



OntarioMD EMR: Every Step  
Conference

Toronto

September 28, 2017

## Optimizing EMR Use to Facilitate Post-Hospital Discharge Follow Up

Lisa Ruddy, RN Clinical Program Manager Markham FHT  
OntarioMD Nurse Peer Leader

Rebecca Robinson, Program Administrator  
Markham FHT Transitions Program

# Faculty/Presenter Disclosure

---

Faculty: **Lisa Ruddy and Rebecca Robinson**

Relationships with commercial interests:

- none

# Disclosure of Commercial Support

---

## No Commercial Support

### Potential for conflict(s) of interest:

– none

# Mitigating Potential Bias

---

N/A

# Learning Objectives:

- 1) Observe Markham FHT's approach to improving care transitions through hospital discharge follow up
- 2) Understand the common EMR features that can enable reliable data extraction
- 3) Recognize the key players in EMR optimization whether in group, specialist or solo practice

# Some context...

## Markham FHT

- 19 MD's, 19 IHP's
- ~ 27,000 pts
- FHT since 2007
- One site adjacent to Markham Stouffville Hospital
- Transitions Program operationalized Nov 2015
- Dovetails with Aging at Home Program and Medication Reconciliation Program
- Program aims to “meet the patients where they are at” and address *their* post hospital discharge needs



Danielle Meades RN and Dr. Stephen McLaren  
Clinical Leads, Transitions Program

# Why and how we addressed care transitions

---

I didn't even know my pt was in hospital!

I know my pt is in hospital, but I can't get over there!

I try my best to see pts post d/c but I never know if I'm improving in this area

Those post d/c follow up visits tire out my pt and don't always meet his/her needs



# HELP!

---

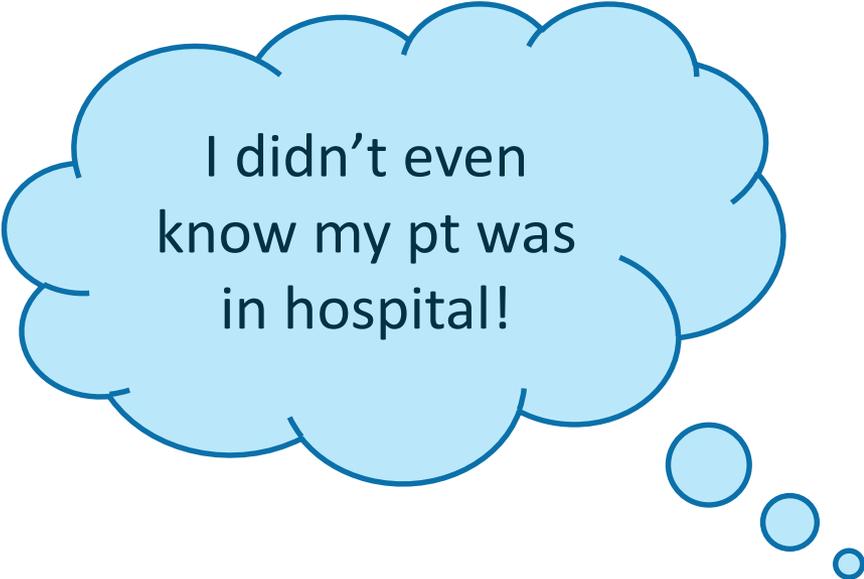
Family Health Teams are well resourced to address pt care needs post-hospital discharge

- RNs, RPNs, Ph, OT, RD, NPs, admin

Even without IHP support, an EMR can assist with post-discharge follow up

# Put your EMR to work

---



I didn't even  
know my pt was  
in hospital!

There's an EMR feature for  
that!

HRM

EMR queries

Messaging/task features

Patient Cohorts

# 1. The process

---

## Identify pts admitted/discharged from hospital

- This involves a search of the hospital database that allows the program administrator to view pts who are *rostered to a MFHT MD*
- An EMR query can help find pts discharged from a hospital other than MSH
- A “task” is sent to the program RN, who either sees the inpatient at the bedside, or calls the discharged pt at home following discharge
- A “tracking code” is applied to the pt’s chart that records any interaction done by the program

# Step by step using your EMR

lirudd	Date	Created By	Patient	Reason	Priority	Notes
Mail	30-Aug-2017	rerobi		Transitions	Normal	2017-Aug-28   8:30 AM:
Tasks	08-Sep-2017	rerobi		Transitions	Normal	2017-Sep-08   8:57 AM:
Documents	08-Sep-2017			Transitions	Normal	dis from smh
Labs	31-Jul-2014			Review	Normal	Lisa, Please Review. I ke
Stars	01-Oct-2014			Review	Normal	
Supervise	07-Nov-2014			Review	Normal	

Filters: Overdue Reason --All-- Roles 3 Selections

“Tasks” are sent to the RN, who in turn books a hospital visit appt in the schedule, or a “telemedicine” appt for follow up phone call

Scheduler	7	1:45pm	
		1:50pm	
		1:55pm	Visit
Traffic		2:00pm	
		2:05pm	Visit
		2:10pm	Visit
Patients		2:15pm	
		2:20pm	
		2:25pm	<b>TEST, LISA (Elizabeth)</b>
Documents		2:30pm	Transitions f/u d/c Sept 3
		2:35pm	2:20pm for 20 minutes
		2:40pm	
Claims		2:45pm	Visit
		2:50pm	
		2:55pm	Visit

# “Tasks” sent to RN

## ! Transitions

This task is due today

<b>Patient</b>		<b>Task Created By</b>	rerobi
<b>Date Due</b>	09/11/2017	<b>Priority</b>	Normal
<b>Assigned To</b>	Transitions		
<b>Notes</b>	2017-Sep-11   8:41 AM:rerobi pt admitted to MSH hypoxia Sept 10 3WG  11.09.2017- hosp visit booked.ml,RN		

Note

July 20, 17 - Pt was in ER on July 17. Still having abdo pain + vomiting. Seen by Dr today, was sent to ER. SL, RN

July 21, 17 - Pt admitted last night, INESURG. SL, RN

July 24, 17 - Pt d/c home on July 22. Initial phone call done, pt not feeling well, will return to ER today. SL, RN

July 25, 17 - Pt admitted again last night MSH INESURG for SBO. SL, RN

July 26, 17 - Pt now in OR today. SL, RN

July 28, 17 - Pt remain in SL, RN

2017-Aug-02 | 8:55 AM:rerobi  
pt d/c home (diagnosis was small bowel obstruction)

Some tasks can be actioned immediately, others may “hold over” where admin support or the RN can update the pt’s status

# “Touch points”

This is where the RN “meets the pt where they are at”

- Hospital bedside
  - Phone call to pt/caregiver
  - Home visit
- 
- ✓ Document!
  - ✓ Track!



## 2. Common EMR features that enable reliable data extraction

---

**Health Report Manager (HRM)** – keywords inside discharge summaries can be queried

**Macros** – consistent language inside an encounter note streamlines searches

**Tracking (Billing)** – codes applicable to the program are used by the RN to capture meaningful data

# Example: HRM reports

LR TR HOSP REPORTS

Current Rules

**Office Provider** Exists

**Document Created Date** In the Last 30 Days *AND* **Document Type** Contains 'HOSPITAL REPORTS' *AND* **Document Description** Contains 'DISCHARGE'

**Document Created Date** In the Last 30 Days *AND* **Document Type** Contains 'HOSPITAL REPORTS' *AND* **Document Description** Contains 'DEC'



This query looks for pts discharged from hospital within the last 30 days, searches the document type “HOSPITAL REPORTS” and in the description field, keyword “DISCHARGE” was chosen.

The red line (the “constraint”) excludes documents that return from hospital that originated from a DEC.

# Example: Macro keyword searches

Created Date: 14-Aug-2017  
Provider: RUDDY, LISA Referred By: None  
Last Modified On: 14-Aug-2017 10:05 AM By: lirudd  
Reviewed: No

tel. call - time:1000

Re: [REDACTED]

DOB: [REDACTED]

FROM: LISA RUDDY

Call to pt to f/u on **Markham Stouffville Hospital** discharge

Admission Date: Aug 6  
Discharge Date: Aug 9  
Discharge Dx: UGIB

Here, the RN drops a macro into her note:

Call to pt to f/u on Markham Stouffville Hospital discharge  
Admission Date:  
Discharge Date:  
Discharge Dx:

This lends consistent language which enables easy data searches.

This search can also validate the tracking codes applied by the RN.

# Example: Tracking/Billing

Appt Date ▼	Appt Time	Batch	Submit	PCode	Qty	Total Amt	Total Owing	Provider	Insurer
14-Aug-2017	10:00am	0	Unsubmitted	TRINI	5	\$0.00	\$0.00	RUDDY, LISA	FHT Tracking
	10:00am	0	Unsubmitted	TRMED	4	\$0.00	\$0.00	RUDDY, LISA	FHT Tracking
11-Aug-2017	2:00pm	0	Unsubmitted	TRTCO	1	\$0.00	\$0.00	RUDDY, LISA	FHT Tracking
08-Aug-2017	11:10am	0	Unsubmitted	TRHOS	1	\$0.00	\$0.00	RUDDY, LISA	FHT Tracking

Tracking for this pt shows the following:

Aug 8 – hospital bedside visit by RN (TRHOS)

Aug 11 – outgoing call to pt in f/u post d/c (TRTCO)

Aug 14 – post d/c follow up call by RN, indicating 5 days since discharge (TRINI “5”), for a medical admission that lasted 4 days (TRMED “4”)

# What can we measure?

Question	Tracking code
How many bedside visits have been made?	TRHOS
How many pts have been discharged this month?	TRINI
How many medical admissions? Surgical? MH?	<TRMED><TRSUR><TRMH>
How many days since discharge till contact with RN?	“units” for TRINI
How many days since discharge till visit with MD or NP?	TRDOC
What is the average length of stay for our pts?	“units” for MED, SUR, MH
How many newborns have been assessed in hosp? Home?	TRNB
How many readmissions within 30d in this quarter?	TRREAD
How many phone calls made out to pts?	TRTCO
How many phone calls received from pts?	TRTCI
How many home visits made by RN?	TRHV
How many follow up calls to pts discharged from ER?	TRER

# What can we learn from the data?

Question	Since Apr 1 2017
How many bedside visits have been made?	145 visits for 111 pts
How many medical admissions? Surgical? MH?	MED – 159 SURG – 152 MH – 23
How many days since discharge till contact with RN?	Average <b>1.9d</b> Within 7d of d/c: <b>98%</b>
What is the average length of stay for our pts?	MED – 8.43d SUR – 4.4d MH – 11.2d
How many follow up calls to pts discharged from ER?	58
How many home visits made by RN?	29 (21 med/surg/PP visits; 8 newborn visits)

### 3. Recognizing key players

---

I didn't even know my pt was in hospital!



EMR queries  
(admin, MD, RN)

I know my pt is in hospital, but I can't get over there!



Bedside visit – RN  
Phone call – RN, admin

### 3. Recognizing key players

---

Those post d/c follow up visits tire out my pt and don't always meet his/her needs

Medication reconciliation  
appt – Ph, RN, NP  
Home visit – RN, NP

I try my best to see pts post d/c but I never know if I'm improving in this area

Billing/tracking – admin  
Standardized documentation  
Quarter reports

# Today you had the opportunity to:

---

- 1) Observe Markham FHT's approach to improving care transitions through hospital discharge follow up

*Dedicated FHT staff, optimizing EMR features, look for gaps*

- 1) Understand the common EMR features that can enable reliable data extraction

*HRM, Scheduler, Messaging, Billing/Tracking, Query Builder*

- 1) Recognize the key players in EMR optimization whether in group, specialist or solo practice

*MD, NP, RN, Ph, admin, and how they use the EMR*



**Thank you!**



---

The views expressed in this publication are the views of OntarioMD and do not necessarily reflect those of the Province.