



June 2022

# EDIE NOTIFICATIONS: A TOOLKIT FOR ED PROVIDERS

EDIE contributes critical information about high risk patients to assist ED providers in patient care and treatment. This toolkit provides guidance for utilizing EDIE notifications in a daily workflow.

“EDIE has allowed me to increase my day-to-day engagement with our pilot patients. Whenever one of our patients visits the emergency department, I get an alert on my phone. I go to the hospital to find out why the patient is visiting the emergency department and take steps to support them in working with the care plan that we have collaboratively created.”

-Ian Bruce, ED Care Coordinator [1]

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## WHAT'S IN THIS TOOLKIT?

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“The clinics have seen what EDIE can do for ED staff, so now the PCP’s come to me with ideas and requests for what they would like to see in the patient’s care guideline.”

-Sarah Allen, ED Social Worker [1]

"We had a homeless patient who had well over 100 visits in a year. Once we were able to start engaging him with outpatient support, the team working with him used the information in his care recommendation to successfully transition him into appropriate housing. The patient continues to be housed today and has had only 3-4 visits in the past 12 months."

-Drew Grabham, Social Worker [1]

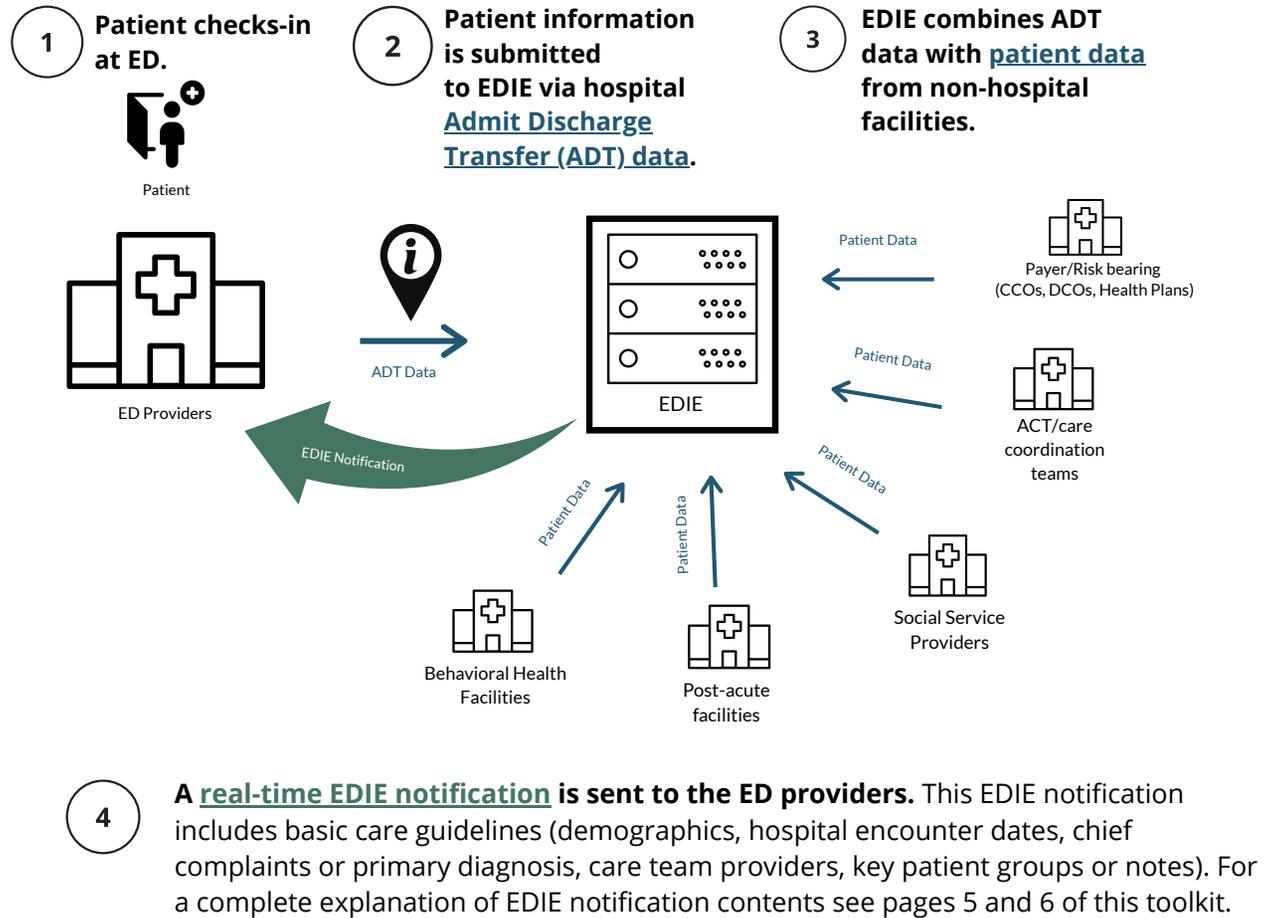
## WHO IS THIS TOOLKIT FOR?

- Any Provider working with an ED.
- This could include but is not limited to:
  - Care Coordinators
  - Community Health Workers
  - Nurses
  - Patient Navigators
  - Physicians
  - Social Workers

## WHAT IS EDIE?

- EDIE is an ED-based, **collaborative care management tool** for coordinating the care of the highest needs patients.
- **Built off admit, discharge, transfer (ADT) data provided by all 63 acute and psychiatric hospitals in Oregon**, EDIE provides real-time alerts and care guidelines to EDs for patients who have high utilization of hospital services.
- An EDIE notification contains **actionable information** and automatically shares that information to otherwise disparate parties.
- Results from an EDIE User Survey Indicate that the most valued product features include:
  - Real time notifications.
  - Concise, pertinent information in one place.
  - Ability to see a list of current providers.
  - Ability to communicate care guidelines from outpatient providers.

## HOW DOES EDIE WORK?



## HOW DO I ACCESS EDIE?

Each hospital and ED has implemented their own workflow for accessing and utilizing EDIE. Refer to your ED Charge Nurse, ED Director, or ED Manager for your specific EDIE access point. In general, there are two main ways that ED providers can access EDIE notifications.

### ACCESSING EDIE NOTIFICATIONS

#### EHR (INTEGRATED)

- The ED trackboard icon—where available—will indicate that a patient has an EDIE notification.
- For accessing EDIE notifications directly within the patient chart, look in either the *Records* or *Documents* section, depending upon the facility.

#### FAX OR PRINT

- If EDIE is not integrated into an EHR, the EDIE notification is usually delivered to a designated secure fax machine or printer (this can include electronic fax) within the ED.

## WHAT INFORMATION IS IN AN EDIE ALERT?

### 1 COLLECTIVE NOTIFICATION 12/17/2018 12:53 Walters, Noel MRN: 34340371

#### 2 Criteria met

- 5+ ED Visits in 12 Months
- Security and Safety
- Care Guidelines
- Prescription Drug Report

#### 3 Security and Safety

Date	Location	Type	Specifics
5/5/18 1:51 AM	County Community Hospital	Physical	<ul style="list-style-type: none"> <li>• Patient physically assaulted a care provider, staff or patient.</li> <li>• <b>Details:</b> Assaulted a physician, hit, slapped, and bit. Combative when she doesn't get her way.</li> </ul>

#### 4 Security Events

(18 Mo.)	Count
Physical	1
<b>Total</b>	<b>1</b>

#### 5 ED Care Guidelines from Ruby Valley Medical Center

Last Updated: 01/17/19 1:19 PM

Diagnoses of note:

- sickle cell anemia
- type 2 diabetes
- leg ulcer (limits mobility)

Patient experiences social anxiety and depressive symptoms due to self-isolation related to ulcer odor; typically rejects referrals to behavioral health resources. Patient qualifies for home health visits.

Light of the World Church assists with household chores and provides social visits. To coordinate, contact Bishop John Gregory at 679-204-4596.

#### ED Care Guidelines from Virginia Family Clinic

Last Updated: 5/21/18 5:01 PM

**Patient has sickle cell anemia and is receiving treatment for chronic opioid use.**

#### **Recommended Vaso-Occlusive Crisis plan:**

- Oxygen and IV NS
- Ketorolac IV (IM ok) 30 mg q6h, limit to 4 doses
- Hydromorphone 8 mg IV; 4 mg IV q 30 min until pain is addressed.
- shift to PCA as possible
- Reassess patient every 30 minutes for pain.
- Conduct a skin integrity assessment

Additional Information:

1. Has a pain agreement
2. Pressure ulcer of left lower leg stage 2; Unstageable pressure ulcer of right buttock
3. Patient refused hydroxycarbamide therapy
4. Patient is allergic to codeine, penicillin, and cipro.

These are guidelines and the provider should exercise clinical judgment when providing care.

**1 Patient Identifiers:** identifying information that includes the date and time of the EDIE notification, the patient name, and the patient MRN.

**2 Notification Criteria:** the criteria met by the patient that triggered the EDIE notification.

- Examples: 5+ ED Visits in 12 months, Care Guideline, etc.
- See page 6 for more information on why EDIE notifications are sent.

**3 Security and Safety:** used to alert ED providers about patients who may pose a threat to themselves or to providers and other patients in the ED setting.

- Information includes date, location, type of event, and specifics regarding each individual event.
  - Examples: Drug allergy interactions, life threatening safety/security, suicide risk

**4 Security Events:** total counts of security events from the past 18 months.

**5 Care Insights:** intended to deliver brief, critical information to ED providers at the point of care (i.e., information delivered in a hallway conversation).

- Can be related to care recommendations, care coordination, pain management, or helpful ED-based interventions to try.
- Care insights from the recipient facility are listed first (e.g. Ruby Valley Medical Center sees Ruby Valley Medical Center's insight first).
- If there are other care insights from the community, the most recent outside facility insight should be listed next.

## WHAT INFORMATION IS IN AN EDIE ALERT?

### 6 Care History

#### Medical/Surgical

9/2/17 12:00 AM Ruby Valley Medical Center

- Pressure ulcer of left lower leg stage 2; Unstageable pressure ulcer of right buttock
- Patient refused hydroxy carbamide therapy
- Patient is allergic to codeine, penicillin, and cipro

#### Social

3/2/18 12:00 AM Virginia Family Clinic

Lives with parents, socially isolated, and is unable to work.

#### Infection/Chronic

2/20/18 12:00 AM Virginia Family Clinic

History of vaso-occlusive crises, Acute anaemia, Acute chest syndrome (ACS), chronic acute pain

#### Behavioral

2/15/18 12:00 AM Virginia Family Clinic

Prolonged history of depression and anxiety due to chronic pain and social isolation.

### 7 Notable Patient Groups

- High Risk Group
- High-Utilization
- Pain Agreement
- Security Risk

### 8 Prescription Drug Report (12 Mo.)

#### Rx Details

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2019-01-15	ACETAMINOPHEN-COD #3 TABLET	12	CHRISTOPHER TUNG	3	18
2018-09-25	HYDROCODONE-ACETAMIN 5-325 MG	10	MAXWELL WILLIAMS	2	16,667
2018-08-05	HYDROCODONE-ACETAMIN 5-325 MG	20	MELISSA SOUSLEY	2	20
2018-07-14	TRAMADOL, HCL 50 MG TABLET	10	ELIZABETH ABECASSIS	4	25
2018-01-30	HYDROCODONE-ACETAMIN 7,5-325	10	TED HUGHES	2	75

#### Rx Summary

Metric	Count
CS II-V Rx	5
CS-II Rx	3
Quantity Dispensed	62
Unique Prescribers	5
Unique Pharmacies	4
Benzos	0
Opioids	0
Long Acting Opioids	0

#### Recent anticoagulant(s)

Fill Date	Drug Description	Qty.	Prescriber	CS	Days Supplied	Therapy Class
Jan 16, 2019	WARFARIN SODIUM ORAL 2.5 MG TABLET	90	CHRISTOPHER TUNG	0	30	Anticoagulant

### 9 E.D. Visit Count (12 mo.)

Facility	Visits
Covington ED	1
County Community Hospital	9
Ruby Valley Medical Center	2
Richmond Hospital	5
<b>Total</b>	<b>17</b>

Note: Visits indicate total known visits.

### 6

**Care History:** objective information related to patient's medical/surgical, social, infection/chronic, and behavioral care histories.

- Examples could include:
  - **Substance Use:** Hx of IVDU (heroin), per pt last use was 3 months ago.
  - **Pain Management:** Chronic pain, methadone prescribed by PCP.
  - **Medical/Surgical:** Hx of abdominal wall abscesses, chronic pain, Hep C, diabetes.

### 7

**Notable Patient Groups:** patient program enrollment, cohorts, or groups that providers should be aware of.

- Examples could include:
  - + COVID-19, High ED utilization, High Risk Group, Pain-Agreement, Security Risk.

### 8

**Prescription Drug Report (displays only in hospitals that have opted in)**

- **PDMP:** 6 month medication history, Medication name, dose, route, dispensed date, prescribing provider, and quantity dispensed.
- **Recent anticoagulant:** timeframe alert is 200% of days supplied, drug name, dose, route, dispense date, provider, and days supplied.

### 9

**ED Visit Count:** number of ED visits and their locations in the past 12 months.

### 10

**Recent ED Visit Summary:** most recent 10 ED visits in the last 12 months.

- Shows the admit date, facility, city, state, type, and diagnosis or chief complaint.

### 10 Recent Emergency Department Visit Summary

Showing 10 most recent visits out of 17 in the past 12 months

Admit Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Dec 17, 2018	Ruby Valley M.C.	Galax	VA	Emergency	Otitis media, unspecified, unspecified ear
Dec 14, 2018	County Community	Wythe	VA	Emergency	Other sickle-cell disorders with crisis, unspecified
Nov 24, 2018	County Community	Wythe	VA	Emergency	Acute suppurative otitis media without spontaneous rupture of ear drum, left ear
Oct 27, 2018	Covington ED	Covin	VA	Emergency	Nicotine dependence, unspecified, uncomplicated
Jul 4, 2018	County Community	Wythe	VA	Emergency	Fever, unspecified

## WHAT INFORMATION IS IN AN EDIE ALERT?

### 11 Recent Inpatient Visit Summary

Admit Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Dec 15, 2018	County Community H.	Wythe.	VA	Inpatient	• Accidents occurring in other specified places
Jun 15, 2018	County Community H.	Wythe.	VA	Inpatient	• Sickle-cell disease without crisis
Jun 1, 2018	County Community H.	Wythe.	VA	Inpatient	• Sickle-cell thalassemia

### 12 Care Providers

Provider	PRC Type	Phone	Fax	Service Dates
Jane Hendrick, MD	Unknown	(206) 555-2342		Feb 5, 2017 - Current
Ben A Zaniello MD	Unknown	(801) 856-8575	(855) 343-7671	Sep 16, 2016 - Current

11 **Recent Inpatient Visit Summary:** shows the admit date, facility, city, state, type, and diagnosis or chief complaint for the 10 most recent Inpatient visits in the past 12 months.

12 **Care Providers:** communicates current providers that have the patient under their care.

- Contacting the care providers can help with patient care and treatment.

### ED Provider Success Story

"I was able to use the new "unhoused-housing insecure Lane County, OR" tag to identify a high ED utilizer's unmet care needs. The person had multiple readmissions relating to a chronic medical issue but would admit and then discharge quickly back home. It wasn't until the new EDIE tag popped up last week that I realized that the patient was likely experiencing homelessness. At that time, the patient was back in the ED and I was able to check-in with them and offer case management services.

Without this tool, I often must investigate the patient's charts to see what their housing needs are. This patient had what looked like an apartment listed in their chart, but when I spoke with them it turns out that they stay in their mini storage unit during the day and sleep on the streets at night. I'm assuming that many people are in similar situations, I'm viewing this new tag as a necessary tool in supporting people who are experiencing homelessness by identifying the need while they are in the hospital."

-Hillary Falburn, Community Health Worker, Care Management, PeaceHealth [2]



## WHEN WILL I RECEIVE AN EDIE NOTIFICATION AND WHY?

The information shared by Collective platform users in the **Care Team, Care History, and Security and Safety** sections is automatically included in EDIE notifications to hospitals when the patient presents. **Care Insights** will trigger a notification when it is an active care insight. Care Insights are labeled as inactive after 18 months and will no longer trigger a notification at that time. This helps ensure that Care Insights contain up-to-date information on the patient.

EDIE notifications are not sent to hospitals for every patient admitting, but are triggered based on agreed-upon **statewide criteria** (and any additional hospital-specific criteria as requested by a hospital).

### \*These statewide criteria include:

- Patient has Insights (consisting of Care Guidelines/and or Care History Items)
- Traveling patients: ED visits at 3 different hospitals in 60 or 90 days
- 5 or more ED visits in 12 months
- Patient has a Security and Safety Event recorded in the platform
- PDMP (for those hospitals that have been credentialed and opted in for PDMP)\*

\*EDIE notification criteria is current as of June 2022.

**\*PDMP (Prescription Drug Monitoring Program):** There are six unique criteria that were originally developed by the State of Washington and have been adopted by the Oregon College of Emergency Physicians (OCEP) for application across all PDMP connections to Collective notifications in the state. **For hospitals that have opted in, the following criteria will trigger a PDMP report through a Collective notification:**

1. Three (3) or more prescribers within 12 months;
2. Four (4) or more controlled substance II – V prescriptions within 12 months;
3. Two (2) or more controlled substance II – V prescriptions within last 40 days;
4. Any prescription for Methadone, Suboxone, fentanyl transdermal, LA morphine, and LA oxycontin within last 6 months;
5. Any overlapping prescriptions for narcotics (controlled substance II-V) and benzodiazepines within last 6 months;
6. More than 90 average MED (morphine equivalents)/day prescribed within the last 15 days

**The PDMP report is triggered for a patient who meets one or more of the above 6 criteria.** The PDMP report then populates as a distinct segment of the EDIE notification and includes a 6-month overview of that patient's prescription history.

## WHAT ARE EXAMPLES OF ACTIONS TO TAKE WHEN REVIEWING AN EDIE NOTIFICATION?

While there are many examples of actions that a provider can take from the information found within an EDIE notification, three key action items include:



### FOLLOW INFORMATION FOUND IN SAFETY AND SECURITY

- Information can include critical information such as:
  - Drug allergy interactions;
  - life threatening safety/security alerts;
  - history of multi-drug resistant organisms; and
  - risk of suicide.



### TAKE INTO ACCOUNT ALL INFORMATION PROVIDED IN A CARE INSIGHT

- Care insights provide critical information from individuals who have the most first-hand knowledge of the patient.
- These insights are often created in collaboration with others who are involved in the patient's care.
- There are five key areas of important information that can be found within care insights:
  - a. **Care Recommendation:** A guideline for how a condition should be treated or has been successfully treated in the past.
  - b. **Care Coordination:** An explanation of the coordinated efforts related to this patient's care.
  - c. **Pain Management:** A guideline for how the patient's pain should be managed, including pain contracts, authorized pain prescriber, etc.
  - d. **Helpful ED-Based Interventions to Try:** A list of helpful interventions that have been successful in prior ED visits.
  - e. **Other Information:** Other categories of critical information.



### CALL CARE TEAM PROVIDERS

- Current care team providers could include ACT team members, primary care providers with important insight, or others that can help improve care coordination.



# TERMINOLOGY

[1] Quotations were referenced from EDIE Utility's 2017 evaluation ([link to evaluation here](#)).

[2] Quote was shared in relation to HMIS information within the platform. More information can be found using [this link](#).

**Collective Medical:** vendor of the Collective Platform and EDIE.

Collective Medical is a Salt Lake City-based company that operates the largest real-time care collaboration network in the United States which connects hospitals, emergency departments, skilled nursing facilities, primary care providers, mental and behavioral health clinics, and others to improve patient outcomes by closing the communication gaps that undermine patient care. The Collective Platform assists healthcare organizations and payers to identify at-risk and complex patients and facilitate actionable collaboration to make better care decisions.

**Collective Platform:** The Collective Platform (formerly known as PreManage) is a web-based platform with two applications. EDIE is the first application. The other application, often generally referred to as the Collective Platform or Collective Ambulatory, is the second application which is used in non-hospital facility types including primary care clinics, behavioral health organizations, CCOs, health plans, and others. Users can only see information on a patient with whom they have an established HIPAA-TPO relationship. This relationship is identified through an **eligibility file (patient roster)** provided by each organization to the Collective Platform. This information provides the ability to rapidly identify at risk patients or members and support them in getting the right care through improved care coordination.

**EDIE:** Emergency Department Information Exchange. EDIE is one of two applications of the Collective Platform, provided through Collective Medical. EDIE provides hospital facilities key care summaries for patients with high utilization of emergency department services and/or who have been identified to have complex care needs with care guidelines. EDIE queries for hospitals to see if a patient is in the system and meets criteria for a notification. The goal is to reduce unnecessary hospital services and improve outcomes.

**OHA, OHLC, and HIT Commons manage the EDIE Utility in Oregon which leverages the Collective Platform.**

**If you have any other questions or need more information please reach out to:**

**Collective Medical Support Team**  
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