

El Paso - Ambulatory Clinic Policy and Procedure

Title: CLINICAL DEPARTMENT POLICY REQUIREMENTS	Policy Number: EP 1.2
Regulation Joint Commission Reference:	Effective Date: 9/2013

Policy Statement:

It is the policy of Texas Tech University Health Sciences Center at El Paso (TTUSHC at El Paso) to establish criteria for Departmental Clinic Policy and Procedure Manuals.

Scope and Distribution:

This policy applies to all TTUHSC at El Paso ambulatory clinic operations.

Procedure:

1. All clinical departments or areas should prepare and maintain clinic policies and procedures to address issues unique to their departmental clinics. Subjects address in *Health Sciences Center Operating Policies* and *TTUHSC at El Paso Ambulatory Clinic Policies* should NOT be duplicated.
2. Each Clinic Departmental Policy should have the following components:
 - a. Policy Statement
 - b. Scope and Distribution
 - c. Procedure or Text
 - d. Approval Authority
 - e. Responsibility and Revisions
3. All Departmental clinic policies should be reviewed and/or revised at least every 3 years and approved by the Department Chairperson, designated Department Medical Director or Clinic Manager.
4. The TTUHSC at El Paso Quality Improvement (QI) Director should have access to their Departmental clinic Policy and Procedure Manuals. All manuals and policies are subject to periodic audit for implementation, and current revisions.
5. Clinical Department Chairpersons designated Department Medical Director or Clinic Manager, as applicable are responsible for maintaining the copies of all outdated or revised Clinic departmental policies and procedures. In case of legal action, the policy, which was in effect at the time an incident actually occurred, will be used to assess the appropriateness of the TTUHSC at El Paso actions of care.
6. Recommended department/clinic policies and procedures include, but are not limited to, the following as they are applicable to the clinic's operations:
 - a. Scope of Care
 - b. Scope of Assessment, including criteria for specialized assessments; i.e., elderly, children, prenatal, intra and post-partum assessments
 - c. Department Emergency Operations Plan
 - d. Staffing Plan
 - e. Competency requirements/skills checklist
 - f. Prescription Refill policy, including list of designated agents

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- g. Clinic specific triage plan: walk-ins and patient calls
- h. After-Hours Patient Instruction
- i. Patient Referrals
- j. Policy/procedure for procedures specific to a department or clinic or needing specialized equipment, staff, or training (i.e.; casting, laser surgery, circumcisions, etc)
- k. Any processes unique to each clinic that need formalization/clarification
- l. List of procedures performed in the clinic that require additional consent (i.e.; invasive procedures)
- m. List of procedures performed in the clinic which requires clinic personnel to conduct a universal protocol
- n. List of stock medications

7. Department staff should be educated regarding existing policies.

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Signatory approval on file by: Michael J. Romano, MD Clinic Operations Committee Chairman Associate Dean of Clinical Affairs Texas Tech University Health Sciences Center at El Paso	