

Instructions for managing all Clinical Documents: This grid should be used as a guideline. Any Clinical Staff member who feels a document should be seen by the PCP, should override these recommendations.

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|-------------------------------------|---|
| 1. Close document if duplicate | 6. Contact patient for f-up if BP is high |
| 2. Label correctly | 7. Update QM |
| 3. Tie to open order | 8. Update Med List (not for Hosp or NH d/c) |
| 4. Update Care Team | 9. Update Problem List (not for Hosp or NH d/c) |
| 5. Update Vitals (not for ER notes) | 10. Schedule f-up with PCP (if indicated) |

Document	What to do With Them
ABI	Leave for PCP to read and sign
Appointment Confirmation	Close
Consult - Patient under 18 Years of Age	Close if "continued care," otherwise Leave for PCP
Consult - Audiology	If signature is needed or recommendation for ENT referral, leave for PCP. If not, close.
Consult - Behavioral Health	Leave for PCP
Consult - Cardiology	New problem or new meds - leave for PCP
Consult - Chiropractor	Close, unless asking for Radiology studies
Consult – Dermatology melanoma cancer Dx	Leave for PCP
Consult – Dermatology (except melanoma cancer)	Close
Consult - Endocrinology (non VMG)	Update chart with A1c and Microalbumin, Close
Consult - ENT	Close
Consult - General Surgery	Update Surgical History and close
Consult - Gastroenterology	Close
Consult - Infectious Disease	Close
Consult - Nephrology	Update chart with Microalbumin, Close
Consult – Neurology	Close

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Document	What to do With Them
Consult – Neurosurgery	Close
Consult - Ob/Gyn Colposcopy	Send to Pap nurse
Consult - Ob/Gyn	If new Cancer DX, leave for PCP. Otherwise, Close
Consult – Oncology/Hematology	If new DX, leave for PCP. Otherwise, Close
Consult - Ophthalmology / Eye Care	If pt with diabetes, label Diabetic Eye Exam. Close
Consult – Orthopedics	Close
Consult - Pain Management	Close
Consult - Palliative Care	Close
Consult - Physical Med and Rehab	Close
Consult - PT/OT	If signature is needed, leave for PCP. If not, close.
Consult - Pulmonology	Close
Consult - Rheumatology	Close
Consult - Sleep Medicine	Close
Consult - Speech Therapy	If ordered by PCP, leave for PCP. If not, close.
Consult - Spirometry	Close if ordered by non-VMG, otherwise leave for PCP.
Consult - Sports Medicine	Close
Consult - Urgent Care	Close unless cultures pending - then hold for PCP.
Consult - Urology	Close
Consult - Vascular	Close
Consult - Wound Care	Close
Consult – VMG specialties	Close

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Document	What to do With Them
Correspondence (Insurance) - Drug Denial	To clinical clerk for PA then back to PCP for RX
Correspondence - Drug Utilization Report	Close
Correspondence - Health and Safety Notice	If med interaction, Leave for PCP. Otherwise, close.
Correspondence - Medication Non-Adherence	Check for office visit, schedule if none. Otherwise, close.
Correspondence - No Show / Missed appt	If Tier 1 specialties*, contact patient to ask if they'll reschedule. If yes, make note. If not, leave for PCP. If not Tier 1, close.
Echocardiograms, Event Monitors, Exercise Stress Tests	Leave for PCP (if positive finding and ordered by PCP, red flag).
ED Notifications	Close
ED notes	Review, Update and Close
	Add vaccines
	Anticoagulation (create FPRN case)
	Culture Results and Pending Labs (to FPRN)
	New Imaging Finding (to provider)
EEG	Leave for PCP if ordered by VMG, otherwise Close
Historical Medical Records	Send to Health Information
Home Health Certifications and Recertifications	Leave for PCP until signed, then to Billing
Hospital Admission Summaries	Close
Hospital Discharge Summaries	Close if from Baystate or CDH/MGB. If CCA pt, send to CCAsacase manager. Others to Discharge Inbox unless patient has already had TCMS call or was seen since date of discharge.
Insurance Company Visits	Update problem list, any med changes and Care Team.

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Document	What to do With Them
Med Adherence	Close
Nerve Conduction Studies	Leave for PCP if ordered by VMG, otherwise Close
Nursing Home Discharge Summaries	If CCA pt, send to CCAcasemanager. Others to Discharge Inbox unless patient has already had TCMS call or was seen since date of discharge.
Operative Note (General)	Update Surgical History and close
Operative Note (Colonoscopy)	If no path, update QM with interval and close
	If Colo + path, to PCP
Operative Note (Endoscopy/EGD)	If new finding, leave for PCP. Otherwise, close.
Opioid Risk Tool	Leave for PCP
Pathology	Leave for PCP
Patient Care Summaries	Close
Pre-Op Evaluations	Close
Polypharmacy Notice	If RX by VMG and seen w/in past 6 months, close. Otherwise, leave for PCP.
PPI or SSRI duration	Close
PT 1 Forms	Route to Clinical Staff who do this work.
Record of Care (Inbox label...shows "summary of care" on document)	Update Care Team and Close
Summary of Care Document	Close
Urgent Care	Schedule follow up as appropriate and close.
Vaccination Notifications	Update Vaccine History and close

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Document	What to do With Them
VNA Discharge	Check for upcoming OV. If none, schedule w/in 3 mos and close.
VNA Certifications	Leave for PCP until signed, then to Billing
VNA Progress Notes	Close