

Appendix H. Site Visit/Observation Protocol

Clinic

Date

Time of Arrival

Time of Departure

Observer(s)

Instructions: Take initial notes in this format or free form during the visit to document all aspects of the CRS typical work flow, content, primary care team, barriers and successes. Compile succinct notes in this summary form after clinic visit so that the same format is used for summary notes for each monthly visit.

I. Activities

<INSERT SCHEDULE FOR THE DAY>

II. SUMMARY NOTES ABOUT THE VISIT

1. Overall impressions of the visit
2. Major barriers?
3. Major success factors?
4. Key care team interactions?
5. Other thoughts, insights, observations?
6. Summary of recommendations

III. VISUAL DISPLAYS/TEAM HUDDLE

Huddle:

Team Huddle overview: (Who participated, Dynamics, overview)

CRS- related content: (Did they discuss care coordination, QI - metrics, role or flow)

CRS metrics posted – never posted, but were they described?

Reflective summary (of ALL huddles) (Overall impression, Key barriers / success factors)

IV. Provider shadow – referral to the CRS

Basic visit information: (Provider, visit description)

Visit Length

- Time begin:
- Time end:

Brief patient description

Provider referral to CRS (Language used in referral / key content, Flow, Patient response, EPIC documented?)

Warm handoff (Overall flow and key content, Patient response, EPIC documented?)

Informal Interview before shadow and between visits

Reflective summary (Overall impression, Key barriers / success factors)

V. MCM Interview

Length of observation:

- Time begin:
- Time end:

Interview content:

- How is the CRS role working in the clinic?
- Are you involved in the referring patients to the CRS?
- Are there any things that are making it difficult to implement the CRS role at your clinic?
- Are there any things that are making the CRS role work well at your clinic?
- Has having the CRS changed your work load or impacting your role in any way?
- Is there anything we should know about how the CRS role is working at your clinic?
- Can you think of any particular patients that have benefited from working with the CRS? Share their story with me?
- Reflective summary (Overall impression, Key barriers / success factor

VI. Clinic staff shadowing / informal interview

Length of observation:

- Time begin:

- Time end:

Short description of shadow or informal interview content:

Informal interview ideas:

- How is the CRS role working in the clinic?
- Are you involved in the referring patients to the CRS?
- Are there any things that are making it difficult to implement the CRS role at your clinic?
- Are there any things that are making the CRS role work well at your clinic?
- Has having the CRS changed your work load or impacting your role in any way?
- Is there anything we should know about how the CRS role is working at your clinic?
- Can you think of any particular patients that have benefited from working with the CRS? Share their story with me?

Reflective summary (Overall impression, Key barriers / success factors, recommendations)

VII. CRS SHADOW – IN COMMUNITY / COMMUNITY RESOURCE CALLS IN CLINIC
Basic Visit info (Organization visited, background on the visit if needed)

Visit Length

- Time begin:
- Time end:
- Time traveling to/from the community organization:

Meeting content (Goals/purpose of meeting, CRS description of their role, Community org questions / interaction, Community context issues, Key content):

Reflective summary (Overall impression, Key barriers / success factors):

VIII. CRS shadow 1– in clinic

Length of observation:

- Time begin:
- Time end:

- Proportion of time in patient interaction:

Type of shadow: (patient visit in person, patient visit phone, lobby time, warm handoff, intake, etc.)

Summary: Non-patient interaction time (Activities, Key use of time)

Summary: Patient interaction

- Patient description/volume:
- Flow of interaction (intake, action planning, EPIC use, AVS given):
- Low touch log?
- Neighborhood Health Link?
- Key content:

Reflective summary (Overall impression, Key barriers / success factors)

IX. CRS Informal Interview

Typical day -- What does a typical day look like for you right now?

- Volume: What is patient volume like in a typical day? (Full visit/low touch?)

Referrals - How is the referral process working?

- Are providers referring to you? Is it EPIC referrals or warm handoffs?
- Are there other ways patients are making their way to you?

Patient visits - How are patient visits going? Are there any things that work particularly well? Aren't working?

- Intake: How does the intake flow work in real life? What parts of the first meeting with patients are working well?
- Action planning: Do patients want to create action plans? What kind of goals are being set?
- Community resource referrals: How is the community resource referral process working? Are there any gaps in resources patients need? Have any types of referrals worked particularly well?
 - o Are you using Neighborhood Health Link working for referrals? Why or why not?

- Follow up: Are follow up calls happening? How does the follow up flow and charting work in real life?
- Flow / CRS services: Does the visit flow meet patient needs? Does the clinic flow and data tracking meet CRS needs?
- How is the survey working in patient flow?
- Suggestions for improving patient visits? Or community resource referral process?
- Can you think of any particular patients that have benefited from working with the CRS? Share their story with me?

Patient contact - Low touch referrals: How does the low touch referral flow and log work in real life? Are there patient or specific needs that work best for the low touch?

- Suggestions for improving process?

Documenting – (if it wasn't covered during the visit questions)

- EPIC documentation – how is it working to document in EPIC? How do the smart phrases work?
- Patient action plan / AVS – how does it work to create the action plan with patients? Do you print and have them take it with them?
- Low touch log – how is the low touch log working?
- Community resource meeting log – how is that log working?

Community resource meetings - Are you meeting with community organizations and how is that going?

Care coordination – Are there opportunities to coordinate care with other team members? How does it work?

- Does care coordination ever happen at the huddle?
- Do you feel like your role is seen as part of the primary care team?
- Examples of care coordination?

Training or coaching

- How has training/coaching been going?

- What is working well? What isn't working well?
- Do you see any remaining gaps?

Summary questions

- What is your overall sense of how the role is working?
- Are there any key barriers to the CRS role?
- Are there any aspects that seem particularly successful?
- Are you getting the support you need to be successful?
- Anything else you would like to share with us?

X. Feedback sent to clinic post-visit