

FANTUS PEDIATRICS

Building Medical Homes for the ACHN

Learning Session 4

Health Center Storyboards

November 4, 2014

Team Members

Current Members:

Jay Mayefsky, MD, MPH

Mita Patel, MD

Alisa Seo-Lee, MD

Eugenia Sta Maria, RN, MSN

Dianna Dosie, RN

Katina Haymer, MA

Ines Murillo

Kina Montgomery, RN, ACPN

Former Members:

Sherry Frausto

Marie DiGiacomo, ACPN

Judy Neafsey, MD

Fred Smith

Joslyn Jelinek, MSW

Facilitator: Kathy Sanabria

Fantus Pediatrics QI Team at LS 2



NCQA PCMH

Standard 1: Enhance Access and Continuity

- Reserves time slots for same-day appointments.
- Returns patient calls in a timely manner. Two new phone lines have recently been installed with outside lines.
- Documents clinical advice in the patient's record.
- After hours on-call availability.
- Maintains comprehensive records of the medical history of patients.
- Provides materials to patients in languages other than English.
- Team roles for clinical and nonclinical team members need further clarification.
- Holds monthly QI meetings.

Standard 2: Identify and Manage Patient Populations

- Providers maintain an up-to-date problem list with current and active patient diagnoses.
- Use a standardized developmental screening tool (Ages and Stages Questionnaire – ASQ-3).
- Administer flu vaccine.
- Check immunization status at patient visits.

Standard 3: Plan and Manage Care

- Team administers developmental screening tool with patient/family at time of visit and tracks referrals made to EI.
- Beginning to provide a depart summary to patients at the conclusion of their visit. Adapted Logan Square's patient routing form and bought two printers to generate printed depart summaries.
- Team facilitates the writing of an Asthma Action Plan for patients in need of it.
- Installed two new phones with outside lines to facilitate patient contact and follow up.

Standard 4: Provide Self-Care Support and Community Resources

- Team provides educational resources to patients to assist in self-care management.
- Utilizes nursing staff and the social worker to help support patients in their self-care.
- Social worker available for families with comprehensive needs and care coordination.

Standard 5: Track and Coordinate Care

- Provider, with assistance from team, tracks lab tests until results are available.
- Notifies patients/families of normal and abnormal lab test results.
- Team electronically communicates with labs to order tests and retrieve results. The specialty referrals and follow ups are generally still being managed by the physician providers.
- Team has developed an effective process to work with the Medical Home Network *Connect* portal and follows up with post-hospital and ED discharge patients. Need a replacement clerk for Sherry!

Clinic Routing Form

FANTUS HEALTH CENTER PEDIATRICS CLINIC ROUTING FORM	
VISIT TYPE: NEW/URGENT CARE/ FOLLOW UP	RN/WIC/LABORATORY/CARE MANAGEMENT

<p style="text-align: center;">REASON FOR VISIT</p> <p>LABORATORY: routine/fasting Date requested by PCP _____</p> <p>IMMUNIZATION/WIC FORM</p> <p>MEDICATION/REFILLS</p> <p>ADULTS/PRENATAL/PEDS</p>	<p>DATE: _____ ARRIVAL TIME: _____</p> <p>PROVIDER: _____ APPOINTMENT TIME: _____</p> <p style="text-align: right;">VISIT TYPE: NEW / FOLLOW UP</p>
--	---

<p style="text-align: center;">A CLERK</p> <p>CHECK IN</p> <p>VERIFICATION/PHONE NUMBER</p> <p>MESSAGE CENTER</p>	<p style="text-align: center;">B MEDICAL ASSISTANT</p> <p>INTAKE FORMS / VITALS MEASUREMENT, REASON FOR VISIT</p> <p>UPDATE INFORMATION / MEDICAL HISTORY</p> <p>PHONE/ HISTORY/ PREVENTIVE SERVICES /REFERRAL</p>
--	---

<p style="text-align: center;">C RN</p> <p>IMMUNIZATION/SCHOOL PHYSICAL</p> <p>MEDICATION MANAGEMENT</p> <p>UPDATE HEALTH MAINTENANCE LEAD</p> <p>PREVENTIVE MAINTENANCE</p> <p>REVIEW SELF-MANAGEMENT LOG</p> <p>ASQ FORMS</p> <p>SELF MANAGEMENT/PATIENT EDUCATION</p> <p>REERRAL FOLLOW UP</p>	<p style="text-align: center;">D PROVIDER/PCP:</p> <p>Name: _____</p> <p>_____</p> <p>Pager# _____</p>
--	---

<p>Pediarix _____</p> <p>Hib _____</p> <p>PCV _____</p> <p>RV _____</p> <p>Hep B _____</p> <p>Pentacel _____</p> <p>Td _____</p>	<p>VZ _____</p> <p>MMR _____</p> <p>IPV _____</p> <p>DTaP _____</p> <p>TdaP _____</p> <p>PPD _____</p> <p>Other _____</p>
--	---

<p style="text-align: center;">F CLERK</p> <p>CHECK OUT/VERIFY NEXT VISIT</p> <p>Next available: _____</p>	<p style="text-align: center;">E RN</p> <p>DEPART SUMMARY</p> <p>CARE MANAGEMENT APPOINTMENT</p> <p>REFERRAL- FOLLOW UP</p> <p>IMMUNIZATION SCHEDULE VISIT</p>
---	---

Standard 6: Measure and Improve Performance

- Team participates in the following preventive care services:
 - Immunizations (including HPV)
 - Pediatric developmental screenings
 - Weight management and counseling
 - Proactive chronic condition management
 - Perinatal Depression Screening Questionnaire in power chart
 - Utilize Cerner Message Center to communicate with care team
- As these preventive care services have been developed, a Plan-Do-Study-Act (PDSA) cycle of development has been utilized, especially for developmental screening.
- Team utilizes data from Medical Home Index (MHI) and Medical Home Family Index (MHFI) to track staff and patient perspectives and inform quality improvement practices.
- Parent Partner Linda Jackson consistently attends QI team meetings.

Overall Successes

- Fantus Pediatrics' medical home QI team meets monthly and also held two half-day PCMH retreats in February 2014 as part of the ACHN Pediatric Medical Home Project.
- Held 27 QI team meetings since start of ACHN grant in 2011.
- The team works together and recognizes the value in implementing The Model for Improvement, PDSA approach to QI.
- Working hard to implement PCMH standards.
- The team completed the MHI pre and post assessment, completed the Joint Commission PCMH self assessment, and completed the NCQA PCMH self-assessment (follow up survey will be repeated in November).

Overall Challenges/Barriers

- Changes in staff turnover have hindered some progress with consistently implementing PCMH QI initiatives.
- The staff struggle at times to identify ways to organize themselves in teams to better support the PCPs.
- Challenges remain in contacting patients about missed appointments. Whose responsibility is it to make the calls to patients and families? Nursing, clerks? The Fantus team needs to make a decision and implement it.

Thank you for your attention! We appreciate it.

