GEORGETOWN UNIVERSITY/PROVIDENCE HOSPITAL
FAMILY MEDICINE RESIDENCY PROGRAM
POLICY MANUAL

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POLICY

FORT LINCOLN FAMILY MEDICINE CENTER OFFICE HOURS

	Begin Session	Last Appointment	End Session	Begin Session	Last Appointment	End Session
Monday	8:00 am	11:00 am	12:00 pm	1:00 pm	4:00 pm	5:00 pm
Tuesday	8:00 am	11:00 am	12:00 pm	1:00 pm	4:00 pm	5:00 pm
Wednesday	8:00 am	11:00 am	12:00 pm	1:00 pm	4:00 pm	5:00 pm
Thursday	8:00 am	11:00 am	12:00 pm	1:00 pm	4:00 pm	5:00 pm
Friday	8:00 am	11:00 am	12:00 pm	1:00 pm	4:00 pm	5:00 pm
Saturday	10:00 am	1:00 pm	2:00 pm			

APPROVED:
EFFECTIVE DATE: 6/30/97
MOST RECENT REVIEW: 4/02/13

FAMILY MEDICINE RESIDENCY PROGRAM
FORT LINCOLN FAMILY MEDICINE CENTER
POLICY

STAFF COVERAGE

I. Medical Staff Coverage

1. Primary providers of ambulatory patient care at the Family Medicine Center (FMC) will include residents, fellows, and faculty.

2. At a least one faculty member will be on-site for each patient care session whose only responsibility is to precept residents and students.

3. Medical students can see patients only in conjunction with a resident or faculty member who assumes responsibility for the patient care provided.

4. A surgical staff attending from Providence Hospital will be on-site approximately one-half day per week to see patients referred to him/her by primary providers.

5. A psychiatry attending under contract with the Family Medicine Department will see patients approximately two half-days per week in conjunction with a resident.

6. A nephrologist attending from Providence will be on-site approximately one-half day per month to see patients in conjunction with a resident.

7. All medical care at FMC will be supervised by the Medical Director.

II. Nursing Coverage

1. Ambulatory nursing care will be provided by registered nurses or licensed practical nurses with the assistance of medical assistants, certified nursing assistants, or other appropriately trained individuals.

2. An MA or LPN will be designated to cover referral specialist duties.

3. Nursing care will be supervised by the Nurse Manager and Medical Director.

III. Medical Students

As part of the teaching mission of the residency program, medical students will often be involved in patient care at the FMC. To ensure optimal patient care and an appropriate learning environment, the following policies are specified:

1. Medical students are to function only as adjuncts to patient care. All patients must also be seen personally by the resident or attending physician scheduled for the office visit.

2. All patients are to be asked if they consent to being seen by a student physician and may feel free to decline a student visit.

3. All medical student notes in the medical chart will be thoroughly reviewed and annotated or corrected as needed, providing feedback to the student as appropriate. A co-signature is required for all student notes. Students are permitted to write notes on Medicare patients, but these notes are not to replace notes required by residents and attending physicians. The medical student will include the following phrase in their note: **"Note written by, NAME, acting as scribe for physician".** The resident or attending working with the medical student will use the following annotation: **"I have seen and examined patient and the note accurately reflects my work and decisions as scribed by medical student and addended by me."** Please avoid the phrase "seen and agree with." These notations are specifically meant to clarify that the patient has been seen by a physician and discussed with the medical student. The medical student's notations are merely a reflection of the examination and discussion completed together. These policies do not replace any Medicare regulations regarding medical student documentation.

4. Medical students are to be chaperoned by a physician whenever performing any history or physical exam item which may be construed as a sensitive issue by the patient (e.g., sexual history, breast exam, genital or rectal exam).

IV. Other Staff Coverage

1. A Social Worker is available full-time to identify community service needs for the patient population. The clinical functions of this individual will be supervised by the Nurse Manager and Medical Director.

2. A Health Education Navigator is available full-time to address needs of patient populations with identified needs, including diabetic patients, prenatal patients and newborns. The clinical functions of this individual will be supervised by the Nurse Manager and Medical Director.

3. A Referral Specialist is available full-time to address the needs of patient populations with identified needs, including routine referrals for preventive and chronic disease care, referrals requiring authorization, and any referral to a specialist or facility as directed by physicians. The clinical functions of this individual will be supervised by the Nurse Manager and Medical Director.

4. Collection and processing of laboratory specimens, including phlebotomy, will be provided by a qualified individual. The clinical functions of this individual will be supervised by the Nurse Manager and Medical Director.

5. Front office staff will be present at FMC during operating hours to answer the telephone, check patients in and out, and to make appointments. The front office staff will be supervised by the Practice Manager.

6. Other personnel will be present in the FMC to handle patient accounts, billing, and collections. These personnel will be supervised by the Practice Manager.

7. The Nurse Manager will be in charge of clinical operations of the FMC and will be supervised by the Medical Director, Program Director and the designated vice-president or Administrator at Providence Hospital.

8. The Practice Manager will be in charge of the overall operations of the FMC and will be supervised by the Medical Director, Program Director and the designated vice-president or Administrator at Providence Hospital.

V. Patients scheduled for providers who are unavoidably late or absent.

1. Patients scheduled for a physician who will be unavoidably late or absent will be contacted and offered the option of re-scheduling. Any patient who cannot be contacted or chooses to be seen by another physician will be worked into the schedule.

2. The same day care provider will assume care of the absent physician's patients for the session.

3. Patients who present to same day care will be triaged by nursing. Patients who do not need to be seen during that session will be asked to schedule a future appointment. Patients needing to be seen will be worked into the schedule.

4. ALL physicians seeing patients for that office session will participate in rotation to cover the patients (i.e., all residents and attendings seeing patients or working in Same Day Care). No exceptions will be made. There will be no need to clear each extra patient with the covering physician, though advance notice for the physician will be given.

5. Patients will be worked in with the physicians having the fewest scheduled patients.

6. Patients will be worked into the schedule as close as possible to their original appointment time.

7. Each added patient will be noted as a same day care addition so that the physician will know why they are seeing an unexpected patient.

8. If a provider is not going to miss the entire session but will be more than 30 minutes late, any patients waiting to be seen will be covered in rotation by ALL physicians seeing patients that session until the provider is available.

APPROVED: 
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MOST RECENT REVIEW: 4/20/13

FAMILY MEDICINE RESIDENCY PROGRAM
FORT LINCOLN MEDICINE CENTER

POLICY

PATIENT CARE

I. Identification of Primary Medical Doctors (PMD) or Providers

1. Each patient will be assigned a PMD on or before the patient's initial visit to the Family Medicine Center (FMC).

2. All members of the same family/household who are seen at FMC will be assigned the same provider. The PMD for each patient will be listed on computerized registration data as the rendering provider or primary care giver in the patient's electronic medical record.

3. Given the regular turnover of physicians in the Residency program, it is often necessary to update the primary physician for a patient as residents graduate every 3 years. Primary physicians are updated according to provider and patient preferences as applicable. Graduating residents delegate patient reassignment according to care team assignments, prior provider visits or patient preference. Any other patients are reassigned to new interns, patients are updated on the reassignment and encouraged to specify provider preferences.

4. If a physician notes that the name of the primary care physician is incorrect on the electronic medical record she/he will update the primary care giver/rendering provider in the EMR. If a patient is assigned to a provider, but has been seen for several visits by another physician, and little or no contact with the assigned provider, it is appropriate to reassign the patient. Reassignments for any other reason should be discussed with the Medical Director.

II. Appointment System

1. When a patient calls for an appointment, the primary provider will be identified and every effort made to schedule the visit with the primary provider/rendering provider. If an acceptable appointment time is not available with the primary provider, the patient will be scheduled to see another physician on the same team. Team members are updated annually. New patients are assigned to primary providers based on availability. Providers are scheduled up to several months in advance for sessions at the FMC. The provider is expected to be present before the appointment hours start and until the appointment hours are finished. The clerks at FMC are <u>NOT</u> authorized to make changes in the provider's office schedules without the approval of the Medical Director or Program Director, and should not be asked to do so.

2. All patient appointments are scheduled for 15 minutes, with the following exceptions:

R1	30 minutes
R2	20 minutes
Initial OB Visit	Two time slots
Medicare AWV	Two time slots
New patient	Two time slots
Procedure	60 minutes

Physicians may specify an extended follow-up visit for a patient, however; this will be limited to a maximum of two time slots (i.e., R3 = 30 minutes, R2 = 40 minutes, R1 = 60 minutes). Extended follow-up visits should not be used routinely by any Physician, but rather for occasional instances where the complexity of patient care requires additional time.

Patients may not request extended follow-up visits. These are to be made only at the direction of the physician or the Nurse Manager.

3. The overall goal for patient visits per half-day session is as follows:

R1	4 - 6
R2	6 - 9
R3	8 - 12
Faculty	8 - 12

III. Walk-In Visits/Same Day Care

1. During each patient care session one provider is assigned to evaluate walk-in patients in Same Day Care.

2. Patients who arrive at FMC without a scheduled appointment will be initially assessed by a nurse, with the assistance of the Same Day Care physician as needed, to determine the urgency of the presenting problem. This initial assessment should occur within 10 minutes. Patients requiring emergency evaluation (e.g., chest pain, stroke) will be seen by the physician ASAP. Non-emergency complaints which require same day evaluation will be seen in order by the Same Day Care physician. Patients without urgent problems will be encouraged to make an appointment with their primary physician.

3. Each provider assigned to Same Day Care will check the Same Day Care voice mail extension (extension = 2280, passcode = #) at the beginning of the session to listen for any messages from on-call physicians regarding patients referred to Same Day Care and note messages as telephone encounters assigned to Same Day Care.

4. Each provider assigned to Same Day Care will check the Same Day Care telephone encounters left by on-call providers regarding patient labs or concerns to follow-up on each day, and address each issue. These telephone encounters requiring physician followup should be labeled as “SDC follow-up.” It is the goal to have all items addressed at the end of each business day with nursing support. (See **XVII Telephone Calls, Web or Electronic Encounters or Notes)**.

5. 4 appointment slots may be used for each Same Day Care session at the discretion of the provider only. These appointments may be used for first appointments for newborns or established patients recently discharged from the hospital or as continuity appointments for each provider assigned to Same Day Care. These appointments may not be used for new patients seeking to establish care at FMC.

6. Same Day Care sessions will close 30 minutes prior to the last appointment time of the session to ensure there is adequate time for assessment, labs, etc. Early closure to any Same Day Care session will be at the discretion of the Nurse Manager, Practice Manager or Medical Director. Whenever patient volume exceeds the time available for assessment (usually for 10 or more patients signed in for a session), Same Day Care may be closed early with the expectation that patients arriving will all be triaged for acuity.

7. No patient that comes in to the office to be seen in Same Day Care will be turned away without evaluation by a nurse.

8. The Same Day Care provider is responsible for monitoring and addressing electronic prescription medication refills and telephone requests for refills. (See **XII Prescription Refills/Medication Lists**)

IV. Broken Appointments

1. Whenever a patient fails to show for a scheduled appointment, the front desk staff will send an automated voice or text message to the patient encouraging them to call to reschedule the appointment. If staff is unable to reach the patient by telephone or the automated system fails to reach the patient, a routine broken appointment reminder letter will be sent.

2. The physician is responsible for reviewing "no show" visits and deciding on one of three options (which must be recorded in the electronic record):
    a. The routine broken appointment reminder letter was adequate.
    b. The condition needs urgent follow-up - assign task to front desk supervisor or Practice Manager that patient should be rescheduled within 48 hours.
    c. The physician will personally contact the patient and arrange follow-up.

3. Patients who have broken three consecutive appointments or more than six appointments in one year should be referred to the Practice Manager or Medical Director for disposition. These patients should be notified regarding their missed appointment patterns, and may be limited in specific time slots or double booked in future appointments at the discretion of the provider and/or Medical Director.

V. Late Patients

1. Patients are instructed to come in 30 minutes prior to appointment time to accommodate updating or verifying demographic, insurance or pharmacy information.

2. When a patient presents more than 10 minutes late for an appointment, they will be offered the opportunity to reschedule or wait until the end of the provider's session to be seen. Patients who wish to be seen that day will be worked into the schedule where openings are available, but no patient will be turned away who prefers to be seen that day.

3. Late patients who wish to be seen that day will usually need to wait until all the scheduled patients have been seen first or until there is a break in the regular schedule of the provider.

4. If the patient feels that his/her problem is urgent, the triage nurse will evaluate the presenting complaint and expedite the evaluation if appropriate. Unless the patient's problem is urgent, Same Day Care slots should not be used for late patients.

5. All prenatal patients need to be seen by a physician, even if late, as they have time-sensitive lab and exam needs which cannot be deferred to a later date.

6. Patients who are late for a procedure or a routine physical can be worked in that day for non-procedure or non-annual physical needs but will need to reschedule the appointment.

7. The cut-off for working in any late patient will be 30 minutes prior to the end of a patient care session (11:30 am or 4:30 pm)

8. Patients who are habitual and flagrant abusers of the scheduling system may be asked by the Medical Director or Practice Manager to enroll at another office for their care.

VI. Team-based Care

At FMC Team-based care is demonstrated by huddles, team meetings and group visits (see **VIII Alternative Visits (Home Visits, Group Visits)**).

1. Daily Huddles
   - Daily huddles are sessions with all providers, students, preceptors, nurses and available staff at the beginning of each patient care session to review concerns or scheduling updates for the day's scheduled patients.
   - Providers are expected to review schedules prior to the huddles to determine which patients may need labs, immunizations or additional services (e.g. hearing/vision, EKG, prenatal intake, navigator or social work consult) which may be provided while patients are waiting to be triaged or assigned to a room to see their provider.
   - Announcements may be made regarding supplies, procedures, no-show or visit rate for previous day's providers, provider-nursing assignments or patient visits

with additional needs, e.g. double appointment times.
- Daily huddles are at 8am and 1pm at the start of each patient care session. Saturday huddles begin at 10 am.

2. Fort Lincoln "Family" Teams

Fort Lincoln Family Teams merge the roles from former Committees and former Doctor Team Assignments to strengthen interprofessional collaborative practice and team-based care, build a more effective platform for group problem solving, and serve as a basic coverage system among medical staff.

Meeting Times: 10am to 12pm during the 3rd or 4th Thursdays of each month
- Monthly: First part of the meeting will bring all FTL Families together for updates on progress by each Team on projects, review of FTL quality metrics, and announcements. The second part of these meetings will focus on the Team's project work.
- Quarterly: Meetings will begin by focusing a presentation of a new case study or focal quality improvement area. After that presentation, the Families will divide from the main group and begin the process of working through effective solutions that will solve the problem that has been identified. These meetings may also be periodically used for team building/leadership trainings.

Project Leadership: These Families are "real world" training grounds for the leadership and team building curriculum. The goal of this training curriculum is to better prepare the resident to be more effective leaders that upon graduation are ready to deal with the changing landscape of the medical field. Senior residents will act as Project Managers (PM) within these teams. The team faculty member will serve primarily as a Coach for the PMs. Coaches will help to guide the PMs through the project process without taking over the Team. The expectation of all other team members will be act as group members, helpers, coaches, guides, workers, and leaders that work together with the PM to identify solutions to the problems we face in our Medical Home.

Problem Solving Focus Areas: Practice Management; Patient Education/Community Outreach/Marketing; Residency/Team Education, and Clinical Quality Improvement. **Teams will be tasked with specific jobs to accomplish over the year that may include a focus area, however, teams are expected to consider all focus areas for problem solving.**

PMs and faculty coaches will help coordinate the work at monthly and quarterly meetings and any work in between scheduled team meetings. ***A team member will record attendance and minutes at each meeting.*** In addition to individual projects the team may decide to pursue, each team will at a minimum complete the following projects:

Practice Management:
Performance of business-related/office efficiency-related quality improvement

projects, e.g. time study and analysis, reviewing ICD-9 and / or CPT codes for needed updates. This team will be responsible for working closely with the Medical Director and Practice Manager to address issues relating to the smooth and efficient running of FMC. This will include performance of business-related quality improvement activities, reviewing current practice policies and developing recommendations for changes, deletions, or additions based on the current and developing needs of the practice. It will also include discussion problems/difficulties, which may arise, and development of proposed solutions to these problems.

Patient Education/Community Outreach:

This team will be responsible for assessing the needs of our patient population and our community, and for developing recommendations for programs, policies, and strategies to address these needs. This will include the review and development of patient education materials to be used at FMC. The team will also areas of patient satisfaction/dissatisfaction within our practice and make recommendations for continuous quality service.The Committee may also develop patient education / outreach programs to be presented at FMC or local area sites.

Ensure Reach Out and Read corner in waiting room is stocked and tidy

Search for and review two new pieces of patient education materials at each meeting, and load them to the eCW patient education files if favorably reviewed

Review current patient education folders at each meeting to identify deficits and / or outdated materials

Coordinate Tar Wars program

Each meeting review upcoming community or health fair events (e.g. Port Towns Day) and organize outreach activities

Residency Education:

This team will be responsible for ongoing review of the residency curriculum and residency policies, and for developing recommendations for updates, additions, deletions, or changes. The Committee will work closely with the Program Director to assure that the policies and curriculum are in concert with ACGME and ABFM requirements. Ad hoc subcommittees could be formed as needed to review specific aspects of the curriculum or to develop specific policy recommendations.

Coordinate residency lectures

Each meeting review sections of the residency curriculum for ACGME / ABFM for required updates

Recommend updates, additions, deletions or changes for residency curriculum and policies

Clinical Quality Improvement

This team will be responsible for working closely with the Medical Director in the ongoing development and implementation of clinical quality improvement activities at Fort Lincoln (practice management, business-related issues will

be handled by the Practice Management committee). This will include review of practice guidelines and audit reports by external agencies (managed care plans, state agencies, etc.) as well as design, implementation and review of internal guidelines and audit activities. The team will also discuss recommendations for continuous quality improvement of areas noted during these audits. Periodically, this team will also review and audit quality improvement issues on the Family Medicine Service.

Patient Satisfaction Survey

Review ongoing QI projects, recent results

Choose specific QI projects for follow-up and coordinate chart reviews as needed