

DEMONSTRATION COPY

**Standard Operating Procedures
for All Doctors**

**Robyn Adkins
Leila Chambers**

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Standard Operating Procedures for All Doctors

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Why we created a **DEMONSTRATION COPY** of

Standard Operating Procedures for All Doctors

We want you to see and experience why doctors nationwide are buying this book and the other SOPs manuals available from Marsha Freeman & Associates (shop online at www.sops.com).

The reasons for a SOPs book are many, but the most important is that the best organizational tool for the doctor to be able to create, maintain, and perfect the kind of practice that he or she wants is a practice procedures manual. Robyn and Leila then took that maxim, used the mission statement concept (put in writing the ideal practice you want), and developed a way to make standard operating procedures help make your dream come true, by building the SOP around a desired outcome and a measurement to see if it is living up to the ideal.

Better that you see *examples* of what your colleagues are putting into practice. So we have assembled this demonstration copy of selected sample SOPs (from the third edition of *Standard Operating Procedures for All Doctors*) describing tasks that every doctor can immediately relate to.

Could it be any easier to create your own manual? The full book contains three opening chapters that walk you through that process. The rest of that book is full of SOPs, job descriptions, task sheets, forms, charts, and guidelines. And every one of them can be changed with a keystroke. We provide a model manual based on actual, excellent practices that you can easily modify to meet your style and needs.

We are proud of our support service, before the purchase and after. So please call, fax, e-mail, or write us if we can help explain anything we offer. Thank you for your interest; we look forward to helping you and your practice.

Marsha Freeman & Associates

Standard Operating Procedures for All Doctors

DEMONSTRATION COPY

Table of Contents

◆ Performance Agreement: Receptionist
◆ Answering the Telephone
◆ Appointment Scheduling: New Patient
◆ Prescription Refills/Patient Telephone Requests
◆ Superbill and Chart Prep
◆ Collecting and Authorizing Credit Card Payments
◆ Insurance: Tracking Insurance
◆ Reconciling Capitated Payments
◆ OSHA and the Back Office
◆ Greeting and Escorting Patients by the Clinical Staff
◆ Room Diagrams
◆ Ordering Medical Supplies, Pharmaceuticals, and Instruments
◆ Staff Evaluations and Performance Planning
◆ Front Office Training Schedule
◆ OSHA and Regulatory Compliance
◆ HIPAA Compliance in the Medical Office
◆ Applying the Minimum Necessary Standard
◆ Complete Table of Contents for <i>Standard Operating Procedures for All Doctors, 3rd Ed.</i>

PERFORMANCE AGREEMENT: Receptionist

(paleadrec.doc)

INTRODUCTION AND ACKNOWLEDGMENT

Name: _____

Date of Hire: _____ Starting Salary: \$ _____ per _____

[Physician/Practice Name] provides all of our patients with quality medical care and exceptional, warm, and caring patient/customer service. We believe that each patient deserves the best health care available in today's medical industry.

This PERFORMANCE AGREEMENT outlines how we carry on this tradition and continue to maintain a financially successful and professionally fulfilling medical practice.

Our Standards of Service

1. We seek to develop a partnership with our patients in creating a higher level of health.
2. We are dedicated to maintaining our education and our professionalism at the highest level.
3. We understand that the achievements of our organization are the result of building teamwork with those we serve and among ourselves.
4. We will share information with our patients so they can make educated and comfortable decisions about their health care.
5. We believe that only through providing care to others in a value system that is compatible with our own can we achieve harmony in our lives.

In addition to these company-wide standards, as an employee you also have individual standards for your personal area of responsibility, which you will find outlined in the PERFORMANCE STANDARDS attached. How you maintain these standards will determine your future with our practice.

You will find the following forms provided in this PERFORMANCE AGREEMENT package:

- | | |
|-----------------------------------|--------------------|
| ◆ Introduction and Acknowledgment | ◆ Position Summary |
| ◆ Performance Standards | ◆ Performance Plan |
| ◆ Overall Evaluation | |

I have reviewed this position description and understand that I am expected to abide by these standards as outlined. I understand that I will be evaluated on these standards after the three-month orientation period, as needed throughout the year, and annually at the anniversary date of my employment. I further understand that this agreement does not represent an employment contract; employment with this practice is not for any specified term; employment can be voluntarily or involuntarily terminated "at-will," with or without cause or notice at any time.

EMPLOYEE SIGNATURE _____ DATE _____

MANAGER SIGNATURE _____ DATE _____

POSITION SUMMARY

NAME: _____

JOB CLASSIFICATION: Non-exempt

SUPERVISOR: _____

WORK SCHEDULE: Prior to employment, you will be notified of your actual hours and work schedule. This schedule is subject to change (i.e., daily hours increased or decreased) according to the needs of the practice.

POSITION SUMMARY: Responsible for implementing operational changes, monitoring of physicians schedules and making appropriate adjustments, updating schedules to reflect meeting times and locations. Keeps patients informed as to the timeliness of their appointments, answers insurance questions, reconciles daily charges and over-the-counter collections. Performs a variety of general reception, secretarial, insurance, and data entry duties while promoting a safe environment of minimal stress. Answers the telephone, schedules appointments, handles patient finances, maintains patient records, and coordinates patient flow between the front and back office staff.

PHYSICAL REQUIREMENTS: Must be able to meet the physical requirements and demands of an active position, including but not limited to: extended duration of standing, walking, stooping, bending and sitting; manual dexterity; good eye-hand coordination; visual abilities (depth perception, ocular focus, close vision, color vision, and peripheral vision), and adequate hearing to perform daily work. Must be able to adjust physically and emotionally to a spontaneous, fast-paced, and hectic environment.

HAZARDS: The medical office environment may result in employees being exposed to toxic chemicals and potentially infectious materials.

JOB SPECIFICATIONS

Medical or business phone reception experience
High school graduate

COMPETENCIES

- Exceptional human relations skills
- Ability to create a trustworthy and comfortable environment for patients
- Ability to communicate in a calm, orderly, and non-threatening manner
- Ability to maintain an outgoing, friendly attitude with patients and staff even under pressure
- Ability to work with interruptions and to manage multiple priorities
- Ability to speak, understand, and write fluent English
- Knowledge of correct grammar, spelling, and punctuation
- Knowledge of organization filing, procedures, and systems
- Proficiency in alphabetizing and spelling
- Ability to write legibly and work with numbers
- Ability to meet deadlines and work unsupervised
- Ability to communicate effectively with patients who have special needs

Performance Agreement: Receptionist / 3

SKILLS

10-key adding machine

Computer

Typewriter

Photocopier

Multiple phone lines

Veri-phone for VISA/MC

Fax machine

Performance Agreement: Receptionist / 4

PERFORMANCE STANDARDS

Performance Standards

Rating
Employee Supervisor

- | | | |
|---|-------|-------|
| 1. Consistently recognizes the needs and desires of other people (physician, staff, patients, and business associates). Treats them with respect and courtesy. Inspires respect and confidence. | _____ | _____ |
| 2. Provides a motivational environment by encouraging and supporting individual growth and development as a means to superior teamwork and greater success. | _____ | _____ |
| 3. Appropriately uses conflict resolution and problem-solving skills in managing interpersonal conflict, patient complaints, and other discord. | _____ | _____ |
| 4. Effectively manages own time and workspace to accomplish individual and practice objectives. | _____ | _____ |
| 5. Consistently keeps workspace and department neat and orderly. | _____ | _____ |
| 6. Cheerfully and without hesitation assists other departments and performs backup duties as needed and requested. | _____ | _____ |
| 7. Appropriately and conscientiously uses office supplies. | _____ | _____ |
| 8. Consistently maintains professional education in relative areas. | _____ | _____ |
| 9. Maintains productive and efficient use of company time, demonstrating good attendance, on-time arrivals, and completed work shifts. | _____ | _____ |
| 10. Constantly aware of total quality management and recommends improvements when and where needed. | _____ | _____ |
| 11. Immediately reports any unsafe working conditions. | _____ | _____ |
| 12. Adheres to office policies outlined in the Employee Handbook regarding code of conduct, attendance, appearance, administrative requests, and confidentiality. | _____ | _____ |
| 13. Consistently and accurately performs all duties as outlined in SOPs. Promptly and thoroughly corrects all errors. | _____ | _____ |

(1) did not achieve expectations	(2) partially achieved expectations
(3) fully achieved expectations	(4) exceeded expectations

Performance Agreement: Receptionist / 5

PERFORMANCE STANDARDS *(continued)*

<i>Performance Standards</i>	<i>Rating</i>	
	<u>Employee</u>	<u>Supervisor</u>
14. Communicates clearly and tactfully with, following practice philosophy and verbal guidelines as outlined in SOPs for specific circumstances.	_____	_____
15. Responds promptly to inquiries and requests from the patients, staff, physician, and referring offices.	_____	_____
16. Accurately maintains patient records and charts to ensure easy retrieval and complete documentation of all patient treatment and transactions.	_____	_____
17. Participates fully in staff development through morning huddles, staff meetings, continuing education courses, and evaluations.	_____	_____
18. Promotes team cohesiveness by interacting with team members using common courtesy, active listening skills, respect, and non-judgmental attitude.	_____	_____
19. Promptly and warmly greets patients as welcomed guests to our office, following office guidelines for efficient check-in and transfer to clinical staff.	_____	_____
20. Answers the telephone by the third ring and, using a warm friendly voice, identifies the office and self. Accurately assesses and meets the needs of the caller. Accurately completes emergency message slips, message memos, and chart documentation.	_____	_____
21. Schedules all general appointments as outlined in SOPs to ensure a smooth patient flow and care.	_____	_____
22. Tactfully and effectively discusses finances with patients, insurance benefit information, and financial options. Reaches and documents financial arrangements prior to treatment.	_____	_____
23. Tactfully collects money from patients on the day of the visit, negotiating arrangements as needed, providing a receipt, and completing all necessary documentation and posting.	_____	_____
24. Prepared for the next day by timely and through confirmation of appointments, accurate typing of the schedule, and chart preparation.	_____	_____

(1) did not achieve expectations	(2) partially achieved expectations
(3) fully achieved expectations	(4) exceeded expectations

Performance Agreement: Receptionist / 6

PERFORMANCE STANDARDS *(continued)*

<i>Performance Standards</i>	<i>Rating</i>	
	<u>Employee</u>	<u>Supervisor</u>
25. Consistently monitors and follows up on no-shows, cancellations, and medical flow-up or procedures still needed.	_____	_____
26. Follows office procedure for patient referrals and record transfers to other medical offices. Cheerfully and promptly assists patients in making appointments with specialists.	_____	_____
27. Actively promotes practice by following guidelines for welcome letters and educational handouts.	_____	_____
28. Maintains the clean and uncluttered appearance of the reception and front office area.	_____	_____
29. Accurately and efficiently enters all data into the computer within one day of the service or transaction. Work the insurance and collection routine outlined in the Accounts Receivable SOP.	_____	_____
30. Accurately maintains patient appointment schedules to ensure complete documentation of all appointment changes.	_____	_____

(1) did not achieve expectations	(2) partially achieved expectations
(3) fully achieved expectations	(4) exceeded expectations

I have reviewed this position description and understand that I am expected to abide by these standards as outlined. I understand that I will be evaluated on these standards after the three-month orientation period, as needed throughout the year, and annually at the anniversary date of my employment. I further understand that this agreement does not represent an employment contract; employment with this practice is not for any specified term; employment can be voluntarily or involuntarily terminated "at-will," with or without cause or notice at any time.

Review completed by: _____
Signature/Date

Supervisor Administrator Physician Other _____

Employee: _____
Signature/Date

Next Review Date: _____

OVERALL EVALUATION

Check the rating level that best describes this employee's overall performance since their last review.

- (1) **Did Not Achieve Expectations as described in the following Performance Statements:**

#'s: _____

Improvement needed in these areas by: _____ or _____

- (2) **Partially Achieved Expectations as described in the following Performance Statements:**

#'s: _____

#'s: _____

Improvement needed in these areas by: _____ or _____

- (3) **Fully Achieved Expectations as described in the following Performance Statements:**

#'s: _____

- (4) **Exceeded Expectations as described in the following Performance Statements:**

#'s: _____

SUPERVISOR COMMENTS

Comment on how the overall evaluation was determined and the effectiveness of the evaluation session. Clearly document if the employee's job is in jeopardy and specifically state what she/he must correct, and by when, to continue employment.

PERFORMANCE PLAN

Focus on two or three areas that need improvement, particularly those performance factors for which the employee received less than a rating of 3. Develop a plan with the employee that allows for additional training, feedback, or change in routine that will lead to the employee's success in fully achieving performance expectations.

Date	Concern	Action Plan	By When	Result

EMPLOYEE COMMENTS

The employee may provide comments on the performance review and plan in the space provided below.

SIGNATURES

I have reviewed this document, discussed its contents with my supervisor, and had the opportunity to make written comments. My signature indicates that I have been advised of my performance status and does not necessarily imply that I agree with this evaluation.

Review completed by: _____
Signature/Date

- Supervisor Administrator Physician Other _____

Employee: _____
Signature/Date

Next Review Date: _____

ANSWERING THE TELEPHONE

[anstel.doc]

Desired Outcome: To answer the telephone by the third ring, using a warm, friendly voice, identifying the office and yourself, and accurately assessing and meeting the needs of the caller. To accurately complete message memos and chart documentation. To correctly assess and meet the caller's needs.

Measurement: Feedback from patients, doctor(s), and staff.

The first contact any patient, new or established, makes with the office is usually over the phone. Your voice and verbal skills set the tone for the encounter and ultimately affect the final outcome. It is crucial to initially demonstrate to patients that their needs will be met promptly and professionally. Regardless of what their needs may be, they will still require a sense of empathy and sincere concern from the first person they speak with in the office.

1. In a cheerful voice after no more than 3 rings, pick up the phone and greet the caller with the following:
2. "Good morning/afternoon, Dr. _____'s (insert the name of the medical group). This is _____. How may I help you?"
3. Determine the needs of the caller and perform one or more of the following:
 - A. Transfer the call to the appropriate person.
 - B. Assess the caller's needs and document in the appropriate format (i.e., prescription request, message for the nurse, etc.)
4. If you must put the patient on hold, ask for his/her consent first and wait for an answer. For instance, "Good morning, Dr. _____'s office, this is _____. Would you hold a moment please?"
 - A. If the patient answers "yes," you say: "Thank you. I will be with you shortly."
 - B. If the patient answers "no," there could be several reasons (i.e. emergency, previously held too long, prefers not to hold.) You say: "How may I help you?" Take the time to listen to the current needs and determine the next step.
5. When taking a message for another person:
 - A. Confirm the spelling of the caller's name, plus the phone number, date, and time of call.
 - B. Immediately place the message slip where the person called will find it.
 - C. If urgent, verbally notify the person of the call.

APPOINTMENT SCHEDULING: NEW PATIENT

[newpat.doc]

Desired Outcome: New patients warmly welcomed to our practice with the doctor and staff clearly understanding the patient's expectations and the patient clearly understanding what will be provided at the first appointment.

Measurement: Satisfaction of the patient and returning for future medical care.

FIRST VISIT/NON-URGENT

1. Schedule new patients for 1/2 to 1 hour.
 - A. Request medical records from previous physician when necessary.
2. Enter the appointment in the computer/scheduling book.
 - A. Enter the patient's last name, first name, and age.
 - B. Enter the patient's home and work phone numbers.
 - C. Block off 1/2 to 1 hour of room time depending on the patient's medical history and problem list.
3. Explain the following to the patient:
 - A. "I'd like to send you our new patient letter, medical history, and registration forms. Please fill them in and bring them with you when you come to your appointment. We're looking forward to meeting you on _____ at _____. Please call me in the meantime if you have any questions."
4. Obtain the patient's name and mailing address. Send a new patient letter/brochure, medical history form, registration form, notice of privacy practices with acknowledgment, and appointment card.

Physician's or medical group name, logo, address, and telephone number. Letterhead stationery will look best.

Dear _____:

Dr.(s) _____/_____ (or medical group name) would like to welcome you to our office. We appreciate your confidence and take great pride in providing high quality medical care for our patients. Enclosed is a card confirming the time and date of your appointment. Also enclosed is a medical history and registration forms to be completed at your convenience. Please bring these, as well as a completed insurance form and/or insurance identification card, to your appointment.

Our office is located at *(address and city)* between *(names of cross-streets)*. Parking is available at *(location)*.

Dr. _____'s office hours are: *(insert office hours here)*

As Dr. _____'s receptionist, I am available to answer any questions regarding the enclosed forms. Please call me if I can be of assistance.

We look forward to meeting you.

Sincerely,

(Receptionist's name and signature)

PRESCRIPTION REFILLS/PATIENT TELEPHONE REQUESTS

[sprescri.doc]

Desired Outcome: Accurate and timely response to requests for prescription refills.

Measurement: Feedback from the patient, physician, and pharmacist.

1. Obtain the following from the caller:
 - A. patient name
 - B. date of birth
 - C. name of medication
 - D. current dosage
 - E. name of pharmacy
 - F. patient phone number
2. Advise the caller that the pharmacy will be notified of the refill request upon authorization from the doctor.
3. Pull the patient's chart and note the request for refill and initial off.
4. Review the request with the physician for authorization to refill.
5. If the refill is authorized, notify the pharmacy and document the call in the patient's chart.
6. If the refill is not authorized, notify the patient as to the physician's instructions and make a notation in the medical chart.

SUPERBILL AND CHART PREP

[superbl.doc]

Desired Outcome: Accurate superbills and complete chart prep two days prior to the patient's appointment.

Measurement: Feedback from the physician, medical assistant, and data entry personnel.

1. Chart preparation includes confirmation of the following:
 - A. Patient name
 - B. Assigned physician
 - C. Return visit or procedure
 - D. Amount of time scheduled
 - E. Necessary reports and lab results in chart
 - F. Preauthorizations received

2. Prepare the superbill with the following:
 - A. Apply patient labels
 - B. Attach superbill to medical chart

3. Place the medical charts by provider in the appropriate medical assistant bin.

COLLECTING AND AUTHORIZING CREDIT CARD PAYMENTS

[credited.doc]

Desired Outcome: To efficiently and accurately collect and authorize credit card payments.

Measurement: Feedback from the patient, authorization number on all credit card payments, and balanced collections at the end of each day.

1. Obtain patient's credit card.
2. Verify that the name on the credit card matches the patient or spouse, unless prior arrangements have been made with the office manager for charges to be paid by another cardholder.
3. Check the expiration date to ensure the card is still valid.
4. Place credit card face up in imprinter.
5. Place blank credit card slip on top of the card.
6. Slide the carriage over both all the way to the right, then back again.
7. Remove the credit card slip and card.
8. Check the last page of the slip to ensure the imprint is clear and readable.
9. Fill in the following items on the credit card slip:
 - A. date
 - B. card type (check one: Visa or MasterCard)
 - C. expiration date (check box)
 - D. quantity of service(s) (i.e.: 1 for one office visit)
 - E. description of service(s)
 - F. amount(s) to be charged
 - G. clerk's initials
10. Carry the amount to be charged down to the "total" box. (Add up if there are multiple charges and place total in "total" box.)
11. Authorize the total amount to be paid using the credit card authorization terminal.
 - A. Press the blue "sale" button at the top left hand corner. The terminal will prompt you to enter the card number.
 - B. Type the card number followed by the enter key. The terminal will prompt you to enter the expiration date.
 - C. Type the expiration date in two-digit month/two-digit year format followed by the enter key. For example, for an expiration of March of 1999, you type "0399" then the enter key. The terminal will prompt you to enter the amount.
 - D. Type the amount without a decimal point followed by the enter key. For example, on a \$50 charge, you would type "5000" then the enter key.
 - E. The terminal will then prompt an authorization number.
 - F. Write the authorization number on the credit card slip in the "authorization" box.
12. Return the slip and the card to the patient and ask the patient to sign the slip.
13. Give the patient the copy marked "customer copy."
14. Attach the merchant and bank copies to the billing office's copy of the superbill and place with batch for that day.

INSURANCE: TRACKING INSURANCE

[trackins.doc]

Desired Outcome: Prompt payment of insurance claims.

Measurement: Aging of insurance accounts receivable.

1. Print Outstanding Insurance Carrier Claims Report.
2. Electronic claims rebilling:
 - A. Select the option for billing a single claim electronically.
 1. Enter the patient's name and select the date of service you wish to rebill.
 - B. Paper claims rebilling:
 1. Select the option for Insurance Carrier billing
 2. Individual patient.
 3. Print claim form.
 4. In red write "SECOND BILLING" on the claim form.
 5. Mail the form to the insurance company the same day.
3. Write in the date of rebilling by each patient's name on the Outstanding Insurance Carrier Claims Report to keep track of rebilling efforts.

RECONCILING CAPITATED PAYMENTS

[manicare.doc]

Accurate and consistent reconciliation of capitated payments is a crucial part of the accounts receivable process for any practice that accepts HMO insurance plans. Yet, we have discovered that many practices do *not* perform any routine check of their capitated payments, assuming that the health plan will get it right. Nothing could be further from the truth! That small amount of money per member per month may not seem like much to worry about, but multiplied over several months (and several patients), it can add up. In addition, most health plans have limitations on the amount of time they will go back and make adjustments for money owed to you, making it even more important to reconcile capitated payments every month to ensure any discrepancies are reported as soon as possible.

Collection of capitated payments from insurance carriers should be performed as aggressively as the collection of indemnity or private pay accounts. As a reminder, however, most managed care plans contractually prohibit their physicians from billing HMO patients. Patient billing should only occur after the appropriate research is completed and verification is obtained from the health plan (preferably in writing) that the patient is ineligible for benefits under the managed care plan.

Desired Outcome: Accurate and timely reconciliation of monthly capitation payment for each HMO plan we participate. Receipt of capitation payment for every eligible HMO patient seen in the practice in a given month.

Measurement: Review of monthly AR report for HMO health plans.

1. Charges for HMO patients should be posted just as charges for any other patient are posted.
2. When the monthly capitation payment is received, go through the report and post each capitation payment to the appropriate patient account.
3. Print and review an AR report for that HMO. Those accounts with outstanding charges that do not show a capitation payment for the month services were provided are outstanding and should be researched.
4. Complete the appropriate health plan form for a Request for Capitation Adjustment. If the HMO doesn't provide a form, create one yourself. It's always best to have this information in writing.
5. Requests for adjustments should be tickler-filed, and checked for remittance the following month with the next capitation payment.
6. Bill the patient only after receiving written verification from the health plan that he or she is ineligible for benefits under the plan. Refer to your contract with the HMO for additional guidelines on patient billing.

OSHA AND THE BACK OFFICE

(oshbo.doc)

Congratulations! You are on your way to OSHA compliance! While this book is not an "OSHA" manual, SOPs are an integral part of regulatory compliance. And, if used appropriately, SOPs make adhering to state and federal regulations easier than you think.

OSHA is concerned with the safety of your employees and the hazards present in their workplace. Although not inclusive of all potential dangers, your clinical procedures and other related tasks comprise the majority of the occupational hazards in your office. If all of these job tasks are "SOPified," you've already done half the work involved in regulatory compliance!

The Back Office section of this book represents the "front lines" of OSHA compliance in a medical office. The SOPs in this section will be the ones most affected by regulatory and safety concerns, an important fact to keep in mind as you edit and customize them to suit your practice particulars. In that vein, you will notice that some of the sample SOPs that follow have "safety-" or "regulatory-driven" steps, but understand **they are only examples and may or may not apply to your office!**

Because of the near-infinite variables in modern medical offices (and the differences in some state plans), it's impossible to provide you ready-made, OSHA-compliant SOPs for *your* unique practice. But, armed with this book and these sample SOPs, you are well on your way to achieving this goal.

Manuals and Plans

Retail OSHA Manuals are common in medical offices and widely available from diverse sources. These "ready-made" binders often provide information about regulations and blank forms and plans, making "compliance" seem to be just a matter of filling in a few blanks and filing MSDSs. While these tools are extremely useful, the common misconception is that they are stand-alone volumes. However, *none* of them describe how procedures are performed in your office, which chemicals you use, or the specifics of your equipment—all of which affect the scope and details of your compliance programs. A "SOPified" office will have all that information documented in an easily understood, readily revisable, and workable form.

In addition, these manuals are usually inclusive, meaning the programs and plans are all in one place. While this provides for ease in filing, it can work against you during an inspection. If an inspector asks you for your Bloodborne Pathogens Exposure Control Plan, please **do not** hand him or her your entire "OSHA" binder! Having your programs organized separately so each is readily presentable and independent of the others will facilitate a cooperative and efficient inspection process, and enable your employees to access the same information quickly and easily. Just as I recommend with your SOPs manual, make these programs easy to find and easy to use.

These Plans don't have to be lengthy, but they must be accurate and complete. The following Plans are the most common, but your office may require others:

- ◆ Hazard Communication Plan: Contains a master list of all the hazardous chemicals present in your office and where they're stored, provisions for container labeling, collection and availability of Material Safety Data Sheets (MSDSs), and an employee training program. Your individual MSDSs should be filed elsewhere, in a designated file or dedicated binder that is "readily accessible" to your employees.
- ◆ Bloodborne Pathogens Exposure Control Plan: Documents all the procedures and related tasks where occupational exposure to blood and Other Potentially Infectious Material (OPIM) occurs, necessary training for employees performing these procedures, required protective equipment, engineering and administrative controls, vaccinations, and post-exposure procedures.
- ◆ Personal Protective Equipment: Certifies your performance of a hazard assessment for all job tasks and the PPE required for each and covers the training provided for PPE such as wearing, caring for, limitations, and disposal.
- ◆ Fire and Emergency Plans: Includes plans and procedures (such as exit routes, personnel responsibilities, etc.) during a fire or other emergency (tornado, earthquake, etc.).
- ◆ General Office Safety and Housekeeping: Covers storage, floors, some waste, trips and slips and other preventative measures to reduce accidents.
- ◆ Waste Management: Details the handling and disposal of hazardous and biohazardous wastes; also reflects state and local requirements.

OSHA, the Back Office, and SOPs

As you can see, SOPs can make it very easy to identify where your hazards are. When you begin writing your SOPs, you will start by documenting what you're actually doing. The next step will be to use this information to identify the hazards present in these tasks. To do this you must first understand what OSHA considers a hazard: bloodborne pathogens, hazardous materials, noise, heat, sharps...the list goes on. Each of these is addressed in the regulations, and depending on the circumstance, might need to be addressed in your Plans *and* SOPs. Just because a chemical is hazardous and your employees use it, it may or may not warrant special precautions. It's the probability and frequency and extent of employee exposure that determine the necessary precautions. That's why your hazard assessment is so important. Based on established guidelines (see publications on the following page), the employer is granted some leeway in the development of workplace policy and programs.

After a thorough hazard assessment and careful review of your compliance plans, you will see where to refine and edit your SOPs to include the "safety-" or "regulatory-driven" steps necessary to ensure complete agreement between the Plans and your SOPs.

Don't stop here! After you have edited your procedural SOPs to agree with your compliance plans, review the OSHA and Regulatory Compliance Coordinator performance agreement in the Performance Agreements Section of this book. There you will find a list of additional tasks that, although are not directly related to patient care, must occur in a medical office. SOPs should be written for these tasks as well, with primary, shared, and backup assignments noted.

Note: Don't have an OSHA Coordinator? Elect one! In a small office, this may be as easy as asking your head nurse to devote 3-5 hours per week to compliance activities. A larger practice may require the help of an independent third party—such as a compliance consultant—to implement and maintain programs and train staff.

Without standard operating procedures, it is very easy to fall into saying one thing and doing another. For example, your staff may be aware of the OSHA regulations but not taught how to incorporate them into routine procedures. Having compliance-minded SOPs in place indicates that you're committed to training your employees correctly, not just paying lip-service to the safety rules by filling in a few blanks in a generic binder. This level of commitment could demonstrate "good faith" to an inspector—that you are implementing the required plans, training and documenting to the intent (if not the letter) of the law. Penalties may be reduced up to 25% in recognition of this “good faith” commitment—provided other criteria are met.

OSHA knows the regulations are hard to navigate and often difficult to interpret, so they provide numerous resources in the form of handbooks and guidance documents. Some of the actual standards also have guidance sections written in, and while these sections of the regulations are not enforceable, they can provide excellent insight into how to comply. The following publications are available free from OSHA; check their websites.

- ◆ *Assessing the Need for Personal Protective Equipment: A Guide for Small Business Employers* (PUB #3151)
- ◆ *Chemical Hazard Communication* (PUB. #3084)
- ◆ *Hazard Communication Guidelines for Compliance* (PUB. #3111)
- ◆ *Job Hazard Analysis* (PUB. #3071)
- ◆ *How to Prepare for Workplace Emergencies* (PUB. #3088)
- ◆ *How to Prevent Needle Stick Injuries* (PUB. #3161)
- ◆ *Training Requirements in OSHA Standards and Training Guidelines* (PUB. #2254)

The Centers for Disease Control and the National Institute of Occupational Safety are also excellent resources. These organizations conduct research and affect OSHA's mandates.

What's the bottom line? Documentation! Keep your plans short, accurate, and workable. Reference them in your SOPs. Make sure your SOPs agree with and reinforce your plans. Then train your staff on both, showing them how the office compliance programs and SOPs work together to ensure their ongoing safety while providing exceptional care. After SOPs implementation, regulatory compliance can be downright easy! Your staff will already be primed to doing things by the book, the right way every time.

GREETING AND ESCORTING PATIENTS BY THE CLINICAL STAFF

(greetesc.doc)

Desired Outcome: Patients are always warmly and professionally greeted and promptly escorted to the exam room according to the appointment schedule. Patients feel comfortable and confident during their visit.

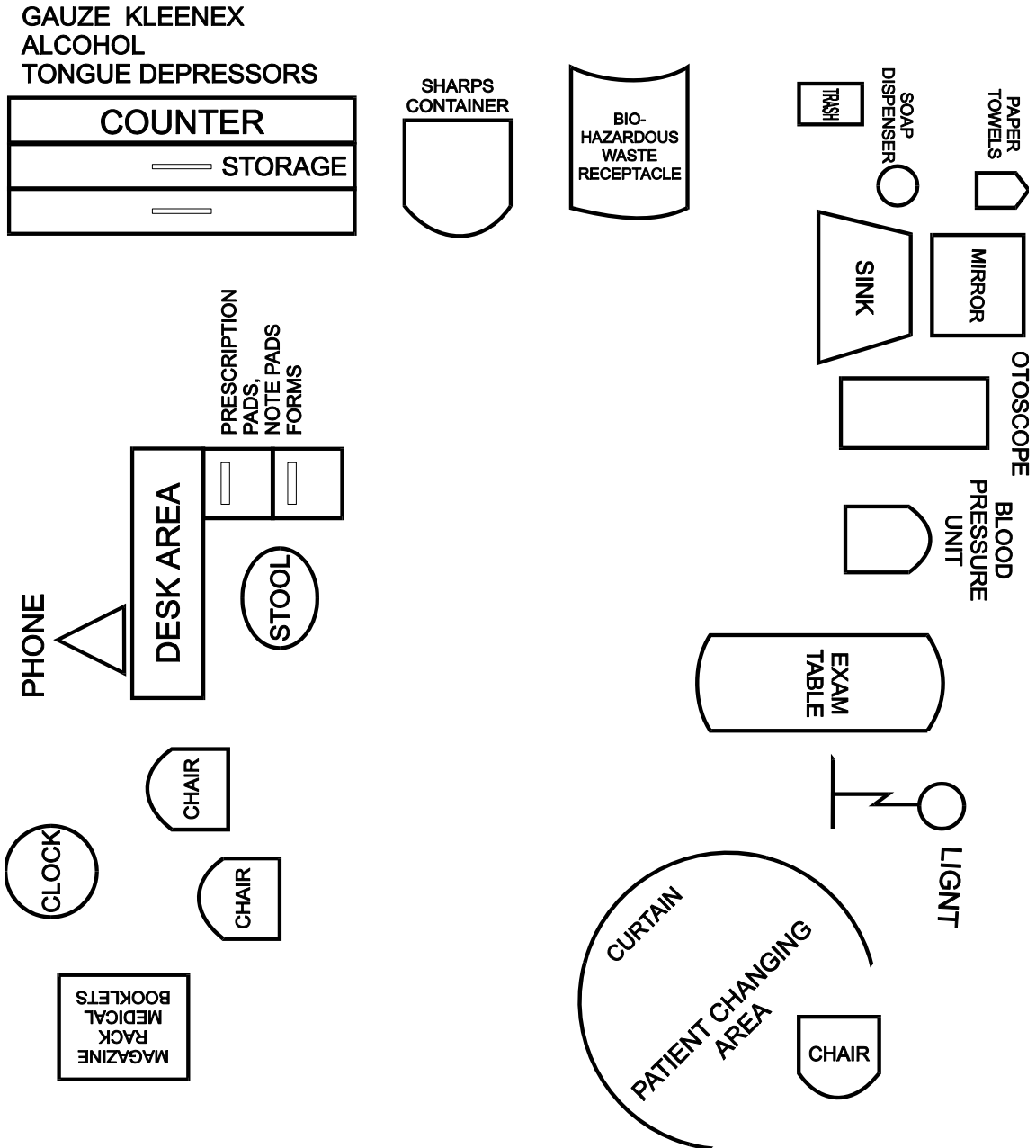
Measurement: Feedback from the patient and doctor.

1. Review the chart for age, name pronunciation, and how the patient chooses to be addressed. Always address the patient with Mr. or Mrs. and their last name, if the chart does not indicate otherwise.
2. Check the inside of the back of their chart for personal information about the patient that you may use to start a conversation. This helps put the patient at ease.
3. Make eye contact and always smile.
4. Once identified, warmly greet the patient and introduce yourself.
5. Escort the patient to the exam room.
 - A. Make appropriate “small talk.”
 - B. If the patient is new, point out the bathroom.
 - C. Show off your “state of the art” sterilization area and any other points of interest.
6. Restate their expectations, as you understand them. Clarify any misunderstandings, explain the planned procedure further, and answer all of their questions.
7. When appropriate, provide them with educational pamphlets.
8. Direct the patient to the appropriate area and offer them a blanket or magazine.

ROOM DIAGRAMS

(diaexamrms.doc)

EXAM ROOMS



ORDERING MEDICAL SUPPLIES, PHARMACEUTICALS, AND INSTRUMENTS

(ordersup.doc)

Desired Outcome: Sufficient supplies are available at all times to render quality patient care. Accurate documentation is kept that indicates when specific supplies need to be ordered.

Measurement: Inspection of current inventory. Feedback from doctors and clinical staff.

Inventory overflow for medical supplies, pharmaceuticals, and instruments is generally found in the main lab and supply closet.

1. If any item is low:
 - A. Replenish appropriately.
 - B. Review previous pages of the order list to ensure the items has not already been ordered.
 - C. If you take the last or near to the last of any item, add the item's order number to the order list in the lab.
 - D. If the order number is not on the item, refer back to the original invoice for order numbers or the distributor's catalogue.
2. Once a week, review the order list and contact the appropriate distributors to place an order.
3. Document the date of the order, with whom you spoke, and your initials in the 3rd column of the order pad. Refer to the Forms Section for a blank order list.

ORDER DELIVERY

1. Check invoice against the items received. Check quantity, product name and type, order list, etc. Ensure that items received match items ordered.
2. If invoice billing sheet is available, check pricing to ensure proper charges.
3. Replace inventoried items in appropriate storage areas (this may include refrigeration).
4. Make sure to check expiration dates and adjust accordingly.
5. Renew inventory check lists and date when new items arrived.
6. Add new items to inventory; tag appropriately.

STAFF EVALUATIONS AND PERFORMANCE PLANNING

(stafevl.doc)

It has been said that there are only two reasons why people don't successfully complete a task:

- 1. They simply don't want to! They may be feeling angry, unappreciated, apathetic, or just plain bored.*
- 2. They lack a needed resource. It may be lack of time, proper equipment, training, information, or innate ability.*

Your challenge as a manager and employer is to find out which of the two accounts for an employee's poor performance and then address it with them. Likewise, good performance needs to be reinforced, analyzed, and a stepping-stone to further professional growth and development. The more successful you are in fostering a mutual exchange of information vs. a "report card" session, the more positive and pleasant the experience will be for everyone.

Desired Outcome: Consistent use of your customized Performance Agreements as a personnel management tool for employee performance reviews. Agreement between the doctor and the staff member regarding mutual expectations and analysis of job performance resulting in the development of a personalized plan for improvement and growth. Doctor's and employee's increased comfort level at the prospect of annual performance reviews.

Measurement: Feedback from employees. Employee and doctor level of satisfaction with performance. Observation of the level of comfort experienced by the doctor and employee during reviews.

Preparation

- Schedule a private one-hour meeting with the employee.
 - This meeting is paid time for the employee and should be conducted during normal business hours, if possible.
 - Block off the scheduled meeting time in the appointment book, doctor's day planner, and staff schedule.
- One week prior to the meeting provide a copy of the Performance Agreement to the:
 - doctor
 - staff member
 - other management personnel planning to participate in the review
- Verbally review the process together and stress the positive nature of the meeting.
- Ask the employee to complete the rating scale on the right hand side of the pages marked "Performance Standards," noting his or her scores under the column labeled "employee."
- Ask the employee to bring his or her copy to the meeting.
- Complete the rating scale on your copy as well, noting your scores under the column labeled "supervisor."

7. Ask any other management personnel to be present to do the same.
8. Bring these copies to the meeting as well.

Evaluation Meeting

The meeting should be one hour of uninterrupted quality time for the doctor, office manager, and individual staff member to compare notes on the completed packets.

1. Begin by reviewing the *process* with the employee and stress the positive nature of the exchange.
2. Ask the employee to share their self-evaluation, point-by-point, uninterrupted by the doctor or manager, and to close with a suggested performance plan for improvement and growth. The doctor and/or the manager should take notes during this time and highlight areas of agreement and disagreement.
3. Once the employee is finished the doctor and/or the manager should share their evaluation of the employee, point by point, and note areas of agreement and disagreement.
4. Complete the Overall Evaluation form (found at the end of each Performance Agreement).
 - A. Acknowledge good performance.
 - B. Identify any specific duties in need of improvement.
 - C. Refer to relevant SOPs to clarify performance expectations.
 - D. Document your comments in the space provided on the form.
5. Complete the Performance Plan form (found at the end of each Performance Agreement).
 - A. Agree on a strategy for improvement. This may include:
 1. a change in the SOP
 2. additional training
 3. new equipment
 4. conflict resolution
 5. reassignment of duties to allow adequate time for peak performance in critical areas
 - B. Clearly state and document whether or not continued employment is threatened by poor performance.
 1. Indicate exactly what needs to happen by what date for employment to continue.
 - C. Ask the employee to document his or her comments in the space provided on the form.
 - D. Ask the employee to sign the form to acknowledge that he or she understands your expectations.
6. Agree on the next time you will meet for follow up, if applicable.
7. Label the signed copy "Performance Review Session" in the top right hand corner.
8. Sign and date as the manager on the Performance Standards form and the Performance Plan form.

Staff Evaluations and Performance Planning / 3

9. Write in the next review date in the spaces provided on each form.
10. Give the employee a copy of the signed document for his or her records.
11. File the original signed copy in the employee's personnel file.
12. Collaboratively evaluate the effectiveness of the meeting.
 - A. Was everyone heard?
 - B. Understood?
 - C. In agreement?
13. Do not end the meeting until all issues are resolved or another meeting is scheduled to continue the discussion.

Note: The performance standards and job duties of an OSHA and Regulatory Compliance Coordinator are highly specialized and determine your practice's overall level of compliance. Therefore, we recommend involving a third party (such as an outside OSHA consultant) in the performance review process to ensure an accurate assessment of performance.

FRONT OFFICE TRAINING SCHEDULE

(frtrain.doc)

Desired Outcome: Front office personnel trained and oriented to practice within 90 days.

Measurement: Ratings of 2+ or 3 in all performance areas as described in the Performance Agreement.

This schedule is an example. Develop and adapt your own schedule based on your needs and the experience of the new employee. However, do not skip the process even with a veteran medical receptionist. It's important that personnel be familiarized with your procedures. In addition, attach the appropriate Performance Agreement to this schedule.

Phase I

1. On the new employee's first day of work or "orientation day," ask him/her to:
 - A. complete the employment forms (including OSHA training).
 - B. study their Performance Agreement.
 - C. read your personnel policy manual and sign the acknowledgement form.
 - D. review your SOPs manual and training schedule.
2. If time permits on the first day and throughout the remainder of the first week, have the employee observe the patient flow and participate, as requested.
3. The expectations of the standard training schedule (1-30 days) includes the new employee becoming familiar with the following:
 - A. greeting patients
 - B. answering phones and correctly assess, document, and meet needs of caller
 - C. filing system and location of supplies
 - D. charting
 - E. next-day preparation

Phase II

1. Using the Performance Standards, Overall Evaluation, and Performance Plan forms from the Performance Agreement packet, evaluate the new employee's performance demonstrated during the previous 30 days or Phase I.
2. Phase II of the standard training schedule (30-60 days) includes the following duties:
 - A. handle financial arrangements
 - B. check out patients
 - C. schedule appointments
 - D. schedule hospital cases
 - E. perform miscellaneous duties as assigned

Front Office Training Schedule / 2

Phase III

1. Using the Performance Standards, Overall Evaluation, and Performance Plan forms from the Performance Agreement packet, evaluate the new employee's performance demonstrated during the previous 60 days or Phases I-II.
2. Phase III of the standard training schedule (60-90 days) includes the following duties:
 - A. perform data entry and insurance billing
 - B. learn accounts receivable control
 - C. promote the practice by following all marketing strategy guidelines

Phase IV

1. Using the Performance Standards, Overall Evaluation, and Performance Plan forms from the Performance Agreement packet, evaluate the new employee's performance demonstrated during the previous 90 days or Phases I-III.
2. Phase IV of the standard training schedule (90-180 days) includes the following duties:
 - A. Continue training in specified areas
 - B. Cross-train as requested
3. Use the same forms as noted in step 1, perform an evaluation based on the employee's performance during the entire orientation period (Phases I-IV).

OSHA AND REGULATORY COMPLIANCE

(osha.doc)

As discussed in Chapter 2, the key to creating policies that work is staff involvement. Regulatory compliance is usually seen as silly rules followed to pacify OSHA. What separates effective programs from those that aren't is vested interest. Rules are rules, but if the staff understands "What's in it for us?" those rules become less silly and more relevant. An OSHA coordinator is certainly warranted in the modern medical office, and you as the employer should have an understanding of what the rules mean and how they impact your practice. The clearer your employees are about how those rules help keep them safe at work, and how committed you are to their safety, the easier compliance becomes. Your knowledge, support and motivation leads to their understanding, cooperation and commitment. So the real question becomes "What's in it for me?"

First and foremost: the safety of your staff. Your employees should come to work, perform their assigned duties, and go home every night uninjured: not sick or infected, burned, broken or anything else. You know there are precautions that must be taken, but is your staff educated, well trained, and aware that you are genuinely concerned with their well being? The rewards in terms of morale can be significant. This requires a commitment from the "top down." You must set the tone for the practice and if you're unconcerned with safety, the staff will follow your lead. Avoid setting the double standard of expecting your employees to take safety precautions while you follow different guidelines. This can cause resentment, apathy, insubordination, and worse, carelessness and injuries.

There are other implications to consider. OSHA is duly empowered to enforce their regulations by physical inspection of your practice. Most often this comes in the form of a complaint (which a disgruntled employee can file with assured anonymity) that a violation exists. An OSHA inspector (Compliance Safety and Health Officer or CSHO) is authorized to:

"Enter without delay...any establishment...workplace or environment where work is performed by an employee of an employer and inspect and investigate...all pertinent conditions, structures, machines, apparatus, devices, equipment and materials therein, and to question privately any such employer, owner, operator, agent or employee."

—The OSHAct, Public Law 91-956, §8(a)(1)

These inspections are not announced (in fact, it's a crime to alert an employer in advance) and can be quite uncomfortable. You will be interviewed along with your OSHA coordinator and your documentation reviewed. The officer may also review training records, conduct a walk-through inspection and interview employees to determine the extent your programs are actually being implemented. You cannot be too prepared for this eventuality. Having a comprehensive safety and health program that satisfies all the regulatory requirements and addresses illness and injury prevention is your only insurance here. If all your written plans are in order but your employees aren't following those plans, you can be cited with a "willful" violation—you knew what you were supposed to be doing but chose not to. Non-compliance can be expensive, as citations are issued and penalties assessed.

This pales in comparison to the expense of even one employee injury in terms of insurance, worker's compensation, and lawsuits in today's society.

Often an employer is notified by mail or fax that a complaint has been lodged and given the opportunity to respond similarly. Your response is critical and can help avoid a physical inspection. The key is understanding the applicable standards, your plans and programs, and what they mean.

Standards and Employer Responsibilities

The Occupational Safety and Health Administration was created when President Richard Nixon signed into law the Williams-Steiger Occupational Safety and Health Act of 1970. The Department of Labor discharged its assigned responsibilities by creating the Occupational Safety and Health Administration (OSHA) on April 28, 1971. Ever since, it has been the federal agency charged with keeping the American worker safe. To this end, they have defined both employer and employee responsibilities. As detailed in Section 5(a) of the Act, you, as the employer:

- (1) "shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees [this is called the "General Duty Clause" and is applicable when there is no specific standard addressing the condition];"
- (2) "shall comply with occupational safety and health standards promulgated under this Act."

Or, in layman's terms:

1. The employer must understand the hazards of any job or task an employee undertakes (or any unrelated hazard present in the work environment that could affect the employee).
2. The employer must eliminate or abate these to the greatest degree possible.
3. The employer must communicate to the employee:
 - A. The hazards present (type, scope, frequency, etc.)
 - B. The safeguards present (ways to control, safety devices etc.)
 - C. Documented standardized procedures for safe completion of the tasks (including how to use any protective equipment required such as safety glasses, gloves, respirators, etc.)
4. The employer must familiarize himself with all applicable standards, from general to specific, based on the workplace and exposure conditions.

Some working conditions present in the modern medical office fall under specific standards, such as:

- ◆ Working with hazardous chemicals: Hazard Communication (29 CFR 1910.1200)
- ◆ Working with potentially infectious material: Bloodborne Pathogens (29 CFR 1910.1030)
- ◆ Wearing clothing or items designed to prevent specific exposures: Personal Protective Equipment (29 CFR 1910.132)

There are other more general standards that may also apply: Walking and Working Surfaces, Means of Egress (exit), Electrical, Hazardous Material, Fire Protection, Respiratory, Machine Safeguarding. There are also very specific standards for some hazardous chemicals.

OSHA's regulations are published in the Federal Register as adopted or amended. They may also be found in the Code of Federal Regulations, Title 29-Labor, Chapter XVII. Together, these are the official source of enforceable rules and are available at many libraries, directly from the Government Printing Office, on the Internet (www.osha.gov), and from safety supply companies.

The scope of regulatory compliance is not limited to OSHA. Twenty-three states have their own state-run programs that may have similar or stricter mandates. It is for this reason that only the most common OSHA issues are addressed in this book. Additionally, other federal agencies have standards, rules, recommendations, and guidelines that may impact the medical office, such as:

- ◆ The Food and Drug Administration (FDA)
- ◆ The Centers for Disease Control (CDC)
- ◆ The National Institute for Occupational Safety and Health (NIOSH)
- ◆ The Environmental Protection Agency (EPA)
- ◆ The Department of Transportation (DOT)
- ◆ The Nuclear Regulatory Commission (NRC)

Also, your own municipal, county, or state authorities may affect how certain wastes are handled and disposed of.

While compliance may appear daunting, numerous resources exist. Understand the rules that apply to you and your office, put the programs in writing (as they apply to your practice: be specific!) and train your staff. For additional assistance, please contact my office at (800) 253-2544.

HIPAA COMPLIANCE IN THE MEDICAL OFFICE

(HIPAAcomply.doc)

If you work in a medical office (and I would assume that, if you're reading this, you do), then you have heard of HIPAA. To review, HIPAA is the acronym for the **H**ealth **I**nsurance **P**ortability and **A**ccountability Act of 1996. Signed into law by President Clinton on August 21, 1996 as Public Law 104-191, its stated purpose is:

To amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes.

~Public Law 104-191

HIPAA has multiple parts—transactions standards/code sets; electronic signatures; security; privacy, and unique health “identifiers” for health plans, health care providers, employers, and individuals.

For the purposes of this document, we will be dealing only with the Privacy Rule. The deadline for compliance with the Privacy Rule was April 14, 2003. HIPAA's Privacy Rule is concerned with the patient's Protected Health Information (PHI), defined as individually identifiable health information, transmitted or maintained in any form or medium, including oral or on paper

Who must comply with HIPAA?

You must comply with HIPAA's standards if you, or a billing company or other third part on your behalf, transmit any health information in electronic form. Do you:

- ◆ Bill claims (or equivalent encounter information) electronically?
- ◆ Receive or verify insurance eligibility and/or benefits over the Internet and/or email?
- ◆ Email patient information, for example, to specialists?

If you answered yes to any of these questions, then you are considered a Covered Entity and must comply with HIPAA.

How will it be enforced?

The HIPAA Privacy Act will be enforced by the Office for Civil Rights (OCR). It is, primarily, a complaint-driven process. Patients are provided the right to file a complaint when he or she believes a covered entity is not complying with the law. This complaint must be submitted to the OCR within 180 days of when the complainant knew or should have known that a violation has occurred. The 180-day time limit may be waived by the OCR if good cause is shown. Then the OCR will investigate complaints filed, which may include a review of the pertinent policies, procedures, or practices of the covered entity and of the circumstances regarding the issue.

The Act outlines basic “Principles for Achieving Compliance.” In summary, the OCR will:

- ◆ Seek your cooperation in obtaining compliance
- ◆ Provide technical assistance to help you voluntarily comply
- ◆ May conduct compliance reviews to determine whether you are complying, in which case, you must:
 - ◆ Provide records and compliance reports
 - ◆ Cooperate with complaint investigations and compliance reviews
 - ◆ Permit access to information

While the Act is not specific in outlining whether inspectors will be used to ensure compliance (although it could certainly be inferred that this is the intent), fines and penalties have been addressed. The privacy regulations provide for civil penalties of \$100 per violation, with a \$25,000 limit on identical violations within the same calendar year. Criminal penalties, including incarceration and large fines, may be imposed for more egregious or intentional violations of HIPAA’s privacy regulations.

What about State Law?

HIPAA pre-empts state law EXCEPT where state law is more stringent (i.e., provides the patient with more rights.) You must comply with the more stringent of the options, and to know which one applies, you must be familiar with your state’s medical records privacy laws. For example, in California, only the Patient Access to Medical Records Act [Cal. Health & Safety Code § 123110 et seq.] provides for a more stringent regulation (i.e., copies of patient records must be provided to the patient within 15 days of written request). HIPAA only provides for a “reasonable period of time” to provide copies.

In addition, some state law may provide the individual the specific right to sue in court for violations under the law. In California, the Confidentiality of Medical Information Act [Cal. Civ. Code § 56 et seq.] gives the patient right to sue in cases of negligent release of confidential information in violation of the Act.

Be sure to stay informed as to the health privacy laws in your state. An easy way to do this is to visit the website for the Institute for Health Care Research and Policy of Georgetown University: Health Privacy Project. The address is www.healthprivacy.org. Follow the link to State Law for a summary of your state’s health privacy statutes. They can be used to compare your state’s law with HIPAA.

HOW TO COMPLY WITH THE PRIVACY RULE

Desired Outcome: Thorough and consistent compliance with HIPAA's Privacy Rule.

Measurement: Review and audit of office operations as compared to HIPAA regulations. Feedback from patients.

1. Designate a Privacy Officer.
 - A. This individual should be able to spend a minimum of 2-5 hours per week on privacy-related tasks.
 - B. Document the designation and file with HIPAA-related documentation.
2. Create, distribute, and post your Notice of Privacy Practices.
 - A. You can utilize the AMA's **HIPAA Privacy Tool Kit** or other similar product and customize the notice to suit your practice's specific needs. (Go to www.ama-assn.org for ordering information.) Or you can choose to create your own.
 - B. Distribute the notice to all existing and new patients, acquiring a signed Acknowledgment Form from each one.
 - C. Post your notice in a conspicuous place in your office, such as the reception area.
3. Develop and implement compliant policies and procedures with respect to PHI.
 - A. Utilize the SOPs in this book as guides to creating your own Privacy SOPs Manual.
 - B. Implement the procedures you develop.
4. Train all staff members on Privacy SOPs.
 - A. Conduct initial training on all existing employees.
 - B. Include Privacy training as part of new employee orientation.
 - C. Conduct annual training to maintain compliance.
 - D. Document your training sessions, complete with agenda items and attendees list.
5. Execute Business Associate Agreements with those you do business with whose function involves the use of your patients' PHI. (See the Business Associate Agreement SOP in this book.)
6. Put in place appropriate administrative, technical, and physical safeguards to protect the privacy of health information.
 - A. Conduct a Gap Analysis on the flow and storage of PHI in your office.
 - B. Document any security deficiencies and, more important, the subsequent corrective action.
 - C. Re-evaluate your Gap Analysis annually to maintain compliance.
7. Provide a process for individuals to make complaints concerning privacy issues.
 - A. Review, edit, and implement the Patient Complaint SOP in this book.
 - B. Treat all patient complaints with importance, and respond promptly.
 - C. Document all resolutions to patient complaints.

8. Develop and implement sanctions against staff who fail to comply with privacy policies and procedures.
 - A. Review, edit, and implement the Discipline Sanctions for Violation of Privacy Policies SOP in this book.
 - B. Include a statement regarding sanctions for privacy violations as part of your Personnel Policy manual.
 - C. Apply sanctions consistently, and document in employee personnel files as needed.
9. Mitigate harmful effects of any non-compliance or violation whenever possible.
 - A. Document all non-compliance incidents.
 - B. Take swift action in rectifying the situation.
 - C. Document all incidents and solutions.
10. Do not intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against anyone for exercising their rights under the Act.
11. NEVER require patients to waive their rights.
12. Change your policies and procedures as necessary to comply with changes in the law. Stay informed! Visit the US Department of Health and Human Services, Official Privacy Website at www.hhs.gov/ocr/hipaa.
13. Document, document, and document some more! Retain all documents relating to HIPAA and/or patient privacy for six (6) years.
14. Know and understand patient's rights under the Act. They have the right to:
 - A. Receive your Notice of Privacy Practices.
 - B. Restrict your use and disclosure of their PHI.
 - C. Access their record.
 - D. Amend their record.
 - E. Receive an accounting of disclosures of their PHI.

APPLYING THE MINIMUM NECESSARY STANDARD

(minnec.doc)

Desired Outcome: The application of the Minimum Necessary Standard when called for in reviewing a request for or making a request for the disclosure of PHI.

Measurement: Feedback from patients and privacy officer. Monitoring of patient complaints.

USES OF PHI

1. The following chart identifies:
 - A. Employees (or other persons) who need access to PHI to carry out their duties
 - B. Categories/types of PHI to which such persons need access
 - C. Conditions, as appropriate, that would apply to such access

Employee / Position	Type & Level of PHI to be Accessed	Conditions of Access
Susie White Registered Nurse	entire medical record	In the course and scope of regular duties
Jane Black Receptionist	entire medical record	In the course and scope of regular duties
Dr. John Doe Physician	entire medical record	In the course and scope of regular duties
Linda Blue Part-time Bookkeeper	None, unless by special request of the doctor	Not required to complete routine duties

2. Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on your reasonable determination as to the nature of the health information they require to complete their job responsibilities.

DISCLOSURES TO AND AUTHORIZATIONS FROM PATIENT

1. You are not required to limit to the minimum necessary your disclosures of PHI to your patient who is the subject of the PHI.
2. Disclosures authorized in writing by your patient are exempt from the minimum necessary requirements.
3. Authorizations received directly from third parties, such as life, disability, or casualty insurers that direct you to release PHI to them are not subject to the minimum necessary standards. For example, if your office receives a patient's authorization to disclose PHI to a life insurer for underwriting purposes, you are permitted to disclose the PHI requested without making any minimum necessary determination.

ALL OTHER REQUESTS FOR PHI

1. For all other requests, determine, on an individual basis, what information is reasonably necessary to complete each request and send only that information.
2. If the request for PHI is not specific enough (or too broad), review the matter with your privacy officer.
3. If need be, the privacy officer can contact the requesting party to clarify the request.

Standard Operating Procedures for All Doctors

Robyn Adkins
Leila Chambers

Introduction

Chapter One

Strategic Planning for Peak Performance, Service,
and Profits

Chapter Two

Building Your Own SOPs Productivity Pyramid

Chapter Three

A SOP for SOP-Building

Section One Mission Statement

Mission Statement Questionnaire	<i>msquest.doc</i>
Sample Mission Statement	<i>mission.doc</i>
Desired Outcome Fulfills the Mission Statement	<i>desirems.doc</i>

Section Two Performance Agreements

Introduction and Instruction	<i>paintro.doc</i>
Office Manager	<i>paofcmgr.doc</i>
Receptionist	<i>paleadrec.doc</i>
General Front Office Assistant	<i>pagenfo.doc</i>
Patient Account Administrator	<i>paacctadm.doc</i>
Medical Records Technician	<i>pamedrec.doc</i>
Switchboard Operator	<i>paoper.doc</i>
Certified Medical Assistant	<i>pacma.doc</i>
Clinical Supervisor/RN	<i>paclinsup.doc</i>
OSHA & Regulatory Compliance Coordinator	<i>paregcor.doc</i>
Privacy Officer	<i>paprivacy.doc</i>
Task Inventory: Front Office	<i>fotaskinv.doc</i>
Task Inventory: Clinical	<i>clintaskinv.doc</i>
Task Inventory: Management	<i>mgttaskinv.doc</i>

Section Three

General Front Office

Opening the Front Office	<i>openof.doc</i>
Closing the Front Office	<i>closing.doc</i>
Communicating with the Answering Service	<i>ckansw.doc</i>
Answering the Telephone	<i>anstel.doc</i>
Sample Schedule	<i>sampsched.doc</i>
<i>Appointment Scheduling:</i>	
General Guidelines	<i>apptsk.doc</i>
Abbreviations Used in Scheduling	<i>abbrev.doc</i>
Verbal Skills	<i>apptverb.doc</i>
New Patient	<i>newpt.doc</i>
Routine Physical Exams/Pap Smears	<i>rouptp.doc</i>
Follow-Up or Return Visits	<i>return.doc</i>
Acute Emergencies	<i>acutem.doc</i>
Specialists and Other Facilities	<i>schedspec.doc</i>
Treadmill	<i>schedtreadm.doc</i>
Sigmoidoscopy	<i>schedsgmd.doc</i>
Biopsy	<i>asbiopsy.doc</i>
Joint Injection	<i>asjoint.doc</i>
<i>Nurse Services:</i>	
Audiogram	<i>asaudio.doc</i>
Injections	<i>asinject.doc</i>
Blood Pressure	<i>asbloodp.doc</i>
Pulmonary Function Test (PFT)	<i>aspft.doc</i>
Holter Monitor	<i>asholter.doc</i>
Ear Lavage	<i>asearlav.doc</i>
EKG	<i>asekg.doc</i>
Patient Request for Medical Records	<i>prmedrd.doc</i>
<i>Patient Charts:</i>	
Filing Lab Results and Correspondence	<i>filab.doc</i>
Maintaining Patient Charts	<i>ptrecords.doc</i>
Superbill and Chart Prep	<i>superbl.doc</i>
Pulling Charts	<i>pullch.doc</i>
Confirming Appointments	<i>nexday.doc</i>
Generating, Typing, & Posting the Schedule	<i>scheds.doc</i>
Morning Huddles	<i>mornhudl.doc</i>
Ordering Supplies	<i>orderg.doc</i>
Managing Supply Costs	<i>splcost.doc</i>
Greeting and Checking In Patients	<i>greetseat.doc</i>
Patient Dismissal	<i>ptdismiss.doc</i>
Collecting the Day of Treatment	<i>colldayoftx.doc</i>
Collecting & Authorizing Credit Card Payments	<i>creditcd.doc</i>
Operating Office Equipment	<i>opequip.doc</i>
Clean/Disinfect Reception Area	<i>cleanre.doc</i>
Processing Mail	<i>mail.doc</i>
Insurance Carrier Request for Medical Records	<i>insreq.doc</i>

Section Four Bookkeeping and Data Entry

Posting Charges and Payments	<i>crgpays.doc</i>
Closing Out The Day	<i>closeday.doc</i>
End of Month Closing	<i>closemth.doc</i>
End of Year Closing	<i>closeyr.doc</i>
Refunds	<i>refund.doc</i>
<i>Insurance:</i>	
Electronic Claims Transmission	<i>elclaims.doc</i>
Mailing Forms	<i>mailclaims.doc</i>
Tracking Insurance	<i>trackins.doc</i>
<i>Statements:</i>	
Preparing for Statements	<i>staprep.doc</i>
Printing and Mailing Statements	<i>printstat.doc</i>
Mid-Month Statements	<i>midmths.doc</i>
Handling Patient Questions	<i>billquest.doc</i>
Insurance Resource Guide	<i>insres.doc</i>
Referring Accounts to Collection	<i>sreferr.doc</i>
Reconciling Capitated Payments	<i>mancare.doc</i>

Section Five General Back Office

Opening the Back Office	<i>sopeng.doc</i>
Closing the Back Office	<i>sclosng.doc</i>
OSHA and the Back Office	<i>oshbo.doc</i>
Monitoring Expiration Dates of Perishables	<i>sperish.doc</i>
Greeting and Escorting Patients	<i>greetesc.doc</i>
Patient Dismissal	<i>dismiss.doc</i>
<i>Procedures:</i>	
Audiogram	<i>audio.doc</i>
Blood Pressure	<i>bpressur.doc</i>
Ear Lavage	<i>earlavag.doc</i>
EKG	<i>ekg.doc</i>
Excisional Biopsy	<i>exbiopsy.doc</i>
Flexible Sigmoidoscopy	<i>flexsig.doc</i>
Holter Monitor	<i>hmonitor.doc</i>
Joint Injection	<i>jointinj.doc</i>
Pap Smear	<i>papsmear.doc</i>
Pulmonary Function Test (PFT)	<i>pftests.doc</i>
Injectable Medications	<i>injmeds.doc</i>
Clinical Abbreviations	<i>clabbrev.doc</i>
Ordering Medical Supplies & Pharmaceuticals	<i>ordersup.doc</i>
Monitoring Refrigerator/Freezer Temperatures	<i>srefrig.doc</i>
Stocking Exam Rooms	<i>stocking.doc</i>
<i>Cleaning and Maintenance:</i>	
Facility	<i>cleanfac.doc</i>
Equipment Inspections & Maintenance	<i>seim.doc</i>
Cleaning Exam Rooms	<i>scleanex.doc</i>
Clean Reception Area	<i>clnrecept.doc</i>
Instrument Sterilization	<i>sterisnst.doc</i>
Prescriptions	<i>prescript.doc</i>

Prescription Refills: Patient Telephone Requests	<i>sprescri.doc</i>
HMO Authorizations	<i>shmo.doc</i>
Meeting with Pharmaceutical Representatives	<i>sphara.doc</i>
Clinical Staff Dress Code	<i>sdresscd.doc</i>
<i>Room Diagrams:</i>	
Medical Assistant Station	<i>diamedasst.doc</i>
Doctor's Work Station	<i>diaphystat.doc</i>
Phlebotomy Room	<i>diaphlebot.doc</i>
Exam Room	<i>diaexamrms.doc</i>
Procedure Room	<i>diaprocrm.doc</i>
Sterilization Area	<i>diasterilz.doc</i>

Section Six Management/Marketing

<i>Business & Leadership</i>	
The Business of Medicine	<i>busmed.doc</i>
Leadership by Design	<i>assess.doc</i>
Dealing With the Hostile Patient	<i>hostile.doc</i>
OSHA and Regulatory Compliance	<i>osha.doc</i>
Facilitating and Conducting Staff Meetings	<i>sfacstf.doc</i>
Continuing Education	<i>contedu.doc</i>
Convention Attendance	<i>convattd.doc</i>
Marketing	<i>marketg.doc</i>
Nine Moments of Truth	
Marketing Analysis	<i>markany.doc</i>
Conducting Patient Satisfaction Surveys	<i>condptsrvy.doc</i>
Dazzle Cards	<i>dazzle.doc</i>
Managing Patient Finances	<i>spatfin.doc</i>
Managing Medical Supply Cash Flow	<i>cshflo.doc</i>
Saving On General Office Supplies	<i>savegen.doc</i>
Business, Life, and Disability Insurance for the Doctor	<i>docins.doc</i>
Licensing and Other Requirements	<i>liscreq.doc</i>
Office Security Check List	<i>offsecur.doc</i>
<i>Personnel Management</i>	
Personnel Management	<i>persissu.doc</i>
Finding and Hiring the Right People	<i>hireemp.doc</i>
New Employee Orientation	<i>orient.doc</i>
Front Office Training Schedule	<i>frtrain.doc</i>
Back Office Training Schedule	<i>bktrain.doc</i>
Staff Evaluations and Performance Planning	<i>stafevl.doc</i>
Conflict Resolution	<i>conreso.doc</i>
Creating a Team Agreement	<i>teamagr.doc</i>
Morale Questionnaire	<i>morale.doc</i>
<i>HIPAA Compliance</i>	

HIPAA Compliance in the Medical Office	HIPPAcomply.doc	Temperature Log	<i>templog.doc</i>
Communicating Privacy Practices to Our Patients	commprivacy.doc	Nine Moments of Truth	<i>9moments.doc</i>
When an Authorization is Needed	whenauth.doc	Team Survey	<i>teams.doc</i>
Verification of Identity	verifyid.doc	Strategy and Goal Sheets	<i>stragoal.doc</i>
Applying the Minimum Necessary Standard	minnec.doc	Please, Lets...	<i>plslets.doc</i>
Business Associate Agreements	busassoc.doc	GAP Analysis	<i>gapform.doc</i>
Staff Training of Privacy Policies and Procedures	stftrain.doc	Performance Agreement Worksheet	<i>pawksht.doc</i>
Discipline and Sanctions for Violations of Privacy Policies	discstaff.doc	Morning Huddle	<i>huddle.doc</i>
Patient Complaints	ptcomp.doc	Meeting Agenda	<i>agendas.doc</i>
Right to Access	accessreq.doc	Meeting Evaluation	<i>meetinge.doc</i>
Request to Amend Record	amendreq.doc	Patient Satisfaction Survey	<i>patqtnr.doc</i>
Accounting for Disclosures	acctdisc.doc		
Disclosures Log	disclog.doc		
Request for Restrictions on Use or Disclosure	restriction.doc		
Request for Alternative/Confidential Communications	confcomreq.doc		
Faxing	faxing.doc		
Email	email.doc		
Summary of Computer Programs	sumprograms.doc		
Virus and Hacker Protections	virushack.doc		
Paper Records Handling and Storage	paperhand.doc		

Section Seven

Forms

Patient Information	<i>patinfo.doc</i>
Patient Responsibility Form	<i>patresp.doc</i>
Medical Health History Questionnaire	<i>medhealt.doc</i>
Medical Procedure Note	<i>medproce.doc</i>
Patient Sign-In	<i>signin.doc</i>
Authorization for Release of Medical Records	<i>medauth.doc</i>
Medical Office Advisors and Vendors	<i>advisors.doc</i>
Eligibility Guarantee	<i>eligifm.doc</i>
Billing Information Request	<i>billing.doc</i>
Denial Notification	<i>denial.doc</i>
Final Collection Notice	<i>fcollect.doc</i>
Balance Due	<i>baldue.doc</i>
In-Patient Charges	<i>inpatien.doc</i>
Samples of Statement Message Stickers	<i>stickers.doc</i>
Batch Header	<i>batch.doc</i>
Specialty Referral Form	<i>specref.doc</i>
Facsimile Transmittal Cover Sheet	<i>faxform.doc</i>
Authorization for Credit Card Automatic Deduction	<i>authcc.doc</i>
Referral Form	<i>insref.doc</i>