



**Care Coordinator Forum
Wednesday, April 9, 2008
Minutes**

Attendees:

Joe Adams, Sanford Spine Center, Sioux Falls, SD
Rachel Elliott, Administrative Assistant, Priority Consult
Lori Mueller, RN, West Virginia University Hospitals Morgantown, WV
Brenda Nikkila, Intake Specialist, HealthEast Care System, St. Paul, MN
Eva Paczkowski, RN, HealthEast Care System, St. Paul, MN
Bobbie Ryan, RN, Care Coordinator, Mayfield Clinic & Spine Institute
Paul Pugsley, Client Development Manager, Priority Consult
Jane Ray, RN, Salem Hospital, Salem, OR
Deborah Spoutz, RN, St. John Medical Center, Detroit, MI

Urgent Patient Process

Lori Mueller described WVU's urgent patient process. Patients who report an acute loss of bowel/bladder control or a diagnosis of Cauda Equina are referred to the Emergency Department. Patients with the following diagnoses are not reviewed through Priority Consult, but are given expedited appointments with the surgeons: acute compression fracture, spinal tumors, recent trauma, and acute Workers' Comp injuries. Lori works with the Physicians' Assistants to work patients onto the surgeons' schedules quickly. She reported that in her absence, Intake Specialists work with the Schedule Coordinators at each surgeon's office to schedule expedited appointments for patients who report urgent symptoms. For potentially urgent patients who have not had testing, Lori will obtain direction from the surgeon as to which testing is necessary for an office visit and contact the patient's primary care physician to facilitate the testing.

WVU patients who do not require expedited appointments but report potentially urgent symptoms are put through the Priority Consult process. These patients are labeled as "Expedited" for review and Lori enters a pop-up note directing the surgeon to review her Care Coordination notes for additional information regarding the patient. In addition, Lori noted that some surgeons also want to receive an email from Lori alerting them that an expedited review has been requested. (WVU's Scheduling Expedited Appointments guidelines are attached).

Bobbie Ryan reported that Mayfield Clinic's urgent patient process is very similar to WVU and St. Johns' process. If a diagnostic study has been performed, she will attempt to obtain the report for review to help her determine if there is structural evidence to support the symptoms. She also will mark patients "Expedited" and enter a pop-up note for the surgeon.

Verbal Orders

Deborah Spoutz noted that it is very rare for St. John patients to skip Priority Consult. Emphasizing the importance of documentation, especially regarding potentially urgent patients, she asked Lori and Bobbie about taking verbal orders from physicians and how they document what transpired if the patient's history has not been taken.

Lori stated that a history is created for every referral received. Patients who are deemed urgent and scheduled for expedited appointments will only have the Patient Info tab filled out in their record. Therefore, there is a Care Coordinator notes section to enter notes regarding the patient's urgent symptoms and/or verbal orders.

Follow-up

Debbie reported that most of St. John's spine patients, including urgent patients, receive a follow-up phone call following their appointments with the surgeons.

Bobbie stated that she reads the office notes from urgent appointments that she has facilitated for patients as a means of educating herself and refining her judgment regarding urgent symptoms.

Surgeon Preferences

To make sure that St. John surgeons are comfortable with the Care Coordinators' processes, including the urgent patient process, Mary Martin meets with their surgeons quarterly or more frequently if needed.

Lori reported that WVU's Care Coordinators work with the surgeons in clinic, so they are familiar with how they would like urgent patients to be handled.

Intake Training

Bobbie discussed Mayfield Clinic's informal training for new Intake Specialists. Classes are not given often, but Intake Specialists and Care Coordinators work together on urgent patients. The Care Coordinators focus on explaining why a patient is or is not urgent so Intake Specialists will learn over time. Bobbie stressed the fact that she encourages Intake Specialists to consult with her anytime they have a doubt about an urgent/emergent patient.

Lori reported that although WVU does not hold formal trainings for their Intake Specialists, they do hold monthly meetings to answer any questions and to deliver updated policies to the staff. Their urgent patient process will be updated and distributed again shortly.

Debbie stated that the Priority Consult staff at St. John is comprised of very few staff members, so all tend to be involved in each patient's care simultaneously. Therefore, they have not instituted formal urgent symptom training for Intake, but they may consider this for a potential new hire in May.

Possible Future Forum Topics

Work-flow (responsibilities of each position)

Noncompliant patients

Ongoing Facilitation

Incidental Findings

Next Meeting Date

Wednesday, April 23, 2008 11:00am EST

Topic: Intake Issues