Referral and Tracking of Patients

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Objectives

- **Discuss our responsibilities when referring patients for care outside the ADPH**
- **Discuss the responsibilities of providers**
- **Discuss the purpose of a tracking/reminder system**

Introduction

- **2019 QA Audit of 100% Abnormal Pap Smears**
- **Huge disconnect between sending patients outside ADPH and Plan of Care followed**
- **This process needs to be standardized following evidence-based guidelines**
- *****Responsibility for patient remains with ADPH, the patient is still ours!!**

What is a Referral?

- **Referral - A formal request for consultation.**

When Should We Refer?

- **When a problem or situation is found that falls outside the scope of practice or resources of the ADPH**
- **When a patient's request for care is in conflict with our recommendations**
- **When the patient's seeks a second opinion or to explore other options of care**

Types of Referrals

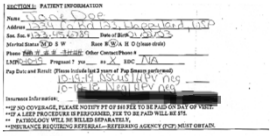
- **Single-visit Referral (Most commonly seen)**
- **Continuing Collaborative Care**
- **Transfer of Primary Clinical Responsibility**

Types of Referrals

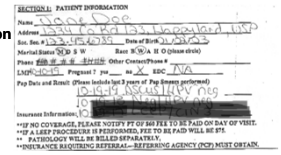
- ***All referrals
  - Should be carried out in the patient's best interest
  - The interest of the patient should remain paramount

Single-visit Referral

- Example: Referral for colposcopy



- Our responsibility:
  - Provide all the information needed
  - Complete and accurate history
  - Complete and accurate documentation



What is the purpose of documentation?

Continuing Collaborative Care

- Example: Referral for Benign breast mass, HTN, Diabetes
- Care is provided in conjunction between us and the outside provider
- Outside provider assumes partial responsibility for the patient

Transfer of Primary Clinical Responsibility

- Example: Patients diagnosed with breast CA who care is released to oncology
- Patient care falls outside scope of ADPH
- Patient problem is appropriately managed by outsider provider

Case Study

- 22 yo, G0, HSIL pap
- Referred for colpo, bx returned moderate dysplasia (CIN 2)
- Outside provider plan of care – repeat pap in 12 months.

What should the NP do in this situation?

A) Agree with plan of care

B) Consult

Case Study

- 32 yo, G3, P 2, ASCUS/HPV pos pap
- Referred for colpo
- Gyn does not perform colpo due to "minimal changes on pap"
- Plan of care – repap 1 year

What should the NP do in this situation?

A) Refer elsewhere for colposcopy

B) Agree with plan of care from GYN

Case Study

- 35 yo, G3 P3, HSIL pap
- Referred for colpo
- SCJ not fully visualized, ECC positive for CIN 3
- GYN plans cryotherapy

What should the NP do in this situations?

A) Agree with plan

B) Consult

Our Responsibilities…

- ***UNLESS CARE IS TRANSFERRED, the RESPONSIBILITY for the patient's care REMAINS with US (ADPH) until closed
- We should remain in charge of communication with the patient
- We should coordinate the overall care based the referral and evidence based guidelines.

Tracking and Reminder System - Ticklers

Tracking of patients is a safety mechanism to prevent patients "from falling through the cracks"

Failure to Follow Up

- Failure to follow-up on laboratory results has been identified as one of the leading causes of lawsuits in clinic settings
- Courts have held that providers are responsible for contacting the patient about <u>labs, imaging, and referral results</u>

No News Is

<u>NOT ALWAYS</u>

Good News

Tickler Systems

- Must be manual (tickler card), in addition, may use electronic tasks
- Reviewed based on follow up steps needed per protocol
- The number of steps should be minimized

Tickler System

- All staff should follow the same protocol
- Should contain specific dates for receipt of info and timelines for notifying patient
- Should be kept in secured/locked area
- Accessible to entire staff

Trackable Information

- Pap test and follow-up, need for colposcopy
- Mammogram results and recommended follow-up
- Pertinent labs and radiology studies
- Pathology reports from procedures performed
- Referrals to other providers

Follow Up Steps – Notification of Patient

- Abnormal paps received and reviewed by nurse/NP
- Creation of tickler and progress note (referral)
- Assigned to NP for review
- Initiate notification of patient with phone call or 1st class letter within 5-7 days
- If no response within 2 weeks, second notification letter sent certified mail

Follow Up Steps

- NP review pap in Cure
- NP make disposition/next steps recommendation on progress note

Counseling of Patient

- Who was counseled (patient vs. guardian),
- Where/how counseling occurred – telephone, clinic visit
- Description of abnormal finding, treatment
- Recommendations, follow-up appointments
- Consequences of not following the recommendations

2 Step Letter Process

- Needed for all abnormal or repeat paps
  - 12 month FU, post-colpo FU, post-LEEP FU
  - Unsat or QNS
  - ASCUS/HPV neg

2 Step Letter Process

- Missed appointments for diagnostic or treatment procedures
- All abnormal findings requiring a referral to outside provider
- Patients who opt to make own appointment

No Response to Follow Up Attempts

- Document in progress note
  - Inactive status - if unable to contact with 2 letter process
  - Work-up refused – signs declination of services or does not show 2 times for scheduled follow up

No Response to Follow Up Attempts

- Flag chart in banner
  - Patient should be counseled at each visit
  - Counseling should be documented in progress (referral) note and visit note

Receiving and Reviewing Records

- Follow up is not completed until post procedure (ex: Colpo, LEEP) results are received, reviewed, and disposition made.
- The patient is to be notified of results and post-procedure follow up.
- The patient is to be followed until she returns to routine screening.

Consult Needed

- If general management is outside ADPH or ASCCP guidelines.
- If procedure or treatment was not performed as recommended (Colpo, LEEP, etc.)

Consult Needed

- If there is a discrepancy between the Pap and colposcopy results (ex: HSIL pap with colposcopy biopsies indicating negative or CIN I) and no additional follow up or treatment was recommended per provider
- If LEEP results indicate positive margins, management includes endocervical curettage with cytology in 4- 6 months and the referral provider requests cytology only

Collaborative Practice - Code of Ala. 1975, §34-21-81

- A formal relationship between a CRNP and a physician or physicians under which these nurses may engage in advanced practice nursing
- Does not require direct, on-site supervision of a CRNP by the collaborating physician.

Collaborative Practice - Code of Ala. 1975, §34-21-81

- The term does require such medical oversight and direction as required by the rules and regulations of the Board of Nursing and the State Board of Medical Examiners.
- PROTOCOL- An approved document establishing the permissible functions and activities to be performed by a CRNP and signed by collaborating physicians and any nurse practitioners practicing with those physicians.

Collaborative Practice - Code of Ala. 1975, §34-21-81

- MEDICAL OVERSIGHT - Concurrent and on-going collaboration between a physician and a CRNP and documentation of time together in a practice site; may include but is not limited to direct consultation and patient care, discussion of disease processes and medical care, review of patient records, protocols and outcome indicators, and other activities to promote positive patient outcomes.