
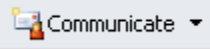


TCM – Transitional Care Management  
Cerner

**Front Office:**

1. Front Office receives notification that the patient has been discharged (Call from HUC or discharged pt list).
2. Front Office schedules appt within 14 days of discharge date
3. Front office creates a Message clinic or provider nursing pool with the following information
  - a. TCM scheduled appt date
  - b. Discharge date

**Clinical staff:**

1. Clinical staff reviews message from Front Office staff with patient data
  2. Navigate to Ambulatory Organizer, Select date of scheduled TCM visit
  3. Find patient on Ambulatory Organizer and click patient name to open chart
  4. Navigate to the Community View in the chart Menu to review the DC summary and CCD
- 
5. In the top Banner Bar, select the Communicate button
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6. in the "To" field select nurse name
  7. Change the subject to "LRHS Transitional Care Management" – This will pull in the Auto text fields to complete the patient call information
  8. Complete all fields. Enter the Date of Discharge then use the **F3** key on the keyboard to navigate to the next field.
  9. Click Send

This will save the TCM call information on the Account number that the TCM visit is scheduled on. This is to keep the documentation connected with the visit to meet the requirements for the TCM service. If records are requested, the message will be printed with the Visit note.


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**On the Date of the TCM Visit:**

The front office staff will arrive the patient.

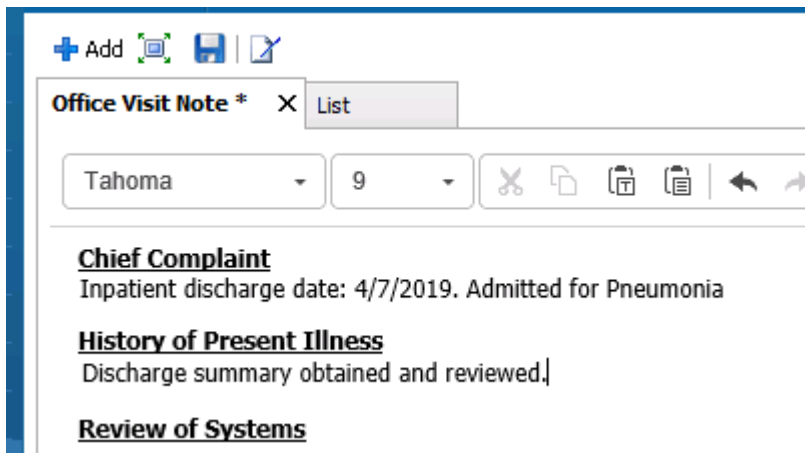
1. Clinical staff will Open patient chart from the Ambulatory Organizer.
2. On the Clinic Nursing LRHS workflow page, review the Health Maintenance items
3. Review and update the Allergies, Home medications and histories
4. Go to the Ad Hoc button and select the LRHS Adult Clinic Visit form
5. In the Reason for Visit section, select “Yes” in to the question “Is this a new patient or post discharge follow up appointment”. Enter the discharge date and the reason for admission the “tell me what concerns” box.

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6. Obtain and document the Vital signs
7. Complete remaining required fields. Click the green Check mark in the top left hand corner of the form. 

**Provider:**

1. Navigate to the specialty Ambulatory LRHS tab. Scroll to the bottom of the page to select the Specialty Office Visit Note to open the document.
2. Add statement that the discharge summary was obtained and reviewed. Complete remainder of the visit documentation. Save and sign.



The screenshot shows the Cerner Office Visit Note form interface. At the top, there is a toolbar with icons for '+ Add', a grid icon, a save icon, and a document icon. Below the toolbar, the form title is 'Office Visit Note \*' with a close button 'X' and a 'List' button. The form content includes a dropdown menu for 'Tahoma' and a dropdown menu for '9'. Below these are several icons for editing and navigation. The form content is organized into sections: **Chief Complaint** with the text 'Inpatient discharge date: 4/7/2019. Admitted for Pneumonia', **History of Present Illness** with the text 'Discharge summary obtained and reviewed.', and **Review of Systems**.