



## CM Care Coordination PowerForm Update

On **Tuesday, April 16**, the **ER/WIC** section of the **CM Care Coordination PowerForm** will be updated with the number of questions reduced to nine. The reduction of questions will eliminate duplicate documentation and increase the efficiency of staff completing the form.

Performed on: 04/01/2024 09:56 EDT

Hospital Discharge  
SNF/Rehab Discharge  
**ER/WIC**  
Medications at home  
Org/Practice Info  
Disease Specific  
Care Management  
Readmission Care  
Readmission Plan  
Diabetes, Sepsis, Post Ortho Process  
Follow-Up  
Documentation Signatures

### ER/WIC Follow Up

1. Are you clear on your discharge instructions?  
(If patient answers no, please refer to MA/Nurse)

☒ Yes ☐ No

2. Do you feel you need to schedule a follow up appointment?  
Follow up appointment arranged

☐ Yes ☐ No

☐ Arranged ☐ Declined  
☐ Already arranged and discussed ☐ Deferred  
☐ Patient prefers to arrange

3. Did you contact your provider's office before going to the ER/WIC?

☐ Yes ☐ No

4. The reason you decided to go to the WIC/ER:

☐ Instructed by practice  
☐ My medical needs too complicated  
☐ Outside office hours  
☐ Provider's office was full  
☐ Unaware of available appointments (patient never called)

5. Explained to patient/parent/caregiver that if you have questions or concerns, to please call your PCP office or care manager at the phone number provided during normal business hours. Encouraged to call the on-call provider after normal business hours or weekends, use the walk-in clinic for nonemergent issues and the emergency room for emergent/life threatening issues.

☐ Yes ☐ No

6. ER/WIC visit diagnosis

<input type="checkbox"/> Anxiety disorder	<input type="checkbox"/> Fever
<input type="checkbox"/> Asthma	<input type="checkbox"/> Generalized pain
<input type="checkbox"/> Bronchitis acute	<input type="checkbox"/> Headache
<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Influenza
<input type="checkbox"/> Chronic obstructive pulmonary disease	<input type="checkbox"/> Iron Deficiency Anemia
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Nutritional deficiencies
<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Pelvic Inflammatory Disease
<input type="checkbox"/> Convulsions and epilepsy	<input type="checkbox"/> Perforated/bleeding ulcer
<input type="checkbox"/> Cough	<input type="checkbox"/> Pharyngitis
<input type="checkbox"/> Dehydration and gastroenteritis	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Dental conditions	<input type="checkbox"/> Pyelonephritis
<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Rash
<input type="checkbox"/> Diabetes complications	<input type="checkbox"/> UTI
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> UTI
<input type="checkbox"/> Ear, nose and throat infections	<input type="checkbox"/> Other:

Outreach

☐ Contacted patient  
☐ Unable to contact patient  
☐ Not attempted related to

Clinical Informatics – Please share this information with **Ambulatory and Acute Care Managers** and make this a topic of discussion in upcoming rounding.

**Behavioral Health:** This information *does* affect behavioral health caregivers.

**NOTE:** This mailbox is not frequently monitored. Please direct any questions to the Clinical Informatics team using this link.