

Internal Medicine Clinic Manual

Policy and Procedure

Updated January 29, 2009

**Internal Medicine Clinic
Ambulatory Care Center
Mason Farm Road
CB #7705
Chapel Hill, NC 27599-7705**

**Clinic: 919-966-6989
Appointments: 919-966-1459**

Medical Director:	Thomas Miller, MD
Associate Medical Director:	Cristin Colford, MD
Assistant Medical Director:	Robb Malone, PharmD
Clinic Manager:	
Nurse Manager:	Judy Martin
Clinic Quality Improvement Coordinator:	Annie Whitney
Charge Nurse:	
Administrative Support Supervisor:	Tim Scurlock
Administrative Support Supervisor:	Phillis Perkins
Appointments Supervisor:	Wanda Brigman
West Wing Front Desk Coordinator:	Johnnie Satterfield
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Chief Residents:	Cheryl Davis, MD
	Wood Gibbs, MD
Clinic Coordinator:	Jo Williams

MESSAGE FROM THE DIRECTOR

Welcome to the UNC Internal Medicine Clinic. This clinic is all about patient care and all of us, as clinic employees, provide that patient care. Patient care involves greeting, registration, appointment making, billing, referrals, nursing care and medical care. Excellence in patient care requires excellence in all these dimensions. This clinic manual grows out of the staff's commitment to quality care and patient satisfaction.

Medicine is a service profession and incorporates principles of good customer service. Every interaction with a patient holds the opportunity to help someone get the care they need. Each interaction offers a chance to demonstrate patient-centered customer service.

In order to achieve our goal of improving the health status of North Carolina adults, the Internal Medicine Clinic is dedicated to promoting an environment supportive of continuous quality improvement. We aim to improve patient care by identifying barriers to patient satisfaction and quality patient care, as well as by comparing our clinic to national standards. We encourage staff to lead and participate in quality improvement projects being conducted in the clinic.

Staff realize that patient care always comes first. Staff also recognize that excellence does not come easily. It is something that everyone must strive for each and every day. Excellence requires a positive attitude and a willingness to help others. It also requires that everyone knows his/her job and does it well. This manual is intended to help each person know his/her job. It also reminds all of us of some of the basic principles of good care.



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UNC Contact Information

	PHONE	FAX		PHONE	FAX
Core Lab	966-2361	966-9490		ACC Pharmacy	966-7692 966-9311
ACC Lab	966-7576	843-0522		Main Hospital Pharmacy	966-4201 966-0243
ACC Lab (add-on labs ONLY)		966-9490		Neurosciences Pharmacy	966-8739 966-0243
ACC Radiology	966-7582	966-7635		Pharmacy Assistance Program - ACC	843-0808
UNC Home Health	966-4915	966-4843		Pharmacy Assistance Program - Main	966-7690
The Driving Direction Center (English & Spanish)	966-3464			Pharmacy Assistance Program - Neuro	966-0937

Clinic Phones

	PHONE	FAX		PHONE	FAX
Internal Medicine Clinic	966-6989	966-9671		Patient Appointment Line	966-1459 843-9355
				Toll-Free Line	1-800-862-4938

GENERAL INFORMATION

The Internal Medicine Clinic is committed to providing high quality care. Everyone in the clinic plays an important role. For the clinic to be successful, everyone must know his job, must do his job, and must work as part of a team. Your role in providing the highest quality medical care is vital. We welcome your suggestions for improving patient care in the clinic. Also, we invite you to contact us regarding any difficulties you may encounter.

THE KEY PRINCIPLES

The Internal Medicine Clinic not only provides excellent medical care for their patients; it also provides exceptional customer service. This is manifest by the daily reliance on four key principles outlined below.

- **Service:** Make serving others your number one priority. Remember that our patients *are* our customers! Each one of us becomes the face of Internal Medicine to each patient.
- **Attitude:** Choose your attitude. How you *think* about the customer is how you will *treat* them. A shining attitude is contagious around our patients and shows in the quality of your work.
- **Consistency:** Set high service standards and live them every day.
- **Teamwork:** Commit to teamwork. A great team is a group of people who go out of their way to make each other look good.

SCRIPTS

The use of scripts helps us to use the words or phrases that make our patients feel more comfortable. For instance, the word ‘care’ suggests treatment, therapeutic intervention, or diagnostic procedures. It could also mean adequate staffing to meet the ‘care’ of our patients. From the patient’s perspective, however, it means compassion, concern, kindness, and empathy. Each patient needs to hear us use the words and phrases that show that we care for them and their problems. They are as simple as “How may I help you today?”, “Do you have any other questions?”, or “Thank you for your patience.”

Throughout this manual, you will find scripts to use in day to day interactions with patients as well as scripts to use during problematic situations. These scripts are found in shaded boxes throughout the text.

FIVE FORBIDDEN PHRASES

There are five words or phrases that convey a very negative environment. People come to our clinic or call our phone lines in order to get something accomplished, not to get refused or rebuffed. The following list provides words and phrases to avoid as well as suggested alternatives:

- **I don’t know.** You may not have all the answers at your fingertips, but there is a more helpful way of stating this. Try “*That’s a good question. Let me check and find out.*”

- **We can't do that.** Offer a positive alternative. Try "*Here's what we can do.*"
- **You have to.** The customer needs helpful directions, not a confrontation. Offer instruction, not a command. Try "*You might try*" or "*You might want to try*"
- **In a second.** A minute on hold is a long time. Try "*This may take a few minutes. Will you be able to hold?*"
- **No.** Do not start a sentence with the word no. Offer a more positive alternative. Suggest what you can do.

WORKING HOURS

The Internal Medicine Clinic opens at 8:00 am and closes at 5:00 pm, although designated staff stay until the last patient has been seen. The supervisor schedules some staff as early as 7:30 am and others who will stay late. If an employee will not be arriving at his/her scheduled time, he/she must notify the supervisor in advance. Prior written approval must be obtained before a staff member may arrive early or stay late.

COMP TIME / OVERTIME

No one is allowed to work any overtime unless authorized in writing by the supervisor. If there are problems completing work within a 40-hour work week, please see the appropriate PBA coordinator to discuss the problem. If there is a special project that requires more than the scheduled 40 hours, bring this to the attention of the appropriate PBA coordinator. There are days when there is a need to stay late in order to complete responsibilities in the clinic (checking out, transmittal reports, entering no show visits, filing, etc.). It is the PBA's responsibility to get approval from his/her supervisor to take a longer lunch or leave earlier on another day to maintain the 40-hour regular work schedule.

VACATION

If time off is needed, please fill out the Leave Request Form and submit to the supervisor for approval. The supervisor will return the form to you informing you whether the requested time is approved or disapproved. The supervisor will keep a copy of your leave request on file. Advancement of leave time is not permitted unless there are emergency circumstances. Emergency circumstances will be considered on a case by case basis. On floating holidays, the supervisor will staff according to clinic needs. Staff members who are eligible to take leave and do not elect to do so, should notify the supervisor so that other staff members can take time off.

Temporary SPA employees (Tar Heel Temps, University Temps or Westaff Temps) are not eligible for equal time off for floating holiday worked. Temp employees receive holiday premium pay (time and one-half) for working on a holiday.

ANNUAL HOLIDAY SCHEDULE

The UNC Healthcare holiday schedule can be viewed at the following web address:
<http://hr.intranet.unchealthcare.org/holidays>

TRAINING

ALL PBA staff must attend StartRight training to learn clinic processes and be given system access.

BUDDY SYSTEM

The buddy system is designed as a back-up system for the PBA coordinator and to give the physician and staff the continuity of one contact person, and to avoid overloading the front desk staff and the communications office if several staff members are absent at one time. This system is not designed so that the buddy completes any unfinished work left by the PBA! Any unfinished work left by the PBA will be delegated to other staff members by the PBA coordinator.

Clinic Buddy Teams:	Front desk	Johnnie Satterfield & Yvette McCollum
	Template building	Phillis Perkins & Paul Njagu
	Supervision	Tim Scurlock
	Cash collection	Laura Hutchins & Thomas Messick
	Ancillaries	Dione Liles & Rob Hartman
	Referrals	Erika Bynum & Angela Cole
	Facility rounds	Rob Hartman & Phillis Perkins

- **PBA coordinator out for the day:**

If the PBA coordinator is out for the day, their buddy will delegate responsibilities in their area. PBA coordinators should also notify the Clinic Coordinator when they will be out and he/she will notify the divisional staff.

- **Divisional assistant in late or out early:**

Each person should notify their buddy of absences from the clinic. This allows the buddy the ability to know their work schedule and anticipate extra duties that may come up during this time. This will help eliminate confusion in case of understaffing.

Divisional/Clinic Buddy Teams:	Jo Williams & Nola Chavis
	Stephanie Wright & Nola Chavis
	Susan Goulet & Nola Chavis
	Lisa White & Amy Azzolino
	Penny Chumley & Amy Azzolino
	Patsy Silk & Rose Greeson
	Louisa Baroudi & Wanda Brigman

- All appointment requests must be submitted using our online forms located on our website <http://www.med.unc.edu/medicine/generalm/clinic.html>. All appointment requests go to Wanda Brigman for processing. In her absence, Nola Chavis will process these requests. When the appointment request is completed, Wanda (or Nola) will reply to the requester with a 'completed' confirmation.

- When calling your clinic or divisional buddy, use the number on the ACC faculty & staff list or the GenMed faculty & staff list located in your notebook. If he/she is not available, leave a message on their voicemail or call Appointments at 6-1459, option 3, and give your request to the person on the phone.
- Notify your buddy if you will be out for vacation, etc. They will notify you regarding their absences.
- Phillis Perkins is the back up for each scheduler when they are out and Phillis is available for all the Divisional Secretaries if they have a problem scheduling an appointment, template problems or additions, faxing, medication or anything she can assist the division with.

SUPPLIES

All supply orders MUST be submitted in writing and approved by the Clinic Manager. The Clinic Manager will review them for appropriateness and for available funds.

MAIL COURIER SERVICE

We have a Processing Assistant to take items to the Internal Medicine Clinic, the division, and mail room. There are 2 runs per day at 8:00 a.m. and 3:00 p.m. All items for pick up are to be in the outgoing tray at the front desk by 5 p.m. each day.

BUSINESS CARDS

Business cards are provided to the resident physicians through the House Staff Office. Attending physician cards are provided through the GM Administrative Office. Team business cards are provided by the Clinic Manager.

CHILDREN AT WORK

No children are allowed in the workplace. However, a 'Bring Your Child to Work Day' can be arranged on school work days and with prior approval only. This must be approved by the Clinic Manager.

VISITORS

It is inappropriate to have non-work-related visitors in the work area.

PROFESSIONAL ETIQUETTE

The following behaviors are essential in maintaining a professional atmosphere:

- Personal conversations are not allowed in patient contact areas. Please remember to keep your voices down and your conversations business related. Never have patient-related discussions in areas where your conversation can be overheard.

- No food or open drinks allowed in the patient care area.
- Work areas must be clean and organized.
- No CD's or radios are permitted in the work area.
- Respect each other's opinions and suggestions.
- Do not bring your personal problems to work.
- Do not use cellular phones in the ACC building.
- Report to work on time. Remember: seven minutes late is an occurrence.
- Never clock in or out for a coworker. This is grounds for automatic dismissal.
- Do not leave your workstation unattended.
- Never use a coworker's sign-on.
- Using the internet for personal use is strictly forbidden.
- Do not change policies and guidelines without the supervisor's approval.
- If you have a problem, please talk to your supervisor. Communication is the key to success.
- Never tell a patient that you don't know how to do something. If you don't know, tell the patient you will call them back. Make sure you call the patient back as promised.
- If your coworker is stressed, lend a helping hand or say encouraging words to uplift them. Patients can tell when they are in a stressful environment.
- During downtime, have group meetings to improve clinic flow, patient satisfaction, and employee's satisfaction. Give suggestions to your supervisor.
- Add positive words to your vocabulary. Negative words cultivate misery.

DRESS CODE

Please go to http://hr.intranet.unchealthcare.org/hr_policy/ch3/hr0312 for UNC Healthcare dress code policy.

CONTINUING EDUCATION OPPORTUNITIES

Classes are available through Human Resources to improve your abilities and skills in the work place. Please limit these classes to education that pertains directly to improving your abilities at work. These classes must be approved by the clinic manager to ensure that operations are covered at all times.

COMPLAINTS

When patients complain about their care or experience in the clinic, listen patiently and refer to the following:

1. Patient complaints and concerns should be directed to the Staff Supervisor. If the Staff Supervisor is not available, send the patient to the Clinic Manager.
2. Direct all patient complaints regarding a physician to the Clinic Manager. The supervisor/manager will document complaint.

FRONT DESK

CHECK-IN PROCESS

- **ALWAYS SMILE!!!!**
- **Routine**
 - Greet patient
 - Ask the patient for their UNC Hospital Card
 - If the patient does not have their card, go into the system by either their medical record number (if the patient knows it) or other verifiable demographic information. PBA is responsible for obtaining the hospital card at the Registration Desk.
 - If the patient has their UNC Hospital Card, proceed with check in process.
 - Verify demographic information by asking the patient the following questions. Do not recite or read the information to the patient, they must verbally supply the following information:
 1. What is your name?
 2. What is your address?
 3. What is your home phone number?
 4. What is your cell phone number?
 5. What type of insurance do you have? (Make a copy of the insurance card.) If the patient does not have insurance, have the patient sign a waiver form (and arrange an appointment time with the financial counselor).
 6. What is your date of birth?
 7. If any of this information has changed or needs correcting, update it in the system.
 - Pull pre-printed encounter forms and stamp lab order sheet. Write arrival time on upper right hand corner and on the pre-printed schedule in notebooks at the front desk.
 - Assemble packet required for clinical care (may include yellow sheet, lab forms, and demographic/contact information update form, etc.).
 - Put papers in rack at the front desk for nurses to pick up.
- **Special circumstances**
 - For walk in patients – As above, plus page the triage nurse to the front desk.
 - Medication Refills – As above, plus page the triage nurse to the front desk.
- If a patient has been waiting 20 minutes past their scheduled appointment time, check with the nurse and explain the delay to the patient.

Late Arrivals

Patients will have to wait until their physician has an opening in the schedule. Their visit may be shortened to address immediate needs only.

If the patient is 30 minutes late, and he/she is the last scheduled patient for the morning clinic or afternoon clinic, they will be asked to reschedule their appointment to the next available time.

CHECK-OUT PROCESS

- **ALWAYS SMILE!!!!**
- Greet patient.
- Ask for the encounter form and any lab sheets.
- Ask the patient for their UNC Hospital Card if there is unstamped additional paperwork from the clinic visit (ancillaries and/or referrals).
- Collect and appropriately distribute documents from packet from clinical encounter (may include yellow sheet, lab forms, and demographic/contact information update form, etc.).
- **Cash Collection**
 - All encounter forms **MUST** be checked for completeness and the data entered into GE. The following information **MUST** be on the Encounter Form and is necessary for correct billing:
 1. Patient information – Name, MR#, DOB, DOS
 2. Attending name and physician code
 3. Resident name and physician code (if applicable)
 4. NPP (non-physician provider) provider code (if applicable)
 5. Attending
 6. Diagnosis
 7. Charge level
 - Enter charges into the GE system. Verify and enter insurance information and collect co-pay or co-insurance (see card if necessary).
 - Ask the patient if the payment is cash, check, or credit card. If the patient is unable to pay at this point, they are sent to the Financial Counselor.
 - Collect amount due, according to what the computer states.
 - Enter payment amount:
 1. **If payment by cash**
 - a. Prompt the GE system to print 2 receipts.
 - b. The patient signs one receipt for P&A and keeps the other for their records.
 - c. Manual receipts for P&A require the MR #, batch number, and the patient signature.
 2. **If payment by check**
 - a. Stamp back of check.
 - b. Prompt the GE system to print the receipt.
 - c. If a manual receipt is needed, add the MR #, batch number, and check number.
 - d. Write batch number on front of check.
 2. **By charge card**
 - a. Swipe card and enter the last 4 digits on the credit card and the amount. Wait for confirmation.
 - b. Have patient sign the charge slip.
 - c. Write batch number on charge slip.
 - d. Enter amount into GE.
 - e. Prompt the GE system to print the receipt.
 - f. Keep the signed copy for our records and give the patient the customer copy.

▪ **Appointments on Encounter Forms**

All return appointments are made at the time of check-out by the front desk scheduler.

GE reminder appointments in Residents' Clinic should be made in real time if the appointment is within a six-week period. If this is not possible, the patient will be sent a reminder to call to schedule their appointment.

GE reminder appointments in faculty clinics can be made in real time within a 270-day period. If this is not possible, the patient will be sent a reminder to call to schedule their appointment.

Always thank the patient for their business and **ALWAYS SMILE!!!!**

▪ **Reports**

- Select the POS tab. In the drop-down select TES cash batch drawer. Complete BAR / description, deposit ID, and tab down to 'Controls OK?', enter 'Y', and print 3 copies. One copy goes in the green envelope, one in the red envelope, and the remaining copy is filed in the clinic for six months.
- Stay in the same screen and tab to Action drop-down. Enter '2' (UNCH batch proof report). Print 3 copies. One copy goes in the green envelope, one in the red envelope, and the remaining copy is filed in the clinic for six months.
- Stay in Action drop-down, delete '2' and enter 'X'. Tab to 'Batch complete' and enter 'Y'. If your batch balances, you will get a blank screen. If your batch does not balance, contact your Clinic Manager or Supervisor.

▪ **Deposit bags**

- Place all of the following documents in the deposit bag:
 - White and pink deposit slips
 - Checks
 - Cash
- On the outside of the deposit bag, print first and last name, batch number, cash amount, check amount, total amount, and sign.
- Deposit bag is then verified by the Clinic Manager or Supervisor, and the bag is sealed in their presence.
- Complete the Medicine Clinic Daily Cash Report and the P&A Courier Pick-up Log. Have the courier to sign off on both sheets.

▪ **Envelopes**

- Red envelopes – in these envelopes, put originals of encounter forms and TES cash batch drawer information. These go to microfilm.
- Green envelopes – in these envelopes, put UNCH batch proof report, receipts for cash, credit card receipts, and yellow copy of deposit ticket. These go to P&A accounting.

REFERRALS AND VISIT COORDINATION

In an attempt to support patient access and reduce the burden on patients to manage multiple appointments, staff are encouraged to coordinate PCP follow-up, specialty referral visits, and ancillary needs on the same day. This may require reviewing other appointments that are scheduled and considering them prior to making IMC appointments. See SCHEDULING RULES under COMMUNICATIONS on pages 29-31 for potential exceptions to this rule.

ANCILLARY REFERRAL APPOINTMENTS (Procedures)

If the physician indicates at the time of the clinic visit that the patient needs ancillary procedures (i.e., all radiology appointments, mammograms, GI procedures, MRIs, CTs, echos, Holters, pulmonary function tests, etc.), the Ancillary Coordinator is responsible for scheduling these appointments. The clinic has forms in each exam room for the physician to use, but these forms are not for support staff use.

For ancillary referrals outside of a clinic visit, please use the Clinic Support Website, <http://www.med.unc.edu/medicine/generalm/clinic.html>, for your request. Some imaging studies require pre-authorization (CT, CTA, MRI, MRA, PET, and Nuclear Radiology). In this case, complete the Imaging pre-authorization form and give to the Managed Care Specialist for processing. See page 17 for additional information on pre-authorizations.

The following are ancillary procedures/disciplines:

1. Cardiac Graphics/Services
 - a. EKG
 - b. Rhythm strip
 - c. Exercise stress test
 - d. Event monitors
 - e. Holter 24 hr
 - f. Holter 48 hr
2. CT
 - a. CT Scan
 - b. CT Renal Stone Protocol
 - c. CT Urogram
3. Echo
 - a. Cardiac Ultrasound
 - b. Transthoracic Echo (TTE)
 - c. Transesophageal Echo (TEE)
 - d. Dobutamine Stress Echo (DSE)
 - e. Exercise Stress Echo
4. GI Procedures
 - a. Anorectal Manometry
 - b. Esophageal Manometry
 - c. Colonoscopy
 - d. EGD
 - e. ERCP

- f. H + Breath Test for Bacterial Overgrowth
 - g. H + Breath Test for Lactose Malabsorption
 - h. H + Breath Test for Bacterial Overgrowth and Lactose Malabsorption
 - i. H Pylori Breath Test C-13
 - j. Ph Probe, 24 hr
 - k. Ph Probe, Impedance, 24 hr
 - l. Sigmoidoscopy – flexible
 - m. Sigmoidoscopy -- rigid
5. Mammography
- a. Screening
 - b. Diagnostic
6. MRI / MRA
7. Neurophysiology Procedures
- a. EEG
 - b. NC Study
 - c. EMG
 - d. Nerve Conduction and EMG
 - e. Event Monitor
8. Nuclear cardiology / PET
- a. Nuclear Myocardial Stress Test – Dobutamine
 - b. Nuclear Myocardial Stress Test – Exercise
 - c. Nuclear Myocardial Stress Test – Adenosine
 - d. Cardiac Blood Pool Imaging
 - e. Myocardial Viability Study
 - f. Total Body PET
 - g. Brain to Skull PET
 - h. Bone Scan
9. Peripheral vascular
- a. Doppler – venous exam
 - b. Duplex – arterial scan
 - c. Duplex –carotid scan
 - d. Ankle pressures
 - e. AAA Screening
10. Pulmonary Functions
- a. AGB
 - b. DLCO
 - c. Lung Volumes
 - d. Spirometry: P&P
 - e. Spirometry: Single
 - f. P/F meter teach
 - g. 6-minute mile
11. Radiology
- a. Abdominal KUB
 - b. Abdominal, 2 views
 - c. Barium enema
 - d. Bone

- e. Bone density
 - f. Chest
12. Phlebotomy (lab requests)

Procedure for scheduling ancillary tests (other than Phlebotomy):

1. Patient checks out at front desk in Internal Medicine.
2. Call area where ancillary needs to be scheduled.
3. Offer patient date and time available for appointment, confirm information with the patient.
4. Make two copies of each order sheet. One copy goes to the Ancillary Coordinator; the other copy goes to the clinic where the appointment was scheduled.
5. Check ancillary request form to make sure the following information is legible, complete, and accurate:
 - a. Office phone number
 - b. Office fax number
 - c. Doctors name, physicians code, and pager number.
 - d. If the ordering physician is a resident make sure to include the attending physician's information
6. Order sheets are faxed to procedure/ancillary department and the fax confirmation sheet is attached to the back of the order sheets. File completed forms (request form, fax confirmation sheet, and date of appointment) in file located under desk.
7. After the above steps are completes, there are additional steps for three ancillaries:
 - a. Cardiac Echos: after order sheets are faxed, call Cardiac Graphics and get an appointment time and date.
 - b. Physical/Occupation Therapy: make one copy of the referral form to keep in our files, and the original goes to PT/OT on the first floor of the ACC Building for scheduling.
 - c. GI Procedures: after the above steps are completed, GI will schedule the patient and indicate the appointment time and date on the request form and fax back the Ancillary Coordinator at 843-9355. After these forms are received, they are filed with other completed ancillary orders.
 - If a patient calls in and says he/she has not received an appointment slip for the ancillary appointment, check in the clinic notes and if there is a reference and send the patient to the Ancillary Coordinator. If there is no referral, check with the physician and follow his/her instructions.

REMEMBER: Patients cannot self-refer for ancillaries.

DIRECT PHLEBOTOMY PROTOCOL

If the phlebotomy request is made outside of a clinic visit, there are 3 options available:

- The preferred method is for providers to utilize the Clinic Support Website online forms <http://www.med.unc.edu/medicine/generalm/clinic.html>.
- Mail the completed form to the patient and have them take it directly to the lab.
- Fax the completed form to the clinic at 966-9671. Instruct the patient to come to the clinic to pick up form at the front desk where he/she would normally see their physician. Front desk staff will retrieve the faxed request from their files and give to the patient to take to the lab. If the faxed request is not in their file, the PBA will check with the other

front desk. The lab request form will be walked to the desk where the patient is waiting. If the lab request is not located at either front desk, check with the physician or the physician's administrative assistant; if it is a resident's patient, contact the preceptor if the resident is not in clinic. The Direct Phlebotomy notebook will be reviewed monthly. Any requests greater than thirty (30) days from receipt will be discarded.

REMEMBER: Patients cannot self-refer for direct phlebotomy.

SPECIALTY CLINIC REFERRAL APPOINTMENTS

If the physician indicates at the time of the clinic visit that the patient needs specialty clinic referrals (i.e., Cardiology, GYN, Ophthalmology, etc.), the Specialty Clinic Coordinator is responsible for scheduling these appointments. The exceptions are the Dental Clinic, Adult Psychiatry, Orthopedics / Spine, General Neurology / Sleep, Dermatology, Endocrinology & Pulmonary. Referrals are still required to be submitted by the physician; however, patients must call to set up their own appointments. If referred, patients are given the phone numbers to these specific clinics by the front desk during their clinic visit checkout. "Gave patient number" is written on the referral form to notify the referral coordinator that the patient received the number. The clinic has BLUE referral forms in each exam room for the physician to use. The physician will complete this form with all information requested for each referral made.

If, however, the physician indicates after a phone conversation (not a clinic visit) that the patient needs specialty clinic referrals, the physician's divisional assistant is responsible for making these appointments and sending insurance authorization requests (if required) to the Managed Care Specialist.

Referral forms are located at the front desk in a blue folder when completed by physicians. Referral forms are taken out of the box by the referral coordinator for scheduling. Some clinics require a separate referral form specifically designed for that clinic which may be completed by the referral coordinator; i.e., Cardiology, Liver, Urology, General Surgery, Plastic Surgery, Gyn Oncology & Specialty Departments of Neurology.

In an attempt to support patient access and reduce the burden on patients to manage multiple appointments, staff are encouraged to coordinate PCP follow-up, specialty referral visits, and ancillary needs on the same day. This may require reviewing other appointments that are scheduled and considering them prior to making IMC appointments. See SCHEDULING RULES under COMMUNICATIONS on pages 29-31 for potential exceptions to this rule.

Procedure for Scheduling Specialty Clinic Referrals:

1. Separate referral forms by clinic.
2. Call the clinic to schedule the appointment. Calling to schedule the appointment is always the first option; however, some clinics may request that the referral form be faxed to them for physician review.
3. If the clinic wants the referral form faxed, then all appropriate information should be faxed to that clinic.

4. If the patient has a Managed Care Insurance plan, authorization is required. Fax the referral form to the appropriate managed care specialist. Once authorization is received call the clinic to schedule the appointment.
5. After all referrals have been faxed or called in to the appropriate clinic, wait for appointments to be faxed back or check GE/ WebCIS to see whether the appointments have been made. If the appointments have not been made, follow up with the appropriate clinic to have patient scheduled.

NOTE: On some referrals, WebCIS must be checked to identify the reason the doctor is referring the patient to a particular clinic. The referring physician in some cases may need to be paged to get the reason for the referral. If a patient calls in and says he/she has not received an appointment slip for the specialty clinic appointment, check in the clinic notes and if there is a referral, send the patient to the Specialty Clinic Coordinator. If there is no documentation, check with the physician and follow his/her instructions.

REMEMBER: Patients cannot self-refer to specialty clinics.
The only exceptions to this rule are Dental and Psychiatry.

INSURANCE PRE-AUTHORIZATIONS

Some imaging studies require a pre-authorization. These include CT, CTA, MRI, MRA, PET, and Nuclear Cardiology. If one of these tests is ordered, complete all questions on the Imaging Study Pre-Authorization Form. Make sure the diagnosis code (CPT or ICD-9) is written on this form and that the form is legible and complete. If the test is needed less than 24 hours, give to our Financial Counselor for processing; if more than 24 hours, give the request to the front desk PBA and they will fax the completed form to Managed Care at 966-4507.

If a patient has a managed care insurance plan, prior authorizations for specialty clinic visits are required. Contact the Managed Care Specialist at 843-9777.

FACILITY ROUNDS

Each morning as a part of the steps to open clinic, Rob H. makes rounds in all public areas from the clinic. The job is to look for clutter that may need to be removed, used printer cartridges that need recycling, items that have been delivered and are inappropriately placed in the hallway. The PBA will also need to take a pass through the lobby and front desk areas, tasks such as straightening lobby magazines would be considered valuable. Also, if housekeeping missed something from the day before, he is to notify them.

CLINIC SUPPORT WEBSITE

GENERAL INFORMATION

Online forms can be accessed at our website <http://www.med.unc.edu/medicine/generalm/> under the Clinic Support Website tab. These forms fall into 6 main categories:

- **Clinic Blocks** includes requests block, unblock, freeze, of add requests.
 - Continuity Clinic Schedule Changes is for faculty provider use only; housestaff must go through chiefs.
 - Enhanced Care Schedule Changes is for mid-level provider use only
- **Appointment Requests** includes requests block, unblock, freeze, of add requests.
 - Continuity Appointments
 - Enhanced Care Appointments
 - Diabetes Self-Management Class
- **Specialty Clinic Referrals** includes requests for all specialty clinics. The form is designed with pop-up boxes that provide/request pertinent information to specific clinics.
- **Ancillary Referrals** includes requests for tests.
 - Cardiac Procedures
 - CT Scan
 - Echo
 - GI Procedures
 - Mammography
 - MRI / MRA
 - Neurophysiology Procedures
 - Nuclear Medicine / PET
 - Peripheral Vascular Lab
 - Pulmonary Function
 - X-ray
- **Lab Requests**
 - Phlebotomy
 - Add-on Labs
 - Weekend Phlebotomy
- **Nurse Assistance** includes requests to call patients.

PLEASE NOTE THE FOLLOWING:

If you receive a request that is blank or grayed, please reply to the sender and copy Jo Williams jo_williams@med.unc.edu and inform them that an error occurred in their request and ask them to wait 15 minutes and resubmit their request.

If you receive an error message, notify Jo Williams jo_williams@med.unc.edu
Be explicit in the type and verbiage of the error message.

CLINIC BLOCK/UNBLOCK/FREEZE/ADD

CONTINUITY CLINIC SCHEDULE CHANGES is for faculty provider use only; housestaff must go through chiefs.

Sent to Phillis, copied to backups Wanda and Paul

- No need to send ‘received’ after receipt of request unless it is RTC
- If RTC, must send ‘received’ after receipt of request
- Must complete request with 24 hours and send ‘completed’ message to requester
- Maintain a file to prompt scheduler/template builder to review block clinic requests 1 week prior to the date of the blocked clinic.

ENHANCED CARE SCHEDULE CHANGES is for mid-level provider use only.

Sent to Angela, copied to backup Maria, also copied to Tim

- Send ‘received’ after receipt of request

PREPARATION FOR LEAVE

- **Cancelled Clinic Guidelines for Support Staff** can be accessed on our website under Preparation for Leave: <http://www.med.unc.edu/medicine/generalm/schedules.html>
- **Cancelled Clinic Guidelines for Physicians** can be accessed on our website under Preparation for Leave: <http://www.med.unc.edu/medicine/generalm/schedules.html>

AFFINITY GROUPS

Affinity Physician Group	Administrative Assistant	Clinic Buddy
Bryan, Shaheen, Weil	Lisa White	Amy Azzolino
Lewis, Sheridan, Pignone (B Fish)	Penny Chumley	Amy Azzolino
Carey, Chelminski, Colford, Miller	Susan Goulet (Carey), Angela Cole (Chelminski), Erika Bynum (Colford), Jo Williams (Miller)	Nola Chavis
Cené, DeWalt, Gilchrist, Henley, Jonas, Kraschnewski, and Reuland	Stephanie Wright	Nola Chavis
Aleman, Keyserling, Klipstein	Patsy Silk	Rose Greeson
Evans	Louisa Baroudi	Wanda Brigman
Bouthillette, Bryant-Shilliday, Ives, Malone, Palmer, Scott, Fish	Maria Walker, Angela Cole	

ONLINE APPOINTMENT REQUESTS

CONTINUITY APPOINTMENTS

Sent to Wanda, copied to backup Nola, also copied to Tim

- Send 'received' after receipt of request and schedule the requested appointment
- No further confirmation is required

ENHANCED CARE APPOINTMENTS

Diabetes and Anticoag Referrals

Sent to Angela, copied to backup Maria, also copied to Tim.

- Insert any comments into GE. For example, include any information entered by the requestor in the 'me or PCP to see the patient....' and enter any free text comments.
- If the requestor entered an interval for an appointment under the section 'me or PCP to see the patient....', and there is no appointment scheduled or reminder in GE, enter a reminder.
- Reply to sender 'scheduled' after receipt and schedule of the request.
- Forward email to extender that the patient is scheduled with _____.
- No further confirmation is required.

Pain Referrals

Sent to Angela, copied to backup Maria, also copied to Tim.

- Insert any comments into GE. For example, include any information entered by the requestor in the 'me or PCP to see the patient....' And enter any free text comments.
- If the requestor entered an interval for an appointment under the section 'me or PCP to see the patient....', and there is no appointment scheduled or reminder in GE, enter a reminder.
- Forward email to Kelly (Pain CA) for review.
 - Review will be completed with 48 hours.
- Schedule appointment after receiving approval from Kelly.
 - If patient not approved for enrollment, please reply to sender and provide explanation.
- Reply to sender 'scheduled' after schedule of the request.
- No further confirmation is required.

SPECIALTY CLINIC REFERRALS

SPECIALTY CLINIC REFERRALS

Sent to Erika, copied to backup Angela, also copied to Tim.

- Send 'received' after receipt of request
- Send WebCIS message to physician when referral scheduled only if it is checked as a priority referral.
- If it is not a priority referral, no further confirmation is required.

ANCILLARY REFERRALS

ANCILLARY REFERRALS

Sent to Johnnie, copied to backup Tim.

- Send 'received' after receipt of request, and schedule requested ancillary.
- No further confirmation is required.
- Must get referral signed by preceptor.

NURSE ASSISTANCE REQUESTS

NURSE ASSISTANCE REQUESTS

Sent to Mindy, copied to backup Faye, also copied to Judy.

- Complete requested task.
- **Close loop:** Copy and paste in WebCIS message with reminder to provider to finalize to WebCIS record.

ADD-ON LABS

Sent to Mindy, copied to backup Faye, also copied to Judy.

- Complete requested task.
- **Close loop:** Copy and paste in WebCIS message with reminder to provider to finalize to WebCIS record.

PATIENT LAB CORRESPONDENCE

THE PROCESS

- The WebCIS contact person for resident lab letters is **Nola Chavis**.
- Providers use WebCIS correspondence, and link from Lab Alerts under Messages in the Activity List.
- Providers then create the letter using the WebCIS template. WebCIS Admin allows users to create macros with prefilled text.
- The letter is then routed to Nola Chavis for printing and mailing, or providers can print the letter and place in the clinic outbox.

THE PROTOCOL

■ **Retrieval and Printing:**

In WebCIS: **Activity List** > **Correspondence** > **folder icon** to open each document > **Print**. (*Remember to use clinic letterhead for resident correspondence.*)

This document is saved to record when it is sent to you. After printing, **delete** it.

■ **Mailing:**

Fold documents, accordion-style, and stuff in window envelopes with the patient address visible in the window. Mail.

■ **Turnaround Time:** 24 hours.

■ **Planned Absence:**

Coverage will be approved by the Clinic Manager. Nola then forwards her WebCIS messages to the designated back-up.

■ **Unplanned Absence:**

The Clinic Manager notifies IT to have Nola's messages forwarded to a designated back-up.

■ **Personnel Changes:**

The Clinic Manager notifies Jo Williams. Jo updates the protocol and notifies all residents via their listserv and posts this information in the Resident Workrooms.

COMMUNICATIONS

GENERAL PROCEDURES

Communications is a vital aspect of clinic operations and involves interactions between patients, PBAs, nurses, and providers. Whether face-to-face or on the telephone, each situation should end on a positive note, with a full resolution. Remember to smile -- even though you are on the phone, the other person can sense a smile from you.

PHONE CALLS

Please get all pertinent information, i.e. name (spelled correctly), phone number with area code, date of birth or medical record number, and an explanation for the call. **DO NOT** answer outside calls on the speakerphone! This is very inappropriate; it breeches confidentiality and can lead to loss of pertinent information.

▪ **Answering phones:**

1. “Internal Medicine, this is _____ (your name). How may I help you? If multiple lines are ringing at the same time: after the patient states what they need:
 - a. If the call is to be transferred or is something you can attend to quickly, go ahead and complete the call.
 - b. If the call is to schedule and other lines need to be answered, ask the patient if they mind holding before placing the call on hold. Never put a patient on hold without first finding out the nature of the call.

Internal Medicine, this is _____, how may I help you?

2. Ask each patient to verify address. **Do not read information to the patient. The patient must provide this information.** The following are key information points that **MUST** be verified at each contact with the patient:
 - a. Address
 - b. Phone number and second phone (cell phone is preferred 2nd phone)
 - c. Personal e-mail address
 - d. Date of birth
 - e. Insurance
 - f. Special needs
 - Transportation [Transport other (EMS, EZ Rider, etc) or Transport Van (county van)]
 - Interpreter

▪ **Putting patients on HOLD:**

1. Prior to placing patients on hold, we should be mindful of patients’ time. Ask the patient what the nature of the call is before putting them on hold.

2. If the call is to schedule an appointment or the patient is requesting something that will take a little time, ask the patient if they can hold. If the patient is calling long distance and does not want to hold, offer the toll free number (1-800-862-4938) or ask the patient if you can take their name and number and call them back.

Do you mind if I put you on hold for a moment?

▪ **Completing the call:**

- After appointment is made, repeat all information about the appointment to the patient

Thank you Mr. Smith, I have you scheduled for an appointment on (date) at (time) with Dr. _____. According to your insurance, you will be required to make a copayment at the time of your service.

- If the patient does not know the copayment amount, advise them to bring about \$40 to their clinic appointment. Also remind the patient to bring all medication bottles to their appointment, including over-the-counter medications and herbal supplements, or a list of those medications and supplements.

Please bring all medications you are currently taking, including over-the-counter medications and any herbal supplements. You may bring either the old bottles or a complete list of your current medications.

- After reviewing the appointment information with the patient, ask if there is anything else you can help the patient with and thank the patient for calling.

*Is there anything else I can help you with today, Mr. Smith?
Thank you for calling.*

▪ **Telephone transfers**

Transfer of phone calls should be avoided if at all possible. The staff should be trained properly to assist the majority of all requests.

Staff should make sure they follow these steps BEFORE transferring a call:

- Clearly identify themselves by name.
- Listen to the caller and identify what the caller needs.
 - Most callers want/need an appointment and/or refills. (See the appropriate sections for each).
- Prior to transfer, ask the caller if there is anything else we can do to help them, and then follow the script below. Refer to the buddy list on page 7 or the GenMed Faculty & Staff listing in your notebook.

Let me transfer you to Dr. ____'s secretary, or you can call her directly at 123-4567, extension 890.

APPOINTMENTS

Patient Registration and Demographic Verification/Update

Maintaining update, relevant patient demographics and contact information is necessary for the provision of high quality care.

As a Division, we believe multiple modalities must be used to facilitate communication between clinic and patient. Further, we believe that information collected during the registration process can facilitate and promote planned, proactive care for patients when they come for their visit.

Return Patients:

- Verify Name, address, DOB, telephone numbers, personal email address, special needs (focusing on interpreter and transportation), and insurance.
 - We need 2 numbers, preferring cell phone and home numbers.

New Patients:

- Schedulers need to collect

Name	Personal e-mail address
SSN	2 Emergency contacts
DOB	Special needs <ul style="list-style-type: none">• Interpreter• Transportation
Address	Insurance information <ul style="list-style-type: none">• If unavailable must bring to appointment• Make note in the edit appointment screen, comments, that the 'patient did not have insurance avail and will bring to appointment'
2 Phone numbers <ul style="list-style-type: none">• Cell and Home preferred (work optional)	

If a patient has a special need, go to the bottom of the Registration screen and click on the page button. Choose special needs then click on the magnifying glass to the right of the box and choose your patients special need.

All new patients should receive a new patient packet. The new patient packet includes:

- The new patient guide brochure
- Release of medical information
- Directions to ACC
- Personal Health Summary

Scheduling an appointment

Find out what the patient is calling about and determine whether you or another staff member can handle the job. If the phone call is for a prescription refill (for residents or attendings), see medication refill section on page 31.

1. **Search criteria:** Schedulers should check the PCP field on the Demographics page in WebCIS or the visit history to insure the patient gets scheduled with his/her physician.

The scheduling parameters on the encounter forms provide flexibility for the schedulers to meet patient and physician requests.

Notes: All appointment activity type slots when cancelled (new or return) will automatically go back to the original form.

Open Access templates are extended to 6 weeks for new and return appointments, but new appointments are only scheduled 2 weeks into the future.

- **Attending appointments -- New:** Search for new patient appointments by looking for two 20-minute time slots back to back. Enter 40 minutes in the duration space. Change activity type to an N and check to make sure that the following rules are met before scheduling the appointment.
 - 3 weeks and beyond, the attending physician can only have 1 new patient appointment scheduled.
 - Within 2 weeks – a second new patient appointment can be scheduled if the two slots are available back to back.
 - Within 1 week – as many new patients can be added if there are time slots available.
 - Within 1 day – a fourth new patient can be added.
- **Attending appointments -- Return:** Search for return patient appointments by looking for 20-minute available time slots through resource scheduling. Schedule the appointment by the following criteria:
 - If you are scheduling a 10-minute time slot, do change the duration time to 10-minutes. There are two 10-minute time slots in the a.m. and p.m. These time slots are used as any other time slot.
 - If a slot is not available within a time frame the patient requests, schedule for the first available and place on the wait list. The wait list prompts you when a slot has become available so that you can contact the patient to see if the time is acceptable. Reschedule to the new time slot or leave on the wait list.
 - Always check for errors
- **Resident appointments -- New:** Search for new patient appointments by looking for 60-minute new patient time slots.
 - Housestaff are allowed a second new work up if there are three 20-minute time slots back to back available. The second new patient can be added within 72 hours of the appointment date. The earlier appointment time should be used first. After selecting the new patient appointment, change activity type to an N.

- All new appointments are made in the future for no more than two week in advance. If the patient wants to schedule an appointment further out than two weeks, the patient is informed to call back to schedule his/her appointment.
 - The supervisor will post daily (at 7:30 a.m.) a clinic schedule of return unfilled time slots. These slots are highlighted in yellow. The highlighted slots are available to be used for same day appointments or combined to create new patient appointments. The schedule will be located on the bulletin board in the scheduling office.
 - New hospital follow-up appointment requests can go 2 days beyond the 10-day requirement. Inform your supervisor whenever this occurs.
- **Resident appointments -- Return:** Search for 20 minutes time slots. If there are no time slots available, search for team availability. If there is no availability within the team, schedule the patient with any resident. You can use the Same Day Care when all other searches are completed. You can use an unfilled appointment if doing so is necessary to preserve continuity and the time for the return visit cannot be delayed until a return appointment is available. Make sure you change the activity type to R and the duration time to 20 minutes. Notify Phillis to convert the new slot to 2 return slots.
 - When using a new patient slot for return patients, you must inform your supervisor so that these slots can be converted into 2 return slots.
 - **New Patient hospital follow-ups** can be scheduled in two different ways. One is when we receive the call from either the hospitalist or the discharge schedulers; they inform us what the note says. If the note specifies our Same Day Care (which can only be scheduled the day of and two days out), they are scheduled under the New Hospital Follow-up appointment type. If the patient is New but saw one of our residents inhouse, we schedule them with the same doctor as a return; but if our doctor(s) that they saw is not available or they didn't see one of our residents, we schedule them as New with the next available doctor.
 - **Same Day Care visits:** These templates are for three days out (today, tomorrow, and the next day). New patients can be scheduled in Same Day Care depending on availability determined by the appointment supervisor who keeps in mind that the mission of the Same Day Care is to meet the needs of established patients. New patients are not scheduled in Same Day Care. The only exception is for new hospital follow-up patients from GenMed hospitalists if space is available after accommodating our own patients with acute problems. Access for new patients to Same Day Care will fluctuate.

Patients stating they are too sick to come in should be routed to the triage nurse for assessment.

If patients walk in without an appointment, the front desks PBAs find an open slot in the SDC schedule. New walk-ins are not scheduled in this manner. They must call the phone room to schedule a new patient visit.

We have an agreement with Geriatrics, Ophthalmology, Dermatology, Orthopaedics and Employee Health to accept their referrals. If time slots are available in the Same Day Care,

schedule the appointment. If there are no available slots, contact the SDC nurse. Make sure the SDC nurse is aware of this relationship.

- The majority of Same Day Care visits are return attending and return resident types.
- In order to maintain capacity for hospital follow-ups, we have created a new hospital follow-up appointment type. These appointments may be requested by hospitalists or discharge coordinators.

- **Resident calls:** Offer appointments to those patients wanting to speak to their physician. “Would you like to schedule an appointment so that you can talk to your doctor directly?” Then go through the appointment protocol. If their physician does not have clinic availability, schedule with a team member. If there is no availability within the team, schedule the patient with any resident. Use the Same Day Care when all other searches are completed.

If the patient has a medical problem and declines an appointment, refer the call to the triage nurse to handle.

If the triage nurse cannot handle the problem, he/she will page the resident.

- **Attending calls:** If you are unable to schedule an appointment with the attending PCP, offer the patient a choice between a Same Day Care visit and talking with their doctor’s assistant.
- **Frequently asked scheduling questions:**

Q: What is the duration for a new patient for residents, faculty, and Geriatrics?

A: *Residents 60 minutes, faculty 40 minutes, and Geriatrics 60 minutes.*

Q: What is the duration for a return patient for residents, faculty, and Geriatrics?

A: *1st year residents 30 minutes, 2nd and 3rd years residents 20 minutes, faculty 20 minutes (or 10 minutes where designated), and Geriatrics 30 minutes.*

Q: Can you add on to a physician’s schedule?

A: *No. The exception is if a physician adds to his/her own clinic.*

Q: If an attending physician already has 2 new patients on his/her schedule, can you add on a third new patient?

A: *If you have enough open slots to accommodate a new patient, you can add another one **within one week** if their practice is not closed to new patients.*

Q: If a resident physician already has 2 new patients on his/her schedule, can you add on a third new patient?

A: *Yes, if the schedule can accommodate another 60-minute appointment.*

Q: If a physician calls to cancel his clinic, should I do it?

A: *No. Ask him/her to use the web-based form.*

Q: If a resident calls to cancel a clinic what should I do?

A: Ask the resident to speak with the chief residents and have one of them make the request.

SCHEDULING RULES

In an attempt to support patient access and reduce the burden on patients to manage multiple appointments, staff are encouraged to coordinate PCP follow-up, specialty referral visits, and ancillary needs on the same day. This may require reviewing other appointments that are scheduled and considering them prior to making IMC appointments.

Any patient not seen within 3 years must be scheduled as a new patient.

- **Same Day**
 - One new patient can be scheduled per half day.
 - Second new patient can only be approved through the scheduling supervisor.
 - The capacity for new patients is variable and will depend on the demand for acute visits. Schedulers will need to take this demand into consideration when adding new patients.
- **Faculty**
 - RETURN Patients
 - If PCP is not available:
 - First, offer a same day appointment.
 - Second, look for another faculty member or resident physician that has an open slot.
 - Note whose patient it is and reason for scheduling with different doctor.
 - Follow up for a new patient seen in Same Day Care with an attending should be a 40 minute return.
 - NEW Patients
 - 40 minute slots.
 - First new patient can be scheduled at any time that is available.
 - Second new patient can be scheduled two weeks before open appointment time.
 - Third new patient can be scheduled one week before open appointment time.
 - Fourth new patient can be scheduled if there is 40 minutes available either the day before or day of appointment opening.
- **Resident**
 - RETURN Patients
 - If resident PCP is not available:
 - First, look for a team member with an open slot.
 - Second, schedule the patient with any resident in continuity clinic.
 - Third, schedule in Same Day Care.
 - NEW Patients
 - 60 minute slots.
 - First new patient can be scheduled at any time that is available.

- Second new patient can be added within 72 hours of the appointment date.
- Third new patient can be scheduled if there is an open slot day of or day before appointment opening.
- When a patient wants to change from one faculty doctor to another the duration needs to be 40 minutes and the activity type needs to be NEW.
- **Diabetes**
 - Any PBA can schedule, reschedule or cancel a pending appointment.
- **Anticoagulation**
 - Initial appointments need to be scheduled by Angela or Maria.
 - Any PBA can reschedule or cancel a pending appointment.
 - Must, reschedule within the same week, 10 days at the most.
 - Document in WebCIS as patient phone call and list the reason, new date and time of appointment, and send it to the provider they were scheduled with and cc Angela Cole.
- **Pain Clinic**
 - All new appointments (NPA) need to go through Angela or Maria.
 - Angela and Maria will ensure patient has not been previously dismissed from the GMPS. If previously dismissed, do not schedule. If patient asks for other options, it is okay to say you do not know of any.
 - Pain CA will perform the following functions prior to scheduling (complete with 2 business days):
 - Review criminal background history, and if there have been DUI/drug convictions, case must be discussed with Drs. Chelminski or Ives
 - Review urine toxicology screen. If there are any screens positive for cocaine or amphetamine, discuss case with Drs. Chelminski or Ives
 - Review NC-CSRS; if it appears patient has been getting pain medications from multiple doctors concomitantly, discuss with Drs. Chelminski or Ives.
 - Must complete enrollment visit prior to being scheduled with Tim Ives
 - Any PBA can reschedule or cancel an appointment.
 - Appointments should be rescheduled within a week of the original appointment.
- **Diabetes Education**
 - Diabetes education class to be scheduled by Maria or Angela.
- **Robb Malone**
 - Preferably schedule self-pay or other insurance.
 - Try to avoid Medicare patients.
- **Betsy Bryant Shilliday**
 - Preferably schedule self-pay or other insurance.
 - Try to avoid Medicare patients.
- **Tim Ives**
 - Must have completed and enrollment visit prior to scheduling

- Preferably schedule self-pay or other insurance.
- Try to avoid Medicare patients.
- **Carrie Palmer**
 - Preferably schedule patients w/Medicare or other insurance.
- **Bart Scott**
 - Preferably schedule patients w/Medicare or other insurance.
- **Amy Bouthillette**
 - Preferably schedule Appointments on same day as another appointment located within the ACC
- **Brittain Fish (further rules to be determined)**
 - Preferably schedule patients w/Medicare or other insurance.
- **Donna Harrell**
 - Will see pre-approved, stable, refill patients only (Pain CA determination).
 - Initial scheduling to be performed by Angela Cole or Maria Walker only.
 - Follow-up visits can be rescheduled by other PBAs.

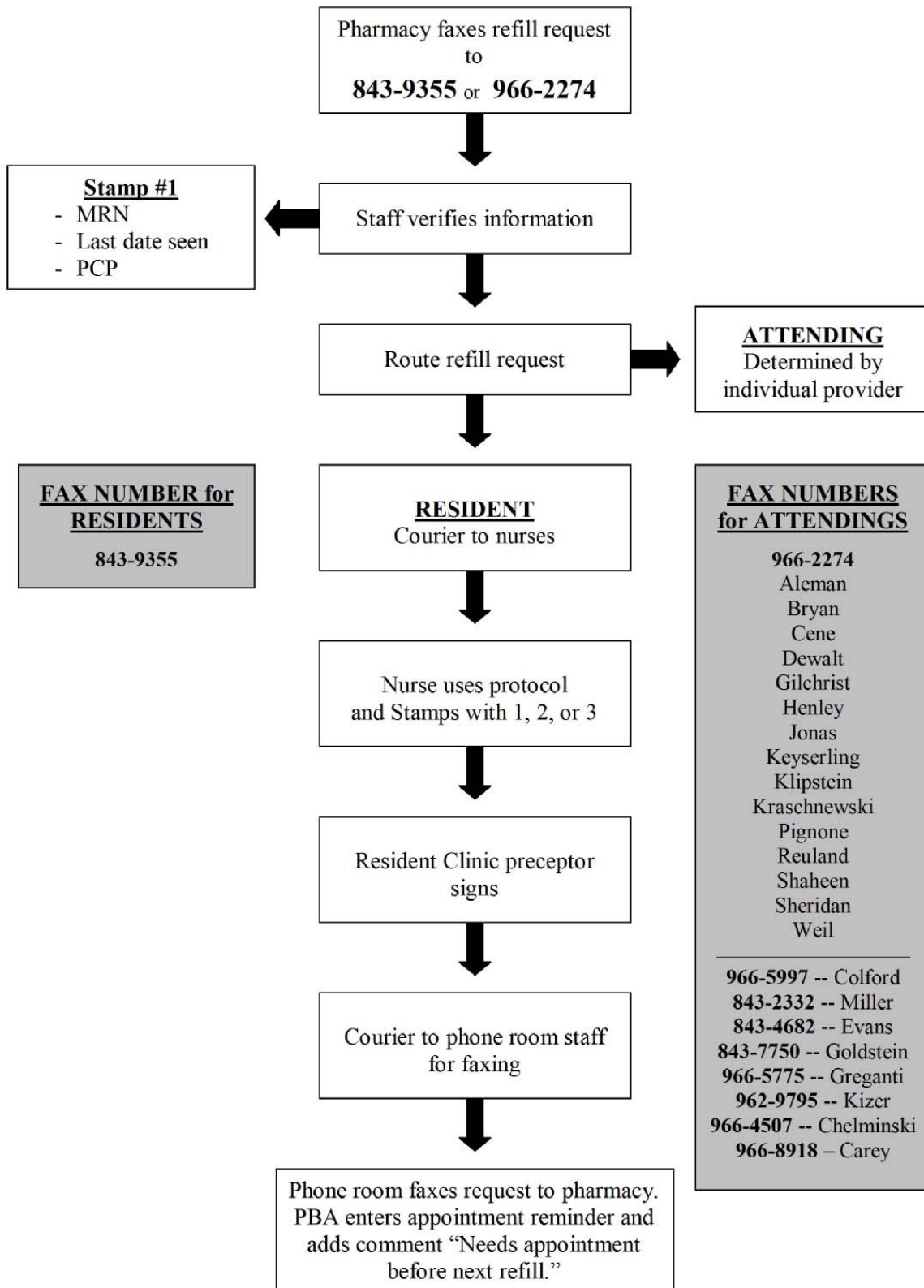
MEDICATION REFILLS & PRIOR AUTHORIZATIONS

All pharmacy medication refill requests must be faxed to 919-843-9355. Exceptions to this rule are narcotics which require a clinic visit. Remember, there is a 48-hour turnaround on prescription refill requests.

Prescription requests faxed to us are verified in WebCIS to confirm they are Internal Medicine patients. If so, they are processed following the steps on page 32. If not, the request is marked 'denied' or 'not our patient' and returned to the sender.

Prior authorization requests follow the same process as prescriptions using WebCIS verification. If it is (1) our patient or (2) not our patient but was prescribed by our physician (for example an Rx provided by our providers from a hospitalization), we proceed with the prior authorization process. The insurance company is called to request their authorization form be faxed to us. Forms must be completed with patient information, medication, strength, and directions. If the patient is not ours but was prescribed by our physician, attach a sticky note to the form and state that 'this was a patient that was seen by you in the hospital.' The completed form is then given to the physician for adding the diagnosis, special circumstances requiring this medication, and signature. Signed forms are then faxed to the insurance company by PBA staff.

PROCESSING OF MEDICATION REFILLS



MEDICATION STAMPS

STAMP #1

MR # _____	Initial _____
Last Visit _____	
Seen in past 2 years	Yes <input type="checkbox"/> No <input type="checkbox"/>
PCP _____	

STAMP #3

Controlled Substances	Initial _____
YES NO	
<input type="checkbox"/> <input type="checkbox"/>	Narcotic
<input type="checkbox"/> <input type="checkbox"/>	Dose and drug confirmed
<input type="checkbox"/> <input type="checkbox"/>	Prescribed regularly over past 6 months
<input type="checkbox"/> <input type="checkbox"/>	Seen in past 6 months
Narcotics are not refillable.	
Non-narcotic prescribed regularly over past 6 months: Give 30-day supply with 2 refills. Schedule with PCP.	

STAMP #2

Yes	No	Initial _____
<input type="checkbox"/>	<input type="checkbox"/>	Seen in past 6 months
<input type="checkbox"/>	<input type="checkbox"/>	Dose and drug confirmed
<input type="checkbox"/>	<input type="checkbox"/>	Prescribed for chronic condition
<input type="checkbox"/>	<input type="checkbox"/>	Not a controlled substance (narcotic, sleeping pill, benzodiazepine)
All yes – refill for 1 year		

STAMP #4

Coumadin Refill	Initial _____
YES NO	
<input type="checkbox"/> <input type="checkbox"/>	Seen in past 4 weeks
<input type="checkbox"/> <input type="checkbox"/>	Appointment scheduled within 4 weeks
<input type="checkbox"/> <input type="checkbox"/>	Dose verified
All YES – refill for 1 month only	
Any NO – give to coag clinic provider	

STAMP #5

NEEDS APPOINTMENT

VERBAL ORDERS

PBAs are strictly forbidden to take verbal orders. By law, only nurses, physicians, or pharmacists can take verbal orders. This includes prescriptions, orders for patient care, changing prescriptions, critical values on labs, or any other direct orders that involve patient care.

PBAs are also restricted from taking notification of critical lab values.

TELEPHONE MESSAGES

Please get all pertinent information, i.e. name (spelled correctly), phone number with area code, date of birth or medical record number, and a reason for the call.

- **Message taking.** This involves the initial triaging for information to relay to the triage nurse by WebCIS messaging and includes the basic information listed below. This step will eliminate many frustrating moments for everyone.

A. All calls

1. Date and time of call
2. Which doctor is the message for?
3. Patient's name (confirm spelling)
4. Patient's medical record number
5. Patient's phone number with area code if out of local area
6. Message. Ask the patient if he/she would like to make an appointment to see a doctor. If the patient does not want to make an appointment, ask the patient what the call is regarding. Inform the caller that you need to get as much pertinent information as possible. Never take a partial message. A message stating that the patient wants to talk to his/her doctor is unacceptable. If the patient needs paperwork filled out, inform them that this work is best done in the context of a clinic visit and offer an appointment.
7. Inform the patient that physicians ordinarily return calls by the end of the day.
8. **Urgent situations.** It is important to remember that PBA's cannot give medical advice or make medical decisions. All urgent situations must be given to the nurse.

B. Appointments. Offer appointments. Do you want an appointment? How soon do you need to be seen? Is this a regular check up? Is this a chronic problem that needs a follow-up? Is this an acute problem that needs attention within a few days? Is this a critical issue that needs immediate attention?

- **Regular check-ups** and new patient workups must always have a chief complaint listed.
 - **Chronic** problem follow-up appointments need a bit more information. Ask them how soon they want (or need) to be seen.
 - **Acute** slots for attending physicians are built into the scheduling system. These freeze/thaw slots are opened one or two weeks prior to the clinic date.
 - **Acute** slots for residents do not exist. See the instructions for scheduling resident patients and resident teams.
- **Expectations of physicians**
 - Under most circumstances calls will be returned by the end of the day. All calls will be returned within 24 hours.
 - Pages tagged with '911' will be returned within 5 minutes.
 - Other pages will be returned within an hour.
 - Resident calls will be taken by the resident carrying the clinic pager.
 - Routine requests for forms to be completed will usually be done within 1 month.
 - Medication refills will be handled within 48 hours.

WebCIS MESSAGES

Electronic messaging on WebCIS is designed for any message that needs to become a part of the patient's permanent medical record (i.e., narcotic refills, medical problems). It is not intended to replace existing methods of communicating with your physician(s). Check with physicians to identify their preferences. Using WebCIS messaging to ask physicians to call you is inappropriate. Continue to utilize e-paging or regular paging to relay most patient requests.

PBAs do not send WebCIS messages to providers. WebCIS messages for attendings are routed to the administrative assistant; for residents they are directed to the triage nurse. The nurse, then, triages these calls to determine the need to either page or WebCIS message the resident.

See Appendix for detailed guidelines for WebCIS phone message procedures.

The general guidelines are:

- Narcotic prescription requests should be noted in WebCIS in order to maintain an accurate record.
- Medical problems should be noted.
- There is no need to indicate normal refill requests, appointments, ancillaries, etc.

TELEPHONE EMERGENCIES PROTOCOL

Message taking is an important aspect of our jobs. These guidelines will help identify emergency situations. It is important to remember that PBA's cannot give medical advice or making medical decisions. This information is merely to assist in determining when and how to route the information to the physician.

- The following are potential emergency situations that require PBA's to ask more questions:
 1. ***Chest pain***, especially in men over 35 and women over 45.
 - How long has this been going on? (If several days duration, then it is probably not a heart attack.)
 2. ***Shortness of breath***
 - How bad is it? Moderate to severe shortness of breath is important.
 - How long has this been going on? If greater than 3 days, it is probably not an emergency.
 3. ***Vomiting blood***
 - How much blood did you see? More than streaking is an emergency. Blood in the vomitus may look like coffee grounds.
 4. ***Rectal bleeding***
 - How much blood did you see? Enough to turn the toilet water red would be an emergency.
 5. ***Stroke***
 - New weakness in one part of the body, slurred speech, drooping eye or mouth are all signs of a stroke and considered an emergency
 6. ***Fainting spells***, especially in men over 35 and women over 45.
 7. ***Throat swelling*** from allergic reaction

▪ **Advice:**

- Page the doctor with 911 and keep the patient on the line.
- If there is no response from the physician within 5 minutes, transfer the call to Same Day Care at 966-6792 or 966-6793.

RELEASE OF MEDICAL INFORMATION

Only Medical Information Management can release medical information to patients or other outside agencies. The number for UNC Medical Records is 966-6300 or 966-2336. The patient must sign a release form.

The only exception to this rule is when an Internal Medicine physician requests that you fax information. Faxing is permitted internally at any time without a release form and externally only if the patient has signed a release form. For external faxing to a physician's office or hospital, call to make sure you have the correct fax number. Also call after faxing to make sure the fax was received.

DISABILITY and WHEELCHAIR FORMS

Forms are received in Communications Center via fax or mail. We also have blank FL2 forms available in the clinic. Contact your nurse to obtain a blank form.

The patients are scheduled for appointments and the forms are placed in the residents' mailboxes with a post-it note stating "this patient is scheduled to see you on (*date*) to complete this form." If unable to schedule with the PCP, schedule with a team member and place the form in the team member's mailbox with a post-it note stating "this patient's PCP is not available and is scheduled to see you on (*date*) to complete this form." These forms are often difficult to fill out and require the patient to be present. Forms for completion by an attending are sent to their administrative office. In many cases the physician may instruct the PBA to schedule an appointment for the patient to have the forms completed.

If these forms or requests for healthcare equipment have not been completed within one month, contact the chief resident or preceptor.

Forms for diabetic supplies and shoes do not need an appointment.

CANCELLATION OF CLINICS

All clinic blocks, unblocks, added clinics, or freeze/thaw requests must be submitted as online requests. See the Clinic Support Website section beginning on page 18 for complete details.

FINANCIAL COUNSELOR

FINANCIAL ASSISTANCE

There are two resources available to help patients with their medical bills. There is (1) a financial counselor available to help the patients pay their hospital and physician bills and (2) a financial assistance program available through the pharmacy to help patients pay for their medications. Patients must meet certain qualifications to participate in these assistance programs.

Financial Counselor (hospital and physician bills)

Patients who might qualify for assistance should be referred to Hilda Williams, located in the East Wing in the clinic, room 3247, phone 966-7023. When our Financial Counselor is not available, patients may get assistance from Tina Blackmon, located in the 3rd floor lobby across the hall from the ACC Pharmacy.

Pharmacy Assistance

Patients who might qualify for assistance should be referred to the Pharmacy Financial Counselor located next to the ACC Pharmacy on 3rd floor. The patient will need to go to the box located at the end of the pharmacy and select Financial Counselor. Once that selection has been made, a ticket will print. The patient will need to take the ticket and watch for that number to show up on the flashing billboard in order to see the Pharmacy Financial Counselor.

NURSING

SAME DAY CARE PATIENT SOURCE

- Established Internal Medicine patients and Geriatrics continuity patients (Residents and Faculty).
- Same Day consults from other specialties and sub-specialties located in the ACC, especially Dermatology and Orthopaedics.
- We have a special arrangement to provide back-up to the Employee Health Clinic and see their referrals.
- Follow-up patients with acute needs.
- Referrals from the GenMed Hospitalist Service.
- New patients with acute problems when space permits.
- Patients who are insured by an HMO and are registered with the General Medicine Practice, even though the patient may not have been seen by a provider (Carolina Access).
- Patient's insured by Medicaid and Internal Medicine is their designated provider.

If Same Day Care is full, a patient may be scheduled to see any resident or faculty provider with an opening that day.

Some triage situations default to the nurses' judgment as to whether the patient can be given an appointment for another day (consulting with Dr. Chelminski or the precepting attending will help this process).

MEDICATION REFILLS (Routine)

For more information, it may be helpful; to refer to the processing of refills flowsheet and medication stamps under the medication refills sections of Communications (see pages 32-33).

Procedure for requesting medication refills:

Routine Medications

1. All requests for medication refills must come in the form of a FAX from the patient's pharmacy. Anyone calling to request refills should be given the fax number (843-9355)
 - a. PBA will screen all incoming pharmacy faxes and eliminate those that are not Internal Medicine patients. Those non-Internal Medicine faxed requests will be returned to pharmacies with notation.
 - b. All attending physician patients refill requests are faxed to their administrative assistants.
 - c. For resident physician patients, the PBA will:
 - Identify the MR # and determine patient's last visit and physician that saw the patient. This information is recorded on the faxed request. (If the provider is no longer in IMC, determine the current assigned provider by using the panel transfer listing.)
 - Faxes are given to designated nurses for review. See existing protocol for narcotics, benzodiazepines, and antibiotics requests (page 40)

- d. Nurse will research patient medical record in WebCIS for appropriate documentation that confirms correctness of medication dose and frequency. Nurse will utilize the following resources to obtain this information:
 - Last dictated notes for patient
 - Medication list in WebCIS including inactive medications
 - Medications meeting the following conditions will be refilled for one year.
 - * Dose confirmed in WebCIS
 - * Not a controlled substance
 - * Prescribed for a chronic condition
 - * Patient visit within the past 6 months
 - If medication is not confirmed, dosage is different, or medication has changed, then go back to the clinic notes and research there. Use WebCIS phone message to provider for clarification.
 - If medication cannot be confirmed use a post-it note to alert the preceptor to the problem and suggest that the patient needs an appointment.
 - If the patient has not been seen within the past 6 months, give a 30-day supply with one refill and indicate that the patient needs a follow up appointment.
 - Completed form is then stamped “authorization for PCP by ____, MD. Contact PCP for future refill requests at ____, etc”
 - Forms are then given to the preceptor for signature.
 - Completed and signed refill request is given to PBA for faxing to requesting pharmacy.
 - If the patient has not been seen within 2 years the PBA’s will inform the patient that a refill cannot be given and the patient will be offered an appointment.
 - For forms with “patient needs appointment” the PBA will contact the patient and help them make an appointment that is convenient for them.
 - e. A copy of all completed faxed refill requests and confirmation from fax machine will be kept for one month
2. Patients coming to clinic requesting medications will be given the option of a walk in nurse visit or of contacting their pharmacy to request a faxed refill request. These patients will be informed of the \$50.00 charge for a nurse visit. The copayment for a Medicare patient will be \$10.

SPECIAL SITUATIONS (see flow sheet on page 40):

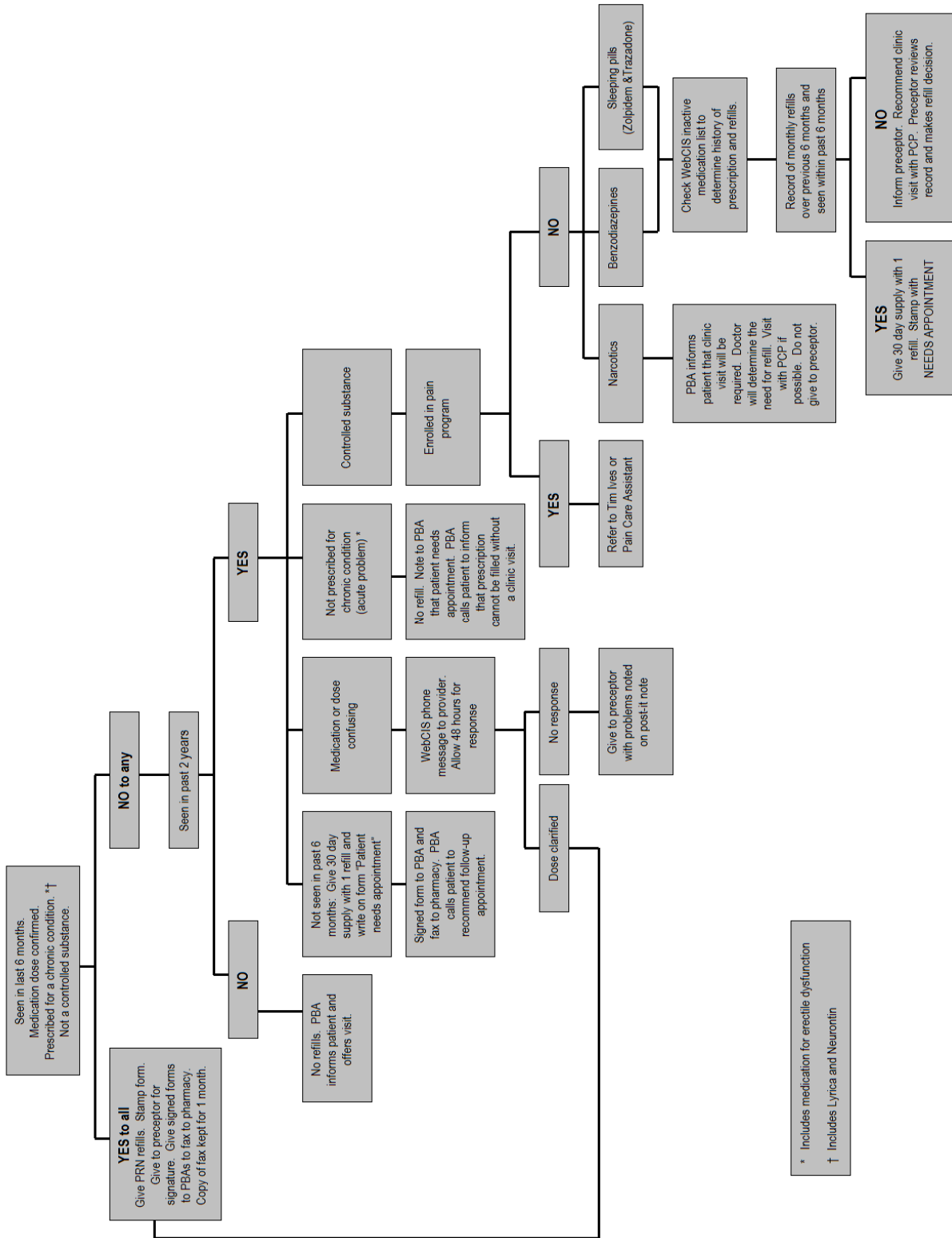
Non-narcotics controlled substances (Benzodiazepines and sleeping pills)

- Determine whether the patient has been seen within the past 6 months.
- Determine whether medication has been prescribed regularly over the past 6 months.
 - Check active and inactive meds and review clinic notes.
- If both conditions are met, use post-it note to suggest 30-day supply with one refill.
- In no to either condition, inform the preceptor who will make the final decision. Arrange for clinic visit with PCP to review need for ongoing treatment.

Narcotics

- PBS informs patient that a clinic visit will be required and the doctor will review the need for ongoing treatment. Schedule visit with PCP if at all possible.

REFILL PROTOCOL



NURSE TRIAGE PHONE MESSAGE RESPONSE PROTOCOL

1. All phone messages will be sent to Phone Triage Nurse via WebCIS.
2. The Phone Triage Nurse will respond to all calls via WebCIS during the hours of 2pm to 5pm daily.
3. All patients will be notified by PBA's that response to calls will be during those hours.
4. If there are urgent medical issues, these should be forwarded to Same Day Care nurse.
5. The assigned back-up Phone Triage Nurse will follow the above protocol in the event that the Phone Triage Nurse is absent.

MEDICATION REVIEW PROTOCOL

1. Ask patient if he/she brought medications or a list of medications.
 - a. If no, then ask the patient to bring to the next visit. Explain that the only way to be sure we don't make errors is to compare our list to what the patient is taking.
 - b. Ask if patient knows his/her medications and ask him/her to name them and give the dose and directions for use. Do not read the medications from the list and ask the patient to confirm.
2. Check each bottle, or drug on the patient list, against medications on WebCIS.
 - a. Check dose
 - b. Check directions
3. Ask patient whether he prefers a 1-month or a 3-month supply.
4. Update quantities or refills and allow refills for one year.
5. Make notes for the doctor about any difference between the patient's medications and the WebCIS list.
6. Click the review button only if all medications can be reconciled.
7. Print prescriptions if requested by doctor
8. Narcotics, benzodiazepines and sleeping medicine: nurses will review use of these, but will not update refills. They will point out to the doctor discrepancies between the patient's use and the med list.

RESIDENT COVERAGE FOR DOCUMENT PROCESSING AND PROVIDER SIGNATURE

Because residents are unavailable or out of the clinic for extended periods, it is important that staff, faculty, and preceptors assist the residents by processing paperwork, screening documents to make sure necessary information is included, and signing orders and refill requests. Nurse and staff should utilize preceptors when a physician signature is necessary and the resident physician is unavailable.

ADMISSIONS

On occasion, patients presenting for clinic visits require admission to the hospital for further evaluation and treatment. When these patients require emergent ambulance transport, arrangements are made by calling 911. Information required to arrange a transport are patient's name, medical record number, weight, date of birth, chief complaint/reason for transport,

location, requesting MD/RN, call back numbers, special patient care needs (oxygen, obesity, significant other to ride with patient, etc.) and confirmed room number

Wheelchair transports should be arranged by calling Ambulatory Care Administration. Clinic nursing or medical staff must accompany those patients that may require medical/nursing attendance. Page ACC Security at 123-5800 (voice pager) to assist with patient loading and to open doors, if needed. A nurse and/or other staff member must assist with patient loading and a nurse or physician **must** accompany the patient and assist with unloading the patient and transport to room.

NURSING DUTIES

Opening Clinic

1. Unlock refrigerators (3) and record temperature (Freezer/ refrigerator) twice daily (AM / PM). Daily Penny check.
2. Check preceptors and write on board at front desk and board in workroom.
3. Post schedules and physicians work rooms.
4. Do quality control (QC) on glucose meter (Donna/Theresa/Katrina)
5. Do point of care. (Donna/Theresa/Katrina).
6. Prepare daily schedules. (Theresa/Katrina)
7. Prepare and bag speculum daily. (Eva/ Katrina/ Theresa)
8. Code cart check / Emergency Airway supplies (Hallway/Waiting Area) (as scheduled by Carla)
9. Clean all countertops in Triage rooms used for medication preparation with Metrigaurd or 70% Isopropyl alcohol.

Closing Clinic

1. Tidy exam rooms and shut off Oscopes and lights.
2. Check computers and exit all programs to icon screen and “Restart”
3. Check printers for documents containing PHI and recycle if the provider has gone.
4. Pick up all prescriptions.
5. Clean lens, cover microscope and cut off light.
6. All urine specimens in Utility area need to be checked: a) sent to lab or b)discard if there is no order.
7. Wash speculums and leave to air dry. (All Staff)
8. Wash and dry tray in urine meter. (UA dipstick machine)
9. Count narcotics daily. On Fridays original copy to be taken to Pharmacy (RN/LPN)
10. Lock refrigerator, C lockers, overhead cabinets, freezer, medicine cabinet and prescription drawer.
11. Automatic blood pressure machine plugged in electrical outlet.
12. Lock all cabinets and C- locker in clean / soiled utility room.
13. Lock all cabinets in Triage rooms. (All Staff)

Special Duties

1. Order supplies and check expiration dates – Donna / Theresa / Stephanie
2. Order medications, check expiration dates, complete monthly audit by 15th each month – Donna / Kelly.

3. Check and stock IV and IV access tray and check expiration dates – Michelle / Carla.
4. Check and stock joint tray and check expiration dates – Robin / Brenda.
5. Check and stock biopsy tray and check expiration dates – Robin / Faye
6. Check and stock blood drawing tray and check expiration dates – Carla / Mindy
7. Check and stock Dermatology tray and check expiration dates – Michelle
8. Stock rooms, check expiration dates of supplies, replace paperwork, clean rooms:
 - a. West Wing A: Katrina – 40,38, Brenda – 36,34,32, Mindy – 30,26,24, Faye – 22,18,16
 - b. West Wing B: Kelly – 02, 04, 06; Michelle – 08, 10; Theresa – 12,14
 - c. East Wing: Eva – 32, 34, 36, 38; Robin – 16,18; Stephanie – 24,30; Donna – 10,12,14; Carla – 02, 04, 06, 08
9. Check expiration date of supplies in Locker rooms:
 - a. West Wing: Faye – B10; Mindy – 72, 13; Kelly – 17, 06, 10(med locker); Katrina – B90, Brenda – B11, B13; Michelle – 92; Theresa – UM390
 - b. East Wing: Donna – B07, med locker; Stephanie – B26,B70; Robin – B18; Eva – B95; Carla – B40
10. File and stock paperwork in work room – Stephanie / Faye
11. Check and stock paperwork at Triage area – Robin / Eva
12. Check and stock paperwork at Utility area (West Wing) – Katrina
13. Check printed materials in exam rooms – Per room assignment
14. Check printed materials in file cabinet (west wing) – Kelly
15. Patient education materials – All Clinic
16. Review logged Pap smears and send letters – Theresa
17. Collect and Process hemocult cards for lab – Donna / Robin
18. Send letters for notification – Donna / Robin
19. Stamp hemocult envelopes – Donna / Robin
20. Clean medication refrigerator – monthly – Kelly/Donna / Faye
21. Clean blood pressure cuffs and chairs weekly and when soiled – All staff
22. Clean computer keyboards with Sani-cloth – All Staff
23. Clean ice machine - weekly – Theresa / Eva
24. Secure Biohazard boxes for pick up by housekeeping staff – Theresa / Donna
25. Standing orders – West Wing - Brenda (A-K)Kelly (L-Z), East Wing –Stephanie
26. Schedule Code Cart checks – Carla
27. Check O2 tanks – Katrina / Donna
28. Monitor and assist with supply order and storage – All Staff
29. Remove all exam table sheets and pillow cases for cleaning – All Staff (Fridays)
30. Monthly Environmental Checklist: East Wing-Eva / West wing – Katrina
31. Prescription Refills (walk-in) – Faye
32. Prescription Refills (Faxed) – Mindy / Stephanie / Kelly
33. Phone Triage – Faye / Robin
34. Resident's clinic contact – Mindy / Faye
35. Replace printed pamphlets(English / Spanish) in waiting area – Theresa / Eva
 - Advance Directives- Put it in Writing
 - What are Advance Directives
 - Who we are and what we stand for
 - The Ethics Committee
 - The UNC Way to personal Service Excellence
 - What you should know about your rights

PHYSICIANS

VERBAL ORDERS

By law, only nurses, physicians, or pharmacists can take verbal orders. This includes prescriptions, orders for patient care, and ordering tests.

Critical values

Physicians must accept calls from the lab concerning critical values. Other staff may not do so.

PHYSICIAN SCHEDULES

Resident schedules are listed on the web at <http://www.amion.com>. Precepting schedules are posted at <http://www.med.unc.edu/medicine/generalm/schedules>. The Medical Support Assistant is responsible for building templates and making sure the nursing staff and PBA's are notified of any changes.

CANCELLATION OF CLINICS

- Clinic cancellations for **residents** can only be authorized through the Chief Resident's Office.
- Clinic cancellations for **faculty** and **mid-level providers** are submitted as online requests.

RESIDENT COVERAGE FOR DOCUMENT PROCESSING AND PROVIDER SIGNATURE

Because residents are unavailable or out of the clinic for extended periods, it is important that staff, faculty, and preceptors assist the residents by processing paperwork, screening documents to make sure necessary information is included, and signing orders and refill requests. Nurse and staff should utilize preceptors when a physician signature is necessary and the resident physician is unavailable.

PATIENT LAB/TEST FOLLOW-UP

The Division has a policy that patients will be informed of all their test results. We recommend that the providers use WebCIS patient correspondence function. Some providers may choose to call patients and this should be documented as a phone note or in the clinic note.

- For normal results or abnormal results that are non-urgent, providers should inform the patient of results within two weeks.
- For urgent results, the provider should contact the patient immediately with instructions on how to handle.

MEDICAL CARE FOR EMPLOYEES

POLICY DOCUMENT FOR THE INTERNAL MEDICINE CLINIC

Background:

Employees of the Internal Medicine clinic in the ACC obtain medical care from providers working in the same IM clinic.

Advantages to providing care for the staff of the IM clinic by providers within the clinic:

1. Access to care with minimal time off for appointments
2. The staff know the providers and may feel more comfortable with providers that they have seen work and how they provide for other patients
3. IM provides excellent acute care availability as well as model chronic care for chronic medical illnesses that may benefit the staff.
4. Having staff use our services may help us identify areas in need of improvement and may give staff a different viewpoint for the difficulties encountered by other patients.
5. Improved access to a provider may enhance communication with a provider and a closer relationship to the provider may improve outcomes.

Disadvantages to providing care for the staff of the IM clinic by providers within the clinic.

1. Easy access to providers may result in “curbside consults” by staff that disrupt the provider or may encroach on time set aside for other patients or for administrative duties of the provider.
2. Care outside a scheduled appointment for a patient who is a staff member may result in poor care as the records may not be accessed or appointments may be hurried.
3. Acute needs may be met but there will be a lack of focus on preventive care that accompanies a scheduled, planned visit.
4. Liability issues arise for providers giving advice or treatment without documentation.
5. It sets a poor example for the resident physicians.
6. Privacy issues may be difficult for a staff member being seen in the same clinic in which they work. Drawing sensitive labs (such as HIV tests) or doing other tests (i.e. STD testing) that are in the patient’s best interest may be deferred or not done because of other staff members involvement in the processing issues inherent in our system.
7. Cost issues become a concern when the provider is not certain about the finances of the staff member and care may be different because visits are not charged or the staff member does not want to be charged.
8. Limit setting with staff may become difficult because of the close working relationships. Limits set by providers may differ and may result in staff taking advantage of providers who are less likely to set limits. Fear by the providers that staff members may not be as helpful to them in the future for their other patients’ needs may prompt them to provide advice. In addition, this may make providers hesitant to access the staffs’ other skills because of concern that the provider will have to engage in a conversation regarding that staff member’s health.

POLICY TO ENSURE OPTIMAL CARE OF THE IMC STAFF

1. If a staff member has a medical concern, they must make an appointment to discuss it.
2. All providers have agreed to stop providing advice outside of the context of an appointment.
3. All services provided in the clinic will go through the regular channels of the office (i.e. referrals to the referral coordinator, labs through the front desk, scheduling of tests through the front desk).
4. All staff members requiring an appointment should expect to take time off for that appointment. All staff members must pay the necessary co-pays and use their health insurance if available for visits.
5. Visits to providers should occur during the provider's regularly scheduled clinic time.
6. Staff members must not discuss their own health issues if a provider approaches them regarding issues pertaining to another patient.
7. Same Day Care visits require a scheduled appointment just as other patients are required to have.
8. If the provider approaches a staff member regarding their health, it should be through the correct channels (i.e. phone message, lab letters, etc.). If personal contact is required, the staff member needs to make an appointment.
9. If a staff member continues to violate the policy, discussions will be held with the clinic manager and the staff member.

COMPLIANCE

HIPAA

UNC Healthcare and UNC School of Medicine must be in compliance with all HIPAA requirements. Each employee must complete the initial HIPAA training session and appropriate on-line Phase 2 training session(s). These are the major areas affecting our office and suggestions on how to apply them in day to day activities.

- **Confidential paperwork** includes any document containing PHI (protected health information). Patient correspondence, labs, reports, consults, and messages from patients and/or pharmacies all fall within this category but is by no means a complete list. Confidential information cannot be tossed in trash cans. Old disks or floppies cannot be tossed in trash cans. They can be erased and reused or they will need to be burned.
 - In the Internal Medicine Clinic there is a locked security console for confidential paper in the resident's workroom and another at the front desk.
- Remember that each copy of patient information printed will need to be destroyed. Print only what is vital to a task at hand.
- Patient records will need to be stored in file cabinets that can be locked. As an aside, locking your office door is considered secure. If office space is shared, steps to keep patient information secure must be taken.
- This is an excellent opportunity to clean out old files!
- **Passwords** should not be easily accessed. The natural inclination is to write them on a piece of paper and hide it on or close to the computer (and inevitably everyone uses the same hiding places). DO NOT tape passwords on your monitor! Be creative. Find a location for your list of current passwords that only you know. If suggestions are needed, please see the supervisor.
- **WebCIS and A2K** or any other secure application cannot be left unattended. Each employee needs to log off each and every time when leaving their office. It is quite simple to sign back on.
- An accounting of disclosures of protected health information must be maintained for uses and disclosures for which a patient may not be aware that such disclosures have been made. Examples of when an accounting of disclosures must be maintained are when PHI has been released to public health authorities (e.g.: reporting abuse; reporting communicable disease) and law enforcement. An example of when an accounting will not have to be maintained is when carrying out treatment, payment, and health care operations. A complete list of examples for when it is necessary to account/or not account for a disclosure is included in the Accounting of Disclosure policy located at <http://www.unch.unc.edu/HIPAA>. When a disclosure is made, the following info must be recorded:
 - Patient name and medical record number
 - Name and address of recipient of information
 - Description of info disclosed
 - Purpose and date of disclosure
 - Delivery method
 - Name and title of person disclosing PHI
 - Department and phone # of person disclosing PHI

This information must be given to the Clinic Manager, Clerical Support Supervisor, or Nurse Manager for official recording. Each division also has an accounting of disclosure policy. It is only necessary to report this information once per disclosure (either report to clinic administration as mentioned above or to division administration).

ENVIRONMENT, HEALTH, & SAFETY COMPLIANCE REQUIREMENTS

GENERAL INFORMATION

Compliance with OSHA regulations is **mandatory** and must be completed. This applies to any UNC employee who works with patients in a clinical setting or has job duties which takes them into a healthcare setting. This regulation is in place for both personal safety as well as for the safety of our patients. For complete EHS guidelines, please visit their website <http://ehs.unc.edu/manuals/ehsmanual/5-1.html>

Working in a Healthcare environment poses a risk for acquiring certain infectious diseases greater than that for the general public. To reduce the potential risk, employers are required to establish a medical surveillance program which documents immunity for some diseases, monitoring for others such as Tuberculosis, along with safety training on methods to prevent exposure and disease. These programs are to be provided at no cost to the employee in accordance with OSHA. The University has designated the University Employee Occupational Health Clinic (UEOHC) as the responsible party for providing the medical services component of the medical surveillance program and the Department of Environment, Health and Safety for administrative aspects as well as the general safety training.

Please Note: Employees whose position has them entering facilities where patient care is provided, whether in a patient care area or in an administration wing, must comply with the occupational medical surveillance and safety training requirements outlined in this policy.

MEDICAL SURVEILLANCE

▪ **Immunization Review**

To protect University Healthcare employees from potential infectious diseases, all employees working in a Healthcare environment are required to be up-to-date on their immunizations. Employees are required to complete an immunization review within in the first 10 days of appointment. The immunization review will be based on the CDC/HICPAC Guideline for Infection Control in Health Care Personnel. *Employees may be required to have additional immunizations at a later date based on changes to this guideline.* Documentation of immunizations can include a copy of medical notes, University student health record, or other types of documentation.

If you have not had an immunization review, please call and schedule an appointment with Employee Health (966-9119) for initial screening. Bring documentation of previous immunizations (measles, mumps, rubella and any other vaccinations you may have had.

They must have immunization documentation with nurse or physician signature, not just the employee writing down dates. Their fax number is 966-6337.

▪ **Tuberculosis Screening (skin test)**

In accordance with the University and UNC Healthcare Systems Tuberculosis Exposure Control Plan, all employees working in a healthcare environment are required to receive a skin test (TST) for tuberculosis screening within in the first 10 days of employment and is strongly recommended annually thereafter.

▪ **Employee Occupational Health Record**

The UEOHC will maintain the employee's occupational health record. Employees needing a copy of their occupational health record should contact the UEOHC at 966-9119.

SAFETY TRAINING (annual on-line training)

Safety training is a method used not only to inform employees of University policy and procedures, but understand the hazards associated with their work and ways to minimize or reduce potential exposure to those hazards. EHS has established both on-line and instructor led courses for employees to meet their required training such as: New Employee Clinic Orientation, Bloodborne Pathogens, Tuberculosis and Infection Control, Healthcare Worker/JCAHO Safety Information, etc. All safety training records required by OSHA, JCAHO, and other regulatory agencies are to be maintained on EHS's Health and Safety Management Information System (HASMIS). It is recommended that you keep a copy for your personal records. If you have questions about any of these online tests, please call EHS at 962-5507.

All training sessions are all accessed at <http://ehs.unc.edu>. Click on Self-Study Safety Training Units.

- **JACHO safety training** (required for all employees)
- **TB annual refresher training** (required for all employees)
- **Bloodborne pathogen refresher training** is required *only* if you are exposed to blood or other potentially infectious materials. All physicians and nurses must complete this section.

Access to the on-line training sessions is with your ONYEN. Please visit <http://onyen.unc.edu> for additional information concerning your ONYEN and password. You will need your PID to access this information. If you have forgotten your PID, please call the Clinic Manager. If you have difficulty obtaining your ONYEN, you may need to physically go to OIS for assistance. They are located in Medical Wing B, Room 109, and open Monday-Friday from 9-4.

If you are a University employee you can also submit the following on-line form <http://help.med.unc.edu/faq/passwords-and-accounts/how-do-i-reset-my-password/> to get your ONYEN password reset. Scroll to the bottom to Password resets from off campus and print the SOMID Password request form. Specify that you need your ONYEN password reset (not your SOMID). Fax the completed form to OIS Client Services at 966-6528.

FAILURE TO COMPLY

Failure to comply with the required safety training and medical surveillance within the first 30 days of employment and/or on anniversary dates thereafter will result in disciplinary action up to and including dismissal. The action taken will be based on factors contributing to noncompliance.

If an employee fails to comply after receiving notification from the supervisor, then the employee will be given 10 days in which to become compliant or receive disciplinary action as determined by the supervisor. If after 10 days compliance has not been met, then further disciplinary action will be taken up to and including dismissal of the employee. University employees issued credentials by UNC Hospitals will be reported to the UNC Hospitals Credentials Committee for possible revocation.

PROTOCOLS

FLU VACCINE PROTOCOL

Shipments of flu vaccine to the clinic may come in varying quantities, depending on pharmacy availability.

- When the clinic receives a shipment of a sufficient quantity to accommodate a large influx of patients, the nurse manager will notify the clinic coordinator who, in turn, will notify the staff. At that point, patients can be informed of the scheduled days for dispensing flu vaccine.
- When patients call, they should be informed that flu vaccine is available in the Internal Medicine Clinic and encouraged to schedule an appointment. Flu shots will be scheduled on Mondays from 1-4 pm, Wednesdays and Fridays from 8 am - noon. Though walk-ins for flu vaccine are accepted Monday-Friday, 8-12, patients should be encouraged to call for an appointment. During flu season, vaccines are offered to all patients during clinic visit.
- Time line for flu vaccine phone messages (966-1459, option 4):
 - The initial message prior to vaccine arrival is normally added to the phone tree September 1. This message states: The Internal Medicine Clinic has not yet received its supply of flu vaccine. Keep checking this mailbox for the latest information. We expect to start giving the vaccine in mid-October.
 - During the first week of October the following message is recorded: We will start giving flu vaccine on October 13. We encourage you to make an appointment for your flu shot by calling 966-1459 option 3. Flu shots will be scheduled on Mondays from 1-4 pm, Wednesdays and Fridays from 8 am - noon.
 - Once the vaccine arrives, the following message is recorded: Flu vaccine is now available in the Internal Medicine Clinic for all our patients. Please make an appointment for your flu shot by calling 966-1459 option 3. Flu shots will be scheduled on Mondays from 1-4 pm, Wednesdays and Fridays from 8 am - noon.
 - Option 4 (flu vaccine messages) is deleted from the phone tree on March 15.

BILLING DISPUTE RESOLUTION

All billing document diagnosis changes must go to the Clinic Manager.

EDITING/UPDATING CHARGE DOCUMENT

Each year in March, the Clinic Management Team will review all encounter forms for edits, deletions, and/or additions. The team should review all P&A billing data that includes which items on the documents have and have not been used, and which diagnoses, by frequency, have been added on by providers. The team will also consider frequency of billing by diagnoses and use the data to modify documents and procedures.

WebCIS PHONE MESSAGE GUIDELINES

Actions you may select

Send	Use to record and send a phone message to another person.
Reply	Use to record your response to a phone message.
Finalize to Record	Use to submit the phone message to the Patient's Medical Record. The Phone Message is then retrievable as a Report.
Cancel	Use to cancel the phone message activity.
Delete/End Messaging	Use with extreme caution to delete and end the phone message activity from WebCIS. Note: All information on that phone message is deleted; the original message through and including the last message added. Note: An electronic record of Deleted/End Messaging actions by User ID is maintained for security audit purposes.

Important Notes & Recommended Utilization

Phone Message is designed to route correspondence from one person to another or to the Patient Record as a Report.

- Electronically record a patient message and Send to appropriate person for disposition.
- Send limited to one person.
- Reply to a patient message with clinical guidance, directions, instructions or need for more information.
- Send to another person to handle, or Reply to sender if you receive a Phone Message and are not the appropriate person.
- Send messages in your phone message queue to another person to handle if you are going to be out of the office or are not available. There is no feature within WebCIS today to intercept a phone message on behalf of another and reroute or deal with appropriately.
- Finalize to Record Phone Messages to the Patient Records as a Report.
- Finalize to Record action is known only to the person submitting the message that it is now available in Patient Reports. All WebCIS users with access to Patient Reports will have access to view the Phone Message.
- Delete Phone Messages with caution. Example: You may determine there is no requirement to submit the correspondence as a Report to the Patient Record. WebCIS maintains an audit log of these transactions. ***Staff should not delete phone messages without specific directions from the physician.***
- Phone Messages pending disposition stay on your Phone Message list until they have been sent to another person, finalized or deleted. Manage your Phone Message list by practicing timely response and appropriate disposition.
- Today's Phone Message feature does not provide a method to view Phone Messages that you have originated.

Operational Process Considerations

If you or your workgroup need visibility to Phone Messages in progress, you may want to consider the following suggestions.

- Determine team triage rules if there is a concern about calls being properly routed by personnel using WebCIS Phone Messaging.
- Develop a tracking or logging method for Phone Messages in progress.
- Develop an internal method to notify others that a Phone Message has been Finalized to Record and is now available Patient Reports.
- Develop team rules for ensuring Phone Messages are properly routed and/or closed by people with planned or sudden absences.
- Determine team rules and/or methods for employees who work on an irregular basis in your group or clinic and will be sent phone messages that may not be dealt with on a timely basis.
- If now using a paper phone messaging system, ensure all decision points within that process flow are resolved before totally replacing with WebCIS Phone Message.
- If an employee without access to WebCIS is expected to use WebCIS Phone Message determine if their job responsibilities require that they know or have the ability to access information beyond Patient Demographics and Phone Messages before requesting access to this institutional patient record system.

REPORTING DEATHS

It is important for us to keep a record of clinic patients who die outside of the hospital, otherwise notices of appointments and other materials may be sent to the home of deceased patients. When you learn of the death of one of your patients please notify Jo Williams (jo_williams@med.unc.edu). She will keep a list and be sure that the information reaches appropriate sources.

PATIENTFIRE and NARCOTICS DISMISSAL PROTOCOL

Patientfire or narcotics dismissal letters are prepared for Dr. Miller's signature from committee reports provided by Paul Chelminski in the Pain Clinic or as dictated by Dr. Miller. After signed, the required number of copies are made (determined by the letter content and may include the PCP, Legal Department, Patient Relations, Medical Records, and office file). Original letters are sent to the patient *certified with return receipt requested*. The file copy is retained; receipt documentation is stapled when received. A spreadsheet documenting each of these letters (containing patient name and medical record number, type of letter, date signed and mailed, and date patient signed for the letter) is maintained by the Clinic Coordinator.

▪ **Narcotics Dismissals**

A WebCIS phone note must be sent to patient's physician (examples provided below) with a copy to Pain Care Assistant. Narcotics dismissals from the Pain Clinic are added to the WebCIS problem list by the Pain Care Assistant.

WebCIS phone message for NARCOTICS DISMISSAL from Pain Service

*Because of a serious violation of his/her Medication Contract, _____ cannot receive narcotics in the Internal Medicine Clinic. He/she has been informed of this action by registered letter and the receipt of this letter on _____ is documented.
PLEASE REMEMBER TO FINALIZE THIS MESSAGE TO HIS/HER RECORD.*

- **Patientfires**

Official notice that a patient is dismissed from the Internal Medicine Clinic is prepared at Dr. Miller's request using a form letter approved by the legal department. After signed, make 4 to 6 copies for distribution. The original letters are sent to the patient *certified with return receipt requested*. Copies are distributed to: (1) the appropriate attending physician; (2) Medical Records; (3) Clinic Manager; (4) Legal Department, if needed; and (5) Patient Relations, if needed. The remaining copy is filed and receipt documentation is stapled when received. A WebCIS message must be sent to patient's physician (example provided below).

WebCIS phone message for PATIENTFIRE from Internal Medicine Clinic

Because of _____ (state reason: what has patient done or not done: threatening clinic personnel, prescription forgery, threatening clinic personnel, etc) _____ cannot schedule any appointments nor receive routine care in the Internal Medicine Clinic. He/She has been informed of this action by registered letter and the receipt of this letter on _____ is documented. PLEASE REMEMBER TO FINALIZE THIS MESSAGE TO HIS/HER RECORD.

When a patientfire letter is mailed, an email is sent to the Scheduling Supervisor (so that the scheduling restriction can be added to GE) and Database Programmer (so that the patient can be deactivated from all IMC databases). The Clinic Coordinator will then add a generic note in WebCIS and paste the body copy of the letter and date as the notification.

- **Entering patientfire restrictions**

After the patient's medical record number is entered into the GE scheduling system and demographics verified with the 1st flowcast message and OK is pressed, the second flowcast message will alert you that there are scheduling restrictions. Press Reg. Another page appears; at the bottom of this screen press the Page button. Select Scheduling Restrictions from the dropdown menu. Click on the magnifying glass. Select the patient discharge reason from the dropdown list and press OK.

- **Viewing patientfire restrictions**

After the patient's medical record number is entered into the GE scheduling system and demographics verified with the 1st flowcast message and OK is pressed, the second flowcast message will alert you that there are scheduling restrictions. Press Reg. Another page appears; at the bottom of this page press Page button. Select Scheduling Restrictions from the dropdown menu. After you have viewed the scheduling restrictions press OK and advise the patient that he/she can not be scheduled.

We are unable to schedule you for an appointment in the IMC. Our records show that you have been permanently dismissed from the clinic. I am sorry that we cannot help you.

APPENDICES

- **Directions to UNC**

Directions to UNC Hospitals and Ambulatory Care Center

Directions from the North

Take NC 86 South (which becomes Airport Road) to downtown Chapel Hill. Turn right onto Cameron Avenue (2nd light after Franklin Street); then make a left at the first light onto Pittsboro Street. Bear left when the road splits. Go straight across South Columbia Street and you will be on Manning Drive near UNC Hospitals.

- Patient and visitor parking for the ***Hospitals*** and ***Clinical Cancer Center*** is available in the Dogwood deck located three-tenths of a mile on the right.
- For the ***Ambulatory Care Center***, turn right on West Drive and right again on Mason Farm Road. The ACC entrance is ¼ mile on the left. The parking lot surrounds the building.
- For ***Emergency Room*** parking, stay on Manning Drive past the parking decks and turn left on Gravelly Drive following the Emergency Room signs.

Directions from the South

Take US 15-501 North to Chapel Hill. US 15-501 becomes South Columbia Street at the NC 54 overpass. From South Columbia Street, turn right onto Manning Drive.

- Patient and visitor parking for the ***Hospitals*** and ***Clinical Cancer Center*** is available in the Dogwood deck located three-tenths of a mile on the right.
- For the ***Ambulatory Care Center***, turn right on West Drive and right again on Mason Farm Road. The ACC entrance is ¼ mile on the left. The parking lot surrounds the building.
- For ***Emergency Room*** parking, stay on Manning Drive past the parking decks and turn left on Gravelly Drive following the Emergency Room signs.

Directions from the East

Take I-40 West to exit 273B. Take NC 54 West to Chapel Hill. Take US 15-501 South to Manning Drive. Turn right on Manning Drive.

- Patient and visitor parking for the ***Hospitals*** and ***Clinical Cancer Center*** is available in the Dogwood deck. The Dogwood Deck is nine-tenths of a mile from US 15-501 on the left.
- For the ***Ambulatory Care Center***, turn left on West Drive and right on Mason Farm Road. The ACC entrance is ¼ mile on the left. The parking lot surrounds the building.
- For ***Emergency Room*** parking, turn right on Gravelly Drive following the Emergency Room signs.

Directions from the West

Take NC 54 East to Chapel Hill. Exit at Columbia Street/US 15-501 and turn left onto South Columbia Street. Turn right on Manning Drive.

- Patient and visitor parking for the ***Hospitals*** and ***Clinical Cancer Center*** are available in the Dogwood and Cardinal decks. The Cardinal Deck is one-tenth of a mile past South Columbia Street on the right. The Dogwood Deck is three-tenths of a mile on the right.
- For the ***Ambulatory Care Center***, turn right on West Drive and right again on Mason Farm Road. The ACC entrance is ¼ mile on the left. The parking lot surrounds the building.
- For ***Emergency Room*** parking, stay on Manning Drive past the parking decks and turn left on Gravelly Drive following the Emergency Room signs.

Parking Information

- Patients and visitors may park in the Dogwood parking deck or the Ambulatory Care Cancer parking lot at a cost of \$1.25 an hour or any fraction thereof with a maximum of \$6. Discount coupons for all-day parking can be purchased at the Cashier's Desk in the Main (Memorial) Hospital lobby between 8:00 am and 5 pm, Monday through Friday.
- Valet Parking is available to all patients and visitors to any of the Hospitals and the Clinical Cancer Center. It is located at the front door of the Main (Memorial) Hospital. The cost for valet parking is \$6. Discount coupons for all-day parking can be purchased at the Valet Booth located at the front entrance of the Main Hospital between 6:00 am and 7:30 pm, Monday through Friday.
- Handicapped Parking is available for up to four hours in any of the Handicapped Parking spaces located directly in front of the entrance to each hospital building. Additional handicapped spaces are located in the Cardinal and Dogwood parking decks. Handicapped-accessible shuttles service these spaces. If you need assistance from the parking deck, please contact the attendant.