

**United Indian Health Services, Inc.  
Standard Operating Procedure (SOP)**

<b>SOP Title:</b> Guidelines Draft		
<b>AAAHHC Standard:</b> NA		
<b>Date Effective:</b>	<b>Supersedes:</b> NA	
<b>Distribution:</b> Ambulatory Services	<b>Owner:</b> Ambulatory Services Director	
<input type="checkbox"/> <b>Governance</b>	<input checked="" type="checkbox"/> <b>Operational</b>	<b>Client Care or Impact:</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Alternate search terms:</b>		

**Purpose:** To outline clear processes for completion of clinical guidelines during client visits.

**Cross References:** UIHS Visit Planning SOP, UIHS Rooming Clients SOP

**Responsibilities:** Medical Assistants and Nurses rooming clients shall complete guidelines as described under procedures, below.

**Procedures:**

**Documenting Guidelines:**

Guidelines ordered, but not completed during a visit require documentation in the patient plan (e.g. mammogram).

1. Click the *A/P Details* Link on Care Guidelines Management Template
2. Assessment Tab – (Select the appropriate assessment codes for guideline)
3. *A/P Details* Tab / *Patient Details*: box – Enter client actions needed to complete the guideline.

**Documenting Guideline Refusals**

1. Click the *A/P Details* Link on Care Guidelines Management Template
2. Assessment Tab – (Select the appropriate assessment codes for guideline)
3. *A/P Details* Tab / *Patient Details*: box – Enter client expressed wishes regarding the due guideline.
4. Cancer Screening guidelines require a signed informed refusal to hold testing (mammogram, pap and FOBT/colonoscopy)
5. Click the *Care Guidelines* Link on Care Guidelines Management Template
6. Enter status of *Hold Testing* for declined guideline.
7. Enter a future date no more than 1 year from the date of refusal as appropriate (i.e. Depression screen should only be held for 3 months as this is the maximum screening interval).
8. Always offer education!

32  
33 **Updating Guidelines from Old Records**

- 34 1. Click the *Care Guidelines* Link on Guidelines Management Template  
35 2. Enter the date of the client's most recent documented test in the Last Completed  
36 section – with location of treatment indicated in Comments section.  
37  
38

39 **Ordering and Completing Screening Guidelines:**

40  
41 **Abdominal Ultrasound:** All male clients between the ages of 65 and 75 years who  
42 have a history of smoking should be screened for abdominal aortic aneurysm one time  
43 only.

- 44 1. Click the *A/P Details* Link on Care Guidelines Management Template  
45 2. Assessment Tab – (Z13.6 Screening for abdominal aortic aneurysm)  
46 3. Diagnostics Tab / *+Ultrasound Body* Link– (G0389 Ultrasound exam AAA screen)  
47

48 **Advance Directives Review:** All clients beginning at age 65 years should have their  
49 advanced directive reviewed once every year. All clients with no advanced directive  
50 should be offered education once every year.

- 51 1. Ask client if they have current advance directives.  
52 a. If Yes, request a copy for their medical record.  
53 b. If No, Provide a copy of *Five Wishes*  
54 2. Click on *Advance Directives* link on Care Guidelines Management Template  
55 a. Change *Date Reviewed:* field to reflect today's date.  
56 b. Complete appropriate information if client does have an advance directive.  
57 c. Add the following note to the *Comments:* field "Five Wishes given on  
58 dd/mm/yy"  
59

60 **Alcohol Screening:** All clients beginning at age 18 years should be screened for  
61 alcohol use once every year.

- 62 1. Click the *CAGE Questionnaire* link on Care Guidelines Management Template  
63 2. Complete and Click *Save & Close* button  
64 3. Provide Appropriate Educational brochure and review talking points.  
65 a. For any score 0 provide educational brochure *Alcohol Misuse CAGE=0*  
66 b. For any score  $\geq 1$  provide educational brochure *Alcohol Misuse*  
67 *CAGE $\geq 1$*   
68 4. For any score of 1 (complete all items in #3) and:  
69 a. Offer Referral to UIHS Behavior Health Department  
70 i. "Would you like to talk to someone about your alcohol use?"  
71 ii. Facilitate client contact with Behavior Health Department  
72 b. Click the *A/P Details* Link on Care Guidelines Management Template  
73 c. Assessment Tab – (Z13.89 Alcohol screening)  
74 d. A/P Details Tab –  
75 i. Highlight assessment  
76 ii. Document the actions taken to connect the client with Behavior  
77 Health Department in *Patient Details* box.

- 78 5. For any score  $\geq 2$  (complete all items in #3) and:  
79 a. Complete one of the following: (preferred order indicated below)  
80 b. Facilitate a warm hand off in person with Behavior Health Department  
81 i. (complete documentation indicated in #4)  
82 c. Facilitate a warm hand off via telephone with Behavior Health Department  
83 i. (complete documentation indicated in #4)  
84 d. Offer Referral to UIHS Behavior Health Department  
85 i. Click the *A/P Details* Link on Care Guidelines Management  
86 Template  
87 ii. Assessment Tab – (Z13.89 Alcohol screening)  
88 iii. Referrals Tab –  
89 1. Specialty: UIHS Behavioral Health  
90 2. Clinical indications: Alcohol misuse.  
91 iv. Click *Add* button  
92 1. Task – *Behavioral Health Referrals* Workgroup  
93

94 **Colonoscopy:** All clients between the ages of 50 and 75 years should be screened for  
95 colon cancer by colonoscopy once every 10 years ~OR~ (See Fecal Occult Blood  
96 testing). A client needs one test or the other, not both.

- 97 1. Click the *A/P Details* Link on Care Guidelines Management Template  
98 2. Assessment Tab – (Z12.11 Screening for colon cancer)  
99 3. Diagnostics Tab / *+GI Studies*– (45380 Colonoscopy and Biopsy)  
100

101 **Dental Exam:** All clients with an active diabetes diagnosis in their NextGen Problem  
102 List should receive a dental exam once every year.

- 103 1. Click the *Care Guidelines* Link on Guidelines Management Template  
104 2. Enter the date of the clients last reported dental cleaning in the Last Completed  
105 section – with location of treatment indicated in Comments section.  
106 a. For any due clients  
107 b. Click the *A/P Details* Link on Care Guidelines Management Template  
108 c. Assessment Tab – (Z13.84 Encounter for screening for dental disorders)  
109 d. *A/P Details* Tab –  
110 i. Highlight assessment  
111 ii. Document that you advise the client to schedule a dental  
112 appointment with their dental provider in *Patient Details* box.  
113

114 **Depression Screening:** All clients beginning at age 13 years should be screened for  
115 depression every 3 months.

- 116 1. Click the *PHQ-2* link on Care Guidelines Management Template  
117 2. Complete screening questions and click *OK* button  
118 a. Positive screening will reflex to *PHQ-9* screening  
119 3. Complete *PHQ-9* screening questions if prompted  
120 e. Click *Calculate* button, then click *Save & Close* button.  
121 5. For a score = 0-4  
122 a. Provide education brochure *Depression Screening PHQ=0-4* and review  
123 talking points with client.

- 124                   b. Any positive response to question 9 indicates a mandatory Suicide Risk  
125                   Assessment \*See #7 below\*
- 126       6. For a score = 5-14
- 127           a. Provide education brochure *Depression Screening PHQ=5+* and review  
128           talking points with client.
- 129           b. Any positive response to question 9 indicates a mandatory Suicide Risk  
130           Assessment \*See #7 below\*
- 131           c. Offer Referral to UIHS Behavior Health Department
- 132                   i. "Would you like to talk to someone about your depression?"
- 133                   ii. Facilitate client contact with Behavior Health Department
- 134           d. Complete one of the following: (preferred order indicated below)
- 135           e. Facilitate a warm hand off in person or by telephone with Behavior Health  
136           Department
- 137                   i. Click the *A/P Details* Link on Care Guidelines Management  
138                   Template
- 139                   ii. Assessment Tab – (Z13.89 Depression screening)
- 140                   iii. A/P Details Tab –
- 141                               1. Highlight assessment
- 142                               2. Document the actions taken to connect the client with  
143                               Behavior Health Department in *Patient Details* box.
- 144           f. Offer Referral to UIHS Behavior Health Department –
- 145                   i. Click the *A/P Details* Link on Care Guidelines Management  
146                   Template
- 147                   ii. Assessment Tab – (Z13.89 Depression screening)
- 148                   iii. Referrals Tab –
- 149                               1. Specialty: UIHS Behavioral Health
- 150                               2. Clinical indications: Positive Depression Screen.
- 151                   iv. Click *Add* button
- 152                               1. Task – *Behavioral Health Referrals* Workgroup
- 153
- 154       7. For any score >14 (\*or positive response to question 9\*)
- 155           a. Mandatory warm hand off to licensed professional for evaluation and  
156           completion of Suicide Risk Assessment if indicated. (in person or phone).
- 157                   i. Click the *A/P Details* Link on Care Guidelines Management  
158                   Template
- 159                   ii. Assessment Tab – (Z13.89 Depression screening)
- 160                   iii. A/P Details Tab –
- 161                               1. Highlight assessment
- 162                               2. Document the warm hand off details in *Patient Details* box.
- 163           b. Completion of Suicide Risk Assessment by licensed professional if  
164           indicated.
- 165                   i. Click the *Suicidal/Homicidal Risk* link on Care Guidelines  
166                   Management Template
- 167                   ii. Complete questions with client
- 168                   iii. Indicate Suicide/Homicide risk:
- 169                   iv. Low Risk – no further action needed.

- v. Medium to High Risk – A Safety Plan needs to be established by Behavioral Health or Medical Provider prior to client departure.
- c. Facilitate follow up with Behavioral Health Department as appropriate.

**DEXA Scan:** All female clients, beginning at age 65 years, should be screened for osteoporosis one time only.

1. Click the *A/P Details* Link on Care Guidelines Management Template
2. Assessment Tab – (Z13.820 Screening for osteoporosis)
3. Diagnostics Tab / *+Other Diagnostic Studies–* (77080 DEXA-1/more Sites; Axial Skele)

**Domestic Violence Screening:** All female clients between the ages of 15 and 40 years should be screened for domestic violence once every year.

1. Click the Domestic Violence *details* link on Care Guidelines Management Template
2. Complete 3 screening questions regarding current/ongoing Domestic Abuse and click *Save & Close* button.
  - a. Add date and screener's initials in comments section.
3. Provide education brochure *DV Resources* and review talking points with client.
4. Offer Referral to UIHS Behavior Health Department
  - a. "Would you like to talk to someone about safe relationships?"
  - b. Facilitate client contact with Behavior Health Department
5. Complete one of the following: (preferred order indicated below)
6. Facilitate a warm hand off in person or by telephone with Behavior Health Department
  - a. Click the *A/P Details* Link on Care Guidelines Management Template
  - b. Assessment Tab – (Z91.89 At risk for intimate partner abuse)
  - c. *A/P Details* Tab –
    - i. Highlight assessment
    - ii. Document the actions taken to connect the client with Behavior Health Department in *Patient Details* box.
7. Offer Referral to UIHS Behavior Health Department –
  - a. Click the *A/P Details* Link on Care Guidelines Management Template
  - b. Assessment Tab – (Z91.89 At risk for intimate partner abuse)
  - c. Referrals Tab –
    - i. Specialty: UIHS Behavioral Health
    - ii. Clinical indications: Positive DV Screen.
  - d. Click *Add* button
    - i. Task – *Behavioral Health Referrals* Workgroup

**Eye Exam:** All clients with an active diabetes diagnosis in their NextGen Problem List should receive an eye exam once every year.

1. Ask client when their last eye exam occurred, including location of that exam.
2. Obtain records from most recent eye exam and review.
3. Only after verifying records, enter the date of the client's last eye exam in the Last Completed section – with location of treatment indicated in Comments section.

4. For any client Due for eye exam.
  - a. Offer Referral to UIHS Vision Department or outside provider of their choice
  - b. Click the *A/P Details* Link on Care Guidelines Management Template
  - c. Assessment Tab – (Z13.5 Screening for eye condition)
  - d. Referrals Tab –
    - i. Specialty: UIHS Vision or Ophthalmology
    - ii. Clinical indications: Diabetic eye exam.
  - e. Click *Add* button
    - i. Task – *Vision: Front Office - PHV* Workgroup (for UIHS vision) or
    - ii. Task – PRC Humboldt/PRC Del Norte (for outside provider)

**Foot Exam:** All clients with an active diabetes diagnosis in their NextGen Problem List should receive a foot exam every 6 months.

1. Client should be asked to remove shoes for provider foot assessment (with monofilament set out)
2. Provider documentation for completion:
  - a. SOAP; Physical Exam; Diabetic Foot Exam:
    - i. Document visual inspection, monofilament and vascular exam.

**Heart Disease Risk Assessment:** All clients, beginning at age 50 years, should be screened for cardiovascular risk once every 5 years. Clients with known diabetes or CAD should not be screened.

1. Click the *Framingham 10 year Risk for CAD* link on Care Guidelines Management Template
  2. Complete and Click *Calculate 10-Year Risk* button, then Click *OK* button.
- Exclude client manually if they have DM or CAD on their active problem list.
1. Click the *Care Guidelines* Link on Guidelines Management Template
  2. Select the status of *Excluded* and enter in the Comments Section

**Mammogram:** All female clients between the ages of 50 and 75 years should be screened for breast cancer by mammogram once every 2 years.

1. Click the *A/P Details* Link on Care Guidelines Management Template
2. Assessment Tab – (Z12.31 Other screening mammogram)
3. Diagnostics Tab / *+Mammography* – (77057 Screening Mammo Bilat)

**PAP:** All female clients between the ages of 21 and 30 years should be screened for cervical cancer risk once every 3 years. ~OR~ (See PAP with HPV)

1. Ask client when their last pelvic exam occurred, including location of exam.
2. Obtain records from most recent PAP smear and review.
3. Only after verifying records, enter the date of the clients last PAP smear in the Last Completed section – with location of treatment indicated in Comments section.
4. For any client Due for PAP smear
  - a. Offer to schedule a provider appointment for PAP smear, or encourage client to schedule appointment if seen by other GYN provider.



- b. Click the *A/P Details* Link on Care Guidelines Management Template
- c. Assessment Tab – (Z12.4 Cervical cancer screening)
- d. A/P Details Tab –
  - i. Highlight assessment
  - ii. Document follow up plan for PAP in *Patient Details* box.

**PAP/HPV Testing:** All female clients between the ages of 30 and 65 years should be screened for cervical cancer risk AND HPV once every 5 years.

1. Same process as PAP guideline above with the following exception
  - a. Those who have a PAP but NO HPV testing must have their guideline manually changed to *Hold Testing* for 3 years from completion date instead of 5 years.

**PPD:** All clients with an active diabetes diagnosis in their NextGen Problem List should receive a PPD Test one time only after diagnosis.

1. Click on *Tuberculin Skin Test* Link on Care Guidelines Management Template.
2. Complete the TST Risk Assessment
3. Obtain order for PPD placement.
4. Complete PPD Order documentation.
  - a. (Z11.1 Encounter for screening for respiratory tuberculosis)
5. Click on *TST Result* link on Tuberculin Skin Test Template to generate document.

**TB risk assessment:** All clients starting at age 18 years should be screened for Tuberculosis exposure once every 2 years.

1. \*Have you been told you were immunosuppressed?
2. \*Have you had close contact to someone with infectious TB disease at any time?
3. \*Were you born in a country other than the United States, Canada, Australia, New Zealand, or Western Europe?
4. Click on *Tuberculin Skin Test* Link on Care Guidelines Management Template
5. Click on *TB Risk Assessment* Link on Tuberculin Skin Test Template.
  - a. For Negative responses to above questions:
    - i. Select Yes radio button for question *Persons with no known risk factors for TB\**, then click *Save & Close* button.
  - b. For Positive responses to above questions:
    - i. Complete the TST Risk Assessment
    - ii. Obtain order for PPD placement.
6. Click on *TST Result* link on Tuberculin Skin Test Template to generate document.

**Tobacco Assessment:** All clients beginning at age 1 week should be screened for tobacco use once every year. All current tobacco users should be provided counseling once every year.

1. \*Has the client ever used tobacco? (beginning at age 13)
2. \*Have you ever had passive smoke exposure? (beginning at age 1 week)
3. Click on *Tobacco Assessment* Link on Care Guidelines Management Template.

4. For negative responses to above question:
  - a. Select *No/never* radio button, then click the *Save & Close* button.
5. For positive responses to above question:
  - a. Complete Tobacco Use History for smoking and smokeless tobacco use, then click *Save & Close* button.
  - b. Click on appropriate education Link on Care Guidelines.
    - i. *Tobacco Exposure 1* for primary exposure
    - ii. *Tobacco Exposure 2* for second hand exposure
  - c. Provide education brochure and review talking points with client.

### **Completing Education Guidelines:**

**Diabetes Education:** All clients with and active diabetes diagnosis in their NextGen Problem List should receive diabetes education once every 10 months.

1. Click the *Diabetes Education* Link on Care Guidelines Management Template.
2. Provide education brochure and review talking points with client.

**Exercise Education:** All clients with an active coronary artery disease or diabetes diagnosis in their NextGen Problem List should receive age appropriate exercise counseling once every 10 months. All clients beginning at age 65 should receive fall prevention focused exercise counseling.

1. Click the *Exercise Education* Link on Care Guidelines Management Template.
2. Provide education brochure and review talking points with client.

**Nutrition Education:** All clients with an active coronary artery disease or diabetes diagnosis in their NextGen Problem List should receive age appropriate nutrition counseling once every 10 months.

1. Click the *Nutrition Education* Link on Care Guidelines Management Template.
2. Provide education brochure and review talking points with client.

### **Ordering Lab Test Guidelines:**

1. Click the *Order Module* Link on Care Guidelines Management Template.
2. Select *Order Summary* tab, then click *New* button.
3. Enter the following lab code with appropriate diagnosis code.
4. Provide education on screening labs ordered.
5. Direct client to lab.

**Diabetes Screening:** All clients starting at the ages of 18 years should be screened for diabetes once every 1 year.

- Hemoglobin A1c (NG001453)
- Z13.1 Encounter for screening for diabetes

**Chlamydia/GC Amplification:** All female clients between the ages of 15 and 25 years should be screened for these sexually transmitted infections once every year.

- Chlamydia/GC Amplification (NG183194)



- Z11.3 Encounter for STI screening

**CMP:** All clients with active diabetes diagnosis in their NextGen Problem List should receive this screening lab once every 10 months.

- CMP (NG322000)
- Use patient specific diagnosis code related to diabetes and or coronary heart disease

**FOBT:** All clients between the ages of 50 and 75 years should be screened for colon cancer by FOBT once every year ~OR~ (See Colonoscopy).

- Occult Blood, Fecal, IA (NG182949)
- Z12.11 Screening for colon cancer

**Hemoglobin A1C:** All clients with an active diabetes diagnosis in their NextGen Problem List should receive this lab test every 3 months to monitor their blood glucose.

- Hemoglobin A1c (NG001453)
- Use patient specific diagnosis code related to diabetes

**Hepatitis C:** All clients between the ages of 50 and 75 years should be screened for Hepatitis C one time only.

- HCV Antibody Rflx Molecular Confirm (NG999212)
- Z11.59 Encounter for screening for other viral diseases

**HIV screening:** All clients between the ages of 15 and 65 should be screened for HIV one time only.

- HIV Ag/Ab 4<sup>th</sup> Gen Cascade Rflx Confirm (NG999228)
- Z11.4 Encounter for screening for HIV

**Lipid Panel:** All clients beginning at age 20 years should receive this lab test once every 5 years. All clients with an active diabetes diagnosis in their NextGen Problem List should receive this lab test once every 10 months to help assess their cardiovascular risk.

- Lipid Panel + Rflx (NG999197)
- PRIMARY: Use patient specific diagnosis code related to diabetes, coronary artery disease, or hypertension
- SECONDARY: Z13.220 Encounter for screening for lipid disorders

**Microalb/Creat Ratio, Randm Ur:** All clients with active diabetes diagnosis in their NextGen Problem List should be screened for early kidney damage once every 10 months.

- Microalb/Creat Ratio, Randm Ur (NG140285)
- Use patient specific diagnosis code related to diabetes

#### **Ordering and Completing Immunization Guidelines:**

Only non-routine vaccines for chronic disease will show due on care guidelines. The immunization module must be reviewed to identify and complete of all routine adult vaccines. (z23 Encounter for Immunization)

1. Click the *Order Module* Link on Care Guidelines Management Template.
2. Select *Order Immunizations* tab, then click *New Order* button.
3. Offer Due Vaccines to clients

**Hep B Series:** All clients beginning at age 18 years with an active diabetes diagnosis in their NextGen Problem List should complete the hepatitis B immunization series one time only.

- Hep B, adult, 3 dose (90746) – Clients beginning at age 19

Guideline prompts staff to begin the Hep B series for diabetic clients. Subsequent doses will show due in *Orders* module.

**Pneumococcal Vaccine (PPV-23):** All clients beginning at age 2 years with an active diabetes diagnosis in their NextGen Problem List should receive PPSV23 vaccine one time only prior to the age of 65 years.

- Pneumococcal polysaccharide PPV23 (90732)

**Enforcement:** All persons whose responsibilities are affected by this SOP are expected to be familiar with the basic procedures and responsibilities created by this SOP. Failure to comply with this SOP will be subject to appropriate disciplinary action.

#### **Definitions/Acronyms:**

#### **References:**

#### **Attachments:**

Informed Refusals of Care (PAP, Mammo, Colorectal CA)  
Quick Guide Card