**AWARE Potential Follow-Up Activities**

1. **Current Follow-Up Methods**

The following are some current methods for doing follow-ups for specific AWARE alerts. More methods may exist than are listed here.

* 1. Using a manual call up of an AWARE Reminder Dialog Template when no other specific method is currently being employed.
  2. Using other site specific methods not always using a manual call-up of an AWARE Reminder Dialog Template.

Concerning orders for meds, labs, consults, procedures, and general progress note entry:

* + 1. Placing Orders that are the same as those defined with order dialogs in the AWARE Reminder Dialog
    2. Placing Orders that are NOT quite the same that as those defined with order dialogs in the AWARE Reminder Dialog
    3. Using specific Progress Notes with an automatically called Template other than an AWARE Reminder Dialog Template, or using non-specific Progress Notes with manually called-up Template other than an AWARE Reminder Dialog Template
    4. Using non specific Progress Note entry w/o templates documenting follow-up actions including those with addendums and generic telephone clinic notes, etc.

1. **Phase 1 for Improved Follow-up Tracking**

Use more standardized Methods for doing follow-ups for specific AWARE alerts as below.

QA (Quality Assurance) and/or Nursing Managers can start providing notification assistance to providers:

* 1. When not using a manual call up of an AWARE Reminder Dialog Template when no other specific follow-up method is currently being employed.

Provide increased Education to do call-up of the AWARE Reminder Dialog Template from the “Template Drawers” when all possible.

* 1. When continuing to use site specific methods not always employing a manual call-up of an AWARE Reminder Dialog Template.

Concerning Orders for meds, labs, consults, procedures, and general progress not entry:

* + 1. When currently placing Orders that are the same that as those defined with order dialogs in the AWARE Reminder Dialog

Either by direct order, or another Reminder Dialog Template with same defined orders also included in the corresponding AWARE Reminder Dialog Template.

Continue usage as before.

* + 1. When currently placing Orders that are NOT quite the same as those defined with order dialogs in the AWARE Reminder Dialog

Start with base or more standardized orders presented from a manual call-up of the corresponding AWARE Reminder Dialog Template, instead of by doing a direct order, or an order made thru another Reminder Dialog Template.

An initiation of a slightly different order can be made from order dialog from a manual call-up of an AWARE Reminder Dialog which can allow a choice of a similar but not an exact matching order. There are many variations of Chest X-Ray and CT orders that can act as follow-ups.

Follow-up tracking can detect that a similar but not exact follow-up has been done via a corresponding generated Health factor (HF).

Education is needed.

\* Orders and order dialogs employed in the AWARE Reminder Dialogs should be defined to match the needed orders for doing standardized follow-ups.

* + 1. When using specific Progress Notes with an automatically called Template other than an AWARE Reminder Dialog Template or using non-specific Progress Notes with manually called-up Template other than an AWARE Reminder Dialog Template.

These allow only descriptive follow-up text input within a Progress Note.

Providers could all try to use a same site specific or possibly a multi-site/national template for doing follow-up actions with their Progress Note entry. A National template is most desirable.

Education is needed.

\* A subsequent improvement on this can also be made as explained in section 3. A Phase 2 for Improved Standardized Methods for doing follow-ups for specific AWARE alerts.

As an option, a corresponding AWARE Reminder Dialog could be manually invoked after entry with a first template dialog, but this may not be needed with the subsequent improvement on this in the aforementioned section 3.

* + 1. When currently using non specific Progress Note entry w/o a template for documenting follow-up actions including those in addendums and generic telephone clinic notes, etc.

If no Template is used for entering "free text" data in a Progress note, why not manually call up a template from the “Template Drawers” for doing data entry like a standardized template such as the AWARE Reminder Dialog template. There is a "comments" word processing field in this Template that will allow text entry as follow-up action for tracking purposes.

Education is needed.

1. **Phase 2 for Improved Follow-up Tracking**

Continue with Phase 1 and use proposed Alternative method (I) for "Progress Note entry" follow-up tracking with "marker" TIU objects within TIU Template dialogs.

QA (Quality Assurance) and/or Nursing Managers can continue to provide notification assistance to providers.

* 1. When not using a manual call up of an AWARE Reminder Dialog Template when no other specific method is currently being employed.

Continue to provide increased Education to call-up the AWARE Reminder Dialog Template from the “Template Drawers” when all possible.

* 1. When continuing to use site specific methods not always employing a manual call-up of an AWARE Reminder Dialog Template.

Concerning progress note entry:

* + 1. When currently using specific Progress Notes with an automatically called Template other than an AWARE Reminder Dialog Template, or using non-specific Progress Notes with manually called-up Template other than an AWARE Reminder Dialog Template

These allow only descriptive follow-up text input within a Progress Note.

Providers could all continue to try to use a site specific or possibly a multi-site/national template for doing follow-up actions. A National template is most desirable.

However, employ a "Marker" TIU object which can be added to these Templates to assist with AWARE follow-up tracking. This would create an assumed "Progress Note Entry" Health Factor (HF). An historical event visit for this HF can also be made at current time if the visit to which the note is made is dated before the date of the alert. This also allows follow-up credit even for Progress note entry into a very old visit, or if an Addendum note follow-up is made into a very old visit.

Also, this Health Factor (HF) can denote the actual visit date& time, and Progress Note Title and date time in its "Comments" field. This can help with any validation and verification purposes in CPRS.

* + 1. When currently using non specific Progress Note entry w/o a template for documenting follow-up actions including those in addendums and generic telephone clinic notes, etc.

If no Template is used for entering "free text" data in a Progress note, why not manually select a template for doing data entry, a standardized template such as the AWARE Reminder Dialog template. There is a "comments" word processing field that will allow tracking of any text data as follow-up action.

A "Marker" TIU object for generating an assumed "Progress Note Entry" Health Factor (HF) entry can be placed in the AWARE Reminder Dialog Template to give credit for the "Progress Note" entry follow-up action. This same Health factor is also added in the AWARE Reminder Dialog as a finding to be used for follow-up tracking purposes. This can also date an historical event visit for this or other AWARE HFs at current time if the visit to which the note is made is dated before the date of the alert. This also allows follow-up credit even for Progress Note entry into a very old visit, or if an Addendum follow-up is made into a very old visit.

Also, these AWARE Health Factors (HFs) can denote the actual visit date time, and Progress Note title and date time in their "Comments" field. This can help with any validation and verification checking in CPRS.

1. **Phase 3 for Improved Follow-up Tracking**

Continue with Phase 2 and use additional proposed Alternative method (J) for secondary "Consult Note response" follow-up tracking with "marker" TIU objects within Consult Note Response TIU Templates.

QA (Quality Assurance) and/or Nursing Managers can continue to provide, and additionally provide notification assistance to providers with outstanding consult requests.

Concerning "Consult Note Response" entry:

* 1. When currently using specific Consult Note Response Template(s) within a Consult Note Response note…

These may only allow descriptive follow-up text entry into consult response notes.

Providers could all try to use a site specific or possibly a multi-site/national Consult Note Response template for doing follow-up actions. A National template is most desirable.

Education is needed.

However, employ a "Marker" TIU object which can be added to these Consult Note Response Template(s) to assist with secondary "Consult Response" AWARE follow-up tracking. This would create an assumed "Consult Note Response Entry" Health Factor (HF). This same Health factor is also added in the AWARE Reminder Dialog as a finding to be used for follow-up tracking purposes. An historical event visit for this HF can also be made at current time if the visit to which the note is made is dated before the date of the alert.

This Health Factor (HF) can also denote the actual visit date time, and Consult Note Response date time in its "Comments" field. This can help with any validation and verification checking in CPRS.

1. **Phase 4 for Improved Follow-up Tracking**

Deployment of next version of AWARE software, including new AWARE CPRS30B icon with considerations below.

QA (Quality Assurance) and/or Nursing Managers can continue to provide notification assistance to providers, and new education as needed with the following items:

* 1. Team nursing managers (Nurses, Nurse Practitioners) as well as other staff should only see their own team's alerts with a new assigned software security key.
  2. With the AWARE CPRS icon, a prompting is made to use an AWARE Reminder Dialog on patient closeout.
  3. Some AWARE alerts with incomplete reported follow-up actions should be reporting correctly.
  4. Also, with the AWARE CPRS icon, an AWARE alert will need a proper follow-up before it can be deleted manually by a user from the CPRS Alert Notification window.

However, the system may delete certain alerts on a scheduled basis (such as lab alerts after 30 days).

Even with any system deletion of AWARE alerts, AWARE will track alerts w/o follow-up for any new follow-ups within the Alert Cache for up to 30 days.

Education is needed.

*Additional:*

*As a future feature Auto-deletion of notifications could reduce clutter. (Alert Cache Builder or upon 30 days with follow-up/Ordering provider via no Prompt present on patient closeout when follow-ups done have been detected.*

*AWARE CPRS can also allow notifications to be seen and tracked beyond the Alert Viewer 30 day range on into the QI tool historical monitoring so that even late follow-ups can be detected with the Prompt on patient closeout.*

*AWARE CPRS prompt on patient closeout could be a failsafe method for follow-up correction when Quality Control staff or Service/Clinic and/or Team monitoring by Nurses or Service Chiefs give patient identification notification to providers to do some follow-up(s). A prompt for each succeeding multiple alert types will present on closeout of a particular identified patient(s) even in the midst of alert notifications overload*