

Program Area: ICS Primary Care

Priority: Immediately Critical-Personal Based Services

Activities/Services	<u>CHAIN OF COMMAND</u>
1. I&R- Immediately Critical	<p><u>East County Health Center</u> Marcia Morrow Ext 24285 cell 503-209-4292 112*143*48 Kimmy Figueroa Ext 24119 cell 503-209-0935 112*622*4300 Rita Corey Ext 27464 Amit Shah Ext 22577 Cell 503 793-1007; Nextel 112*622*1603 Pam Kelsay Ext 22554 pager 503-764-6826 112*143*45</p>
2. Phone Triage- Immediately Critical	<p><u>Northeast Health Center</u> Robert Saum Ext 24940 cell 503-781-4694 112*622*1603 Joanna Dumais Ext 29073 cell 503-793-3309 112*622*1605 Vacant Nutritionist Supervisor Lisa Sprague Ext 22316 pager 503-993-8470</p>
3. Pharmacy- Immediately Critical	<p><u>LaClinica de Buena Salud</u> Robert Saum Ext 24940 cell 503-781-4694 112*622*1603 Virginia Lopez x22281</p>
4. Care Coordination- Immediately Critical	<p><u>West Side Health Center</u> Kim Tierney 503-969-3309 (county cell) doesn't reach in Vernonia 112*622*580 Teri Erickson 503-793-1912 work cell phone</p>
5. Critical Lab follow up- Immediately Critical	
6. Interpretation- Immediately Critical	
7. After Hours MD- Immediately Critical	
8. Inpatient service Immediately Critical	

If these aren't available it should flow to:

Mario Villavicencio

Mid County Health Center

Deborah Cockrell Ext 24231

Mike Giddens Ext 29257

Lauren Fries-Brundidge Ext 22213

North Portland Health Center

Wilma Smith Ext 22111

Christine Khamvongsa Ext 24254

Karen Madden Ext 24017

Joe Black Ext 27722

<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. Central I&R	Central I&R	Central I&R	Central I&R	Central I &R	Central I&R
2. Central Nursing Triage. Limited triage done at clinic sites	Central Nursing Triage. Clinic nurses may need to report to Central.	Central Nursing Triage. Clinic nurses may need to report to Central	Clients call Central Nursing Triage phone line. Limited triage done at the clinics, some telephone and walk ins handled by NOD	Clinic phone message changed to reflect phone number for Central Nursing Triage. Clinic nurses may need to report to Central	Clinic phone message changed to reflect phone number for Central Nursing Triage. Clinic nurses may need to report to Central
3. MCHD pharmacies at clinic sites. Community pharmacies	MCHD pharmacy open at designated clinic site or operating community pharmacy	MCHD pharmacy open at designated sites or operating community pharmacy	Clients call pharmacy for refills.	Clients will call open pharmacy for refills. Instructions on clinics instructing clients where to call. Pharmacy will have critical meds protocol	Clients will call open pharmacy for refills. Instructions on clinics instructing clients where to call. Pharmacy will have critical meds protocol
4. Calls come to Central Nursing Triage and clinic sites	Calls to Central Nursing Triage staff.	Calls to Central Nursing Triage staff.	Communications with hospitals, EDs, nursing homes, hospice, other agencies or outreach workers come directly to clinic provider teams and to Central Nursing Triage staff	Clinic phone message changed to reflect phone number for Central Nursing Triage.	Clinic phone message changed to reflect phone number for Central Nursing Triage.

<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
5. Chartroom, clinical staff	If clinic staff can get to clinic, continue current procedure. If clinic is closed, labs should be called to on call MD. 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	Clinic is closed, labs should be called to on call MD. 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 on-call MD is contacted	If clinic staff can get to clinic, continue current procedure. If clinic is closed, labs should be called to on call MD. 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	If clinic staff can get to clinic, continue current procedure. If clinic is closed, labs should be called to on call MD. 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
6. On Call interpreters/phone interpretation	If a clinic is open, same as current unless Language Services is closed. Then use telephone interpretation	If a clinic is open, same as current unless Language Services is closed. Then use telephone interpretation	Schedule interpreters as needed via EPIC	If a clinic is open, same as current unless Language Services is closed. Then use telephone interpretation	If a clinic is open, same as current unless Language Services is closed. Then use telephone interpretation
7. MD on call	MD called by ProvRN, Central, lab, ED as needed. May need to call down to next MD in rotation if high demand	MD called by ProvRN, Central, lab, ED as needed. May need to call down to next MD in rotation if high demand	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	MCHD provider on inpatient rotation	Clients are referred to inpatient by MD provider on call. Also	Clients are referred to inpatient by MD provider on call. Also

<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
				self-referred.	self-referred.
9					
10					

BC Business Analysis Tool

Program Area: ICS Clinical Services

<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
<p>1. 7 clinic sites</p> <ul style="list-style-type: none"> • NEHC • La Clinica • East County • Mid County • Westside/McCoy • North Portland • Rockwood 	Identify location that is accessible. Would need basic exam room set up, lab, medical supplies	Same as Plan A, but may need additional exam rooms set up for increased demand	Telephones, faxes, computers with EPIC access, laboratory equipment, medical equipment	<ul style="list-style-type: none"> • 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 • ED or community lab may be used if MCHD lab unavailable 	<ul style="list-style-type: none"> • 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 • 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 call down 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: _____ 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