

ASaP in Practice – Tips for Teams

2023 update

Vitals: Blood Pressure, Height and Weight

For the average, healthy patient, blood pressure, height and weight screening can be performed by **any member of the healthcare team with appropriate training**. Interpretation of results and follow-up care is provided by the family physician or nurse practitioner.

TEAM TIPS:

- BP, height and weight are best performed **opportunistically**.
- For best practices with BP measurement, consult the [Hypertension Canada guidelines](#).
- Height in adults under 50 typically doesn't change, so one charted measurement is acceptable (unless the provider advises otherwise).
- In adults over 50 years of age, height can change due to such factors as disc space narrowing. The risk of osteoporosis and fine bone fracture also increases with age, so consider measuring height annually for screening.
- Weight typically doesn't change rapidly for most adults, so one charted measurement every 3 years is typically acceptable (unless the provider advises otherwise).
- Height and weight are used for BMI calculation.

EMR TIPS:

- Each EMR has a designated field or approach to enter blood pressure and number-based data such as height or weight. Using your EMR's process for this data entry allows searches, 'point of care' reminders and graphing functions to work reliably.
- Be aware of how team members can enter vitals, including BP, so that it is visible to the provider but does not impact providers selection of visit template.
- Be aware if your EMR is set to measure in metric (kg or cm) or imperial (pounds or inches) and agree on a clinic-wide standard for all.

Exercise & Tobacco Use Assessment

Exercise and tobacco use assessments can be performed by **any member of the healthcare team** OR by using a form the patient completes. Interpretation of results and follow-up care is provided by the family physician or nurse practitioner.

TEAM TIPS:

- Exercise and tobacco use assessments are best performed **opportunistically**.
- These topics can be difficult to broach with patients, so working with your team to devise a point-form script can be helpful.
- If using a script, practice your delivery before talking with patients.

TOBACCO USE

- Ask, “Have you used tobacco in the last 12 months?” to capture use of all forms of tobacco (i.e., cigarettes, chewing tobacco, snuff, etc.) - as well as to identify those who are currently trying to quit.
- Typically, only ~18% of patients will be tobacco users, so most often the answer will be ‘no.’
- If the answer is ‘yes,’ ensure the physician or nurse practitioner is informed so he/she can advise and assess the patient further.

EXERCISE

- The physician or nurse practitioner will want to know how often the patient exercises, for how long and whether the exercise is light, moderate or vigorous.
- Provider may also want to know the type of exercise the patient does (e.g., walking, yoga, gardening, golf, etc.).

EMR TIPS:

- Record tobacco use and exercise information in the designated field rather than a text box. All team members will then know where to record and find the information.
- Be aware if the EMR has a limitation on changes over time. If a tobacco user becomes a non-tobacco user and the status is changed, the history may be lost.

Influenza Vaccination

Any member of the healthcare team can ASK and RECORD IN THE CHART if the patient has had an influenza vaccination. If the patient has NOT, the team member could recommend on behalf of the family physician or nurse practitioner.

TEAM TIPS:

- Influenza vaccination in primary care is best performed **opportunistically** unless the patient is high risk.
- A point-form script can be helpful (e.g., “Dr. Smith strongly recommends that all of her patients over six months of age get a flu vaccination every year to prevent serious complications that can sometimes happen with the flu.”).
- Many clinics don’t provide the vaccination, so it may be helpful to give an information sheet on where the patient can go to get one.
- Although flu season is typically October - March, many clinics advise patients of the importance of flu shots during any periodic health exam, regardless of the time of year.

EMR TIPS:

- EMRs are capable of storing the full sets of data for those vaccines that are given in the clinic. This data is also shared to NetCare.
- Many EMRs can record a minimum set of data related to vaccinations that happen outside the clinic. It is recommended to explore the minimum data set for these situations.

Mammography

Patients can be alerted that they're due for a mammogram by **any member of the healthcare team**. If the patient has clinical questions or concerns, these should be addressed by the family physician or nurse practitioner.

TEAM TIPS:

- Mammography offers can be performed both **opportunistically** or by **outreach**.
- If a patient has had a mammogram in the past, ask if she would always like to go to that diagnostic imaging site, and note in the chart.
- A quick huddle around the EMR in the morning can allow for planning.
- A requisition is not required for a screening mammogram for those age 45-74.
- Consult the [Screening for life](#) website for more information on policies and procedures.

EMR TIPS:

- Depending on the location in Alberta, mammography results are received as a fax /e-fax and/or electronic result.
- When a mammography result is received by fax/e-fax, clinic team members link the document to the patient's chart and apply naming and tagging. It is crucial to have clinic protocol for this naming for consistency and so that searches or point of care reminders work.
- Mammogram results may arrive at the clinic with another test result (such as DEXA or breast ultrasound) also attached to the same report; these should be named so that the type of result is clear to a provider and can be searched.
- When mammograms are received electronically like a lab result, the documents are automatically linked to the patient chart and named/tagged.

Colorectal Cancer Screen

Patients can be alerted that they're due for a FIT (fecal immunochemical test) and provided a requisition by **any member of the healthcare team**. If the patient has clinical questions or concerns, or needs a colonoscopy, the family physician or nurse practitioner should address.

TEAM TIPS:

- Colorectal cancer offers can be performed both **opportunistically** or by **outreach**.
- A quick huddle around the EMR in the morning can allow for planning. The FIT requisition can be provided to the patient by a team member when rooming, or
- Patients flagged as being due for a FIT can have the requisition printed and in the room if the provider would prefer to address it with the patient.
- Team members should be able to clearly explain the process required to complete a FIT to ensure that patients don't 'avoid' the test due to lack of understanding.
- Scripting can be helpful so that patients have a full knowledge and understanding of what the test entails and will be more likely to follow through (e.g., no diet change required/ only one sample needed/ very simple and easy to do/ important for detecting problems early).
- For **outreach screening** offers, the FIT requisition can be faxed to the patient's choice of lab for the patient to pick up.
- Labs will typically hold requisitions for 1 month*.
- Consult the [Screening for life](#) website for more information on policies and procedures.

** Confirm policies and procedures with labs in your region*

EMR TIPS:

- FIT results are pushed into the EMR by the lab service.
- On occasion a lab will change their coding for incoming labs. In some EMRs you can manually manage the changes, while in others the EMR vendor must make the changes.
- Changes to lab codes are usually discovered when a search or point of care is no longer working correctly.
- When a colonoscopy report is received by fax/e-fax, clinic team members link the document to the patient's chart and apply naming and tagging. It is crucial to have clinic protocol for this naming for consistency and so that searches or point of care reminders work.

Pap Test

Patients can be alerted that they're due for a Pap test by **any member of the healthcare team.**

TEAM TIPS:

- Pap test offers can be performed both **opportunistically** or by **outreach**.
- Many women prefer to book a future appointment for a Pap test. Optimally, offer to book the appointment for her immediately – she may forget if she waits until later.
- If a patient is open to having a Pap test opportunistically at an appointment, the team can ensure that the patient is in a gown and the necessary equipment ready for the procedure when the provider arrives in the exam room.
- If the patient explains that she had a Pap test somewhere else, it's important to look up the result on Netcare and add the information to the patient record so that it may be re-offered at the appropriate time.
- Consult the [Screening for life](#) website for more information on policies and procedures.

EMR TIPS:

- Pap test results are pushed into the EMR by the lab service.
- On occasion a lab will change their coding for incoming labs. In some EMRs you can manually manage the changes, while in others the EMR vendor must make the changes.
- Changes to lab codes are usually discovered when a search or point of care is no longer working correctly.
- When adding Pap results found on Netcare to the EMR patient record, always do so in a standardized area as agreed upon by the team.
- These results must be added to patient record in the same place every time for the EMR search engine and/or point of care reminder to reliably search the value.

Plasma Lipid Profile – Non-Fasting & Diabetes Screen (Lab Test)

Patients can be alerted that they're due for these routine bloodwork screenings and provided a requisition by **any member of the healthcare team**. If the patient has clinical questions or concerns, these should be addressed by the family physician or nurse practitioner.

TEAM TIPS:

- Plasma lipid profile and diabetes screening can be offered **opportunistically** or by **outreach**.
- A quick huddle around the EMR in the morning can allow for planning. The requisition can be provided to the patient by a team member when rooming, or
- Patients flagged as being due for screening bloodwork can have the requisition printed and, in the room, if the provider would prefer to address it with the patient.
- For **outreach screening** offers, the bloodwork requisition can be faxed to the patient's choice of lab.
- Most labs will hold the requisition for 1 month* – inform the patient to complete lab work within this time frame.
- Ensure that the patient is informed of necessary prep instructions for all tests on the requisition (e.g. fasting).
- If booking an appointment by phone, the lab may require the patient to know which tests are being completed* – ensure the patient knows how to answer.

** Confirm policies and procedures with labs in your region*

EMR TIPS:

- Labs results are pushed into the EMR by the lab service.

Cardiovascular (CV) Risk &/or Diabetes Risk Calculation

The CV risk and/or diabetes risk calculation can be completed by **any member of the healthcare team** by inputting the patient's current information into the calculator. The results should be addressed with the patient by the family physician or nurse practitioner.

TEAM TIPS:

- Cardiovascular and diabetes risk screening are best performed **opportunistically**.
- Can either use EMR-embedded CV risk tool or the CV Risk tool (Framingham Risk Score) on the general lab requisition. The lab req information is entered into Connect Care by lab at the patient's blood draw, which allows other Netcare users and patients to access the score through MyHealth records. [Informational video](#).
- If the above options are not available, recommended calculators can be found on page 2 of the [Screening Maneuvers Menu for Adults](#).
- Note that if the patient is on a statin (a specific type of lipid-lowering medication), they do not need the CV risk calculation.

EMR TIPS:

- Some providers use a web-based calculator that is external to the EMR and requires providers to take the data from the patient's chart and enter it into the calculator. The result from the web-based calculator then needs to be entered into the designated field in the patient's chart.
- EMRs differ with which calculation formula they are using; how the calculator works; how reliable it is; and how and if the data and/or score is recorded. Each clinic needs to understand the limits of their calculators and preferences and put into use the tools and workflow to record the score appropriately.