

Component IV: Systems

Module A: Operations

Topic 5: Managing Clinic Workflow

I. Statement of Purpose

To examine ambulatory care clinic management and challenges in the areas of staffing and employee management, medical records, privacy concerns, and expense and revenue sources.

II. Terminology

1. Managed Care Plans
2. Fee for service
3. Pre-Authorization
4. Benchmarking
5. Point of Service
6. Capitation
7. Commercial Indemnity Plans
8. Revenue
9. Deductible
10. Kickback
11. Scheduling
12. Patient Encounter
13. EMTALA/COBRA/Patient Anti-Dumping Law
14. Patient-Centered Medical Home

Acronyms

1. HMO (Health Maintenance Organization)
2. PPO (Preferred Provider Organization)
3. EPO (Exclusive Provider Organization)
4. IPA (Individual Practice Association)
5. HIPAA (Health Insurance Portability and Accountability Act)
6. CPCS/HCFA (Common Procedure Coding System/Health Care Financing Administration)
7. RBRVS (Resource-Based Relative Value Scale)
8. VFV (Vaccines for Children)
9. CHDP (Child Health and Disability Prevention Program)
10. WIC (Women Infants and Children)
11. DRG (Diagnosis-Related Group)
12. NOC (Nursing Outcomes Classification)
13. POS (Point of Service)

III. Performance Standards

1. Spell and define Key Terms and Acronyms.
2. Compare and contrast the differences in RN role in an acute vs. ambulatory care setting.
3. Review types of ambulatory care settings.

4. Explain differences in patient characteristics and needs in an acute vs. ambulatory care setting.
5. Review management of ambulatory care center emergencies.
6. Describe the role of care center or system size in providing comprehensive patient care.
7. Determine the effectiveness of an appointment management system in meeting the needs of the office.
8. List the factors affecting the development of a scheduling template.
9. Appropriately place each employee within a care center considering scope of practice, clinic needs, and patient safety.
10. Illustrate workflow and confidentiality concerns of Medical Records and record transfer in the Acute Care Setting.
11. Describe the differences in, availability of, qualifications for, and limitations of private- and government-sponsored health care/insurance plans.
12. Distinguish revenue-related terms and practices.
13. Identify basic skills in employee management, motivation tools, discipline methods, and employee evaluation.
14. Identify RN productivity measures and challenges.

IV. References

1. Alfaro-LeFevre, Rosalinda (2010) *Applying Nursing Process: A Tool for Critical Thinking*, 7th Edition, Philadelphia: Wolters Kluwer, Lippincott Williams & Wilkins.
2. American Nurses Association (2010) *Nursing Scope and Standards of Practice*, 2nd Edition, Nursesbooks.org, Maryland *whole book is good for simplifying scope/standards and has glossary of terms*
3. *Laughlin, Candia B (2006) *Core Curriculum for Ambulatory Care Nursing, Second Edition*, for AAACN CORE CURRICULUM, Pitman NJ: Anthony Jannetti, Inc.

Websites

1. <http://dpc.senate.gov/healthreformbill/healthbill52.pdf>
2. http://healthreform.gov/newsroom/new_patients_bill_of_rights.html
3. <https://www.federalregister.gov/>
4. <http://www.emtala.com/>
5. <http://www.hhs.gov/ocr/privacy/>
6. <http://cairweb.org/>

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
Objective 1 Spell and define Key Terms <ul style="list-style-type: none"> A. Review all terms. B. Spell terms accurately. C. Pronounce terms correctly. D. Use the terms in their proper context. 	<p>Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and Concentration.</p> <p>Administer vocabulary pre-test and post-test.</p> <p>Discuss learning gaps and plan for applying vocabulary.</p>
Objective 2 Compare and contrast the differences in RN role in an acute vs. ambulatory care setting. <ul style="list-style-type: none"> A. Unique roles of Ambulatory Care Nurse (autonomy, advocacy, assessment, holistic approach, education in prevention and disease management) B. RN workload differences in inpatient vs. ambulatory care; challenges to fold slower-paced hospital into fast-paced clinic; focusing on limited number of patients in acute care vs. expanded number of patients in ambulatory care. 24-hour care vs. 8-hour care; the buck stops here C. Difference in medical goals in acute vs. ambulatory care (discharging patient after specific care improvement vs. overall patient management) D. Increased autonomy of RN in ambulatory care vs. inpatient 	<p>Read, <i>The Ambulatory Care Practice Arena In AACN Ambulatory Care Nursing Core Curriculum</i></p> <p>Read article: <i>Perspectives in Ambulatory Care; Transitioning</i></p> <p>List five challenges for the RN in the ambulatory care setting not encountered in the hospital setting</p> <p>List three differences in nursing end goals in ambulatory vs. acute care</p> <p>Identify and discuss in small groups what you feel your biggest challenge as an RN in the ambulatory care setting is or will be.</p>
Objective 3 Review types of ambulatory care settings (hospital outpatient, health systems, and independent practice, federal, state, and county systems/care) and the limitations of each setting. <ul style="list-style-type: none"> A. Hospital outpatient settings (community hospital, university hospital, Shriners). B. Health system setting (Kaiser and similar). C. Independent Practice. 	<p>Review <i>Current Practice Settings for Ambulatory Care Nurses</i>, in AACN Core Curriculum, Second Edition</p> <p>Jeopardy Game using different settings, and/or care which</p>

<p>D. Government systems (federal, state, county/local).</p> <p>E. Freestanding/community centers (school health, Planned Parenthood, homeless shelters, urgent care centers, surgery centers)</p>	<p>could be provided there (Sample questions: “What is a freestanding/ community center?” or “What is an independent practice?”)</p> <p>Debate the advantages, disadvantages, and challenges for providing patient care in each ambulatory care setting.</p> <p>Write a short paragraph identifying which ambulatory setting has the most draw for you as an ambulatory care nurse and why.</p>
<p>Objective 4 Explain differences in patient characteristics and needs in an acute vs. ambulatory care setting</p> <p>A. Specific disease management or surgery care need in acute care vs. holistic care in ambulatory setting</p> <p>B. Patients with new and sometimes serious complications in both acute and ambulatory care.</p> <p>C. Moving to treat and prevent chronic illness in ambulatory care</p> <p>D. Ambulatory care patients not necessarily ambulatory (managing patients able to visit clinic as well as those in SNF, home-bound, receiving visiting nurse assistance, etc.).</p> <p>E. Patient and family with increased control in ambulatory care setting</p> <ol style="list-style-type: none"> 1. Learning Activities: 2. Read AACN Core Curriculum <i>Care of Chronically Ill Patient</i> 3. Discuss and list in small groups at least three differences in goals for a patient/patient care, in acute vs. ambulatory care setting 4. Develop and contrast a simple care/treatment plan with goals for management of a hospitalized patient with diabetes vs. management of an ambulatory patient with diabetes; contrast the difference between the two plans. 	
<p>Objective 5 Review management of ambulatory care center emergencies</p> <p>A. Limited resources; no ‘code team’; rely on outside resources for emergency assistance and transport</p>	<p>Read AACN Core Curriculum: <i>Medical Emergencies</i> and review <i>The Ambulatory Care Team</i>,</p>

<ul style="list-style-type: none"> B. Limited supplies (first call/emergency box; oxygen tanks; defibrillator; limited crash carts) C. Operate off of care center emergency protocols D. Differing but necessary roles of each ambulatory care team member for medical emergency management (PSR, MA, RN, etc.: calling 911, recording events, meeting ambulance, giving meds, assessment, comforting family) E. End goal is stability until skilled transport arrives F. Training/practice sessions at regular intervals to prepare for emergencies 	<p>focusing on roles of team members</p> <p>List two duties each ambulatory care team member could perform in an emergency</p> <p>Perform a mock clinic emergency in class, such as child in respiratory distress or adult with cardiac symptoms, and assign a different role to each student to perform in managing the emergency (front desk, MA, RN, clinician, supervisor, etc.)</p>
<p>Objective 6 Describe the role of care center or system size in providing comprehensive patient care</p> <ul style="list-style-type: none"> A. Fragmented vs. centralized care B. Accessibility of multiple discipline/services (lab, x-ray, specialty services, etc.) C. Communication challenges for large and small settings D. Patient perception on care personalization in different clinic settings/sizes 	<p>Discuss in groups the benefits and limitations of small vs. large clinics, including services, personalization, finances</p>
<p>Objective 7 Determine the effectiveness of an appointment management system to meeting the needs of the office.</p> <ul style="list-style-type: none"> A. Review of system protocols/scheduling policies for evaluation of system efficiencies/inefficiencies. B. Scheduling availability adequate for patient care needs? C. Efficient for staff? D. Rigid enough to stay in clinician scheduling preferences vs. flexibility to add urgent appointments? E. Appointments granted in a timely manner? F. Patient complaints about appointment delays? G. Hard data systems tracking appointment timeliness/delays 	<p>Read the chapter on <i>Scheduling</i>, AACN Core Curriculum</p> <p>Problem-solve how to address persistent patient complaints that their primary care doctor is never available (possible answers: discuss w/doctor; freeze schedule; send message to doctor re: patient request and lack of ability to accommodate; script for what to tell patients)</p>
<p>Objective 8 List the factors affecting the development of a scheduling template.</p> <ul style="list-style-type: none"> A. Office/organizational goals for scheduling B. Office or system-driven protocols for patient care C. Electronic vs. paper scheduling D. Electronic system downtime considerations E. Scheduling Types (same day, prescheduled, new patient, physicals, etc.) 	<p>Review AACN Core Curriculum, <i>Scheduling</i></p> <p>In small groups develop a short list of 5-10 urgent conditions/calls for scheduler reference to discern when to transfer calls for triage vs. scheduling an appointment.</p>

<ul style="list-style-type: none"> F. Clinician Preferences (time preferences, work speed; bump listing) G. Team coverage availability for same day/urgent care H. Last minute availability options (other clinician, urgent care, double book, etc.) I. Patient considerations <ul style="list-style-type: none"> 1. Newness and urgency of condition 2. Special needs such as interpreter 3. Mobility barriers to getting from parking lot to appointment (need of wheelchair, crutches, other) J. Guidelines for rescheduling patients late for appointments K. Guidelines for Scheduler recognition of key terms for emergencies and transfer to licensed staff for triage and/or urgent scheduling (such as “she just ate peanut butter and her face is swelling and she has a rash”; “he just started a new medication and he’s talking funny now”; “I have chest pain and my stomach is upset”; “I am short of breath today”; need for sutures; etc.) L. Primary vs. Specialty Clinic scheduling considerations M. Financial considerations (such as high co-pay cost, ineligibility for the month for Medi-Cal, or two appointments required in same day for worsening condition) N. Patient data verification 	<p>In small groups, brainstorm and record examples of appointment urgency for a wheezing patient, new patient, or f/u for chronic condition such as stable diabetic) and how to determine reasonable scheduling time frames for each appointment. Share with large group after list completed.</p> <p>Problem-solve in small groups scheduling challenges such as clinician calling in sick, interpreter required for an urgent appointment, and patient showing up 15 minutes late and can’t be seen presently.</p> <p>Discuss factors affecting the development of efficient scheduling guidelines.</p>
<p>Objective 9 Appropriately place each employee within a care center considering scope of practice, clinic needs, and patient safety.</p> <ul style="list-style-type: none"> A. Licensed personnel B. Unlicensed personnel C. Flexible Roles; downward care (RN performing unlicensed care when needed) D. Function at level of care hired for (RN hired as MA can only perform as MA, etc.) 	<p>Read the chapters on <i>Practice/Office Support</i>, <i>The Ambulatory Care Team</i>, and <i>Staffing and Workload</i> in AAACN Core Curriculum</p> <p>Discuss short-staff options for a small clinic and a large clinic</p> <p>Plan in detail a two-day schedule to cover office needs for the clinic you work or will work in; consider all staff disciplines</p>
<p>Objective 10 Illustrate workflow and confidentiality concerns of Medical Records and record transfer in the Acute Care Setting.</p> <ul style="list-style-type: none"> A. HIPAA considerations (confidentiality, consent, accessing records of coworkers/family members; consequences for HIPAA violations). B. Electronic Records-accessibility, benefits, privacy challenges 	<p>Identify and discuss two challenges of medical record management and transfer in the ambulatory care setting (ex: poor paper flow; time to process consents; accessibility/availability of information).</p>

<ul style="list-style-type: none"> C. Medical Record storage: paper, electronic, accessibility, work flow processes. D. Transfer of records via: electronic method, fax, mail E. Inter-system sharing of electronic records F. Mandated Public Health Disease Reporting considerations (county health dept., CDC, etc.) G. Vaccine Records-protected but public domain-CAIR; California Immunization Registry (registry in each state) 	<p>Discuss consequences for patient care if medical records not transferred or received in a timely manner.</p> <p>Visit http://www.hhs.gov/ocr/privacy/, and discuss three ways HIPAA applies in medical record management.</p> <p>Visit http://cairweb.org/ and list three advantages of using this service. List three reasons/barriers preventing healthcare systems/providers from participating in this program, and ways to overcome these barriers.</p>
<p>Objective 11 Describe the differences in, availability of, qualifications for, and limitations of private and government-sponsored health care/insurance plans.</p> <ul style="list-style-type: none"> A. Types of insurance plans <ul style="list-style-type: none"> 1. Government-sponsored 2. Private B. Models of private and managed care <ul style="list-style-type: none"> 1. PPO 2. Commercial Indemnity Plans 3. HMO: Prepaid Care, Capitation 4. EPO 5. IPA 6. Charity Care/Organization-Sponsored Care C. Clinic/County/State/Federally Funded Care or assistance <ul style="list-style-type: none"> 1. Medicare 2. Medical 3. Medicaid 4. CHDP 5. VFC 6. Healthy Families 7. WIC 8. Tricare 9. Rural Health Clinics D. Patient referral requirements (private and government-sponsored) 	<ol style="list-style-type: none"> 1. Read AACN Core Curriculum section on <i>Health/managed Care Options</i> 2. 3. Compare and contrast a PPO vs. HMO 4. 5. Discuss payment reimbursement differences in private vs. government-sponsored care 6. 7. Discuss authorization requirement differences in private vs. government-sponsored care 8. 9. Debate the practicality of a middle-income family with 'major medical' affording a medical crisis such as cancer <p>Debate the pros and cons of the Affordable Healthcare Act: ethics, right for every individual to have health</p>

<ul style="list-style-type: none"> E. Pre-certification requirements (private and government-sponsored) F. Pre-authorization requirements (private and government-sponsored) G. Affordable Care Act <ul style="list-style-type: none"> 1. http://dpc.senate.gov/healthreformbill/healthbill52.pdf 2. http://healthreform.gov/newsroom/new_patients_bill_of_rights.html H. Patient-Centered Medical Home https://www.federalregister.gov/ I. Future Payment and Funding Trends 	<p>insurance/ affordable health care, and cost burden with or without insurance.</p> <p>Find/print/review at least one article on Patient-Centered Medical Home and list 3 challenges in implementing this model in an ambulatory care setting; share with class</p> <p>Research one new healthcare funding trend and report on the benefits/drawbacks of that trend</p>
<p>Objective 12 Familiarize self with revenue-related terms and practices in an effort to correctly provide revenue for the clinic.</p> <ul style="list-style-type: none"> A. Billing for services, supplies <ul style="list-style-type: none"> 1. HCPCS/HCFA 2. RBRVS 3. Coding 4. CPT Codes 5. ICD-9 Codes 6. DRG's B. Consequences for false bill reporting or withholding care due to concerns over payment <ul style="list-style-type: none"> 1. False Claims Acts 2. EMTALA 	<p>Read the chapter on <i>Healthcare Fiscal Management</i> and the section on <i>Coding and Resource Management</i> in AAACN Core Curriculum</p> <p>Play team Jeopardy with coding terms (HCFA, CPT, DRG's)</p> <p>Identify 3 commonly-overlooked revenue items</p> <p>Brainstorm in small groups what you would consider 5 best practices for tracking and billing supplies to maximize revenue</p> <p>List 3 advantages and disadvantages of prepaid care</p> <p>Read AAACN Core Curriculum pages 112-113 in AAACN CORE CURRICULUM: <i>Fraud and Abuse</i></p> <p>Find two articles on the False Claims Act and discuss criminal and civil consequences for false reporting.</p>

	Visit http://www.emtala.com/ ; summarize the intent of EMTALA and list 3 medical conditions protected under this law
Objective 13 Identify basic skills in employee management, motivation tools, discipline methods, and employee evaluation. <ul style="list-style-type: none"> A. The RN as an ambulatory care clinic leader or role model B. Clearly outlined job descriptions <ul style="list-style-type: none"> 1. Provided to/reviewed with employee 2. Assures all in same position perform to and are held to same standards C. Employee understanding of organization mission statement <ul style="list-style-type: none"> 1. Provides buy-in/ownership of job 2. Aids in understanding of why policies or standards are created 3. Minimizes resistance to change D. Manager Training in effective management strategies <ul style="list-style-type: none"> 1. Classes 2. Mentoring from manager supervisor 3. Creating goals for self-improvement E. Building Rapport and Relationship with individuals and among team members <ul style="list-style-type: none"> 1. Teamwork-building activities 2. Reward systems (benefits/drawbacks) 3. Touch base or hold regularly scheduled meetings to update employee on job performance and provide opportunity to address any employee concerns 4. Recognize excellent performance, initiative, teamwork F. Developing Trust <ul style="list-style-type: none"> 1. Maintaining employee confidentiality 2. Fair treatment of all 3. Keeping your word 4. Socialization considerations/boundaries 5. Manager availability to employees 6. Sharing knowledge; mentoring/precepting 7. Acknowledging necessity of all staff positions 8. Timely communication of office or policy changes to staff G. Managing Conflict <ul style="list-style-type: none"> 1. Clearly communicated steps in resolution process (attempt to work out conflict on own w/other individual before going to management) 2. Grievance process 	<p>Design a peer review tool for review of either an RN or MA</p> <p>Discuss in small groups the impact of an RN taking a positive role model or leadership role in the ambulatory care setting</p> <p>Research and present a team-building activity appropriate for the clinic setting</p> <p>Give examples of non-negotiable quality monitors which could be grounds for severe discipline and/or termination in the ambulatory care setting. (timecard fraud; HIPAA violation; theft)</p> <p>Discuss a situation in which you feel your role has not been clearly communicated. How did this make you feel? Did it affect patient care and/or other staff members? Negative effect on morale?</p> <p>Play Jeopardy with terms such as Peer Review, how to manage conflict, upward mobility, etc.</p>

<ul style="list-style-type: none"> H. Dealing with Resistance <ul style="list-style-type: none"> 1. Identifying currency or best way to motivate employee 2. Understanding employee hesitancy I. Outside factors affecting employee's job outlook/performance <ul style="list-style-type: none"> 1. Adequate training provided 2. Acknowledge change while providing reasons and benefits J. Fostering upward mobility and employee empowerment <ul style="list-style-type: none"> 1. Advancement or job improvement goals identified by employee and communicated to supervisor 2. Classes/training provided to employee to help meet job goals 3. Communicating in a way that shows value to others K. Quality Monitors <ul style="list-style-type: none"> 1. Non-negotiable performance expectations clearly communicated and enforced 2. Attendance, dress, and other policies clearly communicated and enforced 3. Objective monitors (number of calls answered per hour, number of properly handled or mishandled claims, etc.) L. Self-Evaluation <ul style="list-style-type: none"> 1. Allows honest look at job performance 2. Opportunity for manager to show discrepancy in employee and manager view of performance (either positive or negative) M. Peer Review <ul style="list-style-type: none"> 1. Empowerment of peers 2. Provides understanding of how peers view each other's work 3. Confidential vs. disclosed N. Patient Feedback (satisfaction or disgruntlement with employee's care/job performance) O. Employee Discipline <ul style="list-style-type: none"> 1. Formal consistent process 2. Provide assistance and/or tools needed for improvement P. Evaluating performance <ul style="list-style-type: none"> 1. Employee understanding of evaluation criteria 2. Assuring growth areas addressed when discovered; not just in formal evaluation 3. Avoiding favoritism 4. Integrating all feedback (patients, individual, peers, and objective data) 	
Objective 14	Review in AACN CORE

<p>Identify RN productivity measures and challenges</p> <ul style="list-style-type: none">A. DefinitionB. Common methods of measurement in ambulatory care (financial, visit volume, report cards, health status, patient and employee satisfaction)C. Challenges in measuring Ambulatory Care Nurse Productivity<ul style="list-style-type: none">1. Varied roles of RN's in Ambulatory Care2. Limited RN's in one environment may make comparison/measurement difficult3. Patient harm/demise as a result of RN interaction/intervention may be the bottom line productivity indicator in smaller clinics/facilities4. Increasing but not standardized expectations<ul style="list-style-type: none">a. Job training to maximize productivityb. Assuring provision of tools needed to perform job efficientlyc. Nursing Outcome Classification (NOC)<ul style="list-style-type: none">1) Standardized criteria and outcomes for measuring nursing productivity	<p>CURRICULUM: <i>Productivity Monitoring in Ambulatory Care</i></p> <p>Review some online resources about NOC</p> <p>Discuss trends and challenges in measuring productivity in the ambulatory setting.</p>
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