

Ocean Park Health Center
Systems of Care through Registry Use
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Ocean Park Health Center serves a target population of predominately medically underserved (uninsured or underinsured) clients living in the western section of San Francisco. Many of these clients are recent immigrants, monolingual or with limited English skills. The majority of clients have multiple chronic medical diagnoses as well as psychosocial problems. The health center provides primary care services to all age groups, group medical visits, family planning services, healthy living groups, clinical pharmacy services, chronic disease management for adults with diabetes or cardiovascular disease.

Method of Registry Use: A Bi-pronged Approach

We began initially with incorporating the use of the registry in two providers' patient clinic visits and slowly spread over two years to include all providers in using the patient visit summary form (PVS).

1. Individual focus at Point of Care

- Standing Orders in each chart
- Healthworkers (HW) /Medical Assistants (MEA) print out the patient visit summary at the beginning of each clinic for all diabetic patients
- HW/MEA review the PVS for whether patients are overdue on eye screening, foot screening, immunizations, smoking status per protocol

We realized that in order to truly care for all of our patients, we needed to be pro-active. Not only did we need to care for those patients who came in for regular visits but we also needed to reach out to those who were inconsistent in following through on provider recommendations. We also wanted to work with patients on behavioral changes and assist them in self-care. The incorporation of planned visits using the registry seemed like the ideal approach to addressing these concerns.

2. Population focus

- Planned Visits linked to appointments for lab draws
- Use the registry to do scheduled outreaches to high risk patients
- Target patients who are lost to follow-up
- Health coaches trained to assist patients with behavioral changes

Implementation:

1. **Communication:** regular, ongoing communication is key to planning a panel management or registry program. We hold weekly team meetings which include representation from all areas of the clinic.
2. **Motivational Interviewing:** we merged planned visits and panel management with health coaching. Trainings in motivational interviewing were important in providing staff the skills to work with patients on behavioral change.
3. **Registry Use:** All staff were trained in registry use, and data entry duties are rotated among the clerical and HW/MEA staff who are also responsible for pulling reports and posting results in clinic.

4. **Trainings:** Choose health coaches based on their interest and ability to connect with patients, provide them with training and their own templates to schedule patients into. Ongoing trainings, provided internally by staff and externally by outside guest lecturers in these areas:
 - a. Medication Reconciliation
 - b. HCM guidelines
 - c. Foot screening
 - d. Medications
 - e. Basic diabetes and cardiovascular disease
5. **Champions:** Clinician champion to engage other clinicians, involve them as trainers.
6. **Develop and use standing orders** – consider the timing of this roll out in relationship to the skills the staff have acquired or been trained in.

Outcomes:

Tracking outcomes is critical to knowing whether change ideas have achieved the desired result. It is also an important means of reinforcing and energizing the team to continue their work.

1. **Tracking Measures:** Monthly tracking of clinical and process measures from the registry including: Avge A1C, A1C/LDL testing, LDL < 100, foot screening, pneumovax imz, eye screening. Diabetes registry reports are presented quarterly in QI meeting and individual provider stats presented semi-annually and an area of focus is agreed upon after reviewing the data.
2. **Outcomes:** Slow but steady improvement with yearly A1C/LDL testing rates of over 90%, foot screening above 85%, eye screening 55%, LDL<100 70%
3. **Self-Management:** As a result of planned visits and outreach efforts, health coaches have developed ongoing relationships with patients. These relationships build trust and increase the likelihood of patients following through on recommendations without depending on a provider's direct advice – this is a true team approach.
4. **Multiple PDSAs:** Small steps of change and pacing are critical to addressing resistance. Trying to accomplish too much or moving too quickly will generate resistance. Slowly added individual screening items for HW/MEA to track on the patient visit summary – start small: foot screening.

Change comes slowly to all. Quality improvement is about behavior change. What we accomplished has taken 5 years of steady and hard work. A singular focus on a vision to implement the chronic care model has been and continues to be the guiding light in this work.

The healthworkers, medical assistants and nurses at Ocean Park are truly inspiring and I want to acknowledge and thank **Jennifer Lai, Bin Tu-Au, Duc To, Yuliya Kogan, Jen Zheng, ShiLian Yu, Irene Eydelshteyn, Nelly Fong, Ruth Wang, Nancy Lew**, for their commitment and dedication and without whom this work would not have been possible.

Patient Visit Summary (INR)

Patient ID: [REDACTED]
 Name: [REDACTED]
 Address 1: [REDACTED]
 Address 2: [REDACTED]
 City: [REDACTED]
 State: [REDACTED]

Age: 77
 Race: HISPANIC
 Language: English
 Phone: 560-737-3901
 PCP: A. Hernandez, MD
 Insurance: [REDACTED]

DOB: 8/16/33 Sex: F
 Date: 10/3/2008
 Weight (lbs): 135
 Height (inches): 60
 Pulse: 74
 Blood Pressure: 128/78
 BMI: 36.21
 Pain Score: 0

Last Visit	This Visit
10/3/2008	
135	
60	
74	
128/78	
36.21	
0	

PROBLEMS: Diabetes - Unknown; ADD / ADHD; Atrial Fibrillation; Depression (i2i); Diabetes Mel; Dyslipidemia; Cholesterol (i2i); Feet/Legs; Persistent Edema (i2i); Hyperlipidemia; Long Term Anticoagulant; Obesity; Renal: Nephropathy (i2i); Vascular: CHF (i2i); Vascular: HTN (i2i)

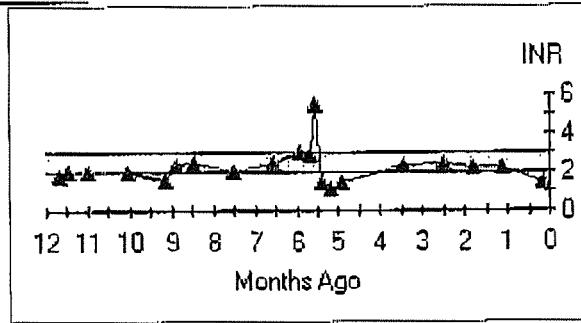
MEDICATIONS: ARB, Unspecified (i2i); Avandia (4 mg once every day); Coumadin (i2i) (4 mg once every 2 days); Furosemide (20 mg once every day); Gemfibrozil *Interfere with INR* (600 mg once every day); Glucophage (i2i); Loratadine (10 mg once every day); Omeprazole *Interfere with INR* (20 mg once every day); Statin/Lipid Lowering; Sulfonylurea, Unspecified (i2i)

Goals	C	N	Allergies	C	N	D	Education	C	N
INR Goal-Life	2.0-3.0	[REDACTED]	Immunizations	C	N		Med. Mgmt	[REDACTED]	
Labs	C	Date	R	Other	C	N	Medications	C	N
INR	[REDACTED]	10/3/08/2008	<input type="checkbox"/>	Problems	C	N	D	Coumadin (i2i)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Procs / Refs C N
 Treatment Plans C N D

INR	
Date	Val
5/1/09	1.5
4/3/09	2.2
3/13/09	2.2
2/20/09	2.4
1/23/09	2.3
12/9/08	1.5

Coumadin (i2i)	
Date	Dosage
5/1/09	4 mg / 2 days
4/3/09	4 mg / 2 days
3/13/09	3 mg / 2 days
2/20/09	4 mg / 2 days
1/23/09	4 mg / day
12/9/08	3 mg / 6 days



Sheila Kerr, Department of Public Health

Scope of Practice Issues

Nursing tasks (RN/MEA/HW)

<i>Clinic based patient care activities</i>	<i>RN/MD legal mandates</i>
Advice calls	
COPC patients	RN
General public	RN
Medication refill	MD/NP
Take off messages from voicemail	<i>clerical</i>
Call for charts	<i>clerical</i>
Review and authorize refill on LCR	NP/MD
Fax to pharmacy	<i>clerical</i>
Drop-in/scheduled patient assessment	RN/MD/NP
Diabetic education	RN
Abnormal lab follow-up	
Pap assessment	RN/MD/NP
Mammo assessment	RN/MD/NP
Paperwork and appts	<i>clerical</i>
Nursing discharge after seen by MD	<i>MEA/HW supr'd by RN</i>
Patient education: inhaler use/diet/ kegels/birthcontrol consents	"
Lab hours	"
Specific tests i.e. HIV	"
Appointment for specialty/mammo	"
Procedures: labs/o2sat/peak flow	"
EKG	"
Immunizations	"
Wound assessment and care	RN
Coordinate transfer to ER	NP/MD/RN
Call ambulance	<i>clerical/MEA/HW</i>
Start IV	RN/MD/NP
Copy charts/transfer form(after MD completes)	<i>clerical/MEA/HW</i>
Send no-show postcard/letter	<i>clerical/MEA/HW</i>
Specialty clinic appointment tracking (required by managed care)	<i>clerical/MEA/HW</i>
Internal med/family practice follow-up	
Patient instructions	<i>MEA/HW supr'd by RN</i>
Appointment making	<i>MEA/HW supr'd by RN</i>
Chronic care self management by standing order	<i>MEA/HW supr'd by RN</i>
Immunizations	<i>MEA/HW supr'd by RN</i>
Charge nurse/supervision	RN
Review all meds/izs given by mea prior to administration	RN/MD/NP

Preparing patient for MD	<i>MEA/HW</i>
Room set up for routine visit / women's clinic visit	"
Check last visit section/ labs/xray done since last visit	"
Vital signs	"
<i>Clinic based patient care activities</i>	<i>RN/M^D legal mandates</i>
Electronic prescription form/fax	MD/NP
Supply and equipment	
Inventory and Ordering	<i>MEA/HW supr'd by RN</i>
Stocking of rooms	"
Maintenance of equipment	"
Phlebotomy	<i>MEA/HW supr'd by RN</i>
Order supplies	"
Stock	"
Draw blood	"
Monitor specimen pick-up	"
Prepare maintain templates for:	<i>clerical</i>
Provider calendar	<i>clerical</i>
MD room assignment	<i>clerical</i>
Proficiency testing	
Performing tests	<i>MEA/HW supr'd by RN</i>
Reviewing and signing reports	RN/MD
Maintenance of all license/CPR information	<i>NM/M^D/clerical</i>
Participate in all managed care reviews	RN/MD
Medical coverage of evening clinics	RN/NP/M^D (clerical support)
Maintenance of pt ed material in clinic	<i>MEA/HW supr'd by RN</i>

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Scope of Practice Issues for Medical Assistants

Define acceptable and appropriate training to practice as a medical assistant.

Prior to performing technical supportive services, a medical assistant shall receive training, as necessary, in the judgment of the supervising physician, podiatrist or instructor to assure the medical assistant's competence in performing that service at the appropriate standard of care.

Such training shall be administered in either of the following settings: 1) Under a licensed physician or podiatrist, or under a registered nurse, licensed vocational nurse, a physician assistant or a qualified medical assistant, or 2) in a secondary, post secondary, or adult education program in a public school authorized by the Department of Education, in a community college program provided for in the Education Code, or a post secondary institution accredited or approved by the Bureau for Private Postsecondary and Vocational Education in the Department of Consumer Affairs.

To administer medications by intramuscular, subcutaneous and intradermal injections, to perform skin tests, or to perform venipuncture or skin puncture for the purposes of withdrawing blood, a medical assistant shall complete the minimum training prescribed in the regulations. Training shall be for the duration required by the medical assistant to demonstrate to the supervising physician, podiatrist, or instructor, as referenced in 16 CCR Section 1366.3 (a)(2), proficiency in the procedures to be performed as authorized by section 2069 or 2070 of the code, where applicable, but shall include no less than:

- 10 clock hours of training in administering injections and performing skin tests, and/or
- 10 clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
- Satisfactory performance by the trainee of at least 10 each of intramuscular, subcutaneous, and intradermal injections and 10 skin tests, and/or at least 10 venipuncture and 10 skin punctures.
- For those only administering medicine by inhalation, 10 clock hours of training in administering medical by inhalation.
- Training in (a) through (d) above, shall include instruction and demonstration in:
 - pertinent anatomy and physiology appropriate to the procedures;
 - choice of equipment;
 - proper technique including sterile technique;
 - hazards and complications;
 - patient care following treatment or tests;
 - emergency procedures; and

- California law and regulations for medical assistants

In every instance, prior to administration of medicine by a medical assistant, a licensed physician or podiatrist, or another appropriate licensed person shall verify the correct medication and dosage. The supervising physician or podiatrist must authorize any technical supportive services performed by the medical assistant and that supervising physician or podiatrist must be physically present in the treatment facility when procedures are performed, except as provided in section 2069(a) of the code.

Are medical assistants required to be licensed or certified by the State of California to perform procedures within their "scope of practice"?

No. Medical assistants are not licensed, certified, or registered by the State of California. However, the medical assistant's employer and/or supervising physician's or podiatrist's malpractice insurance carrier may require that the medical assistant be certified by a national or private association. A medical assistant must be certified by one of the approved certifying organizations in order to train other medical assistants. (Title 16 CCR 1366.3)

How may medical assistants legally "administer medications"?

The phrase intends to mean the direct application of medication in several ways including simple injections, ingestion and inhalation or pre-measured medications. For our purposes, the phrase "administer medications" when used regarding medical assistants, means to inject, handle, or provide medications to a patient after verification by a physician, podiatrist or another appropriate licensed person.

Are medical assistants allowed to administer injections of scheduled drugs?

If after receiving the appropriate training as indicated in Item 1, medical assistants are allowed to administer injections of scheduled drugs only if the dosage is verified and the injection is intramuscular, intradermal or subcutaneous. The supervising physician or podiatrist must be on the premises as required in section 2069 of the Business and Professions Code, except as provided in subdivision (a) of that section. However, this does not include the administration of any anesthetic agent.

Are medical assistants allowed to start or disconnect IV's or administer injections or medication into IV's?

No. Medical assistants may not place the needle or start and disconnect the infusion tube of an IV. These procedures are considered invasive, and therefore, not within the medical assistant's scope of practice. Medical assistants are not allowed to administer medications or injections into the IV line. (Title 16 CCR 1366(b)(1))

Are medical assistants allowed to perform nasal smears?

Yes. Only if the procedure is limited to the opening of the nasal cavity.

Are medical assistants permitted to perform "finger sticks"?

Yes. Medical assistants are trained and allowed to draw blood as long as they have received the proper training. The procedure of finger stick is the pricking of the finger in order to collect a sample of blood. This procedure is within the "scope of practice" of a medical assistant.

Are medical assistants allowed to swab the throat in order to preserve the specimen in a throat culture?

Yes. Medical assistants are allowed to swab throats as long as the medical assistant has received the proper training and a physician or podiatrist is on the premises.

Are medical assistants allowed to take a patient's blood pressure?

Yes. Medical assistants are allowed to take the necessary information to prepare a patient for the physician's or podiatrist's visit. This information may include taking the patient's height, weight, temperature, blood pressure and noting the information on the patient's chart.

Are medical assistants allowed to give narcotic injections?

Yes. At this time there are no restrictions as to what type of medications a medical assistant may inject, EXCEPT anesthetic agents, as long as the medication has been pre-verified and the injection is either intradermal, intramuscular, or subcutaneous. (16 CCR 1366 (b)(1)). Both 1366 and Business and Professions Code section 2069 provide that they shall not be construed as authorizing the administration of any anesthetic agent by a medical assistant."

Are medical assistants allowed to have access to the keys of the narcotic medication cabinet?

This question should be directed to the supervising physician or podiatrist as it is an "in-house" procedure and the decision must be made by the supervising physician or podiatrist.

Are medical assistants allowed to chart pupillary responses?

No. The charting of pupillary responses is considered an assessment, which is a form of interpretation. Medical assistants are not allowed to read, interpret or diagnose symptoms or test results.

Are medical assistants allowed to insert urine catheters?

No. Insertion of a urine catheter is considered an invasive procedure and therefore, not within the medical assistant's scope of practice.

Are medical assistants allowed to perform telephone triage?

No. Medical assistants are not allowed to independently perform telephone triage as they are not legally authorized to interpret data or diagnose symptoms.

Are medical assistants allowed to inject collagen?

No. The injection of collagen does not fall within the medical assistant's scope of practice. 16 CCR section 1366.4 states that medical assistants may inject "medications".

Are medical assistants allowed to use lasers to remove hair, wrinkles, scars, moles or other blemishes?

No. Medical assistants are not legally authorized to use lasers to remove hair, wrinkles, scars, moles, or other blemishes.

Are medical assistants allowed to administer chemotherapy and/or monitor patients?

No. Medical assistants are not legally authorized to administer chemotherapy or make an assessment of the patient as the procedure does not fall within the medical assistant's scope of practice.

Are medical assistants allowed to apply orthopedic splints in emergency situations, such as splints in a physician's office?

No. Medical assistants are legally authorized only to remove casts, splints and other external devices. Placement of these devices does not fall within the medical assistant's scope of practice. Please reference CCR Section 1366(b)(3).

Are medical assistants allowed to interpret the results of skin tests?

No. Medical assistants may measure and describe the test reaction and make a record in the patient's chart. For every questionable test result, the result should be immediately brought to the physician's attention. In addition, all results need to be reported to the appropriate provider. Please reference 16 CCR 1366(b)(2).

Can medical assistants be supervised by a nurse practitioner, nurse midwife, or physician's assistant in the absence of a physician and surgeon?

Per Business and Professions Code section 2069 (a)(1), a supervising physician and surgeon at a "community clinic" licensed under Health and Safety Code section 1204(a) may, at his or her discretion, in consultation with the nurse practitioner, nurse midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. The written instructions may provide that the supervisory function for the medical assistant in performing these tasks or supportive services may be delegated to the nurse practitioner, nurse midwife, or physician assistant and that those tasks may be performed when the supervising physician and surgeon is not on site.

Can medical assistants call in refills to a pharmacy?

Yes. Under the direct supervision of the physician or podiatrist, a medical assistant may call in routine refills that are exact and have no changes in the dosage levels. The refill must be documented in the patient's chart as a standing order, patient specific. Medical assistants may not call in new prescriptions or any prescriptions that have changes. The physician should view carefully his or her decision to allow medical assistants to perform this task, as the authority to prescribe or refill prescriptions is only granted to licensed physicians and surgeons, podiatrists, or those individuals authorized by law to do so.

Can medical assistants perform hearing tests?

Yes. Medical assistants may perform hearing tests under the direct supervision of a licensed physician and surgeon or podiatrist. This procedure is within the scope of practice of a medical assistant. Per Business and Professions Code section 2530.5(a), "Nothing in this chapter shall be construed as restricting hearing testing conducted by licensed physicians and surgeons or by persons conducting hearing tests under the direct supervision of a physician and surgeon."

Are medical assistants allowed to administer flu shots?

Yes. After receiving the appropriate training as indicated in the first question, medical assistants are allowed to administer influenza vaccinations in a clinic or physician's office settings. The dosage must be verified and the supervising practitioner must be on the premises as required in section 2069 of the Business and Professions Code, except as provided in subdivision (a) of that section.

However, if the shot is being provided at a local governmental or private, nonprofit agency the vaccine shall be administered only by a physician, a registered nurse, or a licensed vocational nurse acting within the scope of their professional practice acts. The physician under whose direction the registered nurse or a licensed vocational nurse is acting shall require the nurse to satisfactorily demonstrate familiarity with (1) contraindication for the administration of such immunizing agents, (2) treatment of possible anaphylactic reactions, and (3) the administration of treatment, and reactions to such immunizing agents. (Health & Safety section 104900(e))

City and County of San Francisco



Gavin Newsom
Mayor

Department of Public Health

**San Francisco General Hospital Medical Center
and Trauma Center
Family Health Center
995 Potrero Ave., Bldg, 80-Ward 83
San Francisco, CA 94110**

FAMILY HEALTH CENTER MEDICAL EVALUATION ASSISTANT (MEA)

General Responsibilities: Under the direction of licensed personnel (RN, NP, or MD) Can be designated to perform basic administrative, clerical or technical support in the Family Health Center.

Will provider interpretation as needed for patient care needs
Can administer immunizations, DEPOPREVERA injections
Can provide finger sticks for diabetic, collect urine specimens
Can do intake vital signs (include, TPR, BP and wt., BMI,)
Can do venipuncture for blood draws
Provide non-complex patient education as designated by the Team Leader, Charge Nurse or provider
CHDP forms
WIC forms

Team MEA(s): The same for all teams, but each team has a specific program that requires extra orientation-these tasks are done under the direction of a licensed person or as part of data gathering information for patient care or RN assessment

Intake vital signs (include TPR, BP and weights. BMI)
Venipunctures
Peak Flow measurements for data gathering for known COPD/Asthma patients prior to provider visits, with O2 sats as part of intake information
Nebulizer treatments-as directed by RN or NP or MD
EKG, for base line chest pain complaints for evaluation by NP, or MD
Finger sticks for diabetics as part of the intake, data gather for nurse or provider visits
Urine collections for patients with complaints of urinary frequency, pregnancy testing request for information for providers, or nurse
Immunizations, (i.e. TD, pneumovax, flu, pediatric immunizations)-standing orders
Depo-Provera injections prior to pregnancy testing as denoted on injection schedule
Provide interpretation as needed for patient care needs
Help with stocking exam rooms
Transportation of stable patients/stat specimens if requested
Discharge education as directed by RN
Making of appointments as directed

Urgent Care MEA (FHC)

Intake vital signs (include TPR, BP and weights)

Venipunctures as directed by RN or NP or MD

Peak

Nebulizer treatments-as directed by RN or NP or MD

EKG, for base line chest pain complaints for evaluation by NP, or MD

Finger sticks for diabetics as part of the intake, data gather for nurse or provider visits

Urine collections for patients with complaints of urinary frequency, pregnancy-testing request for information for providers, or nurse visits

Immunizations, (i.e. TD, pneumovax, flu)-standing orders

Help with stocking exam rooms

Transportation of stable patients/stat specimens if requested

Discharge education as directed by RN

Making of appointments as directed

Green Team MEA(s):

Under the direction of the Team Leader, will provide the team MEA responsibilities

Under the direction on the Team Leader will provide interpretation as necessary to provide patient care needs to providers not proficient in the language

Under the direction of the Team Leader, will assist the Newcomer Program as deemed appropriate to maintain patient care needs

Discharge patient needs will be prioritized by the Team Leader to keep patient flow and provider flow constant

All discharge patients will be processed through the MEA, unless the patient needs are very complex, then this goes to the Team Leader for management.

Discuss any concerns regarding patient/provider issues with the Team Leader

Will provide other duties as directed by the Team Leader (this could include some clerical needs as deemed appropriate)

Stocking/discharge room management will under the supervision and designation of the Team Leader

Red Team MEA(s):

Under the direction of the RN Team Leader will provide the provider the team MEA responsibilities, minus the Green Team MEA duties

Under the direction on the Team Leader will provide interpretation as necessary to provide patient care needs to providers not proficient in the language

Under the direction of the RN Team Leader will participate in the specialized programs on the team as directed

Discharge patient needs will be prioritized by the Team Leader to keep patient flow and provider flow constant

All discharge patients will be processed through the MEA, unless the patient needs are very complex, then this goes to the Team Leader for management.

Discuss any concerns regarding patient/provider issues with the Team Leader

Will provide other duties as directed by the Team Leader (this could include some clerical needs as deemed appropriate)
Stocking/discharge room management will under the supervision and designation of the Team Leader
Any issues or concerns need to be addressed to the designated Team Leader or Charge Nurse

Blue Team MEA(s):

Under the direction of the RN Team Leader will provide the provider the team MEA responsibilities, minus the Green Team MEA duties
Under the direction on the Team Leader will provide interpretation as necessary to provide patient care needs to providers not proficient in the language
Under the direction of the RN Team Leader will participate in the specialized programs on the team as directed
Discharge patient needs will be prioritized by the Team Leader to keep patient flow and provider flow constant
All discharge patients will be processed through the MEA, unless the patient needs are very complex, then this goes to the Team Leader for management.
Discuss any concerns regarding patient/provider issues with the Team Leader
Will provide other duties as directed by the Team Leader (this could include some clerical needs as deemed appropriate)
Stocking/discharge room management will under the supervision and designation of the Team Leader
Any issues or concerns need to be addressed to the designated Team Leader or Charge Nurse

Gold Team MEA(s):

Under the direction of the RN Team Leader will provide the provider the team MEA responsibilities, minus the Green Team MEA duties
Under the direction on the Team Leader will provide interpretation as necessary to provide patient care needs to providers not proficient in the language
Under the direction of the RN Team Leader will participate in the specialized programs on the team as directed
Discharge patient needs will be prioritized by the Team Leader to keep patient flow and provider flow constant
All discharge patients will be processed through the MEA, unless the patient needs are very complex, then this goes to the Team Leader for management.
Discuss any concerns regarding patient/provider issues with the Team Leader
Will provide other duties as directed by the Team Leader (this could include some clerical needs as deemed appropriate)
Stocking/discharge room management will under the supervision and designation of the Team Leader
Any issues or concerns need to be addressed to the designated Team Leader or Charge Nurse

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FAMILY HEALTH CENTER HEALTH WORKER

General Responsibilities:

Provide clerical, administrative and tech support services to patients supporting the departmental scope of service
Provides patient assistance as directed by the Nurse Manager, Charge Nurse, or Team Leader
Assists providers as directed by Nurse Manager, Charge Nurse, or Team Leader
Participates in grant funded or new programs introduced into the Family Health Center
Provides interpretation as needed for patient care services.

Health Worker Role:

The Health Worker will be assigned to a continuity team to provide services as directed by the Team Leaders or Charge Nurse this can include, but not limited to:

Clerical needs:

- Helping with making appt. mailings, making packets for patient care needs
- Check in
- Patient appointment call reminders
- Medication refill process faxing to pharmacies

Clinical needs:

- Help with intake, (i.e., TPR and wt (both on adults/children),
- POCT, i.e. RBS, FBS glucometer readings, urine and urine pregnancy testing

Program Needs:

- Participate in the design, implementation, and evaluation of chronic disease management activities;
- Collect and enter data into the chronic disease registry;
- Work with patients and providers to coordinate chronic care
- Help patients with chronic conditions set self management action plans for behavioral change in collaboration with provider
- Call patients between visits to enhance self management support
- Help patients navigate clinical and pharmacy systems
- Run and use reports to do population-based outreach and interventions;
- Attend meetings related to above activities as required;
- Process medical charts, forms and other quality improvement related documents;
- Print daily patient visit summary chronic disease registry tools;

Other tasks: stocking, patient transportation as directed by Team Leader,
Any questions regarding patient care not within the scope of the Health Worker, must be relayed to the Team Leader of that team for management
Information on education regarding non-complex patient care needs, can be given by the Health Worker
Any community outreach programs targeted for QI programs that may be needed for the clinic, will be attended by the Health Worker and possibly the Team Leader if deemed appropriate