Specialty Services Coordination Pilot Initiative Appendices

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APPENDIX 1

Table 1. SPECIALTY SERVICES COORDINATION PROJECT
OFFSITE CANCELLATIONS
February 2007 Baseline
and
July, August, and September 2007 Reporting Information

	CSP -- LOS ANGELES COUNTY (LAC)				CALIFORNIA CORRECTIONAL INSTITUTION (CCI)			
Reason for Cancellation	Feb 2007 Baseline	July	Aug	Sept	Feb 2007 Baseline	July	Aug	Sept
Custody-Related Issues	21	0	0	0	37	0	0	0
Health Care Provider Cancelled	3	1	5	0	18	13	2	11
Patient Refused	19	7	13	14	9	9	14	9
Specialist Cancelled	4	0	0	0	4	0	0	0
Prep Work Not Done	0	1	2	0	0	2	0	1
Patient Hospitalized	0	1	0	0	0	0	0	0
Patient Paroled	0	0	1	0	0	0	2	0
Patient Expired	0	1	0	0	0	0	0	0
Unknown	15	0	0	0	29	0	0	0
TOTAL	62	11	21	14	97	24	18	21
Specialty Referrals Scheduled or Unscheduled	Feb 2007 Baseline	July	Aug	Sept	Feb 2007 Baseline	July	Aug	Sept
Offsite Services	121	NA	695	591	135	NA	209	219

- LAC Offsite Cancellation Improvements: In the first 3 months of the project, LAC cancellations decreased approximately 75% and the average number of visits provided offsite increased 490%.
- CCI Offsite Cancellation Improvements: In the first 3 months of the project, CCI cancellations decreased approximately 78% and the average number of visits provided offsite increased 160%.

APPENDIX 2

Off-Site Appointment Cancellations

Patient's Name: _____ (Last Name) _____ (First Name) _____ (Middle Name or Initial)

CDCR #: _____ Housing Unit: _____

Name of Scheduled Provider: _____ Specialty: _____

Date/Time of Scheduled Appointment: _____ Date of Rescheduled Appointment: _____

Name of Person Completing Form: _____ Date/Time: _____

1. Patient refuses to go to the appointment because of the following: **(A copy of the signed, witnessed refusal form must be attached.)**	☐ School ☐ Family Visit ☐ Work ☐ Visit was not explained to patient ☐ Other (explain):
2. Provider canceled the set appointment (reason given):	☐ 24-hour advance notice was given ☐ Yes ☐ No Date / time scheduler was notified of cancellation:
3. Patient paroled before the set appointment:	☐ Expected parole ☐ Unexpected parole
4. Appointment no longer needed: (reason given):	☐ Duplicate request by effort ☐ Canceled by referring MD ☐ UM intervening ☐ Other (explain):
5. Patient transferred to another institution (location):	☐ Medical hold placed on patient ☐ Yes ☐ No ☐ Notified new institution of canceled appointment
6. Patient needs certain procedures or prep work before appointment:	☐ MRI ☐ CT Scan ☐ Lab Tests ☐ Other ☐ Action taken to correct this problem:
7. Failure to coordinate between on-site & off-site appointment:	☐ Yes ☐ No ☐ Action taken to correct this problem:
8. Ducat issue related to appointment:	☐ Yes ☐ No ☐ Action taken to correct this problem:
9. Lack of vehicle:	☐ Warden informed and concurred
10. Lack of officers:	☐ Warden informed and concurred
11. Patient hospitalized off-site:	☐ Action taken to ensure scheduler becomes aware
12. Patient misbehaved and correctional officer stopped the appointment:	☐ Was high-level custody involved in decision? ☐ Yes ☐ No ☐ By whom? _____. ☐ Did medical staff concur with the decision? ☐ Yes ☐ No ☐ By whom?
13. Patient expired before appointment:	☐ Action taken to ensure scheduler becomes aware
14. Lost paperwork:	☐ By whom? _____. ☐ Action taken to correct this problem:
15. Patient injured en route to appointment:	☐ Type of injury? ☐ Decision to cancel made by whom?
16. Patient late for appointment.	☐ Reason for late arrival and who is responsible? ☐ Action taken to correct this problem:

17. Other (please explain):

APPENDIX 3

SPECIALTY SERVICE COORDINATION PROJECT

Summary of Actions Taken During Implementation Process

The following describes the efforts that have been undertaken to design, develop and implement the quality improvement program to improve access to Specialty Services at LAC and CCI:

1. Provide an in-service on the mission of the Specialty Service Coordination Project. Use the Specialty Service Coordination diagram, displayed at the end of this attachment to describe the five primary components of Specialty Services.
2. Meet with the SSC/UM Lead and Specialty Services Supervising Registered Nurse II (SRN II) to review duty statements and role expectations. Review the Specialty Service Coordination/Utilization Management (SSC/UM) Lead duty statement with the current UM Nurse.
3. Schedule an in-service with clerical and clinical specialty service staff to discuss the implementation and expectations for the project. Encourage comments, questions and provide answers about the project; emphasizing the new role the SSC/UM Lead will be taking in the project.
4. Meet with the PCPs involved in this project to review expectations, discuss issues, such as considering the EPRD when making requests for services to ensure that the appropriate services, follow up, and rehabilitation can take place prior to parole.
   - When timely referral to specialty services is not possible, make alternative arrangements and provide information directly to the patient for follow-up with their community provider.
   - Discuss "pending" routine requests for service in the Reception Center until permanent housing is established to prevent requests from being overlooked and/or lost during transition.
5. Set up bi-monthly or weekly "Specialty Service Coordination" meetings and include Schedulers, Telemedicine RN, Specialty RN's, Specialty SRN II, Chief Medical Officer, Health Care Manager, Associate Warden for Health Care, and others as necessary.
6. Provide copies and review the IMSP&P, Volume 4, Chapter 8 – Specialty Services with all involved in Specialty Services.
7. Conduct a thorough evaluation of the IMSATS system, including clinic encounter sheets, initiation of new Requests for Service (RFS) and close outs. Run an Aging Report and compare to actual pending RFS. Ensure that the Aging Report is accurate. A monthly review of the Aging Report will be necessary to establish success with the project. Ensure no other logs or tracking methods are being utilized beyond IMSATS. To make this project successful, establish a dedicated IMSATS point person for efficient synchronization and problem solving.
8. Establish an Off-site Appointment Cancellation Subcommittee. Use Dr. Khoury's *Off-Site Appointment Cancellation* forms and logs. Also, use of this form and process for On-site and Telemedicine cancellations is recommended.
9. Maintain a log book with all cancellation forms and summary sheets that are forwarded each week to DCHCS Management. All patient refusals must be signed by the patient and a clinical person must explain and sign regarding the ramifications of refusing the appointment. This is not to be done by custody. The SSC/UM Lead must ensure the log is faxed weekly.

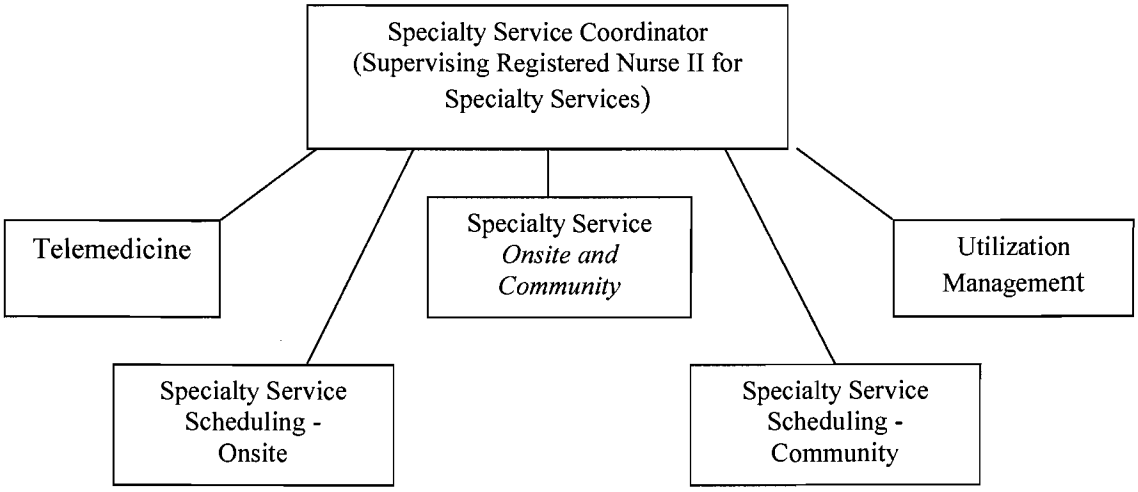
10. Establish a process for timely prepping of patients for their appointments and procedures.
    - Many patient preps get missed due to lack of a prep space, preps not available where the patient is, etc. Work with Custody and Management and form a Quality Improvement Team, as necessary.
    - Implement a process for preparation of off-site specialties. This may necessitate a meeting with particular providers to ensure all needs are met. It is a good time to open dialog and positive provider relations with CDCR. Develop an envelope with "specialty-specific" items that must be present or accomplished for the specific service. Develop a form to tape on the front of each transport envelop with a check list of needs, implement a system of review before each transport. Packets and 7252's must be to transportation at least 1 week prior to the appointment. Work with custody to develop a process where substitute appointments can be made if an appointment is cancelled. The goal is to successfully use each available slot a provider has. Items for the check sheet should include:
        - The specialty required
        - Preparations needed (i. e. NPO needs)
        - Patient consent to participate in the specialty appointment for patients that have previously refused appointments
        - Specialty appointment confirmation of the patients scheduled 24-48 hours in advance
        - 7252 completed and to transportation
        - Confirmation with Transportation of all scheduled transports 24 hours in advance
        - Copies of all pertinent medical information (medical reports, lab, radiology, etc.).
11. Know how many patients are scheduled from week to week and be a liaison with custody and transportation. A Specialty Services Cancellation Notification memo to Custody may be implemented if last minute cancellations are problematic. Know why cancellations are happening and implement measures to avoid future reoccurrences.

Roles and Responsibilities of the Specialty Services Coordinator/ UM Lead

1. The SSC/UM Lead shall monitor the number of pending/scheduled and cancelled appointments from week to week. Use the Specialty Service Coordinator Project Status Report. A breakdown by-specialty is also useful, especially if there are particular specialties that are harder to get appointments for than others. The number of scheduled appointments should be going up, the number or pending should be going down. The number of cancellations should be decreasing. There should be no pending appointments over the 14 or 90 day turn-around policy. Keep a log of the trends and interventions.
2. Ensure that clerical is performing clerical scheduling activities and that clinical nurses are performing Specialty Service clinical duties and overseeing the scheduling process. Do not allow Clinical to overlap into performing clerical functions.
3. Review all RFS. Can any be diverted to telemedicine that are not already? Review the backlog for appointments by specialty. Are additional clinics and/or contract needed to ensure timely access to specialists?
4. Protocols for specialties such as Optometry, Podiatry, and Physician Therapy (PT) may be useful. Implementing a process for inmates to obtain reading glasses through the canteen is very useful in decreasing unnecessary Optometry requests.

5. SSC/UM Lead should make frequent rounds to all yard clinics and specialty areas to ensure all RFS are being logged into IMSATS, referred over to UM, appointments and follow-up appointments are being made per policy and to generally be a liaison for specialty service and problem solving. The SSC/UM Lead will need assistance from the Specialty Service SRN II when supervisory issues arise.
6. Establish a process for obtaining specialty reports prior to the 14-day follow-up appointment with the Primary Care Physician including a method to get reports to the provider and into the Unit Health Record.
7. Review R&R process to determine if patients transferred in with pending RFS are being handled per policy within established timeframes. Go over the transfer out process to ensure any necessary medical holds are placed and that all RFS pending an appointment are pulled, reviewed for possible holds, and forwarded to the UHR for inclusion in the transfer packet.

Specialty Service Coordinator Diagram



The Specialty Service Coordinator oversees the 5 primary components of Specialty Services. The Specialty Service Coordinator works with members of the health care team to ensure all patients receive timely specialty services from the point of the *Request for Service* through the completion of the written report of service. These areas of Specialty Service Coordination include:

- Telemedicine (RN) – available outpatient consultations and services.
- Specialty Service (RN's) – liaison for onsite and community Specialty Services.
- Specialty Service Scheduling – Onsite (Clerical) – tracking and scheduling of all Specialty Services within the prison system.
- Community Scheduling – Community (Clerical) – tracking and scheduling of all Specialty Services within the community.
- Utilization Management (RN) – outpatient Specialty Service prospective review and Community Hospital concurrent admit and continued stay review, discharge planning and placement, and targeted care coordination.

APPENDIX 4

TABLE 2. SPECIALTY SERVICES COORDINATION PROJECT
STATUS REPORT for LAC

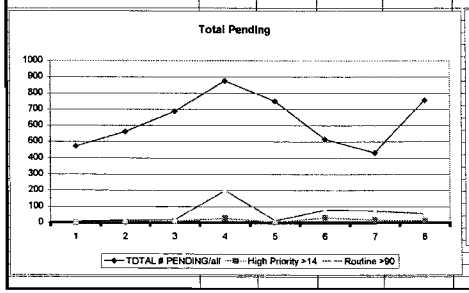
Snapshot of wk beginning:09/24/0	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12	WEEK 13	WEEK 14	WEEK 15	WEEK 16	WEEK 17	WEEK 18	WEEK 19	WEEK 20	WEEK 21	WEEK 22	WEEK 23	WEEK 24	WEEK 25	WEEK 26
DATE	7/1/07	7/9/07	7/16/07	7/23/07	7/30/07	8/6/07	8/13/07	8/20/07	8/27/07	9/3/07	9/10/07	9/17/07	9/24/07	10/1/07	10/8/07	10/15/07	10/22/07	10/29/07	11/5/07	11/12/07	11/19/07	11/26/07	11/27/07	11/28/07	11/29/07	11/30/07
TOTAL # PENDING/all	471	561	685	874	749	514	432	755	706	615	636	621	623	528												
High Priority >14	0	1	8	25	1	30	15	11	16	14	15	11	19	19												
Routine >90	8	14	18	196	12	78	72	55	35	37	33	69	13	14												
TOTAL# SCHEDULED/all	100	248	319	352	298	257	301	351	295	274	305	311	278	365	0	0	0	0	0	0	0	0	0	0	0	0
Onsite	90	105	121	179	125	69	136	128	94	135	121	175	97	173												
Community	0	140	196	164	172	188	165	181	161	122	147	106	116	118												
Telemedicine	10	3	2	9	1	0	0	42	40	17	37	30	65	74												
TOTAL# CANCEL./wk	24	14	55	66	46	32	25	33	16	6	26	15	11	25	0	0	0	0	0	0	0	0	0	0	0	0
Onsite	21	12	45	64	42	30	19	26	7	0	14	9	7	19												
Community	1	0	1	0	4	2	5	6	4	3	4	6	3	4												
Telemedicine	2	2	9	2	0	0	1	1	5	3	8	0	1	2												
TOTAL# SEEN/wk	115	161	134	188	147	171	184	139	154	169	176	234	146	223	0	0	0	0	0	0	0	0	0	0	0	0
Onsite	69	93	76	115	83	109	113	76	87	110	107	164	90	154												
Community	41	62	49	55	57	55	58	55	58	46	59	62	45	46												
Telemedicine	5	6	9	18	7	7	13	8	9	13	10	8	11	23												

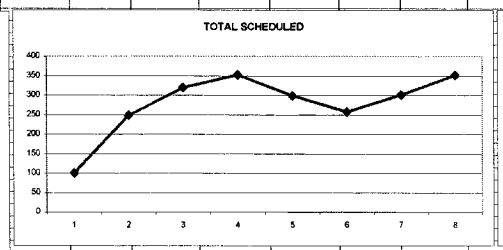
Total # pending represents ALL RFS, scheduled and unscheduled.

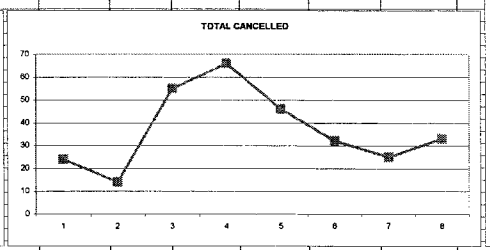
Total # scheduled represents the portion of ALL pending that are currently scheduled.

Total # cancelled represents appointments cancelled, within 24 hours of appointment, during the represented week.

Total # seen represents completed appointments during the represented week.







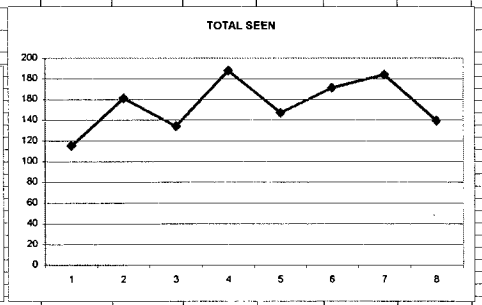


TABLE 3. SPECIALTY SERVICES COORDINATION PROJECT
STATUS REPORT for CCI

	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK
Snapshot of wk beginning:	1	2	3	4	5	8	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
DATE	7/1/07	7/9/07	7/16/07	7/23/07	7/30/07	8/6/07	8/13/07	8/20/07	8/27/07	9/3/07	9/10/07	9/17/07	9/24/07	10/1/07	10/8/07	10/15/07	10/22/07	10/29/07	11/5/07	11/12/07	11/19/07	11/26/07	11/27/07	11/28/07	11/29/07	11/30/07
TOTAL # PENDING/all		516	478	450	859	808	820	858	899	859	852	838	895	865												
High Priority >14		11	16	14	33	36	18	20	27	26	22	37	37	33												
Routine >90		75	142	137	236	241	234	251	240	222	225	199	186	168												
TOTAL# SCHEDULED/all	53	75	51	53	453	309	255	294	309	293	275	240	294	273	0	0	0	0	0	0	0	0	0	0	0	0
Onsite					191	61	45	41	61	69	31	41	78	49												
Community	44	52	44	41	253	246	184	226	233	224	201	168	180	183												
Telemedicine	9	23	7	12	9	2	26	27	15	30	43	31	36	41												
TOTAL# CANCEL./wk	2	13	5	5	14	4	3	9	4	18	26	16	21	15	0	0	0	0	0	0	0	0	0	0	0	0
Onsite						1				13	5	8	7	9												
Community	2	9	3	2	14	2	3	5	4	3	11	8	9	4												
Telemedicine		4	2	3	0	1	0	4	0	2	10	0	5	2												
TOTAL# SEEN/wk	0	65	49	50	57	73	66	50	59	81	84	70	87	106	0	0	0	0	0	0	0	0	0	0	0	0
Onsite	0									28	18	25	33	21												
Community	0	44	44	40	46	64	56	40	54	43	60	44	47	72												
Telemedicine	0	21	5	10	11	9	10	10	5	10	6	1	7	13												

Total # pending represents ALL RFS, scheduled and unscheduled.

Total # scheduled represents the portion of ALL pending that are currently scheduled.

Total # cancelled represents appointments cancelled, within 24 hours of appointment, during the represented week.

Total # seen represents completed appointments during the represented week.