Policy: Physician Assistant Supervision

Supervision of physician assistants (PAs) will be in accordance with Arizona Regulatory Board of PA.

Notification of Supervision
Written notification via application to AZ PA Boards within 30 days of termination.

Transfer of Supervision to an Agent
Written notification via application to AZ PA Boards.

Supervising Physician's Agent
Supervising Physician (SP) may not supervise more than two PAs who work the same hours at the same employment location.
SP may have other physician(s) within the practice or group serve as a Supervising Physician Agent (SPA) to provide consultation and supervise the PA when the SP is not immediately available.
SP and PAs must have at least one in-person weekly meeting to discuss patient management. As proof, the SP should create a log containing the names of the patients discussed, the date, and the signature of the SP and PA. During these weekly meetings, the SP must have access to the records of the patients discussed. A live video conference or similar technology that allows for a face-to-face "in person" discussion may be adequate substitute. Telephone conference is not adequate.
The SPA may substitute for the SP during the weekly meetings to discuss patient management only in the event of the SP's illness, vacation or continuing education programs.
Approval of SPA needed via application by AZ PA Boards.
PA Working at a Location Geographically Separated From SP
Must be adequate provision for immediate communication between the SP or SPA and the PA.
Must be adequate supervision and review of the PA's performance of health care tasks.
A printed announcement posted in the waiting room of the geographically separated site that contains the names of the PA and SP and stating PA is under the supervision of a licensed physician.

Name Tag
At all times while a PA is on duty, the PA shall wear a name tag with the designation " Physician Assistant".

Delegated Health Care & Prescribing Tasks
The SP is responsible for all aspects the PA's performance.
The SP or SPA shall not delegate to the PA any health care tasks that the SP or SPA does not have training or experience in and does not perform.

Prescriptions

All prescription orders issued by a PA shall contain the name, address, and telephone number of the SP.
A PA shall issue prescription orders for controlled substances under the PA's own DEA registration number.
Only a SP who is registered with the board to dispense prescription drugs or devices, except for samples, can delegate dispensing privileges to PA.

Recordation and Review
As a SP, a written submission to the PA Board for approval a system for recordation and review of all 14 day schedule II and III controlled substance prescriptions.

Policy: Physician Assistant Auditing

Physician assistants' charts shall be audited randomly at least every six months by supervising physician or medical director or QA committee for compliance with the practice policy and procedure.

Policy: Sample Medications/Formula/Pedialyte

Storage

All samples including medications, formula, and pedialyte should be stored in a locked room in a location inaccessible to patients.
The storage area should not be subject to extreme temperatures.
Lighting in the storage room should allow easy reading of medication names and dosages.
Samples should be well-organized by drug or drug group. Medications with similar names should be located in separate areas.
All samples/medications in the practice should be checked monthly for outdates, deterioration and appropriate location.
A specific medical assistant for each clinic should be assigned responsibility of the monthly inspection.
A log will be kept indicating that the samples/medications have been inspected.
The drug representative or the designated medical assistant may log the sample/medication on the log sheet with the name of the sample/medication, dose, quantity, lot #, expiration date, and date of receipt.

Access

Access to samples/medications should be limited to providers and medical assistants only.
Employees will be allowed to request free samples only upon a provider's approval. ONLY a provider may sign these medications out to an employee.

Dispensing

Only providers with prescribing authority may actually dispense medications.
Medical students, physician assistant students, nursing students, and medical assistant students are not allowed in the medication sample rooms/closets or to dispense samples.
When retrieving samples/medications, the authorized medical professional should review the provider's orders/authorization, double check the name of the medication on the package, confirm the expiration date, and verify the patient's allergies to medications.
All samples/medications should be signed out on the appropriate medication sample log sheet with the patient's name, date dispensed, and number of samples given.
The provider should discuss with the patient the administration, storage, and side effects of the medication. This should be documented in the patient's chart.
The patient should receive written information about the medication and written instructions on how to take the medication.

Disposal of Samples

Expired samples should be discarded in accordance with federal, state, and local laws.
Log sheet of expired samples will be kept for one year in the log book. These sheets will be placed in the back of the log book
After one year, the expired log sheet will be shredded.

Corporate Office
1825 E Northern Ave, Suite 100, Phoenix, AZ 85020 (602) 889-7550
Canyon Physicians
2451 E Baseline Rd, Ste 130, Gilbert, AZ 85234 (480) 507-2199
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815 E. University Dr., Mesa AZ 85203 (480) 507-2199

Policy: Mandatory Notification of Child Abuse

Reporting Suspected Child Abuse

According to Arizona Medical Board

The mandatory reporting statute states that "any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature shall immediately report or cause reports to be made of this information to a peace officer or to Child Protective Services (CPS)".

This law also requires providers to report when they suspect an infant has been deprived of medical treatment and nourishment.

The law requires that the reporting provider to call CPS or law enforcement immediately and follow up the telephonic report with a written report within 72 hours. If a provider has actual knowledge that someone else has made the report, he/she is relieved of the duty.

The failure to make the mandatory report would constitute a violation of the Medical Practice Act and subject the licensee to possible disciplinary action by the AZ Medical Board.

Child Protective Services Hotline: 1-888-767-2445

Policy: Mandatory Notification of Elder/Dependent Adult Abuse

Reporting Suspected Elder/Dependent Adult Abuse

According to Arizona Medical Board

The law mandates that providers report suspected elder or dependent adult abuse in Arizona. The abuse may be physical, emotional, sexual, neglect or abandonment by caregivers, financial exploitation, and healthcare fraud.

The law requires that the reporting provider to call Adult Protective Services (APS) or law enforcement immediately and follow up the telephonic report with a written report within 72 hours. If a provider has actual knowledge that someone else has made the report, he/she is relieved of the duty.

The failure to make the mandatory report would constitute a violation of the Medical Practice Act and subject the licensee to possible disciplinary action by the AZ Medical Board.

Adult Protective Services Hotline: 1-877-767-2385

Policy: Informed Consent

Health care providers must obtain informed consent for treatments and procedures that have risks. The provider should explain the risks and benefits of the treatment, alternative treatments and their risks and benefits, the risks of no treatment and any risks involved with discontinuing treatment prematurely. Aftercare instructions need to be reviewed with patients.

Procedures requiring informed consent are:
Circumcism, Histofreeze/cryotherapy, skin lesion destruction/removal, suturing, incision and drainage of abscesses, joint injections, aesthetic procedures, and toe nail removal.
Informed consent form must be signed prior to procedure and placed in the chart. A procedure note must be charted.

Policy: Refusal of Consent/Treatment

Health care is provided at the request of and the benefit of the patient. A refusal of consent/treatment will be respected and honored by the patient or the patient's legally authorized representative.

However, the practice administrator or medical director should be contacted if the patient:

1. Refuses treatment for a condition which endangers self or others (ie. Active TB, suicidal or homicidal intents)

2. Is pregnant with a viable fetus and the refusal of treatment endangers the fetus

3. Is a single parent of a minor dependent child, and the refusal may result in death, leaving the child a ward of the state.

Incapacitated Adult Patients: the MPOA, legal guardian, and surrogate decision-maker, and court appointment agent may refuse consent for the patient.

Minor Patients: the parent/conservator/guardian or court appointed agent may refuse consent for the patient

Policy: Patient Notification of Test Results

A medical assistant in each clinic is responsible for implementing a tickler system for outstanding test results.

Providers must review and sign off all test results with their initials and date within 24 hours.

Providers must give signed off result forms to front desk/medical records associates to file/scan into the patient's chart.

All normal results will be called to patients by medical assistants or via med voice unless indicated by the ordering provider.

All results must be signed off by the ordering provider unless that provider is on vacation, sick, or on leave of absence.

If the provider is at a different clinic, the lab must be faxed to the appropriate clinic with that provider's name on it for review.

All abnormal results are to be discussed with the patient by a provider either via phone or at an office visit.

Associates may call patients for scheduling of an appointment with the provider to discuss abnormal results but they are not to disclose the results.

All abnormal test results that necessitate a referral must be approved by a provider and a referral is made by the provider.

Policy: Consultation Letters and Referrals

Front desk associates/referral associates in each clinic are responsible for implementing a tickler system for outstanding specialist referral reports.

Consultation letters must be signed off by the ordering provider unless that provider is on vacation, sick, or on leave of absence.

Referrals to specialists must be approved and made by the provider.

All referrals must be written on designated referral form with the patient's name, DOB, diagnosis, ICD code, referral to which specialty, and reason for the referral. If required, a copy of the office note and any significant test results should be sent with the referral.

Follow-up notation concerning the referral must be charted in a later office visit.

If the provider has never seen the patient for this problem, an office visit for evaluation and referral is necessary.

Policy: Student's Involvement in Patient Care

According to American Medical Association.

Patients should be informed of the identity and training of students involved their care.

All patients have the right to refuse care from a student.

The medical assistant will notify the patient if there is a medical assistant extern, physician assistant student, or medical student present and get verbal consent to allow the student to participate in the patient's care. The medical assistant will notify the provider of the patient's decision.

In instances where a patient is a minor or may not have the capacity to make decisions, the legal guardian or surrogate decision-maker may make the decision on behalf of the patient.

All students must identify themselves as a student to the patient. All students must initial or sign the chart.

Students are allowed to chart but the chart must indicate that it was "reviewed by" and co-signed by the provider.

Policy: Quality Assurance

Quality assurance committee will made up of providers and medical director/administrator(s).

QA committee will meet at least every quarter.

QA committee will identify risk exposures in the group practice related to the delivery of care.

QA committee will communicate to supervisors of the group practice concerns about actual or identified risks impacting patient care.

QA committee will also review patient satisfaction surveys.

Policy: Peer Review

Peer review provides a mechanism for evaluating the appropriateness of medical services. It consists of having the medical providers work reviewed by other medical providers of equal training. Peer review of medical providers will be conducted every two years.

Purpose
The purpose of peer review is to ensure appropriate patient care and to enhance performance improvement and staff development.

Confidentiality
Peer review documentation will be kept confidential and the results of the peer review will be communicated only with the appropriate individuals. Legal discoverability will be subject to statutory regulations.

Scope of Peer Review
The peer review will consist of the medical director or designee and other peer review providers designated by the medical director.

Areas targeted for peer review include but not limited to the following:

1. Mortalities
2. Serious Incidents/Concerns
3. Routine Peer Review

Peer Review Process

1. Serious Incidents/Concerns

Peer review process will include reviewing copies of the medical records and any other documentation related to the incident will be sent to the medical director/designee. All information which can be used to identify an individual will be obscured.

The involved medical provider will be notified that the incident is undergoing peer review. The medical provider will be instructed to provide a written summary of the incident including the process used to arrive at their clinical decision.

Upon review of the documentation, the peer review panel will categorize the level of the incident as follows:

- Within Standard of Care: no further action needed.
- Medical Provider Self-Identified Remediation: follow-up at a specified interval to ensure that remediation is completed.

- Medical Provider Education required: education provided and accepted.
- Care Inappropriate: corrective action taken as determined by the medical director with input from the peer review panel. Such action may include reporting the incident to the appropriate licensing board.
- Any administrative/security concerns will be forwarded to the practice administrator/corporate controller(s) immediately.

2. Routine Peer Review

Medical health peer review panels will review all facilities every two years. Copies of the medical record and any related documentation will be reviewed.

The panel will categorize the medical providers care as:

- No Problem: care consistent with acceptable medical standard.
- Significant Problem: care outside standard.

Policy: Providers with Disruptive Behavior

According to American Medical Association

Personal conduct, whether verbal or physical, that affects or that potentially may affect patient care negatively constitutes disruptive behavior. This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team.

Reporting Disruptive Provider Behavior

Disruptive provider behavior must be reported to either the practice administrator, administrative controller or the medical director. Written report clearly stating the disruptive behavior by other the reporting party or recorded by an administrator.

All reports will be confidential and name of the reporter will not appear in the report given to the provider in question.

The provider will be notified that a report has been made and the provider has an opportunity to respond to the report.

The report shall be reviewed by the administrators for evaluation and corrective actions that are commensurate with the behavior. Suspension of responsibilities is the final resort if the provider does not remedy the behavior.

Policy: Impaired Providers

According to the American Medical Association

Impaired providers are unable to fulfill professional or personal responsibilities because of psychiatric illness, alcoholism, or drug dependency.

Reporting of impaired providers is mandatory to the practice administrator, administrative controller, or the medical director.

If the provider does not remedy his/her impairment, then the impaired provider should be reported directly to the state licensing board.

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