All items listed under the Consent Agenda Items are deemed to be non-controversial and routine in nature by the Board of Trustees. The following items will not be discussed but will be approved by one motion of the Board of Trustees unless any Board member desires to discuss an item, at which time it will then be removed and thus placed as a Regular Agenda Item for consideration and approval on this Agenda. The Consent Agenda Items consists of the following items:

PUBLIC NOTICE OF A REGULAR MEETING
OF THE HOSPITAL AUTHORITY
WEDNESDAY, APRIL 23, 2025 AT 12:00 PM
CLINTON REGIONAL HOSPITAL WEICHEL ROOM

AGENDA

Source listing: 04/23/2025 Hospital
Original source: http://agendas.clintonok.gov/2025/042325hospital/CHA042325.htm

1. CALL TO ORDER

    A. If there is any potentially known conflict of interest relevant to a matter requiring action by the Board, the trustee(s) shall call it to the attention of the Board at this time and said trustee(s) shall not vote on the matter.

2. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS

    A. Approval of the Minutes of April 16, 2025, Regular Meeting

3. BUSINESS ITEMS (Discussion, Consideration, and Possible Action Regarding):

    A. Executive Summary

    B. Line of Credit No. 4 Request for final draw of $550,000;

    C. Agreement with eCapital Healthcare Corporation establishing a $5,000,000 revolving line of credit.

    D. Agreement with Ideal Corporate Funding, Inc.

4. FINANCIAL REPORT (Discussion, Consideration, and Possible Action Regarding):

    A. Review of March 31, 2025, Balance Sheet and Income Statement

    B. A List of All Unpaid Accounts Payable

    C. Cash Flow Projection for April, May, and June

    D. Update and Review of Revenue Cycle Management (RCM)

    E. Invoices to Be Paid

5. MEDICAL STAFF (Discussion, Consideration, and Possible Action Regarding):

A. VI. HOSPTIAL COMMITTEE MINUTE REVIEW

B. Quality Assurance/Performance Improvement Committee Minutes

C. Safety/Emergency Committee Minutes
VII. POLICY AND PROCEDURES/FORMS APPROVAL

D. Health Plan 101 for Patients at Physician Practices Brochure

E. Standard Notice and Consent Documents Under the No Surprise Act

F. New Patient Intake Form

G. Advanced Beneficiary Notice for Medicare Patients

H. Nursing Services – Documentation Guidelines

I. Nursing Competencies Check – Off List

J. Workers Compensation Notice

K. Oklahoma Prescription Monitoring Program Consent Form

L. Advanced Directives

M. Clinic Stress and Sleep Assessment, Comprehensive Functional Medicine History Form

N. Clinic Policy General Services/Organization

O. Clinic Policy Facility Map with Fire Exits Marked Appendix A, B, and C

P. Nurse Medication Quiz

Q. Benefits Assignment and Financial Responsibilities

R. Acknowledgment of Receipt of Notice of Privacy Practices

S. OP PCP or Specialty Clinic Setup Checklist

T. Daily Patient Payments

U. Chapter 2 Physician and Mid-Level Practitioner Roles

V. Chapter 3 Patient Care Policies

W. Chapter 4 Medications and Biological Management Drugs and Biological Policy

X. Chapter 5 Laboratory Policies

Y. Chapter 6 Medical Records

Z. Chapter 7 Reception and Billing Practices

AA. Chapter 8 General Clinic and Staff Policies

AB. Chapter 9 Emergency and Disaster Policies

AC. Chapter 10 Maintenance Polices – Annual Electrical Inspection, Procedure Handling Spills Policy, and Property Control and Waste Disposal Policy

6. NEW BUSINESS (If any, Pursuant to Section 311.9 of the Oklahoma Open Meeting Act.)

7. TRUSTEE COMMENTS

8. CHIEF EXECUTIVE OFFICER COMMENTS

9. ADJOURN

Filed this 21 st day April of 2025 and posted on the bulletin board in the lobby of the Clinton City Hall and the front door of the Clinton Regional Hospital April 21, 2025, at 11:55 a.m.

SPECIAL MEETING OF
CLINTON HOSPITAL AUTHORITY MINUTES
Wednesday April 16, 2025, 12:00 PM

A Special Meeting of the Trustees of the Clinton Hospital Authority of the City of Clinton, Oklahoma was held in the Weichel Conference Room of the Clinton Regional Hospital on Wednesday April 16, 2025, 12:00 pm. A notice of this agenda was posted on the bulletin board in the lobby of the Clinton City Hall on April 14, 2025, at 11:30 a.m. and at the Clinton Regional Hospital.

Members Present: Ken Baker, Chairman, Kelly Cornell, Chris Jones, Kevin Wolters; Ernie Dowdell, *Ex Officio*
Members Absent: Tyler Bridges
Chief Executive Officer: Len Lacefield
Chief Operating Officer: Jennifer Sethre
City Manager: Robert Johnston
Secretary/Clerk: Amy Jones
Others: Chasity Richardson, Cris Hickerson, Laura Hostetler, Debra Blanchard, Brenda Jennings, Brendan Price and others.

I. CALL TO ORDER

Chairman Kenneth Baker called meeting to order at 12:08 p.m.

II. Review and Approval of Consent Agenda Item

A. Approval of the Minutes of March 26, 2025, Regular Meeting

The Consent Agenda items were presented for review and approval.

Motion was made by Trustee Kevin Wolters and second by Trustee Chris Jones to approve the Consent Agenda

Chairman Kenneth Baker put in motion roll call vote

Aye: Kevin Wolters, Chris Jones, Kelly Cornell, and Ken Baker

Nay: none

Chairman declared motion carried.

III. BUSINESS ITEMS (Discussion, Consideration, and Possible Action Regarding):

A. Executive Summary

Mr. Len Lacefield, CEO, presented the Executive Summary to the Trustees. He presented information regarding the financial projections, focused programs and targets, recruitment of providers, production numbers, and in-house overall numbers. The information was reviewed and discussed by the Trustees. The report was accepted by the Trustees as information only.

B. Management Services Agreement with Third Avenue West & Asset Purchase Agreement with Rural Health Solution, LLC.

City Manager Robert Johnston stated that he is presenting the Management Services Agreement and the Asset Purchase Agreement to the Authority today as City Attorney Meacham in unavailable. He reminded the Authority Trustees that by a vote of the people there was a mandate given to sell the hospital under certain terms. Now that the due diligence has been completed and agreements have been negotiated based upon the election proposition, we are apparently ready to move forward. The proposed Management Services Agreement with Third Avenue West, LLC and the proposed Asset Purchase Agreement with Rural Health Solutions, LLC are presented to the Trustees for review and approval.

Discussion ensued followed by a motion made by Trustee Chris Jones and seconded by Trustee Kevin Wolters to approve the Management Services Agreement with Third Avenue West.

Chairman Kenneth Baker put in motion roll call vote

Aye: Kevin Wolters, Chris Jones, Kelly Cornell, and Ken Baker

Nay: none

Chairman declared motion carried.

Motion was made by Trustee Chris Jones and seconded by Trustee Kelly Cornell to approve the Asset Purchase Agreement with Rural Health Solutions, LLC.

Chairman Kenneth Baker put in motion roll call vote

Aye: Kevin Wolters, Chris Jones, Kelly Cornell, and Ken Baker

Nay: none

Chairman declared motion carried.

IV. Financial Report

A. Review of March 31, 2025 Balance Sheet and Income Statement

Len Lacefield, CEO stated that this information is not available at the time of the meeting.

B. A list of All Unpaid Accounts Payable

Len Lacefield, CEO presented the list of all unpaid accounts payable to the Authority for review. The Trustees reviewed the information presented.

Motion was made by Trustee Kevin Wolters and seconded by Trustee Cornell to accept the information presented as a list of all unpaid accounts payable.

Chairman Kenneth Baker put in motion roll call vote

Aye: Kevin Wolters, Chris Jones, Kelly Cornell, and Ken Baker

Nay: none

Chairman declared motion carried.

C. Cash Flow Projection for April, May, and June.

Len Lacefield, CEO, stated that the cash flow projection for April, May, and June was not ready to be presented at the time of the meeting.

D. Update and Review of Revenue Cycle Management (RCM)

Jennifer Sethre, Chief Operating Officer, presented information to the Authority regarding the update and review of the Revenue Cycle Management (RCM). She stated that there has been forward progress with the areas in credentialling of payors contracts, correction of documents that were filed incorrectly, and other claims from the past year that were not filed timely or correctly. In addition, there is a thirty-five-day delay in payment due to a "check box" that was checked incorrectly. Many of these items are moving forward as they are corrected, or issues are found and resolved. Currently working with Trubridge for negotiation of the contract to get a hybrid model of what is needed. This could possibly reduce the contract by a substantial amount. Chairman Baker asked if customers could get the balance of what they owe. Ms. Sethre stated that yes, they can and that those issues have be corrected as well.

Information only.

E. Invoice to be paid

Laura Hostetler gave a list of invoices that need to be approved to pay in the amount of $400,376.88.

A motion was made by Kevin Wolters and second by Chris Jones to approve invoices to be paid in the amount of $400,376.88.

Chairman Kenneth Baker put in motion roll call vote:

Aye: Kevin Wolters, Chris Jones, Tyler Bridges, and Kenneth Baker

Nay: None

Chairman declared motion carried.

V. Medical Staff (Discussion, Consideration, and Possible Action Regarding):

None

VI. **New Business** (If any, pursuant to Section 311.9 of the Oklahoma Open Meeting Act.)

None

VII. **Trustee Comments**

None

VIII. **Chief Executive/Operating Officer Comments**

None

IX. **Adjourn**

A motion was made by Trustee Kelly Cornell and second by Trustee Kevin Wolters to Adjourn.

Chairman Kenneth Baker put in motion roll call vote:

Aye: Kevin Wolters, Kelly Cornell, Chris Jones, Ken Baker

Nay: None

Chairman declared the motion carried and meeting adjourned at 12:44 pm

_____

Date Approved

_____

Kenneth Baker, Chairman

Copmany Name	Invoice #	Date	Due Date	Amount	Description
3rd Avenue West	MGMT-1	4/16/2025	4/17/2025	$ 37,500.00	Management fees April 1-15, 2025
3rd Avenue West	RCM-5	4/18/2025	4/20/2025	$ 6,113.77	RCM Fee April 1-15 5% of $122275.30
Amerisource Bergen	359998832	7/9/2024	7/9/2024	$ (369.60)	Supplies-Pharmacy
Amerisource Bergen	360874581	9/10/2024	10/10/2024	$ (24.64)	Supplies-Pharmacy
Amerisource Bergen	32090062544	3/17/2025	4/15/2025	$ 5.84	Supplies-Pharmacy
Amerisource Bergen	3209069800	3/17/2025	4/15/2025	$ 151.82	Supplies-Pharmacy
Amerisource Bergen	3209326920	3/19/2025	4/15/2025	$ 384.70	Supplies-Pharmacy
Amerisource Bergen	3209525497	3/20/2025	4/15/2025	$ 22.79	Supplies-Pharmacy
Amerisource Bergen	805265415	3/28/2025	3/28/2025	$ 17.94	Supplies-Pharmacy
Amerisource Bergen	3210478368	3/31/2025	4/15/2025	$ 9,126.99	Supplies-Pharmacy
Amerisource Bergen	3210727626	4/2/2025	4/30/2025	$ 272.19	Supplies-Pharmacy
Amerisource Bergen	3210728220	4/2/2025	4/30/2025	$ 166.89	Supplies-Pharmacy
Amerisource Bergen	364192009	4/3/2025	4/30/2025	$ (181.15)	Returned Supplies-Pharmacy
Amerisource Bergen	364194632	4/3/2025	4/30/2025	$ 32.99	Supplies-Pharmacy
Amerisource Bergen	3210998084	4/4/2025	4/30/2025	$ 202.23	Supplies-Pharmacy
Amerisource Bergen	3211184991	4/7/2025	4/30/2025	$ 122.24	Supplies-Pharmacy
Amerisource Bergen	3211296622	4/8/2025	4/30/2025	$ 223.33	Supplies-Pharmacy
Amerisource Bergen	3211296623	4/8/2025	4/30/2025	$ 445.95	Supplies-Pharmacy
Amerisource Bergen	3211433509	4/9/2025	4/30/2025	$ 414.12	Supplies-Pharmacy
Amerisource Bergen	3211468097	4/9/2025	4/30/2025	$ 44.00	Supplies-Pharmacy
Amerisource Bergen	3211552564	4/9/2025	4/30/2025	$ 3,666.82	Supplies-Pharmacy
Amerisource Bergen	3211641008	4/10/2025	4/30/2025	$ 71.70	Supplies-Pharmacy
Amerisource Bergen	3211690859	4/10/2025	4/30/2025	$ 714.42	Supplies-Pharmacy
Amerisource Bergen	3211699390	4/11/2025	4/30/2025	$ 286.21	Supplies-Pharmacy
Apex	7426	1/16/2025	2/15/2025	$ 6,492.29	Repairs on Medical air dryers
Apex	7427	1/16/2025	2/15/2025	$ 1,587.05	Repairs on Medical air dryers
BCBS	320309 April	4/8/2025	5/1/2025	$ 24,008.24	Benefits- Medical
BioRad	908158407	4/7/2025	5/7/2025	$ 2,057.88	Supplies- Lab
Bracco Diagnostics	4102040580	4/8/2025	5/8/2025	$ 632.63	Supplies-Pharmacy
Corey Couch	103	4/10/2025	4/10/2025	$ 2,000.00	Lab Consultant Fees
Crowe&Dunlevy Attorneys	795896	4/8/2025	4/8/2025	$ 4,702.50	Meacham meetings - discovery requests
Dearborn Life Insurance Co	VF029294-1 Feb	2/1/2025	2/28/2025	$ 209.19	Employee Life Insurance
Dearborn Life Insurance Co	VF029294-1 April	4/1/2025	4/30/2025	$ 417.96	Employee Life Insurance
DIA	19005	4/10/2025	4/10/2025	$ 5,800.00	Radiology Stipend-March
Diligent Clinical Laboratory Services	April	4/7/2025	4/30/2025	$ 3,000.00	Lab Director Fees
Diligent Clinical Laboratory Services	May	5/7/2025	5/31/2025	$3,000.00	Lab Director Fees
DLO	9213984286	2/25/2025	2/25/2025	$ 2,864.82	Contract Services- Lab
DLO	9214441545	4/6/2025	4/6/2025	$ 4,516.75	Contract Services- Lab
Dosimetry Services	DSD=310225	4/2/2025	5/2/2025	$ 240.00	Supplies-Radiology
DRE Resume LLC	AR0460731	1/2/2025	2/1/2025	$ 40.00	Supplies- Respiratory Therapy
Ganz U.S.A. LLC	9474038	4/4/2025	4/28/2025	$ 413.44	Supplies
Garratt Callahan	April	5/1/2025	5/31/2025	$986.00	Water Treatment Program
Health Care Logistics	309848228	3/10/2025	4/9/2025	$ 56.57	Supplies-Pharmacy
Health Care Logistics	309850565	3/11/2025	4/10/2025	$ 98.57	Supplies-Pharmacy
Health Care Logistics	309851672	3/12/2025	4/11/2025	$ 99.44	Supplies-Pharmacy
Healthstream	379751	4/11/2025	5/11/2025	$ 356.75	Employee Education Q3
Laffoon Healthcare Service LLC	305 April 1-15	4/17/2025	5/1/2025	$ 41,400.00	ER Services
Len Lacefield-Reimb	1stQtr2025	4/30/2025	4/30/2025	$401.00	Rotary Dues
Linen King	38445	4/12/2025	5/12/2025	$ 639.90	Contract Services- Linen supply & cleaning
McKesson Medical	23595705	4/8/2025	5/8/2025	$ 455.53	Supplies
McKesson Medical	23603582	4/9/2025	5/9/2025	$ 100.10	Supplies
McKesson Medical	23603584	4/9/2025	5/9/2025	$ 134.80	Supplies
McKesson Medical	23626060	4/14/2025	5/14/2025	$ 64.10	Supplies
McKesson Medical	23626139	4/14/2025	5/14/2025	$ 1,155.08	Supplies
McKesson Medical	23626140	4/14/2025	5/14/2025	$ 299.93	Supplies
McKesson Medical	23627752	4/15/2025	5/15/2025	$ 1,472.74	Supplies
McKesson Medical	23638247	4/16/2025	5/16/2025	$ 151.29	Supplies
McKesson Medical	23644900	4/17/2025	5/17/2025	$ 2,584.15	Supplies
McKesson Medical	23646606	4/18/2025	5/18/2025	$ 52.51	Supplies-EVS
McKesson Medical	23646607	4/18/2025	5/18/2025	$ 105.02	Supplies-EVS
McKesson Medical	23650505	4/18/2025	5/18/2025	$ 163.57	Supplies
McKesson Medical	23650506	4/18/2025	5/18/2025	$ 228.45	Supplies-EVS
MedOne	M00349611	4/15/2025	5/8/2025	$ 2,320.50	Equipment- Alaris Pumps
MedPro	1494797	5/1/2025	5/1/2025	$ 1,318.98	Contract Services- Medical waste removal & shred
Mitsubishi HC Capital	7238669	2/1/2025	2/28/2025	$ 149.00	Ventilator
Oklahoma Blood Institute	103418	3/31/2025	4/30/2025	$ 2,883.30	Blood
ONG	217437436 April	4/4/2025	4/21/2025	$ 34.25	Utilities-Gas
ONG	148431782 April	4/4/2025	4/21/2025	$ 35.69	Utilities-Gas
ONG	148521382 April	4/4/2025	4/21/2025	$ 47.29	Utilities-Gas
ONG	148521264 April	4/4/2025	4/21/2025	$ 68.06	Utilities-Gas

ONG	217527564 April	4/4/2025	4/21/2025	$ 81.05	Utilities-Gas
ONG	217527682 April	4/4/2025	4/21/2025	$ 119.77	Utilities-Gas
ONG	148431918 April	4/4/2025	4/21/2025	$ 139.61	Utilities-Gas
Pacific West Medical	20252030	2/6/2025	3/8/2025	$ 176.15	Supplies- RT
SPC Leasing Inc	Int03	4/1/2025	4/1/2025	$ 10.65	Supplies
SPC Leasing Inc	CREDIT01	4/7/2025	4/7/2025	$ (230.93)	Supplies-credit
SPC Leasing Inc	CREDIT02	4/14/2025	4/14/2025	$ (48.99)	Supplies-credit
SPC Leasing Inc	18311400	4/15/2025	4/30/2025	$ 201.34	Supplies
Symmetry Energy	19960664	4/11/2025	4/25/2025	$ 4,051.31	Utilities- Natrual Gas
Symplr	1705167 April	4/1/2025	4/16/2025	$2,136.96	Contract Service- Enrollment services recurring subscription
Symplr	1705167 May	5/1/2025	5/16/2025	$2,136.96	Contract Service- Enrollment services recurring subscription
Sysmex	May	4/22/2025	5/22/2025	$ 910.65	Equipment- Hematology monitor service contract
TruBridge	A2504097203	4/9/2025	4/9/2025	$ 30,228.00	EHR & Support
US Foods	4645574	4/4/2025	4/25/2025	$ 1,256.16	Supplies- Dietary
US Foods	4851804	4/11/2025	5/1/2025	$ 895.81	Supplies- Dietary
US Foods	4931727	4/15/2025	5/6/2025	$ 474.40	Supplies- Dietary
US Foods	5032706	4/18/2025	5/9/2025	$ 541.27	Supplies- Dietary
Williams Electric Clinton LLC	4187043	4/15/2025	4/15/2025	$ 200.00	Pharmacy Air Handler Repairs
Wright Wradio	April	4/30/2025	5/31/2025	$2,236.00	Advertising
				$224,773.04	

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Health Plan 101 for Patients at Physician Practices

Mindful that patients commonly have questions about their coverage, this resource is designed to help patients understand the basics of their health insurance and understand important health insurance terms and definitions. This primer is intended to help patients address some of their fundamental concerns. Insurance coverage is unique to everyone, and it is important that you review the details of your plan as closely as possible, and when questions arise, connect with their insurance company's customer support.

Coverage basics[1]

Health insurance is a plan or policy that covers all or a portion of the cost of medication, doctor's visits and hospital bills. It exists to help offset the costs of medical events, whether they are planned or unexpected, and sometimes prescription drugs. Both insurer and policyholder agree to pay a certain amount or percentage to cover medical expenses.

There are many different health insurance plan options available, and it is important to understand all options to understand what you as a patient are responsible for paying for health care services.

- Government health plans[2] such as Medicare, Medicaid, CHIP or Tricare are funded fully or partially by the government.
  - **Medicare** is available if the patient is over the age of 65 or if the patient qualifies due to a special situation.
  - **Medicaid** is available to eligible low-income patients or patient who fit in certain categories.
  - **The Children's Health Insurance Program (CHIP)** is available to children in families that earn too much money to qualify for Medicaid, but not enough to buy individual health insurance.
  - **Tricare** provides civilian health benefits for US Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserve Component.
    - **Affordable Care Act** plans have varied options at the state level and are government subsidized. Depending on how many plans are offered in the area, patients may find plans of all or any of these types at each "metal" level. Metal categories are based on how the patient and their plan split the costs of health care. The four categories are Bronze, Silver, Gold and Platinum
- Individual health insurance, or individual/family coverage, is health insurance that is paid for fully by the patient and provides coverage for health care services for the patient and family. Plans established in the Affordable Care Act are one example of this coverage.
- Employer-sponsored health plans are health insurance options[3] that are offered to employees and their dependents (and in most cases, spouses) as a benefit of employment. In this case, insurance is purchased by employers for their employees and financed through employer or joint employer-employee contributions[4].

References

[1] https://www.usa.gov/finding-health-insurance#item-35987

[2] Center for Medicare and Medicaid Services. From Coverage to Care. https://marketplace.cms.gov/outreach-and-education/downloads/c2c-understand-your-health-coverage.pdf

[3] https://www.healthcare.gov/have-job-based-coverage/options/

[4] Wallen J, Williams SR. Employer-based health insurance. J Health Polit Policy Law. 1982 Summer;7(2):366-79. doi: 10.1215/03616878-7-2-366. PMID: 7108173.

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Defining key health insurance terms

- **Deductible:** This is the amount the patient owes for health care services their health insurance covers but is expected to pay out of pocket before their health insurance begins to pay.
  - For example, if the annual deductible is $1,000, the plan will not pay anything for care received until the patient has met their $1,000 deductible for covered health care services subject to the deductible. Patients must pay out-of-pocket for most medical bills that help them meet their deductible. The deductible may not apply to all services. Patients should check the details of their policy carefully to understand their deductible details.
- **Copayment:** This is a fixed amount patients pay for a covered health care service, usually when they receive the service. The amount can vary by the type of covered health care service (for example, $15 for office visits or $30 for specialists. The co-payment for an in-network provider usually costs less than an out-of-network provider.
- **Allowed Amount:** This is the maximum insurance payment for a covered health care service. If the provider charges more than the allowed amount, the patient may have to pay the difference. This could happen when a doctor, provider or hospital is not in the health plan's network.
  - Note, there are new protections against surprise medical bills and help patients to better understand costs before receiving care. The government agencies offer additional information.
- **Coinsurance:** The share of the cost for the patient of a covered health care service, usually calculated as a percentage (for example, 20%) of the allowed amount for the service. Patients pay coinsurance plus any deductibles and copayment they owe. In-network coinsurance usually costs less than out-of-network coinsurance.
  - For example, If the health insurance allowed amount for an office visit is $100, and the patient has met their deductible, the coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount ($80 in this example).
- **Premium:** The amount a patient pays for their health insurance or plan each month or other increment. If the plan is provided by their employer, the employer typically shares in the cost of the premium payment. Employer-sponsored health insurance premiums are tax-exempt for both the patient and their employer. Premiums are treated as pre-taxable income by the IRS, so the patient's premium contribution is taken directly from their paycheck.
- **Network:** The doctors, hospitals and facilities a health insurer has contracted with to deliver health care services to their members. Health care services performed by an "in-network," or "preferred," provider usually cost less than services from an "out-of-network," or "non-preferred," provider. Network determinations are made by the health insurance plan, not the physician. Health insurance companies provide lists or can tell a patient if a physician or health system is in network.
- **Out-of-pocket maximum:** The most a patient must spend for covered services in a year. After they reach this amount, the insurance company pays 100% for covered services.
- **Prior authorization:** This is sometimes called preauthorization, prior approval, or precertification. It is a requirement that a physician or other health care provider receives approval from the patient's health insurance company before the health care service is performed. The health insurance company may require prior authorization for certain services before the patient receives them. Prior authorization is not a promise that health insurance will cover the cost; it simply determines if the insurance company considers the service to be medically necessary and/or meets the plan's coverage criteria.
- **Medically Necessary:** A health insurance company will use this term to describe health care services needed to prevent, diagnose, or treat an illness, injury, condition, disease or symptoms and that meet accepted standards of medicine. Physicians may recommend a service for which a health insurance company denies coverage. This does not mean the physician's recommendation is not appropriate or needed. Appeals can be made if a physician disagrees with the insurance company's determination.

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How Your Costs Work

While patients typically pay a monthly fee to the insurance company– referred to as the premium – there are other costs associated with having insurance. In addition to copayment, coinsurance, and deductibles, another important term for patients to keep in mind is total anticipated medical care.

Patients should be aware of high-deductible insurance plans. These plans normally have lower monthly premiums, so the patient's monthly health care expense can be low if they are not using a lot of health care. However, patients will be responsible for more payments to health care providers for services received. For example, the patient might have a monthly health care premium of $100, but a deductible of $7,000 per year. This means that the patient needs to pay the $100 premium every month to keep their health insurance and pay $7,000 in health care services before insurance will begin covering a portion of services.

Picking a plan should be based on the estimation of medical services for the upcoming year. While it is impossible to anticipate the exact amount, patients should select a plan and coverage based on what care is likely to be needed over the course of the next year.

Patients should also consider if their current health care providers are "in-network" with insurance plans under consideration. In general, health care services provided by the insurance plan's "in-network," or "preferred," providers will cost less than services from an "out-of-network," or "non-preferred," health care provider. Networks are determined by the plans and so it is important for patients to be aware of who is in or out-of-network.

Waiver of Copay

Health care providers will occasionally waive a patient's copayment under certain circumstances, such as when the patient faces financial difficulties. But providers can be fined or become the subject of litigation if they routinely waive copays or coinsurance.

Health insurance plan & network types

The first step is understanding provider networks. A network can be made up of doctors, hospitals and other health care providers that have agreed to offer health care services at negotiated rates for services to patients in each health insurance plan.

Examples of plan types include:

- **Exclusive Provider Organization (EPO):** A managed care plan where services are covered only if patients use doctors, specialists or hospitals in the plan's network (except in an emergency). It is important to note that there are no out-of-network benefits, and patients are more likely to have to get prior authorization before having certain health care services with this plan.
- **Health Maintenance Organization (HMO):** A health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. The primary care physician acts as the patient's "gatekeeper" of sorts, referring them to others within the network. Premiums and coinsurance tend to be lower with this type of health insurance due to the defined network that helps control costs. It will not cover out-of-network care except in an emergency. It is important to note that patients normally need prior authorization, handled by their primary care physician, before having certain medical services performed.
- **Point of Service (POS):** A type of plan where a patient pays less if using in-network doctors, hospitals and other health care providers. Like an HMO plan, a POS plan requires patients to get a referral from their primary care doctor to see a specialist.
- **Preferred Provider Organization (PPO):** A type of health plan where patients pay less if they use in-network providers. Patients can use doctors, hospitals and providers outside of the network without a referral for an additional cost. This plan typically comes with higher premiums but gives patients more flexibility to receive services from providers who work best for them.

Disclaimer: While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.

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OMB Control Number: 0938-1401
Expiration Date: 05/31/2025

Standard Notice and Consent Documents Under the No Surprises Act

(For use by nonparticipating providers and nonparticipating emergency facilities beginning January 1, 2022)

Instructions

The Department of Health and Human Services (HHS) developed standard notice and consent documents under section 2799B-2(d) of the Public Health Service Act (PHS Act). These documents are for use when providing items and services to participants, beneficiaries, enrollees, or covered individuals in group health plans or group or individual health insurance coverage, including Federal Employees Health Benefits (FEHB) plans by either:

- A nonparticipating provider or nonparticipating emergency facility when furnishing certain post-stabilization services, or
- A nonparticipating provider (or facility on behalf of the provider) when furnishing non-emergency services (other than ancillary services) at certain participating health care facilities.

Providers and facilities should NOT give these documents to an individual:

- Who is seeking items or services from in-network providers only,
- Who has Medicare, Medicaid, or any form of coverage other than as previously described, or
- Who is uninsured.

These documents provide the form and manner of the notice and consent documents specified by the Secretary of HHS under 45 CFR 149.410 and 149.420. HHS considers use of these documents in accordance with these instructions to be good faith compliance with the notice and consent requirements of section 2799B-2(d) of the PHS Act, provided that all other requirements are met. To the extent a state develops notice and consent documents that meet the statutory and regulatory requirements under section 2799B-2(d) of the PHS Act and 45 CFR 149.410 and 149.420 with respect to both form and manner of delivery, the state-developed documents will meet the federal specifications regarding the form and manner of the notice and consent documents.

These documents may not be modified by providers or facilities, except as indicated in brackets or as may be necessary to reflect applicable state law. To use these documents properly, the nonparticipating provider or facility must fill in any blanks that appear in brackets with the appropriate information. Providers and facilities must fill out the notice and consent documents completely and delete the bracketed italicized text before presenting the documents to patients.

In particular, providers and facilities must fill in the blanks in the "Estimate of what you could pay" section and the "More details about your total cost estimate" section before presenting the documents to patients.

The standard notice and consent documents must be given physically separate from and not attached to or incorporated into any other documents. The documents must not be hidden or included among other forms, and a representative of the provider or facility must be physically present or available by phone to explain the documents and estimates to the individual, and answer any questions, as necessary. The documents must meet applicable language access requirements, as specified in 45 CFR 149.420. The provider or facility is responsible for translating these documents or providing a qualified interpreter, as applicable, when necessary to meet those requirements. The standard notice must be provided on paper, or, when feasible, electronically, if selected by the individual or authorized representative. The individual or authorized representative must be provided with a copy of the signed consent document in-person, by mail or via email, as selected by the individual or authorized representative.

If an individual makes an appointment for the relevant items or services at least 72 hours before the date that the items and services are to be furnished, these notice and consent documents must be provided to the individual, or the individual's authorized representative, at least 72 hours before the date that the items and services are to be furnished. If the individual makes an appointment for the relevant items or services within 72 hours of the date the items and services are to be furnished, these notice and consent documents must be provided to the individual, or the individual's authorized representative, on the day the appointment is scheduled. In a situation where an individual is provided the notice and consent documents on the day the items or services are to be furnished, including for post-stabilization services, the documents must be provided no later than 3 hours prior to furnishing the relevant items or services.

NOTE: The information provided in these instructions is intended to be only a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance upon which it is based. Refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.

DO NOT INCLUDE THESE INSTRUCTIONS WITH THE STANDARD NOTICE AND CONSENT DOCUMENTS GIVEN TO PATIENTS.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1401. The time required to complete this information collection is estimated to average 1.3 hours per

response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB Control Number: 0938-1401
Expiration Date: 05/31/2025

Surprise Billing Protection Form

This document describes your protections against unexpected medical bills. It also asks if you'd like to give up those protections and pay more for out-of-network care.

IMPORTANT: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider before scheduling care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because this provider or facility isn't in your health plan's network and is considered out-of-network. This means the provider or facility doesn't have an agreement with your plan to provide services. **Getting care from this provider or facility will likely cost you more.**

If your plan covers the item or service you're getting, federal law protects you from higher bills when:

- You're getting emergency care from an out-of-network provider or facility, or
- An out-of-network provider is treating you at an in-network hospital or ambulatory surgical center without getting your consent to receive a higher bill.

Ask your health care provider or patient advocate if you're not sure if these protections apply to you.

If you sign this form, be aware that you may pay more because:

- You're giving up your legal protections from higher bills.
- You may owe the full costs billed for the items and services you get.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, you can also ask your health plan if they can work out an agreement with this provider or facility (or another one) to lower your costs.

See the next page for your cost estimate.

Estimate of what you could pay if you give up your protections

Patient name: _____

Out-of-network provider(s)or facility name: _____

_____

Total cost estimate of what you may be asked to pay:	

▶ **Review your detailed estimate.** See Page 4 for a cost estimate for each item or service you'll get.

▶ **Call your health plan.** Your plan may have better information about how much you'll be asked to pay. You also can ask about what's covered under your plan and your provider options.

▶ **Questions about this notice and estimate?** Contact [Enter contact information for a representative of the provider or facility to explain the documents and estimates to the individual, and answer any questions, as necessary.]

▶ Questions about your rights? Contact [Insert contact information for appropriate federal or state agency. The federal phone number for information and complaints is: 1-800-985-3059]

Prior authorization or other care management limitations

[Enter either (1) specific information about prior authorization or other care management limitations that are or may be required by the individual's health plan or coverage, and the implications of those limitations for the individual's ability to receive coverage for those items or services, or (2) include the following general statement:

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover the items or services before you can get them. If your plan requires prior authorization, ask them what information they need for you to get coverage.]

[In the case where this notice is being provided for post-stabilization services by a nonparticipating provider within a participating emergency facility, include the language immediately below and enter a list of any participating providers at the facility that are able to furnish the items or services described in this notice]

Understanding your options

You can get the items or services described in this notice from the following providers who are in-network with your health plan:

More information about your rights and protections

Visit [Insert website describing federal protections, such as www.cms.gov/nosurprises/consumers] for more information about your rights under federal law.

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By signing, I understand that I'm giving up my federal consumer protections and may have to pay more for out-of-network care.

With my signature, I'm agreeing to get the items or services from (select all that apply):

☐ *[doctor's or provider's name] [If consent is for multiple doctors or providers, provide a separate check box for each doctor or provider]*

☐ *[facility name]*

With my signature, I acknowledge that I'm consenting of my own free will and I'm not being coerced or pressured. I also acknowledge that:

- I'm giving up some consumer billing protections under federal law.
- I may have to pay the full charges for these items and services, or have to pay additional out-of-network cost-sharing under my health plan.
- I was given a written notice on *[enter date of notice]* that explained my provider or facility isn't in my health plan's network, described the estimated cost of each service, and disclosed what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all of the amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

IMPORTANT: You don't have to sign this form. If you don't sign, this provider or facility might not treat you, but you can choose to get care from a provider or facility that's in your health plan's network.

_____ or _____	
Patient's signature	Guardian/authorized representative's signature
_____	_____
Print name of patient	Print name of guardian/authorized representative
_____	_____
Date and time of signature	Date and time of signature

Take a picture and/or keep a copy of this form.

It contains important information about your rights and protections.

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More details about your total cost estimate

Patient name: _____

Out-of-network provider(s)or facility name: _____

_____

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that **the final cost of services may be different than this estimate.**

Contact your health plan to find out if your plan will pay any portion of these costs, and how much you may have to pay out-of-pocket.

[Enter the good faith estimated cost for the items and services that would be furnished by the listed provider or facility plus the cost of any items or services reasonably expected to be provided in conjunction with such items or services. Assume no coverage would be provided for any of the items and services.]

For each provider or facility described in the notice, fill-in the table below by completing each column for each item and service to be provided by the provider or facility. Add additional rows if necessary. If the notice is for more than one facility or provider, list items and services to be provided by the same facility or provider in adjacent rows, and provide a subtotal estimate for each facility and provider(s). If the notice is for one facility or one provider, the subtotal estimate may be omitted. The total amount on page 2 must be equal to the total of each of the cost estimates included in the table.]

Date of service	Name of Provider or Facility	Service code	Description	Estimated amount to be billed
Subtotal for [insert name of provider or facility]:				
Total estimate of what you may owe:				

Clinton REGIONAL HOSPITAL

New Patient Intake Form

Please complete the following information. All fields are required unless specified.

Patient Information

Full Name
First Name: _____
Middle Name: _____
Last Name: _____

Date of Birth
MM/DD/YYYY: _____

Gender
☐ Male
☐ Female
☐ Other: _____

Social Security Number
SSN: _____
(*This may be optional depending on patient preference and clinic policy in Oklahoma*)

Race (Optional)
☐ Asian
☐ Black or African American
☐ Native American or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Prefer not to answer
☐ Other: _____

Ethnicity (Optional)
☐ Hispanic or Latino
☐ Other: _____
☐ Prefer not to answer

Preferred Language
☐ English
☐ Spanish
☐ Other: _____

Address
Street Address: _____
City: _____
State: Oklahoma
ZIP Code: _____

Phone Numbers
Home: _____
Mobile: _____
Work: _____

Email Address: _____

Insurance Information

Primary Insurance Provider
Insurance Company Name:
_____
Policy Number:
_____
Group Number:
_____

Secondary Insurance Provider (if applicable)
Insurance Company Name:
_____
Policy Number:
_____
Group Number:
_____

Clinton REGIONAL HOSPITAL

Do you have any known allergies (medications, food, environmental)?
☐ Yes
☐ No

If yes, please list:

_____

Family Health History

Please check any health conditions that are common in your family:

☐ Diabetes
☐ Heart Disease
☐ Hypertension (High Blood Pressure)
☐ Stroke
☐ Cancer
☐ Mental Health Disorders (e.g., Depression, Anxiety)
☐ Autoimmune Disorders (e.g., Lupus, Rheumatoid Arthritis)
☐ Other:

_____

Lifestyle & Social History

- **Do you smoke?**
  ☐ Yes
  ☐ No
  ☐ Former smoker (quit in _____)
- **Do you drink alcohol?**
  ☐ Yes
  ☐ No
  If yes, how often?
  _____
- **Do you use recreational drugs?**
  ☐ Yes
  ☐ No
  If yes, please describe:
  _____
- **Exercise:**
  ☐ Regularly
  ☐ Occasionally
  ☐ Never
- **Diet:**
  ☐ Balanced
  ☐ Poor
  ☐ Other:
  _____
  Would like to discuss
- **Living Situation:**
  ☐ Live Alone
  ☐ With Family
  ☐ With Others

HIPAA Privacy Notice Acknowledgment

I acknowledge that I have received and understand the HIPAA Notice of Privacy Practices for the clinic. I am aware that my medical information will be kept confidential according to HIPAA regulations.

☐ Yes
☐ No

Signature:

_____
Patient or Legal Guardian

Clinton REGIONAL HOSPITAL

Advance Beneficiary Notice for Medicare Patients

Last name	First name	DOB

Address	SSN

Secondary insurance information, if any (list name, policy #, group #, plan, insured's name)

Tertiary insurance information, if any (list name, policy #, group #, plan, insured's name)

PATIENT NOTICE

If Medicare or any supplemental insurance I may have does not pay for the care and services I receive, I may have to pay. I understand that Medicare and any other insurance I may have does not pay for everything. Even some care/services that I or my health care provider have reason to think I need, may not be paid for by my insurance.

The following care and services may not be covered by insurance. Other care and services that you may receive not listed below may not be covered.

Evaluation & Management: _____
Diagnostics: _____
Procedures: _____
Other: _____

Services that Medicare or other insurances may not pay for and possible reasons for non-payment: [office staff use only]

Services are not covered by the insurance
Services are deemed not medically necessary
Services are considered experimental
Service frequency exceeds cap
Provider is not authorized
Other:_____

INFORMATION FROM YOUR PHYSICIAN

Read this notice so you can make informed decision about your care. After you finish reading, ask us any questions you may have.
Choose an option below about whether to receive the services listed above.

OPTIONS: (Check only one box)

OPTION 1. I want the services listed above and I want Medicare and any supplemental insurance to be billed. I understand if my insurance doesn't pay, I am responsible for payment, but I can appeal Medicare or my supplemental insurance carrier(s). If my insurance carrier does pay, I will be refunded any payments I made to my provider, less co-pays and deductibles.

OPTION 2. I want the services listed above, but do not bill my insurance. I will be asked to pay for the services now. I cannot appeal if my insurance is not billed.

OPTION 3. I do not want the services listed above. I understand that with this chouice I am not responsible for payment and I cannot appeal to see if my insurance would pay. I may also be asked to sign an informed refusal document by my health care provider

ADDITIONAL INFORMATION

This notice is an opinion, not an official coverage decision. If you have coverage questions, call your insurance carrier on the number given on the back of the card. Signing below means that you agree to adhere to the terms of this notice.

Patient Signature:_____ Print Name:_____Date :_____

Disclaimer: While the information and guidance provided in this document is believed to be current and accurate at the time of posting. It is not intended to be and should not be construed to be or related upon as legal, financial, or consulting advice. Before sure, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors.

CLINTON REGIONAL HOSPITAL	POLICY AND PROCEDURE	NUMBER NS 507
	MANUAL Nursing Service	EFFECTIVE DATE
	SUBJECT Documentation Guidelines	REVISED REVIEWED

1.0 PURPOSE

1.1 To provide guidelines for nursing documentation in the medical record.

2.0 POLICY

2.1 The admitting RN initiates the plan of care after the patient assessment, with interventions and reassessment appropriately documented by the patient care nurse.

2.2 Each patient will be assessed by an RN on admission, at least once per shift, and if there is a significant change in patient's status.

2.3 The RN who does the initial assessment will be responsible for initiating the treatment plan of care for that patient.

2.3.1Reassessment will be done routinely every shift there after by an LPN or RN. If assessed by LPN, the RN shall co-sign the assessment that he/she agrees with the LPN assessment.

2.3.2 An LPN may revise the treatment plan of care after an RN has initiated it. The LPN may add new foci and chart on those the RN has identified.

2.3.3 Patient care narrative notes are organized according to the following categories:

- Time/Data: Subjective and/or objective information pertaining to the concern.
- Action: Immediate or future nursing actions based on the nurse's assessment/evaluation of the patient's status.
- Response: description of patient's responses to any part of the medical or nursing care.

2.4 The following are to be addressed in the narrative section using the above DAR format:

2.4.1 Admitting and/or discharge note.

2.4.2 Concern or significant change in patient condition (include notification of physician and their response).

2.4.3 Any abnormal assessment that requires detailed narrative documentation to ensure clarity.

2.4.4 With each data recorded there may not be a need to chart in all three categories, But this does provide more complete documentation.

CLINTON REGIONAL HOSPITAL	POLICY AND PROCEDURE	NUMBER NS 507
	MANUAL Nursing Service	EFFECTIVE DATE
	SUBJECT Documentation Guidelines	REVISED REVIEWED

2.5 Ensure documentation of patient education and discharge teaching.

2.7 All new licensed staff and Nurse Aid/Nurse Techs will be required to receive orientation to the charting system.

3.0 High acuity patients who require constant monitoring, intensive interventions, or life-saving procedures. These patients may be in intensive care units or emergency departments.

3.1 Documentation must be completed immediately after any critical intervention or at the time of the event.

3.2 Progress notes for high-acuity patients (including emergency care and ICU) must be updated at least every 30 minutes or after a significant change in condition.

3.3 Vital signs should be documented immediately after measurement or within the patient's acuity time frame. Every hour for high acuity unless specified otherwise.

4.0 Patients who require ongoing monitoring but are stable and do not require intensive care. These patients are typically on medical or surgical wards.

5.0 Patients who are stable and require minimal intervention or monitoring. These patients are usually in observation status or post-acute care.

Administrator/CEO	Revised & Approved By
Original Signatures on file in Nursing Administration	

Nursing Competencies Check-Off List	
(Score: S = Satisfactory, U = Unsatisfactory, NP = Not Performed)	
Name:	Date:
I. Basic Nursing Skills	
Skill	**Score**
Hand hygiene and infection control	
Vital signs assessment (BP, HR, RR, Temp, O2 Sat, Pain)	
Height and weight measurement	
Medication administration (Oral, IM, SQ, IV, PR, Topical)	
Blood glucose monitoring	
Wound care and dressing changes	
Sterile technique	
Foley catheter insertion and removal	
Nasogastric tube (NGT) insertion, care, and removal	
Enteral feeding administration	
Oxygen therapy administration (nasal cannula, mask)	
Suctioning techniques (oral, tracheostomy)	
Specimen collection (urine, stool, sputum, blood)	
II. Patient Care & Safety	
Skill	**Score**
Patient identification and safety verification	
Fall risk assessment and prevention strategies	
Proper body mechanics and patient positioning	
Mobility assistance (transfers, ambulation, gait belt use)	
Range of motion (ROM) exercises	
Restraint application and monitoring	

Basic life support (BLS) / CPR	
Heimlich maneuver for choking	
Assisting with activities of daily living (ADLs)	
III. Medication & IV Therapy	
Skill	**Score**
Medication calculation and dosage verification	
IV insertion and site care	
IV fluid administration and monitoring	
Central line care and dressing change	
Blood transfusion administration and monitoring	
IV push medication administration	
IV. Advanced Nursing Procedures	
Skill	**Score**
Tracheostomy care and suctioning	
Chest tube management	
EKG/ECG lead placement and interpretation basics	
Injections (Subcutaneous, Intradermal, Intramuscular)	
PICC line care and flushing	
Wound vac application and management	
V. Documentation & Communication	
Skill	**Score**
Proper charting and electronic health records (EHR) use	
SBAR communication with healthcare team	
Incident reporting procedures	
Patient education and discharge teaching	
VI. Specialized Nursing Skills (if applicable)	
Skill	**Score**

Maternal/Newborn: Fundal checks, breastfeeding support	
Pediatric: Growth charting, vaccine administration	
Critical Care: Ventilator management, arterial line monitoring	
Mental Health: Therapeutic communication, crisis intervention	
Evaluator Signature: _____	
Date: _____	

Questions, Comments, or Concerns placed here.

WORKERS' COMPENSATION NOTICE

Employer Information:

- **Employer Name:** _____
- **Employer Address:** _____
- **Phone Number:** _____
- **Email:** _____

Employee Information:

- **Employee Name:** _____
- **Date of Birth:** _____
- **Job Title:** _____
- **Date of Injury (if applicable):** _____

Workers' Compensation Notice

This notice is provided to inform employees of their rights and responsibilities under the Oklahoma Workers' Compensation Act, Title 85A of the Oklahoma Statutes.

1. Right to Workers' Compensation Benefits:

If you are injured or become ill due to your work, you may be entitled to benefits under Oklahoma's Workers' Compensation system. These benefits can include:

- **Medical Benefits**: Treatment for work-related injuries or illnesses, including doctor visits, hospital stays, medications, physical therapy, and surgery.
- **Temporary Total Disability (TTD) Benefits**: Wage-replacement benefits if you are temporarily unable to work due to your injury.
- **Permanent Partial Disability (PPD) Benefits**: Benefits if you suffer permanent impairment due to your injury.
- **Permanent Total Disability (PTD) Benefits**: If you are permanently unable to work due to your injury, you may qualify for PTD benefits.

- If you are unable to work because of your injury and your treating physician certifies this, you may be eligible for TTD benefits, which will pay a portion of your wages while you are unable to work.
- **Duration of TTD Benefits**:
  TTD benefits are available for up to 156 weeks for the same injury unless your condition changes.

6. Return to Work and Job Modifications:

- If you are able to return to work but are restricted from performing your regular job duties due to your injury, your employer may offer **light-duty work** or modified duties, if available.
- **Refusal of Work**:
  If you refuse to work (either modified or regular work) without a valid reason, it may impact your eligibility for continued compensation.

7. Non-Retaliation:

- **Protection Against Retaliation**:
  Oklahoma law prohibits retaliation by employers for filing a workers' compensation claim. If you believe you are being discriminated or retaliated against because of a workers' compensation claim, you may file a **retaliation complaint** with the **Oklahoma Workers' Compensation Commission**.

8. Disputes and Appeals:

- If you disagree with the decision made by your employer's insurance company, you have the right to request a hearing with the **Oklahoma Workers' Compensation Commission**. The Commission is the body that handles disputes regarding workers' compensation claims, benefits, and compensation amounts.
- If you are dissatisfied with the decision of the Commission, you may appeal the decision to the **Workers' Compensation Court of Existing Claims**.

9. Rights and Responsibilities:

- **Your Rights**:
  You are entitled to benefits if you suffer a work-related injury. If your claim is denied, you have the right to appeal the decision.

Clinton REGIONAL HOSPITAL

OKLAHOMA PRESCRIPTION MONITORING PROGRAM CONSENT FORM

Patient Information:

- **Patient Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **Phone Number:** _____

Consent to Access Prescription Information

The Oklahoma Prescription Monitoring Program (PMP) is a state-run database designed to track prescriptions for controlled substances, including opioids, sedatives, and other medications that are at risk of misuse or abuse. The PMP helps healthcare providers make informed decisions regarding your care and assists in identifying patterns of prescription drug misuse.

By signing this form, I, the undersigned patient, acknowledge and consent to the following:

1. **Access to Prescription History:**
   I understand that the healthcare provider(s) involved in my treatment may access my prescription information in the Oklahoma Prescription Monitoring Program (PMP) database. This information includes any controlled substance prescriptions that have been dispensed to me by pharmacies in Oklahoma.
2. **Purpose of Access:**
   The purpose of accessing my prescription information through the PMP is to allow healthcare providers to:
   - Ensure that prescriptions for controlled substances are appropriate and medically necessary.
   - Prevent overuse, misuse, or abuse of controlled substances.
   - Help providers make informed treatment decisions in my best interest.
3. **Legal Obligation to Query the PMP:**
   I understand that healthcare providers in Oklahoma are legally required to query the

Clinton Regional Hospital 4/16/25/2025

Oklahoma Prescription Monitoring Program Consent Form

Hospital Administrator	Date
Director of Nursing	Date
Medical Director	Date
Quality Director	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date

Clinton REGIONAL HOSPITAL

Advanced Directives: An Overview for Oklahomans

Advanced directives are legal documents that provide instructions about a person's healthcare preferences in the event that they become unable to communicate or make decisions for themselves. These directives are crucial for ensuring that individuals' healthcare choices are respected even when they can no longer express them.

Types of Advanced Directives in Oklahoma

1. **Living Will (Directive to Physicians)**:
   A living will is a document that expresses an individual's preferences regarding life-sustaining treatments in the event they are terminally ill, permanently unconscious, or in a state where recovery is not expected. It outlines the kinds of medical interventions a person does or does not want, such as the use of a ventilator or feeding tubes.
   Legal Reference: Oklahoma Statutes Title 63, Section 3101.9.
2. **Durable Power of Attorney for Healthcare (Healthcare Proxy)**:
   This document designates a person (often called a healthcare agent or proxy) to make medical decisions on behalf of the individual if they are incapacitated. The appointed agent is empowered to act in the patient's best interests, consistent with their preferences.
   Legal Reference: Oklahoma Statutes Title 63, Section 3101.4.
3. **Do Not Resuscitate (DNR) Order**:
   This is a medical order that specifically directs healthcare providers not to perform CPR if the person's heart stops or if they stop breathing. A DNR must be written by a physician, and it is typically used by patients who have terminal conditions or are in hospice care.
   Legal Reference: Oklahoma Statutes Title 63, Section 3101.12.
4. **Out-of-Hospital Do Not Resuscitate (OOH-DNR) Order**:
   An OOH-DNR is similar to a DNR order but applies when the person is not in a hospital. It is an order signed by both a physician and the patient (or their legal representative) and is intended for situations like home or hospice care.
   Legal Reference: Oklahoma Statutes Title 63, Section 3101.14.

Importance of Advanced Directives

1. **Ensure Healthcare Choices Are Honored**:
   Advanced directives allow individuals to make decisions ahead of time about their care, which is particularly important in situations where they may be unable to communicate, such as in the case of severe injury or illness. These documents protect the right to make personal decisions about end-of-life care, life support, and organ donation.
2. **Provide Guidance for Family and Healthcare Providers**:
   By outlining one's wishes, advanced directives reduce confusion or conflict among family members and healthcare providers when it comes to making difficult decisions

Frequently Asked Questions

- **Do I need an attorney to create an advanced directive?** No, you do not need an attorney to create an advanced directive. However, an attorney may be helpful if you need advice on complex medical decisions or legal matters regarding the directives.
- **Can my family override my advanced directive?** In most cases, no. If your advanced directive is legally valid, healthcare providers are required to honor it. However, if your family members believe that the directive does not reflect your current wishes, they may challenge it in court.
- **Are advanced directives just for the elderly or terminally ill?** No. Advanced directives are for anyone who wants to ensure their healthcare preferences are known and respected, regardless of age or health status.

Conclusion

Advanced directives are an essential tool for ensuring that your healthcare preferences are respected, especially during times when you may not be able to communicate. In Oklahoma, these legal documents—such as living wills, durable powers of attorney, and DNR orders—offer guidance for families and healthcare providers, preserving individual autonomy and decision-making power. By creating an advanced directive, you help ensure that your values and choices guide your care in the future.

References:

- Oklahoma Statutes Title 63, Sections 3101.1 through 3101.14
- Oklahoma State Department of Health. *Oklahoma Advance Directive for Health Care.* Link to resource
- National Hospice and Palliative Care Organization. *Advance Directives*. Link to resource

Clinton Regional Hospital 4/16/25/2025

Oklahoma Prescription Monitoring Program Consent Form

Hospital Administrator	Date
Director of Nursing	Date
Medical Director	Date
Quality Director	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date

OKLAHOMA PRESCRIPTION MONITORING PROGRAM CONSENT FORM

Patient Information:

- **Patient Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **Phone Number:** _____

Consent to Access Prescription Information

The Oklahoma Prescription Monitoring Program (PMP) is a state-run database designed to track prescriptions for controlled substances, including opioids, sedatives, and other medications that are at risk of misuse or abuse. The PMP helps healthcare providers make informed decisions regarding your care and assists in identifying patterns of prescription drug misuse.

By signing this form, I, the undersigned patient, acknowledge and consent to the following:

1. **Access to Prescription History**:
   I understand that the healthcare provider(s) involved in my treatment may access my prescription information in the Oklahoma Prescription Monitoring Program (PMP) database. This information includes any controlled substance prescriptions that have been dispensed to me by pharmacies in Oklahoma.
2. **Purpose of Access**:
   The purpose of accessing my prescription information through the PMP is to allow healthcare providers to:
   - Ensure that prescriptions for controlled substances are appropriate and medically necessary.
   - Prevent overuse, misuse, or abuse of controlled substances.
   - Help providers make informed treatment decisions in my best interest.
3. **Legal Obligation to Query the PMP**:
   I understand that healthcare providers in Oklahoma are legally required to query the

Stress & Sleep Assessment

Dr. Nadia Azuero

Patient Name: _____ **Date of Birth:** ____/____/____

Today's Date: ____/____/____

STRESS ASSESSMENT

On a scale of 1-10 (1 = minimal stress, 10 = extreme stress), rate your current stress level: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

Major sources of stress in your life: (check all that apply) □ Work/career □ Financial □ Relationships □ Family responsibilities □ Health concerns □ Caregiving responsibilities □ Time management □ Major life changes □ Grief/loss □ Other: _____

Please briefly describe your most significant stressors:

_____

_____

How does stress typically affect you? (check all that apply) □ Headaches □ Muscle tension □ Digestive issues □ Sleep disturbances □ Irritability □ Anxiety □ Depression □ Difficulty concentrating □ Changes in appetite □ Changes in energy □ Social withdrawal □ Other: _____

Physical symptoms you experience when stressed:

_____

Emotional patterns you notice when stressed:

_____

How do you currently manage stress? (check all that apply) □ Exercise □ Meditation/mindfulness □ Deep breathing □ Yoga □ Time in nature □ Reading □ Music □ Creative activities □ Socializing □ Professional support (therapy, counseling) □ Spiritual practices □ Medication □ Substance use □ Other: _____

Which stress management techniques have been most effective for you?

_____

Which have been least effective?

_____

STRESS RESPONSE PATTERNS

Clinton REGIONAL HOSPITAL

When faced with stress, do you tend to: (check all that apply) □ Fight (become angry, argumentative, or confrontational) □ Flight (avoid, escape, or withdraw) □ Freeze (become paralyzed or unable to act) □ Fawn (people-please or put others' needs before your own)

After a stressful event, how long does it typically take you to return to feeling calm? □ Minutes □ Hours □ Days □ Weeks or longer

Do you feel you have adequate resources and support to manage your stress? □ Yes □ No □ Unsure

If no, what additional resources would be helpful?

RESILIENCE ASSESSMENT

On a scale of 1-10 (1 = not at all resilient, 10 = extremely resilient), how would you rate your ability to bounce back from stressful events? □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

What helps you recover from stress?

SLEEP ASSESSMENT

Average hours of sleep per night: _____

Typical bedtime: _____ **Typical wake time:** _____

Is your sleep schedule consistent (same times each day)? □ Yes □ No

Do you experience difficulty with: (check all that apply) □ Falling asleep □ Staying asleep □ Early morning awakening □ Unrefreshing sleep □ Excessive daytime sleepiness

How long does it typically take you to fall asleep? □ Less than 15 minutes □ 15-30 minutes □ 30-60 minutes □ More than 60 minutes

How many times do you typically wake during the night? _____

If you wake during the night, what typically causes the awakening? □ Need to urinate □ Pain □ Anxiety/racing thoughts □ Noise/environmental factors □ Partner's movements/snoring □ Don't know □ Other: _____

Do you experience any of the following during sleep? (check all that apply) □ Snoring □ Pauses in breathing □ Gasping/choking □ Restless legs □ Sleep talking □ Sleep walking □ Teeth grinding □ Night sweats □ Nightmares □ Sleep paralysis

Has anyone ever told you that you stop breathing during sleep? □ Yes □ No

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Have you ever been diagnosed with a sleep disorder? □ Yes □ No If yes, please specify:

_____

Have you had a sleep study? □ Yes □ No If yes, when and what were the results?

_____

SLEEP ENVIRONMENT

Do you use any sleep aids? (check all that apply) □ Prescription medication: _____ □ Over-the-counter sleep aids: _____ □ Melatonin □ Herbal supplements □ CBD/cannabis products □ Alcohol □ White noise machine □ Earplugs □ Eye mask □ Other: _____

Bedroom environment: (check all that apply) □ Dark □ Quiet □ Cool □ Comfortable bedding □ TV in bedroom □ Electronic devices nearby □ Pets in bed □ Partner with different sleep habits □ Other sleep disruptors: _____

EVENING ROUTINE

Activities in the 2 hours before bed: (check all that apply) □ Work □ Exercise □ Screen time (TV, computer, phone, tablet) □ Reading □ Relaxation practices □ Eating □ Drinking alcohol □ Drinking caffeine □ Other: _____

Do you have a consistent bedtime routine? □ Yes □ No If yes, please describe:

_____

DAYTIME HABITS AFFECTING SLEEP

Caffeine consumption: Type: □ Coffee □ Tea □ Soda □ Energy drinks □ Other: _____ Amount per day: _____ Latest time consumed: _____

Alcohol consumption: Amount per day/week: _____ How close to bedtime?

_____

Napping: □ Do not nap □ Occasional naps □ Regular naps Typical nap length: _____ Time of day: _____

Exercise: □ Morning □ Afternoon □ Evening □ Night Type and duration: _____

Exposure to natural light: How much time do you typically spend outdoors during daylight hours?

_____

SLEEP IMPACT

How does poor sleep affect your daily functioning? (check all that apply) □ Fatigue □ Irritability □ Difficulty concentrating □ Memory problems □ Reduced productivity □ Mood disturbances □ Increased pain □ Reduced immune function □ Other: _____

On a scale of 1-10 (1 = terrible, 10 = excellent), how would you rate your average sleep quality? □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

On a scale of 1-10 (1 = not at all, 10 = extremely), how much do sleep issues impact your quality of life? □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

SLEEP GOALS

What are your goals related to sleep improvement?

_____

_____

What changes to your sleep habits are you willing to make?

_____

_____

ADDITIONAL INFORMATION

Is there anything else about your stress levels or sleep patterns that you would like to share?

_____

_____

_____

Patient Signature: _____ Date: //____

Clinton Regional Hospital 4/16/25/2025

Clinic Polices –Chapter 8 General Clinic and Staff Policies – Petty Cash Transactions Policy, Fixed Assets Policy, Check Request Policy,
Staff Education and Training orientation Program Clinic Department Staff Meeting Policy, In-Services, Inclement Weather Policy, Risk Management, Computer System and Internet Policies,

Hospital Administrator	Date
Director of Nursing	Date 4-16-25
Medical Director	Date
Quality Director	Date 4-16-25
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date 4-16-25
Additional Staff Member/Title	Date 4/16/25
Additional Staff Member/Title	Date 4-16-25
Additional Staff Member/Title	Date 4/16/25
Additional Staff Member/Title Admissions	Date 4-16-2025
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date

Chapter 8

General Clinic And Staff Policies

PETTY CASH TRANSACTIONS

PURPOSE: To establish policy regarding a petty cash fund for non-budgeted expenses.
POLICY: It is the policy of this clinic not to maintain a petty cash fund at this time.

BUDGETED PURCHASES

PURPOSE: Ordering and receiving of budgeted supplies.

POLICY: Supply orders shall be placed through a centralized office by the Clinic Coordinator, in accordance with the annual budget.

PROCEDURES:

PURCHASING

1. All ordering of supplies is done through a centralized office within Clinton Regional Hospital. Designated Clinic personnel will utilize the online ordering system. All items ordered through Central Supply will process through appropriate routes for approval. For outside ordering the Clinic Coordinator will forward the Purchase Requisition form to the Market Practice Manager who will then initial and forward for administrative approval. Order will be placed once all signatures are completed.

2. Orders from Central Supply will be delivered to clinic by courier. Outside vendor orders will be shipped to the clinic site location.

RECEIVING

1. Upon receipt of outside vendor orders, the Clinic Coordinator signs the packing slip and forwards to the Accounting Department for payment.

2. If the vendor invoices the Accounting Department (delivery site must be identified) they will match to packing slip and processes for check preparation.

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FIXED ASSETS

It is the policy of Clinton Regional Hospital Clinic that all fixed assets (capital equipment) will be listed, maintained and distributed by the Clinton Regional Hospital Accounting Department. A fixed assets schedule will be maintained, tested for accuracy and updated annually.

PROCEDURES:

1. General office equipment will be managed through materials requisition and inventory systems. As supplies are received, the Clinic Coordinator will be responsible for maintaining an order entry.

2. Each clinic site on a weekly basis should forward a request for medical and pharmaceutical supplies. Each site will have a standardized listing of all drugs, medications and medical supplies to assist in the accurate completion of the order.

3. Each clinic will receive a monthly invoice from Clinton Regional Hospital Pharmacy for all Pharmaceutical supplies ordered. This should be utilized to match with the initial log to ensure all items have been received. Any discrepancy should be addressed with the Pharmacy and will be adjusted on the next month's invoice.

4. It is the responsibility of the Clinic Coordinator to properly manage general office equipment, medical and pharmaceutical supplies, and capital equipment for cost effectiveness, quality control, timely delivery and inventory control. The Office Coordinator will coordinate with the clinic nurse in the requisition of medical and pharmaceutical supplies.

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CHECK REQUEST

PURPOSE: Requesting a check for non-budgeted goods or services.

POLICY: This policy is used when purchasing goods and services needed by the clinic to serve patient's needs, when they are needed at a competitive price and need to be prepaid and the vendor will not be invoicing the clinic.

Some examples when a check request would be necessary:

- Seminars
- New subscriptions or periodicals
- Prepayment for any service or good

PROCEDURES: As goods and services are needed for the Clinic AND need to be prepaid, please follow the steps listed below:

1. Complete a Check Request Form.

a. Date check request.

b. Enter reason for the check.

c. Enter department # this request is for.

d. Enter the amount of the check.

e. List to whom the check is to be paid.

f. Sign and date of the check request.

2. Submit completed check requests to Market Practice Manager for approval.

3. Approved check request will be routed for proper signatures.

4. Once accounting receives check request with all appropriate information the check will be completed and mailed.

5. Clinic should keep copies of all check requests for reference.

Clinton REGIONAL HOSPITAL

STAFF EDUCATION AND TRAINING

ORIENTATION PROGRAM

A program is provided to instruct new personnel in the Policies and Procedures of Clinton Regional Hospital and Clinton Regional Hospital Clinic and to develop untrained personnel into highly specialized individuals necessary to care for the patient.

CLINIC DEPARTMENT STAFF MEETING POLICY

PURPOSE: To improve patient care through regular staff input. It is the policy of the Clinic to provide time for staff meetings, to give all staff an opportunity to:

Discuss subjects of mutual interest and concern, regarding all Clinic functions:

1. Receive and give reports;

2. Review Clinic policies and procedures;

3. In-service programs

POLICY: Regular monthly meetings will be held for the purpose of updating or revising clinic policies and/or procedures and for staff training purposes. These meetings will be attended by the clinic staff, Mid-level Provider, Supervising Physician, Providers, and/or Medical Practice Manager.

PROCEDURES: It will be the shared responsibility of the Clinic Coordinators to organize the monthly clinic meetings and maintain all meeting notes for future reference. It is the responsibility of all required staff members to attend and contribute to monthly meetings.

One Clinic Coordinator will be appointed as Chairperson, preparing the agenda and conducting the meeting. Those who should attend include: clinic coordinators, office personnel, nurses, Mid-level Provider, Providers, and/or Clinic Practice Manager.

All those attending will be required to sign the sign-in sheet for each meeting. When off duty, compensation will be paid for attendance.

It will be the responsibility of all staff member who miss any meetings to read the minutes of the missed meeting before their next scheduled shift one week after minutes were read and approved and will initial those minutes have been read.

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IN-SERVICES

Every staff member of the clinic will be required to make an effort to attend in-services as necessary that will focus on the training of staff in handling emergencies and non-emergencies. It will be the responsibility of the Clinic Coordinator(s) to properly document the content of the in-services and who attended.

These in-services should be held no less than quarterly.

TRAINING RECORDS

It will be the responsibility of the individual employee to maintain all his/her CME, CEU, or other continuing education hours.

Current CPR cards and performance appraisals for medical personnel will be kept in the employee's file in the Human Resources Department at Clinton Regional Hospital.

Clinton REGIONAL HOSPITAL

HUMAN RESOURCES STAFFING

AT-WILL EMPLOYMENT

HUMAN RESOURCES

PERSONNEL RECORDS

CPR CERTIFICATION

DRESS CODE AND CONDUCT

DISCIPLINARY ACTION

Refer to Clinton Regional Hospital for Human Resources Policies and Procedures.

Clinton Regional Hospital Director of Human Resources

Chasity Richardson

100 N 30th St.

Clinton, Oklahoma 73601 (580) 547-5128

Clinton REGIONAL HOSPITAL

INCLEMENT WEATHER POLICY

PURPOSE: To notify patients and staff that the clinic will be closed due to inclement weather, i.e., snow, ice, etc.

The Provider, Practice Administrator, and Hospital Administration will decide whether or not to close the clinic. If the clinic is closing due to inclement weather conditions it will be the responsibility of the Clinic Manager to contact patients via phone advising of the closing.

In the effort to be pro-active in these situations, the clinic will post notices in the clinic, on the entrance of the building that states:

"Due to anticipated inclement weather conditions, the office may be closed. Please call the clinic before coming for your appointment".

Phone calls may also be made by the Office Coordinator the day prior advising scheduled patients that "the office may be closed and to call before coming to your appointment".

Clinton
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RISK MANAGEMENT

It is the policy of Clinton Regional Hospital Clinic that the risk management program adopted by Clinton Regional Hospital will be applicable to all departments within the clinic.

PROCEDURES:

1. Any records of treatment requested by the patient on dismissal will be provided.

5 Any patient will have the right to refuse care. If a patient refuses the care recommended by the attending

Provider, the following will be documented in the patient's clinical record:

a. Patient's condition and medical necessity.

b. The treatment plan recommended.

c. The patient's refusal to accept and follow the recommended treatment plan and possible consequences of refusal.

d. Measures to secure alternative treatment if applicable.

6 Athena/PPSI will review all delinquent bills and attended methods of collections before referring the matter to an outside collection agency.

7 All incident reports of patient or visitor injury will be reported and reviewed by the Hospital Risk Management Department.

8 Periodic review of all litigation proceedings that may affect and/or involve the clinic, its staff and/or health care practitioners will be conducted through the Market Practice Manager.

9 Review of all deaths, trauma or adverse events occurring will be conducted through the Risk Management Department.

10 Patient satisfaction and complaints will be addressed through the patient satisfaction survey information and referred to the Hospital Quality Department.



11 Ongoing lines of communication will be established between the clinic and the Hospital and Corporate Department of Risk Management.

12 Any information requested in writing from governmental agencies, attorneys, consumer advocate groups, reporters, and other media will be provided at the discretion of the Practice Administrator.

13 Any communication dealings entered into with competing health care organizations will be handled in a professional and courteous manner and in compliance with all local, state, and federal regulations.

Clinton
REGIONAL HOSPITAL

COMPUTER SYSTEM AND INTERNET POLICIES

PURPOSE: Secure access to computer and internet policies.

POLICY: The clinic has sophisticated computer system with access open to all clinic employees based on their security clearance, which is determined by their job description. Responsibility for the computer systems rests with the Clinic Coordinator.

PROCEDURES: Employees requiring computer access will be required to complete the appropriate "computer access" form and this will be forwarded to Clinton Regional Hospital for processing.

- Passwords and logins will be provided to each employee as required. These passwords are to be personalized by employee(s) upon initial usage and periodical changes may be required.

- The computer is to be placed in a secure location to avoid any patient's personal information being viewed by unauthorized personnel. A screen cover may be required, if so advise the Clinic Coordinator.

- Computers will be set on a specific time to avoid any authorized access, employee will be required to log on to continue daily clinic activities

- Passwords are not to be shared.

- No computers are to leave the building without the permission of the Clinic Coordinator.

- These computers are not to be used for personal purposes; no games are to be played.

- Information Systems (IS) will be notified immediately of any computer problems. Employees are not to download or implement any personal computer programs on these computers.

- Access to selected internet hosts or networks may be denied.

- Computer equipment is not to be abused or mishandled.

Appendix A

Facility Map with Fire Exits Marked

Insert a map of the facility with fire exits marked.

SIGNATURE REGISTRY FOR MEDICAL RECORDS

It is the intention of this Clinic's Providers and others who may add information to the patients chart to make all entries into the chart in a legible manner.

All entries will be identifiable and must be authenticated by the Provider or person making the entry along with their credentials. All notes must be dated as to the entry.

In an effort to be able to identify the signature and/or initials, we have the following list of Providers, printed name and credentials, along with the manner it may appear in the chart.

Printed name and credentials	Signature and credentials Initials	Date
Printed name and credentials	Signature and credentials Initials	Date
Printed name and credentials	Signature and credentials Initials	Date
Printed name and credentials	Signature and credentials Initials	Date

The Clinic Director is responsible for oversight of the signature policy.

Appendix B

APPROVALS

APPROVAL SIGNATURES

I, the undersigned, have reviewed the policies in the Clinton Regional Hospital Clinic Policy Manual and approve their implementation.

Medical Director Date

Nurse Practitioner Date

Clinic Director Date

Non-clinic Member Date

Appendix C

Medicare Benefit Policy Manual - Chapter 13

Pertinent Policies and Procedures from Clinton Regional Hospital Clinic.

Important documents specific to Clinton Regional Hospital Clinic.

Clinton
REGIONAL HOSPITAL

Provider:

Start Date:

Providing Hours
Rotating

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Services Provided:

Service	CRH/Non-CRH	How service is Billed
Office Visit	CRH	Billed on CRH Claim
Commercial	CRH	Billed on CRH Claim

Nurse Medication Quiz

1. What are the 6 Rights of Medication Administration?

A) Right patient, right dose, right frequency, right prescription, right pharmacy, right nurse

B) Right patient, right drug, right dose, right route, right time, right documentation

C) Right patient, right drug, right syringe, right administration, right frequency, right pharmacy

D) Right diagnosis, right doctor, right prescription, right patient, right route, right timing

2. A patient is prescribed 500 mg of a medication, but only 250 mg tablets are available. How many tablets should be given?

A) 1 tablet

B) 2 tablets

C) 3 tablets

D) 4 tablets

3. What should a nurse do first if a medication error occurs?

A) Document the error and continue with patient care

B) Notify the physician and follow facility protocol

C) Dismiss the error if the patient has no reaction

D) Ignore the mistake and be more careful next time

4. Which of the following medications is considered high-risk?

A) Acetaminophen

B) Insulin

C) Multivitamins

D) Diphenhydramine

5. What is the best way to verify a patient's identity before medication administration?

A) Ask the patient their full name and date of birth

B) Look at the patient and confirm they match the chart

C) Check the patient's room number

D) Ask the family member to verify the patient's name

6. True or False: Crushing an extended-release tablet is safe if the patient has difficulty swallowing.

7. A nurse must give a medication via the subcutaneous route. Where should the injection be administered?

A) Deltoid muscle

B) Abdomen or upper arm

C) Gluteus maximus

D) Intravenous line

8. The abbreviation 'PRN' on a medication order means:

A) Immediately

B) As needed

C) Before meals

D) Twice daily

9. A medication with a half-life of 4 hours will be reduced to 25% of its original concentration after how many hours?

A) 4 hours

B) 8 hours

C) 12 hours

D) 16 hours

10. True or False: It is acceptable to administer medications prepared by another nurse if they are busy.

Nurse Medication Quiz - Answer Key

1. B
2. B
3. B
4. B
5. A
6. False
7. B
8. B
9. C
10. False

Clinton REGIONAL HOSPITAL

Benefits Assignment and Financial Responsibility

Last name _____ First name _____ DOB _____

Address _____ SSN _____

RELEASE OF INFORMATION: I authorize **[Provider/Practice Name]** to disclose and release to my insurance carrier(s), including Medicare, Medicaid, Medigap/Supplemental benefits providers, and private insurers, as applicable, any medical and treatment information needed for payment purposes for services rendered. I authorize use of this form for the release of information needed to process claims to all my insurance carrier(s) and its authorized agents. I authorize my provider/practice to act as my agent in helping obtain payment from my insurance companies.

ASSIGNMENT OF BENEFITS: I assign all payments, rights and claims for reimbursement of claims, costs and expenses allowable under my insurance plan(s) directly to my provider or practice for services rendered. I understand I will receive a statement for any balance due by me and I agree to make full payment upon receipt of the statement after insurance has met its obligation.

AGREEMENT OF RESPONSIBILITY: I understand that **COPAYMENT IS DUE AT THE TIME OF SERVICE** (coinsurance and deductibles may also be collected at the time of service). I understand I am financially responsible for charges not covered by my insurance company. I also agree to pay any outstanding balance as well as attorney fees and costs to **[Practice Name]** if this matter is referred to collection.

MEDICARE AUTHORIZATION: If a Medicare beneficiary, I understand my signature requests payment to be made and authorize the release of medical information necessary to pay claims. If 'other health insurance' is indicated in item 9 of the HCFA-1500 Form, or elsewhere on approved claim forms, or electronically submitted claims, my signature authorizes the release of information to insurance companies or its authorized agents. In Medicare-assigned cases, the physician or supplier agrees to accept the charge of determination of the Medicare carrier as the full charge, and I agree I am responsible for deductible, coinsurance and non-covered services. Coinsurance and deductibles are based upon the charge determination of the Medicare carrier.

Patient signature _____ **Print name** _____ **Date** _____

Clinton Regional Hospital 4/16/25/2025

Benefits Assignment and Financial Responsibility

Hospital Administrator	Date
Director of Nursing	Date
Medical Director	Date
Quality Director	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date

Clinton REGIONAL HOSPITAL

Acknowledgment of Receipt of Notice of Privacy Practices

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal health care operations such as quality assessments and physician certifications.

I have received, read and understand the *Notice of Privacy Practices* document containing a more complete description of the uses and disclosures of my health information. I understand that **Clinton Regional Hospital** ("Practice") has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below for a current copy of the *Notice of Privacy Practices* document.

Do we have your permission to:

Leave a message on your answering machine	Yes/No
Confirm appointments by leaving messages or speaking with family	Yes/No
Leave pre-medication reminders (If applicable)?	Yes/No
Speak to household members concerning your care?	Yes/No

Patient Name	Signature	Date
Name/Relationship to Patient	Signature	Date

FOR OFFICE USE ONLY

Practice provided the above-referenced patient with the Practice's Notice of Privacy Practices and this Acknowledgment of Receipt of Notice of Privacy Practices, but could not obtain a signed acknowledgment form because:

Patient or guardiant refused to sign

Emergency situation

Other:_____

Clinton Regional Hospital 4/16/25/2025

Benefits Assignment and Financial Responsibility

Hospital Administrator	Date
Director of Nursing	Date
Medical Director	Date
Quality Director	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date

Clinton REGIONAL HOSPITAL

Benefits Assignment and Financial Responsibility

Last name _____ First name _____ DOB _____

Address _____ SSN _____

RELEASE OF INFORMATION: I authorize **[Provider/Practice Name]** to disclose and release to my insurance carrier(s), including Medicare, Medicaid, Medigap/Supplemental benefits providers, and private insurers, as applicable, any medical and treatment information needed for payment purposes for services rendered. I authorize use of this form for the release of information needed to process claims to all my insurance carrier(s) and its authorized agents. I authorize my provider/practice to act as my agent in helping obtain payment from my insurance companies.

ASSIGNMENT OF BENEFITS: I assign all payments, rights and claims for reimbursement of claims, costs and expenses allowable under my insurance plan(s) directly to my provider or practice for services rendered. I understand I will receive a statement for any balance due by me and I agree to make full payment upon receipt of the statement after insurance has met its obligation.

AGREEMENT OF RESPONSIBILITY: I understand that **COPAYMENT IS DUE AT THE TIME OF SERVICE** (coinsurance and deductibles may also be collected at the time of service). I understand I am financially responsible for charges not covered by my insurance company. I also agree to pay any outstanding balance as well as attorney fees and costs to **[Practice Name]** if this matter is referred to collection.

MEDICARE AUTHORIZATION: If a Medicare beneficiary, I understand my signature requests payment to be made and authorize the release of medical information necessary to pay claims. If 'other health insurance' is indicated in item 9 of the HCFA-1500 Form, or elsewhere on approved claim forms, or electronically submitted claims, my signature authorizes the release of information to insurance companies or its authorized agents. In Medicare-assigned cases, the physician or supplier agrees to accept the charge of determination of the Medicare carrier as the full charge, and I agree I am responsible for deductible, coinsurance and non-covered services. Coinsurance and deductibles are based upon the charge determination of the Medicare carrier.

Patient signature _____ **Print name** _____ **Date** _____

OP PCP or Specialty clinic Setup Checklist

1. Pre-Planning & Approval

- ❑ **Determine clinic need & scope**- define the purpose, target patient population, and specialty focus.
- ❑ **Obtain Leadership & Financial Approval**- Secure budget and executive buy-in.
- ❑ **Identify location**- Lease/Purchase space or allocate within an existing facility.

2. Regulatory & Compliance

- ❑ **Obtain Necessary Licenses & Permits**- State medical board, DEA, CLIA, etc.
- ❑ **Ensure Compliance with OSHA & HIPAA**- Implement security and privacy protocols.
- ❑ **Credentialing & Insurance Contracts** – Enroll providers with Medicare, Medicaid, and private insurers.

3. Infrastructure & Facility Setup

- ❑ **Design and Renovate Clinic Space**- layout patient rooms, waiting areas, and workstations.
- ❑ **Install IT & EMR Systems**
- ❑ **Set up phone, internet, & Security systems**

4. Staffing & Training

- ❑ **Hire and onboard Clinical Staff**-Physicians, nurses, medical assistants, front desk.
- ❑ **Provide EMR & Process Training**- ensure staff are trained in documentation and workflow.
- ❑ **Develop Standard Operating procedures (SOPs)**- Policies for scheduling, billing, triage, etc.

5. Equipment & Supplies

- ❑ **Order & Install Medical equipment**- Exam tables, diagnostic tools, EKG, etc.
- ❑ **Stock Medical & Office Supplies**- PPE, syringes, charts, forms, etc.
- ❑ **Set up Medication Storage & Pharmacy Needs**- Compliance with controlled substances if needed.

6. Patient Services & Operations

- ❑ **Develop Appointment Scheduling System**- online, phone, or referral-based scheduling.
- ❑ **Implement Billing & Revenue Cycle Process**- train billing team and verify insurance workflows.
- ❑ **Create Patient Intake & Consent forms**- Ensure proper documentation and compliance.

7. Marketing & Community Outreach

- ❑ **Develop Branding & Signage**- ensure clear external and internal clinic branding.
- ❑ **Announce Opening Via Marketing Channels**- Website, social media, Local newspaper.
- ❑ **Engage with Referral Sources** – partner with PCPs, Hospitals, and specialists.

8. Final Readiness & Soft Launch

- ❑ **Conduct Staff training & Mock run**
- ❑ **Verify all systems are functional- EMR, billing, telehealth, phones, etc.**
- ❑ **Host a Soft Opening Before Official Launch**

Clinton REGIONAL HOSPITAL

Daily Patient Payments

Date: _____/_____/_____

Patient Name/MRN	Type of payment	Payment Method	Amount Paid	Staff Initials
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		
	Copay Patient Balance Deposit	Cash Check Card Other		

Clinton REGIONAL HOSPITAL

Chapter 2

Physician And Mid-Level Practitioner Roles

MID-LEVEL PROVIDER RESPONSIBILITIES

PURPOSE: To insure clinic providers are knowledgeable of and compliant with the responsibilities they endure in the Rural Health setting.

POLICY: The responsibilities of the physician assistant, nurse practitioner, and members of the clinic staff include:

1. Participation in the development, execution and periodic review of the written policies governing the services the clinic furnishes.

2. Providing services in accordance with those policies.

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

4. Assuring that adequate patient health records are maintained and transferred as required when patients are referred.

5. Participation with the supervising physician in a periodic review of patients' health records.

6. Discuss cases with supervising physician to determine best care plan for complicated cases.

MID-LEVEL PRACTITIONER PROVIDER SCOPE

PURPOSE: To insure Physician and Mid-level Practitioner care coordination.

POLICY: The services provided by the Mid-level Practitioner will be within the Supervising Physician's scope of practice.

All procedures provided for clients by the Mid-level Practitioner will be accomplished after review, consultation, and demonstration of competency to the Supervising Physician.

PHYSICIAN BACK-UP POLICY

PURPOSE: To insure ongoing supervision of the Mid-level Practitioner during the absence of the Primary Supervising Physician.

POLICY: The Mid-level Practitioner may call on an assigned Alternate Supervising Physician in the absence of the Primary Supervising Physician.

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It shall be the responsibility of the Mid-level Practitioner, along with the designated Alternate Supervising Physician who will be available for clinical consultations, to conduct required chart reviews, and facility inspections as required by law.

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CLINIC SUPERVISION: SUPERVISING PHYSICIAN POLICY

PURPOSE: To insure that the clinic is routinely supervised by the Supervising Physician.

POLICY: The Supervising Physician will provide consultation and supervision for no less than 8 hours monthly to include chart review, onsite review, and medication management overview. The Physician will review charts during onsite reviews and report to Clinic and Hospital Administration of any concerns. The physician will provide an overview of the clinic's progress and its physical facility. He/she or designee will be available by phone, email, or any appropriate other communication avenues, assistance with emergencies, questions, referrals, or concerns of the Mid-level Practitioner.

The Supervising Physician responsibilities also include but are not limited to:

1. Providing medical direction for the clinic's health care activities.

2. Providing consultation for, and medical supervision of the health care staff.

3. Working with the Mid-level provider to assist in the development, execution, and periodic review of the clinic's written policies and the services provided.

4. Periodically reviewing the patient records, providing medical orders and care services to the patients of the clinic.

In addition to these responsibilities, it is also required that:

- The Supervising Physician be available for sufficient periods of time to provide medical direction, medical care services, consultation, and supervision.

- The extraordinary circumstances must be documented in the records of the clinic

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PROVIDER AVAILABILITY POLICY

PURPOSE: To insure consistency of clinic coverage and to educate the patients on the proper procedures to follow when the clinic is closed.

POLICY: The Mid-level Practitioner will be scheduled in the clinic and available to provide patient care services for at least 50% of the time the clinic operates.

1. In the event that a patient is ill after the clinic is closed or during weekend hours, patients will be instructed by voice mail message that the clinic is closed and that they should proceed to the nearest Emergency Room.

a. Medicaid patients must call the number provided on the clinic voicemail. Medicaid patients have 24/7 voice to voice services.

2. In the event the Physician or the Mid-level Practitioner is unavailable during regular office hours, the nurse should screen all calls and notify either the physician or the Mid-level Practitioner of all nonemergent issues. In the event of an emergency, the patient will be directed to the nearest Emergency Room of his/her choice.

3. In the event that the nurse, the Physician, and the Mid-level Practitioner are out of the office, the receptionist will NOT offer any medical advice. The reply must be that, "All medical personnel are out of the office, please go to the nearest Emergency Room of your choice." This interaction must then be documented in the patient's medical records.

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PATIENT CARE POLICIES

Clinton Regional Hospital Clinic services are furnished in accordance with appropriate written policies which are consistent with applicable State law.

The policies include:

1. A description of the services the clinic or center furnishes directly and those furnished through agreement or arrangement.

2. Guidelines for the medical management of health problems which include the conditions requiring medical consultation and or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic or center.

3. Rules for the storage, handling, and administration of drugs and biologicals.

4. These policies are reviewed at least annually by the group of professional personnel required under paragraph 491.9, b 2 of this section and reviewed as necessary by the clinic or center. (At a minimum of once yearly)

5. Direct services, general. The clinic or center staff furnishes those diagnostic and therapeutic service and supplies that are commonly furnished in a physician's office or at the entry point into the healthcare delivery system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

POLICY MANUAL DEVELOPMENT

The policies of the clinic have been developed and are reviewed by the clinic's Advisory Committee. The members of which include; the Medical Director, Mid-Level Provider, Clinic

Clinton REGIONAL HOSPITAL

Chapter 3 Patient Care Policies

CLINIC WELCOME LETTER

PURPOSE: All new patients will be presented with a Welcome Letter that describes the Clinic's policies and procedures relevant to patients.

The Welcome Letter will include the following information:

- Office hours.
- Emergencies.
- Protocols, including telephone number for prescription refills.
- Access to care/appointments.
- Referral to specialty care (if applicable].
- Financial policy to include the telephone number of person to call regarding billing questions.
- Pertinent telephone numbers.

PATIENT CARE SERVICES

Clinton Regional Hospital Clinic is a free-standing Health Clinic available for services during the posted clinic hours. Only routine problems that are ordinarily handled in the physician's office will be seen and treated in the clinic.

Clinton REGIONAL HOSPITAL

NON-DISCRIMINATION

The Clinton Regional Hospital Clinic reserves the right to refuse treatment to anyone. Patients are seen by appointment and walk in. Individuals presenting themselves to the clinic may become regular patients; however, the clinic may choose to terminate patient care at any time, utilizing the policies in the appropriate section of this manual. Patients are accepted regardless of sex, race, age, handicap, political affiliation, or any other protected class according to applicable Federal and State laws.

1008C - COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (REV. 1,05-21-04)

Providers are direct recipients of Federal funds and are thus subject to title VI of the Civil Rights Act of 1964. The U.S. Office for Civil Rights (OCR) has the authority to determine whether Medicare providers comply with this non¬ discrimination statute, and the conditions of participation (COPs) make OCR approval a requirement for Medicare approval by CMS. Before OCR will issue its approval, it also determines compliance with §504 of the Rehabilitation Act of 1973, as amended by the Rehabilitation Act Amendments of 1974, which includes a cross reference to the Uniformed Federal Accessibility Standards concerning architectural barriers to the handicapped. The OCR must also determine compliance with the Age Discrimination Act of 1975, and with title IX of the Education Amendments of 1972. See 45 CRF Part 84; see also Exhibit 2 of this manual.

OFFICE OF CIVIL RIGHTS - NON-DISCRIMINATION POLICY

As a recipient of Federal financial assistance, Clinton Regional Hospital Clinic does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Clinton Regional Hospital Clinic directly or through a contractor or any other entity with which Clinton Regional Hospital Clinic arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91. In case of questions, please contact:

Clinton Regional Hospital

100 Nth 30th

Clinton REGIONAL HOSPITAL

Clinton, OK 73601

If you are not satisfied with the manner in which this office handles a complaint or question, you may submit a formal complaint:

The complaint form may be found at **www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf**. You will not be penalized in any way for filing a complaint.

Office of the Medicare Beneficiary Ombudsman

Website for Medicare beneficiary Ombudsman www.cms.hhs.gov/hospital/ombudsman.asp

POSTING OF NON-DISCRIMINATION POLICY

The following nondiscrimination policy is posted in our lobby waiting area and also in our brochures.

your concerns to:

Clinton Regional Hospital

(580) 547-5128 phone

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you may contact for further information concerning our privacy practices is:

Brenda Jennings

Clinton Regional Hospital

(580) 547-5128 phone

Clinton REGIONAL HOSPITAL

Policy: Grievance Process **Policy #10**

POLICY:

The Hospital provides a process to promote quality patient care which include procedures for the documenting, reporting, and responding to patient, patient representative, or surrogate grievances or complaints about the quality of medical services or patient care, delivery as defined by local, state, and federal regulations.

PURPOSE:

1. To direct the Hospital employees to respond promptly and with concern for quality patient care to complaints or other grievances from patient, patient representative, or surrogate.
2. Establish a means for tracking and analyzing patient grievances or complaints which relate to patient care and quality of medical services.

    a. The appropriate telephone numbers of contact parties are posted in the Hospital for public information.

PROCEDURE:

I. Responsibilities: A complaint can be a written response, telephone, or personal conference from a patient, patient representative, or surrogate within the Hospital, and handled within a timely manner by the Hospital employees and administration.

1. Each employee has the responsibility to generate a Hospital Incident Report in response to patient, patient representative, or surrogate complaints about the quality of medical services or patient care.
2. The Clinical Manager/Administrator has the responsibility to review and analyze Hospital Incident Reports and to coordinate an appropriate investigation of reported complaints or grievances.
3. The Clinical Manager/Administrator has the responsibility of affording all interested persons an opportunity to submit evidence relevant to the complaint.
4. The Administrator has the responsibility to maintain files and records relating to these grievances.
5. The Administrator has the responsibility to issue a written decision within 7 business days after its filing.
6. The Administrator will provide the Compliant with the opportunity to write an appeal in writing within 15 days of receiving the decision.
7. The Administrator shall issue a written decision in response to the appeal no later than 30 days after its filing.
8. This process does not prevent person(s) from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights.
9. Appropriate arrangements for LED patients and deaf patients are provided to participate in this grievance process.

II. Additional Guidelines:

1. Every patient, patient representative, or surrogate complaint about the quality of medical services or patient care is to be recorded in the medical record, along with any response, and reported to the Clinical Manager/Administrator within 24 hours on a Hospital Incident Report.
2. Efforts should be made to adjust care practices to suit the patient's wishes if they fall within the scope of safety and accepted medical practices.
3. Serious complaints such as allegations of physical or sexual abuse should be reported immediately by telephone to the Clinical Manager/Administrator or their designee, who will report those allegations substantiated to the appropriate authorities as required by state laws.

4. The Clinical Manager/Administrator will follow up on, track, and analyze reported occurrences.
   a. Each incident will be maintained a Log (Patient Grievance Log).
5. The Clinical Manager/Administrator will investigate via interviews or record review all aspects of the complaint.
6. The Clinical Manager/Administrator will report the complaint and investigative findings to the Quality Review Committee. This report should include actions taken or recommended to remedy the situation. A quarterly report is completed and presented to the respective board and actions taken and responses to those actions documented.
7. Follow-up by written notice will be provided to the patient, patient representative, or surrogate regarding treatment or care furnished by the ASC within ten days following the findings regarding the complaint.

III. Forms:

- Posting of Notice with 'Name, Address and Telephone Numbers'-posted in lobby
- Adverse Incident Form – sent to 'Risk Management.'
- Grievance Log – listing of all reported incidents & report summary.

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Place Patient Identification Label Here

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Privacy Complaint Tracking Form

This form is to be completed for all complaints and is to be maintained by the Privacy Officer. This form should NOT be placed in the patient's file.

Date of Complaint: _____

Name of Individual Making Complaint: _____

Method of Complaint

- Oral Name of Individual Receiving Complaint _____
- Written (copy attached)

Description of Oral Complaint (or additional information if written complaint)

Entity involved in Complaint.

- Provider, Provider's Employee, or other member of Provider's workforce
- Provider's Business Associate

Complaint Investigation Results (attach additional pages if necessary)

Describe employee sanctions applied (if applicable):

Describe results of contact with Business Associate (if applicable):

- Business Associate agreed to:

- Business Associate refused to make changes to resolve issue, and:
- Business Associate Agreement terminated.
- Business Associate is the only option for providing this service. Secretary of the Department of Health and Human Service has been contacted (letter attached).

Describe steps taken to mitigate harm to patient:

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GRIEVANCE LOG

Date	Time	Location	Patient Name	MRN	Staff/Physician Involved	Grievance	Investigation Overview	Initial Letter Sent	Follow-up Letter Sent	Final Resolution

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APPOINTMENT/AUTHORITY STATEMENT

1. The Grievance Officer or designee may initiate and conduct any studies or institute any control measures when there is sufficient evidence of a danger to patients or personnel.
2. Information or data pertaining to patient grievances will be made available upon request to the Grievance Officer.
3. The Grievance Officer has been delegated authority to take any steps necessary to correct such a situation utilizing any resource that may be appropriate. The resources may include consultation with appropriate personnel or medical staff.
4. The Grievance Officer has authority to ensure compliance of all aspects of the Grievance process and applicable policies and procedures.
5. The Grievance Officer has authority to expect cooperation with the development and implementation of the Grievance process from all Facility staff.
6. The Grievance Officer shall work in conjunction with the Medical Staff and the Administrator in a concerted effort to create an effective grievance program.

Brenda Jennings has been appointed as the Grievance Officer for the Clinton Regional Hospital for the term of one year.

Appointed this 20th day of December 2024.

_____ _____
Facility Administrator Date

_____ _____
Board Chairman Date

I, Brenda Jennings accept this appointment for the Grievance Officer for Clinton Regional Hospital.

_____ 12/20/2024
Grievance Officer Date

Clinton Regional Hospital Clinic will make appropriate arrangements to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf,

providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The clinic manager will be responsible for such arrangements.

U.S. Department of Health and Human Services Office for Civil Rights

Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth St., S.W.

Atlanta, GA 3030-8909 Or call: Voice phone (404] 562-7453

Fax (404) 562-7881

TDD (404) 562-7884 NOTICE OF PROGRAM ACCESSIBILITY

Clinton Regional Hospital Clinic and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

• Convenient off-street parking designated specifically for disabled persons.

• Curb cuts and ramps between parking areas and buildings.

• Level access into first floor level with elevator access to all other floors.

• Fully accessible offices, meeting rooms, bathrooms, public waiting areas, patient treatment areas, including examining rooms and patient wards.

• A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:

a. Qualified sign language interpreters for persons who are deaf or hard of hearing.

b. A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.

c. Readers and taped material for the blind and large print materials for the visually impaired.

d. Flash cards, alphabet boards and other communication boards.

e. Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.

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DISSEMINATION OF NONDISCRIMINATION POLICY

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For the purposes of complying with the rules and regulations set forth and enforced by the Office for Civil Rights, Clinton Regional Hospital Clinic informs the public, patients and employees that the agency does not discriminate on the basis of race, color, national origin, disability, or age.

Clinton Regional Hospital Clinic disseminates the nondiscrimination statement in the following ways:

For the General Public and Patients;

• A copy of the nondiscrimination statement is posted in our facility for our visitors, clients/patients to view.

• The nondiscrimination statement is printed in the company brochure and is routinely distributed to patients, referral sources and the community.

• The nondiscrimination statement is included in newspaper advertisements for the facility

For the Employees:

• The nondiscrimination statement is included in employee advertisements.

• The nondiscrimination statement is included in the employee handbook.

• The nondiscrimination statement is discussed and distributed during employee orientation.

POLICY: Clinton Regional Hospital Clinic will provide a complete clinical assessment and treatment plan for all patients presenting to the clinic.

PURPOSE: To insure that patients presenting to the clinics receive a thorough clinical assessment and an appropriate plan of treatment.

ASSESSMENT PROCEDURES

1. Any patient presenting to the clinic will be seen by the Mid-level Provider or the Supervising Physician.

2. The Mid-level Provider or Supervising Physician will conduct an assessment and examination that is pertinent to the patient's clinical condition.

3. Based on this assessment, the Mid-level Provider or Supervising Physician will determine a diagnosis and develop a plan of treatment.

4. When the patient's condition is beyond the scope of practice of the Mid-level Provider, he/she will consult with his/her Supervising Physician and make any necessary referrals.

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The following procedures are intended to provide broad general guidelines in the absence of any more specific state and/or local 3rd party carrier's regulations, such regulations shall take precedence of these guidelines.

RECEPTIONIST CONSENT PROCEDURES

1. All adults, aged eighteen years or older, must sign an Informed Consent/ Authorization for Treatment form. This is a general consent form that implies the patient's consent to basic care. Informed Consent MUST BE UPDATED ANNUALLY.

2. All patients being evaluated and treated for a work-related injury or illness must have a release from the employer or the employer's designee.

3. Consent to treat minors (younger than eighteen years of age) must be obtained.

ATTENDING PROVIDER CONSENT PROCEDURES

1. Attending Providers will follow these guidelines in treating minors:

a. Minors may consent to the following services offered at this clinic:

•Treatment for drug and alcohol abuse.

• Birth control or family planning.

b. Minors who may be treated as adults are:

• Emancipated minors. Minors 15 years or older, living apart from parents or legal guardians, with or without consent, and who are managing their own financial affairs regardless of source of income, are emancipated.

•Legally married minors.

• Minor parents of minor children may give consent for treatment of their children.

2. The Provider must document informed consent either in the medical record, progress notes, or on the informed consent form(or both).

3. The Provider must obtain informed consent by giving the patient:

a. Information about the diagnosis.

b. The nature and purpose of the proposed treatment.

c. The known risks and consequences of the proposed treatment.

d. The benefits to be expected from the proposed treatment, with an assessment of the likelihood that the benefits can be realized.

e. All alternative treatment posed that might reasonably be applied.

f. The prognosis if no treatment is given.

4. Providers must obtain informed consent for the following:

a. Minor surgery involving an entry into the body, either through an incision or through a natural body opening.

b. All procedures where local anesthesia is used in wound repair.

c. Non-surgical procedures, including the administration of medicines and immunizations that involve more than a slight risk of harm to the patient, or that may cause a change in the patient's body structure or scarring.

d. All procedures, including cryotherapy, which have a possible risk of infection or scarring.

5. Attending Providers DO NOT need to obtain consent or informed consent in the following situations:

a. Emergencies. Emergency exists when there is immediate risk of death or serious bodily harm. In life-threatening situations in which the patient is incapable of expressing consent, consent is implied by law.

6. Waiver. A waiver occurs when a patient insists on not being informed of the nature of the procedure or the accompanying risks. The patient should be required to sign an Informed Consent Waiver.

7. Providers, when faced with a parent who has refused to consent to appropriate medical care for a child, will follow these guidelines:

a. If the condition from which the patient is suffering is not life threatening nor likely to result in serious bodily harm, accept the refusal of care of the parent.

b. If the child is likely to suffer death or serious bodily harm, the Provider is mandated by law to contact the appropriate county agency or Department of Social Services to request assistance in the matter.

- Child Welfare Services
Child Protective Services

www.okdhs.Qrg

PO Box 25352

Oklahoma City, OK 73125-0352

Phone: (405) 521-2283, Fax: (405) 521-4373

8. Providers, when faced with a situation where abuse of an elderly patient is suspected, should report the matter to Senior Protective Services.

• Human Services Center - Adult Protective Services

www.okdhs.org

2119 W. Main St.

Woodward, OK 73801

Phone: (580) 254-6000, Fax: (580) 254-6080

NOTE: Please be advised that this policy and associated procedures may be subject to state laws. Refer to state laws for final policy.

2.1.1. It is the policy of the Hospital to obtain from a competent patient, a written consent to invasive surgical or diagnostic procedures and treatment programs. Before a written consent is signed by a patient, it is the responsibility of the patient's attending physician or other healthcare provider responsible for the procedure to inform the patient of all information that particular patient may consider material in making a decision, including (1) the reasons for the procedure, (2) the potential effects and risks of the procedure, (3) alternatives to the procedure, along with their risks and benefits, and (4) the risks presented if the procedure is not performed. The written consent of a competent adult patient is reflected on a special consent form attached as Attachment #1.

In the event of an emergency, when a decision needs to be made urgently and the patient is not able to participate in the decision-making process and the surrogate is not able to be reached, the emergency physician may initiate treatment without prior informed consent.

3,0 PROCEDURE - INFORMED CONSENT

3.1 Whenever a patient is to undergo any type of surgical or diagnostic procedure there must be a consent form signed by the patient and witnessed by the physician's office personnel or healthcare professional and placed in the medical record (with the exception of minors - see Treatment of Minors).

3.2 The primary purpose of the signed consent form is to give the hospital and/or physician written evidence that the patient agreed to the procedure. It should be recognized that a signed consent must also be an informed consent which implies adequate communication with the patient regarding the procedure for which the consent is being signed.

3.3 The ultimate responsibility for obtaining the consent is the healthcare provider responsible for the procedure.

3.4 The surgeon is responsible for Informing the patient the following:

3.4.1 Diagnosis

3.4.2 The nature of the proposed care, treatment, services, medication, interventions or procedures

3.4.3 Why the surgery or intervention is proposed.

3.4.4 How it will be performed.

3.4.5 The expected outcome.

3.4.6 Potential benefits, risks or side effects, including potential problems that might occur during recuperation.

3.4.7 The likelihood of achieving care, treatment and service goals.

3.4.8 Reasonable alternatives to the proposed care, treatment and service.

3.4.9 Relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services.

3.4.10 Any limitations on the confidentiality of information learned from or about the patient, when indicated.

3.5 The physician must be convinced that the patient and/or patient's representative really does understand the procedure and the reasons. Once discussion is held with the patient, the physician should do the following:

3.5.1 Have the patient sign a surgical/procedure consent form to be placed on the hospital medical record. Date and time of consent shall also be documented.

3.5.2 Make a notation in the medical record (H&P or progress notes) that discussion was held, when and where, and that the physician feels that the patient really understands.

3.6 All consent forms must be signed before the administration of preoperative medications.

3.7 patient's arrival to the operating room, it is the responsibility of the circulating nurse to ensure that the consent is complete, correct, properly signed and witnessed, and placed on the medical record.

3.8 Any modifications made to consent after the patient has signed, must be initialed, dated and timed by the patient and/or responsible party and the physician.

3.9 A consent form shall be executed by the patient and/or appropriate representative before any of the following types of therapeutic or diagnostic procedures are performed.

3.9.1 Major or minor surgery that involves an entry into the body, either through an incision or through a natural body opening.

3.9.2 All procedures in which anesthesia is used, regardless of whether an entry into the body is involved.

3.9.3 Nonsurgical procedures, including the administration of medication, that involves more than a slight risk of harm to the patient, or that may cause a change in the patient's body

structure. Such procedures include but are not limited to chemotherapy, hormone treatments and diagnostic procedures such as myelograms, arteriograms, and pyelograms.

3.9.4 All forms of radiological therapy.

3.9.5 Administration of blood and blood products.

3.9.6 Testing for Human Immunodeficiency Virus (HIV) infection for diagnostic or therapeutic purposes except for occupational exposures.

3.9.7 All other procedures that the medical staff determines requires a specific explanation to the patient, such as invasive diagnostic procedures and those involving the injection of foreign substance into the bloodstream.

3.9.8 Obstetrical deliveries whether by spontaneous vaginal, breech, or c-section, preferably signed in the prenatal period.

3.9.9. Any doubts as to the necessity of obtaining a special consent from the patient for a procedure should be resolved in favor of procuring the consent.

4.0 A Blood Consent or Refusal will be completed on all surgeries to be performed with the following exceptions: colonoscopy, EGD, flexible sigmoidoscopy, cystoscopy, arthroscopy, carpal tunnel procedures, cataracts, skin and subcutaneous surgeries or any foot surgery using a tourniquet or cuff for hemostasis.

4.1 The Consent for Blood Transfusion form should be signed by the patient before administering blood. (NS 301 - Admin, of Blood and Blood Products)

4.1.1. Responsibility for obtaining informed consent from the patient rests with the physician. The physician is responsible for discussing risks, benefits, options and answering any questions the patient may have.

4.1.2 If the patient refuses the transfusion, he/she must sign in the appropriate place on the consent form.

4.1.3. The nurse may obtain the patient's signature and will sign the form as a witness to the patient's signature.

5.0 In the event an incompetent patient has not designated a substitute to make healthcare decisions, the Hospital and the attending physician may be able to identify an appropriate

substitute to make such decisions. The order of priority set forth under the guardianship laws for selecting a guardian is:

5.1 the spouse:

5.2 an adult child.

5.3 a parent or.

5.4 a sibling.

5.5 In the event more than one such relative is available, competent and willing to assume responsibility for healthcare decisions of the patient, the spouse would normally be the most appropriate, followed by the other relative in the order listed above. (SYS-ETH-112, 2.4.2.)

References:

SYS-ETH-112 Patient's Right to Make Healthcare Decisions

SYS-ETH-109 Organizational Code of Ethics

SYS-ETH-105 Emergency Treatment of Minors and Emancipated Minors

SYS-ETH-104 Consent for Treatment of Minors

ICRH - NS #301 - Administration of Blood and Blood Products.

Clinton REGIONAL HOSPITAL

DEFINITIONS OF MINOR/EMANCIPATED MINOR

The term "minor" has been defined as any person under 18 years of age. The legal term "emancipation" has provided a mechanism whereby a person who by virtue of his or her age would ordinarily be considered a minor, but is treated as an adult for the purpose of entering into contracts and for providing consent for medical treatment because of certain circumstances. A minor who has demonstrated the ability to live wholly independent from parents and/or guardian, who is pregnant, married, or in the armed services is considered by law to be an emancipated minor.

If a minor seeks medical treatment without the consent of the parent or guardian, and asserts that he/she is capable of providing his/her own consent by virtue of emancipation status, the healthcare provider can evidence this status by requesting proof of:

- A court order proving emancipation.
- A marriage certificate.
- Proof of current service in the armed forces.
- Proof of pregnancy or children.

If the minor is unable to provide adequate information to verify emancipated status, the provider may not provide service without parental consent

CONSENT BY MINOR TO MEDICAL PROCEDURES ACT (CMMP)

This act sets circumstances under which a minor 12-years of age or older (standard age of 18) may provide consent for own treatment, without parental consent, for RHC services. Included are:

- Minors who are married, of legal age, pregnant, or parent of a child.
- Emergency care of minors in life-threatening situations.
- Treatment of minors for venereal disease.

Clinton REGIONAL HOSPITAL

ACUTE ILLNESS OF CLINIC PATIENT

PURPOSE: To ensure the health and safety of any acutely ill patients who present to the clinic.

POLICY AND PROCEDURES:

4. A patient presenting to see a provider in the clinic and who is experiencing acute illness may be treated by the provider to whom he/she is presenting or may be referred to the Emergency Department, depending on the initial nursing evaluation of the patient.

5. Any patient presenting in obvious distress will be evaluated immediately by the nursing staff and sent to the Emergency Department

6. The receptionist should notify nursing staff of patients in obvious distress.

7. No referral is necessary to send the patient to the Emergency Department.

8. Provider may request to evaluate the patient instead of referring the patient to the Emergency Department.

9. Nursing staff/Mid-leve) Provider will activate the nearest EMS for transportation purposes, where necessary.

10. The Clinic appointment may be delayed or cancelled depending upon the Emergency Department evaluation, patient request, or physician decision.

Clinton REGIONAL HOSPITAL

EMERGENCY CARE

1. The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids. Emetics, are required, however not recommended, in a clinic setting as normal procedures.

2. An emergency kit containing a limited number of medications will be maintained by the clinic. There shall be a list of contents both on the outside of the kit cover and inside the kit. After the kit has been opened, it will be restocked as soon as possible so as not to interrupt emergency care availability.

3. All medications within the emergency kit will be checked daily to be sure that it contains all the medications in the kit. At this time, all medications will be checked for expiration date. Any medications that have been used or become outdated will be replaced and disposed of as previously described. Any controlled substance that is outdated will be replaced and disposed of in accordance with State of Oklahoma directives. A log will be kept as to the dates the emergency kit is checked and a notation will be made of any medications missing or returned to for replacement.

4. Narcotics and antibiotics may be included as part of the emergency kit Resuscitation equipment must be ready and available as required. Staff will be trained in the use of oxygen and may administer oxygen to a patient.

5. In all emergency cases, the patient's physician must be notified immediately. Depending on the seriousness of the emergency, the Clinic Director or his/her designee may be notified. The Clinic Physician or Mid¬ Level Provider is responsible for giving immediate care to the patient.

Clinton REGIONAL HOSPITAL

EMERGENCY CARE - ADULTS AND UNACCOMPANIED AND EMANCIPATED MINORS

In a true emergency situation, where the adult patient or the unaccompanied and unemancipated minor is unable to sign and where a delay in treatment presents a substantial risk to the life or health of the patient, a note in the patient's chart should be completed and signed by the Physician/Mid-Level Provider stating: "Patient is unable to sign because (state reason - unconscious, etc.), and the consent of the personal representative cannot be obtained."

If an adult's next of kin is readily available, he/she should be asked to sign the consent form in addition to the Physician's or Mid-Level Provider's statement of emergency circumstances. When a Physician fills in the consent form with the wording quoted above, he is not consenting on behalf of the patient, but is determining only that an emergency exists requiring immediate treatment without delaying to get a proper consent

NOTE: Every effort is made to reach parent, guardian, or next-of-kin by telephone. If/when reached, verbal consent is obtained when a witness monitors the conversation. The witnesses must sign; attesting that verbal consent had been given. Every effort is then made to get the consent form signed by the responsible party.

REFERRAL SERVICES

CLINICAL REFERRAL POLICY

PURPOSE: To insure that a multidisciplinary approach to patient care is utilized in the treatment of those patients presenting to the clinic

POLICY: Following clinical assessment, Clinton Regional Hospital Clinic will provide patients with appropriate clinical referrals for those services outside the scope of care provided at the clinic.

The Mid-level Provider or Physician will facilitate any necessary clinical referrals to other appropriate providers.

Clinton Regional Hospital

Clinton Regional Hospital Clinic may utilize any service provided by Clinton Regional Hospital for their patients, without regard to race, creed, nationality, physical condition, sex, age, or payer source.

Services available at Clinton Regional Hospital include, but are not limited to:

- Laboratory.
- Radiology.
- Nuclear medicine.
- Dietary.
- Physical Therapy, Occupational Therapy and Speech Therapy.
- Respiratory Therapy.
- Emergency Department.
- Surgical Services.

Clinton
REGIONAL HOSPITAL

EMERGENCY DEPARTMENT

Patients who present to Clinton Regional Hospital Clinic with emergency conditions will be stabilized and immediately sent to the nearest Emergency Department for evaluation, treatment, and/or transfer to an appropriate specialty provider. If the Provider feels the patient is not stable, he/she may elect to transfer patient immediately to the nearest Emergency Department. The patient may elect to go to the Emergency Department of his/her choice, provided the Physician or Mid-level Provider feels the patient is stable enough for transfer to that facility.

Clinton
REGIONAL HOSPITAL

OUTSIDE REFERRALS

POLICY: Referrals may be made to outside agencies and/or other health care providers who are not affiliated with Clinton Regional Hospital. Such referrals will be at the discretion of the Supervising Physician, Mid-level Provider, and/or Medical Director.

PROCEDURES: Documentation of such referrals will be entered into the patient's medical record. Progress reports, consultation letters and ancillary testing reports will also be placed in the patient's medical record to ensure continuity of care.

Any service needed, but not available in the clinic, will be provided through referral to an outside specialty provider based on the Physician's and/or the Mid-level Provider's professional judgment.

Clinton REGIONAL HOSPITAL

PURPOSE

To ensure that orders are written accurately by authorized licensed personnel and to define appropriate method for patient orders.

POLICY

Orders will only be accepted from a physician, physician's assistant, or nurse practitioner. Residents or Fellows may write orders, but the order should be co-signed by the physician.

Registered nurse, pharmacist, physical therapist, respiratory therapist, sleep technologist or radiology technologist can write and note orders within their respective scopes of practice following the policy on Receiving Telephone and Verbal Order.

PROCEDURE

Written Orders: The order(s) will be written on a physician's order sheet, or the medical staff member can use the Electronic Health Record to place orders. The date and time will be placed on the order form with the signature and title of the physician, physician assistant or nurse practitioner writing the order, the date and time will be also documented. The above information will be added electronically if the EMR is used.

Telephone and Verbal: Orders will follow the policy and procedure (NU 7.005 receiving Telephone/Verbal Orders). Verbal orders should not be written on a standing order form.

Standing Orders: May be used when reviewed and approved by the medical staff and the hospital nursing and pharmacy leadership; these orders demonstrate that they are consistent with nationally recognized and evidence-based guidelines. Orders are dated, timed, and authenticated promptly.

Yearly review by medical staff and the hospital nursing and pharmacy leadership ensures continuing usefulness and safety of all standing orders.

Clinton REGIONAL HOSPITAL

IMMUNIZATIONS ADULT ROUTINE IMMUNIZATIONS

Adult patients will be referred to the local Department of Public Health for routine immunizations.

1. Oklahoma Medicaid patients and self-pay patients will be referred to the local Public Health Department where they can receive their immunizations.

2. Patients with insurance will be advised to check their insurance policy for coverage prior to receiving the immunization. Not all policies will cover routine immunizations and those patients may also be referred to the Public Health Department.

3. Dates of immunizations are to be closely monitored to prevent the interruption of a series that may need to be repeated.

PEDIATRIC IMMUNIZATIONS

Pediatric routine immunizations will be administered by pediatrics practices.

INFLUENZA IMMUNIZATIONS

The Clinton Regional Hospital Clinic may administer influenza vaccinations. The nurse shall keep a careful log of the immunizations, utilizing the "Influenza Immunization Form," noting the immunization appropriately in the patient record. The patient shall be billed according to individual patient account coverage variations.

Clinton REGIONAL HOSPITAL

LABORATORY AND/OR RADIOLOGY RESULT NOTIFICATION

PURPOSE: To insure patient notification of any abnormal laboratory or x-ray results and any missed appointments

ABNORMAL LAB OR X-RAY RESULTS

Patients with significantly abnormal laboratory results will be notified as follows:

1. Abnormal lab or x-ray results should be given to the patient in person (preferably) or by phone. The

Provider may choose to speak directly with the patient, or may instruct the nurse in what should be conveyed to the patient. This will be at the discretion of the Provider once he/she has reviewed the lab or x-ray results.

2. If the patient cannot be reached by phone or in person, then a letter should be sent to the patient's home requesting that he/she contact the office. Results of abnormal lab tests shall not be given in the letter.

3. A copy of the letter, documenting the date the letter was mailed, should be entered into the patient record.

4. All communications sent will be placed in the medical record (copy of letter or documentation of the phone call made).

NORMAL LAB OR X-RAY RESULTS

1. If the provider has determined the tests are normal, the nurse may give the results to the patient either by

phone or in person, as instructed by the Provider.

2. All communications sent will be placed in the medical record (copy of letter or documentation of the phone

call made).

TEST TRACKING POLICY

Clinics will utilize a system for tracking test results. This will allow for reminders to be sent to clinical inbox for proper follow up and documentation retrieval.

Clinton REGIONAL HOSPITAL

INITIALING LABORATORY AND/OR RADIOLOGY RESULTS

It is the policy of the Clinic that all lab results, radiological studies results and other diagnostic studies, returning consults, or any patient reports will be reviewed, initialed and dated by the Provider prior to being filed in the medical record.

PROCEDURES:

1. Office personnel will date stamp all results/reports on the day of receipt, with the date they were received and processing began. This includes results/reports that have arrived via FAX as well as USPS or other ground delivery.

2. The results/reports will be forwarded to the designated personnel responsible for tracking receipt of the report on the day of receipt.

3. The Provider reviews the report (as soon as Provider and report are both in the Clinic, not to exceed a 72-hour window).

4. Once reviewed, the Provider initials and dates the report.

5. The report is then returned to the medical record or forwarded to the appropriate staff to be handled according to Provider's instructions.

6. When the reports are received in the records department, the clerical staff will file only those reports that are initialed and dated. These reports will be filed within one week. If one week is not attainable, the Office Coordinator must notify the Medical Practice Manager to review the situation and determine a solution.

7. Anything not initialed and dated will be returned to the appropriate Provider for review and signature

Clinton REGIONAL HOSPITAL

1.0 PURPOSE:

To establish guidelines for healthcare providers to ensure the patient/family are provided with specific health information to meet their plan of care goals, promote and maintain health, foster self-care, and improve outcomes.

2.0 POLICY:

2.1 Education and training will be specific to the patient's assessed needs, abilities, learning preferences, and readiness to learn in ways understandable to the patient and family and offered in a safe and respectful manner. Timely delivery of education will occur throughout their visit, before and during the care, treatment, or service provided. The focus is on the patient and family acquiring skills and behavior that promote recover, maintain, or improve function, or manage disease or symptom progression. Information will be provided about maintaining and improving the patient's health.

2.2 Patients will be involved as a partner in the health care process and encouraged to actively participate in the safety of their care.

2.3 Education Resources must be based on evidenced based practice, professional association guidelines (AHA, ANA...), a creditable healthcare education source (Mosby, Aspen, Micromedex) or approved by the appropriate department manager.

2.4 Patient education will be addressed by each team and department as appropriate.

3.0 SCOPE:

3.1 This policy and procedure applies to all disciplines involved in patient care within the hospital. (Outpatient education documentation may occur in a different format specifically designed for the needs of the patient)

4.0 DEFINITIONS:

4.1 Family - Person who plays significant role in the patient's life or care.

5.0 PROCEDURE:

5.1 Patient and family education will be provided by competent healthcare

providers from various disciplines as appropriate to the patient's needs.

5.2 Upon admission to the hospital the patient/farnily learning needs will be assessed, identified, and addressed as part: of the multidisciplinary approach to care. Based on information obtained during the admission process and in consultation with the patient, an

educational goal will be initiated and updated as appropriate. Education will be prioritized and documented on the Daily Assessment form.

5.3 Patient/Family education will be an individualized, interactive, and interdisciplinary process based on the assessments of:

5.3.1 Ability to learn - which may be affected by cultural, social, or religious practices and values of the patient and/or family; ethnicity; social background: emotional barriers; desire, motivation Clinton and willingness to learn; physical or cognitive/intellectual limitations; developmental level;language barriers; financial limitations of the patient with respect to cost of care options

5.3.2 Readiness to loam

5.3.3 Preferred method of learning

5.3.4 Learning needs - including age, education level, previous health education, language, and knowledge/skills deficits.

5.4 Such education will include instruction in the specific knowledge and/or skills needed by the patient and/or family to meet the patient's ongoing health care needs, including, but not limited to:

5.4.1 Plan for care, treatment, and services,

5.4.2 The safe and effective use of medication, if any, including,

® The name and description of medication

® Dosage, route of administration and duration of medication therapy

• Intended use and expected actions of the medication therapy

• Special directions and precautions for preparing, self-administering, or using the medication by the patient in the hospital or home

•Action to be taken in the event of a wrong or missed dose or interaction

• Significant side effects, interactions (including drug-drug interactions) or therapeutic contraindications that may be encountered and how to avoid and respond to such factors

• Techniques for self-monitoring medication therapy

• Safeguards against microbial contamination including during an infusion

Clinton REGIONAL HOSPITAL

ORGANIZATION OF CLINICS AND STAFFING ORGANIZATION STATEMENT

Clinton Regional Hospital Clinic services are organized on the basis of a Provider Based Rural Health Clinic. The Clinic provides services to patients that are normally and commonly furnished in a physician's office.

The Clinic's normal staffing is as follows:

1. Medical Director

3. Mid-Level Provider

4. Office Manager

5. Receptionist

6. Licensed Professional Nurse

The Clinic Address is: _____

The Clinic's Employer Identification Number is: _____

The individuals principally responsible for directing the operation of the clinic are:

1. _____, Clinic Manager

2. _____, Quality Nurse

The name and address of the owner of the clinic is: Clinton Regional Hospital, 100 N 30th St., Clinton, Oklahoma 73601.

Clinton REGIONAL HOSPITAL

Clinton Regional Hospital Clinic at ADDRESS. Clinton. Oklahoma Administrative and Patient Care Hours:

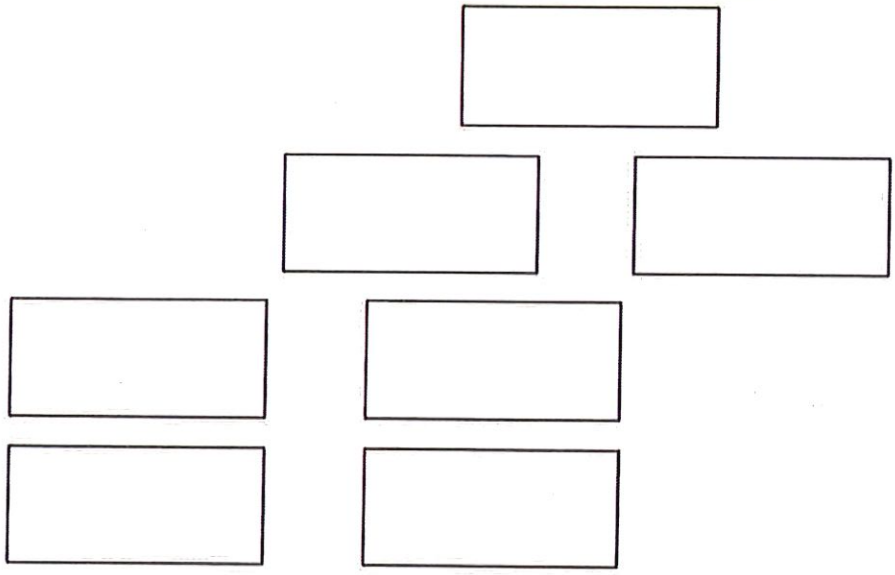
Monday	Open Time a.m. to Time p.m.
Tuesday	Open Time a.m. to Time p.m.
Wednesday	Open Time a.m. to Time p.m.
Thursday	Open Time a.m. to Time p.m.
Friday	Open Time a.m. to Time p.m.
Saturday	Open Time a.m. to Time p.m.
Sunday	CLOSED

Note: During Administration hours, when no provider is on-site, no patients can be in the clinic, only in the waiting room. No rooming.

Clinton Regional Hospital Clinic at ADDRESS, Clinton, Oklahoma Provider Specific

REFER TO APPENDIX C

ORGANIZATIONAL CHART



Organizational Chart Narrative

LINES OF AUTH0RITITY/RESP0NS1BILITES/ACC0UNTABILITY

The Board of Trustees of Clinton Regional Hospital Clinic

- Responsible for determining strategic direction.
- Providing necessary resources for the management of the Clinton Regional Hospital Clinic.

Administrator of Clinton Regional Hospital Clinic

- Oversees the operations of the Clinton Regional Hospital Clinic.
- Involved in directing the overall executive decisions, administrative, and financial aspects of clinic operations.

Chapter 4
Medications and Biological Management

DRUGS & BIOLOGICAL POLICY

PURPOSE: Secure storage of drugs and biological materials.

POLICY:

1. All medications and biological materials, including samples, will be stored safely in one of the following

places:

- Locked cabinet.
- Locked medication room.
- Locked medication refrigerator.

2. No narcotics will be stored at the clinic.

MEDICATION RECALLS

Refer to Clinton Regional Hospital policy and procedure on the shared drive.

Access instructions: shared drive, Public, Policy and Procedures, Pharmacy, Drugs_Recalls

Clinton Regional Hospital Pharmacy Director Cris Hickerson, DPh

100 N 30th St., Clinton, Oklahoma 73601 (580) 547-5128

Clinton REGIONAL HOSPITAL

PHARMACEUTICAL REPRESENTATIVES

POLICY: It is the policy of the Clinic that visits from pharmaceutical representatives will be scheduled. PROCEDURES:

1. A calendar of available dates for lunches with pharmaceutical representatives should be maintained by the Office Coordinator.

2. All communications from pharmaceutical representatives should be coordinated with the clinic nurse and/or provider. The Office Coordinator will contact the representatives to confirm a date for lunches or other meetings.

3. The pharmaceutical representatives will not stock their own sample medications or check current medications for expiration, and they should NEVER have access to the drug storage area

4. Pharmaceutical representatives will leave literature directly with the Providers and/or clinical team. They should never be allowed to distribute literature to patients.

Clinton REGIONAL HOSPITAL

DRUG SAMPLES

Providers may dispense sample medications to their patients when available, and when done in accordance with the following procedures:

RECEIPT: The pharmaceutical representative may leave samples for patient distribution. These samples are signed out to the Provider by the pharmaceutical representative, and, in multi-Provider Clinics, should be signed out to individual Providers.

STORAGE:

1. All samples should be stored in a secure region of the Clinic that is not located in a patient care area.

2. Access to sample areas should be locked at all times.

DISPENSING:

1. Medications may only be dispensed in one of two ways:

a. Upon the Provider's order by a licensed nurse.

b. Directly by the Provider.

2. Each Provider may dispense from the Clinic stock of sample pharmaceuticals, so long as the sample is logged out appropriately on the "Sample Medication Log".

3. Instructions to the patient should be documented, with the original provided to the patient/representative and a copy filed in his/her medical record.

4. Sample pharmaceuticals are recorded on the "Sample Medication Log" before distribution. Documentation on the Sample Medication Log include:

- Patient Name
- Name and Strength of Medication.
- Lot Number and Expiration Date.
- Date of Distribution.
- Applicable to multiple provider office with samples: Name of provider dispensing

Clinton REGIONAL HOSPITAL

DRUG SAMPLES CONTINUED

1. Documentation in the medical record includes:

a. Medication and Strength.

b. Lot Number and Expiration Date.

c. Quantity dispensed.

d. Instructions to Patient. Inventory Control:

1. Sample pharmaceutical inventory control log sheets should be kept in a three-ring binder when each sheet is completely full.

2. Samples should be checked monthly, to assure all products are at least one month prior to expiration. Stock should be rotated as new samples of product are received.

3. On a monthly basis, inventories should be checked to be sure that the number received minus the number displayed is equal to the number left in stock. This should be done a few drugs at a time so that all drugs in inventory are checked on a quarterly basis.

4. No narcotics will be kept in the Clinic.

5. Outdated/expired pharmaceuticals, samples, test strips, or clinic injectables are removed and taken to

Clinton Regional Hospital Pharmacy or placed in designated receptacle for destruction. DO NOT DISCARD MEDICATIONS IN REGULAR TRASH CONTAINERS. The nurse will note date of removal in log sheet, maintaining records on all discarded items.

NOTE: Any variance from this policy must be approved by the Medical Practice Manager.

Clinton REGIONAL HOSPITAL

PATIENT FOOD AND DRINK

Clinton Regional Hospital Clinics does not maintain patient food or drink.

Clinton REGIONAL HOSPITAL

TRANSMISSION OF PRESCRIPTIONS

PURPOSE: To provide guidelines consistent with the Department of Professional Regulations in the transmission of prescriptions.

Mid-Level Provider Protocols

In order to reduce the risk of errors when transmitting prescriptions, the following protocols will be utilized by the Mid-level Provider.

1. The Supervising Physician delegates prescriptive authority through the Department of Professional Regulation for legend drugs and controlled substances.

2. The Mid-level Provider may prescribe all medications that are appropriate and consistent with the treatment of various conditions and are within the scope of practice of his/her Supervising Physician in accordance with state guidelines.

3. At his/her discretion, the Supervising Physician may establish a list of medications that the Mid-level Provider is not approved to prescribe.

Clinton REGIONAL HOSPITAL

SAFETY MEASURES FOR DRUG ADMINISTRATION

1.0PURPOSE

1. To provide guidelines for administration of medications.

2. .0POLICY

1. A physician's order is required for the administration of any medication.

1. A CRNA may also write medication orders if they have prescriptive authority.

2. The patient's current allergies, height, and weight should be available prior to administering any medication.

3. All medication order transcription will be noted by a licensed nurse.

4. Qualified persons who have passed competency exams may administer medications within this institution. Care will be taken to ensure that patient's medications are given after allergies are obtained and verified and:

- to the right patient
- at the right time
- by the right route
- in the right dosage
- the right medication

1. In addition the nurse will ensure that:

- The order is correct
- Correct documentation is completed
- Medication education is provided

2.5 Students of nursing programs affiliated with this hospital may prepare and administer medication under the supervision of an RN instructor or RN preceptor. Nursing students employed as Nurse Technicians or as Nurse Externs may not administer medications while working in that capacity.

Clinton REGIONAL HOSPITAL

3.0 PROCEDURE

1. Responsible Party: Health Unit Coordinator (HUC), RN/LPN, RPh.

1. Receives a written order:

1. The pharmacist and nurse are notified immediately for stat and now orders.
2. The patient's height, weight, current allergy status, medication reconciliation record, and any new order(s) will be provided to pharmacy upon admission.
3. Allergies will be clearly marked on the front of the patient's medical record, admission assessment, medication reconciliation form, medication administration record (MAR), and the pateint's allergy identification bracelet.
4. All orders will be copied and sent to pharmacy upon receipt of the order.

• Medications will be available from the Omnicell after pharmacy has reviewed the orders and entered the orders into the system.

2. Responsible Party: RN/LPN

1. For procedural information regarding medication administration techniques, please refer to Mosby's Nursing Skills available on the inside page.
2. Insulin, heparin, IV digoxin, and antineoplastic drugs will be verified with another licensed nurse, pharmacist, or LIP prior to administration. The verification process includes:

1. Physician's order
2. Allergies
3. Right patient
4. Right medication
5. Right dose
6. Right route
7. Right time

3. Procurement of Medications:

1. Pharmacy hours are 0700 - 1600. A pharmacist is on call during nonpharmacy hours.
2. All medication new orders are to be transcribed onto the Medication Administration Record. (MAR). All orders will be checked by licensed personnel for accuracy and noted on the physician's orders.
1. The date, and time the order is noted will precede the signature and title of the licensed nurse.
2. Medications obtained from the Pyxis after hours must be verified by 2 licensed nurses in order to override the system.
3. Medication whose dosage is different from the available form requires a witness to verify the dose on the Pyxis.

3.3 Administering medications:

1. "STAT" orders are to be administered immediately or at once; within 15 minutes of receiving the order.
2. "Now" orders are to be administered within 45 minutes of receiving the order.
3. Multiple dose vials are wasted within 30 days of being initially opened. The vial is labeled with colored label indicating the original date opened. Single use vials are not to be used for more than one dose.
4. STAT, Now, or one-time medications are recorded on the MAR. After these medications are administered, the nurses' initials and time are documented and the line "yellowed out".

4. Medication errors/discrepancies will be reported to the clinical director, lead nurse, or house supervisor. A medication variance report will be completed. The physician, patient and pharmacy will also be notified.
5. Adverse medication reactions:

Clinton REGIONAL HOSPITAL

1. In the event of an adverse medication reaction the clinical director, lead nurse, house supervisor, pharmacist, and the physician will be notified. The patient is observed for the severity of the reaction, appropriate assessment data, interventions, and response documented in the nursing narrative. An "Adverse Reaction Report" is to be completed and sent to pharmacy for review.

6. 24 Hour Order Verification: Responsible Party: RN-LPN11/7

1. A licensed nurse will review and verify all orders to ensure accuracy comparing the physician's orders with the MAR for the previous 24 hour period.

1. The last order reviewed should be identified with a star or astric or by writing "24 hour chart check" and the and the reviewing nurse's initials.

2. The licensed nurse will make necessary changes on the MAR to maintain accuracy.

7. Patient transfer to a different unit

1. The medication reconciliation form will be printed and the physician will review the hospital medication reconciliation form with the admission reconciliation form and the meds will be checked indicating whether they are to be continued or discontinued. The med reconciliation form serves as a physician's order and a copy will be sent to pharmacy.

Clinton REGIONAL HOSPITAL

SCHEDULED DRUG PRESCRIPTION MONITORING

In order to provide quality care and to prevent inappropriate utilization of scheduled medications, the following procedures will be followed:

1 Mid-level Providers, according to Oklahoma state laws, will prescribe or dispense only scheduled medications in classes III through V.

2 Schedules III, IV, and V:

a. These prescriptions may be oral or written.

b. Refills of prescriptions will be at the discretion of the Providers.

3 The Supervising Physician will monitor the utilization of scheduled medications by periodic review of the charts of the Mid-level Provider. Any use of a scheduled medication falling outside the limits set by this policy will be brought to the attention of the Mid-level Provider and a note of the same will be placed in the Mid-level's record review file.

4 If a pattern of inappropriate use develops, the Mid-level Provider will be disciplined as determined by the Clinic Director and the Supervising Physician.

Clinton REGIONAL HOSPITAL

EMERGENCY RESPONSE KIT POLICY

PURPOSE: To ensure an emergency response kit is maintained in the clinic.

POLICY: The clinic shall maintain an emergency response kit contained in an easily-accessed container, will all supplies on the list contained in the container. This kit shall be maintained in designated area of the clinic.

EMERGENCY KIT

This clinic provides medical emergency procedures as a first response to common life threatening injuries, acute illness and have available the drugs and biologicals commonly used in life saving procedure. To include:

Category	Description	Clinton Regional Hospital Clinic Sample
Analgesics	Insensibility to pain without loss of consciousness	Chewable Aspirin 81mg Ketorolac 60mg
Anesthetics, (Local)	Loss of sensation especially to touch usually resulting from a lesion in the nervous system or from other abnormality	Lidocaine 1% w/Epi Lidocaine 1% Without Epi
Antibiotics	A substance produced by or a semisynthetic substance derived from a microorganism and able to dilute solution to inhibit or kill another microorganism	Rocephin 1g
Anticonvulsants	An abnormal violent and involuntary contraction or series of contractions of the muscles—often used in	Keppra 500mg

	plural < a patient suffering from convulsions>	
Antidotes	A remedy that counteracts the effects of poison	Epinephrine, Naloxone, Diphenhydramine 50mg
Emetics	An agent that induces vomiting	Activated Charcoal
Serums	The watery portion of an animal fluid remaining after coagulation: a (1): the clear yellowish fluid that remains from blood plasma after fibrinogen prothrombin, and other clotting factors have been removed by clot formation—call also blood serum	Influenza
Toxoids	A toxin of a pathogenic organism treated so as to destroy its toxicity but leaves it capable of inducing the formation of antibodies on injection>-- called also anatoxin	Tetanus/Diphtheria

Must have Emergency Response Kit on-site, however, not a recommended procedure in a clinic. Usually reserved for emergency room only.

• All above drugs should be securely located in a kit, marked "Emergency Response Kit," a copy of contents to be located inside the kit and a copy outside of the "locked" or "tagged" kit with expiration dates. This kit should have a log "Emergency Response Kit" log showing the kit has been checked on a daily basis for expired medications and to ensure the kit lock/tag is intact. Once the kit has been opened, pharmacy will be notified to

replace the emergency kit.

These items shall be kept in a central location and shall be in sufficient supply necessary to treat those emergencies. It is mandatory that all employees are familiar with the location of the emergency supplies and able to recognize the name of same. It is also strongly encouraged that the staff maintains current CPR certification.

The Medical Director develops a protocol for the staff for specific emergency situation and reviews the protocols at least annually and has a surprise drill at least annually.

EMERGENCY OXYGEN

Emergency oxygen is located at designated area that is marked by appropriate signage. Oxygen tank is stored in secure holder in an upright position with adult and pediatric oxygen delivery device attached to the tank. The tank is checked daily to ensure that the tank is filled to the appropriate level. Daily check of the tank is logged on the Daily Emergency Oxygen Log. For oxygen bottles designated as emergency, the tank must be at least 50% full. When the tank reaches 50% it is the job of the nurse to contact Clinton Regional Hospital Cardiopulmonary department to replace the tank with a full tank.

Clinton REGIONAL HOSPITAL

EMERGENCY KIT PROCEDURE

In the event of a medical emergency:

Medical emergency procedure at the Clinic will be handled on a case-by-case basis, but will generally follow the steps outlined below:

1. The person encountering the emergency shall immediately notify the Physician or Mid¬

Level Practitioner and other staff members as warranted.

2. The Physician or Mid-Level Practitioner shall evaluate the emergency and treat the patient as directed in the Protocols. The Physician or Mid-Level Practitioner shall enlist the aid of any of the clinic staff he/she deem necessary. The emergency kit will be issued immediately to the Provider.

3. The Receptionist or Assistant, when instructed, shall immediately call the appropriate

emergency response team and request that an emergency unit be dispatched to the Clinic.

The following emergency units are available depending upon the severity of the patient:

a. EMS/Ambulance (ground and/or air) **Clinic Emergency Number: 911**

4. The phone number for the Poison Center Hotline is (800) 222-1222.

5. When instructed, the receptionist or assistant shall notify the hospital in which the patient is being transferred and request the appropriate Physician or department, as directed by the Physician or Mid-Level Practitioner. The numbers most often used will be:

1. Emergency Room Registration (580) 547-5128

The goal of the Physician or Mid-Level Practitioner is to stabilize the patient for transport to the appropriate facility.

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EMERGENCY KIT ACCESS AND TRAINING

Non-licensed and licensed staff will have access to the Emergency Kit. Non-licensed staff may gather Emergency Kit and supplies but may not administer any medications from the Emergency Kit.

Training for Emergency Kit and Procedures are conducted annually.

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Hand Held Nebulizer

I. PURPOSE

To establish standard guidelines for the administering provider to set-up and perform nebulizer therapy on a patient.

II. POLICY

All Respiratory Care Practitioners (RCP) of the Respiratory Care Department, after demonstration of competence, may perform nebulizer therapy on a patient.

III. PROCEDURE

A. Equipment needed:

1. Nebulizer circuit
2. Aerosol mask

B. Process for nebulizer therapy:

1. Check patients chart and verify order
2. Identify patient by name, birth date, account number
3. Using AIDET begin communication with patient
4. Instruct patient on proper use
5. Assemble nebulizer and add prescribed medication

NOTE: Refer to "Breath Actuated Nebulizer" policy for BAN therapy.

NOTE: RN may administer in PACU and DCS only

6. Set flowmeter at 8-10 liters per minute and nebulizer medication until medicine cup is empty.
7. Remain with patient for duration of therapy.
8. Charge and document therapy.

C. Process for changing out nebulizer circuit:

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1. Nebulizer circuits are to be changed out as needed when visibly soiled or does not function

properly.

D. Process for cleaning:

1. Nebulizer will be disinfected after each use by wiping down with approved disinfectant.

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Functional Medicine Nutrition Assessment

Dr. Nadia Azuero

Patient Name: _____ **Date of Birth:**____/____/____

Today's Date:____/____/____

DIETARY PATTERNS

Current Diet Type: (check all that apply) □ Standard American Diet □ Mediterranean □ Vegetarian □ Vegan □ Paleo □ Ketogenic □ Low-FODMAP □ Gluten-free □ Dairy-free □ Autoimmune Protocol (AIP) □ Intermittent Fasting □ Other: _____

Have you ever followed any special diet in the past? □ Yes □ No If yes, please describe: _____ How long did you follow it? _____ What was the outcome? _____

Food Allergies/Intolerances: (list all known)

_____

_____

Do you have any of the following symptoms after eating certain foods? □ Bloating □ Gas □ Abdominal pain □ Diarrhea □ Constipation □ Headaches □ Brain fog □ Fatigue □ Skin reactions (rash, eczema, etc.) □ Joint pain □ Other: _____

What foods trigger these symptoms? _____

TYPICAL FOOD INTAKE

Please describe what you typically eat in a day:

Breakfast: _____ Time: _____ Location (home, work, car, etc.): _____

Morning Snack: _____ Time: _____ Location: _____

Lunch: _____ Time: _____ Location: _____

Afternoon Snack: _____ Time: _____ Location: _____

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Dinner: _____ Time: _____ Location: _____

Evening Snack: _____ Time: _____ Location: _____

EATING HABITS

How many meals do you eat per day? _____

How many snacks do you eat per day? _____

How many times per week do you eat the following: ___ Home-cooked meals ___ Restaurant meals ___ Fast food ___ Takeout/delivery ___ Processed/packaged foods

Do you skip meals? □ Never □ Occasionally □ Frequently If yes, which ones?

_____

How often do you eat while doing other activities? (watching TV, working, driving, etc.) □ Never □ Occasionally □ Frequently □ Almost always

Do you eat when you are: □ Hungry □ Bored □ Stressed □ Sad □ Happy □ Tired □ Other: _____

Typical portion sizes: □ Smaller than average □ Average □ Larger than average □ Varies greatly

FOOD FREQUENCY

Please indicate how many servings of each you consume in a typical week:

Vegetables: ___ Leafy greens (spinach, kale, lettuce, etc.) ___ Cruciferous (broccoli, cauliflower, cabbage, Brussels sprouts) ___ Root vegetables (carrots, beets, sweet potatoes, etc.) ___ Other vegetables

Fruits: ___ Berries ___ Citrus fruits ___ Apples, pears ___ Tropical fruits ___ Other fruits

Proteins: ___ Red meat (beef, pork, lamb) ___ Poultry ___ Fish/seafood ___ Eggs ___ Legumes (beans, lentils, peas) ___ Tofu/tempeh ___ Nuts/seeds

Grains: ___ Whole grains (brown rice, quinoa, oats, etc.) ___ Refined grains (white bread, pasta, white rice)

Dairy: ___ Milk ___ Cheese ___ Yogurt ___ Other dairy

Fats/Oils: ___ Olive oil ___ Coconut oil ___ Butter/ghee ___ Vegetable/seed oils ___ Avocado

Beverages: (daily intake) ___ Water (8oz glasses) ___ Coffee ___ Tea ___ Soda/soft drinks ___ Diet soda ___ Juice ___ Milk/alternative milks ___ Alcohol ___ Energy drinks ___ Other: _____

Sweets/Treats: (weekly) ___ Desserts ___ Chocolate ___ Candy ___ Baked goods ___ Ice cream ___ Other: _____

Processed Foods: (weekly) ___ Chips/crackers ___ Fast food ___ Frozen meals ___ Canned foods ___ Processed meats (bacon, sausage, deli meat) ___ Other: _____

Condiments/Sauces: (weekly) ___ Salad dressing ___ Ketchup ___ Mayonnaise ___ BBQ sauce ___ Soy sauce ___ Other: _____

HUNGER & FULLNESS

On a scale of 1-10 (1 = starving, 10 = uncomfortably full):

- What level of hunger typically prompts you to eat? _____
- At what level of fullness do you typically stop eating? _____

Do you experience: □ Intense hunger between meals □ Energy crashes between meals □ Feeling shaky or irritable when hungry □ Rarely feeling hungry □ Difficulty recognizing hunger cues □ Difficulty feeling satisfied after eating

CRAVINGS

Do you experience food cravings? □ Yes □ No

If yes, what foods do you typically crave? _____

When do cravings typically occur? □ Morning □ Afternoon □ Evening □ After meals □ During specific situations: _____ □ During specific emotional states: _____ □ Hormonal cycles

How do you typically respond to cravings? □ Ignore them □ Give in completely □ Find a healthier alternative □ Other: _____

DIGESTIVE HEALTH

Do you experience any of the following digestive issues? (check all that apply) □ Heartburn/reflux □ Bloating □ Gas □ Abdominal pain □ Nausea □ Constipation □ Diarrhea □ Undigested food in stool □ Mucus in stool □ Blood in stool

Bowel Movements: Frequency: ___ times per □ day □ week Consistency: □ Hard □ Formed □ Soft □ Loose □ Varies Color: □ Brown □ Black □ Clay/tan □ Green □ Other: _____

Do you take any digestive supplements? □ Yes □ No If yes, please list:

_____

HYDRATION

Daily water intake: ___ 8oz glasses

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Other beverages consumed daily:

_____

Do you drink water with meals? □ Yes □ No

Signs of dehydration you experience: (check all that apply) □ Thirst □ Dry mouth □ Dark urine □ Headaches □ Fatigue □ Dizziness □ Dry skin □ Other: _____

SUPPLEMENTATION

Do you currently take nutritional supplements? □ Yes □ No

If yes, please list all supplements, including brands, dosages, and reason for taking:

Supplement Brand Dosage Frequency Reason Duration

NUTRITION GOALS

What are your nutrition-related goals? (check all that apply) □ Weight loss □ Weight gain □ Improved energy □ Better digestion □ Reduced inflammation □ Manage a health condition □ Sports performance □ Overall wellness □ Other: _____

What nutritional changes are you willing to make? □ Major changes to diet □ Moderate adjustments □ Minor tweaks only □ Unsure

What obstacles might prevent you from making dietary changes? □ Time constraints □ Financial limitations □ Family preferences □ Lack of cooking skills □ Lack of knowledge □ Social situations □ Travel/work schedule □ Food availability □ Other: _____

Have you worked with a nutritionist or dietitian before? □ Yes □ No If yes, what was helpful? _____ What was not helpful?

_____

ADDITIONAL INFORMATION

Is there anything else about your nutrition, eating habits, or relationship with food that you would like to share?

_____

_____

_____

Patient Signature: _____ Date: ____/____/____

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Environmental Exposure Questionnaire

Dr. Nadia Azuero

Patient Name: _____ **Date of Birth:** ____/____/____

Today's Date: ____/____/____

Environmental factors can significantly impact your health. This questionnaire helps us identify potential exposures that might be affecting your wellbeing. Please answer as completely as possible.

HOME ENVIRONMENT

What type of home do you live in? □ Single family house □ Apartment/Condominium □ Mobile home □ Other: _____

Age of your home: _____

How long have you lived at your current residence? _____

Have you recently renovated your home? □ Yes □ No If yes, please describe renovations and when they occurred: _____

Do you have any of the following in your home? (check all that apply) □ Visible mold □ Water damage/leaks (past or present) □ Musty odors □ Carpeting - Age of carpet: _____ □ Gas stove/appliances □ Fireplace/wood stove □ Air purifier - Type: _____ □ Humidifier/dehumidifier □ Pets - Type and number: _____ □ Plants - How many: _____

Heating system: □ Forced air □ Radiator □ Electric □ Wood □ Other: _____

Air conditioning: □ Central □ Window units □ None

How often do you change your air filters? _____

Do you use any of the following? (check all that apply) □ Scented candles/air fresheners □ Essential oil diffusers □ Incense □ Pesticides indoors □ Bleach or ammonia-based cleaners □ "Green" or natural cleaning products □ Fabric softeners/dryer sheets

Do you have concerns about your drinking water? □ Yes □ No Water source: □ City/municipal □ Well □ Filtered □ Bottled

Type of water filter (if any): _____

OCCUPATIONAL EXPOSURES

Current occupation: _____

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Have you been exposed to any of the following at work? (check all that apply) □ Chemicals □ Solvents □ Pesticides □ Mold □ Dust □ Fumes □ Radiation □ Noise □ Vibration □ Extreme temperatures □ Poor ventilation □ Other: _____

Please describe any concerning workplace exposures: _____

_____

Previous occupations with potential exposures:

_____

_____

Do you use personal protective equipment at work? □ Yes □ No □ N/A If yes, please specify:

_____

COMMUNITY ENVIRONMENT

Do you live near any of the following? (check all that apply) □ Industrial facilities □ Agricultural operations □ Major highways □ Power plants □ Waste disposal sites □ Cell phone towers □ High-voltage power lines □ Areas with known air pollution □ Areas with known water contamination □ Other potential environmental hazards: _____

Are you concerned about pollution in your community? □ Yes □ No If yes, please describe:

_____

CHEMICAL EXPOSURES

Have you been exposed to any of the following? (check when and where)

Exposure	Past	Current	Home	Work	Community	Details
Pesticides/Herbicides						
Heavy metals						
Solvents						
Volatile organic compounds						
Mold						
Asbestos						
Radon						
Lead						

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Exposure	Past	Current	Home	Work	Community	Details
Mercury						
Formaldehyde						
Other						

Have you ever had your home tested for any environmental toxins? □ Yes □ No If yes, what were the results? _____

PERSONAL CARE PRODUCTS

Do you regularly use any of the following? (check all that apply) □ Conventional cosmetics □ Conventional hair products □ Conventional deodorant/antiperspirant □ Conventional perfumes/colognes □ Conventional lotions/moisturizers □ Conventional nail polish/removers □ Conventional sunscreen □ "Natural" or "organic" personal care products

On average, how many personal care products do you use daily? _____

REACTIONS & SENSITIVITIES

Do you experience any symptoms when exposed to the following? (check all that apply and describe symptoms)

□ New furniture/carpet: _____ □ Paint/varnish: _____ □ Perfumes/colognes: _____ □ Cleaning products: _____ □ Gas fumes: _____ □ Exhaust: _____ □ Cigarette smoke: _____ □ Certain buildings: _____ □ Public places: _____ □ Specific foods: _____ □ Medications: _____ □ Other: _____

Do your symptoms improve when you leave a particular environment? □ Yes □ No If yes, please explain: _____

Have you been diagnosed with any of the following? □ Multiple Chemical Sensitivity □ Sick Building Syndrome □ Mold illness/CIRS □ Chemical sensitivity □ Environmental illness □ Other related conditions: _____

EXPOSURE HISTORY

Have you ever lived/worked in a water-damaged building? □ Yes □ No If yes, for how long and when? _____

Have you ever been exposed to a chemical spill or toxic release? □ Yes □ No If yes, please describe: _____

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Have you traveled to areas with unique environmental challenges? □ Yes □ No If yes, where and when? _____

Are there specific exposures that you believe have affected your health? □ Yes □ No If yes, please describe: _____

DETOXIFICATION & TREATMENT HISTORY

Have you previously undergone any detoxification treatments? □ Yes □ No If yes, please describe treatments and results: _____

Have you made any changes to reduce your environmental exposures? □ Yes □ No If yes, what changes and what were the results? _____

Are you interested in exploring ways to reduce your environmental exposures? □ Yes □ No

ADDITIONAL INFORMATION

Is there any other information about your environmental exposures that you would like to share?

_____

_____

_____

Patient Signature: _____ Date:____/____/____

Chapter 5 Laboratory Policies

LABORATORY

PURPOSE: To provide required laboratory studies and to provide for expanded studies as needed.

POLICY: Staff providing any laboratory services will go through competencies on all equipment and proper technique to perform all tests. The clinic will offer the following services on-site.

ON-SITE LAB SERVICES

Adult/Pediatrics: The following are primary Laboratory Services offered by Clinton Regional Hospital Clinic but not limited to:

1. Urinalysis- dipstick. Urine exam by stick including ketones

3. Blood glucose

4. Exam of stool for occult blood

5. Pregnancy testing

Off-Site Lab Tests: Any additional laboratory tests are available at Clinton Regional Hospital Lab.

Clinton Regional Hospital Laboratory Director Roberto Valdez, B.S.

100 N 30th St., Clinton, Oklahoma 73601 (580) 547-5128

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CERVICAL SMEAR

ACOG Recommendations

American College of Obstetricians and Gynecologists (ACOG) cervical cancer screening recommendations are as follows:

First Screen:

About 2 years after first sexual intercourse or by age 21, whichever comes first.

Women Up To Age 21-29:

Cervical cytology testing every 3 years.

Women Age 30 To 65:

Women aged 30-65 should have a Pap test and an HPV test (co-testing) every 5 years (preferred). It is acceptable to have a Pap test alone every 3 years.

Further Requirements:

- Women should stop having cervical cancer screening after age 65 years if they do not have a history of moderate or severe dysplasia or cancer and they have had either three negative Pap test results in a row or two negative co-test results in a row within the past 10 years, with the most recent test performed within the past 5 years.

- Women who have a history of cervical cancer, are infected with human immunodeficiency virus (HIV), have a weakened immune system, or who were exposed to diethylstilbestrol (DES) before birth should not follow these routine guidelines.

- Guidelines Updated September 2013

Contraindications:

Patient refuses a cervical smear.

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CERVICAL SMEAR PROCEDURE:

1. Obtain Thin Prep pap smear, plastic spatula, and endocervical brush.

2. Position patient in the dorsolithotomy position.

3. Wash hands and apply gloves.

4. Insert speculum into vagina. Place contoured end of spatula on exocervix and rotate 45 to 90 degrees. Insert endocervical brush into cervical os until only bottom-most bristles are exposed. Slowly rotate 1/4 to1/2 a turn in one direction. If patient has had a hysterectomy, use only the plastic spatula and gently scrape the vaginal cuff to obtain specimen.

5. Place spatula and endocervical brush into the Thin Prep pap smear container and vigorously swirl them 10 times.

6. Place patient sticker, initials, date, and time on the container and place in bio-hazard bag. Fill out Cytology slip and prepare for transport to lab.

CHARTING

1. Record in patient's chart that pap was done and specimen sent to lab.

2. Results of Thin Prep pap smears should be given to the Physician or Mid-level Practitioner for follow-up

and patients contacted in a timely manner.

3. If pap was not done, note reason for this in the medical record.

4. Enter lab results into the patient chart.

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PAP TEST NOTIFICATION PROCEDURE

PURPOSE: To insure patient notification of both normal and abnormal Babe§-Papanicolaou Testing (Pap Test) results.

ABNORMAL RESULTS

The following procedures will be followed in notifying the patient of the results of an abnormal Pap Test:

1. Abnormal pap test results received at the clinic should first be reviewed by the Provider who, after consideration, will discuss patient notification with the nurse. The decision of who will then notify the patient will be made on a case-by-case basis.

2. If the patient cannot be reached by phone or in person, then a letter should be sent to the patient's home requesting that she contact the office. Results of the test shall not be given in the letter.

3. A copy of the letter, documenting the date the letter was mailed, should be entered into the patient record.

NORMAL RESULTS

1. If the Provider has determined the test was normal, the nurse may give the results to the patient either by phone or in person.

2. All communications sent will be placed in the medical record (copy of letter or documentation of the phone call made).

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BLOOD COLLECTION PROCEDURE

Laboratory procedures are to be followed exactly, and if any problems are encountered the Supervising Physician or Medical Director is to be notified immediately. If you have questions or require additional information, check with the Laboratory Supervisor at Clinton Regional Hospital, Supervising Physician, or your Medical Director.

COLLECTION EQUIPMENT

Laboratory testing equipment requires specific collection tubes. The Laboratory changes equipment as new technology becomes available; therefore, all blood samples should be collected in the correct tube using the most up-to-date requirements from the participating Laboratory who receives the samples for testing.

Laboratory testing supplies are inspected monthly for expiration and quality control. Monthly inspections logged onto monthly log sheet.

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GENERAL PROCEDURES

The following are general testing guidelines. Any directions that accompany the testing equipment should be followed, and it should be noted that the identifications by color of top may vary—always identify the equipment by Laboratory instructions if there are variances from these general guidelines.

1. VACUTA1NER TUBES: The first step in collecting a blood sample is to determine the appropriate collection vacutainer tube for the test ordered. Each tube contains different anticoagulants. It is imperative that the correct anticoagulant be used, as one anticoagulant may be suitable for one test or group of tests but not for others.

2. MIXING: Blood collected with anticoagulants must be properly mixed to prevent clotting. DO NOT SHAKE THE TUBE. Mix by inverting the tube ten to twelve times so that the anticoagulant is mixed thoroughly or a partial clot may form which will interfere with the test result.

STERILITY

All new needles and vacutainer are sterile. When the protective cover is removed from the new needle, the needle must not touch anything until it punctures the skin. If it should touch anything, discard it in the biohazard sharps container and use a new needle.

Alcohol pads are used to disinfect the site of puncture. Alcohol itself may destroy some of the bacteria present but it is the rubbing that is important. Rubbing with the pad removes many skin organisms.

If you did not enter a vein at one puncture site, replace the needle with a new one before attempting a second puncture. The first needle may have become contaminated and should not be used again.

PROCEDURE:

1. Identify the patient by his/her name and date of birth (Ask the patient directly for his/her name and date of birth, i.e., do not ask, "Are you Mrs. Jones?).

2. Explain the procedure.

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3. Position the patient so the vein you will use is readily accessible and so you are able to work in a comfortable position. (Never attempt a venipuncture on a standing patient. Patients can faint after a venipuncture and a standing patient might collapse).

4. Place the equipment where it is readily available but as not in danger of being upset by the patient.

5. Identify the optimal venipuncture site. (Arm veins are the best source, however it may be necessary to use hand or foot veins in certain circumstances.) Inspect the area you plan to use. Apply the tourniquet about midway between the elbow and shoulder and have the patient clench and unclench his hand. Always palpate for the vein, even when the vein is seen. If you are not certain that you have found a veinexamine the other arm. Sometimes veins in one arm are small, while those in the other arm are large. (Do not attempt to utilize "thrombosed" veins-they are usually firm, discolored, and tender to touch).

6. Don gloves.

7. Scrub the area for venipuncture with an alcohol pad.

8. The needle should be introduced bevel up. The vein should be held taught during the procedure. The

needle should be in line with the vein and at about a 15 degree angle with the skin.

9. As the blood flows into the tubes, watch the flow until collection is completed. If blood fails to enter the tubes, the needle may have not been introduced far enough. Advance it a little more. The needle may have gone to one side of the vein; if so, partially withdraw the needle and attempt another puncture. You may have gone completely through the vein, in which case you should slowly withdraw the needle. As the needle moves back into the vein, blood will flow. Be careful not to withdraw the needle once flow is established.

10. Release the tourniquet before removing the needle from the vein. Withdraw the needle gently. Place the cotton and apply pressure to the site. This is to avoid a hematoma, which is unsightly as well as painful.

11. Instruct the patient to keep the arm extended in a straight position and have him press the bandage for at

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least 3 minutes. Use the time to label specimens and clean the vacutainer holder. (If the patient is unable to hold pressure, you must provide the pressure as long as possible).

12. Before leaving the patient, you must inspect the puncture wound. On rare occasion, the blood flow may not stop readily. This continued flow may be related to the patient's disease. In such a case, keep the pressure on the site for 5 minutes or more. If bleeding continues, do not leave the patient until the situation is under control.

IDENTIFICATION OF THE BLOOD TUBE

IDENTIFY THE SPECIMEN BY PRINTING ON EACH TUBE:

1. The patient's name.

2. The patient's date of birth.

3. The initials of collecting personnel.

4. The date and time of collection. DISPOSAL:

• All used materials, except the needle and unused tubes, may be discarded into the wastebasket.

• Used needles are to be placed into the biohazard sharps container provided.

• **Never drop a needle into a wastebasket where it may injure someone.**

FLUIDS AND BLOOD COLLECTIONS:

Do not use the same arm for a venipuncture where an intravenous (IV) infusion is running in. The laboratory will receive a sample of the IV fluid instead of blood if the sample is collected above the IV line. Use the area below the IV site if available.

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FINGER STICK PROCEDURE

1. Identify the patient by his/her name and date of birth (Ask the patient for his/her name and date of birth,i.e., do not ask, "Are you Mr. Jones?").

2. Explain the procedure.

3. Position the patient so the finger you will use is readily accessible and so you are able to work in a comfortable position.

4. Place the equipment where it is readily available but as not in danger of being upset by the patient.

5. Identify the optimal puncture site. Choose a finger that is not cold or swollen.

6. With your left thumb and index finger, grasp the patient's finger, holding the sides of the finger with your right hand.

7. Moving your left hand toward the tip of the finger, apply a massaging motion to the fleshy portion of the finger, repeating 5-6 times.

8. Don gloves.

9. With the alcohol swab, cleanse the ball of the finger.

10. With a piece of dry cotton, thoroughly dry the ball of the finger

11. Inform the patient that you are going to perform the stick

12. Perform the finger stick with the lancet device, across the fingerprint area.

13. Eliminate the first drop by wiping with a gauze pad.

14. Produce a large enough rounded drop to fill the Accu-Chek strip.

15. Apply bandage to the puncture when enough blood is obtained.

16. Before leaving the patient, you must inspect the puncture wound. On rare occasion, the blood flow may

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FINGER STICK PROCEDURE CONTINUED

not stop readily. This continued flow may be related to the patient's disease. In such a case, keep the pressure on the site for 5 minutes or more. If bleeding continues, do not leave the patient until the situation is under control.

DISPOSAL

- All used materials except the needle and blood saturated items can be placed in the trash can.
- Used needles are to be placed into the biohazard sharps container provided.
- **Never drop a needle into a wastebasket where it may injure someone.**

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HEMOCCULT TESTING

PURPOSE: The hemoccult test is a rapid, convenient, and qualitative method for detecting fecal occult blood which may be indicative of gastrointestinal disease. It is not a test for colorectal cancer or any other specific diseases.

PROCEDURE: Specimen collection and testing procedures done in accordance with manufacturer's package insert*

**See manufacturer's package insert copy.*

QUALITY CONTROL: Hemoccult test card is tested for quality at the time patient testing by internal controls.

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URINE PREGNANCY TEST (QUALITATIVE TEST)

PURPOSE: To determine pregnancy.

The hCG Card Pregnancy Test is a rapid qualitative two-site sandwich chromatographic immunoassay (CIA) for the determination of human chorionic gonadotropin (hCG) in urine.

PROCEDURE: Specimen collection and testing procedures done in accordance with manufacturer's package insert. *

**See manufacturer's package insert copy.*

QUALITY CONTROL: hCG card pregnancy test kit is tested for quality once a month. Quality control testing is logged onto log sheet.

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RAPID STREP A TESTING

PURPOSE: The Strep A Test is a rapid immunochromatographic assay for the detection of Group A Streptococcal antigen.Strep A antigen is extracted from the throat swab by inserting into the testing devise and adding the extraction reagent.

POLICY: Rapid-Strep A testing is an offered service for Clinic patients.

PROCEDURE: Specimen collection and testing procedures done in accordance with manufacturer's package insert * A swab for a negative confirmation through the Clinton Regional Hospital lab will also be collected at the time of screening.

**See manufacturer's package insert copy.*

QUALITY CONTROL: Rapid Strep A test kit is tested for quality once a month. Quality control testing is logged onto log sheet.

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URINE DIPSTICK TESTING

PURPOSE: Testing urine for diagnosis and evaluation information.

POLICY: Urine dipsticks are performed to evaluate the following tests:

- Glucose.
- Bilirubin.
- Ketone.
- Specific gravity.
- Blood pH.
- Protein.
- Urobilinogen.
- Nitrite and leukocytes in urine.

Test results may provide information regarding the status of:

- Carbohydrate metabolism.
- Kidney and liver function.
- Acid-base balance.
- Urinary tract infection.

PROCEDURE: Specimen collection and testing procedures done in accordance with manufacturer's package insert. *

*See *manufacturer's package insert copy.*

QUALITY CONTROL: Urine dipstick test strips are tested for quality the day of patient testing, prior to patient testing. Quality control testing is logged onto log sheet.

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BLOOD GLUCOSE MONITORING

PURPOSE: This test is administered to determine blood glucose levels.

PROCEDURE:

1. Specimen collection and testing procedures done in accordance with manufacturer's package insert.*

Also see finger stick policy and procedure for technique protocol.

2. Record the blood sugar reading and the time that the patient last ate in patient chart.

*See *manufacturer's package insert copy.*

QUALITY CONTROL: Glucometer is tested for quality immediately before patient testing. Quality control testing is logged onto log sheet

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INFLUENZA; RSV; MONO TESTING

PURPOSE: This test may be ordered on patients for whom a diagnosis of influenza, RSV, and Mono will inform decisions regarding clinical care, infection control, or management of close contacts.

POLICY: The clinic may perform influenza testing on its patients.

PROCEDURE: Specimen collection and testing procedures will be done in accordance with manufacturer's package insert *

**See manufacturer's package insert copy.*

QUALITY CONTROL: Test kits will be tested for quality once a month. Quality control testing is logged onto log sheet.

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INFECTION CONTROL

Refer to Clinton Regional Hospital Infection Control Policy and Procedure on Sharepoint.

Access instructions: go to intranet home page, click on AHC Policy & Procedure link, double click on 'Infection Control2' folder.

Clinton Regional Hospital Infection Control Nurse

100 N 30th St Clinton, OK 73601

(580) 547-5128

Chapter 6 Medical Records

MEDICAL CHARTS

POLICY: Each patient seen within the Clinic must have an organized medical record that is legible, accurate, readily accessible, and easily retrievable.

POLICY:

1. A complete and accurate medical record will be maintained for each patient.

2. All records are kept in a secured place to assure limited access.

3. Standard forms and a predictable sequence of those forms will be maintained in the approved format unless specifically exempted by the Medical Director.

4. Patients may request their medical records be transferred to another physician or third party. This request will be honored only when accompanied by a signed release of information form.

5. The Clinic reserves the right to charge for the duplication costs involved in transferring medical records.

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GUIDELINES FOR MEDICAL RECORDS

Clinton Regional Hospital Clinic utilize an Electronic Medical Record (EMR) system. The EMR system follows the Guidelines for Medical Record Records.

CHART ENTRIES

PROCEDURES: Entries in the patient's medical record are made to reflect each client's event of care. Entries shall be characterized by general documentation guidelines, including the following:

1. Each patient shall have a unique medical record number or identifier assigned to his/her electronic record.

2. Each sheet/page entered into the patient chart should include patient's name and date of birth on the front side. (Any deviation from this policy must be approved by the Clinic Practice Manager.)

3. The original documents should be retained in the patient record

4. Factuality and objectivity:

a. Preliminary findings and observations noted as such.

b. Results of studies, test and evaluations and actions taken noted.

c. Freedom from negative comments about individuals, including the patient and family.

5. Accuracy: legible handwriting and no misfiled items.

6. Creation in normal course of patient care:

a. Entries made according to standard content.

b. Entries made on approved forms.

c. Abbreviations not to include any from the "DO NOT USE LIST."

7. Timeliness:

a. Notes will be done as close to the time of the actual event as feasible

b. Late entries and addendums so noted.

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CHART ENTRIES CONTINUED

c. Identifiable and clearly noted date (month/day/year in the following format: xx/xx/xxxx, i.e. 07/04/2011, with all digits spelled out).

8. The medical records are maintained in the clinic and are kept locked when the clinic is closed. The clinic staff is responsible for maintaining the records and ensuring that they are complete and accurate, readily accessible, and systematically organized.

OWNERSHIP OF MEDICAL RECORDS

The medical record shall be considered property of the clinic, which shall seek to safeguard it from unauthorized use, access, loss, or destruction. The patient's legally recognized interest in the content of the medical record shall be noted and honored by the development of appropriate access and release of information practices. Material shall not be accessed or released without patient consent.

The medical record shall not be removed from the premises except as required by specific subpoena or court order and approved by the Chief Officer or designee. Further, the documents shall not be placed in areas, workspaces, personnel lockers, or briefcases, where they are inaccessible for use by all authorized users.

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CHART INFORMATION ORGANIZATION

GENERAL ORGANIZATION OF MEDICAL CHART

To ensure consistency and accessibility of data, charts are recommended to be organized in the following manner.

INSIDE CHART CONTENTS The chart should include:

1. General release of information and permission to bill

a. HIPPA.

b. Consent.

c. Copies of required forms.

2. Most current patient demographic registration information.

3. Patient correspondence in date order (reverse chronological).

a. Letters.

b. Demographics.

c. Diagnostics.

d. Doctor correspondence.

e. Health history.

4. Patient Progress Notes, Diagnostic Tests, and Treatments

a. Progress notes.

b. Labs.

c. Hospital reports.

d. Emergency room reports.

e. Surgical reports.

f. Medication log.

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EXCLUDED CONTENTS

The following items should not be stored in the medical record:

- Encounter forms or superbills.
- Explanation of Benefits.
- Multiple copies of the same test results.

EXCEPTIONS

Clinic may request special exception to this organizational procedure through the Medical Practice Manager and/or Clinton Regional Hospital Administration.

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MEDICAL RECORD DOCUMENTATION

PURPOSE: Standardization of medical record documentation.

POLICY: The following standards for documentation will be adhered to by the Clinic.

PRINCIPLES OF DOCUMENTATION

1. The medical record should be complete and legible.

2. The documentation of each patient encounter should include: the date; the reason for the encounter; appropriate history and physical exam; review of lab, x-ray data, and other ancillary services, where appropriate; assessment; and plan for care (including discharge plan, if appropriate).

3. Past and present diagnoses should be accessible to the treating and/or consulting Provider.

4. The reasons for and results of x-rays, lab tests, and other ancillary services should be documented and included in the medical records.

5. Relevant health risk factors should be identified.

6. The patient's progress, including response to treatment, change in treatment, change in diagnosis, and patient non-compliance should be documented.

7. The written plan for care should include, when appropriate: treatments and medications, specifying frequency and dosage; any referrals and consultations; patient/family education; and specific instructions for follow-up.

8. The documentation should support the intensity of the patient evaluation and/or the treatment, including thought processes and the complexity of medical decision-making.

9. All entries to the medical record should be dated and authenticated.

WHAT IS DOCUMENTATION AND WHY IS IT IMPORTANT?

Documentation is the recording of pertinent facts and observations about an individual's health history, including past and present illnesses, tests, treatments and outcomes. The medical record chronologically documents the care of the patient in order to:

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MEDICAL RECORD DOCUMENTATION CONTINUED

• Enable the Provider and other health care professionals to plan and evaluate the patient's treatment.

• Enhance communications and promote continuity of care among Providers and other health care professionals involved in the patient's care.

Facilitate claims review and payment

• Assist in utilization review and quality of care evaluations.

• Reduce hassles related to medical review.

• Provide clinical data for research and education.

• Serves as a legal document to verify the care provided (e.g., in defense of an alleged professional liability

claim).

WHAT ARE COVERED SERVICES?

Covered services are those services that are payable in accordance with the terms of the benefit plan contract by the insurer. Such services must be documented and medically necessary in order for payment to be made.

WHAT ARE MEDICALLY NECESSARY SERVICES?

Typically, payers define medically necessary services as those services or supplies that are:

1. In accordance with standards of quality medical care.

2. Consistent with the diagnosis.

3. The most appropriate level of care provided in the most appropriate setting.

The definition of medical necessity may differ among insurers. Medically necessary services may/may not be covered services depending on the benefit plan.

Documentation within the patient's medical record must answer the following questions.

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1. Is the reason for the patient encounter documented in the medical record?

2. Are all services that were provided documented?

3. Does the medical record clearly explain why support services, procedures, and supplies were provided?

4. Is the assessment of the patient's condition apparent in the medical record?

5. Does the medical record contain information on the patient's progress and on the results of treatment?

6. Does the medical record include the patient's plan for care?

7. Does the information in the medical record describing the patient's condition provide reasonable medical rationale for the services and the choice of setting that are to be billed?

8. Does the information in the medical record support the care given in the instance that another health care professional must assume care or perform medical review?

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CHART REVIEW PROTOCOL

POLICY: It is the policy of Clinton Regional Hospital Clinic to conduct comprehensive chart reviews on a routine basis. The following guidelines and review forms should be used to conduct the reviews (Form subject to change).

PROCEDURES:

Consistent and complete documentation in the medical record is an essential component of quality patient care. Reviewers look carefully at a sample of records during an external records review, using the Medical Record Review Summary Sheet. The summary sheet and the guidelines are provided for use in self-evaluation prior to an external survey. The guidelines are:

1. Each and every page in the record contains the patient's name and Date of Birth.

2. Personal/biographical data includes address, employer, home and work telephone numbers, and marital status.

3. Current consent included in chart.

4. All entries in the chart are dated and initialed.

5. The record is legible to someone other than the writer. A second reviewer should evaluate any record judged illegible by one Provider reviewer.

6. Significant illnesses and medical conditions are indicated on the problem list.

7. If the patient has no known medical illness or conditions, the chart includes a flow sheet for health maintenance.

8. Medication allergies and adverse reactions are prominently noted in the record.

9. Past medical history (for patients seen three or more times) are easily identified and include serious accidents, operations, illnesses. For children and adolescents (18 years and younger), past medical history related to prenatal care, birth, operations, and childhood illnesses should be included.

10. For patients 18 years and over, notation concerning use of cigarettes, alcohol, and substance abuse is included.

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Chart Review Protocol Continued

11. Chief Complaint is noted.

12. Need for follow-up appointments are noted clearly in the chart.

13. No Show appointments are noted in the chart and attempts to contact patient to reschedule are

documented.

14. Immunizations are noted for pediatric patients (age 10 and younger).

Requests for immunizations should also be noted in the patient chart.

15. Documentation showing where preventive screening and services are offered, as appropriate for age and gender.

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CHART REVIEW

POLICY: It is the policy of Clinton Regional Hospital that all patients' charts should be reviewed prior to patient presentation, whenever possible.

PROCEDURE:

The nurse or receptionist reviews each chart for all necessary information including:

- Checking to see that all reports have been received from tests ordered and/or all consultant physicians.
- A record of the previous visit has been dictated, or progress notes entered, and filed.
- Transcription is complete and legible, and that all blanks have been filled in by the Provider who dictated the patient notes.
- Progress notes are legible and readable.
- Any forms that may be necessary for the impending visit are placed in the record.

If any of these items are missing, the person reviewing the chart should take steps to account for the missing information before the chart is returned to the file area.

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ACTIVE VS INACTIVE PATIENT STATUS

POLICY: Patients seen within the past three years and who have not been transferred to another Provider are considered active. Patients who have not been seen within three years, who have transferred to another provider, or who are deceased are considered inactive.

Chart Storage

1. Active Patients: The electronic medical record (EMR] of active patients will be stored at the Clinic site for immediate access.

2. Inactive Patients: All inactive patient records are stored on site.

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ACTIVE MEDICAL RECORD STORAGE AND RETRIEVAL

PURPOSE: To ensure consistency and accessibility of active patient medical records.
PROCEDURES: Specific procedures will be followed at each Clinic site.

All patient charts will be kept in an electronic format. Any forms presented to clinic on paper will be scanned into the patients chart and the paper copy will be destroyed or given back to the patient. No paper records are kept at the clinics

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TERMS OF RETENTION FOR CLINIC DOCUMENTS

PURPOSE: Storage and terms of retention of Clinic documents.

POLICY: Records of Clinton Regional Hospital Clinic shall be maintained in a safe and secure environment to assure compliance with certain state and federal regulations. Categories of records to be retained are listed below, with terms that the records are required to be kept.

PROCEDURE FOR STORAGE OF CLINIC RECORDS

1. All Clinic records are maintained through the current computer (EHR) System.

SCHEDULE FOR RETENTION OF CLINIC RECORDS

The Market Practice Manager/Clinton Regional Hospital will follow the following retention schedule:

CORPORATE RECORDS:	TERM OF RETENTION:
Articles of Incorporation	As long as corp, is active
Corporate	As long as corp, is active *(Sec. of State maintains a copy)*Indefinitely
Board minutes	Indefinitely
Miscellaneous correspondence & admin papers	1 yr
Provider employment agreements	6yrs
Deeds, Mortgages, Bill of Sale	Indefinitely
MANAGEMENT RECORDS:	**TERM OF RETENTION:**
Encounter forms (originals)	6yrs

All billing information is maintained with

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current computer billing system	N/A
All financial records including MOR's	3yrs
Deposit slips	6yrs

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Cancelled checks: all checks are generated thru Clinton Regional Hospital Accounting Department and will be retained as scheduled thru appropriate terms of that department

TAX RECORDS:

• All tax records are maintained thru Clinton Regional Hospital and will be retained as scheduled thru appropriate terms of that department.

MEDICAL RECORDS:

• Will be maintained according to state's statute of limitations for retention and destruction

• It is prudent to retain all patient records for a minimum of seven (7) years after the last treatment, or after the patient reaches their majority whichever comes last.

MISCELLANEOUS:	TERM OF RETENTION:
• Correspondence and administrative papers	6yrs

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DISPOSAL OF EXPIRED MEDICAL RECORDS

All medical records that have exceeded retention guidelines are securely stored until destroyed by professional shredding company. Company who provides secure shredding service to this clinic is:

AUTHORIZATION TO RELEASE

The Clinic Coordinator will approve all medical record information releases and ensure that all employees are aware of relevant guidelines. All medical record information release requests will go to Health Information Systems at Clinton Regional Hospital Clinic. The following guidelines are applicable for all medical record requests that are sent to Clinton Regional Hospital Health Information Management.

PROPERTY OF MEDICAL RECORD

1. The medical record is the property of the Clinic. It is maintained for the benefit of the patient The medical group has a responsibility to protect the record against loss, defacement and tampering, as well as any unauthorized use.

2. Written consent of the patient or legal qualified representative is required for the use and disclosure of a patient's health information for purpose of treatment, payment, and health care operations (i.e., quality, assessment, auditing, business planning, and general administrative functions).

3. Written authorization is required for uses and disclosures of health information for any other purposes to any person not otherwise authorized to receive this patient information.

4. The consent will be obtained on a "Consent for Release of Medical Information" form.

GENERAL REGULATORY REQUIREMENTS AND RELEASE OF INFORMATION

1. Health care providers, who are not members of the Clinic's medical staff, must present written authorization before information from the record may be released and/or transferred to them. There is no charge for this service.

2. Medical information is not to be released to life and/or disability insurance companies without a written authorization. Insurance companies will frequently utilize written consents signed at the time of application to obtain information. These are valid for a



period of up to 2 years from date of signature. An exception to these releases is psychiatric, alcohol or drug abuse information.

3. Information relating to treatment of alcohol or drug abuse may be released only with the written authorization of the patient that specifies release of this particular information or with a court order

4. Chart information regarding treatment of minors without parental consent needs to be marked "Confidential-Do Not Copy." The office staff is not to copy this information, if the record release is from a parent of the minor. If the record is being released by request of the minor, the information should be included.

5. Information of a psychiatric nature should be released only after consulting the psychiatrist, psychologist, or attending physician. Specific written authorization is required from the patient, and it must have an expiration date.

MEDICAL INFORMATION RELEASE WITHOUT CONSENT

1. Health information may be disclosed without authorization to public health authorities for public health purposes per local and state laws.

2. Health information may be used or disclosed for research without authorization if approved by an Institutional Review Board (IRB) or a privacy board.

3. State licensing boards may have access to the medical record as required by law or regulation.

4. Verbal requests for medical information must be limited to situations in which physicians of health care facilities treating the patient request information to provide good continuity of care in urgent situations.

5. When in doubt about a caller's identity, take name and phone number, then call back to verify. If still in doubt, request that they come by in-person.

PATIENT ACCESS TO MEDICAL INFORMATION

1. With written request, and with reasonable notice, Clinton Regional Hospital Information

Management (HIM) will provide a patient or designee, with a copy of the medical record. If the patient chooses, copies of the "pertinent" portion of the record may be obtained. HIM

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will respond in 48 business hours unless the record is off the premises. If it is off the premises, then HIM will respond in 7 days. If extenuating circumstances arise, HIM will provide notice that it needs an extension for an additional 30 days.

2. HIM will release the entire medical record as authorized by the patient, which includes notes and information contained from an outside provider.

3. Requests for medical records must contain the name and address of the patient and provider, the person or organization to which information is to be released, and a statement that the request may be revoked by the patient, the specific information requested, the date of the request, the purpose and signature of the patient. A statement that the request complies with these regulations, and has been approved by the attorney should be included.

1. HIM reserves the right to a five working day completion time for these releases.

2. If a patient requests a copy of health information, HIM may charge a reasonable, cost-based fee for the copying, per state guidelines.

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RECORDS OF ADOPTED CHILDREN

1. Prior to the release of any medical record, it will be thoroughly read to make sure that if it is an adoptee's chart, it does not contain pre-adoptive identifying data. If this type of information is found, it will be brought to the attention of the Health Information Management (HIM) director, who will handle this record release.

2. No one may release chart information with identifying data on an adoptee contained in it. All of these releases are to be completed by HIM. If it is a true emergency, copy only necessary information and blacken any pre-adoption identifying information, and proceed as usual with the release.

3. UPON NOTICE OF AN ADOPTION, THE MEDICAL PRACTICE MANAGER, IN CONJUNCTION WITH QUALITY/RISK MANAGEMENT & ATHENA/PPSI, WILL:

a. Copy information referring to the medical /mental condition of the child (including abuse or mistreatment).

b. Blacken names of original parent(s) or other identifying information (other names, addresses, phone numbers, etc.) on the copies.

c. Create a new medical record folder with the child's new name, new family information and altered records.

d. Delete child from former family listing/computer. (If outstanding bill, consult Billing Department)

e. Create new computer record for child's new identity with the new responsible party.

f. Type a note including the following, and send to the Legal File in the corporate offices:

- Date of Birth.
- Date of adoption.
- Original name of child, birth parents, chart number.
- New name of child, new parents, chart number.
- Date and sign.

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4. There is no other cross-reference of this information, except in the Legal file located in Administration.

5. File both medical records on the shelf.

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RELEASE OF INFORMATION TO A DIVORCED PARENT OF A DEPENDENT

Occasionally, questions arise regarding release of information to either one of a child's divorced parents. Either one of a child's divorced parents may request and receive medical information, with one exception: if a court has issued an order that limits the non-custodial parent's access, and if the provider has received a copy of the order or has actual knowledge of it, then information may not be released to that parent.

It is not necessary to inquire regarding the existence of a court order, as it may be assumed that if custodial parent has acquired a court order, that parent would have forwarded a copy to or, at a minimum, verbally reported its existence to the Provider. It is important, however that the medical record be reviewed prior to release of records to confirm the presence/acknowledgement of a court order.

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MEDICAL RECORD TRANSFER

RECORD TRANSFER - GENERAL GUIDELINES

1. Patients may request that their medical records be transferred to another physician or a third party. That request will be honored only after a signed Release of Information form is completed at the Clinic or Clinton Regional Hospital Health Information Management (HIM)

1.Information that may be released includes:

- Work status.
- X-rays and lab reports.

2.Consultant reports or physician notes are not to be released unless explicitly authorized by the physician.

TYPICAL REQUESTS

1. Request for transfer of medical records to another physician within the Clinic.
2. Request for transfer of medical records to another physician outside the Clinic.
3. Referral physician who is consulting on patient care.
4. Insurance companies requesting medical records.
5. Insurance companies requesting insurance form completion.
6. Workers Compensation.

TRANSFER OF ROUTINE PATIENT NOTES AND/OR TEST RESULTS

In cases where the Provider has referred a patient to another physician, routine requests for work status, x-rays and lab reports may be honored, so long as a signed Release of Information form is obtained from the patient in the Clinic. These transmissions should include only the minimum amount of information necessary to accomplish the goal.

All instances where any portion of a patient record is so shared must be documented within the record, telling the date, how the information was transmitted, why, and to whom.

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SUBPOENA COMPLIANCE

PURPOSE: Guidelines for subpoena compliance.

POLICY: It is the policy of Clinton Regional Hospital Clinic to cooperate with civil authorities and to comply with state and federal law regarding subpoenas.

PROCEDURES: All subpoenas served for clinical records will be processed by an externally contracted copy service employed by Clinton Regional Hospital. The transfer of clinical records is not to be done by the clinic employees.

All subpoenas for any type of records or for personal testimony of individuals are to be forwarded to the Medical Practice Manager, who will determine the parties responsible for follow up and who will notify the Risk Manager of the subpoena. The Risk Manager will do all other notification of personnel as deemed necessary.

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COURT ORDERS

PURPOSE: Court orders (issued by Judges) for patient information carry more force than subpoenas.

POLICY: All staff and providers should comply with court orders.

PROCEDURES: If a court order is received by any clinic staff member, the following procedures should be followed:

1. Bring any court order to the immediate attention of the Supervising Physician and/or the most senior staff person.

2. Contact the Medical Practice Manager immediately with regard to the details of the court order. The Medical Practice Manager will then contact the Quality/Risk Management Department.

3. The Quality/Risk Management Department will provide further instruction.

4. Consult legal counsel regarding compliance or any objection to compliance.

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Chapter 7

Reception and Billing Practices

TELEPHONE GREETING

PURPOSE: To better serve the patient with an expedient and uniform telephone service
POLICY: The following guidelines will be consistently implemented.

PICK-UP STANDARDS

1. Primary responsibility for answering the phone will be given to the front desk appointment scheduler, who will field calls accordingly.

2. Secondary responsibility for answering the phone will be given to nurses.

3. The phone will be answered within three (3) rings.

4. No caller will be placed on hold until confirming that the situation is not an emergency.

5. No caller will be involuntarily placed on hold. Always ask permission to place a caller on hold.

6. The person who placed the caller on hold is responsible for making sure the caller was able to reach his/her party. If the caller is on hold for longer than 90 seconds, check back with him/her and ask if they would like to continue to hold or would prefer a call-back.

7. All calls requiring call-backs are to be

- Recorded on message slips, or
- Forwarded to the appropriate voicemail box (where system is available).

8. Calls requiring the nurse, Mid-level Practitioner, or Physician will have the patient chart pulled and delivered with the message.

9. All calls that are screened are reviewed at the end of the day to ensure everything has been handled. Have necessary reference materials handy (including message pad, appointment calendar, medical charts).

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10. Phones are not to be off service and must be answered during all normal working hours of the Clinic, with the exception of lunch hours.*

*NOTE: Exceptions include management approved meetings.

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TELEPHONE GREETING STANDARDS

1. Answer the phone with:

"Good morning (afternoon, evening), Clinton Regional Hospital Clinic.
This is _____. How may I assist you?"

2. Ask the caller's name and use his/her name at least once during the conversation.

3. Be courteous. Say "please" and "thank you" when appropriate.

4. Make sure the caller has obtained all the information requested before concluding the call.

5. Thank the caller for calling.

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TELEPHONE COMMUNICATION

PURPOSE: The telephone remains an essential tool in the clinic, generally the first method of contact with patients and professional colleagues.

POLICY: Courteous professionalism must be maintained at all times when the telephone is used:

1. All employees of the Clinic shall provide consistent, efficient and courteous telephone communication service to all internal and external customers.

2. All personnel will adhere to the patient confidentiality policy regarding the release of confidential patient information via the telephone.

3. All new personnel will be informed of the Clinic's general telephone communication procedures as well as use of the specific site phone system.

4. Use of the Clinic phone system for personal use should be limited to emergency use only.

5. Calls should be made or received away from patient care areas. Misuse of work phones for personal use may be grounds for progressive, corrective disciplinary action.

TELEPHONE COMMUNICATION PROCEDURES

It is the responsibility of the manager to ensure that the following established general Telephone Communication Procedures are followed at all times.

1. Answering Time: All internal and external telephone calls should be answered between the first and fourth ring. No major entry telephones shall be left unattended during working hours.

2. Identification: The person answering the call will always identify the Clinic site and give his/her name. For example, "(XYZ Clinic), this is Elizabeth, may I help you?"

3. Courtesy/Voice: Helpful, pleasant tone of voice will be used at all times. The caller's last name and title will be used whenever possible (unless requested otherwise by the patient), for example, "Mr. Jones." All conversations will be completed on a positive, professional note.

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TELEPHONE COMMUNICATION PROCEDURES CONTINUED

4. Information: Careful, attentive listening to caller's needs is required. Information given or received will always be verified with the caller by repeating or asking appropriate questions. When taking messages, the following will be included:

- Whom the call was for.
- Name of the caller (spelling verified).
- Day and time of the call.
- Telephone number or extension of the caller.
- The message itself.
- Whether the caller wants the call returned or will repeat the call later.
- All messages to be returned will be initialed and delivered as soon as possible (sick/emergency immediately; non-urgent within % hour).

5. Waiting Intervals: The caller will always be asked permission to hold the call or to be called back. All calls will be put "on hold" after receiving a response from the caller, never just by putting the receiver down. Callers on hold will be "returned to" no later than every 90 seconds, informed of the progress and given the opportunity to decide if they wish to continue holding; i.e., "It will take another minute or so more. Do you care to wait or shall I call you back?"

6. Transfers: Persons answering the call will always explain the need to transfer and ask permission. The new extension/phone number will be provided in case of disconnection and for the caller's future reference. Special attention will be given to inappropriately transferred calls. Before another transfer is made, the person answering the call will make certain that this time the caller will be connected to the appropriate party or will receive needed information; i.e., "I am going to connect you with Mary Jones. I am sure that she will be able to answer your questions more fully."

7. Screening: On occasions when screening of calls is required (i.e. when the call is for the physician) callers will be asked his/her name and, if appropriate, the nature of the call.

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TELEPHONE COMMUNICATION PROCEDURES CONTINUED

After screening, the name of the caller will be given to the person for whom the screening was done; i.e., "May I say who is calling please and convey the nature of your call?"

8. Telephone Calls Of A Sensitive Nature:

a. In all situations, the person answering the call will listen carefully, not interrupt, argue or contradict. Let the caller know that his/her feelings are understood. The caller will always be thanked for bringing the problem to the Clinic's attention; i.e., "I understand your feelings. I am very sorry that this situation upset you. I will investigate this immediately and call you back this afternoon."

b. If the problem is identified as beyond the employee's capability to handle, the caller should be informed that the Office Coordinator will be advised and will contact the caller within a specific time period. The Office Coordinator assumes responsibility for resolving the issue by contacting the appropriate persons or departments.

c. Managers/Supervisors should be notified immediately of the problem presented by the caller.

9. Abusive Callers: A caller using abusive language will be told that to be helped or responded to, he/she must stop using such language. If the caller continues, he/she will be told that the person answering the call will have to terminate the conversation. If the caller still continues, the person answering the call will hang up the receiver and document the encounter; i.e., "I am sorry, I do want to help you, but I cannot listen to your abusive language. I will have to end our conversation.

10. Placing A Telephone Call: When placing a call outside the Clinic, callers will give their name and Clinic location as often as possible, i.e., "Hello, Ms. Warren, this is Elizabeth from the Clinic."

11. Out Of Office Recorded Messages: Any time the clinic is closed, and the phones will not be answered, the answering machine should be turned on with a greeting that identifies:

a. Name of the office that has been reached.

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TELEPHONE COMMUNICATION PROCEDURES CONTINUED

b. The fact that you are unable to take the call, and the reason. Examples: it is after hours; the office is closed for (a holiday), etc.

c. Regular office hours, including when the office may be closed for lunch.

d. When the office will reopen, in the case of a holiday.

e. Instructions for what to do in the case of an emergency.

f. Thank you for calling.

12. Voice Mail: If applicable, all voice mail greetings should be established to give callers confidence that they will receive the service needed. Voice mail greetings must be updated routinely to reflect current work schedules. Let callers know when someone will be returning their calls; or give them the option to page; or tell them how to reach a co-worker who is taking calls during an absence. Employees should answer calls when at their desks. Routinely screening calls is never proper business etiquette.

13. Call Forwarding/Use of Voice Mail: Where applicable, and as necessary, calls may be forwarded to another location/person, or the "voice mail box" system may be used. Upon return, all of the messages shall be obtained as soon as possible and responded to, as appropriate. It is the Office Coordinator's responsibility to assure that if the person to whom the voice mail is transferred is absent from the workstation, another employee personally answers this phone daily.

14. Communication With Non- or Limited-English-Speaking Callers: In the case of calls from non- or limited English-speaking callers where the person taking the call cannot determine the nature of the problem, the call should be referred to the Office Coordinator who should use good judgment to resolve the issue. If the problem is an emergency, then the person should be referred to the Emergency Room.

COMMUNICATION WITH DEAF/HARD OF HEARING CALLER The Telecommunication Device for the Deaf (TTD) is not available in the Clinic. TDD is available at Clinton Regional Hospital.

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TELEPHONE INQUIRIES

PURPOSE: Routing telephone inquiries to the person/s best qualified to respond.

POLICY: It is the policy of Clinton Regional Hospital Clinic to distribute the following types of inquiries to the identified persons or departments.

TELEPHONE ROUTINE

1. Be professional and courteous.

2. **Do not practice medicine with callers;** refer clinical questions to the Nurse.

3. Transfer urgent problems to the Nurse.

4. Scheduling difficulties and unexpected visits should be handled in consultation with the Medical Practice Manager.

5. Obtain sufficient information about the caller's problem(s).

6. Refer irate callers to the Medical Practice Manager.

7. Calls from hospital nurses, departments (i.e., lab, x-ray) and consulting services should be routed through the Nurse or Physician if appropriate.

8. When scheduling referrals to another physician, give as much information as possible and state the degree of urgency for the appointment. Ask to be notified if the patient fails to show for the appointment.

9. Insurance companies should be referred to Clinic Coordinator.

10. Never discuss patient's medical problems without an authorized release

11. Enter date, time, name of person calling and the purpose in the Patient's chart.

12. Refer attorney inquires to the Provider and/or Medical Practice Manager.

Clinton REGIONAL HOSPITAL

COMMUNICATIONS

- Personalized contact should demonstrate warmth, individualized attention.
- Explain office schedule delays to patients; offer an opportunity to reschedule if that is more convenient to the patient.
- Respond to patients quickly.
- Alert the Patient's Provider and Medical Practice Manager about disgruntled/hostile patients.
- Beware of excessive familiarity; keep communications on a professional level
- Encourage patients to write down questions for the provider; written instructions are more effective.

PROCEDURE FOR COMMUNICATION WITH LIMITED ENGLISH PROFICIENT (LEP)

Clinton Regional Hospital Clinic will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Clinton Regional Hospital Clinic is to ensure meaningful communication with LEP patients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Clinton Regional Hospital Clinic will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

PROCEDURES:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

Clinton Regional Hospital Clinic will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTERPRETER

CyraCom has agreed to provide qualified interpreter services. The agency's telephone number is **1-800-481-3293, Client ID #501037529, PIN 9683** and the hours of availability are 24 hours a day, 7 days a week. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING NOTICE TO LEP PERSONS

Clinton Regional Hospital Clinic will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand.

Clinton REGIONAL HOSPITAL

PROCEDURES FOR COMMUNICATING INFORMATION TO PERSONS WITH SENSORY IMPAIRMENTS

The Clinic will take such steps as necessary to ensure that qualified handicapped persons, including those with sensory or speaking skills, receive effective notice concerning benefits or services or written material concerning waivers or rights or consent to treatment.

Written information will be provided to hearing-impaired persons as practical.

For persons with speech impairments, written materials are available in order to facilitate communication of information concerning program services and benefits, waivers of rights, and consent to treatment forms.

For persons with visual impairments, the Clinic staff will communicate the content of written materials concerning benefits, services, waivers of rights, and consent to treatment forms by reading them out loud to visually impaired persons.

For persons with manual/physical impairments, the Clinic staff will assist anyone requiring help in any way. A wheelchair is available upon request. The special parking space and international symbols of access are in place.

Any patient who is in need of assistance within the facility and facility grounds will be provided assistance by appropriate staff.

Clinton REGIONAL HOSPITAL

APPOINTMENT SCHEDULING FOR ESTABLISHED AND NEW PATIENTS

PURPOSE: Scheduling of appointments for established and new patients.

POLICY: An appointment may be scheduled either by telephone or in person by Clinic staff.
PROCEDURES: The following information is essential in appointment scheduling:

1. Patient Name.

2. Telephone Number(s) (2 phone numbers if available).

3. Reason for Visit.

4. Date of Birth.

5. Insurance Coverage.

Clinic Staff will schedule appointments using the computer-based software system Athena, assigning a date and time for each appointment.

MINI-REGISTRATION/LIMITED REGISTRATION

At the time of scheduling, a mini-registration will be performed by telephone for all new patients and limited registration information will be verified for established patients who have not been in the office within the past 30 days.

Clinic staff will review the appointment details with the patient prior to ending a call or the patient's leaving the office. If patient is present, Clinic staff will complete and present an appointment card to patient prior to the patient leaving the clinic.

Before ending the call, patients should be asked to be prepared to pay any outstanding patient balances, if any exist, at the next appointment along with applicable co-pays or deductibles.

Clinton REGIONAL HOSPITAL

REQUIRED INFORMATION AT TIME OF APPOINTMENT SCHEDULING

PURPOSE: It is essential that completed information be obtained from each patient at the time the appointment is scheduled.

POLICY: The following information should be collected at the time of appointment scheduling:

PROCEDURES:

1. Collect the following information:

a. Patient's name and phone number(s) (2 if available).

b. Status: if the patient is new, indicate this in the appointment scheduler.

c. Who referred him/her to the Clinic?

d. Type of complaint.

e. Type of insurance and insurance number.

f. The date and time of appointment.

g. Any tests performed recently related to the problem identified.

h. Mandatory fields in the electronic record must be completed for correct patient registration.

4 Advise the patient of the billing and collection policy.

Clinton
REGIONAL HOSPITAL

APPOINTMENT REMINDER CALLS

PURPOSE: To remind patients of scheduled appointments, avoiding missed appointments.

POLICY: Automated patient reminder calls will be made forty-eight (48) hours prior to the scheduled appointment and confirmation will be noted in appointment scheduler. Patients will also be reminded to bring their insurance card and co-payment.

Clinton REGIONAL HOSPITAL

APPOINTMENT NO-SHOWS

PURPOSE: Handling patients who fail to appear for a scheduled appointment.

POLICY: Patients who fail to present for a scheduled appointment without contacting the Clinic within 24 hours to cancel the appointment will be considered a "no-show." Patients who consistently fail to present themselves for scheduled appointments will be considered a chronic "no-show" and subject to dismissal from the practice.

PROCEDURES:

1. Patients will be notified of the no-show policy at the time of initial registration.

2. Patients shall be contacted either by phone or mail (dependent upon the urgency of condition) in attempt to reschedule.

3. All correspondence should be documented in the patient's medical record.

MISSED APPOINTMENTS

Patients who fail to show for a scheduled appointment, which may adversely affect the outcome of their illness, will be contacted via telephone, regular mail, and certified mail with return receipt requested, as necessary, to inform them of the importance of their follow-up visit.

All communications sent will be placed in the medical record (copy of letter or documentation of the phone call made)

Clinton REGIONAL HOSPITAL

FOLLOW-UP APPOINTMENTS

PURPOSE: Scheduling of follow-up appointments.

POLICY: Follow-up appointments, where required, will be scheduled at check-out, before the patient leaves.

PROCEDURES:

1. Physician/Practitioner indicates on the encounter form the time and nature of any follow-up appointments for the patient.

2. When the patient surrenders his/her encounter form to the check-out personnel, the follow-up appointment should be made at that time unless the patient refuses. This is for patient and Clinic convenience, reduction of incoming phone calls, and mitigation of legal responsibility.

3. The patient should be given a card indicating the date and time of the next appointment.

Clinton
REGIONAL HOSPITAL

WALK-INS

PURPOSE: All of our appointments are walk in.

POLICY: It is the policy of Clinton Regional Hospital that patients walking in to the office with no appointment should be handled in the most appropriate manner.

PROCEDURES: Patients walking in to the office with no appointment should be handled in the following way:

1. Ask the patient to explain his/her problem/condition. If the problem/condition is an emergency, contact the clinical team immediately for assistance. As appropriate, the team may instruct the patient to proceed to the nearest emergency department.

2. If not an emergency, indicate to the patient that the Clinic accepts walk-in clients and will be happy to assist them as soon as possible.

3. Register the patient.

4. Schedule the patient as a walk-in.

5. Ask the patient to be seated, indicating to the patient that there may be a wait.

6. Inform the nurse, practitioner, or physician that there is a walk-in patient to be seen.

7. Prepare the patient's chart and work in the patient as soon as the schedule permits.

Clinton
REGIONAL HOSPITAL

WAITING TIME

PURPOSE: To define the allowable waiting time for and appointment and procedures for keeping the patient informed.

POLICY: It is the policy of Clinton Regional Hospital to limit the amount of time a patient waits at the Clinic office for an appointment and to keep the patient informed of any prolonged delays.

PROCEDURES:

1. The targeted amount of time between the time of a scheduled appointment and when the patient sees a provider will be less than 20 minutes

2. If the patient is kept waiting more than 20 minutes, he/she will be approached directly and provided the reason for the delay.

3. If an emergency or unplanned event causes the Physician or Practitioner to be delayed getting to clinic, all staff members (nursing and front office) will be informed immediately and provided with the information regarding the delay, including the time when the provider is expected. The nurse teamed with the provider for that clinic will approach each patient to inform them of the delay. Patients will be given the option of waiting or rescheduling. If they choose to reschedule, the front office will assist them immediately in rescheduling the appointment.

4. If there are patients who are scheduled during the period of the physician's/practitioner's delay but have not yet arrived at the Clinic, these patients will be contacted immediately to inform them of the delay and reschedule their appointments.

Clinton
REGIONAL HOSPITAL

NEW PATIENT CHECK-IN

New patients will check-in at the front desk prior to being seen by the provider in order to complete the registration process. Complete demographic and insurance information, as well as insurance verification, will be collected or verified prior to the patient being seen by the Provider.

PROCEDURES:

1. New patients will be asked to complete a New Patient Registration Form. The most current signed Patient Registration Form or Face Sheet will be filed in the patient's medical record, behind the appropriate tab.

2. Clinic staff will ensure that all demographic and insurance data have been provided prior to the patient being seen by the provider to ensure that the billing office will have all necessary information.

3. New Patients will be asked to provide a valid insurance card and/or identification at the time of the scheduled appointment. A photocopy of the front and back of each will be made and maintained in the patient's medical record.

4. Patients with insufficient insurance information at the time of service will be registered as "patient responsible" for charges incurred.

5. Clinic staff will place a Charge Slip/Encounter Form after the registration information has been collected.

6. The Charge Slip/Encounter Form will be attached to the patient chart and forwarded to the appropriate staff for treatment.

Clinton REGIONAL HOSPITAL

ESTABLISHED PATIENT CHECK-IN

PURPOSE: Checking in patients who are already established in the system and who have been seen before by the Provider.

POLICY: Established patients will check in at the front desk prior to being seen by the Provider in order to verify the registration information on file.

PROCEDURES:

1. Staff should review the information on the patient's face sheet to confirm all necessary information upon each visit.

2. Staff will note any changes to demographic and insurance information in the EMR. The most current Face Sheet will be filed in the patient's medical record, behind the appropriate tab.

3. Patients with insufficient insurance information at the time of service will be registered and billed as "Patient Responsible" and/or "Self-Pay" for charges incurred.

4. A Charge Slip/Encounter Form will be attached to the patient chart and forwarded to the appropriate staff for processing.

Clinton REGIONAL HOSPITAL

PATIENT CHECK-OUT

PURPOSE: Procedures for checking patients out after they have been treated.

POLICY: After the provider has seen the patient, the provider will indicate the services provided and the appropriate co-payment, and/or deductibles or other money will be collected and a receipt provided to the patient.

PROCEDURES:

1. All patients and their completed Charge Slip/Encounter Forms will be directed to the check-out desk after being seen by the Provider.

2. Provider should sign the Charge Slip/Encounter indicating services provided and diagnoses, accurately coded to level of severity. The Clinic Coordinator then documents the charges for the visit on the Charge Slip/Encounter Form.

3. Clinic will then enter this information in for coding and billing.

4. Clinic staff will ask the patient for any money due for the day's services, co-pays, and/or deductibles.

5. Any payments received will be indicated on the Charge Slip/Encounter Form as paid at check-out.

6. Clinic staff will schedule follow-up appointments as appropriate.

7. A receipt will be provided to the patient summarizing the day's activity

Clinton REGIONAL HOSPITAL

PATIENT ACCOUNT ASSIGNMENT

PURPOSE: To link patient record information through a unique identifying number.

POLICY: The patient billing system has been designed so that each patient will be assigned an account number for all financial activity. All patient activity shall be entered in the assigned patient account.

PROCEDURES:

1. Each patient will be assigned an individual account number for billing through Athena.

2. The guarantor of each patient will receive a separate statement of activity for each patient seen at the clinic site.

Clinton
REGIONAL HOSPITAL

ASSIGNMENT OF BENEFITS

PURPOSE: Assure that all patients sign an Assignment of Benefits statement.

POLICY: It is the policy of Clinton Regional Hospital Clinic that all patients will be presented with an Assignment of Benefits statement for their signature.

ASSIGNMENT OF BENEFITS STATEMENT

The following statement will be integrated into the Registration form and completed by patients presenting for their appointments.

Assignment of Benefits:

*I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to Clinton Regional Hospital who accepts assignment.

Signature:_____

Clinton
REGIONAL HOSPITAL

INSURANCE WAIVER STATEMENTS

It is the policy of Clinton Regional Hospital Clinic that proof of insurance should be provided upon registration for all appointments. If proof of insurance is not available, the patient will be informed that coverage cannot be confirmed and that he/she is responsible for the payment for the payment of the services to be rendered at time of service.

INSURANCE COVERAGE WAIVER

All patients presenting without insurance coverage will be informed of their payment responsibility and given an Insurance Coverage Waiver to sign. If the patient refuses to sign the waiver, ask the patient if he/she would like to reschedule the appointment or to contact his/her insurance company to have proof of coverage faxed to the clinic. If the patient does not cooperate, contact the Clinic Practice Manager.

SAMPLE INSURANCE COVERAGE WAIVER STATEMENT:

I_____do not wish for services received to be billed to my insurance company, and in so electing I agree to pay all fees associated with any office visits at the time of service.

INSURANCE WAIVER OF LIABILITY

All patients undergoing services believed to not be covered by their insurance carrier must be informed and then asked to sign an Insurance Waiver of Liability stating that the patient agrees to assume responsibility for payment of the services should the insurance carrier deny payment.

SAMPLE INSURANCE WAIVER OF LIABILITY STATEMENT:

I_____ have been notified that my insurer may deny payment for the service identified above. If the insurer denies payment, I agree to be personally and fully responsible for payment.

Clinton
REGIONAL HOSPITAL

PAYMENT

PURPOSE: To ensure that payment is received for services rendered.

POLICY: The Clinic requests payment at the time of service.

PROCEDURES:

1. For Clinic patients:

a. If the patient is covered by an insurance plan in which the Clinic participates, the plan co-pay is to be collected at time of service.

b. If the patient is self-pay, 100% of payment is required unless other payment arrangements have been made for that day's services.

c. If the patient is covered by a plan in which the clinic does not participate, 100% of that day's services is due at the time of service, and the encounter form will be provided to the patient so the patient may bill his/her insurance carrier. Clinton Regional Hospital Clinic does not provide courtesy billing of non-participating insurance carriers and secondary insurance.

2. If a patient is being seen for an employer-authorized work-related injury, the clinic will bill Workers' Compensation directly. If the employer's verification of injury cannot be obtained, patient will be told that he/she maybe ultimately responsible for payment and private patient billing information is obtained.

3. If patient is employed by a company that has established an account with the Clinic and the employer has authorized the visit, the clinic will follow the billing arrangement established with the employer. Authorization can be written on the standard Clinic Authorization form or by phone. Phone authorization must be documented in writing by the Clinic staff on the authorization form. The authorization form is placed in the back of the medical chart.

4. Medicare and Medicaid assignment is accepted and the clinic will bill directly for services. In many instances, patients will be required to make a payment of deductible or co-insurance after Medicare or Medicaid has paid for the service.

Clinton REGIONAL HOSPITAL

SLIDING FEE SCHEDULE AND POLICY

PURPOSE: To make comprehensive primary care services available and accessible to uninsured and underinsured patients by establishing fees that are affordable to them and in accordance with federal regulations.

POLICY: A Sliding Fee Discount Program will be provided to eligible individuals on the basis of their ability to pay.

RESPONSIBILITY: Patient Services Representatives and Business Office Manger

PROCEDURE:

1. As part of the registration process, the Patient Service Representative [PSR] will determine whether the applicant is covered under a health insurance plan. If the applicant is uninsured, he/she will be informed of the availability of the Sliding Fee Discount and explain the paperwork needed to complete the application.

Clinton
REGIONAL HOSPITAL

ACCOUNT ACTIVITY INQUIRIES

PURPOSE: Answering telephone inquiries on patient accounts.

POLICY: Telephone inquiries regarding patients' financial accounts shall be directed to the Clinic Coordinator. The Clinic Coordinator will investigate and discuss the inquiry with an account analyst.

DEMOGRAPHIC AND INSURANCE CHANGES

Routine inquiries for the purposes of updating demographic information or to update insurance are handled as follows:

1. If the patient is just calling to provide an update to demographic information, the person taking the call can register that information.

2. For insurance changes, the caller must be directed to the Clinic Coordinator or appropriate staff.

3. When demographic changes are provided, the receptionist must note these demographic changes in the patient's medical record.

4. If applicable, all patient financial inquiries will be recorded in the notes section of the patient's electronic account. All notes will be currently dated.

Clinton REGIONAL HOSPITAL

WRITTEN ACCOUNT INQUIRIES

PURPOSE: Handling written account inquiries.

POLICY: Written correspondence from patients will be directed to the Clinic Coordinator for expedient follow-up and resolution.

PROCEDURES:

1. All written correspondence regarding patients' financial affairs should be routed through the Clinic Coordinator, who will forward the missive to the Clinic Practice Manager if outside his/her scope of authority.

2. If necessary, written inquiries will be copied and sent to PPSI/Athena. The copy will be kept as documentation in the "Notes" section of the patient's account, along with the date and name of person sending to for follow-up.

Clinton
REGIONAL HOSPITAL

FINANCIAL CLOSINGS

PURPOSE: Completion of routine financial closings.

POLICY: Clinic Coordinator will be responsible for initiation and completion of the end-of-day, month, and year closings.

Clinton REGIONAL HOSPITAL

Chapter 8

General Clinic And Staff Policies

PETTY CASH TRANSACTIONS

PURPOSE: To establish policy regarding a petty cash fund for non-budgeted expenses.
POLICY: It is the policy of this clinic not to maintain a petty cash fund at this time.

BUDGETED PURCHASES

PURPOSE: Ordering and receiving of budgeted supplies.

POLICY: Supply orders shall be placed through a centralized office by the Clinic Coordinator, in accordance with the annual budget.

PROCEDURES:

PURCHASING

1. All ordering of supplies is done through a centralized office within Clinton Regional Hospital. Designated Clinic personnel will utilize the online ordering system. All items ordered through Central Supply will process through appropriate routes for approval. For outside ordering the Clinic Coordinator will forward the Purchase Requisition form to the Market Practice Manager who will then initial and forward for administrative approval. Order will be placed once all signatures are completed.

2. Orders from Central Supply will be delivered to clinic by courier. Outside vendor orders will be shipped to the clinic site location.

RECEIVING

1. Upon receipt of outside vendor orders, the Clinic Coordinator signs the packing slip and forwards to the Accounting Department for payment.

2. If the vendor invoices the Accounting Department (delivery site must be identified) they will match to packing slip and processes for check preparation.

Clinton
REGIONAL HOSPITAL

FIXED ASSETS

It is the policy of Clinton Regional Hospital Clinic that all fixed assets (capital equipment) will be listed, maintained and distributed by the Clinton Regional Hospital Accounting Department. A fixed assets schedule will be maintained, tested for accuracy and updated annually.

PROCEDURES:

1. General office equipment will be managed through materials requisition and inventory systems. As supplies are received, the Clinic Coordinator will be responsible for maintaining an order entry.

2. Each clinic site on a weekly basis should forward a request for medical and pharmaceutical supplies. Each site will have a standardized listing of all drugs, medications and medical supplies to assist in the accurate completion of the order.

3. Each clinic will receive a monthly invoice from Clinton Regional Hospital Pharmacy for all Pharmaceutical supplies ordered. This should be utilized to match with the initial log to ensure all items have been received. Any discrepancy should be addressed with the Pharmacy and will be adjusted on the next month's invoice.

4. It is the responsibility of the Clinic Coordinator to properly manage general office equipment, medical and pharmaceutical supplies, and capital equipment for cost effectiveness, quality control, timely delivery and inventory control. The Office Coordinator will coordinate with the clinic nurse in the requisition of medical and pharmaceutical supplies.

Clinton
REGIONAL HOSPITAL

CHECK REQUEST

PURPOSE: Requesting a check for non-budgeted goods or services.

POLICY: This policy is used when purchasing goods and services needed by the clinic to serve patient's needs, when they are needed at a competitive price and need to be prepaid and the vendor will not be invoicing the clinic.

Some examples when a check request would be necessary:

- Seminars
- New subscriptions or periodicals
- Prepayment for any service or good

PROCEDURES: As goods and services are needed for the Clinic AND need to be prepaid, please follow the steps listed below:

1. Complete a Check Request Form.

a. Date check request.

b. Enter reason for the check.

c. Enter department # this request is for.

d. Enter the amount of the check.

e. List to whom the check is to be paid.

f. Sign and date of the check request.

2. Submit completed check requests to Market Practice Manager for approval.

3. Approved check request will be routed for proper signatures.

4. Once accounting receives check request with all appropriate information the check will be completed and mailed.

5. Clinic should keep copies of all check requests for reference.

Clinton REGIONAL HOSPITAL

STAFF EDUCATION AND TRAINING

ORIENTATION PROGRAM

A program is provided to instruct new personnel in the Policies and Procedures of Clinton Regional Hospital and Clinton Regional Hospital Clinic and to develop untrained personnel into highly specialized individuals necessary to care for the patient.

CLINIC DEPARTMENT STAFF MEETING POLICY

PURPOSE: To improve patient care through regular staff input. It is the policy of the Clinic to provide time for staff meetings, to give all staff an opportunity to:

Discuss subjects of mutual interest and concern, regarding all Clinic functions:

1. Receive and give reports;

2. Review Clinic policies and procedures;

3. In-service programs

POLICY: Regular monthly meetings will be held for the purpose of updating or revising clinic policies and/or procedures and for staff training purposes. These meetings will be attended by the clinic staff, Mid-level Provider, Supervising Physician, Providers, and/or Medical Practice Manager.

PROCEDURES: It will be the shared responsibility of the Clinic Coordinators to organize the monthly clinic meetings and maintain all meeting notes for future reference. It is the responsibility of all required staff members to attend and contribute to monthly meetings.

One Clinic Coordinator will be appointed as Chairperson, preparing the agenda and conducting the meeting. Those who should attend include: clinic coordinators, office personnel, nurses, Mid-level Provider, Providers, and/or Clinic Practice Manager.

All those attending will be required to sign the sign-in sheet for each meeting. When off duty, compensation will be paid for attendance.

It will be the responsibility of all staff member who miss any meetings to read the minutes of the missed meeting before their next scheduled shift one week after minutes were read and approved and will initial those minutes have been read.

Clinton
REGIONAL HOSPITAL

IN-SERVICES

Every staff member of the clinic will be required to make an effort to attend in-services as necessary that will focus on the training of staff in handling emergencies and non-emergencies. It will be the responsibility of the Clinic Coordinator(s) to properly document the content of the in-services and who attended.

These in-services should be held no less than quarterly.

TRAINING RECORDS

It will be the responsibility of the individual employee to maintain all his/her CME, CEU, or other continuing education hours.

Current CPR cards and performance appraisals for medical personnel will be kept in the employee's file in the Human Resources Department at Clinton Regional Hospital.

Clinton
REGIONAL HOSPITAL

HUMAN RESOURCES STAFFING

AT-WILL EMPLOYMENT

HUMAN RESOURCES

PERSONNEL RECORDS

CPR CERTIFICATION

DRESS CODE AND CONDUCT

DISCIPLINARY ACTION

Refer to Clinton Regional Hospital for Human Resources Policies and Procedures.

Clinton Regional Hospital Director of Human Resources

Chasity Richardson

100 N 30th St.

Clinton, Oklahoma 73601 (580) 547-5128

Clinton
REGIONAL HOSPITAL

INCLEMENT WEATHER POLICY

PURPOSE: To notify patients and staff that the clinic will be closed due to inclement weather, i.e., snow, ice, etc.

The Provider, Practice Administrator, and Hospital Administration will decide whether or not to close the clinic. If the clinic is closing due to inclement weather conditions it will be the responsibility of the Clinic Manager to contact patients via phone advising of the closing.

In the effort to be pro-active in these situations, the clinic will post notices in the clinic, on the entrance of the building that states:

"Due to anticipated inclement weather conditions, the office may be closed. Please call the clinic before coming for your appointment".

Phone calls may also be made by the Office Coordinator the day prior advising scheduled patients that "the office may be closed and to call before coming to your appointment".

Clinton REGIONAL HOSPITAL

RISK MANAGEMENT

It is the policy of Clinton Regional Hospital Clinic that the risk management program adopted by Clinton Regional Hospital will be applicable to all departments within the clinic.

PROCEDURES:

1. Any records of treatment requested by the patient on dismissal will be provided.

5 Any patient will have the right to refuse care. If a patient refuses the care recommended by the attending

Provider, the following will be documented in the patient's clinical record:

a. Patient's condition and medical necessity.

b. The treatment plan recommended.

c. The patient's refusal to accept and follow the recommended treatment plan and possible consequences of refusal.

d. Measures to secure alternative treatment if applicable.

6 Athena/PPSI will review all delinquent bills and attended methods of collections before referring the matter to an outside collection agency.

7 All incident reports of patient or visitor injury will be reported and reviewed by the Hospital Risk Management Department.

8 Periodic review of all litigation proceedings that may affect and/or involve the clinic, its staff and/or health care practitioners will be conducted through the Market Practice Manager.

9 Review of all deaths, trauma or adverse events occurring will be conducted through the Risk Management Department.

10 Patient satisfaction and complaints will be addressed through the patient satisfaction survey information and referred to the Hospital Quality Department.

Clinton REGIONAL HOSPITAL

11 Ongoing lines of communication will be established between the clinic and the Hospital and Corporate Department of Risk Management.

12 Any information requested in writing from governmental agencies, attorneys, consumer advocate groups, reporters, and other media will be provided at the discretion of the Practice Administrator.

13 Any communication dealings entered into with competing health care organizations will be handled in a professional and courteous manner and in compliance with all local, state, and federal regulations.

Clinton
REGIONAL HOSPITAL

COMPUTER SYSTEM AND INTERNET POLICIES

PURPOSE: Secure access to computer and internet policies.

POLICY: The clinic has sophisticated computer system with access open to all clinic employees based on their security clearance, which is determined by their job description. Responsibility for the computer systems rests with the Clinic Coordinator.

PROCEDURES: Employees requiring computer access will be required to complete the appropriate "computer access" form and this will be forwarded to Clinton Regional Hospital for processing.

- Passwords and logins will be provided to each employee as required. These passwords are to be personalized by employee(s) upon initial usage and periodical changes may be required.

- The computer is to be placed in a secure location to avoid any patient's personal information being viewed by unauthorized personnel. A screen cover may be required, if so advise the Clinic Coordinator.

- Computers will be set on a specific time to avoid any authorized access, employee will be required to log on to continue daily clinic activities

- Passwords are not to be shared.

- No computers are to leave the building without the permission of the Clinic Coordinator.

- These computers are not to be used for personal purposes; no games are to be played.

- Information Systems (IS) will be notified immediately of any computer problems. Employees are not to download or implement any personal computer programs on these computers.

- Access to selected internet hosts or networks may be denied.

- Computer equipment is not to be abused or mishandled.

Clinton Regional Hospital 4/16/25/2025

Clinic Polices –Chapter 8 General Clinic and Staff Policies – Petty Cash Transactions Policy, Fixed Assets Policy, Check Request Policy,
Staff Education and Training orientation Program Clinic Department Staff Meeting Policy, In-Services, Inclement Weather Policy, Risk Management, Computer System and Internet Policies,

Hospital Administrator	Date 4-16-25
Director of Nursing	Date
Medical Director	Date 4-16-25
Quality Director	Date
Additional Staff Member/Title	Date 4-16-25
Additional Staff Member/Title	Date 4/16/25
Additional Staff Member/Title	Date 4-16-25
Additional Staff Member/Title	Date 4/16/25
Additional Staff Member/Title Admissions	Date 4-16-2025
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date
Additional Staff Member/Title	Date

Clinton REGIONAL HOSPITAL

Chapter 9

Emergency and Disaster Policies

EMERGENCY/DISASTER PLAN

PURPOSE: In the event of emergencies or disasters such as fires, tornadoes, earthquakes, or bomb threats, it is important that all staff remain calm and ensure the safety of all patients that might be in the building as well as themselves and other employees.

POLICY: The following emergency/disaster procedures will be followed by all staff:

DOMESTIC DISPUTE

POLICY: The clinic has established this plan so that it may be implemented by an employee or for an employee in a situation to prevent the event from becoming violent, or where a violent outcome is felt to be likely.

PURPOSE: For use as a guideline to ensure a timely intervention to keep a situation from becoming violent and for the safety of our employees.

PROCEDURE: If a situation arises where an employee feels that a patient, visitor, or another employee is about to become or is violent or abusive the employee should:

1. Contact the Office Manager or Provider

2. Call the local police department immediately for assistance.

3. Tell the police there is a violent situation and give them the exact location of the incident so police know where to respond to.

OTHER EMPLOYEES: Any other employees who have received training/education in management of violent situations may also respond. Anyone not trained should stay away from the area. Traffic near the area should be discouraged until the situation is under control.

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RESPONDERS: Approach with caution. Survey the scene for possible signs of danger, a hostage situation, or of weapons in use. Make all effort to maintain personal safety, staff safety and patient/visitor safety.

The first trained responder on the scene, in most cases, should be the one to take charge and communicate with the person(s) involved in the situation.

REPORTING: Anytime such a situation is presented an incident report needs to be filled out regarding the incident. There is a specific incident report that should be completed following any violent incident, report all incidents to Clinton Regional Hospital Quality Nurse. At minimum, one (1) person should complete the form, but anyone who responds to the event is encouraged to complete the form.

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CARDIAC ARREST (CODE BLUE)

In the event of a medical emergency or Code Blue within the clinic, activate the emergency response procedure as follows:

1) Send extra staff to call 911 and to gather emergency response supplies: ambu-bag, emergency response kit and emergency oxygen tank. Staff will alert provider immediately. The provider will take charge of the situation and assign duties as needed.

2) If CPR is appropriate, CPR certified staff will begin CPR as soon as possible.

3) If the person is a patient of the clinic, staff will print out medication list and medication allergy list to send with patient when paramedics arrive.

4) First responding staff will debrief to paramedics.

5) Contact Clinic Coordinator and Clinic Manager to inform of the incident.

6) Enter incident report into the Event Reporting System within 24 hours of the incident.

7) Clean all bodily fluids off of surfaces and dispose of properly.

NON-EMERGENT MEDICAL RESPONSE In the event of a non-emergent medical problem, staff will respond as follows:

1) Nursing staff and/or provider will assess the situation and respond accordingly.

2) Contact Clinic Coordinator and Clinic Manager to inform of the incident.

3) Enter incident report into the Event Reporting System within 24 hours of the incident.

4) Clean all bodily fluids off of surface and dispose of properly.

FIRE PLAN (CODE RED)

If a fire is discovered or even suspected, regardless of size:

1. Begin immediate evacuation of the clinic.

2. Call 911.

In the event of a fire, all employees are to evacuate the building by the nearest exit after determining all patients are out of the building. It is the shared responsibility of the Clinic

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Coordinators, Mid-level Providers, and Providers to confirm the building is empty. Fire officials shall be notified as soon as safely possible. Evacuation of the building shall occur prior to notifying the fire officials.

In assuring that all persons are evacuated from the building, the Clinic Coordinators, Mid-level Providers, and Providers will double-check the following areas: break room, employee and patient restrooms, and examining rooms, assuring that all persons are evacuated via the nearest exit.

The Clinic Coordinator is responsible for seeing that all patients are evacuated from the waiting area through the front door, unless blocked by flame or smoke.

In the event of a fire evacuation, stairs should be used, not the elevator.

Following evacuation, all patients and staff shall assemble in the main parking lot of the clinic to assure everyone has been evacuated safely.

Fire extinguishers shall be located at those points in the clinic as required by the local and state fire code. These items shall be inspected with the inspection documented on the card attached to each extinguisher on a monthly basis and annually by a state certified inspector.

MASS CAUSALTY (CODE YELLOW)

Available staff to report to Emergency Department at the hospital. Leadership assessment of event will determine Emergency Operation Plan/Incident Coordination Staff.

Active Shooter (CODE SILVER)

POLICY

It is the policy of Clinton Regional Hospital to provide an emergency response plan to an Active Shooter situation in a manner designed to protect the health and safety of patients, staff, and visitors.

DEFINITION

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined or populated area. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims.

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AUTHORITY FOR THE PLAN

The Administrative Person-On-Call (or designee) has the overall authority for Clinton Regional Hospital during an active shooter situation. The ranking administrative person on site will act as the designee in their absence, which may be the house supervisor. Upon their arrival, Law Enforcement will take command of the situation until its resolution.

PROCEDURE

Quickly determine the most reasonable way to protect your own life and those of our patients and visitors.

· RUN - If there is an accessible escape path, attempt to evacuate the premises.

· HIDE - if evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

· FIGHT -Asa last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

1. The first employee to identify an active shooter situation:

a) Leave the area if possible. Seek shelter regardless of whether others agree to leave.

b) Call the operator and report a "Code Silver". Relay the location and as much information as possible so that they can communicate to 911, i.e., number of shooters, number of victims and exact location of the shooter. If unable to reach the operator, call '91T with same information as above. Assist patients, visitors, and staff to evacuate if safe to do so.

2. The PBX operator upon notification will:

a) Overhead page "Code Silver and the location" three times.

b) Mass notifies the employees via _____ (if the facility has a text alert or similar system, otherwise deleted).

c) Notify the ranking administrator on the premises, or in their absence the House Supervisor, giving them, all known information. Also notify security if present in the facility. _____ and _____ has overhead page capability and can also announce "Code Silver" in the event the operator is unable to do so. (It would be wise to have others who can

overhead page appointed in this event and the operator should be housed behind a closed/locked door at all times to safeguard the communication system to the facility). Another person should be simultaneously calling 911.

3. Security should verify the location of the shooter via camera surveillance and communicate details to law enforcement if they can do so from a remote location.

Hospital-Wide Response

4. If the shooter is not in your area, you are not giving patient care, and you determine you can safely evacuate the area you should:

a) Silence your cell phones.

b) Have an escape route and plan in mind. The fire escape plan may be a source of determining this route.

c) Evacuate regardless of whether others agree to follow

d) Leave your belongings behind

e) Help others escape if possible

f) Prevent individuals from entering an area where the shooter may be

g) Do not attempt to move wounded persons

5. If an Active Shooter comes into the area where you are and enters your unit, office, or meeting room, you should:

a) Silence your cell phone. If you have not already done so.

b) If possible, close and blockade doors to occupy patient rooms doors and advise all families to stay with the patient until the unit is safe to leave.

c) All visitors in the building should be moved to a safe area if able

d) Seek shelter regardless of whether others agree to follow.

e) Secure / Blockade the entry with any available means.

f) Have an escape route and plan in mind.

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g) Do not attempt to move wounded people.

h) If there is no possibility of escaping or hiding, only as a last resort when your life is in imminent danger should you make a personal choice to attempt to negotiate with or overpower the shooter. Once decided, commit to your actions. This may be in the form of an attempt to disrupt and /or incapacitate the active shooter by:

i) Organizing a plan of defense with whatever you have at your disposal.

ii) Acting as aggressively as possible against him/her.

iii) Throwing items and improvising weapons.

iv) Yelling.

6. If the active shooter(s) leaves the area, barricade the room, or go to a safer location. At a location distant from the active shooter, such as on a different unit or floor; or if you are not able to leave the area safely:

a) Remain calm.

b) Warn other staff, visitors, and patients to take immediate shelter.

c) Go to a room that can be locked or barricaded.

d) Lock and barricade doors or windows.

e) Turn off lights.

f) Close blinds.

g) Block windows.

h) Turn off radios or other devices that emit sound.

i) Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets)

j) Silence cell phones.

k) Plan escape route.

7. If you are in an outside area and encounter an active shooter, you should:

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a) Try to remain calm.

b) Move away from the active shooter or the sound of gunshot(s) and/or explosions(s).

c) Look for appropriate locations for cover/protection (i.e., brick walls, retaining walls, parked vehicles, etc.)

d) Call 911 and provide the information listed above

Arrival of Law enforcement:

8. Law enforcement officers responding to an active shooter are trained to proceed immediately to the area in which shots were last heard in order to stop the shooting as quickly as possible. The first responding officers may be in teams; they may be dressed in normal patrol uniforms, or they may be wearing external ballistic vests and Kevlar helmets or other tactical gear. The officers may be armed with rifles, shotguns, and handguns.

Do exactly as the team of officers instruct. The first responding officers will be focused on stopping the active shooter and creating a safe environment for medical assistance to be brought in to aid the injured.

9. How to react when law enforcement arrives at your location.

a) Remain calm and follow officers' instructions.

b) Put down any items in your hands.

c) Immediately raise hands and spread fingers.

d) Keep your hands visible at all times.

e) Avoid making quick movements toward officers such as holding on to them for safety.

f) Avoid pointing, screaming and/or yelling.

g) Do not stop asking officers for help or directions when evacuating, just proceed in the direction from which officers are entering the premises.

10. When law enforcement arrives, the following information should be available:

a) Number of shooters.

b) Number of individual victims and any hostages.

c) The type of problem causing the situation.

d) Type and number of weapons possibly in the possession of the shooter.

e) All necessary individuals are still in the area.

f) Identity and description of participants, if possible.

g) Keys to all involved areas as well as floor plans.

h) Locations and phone numbers in the affected area.

i) The command center will be run by Law Enforcement until the Code Silver is cleared.

j) A list of patients or staff known to be in the area of the incident will be compiled and provided to Law Enforcement.

11. The Security Department will:

a) Have a Security Officer meet responding to law enforcement and escort them to the incident or areas if requested.

b) Assign additional staff to control access to the area as directed by the law enforcement.

c) Identify witnesses, separate them from one another, and escort them to separate rooms to wait for a law enforcement interview.

d) When Law enforcement arrives, the security officer will follow all reasonable directions by Law Enforcement, even when asked to leave the area.

12. Hospital staff, visitors, and patients will be kept away from the area until the situation is fully resolved.

13. Post Incident Responsibilities of the Incident Command Center as needed:

a) Communication of the situation with patients and their families.

b) Take an account of all employees who were at work at the time.

c) Employees are not to post pictures or any other information on social media sites or talk to any media.

d) Assign an appropriate staff member to the family of any patient, visitor or employee who is injured or killed during the incident.

e) When authorized by the local law enforcement and Hospital Administration, the PBX operator will announce "Code Silver All Clear"

f) Staff, visitors, and patients may not leave until cleared by administration and law enforcement. This is to account for all persons known to have been present when the incident occurred.

g) Collect all surveillance camera recordings and do not allow them to be destroyed. A copy may be given to law enforcement as long as the facility keeps possession of the master.

BOMB THREAT (CODE BRONZE)

POLICY: In the event of a Bomb Threat at Clinton Regional Hospital, the following procedure will be followed if a threat is received AND/OR an actual device is found:

PROCEDURE: Bomb threats may be received by phone call, written form, or receipt of a package. The Administrator or Director of Nurses will not be notified unless a suspicious package/device is found that may contain an explosive and then the facility must be immediately evacuated.

The following will review how to handle each scenario:

If a Threatening Phone Call is received:

· Staff member should refer to a printed copy of the Bomb Threat checklist below for quick reference/use in case a phone is received. Take the message, use the Bomb Threat Checklist (in this policy):

n Keep the caller on the line as long as possible. Ask him/her to repeat the message. Try to record every word spoken by the person.

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n If the caller does not indicate the location of the bomb or the time of possible detonation you should ask him/her for this information. n Inform the caller that the building is occupied, and the detonation of a bomb could result in death or serious injury to many innocent people.

n Be alert for distinguishing background noises; such as traffic, music, voices, aircraft, church bells, etc. n Note distinguishing voice characteristics (sex, voice quality, impediments).

n Note if caller indicates knowledge of the hospital by his/her description of locations. Keep him/her on the phone as long as possible.

n Urgently attract the attention of a co-worker and pass them a note briefly explaining what is happening and instructing them to notify Police or 911 immediately while you attempt to obtain as much information from the caller as possible.

n As soon as possible after the party hangs up, forward the bomb threat checklist to the Police or first responder on site and notify Administrator/ Director of Nurses. If possible, the person receiving the bomb threat should take the completed form to CEO/Administrator/Director of Nurses personally, to answer questions Law Enforcement.

SEARCH PROCEDURES - THINGS TO REMEMBER:

· There is no set appearance for a bomb. A bomb does not need to be very large (commercial explosives can be as thin as a sheet of paper or as narrow as electrical wire).

· The area to be searched will be searched, if possible, by the personnel routinely assigned to and familiar with the area. Determine if everything is in its place and nothing has been added, removed or shifted around.

· The area will be divided into sections. Search personnel shall be assigned on a "one-on one" procedure: one person familiar with the area with one security officer, police officer or other person assigned by the Hospital Command Center.

· Searches shall be thorough and quick. Eliminate areas locked and not available to the public. Search adjoining areas such as lobbies, waiting rooms, stairwells and restrooms.

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· Do not alert patients and other personnel that you have received a threat until the Incident Commander has determined it is appropriate and specific instructions are issued.

Notification

· Immediately notify Security (Clinton PD) of receipt of threat.

· As soon as possible, the overhead paging system should be used to clearly announce "CODE BRONZE" three (3) times. If the caller indicates a location, the location should follow "CODE BRONZE". As an example, if the Pre and Post Op is specified by the caller, the announcement would be, "CODE BRONZE Pre and Post Op Three times. .

Administrator implement the mass texting / Group Me system to Code Communication group announcing a Code Bronze and location.

· Administrator / Director of Nursing or designee whom will notify the Lawton Police Department (911).

· All employees will immediately begin a thorough search of the facility /area they are assigned to. Employees should not pick up or move material that they are unfamiliar with. A comprehensive search will be completed. Areas to search include:

· Public Areas: restrooms, waiting rooms, trash containers, storage rooms,

· Patient Care Areas: patient rooms, closets, staff restroom, trashcans, nurses stations vicinities,

· When search is completed, the Administrator / Director of Nurses or designee will be notified and will check the area off the Bomb Search Checklist and notify Lawton Police of the findings.

· If a device is found, there may be a chance that there is a second device located elsewhere, therefore the search should not end until all areas of the facilities are checked off and considered to be clear. ·

Any personnel locating a suspicious object will immediately notify the Administrator / Director of Nurses or Designee. Do not touch the object. Clear the immediate area and evacuate per policy.

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If a Suspicious Package is received/found: · If a package is received or found within the hospital that appears suspicious, notify Administration, Security and the Department Director for that unit. Do not handle the package. Clear the immediate area of patients and personnel. *** All non-essential electronic devices should be shut off. ***

· Do not touch or disturb the item regardless of how harmless or innocent it may appear. It may be armed with an anti-disturbance device or time mechanism.

· If package appears suspicious to Administration, he/she will contact the Lincoln Police Department (911).

· Keep area clear until Law Enforcement and/or bomb squad arrives and completes their inspection.

· Remove employees, medical staff, patients and visitors from the involved area after direction from the Incident Commander.

· Isolate the object. The bomb squad will make the decision on how to handle any suspected bomb. (Disarm it at location, move the bomb, detonate at the scene, etc.)

If an Extortion Letter is received:

· If a letter is opened which contains a threat of a bombing or a demand for extortion, follow this procedure:

· Immediately place the page(s) and envelope between pieces of blank paper. Do not handle more than necessary.

· Contact Security whom will notify the President/CEO and/or his/her designee. Relay the contents of the letter to the Executive offices as quickly as possible.

· If an Incident Command Center is established, the extortion letter needs to be transferred to ICC for Administration and local law enforcement review. Limit handling of letter.

EVACUATION:

· Evacuate only upon instruction from Administrator or Director of Nurses in consultation with Law Enforcement and/or Fire Department.

· Follow Emergency Evacuation Plan procedures.

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· In most cases it is safer to remain in place rather than evacuate to open exposed areas. Every effort will be made to ensure that patient care is impacted as little as possible. All employees should remain as calm and professional as possible to reassure patients or visitors. Never lie or mislead the public. Refer difficult questions to supervisors or the Incident Command Center (ICC).

· NO STAFF are allowed to speak to the public/press. The recommended statement is "I have no comment at this time. Administrator or Director of Nurses will be providing information." If a time for the bomb to go off is given by the caller, the fire alarm system will be activated immediately prior to that time. (Fire and damage containment in case of actual bomb.)

· Use the closest exit and go to parking lot east of hospital..

RADIATION (CODE ORANGE)

In the event of a radiation emergency, stay in place and wait for instruction from Radiation Security Officer.

SEVERE WEATHER (CODE BLACK)

POLICY:

The CODE BLACK policy addresses our Center's response to a severe weather situation. The Center will activate the CODE Black 1, 2 ,or 3 upon notification of a severe weather warning and/or tornado.

Description of the Threat/Event and Warning Signal. Severe weather includes snow and ice, flooding rains, tornados and hurricanes.

Blizzards, snow and Ice storms will be monitored by the Administrator or designees for potential closure of the Center due to safe traveling conditions for patients and staff.

A tornado is a violently rotating column of air extending from a thunderstorm to the ground. Tornadoes develop from severe thunderstorms in warm, moist, unstable air along and ahead of cold fronts and may be associated with hurricanes.

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The emergency code for severe weather is **"CODE Black".** Code Weather is separated into three (3) phases to distinguish between a "Weather Watch" and a "Weather Warning".

"Code Black Phase 1" – means the Center is under a severe weather watch and preparatory activities should be implemented but at this point there is no need to move patients to a sheltered location.

"Code Black Phase 2" – means the Center is under a severe weather warning and preparatory activities must be completed at this point. **No surgeries will be started until the warning has expired or by direction of the Administrator or designee.**

"Code Black Phase 3" - means a tornado has been spotted on radar or in the area and all patients, visitors, and staff should seek shelter immediately.

Impact on Mission Critical Systems. Atmospheric conditions that may lead to tornados can also produce strong winds, hail, lightning, and severe rain. These conditions can result in problems with electrical systems, broken windows, leaking windows, leaking roofs, and flooding. Damage assessments should be routinely conducted during severe weather.

PROCEDURE

MITIGATION:

1. Specialized Staff Training.

a. Staff and patient education should address "watches vs. warnings", and home preparedness considerations.

b. Training on patient evacuation and movement procedures.

c. Understanding protected locations within Clinton Regional Hospital.

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d. Understanding of precaution measures to be implemented dependent upon the type of severe weather.

2. The Administrative personnel have access to a battery powered weather radio.

PREPAREDNESS:

1. Battery powered radio will in Administration at all times.

2. Supplies indicated by type of storm will be prepared and staff informed of how to access these supplies will be in-serviced prior to the time of year for probable usage.

RESPONSE:

1. When the area is under Severe Weather Watch conditions the Administrator or designee shall make the determination to call a "Code Black Phase 1".

2. Administration or designated personnel will call a code by pressing "PAGE "and announcing a CODE Black Phase I" three times upon notification of a severe weather warning. Preparations for the severe weather should be started in this phase.

3. If the area where the Center is located is determined to be under a severe weather warning the Center will enter the "Code Black Phase II". Preparations for safety must be implemented at this time.

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4. If a tornado has been spotted on radar or in the area a "Code Black Phase 3" will be announced and all patients, visitors, and staff should seek shelter immediately.

5. In the event of tornado and hospital personnel need to shelter in place, employees will immediately perform the following tasks:

a. Close and lower all the window blinds in CRH.

b. Move patients and their visitors to designated safe areas in the department. Emergency Dept, Radiology, Lab, Administration, and Admissions will relocate to the linear accelerator. Med Surg/IMC will relocate to surgery. Staff will help move patients to the appropriate location.

c.

d. Immediately notify the Administrator or Director of Nurses of any damage resulting from the storm and/or tornado.

6. The Administrative staff will determine if the condition warrants the implementation of an internal or external Evacuation as per Evacuation policy.

7. All staff on duty will remain on duty until the "CODE Black ALL CLEAR" is issued.

8. The Safety Officer and the Administrative staff will perform a Center check to assess damages.

RECOVERY:

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1. The EOC Code Critique form will be completed once the situation is resolved.
2. EOC Code Critique forms will be forwarded to the Safety Officer and Administrator within 24 hours.
3. The Safety Officer and Administrator will prepare Center summary report of the code and forward to the Medical Executive Committee.
4. The summary report will identify areas of improvement and action plans.
5. The summary report will be reviewed at the next Governing Board meeting.

INFANT/CH1LD ABDUCTION (CODE PINK)

Call (9)911, all available staff monitors all exits. Search all rooms, closets, corridors for missing infant/child. Match all children in clinic to their parents and/or guardian. Report all suspicions immediately. After situation has resolved, record event and notify CRH quality nurse.

HAZARDOUS MATERIALS (CODE PURPLE)

Contact Clinic Coordinator and Clinic Manager, evacuate the immediate area, decontamination teams will be contacted as needed by leadership. Do not re-enter the premises until all clear has been given by decontamination team. After situation has been resolved, record event and notify CRH quality nurse.

SECURITY EVENT (CODE WHITE)

Call (9)911 for security assistance. Contain, calm and protect. After situation has defused, record event and notify CRH quality nurse..

LOCK ALL KNOWN EXITS (CODE LAKE)

In case of an event that requires exits to be locked, a code LAKE will be called within the clinic. Clinic personnel will lock all known exits and monitor the exit. Extra staff will contact Practice Administrator and police department if applicable. Code will be determined 'all clear' by Practice Administrator or appointed designee. After situation has resolved, record event and notify CRH quality nurse.

RAPID RESPONSE (CODE RAPID RESPONSE)

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Provider will monitor patient and/or person whose health situation is rapidly deteriorating, extra staff will call (9)911 and gather emergency response kit, emergency oxygen and ambu-bag. After situation has resolved, record event and notify CRH quality nurse.

EMERGENCY RESPONSE CODES- CLINIC SPECIFIC

Code BLUE

Extra staff call 911, get ambu bag, emergency oxygen and emergency response kit. Certified Cardiac Arrest personnel begin CPR if appropriate. Provider will delegate duties to staff.

Code RED

Evacuate all individuals from building, meet at designated area. FIRE This clinic meets: at the parking lot across the street at the First Baptist Church

Code YELLOW

Available staff to report to ER. Leadership assessment of event will determine EOP/ICS.

Mass Casualty

Code SILVER

Call (9)911, Seek Cover/protection/evacuation.

Active Shooter This clinic meets:

Code BRONZE

Call (9)911, do not report to suspected area. Search your area for suspicious items. Leave in place

Bomb Threat and evacuate to designated area.

This clinic meets:

Code ORANGE

Stay in your area until instructed. RSO will respond for evaluation.

Radiation

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Code Black

Move patients and visitors away from windows and outside walls. Evacuate patients to

Severe weather innermost room and close doors.

This clinic's designated room and/or area is:

Code PINK

Call (9)911, all available staff monitors all exits. Report all suspicions immediately.

Child/Infant Abduction

Code PURPLE

Contact Clinic Coordinator and Practice Administrator, evacuate the immediate area,

Hazardous Materials decontamination teams will be contacted as needed by leadership.

Code WHITE

Call (9)911 for security assistance. Contain, calm and protect

Security

Code LAKE

Maintain security of all outside entrances into the clinic.

Security Lockdown

Code Rapid Response

All available staff report to area of needed Rapid Response, extra staff contact emergency services as needed.

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EMERGENCY OPERATIONS PLAN

Refer to Clinton Regional Hospital Emergency Operation Plan located on the shared drive.

SAFETY DATASHEETS

Refer to Hospital procedure to locate. Clinton Emergency Department. Telephone : SDS - 580-547-5128

EYE WASH STATION REGULATIONS

OSHA Regulations for Eye Wash Stations

Eye safety in the work place is very important. There is no way to replace a lost eye and even repairing damage can be impossible depending on the severity of the injury.

OSHA regulation 1910.151 says anywhere the risk of corrosive materials becoming lodge in the eye might exist there must also be an eye wash station. It must be suitable for flushing the eye with water and be in the immediate area. All eye wash stations are to be kept clean and in working condition. They must be free of debris in them as well as on the floor around them so a tripping hazard can be avoided.

For an eye wash station to meet OSHA standards it must meet the following guidelines:

- Must be placed within ten seconds of hazardous area
- Nozzles must have covers to protect them from airborne germs and contamination • Both nozzles must be working in order to flush both eye at the same time. • station must have a stay open valve to allow water flow while holding both eyes open • System must begin flushing process within one second of starting
- Location of Eye Wash Station must be visible with a well-placed sign
- Floor around station must be kept free of clutter and debris
- Equipment must be maintained and working properly at all times
- All employees must know where to locate eye station and how to work it

OSHA's regulations for eye wash stations also includes shower stations. They are mainly used in areas where toxic chemicals may come in contact with skin. If a person spills a

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chemical on themselves they are supposed to jump into the shower station and scrub there body as the water pressure helps to remove any chemicals on the skin. The main thing to remember is how important following the safety rules are to your personal health. It is better to take five extra minutes to complete a task than to lose an eye or your life

Chapter 10

Maintenance Policies

JANITORIAL SERVICES

Trash, landscape, parking lot, pest control - shall be maintained by Clinton Regional Hospital, according to lease agreement Mowing will be determined by bids and acceptable references.

Cleaning Staff Confidentiality Policy is maintained for cleaning personnel (see example in following pages).

CLEANING

The Janitorial Services of Clinton Regional Hospital and internal staff will provide a daily cleaning. Daily light cleaning in order to maintain the clinic in a safe, healthy and orderly environment will be provided by clinic staff. Supplies necessary to perform daily light cleaning will be kept at the clinic. Supplies used by the janitorial Services will be provided and maintained by Clinton Regional Hospital.

BIO-HAZARDOUS WASTE MANAGEMENT PLAN OVERVIEW

The Clinic is committed to providing a safe environment for patients and employees within the facility. It also is the wish to minimize any potential risk to the community from bio-hazardous materials generated at the Clinic. It is in the spirit that a bio-hazardous waste management plan has been developed. It has been designed to minimize the risk to patients, visitors, personnel, and the community from hazards associated with bio-hazardous waste.

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ANNUAL ELECTRICAL INSPECTION

It is the policy of this clinic that an electrical inspection of the building be conducted annually, ensuring safety. It will be the responsibility of the Practice Administrator to schedule the inspection and ensure that any wiring or equipment found to be faulty be repaired or replaced.

This inspection and any repairs shall be done with the cooperation of the landlord.

CURRENT STANDARDS

This clinic will have an evaluation of the all facility electrical equipment and all electrical supply sources. This review will be conducted by the facility maintenance department. This is completed annually. A report will be provided and kept at Clinton Regional Hospital.

PREVENTATIVE MAINTENANCE INSPECTION - RESPONSIBILITY AND POLICY

The Facilities Department at Clinton Regional Hospital will be responsible for testing and inspecting equipment, etc. It will also be the responsibility of the Facilities Department to comply with the "Faulty Equipment" policy if devices tested do not meet inspection standards.

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PROCEDURE FOR HANDLING SPILLS

POLICY : Staff members will use appropriate protective equipment and procedure in cleaning up skills. Training provided annually and at time of hire.

PROCEDURE

Chemical Spill

•Consult the MSDS book for instructions for cleanup or warnings for specific chemicals.
•Evacuate the area if dangerous fumes are possible.

Blood Spills

•Disinfect the spill with the appropriate disinfectant, e.g., bleach, PD1 wipes. •Ask assistance from others to keep patients and personnel away from the spill. •Put on gloves.

•Contain the spill with paper towels.

•Apply STARDUST absorbent to the spill. This will convert the liquid to a manageable solid material.

•Scoop the solid material into a bag.

•Dispose of the bag in the biohazard trash container.

•Assuming there is no broken glass with which to deal, spray floors or counter tops with bleach and dry with paper towels. If broken glass is present, sweep the towels into the dust-pan and dispose of litter material, broken glass, and paper towels.

Formaldehyde Spills or other Fixative Materials

•Sprinkle the spill containing material onto the formaldehyde.

•Put on gloves.

•Sweep the spill into a bag.

•If fumes are still present, take this bag to the outside.

•Close off the room where the spill occurred.

Spill kits are maintained in the Clinic.

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Spill kits contain the following:

1 bottle STARDUST absorbent	paper towels
Utility gloves	Goggles
Scoop/dust pan	Biohazard Bag

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PROPERTY CONTROL

Property control records will be maintained on all movable assets. Property control records will include, purchase date, purchase price, model number, serial number and brief description.

The Engineering Department will inspect all new property. When property is retired or removed, it will be the responsibility of the Engineering Department to assure that the property records reflect retirement or removal of the property.

WASTE DISPOSAL POLICY

It is the policy of the Center to ensure safe and sanitary methods of handling and disposing of waste materials. Responsibility

It is the responsibility of all Staff to carry out the proper procedure required to handle and dispose of any solid or liquid waste.

Technique

All remaining I.V. solutions, anesthesia drugs, ampules, and vials are emptied and discarded in receptacle provided. Needles and syringes are left intact after use and disposed of in specified containers. **Needles are not to be re- capped.** Disposable materials are discarded in receptacle provided. All infectious waste is placed in appropriate receptacles for pick-up.

2. Annual Electrical Inspection

3. Procedure for Handling Spills Policy

5. Property Control and Waste Disposal Policy