

## Standard 2: Team Management and Responsibilities

To view examples of standard 2 documentation that Teams have submitted as evidence of compliance of the Standards for Cleft Palate and Craniofacial Teams, please visit: <http://www.acpa-cpf.org/standards-examples>

### 2.1 The Team has a mechanism for regular meetings among core team members to provide coordination and collaboration on patient care.

14. How often does your team meet?

Quarterly

Monthly

Bi-weekly

Weekly

Other. Please describe:

15. Describe the procedure used by your team if one or more of your usual core team members cannot attend a team meeting.

The team member is consulted via phone or email about the patient and their diagnosis/ and or problem. They are then seen in that professional's office for an evaluation if the remaining team members are concerned. If the provider is outside Rush, his or her report is either faxed or sent electronically and placed into the patient's electronic chart.

16. Describe how a patient receives comprehensive same-day face-to-face multidisciplinary evaluation. In so doing, describe a typical team meeting with patients and how this leads to integrated decision making.

Prior to a patient appointment, the patient chart is reviewed. The team coordinator will determine which team members each patient should see on that day. Reminder calls are done by the scheduler 24 hours before the scheduled appointment. Team members are alerted about any particular concerns or clinic questions regarding a patient's care.

Upon arrival, the medical assistant will escort the patient and family to the appropriate team members (usually seen by audiology, speech-language pathology, craniofacial surgery, orthodontics, otolaryngology, psychology and pediatrics). The patients are usually all seen in the same room sequentially by all of the providers to ensure their comfort and decrease anxiety. During their visits, the providers will provide results, information, and recommendations to the parents and patient. The patient and family are encouraged to ask questions during their visit. When clinic is completed, the team meets to discuss evaluation and treatment plans. After each team visit, the nurse practitioner will put together a written report of the visit with team recommendations that is mailed within the week to the PCP and the family.

17. Describe how the results of the interdisciplinary conference for each individual patient are recorded and become a part of the patient's Team report.

During the team clinic, the evaluating team member documents his/her examination on the team summary sheet with his/her referral and follow up recommendations as initial recommendations. During the interdisciplinary conference, each patient is discussed with all the specialties present who provide additional recommendations based on group consensus of findings. The results of these recommendations are typed and mailed to the patient with different referrals, and appointments, tests, or suggestions for school interventions if needed. The team letter also includes the assessment and plan from each provider's report. These reports are stored in our EMR system (EPIC) and are labeled as the craniofacial team letter by date.

## 2.2 The Team has mechanisms for referral and communication with other professionals.

18. Describe the process for information exchange with schools, primary care professionals, outside agencies, and other professionals involved with the welfare of the patient.

All patients and families sign a release of information in order for the team to mail or fax the information to an outside person or agency. All results of the interdisciplinary conference are typed. The report is sent to the patient's primary care physician, outside agencies, schools and other professionals involved in their care with proper medical release documentation.

19. Attach a copy of the release of information form used by the team. The form typically includes a space for the parent, patient, or patient legal representative to sign. Label as 2.2.19 and limit the attachment to five pages or fewer.

20. How does your team deal with infants with failure to thrive?

The team pediatrician will provide an assessment on the infant's weight, height, and feeding habits. The nurse practitioner will work with infants and their parents on assisting them to feed with different bottles and ways to hold the infant to encourage proper feedings and digital manipulation. If the infant is still not gaining weight, we have a neonatal feeding specialist who will assess the feeding behaviors and make recommendations to the parents. Education, feeding materials, and support is provided to parents.

21. How does your team deal with children with recurrent otitis media?

We have a pediatric ENT on our craniofacial team who evaluates these children at every team appointment or as needed based on their problems. The patient will have a thorough audiology exam to assess hearing and middle ear status if concerned. For children with recurrent otitis media, or at risk for otitis media, PE tube placement by ENT is performed (often coordinated with other cleft surgery or procedures if possible).

22. Describe how the team facilitates the transition to adult care if the team does not accept patients after age 18 or 21.

We see patients of all ages and have a large number of older adults that we follow routinely. Cleft and craniofacial patients are never dismissed. Their records are always kept on file even if they are not returning in the immediate future. If a previous patient calls, previous records are available immediately.

**2.3 The Team reevaluates patients based on the Team's recommendations.**

23. Describe the usual intervals for reevaluating patients by a speech pathologist, surgeon, orthodontist, and also for comprehensive group reevaluation (e.g., 1 year, 18 months, 2 years, etc.).

**Speech Pathologist**

0-6 months  
6-12 months  
12-18 months  
24- 36 months  
Yearly thereafter, and more frequently if needed

**Surgeon**

0-3 months  
3-6 months  
9-12 months  
12-18 months  
18-24 months  
Yearly thereafter, and more frequently if needed

**Orthodontist**

0-3 months  
3-6 months  
9-12 months  
12-24 months  
Yearly thereafter, and more frequently if needed

**Comprehensive group evaluation**

Yearly unless there is a documented need discussing that the patient does not require yearly evaluation. Patients with acute problems are followed as needed until their health issues are resolved or improved

**2.4 The Team must have central and shared records.**

24. Describe the mechanisms for record-keeping (e.g., where housed and maintained, access to records, etc.).

All patient charts are held in our medical record system (EPIC). Team members have access to these charts at any time. Photographs, panorex images, and cone beam CT scans are not held in our EMR. but are housed digitally in our central computers at the \_\_\_\_\_ Only the staff in our center has access to these records. Dental models of infants are digitally stored. Dental stone models are stored by the orthodontist for active treatment and stored digitally after treatment is complete.

25. Describe how recommendations become part of the patient record when patients are evaluated outside of the Team setting.

Every patient who is seen at the \_\_\_\_\_ is asked to sign our release of information form. Therefore, if patients are seen outside of the team setting and outside of the \_\_\_\_\_ we will have those records faxed to our department. The records are then placed into the EMR chart by being scanned in and held in the media tab.