Policy Name: Plan of Care for CHC Patients
Location: Provision of Care, Treatment and Services (PC.01.03.01; PC.02.01.01)
Date Effective:

POLICY:
Plans for a patient’s care, treatment, and services are based on the needs identified by the patient’s assessment, reassessment, and results of diagnostic testing. Services defined in this policy may be delivered by the assigned clinical staff member under standing order of this policy by the Chief Medical Officer.

CHC selects and implements guidelines for clinical practice based on the following criteria:
- The guidelines are evidence based
- The guidelines are regulatory
- The guidelines are produced by a clinically recognized authority
- The guidelines are appropriate for implementation in a community health center setting

PROCEDURE:
As defined elsewhere, all patients shall have a problem list detailing the patient’s specific health problems and needs.

All patients shall have an initial health history collected and documented by the clinical provider or clinical delegate, and updated periodically as new information becomes available.

All medical and dental patients' plans of care include adherence to schedules of routine screenings and preventive health measures as recommended by those groups designated by CHC's leaders for this purpose. For medical, this includes the US Preventive Services Task Force and The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit of Title V. For dental, this is the American Dental Association.
In the medical and dental departments, each preventive and each episodic visit shall include a plan for further treatment, follow up, or recall. These systems are further described within this policy.

In the behavioral health department, all patients seen more than three times shall have mental health and psychiatric treatment plan completed.

Patients and/or their families will be involved in their plan of care. The plan of care is reevaluated on an ongoing basis to ensure the patient’s needs are met. Care, treatment, and services for each patient are individualized and are in accordance with the plan of care.

**CHC Planned Care Team Goals and Objectives**

Insert your clinic-specific roles/responsibilities here

1) All CHC care teams are deployed into “Pods”:
   i) 2 providers
   ii) 2 MAs or Primary Care LPNs (PC LPN)
   iii) 1 Primary Care Nurse (PC Nurse)
   iv) +/- 1 Patient Services Associates
   v) Other ancillary providers in the pod may include: behavioral health, nutritionist, certified diabetes educators, dental, podiatry, clinical pharmacist, obstetrics, chiropractor.

2) Pod Functions:

3) Provider Responsibilities

4) PC Nurse Responsibilities

5) BH/Dental B.A.M. LPN Responsibilities

6) Primary Care LPN Responsibilities

7) MA Responsibilities
Daily Huddle Workflow

**MA/PC LPN**
- **Electronic Huddle with MA/PC LPN Planned Care Dashboard**
  - Review patients from the Dashboard, refreshing often to ensure most up to date list.
  - "Patient Search” function may be used if patient is not in list

- In Addition, review information in preparation for the patient’s “Reason for Visit.”

**RN**
- **Electronic Huddle with RN Planned Care Dashboard**
  - Review patients from the Dashboard, refreshing often to ensure most up to date list.
  - "Patient Search” function may be used if patient is not in list

**Morning Huddle**
- Team huddle occurs every morning with MA as leader, RN contributes additional information from CCM and other patient specific information

**Provider**
- May interject any additional clinical needs for the patient based on CCM or other patient specific needs
# MA/PC LPN Visit Prep

## All Encounters
- Medication List
- Advanced directives
- 18+ years
- Chief Complaint
- Vital signs
- Weight
- Diaper off for infants
- Allergies
- ACT for Asthma patients
- 6-11 ACT for Child
- 12+ ACT for Adult
- Smoking Status
- PHQ-9
  - Yearly, 18+
- PHQ-9
  - Yearly, 12-18 yrs
- Age appropriate cancer screening
- Alert nurse if vaccines are needed
- HITS
  - One Time Only
- HARK
  - Yearly, 18+
- Update Social History
- SOGI
  - One Time Only
- SBIRT
  - Yearly, 18+

## Initial Patients
- New patient orientation kit
- Insured patients only
- Chief Complaint
- Medications on counter for provider
- PHQ-9
  - 18+
- PHQ-9
  - 12-18+
- Social History
- Language spoken
- How do you like to learn
- Patient's perception of literacy
- Tobacco Control
- SBIRT
- SOGI
- Sexual History
- HITS
- Age appropriate Cancer Screening
- Alert nurse if vaccines are needed

## Well Child
- Head circumference
- NB-36 Months
- Lead (venous)
  - 1-2 years old
  - 3-6 years old if +risk factors on screening
- All Immigrant children 6 months to 16 years
- Hemoglobin
  - 1-yearly
  - As needed by WIC
- Peds
  - 9 mo, 18 mo, 30 mo
- MCHAT-R
  - 18 month WCC
  - 2 Year WCC
- PSC17
  - Yearly 4-18 yrs
- PHQ-9
  - 12-18 yrs old
- Post Partum Depression: Mothers at every WCC until 12 months
  - PHQ-9 18+
  - PHQ-9 12-18+
- Hearing Screen
  - 4 years+
- Vision Screen
  - 3 years+
- HIV Screening
  - 13+
- HITS/HARK
  - 14-18
- SBIRT/CRAFFT
- Prepare Yellow or Blue form and leave it on the counter
- Alert nurse if vaccines are needed

## Adult Physical
- Routine
  - Hearing
  - Vision
  - DMV
  - Hearing
  - Vision
  - UA
- Age appropriate cancer screening
  - PHQ-9
- Update Social History
- Alert nurse if vaccines are needed

## Cancer Screening
- **Breast Cancer**
  - Females, 50-74 yrs
  - Mammogram bi-annually (PCD reminds yearly due to low completion rate) OR
  - "Mammogram Outside" + Record Release OR
  - "Mammogram Declined" + assign to provider
- **Cervical Cancer**
  - Females, 21-65 yrs
  - Every 3 years - PAP only OR
  - Females, 30-65
  - Every 3 years - PAP only OR
  - Every 5 years - PAP and HPV OR
  - "Pap Outside" + Record Release (choose with or without HPV based on which outside result is received) OR
  - "Pap Declined" + assign to provider
- **Colon Cancer**
  - All adults, 50-75 yrs
  - FOBT yearly OR
  - Sigmoidoscopy every 5 years OR
  - Colonoscopy every 10 years OR
  - "Colonoscopy Outside" + Record release OR
  - "Colonoscopy Declined" + assign to provider

## Diabetes
- Hba1c every 6 months
- Microalbumin every year
- Foot check every year
- Retinopathy every 2 years
  - PCD notes yearly due to low completion rate
  - "Retinopathy Screening" + assign to provider
  - "Retinopathy Outside" and record release
  - "Retinal Screening Declined"
- Pneumococcal Vaccine
  - PPSV once before age of 65
  - PPSV once after the age of 65 (minimum interval = 5 years from previous dose)
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- Height
- Weight
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- Allergies
- ACT for Asthma patients
  - 4-11 ACT for Child
  - 12+ ACT for Adult
- Smoking Status
- PHQ2/9
- Yearly, 18+
- PHQ9
- Yearly, 12-18 yrs
- Social History
- Language spoken
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- Patient’s perception of literacy
- Tobacco Control
- SBIRT
- SOGI
- Sexual History
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