HEALTHWEST

Procedure

No. 06-011

Prepared by: Effective: October 8, 1999
Revised: May 25, 2018

Cyndi Blair, Chief Clinical Officer Subject: Coordination of Care with Primary Care Physician from Intake through Discharge

Approved by:

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Julia Rupp, Executive Director

I. PURPOSE

HealthWest shall provide specific documentation to the primary care provider after a referral is made on an individual they are serving through the end of the treatment episode/discharge.

II. APPLICATION

This procedure applies to all HealthWest service programs/employees.

III. PROCEDURE

A. When HealthWest receives a referral for services from a primary care provider, the HealthWest support staff will contact the individual/parent/guardian to schedule an intake appointment (children) or provide the agency's hours for a "walk-in" assessment (adults).

B. All documentation related to the initial telephone contact with the individual will be forwarded to the primary care provider by HealthWest support staff, assuring adherence to Policy and Procedure 04-002, "Disclosure of Consumer Information".

C. HealthWest nursing staff will request medical records from the primary care provider's office at the time of the initial appointment and annually thereafter. Nursing staff will also be given the completed Health Screen (form C073) for review after the consumer's initial appointment with their primary worker and on an annual basis. The nurse will follow up with the primary care provider for any physical health issues documented on the Health Screen.

D. Documentation related to the consumer's episode of treatment will be forwarded to the primary care provider by the HealthWest support staff. Such documentation includes, but is not limited to, CANS/ANSA, psychiatric evaluations, medication reviews, transition/discharge plan, list of medications, etc. The process established in Policy and Procedure No. 04-002, "Disclosure of Consumer Information" will be followed.

E. When a decision is made to discharge a consumer from HealthWest services, the primary worker must assure accommodations are made for a smooth transition to the individual's primary care provider:

i. Whenever possible, the primary worker/team nurse will contact the primary care provider to begin the transition process, to include identifying the medication monitoring needs of the consumer. Additionally, they will schedule an appointment with the primary care provider prior to the discharge. If the primary care provider's office expresses concerns related to assumption of the medication monitoring, the primary worker/team nurse will make arrangements to attend the first appointment at the primary care provider's office.

ii. When completing the Transition/Discharge Plan, the primary worker will assure all areas of the document are completed, to include indicating the consumer's medication status, i.e. "see attached medication list, "no medications prescribed during this current episode," or "never saw a HealthWest prescriber". Additionally, whenever possible, the Transition/Discharge Plan must also include an appointment date with the primary care physician's office. If requested by the primary care provider's office, the Transition/Discharge Plan can be forwarded to their office before it is finalized/approved by the primary worker/supervisor.

iii. When the Transition/Discharge Plan is processed by support staff, a copy of the Plan and list of current medications (if applicable) will be forwarded to the primary care provider.

F. Should a consumer need a follow-up appointment at HealthWest after being discharged from services for either a medication change or an adjustment to an anti-psychotic medication, the HealthWest Medical Director will be available to provide a one-time consultation as needed.

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HEALTHWEST
HEALTH SCREEN

Date: ______________ **Name:** ____ **Case No:** ____________

Date of Birth: ______________ **Sex:** ☐Male ☐Female **RESPITE CARE ONLY:** ☐Yes ☐No

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Primary Care Physician (PCP) Name: ____
Date of last appointment/visit with PCP: ____
Names of other doctors providing care: ____
____

Name of dentist: ________________________________ Last dental appointment: ________________

IMMUNIZATIONS – Up to date: ☐Yes ☐No

List any allergies you might have: ____

MEDICAL HISTORY
☐Yes ☐No Have you had any surgeries?
If yes, type and date: ____
☐Yes ☐No Do you have any current health/dental concerns? ________________________

MEDICATIONS CURRENTLY TAKING	PHYSICIAN PRESCRIBING MEDICATION

Please check anything you are being treated for or have been treated for:

☐**Cancer**
☐**Liver Disease**
☐**Joint/Back Problems**
☐**Diabetes**
☐**Stomach Problems**
☐**AIDS/Blood Diseases**
☐**Blood Clots**
☐**Heart Disease**
☐**Sinus/Allergy Problems**
☐**Thyroid Disease**
☐**Anemia/Blood Disease**
☐**Sexually Transmitted Disease**
☐**Weight/Loss Gain**
☐**Headaches**
☐**Lung Disease**
☐**Bleeding Problems**
☐**Kidney/Bladder Disease**
☐**Memory Problems**

PAIN ☐Yes ☐No Pain on regular basis, describe location and type: ________________________
Pain being treated – By whom: ________________________
☐Yes ☐No Satisfied with the control of pain? ________________________

Each item requires a response. Please do not skip any.

How well do you hear? ***(Check one)*** (with hearing appliance, if normally used)

☐	Adequate	No difficulty in normal conversation, social interaction, listening to television
☐	Minimal Difficulty	Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away)
☐	Moderate Difficulty	Problems hearing normal conversation; requires quiet setting to hear well.
☐	Severe Difficulty	Difficulty in all situations (e.g.; speaker has to talk loudly or speak very slowly; or all speech is mumbled)
☐	No Hearing	

Do you use a hearing aid? ☐Yes ☐No

How well do you see? ***(Check one)*** (with glasses or with other visual appliance if normally used)

☐	Adequate	See fine detail, including regular print in newspapers/books or small items in pictures
☐	Minimal Difficulty	See large print, but not regular print in newspapers/books or cannot identify large objects in pictures
☐	Moderate Difficulty	Not able to see newspaper headlines or items in pictures, but can identify objects in environment
☐	Severe Difficulty	Object identification in question, but eyes appear to follow objects, or only see lights, colors, shapes
☐	No Vision	Eyes do not appear to follow object; absence of sight

Do you use a visual appliance such as glasses? ☐Yes ☐No

Indicate whether the individual has been treated for the health condition in the last 12 months.
“Treated” = Saw a doctor for the condition, or took medications for it.

Health Condition	This has **never** been a problem	**History** of condition but NOT treated in the last 12 months	**Treated** for this condition in the LAST 12 MONTHS	Information Not Available
Pneumonia	☐ Never	☐History	☐Yes	☐
Asthma	☐ Never	☐History	☐Yes	☐
3 or more Upper Respiratory Infections	☐ Never	☐History	☐Yes	☐
Gastroesophageal Reflux	☐ Never	☐History	☐Yes	☐
Chronic Bowel Impactions	☐ Never	☐History	☐Yes	☐
**Seizure Disorder or Epilepsy	☐ Never	☐History	If Yes, see below	☐
Alzheimer’s, Parkinson’s, or Dementia	☐ Never		☐Yes	☐
Diabetes	☐ Never	☐History	☐Yes	☐
**High blood pressure	☐ Never	☐History	If Yes, see below	☐

Being overweight puts people at risk for additional health issues, i.e., Heart Disease, Diabetes, High Blood Pressure, and Osteoarthritis.
Obesity
☐ **Not present** – weight is within recommended range   Height ____________ Weight ____________ BMI ________________
☐ **Obesity present** , Body Mass Index (BMI) > 30*   *(refer to BMI chart in the Forms section of the intranet)

If “Yes” above for Seizure Disorder or Epilepsy (skip if “never” or “history,” above)
☐ Treated for the condition within the past 12 months and seizure free
☐ Treated for the condition within the past 12 months, but still experience occasional seizures (<1/month)
☐ Treated for the condition within the past 12 months, but still experience frequent seizures past 12 months

If “Yes” above for High Blood Pressure (skip if “never” or “history,” above)
☐ Treated for condition within the past 12 months and blood pressure is stable
☐ Treated for condition within the past 12 months, but blood pressure remains high or unstable

Intake/Primary Workers and Nurses

To Process: 1) Please **review** the information provided and note appropriate followup. 2) **Initial** each item that applies 3) **Sign**.
4) Forward to **Nurse.** 5) Nurse initial, sign, and forward to **data entry.**

	Intake /Primary Worker	RN
No action needed – individual has current contact with PCP	______	______
Referral to: Primary Care Physician (PCP)	______	______
HealthWest RN	______	______
Other *(specify)* ______	______	______
Release signed for Primary Care Physician (PCP)	______	______
Information requested from PCP/Clinic	______	______
Additional Information needed from client, family, guardian	______	______
Health screen forwarded for nursing review	______	______
List of local medical resource addresses/telephone #s provided	______	______

Notes/other action taken: ____

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Both staff must sign (regardless of whether any items above are initialed or not)

____________________ Intake/Primary Worker Signature   ____________ Date   ____________________ RN Signature   ____________ Date

Clerical Staff: Indicate the date that health measures were entered into database: ____________ Initials:____________