NCFHP Clinical Update

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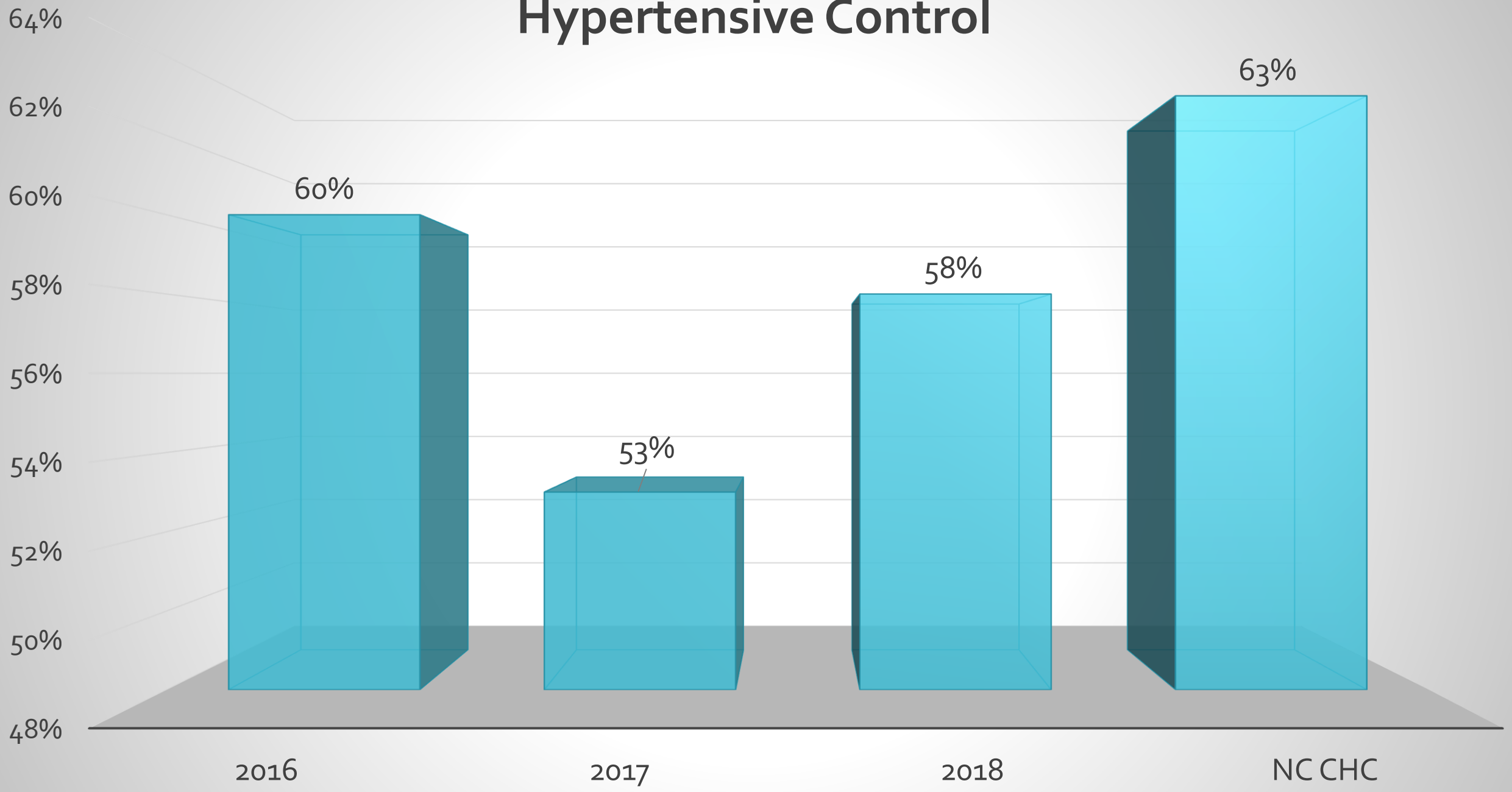
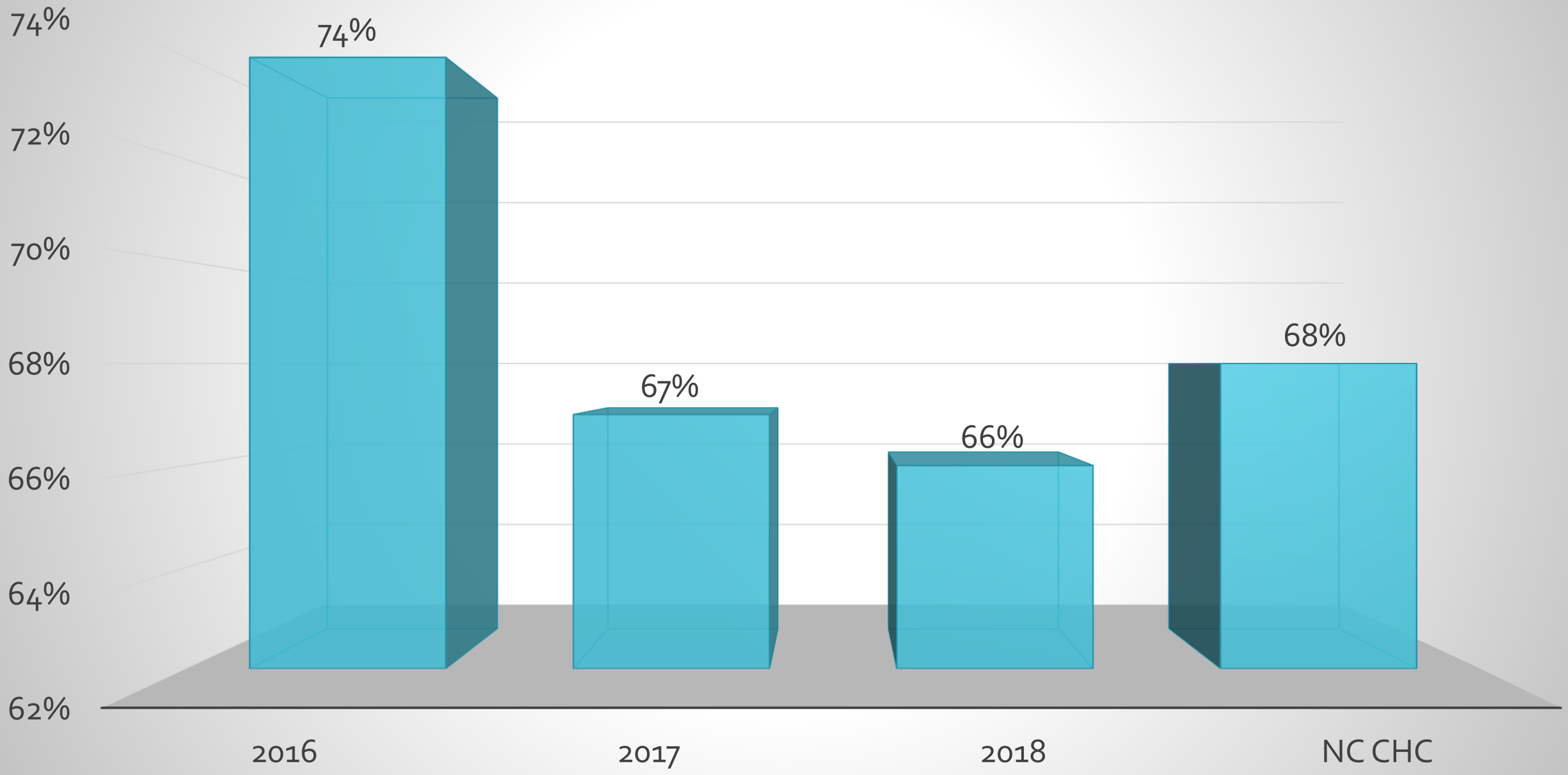
Program wide Medical Audit Results

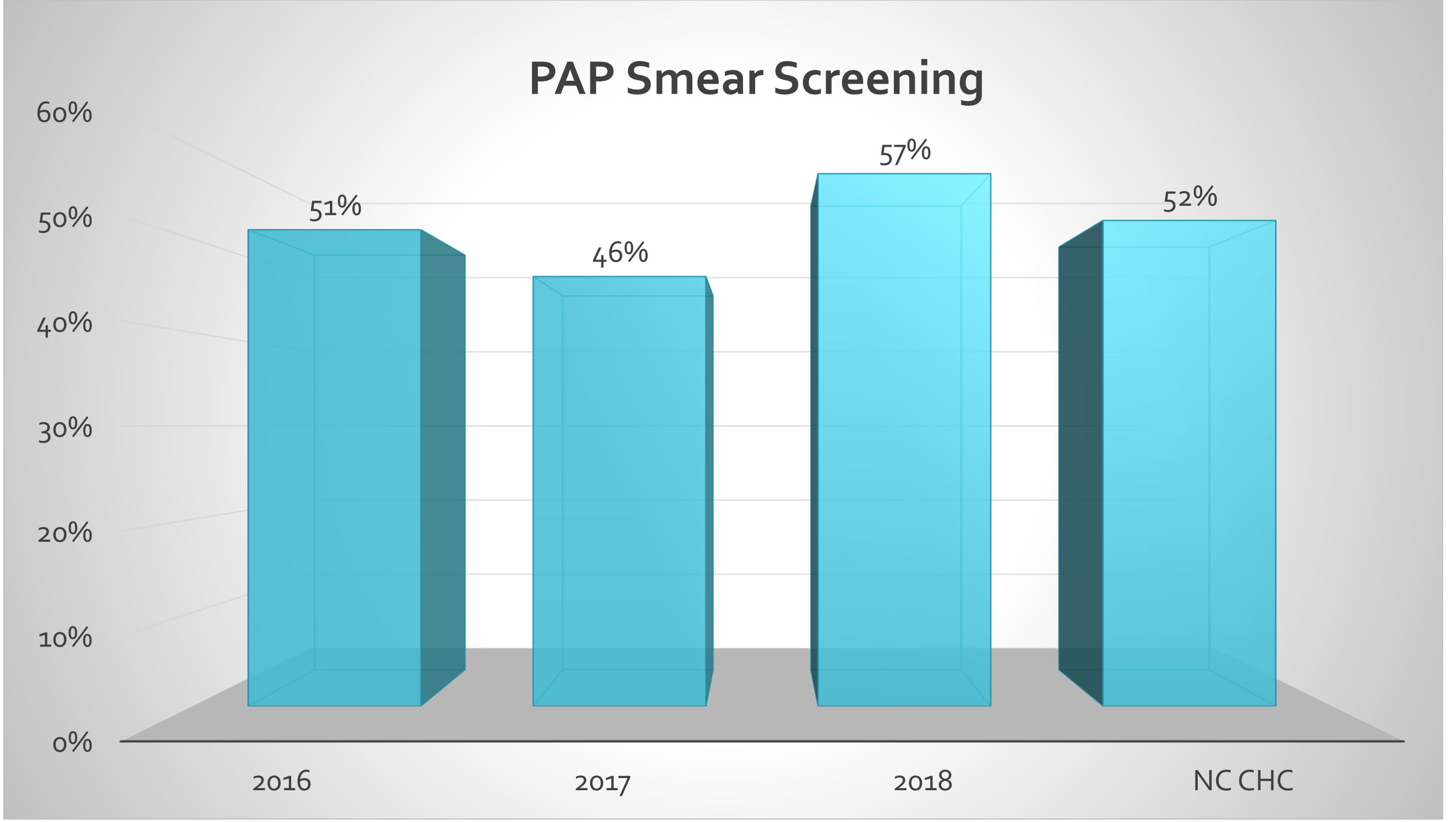
- Diabetic Control, HA1C <9% (205 patients)
- Hypertension Control, SBP<140 and DBP <90 (237 patients)
- Adult BMI Screening and Follow up (follow up plan for BMI >=25)
- PAP Smear Screening (one in past 3 years)
- Tobacco Use Screening and Counseling (use and evidence based cessation counseling)
- Colorectal Cancer Screening (fecal occult blood test, FIT in past year or colonoscopy in past 10 years)
- Depression Screening and Follow up (standardized tool used and plan documented)

Hypertensive Control

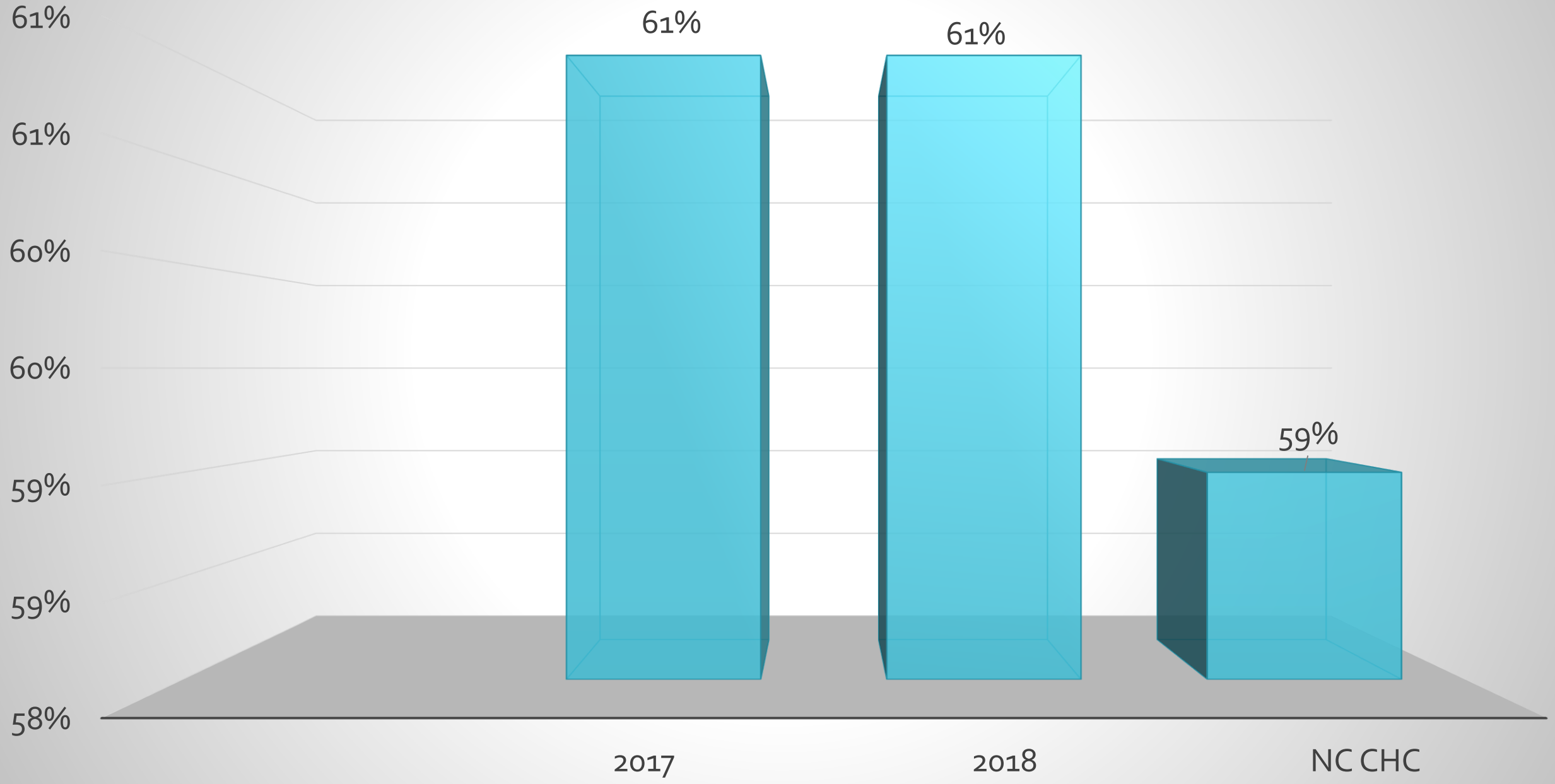


Diabetic Control

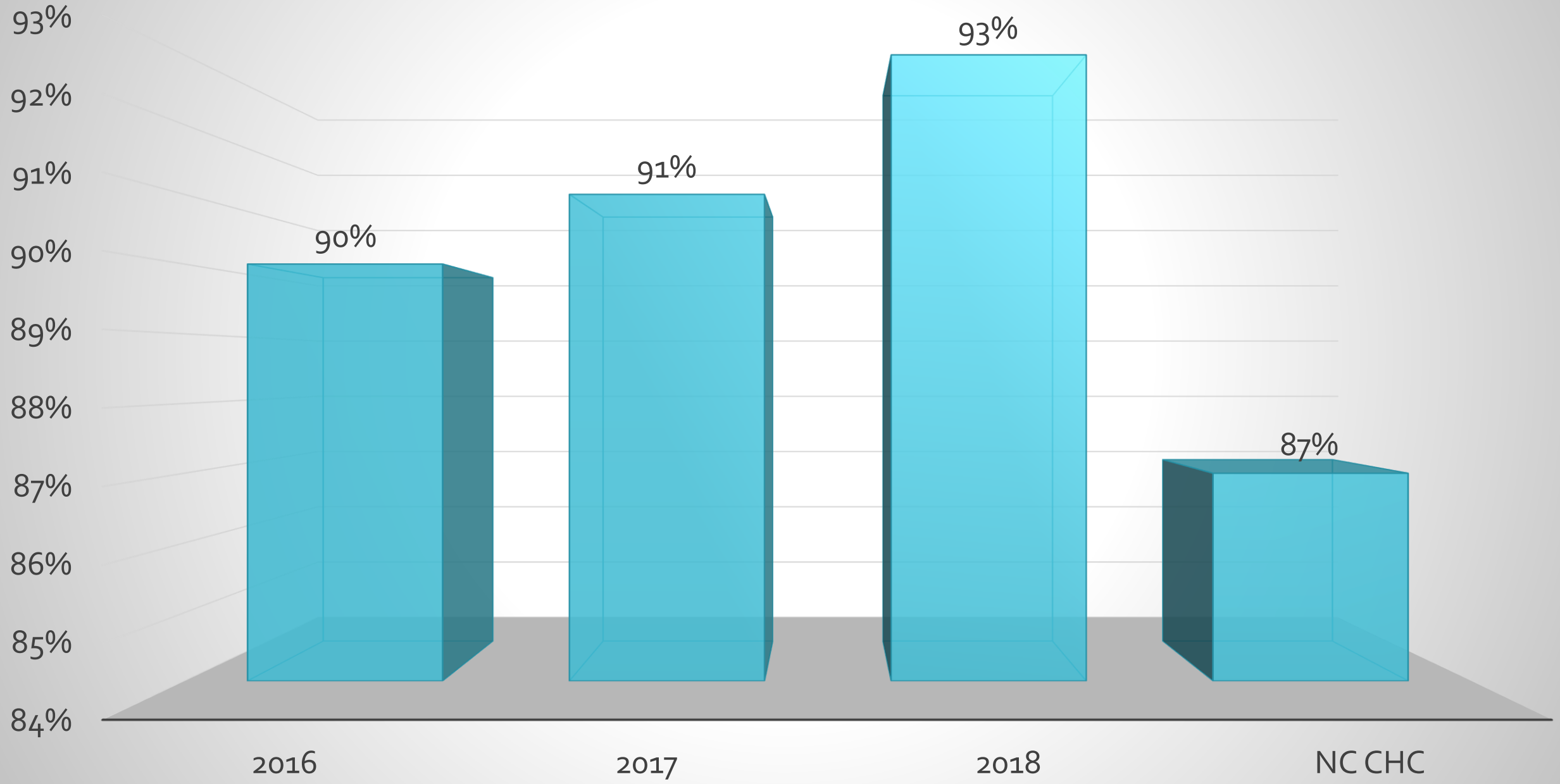



PAP Smear Screening
60%
50%
40%
30%
20%
10%
0%
51%
46%
57%
52%
2016
2017
2018
NC CHC

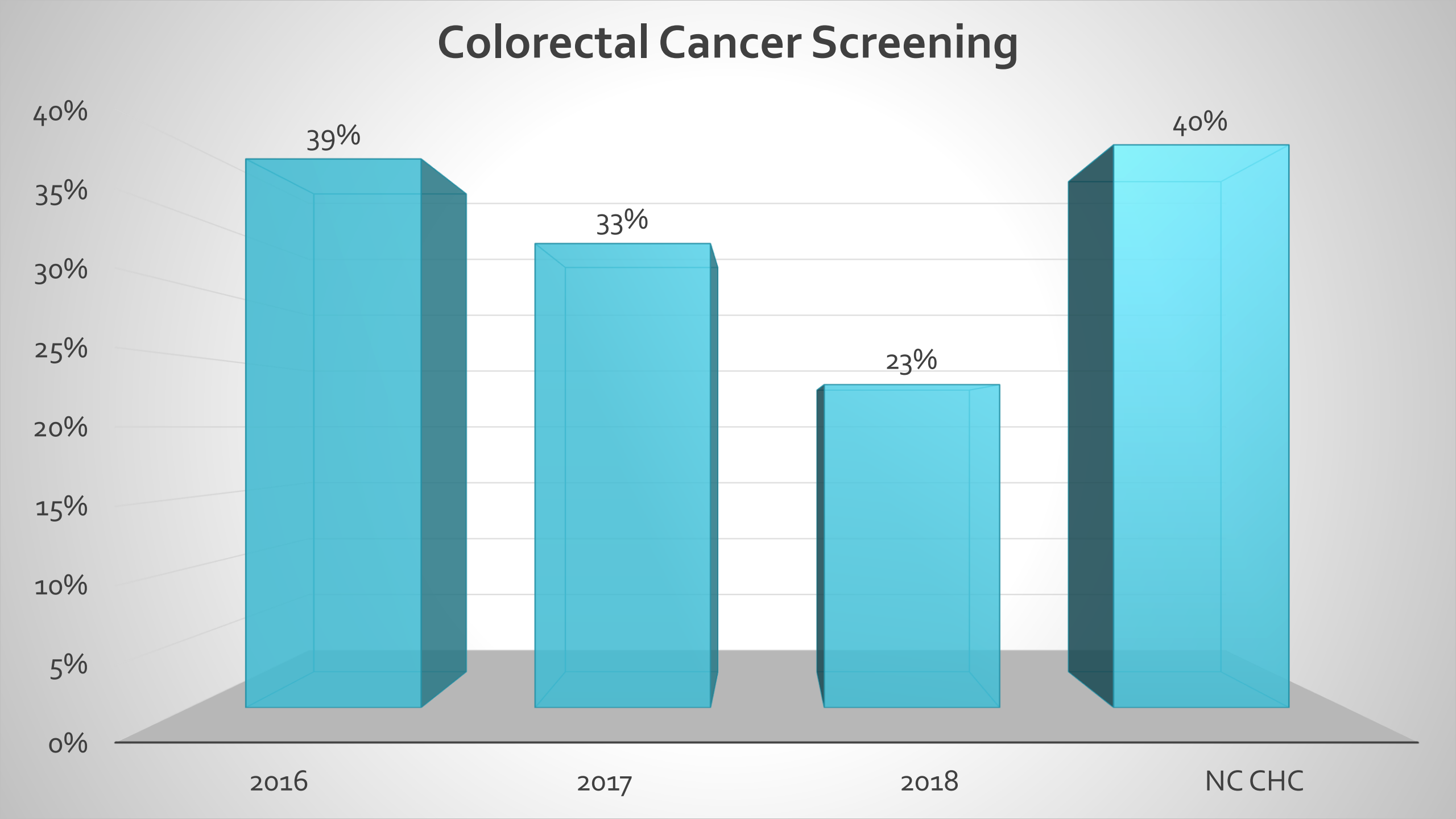
Adult BMI documentation and follow up



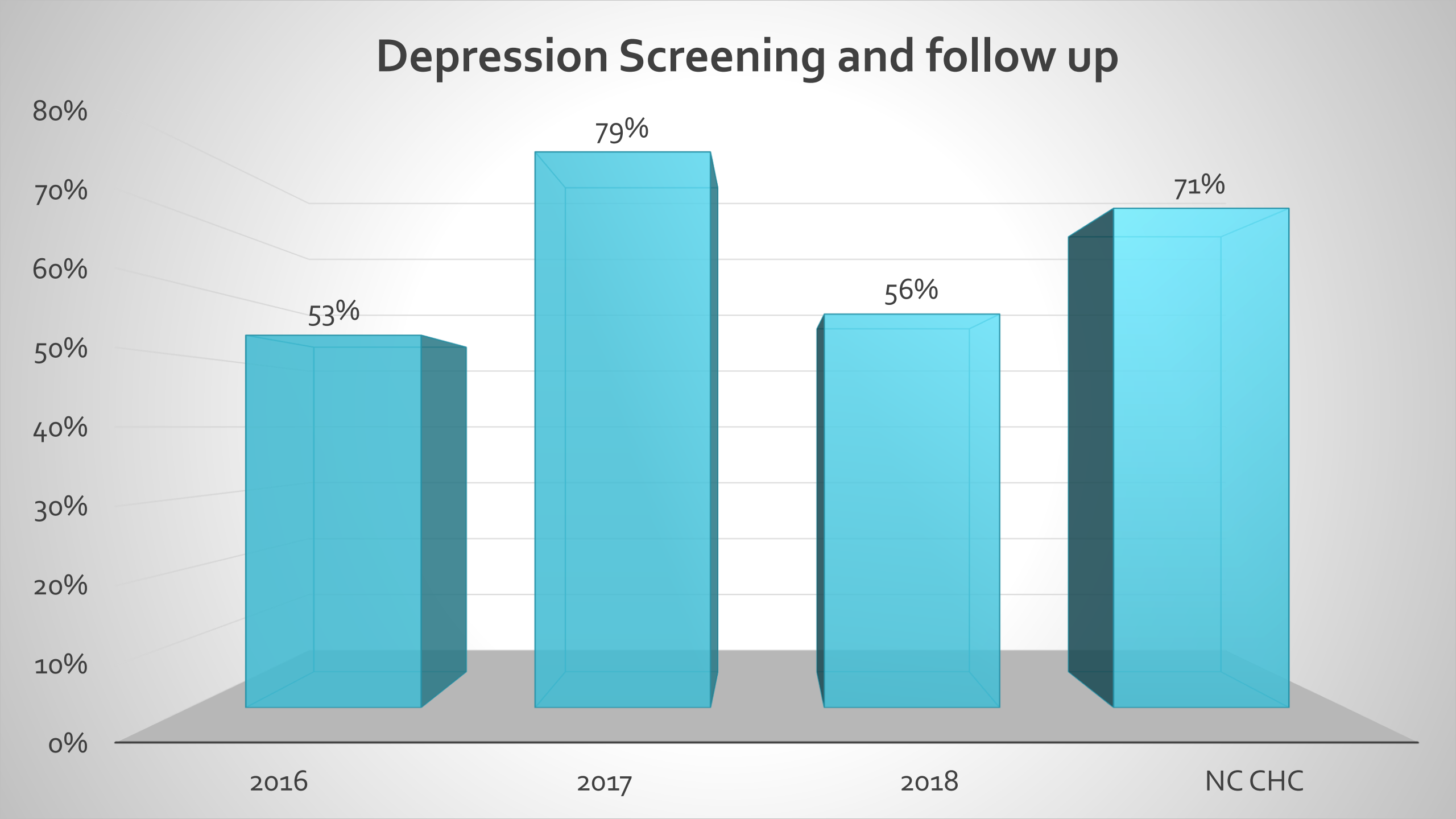
Tobacco Assessment



Colorectal Cancer Screening



Depression Screening and follow up



New HRSA Requirements

- Quarterly Peer Chart Review
- CPR
- Emergency Medical Protocol

Quarterly Peer Review

- Only required for providers who volunteer or are payed hourly by contract
- Not required if reimbursed by NCFHP per encounter
- Applies to
  - Good Samaritan mobile unit providers
  - Surry County Sunday clinic providers
  - NC Farmworkers Project mobile clinic providers
  - Vecinos mobile clinic providers
  - Manos Unidos mobile clinic providers

Quarterly Peer Review

- 5 charts per provider
- Audit only one visit from each chart
- 5 audit questions per visit
- Done in April, September, November and January
- **Help us find who can audit you from your organization**
- Grantwriters need to budget for reimbursement in grant proposal ($200 per provider per year)

Quarterly Peer Review

- Subjective/Objective Assessment is pertinent?
- Diagnosis is Appropriate?
- Treatment Plan meets current evidenced based guidelines and NCFHP policy?
- Follow up care for abnormal findings? (Significantly abnormal results should have documented communication)
- Adequate documentation? (Is follow up plan clear?)

Total possible 5 points per chart, free text boxes for questions or comments

Process

- Early April/September/ November/January outreach coordinators will receive FHASES ID numbers for 5 random patients per provider
- Outreach Coordinator will add patient names, clinic ID numbers and give to providers
- Providers will have 2 weeks to enter audit result into online Qualtrics Survey
- Results will be sent back to providers (using FHASES ID numbers) and shared with the NCFHP board to inform re-privileging decisions

CPR

- Previously optional for credentialing
- **Now required for independent providers**
- Will include in every 2 year re-privileging application
- **Will also be mandated for outreach workers**
- **Schedule your training now**
- Deadline to be trained by April training 2019, bring card with you
- Find a course through American Heart Association or American Red Cross
- Budget for courses in grant (Red Cross $80-100)

Medical Emergency Protocols

- Do you have a written protocol for how your clinic responds to a patient's medical emergency?
- Have you rehearsed this?

Example Medical Emergency Protocol

- Patient identified as being seriously ill (unconscious, unable to stand/sit, pale, sweaty, difficulty breathing)
- Provider or nurse on site notified by person who identified patient
- Provider or nurse asks outreach worker to call 911
- Other staff bring emergency equipment to provider/patient. (Blood pressure cuff, face mask for resuscitation, pulse oximeter, perhaps back board, defibrillator)
- Other staff clear area of onlookers, await EMS to guide to patient
- If patient breathing with pulse, provider or nurse measures blood pressure, pulse, respiratory rate, oxygen saturation, perhaps temperature.
- If patient not breathing but has pulse, provider or nurse begins rescue breathing
- If patient not breathing and no pulse, provider or nurse begins one person CPR. After calling 911, outreach worker joins to do two person CPR until EMS arrives.

Mock Code

- Practice annually, at start of season.
- Provider or nurse can provide a clinical scenario.
- Document the drill, including date, who participated and participants comments as to how it could be improved.