



Chapter 2

Physician And Mid-Level Practitioner Roles

MID-LEVEL PROVIDER RESPONSIBILITIES

PURPOSE: To insure clinic providers are knowledgeable of and compliant with the responsibilities they endure in the Rural Health setting.

POLICY: The responsibilities of the physician assistant, nurse practitioner, and members of the clinic staff include:

1. Participation in the development, execution and periodic review of the written policies governing the services the clinic furnishes.
2. Providing services in accordance with those policies.
3. Arranging for, or referring patients to, needed services that cannot be provided at the clinic.
4. Assuring that adequate patient health records are maintained and transferred as required when patients are referred.
5. Participation with the supervising physician in a periodic review of patients' health records.
6. Discuss cases with supervising physician to determine best care plan for complicated cases.

MID-LEVEL PRACTITIONER PROVIDER SCOPE

PURPOSE: To insure Physician and Mid-level Practitioner care coordination.

POLICY: The services provided by the Mid-level Practitioner will be within the Supervising Physician's scope of practice.

All procedures provided for clients by the Mid-level Practitioner will be accomplished after review, consultation, and demonstration of competency to the Supervising Physician.

PHYSICIAN BACK-UP POLICY

PURPOSE: To insure ongoing supervision of the Mid-level Practitioner during the absence of the Primary Supervising Physician.

POLICY: The Mid-level Practitioner may call on an assigned Alternate Supervising Physician in the absence of the Primary Supervising Physician.



It shall be the responsibility of the Mid-level Practitioner, along with the designated Alternate Supervising Physician who will be available for clinical consultations, to conduct required chart reviews, and facility inspections as required by law.



CLINIC SUPERVISION: SUPERVISING PHYSICIAN POLICY

PURPOSE: To insure that the clinic is routinely supervised by the Supervising Physician.

POLICY: The Supervising Physician will provide consultation and supervision for no less than 8 hours monthly to include chart review, onsite review, and medication management overview. The Physician will review charts during onsite reviews and report to Clinic and Hospital Administration of any concerns. The physician will provide an overview of the clinic's progress and its physical facility. He/she or designee will be available by phone, email, or any appropriate other communication avenues, assistance with emergencies, questions, referrals, or concerns of the Mid-level Practitioner.

The Supervising Physician responsibilities also include but are not limited to:

1. Providing medical direction for the clinic's health care activities.
2. Providing consultation for, and medical supervision of the health care staff.
3. Working with the Mid-level provider to assist in the development, execution, and periodic review of the clinic's written policies and the services provided.
4. Periodically reviewing the patient records, providing medical orders and care services to the patients of the clinic.

In addition to these responsibilities, it is also required that:

- The Supervising Physician be available for sufficient periods of time to provide medical direction, medical care services, consultation, and supervision.
- The extraordinary circumstances must be documented in the records of the clinic



PROVIDER AVAILABILITY POLICY

PURPOSE: To insure consistency of clinic coverage and to educate the patients on the proper procedures to follow when the clinic is closed.

POLICY: The Mid-level Practitioner will be scheduled in the clinic and available to provide patient care services for at least 50% of the time the clinic operates.

1. In the event that a patient is ill after the clinic is closed or during weekend hours, patients will be instructed by voice mail message that the clinic is closed and that they should proceed to the nearest Emergency Room.

a. Medicaid patients must call the number provided on the clinic voicemail. Medicaid patients have 24/7 voice to voice services.

2. In the event the Physician or the Mid-level Practitioner is unavailable during regular office hours, the nurse should screen all calls and notify either the physician or the Mid-level Practitioner of all nonemergent issues. In the event of an emergency, the patient will be directed to the nearest Emergency Room of his/her choice.

3. In the event that the nurse, the Physician, and the Mid-level Practitioner are out of the office, the receptionist will NOT offer any medical advice. The reply must be that, "All medical personnel are out of the office, please go to the nearest Emergency Room of your choice." This interaction must then be documented in the patient's medical records.



PATIENT CARE POLICIES

Clinton Regional Hospital Clinic services are furnished in accordance with appropriate written policies which are consistent with applicable State law.

The policies include:

1. A description of the services the clinic or center furnishes directly and those furnished through agreement or arrangement.
2. Guidelines for the medical management of health problems which include the conditions requiring medical consultation and or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic or center.
3. Rules for the storage, handling, and administration of drugs and biologicals.
4. These policies are reviewed at least annually by the group of professional personnel required under paragraph 491.9, b 2 of this section and reviewed as necessary by the clinic or center. (At a minimum of once yearly)
5. Direct services, general. The clinic or center staff furnishes those diagnostic and therapeutic service and supplies that are commonly furnished in a physician's office or at the entry point into the healthcare delivery system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

POLICY MANUAL DEVELOPMENT

The policies of the clinic have been developed and are reviewed by the clinic's Advisory Committee. The members of which include; the Medical Director, Mid-Level Provider, Clinic