
 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINES</p>	<p>Operational Guideline: Optimizing Team Roles through Appointment Types and Reasons</p>	<p>Guideline Number: PCOG#29</p>
	<p>Approved By: Primary Health Care Program Leadership</p>	<p>Pages: 1 of 6</p>
	<p>Approval Date: December 9, 2019</p>	<p>Supersedes: May 30, 2018</p>

1. **INTENT:**

- 1.1 To optimize the fundamental principles of Advanced Access around the balancing of Supply and Demand by highlighting the need to be consistent and minimize the number of Appointment Types and Reasons in use
- 1.2 To optimize clinic team roles through the use of huddles and rooming patients. This supports implementation of rapid quality improvement changes, enhances communication across the entire clinic team and improves patient care coordination.
- 1.3 To optimize the Electronic Medical Record (EMR) functionality in scheduling patient Appointment Types and Reasons for the entire Primary Care Team
- 1.4 To provide clinical team expectations of the importance of using Appointment Types and Reasons when booking a patient appointment to optimize the delivery of patient care. One method of improving clinic team functioning is through the use of team huddles.
- 1.5 To provide a common definition and a consistent bank of Appointment Types and Reasons to use to optimize standard EMR reporting mechanisms by Clinic, by Role, and by Provider (i.e. Number of new patients accepted through use of a standard Appointment Type "New Client Initial Visit")

2. **DEFINITIONS:**

- **Appointment Types** - A broad category which is generic and simple in nature and assists to define the anticipated length of an appointment. Where possible, all clinics (including those delivering Specialty Services such as Latent Tuberculosis, Teen Clinic, Methadone, etc.) should be using the same Appointment Types. Primary Care Providers/Primary Care Clinicians (PCP/PCCs) may have patients that don't fit the standard Appointment Type and will need to adjust accordingly by individual patient needs (i.e. consider patient's history of problems) and ensure proper use of flag options to cue scheduler. Clinics may need to adjust Appointment Type length for new learners or team members with a graduated plan to work towards reaching the allotted appointment target range by role. Appointment Types may also include EMR workarounds; "meetings" for example, is listed as a Type in order for teams to maintain flexibility in scheduling.
- **Appointment Reasons** - To support every team member's role in huddles inclusive of the following:
 - Assist team to anticipate whether the entire appointment or only a portion of the appointment can be completed by someone else from the care team
 - Assist team in room preparation by ensuring all needed supplies are in place for the appointment
 - Assist team in ensuring all aspects of the visit including appointment flow, ER consults, DI reports, lab, and consultations proceed smoothly without delay

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- Assist team with rooming the patient (i.e. chaperone is required at the appointment, shoes off, weight check, urine sample prior to visit, etc.)
- **Arrive** - Marking "Arrive" within the scheduler refers to the patient arrived for an appointment as a face to face encounter or over the phone encounter.
- **Primary Care Provider (PCP)** - Refers to Physicians and Nurse Practitioners
- **Primary Care Clinicians (PCC)** - Refers to Physician Assistants, Primary Care Nurses, Midwives, Dietitians, and Pharmacists
- **Clinical Support Staff (CSS)** - Refers to Primary Care Assistants


3. **GUIDELINE:**

Team Huddles:

- Huddles enable teams to have frequent but short briefings so that they can stay informed, review work, make plans and keep overall momentum going
- Huddles allow fuller participation of the entire clinical team, who often find it impossible to get away for the conventional hour-long improvement team meetings (See *APPENDIX A - Team Huddles, How To and Tips*)

Booking Patient Appointments:

- When a patient calls to book an appointment, it is an expectation that all patients are asked the Appointment Reason which also assists in the identification of the Type of Appointment. The scheduler should note the Type of Appointment (consider past appointment length history) and mark the Reason accordingly for the Appointment.
- Where patients are unable or unwilling to advise of the Reason, the scheduler shall select "**No reason given**" under the Reason drop down. The PCP/PCC may wish to consider discussing with the patient the rationale for providing the Reason to the scheduler (See *APPENDIX B1 - Primary Care Client Appointment Booking Guide* or *APPENDIX B2 – Walk-In Connected Care Clinic Scheduler Management: Types & Reasons Definitions and Scheduling Template Suggestions*).
- A rooming plan could be added to the appointment details (notes) as it relates to a specific Appointment Type and Reason. For example, the Appointment Reason "*Well Child*" could trigger staff to insert '*apptwellchild*' *ctrl-enter or right-click 'Find Macro'* into the appointment which in turn would create a plan for the patient activities prior to the clinic team member attending to the patient (See *APPENDIX C - EMR Appointment Booking* and *APPENDIX D - Rooming Criteria Guide*).
- The PCA should record observations in the Physical History section of the EMR
- To optimize EMR Appointment details and to better support anticipating the clinical care needs with the focus of "Right Work to Right Provider" prior to the appointment, both the patient note section (adding patient comments)

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and the Rooming Criteria Guide (to apply letter macros based on the reason for the appointment) should be used (See *APPENDIX D - Rooming Criteria Guide*)


- When booking return follow-up appointments, all PCPs/PCCs will ensure the Appointment Type and Reason for follow-up is articulated to the patient and scheduler and may wish to consider the use of booking slips
- It is important to ensure that flexibility in adding, changing and/or removing Appointment Types and Reasons is maintained in order to meet ever changing service delivery needs. All requests for additions, changes, and/or removal of Appointment Types and Reasons shall be vetted through the Primary Care Program Specialist for discussion and approval at the WRHA Primary Care Direct Operation table. Approval at this venue is required to ensure consistency across teams and that the Appointment Type and Reason definition is met. Once approved, the Primary Care Program Specialist will update *APPENDIX E - Bank of Appointment Types and Reasons* and notify both CSIS and the Primary Care Team Managers of the update.

“Telephone Visit” Appointment Type in association with “Telephone Note – Direct”

- The use of “Telephone Visit” as an Appointment Type in association with “Telephone Note – Direct” can help identify any therapeutic encounter that is billable via shadow billing. MD and NP’s are required to shadow bill; changes could occur within the future state for RN’s.
- There are four criteria that **MUST** be met before any situation can be considered as a “Telephone Visit” Appointment Type:
 - ISSUE** - Is there a patient care issue being dealt with?
 - INTERVENTION** – Is there a clinical intervention that took place?
 - DISPOSITION/PLAN OF ACTION** - Is there a plan that has been put in place or action that is taken as a result of the intervention?
 - DOCUMENTATION** – Has the situation been documented?
- If these four criteria are met, use “Telephone Visit” as Type of Appointment, mark as “arrived” when the patient arrives to the phone and use the associated “Telephone Note – Direct” clinical note template to document.

Notes
Telephone Note - Direct

- It is important to “arrive” all “Telephone Visit” appointments to support robust reporting, accurate billing and mitigate medico-legal risks.

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PRIMARY HEALTH CARE OPERATIONAL GUIDELINES

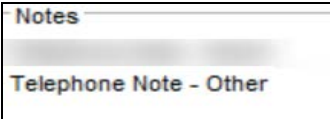


Examples:

- PCP reviews a diagnostic report or lab result and asks the PCC to phone the patient where an issue, intervention and a plan of action is documented – **would be billable as therapeutic**
- PCP contacts a family member via telephone to specifically discuss a demented parent (who is a patient of the clinic) and strategize on how best to manage the care of that individual – **would be billable as therapeutic**

“Telephone Note – Other”

- This is **NOT** considered a “Telephone Visit” Appointment Type as it does not meet all four of the above criteria
- Situations can be documented in the scheduler as an appointment entry and should be marked as “arrived”
- The use of “Telephone Note – Other” helps differentiate between telephone therapeutic encounters vs non-therapeutic encounters for shadow billing purposes




Examples:

- Documented attempts to reach the patient (i.e. leaving a call back message on the patient's voicemail) – **would not be billable as this is not therapeutic**
- Phone call from a Third Party Insurance Company related to a patient of the clinic - **would not be billable as this is not therapeutic**

Team Rounds:

- Interdisciplinary meetings during which representatives from all disciplines of the care team gather to discuss treatment plans for multiple patients under


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their care. The goal is to improve the patient experience from admission through discharge by ensuring the entire interdisciplinary team is working toward a common care plan including identifying/addressing potential barriers to patient care transitions and discharges.

- As the primary coordinators of a patient's care plan, involvement of the entire interprofessional team is critical to the success of team rounds. Rounds update the team on pertinent information, document these interdisciplinary discussions in the patient's clinical note and discuss the care plan with the interprofessional team, patient and patient's family.
- Depending upon the patient's needs, participants may include the following:
 - Goals
 - Estimated transition date
 - Transition needs
 - Mobility progression
 - Barriers to progress or transition
 - Is the patient or family aware of the care plan
 - Follow up on prior rounds discussion and assign follow up items for the current discussion
- Based on the agreed-upon care plans, the interprofessional team may:
 - Ensure tests and procedures are completed in a timely manner
 - Help patients understand what to expect between admission and transition points of care
 - Educate the patient and their family in preparation for transition
 - Identify patient concerns and/or potential delays and escalate to the interprofessional team as appropriate
 - Select patient's Appointment Reason as **"Rounds"** and document in the patient's Clinical Note Template

Case Conferences:

- Case conferencing is a more formal, planned and structured event separate from regular contacts about a specific patient. The goal is to provide holistic, coordinated, and integrated services across providers and to reduce duplication.
- Are usually interprofessional and includes one or multiple internal and external providers and if appropriate, the patient and family member/close support.
- Case conferencing can be used to:
 - Identify or clarify issues regarding a patient or collateral's status, needs and goals
 - Review activities including progress and barriers towards goals
 - Map roles and responsibilities
 - Resolve conflicts or strategize solutions
 - Adjust current service plans
- May be face-to-face or by phone/videoconference, held at routine intervals or during significant change.
- Select patient's Appointment Reason as **"Case Conference"** and document in the patient's Clinical Note Template

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4. **APPENDICES:**

- APPENDIX A - Team Huddles, How To and Tips
- APPENDIX B-1 - Primary Care Client Appointment Booking Guide
- APPENDIX B-2 - [Walk-In Connected Care Clinic Scheduler Management: Types & Reasons Definitions and Scheduling Template Suggestions](#)
- APPENDIX C - EMR Appointment Booking
- APPENDIX D - Rooming Criteria Guide
- APPENDIX E - Bank of Appointment Types and Reasons

5. **SOURCE/REFERENCES/CONSULTATIONS:**

- Institute for Health Improvement (2004) - Boston, Massachusetts, USA
<http://www.ihl.org/resources/Pages/Tools/Huddles.aspx>
- Rooming Criteria - Quality Health Care.org The Perfect Practice for an Efficient Physician by Sherry Anderson Delio, MPA, HAS, (2003)
- Dike Drumond MD BID - Team Huddle Power Training (2012)
- Stanford Health Care, <https://stanfordhealthcare.org/health-care-professionals/nursing/patient-care/team-rounds.html>
- Collaborative Case Conferencing (November 2013) Kelly Craig, MSW, LSW
- Appointment Types and Reasons Working Group in consultation with WRHA Primary Care Direct Op Team Managers (Fall 2013 - Spring 2014)
- In consultation with CSIS (February 2016) and WRHA Primary Care Direct Op Team Managers (November 2019)

6. **PRIMARY AUTHORS:**

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SCOPE: Applicable to all WRHA Primary Care Direct Operated Clinics, Walk-In Connected Care Clinics (including McGregor, Access Winnipeg West and Access Fort Garry) and the Healthy Aging Resource Teams