

# Legislation Compliance with Your After Visit Summary

Nishawnda Ellis, RN, MSN, MBA

*South Shore Health, Weymouth MA*

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## Introduction/Background

The Massachusetts Caregiver Advise, Record & Enable (CARE) Act (Chapter 332 of the Acts of 2016), effective November 8, 2017 is intended to allow patients over the age of 18 who have been admitted as an inpatient at an acute care hospital to designate a caregiver and give permission for the hospital to provide medical information to that caregiver. The law features three important provisions 1) The hospital provides a patient with an opportunity to designate a caregiver; 2) The caregiver is notified when the patient is to be discharged to another facility or back home; 3) The hospital provides an explanation and demonstration of the basic medical tasks that the patient should follow at home [1].

## Methods

A strategy was developed and designed to ensure compliance without disrupting clinical end users' workflow by leveraging Epic's inpatient documentation, clinical decision support, and patient discharge instruction tools. The workflow designed is as follows: 1) The Caregiver is designated on admission, readdressed and confirmed on discharge by documenting in flowsheets in Epic; 2) The caregiver consent is automatically added to the After Visit Summary (AVS) report with the information documented in the Doc Flowsheets on admission for all patients designated with a caregiver; 3) When the AVS is printed, nurses obtain a signature for the patient's discharge instructions and Caregiver consent; 4) The consent form is then scanned into the patient chart. To help ensure the Caregiver consent was included and signed prior to discharge, the AVS is set up not to print unless the caregiver designation is documented.

## Results

The Caregiver documentation process was implemented throughout the inpatient system at South Shore Hospital. Health Information Management (HIM) was able to monitor compliance with the new initiative and give feedback to Clinical Informatics staff, who in turn provided re-education to end users. Since implementation of the Caregiver documentation, the organization has been 100% compliant with the CARE Act. With the new upgrade to our information system (Epic) for 2018, we were also able to incorporate this same workflow design into the 2017 After Visit Summary without any changes to the strategy.

**Table 1: Caregiver Compliance Rate 2017-2018**

Quarter 2017-2018	Caregiver Assessment Compliance Rate
Q 4 2017	98%
Q 1 2018	100%
Q 4 2018	100%

## Discussion/Conclusion

Leveraging the available tools in Epic to meet regulations and make documentation needs a seamless part of clinical workflows ensures electronic documentation is meaningful and purposeful to end users, and improves end users' satisfaction with the system [2]. The strategy developed helped to improve clinical workflows that meet regulations and improve compliance without being too cumbersome to follow.

## References

1. MHA's Care Act Guidance-Updated Materials. Retrieved March 1, 2019 from <http://patientcarelink.org/mhas-care-act-guidance-updated-materials/>
2. Keenan, GM, Lopez, KD, Yao, Y, et al. Toward meaningful care plan clinical decision support: feasibility and effects of a simulated pilot study. *Nursing Research*, 2017; 66-5:388 – 398