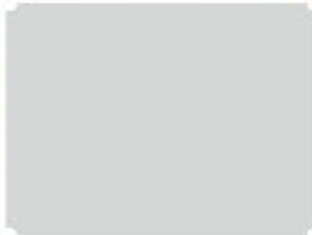
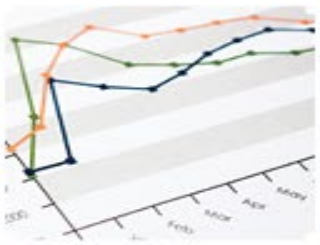


Transitions of Care



Transition More in 2024!

A New Year for Creating a Smooth Transition



- Medications
- Change in condition
- Change in Cognition
- Change in skin integrity
- Change in Interaction and Communication
- Change in diagnosis
- Advance Care planning documents
- Change in orientation
- Change in mobility
- Change in infection status
- Change in confidence
- Change in well-being {what matters most}

Personal Preferences

- Personality
 - Some things about me
 - What makes me happy?
 - What makes me unhappy?
 - What helps me cope?
- Independence
 - Best time of Day
 - I feel strongly about being able to
 - A recent major event that affects
 - I prefer physical activity by
 - Personal Hygiene preferences
 - Healthcare team
- Future Concerns

What makes me happy?

- | | | |
|---|--|---|
| <input type="checkbox"/> Being outside / inside | <input type="checkbox"/> Relaxing | <input type="checkbox"/> A TV show |
| <input type="checkbox"/> Travel or outings | <input type="checkbox"/> Reading/being read to | <input type="checkbox"/> Certain hobbies / activities |
| <input type="checkbox"/> Certain music or sounds | <input type="checkbox"/> Being around pets | <input type="checkbox"/> Certain meals / food |
| <input type="checkbox"/> Visiting family or friends | <input type="checkbox"/> A special place | <input type="checkbox"/> Other: |

What details should your care providers know?

What makes me unhappy?

- | | | |
|---|---|---|
| <input type="checkbox"/> Certain noises | <input type="checkbox"/> Eating | <input type="checkbox"/> Storms / Bad Weather |
| <input type="checkbox"/> Certain smells or tastes | <input type="checkbox"/> Being alone | <input type="checkbox"/> Crowds |
| <input type="checkbox"/> Being rushed | <input type="checkbox"/> Having limited choices | <input type="checkbox"/> Darkness |
| <input type="checkbox"/> Being moved/startled | <input type="checkbox"/> Slipping / falling | <input type="checkbox"/> Death |
| <input type="checkbox"/> Certain animals | <input type="checkbox"/> Lack of privacy | <input type="checkbox"/> Other dislikes: |

What details should your care providers know?

MY FUTURE CONCERNS

- | | | |
|---|--|--|
| <input type="checkbox"/> Pain / medication management | <input type="checkbox"/> Being a burden | <input type="checkbox"/> Housing situation |
| <input type="checkbox"/> Independence (mental / physical) | <input type="checkbox"/> Finances | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Loss of caregivers | <input type="checkbox"/> Mobility | <input type="checkbox"/> Unfinished business |
| <input type="checkbox"/> Loss of privacy | <input type="checkbox"/> Death / End-of-Life | <input type="checkbox"/> Other: |

How would you like your current care providers to help you cope with these concerns?

Hospital Discharge Summary- the key components- Example

Key Components to Be Included in the Patient's Discharge Summary

Reason for hospitalization

- Chief complaint or the patient's primary condition
- Patient's condition during hospital admission

Key diagnostic findings

- Admission/discharge diagnoses

Procedures/treatments provided

- Course of events occurring during hospital stay
- Surgical, medical or other specialty consults
- Surgical, invasive, non-invasive, diagnostic or technical procedures

Patient's health status on discharge

- Patient and family instructions
- List of discharge/ admission medications
- Patient's activity level upon hospital discharge
- Physical or occupational therapy
- Recommended dietary intake
- Medical follow-up plans

Attending physician's signature

- Electronic or physical signature

Pending Labs:

Please follow up with your primary care provider or specialist on all pending

Fever: may use: {DCantipyretic:18675} per label instructions

Activity: {DCACTIVITY:18672}

- Aspirin
- Acetaminophen (Tylenol)
- NSAIDs (Ibuprophen, Aleve)

Bathing: {DCBATHING:18673}

Activity: {DCACTIVITY:18672}

Bathing: {DCBATHING:18673}

Bowel Care: {DCBowelcare:1}

Wound Care: Bathe with dressing

Smoking Cessation: If you smoke, please stop for your health and for the health of others. Quitting is available by calling

- As tolerated
- No lifting greater than *** lbs.
- Daily weights and track weight.
- No bending or stooping
- No stair climbing
- No driving.
- Walk {AAADCWALK:18671}
- Other ***

1-877-2NO-FUME: TTY: 1-877-777-6534 or the American Lung Association

Activity: Walk {AAADCWALK:18671}

Bathing: {DCBATHING:18673}

Bowel Care: {DCBowelcare:18674}

Wound Care: Bathe with dressing {DCBATHING:18673}

- with cane
- with walker
- with crutches
- with help
- Other ***

Bathing: {DCBATHING:18673}

Bowel Care: {DCBowelcare:1}

Wound Care: Bathe with dressing {DCBATHING:18673}

Smoking Cessation: If you smoke, please stop for your health and for the health of others. Quitting is available by calling

- Tub
- Shower
- Sponge
- No restrictions {AAADCWALK:18671}
- Other ***

Bowel Care: {DCBowelcare:18674}

Wound Care: Bathe with dressing {DCBATHING:18673}

Smoking Cessation: If you smoke, please stop for your health and for the health of others. Quitting is available by calling

- May use laxative of choice
- No straining during bowel movement
- Other ***

Wound Care: Bathe with dressing {ON OFF:13341}

Smoking Cessation: If you smoke, please stop for your health and for the health of others. Quitting is available by calling FreshStart at (503) 513-3341

1-877-2NO-FUME: TTY: 1-877-777-6534 or the American Lung Association

- on
- off
- other ***

Medications on Admission and upon Discharge

Total Discharge Meds: 20

Discharge Medications

Amlodipine 5mg + Perindopril 10mg Tablet	02/10	1 Oral in the morning (at 08:00)
Aspirin Tablet	02/10	100 mg Oral in the morning (at 08:00)
Atenolol Tablet	02/10	50 mg Oral in the morning (at 08:00)
Indacaterol (150mcg) DPI	02/10	150 mcg Inhalation once daily (at 08:00)
Magnesium aspartate (500mg) Tablet	01/10	1000 mg Oral twice daily (at 08:00, 20:00) for 3 day(s) (= 37.4mg elemental magnesium)
Multivitamin (Vitamineerum) Tablets	02/10	1 Oral once daily (at 08:00)
Pantoprazole EC Tablet	01/10	40 mg Oral twice daily (at 08:00, 20:00)
Rosuvastatin 40mg Tablet	02/10	40 mg Oral in the morning (at 08:00)
Thiamine Tablet	02/10	100 mg Oral once daily (at 08:00)
Tiotropium Bromide 18mcg DPI	02/10	18 mcg Inhalation in the morning (at 08:00)
Warfarin 3mg Tablet	01/10	3 mg Oral in the morning (at 08:00) COUMADIN. INR 2.5-3

Press To Import these Discharge Medications to the Discharge Summary. Note, this will overwrite any existing medications already in the summary.

Medications on Admission

Amlodipine, Perindopril (5mg, 10mg) Tablet	1 Oral in the morning
Aspirin (100mg) Tablet	100 mg Oral in the morning
Atenolol (50mg) Tablet	50 mg Oral once daily
Indacaterol (150mcg) DPI	150 mcg Inhalation once daily
Pantoprazole (40mg) EC Tablet	40 mg Oral once daily
Rosuvastatin (40mg) Tablet	40 mg Oral once daily
Temazepam (10mg) Tablet	10 mg Oral prn
Tiotropium Bromide (18mcg) DPI	18 mcg Inhalation once daily
Warfarin Tablet	0.5 mg Oral regular every 2 day(s)

Comment: COUMADIN- for AVR

How many of you would say your resident care transitions go perfectly every time?

- YES

- NO

Set your Goal for Better Care Transitions



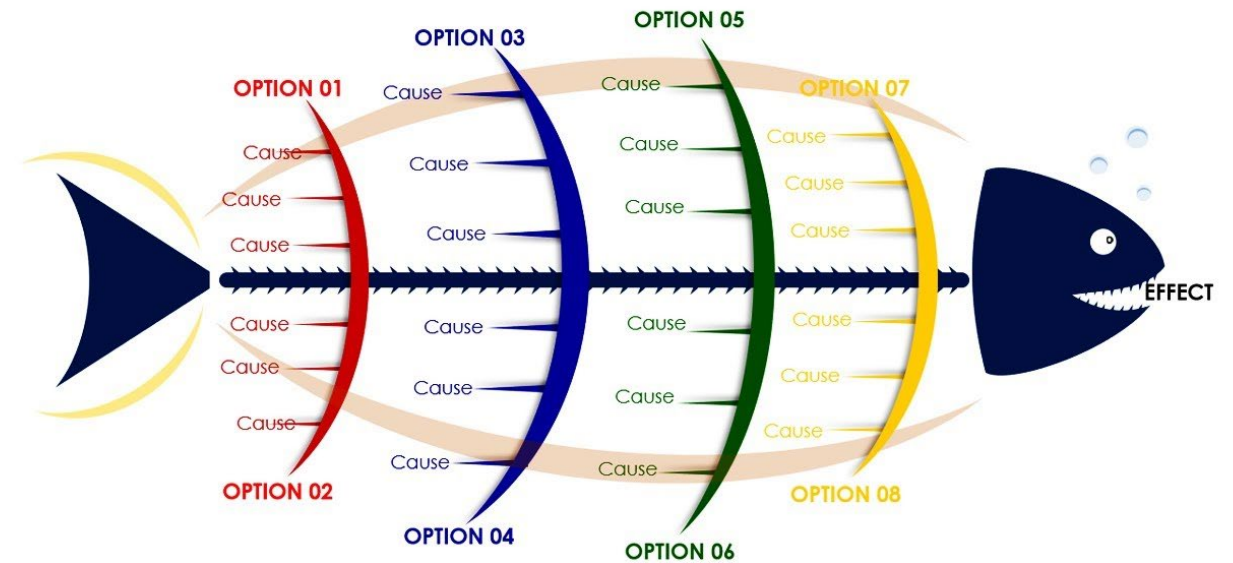


PATIENT-CENTERED PROGRAM IS DESIGNED TO:

- EMPOWER YOU
- DEVELOP GOALS
- MANAGE THE 4 PATIENT PILLARS
 - MEDICATION SELF-MANAGEMENT
 - PATIENT-CENTERED RECORDING
 - MEDICAL FOLLOW-UP
 - RED FLAGS
- WORK AS A TEAM
- FACE-TIME INTERACTIONS
- PROBLEM SOLVING
- FOLLOW-UP



CAUSE AND EFFECT / FISHBONE DIAGRAM



Changes in Cognition and Orientation for our Dementia Residents is vital



- Connect to the state HIE
- Funding available now through Oklahoma legislation.
- \$30 million appropriated for connection costs.
- These funds are limited- when they are gone... their gone.
- Connection fee from Point Click Care and other LTC EHRs is covered.
- Based on average daily census

Dawn Jelinek

Age-Friendly Clinics and LTC

OFMQ- GWEP- OkDCN
Senior Clinical Consultant

djelinek@ofmq.com

405-651-4796

