CRISP

CRISP User Learning Collaborative: Post Acute

March 24, 2021
12:30pm – 1:30 pm

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Columbia, MD 21046
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Agenda

1. Welcome / Introductions
2. SNF to Hospital Transfer Form
3. Utilization of ULP Tools for COVID
4. InContext Update
5. Questions and Discussion

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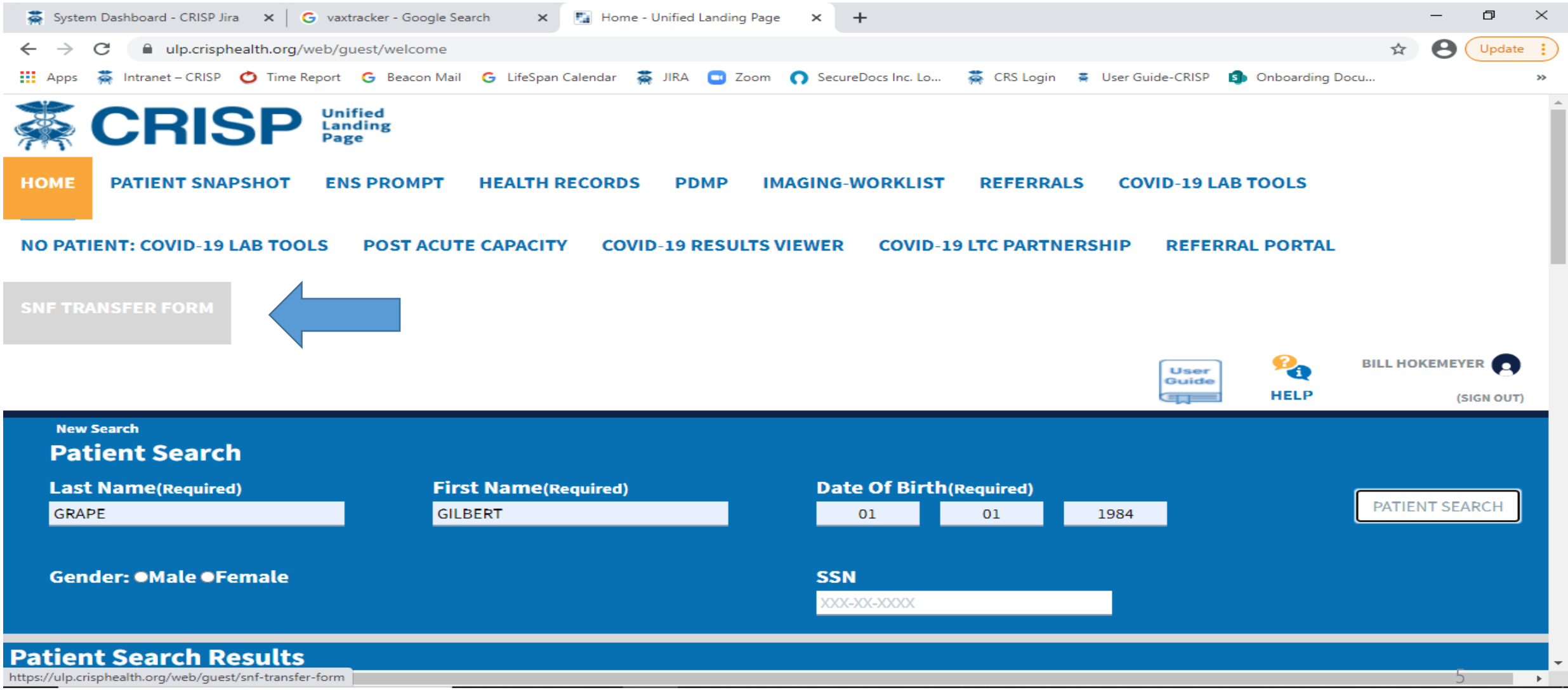
SNF to Hospital Transfer Form

Background

- Broad agreement that SNFs have valuable information that should accompany patient upon transfer to acute hospital
- Collaborative efforts among SNFs and Hospitals developed a short SNF-to-Acute Transfer form, modeled on more comprehensive evidence-based INTERACT tools.
  - The Maryland form was shorter, making it more likely to be completed by SNFs
  - Common form, adopted by many hospitals, makes it easier for SNFs to complete a consistent and simple form
- Paper Form was adopted by many hospitals and SNFs, but rarely reached the Acute hospital with the patient
  - The paper form would "disappear" at any of several touch points during the transfer (i.e. ambulance companies, ED registrars, etc.)
- In the Fall of 2020, CRISP Developed On-Line Tool for SNFs to complete the form and store it on the ULP, making it more accessible to Acute hospitals in well used workflows.
- Now the tools are in place, we need to engage SNFs and Acute Hospitals to build awareness of the tools and take-up (COVID has made it challenging to focus attention in this area)

Sign into the Unified Landing Page, select resident in Patient Search, click on SNF Transfer Form



Form:

SNF TO HOSPITAL TRANSFER FORM

SNF: _____

Nursing Supervisor Phone #: _____ **Main Line #:** _____

Patient Name: _____ DOB: _____

Patient Emergency contact name and number: _____

Transfer Date: _____ Primary Language: ☐ English ☐ Other: _____

Referring Clinical Provider: _____ Telephone: _____

What prompted transfer?

☐ Cardiac/Respiratory Arrest	☐ IV/PEG/Drain	☐ Fall with Injury Evaluation
☐ Chest Pain	☐ Stroke-like Symptoms	☐ Abdominal Pain
☐ Shortness of Breath	☐ Syncope/Near Syncope	☐ Pain (specify location): _____
☐ Patient/Family Request: _____	☐ Altered Mental Status	☐ Lab/Imaging: _____
		☐ Other: _____

Interventions prior to sending to ED: _____

Vital Signs: BP_____ HR_____ RR_____ Temp_____ 02 Sat_____ Time Taken_____ (AM/PM)

Co-morbidities: ☐ CHF ☐ COPD ☐ CKD ☐ DM ☐ Cancer (active treatment) ☐ Dementia
☐ Psychiatric Condition ☐ Other: _____

Allergies: ☐ None ☐ Yes, please list: _____

COVID-19 Test History: ☐ Positive, _____ (Date), RT-PCR / POC ☐ Negative, _____ (Date), RT-PCR / POC

COVID-19 Vaccine History: Dose #1 _____ (Date) Dose #2 _____ (Date), Pfizer / Moderna / Other

Is the Patient on Palliative/Hospice care? (Include Agency) _____

Isolation Precautions:	**Baseline Mental Status:**	**Baseline Functional Status:**
☐ MRSA	☐ Alert/Oriented	☐ Ambulates independently
☐ VRE	☐ Mild confusion	☐ Ambulates with assistive device
☐ C. diff	☐ Moderate/Severe confusion	☐ Ambulates only with human assistance
☐ Other	☐ Minimally responsive/Unresponsive	☐ Not ambulatory

What do you want the ED to do? _____

SNF to ED TRANSFER CHECKLIST: Print the following documents and include with this Transfer Form in the order listed. Send entire packet with the patient to the hospital. ☐ MOLST ☐ Facesheet
☐ X-Rays ☐ Medication List ☐ Lab Results ☐ Care Plan Goals ☐ SBAR ☐ Other Info.

Please note, our SNF facility can do: ☐ IV ABT/Fluids ☐ EKGs ☐ Blood Tranfusion ☐ Wound Care
☐ Wound Vac ☐ X-Ray ☐ Inotropes

ED DOCUMENTATION Date: _____ Time: _____ (AM/PM)

ED Contact: _____ Telephone: _____

Interventions completed in the ED (brief progress note):

_____

ED to SNF TRANSFER CHECKLIST: ☐ Call SNF and/or SNF clinical provider for handoff
Complete ED Documentation section and make a copy of completed form for hospital records. Print the following documents, if applicable, and send to SNF with the original Transfer Form.
☐ Patient Instructions/AVS ☐ Physician Notes ☐ Labs ☐ Radiology Results

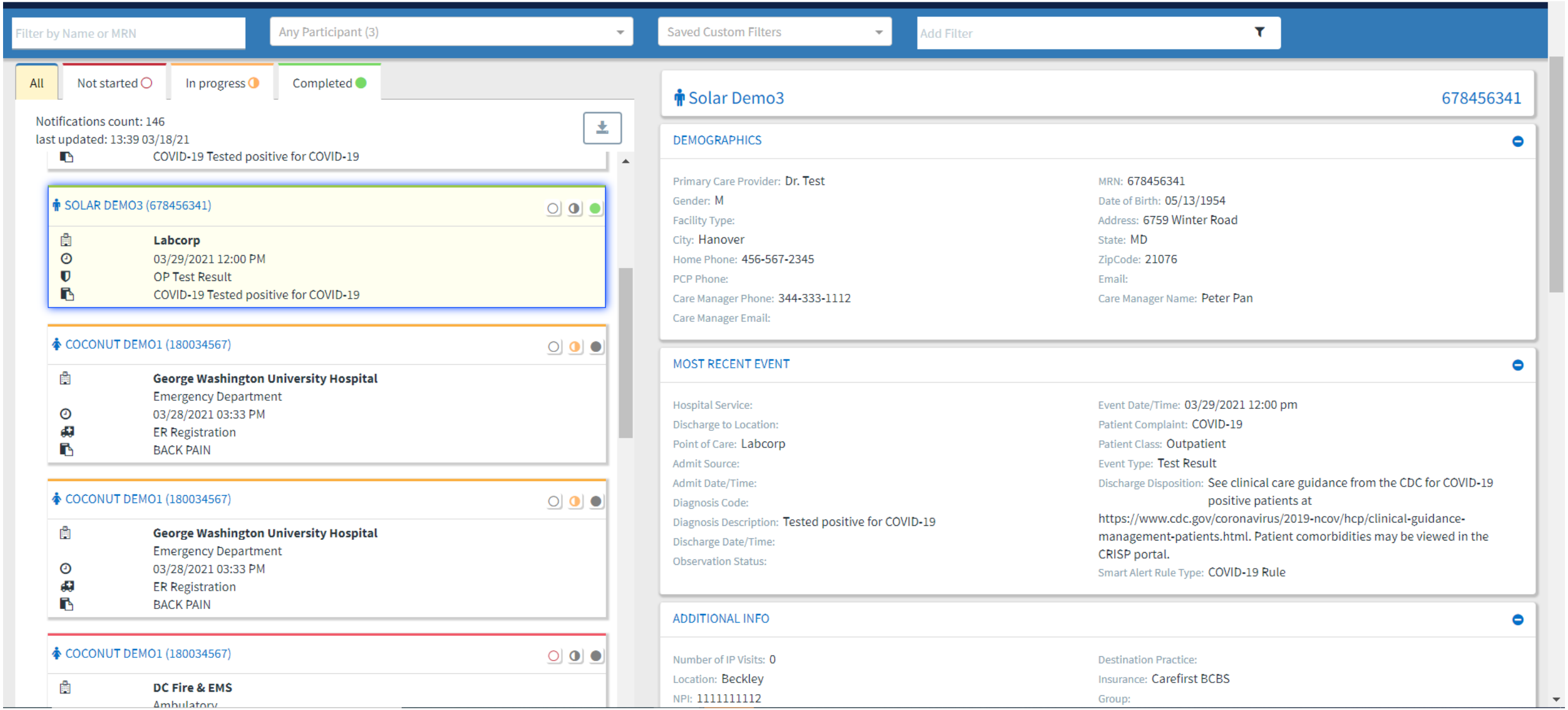
Updated 1/11/2021

Utilization of ULP Tools for COVID

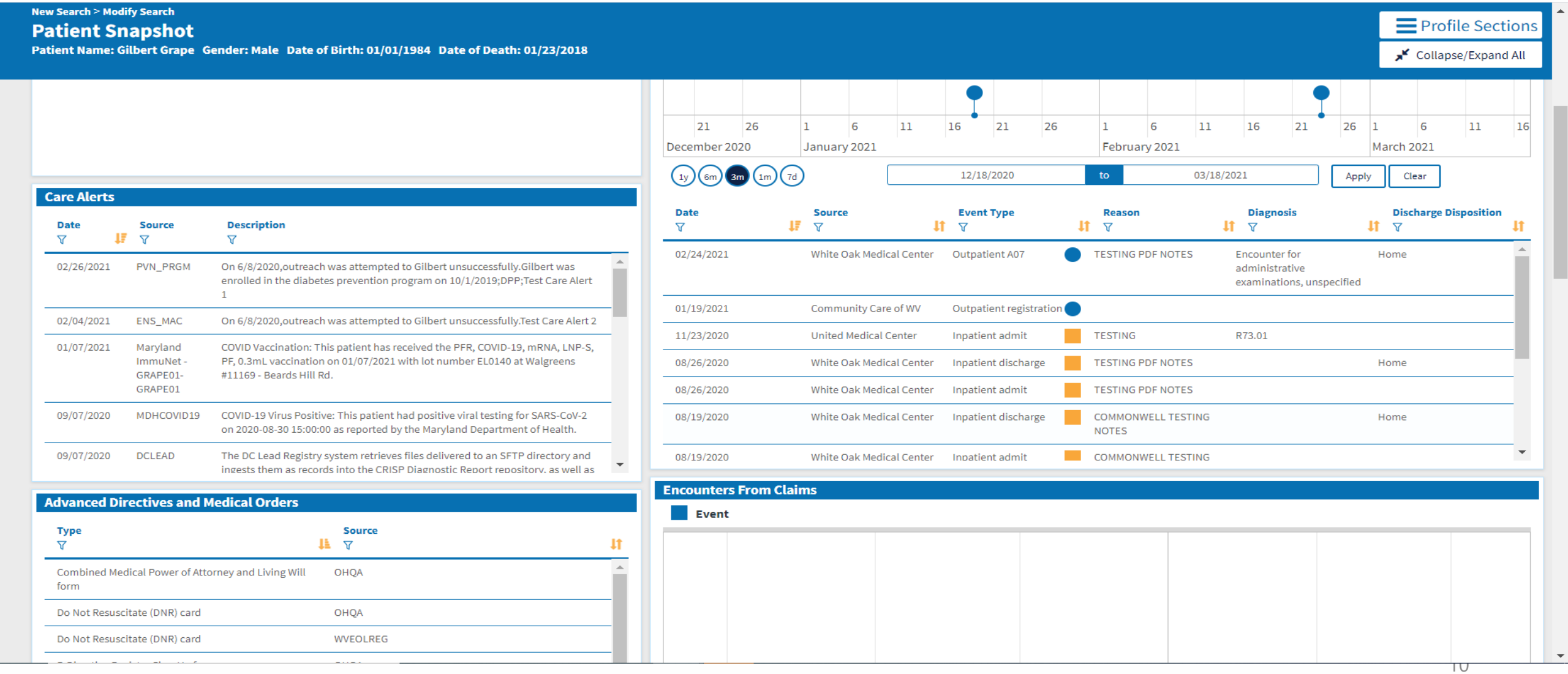
Overview

- ENS Prompt
- Patient Snapshot
- Health Records
- COVID 19 Lab Tools

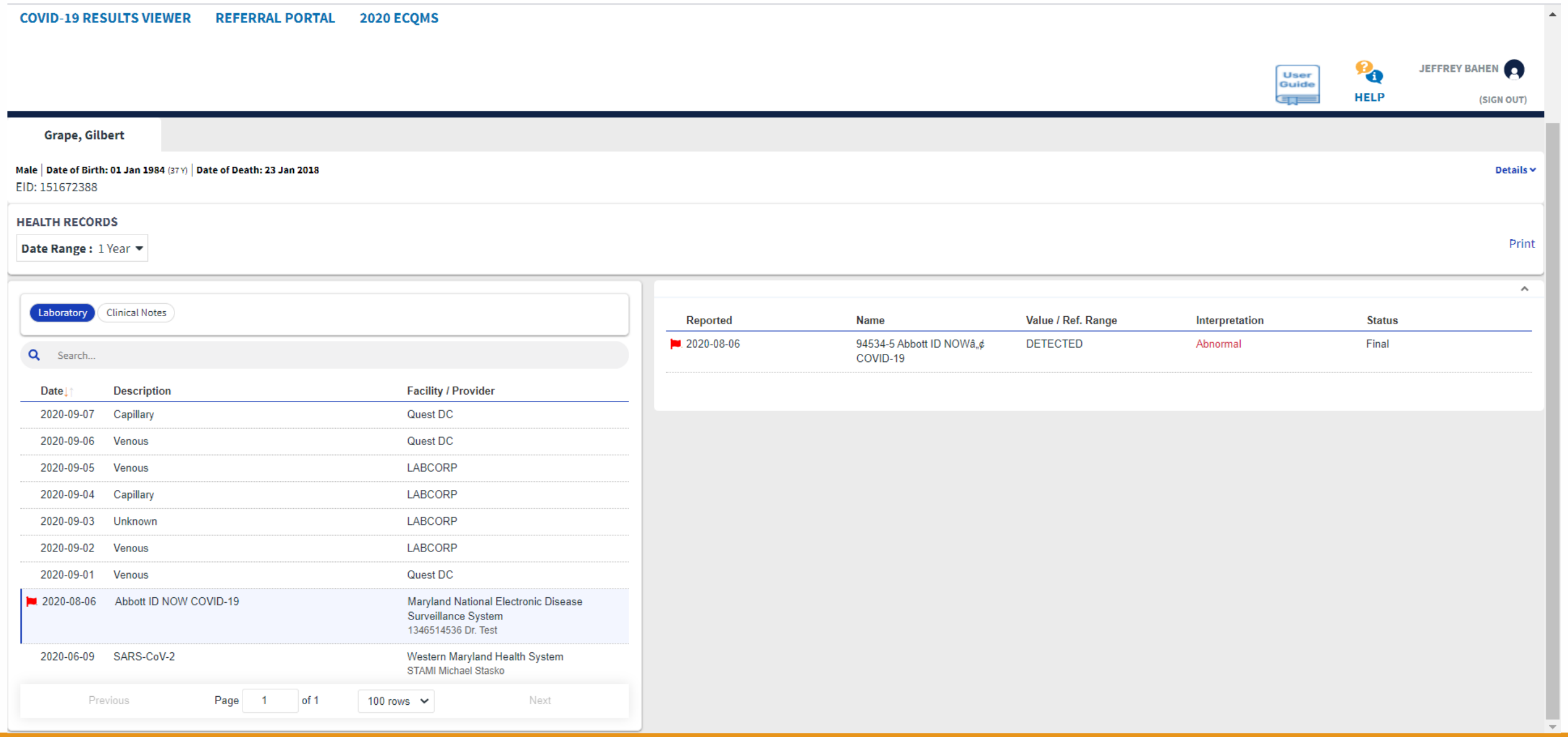
ENS PROMPT


Filter by Name or MRN
Any Participant (3)
Saved Custom Filters
Add Filter
All
Not started
In progress
Completed
Notifications count: 146
last updated: 13:39 03/18/21
COVID-19 Tested positive for COVID-19
SOLAR DEMO3 (678456341)
Labcorp
03/29/2021 12:00 PM
OP Test Result
COVID-19 Tested positive for COVID-19
COCONUT DEMO1 (180034567)
George Washington University Hospital
Emergency Department
03/28/2021 03:33 PM
ER Registration
BACK PAIN
COCONUT DEMO1 (180034567)
George Washington University Hospital
Emergency Department
03/28/2021 03:33 PM
ER Registration
BACK PAIN
COCONUT DEMO1 (180034567)
DC Fire & EMS
Ambulatory
Solar Demo3
678456341
DEMOGRAPHICS
Primary Care Provider: Dr. Test
Gender: M
Facility Type:
City: Hanover
Home Phone: 456-567-2345
PCP Phone:
Care Manager Phone: 344-333-1112
Care Manager Email:
MRN: 678456341
Date of Birth: 05/13/1954
Address: 6759 Winter Road
State: MD
ZipCode: 21076
Email:
Care Manager Name: Peter Pan
MOST RECENT EVENT
Hospital Service:
Discharge to Location:
Point of Care: Labcorp
Admit Source:
Admit Date/Time:
Diagnosis Code:
Diagnosis Description: Tested positive for COVID-19
Discharge Date/Time:
Observation Status:
Event Date/Time: 03/29/2021 12:00 pm
Patient Complaint: COVID-19
Patient Class: Outpatient
Event Type: Test Result
Discharge Disposition: See clinical care guidance from the CDC for COVID-19 positive patients at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html. Patient comorbidities may be viewed in the CRISP portal.
Smart Alert Rule Type: COVID-19 Rule
ADDITIONAL INFO
Number of IP Visits: 0
Location: Beckley
NPI: 1111111112
Destination Practice:
Insurance: Carefirst BCBS
Group:

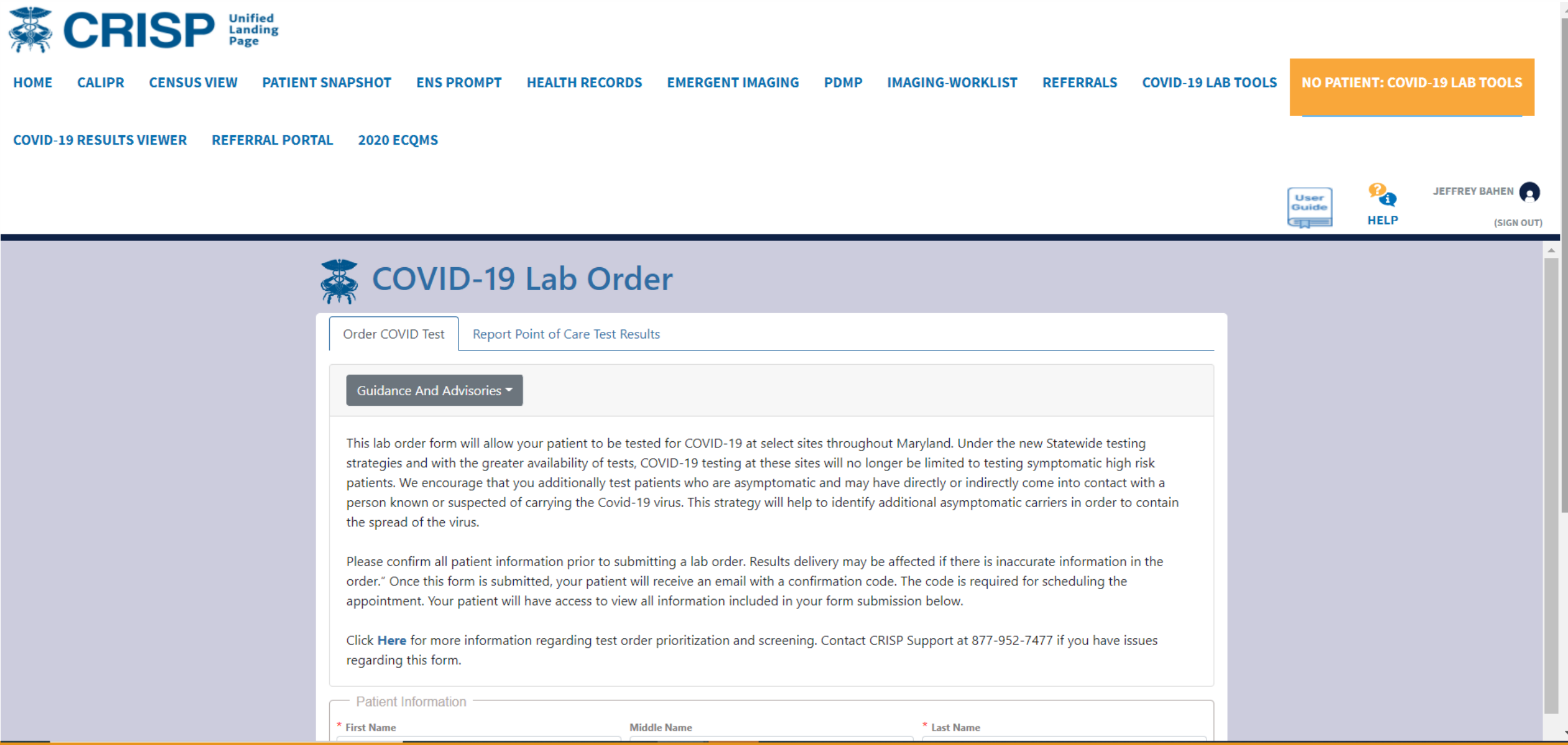
Patient Snapshot



Health Records



COVID 19 Lab Tools



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HIE InContext

Application Overview

Spring 2021

7160 Columbia Gateway Drive, Suite 100
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877.952.7477 | info@crisphealth.org
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Why HIE InContext?

Problem Statements:

- I need to find data that does not exist in my EHR
- I need information within my own EHR/workflow
- I need to quickly get a complete, accurate, and up-to-date account of my new patients' medical and non-medical history so I can best assess their current condition and plan appropriate care.

The Solution:

- Embed an app within the EHRs with access to CRISP data
- Combine data and design views that are useful and valuable to clinical users

Use Cases

Use Case Scenarios

As part of SNF admitting and intake processes, we need to know the patient's medical history and most recent hospital visit information.

As a SNF provider, I need to understand the current medication list and prescriptions. I may need to prescribe a controlled substance, so the Prescription Drug Monitoring Program (PDMP) information is essential.

As a Social Worker, I need to know who is on the 'Care Team' (community care managers, PCP, Specialists, Hospice, etc.) for this patient, and how to reach them.

Coding and billing functions are informed by review of the patient medical record.

HIE InContext: How do I access it?

Assumptions

- Facility is connected to HIE
- Facility's EHR is configured to communicate with InContext
- User has a role within the EHR that allows them access to InContext

Application Launch

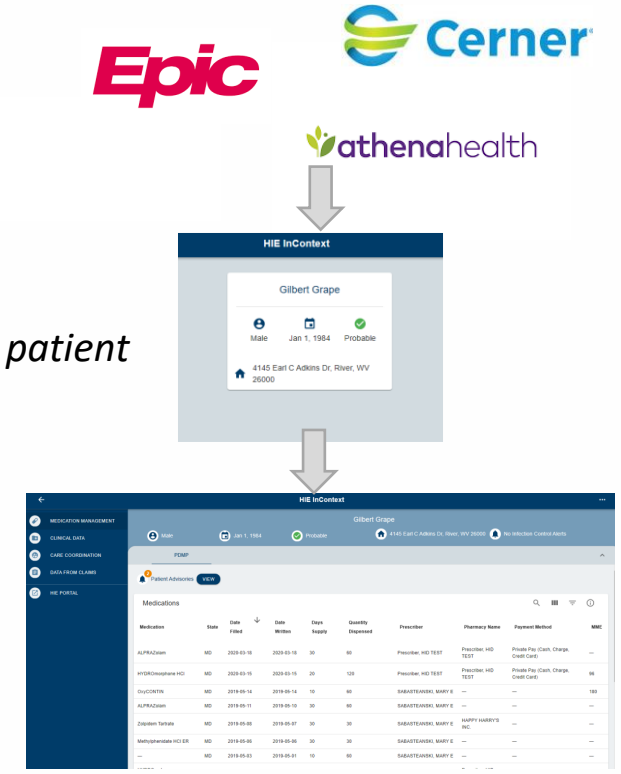
From within your own EHR

Click on the CRISP button

This launches the CRISP InContext application

If more than 1 patient is a possible match, select correct patient

Patient's medical record is displayed



No separate login, no separate patient search!

InContext: What data is available?

Patient Matching

Medication Management

- PDMP Advisories
- Medications

Clinical Data

- Health Records: Encounters
- Structured Documents (CCDs)
- Immunizations

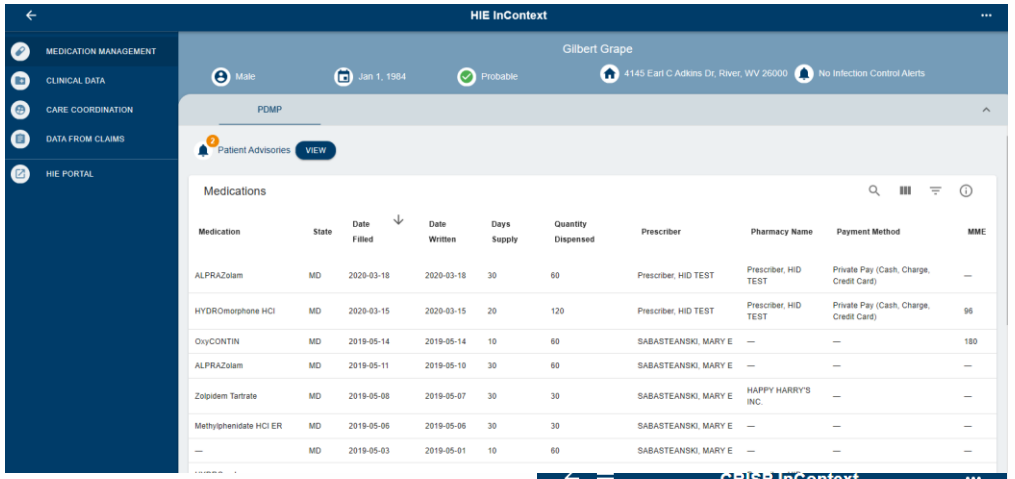
Care Coordination

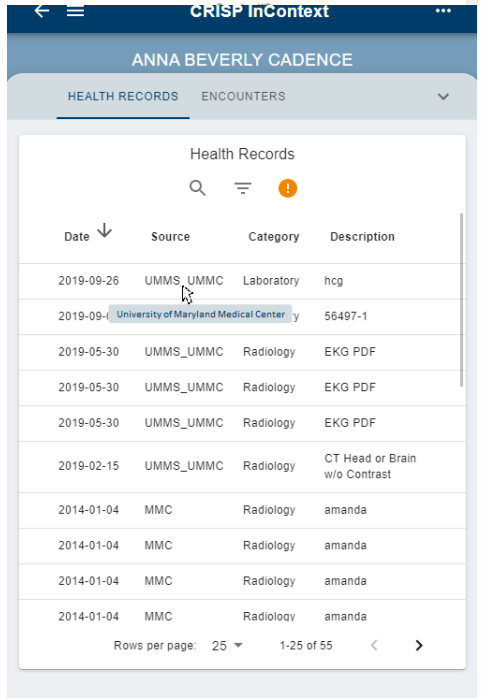
- Care Team
- Advance Directives

Claims Data

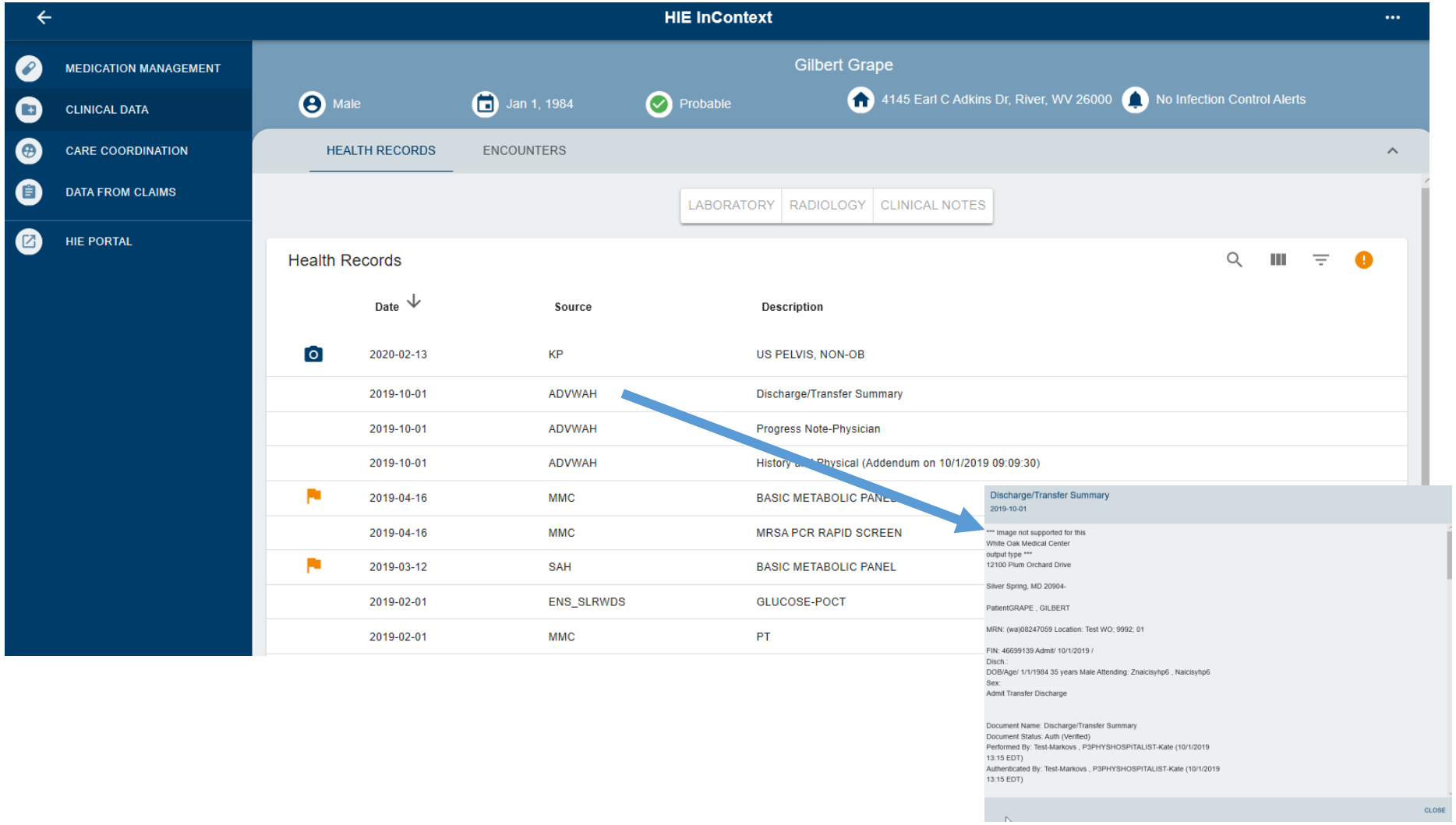
Alerts

- Care Alerts, Medication Alerts, Infection Control Alerts

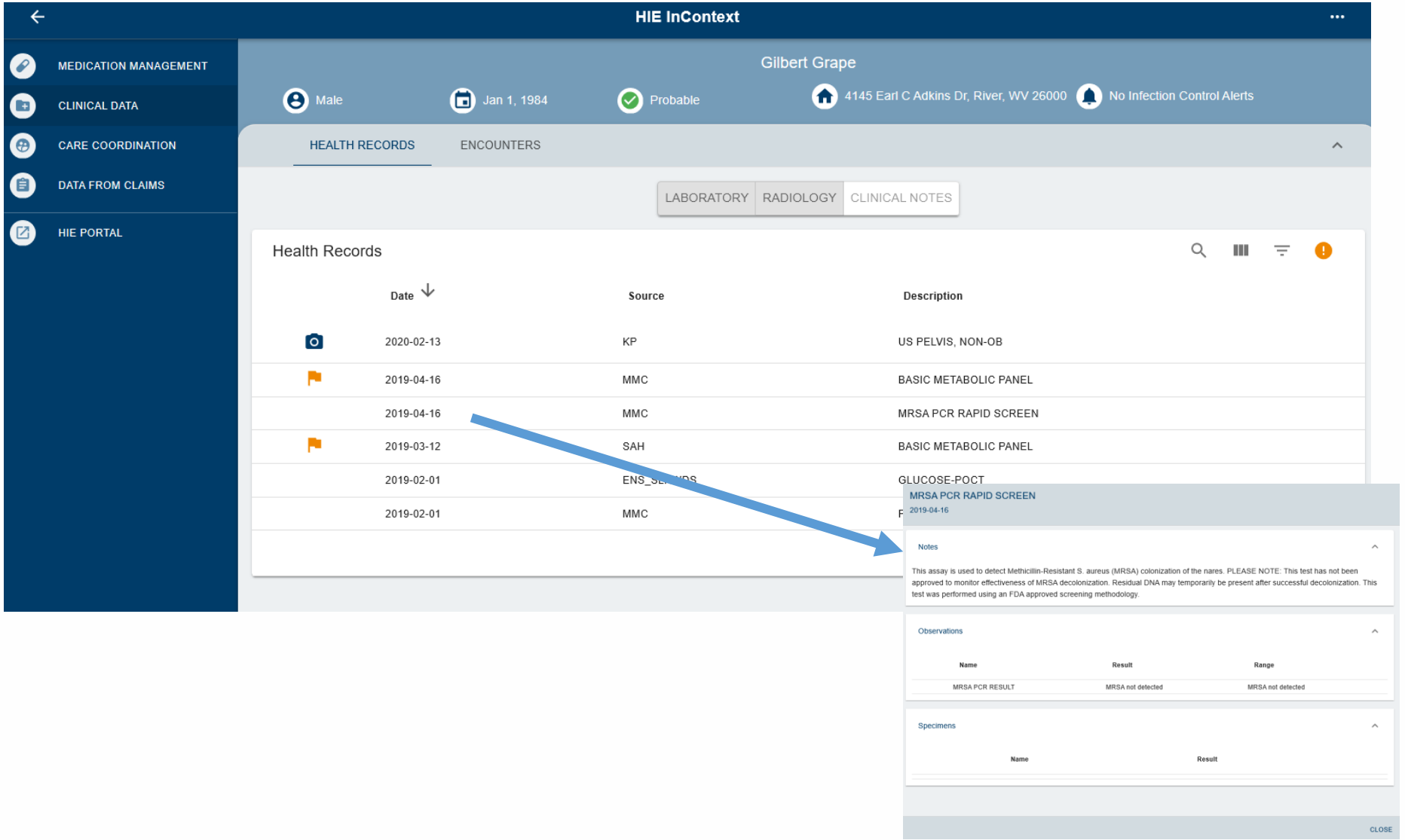




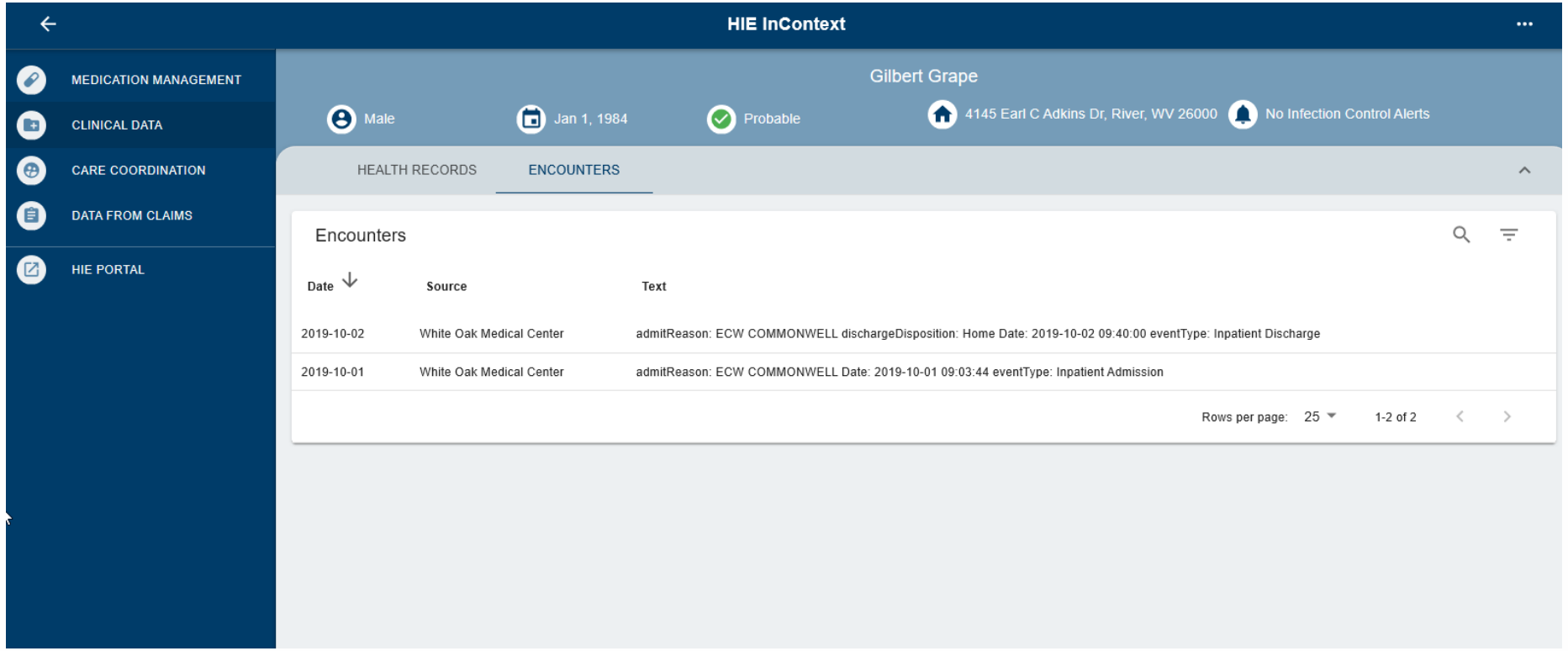
Clinical Data: Health Records: Clinical Notes



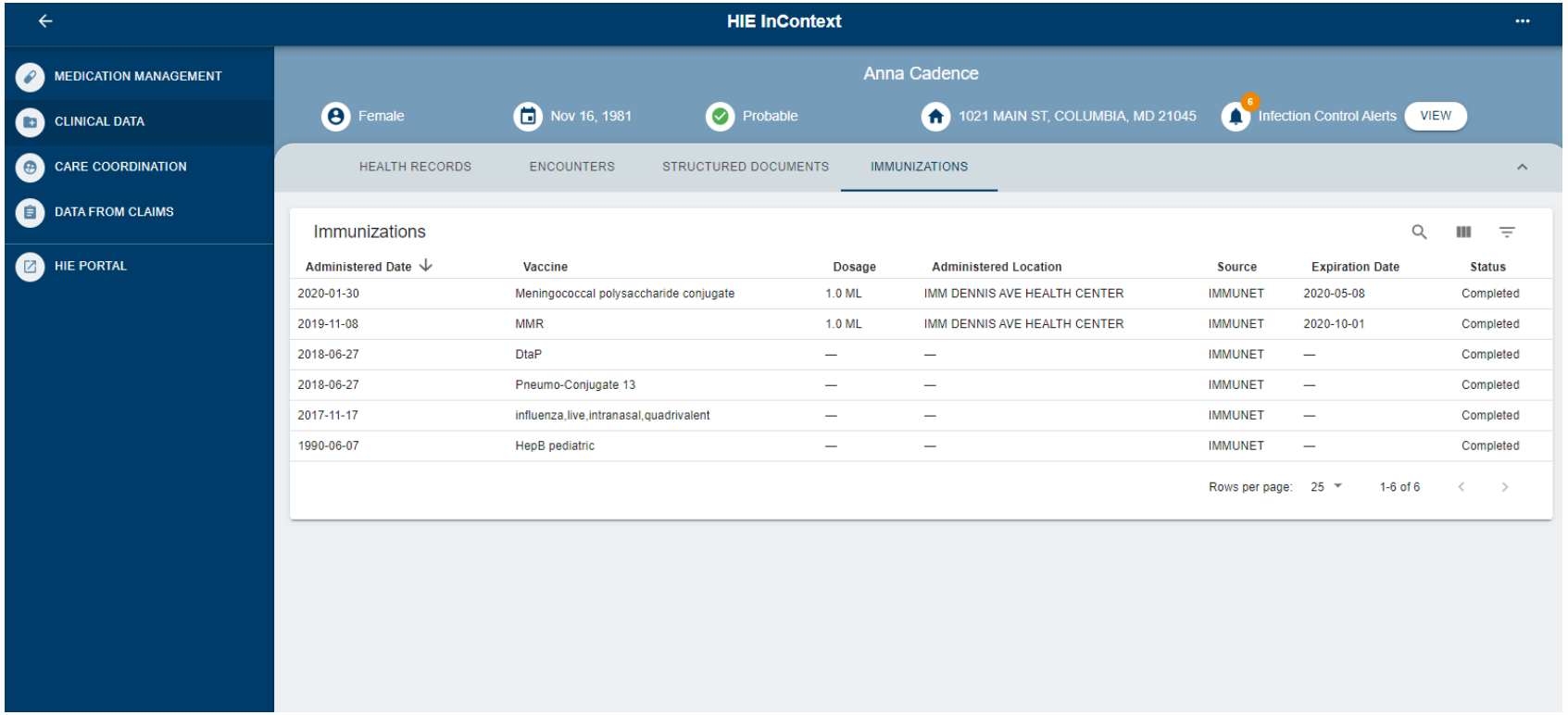
Clinical Data: Health Records: Labs



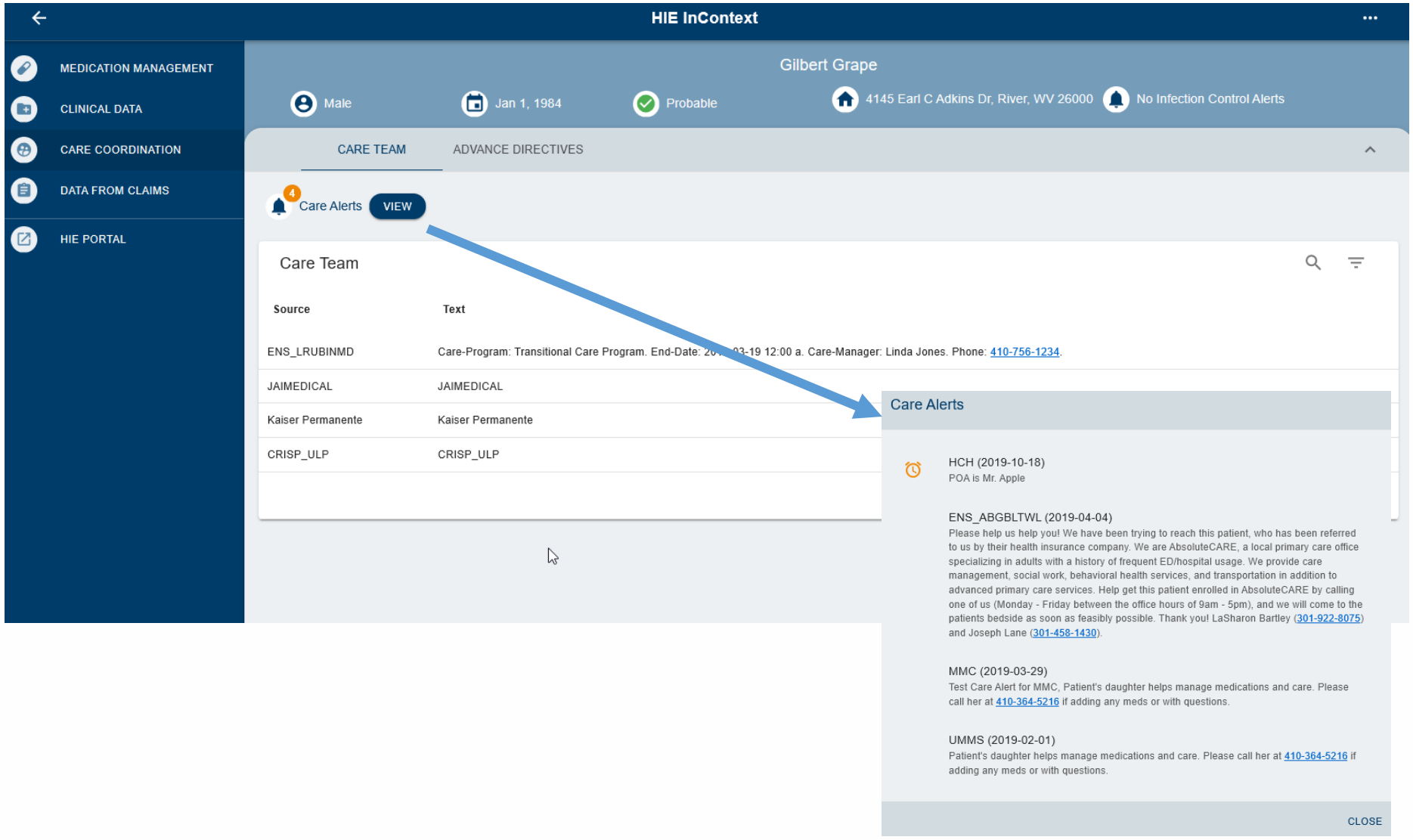
Clinical Data: Encounters



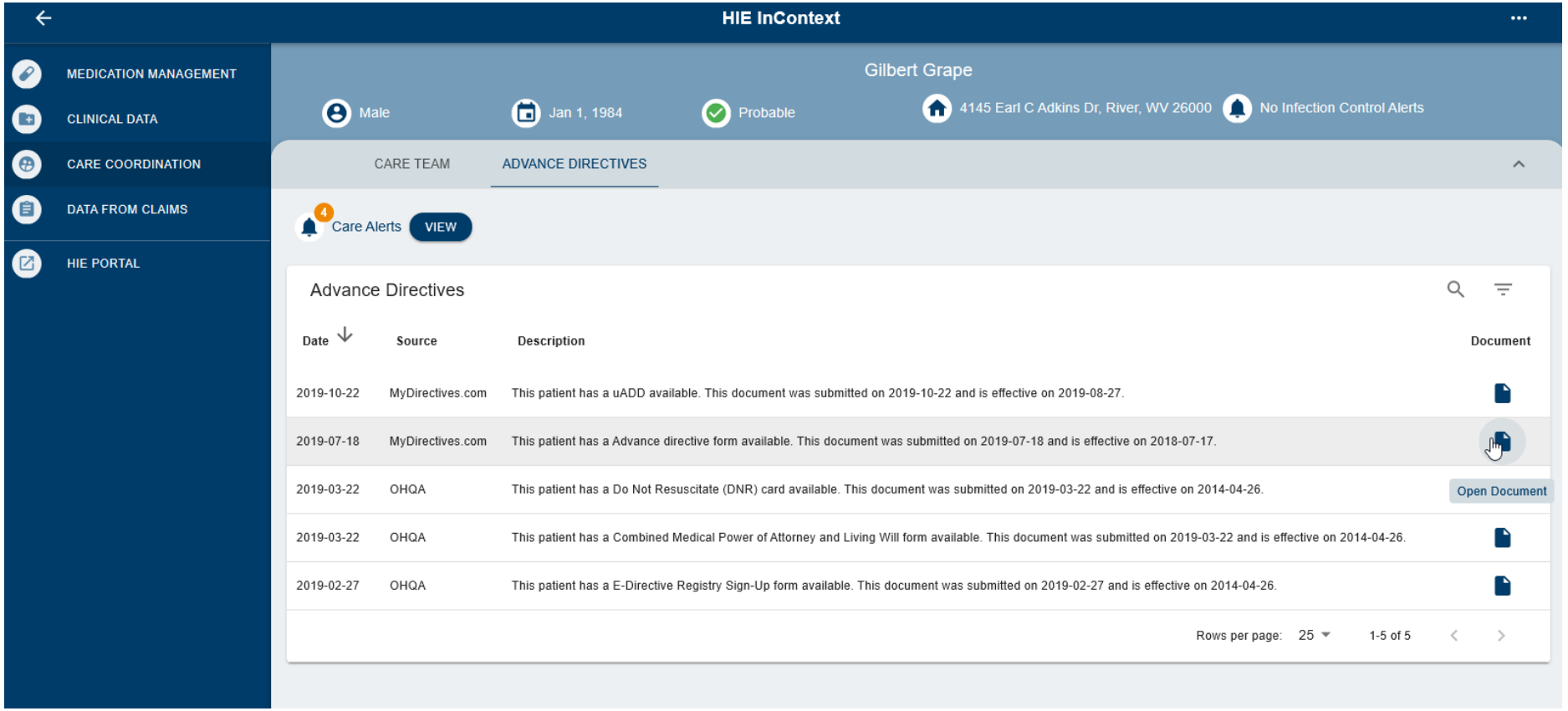
Clinical Data: Immunizations



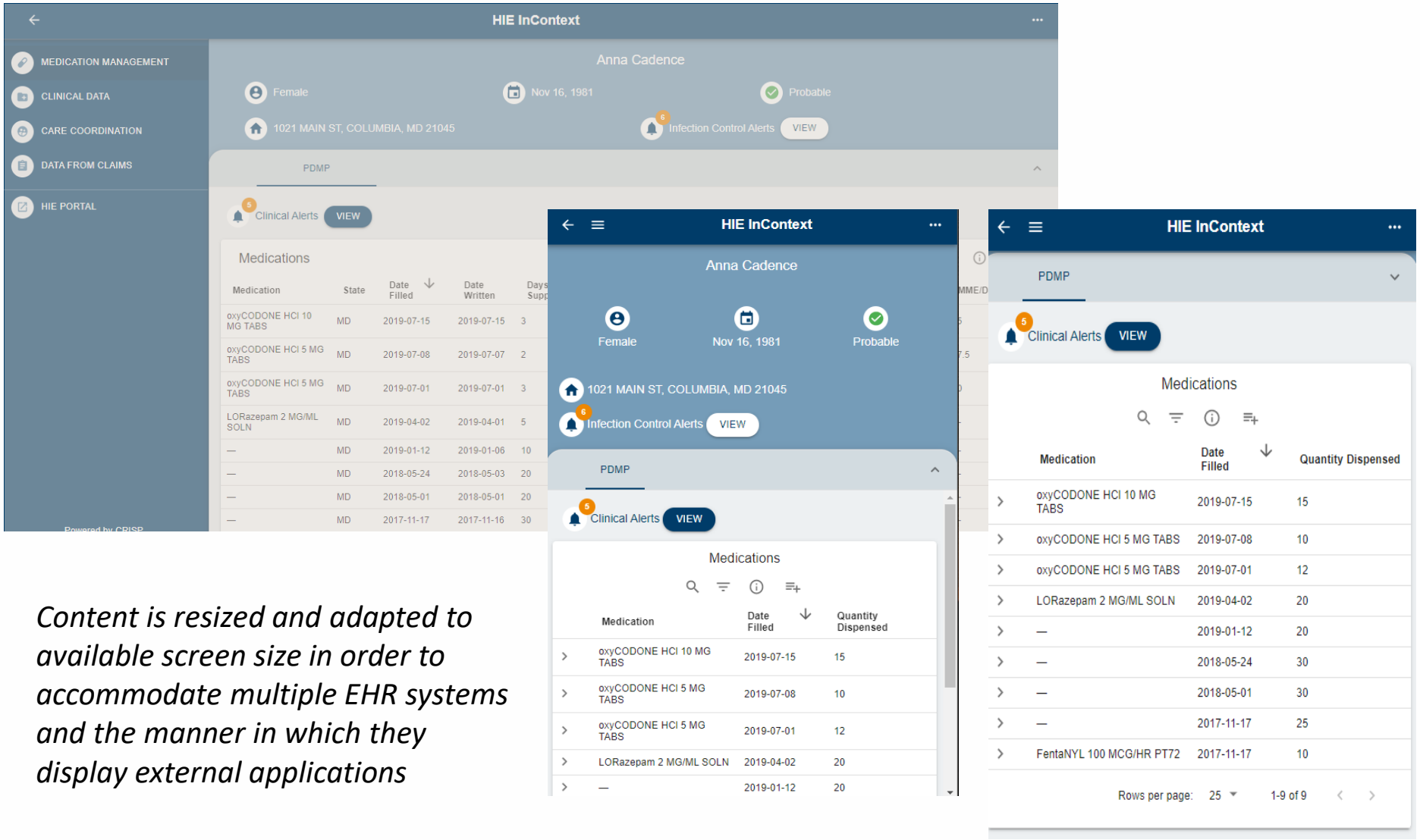
Care Coordination: Care Team and Care Alerts



Care Coordination: Advance Directives



Responsive Screen sizing



Content is resized and adapted to available screen size in order to accommodate multiple EHR systems and the manner in which they display external applications

Questions?

Future Agenda Topics?

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Thank you!

Reminder Next Meeting: June 2021