

Policy Name:Plan of Care for CHC PatientsLocation: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 Visit Prep**

### All Encounters

 Medication List Advanced directives •18+ Chief Complaint Vital signs Height Weight • Diaper off for infants 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 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+

### New patient orientation kit Insured patients only Chief Complaint Medications on counter for provider •PHQ2/9 18+ • PHO9 •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
- PHQ9
  12-18 years old
- Post Partum Depression: Mothers at every WCC until 12 months • PHQ2 18+ • PHQ9 12-18 • Hearing Screen
- 4 years+
- Vision Screen
   3 years+
- HIV Screening
- •13+
- HITS/HARK
   14-18

needed

- SBIRT/CRAFFT
- SBIRT/CRAFFT
   Prepare Yellow or Blue form and leave it on the counter
   Alert nurse if vaccines are

- Adult Physica
- Routine
- Hearing
- Vision
- •DMV •Hearing
- Vision
- UA
- Age appropriate cancer screeing
- •PHQ2/9
- Update Social History
- Alert nurse if vaccines are
- needed

- Cancer So
- Breast Cancer • Females, 50-74 yrs • Mammogram biannually (PCD reminds
- 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
- •Every 5 years PAP an
- 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
- •<u>Colon Cancer</u> • All adults, 50-75 yrs
- •FOBT yearly **OR** •Sigmoidoscopy every 5
- •Colonoscopy every 10
- years OR
- "Colonoscopy Outside" + Record release OR
- "Colonoscopy Declined"
   + assign to provider

### Diabet

- 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"
- "Retinopathy Outside" and record release
- "Retinal Screening Declined"
- Pneumoccal Vaccine
   PPSV once before age of
- 65
- PPSV once after the age of 65 (minimum interval = 5 years from previous dose)

# **MA/PC LPN Visit Prep**

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- Vital signs
- Height
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- Allergies • ACT for Asthma patients
- 4-11 ACT for Child
- 12+ ACT for Adult
- Smoking Status • PHQ2/9
- Yearly, 18+
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- Insured patients only
- Chief Complaint
- Medications on counter for provider
- PHQ2/9
- 18+
- PHQ9
- 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
- PHO9
- - Hearing Screen
  - 4 years+
  - 3 years+
  - HIV Screening
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- Routine
- Hearing Vision
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• Every 3 years - PAP only

• Every 5 years - PAP and

• "Pap Outside" + Record

without HPV based on

which outside result is

• "Pap Declined" + assign

Sigmoidoscopy every 5

Colonoscopy every 10

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• "Colonoscopy Declined"

+ Record release OR

+ assign to provider

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Release (choose with or

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• Females, 30-65

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<u>Cervical Cancer</u>

OR

OR

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to provider

years OR

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