Element 5C: Coordinate with Facilities and Care Transitions

Factor 6 – Collaborates with the patient/family to develop a written care plan for patients transitioning from pediatric care to adult care.

PCC EHR includes Care Plan functionality within every Medical Summary for organizing materials and information in preparation for transitioning a patient from pediatric care to adult care. The following example shows how Care Plan functionality within PCC EHR can be used to transition a patient to adult care.

> *Patient Beau O'Leary is 18 years old and transferring to an adult primary care setting. He has a history of migraines and has seen a neurology specialist in the past to help manage the migraines.*

For patients like Beau with complex medical histories, the Care Plan is a good place to document the goals for and progress made with the patient's care. It can also contain the patient's care team information, including family members and professionals involved in the patient's care. Here, a Care Plan intervention was initially created to track the progress with the treatment of Beau's migraines but it is now marked as resolved since the migraines are under control and he is no longer seeing a specialist.

PCC EHR
FIND
Medical Summary
Beau O'Leary 18 yrs, 2 mos 1/24/96 M
Beau O'Leary PCC# 3174
Medical Summary
Recent and Upcoming Appts
Patient Demographics
Siblings
Reminders
Problem List
Allergies
PCC eRx Allergies
Medication History
Family Medical History
Medical History
Social History
Care Plan
Confidential Notes
Demographics
History

Care Plan Print Display: All Statuses
04/08/14 Goals: Transition to adult care setting Status: Active
04/08/14 Status: Resolved
Goals
• Manage migraines
Actions
• Follow-up neurological assessment
Next Steps
Avoid caffeine and manage diet to avoid migraines whenever possible.
Care Coordination Notes (internal use)

Team Members
Brent O'Leary (Custodian) Address: 5658 Hillview Lane Essex Junction, VT 05453
Home Phone: 802-555-0191
Cell Phone: 802-555-0120
Cell Phone: 802-555-0166
Emg Phone: 802-555-0144
Note:
Dr. James Andrews, M.D. Organization: Harborview Neurology Address: 25 Broadway St South Portland, ME 04106
Note:

Because Beau is transferring to a new practice, a new Care Plan intervention is created to help organize the tasks related to transitioning him out of the practice. In Beau's medical summary a new “Transition to adult

care” intervention is added:

PCC EHR
FIND

Medical Summary
Beau O'Leary 18 yrs, 2 mos 1/24/96 M

Beau O'Leary PCC# 3174
Medical Summary
Recent and Upcoming Appts
Patient Demographics
Siblings
Reminders
Problem List
Allergies
PCC eRx Allergies
Medication History
Family Medical History
Medical History
Social History
Care Plan
Confidential Notes
Demographics
History
Visit: 04/16/14
15-21 Yr Well - Bright Futures

Care Plan
Print Display: All Statuses

04/08/14 Status: Active

Goals
- Transition to adult care setting

Actions
- Transfer practice

Next Steps
1. Identify adult primary care
2. Identify adult emergency care
3. Identify specialty care needs
4. Obtain release for transfer of records to adult care
5. Provide health information summary to adult care practice

These are the 5 standard steps for the practice to complete when transitioning a patient to adult care

Care Coordination Notes (internal use)
Beau will be transitioning to Westwood Family Practice in Portland. His emergency and hospital care will be provided by Bay Area Medical Center. Beau has seen a neurologist in the past to help manage severe migraines he was having, but this issue seems to be resolved based on recent visits I've had with him. See attached intervention re: migraine care plan. Release for transfer of records is attached and a health info summary is being sent to Westwood Family Practice.

Notes are recorded by the clinician identifying relevant history and progress on the above steps. These notes will print to be sent along to the adult care practice

Team Members

A signed authorization form for records release can be attached to the Care Plan and printed with everything else.

General (1 Page) Date: 04/08/14
Note: Release form for transfer of records [pcc]
Attached to: 04/08/14 - Care Plan Goal "Transition to adult care setting"
EDIT TAGS VIEW DOCUMENT

The practice collaborates with the patient to get a signed records release transfer form to be scanned and attached directly to the Care Plan as shown in the above screen shot.

The above care plan intervention, in addition to the now-resolved migraine care plan intervention, and all attached documents can be printed together or saved as a .pdf to be sent to the adult care practice. Note that this would also include all documents such as specialist.reports that would have been attached to the now-resolved migraine treatment intervention.

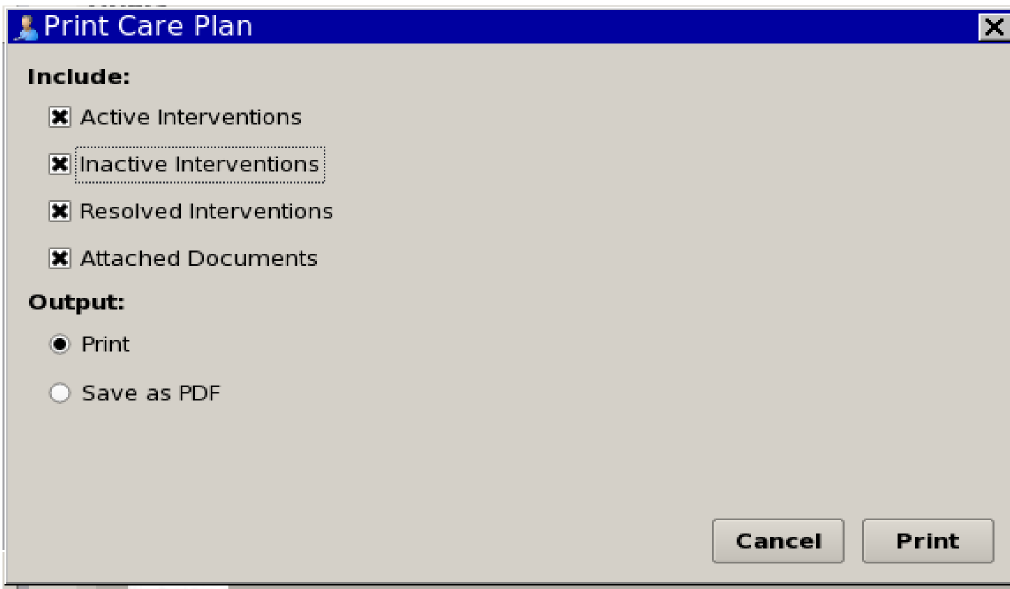
Medical Summary
Beau O'Leary 18 yrs, 2 mos 1/24/96 M

Care Plan
Print Display: All Statuses

04/08/14 Status: Active

Goals
- Transition to adult care setting

Print care plan intervention(s)



Note that the printed care plan also includes any documented care team members. Because the neurologist is a care team member for the migraine treatment intervention, he is included in the report with any other documented care team member:

Care Plan Beau O'Leary (18 yrs, 2 mos; M; 01/24/96)

Team Members

Brent O'Leary (Custodian)

Home Phone:	802-555-0191	Address:	5658 Hillview Lane
Work Phone:	802-555-0120		Essex Junction, VT 05453
Cell Phone:	802-555-0166		
Emg Phone:	802-555-0144		

Dr. James Andrews, M.D. (Clinical Neuropsychologist)

Organization:	Harborview Neurology
Address:	25 Broadway St
	South Portland, ME 04106

Additionally, the patient's health information summary can and should be sent to the adult care practice. This would include Beau's problem list, medication allergies, medication history, immunization history, and diagnostic test results. Details on how to generate a Health Information Summary within PCC EHR are shown below.