

BC Business Analysis Tool

Date: Sept. 14, 2005
Rev date 1: June 12, 2007
Rev date 2: June 03, 2008
Rev date 3: November 2,2008
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Extension #: 26561

Program Area: HIV Clinical Services **Priority:** Immediately Critical-Personal Based Services

<p>Activities/Services</p> <ol style="list-style-type: none">1. New Patient Intake - Immediately Critical2. Phone Triage- Immediately Critical3. Pharmacy- Immediately Critical4. Care Coordination- Immediately Critical5. Critical Lab follow up- Immediately Critical6. Interpretation- Immediately Critical7. After Hours MD- Immediately Critical8. Inpatient service Immediately Critical	<p style="text-align: center;"><u>CHAIN OF COMMAND</u></p> <p style="text-align: center;"><u>Jodi Davich x26561; Cell: 503 969-3581</u> <u>Mike MacVeigh x24995 Cell: 503 274-5751</u> <u>Jan Carpenter x22278 Cell: 503 969-0421</u> <u>Debby Parrish x 26237 Cell: 503-975-1364</u></p> <p style="text-align: center;"><u>If not available flow to</u></p> <p>Susan Kirchoff x 25870; 503-810-6525 (county cell)</p>

<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 Days Plan A	>3 Days Plan B	Current Practice	≤ 3 Days Plan A	>3 Days Plan B
1. New Patient Intake by Clinic Team	New Patient Intake on hold. Sick patients referred to ER.	Other non-county HIV medical providers.	New Patient Intake by Clinic Team	New Patient Intake on hold. Sick patients referred to ER.	Contact CAP and other community partners to redirect new patients to other HIV providers.
2. CHN 4.2 FTE triage done at clinic site	Central Nursing Triage or after hours triage service	Central Nursing Triage. HIV Provider will be available for consults. 1 FTE HIV Clinic CHN stationed at Central Nursing Triage	Clients call the clinic directly for triage. Triage done by clinic team CHNs	Clinic phone message changed to reflect phone number for Central Nursing Triage. HIV Provider contact information for consultation	Designated HIV nurse to report to Central triage. HIV providers' contact information for consultation
3. Health Department Westside Pharmacy Community Pharmacies Drug Assistance Program	MCHD pharmacy or community pharmacy No new DAP applications	MCHD pharmacy or community pharmacy No new DAP applications	Clients call pharmacy for refills. Appointments with DAP	Clients will call open pharmacy for refills. Instructions on clinic telephone message. Pharmacy will have critical meds protocol	Clients will call open pharmacy for refills. Instructions on clinic telephone message. Pharmacy will have critical meds protocol

<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 Days Plan A	>3 Days Plan B	Current Practice	≤ 3 Days Plan A	>3 Days Plan B
4. 4.2 FTE RNs and 2.9 FTE providers	Calls to Central Nursing Triage staff. Calls direct to HIV Clinic if CHNs can get to work site.	Calls to Central Nursing Triage staff and onto HIV provider as necessary. Calls to HIV Clinic if CHNs can get to work site	Communications with hospitals, EDs, nursing homes, hospice, other agencies or outreach workers come directly to HIV provider teams	Clinic phone message changed to reflect phone number for triage. HIV providers' contact information for consultation	Designated HIV nurse to report to Central. HIV providers' contact information for consultation
5. 1 OA Chartroom, 1 CMA, 4.2 FTE RNs and 2.9 FTE providers	If clinic staff can get to clinic, continue current procedure. If clinic is closed, labs should be called to inpatient MD on call and communicated to HIV provider	Clinic is closed, labs should be called to inpatient MD on call and communicated to HIV provider Clients should be referred to open MCHD clinic lab, community lab or ED if follow up labs are needed. Same as above for X-ray	Lab results are faxed or called to clinic. Calls go to clinic provider teams, faxes to chartroom staff who pull chart and distribute to provider teams Weekends and after-hours inpatient MD in contacted	If clinic staff can get to clinic, continue current procedure. If clinic is closed, labs should be called to inpatient MD on call and communicated to HIV provider	If clinic is closed, labs should be called to inpatient MD on call and communicated to HIV provider Clients should be referred to open MCHD clinic lab, community lab or ED if follow up labs are needed. Same as above for x-ray services
6. On Call interpreters/phone interpretation	If clinic is open, same as current unless Language Services is closed. Then use telephone interpretation	If clinic is open, same as current unless Language Services is closed. Then use telephone interpretation	Schedule interpreters as needed via EPIC	If clinic is open, same as current unless Language Services is closed. Then use telephone interpretation	If clinic is open, same as current unless Language Services is closed. Then use telephone interpretation

<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 Days Plan A	>3 Days Plan B	Current Practice	≤ 3 Days Plan A	>3 Days Plan B
7. Inpatient MD on call	MD called by ProvRN, Central, lab, ED as needed	MD called by ProvRN, Central, lab, ED as needed	MD called by ProvRN, Central, lab, ED as needed	MD called by ProvRN, Central, lab, ED as needed	MD called by ProvRN, Central, lab, ED as needed
8. Clients admitted to inpatient service through OHSU	Same as current	Same as current	Same as current	Clients are referred to inpatient by MD provider on call. Also self-referred.	Clients are referred to inpatient by MD provider on call. Also self-referred.

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<u>Facilities</u>			<u>Technology/Equipment</u>		
Current Practice	≤ 3 Days Plan A	>3 Days Plan B	Current Practice	≤ 3 Days Plan A	>3 Days Plan B
1 .4th Floor McCoy. Clinic set up with exam rooms, lab, medical records, triage, computers, phones, fax, medical supplies, some meds.	If the current location is not accessible would need basic exam room set up, lab, medical supplies	Same as Plan A, but may need additional exam room set up for increased demand	Telephones, faxes, computers with EPIC access, laboratory equipment, medical equipment	Manual check in Encounter forms held until EPIC operational Hard copy progress notes/or after-hours notes if EMR or charts not available. Handwritten labels for lab specimen	Manual check in Encounter forms held until EPIC operational Hard copy progress notes/or after-hours notes if EMR or charts not available. Handwritten labels for lab specimen identification

<u>Facilities</u>			<u>Technology/Equipment</u>		
Current Practice	≤ 3 Days Plan A	>3 Days Plan B	Current Practice	≤ 3 Days Plan A	>3 Days Plan B
				identification ED or community lab may be used if MCHD lab unavailable	ED or community lab may be used if MCHD lab unavailable

<u>Communication</u>		
Current Practice	>3 Days Plan B	≤ 3 Days Plan A
1. Telephone messages with after-hours instructions Staff call down list	Telephone message changed to reflect Central Nursing Services, pharmacy instructions. Work with Multnomah County PIO for media releases Staff calldown list	Telephone message changed to reflect Central Nursing Services, pharmacy instructions. Work with Multnomah County PIO for media releases Staff call down list

Staff Orientation & Training Plan

Review plan with staff
Keep clinic call down list current

1) Date: _11/2/2008 Reviewed and updated plan. 
Manager's signature

2) Date: _____ Reviewed plan with staff. _____
Manager's signature

3) Date: _____ Reviewed plan with substitute staff. _____
Manager's signature

4) Date: _____ Reviewed plan with a relevant stakeholders (i.e. vendors, contractors, & community reps.).

Manager's signature