The Fab Four

Reminders, Dialogs and a Working Process

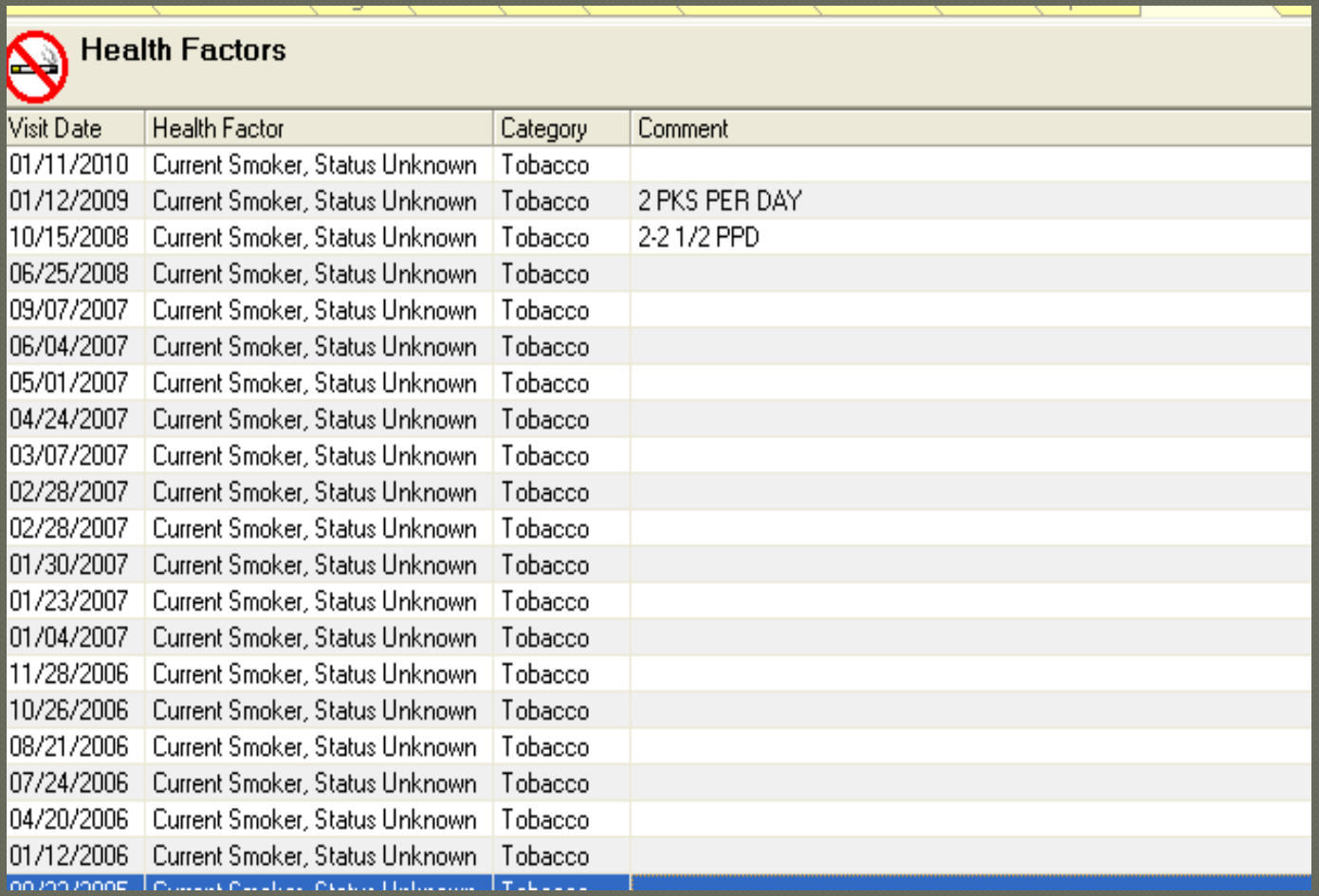
Objectives

- Look at issues occurring at Choctaw Nation with Health Factors & exams
- Discuss Four Relevant Reminders
- Demonstrate applicable Dialogs
- Walk through process for staff to accomplish necessary documentation
- Show improvement in quality of care

The Old Way

- Nurse relied on paper forms for questions
- Questions were lost on paper from copying process
- Different processes at different sites
- Patients frustrated by being asked same questions each visit
- Nurse had to go to Wellness tab and look for last instance of documentation to know if HF or exam needed to be done again
- Tremendous amount of unnecessary documentation

Multiple, Non-necessary documentation



Health Factors

Visit Date	Health Factor	Category	Comment
01/11/2010	Current Smoker, Status Unknown	Tobacco	
01/12/2009	Current Smoker, Status Unknown	Tobacco	2 PKS PER DAY
10/15/2008	Current Smoker, Status Unknown	Tobacco	2-2 1/2 PPD
06/25/2008	Current Smoker, Status Unknown	Tobacco	
09/07/2007	Current Smoker, Status Unknown	Tobacco	
06/04/2007	Current Smoker, Status Unknown	Tobacco	
05/01/2007	Current Smoker, Status Unknown	Tobacco	
04/24/2007	Current Smoker, Status Unknown	Tobacco	
03/07/2007	Current Smoker, Status Unknown	Tobacco	
02/28/2007	Current Smoker, Status Unknown	Tobacco	
02/28/2007	Current Smoker, Status Unknown	Tobacco	
01/30/2007	Current Smoker, Status Unknown	Tobacco	
01/23/2007	Current Smoker, Status Unknown	Tobacco	
01/04/2007	Current Smoker, Status Unknown	Tobacco	
11/28/2006	Current Smoker, Status Unknown	Tobacco	
10/26/2006	Current Smoker, Status Unknown	Tobacco	
08/21/2006	Current Smoker, Status Unknown	Tobacco	
07/24/2006	Current Smoker, Status Unknown	Tobacco	
04/20/2006	Current Smoker, Status Unknown	Tobacco	
01/12/2006	Current Smoker, Status Unknown	Tobacco	

This was printed on back of another form and often was missed when forms were recopied

CAGE ALCOHOL SCREENING TOOL

Do you ever drink alcohol (ETOH)? **Yes/No**

Note: If this answer is **No,** A, B, & C equal "0" and remaining answers are **No.**

A. On Average, how many days a week do you Drink alcohol (ETOH)? _____

B. On a typical day when you drink, how many Drinks do you have? _____

C. What is the maximum number of drinks you have had on any occasion in the last month? _____

Have you ever felt you should cut down on your drinking? **Yes/No**

Have people annoyed you by criticizing your drinking? **Yes/No**

Have you ever felt bad or guilty about drinking? **Yes/No**

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (i.e. as an eye opener)? **Yes/No**

Must be Completed Annually

SO, a decision was made

1) To look at other ways to document necessary data.

2) To decrease time nursing spends on computer and therefore increasing time spent patient.

3) Also look at what can be done to show if patient needs any HF or exam documentation?

Four Indicators of Care

- 1) Alcohol/CAGE = HF
- 2) Depression = Exam
- 3) DV/IPV = Exam
- 4) Tobacco Use = HF

- Or also known as the Fab Four

What are Clinical (EHR) Reminders?

- "The Clinical Reminders system allows caregivers to track and improve preventive healthcare and disease treatment for patients and to ensure that timely clinical interventions are initiated." (VA Vista Website)

Simple terms:

Clinical Reminders does chart reviews for you and tells you what the patient needs

Where are Clinical (EHR) Reminders?

They are visible from 4 places in EHR

1) "Alarm clock" icon on the toolbar
2) Cover sheet Display- Due Reminders
3) Reminders "Drawer" on Notes Tab
4) Can be set up as Health Summary Reports

What am I going to Use?

- A National Reminder that can be imported from the Reminder Exchange
- Or a customized local reminder

* We chose to locally customize reminders for our system

Clinical Reminder Exchange Mar 25, 2011 10:56:59 Page: 1 of 6
Exchange File Entries.

+----------Entry----------Source----------Date Packed-----
  2 IHS-ALCOHOL SCREEN 2009 HAGER@DEMO HOSPITA 02/04/2010@10:17:15
  3 IHS-ALLERGY HAGER@DEMO HOSPITA 08/28/2008@11:37:45
  4 IHS-ASTHMA ACTION PLAN 2009 HAGER@DEMO HOSPITA
  5 IHS-ASTHMA CONTROL 2009 HAGER@DEMO HOSPITA 02/04/2010@10:17:54
  6 IHS-ASTHMA PRIM PROV 2009 HAGER@DEMO HOSPITA 02/04/2010@10:18:13
  8 IHS-ASTHMA SEVERITY 2009 HAGER@DEMO HOSPITA 02/04/2010@10:18:53
  9 IHS-ASTHMA STEROID 2009 HAGER@DEMO HOSPITA 02/04/2010@10:19:11
 10 IHS-BLOOD PRESSURE HAGER@DEMO HOSPITA 08/28/2008@11:42:38
 11 IHS-COLON CANCER 2007 HAGER@DEMO HOSPITA 08/28/2008@11:42:51
+---------+ Next Screen - Prev Screen ?? More Actions----------
CFE Create Exchange File Entry IH Installation History
CHF Create Host File LHF Load Host File
CMM Create MailMan Message LMM Load MailMan Message
DFE Delete Exchange File Entry LR List Reminder Definitions
IFE Install Exchange File Entry RI Reminder Definition Inquiry
Select Action: Next Screen//

For ANY Reminder

- There should be a group or team from your site to discuss as to what the reminder needs to look for (cohort) and what will resolve the reminder
- This team needs to be multi-departmental and members may change based on a particular reminder being reviewed

Multiple Resources should be used to determine logic of your reminder(s)

1) The IHS RPMS GPRA/CRS Clinical Performance Measure Logic Manual is an invaluable source of information
2) If the Reminder is associated with diabetes- one should contact staff that know the American Diabetes Association standards or Diabetic Audit
3) If your site has any Grants or Special Projects- those groups must be included with discussions
4) Pap Smear Reminders- may want to customize to ACOG standards
5) Currently practiced standards/policies may be utilized

The Reminder should be broad enough to meet all needs

CNHSA Alcohol Screen

- REMINDER DUE if patient over 15 AND no alcohol screening or alcohol related diagnosis in the past year

What resolves it- CAGE Health Factor or Alcohol exam in last year or if patient has had alcohol diagnosis in last year.

CNHSA Depression Screen

- REMINDER DUE if over 18 OR any age if pt had dx of DM or Heart disease AND no depression screening or dx of depression in the last year

What resolves- Depression exam or if patient has had a diagnosis of depression in last year

CNHSA IPV/DV Screen

- REMINDER DUE if patient over 15 AND No screening for domestic violence done in the past year

What resolves- an Intimate Partner Violence exam in last year

CNHSA Tobacco USE Screen

- REMINDER DUE if patient over 15 AND no tobacco screening in the past year

What resolves- Tobacco Health Factor or tobacco screening ICD codes example- V15.82

CNHSA Ped Tobacco Screen

- REMINDER DUE if patient 1 day to 14 years old AND no tobacco screening in the past year

What resolves- Tobacco Health Factors Especially "Smoke Free Home" or "Smoker in Home"

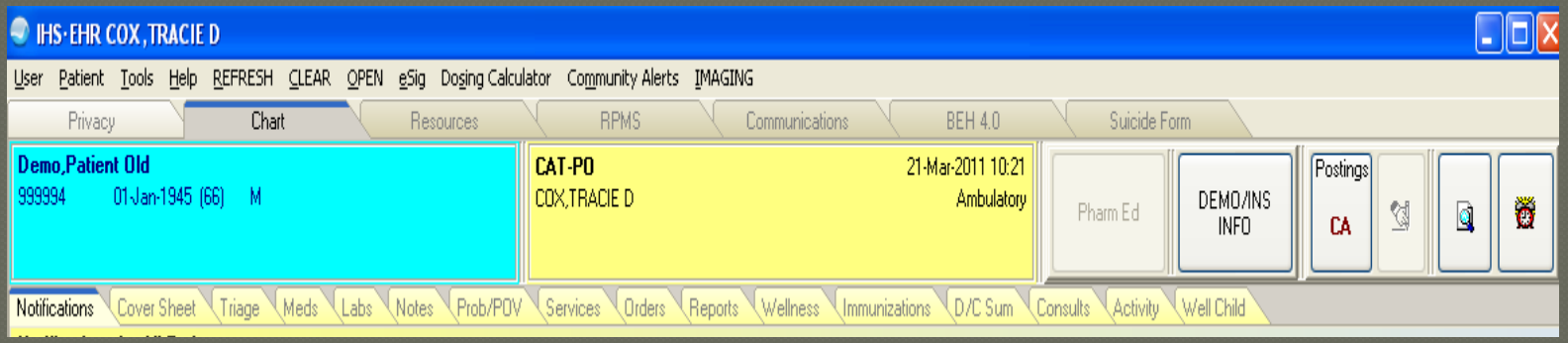
CNHSA Tobacco Education

- REMINDER DUE if patient over 15 AND who are current or cessation smokers (HF or by POV) in last 2 years need tobacco education documented.

What resolves- Specific Tobacco education topics

So that's a few of our Reminders,
but how can we easily resolve them

Remember : we want to document all necessary information
but make the process the most convenient for staff



RED = Due
BLUE = Your through
White = Not applicable (rarely seen)

What are Clinical Reminder Dialogs?

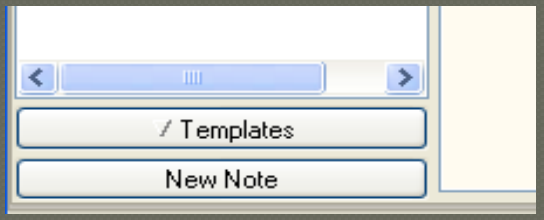
- Clinical Reminder Dialogs facilitate documentation
  - They look like a Template
  - Resolve the reminder by entering data into EHR/PCC such as education, HF, exams
  - Document in the note

    … all at the same time!!!
- They can also order
  - Meds , Labs, Consults
- Support treatment algorithms

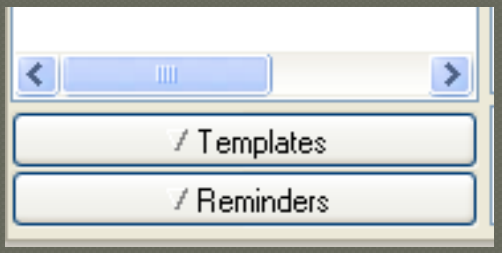
Process for Screening

- Patient/visit; enter vitals
- Enter Chief Complaint
- Review or enter Yearly Self Assessment Note
- Look at Reminders clock- if red, something due, if blue –you are through
- If Red- open Reminders drawer and address needs

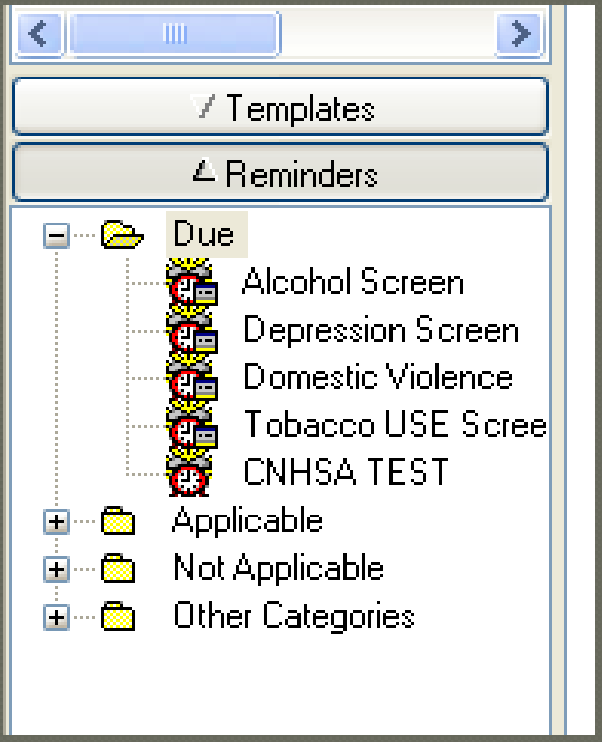
NOTES TAB- what was :



Becomes : after you have chosen a note title

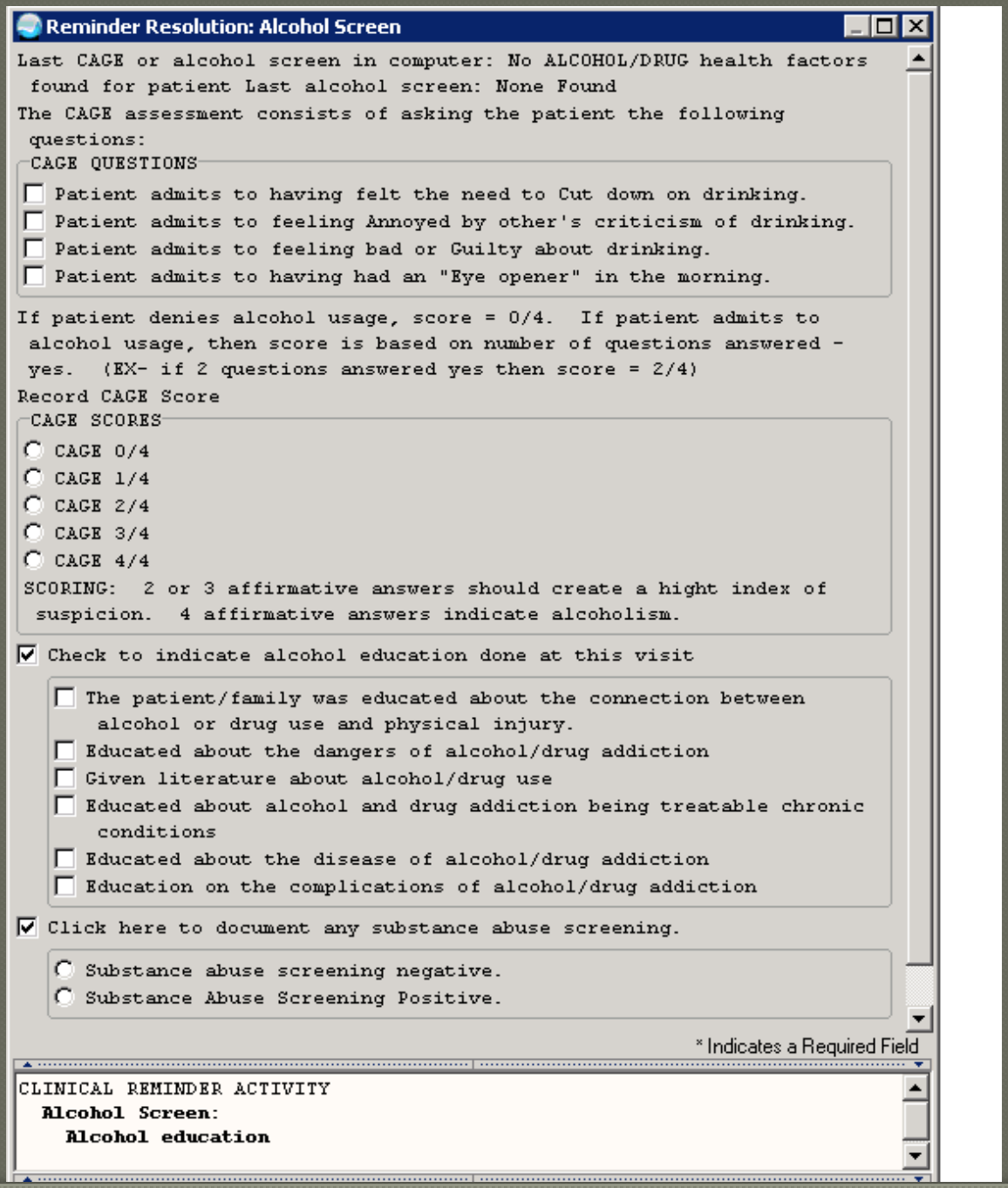


WHEN drawer opened:



Therefore click on Reminder due:

and appropriate dialog pops up

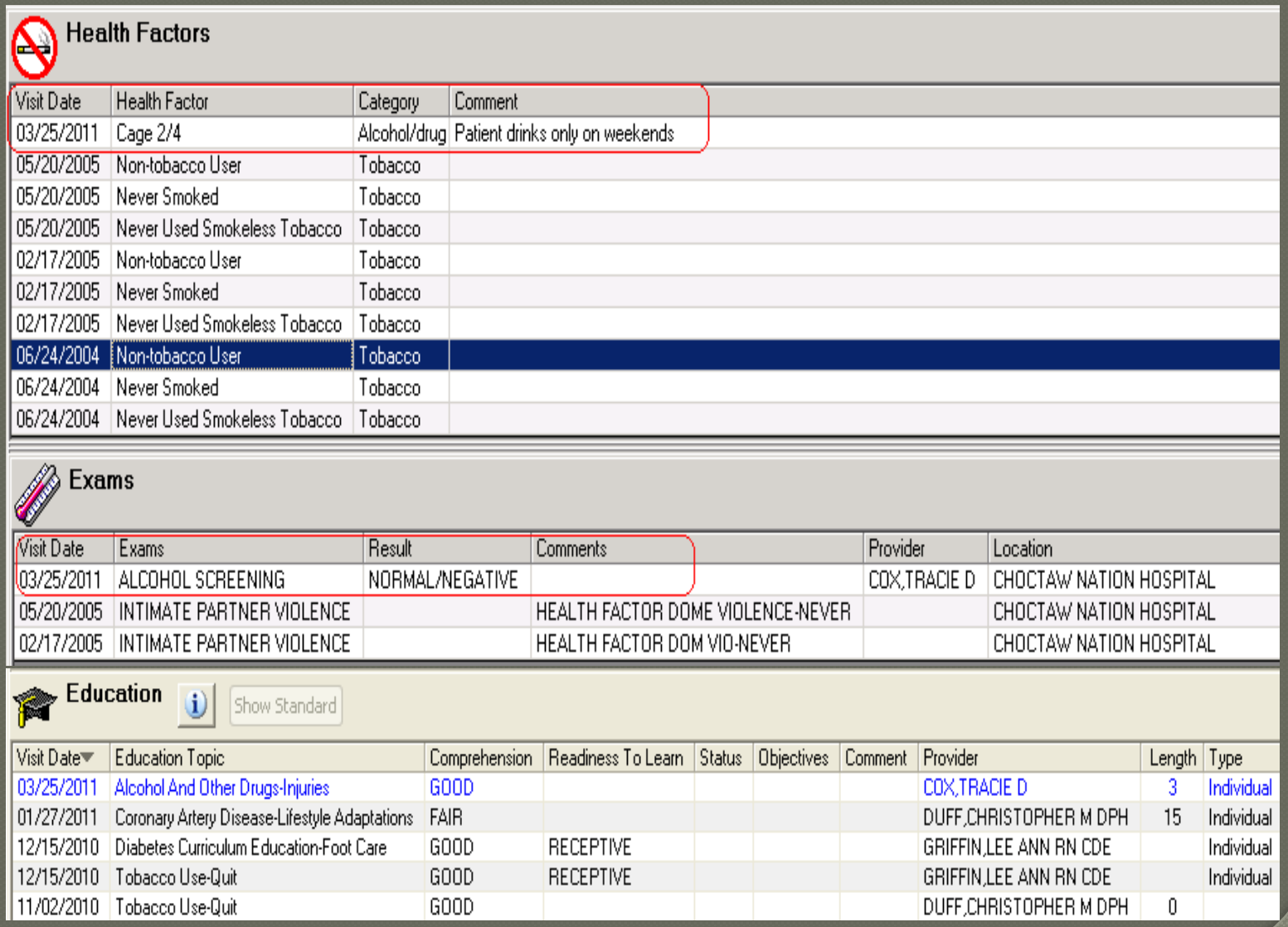

Reminder Resolution: Alcohol Screen
Last CAGE or alcohol screen in computer: No ALCOHOL/DRUG health factors found for patient Last alcohol screen: None Found
The CAGE assessment consists of asking the patient the following questions:
CAGE QUESTIONS
Patient admits to having felt the need to Cut down on drinking.
Patient admits to feeling Annoyed by other's criticism of drinking.
Patient admits to feeling bad or Guilty about drinking.
Patient admits to having had an "Eye opener" in the morning.
If patient denies alcohol usage, score = 0/4. If patient admits to alcohol usage, then score is based on number of questions answered - yes. (EX- if 2 questions answered yes then score = 2/4)
Record CAGE Score
CAGE SCORES
CAGE 0/4
CAGE 1/4
CAGE 2/4
CAGE 3/4
CAGE 4/4
SCORING: 2 or 3 affirmative answers should create a hight index of suspicion. 4 affirmative answers indicate alcoholism.
Check to indicate alcohol education done at this visit
The patient/family was educated about the connection between alcohol or drug use and physical injury.
Educated about the dangers of alcohol/drug addiction
Given literature about alcohol/drug use
Educated about alcohol and drug addiction being treatable chronic conditions
Educated about the disease of alcohol/drug addiction
Education on the complications of alcohol/drug addiction
Click here to document any substance abuse screening.
Substance abuse screening negative.
Substance Abuse Screening Positive.
* Indicates a Required Field
CLINICAL REMINDER ACTIVITY
Alcohol Screen:
Alcohol education

What appears in note:

```
VISIT DATE: 03/25/11 15:04
SELF ASSESSMENT REVIEWED TODAY:
No changes indicated by patient.

CLINICAL REMINDER ACTIVITY
  Alcohol Screen:
      Patient admits to having felt the need to Cut down on drinking.
      Patient admits to feeling Annoyed by other's criticism of drinking.
      CAGE 2/4
        Comment: Patient drinks only on weekends
    Alcohol education
      The patient/family was educated about the connection between alcohol
          or drug use and physical injury.
        Level of Understanding: Good
        Education duration: 3
      Substance abuse screening negative.
        Exam Result: Normal/negative
```

What appears on Wellness tab:



Health Factors

Visit Date	Health Factor	Category	Comment
03/25/2011	Cage 2/4	Alcohol/drug	Patient drinks only on weekends
05/20/2005	Non-tobacco User	Tobacco	
05/20/2005	Never Smoked	Tobacco	
05/20/2005	Never Used Smokeless Tobacco	Tobacco	
02/17/2005	Non-tobacco User	Tobacco	
02/17/2005	Never Smoked	Tobacco	
02/17/2005	Never Used Smokeless Tobacco	Tobacco	
06/24/2004	Non-tobacco User	Tobacco	
06/24/2004	Never Smoked	Tobacco	
06/24/2004	Never Used Smokeless Tobacco	Tobacco	

Exams

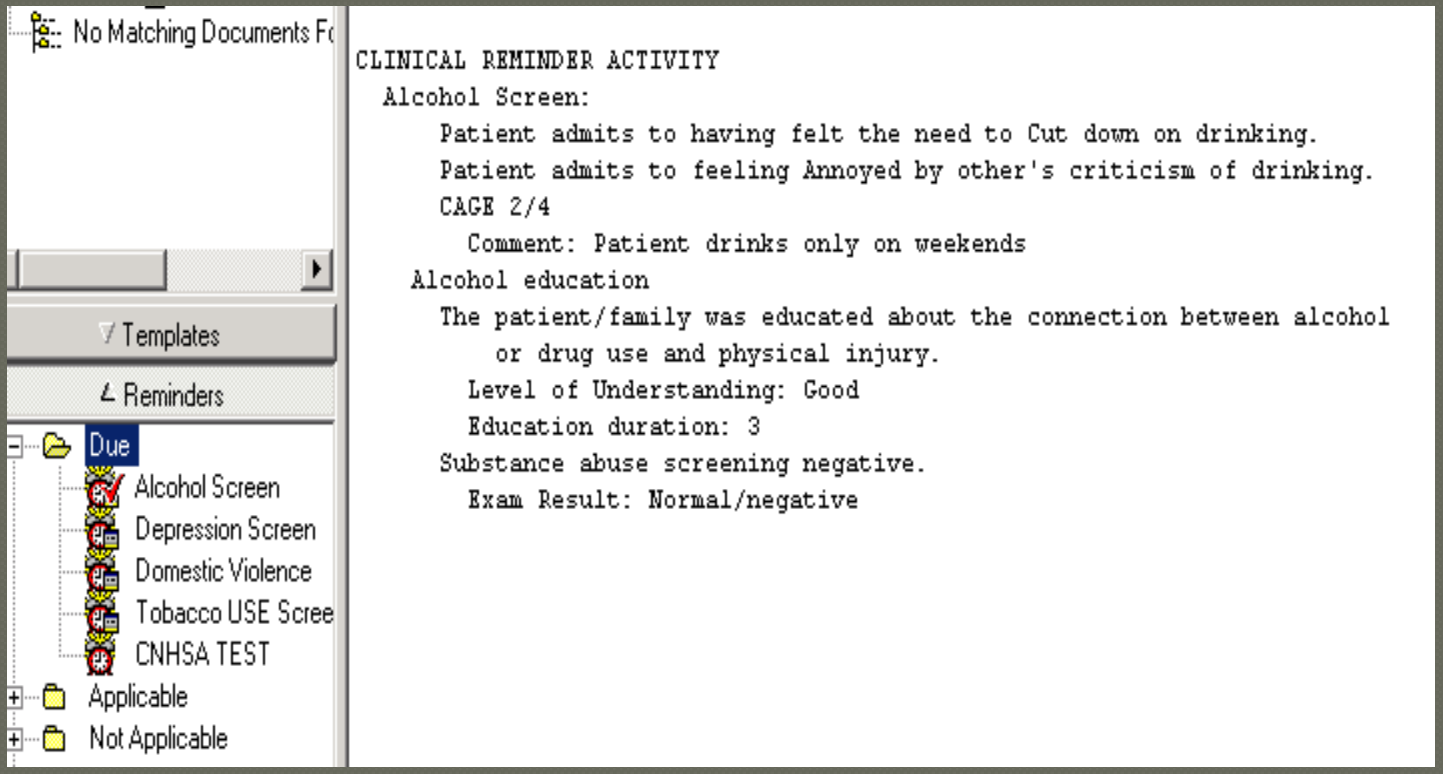
Visit Date	Exams	Result	Comments	Provider	Location
03/25/2011	ALCOHOL SCREENING	NORMAL/NEGATIVE		COX,TRACIE D	CHOCTAW NATION HOSPITAL
05/20/2005	INTIMATE PARTNER VIOLENCE		HEALTH FACTOR DOME VIOLENCE-NEVER		CHOCTAW NATION HOSPITAL
02/17/2005	INTIMATE PARTNER VIOLENCE		HEALTH FACTOR DOM VIO-NEVER		CHOCTAW NATION HOSPITAL

Education

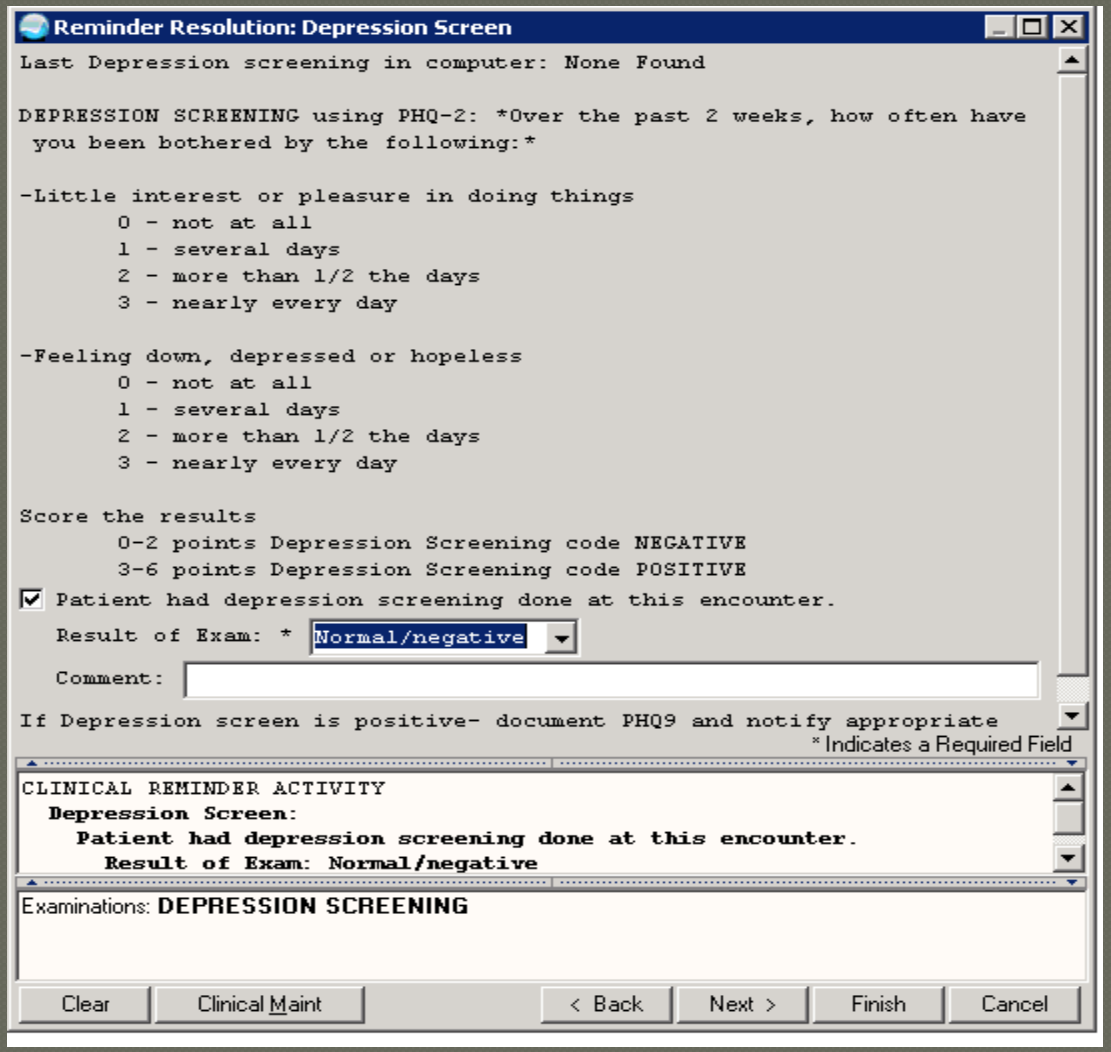
Show Standard

Visit Date	Education Topic	Comprehension	Readiness To Learn	Status	Objectives	Comment	Provider	Length	Type
03/25/2011	Alcohol And Other Drugs-Injuries	GOOD					COX,TRACIE D	3	Individual
01/27/2011	Coronary Artery Disease-Lifestyle Adaptations	FAIR					DUFF,CHRISTOPHER M DPH	15	Individual
12/15/2010	Diabetes Curriculum Education-Foot Care	GOOD	RECEPTIVE				GRIFFIN,LEE ANN RN CDE		Individual
12/15/2010	Tobacco Use-Quit	GOOD	RECEPTIVE				GRIFFIN,LEE ANN RN CDE		Individual
11/02/2010	Tobacco Use-Quit	GOOD					DUFF,CHRISTOPHER M DPH	0	

Then you check on next reminder

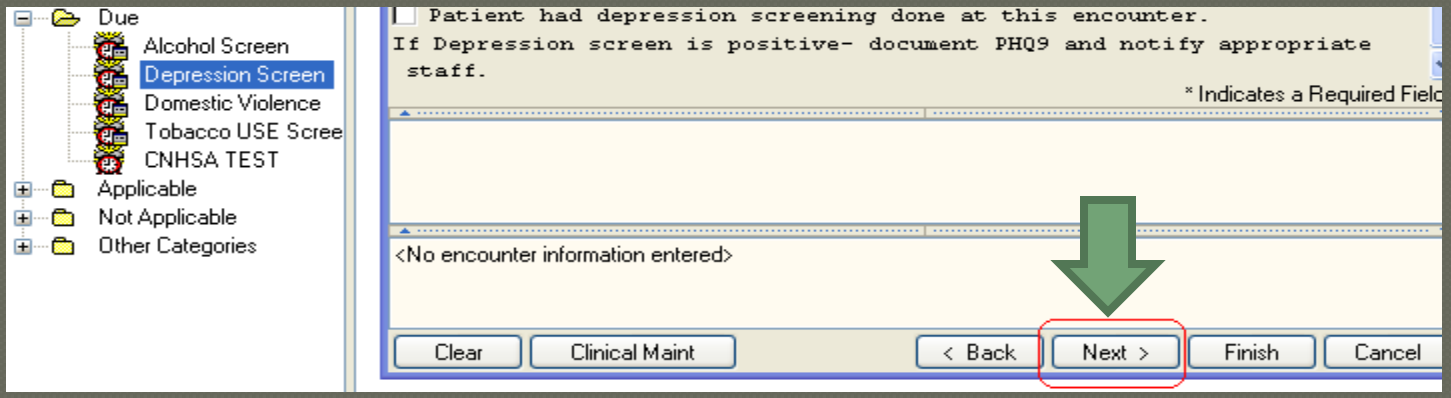


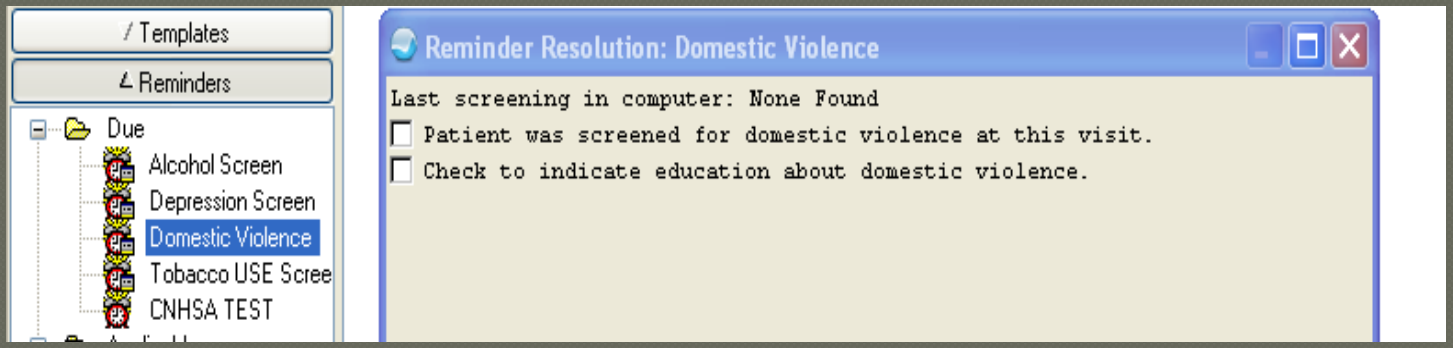
See how system check marks reminders already addressed

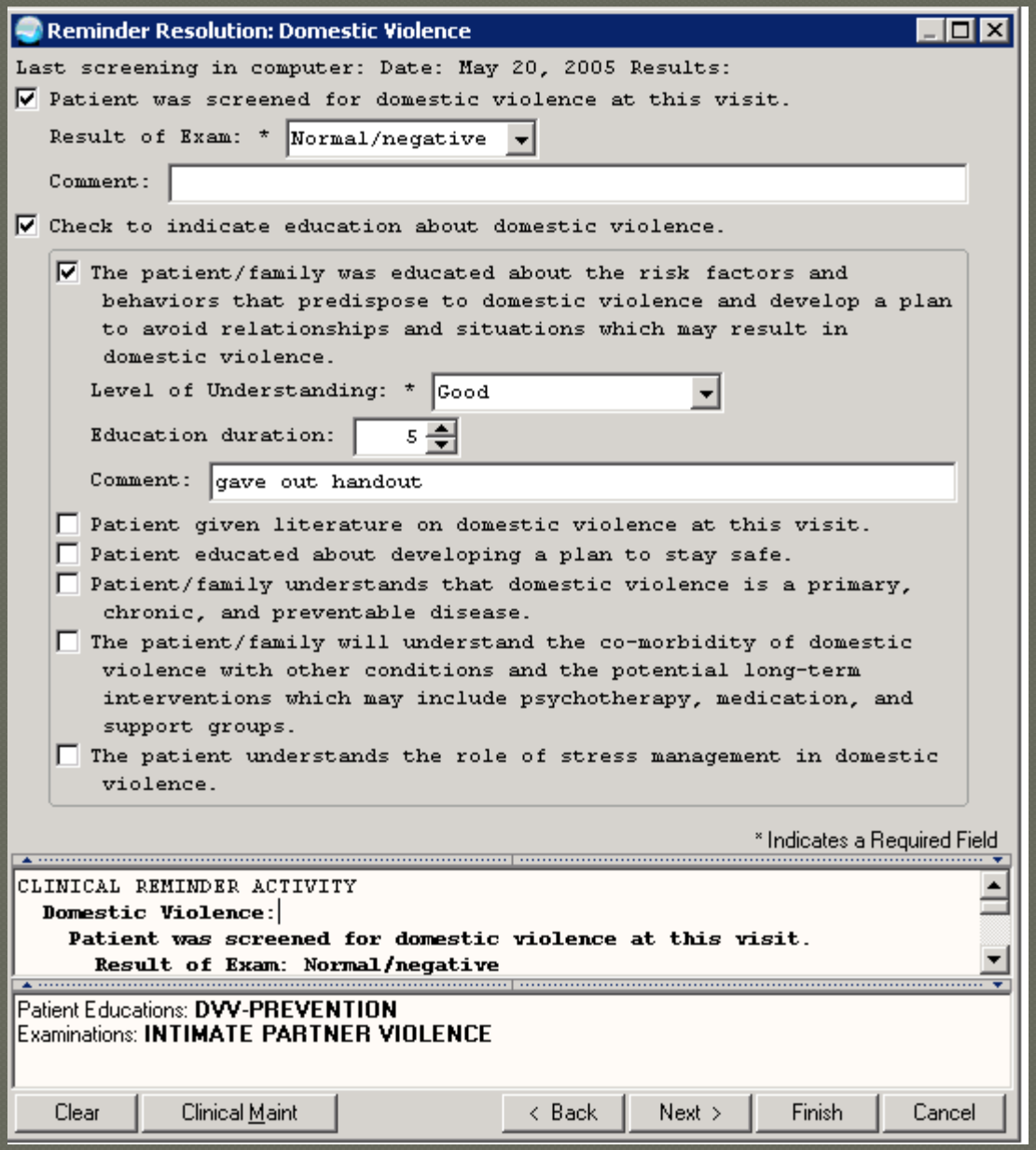


If screen POSITIVE, then staff also do add'l PHQ-9 screen which is a TIU/note template

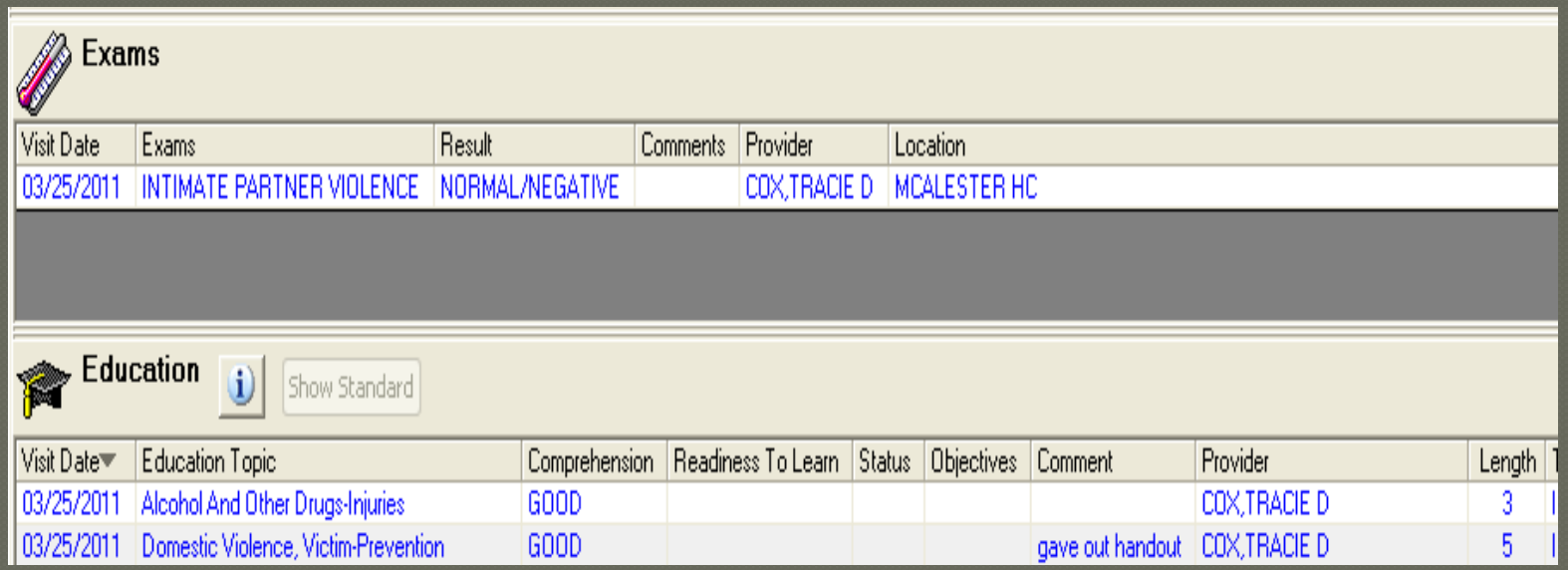
You can click on the "NEXT" button at the bottom of the dialog template and it will bring up the next dialog; speeding up the process…






Reminder Resolution: Domestic Violence
Last screening in computer: Date: May 20, 2005 Results:
Patient was screened for domestic violence at this visit.
Result of Exam: * Normal/negative
Comment:
Check to indicate education about domestic violence.
The patient/family was educated about the risk factors and behaviors that predispose to domestic violence and develop a plan to avoid relationships and situations which may result in domestic violence.
Level of Understanding: * Good
Education duration: 5
Comment: gave out handout
Patient given literature on domestic violence at this visit.
Patient educated about developing a plan to stay safe.
Patient/family understands that domestic violence is a primary, chronic, and preventable disease.
The patient/family will understand the co-morbidity of domestic violence with other conditions and the potential long-term interventions which may include psychotherapy, medication, and support groups.
The patient understands the role of stress management in domestic violence.
* Indicates a Required Field
CLINICAL REMINDER ACTIVITY
Domestic Violence:
Patient was screened for domestic violence at this visit.
Result of Exam: Normal/negative
Patient Educations: DVV-PREVENTION
Examinations: INTIMATE PARTNER VIOLENCE
Clear
Clinical Maint
< Back
Next >
Finish
Cancel

Again dialog enters data



Exams

Visit Date	Exams	Result	Comments	Provider	Location
03/25/2011	INTIMATE PARTNER VIOLENCE	NORMAL/NEGATIVE		COX,TRACIE D	MCALESTER HC

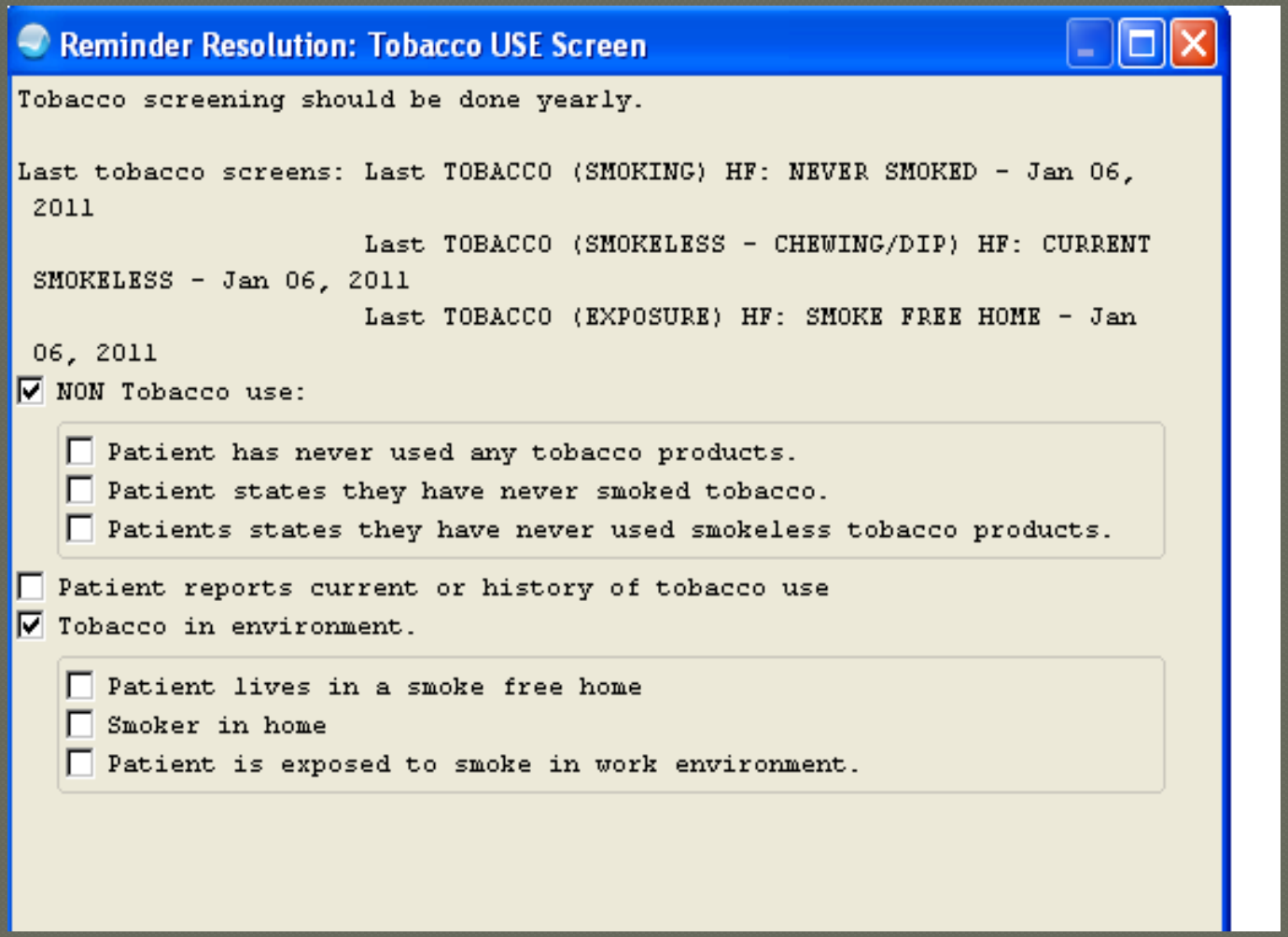
Education Show Standard

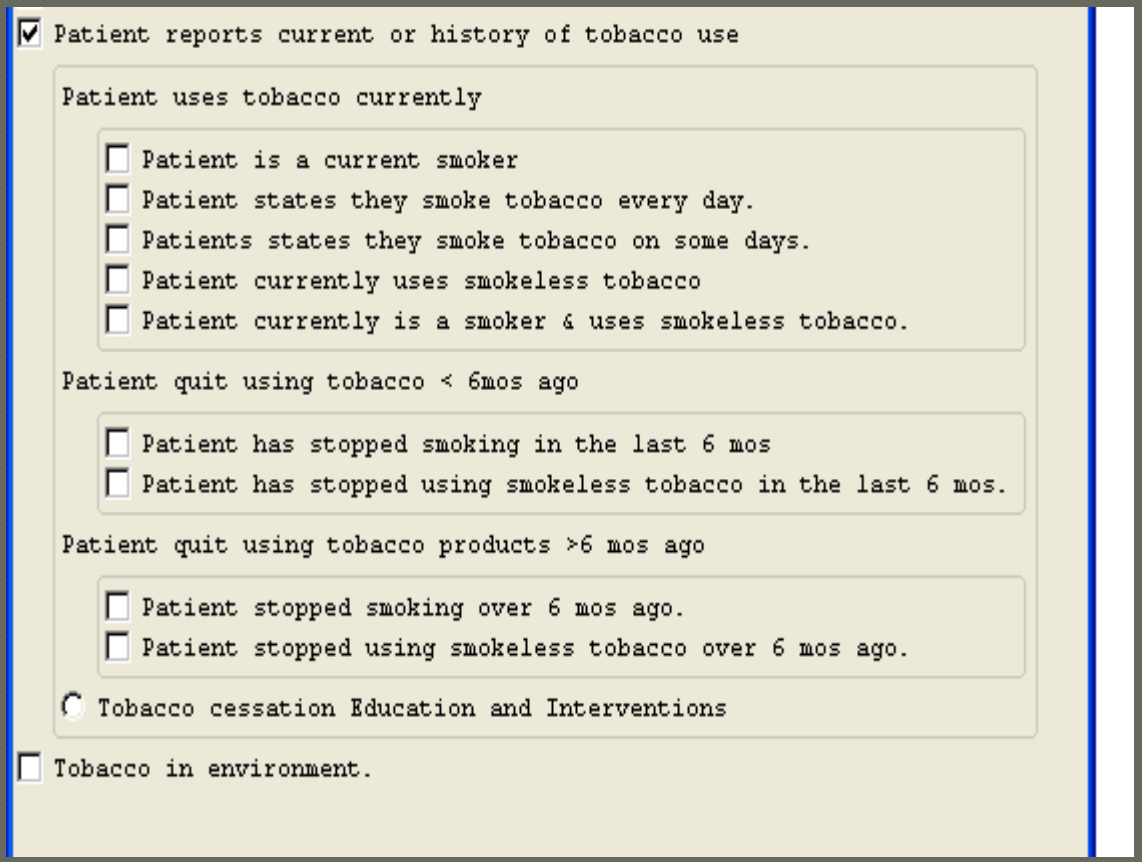
Visit Date	Education Topic	Comprehension	Readiness To Learn	Status	Objectives	Comment	Provider	Length	T
03/25/2011	Alcohol And Other Drugs-Injuries	GOOD					COX,TRACIE D	3	I
03/25/2011	Domestic Violence, Victim-Prevention	GOOD				gave out handout	COX,TRACIE D	5	I

Tobacco Use

- Remember 3 Tobacco HF categories
- 1) Tobacco Exposure
- 2) Tobacco (Smokeless- chewing/dip)
- 3) Tobacco (Smoker)

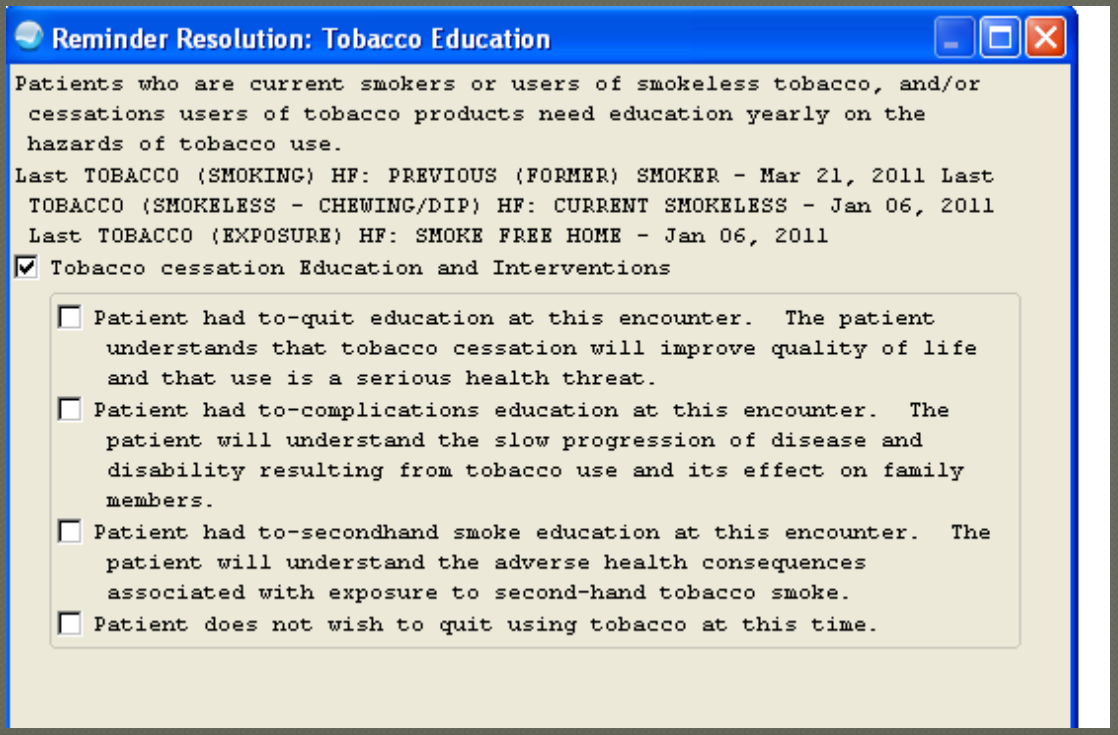
- So you would want to design your dialog to cover all 3 areas to get the most complete documentation


Reminder Resolution: Tobacco USE Screen
Tobacco screening should be done yearly.
Last tobacco screens: Last TOBACCO (SMOKING) HF: NEVER SMOKED - Jan 06, 2011
Last TOBACCO (SMOKELESS - CHEWING/DIP) HF: CURRENT SMOKELESS - Jan 06, 2011
Last TOBACCO (EXPOSURE) HF: SMOKE FREE HOME - Jan 06, 2011
NON Tobacco use:
Patient has never used any tobacco products.
Patient states they have never smoked tobacco.
Patients states they have never used smokeless tobacco products.
Patient reports current or history of tobacco use
Tobacco in environment.
Patient lives in a smoke free home
Smoker in home
Patient is exposed to smoke in work environment.


Patient reports current or history of tobacco use
Patient uses tobacco currently
Patient is a current smoker
Patient states they smoke tobacco every day.
Patients states they smoke tobacco on some days.
Patient currently uses smokeless tobacco
Patient currently is a smoker & uses smokeless tobacco.
Patient quit using tobacco < 6mos ago
Patient has stopped smoking in the last 6 mos
Patient has stopped using smokeless tobacco in the last 6 mos.
Patient quit using tobacco products >6 mos ago
Patient stopped smoking over 6 mos ago.
Patient stopped using smokeless tobacco over 6 mos ago.
Tobacco cessation Education and Interventions
Tobacco in environment.

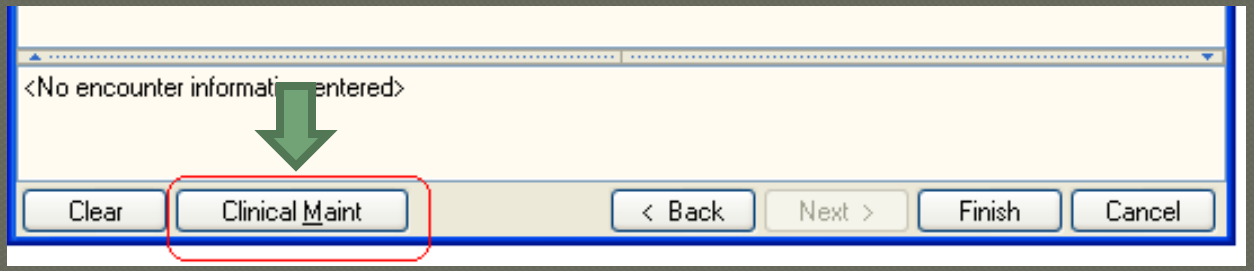
For the Tobacco Users

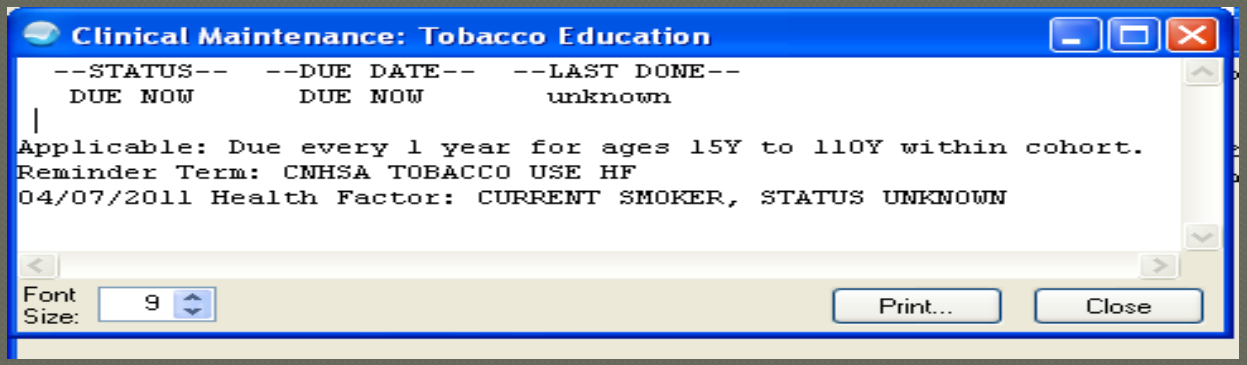
- Once they have been documented as tobacco users then we must provide education



CLINICAL MAINTENANCE

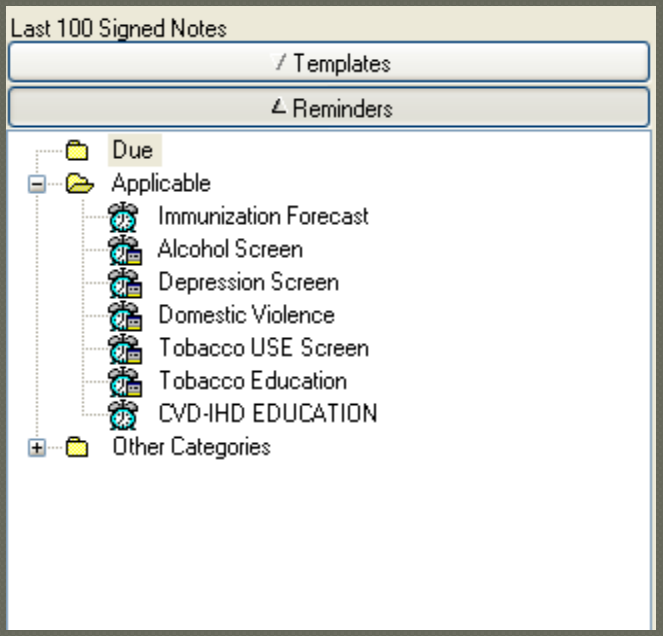
Available to help you know the why behind the reminder and what has been done in regards to this reminder





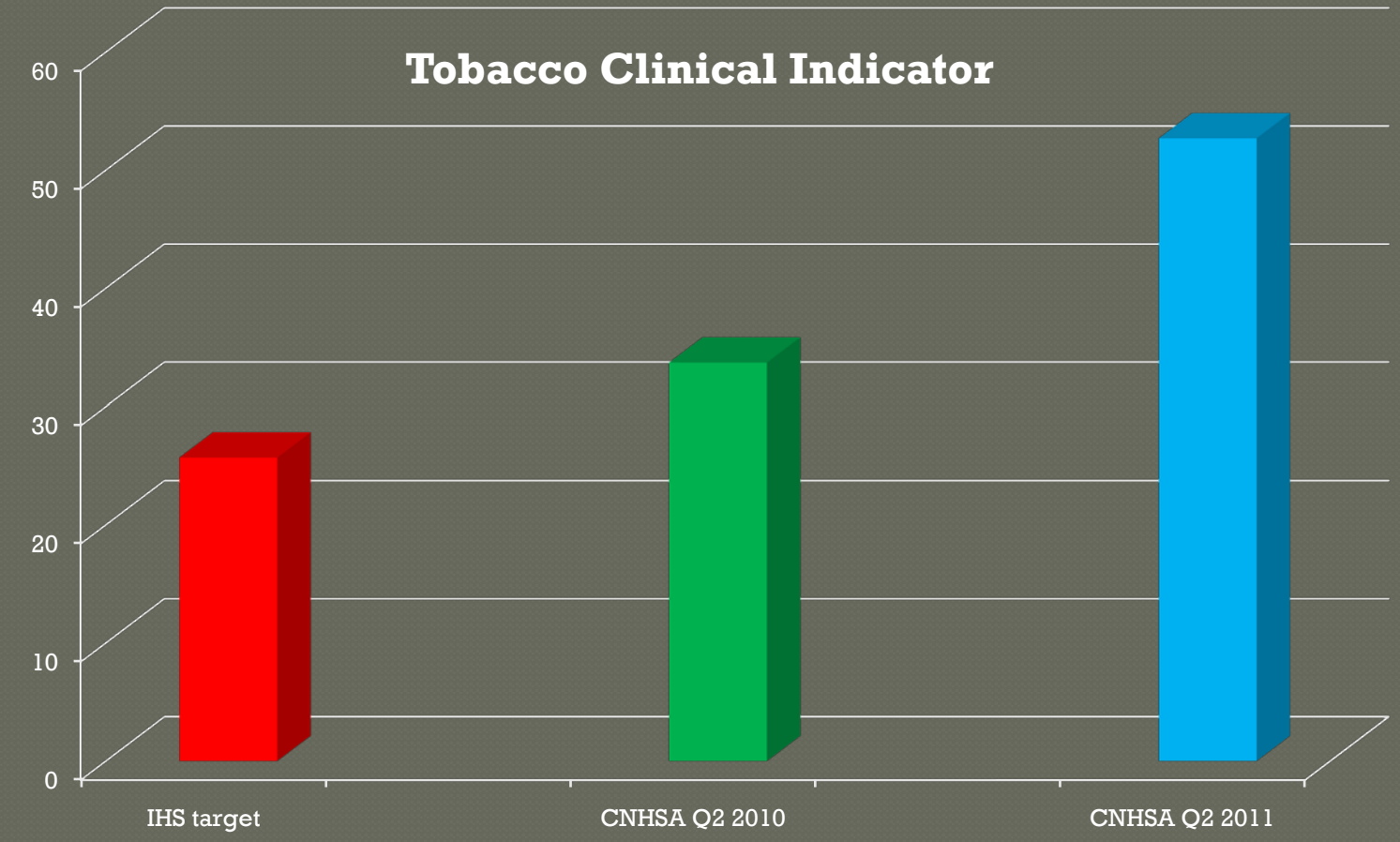
Therefore:

- The ultimate goal is:

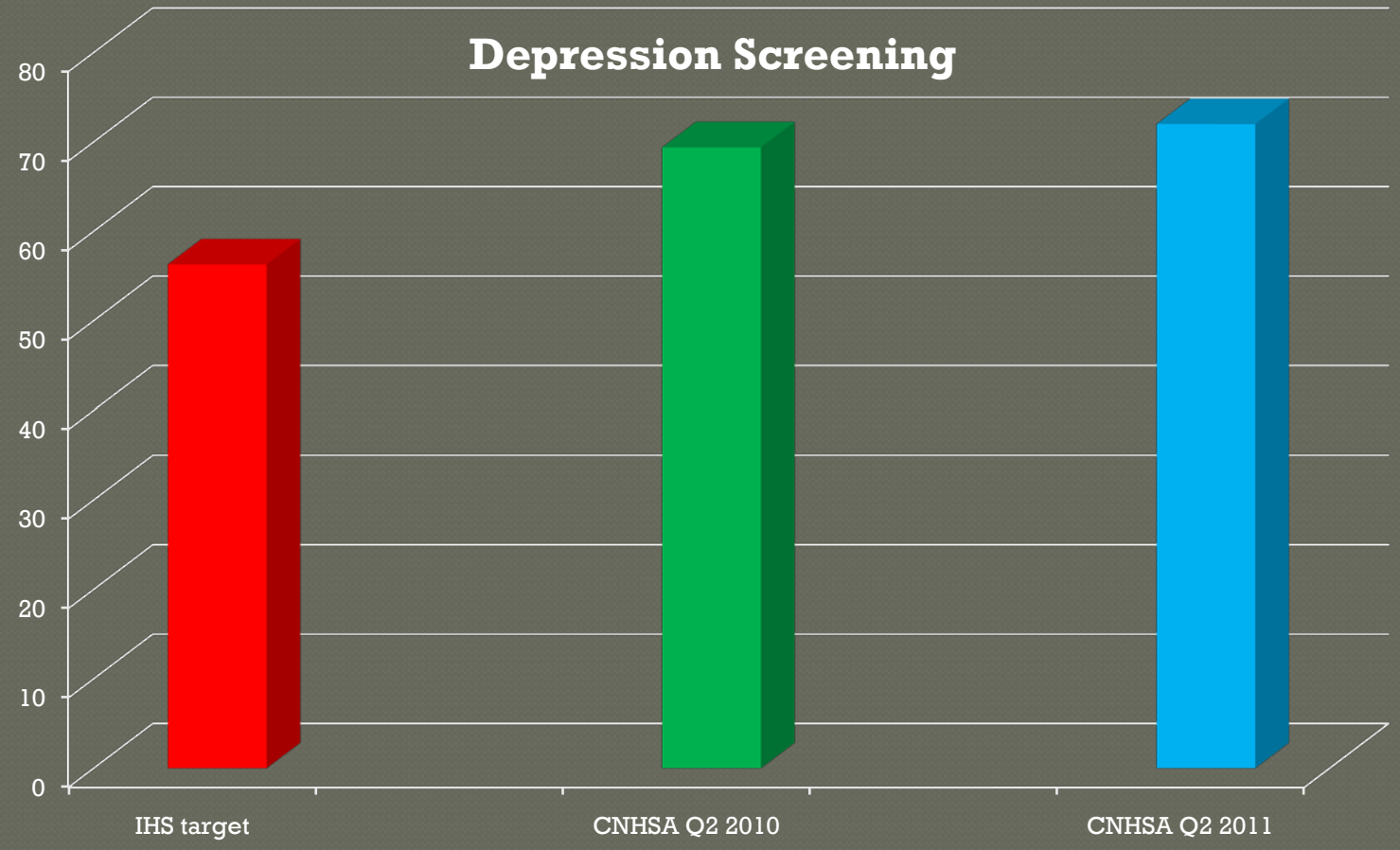


BLUE – NOTHING DUE, YOU ARE THROUGH

How this process has helped us



Another:


Depression Screening
80
70
60
50
40
30
20
10
0
IHS target
CNHSA Q2 2010
CNHSA Q2 2011

Any questions?

Tracie Cox, MT ASCP AMT
EHR/LIS Specialist
Choctaw Nation of Oklahoma