

# Hamburg Health Clinic

319 West Parker

Hamburg, Arkansas 71646

## Rural Health Clinic

### Policy and Procedure Manual

2012-2013

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Medical Director

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Date

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Mid-Level Practitioner

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Date

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Non-Clinic

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Date

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CEO, Ashley County Medical Center

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Date

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**SUBJECT:                    DEFINITION, MISSION AND OBJECTIVES OF THE RURAL HEALTH CLINIC**

**PURPOSE:**                To provide information regarding the Rural Health Clinic as it operates within the framework of the hospital.

**POLICY STATEMENT:**

1.        DEFINITION

Ashley Health Services is operated by Ashley County Medical Center as a provider based Rural Health Clinic in Crossett, Arkansas. Ashley Health Services and Ashley County Medical Center were established by the Board of Governors of the Crossett Health Foundation for the purpose of providing accessible, quality medical care to the citizens of Ashley County.

2.        MISSION

It is the mission of Ashley County Medical Center's Rural Health Clinic project to establish and maintain a financially stable organization capable of recruiting and retaining sufficient qualified physicians and mid-level practitioners, to staff and operate a comprehensive primary health care system for the residents in the service area of the Ashley County Medical Center.

3.        OBJECTIVES

To operate a medical clinic to meet the health needs of the population of the community. The services of Ashley County Medical Center's Rural Health Clinic are offered to all the population in the Medical Center's service area. This clinic offers services to Medicare, Medicaid and fee-for-service patients in accordance with the mission of Ashley County Medical Center.

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**SUBJECT: CERTIFICATION**

**PURPOSE:** To comply with Medicare regulations regarding certification.

**POLICY STATEMENT:**

Ashley Health Services is certified pursuant to Medicare regulations. The certifications are available for inspection and are displayed within the clinic's administrative offices.

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**SUBJECT:                PHYSICAL PLANT CONSTRUCTION**

**PURPOSE:**                To provide adequate space and environment to protect the health and safety of patients, personnel and public.

**POLICY STATEMENT:**

The clinic is constructed, arranged and maintained to ensure access and safety. The premises are kept clean and orderly.

Exit signs are posted in appropriate locations.

The Ashley Health Services facility contains the following:

- Medication room containing locked drug storage areas for preparation and storage of drugs and biologicals.
- Locked medication refrigerators.
- Soiled and clean areas designated and posted.
- Storage areas containing: paper supplies, exam table paper, exam sheets and paper towels.
- Waiting room area.
- Provisions for handicapped care.
- Adequate lighting in all areas.
- Handwashing facilities readily available to staff.
- Exam rooms.
- Laboratory.
- Handicap accessible restrooms.

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Provider's offices.

Business office.

Receptionist & chart area.



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**SUBJECT: FIRE AND DISASTER PLAN**

**PURPOSE:** To establish a plan of action for fire and disaster control for the rural health clinic.

**POLICY STATEMENT:**

The Fire Detection System includes:

- A. Smoke detectors

The Fire Extinguisher System includes:

- A. Manual fire extinguishers

Ashley Health Services facilities are inspected by the Crossett Fire Department annually.

When a fire strikes, the first few minutes are the most crucial. A fire burning uncontrolled can produce toxic gases, smoke and super-heated air potentially fatal to both patients and staff.

Every small fire can develop quickly into a dangerous one. Decisive and immediate action by the first person(s) at the scene is essential for everyone's safety.

**RESPONSIBILITY AND ACTIONS TO BE TAKEN BY A PERSON DISCOVERING FIRE:**

- R Rescue all persons who are in immediate danger**
- A Announce**
- C Contain**
- E Extinguish fire, if possible, by using proper extinguisher**

All electrical appliances, fans, and oxygen, if in use in the fire area, should be turned off if access can be attained safely.

**USE PROPER FIRE EXTINGUISHERS IN FIGHTING FIRES:**

- A. Only **dry chemical extinguishers** are in place in the rural health clinic.

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- B. This extinguisher is the ABC type and can be used on any type of fire.

**IN CASE OF AN ACTUAL FIRE:**

- A. Follow the **RACE** format.
- B. **Rescue** within the clinic, **announce**, **contain** and **extinguish** fire if possible.
- C. OB/GYN receptionist calls the fire department directly and Family Practice receptionist notifies switchboard of the code red so they can send maintenance over.
- D. All patients and employees will immediately exit the building in an orderly manner, and will gather in the front parking lot outside the clinic. A head count will then be taken to be sure all patients and employees are out of danger.

**TESTING OF DETECTORS AND EXTINGUISHERS:**

Detectors will be checked quarterly by a self-test system, and records kept by Engineering and Ashley Health Services office. Batteries will be changed as needed.

**TRAINING FOR STAFF:**

The staff of the clinic will attend all fire and disaster training and education classes held at ACMC at time of hiring and annually thereafter. The training and education attendance records will be documented in each employee's file maintained in the clinic office.

**EXITS:**

There are four means of exit from the clinic - a door on each side of the building. Three of the doors are clearly marked as exits and are of proper width and height so as to accommodate wheelchairs, etc.

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**SECURITY:**

If a security problem occurs, dial the hospital operator and request hospital security.

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**SUBJECT:               FIRE SAFETY PLAN**

**PURPOSE:**           Provision of safety for patients, personnel, and public in the event of fire.

**POLICY STATEMENT:**

Ashley Health Services conforms to the fire safety plan of the hospital and clinic. Smoke detectors function throughout the Rural Health Clinic. Fire extinguishers of the A-B-C type are located in designated areas in the clinic.

Evacuation of patients, personnel and public shall occur when there is immediate danger from flames or smoke. Evacuation is authorized by the Medical Director or Charge Personnel. Evacuation occurs according to the Fire Safety Plan.

Orientation to the Fire Safety Plan occurs at new employee orientation and annually thereafter. Documentation is maintained in the employee file.

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**SUBJECT:           DISASTER DRILLS**

**PURPOSE:**       To ensure safety of patients and staff in the event of various disaster situations.

**POLICY:**

Ashley Health Services will conduct annual disaster drills regarding various safety issues, procedures for which will be listed in the Emergency Preparedness Manual. Disaster drills that may be conducted may include, but are not limited to:

- Tornado warning
- Bomb threat
- Possible Severe Acute Respiratory Syndrome (SARS) patient arriving at the office
- Anthrax threat
- Theft of money or property
- Combative patient or visitor
- Infant kidnapping

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**SUBJECT:                PHYSICAL PLANT ENVIRONMENT**

**PURPOSE:**            To provide a safe and sanitary environment, free of hazards for patients, personnel and the public.

**POLICY STATEMENT:**

1.        The operating facility is maintained free of clutter to promote safe access and exit.
2.        Floors and surface areas are maintained in clean non-slippery condition.
3.        Exam areas, treatment/diagnostic rooms, clean and soiled areas are properly washed and maintained in sanitary condition.

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**SUBJECT:                PREVENTIVE MAINTENANCE PROGRAM**

**PURPOSE:**                To ensure that equipment is maintained in the proper manner.

**POLICY STATEMENT:**

All essential medical, electrical, and patient-care equipment is kept in a safe operating condition by the following:

1.        A representative from Ashley County Medical Center Biomed will check patient equipment on a routine basis. Stickers will be placed on equipment with the inspection date.
2.        It shall be the responsibility of the clinic staff to report any undesired effect or equipment problems to the Engineering Department by a work order. At this time, priority of work needed and scheduling of the work to be done will be made by the Engineering Department.
3.        A visual inspection of the clinic and equipment will be made at least once a year by the engineering department. At this time, any test deemed necessary by the engineering department on equipment will be made and results logged and filed in the engineering department.
- In order to ensure efficient operation of the clinic, various services may be provided for Ashley Health Services by outside vendors or by Ashley County Medical Center.

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**SUBJECT:               SAFE STORAGE OF DRUGS AND BIOLOGICALS**

**PURPOSE:**           Compliance with the policies of the provider pharmacy in the storage of drugs and biologicals.

**POLICY STATEMENT:**

In accordance with State and federal laws, Ashley Health Services stores all drugs and biologicals in locked compartments under proper temperature controls, and permits only licensed personnel to have access to the keys.

All drugs and biologicals will be stored in their original containers, in order to comply with the Poison Prevention Packaging Act of 1970.

Drugs requiring refrigeration will be kept in a separate refrigerator from staff foods or lab specimens, and refrigerator temperatures recorded on a temperature log daily. Refrigerators should maintain a range between 36 and 46 degrees F.

Drugs requiring storage at room temperature will be stored in a locked cabinet in a room with temperature maintained at a comfortable level by central heat and air. Access limited only to designated personnel.

Ashley Health Services provides for a double-locked system for storage of controlled drugs listed in Schedule II through V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and other drugs subject to abuse. Only licensed personnel have access to medications. Controlled substances will be counted at the beginning and closing of each day the clinic is in operation. Any discrepancies will be reported to the Medical Director, who will initiate an investigation. Discrepancies will also be reported to the APMC pharmacist.

Procedures for storing and disposing of drugs and biologicals will follow the guidelines of Ashley County Medical Center, and are established by the Pharmacy and Therapeutics Committee of Ashley County Medical Center. (See attached.)

Expired drugs that have been obtained from the Pharmacy of Ashley County Medical Center will be returned to Ashley County Medical Center Pharmacy for credit. Expired sample drugs that were obtained from pharmaceutical companies will be disposed of properly at the facility in which they were stored.



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As a first response to common life-threatening injuries and acute illness, the clinic has available analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes, serums, vaccines, toxoids, and emetics, to be used in life-saving procedures.

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**SUBJECT:           SAFE STORAGE OF SAMPLES**

**PURPOSE:**           Compliance with the policies of the provider pharmacy in storage of drug samples.

**POLICY STATEMENT:**

All samples given to patients will be properly labeled with name of drug, instructions for use, and purpose of the medication. Samples will be logged in the sample record with the patient's name, drug dispensed, drug strength, manufacturer quantity, lot number, expiration date, and date dispensed. Sample drugs will be dispensed by the providers. Sample drugs will be kept in a locked, secure area with access limited to designated staff with access limited to designated staff.

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**SUBJECT: MEDICAL WASTE TRANSPORT**

**PURPOSE:** To ensure that clinic medical waste is transported in a secure manner.

**POLICY STATEMENT:**

The medical waste generated will be double-bagged in red bags which have the biological hazard symbol and fastened securely.

The waste only then can be placed in the biohazard transport container. **At no time can any other types of trash be placed in the biohazard transport container for transport.**

The waste will be collected daily and taken to Ashley County Medical Center by Housekeeping for storage for disposal by waste management contractors.

During the time between disposals, the medical waste will be maintained in containers in an area that is temperature controlled.

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**SUBJECT:               EMERGENCY PROCEDURES**

**PURPOSE:**           To assure the safety of patients in the event of an emergency.

**POLICY STATEMENT:**

Clinic staff will be oriented as to use of telephone and location of emergency call numbers. Newly orientated staff will be required to demonstrate proper use of emergency contact numbers.

EXIT signs will be properly placed above exits and will be kept lighted in direction of exit. Clinic staff will receive training in emergency exit procedures. Fire extinguishers are labeled and staff is oriented to their use and location.

Licensed clinic staff will have current Basic Life Support Certification.

Documentation of orientation and certification will be maintained in the employee's file.

Emergency exits and evacuation routes should be posted in all clinical areas, business office and all waiting areas.

Fire extinguisher placement and maintenance.

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**SUBJECT:               HOURS OF OPERATION**

**PURPOSE:**           To provide quality health care to the citizens of Ashley County.

**POLICY:**

Ashley Health Services will be open Monday through Friday 8:00 to 5:00. The clinic will close during the noon hour. A health care provider will be available at appropriate times. The hours of operation are posted on the clinic's front door.

The **family practice** will have a provider in the clinic Monday, Tuesday, Wednesday and Thursday from 9:00 to 12:00 and from 1:00 to 5:00. On Friday, the provider will be in clinic from 9:00 to 12:00.

The **OB/GYN practice** will have a provider in the clinic Monday through Friday 9:00 to 12:00 and 1:00 to 5:00. Tuesday is a scheduled surgery day for Dr. Davis. Wednesday, both providers are available in the office from 9:00am-12:00 and 1:00 to 5:00pm. Thursday one provider is in the clinic from 9:00 to 12:00 and 1:00 to 5:00 and the other is scheduled for surgery in the A.M. and clinic in the P.M.

Outpatient procedures are scheduled in the Outpatient Clinic on Tuesday and Thursday mornings.

Dr. Davis practice hours are M-W-TH-F 8:30am-5:00pm. Tuesdays are surgery days and some Tuesday afternoons are scheduled clinic procedures.

Dr. Myles practice hours are M-T-W-F 8:30am-5:00pm. Thursdays are surgery days and some Thursday afternoons are scheduled clinic procedures.

This schedule is subject to change when providers are on vacation.

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**SUBJECT:                    ORGANIZATIONAL FRAMEWORK**

**PURPOSE:**                Delineation of authority and accountability at Ashley Health Services

**POLICY STATEMENT:**

Ashley Health Services is organized under the medical direction of a Physician and a Health Care Staff. Mid-Level Practitioners function in conjunction with the Medical Director and physicians.

The Physician, as Medical Director, is responsible for the clinic's health care activities and for consultation and medical supervision of the health care staff.

The manager is responsible for the day to day activities and workings of the clinic. The manager is responsible for ensuring that the health care staff is performing their duties and responsibilities.

The Mid-Level Practitioner participates in developing, executing, and periodically reviewing the clinic's written policies and services provided to patients. He/she performs functions and provides services in the absence of the medical director or supervising physician.

The CEO/ of the Hospital retains responsibility for communications with the governing board, with delegated authority to the medical director, physicians, mid-level practitioners and manager of the rural health clinic.

See ORGANIZATIONAL CHART in front of manual.

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**SUBJECT: BYLAWS/ADMINISTRATIVE POLICY REVIEW**

**PURPOSE:** Definition of the bylaws and establishment of protocol for review of administrative policies.

**POLICY STATEMENT:**

The bylaws of Ashley County Medical Center serve as the bylaws of the Ashley Health & Women's Services. The bylaws delegate to the governing body the following responsibilities:

1. Full legal authority and responsibility for the operation of the rural health clinic as a component of the hospital.
2. Adoption and enforcement of rules and regulations relative to:
  - a. Health care and safety of patients.
  - b. Protection of personal and property rights of patients.
  - c. General operation of the clinic.
  - d. Primary patient care.
3. Institutional planning, including budget approval and determination of capital expenditure plan.
4. Revision and approval of all administrative policies of Ashley Health Services as developed on an annual basis.
5. A review of the clinic health care policies and clinic protocol will be performed on an annual basis as consistent with clinic program evaluation.

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**SUBJECT:               GOVERNING BODY**

**PURPOSE:**           Definition and identification of the functions, duties and rules of the governing body of the Rural Health Clinic.

**POLICY STATEMENT:**

The governing body of Ashley County Medical Center assumes full legal authority and responsibility for establishing and implementing policies regarding the management and operation of the Ashley Health Services.

The governing body appoints the Medical Director of Ashley Health Services who oversees the operation of the clinic to the extent that services provided are in accordance with good medical practices and with the policies and procedures of Ashley Health Services. The policies and procedures are reviewed annually and revised as needed.

The governing body is responsible for the overall management and fiscal operation of the agency. Overall management responsibility includes clearly delineating the categories of practitioners that are appointed to work at the clinic.



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**SUBJECT:           MEDICAL REVIEW**

**PURPOSE:**

To ensure appropriate use of the rural health clinic to provide for patient care services.

**Policy Statement:**

The governing body assumes the responsibility that the rural health clinic develops, implements and evaluates a program for review of utilization of patient services at the clinic. The rural health clinic cooperates with all regulatory agencies that audit/survey rural health clinics, including surveys for the Medicare/Medicaid program.

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**Subject: MEDICAL DIRECTOR**

**Purpose:** Delineation of job role and responsibilities of the Medical Director

**Policy:**

The Medical Director, Walt Davis, M.D., provides medical direction for the clinic's health care activities, and consultation for and medical supervision of the health care staff.

The Medical Director, in conjunction with the physicians and mid-level practitioners, participates in developing, executing and periodically reviewing the clinic's written policies and services provided to the patients.

The Medical Director periodically reviews the clinic's patient records, and provides medical orders and medical care services to the patients of the clinic, and is available to give advice and assistance in medical emergencies.

The appointed physician is present for sufficient periods of time, defined as at least every two weeks, to provide medical direction, medical consultation and other services. Further, the Medical Director is available through direct telecommunication for consultation, assistance with medical emergencies and patient referral. If extraordinary circumstances exist and the designated physician is not able to be present every two weeks, documentation must be present in records at the clinic reflecting the extraordinary circumstances.

Dr. Davis will be on site Monday through Friday from 9:00am to 5:00pm,

A change in the Medical Director must be reported to the regional office of the Centers for Medicare and Medicaid Services and the Arkansas Department of Health.

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**Subject: STAFFING REQUIREMENTS**

**Purpose:** To delineate staffing requirements as related to the provision of services in the rural health clinic.

**Policy:** “Health Care Provider” will be defined for the purposes of the rural health clinic as a physician or mid-level practitioner.

A mid-level may be an advance practice nurse, certified nurse midwife or physician assistant.

A physician and /or mid-level practitioner is available to furnish patient care services at all times the clinic is in operation if typical staff is not available. A substitute provider will be furnished by ACMC.

A physician is present for sufficient periods of time, at least every two weeks to provide medical direction; medical care services, consultation and supervision, and is available through direct telecommunication for consultation and assistance with medical emergencies or patient referral.

A mid-level practitioner must be present on the premises (not on call) to furnish patient care at least 50 percent of the time the clinic is in operation. Off premises services, i.e., home visits (if conducted), must not infringe upon the 50 percent operations time of the clinic.

Ancillary personnel, who are supervised by professional staff, may be present according to the needs and functions of the rural health clinic.

Provider’s schedules will be as follows unless an emergency at the hospital occurs, or if a Provider has been required to be at the hospital with a patient during the night:

**Mary Lynn Smith, CNM:** Monday through Friday 9:00am to 5:00pm

**Dr. Davis:** Monday, Wednesday, Thursday & Friday 8:30am-5:00pm; Tuesday- Surgery and procedure day.

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**Subject:       Mid-level Practitioner**

**Purpose:**       To delineate staffing requirements as related to the provisions of services in the rural health clinic.

**Policy:** The mid-level practitioner will be present to provide patient care and will also be responsible for:

Participating in the development, delivery, and periodic review of the written policies and procedures governing the services the clinic furnishes.

Providing services in accordance with those policies.

Arranging for or referring patients to needed services that cannot be provided at the clinic.

Assuring that health records are maintained and copies of any items required for patient care are forwarded for referred patients.

Following up on all referred patients.

Participating with a physician in a periodic chart review.

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**SUBJECT:                PROTOCOLS FOR MID-LEVEL PRACTITIONERS**

**PURPOSE:**                To define protocols for patient care by mid-level practitioners

**POLICY:**

Protocols for a physician assistant will be in compliance with the delegation of services agreement on file with the Arkansas State Medical Board, and will follow guidelines in Conn's Current Therapy, Rakel and Bope. Physician assistant will also act under the guidance of the supervising physician and/or medical director.

Protocols for a certified nurse midwife will follow guidelines in ACOG and the Certified Nurse Midwife Certification Organization and Certified Nurse Midwife will be in compliance with the Arkansas State Board of Nursing guidelines regarding prescriptive authority. Certified nurse midwife will also act under the guidance of the collaborating physician and/or medical director.

These books are considered a broad set of guidelines for use as a component for medical practice decision making.

Treatment protocols will be reviewed and updated annually.

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**SUBJECT: PERSONNEL LICENSURE**

**PURPOSE:** Provision of appropriately credentialed personnel to care for patients in the rural health clinic.

**POLICY STATEMENT:**

All licensed staff employed by Ashley Health & Women's Services shall be licensed or registered in accordance with the laws applicable to their particular job classification.

All clinical employees will be required to have a current CPR card and all staff will be required to have a current TB skin test.

Current licensure/registration of the individual is verified by the Director of Personnel of Ashley County Medical Center. A copy of each employee's license, CPR card, and TB skin test is maintained in locked files at Ashley Health & Women's Services and also in the Ashley County Medical Center Human Resources office.

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**SUBJECT: CONTINUING EDUCATION AND TRAINING**

**PURPOSE:** To ensure that clinic staff can function effectively and provide quality care.

**POLICY STATEMENT:**

All staff will be expected to participate in continuing education and training. Staff will attend medical educational conferences, in-service training programs and other education offerings, etc., as required by their position descriptions, or license or credentialing requirements.

Following attendance at education offerings, clinic staff will submit a copy of their credit offerings to the clinic manager. Educational credits must be kept current in the individual employee file.

Each clinic staff person who provides patient care will be required to complete a CPR course and to keep the certification current. These courses will be offered through the hospital on a regular basis. Each employee will be responsible for his/her own certification and scheduling of the course. Recertification may be scheduled during normal clinic hours and will be considered as “on the clock” time at the discretion of the clinic manager.

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**SUBJECT: PERSONNEL RECORDS**

**PURPOSE:** Provision of information on all employees of the rural health clinic is in a centralized, confidential location.

**POLICY STATEMENT:**

Personnel records maintained in locked files in the Ashley Health & Women's Services office include:

1. License
2. CPR card
3. TB test

Personnel policies and procedures are formulated under the auspices of the hospital. These are given to each employee upon hire.

Personnel policies and procedures developed by the hospital are maintained and communicated by the Director of Human Resources to the clinic manager who is responsible for communicating to the clinic staff any new developments.

Personnel records maintained in Ashley County Medical Center's Human Resources office include:

1. Initial application for employment
2. Orientation and staff development records
3. Payroll information
4. Evaluations



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**SUBJECT:                   ORIENTATION**

**PURPOSE:**               To familiarize the newly hired staff person of their job in the work setting.

**POLICY:**

Each newly hired staff person will receive an orientation to basic hospital policy and procedure. This orientation will follow the hospital's routine protocol for orientation.

The Ashley Health & Women's Services clinic manager will provide the newly hired staff person with information regarding clinic policy and procedure. An orientation checklist will be followed to assure that the provisions for safety, emergency and confidentiality are explained.

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**ORIENTATION CHECKLIST**

**Employee Name:**

**Employment Date:**

<u>Clinic Management</u>	<u>Observed</u>	<u>Demonstrated</u>
Phone System	_____	_____
Location of Emergency Numbers	_____	_____
Exit Signs	_____	_____
Fire Safety Plan	_____	_____
Confidentiality of Patient Information (See Protection of Patient Information)	_____	_____
Infection Control	_____	_____
Review of Policy and Procedures	_____	_____

**License** \_\_\_\_\_ **Certification** \_\_\_\_\_ **On File:** \_\_\_\_\_

**License:** \_\_\_\_\_

**CPR-BLS:** \_\_\_\_\_

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**SUBJECT: STAFF DEVELOPMENT**

**PURPOSE:** To provide for ongoing professional growth and development of clinic staff.

**POLICY STATEMENT:**

1. Current reference materials, including books and journals are maintained in the clinic for staff use. Other materials include dictionaries, the PDR and other books on pharmacology and community care journals.
2. Information is also available via the internet.
3. Reference materials are kept in the staff receptionist area. Staff are encouraged to use these materials for reference, learning new skills, and in-service development.
4. Staff meetings and in-services are held as required and/or as needed.

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**SUBJECT:               EMPLOYEE EVALUATIONS**

**PURPOSE:**           Establishment of a standard by which employees of Ashley Health Services are evaluated.

**POLICY:**

Evaluations for each category of staff of the rural health clinic are performance based.

Employees are evaluated at the end of the probationary period (90 days from date of hire) and annually thereafter prior to their anniversary date of hire.

Disciplinary practices are in accordance with the policies and procedures of the hospital and are a permanent part of the employee's personnel file.

The clinic manager is responsible for overseeing the timely processing of evaluations of employees.

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**SUBJECT:               HEALTH REQUIREMENTS**

**PURPOSE:**               Promotion of health and wellness for clinic staff. Protection of patients, personnel and public from infection.

**POLICY STATEMENT:**

Employee health policy and procedures at Ashley Health & Women's Services will comply with those of Ashley County Medical Center.

All new employees will be required to submit a urine specimen for drug screening at time of initial hiring.

New employees will be required to have a TB skin test done at time of hire. If they do not have a current TB test from another facility, they will be required to have an additional TB test done in two weeks.

All employees will be required to have a TB skin test done annually in conjunction with their anniversary date of hire.

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**SUBJECT:               INFECTION CONTROL**

**PURPOSE:**           To maintain an environment that inhibits and/or prevents the spread of infection.

**POLICY :**

All clinic employees will be oriented to infection control techniques. As part of the orientation, employees will be required to read and return demonstration of knowledge and “universal precautions” as outlined by The Center for Communicable Disease Control. An annual review of infection control techniques is required. Below is a brief outline of specific techniques:

1.       **UNIVERSAL/STANDARD PRECAUTIONS**

All patients are considered to be possibly infected with HIV, Hepatitis B and C. Universal/Standard Precautions are to be followed when coming in contact with ANY patient. Health care personnel should not be excused on their own request from providing care to HIV patients. Pregnant personnel are at no increased risk from caring for these patients.

2.       **HANDWASHING TECHNIQUE**

Hands must be washed before and after patient contact - whether or not gloves have been worn.

Wet hands, add soap. Vigorously rub all surfaces of hands together for 10 seconds. Rinse hands under running water. Dry hands with paper towel and dispose of it. Use another paper towel to turn faucets off. Apply hand cream liberally after frequent handwashing to decrease chapping.

3.       **GLOVES**

Will be worn when hands are likely to come in contact with body substances, mucous membranes, or non-intact skin. Gloves will be worn by personnel with open lesions and/or dermatitis. They should be disposed of in designated biohazard waste containers.

4.       **APRONS/GOWNS**

Will be worn when clothing is likely to be soiled with body substances.

To remove gowns, masks and gloves:

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Unfasten waistband of gown. Unfasten neck band. Remove gown turning it inside out. Roll the gown so that the contaminated part is inside. Discard gown in biohazard trash. Remove gloves and discard in biohazard trash. Wash hands. Remove mask by handling only the ties of the mask. Discard mask in biohazard trash and wash hands thoroughly.

5. MASK/EYE PROTECTION

Will be worn when it is likely that mucous membranes (eyes, mouth, nose) will be splashed with a body substance. Masks are also worn when needed when a patient is in Respiratory/Strict Isolation.

6. TRASH

- a. Trash which has body fluids on it will be placed in a designated biohazard waste container.
- b. Trash which does not have body fluids can be put in the containers for typical waste disposal and will be picked up by housekeeping.

7. LINEN

- a. Staff should ensure that there are no diapers or blue pads or other items mixed in with the used linen.
- b. All linen is placed in blue bags to be picked up by housekeeping. Soiled linen is not sorted from regular linen.

8. INFECTIOUS WASTE

a. Trash

- 1) Trash from exam rooms is picked up by housekeeping personnel, or if the container becomes too full in between pick-ups, it is to be taken to designated areas by nursing personnel.
- 2) The trash from the soiled holding area is collected by housekeeping personnel on a routine basis and taken to the hospital for storage in "Red Bag Room" until picked up by contractor.

b. Sharps Containers

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Sharps containers SHOULD NOT be allowed to fill above the 2/3 marks on the containers. In-room sharps containers are emptied by housekeeping personnel when they are two-thirds full. Those sharps containers in other areas are to be discarded by personnel in that area.

c. Liquid Waste

Liquid waste (stool, urine, vomitus, sputum, gastric secretions) may be flushed down the commode, taking care not to splash material upon yourself or surrounding surfaces. Gloves are used. Urine may be disposed down the sink (dirty side)

d. Laboratory

Blood and blood products, microbiotic wastes, pathological wastes or any material contaminated by these (slides, culture plates, etc.) are put in a “HAZARDOUS WASTE” container. These items are placed in red bags to be picked up by Housekeeping.

9. If an employee exposure occurs, the employee will be required to fill out an occurrence report to be turned in to the office manager, and the employee will be sent to Ashley County Medical Center Emergency Room and follow the post exposure protocol. The employee health/infectious disease control nurse should be notified at the time of the exposure.



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**SUBJECT:                    PROPER CLEANING/DISINFECTING OF PATIENT RELATED EQUIPMENT**

**PURPOSE:**                To ensure proper cleaning/disinfecting of patient related equipment (utility tables, exam tables, IV poles, wheel chairs, stretchers, counter tops, digital thermometers, etc.) and other environmental surfaces.

**POLICY**

The nurse attending the patient will be responsible for proper cleaning and disinfecting of patient related equipment.

General cleaning procedure:

Exam table paper will be changed after each patient, and equipment removed and cleaned. The room will be straightened and cleaned if needed after each patient by the nurse attending the patient. Housekeeping is responsible for cleaning patient rooms daily. Nurses will do a general room cleaning and stocking weekly of patient rooms.

Cavi Wipes will be used to clean/disinfect patient related equipment. This ready to use preparation is an effective bactericide, fungicide and viricide. Equipment such as EKG machines and electrodes may be cleaned by applying Supergard to a cloth and wiping the surface. This should be done after each use or when visibly contaminated.

Gross contaminated cleaning procedure:

Housekeeping will be notified immediately in the event of a large spill of blood or body fluid. Large spills of blood or body fluid will first be sprinkled with Isosorb. The solidified spill will then be cleaned up and placed in a red biohazard bag. For gross bloody (or other body fluid) contamination, a two (2) step process is necessary for decontamination. A one to ten bleach solution should be used first to clean up the gross contaminated area. This should dry and then be followed by a second cleaning with Cavi Wipes. This should be used according to directions on the bottle. This should also completely dry to get the full effectiveness of the disinfectant.

Instrument cleaning:

Instruments should soak in endozime AW plus for no less than 20 minutes. Visual debris should be removed with designated scrub brushes before it hardens and adheres to the instrument. These instruments will then be taken to central sterilization at the hospital by the nurse. Disposable instruments should be used as much as possible.

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**SUBJECT: CLINIC INSPECTION**

**PURPOSE:** To ensure safety of patients and employees

**POLICY:**

The Safety Officer for Ashley Health & Women's Services will conduct a walk through safety inspection monthly to determine if any safety hazards exist. The Safety Officer will then complete the Departmental Safety Survey and Departmental Safety Report, and see that all employees participate in the monthly Departmental Safety Inservice. One copy of the reporting forms will be sent to the Ashley County Medical Center Safety Officer.

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**SUBJECT: CONFORMITY WITH FEDERAL, STATE AND LOCAL LAWS**

**PURPOSE:** Compliance with legal and regulatory requirements governing the hospital and rural health clinic.

**POLICY STATEMENT:**

The Ashley Health & Women's Services complies with all federal, state, OSHA and local laws and regulations regarding hospitals and rural health clinics. The clinic functions to engaged providers outpatient primary health care services. The clinic is licensed pursuant to applicable State and local law. Staff of the clinic is licensed, certified or registered in accordance with applicable State and local laws.

These laws/regulations relate to:

1. Fire, safety and disaster
2. Communicable and reportable diseases
3. Sanitation
4. Health and safety requirements for employees
5. Title VI of the Civil Rights Act of 1964 and its implementing regulation, 45 C.F.R. Part 80, which prohibits discrimination on the basis of race, color or national origin.
6. Section 504 of the Rehabilitation Act of 1973 and its implementing regulation, 45 C.F.R., Part 84, which prohibits discrimination because of age (excluding employment)
7. The Age Discrimination Act of 1975 and its implementing regulation 45 C.F.R., Part 91, which prohibits discrimination because of age (excluding employment)
8. Reporting of abuse and neglect
9. AR State's Medical Practice Act
10. AR Nurse Practice Act
11. AR Pharmacy Act
12. The Comprehensive Drug Abuse Prevention Control Act of 1970 (P.L. 91-513)
13. The Poison Prevention Packaging Act of 1970

Any changes in these policies and procedures are brought to the attention of the clinic coordinator and the medical director to verify compliance with federal, state, and local laws and regulations.

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**SUBJECT:                   PATIENT CARE POLICIES**

**PURPOSE:**               Provision of policy and procedures for formulation and approval of protocol to govern rural outpatient medical management of health problems.

**POLICY:**

Patient care policies reflect awareness of, and provision for, meeting the outpatient medical management of health problems. These policies include direct general services, laboratory, emergency and services provided through agreements and arrangements.

Policies and procedures shall be reviewed and/or submitted under the following circumstances:

1.     A change in policy is mandated by a change in administrative policy; laws or regulations governing the rural health clinic.
2.     A change in policy is necessitated by a change in current practice.
3.     No policy exists for that which is being practiced.

Policies and procedures are developed with the advice of a group of professional personnel, one of whom is a physician and one or more mid-level practitioner. At least one member is not a member of the clinic staff.

The medical director and mid-level practitioner of the rural health clinic are responsible for the execution of patient care policies. The medical director serves as the advisory physician from whom the mid-level practitioner receives direction and guidance.

Policies are reviewed on an annual basis by the designated officer (or by the AHWS med director)

Patient care policies are available to the patient, personnel and public upon request.

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**SUBJECT: LIMITED/NON-ENGLISH SPEAKING PATIENTS**

**PURPOSE:** To ensure quality medical care for patients who are limited/non-English speaking..

**POLICY STATEMENT:**

Ashley Health & Women's Services subscribes to Language Line Services for interpretation for our limited/non-English speaking patients who either do not bring an interpreter, or bring an inadequate interpreter when coming to the clinic. The toll free number is 1-866-874-3972; our client ID number is 219077. You may use any speaker phone to communicate with your patient.

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**SUBJECT:               RURAL HEALTH CLINIC MEDICATIONS**

**PURPOSE:**           To establish a method for use of medications at the rural health clinics.

**POLICY:**

1.     The Ashley County Medical Center Pharmacy will be responsible for all medications for use at Ashley Health & Women's Services, which will be considered as a department of the hospital with regard to all medications.
2.     The Pharmacy Department will audit monthly and be accountable for all medications dispensed. The physician will be responsible for all medication use according to the rules and regulations for the State of Arkansas.
3.     All records of requisition and controlled substances will be kept in the Pharmacy. All drug requirements will be satisfied in accordance with all Arkansas State Health and the State Board of Pharmacy regulations.
4.     All medications will be stored in a locked cabinet. Drugs in schedule II through V will be under double lock, with only licensed personnel in possession of the keys. Ashley Health & Women's Services will be responsible for all charging of medications.
5.     All medications will be stored according to manufacturers' guidelines, and all medications will be handled according to the hospital's medication policy and procedures. (See attachment after page 11 in this manual)
6.     Controlled substances are kept in a double locked cabinet and counted daily at the opening and closing of each day.
7.     Any discrepancy is to be reported IMMEDIATELY to the medical director and the hospital pharmacist.
8.     An emergency box stocked with BLS/CPR medications shall be maintained at Ashley Health & Women's Services. The integrity of the breakaway seal will be checked daily by licensed personnel and the lock number recorded on the audit record. Emergency drugs contained within the locked box will be listed on the outside.

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9. All other medications will be inspected at least monthly by the clinic staff and checked for expired dates. Expired drugs will be removed from the clinic by the staff and returned to ACMC Pharmacy.
10. All medications provided by the ACMC Pharmacy will be for use at the Rural Health Clinic only. No medications will leave with the patients except pharmaceutical company samples.
11. All samples are logged out with patient's name, drug name, strength, manufacturing date, date dispensed, amount dispensed, pharmaceutical lot and expiration date. Receipts of samples are kept.
12. Medication samples will be stored in a locked cabinet in their original containers or packages.
13. Samples given to patients will be charted in the patient's medical record.
14. Expired sample medications will be removed from the clinic and disposed of properly.

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**SUBJECT: DRUG RECALL, MEDICATION ERRORS, AND ADVERSE DRUG REACTIONS**

**PURPOSE:** To establish a method for recalling drugs, reporting errors in medication administration, and reporting adverse drug reactions.

**POLICY:**

When a drug is recalled, the pharmacist will notify Ashley Health & Womens' Services. If the lot number that has been recalled has been dispensed to the clinic, the clinic staff will review daily patient logs for the period of recall. Medical records will be retrieved and reviewed, and those patients receiving recalled medications will be notified to discontinue use.

Upon discovery of a medication error, the following steps shall be taken:

- The medical director shall be notified.
- Any medication error causing harm to the patient shall be reported immediately to the Medical Director
- An Adverse Medication Event Report form shall be filled out and turned in to the Medical Director, who will investigate the cause of the error, and send a copy to the Ashley County Medical Center Risk Manager.
- Medication errors will be charted on the patient's medical record.
- Follow up will be done by the APMC Risk Manager or Director of Nursing.

Adverse drug reaction:

- Any medication causing an adverse drug reaction or cross-sensitivity shall be discontinued.
- Any significant adverse reaction will be reported to the medical director for consultation.
- The adverse drug reaction shall be charted on the patient's medical record.
- Adverse drug reactions causing serious or permanent harm to the patient shall be reported to the FDA.

Any patient experiencing adverse drug reaction while in the clinic will be transported to the APMC Emergency department in a fashion designated by the medical director.



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**SUBJECT:           ALLERGY INJECTIONS**

**PURPOSE:**           To ensure patient safety with allergy medications

**POLICY:**

Only licensed personnel may administer injections.

Upon arrival to the clinic setting patient must register with the receptionist and inform her of the need for an allergy injection.

Receptionist will prepare patients record and inform nurse that patient has arrived.

Nurse will prepare injection and call patient back.

Injection will be given and patient will be asked to remain in the clinic to be monitored for **20 minutes.**

Patient may leave clinic **after being checked by the nurse.**

Patient is responsible for making sure they have medication available for injection.

**Allergy injections will be given Monday thru Friday, 8:30 am to 11:00 am and Monday thru Wednesday 1:00 pm thru 4:00 pm and Friday 1:00 pm thru 4:00 pm. Injections will not be given on Thursday afternoons or if the doctor is not in the clinic.**

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**SUBJECT:               INJECTIONS**

**PURPOSE:**           To ensure safety of patients, and monitoring in the event of an adverse reaction.

**POLICY STATEMENT:**

Only licensed personnel shall administer medications.

Any patient receiving an injection will be asked to wait in the clinic for at least fifteen minutes for observation for possibility of an adverse or anaphylactic reaction.

Needles will be disposed of in sharps containers.

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**SUBJECT: CLINICAL RECORD REVIEW**

**PURPOSE:** To provide a systematic review of documentation to ensure compliance and quality patient care.

**POLICY STATEMENT:**

It is the policy of Ashley Health & Womens' Services to perform clinical record reviews at least annually by designated professionals which may include but not be limited to: the medical director, mid-level practitioner, RN's and LPN's. A minimum of ten percent (10%) of the records shall be reviewed.

The findings shall be reported annually to the committee that does the annual evaluation.

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**SUBJECT: DESCRIPTION OF DIRECT SERVICES**

**PURPOSE:** To inform potential patients of the types of health care available at the clinic.

To outline parameters of services directly furnished by clinic staff and what services are furnished by referral.

**POLICY STATEMENT:**

In accordance with the provisions and scope of practice, the Ashley Health & Women's Services will provide the following direct services:

1. Medical History
2. Physical Exam
3. Assessment of Health Status
4. Laboratory Tests (see policy on Laboratory Services)
5. Diagnosis of and treatment for common acute and chronic health problems and medical conditions
6. Family Planning
7. Emergency Medical Care
8. Ultrasound, OB & Gyn performed by qualified HCP as in cases where indicated
9. Procedures as indicated and performed by qualified HCP.
10. Preventative health monitored
11. OB services

These services are provided by the clinic staff. Hours of clinic operation are posted on the clinic entry door.

Additional services, as outlined below, will be furnished through referral and arrangement.

1. Inpatient Hospital Care

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2. Outpatient and Emergency Care (when clinic closed)
- .

**SUBJECT:                   LABORATORY SERVICES**

**PURPOSE:**               To establish written protocol for the provision of laboratory services.

**POLICY STATEMENT:**

Blood specimens will be drawn by the LPN or provider.

The provider will inform the technician which exam room the patient is in and what lab work is to be done.

The LPN who will draw the patient's blood identifies the patient by asking the patient's name and birth date, and checks the chart for correct information.

Any lab test that is not to be done in the clinic will be sent to the Ashley County Medical Center lab. Blood will be drawn into corvac tubes and allowed to clot for thirty minutes, then spun in a centrifuge for 10 minutes, if required for that test. Samples will be taken to Ashley County Medical Center at noon and 5 PM. Samples may be picked up by Ashley County Medical Center Lab staff.

Laboratory results are received on the clinic printer directly from ACMC lab and placed in the designated location for evaluation by the provider.

Lab results are reviewed and dated by the provider with appropriate follow up and plan of care noted. Patients will be notified of results either by telephone, mail, or follow up visit, as designated by the HCP.

Tests that are done in-clinic include: blood glucose, hemoglobin and hematocrit, urine pregnancy tests, strep screens, dipstick urine, and hemoccult screenings. Results are reported to the patient and recorded in the electronic medical record

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**SUBJECT:                    BASIC LABORATORY SERVICES**

**PURPOSE:**                Provision of laboratory services which are appropriate for examination and treatment of the patient.

**POLICY STATEMENT:**

The clinic will provide basic laboratory services essential to the immediate diagnosis and treatment of the patient. These services shall include the following:

1.        Chemical examinations of urine by stick.
2.        Hemoglobin or hematocrit
3.        Blood glucose, Finger stick
4.        Examination of stool specimens for occult blood
5.        Pregnancy Tests, urine qualitative
6.        Collective of blood, body, and tissue for culture and sensitivity
7.        Strep screen
8.        Collection of tissue biopsies for histological testing
9.        Collection of blood and body fluid for gene arphycation testing and zerotyping.



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**SUBJECT:                   RECORDING OF LABORATORY TESTS**

**PURPOSE:**               To establish a method of documentation and record of laboratory values to be part of the patient record.

**POLICY STATEMENT:**

A copy of all laboratory services provided, whether completed in-clinic or sent to a reference lab will be documented in patient's electronic medical record appropriately. Hand written orders will be scanned into the appropriate patient electronic medical record.

**PROCEDURE:**

All lab tests must be ordered by the physician, mid-level practitioner and recorded in the patient's electronic medical record. Each test must have the ordering provider's name on the test results. No lab test may be performed without appropriate billing documentation. When the test results are received, they should be directed to the appropriate medical record for review and disposition by ordering provider.

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**SUBJECT: CRITICAL LAB RESULTS**

**PURPOSE:** To provide a procedure for reporting panic values.

Critical lab values shall be defined as lab results that indicates that the patient must be treated immediately or suffer significant advance medical complications. For this reason the lab has established a list of **Critical Values**.

Only urgent or life-threatening parameters are designated. The goal is to initiate a chain of clinical events through the smallest number of intermediaries. To prevent reducing the urgency of the **Critical Value**, not all tests are listed

The following list has been approved by the ACMC Medical Staff:

Test:	Low:	High:
WBC	< 2.0	>25.0
Hemoglobin	<7.5	>18.0
Hematocrit	<25.0	>55.0
Hematocrit - Neonatals	<40	>65.0
Platelets	<50	>1,000

**PROCEDURE:**

•Verify the abnormal value with the source of the lab value in place at the originating laboratory service provider to assure its validity. All critical values are subject to specific protocols.

•If the provider orders labs that are suspected to possibly be critical, the provider will instruct the lab as who to call with the critical results. If after clinic hours, the provider will instruct the lab on how to handle.

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**SUBJECT:                   TRANSPORTATION OF MEDICATIONS TO CLINIC**

**PURPOSE:**               To ensure adequate stock of medications for Ashley Health Services

Upon discovery that additional medications are needed at the clinic, a licensed person will telephone the Ashley County Medical Center Pharmacy and request the needed items. Upon notification that the requested items are ready, a licensed nurse will pick up and sign out the items from the Pharmacy. Upon arrival at the clinic, any narcotics that are picked up are counted by two people and signed in to the clinic medication log.

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**SUBJECT:                   PAP SMEAR MANAGEMENT**

**PURPOSE:**               To assist patients in complying with recommended regimen for pap smears.

**POLICY STATEMENT:**

Ashley Health & Womens' Services OB/GYN clinic will mail a reminder card to patients one (1) month prior to the patient's next due date for the pap smear. Cards will be mailed out in sealed envelopes so that casual handlers of the patient's mail will not be able to read it. When the patient comes in, the procedure, result and date should be noted and filed in the appropriate date for the next test by front staff.

The provider will notify the patient of any abnormal test results, and an appointment will be scheduled for follow-up.

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**SUBJECT:                   EMERGENCY AND IMMEDIATE CARE PATIENTS**

**PURPOSE:**               To ensure that patients identified as emergency or immediate care patients will be seen by a provider as soon as possible.

**POLICY STATEMENT:**

1.     **DURING CLINIC HOURS**

Emergency patients will not be required to fill out a complete history and physical form for the electronic medical chart. The patient's record must, however, include the patient's name, responsible party, address, and telephone number, date of birth, insurer, and history of incident requiring immediate attention. Patients needing emergency care may be directed to proceed to ACMC emergency department by the provider or by a licensed nurse as directed by provider.

2.     **DURING NON-CLINIC HOURS**

During non-clinic hours the emergency patient must call the emergency medical services or go to an emergency care facility, preferably the hospital emergency room. Any patient noted to have a life threatening condition while being seen for a routine or nonemergency management will be directed to ACMC ED management. This patient will be transported to ACMC ED by wheelchair by an AHWS employee. Any patient who is experiencing symptoms of a stroke, acute myocardial infarction, who loses consciousness, or experiences a fall resulting in injury, will be transported to the ACMC ED by ambulance. Any situation in which a staff member feels a patient's life is in imminent danger that staff member will call for transport by ambulance of that patient to ACMC ED.

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**SUBJECT:                   EMERGENCY SERVICES**

**PURPOSE:**               Provision of medical emergency procedures as a first response to life-threatening injuries and acute illness.

**POLICY:**

Emergency medical procedures will be provided to identified patients during clinic hours. These procedures will be a first response to life threatening emergencies and acute illness.

The clinic has available drugs and biologicals commonly used in life-threatening procedures. Such drugs and biologicals are analgesics, local anesthetics, antibiotics, anticonvulsants, serums, toxoids, and antidotes.

If an emergent situation should occur, a provider in the building will be consulted and he or she will provide appropriate care. If no provider is in the RHC, a nurse will perform CPR at the same time another staff member or nurse calls 911. Provision for transport of the stabilized patient will be according to the severity of the condition. Arrangements have been made with Ashley County Medical Center for additional emergency services.

The Poison Control Center Hotline number is posted near the telephones.

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**SUBJECT:                TRIAGE**

**PURPOSE:**                To ensure that patients who present to the clinic with emergency conditions receive appropriate care in a timely manner.

**POLICY STATEMENT:**

During office hours any patient that presents in an acute distress will be escorted by the nurse to an exam room for evaluation by the Nurse or Health Care Provider to determine if he/she has an emergency. If the patient does not have an emergency, he/she will be scheduled for an appointment at the earliest convenience.

The physician or mid-level practitioner will determine the seriousness of the patient's condition, and whether or not the patient should go to the Ashley County Medical Center Emergency Room, and whether it is safe to be taken by private vehicle, ambulance, or some other means.

If the Physician or Mid-Level Practitioner determines that an emergency exists, and that it is necessary and safe for the patient to be taken by stretcher or wheelchair directly to the ACMC Emergency Department, staff members from Ashley Health Services or Ashley County Medical Center may take the patient to the Emergency Room. The determination to take the patient in this way may only be made by the physician or mid-level practitioner, and requires documentation of the need for this action. The physician or mid-level practitioner takes responsibility for the safety of the patient if the patient is transported to the Emergency Department at Ashley County Medical Center

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**SUBJECT: PROVIDER AGREEMENTS**

**PURPOSE:** To delineate needed services provided by arrangement with providers.

**POLICY STATEMENT:**

If the patient needs a service that cannot be provided by the clinic, such as consultation with a specialist, clinic staff will make arrangements for the patient to see a provider that can provide the service needed unless the patient indicates otherwise.

Patients are advised of provider services as the need arises.

Referrals to other providers are noted in the patient record. If patients choose to arrange their own referral this too should be documented in the patient's record.



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**SUBJECT:                   AFTER HOURS COVERAGE**

**PURPOSE:**               To determine a method by which patient needs will be addressed when clinic is not in operation.

**POLICY STATEMENT:**

After clinic hours, if the patient has an emergency, clinic patients are requested to go to the nearest emergency room.

The clinic phones will be forwarded to the Doctors' Exchange after hours and weekends. During the lunch hour between 12 and 1 o'clock, the messages go to voice mail on the main clinic number and are retrieved when front staff returns at 1:00 PM.

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**SUBJECT:                   REPORTING CHILD OR ADULT ABUSE AND NEGLECT**

**PURPOSE:**               To provide a method for reporting suspected cases of child or adult abuse and neglect.

**POLICY STATEMENT:**

It is the policy of Ashley Health Services to report any suspected cases of child or adult abuse or neglect. Any employees involved with direct patient care are required by Arkansas law to report or assist in reporting any suspected cases of child or adult abuse and/or neglect.

Reporting of child abuse should be made to the Suspected Child Abuse and Neglect (SCAN) Hotline at **1-800-482-5964**.

Reporting of adult abuse should be made to Adult Protective Services at **1-800-482-8049**.

Physician consent is not mandatory to report suspected abuse/neglect, but every attempt should be made to consult with the physician prior to reporting. If the physician fails to report an incident, the nurse shall report without the physicians consent.

Documentation is a vital part of the medical record. Documentation should include:

- Identifying information on patient and significant others;
- Identifying information on the alleged perpetrator;
- Circumstances surrounding the event, or condition which required reporting;
- Relevant background and historical information.

Ashley Health Services employees may be required to provide written and/or verbal court testimony as needed.

Reports must be filed by affected hospital employees and administrators where any such person, in the scope of their employment, has:

- Observed an incident that reasonably appears to be physical abuse;
- Observed a physical injury where the nature of the injury, its location on the body or the repetition of the injury, clearly indicates that physical abuse has occurred;
- Been told by a patient that he/she has experienced behavior constituting physical abuse.

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**SUBJECT:           LATEX ALLERGY**

**PURPOSE:**       To ensure the safety of employees or patients who may have a latex allergy.

**POLICY STATEMENT:**

All employees will receive latex allergy education at new employee orientation, and will be required at that time to fill out a latex allergy questionnaire.

Powder free gloves are provided for employee use. In the event that an employee has demonstrated a latex allergy, and requires latex free gloves, these will be provided on request.

If a patient has a latex allergy, latex free products will be obtained from the hospital for use in the clinic.

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**SUBJECT:                    PREPARATION OF THE HEALTH RECORD**

**PURPOSE:**                To have ready access to necessary materials to begin the electronic record of communication of health data on each individual patient.

**POLICY STATEMENT:**

1.        **PREPARING THE ELECTRONIC HEALTH RECORD**

All new patients will have a medical record. The electronic medical record will generate an account number specific to the patient upon entering demographics into the record. This record will contain the patient's medical history as obtained from the patient, any relevant information that may be obtained from previous providers, problems list, progress notes and lab slip.

All new patients will be entered into the electronic medical record by the name indicated on their personal insurance card after completing new patient paper work by the front staff. Copies of Driver's License and Insurance Cards will be scanned into the electronic medical record.

2.        **MEDICAL CHART**

The appropriate nurse will enter medical history and medications before the physician sees the patient.

A medical record will be generated upon the entry of the medical history and medications.

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4.        **CHECK IN PROCESS**

Patients will be seen in the order of appointment rather than order of arrival unless their illness warrants immediate attention. The receptionist will electronically place the patients in appropriate patient rooms after confirming all pertinent information in the chart. The nurse will be notified electronically which patient is in a designated room.

4.        **INTEGRATION OF RECORDS WITH ASHLEY COUNTY MEDICAL CENTER**

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Copies of portions of a patient's medical record may be sent to Ashley County Medical Center when the patient is to be admitted as an inpatient. On obstetrical patients, the entire obstetrical record will be copied and sent to the Labor and Delivery Unit of Ashley County Medical Center. Patient records may be pulled for review by Ashley County Medical Center for purposes of quality improvement, possible liability cases, patient or employee safety, infection control, or compliance issues. The patient's privacy will be safeguarded at all times in compliance with all HIPAA regulations. Only employees who need information in order to do their job will have access to patient records or protected information.

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**SUBJECT: RECORD INFORMATION SYSTEM**

**PURPOSE:** To identify a source of written record that communicates necessary uniform information about individual patients being treated at the clinic. The record with information is a concise account of treatment, care, and response to care, along with signs, symptoms and progress of the patient's condition.

**POLICY STATEMENT:**

All primary care providers will be required to record all data relating to patient care in addition to making written notations. Copies of all correspondence, referrals, physical exams (at the request of other agencies) will be scanned into the electronic medical record in the patient's chart.

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**SUBJECT:           PATIENT INFORMATION**

**PURPOSE:**       Health information is maintained in record form to ensure each patient receives adequate medical and health care, to avoid errors in the administration of care and to maintain a continuous record of current and previous medical conditions and therapy.

**POLICY STATEMENT:**

An individual medical record is maintained on each patient and is reflective of the care being rendered according to policies.

Records are the responsibility of a designated member of the clinic's professional staff.

All electronic records of each individual patient are kept at the clinic secure server and contain identification and social data, consent forms, the complete health history and physical, assessment of the health status and health care needs of the patient, medication records, diagnostic reports, orders, a brief summary of the episode, disposition, and instructions to the patient. The H & P is completed during the first visit or before any procedures are performed.

Information is accurately documented, readily accessible and systematically organized. All entries in the records are kept current, dated and signed.

An authorization for release of information signed by the patient, or parent if the patient is a minor is required in order to release medical information to another party.

When a patient seeks entry into the clinic services, records are secured from previous providers or hospitals when necessary or available, in order to assess previous health conditions. The patient will sign a release authorizing transfer of records to or from AHWS.

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**SUBJECT: OPERATIONS AND MAINTENANCE OF ELECTRONIC RESOURCES**

**PURPOSE:** To ensure patient confidentiality and comply with HIPAA regulations.

**POLICY STATEMENT:**

All desk top computers, tablets, phones or any other electronic devices used in patient care will be maintained by all clinic personnel in a discreet and professional manner.

When leaving a specific work area, all devices will be logged out of so that patient information cannot be viewed by anyone.



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**SUBJECT:               PATIENT PREPARATION FOR THE CLINIC VISIT**

**PURPOSE:**           To identify initial basic health information to begin the patient assessment process.

**POLICY STATEMENT:**

Vital signs are taken and recorded on the electronic medical record.

Inquiries are made as to subjective information, i.e., chief complaint, onset and duration of problem, what the patient has been doing for the problem, etc.

If problem relates to a written clinical treatment protocol, nurse may review such protocol for appropriate action necessary and perform procedures such as lab and notify provider of any outstanding protocol attention that may be necessary.

Provider personnel are advised that the patient is ready to be examined.

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**SUBJECT:           THE CLINIC VISIT**

**PURPOSE:**           Provision of time for the patient and provider personnel to address individual patient needs.

**POLICY STATEMENT:**

1.     New patient and all patients presenting for annual exam will complete a health survey. This survey may be mailed to the patient in advance of the visit or may be provided at time of sign in.
2.     Following the initial preparation of the patient, the nurse for that clinic will call the patient back, collect weight, blood pressure, height and place the patient in a room. Other vitals may be collected at that time if necessary.
3.     A problem-oriented assessment is addressed by the nurse. This assessment follows the clinic protocol for the clinic visits and should be assigned to the correct visit type.
4.     Medical records include either an initial or a review of medical history, including identification of social data, a physical assessment, an assessment of health status, and the health care needs. Records must also indicate a brief summary of the visit, disposition and the instructions given to the patient. All Core Sets and Menu Sets that are required to meet Meaningful Use will be addressed and recorded by the nurse or healthcare provider at the time of visit.
5.     The provider will then review the record and continue the evaluation of the patient. Additional history will be followed by the appropriate examination. The provider will then establish an assessment and determine appropriate management.

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**SUBJECT: CHILDHOOD IMMUNIZATION**

**PURPOSE:** To promote compliance with Arkansas Department of Health approved recommendations and to assist parents by reminding them of the need to keep child immunizations current and on schedule.

**POLICY STATEMENT:**

The clinician asks parents about immunization status. The parents are instructed in necessity of adherence to the prescribed immunization schedule, and to take the child to the local health department for the immunizations.

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**SUBJECT: CARE, TREATMENT, AND SERVICES REGARDING MINORS**

**PURPOSE:** To ensure that quality health care is available to patients of all ages.

**POLICY STATEMENT:**

Treatment of minors will be provided in accordance with Arkansas laws. The following persons may provide consent for treatment (Ark. Code ann. 20-9-602):

6. Any adult, for himself;
7. Any parent, whether an adult or minor, for his minor child or for his adult child of unsound mind whether the child is of the parent's blood, is an adopted child, is a stepchild, or is a foster child; provided, however, the father of an illegitimate child cannot consent for the child solely on the basis of parenthood;
8. Any married person, whether an adult or a minor, for himself;
9. Any female, regardless of age or marital status, for herself when given in connection with pregnancy or childbirth, except the unnatural interruption of a pregnancy;
10. Any person standing in loco parentis, whether formally serving or not, and any guardian, conservator, or custodian, for his ward or other charge under disability;
11. Any emancipated minor, for himself;
12. Any un emancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures, for himself;
13. Any adult, for his minor sibling or his adult sibling of unsound mind;
14. During the absence of a parent so authorized and empowered, any maternal grandparent and , if the father is so authorized and empowered, any paternal grandparent, for his minor grandchild or for his adult grandchild of unsound mind;
15. Any married person, for a spouse of unsound mind;
16. Any adult child, for his mother or father of unsound mind; and
17. Any minor incarcerated in the Department of Correction or the Department of Community punishment, for himself.

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**SUBJECT: CHAPERON**

**PURPOSE:** To ensure the comfort and confidence of patients and prevent possible unjustified accusations.

**POLICY STATEMENT:**

At any time the healthcare provider is performing an exam or procedure on a female patient, and clothing or part of clothing is removed, a nurse or other female staff member must be present during the examination.

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**SUBJECT:                   PATIENT EDUCATION**

**PURPOSE:**               To provide the patient the opportunity of learning about health concerns.

**POLICY STATEMENT:**

Patients will be given verbal and/or written instruction when needed regarding medications and treatments for acute and chronic health problems, or prevention. All clinical staff will be responsible for assisting with patient education.

**PROCEDURE:**

1.       Handouts for common diseases will be available to give to patients as needed or as requested.
- 2..      Clinic staff is responsible for keeping appropriate number of patient education materials in each file.

**DOCUMENTATION:**

For all well-child visits, patient education will be documented by the medical/nursing staff on the appropriate areas of the form. All acute and chronic health related patient education will be documented by the medical/nursing staff in the progress note.

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**SUBJECT:                    TELEPHONE CALLS**

**PURPOSE:**                To ensure continuity of care and documentation of communications with the patient.

When the phone is answered at the clinic the following protocol will be followed: Ashley Health & Womens' Services .....

For an outside call in the Women's Clinic, staff will say "Ashley Health & Women's Service's.....For inside lines in both clinics staff will identify their area and themselves. For example: lab, Jane Doe.

When a patient calls the clinic requesting to speak to a nurse or provider, a message will be taken by the receptionist when clinic is being held. This message should be sent to the appropriate staff member via Task Manager in eMD. This will prevent the flow of seeing patients from being interrupted. Receptionists will inquire the nature and details of the call, record time called, person calling, and number for return call and when that person can be reached. All messages will be returned before going home at the end of the work day. In the event of an emergency, the receptionist will put the call through to the requested staff member.

When a patient calls the clinic requesting consultation with the Health Care Provider or nurse regarding treatment or clinical condition, documentation of action taken should be assigned in task manager.

When a patient calls and request a medication refill in the **OB/GYN clinic** the staff will enter the request into the Task Manager and designate it as a Rx refill. Action taken will be documented in the appropriate area of the electronic medical record.

**Personal phone calls** to staff will be limited in number. Staff should only receive personal calls when something emergent in nature has occurred that cannot wait until after work hours.

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**SUBJECT:                    REFERRALS TO OTHER PHYSICIANS/PROVIDERS**

**PURPOSE:**                To outline protocol for referral and transfer of patient and patient information to other service providers.

**POLICY STATEMENT:**

1.     If a patient requires consultation by a specialist, it is the responsibility of the clinic staff to arrange for referral to another provider either by direct telephone call or by letter to the referral provider who is qualified to provide the required care or services.
2.     It is the responsibility of the healthcare provider to provide the referral provider with either a copy of the patient's medical record or a statement of condition and reason for referral as agreed to by the patient's signature on a release of medical record form if it is requested by referral provider.
3.     It is the responsibility of the healthcare provider to document in the patient electronic medical record all referrals as to time, place, designated person and reason for referral.
5.     It is the responsibility of clinic staff to make contact with the provider to whom the patient is being referred, and to document the appointment in the patient's electronic medical record.

**Scheduling Telemedicine with UAMS ANGELS**

1.     Provider gives order
2.     Nurse writes doctor's order on request for outpatient treatment/exam form indicating the problem diagnosis on the form & patient is informed
3.     Nurse talks with patient either in person or by phone (depending on whether patient is in the office or not) to discuss scheduling the appointment.
4.     Nurse will schedule appointment either in Little Rock or El Dorado for telemedicine, depending on patient's preference. Nurse will inform patient that they will receive the appointment date and time and a packet of forms in the mail from UAMS. Nurse will inform patient that all forms must be completed prior to her scheduled ultrasound and that patient must arrive 30 minutes prior to scheduled appointment with completed forms or the test will be rescheduled. Nurse will fax a copy of all medical records, copy of patient's insurance card (front & back), a face sheet and the out patient request from to UAMS ANGELS @ 1-501-526-7287.
5.     Upon receipt of faxed information, UAMS will mail the patient the appointment date and time and a packet of forms to be completed prior to the ultrasound. UAMS will notify our clinic by e-mail the scheduled ultrasounds.



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## Rural Health Clinic Policies and Procedures

**SUBJECT: SCHEDULING OF APPOINTMENTS**

**PURPOSE:** To assure orderly and timely visits between the patient and medical personnel.

**POLICY STATEMENT:**

Ashley Health Services hours of operation are Monday through Friday 8:00 AM to 5:00 PM. The clinic will close during the noon hour. The receptionist/clerk is primarily responsible for the scheduling of patients. The receptionist/clerk, medical director and mid-level practitioner must confer to determine guidelines for length of clinic visits, walk-in patient, priority appointments and off-site scheduling of appointments.

Determinants of scheduling will be based on the following:

1. Patients will be scheduled according to the length of time needed to sufficiently address the presenting problem.

**SCHEDULING OF CLINIC APPOINTMENT** (general guidelines):

## 1. INQUIRIES

When talking to a patient about scheduling an appointment, the receptionist/clerk will determine the reason for the appointment and then decide which of the following groups the patient belongs in:

CLASS I - Visits of 20 minutes, or more, including:

First time OB 45 min.

New patients 30 min.

New GYN 30 min.

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Family Planning	30 min.
Wellness Visit or EPSDT	30 min

**CLASS II** - 15 - 30 minutes

Geriatric chronic care

Adult acute processes

**CLASS III** - Visits of 15 minutes or less, including:

Recheck	10 - 15 min.	may double appointments
Established patient Episodic non-acute	15 min.	may double appointments

Careful attention and inquiry is needed in determining this process. The receptionist must consult with the medical director/doctor/ mid-level practitioner whenever there is concern regarding scheduling. The receptionist will offer the patient the next available appointment, but will also inquire as to whether that meets the patient's needs, or if he/she needs to be seen sooner. If the patient has an acute complaint of an emergent nature, the receptionist will coordinate with the requested provider or clinic's nurse in the scheduling of that patient. When a physician's office calls to schedule a patient, the receptionist will inquire as to whether the patient needs to be seen that day. If the caller says yes, an appointment will be given immediately. If the caller says no, the patient will be given the next available appointment.

**2. WALK-INS**

Patients who come to the clinic for services, but who have not made an appointment, will receive services appropriate to their need. The need to be seen will be determined on a priority basis by consulting the clinic's nurse or the appropriate provider.

Walk-in patients suffering from an acute complaint of an emergency nature will be triaged immediately. Examples of need to be seen immediately - persons with trauma, acute injury, severe internal pain, chest pain, children with high temperature (fever).

Walk-in patients with acute complaints of a non-emergency nature will be discussed with the provider who will make the decision whether to include them in the day's schedule. These patients will not take precedence over scheduled appointments.

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Walk-in patients with other than acute complaints may either be seen after all scheduled appointments for the day, or be given an appointment for the next open time in the schedule.

3. NEW PATIENTS

When a new patient calls wanting an appointment in the **family practice clinic**, they will be asked to fill out a New Patient Request Form. Upon completion of the form, it will be given to the doctor to determine whether or not he will accept them as a new patient. Patient will be notified of the doctor's decision.

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**SUBJECT:                   ACCOUNTS RECEIVABLE**

**PURPOSE:**               To overview a system of charging, billing, collection and accounts receivable management.

**POLICY STATEMENT:**

1.     The organizational authority and responsibility for the design, efficiency and effectiveness of the revenue management system shall be vested with position description.
2.     A relative value fee charging system shall be adopted and maintained for all "physicians directed services" and "services incident to physician directed services".
3.     All services provided by "Clinic" shall be "physician directed services" or "incident to physician directed services".
4.     All patients shall be charged without prejudice of their ability to pay.
5.     All charges, collections, ROA payments, adjustments and patient accounts shall be recorded and maintained daily.
6.     All claims to commercial health insurance, Medicare, Medicaid, and other third-party and private insurance - if first payer responsibility- shall be completed and filed within one week of the occurrence of the charge.
7.     All payments received on account (ROA) shall be posted to the patient's account the same day that payment is received. The receptionist will balance and count down the money drawer daily and record the totals on a log. All cash, checks, money orders, etc will be placed in a lock bag and given to the office manager or insurance biller in the absence of the manager or a designated department manager from ACMC at the end of the work day. The locked money bags will be locked in the clinic safe. Keys to money drawers at AHWS will be kept on the body of the person responsible for the drawer. When another person covers for the receptionist a money count will be logged at the time of switch off and the key will be exchanged. In the event that money is missing, the person holding the key at that time will be responsible for paying the money back to Ashley Health & Womens' Services.
8.     All claims requiring re-filing because of error or omission and all claims requiring filing for co-payment or secondary coverage shall be filed within a timely manner after receipt of the first payment or notice of denial is received.

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9. All accounts receivable shall be managed in accordance with generally accepted principles:
- a. All account balances shall be aged by payor source, monthly, unless otherwise stated herein.
  - b. All 90-day old patient account balances due from third-party over ninety (90) days old shall be queried.
  - c. All patient account balance due from the patient shall be billed on a monthly basis by cycles.
  - d. At 120 days, clinic staff will send out notice to the patient of delinquent account, and will be advised that they will have to make arrangements to pay for any future visits.
  - e. The account will then be turned over to a collection agency, or filed in small claims court for garnishment of wages.
  - f. All patients shall be allowed to establish a payment plan for balances over \$50.  
Failure to comply with their self-prescribed payment shall cancel the payment plan privilege and aggressive collection efforts will be made.
  - g. The patient will be asked to make some type of payment before the patient leaves the clinic.

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**SUBJECT: RECORDING OF CHARGES, PAYMENTS, AND ADJUSTMENTS**

**PURPOSE:** To delineate a system of managing the recording of charges, payments and adjustments.

**POLICY STATEMENT:**

**I. RECORDING THE ENCOUNTER**

**A. Patient registration - the receptionist**

The receptionist shall greet the patient and determine if the patient has an appointment, and:

1. If the patient has an appointment, but is a new patient, the patient will be given a registration form to complete. All forms completed with patient's signature will be scanned into EMR.
2. If the patient has an appointment and is an established patient, the patient's will be placed on the tracking board in the EMR.
3. All records will be updated before patient can be seen by physician.

**II. THE ENCOUNTER**

**A. Patient care - the provider**

Service or supplies provided must be recorded on the electronic medical record correctly and completely. All diagnoses addressed during the visit must be recorded on the EMR. Provider is to document as much as possible in EMR to determine level of care provided.

- 1) It is the responsibility of the physician, mid-level practitioner or nurse to record all the services and/or supplies that each has provided on the EMR.
- 2) All levels of services (office visits) and degrees of difficulty (procedures) shall be recorded in compliance with the RVS and CPT (latest edition) as per the policy for same.

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- 3) The physician or mid-level provider is responsible for recording diagnoses on the EMR. The provider must record all diagnoses treated whether initial treatment or routine follow-up visit. There must be a diagnosis justifying every service performed. The determining factor for the level of service is not the length of time that the provider devoted but the amount of clinical consideration devoted to the treatment plan for that particular diagnosis. Any attention to a diagnosis for which the treatment plan was continued or altered in any way should be recorded (add the diagnosis to the list of diagnoses treated during that encounter).
- 4) All laboratory services whether performed in-house or sent to the Ashley County Medical Center lab must be recorded on the EMR.
- 5) The nurse or assistant who performs any service (injection, EKG, dressing wound cleansing, etc.) must record the service and supply on the EMR. The RVS and CPT Policy and Procedure established for identification of services provided shall apply.

3. PATIENT EXIT

At the completion of the patient care cycle of the encounter, the patient will be checked out by the nurse or provider.



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**SUBJECT: PROTECTION OF PATIENT INFORMATION**

**PURPOSE:**

Confidentiality of records for patients of the Rural Health Clinic.

**POLICY STATEMENT:**

The patient has the right to expect that records pertaining to individual care will be treated as confidential, and the facility has the obligation to safeguard these records against unauthorized disclosure.

Other than for specific circumstances in Policy on Release of Health Information, confidentiality of all records is of the greatest restraint. There is to be no discussion, disclosure, or release of health information other than in compliance with the facility policy.

Confidentiality will be ensured by clinic personnel adhering to an awareness of respect for the rights of confidentiality. Records will be kept within designated filing systems and placement areas during clinic visits.

The patient has the right to inspect and purchase photocopies of all records pertaining to the patient upon written request and forty-eight (48) hours notice to the Rural Health Clinic.

Written authorization of the patient or his legally qualified representative is required for release of medical information to persons not otherwise authorized to receive this information. This written authorization also applies to a patient requesting records pertaining to him/herself to be sent to another physician or hospital.

(See Privacy Policies and Procedures Manual)

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**SUBJECT:    RECORD RETENTION**

**PURPOSE:**    To preserve patient records for a minimum of ten (10) years beyond the last active use of the record.

**POLICY STATEMENT:**

All medical records will be maintained on site for a minimum of ten (10) years beyond the last active use of the record. These may be in their original form or microfilmed.

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**SUBJECT:                   RELEASE OF MEDICAL INFORMATION**

**PURPOSE:**               To provide information regarding the release of patient medical information to third-party carriers and others.

**POLICY STATEMENT:**

1.               Requests from doctors, hospitals and institutions concerned with medical care of the patient will be honored. Attempt will be made to obtain an authorization from the patient.
2.               Protected health information may be disclosed without the patient's authorization for payment activities of the clinic.
3.               Government agencies are not entitled to access of the medical records unless so authorized by law.
4.               When litigation is involved, information will not be released in the absence of a subpoena unless the patient has authorized for this to be done.
5.               When relaying information requested by an employer, the information relayed must relate to a workmen's comp claim, the provider must have provided the service to the individual at the request of the employer, the service must have related to surveillance of the workplace, or the employer must have a duty under OSHA, or a similar state law, to keep such records or act on such information.
6.               Any request for release of information to the media will be referred to APMC Public Relations.
- 7..              Attorneys:  
  
State attorneys have no legal right to examine patient records unless they have an authorization from the patient.  
  
The clinic must retain patient authorization if information has been released or if the patient record has been inspected.  
  
This authorization must be filed with correspondence in the patient medical folder.
8.              Next of Kin:

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If the patient has expired, an authorization must be signed by the personal representative (administrator or executor of the estate of the deceased). If there is no probate administrator, then authorization must be signed by the surviving spouse or next of kin.

9. FBI:

An official or government agency is not entitled to access records unless it is authorized by law. Confidential information requested in connection with security checks for employment or by legislative committees must not be released without patient consent.

10. ACCREDITING ORGANIZATION/REGULATORY/THIRD PARTY PAYORS

Surveyors for accrediting organizations, such as Arkansas Department of Health, shall have access to patient records as required to determine the clinic's compliance with relevant standards.

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**SUBJECT:                   TERMINATION OF A PATIENT**

**PURPOSE:**               To make appropriate determination of need to terminate a patient.

**POLICY STATEMENT:**

If a patient must be terminated from receiving health care for failure to comply with the physician's plan of care, the determination shall be made by the physician or Midlevel provider.

If the Physician or Mid-Level Practitioner determines that a patient should be terminated from receiving health care for other than medical reasons, the provider must notify the clinic manager. A registered letter will be sent to inform the patient of the decision. The patient will have 30 days to find another health care provider to deliver their needs. During this 30 day period, emergent care will still be provided to the patient. The chart will be forwarded to a new health care provider upon signed authorization to transfer records.

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**SUBJECT:                    REVIEW OF HEALTH CARE POLICIES**

**PURPOSE:**                To assure that policies and protocol are reflective of current practice.

**POLICY STATEMENT:**

All clinic policies and protocol will be reviewed on an annual basis, including treatment and medication protocols. The Clinic Office Manager will schedule which **SECTIONS** will be reviewed within specific time frames.

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**SUBJECT:** INFLUENZA AND PNEUMONIA VACCINE

**PURPOSE:** To ensure patient safety and establish age guidelines

**PROTOCOL:**

Hamburg Health Clinic will follow current guidelines for the administration of the influenza and pneumonia vaccine.

These policies were reviewed/revised in collaboration with:

James D. Rankin, MD, Medical Director

Holly Frisby, ANP

Rebecca Neeley, ANP

Phillip Gilmore, CEO, Ashley County Medical Center

Pam Stell, Office Manager

Donna White, RN, Compliance Officer, Ashley County Medical Center

April Billings, Laboratory Director

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**Ashley Health Services**

**FINANCIAL COUNSELING/BUSINESS OFFICE  
POLICY AND PROCEDURE MANUAL**

<b>TITLE/DESCRIPTION:</b> Uncompensated Care Program (Charity)	<b>APPLIES TO:</b> Patients Needing Financial Assistance
<b>EFFECTIVE DATE:</b>	<b>APPROVED BY:</b> Board of Directors

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**OUR MISSION:**

“IT IS THE MISSION OF ASHLEY HEALTH SERVICES RURAL HEALTH CLINIC TO ESTABLISH AND MAINTAIN AN INNOVATIVE FINANCIALLY STABLE ORGANIZATION CAPABLE OF RECRUITING AND RETAINING SUFFICIENT QUALIFIED PHYSICIANS AND MID-LEVEL PRACTITIONERS, TO STAFF AND OPERATE A COMPREHENSIVE PRIMARY HEALTH CARE SYSTEM FOR THE RESIDENTS IN THE SERVICE AREA OF THE ASHLEY COUNTY MEDICAL CENTER.”

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The PURPOSE of this policy is to establish operating policies and procedures relating to patients who have specific health care needs, and do not have the financial resources or ability to pay.

This policy APPLIES to all patients who present to Ashley Health Services for care, including patients of the clinic who present to the Emergency Department, patients who are admitted to the Inpatient facility, and patients who present for Outpatient care.

This policy DOES NOT apply to routine Outpatient services such as physician office visits and services, labs, x-rays, physical therapy, occupational therapy, speech therapy or an ER visit without prior approval for a situation that is not emergent.

**APPLICATION PROCESS:**

1. Any patient (responsible party) may apply for uncompensated care (charity) at any time prior to receiving services, at the time of admission/registration, or after receipt of services. This includes patients with Medicare, Medicaid or other insurance.

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2. Patients may also apply for uncompensated care by calling our office at 870-364-3474 or 870-364-8062.

**DOCUMENTATION NEEDED:**

The following documentation is needed, if possible, to complete the uncompensated care evaluation:

1. Proof of Identity.
2. Proof of income of all household members (check stubs, income tax returns, and/or other similar documentation), last three monthly statements of all bank accounts, both checking and saving accounts.
3. Proof of application for Medicaid, and/or other government sponsored health insurance programs, with the denial of the application.
4. If patient has already been screened for charity at Ashley County Medical Center, then our office can approve for charity in emergency situations.

**PROCESSING OF THE APPLICATION:**

1. Applicants for uncompensated care will be scheduled for an interview and review of appropriate documentation by a member of our staff.
2. Ashley Health Services may require other documentation on a case by case basis to determine eligibility for uncompensated care (charity).
3. If the patient/responsible party has not made an appointment for Medicaid or other public assistance that the patient may be eligible for, Ashley Health Services will assist the patient/responsible party with the application process and in getting the Medicaid appointment. If Ashley Health Services believes that the patient is eligible for Medicaid and/or other public assistance, uncompensated care (charity) will not be available through Ashley Health Services if the patient/responsible party does not make application for such public assistance.

**UNCOMPENSATED CARE (CHARITY) DETERMINATION AND APPLICABILITY:**

1. Uncompensated care (charity) determination will be based on 200% of the applicable Federal Poverty Level and number of dependents of the patient/responsible party.
2. When a determination for uncompensated care (charity) is made it can apply to all accounts (past and present) for the patient/responsible party, and will be applicable for the specific and immediate care given or being given.

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3. For services following the uncompensated care (charity) determination the circumstances remain unchanged. Ashley Health Services will determine if financial information is to be submitted before additional approval.

**COLLECTION AGENCY ACCOUNTS:**

1. In cases where a patient/responsible party does not make application for uncompensated care (charity) and the account(s) has been referred to an outside collection agency for collection, and the collection agency has made efforts to collect and determines that the patient/responsible party does not have the resources or ability to pay, the accounts(s) may be reclassified as uncompensated care (charity) after receipt of a formal recommendation from the collection agency.

**POLICY ON SENDING ACCOUNTS TO COLLECTIONS**

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**PURPOSE:** To provide information regarding the collections of accounts.

**POLICY STATEMENT:**

All patient accounts are processed one time a month. After a patient receives a statement for 3 months, a delinquent letter will be sent. If there is not response after the delinquent letter has been sent, then patient will be sent to collections.

If a patient calls our office to set up payment arrangements or makes a payment on the account, the account will not be sent to collections. However, if there is no activity on the account for 1 month, then another delinquent letter will be sent to the patient. Every effort will be given to work with the patient on clearing up the debt on the account.

**Hospital employees:** Hospital employees will receive 3 statements. The delinquent letter will be sent and give the employee a chance to call our office to set up a payroll deduction in order to clear account.