WHAT IS ENS®?

• Encounter Notification System uses ADT, ORU, and CCDA HL-7 messages that exist within hospital systems.

• Every time a message is received by ENS, the patient within the message is compared to the panel provided by practitioners.

• If a patient match and a qualifying event are found, a notification is generated and sent to the subscribing provider or insurance carrier.

• The ENS message can include continuity of care documents and clinical data, such as reason for visit and discharge diagnosis.

HOW CAN ENS® HELP YOU?

Improve Care Coordination
Clinicians and care managers receive real-time ENS notifications so they can promptly direct patients to the most appropriate care settings.

Improve Patient Satisfaction
When care providers and case managers improve communications and streamline workflows, this leads to greater patient engagement.

Reduce Avoidable Utilization
Identify when, where, and why a patient is hospitalized, or receive insight into a patient’s relationships to make informed clinical decisions.

Optimize Financial Performance
Better care coordination and reduced avoidable utilization can help achieve financial goals.

Meaningful Use Compliance
Enables automatic routing of discharge summaries from hospitals in a manner compliant with requirements for transitions of care.

PROVIDERS WHO KNOW when, where, & why PATIENTS ARE HOSPITALIZED CAN intervene & avoid unnecessary readmissions.

About healtheConnect Alaska: healtheConnect Alaska is a non-profit entity, created by State legislation to be the health information exchange for all of Alaska. We are not owned or controlled by any healthcare entity and we do not answer to anyone but our Board of Directors and the State. We do not sell, share, or use health information for profit. EVER. We are Alaskans, working to establish and grow the state’s health information exchange so that every Alaskan gets the right care at the right time for the best possible outcomes.
WHAT ARE SMARTALERTSTM

SmartAlerts, a next generation capability of Encounter Notification Service® (ENS®), deliver targeted alerts and clinical data in real time, enabling rapid and sophisticated care coordination.

SmartAlerts allow physicians and care managers from different specialties and care settings to customize the alerts they receive through filters to more closely meet their needs, resulting in rapid care coordination for networked clinical decision-making at the point-of-care.

For example, special care management criteria for diabetes patients or cardiac patients may be put in place, giving staff the ability to more closely monitor those patients’ care or route alerts to different care teams.

The technology relies on information from Admission, Discharge and Transfer (ADT) messages, patient rosters, Master Patient Index (MPI), prior clinical history and external data; these data elements can be used alone or in combination to create unique rules determining when alerts are triggered and what information they contain.

HOW CAN SMARTALERTS HELP YOU?

**ER Intercept**

The ED is a chaotic setting where timely, relevant information such as prior utilization, PDMP, and knowing a patient’s care team can be vital to effective clinical decision-making. In an era when EDs are being asked to do more than ever to coordinate care, SmartAlerts provides the tools needed for success.

**Condition-Specific Alerting**

Empower your community’s cardiologists and specialists to participate in effective care coordination through the push of alerts for certain, impactable conditions such as CHF, diabetes, and more.

**Overdose Alerting**

The opioid crisis continues to rage. Deciphering overdose events in real time allows Peer Recovery Counselors and other community supports to engage and respond soon after the event. Additionally, such information will inform future prescribing patterns.

WHAT’S NEW WITH SMARTALERTS?

**Fetch External Community Data Sources**

Stitching together valuable datasets, from Social Determinants of Health to care plans, has become a necessary enabler of effective care management and care coordination. External data can be included in the SmartAlerts logic and can also be pushed in the alerts that are delivered.

**Complex Logic**

An alert can be pin-pointed by evaluating many attributes simultaneously and applying rules for their invocation.

**Auto-Refer**

Event-based alerting notifies responsible community resources of an event that occurred at a facility. For example, an overdose can be auto-referred to a community resource.

For more information, visit healtheConnectak.org