

**Healthcare Innovations Program (HIP)
28th Medical Group, Ellsworth AFB
Patient Centered Medical Home Nurse Assessments**

Introduction:

The Patient Centered Medical Home (PCMH) Nursing Assessments were identified as a solution to the problem of active duty patients being sent to civilian providers during the duty day after all appointments for the day were exhausted. The Medical Group determined that it will take care of all active duty patients in-house and on the same duty day as the patient initiated initial contact. A comprehensive medical team was tasked to identify the best way to accomplish this requirement. The team devised a PCMH Nurse Assessment Process and the Group Practice Manager was tasked with tracking and reporting PCMH Nurse Assessments, as well as the impact of this process on Access to Care, Urgent Care Referrals and Urgent Care/Emergency Room Visits.

Methods:

The team was tasked with the following stipulations:

- All active duty members will be evaluated within 24 hours if an appointment is desired for an acute issue, with a strong preference to see them the SAME duty day whenever possible
- Maximize every team member's capabilities, handling lower acuity patients within nurse and technician approved scopes of care, engaging team credentialed primary care providers for oversight in face-to-face assessments
- The encounter will be face to face if the patient prefers

The design and implementation of the initiative included the following process (slide 1):

- The patient contacts the appointment line and identifies an acute issue
- If the issue falls within a technician extender protocol (e.g., sore throat, UTI, pregnancy test, wart freezing, depo-provera injection f/u, etc), the patient is directed to walk in during the extender protocol walk-in period (7-11, 1300-1530).
- If an acute appointment is available with a team provider, the appointment is booked
- If an appointment is unavailable, a telephone consult is placed to the team nurse and the patient is directed to come to an "appointment" at 0900 or 1300 to be assessed
- At the appointment the nurse completes vital signs and physical assessments; when complete the results are discussed with the provider. If home care is appropriate, the nurse educates the patient and discharges with home care instructions. If the provider determined they should evaluate the patient face-to-face, the patient is "walked in" to the provider's schedule and treated as needed.

After the process had been in place for 3 months, the following modifications to improve patient care were implemented:

- Patients are booked for the 0900 nurse assessment appointment from 0630 to 0800. After 0800, the appointment clerks will direct patients to the 1300 nurse assessment appointment
- The nurse will call patients most likely to require home care as per nursing telephone triage protocols and evaluate over the phone. If the concern can be treated with home care, education and home care are provided to the patient and the patient is directed not to come in for the appointment unless their health status worsens. If the protocol directs the patient to be seen, the patient will keep the nurse assessment appointment time originally given by the appointment clerk.

Resources allocated for the initiative included the existing staff for each Family Health Team. No additional education requirements were needed, as this initiative used each team member to the full extent of their licensure and defined abilities. No additional fiscal resources were needed and the initiative was guided by the Chief Nurse and Family Health Team leadership and supported by the Executive Team.

Performance measurement for this initiative included data collected by the Group Practice Manager (GPM) for routine reporting of metrics and the addition of tracking and reporting PCMH Nurse Assessments. The data chosen reflected the impact of this process was Patient Access to Care, Duty Day Urgent Care Referrals and Urgent Care/Emergency Room Visits. The GPM started tracking metrics for this initiative in Nov '10. CHCS did not capture PCMH Nurse Assessment accurately in Dec '10. The tracking for this initiative begins in Jan '11 and extends through current data for Oct '11 (slide 2). This reflects the total number of patients seen in Family Health for all walk-ins as well as the Nurse Assessments.

Results:

The medical technicians care for approximately 40 patients per month that meet the extender protocols criteria.

The nursing staff evaluates between 100 and 140 Patient Centered Medical Home Nurse Assessment patients per month. The average is between 1 and 2 patients per day per team with spikes of up to 9 patients per day for a single team.

The urgent care and emergency room referrals for January 2011 were 8 visits per 100 enrolled patients; with the new nurse assessment process, as of May the number had dropped to 3 ER/UC visits per 100 enrolled patients.

The nursing staff was hesitant initially to take on this additional responsibility. As the schedules were implemented, the nursing staff became strong supporters of getting off of the phone and using their nursing skills to assess and educate patients.

In April 2011 the nursing staff began to add family members to this process. All family members are contacted within 2 hours of the initial care request and are triaged with home care

or walked into see the provider as needed. If the provider staff is short manned due to deployment, PCS or other challenges, the nurses will see all AD and as many family members as realistic with the remaining dependents being sent to a local providers for care.

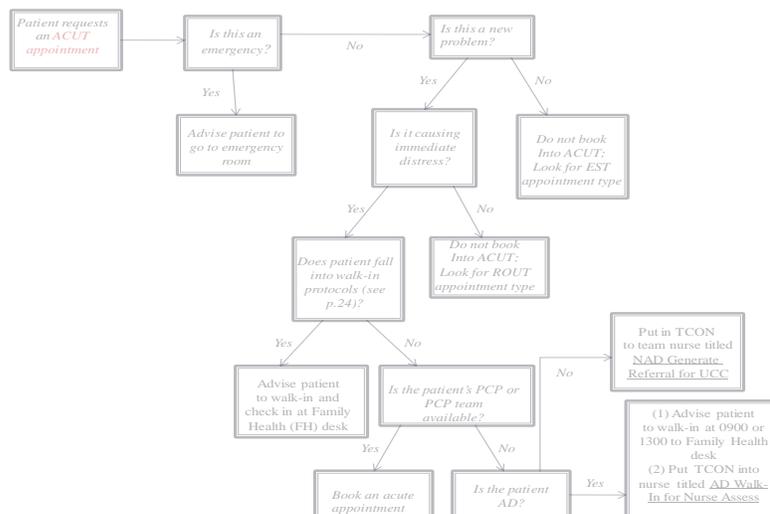
Conclusion:

The Healthcare Teams wants to care for their patients and this process allows them to treat their own patients. The bottom line is that it fully supports the concept of a Patient Centered Medical Home.

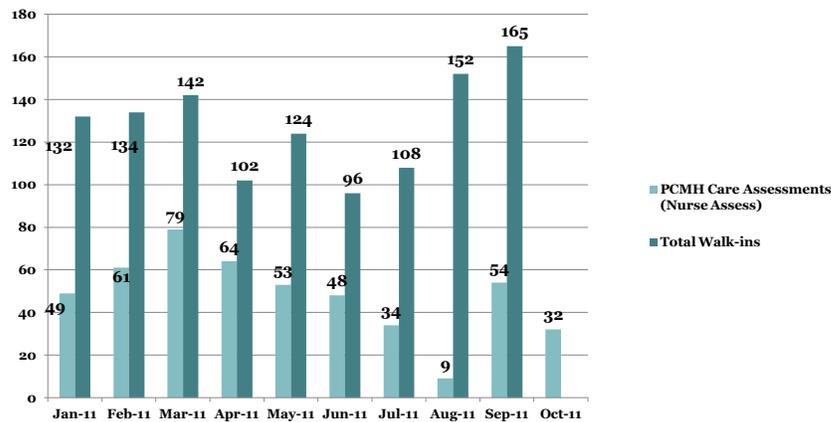
In addition, this innovation is sustainable within the facility and has proven to be invaluable to the care of our Active Duty population. As a result of this process improvement, the 28th Medical Group has been able to provide same day acute care during clinic hours for our Active Duty members without utilizing referrals for urgent care in the network. This has led to an estimated cost savings of \$65K. The 28th Medical Group also hosted a Triwest Primary Care Optimization visit in Mar '11 and this process was recognized as a Best Practice by the Triwest Team. In Apr '11 the PCMH teams expanded the Nurse Assessments to non-AD patients. In Jun '11, this process was also briefed at DoD/Tri-Service Pre-Conference for Case Management Society of America.



28th Medical Group PCMH Nurse Assessment Process



28th Medical Group PCMH Nurse Assessments (Jan 11- Oct 11)



28th Medical Group Access to Care (Sep 10 – Sep 11)

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Access - Acute	86%	82%	96%	93%	94%	96%	98%	98%	97%	98%	98%	99%	99%
Family Health	71%	78%	96%	91%	96%	96%	98%	99%	96%	98%	98%	99%	99%
Pediatrics	71%	57%	94%	100%	85%	96%	97%	96%	98%	95%	94%	97%	98%
Flight Medicine	100%	95%	98%	98%	93%	97%	99%	99%	100%	100%	100%	97%	100%

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Access - Routine	96%	91%	91%	74%	85%	89%	99%	97%	97%	97%	95%	97%	99%
Family Health	90%	85%	78%	69%	84%	84%	98%	99%	98%	97%	96%	98%	99%
Pediatrics	97%	80%	100%	100%	63%	83%	100%	100%	100%	100%	88%	100%	100%
Flight Medicine	92%	92%	91%	93%	98%	93%	97%	97%	94%	98%	94%	90%	100%
Mental Health	100%	100%	86%	85%	95%	96%	100%	92%	61%	96%	88%	86%	100%

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Access - Well	99%	98%	93%	94%	96%	97%	98%	98%	97%	99%	99%	97%	98%
Family Health	97%	97%	100%	93%	99%	95%	99%	100%	98%	100%	98%	98%	99%
Pediatrics	100%	97%	92%	100%	87%	99%	100%	99%	99%	99%	100%	100%	99%
Flight Medicine	96%	97%	86%	94%	100%	93%	96%	96%	97%	100%	100%	95%	88%
Gynecology	98%	99%	92%	98%	98%	99%	99%	99%	99%	99%	100%	100%	100%
Optometry	100%	99%	93%	92%	95%	100%	97%	97%	99%	99%	100%	95%	95%

28th Medical Group Urgent Care Referrals (Duty Hours)



28th Medical Group UC/ER Visits (PCMH)

