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Primary Care Center (PCC) Policies and Procedures 2015-2016

The Primary Care Center at Grady Memorial Hospital is the largest outpatient clinic in the Grady Health System and one of the largest clinics in the country, providing approximately 60,000 patient-visits annually. It is the site of continuity ambulatory training for over 200 Emory and Morehouse residents per year.

Objectives for training in the Medical Clinic:
1. Competence in providing preventive health services and handling acute and chronic medical problems in adult patients
2. Development of a longitudinal relationship with a group of patients
3. Development of common outpatient procedural skills
4. Increasing efficiency and # of patients seen per clinic session over time
5. Understand and practice the concepts of a Patient Centered Medical Home
6. Understand the practice of evidence-based and cost-effective medicine
7. Understanding the importance of good documentation to facilitate care and appropriate billing
8. Understand and effectively navigate interdisciplinary team relationships.

Upon arrival to the Medical Clinic:
1. For PGY-1’s: be sure to “roll over” your pager to your resident
2. Check-in with the team (attending room) at the back for the morning/afternoon huddle and to find out any important information regarding the day’s clinic session

Before leaving the Medical Clinic:
- Check with your attending and team nurse to ensure there are no more patients to be seen.
- Please ensure all of your clinic encounters are CLOSED
- Also, you are expected to spend time in each clinic session doing administrative duties. These include:
  - Review EPIC inbasket (labs, messages, med refill requests)
  - Send patient result letters
  - Return patient phone calls
  - Review and complete forms and paperwork (check your clinic folder which is filed in the physician sign-out room)
  - Prepare for the next week(s) sessions
    - Review next clinic session template for accuracy (do you have template when you are not in clinic, etc)
    - Review clinic schedule for pts with pending issues (do you need to personally or have the nurse call patient to assure follow up, lab tests, etc)

Intern Paging Policy:
In order to minimize interruptions during clinic and allow you to focus on your patients we expect you to sign out your pager to your inpatient team during clinic. After clinic, please check-in with your resident and reinstitute your pages. Please make your pager UNAVAILABLE when you are post-call or on vacation. This will prevent clinic staff from paging you, getting no response, and thinking you are ignoring your pages.
Dress code:
Dress as you would expect your doctor to dress at a private office. Women: appropriate professional attire. Men: shirt and tie. No scrubs or sneakers.

Punctuality & Attendance:
Punctual attendance is mandatory. Continuity clinic begins promptly at 7:45 for the morning session and at 1:30 for the afternoon session. Just as you would not be late for attending rounds, you should not be late for clinic. If there is a true emergency preventing your timely arrival, please call the clinic or your lead physician to notify them.

Closing Encounters:
Please be sure to close all clinic encounters PRIOR to leaving clinic. This ensures that the PCC is reimbursed for the great care we give to our patients. That is a BIG DEAL to ensuring we can receive future resources (e.g staffing support, EKG machines, etc.) needed to deliver extraordinary care.
The EXCEPTIONAL Continuity Clinic Resident

These 9 principles serve as a guide to know what is expected of our residents in the PCC, and what makes them stand out as exceptional providers:

1. Coming on time to clinic with a positive attitude and intentionally working to build connections with team members. Getting to know your multi-disciplinary team (nurses, CAs, and PARs) in clinic as well as you know your fellow physicians.

2. Pre-rounding on patients to be seen in clinic, and deciding beforehand who may need more intensive care. Then, communicating these concerns with other care team members so that the entire team is prepared when the patient arrives.

3. Willing to help with clinic flow / patient care to improve the patient experience and offload the service of any over-burdened colleagues.

4. Applying evidence-based medicine and up to date clinical guidelines to manage common chronic diseases.

5. Providing disease management options that are patient-centered and cost-conscious.

6. Setting goals with patients in clinic that are respectful of their psychosocial situation, and creating an appropriate system between visits to support patients in those goals.

7. Using downtime in clinic to conduct population management. That is, reviewing the template to identify and contact high risk patients and/or patients who did not show to their appointment.

8. Checking test results in a timely manner, contacting patients to inform them of those results, and documenting management/communication in the medical record.

9. Being timely and responsive to page / EPIC / MyChart requests made by clinic staff and/or the patient.
RESPECT for OUR PATIENTS:

Emphasis on Continuity Care:
- Identify yourself to the patient as his or her doctor, and tell them a little bit about yourself (where you are from, who you are taking over for, what your medical interests are in)
- Change the PCP to you in EPIC (this should be checked for accuracy for each patient)
- Consider generating and maintaining a list of your clinic patients in EPIC
- Please minimize “passing patients around.” If no clear pattern of continuity exists or if the patient’s provider is no longer in the program, please keep the patient for future appointments.
- Give the patient a business card and inform him/her of your clinic day
- Put a follow-up time interval (for example, 3 months) in the appropriate EPIC section. Keep your vacations and rotation schedules in mind when you set-up your follow-up times.
- Always include/involve the PCP at every point of care
  - When you are on the Grady wards: be sure to identify the patient’s clinic provider (PCP) and notify him/her upon admission and at discharge to facilitate follow-up. Expect to get calls from your colleagues when your patient is admitted to the hospital
  - Route messages and notes to the patient’s PCP for things handled in their absence
- Finally, it is important to realize that even though maintenance of continuity is preferred and attempted, there may be times that you see patients that are primarily cared for by other providers. It is important to remember that this is a practice and given the program requirements and time away from clinic, patients may need interval follow-up when their provider is not present. Please see these appointed patients and refer them back to their primary provider.

Confidentiality:
- Do not discuss patient care in the hallways or other public areas. It is usually most appropriate to ask family members/other individuals to leave the room prior to conducting your interview and performing your examination. (You may, of course, honor the patient’s request to have those individuals stay).
- Do not answer pages from your office in front of patients (personal or patient-care related).
- Close the door during the encounter unless there is a clear reason not to.
- Remember to log off your computer screen whenever you are leaving it unattended.

Professionalism:
Be respectful to the patients, your colleagues, and the clinic staff. **IF THERE IS A DISAGREEMENT OR PROBLEM, PLEASE HANDLE IT BEHIND CLOSED DOORS. DO NOT ARGUE IN THE HALLWAYS.** It is NEVER acceptable to refuse to see a patient. If there is a problem take it to the Lead MD or one of the faculty.

Teamwork:
Consider your clinic group your team. **If you are particularly efficient one day, offer to assist your colleague who is overwhelmed. Then when you are post-call and tired you are likely to get assistance from your colleagues. **Communicate with your attendings if you are having a rough day—they are here to help you!
Clinic Schedule Rules

The following are Clinic Sessions that will automatically be cancelled for you:

- Night float months
- ER months/Med consults – clinic cancelled during ER weeks but you should come to clinic during your consult weeks.
- VA ER/NF months
- Global Health/Ethiopia

The following PYG-2 and PGY-3 rotations have special rules for clinic scheduling, as outlined below:

- **G-wards**: clinic on pre-call day; if it’s a 31 day month with two pre-call days, clinic will be the pre-call day closest to the end of the month
- **E-wards**: one clinic per month as determined by chief
- **V-wards**: one clinic per month as determined by chief
- **EUHM-wards**: one clinic per month as determined by chief
- **MICU or ICU**: clinic on the post, post-call day as told by chiefs; if this day falls twice in a month on a 31 day month, clinic will be on the last post, post call day
- **VA CCU**: clinic on the post, post-call day as told by chiefs; if this day falls twice in a month on a 31 day month, clinic will be on the last post, post call day
- **EUH CCU**: clinic scheduled as told by chiefs
- **Amb**: full day clinic weekly
- **ELEC**: full day clinic weekly
- **C-Med Consult**: clinic the week on med consults
- **CHF**: clinic will either be on 1st and 3rd or 2nd and 4th as told by chiefs
- **SIS**: clinic on 1st and 3rd or 2nd and 4th as told by chiefs
- **Geri**: full day clinic weekly
- **Psych**: half day clinic weekly

**Subspecialties EXCEPT endo/rheum** - full day clinic weekly

***This includes (GI, Renal, Heme/Onc, Pulm, Geriatrics, Neuro, ID)

- **Endo/Rheum**: full day clinic on the 2nd and 4th clinic shifts of the month this may NOT necessarily be the 2nd and 4th week of the month
PGY-1

C-Cardiology  full day clinic on 1st and 3rd or 2nd and 4th as told by chiefs
E-cardiology (Hurst) full day clinic on 1st and 3rd or 2nd and 4th as told by chiefs
G-wards two clinics per month, one pre-call day and one post-call day; if it’s a 31 day month with two pre-call days, then the pre-call clinic chosen will be closest to the end of the month
EUHM-wards one to two clinics per month, as told by chief
VA-wards two clinics per month as told by chief
E-wards two clinics per month as told by chief
Subspecialties full day clinic weekly
G-MICU full day clinic on the post, post-call day as told by chiefs; if this day falls twice in a month on a 31 day month, clinic will be the last post, post call day

******************************************************************************

Please double check your schedule with EPIC to make sure that your schedule is clear if you are scheduled to be out for any of the above reasons, or for vacation.

If you are SCHEDULED to be in clinic and your template is blank, please contact Dr. Alanna Stone ASAP so that she can help trouble-shoot the problem with you.

******************************************************************************

Schedule changes that YOU MUST MAKE:
Clinic appointments are made months in advance, and it is difficult to reschedule patients. Given that there are approximately 200 providers working in the medical clinic, we try to minimize schedule changes. We therefore request that all requests to change your clinic schedule be made 90 days in advance, in order to minimize patient reschedules. The following exceptions can be made for clinic, PROVIDED that the request to move clinic is made with 90 days notices:

☐ Religious holidays – potential to reschedule for another day
☐ Away elective – cancel month
☐ Personal reasons – potential to reschedule for another day
☐ National boards or other required exams – cancel or reschedule to another day

☐ Interview for fellowship – reschedule for another day, or have a colleague cover your clinic (and you in turn cover theirs)
☐ All schedule changes must be made in writing (provider leave request forms available on blackboard website PCC section) and submitted to Dr. Alanna Stone by email. Most requests also require chief resident approval as well.

Absences: Unapproved absences will result in an unsatisfactory evaluation for the year. In the case of an emergency, please notify the chief resident and the charge nurse or attending in the clinic.
Phone numbers are:

Orange 404-616-7557 and 404-616-3835
Green 404-616-7630 and 404-616-1408
Purple 404-616-8656 and 404-616-1413
How to use the Provider Leave Request (PLR)

The minimum time to honor is 90 days (this of course does not include emergencies). Grady administration needs at least 90 days to properly cancel and reschedule pts. If your request is submitted less than 90 days from the date of clinic cancellation, you may be asked to find a colleague to cover your clinic. If there is an unexpected absence from continuity clinic that is within 24 hours please contact the ambulatory chief resident and Dr. Alanna Stone. The PLR is posted on Blackboard.

1. In cases of an emergency page or call your ambulatory chief. Do not email or leave a voice message. Do not assume the message has been received until you hear back from the chief.
2. **Submission of your request and/or PLR does not indicate automatic approval.**
3. If the absence is for a personal reason (e.g. your brother's wedding) you may be asked to move your clinic to another day (this preserves continuity) AFTER the approval of the chiefs and Dr. Alanna Stone for PCC/ Dr. Danielle Jones if ambulatory.
4. *Please do not book a flight during clinic hours to leave for vacation early.* This is unprofessional behavior.
5. Remember all unexcused absences from clinic are considered unprofessional, and will be noted in your evaluation and discussed with your advisor.
6. Email all PLRs. Do not fax. Your email is your electronic signature.
<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Resource Group(s) to Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Resource(s) to Block</td>
</tr>
<tr>
<td>Today's Date:</td>
<td>Total Number of Days Requested</td>
</tr>
<tr>
<td>Leave Date</td>
<td>Return to Work Date</td>
</tr>
</tbody>
</table>

**Reason for absence:**
- Vacation
- Scheduled Medical Leave
- Fellowship Interview
- CME Conference
- Exams
- Other (explain) __________

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**Provider Signature**

---

1. **Approving Chief, Med Director, Med Liaison or Program Director Signature**

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2. **Chief Medical Officer Signature and GHS COO (Clinic Closure Only)**

---

3. **Provision of Coverage**

<table>
<thead>
<tr>
<th>Provider(s) Covering Clinic</th>
<th>Times of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Additional Date(s) to open on Schedule</td>
<td>Times to Add</td>
</tr>
</tbody>
</table>

- All leave requests must be received in Central Scheduling no later than 30 days prior to the beginning of the leave.
1. All leave requests must be signed by the Clinic Medical Director or equivalent medical administrator. Residents must have the signature of the Program Director. All requests made 30 days or less require the signature of the Chief of Service.
2. All requests for cancellations of an entire clinic require the approval of the Chief Medical Officer and Grady Health System Chief Operating Officer.
3. Leave requests received less than 30 days in advance require that the requesting provider either arrange for schedule coverage or provide additional time to cover the affected patients within 30 days of the absence (complete the “Provision of Coverage” section above).
Emory Primary Care Center Resident **GENERAL** Clinic Templates 2015-2016

<table>
<thead>
<tr>
<th>PGY1 – 6 slots AM and PM</th>
<th>PGY2 – 7 slots AM and PM</th>
<th>PGY3 – 7 slots AM and PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 – FU</td>
<td>8:00 – FU</td>
<td>7:45 – FU</td>
</tr>
<tr>
<td><strong>8:45 – FU (AND BLOCK)</strong></td>
<td><strong>8:30 – FU (AND BLOCK)</strong></td>
<td><strong>8:15 – FU (AND BLOCK)</strong></td>
</tr>
<tr>
<td>9:15 – FU</td>
<td><strong>9:00 – FU (AND BLOCK)</strong></td>
<td><strong>8:45 – FU (AND BLOCK)</strong></td>
</tr>
<tr>
<td>10:15 – FU</td>
<td>10:00 – FU</td>
<td>9:45 - FU</td>
</tr>
<tr>
<td>10:45 – FU</td>
<td>10:30 – FU</td>
<td>10:15 - FU</td>
</tr>
<tr>
<td>1:30 - FU</td>
<td>11:00 – FU</td>
<td>10:45 - FU</td>
</tr>
<tr>
<td><strong>2:00 - FU (AND BLOCK)</strong></td>
<td><strong>1:15 – FU</strong></td>
<td><strong>1:15 - FU</strong></td>
</tr>
<tr>
<td>2:30 – FU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 – New Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:30- FU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00 - FU</td>
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</tbody>
</table>
Important Clinic Leadership Staff

Medical Director: Stacie Schmidt, M.D.
Associate Director: Alanna Stone, M.D.
Ambulatory Chief: Katie Lohmann
Clinical Manager: Patsy Jones

Medical Clinic Secretary: Ms. Shauntia White

Lead / Charge Nurses
Wanda Wilcoxson Green 5-7728 cell 404-276-8065
Marie Sanders Purple 5-0518 cell 404-867-9340
### Personnel Roles

#### Registration
- Greet and register patients upon arrival to clinic
- Schedule follow-up appointments
- Answer telephones
- Print letters to patients (sent to them from providers)

#### Nursing/Clinic Assistants
- Weigh patients
- Record BP, vitals, and glucose (if indicated)
- Pre-visit planning for diabetic patients
- Lab draws (for stat labs)
- EKGs
- Assist with paps, injections, procedures
- Transport patients, specimens, paperwork

#### Nursing
- Place PPD, give injections
- Provide education to patients
- Assist with blood draws, patient admission
- Initial assessments and triage
- Follow-up nurse visits, BP follow-up, etc.
- Assist with paps, injections, procedures

Additionally, you will be assigned a nurse and clinic assistant that will be working directly with you each week. You can expect that they will fill the following roles…

- Triage and room patients
- Interval communication w/ both you & your pts when you are away from clinic
- Call your patients when needed
- Copy/ fax materials at your request
- Assist with obtaining outside records and other results (outside labs, etc.)
- Take part in your written evaluation
- Make sure rooms are stocked (supplies, equipment, and forms)

You can also let them know if you have additional preferences (for example):

- Specific preferences (e.g. shoes off for diabetics, gown all pts, etc.)
- Triage triggered protocols based on complaint (examples below)
  - EKG for chest pain,
  - urinalysis for dysuria
  - prepare pap tray for vaginal d/c
  - snellen eye exam for blurred vision
General Points
• Effort should be made to ready all rooms daily (check supplies, equipment, etc.)
• Staff and provider teams encouraged to get to know each other, communicate and work as team (preferences, etc) with shared responsibility for successful patient flow.
• Provider, clinic assistant and nurse teams should be transparent and are posted on a large dry erase board by the attending office.
• Your basic template will consist of 6 or 7 scheduled patients based on level of training. There is also the potential for overbooks (with your approval) or another physician/colleague approval.
• **Clinic efficiency:** Pace yourself in clinic. Remember, these are continuity patients. You don’t have hours of time to spend with them. You will see them again and don’t have to handle every problem at every visit. Write in your note what you plan to focus on next visit. Keep your presentations to the attendings succinct.

**FLAG COLORS AND MEANING**

<table>
<thead>
<tr>
<th>Color</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>Physician is in the Room</td>
</tr>
<tr>
<td>Red</td>
<td>Admission</td>
</tr>
<tr>
<td>Green</td>
<td>Nurse needed (ie, injection)</td>
</tr>
<tr>
<td>Yellow</td>
<td>CA needed (ie, EKG)</td>
</tr>
<tr>
<td>Black</td>
<td>Patient ready/awaiting doctor</td>
</tr>
<tr>
<td>White</td>
<td>Ready for Discharge</td>
</tr>
</tbody>
</table>

The patient has many stops before and after he/she sees you. The following is an outline of clinic flow:
**Clinic Overbook Policy**

- Do NOT assume a 4 or 2 week follow-up is available. Most often, we can only accommodate 2 to 4 week follow-ups through overbooks.
- If a patient needs to be seen in a short time frame (i.e. 2-6 weeks) please look ahead at your schedule and decide what day/time you would like to overbook them. Communicate this in the follow-up section of your clinic note.
- Aim for only one overbook per clinic session.
- Overbooks should only occur with the resident PCP’s verbal approval. Clinic staff will document in notes that overbook was approved by the resident.
- If a resident wants more than one overbook per clinic session, staff must clear it with an attending first.
- Make overbook for the last (or second-to-last) appt slot of the session (to prevent a cascade of seeing patients later than their appt time).

**Late Patient Policy**

- Patients have a 20 minute grace period for arriving to clinic. Please stay in clinic at least 20 minutes past the last appointment time, to ensure if the last patient has arrived.
- If patients are more than 20 minutes late for your appointment, staff will ask the doctors if they are able to see the patient. If a doctor is available to see them, it will be for a BRIEF visit addressing the most pressing issue the patient has. This visit will occur AFTER on-time patients have been seen.
- If there are other non-urgent things the patient would like to discuss, they should be scheduled a future visit, to discuss at a later point.
Primary Care Center Flow and Function

PAR / front desk staff
- Clock time
- Greet patient
- Register patient
- Placed in ready area for Clinic Assistants

Clinic assistant
- Escort patient to triage for weight and blood glucose for diabetics.
- Place patient in the provider’s exam room and take vital signs.
- Invite patient to enroll in MyChart (patient portal)
- Leave patient in room for provider to see
- Pull appropriate flag
- After MD begins visit with 1st patient, second patient may be placed in additional room.

Physician
- Evaluate patient
- Discuss/ review case with attending
- Pull appropriate flag and leave patient in room

Discharge nurse
- Give follow-up appts, instructions, administer vaccines and direct to outpt laboratory if needed
- Encourage/help patient to enroll in MyChart (if not already enrolled)
- If more time is required and next patient ready, may move patient to another area
- DOCUMENT D/C TIME in EPIC
Laboratory Testing and Follow-up

1. Laboratory testing: you may order labs in clinic but specify the following:
   - What test you wish (you must justify the test in your clinic note: e.g., CBC for fatigue)
   - When you want it done (e.g., STAT, today, next week)
   - Under what conditions you want it (e.g., fasting)
   - Finally a diagnosis that justifies the need for the test must be included.

2. ECG’s can be done on-site by the clinic techs
   *****All STAT labs or ECG’s must be directly discussed with the nurse AND must be
   followed-up as soon as the results are ready. Putting out the yellow flag outside your room
   helps staff know you need something.

3. Pulse oximetry - can be done on-site by request

Following up labs or other tests you have ordered:
When you order a laboratory test, CT scan, or other study for your patients, you are responsible for
following it up. Labs come to your EPIC inbasket for review. Please review your inbasket at
least every 48 hours. If you will be away or are on a very busy rotation, please ask a colleague
on ambulatory or elective to cover your inbasket.

For urgent/emergent results (like an elevated potassium in a non hemolyzed specimen) call your
clinic trio attending to develop a care management plan. Your charge/lead nurse can assist you with
triaging the issue and in contacting the patient during hours of clinic operation (8:30-4:30pm).

For off hours/weekends, please contact the Grady Advice Nurse Hotline for their assistance in
contacting the patient if you are unable to: Grady 24 hour Advice Nurse Hotline: 404-616-0600
The Advice Nurse line can call pt, document the patient interaction and advice given. All medical
advice and discussions about lab results should be documented as a telephone encounter in the chart.

For routine results
The PCC adheres to a policy that “all patients receive all results.”

We provide patients with normal or unchanged labs results using the MyChart patient portal, phone
call, or by letter. The basic details are as follows:
1. Providers review patients’ lab results in EPIC. Please review your inbasket patient results every
   48 hours.
2. After review, if the results do not necessitate a phone discussion, release the results to the patient
   through MyChart. Include a short note with the results, if indicated.
3. If patient not enrolled in MyChart, generate a letter (can use template) or call the patient to
discuss their results if they are abnormal or worthy of discussion
4. All phone correspondence should have accompanying of telephone call in EPIC. Please document
   your DETAILED plan of care in that telephone encounter (even if you are unable to reach the
   patient) so that a nurse may reference that note and explain the plan of care (in case the patient calls
   back asking about their test results and you are not there).
5. **No emergency and/or sensitive messages (e.g. HIV+, new cancer diagnosis)** should be left on voice mail or in letters. In these cases, we expect providers will contact the patient and document attempts and/or discussion in medical records with appropriate follow up.

**Procedures Done in Clinic**

Procedures in the clinic must be supervised by an attending physician if you are not signed off. If you are signed off on the procedure, it is still recommended to have attending presence, if possible.

1. Pelvic examinations/Pap testing/and microscopic examination (“Wet Preps”) must be supervised by an attending until a resident has documented competence (5 successful examinations). In addition, all males must have a female chaperone present during the performance of the Pap test. Examination tables in all rooms have stirrups to facilitate performance of the Pap test. A “Pap Tray” stocked with necessary items can be prepared by your medical assistant.

2. Joint injections and aspirations should be supervised. There is an orthopedic tray in the office of the discharge nurse. You must get informed consent for these procedures and use sterile technique.

**Admissions from Clinic**

- Notify the team nurse as soon as you decide a patient will be admitted.
- Providers wishing to admit a patient to Grady Memorial Hospital (GMH) should contact the Transfer Center at 404-616-4058. Specific information is provided below:
  - Admitting for Elective Surgery – Elective surgery is scheduled by the clinic or department providing the service. Questions about the admission process should be directed to clinic staff.
  - Admitting Grady Clinic patient from clinic or home: Submit a bed request via EPIC and contact Transfer Center (see below) to coordinate team assignment, admission process and bed status.
  - Emergent – Patients who need to be sent to the ECC from a clinic or who were seen in a clinic and are being sent from home must be discussed with an ECC attending or charge resident first. To reach an ECC Attending or Charge Resident, contact the ECC’s Blue Zone 404-616-6456.
  - If it takes > 20 min for Bed Planner to identify in EPIC the bed request or for additional questions regarding the admission process, call the Bed Czars 404-616-2090.

- Important Phone Numbers:
  - Transfer Center (Phone) 404-616-4058
  - Transfer Center (Fax) 404-489-6752
  - Transfer Center (Toll Free) 1-866 GRADY-TX
  - Bed Czar 404-616-2090 ECC
  - Blue Zone/Charge Res/Attending 404-616-6456
Transferring patients to the Emergency Care Center

1. Unstable patients: (get help from charge nurse and attending!)
   - Place patient on a stretcher and stabilize patient where possible
   - Place patient on monitor with IV access and code cart
   - Nurse will contact ECC triage nurse to notify him/her of the transfer (X-5-6200)
   - Doctor will notify ECC attending or charge resident (triage nurse will direct you to appropriate attending)
   - Nurse will transport patient (physician and nurse capable of pushing drugs must per ACLS protocol must be present if patient is unstable)
   - Ask your attending for help!

2. Stable patients for admission (but requiring closer observation/monitoring):
   - Clinic staff will transport patients upstairs to their inpatient bed when available.

3. Most patients can/should be directly admitted to the floor without going through the Emergency Department

Diabetes Program

All residents are participants in a program looking at ways to improve care of patients with type-2 diabetes. Residents will receive one-on-one feedback by attending faculty during clinic time, with the goal of improving the care we give to our diabetic patients individually, and as a group.

Handling Medically Difficult Patients

1. Seriously ill patients: get help immediately from the attending and nurse to assist with patient stabilization and transfer to the emergency care center. All severely ill patients must be accompanied to the emergency care center by a physician and nurse capable of pushing IV drugs per ACLS protocol.

2. Complex patients: get help from the attending if you have spent 10-15 minutes with the patient and still don’t know what is going on (or sooner if you have a major question).

3. Suicidal patients: don’t leave them unsupervised. They will need to go to the Psychiatry emergency care center (13th floor) with a security escort. You may need to complete a 10-13 form if they will not stay voluntarily and you believe they are a risk to themselves.

4. Considering tuberculosis (cough, night sweats, weight loss...)? Place a mask on yourself and/or your patient while you complete the workup. Masks are in the cabinets of the team nurse’s room.
PCMH Curriculum

Residents on their Ambulatory months will participate in an innovative program that will equip them with the knowledge and skills to participate in patient centered medical homes in their future careers. These didactic and interactive sessions will be completed during ambulatory lectures and clinic experiences over the course of 3 year training. Residents will have a clinic session set aside during their ambulatory months to complete several activities. Topics will include the items below.

- Structured administrative time to manage patients proactively.
- Interdisciplinary team development and communication
- Performance Improvement Projects
- Population and case management
- Review individual provider dashboards report cards, clarifications and questions
  - How can residents boost quality metrics in their own patient panels?
- Group Visits Disease Management
  - Diabetes, obesity, etc
- Speaking to Lay audiences
- Home visits
- Motivational interviewing/ encouraging patient activation

There will also be time set aside during Ambulatory months for interdisciplinary team meetings. Each clinic (pod) will receive their performance data and work as a team to improve care.
Grady Primary Care Center
Procedures for Patient/Family Disruptive or High Risk Behavior

In the event of any disruptive, disrespectful or otherwise potentially unsafe or violent behavior* from a patient or family member, the following procedure should be followed by ANY staff member, physician or learner:

1) Alert others immediately, so the entire team can be aware. Even if it seems harmless initially, do not assume you can handle it on your own. Making others aware creates a safe environment for all.

***Do NOT tell the patient that you are alerting others and/or calling security. This can escalate the situation and cause the patient to become more defensive / disruptive. Simply give an excuse (e.g. bathroom break) to step away for a moment.***

2) Primary person to alert is the CHARGE NURSE in your pod. From there, she/he will alert all other staff present, as well as the Clinic Manager, Social Worker and Security, if applicable

3) Position yourself between the exit of your room/area and the patient, so that you can exit quickly, if needed

4) Once you have taken the safety precautions as above, reassess the situation.
   a. If you feel unsafe re-entering the encounter without assistance, await guidance from Charge Nurse, Clinic Manager, Social Worker, or security.
   b. If you feel safe re-entering the encounter, proceed to assist the patient as possible, based on your role. Patient rights and high quality care continue to be our core mission, after personal safety is optimized.

5) Provide appropriate documentation regarding your interactions during the encounter. Mention specific words patients/family use (direct quotes, when possible) and specific behaviors. If patients are frustrated by prior experiences, include this in your notes so that all others that will interact with patient in the future can be aware and address patients’ needs accordingly.

*Disruptive, disrespectful, or otherwise potentially unsafe or violent behavior may include any of the following:

- Angry tone or raised voice from a patient/family member, directed at the health system or a member of the health system
- Patient/family member raising their voice or disrupting clinic flow in any clinic area, including the waiting room and the hallways
- Acts of physical aggression (slamming items down on tables, pacing quickly in an angered fashion)
- Acts of verbal abuse (patients disparaging a team member or making threats against any team member)
- Patient/family member refusing to follow protocols of the Primary Care Center
- Unannounced patient/family member asking for assistance from a team member, but unwilling to state what they came for
- Sexual comments or innuendos from a patient/family member
- Any patient/family member that makes you feel uncomfortable or unsafe

Grady Weapons Policy
**Please note, patients and visitors cannot carry open or concealed firearms on Grady premises, even if they have a permit to do so!** If you note a patient or visitor to be carrying a firearm, please tell your charge nurse and call security.

***Do NOT tell the patient that you are alerting others and/or calling security. This can escalate the situation and cause the patient to become defensive/disruptive. Simply give an excuse (e.g. bathroom break) to step away for a moment***

Exceptions (who can carry firearms) include:

- Grady Health System® Security Services personnel authorized to carry firearms in the performance of their lawful security duties to carry out the policy of maintaining a reasonably safe environment
- A peace officer of any duly authorized police agency of this state or any political subdivision thereof; or, a law enforcement officer of any department or agency of the United States who is regularly employed and paid by the United States, this state; or any such political subdivision, or an employee of the Department of Corrections of this state, or the Federal Bureau of Prisons while in the official performance of their duties.
- Any member of the National Guard or of the United States Armed Forces to (Vit: Anny, Navy, Marine Corps, Air Force, or Coast Guard who, while serving therein, possesses such firearm in the line of duty
Completing Paperwork and forms for your patients
FORMS POLICY (given to patient)

It is the policy of the Primary Care Center to take care of patients who are ill and here for scheduled appointments as quickly as possible. For this reason, all requests for paperwork completion must be left for review. Here are some answers to common questions you may have about getting your paperwork done:

When should I bring in my form?
Don’t wait until the last minute; bring your forms in as soon as possible. Your forms can be left with the CHARGE NURSE in YOUR ASSIGNED POD. Please make sure you are given a copy of your form from the nurse and leave a phone number with the nurse. Your doctor and social worker will review the forms.

Will the doctors complete all forms?
The doctors are not required to complete all forms requested by lawyers or other agencies. Our doctors will review the form and determine if the form can be completed or if a specialist evaluation will be required. It may take up to 30 days for forms to be completed, therefore, please bring in forms as soon as possible.

Who should complete the form?
Forms about your medical history are more accurate when completed by a medical doctor who has treated you for a long time (CONTINUITY). For this reason, we will not complete forms until at least your third CONTINUITY clinic visit. We also WILL NOT complete forms when you are seen for same day sick (SDS) or walk in appointments.

What items will the doctor put in the form?
If the doctor completes the form it will be based on their best medical judgment. Disability, time off work, handicap permits, and other requests are not guaranteed if the provider does not think it is medically needed.

Do I need to schedule an appointment to have my form completed?
If you have a long-term relationship with a doctor, it is possible that your paperwork can be completed without a visit. The doctor may also decide that they need to schedule an appointment to get more information or complete an examination.

What kind of forms / papers are included?
✓ Nursing Home papers
✓ Insurance claims
✓ Medical statements
✓ Social security papers
✓ Handicap permits – may be completed day of appointment
✓ Utility statements
✓ Housing statements
✓ Selected disability papers
✓ Any form requiring a physician’s signature
**Clinic Evaluations**

Each resident will receive a written evaluation twice annually. The evaluation is the standard evaluation form used by the American Board of Internal Medicine with a scoring system from 1-5. The section for written comments currently assesses 3 areas:

1. General comments on performance
2. Comments from the clinic staff regarding professionalism, teamwork and efficiency

Housestaff will be asked to evaluate your clinic attendings and the clinic. Please complete these evaluations.

**Special Services in the Primary Care Center**

**Liver Clinic**
This clinic is a weekly clinic for patients diagnosed with Hepatitis-C to provide education, evaluation and treatment. A large group information session is held at the initial hepatitis clinic visit. There are specialized services such as pharmacist, psychiatrist, and gastroenterologists that function as a member of this team. This clinic gives the most comprehensive hepatitis C care given in the Grady Health System – including vaccination, interferon and other therapies (when appropriate), education, and counseling. This clinic meets Tuesday and Thursday mornings in the orange pod.

*Clinic Director* – Dr. Lesley Miller

*Contact number for questions* – 404-616-7535

*How to schedule* – Referral in EPIC

**International Medical Center (IMC)**
This clinic meets the needs of a rapidly growing Hispanic community by providing culturally and linguistically appropriate primary care services in Internal Medicine, OB/GYN, Mental Health and Pediatrics/Adolescence services. The IMC is on the ground floor of Grady next to the Purple Pod and sees patients Monday-Friday.

*Contact number for questions* – call Grady Spanish Health line 404-616-2555

*How to schedule* – ask patient to call 404-616-6689

**Procedure/Injection Clinic**
This clinic will provide services and education of basic office injections and procedures including injecting knees, subacromial, trochanteric, & prepatellar bursa, diagnostic (gout) arthrocentesis, and soft tissue injections. The clinic meets each Monday and Wednesday morning in the green pod.

*Clinic Director* – Dr. Danielle Jones

*Contact number for questions* – PIC 16932

*How to schedule* – EPIC message to Dr. Jones and Ms. Karol Shelby (PAR)

**Women’s/ Pap Clinic**
This clinic provides women’s health services to patients of the Primary Care Center. Services provided include pelvic exams, pap smears, breast exams, menopause counseling and treatment, contraceptive counseling, and osteoporosis screening. The clinic meets on Wednesday or Thursday mornings in the orange pod.

*Clinic Director* – Dr. Stacy Higgins
Lipid Clinic
This clinic will provide management strategies for patients uncontrolled with or intolerant of standard lipid lowering regimens.
Clinic director – Dr. Terry Jacobson
Contact number for questions – 404-778-1413 or page Dr. Jacobson
How to Schedule – EPIC referral and appointment will be mailed.

Healthy Living Group Class
This group class is designed to help obese patients with BMI >30 share information and learn from others in a group setting in order to promote healthy living and weight loss. Patients do meet individually with a physician for a short visit to make goals and discuss progress.
Clinic Director – Dr. Stacie Schmidt
How to Schedule – EPIC referral. Send message to Dr. Schmidt in EPIC for any questions.

Pharmacy Education/Consult Clinic
This clinic is a pharmacist-run clinic that operates in conjunction with physicians and provides services daily in the Primary Care Center. Patients of this clinic are referred by their Primary Care Physician to see the pharmacist for a variety of services, including, but not limited to the management of Hypertension, Diabetes, Hyperlipidemia, lab monitoring, Diabetes education, Asthma/COPD inhaler teaching, and polypharmacy and pharmacoeconomic consults.
Clinic director – Dr. Kristi Quairoli
Contact number for questions – (404) 616-5406
How to Schedule – EPIC referral and appointment will be mailed.

Chronic Pain Management
Consult the Chronic Pain Task Force Team:
Therese Vettese, MD
Stacie Schmidt, MD srschmi@emory.edu or 404-565-6416
Kristi Quairoli, PharmD

Social Services
Social Worker –
Ms. Valeria Beasley (orange and green pods) 404-616-4198, 404-353-4968 cell
Ms. Pamela Morton (purple pod) 404.616.3740 ofc | 404.804.5999 cell |
INJECTION CLINIC FAQs

What is the Injection Clinic (aka Procedure clinic)?
This is a focused General Medicine clinic that provides steroid injections for people with acute and chronic pain from a variety of joint, bursa and soft tissue conditions.

Injections/conditions we **DO PERFORM/TREAT** in injection clinic:

<table>
<thead>
<tr>
<th>Site of Injection/Condition</th>
<th>Associated Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee joints</td>
<td>OA</td>
</tr>
<tr>
<td></td>
<td>Gout</td>
</tr>
<tr>
<td>Trochanteric bursa</td>
<td>Bursitis</td>
</tr>
<tr>
<td>Subacromial bursa</td>
<td>Bursitis</td>
</tr>
<tr>
<td></td>
<td>Impingement syndrome</td>
</tr>
<tr>
<td></td>
<td>Rotator cuff tendonitis</td>
</tr>
<tr>
<td>Shoulder joints</td>
<td>OA</td>
</tr>
<tr>
<td>Soft tissue hand injections</td>
<td>DeQuervain’s tenosynovitis</td>
</tr>
<tr>
<td></td>
<td>Carpal tunnel</td>
</tr>
<tr>
<td></td>
<td>Trigger finger</td>
</tr>
</tbody>
</table>

Injections/conditions we **DO NOT PERFORM/TREAT** in injection clinic:

<table>
<thead>
<tr>
<th>Site</th>
<th>Description</th>
<th>Where to Refer Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back or neck pain</td>
<td>Radicular pain that might benefit from an epidural injection or nerve block</td>
<td>PAIN Clinic</td>
</tr>
<tr>
<td>Hip JOINT pain/OA</td>
<td>Groin pain from OA or injury</td>
<td>EPIC order for fluoroscopically-guided hip joint injection by INTERVENTIONAL RADIOLOGY</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>Management of pain with analgesic medications</td>
<td>PCC – we do NOT prescribe medications</td>
</tr>
<tr>
<td>Ganglion cysts</td>
<td>Painful cyst on hand (aspiration +/- injection is not definitive tx)</td>
<td>PLASTIC SURGERY Clinic</td>
</tr>
<tr>
<td>Plantar Fasciitis</td>
<td>Pain on plantar surface of foot, worst when first stepping on it</td>
<td>ORTHOPEDICS Clinic</td>
</tr>
</tbody>
</table>

Preparing your patient for injection clinic:

- Currently there is a very long wait time for injection clinic:
  - For acute issues, please consider injecting the patient in your clinic if possible and then follow up in your clinic.
  - For chronic issues or if your patient will likely need serial joint injections, refer them to clinic for the next available appointment but consider injecting them in your clinic if possible (injection clinic kits are available in Green Pod).
- Make sure your patient knows what to expect from this visit:
  - Appointments are mailed and the referral will say “Procedure Clinic”
  - We do NOT prescribe pain or any other medication from this clinic. Your patient should not expect to get any medication from this visit.
  - We do NOT follow up any other chronic medical illnesses. This clinic is solely for joint/soft tissue injections and any other chronic problems or new issues will be referred back to their PCP.
  - If they have no interest in a joint injection they should not be referred to clinic – please check with your patient first and save him or her a trip to the clinic and a co-pay if they’re not interested.

How can residents participate in injection clinic?

- PGY-2 and PGY-3 Residents on ambulatory may be assigned to injection clinic
  - Email Dr. Danielle Jones at least 90 days in advance of your ambulatory month and request it
Clinic Referral Reference List – we are in the process of updating this list, if you find different info, please let us know!

*Referrals NOT listed here are ordered through EPIC and scheduled through Central Scheduling*

<table>
<thead>
<tr>
<th>Service</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>If clinical findings &amp; want breast clinic prior to mammogram, EPIC referral; if urgent/very suspicious, contact Jackie Foster, PA-C at 4-9001</td>
</tr>
<tr>
<td>CHF</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>Cath (outpt)</td>
<td>Contact Cath Lab Fellow at 5-4451</td>
</tr>
<tr>
<td>Coumadin</td>
<td>Known (old) patients can stop by coumadin clinic or call directly 5-6677; only NEW patients are scheduled through EPIC</td>
</tr>
<tr>
<td>Diabetes</td>
<td>By EPIC referral or Walk-in M-F (7am)</td>
</tr>
<tr>
<td>Endocrine</td>
<td>EPIC referral but patient does not need to call to schedule (appointment is mailed)</td>
</tr>
<tr>
<td>FNA*</td>
<td>FNA Clinic form, instruct patient to take form to 9B. Often can do same day, helpful if MD contacts Cytology fellow (5-3650) to give background information</td>
</tr>
<tr>
<td>GI</td>
<td>2 DIFFERENT EPIC referrals one for routine colonoscopy ONLY; another or GI clinic for all other appts, GI physician screens EPIC referral &amp; appt mailed; if urgent appt needed, contact Consult Fellow</td>
</tr>
<tr>
<td>Injection</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>Lipid</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>Liver</td>
<td>Ask patient to call 5-3844 or 5-3835 or come to Orange pod front desk</td>
</tr>
<tr>
<td>Lovenox</td>
<td>Contact Pharmacist on call at 404.283.0587</td>
</tr>
<tr>
<td>Memory</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>EPIC referral (if urgent, on call NSG resident PIC 50192); spinal referrals must have imaging within 6 months</td>
</tr>
<tr>
<td>Nutrition</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>OMFS</td>
<td>EPIC referral, If urgent appointment needed (e.g., abscess) call OMFS at PIC 50372</td>
</tr>
<tr>
<td>Oncology</td>
<td>EPIC referral If urgent appointment needed, on call oncology fellow</td>
</tr>
<tr>
<td>Pain Clinic</td>
<td>EPIC referral - this is for procedures only, no pain meds prescribed in this clinic</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>PAP clinic</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>EPIC referral to Amb Referral to Pharmacy Education</td>
</tr>
<tr>
<td>Plastics</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>Podiatry</td>
<td>For patients with Diabetes, EPIC referral to Diabetic Podiatry. For all other patients, send to ortho or dermatology or refer to outside podiatrist if patient has insurance.</td>
</tr>
<tr>
<td>Preop</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>PT/OT**</td>
<td>EPIC referral</td>
</tr>
<tr>
<td>Vascular</td>
<td>EPIC referral</td>
</tr>
</tbody>
</table>

**Imaging/Procedures**

<table>
<thead>
<tr>
<th>Service</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABIs</td>
<td>Listed as PVRs radiology</td>
</tr>
<tr>
<td>LP</td>
<td>Neurology Clinic, EPIC referral</td>
</tr>
<tr>
<td>PET Scan</td>
<td>EPIC referral, should call PET tech at 4-9216 to confirm diagnosis is appropriate</td>
</tr>
</tbody>
</table>

*FNA clinic only biopsies thyroid nodules that are peripheral, palpable, and more than 1cm. If this is not the case, send to radiology for Ultrasound Guided bx. |

**PT/OT can no longer provide durable medical equipment such as canes, walkers. Please refer these to Ms. Beasley. This year, Grady has been focused on improving satisfaction ratings among our patients. They have implemented service standards for all ambulatory areas. The standards that are specific to physicians/providers are included below.
SCREENING MAMMOGRAM: Patient can be a screening mammogram if:

- Is 40 years of age or older with no symptoms.
- It has been 335 days or more since last mammogram and there are no current symptoms.
- No current symptoms or problems. (Diffuse breast pain should be scheduled as screening)
- If under 40, patient must be HIGH RISK. High risk includes: personal or family history (mother, sister, aunt, or grandmother) of breast cancer diagnosed before age 40 and/or ovarian cancer; male breast cancer in the family; lobular carcinoma in situ, atypical ductal hyperplasia or other breast atypia on core/excisional biopsy; or prior history of chest wall radiation (greater than 10 years from the exposure to radiation).
- Patient with a history of breast cancer can be scheduled as a screening mammogram if it has been more than 5 years since treatment.
- Schedule as a screening mammogram if the last mammogram report is a BIRADS code 1 or 2 and there is no history of breast cancer in the past 5 years and patient is not experiencing any problems or symptoms (except diffuse breast pain).

DIAGNOSTIC MAMMOGRAM: Patient can be scheduled for a diagnostic mammogram if:

- Patients that are having symptoms such as constant, focal pain (an area less than 2 inches), nipple discharge or a breast lump.
- Patient has a history of breast cancer including lumpectomy.
- Patient has a history of a mastectomy. It must be indicated either left or right side.
- ALL MALE PATIENTS NEEDS TO BE A DIAGNOSTIC BILATERAL MAMMOGRAM
- Patients under the age of 30 should have a Breast Ultrasound, not a mammogram, if they are symptomatic.

Note that a family history of breast cancer, history of benign breast biopsies or diffuse breast pain is not reasons for a diagnostic mammogram.

BI-RADS CODES indicate what type of mammogram the patient should be scheduled for if all other protocols are met.

- B-IRADS 0= Diagnostic mammogram. Follow up of the side indicated in report unless it has been a year then both breasts would be due.
- B1-RADS 1 or 2= Screening mammogram if no cancer or no symptoms. Even if the number of months to return is less than 1 year. Patient may have a previous history of cancer and still be a screening if it has been over 5 years.
- B1-RADS = Diagnostic exam with either a 3, 6 or 12 month follow up according to what the report states and indicates as to which breast, unless it has been a year then both breast will be done.
• **BI-RADS 4, 5, 6** = Diagnostic mammogram – Contact the Mammography Tracking Coordinator at 5-2178 so the patient can be scheduled for follow up in the Breast Clinic. **Read all addendums at the top of the report for the final BI-RADS code.**
### Ultrasound Cheat Sheet for Physicians (last Revised September 2014)

***Exams must be ordered correctly in order for the patient to be scheduled correctly***

Revised 9/8/14

<table>
<thead>
<tr>
<th>Exam</th>
<th>History on the request</th>
<th>Prep</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Extremity Non-Vascular</td>
<td>Baker’s cyst, superficial mass</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><em>This is not the same as an Extremity PVR (Arterial)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Retroperitoneal</td>
<td>Kidneys, ARF, renal failure, HTN, DM AAA, Aorta</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>US scrotum and contents</td>
<td>Testicular pain, scrotal pain, swelling or enlargement</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>US Head Neck</td>
<td>Enlarged neck, goiter, hyperthyroidism or hypothyroidism, Thyroid</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>US Abdomen (comp or ltd)</td>
<td>Liver, gallbladder, pancreas. LFT’s, RUQ pain.</td>
<td>Patient must be NPO after midnight the day before exam. Nothing to eat or drink the morning of exam.</td>
<td>The patient may bring their medications to take after exam.</td>
</tr>
<tr>
<td>US Carotid/Extra cranial ultrasound</td>
<td>Bruit, stenosis, syncope, dizziness, CVA</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>US Pelvic non-ob</td>
<td>Pelvic pain, fibroids, menorrhagia.</td>
<td>None</td>
<td>The patient will be given instructions up arrival to ultrasound. If they are a dialysis patient and on fluid restrictions, the physician should order a transvaginal ultrasound instead of a pelvic ultrasound</td>
</tr>
<tr>
<td>Biopsies or US Guided procedures</td>
<td>These are procedures that must be approved by the Physician Assistant or Radiologist</td>
<td>Instruction given by Physician Assistant or Radiologist</td>
<td>The Data Information Assistant will call the patients to make</td>
</tr>
</tbody>
</table>
These Exams Should Not Be Scheduled By Central Scheduling

<table>
<thead>
<tr>
<th>Exams</th>
<th>Radiologist</th>
<th>appointments and give prep instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Extremity Arterial Dopplers</td>
<td>R/O pseudoaneurysm</td>
<td>None</td>
</tr>
<tr>
<td>Extremity PVR US</td>
<td>Claudication, leg pain when walking, PVD, arterial disease</td>
<td>None</td>
</tr>
<tr>
<td><em>This is not the same as an extremity non-vascular</em>!!! This is a 2 hour exam and must be ordered correctly so that it scheduled correctly!</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Hemo vessel mapping</td>
<td>mapping for AV fistula</td>
<td></td>
</tr>
<tr>
<td>US venous insufficiency exams</td>
<td>Evaluating for venous insufficiency/Reflux</td>
<td></td>
</tr>
<tr>
<td>Request to r/o DVT or blood clots should never be scheduled. Please call ultrasound and arrange for the patient to have the exam done the same day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are unsure of how to order a particular exam, please call the ultrasound department at 5-4519. We will be happy to assist you.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These Exams Should Not Be Scheduled By Central Scheduling

<table>
<thead>
<tr>
<th>Exams</th>
<th>Radiologist</th>
<th>appointments and give prep instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any extremity exam ordered to R/O DVT</td>
<td>Paracentesis</td>
<td></td>
</tr>
<tr>
<td>Thyroid FNA/Biopsy</td>
<td>Hyster &amp; Transvag</td>
<td></td>
</tr>
<tr>
<td>Liver Biopsy</td>
<td>US Guided procedures</td>
<td></td>
</tr>
<tr>
<td>Thoracentesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>right, bilateral lower extremities arterial</td>
<td>pseudo- aneurysms (This is NOT for ABI’s or PVR exams)</td>
<td></td>
</tr>
<tr>
<td>US Doppler arterial Upper left, right, bilateral upper extremities arterial</td>
<td>This exam is ordered for ABI, claudication, pain when walking, diabetes, decreased pulses, and extremity discoloration due to arterial issues.</td>
<td></td>
</tr>
<tr>
<td>US PVR</td>
<td>Please order this exam for patients needing AVF (Do not use US guidance for vascular access)</td>
<td></td>
</tr>
<tr>
<td>US Hemo Vessel Mapping</td>
<td>This exam is for evaluating abdominal organs in the upper abdomen with limited views of lower abdomen when ascites is suspected. You must place a separate order for Pelvic ultrasound for images of uterus and ovaries.</td>
<td></td>
</tr>
<tr>
<td>US ABD COMP/Pelvis LTD</td>
<td>This exam is for examining a specific vessel in the liver (ex: Portal vein, Hepatic artery). You must provide pertinent history on request.</td>
<td></td>
</tr>
<tr>
<td>US ABD/Doppler LTD</td>
<td>All abdominal vessels in upper abdomen/ Per protocol. You must provide pertinent history on request. (ex: Budd Chiari)</td>
<td></td>
</tr>
<tr>
<td>US ABD/ Doppler Comp</td>
<td>This should be used for screening of patients with a history of smoking. If you suspect that a patient has an aortic aneurysm, please order Retroperitoneal complete</td>
<td></td>
</tr>
<tr>
<td>US Extremity non-vascular</td>
<td>This should be used for evaluation of a superficial mass that is below the head or neck. (ex: Baker’s cyst)</td>
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<tr>
<td>Exam</td>
<td>Description</td>
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<tr>
<td>US Transplant renal Doppler</td>
<td>This is for Doppler examination of a transplanted kidney only. We currently do not offer renal Doppler for renal artery stenosis. The radiologists recommend an MRA.</td>
<td></td>
</tr>
<tr>
<td>US Pelvis Limited</td>
<td>This exam is ordered for bladder retention studies and can be order on males. <em>Prostate (transrectal) ultrasound exams are performed in the GU clinic</em></td>
<td></td>
</tr>
<tr>
<td>US Transvaginal</td>
<td>For dialysis patients that have fluid restrictions, please order transvaginal.</td>
<td></td>
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</tbody>
</table>

The above exams are exams that are frequently ordered incorrectly. If there are any questions concerning the list or questions about exams that are not listed, please give us a call we are here to help. We will update the list to include any exams that you need explanations for.

Diagnostic Ultrasound: 5-4519
Placing Urgent Ultrasound Orders from Clinic (Last revised April 2016)

I. PURPOSE: The purpose of this policy is to provide coverage for urgent ultrasound orders from the Walk-in clinic and Medical Clinic PODS Monday through Friday 8:00am to 5:00pm.

II. PROCEDURES:

8:00AM - 3:30PM

1. The ordering physician or clinic representative will notify outpatient ultrasound at 5-4527 that there is an urgent order for an ultrasound.
2. The ordering clinic is responsible for transporting the patient to and from ultrasound. The patient should be taken to outpatient ultrasound on 3A.

3:30PM to 5:00PM

3. The ordering physician or clinic representative will notify inpatient ultrasound at 5-4519 or 404-431-5850 (Ultrasound Cell) that there is an urgent order for an ultrasound.
4. The ordering clinic is responsible for transporting the patient to and from ultrasound. The patient should be taken to inpatient ultrasound on 3G 058.
5. Once the patient arrives in the Ultrasound department the sonographer on duty will contact the Emergency Department Registration Supervisor at 404-319-6666 to complete the registration. If a supervisor is not available call 678-855-4981 or 404-290-7883 for assistance.

III. DEFINITIONS: Ultrasound exams considered urgent are defined as exams that when not performed would lead to a catastrophic event.

IV. GUIDELINES: The following examinations are to be consider as urgent;

1. Scrotal ultrasound for suspected testicular torsion.
2. Right Upper Quadrant (RUQ) ultrasound for suspect cholecystitis. (All patients for abdominal ultrasounds must be NPO for 6 to 8 hours to prevent false positive exams)
3. Any upper or lower extremity ultrasound for suspected DVT. The exceptions to the extremity examination are:
   a. Patient with history of DVT and on anticoagulation therapy
   b. Patient with a history of chronic DVT
   c. Patients with a history of DVT and IVC filter placement

All other ultrasound examinations that do not meet the above mentioned guidelines must be approved by the Radiologist in order to be added on. The contact number is 5-6283.
**SERVICE STANDARDS:**
- Knock before entering exam room.
- Maintain eye contact. Wash hands and introduce yourself. Sit down to be at patient’s eye level.
- Demonstrate active listening and empathy with patients.

**Key Actions:**

Follow AHC’s “Service Standards for All.”

Be consistently respectful, polite, and professional in working with AHC associates and physicians, as well as patients and family members.

Actively listen to the patient, and confirm what you heard.

Maintain eye contact.

Wash hands and introduce yourself. Sit down to be at patient’s eye level.

Greet patients in a congenial manner, and with a smile when appropriate.

Solicit/define patient expectations regarding his/her illness and concerns; return of test results; treatment outcomes.

Demonstrate active listening and empathy in tone of voice and body language. Confirm what you heard the patient say.

Speak well of other staff at the center and/or in support departments.

Close exam room door when coming in and going out. When leaving, let patient know you are closing the door for his/her privacy.

**Key Words:**

- Use the patient’s name at the beginning of the visit to make sure that you are seeing the correct patient and have the correct chart.
- “How can I help you today?”
- “Do you have any other concerns?”
- “Which problem concerns you the most?”
- “What I hear you saying _____, Is that correct?”
- “It sounds like it’s been frustrating/ painful to feel this way, and I want to help get you back to feeling like yourself..”
- “My nurse does such a good job to support me; I’m sure she’s taken good care of you while I was finishing with another patient....”
- “Let me close the door first, and we’ll be able to talk privately.”
**Key Actions:**

Ask patient to change into a gown only if necessary.

Be careful not to expose the patient physically when opening/closing the door.

Use non-technical language. Strive to provide instructions and explanations that can be understood. Use visual aids when appropriate.

Be attentive to each patient’s physical and emotional needs; for example, assist patient in getting down from exam table, provide tissue to crying patient, and facilitate scheduling urgently needed test.
What not to do:
- Speak negatively about center staff.
- Use sexual or rude remarks even in a joking manner.
- Make statements about your political beliefs.
- Appear unconcerned about the patient.
- Appear rushed, frustrated, angry, or stressed.
- Talk to the patient with your back to him/her or without eye contact.
- Discuss clinical information with patient when the door is open.

What not to say:
- “I can’t help you.”
- “That is not my responsibility.”
- “Advocate does not give me enough time.”
- “If you do not like it, go to Administration.”
- “I can’t seem to get good support staff around here – sorry about that.”
- “They keep overbooking me, so I’m sorry you had to wait so long.”

Physicians: Patient Schedules

SERVICE STANDARDS:
- Arrive on time for first appointment and make every effort to stay on time.
- Apologize if running behind schedule.
- See unscheduled and late patients in accordance with center guidelines.
### Key Actions:

- Arrive on time for the first appointment (unless unavoidably detained for professional reasons) and make every effort to stay on schedule throughout the day.
- Apologize if you are behind schedule.
- Speak positively about Scheduling and other support department staff.
- Adjust patient care hours to meet patient needs (covering a physician absence, providing extra hours during periods of high volume).
- See unscheduled and late patients in accordance with center guidelines.
- Accommodate patients when AHC staff has made a scheduling error.

### Key Words:

“I am sorry you had to wait for me. I want to give you the time and attention you need.”

### Suggestions for answering questions about Central Scheduling:

“As part of a large medical practice, using a central scheduling department is the best way we can accurately manage our patient schedules. They carefully monitor their phone hold times and other statistics. I’ve heard that Monday’s are the busiest times, but you can call any time of day or night, seven days a week to make an appointment or leave me a message. Your message will print for me and my nurse here at the ___ Center.”

### What not to do:

- Place blame on other patients, scheduling staff, or other staff when explaining why you are running behind [better to simply apologize].
- Speak negatively about the scheduling process at AHC.
- Appear rushed, frustrated, angry, or stressed.

### What not to say:

- “Advocate does not give me enough time.”
- “They keep overbooking me, so I’m sorry you had to wait so long.”

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**Physicians: Closing the Visit and Patient Follow-up**
<table>
<thead>
<tr>
<th>SERVICE STANDARDS:</th>
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<tbody>
<tr>
<td>- Inform patient about how follow-up of medical problem or test will occur.</td>
</tr>
<tr>
<td>- Ask patient if he/she needs any clarification about next steps.</td>
</tr>
<tr>
<td>- Initiate response or notify patients of test results within 7-10 business days.</td>
</tr>
<tr>
<td>- Personally notify patients to discuss and explain major or sensitive test results. Degree of sensitivity or risk to patient’s health will determine method of notification.</td>
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<tr>
<td>- Return patient calls by the end of the day (or delegate with instructions to nursing staff).</td>
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<tr>
<td>Key Actions:</td>
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<tr>
<td>Verify that the patient understands your directions.</td>
</tr>
<tr>
<td>Inform patient of the members of your team, e.g. nurse, medical assistant. Explain that you function as a team, and patients can contact your nurse, etc. to reach you.</td>
</tr>
<tr>
<td>At the time a treatment is given inform the patient of the expected time to see improvement and when to call if improvement has not occurred.</td>
</tr>
<tr>
<td>At the time a test is ordered, inform the patient the likely time you will be able to inform him/her of the result.</td>
</tr>
<tr>
<td>For serious conditions, consider scheduling a return appointment to provide follow-up.</td>
</tr>
<tr>
<td>Let patients know when they can reasonably expect your return call should they call you between visits. Return patient and other phone calls by the end of the day, and document the attempt (or delegate with instructions to nursing staff).</td>
</tr>
<tr>
<td>Initiate response or notify patients of test results within two days after tests are reported to your office, so that mailed normal results are received within 7 - 10 business days. Personally call and explain major or sensitive test results to patient.</td>
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</tbody>
</table>
Physicians: Closing the Visit and Patient Follow-up

(Continued)

- Create expectation of when forms will be completed.
- Respond to patient complaints in a non-defensive manner; work with appropriate administrative staff to ensure that problems are resolved quickly.
- Be attentive to patient confidentiality issues, especially in public places, such as nursing stations.

<table>
<thead>
<tr>
<th>What not to say or do:</th>
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<tbody>
<tr>
<td>- Do not simply say, “do you understand?”</td>
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<tr>
<td>- “If you do not hear from me, the test is OK.”</td>
</tr>
<tr>
<td>- “Just call me anytime.”</td>
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<tr>
<td>- “I’ll get your test result back tomorrow.”</td>
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<tr>
<td>- Talk to the patient with your hand on the exam room door (as if eager to exit).</td>
</tr>
<tr>
<td>- Talk about a patient, using his/her name, at the nursing station or any other open area.</td>
</tr>
<tr>
<td>- Leave a patient’s exam room door open with the patient inside while you leave to get something.</td>
</tr>
</tbody>
</table>

“Thank you Mr./Mrs./Ms. _____________ for coming to see me today. Is there anything else I can do for you?” OR “Do you have any remaining questions?” “Have a good day.”