

# Remote Patient Monitoring (RPM) for High Risk Patients

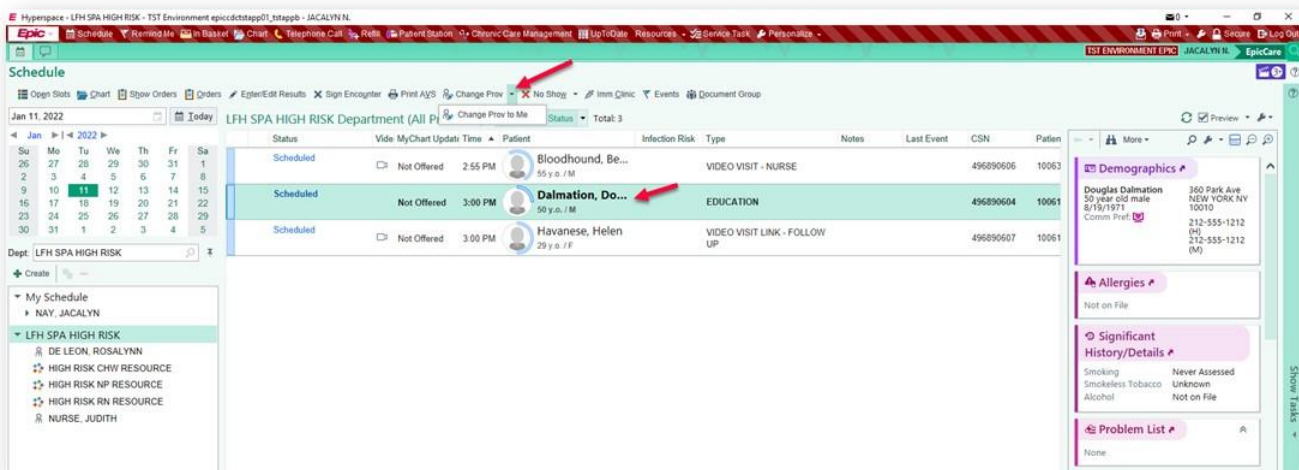
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## Community Health Worker (CHW) Initial Visit

1. Log into **LFH SPA HIGH RISK** department.
2. Open the **Multi-Provider Schedule** activity.



3. Select the department schedule.
4. Click on the scheduled Education visit for the patient you will take
5. Click the Change Prov to me button **Now** the patient is scheduled to you (as opposed to the resource) and you can see your name on the schedule. Double click to open that patient's chart.



6. In **Call Initiation** tab, document Contacts, Reason for Call, Track Pt Outreach.
7. In the **Episodes** tab, create new episode of Health Coaching

**Episodes**

**Episodes of Care**

Show: ☐ Resolved ☐ Deleted

Linked N... Type Noted Resolved

**Health Coaching**

Name: Health Coaching Comment

Type: Health Coaching

Noted: 11/16/2021

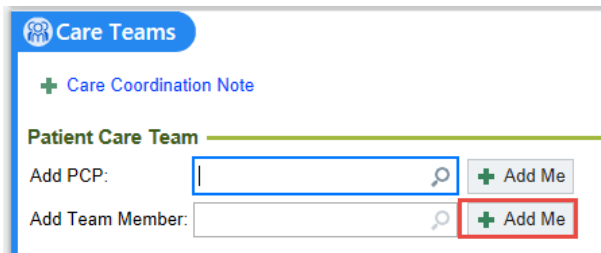
Resolved:

✓ Accept ✗ Cancel

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8. Add yourself to the Care Team.



Care Teams

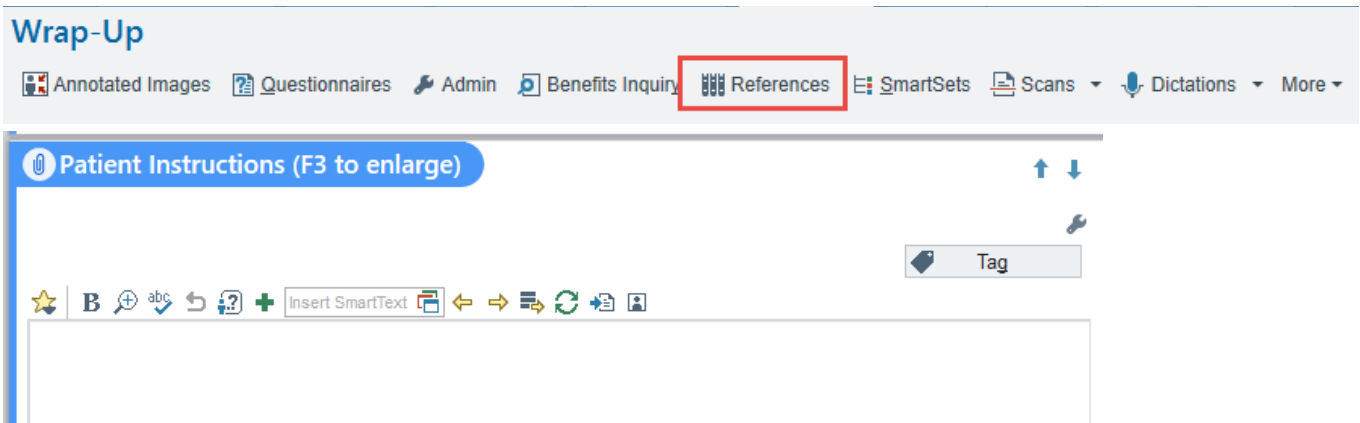
+ Care Coordination Note

Patient Care Team

Add PCP:

Add Team Member:

9. Navigate to **Care Mgmt** tab. Document a Care Coordination note.
10. Navigate to **Wrap Up** tab. If needed, add educational material by using References activity or the Patient Instructions activity to search for the appropriate material.



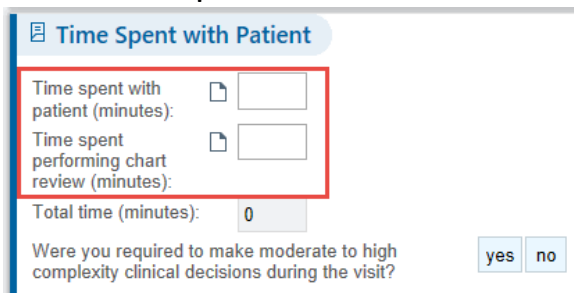
Wrap-Up

Annotated Images Questionnaires Admin Benefits Inquiry **References** SmartSets Scans Dictations More

Patient Instructions (F3 to enlarge)

Tag

11. Document **Time Spent with Patient**.



Time Spent with Patient

Time spent with patient (minutes):

Time spent performing chart review (minutes):

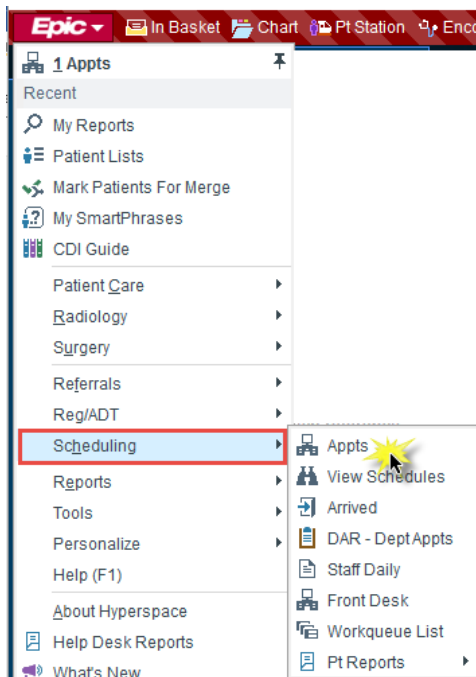
Total time (minutes):

Were you required to make moderate to high complexity clinical decisions during the visit?

12. Navigate to the Epic menu and open the Appts activity.

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13. Confirm that the patient has a scheduled appointment in the High Risk department.

**Appointment Desk**

Make Appt One Click Walk In Schedule Request Reports Patient Options Printing More

**Patient Summary (Edit)**

**Hptnbpa Two, Test (50 yrs)** MRN 52072975 Sex Male [2] Mobile 917-555-6783 E-mail hptnbpa@mail.com

1 Star Stuff  
New York NY 10010

DOB 10/21/1971 Gender Identity 212-998-7777 Home Pt Type

SSN xxx-xx-9999 Pref. Pronoun Work **HM**

Reg Status Lang: Intrpr English No [2] [22]

**Patient Guarantor Accounts**

Guarantor Account Name	Guar Acct#	Status	SA	Type	Financial Class	Balance
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**Future** Past Recalls Active Requests Finalized Requests

NYU Linked...	R...	Encounter Date	Time	Len	Visit Type	Dept	Dept Spec	Provid
		1/12/2022 Wed	9:00 a	15	VIDEO VISIT - NURSE [929]	LFH SPA HI [10801180]	Internal Medicine	NURS [1724

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**NOTE:** If the patient, does not have a scheduled appointment with the High Risk nurse navigate to the Follow-up activity,. Indicate when the patient should be scheduled for next appointment

**Follow-up**

Return in: (from 10/27/2021) **1 Weeks** 4 Weeks 3 Months 6 Months

1 Days **Weeks** Months Years

Return on: 11/3/2021 ☒ Approximately

☐ PRN

For: ☐ Office Visit ☐ Telemedicine Visit

High Risk Visit with RN

14. Sign and close encounter.

## Daily Review and Management of RPM patients from Reporting Workbench Report

Review the list of hypertensive patients that have enrolled into Remote Patient Monitoring from Epic.

1. From My Report activity, navigate to the Library tab.
2. Search for “FHC High Risk Patients” report.
3. Select the star icon next to the report to favorite it.

**Library**

fhc high risk patients

☒ Show templates

**Find Orders**

Matching reports

**FHC High Risk Patients**

Additional reports

Details

4. Select Run.