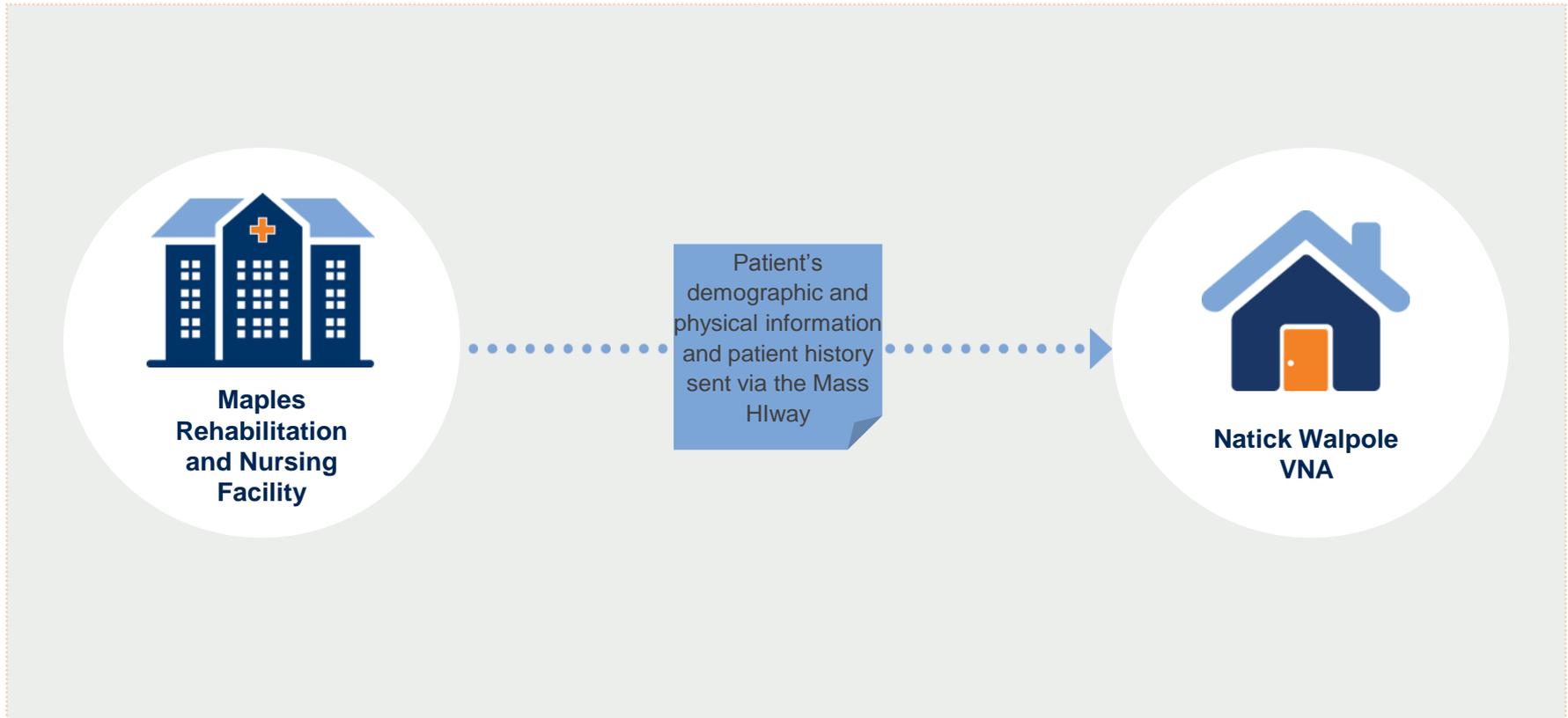


DISCHARGE SUMMARIES USE CASE

DISCHARGE SUMMARIES FROM REHAB CENTER TO HOME HEALTH AGENCY



GOAL

Provide uninterrupted care when patients transition from a Rehab Center to being cared for by a Home Health Agency.

DISCHARGE SUMMARIES FROM REHAB CENTER TO HOME HEALTH AGENCY

ORGANIZATION

Natick Walpole Visiting Nurse Association (VNA)

GOAL

To allow Natick Walpole VNA to continue to offer uninterrupted care for their patients as Maples Rehab Center moves away from manual document exchange

TRADING PARTNERS AND SYSTEMS

- Natick Walpole VNA
- Maples Rehabilitation and Nursing Center

DATA TO EXCHANGE

- Discharge Summaries

STORY

Natick Walpole VNA regularly receives discharge summaries for patients from various trading partners. In the past, those summaries were faxed between the facilities. However, with faxed discharge summaries there is a risk that they may not be received in a timely fashion. To combat these issues, some of the trading partners have begun migrating away from faxed documents.

One of their trading partners, Maples Rehabilitation and Nursing Center, initiated a strategic project to transition from faxing to Direct Messaging via the Mass Hlway for their discharges. Natick Walpole VNA receives approximately 50 discharge summaries a month from Maples. To continue to serve Maples' patients after discharge, Natick Walpole VNA needed to switch to receiving discharge summaries electronically.

Using the Mass Hlway, Maples now sends the discharge summaries electronically to Natick Walpole VNA via Direct Messages. A clinician from Natick Walpole VNA will go to Maples and work with their discharge planner to determine which patients will need home care upon their discharge from Maples. The demographic and physical information and the patient's history will then be sent via the Mass Hlway to Natick Walpole VNA. The paperwork is inspected for completeness before being attached to a patient's electronic chart. The discharge summary is utilized by providers at Natick Walpole VNA in their assessment during a Start of Care (SoC) visit.

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