

Why Patient Centered Medical Home?

- **Improve Access**
 - Expand hours of operation
 - TTNA improvement
 - Advice line and triage protocol
 - Coordinate Urgent Care access
- **Increase Patient Engagement**
 - Nurse Navigator Hotline
 - Care Team approach
 - MyChart – offer eVisits and electronic access to care
- **Improve Population Health**
 - Use Registries for outreach
 - Incorporate HRA data into EMR
 - Use in Care Plan development
- **Provide Care Management**
 - Embedded Nurse Navigators
 - Discharge Registry for f/u
 - Identify Gaps in Care
 - Outreach to High Utilizers
- **Use Evidenced Based Medicine**
 - ID top 3 conditions
 - Develop registry for each
 - Use appropriate medications
 - Reduce unnecessary tests, consults and procedures
 - Reduce use of sample meds
- **Tracking and Coordination of Care**
 - Use preferred specialists
 - Track and reconcile Referrals

Male, 65 y.o., 08/17/1947 | FYI | MRN: 292579 | Ht: 5' 4" (1... | Allergies: Bee Sting | Code St: Click for Prior | PCP: OTHER, PHYS | MyChart: Pending | Ins: VA SOUTHERN HEALTH CAREN...

- Chart Review
- Flowsheets
- Results Review
- Allergies
- History
- Problem List
- Enter/Edit Results
- Demographics
- Letters
- Synopsis
- FYI

Lab Reports | Filters | Text Search | Preview | Refresh | Select All | Deselect All | Review Selected | Side-by-Side | Master Report | Lab Flowsheet | Flowsheet | More

SnapShot | Encounters | Notes | Meds | Lab | Pathology | Micro | Imaging | Procedures | Cardiology | Other Orders | Episodes | Letters | Referrals | Media | Misc Reports

← SnapShot | Immunizations | BSHSI AMB RECENT RESULTS SUMMARY | SnapShot | Report: SnapShot

- Non-Hospital
- Unspecified essential hypertension
 - Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
 - Esophageal reflux
 - Other and unspecified hyperlipidemia
 - Seizure
 - CAD (coronary artery disease)
 - CHF (congestive heart failure), NYHA class IV
 - Chest pain at rest
 - Inguinal hernia unilateral, non-recurrent
 - CHF (congestive heart failure), NYHA class IV
 - CKD (chronic kidney disease) stage 5, GFR less than 15 ml/min
 - UTI (lower urinary tract infection)
 - ESRD on hemodialysis
 - Left renal mass
 - Fluid overload
 - Acute-on-chronic respiratory failure
 - CHF (congestive heart failure)
 - Chronic airway obstruction, not elsewhere classified

Height	5' 11" (1.803 m)	5' 10" (1.778 m)	5' 10" (1.778 m)
Weight	162 lb 6.4 oz (73.664 kg)	149 lb (67.586 kg)	154 lb 9.6 oz (70.126 kg)

- Medications** [Show prescriptions](#)
- Facility-Administered Medications
 - sodium chloride (NC) 0.9 % flush
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 - zolpidem (AMBIEN) tablet 5 mg
 - nystatin (MYCOSTATIN) 100,000 unit/mL oral suspension 500,000 Units
 - albuterol (PROVENTIL HFA, VENTOLIN HFA) inhaler 2 Puff
 - carvedilol (COREG) tablet 6.25 mg
 - clopidogrel (PLAVIX) tablet 75 mg
 - docusate sodium (COLACE) capsule 100 mg
 - losartan (COZAAR) tablet 100 mg
 - oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet 1-2 Tab
 - phenytoin ER (DILANTIN ER) ER capsule 400 mg
 - prednisolONE acetate (PRED FORTE) 1 % ophthalmic suspension 1 Drop
 - simvastatin (ZOCOR) tablet 40 mg
 - furosemide (LASIX) injection 80 mg
 - aspirin (ASPIRIN) tablet 325 mg
 - insulin mixture 75-25 (HUMALOG 75-25) 100 unit/mL (75-25) injection 16 Units
 - albumin human 25% (BUMINATE) solution 25 g
 - glucagon (GLUCAGEN) injection 1 mg
 - dextrose (D50W) injection Syrg 12.5-25 g

Health Maintenance [Late](#) [Due](#) [Soon](#) [Hold](#)

Topic	Due	Most Recent Outreach
Foot Exam Q1	8/17/1957	
Eye Exam Dilated Q1	8/17/1957	

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Chart Review

La

Chart Review

Filters Text Search Preview Refresh Select All Deselect All Review Selected Master Report Flowsheet Route BSR SoftMed Web

Flowsheets

Snapshot Encounters Notes Meds Lab Pathology Micro Imaging Procedures Cardiology Other Orders Episodes Letters Referrals Media Misc Reports

Results Review

23 records match filters, more records to load Default filter

Clear All

Allergies

Filtered: Default filter

History

	Date	Type	Department	Specialty	Provider	Description
	12/10/2012	Nurse Navigator	SMHNN			
	12/10/2012	Nurse Navigator	PAFP	FP		Chief Comp: Case Management
	12/10/2012	Nurse Navigator	PAFP	FP		
	12/09/2012	ED to Hosp-Admis...	SMH4PTU2			Fluid overload
	12/06/2012	ED to Hosp-Admis...	SMH4PTU2			CHF (congestive heart failure)
	12/06/2012	Refill	PAFP	FP		Seizure (Primary Dx)
	12/02/2012	Refill	PAFP	FP		Sob (Shortness of Breath) (Primary Dx)
	11/15/2012	Nurse Navigator	PAFP	FP		Chief Comp: Hospital Follow Up
	11/13/2012	ED to Hosp-Admis...	SMH6EONC			
	11/06/2012	ED to Hosp-Admis...	SMH4PSBU			Acute-on-chronic respiratory failure
	10/31/2012	Refill	PAFP	FP		
	10/20/2012	Nurse Navigator	SMHNN			
	10/18/2012	Nurse Navigator	SMHNN			
	10/17/2012	Nurse Navigator	SMHNN			
	10/17/2012	Documentation Only	PAFP	FP		
	10/15/2012	ED to Hosp-Admis...	SMH6SNSTU			Fluid overload
	09/18/2012	Refill	PAFP	FP		
	09/11/2012	Refill	PAFP	FP		
	08/09/2012	Refill	BSMGNC	Neurology		Seizure (Primary Dx)
	08/08/2012	Refill	PAFP	FP		
	08/04/2012	ED to Hosp-Admis...	SMH4PTU			UTI (lower urinary tract infection)
	07/31/2012	Refill	PAFP	FP		Seizure (Primary Dx)
	07/16/2012	Refill	PAFP	FP		

More Activities

LACE Scoring Index to Reduce Readmissions

Risk Calculator

Length of Hospital Stay (Days):

Acuity:

Yes means patient has had an emergent admission or critical care stay

Comorbidity: [Web Tool](#)

1 - uncomplicated MI, PVD, CVD, Diabetes w/o complication
2 - CHF, COPD, mid liver disease, renal failure, cancer, elective surgery
3 - dementia, connective tissue disorder, complex surgery, stroke, mental health
4 - complicated admission w/ MI, PVD, CVD, CHF, diabetes, renal, cancer, pneumonia
5 - multiple complicated diseases

Number of ED Visits in Last 6 Months:

Risk Score:

Low Risk = 0-5
Moderate Risk = 6-11
High Risk = >11

Restore Close F9 Previous F7 Next F8

Brief Encounter [click to open](#)

No data available.

High Risk Patient



- He meets our criteria for high risk:

LACE score is greater than 11: readmission rate is high.

In addition he is male, poor support system in place, he was discharged on a Friday and readmitted on a Sunday.

Charleston Co-morbidity Scale is 10 with a 50% survival rate in one year

Receiving his care in the Emergency Room and Hospital for the past year.

Month	Total Patients	# Reached	# with at Least One Goal Set	# with at Least One Goal Met	Total counted in Readmit Stats (Denominator)	# with Post Hosp Readmission (Numerator)	30 DAY READMISSION RATE	# with Other ED Admission
Dec-11	182	104	63	22	138	0	0.00%	1
Jan-12	385	224	166	75	328	1	0.30%	2
Feb-12	499	325	322	177	439	13	2.96%	9
Mar-12	671	443	414	279	614	15	2.44%	11
Apr-12	587	402	361	194	546	9	1.65%	11
May-12	624	400	359	215	572	3	0.52%	5
Jun-12	556	362	273	153	494	4	0.81%	3
Jul-12	652	432	326	222	609	5	0.82%	8
Aug-12	763	502	429	300	685	2	0.29%	12
Sep-12	600	424	420	260	548	8	1.46%	11
Oct-12	820	533	590	315	746	10	1.34%	13
Nov-12	649	430	467	270	581	12	2.07%	11