| Name of Policy: | Guidelines for Patient Care | THE INVIDENCE OF TOUR |
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| Policy Number: | 3364-101-03-01 | THE UNIVERSITY OF TOLEDO MEDICAL CENTER |
| Department: | Ambulatory Services | |
| Approving Officer: | COO, OP Clinic Operations | |
| Responsible Agent: | Senior Administrative Director-Clinic Operations | Effective Date: 12/1/2021 |
| Scope: | Ambulatory Services | Initial Effective Date: 5/1/1990 |
| New policy proposal Minor/technical revision of existing policy Major revision of existing policy X Reaffirmation of existing policy | | |

(A) Policy Statement

Minimum standards of patient care will be maintained throughout Ambulatory Services.

(B) Purpose of Policy

To promote safe, efficient, effective, and respectful patient care throughout Ambulatory Services.

(C) Procedure

- 1. The patient's Medical Record when indicated, will be reviewed prior to patient appointment for test results. If results are not in the medical record office, staff will call for a report.
- 2. All internal test results will be on the ordering physician's Clinical Inbox. External tests will be provided to the ordering physician for review. The physician will document any further directions if needed. Abnormal tests needing urgent attention will be brought to the physician immediately and documented in the medical record including any follow up that occurred.
- 3. Staff with access to the Ambulatory electronic medical record system shall open the Clinical Inbox and manage the pending tasks assigned intermittently throughout the shift. Responding to the patient by the end of business day is optimal.
- 4. When communicating with patients:
- a. Address respectfully using their Preferred Name or first name if no preferred name designated.
- b. Identify yourself with your name and title.
- c. Explain your role in their care and what they can expect during the visit.
- 5. Knock before entering a patient exam room, procedure room, etc.
- 6. All patients will have a means to secure assistance:
- a. Patients in wheelchairs or on stretchers will be provided a way to call for help.
- b. Doors will remain open when staff are not in the room with an impaired patient, if the patient is not accompanied by a caregiver.
- c. A bell will be provided for non-verbal patients, if the patient is not accompanied by a caregiver.
- 7. At the time of the visit, all patients will be seen by the staff prior to seeing the physician and the following information obtained:
- a. Assessment by RN, if warranted

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- b. Reason for visit
- c. Vital signs as directed by the practitioner
- d. Pain Screen, Smoking Status, Drug and Alcohol use and all required screenings as appropriate.
- e. List, review, and update Medications and Allergies
- f. Height. Weight and Head Circumference if requested by practitioner
- g. Diagnostic screening, as directed by the practitioner (blood sugar, EKG, urinalysis, hearing, vision, tympanogram
- h. List and update patient's problems accordingly.
- 8. Staff will be available to assist the physician with examinations and procedures:
- a. Required supplies and equipment are available
- b. Patient is prepared and understands what is going to occur
- c. Physician preferences are used to prepare for exam or procedure
- d. Physician is assisted as necessary
- e. Patient is made comfortable and supported through the exam or procedure
- f. Care instructions and patient's reactions will be documented.
- 9. Prior to discharge the patient will:
- a. Be given the opportunity to ask questions
- b. Verbalize understanding of education, treatment and follow up
- c. Be provided with needed prescriptions and return appointments
- d. Referred to community services, as possible, when needed
- e. Be provided with clinical summary upon discharge

| Approved by: | |
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| | 5/1991 7/1/2017 |
| | 4/1992 12/1/2018 |
| 12/01/2021 | 9/1993 12/1/2021 |
| Date | 6/1996 |
| Marci Cancic Frey PT, DPT, MBA Senior Administrative Director-Clinic | |
| | 1/2001 |
| | 12/2004 |
| | 11/2007 |
| 12/01/2021 | 10/2010 |
| Data | - 6/7/2011 |
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| Chief Operations Officer - UTMC Review/Revision Completed By: | |
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| Ambulatory Services | |
| | Date |