**[YOUR CLINIC NAME]**

**Practice Toolkit**

**Chapter Title**

1. Introduction
2. Clinicians
3. Staff
4. Insurance for your Practice
5. Privacy and Confidentiality
6. Emergencies and Occupational Health and Safety
7. Clinic Facility and Administration
8. Telephones and Information Technology
9. Patient Enquiries
10. Appointments
11. Patient Encounters
12. Referrals and Prescriptions
13. Maintain Patient Chart

*This page describes who controls the Toolkit versions, and logs all changes made.*

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# 1. INTRODUCTION

## 1.1 About this Toolkit

This toolkit includes the policies and procedures for [YOUR CLINIC NAME] and replaces all previous manuals and directives.  The web and template versions will be maintained and updated by ​the provincial divisions office. ​Customized toolkits will be maintained and updated by designated staff members in [YOUR CLINIC NAME].

If you have any feedback on the contents of the web or template versions of this toolkit, please provide comments using [this form](https://surveys.divisionsbc.ca/Practice-Toolkit-Feedback.aspx). If you have any feedback on the contents of [YOUR CLINIC NAME]'s customized toolkit please let your Toolkit Coordinator know, and he/she will take any necessary action.

In the web version, use the left menu to look for topics, or use the website search function. If you have any questions, use the Table of Contents to look up subjects, or press CTRL+F to bring up the find tool, and search for topic of your choice.

## 1.2 Making This Toolkit Your Own

This toolkit is designed to be modified to fit the needs of your individual practice. To make this toolkit your own, refer to the [editing guide](https://www.divisionsbc.ca/sites/default/files/CMSMedia_Retrieved/Toolkit%20Editing%20Guide%20-%20Final.pdf) for easy to follow directions.

D​ivisions of Family Practice provincial office will maintain the links provided to you in this document. Please watch for updates posted ​in the right-hand sidebar.

## 1.3 Changes to this Toolkit

Our philosophy is one of continuous improvement, using the Plan – Do – Study – Act quality improvement process.  We expect frequent changes to this toolkit as we continuously implement improvements in our policies and processes. The Editing Guide can be used to guide you through making changes if any formatting is unclear.

Roles for policy and process development:

**[Medical Director/Practice Manager]** approves any changes to policy or procedures.

The **Toolkit Coordinator** facilitates policy and procedure change requests, document changes, and update this document.

**Anyone** may develop a policy or process for consideration by the doctors.

**Everyone** should be looking out for and communicating improvements to the way we work.

## 1.4 About [YOUR CLINIC NAME]

**[Clinics may develop their own clinic blurb. You may want to consider include points such as:**

* **When the clinic opened**
* **Clinic location**
* **Number of doctors and other support staff**
* **Special programs or services**
* **Number of patients/panel size (e.g. number of patients under regular care or number of patients seen in a year…)**
* **Other pertinent info such as ambulance services, urgent care, etc.**

**OR – if you have a clinic website with this information, include a link in this section.]**

The following is an example:

The Everyone’s Healthy Medical Clinic (EHMC) opened on November 28, 2007 when the Westside Family Medical Clinic and the Northwest Medical Centre joined as a single clinic.

EHMD is located in Southern Vancouver Island’s West Shore and serves rural areas. The area includes a culturally and age diverse population of about 14,000.

EHMC includes six family physicians.  The clinic hosts itinerant specialists and family practice residents and provides an urgent care clinic for the general public on evenings and weekends.

The EHMC doctors estimate that almost 70% of the area’s population are on the clinic roster, while their urgent care clinic serves the rest of the population for immediate care issues.

The area is also served by the BC Ambulance Services and a number of Vancouver Island Health Authority Services including Home and Community Care based in Esquimalt, public health services, and an Environmental Health Officer.

The closest hospital is Victoria General Hospital approximately 25 km away.

## 1.5 [YOUR CLINIC NAME] Values

[YOUR CLINIC NAME] is a group family medicine clinic based on the following ideals:

The following is an example:

For everyone on the team:

* Patient centered focus for planning and care
* Supportive, inclusive, multidisciplinary team approach to Family Medicine
* Respect for all roles in the multidisciplinary team, and tolerance of our differences
* Open and clear communication among all team members
* Recognition of and respect for all team members’ private lives
* Mindfulness in delivering efficient and cost effective services.

For the doctors:

* Shared on-call responsibilities
* Cross-coverage of each other’s practices when needed
* Consensus decision making, based on a structured, consistent approach
* Physicians as a resource to the larger community
* Collaborative approach to teaching responsibilities of medical residents, students
* Rotating community roles, e.g.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Needs-based planning (services based on community needs and capacity, not simply previous activities or physician interests)

## 1.6 Clinic Organization

The diagram below explains the organizational structure of [YOUR CLINIC NAME].

The following is an example:

# 2. Doctors

## 2.1 Introducing the Doctors

The [YOUR CLINIC NAME] has [#] family physicians, including

**Doctor 1**
Include blurb for each physician
 **Doctor 2**
Doctor 2 blurb

Etc.

And/or: Insert a link to the biographies on your website]

The following is an example:

Everyone’s Medical Clinic has six doctors including:

Joe Surfer MD CCFP MHSc

* Joe graduated from the University of Calgary medical school in 2008 and completed family practice residency in Vancouver in 2010.  He also obtained a Masters of Health Sciences in community medicine and epidemiology at UBC in 2015.
* Joe’s practice interests include primary mental health care services and pediatric medicine.
* Joe is married with two small children. He enjoys an active lifestyle including competing in marathons, kayaking, biking and skiing.

## 2.2 Doctors’ Hours of Work

The doctors each have a standard schedule that is the basis for [YOUR CLINIC NAME] hours. Doctors may choose to alter their hours at their own discretion, providing the other doctors and staff with as much notice as possible.

The booking schedule itself is found in [the clinic EMR], which reflects any requested changes from the standard schedule on a day-to-day basis.

[Include doctor schedule here, if one is available]

[View a sample schedule](https://divisionsbc.ca/sites/default/files/Divisions/Provincial/Physician%20Schedule.xlsx) built in MS Excel format.

##

## 2.3 Clinician Contracts

(Alternatives: Physicians (list names) are all shareholders in [YOUR CLINIC NAME] and operate under a shareholder agreement. Each physician collected their own fees and pays a portion of clinic expenses according to terms of the shareholder agreement).

All other clinicians practicing at [YOUR CLINIC NAME], have a contract that states roles, responsibilities and rate of pay. Physicians are paid based on a percentage fees collected for their services. Each physician billing under MSP will complete an assignment of payment form so that [YOUR CLINIC NAME] can collect fees from MSP, ICBC, WSBC etc.

[View sample contracts](http://practiceinbc.ca/recruit-gps/engaging-gp-candidates/negotiation-and-final-agreement) developed by the Division of Family Practice.

The [Practice Manager] is responsible for maintaining all clinician contracts.

## 2.4 Locum Arrangements

When the doctors are away from the clinic for holidays or other absences, they often arrange for a qualified physician (called a 'locum') to provide relief coverage.

Shareholder physicians establish locum arrangements under a private arrangement between themselves and the locum.

All Locum physicians employed at [YOUR CLINIC NAME] have a contract with their employing physician stating the responsibilities of the locum and the employing physician, the duration of the locum, and the rate of pay. It is the responsibility of the employing physician to maintain the locum contract.

View sample contracts, and strategies to recruit and maintain locum arrangements, in the Divisions of Family Practice [Recruitment & Retention Toolkit](http://www.practiceinbc.ca/recruit-gps/support-keep-gps/support-all-gps/practice-coverage-strategies).

####

#### The Rural Practice Program

The Rural General Practitioner Locum Program (RGPLP) helps rural general practitioners (GPs) secure subsidized periods of leave from their practices for purposes such as Continuing Medical Education (CME) and vacation.

Please [read the policy and process](https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs/rural-general-practitioner-locum-program) about accessing this program.

## 2.5 Clinician Recruiting

#### Recruiting Tools

Many Divisions of Family Practice have developed tools to assist with clinician recruiting. Many of these are available in the [Recruitment and Retention Toolkit](http://www.practiceinbc.ca/recruit-gps)

[Insert your clinic’s clinician recruitment policy here]

# 3. Staff

[YOUR CLINIC NAME] employs [#] Medical Office Assistants, [and # of other employees]. The clinic organizational chart can be found in [Toolkit section 1.6](#_1.6_Clinic_Organization).

All employees enter an [employment contract](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=5095697c5bda18e05ff032c5ea35bcd37df02060b54fe2848a52bbe79f6408d2&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5) with [YOUR CLINIC NAME]

[YOUR CLINIC NAME] also contracts with the following positions or companies:

Information Technology Consultant: [insert information]

Bookkeeper: [insert information]

Cleaners: [insert information]

Sharps Disposal: [insert information]

Confidential Paper Shredding: [insert information]

 [Others: Insert Information]

## 3.1 Roles

**Practice Manager:** The Practice Manager is the main staff contact for payroll and staff work scheduling. [Example Practice Manager job description](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=2c9764fb44f83a6550c7e6e701cdc01050634da827d87aeedd08c2d35e49c6ba&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).

**Medical Office Assistant:** [Example MOA job description](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=6593a70385828b5ee7df269c02769ccec80949ebdef982bc972315123e761c8f&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).

 [Other clinical roles may include, for example:

* Medical Director
* Human Resource Director
* Business Manager
* EMR Champion
* Privacy Officer
* Office Meetings Organizer
* Payroll, Accounts, Billing
* Purchasing and Equipment Management
* IT Manager]

## 3.2 [Your Clinic Name] Contact List

Staff contact information is strictly confidential and is not to be shared with patients. Physicians may share their own contact information with patients at their own discretion. [Or insert your own share policy]

The following is an example:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **Phone Number** | **Email** | **Emergency Contact** | **Known Allergies** |
| Dr John Smith | Physician | H: 604-555-5555C: 604-555-6666 | jsmith@[yourclinicname.com] | Wife: Jane Smith. 604-444-4444 | Peanuts (Severe) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## 3.3 Employee Hours of Work and Pay Standards

[YOUR CLINIC NAME] uses the BC Employment Standards Act as the basis for policy.

Policies in place include:

* **Maximum Work Hours:** Employees may work up to 40 hours per week and 8 hours per day
* **Time Keeping:** [describe where hours are recorded and any policies about recording overtime hours].

Some examples:

* An MS Excel file is stored on the front desk computer or a clinic Dropbox folder. Staff enter their hours at the end of each workday in their designated row, under the current days column
* The clinic uses Quickbooks online as the accounting system. Each employee has been given a username and password to log in via the internet and record their hours and activities at the end of each day.
* Employees use their name and password to login to the payroll system and record hours there (insert instructions).
* **Overtime:** Overtime compensation is paid is in accordance with the BC Employment Standards Act. All overtime work performed must receive a [doctor’s/supervisor’s] prior authorization.
* **Extended Health and Dental Benefits:** Employees that work more than 20 hours per week over a three month period are eligible for extended health benefits through the Doctors of BC Health Benefits Trust Fund plan managed by Great West Life. [More information about the plan](https://www.doctorsofbc.ca/member-area/insurance/health-dental-plan).
* **Unpaid Breaks:** Employees must have a 30 minute unpaid meal break if a shift is 5 hours or more.
* **Paydays:** [insert payday schedule]

An example:

Paydays are every second Friday, for the period ending the previous Friday.

Payments are made by direct deposit to the employee’s bank account. Employees can access their pay information electronically through Payworks payroll system.

* **Statutory Holidays:** [YOUR CLINIC NAME] observes ten statutory holidays:
* New Years Day
* Family Day
* Good Friday
* Victoria Day
* Canada Day
* B.C. Day
* Labour Day
* Thanksgiving Day
* Remembrance Day
* Christmas Day

[For further information about how statutory holidays are paid.](https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/factsheets/statutory-holidays-in-british-columbia)

* **Sick Days:** [insert policy]

An example:

Staff are eligible for 6 days per year of paid sick leave, after the 3 month probationary period is complete. Staff must phone their supervisor giving as much notice as possible.

Or:

[YOUR CLINIC NAME] does not offer sick pay.

* **Vacation Allowance:** [insert policy, or state that Employment Standards Act is followed]

[Note that ESA requires: When an employee takes a vacation after completing one year of employment, vacation pay must be at least four per cent of the employee’s total earnings from the previous year.

After five consecutive years of employment, vacation pay increases to six per cent.

A person who is employed for less than one year is not entitled to take a vacation, but must be paid four per cent vacation pay on termination of employment.

Vacation pay is not payable if a person is employed for five calendar days or less.]

* **Uniform Allowance:** [The ESA requires that:

If an employer requires an employee to wear a uniform or special clothing, the employer must provide, clean and maintain it at no cost to the employee.

 Clinics that require staff to wear scrubs of their own choosing is not considered a uniform. A dress code (no jeans, no cut-offs, dark clothing, business casual) is not a uniform.

Employers and employees can agree that the employer will reimburse employees for cleaning and maintaining the special clothing.

Personal safety equipment required by the Workers’ Compensation Board is not considered special clothing unless the equipment also associates the wearer with the image or identity of the employer.]

* **Termination Provisions:** [The ESA requires that employees who are terminated receive written notice or compensation based on length of service. Consider including a statement about termination to reduce risk of civil litigation for wrongful dismissal, e.g. “If for any reason you leave this position, the minimum termination provisions in the *Employment Standards Act* [fact sheet](http://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/factsheets/termination-of-employment) will apply.”]

[More information about the BC Employment Standards Act](https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice).

## 3.4 Scheduling

[Insert who is responsible for scheduling and describe the scheduling process for doctors and support staff]

An example:

The Practice Manager is responsible for scheduling all employees including MOA’s and reception staff. The schedule is provided 1 month in advance for all clinic staff. Doctors provide their own schedule 3 months in advance, dependent on clinic availability.

[Insert Where is the schedule located (if electronic, provide link here)]

An example:

The schedule is located on the clinic shared Dropbox and is posted in the kitchen approximately 1 month in advance.

[Insert the schedule features: (describe schedule features)]

An example:

The schedule includes scheduled employees, expected hours, and vacation requests.

## 3.5 Opportunities for Cross Coverage

[Insert your own clinic policy for cross coverage]

Here is an example:

[YOUR CLINIC NAME] supports employees learning components of others’ jobs, both to cover during absences and to promote better knowledge, appreciation and understanding of how the clinic operates.

The [Practice Manager] is responsible for arranging for cross coverage of non-medical staff. The Medical Director is responsible for monitoring cross coverage for the physicians. Each clinician is responsible for arranging their own cross coverage.

## 3.6 Performance Monitoring Policy

[Insert your own clinic performance monitoring policy]

Here is an example:

The [Practice Manager] is directly responsible for monitoring [YOUR CLINIC NAME] staff performance.

[YOUR CLINIC NAME] monitors and evaluates every new employee’s performance for three months before confirming his or her appointment in a position. New staff members will be evaluated against their job descriptions:

1. After completing their probation period (three months)
2. Again, in nine months (at the 12 month point)
3. After that, the employee will develop an Employee Performance Development Plan

#### Employee Performance Development Plan Cycle

Each employee will have an [Employee Performance Development Plan (EPDP)](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=d73c9d32a7078fb24769431e6990d395fe7b20b01c1ed30eae2d1762d77e59e4&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5) which will be reviewed annually. EPDPs will be updated at least every 2 years. The EPDP process includes the following steps:

1. Confirm job duties (job description) (employer)
2. Establish the EPDP which outlines specific areas for development for the employee (employee and employer)
3. Implement the EPDP (employee)
4. Evaluate the employee’s progress against the plan and update the EPDP for new learning goals (employee and employer)
5. Renew the plan (back to step 1)

#### EPDP Roles

*Human Resource Director:* The Human Resource (HR) Director is responsible for approving all EPDPs including the performance appraisal component.

*Practice Manager:* The Business Manager is responsible for coordinating the EPDP process and ensuring all staff EPDPs are current.

*Employees:* Employees are responsible for developing and implementing their EPDP and completing a self-evaluation report

*Evaluators:* Evaluators are responsible for completing a performance appraisal for the employee. Usually two evaluators will complete appraisals for every employee. Either one or both evaluators may attend the performance review meeting.

The EPDP performance review and development forms are [EPDP performance review and development forms](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=d73c9d32a7078fb24769431e6990d395fe7b20b01c1ed30eae2d1762d77e59e4&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).

## 3.7 Training and Professional Development

[YOUR CLINIC NAME] will support employees in their professional development, per the program that has been established in their approved Employee Performance and Development Plan.

Clinic-supported education and training programs should be directly related to and needed in the employee’s position at the clinic. Examples of supported training are:

* Practice Support Program (PSP) modules
* Training related to preparing patients for their appointments (lab tests, weight, height, BP tru etc.)
* First Aid training
* WHMIS training
* “Code White” training for handling workplace violence
* Computer training
* CMHA approved MH first aid training
* Basic Cardiac Life Support
* Medical Terminology training
* [Insert examples of other training]

## 3.8 Personnel Records and Administration

The task of handling personnel records and related administration functions at [YOUR CLINIC NAME] has been assigned to the [Practice Manager]. Personnel files will be kept confidential at all times and are kept [location].

## 3.9 [YOUR CLINIC NAME] Employees as Patients

[Describe policy regarding clinic employees as patients at the clinic.]

The following is an example:

[YOUR CLINIC NAME] does not accept employees as attached patients. The clinic will do its best to assist employees find their own family physician at another clinic.

## 3.10 Vacation and other Leave Requests

[List vacation and leave policies. This may include: procedures for making vacation requests, policies about shift changes, vacation and leave calendars, number of employees that may be off at any given time, and how vacation requests are evaluated (e.g.: seniority, previous requests, fairness, etc.)]

The following is an example:

The Practice Manager will maintain and post a calendar showing all approved vacations and leaves of absence. The vacation calendar is posted in hard copy in the staff room.

Staff should submit vacation requests to the Practice Manager.

As a general rule of thumb, up to two MOAs will be on vacation at any given time

The Practice Manager will communicate dates for submitting vacation requests for major holiday seasons (e.g. Christmas, Easter and summer) staff. Where more than 2 MOAs request the same time, approvals will be granted considering previous vacation times, seniority, and fairness. All other vacation requests shall be granted on a first come first served basis.

## 3.11 Relief Shifts

Relief shifts to cover illness and vacations will be allocated based on the following criteria [enter criteria for relief shifts at your clinic]:

* Skills (if applicable)
* Availability (not overtime)
* Seniority
* Fairness

## 3.12 Employee Standards of Conduct

### 3.12.1 Attendance and Punctuality

[YOUR CLINIC NAME] expects employees to be ready to work at the beginning of assigned daily work hours, and to reasonably complete their projects by the end of assigned work hours.

From time to time, it may be necessary for an employee to be late or absent from work. [YOUR CLINIC NAME] is aware that emergencies, illnesses, or pressing personal business that cannot be scheduled outside work hours may arise. It is the responsibility of all employees to contact all affected parties if they will be absent or late. Staff must contact the [Practice Manager] as soon as possible if they expect to be late or absent from work.

### 3.12.2 Bullying and Harassment Policy

[YOUR CLINIC NAME] does not tolerate bullying or harassment. All personnel will be treated in a fair and respectful manner.

Bullying includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably out to have known would cause the worker to be humiliated or intimidated. Bullying does not include any reasonable action taken by a supervisor relating to the management and direction of the worker in the place of employment.

Workplace harassment can take many forms. It may be, but is not limited to, words, signs, offensive jokes, cartoons, pictures, posters, e-mail jokes or statements, pranks, intimidation, physical assaults or contact, or violence.

Sexual harassment may include unwelcome sexual advances, requests for sexual favors, other unwelcome verbal or physical contact of a sexual nature, or any conduct that creates an offensive, hostile, or intimidating working environment or prevents an individual from effectively performing the duties of their position.

Staff must not engage in bullying or harassment of any type, and must report any bulling or harassment they observe.

More information: [Worksafe BC bullying, and complaint submission forms](http://www2.worksafebc.com/Topics/BullyingAndHarassment/home.asp).

### 3.12.3 Bullying and Harassment Procedures

#### How and when investigations will be conducted

Most investigations at [YOUR CLINIC NAME] will be conducted internally. In complex or sensitive situations, an external investigator might be hired.

Investigations will:

* Be undertaken promptly and diligently, and be as thorough as necessary, given the circumstances
* Be fair and impartial, providing both the complainant and respondent equal treatment in evaluating the allegations
* Be sensitive to the interests of all parties involved, and maintain confidentiality
* Be focused on finding facts and evidence, including interviews of the complainant, respondent, and any witnesses
* Incorporate, where appropriate, any need or request from the complainant or respondent for assistance during the investigation process

#### What will be included

Investigations will include interviews with the alleged target, the alleged bully, and any witnesses. If the alleged target and the alleged bully agree on what happened, then [YOUR CLINIC NAME] will not investigate any further, and will determine what corrective action to take, if necessary.

The investigator will also review any evidence, such as emails, handwritten notes, photographs, or physical evidence like vandalized objects.

#### Roles and responsibilities

The [Practice Manager] is responsible for ensuring workplace investigation procedures are followed.

Workers are expected to cooperate with investigators and provide any details of incidents they have experienced or witnessed.

If external investigators are hired, they will conduct investigations and provide a written report with conclusions to the clinic founders.

#### Follow-up

The alleged bully or harasser and alleged target will be advised of the investigation findings. Following an investigation, the [Practice Manager] will review and revise workplace procedures to prevent any future bullying and harassment incidents in the workplace. Appropriate corrective actions will be taken within a reasonable time frame.

In appropriate circumstances, workers may be referred to a counseling program or be encouraged to seek medical advice.

#### Record-keeping requirements

[YOUR CLINIC NAME] expects that workers will keep written accounts of incidents to submit with any complaints. [YOUR CLINIC NAME] will keep a written record of investigations, including the findings.

### 3.12.4 Gifts

Advance approval from management is required before an employee may accept or solicit a gift of any kind from a patient or vendor. Employees are not permitted to give unauthorized gifts to patients.

### 3.12.5 Dress Code

Employees are expected to dress in an appropriate manner to the clinic.

Employees who are engaged in patient interaction are expected to wear hospital scrubs. This is part of the employee safety policy.

Employees who are not engaged in patient care are expected to wear business or business casual attire during office hours. Long-term contractors who do not have company uniforms or safety gear are also expected to appear professional. If uncertain whether your attire is appropriate, you are expected to confirm with the [Practice Manager]

Business Casual dress includes, but is not limited to:

* Slacks
* Cotton or synthetic pants or skirts
* Blouses, Dress Shirts, casual shirts, polo t-shirts
* Dress shoes, walking shoes, flats, sneakers, dress heels and leather deck-type shoes

The following is not appropriate:

* Beach wear
* Jeans
* Revealing/see-through clothing
* Torn, or frayed clothing/clothing with holes
* Shorts/short skirts
* Tank tops, spaghetti straps, midriff length tops, off the shoulder tops
* Offensive language on clothing
* Clothing with commercial or political slogans
* Athletic wear

[Link to downloadable Dress code policy](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=2ddac46fb26eecefdadbfb5dab2f7feddcfc8d4d524bce6919495ebe518c0799&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5)

### 3.12.6 Personal Use of Computer, Phone, Internet and Mail, and Social Media

[YOUR CLINIC NAME] property, including computers, phones, electronic mail, and voice mail, should be used only for conducting [YOUR CLINIC NAME] business. Incidental and occasional personal use of clinic computers, phones, or electronic mail and voice mail systems is permitted, but information and messages stored in these systems will be treated no differently from other business-related information and messages. This policy includes using clinic computers for accessing personal social media sites.

Staff may not at any time use clinic computers to access pornography or other adult oriented web sites.

### 3.12.7 Privacy and Confidentiality

All staff must follow privacy and confidentiality policies described in [Chapter 5: Privacy and Confidentiality](#_4._Privacy_and) . All staff must have an up to date confidentiality form signed and filed into their HR file in order to work at [YOUR CLINIC NAME].

### 3.12.8 Workplace Safety

All staff must obey occupational health and safety guidelines described in [Chapter 6: Emergencies and Occupational Health and Safety](#_5._Emergencies_and). This is to ensure the safety of all staff members.

### 3.13 Customer Service Standards

All staff are expected to deliver high quality customer service. Examples of expected customer service standards are:

* Greet each patient as they arrive to the clinic
* Acknowledge new incoming referrals within 5 business days
* Respond to patient emails and phone calls within 1 business day
* Respectful and efficient communications with patients and their families

### 3.14 Employee Contracts and Agreements

Each staff member employed at [YOUR CLINIC NAME], has a letter of employment that states roles, responsibilities and rate of pay. Staff may either be paid a salary or hourly rate. Any changes to the role, responsibilities or rate of pay will be reflected with an updated letter of employment.

Most clinicians are under contract.

The [Practice Manager] is responsible for maintaining all clinician and staff contracts.

[View a sample employee contract](https://www.divisionsbhttps/mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=3ffd2bb310f35ea43bafec9c27a20ce7a8ff0185a2eb22a47d59e7c9530739fe&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5c.ca/CMSMedia/WebPageRevisions/PageRev-5370/MOA%20Contract%20Template%20-%20Final.docx) (originally developed by Victoria Division of Family Practice for their members).

# 4. Insurance For Your Practice

With a practice, your liabilities increase and there are insurance plans that help you transfer the risk from you to a third party. As well, some insurance policies become an important factor for employee hiring and retention.

 4.1 Health and Dental for Partner Physicians and Staff

 4.2 Professional Expense Insurance

 4.3 Buy-sell partnership strategies

4.4 Commercial Office Insurance

As you start your practice, you should speak with a licensed insurance professional about your own personal and practice risks. Doctors of BC provides members with access to non-commissioned Insurance Advisors who provide complimentary reviews. Email insurance@doctorsofbc.ca to book a meeting.

### 4.1 Health and Dental coverage for Physicians and Staff

A typical health and dental plan will provide partial or complete reimbursement for employees, physicians and their dependents’ medical expenses such as drugs, paramedical practitioners, medical supplies, out-of-country emergency care and dental cleanings. Plans may also include a small life insurance component and basic disability coverage. Premiums can be a tax-deductible expense to the corporation. Plan rates typically depend on the coverage levels, the number of staff you have covered, and the average age of workers. The larger the clinic, the more flexible plan options are available.

Premiums for staff members can be paid wholly by the clinic or shared with the employee (i.e. 50/50 split). Depending on the situation, physicians may also enroll in the clinic health and dental plan.

 As an employee benefit, health and dental plans can help attract and retain staff.

[Details of the Doctors of BC Health and Dental plan.](https://www.doctorsofbc.ca/member-area/insurance/health-dental-plan)

### 4.2 Professional Expense Insurance

It’s ideal to ensure there is a legal, written agreement between clinic partners outlining what (if any) liability a disabled physician would incur if he/she were unable to practice at the clinic for a specific period of time.

Most physicians have personal disability coverage that provides a monthly tax-free benefit if they are unable to work due to a disability. While the disabled physician can use some of this money to financially support his/her clinic, often the coverage is insufficient to support both clinic and personal or family financial obligations.

Professional Expense Insurance (PEI) provides a monthly reimbursement specifically for your professional and office expenses. These expenses may include rent, staff salary, equipment rentals, accounting fees, membership dues, college fees, and cell phone costs. Benefits generally pay after 14 or 30 days of a disability and benefits can be paid for up to 15 or 24 months. Premiums are considered a tax-deductible expense.

Any revenue generated while the physician is disabled (i.e. locum earning income) will offset benefit payments.

[Details of the Doctors of BC Professional Expense plan.](https://www.doctorsofbc.ca/member-area/insurance/life-disability-accident-illness/physicians/office-overhead)

### 4.3 Buy-Sell Strategies

Details of a partnership should be written in a signed legal document. This document should clearly define the obligations of the partners, shareholders and corporation in different circumstances, including death, disability, disagreement and divorce.

As the partnership agreement is being drafted, it’s recommended the parties involved speak with a licensed insurance professional who can assess whether any strategies require insurance. Two strategies, buy-sell life insurance and buy-sell disability/critical insurance, are outlined below.

Buy-Sell Life insurance – upon the death of a partner, a tax-free lump sum is paid out for use by the clinic or the surviving partner to purchase the deceased’s shares or assets of the clinic. This allows the deceased physician’s beneficiaries to be fairly and quickly compensated and allows the surviving partner to continue the business without major financial distress.

Buy-Sell Disability or Critical Illness – this policy provides cash for the clinic or partner to purchase the disabled insured's share of the business.

Contact a Doctors of BC Insurance Advisor at insurance@doctorsofbc.ca for more information.

### 4.4 Commercial Office Insurance

Owning and operating a medical practice is a serious business and one which requires a significant financial investment to establish.  Here are some are some key points to consider when purchasing insurance to protect your investment.

**Office Contents and Medical Equipment**

Contents of a typical medical office include computers, laptops, filing cabinets, office and waiting room furniture, and various types of medical equipment ranging in cost from small stethoscopes to large laser hair removal machines and x-ray machines.  It is important to make sure that these items are all insured on a replacement costs basis so that the items will be replaced with brand new items if they are lost, damaged or stolen.  The total replacement cost of all office contents and equipment  should be taken into account when choosing a limit of insurance.  Failure to do this can lead to you having to contribute towards a claim out of your own pocket if it is found that you had underinsured the total value of your contents.

**Leasehold Improvements**

When renting office space, most leases typically make the tenant responsible for all improvements and renovations made to the space, even if the tenant did not have to pay for them at the start of the lease.  Consequently, after a fire or water damage loss, most tenants are responsible for repairing or replacing any improvements that have been done to their space.  This can amount to many thousands of dollars and it is critical to ensure that any improvements are included in the limits chosen under your insurance policy.

**Loss of Business Income**

Sometimes a fire or major water damage loss, even at your neighbor’s premises, can result in the closure of your business for a few weeks.  Loss of income resulting from such a forced closure can be recouped by ensuring that your insurance policy contains loss of income coverage.  For most offices, make sure the loss of income limit is at least 12 months and is not capped by a dollar limit.

**Commercial General Liability**

This coverage is required by most leases and it covers the medical office against general business liabilities including any bodily injury, such as slip and fall, and property damage suffered by members of the public while on your premises.  A high limit is preferable for physicians, basically as much as the budget for insurance will allow.  Please note this is different from medical malpractice liability insurance.

**Non-owned Automobile Liability Coverage**

For physicians who have employees working at the clinic, there may be instances where an employee uses their own vehicle for clinic business, such as attending a seminar, picking up supplies or collecting mail.  If the employee is involved in a motor vehicle accident while on clinic business, and is found to be negligent, the clinic itself can be sued for damages.  A policy should contains this type of coverage to prevent any nasty surprises.

**Employment Practices Liability**

For owners of medical clinics, claims can arise from a variety of exposures including discrimination based on sex, age, illness, harassment, assault, demotion, unfair dismissal and emotional distress at work.  Employers face potential awards granted by both administrative tribunals and courts of law.  This type of coverage can provide insurance to pay out for punitive damages and also provide access to a hotline for free legal advice when situations occur.

**Directors and Officers Liability**

If you are involved either as a director or as an owner in the business aspects of a medical clinic where you have no medical relationship with patients, you are well advised to have separate liability insurance for the business aspects of your clinic to ensure that the clinic will protect you financially for any claims arising from that business relationship

A Directors and Officers Liability insurance policy covers a company’s Directors and Officers for defense costs, settlements and judgments for claims by shareholders, customers, creditors, regulators and other third parties for allegations of unpaid wages, mismanagement, negligence, misrepresentation, customer protection and privacy violations and copyright infringement.

# 5. Privacy and Confidentiality

## 5.1 Privacy

[YOUR CLINIC NAME] has very high standards for privacy and confidentiality and has adopted most of the guidelines recommended by the Doctors of BC.

Physicians are governed by the professional requirements in the [Canadian Medical Association Code of Ethics](https://policybase.cma.ca/documents/policypdf/PD19-03.pdf). Code of Ethics items 31 to 37 address privacy and confidentiality.

[YOUR CLINIC NAME] is bound by the Personal Information Protection Act (PIPA).

The ten principles for protecting privacy in [YOUR CLINIC NAME] are:

1. **Be Accountable** – we are responsible for personal information we collect.
2. **Identify Purpose –** we need to ensure that there is a purpose to every piece of information we collect.
3. **Obtain Consent –** Personal information should not be collected, used, or disclosed without the prior knowledge and consent of the patient, subject to limited exceptions. Consent may be implied or expressly given, and may be given in writing or verbally.
4. **Limit Collection** - We should collect only the minimum personal information necessary to fulfill stated purposes.
5. **Limit Use, Disclosure, and Retention** – We must use and disclose personal information in accordance with the purposes given to the patient.
6. **Maintain Accuracy** – Patient information must be kept accurate, up-to-date, and as complete as necessary to fulfill stated purposes.
7. **Employ Safeguards –** We have safeguards in place to protect personal information against risks such as loss, theft, unauthorized access and disclosure, copying, use, or alteration.
8. **Be Open and Transparent** – We inform patients about the personal information we collect and store, the purposes for which it is used, the persons to whom it is disclosed, and how an individual may access it.
9. **Provide Access** – Patients are entitled to access their personal information to ensure its accuracy and completeness, and to identify to whom it was disclosed, subject to certain exceptions. We charge an administrative fee for printing out or transferring patient records.
10. **Permit Recourse –** Patients can challenge our compliance with these principles through our complaints process.

[The Doctors of BC Privacy Toolkit](https://www.doctorsofbc.ca/resource-centre/physicians/managing-practice/privacy-toolkit#tab-0-2) was significantly updated in 2017, providing details on each of these principles and significant resources including, basics, guidelines, FAQs, forms, tools, and videos.

The following sections highlight policies adopted by [YOUR CLINIC NAME].

## 5.2 Privacy Officer

[The Practice Manager] serves as the privacy officer at [YOUR CLINIC NAME] and is accountable to the Medical Director.

The Privacy Officer is responsible for ensuring that the practice’s privacy policy and procedures are fully implemented and working effectively.

Key functions of the Privacy Officer include the following:

1. Developing and implementing policies and procedures to protect personal information.
2. Educating employees about privacy and security.
3. Ensuring that confidentiality agreements are signed.
4. Answering patients’ questions about PIPA.
5. Responding to inquiries, complaints, and privacy breaches.
6. Responding to patients’ requests for access.
7. Overseeing the office’s privacy compliance.

## 5.3 Privacy Policy Notice

[YOUR CLINIC NAME]’s privacy policy is publicly available and can be found on the clinic website. The privacy policy states:

See the “Tools” tab in the [Privacy Toolkit](https://www.doctorsofbc.ca/resource-centre/physicians/managing-practice/privacy-toolkit) for an example template.

## 5.4 Confidentiality Agreements

All confidentiality agreement forms are found under the "Forms" tab in the [Doctors of BC Privacy Toolkit](https://www.doctorsofbc.ca/resource-centre/physicians/managing-practice/privacy-toolkit).

### 5.4.1 Staff

Before having access to patients’ confidential medical records, all staff must read and sign a confidentiality agreement. This agreement states that employees will not disclose medical information without written consent from the patient, and that employees will only have access to patient medical information when it is pertinent to their job. All medical records and information are opened on a need-to-know basis only.

Employees who fail to comply with these terms will face disciplinary action, which may include termination of access, termination of employment, withdrawal of privileges, termination of contract, and/or professional sanctions

### 5.4.2 Third Parties

Any contractor in the clinic such as information technology providers must read and sign a confidentiality agreement for Third Parties.

## 5.5 Responding to Patient Requests to Access Personal Information

Under the BC Personal Information Protection Act (PIPA), patients (or the patient’s legally authorized representative) are entitled to access their personal information under our control, to ensure its accuracy and completeness, to understand how their information has been used, and to identify the names and the organizations to which their personal information was disclosed. Patients will be given access to their records within one week of their request.

 [YOUR CLINC NAME] charges administrative fees for patients to transfer records in the following circumstances:

When to “No Charge”:

* Patient requesting access in the clinic to check accuracy of records
* Patient requesting a print out of 10 pages or less

When to Charge fees recommended by the [Doctors of BC Uninsured Fee Schedule](https://www.doctorsofbc.ca/sites/default/files/uninsured_services1apr2014.pdf):

* Patient requesting a transfer of records
* Legal representative requesting charts for medical-legal claim

Patients must sign a [General Express Consent Form](https://www.divisionsbc.ca/provincial/resources/practice-toolkit/appendices#consentform) in order to release personal information.

Further information about [responding to patient requests to access personal information](https://www.doctorsofbc.ca/sites/default/files/form_-_patient_request_for_access_to_personal_information.pdf).

## 5.6 Managing Privacy Complaints

The Privacy Officer is responsible for managing privacy complaints.

The process is:

1. Patient files a complaint preferably in writing.
2. Privacy Officer records the complaint in the Privacy Complaint Log.
3. Privacy Officer (or delegate) reviews the complaint fairly and impartially. If needed, gather additional information from the complainant.
4. Privacy Officer reviews findings with Medical Director, who makes a decision in accordance with [PIPA](https://www.doctorsofbc.ca/sites/default/files/privacy_toolkit_fact_sheet.pdf).
5. Privacy Officer records decision in the Privacy Complaint Log
6. Privacy Officer (or person specified in the decision) notifies patient of the decision and recourse in accordance with the decision
7. Privacy Officer ensures decision is carried out, and staff are made aware of any process changes resulting from the complaint.

## 5.7 Privacy and Security for [EMR]

The Privacy Officer is responsible for

* Implementing and overseeing roles-based access control as approved by the Medical Director.
* User account management including unique user IDs and passwords.
* Monitoring that staff log off when away from their desks
* Ensuring all EMR data is backed up by [enter backup protocols].

## 5.8 Use of Technology

### 5.8.1 Use of Fax

[YOUR CLINIC NAME] fax policies are [insert policies]
Example:Please see the “[Use of Fax by Physicians](https://www.doctorsofbc.ca/sites/default/files/ptv3.0.18_guidelines_for_use_of_email_or_fax.pdf)” document in the Doctors of BC Privacy Toolkit.

### 5.8.2 Use of Email

[YOUR CLINIC NAME] email policies are [insert policies]
Example:
Please see the document “[Use of Email by Physicians](https://www.doctorsofbc.ca/sites/default/files/ptv3.0.18_guidelines_for_use_of_email_or_fax.pdf)” in the Doctors of BC Privacy Toolkit.

### 5.8.3 Use of Social Media

[YOUR CLINIC NAME] email policies are [insert policies]
Example:Please see the document “[Social media and Canadian physicians: Issues and rules of engagement](https://www.cma.ca/Assets/assets-library/document/en/advocacy/CMA_Policy_Social_Media_Canadian_Physicians_Rules_Engagement_PD12-03-e.pdf)” published by the Canadian Medical Association for guidance.

### 5.8.4 Use of Photography and Video

[YOUR CLINIC NAME] photography and video policies are [insert policies]
Example:Please see the “[Photography, Videotaping and Other Imaging](https://www.doctorsofbc.ca/sites/default/files/ptv3.0.09_guidelines_for_photography_videotaping_and_other_imaging.pdf)” document in the Doctors of BC Privacy Toolkit.

## 5.9 Responding to Privacy Breaches

In the event of a privacy breach immediately inform the Privacy Officer.

A privacy breach occurs when there is unauthorized access to, collection, use, disclosure, retention, or destruction of personal health information.

The following are some common examples of privacy breaches:

* Personal information is stolen or misplaced.
* A paper chart is lost or stolen.
* A letter is inadvertently mailed to an incorrect address or faxed to the wrong person.
* An electronic portable device (e.g., laptop, handheld electronic device, USB storage device) is lost or stolen where appropriate security controls such as passwords or encryption have not been implemented.
* Inappropriate access to personal information is stored in an electronic system.
* Personal information is not disposed of appropriately.
* A person who legitimately accesses records gains unintended access to information that he or she is not authorized to see.

[YOUR CLINIC NAME] follows the process recommended in the document “[Responding to a Privacy Breach – Key Steps for Physicians](https://www.doctorsofbc.ca/sites/default/files/ptv3.0.13_guidelines_for_responding_to_a_privacy_breach.pdf)”.

5.10 Secure Destruction of Personal Information

[YOUR CLINIC NAME] polices for the secure destruction of personal information are [insert policies]

Example:

Please see the “[Secure Destruction of Personal Information](https://www.doctorsofbc.ca/sites/default/files/ptv3.0.17_guidelines_for_secure_destruction_of_personal_information.pdf)” document in the Doctors of BC Privacy Toolkit

#

# 6. Emergencies and Occupational Health and Safety

[YOUR CLINIC NAME] complies with requirements established by [WorkSafeBC](https://www.worksafebc.com/en/health-safety) as well as the [College of Physicians and Surgeons of BC mandatory assessment standards](https://www.cpsbc.ca/programs/ppep/assessment-standards) for emergencies and occupational health and safety.

## 6.1 Critical Incident Reporting

[YOUR CLINIC NAME] documents all critical incidents, include emergencies and work place incidents. A critical incident log can be found [location].

All occupational health and safety concerns and incidents are reported to Work Safe BC. [View critical incident reporting information](http://worksafebc.com/claims/report_injury/default.asp).

## 6.2 Emergency Kits

There are two emergency kits located in the clinic.

[Person or role] is responsible for maintaining the two emergency supply kits in accordance with the [College of Physicians and Surgeons of BC Safety Assessment Standards](https://www.cpsbc.ca/files/pdf/PPEP-AS-Emergency-Preparedness-GP.pdf) for emergency kits.

1. For more minor staff medical emergencies a [level one](https://www.worksafebc.com/en/health-safety/create-manage/first-aid-requirements/supplies-equipment-facilities) emergency kit is available, located in [location].
2. For patient and more serious medical emergencies, there is an emergency kit is located in [location].

 This kit includes:

Emergency Medication:

* Epinephrine (1 mg of 1/1000 solution or prefilled syringe)
* Diphenhydramine (50 mg of oral/parenteral preparations)
* Salbutamol metered dose inhaler
* Nitroglycerin spray (0.4 mg)
* Acetylsalicylic acid (80 mg)
* Lorazepam (1 mg sublingual preparation)
* Oral and parenteral benztropine (if haloperidol is given in office)
* Glucose gel
* Naloxone (for risk-appropriate clinical settings)

Emergency Equipment

* Bag valve mask ventilator
* Blood pressure cuff (pediatric, small adult, large adult)
* Glucose meter
* Oral airways (pediatric, small adult (size 3–4), medium adult (size 4–5), large adult (size 5–6)
* Nebulizer or metered dose inhaler spacer and face masks
* Personal protective equipment (latex-free disposable gloves, fluid-resistant mask, eye protection)
* Oxygen source, oxygen mask (pediatric, adult) and tubing
* Portable suction device and catheters, or bulb syringe
* Intravenous extension tubing and T-connectors
* Pulse oximeter for child and adult usage
* Resuscitation tape (color-coded) for pediatric dosage determination
* Automated external defibrillator
* ECG machine

## 6.3 Emergency Exits

[YOUR CLINIC NAME] has [#] of emergency exits. They are located [insert location].

#### Ambulance Exits

[Include details about ambulances entering and/or leaving the clinic property]

## 6.4 Medical Emergencies

[YOUR CLINIC NAME] Medical emergency protocol is activated for all situations where a patient or staff member is noted to be unstable. These include patient in distress, vital signs abnormal, breathing laboured, reduced level of consciousness. Steps are indicated below.

1. Follow CPR guidelines:
	1. If witnessed unconsciousness, position patient safely to the floor, obtain AED, start CPR 30:2 compressions to breaths or continuous 100/minute.
2. Call for help early:
	1. Most responsible physician (MRP) (the clinician involved with the patient) will call for available help from all staff clinicians.
	2. Inform reception of the type of medical emergency
	3. Reception duties:
		1. Immediately call 911 and provide details of medical emergency, location and need for ambulance assistance.
		2. Provide MRP cell phone for direct discussion with ER doctors
	4. MRP to send for the Emergency Kit while helping to position patient in safest manner (likely on floor if CPR is to be done).
3. Designate leadership:
	1. MRP is the clinician involved with patient
	2. Establish role clarity and distribute workload (e.g. designate someone to document situation)
	3. Communicate effectively
4. Monitor and Follow –up
	1. Monitor ABC’s, vital signs, and pulse oximetry.
	2. Arrange for patient transfer to Acute Care Facility.
	3. Arrange for complete documentation to accompany patient.
	4. Notify family members and other appropriate caregivers.

#### Patient Transfer

The following protocol has been instituted in order to provide a safe and expedient transfer of a patient to hospital following an unanticipated event:

* Decision to transfer the patient will be made by the MRP
* The patient will continue to be monitored until EHS arrives, while the MRP calls the hospital to arrange admission. MRP may consider keeping in close communication with the hospital

Procedure:

1. Do not move the patient unless environment is unsafe or EHS cannot reach them.
2. Ensure clinic space is free of obstruction to ensure access by EHS.
3. Receptionist will call the ambulance indicating the acuity and the level of care and direct them to the appropriate exit.
4. A photocopy of the completed chart note will accompany the patient to hospital. The documentation will include all pertinent chart documentation available
5. Administrative follow up (MRP responsible for ensuring complete)
	1. Ensure documentation complete.
	2. Arrange for staff de-briefing as necessary.

## 6.5 Fire and Earthquake

### 6.5.1 Fire

Fire alarm pull stations and extinguishers are located [Insert location]. All staff will learn this information during their orientation period at [YOUR CLINIC NAME]

In the event of a fire in the building, take the following steps:

1. Immediately sound the fire alarm by activating one of the fire alarm pull stations.
2. At your discretion, attempt to control the fire with available extinguishers.
3. If you are not able to control the fire, leave the building by the nearest exit and IF POSSIBLE, ISOLATE THE FIRE BY CLOSING ALL DOORS.
4. Dial 911 (ask for Fire) if necessary. Confirm that help is on the way.
	1. State your name.
	2. Give address where fire is: [insert address]
	3. Give information about fire: (e.g.: computer – front lobby).
5. Meet the fire department at [location] to give updated information and assistance.
6. STAY CALM. DO NOT PANIC.

In the event of a fire alarm sounding in the building, take the following steps:

1. Take count of arrived patients in [EMR] if possible, to allow for a headcount later.
2. Advise everyone in the clinic exit via the emergency exits and proceed to the muster point. The muster point is located [location].
3. Ensure any non-ambulatory patients are taken to safe areas for fire department rescue.
4. Clinicians should end any consultations or procedures underway and instruct patients to leave by the nearest Emergency Exit or safe area. Staff should assist patients in exiting when needed.
5. Close all doors behind you as you leave and proceed in a quiet, orderly manner. When you leave the building, move away from the door to allow others behind you to emerge from the exit.
6. Do not use elevator.
7. Walk. Do not run.
8. Do not re-enter the building for any reason
9. Only return to the building when you are advised by the fire department when it is safe to do so.

### 6.5.2 Earthquake

The following policies and preventative measures have been instituted in order to prepare and protect our staff and patients in the event of an earthquake:

* The patient beds must always be in the locked position when in use.
* Stretchers must always be in the locked position, with the side rails up.
* Flashlights and batteries are kept in every room in the clinic.
* An emergency supply of water and dry, imperishable foods are kept on site.

In the event of an earthquake, take the following steps:

1. At the first sign of any shaking or swaying, everyone should take cover under a desk, table, or doorway and instruct any patients or other clinic visitors to do the same.
2. If there are any non-ambulatory patients in mid-procedure and not immediately movable, the clinician should first cover the patient with a drape or blanket, then proceed to take cover.
3. Once the shaking has subsided, we will follow our fire protocol for ending the procedures, and evacuating the premises.

## 6.6 Risks of Violence in Health Care

According to WorkSafe BC, patient violence is a leading cause of injury in the health system. Additionally, upon examination of the incidents, many of the patients were found to have a history or risk of violent behaviour that was not properly communicated in the patient chart. Privacy laws do not prohibit the labeling of patients with a “risk of violence” tag, and consent is not required when information is being disclosed for worker safety. Additionally, it is not a violation of patient privacy for one organization to disclose information to another, if that information is immediately necessary for the safety of employees. It is important that all employees who are in contact with patients are aware of risks of violence in patients, and any known triggers that may set off a violent event.

If an employee feels that a situation is becoming unsafe, they should leave the area and report to a supervisor. He or she will determine how to control the situation.

## 6.7 Procedures for Sharps Injuries

Used needles and other sharp instruments (sharps) should be appropriately handled to avoid injury, including minimizing contact with used sharps. Sharps should be disposed of in approved puncture-proof containers, located in the same area where the sharp was used.

Sharps disposal containers are located [location]

As recommended by WorkSafe BC, if you are stuck by a used needle follow these steps immediately:

* Let the wound bleed freely
* Inform a doctor at the clinic
* Go to a hospital within 2 hours, and inform them you are a health care worker with a sharps injury.

[CPSBC assessment standards for sharp safety](https://www.cpsbc.ca/files/pdf/PPEP-AS-Sharps-Safety.pdf).

## 6.8 Workplace Safety

[YOUR CLINIC NAME] is committed to providing a safe and healthy workplace for all staff. A combination of measures will be used to achieve this objective, including the most effective control technologies available. Our work procedures will protect not only our workers, but also anyone who enters our workplace.

All employees must follow the procedures described to prevent or reduce risk of illness or injury. All new employees will be provided with safety training as a part of their initial job training. Policy and procedure reviews will be given annually, or with any updates to the policy.

[YOUR CLINIC NAME] safety procedures are based on guidelines developed by WorkSafe BC and the BC Centre for Disease Control. Every clinic employee is expected to follow these policies and procedures, as an important part of their position at the clinic. These policies and procedures are updated regularly and their use is mandatory.

Each employee is expected to obey safety rules and exercise caution and common sense in all work activities.

### 6.8.1 Routine practices to prevent the spread of infectious disease

The following practices should always be performed to prevent the spread of infection diseases:

* Hand-washing should occur before and after every patient contact. Wash hands with soap and warm water for 15-30 seconds. Waterless, alcohol-based hand-sanitizers are also effective, unless hands are visibly soiled. See [CPSBC assessment standards for Hand Hygiene](https://www.cpsbc.ca/files/pdf/PPEP-AS-Hand-Hygiene.pdf) for further details
* Wear disposable, waterproof gloves when touching blood and body fluids, or when handling contaminated items. Gloves should be used in addition to hand-washing, not as a substitute.
* Wear other personal protective equipment (for example, face shields, eye protection, and gowns) if there is a risk of splashes or sprays of blood and body fluids.
* Handle contaminated equipment and linens according to safe work procedures to prevent the transfer of infectious organisms.
* Handle and dispose of sharps according to safe work procedures.
* Use mouthpieces or other ventilation devices instead of mouth-to-mouth resuscitation, whenever possible.
* Appropriate sterilization and disinfection of reusable equipment and office surfaces (counters and furniture) on a routine basis.

### 6.8.2 Preventing transmission respiratory infection by of airborne or droplet routes

The following practices should always be performed to prevent the spread of infection by airborne or droplet routes:

* Screen patients when scheduling appointments. Whenever possible, patients suspected of carrying a transmittable respiratory infection should be booked at the end of the day
* Quickly triage patients suspected of carrying a transmittable respiratory infection out of common waiting room areas.
* Make waterless alcohol-based hand antiseptics and disposable surgical masks available to all patients. Ask patients suspected of carrying transmittable respiratory infections to don a mask and use the hand-sanitizer immediately upon entering the clinic, and again before seeing a doctor or nurse.
* Close the door of examining rooms, limiting access to the patient by visitors and staff members.
* Patients known to be carriers of antibiotic resistant organisms should have this indicated in their medical record, and special care should be taken to prevent the spread of these organisms, including disinfecting all surfaces that have been in direct contact with the patient, immediately after a visit.
* Routine infection control practices (hand-washing, sanitizing surfaces, and using personal protective equipment) are to be used with all patients, regardless of presumed infection or diagnosis.

Links to the College of Physician and Surgeons of BC [assessment standards for infection prevention and control](https://www.cpsbc.ca/programs/ppep/assessment-standards).

Detailed descriptions of [policies and procedures for infection prevention and control](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/infection-control), recommended by WorkSafe BC and the BC Centre for Disease

### 6.8.3 Waste Disposal

#### Biomedical Waste:

Municipal and provincial laws regulate the disposal of biomedical waste. There are two categories of biomedical waste:

1. Anatomical – including tissues, organs, and body parts (not including hair, nails, and teeth)
2. Non-anatomical
* Human blood and blood products
* Items contaminated with blood that would release liquid if compressed
* Body fluids contaminated with blood, excluding urine and feces
* Sharps
* Broken glass or other sharp objects that would have come into contact with blood or body fluids

[Describe clinic procedures for biomedical waste disposal]

#### Pharmaceutical Waste:

Pharmaceutical waste (returned medications) is returned to pharmacies or drug company representatives.

[Describe clinic procedures for pharmaceutical waste disposal]

#### Confidential Paper Waste:

Confidential paper waste is shredded with a two-way shredder and recycled.

#### WHMIS:

The Workplace Hazardous Materials Information System (WHMIS) is a national hazard communication standard. It includes cautionary labeling of containers of hazardous substances, material safety data sheets (MSDS), which provide specific information about hazardous substances, and worker education programs. Employers are expected to uphold WHMIS standards in the workplace, and employees are expected to be familiar with the system prior to beginning employment.

[View WHMIS information](http://www2.worksafebc.com/Topics/WHMIS/Home.asp).

If staff have not completed WHMIS training, or feel that they would benefit from repeating the course, [YOUR CLINIC NAME] will support this training.

#### Handling of cytotoxic drugs:

Cytotoxic drugs are therapeutic agents intended for, but not limited to, the treatment of cancer. They are highly toxic to cells, mainly through their action on cell reproduction.

Based on guidelines from the BC Cancer Society, employees are to be educated on safe handling and exposure documentation of cytotoxic agents within their first three months of employment.

Access to cytotoxic agent storage areas, cytotoxic waste removal, and any handling of cytotoxic agents will be limited to authorized personnel only. These agents are stored separately from other drugs kept onsite, and they will be labeled appropriately. If you feel there is a potential risk in handling of any substance in the office, contact your supervisor immediately, who will assist in a risk assessment.

Do not handle any unauthorized or unknown substances without confirming with a supervisor.

# 7. Clinic Facility and Administration

## 7.1 The Facility

### 7.1.1 Facility Lease

[Include details if pertinent]

### 7.1.2 Parking

[Staff and patients parking]

[Handicapped priority spaces]

[Where not to park]

### 7.1.3 Cleaning Contract

[YOUR CLINIC NAME] has contracted with [cleaning service name] to provide janitorial services [#] days per week.

[Describe clinic procedures for cleaning]

All staff should be familiar with the cleaning service standards in place and observe whether the standards are being met by the contractor. Staff should note any concerns about cleaning in the cleaning log book located at the front desk. The cleaners will review the log on a regular basis and correct any problems that are being reported.

The cleaning staff must sign confidentiality agreements similar to the staff confidentiality agreements.

The contracted services standards are listed here:

* Sweeping/mopping floors
* Vacuuming the front carpet
* Dusting and cleaning general surfaces in the waiting area and reception area
* Starting and emptying the dishwasher as needed
* Emptying garbage, recycling, and compost
* Monitoring the bathroom, including soap dispenser and toilet paper, and keeping the washroom clean and stocked.

### 7.1.4 Garbage and Recycling

[YOUR CLINIC NAME] supports efforts to reduce, re-use and recycle whenever possible.

Garbage is to be placed in appropriate receptacles and will be emptied daily by cleaner. Paper and cardboard recycling is to be placed in appropriate blue recycling bins and is taken out daily by the cleaner.

[YOUR CLINIC NAME] has a contract with [waste removal company name] to pick up garbage and recycling every [list frequency]. Locked bins are located [location].

E.g. The cleaner has one key to the bins and another key is kept at the front desk.

Confidential paper waste is shredded with a two-way shredder and recycled. [If your clinic contracts with a paper shredder, place their contact information here]

E.g. [YOUR CLINIC NAME] has a contract with [shredding company] to shred and recycle all confidential paper waste. Confidential paper is placed in a locked bin near the front desk, and is picked up by [company] every [frequency].

[YOUR CLINIC NAME] has a contract with [insert sharps/expired medication disposal contractor contact information here] to disposed of sharps and expired medications.

[insert particulars here – where full sharps containers are stored until pickup, pickup timing and other pertinent details of the sharps/expired medication removal contract here]

### 7.1.5 Clinic Areas

#### Front Desk

The front desk is the patient’s first point of contact with the clinic. Upon entering [YOUR CLINIC NAME], patients will check in with the receptionist or MOA stationed at the front desk. The front desk must be kept tidy at all times.

[Describe front desk procedures]

The following is an example:

Upon arrival, patients are asked to check in. Front desk staff enters the patient as “waiting” in the EMR system.

Two signs are posted at the front desk.

1. “Check In” helps avoid ‘losing’ patients in the waiting area during busy times.
2. “Please take a seat until it is your turn” is intended to provide patient confidentiality at the front desk as much as possible.

Staff should avoid making or receiving phone calls at the front desk, to ensure patient confidentiality.

#### Waiting Room

The waiting area is where patients are seated while waiting to be taken into the doctor’s office. The waiting area is to be kept tidy at all times. MOAs should monitor the area and tidy it as necessary.

[Insert Specific Information about the waiting room]

The following is an example:

The waiting room is equipped with 14 chairs lined up against the East and North walls of the clinic. Magazines are located on the corner table and near the water cooler, for patients’ enjoyment. Magazines are replaced monthly with new editions. The reception staff is responsible for maintaining the magazines.

A water cooler is located on the south side of the waiting area, and the paper cups are stored on top of the cooler. The receptionist restocks the cups each morning. Water is delivered Monday mornings by Canadian Springs, and is replaced as necessary.

#### Conference Room

[Insert information relating to the conference room]

The following is an example:

The Conference Room must be booked in advance through the office administrator who manages the room schedule.

The Conference Room is used by physicians and staff for meetings, group medical visits and videoconferences.

#### Staff Room

[Insert information relating to the staff room]

The following is an example:

The staff room is the responsibility of employees. Building cleaners will clean floors and empty garbage and recycling on a daily basis. Cleanliness of the fridge, microwave, and cupboards is the responsibility of users of the staff room. It is expected that staff will keep this space in acceptable order. If an employee wishes to book the staff room for an event, it must be written on the staff room calendar.

Lockers are the responsibility of the employee to whom it is registered. Should an employee leave employment at [YOUR CLINIC NAME], they are expected to clean out this space, and leave the locker unlocked.

Showers are cleaned daily by cleaners. Employees who use showers are expected to take their belongings with them when they are finished. No personal items should be left in the shower area.

#### Kitchen

[Insert information relating to the kitchen]

#### MOA Workspace

[Insert information relating to the MOA workspace]

### 7.1.6 Opening and Closing Checklist

An example can [be found here](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=f4a43e4c4261e8a01bfce73c23dfd20b187a4567cb52eb4932a157ae9276f0d0&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).

### 7.1.7 Exam Room Supply Standards

The exam room supplies area should be kept clean and items should be organized and easily accessible. Items in the supply room should be organized in the following way.

[Describe the organization of exam room cupboards, desks, drawers, etc.]

[Click here for an example](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=fb3e0f03eeb7c568e0f3dcf578a40aae87b972c75cba35bf9ab22f8e62983c6b&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).

### 7.1.8 Sterilizing Medical Equipment and Tools

[An assessment tool for medical device reprocessing is [available here](https://www.cpsbc.ca/programs/pomdra/assessment-tool) at the CPSBC website.]

#### Sterilization Practices and Protocols

The following is an example:

1. Transportation of all contaminated instruments from room to room must be carried out in a lidded and closed container (such a stainless surgical tray).
2. Any used and contaminated tools must be placed in the tray containing water/germiphene solution to the right side of the utility room sink for a minimum of 30 minutes to dissolve residues before scrubbing.
3. When preparing for cleaning surgical instruments put on gloves, a gown, goggles and mask to minimize exposure to contaminants, etc.

#### Instructions for Running the Autoclave

*Sorting Instruments:*

The following is an example:

1. Have all the instruments scrubbed with Germiphene, rinsed, and dry
2. Create kits
3. Suture’s Out: Adson forceps & small non-toothed scissors, one with curve notched out of one blade
4. Suture In: Adson forceps, straight scissors, needle driver
5. Leave items as “open” as possible to aid in optimal sterilization
6. Everything else is packaged separately

*Running Autoclave:*

The following is an example:

1. Place all items on the 3 shelves in unit - avoid overcrowding
2. Press and hold Fill/Vent tab until water (distilled) level starts to touch the base of shelving frame
3. Close door and slide handle into fully locked position, being sure of a complete seal
4. Have Temperature Control Dial set on the “black line” we drew onto it”
5. Turn Timer Dial to 20 mins; allow to run full cycle without opening. Once the alarm goes, DO NOT OPEN, just run autoclave for another 20 mins. (it takes most of the first 20 min cycle to get unit up to full heat, then remainder plus the additional 20 mins is what actually sterilizes the instruments

## 7.2 Administration

### 7.2.1 Clinic Address and Mail

The Clinic Mailing address is

[Address]

Mail addressed here is delivered to [front desk, mailbox, etc]

 Employees take turns in picking up mail on a daily basis.

Mail keys are kept [location]

### 7.2.2 Billing

#### MSP

To be done once a day by [insert position]:

[Step-by-step instructions for MSP billing]

Resources for MSP billing can be found:

<http://gpscbc.ca/billing-fees/incentive-program-fees>

<http://www.health.gov.bc.ca/msp/msptutor/>

[Clinic’s may wish to keep a billing ‘cheat sheet’ with common billing codes used in their practice]

#### Processing of remittance files

An example:

The remittance file happens twice a month, it contains refused bills and updates to patient information as well as the doctors pay statement and important updates to the MSP billing guide.

[Describe steps to be taken for processing remittance statements]

#### Third party and patient bills (Uninsured Fee Schedule)

The following is an example:

* Doctors will place their completed form in the ”To Be Done Box”
* Some doctors will have a bill prepared for the document already.
* For ANY bills that are sent please print in the top right corner “Billed and sent via (fax/mail/medi express) and the date, if it was given directly to the patient please indicate that. This makes it much easier if we ever need to track when and where the bill was sent.
* The list of uninsured services is found [here](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=e3c56aa19716d0dc20561a63152e1699f102e093bb9a9254747a936138b19203&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).
* The doctors frequently reduce the amount they will bill the patient and that is at their discretion. Lawyers, Insurance companies and any other 3rd party are always billed at the DOBC rate. Sometimes the insurance companies will indicate the maximum they will pay for a request.

#### WCB

[Describe steps to bill WCB properly at your clinic]

* List steps

#### ICBC

[List [YOUR CLINIC NAME] policy]

The following is an example:

* Very similar to MSP. Just change the payer from Medical Services Plan to ICBC, and complete the claim as usual.

#### Military

[List [YOUR CLINIC NAME] policy]

The following is an example:

Military services are paid directly by Blue Cross using online claims submissions via Medavie Blue Cross, available at [this link](http://web-beta.medavie.bluecross.ca/en/health-professionals/ePay-claims/government-providers).

### 7.2.3 Payments Accepted

Some services are not covered by MSP or other insurers and require patients to pay directly.

The [YOUR CLINIC NAME] accepts the following forms of payment:

[Insert methods of payment your clinic accepts and how to accept them]

### 7.2.4 Private Pay Schedule

[YOUR CLINIC NAME]`s uninsured or private pay fee schedule can be found [here](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=e3c56aa19716d0dc20561a63152e1699f102e093bb9a9254747a936138b19203&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).

### 7.2.5 Finance

The [YOUR CLINIC NAME] finances are based on a Cost Sharing Agreement between the [YOUR CLINIC NAME] physicians. The Practice Manager is responsible for managing and reporting on [YOUR CLINIC NAME] finances as well as all bookkeeping activities.

### 7.2.6 Communications

#### Logo

[Insert logo image here]

Where appropriate, the [YOUR CLINIC NAME] logo should be included in communications.  Logo formats are available [insert location or link]

#### Communication Standards

All communications from [YOUR CLINIC NAME] shall be professional, well written and free from grammatical and spelling errors.

Any formal [YOUR CLINIC NAME] communications shall be approved by at least one physician before being distributed.

Currently [YOUR CLINIC NAME] does not have any other standard font specifications or design specifications.

#### Standard Templates

Templates for a consult letter, referral form, fax form, and recall form can be found [insert location].

### 7.2.7 Purchasing and Inventory

#### Roles

[Insert individual who is responsible for each role]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Medical Supplies** | **Lab Supplies** | **Office Supplies** | **Coffee Supplies** | **Computer** | **Lunch Room** | **Cleaning** |
| Monitoring supplies inventory | MOA #1 |  |  |  |  |  |  |
| Purchase Requests | Everyone |  |  |  |  |  |  |
| Ordering | MOA #2 |  |  |  |  |  |  |
| Receiving | MOA #1 or #2 |  |  |  |  |  |  |
| Paying Invoices | Practice Manager |  |  |  |  |  |  |
| Usual suppliers | Stevens |  |  |  |  |  |  |
| Where supplies are kept | Supply Room and Exam Rooms |  |  |  |  |  |  |

#### Monitoring Supplies Inventory

[MOAs] monitor medical and office supplies on an ongoing basis and put forward purchase requests when supplies are running low. Ordering amounts should be established based on the supply order and inventory requirements document, located here: [Insert link]

#### Purchase Requests

[Describe procedures for making a purchase request. (e.g.: verbal, whiteboard, written, etc)]

The following is an example:

MOAs can make verbal purchasing requests if supplies are running low. Written requests can be made on the white board behind the Utility Room if non-urgent, or in writing via email or EMR messaging to the doctor in charge of supplies.

#### Ordering

Regular ordering items and preferred stock are listed in the Supply Order and Inventory Requirements file described above. This document includes the usual re-order company and usual cost, as well as areas to indicate who ordered the item and when, when the order was approved, when it arrived, and space for any comments. Only MOAs and staff with ordering permission are allowed to make entries or changes in this document.

#### Receiving

MOAs check accuracy of shipment.  If the order received is in line with the original order, the MOA initials the packing slip/invoice included with the shipment and places in the Practice Manager’s inbox.  The MOA also notes that the order was received on the Supply Order and Inventory Requirements document.

The MOA unpacks the shipment and puts it away in the appropriate storage area.

#### Paying Invoices

The Practice Manager pays invoices.

# 8. Telephones & Information Technology

## 8.1 Phones

[YOUR CLINIC NAME]’s phone system is [enter description]. Some features of the phones system are:

[Enter description].

**Phone Numbers**

Public Numbers: [clinic phone numbers]

Private Lines: [insert private lines]

Mobile Phones: [Each physician has a mobile and they provide their numbers to patients at their own discretion]

After Hours Answering Service: [phone number]

**Phone Extensions**

[Enter description].

**Example**

* There are [#] phone extensions in the clinic.
* Exam rooms are not equipped with phones.
* All phone lines are accessible by all extensions
* Incoming calls only ring in the MOA areas, not in the doctors’ offices or treatment rooms.
* See the [phone and printer directory](file:///C%3A%5CUsers%5Chmurphy%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CTCR185L0%5CToolkit%20April%202018%20%28003%29%20%28002%29.doc#_7.3_Phone_and) for a list of extensions and their locations.

**After Hours Answering Service**

[Enter description].

When the clinic is closed, patients call the after-hours answering service. The service refers patients to the doctor on call at that time.

**Telephone Tree**

[YOUR CLINIC NAME] has a telephone tree that has the following options if the clinic is closed or all lines are busy:

[Option 1: Information about clinic hours

Option 2: After hours numbers to call

Option 3: etc.]

## 8.2 Fax

There are [#]fax machines. One is located [location and fax name] and the other is [location and fax name].

[YOUR CLINIC NAME] uses separate fax machines and numbers for incoming and outgoing faxes.

Incoming Fax: [insert fax number]

Outgoing Fax: [insert outgoing fax number]

[YOUR CLINIC NAME] tries to minimize the number of faxes printed. Please do not print faxes out if an electronic copy can be used.

#### Fax console instructions

[insert specific console instructions here]

#### If you want to print the document

[insert specific printing instructions here]

#### If you want to save the document to scanned documents folder

[insert specific saving instructions here]

## 8.3 Phone and Printer Directory

[Here is an example of a clinic phone directory for a larger clinic. Insert your own image here, or describe your system]



## 8.4 Internet

All computers at [YOUR CLINIC NAME] have internet connections. In addition, there is a wireless internet connection available. The password for the wireless connection is [password].

The [YOUR CLINIC NAME] internet is intended primarily for office use. Staff should minimize their use of the [YOUR CLINIC NAME] internet for personal email or social networking during working hours.

Anyone using the [YOUR CLINIC NAME] internet connection to access inappropriate sites such as gambling, pornography or other illicit activities will be subject to disciplinary action including dismissal.

## 8.5 EMR

[Insert information on your EMR system]

An example

[YOUR CLINIC NAME] uses [YOUR EMR SYSTEM NAME] as the electronic medical record (EMR) system.

A basic user’s guide can be found in here

With [YOUR EMR SYSTEM NAME], all relevant patient information is available at [in a single view format or list format type]. The system is/has: [these are some examples – modify to fit your system]

* Integrated with a wide range of laboratories and hospitals
* Extensive custom forms and templates library
* Interactive chronic disease management tools
* Preventative care management
* Drug decision support tools
* Integrated fax solution
* Integrated appointment reminders
* Billing, including easy submission and reconciliation, integrated tracking, intelligent searches and supercodes, as well as patient-direct and third-party billing for uninsured services.
* Appointment Scheduling

For further information about [YOUR EMR SYSTEM NAME] see: [insert web link here]

## 8.6 Clinic Website and Social Media

[Enter description of your clinic’s website and social media policies].

The College of Physicians and Surgeons of BC Professional Standards and Guidelines for Social Media and Online Networking Forums is found [here](https://www.cpsbc.ca/files/pdf/PSG-Social-Media-and-Online-Networking-Forums.pdf)

An example of the social media policy of the College of Physicians and Surgeons of BC can be found [here.](https://www.cpsbc.ca/files/pdf/PSG-Social-Media.pdf)

From the CMA Policy Statement on “[Social media and Canadian physicians: Issues and rules of engagement](https://www.cma.ca/En/Pages/social-media-use.aspx)”:

## 8.7 Photographic, Video and Audio Recording of Patients

[Enter description of your clinic’s policies regarding use of patient photos, videos and audio recordings].

Example:

Occasionally, [YOUR CLINIC NAME] uses photos, videos and audio recording of patients as part of the patient medical record.

Policy:

* Patient written consent must be obtained before photos, videos or audio recordings are done.
* The recording must be stopped immediately if the patient requests or, if in the opinion of the physician, the recording is reducing the benefit that the patient might derive from the consultation.
* The patient must be invited after the recording to consider whether to vary or withdraw the consent to use the recording. If the patient withdraws the consent, the recording is to be erased as soon as possible.
* The recording may only be used for the purpose for which the patient’s consent was obtained. If the physician wishes to use the recording for purposes outside the scope of consent originally obtained, a new consent must be obtained.
* All documentation standards for medical records apply
* Recorded content made with mobile recording devices should be transferred to a secure electronic medical record-keeping system and erased from the recording device as soon as practically possible after the transfer.

The College of Physicians and Surgeons of BC Professional Standards and Guidelines Photographic, Video and Audio Recording of Patients is found [here.](https://www.cpsbc.ca/files/pdf/PSG-Photographic-Video-Audio-Recording.pdf)

## 8.8 Systems Security

Information systems security is the responsibility of all staff members that have access to, use or manage [YOUR CLINIC NAME] information and technology assets. Information systems security includes the protection of personal data, systems, documentation, computer-generated information and facilities from accidental or deliberate threats to confidentiality, integrity or availability.

[YOUR CLINIC NAME] policies that support information systems security include:

* Use of individual confidential and strong passwords to access the electronic medical record or local network. Employees are responsible for protecting their username and password and any actions taken with them. Employees must not share their username and password with anyone. Employees are required to change their Passwords periodically. If employees suspect that their password has been compromised, for any reason, they should report the matter to the HR Director and change the password immediately.
* The automated audit function in the electronic medical record logs who accesses medical records, when the record was accessed and what was viewed or changed. The doctors perform periodic review of EMR access records for quality assurance purposes.
* Daily offsite back up of the electronic medical record and office network. Staff perform daily backup at the end of the day and [insert name of person or company managing offsite storage] manages the offsite storage.
* Staff members are required to log off computers when not in use or if away from the workstation even momentarily.
* Use of up-to-date anti-virus software and safe email practices.

For more information on privacy and confidentiality, please see chapter 5.

## 8.9 Backup and Recovery

[Enter description of your clinic’s policies for system backup and recovery].

## 8.10 Restarting Email and Fax Services

In event of power failures, surges, or any event that causes the servers to power down, email and fax machines may need to be restarted. Here are step-by-step instructions on how to do this.

## 8.11 System Downtime Procedures

#### Purpose:

[YOUR CLINIC NAME]’s contingency plan is used to maintain continuity of care and business functions before, during, after an EMR downtime event occurs and fits into the clinic’s overarching emergency plan. Once completed, the checklist will help to ensure access to patient information in the EMR for pre-booked patients, identify processes for operating during the downtime, and establish plans for entry of data after the downtime to maintain continuity of the patient records in the EMR.

The full downtime procedure document can be found [here](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=678e1f00c01b0707fb26e2d766f5c2297f8ab0978383ecb60cfebc4ddec45c9e&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).

#### The Steps to Follow:

1. Identify lead roles in the event of downtime
2. Identify all contacts that may be required in case of a downtime
3. Review the Downtime Contingency Checklist
4. Complete a Contingency Plan for each Critical Business Function
5. Frequently check your EMR Business Continuity Copy (BCC) and this Checklist
6. Record any downtime events

# 9. Patient Enquiries

## 9.1 Phone

#### Phone Numbers

Main Patient Enquiry Numbers: [number] and [alt. number]

Incoming Fax: [fax number]

Outgoing Fax: [outgoing fax number]

Private Lines: [number] and [alt private number]

#### Hours of answering general enquiries

[Insert your phone answering hours]

An example:

* Monday to Thursday 8:00 am to 8:00 pm
* Friday 8:00 am to 6:00 pm
* Saturday 9:00 am to 1:00 pm
* Sunday 10:00 am to 1:00 pm

#### After Hours Answering Service

MOAs are to switch the phones over to the answering service when they perform their [closing procedures.](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=f4a43e4c4261e8a01bfce73c23dfd20b187a4567cb52eb4932a157ae9276f0d0&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5)

While the clinic is closed, the doctor on call can be reached by calling the answering service at [phone number for after-hours answering service]

This service is NOT an emergency service (for emergencies, call 911). There may be a significant delay before the doctor on call returns your phone call. The doctor on call may not be nearby at the time of your call. You MUST be a patient of either [doctors names] to use this service.

#### Telephone Standards

* Telephones should be answered on a timely basis, preferably within 3 rings.
* Messages requiring attention by the end of the business day in the EMR should be designated as ASAP when creating the message. All ASAP messages will be completed by the end of the day. All other messages will be dealt with in a timely manner, usually a day or two if not ASAP.

#### Scripts

Staff should answer the main lines as follows:

Long form standard answer:

[“Good morning (or afternoon or evening), this is the [YOUR CLINIC NAME], (my name) speaking. How can I help you?”]

Short form standard answer:

[“Doctors’ Office, how can I help you?”]

If multiple lines ringing at once:

[“Doctors’ office, would you please hold for a minute?”]

## 9.2 Email

Due to the insecure nature of e-mail communication, we do not use email as a means of communication with the public or patients for any of the following reasons:

* questions or issues of a medical nature;
* to establish physician/patient relationships;
* to book or cancel appointments (with the exception of communication through the automated reminder system); or
* for inquiries regarding fees, services or similar matters.

E-mail communications regarding such matters will not be responded to and will be discarded unread. If patients wish to contact us regarding medical questions or issues or with regard to appointments, accounts or other questions please they should do so by telephone, fax or regular mail.

## 9.3 New Patients

New patients are accepted [insert clinic policy]

The [Clinic Code of Conduct](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=4aa43ee52c0123fc9f4410d5481a5ee204674dc55de1566e5b0af2ad3e725a07&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5) should be reviewed with all new patients to ensure they understand what is expected of all those in the clinic.

For setting up a new patient file, [click here](#_New_Patients).

## 9.4 Looking up PHN and Medication History

#### Pharmanet

A patient’s prescription medication history is stored on the Ministry of Health’s PharmaNet system. MediNet is one of several services that provide access to PharmaNet. Information about accessing Pharmanet may be found at:

CPSBC: [Medical Practitioner Access to PharmaNet](https://www.cpsbc.ca/programs/drug-programs/prp/mpap)

Ministry of Health: [Medical Practice Access to Pharmanet](https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/system-access/medical-practice-access-to-pharmanet)

[YOUR CLINIC NAME] primarily uses the MediNet service to locate personal health card numbers and to do a Medication History check.

We encourage patients to come with their BC Services Card or to make an effort to locate their Personal Health Number.

If a patient is here for a medication refill and is on a variety of medications including narcotics we always have them sign a PharmaNet form. The website to access their system is <http://www.medi.net>.

* Click on the box that says Log into PharmaNet
* Type in your user name and password (these need to be changed every so often and it will prompt you to do so)
* Click on Patient in the main menu. Enter in the patient’s information and search for BC Services Card number. It will ask for your initials. Always give the patient a copy of their number.
* If we are doing a medication search you may click on full profile or most recent in the main menu. We do not need to print it unless the doctor wants you to.

\*\*It is okay to get verbal consent if only looking up a PHN. Please note this verbal consent on the patient chart\*\*

## 9.5 Requests to Transfer Records

[Request for records forms](https://www.divisionsbc.ca/CMSMedia/WebPageRevisions/PageRev-5370/Consent.docx) are kept in [insert EMR location], with several copies kept [at the front reception desk or other location]. Please fill completely, have patient sign and date. When faxed, stamp ‘faxed’ and scan the document into the patient chart.

## 9.6 Prescription Renewals

[YOUR CLINIC NAME] strongly encourages physicians to use the Pharmanet database before renewing prescriptions, especially for opioids or narcotics. Please see section 8.3 above on how to access PharmaNet.

[YOUR CLINIC NAME] policy requires patients come in to the clinic for a prescription renewal. Exceptions to this are:

* Hospice patients
* Housebound patients
* At individual doctor discretion. The doctors may sometimes agree to do a faxed refill but may charge for this service [insert cost of service].

*Note that triplicate prescription forms for narcotics must always be picked up by the patient, a family member, or someone from the pharmacy. Triplicates are a legal documents and the pharmacy must have the hard copy on file.*

If the Doctor agrees to provide a renewal by fax or phone the MOA should message the doctor with the patient’s chart. The doctor will need to know:

* Medication name and dose
* Is the patient picking up the prescription, or are we faxing it?
* Which pharmacy?

## 9.7 After Hours

Emergencies (general): [include instructions for how each situation is dealt with, after hours]

Maternity: [include instructions for how each situation is dealt with, after hours]

Hospice:[include instructions for how each situation is dealt with, after hours]

Youth:[include instructions for how each situation is dealt with, after hours]

## 9.8 Sick Note Requests

Patients are required to attend the clinic to request a sick note. A private fee will apply, as per the [YOUR CLINIC NAME] [fee schedule](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=e3c56aa19716d0dc20561a63152e1699f102e093bb9a9254747a936138b19203&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5).

## 9.9 INR Calls

Patients that take Coumadin (also known as Warfarin) or other blood thinners must have their blood tested regularly to test their INR “International Normalized Ratio”. This is a test that measures the rate at which their blood clots.

Patients will have this test weekly, bi-weekly or monthly, depending on the doctor’s instructions. The lab will let you know if the result is critical. The doctor must be given the result right away, to determine if the level is good or if it must be changed. If the result is critical and that patient’s specific doctor is not in, show another doctor.

Once you have the instructions from the doctor on what dose they should be taking, you must phone the patient and let them know.

For example:

Your INR was 2.1 today, [doctor name] says to stay on the same dose, and recheck in 1 week.

OR

Your INR was 4.5 today; [doctor name] says that is high and we need to adjust your dose to… (You will receive detailed instructions from the doctor on what they must take and when to get their INR rechecked).

It is important to call patients with these results as soon as you receive instructions from the doctor. Once you have called the patient, document the call and archive the message. If the doctor hasn’t already billed for this, [bill under the doctor; diagnostic code 427, billing code xx]

NOTE: You do not need to fill out a lab requisition for patients to have their INR’s rechecked, all patients should have a standing order at the lab.

# 10. Appointments

## 10.1 Standard Appointment Schedule

The appointment schedule is based on [example: 10 minute blocks]. Appointments should be booked based on the booking preferences of each doctor as shown in section 9.2 below.

## 10.2 Appointment Types and Booking Preferences by Doctors

[Here you may want to insert specific instructions about appointment types and booking rules/preferences. You may consider including a table that sets out different scheduling preferences for each doctor at the clinic]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Doctor 1** | **Doctor 2** | **Doctor 3** |
| Rapid access appts |  |  |  |
| Max appt per 10 min |  |  |  |
| WCB appt length (min) |  |  |  |
| Physical Exam appts (min) |  |  |  |
| Max number of long appts per half day |  |  |  |
| Pap only (min) |  |  |  |
| IUD insertion (min) |  |  |  |
| Prenatal first appt (min) |  |  |  |
| Prenatal follow-up (min) |  |  |  |
| Complex care plan appt (min) |  |  |  |
| Driver’s exam appts, >80 years (min) |  |  |  |
| Driver’s exam appts <80 years (min) |  |  |  |
| Counseling appt (min) |  |  |  |
| Pre-op exam appts (min) |  |  |  |
| Well child exam <18 months (min) |  |  |  |
| Well child exam >18 months (min) |  |  |  |
| Surgical (excision) appt (min) |  |  |  |

[You may choose to include sub-categories in this chart such as whether an appointment requires height and weight pre-testing, whether males or females should undress prior to seeing the doctor, if BP should be taken, etc.]

## 10.3 Drivers Physicals

* All patients require an appointment to complete this form.
* There is a [$ private charge] to the patient for the yellow forms (they are not covered by MSP). The finished form will not be faxed until payment is received in full. We accept [cash or cheque, Visa etc].
* If you are unsure how to create a bill [instruction on what to do if unsure]
* For the Blue forms that are medically required, there is no charge to the patient. These are covered by MSP. The doctors will do the billing for these.
* When the patient arrives for his/her appointment, be sure to do an eye exam. The eye chart is located [location] and we ask the patient to stand [specify where patient stands for test].
* The patient does not take a copy of the form - we fax it directly to OSMV and then scan into the patient chart.

## 10.4 Pre-Op Physicals

* When a patient is going in for surgery at the hospital, a pre-op physical must be done within 3 months of the surgical date. It has to be done no later than 72 hours prior to surgery.
* Once a pre-op is done, it is good for 3 months. If the patient has multiple surgeries in that time frame, it can be used again.
* You will receive a surgical booking slip from the specialist with all the surgery info (i.e. time, date, location etc.). Copy all the relevant info onto the pre-op physical form. Once this is done, you must phone the patient and book a ½ hour pre-op physical following the time guidelines mentioned above.
* When the patient comes in for their appointment the pre-op must be entered into their chart, and their height and weight taken (in kilograms/centimeters).
* Once the doctor has filled out the form, it must be printed and faxed to the hospital where their surgery is taking place (this will be checked off at the top of the page), and the fax numbers are [Insert Fax Numbers]

## 10.5 Injections

[Here you may want to insert specific instructions about appointments for injections and whether or not the patient is responsible for bringing in the injectate.]

## 10.6 Wait List

[YOUR CLINIC NAME] is currently not accepting new patients, as the practices of the current doctors are fully subscribed.

[YOUR CLINIC NAME] encourages prospective new patients to be placed on a wait list at [specify computer pathway to waitlist documents] - in the event space becomes available. MOAs should collect as much detail as possible about people on the wait list (e.g. family members, age, phone number, current or past GP, any urgent health issues that might make them a priority).

**Exceptions:** In cases where patients request to see a particular doctor because others in their family are patients, MOAs should send a message to the doctor in question to request approval.

## 10.7 Advanced Access – Same Day Bookings

These are spaces reserved for same day bookings. These spots are to be used for semi-urgent appointments

Some of the doctors have all their Advanced Access appointments at the start of the day and others have them scattered throughout the day. Check the doctor’s [booking preferences](#_Appointment_Types_and) to see which doctors like more than one person in each advanced access spot

When a patient calls requiring an appointment for the same day, if an advanced access spot is available the MOA should state that we are able to “fit them in” today and give them a time option. If one of the doctors is away the MOA may book with another practitioner if the patient feels it cannot wait. Try to spread them evenly through the other doctors. Always ask the doctors before fitting in a Non-Clinic patient.

## 10.8 Specialty Clinic

[Here is an example of how a clinic might describe a specialty clinic, such as a youth drop-in clinic. Modify to fit your clinic, or remove this section if your clinic does not have a special youth clinic]

The Youth Clinic operates on [schedule]. Youths aged [ages allowed] to be seen by a female doctor on a drop-in basis. The youth clinic offers confidential physical health care, as well as mental health assessment, advice, and services. These services are open to any youth in the clinic’s service area.

Because personal privacy and confidentiality are a key concern for many, youth are NOT asked the reason for their visit at the front desk. They are shown to an exam room, given a pen and clipboard and a short, 3-item patient questionnaire. Here, they have the opportunity to write down their concerns in a private setting, if they wish. The three questions on the Rx-pad-sized form are:

1. What is the reason for your visit today?
2. Do you need prescription renewal?
3. Is there anything happening in your personal or family life that might be affecting your health?

This approach means that it is up to the physician to set themselves up for paps and physicals and the MOA needs to ensure the appropriate forms are done, after the fact.

Free condoms are provided and are located discretely inside exam rooms for youth to take. Depending on need, birth control pills may be dispensed from our supply cupboard, or application made through the Society of Obstetricians and Gynecologists of Canada’s Compassionate Pill Program (in custom forms section of the EMR) for up to six months of birth control. Medications used to treat sexually transmitted infections are provided free of charge to patients and their partners where appropriate.

## 10.9 Urgent Care Clinic

[Here is an example of how a clinic might describe an urgent care clinic. Modify to fit your clinic, or remove this section if your clinic does not have an urgent care clinic]

Treatment center hours are very specific. We will only see walk in patients during the allotted hours unless it is an emergency. Check with one of the doctors if a patient needs to be seen before clinic hours.

The Urgent Care Clinic hours are as follows: [insert your own hours]

* Monday to Thursday: 5pm to 8pm
* Friday: 3pm to 6pm
* Saturday: 9am to 1pm
* Sunday and Stats: 10am to 1pm

NOTE: the last patient is admitted and the doors are locked [30 min] before closing time to allow the doctors and staff to leave as close to closing time as possible.

Urgent Care Clinic protocols are as follows:

* All patients generally seen on a 1st come 1st serve basis (unless an emergency arises (bleeding, trouble breathing, chest pain, broken bones etc).
* Sometimes the doctors will see babies, small children and the elderly on a priority basis over other patients.
* Patients may not see a doctor in the Urgent Care Clinic for physicals, driver’s medicals, excisions or forms. On occasion at the doctors’ discretion this may be waived.
* The Urgent Care Clinic is for one problem only.
* Patients must have their care card with them. If they do not have a care card we can do a search on pharmanet (this is only for BC Care Cards). Patients must show ID.
* If they do not have their medical number they will have to pay the fee for a private office visit.
* International patients must pay privately and sign an out-of-country consent form. These are stored in the [location] as well as in the files on the front desk. The doctor will advise you on the appropriate fee code to bill the patient and they must pay in cash.
* All patients must be asked if they would like a copy of their report to be sent to their own doctor. If they do, indicate this at the bottom of the walk-in clinic sheet. These will be faxed after the visit.
* All patients must be checked in 30 minutes prior to closing.
* Once the patients are registered we need to check their coverage with MSP
* Be in the patient registration screen and pull down the “teleplan” menu and select “check eligibility”
* If it says “Elig on DOS: Yes” it means they have coverage.
* Names and birth dates can also be checked by doing this

# 11. Patient Encounters

## 11.1 Patient Arrival

When patient checks in, [specify instruction on checking a patient in – manual or electronic]

[note any instructions such as how to tell if a patient requires special care such as a wheelchair]

[how to know if a patient requires extra pre-testing or injections].

The following is an example:

When patient checks in, right click beside their name on the appointment sheet and choose “arrived” – yellow dot appears beside their name.

If there is a red exclamation point beside the patient name, it means they require extra care which will be specified in the appointment slot – ex: WCB form, Pre Op form, getting an injectable medication ready, preparing for a procedure, BP Tru, urinalysis, prep for Drivers Physical or Holter.

If there is a syringe icon next to the patient name, they require an injection and that has to be brought to the room with the patient.

## 11.2 Patient Prep

When patient is being prepped (ex: BP Tru, urinalysis pending), [instructions on how to manually or electronically indicate if a patient is being prepped]

The following is an example:

When patient is being prepped (ex: BP Tru, urinalysis pending), right click the name and choose the downwards arrow “Being Prepped”

## 11.3 Set up for Pap or Minor Op

[Here you may want to insert specific procedures for prepping patients for Pap and minor procedures.]

## 11.4 Exam Room

When patient is brought to the exam or treatment room, [indicate how to manually or electronically indicate when a patient is in the exam room, ready for the doctor]

The following is an example:

When patient is brought to the exam or treatment room, right click by their name and choose the green dot “In Room”.

## 11.5 Appointment Completion

When patient is finished their appointment and has left, [indicate how to manually or electronically indicate when a patient has completed their appointment and left the building]

The following is an example:

When patient is seen to be leaving, right click by their name and choose “Finished”, if the doctor has not already done so.

# 12. Referrals & Prescriptions

## 12.1 Referrals In

### 12.1.1 Palliative Patients

[YOUR CLINIC NAME] doctors accept referrals for palliative patients. We require doctor-to-doctor communication and full medical history in writing prior to accepting hospice patients. Hospice patients will be ‘shared’ amongst all doctors based on their current workload and their physical proximity to the patient’s home.

### 12.1.2 [Other types of referrals in]

[Fill in policy for any other type of referrals your clinic accepts]

## 12.2 Referrals Out

### 12.2.1 Referrals to Specialists

[Indicate specific instructions for how to create and send a referral letter to a specialist, including instructions on how to put referrals through to MSP]

[YOUR CLINIC NAME] has a list of local and preferred specialists to refer to, as well as specific referral forms and information. This preferred network information can be found [Location].

### 12.2.2 Hospice Referrals

[Include specific instructions for Hospice referrals]

Forms that must be filled out for each patient are:

* Hospice referral form – [location]
* No CPR/Do Not Resuscitate form – [location]
* Plan P – medication coverage in the last six months of life – [location]
* Expected Death At Home form – allows family member or nurse to pronounce death – [location]

### 12.2.3 Travel Assistance for Referrals to Specialists

[Ministry of Health Travel Assistance Program](https://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc/travel-assistance-program-tap-bc) [location of forms]

* For patients who have been referred to a specialist on the mainland. This form covers the cost of the ferry.
* You must fill out the referring physician information, and the specialist they are seeing including their MSC number.
* The patient must phone for a confirmation number (all the instructions are on the back of the form).

## 12.3 Prescriptions

**Pharmanet**

The College of Physicians and Surgeons of BC strongly encourages family physician offices to have access to PharmaNet.

Please see section [8.3](#_8.4_Looking_up) for how to access PharmaNet.

#### Plan G Forms

These are forms that allow patients who require psychiatric medications to be covered. These forms can be found [location].

1. Fill out the patient information Section A [EMR may auto-populate] and the doctor will fill out Section B
2. The patient MUST sign the form before it is faxed off.
3. Once filled out it must be faxed and then scanned into the patient’s chart.

#

# 13. Maintain Patient Chart

## 13. 1 New Patients

### 13.1.1 Registering a New Patient

[indicate specific instructions on how to create a new patient chart]

[you might consider including screen shots of your EMR system, for clarity]

### 13.1.2 Registering a Family Member

[indicate specific instructions on how to create a new patient chart for a family member]

### 13.1.3 Entering a Baby (still under Mother’s MSP)

Register the baby as normal but also type the mother’s name and her PHN in the comments box at the bottom of the screen.

When it comes time to bill, it will ask the doctor if they want to bill under the mother’s PHN.

[Or Insert your own specific instructions]

## 13.2 Labs

### 13.2.1 Downloading Labs

 [Insert Instructions for your EMR]

#### Medinet

[These instructions specific to accessing Medinet on your EMR]

## 13.3 Pap Recalls

When we receive a PAP test report we put it in our EMR so that we can recall them in the recommended time.

 Insert your own specific procedures]

### 13.3.1 To generate a recall list:

[include specific instructions to generate a recall list]

[you may find it useful to include a screen shot]

## 13.4 Prescriptions

[include specific instructions for inserting new patient prescriptions into chart]

## 13.5 Allergies

[include specific instructions for recording allergies into chart]

## 13.6 Scanning and Filing Documents

### 13.6.1 Scanning

[Include Instructions for your system]

### 13.6.2 Filing

[Indicate specific instructions for filing scanned documents into a patient file]

### 13.6.3 Types of Documents and Information Needed

[This section indicates what information is important to record with various documents. Modify to suit your clinic needs]