***Practice Name:***

**Address:**

**Policy Name**: Office Policy and Procedures

**Effective Date:** 4/3/2017

**DISTRIBUTION:**

All policies are reviewed quarterly.

**SUBJECT:** Office Policies and Procedures

**PURPOSE:** To ensure appropriate care and decision support administration for all patients and efficient and effective practice management; ensure administration of the policies and procedures of the office in a consistent manner.

**OFFICE HOURS:**

**AC-03** – After/Extended Hours

Monday: 10:00 AM – 6:00 PM

Tuesday: 10:00 AM – 6:00 PM

Wednesday: 10:00 AM – 6:00 PM

Thursday: 10:00 AM – 6:00 PM

Friday: 9:00 AM – 5:00 PM

Saturday: 8:30 AM – 2:00 PM

Sunday: CLOSED

**POLICIES:**

1. The practice will coordinate visits with Dr. NAME and /or diagnostic tests during the visit. Patient is to be given the appointment information for Dr. NAME and/or diagnostic tests during discharge. During discharge we will schedule the referrals, labs, and diagnostic imaging which were ordered for the patient by the provider, and document it in the appropriate log. The effort should be made to make the discharge a “one-stop” shop for the patient so that the patient may get all scheduled appointment dates in one trip.

2. Each patient will be scheduled with Dr. NAME for continuity of care.

3. For the walk-in patient or urgent requests, the practice will determine through triage how soon a patient needs to be seen:

• For telephone triage, all calls are immediately logged into the Admin/Phone Messages section of PRACTICE EMR(Our Electronic Medical Records Program). Calls are marked according to urgency. **AC-04**

4. PRACTICE NAME has an open access walk-in/same-day appointment request policy. The goal is to ensure that people receive the care they need in a timely manner. These walk-in/same-day appointments are available for both urgent and routine care. Although our practice has an open access policy we also reserve 4:00 pm – 5:00 pm Monday through Thursday, 3:30 pm – 4:30 pm Friday, and 12:30 pm – 1:00 pm Saturday, for same day appointments. No appointments are to be booked on prior days for that time slot. Patients are encouraged to book appointments on the same day for this time slot in order to minimize their wait time. We accept walk-ins during all business hours. **AC-02**

5. Scheduling same day appointments at other times is based on the practice’s triage of patients’ conditions. **AC-02**

• Patients’ conditions are noted in the Admin/Phone Message or brought to the attention of a physician or qualified clinical person at the practice and scheduled accordingly. Non-urgent walk-in clients are triaged and seen using the same methodology. **AC-04**

6. Scheduling same day appointments based on patients’/family’s requests **AC-02**

• For telephone triage, all calls are immediately logged into the Admin/Phone Message section of PRACTICE EMR(Our Electronic Medical Records Programs) and routed to the appropriate person at the practice. Calls are marked according to urgency. **AC-04**

**APPOINTMENT TYPE: QI-03**

1. Urgent Care (Acute Illnesses) –Patients will be seen within the same day of request with PRACTICE NAME.
2. Routine Care (Chronic Conditions) –Patient is scheduled within the same day of request with a provider in PRACTICE NAME. No more than 1-day time lapse unless requested by the patient.
3. Wellness Care (Physical/WWE) –Patient is scheduled within 3-4 days of request with a provider at PRACTICE NAME.
4. New Patient Visit - Patient is scheduled within 3-4 days of request with a provider at PRACTICE NAME.
5. Consult – Patient is scheduled within 7 days of request with a provider at PRACTICE NAME.

7. Providing telephone advice on clinical issues during and after office hours by a physician clinician within a specified time based on level of care needed:

• Non-urgent: The Provider contacts the patient within 24 hours and documents the call in the Admin/Phone Messages section of the PRACTICE EMREMR program.

• Urgent: The Provider contacts the patient within 1-3 hours and documents it in the Admin/Phone messages section of the PRACTICE EMREMR program.

• Emergent: Patient is told to dial 911 or the staff calls 911 and alerts the physician immediately.

In the event of an emergency, suicidal threat, or other threat of immediate harm to the patient or others, the physician calls 911 or uses an alternate phone line to reach 911 while keeping the patient on the phone.

8. Providing secure electronic messages to patients or other clinicians on clinical issues within a specified time based on level of care needed during and after business hours: **AC-07, AC-08**

• Non-urgent: The Provider contacts the patient within 24.

• Urgent: The Provider contacts the patient within 1-3 hours.

9. PRACTICE NAME has support is available 24 hours a day, 7 days a week. The calling service gets in contact with our clinical staff when needed. Any clinical advice that is given during these after hour phone calls are documented on the patients chart within the PRACTICE EMREMR program. These notes are attached to the patient’s chart. If medical records are requested our clinician is able to access PRACTICE EMR(EMR) remotely and send the medical records to the location. **AC-05, AC-12**

10. Any patients that are discharged from the hospital will be contacted to make an appointment. Proactive contact includes offering patients’ appropriate care to prevent worsening of their condition and encouraging follow-up care. In addition to scheduling an appointment, follow-up care includes, but is not limited to, physician counseling; referrals to community resources; and disease or case management or self-management support programs. The clinician should get in contact with the discharged patient within the day of the practice receiving notice of the patients’ discharge. **CC-14, CC-15**

11. A Language Bank Translation Service is available to all patients with limited English proficiency. **KM-10**

12. PRACTICE NAME has scheduled health insurance representatives on site during office hours in order to provide patients and families without health insurance resources for health insurance application inquiries. The patients and families are also given resources and contact information to help identify potential methods of coverage and payment for medical treatment. All patients that come to the facility that do not have insurance will be given contact information for insurance companies/representatives. Insurance representatives are usually available at the facility during the week however if the representative is not available than the contact information of that representative will be given to the patient.

13. The practice runs weekly reports that help identify and track patients who need to be recalled for missed appointments, needed testing, physicals, and appointments with the primary physician or specialist. Our clinician checks the Referral log 3 times a week for pending referral reports from outside providers. When referral reports arrive they must be scanned and approved. **(KM-12) (CC-04)**

14. All patient demographic and clinical data, and documents, are to be entered/scanned into PRACTICE EMR(EMR).

15. A Survey is distributed to the patients, quarterly, in the waiting room of our facility. The information gathered from these surveys is used to asses any changes in individual patient demographics, and to evaluate what changes, if any, are needed to be made in terms of office procedures. **(AC-01, QI-04)**

All non-clinical functions are:

• Qualified and trained to perform telephone triage and the functions described in the policy

• Supported by explicit instructions and scripts/workflows

• HIPAA trained to maintain confidentiality

• Receive specific examples of clinical situations that are non-urgent, urgent, and emergent

• Receive on-going training and updates regarding these policies at least annually and at regular staff meetings

• Elevate telephone request to physician when unsure of category