

# Medical Home Care Coordination Measurement Tool<sup>©</sup>

Site Code: \_\_\_\_

Form # \_\_\_\_ of \_\_\_\_

Date	Patient Study Code And Age	Patient Level	Focus	Care Coordination Needs	Activity Code(s)	Outcome(s)		Time Spent*							Staff	Clinical Comp.	Initials
						Prevented	Occurred	1	2	3	4	5	6	7			

<p><b><u>Patient Level</u></b></p> <p><u>Level</u>    <u>Description</u></p> <p><b>I</b>    Non-CSHCN, <b>Without</b> Complicating Family or Social Issues</p> <p><b>II</b>    Non-CSHCN, <b>With</b> Complicating Family or Social Issues</p> <p><b>III</b>    CSHCN, <b>Without</b> Complicating Family or Social Issues</p> <p><b>IV</b>    CSHCN, <b>With</b> Complicating Family or Social Issues</p> <p><b><u>Focus of Encounter</u></b> (choose <b>ONE</b>)</p> <ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. Developmental / Behavioral</li> <li>3. Educational / School</li> <li>4. Legal / Judicial</li> <li>5. Growth / Nutrition</li> <li>6. Referral Management</li> <li>7. Clinical / Medical Management</li> <li>8. Social Services (ie. housing, food, clothing, ins., trans.)</li> </ol> <p>Rev-09/10</p>	<p><b><u>Care Coordination Needs</u></b> (choose <b>all that apply</b>)</p> <ol style="list-style-type: none"> <li>1. Make Appointments</li> <li>2. Follow-Up Referrals</li> <li>3. Order Prescriptions, Supplies, Services, etc.</li> <li>4. Reconcile Discrepancies</li> <li>5. Coordination Services (schools, agencies, payers etc.)</li> </ol> <p style="text-align: center;"><b><u>Time Spent</u></b></p> <ol style="list-style-type: none"> <li>1 – less than <b>5</b> minutes</li> <li>2 – <b>5 to 9</b> minutes</li> <li>3 – <b>10 to 19</b> minutes</li> <li>4 – <b>20 to 29</b> minutes</li> <li>5 – <b>30 to 39</b> minutes</li> <li>6 – <b>40 to 49</b> minutes</li> <li>7 – <b>50</b> minutes and greater* (*Please NOTE <b>actual minutes</b> if greater than 50)</li> </ol> <p style="text-align: center;"><b><u>Staff</u></b></p> <p>RN, LPN, MD, NP, PA, MA, SW, Cler</p> <p style="text-align: center;"><b><u>Clinical Competence</u></b></p> <p>C= Clinical Competence required NC= Clinical Competence not Required</p>	<p><b><u>Activity to Fulfill Needs</u></b> (choose <b>all that apply</b>)</p> <ol style="list-style-type: none"> <li><b>1. Telephone discussion with:</b> <table style="width: 100%;"> <tr> <td>a. Patient</td> <td>e. Hospital/Clinic</td> </tr> <tr> <td>b. Parent/family</td> <td>f. Payer</td> </tr> <tr> <td>c. School</td> <td>g. Voc. / training</td> </tr> <tr> <td>d. Agency</td> <td>h. Pharmacy</td> </tr> </table> </li> <li><b>2. Electronic (E-Mail) Contact with:</b> <table style="width: 100%;"> <tr> <td>a. Patient</td> <td>e. Hospital/Clinic</td> </tr> <tr> <td>b. Parent</td> <td>f. Payer</td> </tr> <tr> <td>c. School</td> <td>g. Voc. / training</td> </tr> <tr> <td>d. Agency</td> <td>h. Pharmacy</td> </tr> </table> </li> <li><b>3. Contact with Consultant</b> <table style="width: 100%;"> <tr> <td>a. Telephone</td> <td>c. Letter</td> </tr> <tr> <td>b. Meeting</td> <td>d. E-Mail</td> </tr> </table> </li> <li><b>4. Form Processing:</b> (eg. school, camp, or complex record release)</li> <li><b>5. Confer with Primary Care Physician</b></li> <li><b>6. Written Report to Agency:</b> (eg. SSI)</li> <li><b>7. Written Communication</b> <table style="width: 100%;"> <tr> <td>a. E-Mail</td> </tr> <tr> <td>b. Letter</td> </tr> </table> </li> <li><b>8. Chart Review</b></li> <li><b>9. Patient-focused Research</b></li> <li><b>10. Contact with Home Care Personnel</b> <table style="width: 100%;"> <tr> <td>a. Telephone</td> <td>c. Letter</td> </tr> <tr> <td>b. Meeting</td> <td>d. E-Mail</td> </tr> </table> </li> <li><b>11. Develop / Modify Written Care Plan</b></li> <li><b>12. Meeting/Case Conference</b></li> </ol>	a. Patient	e. Hospital/Clinic	b. Parent/family	f. Payer	c. School	g. Voc. / training	d. Agency	h. Pharmacy	a. Patient	e. Hospital/Clinic	b. Parent	f. Payer	c. School	g. Voc. / training	d. Agency	h. Pharmacy	a. Telephone	c. Letter	b. Meeting	d. E-Mail	a. E-Mail	b. Letter	a. Telephone	c. Letter	b. Meeting	d. E-Mail	<p><b><u>Outcome(s)</u></b></p> <p>As a result of this care coordination activity, the following was <b>PREVENTED</b> (choose <b>ONLY ONE</b>, if applicable):</p> <ol style="list-style-type: none"> <li>1a. ER visit</li> <li>1b. Subspecialist visit</li> <li>1c. Hospitalization</li> <li>1d. Visit to Pediatric Office/Clinic</li> <li>1e. Lab / X-ray</li> <li>1f. Specialized Therapies (PT, OT, etc)</li> </ol> <p>2. As a result of this care coordination activity, the following <b>OCCURRED</b> (choose <b>all that apply</b>):</p> <ol style="list-style-type: none"> <li>2a. Advised family/patient on home management</li> <li>2b. Referral to ER</li> <li>2c. Referral to subspecialist</li> <li>2d. Referral for hospitalization</li> <li>2e. Referral for pediatric sick office visit</li> <li>2f. Referral to lab / X-ray</li> <li>2g. Referral to community agency</li> <li>2h. Referral to Specialized Therapies</li> <li>2i. Ordered prescription, equipment, diapers, taxi, etc.</li> <li>2j. Reconciled discrepancies (including missing data, miscommunications, compliance issues)</li> <li>2k. Reviewed labs, specialist reports, IEP's, etc.</li> <li>2l. Advocacy for family/patient</li> <li>2m. Met family's immediate needs, questions, concerns</li> <li>2n. Unmet needs (<b>PLEASE SPECIFY</b>)</li> <li>2o. Not Applicable / Don't Know</li> <li>2p. Outcome Pending</li> </ol> <p style="text-align: right;">Supported by grant HRSA-02-MCHB-25A-AB</p>
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