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UPC Knowledge Retention Policy (KRP) ▼

| Type | Name | Modified By |
|---|-----------------------------------|------------------|
|  | L1 UPC Knowledge Retention Policy | Charles Tryon jr |

Add new document

Welcome Message ▼

Updated Templates

7/7/2016 1:47 PM

by Charles Tryon jr

Updated templates for the Level 1 and Level 2 documents may be found in the Knowledge Inventory Resouces folder under Documents. The Level 1 template has been updated to show the Knowledge Inventory first and then the descriptive information with bookmarks...

Welcome to the UPC Knowledge Inventory

9/24/2015 2:33 PM

by Charles Tryon jr

This site is a launching point for capturing organizational knowledge that is significant to the operation of Utica Park Clinics. Organizational knowledge is a valuable asset and should be managed in much the same way as physical assets. The intent...



Links ▼

- [UPC Web Site](#)
- [Hillcrest Web Site](#)
- [Utica Park Clinics website](#)
- [UPC Workplace Connect](#)

Add new link

- View All Site Content
- Documents**
 - Population Health KRP
 - Population Health KRP Content
 - Shared Documents
- Sites**
- People and Groups**
-

This is a sub-site of the UPC Knowledge Inventory for content related to the Population Health Knowledge Domain.

Population Health KRP

| Type | Name | Modified | Modified By |
|------|--------------------------------------|-------------------|------------------|
| | L1 UPC PH Knowledge Retention Policy | 8/2/2017 10:26 AM | Charles Tryon jr |
| | PopHealth OrgChart NEW | 8/2/2017 9:44 AM | Charles Tryon jr |

Announcements

Chronic Care Updates **NEW** 8/2/2017 10:30 AM
 by Charles Tryon jr
 For the past few weeks, the Subject Matter Experts for the Chronic Care Management Knowledge Area have invested many hours refining their Level 2 documents. When you have time, take a look. You will find a refined list of resources and suggestions for...

PopHealth Pillars



Links

There are currently no favorite links to display. To add a new link, click "Add new link" below.

KNOWLEDGE RETENTION POLICY

Level One Study

Created for:
**Utica Park Clinic
Population Health**

KNOWLEDGE RETENTION POLICY

Knowledge Asset Inventory

ENTERPRISE AREA: This KRP Intellectual Assets Inventory identifies the organizational knowledge considered vital to the operation of Utica Park Clinic (UPC), Population Health Division. This inventory focuses on Care Managers, Transition of Care Managers, and the Data Analyst Encompassed within the Care Management Department. This does not cover the Quality Improvement Department or the Insurance based Care Managers that work within the UPC department.

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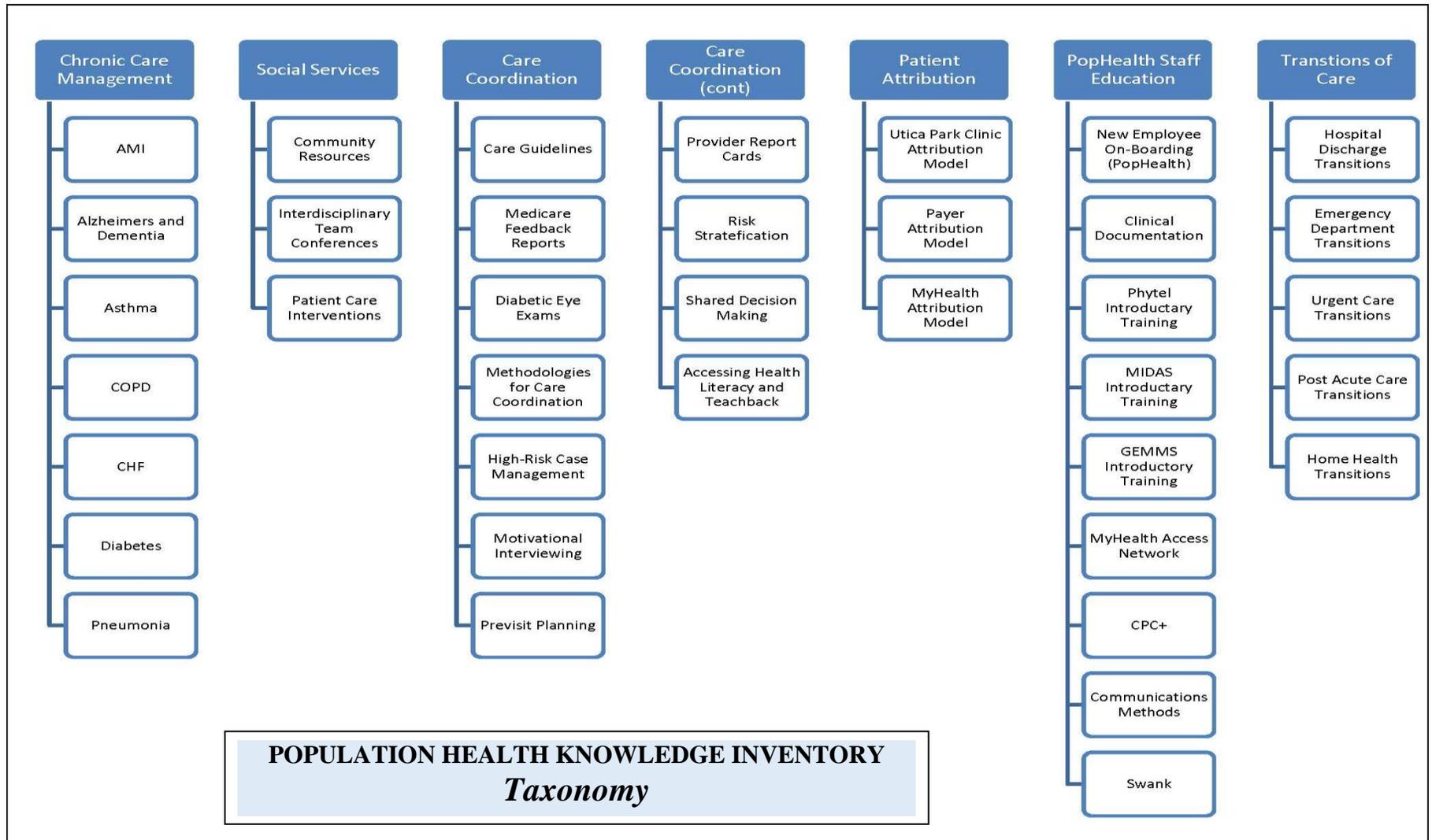
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HOME HEALTH TRANSITIONS 19

CTRL-CLICK to view KRP Overview

*Organizational Significance = Vital / Important / Convenient
Transfer Status = Well-Defined / Limited Definition / Undefined*

Transfer Mechanisms = Documentation/Traning/Apprenticeship/Mentoring/Cross-Training/Communications



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| KNOWLEDGE AREA: | | | | CONTENT COORDINATOR: | |
|--|---|-----------|---------------|---|--|
| Chronic Care Management Focused management on specific populations of patients. These populations can be disease focused, location focused, provider focused, insurance focused, or gender focused utilization evidence based or practice-based guidelines for care. | | | | Verda Weston Director, Population Health | |
| Knowledge Topic | Description | Org. Sig. | Trans. Status | Subject Matter Expert | Transfer Mechanism |
| <u>ACUTE MYOCARDIAL INFARCTION (AMI)</u> | AMI is the medical name for a heart attack. It is a life-threatening condition that occurs when blood flow through the coronary arteries to the heart muscle (myocardium) is restricted or cut off, causing ischemia and ultimately tissue death (necrosis; infarction). If not treated immediately the AMI will deteriorate into Cardiac Arrest. | V | W | Julie Orth Stephanie Kleier Stephanie Zumwalt | Documentation Training Cross-Training Communications |
| <u>ALZHEIMER'S AND DEMENTIA</u> | Memory loss that disrupts daily life may be a symptom of Alzheimer's or another dementia. Alzheimer's is a brain disease that causes a slow decline in memory, thinking and reasoning skills. | V | U | TBD | |
| <u>ASTHMA</u> | All of the documentation, workflows, and projects that are used to manage, educate, follow, and improve the Asthma population. | V | W | Trista Anderson Stephanie Zumwalt | Documentation Training Cross-Training Communications |
| <u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</u> | Chronic Obstructive Pulmonary Disease (COPD) is a progressive lung disease including emphysema, chronic bronchitis, refractory (non-reversible) asthma, and some forms of bronchiectasis. (copdfoundation.org) | V | W | Nicole Gholson Trista Anderson Brenda Gaskins | Documentation Training Cross-Training Mentoring Communications |

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|--|---|---|---|---|--|
| <u>CONGESTIVE HEART FAILURE (CHF)</u> | Heart failure indicated the heart muscle is not pumping as well as it should. This results in less blood, nutrients, and oxygen being pumped from the heart to the body. | V | W | Nicole Gholson Trista Anderson | Documentation Training Cross-Training Communications |
| <u>DIABETES</u> | All of the documentation, workflows, and projects that are used to manage, educate, follow, and improve care of the diabetic population. | V | W | Crystal Pelley Kristy Covey Katie Knoll | Documentation Training Cross-Training Mentoring Communications |
| <u>PNEUMONIA</u> | Pneumonia is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus, causing cough with phlegm or pus, fever, chills, and difficulty breathing. (mayoclinic.org) | V | W | Nicole Gholson Trista Anderson Brenda Gaskins | Documentation Training Cross-Training Mentoring Communications |

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| KNOWLEDGE AREA: | | | | CONTENT COORDINATOR: | |
|---|--|-----------|---------------|---|---|
| <p>Social Services</p> <p>Social Services acts as a liason between a patient and the medical personnel with the intent to identify and meet the emergent needs of both the patient and his/her family through counseling, chronic care management, education and brokering community services and resources.</p> | | | | <p>Verda Weston</p> <p>Director of Care Management</p> | |
| Knowledge Topic | Description | Org. Sig. | Trans. Status | Subject Matter Expert | Transfer Mechanism |
| <u>COMMUNITY RESOURCES</u> | A collection of support services that exist within our community that can be self initiated or initiated by a member of the healthcare team. | I | W | Amy Coatney | Documentation Training Mentoring Communicaions |
| <u>INTERDISCIPLINARY TEAM CONFERENCES</u> | For patients at high-risk disease progression, inpatient admission and frequent readmission, this session will be lead by the High Risk Case Manager and includes the clinic embedded nurse care coordinator, the social worker, the payer representative (when appropriate) the UPC CMO, UPC Director of Quality and UPC Director of Population Health. It examines futher progression of a disease and it's management, medication management, social support, behavior health, neglect, substance abuse, episodes of abandonment, high utilization of services and high cost of care while addressing health care gaps and patient needs. | I | W | Delene Coleman Amy Coatney Meredreth Maynard (MA Plans) | Documentation |

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|---|---|----------|----------|--------------------|---|
| <p><u>PATIENT CARE INTERVENTIONS</u></p> | <p>Providers and care givers frequently recognize special needs of a patient that require social services intervention. This can include medication, transportation, community resources, financial aid, etc. The needs are recognized in the practice and tasked to the UPC Social Worker.</p> | <p>I</p> | <p>W</p> | <p>Amy Coatney</p> | <p>Documentation Training Mentoring Communicaions</p> |
|---|---|----------|----------|--------------------|---|

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| KNOWLEDGE AREA: | | | | CONTENT COORDINATOR: | |
|--|--|-----------|---------------|---|---|
| <p align="center">Care Coordination</p> <p>Care Coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services.</p> | | | | <p align="center">Verda Weston Director, Population Management</p> | |
| Knowledge Topic | Description | Org. Sig. | Trans. Status | Subject Matter Expert | Transfer Mechanism |
| <u>CARE GUIDELINES</u> | Protocol driven evidence-based guidelines that establish the recommended strategies for when care is appropriate and the level of care needed. Ideally, these guidelines are captured in the EMR and are updated regularly as new evidence becomes available. Guidelines may be individualized for each patient, designed to help with disease prevention. | V | W | Verda Weston Brooke Pickrell Stephanie Zumwalt Gina Hendrix | Documentation Training |
| <u>MEDICARE FEEDBACK REPORTS</u> | Each year, group practices receive feedback reports on how the practice performed against quality goals established by the Centers for Medicare and Medicaid (CMS). That performance determines payments made by CMS to that the providers at the practice. | V | W | Verda Weston Erin Campbell | Documentation Training Communications |
| <u>DIABETIC EYE EXAMS</u> | Also called Diabetic Retinopathy, this exam is recommended for patients with diabetes to look for changes to the retina. Prolonged exposure to high blood glucose weakens the walls of the blood vessels in the eyes. | | | Mallie Delk | Documentation Training Cross-training Communications |

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|--|--|----------|----------|---|--|
| <p><u>METHODOLOGIES FOR CARE COORDINATION</u></p> | <p>Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.</p> | <p>V</p> | <p>W</p> | <p>Verda Weston Meredreth Maynard</p> | <p>Documentation Training Communications</p> |
| <p><u>HIGH-RISK CASE MANAGEMENT</u></p> | <p></p> | <p></p> | <p></p> | <p>Randi Nees Delene Coleman</p> | <p></p> |
| <p><u>MOTIVATIONAL INTERVIEWING</u></p> | <p>MI is a method that works on facilitating and engaging intrinsic motivation within the patient in order to change behavior. It is a goal-oriented, patient-centered counseling style for eliciting behavior change by helping patients to explore and resolve ambivalence</p> | <p>I</p> | <p>W</p> | <p>Amy Coatney Sam Thomas Precious Hall</p> | <p>Documentaiton Training Mentoring</p> |
| <p><u>PREVISIT PLANNING</u></p> | <p>Patient's contact with their providers is variant depending on risk and disease progression. Previsit planning utilizes a patient centered model for the healthcare team to be aware of preventive, payer or disease specific healthcare.</p> | <p>V</p> | <p>W</p> | <p>Verda Weston Amber Sanchez Jessica McCarty</p> | <p>Documentation Training Cross-Training</p> |

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|---|--|----------|----------|---|--|
| <p><u>PROVIDER REPORT CARDS</u></p> | <p>Each year, Utica Park Clinics establishes a set of quality measures that will be used to evaluate physician performance. A physician's results are calculated each quarter showing actual performance, a trend over multiple quarters and organizational goals. These report cards are used to evaluate each physician and make compensation adjustments.</p> | <p>V</p> | <p>W</p> | <p>Verda Weston Erin Campbell</p> | <p>Documentation Training Communications</p> |
| <p><u>RISK STRATIFICATION</u></p> | <p>The foundation for Population Health Management is know which patients in a practice represent a high degree of risk for complications and high-cost hospitalizations. Risk Stratification associates a relative risk to a patient that triggers a higher level of care.</p> | <p>V</p> | <p>W</p> | <p>Verda Weston</p> | |
| <p><u>SHARED DECISION MAKING</u></p> | <p>Printed or online educational aids that are designed to assist the patient with deciding between two options of standards of care. Allowing for more patient engagement.</p> | <p>V</p> | <p>U</p> | <p>Dr.Thomason Dr.Galles Verda Weston</p> | <p>Documenttion, Training Communication</p> |
| <p><u>ACCESSING HEALTH LITERACY AND TEACH BACK</u></p> | <p>Also called the "show-me" method, is a communication confirmation method used by healthcare providers to confirm whether a patient (or care takers) understands what is being explained to them. If a patient understands, they are able to "teach-back" the information accurately.</p> | <p>I</p> | | <p>Thresa Vonfeldt Patricia Wright Diabetic Educators</p> | |

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| KNOWLEDGE AREA: | | | | CONTENT COORDINATOR: | |
|--|---|-----------|---------------|---|--------------------|
| <p>Patient Attribution</p> <p>Patient Attribution is the process of assigning patients to the provider who delivers the most significant, consistent care to a patient. The attribution models vary depending on who is making the patient assignments and the intended purpose. The most common patient attribution processes utilized by Utica Park Clinics are listed below.</p> | | | | <p>Verda Weston Director of Population Health Management</p> | |
| Knowledge Topic | Description | Org. Sig. | Trans. Status | Subject Matter Expert | Transfer Mechanism |
| <u>UTICA PARK CLINIC ATTRIBUTION MODEL</u> | UPC’s Patient centered medical home model designates primary care attribution based on patient selection. Additional processes can impact the patient’s designation of PCP including self determined changes, changes in payer networks, patient withdrawal or dismissal processes. This section covers definitions and processes as well as provides links to other UPC operations | V | W | Chief Medical Officer and UPC Administration Population Health, Verda Weston | Documentation |
| <u>PAYER ATTRIBUTION MODEL</u> | Payer organizations who work with UPC utilize proprietary logic to determine attribution of patients to providers. When that attribution is received by UPC, it overrides any other patient-driven attribution. | I | L | Population Health HHS Contracting department | Documentation |

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| <p><u>MYHEALTH ATTRIBUTION MODEL</u></p> | <p>MyHealth Access Network is a health information exchange (HIE) that collects patient data from practices, hospitals and other healthcare related services from across Oklahoma. Initially founded by Beacon grant funding from the Office of the National Coordinator, the organization delivers community-wide view of patient's data to authorized providers. This enables providers to learn about care delivered to their patient by other entities. MyHealth utilizes a formal attribution formula that considers Payer attribution and attribution reported to MyHealth from Hillcrest Hospital or OHI data feeds.</p> | <p>I</p> | <p>L</p> | <p>Population Health HHS Analytics</p> | <p>Documentation</p> |
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| KNOWLEDGE AREA: <h3 style="text-align: center;">PopHealth Staff Education</h3> <p>This is the new employee training provided to new staff members who join the UPC Population Health department, both new hires and transfers from other departments. This education is both the initial education along with continuing education. This education is in addition to new employee orientation offered by the HR Department.</p> | | | | CONTENT COORDINATOR: <h3 style="text-align: center;">Verda Weston</h3> <p style="text-align: center;">Director, Population Health</p> | |
|---|--|-----------|---------------|---|---|
| Knowledge Topic | Description | Org. Sig. | Trans. Status | Subject Matter Expert | Transfer Mechanism |
| <u>NEW EMPLOYEE ON-BOARDING (POPHEALTH)</u> | The deals specifically with the orientation process for new UPC Care Managers. This orientation defines what the Care Manager is, their scope of practice, what our program is about, how it operates, and the goals UPC Populatin Health is striving to meet. | V | W | Verda Weston Kristy Covey Crystal Pelley Gina Hendrix | Documentation Cross-Training Communication |
| <u>CLINICAL DOCUMENTATION</u> | Training is provided in the use of the EMR (NextGen), registration system (IDX), the analytics reporting system (Phytel) and the care coordination program (MIDAS). This training introduces staff members to these products and the documentation requirements needed to capture patient care data. | V | L | Verda Weston Stephanie Zumwalt Marty Wenger | Documentation Cross-Training Communication |
| <u>PHYTEL INTRODUCTORY TRAINING</u> | PHYTEL is a product offered by IBM Watson that utilizes patient-level data extracted from the UPC EMR to provide alerts and follow-up for patients who are candidates for services. It is used by the UPC Staff to analyze performance data, identify patient populations and create reports to run campaigns for specific conditions. | I | W | Verda Weston Erin Campbell | Documentation Cross-Training Training Communications |

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| <p><u>MIDAS</u> <u>INTRODUCTORY</u> <u>TRAINING</u></p> | <p>MIDAS is used as the documentation system for the case managers at Hillcrest Hospital System as well as the care coordinators at UPC. This training provides an introduction sufficient for case managers and care coordinators to locate information regarding the patient’s hospital. If the Care Managers would like a more intensive training they can seek out a more in-depth training through another service.</p> | <p>V</p> | <p>L</p> | <p>Verda Weston</p> | <p>Documentation Cross-Training Training Communications</p> |
| <p><u>GEMMS</u> <u>INTRODUCTORY</u> <u>TRAINING</u></p> | <p>Program used as the main EMR for OHI hospital and the OHI Physician Team including cardiologist, endocrinologist, and sleep doctors. This training is only a small resource as to how to use the GEMMS program. It introduces only enough information to allow the Care Managers to look up information regarding their patient’s OHI stays and their progress throughout their specialty visits.</p> | <p>I</p> | <p>L</p> | <p>Verda Weston Stephanie Zumwalt</p> | <p>Documentation Cross-Training Training</p> |

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|---|---|----------|----------|--|--|
| <p><u>MYHEALTH ACCESS NETWORK</u></p> | <p>MyHealth is a health information exchange that was established by a BEACON grant by the Office of the national Coordinator. This HIE receives patient-level detail from a wide range of healthcare organizations including hospitals, clinics, optometrists, pharmacies and payers. A community-wide view of patient data is made available to authorized healthcare providers who are authorized to view a patient’s PHI. MyHealth Analytics provides a platform for customize data extracts and reporting.</p> | <p>I</p> | <p>W</p> | <p>Verda Weston</p> | |
| <p><u>COMPREHENSIVE PRIMARY CARE PLUS (CPC+)</u></p> | <p>CPC+ is an innovation model for payment reform offered by CMS that provides up-front financial resources to primary care practices so they can hire care coordinators to provide patient follow-up. This is a 5 year program that launches in 2017. Oklahoma was selected for state-wide participation. CPC+ builds on the lessons learned by UPC and other during the earlier CPC initiative.</p> | <p>V</p> | <p>W</p> | <p>Dr. Galles Verda Weston Erin Campbell</p> | |
| <p><u>COMMUNICATION METHODS</u></p> | <p>Newsletters, webinars, SWANK, bulletin boards, SharePoint and monthly meetings.</p> | | | <p>Dr. Galles Verda Weston</p> | |

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| <p><u>SWANK</u></p> | <p>Swank HealthCare is a leading distributor of online healthcare education for civilian and military hospitals, clinics and medical treatment facilities worldwide. Swank is utilized by Utica Park Clinics to schedule, assign, certify and track training for employees.</p> | <p>V</p> | <p>W</p> | <p>Randi Nees</p> | |
|---------------------|---|----------|----------|-------------------|--|

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| KNOWLEDGE AREA: <h2 style="text-align: center;">Transitions of Care</h2> <p>A vital component of improved patient outcomes, higher levels of patient satisfaction and reduced unnecessary readmissions is the follow-up that occurs post-discharge. Hillcrest utilizes Hospital Case Managers, UPC Transition Care nurses and UPC Social Workers to assist patients in the transition from different care settings back to their primary care providers.</p> | | | | CONTENT COORDINATOR: <h2 style="text-align: center;">Verda Weston</h2> <p style="text-align: center;">Director, Population Health</p> | |
|--|---|-----------|---------------|---|--|
| Knowledge Topic | Description | Org. Sig. | Trans. Status | Subject Matter Expert | Transfer Mechanism |
| <u>HOSPITAL DISCHARGE TRANSITIONS</u> | This care transitions a patient from in-hospital care to primary or specialty care. ToC includes meeting with the patient while they are in the hospital, attending patient huddles and retaining contact with the patient during the 30 day window after discharge. | V | | Stephanie Kleier Julienne Orth Brenda Gaskins | Documentation Cross-Training Mentoring Communications |
| <u>EMERGENCY DEPARTMENT TRANSITIONS</u> | Follow-up with a patients who were discharged from an Emergency Department facility. This includes both Hillcrest and non-Hillcrest facilities. Should include alerts of ED visits outside of the primary service area. The intent is to understand how primary care can support the patient and prevent a repeat ED visit. | V | L | Erin Campbell Brian Patrick | Documentation Cross-Training Mentoring Communications |
| <u>URGENT CARE TRANSITIONS</u> | Follow-up with patients who visited an Urgent Care facility to understand the reason for the visit. This may include providing the patient with options for future after-hours medical needs. | I | L | Erin Campbell Mary West | Documentation Cross-Training Mentoring Communications |

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|---|--|----------|----------|---------------------------------------|--|
| <p><u>POST-ACUTE CARE FACILITIES TRANSITIONS</u></p> | <p>Follow-up with patients who were sent to a SNF, LTAC and rehab facilities with the goal of enabling the patient to return home and minimize the risk of a return visit to a hospital, ED or SNF facility. Includes assessment of risk status changes due to the reason for post acute care.</p> | <p>I</p> | <p>W</p> | <p>Amy Coatney</p> | <p>Documentation Cross-Training Mentoring Communications</p> |
| <p><u>HOME HEALTH TRANSITIONS</u></p> | <p>Follow-up with patient who receives home health care to transition them back to primary care and minimize the risk of future hospitalization.</p> | <p>I</p> | <p>U</p> | <p>Gina Hendrix Amber Sanchez</p> | <p>Documentation Cross-Training Mentoring Communications</p> |

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KNOWLEDGE RETENTION POLICY

Overview

A **Knowledge Retention Policy** is formal written document that declares intellectual properties considered to be vital organizational assets. Similar to a list of physical assets, this document identifies an organization's intellectual assets. A **Knowledge Retention Policy** defines...

- Enterprise Area
- Knowledge Areas
- Knowledge Topics
- Knowledge Transfer Mechanisms

ENTERPRISE AREA identifies what will and will not be addressed in this Knowledge Retention Policy. Common scope descriptions may be the total organization, distinct operational units, internal or external service providers and specific projects. This component may also be referred to as the Knowledge Domain of the KRP.

KNOWLEDGE AREAS are groupings of organizational knowledge that are recognizable to the total enterprise. Knowledge Areas may be formal organizational units or important functions performed by a subset of the organization. The classification of Knowledge Areas is arbitrary and serves only to give structure and organization to Knowledge Topics.

CONTENT COORDINATOR identifies the person, persons or organizational unit who is responsible for maintaining the content for this specific Knowledge Area. They are responsible for validating the Knowledge Topics and other attributes. New content or changes to current content should be routed to the Content Coordinator.

KNOWLEDGE TOPICS are recognizable collections of repeatable processes and/or data that are significant to the organization. Knowledge Topics may be organizational programs, business processes, business data and application systems. Each Knowledge Topic should be ranked as to how significant it is to the enterprise along with the status of knowledge transfer.

*Organizational Significance = Vital / Important / Convenient
Transfer Status = Well-Defined / Limited Definition / Undefined*

Transfer Mechanisms = Documentation/Traning/Apprenticeship/Mentoring/Cross-Training/Communications

| ORG. SIG. | MEANING | | TRANS. STATUS | MEANING |
|-----------|--|--|---------------|---|
| V | This knowledge is VITAL to the organization. Failure to capture and transfer this knowledge will cause operational failure. | | W | This knowledge is well defined and accurate. It may be transferred using established mechanisms. No further action is needed. |
| I | This knowledge is IMPORTANT to the organization. Failure to capture and transfer this knowledge will compromise operations. | | L | Limited definition is available for this knowledge. Review and refinement is needed. Formal transfer mechanisms are needed. |
| C | This knowledge is CONVENIENT to the organization. Failure to capture and transfer this knowledge will reduce operational efficiency. | | U | This knowledge is undocumented and no formal transfer process currently exists. |

SUBJECT MATTER EXPERT indicates the person, persons, or organizational unit that is the authority on or the basis for this Knowledge Topic. A Knowledge Topic may have more than one Subject Matter Expert. This resource will be vital in capturing and transferring this collection of organizational intelligence. Provide names when possible.

KNOWLEDGE TRANSFER MECHANISMS represent the means used to codify in some form of permanent record or move organizational knowledge from one group of practitioners to another. More than one type of Transfer Mechanism may be used for a specific Knowledge Topic. Distinct Knowledge Transfer Mechanisms include...

- Documentation – One means to capture and transfer organizational knowledge is using physical or electronic documents. This may include all data types including text, graphics and video. This knowledge may be stored on any media including paper, video or electronic record.
- Apprenticeship – Complex, significant knowledge is often transferred using a relationship between an expert and apprentice practitioner. Apprenticeship implies a dedicated, sustained transfer process.
- Training – Organizational knowledge is often transferred using an educational process. Training may be comprised of formal education and/or specific task training.
- Mentoring – As a supplement to other forms of knowledge transfer, mentoring provides on-going benefit. Mentoring includes identifying people who are available to provide advice and assistance to someone performing a new task.
- Cross-Training – Many organizations enable knowledge transfer by placing less experienced people with task experts in a “job shadowing” process.
- Communications – A great deal of organizational knowledge is transferred using formal and informal communications. Formal communications include professional societies, committees, conferences, job-related websites and reference books. Unstructured communications include social networks, social events and chat rooms.

*Organizational Significance = Vital / Important / Convenient
 Transfer Status = Well-Defined / Limited Definition / Undefined*

Transfer Mechanisms = Documentation/Traning/Apprenticeship/Mentoring/Cross-Training/Communications

A Knowledge Retention Policy may be created in two levels. A **Level One** study identifies the Knowledge Areas and Knowledge Topics along with Topic Descriptions, Organizational Significance, Transfer Status, current Owner(s) and specific Knowledge Transfer Mechanisms that are or should be used to capture and transfer this knowledge.

A **Level Two** study expands on each of the Transfer Mechanisms by clearly defining the characteristics of this method for capturing and transferring knowledge. A Level Two study confirms the accuracy of the Level One information.

The intellectual properties represented in this document should be managed as a significant organizational asset of Utica Park Clinics. Great care should be given to create, discover, refine, capture and share this knowledge.

Authorization

Name

Title

Date

[CTRL-CLICK to return to Knowledge Asset Inventory](#)

*Organizational Significance = Vital / Important / Convenient
 Transfer Status = Well-Defined / Limited Definition / Undefined*

Transfer Mechanisms = Documentation/Traning/Apprenticeship/Mentoring/Cross-Training/Communications

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|----------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – AMI |
|-------------------------------|----------------------------------|

Documentation Attributes – Disease Overview

Documents are artifacts of any data type that record something significant and useful for this Knowledge Topic. The decomposition of Documentation Attributes should be used only when it would be difficult to sort through a large number of resources to find artifacts that fit with a specific subset. Focus on the most significant and most used artifacts needed for this Knowledge Topic.

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|--|---------------------------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 1. | What is a Heart Attack - NIH | National Heart, Lung, Blood Institute | | | | | | |
| 2. | What is a Heart Attack - AHA | American Heart Association | Y | | | | | |
| 3. | What is a Heart Attack - Slideshow | American Heart Association | Y | | | | | |
| 4. | What is a Heart Attack - Video | The Visual MD | | | | | | |

Documentation Attributes – Disease Assessment

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|---------------------------------------|-------------|---------------|---------------|----------|----------------|-------------------|----------|
| 5. | Risk Factors | Mayo Clinic | | | | | | |
| 6. | Symptoms | Mayo Clinic | | | | | | |
| 7. | Causes | Mayo Clinic | | | | | | |
| 8. | Tests & Diagnosis | Mayo Clinic | | | | | | |
| 9. | Complications | Mayo Clinic | | | | | | |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|----------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – AMI |
|-------------------------------|----------------------------------|

Documentation Attributes – Disease Education

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|---|--------------------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 10. | Overall Information | Oklahoma Heart Institute | Y | | | | | |
| 11. | AMI Risk Factors | American Heart Association | Y | | | | | |
| 12. | What is Ejection Fraction | Mayo Clinic | | | | | | |
| 13. | Dash Diet - Brief | NextGen Fastlane | | | | | | |
| 14. | Dash Diet - Comprehensive | NextGen Fastlane | | | | | | |
| 15. | Low Sodium Diet | Cleveland Clinic | | | | | | |
| 16. | Daily Weights | American College of Cardiology | | | | | | |

Documentation Attributes – Medications

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|--|---------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 17. | Medication Guide - Aspirin | Knowledge Inventory | Y | | | | | |
| 18. | Medication Guide - Effient | Knowledge Inventory | Y | | | | | |
| 19. | Medication Guide - Nitroglycerin | Knowledge Inventory | Y | | | | | |
| 20. | Medication Guide - Plavix | Knowledge Inventory | Y | | | | | |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|----------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – AMI |
|-------------------------------|----------------------------------|

Documentation Attributes – Disease Goals and Care Plans

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|---|----------------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 21. | Cardiac Rehab | Mayo Clinic | | | | | | |
| 22. | Heart Attack Recovery | Cleveland Clinic | | | | | | |
| 23. | Post Surgery Milestones | American Heart Association | | | | | | |

Documentation Attributes – Disease Follow-up

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|---|------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 24. | Prepare for doctor visit | Mayo Clinic | | | | | | |
| 25. | After-care & Prevention | Cleveland Clinic | | | | | | |
| 26. | Cardiac Rehab | Mayo Clinic | | | | | | |

ONLY ADD METADATA FOR THESE FIELDS IF IT IS SIGNIFICANT.

- Record Name** - Document the group name for a distinct group of records that transfer this knowledge.
- Record Location** – Where will this group of records be physically located? This includes URLs, software products or filing location.
- Public Facing** – Place a “Y” for any artifact that should be available on UPC WorkPlace Connect.
- Access Rights** – If access to this artifact is limited to a specific group or role, indicate that here.
- Security** – If there is special security required for this artifact, such as a login or password, indicate it here.
- Retention Term** – Indicate here if the artifact should only be retained for a limited amount of time.
- Revision Cycle** – All artifacts should be reviewed annually. If this artifact needs a more frequent review cycle, explain it here.
- Disposal** – Document any special removal instructions such as a specific time or manner in which an artifact must be destroyed.

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|----------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – AMI |
|-------------------------------|----------------------------------|

Training Attributes

Identify the Training Attributes that prepare someone new to be an expert in this Knowledge Topic. People with experience in this area should be able to explain how they obtained their knowledge by identifying courses, workshops, seminars and other forms of organized training.

| No. | Training Name | Training Source | Prerequisites | Certifications | Performance Measures |
|-----|--|----------------------------|-----------------------|--------------------|----------------------|
| 1. | 7 Myocardial Infarction Nursing Care Plans | Nurses Labs | | | |
| 2. | Myocardial Infarction Nursing Care Plan | RN Speak | | | |
| 3. | ACLS | American Heart Association | Basic Disrhythmia/BLS | ACLS Certification | Recert every 2 years |
| 4. | Nursing Care Plan PDF | Prenhall | | | |

Training Name – Provide the name of a formal training program (individual course or series) that facilitates this knowledge transfer.

Training Source - Include information (name, organization, URLs) that identifies the vendor, course descriptions and registration information.

Training Prerequisites – What previous education or experience level should be completed prior to this training?

Resulting Certifications - What degrees or certifications are needed to verify this knowledge transfer?

Performance Measures - What performance measures should be met to validate this knowledge transfer?

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|----------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – AMI |
|-------------------------------|----------------------------------|

Cross-Training Attributes

Cross-Training is one of the most common means for introducing someone new to a set of knowledge as well as creating back-ups for people with specialized knowledge. Also known as “job shadowing,” cross training should be a deliberate, planned activity.

| No. | Attribute | Description |
|-----|---|--|
| 1. | Trainer Qualifications - <i>What are the criteria for the trainer?</i> | At least 1 year experience as a Care Manager/Care Coordinator. ACLS certified. |
| 2. | Trainee Qualifications - <i>What are the criteria for the trainee?</i> | ACLS trained or scheduled to be trained. At least two months as a Care Manager/Care Coordinator. |
| 3. | Training Frequency - <i>How frequently should the cross-training sessions occur?</i> | Weekly |
| 4. | Training Term - <i>How long should each cross-training session last?</i> | 4 hours |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|----------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – AMI |
|-------------------------------|----------------------------------|

Mentor Attributes

The Mentor/Mentee relationship is the long-term peer-to-peer relationship based on common interests, knowledge sharing and personal trust.

| No. | Mentor Qualifications | Mentor Commitment | Mentor Recognition |
|-----|-----------------------|-------------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Mentee Attributes

| No. | Mentee Qualifications | Mentee Commitment | Mentee Recognition |
|-----|-----------------------|-------------------|--------------------|
| 4. | | | |
| 5. | | | |
| 6. | | | |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|----------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – AMI |
|-------------------------------|----------------------------------|

Communications Attributes

Knowledge surrounds us. Knowledge experts identify a wide range of formal and informal ways to remain current in their chosen area of expertise. This list should include website to monitor, periodicals and blogs to read, professional societies to join and conferences to attend.

| No. | Communication Name | Communication Type | Information Source | Contact | Frequency |
|-----|---|--------------------|-----------------------------------|--------------------------------|-----------|
| 1. | Latest in Cardiology | Website | American College of Cardiology | | |
| 2. | UPC AMI Patient Self-care Workbook | Printed book | UPC Hospital Discharge ToC Nurses | Stephanie Kleier Julie Orth | |
| 3. | | | | | |

Communication Name - *What type of formal communication process is recommended?*

Communication Type – *Professional organization, Committee, Publication, Website, Social Network...*

Information Source – *URL or address to obtain additional information.*

Communication Contact – *Name of person to contact about this communication.*

Communication Frequency – *How often this communication occurs or how often it should be reviewed.*

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

Documentation Attributes – Disease Overview

Documents are artifacts of any data type that record something significant and useful for this Knowledge Topic. The decomposition of Documentation Attributes should be used only when it would be difficult to sort through a large number of resources to find artifacts that fit with a specific subset. Focus on the most significant and most used artifacts needed for this Knowledge Topic.

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|--|-------------------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 1. | 4 M’s of Diabetic Self-Care | Knowledge Inventory | | | | | | |
| 2. | All About Insulin Resistance | American Diabetes Association | | | | | | |
| 3. | Healthy Steps – Diabetes Education (Video) | UPC Website | | | | | | |
| 4. | Pre Diabetes | Knowledge Inventory | | | | | | |
| 5. | Treatment of Diabetes | Knowledge Inventory | | | | | | |
| 6. | What is Diabetes | Knowledge Inventory | | | | | | |

Documentation Attributes – Disease Assessment

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|--|---------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 7. | AACE/ACE Comprehensive Diabetes Management Algorithm | AACE Website | | | | | | |
| 8. | Hemoglobin A1c | Knowledge Inventory | | | | | | |
| 9. | Prevent the Complications of Diabetes | Knowledge Inventory | | | | | | |
| 10. | The ABCs of the Standards of Care | Knowledge Inventory | | | | | | |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

Documentation Attributes – Disease Education

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|---|-----------------------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 11. | Airline Travel with Diabetes | Knowledge Inventory | | | | | | |
| 12. | Alcohol and Diabetes | Knowledge Inventory | | | | | | |
| 13. | Carbohydrates List | Knowledge Inventory | | | | | | |
| 14. | Checking Your Blood Sugar at Home | Knowledge Inventory | | | | | | |
| 15. | Diabetes and Mouth Care | Knowledge Inventory | | | | | | |
| 16. | Diabetes and Smoking | Knowledge Inventory | | | | | | |
| 17. | Diabetes and Stress | Knowledge Inventory | | | | | | |
| 18. | Diabetes Disaster Plan | Knowledge Inventory | | | | | | |
| 19. | Diabetes Prevention Class | Hillcrest Diabetes Center Website | | | | | | |
| 20. | Easy meal planning guide – Green Red Yellow Foods | Knowledge Inventory | | | | | | |
| 21. | Exercise and Diabetes | Knowledge Inventory | | | | | | |
| 22. | Exercises that can be done sitting in a chair | Knowledge Inventory | | | | | | |
| 23. | Fiber | Knowledge Inventory | | | | | | |
| 24. | Foot Care | Knowledge Inventory | | | | | | |
| 25. | Healthy Eating Basics | Knowledge Inventory | | | | | | |
| 26. | Healthy Holiday Tips | Knowledge Inventory | | | | | | |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

| | | | | | | | | |
|-----|--|---------------------|--|--|--|--|--|--|
| 27. | <u>Healthy Snack Ideas</u> | Knowledge Inventory | | | | | | |
| 28. | <u>Healthy Steps – Blood Glucose Monitoring</u> (video) | UPC Website | | | | | | |
| 29. | <u>Healthy Steps – Choosing Produce</u> (video) | UPC Website | | | | | | |
| 30. | <u>Healthy Steps – Dairy and Your Diet</u> (video) | UPC Website | | | | | | |
| 31. | <u>Healthy Steps – Eating Out</u> (video) | UPC Website | | | | | | |
| 32. | <u>Healthy Steps – Fats and Sodium</u> (video) | UPC Website | | | | | | |
| 33. | <u>Healthy Steps – Freedom from Smoking</u> (video) | UPC Website | | | | | | |
| 34. | <u>Healthy Steps – Grains and Your Diet</u> (video) | UPC Website | | | | | | |
| 35. | <u>Healthy Steps – Grocery Shopping</u> (video) | UPC Website | | | | | | |
| 36. | <u>Healthy Steps - How to Read Food Labels</u> (video) | UPC Website | | | | | | |
| 37. | <u>Healthy Steps – How to use an insulin pen</u> (video) | UPC Website | | | | | | |
| 38. | <u>Healthy Steps – Hypoglycemia</u> (video) | UPC Website | | | | | | |
| 39. | <u>Healthy Steps – Importance of Being Active</u> (video) | UPC Website | | | | | | |
| 40. | <u>Healthy Steps – Meat and Your Diet</u> (video) | UPC Website | | | | | | |
| 41. | <u>Healthy Steps – Understanding and Managing Stress</u> (video) | UPC Website | | | | | | |
| 42. | <u>Healthy Steps – Understanding Carbohydrates</u> (video) | UPC Website | | | | | | |
| 43. | <u>Help Shake off Stress</u> | Knowledge Inventory | | | | | | |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

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|-----|--|-----------------------------------|--|--|--|--|--|--|
| 44. | <u>High Blood Sugar (Hyperglycemia)</u> | Knowledge Inventory | | | | | | |
| 45. | <u>Hillcrest Diabetes Education</u> | Hillcrest Diabetes Center Website | | | | | | |
| 46. | <u>Hillcrest Diabetes Education Center Flyer</u> | Hillcrest Diabetes Center Website | | | | | | |
| 47. | <u>Insulin Pen storage, use and disposal</u> | Knowledge Inventory | | | | | | |
| 48. | <u>Low Blood Sugar (Hypoglycemia)</u> | Knowledge Inventory | | | | | | |
| 49. | <u>Plate Method for Healthy Eating</u> | Knowledge Inventory | | | | | | |
| 50. | <u>Preventing Diabetic Ketoacidosis</u> | Knowledge Inventory | | | | | | |
| 51. | <u>Reading a Food Label</u> | Knowledge Inventory | | | | | | |
| 52. | <u>Sick Day Guidelines</u> | Knowledge Inventory | | | | | | |
| 53. | <u>Target Blood Glucose Ranges</u> | Knowledge Inventory | | | | | | |
| 54. | <u>The 8 Most Successful Weight Loss Tips</u> | Knowledge Inventory | | | | | | |
| 55. | <u>The Sodium and Diabetes Connection</u> | Knowledge Inventory | | | | | | |
| 56. | <u>Tips to Eating Healthy When Eating Out</u> | Knowledge Inventory | | | | | | |
| 57. | <u>Tips to Improve HDL and lower LDL Cholesterol</u> | Knowledge Inventory | | | | | | |
| 58. | <u>Treatment of Diabetes</u> | Knowledge Inventory | | | | | | |
| 59. | <u>Ways to lower Triglycerides</u> | Knowledge Inventory | | | | | | |
| 60. | <u>What are Whole Grain Foods</u> | Knowledge Inventory | | | | | | |
| 61. | <u>What is Diabetes</u> | Knowledge Inventory | | | | | | |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

| | | | | | | | | |
|-----|------------------------------------|---------------------|--|--|--|--|--|--|
| 62. | Your Sick Day Plan | Knowledge Inventory | | | | | | |
|-----|------------------------------------|---------------------|--|--|--|--|--|--|

Documentation Attributes – Medications

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|--|---------------------|---------------|---------------|----------|----------------|-------------------|----------|
| 63. | Drawing Up Insulin from a vial | Knowledge Inventory | | | | | | |
| 64. | How to Use an Insulin Pen (video) | UPC website | | | | | | |
| 65. | Insulin injection sites | Knowledge Inventory | | | | | | |
| 66. | Insulin Types and Non Insulin Injectable Medications | Knowledge Inventory | | | | | | |
| 67. | Insulin Vial Storage | Knowledge Inventory | | | | | | |
| 68. | Oral Diabetes Medications | Knowledge Inventory | | | | | | |

Documentation Attributes – Disease Goals and Care Plans

| No. | Record Name | Location | Public Facing | Access Rights | Security | Retention Term | Revision Schedule | Disposal |
|-----|-------------|----------|---------------|---------------|----------|----------------|-------------------|----------|
| 69. | | | | | | | | |

ONLY ADD METADATA FOR THESE FIELDS IF IT IS SIGNIFICANT.

Record Name - Document the group name for a distinct group of records that transfer this knowledge.

Record Location – Where will this group of records be physically located? This includes URLs, software products or filing location.

Public Facing – Place a “Y” for any artifact that should be available on UPC Workplace Connect.

Access Rights – If access to this artifact is limited to a specific group or role, indicate that here.

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

Knowledge Area / Topic

PH Chronic Care Management – Diabetes

Security – *If there is special security required for this artifact, such as a login or password, indicate it here.*

Retention Term – *Indicate here if the artifact should only be retained for a limited amount of time.*

Revision Cycle – *All artifacts should be reviewed annually. If this artifact needs a more frequent review cycle, explain it here.*

Disposal – *Document any special removal instructions such as a specific time or manner in which an artifact must be destroyed.*

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

Training Attributes

Identify the Training Attributes that prepare someone new to be an expert in this Knowledge Topic. People with experience in this area should be able to explain how they obtained their knowledge by identifying courses, workshops, seminars and other forms of organized training.

| No. | Training Name | Training Source | Prerequisites | Certifications | Performance Measures |
|-----|--|---|---------------|----------------|----------------------|
| 1. | Diabetes documentation | NextGen | Have access | | |
| 2. | ID target diabetes patients | Phytel | Have access | | |
| 3. | Patient data updates | IDX | Have access | | |
| 4. | CPC Diabetes Workflows | Certified Diabetes Educator (CDE) | | | |
| 5. | Patient Diabetes Training | CDE / Hillcrest Diabetes Education Center | | | |
| 6. | Internal Diabetes updates (every 6 months) | CDE | | | |
| 7. | SWANK Diabetes | SWANK | Have access | Yes | See SWANK |
| 8. | Patient Diabetes Education | UPC Website | | | |
| 9. | What is diabetes mellitus? | Kahn Academy | | | |
| 10. | Glucose Insulin and Diabetes | Kahn Academy | | | |
| 11. | Treating type II diabetes | Kahn Academy | | | |

Training Name – Provide the name of a formal training program (individual course or series) that facilitates this knowledge transfer.

Training Source - Include information (name, organization, URLs) that identifies the vendor, course descriptions and registration information.

Training Prerequisites – What previous education or experience level should be completed prior to this training?

Resulting Certifications - What degrees or certifications are needed to verify this knowledge transfer?

Performance Measures - What performance measures should be met to validate this knowledge transfer?

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

Cross-Training Attributes

Cross-Training is one of the most common means for introducing someone new to a set of knowledge as well as creating back-ups for people with specialized knowledge. Also known as “job shadowing,” cross training should be a deliberate, planned activity.

| No. | Attribute | Description |
|-----|---|---|
| 1. | Trainer Qualifications - <i>What are the criteria for the trainer?</i> | RN, LPN or MA, well-versed in the details of diabetes (disease process, self-management, monitoring, etc). Be current with American Diabetes Association’s standards. Have attended training with Certified Diabetes Educator. Have observed CDE interacting with Diabetes patients. Must know the Diabetes categories and associated workflows. Know back office clinical workflows. |
| 2. | Trainee Qualifications - <i>What are the criteria for the trainee?</i> | RN, LPN or MA who has base knowledge of diabetes and continues education on the diabetes disease process and treatments. Understand back office clinical workflow. |
| 3. | Training Frequency - <i>How frequently should the cross-training sessions occur?</i> | Once |
| 4. | Training Term - <i>How long should each cross-training session last?</i> | 3-4 days, until SWANK |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

Mentor Attributes

The Mentor/Mentee relationship is the long-term peer-to-peer relationship based on common interests, knowledge sharing and personal trust.

| No. | Mentor Qualifications | Mentor Commitment | Mentor Recognition |
|-----|--|---------------------|--------------------|
| 1. | Experienced in Population Health Diabetes process. Assigned by Director of Population Health | Minimum 6-12 months | |

Mentee Attributes

| No. | Mentee Qualifications | Mentee Commitment | Mentee Recognition |
|-----|--|-------------------|--------------------|
| 2. | Completed Diabetes education, working in a clinical setting. | As needed | |

KNOWLEDGE RETENTION POLICY

Level 2 Knowledge Transfer Mechanisms Metadata

| | |
|-------------------------------|---------------------------------------|
| Knowledge Area / Topic | PH Chronic Care Management – Diabetes |
|-------------------------------|---------------------------------------|

Communications Attributes

Knowledge surrounds us. Knowledge experts identify a wide range of formal and informal ways to remain current in their chosen area of expertise. This list should include website to monitor, periodicals and blogs to read, professional societies to join and conferences to attend.

| No. | Communication Name | Communication Type | Information Source | Contact | Frequency |
|-----|--|---------------------------|--|-------------------------|-----------|
| 1. | ADA Guidelines | Link | American Diabetes Association | | |
| 2. | Diabetes medication / treatment updates | In-person / presentations | Drug representatives | | |
| 3. | General updates | Email / RSS | American Diabetes Association | Crystal | |
| 4. | New guidelines, medications | Email / RSS | American Association of Diabetes Educators | Crystal | |
| 5. | Patient diabetes education | Video / links | UPC Website | | |
| 6. | Payer guidelines | Phone | Payers | Patient insurance cards | |

Communication Name - *What type of formal communication process is recommended?*

Communication Type – *Professional organization, Committee, Publication, Website, Social Network...*

Information Source – *URL or address to obtain additional information.*

Communication Contact – *Name of person to contact about this communication.*

Communication Frequency – *How often this communication occurs or how often it should be reviewed.*