

Oklahoma State Department of Health

Patient Flow Analysis

Code Lists

County: _____ Date: _____

The following information should be used to complete information on Client Registers.

List of Tasks and Task Codes: **May use either Code or Description on Client Register**

Clinic Task--Alphabetical		
Code	Description	Definitions/Examples
A	Anthropometrics	Height, Weight, BP (any one or all)
B	Check in	Demographics, Medicaid Eligibility, Check income or residence, Voter Registration, etc.
C	Check out	Scheduling next appointment, billing, collections
E	Exam	Initial or Annual, Problem (Usually APN or Physician)
F	Food Instruments	Issue Food Instruments
H	History	Intake, Education, Pre-counseling
I	Immunizations	Indicate number of antigens, PPD test or Reading
L	Lab	Collection of Specimens or performing test
M	Data Entry	Charting, Preparing Lab Slips, etc.
N	Nutrition	Counseling, WIC Cert/Recert, Nutrition Ed, etc.
O	Other	County specific
P	Post-Counseling	Women's Health, referrals, establish next appt, billing and collection info (professional), counseling after positive pregnancy test
R	Restricted Services	Early Start, Pregnancy Test, Supply Pickup, EC, STD, Adult Health Service or Chronic Disease, etc. (Usually RN or LPN)
S	Social Services	Social Work, referrals (more complex), etc.
Shading indicated codes most often used by administrative/clerical staff		
Non-Contact—Used by all staff		
	Filing	Filing
	Client Call	Client phone contact
	Documentation	Chart documentation without client present
	Clinic Business	Ordering supplies, pap follow-up, STD follow-up, TB follow-up, log reconciliation, other clinic business with no client present
	Other	Specify on Personnel Register
Unavailable--- Used by all staff		
	Break	Regular break or personal business that is 15 minutes or more
	Lunch	Meal break
	Out of Clinic	Assigned duties outside of clinic—such as home visit, community presentation, etc. (only use if interrupts clinic availability)

Client ID Number: to be determined from Client Sign In Sheet—

(Numeric code of not more than 3 characters)

Reason For Visit: To be determined by Front Desk

Reason For Visit (PHOCIS)—Program	
Program	Description
Adolescent Health	Established Adolescent Health Clinics
Adult Services	Appoints not under specific program guidelines, such as Breast and Cervical Cancer Screening outside of FP or Take Charge Programs, non-WIC Nutrition Counseling, etc.
Child Health	Established Child Health Clinics, or services such as Anemia follow-up of WIC Client, etc.
Chronic Disease	Chronic Disease related services
Communicable Disease	Communicable Disease Prevention Services, such as head lice check, rash check, general communicable disease
Dental	Established Dental Clinic Services
Dysplasia	Regional Dysplasia Clinic Services
Family Planning	Family Planning Clinic Services
General	Other non-defined, might include Social Work, etc.
Immunizations	Immunizations—when used should specify # of antigens given
Maternity	Maternity Clinic Services
STD	When STD is Primary Reason for Clinic Visit
Guidance	Guidance
Tuberculosis	TB Screening, Diagnosis, and Treatment Services
WIC	WIC Program Services

Appointment Type--Definitions	
Type	Description
Annual/Initial	First Visit or More Complex Visit for Program Service
Return	Subsequent Visit, less complex
Follow-up	Problem follow-up (such as FP Method, Re-pap, Hgb Check, Positive Pregnancy Test, etc.
Limited	Negative Pregnancy Test, lice head check, etc.
WIC Cert/Recert	WIC Program Certification or Recertification
WIC Nut Ed	WIC Nutrition Education—all categories—individual only
WIC Food Instrument Pickup	WIC Food Instrument Pick-up Only
Other 1	County Defined