

Medical Clinic Tasking Guidelines



2011

Our Mission

The mission of Neighborcare Health is to provide comprehensive health care to families and individuals who have difficulty accessing care; respond with sensitivity to the needs of our culturally diverse patients; and advocate and work with others to improve the overall health status of the communities we serve.

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Tasking Guidelines for Front Office (rev 11/18/2011)

Dear Front Desk Staff,

This document was prepared to facilitate task routing in the new RN model. It provide guidance on how best to route various tasks that come to you directly from patients and what you can expect in terms of tasks coming your way from other care team members. Most of our calls come through the Front Desk. You are literally the front door to the practice. Your help in proper routing of tasks makes it easier for everyone to do the job they are uniquely qualified to do. Complete and full documentation is essential to ensure efficient and reliable care for patients and staff.


As you use this document, if you have questions, please ask any member of the lead team for clarification.

Thanks for your help.

- The RN Optimization Design Team

What is needed in a communication? Take detailed notes to avoid rework

1. Name of person calling, if not patient
2. Name of facility calling from
3. If outside provider (MD/PA/NP) - Assess urgency. "Do I need to get the provider out of the room?"
4. Phone # to be reached at and time
5. Fax # if needed
6. Fill out HIPAA template at each communication encounter
 - a. Use "other" box if patient leaves a different call-back number from what is already in the system
 - b. Need to ask the patient if we can leave a detailed message for all calls or for just this particular call.
 - i. If patient says "For this call only", just write that in the communication and make sure to type in what phone # pt wants to be reached at.

SCRIPTS 	
<u>"I only want to talk to my doctor"</u>	<u>"I want my diagnostic test results"</u>
<p>Script: Please give us as much information as possible so we can answer your question faster; provider requests at least 2 business days to return your call (depending on their schedule)</p>	<p>Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Radiology results take 5-7 business days but abnormal results are usually faster</p>
<u>"I want my lab test results"</u>	<u>" I need a med refill"</u>
<p>Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Otherwise, please allow 2 weeks to be informed of your test results. <i>(See exception for INR results)</i></p>	<p>Script: Call your pharmacy to request the refill. Please allow up to 72 hours for the med refill to be ready.</p>

Front Desk Incoming Phone Call Tasking Guidelines

Rev 11/18/2011

Before tasking read scripts & document specific pt request. Detailed message, specific info, appropriate follow-up questions.

Call 911	*PAGE STAT*	RN		Medical Clerk	MA	Provider	Other Staff
		TASK HIGH PRIORITY	TASK NORMAL				
<ul style="list-style-type: none"> Profuse bleeding Not breathing Seizure 	<p>URGENT/ CRITICAL LAB CALLS</p> <p>Hot List:</p> <p>(Pt on Phone or in clinic)</p> <ul style="list-style-type: none"> Allergic reaction Active Labor/water broke Loss of consciousness Chest Pain Fever in newborn less than 2 months old New numbness/ tingling in face or limbs Shortness of breath Suicide threat (page to BH or SW)" Any available MH or SW to... {location} Trauma or question of broken bone "Worst headache of my life." 	<ul style="list-style-type: none"> Abnormal blood pressure Abnormal blood sugar Allergic reaction Change in level of consciousness High fever Plan B Severe abdominal pain 	<ul style="list-style-type: none"> Pt refuses appt, wants to speak to RN, Give Nurse Advice 800 number. Patient requesting health education/ advice Question about previous visit Nurse asked me to call Change in medication dose and patient refuses appointment 	<ul style="list-style-type: none"> Lost meds including narcotics Pt requests for copy of diagnostic results. I need a letter or paperwork - inquire about type of letter or paperwork and follow paperwork guidelines and make appointment accordingly. Pt requests med equipment, DME Lab results after 2 wks and no results received by patient. Request records from outside provider. After scheduling for F/ U from ER or in hospital or 1st Newborn visit Patient call for dx results, told by outside provider to call us, results not in yet. 	<ul style="list-style-type: none"> "Non-urgent provider call, TASK MA" Questions after receiving letter from PCP Patient is in front of you and needs imms record, get signed ROI and document in HIPAA tab. If patient calls to check on status of paperwork check in NG and if no information present task team MA Pharmacy calls re: pending Rx and patient is in front of them, page team. Change in med/dose make appt with Provider. Refill requests greater than 72 hrs after patient called pharmacy Non urgent RX, task the team. Patient insistent on getting lab and xray results. 	<ul style="list-style-type: none"> Pt requests Coumadin /Blood thinner test results, High Priority! Urgent call from provider (MD, PA-C, or ARNP) page PCP. If no one answers, page MA Refill narcotic Rx Pharmacy call re: same day Rx, page rendering provider. If no one answers, page MA I only want to talk to my provider Lab asking for diagnostic codes Visiting nurse call for orders and update CHPW Nurse Triage reports 	<p>ROI</p> <ul style="list-style-type: none"> Records Request TB results copy Immunization Records (Urgent & non-urgent) Copy of diagnostic results Request for chart notes <p>Referral Coord</p> <ul style="list-style-type: none"> Existing: Referral question Requesting New referral - schedule with PCP Renewal of referral <p>Social Worker</p> <ul style="list-style-type: none"> Financial or social hardship Suicide Threat (BH or SW) <p>Eligibility</p> <ul style="list-style-type: none"> Insurance qualifications or questions <p>Diabetes Group Community Health Educator</p> <ul style="list-style-type: none"> Diabetes Day, shoes, eye check

"I only wanna talk to my doctor"

Script: please give us as much information as possible so we can answer your question faster; provider requests at least 2 business days to return your call (depending on their schedule)

"I want my diagnostic test results"

Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Radiology results take 5-7 business days but abnormal results are usually faster

"I want my lab test results"

Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Otherwise, please allow 2 weeks to be informed of your test results. (See exception for INR results)

"I need a med refill"

Script: Call your pharmacy to request the refill. Please allow up to 72 hours for the med refill to be ready

Tasking Guidelines for Medical Clerk (rev11/18/2011)

Dear Medical Clerks,

This document was prepared to outline those tasks identified as appropriate for Medical Clerks. It provides a guide to those tasks coming your way. You'll also find a copy of the tasking grid for the Front Desk team to get an idea of how the work will flow. Your assistance with the clerical work load will allow everyone to do the job they are uniquely qualified to do. Complete and full documentation is essential to ensure efficient and reliable care for patients and staff.

As you use this document, if you have any questions, please ask any member of the lead team for clarification. Thanks for your help.

- The RN Optimization Design Team

Received Tasks	Actions <input checked="" type="checkbox"/>
Mail / fax /copies	Complete tasks
Obtain lab/diagnostic results or hospital records	<ul style="list-style-type: none"> • Task or call AO-ROI • Task to provider when information is obtained • Place documents in provider in-box
Normal lab letters and stable lab letters	Generate in NG and mail
Abnormal / custom lab letters – provider generated	Print and mail
Patient is requesting a letter – not enough info	Front desk to follow paperwork guidelines and make appt
Patient request results or copy of diagnostic/lab tests	<ul style="list-style-type: none"> • Review EMR, contact lab/diagnostics provider for results • Task to provider prn
Request for DME from patient or provider	Complete necessary paperwork
Medication refills	Abstract refill info into NG then task to provider
Patient is requesting school/work proof of appt	Follow paperwork guidelines
Prior authorizations	Complete necessary paperwork (pending process)
Lost meds, requesting replacement including narcotics	Obtain detailed information and task to provider
Provider needs records from outside provider	Request records from outside provider.

Tasking Guidelines for Medical Assistants (rev 11/18/2011)

Dear Medical Assistant Staff,

This document was prepared to outline those tasks appropriate for Medical Assistants. It provides a guide to those tasks you'll be initiating and tasks that will come your way from others on the Care Team. You'll also find a copy of the tasking grid for the Front Desk team to get an idea of how the work will flow. Your assistance will allow everyone to do the job they are uniquely qualified to do. Complete and full documentation is essential to ensure efficient and reliable care for patients and staff.

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Received Tasks/Pages	Actions <input checked="" type="checkbox"/>
Call patient about change in medications	Use script below
Call patient to check status	Use script below
Non-complex labs scripted by provider or studies/diagnostic report	Call patient
Return to clinic for labs or imms or follow up	Task to front desk for scheduling
Change in medication/dose	Front desk to make appt.
Complex Clinical questions resulting from patient phone calls	Task RN
Patient request for paperwork status	Front desk to research in NG and task team MA if no information present.
Refill requests greater than 72 hours after pt called pharmacy	<ul style="list-style-type: none"> Review EMR, check med module for dispensing history and refills Contact pharmacy prn Task to provider prn
Non-urgent Pharmacy calls re: pending Rx	Gather info & troubleshoot, task to provider prn
"Still waiting for Rx & my pharm has faxed you 3x"	Gather info & troubleshoot, task to provider prn

SCRIPTS

Follow-up phone call	Medication change- not complex
<ul style="list-style-type: none"> Overview of call Purpose of the call Specific request for status update Plan for follow-up & next visit. 	<ul style="list-style-type: none"> Overview of call Why the change Specific review of current plan New recommendation Plan for follow-up & next visit

(Provider name) has asked me to give you a call to see how you are doing.

He/she would like to know how (the Rx/DME/resources/health problem) is going for you.

Can you tell me how you're doing with_____?

Thanks and I will make sure and give them this information.

It looks like your next visit with us is scheduled for _____.

We look forward to seeing you then.

(Provider name) has reviewed your medications and wants to make a change to (new dose/new Rx/new schedule.)

The reason for this change is _____.

You have been taking _____ (review current Rx, dose, schedule.)

The change to (restate new dose/new Rx/new schedule) should begin (date/time.)

Do you have any questions?

Your next appointment (phone or in person) is _____. We look forward to seeing you then.

Tasking Guidelines for Providers (rev 11/18/2011)

Dear Providers,

This document was prepared to outline those tasks appropriate for Providers. It provides a guide to those tasks you'll be initiating and tasks that will come your way from others on the Care Team. You'll also find a copy of the tasking grid for the Front Desk team to get an idea of how the work will flow. Your assistance will allow everyone to do the job they are uniquely qualified to do. Complete and full documentation is essential to ensure efficient and reliable care for patients and staff.

As you use this document, if you have any questions, please ask any member of the lead team for clarification. Thanks for your assistance.

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Received Tasks/Pages	Actions <input checked="" type="checkbox"/>
Urgent calls from outside provider...	If provider did not, or is unable to respond to page, notify or task HIGH PRIORITY. Page team MA if no one answers
Urgent pharmacy calls, re: same day care – patient is at pharmacy	If provider did not, or is unable to respond to page, notify or task HIGH PRIORITY. Page team MA if no one answers
CHPW Nurse Triage Reports	

Tasks you will receive:	
<u>"I only want to talk to my provider"</u>	<u>Pending lab/diagnostic test</u>
<ul style="list-style-type: none"> • Non-urgent • Pt told to allow up to 48 hrs to call back. 	<ul style="list-style-type: none"> • Pt has not received results in given timeframe after screening by Medical Clerk • URGENT – INR Results
<u>Patient needs a letter</u>	<u>Refills</u>
<ul style="list-style-type: none"> • Letters requiring illness/disabilities status • Letters requiring provider's signature 	<ul style="list-style-type: none"> • Refill request screened by Medical Clerk • Refill narcotic Rx • Lost meds (screened by MC)
<u>Outside Health Professionals</u>	
<ul style="list-style-type: none"> • Calls requesting provider 	

Provider Tasking Guidelines

Rev 11/18/2011

Front Desk	Medical Clerk	MA	RN	Other Staff
<ul style="list-style-type: none"> Appt scheduling Change PCP Registration update 	<ul style="list-style-type: none"> Mail/ Fax paperwork Obtain diagnostic results/test results Obtain ER hosp or consult notes Normal, stable & diagnostic/lab letters Patient request letter but do not have information to complete Complete DME orders Prior authorization 	<ul style="list-style-type: none"> *Non-complex labs scripted by provider/ diagnostic reports to pt via phone *Call pt re: changes to Rx, if details provided Check-in with pt (low complexity) Assist pt in completing ROI, if pt in clinic Pt f/u call to return to clinic Change in med/ dose make appt with Provider <p>* Sample lab script for non-complex labs/Rx changes</p> <hr/> <p><i>Not ok to call pt re: abnormal labs</i></p>	<ul style="list-style-type: none"> Complex/Urgent lab results that require education, but not okay for RD/CDE (if applicable) Medically complex coordination of care for multiple providers Call patient about change in medication if complex and/or not detailed by provider RN appt desired by provider for disease management/ education/ wound care 	<p>RD/CDE (if applicable)</p> <ul style="list-style-type: none"> Lab actions about lipids or DM when an appt with RD/CDE is desired. If med change required, fax new rx and inform RD/CDE of med change so they can inform pt. <p>Referral Coord</p> <ul style="list-style-type: none"> All pending referral questions <p>Administrative Assistant</p> <ul style="list-style-type: none"> Send No-Show Letters – See Policy

Tasks you will receive:

"I only want to talk to my provider" - Non-Urgent

- Pt told to allow up to 48 hrs to call back.

Pending lab/diagnostic test

- Pt has not received results in given timeframe after screening by Medical Clerk
- Urgent – INR results

Patient needs a letter

- Appointment will be made by Receptionists

Refills

- Refill request from Medical Clerk
- Refill narcotic Rx
- Lost meds (screened by MA)

Outside Health Professionals

- Calls requesting provider

Tasking Guidelines for Nurses (rev 11/18/2011)

Dear Nurses,

This document was prepared to outline those tasks appropriate for Nurses. It provides a guide to those tasks you'll be initiating and tasks that will come your way from others on the Care Team. You'll also find a copy of the tasking grid for the Front Desk team to get an idea of how the work will flow. Your assistance will allow everyone to do the job they are uniquely qualified to do. Complete and full documentation is essential to ensure efficient and reliable care for patients and staff.

As you use this document, if you have any questions, please ask any member of the lead team for clarification. Thanks for your assistance.

- The RN Optimization Design Team



Nurse Tasking Guidelines

Rev 11/18/2011

	Tasks from Front Desk			Tasks from Provider	Tasks from MA
Call 911	PAGE STAT	HIGH PRIORITY	NORMAL	Provider	MA
<ul style="list-style-type: none"> • Profuse bleeding • Not breathing • Seizure 	<p>URGENT/ CRITICAL LAB CALLS</p> <p>Hot List:</p> <ul style="list-style-type: none"> • (Pt on Phone or in clinic) • Allergic reaction • Active Labor/water broke • Loss of consciousness • Chest Pain • Fever in newborn less than 2 months old • New numbness/tingling in face or limbs • Shortness of breath • Suicide threat (page to BH or SW) "Any available MH or SW to..." • Trauma or question of broken bone seizure • "Worst headache of my life." 	<ul style="list-style-type: none"> • Abnormal blood sugar • Allergic reaction • Change in level of consciousness • High fever • Plan B • Severe abdominal pain 	<ul style="list-style-type: none"> • Pt refuses appt, wants to speak to RN, Give Nurse Advice 800 number • Patient requesting health education/advice • Question about previous visit • Nurse asked me to call • Change in medication dose and patient refuses appointment • 	<ul style="list-style-type: none"> • Complex lab results that require education, but no okay for RD/CDE • Medically complex coordination of care for multiple providers • Call patient about change in medication if complex and/or not detailed by provider • RN appt desired by provider for disease management/ education/ wound care 	<p>Clinically complex questions/Follow-up after pt phone call</p>