
This Quick Reference Guide (QRG) reviews the daily workflow of a Hospitalist/Intensivist at a Critical Access Hospital.

Review the Hospitalist and Intensivist View

Here is an overview of the main screens you will use in the patient chart.

- **Inpatient Hospitalist 2018** or **Interventionist 2018** – Where documentation and chart review should occur. This page can be rearranged/customized to reflect your daily workflow.
- **Discharge** – Where discharge order, prep, and documentation should occur.
- **ICU Summary** – Presents focused data from within the chart that is important to consider with critical patients.
- **MPages View** – Calculator tool that can help with using different scales and assessments.
- **Patient Info and Story** – Where you can find flagged chart data that is entered by the clinical team.
- **Patient Timeline** – Allows for visualization of labs, lines, vents, meds, and vitals in a timeline view.
- **Inpatient/Peds Inpatient Quick Orders (Interventionist Only)** – Order entry.
- **Transfusion Summary** – Presents information related to transfusion.

Complete an Admission

At Critical Access Hospitals (Blue Hill, CA Dean, Seabrook) admission requires a new registration on inpatient admissions and change in patient status. See MO specific policy for when the same encounter can be used and when a new encounter must be created. The ED encounter is closed out, if appropriate, with a discharge date/time, and all activity related to inpatient needs to occur on the correct, active financial number (FIN).

➤ **From Inpatient 2018 – Critical Access Hospitals:**

STEP 1: Add the patient to patient list to ensure visibility in Provider Handoff.

NOTE: **Double-check you are using the proper encounter.**

STEP 2: Using the Emergency Department FIN, complete the following:

- Cross Encounter Med Rec

NOTE: **This pulls the orders from the ED encounter onto the inpatient encounter as pending orders.**

Depending on your MO, this by be done by the ED Provider or the admitting Hospitalist/Intensivist.

This pulls in pending orders from the ED FIN and allows you to add new orders as needed from the Home Medications component.

- STEP 3:** Using the correct Inpatient FIN:
- Complete the Admission Med Rec
 - Place the Admission PowerPlan and additional PowerPlans/orders from the Inpatient Quick Orders page.
 - Complete your Admission H&P and other Dynamic Documentation from the Workflow page; then create and sign your note.

Complete Daily Rounds – All Acute Locations

➤ **For each patient:**

STEP 1: Update patient list for today's patients.

NOTE: **You can print the Provider Handoff report, if preferred.**

STEP 2: Review Physician Handoff – IPASS and workflow page for results.

STEP 3: Review Patient Info and Story for flagged nursing annotations and results of interest.

STEP 4: Provide direct patient care.

STEP 5: Update Physician Handoff – IPASS.

STEP 6: Add/Modify/Discontinue orders as needed for your patient.

STEP 7: Write your daily progress note.

NOTE: **You can use tagging, auto text, and/or M*Modal to complete the note.**

STEP 8: Pull all data into the Progress Note from Inpatient 2018 Workflow /Intensivist 2018 Workflow.

STEP 9: Sign the note.

Transfer Level of Care Using the Same FIN

➤ **Note that if a new FIN is used, you must follow the Discharge and Re-admit processes.**

STEP 1: Place the Transfer Level of Care order to alert nursing of the change in status.

STEP 2: Complete Transfer Medication Reconciliation and New Order Entry.

STEP 3: Modify the Admission order to update patient type and placement.

STEP 4: Create the Progress Note.

STEP 5: Place the Transfer Review Complete order to indicate that all provider processes are complete.

Discharge – All Acute Locations

➤ From the Discharge Workflow page:

STEP 1: Complete Discharge Med Rec.

NOTE: This includes ePrescribe from the Home Medications component.

STEP 2: Review the Problem List component to add and prioritize This Visit diagnoses.

NOTE: Use Diagnosis Assistant to further specify your diagnoses, when possible.

STEP 3: Add the Discharge order from the Order Profile component.

STEP 4: Complete the Discharge Quality Measures PowerForm from the component.

STEP 5: Fill in Dynamic Documentation components for the following:

- HPI
- DC
- PE
- Hospital Course
- Patient Instructions
- Follow-Up Recommendations

STEP 6: Create and sign the note.

- Use **Discharge Summary** if you intend to use M*Modal Speech-to-Text or if you want to manually type the hospital course.
- Use **Discharge Order** if you intend to dictate the hospital course to transcription.
- Add any additional recipients for review or, if appropriate, cosignature. (The note will automatically CC to the PCP.)

Perform Acute Rehab and Swing Admissions

➤ Acute rehab/swing admissions work like a discharge with a re-admit. (EMMC, AR Gould, SVH, CA Dean, and Blue Hill)

STEP 1: Add the patient to your patient list to ensure visibility in Provider Handoff.

NOTE: Double-check to confirm you are using the correct encounter with the new FIN.

STEP 2: Complete Cross Encounter Med Rec, followed by Admission Med Rec, to pull forward orders from the Inpatient encounter to the Swing encounter.

STEP 3: Place the Swing PowerPlan and additional orders as appropriate on the Swing FIN.

NOTE: If the Swing PowerPlan is not available, use the General Medical Admission Transfer PowerPlan and set the Patient Placement to Swing.

STEP 4: Use Dynamic Documentation on the Workflow page to document and sign the Admission H&P/Progress Note.

NOTE: From here, continue to care for your patient using the Daily Rounds and Discharge workflows, as appropriate.