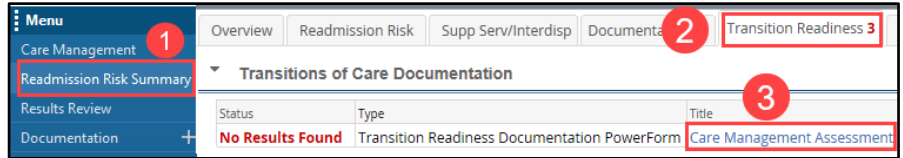


## Ongoing Assessment Documentation

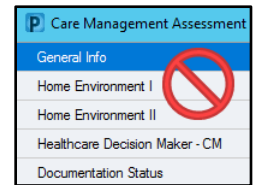
1. Navigate to the **Readmission Risk Summary** on the dark blue menu in the patient's chart.



2. Select the **Transition Readiness** tab.

3. Select the blue hyperlink to open the **Care Management Assessment** PowerForm.

- Use this PowerForm for all ongoing assessment documentation until the patient is discharged.
- Note:** The first 5 components have already been documented. Do not redocument this section.

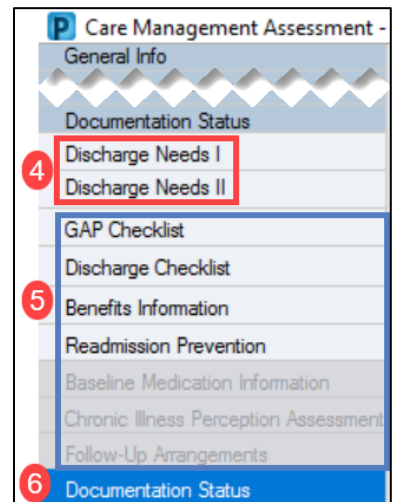


Readmission risk level and discharge destination determine which components to complete for each patient.

4. Complete Discharge Needs I and Discharge Needs II for **all patients**.

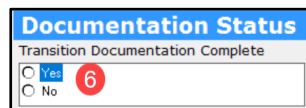
5. Complete the remaining sections of the PowerForm for patients who:

- with medium or high readmission risk **and**
- are discharged to home or other residential setting (not discharged to a skilled nursing or extended care facility).

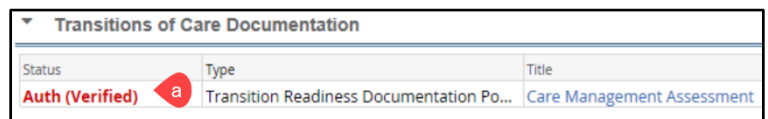


Proceed to **Step 6** for patients not meeting the criteria in step 5.

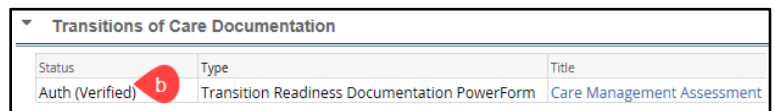
6. Documentation Status:



a. Select **No** until all items are completed and the patient is ready for discharge. This changes the **status** to Auth (Verified) in **red** text on the Transition Readiness tab.



b. Select **Yes** when patient is ready for discharge and all items are completed. This changes the **status** to Auth (Verified) in **black** text on the Transition Readiness tab.



7. Click **Sign**.

8. **Refresh** from the pancake stack drop down on the right side of the screen.

