



Appendix 4: Clinical Workflows & Tasks Lists

Section A1: Example Coordinator Manual

Health Center Coordinator 2022-2023 Float Manual

Name of School
Site Address

Phone: 206.XXX.XXXX
Fax: 206.XXX.XXXX
Ring Central: 206.XXX.XXXX
Clinic Hours: 8am-4:30pm

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SBHC Clinic Staff

NAME	Extension	ROLE	MON	TUES	WED	THURS	FRI
Amanda H.	5771	HCC	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p
Maria B.	5772	ARNP		8a-4:30p	8a-4:30p		8a-12p
Laurie G.	3150	MHT	8a-4:30p	8a-4:30p	Admin WFH	8a-4:30p	8a-4:30p
David A.	206.XXX.XXXX	School Nurse	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p

Need Help?

Call Health Center Manager: Name (and Number Here)

School Custodian: Name (and Number Here)

Still need help? Try another SBHC Health Center Coordinator!

Health Center Clinic Coordinators

Name	School	Phone #	Email	School Hours
Jane Doe		206.XXX.XXXX		8:45a-3:35p

Opening the Clinic

- The clinic opens at 8am
- Enter clinic through front office
- Open/unlock clinic door, lab, medical office and exam room, lights are on motion sensor

Log in

- Computer/ server (password is on left monitor)
- Epic: Login to location (**NAME**)
- Printer name: **XXX**

Recording your time

- Clock in/out for the day and for lunch using UltiPro
- Two paid 10-minute breaks per 8hr day
- 30-minute unpaid lunch break
- Remember to clock out/in for lunch
- Let the School Nurse and providers know you are taking a break and to listen for the bell. Place the white sign in front of the front desk (the sign instructs students to ring the bell for service).
- Try to schedule your lunch between appointments, so as not to miss any students needing to check-in.
- The school has three lunches running from 12:04pm-1:39pm.
- Let School Nurse and providers know you are taking a break and to listen for the bell. Place the white sign in front of the front desk (the sign instructs students to ring the bell for service).
- Where to take lunch: Conference room, outside, extra exam room

Check vaccine temps

- Fridge and freezer temperatures must be recorded every day in the morning and the afternoon
- The temp. logs are located on top of the vaccine cabinet

Scheduling medical/dental appointments

- When a student requests an appointment, first look them up in the Protected Student Tracker to see if they are registered. The tracker will tell you if they are fully or partially registered.
- If they are NOT registered:
 - If they are seeking confidential services (sexual health, mental health, drug/alcohol counseling), have them fill out the **confidential** registration packet on their own. We only need the minimum information to create a chart.
 - If they are seeking services that require parental consent (all non-confidential services), give them a registration packet to take home. Let them know you can schedule them once they return the registration packet. You may also email the reg packet via DocuSign: [RESMS 22-23 Registration Packet](#)
- The medical provider may let you know that she would like you to schedule a follow-up appointment for a student via cc'ing you on a chart or verbally. To schedule appointments, refer to the instructions below RE: "Scheduling future appointments." Do not schedule appointments for the mental health therapists. They make their own schedule and will give you the list of student names to put in the computer and write passes for.
- Students may also come in and request an appointment. For medical or mental health appointments, if the student does not want to verbally request an appointment, have them fill out a **yellow** "Request for Medical Appointment" or a **green** "Request to see Mental Health Therapist" form located on the shelf on the right of your monitor and then make an appointment for them (these are now on DocuSign). Look at what the student has written to see whether they need an urgent (i.e., Plan B), same-day, or other appointment. Work with the Medical or MH provider to get these referrals scheduled.
- If a student does not show up/is absent/cancels appt, let the provider know right away and ask them if there were other students, they would like to try to see at that time instead. You can also try to find an alternate student by looking at future days' schedules and moving students around.
- It is best practice to schedule appointments during non-academic classes. If that's not possible, try to avoid science and math classes. The teacher locator, which lists room numbers and subjects, is in the Student Locator binder. In general, the elective classes are highlighted in red. On the slips, kids will indicate which classes they can and cannot miss. Put those details in the appt. notes so it is easier to reschedule and move around later.
- Scheduling future appointments: for the nurse practitioner, please book the next available appointment that is convenient for the student using the appointment lengths listed below. Generally, try to schedule appointments on half-hour increments (i.e., at 1:00 or 1:30) - this works best for the school schedule and for maximizing productivity. The school schedule is on the front desk for your reference.

Appointment Types	Length
Request for ibuprofen for headache or menstrual cramps	30 minutes
Acute visits, such as sore throat, rash, warts, allergies, cold, joint, or back pain, etc.	30 minutes
Injections/vaccines	15 minutes
Med refills	30 minutes
Mental Health visit with therapist	30 minutes
Nexplanon	60 minutes
Physicals/Sports Physicals/Wellness Visits	60 minutes
First time contraceptive visit	45 minutes
IUD insertion	60 minutes
New patient health screening	60 minutes
Medical weekly/bi-weekly check-in	60 minutes

Additional appointment type information

- Scheduling mental health appointments: Do not schedule appointments for the mental health therapists. They make their own schedule and will give you the list of student names to schedule in Epic and write passes for.
 - If there is someone calling/emailing asking for mental health services, gather their info and let them know someone will reach back out to them within three business days. If in crisis, direct them to 911 or crisis connections.
 - If a student is reaching out for services for themselves, gather their info and let them know someone will reach out within three business days.
 - If a parent/guardian is reaching out for services for their student, try and confirm that they have had a conversation with their student and that their student is ACTUALLY INTERESTED in therapy. A LOT of parents sign their kids up without their consent. If they say yes, get the email for the student and send the form to the student directly!
 - If they are looking for outside resources, connect them with the school nurse.

Always work directly with supervisor before sending any mental health registration or consent documents to a student and/or parent.

Checking Patient in for Appointments

- Confirm patient's date of birth + phone number
- Please be sure to check to see if the student has the appropriate consent for their visit
 - Over the age of 18 – can self-consent for all services (including vaccines, sports physicals, reproductive, mental, etc.)
 - Over the age of 13 but under the age of 18 – can consent for mental health and confidential sexual health services ONLY. Will need parental consent for any other visits/procedures.
- Check-in
 - Check patient in when they arrive in the clinic
 - For MH patients, check the notes in Epic to see when they would like their patient checked in, and rescheduled.
 - Give all necessary forms to the medical provider
 - Search for patients in WAIS (Washington State Immunization Information System) and print out their immunization records
 - Health histories for patients who have never seen a medical provider at the clinic are in the alphabetical accordion file in the upper left drawer of the credenza, which is located to your left and behind your desk chair. Returned vaccine permission forms or emailed permission from parents are in a hanging file folder in front of the Health Histories.
 - For Sports Physical Appointments: Sports Physical History Forms and Physical Examination forms for sports physicals are in the wall mounted form holder behind your desk. Have students complete these two forms and the BLIS (Broad Level Integrated Screen) before letting the NP know the patient has arrived. You may call these students a few minutes before their appointment to give them time to fill out the forms.
 - For any sports physicals, well checks, birth control follow-up, or immunization appointments hand out a BLIS (Broad Level Integrated Screen) from the wall mounted holder behind the desk if their Epic chart indicates they have not completed on in the last calendar year.

Emergency Protocol

1. In case of an emergency or drill, follow the procedures listed in the Emergency Manual posted by each phone. The packet at the front desk is on the bulletin board. Other Health Center staff including the school nurse can help direct you.
2. A student does not need to be registered to be seen during an emergency. We can register them after the fact.

3. Medical emergencies – if someone walks in with an apparent medical emergency, get the nurse immediately and/or interrupt the medical provider. Examples: severe allergic reactions, major cuts/lacerations, etc. (we often try to get concussions too once the parent is called).
4. Mental health emergencies – if a student walks in during a mental health crisis (i.e., crying uncontrollably, withdrawn, suicidal thoughts etc.), you can send them to the nurse first and/or interrupt the mental health or medical providers.
 - The nurse can help discern whether it is a mental health emergency or if the student just needs time to sit and recuperate. If there is no one else available, you can ask the student directly. For example, you can ask “do you feel like hurting yourself or someone else,” or “are you thinking about killing yourself?” If the answer is yes, do not let the student leave the THC, then alert the nurse and/or interrupt a provider (mental health or medical) right away.
 - If the student needs a quiet area, send them to the nurse.
 - If the student would like to see a mental health provider but it is not urgent, have them fill out a green Request for Appointment form.

Phones

- Answering: “Organization at School Name.”
 - To transfer a call: While you are on the phone with the caller, press transfer, then enter the extension or phone number of the line you would like to transfer to. You can either wait for the 2nd party to pick up before hitting “transfer” again or hit “transfer” immediately after dialing 2nd party.
 - To transfer directly to voicemail (when the provider is busy): While you are on the phone with the caller, press transfer, then enter the extension or phone number of line you would like to transfer to, then press “more” and quickly press “to voicemail.”
 - Checking voicemail: The phone will flash a red light when you have a voicemail. To check voicemail, press #, then enter voicemail password 8746.

Ring Central

- Username:
- Password:
- Phone number:

Waiting Room Procedures

- Please have every student entering the Health Center stop at the front desk and let you know who they are here to see.
- If they are here for a scheduled appt with a provider, please have them sit in the waiting room until their provider is ready to see them.
- If they are here to see the school nurse, they should check in with you and then go back to the nurse’s office with their pass.
- All students coming to the Health Center should have a pass (except during their lunch, before school, and after school), unless it is an emergency. If it is not an emergency, they need to go back to their classroom and get a pass.
- You should not give out any first aid supplies, except Band-Aids & ice packs, and then only if the school nurse is not here. i.e. Do not give out alcohol wipes or whatever (we have hand sanitizer)
- Band aids are in by the condoms. Ice packs are in the freezer in the school nurse’s office.
- If the school nurse is not here and a student is not well enough to return to class, the student should go to the attendance office to get an early dismissal to go home. Otherwise, they must return to class.
- Feminine products are in the yellow drawer of the rainbow cabinet.

Insurance and Take Charge

- The IVS team verifies insurance – If you have any questions about insurance or need them to verify insurance information that a family gives you, you can contact the school-based Eligibility Specialist or the IVS team.
 - We do not collect any co-pays in the SBHCs (School Based Health Centers)

- If you have insurance information that is not in the chart, include policy name and ID number in the appointment details of the student's next appointment. IVS will automatically verify this information.
- We are not concerned whether a student has verified insurance unless they are receiving a LARC (IDU or Nexplanon) or other form of birth control.
- A student must have active insurance in their chart before having their LARC appointment. If the student is receiving this service confidentially, they will need to sign up for Take Charge.
 1. Take Charge applications are in the wall mount behind the front desk. They must complete all the highlighted sections. We also need a copy of a photo ID (any type of ID works). Social Security numbers must be included in the Take Charge application – if they do not have it ask them to come back as soon as possible with it and save the pending application for the HCC.
 2. The medical provider can help identify students that need Take Charge and help you with the process.
- If you have any forms for the Eligibility Specialist, including Take Charge paperwork and mail, send them via courier.
- If a student applies for Take Charge or has any insurance questions, schedule them with the Eligibility Specialist on her next available day at the THC.

Sending/receiving mail from the courier

- The courier typically comes before noon on Wednesdays. Courier will call or come in the clinic
 1. Please place mail for the courier on the counter behind the front desk
 2. White plastic envelopes – For items to be scanned, should be sent to ADM and “scan”
 3. ROIs (Release of information) should be sent in a separate envelope and not with other items to be scanned. The address should be ADM and “scan/ROI”

Closing the clinic

- Check vaccine temps
 1. Fridge and freezer temperatures must be recorded every day in the morning and the afternoon
 2. The temperature logs are located on top of the vaccine cabinet
 3. On Mondays, data loggers are uploaded to the computer at the front desk (computer password is on the left monitor)
- Lock up all NCH interior offices, rooms, and lab – unless otherwise marked.
- Clock out, log off the computer, shut the clinic door behind you and check to make sure the door is locked.

Where to find

- School Nurse's office is straight down the hallway, the first door on the left.
- The medical office is down the hallway, the third door on the left.
- Mental Health Therapist office is the last door on the left.
- The refrigerator is in the lab, the third door on the right.
- The bathroom is down the hallway, the second door on the right.
- Water is located at the sink in the lab.
- The roster/student locator

Feel free to leave any notes for the Health Center Coordinator to see when they return.

Where to find:

Front Desk

Phone

Computer

Printer

Medical label printer

File Cabinet

New registration (pending Epic input)

Blue Alphabetical Folder - Pending documents, appointment specific documents

Scanning

In Wall pockets near door to RESMS Front Office

Take Charge applications

Sports Physical and RAAPS forms (to be completed by student before sports physical appointment)

Take Charge Applications

Rainbow drawers near door to RESMS Front Office

Student resources

Condoms, fem products

Cabinets/counter behind Front Desk

Countertop – registration packets, Request for Appointment slips, business cards, informational cards, brochures, health history forms, Filed Take Charge applications, vaccine consent forms, Translated registration packets

Printer paper – under table

Tea/coffee/kitchen supplies – in cabinet above microwave

Colored paper – far right cabinet above microwave

Toner – bottom left cabinet

Fax/Scanner/Copy Machine

Master keys – 1st drawer in file cabinet

Office Supplies

Envelopes

Letterhead

Lab

Sink for water and dishes

Temperature log for recording vaccine temps

Emergency first aid bag

Oxygen

Emergency supplies (water, backpack) - located on top of cabinets

AED

Section A2: Front desk workflows

Front desk workflow examples

Front Desk Duties

Beginning of the day

- Make sure Appt Reminders (passes) for the day are completed and arrange for them to be passed out
- Unlock file cabinet and desk drawers
- Participate in Huddle
- Put all the Patient Files in order, double check for all necessary papers and forms

During your shift

- **Screen all students and visitors for respiratory symptoms (follow Walk In Workflow for positive)**
- Make sure that EPIC is always logged in so you can help anyone who walks in
- Check in patients as they come in
- Direct students and handle walk-ins, maintain waitlist, receive documents
- Answer the main clinic phone line, route as appropriate (Not expected when closed for lunch or meeting)
- Inform Coordinator of No-Show/Canceled appts. If Coordinator not available, inform Providers directly
- Reschedule appts if patients are late/no show according to policy below.
- Cover Check Out if Clinic Care Coordinator is not available
- Prepare for next day's appts
 - Create Appt Passes for student in school (SWS: with room numbers of student's first period)
 - Text HS patients. Check Appt Messages if there are any conditions (consent forms, etc), include in text
 - Select "Confirmed" in Appt Desk if pt responds or receives appt reminder in person and confirms

At the end of the day

- SWS: facilitate Attendance reconciliation before 3:30PM.
- Make sure all patient information is secured (see End of Day PHI Checklist).
 - Files for rescheduled appts back in the main file cabinet, everything else in Coord's drawer

No Show/ Late Show Policy: If patient was given appt reminder/texted:

Other daily tasks

Getting Student from Class

- Students will be directly picked up from class only in these cases:
 - Filling a Dental No Show spot
 - Due for school-required vaccines
 - Tier 3 student identified by Provider during huddle

Late Show Patients

- If patient comes 5 minutes late to their appt, they are considered Late Show
- Inform the patient that they are late for their appt
- If Provider's schedule is open for at least 15 minutes after the patient, proceed with regular check-in
- If Provider's schedule is not open, consult with Routing Slip to see if patient can be squeezed in. If patient requires full-length visit, patient will have to be rescheduled for another time
- Patients 5-10 minutes late will be considered on case-by-case basis.

No Show Patients

- If patient is *over* 10 minutes late to their appt, they are considered No Show, **no exceptions**
- If the patient comes in, let them know they are late and we need to reschedule them
- If the patient does not come in, using routing slip:
 - No- cancel appt
 - Next Available- move appt in EPIC to next available appt. Send text message to student to inform them of new time
 - Yes- Send text that they missed their appt, contact clinic to reschedule
- PN Check- task Front Desk Pool with subject "PN Check No Show" w/ appt info
- Provider Check- task Provider with subject "Provider Check No Show" w/ appt info
- See *Rescheduling Workflow* for more detail.

Front Desk

Check In

This is for patients who have an appt. *See below for patients without an appt*

1) *EPIC DAR*

- Verify DOB and full name
- Check for *Appt Message*
- Confirm with patient who they will be seeing and for how long (check for multiple appts)
- Conduct Screening
 - Is the patient feeling well today? (Go through list of symptoms)
 - Everyone in the household is also feeling well?
 - They haven't been around anyone who may have COVID or isn't feeling well?

If they answer "yes" to any of these, have them wear a face mask, and isolate the patient as possible. Inform the provider immediately, provider will assess risk and decide next steps/ whether to proceed.

- 2) Have patient take a seat in the waiting area
 - Manage overflow accordingly
 - Have patient work on any paperwork in the Patient File
 - For multiple appts, make sure to check all files, fill out paperwork accordingly
 - If patient has Q1, give paper form
 - Review confidentiality “all info stays within the clinic unless someone is in danger. We must share this info with proper people”
 - Everyone does it once per year
 - Patient can skip questions they don’t understand or don’t want to answer
 - Reassure patient if they feel nervous, answer any questions
- 3) *Check In* in EPIC
 - Verify patient **cell phone number**
 - Verify **address**
 - Verify **emergency contact**
 - Make sure the correct **guarantor** is attached (P/F, M/H, Confidential)
 - **Print out labels** (Check Out Slip, any new forms, Immunization Consent)
 - Dental Appts: Procedural Pause Form + Label
- 4) Notify provider of patient arrival
 - Drop file in the door audibly once paperwork is completed
 - Provider will come pick up patient when they are ready
 - When patient is done with paperwork/5 minutes after appt start time, double check that provider is aware that patient is ready via SecureChat

Check out

- 1) Provider fills out Check Out Slip with the patient
 - a) Provider review any follow-up that the patient should expect IN THE EXAM ROOM.
- 2) Slip is routed to the Coordinator/Front Desk
 - a) Review again follow-up items with patient (someone will call you, we’re making a referral, etc)
 - b) Schedule follow-up appts
 - c) Write patient an appt reminder for any upcoming visits and a pass back to class

Front Desk Workflow

Non-Urgent Walk In/Call In

1) **Acknowledge: What can I do for you? What do you need?**

See *Guidelines* for any time sensitive concerns

- a. Is the patient feeling well today? (Go through list of respiratory symptoms)
- b. Everyone in the household is also feeling well?
- c. Have they been around anyone who may have COVID or isn’t feeling well?

If they answer “yes” to any of these, have them wear a face mask. Triage to School Nurse, inform her of positive symptom screening. If School nurse is not available, redirect student to the office to go home. Do not proceed to making appt.

- d. If they are feeling unwell with non-respiratory symptoms (aches/pains in specific area, period pains, etc.), direct to School Nurse. If School Nurse is unavailable, use *Time Sensitive Guidelines*

2) **Check: Does your teacher know that you’re here? Do you have a pass?**

Check EPIC: Is there time to schedule the student now?

- a. If teacher is **not aware**, and **there is not time** to schedule the student right now:
 - i. Ask student to wait in class, come back during passing period if they want
 - ii. Let student know we’ll come get them when we have time, it might not be today
 - iii. Follow up with patient as availability allows, task to Pool if nothing available before EOD

- b. If teacher is **not aware**, and **there is time** to schedule student:
Call teacher to confirm that student has permission to be at health center.
If not, arrange escort back to class, (option a)
- c. If **teacher permission given, proceed to Step 3**

3) Is the student registered with the clinic?

Check in EPIC

- a. Media Manager- scanned in “SBHC Consent”
- b. Chart Review- Have they been seen at the clinic before (for anything but a COVID vaccine)?
Previous “Office Visit” or “Outpatient Historical” with Provider
- c. If in EPIC but neither a/b- check Patient Files for registration packet

If student is not registered:

Is student 18 and over?

Is student coming in to request birth control? (Confidential)

Is student coming in for mental health and is 13 or older? (Confidential)

Is student coming in to request STD screening and is 14 or older? (Confidential)

If yes, student may self consent.

- a. Under 18: Minor Self Consent Form
Give student packet to have parents sign and consent for other services later
- b. 18 or Over: give patient packet to complete today, can be done after appt

If no, parental consent is required.

Explain to patient that they can only be seen if their parent/guardian have signed the registration packet.

- Exceptions can be made for urgent cases

4) If student is/can be registered, schedule for next available appt as appropriate

If there is no time that day, tell them when we could see them later and send them back to class

If the schedule needs to be rearranged, contact Coordinator.

Check to see if patient has an upcoming New Patient appt, indicate on Appt Message/Routing Slip.

End of Day PHI Checklist

- Desks
- Wall Files
- Printers
- Scanner
- Provider Door Files
- Locked File Cabinets
- Locked Coordinator Drawer
- Key Box

Section A3: Roles and responsibilities example

SBHC Roles and Responsibilities: Rvd 2023-08-14JS

The best predictor of positive health outcomes through life is education

SBHC's exist within the school as a “guest” of sorts - we are there to serve the health care needs of students with the intent to provide the supports and services to help them succeed academically.

To understand how we are doing we need to have data - both qualitative and quantitative. To have data we have to have and adhere to systems or our data is unreliable

Director

- Ensures programs align with ICHS strategic plans, helps ICHS understand the way the services we are providing impacts the communities we serve - what are the gaps, what is working.
- Responsible for fiscal responsibility of programs, demonstrating impact, creating systems that are sustainable both in terms of expenses vs. revenue and allocation of resources

Manager

- Works with director to understand how specific programs impact the above
- Determines the priorities for programs
- Informs budgeting process to ensure teams are adequately resourced and to demonstrate the impact of those resources
- Sees to staff development and team management
- Coordinates with various community partners and manages contracts with external vendors

Administrator

- works with manager to implement program priorities & development of reliable and sustainable systems which have demonstrated impact, escalates and informs manager
- Point of contact for: QI, Data, training/support, systems/workflow alignment, and cross program systems such as purchasing and vaccine management

Coordinator

- Works with manager and administrator to develop accurate systems that are reliable for data collection, documentation, and meeting the needs of students/community
- Day to day clinic flow - if it relates to how patients flow through the clinic it falls to the CCC
- Responsible for administrative tasks such as safety management, inventory, communicating with school administration on systems level (in partnership with manager)

Providers

- Serves patients in a Tier 1-2 capacity, including coordinating with primary care, specialty care, and patient's families as needed
- Provides their guidance on triage and questions, informs decision making

PN's

- Coordinates and implements events and activities related to outreach, patient recruitment, education in partnership with SBHC team and school staff
- Healthcare access assistance as related to SDOH, systems navigation, and interpretation as needed

Roles and Responsibilities

PNs:

- Bulk of case management (InBasket): insurance enrollment, referrals scheduling, outside resources
- Contacting patients for scheduling
- Front desk duties (as arranged by Coordinator)
- Outreach and engagement for new patients
- Tier 1 health education programming in school
- Interpretation as needed

Clinic Care Coordinator:

- Facilitator for Site Meetings
- Data quality: DAR accuracy, EPIC registration, comprehensive list, paperwork management, patient's vaccination records
- Clinic flow point person: triaging, schedule adjustments, incident management, school referrals point of contact
- Inventory management: delivery and courier coordination, needs identification
- Clinic functionality point person: Training needs identification, IT contact, facilities and equipment concerns/needs (furniture, workstations, etc), safety maintenance
- School administrative contact: routine all school staff meetings, day-to-day contact, attendance, custodial communication, safety administrator
- Back up Vaccine Coordinator: vaccine receiving, Lot Manager, temperature check (back up)
- Case management: big picture view, assistance with specific cases as needed, consultation and coordination between PNs and Providers

Medical Providers:

- Vaccine Coordinator: identifying inventory needs, temperature maintenance and daily check, receiving
- School Nurse Collaboration: case consultation
- Lab maintenance: supply ordering from LabCorp, quality checks
- Medical supply inventory: tracking expiration, informing Admin
- Pharmacy: procedures, inventory, ordering (with Admin)

BH Providers:

- School supports coordination: identifies and engages with systems that supports students wellbeing
- Provides mental health education and outreach to school community as appropriate
- Up-to-date on existing services available outside of SBHC and their scope

Site Team:

- Collaborates on clinic-wide programming
- Asks for support as needed from Manager and Administrator
- New PDSA ideas and updates

Dental Coordinator:

- Dental equipment management and inventory
- Referrals information processing (PNs to schedule with patient)

SS Admin:

- Supervises Clinic Care Coordinators, backup CCC coverage
- Procedures review: Alignment with other ICHS departments: infection control, risk management, compliance, operations
 - Participates in ICHS meeting: PSS, Billing, Leadership, Immunization Workgroup, Infection Control Committee + Champions
 - Medical Workflows: aligning with reporting needs, documentation of procedures
- Quality improvement, project management, Implementation of new programming
- Workflows: organization, compilation, documentation, sounding board for Coordinators, standardization
- Financial tracking: budget tracking, purchasing (medical and office), and petty cash
- Data/reporting: contract fulfillment, routine reporting, ad hoc reporting
- Routine maintenance: equipment calibration, lease management

- Vaccine management: Primary vaccine coordinator, equipment monitoring, reporting, ordering, program application/renewal, incident response, troubleshooting, data analysis

Manager

- Facilitator for Programmatic Meeting
- Supervises School Services Admin
- Programming Administration
 - Budget creation: funding asks, approves all purchasing, grant-writing
 - Contract management: establishing and ongoing communication with partners, execution, report creation
 - Scope establishment and maintenance: Meeting with school leadership, approving new projects and outreach initiatives, quality improvement, accreditation
 - Approves new clinical programming (pop ups)
- ICHS: Tracking agency-level priority shifts and adjustments, coordination with other ICHS Depts (Management team, Medical directors, CMS, Safety, etc),
- Team development: interpersonal conflicts, training/PD needs, provider buy-in

Section A4: Patient file workflow example

Patient File Workflow

Creation

Complete patient files the day before, as early as possible in the day. If you choose to do them more than a day in advance, please have a plan for who/how any later additions to the schedule will be covered.

The most time-efficient method to group files by task, not by patients:

1. Pull up **EPIC DAR** for the next day's appts (sort by Provider)
 - a. "Alt+R" or Registration to review Guarantor and Insurance
 - i. For 18+, P/F guarantor should be themselves, no CONF guarantor needed for Medicaid insurance
 - ii. If they turned 18 since their last visit, include a SBHC Consent in file to be re-signed, update Home Phone number to not be their parents
 - iii. For Conf and and BH, make sure private insurance not attached
 - iv. CONF Guarantor for BH ages 13-17
 - b. Confidential medical event type: CC EVALUATION
 - c. Print labels
2. Complete Routing Slips
 - a. Check Appt Messages for any missing paperwork or scheduling notes, make note on Routing Slip
 - b. Note if patient has any **other appointments** the same day
 - c. File into appropriate plastic file (Med:Red, BH:Blue)

****If out of time, stop here and complete the rest as possible****
3. Check **Patient Files** for any relevant papers (Sort DAR Alphabetically and print as needed)
4. Check for **Minor Consent** in *Media Manager* for confidential visits and self-consenting BH
 - a. Include a blank in the file if needed
5. *Medical Only*- Check **Immunization Status**
 - Check WAIS and print out new summary if different/missing (use recycled paper)

- Cross out and update with date checked if same
If WAIS summary was checked within a week, or not yet due for vaccines, can skip
- Mark if patient does not have any records
- Immunization Consent** if patient is due for imz (18+ N/A);
- If consent is not stapled to WAIS Summary Look: Media Manager, “SBHC Immz Consent”
- Route SBHC Immz Consent form + VISEs ASAP if form is missing, CIRCLE on Routing Slip

Huddle

Review the following for each patient with Files

1. Patient Name, preferred name, Reason for Visit, format of visit
2. Any *Appt Message* or relevant context
3. Necessary paperwork/forms
 - a. Q1
 - b. Minor Consent (done with provider)
 - c. ROI
4. Immunization status
 - a. Records/WAIS summary available
 - b. Due for vaccines currently, COVID vaccine status
 - c. Immz Consent
5. Provider needs to indicate what plan should be for any no-shows
 - a. Only very specific situations should student be pulled from class

End of Day Processing

For clinic care coordinator:

1. For any immunizations, check WAIS to see if information has flowed over.
2. Make sure WAIS information is accurate, ensure the printed WAIS version is up to date.
3. Immunization forms need to be scanned under “Authorizations and Consent.”

Section B1: Task List Example 1

The daily goal is to see 10 plus students in the FH/FP clinic and at least 5 students in the Mental Health clinic.

The school has 3 buildings. The SBHC is in building 2. We do not have scheduled TA's.

Below is an ideal workflow day at the SBHC. This is a summary of a daily workflow excluding other tasks requested by providers, community partners, interruptions, and events throughout the day.

1. Morning Huddle with clinic staff. The school nurse sometimes attends the huddle.
2. Check and respond to KC and SPS emails
3. Manage all faxes
4. Manage the daily use of the THC conference room
5. Pick up and distribute mail
6. Review daily clinic schedule
7. Very minimal triage
8. Write and deliver RTR (appointment slips)
9. Schedule appointments as needed
10. Register students who have returned SBHC registration packets
11. Arrive students in Epic as needed
12. Receives and ship meds, mail, and items from the PH courier M-W-F
13. Send specimens to the lab via PH and/or LabCorp courier as needed
14. Policing the clinic waiting area throughout the day

- 15. Send and follow-up referrals (for the medical providers)
- 16. Managing medical records and student tracking list
- 17. Send batches FERPA forms to PHSKC
- 18. Helping students apply for medical Insurance (FPOS)
- 19. Review and prepare next day schedule, checking patient insurance
- 20. Assist in appointment scheduling for ICHS Dental Van as needed
- 21. Support school nurse as needed
- 22. Support other SBHC sites as needed.

Section B2: Task List Example 2

<u>Daily Checklist</u>	<u>Weekly Checklist</u> <u>Week of:</u>	<u>Monthly Checklist</u> <u>Month of:</u>
<input type="checkbox"/> Patient Files <ul style="list-style-type: none"> ▫ <i>Check for consent forms + guarantors</i> <input type="checkbox"/> Next Day Appt Reminders <input type="checkbox"/> Tasks Out <input type="checkbox"/> DAR Accuracy <i>Change times as needed</i> <input type="checkbox"/> Review Google Calendar <ul style="list-style-type: none"> ▫ School ▫ Providers ▫ Self <input type="checkbox"/> Template Changes <input type="checkbox"/> Vaccine Temps <ul style="list-style-type: none"> <input type="checkbox"/>AM <input type="checkbox"/>PM 	<input type="checkbox"/> Upcoming Front Desk Coverage <input type="checkbox"/> Check Incoming Referrals <ul style="list-style-type: none"> ▫ Copy to Phone Encounter ▫ Task as needed <input type="checkbox"/> Check Docusign <input type="checkbox"/> Check School Email <input type="checkbox"/> Scanning <input type="checkbox"/> Process returned files <input type="checkbox"/> Site Meeting Prep- Agenda	<input type="checkbox"/> Update Student Comprehensive List by the 10th <input type="checkbox"/> Review No Show Rate/Data <input type="checkbox"/> Review Inventory <input type="checkbox"/> Audit: Last Check-In of the month

Section B3: Task List Example 3

Daily Tasks	Mon	Tue	Wed	Thu	Fri
Phone/text Confirmation for next day					
Insurance Verifications (place * next to appt when done)					
Check clinic voicemail (each time new VM comes thru)					
Emails -Teams					
Task Box (3x per day)					
Patient Portal (2x per day)					
Sanitize Clinic - front desk/lobby/door handles/bathroom					

Receive CRX delivery/Inter Office & Send out Inter Office					
Check mail at School Main Office					
Sort Incoming mail, faxes & Interoffice mail					
Reschedule no shows from previous day					
Check SBHC CC Outlook inbox for incoming DocuSign Docs					
Morning Team huddle (See huddle checklist)					
Lab Duties - Controls & Vaccine Temp Checks (AM/PM)					
Will call report - Review w/Med provider during huddle for past due Rx's					
Check in/link visits					
OTTO visit - check ins					
Prep paperwork for next day's visits (print services due & Daily schedule					
Prep pt surveys for next day's visits					
Update New Patient Rooster" template					
Print IIS for Next Day					
Verify Correct Alerts and Student IDs are in chart					
Link PHONE visits					
Send Passes to School Attendance Office (Follow school procedure)					

Weekly	Date Completed
Update PPE Inventory	
Follow up with uninsured patient list on Reports&Recalls spreadsheet	
Download data from Data Loggers	
Notate Mckesson supplies needed, order to be placed once a month	
Notate Office Depot supplies needed, order to be placed once a month	
Notate CRX pharmacy meds/PPE needed, order to be placed by Monday 2pm	
Review Vaccine error report from DOH emailed report (Thursdays)	
Run the unbilled report/follow up on outstanding encounters - keep track in spread sheet	
Scan and save patient surveys for the week (AW will P/U)	
Monthly	Date Completed
All SBHC Meeting	
Missing ID Report	
Review uninsured report - follow up on any pending FPSO apps	

EOM paperwork- LAB					
Submit DOH Temp Logs by the 5th of the month					
Submit VFC Doses Administered report in IIS, Print Reconciliation and do physical vaccine Inventory -update Inventory in IIS & File Maintenance and submit inventory to DOH by the 5th of month					
Autoclave Spore test (by 15th of the month)					
Review reschedules recall list for any patients unable to reach					
Weekly or biweekly team meeting (Insert day of week)					
Send agenda item request for team meeting 1 wk in advance, save agenda and minutes on x drive					
Check on status of pending IT tickets					
Make NG template updates (PRN)					
Clinic Coordinator meeting (3rd Thursday of month)					
Clinic Coordinator/Supervisor meeting (Bi-weekly Thursdays)					
Ensure all Wednesday appts have parent/guardian info in chart (Tuesdays)					
Submit Mckesson/LabCorp order -specify delivery date on order (Thursday/Friday)					
Submit Office Depot order - specify delivery date on order (Thursday/Friday)					
Send pharmacy order form to Clinic and PPE Orders email group and save to x drive (Monday by 2pm) if not working Monday send Thursday but specify in email why you're sending email early.					
HCE Inspection w/Provider & with Pharmacy Supervisor					
NextGen Template- Review Exceptions (done 1st week of month for following month)					
CC & Provider Lab review					
Facilitate monthly meeting w/school					
Create and send agenda for monthly meeting w/school					
Timecard Review - Approve at end of pay period on Friday					

As needed	Date
Follow up on patients who have not showed in past	
FPSO follow up (as needed)	
Panel report	
Depo Report	
School Communication	
Manage IT/facilities barriers	
Place VFC Vaccine order - 16th-30th of the month (PRN)	

Receive IIS delivery (Monthly/PRN)	
Track all outreach events in Reports & Recalls spreadsheet	
Vaccine Return (Monthly-PRN)	
Stericycle Pick up (As Needed)	
Check in Nutrition visits (SB pts seen on Thu am w/Yaowanit)	
IS Meeting status of IT Tickets (follow clinic schedule)	
Order PPE for clinic	
Attend outreach events	
Receive McKesson delivery order	
Receive Office Depot Order	
NextGen Template review/exceptions	
Verify Correct Alerts and Student IDs are in chart	
Send in Data Loggers for Calibration (PRN)	
Remove expired vaccines from "File Maintenance "	
Send DocuSign documents to parents- Appt. Request	
Enroll Patients in FPSO program	
Send CSR task- non-insured patients	
FPSO follow up (as needed)	
Extra Trainings	
Current Project: (specify name)	

Pharmacy - Vaccine Order	

Office Depot Order	

Notes	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Misc To- Do's	Date Completed

Lead/Supervisor 1:1 Questions

Manager 1:1 Questions

Section C: Maintaining confidentiality

Minor consent form example

Seattle World School Teen Health Center

Minor Consent for Confidential Services Only

School-based health centers located in Seattle Public Schools must have a signed consent form from a parent or legal guardian before services are provided to youth, **except** in situations where federal and/or state laws allow youth to access such treatment without parent or guardian consent. Youth may independently access reproductive health care at any age; youth may independently receive drug and alcohol services and mental health counseling from age thirteen. If necessary, the Teen Health Center will inform the youth of referral options for outside care and will assist the youth in discussing these issues with their parent or legal guardian. If the youth is not enrolled in the school-based health center, they can continue to receive services from the school nurse.

All information is kept confidential, except in the following circumstances:

- 1) The client gives permission through a signed release of information.
- 2) If they indicate a risk of imminent harm to self or others.
- 3) They have a life-threatening health problem and are under the age of 18 years.
- 4) There is reason to suspect abuse or neglect
- 5) Certain communicable diseases must be reported to public health authorities.

I understand the youth's consent is legally required for release of information about the following kinds of diagnoses and treatment: pregnancy, sexually transmitted diseases (including HIV/AIDS testing), and alcohol/drug or mental health counseling.

I request and authorize that I will receive only confidential health care services from the staff of the Teen Health Center. Consent for services is authorized for the length of time the youth is enrolled in Seattle World School. I may choose to withdraw the consent at any time by writing to the Teen Health Center.

Print Name: _____

Birthdate: _____

First Name Middle Initial Last Name

Signature: _____

Date: _____

Teen Health Center
Address
206- XXX-XXXX

Section D: Outgoing Referral Workflows

SBHC Outgoing Referral Workflow

For Dental Referrals and HMS BH referrals, see addendum

1. Provider identifies need for referral. During the visit, if patient is adult/mature, provider will review the following in the visit. If guardian needs to be involved, Providers will schedule a time to discuss the following with them:
 - Is the guardian (if relevant) aware of this issue?
 - Does another provider know and/or have they been seen by a provider about this specific issue?
 - Would they like a referral to a specialist? Explain reason for referral
 - If they would like a referral:
 - Brief review of **what to expect**: outside clinic, different billing process, we can help make an appt, we will call their guardian to go over everything (if relevant)
 - Do they have insurance/are they planning on getting **insurance**?
 - Are there any **location** preferences?
 - Is there a **good time/way to contact** them/their family (time of day, language, call/text)?
 - Any other **concerns**? Address as they come up as relevant/possible
 - Inform them SBHC will follow-up to go over next steps to address any barriers (insurance, availability, etc.) in the **next couple of weeks**, patient should **check back in** with the clinic if they have not heard anything
 2. Provider indicates referral will be made for what on Checkout Slip
 - Check Out reviews that the provider has recommended that the patient see an outside specialist
 - Let patient know someone will follow up with them within a week, check back if not contacted
 - Address/note any questions/concerns/requests
 - Remind them that Provider will call home to notify parent (if relevant)
 - Check Out sends InBasket to Pool for Optometry, Swedish Xray by EOD, proceed to Step 4
- For SWS BH referrals (except Childrens), provider will route paper referral to CCC to fax out with relevant instructions. CCC to task the Pool to follow up, proceed to step 4.
3. EPIC Processing (*SKIP for Optometry, Swedish Xray, or BH Specialists except Childrens*)
 - Provider tasks to Admin when chart note is completed and referral entered. Ordering provider will **specify what chart information** should be attached to referral, **location** referral should be sent (if relevant), **any relevant contact info**, and **time frame**
 - Admin processes referral and e-faxing relevant records. Referrals will be processed every **Wednesday**, depending on completion of information.
 - Status of referral will be updated to “Authorization not Required”
 - Admin will task Pool with **Location, contact info, and time frame** once referral has been processed
If location/insurance is pending, Admin will InBasket to Pool to f/u first, will need to wait to send
 4. Patient Navigator/Coordinator will call home/contact patient **within 3 weeks of receiving InBasket**, earlier if indicated.
 - Review the bullet points under Step 1 as needed
 - Offer referring clinic contact information and copy of referral to guardian
 - Task Admin if any updates need to be made to location
 5. Chart responses/attempts under Telephone Encounter including next steps
 - Chart “Final Attempt” and route to provider after 2 phone calls (separate days), 1 text, 2 months
 - Chart if appointment made with specialist, **BOLD appointment information**, route to referring Provider

Create Google Calendar event with MRN to remind patient/guardian the week before with text message

- Notify provider if at any point patient/guardian refuses

Optometry/Orthodontic Health Services: [Access and outreach program - King County](#)

Dental Referral Addendum

Provider identifies need for referral. During the visit, if patient is adult/mature, provider will review the following in the visit. If guardian needs to be involved, Providers will schedule a time to discuss the following with them:

- Is the guardian (if relevant) aware of this issue?
- Does another provider know and/or have they been seen by a provider about this specific issue?
- Would they like a referral to a specialist? **Explain reason for referral**
- Inform them SBHC will follow-up to go over next steps to address any barriers (insurance, availability, etc.) in the **next couple of weeks**, patient should **check back in** with the clinic if they have not heard anything

Provider indicates referral type on Checkout Slip

Check Out reviews that the provider has recommended that the patient see an outside specialist

- Let patient know someone will follow up with them within 3 weeks, check back if not contacted
- Address/note any questions/concerns/requests
- Remind them that clinic will call home to notify parent (if relevant)
- If referral paper has been written, place original referral in Coordinator's file for scanning, place copy of referral in patient's file (save for later)

Provider Inbaskets Dental Coordinator. Ordering provider will **specify what information** should be attached to referral, **location** referral should be sent, and **time frame**

- **Dental Coordinator works with provider to come up with plan if there are multiple options**
- Dental Coordinator will task Pool with **Location options, contact info of specialists, and time frame** once plan has been determined.
- Dental Coordinator will fax/send whatever relevant information is needed to the specialists
- Dental Coordinator will update Google Sheets treatment plan with comment on if mitigating care can be provided on site or if patient needs to be seen by specialist only

Patient Navigator will call home/contact patient **within 3 weeks of receiving InBasket**, earlier if indicated.

- Brief review of **what to expect**: outside clinic, different billing process, we can help make an appt, we will call their guardian to go over everything (if relevant)
- Do they have insurance/are they planning on getting **insurance**?
- Are there any **location** preferences (if there are options)?
- Is there a **good time/way to contact** them/their family (time of day, language, call/text)?
- Any other **concerns**? Address as they come up as relevant/possible
- Offer specialist clinic contact information and copy of referral (patient file) to guardian/patient
- Task Coordinator when appointment has been made for what location to confirm information has been sent

Chart responses/attempts under Telephone Encounter including next steps

- Chart "Final Attempt" and route to provider after 2 phone calls (separate days), 1 text, 2 months
- Chart if appointment made with specialist, **BOLD appointment information**, route to referring Provider
- Create Google Calendar event with MRN to remind patient/guardian the week before with text message
- Notify Provider if at any point patient/guardian refuses

HMS BH Referral Addendum

All outgoing BH referrals need to be initiated by BH Provider

BH Provider identifies need for referral. During the visit, if patient is adult/mature, provider will review:

- Is the guardian aware of this issue (if patient is under 13)?
- Does another provider know and/or have they been seen by a provider about this specific issue?
- Would they like a referral to another provider? Explain reason for referral

If they would like a referral:

- Brief review of **what to expect**: outside clinic, different billing process, we can help make an appt, we will call their guardian to go over everything (if relevant)
- Do they have insurance/are they planning on getting **insurance**?
- Are there any **location** preferences?
- Is there a **good time/way to contact** them/their family (time of day, language, call/text)?
- Any other **concerns**? Address as they come up as relevant/possible
- Inform them SBHC will follow-up to go over next steps to address any barriers (insurance, availability, etc.) in the **next couple of weeks**, patient should **check back in** with the clinic if they have not heard anything

Provider indicates that referral will be made to external provider on Check Out slip

- Check Out reviews that the provider has recommended that the patient see an outside provider
 - Let patient know someone will follow up with them within a couple weeks, check back if not contacted
 - Address/note any questions/concerns/requests
 - Remind them that Provider will call home to notify parent (if patient is under 13)

Provider completes the relevant referral form and routes to Clinic Coordinator for faxing (same day as receipt) and scanning. Original copy is routed to Care Specialist

EPIC Processing

- *For Seattle Children's programs*, Provider tasks to Admin and **specifies what chart information** should be attached to referral, which **location/program** referral should be sent to, and **time frame**.
 - Admin e-faxes relevant records. Referrals will be processed at least every **Wednesday**, depending on completion of information. Admin will reply when referral has been sent.
- *For all other programs*, Provider tasks to BH Care Specialist when referral form (if relevant) has been faxed/sent via EPIC.
 - Task should include **at least one option** for where the referral should be sent, **any relevant contact info**, and **time frame**. If the provider does not know where the patient can be seen, tasking should wait until after an option has been identified
- Care Specialist will call home/contact patient **within 3 weeks of receiving InBasket**, earlier if indicated.
 - Review the bullet points under Step 1 as needed
 - Offer referring clinic contact information and copy of the referral to guardian
- Chart responses/attempts under Telephone Encounter including next steps
 - Chart "Final Attempt" and route to provider after 2 phone calls (separate days), 1 text, 2 months
 - Chart if appointment made with specialist, **BOLD appointment information**, route to referring Provider
 - Create Google Calendar event with MRN to remind patient/guardian the week before with text message
 - Notify Provider if at any point patient/guardian refuses or if patient/family requests a different kind of service