

PPC 4: PATIENT SELF MANAGEMENT SUPPORT

Element A: Documenting Communication Needs

Item 1: Identify and display in the record the language preference of the patient and family

We have our EMR **require** an answer in the field of “Language Best Served In”. Staff must complete this field in order to advance to the next screen.

Demographics | Insurance | **Additional Patient Data** | Related Accounts | Contacts/Communications | Notes | Account Status: NONE EXIST

Information Required for Claims:
Marital: SINGLE Patient Employment: PART-TIME
Student: NOT IN SCHOOL Spouse Employment:
1st Visit: 12/08/2006 Hospice Patient Date of Death:

Scanned Documents:

Date	Title
05/07/10	
12/12/06	HIPAA

Referral Source: Primary Care Physician: Pharmacy: DISPENSARY Patient's Employer: Race: Ethnicity: HISPANIC/LATINO Veteran: NO

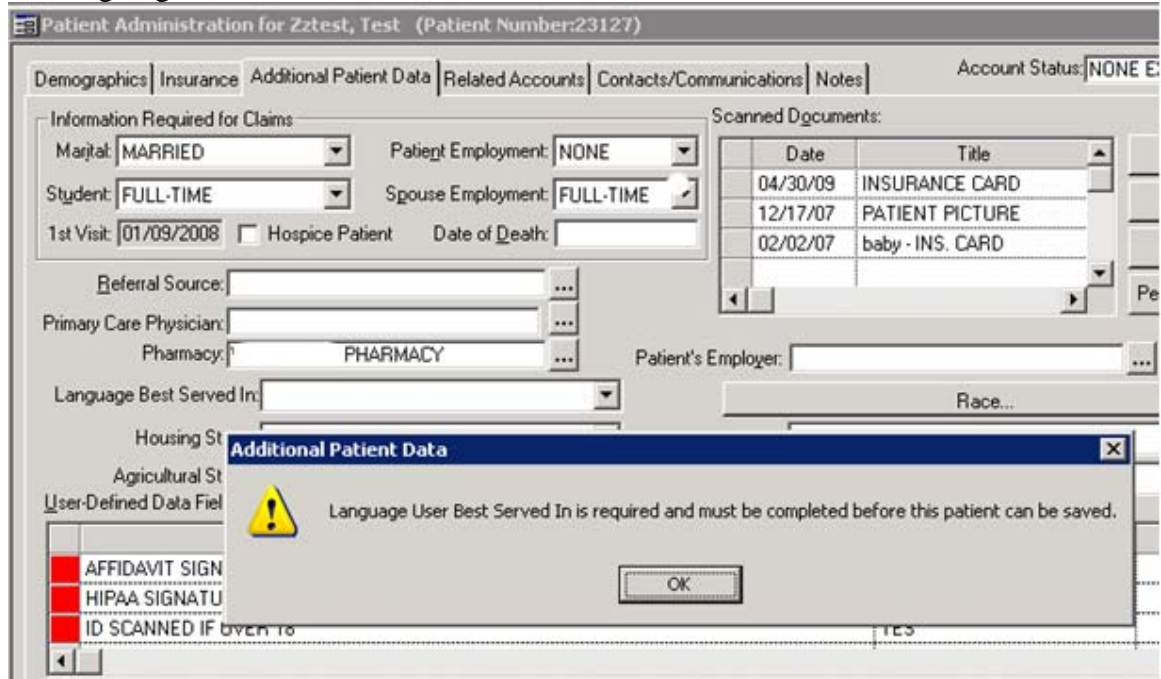
Language Best Served In: SPANISH
Housing Status: NOT HOMELESS
Agricultural Status: NOT AGRICULTURAL WORKER

User-Defined Data Fields:

Field Name	Value
AFFIDAVIT SIGNED IF OVER 18 Y.O.	NO
HIPAA SIGNATURE	YES
ID SCANNED IF OVER 18	NO

Demographics Last Modified: 10/24/2008 By: C/ Modified From Portal: Apply Save Clear Close

We have marked language as a “required field” in our EMR and users must answer this before going on.



Our ad hoc reporting system allows us to query the number and percentage of patients who prefer another language. English is our majority and Spanish second in ranking.

Language Best Served In

Patients with Visits 10/01/2009 - 09/30/2010

Language Best Served In	Patient Count	Percentage
ENGLISH	5,457	88.39 %
FRENCH	4	0.06 %
GERMAN	1	0.02 %
OTHER	9	0.15 %
SPANISH	703	11.39 %
Total:	6,174	100.00 %

Item 2: Access both hearing and vision barriers to communications

We use a medicin form to prompt providers and staff to access patients for preferred education styles, educational barriers, hearing, vision, language, literacy, cultural, mental health, religious, financial or other barriers.

Learning from EPR Outline View

EDUCATIONAL STYLE AND BARRIERS: <input type="checkbox"/> <input type="checkbox"/>	EDUCATIONAL BARRIERS <input type="checkbox"/> <input type="checkbox"/>	MH / CULTURAL / OTHER: <input type="checkbox"/> <input type="checkbox"/>
Unremarkable <input type="checkbox"/> <input type="checkbox"/>	Hearing <input type="checkbox"/>	Cognitive / Mental Status <input type="checkbox"/>
Preferred Learning Style <input type="checkbox"/>	HEARING: Hearing Aid: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both Hearing Impaired: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	COGNITIVE / MENTAL STATUS: Comments:
Preferred Learning Style: (Please check as many as apply) <input type="checkbox"/> One on One <input type="checkbox"/> Group <input type="checkbox"/> Written <input type="checkbox"/> Visual <input type="checkbox"/> Video <input type="checkbox"/> No Preference	Vision <input type="checkbox"/>	Environmental / Mental Health <input type="checkbox"/>
	VISION: Corrected With: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Impaired Despite Correction: <input type="checkbox"/> Not Corrected <input type="checkbox"/> Blind	ENVIRONMENTAL / MENTAL HEALTH: Comments:
	Language <input type="checkbox"/>	Cultural / Religious <input type="checkbox"/>
	LANGUAGE: <input type="checkbox"/> English Not First Language, First Language Is:	CULTURAL / RELIGIOUS: Comments:
	Literacy <input type="checkbox"/>	Other (e.g. Financial) <input type="checkbox"/>
	LITERACY: Literacy Level:	OTHER (e.g. Financial):