

# Longitudinal Plan of Care: Patient & Provider Views

Jane Kluge RN, BSN

Coordinator for Ambulatory Care Management

CentraCare Health St. Cloud, MN

# Background & History

- ▶ Healthy Planet
- ▶ Rationale & Goals
- ▶ Tools
- ▶ Evaluation

# Healthy Planet



## ▶ Population Health Management:

- ▶ Population health is defined as the health outcomes of a group of individuals. (*Institute for Healthcare Improvement Lewis 3/19/2014*)
- ▶ Epic 2015 Upgrade
- ▶ Individualized to CentraCare's Needs

# Rationale & Goals

- ▶ Standardization with Customization
- ▶ Basic Goals with High Risk Population:
  - ▶ Decrease Utilization of ER/ETC
  - ▶ Increase Utilization on Outpatient clinics and appointments
  - ▶ Decrease Hospitalizations
  - ▶ Avoid duplication of services/testing
  - ▶ Improve patient engagement
  - ▶ Improve patient satisfaction

# Tools

- ▶ Not the “Be All. End All”
- ▶ Tools:
  - ▶ Standard Assessments
  - ▶ Contingency Goals/Emergency Care Plans
  - ▶ Plans of Care that cross the entities of health care
  - ▶ Patient Centered Goals and Tracking Capabilities
  - ▶ Care Gap Indicators
  - ▶ Care Management Notes

# Evaluation

## ▶ Beginning Stages

- ▶ Transfer over Emergency Care Plans
- ▶ Opportunity to look at who is currently enrolled
- ▶ Measurements to Include:
  - ▶ Patient Outreach Encounters
  - ▶ Patient Goals

## ▶ Take Aways

- ▶ Support
- ▶ Continuous Education

# Tool Bar

The screenshot displays the Epic EMR interface. At the top, the 'Epic' logo is on the left, and navigation icons for Home, Schedule, In Basket, Chart, Appts, View Sched, Encounter, Addendum, Dept Appts, Telephone Call, ChartMaxx, and Hospital Chart are in the center. On the right, there are icons for help, refresh, print, and log out.

Below the navigation bar, a patient tab for 'Owl, Theodore' is active. The patient's name and a close button are visible. To the right of the tab is a 'TRAINING PLAYGROUND' button and a search box.

The patient information section shows:  
**Owl, Theodore**  
Male, 74 Y, 11/21/1942, [email icon]  
Pref Name: None    Pref Oral Lang: English [1]    PCP: Carver, Sam    Code/ACP: Status Repo...    Health Maintenance: Due    Secondary Ins.: None  
MRN: 60216738    FYI: Communication Ab...    Allergies: Pcn [Penicillins]    MyChart: Inactive    Ins: MEDICARE (E)/MED... [plus icon]

The 'Plan of Care Provider' section is expanded, showing a sub-tool bar with icons for back, refresh, home, and a search box. The sub-tool bar contains the following items:  
Snapshot    Patient's Plan of Care    **Plan of Care Provider**    Health Care Home Care Plan    Pt View    Kardex    Patient Summary    SW SNAP    Plan of Care Provider

# Provider View: Action Plan & Emergency Care Plan

Plan of Care Provider

← ↻ | 🏥 | 📄 Snapshot | 📄 Patient's Plan of Care | 📄 **Plan of Care Provider** | 📄 H

🎯 **Action Plans & Emergency Care Plans (5 Years of Data)** ↕

Today

**Contingency**

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**Emergency Care Plan** On track

History of kidney and pancreas transplant. Managed by Mayo clinic Transplant Center 866-249-1648: Alison Saiki CNP, Transplant Coordinator Marle Frahm.

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Manage CHF



# Patient View: If Something Goes Wrong

## 📍 If Something Goes Wrong ↗

### Emergency Care Plan

History of kidney and pancreas transplant. Managed by Mayo clinic Transplant Center 866-249-1648: Alison Saiki CNP, Transplant Coordinator Marle Frahm.

# Provider & Patient View: Contingency Goals

## Manage CHF Symptoms

If you have any of the following symptoms, call your physician, nurse coordinator, or home health nurse because a change in your medications may be needed (Yellow Zone):

- Weight gain of 7 or more pounds overnight please additional take 20mg of lasix. Call clinic with weight by 1 pm
- Increased cough
- Increased swelling
- Increase in shortness of breath with activity and more tired
- Increase in the number of pillows needed
- Anything else usual that bothers you

If you have any of the following symptoms, call your physician right away (Red Zone):

- Unrelieved shortness of breath: shortness of breath at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in a chair to sleep
- Weight gain or loss of more than 5 pounds in one week
- Confusion

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## Manage CHF Symptoms

If you have any of the following symptoms, call your physician, nurse coordinator, or home health nurse because a change in your medications may be needed (Yellow Zone):

- Weight gain of 3 or more pounds overnight
- Increased cough
- Increased swelling
- Increase in shortness of breath with activity and more tired
- Increase in the number of pillows needed
- Anything else usual that bothers you

If you have any of the following symptoms, call your physician right away (Red Zone):

- Unrelieved shortness of breath: shortness of breath at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in a chair to sleep
- Weight gain or loss of more than 5 pounds in one week
- Confusion

# Provider View: Care Coordination Note

## Care Coordination Note ↗

Kluge, Jane A 3/24/2017 7:16 PM

Theodore is enrolled in care coordination services to help coordinate his follow up care with Mayo Clinic due to his kidney transplant in 2008. Theodore is a current smoker with no desire to quit at this time. Smoking cessation continues to be offered and encouraged at each visit. He is followed by Palliative Care and his goals for care are well defined. Theodore is makes his own medical decisions and attends appointments by himself at this time. He has a good relationship with his son, Tina.

# Provider View: Recent ED & Hospitalizations



## Recent ED Visits & Hospitalizations (Last 2 years) ↕

Date	Type	Provider	Description
03/22/2017	Admission		

# Provider View: Recent ED & Hospitalizations

## Admission Current

3/22/2017 - present (2 days)  
St. Cloud Hospital



McFarling, Lynn M, MD  
Attending

## Additional Orders and Documentation



Results



Meds



Orders



Flowsheets

Encounter Info: [History](#), [Allergies](#), [Patient Education](#), [Care Plan](#), [Detailed Report](#),  
[Delivery Report - Mom](#), [Delivery Report - Baby](#)

## Hospital Problem List

None

## Care Timeline

03/22 Admitted 1151

## Discharge

Discharge Home

## Medication List at Discharge

DILTIAZEM HCL 240 mg oral DAILY

DULOXETINE HCL 20 mg DAILY

# Provider View: Problem List

## Problem List

Date Reviewed: 8/1/2013

### **Kidney Transplant Abbott NW**

Deceased donor transplant 11/29/05

Immunosuppressive therapy; Cellcept, Prograf,  
Predinone, ( Per Abbott Records- Bonnie Kerstein,  
RN

9/7/2016 1:55 PM)

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### **CHF (congestive heart failure)**

### **Angina pectoris**

Takes Nitroglycerin when symptomatic.

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### **Overweight (BMI 25.0-29.9)**

### **Gout**

Affects the knee.

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### **Constipation, chronic**

Due to opiates and thyroid issues. Takes lactulose  
once daily.

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### **Failure respiratory**

### **Congestive heart failure**

### **Hypertension**

### **Atrial fib/flutter, transient**

### **Gastroesophageal reflux disease**

### **Tobacco dependence syndrome**

# Patient View: Problem List

## Ongoing Health Issues

• • • • •

### Problem List

Angina pectoris  
Atrial fib/flutter, transient  
CHF (congestive heart failure)  
Congestive heart failure  
Constipation, chronic  
Failure respiratory  
Gastroesophageal reflux disease  
Gout  
Hypertension  
Kidney Transplant Abbott NW  
Overweight (BMI 25.0-29.9)  
Tobacco dependence syndrome

# Provider View: Medication List

## 📄 Your Medications ↕

	Dose
diltiazem (AKA: CARDIZEM CD) 240 mg oral Capsule, Sust. Release 24HR	Take 1 Cap by mouth once daily.
DULoxetine (AKA: CYMBALTA) 20 mg oral Capsule, Delayed Release(E.C.)	Take 20 mg by mouth once daily.
HYDROcodone-acetaminophen (AKA: NORCO) 10-325 mg oral Tablet	Take 1-2 tablets by mouth every 4 hours as needed for pain.
HYDROmorphine (AKA: DILAUDID) 2 mg oral Tablet	Take 2 mg by mouth three times daily. Take 1-2 tabs (2-4mg total) by mouth three times daily as needed for pain
lisinopril (AKA: PRINIVIL/ZESTRIL) 10 mg oral Tablet	Take 1 Tab by mouth twice a day.
metFORMIN (AKA: GLUCOPHAGE) 500 mg oral Tablet	Take 500 mg by mouth twice a day with meals.
mycophenolate mofetil (CELLCEPT) 250 mg oral Capsule	Take 250 mg by mouth twice daily. Take one capsule by mouth twice daily
simvastatin (AKA: ZOCOR) 40 mg oral Tablet	Take 40 mg by mouth once daily.
SYNTHROID 100 mcg oral Tablet	Take 100 mcg by mouth once daily.
warfarin (AKA: COUMADIN) 4 mg oral Tablet	Take by mouth as directed.



# Patient View: Medication list

## Current Medications

diltiazem (AKA: CARDIZEM CD) 240 mg oral Capsule,  
Sust. Release 24HR

Take 1 Cap by mouth once daily.

DULoxetine (AKA: CYMBALTA) 20 mg oral Capsule,  
Delayed Release(E.C.)

Take 20 mg by mouth once daily.

HYDROcodone-acetaminophen (AKA: NORCO) 10-325  
mg oral Tablet

Take 1-2 tablets by mouth every 4 hours as needed for  
pain.

HYDROmorphine (AKA: DILAUDID) 2 mg oral Tablet

Take 2 mg by mouth three times daily. Take 1-2 tabs  
(2-4mg total) by mouth three times daily as needed for  
pain

lisinopril (AKA: PRINIVIL/ZESTRIL) 10 mg oral Tablet

Take 1 Tab by mouth twice a day.

metFORMIN (AKA: GLUCOPHAGE) 500 mg oral Tablet

Take 500 mg by mouth twice a day with meals.

mycophenolate mofetil (CELLCEPT) 250 mg oral Capsule

Take 250 mg by mouth twice daily. Take one capsule by  
mouth twice daily

simvastatin (AKA: ZOCOR) 40 mg oral Tablet

Take 40 mg by mouth once daily.

SYNTHROID 100 mcg oral Tablet

Take 100 mcg by mouth once daily.

warfarin (AKA: COUMADIN) 4 mg oral Tablet

Take by mouth as directed.

# Provider View: Patient Care Team

## Patient Care Team

### Carver, Sam

Relationship: PCP - General  
Specialty: Family Medicine  
Start: 3/26/12

### Transportation-Rainbow Rider

Relationship: Other  
Start: 10/14/16

Comment: Transportation Service out of Alexandria. Ride to be confirmed 24 hours in advance of pick up.

Phone: 320-283-5061

### Jolkovsky, Merryn R, MD

Relationship:  
Specialty: Palliative Care  
Start: 3/22/17  
Phone: 320-656-7117  
Fax: 320-255-5810

### Carriveau, Brenda Kay, RN

Relationship: Care Coordinator  
Specialty: Registered Nurse  
Start: 3/24/17  
Phone: 320-240-3157

### Sakai, Allison

Relationship: Certified Nurse Practitioner  
Specialty: Transplant Surgery  
Start: 3/24/17

Comment: Follows post kidney transplant  
Phone: 866-249-1148

### Carriveau, Brenda Kay, RN

Relationship: Care Coordinator  
Specialty: Registered Nurse  
Start: 3/24/17  
Phone: 320-240-3157

### Sakai, Allison

Relationship: Certified Nurse Practitioner  
Specialty: Transplant Surgery  
Start: 3/24/17

Comment: Follows post kidney transplant  
Phone: 866-249-1148

### Frahme, Merle

Relationship: RN  
Specialty: Case Manager Transplant Team  
Start: 3/24/17

Comment: Coordinator for kidney transplant  
Phone: 866-222-1111

### Lewandowski, Marvelous

Relationship:  
Start: 3/24/17

Comment: Neighbor- driver for most transportation other than medical appointments  
Phone: 123-456-7890

# Patient View: Care Team Members

## Your Care Team

	Relationship	Specialty
<b>Carver, Sam</b>	<b>PCP - General</b>	<b>Family Medicine</b>
<b>Transportation-Rainbow Rider</b>	<b>Other</b>	
Comment: Transportation Service out of Alexandria. Ride to be confirmed 24 hours in advance of pick up. Phone: 320-283-5061		
<b>Jolkovsky, Merryn R, MD</b>		<b>Palliative Care</b>
Phone: 320-656-7117	Fax: 320-255-5810	
<b>Carriveau, Brenda Kay, RN</b>	<b>Care Coordinator</b>	<b>Registered Nurse</b>
Phone: 320-240-3157		
<b>Sakai, Allison</b>	<b>Certified Nurse Practitioner</b>	<b>Transplant Surgery</b>
Comment: Follows post kidney transplant Phone: 866-249-1148		
<b>Frahme, Merle</b>	<b>RN</b>	<b>Case Manager Transplant Team</b>
Comment: Coordinator for kidney transplant Phone: 866-222-1111		
<b>Lewandowski, Marvelous</b>		
Comment: Neighbor- driver for most transportation other than medical appointments Phone: 123-456-7890		

# Provider View: Advanced Directive Information

## Advanced Directives

Power of Attorney	Living Will	Code Status	MyChart Status
Filed on 03/28/11	Filed on 03/28/11	Prior	Inactive

# Patient View: Advanced Directive Information

## Advance Directive Information

AMB ADVANCE DIRECTIVE FLOWSHEET

2/7/2017

Do you have an Advance Directive?

Yes

Type of Advance Directive

Health Care Directive

Is Advance Directive on file?

Yes

# Provider View: Patient Goals

**Goals (5 Years of Data)** ↕

Today 11/30/16

**Lifestyle**

**Avoid Hospitalizations** **On track** No change

1. Call Home Care RN when worried about symptoms.
2. Contact Heart Failure clinic with weight gain or for symptom management (see action plans).
3. Contact PCP's clinic with general questions and concerns about health to avoid ER visits.

**Drive Own Car Again** No change No change

1. Avoid driving until you are back to your baseline cognitive and physical function.
2. Use medical and recreational transportation to keep up activity and involvement in family and community.
3. Have your son winterize and store your car.
4. Talk to PCP about driving evaluation when you feel you're ready.

**Increase Physical Activity** Worsening Improving

1. Increase activity in apartment, avoid furniture surfing and use cane or walker.
2. Use exercise bike at least once a day, up to 15 minutes at a time as tolerated.
3. Continue to work with OT on mobility and activity in apartment.

## Maximize time with family

Improving

1. Call adult children for than just to ask for their help, but don't be afraid to ask for their help.
2. Have grandchildren visit your apartment and babysit whenever possible.
3. Participate in children and grandchildren activities whenever possible.
4. Use around town transportation to get rides to events and activities to stay involved.

## Medication





### Manage own medication

**On track**

1. Continue to work with Home Care to keep up knowledge and understanding of medications.
2. Ask Home Care to supervise medication set up when feeling ready.
3. Keep copy of current medications list with you, and be knowledgeable about your own medications.

# Patient View: Patient Goals

## 🎯 Your Goals ↕

	Most Recent
<b>Lifestyle</b>	
 <b>Avoid Hospitalizations</b> <ol style="list-style-type: none"><li>1. Call Home Care RN when worried about symptoms.</li><li>2. Contact Heart Failure clinic with weight gain or for symptom management (see action plans).</li><li>3. Contact PCP's clinic with general questions and concerns about health to avoid ER visits.</li></ol>	<b>On track</b> (3/24/2017)
 <b>Drive Own Car Again</b> <ol style="list-style-type: none"><li>1. Avoid driving until you are back to your baseline cognitive and physical function.</li><li>2. Use medical and recreational transportation to keep up activity and involvement in family and community.</li><li>3. Have your son winterize and store your car.</li><li>4. Talk to PCP about driving evaluation when you feel you're ready.</li></ol>	<b>No change</b> (3/24/2017)
 <b>Increase Physical Activity</b> <ol style="list-style-type: none"><li>1. Increase activity in apartment, avoid furniture surfing and use case or walker.</li><li>2. Use exercise bike at least once a day, up to 15 minutes at a time as tolerated.</li><li>3. Continue to work with OT on mobility and activity in apartment.</li></ol>	<b>Worsening</b> (3/24/2017)
<b>Maximize time with family</b> <ol style="list-style-type: none"><li>1. Call adult children for than just to ask for their help, but don't be afraid to ask for their help.</li><li>2. Have grandchildren visit your apartment and babysit whenever possible.</li><li>3. Participate in children and grandchildren activities whenever possible.</li><li>4. Use around town transportation to get rides to events and activities to stay involved.</li></ol>	<b>Improving</b> (3/24/2017)
<b>Medication</b>	
 <b>Manage own medication</b> <ol style="list-style-type: none"><li>1. Continue to work with Home Care to keep up knowledge and understanding of medications.</li><li>2. Ask Home Care to supervise medication set up when feeling ready.</li><li>3. Keep copy of current medications list with you, and be knowledgeable about your own medications.</li></ol>	<b>On track</b> (3/24/2017)

# Provider View: Preventive Care

## Preventive Care ↕

Topic	Due
Colon Cancer Screening: Colonoscopy Standard	11/21/1992
Lipids Standard	03/28/2016
Medicare Annual Visit	11/30/2017
DTaP/Tdap/Td Vaccines (2 - Td)	01/01/2021



# Patient View: Recommended Care

## Recommended Care

	Date Due
Colonoscopy every 10 years	11/21/1992
Lipids every 5 years	03/28/2016
Medicare Annual Visit	11/30/2017
DTap/Tdap/Td Vaccine- Do not schedule more than 4 days in advance of the due date (2 - Td)	01/01/2021

# Care Management Enrollment Form & Assessment

## Care Management Enrollment

Assessment patient completed with:

Accepted enrollment in Care Management Program: True

Living arrangement: alone  
(Comment: Family members live nearby and visit often,)

### Care Management

#### General Care Management - Patient Level

Assessment completed with  caregiver  children  family  
 paid caregiver  parents  patient  
 spouse or significant other

Accepted enrollment in Care Management Program  Yes  No

Living arrangement  alone  children  family members  foster care  friends  
 grandparents  legal guardian  parent  significant other  spouse

Support system  case manager  children  community organization  
 counselor  driver  early intervention program  
 faith based  family  FOB/spouse  
 friend  friends  grandchildren  
 home care staff  neighbors  none  
 parent  parents  partner  
 school  shelter  siblings  
 significant other  social worker  spouse  
 therapist  twelve step group

Family conflict  Yes  No

Type of residence  apartment  assisted living  family member's home  group home  
 homeless  homeless - sheltered  nursing home  private residence

# Care Management Enrollment Form & Assessment

Home care services

Yes  No

Home care services company

Recover Health- Alexandria

Assistive Devices

<input type="checkbox"/> bed rails	<input checked="" type="checkbox"/> bedside commode	<input type="checkbox"/> brace
<input type="checkbox"/> cane	<input type="checkbox"/> crutches	<input type="checkbox"/> dentures
<input type="checkbox"/> feeding equipment	<input type="checkbox"/> glasses/contacts	<input type="checkbox"/> hearing aid(s)
<input type="checkbox"/> hospital bed	<input type="checkbox"/> insulin pump	<input type="checkbox"/> none
<input checked="" type="checkbox"/> oxygen/respiratory treatment	<input type="checkbox"/> prosthesis	<input type="checkbox"/> tub seat
<input type="checkbox"/> ventilator	<input checked="" type="checkbox"/> walker	<input type="checkbox"/> wheelchair

Medical supply/DME company

Bob's O2

Communication device

Yes  No

Financial problems

Yes  No

Transportation issues

Yes  No

Transportation needs

accessible car/van  driver  private vehicle  public transportation

Other issues

language barrier  literacy barrier  visual impairment  hearing impairment  
 cognitive impairment  lack of coping

Bed or wheelchair confined

Yes  No

Diet

diabetic diet  low cholesterol  low saturated fat  no added salt  regular  
 tube feeding

Inadequate nutrition

Yes  No

# Care Management Enrollment Form & Assessment

## Exercise

yes  currently not exercising  unable to exercise

Minutes per session

Times per week

Type of exercise

Walking in apartment, using stationary bike

Inadequate activity/exercise

Yes  No

Medication adherence problem

Yes  No

Experiencing side effects from current medications

Yes  No

History of fall(s) in last 6 months

Yes  No

Difficulty keeping appointments

Yes  No

Family aware of the patient's advance care planning wishes

Yes  No

Religious or spiritual beliefs that impact treatment

Yes  No

Chronic pain

Yes  No

Location of chronic pain

generalized

Chronic pain timing

intermittent  constant

Chronic pain severity

1  2  3  4  5  6  7  8  9  10

Limitation of routine activities due to chronic pain

none  mild  moderate  severe

# Care Management Enrollment Form & Assessment

Careplan updated & copy  
provided to patient

11/3/16

MDH Tier reviewed &  
updated

11/11/16

Complexity Level (0-9)

6

Language Modifier

Applies

Mental Health Modifier

Applies

# Provider View: Future Appointments

## Future Appointments, Labs, Procedures

**Tuesday April 04, 2017 8:10 AM**

**(Arrive by 7:55 AM)**

Appointment with Andrews, James E at DCH HrtInd Clinic  
(320-762-1511)

To complete check in process and allow for rooming time.

# Patient View: To Do List

## To Do List

Tuesday April 04, 2017 8:10 AM  
(Arrive by 7:55 AM)

Appointment with Andrews, James E at DCH HrtInd Clinic (320-762-1511)  
To complete check in process and allow for rooming time.  
111 17th Ave E  
Alexandria MN 56308

# Provider View: Last PHQ-9

## Last PHQ-9 Score

Office Visit from 11/30/2016 in Internal

Flowsheet Row    Medicine Plaza

Last PHQ9 Score **7**



# Provider View: Last Patient Outreach

## Patient Outreach in Last Year (Since 3/27/2016)

### Care Coordination

Date	Method of Outreach	Associated Actions	User	Next Outreach
3/22/2017 1:09 PM	Telephone		Bown, Sarah L, RN	4/10/2017

# Patient View: Allergies

## Allergies

<b>Cefazolin</b>	Anaphylaxis / Throat Swelling
<b>Cyclosporine</b>	Anaphylaxis / Throat Swelling
<b>Adhesive Tape</b> Reddened rash where tape is on skin.	Other
<b>Biaxin [Clarithromycin]</b> Transplant Pt, not to receive.	Other
<b>Contrast Dye</b>	Hives


# Common Patient Assessment Components: ADL's

 ADL 


## ADL Assessment

*Patient can perform the following activities without help:*


Dressing

  Yes  No


Bathing

  Yes  No


Doing laundry

  Yes  No


Climbing a flight of stairs

  Yes  No

Walking briskly

  Yes  No

Moderate exercise

  Yes  No

# Common Patient Assessment Components: ADL's

## 📄 Fall Risk 🖋️

### STEADI Stay Independent Questionnaire

*In the past year, patient experienced:*

One or more falls in the last year

Yes  No

How many times?

1  2 or more

Was the patient injured in any fall?

Yes  No

Has trouble stepping up onto a curb

Yes  No

Advised to use a cane or walker to get around safely

Yes  No

Often has to rush to the toilet

Yes  No

Feels unsteady when walking

Yes  No

Has lost some feeling in feet

Yes  No

Often feels sad or depressed

Yes  No