



Chapter 3 Patient Care Policies

CLINIC WELCOME LETTER

PURPOSE: All new patients will be presented with a Welcome Letter that describes the Clinic's policies and procedures relevant to patients.

The Welcome Letter will include the following information:

- Office hours.
- Emergencies.
- Protocols, including telephone number for prescription refills.
- Access to care/appointments.
- Referral to specialty care (if applicable).
- Financial policy to include the telephone number of person to call regarding billing questions.
- Pertinent telephone numbers.

PATIENT CARE SERVICES

Clinton Regional Hospital Clinic is a free-standing Health Clinic available for services during the posted clinic hours. Only routine problems that are ordinarily handled in the physician's office will be seen and treated in the clinic.



NON-DISCRIMINATION

The Clinton Regional Hospital Clinic reserves the right to refuse treatment to anyone. Patients are seen by appointment and walk in. Individuals presenting themselves to the clinic may become regular patients; however, the clinic may choose to terminate patient care at any time, utilizing the policies in the appropriate section of this manual. Patients are accepted regardless of sex, race, age, handicap, political affiliation, or any other protected class according to applicable Federal and State laws.

1008C - COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (REV. 1,05-21-04)

Providers are direct recipients of Federal funds and are thus subject to title VI of the Civil Rights Act of 1964. The U.S. Office for Civil Rights (OCR) has the authority to determine whether Medicare providers comply with this non-discrimination statute, and the conditions of participation (COPs) make OCR approval a requirement for Medicare approval by CMS. Before OCR will issue its approval, it also determines compliance with §504 of the Rehabilitation Act of 1973, as amended by the Rehabilitation Act Amendments of 1974, which includes a cross reference to the Uniformed Federal Accessibility Standards concerning architectural barriers to the handicapped. The OCR must also determine compliance with the Age Discrimination Act of 1975, and with title IX of the Education Amendments of 1972. See 45 CFR Part 84; see also Exhibit 2 of this manual.

OFFICE OF CIVIL RIGHTS - NON-DISCRIMINATION POLICY

As a recipient of Federal financial assistance, Clinton Regional Hospital Clinic does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Clinton Regional Hospital Clinic directly or through a contractor or any other entity with which Clinton Regional Hospital Clinic arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91. In case of questions, please contact:

Clinton Regional Hospital

100 Nth 30th



Clinton, OK 73601

If you are not satisfied with the manner in which this office handles a complaint or question, you may submit a formal complaint:

The complaint form may be found at

www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for filing a complaint.

Office of the Medicare Beneficiary Ombudsman

Website for Medicare beneficiary Ombudsman www.cms.hhs.gov/hospital/ombudsman.asp

POSTING OF NON-DISCRIMINATION POLICY

The following nondiscrimination policy is posted in our lobby waiting area and also in our brochures.

your concerns to:

Clinton Regional Hospital

(580) 547-5128 phone

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you may contact for further information concerning our privacy practices is:

Brenda Jennings

Clinton Regional Hospital

(580) 547-5128 phone



Policy: Grievance Process

Policy #10

POLICY:

The Hospital provides a process to promote quality patient care which include procedures for the documenting, reporting, and responding to patient, patient representative, or surrogate grievances or complaints about the quality of medical services or patient care, delivery as defined by local, state, and federal regulations.

PURPOSE:

1. To direct the Hospital employees to respond promptly and with concern for quality patient care to complaints or other grievances from patient, patient representative, or surrogate.
2. Establish a means for tracking and analyzing patient grievances or complaints which relate to patient care and quality of medical services.
 - a. The appropriate telephone numbers of contact parties are posted in the Hospital for public information.

PROCEDURE:

I. Responsibilities: A complaint can be a written response, telephone, or personal conference from a patient, patient representative, or surrogate within the Hospital, and handled within a timely manner by the Hospital employees and administration.

1. Each employee has the responsibility to generate a Hospital Incident Report in response to patient, patient representative, or surrogate complaints about the quality of medical services or patient care.
2. The Clinical Manager/Administrator has the responsibility to review and analyze Hospital Incident Reports and to coordinate an appropriate investigation of reported complaints or grievances.
3. The Clinical Manager/Administrator has the responsibility of affording all interested persons an opportunity to submit evidence relevant to the complaint.
4. The Administrator has the responsibility to maintain files and records relating to these grievances.
5. The Administrator has the responsibility to issue a written decision within 7 business days after its filing.
6. The Administrator will provide the Complainant with the opportunity to write an appeal in writing within 15 days of receiving the decision.
7. The Administrator shall issue a written decision in response to the appeal no later than 30 days after its filing.
8. This process does not prevent person(s) from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights.
9. Appropriate arrangements for LEP patients and deaf patients are provided to participate in this grievance process.

II. Additional Guidelines:

1. Every patient, patient representative, or surrogate complaint about the quality of medical services or patient care is to be recorded in the medical record, along with any response, and reported to the Clinical Manager/Administrator within 24 hours on a Hospital Incident Report.
2. Efforts should be made to adjust care practices to suit the patient's wishes if they fall within the scope of safety and accepted medical practices.
3. Serious complaints such as allegations of physical or sexual abuse should be reported immediately by telephone to the Clinical Manager/Administrator or their designee, who will report those allegations substantiated to the appropriate authorities as required by state laws.



4. The Clinical Manager/Administrator will follow up on, track, and analyze reported occurrences.
 - a. Each incident will be maintained a Log (Patient Grievance Log).
5. The Clinical Manager/Administrator will investigate via interviews or record review all aspects of the complaint.
6. The Clinical Manager/Administrator will report the complaint and investigative findings to the Quality Review Committee. This report should include actions taken or recommended to remedy the situation. A quarterly report is completed and presented to the respective board and actions taken and responses to those actions documented.
7. Follow-up by written notice will be provided to the patient, patient representative, or surrogate regarding treatment or care furnished by the ASC within ten days following the findings regarding the complaint.

III. Forms:

- o Posting of Notice with 'Name, Address and Telephone Numbers'-posted in lobby
- o Adverse Incident Form – sent to 'Risk Management.'
- o Grievance Log – listing of all reported incidents & report summary.



Place Patient Identification Label Here
--

Clinton Regional Hospital

Privacy Complaint Tracking Form

This form is to be completed for all complaints and is to be maintained by the Privacy Officer. This form should NOT be placed in the patient's file.

Date of Complaint: _____

Name of Individual Making Complaint: _____

Method of Complaint

- Oral Name of Individual Receiving Complaint _____
- Written (copy attached)

Description of Oral Complaint (or additional information if written complaint)

Entity involved in Complaint.

- Provider, Provider's Employee, or other member of Provider's workforce
- Provider's Business Associate

Complaint Investigation Results (attach additional pages if necessary)

Describe employee sanctions applied (if applicable):



Describe results of contact with Business Associate (if applicable):

- Business Associate agreed to:
 - Business Associate refused to make changes to resolve issue, and:
 - Business Associate Agreement terminated.
 - Business Associate is the only option for providing this service. Secretary of the Department of Health and Human Service has been contacted (letter attached).

Describe steps taken to mitigate harm to patient:



Date	Time	Location	Patient Name	MRN	Staff/Physician Involved	Comments	Investigation Overview	Initial Test Results	Follow-up Test Results	Final Resolution
2023-10-26	08:15	Room 302	John Doe	12345	Dr. Smith	Initial assessment of patient's condition.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-26	10:30	Room 302	John Doe	12345	Dr. Smith	Second assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-26	12:45	Room 302	John Doe	12345	Dr. Smith	Third assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-26	15:00	Room 302	John Doe	12345	Dr. Smith	Fourth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-26	17:15	Room 302	John Doe	12345	Dr. Smith	Fifth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-26	19:30	Room 302	John Doe	12345	Dr. Smith	Sixth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-26	21:45	Room 302	John Doe	12345	Dr. Smith	Seventh assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-26	23:55	Room 302	John Doe	12345	Dr. Smith	Eighth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	00:05	Room 302	John Doe	12345	Dr. Smith	Ninth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	02:15	Room 302	John Doe	12345	Dr. Smith	Tenth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	04:30	Room 302	John Doe	12345	Dr. Smith	Eleventh assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	06:45	Room 302	John Doe	12345	Dr. Smith	Twelfth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	09:00	Room 302	John Doe	12345	Dr. Smith	Thirteenth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	11:15	Room 302	John Doe	12345	Dr. Smith	Fourteenth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	13:30	Room 302	John Doe	12345	Dr. Smith	Fifteenth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	15:45	Room 302	John Doe	12345	Dr. Smith	Sixteenth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	18:00	Room 302	John Doe	12345	Dr. Smith	Seventeenth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	20:15	Room 302	John Doe	12345	Dr. Smith	Eighteenth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	22:30	Room 302	John Doe	12345	Dr. Smith	Nineteenth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.
2023-10-27	24:45	Room 302	John Doe	12345	Dr. Smith	Twentieth assessment, patient appears stable.	Physical examination and vital signs.	Normal.	Normal.	Stable condition.

1



APPOINTMENT/AUTHORITY STATEMENT

1. The Grievance Officer or designee may initiate and conduct any studies or institute any control measures when there is sufficient evidence of a danger to patients or personnel.
2. Information or data pertaining to patient grievances will be made available upon request to the Grievance Officer.
3. The Grievance Officer has been delegated authority to take any steps necessary to correct such a situation utilizing any resource that may be appropriate. The resources may include consultation with appropriate personnel or medical staff.
4. The Grievance Officer has authority to ensure compliance of all aspects of the Grievance process and applicable policies and procedures.
5. The Grievance Officer has authority to expect cooperation with the development and implementation of the Grievance process from all Facility staff.
6. The Grievance Officer shall work in conjunction with the Medical Staff and the Administrator in a concerted effort to create an effective grievance program.

Brenda Jennings has been appointed as the Grievance Officer for the Clinton Regional Hospital for the term of one year.

Appointed this 20th day of December 2024.

Facility Administrator

Date

Board Chairman

Date

I, Brenda Jennings accept this appointment for the Grievance Officer for Clinton Regional Hospital.

Grievance Officer

12/20/2024

Date

Clinton Regional Hospital Clinic will make appropriate arrangements to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf,



providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The clinic manager will be responsible for such arrangements.

U.S. Department of Health and Human Services Office for Civil Rights

Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth St., S.W.

Atlanta, GA 3030-8909 Or call: Voice phone (404) 562-7453

Fax (404) 562-7881

TDD (404) 562-7884 NOTICE OF PROGRAM ACCESSIBILITY

Clinton Regional Hospital Clinic and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:

- a. Qualified sign language interpreters for persons who are deaf or hard of hearing.
- b. A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
- c. Readers and taped material for the blind and large print materials for the visually impaired.
- d. Flash cards, alphabet boards and other communication boards.
- e. Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.



DISSEMINATION OF NONDISCRIMINATION POLICY



For the purposes of complying with the rules and regulations set forth and enforced by the Office for Civil Rights, Clinton Regional Hospital Clinic informs the public, patients and employees that the agency does not discriminate on the basis of race, color, national origin, disability, or age.

Clinton Regional Hospital Clinic disseminates the nondiscrimination statement in the following ways:

For the General Public and Patients;

- A copy of the nondiscrimination statement is posted in our facility for our visitors, clients/patients to view.
- The nondiscrimination statement is printed in the company brochure and is routinely distributed to patients, referral sources and the community.
- The nondiscrimination statement is included in newspaper advertisements for the facility

For the Employees:

- The nondiscrimination statement is included in employee advertisements.
- The nondiscrimination statement is included in the employee handbook.
- The nondiscrimination statement is discussed and distributed during employee orientation.



POLICY: Clinton Regional Hospital Clinic will provide a complete clinical assessment and treatment plan for all patients presenting to the clinic.

PURPOSE: To insure that patients presenting to the clinics receive a thorough clinical assessment and an appropriate plan of treatment.

ASSESSMENT PROCEDURES

1. Any patient presenting to the clinic will be seen by the Mid-level Provider or the Supervising Physician.
2. The Mid-level Provider or Supervising Physician will conduct an assessment and examination that is pertinent to the patient's clinical condition.
3. Based on this assessment, the Mid-level Provider or Supervising Physician will determine a diagnosis and develop a plan of treatment.
4. When the patient's condition is beyond the scope of practice of the Mid-level Provider, he/she will consult with his/her Supervising Physician and make any necessary referrals.

CONSENTS



The following procedures are intended to provide broad general guidelines in the absence of any more specific state and/or local 3rd party carrier's regulations, such regulations shall take precedence of these guidelines.

RECEPTIONIST CONSENT PROCEDURES

1. All adults, aged eighteen years or older, must sign an Informed Consent/ Authorization for Treatment form. This is a general consent form that implies the patient's consent to basic care. Informed Consent **MUST BE UPDATED ANNUALLY**.
2. All patients being evaluated and treated for a work-related injury or illness must have a release from the employer or the employer's designee.
3. Consent to treat minors (younger than eighteen years of age) must be obtained.

ATTENDING PROVIDER CONSENT PROCEDURES

1. Attending Providers will follow these guidelines in treating minors:
 - a. Minors may consent to the following services offered at this clinic:
 - Treatment for drug and alcohol abuse.
 - Birth control or family planning.
 - b. Minors who may be treated as adults are:
 - Emancipated minors. Minors 15 years or older, living apart from parents or legal guardians, with or without consent, and who are managing their own financial affairs regardless of source of income, are emancipated.
 - Legally married minors.
 - Minor parents of minor children may give consent for treatment of their children.
2. The Provider must document informed consent either in the medical record, progress notes, or on the informed consent form(or both).
3. The Provider must obtain informed consent by giving the patient:
 - a. Information about the diagnosis.
 - b. The nature and purpose of the proposed treatment.
 - c. The known risks and consequences of the proposed treatment.



d. The benefits to be expected from the proposed treatment, with an assessment of the likelihood that the benefits can be realized.

e. All alternative treatment posed that might reasonably be applied.

f. The prognosis if no treatment is given.

4. Providers must obtain informed consent for the following:

a. Minor surgery involving an entry into the body, either through an incision or through a natural body opening.

b. All procedures where local anesthesia is used in wound repair.

c. Non-surgical procedures, including the administration of medicines and immunizations that involve more than a slight risk of harm to the patient, or that may cause a change in the patient's body structure or scarring.

d. All procedures, including cryotherapy, which have a possible risk of infection or scarring.

5. Attending Providers DO NOT need to obtain consent or informed consent in the following situations:

a. Emergencies. Emergency exists when there is immediate risk of death or serious bodily harm. In life-threatening situations in which the patient is incapable of expressing consent, consent is implied by law.

6. Waiver. A waiver occurs when a patient insists on not being informed of the nature of the procedure or the accompanying risks. The patient should be required to sign an Informed Consent Waiver.

7. Providers, when faced with a parent who has refused to consent to appropriate medical care for a child, will follow these guidelines:

a. If the condition from which the patient is suffering is not life threatening nor likely to result in serious bodily harm, accept the refusal of care of the parent.

b. If the child is likely to suffer death or serious bodily harm, the Provider is mandated by law to contact the appropriate county agency or Department of Social Services to request assistance in the matter.

- Child Welfare Services
- Child Protective Services



www.okdhs.Qrg

PO Box 25352

Oklahoma City, OK 73125-0352

Phone: (405) 521-2283, Fax: (405) 521-4373

8. Providers, when faced with a situation where abuse of an elderly patient is suspected, should report the matter to Senior Protective Services.

- Human Services Center - Adult Protective Services

www.okdhs.org

2119 W. Main St.

Woodward, OK 73801

Phone: (580) 254-6000, Fax: (580) 254-6080

NOTE: Please be advised that this policy and associated procedures may be subject to state laws. Refer to state laws for final policy.

2.1 INFORMED CONSENT POLICY



2.1.1. It is the policy of the Hospital to obtain from a competent patient, a written consent to invasive surgical or diagnostic procedures and treatment programs. Before a written consent is signed by a patient, it is the responsibility of the patient's attending physician or other healthcare provider responsible for the procedure to inform the patient of all information that particular patient may consider material in making a decision, including (1) the reasons for the procedure, (2) the potential effects and risks of the procedure, (3) alternatives to the procedure, along with their risks and benefits, and (4) the risks presented if the procedure is not performed. The written consent of a competent adult patient is reflected on a special consent form attached as Attachment #1.

In the event of an emergency, when a decision needs to be made urgently and the patient is not able to participate in the decision-making process and the surrogate is not able to be reached, the emergency physician may initiate treatment without prior informed consent.

3.0 PROCEDURE - INFORMED CONSENT

3.1 Whenever a patient is to undergo any type of surgical or diagnostic procedure there must be a consent form signed by the patient and witnessed by the physician's office personnel or healthcare professional and placed in the medical record (with the exception of minors - see Treatment of Minors).

3.2 The primary purpose of the signed consent form is to give the hospital and/or physician written evidence that the patient agreed to the procedure. It should be recognized that a signed consent must also be an informed consent which implies adequate communication with the patient regarding the procedure for which the consent is being signed.

3.3 The ultimate responsibility for obtaining the consent is the healthcare provider responsible for the procedure.

3.4 The surgeon is responsible for Informing the patient the following:

3.4.1 Diagnosis

3.4.2 The nature of the proposed care, treatment, services, medication, interventions or procedures

3.4.3 Why the surgery or intervention is proposed.

3.4.4 How it will be performed.

3.4.5 The expected outcome.



3.4.6 Potential benefits, risks or side effects, including potential problems that might occur during recuperation.

3.4.7 The likelihood of achieving care, treatment and service goals.

3.4.8 Reasonable alternatives to the proposed care, treatment and service.

3.4.9 Relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services.

3.4.10 Any limitations on the confidentiality of information learned from or about the patient, when indicated.

3.5 The physician must be convinced that the patient and/or patient's representative really does understand the procedure and the reasons. Once discussion is held with the patient, the physician should do the following:

3.5.1 Have the patient sign a surgical/procedure consent form to be placed on the hospital medical record. Date and time of consent shall also be documented.

3.5.2 Make a notation in the medical record (H&P or progress notes) that discussion was held, when and where, and that the physician feels that the patient really understands.

3.6 All consent forms must be signed before the administration of preoperative medications.

3.7 patient's arrival to the operating room, it is the responsibility of the circulating nurse to ensure that the consent is complete, correct, properly signed and witnessed, and placed on the medical record.

3.8 Any modifications made to consent after the patient has signed, must be initialed, dated and timed by the patient and/or responsible party and the physician.

3.9 A consent form shall be executed by the patient and/or appropriate representative before any of the following types of therapeutic or diagnostic procedures are performed.

3.9.1 Major or minor surgery that involves an entry into the body, either through an incision or through a natural body opening.

3.9.2 All procedures in which anesthesia is used, regardless of whether an entry into the body is involved.

3.9.3 Nonsurgical procedures, including the administration of medication, that involves more than a slight risk of harm to the patient, or that may cause a change in the patient's body



structure. Such procedures include but are not limited to chemotherapy, hormone treatments and diagnostic procedures such as myelograms, arteriograms, and pyelograms.

3.9.4 All forms of radiological therapy.

3.9.5 Administration of blood and blood products.

3.9.6 Testing for Human Immunodeficiency Virus (HIV) infection for diagnostic or therapeutic purposes except for occupational exposures.

3.9.7 All other procedures that the medical staff determines requires a specific explanation to the patient, such as invasive diagnostic procedures and those involving the injection of foreign substance into the bloodstream.

3.9.8 Obstetrical deliveries whether by spontaneous vaginal, breech, or c-section, preferably signed in the prenatal period.

3.9.9. Any doubts as to the necessity of obtaining a special consent from the patient for a procedure should be resolved in favor of procuring the consent.

4.0 A Blood Consent or Refusal will be completed on all surgeries to be performed with the following exceptions: colonoscopy, EGD, flexible sigmoidoscopy, cystoscopy, arthroscopy, carpal tunnel procedures, cataracts, skin and subcutaneous surgeries or any foot surgery using a tourniquet or cuff for hemostasis.

4.1 The Consent for Blood Transfusion form should be signed by the patient before administering blood. (NS 301 - Admin, of Blood and Blood Products)

4.1.1. Responsibility for obtaining informed consent from the patient rests with the physician. The physician is responsible for discussing risks, benefits, options and answering any questions the patient may have.

4.1.2 If the patient refuses the transfusion, he/she must sign in the appropriate place on the consent form.

4.1.3. The nurse may obtain the patient's signature and will sign the form as a witness to the patient's signature.

5.0 In the event an incompetent patient has not designated a substitute to make healthcare decisions, the Hospital and the attending physician may be able to identify an appropriate



substitute to make such decisions. The order of priority set forth under the guardianship laws for selecting a guardian is:

5.1 the spouse:

5.2 an adult child.

5.3 a parent or.

5.4 a sibling.

5.5 In the event more than one such relative is available, competent and willing to assume responsibility for healthcare decisions of the patient, the spouse would normally be the most appropriate, followed by the other relative in the order listed above. (SYS-ETH-112, 2.4.2.)

References:

SYS-ETH-112 Patient's Right to Make Healthcare Decisions

SYS-ETH-109 Organizational Code of Ethics

SYS-ETH-105 Emergency Treatment of Minors and Emancipated Minors

SYS-ETH-104 Consent for Treatment of Minors

ICRH - NS #301 - Administration of Blood and Blood Products.



DEFINITIONS OF MINOR/EMANCIPATED MINOR

The term "minor" has been defined as any person under 18 years of age. The legal term "emancipation" has provided a mechanism whereby a person who by virtue of his or her age would ordinarily be considered a minor, but is treated as an adult for the purpose of entering into contracts and for providing consent for medical treatment because of certain circumstances. A minor who has demonstrated the ability to live wholly independent from parents and/or guardian, who is pregnant, married, or in the armed services is considered by law to be an emancipated minor.

If a minor seeks medical treatment without the consent of the parent or guardian, and asserts that he/she is capable of providing his/her own consent by virtue of emancipation status, the healthcare provider can evidence this status by requesting proof of:

- A court order proving emancipation.
- A marriage certificate.
- Proof of current service in the armed forces.
- Proof of pregnancy or children.

If the minor is unable to provide adequate information to verify emancipated status, the provider may not provide service without parental consent

CONSENT BY MINOR TO MEDICAL PROCEDURES ACT (CMMP)

This act sets circumstances under which a minor 12-years of age or older (standard age of 18) may provide consent for own treatment, without parental consent, for RHC services. Included are:

- Minors who are married, of legal age, pregnant, or parent of a child.
- Emergency care of minors in life-threatening situations.
- Treatment of minors for venereal disease.



ACUTE ILLNESS OF CLINIC PATIENT

PURPOSE: To ensure the health and safety of any acutely ill patients who present to the clinic.

POLICY AND PROCEDURES:

4. A patient presenting to see a provider in the clinic and who is experiencing acute illness may be treated by the provider to whom he/she is presenting or may be referred to the Emergency Department, depending on the initial nursing evaluation of the patient.
5. Any patient presenting in obvious distress will be evaluated immediately by the nursing staff and sent to the Emergency Department
6. The receptionist should notify nursing staff of patients in obvious distress.
7. No referral is necessary to send the patient to the Emergency Department.
8. Provider may request to evaluate the patient instead of referring the patient to the Emergency Department.
9. Nursing staff/Mid-level Provider will activate the nearest EMS for transportation purposes, where necessary.
10. The Clinic appointment may be delayed or cancelled depending upon the Emergency Department evaluation, patient request, or physician decision.



EMERGENCY CARE

1. The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids. Emetics, are required, however not recommended, in a clinic setting as normal procedures.
2. An emergency kit containing a limited number of medications will be maintained by the clinic. There shall be a list of contents both on the outside of the kit cover and inside the kit. After the kit has been opened, it will be restocked as soon as possible so as not to interrupt emergency care availability.
3. All medications within the emergency kit will be checked daily to be sure that it contains all the medications in the kit. At this time, all medications will be checked for expiration date. Any medications that have been used or become outdated will be replaced and disposed of as previously described. Any controlled substance that is outdated will be replaced and disposed of in accordance with State of Oklahoma directives. A log will be kept as to the dates the emergency kit is checked and a notation will be made of any medications missing or returned to for replacement.
4. Narcotics and antibiotics may be included as part of the emergency kit Resuscitation equipment must be ready and available as required. Staff will be trained in the use of oxygen and may administer oxygen to a patient.
5. In all emergency cases, the patient's physician must be notified immediately. Depending on the seriousness of the emergency, the Clinic Director or his/her designee may be notified. The Clinic Physician or Mid-Level Provider is responsible for giving immediate care to the patient.



EMERGENCY CARE - ADULTS AND UNACCOMPANIED AND EMANCIPATED MINORS

In a true emergency situation, where the adult patient or the unaccompanied and unemancipated minor is unable to sign and where a delay in treatment presents a substantial risk to the life or health of the patient, a note in the patient's chart should be completed and signed by the Physician/Mid-Level Provider stating: "Patient is unable to sign because (state reason - unconscious, etc.), and the consent of the personal representative cannot be obtained."

If an adult's next of kin is readily available, he/she should be asked to sign the consent form in addition to the Physician's or Mid-Level Provider's statement of emergency circumstances. When a Physician fills in the consent form with the wording quoted above, he is not consenting on behalf of the patient, but is determining only that an emergency exists requiring immediate treatment without delaying to get a proper consent.

NOTE: Every effort is made to reach parent, guardian, or next-of-kin by telephone. If/when reached, verbal consent is obtained when a witness monitors the conversation. The witnesses must sign; attesting that verbal consent had been given. Every effort is then made to get the consent form signed by the responsible party.



REFERRAL SERVICES

CLINICAL REFERRAL POLICY

PURPOSE: To insure that a multidisciplinary approach to patient care is utilized in the treatment of those patients presenting to the clinic

POLICY: Following clinical assessment, Clinton Regional Hospital Clinic will provide patients with appropriate clinical referrals for those services outside the scope of care provided at the clinic.

The Mid-level Provider or Physician will facilitate any necessary clinical referrals to other appropriate providers.

Clinton Regional Hospital

Clinton Regional Hospital Clinic may utilize any service provided by Clinton Regional Hospital for their patients, without regard to race, creed, nationality, physical condition, sex, age, or payer source.

Services available at Clinton Regional Hospital include, but are not limited to:

- Laboratory.
- Radiology.
- Nuclear medicine.
- Dietary.
- Physical Therapy, Occupational Therapy and Speech Therapy.
- Respiratory Therapy.
- Emergency Department.
- Surgical Services.



EMERGENCY DEPARTMENT

Patients who present to Clinton Regional Hospital Clinic with emergency conditions will be stabilized and immediately sent to the nearest Emergency Department for evaluation, treatment, and/or transfer to an appropriate specialty provider. If the Provider feels the patient is not stable, he/she may elect to transfer patient immediately to the nearest Emergency Department. The patient may elect to go to the Emergency Department of his/her choice, provided the Physician or Mid-level Provider feels the patient is stable enough for transfer to that facility.



OUTSIDE REFERRALS

POLICY: Referrals may be made to outside agencies and/or other health care providers who are not affiliated with Clinton Regional Hospital. Such referrals will be at the discretion of the Supervising Physician, Mid-level Provider, and/or Medical Director.

PROCEDURES: Documentation of such referrals will be entered into the patient's medical record. Progress reports, consultation letters and ancillary testing reports will also be placed in the patient's medical record to ensure continuity of care.

Any service needed, but not available in the clinic, will be provided through referral to an outside specialty provider based on the Physician's and/or the Mid-level Provider's professional judgment.



PURPOSE

To ensure that orders are written accurately by authorized licensed personnel and to define appropriate method for patient orders.

POLICY

Orders will only be accepted from a physician, physician's assistant, or nurse practitioner. Residents or Fellows may write orders, but the order should be co-signed by the physician.

Registered nurse, pharmacist, physical therapist, respiratory therapist, sleep technologist or radiology technologist can write and note orders within their respective scopes of practice following the policy on Receiving Telephone and Verbal Order.

PROCEDURE

Written Orders: The order(s) will be written on a physician's order sheet, or the medical staff member can use the Electronic Health Record to place orders. The date and time will be placed on the order form with the signature and title of the physician, physician assistant or nurse practitioner writing the order, the date and time will be also documented. The above information will be added electronically if the EMR is used.

Telephone and Verbal: Orders will follow the policy and procedure (NU 7.005 receiving Telephone/Verbal Orders). Verbal orders should not be written on a standing order form.

Standing Orders: May be used when reviewed and approved by the medical staff and the hospital nursing and pharmacy leadership; these orders demonstrate that they are consistent with nationally recognized and evidence-based guidelines. Orders are dated, timed, and authenticated promptly.

Yearly review by medical staff and the hospital nursing and pharmacy leadership ensures continuing usefulness and safety of all standing orders.



IMMUNIZATIONS ADULT ROUTINE IMMUNIZATIONS

Adult patients will be referred to the local Department of Public Health for routine immunizations.

1. Oklahoma Medicaid patients and self-pay patients will be referred to the local Public Health Department where they can receive their immunizations.
2. Patients with insurance will be advised to check their insurance policy for coverage prior to receiving the immunization. Not all policies will cover routine immunizations and those patients may also be referred to the Public Health Department.
3. Dates of immunizations are to be closely monitored to prevent the interruption of a series that may need to be repeated.

PEDIATRIC IMMUNIZATIONS

Pediatric routine immunizations will be administered by pediatrics practices.

INFLUENZA IMMUNIZATIONS

The Clinton Regional Hospital Clinic may administer influenza vaccinations. The nurse shall keep a careful log of the immunizations, utilizing the "Influenza Immunization Form," noting the immunization appropriately in the patient record. The patient shall be billed according to individual patient account coverage variations.



LABORATORY AND/OR RADIOLOGY RESULT NOTIFICATION

PURPOSE: To insure patient notification of any abnormal laboratory or x-ray results and any missed appointments

ABNORMAL LAB OR X-RAY RESULTS

Patients with significantly abnormal laboratory results will be notified as follows:

1. Abnormal lab or x-ray results should be given to the patient in person (preferably) or by phone. The

Provider may choose to speak directly with the patient, or may instruct the nurse in what should be conveyed to the patient. This will be at the discretion of the Provider once he/she has reviewed the lab or x-ray results.

2. If the patient cannot be reached by phone or in person, then a letter should be sent to the patient's home requesting that he/she contact the office. Results of abnormal lab tests shall not be given in the letter.

3. A copy of the letter, documenting the date the letter was mailed, should be entered into the patient record.

4. All communications sent will be placed in the medical record (copy of letter or documentation of the phone call made).

NORMAL LAB OR X-RAY RESULTS

1. If the provider has determined the tests are normal, the nurse may give the results to the patient either by

phone or in person, as instructed by the Provider.

2. All communications sent will be placed in the medical record (copy of letter or documentation of the phone

call made).

TEST TRACKING POLICY

Clinics will utilize a system for tracking test results. This will allow for reminders to be sent to clinical inbox for proper follow up and documentation retrieval.



INITIALING LABORATORY AND/OR RADIOLOGY RESULTS

It is the policy of the Clinic that all lab results, radiological studies results and other diagnostic studies, returning consults, or any patient reports will be reviewed, initialed and dated by the Provider prior to being filed in the medical record.

PROCEDURES:

1. Office personnel will date stamp all results/reports on the day of receipt, with the date they were received and processing began. This includes results/reports that have arrived via FAX as well as USPS or other ground delivery.
2. The results/reports will be forwarded to the designated personnel responsible for tracking receipt of the report on the day of receipt.
3. The Provider reviews the report (as soon as Provider and report are both in the Clinic, not to exceed a 72-hour window).
4. Once reviewed, the Provider initials and dates the report.
5. The report is then returned to the medical record or forwarded to the appropriate staff to be handled according to Provider's instructions.
6. When the reports are received in the records department, the clerical staff will file only those reports that are initialed and dated. These reports will be filed within one week. If one week is not attainable, the Office Coordinator must notify the Medical Practice Manager to review the situation and determine a solution.
7. Anything not initialed and dated will be returned to the appropriate Provider for review and signature



1.0 PURPOSE:

To establish guidelines for healthcare providers to ensure the patient/family are provided with specific health information to meet their plan of care goals, promote and maintain health, foster self-care, and improve outcomes.

2.0 POLICY:

2.1 Education and training will be specific to the patient's assessed needs, abilities, learning preferences, and readiness to learn in ways understandable to the patient and family and offered in a safe and respectful manner. Timely delivery of education will occur throughout their visit, before and during the care, treatment, or service provided. The focus is on the patient and family acquiring skills and behavior that promote recover, maintain, or improve function, or manage disease or symptom progression. Information will be provided about maintaining and improving the patient's health.

2.2 Patients will be involved as a partner in the health care process and encouraged to actively participate in the safety of their care.

2.3 Education Resources must be based on evidenced based practice, professional association guidelines (AHA, ANA...), a creditable healthcare education source (Mosby, Aspen, Micromedex) or approved by the appropriate department manager.

2.4 Patient education will be addressed by each team and department as appropriate.

3.0 SCOPE:

3.1 This policy and procedure applies to all disciplines involved in patient care within the hospital. (Outpatient education documentation may occur in a different format specifically designed for the needs of the patient)

4.0 DEFINITIONS:

4.1 Family - Person who plays significant role in the patient's life or care.

5.0 PROCEDURE:

5.1 Patient and family education will be provided by competent healthcare providers from various disciplines as appropriate to the patient's needs.

5.2 Upon admission to the hospital the patient/family learning needs will be assessed, identified, and addressed as part of the multidisciplinary approach to care. Based on information obtained during the admission process and in consultation with the patient, an



educational goal will be initiated and updated as appropriate. Education will be prioritized and documented on the Daily Assessment form.

5.3 Patient/Family education will be an individualized, interactive, and interdisciplinary process based on the assessments of:

5.3.1 Ability to learn - which may be affected by cultural, social, or religious practices and values of the patient and/or family; ethnicity; social background; emotional barriers; desire, motivation Clinton and willingness to learn; physical or cognitive/intellectual limitations; developmental level; language barriers; financial limitations of the patient with respect to cost of care options

5.3.2 Readiness to learn

5.3.3 Preferred method of learning

5.3.4 Learning needs - including age, education level, previous health education, language, and knowledge/skills deficits.

5.4 Such education will include instruction in the specific knowledge and/or skills needed by the patient and/or family to meet the patient's ongoing health care needs, including, but not limited to:

5.4.1 Plan for care, treatment, and services,

5.4.2 The safe and effective use of medication, if any, including,

• The name and description of medication

• Dosage, route of administration and duration of medication therapy

• Intended use and expected actions of the medication therapy

• Special directions and precautions for preparing, self-administering, or using the medication by the patient in the hospital or home

• Action to be taken in the event of a wrong or missed dose or interaction

• Significant side effects, interactions (including drug-drug interactions) or therapeutic contraindications that may be encountered and how to avoid and respond to such factors

• Techniques for self-monitoring medication therapy

• Safeguards against microbial contamination including during an infusion



ORGANIZATION OF CLINICS AND STAFFING ORGANIZATION STATEMENT

Clinton Regional Hospital Clinic services are organized on the basis of a Provider Based Rural Health Clinic. The Clinic provides services to patients that are normally and commonly furnished in a physician's office.

The Clinic's normal staffing is as follows:

1. Medical Director
3. Mid-Level Provider
4. Office Manager
5. Receptionist
6. Licensed Professional Nurse

The Clinic Address is: _____

The Clinic's Employer Identification Number is: _____

The individuals principally responsible for directing the operation of the clinic are:

1. _____, Clinic Manager
2. _____, Quality Nurse

The name and address of the owner of the clinic is: Clinton Regional Hospital, 100 N 30th St., Clinton, Oklahoma 73601.



Clinton Regional Hospital Clinic at ADDRESS. Clinton. Oklahoma Administrative and Patient Care Hours:

Monday	Open Time a.m. to Time p.m.
Tuesday	Open Time a.m. to Time p.m.
Wednesday	Open Time a.m. to Time p.m.
Thursday	Open Time a.m. to Time p.m.
Friday	Open Time a.m. to Time p.m.
Saturday	Open Time a.m. to Time p.m.
Sunday	CLOSED

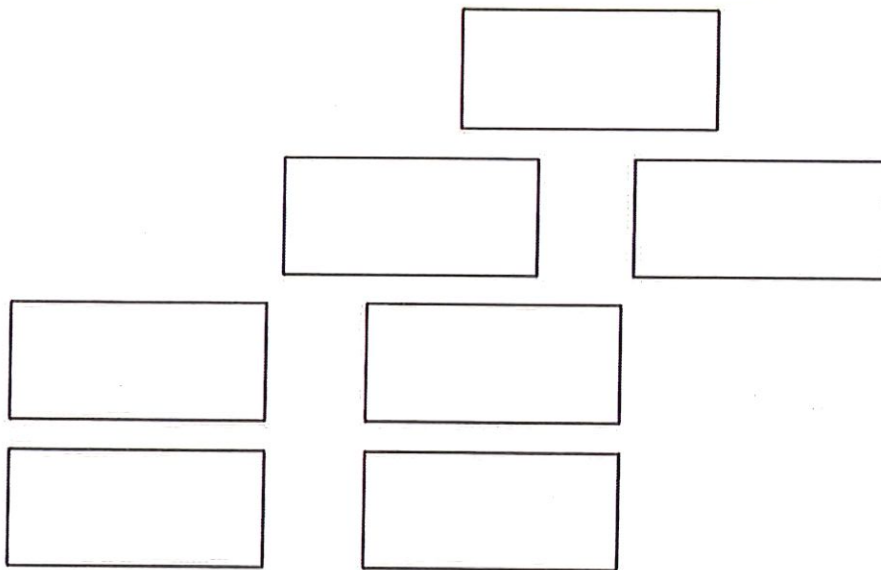
Note: During Administration hours, when no provider is on-site, no patients can be in the clinic, only in the waiting room. No rooming.



Clinton Regional Hospital Clinic at ADDRESS, Clinton, Oklahoma Provider Specific

REFER TO APPENDIX C

ORGANIZATIONAL CHART



Organizational Chart Narrative

LINES OF AUTHORITY/RESPONSIBILITIES/ACCOUNTABILITY

The Board of Trustees of Clinton Regional Hospital Clinic

- Responsible for determining strategic direction.
- Providing necessary resources for the management of the Clinton Regional Hospital Clinic.

Administrator of Clinton Regional Hospital Clinic

- Oversees the operations of the Clinton Regional Hospital Clinic.
- Involved in directing the overall executive decisions, administrative, and financial aspects of clinic operations.