



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 2.01-P General Exam Guidelines has been updated and is provided here for your review and approval.

| Reviewer | Date | Comment/Signature |
|-------------------|-----------|--------------------------|
| Doug Hayward | 8/25/20 | <i>[Signature]</i> |
| Dr. Tasinga | 8/25/2020 | Approved by Dr. Tasinga |
| Deb Murr | 8/24/2020 | <i>Debrah C Murr RN</i> |
| Jane Daughenbaugh | 8/24/20 | <i>Jane Daughenbaugh</i> |

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



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| KERN HEALTH SYSTEMS | | | | |
| POLICY AND PROCEDURES | | | | |
| SUBJECT: General Exam Guidelines | | | POLICY #: 2.01-P | |
| DEPARTMENT: Quality Improvement | | | | |
| Effective Date: 06/2006 | Review/Revised Date: 08/25/2020 | DMHC | | PAC |
| | | DHCS | | QI/UM COMMITTEE |
| | | BOD | | FINANCE COMMITTEE |

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Quality Improvement

POLICY:

Kern Health Systems (KHS) providers will provide medical exams according to the general guidelines outlined in this policy and procedure.

PROCEDURES:

1.0 PATIENT IDENTIFICATION

The patient's correct identification must be checked at all points in the office. Close attention should be paid to correct spelling and accurate information.

All office personnel responsible for the patient or for performing any treatment for the patient must check the identity of the patient prior to beginning the treatment by directly questioning the patient/patient representative about his/her name. This action is intended to prevent misadministration of medications or treatments. Orders must be verified to ensure accuracy of treatments.

2.0 PATIENT PRIVACY

Patients must be afforded all possible efforts to ensure privacy is protected during physical exams.

Doors must be closed when the exam is in progress. Privacy curtains must be drawn if available and appropriate. Patients must be draped to afford privacy.

3.0 CONFIDENTIALITY

Verbal and written communications must be kept confidential as outlined in KHS confidentiality policies and procedures.

4.0 USE OF CHAPERONES DURING PHYSICAL EXAMS

KHS recommends that the following guidelines of the American Medical Association be adopted by each contracted provider¹.

From the standpoint of ethics and prudence, the protocol of having chaperones available on a consistent basis for patient examinations is recommended. A policy that patients are free to make a request for a chaperone should be established in each health care setting. This policy should be communicated to patients, either by means of a prominent notice or preferably through a conversation initiated by the intake nurse or the physician. The request by a patient to have a chaperone should be honored.

An authorized health professional should serve as a chaperone whenever possible. The identity of the chaperone should be recorded in the note of the examination. If a patient is offered and declines the use of a chaperone, the practitioner should document this fact in the medical record.

In their practices, physicians should establish clear rules about respecting patient privacy and confidentiality to which all chaperones must adhere. If a chaperone is to be provided, a separate opportunity for private conversation between the patient and the physician should be arranged. The physician should keep inquiries and history-taking, especially those of a sensitive nature, to a minimum during the course of the chaperoned examination.

5.0 APPOINTMENT SCHEDULING AND FOLLOW-UP

PCPs are responsible for basic follow-up on missed appointments. The PCP is required to have office policies and procedures on missed appointments. PCPs should review the medical record of every KHS Plan member that has missed a scheduled appointment and direct staff to re-schedule the appointment in order to keep the member up to date with all preventive treatment and rule out acute or chronic care issues. The PCP/staff should contact the member to reschedule and document same in the member's record. Member response to all follow up contacts must also be documented in the medical record.

If a visit is urgent, the member must be referred appropriately.

REFERENCE:

¹ **Revision 2020-08:** Policy Reviewed. No revisions necessary. JDaughenbaugh, RN, QI Director **Revision 2020-01:** Use of Chaperones reference: AMA Principles of Medical Ethics: I, IV – AMA Code of Medical Ethics Opinion, 1.2.4. **Revision 2016-01:** Reviewed by QI Supervisor. Revisions made to signatory list.

¹ **Revision 2013-07:** Review completed by Director of Quality Improvement. No revisions required. Revision 2010-02: Policy reviewed by Director of Quality Improvement, Health Education and Disease Management. No revision required. **Revision 2002-04:** Created to combine various general exam guideline listed in multiple policies. Information moved from #3.22 – Referral Policy. Replaces #2.25 – Use of Chaperones During Physical Exams.

¹ Council on Ethical and Judicial Affairs of the American Medical Association, June 1998