



April 1, 2005 - CCLC E-NEWSLETTER

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<http://www.safetynetinstitute.org/UpdatedSite/CCLCMaterials.htm>

Please share materials, questions, requests and/or advice with all Collaborative members by hitting "reply all" on your e-mail. Also, materials and information can be posted to the next CCLC E-Newsletter by e-mailing cclc@caph.org.

TOPICS DISCUSSED THIS WEEK:

- 1) Important Dates for 2005 – New Dates & Locations Added
- 2) CHINATOWN PUBLIC HEALTH CENTER: Identifying Areas for Improvement
- 3) SAN MATEO MEDICAL CENTER: A Process of Personal & Professional Growth
- 4) RICHMOND HEALTH CENTER'S EXPERIENCE WITH PATIENT GROUP VISITS (PART II)
- 5) PROGRESS NOTES from Family Health Center
- 6) LAB REFERRAL PROTOCOL from San Mateo Medical Center
- 7) SHARED MEDICAL APPOINTMENT CONFIDENTIALITY AGREEMENT from UC Davis Medical Center
- 8) Resources on the SNI Website

1) IMPORTANT DATES FOR THE CCLC IN 2005: Below is a list of updated dates and locations for the CCLC Collaborative for 2005. Please note, NEW DATES & LOCATIONS HAVE BEEN ADDED.

- Monthly Reports Due, April 10, Please send to hovisfilms@gbonline.com and cclc@caph.org
- Action Period Conference Call, Friday, April 29, 12 P.M. - 1 P.M.
- Monthly Reports Due, May 10, Please send to hovisfilms@gbonline.com and cclc@caph.org
- Action Period Conference Call, Friday, May 27, 12 P.M. - 1 P.M.
- Learning Session III, June 8 at 1 Kaiser Plaza, 22nd Floor, Oakland
- Monthly Reports Due, June 10, Please send to hovisfilms@gbonline.com and cclc@caph.org
- Action Period Conference Call, Friday, June 17, 12 P.M. - 1 P.M.
- Monthly Reports Due, July 10, Please send to hovisfilms@gbonline.com and cclc@caph.org
- Action Period Conference Call, Friday, July 29, 12 P.M. - 1 P.M.
- Monthly Reports Due, August 10, Please send to hovisfilms@gbonline.com and cclc@caph.org
- Action Period Conference Call, Friday, August 26, 12 P.M. - 1 P.M.
- Monthly Reports Due, September 10, Please send to hovisfilms@gbonline.com and cclc@caph.org
- Action Period Conference Call, Friday, September 30, 12 P.M. - 1 P.M.
- Monthly Reports Due, October 10, Please send to hovisfilms@gbonline.com and cclc@caph.org
- Action Period Conference Call, Friday, October 28, 12 P.M. - 1 P.M.
- Monthly Reports Due, November 10, Please send to hovisfilms@gbonline.com and cclc@caph.org
- Action Period Conference Call, Friday, November 18, 12 P.M. - 1 P.M.
- Outcomes Congress, December 9, 10:00 A.M. - 2:00 P.M., Sonoma Mission Inn

2) CHINATOWN PUBLIC HEALTH CENTER: Identifying Areas for Improvement

Thank you to Chinatown Public Health Center for sharing the information below on their clinic's strategies for participating in the CCLC Collaborative.

Over the last couple months of the CCLC Collaborative, Chinatown Public Health Center has found that they have been able to yield improvements through the following techniques: 1) identifying pilot clients; 2) setting up a database of their pilot clients on the measures they selected; 3) identifying specific areas for improvement; 4) setting up goals for the identified areas of improvement; and, 5) using PDSAs to make realistic changes.

As a part of these efforts, Chinatown Public Health Center developed a bright yellow data collection sheet that works as their CDEMS progress note and collects data on weight, blood pressure, HbA1c date and result, LDL date and result, Statin use, urine Albumin date and result, ACEI use, foot exam dates, eye exam dates and self-management goal documentation. They are also working on nurse visits with two clients at one time and will be trying PDSAs to address the following challenges in conducting these visits: client literacy level, readiness to learn, client learning preferences, mental status, timeliness, dialect and confidentiality. Thus far, Chinatown Public Health Center has found that these sessions are more effective if one client understands and assists the nurse in reinforcing what is taught to the other client.

Listed below are the barriers and successes they identified for the three areas of improvement they chose to focus on for the CCLC Collaborative:

Foot Exams:

Barriers: a) no routine podiatry referrals due to limited resources; and, b) providers not able to do foot exams during 15 minutes visit UNLESS clients were prepared with shoes and socks off;

Successes: a) nursing staff prepares clients for foot exam by having clients take off their shoes and socks while waiting for provider; and, b) providers document foot exam on the data collection sheet.

Eye Exams:

*Barriers :*a) 9-month wait for ophthalmology referral at SFGHMC; and, b) some monolingual clients did not show-up appointments because they previously waited for hours for an interpreter and as a result, refused to return annually unless they are experiencing problems.

Successes: a) Dr. Alexander Li worked to obtain part of a grant to set up an eye van to improve eye exams for DM clients and Chinatown Public Health Center started as a pilot site; b) development of a simple referral form that makes it easier for providers to refer patients; c) use of registry in conjunction with the Licensed Clinical Record to schedule clients who did not have an eye exam in the past 12 months for; and, d) a high and stable show rate (~73-94%) largely because there is staff to interpret for clients.

Self-Management Goals Setting:

Barriers: a) limited time to discuss goal setting with clients during 15 minute visit; and, b) measuring and evaluating the effectiveness of goal-setting.

Successes: a) providers beginning to include discussion of self-management goals in 15 minute visit; and, b) teaching goal-setting at RN sessions.

3) SAN MATEO MEDICAL CENTER: A Process of Personal & Professional Growth

San Mateo Medical Center has found the process of growth of those individuals involved in the CCLC Collaborative to be fascinating. In addition to learning how to do things differently to make the visit a more productive and fulfilling experience, the staff involved in this initiative are learning how to create PowerPoint presentations and are getting in front of audiences to make presentations. For example, in order to share information about the CCLC Collaborative, the team from SMMC presented twice, once to the department managers at SMMC and once to 16 Legislative Aides visiting SMMC about Medi-Cal

redesign. Another example of this growth is demonstrated by the team's medical assistants who are completely engaged in the process with the net result of both self-improvement and a showing of pride in their work.

4) RICHMOND HEALTH CENTER'S EXPERIENCE WITH PATIENT GROUP VISITS (PART II)

As you might recall, in the February newsletter Richmond Health Center reflected on their experience with patient group visits. Thank you to Kate Colwell, M.D. and Troy Kaji, M.D. for providing the following example from RHC as an update on lessons learned since February. RHC's experience demonstrates how much can be learned about other cultures from having group interaction, especially when it is centered on activities as important as diet.

At RHC they facilitated a second group session of the Khmu on portion sizes and discovered that they really eat 2-3 portions worth of rice 2-3 times a day (90 to 135 grams of carbs per meal from rice) since that is exactly how much they eat in Laos. Arinna Hollander, a registered dietician, pointed out and the participants agreed that such generous rice eating usually happens in the context of a lot more exercise. Arinna also dispelled the notion that drinking a lot of water causes one to get fat. Nancy Pothyphom brought vegetable dishes and a curry chicken soup to eat along with the rice and RHC plans to continue to bring food to these visits and will be showing participants uncooked brown rice at the next group visit.

5) PROGRESS NOTES from Family Health Center

Thank you to Hali Hammer, M.D. at San Francisco General Hospital's Family Health Center for sharing the attached Outpatient Group Progress Note and Diabetes Group Pharmacist Progress Note that were developed as a part of their IDEALL Health Project.

6) LAB REFERRAL PROTOCOL from San Mateo Medical Center

Thank you to Donna Barrett and the team at San Mateo Medical Center for the attached lab referral protocol. Although it took some time to get this form approved for all the clinics, they now use this form each day and have found that not only does it make their jobs easier, but it also improves quality outcomes.

7) SHARED MEDICAL APPOINTMENT CONFIDENTIALITY AGREEMENT from the University of California, Davis Medical Center

Thank you to James Nuovo, M.D. of the University of California, Davis Medical Center for sharing the attached Shared Medical Appointment Confidentiality Agreement. As you might recall, Dr. Nuovo was the guest speaker on the February Action Period conference call who discussed his experience with group visits.

8) Resources on the SNI Website

-Additional Self-Management, Group Visit and Protocol materials have been added to the website at <http://www.safetynetinstitute.org/UpdatedSite/OtherChronicResources.htm>

Karen Y. Lam
CCLC Collaborative Coordinator
cclc@caph.org