



## What You Want to Know Pro-Tips for Helping Patients in the Clinic Setting

PART I: Clinic Hacks for Efficient Patient Care

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## **THE BIG IDEA:**

How to approach patient care efficiently beyond the diagnosis, from ambulatory to home-bound

## Why?

- reduce no-shows & re-admissions -
- enhance your knowledge & how to's -
- avoid common errors that delay pt care -





## Navigating Outpatient Care: What to do?

Priority #1: Lead with Dignity: Compassionate Care

**Priority #2: Knowledge is Power:** *Where in Epic??* 

**Priority #3: Beyond the Dx:** Placing the right orders, from ambulatory to homebound. All the tips & hacks!

**Priority #4: Responding to requests:** Forms/letters

**Priority #5: Curating a meaningful quality of life:** Offer practical resources for a lifestyle of wellness





## Priority #1: Lead with dignity & compassion

Honor the person first: (Often reeling, shock, numbress)

- How do you want to spend your time?
- Who is your rock? What gaps need to be filled?

"Grief is like the ocean, it comes on waves ebbind and flowing Sometimes the water is calm, and sometimes it is overwhelming. All we can is learn to storim."





## Priority #1: Lead with dignity & compassion

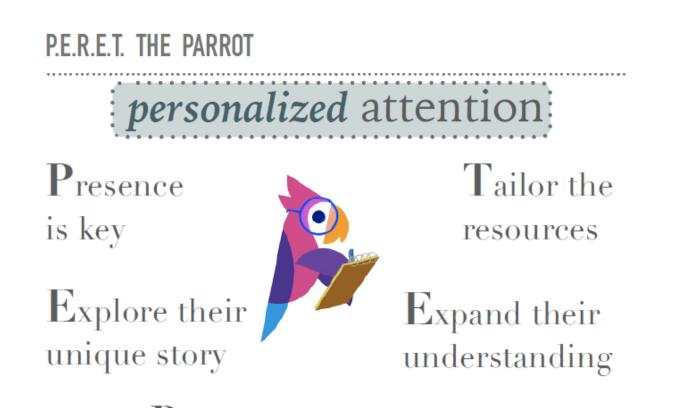
THE BIG IDEA

When everyone is on their last thread, a moment of *personalized* attention can make all the difference.





## Priority #1: Lead with dignity & compassion



Relate to the struggle





## The Journey Beyond Diagnosis: BIG PICTURE

#### **Early Preparation**

- Build your care team | Learn how to get support
- Plan your care | Get your affairs in order (POA/assets)
- Engage your Care Team beyond the clinic walls
  - PT/OT/ST/RN: (reduce falls, word banking, safety)
  - Social engagement, Caregiver resources, & Education
  - Manage ADLs | Know when it's time for pall. care/hospice

Plan for alternate methods of transportation (GENTLY !!!)

If home is not the safest solution

• Explore alternate living opportunities w/care team





## **Priority #2: Knowledge is Power:** *Where in Epic??*

#### Most often, need to submit (right click > print):

- Face Sheet (Demographics)
- Insurance info (Group / Member # <u>must</u> be displayed!)
- Prescription/Order (Under 'Procedures' / 'Consults/Referrals')
- Last progress note(s) (Under 'Notes')

#### How do I find:

- Contact info / "Demographics"?
- "Advanced Directives"?
- Imaging/Results?
  - Consult tip sheet





| Kendrall McKinzie<br>Female, 45Vrs, 11/12/1975<br>773-370-8773<br>MRN: 1552001<br>Q MITCHELL<br>Lang, Interp: English         Image: Name: McKinze, Kendrall<br>Makinze, Kendrall         MRN: 155201<br>Act #           Patient Information<br>Name: McKinze, Kendrall<br>Address: 11/127 5 HOMEWOOD AVE         MRN: 155201<br>Act #   |                      |                                     |                         |  |                        | OGY PDP - ALLISON LA      |                        |                             | 🕿 3 🛃 19 🖬 29 : Encou              |                |               |
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| MRR: 1552001     Pace Sheet       Particle     Patient Information       Lang, Integr: English     Patient Information       Sisspected 4/8/2021     None:<br>Address:       Moved degement     None:<br>Address:       Theresa Flerick<br>/ Ref Provider (PCP)     None:<br>Moved Phone:<br>Moved Pho   |   |                                      |              |                                |                           |  |
| Q MITCHELL<br>Lang, Interp: English     Patient Information       >19: Suspected 4/(a/2021)     Name:<br>Address:<br>Address:<br>Molegement<br>erail     Name:<br>Address:<br>Molegement<br>weak Phone:<br>MolegePhone:<br>Auth Number:<br>UW Phase:<br>Registration       COVERAGE & FINANCIAL<br>CAID HMO/COUNTY CARE<br>Into: P/F - Self<br>Self-Pay: 50.00     Referring Provider:       COVERAGE & FINANCIAL<br>CAID HMO/COUNTY CARE<br>Into: P/F - Self<br>Self-Pay: 50.00     Referring Provider:       COVERAGE & FINANCIAL<br>CAID HMO/COUNTY CARE<br>Into: P/F - Self<br>Self-Pay: 50.00     Referring Provider:       COVERAGE & SINANCIAL<br>CAID HMO/COUNTY CARE<br>Into: P/F - Self<br>Self-Pay: 50.00     Referring Provider:       VISIT<br>RETURN PATIENT<br>AN (@ weeks ago)<br>OPC RESIDENT<br>SCHEDULE<br>Status: Missing     Name<br>Pr ASOU missed apportment 24/21       Visit Notes<br>Status: Missing     Per ASOU missed apportment 24/21       Name<br>Mittriang     COUNTS<br>Document Information       Document Information     Dessment Tast<br>HIPA Privacy Notice Provi   |   |                                      |              |                                |                           | $\leftarrow - \rightarrow - \Box$  |
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| 3:93: Suppected 4,16/2021       isknowledgement       thereas Flerick       Ref Provider (PCP)       COVERAGE & FINANCIAL       CAID HMO/COUNTY CARE       Intor: P/F - Self       Ref-Pary So.00       TERTURN PATIENT       AM & Weeks ago)       OPC RESIDENT       ScheDulle       NeuRollogy PDP       ScheDulle       Status: Missing       87839035       2007653614       Document Information       Desument Tark   | McKinzie, Kendrall<br>11127 S HOMEWOOD AVE          | MRN                                  |              | 1552001                        |                           |  |
| neral         Work Phone:<br>Mobile Phone:<br>Mobile Phone:<br>Auth Number:<br>Liv Phase:<br>CoverAGE & FINANCIAL           CAID HMO/COUNTY CARE<br>Infor: P/F - Self<br>Self-Pay: S0.00         Referring Provider:           TEED VISIT         Externantor: Accounts           Marking Provider:         Externantor: Accounts           FF-Pay: S0.00         Externantor: Accounts           TEED VISIT         Add South - Generation           Number:<br>ScheDuLie         Completed<br>Status: Missing           B7839035<br>Status: Missing         Number:<br>1193966<br>COUNT<br>1777038<br>COUNT           Document Information<br>HIPAP Arrivacy Notice Provi  | CHICAGO, IL 60643                                   | Acct                                 |              | Appt Date:                     |                           | 03/23/2021   |
| neral         Work Phone:<br>Mobile Phone:<br>Mobile Phone:<br>Auth Number:<br>Liv Phase:<br>CoverAGE & FINANCIAL           CAID HMO/COUNTY CARE<br>Infor: P/F - Self<br>Self-Pay: S0.00         Referring Provider:           TEED VISIT         Externantor: Accounts           Marking Provider:         Externantor: Accounts           FF-Pay: S0.00         Externantor: Accounts           TEED VISIT         Add South - Generation           Number:<br>ScheDuLie         Completed<br>Status: Missing           B7839035<br>Status: Missing         Number:<br>1193966<br>COUNT<br>1777038<br>COUNT           Document Information<br>HIPAP Arrivacy Notice Provi  | 773-370-8773  | CSN                                  | E.           | 87839035                       |                           |  |
| Thereas Flerick<br>Ref Provider (PCP)     Auth Number:<br>LW Phase:<br>Registration<br>status:       COVERAGE & FINANCIAL     LW Phase:<br>Registration<br>status:       CAID HMO/COUNTY CARE<br>Into: P/F - Self<br>Self-Pay: 50.00     Referring Provider:       TED VISIT     Referring Provider:       CEURADE & SINANCIAL     Second D Gearanter<br>• 25779 - MCONCRE KERDERAL.       MC Resks ago)<br>Oper RESIDER L<br>Status: Missing     Visit Notes<br>Per 4800-missid apportment 2/4/21       S7839.035<br>2007653614     Pocument Information<br>Document Information  |   | SSN                                  | l:           | 3001-301-8490                  |                           |  |
| A Ref Provider (PCP)     Auth Number:     LW Phase:     We provider (PCP)     LW Phase:     LW Phase:     Registration     Registration     Registration     Referring Provider:     COURAGE & FINANCIAL     CAU     Phane:     Phane:     COURAGE Provider:     CAUPTION ACCOUNTS     COURT     COURTING     Phane:     Transid appointment 2/421     Courted     Status: Missing     Status: Miss  | 773-370-8773  | Sex:<br>Birth                        | :<br>h Date: | Female<br>11/12/1975 (45 yrs)  |                           |  |
| COVERAGE & FINANCIAL CAU PHO/COUNTY CARE Into:: P/F - Self Returning Provider: CEUSIT  |   | Birth                                | h Place:     | CHICAGO, IL                    |                           |  |
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| Intor: P,F - Self<br>Self-Pay: 50.00<br>TED VISIT<br>RETURN PATIENT<br>AM (2 weeks ago)<br>OPC RESIDENT<br>SCHEDULE<br>+ NEUROLOGY DDP<br>+ Completed<br>Status: Missing<br>78339035<br>2007653614   |   | Ethn                                 |              | Not Hispanic or Latino         |                           |  |
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| Subject         Calculation           Section Section Number:         Social Secting Number:  | ang, Interp: English Guarantor Account:                | 257761 - MCKINZIE, KENDRALL (Personal/Family)                 | Guar Acct Financial Class:            | MEDICAID        |   |
| indeficient in Michael Control Address:<br>I 1127 S HOMEWOOD AVE<br>Sec:<br>CHCACQ IIInois<br>Under States, 5650<br>VARGE & RANKALKA<br>ND HOO/COUNTY CALE<br>INFURNCE COVERAGE<br>I STATUTION COVERAGE IN INFORMATION<br>WORKER & RANKALKA<br>ND HOO/COUNTY CALE<br>I States Internet I Information<br>I States I Informatio<br>I States I Information  |  | MCKINZIE, KENDRALL  | Guarantor Account Status:             |                 |   |
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| Universe in transmission of the set of the s   |  | (/3-370-8773  |                                       |                 |   |
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| pt::         pt::         Note         Employment Status:         Not Employed           DVSIT         NONE         Employment Status:         Not Employed           URIN PATIENT (1) UNE NATIENT (2) UNE Status:         Not Employment Status:         Not Employed           URIN PATIENT (2) UNE NATIENT (2) UNE Status:         Not Employment Status:         Not Employed           URIN PATIENT (2) UNE NATIENT (2) UNE Status:         Not Employment Status:         Not Employed           URIN PATIENT (2) UNE NATIENT (2) UNE Status:         Not Employed         Status:         Not Employed           URINGUES (2) UNE NATIENT (2) UNE Status:         Not Employed         Status:         Not Employed           UNIN MATIENT (2) UNE NATIENT (2) UNE Status:         Not Employed         Status:         Not Employed           UNIN MATIENT (2) UNIN NATIENT   |  | Subscriber Name   |                                       | Eff From Eff To | Ver status  |
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| Linguiger: NONE<br>DVISI<br>UNINAMENT<br>(2 week ago)<br>Decession:<br>Linguiger and States, 60600<br>United States, 60600<br>United States, 60600<br>Work Phone: Fax:<br>Vork Phone: Fax:   | Dave \$0.00  |   |                                       |                 |   |
| 2 VISIT       Employment ID:<br>Occupation:         URN ARTENT       United States, 60600         Vork Phone:       Fax:   | Employer:  |   | Employment Status                     | Not Evolution   |   |
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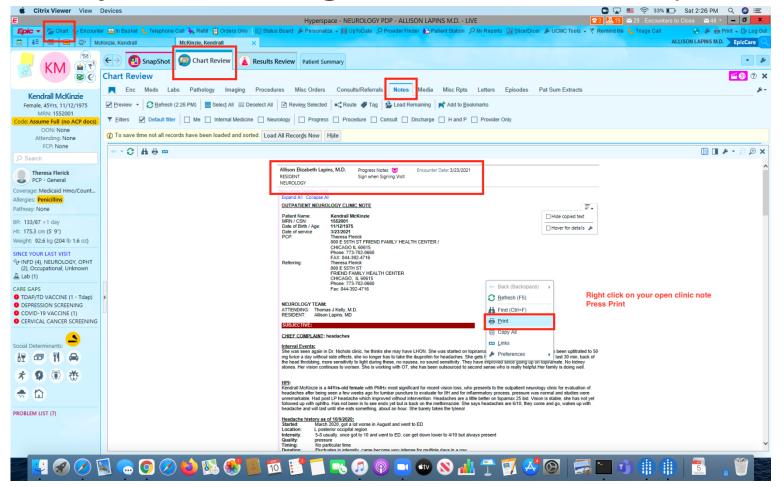
### **Priority #2: Knowledge is Power:** *Where in Epic??*

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| Kendrall McKinzie         | HSP  |   |                  |                                |                             |                           |                                    |   |
| emale, 45Yrs, 11/12/1975  | View MSPQ  |   |                  |                                |                             |                           |                                    |   |
| 773-370-8773              | MEDICAID * - COUNTY CA*                                      |   |                  |                                |                             |                           |                                    |   |
| MRN: 1552001              | MEDICAID - COUNTY CA   |   |                  |                                |                             |                           |                                    |   |
| MITCHELL                  | Insurance Coverages  |   |                  |                                |                             |                           |                                    |   |
| Lang, Interp: English     | Payor:<br>Effective Date:                                    | MEDICAID HMO<br>10/17/2016 -              |                  | Benefit Plan:<br>Group Number: |                             | COUNTY CARE HMG           |                                    |   |
| D-19: Suspected 4/8/2021  | Signature On File:   |   |                  | Accept Assignment              |                             |                           |                                    |   |
| knowledgement             | Patients Using Coverage                                      |   |                  |                                |                             |                           |                                    |   |
| neral                     | Patient<br>MCKINZIE,KENDRALL                                 |   | Cvrd?<br>Covered | Rel to Subs<br>Self            | Rel to Guar<br>Self         | Effective<br>10/17/2016 - | Mem #<br>0190425                   | 530   |
| Theresa Flerick           | Subscriber Information                                       |   | 0010100          |                                | 00.                         | 101112010                 | 010012                             |   |
| Ref Provider (PCP)        | Name:  | MCKINZIE, KENDRALL (0190425               | 30)              |                                |                             |                           |                                    |   |
| COVERAGE & FINANCIAL      | Address:   | 11127 S HOMEWOOD AVE                      |                  | Social Security                | Number:                     | xxx-xx-8490               |                                    |   |
| COVERAGE & FINANCIAE      |  | CHICAGO, Illinois                         |                  | Sex:<br>Date of Birth:         |                             | Female<br>11/12/1975      |                                    |   |
| CAID HMO/COUNTY CARE      |  | United States, 60643                      |                  | bute of birth.                 |                             |                           |                                    |   |
| antor: P/F - Self         | Home Phone:  | 773-370-8773                              |                  | -                              |                             |                           |                                    |   |
| Self-Pay: \$0.00          | Work Phone:<br>Subscriber Employment Demographics            |   |                  | Fax:                           |                             |                           |                                    |   |
|                           | Employer:  | NONE                                      |                  |                                |                             |                           |                                    |   |
| TED VISIT                 | Address:   | NONE                                      |                  | Employment S                   | atus:                       | Not Employed              |                                    |   |
| RETURN PATIENT            |  |   |                  | Employment IE                  | :                           |                           |                                    |   |
| AM (2 weeks ago)          |  | CHICAGO, Illinois<br>United States, 60600 |                  | Occupation:                    |                             |                           |                                    |   |
| OPC RESIDENT              | Work Phone:  | United States, 00000                      |                  | Fax:                           |                             |                           |                                    |   |
| SCHEDULE<br>NEUROLOGY PDP | Claim Information  |   |                  |                                |                             |                           |                                    |   |
| s: Completed              | Send Claim To:   | Payor Plan                                |                  |                                |                             |                           |                                    |   |
| Status: Missing           | Address:   | P O BOX 211592<br>EAGAN, MN               |                  |                                |                             |                           |                                    |   |
| 87839035                  |  | 55121                                     |                  |                                |                             |                           |                                    |   |
| 2007653614                | Home Phone:  | 855-444-1661                              |                  |                                |                             |                           |                                    |   |
|                           | Work Phone:  |   |                  | Fax:                           |                             |                           |                                    |   |
|                           | Accounts Using Coverage                                      |   |                  | Service Area                   |                             | Active?                   | Account Type                       |   |
|                           | 257761 - MCKINZIE, KENDRALL                                  |   |                  | UCH                            |                             | Yes                       | Personal/Family                    |   |
|                           | 50144270 - MCKINZIE,KENDRALL<br>30020246 - MCKINZIE,KENDRALL |   |                  | CHHD<br>ASC                    |                             | Yes<br>Yes                | Personal/Family<br>Personal/Family |   |
|                           |  |   |                  |                                |                             |                           |                                    |   |
|                           |  |   |                  |                                |                             |                           |                                    |   |
|                           |  |   |                  |                                |                             |                           |                                    |   |
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#### E 🐨 🖉 🖉 🕞 😋 🖉 🖄 📽 🖺 🖄 💕 🗂 🔜 🖓 🔍 📼 🐨 🛇 🕍 😷 🖉 🛸 🖉 👘 💷 👘 👘 👘 👘







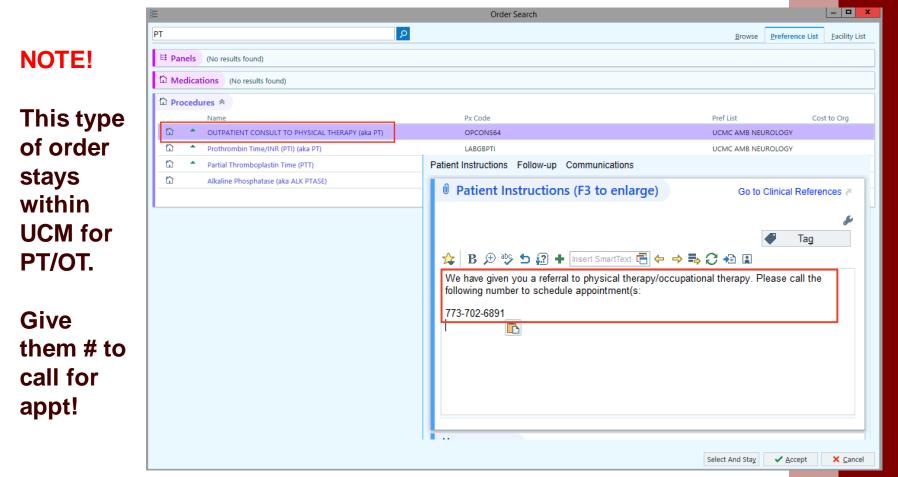




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| E  | - Dia Backet 🤚 Telephone 🔿                    | all 🔓 Rofill 🖻 Orders Only 🛛 |                             |                          | P - ALLISON LAPINS M.D LIVE<br>ovider Finder Deatient Station 🔎 My R | Paparta I El SlicarDia |   | 19 🗠 29 : Encounters to | Close 🗠 48 - 🔄    |     |
|  |   | McKinzie, Kendrall           | j Status Board 🥔 Personaliz | e • III oprobale jo ri   | ovider Finder Q_Faitent Station >> my h                              | vepons III SilcerDid   |   |                         | LISON LAPINS M.D. |     |
|  |   |                              |                             | _                        |  |                        |   |                         |                   |     |
| KM 🐨   | ← → 🔠 SnapShot                                | ወ Chart Review 💧 🙆 Re        | sults Review Patient Sun    | mary Demographics        |  |                        |   |                         |                   | - S |
|  | Demographics                                  |                              |                             |                          | -  |                        |   |                         |                   | ۲   |
| Kendrall McKinzie  | Contact Information                           | Clinical Information         | Additional Inform           | nation Adv               | ance <u>D</u> irectives  |                        |   |                         |                   |     |
| Female, 45Yrs, 11/12/1975  |   | Name: Kendrall McKin         | zie                         | п                        |  |                        | Step1: Click patient's na<br>Step 2: Demographic ta |                         |                   |     |
| MRN: 1552001   | No photo for this<br>patient.                 | Sex: () Female               | Birth date: 11/12/1975      | Aliases:                 | 1 MCKINZIE-ANDERSON, KENDR   | AL 📤 🖇                 | Step 3: Ensure contact                              | nfo up to date          |                   |     |
| OON: None  | ·   | Patient status: Aliv         |                             | Patient IDs:             | 2  |                        | Step 4: mark preferred of<br>knows who to ca        |                         | ent so agency     |     |
| Attending: None<br>FCP: None   |   |                              |                             |                          | 1 1552001  | •                      | KHOWS WHO IO CA                                     | 111                     |                   |     |
| ₽ Search   |   |                              | Hispanic or Latino          | Patient type:            | 1  |                        |   |                         |                   |     |
| Theresa Flerick  |   | Not                          |                             | Preferred form of addres | s: 🔺   |                        |   |                         |                   |     |
| PCP - General  | 1-Permanent                                   | 2-Temporary 3-Conf           | idential                    |                          |  |                        |   |                         |                   |     |
| Coverage: Medicaid Hmo/Count<br>Allergies: Penicillins                       |   | 127 S HOMEWOOD AVE           | Contact information:        | Number Type              | Number   | 1                      |   |                         |                   |     |
| Pathway: None  |   |                              |                             | 1 Home Phone             | 773-370-8773   |                        |   |                         |                   |     |
| BP: 133/87 > 1 day   | City (or ZIP): CH                             | HICAGO                       |                             | 2 Work Phone<br>3 Mobile | 773-370-8773   |                        |   |                         |                   |     |
| Ht: 175.3 cm (5' 9")   | State: IL                                     | ZIP: 60643                   | Email:                      | kendra60629@gmai         |  | 1                      |   |                         |                   |     |
| Weight: 92.6 kg (204 lb 1.6 oz)  | County:                                       |                              | Comments:                   |                          |  |                        |   |                         |                   |     |
| SINCE YOUR LAST VISIT<br>식F INFD (4), NEUROLOGY, OPHT                        | Country: Uni                                  | nited States                 |                             |                          |  |                        |   |                         |                   |     |
| (2), Occupational, Unknown<br>Ä Lab (1)                                      | Patient Contact                               |                              | Employment Informat         | ion                      |  |                        |   |                         |                   |     |
| CARE GAPS  | GIVEN,NONE (Grandparen<br>773-723-1310 (Home) | nt)                          | Occupation:<br>Employer:    | IONE                     |  |                        |   |                         |                   |     |
| <ul> <li>TDAP/TD VACCINE (1 - Tdap)</li> <li>DEPRESSION SCREENING</li> </ul> |   |                              | Phone:                      |                          |  |                        |   |                         |                   |     |
| OVID-19 VACCINE (1)  |   | View All                     |                             |                          | View Employer  |                        |   |                         |                   |     |
| CERVICAL CANCER SCREENING  | L   |                              |                             |                          |  |                        |   |                         |                   |     |
|  |   |                              |                             |                          |  |                        |   |                         |                   |     |
| Social Determinants:   |   |                              |                             |                          |  |                        |   |                         |                   |     |
|  |   |                              |                             |                          |  |                        |   |                         |                   |     |
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| ۵  |   |                              |                             |                          |  |                        |   |                         |                   |     |
| PROBLEM LIST (7)   |   |                              |                             |                          |  |                        |   |                         |                   |     |
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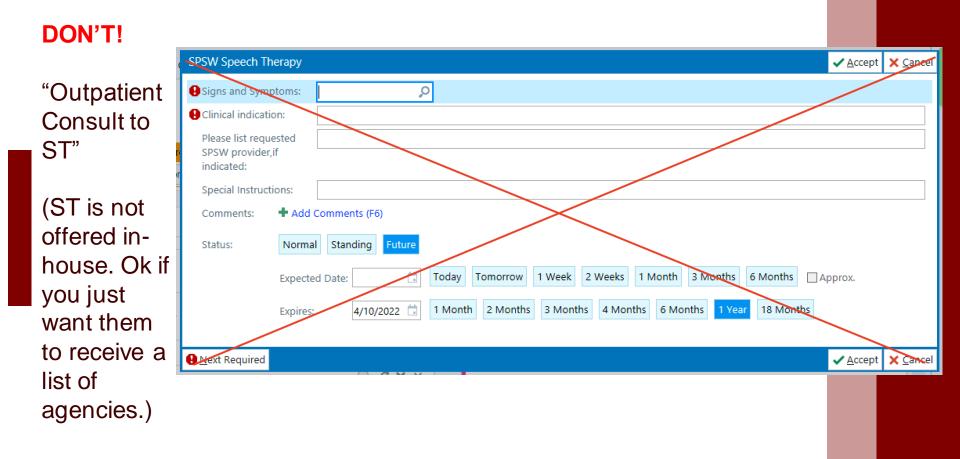
















### **Priority #2: Knowledge is Power:** *Where in Epic??*

It goes to an internal system response, and a person may or may not call to provide a list of recommendations of where to go. The risk here is they may not have an order in hand, unless you hand it to them and advise they follow-up.

Your medical provider has referred you for speech, language and/or cognitive assessment and therapy. Due to constraints in scheduling, staffing, and clinic space we are unable to accommodate ongoing adult speech/language/cognitive services at UChicago Medicine at this time. *Within the UChicago care network, we encourage you to contact our partners at Ingalls Memorial- Flossmorr. Janet Alfirec, SLP, can be reached at 708-915-4726 or 708-915-8465.* Services are offered at Flossmoor and South Holland locations.

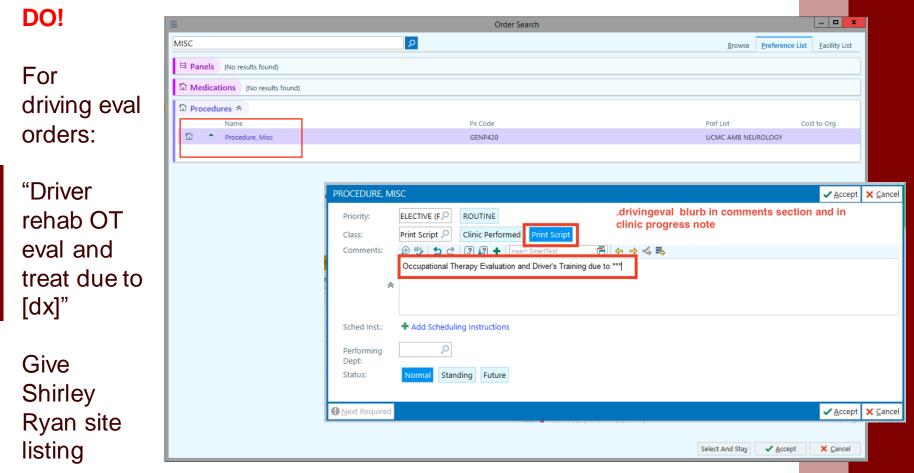
We have compiled a list of outside providers that may be appropriate to meet your needs. We recommend that you contact them directly to inquire about availability and scheduling for speech pathology services. Please note that the contact information may have changed since this list was assembled, and these facilities may no longer offer the desired service. There might also be additional facilities that provide this service that have not been added to this list. You will likely be required to provide a physician or advanced provider (PA, APN) order for these services, which your referring provider can give you.

Should you need to request portions of your UChicago medical records, you can reach the medical records department at 773-702-1637. You can find a request for release of information on the UCM website: uchospitals.edu. This can be found under the "Patients and Visitors" section. Click on the "Request an authorization form," which can be printed. The authorization form can be dropped off at the reception desk at the UCM campus, faxed to 773-702-7591 or mailed to University of Chicago Medicine Medical Records Department-

If you have a specific agency in mind, or want them to have an order in hand to take themselves, do this instead...

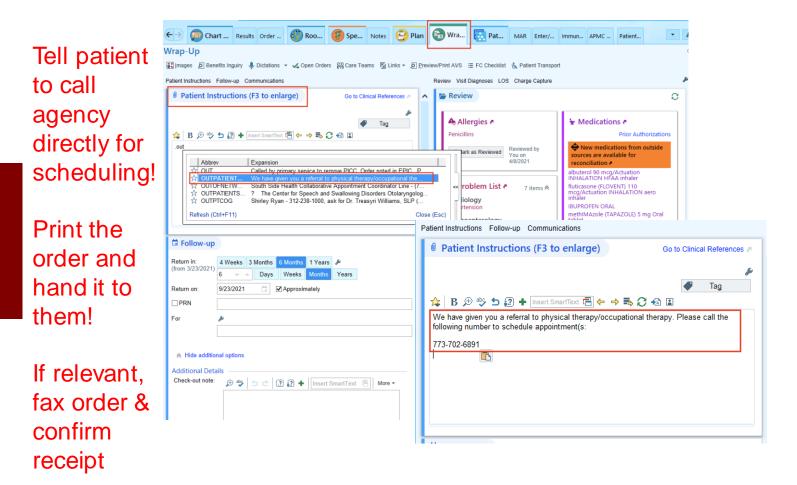
















**Priority #3: Beyond the Dx:** *Placing the right orders, from ambulatory to homebound*. All the tips & hacks!

#### MEDICAL ORDERS (MD/RN/APN)

Home Health Orders (typically 1x/wk visits by nurse/therapists)

#### **Pro-Tips!**

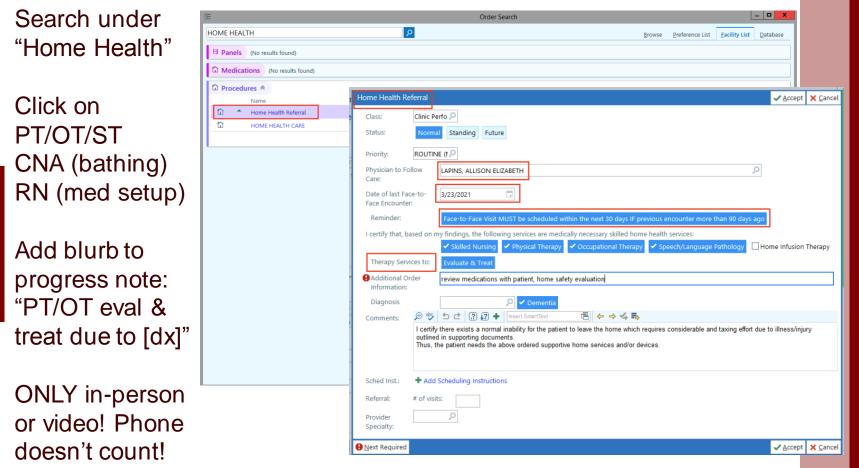
- Under 'Home Health Referral' [PT/OT/ST/RN/CNA/home safety eval & treat due to [dx]] in <u>BOTH</u> order <u>AND</u> bottom of visit note
- Fax: contact #, face sheet, insurance w/ID#, order, visit note
- Must be ordered within 90 days of MD appt, or 30 days before

#### **Popular Referral Agencies**

AdvanCare, LHC, Apple Home Health | (Medicaid: HRS, Ingalls)











# **Priority #3: Beyond the Dx:** *Placing the right orders, from ambulatory to homebound*. All the tips & hacks!

#### MEDICAL ORDERS (MD/RN/APN/SW)

- *Hospice Orders* (multiple visits by RN + SW/Chaplain/comfort)
- Can be turned on/off | DME/respite covered | Can't combine HH

#### **Pro-Tips!**

- Under 'Hospice Referral' [hospice eval & treat due to [dx]] in <u>BOTH</u> order <u>AND</u> bottom of visit note
- Fax: contact #, face sheet, insurance w/ID#, order, visit note
- Recommend: Give fam option or ask if we choose. Call to refer.

#### **Popular Referral Agencies**

- Vitas, Unity, JourneyCare, Suncrest, Residential Health, Ingalls
- Hospice Home: Pepper House and Joliet Hospice Home





|                 | <u>*</u>                         | Order Search         |   |
|-----------------|----------------------------------|----------------------|---|
| Search          | HOSPICE                          | P                    | Browse Preference List Facility List Database |
|                 | 티 Panels (No results found)      |                      |   |
| under           | C Medications (No results found) |                      |   |
| "Hospice"       | Di Procedures *                  |                      |   |
| riuspice        | OUTPATIENT REFERRAL TO HOSPICE   | Px Code<br>OPCONS141 | Pref List Cost to Org AMB T3 FACILITY ORDERS  |
|                 |                                  |                      |   |
| In              |                                  |                      |   |
|                 |                                  |                      |   |
| Comments:       |                                  |                      |   |
|                 |                                  |                      |   |
| "Hoopioo        |                                  |                      |   |
| "Hospice        |                                  |                      |   |
| eval and        |                                  |                      |   |
| treat due to    |                                  |                      |   |
|                 |                                  |                      |   |
| [dx]"           |                                  |                      |   |
|                 |                                  |                      |   |
|                 |                                  |                      |   |
| (incl. Pall. if |                                  |                      | Select And Stay                               |
| want both       |                                  |                      |   |
|                 |                                  |                      |   |
| evaluated)      |                                  |                      |   |





# **Priority #3: Beyond the Dx:** Placing the right orders, from ambulatory to <u>homebound</u>. All the tips & hacks!

#### MEDICAL ORDERS (MD/RN/APN)

- DME orders (Durable Medical Equipment)
- Hospital bed, hoyer lift, gel mattress, bedside commode, wheelchair/walker [every 5 yrs] | Only Medicaid: bathroom supply (raised toilet, shower chairs, grab bars) + nutrition (Ensure/Boost)

#### **Pro-Tips!**

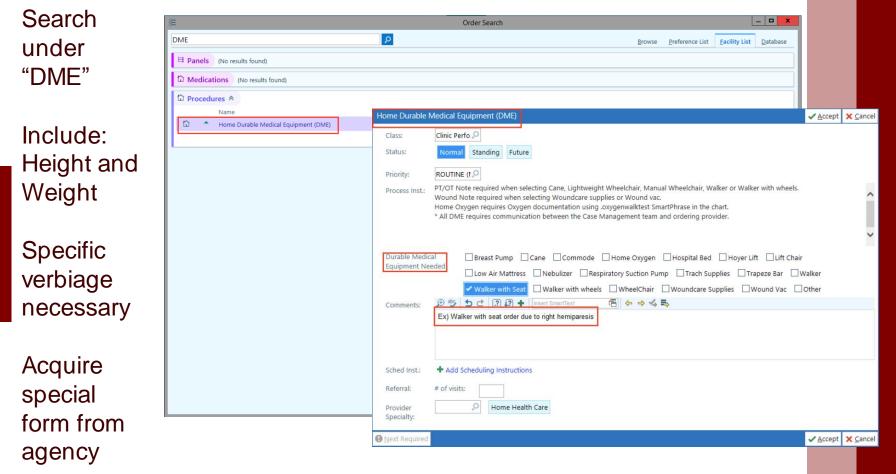
- Under 'Durable Medical Equipment' [name of item, due to [dx] + PRECISE RATIONALE] in <u>BOTH</u> order <u>AND</u> bottom of visit note
- Fax: contact #, face sheet, insurance w/ID#, order, visit note

#### **Popular Referral Agencies**

 Wound Care, Orbit, SRAL | Only Medicaid: Orbit, Patient's Choice, BLI, Advanced Medical Equipment, ActivStyle [incontinence]











## **Priority #2: Knowledge is Power:** Where in Epic??

Search under "DME"

#### Include: Height and Weight

Specific verbiage necessary

Acquire special form from agency

#### FOR CUSTOM PWC

#### who Qualifies?

Ex: patients with MS, CP, CVA, MI, Pressure Ulcers, Hemiparesis, Hemiplegia, all Neurological diagnoses etc.

What paperwork is needed? (2 sentences in the Notes and SWO Form)

1. Below Verbiage in Progress note:

"Patient was seen and custom power wheelchair was discussed to assist patient in completing their MRADLs in the home. Patient has been referred to a PT/OT for a complete mobility evaluation".

#### 2. Please sign and date the SWO Initial Form - 2<sup>nd</sup> page

Under the "Items for order" section please list the below 2 items: • Custom PWC

PT/OT Mobility Evaluation

ONCE THE ABOVE ITEMS HAVE BEEN COMPLETED, PLEASE FAX BOTH ITEMS TO 888-445-1195.

#### Did You Know??

Shirley Ryan Ability Lab has an entire Custom Wheelchair Seating & Positioning Dept! Simply complete form and send order. (Will be on Tip Sheets in clinic).

#### Don't Worry!

We will hang forms and .dot phrases to help





## **Priority #2: Knowledge is Power:** Where in Epic??

Search under "DME"

Include: Height and Weight

Specific verbiage necessary

Acquire special form from agency

| FOR STANDARD PWC  |
|---|
| Who Qualifies?  |
| Ex: patients with OA, Joint Pain, ambulating challenges, fatigued, COPD ect.  |
| ,   |
| what paperwork is needed? (Notes with Eval and SWO Form)  |
|   |
| 1. <u>Below Mobility Evaluation in Progress note:</u>   |
|   |
| Met with patient for a motorized w/c mobility evaluation. Patient struggles to perform MRADLs which include:<br>Toileting in a timely manner, eating and meal prep, moving from room to room, washing and hygiene. This is du |
| to their poor mobility and diagnosis of:  |
| Height Weight   |
| Pain levels are /10   |
| BUE strength level /5   |
| BLE strength levels _/5   |
| Why are the cane/walker/rollator insufficient mobility-assistive devices for this patient?  |
| Ex: "pt cannot safely support themselves without the risk of fall with a cane/walker/rollator".   |
| Why can't the patient safely operate an optimally configured manual wheelchair?   |
| Ex: "pt <u>cannot</u> safely operate an optimally configured manual wheelchair as the patient is<br>unable to self-propel all day without failure".   |
| Why is the scooter insufficient?  |
| Ex: "pt <u>cannot</u> use a scooler in the home due to the large turning radius and bucket style<br>seating.  |
| Will the patient benefit from in-home usage of the equipment?   |
| Ex: "the patient would benefit from in-home use of the motorized w/c".  |
| Has the patient proven their ability to both functionally weight shift and safely transfer on/off the<br>equipment?   |
| Ex: "the patient <u>has</u> proven their ability to both functionally weight shift and safely transfer on<br>and off the equipment".  |
| Is the patient both mentally and physically capable of operating the PWC inside the home?   |
| Ex: "the patient is both mentally and physically capable of operating the PWC inside the<br>home".  |
| I recommend a motorized w/c to assist with performance of all MRADLs listed above.  |
|   |
| Please sign and date the SWO Initial Form - 2nd page  |
| Under the "Items for order" section please list the below 3 items:  |
| <ul> <li>Power Wheelchair</li> </ul>  |
| Two Batteries   |
| Two Arm Rests   |
|   |
| ONCE THE ABOVE ITEMS HAVE BEEN COMPLETED, PLEASE FAX  |

BOTH ITEMS TO 888-465-1195.





**Priority #3: Beyond the Dx:** Placing the right orders, from ambulatory to homebound. All the tips & hacks!

NON-MEDICAL ORDERS (any staffer can suggest these options)

- In-Home Care (subsidized homemaker/adult day vs. private \$)
- Long-Term Care Placement (utilizing senior concierge services)

#### **Pro-Tips!**

- Subsidized can include home delivered meals + life alert button
- Age <60 = Dept of Rehab Services: Have pts call 800-843-6154
- Age 60+ = Dept on Aging: Have patients call 312-744-4016 ext 0
- Subsidized caregiving grants exist regardless of income!

#### **Popular Referral Agencies**

- AllTrust, Renewal Memory Care, Arosa LifeCare (+ POA/guard)
- Concierge: ElderWerks (Gail), A Place for Mom (Jacque)





# **Priority #3: Beyond the Dx:** *Placing the right orders, from ambulatory to homebound. All the tips & hacks!*

NON-MEDICAL ORDERS (anyone can refer, especially MA/PSRs)

 Transportation (Pts. are responsible for their own transpo!) (Do you expect your medical provider to take you to/from appts?)

#### **Pro-Tips!**

- Friend/family, Ride Free/Reduced \$, PACE, Taxi TAP Program
- Medicaid pts have FREE transpo to ALL medical appts.

#### **Popular Referral Agencies**

- Curb-curb: Uber, Lyft, Taxi, Pace
- Door-door: Charlie's Angel's, BriteLift, AC Med Tran
- Bed-Bed: Non-Emergency Wheelchair Transpo (aka NEWT)
- Nursing Home: Call pt floor nurse/transpo coordinator to inform





## **THE BIG IDEA:**

How to approach patient care efficiently beyond the diagnosis, from ambulatory to home-bound

## Why?

- reduce no-shows & re-admissions -
- enhance your knowledge & how to's -
- avoid common errors that delay pt care -





## A look ahead...Coming Part III

## **Resources for patients at your fingertips:** *Giving concrete recommendations for lifestyle modifications and meeting the patient's needs*

**FAQ:** Addressing the most common questions that come up in clinic in order to optimize care (e.g. out of network insurance, disability, forms/letters, Power of Attorney vs. guardianship)

**Q & A:** What else do you want to know about patient care in general, and especially in the outpatient clinic setting?





## **Thank You**