

# Diabetes Group Visit Flow

Updated 12.28.2010

# and Type of Employees Needed	# of Patients Scheduled for Visit	How Often Visit Occurs	Time Required for Visit	# of Slots Blocked in Provider Schedule	Best Time for Provider to be Blocked for GV Appointment
1 Provider	Max 12	Min. every 3 mos <i>*Can meet more frequently if provider desires</i>	Provider 100 min	5	Anytime <i>*AM when fasting labs are needed. When all patients are not on the same fasting lab schedule mornings are best.</i>
1 Nurse			120 min		
2 MAs			120 min ea		
1 Case Manager			120 min		

<b>Which patients should be included in this GV?</b>	Any patient from the provider's Diabetes panel.
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<b>How does a patient get identified, scheduled and confirmed for this GV?</b>	<ol style="list-style-type: none"> <li>1) Diabetes Registries are printed and given to the provider.</li> <li>2) Provider identifies Diabetes patients from their registry that would be a good group participant.</li> <li>3) Case Manager calls the identified patients and invites them to come to the group.</li> <li>4) Case Manager confirms and puts the patients into the provider's schedule 2 weeks before the group.</li> <li>5) Front Desk makes confirmation calls 1 day before the GV.</li> <li>6) If patient calls to cancel, call center attendant should schedule an individual appointment with the patient's PCP.</li> <li>7) CM follows up with cancellations, make sure they are seen.</li> </ol>
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<b>What information should be given to a patient prior to attending this GV?</b>	<ol style="list-style-type: none"> <li>1) This is not a one-on-one appt with the provider and care will be provided in a group session with other Diabetes patients, but it will be a visit with the provider.</li> <li>2) You do NOT need to fast before the appointment. (Unless fasting labs will be done)</li> </ol>
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	<ol style="list-style-type: none"> <li>3) The location of where the patient will check-in for the appointment</li> <li>4) The approximate length of the appointment (2 hrs)</li> <li>5) If possible, do not bring kids</li> <li>6) Call and cancel appt if you are not going to make the appt</li> <li>7) Take morning meds with plain water</li> <li>8) Bring all meds with you to the group</li> <li>9) Explain that there will be a foot exam, and the patient will need to remove his/her socks and shoes.</li> <li>10) It is ok to bring snacks</li> <li>11) Spouses are welcome.</li> </ol>
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<b>Medical Record?</b>	<p>If the patient is an established patient and not yet in the EMR all data will be entered into the EMR. If the pt is established and still has paper chart, the chart should be pulled by Med Recs upon provider request or per site protocol.</p>
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<b>What, where and who enters the data into the EMR?</b>	<p>MA: The day before the group, review patient charts and look at future labs, immunizations, last foot exam, last LDL, etc. and fill out Diabetes GV chart review spreadsheet. Go over the spreadsheet with the provider before the group. At the group open the Diabetes Flow Sheet and enter A1c, vitals, meds, finger stick, foot exam, immunizations and check status of aspirin, ACE inhibitor, and lipid lowering medications on the flow sheet. Enter brief HPI and make sure group visit box is checked.</p> <p>Nurse: Open a DM flow sheet and open the diagram of the feet and enter foot exam. The nurse does not document on education because they are piggybacking on what the CM covers.</p> <p>Provider: Documents HPI, Review of Systems, Physical exam, Assessment, and Plan.</p> <p>Case Manager: Create a separate encounter. Open Master IM (FP, office visit), and open Bh Home. Enter info in HPI note. Do a SOAP note. Open the Self Management IPN template and do a Self Management</p>
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	<p>goal. If any psychosocial issues are identified, open the PHQ template and complete. Open another self management goal template for the PHQ. Concatenate and sign your note from the Bh Home template. If smoking cessation counseling was done go into the <b>provider's encounter</b>, open the Diabetes flow sheet and mark counseled for smoking. Save and close.</p>
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<p><b>What materials/supplies are needed to prep GV room for GV?</b></p>	<p>Urine cups          BP cuffs (Reg and Large)          Scale          Glucometer and supplies          A1c machine and supplies          Blood work supplies          Culture tubes          Thermometer          Hemostat          phlebotomy kit          blood draw station          sharps containers          monofilament          hand sanitizer          immunizations, syringes and VIS          Patient shadow charts          name tags for patients          Computer to check-in patient          Printer (Make sure employees going group are set up to use          Appointment cards          pens          clipboards          tables and chairs          Projector for presentations          Retinal Camera and paper forms needed for Retinopathy exams.</p>
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<p><b>How does patient get checked in for appointment?</b></p>	<p>OT checks patients in 20 min before the 1<sup>st</sup> blocked slot</p>
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<p><b>Visit Flow (Describe the flow from the time patient arrives until all post visit work is complete)</b></p>	<ol style="list-style-type: none"> <li>1) Front desk checks patients in and collects co-pay</li> <li>2) MAs take vitals and blood work</li> <li>3) MAs document in EMR</li> <li>4) MA concatenates the master document in the EMR for the provider doing the group</li> <li>5) CM facilitates introductions, provides education/facilitates group activities, and assists with self-management goal setting.</li> </ol>
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	<p>6) Nurse provides Diabetes education, foot exam, monitors staff, monitors flow of group and assists as needed.</p> <p>7) Provider is called down to the group visit room by the MA</p> <p>8) Provider reviews pt info in EMR, addresses each individual pt and deals with concerns/issues as needed.</p> <p>9) Once visit is complete the CM and MA clean the room and prepare it for the next GV.</p>
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<b>Role of the Financial Screener</b>	N/A Established patients only
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<b>Role of the OT</b>	<p>Works the Diabetes Registry every month</p> <p>Makes confirmation calls the day before the group</p> <p>Checks patients in before the group</p> <p>Collects co-pay</p> <p>Prints labels (5)</p>
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<b>Role of the MA and information covered by the MA</b>	<p>Huddle with Nurse and CM a week prior to the group to prepare.</p> <p>Review the charts 1-3 days before the visit, put in future labs (labs, immunizations, foot exam, eye exam) and fill out the chart review spreadsheet. (Review info with provider)</p> <p>Prepare shadow charts and nametags before the group visit</p> <p>Help set-up the room</p> <p>Perform vitals</p> <p>Perform UA and blood draw</p> <p>Assist patients with their self management records as necessary</p> <p>Enter information into the EMR</p> <p>Perform Retinal Exams as needed</p> <p>Collect shadow charts and put back in file cabinet</p> <p>Help clean the group visit room</p>
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<b>Role of the nurse and information covered by the nurse.</b>	<p>Meet with case manager to decide topic and prepare activities for the group. (At least a week before the group)</p> <p>The nurse huddles with the provider at night before morning groups and mid-day for afternoon or evening groups to anticipate the providers needs (confirming medications with patient, possible medication teaching)</p> <p>Nurse provides Diabetes education, foot exam, monitors staff, monitors flow of group and assists as needed.</p>
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<p><b>Role of the provider and information covered by the provider.</b></p>	<p>Meet with MA prior to the group to go over what needs to be done for each patient (i.e. lab work, immunizations, foot exam).          Meet with CM before the group to discuss topic/activity to be covered.          The provider is called down to the group visit when all patients have completed their vitals, blood draw, etc. Provider reviews pt info in EMR, does a basic physical exam addressing each individual pt and deals with concerns/issues as needed.</p>
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<p><b>Role of the Case Manager and information covered by the CM.</b></p>	<p>Work the Diabetes registry every month, calling patients to remind them of the next group. (To avoid unwarranted individual visit being scheduled)          Call and schedule patients two weeks before the group.          Huddle with the nurse and MA a week before the group to prepare activities.          The Case Manager comes down 20 minutes after patients arrive to welcome the patients and facilitate introductions.          The Case Manager presents information and facilitates activities relevant to the topic (Retinopathy, Nutrition, Exercise, etc)          Make a note of patients who no show and follow up with them.          The case manager assists with the clean up of the room          The case manager charts on each of the patients</p>
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<p><b>What needs to be tracked/measured?</b></p>	<p>Diabetic Outcomes</p> <ul style="list-style-type: none"> <li>▪ Self Management Goals</li> <li>▪ Smoking Cessation Counseling</li> <li>▪ HbA1c control</li> <li>▪ Blood Pressure Control</li> <li>▪ Cholesterol control</li> <li>▪ Retinal exams</li> <li>▪ Foot exams</li> <li>▪ Nephropathy Screening Assessment</li> </ul>
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<p><b>Who collects data for tracking/measuring?          Who creates report results and how often is it reported?</b></p>	<p>Data is reported on the Diabetes Registries          CMs responsible for SM Goal Setting and Tobacco Cessation Counseling</p>
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<p><b>Planning/Admin</b></p>	<ol style="list-style-type: none"> <li>1) DM Groups are held at minimum every 3 months</li> <li>2) The PCP can schedule more often than every 3 months if deemed necessary</li> <li>3) The provider is blocked based on the number of pts in their group</li> <li>4) If the group has 10 or more pts, consider splitting into 2 groups.</li> <li>5) Never block more slots than you have pts in the group</li> <li>6) Determine the providers DM GV schedule out permanently (e.g. the 3rd Thursday the first month of the quarter from 2:00-3:30)</li> <li>7) Reserve room for group out permanently</li> <li>8) Submit permanent blocking request</li> <li>9) Inform pts at the first group what the schedule will be for future groups</li> <li>10) Call the pt the week prior to the group visit to remind pt of the upcoming group visit</li> <li>11) When calling the pt the week before the group, enter the appt into the appropriate appt slots in the providers schedule</li> <li>12) When scheduling the pt for the group, remind the pt to fast, bring all meds and wear socks/shoes that are easy to remove.</li> <li>13) Do a confirmation call the day before the group visit appt.</li> </ol>
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Attached: Group Visit Content Threads