

SUBJECT: REPORTING PATIENT ABUSE: CHILD	REFERENCE #1036
DEPARTMENT: MEDICAL OFFICE	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

Child Abuse – “Any act of omission or commission that endangers or impairs the child’s physical or emotional health and development.” Child abuse includes physical assault, nutritional neglect, drug abuse (poisoning or drugging), medical care neglect, sexual exploitation, safety neglect, corporeal punishment and emotional assault.

Legal Liability

- Persons mandated to report : Child care custodians, medical practitioners and non-medical practitioners are protected from civil and criminal liability. This means that these persons may not be prosecuted or held personally liable, even if subsequent investigation determines that the reported abuse did not occur.
- Immunity from liability also extends to the taking of photographs and x-rays and dissemination of these photographs with the required reports.
- Persons not mandated to report : Persons not mandate to report are nevertheless encouraged to report suspected child abuse and neglect. Such persons who do report are protected from civil and criminal liability. However, making a false report constitutes a misdemeanor.

Criminal Liability

- It is a crime to fail to report suspected abuse of children to the appropriate authorities.
- A person mandated to report who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than \$500 or both.

Civil Liability

- Failure to report suspected child abuse could also result in civil liability. A person who is mandated to report suspected abuse but does not do so could be held responsible for the cost of any damage to the child.

Any medical practitioner or non-medical practitioner, within the scope of his or her employment or professional capacity, who has seen the victim of abuse or neglect shall report the known or suspected instances to the police, the local child protection agency or the Health Department.

JOB DESCRIPTION

Job Title: Medical Office Manager

Reports To: Physician

Note: This document is intended to describe the general duties required of this position. It is not intended to serve as an exhaustive list of all duties, skills and responsibilities. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position.

POSITION SUMMARY:

Responsible for the smooth and efficient day-to-day operation of the medical office and staff. Acts as a liaison between medical staff and patients, vendors, hospitals and medical group.

QUALIFICATIONS:

Two years of college or equivalent. A healthcare background. Ability to demonstrate supervisory skills. Excellent communication skills. Understands basic finance and business skills. Experience with word processing functions.

REQUIREMENTS FOR POSITION:

- Hearing: Adequate for job functions.
- Speaking: Must be able to communicate clearly to staff, patients and the public.
- Vision: Normal visual acuity.
- Other: Must be able to prioritize and problem solve.

<p>Lifting up to:</p> <p><input type="checkbox"/> 5 lbs.</p> <p><input type="checkbox"/> 20 lbs.</p> <p><input type="checkbox"/> 40 lbs.</p> <p><input type="checkbox"/> 60 lbs.</p> <p><input type="checkbox"/> Over 60 lbs.</p> <p>Pushing up to:</p> <p><input type="checkbox"/> 25 lbs.</p> <p><input type="checkbox"/> 50 lbs.</p> <p><input type="checkbox"/> 150 lbs.</p> <p><input type="checkbox"/> 250 lbs.</p> <p>Manual Dexterity:</p> <p><input type="checkbox"/> Low</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> High</p> <p>Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Average % of time during regular shift devoted to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Standing</th> <th style="width: 25%;">Walking</th> <th style="width: 25%;">Squatting</th> <th style="width: 25%;">Sitting</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 0-20</td> <td><input type="checkbox"/> 0-20</td> <td><input type="checkbox"/> 0-20</td> <td><input type="checkbox"/> 0-20</td> </tr> <tr> <td><input type="checkbox"/> 21-40</td> <td><input type="checkbox"/> 21-40</td> <td><input type="checkbox"/> 21-40</td> <td><input type="checkbox"/> 21-40</td> </tr> <tr> <td><input type="checkbox"/> 41-60</td> <td><input type="checkbox"/> 41-60</td> <td><input type="checkbox"/> 41-60</td> <td><input type="checkbox"/> 41-60</td> </tr> <tr> <td><input type="checkbox"/> 61-80</td> <td><input type="checkbox"/> 61-80</td> <td><input type="checkbox"/> 61-80</td> <td><input type="checkbox"/> 61-80</td> </tr> <tr> <td><input type="checkbox"/> 81-100</td> <td><input type="checkbox"/> 81-100</td> <td><input type="checkbox"/> 81-100</td> <td><input type="checkbox"/> 81-100</td> </tr> </tbody> </table> <p>Indicate % of time employee must perform each activity:</p> <table border="1" style="width: 100%; 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A COMPETENCY STANDARD

Weight

SUBJECT: MEDICAL RECORD STANDARDS	REFERENCE #3004
	PAGE: 2 OF: 2
DEPARTMENT: MEDICAL OFFICE	EFFECTIVE:
	REVISED:
APPROVED BY:	

- Completeness:
 - The chart is to be checked to assure that all ordered procedures and referrals are returned and filed in the chart in a timely manner
 - The physician is to review and initial all test results and consultations. Abnormal results are noted with follow-up plans documented.
 - Health maintenance procedures (H&P, PAP smear, mammogram, etc.) are to be documented on a timely basis, preferably on a summary sheet.
 - Past medical history (for patients seen three or more times) is easily identified and includes serious accidents, operations and illnesses.
 - Past medical history for children and adolescents (18 years and younger) relates to prenatal care, birth, operations and childhood illnesses.
 - For patients 14 years and older, there is appropriate notation concerning the use of cigarettes, alcohol and substances (for patients seen three or more times, substance abuse history is queried).
 - An immunization history is noted for adults.
 - Immunization records for children (14 and younger) are complete or notation of immunizations is up to date.

- Confidentiality:
 - The medical record is considered highly confidential. Storage is away from public access and information is to be released only to medically and legally authorized persons.
 - (See policy on Confidentiality and Release of Information)

- Archiving Time Frames:
 - Medical records for adults must be kept for a period of seven years from the date of the last documented entries.

SUBJECT: STORAGE OF MEDICATIONS	REFERENCE #4001
	PAGE: 1 OF: 2
DEPARTMENT: MEDICAL OFFICE	EFFECTIVE:
	REVISED:
APPROVED BY:	

PROCEDURE:

- Storage of Drugs:
 - Drug containers which are cracked, soiled or without secure closures shall not be used.
 - All areas where drugs are stored must be kept dry, clean and neat at all times.
 - Drugs shall be stored in an orderly manner in specifically designated cupboards, cabinets, closets or drawers away from public access or locked to prevent unauthorized access to drugs, including sample medications.
 - Refrigerators containing drugs shall be maintained between 2 degrees centigrade (36 degrees Fahrenheit) and 8 degrees centigrade (46 degrees Fahrenheit). Room temperature for drug storage shall not exceed 30 degrees centigrade (86 degrees Fahrenheit). Refrigerators used for drug storage must not contain food items. Freezers shall be maintained -4 degrees to 14 degrees Fahrenheit.
 - A daily log of temperatures shall be kept.
 - Narcotics shall be double locked with a sign-out log. Narcotics are counted daily and keys are restricted to licensed personnel.
 - Drugs for external use in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.
 - Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs.
 - Drugs shall not be kept in stock after the expiration date on the label. No contaminated or deteriorated drugs shall be used.
 - Drugs shall be checked monthly as well as each time a medication is dispensed for outdates. Monthly checks of sample drugs shall be included.
 - Multidose vials of injectable medications are to be dated and initialed when opened. The vials shall be destroyed when expired (per manufacturer) or if contamination is suspected. Drugs used for local anesthesia shall be single use vials.

SELF-ASSESSMENT TOOL

	Always	Some- times	Rarely	Never	N/A
CLINICAL INFORMATION					
1. The office's system can determine whether patients scheduled for prescribed tests and/or consultations actually completed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The physician(s) date and initial test results and/or consultation reports prior to filing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Test results are communicated to the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The physician(s) directly communicates abnormal test results to the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The office's processes ensure that test results are communicated to the patient even if he or she cannot be reached by phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There is documented evidence in the patient record of shared decision making between the practitioner and the patient/family for healthcare decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Should a patient refuse a recommendation for treatment, it is documented in the medical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CESS TO CARE					
8. What is the usual time period between a patient's call for a routine appointment and the visit?	weeks: _____ (should be 14 days or less)				
9. Once the patient comes for the visit, what is the usual wait from scheduled appointment time to seeing you?	minutes: _____ (should be < 30 minutes)				
10. How much time is scheduled for a routine visit?	minutes: _____ (should be 10-20 minutes)				
11. Patients with emergent problems are seen the same day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If a patient waits for an extended period, an explanation is given to the patient with an apology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When a patient misses an appointment, the office staff will follow-up with either a phone call or letter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Telephone contacts including after hour encounters with patient are documented in the patient record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone documentation includes:					
• Purpose of call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Advice given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follow-up instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Name of personnel in contact with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Date and time of contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>