Instructions are included below.

PMIS

[PMIS Instructions](#)

[PMIS Picture](#)

[Mini-Cog](#)

PMIS Total Score (A score of 5-8 is no cognitive impairment. A score less than 4 or equal to 4 is considered abnormal).

PMIS Comment

Mini Cog

Ask for the 3 objects

0 1 2 3

Clock Drawing Task

0=Patient does not draw the face of the clock properly

2=Patient does draw the face of the clock properly

Scoring Information: (3 recalled words = Negative for cognitive impairment. 1-2 recalled words + normal CDT = Negative for cognitive impairment. 1-2 recalled words + abnormal CDT = Positive for cognitive impairment. 0 recalled words = Positive for cognitive impairment).

Total Mini Cog Score:

AD8 Dementia - "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.

1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)

1=YES, A change

0=NO, No change

N/A Don't Know

2. Less interest in hobbies/activities

1=YES, A change

0=NO, No change

N/A Don't Know

3. Repeats the same things over and over (questions, stories, or statements)

1=YES, A change

0=NO, No change

N/A Don't Know

4. Trouble learning how to use a tool, appliance, or gadget (e.g., computer, microwave, remote control)

1=YES, A change

0=NO, No change

N/A Don't Know

5. Forgets correct month or year

1=YES, A change

0=NO, No change

N/A Don't know

COGNITIVE
ASSESSMENT-
SCORE AD8

5. Forgets correct month or year	<input type="radio"/> 1=YES, A change	<input type="radio"/> 0=NO, No change	<input type="radio"/> N/A Don't know
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)	<input type="radio"/> 1=YES, A change	<input type="radio"/> 0=NO, No change	<input type="radio"/> N/A Don't Know
7. Trouble remembering appointments:	<input type="radio"/> 1=YES, A change	<input type="radio"/> 0=NO, No change	<input type="radio"/> N/A Don't know
8. Daily problems with thinking and/or memory	<input type="radio"/> 1=YES, A change	<input type="radio"/> 0=NO, No change	<input type="radio"/> N/A Don't Know
Total AD8 Score			
Total Score (A score of 2 or greater is considered abnormal.)			
4			

GAD7

Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious or on edge

Not at all Several days More than half the days Nearly every day

Not being able to stop or control worrying

Not at all Several days More than half the days Nearly every day

Worrying too much about different things

Not at all Several days More than half the days Nearly every day

Trouble relaxing

Not at all Several days More than half the days Nearly every day

Being so restless that it is hard to sit still

Not at all Several days More than half the days Nearly every day

Becoming easily annoyed or irritable

Not at all Several days More than half the days Nearly every day

Feeling afraid as if something awful might happen

Not at all Several days More than half the days Nearly every day

Total score 0

control
worrying
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

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Feeling down, depressed, or hopeless

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Trouble falling/ staying asleep, sleep too much

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Feeling tired or having little energy

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Poor appetite or overeating

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Feeling bad about yourself- so that you are a failure or have let yourself or your family down

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Thoughts that you would be better off dead or hurting yourself in some way

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

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

not difficult at all somewhat difficult very difficult extremely difficult

Total score 5

1-4= Minimal Depression

5-9= Mild Depression

10-14= Moderate Depression

15-19= Moderately Severe Depression

20-27= Severe depression

SW assessment and Note entered in EPIC

SW assessment:

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.....





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