







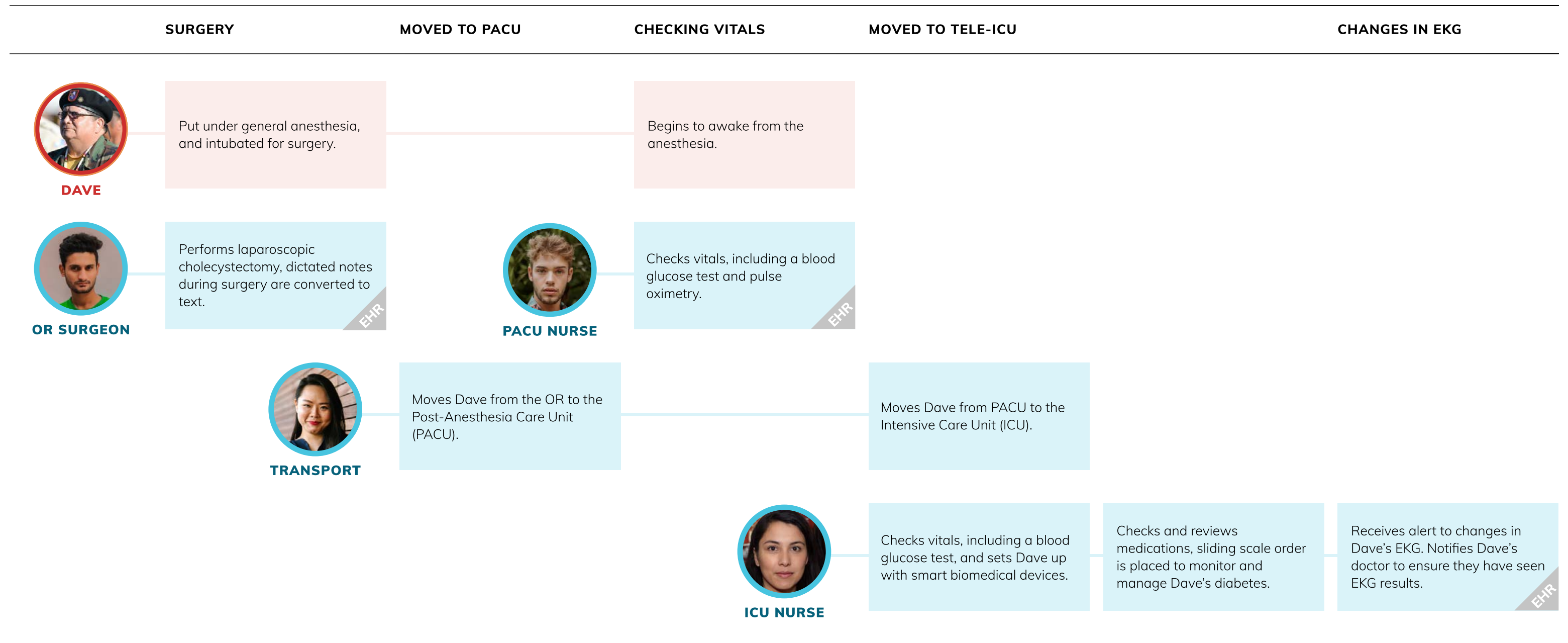








# 6.3 Dave Has Surgery



**ADMIN & BILLING**

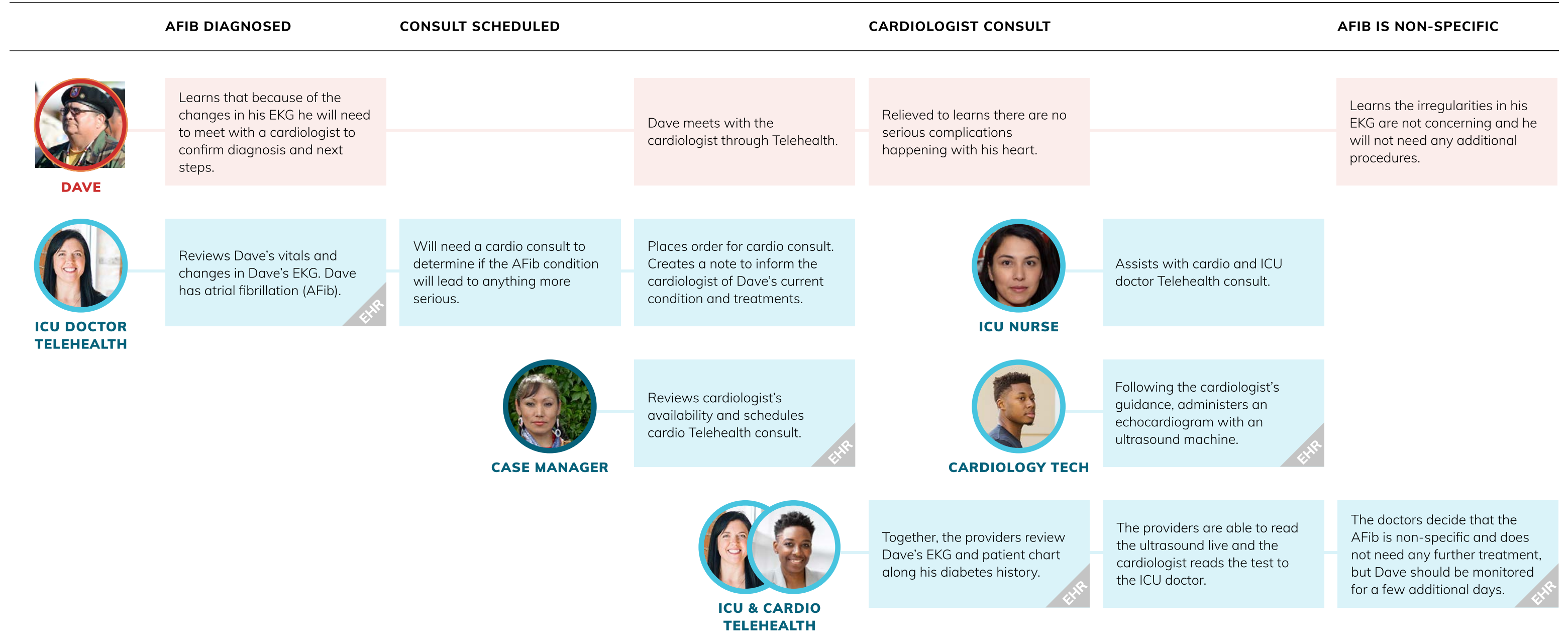
**UNIQUE ASPECTS**

**HEALTH IT OPPORTUNITIES**

EHR integration with voice dictation tools allow for surgery to be documented in patient file.	Patient wristband scanned and transport logged into EHR.	Meds administered are captured with NCU codes for billing.	Vitals logged automatically in EHR. Orders are carried over between departments for evaluation and awareness.	Alert when patients vitals have been cleared and they can be relocated to inpatient room.	EHR automatically captures biomedical equipment logs, images and vitals, including ventilators, monitors, heart rate, and more.
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# 6.4 Changes in EKG



**ADMIN & BILLING**

Some facilities set up Telehealth as direct care with contractors, others as external care, needing referrals (PRC).

**UNIQUE ASPECTS**

**HEALTH IT OPPORTUNITIES**

Support for Tele ICU.

Full visibility of all network providers' calendars.

Alerts parameters setup based on patient's condition. Remote monitoring over Telehealth.

# 6.5 Dave Moves to the Medical Surgical Unit

## PATIENT HAND-OFF

## MOVED TO MED-SURG FLOOR



DAVE

Learns he will be moved to the med-surg unit floor to be monitored for a few days.

Receives medications on his dosage schedule before he is prepared to be transported to his new floor.



ICU DOCTOR  
TELEHEALTH

Submits order to transfer Dave to med-surg unit to have his recovery monitored.

Calls med-surg unit doctor to hand off. Reviews Dave's chart and vitals. Briefly walks the med-surg doctor through Dave's care.



MED-SURG UNIT  
DOCTOR

Receives hand-off patient information over the phone, reviews Dave's chart, and begins writing delayed orders for Dave while he is under the med-surg team's care.



TRANSPORT

Receives alert that Dave will need to be moved to med-surg unit for recovery.



ER NURSE

Continues to closely monitor Dave's EKG results, vitals, and blood glucose.

Prepares to hand off Dave's patient information to the med-surg unit nurse.

EHR

Administers medications to Dave so that after his transfer his new care team has time to review new patient protocol before administering his next dose.



MED-SURG UNIT  
NURSE

Receives hand-off patient information over the phone. Checks the availability on the floor, and ensures that the room and bed for Dave are ready for him to arrive.

ADMIN  
& BILLING

UNIQUE  
ASPECTS

HEALTH IT  
OPPORTUNITIES

EHR logs and tracks inpatient patients' locations for care teams.

# 6.6 Dave is Moved to Inpatient Care for Surgery Recovery

## FIRST NIGHT IN THE HOSPITAL

## SECOND DAY IN THE HOSPITAL



**DAVE**

Moves to the med-surg unit floor where he will stay until he is discharged.

Spends his first night in the hospital. Kept on a liquid diet as care team continues to monitor his progress.

Diabetic status causes concern his incisions will take longer to heal. Receives phone call from Abigail, is reassured that she'll be around if he needs her.

Still recovering, feeling better than the first day. Can eat solid foods now.



**MED-SURG UNIT DOCTOR**

Does an initial assessment, documents the patient history. They review the diagnosis and Dave's condition and create a note in his chart.

Orders become active. Reviews blood glucose levels to see if sliding scale order needs adjustments, and evaluates any standing orders.

Places order for nutrition consult.

Checks in with Dave, reviews vitals, and approves a solid food diet.



**MED-SURG UNIT NURSE**

After the doctor finishes their initial assessment, the nurse completes admissions orders.

The nurse checks Dave's vitals, allergies, the nursing orders that were passed off, and whether there are any diet orders in place.

Evaluates Dave's pain levels and checks his sutures and how he is healing.

Continues to check Dave's vitals and blood glucose levels. Brings med cart with to dispense medications to Dave according to his dosage schedule.



**PHARMACIST**

Reviews Dave's medications and his chronic conditions, checks for drug interactions and reviews with Dave to do a med reconciliation.

Verifies the meds and releases them to the dispensing cabinet while providing clear dosage instructions, to ensure Dave is given the correct amount of medication.



**NUTRITION SERVICES**

Receives order that Dave has been cleared for solid foods. Reviews the diet restrictions his care team has put into place, then meets with Dave to set up a nutrition plan.

**ADMIN & BILLING**

**UNIQUE ASPECTS**

**HEALTH IT OPPORTUNITIES**

Patient pass-offs between staff digitized. Checklists are created to streamline process.

Hospital-wide protocols are prompted in EHR for clinical staff to quickly process and check through.

Medication schedule automated and updated in EHR when Electronic Medication Administration Records protocol is processed.

Non-clinical staff are fully integrated to better serve patients and provide seamless care.

# 6.7 Dave's Recovery

## THIRD DAY IN THE HOSPITAL

## DISCHARGED FROM HOSPITAL

## DAVE IS BACK HOME



**DAVE**

Dave is feeling better each day and begins to walk on his own with minimal pain.



**MED-SURG UNIT NURSE**

Continues to check Dave's vitals and blood glucose levels. Examines Dave's sutures, asks how his pain is while resting and if there were any changes when he had his meals.

EHR



**MED-SURG UNIT DOCTOR**

Checks in on Dave's progress and is confident that Dave's recovery will continue to progress smoothly.

Excited to hear his health has stayed consistent enough that he is cleared to go home. Calls Abigail to tell her he can be picked up from the hospital.

Receives alert that Dave has been approved for discharge. Gathers discharge care instructions and walks Dave through the great news.

EHR

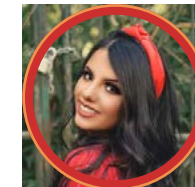
Begins processing discharge protocol, puts in order for Dave to have follow up appointments with a Primary Care Provider and his VA cardiologist.

EHR



**CASE MANAGER**

Receives notification Dave has been cleared for discharge. Confirms that Dave would prefer to establish primary care with the IHS facility, as it is closer.



**ABIGAIL**

Confirms with Dave that he has transportation available, then confirms he is clear on how he needs to continue his diet and that he can return to normal activities after another week.

When his niece arrives, he tells her about the patient portal and gives her his discharge paperwork.

Happy to hear she can pick up her uncle from the hospital and help bring him home, she quickly hurries over.

Once he and his niece arrive at his home, she helps him set up his patient portal.

After helping Uncle Dave set up his portal, she reviews with him what foods he needs to be eating and goes to the grocery store for him.

**ADMIN & BILLING**

Entire episode is coded and billed to the VA

**UNIQUE ASPECTS**

AI/AN Veterans care at I/T/U facilities is covered by VA funds

**HEALTH IT OPPORTUNITIES**

Vitals are logged and charted to view progress over time.

Documents are created and readily available in patient's chart and the patient portal.

# 6.8 Checking in with Primary Care Provider

## PCP APPOINTMENT

## VA CARDIO APPOINTMENT



**DAVE**

Has an appointment with his PCP at the IHS facility for the first time.

Mentions to PCP he had a cardiologist at the VA, would like to check in with that person about the AFib. Works with Case Manager on appointment.

At the time of the VA cardio appointment, comes to the IHS facility to use the Telehealth room.

Once he and his niece arrive at his home, she helps him set up his patient portal.



**PRIMARY CARE PHYSICIAN**

Reviews Dave's history and details about the surgery, reviews his charts from the VA care teams.

Checks on Dave's surgery recovery. Does a wellness check up since Dave mentioned he wants to transfer his care to this facility.

Recommends Dave check in with a cardiologist to follow up on the AFib. Documents his notes and writes referral to VA cardiologist. EHR



**CASE MANAGER**

Follows up with Cardiologist at the VA for referral. Schedules Telehealth appointment with them.

Schedules follow-up Telehealth appointment with VA cardio. Receives their cardio notes from the VA system.



**VA CARDIO OFFICE (TELEHEALTH)**

Confirms Telehealth appointment with Dave.

Reviews Dave's history, examines him with the help of a nurse who is at the IHS facility. Asks for some labs.

Documents the encounter, requests a Telehealth follow up to review lab results.

**ADMIN & BILLING**

PCP encounter will be quickly coded and billed to the VA.

Referral process to VA cardiologist may require PRC approval process.

VA cardio encounter is covered by VA. IHS to invoice for Telehealth facility usage and nurse.

**UNIQUE ASPECTS**

Current VA and IHS health care systems do not interact.

**HEALTH IT OPPORTUNITIES**

Ability to refer to specialists at the VA for eligible patients.

Ability to hold Telehealth consults with specialists from the VA

Interoperability between IHS and VA EHR.

# HHS / IHS Health IT Modernization

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