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|  | Patient Assessments | STANDARD OPERATING PROCEDURE |
| | | Policy Ref: |
| Enacted: 3/2004 | Owner: Chief Medical Officer | Revision Date: 9/2019 |

Printed copies are for reference only. Please refer to the electronic copy of this document for the latest version.

OVERVIEW:

Open Door Community Health Centers (ODCHC) collects medical, behavioral health, drug and alcohol and developmental information on patients using evidenced based patient assessments to inform provider's decision-making.

RESPONSIBILITY:

Site Medical Director Committee: Review and approve evidenced based patient assessment methods and tools and related workflows.

Providers: Complete and/or assist with completion of patient assessment tool, analyze results, and develop recommended care plan.


Care Teams: Complete and/or assist with completion of patient assessments.

EMR Team: Develop and maintain patient assessment tools and workflows in EPIC, train providers and staff on workflows.

PROCEDURE

Refer to AG.301 Patient Registration for forms, assessments and screening distributed at the time of check in by the front office.


| Vital Signs | | |
|--|---------|-------------|
| Vital signs are collected by Medical Assistants. Along with training, they are all given a laminated reference card "Every Visit, Every Time" with all the required vital signs. | | |
| Assessment | Purpose | Frequency |
| Blood Pressure, regular | Vitals | Every visit |
| BMI | Vitals | Every visit |
| Height | Vitals | Every visit |
| Medication List Review | Vitals | Every visit |
| Pain levels | Vitals | Every visit |
| Pulse | Vitals | Every visit |
| Respirations | Vitals | Every visit |
| Temperature | Vitals | Every visit |
| Tobacco Use | Vitals | Every visit |
| Verify Allergies | Vitals | Every visit |
| Weight | Vitals | Every visit |
| Blood pressure, orthostatic | Vitals | As needed |
| Last menstrual period (LMP)-Women | Vitals | As needed |
| Oxygen (O ²) Saturations | Vitals | As needed |
| Peak flows | Vitals | As needed |

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| Medical | | | |
|--|--------------|-------------------------------|---------------------|
| Assessment Name | Acronym# | Purpose | Frequency |
| Review of Systems | ROS | Health History | Annual |
| Pain Assessment-Initial Evaluation | | Pain Assessment | Provider discretion |
| Pain Assessment-Progress Evaluation | | Pain Assessment | Provider discretion |
| Current Opioid Misuse Measure | COMM | Pain Assessment | Provider discretion |
| Screeners and Opioid Assessment for Patients with Pain-Revised | SOAPP-R | Pain Assessment | Provider discretion |
| Opioid Risk Tool | ORT | MAT program | Provider discretion |
| Diagnosis, Intractability, Risk Efficacy | DIRE | Pain Assessment | Provider discretion |
| Headache Disability | | Pain Assessment | Provider discretion |
| Low Back Pain and Disability | | Pain Assessment | Provider discretion |
| Lower Extremity Functional Scale | | Pain Assessment | Provider discretion |
| Neck Disability | | Pain Assessment | Provider discretion |
| Fibromyalgia Impact Questionnaire | | Pain Assessment | Provider discretion |
| Upper Extremity Functional Index | | Pain Assessment | Provider discretion |
| Medicare Health Risk Assessment | Medicare HRA | Health Assessment | Provider discretion |
| Medicare Health Risk Assessment Behavioral Risks | | Health Assessment | Provider discretion |
| Medicare HRA-Psychosocial Risks | | Health Assessment | Provider discretion |
| Transitions of Care-Functional Status | TOC | Health Screening | Provider discretion |
| Get up and Go | | Annual Wellness Exam | Provider discretion |
| Prenatal history | | Comprehensive Prenatal intake | Provider discretion |

| Behavioral Health | | | |
|--|--------|------------------------|------------------------------------|
| Assessment Name | Form | Purpose | Frequency |
| Edinburgh Postnatal Depression Scale | EPDS | Post-partum depression | Postpartum exam |
| Generalized Anxiety Disorder | GAD-7 | Anxiety | Provider discretion |
| Patient Health Questionnaire | PHQ2,9 | Depression screening | Annually and after positive result |
| CIDI3 Bipolar | MDQ | Bi-Polar | Provider discretion |
| Mood Disorder Questionnaire | MDQ | Bi-Polar | Provider discretion |
| Post-Traumatic Stress Disorder | PTSD | PTSD | Provider discretion |
| Social Connection and Social Isolation | | | Provider discretion |

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| Drug and Alcohol Use | | | |
|--|--------|------------------------|-----------------------------|
| Assessment | Form | Purpose | Frequency |
| Screening and Brief Intervention for Treatment | SBIRT | Screening | Annually for over 18 yrs |
| Alcohol Use Disorder Identification Test | AUDIT | Alcohol Use | Provider discretion |
| Drug Abuse Screening Test | DAST | Drug Use | Provider discretion |
| Office Based Opioid Treatment | OBOT | MAT program | MAT intake |
| Treatment Needed Questionnaire | TNQ | MAT program | MAT intake |
| Adolescent Substance Screening | CRAFFT | Substance related risk | Annually starting at 12 yrs |
| Clinical Opiate Withdrawal Scale | COWS | Opioid Use | Provider discretion |
| Chronic Pain Initiation Check List | | Opioid Use | Provider discretion |

| Other | | | |
|---|--------|-------------------------|--------------------------|
| Assessment Name | Form | Purpose | Frequency |
| Ages and Stages Questionnaire | ASQ | Pediatric Developmental | Varies for 1 mo to 5 yrs |
| Bright Futures | | Preventative | Annual |
| Modified Checklist for Autism in Toddlers | M-CHAT | Autism | 16-30 months of age |
| Montreal Cognitive Assessment | MOCA | Cognitive impairment | Provider discretion |
| Mini Mental Status | MMSE | Cognitive impairment | Provider discretion |
| Controlled Oral Word Association Test | CoWAT | Cognitive impairment | Provider discretion |
| Patient Activation Measure | PAM-13 | Health Connections | Provider discretion |
| Staying Health Assessment | SHA | Screening | Annually |

REFERENCES:

None

ASSOCIATED DOCUMENTS:

AG.301 Patient Registration Policy

KEYWORD TAGS:

Assessment, screening, questionnaire, scale