Roadmap to Successful Clinic Operations:

Exceptional Patient Care = Happy, Loyal, Compliant & Less Litigious Patients

Patient Care Cycle

Protecting PHI is an Ethical and Legal Responsibility with Severe Non-Compliance Penalties

Patient Privacy (HIPAA)

THE DNA OF CDI

Employee Handbook: Policies & Procedures

Staff Policies

Clear Expectations, Communication, & Teamwork = Efficient & Effective Staff

Patient and Staff Safety

Safety is Everyone’s Responsibility
The Patient Care Cycle

**Appointment**
- Make Appt
- Find CDI

**Patient Info/Check In**
- Patient Info Intake
- Check In

**Check Out**
- Check Out
- Patient Data Into EMR
- Billing & Follow Up

**Treatment**
- Treatment
- Prep for Next Patient
- Notes & Rx

**Check Out, Schedule Next Appointment, Take Payments, Billing**
- Front Office
- Business Office
- MAs & Aesthetician
- Room Patient
- Treat Patient
- Follow Up

**Patient Info/Check In**
- Patient Info Intake
- Check In

**DNA of CDI**
- NEED

**Staff Safety**

**Patient Privacy (HIPAA)**
The Health Insurance Portability and Accountability Act (HIPAA) Requires clinics to Protect a Patient’s Personal Privacy as well as their Medical Information. All this data is called Protected Health Information (PHI).

Protecting PHI is Everyone’s Responsibility

PHI includes anything that could Identify a Patient.

Clinic Responsibilities

Physical and Electronic protection of PHI

Penalties for Violating HIPAA Provisions

Can be severe
Business Associate Agreement

This Business Associate Agreement, effective____________, 201__ ("Effective Date"), is entered into by and between _____ (the "Business Associate") and _____ a professional corporation organized under the laws of the State of Colorado (the "Covered Entity") (each a "Party" and collectively the "Parties").

WHEREAS, Covered Entity and Business Associate are required to comply with the Standards for Privacy of Individually Identifiable Health Information per the "Health Information Technology for Economic and Clinical Health" or "HITECH Act") and other applicable laws;

WHEREAS, the Covered Entity has engaged the Business Associate to perform "Services" as defined below;

WHEREAS, in the performance of the Services, the Business Associate must use and/or disclose PHI received from or transmitted to the Covered Entity;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the Parties enter into this Business Associate Agreement ("Agreement").

• SERVICES
Business Associate provides ____services for the Covered Entity ("Services"). In the course of providing the Services, the use and disclosure of PHI between the Parties may be necessary.

• PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BY THE BUSINESS ASSOCIATE.

• RESPONSIBILITIES OF THE BUSINESS ASSOCIATE WITH RESPECT TO PROTECTED HEALTH INFORMATION

• RESPONSIBILITIES OF THE COVERED ENTITY WITH RESPECT TO PROTECTED HEALTH INFORMATION
HIPAA Privacy Policy Training Checklist

Training conducted on ____________________ by ______________________________

Date Name of Instructor

Attendees included those persons on the Training Documentation Form. (See Exhibit P19.)

Training included:

(Please check next to action item to indicate training completion.)

- Introduction to HIPAA and the Privacy Rule
- Introduction for Privacy Officer and Overview of Privacy Officer Responsibilities
- Overview of Individual and Clinic Penalties for Violation of PHI
- Explanation of Workforce Confidentiality Agreements
- Overview of Practice’s Privacy Policies and Procedures
- Overview of Practice’s Notice of Privacy Practices
- Explanation of Privacy Forms
- Patient Consent Form
- Patient Authorization Form
- Form Requesting Restriction on Uses and Disclosures of Protected Health Information
- Form to Inspect and Copy PHI and to Implement Access Denial
- Form to Amend PHI
- Form to Receive Accounting of Disclosures of PHI
- Patient Complaint Form
- Explanation of Who Can Disclose PHI
- Discussion of Job Responsibilities as it Relates to PHI
- Explanation of Minimum Necessary Standard
- Explanation of Breach Identification/Notification Policy/Procedures
Patient and Staff Safety

Protect Patients and Staff Through Attention to Safety Detail, Policies and Procedures, and Training

Physical Safety: Everyone’s responsibility

Medical Events/Emergencies: Stay calm and carry on.

Identity Theft and/or Insurance Fraud: Also goes to protection of minors
Hazard Communication & Safety Programs: OSHA Regulations, Clinic Policies & Procedures, Training

OSHA Hazard Communication: Info & Training on Chemical, Physical, Health Hazards in the Workplace

Blood Borne Pathogens (BBP): Procedures to Avoid BBP Accidents and Steps if a BBP Accident Occurs

- BBP include Hepatitis A, B, C; HIV/AIDS, and other pathogens. They are transmitted via bodily fluids and they are an ever present danger for anyone treating Patients
- Most BBP accidents involve needlesticks or being cut when using a sharp
- Employ Safety Devices, Provide PPE, and Conduct Training to avoid BBP accidents
- Establish Policy and Procedures for reporting the incident, testing to verify if a BBP has been transmitted, and treat as/if necessary
- Conduct periodic training to educate staff members on BBP prevention.

Safety Is Everyone’s Responsibility:
Hazard Communication & Safety Programs: OSHA Regulations, Clinic Policies & Procedures, Training

Physical Safety in the Clinic: Safety Equipment

- Staff are Required to know emergency procedures for 911 calls and Immediate response to physical threats

- Staff are Required to know Locations and Operating Instructions for safety equipment such as:
  - Fire Extinguisher
  - Spill Kit
  - Eye Wash Stations
  - Electrical Circuit Breaker Panel

Physical Safety in the Clinic: Emergency Procedures

- Weather or Fire Emergencies: FIRST PRIORITY IS ALWAYS THE SAFETY OF STAFF AND PATIENTS. ALL STAFF AND ALL PATIENTS MUST BE ACCOUNTED FOR AT ALL TIMES AND BROUGHT TO SAFETY

- Threat of Violence or Other Disturbance in Our Building But Outside of the Clinic

- Disruptive or Unruly/Threatening Person In the Clinic

Safety Is Everyone’s Responsibility:
OSHA Training Checklist

OSHA Right and Responsibilities

General Safety and Hazard Prevention (PPE, Safety Tools/Sharps, Policies, Procedures, Training)

Bloodborne Pathogens

Hepatitis B Vaccination Form (MA's/Residents Only)

Emergency Evacuation; Fire/Storm/Tornado

Work Place Violence

Phone Tree

SDS Book/Hazardous Chemicals

Chemical Spills

Ergonomics

**Clinic Tour**- (eyewash stations, Fire Extinguisher’s, Spill Kit, OSHA and SDS book locations,

Oxygen tank, Med. Cabinet)
Staff Policies and Procedures:

It is important that the staff knows what is expected of them and what they can expect from clinic management. Useful tools to communicate and enforce what is expected include:

- Employee Handbook
- Staff Meetings
- Informal and Formal Counseling with clearly established consequences
- Quarterly Evaluations of the staff
- Quarterly Anonymous Evaluations of Management by the staff of how the clinic is operating

Clinic Culture: Every clinic has or will develop a unique culture with or without your input.
1. **Quality**: The extent to which an employee’s work is accurate, thorough and neat. (organizational skills)

2. **Productivity**: The extent to which an employee produces a significant volume of work efficiently in a specified period of time.

3. **Job Knowledge**: The extent to which an employee possesses the practical/technical knowledge required on the job.

4. **Reliability**: The extent to which an employee can be relied upon regarding task completion and follow-up.

5. **Attendance**: The extent to which an employee is punctual, observes prescribed work break/meal periods and has an acceptable overall attendance record.

6. **Independence**: The extent to which an employee performs work with little or no supervision.

7. **Creativity**: The extent to which an employee proposes ideas, finds new and better ways of doing things.

8. **Initiative**: The extent to which an employee seeks out new assignments and assumes additional duties when necessary.

9. **Adherence to Policy**: The extent to which an employee follows safety and conduct rules, other regulations and adheres to clinic policies.

10. **Interpersonal Relationships/Teamwork**: The extent to which an employee demonstrates the ability to cooperate, work and communicate with coworkers, supervisors, patients, subordinates and/or outside contacts. (diplomacy, attitude)

11. **Judgment**: The extent to which an employee demonstrates proper judgment and decision-making skills when necessary.

12. **Adaptability**: The extent to which an employee can work under stress and handle changes.

13. **Progress Notes**:

14. **Goals for Next Quarter**:

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**Patient Care Cycle**

**Patient Privacy (HIPAA)**

**Patient Safety**

**Staff Safety**
<table>
<thead>
<tr>
<th>Staff Evaluation of Clinic/Management</th>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neutral</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The office is operated in a professional manner.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>The billing/collection system is efficient.</td>
<td>□</td>
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</tr>
<tr>
<td>The appointment scheduling system is efficient.</td>
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</tr>
<tr>
<td>The phone system is efficient.</td>
<td>□</td>
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</tr>
<tr>
<td>The EMR system is efficient.</td>
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<td>□</td>
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</tr>
<tr>
<td>The office is conveniently located.</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>The office has adequate parking.</td>
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<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>Staff members are never rude or short with each other.</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>My co-workers are competent at their job.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Communication among staff is good.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Office hours are convenient.</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>I enjoy my job.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>I know what my job entails.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I am adequately compensated for my work.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>I receive good benefits.</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>The dermatologists treat staff fairly.</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>Management seems to care about my work.</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Management is open and honest in dealing with employees.</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>I receive support from management when I need it.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>I feel that I have received adequate training for my position.</td>
<td>□</td>
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<td>□</td>
</tr>
</tbody>
</table>
INITIAL COUNSELLING FORM

DATE: _______ Employee: ________________________________

You are being counseled for policy infraction and/or sub-par performance. This counseling is designed to: document issues that must be corrected; ensure that you understand what the issues are; and what the consequences will be if these issues are not corrected; and to give you time to take your own corrective action.

POLICY INFRACTION(S):
Policy: __________________________________________________________________
Infraction: __________________________________________________________________

Remedial Action and Timeframe: _______________________________________________

PERFORMANCE/INTERACTION ISSUE(S): ________________________________________
ACCURATE & COMPLETE: ______________________________________________________
TIMELY: ______________________________________________________________________
PROFESSIONAL CONDUCT: ____________________________________________________

REMEDIAL ACTION: ___________________________________________________________

By my signature, I acknowledge that I have been informed of issues that must be corrected and that I understand that failure to accomplish these corrections will result in termination of employment.

EMPLOYEE SIGNATURE: ___________________________ DATE: ___________
MANAGER SIGNATURE: ___________________________ DATE: ___________
PM SIGNATURE: _________________________________ DATE: ___________
TERMINATION COUNSELING FORM

DATE: _____________ Employee: ____________________________

You are being terminated effective immediately for continued policy infractions and/or sub-par performance issues about which you have been repeatedly counseled verbally and in writing.

INFRACTION(S):

Policy:

Infractions:

Action and Timeframe:

Employee Signature: ____________________________ DATE: _________

Supervisor’s Signature: ____________________________ DATE: _________

PM Signature: ____________________________ DATE: _________
Putting It All Together: Exceptional Patient and Staff Care

Patient Care Cycle
Helping Our Patients
Be
Comfortable In Their Skin
And
In Our Clinic

Patient Privacy (HIPAA)
Protected Health Information

Successful Clinic Operations

Policies And Training
Patient Care
Patient Treatment
HIPAA
Safety
Expectations and Rules of Engagement

Patient and Staff Safety
Always Our First Priority