

The 4 C's Clinics Redesigned



with



YOU
in mind



Employee Handbook

GALVESTON COUNTY HEALTH DISTRICT

4C's Clinics, Public Health Programs, Galveston E.M.S.

Harlan "Mark" Guidry, MD, MPH
Chief Executive Officer & Health Authority



Warren J. Holland III
Chief Operating Officer

www.gchd.org

TO: All 4C's Staff

FROM: Harlan "Mark" Guidry, MD, M Chief Executive Officer

DATE: November 9, 2005

SUBJECT: Redesign Employee Handbook

Please find the attached Redesign Handbook which represent many months of planning and testing a new healthcare delivery model and new staff responsibilities in the Galveston County Health District's 4C's Clinic.

This Handbook is provided to all current employees and will be used as an orientation tool for new employees. The Handbook has been extensively reviewed and approved by the Clinic Leadership Team and represents the product of the 4C's Governing Board's three goals: (1) to improve clinic productivity, (2) decrease time patients wait in the clinic, and (3) increase overall patient satisfaction with clinic services. Finally, the Handbook is felt to be the Health District's best effort to improve clinic services short of structural redesigns and the implementation of an electronic medical records system.

All 4C's staff is expected to read the entire contents of the handbook, keep a copy available to you for ready reference, and discuss its contents with your supervisor for clarity. Keep in mind that the Health District will engage in extensive monitoring and will implement continuous quality improvements in order to reach the three overarching Governing Board's goals. As changes to the contents of the Handbook are approved and implemented by CLT, you will be notified by an executive memorandum which will be posted on the health district's official intranet site. The handbook will also be placed on the intranet site for ready access to staff.

Finally, great appreciation goes to the original redesign team and to all CLT members who demonstrated effective leadership by testing, developing, and implementing our new model of healthcare in the 4C's Clinics!

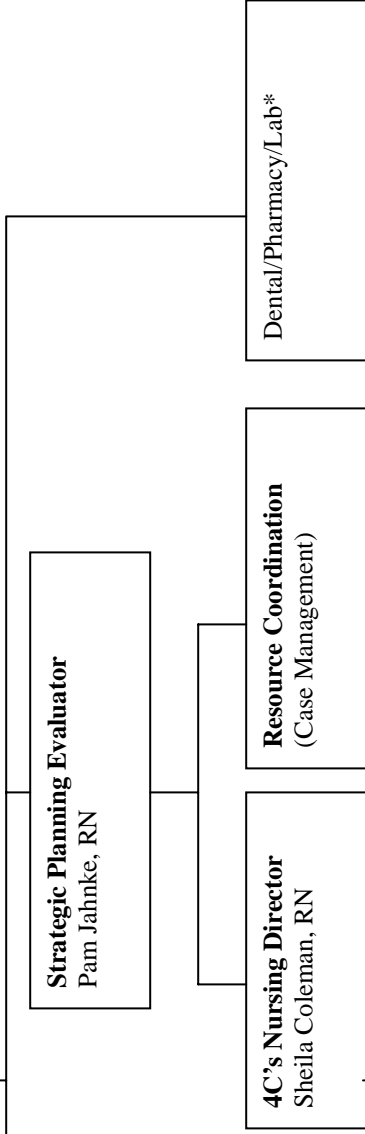
Redesign Handbook

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4C's Governing Board

Chief Executive Officer
Harlan "Mark" Guidry, MD, MPH
Chief Operating Officer
W. Jay Holland III



Chief Financial Officer
Kathy Barroso

4C's Medical Director
Dr. Alhassan

Physicians/Providers
Mental Health Counselor

4C's Business Manager
Mike Carr

Admin. Assistants
CIHCP Resource
Coordinator
Medical Records

Business Controllers
Fannie Cotton
Michelle Robinson

Unit Receptionist

Referral Clerks

Registration Manager
Wendy Jones

Cashiers/Registration

Patient Advocate/Greeter

Patient Assistance
Program

RNs

LVNs

MAs

Improvements Made as a Result of Redesign

General Improvements

1. Redesign has changed the point of view in our clinic from "We can't do that" to "What can we do to help?"
2. Patients are moved around less than in the past.
3. Patients are informed of what is happening when there are delays.
4. Patients are being reminded of their appointments in advance.
5. Providers and support staff are working as teams.
6. We are using a "controller" to manage and facilitate better patient flow.
7. We are using charge nurses to assure nursing and health care quality assurance.
8. We are bringing many support services into the exam room.
9. We are simplifying paperwork wherever possible.

Specific Improvements

1. Hired Business controllers to assure patient flow and clinic productivity
2. Hired and assigned Unit Receptionist for nurses stations
3. Hired a part-time phlebotomist to assist with phlebotomy in exam rooms
4. Approved posting for two new bilingual Medical Assistants
5. Alleviated "last minute crunches" on providers by eliminating late morning and afternoon appointments coupled with an increase in early morning and early afternoon walk-ins
6. Clarified staff authorities to accept patients for healthcare: Controllers (8-11: 15 & 1-4: 15); providers for last 45 minutes of the morning and afternoon sessions
7. Cross Training
 - cross training for registration and cashier staff, to include Margaret Johnson.
 - cross training on support staff on data entry and medical records functions, including making follow-up appointments, entering data on CVDEMS, entering TWICES data, pulling charts in medical records, and making referrals
8. Clarified roles of Primary and Float Medical assistants (MA's);
9. Implemented MA competency training to better assist providers and patients medication re-write requests are handled, triage occurs when needed, etc
10. Revised process of ordering Labs and X-rays - streamlined with standardized procedures with clear roles and responsibilities
11. Ongoing Assessments of Medical Records barriers - In preparation for EMR, the 4C's Business Manager will give more attention to medical records needs including expediting the filling of two positions, training business staff to assist in pulling charts for labs and med re-writes (as needed), and acquiring a tracking system. In addition, the 4C's Nursing Director will send daily reports to CL T of needed charts for medication re-writes and for labs.
12. Increased Visibility of Patient Advocate - will start interacting with patients as a greeter to help identify patients with early morning or early afternoon appointments; has begun tracking patient complaints to produce monthly reports for provider and CL T meetings for quicker resolution to problems
13. New dress code to help improve staff image and identification for patients
14. New equipment, computers and printers to facilitate employee access to information needed for patient care
15. Implemented Redesign session forms for continuous quality assurance and procedures for

- monthly evaluation of patient cycle time for medical care.
16. Developed an improved labels and a system for printing out labels where needed in the clinic
 17. Strengthen clinic security and compliance with HIPPA
 18. Implemented Redesign session forms for continuous quality assurance and procedures for monthly evaluation of patient cycle time for medical care.
 19. Developed roles and responsibilities of clinic charge nurses including competency assessments.
 20. Strengthen clinic security and compliance with HIPPA
 21. Patients are called to remind them of their appointments and educate them about what to expect and what to bring
 22. Walkie-talkies are used by 4C's staff to facilitate clinic communications between front desk, nurses station, lab, medical records, etc

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Redesign : What you should Know

Responsibilities of the Business Controller and Charge Nurse - The Business Controllers have the authority to make decisions regarding patient flow and non-medical issues around the nurse's station. The Business Controllers will work closely with a designated "Charge Nurse" who will direct floating staff and address nursing issues at the nurse's station. The Charge nurse will direct float nurses and MAs in their duties to assist Primary MAs and Providers, to handle review of labs, to handle medication rewrites, to answer calls for medical questions from patients, and to triage patients as needed. Finally, as a priority, the Charge Nurse will assist to complete healthcare for patients in exam rooms including medication administration and assisting primary MA with procedures and administering medication, providing health education (e.g. "goal patrol"), chaperoning, etc. The controllers will serve as an office manager to make patient flow decisions, troubleshoot business issues, direct a Unit Receptionist at the Nurses Station, and report any problems seen in the redesign or patient flow.

Plan to Alleviate "Last-hour-Crunches" on Providers - As of September 1, 2005, appointment schedules have been modified so that the last patient appointment in the morning session is 11:15 and the last patient appointment in the afternoon session is 4:15 pm. With this change, providers are expected to accept and see more walk-ins in the early morning and early afternoon.

When Controllers and Providers May Accept or Reject Walk-ins - The Controller has full decision-making authority to put walk-in patients into vacant exam rooms from 8 - 11:15 each morning and from 1 - 4:15 pm each afternoon, to be seen by the assigned provider. After 11:15 in the morning, the provider has the final decision on whether or not another "triaged walk-in patient" can be placed into an exam room to be seen. Similarly in the afternoon at 4:15 pm, provider will have the final decision on whether or not another triaged walk-in patient can be placed into an exam room to be seen. The Controller will simply document the provider decision and instruct the patient to return at another time (1 pm) or day (next work day) as a priority walk-in. Remember, the evenings are "business as usual" and will be addressed after we complete the redesign testing for 8 am - 5 pm.

Clerical needs at the nurse's station - Based on the volume of papers and issues that come to the nurse's station, we have arranged for full time clerical assistance at the nurses station, called "unit receptionist." In Galveston, the Unit Receptionists will be split half time between two positions. In Texas City, a full-time unit receptionist has been hired. The referral clerks and 4C's administrative assistants are expected to backup in the absence of the Unit Receptionist. The Unit Receptionists report to the Business Controllers and are responsible for organizing papers for nurses, answering calls, greeting patients, etc. We do not envision the receptionist acting as a runner, as this will take the receptionist away from the nurses station and defeat the purpose of having someone present there to assist at all times.

Plan to improve the service of Medical Records - Medical records staff are now expected to "run" all charts and track all requests. Nursing and other staff will no longer be required to complete the "requisition form" but to call medical record department with the request and indicate if the chart is needed now or when (be specific). Volunteers are recruited to assist medical records staff in taking request and running records. Also, the 4C's Business Director will provide medical records staff with walkie-talkies to aide in communicating with the nurse's station. The 4C's Business Director has prepared a bid to purchase a sophisticated medical records tracking system to make tracking medical records easier.

Plan to Improve Speed of Lab & X-ray Services - Primary MAs are now trained to perform finger stick blood tests in the patient exam room as part of the intake, prior to the Provider seeing the patient. Medical Aides will be trained to perform phlebotomy in the future. Also, the health district hired a part-time phlebotomist to assist lab in drawing blood in the exam room during peak service hours. The Health District now expects all lab staff to become trained and certified to perform X-rays under the supervision of the Lab Supervisor and Medical Director.

Plan for Night Clinics

As of November 2005, redesign will focus on 8-5pm when we have multiple Providers in the clinic. That does not mean that great lessons that we learn from redesign should not be used during the night clinic. It is just that we do not currently have the staffing to implement the redesign medical staffing needed for night clinic (e.g. a float MA or nurse). Until further notice, night clinic staffing will remain unchanged. We expect that once we finalize redesign for 8-5 pm that we will then do a complete assessment of night clinics in early 2006, to include hours, staffing, patient needs, appointments vs. walk-ins, etc.

Required Use of Redesign Session Form

Providers and Primary MA's are expected to use, complete, and sign the official Redesign Session Report. This report is designed to take the place of the old white board and allow CLT to evaluate success measures. The board will be used to document problems, needs for supplies, and other general needs in the clinic. CLT recognized that some Providers and Primary MAs are interested in tracking the actual time a patient had an appointment. The Provider and MA may simply add this time to the form; however, the form will not be revised since CLT has access to scheduled (actual) times in the computer system and will not require that all Providers and Primary MA's make this extra time notation. CLT will evaluate the data on the redesign session form along with data in the computer system. The Primary MA is expected to closely and directly follow the Provider and offer to assist with referral forms, documentation, etc. The float MA or Nurse is expected to do any running (for labs, records, etc) so that the Primary MA can stay in close proximity to the provider at all times.

How Walk-ins are Handled

CLT and existing Health District guidelines expect walk-ins to be handled by the Controller. In many circumstances, they can be placed in rooms at 8:45 am and 1 pm

when sessions begin and appointments are late. In many other circumstances, the Controller will place one in a DNKA slot or in a slot for a person the Controller decides is late for an appointment and is reclassified to walk-in status. Other times, walk-ins are saved for the end of the session to be seen by the Provider who finishes up early. Rarely, the Controller and Charge nurse will decide that a walk-in cannot be seen. The Charge Nurse will need to perform a nursing assessment on the patient and depending on the condition, will appropriately advise the patient to seek care at the ER or to return to the 4C's Clinic in the afternoon or next day as a priority.

Providers and the Lunch Hour

Providers are exempt and salaried professionals employed to provide healthcare to 4C patients. It is expected that in some circumstances a Provider may not have an hour for lunch in order to complete patient care. In such cases, the Provider may choose to obtain nourishment on the run, between patients. In many cases, the Provider may have an hour or shorter period of time to obtain nourishment. It is expected that redesign will increase the likelihood that Providers will have some time for lunch. We expect that when patients are being routinely placed in the exam rooms when sessions begin (currently 8:45 am & 1pm) that providers will not face issues of squeezing in multiple patients in a short period of time and running over into the lunch hour or evening.

Providers Reporting to Duty Late

As with all employees, Providers are expected to arrive on time. It is especially important that the Provider arrives in time to "huddle" with the Primary MA and to see patients already in the room at 8:45 am and 1 pm. Patterns of late arrival, impacting redesign expectations and patients waiting in the exam room will be reported to the Medical Director, 4C's Business Director and the Chief Executive Officer. The issue will be documented and addressed properly with the Provider involved. For staff with hourly wages, time clocks have been implemented. Fiscal and business staffs have distributed procedures and expectations for hourly wage employees.

Primary MA and Provider Work Relationship

The Primary MA is the assigned assistant to the Provider. As an assistant, they need to learn how the Provider communicates with patients and learn to anticipate the provider's needs. Thus, at this time, it is *highly encouraged* that the Provider allows the Primary MA opportunities to learn from him/her in order to develop into optimal medical assistants. Thus, the Primary MAs are expected to stay in the exam room with the Provider unless instructed to leave. In addition, the Primary MA is expected to closely and directly follow the Provider and offer to assist with referral forms, documentation, etc. Finally, unless instructed by the Provider to do so, the Primary MA will not leave the nurses station without notifying Provider or leaving a note with reason and location. [The float MA or Nurse is expected to do any running (for labs, records, etc) so that the Primary MA can stay in close proximity to the provider at all times]. CLT and Nurse managers have approved and implemented a MA Competency/Training Plan to assess MA skills for an appropriate level of compensation.

Expectations to Stagger Lunch Hours

Patient care is our priority. If staff is needed to complete care, they will be instructed by their supervisor to delay lunch. There may be rare times when staff cannot have a whole hour for lunch and comp time may be accrued. *For Nursing Staff*, if a MA or Nurse is scheduled to work 11-8 they are expected to provide lunchtime coverage for other staff. On other days of the week with no evening clinic, staff will rotate lunch to ensure coverage at all times. *For Laboratory Staff*, lunch time will be rotated to ensure coverage at all times. Lunch may be delayed depending on Provider needs at 11:30 a.m. *For Registration Staff*: Staff will stagger the lunch hour to ensure there is continuous coverage at all times. All 4C's staffs are expected to be flexible.

Access to Procedure Room Cabinets

JCAHO requires that meds and sharps be "secured" such that patients left in exam rooms or treatment rooms cannot access meds and sharps when sitting in the room alone. Thus, the doors must be locked or coded. Purchasing had a locksmith install lock pads directly on the cabinet doors that contained medications or sharps in both clinics. Lock pads have also been installed in Texas City on the supply room door, treatment room, and the pedi room where the vaccines are kept. In Galveston a lock pad was placed on the door to the medication room. The Nursing Director has the authority to provide access codes for these cabinets to appropriate staff. All staff are expected to close all rooms and cabinets when left unattended.

Time clocks for Hourly Employees

Time clocks are currently being used to track time for all hourly employees in the 4C's clinic. Time cards are to be punched upon arrival for work, at the close of work, and any time an employee is taking a break longer than 15 minutes in duration (eg. lunch). Punching the time card does not relieve staff members from the responsibility to document their time on the official time sheet or completing appropriate leave and comp. time/over time request forms. A copy of the current procedure is included in this handbook.

Improving Where and How Patient Demographic Labels are Printed

Staff has reviewed the use of labels printed from the Clinic Management system. The labels lacked information needed by various departments, the label printers are noisy and difficult to operate, labels only printed at the nurses' station, even when patients may be in Dental or lab. Executive staff has reviewed the labels and the needs of the various programs. A new label format has been designed. New laser printers have been installed in the Front desk, lab, dental reception and nurses' station of both clinic sites. Effective 9/12/05, the new labels are being printed by the laser printers and are routed to the areas where they are needed. Dental patient's labels print in dental, lab and x-ray only labels print in the lab, etc. The new laser printers are quieter and much faster than the old dot matrix printers. The new labels print out in groups of 20 labels and include address, and telephone number in addition to most of the information that was on the old label. Additional labels may be printed in the same manner as additional sets of the previous labels were printed. Front desk staff and nursing or business staff that need more labels

may generate additional sheets of labels as needed. For problems with labels, notify the 4C's Business Director.

Improved Wednesday Registration Services

On Wednesdays, registration will start at 8:40 am to assure first appointment can get back into the exam room at 9 am.

Pre-work Calls

Staffs at the Headquarters will now do pre-work phone calls to remind patients of appointments, etc. The results of the calls will be emailed daily by the Administrative Assistant for Healthcare Priorities to CLT and Providers. Cancelled appointments will be brought to the attention of the NurseLine nurse to assist callers that need a quick appointment opening.

Plan to Avoid New Patient Chart Delays

Registration Clerks now register new patients in the Clinic Management System and obtain all signed documents at the initial interview/ registration process. These signed papers are filed in a secure location until the day/time of the patient's first appointment. When a patient checks in at the front desk for their scheduled or walk in appointment, the registration clerk will pull the patient's papers and assign a Medical Record number to the patient. The registration clerk will then demand the encounter form and labels for the patient's appointment. The registration department will forward the new medical record to the Medical Records Department who will take it to the nurse's station. Please note that providers may see these new patients without the chart since there will be no medical information in the chart.

Documenting Reliable Contact Numbers for Patients

Registration staff members are now asking for daytime or good contact telephone numbers. All staff members should ask for daytime telephone numbers when reviewing demographic information with patients. Daytime telephone numbers as well as updated address information should be written on the face of the encounter form by any staff member who discovers the information. At charge entry (Headquarters), the new contact information will be entered in the Clinic Management System in the appropriate space in the record.

Printing Encounters and Accepting Payment

The Cashiers will continue to demand all encounters and collect money for each encounter generated. All medical encounters and labels will print at the nurses' station. Other types of encounters will print as directed by the 4C's Business Director.

Texas City Front Desk

The Cashiers in Texas City have been relocated to the Front Desk area in order to facilitate patient flow, cross training, and patient processing.

Registration Procedures for Walk-in Patients

Walk in patients will be given a "Walk-In form" to complete at the Front Desk. The front desk will load the first five patients under Provider 2800 (Walk in Schedule). When the first five have been placed in exam rooms, the controller will tell the front desk to continue to load as many walk-ins as slots become available. *See Charge Nurse Checklist and How Walk-ins Are Handled* for further information.

Pharmacy Flow

The CLT has identified the need for improvements in business/accounting processes that impact patient flow to the pharmacy. The Chief Operating Officer, Chief Financial Officer, and 4C's Business Director will perform an assessment with the Pharmacy Department to identify ways to streamline the process for patients needing pharmacy services and to meet business requirements.

Lab Forms

Please see tab 10 for Procedures for Lab and X-Ray Request

Communicating with Walkie-Talkies

When communicating via two-way radio, you should be as brief as possible and convey only the needed information:

1. Press the transmit button and identify who you are calling.
2. Identify yourself
3. Deliver your message.

When someone calls you, acknowledge his or her message, (remember they can't see you). Being brief is necessary since only one communication can occur at a time. If you have questions about Walkie-talkie communications, contact the 4C's Business Director.

Guiding Patient Flow – Signage & Paint

CLT will study temporary signage needs in clinic and will get temporary signs made and placed in the clinic. Long-term signage and color-coded directions will be considered after planned construction projects are completed.

Number of Provider Exam Rooms

The number of exam rooms allocated to Providers depends on the number of Providers working and the number of rooms available. Generally, each Provider is assigned at least three exam rooms, preferable four rooms. The final decision on allocating exam rooms lies with the Controller. Providers should be flexible; accepting which exam rooms to use as circumstances may require changing and sharing rooms from session to session. All rooms are expected to be organized in a standard manner, making it easier for providers to work in them.

Clinic Runners

There is no designated "runner" in the clinic. Medical Records is responsible for transporting requested records to the medical care areas as needed. Lab staff will transport lab results to the medical care area as needed. All staff members are expected to cooperate to make operations as smooth as possible. Therefore, any time a staff

member must go from one area of the clinic to another, they are expected to inquire if anyone has anything that needs to be taken to their destination.

Responsibilities of the Primary MA

Please see tab 8 for MA job description in addition to:

1. Arriving on time
2. Put first patient into exam room by 8:45 if starting in the morning and by 1:00 with a pm Provider
3. Stay in exam room with Provider unless instructed to leave. *Do not leave the Nurses station without notifying the provider or leaving a note with reason and location*
4. Keep track of all patients on session form during the day, recording time in and out of room, making comments and signing form, giving to Controller at the end of the day

Determining when a Patient is late for An Appointment

The decision is that of the Controller. Front desk staff should notify the Controller if a patient arrives late for an appointment. Registration staff will notify the Controller if a patient remains in registration and becomes late. The Controller will consider the facts including why the patient is late, the reason the patient needs to be seen, the workload of the Provider, and will make a decision for the good of the patient and the clinic. The Controller will record and report to CLT any problems that may be caused by the decision.

Assessment of Waiting & Walk-in Patients in Waiting Room

The Controller and Charge Nurse are expected to assure no waiting patient is overlooked. The Controller is to be notified by the Front Desk when a patient arrives and will receive the encounter form as it is printed at the nurses' station. The Controller and Charge Nurse are expected to periodically check the waiting room and make sure that appointed patients have been checked in and that walk-ins have been accounted for. The Charge Nurse/designee will assure no acutely ill person is waiting by doing a nursing assessment/triage in accordance with the Nursing Director's guidelines. For each session, any walk-in patient that cannot be seen will be assessed by the Charge Nurse/designee (and will be provided appropriate options), prior to leaving the clinic.

Official Message to Walk-in Patients

To Our Walk-In Patients (English & Spanish versions will be posted in the clinic)

- We understand that people get sick and may not have an appointment
- 4C's Clinics are non-emergency, primary care clinics. We see patients by appointment and as many walk-ins as possible.
- Walk-in patients may have to wait and will be seen if space is available. However, there is no guarantee that walk-ins will be seen
- Another patient with a more urgent health problem may be seen before you, even if you arrived earlier
- If you believe you are now critically ill, ask the front desk to see a nurse. The nurse may decide that your condition requires care in an emergency room

- The 4C's Clinics offers appointments up to 90 days in advance and also operates a telephone NurseLine to advise patients who need care

Appointments:

(409) 938-2234

(281) 309-0255

NurseLine:

(409) 938-2355

Plan for Effectively Handling Request for Medications

Handling medication re-write effectively reduces the number of walk-ins for rewrites. Patients may request a medication re-write through the 4 C's pharmacy, through an outside pharmacy, by phoning NurseLine or the clinic (staff will forward the call to a special line), or by walking in. All requests are logged and tracked by the float MA designated by the Charge Nurse. Medical records are pulled for each request by the designated staff and the record and request are put in the provider room to be reviewed by a licensed provider. The designated float MA processes the provider's orders and contacts the patient to let them know of the decision. The Charge Nurse is responsible for e-mailing a report on a daily basis to the Nursing Director to cite the number of re-writes processed, number pending and how long the requests are taking (for the chart to be pulled and for the providers to review).

Use of Walkie-talkies in Exam Rooms with Patients

Primary MAs will need to communicate with the Controller at all times and to call Lab or Nursing staff to the exam room. However, Primary MAs may turn off walkie-talkies while in the exam room with the patient but are expected to communicate their whereabouts whenever leaving the work area to the Charge Nurse/designee.

Calling for Patients in the Waiting Room

The waiting areas can be a noisy environment, requiring a raised voice to attract attention. Staff members are expected to move into the waiting area before calling a patient's name. This allows patients to see the staff member and increases the likelihood patient will respond when called.

Expectation Regarding Customer Service Surveys.

There is a brochure holder in each exam room filled with patient surveys stocked by the Unit Receptionist. It is the job duty of the Medical Aide to let each patient know that the organization would appreciate it if they would complete a survey and when done, place it in the confidential box in the front of the clinic. Patients may choose to complete a survey, give us their name or remain anonymous or not complete a survey. The Customer Service Specialist collects the surveys on a quarterly basis to prepare a report to the board. Staffs with the most favorable comments per quarter are spotlighted on the District's intranet website and sent the Executive Manager. Unfavorable comments about employees are sent to the Executive Manager for investigation and response.

Supply Inventory

The Nursing Director is responsible for developing and maintaining inventory checklists for exam and supply rooms; ordering special supplies/equipment to be purchased; signing all supply requests and purchase request forms.

The Charge Nurse is responsible for weekly inventorying and ordering supplies for the supply room; reporting broken or non-functioning equipment to the Nursing Director; completing the requisition forms for routine supplies.

Medical personnel (Primary MAs) are responsible for checking their assigned rooms for necessary supplies, restocking supplies, and reporting needed supplies to the Charge Nurse. MAs are expected to maintain exam room stock in amounts that can be reasonably expected to last for at least two working days. MAs are responsible for transferring supply control tags to encounter forms on patient use.

Time Clock Procedures

The Galveston County Health District has chosen to track non-exempt employee time by utilizing a time clock for the 4C's Clinic and Animal Services. Non-exempt employees are required to punch their timecards daily:

- at the beginning and end of the assigned workday;
- before and after each lunch period; and
- *before and after any period of leave or break of more than 15 minutes

** Employees must obtain their supervisor's approval for any non-routine or unscheduled breaks as well as any leave.*

In the event an employee misplaces his/her timecard, or forgets to punch in or out, they must notify their Supervisor immediately. The Supervisor will write in the date, hours worked, and initial the timecard. Should an employee fail to notify their Supervisor immediately or continue to "forget or misplace" his/her timecard or punch in for another employee, he/she will be subject to disciplinary action up to and including dismissal.

Employees should be ready to work as soon as they punch in. Likewise, employees should avoid any work off the clock, before they have punched the clock at the beginning of the day, or after they have punched out.

In the event an occasional infraction of the assigned working hours occurs, there will be a seven (7) minute grace period. More than the seven (7) minute grace period will be counted at fifteen (15) minute increments. The Supervisor must approve all requests for overtime in advance.

Employees in the field should make every effort to punch in and out for lunch. However, should a situation occur that makes it impossible for the employee to punch in or out - he/she should immediately notify their Supervisor of the circumstance. The Supervisor will punch in and/or out for the employee and initial the timecard.

Employees should indicate absences due to paid time off, extended sick leave, holiday, funeral leave, etc. by submitting a leave slip to their supervisor.

It will be the responsibility of each Supervisor to make certain each of their employees have been supplied with a time card at the beginning of each workweek. Should an employee be assigned to work at several locations, a time card will be available at any/all locations, during any given work week. These time cards have a space for employee name, employee number and week ending date. Time cards and Time Clock ink cartridges will be kept in inventory and may be obtained from Central Supply with the proper paperwork. It is also the Supervisors responsibility to supply a time card at any/every location their employee is assigned, for any particular day.

Supervisors will be responsible for calculating hours worked daily/weekly for each employee's time card and reconciling with time sheets. Timecards should be attached to the timesheet and submitted to Payroll at the end of each pay period. When timesheet/time cards are needed in payroll before the last day of the pay period, such as, before a holiday, the Supervisor will anticipate hours worked. If the hours documented should change for any reason, the payroll department should be notified immediately.

GALVESTON COUNTY HEALTH DISTRICT

4C's Clinics, Public Health Programs, Galveston E.M.S.

Harlan "Mark" Guidry, MD, MPH
Chief Executive Officer & Health Authority



Warren J. Holland III
Chief Operating Officer

Abdul-Aziz Alhassan, MD
4C's Medical Director

www.gchd.org

MEMORANDUM

DATE: August 31, 2005

TO: All 4C's Staff

FROM: Sheila Coleman, RN,
Director of Nursing

Michael E. Carr, JD
4C's Business Manager

RE: Expectations for HIPAA and Security Issues

This past weekend we had staff putting up bulletin boards, etc. in the Texas City clinic. While there some interesting discoveries were made. Protected Health Information was left in plain sight on the counters of the Nurses' station, including: labels left over from patient encounters, provider schedules, prescription rewrite forms, a patient chart on top of the high counter at the back of the nurses' station. These four things are violations of the HIPAA privacy rules.

In addition, a blank prescription pad was left on the upper counter at the side of the nurses' station. This is a serious security breach as there have been issues with stolen pads and forged prescriptions in the past.

From this point forward it is the responsibility of the **Clinic Controller** to assure that all schedules, encounter forms, labels and other business related protected health information (PHI) are secured or destroyed at the conclusion of the daily patient care sessions.

Nursing staff, under the direction of the charge nurse, are responsible for all prescription rewrite forms, patient charts and medical care related PHI. They are expected to secure them according to current procedures, on a daily basis. (charts in locked room, information under lock or shredded, prescription pads under lock).

Nursing staff is responsible for security of both business and medical items during the evening clinic sessions.

Sheila and Mike will draft a "close down" procedure and checklist for the clinics. After review by the Clinic Leadership Team, compliance with this procedure will be the responsibility of the above-mentioned staff.

Providers should treat prescription pads with the same level of care that they would afford blank checks or cash.

Every 4C's staff member is expected to meet these responsibilities for protecting PHI of clinic patients and sensitive clinic documents like prescription pads.

END OF CLINIC SESSION SHUTDOWN CHECKLIST

Prior to the end of each clinic day, the Charge Nurse, Controller and evening clinic Nurse will secure the clinic area based on the checklist in this document. After completing the checklist, each person should sign the local log indicating completion of securing the patient care areas.

Charge Nurse / Late Night Nurse	Controller
Place all completed Medical Charts in the Medical Records return basket and place in the provider's room	Clear all left-over labels and provider schedules from the work area at the end on the day and shred.
Collect all charts held for re-writes, lab results and place them on the shelf in the provider's room. Charts held for nursing calls will be placed in nursing or medication room.	Remove all scraps of paper with patient information from the work area and place in locked drawer or shred.
Place all blank prescription pads locked cabinet.	Remove all faxes from the FAX machine and secure in locked drawer or nurses room.
Make sure all provider session sheets are collected and handed over to the controller or placed in the controller's folder in a locked area	All provider session sheets are to be secured in a locked area at the end of the session.
Place all share the care forms in a drawer at the nurse's station.	Check the hallways for loose papers and any patient information. Shred or secure all such documents.
Check all exam rooms for any patient information and secure in a locked area or shred.	Forward voided encounter forms to administration for processing.
Secure all return to work/school excuse forms in a locked area.	Log off all unused workstations
Shred all duplicate encounter forms.	Assure that all drawers and doors where PHI is stored are locked
Deliver all voided encounter forms to the Controller.	Sign the "end of session" log
Logoff all workstations at the end of session.	
Assure that all drawers and doors where PHI is stored are locked	
Sign the "end of session" log.	
Assure everyone has left the building.	

In the absence of the Charge Nurse or Controller, the remaining person should complete both portions of the checklist. At the end of evening clinic session the Nurse on duty should complete both portions of the checklist.

END OF CLINIC SESSION SHUTDOWN PROCEDURE

The Health Insurance Portability and Accountability Act (HIPAA) requires that we take special care to safeguard a patient's Protected Health Information (PHI). Patient care areas are not normally open to the general public, but are not protected after hours. Sensitive documents and information may be seen by others in this situation. It is the responsibility of the Charge Nurse and Controller to make sure that all sensitive information and documents are secured where they cannot be easily found by persons who do not have the need to see these documents, but may have access to the area, such as cleaning persons, maintenance workers and others.

Prior to the end of each clinic day, the Charge Nurse, Controller and evening clinic Nurse will secure the clinic area based on the items noted in this document and on the associated checklist. After completing the daily checklist, each person should sign the security log indicating completion of securing the patient care areas.

The Charge Nurse and/or evening clinic nurse is responsible for the following tasks:

1. Place all completed Medical Charts in the Medical Records return basket and place in the provider's room.
2. Collect all charts held for re-writes, lab results and place them on the shelf in the provider's room. Charts held for nursing calls will be placed in nursing or medication room.
3. Place all blank prescription pads locked cabinet.
4. Make sure all provider session sheets are collected and handed over to the controller or placed in the controller's folder in a locked area.
5. Place all share the care forms in a drawer at the nurse's station.
6. Check all exam rooms for any patient information and secure in a locked area or shred.
7. Secure all return to work/school excuse forms in a locked area.
8. Shred all duplicate encounter forms.
9. Deliver all voided encounter forms to the Controller.
10. Logoff all workstations at the end of session.
11. Assure that all drawers and doors where PHI is stored are locked.
12. Sign the "end of session" log.
13. Assure that everyone has left the building.

The Controller and/or evening clinic nurse is responsible for the following tasks:

1. Clear all left-over labels and provider schedules from the work area at the end on the day and shred.
2. Remove all scraps of paper with patient information from the work area and place in locked drawer or shred.

3. Remove all faxes from the FAX machine and secure in locked drawer or nurses room.
4. All provider session sheets are to be secured in a locked area at the end of the session.
5. Check the hallways for loose papers and any patient information. Shred or secure all such documents.
6. Forward voided encounter forms to administration for processing.
7. Log off all unused workstations
8. Assure that all drawers and doors where PHI is stored are locked.
9. Sign the “end of session” log.

In the absence of the Charge Nurse or Controller, the remaining person should complete both portions of the checklist. At the end of evening clinic session the evening clinic Nurse on duty should complete both portions of the checklist.

The Nursing Director and Business Manager are responsible for the following tasks:

1. Periodically reviewing the session shutdown log for completeness.
2. Performing random “spot checks” of compliance with procedure.
3. Initiating corrective actions when needed to assure compliance with the procedure.
4. Answering any questions staff may have about the shutdown procedure.

Controller

Under the supervision of the 4C's Clinic Business Manager and in his/her absence to the Chief Financial Officer, the Controller is responsible for performing duties in accordance with CLT approved redesign procedures.

Essential Job Functions

65% - Directs clinic staff to accomplish redesign goals and works with charge nurse to identify patient flow barriers and assign nursing staff duties to eliminate the barriers; works with designated charge nurse to direct staff to meet daily business needs, including but not limited to, answering phones; making referrals; entering data into TWICES and CVDEMS databases; keeping copies of patient health education materials available; ordering supplies; making building request; maintaining a clean, safe, and orderly clinic; ordering needed medical records, etc; performs all duties in accordance with Health District policies and procedures. Facilitates communications with clinic staff to streamline patient care activities. Expected to communicate with CLT members and executive managers by e-mail on a regular basis to identify problems and seek approved solutions.

15% - Serves as a member and liaison to the Clinic Leadership team to identify barriers to 4C's Redesign goals for clinic flow, productivity, patient cycle time, and patient satisfaction; focuses on facilitating patient flow in and out of exam rooms with the goal of keeping exam rooms filled with appointed and walk-in patients during designated controller times. Attends CLT meetings; develops written reports to CLT; completes redesign session summary date for submission to the Strategic Plan Evaluator; documents and approves "voided" encounters in accordance with CFO expectations; notifies CEO, COO, & CFO of issues with untimely resolution that are impacting redesign goals; reports performance concerns of medical staff to all the appropriate supervisors up to and including the CEO; accepts a primary site of duty; however, performs all duties in both clinic sites as scheduled by the 4C's Business Manager/

20% - Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsible for supervising Unit Receptionist, Referral Clerks, and any other assigned business clerical staff. Responsibilities include interviewing, recommendations for hiring, and training employees; planning, assigning, and directing work; appraising performance; disciplining employees; recommending awards for employees; addressing complaints and resolving problems.

Knowledge, Skills, and Abilities

Knowledge of general business practices, state and federal laws, rules, and guidelines.

Skill in providing excellent customer service and support; organizing and prioritizing workload and meeting deadlines; and excellent written and verbal communication.

Ability to interact effectively and professionally with persons from diverse cultural, socioeconomic, education, racial, ethnic and professional backgrounds; work effectively with managers, co-workers, members of the public and professional groups; manage and coordinate activities and projects; communicate effectively, clearly, concisely with others (internal and external customers, both verbally and in writing), consistently demonstrate positive/proactive customer service attitude; consistently maintains ethical behaviors exemplary of quality public service and fair standards, inclusively, among all employees and members of the public; work as an effective team member; function independently, exercise sound judgment and initiative; be flexible to shift priorities; maintain confidentiality; establish and maintain effective interpersonal work relationships, work toward goals and objectives of Strategic Health Plan; follow Health District policies - including adhering to the Health District's immunization policy and the mission, vision, and Guiding Principles of the Health District; receive constructive feedback; and be available to accept new assignments to meet disaster-related Health District responsibilities.

Education / Experience

Graduation from an accredited high school or equivalent.

Previous supervisory experience preferred but not required. Preference will be given to previous experience in a Community Health Center.

License and/or Certification

Valid Texas Drivers License

Special Requirements

Must have reliable transportation and be willing to travel between GCHD facilities. Must be willing to work evening hours if necessary.

4 C's Clinic

Charge Nurse Checklist

Directs Float MAs and/or Float Nurses by

- Having them put patients into rooms for providers when primary MAs are working in exam rooms with providers, thereby optimizing patient flow;
- Observing number of patients waiting for nurse visits and directing Float Nurses to complete such visits in a timely manner;
- Assigning Float Nurses to perform nursing tasks such as medication administration and assisting with procedures
- Assigning Float Nurses to perform triage duties as needed. (See draft walk-in procedure)
- Assigning nursing staff to staggered lunch periods in order to cover patient care needs
- Assigning nursing staff to medication re-write duties. Giving Nursing Director a daily count of re-writes pending, those pending a chart and those pending a provider's review.

Performs (or assigns) daily and monthly quality control checks such as recording refrigerator temperatures, auditing medications for expiration dates, oxygen cylinder checks, etc.

Acts to consider medical issues (as compared with business issues) that arise at the nurses' station or in the clinic.

Using walkie-talkie, passes on communications to improve clinic flow

Works with Controller to optimize patient flow by ensuring that open provider rooms are filled with patients, including walk-in patients

If needed, may assist Controller by medically prioritizing walk-in chief complaints to assess probable provider time needed and to maintain optimal patient flow when limited exam rooms are available.

Assists Controller to medically assess and assist patients who are late and have missed their appointment

May answer phone calls, take messages, and speak to patients at the nurses' station or in the clinic

Acts as back-up for Controller duties at times when a trained controller is not available.

Controller Duties

Directs clinic staff to accomplish redesign goals and works with charge nurse to identify patient flow barriers and assign nursing staff duties to eliminate the barriers; works with designated charge nurse to direct staff to meet daily business needs, including but not limited to, answering phones; making referrals; entering data into TWICES and CVDEMS databases; keeping copies of patient health education materials available; ordering supplies; making building request; maintaining a clean, safe, and orderly clinic; ordering needed medical records, etc; performs all duties in accordance with Health District policies and procedures. Facilitates communications with clinic staff to streamline patient care activities. Focuses on facilitating patient flow in and out of exam rooms with the goal of keeping exam rooms filled with appointed and walk-in patients during designated controller times.

4 C'S CLINIC
CHARGE NURSE COMPETENCIES

Name: _____ Instructions: Assess nurse on job skill by entering a value of 1-5 (5 is the best) in each category. When complete, average all scores. _____

Instructions: Nursing Director will observe the nurse to determine competency in each category as outlined in the processes documented in the Re-Design Handbook. The Nursing Director will ask the Controller, Medical Director and several providers for feedback on the nurse's performance as well. The Nursing Director will average all scores when complete.

Job skill	Nursing Director's score based on observation, including feedback from Medical Director, providers, Controllers. (include comments if any)
Makes appropriate assignments for	
<ul style="list-style-type: none"> • Lab result follow up 	
<ul style="list-style-type: none"> • Medication re-write follow up 	
<ul style="list-style-type: none"> • Triage 	
<ul style="list-style-type: none"> • Nursing Visits 	
<ul style="list-style-type: none"> • Assisting providers to complete healthcare for patients in exam rooms including medication administration and assisting primary MA with procedures and administering medications, providing health education (e.g. "goal patrol"), chaperoning 	
Directs flow of nurse visits, patient education, medication administration, etc, to ensure optimal flow (getting patients out of providers' exam rooms)	
Works to ensure on-time start to sessions	

Stagers lunches to cover patient care and ensures appropriate hand offs	
Shows awareness of staff location and flow	
Triages or assigns triage effectively as needed for walk in patients	
Coordinates follow through for medication re-writes (assigns and tracks data)	
Coordinates follow through for abnormal lab results and tracks data	
Communicates directly with controller to expedite patient/staff flow	
Coordinates QA for	
<ul style="list-style-type: none"> • Close down procedures for HIPAA security • Quality Control List 	
Acts as Controller when business controller is not available	
Prepares and sends (by e-mail) daily Charge Nurse Report	
Acts to consider medical issues that arise	
Demonstrates excellent customer service skills	

Deemed competent to act as 4 C's Clinic Charge Nurse:

Nursing Director/Date

Strategic Plan Evaluator/Date

Human Resources Director/Date

Medical Aide

Under the supervision of the 4Cs Nursing Director and the designated charge nurse, the Medical Aide is responsible for providing medical assistance to providers, assisting the assigned charge nurse/business controller with patient flow and medical issues, following clinic protocols established by the 4C's Medical Director, and providing customer-friendly care to patients. The Medical Aide will participate in a skill competency certification plan and will provide assistance based on certified skills. The Medical Aide will serve as part of an efficient and effective nursing team, in two federally-funded primary care clinic sites in Galveston County. The Medical Aide may be assigned as a "Primary MA" to assist providers or may be assigned as a "Float MA" to accept nursing station assignments from the Controller and Charge Nurse. The Medical Aide is expected to complete internal training and certifications to perform higher level services by performing waived lab procedures, assisting providers with documentation and completion of forms, performing EKGs, phlebotomy, and administering oral and injection medications. Primary Medical Aides who are bilingual are expected to provide translations in the exam room. Float Medical Aides who are bilingual are expected to provide translations for any patient in medical areas.

Essential Job Functions

80% - In accordance with established clinic redesign procedures, prepares patients and charts for provider visit; huddles with providers at beginning of session to anticipate patient needs such as lab work and screening tests; takes and records vital signs including pain scale and chief complaint neatly and accurately; weighs and measures infants, children, and adults; conducts hearing and vision screening and LEAP foot exams and records neatly and accurately; provides health education under the Nursing Director's supervision and documents appropriately; prepares patient appropriately for exam by provider; assists provider with physical exam; provides emotional support to patient; and completes lab slips and charts forms neatly and accurately. Works cooperatively with staff in all 4C's Clinic service areas to enhance productivity and patient flow, decrease patient waiting times, and implement approved redesign procedures; uses walkie-talkies; completes Session Sheets; and communicates open rooms to Controller.

15% - Assists family planning, STD, and child health clinics; cross-trains with other aides and clerks to provide relief; assists with restraining infants/children for injections; translates information to and from patients, their family members, and staff. May be assigned as a "Primary MA" to assist providers or may be assigned as a "Float MA" to accept nursing station assignments from the Controller and Charge Nurse. Expected to advance to perform higher level services by performing waived lab procedures, assisting providers with documentation and completion of forms, performing EKGs, phlebotomy, and administering oral and injection medications.

5% - Other duties as assigned, including serving on clinical teams and/or committees.

Knowledge, Skills, and Abilities

Knowledge of adult learning principles, ambulatory nursing practices and procedures, and community resources.

Skill in providing excellent customer service and support; organizing and prioritizing workload and meeting deadlines; and excellent written and verbal communication.

Ability to interact effectively and professionally with persons from diverse cultural, socioeconomic, education, racial, ethnic and professional backgrounds; work effectively with managers, co-workers, members of the public and professional groups; manage and coordinate activities and projects; communicate effectively, clearly, concisely with others (internal and external customers, both verbally and in writing), consistently demonstrate positive/proactive customer service attitude; consistently maintains ethical behaviors exemplary of quality public service and fair standards, inclusively, among all employees and members of the public; work as an effective team member; function independently, exercise sound judgment and initiative; be flexible to shift priorities; maintain confidentiality; establish and maintain effective interpersonal work relationships, effectively assist providers; work toward goals and objectives of draft priorities; follow Health District policies - including adhering to the Health District's immunization policy and the mission, vision, and Guiding Principles of the Health District; and be available to accept

new assignments to meet disaster-related Health District responsibilities.

Education / Experience

Graduation from an accredited high school diploma or equivalent

Preference will be given to work experience in a clinic or community health center and/or certification as a Medical Assistant. Preference will be given to Certified Medical Aide.

License and/or Certification

Current CPR

Valid Texas Drivers License

Special Requirements

Must have reliable transportation and be willing to travel between GCHD facilities. Must be willing to work evening hours when needed. Bilingual Spanish is required.

4 C'S CLINIC
MEDICAL AIDE COMPETENCY CHECKLIST

Name: _____

Instructions for use of this form:

- All Medical Aides are responsible for getting this form completed correctly.
- Lost forms will require starting over, unless there is a copy that has been made.
- Medical Aides will obtain signatures only from persons in the positions indicated on the form.
- When a level is fully completed, make a copy and submit it to the Nursing Director or the Strategic Plan Evaluator for review.
- After it is approved by nursing management, it will be submitted to the Human Resources Department for appropriate action.

Level I

Competency	Who may determine competence	Signature /Date	Signature /Date	Signature /Date
Demonstrates correct usage of Walkie-Talkies	Controller or Charge Nurse			
Completes Session Sheets Correctly	Controller or Charge Nurse			
Communicates to Controller when exam rooms are open	Controller or Charge Nurse			
Labels copies of forms per protocols	Charge Nurse			
Accepts Direction from Controller/Charge Nurse	Controller or Charge Nurse			
Accepts assignments as requested by Controller /Charge Nurse	Controller or Charge Nurse			

Level II (All items on Level I must be completed before completion of level II)

Performs fingersticks for random blood sugar and A1c	Lab tech or Nurse			
Performs Random blood sugar per protocol	Lab tech or nurse			

Performs A1c per protocol	Lab tech or nurse		
Assists provider with completion of referral forms	Provider		
Assists provider by completing lab forms	Provider		
Assists provider by completing x-ray forms	Provider		
Performs EKGs per protocol	Lab tech or trained nurse		
Performs ear lavage	Nurse		

Nursing Director/Date

Strategic Plan Evaluator/Date

Human Resources Director/Date

Level III: (All items on Level I and II must be completed before completion of level III)

Competency	Who may determine competence	Signature /Date	Signature /Date	Signature /Date
Assists provider by completing prescriptions for provider signature	Provider			
Performs phlebotomy and completes lab paperwork per protocols	Lab tech			
Administers oral medications per Medical Director's written protocols	Nurses			
Administers IM and SC medications/vaccines per Medical Director's written protocols	Nurses			
Hearing and Vision Certification	Class Instructor	Attach certificate		

Nursing Director/Date

Strategic Plan Evaluator

Human Resources Director/Date

4 C'S CLINIC
MEDICAL DIRECTOR'S DELEGATION ORDERS
FOR MEDICATION ADMINISTRATION BY MEDICAL AIDES

Medical Aides in the 4 C's Clinic may administer medications by delegation by the authority of the Medical Director under the following provisos and guidelines.

Medical Aides that have attained the rank of Medical Aide Level III through training and demonstration of competency, especially with regard to the procedures and techniques of medication administration, may administer medication that is ordered by 4 C's Clinic physicians, physician assistants and nurse practitioners. The following caveats apply:

1. A 4C's licensed physician or midlevel with relevant privileges must order the medication for a particular patient.
2. The order must be documented by the licensed provider in writing in the medical record.
3. In every instance, the Medical Aide III must verify with a physician, PA, RN or LVN the correct patient, medication, route, time and dosage before administering the medication. The Medical Aide III must identify each patient by at least two identifiers per protocol before administering medication and may only administer the medication when the ordering physician or provider is physically located in the clinic.
4. The Medical Aide III must document each administration in the medical record.
5. The Medical Aide III must question the ordering provider if he/she does not understand an order or cannot decipher the handwriting.
6. The Medical Aide III may not make decisions about medications, including the dosage, route or frequency. A licensed nurse or provider must be consulted to make any needed assessment.
7. The Medical Aide III may not evaluate or assess a patient's response to a medication. A licensed nurse or provider must be consulted to make any needed assessment.

In the 4 C's Medical Clinics, the Medical Aide III may administer the following medications:

Inhalants:

Albuterol by nebulizer
Duo Neb by nebulizer
Ammonia Inhalants

Injectables:

Aquamephyton (Vitamin K)
Bicillin-LA
Cyanocobalamin (Vitamin B12)
Depo Medrol (prefilled)
Depo Provera
Diphenhydramine
Furosemide (Lasix)
Insulin Regular U-100

Lidocaine 1%(only with Rocephin)

Promethazine

Rocephin

Solu Medrol

Oral Medications:

Aspirin

Clonidine

Insta Glucose

Ibuprofen

Prednisone

Prelone Syrup

Tylenol

Zithromax

Sublingual Medications:

Nitroglycerin S.L.

Other Medications:

Neosporin Ointment or similar

Saline Nasal Drops

Cerumenex Ear Drops

TB skin tests (PPD) intradermally

Authorizing Physicians:

Abdul-Aziz Alhassan, MD, Medical Director

License Number:

Signature: _____ **Date:** _____

Harlan "Mark" Guidry, MD, MPH; CEO & Acting 4C's Medical Director (Back-up)

License Number:

Signature: _____ **Date:** _____

GALVESTON COUNTY HEALTH DISTRICT

4C's Clinics, Public Health Programs, Galveston E.M.S.

Harlan "Mark" Guidry, MD, MPH
Chief Executive Officer & Health Authority



Warren J. Holland III
Chief Operating Officer

www.gchd.org

TO: All 4C's Staff
THRU: W. Jay Holland, III, Chief Operating Officer
FROM: Carla Sanchez, Lab Manager
DATE: August 24, 2005
SUBJECT: Procedures for Lab and X-Ray Request Forms

Effective Monday August 29, providers and Primary MA will complete one single form to order labs and the same multi-page form to order an X-ray. The lab form will be used to order labs. The X-ray form will be used to order X-rays as well as meet needs to obtain a radiology interpretation of the X-ray(s) taken. Here are some step-by-step procedures to assist you with the process:

LAB ORDER REQUEST FORM

1. Primary MA or Provider will fill out the one-l2art lab request form.
2. The provider will sign the form or the MA will write the provider's name on the form. The MA will place the label in the appropriate box at the top left corner. The MA will attach all extra labels to the form.
3. Leave the lab form in the chart slot outside patient door with extra stickers attached.
4. If the patient is sent to the lab (after 5pm and for urine collection/analysis), the one-part lab form will be sent with the patient. The lab tech that performs the test, checks and initials the procedures performed. The white order form will stay in the lab for the coders to pick up.
5. If the test is performed in the exam room, after checking and initialing procedures performed. The tech will take the white order form to the lab. After tech is finished with order form they will add to folder for coders to pick up.
6. When extra tests are added, after initial testing has been done (written or verbal), the additional lab procedures must be written on the white order form.
7. If *Lab Only* is ordered: MA/Nurse completes the lab form, indicating tests that are to be performed, instructs the patient regarding fasting or other special issues including getting a Lab Only patient encounter form when they return to the clinic for their lab only visit, and ensures the completed lab form is delivered to the lab. (IF a copy of the lab form is needed for patients chart, prior to labs being completed, MA/Nurse will make a copy of the lab form and put it in the patients medical

record) On the day of the lab only visit. the lab tech that performs the test, checks and initials the procedures performed. The white order form is attached to the lab encounter and kept in the lab folder for coders to pick up.

X-RAY REQUISITION ORDERS

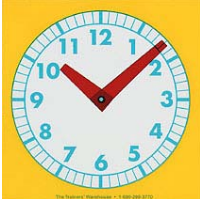
1. The Provider and/or Primary MA will complete the triplicate x-ray requisition form. The MA will attach labels to all 3 copies at the top of the form under the identification box.
2. The Provider or Primary MA, as directed by the Provider, will complete a brief Medical History for the Radiologist.
3. After the Provider reviews the film(s), the Provider must write a Plan Of Treatment in the Medical Impression Box on the x-ray requisition form.
4. The MA will attach the pink copy of the x-ray requisition form to the patient encounter form. The white and yellow copy of the form is sent with the x-ray film to the radiologist for reading and interpretation.
5. When the results come back from the Radiologist, the lab personnel will send the white and yellow copy of the x-ray requisition form to the Charge Nurse to sort and handle in accordance with the Medical Directors protocols.

When the x-ray requisition form is signed off by the provider and returned to the lab for distribution, the laboratory staff will give medical records the original (white) to be filed in the patients medical record chart, the (yellow) will be filed in the x-ray department for easy access, and a copy will be made to file with the films inside jacket.

Procedure for collecting data on cycle time in 4 C's clinic

1. Business Manager appoints 2 greeters to talk to patients as they enter the clinic.
2. Collect materials: script for greeters, time-papers for patients

HELP US HELP YOU!
How long will your medical visit take?



September 15, 2005

Patient Number: _____

Time of Arrival: _____ (Greeter)

Time of Departure: _____ (MA)

Please show this to the Medical Assistant when you are called into the exam room. When your medical visit is done, the Medical Assistant will turn it in to the Unit Receptionist in the Nurses' Station!

THANK YOU!!!

3. Greeter says: "Welcome to the 4 C's Clinic. We are trying to find out how long our patients spend in the clinic when they come to see a provider. We need your help with this today. This information will be used to find ways to see patients more quickly. Please take this (or wear this) and show the time to the person who puts you in the exam room, then turn it in to the same staff when you are finished in the back. Thanks so much!"
4. Train greeters, MAs and Float Nurses, Controllers and Unit Receptionists on Wednesday, September 14, 2005. We will start on September 15, 2005.
5. On a pre-designated day, selected and announced to CLT by the Strategic Plan Evaluator, two greeters meet patients at the front door. If the patient is there to see a medical provider (appointment or walk-in), they use the script above and give the patient (or ask them to wear) the paper above and they write the "Time in". Do not include patients for dental, pharmacy only, lab only or registration only.
6. When the MA puts the patient in the exam room, he/she writes the "Time-In" on the session sheet along with the usual information, including time into the exam room. They remind the patient that they need the paper back when they leave.
7. When the patient leaves, the MA writes the time out on the session sheet.

8. The next day, the controller/unit receptionist takes all the session sheets and figures the “Total time” for each patient by comparing the clinic time in and exam room time out and figuring the total minutes the patient spent.
9. The controller makes a report by separating the total times per patient into two groups – walk ins and regular appointments and divides the total minutes by the number of patients. Those numbers are the average cycle time for walk-ins and regular appointments.
10. The controller sends the report to the Strategic Plan Evaluator.

GALVESTON COUNTY HEALTH DISTRICT

4C's Clinics, Public Health Programs, Galveston E.M.S.

Harlan "Mark" Guidry, MD, MPH
Chief Executive Officer & Health Authority



Warren J. Holland III
Chief Operating Officer

www.gchd.org

To: Clinic Leadership Team

From: Kathrine Hall
Director, Human Resources

Date: August 18, 2005

Re: 4C's Clinic Medical and Business Staff Dress Code

At today's Clinic Leadership Team meeting, you approved implementing a new dress code for 4C's Clinic medical and business staff members. As discussed, the goals of implementing a new dress code are to improve the image of the 4C's Clinics, to make staff in medical positions more uniform and identifiable, and to buy staff new uniforms (where applicable) to make them feel good for the redesign opening on September 14th and thereafter.

Effective Wednesday, September 14, 2005, the following dress code will be in effect.

4C's Medical and Dental Staff

Monday through Thursday 4C's medical and dental staff are required to wear the following:

- 0 RNs and LVNs - Royal Blue scrubs with matching lab jacket
- 0 Medical Aides - Burgundy scrubs with matching lab jacket
- 0 Clinic Lab - Khaki scrubs with matching lab jacket
- 0 Dental Assistants and Receptionists - OB Blue scrubs with matching lab jacket

On Fridays, 4C's medical and dental staff may wear scrubs of any color or print. Each medical staff member required to wear scrubs will be provided four sets of scrubs (of the designated color above) and one matching lab jacket and will be provided one new set of scrubs per year as ordered by his/her supervisor.

4C's medical and dental providers are required to wear business casual dress or scrubs of any color and a white lab coat. Each provider will be provided with one white lab coat with his/her name embroidered on it and will be offered four sets of scrubs.

For safety reasons, all 4C's medical and dental staff, regardless of position, are required to wear closed-toe shoes at all times while working in the 4C's Clinics.

4C's Business Staff

4C's business staff, which includes Medical Records, Registration, Medical Clerks, Unit Receptionists, Coders, Appointment Desk Clerks, and Medical Administration, are required to wear business casual dress Monday through Thursday. The Health District will provide one blue GCHD polo shirt per employee that is to be worn on designated days and on Fridays. Based on each area's supervisor, employees may wear khaki pants or skirts of appropriate length or blue jeans or denim skirts of appropriate length. Whether khaki or denim is allowed is the decision of your supervisor. In addition to the above dress code, the 4C's Controller will be provided with a yellow lab coat so he/she can be easily identifiable within the clinic.

Please share these new dress code requirements with staff under your supervision. In order to implement the new dress code by September 14, 2005, please provide me with a list of sizes of scrubs or polo shirts needed for those staff members under your supervision no later than Wednesday, August 24, 2005. You may fax the list to me at 409-938-2243 or send the list by email to <mailto:khall@gchd.org> If you have any questions, I can be reached directly at 409-938 2230.

4 C'S CLINIC RE-DESIGN CONTINUOUS EVALUATION

Clinic processes have been re-designed with the following goals outlined by the 4 C's Governing Board: (1) to improve clinic productivity, (2) to decrease time patients wait in the clinic, and (3) to increase overall patient satisfaction with clinic services. In order to assess progress toward these goals, data will be collected, aggregated, displayed, analyzed and used to make changes that improve performance. The following data collection tools and reports apply:

1. Access to Care Measures: increasing access to health care and decreasing disparities is a Strategic Health Plan priority and a focus of the 4 C's Performance Improvement Plan. Access to Care measures comprise a monthly report to the Clinic Leadership Team (CLT) and a quarterly report to the 4 C's Governing Board. The report is prepared by the Strategic Plan Evaluator and is an aggregation of several clinic reports including:
 - The Medical Administrative Assistant prepares monthly medical and counseling productivity reports using data collected on *session sheets* and schedules by Medical Aides. This report includes the percentages of scheduled and walk-in patients and the percentage of scheduled patients that do not keep appointments.
 - The Dental Director prepares monthly dental productivity reports including percentages of scheduled, walk-in and patients that do not keep appointments.
 - The Business Manager from the practice management system generates uniform Data System productivity reports monthly.
 - Controllers generate monthly Cycle Time reports (time patients spend in the clinic) one day per month for each patient.
 - The Strategic Plan Evaluator monthly reports NurseLine call data. .
 - The Registration Supervisor collects and reports registration data including the number of new patients registered, number updated and percentage already updated before the day of a visit.
 - The Human Resources Director reports quarterly on Patient Satisfaction Data regarding access to provider visits from the Patient Satisfaction Surveys collected on a continuous basis.
 - The Patient Advocate reports quarterly on complaint data related to access complaints that is collected on a continuing basis.
 - The Strategic Plan Evaluator reports monthly on start time data (how many minutes early or late the first patient is ready to be seen) collected from session sheets and averaged and tracked weekly.
2. Weekly a report of provider productivity is send to the CLT by the Medical Administrative Assistant. Weekly a report tracking time to complete medicine re-writes and abnormal lab follow up is sent by the Nursing Director to the CLT.
3. Daily, each Controller sends a report to the CLT with the number of patients seen, number of walk-ins seen and currently, number of Hurricane evacuees seen. Daily, a report of pre-work (phone calls to patients to prepare them for their upcoming scheduled visit) is sent to CLT by the Administrative Assistant for Healthcare Priorities to show number of patients reached and cancellations.

4. Periodically, the Compliance Auditor, Strategic Plan Evaluator and Risk and Safety Coordinator conduct audits for compliance with re-designed processes. These audits may include:
 - Evaluate staff compliance with Redesign Expectations outlined herein
 - Evaluation of clinic security and HIPAA compliance
 - Evaluation of staff competencies
 - Evaluation of compliance with JCAHO standards
 - Other audits based on identified incidents, problems or adverse occurrences.

5. Peer review processes and the Medical Director's review of 10% of midlevel charts will also evaluate quality of clinic services as well as identify issues for corrective action, on a continuous basis.