



- Policy Name:** Plan of Care for CHC Patients
- Location:** (This documents which chapter of policies is the home for this particular policy. CHCI is accredited by the Joint Commission and so the following example is where our policy exists because of this accreditation. It also references which standards are covered specifically in this document.) Provision of Care, Treatment and Services (PC .01.03.01; PC.02.01.01)
- Date Effective:** (This is the date on which the policy was voted on and it became effective.) XX/XX/XXXX
- Reviewed:** (A date would be added here when the policy is reviewed in the case that no updates were required. This demonstrates that the policy is updated regularly according to your organization's procedures.) XX/XX/XXXX; XX/XX/XXXX, etc.
- Revised:** (If updates were required during the routine reviewing of this policy, then a date would be added in this section to distinguish between years that required updates, versus years that did not, and allows tracking of all routine policy reviews according to your organization's procedures.) XX/XX/XXXX; XX/XX/XXXX, etc.

POLICY:

(This section is where the specific policy statements are documented. They are more general in nature, but should lay out the purpose of this document, how it is to be used, and any specific policy statements such as whether the document includes standing orders, and under who's authority those exist.)

CHC example: 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:

(This section is where the detail of the policy is documented. Examples of specific sections from the CHC policy are included as examples, but should be used only as guides as each specific organization may have very

specific job descriptions/responsibilities, as well as various different team functions that should be documented here.

In many ways, this section and the policy in its entirety will become a training document for all staff being onboarded to the organization given that this document will detail your overall model of care. Each staff member will learn what the other staff members do, and the expected model of collaboration, etc.)

CHC example:

General example of documentation expectations for all patients

As defined elsewhere in policy, 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.

Planned Care Team Goals and Objectives

***Insert your clinic-specific roles/responsibilities here

***General roles for CHC described within the Plan of Care Policy for the medical department include: Provider, RN, LPN, MA, CHW, centralized services such as our lead pharmacist, population health teams, and other teams and roles as they are added to the overall team based model of care. Each has their own section that includes their specific responsibilities, and any applicable standing orders that are routine in nature, for example routine A1C in house testing for patients with diabetes complete by the MA. Descriptions also build on each other, for example, an LPN can complete all job functions of an MA, plus these additional functions to ensure that only the additional functions would be added. For the RN, it would be that they can perform all of the functions of the LPN, and these additional RN functions such as triage, etc. Lastly, one of the most important roles to define is the provider role. Although the provider role

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does not truly need permission beyond credentialing and privileging to act on behalf of their patients, the provider does need to be oriented to their responsibility to support team based care, including their responsibility to assign tasks to their support staff members, and to support them acting in the defined CHC standing orders. Behavioral Health, Dental and other included disciplines should similarly define their roles and team based model of care. Integrated processes should also be described in brief and then can refer to separate policies, playbooks or other documents as needed.

CHC examples

Model of Care & Ratios:

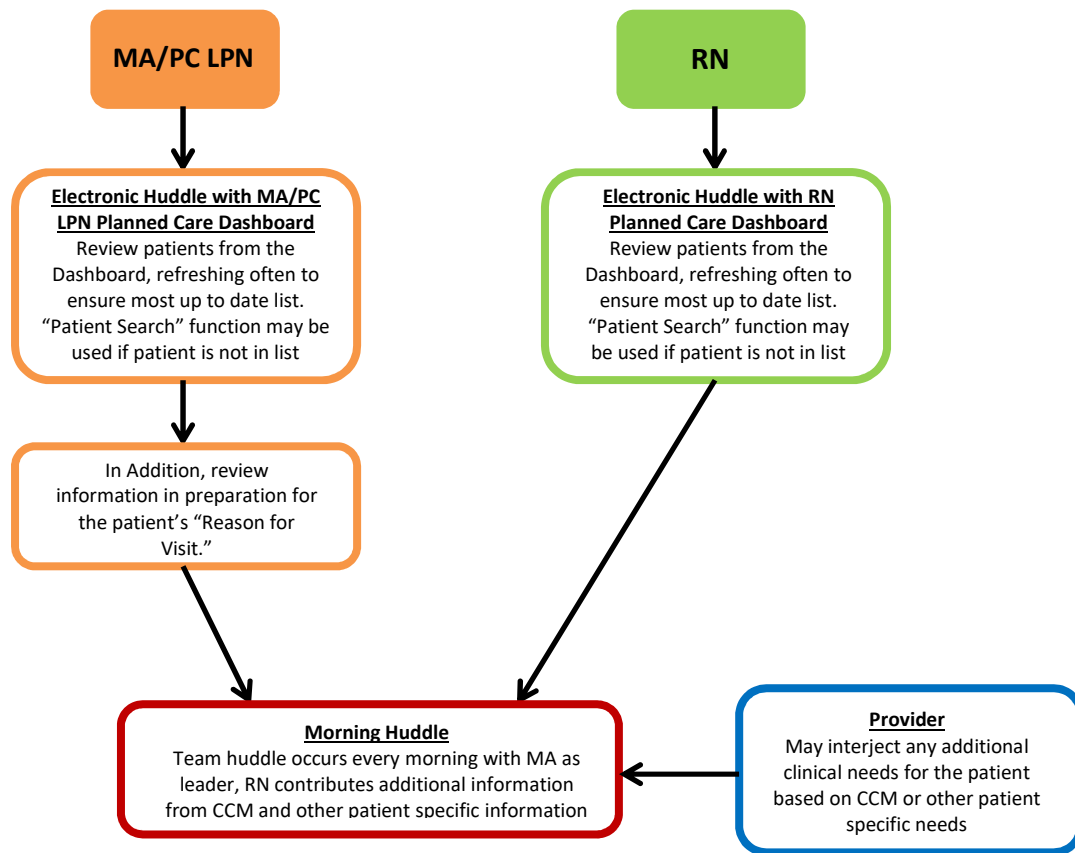
- 1) All CHC care teams are deployed into "Pods":
 - i) 2 providers
 - ii) 2 MAs or Primary Care LPNs (PC LPN)
 - iii) 1 Primary Care Nurse (PC Nurse)
 - iv) +/- 1 Patient Services Associates
 - v) Other ancillary providers in the pod or assigned to the pod may include: behavioral health, Registered Dietitians (RDs), certified diabetes care and education specialists (CDCES), dental (most often RDH staff for fluoride and dental referrals from medical), podiatry, pharmacist, obstetrics, chiropractor, CHW, or others as assigned. These staff could be present in-person in the pod, or assigned virtually to the pod from a remote location.
- 2) Pod Functions: (i.e. morning huddles, integrated care team meetings, panel management time, etc. all with their own descriptions and sub-headings to describe who leads, and what is accomplished during those meetings.)
- 3) Provider Responsibilities: (as discussed above)
- 4) Primary Care Registered Nurse (PC RN) Responsibilities: (as discussed above)
- 5) BH/Dental LPN Responsibilities: (for CHC, this is a medical role assigned to the dental and BH departments at certain locations)
- 6) Primary Care LPN Responsibilities: (as discussed above)
- 7) MA Responsibilities: (as discussed above)
- 8) CHW Staff Responsibilities: (as discussed above)

Job Tools

This section is helpful as it gives the ability to add specific tools to your policy that support the above job functions that are discussed. This could include workflow diagrams, and other job aids for staff to reference during their routine daily work. The examples provided are by no means a comprehensive list, but will give some direction as your center considers what to add to your policy.

(see CHC examples below)

Daily Huddle Workflow



Planned Care Dashboard Tool

This only includes a few examples, but all clinical measures on CHC's medical assistant dashboard are outlined with regard to what is required to meet the measure, and which team member needs to act and how they need to act to address it. Again, these examples may be out of date as guidelines change frequently, and are only outlined here as examples for organizations wanting to create a similar tool.

PCD Item	Patient Population	How Often	What MA/LPN Does (or other clinical staff)
Chlamydia (yellow if ordered within last 30 days)	Female patients age 13-24	Every 12 months	<ul style="list-style-type: none"> Ask patient if she wants testing and enters STI testing or Chlamydia/GC in chief complaint [MA] If patient declines testing put "declines STI testing" Order a lab called, "Chlamydia/GC", "Chlamydia/GC declined" [Prov] Outside Results open "Chlamydia Outside" and enter collection date and click received [MA/Prov] Quest or Outside results: attached to order. Time Stamp and Review results [Prov] Declined test: Time Stamp and Review [Prov]
***Colorectal Cancer Screen (turns red 3 months prior to due date) (yellow for 30 days once the FOBT has been ordered or declined)	All patients age 45 to 75 who are due	<p>If never done: Every visit until Colonoscopy/Cologuard/FOBT completed</p> <p>If last done by Colonoscopy: Every 10 years</p> <p>If last done by Cologuard: Every 3 years</p> <p>If last done by FOBT: Every 12 months</p>	<p>If never done with CHC, was it done prior to CHC: Ask the patient if they have had a colonoscopy in the past 10 years, Cologuard in past 3 years or FIT in the last year. [MA]</p> <ul style="list-style-type: none"> If previous Colonoscopy, Cologuard or FOBT outside in time frames above, complete Non ROI ROI and send to the facility where patient got it done. [MA] <p>If never done with CHC, ask first about colonoscopy, then cologuard and last FIT: If patient has never had a colorectal cancer screening:</p> <ol style="list-style-type: none"> Discuss colonoscopy risks and benefits and if patient agrees, order a colonoscopy using DI called "Colonoscopy outside". [MA] Discuss Cologuard risks and benefits and if patient agrees, order Cologuard lab called "Cologuard" Discuss FIT risks and benefits and if patient agrees, order lab, "FIT", give patient kit and provide instructions. [MA] <ul style="list-style-type: none"> If patient declines all 3 types of screening, order a lab, "Colonoscopy Declined," "FIT Declined" [Prov] or MA with provider permission <p>If outside colonoscopy received:</p> <ul style="list-style-type: none"> Obtain a copy of the DI from the provider who administered the colonoscopy [MA] or [MR] Scan the report, attach it to the "Colonoscopy" DI order Click "reviewed" [Prov] <ul style="list-style-type: none"> For Abnormal results, follow Abnormal Cancer Screening Playbook. <p>If outside FIT received:</p>

MA/PC LPN Visit Prep

understand these sections may have guidance that is out of date, and is only included as an example. Guidelines change frequently

All Encounters	Initial Patients	Well Child	Adult Physical	Cancer Screening	Diabetes
<ul style="list-style-type: none"> Medication List Advanced directives <ul style="list-style-type: none"> 18+ Chief Complaint Vital signs Height Weight <ul style="list-style-type: none"> Diaper off for infants Allergies ACT for Asthma patients <ul style="list-style-type: none"> 4-11 ACT for Child 12+ ACT for Adult Smoking Status PHQ2/9 <ul style="list-style-type: none"> Yearly, 18+ PHQ9 <ul style="list-style-type: none"> Yearly, 12-18 yrs Age appropriate cancer screening Alert nurse if vaccines are needed HITS <ul style="list-style-type: none"> One Time Only HARK <ul style="list-style-type: none"> Yearly, 18+ Update Social History SOGI <ul style="list-style-type: none"> One Time Only SBIRT <ul style="list-style-type: none"> Yearly, 18+ 	<ul style="list-style-type: none"> New patient orientation kit <ul style="list-style-type: none"> Insured patients only Chief Complaint Medications on counter for provider PHQ2/9 <ul style="list-style-type: none"> 18+ PHQ9 <ul style="list-style-type: none"> 12-18 Social History <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Head circumference <ul style="list-style-type: none"> NB-36 Months Lead (venous) <ul style="list-style-type: none"> 1-2 years old 3-6 years old if +risk factors on screening All immigrant children 6 months to 16 years Hemoglobin <ul style="list-style-type: none"> 1+ yearly As needed by WIC PEDS <ul style="list-style-type: none"> 9 mo, 18 mo, 30 mo MCHAT-R* <ul style="list-style-type: none"> 18 month WCC 2 Year WCC PSC17 <ul style="list-style-type: none"> Yearly 4-18 yrs PHQ9 <ul style="list-style-type: none"> 12-18 years old Post Partum Depression: Mothers at every WCC until 12 months <ul style="list-style-type: none"> PHQ2 18+ PHQ9 12-18 Hearing Screen <ul style="list-style-type: none"> 4 years+ Vision Screen <ul style="list-style-type: none"> 3 years+ HIV Screening <ul style="list-style-type: none"> 13+ HITS/HARK <ul style="list-style-type: none"> 14-18 SBIRT/CRAFFT Prepare Yellow or Blue form and leave it on the counter Alert nurse if vaccines are needed 	<ul style="list-style-type: none"> Routine <ul style="list-style-type: none"> Hearing Vision DMV <ul style="list-style-type: none"> Hearing Vision UA Age appropriate cancer screening PHQ2/9 Update Social History Alert nurse if vaccines are needed 	<ul style="list-style-type: none"> Breast Cancer <ul style="list-style-type: none"> <i>Females, 50-74 yrs</i> <ul style="list-style-type: none"> Mammogram bi-annually (PCD reminds yearly due to low completion rate) OR "Mammogram Outside" + Record Release OR "Mammogram Declined" + assign to provider Cervical Cancer <ul style="list-style-type: none"> <i>Females, 21-65 yrs</i> <ul style="list-style-type: none"> Every 3 years -PAP only OR <i>Females, 30-65</i> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> <i>All adults, 45-75 yrs</i> <ul style="list-style-type: none"> FIT yearly OR Cologuard every 3 years OR Colonoscopy every 10 years OR "Colonoscopy Outside" + Record release OR "Colonoscopy Declined" + assign to provider 	<ul style="list-style-type: none"> HbA1C every 6 months Microalbumin every year Foot check every year Retinopathy every 2 years <ul style="list-style-type: none"> (PCD notes yearly due to low completion rate) "Retinopathy Screening" and record release "Retinopathy Outside" and record release "Retinal Screening Declined" Pneumococcal Vaccine <ul style="list-style-type: none"> PCV20 as per Immunization Standing Order