

Day One



April 26, 2018

**TO:** Board of Trustees

**FROM:** Ronna Jojola Gonsalves, Clerk of the Board

**SUBJECT:** Agenda Item: A.4, REVISED

Meeting Date: April 26, 2018

Item Description: Approval of Policies and Procedures, as revised

Recommended Motion Approve the Policies and Procedures for April 2018 as amended by QPSC.

At the April 26, 2018 QPSC meeting, the Committee requested staff add a revised approval grid to better reflect the approval process prior to Board approval. Please find the policies with updated grids attached.

- Compliance Exclusion Screening Review Policy
- Compliance Investigation Protocol
- Interactions Between Law Enforcement Personnel and Healthcare Providers
- Scope of Service – Eastmont Wellness
- Scope of Service – Hayward Wellness
- Scope of Service – Highland Ambulatory
- Scope of Service – Newark Wellness
- Sucrose Administration for Painful Procedures





**Executive Summary for Quality Professional Services Committee**  
**Policies and Procedures**  
**April 2018**

Title of Policy	Last Approved Date	BOT due date from last approval	Next review date after BOT approval	Policy Owner/Author/Reviewer	Purpose	Summary of Changes	History of Review Committee	Type
Compliance Exclusion Screening Review Policy	New Policy	N/A	3 Years	Akemi Renn (Director, System Compliance), Rick Kibler (VP, Internal Audit and Compliance), Mike Moye (General Council)	To ensure the accurate and timely completion of exclusion screenings against the required government exclusion lists and to establish a review and corrective action process for positive matches.	Changes: New Policy	<ul style="list-style-type: none"> <li>Compliance Steering Committee (1/2018)</li> <li>Legal Affairs (1/2018)</li> <li>Patient Care Leadership Team (3/2018)</li> <li>Clinical Practice Council (4/2018)</li> <li>Medical Executive Committee (HH/FH/JGPH, AH, SLH 4/2018)</li> </ul>	Admin
Compliance Investigation Protocol	New Policy	N/A	3 years	Akemi Renn (Director, System Compliance), Rick Kibler (VP, Internal Audit and Compliance), Mike Moye (General Council)	To establish protocols for how Alameda Health System (AHS) Compliance Department will respond to and investigate potential concerns or allegations that are	Changes: New Policy	<ul style="list-style-type: none"> <li>Compliance Steering Committee (1/2018)</li> <li>Legal Affairs (1/2018)</li> <li>Patient Care Leadership Team (3/2018)</li> <li>Clinical Practice Council (4/2018)</li> <li>Medical Executive Committee</li> </ul>	Admin

Title of Policy	Last Approved Date	BOT due date from last approval	Next review date after BOT approval	Policy Owner/Author/Reviewer	Purpose	Summary of Changes	History of Review Committee	Type
					non-compliant with applicable Federal and State laws and regulations as they apply to the operations of AHS, as well as AHS policies and procedures, and the Code of Conduct.		(HH/FH/JGPH, AH, SLH 4/2018)	
Interactions Between Law Enforcement Personnel and Healthcare Providers	New Policy	N/A	3 Years	Bonny Leung (Regulatory Counsel), Rick Kibler (VP, Internal Audit and Compliance), Mike Moye (General Counsel)	These guidelines are established to help hospital staff, providers and law enforcement personnel understand what patient access and medical information a hospital may provide to law enforcement, and in what circumstances. This policy also acknowledges the shared responsibility among hospital personnel and law enforcement personnel to properly treat the patient and allow for the proper investigation of criminal conduct.	Changes: New Policy	<ul style="list-style-type: none"> <li>Legal Affairs (9/2017)</li> <li>Executive Leadership Team (9/2017)</li> <li>Patient Care Leadership Team (2/2018)</li> <li>Clinical Practice Council (2/2018)</li> <li>Medical Executive Committee (4/2018)</li> <li>Medical Executive Committee</li> </ul> (HH/FH/JGPH, AH, SLH 4/2018)	Admin
Scope of Service – Eastmont Wellness	11/2017	11/2017	3 Years	Steve Kilgore (DON-Ambulatory) Palav Babaria, MD (Chief Administrative Officer)	Ambulatory patient care is provided via a multi-disciplinary approach with collaboration among the various support	Changes: Minor Revisions	<ul style="list-style-type: none"> <li>Ambulatory Operations Council (11/2017)</li> <li>Patient Care Leadership Team (1/2018)</li> </ul>	Admin

Title of Policy	Last Approved Date	BOT due date from last approval	Next review date after BOT approval	Policy Owner/Author/Reviewer	Purpose	Summary of Changes	History of Review Committee	Type
					services and providers.		<ul style="list-style-type: none"> <li>Clinical Practice Council (3/2018)</li> <li>Medical Executive Committee (4/2018)</li> </ul>	
Scope of Service – Hayward Wellness				Steve Kilgore (DON-Ambulatory) Palav Babaria, MD (Chief Administrative Officer)	Ambulatory patient care is provided via a multi-disciplinary approach with collaboration among the various support services and providers.	Changes: Minor Revisions	<ul style="list-style-type: none"> <li>Ambulatory Operations Council (11/2017)</li> <li>Patient Care Leadership Team (1/2018)</li> <li>Clinical Practice Council (3/2018)</li> <li>Medical Executive Committee (4/2018)</li> </ul>	Admin
Scope of Service – Highland Ambulatory	11/2014	11/2017	3 Years	Steve Kilgore (DON-Ambulatory), Palav Babaria, MD (CAO-Ambulatory)	The Ambulatory Care Division is a comprehensive network of primary care and specialty care with a supporting network of diagnostic services that provides patients with a full range of health services.	Changes: Highland Ambulatory Scope of Service and Highland Care Pavilion Scope of Service combined into one comprehensive scope of service.	<ul style="list-style-type: none"> <li>Ambulatory Operations Council (11/2017)</li> <li>Patient Care Leadership Team (1/2018)</li> <li>Clinical Practice Council (4/2018)</li> <li>Medical Executive Committee (4/2018)</li> </ul>	Admin
Scope of Service – Newark Wellness				Steve Kilgore (DON-Ambulatory) Palav Babaria, MD (Chief Administrative Officer)	Ambulatory patient care is provided via a multi-disciplinary approach with collaboration among the various support services and providers.	Changes: Minor revisions	<ul style="list-style-type: none"> <li>Ambulatory Operations Council (11/2017)</li> <li>Patient Care Leadership Team (1/2018)</li> <li>Clinical Practice Council (3/2018)</li> <li>Medical Executive Committee (4/2018)</li> </ul>	Admin

Title of Policy	Last Approved Date	BOT due date from last approval	Next review date after BOT approval	Policy Owner/Author/Reviewer	Purpose	Summary of Changes	History of Review Committee	Type
Sucrose Administration for Painful Procedures	New Policy	12/2017	12/2020	Christine Delgado (Asst. Nurse Manager), Theresa Cooper (DON – MCH), Donna Carey (Chair, Pediatrics), Kinzi Richholt (CNE)	To outline nursing responsibilities and guidelines in the proper administration of sucrose to the neonate	Changes: New Policy	<ul style="list-style-type: none"> <li>Pharmacy and Therapeutics (2/2018)</li> <li>Patient Care Leadership Team (3/2018)</li> <li>Clinical Practice Council (4/2018)</li> <li>Medical Executive Committee (4/2018)</li> </ul>	Clinical

# Alameda Health System

## COMPLIANCE EXCLUSION SCREENING REVIEW POLICY

<b>Department</b>	Compliance/Privacy	<b>Effective Date</b>	New Policy
<b>Campus</b>	AHS System	<b>Date Revised</b>	1/2018
<b>Unit</b>	All	<b>Next Scheduled Review</b>	1/2021
<b>Manual</b>	Privacy/Compliance	<b>Author</b>	Akemi Renn System Director, Compliance
<b>Replaces the following Policies:</b>		<b>Responsible Person</b>	Rick Kibler, VP, Internal Audit & Compliance

**Printed copies are for reference only. Please refer to electronic copy for the latest version.**

### Purpose

To ensure the accurate and timely completion of exclusion screenings against the required government exclusion lists and to establish a review and corrective action process for positive matches.

### Background

1. The Department of Health and Human Service' Office of Inspector General (OIG) issued an Special Advisory bulletin on September 28, 1999 and a Federal Register Publication (FR Doc. 99-25427) on September 30, 1999 recommending health care providers to determine whether potential and current employees, physicians and contractors are excluded for participation in federal health care programs, including Medicare and Medicaid. On May 8, 2013, the OIG issued an Updated Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs which clarified the scope and expectations regarding the frequency of screening.
2. The Office of Inspector General has the authority to impose civil monetary penalties against excluded individuals and entities that seek reimbursement from federal health care programs and health care providers that employ or enter into contracts with excluded individuals to provide items or services to federal program beneficiaries.

### Definitions

"Screened Person or Entity" means all AHS officers, directors, current employees, contractors, agents, practicing medical staff, allied health professionals, students, volunteers, or vendors.

"Ineligible Person or Entity" means an individual or entity (a) currently excluded, suspended, debarred, or otherwise ineligible to participate in Federally funded health care programs or in federal procurement or non-procurement programs or (b) that has been convicted of a criminal offense that falls within the ambit of 42 USC § 1320a-7(a) but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

Ineligible Persons or Entities may include nurses, credentialed physicians or allied health practitioners, coders, students, residents, other staff (whether employed, contract or temporary), or vendors.

“Exclusion Lists” includes but is not limited to Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and applicable state Medicaid exclusion databases.

### **Policy**

1. Alameda Health System (“AHS”) shall not employ, contract with, accept referrals from or use the services of any Ineligible Persons.
2. AHS shall ensure that all Screened Person or Entities are screened against the Exclusion Lists.
3. Except as otherwise provided in this policy, AHS may accept a written representation affirming that a school has screened its own residents or students against the Exclusion Lists and that no resident or student who is performing a rotation at AHS is an Ineligible Person upon commencement of that rotation. In addition, AHS requires the school to notify the responsible department of any changes in the exclusion status that would render the student an Ineligible Person.
4. All Screened Persons shall disclose immediately to his or her supervisor, or other individual as designated in the relevant contract, any debarment, exclusion, suspension, or other event that makes that person or entity an Ineligible Person.
5. If any department unit of AHS receives notice that a Screened Person or Entity has become an Ineligible Person or Entity, the department unit shall immediately contact the Compliance Department and remove such Screened Person or Entity from their responsibilities and/or discontinue the use of their services.
6. The Compliance Department shall coordinate with appropriate department units to develop a corrective action plan to address any regulatory obligations, including refunding payments for the services of Ineligible Persons or Entities. Human Resources, the Office of General Counsel, and other departments may also be consulted about appropriate actions.

### **Procedure**

1. Quarterly Review of Exclusion Screening by the Compliance Department
  - a. A database of the following is obtained from the following:
    - i. Employee database, including physicians, will be obtained from the Human Resources Department from the Human Resources system.
    - ii. Vendor and Contractor database will be obtained from the Accounts Payable Department.
    - iii. Contract AHS employee’s and its affiliate practitioner’s database will be obtained from the Provider Network Management Department.

- b. Once all databases are received, a worksheet is developed to track the review and results of each AHS employee and its affiliate practitioner.
  - c. The following websites are reviewed for any potential matches to the database:
    - i. U.S. HHS OIG List of Excluded Individuals and Entities (LEIE) <http://exclusions.oig.hhs.gov/>
    - ii. U.S. GSA System for Award Management (SAM) <https://www.sam.gov>
    - iii. U.S. Department of the Treasury Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) <http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>
    - iv. California Department of Health Care Services Suspended and Ineligible Provider List <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>
  - d. An audit report is generated with the findings from the reviews and filed in the Compliance Department.
  - e. If a match is confirmed, the relationship with that individual/entity will be discontinued immediately, and self disclosure of the issue will be evaluated by Compliance, in consultation with Legal.
2. Human Resources shall conduct an exclusion screening during the hiring process according to HR procedures.
  3. Medical Staff upon initial or reappoint of physicians or non-physician practitioners shall conduct an exclusion screening.
  4. Contracting Department shall conduct an exclusion screening prior to contract signing to prevent engaging in business relationships with any ineligible individual/entity.

### **References**

1. OIG Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs - UPDATED, May 8, 2013
2. OIG's Provider Self-Disclosure Protocol, April 17, 2013
3. Federal government and California web sites that track excluded individuals and entities:
  - a. U.S. HHS OIG List of Excluded Individuals and Entities (LEIE) <http://exclusions.oig.hhs.gov/>
  - b. U.S. GSA System for Award Management (SAM) <https://www.sam.gov>
  - c. U.S. Department of the Treasury Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) <http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>
  - d. California Department of Health Care Services Suspended and Ineligible Provider List <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>

**Approvals**

		<b>System</b>	<b>Alameda</b>	<b>AHS Core</b>	<b>San Leandro</b>
<b>Department</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Compliance Steering Committee</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Legal Affairs</b>	<b>Date</b>	<b>1/2018</b>			
<b>Patient Care Leadership Team</b>	<b>Date:</b>	<b>3/2018</b>			
<b>Clinical Practice Council</b>	<b>Date:</b>	<b>3/2018</b>			
<b>Medical Executive Committee</b>	<b>Date:</b>		<b>4/2018</b>	<b>4/2018</b>	<b>4/2018</b>
<b>Board of Trustees</b>	<b>Date:</b>				

# Alameda Health System

## COMPLIANCE INVESTIGATION PROTOCOL

<b>Department</b>	Compliance/Privacy	<b>Effective Date</b>	New Protocol
<b>Campus</b>	AHS System	<b>Date Revised</b>	1/2018
<b>Unit</b>	All	<b>Next Scheduled Review</b>	1/2021
<b>Manual</b>	Privacy/Compliance	<b>Author</b>	Akemi Renn, System Director, Compliance
<b>Replaces the following Policies:</b>		<b>Responsible Person</b>	Rick Kibler, Vice President, Internal Audit and Compliance

**Printed copies are for reference only. Please refer to electronic copy for the latest version.**

### Purpose

To establish protocols for how Alameda Health System (AHS) Compliance Department will respond to and investigate potential concerns or allegations that are non-compliant with applicable Federal and State laws and regulations as they apply to the operations of AHS, as well as AHS policies and procedures, and the Code of Conduct.

### Background

Federal and state regulators such as the Health and Human Services Office of Inspector General, and the CA Department of Healthcare Services expect that every covered entity in the health care industry maintain a compliance program that is effective, and capable of detecting, investigating, and mitigating employee misconduct, fraud and abuse. An internal compliance investigation policy is the primary mechanism for ensuring that an organization has thoroughly and appropriately reviewed all allegations of potential wrongdoing.

### Policy

AHS is committed to full compliance with applicable state, federal and local laws. All employees have an affirmative duty to report anything that a reasonable person might think is a potential violation of a federal or state law, AHS policy, or the Code of Conduct. The Compliance Department shall have the responsibility and authority to conduct and oversee independent compliance investigations to detect possible violations of the law, with legal guidance from the AHS Office of General Counsel and/or outside counsel as appropriate. The extent of the investigation will vary depending upon the matter investigated.

### Procedure

1. The Compliance Department shall commence and/or oversee investigations on all compliance-related matters within seven (7) business days following receipt of the report indicating a matter warranting investigation.
2. The Compliance Department may delegate the investigation responsibilities but will retain ultimate supervision and responsibility for all compliance investigations.

3. The investigation may include, but is not limited to:
  - a. reviewing and preserving documents related to the matter;
  - b. interviewing appropriate individuals;
  - c. reviewing policies and procedures applicable to the matter;
  - d. collaborating with other internal AHS departments, as needed; and
  - e. engaging an outside consultant or authority to assist in the investigation, as needed.

**Please Note:** The use of outside counsel for an investigation requires the authorization of the General Counsel's Office or the CCO.
4. The Compliance Department or their designee will assign a case investigator to the call and/or report. The case investigator may be an internal compliance investigator or, depending on the circumstances of the investigation, another individual or a multi-disciplinary team may be appropriate.
5. Status Communication: The case investigator is responsible for notifying the reporter: a) upon the opening of an investigation, b) periodically (every 30-60 days) during the investigation, and c) at the conclusion of the investigation.
6. Investigations shall be handled by persons having a sufficient level of expertise/knowledge with regard to the issue presented by the call and/or report. Any employee who intentionally makes a false accusation with the purpose of harming or retaliating against another colleague is subject to disciplinary action.
7. All investigation methods and findings pursuant to the investigation must be documented. Copies of supporting documents should be attached to all reports.
8. If the investigation findings do not substantiate the allegation or matter, the investigation will be closed. If a compliance violation is found, all documentation related to the investigation will be maintained as an "open" investigation until a corrective action plan has been completed and the matter has been resolved, at which time the investigation will be closed. Where applicable, the Compliance Department will collaborate with AHS Office of General Counsel, Human Resources, Labor Relations, and other departments to develop and implement appropriate corrective action plans.
9. The Compliance Department shall identify who, if anyone, should be notified of the results of the investigation. Together with the AHS Office of General Counsel or outside counsel, these individuals should determine whether the conduct is of such a nature that it should be reported to any applicable outside agency or regulatory board, as well as the timing of such reporting.
10. Documentation regarding Compliance Investigations will be filed and maintained for a minimum of six (6) years after the investigation has closed.

**References**

1. Department of Health and Human Services, Office of Inspector General, Compliance Program Guidance for Hospitals. Federal Register Vol 63, No. 35

**Approvals**

		<b>System</b>	<b>Alameda</b>	<b>AHS Core</b>	<b>San Leandro</b>
<b>Department</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Compliance Steering Committee</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Legal Affairs</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Patient Care Leadership Team</b>	<b>Date:</b>	<b>3/2018</b>			
<b>Clinical Practice Council</b>	<b>Date:</b>	<b>3/2018</b>			
<b>Medical Executive Committee</b>	<b>Date:</b>		<b>4/2018</b>	<b>4/2018</b>	<b>4/2018</b>
<b>Board of Trustees</b>	<b>Date:</b>				

# Alameda Health System

## INTERACTIONS BETWEEN LAW ENFORCEMENT PERSONNEL AND HEALTHCARE PROVIDERS

<b>Department</b>	Administration	<b>Effective Date</b>	New Policy
<b>Campus</b>	AHS System	<b>Date Revised</b>	9/2017
<b>Unit</b>	All	<b>Next Scheduled Review</b>	9/2020
<b>Manual</b>	Administrative	<b>Author</b>	Bonny Leung, Regulatory Counsel
<b>Replaces the following Policies:</b>		<b>Responsible Person</b>	Mike Moye, General Counsel

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### Purpose

Alameda Health System's ("AHS") first obligation to all patients is caring for their medical needs. When a patient is also involved in a criminal investigation, either as a suspect, witness or victim, that obligation is a priority as well. Law enforcement personnel ("LEP") also have an important job which often involves seeking access to patients, their medical information or other evidence held by the hospital. These guidelines are established to help hospital staff, providers and law enforcement personnel understand what patient access and medical information a hospital may provide to law enforcement, and in what circumstances. This policy also acknowledges the shared responsibility among hospital personnel and law enforcement personnel to properly treat the patient and allow for the proper investigation of criminal conduct.

### Policy

Alameda Health System is responsible for providing treatment, delivering quality care, and protecting the privacy and confidentiality of our patients and patient's health information. AHS also has a responsibility to work with law enforcement to protect the public and allow for the proper investigation of criminal conduct while disclosing patient information only in a manner that is consistent with state and federal law.<sup>1</sup> Furthermore, providers have an ethical duty to care for their patients and may exercise their professional judgment regarding patient care and safety. As a corollary, providers do not have to provide medical services in opposition to their personal beliefs, moral and ethical obligation; or in the context of patient refusal of consent.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Rule provides Federal privacy protections for individually identifiable health information, called Protected Health Information ("PHI"), held by health care providers and health plans. The HIPAA Regulations govern how hospitals use and disclose patient information. Despite all of its protections, HIPAA regulations contain clear exceptions for disclosure of protected health information without patient authorization when formally requested in the course of a judicial proceeding or by law enforcement. If a disclosure of patient information is made to law enforcement official without patient authorization, which should only be done if in line with the policy and procedures outlined below, the hospital must account for the disclosure by documenting the information disclosed.

<sup>1</sup> See 45 CFR 164.512(e)-(f).

This policy provides general guidance on common situations concerning patient access and hospital disclosure of protected health information to law enforcement personnel, but does not cover every situation that could potentially arise. Please contact our General Counsel for further clarification or guidance.

### **Definitions**

**Healthcare Providers (HP)** encompasses any of the following terms: (a) emergency departments, hospitals, health systems, clinics or any covered entity under HIPAA; or (b) medical personnel, physicians, and health care practitioners.

**Law Enforcement Personnel (LEP)** include an officer or employee of any agency or authority of the United States who is empowered by law to: 1) Investigate or conduct an official inquiry into a potential violation of criminal law; or 2) prosecute or otherwise conduct a criminal proceeding arising from an alleged violation of law.

- Note that the Department of Homeland Security is an umbrella agency consisting of numerous smaller agencies, many of which do not have basis for requiring the disclosure of PHI.
- In 2013, California enacted the Trust Act, which prohibits local police collaboration with the United States Immigration and Customs Enforcement, except for in cases of individuals with criminal convictions.
- United States Immigration and Customs Enforcement Agents are not permitted in non-public areas without judicial warrant or as required by federal law.

**Legal Process** is defined as the proceedings in any civil lawsuit or criminal prosecution and particularly, describes the formal notice used by a court to exercise jurisdiction over a person or property. Such process is usually served upon a party, to compel a court appearance, and may be in the form of a court order, subpoena, search warrant, or other written demand issued by a court.

**Patient** is defined as an individual who is on premises of AHS facilities to receive, is receiving, or has received healthcare. The term includes a deceased individual who has received health care.

**Protected Health Information (PHI)** is any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. The Privacy Rule protects all “*individually identifiable health information*” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information protected health information (“PHI”).

“*Individually identifiable health information*” is information, including demographic data, that relates to:

1. the individual’s past, present or future physical or mental health condition,
2. the provision of health care to the individual, or
3. the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to

identify the individual. Individually identifiable health information includes many common identifiers (i.e., name, address, birth date, Social Security Number, etc.).

*Under Arrest/In Custody* implies that a person is detained on authority or kept in charge or control of another, in some sort of restraint, so that he or she is not free to come and go at will.

### **Procedure**

When a request by LEP is made, the following steps will be implemented:

1. **HP must verify the Identify and Authority of LEP prior to disclosing any information.**
  - a. In all verification decisions, AHS staff must follow HIPAA-compliance procedures and also exercise professional judgment in making the decision on whether or not to disclose information. HP may rely upon reasonable statements or representations to verify that the individual requesting the information is legitimate law enforcement personnel. The HIPAA Privacy Rule allow AHS staff to rely on the following items to verify an official's identity:
    - i. If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status;
    - ii. If the request is in writing, the request is on the appropriate government letterhead; or
    - iii. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation that establishes that the person is acting on behalf of the public official.<sup>2</sup>
2. **LEP Seeks to Question or to Obtain Evidence From Patient in ED and Not in Custody.**
  - a. Applies to **patients** who may be suspects, victims, or witnesses of crimes.
  - b. LEP is initially denied access until evaluation and stabilizing treatment completed.
    - i. Exception—need for immediate presence of LEP with patient for the following reason:
      - To prevent or lessen a serious and imminent threat to the health or safety of the individual or the public as long as the danger is reasonably foreseeable and the information disclosed is limited to that which is necessary
  - c. Once patient is stabilized, LEP may receive access if:
    - i. Patient or legal representative consents, or
    - ii. Even if a patient consents to the presence of LEP, access may be limited if the presence of LEP would result in the disclosure of PHI of other patients who have not consented or would interfere with or disrupt the provision of care.
    - iii. LEP demonstrates need of access to patient to protect patient or others, or to gather or preserve evidence.
  - d. HP must monitor any LEP-patient interaction from perspective of patient health.

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<sup>2</sup> 45 CFR 164.514(h)(2)(ii).

- e. Patients not under arrest should be allowed to see their family members when medically appropriate and not otherwise prohibited by this policy. Staff should follow AHS Visitors Policy.
- f. HP may provide directory information such as the patient's presence in the facility, general condition and location about the patient if:
  - i. The officer asks for the patient by name;
  - ii. The patient has had the opportunity to opt out of such disclosures and has not done so; or
  - iii. If the patient could not opt out due to incapacity, the hospital believes it is in the best interest of the patient to disclose to law enforcement that the patient has been admitted.
- g. LEP seeks to arrest a patient upon discharge.
  - i. Absent a warrant, subpoena, court order, or patient consent, HP may not disclose information (e.g., *PHI: discharge date, etc.*) to LEP.
    - **Exception**—disclosure is warranted if necessary to avert a serious and imminent threat to a person or the public.
- h. LEP must follow HIPAA-compliance procedures to obtain health information about patient. *Note:* HP must not provide patient names or any patient identifying information to LEP on patients who are not in custody unless LEP are called to assist with a patient.

### 3. LEP Brings Patient to ED.

- a. Pertains to patients who may be suspects under arrest, victims, or witnesses of crimes.
- b. Patients in custody will be evaluated, stabilized and may be afforded the opportunity to have a private conversation and complete physical exam with their healthcare providers. Hospital staff must take all appropriate steps to limit disclosure of PHI to law enforcement, including limiting PHI that LEP may overhear discussed between healthcare providers.
  - i. However, healthcare providers must respect the need of LEP to maintain custody and to ensure safety. LEP may be present for examination and treatment or for forensic testing, as necessary to ensure that patient remains in ED, to prevent any harm to patient or others, or to ensure integrity of forensic testing process and resulting evidence.
- c. Patient (or any legal representative) must consent to examination and treatment unless patient is incompetent and requires immediate attention to deal with a condition that may threaten patient's life or health.
- d. Patient (or any legal representative) must consent to any testing for forensic purposes – exception where LEP states that (1) testing is being done on suspect under arrest pursuant to California Vehicle Code provision regarding DUI or (2) pursuant to a legal process.<sup>3</sup>
- e. LEP must follow HIPAA-compliance procedures to obtain health information about patient. *Note:* For patients in custody, HP must use reasonable efforts to limit the scope of the PHI that is disclosed to LEP to the minimum necessary to accomplish the

<sup>3</sup> Under the law of Implied Consent, a blood draw must be performed at the written request of the law enforcement of a patient under arrest for any offense allegedly committed in violation of Section 23152 (i.e., Driving under the influence) or 23153 (i.e., Driving under the influence and causing bodily injury to another person).

intended purpose of the disclosure or request. For additional procedures related to patients in custody, please refer to *AHS Forensic Patient Care and Forensic Staff Orientation Policy*.

#### 4. LEP Access to Patient Health Information in ED.

- a. As a general rule, the patient (or legal representative) must provide written authorization for the release of health information to a third party, including LEPs, on a form that meets legal requirements in HIPAA and California law. Law enforcement can obtain the HIPAA authorization from the patient. To the extent possible, however, hospital staff can cooperate with LEP in seeking the necessary patient permission.
  - i. **Exception**—Health information may be released to LEP pursuant to legal process. However, the release of information is limited to that authorized by the legal process.
- b. Health information may be released without a written authorization or legal process as follows:
  - i. When disclosure is required by Law—for example:
    - Reporting gunshot or stab wounds or other injuries caused by a deadly weapon;
      - Disclosure must include: name of the patient; patient's residence; patient's sex; patient's age; the particular type of injury; and the name of the health care provider providing treatment for the injury.
    - If the hospital suspects that a patient's death may have resulted from criminal activity (i.e., a homicide, overdose of narcotics or illegal drugs).
  - ii. Exigent Circumstances:
    - LEP request information for purpose of identifying or locating suspect, fugitive, material witness, or missing person;
      - The information must be relevant; limited in scope; and PHI for which de-identified information could not reasonably be used.
      - Basic identifiable information may include:
        - Name and address, date of birth, social security, physical appearance (e.g. height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos).
    - Health Information may include:
      - Blood Type and RH, Type of Injury, Date and time of treatment or death, general condition (e.g. stable, fair, serious).
    - LEP request information to prevent danger to life or serious damage to property or to forestall a suspect's escape, or destruction of evidence; or
    - HP believes that a patient intends to engage in conduct that presents a serious and imminent threat to the individual or the public.

- iii. LEP request information about victim of crime if (1) victim agrees or (2) if victim is unable to agree due to incapacity or emergency. If the victim is unable to agree, then all three of the following conditions must occur:
  - LEP must represent that the information is needed to determine whether a violation of the law occurred by someone other than the victim and the information is not intended to be used against the victim;
  - LEP must represent that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the victim is able to agree to the disclosure; and
  - The ED attending physician determines in the exercise of professional judgment that the disclosure is in the best interests of the victim, and disclosure is limited to the minimum necessary.
- iv. Mandatory Reporting (*Limited Disclosure*)<sup>4</sup>
  - Child abuse or neglect must be reported to any law enforcement official authorized by law to receive such reports.
  - Elder abuse or neglect must be reported to a law enforcement official authorized by law to receive such reports.
    - *Where a patient is a suspected victim of child or elder abuse, LEP may take photograph for investigation purposes once the patient is stabilized. The name(s) of LEP must be recorded in the patient medical record.*<sup>5</sup>
  - Domestic violence and human trafficking must be reported to a law enforcement official authorized by law to receive such reports under any of the following circumstances:
    - The individual agrees;
    - Expressly authorized by law, and based on the exercise of professional judgment, the report is necessary to prevent serious harm to the individual or others, or in certain other emergency situations.
      - Notice to the individual of the report may be required.
- v. LEP request information constituting evidence of criminal conduct on hospital's premises.
  - **Limited Disclosure:** Disclosure must be limited to the information needed to investigate crime.
- vi. HP obtain information in course of providing emergency treatment in response to a medical emergency that originated off-premises, where information is necessary to alert LEP to commission and nature of crime, location of crime or victim, or identity, description, or location of perpetrator.
- vii. HP obtain information that can assist LEP to identify or apprehend an individual appearing to HP to have escaped from correctional institution or police custody.

<sup>4</sup> See AHS policy on *Child and Adult Abuse Identifications Reporting*.

<sup>5</sup> See AHS policy on *Consent to Photography*.

**5. Handling of Patient Personal Property.**

- a. Personal property obtained from patient during examination and treatment will be retained by patient or held by HP for patient unless one of the following occurs:
  - i. Patient gives permission for property to be transferred to custody of LEP;
  - ii. LEP presents HP with a search warrant covering the property; or
  - iii. Property is transferred to LEP because prohibited by hospital policy (e.g., weapons, illegal drugs).
- b. HP will make a list of any patient personal property placed in hospital custody and give its ultimate disposition.

**6. Court Order for Diagnostic Tests or Procedures.**

- a. LEP seeking a physical intrusion or procedure to remove an item from a patient, which may be evidence of a crime, must obtain either written consent from the patient, warrant or court order.
  - i. Court order is a legal command issued by a judge or other judicial official. Courts will weigh the following factors in determining whether a procedure is allowable under the Fourth Amendment before issuing an order:
    - The extent to which the procedure may threaten the safety or health of the individual;
    - The extent of the intrusion upon the individual's dignitary interests in personal privacy and bodily integrity; and
    - The community's interest in fairly and accurately determining guilt or innocence.
- b. If a court orders a procedure, the provider is obligated to obey the order if it is valid and complete. If the order is presented in the ED, the Administrator of the Day should be notified and the Office of General Counsel should be contacted if there is a question about the order. Otherwise, court orders should be obeyed by the attending physician treating the patient.
  - i. Contempt of Court: Providers have an ethical duty to care for their patients and may exercise their professional judgment regarding patient care and safety. As a corollary, providers do not have to provide medical services in opposition to their personal beliefs, moral and ethical obligation; or in the context of patient refusal of consent. However, please be aware that a judge or other judicial official may find an individual in contempt of court for not complying with a court order.

**7. LEP Interaction With Minors**

- a. LEP interaction with minors requires additional safeguards. However, LEP generally can question a minor without a parent present and are not required to obtain permission from a parent before questioning the minor when the minor is not in custody. Minors can refuse to be questioned and can also request that an attorney or a parent be present during questioning.
- b. If a parent is present when LEP approaches the minor or LEP asks for permission to question minor in advance, a parent can refuse to allow the minor to be interviewed.

## 8. Deceased Patients

- a. Generally, family members have access to view the decedent's body.
- b. **Prohibited or Limited Access:** Please be aware that under certain circumstances (e.g., pending criminal investigation), interactions with the deceased may be restricted or limited. HP and LEP should work together and use best professional judgment to decide what is appropriate under the circumstances.
  - i. *Photography of Decedent's Body:* Please be aware that the coroner or representative may direct LEP to photograph the decedent's body. The names of the coroner and LEP must be recorded in the patient medical record. For other related inquiries, please refer to *AHS Consent Photography Policy*.

## 9. Use of Body Cameras by LEP

- a. The use of body cameras by LEP is restricted in patient care areas.<sup>6</sup> LEP should also not watch or listen to provider-patient care interactions if patient is not in custody.
- b. Exception—the use of body cameras in patient care areas is allowed by LEP in the following instances:
  - i. When responding to a call
  - ii. During activities such as arrests and pursuits, or
  - iii. When use is directly related to a specific patient encounter where LEP is handling police matters (i.e., hands-on restraint, observation, evidence collection, etc.).
- c. Hospital personnel may request recording to be discontinued when the presence of LEP is a barrier to patient care.

## References

1. 45 CFR 164.512(a).
2. 45 CFR 164.501
3. 45 CFR §160.103
4. 45 CFR 164.514(h)(2)(ii).

## Approvals

		System	Alameda	AHS Core	San Leandro
Department: Legal Affairs	Date:	9/2017			
Executive Team Leadership	Date:	9/2017			
Patient Care Leadership Team	Date:	2/2018			
Clinical Practice Council	Date:	2/2018			
Medical Executive Committee	Date:		4/2018	4/2018	4/2018
Board of Trustees	Date:				

<sup>6</sup> Under HIPAA, hospitals do have an obligation to take reasonable steps to prevent unauthorized disclosure of protected health information, including patient identities.

# Alameda Health System

## SCOPE OF SERVICE - EASTMONT WELLNESS CENTER

<b>Department</b>	Ambulatory Care Services	<b>Effective Date</b>	11/2014
<b>Campus</b>	Eastmont Campus	<b>Date Revised</b>	9/2014, 10/2017
<b>Unit</b>	Eastmont Wellness Center	<b>Next Scheduled Review</b>	10/2020
<b>Manual</b>	Ambulatory Care Services	<b>Author</b>	Steve Kilgore, Director of Nursing – Ambulatory Care
<b>Replaces the following Policies:</b>		<b>Responsible Person</b>	Palav Babaria, MD CAO – Ambulatory Care

**Printed copies are for reference only. Please refer to electronic copy for the latest version.**

### Scope of Service

The Ambulatory Care Division is a comprehensive network of primary care and specialty care with a supporting network of diagnostic services that provides patients with a full range of health services. Care is provided for patients of all ages. Ambulatory patient care is provided via a multi-disciplinary approach with collaboration among the various support services and providers. Each patient is provided the opportunity to establish an ongoing relationship with a primary care provider and multi-disciplinary team who manage care for that individual, including individual disease management, chronic disease management, preventive health education, screening and immunizations. Access to specialty care services is arranged through the patient's primary care provider, in consultation with the sub-specialist. Alameda Health System (AHS) provides the patient with care, treatment and services according to his or her individualized plan of care. The organization communicates with the patient during the provision of care, treatment and services in a manner that meets the patient's oral and written communications needs.

Patient assessments are based on need. Phone consultation is available by a registered nurse (who follow approved protocols) and medical provider staff. Comprehensive history and assessment is made for new patients to establish care and develop the provider-patient relationship. Standard screening tools, point of care laboratory tests and clinical assessment by licensed staff are used as indicated for the patient's age, preventive health needs, symptoms and management of acute and chronic disease. In addition, population health strategies are utilized to manage patients' preventive and chronic care needs.

### Administration and Organization

The Ambulatory Division is led by a Chief Administrative Officer with oversight for both medical and administrative direction and performance. The Ambulatory Vice President has administrative and operational lead responsibilities. The ambulatory Directors offer additional system support for their areas of expertise. At the site level, the Medical Director is responsible for implementing the policies established by the Medical Staff of Alameda Health System and assuring quality, safety and appropriateness of patient care. The Practice Manager is responsible for the daily operations of the clinic and the implementation of organizational policies and procedures as well as regulatory requirements. The dyad of Medical Director and Practice Manager collaborate to direct services that align with the Ambulatory Division goals and the

needs of the community. The nursing supervisor(s) direct and develop the nursing staff to ensure coordinated, safe and quality care is provided to the patients.

Performance Improvement

The Ambulatory Division sets annual performance and quality goals to ensure continuous improvement to meet the healthcare needs of the community. These goals are based on changes/trends to healthcare delivery and quality improvement for identified clinical metrics comparing performance to community and national standards (ex. HEDIS). In addition to division goals, individual sites utilize PDSA and LEAN methodologies to improve care.

**Ambulatory Care Services offered at the Eastmont Campus include:**  
(Attachment A: Locations and hours of operation)

**Primary Care**

1. Adult Medicine
2. Adult Chest (TB)
3. Digital Retinal Screening
4. Pediatrics
5. Pediatric Chest
6. Pediatrics Early Oral Care
7. Women's Services, Family Planning, Cervical Cancer Screening, Pregnancy Testing
8. Obstetrics
9. Gynecology
10. Prenatal and Parenting Classes
11. Comprehensive Perinatal Services Program
12. Behavioral Health
13. Psychiatry
14. Health Education (including Nutrition)
15. Refugee Screening and Immigration
16. Mammography
17. Ultrasound
18. Laboratory

**Specialty Care**

1. Endocrine
2. Cardiology
3. Dermatology
4. Optometry
5. Ophthalmology/Retina
6. Orthopedics
7. Podiatry
8. Rheumatology
9. Urogynecology
10. Urology

## **Appointment Process**

### **Primary Care**

Primary Care appointments are scheduled through the Ambulatory Care Call Center. Urgent appointments are available as well as nurse advice during business hours to assess and direct patients to care. Afterhours patients are directed to an on-call medical provider for urgent medical advice. Patients requiring emergent care are directed to a local emergency department and if required, an ambulance is called for patients who are in the clinic.

### **Specialty Care**

Specialty clinics require a referral from an authorized medical provider. The electronic referral system and electronic health record are used to electronically manage referrals from within Alameda Health System and the referring community.

### **Staffing**

The inter-disciplinary healthcare team of includes: physicians, medical residents, medical students, pharmacists, nurse practitioners, physician assistants, nurse midwives, nursing staff (RNs, LVN's), medical assistants, nutritionists, social workers, psychologists, outreach workers and support personnel.

### **Education and Competency**

Each member of the healthcare team holds current licensure/certification in his or her clinical area of expertise, as required.

Physician, Physician Assistant and Nurse Practitioner	In accordance with the Medical Staff Bylaws
RN	Current California RN License <i>Current Basic Life Support Certification</i> <i>*Experience in accordance with unit requirement</i>
LVN	Current California LVN License Current BLS Certification
Medical Assistants	Completion of a Certified Medical Assistant Program Current Basic Life Support Certification
LCSW	MSW, Licensed with State of CA
MSW	Masters Social Work
Registered Dietician	Registered with CDR
Digital Retinal Screener	Unit Based Competency
Clinical Diabetic Educator	NCDDBE certified
Laboratory	Licensed phlebotomist
Certified Nurse midwife	CA Licensed and Certified Nurse Midwife

Licensed Dental Assistant	CA licensed dental assistant
Ultrasound Technician	ARDMS (Registered Diagnostic Medical Sonographer)
Pharmacist	CA licensed pharmacist, PharmD
Pharmacy Technician	CA State licensed pharmacy technician
Mammography Technician	CA Licensed Radiology Technician with mammography certification

### **Primary Care Procedures**

#### **Adult Medicine**

1. Joint injections
2. Peak Flow measurement
3. Incision and Drainage
4. Ear irrigation
5. Breathing treatment (nebulizer)
6. Retinal Photos
7. Cryotherapy

#### **Women's' Services**

1. Biopsy of cervix, vulva, vagina
2. Colposcopy
3. Cryosurgery
4. Endometrial Biopsy
5. Incision and Drainage of abscess
6. Leep Procedures (Loop electrosurgical excision procedure)
7. Removal of Condylomas
8. Removal and insertion of Intrauterine devices
9. OB Ultrasound

#### **Pediatrics**

1. Breathing Treatment (Nebulizer)
2. Suture Removal (minor lacerations)

#### **Early Oral Care**

1. Fluoride Varnish

### **Specialty Clinic Procedures**

#### **Dermatology**

1. Skin scraping for identification of fungi or parasites
2. Punch or excision biopsy for diagnosis

3. Excision of small basal cell or squamous cell carcinoma
4. Injection of keloids and scars with steroids
5. Cautery of benign lesions
6. Liquid Nitrogen therapy to benign and pre-malignant lesions
7. Incision and drainage of abscesses

### **Optometry**

1. Optical Coherence Tomography
2. Complete eye examinations
3. Visual fields testing
4. Refractions

### **Orthopedics**

1. Superficial wound debridement
2. Arthrocentesis
3. Injections of joints, bursa, tendon sheaths

### **Rheumatology**

1. Injections of joints, bursa, tendon sheaths

### **Ophthalmology**

1. Suture removal (post-operative)
2. B-Scan of posterior ocular chamber (use of ultrasound Eye scanner)
3. Pan Retinal photocoagulation (use of Argon laser in the prevention of diabetic eye disease)
4. Peripheral laser iridotomy (use of laser in the prevention of or treatment of acute narrow angle glaucoma)
5. Intravitreal injections (used to treat infection or treat exudative age-related macular degeneration)
6. Retinal Cryopexy: Treatment of peripheral retinal tears
7. Chalazion Excision
8. Punctal irrigation
9. Foreign Body removal

### **Podiatry**

1. Avulsion of Nail
2. Splint application
3. Nail care, including total or partial removal.

### **Urogynecology**

## Conditions treated:

1. Pelvic organ prolapse
2. Stress urinary incontinence
3. Overactive bladder
4. Fistulas between pelvic organs
5. Mesh complications
6. Anal incontinence
7. Urethral diverticulum
8. Vaginal/Vulvar mass
9. Vaginal/Vulvar pain
10. Bladder pain syndrome
11. Voiding dysfunction

**Approvals**

		System	Alameda	AHS Core	San Leandro
<b>Ambulatory Operations Council</b>	<b>Date:</b>	<b>11/2017</b>			
<b>Patient Care Leadership Team</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Clinical Practice Council</b>	<b>Date:</b>	<b>3/2018</b>			
<b>Medical Executive Committee</b>	<b>Date:</b>			<b>4/2018</b>	
<b>Board of Trustees</b>	<b>Date:</b>				

# Alameda Health System

## SCOPE OF SERVICE - HAYWARD WELLNESS

<b>Department</b>	Ambulatory Care Services	<b>Effective Date</b>	11/2014
<b>Campus</b>	Hayward Wellness	<b>Date Revised</b>	9/2014, 11/2017
<b>Unit</b>	Hayward Wellness	<b>Next Scheduled Review</b>	11/2020
<b>Manual</b>	Ambulatory Care Services	<b>Author</b>	Steve Kilgore, Director of Nursing - Ambulatory Care
<b>Replaces the following Policies:</b>		<b>Responsible Person</b>	Palav Babaria, MD, CAO – Ambulatory Care

**Printed copies are for reference only. Please refer to electronic copy for the latest version.**

### Scope of Service

The Ambulatory Care Division is a comprehensive network of primary care and specialty care with a supporting network of diagnostic services that provides patients with a full range of health services. Care is provided for patients of all ages. Ambulatory patient care is provided via a multi-disciplinary approach with collaboration among the various support services and providers. Each patient is provided the opportunity to establish an ongoing relationship with a primary care provider and multi-disciplinary team who manage care for that individual, including individual disease management, chronic disease management, preventive health education, screening and immunizations. Access to specialty care services is arranged through the patient's primary care provider, in consultation with the sub-specialist. Alameda Health System (AHS) provides the patient with care, treatment and services according to his or her individualized plan of care. The organization communicates with the patient during the provision of care, treatment and services in a manner that meets the patient's oral and written communications needs.

Patient assessments are based on need. Phone consultation is available by a registered nurse (who follow approved protocols) and medical provider staff. Comprehensive history and assessment is made for new patients to establish care and develop the provider-patient relationship. Standard screening tools, point of care laboratory tests and clinical assessment by licensed staff are used as indicated for the patient's age, preventive health needs, symptoms and management of acute and chronic disease. In addition, population health strategies are utilized to manage patients' preventive and chronic care needs.

### Administration and Organization

The Ambulatory Division is led by a Chief Administrative Officer with oversight for both medical and administrative direction and performance. The Ambulatory Vice President has administrative and operational lead responsibilities. The ambulatory Directors offer additional system support for their areas of expertise. At the site level, the Medical Director is responsible for implementing the policies established by the Medical Staff of Alameda Health System and assuring quality, safety and appropriateness of patient care. The Practice Manager is responsible for the daily operations of the clinic and the implementation of organizational policies and procedures as well as regulatory requirements. The dyad of Medical Director and Practice Manager collaborate to direct services that align with the Ambulatory Division goals and the

needs of the community. The nursing supervisor(s) direct and develop the nursing staff to ensure coordinated, safe and quality care is provided to the patients.

#### Performance Improvement

The Ambulatory Division sets annual performance and quality goals to ensure continuous improvement to meet the healthcare needs of the community. These goals are based on changes/trends to healthcare delivery and quality improvement for identified clinical metrics comparing performance to community and national standards (ex. HEDIS). In addition to division goals, individual sites utilize PDSA and LEAN methodologies to improve care.

#### **Ambulatory Care Services offered at the Hayward Campus include:**

(Attachment A: Locations and hours of operation)

##### **Primary Care**

1. Adult Medicine
2. Adult Chest (TB)
3. Adult Immunology
4. Behavioral Health
5. Integrative Medicine
6. Obstetrics
7. Gynecology
8. Pediatrics
9. Psychiatry
10. Health Education (including Nutrition)
11. Laboratory

##### **Specialty Care**

1. Dermatology
2. General Surgery
3. Optometry
4. Podiatry
5. Renal

#### Appointment Process

##### **Primary Care**

Primary Care appointments are scheduled through the Ambulatory Care Call Center. Urgent appointments are available as well as nurse advice during business hours to assess and direct patients to care. Afterhours patients are directed to an on-call medical provider for urgent medical advice. Patients requiring emergent care are directed to a local emergency department and if required, an ambulance is called for patients who are in the clinic.

## Specialty Care

Specialty clinics require a referral from an authorized medical provider. The electronic referral system and electronic health record are used to electronically manage referrals from within Alameda Health System and the referring community.

### Staffing

The inter-disciplinary healthcare team of includes: physicians, medical residents, medical students, pharmacists, nurse practitioners, physician assistants, nurse midwives, nursing staff (RNs, LVN's), medical assistants, nutritionists, social workers, psychologists, outreach workers and support personnel.

### Education and Competency

Each member of the healthcare team holds current licensure/certification in his or her clinical area of expertise, as required.

Physician, Physician Assistant and Nurse Practitioner	In accordance with the Medical Staff Bylaws
RN	Current California RN License <i>Current Basic Life Support Certification</i> <i>*Experience in accordance with unit requirement</i>
LVN	Current California LVN License Current BLS Certification
Medical Assistants	Completion of a Certified Medical Assistant Program Current Basic Life Support Certification
LCSW	MSW, Licensed with State of CA
Registered Dietician	Registered with CDR
Clinical Diabetic Educator	NCBDE certified
Laboratory	Licensed phlebotomist
Certified Nurse midwife	CA Licensed and Certified Nurse Midwife
Pharmacist	CA Pharmacist license; PharmD
Pharmacy Technician	CA State licensed pharmacy technician

## Primary Care Procedures

### Adult Medicine

1. Joint injections
2. Incision and Drainage
3. Ear irrigation
4. Breathing treatment (nebulizer)
5. Acupuncture

### **Women's' services**

1. Biopsy of cervix, vulva, vagina
2. Colposcopy
3. Endometrial Biopsy
4. I & D of abscess
5. Removal and insertion of IUD

### **Pediatrics**

1. Breathing Treatment (Nebulizer)
2. Suture Removal (minor lacerations)

### **Specialty Clinic Procedures**

#### **Dermatology**

1. Skin scraping for identification of fungi or parasites
2. Punch or excision biopsy for diagnosis
3. Excision of small basal cell or squamous cell carcinoma
4. Injection of keloids and scars with steroids
5. Cautery of benign lesions
6. Liquid Nitrogen therapy to benign and pre-malignant lesions
7. Incision and drainage of abscesses

#### **General Surgery**

1. Needle aspiration for cytology
2. Needle/excisional biopsy
3. Debridement of superficial wounds
4. I & D
5. Foreign body removal
6. Dressing changes
7. Wound Culture

#### **Optometry**

1. Optical Coherence Tomography
2. Complete eye examinations
3. Visual fields testing
4. Refractions

#### **Podiatry**

1. Avulsion of Nail
2. Splint application
3. Nail care, removal (total or partial)

### **Approvals**

		<b>System</b>	<b>Alameda</b>	<b>AHS Core</b>	<b>San Leandro</b>
<b>Ambulatory Operations Council</b>	<b>Date:</b>	<b>11/2017</b>			
<b>Patient Care Leadership Team</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Clinical Practice Council</b>	<b>Date:</b>	<b>3/2018</b>			
<b>Medical Executive Committee</b>	<b>Date:</b>			<b>4/2018</b>	
<b>Board of Trustees</b>	<b>Date:</b>				

# Alameda Health System

## SCOPE OF SERVICE: HIGHLAND AMBULATORY

<b>Department</b>	Ambulatory Administration	<b>Effective Date</b>	11/2014
<b>Campus</b>	Highland	<b>Date Revised</b>	1/2014, 10/2017
<b>Unit</b>	Ambulatory Care Services	<b>Next Scheduled Review</b>	10/2020
<b>Manual</b>	Ambulatory Care Services	<b>Author</b>	Steve Kilgore, Director of Nursing-Ambulatory Care
<b>Replaces the following Policies:</b>		<b>Responsible Person</b>	Palav Babaria, MD, CAO – Ambulatory Care

**Printed copies are for reference only. Please refer to electronic copy for the latest version.**

### Scope of Service

The Ambulatory Care Division is a comprehensive network of primary care and specialty care with a supporting network of diagnostic services that provides patients with a full range of health services. Care is provided for patients of all ages. Ambulatory patient care is provided via a multi-disciplinary approach with collaboration among the various support services and providers. Each patient is provided the opportunity to establish an ongoing relationship with a primary care provider and multi-disciplinary team who manage care for that individual, including individual disease management, chronic disease management, preventive health education, screening and immunizations. Access to specialty care services is arranged through the patient's primary care provider, in consultation with the sub-specialist. Alameda Health System (AHS) provides the patient with care, treatment and services according to his or her individualized plan of care. The organization communicates with the patient during the provision of care, treatment and services in a manner that meets the patient's oral and written communications needs.

Patient assessments are based on need. Phone consultation is available by a registered nurse (who follow approved protocols) and medical provider staff. Comprehensive history and assessment is made for new patients to establish care and develop the provider-patient relationship. Standard screening tools, point of care laboratory tests and clinical assessment by licensed staff are used as indicated for the patient's age, preventive health needs, symptoms and management of acute and chronic disease. In addition, population health strategies are utilized to manage patients' preventive and chronic care needs.

### Administration and Organization

The Ambulatory Division is led by a Chief Administrative Officer with oversight for both medical and administrative direction and performance. The Ambulatory Vice President has administrative and operational lead responsibilities. The ambulatory Directors offer additional system support for their areas of expertise. At the site level, the Medical Director is responsible for implementing the policies established by the Medical Staff of Alameda Health System and assuring quality, safety and appropriateness of patient care. The Practice Manager is responsible for the daily operations of the clinic and the implementation of organizational policies and procedures as well as regulatory requirements. The dyad of Medical Director and Practice Manager collaborate to direct services that align with the Ambulatory Division goals and the

needs of the community. The nursing supervisor(s) direct and develop the nursing staff to ensure coordinated, safe and quality care is provided to the patients.

#### Performance Improvement

The Ambulatory Division sets annual performance and quality goals to ensure continuous improvement to meet the healthcare needs of the community. These goals are based on changes/trends to healthcare delivery and quality improvement for identified clinical metrics comparing performance to community and national standards (ex. HEDIS). In addition to division goals, individual sites utilize PDSA and LEAN methodologies to improve care.

#### Ambulatory Care Services offered at the Highland Campus include:

Attachment A: Location and hours of operation Primary Care

Attachment B: Locations and hours of operation Specialty Care

#### **Primary Care**

1. Acupuncture
2. Adult Immunology
3. Adult Medicine
4. Anti-coagulation clinic
5. Behavioral Health
6. Comprehensive Perinatal Services Program
7. General Dentistry
8. Gynecology
9. Health Education (including Nutrition)
10. Non-Stress Test
11. Obstetric Ultrasound
12. Pediatrics
13. Prenatal and Parenting Classes
14. Psychiatry
15. Same Day Clinic (SDC)

#### **Specialty Care**

1. Cardiology
2. Dermatology
3. Ear, Nose and Throat
4. Endocrine
5. Endoscopy
6. Gastroenterology
7. Hematology/Oncology
8. Infusion
9. Neurology
10. Neurocognitive
11. Neurosurgery
12. Ophthalmology

13. Optometry
14. Oral Surgery
15. Orthopedics
16. Pain
17. Palliative Care
18. Podiatry
19. Pulmonary (Chest)
20. Renal
21. Rheumatology
22. Surgery: Acute, Elective, Trauma
23. Surgery: Breast
24. Surgery: Minor
25. Surgery: Plastic
26. Surgery: Vascular
27. Urology
28. Wound Healing

### **Appointment Process**

#### **Primary Care**

Primary Care appointments are scheduled through the Ambulatory Care Call Center. Urgent appointments are available as well as nurse advice during business hours to assess and direct patients to care. Afterhours patients are directed to an on-call medical provider for urgent medical advice. Patients requiring emergent care are directed to a local emergency department and if required, an ambulance is called for patients who are in the clinic.

#### **Same Day Clinic**

The SDC operates on an appointment and walk in basis. Appointments can be scheduled by phone on the day of the clinic and will be scheduled until all time slots are filled for the day.

#### **Specialty Care**

Specialty clinics require a referral from an authorized medical provider. The electronic referral system and electronic health record are used to electronically manage referrals from within Alameda Health System and the referring community.

### **Staffing**

The inter-disciplinary healthcare team of includes: physicians, medical residents, medical students, pharmacists, nurse practitioners, physician assistants, nurse midwives, nursing staff (RNs, LVN's), medical assistants, nutritionists, social workers, psychologists, outreach workers and support personnel.

## Education and Competency

Each member of the healthcare team holds current licensure/certification in his or her clinical area of expertise, as required.

Physician, Physician Assistant and Nurse Practitioner	In accordance with the Medical Staff Bylaws
RN	Current California RN License <i>Current Basic Life Support Certification</i> <i>*Experience in accordance with unit requirement</i>
LVN	Current California LVN License Current BLS Certification IV Certification (Required for specific positions)
Medical Assistants	Completion of a Certified Medical Assistant Program Current Basic Life Support Certification
LCSW	MSW, Licensed with State of CA
MSW	Masters Social Work
Registered Dietician	Registered with CDR
Digital Retinal Screener	Unit Based Competency
Clinical Diabetic Educator	NCDBE certified
Laboratory	Licensed phlebotomist
Certified Nurse midwife	CA Licensed and Certified Nurse Midwife
Licensed RDA	CA licensed Registered Dental Assistant
Ultrasound Technician	ARDMS (Registered Diagnostic Medical Sonographer)
Pharmacist	CA Licensed Pharmacist and PharmD
Pharmacy Technician	CA State licensed pharmacy technician
Mammography Technician	CA Licensed Radiology Technician with mammography certification

## Primary Care Procedures

### Adult Medicine (including Same Day Clinic)

1. Joint injections
2. Peak Flow measurement
3. Incision and Drainage
4. Ear irrigation
5. Breathing treatment (nebulizer)
6. Retinal Photos
7. Skin biopsy
8. Post-void residual measurement
9. Fine needle aspiration
10. Foley Catheter insertion
11. INR testing via capillary blood specimen

### OB/GYN

1. Biopsy of cervix, vulva, vagina

2. Colposcopy
3. Cryosurgery
4. Endometrial Biopsy
5. Incision and Drainage of abscess
6. Leep Procedures
7. Removal of Condylomas
8. Removal and insertion of Intrauterine Device
9. OB Ultrasound
10. Dilation and Curettage
11. Essure permanent birth control
12. Fetal monitoring / Non Stress Test
13. Elective Abortion
14. Procedural Sedation
15. Bartholin cyst marsupialization
16. Novasure endometrial ablation
17. Nexplanon/Implanon insertion and removal
18. Hysteroscopy

#### **Pediatrics**

1. Breathing Treatment (Nebulizer)
2. Suture Removal (minor lacerations)
3. Fluoride Varnish
4. Frenotomy
5. Foreign body removal
6. Wart removal
7. Heel sticks phlebotomy for bilirubin draws
8. Incision and Drainage of abscesses
9. Ear irrigation
10. Venipuncture
11. Urine catheterization
12. IV hydration

#### **Dental**

1. Exam
2. X-rays
3. Cleanings
4. Deep cleanings
5. Fillings
6. Root canals
7. Dentures
8. Crowns
9. Partial
10. Implant crowns
11. Extractions
12. Fluoride varnish/ Sealants
13. Special Needs operating room procedures

## **Specialty Clinic Procedures**

### **Dermatology**

1. Skin scraping for identification of fungi or parasites
2. Punch or excision biopsy for diagnosis
3. Excision of small basal cell or squamous cell carcinoma
4. Injection of keloids and scars with steroids
5. Cautery of benign lesions
6. Liquid Nitrogen therapy to benign and pre-malignant lesions
7. Incision and drainage of abscesses
8. Intralesional steroid injections for alopecia areata and hidradentitis supp
9. Electrodessication and curettage

### **Endocrinology**

1. Fine Needle Aspiration Thyroid
2. Cortrosyn stimulation test

### **Endoscopy Center**

1. Upper Endoscopy
2. Banding
3. Biopsies
4. Cautery
5. Esophageal dilation
6. Sclerotherapy
7. Stent and PEG placement
8. Brushing
9. Foreign body removal
10. Argon Plasma Coagulation
11. Stone extraction
12. Colonoscopy
13. Biopsies
14. Polypectomy
15. Cautery
16. Flexible Sigmoidoscopy
17. Argon Plasma Coagulation
18. Paracentesis
19. Procedural Sedation

### **ENT**

1. Control of nasal hemorrhage; nasal packing (simple and complex)
2. Biopsy of lip, cavity, larynx, nose, ear
3. Reduction of nasal fracture
4. Removal of nasal polyps
5. Nasal – pharyngeal laryngoscopy, fiber optic laryngoscopy
6. Intranasal steroid injection
7. Placement of earwicks

8. Auricular hematoma drainage (simple and complex)
9. Removal of impacted cerumen
10. FNA of neck lesions
11. Esophagoscopy with dilatation
12. Laryngoscopy
13. Incision and Drainage
14. Tracheotomy tube changes
15. Voice prosthesis change
16. Foreign body removal ear/nose
17. Peritonsillar abscess drainage
18. Balloon sinoplasty maxillary, frontal, sphenoid
19. Microscopic ear debridement
20. Excision tongue lesion with and without closure
21. Aspiration of mass (cyst, hematoma, seroma or sialocele)
22. Biopsy nasopharynx
23. Biopsy oropharynx
24. Biopsy tongue
25. Ablation turbinates
26. Mass excision inside ear/nose

#### **Hematology/Oncology**

1. Bone marrow aspiration and biopsy
2. Therapeutic phlebotomy

#### **Infusion Center**

1. Chemotherapy
2. Hydration therapy
3. Blood Transfusions ( Blood Products)
4. Parenteral medications including but not limited to
  - Antibiotics
  - Biologics
  - Immunoglobulin
  - Other IV infusions as indicated
  - Injections

#### **Minor Surgery**

1. Excision of masses less than 4 cm
2. Superficial foreign body removal
3. Biopsy of lesions
4. Skin and soft tissue lesions deemed safely accessible by the faculty surgeon
5. Removal of infusion and dialysis devices

#### **Neurology**

1. Lumbar puncture
2. Vagus Nerve Stimulation Therapy
3. Needle electromyography

4. Botox injections

**Neurosurgery**

1. Adjustment/Removal of Halo hardware
2. Dressing changes

**Ophthalmology**

1. Subconjunctival injections with antibiotics and steroids
2. Incision and drainage chalazion
3. YAG laser
4. Laser iridotomy
5. Laser trabeculoplasty
6. Optical Coherence Tomography
7. Laser retinal photocoagulation
8. Complete eye examinations
9. Visual fields testing
10. Refractions
11. Minor ophthalmic procedures
12. Dilation, probing of nasolacrimal system
13. Retinal photography/Fluorescein Angiography
14. Cryotherapy, retinal hole photo coagulation
15. Eye ultrasound
16. Pneumatic retinopexy
17. Intravitreal injections of anti-VEGF agents, steroids and antibiotics

**Optometry**

1. Optical Coherence Tomography
2. Complete eye examinations
3. Visual fields testing
4. Refractions
5. Slit lamp biomicroscopy
6. Dilated ophthalmoscopy

**Oral Surgery**

1. Simple and surgical extractions
2. Wisdom teeth removal with sedation
3. Apicoectomy
4. TMJ Therapy and Treatment
5. Dentoalveolar surgery
6. Oral Pathology
7. Osseo integrated implants
8. Prosthetic Surgery
9. Open and close treatment of fracture trauma
10. Sinus Procedures
11. Soft tissue surgery
12. Bone grafting to maxillofacial regions

13. Procedural Moderate Sedation for minor surgery

**Orthopedics**

1. Hardware removal
2. Alignment/reduction of fractures/dislocations
3. Incision and Drainage
4. Superficial wound debridement
5. Arthrocentesis
6. Minor hand procedures such as trigger finger/carpal tunnel release
7. Injections of joints, bursa, tendon sheaths
8. Cast application and removal
9. Splint application
10. Removal of foreign bodies
11. Excision of wrist ganglion, lesions, distal phalanx
12. Biopsy of lesions

**Pain**

1. Injections of joints, bursa, tendon sheaths
2. Peripheral nerve blocks
3. Myofascial trigger point injections

**Podiatry**

1. Alignment/reduction of fractures/dislocations
2. Avulsion of Nail
3. Destruction of Lesion
4. Excision of lesion
5. Foreign body removal
6. Aspiration
7. Biopsy of lesions
8. Cast application and removal
9. Matrixectomy
10. Wedge Excision of skin/nail fold
11. Debridement
12. Diabetic foot care
13. Hardware removal
14. Incision and Drainage
15. Injections of joints, bursa, tendon sheaths
16. Splint application
17. Destruction of lesions
18. Nail care, including nail procedures (total or partial)

**Pulmonary**

1. Bronchoscopy

**Surgery (breast, general, trauma, vascular, plastic)**

1. Needle aspiration for cytology

2. Needle/excisional biopsy
3. Debridement of superficial wounds
4. I & D
5. Foreign body removal
6. Dressing changes
7. Wound Culture
8. Tissue Expansion
9. Hemorrhoid banding

#### **Urology**

1. Sounding – dilation of urethra
2. BCG Instillation
3. Bladder irrigation/installation
4. Catheterization procedures
5. Stent removal
6. Voiding trials
7. Cystoscopy
8. Prostatic biopsies
9. Hydrocele aspiration/sclerosis
10. Prostate abscess aspiration
11. Gold Seed markers
12. Vasectomy
13. Post void residual
14. Uroflometry
15. Scrotal cyst/lesion excisions
16. Penile lesion excisions
17. Complex catheter changes
18. Suprapubic catheter changes
19. Trimix injection
20. Zoladex injection

#### **Wound Healing**

1. Debridement
2. Aspiration
3. Dressing changes
4. Injections
5. Lesion Removal

#### **Approvals**

		System	Alameda	AHS Core	San Leandro
<b>Ambulatory Operations Council</b>	<b>Date:</b>	<b>11/2017</b>			
<b>Patient Care Leadership Team</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Clinical Practice Council</b>	<b>Date:</b>	<b>4/2018</b>			
<b>Medical Executive Committee</b>	<b>Date:</b>			<b>4/2018</b>	
<b>Board of Trustees</b>	<b>Date:</b>				

## Attachment A: Ambulatory Primary Care

### Highland Campus Clinic Location, Hours of Operation

Clinic	Location	Manager	Medical Director/Chief	Days	Hours	Minimum Age
Acupuncture	K6a	Rumana Hussain	Amy Matecki, MD	Thursday	8:30 am – 12:00 pm	16
Adult Primary Care	K6a	Rumana Hussain	Blake Gregory, MD	Monday – Friday,	8:30 am – 12:00 pm 1:00 pm – 5:00 pm	16
Adult Immunology	K7c	Heather MacDonald-Fine	Alison Sombredero, MD	M-F- AM M, T, TH- PM	8:30 am – 12:00 pm 1:00 pm – 5:00 pm	16
Anti-Coagulation Clinic	HCP 4	Kipi Iscandari	Natalie Curtis, MD	M, T Th F	1:00pm- 5:00pm 9:00am-12:00pm & 1:00-5:00 9:00-12:00 & 1:00pm- 5:00 pm 9:00-1200 & 1:00-5:00	18
Behavioral Health	K6A	Karyn Tribble, PhD	Lisa Rosequist, PhD	Monday, Tuesday, Friday	8:30 am – 12:00 pm	No Minimum age
Comprehensive Perinatal Screening Program (CPSP)	K6b	Rumana Hussain	LanNa Lee, MD	Mon thru Friday	8:00 am – 4:30 pm	12
General Dentistry	E-2	Leticia Torres	Anthony Mock DDS	M-F	8:30 am – 5:00 pm	6 y/o
Geriatrics	K6A	Rumana Hussain	Claudia Landau, MD	Wednesday Thursday	8:30 am- 12:00 pm 1:00 pm- 5:00 pm	65
Lactation/Bilirubin Clinic	K6b	Rumana Hussain	Donna Carey, MD	Sunday	11:00 am 2:00 pm	Newborn

## Attachment A: Ambulatory Primary Care

Neuropsychology	K6c	Rumana Hussain	Lisa Rosequist, PhD	Mon, Wed, Th, Fri	8:30 am– 12 pm 1pm - 5:00 pm 8:30 am - 9:00 pm 8:30 am to 12:00 pm	No minimum age
Non-Stress Test (NST)	K6b	Rumana Hussain	Blake Gregory, MD	Tues Sat Monday-Friday	8:30 am - 3:00 pm	12
Nutrition	K6b	Jin Kim	N/A	M, T, TH, FR Weds	9:00 am - 5:00 pm 10:00 am – 12:00 pm	No Minimum Age
OB/GYN	K6b	Rumana Hussain	Blake Gregory, MD	Monday – Friday Saturday	8:30 – 5:00 8:30-5:00	12
Psychiatry	K6b	Rumana Hussain	vacant	Friday	1:00 pm – 5:00pm	18
Psychiatry	K7c	Heather MacDonald-Fine	vacant	Tuesday 2nd, 4th, 5th Friday	9:00 am – 12:00 pm 9:00 am – 12:00 pm	18
Pediatrics	K6c	Rumana Hussain	Donna Carey, MD	Monday thru Friday Saturday	8:30 am– 12 pm 1pm - 5:00 pm 8:00 am– 12:00 pm	Birth – 19 years
Prenatal Centering	K6b	Rumana Hussain	Blake Gregory, MD	Tuesday Thursday Friday	10:00 am to 12:00 pm and 2:00 pm to 4:00 pm. 10:00 am to 12:00 pm 10:00 am to 12:00 pm	12
Same Day Clinic (SDC)	HCP 4	Kipi Iscandari	Dipankar Ghosh D.O	M- F Saturday Sunday	8:00am –6 pm 8:00am-5:30 pm 8:00 am – 5:30 pm	18
Ultrasound	K6b	Rumana	Blake Gregory, MD	Mon and Wednesday Tues, Thurs, Fri	8:30am - 2:30 pm 8:30 am - 3:30 pm	12

## Attachment A: Ambulatory Primary Care

	Hussain				
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### Clinical Staffing

Clinic	Providers	Minimum Staffing
Acupuncture K6 (A)	MD	1 MA
Adult Immunology	MD	1 MA/provider, RN on site
Adult Primary Care K6 (A)	MD, PA, NP, Pharmacist	1 MA/provider or 2 MA/team
Anti-Coagulation	Pharmacist	Clerical support
Behavioral Health	Psychiatrist, LCSW, MSW, Psychologist	MSW
Comprehensive Perinatal Screening Program (CPSP)	LVN	LVN or MA
General Dentistry	DDS	1 Dental Assistant /1 provider
Health Education K6(B)	Nutritionist, Certified Diabetic Educator, RN	1 Nutritionist, 1 RD/CDE with RN on site.
Lactation/Bilirubin Clinic	FNP, Lactation consultants	Clerical support
OB/GYN	MD, NP, CNM	1 MA/1-2 providers Procedural Sedation 1 RN
Pediatrics K6 (C)	MD, FNP	1 MA/provider
Psychiatry (Behavioral health) K6 (A)	Psychiatrist	No additional staff
Medication Refill K6 (A)	Pharmacist	1 MA
Neuro-psychology	Neuropsychologist	RN on site

Attachment A: Ambulatory Primary Care

Non-Stress Test (NST)	RN	RN
Prenatal Centering	CNM	1 MA
Psycho-Social Support/Crisis Intervention	LCSW	1 LCSW
Same Day Clinic	MD and NP/PA	1 MA per provider
Ultrasound	MD on site	Ultrasound Technician

## Attachment B: Ambulatory Care -Specialty

Clinic Location, Hours of Operation

Clinic	Building and Floor Location	Manager	Medical Director/Chief	Days	Hours	Minimum Age
Allergy-Asthma Clinic	HCP5	John Young	vacant	Tbd	Tbd	16
Buprenorphine Induction Clinic (BIC)	K7c	Janet Clayton	Dr. Tian	M-F	8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18
Cardiology Clinic	HCP4	Kipi Iscandari	Tom Frolich, MD	M and Th T and F W	8:00am- 12:00pm & 1:00-5:00pm 1:00pm- 5:00pm 8:00am- 12:00pm	18
Chest (Pulmonary)	HCP5	John Young	Herb Schub, MD	T and W	1:00pm – 5:00pm	16
Oral Surgery	E-2	Leticia Torres	Chan Park DDS, MD	M-F	7:30 am – 5:00 pm	9 y/o
Dental Drop-in	E-2	Leticia Torres	Chan Park DDS, MD	M-F	6:30 am – 5:00 pm	All ages
Dermatology Adult	K7a	Janet Clayton	Dr Unemori	M, T Th & F	8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Dermatology Pediatric	K6c	Rumana Hussain	Elizabeth Ringrose, MD	First Thursday	1:00 pm – 5 pm	No minimum age
Ear, Nose, Throat	K7b	Janet Clayton	Dr MacDonald	Wed	8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Endocrine	K7a	Janet Clayton	Dr Pardini	Tues Thurs	1:00 pm – 5:00 pm 8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Endocrine (Diabetes)	K7a	Janet Clayton	Dr Pardini	Wed	1:00 pm – 5:00 pm	18*
Endoscopy Center (GI Lab)	HCP5	John Young	Taft Bhuket, MD	M- F	8:00am- 5:30 pm	18
Gastroenterology Clinic	HCP5	John Young	Taft Bhuket, MD	M, T, W, F	8:00am- 12:00pm	16

## Attachment B: Ambulatory Care -Specialty

Hematology- Oncology Clinic	HCP5	John Young	Stephen Yee, MD	M, T, W F	1:00pm- 5:00pm 8:00am- 12:00pm	16
Hepatitis C Clinic	HCP5	John Young	Taft Bhuket, MD	M, Th	8:00 am -12:00pm & 1:00pm- 5:00pm	16
Infusion Center	HCP5	John Young	Stephen Yee, MD	M-F	8:00 am- 6:00pm	18
Minor Surgery	K7b	Janet Clayton	Dr Victorino	M, Th & F	8:00 am – 12:00 pm	18*
Neurology	K7a	Janet Clayton	Dr Hagen	M, T, Th & F Mon & Fri	8:00 am – 12:00 pm 1:00 pm – 5:00 pm	18*
Neuro-Surgery	K7a Wed K7b Fri	Janet Clayton	Dr Riordan Dr Lee	Wed, Fri	8:00 am – 12:00 pm	18*
Ophthalmology	K7b	Janet Clayton	Dr Imes	Mon-Fri	8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Optometry	K7b	Janet Clayton	Dr Kanai	Sat	8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Orthopedics	K7b K7a- Fri	Janet Clayton	Drs Krosin, Shah	M-F	8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Pain	K7c	Janet Clayton	Dr Herring	T-F	8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Podiatry	K7a	Janet Clayton	Dr Splitter	M, W  Thurs Fri- 2 <sup>nd</sup> , 4 <sup>th</sup>	8:00 am – 12:00 pm 1:00 pm – 5:00 pm 1:00 pm – 5:00 pm 8:00 am – 12:00 pm	18*
Psychology	K7a	Janet Clayton	Dr Best	M, T, Th & F Wed	8:45 am – 2:45 pm 1:00 pm – 5:00 pm	18
Renal	K7a	Janet Clayton	Dr Morrissey	T, Th & F	1:00 pm – 5:00 pm	18*
Rheumatology Clinic	5 <sup>th</sup>	John Young	Dr Ferguson	T  W and F	8:00am- 12:00pm 1:00- 5:00pm	16
Surgery- Breast	K7b	Janet Clayton	Dr Godfrey	Mon, Fri	1:00 pm – 5:00 pm	18*
Surgery- Acute	K7b	Janet Clayton	Dr Victorino	Wed	8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Surgery - Elective	K7a	Janet Clayton	Dr Victorino	Tues	8:00 am – 12:00 pm;	18*

## Attachment B: Ambulatory Care -Specialty

Surgery – Plastic	K7b	Janet Clayton	Dr Allen	Mon	1:00 pm – 5:00 pm	18*
Surgery – Vascular	K7b	Janet Clayton	Dr Victorino	Wed	8:00 am – 12:00 pm	18*
Surgery – Trauma	K7a-Tues	Janet Clayton	Dr Victorino	Tues	1:00 pm – 5:00 pm	18*
	K7b-Fri			Fri	8:00 am – 12:00 pm	
Urology	K7b	Janet Clayton	Dr Blaschko	M, Th & F W	8:00 am – 12:00 pm; 8:00 am – 12:00 pm; 1:00 pm – 5:00 pm	18*
Wound Healing	K7b	Janet Clayton	Dr Allen	M	9:00 am – 2:00 pm	18*

\* Minimum age 14 years old with approval of attending physician.

### Clinical Staffing

Clinic	Providers	Minimum Staffing
Allergy-Asthma Clinic	Attending MD with residents	1 MA
BIC	MD, NP, LCSW	1 MA
Cardiology Clinic	2 Attending MD with residents & PA; PA sessions with MD consult	1 MA/provider
Chest (Pulmonary) Clinic	Attending MD with residents	1 MA with RN/LVN on site
Dermatology Pediatric	MD	1 MA
Dermatology Adult	MD, NP and PA	1 MA with RN/LVN on site
Ear, Nose, Throat	MD, PA	1 MA with RN/LVN on site
Endocrine	MD	1 MA with RN/LVN on site
Endoscopy Center (GI Lab)	Attending MD	RN not to exceed 4 patients/ 1:1 RN for procedural sedation
Hematology-Oncology Clinic	Attending MD with residents, NP	1 RN or LVN and 1 MA
Hepatitis C Clinic	MD and PA	1 MA; RN on site
Infusion Center	Available for consult	RN not to exceed 5 patients
Minor Surgery	MD, PA	1 MA with RN/LVN on site
Neurology	MD	1 MA with RN/LVN on site
Neuro-Surgery	MD, PA	1 MA with RN/LVN on site
Ophthalmology	MD	1 MA with RN/LVN on site

## Attachment B: Ambulatory Care -Specialty

Optometry	OD	No additional clinical staff
Oral Surgery	DDS and/or MD	1 Dental Assistant or RN
Orthopedics	MD, PA	1 MA, 1 ortho tech (T, W, Th) with RN/LVN on site
Pain	MD, PA, LCSW	1 MA
Podiatry	MD	1 MA with RN/LVN on site
Renal	MD	1 MA with RN/LVN on site
Rheumatology Clinic	Attending with residents, NP	1 RN or LVN and 1 MA
Surgery- Breast	MD, PA	1 MA with RN/LVN on site
Surgery- Acute	MD, PA	1 MA with RN/LVN on site
Surgery - Elective	MD, PA	1 MA with RN/LVN on site
Surgery – Plastic	MD, PA	1 MA with RN/LVN on site
Surgery – Vascular	MD, PA	1 MA with RN/LVN on site
Surgery – Trauma	MD, NP	1 MA with RN/LVN on site
Urology	MD, PA, NP	1 MA with RN/LVN on site
Wound Healing	RN	1 MA with RN/LVN on site

# Alameda Health System

## SCOPE OF SERVICE - NEWARK WELLNESS

<b>Department</b>	Ambulatory - Newark	<b>Effective Date</b>	11/2014
<b>Campus</b>	Newark Campus	<b>Date Revised</b>	9/2014, 11/2017
<b>Unit</b>	Newark Wellness	<b>Next Scheduled Review</b>	11/2020
<b>Manual</b>	Ambulatory Health Care Services	<b>Author</b>	Steve Kilgore, Director of Nursing - Ambulatory Care
<b>Replaces the following Policies:</b>		<b>Responsible Person</b>	Palav Babaria, CAO – Ambulatory Care

**Printed copies are for reference only. Please refer to electronic copy for the latest version.**

### Scope of Service

The Ambulatory Care Division is a comprehensive network of primary care and specialty care with a supporting network of diagnostic services that provides patients with a full range of health services. Care is provided for patients of all ages. Ambulatory patient care is provided via a multi-disciplinary approach with collaboration among the various support services and providers. Each patient is provided the opportunity to establish an ongoing relationship with a primary care provider and multi-disciplinary team who manage care for that individual, including individual disease management, chronic disease management, preventive health education, screening and immunizations. Access to specialty care services is arranged through the patient's primary care provider, in consultation with the sub-specialist. Alameda Health System (AHS) provides the patient with care, treatment and services according to his or her individualized plan of care. The organization communicates with the patient during the provision of care, treatment and services in a manner that meets the patient's oral and written communications needs.

Patient assessments are based on need. Phone consultation is available by a registered nurse (who follow approved protocols) and medical provider staff. Comprehensive history and assessment is made for new patients to establish care and develop the provider-patient relationship. Standard screening tools, point of care laboratory tests and clinical assessment by licensed staff are used as indicated for the patient's age, preventive health needs, symptoms and management of acute and chronic disease. In addition, population health strategies are utilized to manage patients' preventive and chronic care needs.

### Administration and Organization

The Ambulatory Division is led by a Chief Administrative Officer with oversight for both medical and administrative direction and performance. The Ambulatory Vice President has administrative and operational lead responsibilities. The ambulatory Directors offer additional system support for their areas of expertise. At the site level, the Medical Director is responsible for implementing the policies established by the Medical Staff of Alameda Health System and assuring quality, safety and appropriateness of patient care. The Practice Manager is responsible for the daily operations of the clinic and the implementation of organizational policies and procedures as well as regulatory requirements. The dyad of Medical Director and Practice Manager collaborate to direct services that align with the Ambulatory Division goals and the

needs of the community. The nursing supervisor(s) direct and develop the nursing staff to ensure coordinated, safe and quality care is provided to the patients.

**Performance Improvement**

The Ambulatory Division sets annual performance and quality goals to ensure continuous improvement to meet the healthcare needs of the community. These goals are based on changes/trends to healthcare delivery and quality improvement for identified clinical metrics comparing performance to community and national standards (ex. HEDIS). In addition to division goals, individual sites utilize PDSA and LEAN methodologies to improve care.

(Attachment A: Locations and hours of operation)

*Services provided but not limited to:*

**Primary Care**

1. Adult
2. Digital Retinal Screening
3. Pediatrics
4. Obstetrics
5. Gynecology
6. Family Planning and Cancer Screening
7. Psychiatry
8. Behavioral Health
9. Nutrition Education
10. Health Education
11. Immunizations
12. Laboratory

**Specialty Care**

1. Orthopedics
2. Podiatry
3. Mammography
4. Radiology

**Appointment Process**

**Primary Care**

Primary Care appointments are scheduled through the Ambulatory Care Call Center. Urgent appointments are available as well as nurse advice during business hours to assess and direct patients to care. Afterhours patients are directed to an on-call medical provider for urgent medical advice. Patients requiring emergent care are directed to a local emergency department and if required, an ambulance is called for patients who are in the clinic.

## Specialty Care

Specialty clinics require a referral from an authorized medical provider. The electronic referral system and electronic health record are used to electronically manage referrals from within Alameda Health System and the referring community.

## Staffing

The inter-disciplinary healthcare team of includes: physicians, medical residents, medical students, pharmacists, nurse practitioners, physician assistants, nurse midwives, nursing staff (RNs, LVN's), medical assistants, nutritionists, social workers, psychologists, outreach workers and support personnel.

## Education and Competency

Each member of the healthcare team holds current licensure/certification in his or her clinical area of expertise, as required.

Physician, Physician Assistant and Nurse Practitioner	In accordance with the Medical Staff Bylaws
RN	Current California RN License <i>Current Basic Life Support Certification</i> <i>*Experience in accordance with unit requirement</i>
LVN	Current California LVN License Current BLS Certification
Medical Assistants	Completion of a Certified Medical Assistant Program Current Basic Life Support Certification
LCSW	MSW, Licensed with State of CA
MSW	Masters Social Work
Registered Dietician	Registered with CDR
Digital Retinal Screener	Unit Based Competency
Clinical Diabetic Educator	NCDBE certified
Laboratory	Licensed phlebotomist
Certified Nurse midwife	CA Licensed and Certified Nurse Midwife
Licensed Dental Assistant	CA licensed dental assistant
Ultrasound Technician	ARDMS (Registered Diagnostic Medical Sonographer)
Pharmacist	Current CA pharmacist license; PharmD
Pharmacy Technician	CA State licensed pharmacy technician
Mammography Technician	CA Licensed Radiology Technician with mammography certification

## Primary Care Procedures

### Adult Medicine

1. Joint injections

2. Incision and Drainage
3. Ear irrigation
4. Breathing treatment (nebulizer)
5. Retinal Photos

#### **Women's' services**

1. Biopsy of cervix, vulva, vagina
2. Colposcopy
3. Cryosurgery
4. Endometrial Biopsy
5. Removal of condylomas
6. I & D of abscess
7. Removal and insertion of IUD

#### **Pediatrics**

1. Breathing Treatment (Nebulizer)
2. Flouride Varnish

#### **Specialty Clinic Procedures**

##### **Podiatry**

1. Avulsion of Nail
2. Splint application
3. Nail care, including total or partial removal.

##### **Orthopedics**

1. Superficial wound debridement
2. Arthrocentesis
3. Injections of joints, bursa, tendon sheaths

#### **Approvals**

		System	Alameda	AHS Core	San Leandro
<b>Ambulatory Operations Council</b>	<b>Date:</b>	<b>11/2017</b>			
<b>Patient Care Leadership Team</b>	<b>Date:</b>	<b>1/2018</b>			
<b>Clinical Practice Council</b>	<b>Date:</b>	<b>3/2018</b>			
<b>Medical Executive Committee</b>	<b>Date:</b>			<b>4/2018</b>	
<b>Board of Trustees</b>	<b>Date:</b>				

## Alameda Health System

### SUCROSE ADMINISTRATION FOR PAINFUL PROCEDURES

<b>Department</b>	Maternal Child Health	<b>Effective Date</b>	New Policy
<b>Campus</b>	Highland; Eastmont, Hayward, Newark	<b>Date Revised</b>	12/2017
<b>Unit</b>	Neonatal; Ambulatory Pediatric Clinics	<b>Next Scheduled Review</b>	12/2020
<b>Manual</b>	Maternal Child Health	<b>Author</b>	Theresa Cooper, Director of Nursing - MCH
<b>Replaces the following Policies:</b>		<b>Responsible Person</b>	Kinzi Richholt, Chief Nurse Executive

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#### Purpose

To outline nursing responsibilities and guidelines in the proper administration of sucrose to the neonate.

Numerous studies have shown that neonates exhibit less painful signs when given small amounts of sucrose orally for circumcisions, heel sticks, IV sticks, PICC lines, eye exams and other painful procedures. Sucrose does not replace the use of analgesics, but may be used in conjunction with pharmacological and non-pharmacological interventions to reduce pain.

#### Policy

Sucrose for neonate pain management will be administered safely to decrease neonatal pain associated with painful procedures.

#### Procedure

1. Verify physician order. A physician order for one chosen dosage (not a range for the order) from the guidelines outlined below in #5 is obtained for use of sucrose 24% as needed for procedural pain and/or excessive irritability. A new order is not needed for each procedure.
2. The use of sucrose 24% combined with comfort measures such as non-nutritive sucking, swaddling, facilitated tucking, kangaroo care, breastfeeding and environmental care are recommended for each procedure.
3. For planned procedures, the optimal baseline state of quiet wakefulness should be obtained before starting the procedure.
4. If possible, do not interrupt sleep; plan the procedure far from mealtimes and from any other painful invasive procedure.

5. Sucrose 24% dose of administration
  - a. Guidelines for use:
    - i. 27-31 weeks gestation 0.5 mL orally x1 dose 2 minutes prior to the painful procedure. May repeat q10min with max 8 times per day
    - ii. 32-36 weeks gestation 1 mL orally x1 dose 2 minutes prior to the painful procedure. May repeat q10min with max 8 times per day
    - iii. Greater than 37 weeks gestation 2 mL orally x1 dose 2 minutes prior to the painful procedure. May repeat q10min with max 8 times per day
  - b. Repeated use of sucrose 24% in neonates < 31 weeks gestation may put neonates at risk for poorer neurobehavioral development and physiologic outcomes. If the neonate has multiple painful procedures, other pharmacological measures should be considered.
  - c. Use of sucrose 24% should not exceed 8 times per day.
  - d. Oral sucrose 24% should not be used with neonates who are intubated, have suspected or proven GI dysfunction/abnormalities such as ileus, obstruction, NEC.
6. Verify patient identity
7. Perform Hand Hygiene
8. Administer sucrose 24% orally 2-5 minutes prior to the painful procedure.
9. The optimal administration site is the anterior part of the tongue.
10. Discard the remainder of sucrose 24% solution after use.
11. Document administration in the medical record.
12. (Highland Neonatal only) Document on the Pain Profile; a score of three (3) or greater requires a reassessment 15 minutes later.

## **References**

1. Lago, Paola et al., Guidelines for Procedural Pain in the Newborn. Pediatrics 2009; 98, pp.932-939.
2. Hockenberry, M. J., & Wilson, D. (2007). *Wong's nursing care of infants and children* (8th ed.). St. Louis, Missouri: Mosby Elsevier.
3. Neonatal Nursing Policies & Procedures, Competencies & Clinical Pathways. National Association of Neonatal Nurses, 2006.
4. Weiland Ladewig, P. A., London, M. L., & Davidson, M. R. (2006). *Contemporary maternal-newborn nursing care* (6th ed.). Upper Saddle River, New Jersey: Pearson Prentice Hall.

**Approvals**

		<b>System</b>	<b>Alameda</b>	<b>AHS Core</b>	<b>San Leandro</b>
<b>Departmental</b>	<b>Date:</b>			<b>12/2017</b>	
<b>Pharmacy and Therapeutics</b>	<b>Date:</b>			<b>2/2018</b>	
<b>Patient Care Leadership Team</b>	<b>Date:</b>	<b>3/2018</b>			
<b>Clinical Practice Council</b>	<b>Date:</b>	<b>4/2018</b>			
<b>Medical Executive Committee</b>	<b>Date:</b>			<b>4/2018</b>	
<b>Board of Trustees</b>	<b>Date:</b>				

