



GATEWAY COMMUNITY HEALTH CENTER, INC.
Diabetes Self Management Project

Promotor(a) Policy and Procedures

Approved By:

[Name]

[Name]

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GATEWAY COMMUNITY HEALTH CENTER, INC.

Diabetes Self Management Project

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GATEWAY COMMUNITY HEALTH CENTER, INC.

Diabetes Self Management Project

Goals and Objectives

Goal:

To build a consistent infrastructure and methodology that will assist patients with diabetes to maintain their HbA1c lower than 7% over an extended period of time by implementing and integrating Diabetes Self Management in a culturally sensitive manner.

Objectives:

▪ **Objective 1:**

- To integrate self management activities with clinical management activities of the center through the use of consistent tools, documentation, and communication feedback mechanisms.

▪ **Objective 2:**

- To develop a consistent approach to self management within three delivery models (the clinic visit, the certified diabetes educator, and the self management course), making sure that assessment, education, goal setting occur.

▪ **Objective 3:**

- To implement an expanded goal follow-up mechanism within all delivery models, increasing patient support in goal evaluation and revision.

GATEWAY COMMUNITY HEALTH CENTER, INC.

Diabetes Self Management Project

- **The Role of the Promotor(a):** is to motivate, educate and to be a liaison between the patient and the healthcare provider.

The promotor(a) provides informal counseling and social support; culturally sensitive diabetes education, advocates for patient needs; assures that patients receive the health services they need and provides referral and follow-up services.

The promotor(a) is a valuable employee of the center and plays a key role on the delivery of *Diabetes Self Management*. They assist and guide the patient in the management of the disease process, in prevention and control of the disease, and the maintenance of Diabetes Self Management.

- **The Role of the Promotora Coordinator:**

Monitoring the performance of the other Promotores.

Developing Promotores developmental plan.

Maintaining patient satisfaction with the program –how to monitor when others are conducting the program.

Communicating Promotora limitations and needs.

Directing the Promotores in activities.

Overseeing Quality Control of the staff and program.

GATEWAY COMMUNITY HEALTH CENTER, INC.

Diabetes Self Management Project

Promotor(a) Standing Orders

I. Purpose

To guide the promotor(a) to educate, administer questionnaires, make referrals, and document as per the Center's Medical Providers Orders and Expectations.

II. Promotor(a) Actions

- Completes initial assessment using the “Diabetes Self Management Patient Assessment”. Prior to assessment, completes Registration and Consent forms.
- Assess patient knowledge using the “Knowledge Questionnaire”
- Determines with patient which Diabetes Self Management goals he/she is going to set to be monitored. Goals should be measurable and attainable.
- Teaches the patient using the Promotor(a) Diabetes Self Management Course in the following areas:
 - Definition of Diabetes
 - Medication Side Effects
 - Normal glucose definition, range, and reasons for tight control
 - Symptoms and caused of High/Low blood sugar
 - Appropriate responses to High/Low blood sugar
 - Sick day management and when to call the medical provider
 - Basic Nutrition-Food groups, food choices, carbohydrates. Refers to ICDE for special diets, dietary needs, or medical conditions that would require special instructions.
 - Exercise-Teaches patients how to develop an exercise plan. All patients need to consult with the medical provider prior to initiate an exercise plan.

 - Demonstrates blood glucose monitoring according to the Diabetes Self Management educational curriculum, has patient demonstrate, and provides additional instruction to attain patient competency. Completes meter calibration as per manufacturers procedure

- Introduces Drug Assistance Program and the availability of Diabetic supplies at a reduced cost. If patient agrees to purchase supplies, the promotor (a) will provide the patient with supplies at the next visit. It will be necessary for the promotor (a) to obtain a referral form from the medical provider.
- Educates patients on the recommended procedure for sharp disposal.
- Demonstrates appropriate foot care and introduces the Mono filament Test Report. Patient needs to bring report to the medical provider at each visit. If patient reports to the promotor (a) any changes prior to the medical visit, the promotor (a) will advise RN or medical provider. Findings will be documented in promotor (a) Progress Notes.
- Refers patient with signs of depression to RN for preliminary evaluation using the Depression Questionnaire. RN will consult with provider and refer to Center's Psychiatrist.
- Refers patient to outside services when not available at the center.
- Documents according to procedure.
- Conducts follow-up as per project requirements and documents outcomes.
- Compiles all data for projects secretary to input into the registry.



GATEWAY COMMUNITY HEALTH CENTER, INC.

Gateway Diabetes Self-Management Project

JOB DESCRIPTION PROMOTORA

DESCRIPTION:

Influences patients with diabetes to assume responsibility for their own disease management and will serve as a health advisor offering patients with diabetes encouragement and support.

SUPERVISION:

Directly supervised by Project Coordinator.

TYPICAL PHYSICAL DEMANDS:

Requires sitting, stooping, bending, kneeling and filing on a regular basis. May require moving up to 25 pounds. Requires the use of office equipment such as; computer, telephone, calculator and copier.

ESSENTIAL FUNCTIONS:

- Promotes diabetes self-management activities and project services.
- Assists in the recruitment, training and motivation of volunteers and utilize them in educational/promotional activities.
- Assists with the follow-up of patients participating in self-management activities.
- Assists the patient to complete self-management contracts and other forms pertinent to gather essential data for the program.
- Conducts self-management classes as specified in the Robert Wood Johnson Foundation Grant.
- Prepares monthly activity reports.
- Maintains patient confidence and protects operations by keeping information confidential.
- Reports patient responses, signs and symptoms, and findings immediately to supervisor RN or Provider if the RN is not available.

SECONDARY FUNCTIONS:

- Plans activities as required by Coordinator.
- Assists Project Coordinator in the development of educational materials.
- Keeps records of his/her daily activities and prepares reports as required by Project Coordinator.
- Assist in medical clinic educational activities.
- Participates in all promotional activities sponsored by the Center.

MINIMUM QUALIFICATIONS:

- Graduate from an accredited high school or GED program.
- Must be bilingual in English and Spanish.
- One year minimum experience in health education or related field.
- Possess means of transportation.
- Valid Texas Driver's License and minimum liability insurance.

SKILLS AND ABILITIES:

- Knowledge of Hispanic culture and customs.
- Knowledge of community health problems.
- Ability to work effectively with others and to deal tactfully with professional personnel as well as with the public
- Ability to motivate and work with individuals in target areas to promote community education and client participation.
- Ability to express ideas clearly and concisely, and to exercise good judgment in evaluating situations and in making recommendations.

ESSENTIAL POLICIES AND PROCEDURES THAT MUST BE FOLLOWED:

- **Client And Department Confidentiality:**

As an employee of Gateway Community Health Center, Inc., (GCHC) I understand that I am dealing with client information, which is mandated to remain confidential. Therefore I affirm by signing below that:

I understand that I am not to verbally discuss, transcribe, photocopy or paraphrase any information, which I obtain as part of my duties with the Center. In addition, I will not allow the opportunity for other staff members, clients or clinic visitors to have access to any information I am privy to, by being constantly aware and alert as to how I process such clinical information. I further, understand that if I release any confidential information that I obtain through the Center, I will be immediately dismissed.

- **Drug Free Workplace Policy:**

I, also confirm by signing below that I have received a copy of the Drug Free Workplace Policy section 3.06 of the current Gateway Community Health Center, Inc. personnel policies and that as an employee it is my responsibility to read and understand these policies as they apply and that if further clarification is needed, I will contact my immediate supervisor.

- **Employee Acknowledgment of Alcohol & Drug Abuse Policy Statement:**

I, also acknowledge that I have read and received a copy of the Alcohol & Drug Abuse Policy. I also acknowledge that the provisions outlined in said policy are part of the terms and conditions of my employment and I agree to abide by them.

- **Employee Acknowledgment Prohibition of Weapons Policy:**

I, also recognize that I have read and received a copy of the Prohibition of Weapons Policy. I also acknowledge that the provisions outlined in said policy are part of the terms and conditions of my employment, and I agree to abide by them.

- **Consent for Weapons Search:**

I, also by signing below authorize the Gateway Community Health Center, Inc. and its designee to conduct a weapons search of my desk, locker, work station and any other personally controlled areas and/or personal property located within the confines of the Center, parking lot, and affiliate work sites.

I understand that this consent form must be signed as a condition of employment and in adherence with the Prohibition of Weapons Policy adopted by GCHC. I further understand that violation of this Policy will result in the filing of criminal charges and disciplinary action including suspension and/or termination of employment.

Furthermore, I agree to hold harmless the GCHC and/or designee from any and all liabilities and/or causes of action which may result from this search.

- **Personnel Policies and Procedures:**

I also confirm that I have read the personnel policies and procedures of the Gateway Community Health Center, Inc. and that as an employee; it is my responsibility to read and understand these policies as they apply and that if further clarification is needed, I will contact my immediate supervisor.

I hereby acknowledge that I have read and understand the above mentioned job duties, qualifications, policies and procedures. I also certify that I received a copy of this job description.

Posted Salary _____

Non-Exempt

OSHA Category 3

Employee Signature

Date

Supervisor Signature

Date

Miguel Treviño, Jr.
Chief Executive Officer

Date

GATEWAY COMMUNITY HEALTH CENTER, INC.

Diabetes Self-Management Program

Promotor(a) Competency and Skills Checklist

Skill or Competency	Classroom Education and Demonstration (Date and Initial by Project Coordinator)	Return Demonstration (Date and Initial by RN Educator)	Observation and Sign- off by RN Educator and Project Coordinator (Date and Initial)
Knowledge and teaching competency for the following topics (according to the Diabetes Self-management Program):			
1). Diabetes physiology, and risk factors: Type I and type 2.			
2). Goal Setting			
3). Blood glucose monitoring, calibrating and disinfecting the machine.			
4). Setting blood sugar goals.			
5). Recognition and treating of hypoglycemia			
6). Recognition and treating of hyperglycemia			
7). Food groups and serving sizes			
8). Exercise and Diabetes			
9). Diabetes Medications			
10). HgA1c definition			
11). Monitoring and preventing complications following recommended ADA screenings, and medications.			
12). Foot assessment and care procedure			
13). Managing sick days			
14). Traveling with diabetes			
15). Coping with diabetes			
16). Referring patients to community resources using state, county, city, & GCHC.			
17). Assessment of depression screening tool (procedure)			
18). Documentation of assessment, interventions, findings and patient responses.			
19). Referral to Certified Diabetes Educator, RN and/or Provider (responsibility & process)			
20). Communication techniques (listening, coaching, sharing)			
21). Home visit guidelines			

Comments: _____

Name: _____ Signature: _____ Date: _____
Promotor(a)

Name: _____ Signature: _____ Date: _____
Director/Coordinator



GATEWAY COMMUNITY HEALTH CENTER, INC.
EMPLOYEE PERFORMANCE EVALUATION
(Confidential)

Employee's Name: _____ SS# _____

Position Title: _____ Department: _____ Date of Hire: ____/____/____

Date of last Evaluation: ____/____/____ Evaluation Period ____/____/____ to ____/____/____

Date Started in Position: ____/____/____ Supervisor's Name and Title: _____

Length of time Supervised Employee: _____ Date of Evaluation: ____/____/____

Occasion for Evaluation:

Probationary

Annual

Promotion/Transfer

Other

Performance Measures:

Employee performance for each of the several skills or qualities, and for overall performance, is measured along the range of values given below:

- | | | |
|----------|---------------------|---|
| 5 | Outstanding | Employee's performance consistently exceeds the job requirements and the performance of colleagues. Requires very little, or no supervision and is completely reliable. |
| 4 | Good | Performance is well above average, meets job requirements most of the time and frequently exceeds them. Requires occasional supervision. |
| 3 | Satisfactory | Meets the job requirements most of the time. Requires regular, on-going supervision. |

2	Marginal	Work is satisfactory in some areas but occasionally fails to meet job requirements and requires more than routine supervision.
1	Unsatisfactory	Fails to meet job requirements on a consistent basis, and requires constant supervision for the accomplishment of routine tasks.

- **Instructions:** For each area, circle the indicator that based upon your observation and all pertinent information, best fits the performance of the employee in his/her present position.

A. Overall Employee Performance:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Quality: The employee has grasped all elements of the work assigned, has mastered the skills required, and is thorough and accurate. | 1 | 2 | 3 | 4 | 5 |
| 2. Productivity: The employee produces significant volume of work in an efficient and effective manner. | 1 | 2 | 3 | 4 | 5 |
| 3. Mission Focus: In the performance of assigned duties, the employee works in harmony with others and exhibits a positive attitude and a commitment to the basic mission of the agency. | 1 | 2 | 3 | 4 | 5 |
| 4. Patient Focus: In relations with patients or clients, the employee, exhibits caring qualities consistent with the values of the community health center. | 1 | 2 | 3 | 4 | 5 |
| 5. Reliability: The employee can be relied upon to meet work schedules and fulfill responsibilities and commitments. (Consider attendance, punctuality, dependability, initiative, productivity, and efficiency.) | 1 | 2 | 3 | 4 | 5 |
| 6. Professional Development: Employee actively pursues continuing education in order to improve job skills or job performance. | 1 | 2 | 3 | 4 | 5 |
| 7. Skill Maintenance: Employee actively participates in agency-sponsored staff training events (safety instruction, evacuation drills, OSHA training, etc.). | 1 | 2 | 3 | 4 | 5 |
| 8. Reasoning Skills: Employee demonstrates ability to find new and better ways of performing job functions and utilizes proper judgment and decision making skills. | 1 | 2 | 3 | 4 | 5 |

9. **Initiative:** Employee seeks out new assignments, assumes additional responsibilities, and looks for opportunities to expand their role within the organization. 1 2 3 4 5
10. **Cultural Competence:** In the performance of job duties, employee exhibits awareness of cultural factors and shows competence in reducing cultural barriers to the provision of health care services 1 2 3 4 5
11. **Supervisory Skills:** Supervisory responsibilities are carried out effectively, in a timely manner, and with sensitivity to the staff that are supervised. 1 2 3 4 5

COMMENTS: (Please use the following area to explain any criteria scored 1, 2, or 3. Use additional page if necessary):

V. B.Performance of Specific Job Duties and Responsibilities for: _____

Employee's Name

NOTE: In the spaces below type in the specific job duties as they are presented in the Job Description. A valid evaluation must be based on the specific duties that an employee has been asked to perform.

1 2 3 4 5

Specific Job Duty, Responsibility & Competencies

1. Provides information, training, and support to patients and families by performing outreach to the community, receiving client referrals, conducting and assisting educational efforts, and responding to Requests for support and guidance.					
2. Obtains required information by interviewing applicants, patients, family members, and others. Completes applications and gathers documents such as forms, regulations, guidelines, and other materials as requested.					
3. Increases program visibility by performing outreach in the community, participating in community education activities, and providing collaboration and referrals with community providers and agencies.					
4. Assists individuals and families in achieving and maintaining wellness by being available to program clients, with such activities as nutrition counseling, ADA guidelines for screening and preventive medication or treatment supplies.					

5. Educates applicants and clients by explaining physiological process, signs and symptoms of disease, diet and nutrition options, management of normal life activities, and resources for service and Support, including financial support.					
6. Obtains assistance for applicants and patients by referring them to community programs and resources.					
7. Maintains patient confidence and protects operations by keeping information confidential.					
8. Contributes to team efforts by following policies and procedures; participating in quality reviews; reporting needed changes; and by accomplishing related results as needed.					
9. Reports unusual patient responses, signs and symptoms, and findings immediately to Coordinator, or Provider if Coordinator is not available.					

C. Narrative Performance Assessment

1. Identify and describe the principal strengths exhibited by the employee in the performance of job duties.

2. Identify and describe those areas of performance or job skills where improvement is needed or encouraged.

3. Describe the types of training and/or continuing education that would likely result in improved performance on the part of the employee. Identify sources of the training where possible.

D. Employee's Response:

1. Identify and describe the strengths that you feel you exhibit in the performance of your job duties.

2. Identify and describe the areas of your job performance that you feel would benefit from improvement:

3. Employee objectives to be achieved by the next performance evaluation.

4. Comment on or respond to any observations regarding your job performance in this evaluation.

E. Certification:

1. The contents of this *Employee Performance Evaluation* have been shared and discussed with me. Signature does not indicate agreement with the evaluation results, but indicates the appraisal was reviewed and discussed with employee.

Comments:

_____ Date: ___/___/___
Employee

2. I have discussed the above *Employee Performance Evaluation* with this employee.

Comments:

_____ Date: ___/___/___

Supervisor

3. I have reviewed the above *Employee Performance Evaluation*. Signing this statement does not indicate that I concur with the evaluation.

Comments:

_____ Date: ____/____/____
Chief Executive Director

4. I certify that I have received a copy of this *Performance Evaluation Form*.

_____ Date: ____/____/____
Employee

GATEWAY COMMUNITY HEALTH CENTER, INC.
Diabetes Self Management Project

Documentation Procedure

I. Purpose:

To implement an efficient documentation system that will provide accurate information on patient's knowledge about diabetes, goal setting and follow-up.

II. Policy:

The Promotor (a) is responsible for documenting the initial and ongoing patient's progress, educational needs and education provided. Documentation is recorded in the patient's medical record on the Promotor (a)'s *Progress Notes*. Abnormal reactions, unexpected behaviors, and/or abnormal findings are also documented in the *Progress Notes* and are reported to the RN or the Medical Provider.

Procedure:

- Medical Records-Promotor (a) Progress Notes

- a. Completes patient name, date of birth, and document whether the patient is participating in the Diabetes Self Management Course. Also indicate in which of the three models (RIN, CDE, Promotor (a)) he/she is participating.
- b. Document specific information on the patient's goal setting and progress. Also indicate the level of participation during the Self Management sessions.

- Office Record

The following forms need to be completed and updated as necessary:

- a) Referral Form
 - b) Registration Form
 - c) Informed Agreement/Consent
 - d) Patient Assessment
 - e) Knowledge Questionnaire
 - f) Goal Setting Form & Tips
 - g) Daily Record Book
 - h) Depression Tool
 - i) Progress Notes
 - j) Telephone Follow-up
 - k) Home Visit Follow-up
 - l) Encounter Notes
 - m) Correspondence
- Gateway's Medical Records General Information

GATEWAY COMMUNITY HEALTH CENTER, INC.

Medical Records

General Information

1. PHILOSOPHY

The medical record is the who, what, when, where, why and how of patient care during each encounter or episode of care. It stores the knowledge concerning the patient and his/her care. To be complete, the medical record must contain sufficient data written in a sequence of events to justify the diagnosis and to warrant the treatment and end result.

Gateway Community Health Center, Inc., hereafter know as the Center, does not voluntarily use the medical record in any manner which would jeopardize the interest of the patient, except if necessary, to defend itself or its agents, against accusations made by patients or others. Information may be released to the Center's legal representative (s) to protect the interest of the Center in cases involving liability or compensation.

Administration may, at any time, refuse to permit the examination of any record by any attorney, employer, insurance carrier, or other person or their legal representative, who fails to comply with the Center's policies.

No information can be released, unless required by law, until the Center is fully satisfied that the patient, with a full understanding of the situation, requests the information to be released.

1. **OBJECTIVES**

The medical record department will provide:

1. Prompt and complete recorded data that reflects sequence of events that warrants the diagnosis, treatment, and outcomes for each encounter.
2. The basis for the planning of quality care, course of treatment/s, and supported documentation for each patient encounter.
3. A means for intra-center communication between the physician and other professionals contributing to care of patients.
4. Detailed document/s that support Performance Improvement/Risk Management activities.
5. An information pool for research, evaluation/analysis, and of the quality of care rendered to the patient.
6. The educational resources required for the medical staff and paramedical personnel.
7. The legal information that protects patient, physician, and center.
8. The verification of information required by third party payers.

1. **GOALS**

The goals established by the Medical Records Department are to:

1. Continue to provide prompt medical record services to expedite the care of all patients.
2. Enhance the maintenance of confidentiality, security, authenticity, and legibility of all medical records.

1. **DEPARTMENT STRUCTURE**

The managing of the Medical Records Department revolves around four functions: Planning, Organizing, Controlling and Monitoring. Good organization and management are facilitated by the adoption of the necessary controls, explicit written procedures, updating information about advances in medicine, recording technology, and data retrieving. Imaginative approaches to problem solving and willingness to alter procedures to fit new situations or needs are a high priority.

The Medical Records Department is under the supervision of a Medical Records Supervisor and the direction of the Director of Patient Services. These directors are supervised by the CEO and Medical Director of Gateway Community Health Center (GCHC). If the medical record supervisor is not a qualified Registered Record Administrator, a qualified consultant will be obtained.

The medical records consultant will advise, conduct in-services, and evaluate medical records according to medical records principles in compliances with licensing agencies.

The Medical Records Department will have the capability of providing services in the interest of maintaining optimal standards of patient care. The services will include the release of information, quantitative analysis and data retrieval. The Medical Records Department's functions shall be coordinated through the efforts of the Supervisor or if necessary designated

medical record consultant. Additional personnel may be employed as needed in order to effectively transact the functions assigned to the Medical Records Department.

1. **HOURS OF OPERATION**

The department's hours are structured according to the center's hours of operation and are as follows:

Monday	9:00 am – 6:00 pm	
Tuesday	9:00 am – 6:00 pm	
Wednesday	9:00 am – 6:00 pm	
Thursday	9:00 am – 6:00 pm	
Friday	9:00 am – 6:00 pm	
Saturday	9:00 am – 2:00 pm	(South Clinic Only)

Exceptions to the above schedule are due to holidays as defined by the Center and on other hours of operation as approved by the Board.

GATEWAY COMMUNITY HEALTH CENTER, INC.

Medical Records

Check Out System

All charts out for use by other departments will be fully documented on the check-out Log and out card. Persons authorized to take charts from the Medical Records Department will be limited to only clinic staff and **under no circumstances will any chart leave the Centers.**

An out card will be used to track the location of a medical record at any one point in time.

Procedure:

1. Medical records may be checked out only by authorized clinic staff member.
2. A check out log and out-guide card will be completed with the Following information:

A. Patient Name

- B. Chart Number
 - C. Destination of Records
 - D. Date signed out
 - E. Person accepting responsibility for records.
3. Medical record staff will review record content prior to release to ensure reports are accurately filed in the chart.
 4. Person picking up the medical record will be required to **sign the card and log**. The same individual will be held responsible until the record is returned.
 5. The file out-guide will be returned to its appropriate file.
 6. Each Friday, the check out log will be reviewed and all outstanding charts must be returned to the Medical Records Department.

GATEWAY COMMUNITY HEALTH CENTER, INC.

Medical Records

CHARTING DO'S AND DON'TS

CHARTING DO'S

DO Record patient identification information on each page in the chart.

DO Document all contracts with the patient. Include all telephone calls and all services rendered including prescription refills.

DO Chart the complete date (month, day, and year) on each chart entry.

DO Have each entry signed with name, title/position of author.

DO Use black ink. It is easier to photocopy.

DO Write legible. Print each chart entry in the event the handwriting is difficult to read.

DO Chart all information immediately since delays lead to inaccuracies.

DO Describe clearly with each chart entry the following:

- Mode of contact (i.e. telephone call, visit, etc...)
- Reason for contact
- Procedures done, or information/advice given
- Outcome of contact
- Plan for future care/follow-up

DO Fill in every blank by placing a line through the section or indication “N/A” for not applicable.

DO Chart precise amounts and be very careful where the decimals are placed.

DO Correct any error or mistake in charting by drawing a single line through the incorrect entry, label “error”, initial and date the correction.

DO Identify, date and sign and addendum, additions, or corrections of the chart.

DO Record and emergency contact mechanism for patient and next of kin.

CHARTING DON'TS

DON'T Alter records, or correct, clarify or add to or modify an entry in any way if a lawsuit has been filed.

DON'T Use liquid paper or “white out”, scribble over, cut off or punch a hole through the entry.

DON'T Chart subjective comments about the patient, e.g. “Patient is nuts”. Quote the patients words such as “Patient states she is a cat”.

DON'T File a chart until it has been checked for completeness.

Promotores communication and relationship skills:

Speaks slowly, and distinctly when instructing patients.

Uses good eye contact.

Is patient, encourages questions and open discussion.

Shows the patient that she is actively listening to the patient through verbal and/or nonverbal acknowledgements.

Recognizes when she does not have an answer to the patient’s questions, honestly states that, and refers the question to the CDE for management.

Is respectful to the patients.

Handles disagreements with patients by restating the area of concern and immediately referring the concern/discussion to either the CDE or the RN.

Follows through on the issues that have been referred to make sure that the patient gets an accurate answer.

Maintains confidentiality of the patient data.

Promotores Documentation in the Progress Notes

Document the patient's SM goal in specific, accurate, and concise terms (Will walk in the mall for 10 minutes 3 times a week).

Document revision of goals in specific, accurate, and concise terms (Walking for 10 minutes 3 times/wk, increase walking to 15 minutes each time).

Document goal accomplishment in specific, accurate, and concise terms (Weight loss of 15 lbs over 10 weeks; Walking 4 times/wk for 30 minutes)

Summarize goals in specific, accurate, and concise terms (Self Monitored Blood glucose done 2 times/day, met diet goal of eating only 4 tortillas per day instead of 6 for the past four weeks, Walking 3 days per wk for 30 minutes each time last 3 out of 4 weeks).

Team Communication Plan for Assisting Patients with Self-management

Data Entry Secretary will:

- 1) Complete the appropriate sections of PECS Encounter Note database by reviewing the charts of all patients that have been registered in the Diabetes Self-Management Course (Dr. Hinojosa, Dr. Crowder, and Dr. Flores).
- 2) On a daily basis, review the list of patients to be seen in the clinic (for all three physicians) the following day, and identify those that are diabetic, and are either taking the Diabetes Self-Management Course or being seen by the CDE.
- 3) Update the Encounter Note in the following areas for those patients by inputting data found on the most recent Self-Management Progress Note: Date starting the SM Course or the Support Group, SM Goal Description, Dates for the Follow-up SM (Dr.), Follow-up SM (Staff), and CDE Appointment dates.
- 4) Put a copy of the newly updated Encounter Note on the patient's chart.

The CDE will:

- 1) Meet with the Promotores at the end of the Diabetes Self-Management Course to discuss, verify (through chart review) the accomplishment of goals (the weight gain or loss, BP measurements, lab profiles [HbA1c, Triglycerides, and Cholesterol]).
- 2) Assist the Promotora as needed in summarizing the goal accomplishment in the Promotoras Progress Notes.
- 3) Refer to the provider any patient that was referred to the CDE by the Promotora, but that the CDE has difficulty managing (patient situation, barrier, or problem that can potentially affect the safety of the patient).

The Promotores will:

- 1) Immediately report any significant patient situation (anything that compromises the safety of the patient), barrier to self-management goals, or problem to the CDE for triage and guidance.
- 2) The Promotora will document the situation, barrier, or problem and the referral to the CDE/provider on the Promotoras Progress Notes.
- 3) In the event that the CDE is not at the clinic, the Promotora should go immediately to the LVN in charge/provider and explain the situation, barrier, or problem.

The Provider will:

- 1) Relay any patient concerns or needs related to the Diabetes Self-Management Course or Support Groups either to the CDE or directly to the Promotora if the CDE is not available.

Promotora Documentation on the Self-Management Progress Notes

The following patient situation requires immediate follow-up and needed to be charted in the Progress Notes:

Specific Patient Complaints or Situations	Example of documentation in the Progress Notes
Need for a Blood Glucose Monitor	Patient states “I do not have a machine to test my blood sugars”
Reporting hypoglycemic episodes	Patient states “I am waking up during the night, feeling shaky and sweating” (state actual symptoms the patient relays to you)
Recent ER or Hospitalization	Patient states he was admitted to the hospital for chest pain last week. (Notice: this is a summary of what the patient said, not an exact quote so it is not in quotation marks)
Problems taking a medication	Patient states “The medication makes me sick to my stomach”

Complaints about their feet	Patient states “I have some numbness in my feet” or “I have a small spot that won’t heal on my foot”
Pain while exercising (i.e. chest pain, headache, or severe leg pain)	Patient states “I am having _____ pain” or patient stopped in the middle of the exercises and began rubbing his legs” Patient stopped exercising and clutched her chest, stating “I am having pain here”
Out of medication	Patient states “I am out of my blood pressure medication and my diabetic pill”
Any severe shortness of breath	Patient started gasping for breath during the exercise session
Signs or symptoms of depression including: not able to sleep, not able to get out of bed, poor eye contact, crying, not talking, not responding to things around him in the room, verbalizations of feeling down, depressed.	Patient complains of “_____.” Patient is not participating in any of the classroom activities, he is sitting there not responding to any of the other patient comments or instructor teaching
Confusion about any aspect of the SM class (diet, medications, symptoms, etc) that the Promotora is not able to clarify.	After numerous explanations, the patient cannot understand the difference between hyperglycemia and hypoglycemia
Any abnormal symptoms such as chest pain, shortness of breath, headache, dizziness, severe leg pain, etc.	Patient is complaining of _____ that he states started right after stretching exercises
Any mention of suicide planning	Patient states “Life is not worth living if you cannot have the food you like and you have watch everything you eat.” “I do not want to deal with diabetes anymore, I would rather be dead”
Any signs and symptoms of severe stress	Patient states “I don’t know how I can cope with this new diet and still fix my family dinner”
Any abuse situation (spousal, elder)	Patient showed black and blue marks on legs and arms. “She stated her husband was drinking, got mad at her and hit her”
EXAMPLES OF GOOD PATIENT PARTICIPATION IN CLASSES	EXAMPLES OF POOR PATIENT PARTICIPATION IN CLASS
Patient frequently asked questions	Patient appears upset about having to come to classes
Patient shares feeling of frustrations about having diabetes and fear of having the same complications as her grandmother	Patient appears angry, states “It’s not fair that I have diabetes, I have a family to raise”
Patient appears to be problem solving, she will ask family members to alternate watching her children so that she can exercise	Patient making negative comments, states “There is no possible way for me to exercise, I don’t have time!”
Patient shares his experience in trying to meet his exercise goals, and how he had to revise his exercise goal to meet his schedule	Patient refuses to share any thoughts or feeling about his diabetes
Patient shares positive feelings about decreasing his blood glucose by decreasing the number of tortillas he eats each day	Patient appears disinterested in the classes; he frequently looks outside and does not pay attention.
Patient does not hesitate to share his progress in meeting his goals	Patient must be asked to share his goals, he does not offer any responses without being asked
Patient is always on time for classes	Patient has been late to class the last five classes
Patient is always prepared to discuss the days	Patient does not bring her notebook to class, and does not

presentations and notebook material	seem to be interested in learning the material.
EXAMPLES OF ATTENDANCE DOCUMENTATION:	Patient attended 9 out of 10 classes; he missed 1 because of illness. Patient attended all the SM course classes.
EXAMPLES OF GOAL SUMMARY STATEMENT:	Patient goal progress includes walking 5 times per week for 30 minutes at the mall after work, eating only 2 tortillas per day, taking blood glucose levels 2 times a day, HBA1C has decreased by 1%, weight has decreased by 5 pounds. Current goal is making food with olive oil instead of lard over the next week.