



** This is a sample workflow, which can be customized to each care team



CurrentCare Hospital Alerts Workflow Diagram



Description

When would I use Alerts?: This workflow documents a suggested process that primary care practices can follow after adopting, implementing and receiving CurrentCare Hospital Alerts. The alerts will provide secure notifications to the provider when their patient is in the Emergency Department (ED) or inpatient. Each practice should customize the process based on their existing workflows, staff roles, triage process, etc. The workflow attached is to be used as a guide when determining each practice's new workflow, including Hospital Alerts.

Why would I use Alerts?: When appropriate, ensure the patients come in for a follow-up appointment, notify providers of critical encounters, and gather hospital documentation.

Conditions: When a practice is notified by CurrentCare that their patient has had an ED or inpatient visit.

Roles: The practice is responsible for signing up for the Hospital Alerts service, and for continuously enrolling patients who aren't yet enrolled in CurrentCare. The support staff at the practice is responsible for ensuring the Hospital Alerts are processed at least daily. CurrentCare is responsible for sending notifications to the practice when a patient identifies that provider as their PCP.

Process: When an enrolled patient has an ED or inpatient encounter, CurrentCare sends the hospital alert to the practice. The support staff at the practice checks the Hospital Alerts inbox at regularly-scheduled intervals, or enables notification emails to their regular email box. The support staff then triages the encounter and when appropriate, informs the provider, schedules a follow-up visit, and gathers hospital documentation.

Considerations: There are many possible variations to this workflow that can be customized to a practice or team's workflow. Examples are integrating a Nurse Care Manager to call the patient and perform medication reconciliation by phone before the patient is seen in the office, or creating separate workflows for ED vs inpatient encounters or admission vs. discharge encounters.