



**Care Coordinator Forum
Wednesday, March 26, 2008
Minutes**

Attendees:

Barb Pffingsten, RN, Riverside Healthcare, Kankakee, IL
Bobbie Ryan, RN, Care Coordinator, Mayfield Clinic & Spine Institute
Brenda Nikkila, Intake Specialist, HealthEast Care System, St. Paul, MN
Deb Schultz, RN, MS, CNRN, Associated University Neurosurgeons, Peoria, IL
Deborah Spoutz, RN, St. John Medical Center, Detroit, MI
Diana France, RN, Associated University Neurosurgeons, Peoria, IL
Eva Paczkowski, RN, HealthEast Care System, St. Paul, MN
Lori Mueller, RN, West Virginia University Hospitals Morgantown, WV
Mary Martin, RN, St. John Medical Center, Detroit, MI
Patricia Horstman, RN, West Virginia University Hospital, Morgantown, WV
Paul Pugsley, Client Development Manager, Priority Consult
Rachel Elliott, Administrative Assistant, Priority Consult

Process Review

The attendees felt comfortable with the steps involved in the letters process, such as assigning and attaching letters. The process review was not discussed during this meeting.

Care Coordinator Letter Review Checklist (Attached)

Attendees reviewed the checklist. A few of the attendees reported that their Care Coordinators review their letters before they are sent out, while others rely on a random audit process to verify the accuracy of their letters. Based on this division, the group agreed that either process works well for ensuring letter accuracy.

Letter Tips

The following wording suggestions were offered for the attendees' review:

1. When the review is delayed because the patient is negligent in delivering his films:

“Your patient contacted the [\[Click here to enter Name of Facility\]](#) on [\[Click here to enter DATE\]](#) and said that you referred him/her for a neurosurgical consultation. At that time, [\[Click here to enter MR./MS.and PATIENT'S LAST NAME\]](#) was instructed to deliver his/her diagnostic studies to my office for my review. My office received his/her studies on [\[Click here to enter DATE\]](#).”

2. To rule-out additional letters regarding patients with Workers' Comp or out-of-network insurance who do not complete the recommended testing:

“If I do not receive [\[Click here to enter MR./MS.and PATIENT'S LAST NAME\]](#)'s films, or hear from [\[Click here to enter HIM/HER\]](#) regarding their status by

[\[Click here to enter DATE\]](#), the medical history will be closed pending the availability of the requested testing.”

3. When a letter has already been written explaining the patient’s first review: “As noted in my previous correspondence dated [\[Click here to enter DATE\]](#), I reviewed [\[Click here to enter MR./MS.and PATIENT"S LAST NAME\]](#)’s medical history and [\[Click here to enter Diagnostic Studies\]](#). I recommended [\[Click here to enter Treatment/Testing\]](#). My nurse/office spoke with [\[Click here to enter MR./MS.and PATIENT"S LAST NAME\]](#) on [\[Click here to enter DATE\]](#) and she chose to [\[Click here to enter Treatment Decision\]](#).”

New Templates (Attached)

Patricia Horstman discussed the letter templates that she created for West Virginia University Hospital’s use. She also reviewed WVU’s letter process. Rather than rewriting the reviewer’s disposition and special instructions, her staff relies on a few basic templates and the abbreviated summary of the patient’s record. Priority Consult offered the attendees five letter templates that were developed from WVU’s templates.

Bobbie Ryan stated that the Mayfield Clinic has considered using the shortened templates, but is hesitant to send out the reviewers’ typed dispositions. Patricia responded that they have had to work with their reviewers to ensure that their summaries are thorough enough for a letter.

Deb Schultz reported that at Associated University Neurosurgeons, Priority Consult letters are created using their EMR. In addition, their noncompliant letters are form letters that list the possible reasons for noncompliance. They check the appropriate box for each patient.

Incidental Findings

Bobbie stated that the only letters from Mayfield Clinic that are not copied to the patient are letters in which incidental findings are mentioned. Care Coordinators instead contact the patient’s Primary Care Physician and relay the information to a nurse or physician.

Mary Martin stated that their process for incidental findings is the same as Mayfield Clinic’s.

Lori Mueller reported that WVU contacts the Primary Care Physician’s office, but they also speak to the patient and inform the patient that he needs to follow-up with his Primary Care Physician in order to discuss the test results.

Other

Eva Paczkowski mentioned that HealthEast is starting a new referral program with the emergency departments in their hospitals. When Emergency Department physicians notice that a patient is a repeat visitor to the emergency department, the patient will be referred to the HealthEast Spine Center and put through Priority Consult. The emergency department physicians will be kept abreast of the patient's progress through Priority Consult and the information will be entered into the EMR.

Mary Martin suggested a review of the E.M.T.A.L.A. (federal Emergency Medical Treatment and Active Labor Act) requirements regarding this process.

Possible Future Forum Topics

Letters process

Work-flow (responsibilities of each position)

Noncompliant patients

Intake issues

Urgent symptoms

Next Meeting Date

Wednesday, April 9, 2008 11:00am EST