Policy Title: **Initial Assessment and Reassessment of Patients**

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Approved by: _____________________________________

_____________________________________

**Purpose**
The purpose of this policy is to describe the initial and reassessment process at South Cove Community Health Center and to outline the content of assessment in each clinical area.

**Policy**

**Initial Assessment**
The scope of the initial assessment is designed to determine the extent of the care needed for the individual and the need for further assessment. All patients at South Cove Community Health Center are evaluated by a licensed provider at the time of initial assessment. This assessment includes at a minimum:

- The reason for the visit
- Chief complaint
- Allergies
- Pain Assessment** (see below)
- Findings of the physical examination
- Plan for treatment
- Review of all medications brought to appointment by patient (all returned to patient)

The assessment is documented in the patient’s record and is signed by the provider to include the appropriate credential.

By the third visit to South Cove Community Health Center the following information is documented in the patient’s record:

- A list of the patient’s significant diagnoses and conditions
- Any significant operative/invasive procedures
- Medications the patient is currently taking

In addition to the above listed minimum requirements, each medical specialty has established the following elements for inclusion in an initial assessment:
Adult Medicine
Refer to Adult Medicine Protocols

Pediatrics
Refer to Pediatric guidelines for maintenance visits and physical exam and visit forms

OB/GYN
Refer to guidelines for family planning/GYN and Perinatal guidelines.

Dental
Refer to Dental practice protocols.

Behavioral Health
Refer to Behavioral Health guidelines

** Pain management **
The organization assesses and manages the patient’s pain. When warranted by the patient’s condition, the organization either conducts or refers the patient for a comprehensive pain assessment. The organization uses methods to assess pain that are consistent with the patient’s age, condition, and ability to understand. The organization reassesses and responds to the patient’s pain, based on its reassessment criteria. The organization either treats the patient’s pain or refers the patient for treatment.

eCW documentation: the MA or NA can ask the question and document the patient’s level of pain on the vital sign sheet. The provider will evaluate or re-evaluate the patient’s pain level during the visit and will document it in the Summary of the patient’s visit.

Reassessment
Reassessment occurs at the time of each subsequent visit to the Health Center or more often as determined by the patient’s conditions, types of procedures being performed or to determine a patient’s response to treatment. All information is documented in the patient’s record at the time of observation or assessment in order to provide for continuity in care planning.

Given the patient’s condition and needs as determined by the assessment or reassessment of the provider, patients may be referred for specialized care such as a nutrition, mental health or social services assessment. Each of these assessments will also be documented in the patient’s record and reassessment performed as needed to assure continuity and quality of patient care.

Triage During Regular Hours
Phone Triage
- Patient will call the main number to the clinic for the department they wish to contact.
- Information will be taken from the patient based on their question.
• Front desk staff will forward the call to the nurse and/or appropriate provider in the department for further triage, assessment and plan of action.
• Clinical staff will advise patient whether to come in to the clinic for an appointment ASAP, or schedule an appointment within the next day or two, or wait for the provider to make a return call for further assessment and action, or advise patient to go to the ER.

Walk-In Triage
• Please refer to “Policy 2.10 Assessment of Walk-In Patients”

Off-Hour Coverage
• During the hours that the health center is not open, the patients will have access to the “on-call” coverage provided by the clinical departments. The patient can call the individual main telephone number for each of the 4 sites (Washington Street, South Street, Hancock Street, Holmes Street)
• The patient will be able to listen to instructions in any of the 4 languages (English, Cantonese, Mandarin and Vietnamese) and select the prompt for the department that they need. The patient will then be connected directly to the person who is on call for the department (see attached grid). Beepers and voicemails are not used to address our off-hour coverage with patients.

Patient Referrals
- Providers will refer patients to other facilities for any additional warranted clinical examinations by other providers, radiology films/scan, and others.
- Appointment, if required, will be made for the patient by either the clinical department staff or the referral department staff and a referral appointment communicated to the patient.
- The patient will also be scheduled for/informed of a mandatory visit (MV) appointment at SCCHC, if appropriate for what has been ordered, with the ordering provider to ensure follow up with the patient of the examination results. Note: a MV appointment cannot be cancelled by the patient simply notifying the front desk/clinical staff. The patient must talk to the department nurse/ordering provider to cancel a MV appointment. The provider will make the final decision as to whether the appointment can be cancelled, how soon the patient must make another appointment, etcetera.
- Routine scheduling of follow up appointment following referrals:
  Certain procedure /referrals require an automatic MV follow up appointment with the provider.
  1. The ordering provider will check off the Mandatory Visit section on the referral form if they want the clinical/referral department staff to make a Mandatory Visit follow up appointment at SCCHC with the ordering provider for the patient following the referral appointment.
  2. The ordering provider may also put the Mandatory Visit (MV) stamp imprint on the referral form and/or the patient’s progress notes to remind the nursing staff or other providers that the patient is expected back for a mandatory follow up appointment.
- The referral coordinator will schedule: a 1-week follow up MV for a patient referred to a hospital by their PCP for a radiological exam, and a 2-week follow up MV for a patient referred to a hospital by their PCP for a specialty consultation. The PCP should either use the MV stamp or make a notation on the referral request to alert the referral department to this requirement.

eCW: procedures for making referrals in the eCW are available to providers.

**End of life care, treatment, or services:**
- The organization through our clinical providers can address a patient’s interest, concern, or decision about the care, treatment, or services received at the end of life at any time during the patient’s assessment or reassessment visits if requested by the patient and/or family/surrogate decision-maker.
- The organization will honor a patient’s end of life decisions.
- The provider will tell the patient and/or patient and family/surrogate decision-maker about how we can help address their end of life questions.
- The provider can offer information for possible sources of help and a description of what are advanced directives, health care proxy, living will, and so forth using the updated information available on the web links for the State of Massachusetts and in particular the: MOLST (Massachusetts Medical Orders for Life-Sustaining Treatment): [http://molst-ma.org/](http://molst-ma.org/)
  Note: This website is easily accessible to all staff as it is posted on our internal website under the “Guidelines” section.
- The forms for options of what a patient may want to have access to read/learn about end of life care are available on the website in many languages which include English, Chinese, and Vietnamese, most helpful to the majority of the patients cared for by SCCHC.
- In addition, the Massachusetts form for a provider to give to the patient interested in discussing a “Health Care Proxy” is available under the “Patient Education” section link in our eCW in 3 languages: English, Chinese, and Vietnamese.
- Options for a decision to be made about “Advanced Directives” are available for the provider to access on the eCW and this window of information will appear on the main information hub for each patient to be readily visible by authorized users of the eCW medical record.
- Note: The majority of the population served by our organization is from the Asian culture. The providers and nursing staff understand the cultural issues present and prevalent amongst the Asian populations regarding talking about end of life issues.
  It is not a conversation that a provider would usually initiate and discuss with the patient or family unless it was brought up for discussion by the patient/family or unless the provider had such a relationship with the patient/family to know that is a topic they would be comfortable talking about. The provider will assess what the patient/family want and then provide resources and assistance as needed.