



# JOB BREAKDOWN SHEET

<b>Job/Role: Medical Assistant/EMT</b>		<b>Process Name: MA Rooming Intake Guide</b>	
<b>Department: Primary Care – FM/IM/IMC/Peds/CWH</b>		<b>Owner: Kim Wideman</b>	
<b>Job Aids (when applicable):</b>		<b>Equipment/Supplies:</b>	
<b>Notes (when applicable):</b>			
<b>Effective Date: 02/02/2023</b>		<b>Next Review Date: 09/02/2025</b>	
<b>Major Step – “What”</b>	<b>Key Points – “How”</b>		<b>Reasons – “Why”</b>
<b>1. Pre-scrub schedule before meeting with the provider</b>	<ul style="list-style-type: none"> <li>Review Health Maintenance (HM) in EPIC and note what the patient is due for or if it was ordered.</li> <li>Verify that the Health Maintenance pulled into Epic.</li> <li>The Use Immunization tab to import all external immunizations.</li> <li>Review any POC testing that will be needed before the start of the clinic.</li> <li>Review the schedule for any procedures and gather supplies as appropriate.</li> </ul>		<ul style="list-style-type: none"> <li>Session runs smoother, anticipating needs ahead of time.</li> <li>To ensure the current health maintenance is populated.</li> <li>Decreases patient wait time for results.</li> <li>To keep HM updated.</li> <li>To ensure all supplies are readily available and prevent delays.</li> </ul>
<b>2. Medical Assistant to lead huddle with the provider to plan for the session</b>	<ul style="list-style-type: none"> <li>Meet with the provider you are scheduled with for the day to discuss the patients on the schedule.</li> <li>Make additional notes on each patient as you and the provider discuss what may or may not be needed in addition to HM.</li> <li>Using verbal order designation, place, and selective sign any POC testing the provider may have requested; complete the order using the diagnosis code given by the provider.</li> <li>Each Department has a shared sticky note function (Specialty Comments) to update sticky notes and ensure current information is accurate               <ul style="list-style-type: none"> <li>Sticky notes can only be seen within your department.</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Session runs smoother, anticipating patient and provider needs ahead of time.</li> <li>Decreases patient wait time for results.</li> <li>If at your provider needs to communicate additions last minute, the sticky note is a helpful communication tool.</li> </ul>

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<p><b>3. Get the patient from the reception area</b></p>	<ul style="list-style-type: none"> <li>• Continually view scheduling in Epic to identify when your next patient has changed from a Sched to Arrived status in Epic.</li> <li>• Identify which exam room you will use and ensure it is patient-ready.</li> <li>• Ensure the exam room is set up appropriately.</li> <li>• Check EPIC for the patient’s preferred name/pronoun before you go to get the patient.</li> <li>• Upon getting the patient from the reception area, change the patient’s dot status to a RED dot “Medical Assistant Rooming Patient.”</li> <li>• Call the patient by preferred first OR last name.</li> <li>• When you have identified the patient, greet the patient and escort them from the reception area.</li> <li>• Observe the patient’s gait for fall risk.</li> <li>• If <a href="#">FALL RISK</a>: put the sign on the door.</li> </ul>	<ul style="list-style-type: none"> <li>• Informs the Medical Assistant that the patient is ready for the appointment.</li> <li>• Ensures the team knows the patient is being cared for by another Medical Assistant.</li> <li>• Part of team communication.</li> <li>• Ensures correct patient.</li> <li>• Identifies if the patient is at risk for falls.</li> <li>• Ensures we are meeting our National Patient Safety goals.</li> </ul>
<p><b>4. Introduction/Patient Verification</b></p>	<ul style="list-style-type: none"> <li>• Tell the patient your first name, and indicate your role during their visit.</li> <li>• Take any paperwork (Medication List, Labels, SBIRT).</li> <li>• Verify that you have the correct patient by using at least two patient identifiers.</li> <li>• Escort the patient to get height and weight measured, and let them set the pace.</li> </ul>	<ul style="list-style-type: none"> <li>• Integral part of the rooming process and helps develop relationships with the patient.</li> <li>• Ensures we meet our National Patient Safety goals by using two identifiers to identify patients.</li> </ul>

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<p><b>5. Obtain the patient’s height &amp; weight</b></p>	<ul style="list-style-type: none"> <li>• Have the patient remove their coat and shoes and place any bags on the floor/chair before obtaining the weight; the patient’s heels should be against the wall when getting the patient’s height.</li> <li>• When obtaining weight, it is an ask, not a demand. Supply the <i>why</i> for the patient:               <ul style="list-style-type: none"> <li>• “May I get your weight today? Provider X may need it for your visit.”</li> <li>• “I`m going to have you step on the scale to check your weight.”</li> </ul> </li> <li>• For adult patients, obtain the following: (see section 7 for pediatric patients)               <ul style="list-style-type: none"> <li>• Offer weight every visit, but allow patients to decline, document declination, and inform your provider.</li> <li>• Measure the height at every New Patient, Annual, and Medicare Wellness visit, regardless of the patient’s last standard visit. Ask during all other visits if height has been measured within the previous 365 days.</li> </ul> </li> <li>• Make a note of the height and weight to be added to Epic.</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary for general health evaluation and medication dosing. Assists in meeting our Meaningful Use targets.</li> <li>• Allows the clinician to have a current and accurate BMI calculation to aid decision-making.</li> </ul>

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<p><b>6. Seat the patient in the exam room</b></p>	<ul style="list-style-type: none"> <li>• Escort the patient to the exam room and let them set the pace.</li> <li>• Make small talk with patients as they feel comfortable.</li> <li>• When you arrive at the exam room, ask the patient to sit wherever they are most comfortable.</li> <li>• Wash your hands with soap and water or with Avagard. 5 points of hand hygiene:               <ul style="list-style-type: none"> <li>• Before touching a patient</li> <li>• Before the clean/aseptic procedure</li> <li>• After body fluid exposure risk</li> <li>• After touching a patient</li> <li>• After touching the patient’s surroundings</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Integral part of the rooming process and helps develop relationships with the patient.</li> <li>• Hand washing is a crucial performance indicator of patient safety.</li> </ul>

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<p><b>7. Complete patient data collection</b></p>	<ul style="list-style-type: none"> <li>• Log into Epic</li> <li>• Have the patient verify their two patient identifiers.</li> <li>• Complete and document the following findings in EPIC as they are received:               <ul style="list-style-type: none"> <li>• Identify/ confirm the chief complaint and document this in the “Chief Complaint” section.</li> <li>• Set the agenda with the patient for the visit. For example, if there are multiple topics that a patient wants to discuss, ask for the two most important. Let your provider know.</li> <li>• Complete Medication Reconciliation. This may be done through PreCheck-in. However, the provider must still “reconcile” any changes/updates.</li> <li>• Identify preferred pharmacies and remove unwanted pharmacies.</li> <li>• Identify and confirm allergies.</li> <li>• Complete clinic-specific medical history information (Addendum for the clinic is on the last page or as indicated).</li> <li>• Ask the patient about their smoking/tobacco status, including e-cigarettes and smokeless tobacco, “Do you use tobacco products, and if so, which type?”</li> <li>• Discuss Health Maintenance and pend any Health Maintenance that is due/overdue in Progress Note, using the Dynamic Smartset.               <ul style="list-style-type: none"> <li>• Pend/complete after confirming the need for the patient to complete any forms. This applies to any modifiers not requiring an order queued up by Dynamic Smartest, i.e., PHQ-9, SBIRT, GAD,</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Data gathering prepares the provider for a visit, identifies, or rules out physiological issues, and prepares the patient for a visit.</li> <li>• Documents critical medical information in Epic.</li> <li>• Smart phrases will print on the AVS. The medications reported as “not taking” or “taking differently” are listed on the AVS. Medications will not be removed from the medication list, but inform the patient what was reported was heard.</li> <li>• Improve patients’ access to their OHSU medical records and to their providers in an electronically protected (encrypted) manner.</li> <li>• Helps us hit our key performance indicators</li> <li>• *These vitals are required for any Medicare Wellness Visit</li> </ul>

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	<p style="text-align: center;">and any WCC age-specific screening.</p> <ul style="list-style-type: none"> <li>• Input any completed paperwork.</li> <li>• Standard Visit Vitals:               <ul style="list-style-type: none"> <li>• Weight*</li> <li>• Height*</li> <li>• Blood pressure</li> <li>• Pulse</li> <li>• Respiration (if indicated)</li> <li>• Temperature (if indicated)</li> <li>• SPO2 (if indicated)</li> </ul> </li> </ul> <p style="text-align: center;"><b><u>Pediatric Population</u></b></p> <p style="text-align: center;"><b><u>Well-Child Visits and/or Follow-Up:</u></b></p> <ul style="list-style-type: none"> <li>• 0-23 months’ vitals:               <ul style="list-style-type: none"> <li>• Weight (naked on the baby scale)</li> <li>• Temperature (if indicated)</li> <li>• Length (check three times)</li> <li>• Head Circumference (check three times)</li> <li>• Other clinic-specific vitals (vision etc.)</li> </ul> </li> <li>• 2+-year-old vitals:               <ul style="list-style-type: none"> <li>• Weight (clothed ok, standing scale)</li> <li>• Temperature (if indicated)</li> <li>• Height (standing)</li> <li>• Blood pressure (ages 3+ years)</li> <li>• Pulse</li> <li>• Other clinic-specific vitals (vision etc.)</li> </ul> </li> </ul> <p style="text-align: center;"><b><u>Acute Visits (or ill child during WCC):</u></b></p> <ul style="list-style-type: none"> <li>• 0-23 months’ vitals:               <ul style="list-style-type: none"> <li>• Weight (0-12 months’ naked on the baby scale)</li> <li>• Blood pressure (only if fever at visit or vomiting)</li> <li>• Pulse</li> <li>• Respiration</li> <li>• Temperature</li> <li>• SPO2 (if respiratory issue-cough, SOB, wheezing)</li> </ul> </li> <li>• 2+-year-old vitals:               <ul style="list-style-type: none"> <li>• Weight (clothed ok, standing scale)</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Blood pressure (only if fever at visit or vomiting)</li> <li>• Pulse &amp; Respiration</li> <li>• Temperature</li> <li>• SPO2(if respiratory issue-cough, SOB, wheezing)</li> </ul>	
<b>8. Provide instructions for the rest the of the visit</b>	<ul style="list-style-type: none"> <li>• Explain visit type-specific processes (e.g., patient change into a gown, remove socks and shoes, etc.)</li> <li>• Initiate any visit-related orders such as strep, UA, vaccinations, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish agenda for the rest of the visit, potentially reducing patient anxiety.</li> </ul>
<b>9. Let the patient know how long until the provider will be in the room</b>	<ul style="list-style-type: none"> <li>• If appropriate, repeat blood pressure if the initial reading exceeds 140/90.</li> <li>• Give reasonable time; try to be specific.</li> <li>• Ask the patient if they have any remaining concerns.</li> <li>• Check on the patient every 10 minutes, offer water, and update the patient on the provider’s arrival.</li> </ul>	<ul style="list-style-type: none"> <li>• Optimizing blood pressure reading for best practice.</li> <li>• Establishes expectations for a patient, reducing frustration around wait time.</li> <li>• Improves patient experience, demonstrating concern for patient’s time.</li> </ul>
<b>10. Update patient status in EPIC</b>	<ul style="list-style-type: none"> <li>• Change the patient’s dot status to GREEN dot (Patient in the room ready for the provider).</li> </ul>	<ul style="list-style-type: none"> <li>• Provides communication to the provider that the patient is ready for them.</li> </ul>
<b>11. MyChart offer (this step can be done at Check-in, during rooming, or at Checkout according to clinic guidelines)</b>	<ul style="list-style-type: none"> <li>• Verify if the patient is not already signed up for MyChart, or has already declined MyChart; if neither of these is true, ask:               <ul style="list-style-type: none"> <li>• “Are you signed up? We would like to communicate directly with you about test results (etc.) when they are available.”</li> <li>• “Can I help you sign up now? You can even print your or your child’s immunizations, review and order medications, schedule appointments, have virtual visits, communicate with your provider, pay bills, etc.”</li> </ul> </li> <li>• Navigate to the MyChart sign-up page and have the patient sign up in a room.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve patient’s access to their OHSU medical records and to their providers in an electronically protected (encrypted) manner</li> </ul>

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<b>12. Post-huddle with your provider (decided at morning huddle)</b>	<ul style="list-style-type: none"><li>• Check in with your provider for feedback on how the session went for both of you. What worked? Where are opportunities for next time?</li><li>• Delete session-related sticky notes only.</li></ul>	<ul style="list-style-type: none"><li>• To create a culture of trust and assumption of good intent, we need to be able to give and receive feedback.</li></ul>