TapestryHealth

Chronic Care Management Report

Resident: John Doe
Date of Birth: 9/19/1961 Review Month: 1/1/2024 Location: First - North - 32 - A
Care Center: Jones REHABILITATION AND HEALTHCARE CENTER -

CODE STATUS: Full Code
ALLERGIES: Seasonal
Active Relevant Diagnoses: ESSENTIAL (PRIMARY) HYPERTENSION (I10); UNSPECIFIED ATRIAL FIBRILLATION (I48.91); CEREBRAL PALSY, UNSPECIFIED (G80.9); DYSPHAGIA, OROPHARYNGEAL PHASE (R13.12)

		GOAL	OUTCOME	TREATMENT PLAN SUGGESTIONS
	X	•SBP <140 mmHg and >110 mmHG, DBP >60 mmHg and <90 mmHg	Average SBP is 104 mmhg, is less than 110 mmHg 76% of the time SBP is trending down	Consider: Assess resident for potential causes of blood pressure outside of normal limits, review current cardiac related medications and consider dose adjustments or initiating additional orders if appropriate.
	X	•Pulse remains between 60 - 100 bpm	Average pulse is 93 bpm, is greater than 100 bpm 21% of the time Pulse is trending up as compared to last month, with last months average pulse being 88 bpm	Consider: Assess the resident to determine cause and review the most up to date medication list and adjust if appropriate.
X		•Maintain SPO2 >= 90%	SPO2 baseline is 95.4% SPO2 has remained relatively unchanged as compared to last month	Continue with current plan
X		Pain will be controlled	Pain appears controlled . Pain average is 0 . 0 % of readings pain is rated as >3.	Continue with current plan
	X	•Maintain current weight and stay within the normal weight of the BMI, with no significant wt gain/loss (gain/loss of 5% within 30 days, 7.5% in 90 days or less, 10% in 180 days or less).	BMI: 24 : Normal Weight and currently losing weight	Consider: •Review orders for medications that may decrease appetite. Consider evaluation for depression and chronic pain. Consider ordering dietitian evaluation, if appropriate.
	ND	•Maintain current functional level, achieve highest practicable level of well being. •Decrease risk of preventable falls.	Insufficient ADL documentation to determine any changes	Continue with current plan.

Suggested Changes to Treatment Plan:

•Recommend maintain vaccinations consistent with CDC adult vaccination schedule

Current treatment plan items reviewed and strongly endorse continuation:
•Continue management of hyperlipidemia with statins, continue routine lipid panel

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Vital Sign Baselines and Analysis

BP AVG:	# BP Readings	Pulse AVG:	# Pulse Readings	SPO2 AVG:	# SPO2 Readings
104.0 / 68.0	29	93 BPM	29	95.4%	18

SBP AVG Previous Month	% SBP <110	% SBP >140	% SBP >160	% DBP <60	% DBP >90%	Pulse AVG previous month	% <60	% >100	SPO2 Previous Month	%SPO2 Change in Baseline	% SPO2 <90%	%SPO 2 <88%
112 / 72	76 %	0 %	0 %	0 %	0 %	88 Bpm	0 %	21 %	96.0%	-0.6 %	0.0%	0.0 %

Pain AVG: 0.0			Falls			PRN USE	Respiratory Indicators	
# Pain Readings	% > 3	# PRN Analgesics Used	# Falls	# Injuries	Fall Related Injuries: ND	# Anti-Diarrheal	Relevant Findings	Respiratory Conditions
49	0.0%	0	ND	ND		0	Pneumococcal vaccination series not up to date (Not eligible).	No Respiratory Indicators found

ADL:

Declines noted in the following area: No ADL data documented

Laxative
0

Blood Sugars

BS AVG ALL TIMES	BS AVG 5am-9am	BS AVG 11am-1pm	BS AVG 4pm-6pm	BS AVG 7pm-10pm	BS LOW	BS HIGH	# BS <60	# BS >400	# BS Entries
ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

Weight: 180.0 LBS

Weight Considerations:
Normal Weight

Wt loss of -3.6% from comparison date 1/4/2024, Wt loss of -8.2% from comparison date 12/4/2023

This patient has two or more chronic medical conditions that are expected to last at least 12 months, which places them at increased risk for morbidity or mortality. Chronic care management services have been provided to assist this patient and their caregivers in achieving their personal health goals. Prior to enrolling this patient in Chronic Care Management services and within the last 12 months, an Initiating Patient Visit was completed or was waived as their care in our medical practice was established during the Public Health Emergency (PHE). The total time spent assessing the patient's medical, functional and psychosocial needs, ensuring the patient receives timely recommended preventive services, reviewing medications and potential interactions, overseeing medication self-management, and coordinating care other clinical service providers and/or revising their goal driven personal care plan was 21 minutes. This patient has 24/7 access to care and to their care plan from the caregivers of the skilled nursing facility in which they reside, and the patient and facility have access to a member of the TapestryHealth care team for successive routine appointments and to communicate about their care via phone and through secure messaging.

Tapestry uses TriMed which is a certified EHR technology. Patient education referenced the availability of CCM services, and possible cost-sharing responsibilities. Patient has been made aware that only 1 practitioner can furnish and bill CCM during a calendar month and that they can stop CCM services at any time.

Thanks for allowing us to be a part of your clinical infrastructure.

Clinical data reviewed by NP: [redacted] **Date: 1/31/2024**