Cortex
Preparedness
Manual
(COVID-19)
Cortex Preparedness Manual (COVID-19)
(Updated March 25, 2020)

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Hospital Readiness Checklist
During this outbreak, preparation is key to ensure no interruption to critical systems or processes of health care. Despite the demands and obstacles a situation like this presents, leaders must take proactive steps to assess, adapt and mitigate. Teams are already being asked to do more with fewer resources and healthcare experts forecast this will only continue. We’ve prepared the below checklist to help Hospitals, Managers, Utilization Review and Case Management staff identify and initiate actions recommended to ensure technology and staff efficiencies have been maximized to accommodate increased health service demands. Based upon hospital defined workflows, we recommend UR/CM Teams evaluate each component of the Hospital Readiness Checklist. Also detailed within this manual you will find additional information for accurately assessing each activity.
**Hospital Readiness Checklist (cont.)**

<table>
<thead>
<tr>
<th>Completed</th>
<th>In-Progress</th>
<th>Not Applicable</th>
<th>Activities</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Add new Units/Locations for display in Cortex.</td>
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<td></td>
<td>Add new labs/test results for COVID-19 and display in Cortex.</td>
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<td>Evaluate education opportunities for creating Custom Work Queues for additional Units/Locations.</td>
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<td>Evaluate and deploy usage of the Work Queue Dashboard for better prioritization of patients for Review.</td>
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<td>Evaluate and deploy usage of Precision UM for Medicare patients.</td>
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<td>Evaluate and leverage the Continued Stay Review Queue for identifying potential discharge ready patients.</td>
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**NEW Units and Locations**

Units and Locations previously not utilized or newly created Units/Locations will need to be accounted for within Cortex, as they would not have been part of your initial Cortex implementation. To have these new units/locations speedily added to your Cortex environment, send a request to our Support Team (support@xsolis.com) with the following information: **(List multiples if applicable)**

<table>
<thead>
<tr>
<th>Unit / Location Name</th>
<th>Unit Launch Date</th>
<th>Patient Example</th>
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</thead>
<tbody>
<tr>
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</table>
Adding NEW Lab Types or Results

When viewing the Patient Dashboard within Cortex, you may find specific Lab or Test Results unique to COVID-19. If these are not currently available, with some discovery, we may be able to display these values in Cortex with minimal work for your local IT Teams.

<table>
<thead>
<tr>
<th>Test Name / Result</th>
<th>Patient Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Exact spelling as listed in EMR)</td>
<td>(Account Number)</td>
</tr>
</tbody>
</table>

After evaluation, we may require assistance from your IT Teams. In preparation for this request, we will need to verify the information currently found within the OBX3_1_OBS_ID and OBX3_3_OBS_ID_TEXT fields.

Creating Custom Work Queues

With the newly added Units or Locations, we will now need to account for these within any existing or new Work Queues. You may not have created a Custom Work Queue since you went live with Cortex: to get started from the Patient Work Queue screen, click on the box with the three dots next to the Work Queue field.

1. Populate the Description field with the name of your new Work Queue.
2. Add Current or Max CLS Filter options.
3. Select the method in which you would like to Sort By.
4. Select the Length of Stay criteria.
5. Add a Physician filter if needed.
6. Select one or multiple Admission Status options.
7. Choose one or multiple Location options.

8. Finally, select one or multiple Payer Type options.

9. After making selections within Steps 1-8, select “Save and Close” to save your changes and return to the Patient Work Queue screen.

Patient Prioritization

Take the legwork out of prioritizing patients for review with help from the Work Queue Dashboard. Commonly accessed by Manager/Directors and weekend staffing, the Work Queue Dashboard offers a Hospital-wide view of all patients and of those patients, those with the highest opportunity to convert to Inpatient or those at risk of denial. In addition to Inpatients and Observations with Status Conflicts, Cortex users are also able to quickly access Observation patients with Length of Stays (LOS) exceeding 24 hours. Clicking the hyperlinks will automatically route the user to the filtered list for review. *(See screenshot on next page)*
For Health Systems, each hospital will be located for quick access within the Work Queue Dashboard view.

**Identifying Potential Discharge Patient**

With the anticipated increase in hospital admissions, identifying discharge ready patients will be critical. Leveraging Cortex’s Continued Stay Review Queue, identifies all patients that were admitted as Inpatient (with Max CLS greater than 75), but now show trending Current CLS scores less than 60. The patient’s improvement within Labs, Vitals and other intensity of service variables are quickly transitioned into actionable insights for patient progressing or ready for discharge.
For Case Management Teams responsible for discharge planning, XSOLIS recommends building Custom Work Queues (previously addressed in this manual) and prioritizing these patients for review and assessment of discharge readiness.

**Custom Work Queue Logic**

![Custom Work Queue Logic Diagram]

**Special Note:** The Care Level Score only takes into account the patient’s clinical data and does not contemplate other potential barriers to discharge.
Precision Utilization Management (UM)

By leveraging Cortex’s Care Level Score (CLS), thousands of hours can be saved each year by automating cases that are clear “slam dunks” for Inpatient Level of Care. With patient to staff ratios pushing the limits, exceeding the number any one individual can review, maintaining the highest level of quality is a growing concern. Implementing Precision UM can rebalance the demand for reviews required to be compliant with your documented UM Plans.

Stratifying and automating your Hospital’s Medicare patients with CLS Scores that exceed 110 can significantly reduce the number of manual reviews your staff need to perform.

Payer Communications

With clinical staff pulled in to support frontline initiatives and patient care or overwhelmed with the increase in workload, leveraging non-clinical Utilization or Case Management resources may be required for creating and sending clinicals for Payer review. Without Cortex, this is a daunting task. With this type of situation in mind, Cortex offers Templates for automatically creating and dispensing these packets of clinical information to the Payer. For a quick view of available templates and automated selections, see below.

- **Admit Review w/All**: This template includes data from the entire stay as well as the Wellness detail, all labs, all vitals, notable medications, initial review comments, and some documents
• **Admit Review w/Abnormal:** This template includes the same information as the Admit Review w/All, except it only includes only abnormal labs and vitals.

• **Additional Days w/All:** This template includes data from the previous day only as well as specific documents, all labs, vitals, notable medications, and comments from the continued stay review.

• **Additional Days w/Abnormal:** This template includes the same information as the Additional Days w/All, except it only includes abnormal labs and vitals.

• **Advance to Inpatient:** This template includes data from the entire patient stay, certain documents, abnormal labs and vitals, notable medications, and comments from any reviews.

• **Appeal/Retrospective:** This template includes the same data as the Advance to Inpatient template but also includes the Discharge Summary.

• **Discharge Packet:** This template is designed to be used to submit essential information to post-acute care providers. It defaults to the entire stay and pre-selects medications, all labs, all vitals, as well as pertinent documents
  - **Example:** History & Physical, Progress Notes, Diagnostic Imaging Results, PT Notes, and Speech Therapy if available

Any non-clinical staff tasked with this new responsibility can take full advantage of our Online Learning Management system, XSOLIS University, for a complete tutorial and optional practical exercise on Creating a Visit Synopsis. To request access for these team members, email xsolisuniversity.com.