

CLINIC MANUAL

Continuity

In spite of vacations, being post call, and our patient no-show rate you can still maintain some continuity. Following patients, especially infants, from the beginning of your intern year can be very rewarding. Write down your name for your patients and telling them when to follow up; this will help your continuity. You can also call patients when they don't show up. You can recruit patients to your clinic that you see in the NICU, as an inpatient, or in the well baby nursery.

Get a GOOD phone number (cell and/or home) and address if applicable, especially if you have any reason to contact the family with additional info (f/u appointments, labs, studies, therapies...). One would think that the family would have given the correct phone number when checking in, but this is not always true. Our families also tend to move and change phones a lot.

Our call center number is **866-8815**. This is the number that you give to patients. They call this number to make appointments or if they need to leave a message for the nurse. They can also call this number on nights and weekends to have the doctor call them back. This is what we call "Mommy call", which is done by the upper level residents on their outpatient clinic month. Please remind parents to call this number if they think their child is sick and they do not know what to do. Of course, if it is a true emergency, they need to call 911. Our doctors can reassure them, help them decide if they need to be seen in clinic the next day, or send them to the ER for further evaluation. Reminding parents about our doctor on call will hopefully keep them from unnecessary ER trips.

Clinic Staff

Barbara is our nurse. She works mostly in the office (rather than on the floor) doing referrals, answering phone calls, making appointments, scheduling tests, and sorting through our paperwork. Barbara will be your best friend. She has multiple years of experience in our clinic. Her office number is 287-4553. Do not give this number to patients.

There is a file box in Barbara's office that you should check each week to see if you have any paperwork to fill out for a patient. It may be a patient that you don't remember, but fill it out anyway. You can access all of their information on the computer. If you can't find a form on the computer or in our clinic room, then Barbara will usually have it in her office or know where it is.

We also have front desk staff, a lab technician, and CMAs (we call them nurses). The CMAs check patients in, check hearing and vision, dip urine, give shots, fill out shot forms, input shots into the system, and various other tasks. Please make an effort to get to know all of the staff. They will appreciate it, but it will be harder for them to learn you since there are many people in and out of the clinic each week. You will encounter multiple attendings and styles of practicing medicine. Be flexible and use this to your advantage.

Well Child Check Tip

Well Child Checks are scheduled for the following ages:

3-4 days, 2 weeks, 2 mo, 4 mo, 6 mo, 9 mo, 12 mo, 15 mo, 18 mo, 24 mo, 30 mo, 36 mo, and then yearly. For 2 years and above---If the patient is a new age, it has changed calendar years, or it has been over a year since the last well child check, then the patient can have a well visit. Err on the side of doing a well check.

EPSDT

This stands for Early and Periodic Screening, Diagnostic, and Treatment Services. We must meet EPSDT guidelines on all TennCare patients in order to get paid. For consistency, we use the same format for all of our patients. A handout is included that outlines the guidelines based on age. Please read this and pay attention. This helps you know what ages to order certain labs, etc.

Immunizations

Figure out which shots your patient needs at the beginning of the visit. The shot record can be in multiple places and in several pieces. Look on the computer in "chartviewer" and in "immunizations". Look on TWIS (State Database) if no records are in our system. Ask the parents if they have the shot record with them. Once you have all of the pieces, plan out your shots, review them with an attending if in question, and order them on the front end of seeing the patient. This will help the flow of clinic---the nurses can be drawing up the shots while you are in the room seeing the patient.

If the immunizations are not shown in the immunization section of our electronic medical record, please take the time to print them out so that the nursing staff can enter them. This will prevent others from having to go through the whole process the next time the patient comes into clinic.

TWIS

This is the Tennessee Web Immunization System. You can find a link to it on our clinic web page (on the left side). You log on with the username and password that are on the dry erase board in clinic. If your log in fails after two tries, STOP. Failing a third time will lock us out of the system. Make sure your CAPS lock isn't on, and also make sure that pop ups aren't blocked. Once you log in, you will need the patient's name and DOB or SSN. You can print out the record and have it entered into our system so that we have the records for all future visits. Only State of TN Health Department sites enter their shots into this system regularly. This system is only about 10 years old.

Labs

We have a lab in clinic. Sharon is our lab technician. For now, we do NOT order labs on the computer. Each patient will have a face sheet in the door. To order a lab, write the following on the face sheet: diagnosis/diagnosis code (whatever reason you are ordering the lab), labs you want, and name of the attending. Put this in the door and put the lab flag up or take the patient to the lab with the face sheet. Most of our labs are ordered as part of the well child check. The code for well child check is V20.2; the code for well adolescent check is V21.2. If you need tests run on urine (GC/Chlamydia, culture, etc.),

give your sheet to Sharon and she will retrieve the urine from the nurse lab area. Our CMAs do the urine dipstick in the office, but most other urine tests have to be sent out.

Residents can swab patients for rapid strep, rapid flu, and cultures. Our CMAs will do urine pregnancy tests, accucheks, and repeat newborn screens. You can go in the shot room and ask a CMA to do it. Sharon can draw blood to do a rapid qualitative serum pregnancy test or a rapid monospot.

We only bill for labs that we actually perform in clinic. Any lab that is sent out will be billed by Sharon.

Radiology

We can send patients to the ground floor of the POB for outpatient x-rays. You must send them with a LeBonheur order form. This must have a diagnosis code, test name, and an ATTENDING signature.

These same forms must be filled out if you want other radiology studies (CT, MRI, MBS, UGI, etc), but you give the form to Ms. Barbara. She will schedule the study to be done at LeBonheur for a later date. Always have a good number for Ms. Barbara to contact the family with the time/date, if she is unable to schedule them while they are in clinic.

This form also has to be filled out for EEG, ECHO and EKG. Give it to Ms. Barbara for her to schedule the test. For an EKG or an ECHO that they can be done the same day, send the patient with the form to outpatient radiology registration; they will then send them upstairs for the study.

Procedures/Treatment

Residents do suture removal, simple I & D, umbilical cauterization, cerumen removal, foreign body removal, toenail removal, pelvic exams/pap smears, and hemoccults. Ask the nurses for any supplies that you need. The nurse will help you set up for pelvic exams in one of the rooms with an appropriate table. Ask a CMA or Ms. Barbara if you need a urine cath, pulse ox, nebulized albuterol treatment, ear irrigation, or an IM antibiotic. We have Ceftriaxone and PCN in clinic. We also have oral prednisone, Tylenol, and Ibuprofen. In addition, we give injections for medicines we don't keep stocked in our clinic, like Depo Provera. Be sure to bill for all procedures that we do or meds that we give. For meds, you must bill for each unit dose used, i.e. if you give 30 mg of prednisone you must bill for 6 of them because the computer only has 5mg units.

Hearing/Vision/Urine

Nurses check hearing, vision, and urine prior to putting patients in the room, if indicated. It may take them a while to actually dip the urine. The patient leaves their urine cup in the bathroom with their name on it, and the nurses retrieve it. If you want a test done that hasn't been done, just ask a nurse. Make sure to review the results of these tests. If you have opened a note before the results are entered, then you will have to "CITE" them in. If you cannot find the results, then make sure that the patient has been tested before leaving.

Newborn Screen

At the 2 week check, have an attending access the electronic system for a copy of the newborn screen. If this doesn't work, you can call them yourself. The number will be in your note, but also on the wall of clinic. The best number to call for TN is the Nashville number 615-262-6304. (They have it sooner). They may also have hearing results. At the 2 month and/or 4 month checkup, please look at previous notes to see if the newborn screen has been checked; if not, then check it!! If a NBS specimen was inadequate, we can repeat it in clinic. When accessing the electronic system or calling for the NBS results, you will need the demographic sheet in the door of the patient's room.

If there is an abnormal hemoglobin result on the NBS, you will need to refer the patient to Gloria Brunson at St. Jude. Her card is in the clinic. The parents will call her and set up a time to get the confirmatory test done. A Hgb electrophoresis will be done after one year of age, if necessary.

Developmental Forms

At each well child check, we ask about developmental milestones for younger kids and behavior and school performance for school age kids. We also have parents fill out developmental questionnaires. Parents often pick up on problems that we cannot identify during the visit. We not only use these to better evaluate the patients, but they are also a very good source of revenue for our clinic. The well child notes contain developmental testing templates that help guide you in the scoring and enable you to document the results. The developmental questionnaires are:

Edinburgh Postnatal Depression Scale (EPDS) - Given to mothers at the 2 week and 2 month visit. This is obviously to screen for maternal depression. If the total score is less than 12/13, then there is no concern for depression. A sample and scoring sheet are enclosed.

Ages and Stages- Given from 4 months to 5 years at each well child visit. The form is given that corresponds to the closest age of the patient. (They don't correspond perfectly to the ages of recommended well child checks.) There are 6 areas of development that we evaluate. You assign a score of 10 if they answer "yes", a 5 for "sometimes," and a 0 for "not yet." A score sheet will be found in the patient's door. If the scores fall in the shaded area, then you should be concerned. If the score falls in the white area, then the child is considered appropriate. The cutoff range is different with each age group. A sample form and scoring sheet are enclosed.

Screening for Autism Spectrum Disorder (M-CHAT) – Done at the 18, 24, 30 & 36 month well child visits, in addition to the corresponding Ages & Stages forms.

Pediatric Symptom Checklist 17 (PSC 17)- Given to 6-11 year olds. The parent fills this out. You assign a 0 for "never", a 1 for "sometimes," and a 2 for "often." A score of 15 or below is acceptable. Discussion about concerns or referral to behavioral health is warranted for a score greater than 15. A sample is enclosed.

Pediatric Symptom Checklist Youth Report – Given to 12 year olds and above. The patient should actually fill this out (not the parent). You assign a 0 for “never”, a 1 for “sometimes”, and a 2 for “often.” A score of 28 or below is acceptable. Discussion about concerns or referral to behavioral health is warranted for a score greater than 28. A sample is enclosed.

CRAFFT Substance Abuse Screen – Given to 13 year olds and above. The patient answers a series of “yes” or “no” questions. You assign a 0 for “no” and a 1 for “yes”. A score of 0 or 1 is acceptable. Discussion about concerns or referral to behavioral health is warranted for a score greater than or equal to 2. A sample is enclosed.

School Forms

Most parents will request that a school form be filled out. We call these the yellow and green cards. The yellow card is for daycare/preschool. The green card is for kindergarten and above. Immunizations will need to be filled in (the nurses will often do this), and it has to be signed by the doctor saying that the physical is normal and the shots are up to date. Asking them if they need this early in the visit will help avoid the “oh by the way” as they are walking out. Families will sometimes ask for other forms to be signed, as well, such as medication forms so that they can use albuterol at school. Any other forms must be signed by the attending in charge of the special needs patients (feeding forms, therapy forms, etc.). You can place them in the folder in Barbara’s office for review. If you are unsure whether you can sign something, ask!

Sports Physical Forms

Most of our children do not come specifically for a sports physical, but they will want a form filled out during their well child check. This is a simple one page form. You give this form to them, but make a copy first to have scanned into our computer system.

New patients

When you see a new patient (whether as an acute or well child visit), you MUST get past medical hx, past surgical hx, family hx, social (personal) hx for good patient care and for billing purposes. You must bill a new patient as a NEW patient; if it has been more than 3 years to the date since we last saw them, they are also considered NEW.

Prescriptions

Almost all prescriptions will be written on the computer. Your signature and DEA number will automatically print on the prescription. For controlled substances (ADHD drugs), you will have to sign the prescription. For controlled substances, we cannot give refills, call in, or fax the prescription. Otherwise, we have the capability to fax prescriptions directly from our system to the pharmacy. Ask parents if they would prefer this option. We do have an outpatient pharmacy on the ground floor of the POB; we do have a sample medicine closet in clinic. Remember to ask people at their well child check if they need any refills of existing medicines. NOTE: DO NOT WRITE PRESCRIPTIONS FOR DME: LIKE DIAPERS, FORMULA (OVER ONE YEAR OLD OR NOT FROM WIC), WHEELCHAIRS, THERAPY, HOME HEALTH, SUPPLIES,

ETC.! These must be done by the attending in charge of the special needs patients; you can put requests in the folder in Barbara's office.

Insurance

We see mostly TennCare in our clinic. When you select a patient on the computer their identifying information will appear at the top of the computer. The insurance provider will be on the right upper corner of the page. Several of our subspecialists do not take certain types of TennCare.

Referrals

When we are referring to a specialist, the normal procedure is for the parent to call to make the appointment and for us to send the referral. We give parents what we call the "referral sheet" with the number to call. Some clinics (like surgery, orthopedics, and urology) require our nurse to call for the appointment. We also have our nurse call for the appointment if we are concerned about the parent complying or we need an appointment ASAP. You make referrals when billing for the visit. You MUST put the referral in the computer when doing "MD Charges". If this is not done, there is no way for our office to know to send the referral. It is not enough to mention it in your note. When entering your referral on the bill, it is best to have it linked to a diagnosis so the front office knows why we are referring the patient and does not have to scour your note to figure it out.

You do not have to make a formal referral in the computer when you are sending a patient to see the dentist, Behavioral Health, vision (optometry), or Colonial Speech and Hearing. You will just give the parent the referral sheet with the numbers to call. * See enclosed referral sheet.

Therapy

Many of our patients need therapies for developmental delay.

For children less than 3 yrs: Refer to TEIS (Tennessee Early Intervention Services). They will evaluate the patient in their home and refer them to a specific therapy provider if necessary. You must fill out a simple form with demographic information & the reason for the referral. Once the form is filled out, give it to Barbara to fax. TEIS will contact the patient's family. Do not make the family stay in clinic while you fill this out, because they will not take the form with them.

For children 3 years and above: They can get a speech and hearing evaluation from Colonial Speech and Hearing. They are also able to get therapies (PT, OT, ST) through the school system.

Website

We have a great general pediatrics website. Many of the handouts that we use in clinic are on this website. We usually have copies printed out to save time, but you can always find the info on the website. The website has many useful resources, such as guidelines on obesity and the ADHD toolkit published by the AAP. The website also has the clinic

schedule, attending schedule, the TennCare formulary, the link to TWIS, and a directory with many useful phone numbers. *Some handouts/forms we use most frequently in clinic are enclosed.

Patient Education

There are Barton Schmitt books available in clinic with patient instructions that can be copied and given to the family. There are also several links on our website that have good patient handouts, like MD Consult and the AAP.

Clinic Conferences

We use a Continuity Clinic Curriculum. It is set up to cover each topic once every two years. Each topic will have learning objectives, competencies, and a required reading assignment (usually a review article). Most topics will be associated with a case and/or questions for discussion. You will receive an e-mail with the articles and case/questions for discussion for each upcoming week attached. Eventually, this will be placed on the website.

The conference will be led by the assigned clinic attending during the first 30 minutes of each Continuity Clinic. You should arrive on time (8:00 AM for the morning sessions and 1:00 PM for the afternoon sessions), having read the required reading and prepared to participate in the topic discussion. The attending will document in the PCC folder at the end of each clinic session whether you were present, prepared, and participating.

There is also a quarterly written test that will cover the previous material.

Reach Out and Read

We participate in the Reach Out and Read program. This is a way to give our patients exposure to books that they may not get otherwise, encourage literacy and parent/child bonding, and is an added tool for developmental assessment. Currently, we give books from age 6 months to 5 years at each well child visit. However, we have ordered books from a new company and will be able to give them from age 3 months to 12 years when they arrive. Please DO NOT give out our ROR books to children at acute visits or to siblings at the well child visit. PLEASE take the book in the room at the BEGINNING of the visit. Only give out 1 book per visit and make sure it is as developmentally appropriate as possible. We have bilingual and Spanish books also.

Imagination Library

Give this form out to parents who live in Shelby County. They can send it in to get free books in the mail monthly for their child until he/she is 5 years old.

Notes

There are different note types for well child checks and acute care visits. WCC notes are under “PE-General Well”, and ACC notes are under “PE-General”. For ACC notes there are specific diagnosis templates, or you can choose “Acute Care Visit” for a general template. Make sure you do the ROS (and not in your HPI). ROS is not as important in WCC notes, unless the kiddo has other medical problems you are addressing. Attaining a

FULL ROS is important on complicated patients that you will be billing at a high level. Before you go see a patient, you should always check “chartviewer” to review past notes and visits. This allows us to catch the patients lost to follow-up and who are poorly compliant. When you finish a well child check note, almost every section in the column on the left should be checked. Look at that closely to see if your note is complete.

Sign all notes. If you do not sign the note, then it will not go to an attending. Signing prompts you to send the task of “cosign note” to the attending. If you create a note by mistake or need a note “erased” for any reason, then at the top of the note write PLEASE DELETE and send the note to an attending who can invalidate it and erase it from our system.

Submit all charges. You must bill each patient. Make sure you have a visit charge on there, not just a diagnosis (especially for well child checks).

For all visits, **clean up the med lists.** You can do this by going to “meds management” and discontinuing any meds the patient is not on. Once you save this, you can go back to the note and “cite” both current meds and past meds. This will move appropriate current meds to past meds. Looking at the med list can also alert you to specific diseases that the patients have that they “forgot to mention.”

Miscellaneous

*At the beginning of each clinic, you should review your “**MY ACTIVE TASKS**” lists. You can create your own tasks for follow-up on your personal patients. If you do not track labs, radiology studies, f/u appointments, etc. - WHO WILL? If it is something that needs to be addressed before your next clinic, then put it on the “Peds Resident Team” list (AKA—The Tickler). Make sure to put enough info so that they know why it was done and what to do for the patient. If you don’t understand a task that appears on your list, discuss it with an attending before deleting it.

*When seeing a child in acute care clinic, look to see if it is time for them to have a well child check. If so, have them schedule it on the way out. If it is a new infant, go ahead and make the visit into a well child check. If it is a NEW complicated patient, it may also be just as easy to make it into a well child check. Check shots during ACC visits to see if you can start catching a child up. Most importantly, never treat a patient without checking the chart to be sure that you are not neglecting to address other health problems that the patient may have.

*Ask questions! Utilize the upper level residents in clinic to help you with the computer or other procedures in clinic.

*Don’t be shy! When you are ready to check out---tell the attending. If we are doing something else, ask us anyway. Our priority is checking you out, but we may try to get other things done in between.