

# Office Safety Policy & Procedure Manual

## 2011

### Section I

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Personnel	
OS-I100	<a href="#">Cultural Competence</a>
OS-I101	<a href="#">Identification of Staff members</a>
OS-I102	<a href="#">Non-physician Practitioners</a>

POLICY NUMBER	OS- I100
POLICY TITLE	<b>Cultural Competence</b>
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

### **Purpose**

To Provide culturally competent care to all patients.

### **Policy**

It is the policy that all members receive culturally competent care.

### **Procedure**

- 1) Spend a few minutes in small talk at the beginning of the visit before getting down to the medical task at hand. This can be done in English, or if your language skills are sufficient, in the patient's native tongue.
- 2) Show respect for the patient's beliefs about illness and health care.
- 3) Don't assume the patient dislikes you, doesn't trust you, or isn't listening because he or she avoids eye contact.
- 4) Determine what other culturally determined health care resources and methods the patient has used or continues to use while under care.
- 5) Verify how the patients will take their medication or follow the treatment plan.
- 6) Don't assume that the patient understands you and will follow your medical advice simply on the basis of his or her nod and a verbal "Yes, yes".
- 7) Be aware of the basic beliefs, values, and mores of various cultures.
- 8) Understand the value of the family's presence and role in the illness and recovery process.
- 9) Use an interpreter whenever appropriate.
- 10) Don't stereotype cultures ("All Mexican Americans like to be touched, all Asians do not")

Source: Joanne Desmond, The personal touch, *Life In Medicine*, Sept. 1994; P.9

### **Responsibility/Department Linkages**

Physician(s), PA, NP, Nursing & Staff / QA Assessment Department

POLICY NUMBER	OS- I101
POLICY TITLE	<b>Identification of Staff Members</b>
INITIAL EFFECTIVE DATE	11/02
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

### **Policy**

It is the policy to verify that health care personnel hold valid, current licenses and certifications.

### **Procedure**

1. All medical professional licenses and certification must be valid, current and issued from the appropriate agency for practice in California.
2. Office staff shall wear identification badges/tags printed with name and title in at 18-point type. At all times during business hours.
3. Documentation of licensure requirements are verified and filed at each supervisor physician office and is available to review upon request.
4. Documentation of education/training for non-licensed medical personnel is maintained on site.

### **Responsibility/Department Linkages**

QA Assessment Department, Provider Relations

POLICY NUMBER	OS- I102
POLICY TITLE	<b>Non-physician Practitioners</b>
INITIAL EFFECTIVE DATE	11/02
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

### **Purpose**

To insure that all Non-Physician Medical Practitioners meet minimum standards and continue to meet standards throughout their involvement with Health Plan/Medical Group patients.

### **Definitions**

Non-Physician Medical Practitioners are defined as: Nurse Practitioners, Nurse Midwife, or Physician Assistant. A physician must supervise non-physician medical practitioners directly or through protocols established according to the category of the Non-Physician Medical Practitioner. Non-Physician Medical Practitioners follow all referral authorization and quality assurance protocols established by the medical group.

Non-physician Medical Practitioners shall not have the authority to sign claim forms unless credentialed.

### **Policy**

There will be an up-to-date file for each individual which contains an application with a disclosure statement and current documentation. The file will contain documentation of the initial review of the file for completeness and compliance with the organizations standards by the Credential Committee. The initial review shall occur prior to acceptance of the practitioner as a contracted provider. The provider will be recertified at least every three years. The Credential Committee shall review the file which shall contain data regarding member complaints, results of quality reviews, utilization review trends and other materials.

### **Procedure**

Refer to Credentials Manual.

### **Responsibility/Department Linkages**

Quality Assessment, Provider Relations and Credentials