

Home to Hospital to Home Transitions Checklist:

What Primary Care Teams Can Do Now

April 22, 2020

H2H2H Guideline Elements	Primary Care Provider Team Role*	Covid-19 considerations	Actions You Can Take Now to Improve Transitions
Confirmation of the Primary Care Provider	<p>Agree or disagree with patient attachment</p> <p>Agree to accept responsibility for the care of unattached patients</p>	<p>Some zones have 'attachment' processes in place for all admitted 'unattached' patients</p> <p>Your zone may have NEW interim processes to ensure unattached patients that are presumed/ confirmed COVID +ve (identified in community or the hospital) have a primary care provider for follow-up.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Confirm patient demographic information with each patient interaction (especially contact info.) <input type="checkbox"/> Keep "Find a Doctor" information up to date as it is used by many partners to contact you <input type="checkbox"/> Sign-up for CII/CPAR¹ (if you have not already). The Central Patient Attachment Registry (CPAR) was requested by physicians to record and share attachment relationship <input type="checkbox"/> Maintain and improve panel management processes
Admit Notification	<p>Open and read admit notification.</p> <p>Send relevant information to the hospital team.</p>	<p>Some zones have admit notification processes in place.</p> <p>Your zone may have NEW interim processes to notify primary care providers if one of their patients were admitted and are presumed/ confirmed COVID+ve</p>	<ul style="list-style-type: none"> <input type="checkbox"/> For those clinics live on CII/CPAR, ADMIT eNotification comes automatically and directly into the lab report area of your EMR for paneled patients². <input type="checkbox"/> If you have not already, sign-up for CII/ CPAR for automatic and reliable e-notification for panelled patients <input type="checkbox"/> Some zones have admit notification processes, if you do not have a reliable process in your zone consider looking in Netcare <input type="checkbox"/> If you are on CII/CPAR, your patient encounter information is shared in Netcare in the form of a Community Encounter Digest (CED) <input type="checkbox"/> If you receive notification, consider sharing with the hospital team relevant information as per patient's medical home care plan
Transition Planning	Provide information required to assist transition planning	For presumed /confirmed Covid-19 positive patient plan for Primary Care follow up as per " Presumed/ Confirmed COVID-19 Positive Primary Care Pathway "	<ul style="list-style-type: none"> <input type="checkbox"/> Work collaboratively with hospital team and provide any relevant information (medical, social, financial, etc.) needed to ensure appropriate care and services are arranged before patient leaves the hospital
Referral and Access to Community Support	Work collaboratively with hospital team and provide any relevant information needed to ensure appropriate services are arranged before patient leaves the hospital		<ul style="list-style-type: none"> <input type="checkbox"/> Work collaboratively with hospital team and provide any relevant information (medical, social, financial, etc.) needed to ensure appropriate care and services are arranged before patient leaves the hospital

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Transition Care Plan	<p>Confirm receipt of the transition care plan with the hospital</p> <p>Book or arrange any outstanding tests or procedures required post-discharge.</p> <p>Verify if a follow-up appointment was scheduled and if not, contact patient to arrange</p>	<p>For patients that are presumed/ positive for Covid-19 plan for follow up as per "Presumed/Confirmed COVID-19 Positive Primary Care Pathway"</p>	<ul style="list-style-type: none"> <input type="checkbox"/> For those clinics live on CII/CPAR, Discharge eNotification (Emergency Dept and In-Patient) comes automatically and directly into the lab report area of your EMR for paneled patients². If you have not already, sign-up for CII/ CPAR for automatic and reliable e-notification. <input type="checkbox"/> Some zones have discharge notification processes, if you do not have a reliable process in your zone consider looking in Netcare <input type="checkbox"/> Develop standardized clinic processes to review notifications, risk assess patients (e.g., LACE index) and book timely follow-up appointment to positively impact care and reduce chance of readmission <input type="checkbox"/> Ensure appropriate follow-up appointment has been booked
Follow-up to Primary Care	<p>Work collaboratively with the hospital team to provide a timely follow-up appointment.</p> <p>Review the patient's transition care plan and clarify any outstanding questions with the hospital team</p> <p>At the follow-up appointment: perform medication reconciliation, ask the patient to explain their goals, follow-up on test results and order any outstanding tests</p>	<p>See tools for organizing and delivering virtual care.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review Discharge/Transition Plan and follow-up with Hospital Team for any outstanding questions <input type="checkbox"/> Update transition plan information in the patient chart and prepare for the visit. <input type="checkbox"/> At Patient Appointment: <ul style="list-style-type: none"> <input type="radio"/> Review care plan including patient goals <input type="radio"/> Confirm with patient community supports (e.g., homecare, physio, etc.) <input type="radio"/> Perform Medication Reconciliation <input type="radio"/> Follow-up on tests results <input type="radio"/> Review and order any outstanding tests or referrals <input type="radio"/> Confirm on-going appointments

¹Community Information Integration / Central Patient Attachment Registry (CII/CPAR) Frequently Asked Questions. https://actt.albertadoctors.org/file/CII-CPAR_FAQs.pdf

²eNotifications is currently live for those on CII/CPAR with Healthquest and Wolf EMRs. Med Access EMR expected to be live May 4th, PS Suite follows, Accuro later in 2020

*Aligned with H2H2H Transitions Guideline and adapted for today's context