

❖ LM1 Manuals, Supportive Documents, HR issues

➤ [Landmark Home](#)

➤ [Landmark First](#)

➤ Training Manuals

- Landmark First [Clinical Reference Manual](#), Admin Manual.
- [UE clinical Guidelines](#)
- [Market Coverage Excel](#): Where and What APCs are available for coverage, stays up to date by wFM, good for showing markets what LM1 call coverage they have every hour of the day.
- [Pharmacy](#): Education, Guides, Training
- [Clinical Quality and Provider Education](#):
- Guidelines by Disease
 - Clinical Skills: [Learning & Development](#)
 - [Dynamed](#) is available for all clinical roles- replaces the Chronic Disease and Symptom Guidelines chapters
 - Optum's Central [Clinical Resource Library](#) access will be made accessible by all Landmark providers- provides risk adjusted documentation resources
 - Acuity and Intensity, Visit Best Practices, PCP Talking Points, and Collaboration Meetings will be relocated to the [Provider Operations Manual](#)- continue ongoing standardization of Landmark processes
 - Assessment Tools and Forms- discussing the transition with CTAG/IT to find the best home
- [Palliative Pathway](#): Reference Guides and tools
- [Pharmacy Education](#): Reference guides

➤ Landmark Functions:

- [Landmark Way](#): Repository of "Train the Trainer" sessions, mostly market specific topics, but a few do have bearing on LM1 operations.
- TTT series will be assigned to all AMDs, good for at least one AMD to attend each different session.

➤ Regional and Market Leadership Resources

- [Physician Leadership](#)
- Repeat links to above sources and more
- [New Hire Guidebook](#): More Market specific

➤ **On call schedule for LM1 physicians (on hold, reenactment date TBD)**

- *Serve as Clinical support to the Landmark First team. Functions include troubleshooting difficulties or collaborating with market providers.*
- *On call LM1 physicians may be asked to perform ride-a-longs for the after-hours APCs based on physician availability/preference, clinical collaboration with LM1 APC in states where the AMD is licensed, or the on-call provider may receive roll over calls in states where licensed when that support is needed following the standard call flow processes (Market on-call provider #1 ->Market AMD -> back-up provider #1 -> back-up provider #2 -> LM1 AMD).*
- Schedule is coordinated by the AMDs by the last day of the preceding month for leads to access.
- “Doc of the day”: Sept 2023, in lieu of a LM1 on call physicians schedule, we have a monthly schedule where each AMD will be assigned as the "Doc of the Day" (DOTD). This is located in the LM1 Doctors Teams Channel under the Files tab, titled AMD Calendar 2024. [AMD Calendar 2024 - Copy.xlsx](#) DOTD **coverage will be Monday-Friday 9am-8pm EST** and should be divided as evenly as possible between the team. Currently the evening schedule AMD covers from 5p-8pEST M-F and the rest of the AMDs cover from 9a-5pEST M-F. this will be created by the AMDs for AMD coverage of clinical and LM1 APC specific needs (RALs) during the hours of 8am-5pm EST Monday through Friday. One AMD has working hours from 12-8pm EST and can cover most weekdays from 5-8pm EST on a regular basis.
 - The responsibility of the DOTD is to answer clinical consults from APC's, perform ride-a-longs (RALs) and address other LM1 APC specific needs.
***Please keep in mind what states you are licensed in. If you are not licensed in a particular state where the patient is located, you can only give generic advice or direct the APC to an AMD with licensure in that state or direct the APC to the market physician for guidance.
 - The “Doc of the day” will be excused from as many meetings as possible, but another AMD or DMD may fill in as the Doc of the day for any meetings that are required.

- This is meant to be a first step towards finding a suitable solution for LM1 physician call coverage that focuses on meeting the clinical needs of LM1 clinicians, providing support to off load the market providers, while recognizing the licensing limitations of the LM1 physicians in their ability to cover the entirety of the Landmark patient population.

➤ HR issues

- Corrective Action Process: OPS policy can be found through [Helloignite](#).
 - Interactions with HR first (Merly Garcia, OPS resource, [HRdirect](#)), as well as other LM1 physicians for guidance and the LM1 Clinical reference manual that does contain the LM1 policies available to every employee with LM1.
 - More information can be found under the Oversight Divide.
- [Manager's checklist for Terminations](#)
- [HR Direct](#): to place ticket for guidance on various issues such as Salary adjustments, LOA, offer letters and bonus payouts.
 - LM1 physicians can place a ticket for a concern about an APC, or on behalf of an APC as being an advocate for some APC issues surrounding pay adjustments, bonuses, interpersonal relations with others in the company, etc.
- [Leaders Guide to Supporting Leave](#)
- Performance review – references on CLL page and [Plan and Reward](#) page on Sparq manager center
- [Comp Planner](#) – tool for assisting in planning compensation; guidance based on 1-5 performance rating on common review and market based comparison.

➤ Additional Landmark Offerings

- [Transitions of Care](#)

➤ Who to contact for.....

- Nearly all questions an AMD could and will have can be answered quickly by another AMD. Posting to the LM1 Doc Teams chat will get you a quick answer most of the time. Tag @LM1 Doc Channel or LM1 Doctors chat.
- LM1 Leadership Chat: Ongoing chat amongst APC leads, trainers, Ops leadership, LM1 physicians.

- LM1 Docx/Leads chat: like above but without the Operations leadership or trainers
- Market specific questions can go to the MMD for that market. Whatever LM1 Region an AMD is the liaison for, they will get to know the leadership including the MMDs of those markets well.
- Clinical questions: Usually other LM1 physicians.
- Operational Questions: Adrienne Moltz, Michelle Chism, Anessa Issa-Bazouzi, Karla Durham.
- QA or information gathering: Paul Nichols, Lavar “Troy” Sanders, Taylor Spencer
- Assisting the team in Emergencies
 - [NENA](#): Enhanced PSAP Registry, log in and access obtained during onboarding with PCCs/APPs, way to look up emergency numbers from across the country when assisting a patient or family in calling for EMS assistance.
 - Buzzwords: List of Urgent complaints made to a PCC when taking a call, call flow dictates that these kinds of complaints should proceed to warm transfer to an available APC first, or Physician on call according to call algorithm.

Urgent Buzzwords Call Flow

This is a list of **Urgent Situations / Symptoms** that require immediate clinical attention:

Blood Pressure and Heart Rate Issues

- Heart rate pulse Low = 50 or less
- Heart rate pulse high = 110 or more
- Oxygen/pulse ox Low = 90 or less
- Blood Pressure Low = 90/60 or less
- Blood Pressure High = 180/120 or more
- Blood Sugar High = 300 or more
- Blood Sugar Low = 70 or less

Cardiac / Respiratory Issues

- Chest pain
- Wheezing
- Problem breathing
- Defibrillator or pacer issues / malfunctions
- Left Ventricular Assist Device (LVAD) issues

Stroke & Stroke Symptoms

- Stroke
- Trouble Walking (Loss of Balance or Fall)
- Sudden Loss of Speech
- Sudden Slurred Speech
- Sudden Difficulty Understanding Speech
- Sudden Paralysis or Numbness of Face
- Sudden Numbness of Arm or Leg
- Loss of Sensation
- Sudden Severe Headache (no known cause)

Loss of consciousness

- Faint or light-headed
- Patient is going to 'pass out'
- Patient is unconscious
- Patient has fainted
- Patient expects to faint
- Patient expects to 'pass out'
- Patient expects to 'black out'
- Unresponsive / Lethargic

Chemicals

- Overdose
- Intake of harmful chemicals
- Intoxicated

Serious Physical/Mental Injury

- Fall and hit head
- Fall and can't get up
- Confused
- Throat Swelling / Closing
- Suicide
- 2nd or more time calling
- Continuous / Steady Bleeding

Please ask the patient if they are still bleeding during the call.

A temporary bleed (such as a brief nosebleed) is not considered an urgent situation.



- Provider Liaison: **Nicole Lamoureux**
- Pharmacy: Janelle Hazen, Sr. Director Pharmacy
- Social Work: Nanette McLain, VP, BH and Social Work
- Behavior Health: Christopher Dennis, Chief BH Officer, and Tanni Bromley, Sr. Director Behavior Health
- Outreach: Camille Bird, National VP, Engagement, and Tami Youakim, Director, Outreach Quality and Training

➤ Market information

- Each market Teams page will have market specific information in a document called a Resource Inventory and a Cheat Sheet. Maintained in the Files section of each associated MS Teams Urgent Visit channel.

- [Market resources page](#)
- Can pull up market website by going to Landmark HOME > Divisions > selecting a division, and then market from the divisional page (caution – may not be recently updated)