Urgent Calls + UEUV Workflows

Quick Links:

- Escalated Call Tree
- APC Responsibilities for Overseeing a UE
- Urgentivist Extender Urgent Visits (UEUV)
- Verbal Orders During a UEUV
- Medication Administration Cross Check
- Virtual Chaperone
- Palliative Pathway
- Tele-UV Call Flow
- Urgent Face-to-Face Request Call Flow
- Episodes of Care (EOC)
- Alert Care Patients
- United Health House Calls Patients
- KRS & Somatus Patients
- Historical Prospero Patients
- Medication Refill Criteria
- Patient Refuses ED Referral Workflow
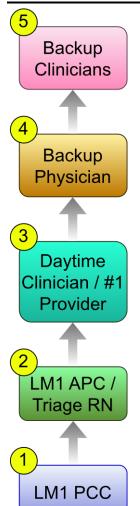- Patient Death at Home Call Flow

Training Tip:

You can learn more about managing specific appointments based on their type by reviewing the Managing Appointments section of our Administrative Call Flows document.

Training Tip:

You can view Market Cheat Sheets which provide information for scheduling UEUVs by selecting their links from the Markets Summary document, or visiting the Cheat Sheets document folder.

Escalated Call Tree

5 Backup Clinicians

4 Backup Physician

3 Daytime Clinician / #1 Provider

2 LM1 APC / Triage RN

1 LM1 PCC

Escalate calls in sequence from 1 – 6 when applicable:

- Provider names will be listed in Humanity.
- If a provider does not answer, immediately move on to the next provider in the sequence to avoid delay in patient care.

LM1 Roles and Call Escalation:

- The LM1 RN may escalate a patient to an LM1 APC, on-call provider, or market physician.
- The LM1 APC may escalate a patient to the on-call provider or market physician for the following reasons:
  - If there is an urgent need.
  - Patient needs a face-to-face visit.
  - LM1 APC needs to collaborate with market provider.

During Business Hours (8:30 AM – 5:00 PM Local Time):

For UEUV requests:

1. Schedule UE in Ubiquity.
2. Post request on market's UV Teams page.
3. Send an email to LM1UEhandoff@landmarkhealth.org

To request a UV (no UEUV) post UV request to market UV Teams page.

After Business Hours (8:30 AM – 5:00 PM Local Time) + Weekends or Holidays:

If there is a UEUV working:

1. Schedule UE in Ubiquity.
2. Post request on market's UV Teams page.
3. Send an email to LM1UEhandoff@landmarkhealth.org

Needs UV before 11:00 PM:

1. Call the on-call provider.
2. Send a follow-up email to the provider.

After 11:00 PM + Needs UV and not urgent = can wait until AM.

Next day is a weekday = Post on UV Teams page.

Next day is a weekend or holiday:

Send an email to LM1Rtriage@landmarkhealth.org to request follow-up in the AM to verify patient still needs a visit.

APC Responsibilities for Overseeing a UE

- Be on Teams video and visible to the patient for the duration of the visit.

    o Unless IT issues inhibit video capabilities.

- Dress professionally from the waist up.

- APC to guide the pertinent physical exam while on video.

- Be in a clean, quiet environment, without interruptions.

    o HIPAA compliant.

    o You may utilize Team's backgrounds.

- Use the "UNAVAILABLE: Urgentivist Extender" InContact status while on video.

- Use the "UNAVAILABLE: UE Documentation" InContact status following the visit.

- Document in real time.

- Communicate with the UV Team and UE in real time whenever possible.

- Guideline for time spent to complete UEUV is less than 45 minutes with up to 30 minutes for documentation, for a total of < 75 minutes.

- Complete an Urgentivist Extender evaluation once daily.

> **Training Tip:**
>
> You can review all of Landmark's expectations of self-presentation, office setting, HIPAA compliance, and more by reviewing the Company Policies & Guidelines section of the Administrative Process Manual.
>
> - Telecommuting Policy
>
> - Communication & Etiquette Policy

Overview:

Check	• Check the HPSI every time.
	• Check Humanity for scheduled UE every time based on HPSI information.
	    o If no UE is listed, call the on-call provider.
	    o Not all markets have UE on weekends.

Schedule	• Schedule patient for the first available UE time listed in Ubiquity.
	    o If they want a visit "when they get home" advise them to call back when available.
	    o Do not block UE schedules with preferred scheduling.

Post	• Post in the market's UV Teams:
	    o Tag the market and LM1 Oversight if UE oversight is needed.
	    o Always send handoff information to the LM1 dispatch team, even if you are managing oversight, just in case replacement is needed.
	    o Give a summary and avoid copy / pasting information.
	• ***After Business Hours:*** If an on-call provider is visiting the patient, do NOT post in teams. Send the on-call provider an email following your discussion.

Status	Go into "Urgentivist" statuses when the UE indicates they have made contact with the patient.
Reach Out	Reach out to a APC Lead Supervisor if you encounter difficulty with scheduling, overseeing, or any other aspects of this process.

APC Clearance for initial UEUV Oversight:

- APCs will need to have an LM1AMD ride along (RAL) for the 1st UEUV to be cleared to do them independently. (The AMD is there as a shadow)

- In the UEUV Teams post request the dispatchers match you with an AMD for clearance
    - If no one is available, post another request in subsequent UEUV requests.
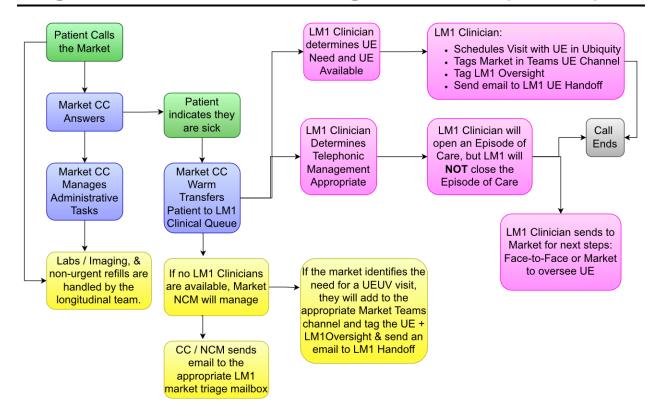
Urgentivist Extender Evaluations:

The LM1 APC is required to complete one (1) UE scorecard per shift. The APC can choose the UE they would like to evaluate.

🔗 Link – UE Evaluation Form
(Link Pending)

Urgentivist Extender Urgent Visits (UEUV)

- If there is no UE capacity available, d/t, PTO, or at capacity for the day:
    - LM1 will place a UV request in Teams and request management from the market.
- If there is no LM1 APC to oversee the visit, the LM1 Dispatcher will reach out to the market to oversee the visit.

✎ Link – LM1 UE Call Flow
LM1 UE Call Flow.pdf

Urgentivist Extenders (UE):

The Urgentivist Extender (UE) is a supportive clinical role with a background as an LPN / LVN, RN, or Paramedic.

The UE will be conducting in-home visits to patients with Urgent Visit (UV) needs together with oversight of a Landmark provider (*Landmark First or Market APC or physician*). A telehealth platform (*Teams video call*) is used to provide medical direction for the visit and prescribing specific interventions for care such as:

- Medication administration.
- IV fluids.
- Obtaining specimens.
- Wound care.
- etc.

Role Responsibilities:

- Highly skilled LPN, RN, or Medic depending on market.
- Capacity to see patient's same day for urgent visits.
- Acts as eyes, ears, and hands of provider in the patient's home.
- Assist with medication reconciliation.
- Performs provider guided patient assessments, vital signs via tele video platform.
- Improves patient outcomes.

UEs MUST Have Clinician Oversight for ALL Patient-Care activities:

This includes urgent visits, wound care, lab draws, obtaining vital signs, patient medication organization, HgbA1c, immunizations, and other activities that otherwise require licensure.

Oversight should be done via MS Teams video with appropriate documentation in Ubiquity. If you are unable to use video because of technological limitations, please document your limitation and revert to audio-only or telephonic management.

- Where there is capacity, Landmark First will provide oversight.
  - All requests for oversight are to be posted on the market's UV Teams page, requesting oversight of a specific UE for a specific task.

UE Guidelines & Handbook Links:

Clinical reference for urgent visits and guidance:

> **⌖ Link – UE Guidelines**
>
> https://landmarkhealth.sharepoint.com/sites/Intranet/SitePages/Urgentivist-Extender-(UE)-Clinical-Guidelines.aspx
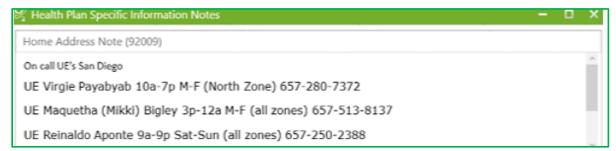
> **⌖ Link – UE Handbook**
>
> https://landmarkhealth.sharepoint.com/:b:/r/sites/KnowledgeBase/Operations/Operation Manuals/Urgentivist Extender Operations Manual/Urgentivist Extender (UE) Operations Manual.pdf?csf=1&web=1&e=BcjCLb

Contracted Urgentivist Extenders (*not employed by Landmark Health*):

- Will be identified in the patients HPSI of their UBQ chart.
    - Instructions for contacting the agency to schedule the visit will be in the HPSI.
    - A patient pre-visit summary will need to be downloaded from the patient's Ubiquity chart prior to contacting the agency.
- Workflow is different, available on markets UV Teams page in "Files".
- Market cheat sheets also good source, also available on markets UV Teams page in "Files".
    - California – Interim Health.
    - New York – local EMS.
    - PNW – several agencies.
    - Texas – Medstar and Acadian.

Scheduling an Urgentivist Extender Urgent Visit (UEUV):

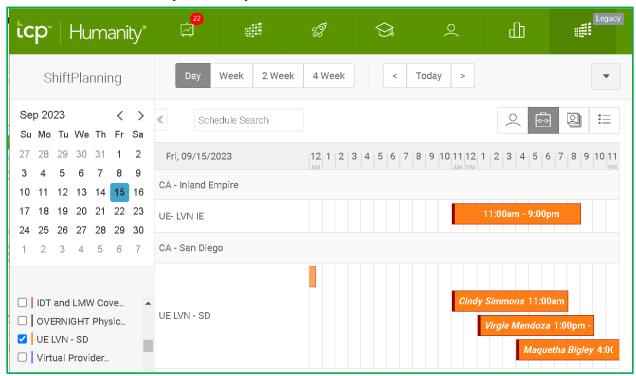*To be scheduled with patient prior to ending the triage call:*

If two UEs are listed in the HPSI tab, then attempt to schedule with the first UE listed .

Identify UE Contacts in Humanity:

Times listed in Humanity will always show from YOUR TIME ZONE.

Attention – Promises of Treatment
Do not make any Plan of Care promises to patient. Instead, offer the following:
• *"Your provider will discuss the plan of care with you."*

Scheduling a UE in Ubiquity:

🔗 Link – Scheduling a UE (Video)
[Scheduling a UE Video Tutorial.mp4](#)
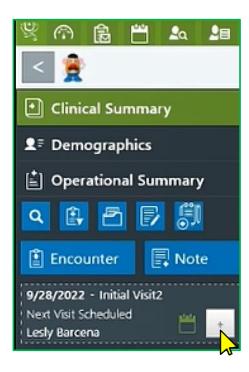
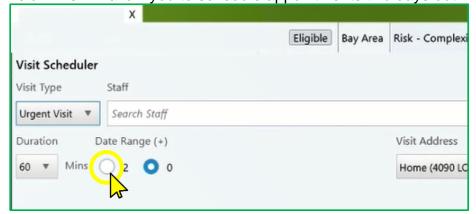| 🔗 Link – Scheduling a UE in Ubiquity |
| :--- |
| [Urgentivist Extender_Scheduling and Notifications.pdf](#) |

1. Open the patient's chart in Ubiquity and click the "+" icon beside the calendar shown in the left-side panel.

2. An appointment scheduling window will open with options to select a visit type, date, and provider:
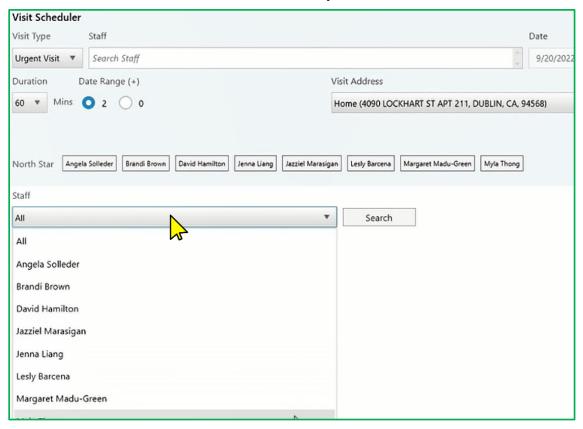

   o If the "Date" field is grayed out, select the "2" option below the "Staff" entry field. This will allow you to schedule appointments two days out.
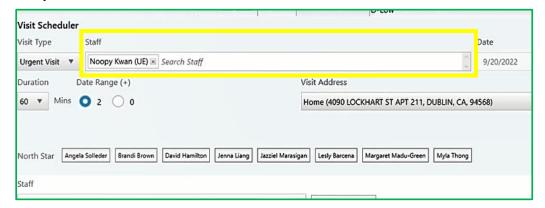
3. Double check that the patient's address listed in the scheduling window is correct. Verify with the patient during the call.

4. Select the staff member identified in Humanity to handle the visit.
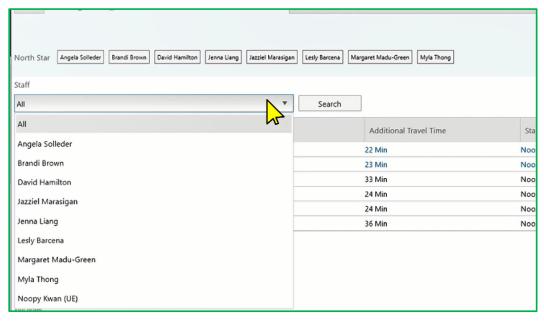

o If the staff member is not listed, search for the staff member in the "Staff" entry field.
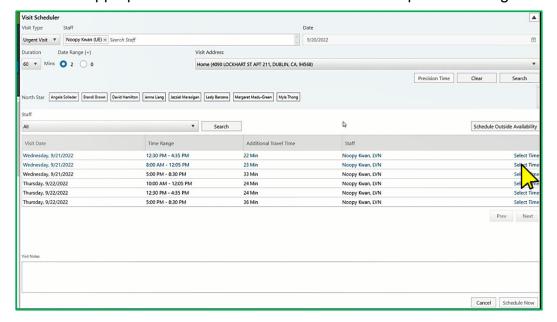
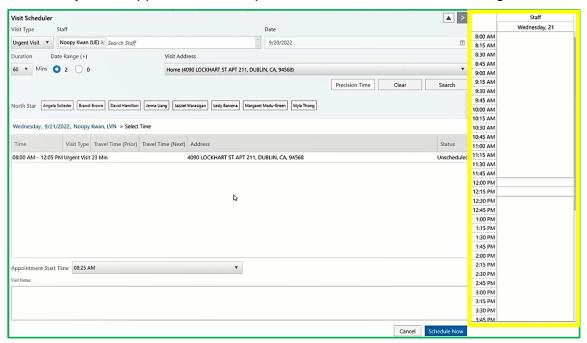The provider's name will then appear in the staff listings:

5. A list of possible appointment times will be generated once a staff member is selected.

   o Schedule the first available visit or next available visit for the patient.

   o Times listed will be in the patient's time zone.

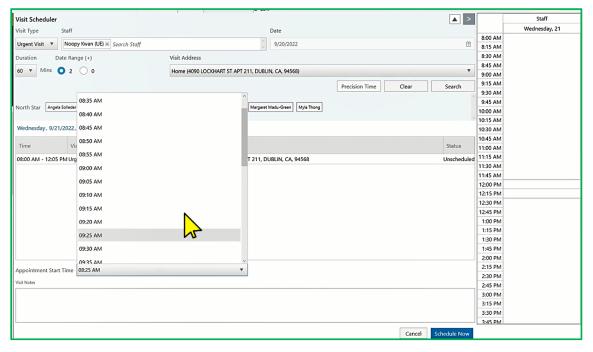   o Select an appropriate time and click the "Select Time" option to the right.

6. Selecting a time will prompt a final window to complete before scheduling.

   o Any other appointments the provider has will be listed on the right.

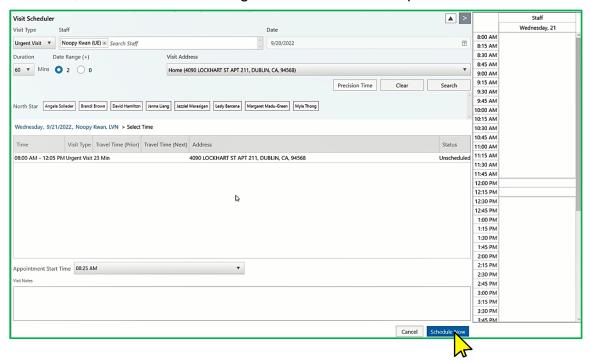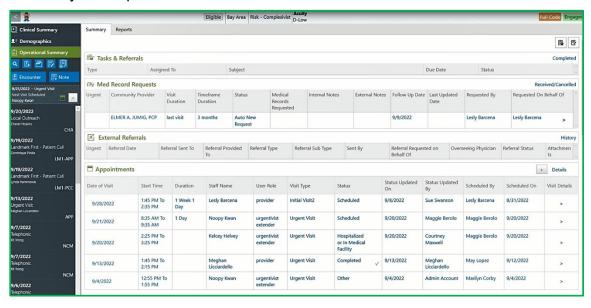7. You can select a precise appointment time using the "Appointment Start Time" drop-down list:

8. Once you have double-checked the time selected and chosen an appointment start time, schedule the visit using the "Schedule Now" option.

9. The scheduled appointment can now be viewed and reviewed in the Operational Summary of the patient's chart.

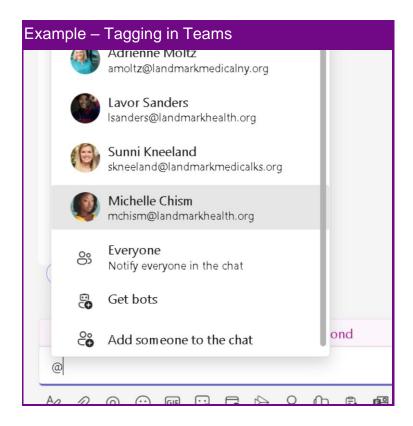Once scheduled, provide patient with a 2-hour window ETA.

Posting a UEUV request in Teams:

After it has been determined the patient needs a face-to-face visit and that there is a UE available, the request will need to be posted in the market's UV Teams page.

- Patient name and ID
- *@UVMarket*
- *@Individual Dispatchers*
- *@Assigned UE*
- Provide the ETA given to the patient
- Present a 1-2 sentence summary of the clinical need for the visit
- Appropriate seasonal illness screening outcomes

Post Guidelines:

- Limit your post to only the information needed.
- Long notes may cause UV CC to miss pertinent information, they are not clinical
- Once the visit request has been posted to the UV Teams page an email with visit details will need to be sent to the dispatchers at LM1UEhandoff@landmarkhealth.org.

Example – Tagging in Teams

Training Tip:

In a Teams chat or channel, type "@" to see a list of individuals or groups to tag into the chat.
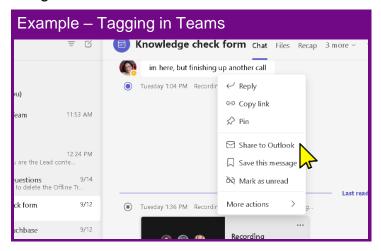
That individual or group will be notified of the tag.

Sending UEUV request email to the Dispatchers:
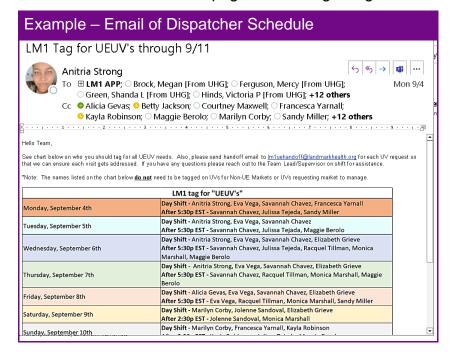
After posting UEUV request to the market's Teams page an email with visit details will need to be sent to the dispatchers. This can be done one of two ways:

- Send a copy of the UEUV request to LM1UEhandoff@landmarkhealth.org via Outlook email.

- Send a copy of the UEUV request to LM1UEhandoff@landmarkhealth.org by using "Share to Outlook" in Teams.

Identifying the Dispatchers to Tag in UEUV Requests on Teams:

The @LM1dispatchers tag is not working, the APC and RN will need to tag the dispatchers individually. The dispatcher schedule is sent via Outlook email and posted on the market's UV Teams pages at the beginning of each week.

Verbal Orders During a UEUV

During a UEUV, the UE will obtain orders from the Landmark First APC, market APC, or physician during the visit via the video call or telephonic call (if unable to connect to video call). In general, orders must be entered into Ubiquity as a "task" for the UE and acknowledged by the UE in Ubiquity prior to implementation.

Attention – Use of Verbal Order Procedure

- In rare circumstances, real-time order entry and confirmation may not be available. In this situation, the provider and UE should follow the "Verbal Orders" procedure.

Verbal Orders (*when unable to enter a task***):**

1. The UE will write orders down in a field notebook / Ubiquity note, and then verbally repeat each order back to the issuing provider to verify the order(s) was / were received correctly read back using the following nomenclature:
   - Date & time
   - Verbal order
   - Provider name & credentials giving verbal orders.
   - UE name and credentials receiving verbal orders.

2. The provider will clarify any orders not understood as intended, the UE will again repeat the process of confirming the order until both UE and Provider agree.

3. The Landmark APC will document their orders in the Ubiquity Provider Documentation Section for the UV.

4. The Landmark APP will then copy and paste the order from Ubiquity into Microsoft Teams, directed to the UE.

5. The UE will verify that the order documented in Teams matches the verbal order just given.

6. The UE copies the order from Teams into their Ubiquity documentation.

7. Order is then carried out by the UE.
   - If this is a medication, refer to the Medication Administration Cross Check section.
   - The Landmark UE will document using the #UEVORB note.

Example – #UEVORB Note

UEVORB
 Date:
Time:
VORB:
Provider name and credentials (giving orders):
Given verbal order(s):
The patient's agreement to the delivery of these orders/treatment plan: (Yes or No; reason for refusal)
The patient's response to the prescribed treatment

Medication Administration Cross Check (MACC)

Links & Resources:

📎 Link – MACC Training & Attestation
[MACC Training and Attestation](#)

📎 Link – Orders for the UE / Medication Safety (Video)
[Orders for the Urgentivist Extender/Medication Safety - Video](#)

Overview:

The purpose of the Medication Administration Cross Check (MACC) is to reduce medication administration errors. The procedure is specifically designed to catch errors such as:

- Wrong drug (visual slip or mistake – skill-based error).
- Wrong dose (mistake – skill, rule, or knowledge-based error).
- Wrong concentration (slip – skill or rule-based error).
- Wrong volume to be administered (calculation – knowledge-based error).
- Wrong duration of administration (rule-based error).
- Wrong situation or reason for administration (contextual, rule-based error).
- Absolute and relative contraindications including known patient drug allergies, potential interactions, expired medication (contextual error – rule-based error).

Procedure:

1. After correctly verifying the medication order per the previous section, the UE then prepares to administer the medication.
2. The Cross Check should be accomplished ideally via video. In rare circumstances it can be accomplished via telephone. The expectation is, in most circumstances, that a photograph of the medication packaging is sent to the provider. This photograph may be reviewed after administration if technology will not permit its real-time transmission.
3. This procedure should ideally be conducted in a "sterile cockpit" approach. Explain to other people on scene that this needs to be accomplished without interruption or distraction.
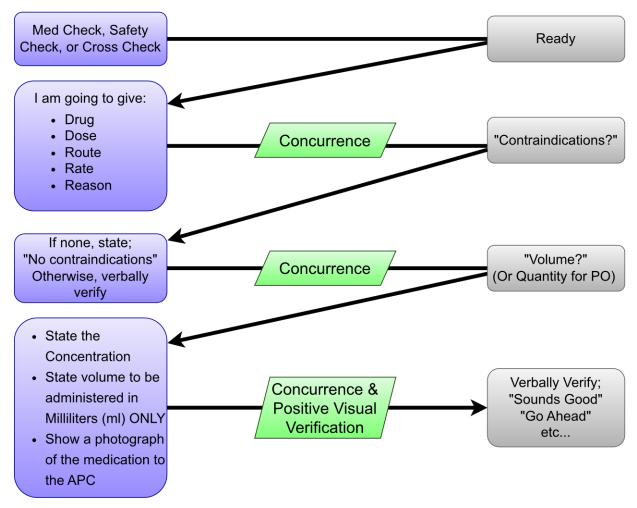4. UE verbalizes to the APC, "Cross Check".

5. APC verbalizes "Ready" when they are ready to cross check.

6. UE verbalizes "I am going to give: Drug, Dose, Route, Rate, Reason."

7. APC checks that this reflects the order. If it matches, asks the UE "Contraindications?"

8. If none, the UE states "No contraindications." If there are contraindications, the contraindication is discussed between providers. a. Contraindications refers to verifying appropriate vital signs, patient allergies, expiration date of medication.

9. APC asks "Volume?" (or Quantity?" for PO medications)

10. UE states:
   o Drug name
   o Drug concentration
   o Volume to be administered in milliliters (do not state "amp" or "vial"); or if PO the number of tablets.
   o The UE then shows the medication label to the APC along with the syringe with medication.
   o The UE can "show" the medication by taking a picture and transmitting it, or by video.

11. APC verifies the information and if correct states "Sounds good, give it; go ahead; etc.)

12. If at any point there is a discrepancy, disagreement, or need for clarification, it must be resolved before continuing the cross check.

13. The MACC must be completed prior to administration of any medication.

14. Restart the MACC process if it is interrupted at any point.

15. Avoid ambiguous statements like "okay".

16. Be cognizant of Red Flags of Lost Situational Awareness:
   o Intuition or a "bad gut feeling"
   o Rushing
   o Poor communication or Ambiguity
   o Disagreement or Confusion
   o Task saturation
   o Trying something new under pressure
   o Interruptions
   o Preoccupation

MACC Visual Outline:

- "Contraindicators" include:
  - Verification of appropriate vital signs.
  - Known Patient Allergies
  - Expiration Date
- If there is a discrepancy, disagreement, or need for clarification at any time:
  - It must be resolved before continuing the Cross Check.
- Only an APC and authorize the administration of medication.
- The MACC must be completed prior to the administration of any medication.

Attention – Red Rule of Medication Administration
We have a duty to avoid causing unjustifiable harm: • *Never give the contents of a syringe that is not labeled or without visualizing the vial or ampule from which it was immediately drawn.*

Virtual Chaperone

🔗 Link – Virtual Chaperone Protocol

Chaperone UE Protocol

🔗 Link – Virtual Chaperone (Video)

https://landmarkhealth.sharepoint.com/:v:/r/sites/KnowledgeBase/Landmark%20First/New%20Storage%20Structure/Clinical%20Documents/Training/Video%20Tutorials/Training%20-%20Virtual%20Chaperone.mp4?csf=1&web=1&e=eXdLq3

🔗 Link – Virtual Chaperone Training Attestation

Virtual Chaperone Training – Video and Attestation

Palliative Pathway

Links & Resources:

> 🔗 Link – Introduction to Palliative Pathway
>
> Palliative Care Education.ppsx

For Landmark First, there will be opportunities to ensure that management plans align with established goals of care. Note that this does not necessarily mean patients are comfort care or DNR/DNI.

Palliative Pathway patients can typically be identified by a banner in the Advanced Care Planning section of the clinical summary page. They will also typically have Palliative Prognosis visits in their encounters.

Tele-UV Call Flow

1. APC Manages Tele-UV
Required

Actions:

➢ APC will manage if this is a minor complaint that does not require a face-to-face visit and can be managed telephonically.

2. Documentation
Required

Actions:

➢ Document in Ubiquity.

Face-to-Face Visit Request Call Flow

1. Post UV / UEUV Request in Teams
Business Hours

Actions:

➢ DURING BUSINESS HOURS, post a UE / UEUV request in Teams.

➢ See below for the AFTER HOURS workflow.

2. Call the On-Call Provider
After Hours

Actions:

➢ Contact the on-call provider listed in Humanity.
➢ If unavailable, contact these alternate providers in the following order:
- Backup Physician
- Backup Clinician
➢ If you attempted warm transfers are not answered, attempt to schedule UEUV in Teams, if available.

3. Documentation
Required

Actions:

➢ Document in Ubiquity.

Episodes of Care (EOC)

An episode of care is opened with every initial urgent visit when a patient experiences a change in condition. Why? When our patients are experiencing an exacerbation of a previously diagnosed medical conditions, it should not be treated as an isolated encounter. We need to ensure they are returning to their baseline, or a new baseline is established.

What are the goals of the Episode?	Any IDT Needs?	Outside Referral	Acuity / EOL	Follow-Up on Patient Needs

• Return to Baseline
• Resolution of Symptoms
• No Adverse Events
• Avoid the ED / Admission
	• Social Work
	  o Financial, social, & living situation
	• BH Needs
	  o Mood / Substance
	• Dietary Referral
	  o DM
	  o Obesity / Cachexia
	• Pharmacy
	  o Med Review
	  o Deprescribing
	• Palliative / Hospice
	  o Referral
	  o Informational Visit
		• PT / OT
		• Wound Care
		• Visiting Nurses
			• Review Acuity
			• Palliative
				• Labs / Imaging
				• DME
				• Obtained Medication
				• F2F
				• Any Upcoming Visits
				• Gaps
				• Intensity
				• No Visits in more than 6 months

Choosing Episode of Care Level of Complexity:

- How likely are they to need Emergency Department evaluation based upon the complaint?

- Determines follow up cadence.

- Visits can be done telephonic or via UEUV.

Considerations:

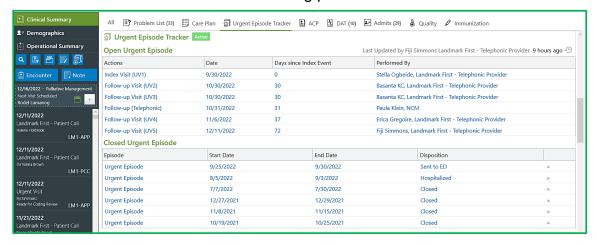| Considerations	No Episode Triggered	Low	Medium	High
Type of complaint	Simple, no intervention required	Straight-forward complaint	Not at high risk for decompensation	High risk for decompensation
Anticipated # of Provider Visits[1]	1 visit	1 to 2 visits	2 to 3 visits	3 or more visits
Anticipated NCM F/U	Next day follow-up call	Next day follow-up call	Next day call and follow-up as needed	Stagger daily touches with provider visits
Baseline Function or Acuity	Goes out, managing well. Typically acuity C/D	Goes out, managing well. Typically, acuity C/D	Vulnerable to mildly frail. Typically, acuity B/C	Mildly frail to severely ill (acute on chronic) Typically acuity A/B
Utilization Impact	• Avoided urgent care or clinic visit			• Avoided ER or hospital admission
Interventions done at visit	• None (e.g., BP check)	• No labs or imaging needed • No meds administered	• Labs or imaging might have been ordered • Landmark meds administered at visit (e.g., antibiotic, injections, IV)	
PCP/Specialist Communication	• Provider Home Visit Summary (PHVS) will be faxed	• PCP or specialist office notified at least once within episode, and PHVS via fax	• Communicate/collaborate with PCP or specialist at first visit and throughout episode to stabilize; likely require phone call or direct messaging	
Example situations	• Home safety or BP check, results within normal limits • Flu shots	• Rash • Uncomplicated fall	• UTI • Cellulitis • Medication adjustment/titration	• URI / Pneumonia • CHF exacerbation • COPD exacerbation
Evaluate for caregiver support as well as other social determinants such as housing, food, health literacy, and patient compliance. Involve Social Work team as appropriate.				

Urgent Visit Encounter opens UEOC:

Open UEOC should not be closed by LM1 APC (done by market team).

- UEOC should not be opened and then closed on the initial Urgent Visit by LM1 APC.

- UEOC should not be closed when sending patients to the ED.
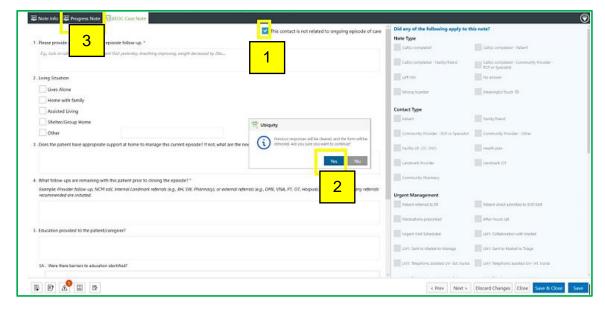

Current Open Episode of Care:

If there is a current Episode of Care open and you initiate a new note:

- You will need to click the box at the top-middle part of the screen stating, "This contact is not related to an ongoing episode of care,"

- Click "yes".

- Navigate to the "Progress Note" tab, then "Case Note".

You will then be able to document in the Case Note Form.

Alert Care Patients

Documentation on Alert Care patients is no different than any other patient. Complete your note or encounter in Ubiquity.

- You can use the Alert Care Hashtag, #ACLM1, "Reminded patient

  (1) they can call Landmark 24/7 for any urgent situations and for urgent care visits, and;

  (2) for other needs reach out to their PCP or health plan."

Identifying Alert Care Patients:

Alert Care patients will have a purple indicator in the banner of their Ubiquity charts.

Alert Care Patients have no Care Team listed.

Alert Care Markets:

- NorCal
- Albany
- Buffalo
- Pacific Northwest (PNW)

How is Alert Care Different?

- No Interdisciplinary Resources:
    - Social Work
    - NCM
    - Pharmacy
    - Etc….
- No Care Team*:*
- Coordinate care through PCP if possible:
    - Use Encounters
    - Call directly
    - Have PCP order tests when possible.

Documenting:

- Create a note in Ubiquity:
    - Use the #ACLM1 Hash Key.
    - APC Lead Supervisors follow up with these patients.

#ACLM1

Reminded patient (1) they can call Landmark Health anytime for any urgent situations and for urgent care visits and (2) for other needs reach out to their PCP

Historical Prospero Patients

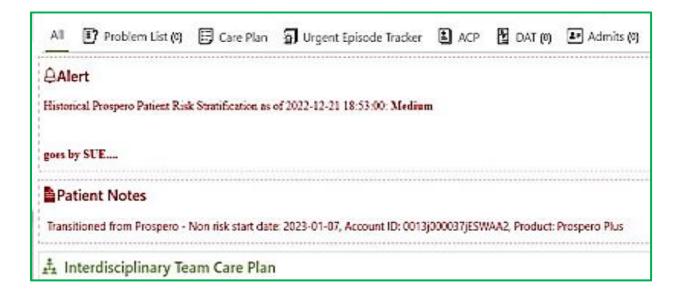| Landmark / Prospero / Optum Unification		Prospero Transaction Completed
January 2023	⇨	June, 2023

Refer to Alert section and Document section of patient's chart to find additional patient and visit information.

Attention – Prospero Patient Call Flows
A patient's historical status as "Prospero" does not affect any call handling or call flows at this time.

United Health House Calls Patients

LM1 clinical staff are to triage these patients when they call in with an acute change in condition, even if they have not yet had their first face to face (F2F) visit with Landmark.

- If they have not yet had a face-to-face with Landmark, they will need to have a UVIV1 visit. This can only be done by a market provider.

- The workflow is as follows if it is determined the patient needs a visit and they have not yet had their first Landmark face to face visit:

During Business Hours:

1. Post a UV Request in Teams
Standard

Actions:

- ➤ Post a UV request to the appropriate market's Teams.
  - Include "Patient former House Calls patient, needs to be seen by a market provider for UVIV1".

2. Documentation
Required

Actions:

- ➤ Document and finalize your note in Ubiquity.
- ➤ Complete additional follow-up as needed.

After Hours:

1. Call the On-Call Provider
After Hours

Actions:

- ➤ Call the on-call provider listed in Humanity.
  - "requesting a face-to-face visit for a Housecalls patient who has not yet had their IV1 with LM."

2. Documentation
Required
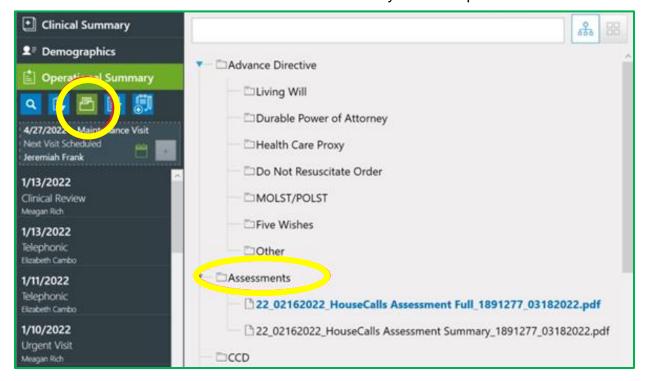
Actions:

- ➤ Document and finalize your note in Ubiquity.
- ➤ Complete additional follow-up as needed.

Additional Information:

- House Calls Patients will appear as Engaged.

- No IV1 will be noted.

    o Additional House Calls assessment documents will be uploaded to the "Documents" section of Ubiquity.

    o Seen by House Calls and waiting for LM1 to see.

- Treat like UVIV:

    o We can assess but need face-to-face by a market provider.

KRS & Somatus Patients

Kidney Resource Services (KRS) is an Optum disease management program for UHC and UHC at Home patients with CKD 4+/ESRD.

Landmark is working with Somatus to provide care to ~15,000 patients with kidney disease CKD4+ in the following markets:

- Connecticut (CT)
- Georgia (GA)
- Illinois (IL)
- Massachusetts (MA)
- Maryland (MD)
- New Jersey (NJ)
- Oklahoma (OK)
- Rhode Island (RI)
- Tennessee (TN)
- Virginia (VA)

> ⌾ Link – KRS & Somatus Program Information
>
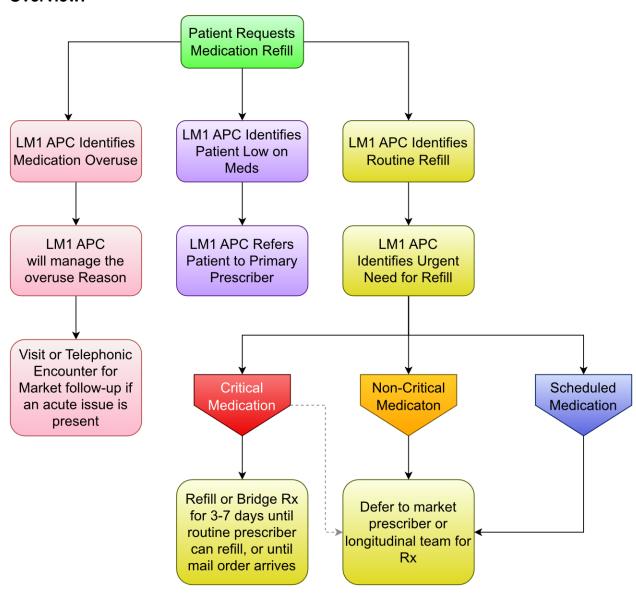> https://landmarkhealth.sharepoint.com/:p:/r/sites/KnowledgeBase/_layouts/15/Doc.aspx?sourcedoc=%7B859A91CA-4417-4B0C-BD28-B9647C8DA234%7D&file=Update%20on%20KRS%20%26%20Somatus%20-%20NLT%205.1.pptx&action=edit&mobileredirect=true&DefaultItemOpen=1

Medication Refill Requests

Overview:

```
                        ┌─────────────────────┐
                        │  Patient Requests   │
                        │  Medication Refill  │
                        └─────────────────────┘
```

LM1 APC Identifies Medication Overuse	LM1 APC Identifies Patient Low on Meds	LM1 APC Identifies Routine Refill
LM1 APC will manage the overuse Reason	LM1 APC Refers Patient to Primary Prescriber	LM1 APC Identifies Urgent Need for Refill
Visit or Telephonic Encounter for Market follow-up if an acute issue is present		

Critical Medication → Refill or Bridge Rx for 3-7 days until routine prescriber can refill, or until mail order arrives

Non-Critical Medicaton → Defer to market prescriber or longitudinal team for Rx

Scheduled Medication → Defer to market prescriber or longitudinal team for Rx

Considerations:

We need to know WHY the patient is calling us for a refill as most pharmacies auto-notify for refill requests. When we are asked to refill a patient's medication, the following factors should be considered:

- Was the patient's medication lost or stolen?

- Has the patient been misusing or abusing their medication?

- Are there noncompliance issues to consider?

- Is the patient able to reach their Primary Care Provider or having issues communicating with their pharmacy?

- Refilling a medication will require an EOC to be opened, thus an Encounter must be created. This will notify the care team to follow up.

Refill Guidelines:

- For patients out of medications, provide a bridge of 2-4 days (or rarely a full refill) of critical med Rx.

- Attempts should be made to have the last prescribing provider refill, especially during normal business hours.

    o Landmark First APCs do not work M-F 8-5 schedules and will not receive subsequent refill requests in a timely manner.

Behavioral Health Medication:

Attempt to coordinate care with BH provider as you would with any other medication. Bridge only, and episode of care follow-up should include a focus on ensuring appropriate BH care and identifying and barriers to management.

Attention – Scheduled Medications
Landmark First cannot refill any scheduled medications. • This includes Lyrica and gabapentin.

Patient Refuses ED Referral Workflow

Consider using the "#LM1Refusal" hashtag:

Examples – #LM1Refusal Hashtag Text
I have discussed the risks, benefits, and alternatives to emergent/urgent evaluation in the ED/Urgent Care/PMD office, with recommendations to call 911. The patient/caretaker demonstrated the ability to understand my instructions and chooses to remain at home/call PMD in the morning. Offered an urgent visit (date, time if indicated) and the patient accepted/declines. The patient was advised that Landmark Health is available anytime for new or worsening symptoms.

IF the patient offers a good explanation and reasoning for not going:

1. Determine Face-To-Face Necessity
Conditional

Actions:
  ➢ Attempt to schedule a face-to-face visit for the patient.

2. Documentation
Required

Actions:
  ➢ Document in Ubiquity.

IF the patient lacks the capacity to make informed health decisions:

1. Follow NENA 911 Contact Workflow
Conditional

Actions:

➢ Does the patient have dementia / Alzheimer's?

➢ Is the patient's judgment altered by intoxicants, medications, Hypo / Hyperglycemia, Cirrhosis, Seizure, Trauma, etc….?

➢ Suicidal Ideation / Homicidal Ideation (SI / HI)?

➢ Follow the Urgent Buzzwords Call flow which utilizes the NENA 911 phone number database.

➢ Contact 911 to perform a well check.

- Full Call Flow: The Call Transfer Flow Process.pdf
  - ❖ Urgent Buzzwords Call Flow
  - ❖ Contacting Emergency Medical Services
  - ❖ Urgent Unresponsive Patient Call Flow
  - ❖ Suicidal Patient Call Flow

2. Documentation
Required

Actions:

➢ Document in Ubiquity.

- Remain on the line until emergency personnel arrive at the patients home.

- If in a conference call with a patient and a dispatcher, do not disconnect the call, even if the dispatcher disconnects.

🔗 Link – InContact Call Conferencing

Locate and Contact LM1 APCs in InContact + NENA.mp4

Unstable Vitals or Condition (*Reported Telephonically*):

1. Escalate the Call
   Conditional

Actions:

➢ Prior to scheduling a Face-to-Face visit, attempt to reach a MD / DO who may then be able to confince the patient to accept the referral.

2. Documentation
   Required

Actions:

➢ Document in Ubiquity.
➢ Include the name of the provider who accepted your transfer.

Unstable Vitals or Condition (*During UE Visit*):

1. Escalate the Call
   Conditional

Actions:

➢ Add the MD / MO to the visit.

2. Documentation
   Required

Actions:

➢ Document in Ubiquity.
➢ Include the name of the provider added to the visit.

Evenings / Nights:

1. Assessments
   Conditional

Actions:

- Refusal is time sensitive?
- Does the patient live alone?
- Unclear on Capacity?

2. Follow NENA 911 Contact Workflow
   Conditional

Actions:

- Does the patient have dementia / Alzheimer's?
- Is the patient's judgment altered by intoxicants, medications, Hypo / Hyperglycemia, Cirrhosis, Seizure, Trauma, etc….?
- Suicidal Ideation / Homicidal Ideation (SI / HI)?
- Follow the Urgent Buzzwords Call flow which utilizes the NENA 911 phone number database.
- Contact 911 to perform a well check.
  - Full Call Flow: The Call Transfer Flow Process.pdf
    - ❖ Urgent Buzzwords Call Flow
    - ❖ Contacting Emergency Medical Services
    - ❖ Urgent Unresponsive Patient Call Flow
    - ❖ Suicidal Patient Call Flow

3. Documentation
   Required

Actions:

- Document in Ubiquity.

Patient Death at Home Call Flow

Scenario:

The following procedures and guidelines are to be followed when Landmark receives a call from a patient's caregiver who indicates the patient has passed away at the home.

They caregiver may inquire about "next steps" and how to handle the situation.

1. ***Express Sympathy:***

   Suggested Dialogue – *"I'm sorry for your loss."*

2. ***Instruct the Caregiver to Call 911:***

   Suggested Dialogue – *"You will need to call 911 and request a non-emergency response for an expected death at home."*

3. ***Document a Note in Ubiquity:***

   The Market will review and close the chart.