

Medical Home Care Coordination Measurement Tool[©]

Site Code: ____

Form # ____ of ____

Date	Patient Study Code And Age	Patient Level	Focus	Care Coordination Needs	Activity Code(s)	Outcome(s)		Time Spent*							Staff	Clinical Comp.	Initials
						Prevented	Occurred	1	2	3	4	5	6	7			

<p align="center"><u>Patient Level</u></p> <p><u>Level</u> <u>Description</u></p> <p>I Non-CSHCN, Without Complicating Family or Social Issues</p> <p>II Non-CSHCN, With Complicating Family or Social Issues</p> <p>III CSHCN, Without Complicating Family or Social Issues</p> <p>IV CSHCN, With Complicating Family or Social Issues</p> <p><u>Focus of Encounter</u> (choose ONE)</p> <ol style="list-style-type: none"> Mental Health Developmental / Behavioral Educational / School Legal / Judicial Growth / Nutrition Referral Management Clinical / Medical Management Social Services (ie. housing, food, clothing, ins., trans.) <p>Rev-09/10</p>	<p align="center"><u>Care Coordination Needs</u> (choose all that apply)</p> <ol style="list-style-type: none"> Make Appointments Follow-Up Referrals Order Prescriptions, Supplies, Services, etc. Reconcile Discrepancies Coordination Services (schools, agencies, payers etc.) <p align="center"><u>Time Spent</u></p> <ol style="list-style-type: none"> less than 5 minutes 5 to 9 minutes 10 to 19 minutes 20 to 29 minutes 30 to 39 minutes 40 to 49 minutes 50 minutes and greater* (*Please NOTE actual minutes if greater than 50) <p align="center"><u>Staff</u></p> <p>RN, LPN, MD, NP, PA, MA, SW, Cler</p> <p align="center"><u>Clinical Competence</u></p> <p>C= Clinical Competence required NC= Clinical Competence not Required</p>	<p align="center"><u>Activity to Fulfill Needs</u> (choose all that apply)</p> <ol style="list-style-type: none"> Telephone discussion with: <ol style="list-style-type: none"> Patient Parent/family School Agency Electronic (E-Mail) Contact with: <ol style="list-style-type: none"> Patient Parent School Agency Contact with Consultant <ol style="list-style-type: none"> Telephone Meeting Form Processing: (eg. school, camp, or complex record release) Confer with Primary Care Physician Written Report to Agency: (eg. SSI) Written Communication <ol style="list-style-type: none"> E-Mail Letter Chart Review Patient-focused Research Contact with Home Care Personnel <ol style="list-style-type: none"> Telephone Meeting Letter E-Mail Develop / Modify Written Care Plan Meeting/Case Conference 	<p align="center"><u>Outcome(s)</u></p> <p>As a result of this care coordination activity, the following was PREVENTED (choose ONLY ONE, if applicable):</p> <ol style="list-style-type: none"> ER visit Subspecialist visit Hospitalization Visit to Pediatric Office/Clinic Lab / X-ray Specialized Therapies (PT, OT, etc) <p>2. As a result of this care coordination activity, the following OCCURRED (choose all that apply):</p> <ol style="list-style-type: none"> Advised family/patient on home management Referral to ER Referral to subspecialist Referral for hospitalization Referral for pediatric sick office visit Referral to lab / X-ray Referral to community agency Referral to Specialized Therapies Ordered prescription, equipment, diapers, taxi, etc. Reconciled discrepancies (including missing data, miscommunications, compliance issues) Reviewed labs, specialist reports, IEP's, etc. Advocacy for family/patient Met family's immediate needs, questions, concerns Unmet needs (PLEASE SPECIFY) Not Applicable / Don't Know Outcome Pending <p align="right">Supported by grant HRSA-02-MCHB-25A-AB</p>
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