Kayla Kemper performed her externship at Dr. Richard Tarago’s office, a general practice clinic downtown that serves lower income patients, most of whom do not have medical insurance. Some patients have a co-payment of $5 to $25; others have no co-payment, depending on their income level. Kayla’s family is quite wealthy, and working with patients whose lifestyle is very different from hers has been an eye-opening experience. On many days she wanted to leave the clinic, because she realized that a large number of patients were unable to seek medical care at the start of an illness, and when they finally came to the clinic, they were in worse condition.

Kayla is a caring person, and she saw the suffering many patients experienced daily. She found it tough to see people who had difficulty obtaining health care, yet she realized that a large number of Americans have no insurance coverage at all. Kayla discussed her feelings with the clinic manager, Elaine Mays, and expressed her concern for the patients in the clinic. Elaine asked whether Kayla would like to continue working with the patients, and Kayla admitted that she would, although it was not easy for her. Elaine then suggested that because Kayla’s background is so different from the patients, she might want to stay at the clinic as a volunteer for a few months to add to her learning experience. She accepted the offer, and after 3 months as a volunteer, Elaine hired Kayla to work in the clinic full time. The patients consistently commented on how compassionately and considerately Kayla treated them. Kayla truly learned the meaning of giving as it relates to the medical profession. Her externship was the start of her full-time career.

While studying this chapter, think about the following questions:

- What are some issues that might prevent a medical assistant from showing compassion to all patients? How can these issues be resolved?
- Why is it a good practice to allow the person who uses a certain supply to order it?
- Why might outsourcing be less expensive than doing testing or procedures in the office?
- How might an extensive list of community resources be helpful to patients?

**LEARNING OBJECTIVES**

1. Define, spell, and pronounce the terms listed in the vocabulary.
2. List five specific actions that must be taken to prepare for patients before the office opens in the morning.
3. Explain why patient traffic flow is an important consideration in the office design.
4. List some of the expenses involved in the operation of a medical practice.
5. Describe how prices can be compared for medical office supplies.
6. Discuss the importance of routine maintenance of office equipment.
7. List several ways to save money in the medical office.
8. Discuss fire safety issues in a healthcare environment.
9. Discuss critical elements of an emergency plan for response to a natural disaster or other emergency.
10. Identify emergency preparedness plans in the community.
11. Discuss potential roles of the medical assistant in emergency preparedness.
12. Describe the fundamental principles for evacuation of a healthcare setting.
13. Explain the difference between medical waste and regular waste.
15. Explain why keys and alarm codes should be shared with only a few people.
Vocabulary

**advance** An amount of money or credit furnished in anticipation of repayment.

**backorder** An ordered item that is not delivered when promised or demanded but will be filled at a later date.

**budget** A plan for the coordination of resources and expenditures; the amount of money available or required for a particular purpose.

**discrepancies** Differences between conflicting facts, claims, or opinions.

**fiscal year** An accounting period of 12 months during which a company determines earnings and profit; the fiscal year does not necessarily begin in January; the business determines the beginning of its fiscal year.

**honorarium** A payment in recognition of acts or professional services, usually on a special occasion.

**incurred** To become liable or subject to; to bring down upon oneself.

**mitigating** To cause to become less harsh or hostile; to make less severe or painful.

**outsourcing** The practice of subcontracting work to an outside company.

**overhead** The ongoing administrative expenses of a business that are not directly associated with any specific business activity but are still necessary for the business to function (e.g., rent, utilities, insurance).

**packing slip** A list of items included in a shipment.

**proactive** Acting in anticipation of future problems, needs, or changes.

New medical assistants may have difficulty putting all their skills together and using them at the same time throughout the course of a day. Medical assistants must be multitaskers and must develop a good memory. They also must be efficient workers. While in school, medical assisting students spend several days learning a specific skill, such as phlebotomy. However, during the externship and on the job, the medical assistant may need to perform a phlebotomy, chart a procedure, and check out a patient, all within a matter of minutes.

Most of the general tasks in the physician's office are done daily, weekly, or monthly. Such tasks include preparing for the day, using the office policy manual, ordering and receiving supplies, cleaning, office budgeting, lunches and breaks, office security, travel arrangements, and ergonomics. The physician's office is a busy environment where the medical assistant encounters new challenges each day.

The more flexible the medical assistant, the more valuable he or she is to the physician. By learning and refining adaptation skills, medical assistants increase office efficiency, allowing the schedule to handle interruptions and emergencies. Remember that the patient is the reason the office exists and is of primary importance to the office staff. However, various tasks demand attention in the daily operation of the medical office.

**THE OFFICE POLICY AND PROCEDURES MANUAL**

Virtually all businesses have some type of policy and/or procedures manual, but it is especially important in the physician's office and other medical facilities. The manual should be easy to read, detailed, and logically organized. Besides providing administrative information, the manual also should provide procedural sheets that outline the steps of each procedure performed in the office. The manual should be a "living" document, constantly updated as technology advances and changed whenever regulations change. The manual must be reviewed annually for corrections and additions; this review must be documented as a step in the compliance with regulations established by the Occupational Safety and Health Administration (OSHA). Documentation can be a statement verifying that the manual has been reviewed; this statement should be dated and signed by the office manager or physician. One of OSHA's most common citations for noncompliance is having a policy manual but not following the stated policy in various areas. The medical assistant must form the habit of going to the office policy manual whenever in doubt about any procedure.

**Using the Office Policy Manual**

All employees should read the office policy manual when they begin working in the physician's office. Reading the manual helps the medical assistant become informed about the expectations of supervisors. However, the office policy manual is not only used for new employees (Procedures 12-1 and 12-2). The manual should be a reference that all employees use whenever necessary. OSHA requires that the policy manual be reviewed at least annually to make sure all the information is current and up-to-date. Whenever revisions are made, insert a page in the manual giving the date the revisions become effective.

After the revised manual has been reviewed and accepted, a memo can be distributed detailing the changes made and where to look for them.

The office policy manual should include sections that deal with several topics, such as:

- Expected employee performance
- Tardy and absentee policy
- Sexual harassment
- Confidentiality
- Vacations, sick time, and paid time off
- Employee evaluation
- Continuing education
- Chain of command
- How to deal with certain patients and visitors

Some offices require employees to sign a document stating that they have read and understand the entire policy. The manual should be written clearly and concisely in language that is easily understood. It should be used if a question arises about policy matters and also when an employee is unsure of the reason or
PROEDURE 12-1

Explain General Office Policies

GOAL: To communicate office policies and procedures effectively to employees, patients, and visitors in the office.

EQUIPMENT and SUPPLIES

- Office policy manual
- Office procedure manual (if not included in policy manual)
- Patient information sheets (if needed)
- Patient information brochure (if needed)
- Grievances
- Benefits
- Payroll information
- Other employee information

PURPOSE: To give employees and patients a written document that details general information that can be used as a reference when needed.

1. Offer the brochure to new employees and patients or to any other employees and patients who do not have a current brochure.

2. Briefly discuss each section of the brochure with new employees and patients.

PURPOSE: To acquaint employees and patients with the contents of the policy manual and answer questions that might arise about each section.

3. Watch for verification of understanding from the employee or patient, both verbally and nonverbally. Apply active listening skills.

PURPOSE: By watching a patient’s body language and listening to his or her questions, the medical assistant can determine whether the patient truly understands the information presented.

4. Demonstrate empathy in communicating with patients, family, and staff.

PURPOSE: To ensure understanding of the information presented.

5. Ask the employee or patient if he or she has any questions.

PURPOSE: To help prove an employee or patient was given certain information about policies and procedures.

PROCEDURAL STEPS

1. Design an office policy manual and patient information brochure that provides general information for employees and patients. At a minimum, the information should include:
   - Philosophy statement
   - Goals
   - Description of the medical practice
   - Location and/or map
   - Phone numbers
   - Pager numbers
   - E-mail and Web site addresses
   - Staff names and credentials
   - Services offered
   - Hours of operation
   - Appointment system
   - For employees:
     - Vacation, sick leave
     - Confidentiality

2. Provide instructions to the employee, patient, or visitor.

PURPOSE: To discover the best way to communicate information to a person who may have special needs.

3. Watch for verification of understanding from the individual, both verbally and nonverbally. Apply active listening skills.

PURPOSE: By watching body language and listening to questions, the medical assistant can determine whether the person truly understands the information presented.

4. Ask whether the person has any questions.

PURPOSE: To ensure understanding of the information presented.

5. If required, document in the medical record that the employee, patient, or visitor (if necessary) received the instructions.

PURPOSE: To help prove an employee or patient was given certain instructions about policies, procedures, and expectations or directions about treatment.

6. If required, document in the medical record that the employee, patient, or visitor (if necessary) received the instructions.

PURPOSE: To ensure understanding of the information presented.

7. If required, document in the medical record that the employee, patient, or visitor (if necessary) received the instructions.

PURPOSE: To help prove an employee or patient was given certain instructions about policies, procedures, and expectations or directions about treatment.

PROEDURE 12-2

Instruct Individuals According to Their Needs

GOAL: To communicate office policies and procedures effectively to employees, patients, and visitors in the office so that they understand instructions from the physician.

EQUIPMENT and SUPPLIES

- Office policy manual
- Office procedure manual (if not included in policy manual)
- Patient information sheets (if needed)
- Physician’s orders, if applicable
- Patient information brochure

PURPOSE: To make sure information is communicated and received accurately.

PROCEDURAL STEPS

1. Determine the communication needs of the employee, patient, or visitor.

PURPOSE: To discover the best way to communicate information to a person who may have special needs.

2. Arrange for an interpreter, if needed, or involve a family member to assist the patient with the treatment procedures.

PURPOSE: To make sure information is communicated and received accurately.

3. Watch for verification of understanding from the individual, both verbally and nonverbally. Apply active listening skills.

PURPOSE: By watching body language and listening to questions, the medical assistant can determine whether the person truly understands the information presented.

4. Ask whether the person has any questions.

PURPOSE: To ensure understanding of the information presented.

5. If required, document in the medical record that the employee, patient, or visitor (if necessary) received the instructions.

PURPOSE: To help prove an employee or patient was given certain instructions about policies, procedures, and expectations or directions about treatment.
way to proceed with a task. A procedures manual often is combined with the policy manual. Regardless of the setup, every office task should be detailed in one of the two documents.

**OPENING THE OFFICE**

Employees arrive earlier than patients so that the office can be prepared for the day. Some office policies dictate that the office be readied for the next day the evening before, but for the purposes of this chapter, assume that the policy requires preparation in the morning.

Although the physician may trust the employees, office policy should demand that supervisors be *proactive* in preventing theft. Depending on the size of the clinic, a certain number of employees will have keys and will know the alarm codes for the facility. The best policy is to monitor this access and information strictly. When numerous keys are distributed, more employees have after-hours access to the office. By limiting this access, the physician may prevent some losses to theft. Two things in particular make the physician's office a target: money and drugs. Usually, only a limited amount of cash is kept in the office. However, most offices keep some medications, often narcotics, which can be addictive or sold for a profit on the street. If such items are used, they must be protected, not only for safety but also to remain in compliance with the law. Even during regular office hours, the staff should practice careful methods, such as keeping back doors locked securely, so that only those authorized are able to enter the building.

**PREPARING FOR THE DAY AHEAD**

Once the employees have arrived for work, all of them should begin preparing for patients and visitors. Each employee is responsible for his or her own work space, and the staff may work as a team to prepare common areas of the office, such as the reception area. When each person understands the duties required and when they are divided up among the staff, work can be completed quickly and efficiently.

Several duties are completed before the patients arrive. The voice mail or answering service should be checked to collect any messages left since the last time the staff was in the office (Figure 12-1). Some answering services send calls by e-mail or fax. Make sure a phone message book is handy when retrieving messages; write each one into the message book and include all information needed to respond to the message properly. This ensures that copies of the messages are available if one happens to get lost. Patient records may need to be pulled so that the medical assistant can take action and follow up on the messages.

Print two copies of the day's appointments and place one copy on the physician's desk unless he or she chooses to view the appointments on a computer system. Use the other copy to pull medical records for the patients who will visit the office during the day if paper records are kept. If the office does not use electronic health records, keep the paper medical records in a convenient, central area so that staff members can find them easily once the patients begin to arrive. Make sure the physician has enough room in the progress notes section of the medical record to write the details of the office visit. If needed, add a new sheet of progress notes. Glance over the notes from the last visit to determine whether laboratory work or treatments were ordered and find out whether the results are available.

Patient exam rooms should be restocked with all the regular supplies used in the individual rooms. Items such as cotton balls, bandages, gauze pads, patient gowns, and drapes need to be replenished daily. The physician and patient should never be forced to wait in the examination room while the medical assistant searches for supplies. Check the restrooms to make sure adequate toilet paper, soap, and hand towels are available. If urine specimen cups and towelettes are kept in patient restrooms, make sure enough are available to last throughout the day.

Be sure prescription pads are available for the physician, although they should not be left in open areas or on counters (Figure 12-2). Physicians using electronic health records can print prescriptions directly from their computer system. Patients should never have access to prescription pads, because they might try to forge a prescription; this is a breach of federal or state law or both. Take extra care to keep prescription pads out of patients' sight.

Certain equipment may need to be turned on, such as computers, laboratory equipment, and copy machines. Lights should be turned on in all the examination rooms. If quality assurance tests need to be performed on any of the laboratory machines, run the tests and record the results.

Some specimens from previous days may need to be checked for results or additional testing, although many physicians today use outside laboratories. Always record test results in the patient's medical record. The medical assistant cannot decide whether a test result is abnormal; however, if that information is clearly indicated on the lab's report form, then act according to office policy. Some physicians only want to see the test results if they fall outside normal ranges. Most laboratories print test results so that abnormal results are emphasized; they may be printed in a different color ink or in a separate column labeled "Abnormal." If results are abnormal, the physician may
adapt to the physical design and help determine the best room layout for efficient patient traffic flow. The reception area is the first room most patients enter. Some physicians allow very ill patients to enter a back door, or a room separate from the reception area may be kept for these patients. This accommodation helps prevent well patients from contracting a communicable disease.

**CRITICAL THINKING APPLICATION 12-2**

One of the older patients seems concerned that an ill child is coughing excessively in the waiting area. How can Kayla help alleviate the patient’s concern? What can Kayla do to resolve the issue?

The fewer steps patients have to walk as they work their way through the medical office, the better the traffic flow. Avoid making patients backtrack over their previous steps, if possible. Many offices perform all procedures or treatments in the exam room. If the patient needs blood drawn, the medical assistant brings the equipment there. Some procedures (e.g., laboratory and x-ray procedures) require the patient to go to another room. Move the patient from one room to another only when no other option is available.

When moving through hallways, the medical assistant should walk on the right side, leaving the left side for those traveling in the opposite direction, similar to the way people drive in the United States. The same principle applies to patients using wheelchairs or some other form of walking assistance. Move or direct them along the right side of the hallway.

**VISITORS TO THE OFFICE**

Many people besides patients visit the physician’s office. Some of these individuals have appointments; others stop by at random. The office policy manual should detail the procedure to follow in dealing with such individuals. Most physicians prefer to set aside a specific time for pharmaceutical representatives (also called detail persons or drug reps). These professionals usually are quite competent and knowledgeable about various drugs, and they should be treated with respect by all members of the office staff. In the past, pharmaceutical representatives were allowed to leave memo pads, pens, and other gift items for the physicians and staff that advertised a certain drug or treatment. Nowadays, many states have laws that prevent pharmaceutical companies from providing these perks. However, some states may not have passed such laws, and physicians still can receive these items. Lawmakers are more concerned about perks such as an honorarium for serving as a guest speaker than about pens and notepads. However, many lawmakers believe that physicians’ prescribing habits are directly related to pharmaceutical company perks. The company’s goal is to educate the physician about their products so that the physician can better care for patients. Some states are developing laws that require reporting of any gifts of more than $25; in most states, this does not include the free samples of the actual drugs. In general, most physicians have decided not to accept these gifts so that no question arises of any breach of ethical conduct.
Pharmaceutical representatives are not the only salespersons who may visit the physician's office. Salespeople from office supply stores, medical equipment sellers, and others may stop by to make appointments or take orders for various items. The office manager usually can address the needs of salespeople and normally is authorized to place orders.

At times, other physicians stop by the office to see the doctor. They may not have an appointment, but the physician should be notified at once when another doctor is waiting in the reception area. If office policy allows, take the visiting physician to the doctor's office instead of forcing him or her to wait in the patient reception area. Because doctors understand busy schedules, most do not stop by another doctor's office without an important reason.

The physician's family members or friends may visit the medical office. Never send family members or friends away without notifying the physician of their presence and asking whether he or she has time to speak to them.

**DAILY, WEEKLY, AND MONTHLY DUTIES**

Develop a list of duties that are performed daily, weekly, and monthly. Checklists are helpful when staff members want to make sure all duties are completed. The lists help the supervisors divide work evenly among staff members. Be specific on the checklist and include every task that needs to be done, even the most insignificant ones. If a staff member is struggling to finish her daily duties, other staff members should assist so that all required tasks are completed for the day. Take the initiative and work as a team; the effort may be important when supervisors choose employees to promote or terminate.

**Constant Cleaning**

Patients expect the physician’s office to be immaculate. Nothing should be or appear dirty in any part of the facility. Keeping the office truly clean helps curb the spread of germs and communicable diseases. Effective cleaning products should be used daily, especially in high traffic areas. Counter tops, sinks, door handles, and restrooms should be checked frequently and cleaned whenever necessary. When and if slow periods occur between patients or during lengthy office visits, take a cloth and use a disinfectant on nearby counters or around door handles. Look for things to clean in the office. By being conscientious about these things, the medical assistant becomes more valuable to the physician. Supervisors and physicians notice this productivity; good cleaning habits reflect positively on the medical assistant and are important factors in employee evaluations.

**Cleaning Services**

Many offices employ a cleaning service that performs more intensive chores. These professionals usually come to the facility during the evening, when patients and staff are gone. They clean and disinfect the bathrooms, vacuum, dust, and empty trash. They also may perform other specific tasks as required by the office staff. The office manager should establish some means of communicating with the head of the cleaning team. Many offices leave a notebook for the cleaning crew that details specific cleaning tasks to be performed in addition to regular cleaning tasks. The office manager should delegate a staff member to be the contact person for the service. If any task is not completed in a satisfactory manner, immediately contact the cleaning supervisor and resolve the problem. Make sure a log is kept so that tasks are listed and note whether they were completed or the reason they were not completed. Always inspect what is expected; the cleaning service must perform the jobs it is being paid to do. Do not allow situations to go unresolved. Be open and frank with services that do not meet expectations.

**Filing**

The medical assistant rarely has a shortage of documents ready to be filed. Although this task sometimes is monotonous, filing is a critical job that must be completed accurately and in a timely manner (Figure 12-3). If a laboratory result is not placed in the right medical record, important information that may affect the patient’s health could be lost.

**SUPPLIES AND EQUIPMENT IN THE PHYSICIAN’S OFFICE**

The medical assistant is responsible for stocking exam rooms and making sure all supplies and equipment are available and in good
working order. The following section describes the process of ordering and receiving medical supplies and equipment.

### Identifying the Need for Specific Supplies

The medical assistant orders supplies periodically to ensure that the physician has everything needed to treat patients. The office policy and procedures manual details how employees should identify the need for certain supplies, order them, check them in, and place them in the office inventory for use. Nothing is more frustrating to the physician than reaching for an item during a procedure, only to find it is unavailable. Communication is the key to keeping supplies in stock.

### Budgeting

Most offices use an annual budget to determine the amount of money to be spent on various categories of expenses (Figure 12-4). Some expenses involved in the operation of a medical practice include:

- Salaries
- Medical supplies
- Business equipment
- Medical equipment
- Utilities
- Rent or mortgage
- Insurance
- Maintenance
- Taxes
- Laboratory fees
- Office supplies

Expense categories are important, because most business expenses can be deducted on tax returns, and staff salaries are directly related to the physician’s overhead costs. Always keep receipts when shopping for items to be used in the medical office and submit them in a timely manner to the office manager or other designated individual. Figure 12-4 presents an example of a budget for a medical office.

### Critical Thinking Application 12-5

Elaine has asked Kayla to prepare a budget for next year for her department. Kayla has never done this before. How can she prepare for this challenging task? What references can she use to develop an accurate budget for the coming year?

Businesses usually plan expenses for the year in advance, allocating expected income into various categories of expenses. Then, at least monthly, expenses are logged into a ledger or spreadsheet and separated into specific categories. This allows tracking of expenses to ensure that a category is not over budget. If a specific category of expenses is over budget, adjustments may need to be made to either allocate more funds to that category or to stop spending in that category until the next year. Exceeding the allowed amount in a budget is not necessarily uncommon; however, good business practice dictates that budgets come in very close to the estimations made at the beginning of the budget year. When a category goes over budget, money often must be taken from another budget category to cover the amount. This reduces the money available in the second category. Employees should not be allowed to spend money needlessly or wastefully. The physician should designate a minimum number of people to make purchases on behalf of the facility.

### Comparing Prices

A good shopper is an asset to the physician’s office. Compare prices when shopping for supplies and equipment. Tell salespeople that comparisons will be conducted and that price will be a strong consideration when the time comes to make a purchase. However, price should not be the only consideration. Warranties, bulk purchase opportunities, maintenance agreements, and other factors may influence the best deal available on a certain item. Quality is another important factor; the physician may be willing to pay more for an item based on its quality and durability. Personal preference also influences purchasing decisions. The clinical medical assistant may prefer one brand of needles over another, even though they are the same price. In most circumstances, those who regularly use a certain item should be allowed to decide the brand, model, or other specifics before the item is purchased.

Most companies produce a catalog, whether online or printed. When a need has been identified, compare the prices from at least three sources before placing an order. For instance, if 70% isopropyl alcohol is needed, and the stock must last 6 months, first determine how much is needed. Suppose that approximately one 16-ounce bottle is used per month in each of five treatment rooms. Further suppose that the following prices are listed:

<table>
<thead>
<tr>
<th>Supplier</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith’s Medical Supply</td>
<td>1 dozen bottles</td>
<td>$10.53</td>
</tr>
<tr>
<td>Argosy Medical and Dental Supply</td>
<td>2 dozen bottles</td>
<td>$17.44</td>
</tr>
<tr>
<td>Walgreen’s</td>
<td>1 bottle</td>
<td>$3.53</td>
</tr>
<tr>
<td>CVS Pharmacy</td>
<td>1 gallon</td>
<td>$6.12</td>
</tr>
</tbody>
</table>

If these prices are compared, and assuming all other aspects of the products are equal, buying bottles of alcohol at Walgreen’s clearly is a better deal than buying one or two dozen at either Smith’s Medical Supply or Argosy Medical and Dental Supply. The alcohol at Smith’s costs approximately 87¢ per bottle; at Argosy, the cost is approximately 72¢ per bottle. Is the gallon a better buy? Let’s work it out. The alcohol can always be poured into containers from the gallon bottle. A gallon has 128 ounces; it therefore can provide 8 16-ounce bottles: the cost per bottle is approximately 76¢. Walgreen’s, at 53¢ per bottle, has the lowest price. Still, if Walgreen’s is 15 miles away, the gas used to get the alcohol may push the total cost higher than the total cost of driving 2 miles to Argosy to buy the product. Also consider delivery and shipping and handling charges, as well as sales taxes, that might be added to the cost of the order. Some suppliers may cut the cost on certain items to get the order, either meeting or beating the deal offered by another supplier. Examine all costs before placing the order with a supplier.

### Ordering Supplies

Responsibility for ordering supplies in the medical office should be assigned to one person. The medical assistant who assumes this...
Chart of Accounts - Variance Analysis Template

<table>
<thead>
<tr>
<th>ALL EXPENSES</th>
<th>Budget 100%</th>
<th>This month</th>
<th>Last month</th>
<th>This month last year</th>
<th>This year to date</th>
<th>Last year to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital (IRS section 179) purchases</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Donations and contributions</td>
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<tr>
<td>Dues</td>
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<tr>
<td>Fees: Lab</td>
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<tr>
<td>Fees: Retirement plan</td>
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<tr>
<td>Insurance: Business</td>
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<tr>
<td>Insurance: Malpractice</td>
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<tr>
<td>Janitorial/maintenance</td>
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<tr>
<td>Journals</td>
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<tr>
<td>Lease payments: Equipment</td>
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<tr>
<td>Legal, accounting and consultants</td>
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<tr>
<td>Loan payments: Principal</td>
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<tr>
<td>Loan payments: Interest</td>
<td></td>
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<tr>
<td>Marketing: Ads, promotion and yellow pages</td>
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</tr>
<tr>
<td>Marketing: Meals and entertainment</td>
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</tr>
<tr>
<td>Meals: Business/staff meetings</td>
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<tr>
<td>Miscellaneous</td>
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<tr>
<td>Outside services</td>
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<tr>
<td>Postage</td>
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<tr>
<td>Rent and utilities</td>
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**FIGURE 12-4** Chart of accounts. Most physicians' offices operate on an annual budget to control expenditures and to make sure supplies and equipment are readily available.
PROCEDURE 12-3

Inventory Office Supplies and Equipment

GOAL: To establish an inventory of all expendable supplies in the physician’s office and follow an efficient plan or order control.

EQUIPMENT and SUPPLIES

- Computer
- Inventory and order control cards or stickers
- Computer spreadsheet or list of supplies on hand
- Pen or pencil

PROCEDURAL STEPS

1. Inventory all supplies on hand and enter this information into a computer spreadsheet.
   PURPOSE: To establish a record of all items in the current inventory.

2. Enter into the spreadsheet the name of the item, the number of items currently in stock, the usual price per item, and any bulk discounts.
   PURPOSE: To establish a beginning inventory.

3. Determine the point where the supply should be replenished and highlight or otherwise tag those items.
   PURPOSE: The notation or tag serves as an alert that supply is low.

4. Review the spreadsheet to determine which items are ready to be reordered.

5. When the order has been placed, note the date and quantity ordered on the spreadsheet.

6. When the order is received, note the date and quantity in the appropriate column, add the new inventory to the spreadsheet.

   NOTE: If the order is only partially filled, make note of items that are backordered and monitor until the order is complete.

7. Repeat the inventory and ordering process each month.

   PURPOSE: To ensure that all supplies are available in the facility when needed.

8. Periodically ask for input from staff members about specific supplies purchased for use in the facility.

   PURPOSE: To provide the people who use the individual supply items an opportunity to suggest products they prefer and that are easy to use, reliable, and efficient.

The task can use various methods to track the needed supplies and then place orders to replenish them. One simple method is to develop a spreadsheet that lists all the products and supplies that need to be ordered periodically (Procedure 12-3). Post the sheets in areas where supplies are stored. When staff members take supplies from storage, they should mark notes on the spreadsheet. When it is time to place an order, the sheets are gathered and used to determine which supplies need to be replenished. Some offices use software programs to prepare orders, and others use a computer system to enter products taken from the supply area. Still others may use a sticker system, in which a coded sticker is removed when a product is used and placed on a card or form; that amount then is charged to the patient. Others use a note card system, in which a note card is prepared for each supply item, and after the inventory has been performed; orders are completed based on the needs reflected by the note cards. After determining the items that need to be ordered, browse medical or office supply catalogs to shop for the best prices (Procedure 12-4). The order may need to be divided and offered to two different suppliers if certain items can be obtained at a better rate.

The Internet is a valuable tool for shopping for supplies. Businesses often find excellent prices and great discounts by ordering online (Figure 12-5). Some physicians and office managers may be hesitant to use credit card accounts online; however, if an account is established with an online supply company, they will hold payment information or perhaps extend credit, and the company credit card need not be used. Most physicians establish accounts with suppliers and pay the accounts monthly. Because credit card purchases involve fees and interest payments, the balance should be paid off monthly to prevent additional charges.

FIGURE 12-5 Competitive prices can be found using Internet research. Purchasing through the Internet is easy, safe, and convenient.

These charges increase each month a balance is carried on the account, which makes the actual cost higher than just paying cash for the order.

Ordering Equipment

Ordering equipment is more involved than ordering simple supplies. Much of the equipment acquired for the physician’s office is considered a capital purchase. Before purchasing this type of equipment, compare price, features, and benefits. The physician or office manager almost always is involved in the purchase of capital equipment. Different businesses use different monetary amounts to classify capital purchases; some use $1,000, whereas others may consider a capital purchase as one that exceeds $5,000. Physicians consult with accountants to determine the limits on
PROCEDURE 12-4
Prepare a Purchase Order

GOAL: To prepare an accurate purchase order for supplies or equipment.

EQUIPMENT and SUPPLIES
- List of current inventory
- Phone
- Purchase order
- Fax machine
- Pen

PROCEDURAL STEPS
1. Review the current inventory and determine what items need to be ordered.
   PURPOSE: To determine what is needed so that the office will not be overstocked or understocked.
2. Complete the purchase order accurately, filling in all applicable spaces and blanks with the information requested.
   PURPOSE: To create an accurately completed purchase order, which helps eliminate mistakes in the order and in shipments.
3. List the items to be ordered, including quantity, item numbers, size, color, price, and extended price. Be sure all applicable information is included.
4. Provide the physician’s signature, DEA certificate, and medical license when needed.
   PURPOSE: Some items require these documents to verify that the physician is eligible to order them.
5. Call in, fax, mail, or electronically submit the order to the vendor. Keep a copy for your records. Keep any verification provided that the order was received, such as a fax receipt.
   PURPOSE: To document exactly what was ordered on what date and provide proof that the order was received.
6. Note on the inventory which items are on order.
   PURPOSE: To keep other staff members from preparing duplicate orders.
7. Keep a copy of the order in the appropriate place in the office filing system.
   PURPOSE: To reference the order if needed and have a copy of the items ordered to compare with the packing list once the items arrive at the office.

The medical assistant has numerous options when looking for equipment to purchase. Start the search on the Internet to get an idea of the price range of the equipment, both new and used. Local suppliers offer catalogs detailing the products and equipment available, and the suppliers’ sales representatives can answer questions. Investigate whether used equipment might be for sale from the supplier. Physicians selling their practice or retiring might have equipment for sale. Obviously, some items should be purchased only from a medical supplier, but many great deals are available from various sources.

Receiving an Order
When an order arrives from a supplier, notify the person in charge of inventory. Boxes should be opened only if enough time is available to check them in properly. Carefully open the package and look for the packing slip, which is a list of items ordered and the items shipped. Occasionally an ordered item will not be included in the package because it has been placed on backorder. The item may be out of stock but will be sent to the physician as soon as it becomes available. Compare the items listed on the packing slip to the items found inside the box. If any discrepancies are found, bring them to the attention of the supplier immediately. Employees should never take items from the package before they have been checked against the packing slip. Once the order has been checked in, make a note on the packing slip that the package was received as expected and then place new stock in the proper place. Make sure stock is rotated, with the new items placed at the back and older items or those with earlier expiration dates placed at the front so that they are used first.

Warranty Information
Many purchased items include a warranty. Always mail warranty information to the manufacturer. Warranty cards usually resemble a postcard and have several questions about the purchase.
If the warranty card is completed and returned, the manufacturer can contact those who have purchased a certain product if defects are discovered or recalls are necessary. The warranty period begins on the date of purchase and usually lasts 1 year, but it can be longer, depending on the item purchased. Keep a copy of the completed warranty in a file with other information on the specific product or piece of equipment, such as the receipt for the purchase, expense records, owner’s manuals, and maintenance records.

**Invoices and Statements**

An invoice is an itemized list of goods shipped that specifies the price and the terms of a sale. A statement is a summary of a financial account that shows the balance due and transactions that affect the account. Invoices precede statements. A medical supplier may send an invoice when a sale has been completed, and statements are mailed whenever an account has a balance. Some invoices request payment upon receipt, whereas others allow a certain period to make a payment (Figure 12-6). Read invoices and statements carefully and make sure they are free of errors before making a payment.

**Troubleshooting Equipment Failure**

When equipment fails to function properly, consult the owner's manual to determine the steps for troubleshooting. The owner's manual includes contact information so that the purchaser can reach the manufacturer if necessary. Today, purchasers have additional contact options, such as e-mail and live chat via the Internet; both offer fast access for problems that need to be solved quickly.

**Equipment Maintenance**

Medical office equipment must be maintained regularly, especially machines that perform testing procedures. The Clinical Laboratory Improvement Act (CLIA) requires that controls and calibrations be performed. All these requirements are designed to ensure that patient testing is accurate and that those results are reliable. Remember that the maintenance must be performed by an authorized user of the equipment; in general, if an employee is authorized to use the equipment, he or she also can take care of maintenance issues.

The maintenance process is similar to maintaining a car in good working condition. Periodically, the oil, filters, and tires must be changed, brake pads must be removed and replaced, and the engine must be kept clean. Similarly, medical office machines must be kept in good repair and working condition (Procedure 12-5).

Maintenance guidelines are included in the owner's manual, and they should be the basis of any maintenance plan. The medical assistant can develop a maintenance schedule to ensure that all office equipment receives proper, timely attention. Keep all information about each equipment item in a separate file and add maintenance records as they are produced. Routine maintenance is important for keeping equipment in top working order, so that patient care is not affected by the availability of equipment. Some machines may require proof of maintenance records to honor warranties.

**PREVENTING WASTE**

Waste prevention reduces or eliminates waste before it is generated. Companies can reduce the cost of waste management, reduce long-term liability for the disposal of hazardous waste, and become more efficient to enhance profit margins. The key to successful waste management is the cooperation of employees; unless they are willing to participate in waste management efforts, most efforts will be unsuccessful. Employees in a physician’s office can reduce waste while saving money in the following ways:

- Use solar-powered calculators and battery rechargers
- Use refillable pens, pencils, and tape dispensers
- Use refillable calendars
- Use two-way billing envelopes
- Reuse file folders and binders
- Refurbish office equipment
- Use bulletin boards
- Reuse printer toner and ribbon cartridges
- Retrofit exit sign bulbs
- Convert to high-efficiency fluorescent lighting
- Reuse dishes
- Use reusable forced air filters
- Eliminate single-use cups
- Reuse single-sided paper

Avoiding waste and being conservative with products at the office saves money and may result in an increase in employee wages and benefits. Always participate in efforts to preserve products and be open to trying new conservation methods.

**LUNCH AND BREAK TIMES**

Even though the physician’s office is a busy place and often hectic, all staff members should take a morning and afternoon break and a lunch period. Many offices close between noon and 2 PM so that the staff can have lunch and use the time to rest and refocus (Figure 12-7). Although many people run errands and try to complete personal tasks during lunch, healthcare workers should make every effort actually to use breaks for their intended purpose so that they can serve patients to the best of their ability.
PROCEDURE 12-5

Perform and Document Routine Maintenance of Office Equipment

GOAL: To ensure that all office equipment is in good working order at all times.

EQUIPMENT and SUPPLIES
- Spreadsheet with information on each piece of office equipment, including serial number and servicing schedule
- Pen or pencil
- Computer
- Access to all office equipment

PROCEDURAL STEPS

1. Gather information about each piece of equipment, including at least:
   - Name of equipment
   - Type of equipment
   - Manufacturer’s or maker’s name
   - Manufacturer’s address
   - Contact phone numbers for technical support
   - Contact phone numbers for main office
   - Date purchased
   - Cost of product
   - Original receipt showing where the item was purchased
   - Date warranty begins and ends
   - Addresses to which equipment should be sent if under warranty
   - Number of times the equipment needs service in a year
   - Last date of service
   - Explanation of what was done during last servicing
   - Number assigned by the office manager to identify the equipment

   PURPOSE: To give the medical assistant all the information needed for maintenance and servicing of the equipment.

2. Place all the information about each piece of equipment into a spreadsheet.

   PURPOSE: To create a written record and documentation of all information about each piece of equipment.

3. Make a list of the months of the year. Note which equipment needs servicing in which month.

   PURPOSE: To create a calendar for equipment servicing.

4. Check the spreadsheet monthly to determine which equipment needs servicing that month.

5. Schedule equipment servicing and maintenance during the current month.

   PURPOSE: To establish a specific time the equipment will be available for servicing.

6. Check with co-workers to make sure servicing dates work with all schedules, especially if a piece of equipment will be out of service for any length of time.

   PURPOSE: To prevent scheduling conflicts during times the staff needs the equipment.

7. Schedule servicing appointments.

8. Oversee appointment scheduling to make sure the appointments are kept.

9. Record new information on the document or spreadsheet to reflect new times for servicing and any additional information.

   PURPOSE: To ensure that the most accurate information is on file about every piece of equipment in the office and that all maintenance records are documented.

FIGURE 12-7 Use lunch periods and breaks to relax. Don’t skip lunch or breaks, because this practice can lead to burnout.

Try to alternate lunch times so that some assistants go to lunch during the first hour and some during the second hour. Be respectful of lunch hours and break times by leaving and returning at the appropriate time. Remember to clean any dishes used and put them away, as well as food items that should be returned to the refrigerator. Medical supplies that need to be refrigerated cannot be stored with food. Leftovers should be removed at least once a week. All employees should have a hand in keeping the lunch or break area clean.

SENDING AND RECEIVING E-MAIL

Electronic communications are sent and received frequently throughout the business day. E-mail used in the professional office should have a professional tone, good grammar, and accurate spelling. Never use Internet slang or abbreviations in any professional message. Treat e-mail information as confidential if it relates to a patient. Use the office e-mail system for work-related messages only. Use a separate, personal e-mail address for information that is not business related. The information on the
PROCEDURE 12-6

Use the Internet to Access Information Related to the Medical Office

GOAL: To use the Internet to research any topic related to the medical office.

EQUIPMENT and SUPPLIES

- Computer
- Topic for research
- Printer

PROCEDURAL STEPS

1. Start the computer, if necessary.
2. Open a Web browser (e.g., Internet Explorer or Firefox).
   PURPOSE: The Web browser allows the user to access a home page, from where a search engine can be activated.
3. Open a search engine (e.g., Yahoo, Google, Dogpile, Alta Vista, WebCrawler).
4. Type the subject of the research in the Search box.
5. Review the results.
   PURPOSE: To make sure the search results contain valuable information on the subject.
6. Determine whether the search results are from a reliable source.
   PURPOSE: To obtain quality, accurate information from a source that can be trusted.
7. Decide what information is pertinent to the research project.
8. Print the information, if desired.
   PURPOSE: To make a hard copy of the information for later reference.
9. Create a file on the computer to store information about the research subject.
   PURPOSE: To allow referencing of the research information without repeating the search.

company computer belongs to the company; it does not belong to the user. If family and friends send jokes or off-color comics, the user can be held responsible for them and ultimately terminated for their content. Refrain from sending and receiving such messages on business computers.

A good general rule to follow is not to refrain from sending any e-mail at the workplace that supervisors should not read. Remember that the information services staff often can find e-mails and other improper files on computers, even if they have been deleted. Also, some computer systems can be monitored in real time, with every keystroke recorded and every Web site visited logged. Many businesses require employees to sign a statement that explains acceptable use of the Internet, e-mail, and computer systems policies. Employees may be terminated for noncompliance with these policies or improper use of the computer system.

INTERNET RESEARCH

The medical assistant may be asked to research various types of information using the Internet (Procedure 12-6). If a word or phrase is entered into a search engine, various Web sites containing the word or phrase appear on the results screen. Not all articles found on the Internet are reliable; some are completely false, and others are simply one person’s or group's opinion. Look for information from sites that can be trusted, such as the American Heart Association or the American Medical Association. Once a good, informative site has been found, read through it carefully, because it may lead to more sites that provide additional information.

TRAVELING FOR BUSINESS PURPOSES

Throughout the course of a fiscal year, employees may attend seminars or workshops to gain additional information, learn new techniques or procedures, and obtain continuing education units (CEUs), which may be needed to maintain certification.

Seminars and Workshops

Both physicians and office staff members periodically attend seminars or workshops to participate in continuing education events or to learn new skills. Physicians are required to accumulate a certain number of continuing education credits each year, and medical assistants also may need continuing education credits, depending on his or her type of certification. When planning to attend a seminar, consider not only the cost of the sessions, but also the cost of travel to and from the seminar and of lodgings, gas, and food. Invitations to attend seminars often arrive in the mail, although some arrive by e-mail. Watch for enrollment deadlines and make sure registration is done before the deadline date. Some seminars offer great discounts if registration is completed early.

Scheduling Travel, Hotel Rooms, and Car Rentals

The location of the event often dictates the type of travel arrangements that should be made (Procedure 12-7). Distant locations usually require an airline flight. A travel agent sometimes is used to book flights and hotel rooms, but more and more, companies are booking their own flights using the Internet. Other trips involve car travel. Staff members who travel by car are entitled to reimbursement for mileage expenses; in fact, the company should reimburse any reasonable business expense incurred.

Many organizations suggest hotels on the brochures for events. If the physician prefers a certain hotel, reservations should be made at that location if possible. However, do not hesitate to suggest a different hotel if one is closer to the event or offers a better price for the same amenities.

Renting a car may be necessary so that staff members can travel from place to place while attending the seminar. Take care
PROCEDURE 12-7

Make Travel Arrangements

GOAL: To make travel arrangements for the physician or another staff member.

EQUIPMENT and SUPPLIES

- Travel plan
- Telephone
- Telephone directory
- Computer

PROCEDURAL STEPS

1. Verify the dates of the planned trip; consider:
   - Desired date and time of departure
   - Desired date and time of return
   - Preferred mode of transportation
   - Number in party
   - Preferred lodging and price range
   - Ticketing method
2. Telephone a trusted travel agency to arrange for transportation and lodging reservations or book the trip using Internet resources.
   PURPOSE: A travel agent might be better suited to answer questions about regulations for international travel. The Internet is an easy way to book trips and compare costs.
3. Arrange for traveler’s checks, if desired.
   PURPOSE: Using traveler’s checks is better than carrying large amounts of cash; they can be easily replaced if lost or stolen.
4. Print tickets or e-receipts from the computer.
5. Using the travel plan, check the tickets for errors.

PURPOSE: To prevent errors resulting from misunderstanding and to verify compliance with travel requests.
6. Check to see that hotel and airline reservations have been confirmed and note the confirmation numbers.
7. Prepare an itinerary:
   - Date and time of departure
   - Flight numbers or identifying information for other modes of travel
   - Mode of transportation to hotel (or hotels)
   - Name, address, and telephone number of hotel and confirmation numbers if available
   - Name, address, and telephone number of travel agency
   - Date and time of return
   PURPOSE: The itinerary provides the details of the entire trip at a glance and is a more organized way to keep up with times, dates, confirmation numbers, and other details all in one document.
8. Keep one copy of the itinerary in the office files and e-mail or give one to the office manager and/or physician.
   PURPOSE: To help locate the traveler, if necessary, at every point of the trip.
9. E-mail or give several copies of the itinerary to the traveler.
   PURPOSE: To provide the traveler with extra copies for family or friends.
10. Collect all travel receipts when the traveler returns.
    PURPOSE: To prove all expenses during business travel, for tax purposes.

when using a debit card to pay for rentals or deposits. Many establishments place a hold on the estimated total balance due, even if the balance may be paid in cash. This process could place a hold on available funds until the payment actually clears.

1. Travel Receipts

Travelers should keep all receipts obtained during the trip and turn them in to the office manager. Most business trip expenses are tax deductible. After the traveler returns to the office, a travel expense report should be completed, which details the expenses incurred and any repayment due the employee. Some businesses provide the traveler with advance money, which must be reconciled once all receipts have been collected. Remember that some businesses allow a set dollar amount for meals, such as $10 for breakfast, $20 for lunch, and $35 for dinner. Account for each expense on the report and attach the receipts, then turn the report in to the designated person. Make a copy for personal records. Taxes should not be taken out of business expense reimbursements.

2. BASIC SAFETY AND SECURITY IN THE MEDICAL OFFICE

No one knows when the safety and the security individuals enjoy will be jeopardized. The saying “better safe than sorry” has never been truer than today. Never assume that any place of business is immune to crime.

1. Suspicious Persons

If a suspicious person enters the office, make every effort to keep a distance. Staff members should stay behind the counter or desk so that the person cannot grab or gain control of one of the employees. If you feel a serious concern about a suspicious individual, try to notify another employee early in the conversation. Pick up the telephone and dial the office manager's extension. Plan a code in advance for different emergency situations. For instance, use the phrase, “Norman is here to see you,” which relates to Norman Bates of the movie Psycho, a frightening character. This alerts the office manager that a potential problem has arisen at the front desk and the police should be called. Even if the situation isn’t a life-threatening emergency, the police would rather respond to a false alarm than arrive to find a crisis.

1. Robbery

Although physicians' offices rarely have an excess of cash on hand, thieves may assume that there is money to steal or, more likely, narcotics. Do not argue or fight with such people. Give them
what they want; the object is to get them out of the office as quickly as possible. Once they are out, lock the doors and call the police. Do not touch any items the robber touched so that the crime scene is preserved. When such a situation occurs, employees clearly will be under duress; however, they should make every effort to remember basic identifying markers:

- Height
- Weight
- Hair color and length
- Clothing, especially the color
- Race
- Distinctive marks (e.g., scars, tattoos)

Make the observations as subtly as possible; criminals rarely react well to being sized up for later identification. If the criminals refuse to leave the office and the situation escalates, make every effort to find out what the person wants that will prompt him or her to leave. Remain as calm as possible throughout the ordeal. For more safety tips for employees, visit the Evolve site at evolve.elsevier.com/kimm.

### Office Security

Various valuable items can be found in the medical office. Narcotics are stored in a locked cabinet, and cash and checks are kept in the office. Prescription pads, cash, and checks must be locked up securely and kept out of sight. For these reasons, the office must always be secure. A thief does not know whether the office has narcotics or cash but will assume that they are available. Even if the office has neither, the staff must be prepared for office crime and be proactive in preventing such situations.

Alarm systems are often used to protect the medical office. Either the office is monitored, or an alarm sounds when tripped. Monitored alarms go off when a door or window is opened and the security code is not entered into the unit. When the alarm is tripped, an employee of the alarm company attempts to call the office to determine whether a true emergency exists. If no one answers, the alarm company sends the police to the facility. Occasionally a false alarm sounds, prompting the police to investigate. Many alarm companies charge the business a fee when the alarm is not a valid emergency.

Only a few staff members need to know the alarm code. The office manager and those who open and close the facility need to know the code, as does the physician. The fewer people who know the code, the better. A combination of letters and numbers is best for alarms, rather than a strictly numeric or alphabetic code.

The office manager should make daily bank deposits, putting all the cash and check payments from patients into the physician’s checking account. The only cash that should remain in the office is a minimum amount of petty cash. Remember, a person who decides to rob the facility may assume that the physician has an abundance of cash on hand. Unless daily deposits are made, that assumption may be true.

### Smoke Alarms and Fire Extinguishers

Smoke alarms should be installed in every physician’s office. The two basic types of smoke alarms are photoelectric alarms and ionization alarms. If nuisance alarms continually sound (e.g., from making popcorn in the lounge area), changing the type of alarm may solve the problem. Smoke alarm batteries must be changed twice a year; the best time to do this is when daylight savings time occurs. Although the old batteries may not be dead, new ones will be fresh and certainly will last 6 months.

Fire extinguishers must be readily available and prominently mounted in a visible, convenient place. The extinguishers must be serviced annually by a fire professional certified to perform inspections. Also, staff members should be trained in the use of fire extinguishers; most fire departments offer this training for free or at a nominal charge. A multipurpose ABC fire extinguisher is appropriate for a small business. Staff members can remember the basic use of the fire extinguisher by memorizing the mnemonic device PASS:

- **P**—Pull the pin
- **A**—Aim the hose
- **S**—Squeeze the handle
- **S**—Sweep the nozzle

To determine whether a physician’s office is safe, answer the following questions:

- Are all exits accessible and unobstructed?
- Are all fire extinguishers operable and properly locatable?
- Are all emergency lighting units and exit signs operable?
- Are any extension cords or multiplug adaptors in use?
- Does an escape plan exist with two ways out and do employees know how to use it?
- Are fire alarms and the sprinkler system functioning correctly and easily accessible?
- Are all materials stored neatly and orderly without obstructing the sprinkler heads?
- Are all flammable liquids and materials stored away from heat sources?
- Are all plumbing, mechanical, and electrical systems functioning properly?

### Fire Exits and Exit Routes

At least two exits in the medical facility must be designated fire exits. These exits must be clearly marked and easily accessible. The exit doors must remain unlocked during business hours so that people can get out in case of a fire or other emergency. For security reasons, doors can be locked on the outside but have an exit bar on the inside that allows people to leave by pushing on the exit bar.

Employees should have regular drills that allow them to practice evacuating the building. An escape plan must be posted in every room of the facility showing the exit routes from that particular room. Two escape routes from each room should be posted, a primary route and a secondary route. Before leaving through a door, feel it; if it feels warm, exit by another route. If the facility is two stories tall, have ladders ready that attach to a window and unfold to allow escape. Buildings with two or more stories also should have stairwells that can be used in case of fire.

### EMERGENCY PREPAREDNESS

According to the Federal Emergency Management Agency (FEMA), an emergency is any unplanned event that can cause death or significant injury to employees, patients, or the public.
PROCEDURE 12-8
Develop a Personal (Patient and Employee) Safety Plan

GOAL: To ensure patient and employee safety during any hazard or emergency situation.

EQUIPMENT and SUPPLIES
- Hazard assessment for facility
- Office policy manual
- Community resource information
- List of contact information for all employees
- Clerical supplies for emergency action plan

PROCEDURAL STEPS
1. Complete a hazard vulnerability assessment for the facility.
   PURPOSE: To determine any potential hazards that could affect the facility and its patients and employees.
2. Consult the other health facilities in the area, as well as emergency providers and law enforcement, to determine their roles in hazardous or emergency situations.
   PURPOSE: To determine the facility’s role in a community-wide emergency and to gain an understanding of the services likely to be available or unavailable.
3. Review the hazard vulnerability assessment with the physician, supervisors, and employees.
   PURPOSE: To discuss the findings from the assessment and determine where action should be taken to plan for various potential safety issues.
4. Determine the method personnel will use to report their readiness for duty during any hazardous or emergency situation.
   PURPOSE: To account for each employee and evaluate additional personnel needs.
5. Develop an emergency operations plan (EOP) for each type of hazard that exists for the facility, based on its location, common weather issues, and disasters that might occur.
   PURPOSE: To be able to act quickly and efficiently if a hazard or disaster occurs.
6. Discuss and determine what hazards might exist both for patients and for employees and then make provisions for patient and employee safety.
   PURPOSE: To protect patients and employees as a primary concern and to determine how best to care for both in a hazardous or emergency situation.
7. Determine what, if any, medical care can be given in the various hazards or emergencies that might affect the facility.
   PURPOSE: To be able to access and begin medical care quickly where needed during a hazardous situation or emergency.
8. Establish a clear chain of command for any hazard or emergency situation.
   PURPOSE: To make sure all employees know the chain of command so that the safety plan can be executed quickly and efficiently.
9. Make sure all employees remain within their scope of practice while carrying out the steps in the emergency action plan.
   PURPOSE: To continue to respect the scope of practice during emergency situations.
10. Act as a team and assist other workers as tasks are completed during the emergency. Relieve workers and allow for breaks and rest periods when necessary. Be compassionate toward all patients.
    PURPOSE: To recognize the effects of stress on all persons involved in emergency situations.
11. Continually evaluate personal stress and the need for breaks and rest during emergency situations.
    PURPOSE: To demonstrate self-awareness in responding to emergency situations.
12. Determine how resources will be restored for essential services and develop a list of contact for every utility and service that affects the facility.
    PURPOSE: To maintain information to help the facility restore essential services (e.g., electricity) as quickly as possible.
13. Determine what areas of the facility might be vulnerable during an emergency and determine how those areas will be protected.
    PURPOSE: To protect vulnerable property and equipment against loss.
14. Conduct quarterly drills to practice initiating the emergency plan.
    PURPOSE: To be ready for hazardous situations and emergencies before the actual event and to make sure that each employee understands his or her role during an emergency.

Emergencies can immediately shut down a business, disrupt operations, cause physical or environmental damage, or threaten a facility’s financial standing or public image. All the following events are considered emergencies:
- Fire
- Hazardous materials spill
- Flood
- Hurricane
- Tornado
- Winter storm
- Earthquake
- Communications failure
- Terrorist act or attack
- Bioterrorism
- Civil disturbance
- Explosion

The event does not have to be a large-scale disaster to affect the medical community adversely.

Emergency management is the process of preparing for, mitigating, responding to, and recovering from an emergency (Procedure 12-8). Every medical office needs an emergency operations plan (EOP). The objectives of the plan should include:
1. Protecting the safety of patients, visitors, and staff
2. Providing prompt, efficient medical care
3. Establishing a clear chain of command
4. Maintaining and restoring essential services as quickly as possible
5. Protecting clinic property, facilities, and equipment

The first critical step in emergency preparedness planning is to determine what emergencies or disasters might happen in a single medical facility or in a general area. Kaiser Permanente has created a Hazard Vulnerability Assessment (HVA), which can be used by any medical facility to identify the hazards in a particular geographic area (Figure 12-8). After considering all the information gained by reviewing the HVA, outline an EOP that addresses each of the hazards that might affect the physician's office. Once those hazards have been identified, determine the steps that must be taken to enable the facility to respond properly to each hazard. Consider whether additional equipment and supplies must be purchased or whether the office list of community resources is up-to-date and can handle several referrals at once (Procedure 12-9).

How would the office staff handle a mass influx of emergency patients, if need be, while still treating the patients scheduled on a particular day? What type of documentation would be necessary when caring for mass emergency patients? What medications are necessary to treat patients in an emergency? The HVA can help the physician and staff answer these and other questions, which will prepare them for many different types of emergencies.

The physician and staff should be ready to offer their services if disaster strikes, especially during a natural disaster such as a hurricane, flood, fire, or other emergency situation. Remember, the medical assistant can only perform duties for which he or she has been trained, but can certainly assist a physician and take his or her direction as emergency care is given to a patient.

After the EOP has been written and reviewed, every employee on staff must be trained in how the plan should be followed. Written copies must be easily accessible. Employees should hold emergency drills once a quarter to practice their response. Without practice, the EOP will not work as smoothly as when employees know their roles and responsibilities during emergencies. One person should be designated the facility's safety officer. Make sure the chain of command is clear and all employees know to whom they should report for assignments during activation of the EOP.

The medical assistant plays an important role in an emergency. All medical assistants must have current training in cardiopulmonary resuscitation (CPR) and first aid, and they must be able to perform the procedures for which they were trained in both capacities. Be willing to help wherever help is needed. Realize that stress compounds medical emergencies and can complicate other medical problems. Be aware of the personal need to step away for a few moments and collect your thoughts, or just take a few moments to breathe in and out slowly. Often only a few minutes away from the situation provides a new surge of energy to take back to the job at hand. The smallest acts are vital in an emergency; even the simple task of taking down names and injuries helps emergency workers process patients faster and get them the care they need. Make it a habit to be a volunteer and put to use the valuable medical skills you have learned in class, during the externship, and on the job.

Before an emergency arises, the office must make contingency plans for information. All healthcare facilities need backup plans for the following:

Medical Center Hazard and Vulnerability Analysis

This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard-specific scale. Assume each event incident occurs at the worst possible time (e.g., during peak patient loads).

Issues to consider for probability include, but are not limited to:
1. Known risk
2. Historical data
3. Manufacturer/vendor statistics

Issues to consider for response include, but are not limited to:
1. Time to marshal an on-scene response
2. Scope of response capability
3. Historical evaluation of response success

Issues to consider for human impact include, but are not limited to:
1. Potential for staff death or injury
2. Potential for patient death or injury

Issues to consider for property impact include, but are not limited to:
1. Cost to replace
2. Cost to set up temporary replacement
3. Cost to repair
4. Time to recover

Issues to consider for business impact include, but are not limited to:
1. Business interruption
2. Employees unable to report to work
3. Customers unable to reach facility
4. Company in violation of contractual agreements
5. Imposition of fines and penalties or legal costs
6. Interruption of critical supplies
7. Interruption of product distribution
8. Reputation and public image
9. Financial impact/burden

Issues to consider for preparedness include, but are not limited to:
1. Status of current plans
2. Frequency of drills
3. Training status
4. Insurance
5. Availability of alternate sources for critical supplies/services

Issues to consider for internal resources include, but are not limited to:
1. Types of supplies on hand/will they meet need?
2. Volume of supplies on hand/will they meet need?
3. Staff availability
4. Coordination with MOB's
5. Availability of back-up systems
6. Internal resources ability to withstand disasters/survivability

Issues to consider for external resources include, but are not limited to:
1. Types of agreements with community agencies/drills?
2. Coordination with local and state agencies
3. Coordination with proximal health care facilities
4. Coordination with treatment specific facilities
5. Community resources

FIGURE 12-8 Hazard and vulnerability analysis as an emergency preparedness tool for physicians' offices. (Modified from Kaiser Foundation Health Plan, Oakland, Calif.)

- Communications
- Emergency power
- Information systems support
- Electronic medical records
- Human resource information
PROCEDURE 12-9

Maintain a Current List of Community Resources for Emergency Preparedness

GOAL: To help patients find organizations that can assist with their needs during an emergency and to establish a list of community resources that can be used for referral purposes during any type of emergency.

EQUIPMENT and SUPPLIES

- Phone book
- Internet access
- Library access
- Newspapers
- Local volunteer guides
- Computer
- Pen or pencil
- Notepad

PROCEDURAL STEPS

1. Research the emergency resources available locally, regionally, and state-wide using the Internet, phone book, newspapers, and other guides.
   PURPOSE: To become familiar with various agencies that provide services in the local area.

2. Open a document on the computer in either a word processing program or a spreadsheet. Create a list of the resources in the document. Include the following information:
   - Name of agency
   - Purpose or mission of agency
   - Physical address
   - Mailing address, if different
   - Phone numbers
   - Web site address
   - Contact name and email information

   3. Update the information whenever a change is needed.
   PURPOSE: To provide the most accurate information possible and shorten response time during an emergency.

4. Provide referrals to agencies when patients and their friends or families ask for it or when the physician recommends referral.
   PURPOSE: To get patients the help they need.

5. Ask patients for feedback, if possible, after they have used the agency's services.
   PURPOSE: To make sure the agencies are hospitable and provide the expected services.

6. Make note of those referred to the agencies and their experience, if applicable.
   PURPOSE: To provide a record of the referral.

7. When faced with an emergency, remain as calm as possible and keep the focus on the needs of the individuals who require assistance.
   PURPOSE: Emergencies can be extremely stressful for medical personnel, just as they are for patients. To be helpful, the medical assistant must remain calm and stay focused on the task at hand.

8. Step away from emergencies for brief breaks whenever possible.
   PURPOSE: To reduce stress and allow the medical assistant to regain a sharp focus on the tasks at hand.

Also, identify employees with special skills that might be useful in an emergency. For example, those who speak another language could help with patients of other cultures. All personnel at the medical facility need to know their role and where they should report in emergencies. By being prepared in advance, the physician's office team can execute its EOP efficiently and in a timely manner. Identify and learn as much as possible about the EOPs of other local and regional medical facilities and determine how the physician's office can assist if a larger scale emergency occurs. Remember that in a serious regional emergency, community emergency workers such as fire, police, and paramedic personnel focus their efforts where the need is greatest. Be prepared to support their efforts and to contribute to the emergency response.

Evacuating the Health Facility

An evacuation cannot commence until an order has been given by the safety officer. All lights should be on and the exits must be clear, allowing for the unhindered evacuation of both patients and employees. Attempt the first exit route, then use the second if the first route is impassable. Evacuate the people nearest the danger first, and then systematically evacuate all other persons, closing doors as they are passed. If traveling through smoke, keep low; do not allow anyone to run in smoke-filled areas. Do not enter doors that feel warm or those that emit smoke when opened slightly. Take everyone to the designated assembly area, leaving one staff member there to ensure that no one returns to the facility for any reason. Keep a count on all persons and notify the safety officer if someone is missing.

WASTE STORAGE AND DESTRUCTION

Two basic types of waste are found in physicians' offices: medical waste and regular waste. Medical waste includes anything that once was part of the human body. Everything that originates in the human body is not considered medical waste; the place where it is encountered makes the distinction. A used Kleenex in the trashcan in the reception area restroom is considered regular waste; however, that same tissue left in an exam room is considered medical waste. Most offices use a trash service to remove regular waste. Removing medical waste is slightly more complicated (Figure 12-9). OSHA requires records to prove that (1)
medical waste was collected by the removal waste service, and (2) that the same waste was destroyed by the waste service. The medical waste service usually comes every few days, and the waste is picked up and then destroyed by incineration.

**FIGURE 12-9** OSHA requires proper disposition of medical waste. The office must keep records of waste removal and incineration.

### ERGONOMICS

Ergonomics is the applied science concerned with designing and arranging items so that they interact efficiently and safely. Most office injuries are caused by falls, repetitive movements, awkward postures, reaching, bending over, lifting heavy objects, or applying pressure or force (Figure 12-10). Most workplace injuries can be prevented by using proper body mechanics (Procedure 12-10). OSHA developed a four-pronged approach to addressing musculoskeletal disorders in the workplace. The approach includes a combination of industry-specific and task-specific guidelines, outreach, enforcement, and research. Since the implementation of these measures, OSHA has seen significant improvement in these problems. Plenty of information on ergonomics is available online, both through a general search and on the OSHA Web site. Most employers include information about ergonomics in the employee orientation and training and in handbooks.

Guidelines are designed to educate individual workers about the ways ergonomics can affect them and how they can be injured by performing their everyday work duties. OSHA enforces ergonomic standards to ensure that employers take the necessary precautions to prevent ergonomic injuries and protect their employees. Ergonomic injuries must be reported annually on the appropriate OSHA forms.

### PROCEDURE 12-10

**Use Proper Body Mechanics**

**GOAL:** To prevent workplace injuries through the use of proper body mechanics.

**PROCEDURAL STEPS: LIFTING**

1. Take a moment to evaluate the job and determine the best approach to the task.
   **PURPOSE:** To think before acting, so that proper body mechanics can be used to prevent injuries.
2. Test the weight of the load to lift and determine whether help is needed to move it safely.
   **PURPOSE:** To avoid lifting weights that are too heavy for one person.
3. Bow forward, then squat at the knees in front of the object.
   **PURPOSE:** To steady the body and prepare for the lift.
4. Lift the object, moving straight up, and steady the body before beginning to walk.
5. When placing the object, squat down and bend at the knees.
   **PURPOSE:** To avoid injury during the lifting and placing process.
6. Stand carefully, placing equal weight on both feet.

**PROCEDURAL STEPS: COMPUTER USE**

1. Sit directly in front of the computer monitor, avoiding a left or right placement, and use scroll bars on the screen to keep the working text in a comfortable position.
   **PURPOSE:** To eliminate neck twisting.
2. Adjust the monitor to a comfortable height, so that the user's eyes line up 2 to 3 inches below the top of the monitor casing.
   **PURPOSE:** To avoid neck and shoulder pain.
3. Adjust the viewing distance to approximately an arm's length.
   **PURPOSE:** At this distance, the user should be able to see the monitor clearly without making any bodily movements.
   **NOTE:** Remember that the text size can be adjusted in most software programs, which makes it easier to read and edit.
4. Keep the wrists straight and flat as they are placed on the keyboard.
   **PURPOSE:** To avoid repetitive motion injuries.
5. Keep the upper arms and elbows close to the body while typing and using a mouse.
6. Sit all the way to the back of the chair instead of leaving space between the chair and the body.
   **PURPOSE:** To prevent back and shoulder strain.
7. Keep the head and neck as straight as possible while working at the computer.
8. Place the feet flat on the floor or on a footrest.
9. Take a short break to stretch after 1 hour of steady work.
   **PURPOSE:** To allow the body to move and rest.

More information on body mechanics is available on the Evolve site.
ERGONOMICS AND PREVENTING WORKPLACE INJURIES

Eye Strain
- Make sure the lighting is as even as possible in the office, no glaring or flickering lights.
- Place the monitor at a comfortable horizontal distance for viewing.
- Reduce glare by using an antiglare filter or an LCD display.
- Use a high-quality computer monitor; text characters should look sharp and clear.
- Set up the monitor to reduce eye strain; the monitor should be placed directly in front of the user, just below the straight ahead gaze.
- Take an eye break every 15 minutes or so to give the eyes a chance to relax and reduce strain.

Back, Neck, and Shoulder Pain and Injuries
- Take frequent breaks and change positions every 20 to 30 minutes.
- Warm up or stretch before starting activities that include repetitive movements or prolonged positions.
- Avoid twisting or bending movements.
- Position equipment directly in front of the user.
- Place the back and shoulders against the backrest of the chair.
- Avoid overstretching or overreaching; keep feet flat on the floor.
- Avoid bending the neck forward for prolonged periods.
- When lifting heavy objects, bend from the hips and not the waist.

Back Pain Prevention: Five Harmful Habits
- Refrain from twisting when lifting.
- Get close to the object.
- Bend the knees and grasp the object firmly.
- Lift straight up in one fluid movement.
- Hold the object close to the body.
- Move close to where the object is to be placed.
- Bend the knees when lowering the object.
- Avoid bad posture.
- Keep feet slightly apart.
- Knees should be straight.
- Tuck the chin in slightly.
- Keep shoulders back.
- Exercise and avoid a sedentary lifestyle.
- Never ignore pain.
- Stop smoking.
- Nicotine blocks the transport of oxygen and important nutrients to the spine’s discs.
- The lack of oxygen can impair the discs from repairing themselves.
- If discs cannot repair themselves, the spine may suffer from degenerative disc disease.

Modified from articles on www.spineuniverse.com

IDENTIFYING AND SHARING COMMUNITY RESOURCES

Medical assistants must be able to identify community resources so that they can assist patients with needs that are not office related, and possibly not medical. At various times, patients need help with meals, rehabilitation, Medicare issues, exercise groups, and other services. Grocery stores that deliver are a great convenience for older patients. Get to know the people in the community, trade information, and refer patients when they need help with a particular issue. (See the box for community resources in which patients commonly are interested.) A phone directory can be created for a local community resource list (Procedure 12-11). To expand the knowledge base regarding resources available in the community, get involved in various organizations, especially health industry councils and organizations for medical assistants or other office staff members. Make introductions and be prepared to talk about the services the clinic offers. Ask questions about other facilities. Exchange business cards, if they are available; if so, send a thank you note to the contact and periodically get in touch. Patients appreciate that the office staff can refer them to local resources and help them gather information.

COMMUNITY RESOURCES

Check with these organizations for services available in the local area:
- Alcoholics Anonymous
- Alzheimer Support Organizations
- American Cancer Society
- American Heart Association
- American Red Cross
- Child Protective Services
- Civic Organizations
- Council on Aging
- Family Services
- Homeless Organizations
- Hospice Services
- Legal Aid Societies
- Mental Health and Mental Retardation Services
- Public Health Department
- United Way

Emergency Phone Numbers

Every medical facility should keep a list of emergency and frequently called numbers close to each telephone in the office. The list should include 911, which summons police and fire departments in most areas of the country. Other numbers on the list might include:
- Local hospitals, including extensions that connect to the emergency department
- Local pharmacies
- Numbers of all physicians associated with the practice
- All employees’ phone numbers
- Nonemergency police number
- Numbers of physicians periodically on call

Each office will have different numbers on the emergency phone list. The physician and office manager often provide input about the numbers included. The numbers must be updated periodically. If the list is kept on a computer, a new one can be printed out and distributed each time a phone number changes.
FIGURE 12-10 Medical assistants should use good body mechanics to prevent repetitive motion injuries. (Modified from Oregon Occupational Safety & Health Division [OR-OSHA]. Available at www.osha.org).

PROCEDURE 12-11

Develop and Maintain a Current List of Community Resources Related to Patients’ Healthcare Needs

GOAL: To help patients find organizations that can assist with their needs beyond the physician's office and to establish a list of community resources that can be used for referral purposes.

EQUIPMENT and SUPPLIES

- Phone book
- Internet access
- Library access
- Newspapers
- Local volunteer guides
- Computer
- Pen or pencil
- Notepad

PROCEDURAL STEPS

1. Research the resources available in the local community using the Internet, phone book, newspapers, and other guides.
   PURPOSE: To become familiar with various agencies that provide services in the local area.

2. Open a document on the computer in either a word processing program or a spreadsheet. Create a list of the resources in the document. Include the following information:
   - Name of agency
   - Purpose or mission of agency

- Physical address
- Mailing address, if different
- Phone numbers
- Web site address
- Contact name and e-mail information
- Hours of operation
- Services offered or performed

PURPOSE: To make information readily available.

3. Update the information whenever a change is needed.
   PURPOSE: To provide the most accurate information possible.

4. Provide referrals to agencies when patients and their friends or families request it or when the physician recommends referral.
   PURPOSE: To get patients the help they need.

5. Ask patients for feedback, if possible, after they have used the agency's services.
   PURPOSE: To make sure the agencies are hospitable and provide the expected services.

6. Make note of those referred to the agencies and their experience, if applicable.
   PURPOSE: To provide a record of the referral.
Because the list is used in emergencies, it must always be current and accurate.

### Closing the Office

When the day comes to an end, several duties must be performed before locking the doors and closing the office. First, check to see that all patients have left the facility. Walk through all exam rooms and treatment areas to make sure they are empty. At the same time, straighten the exam rooms so that they are ready for tomorrow's patients.

Other duties include locking file cabinets that contain patient records, placing laboratory specimens in the outside lockbox for pick-up, performing general housekeeping duties, running accounting reports, balancing the day sheet, and preparing the bank deposit. The phones must be turned over to the answering service or to voice mail.

### Closing Comments

Although the tasks discussed in this chapter include duties performed daily, the medical assistant should not be lazy about doing them. When the physician sees that the medical assistant is competent in completing small duties, he or she will consider the person competent at completing more difficult tasks. By consistently proving to be a skilled, dependable worker, the medical assistant will be promoted to higher levels of responsibility.

Always keep in mind that the patient is the primary concern in the physician's office. The medical assistant's efforts should be directed at making patients feel more at ease and encouraging them to follow the treatment plan devised by the physician. In this way, even the most unimportant office duties play a part in the patients' health and well-being.

### Patient Education

Medical offices often use brochures and printed material to educate their patients. These materials must look professional and reflect a positive image of the physician and the facility. Make sure copied material is clean, without streaks, and attractively presented. If the information is written by an office staff member, make sure correct grammar is used and that several office members proofread the work for errors and proper use of the English language. Good first impressions are important, but every impression in the medical office molds public opinion about professionalism and competence.

### Legal and Ethical Issues

Keep copies of all communications leaving the office that relate to patient care. If any information is handwritten, it must be completely legible to the patient. Because the appointment book and telephone messages also are considered a form of written communication, they must be clear and easy to read. Take enough time to write legibly so that no confusion arises if the document is referenced at a later date.

### Summary of Scenario

Kayla learned much more during her externship than she had ever thought she would. She saw patients who had few belongings and no health insurance. Her experience helped her realize just how difficult obtaining medical care is without insurance. Kayla is happy that her clinic sees these patients and allows them to pay what they can to obtain medical care. She feels slightly guilty that she has had such an easy life as she listens to her patients' stories and their problems.

Kayla has developed a sense of caring for the people she helps in the clinic. She does not treat the patients disrespectfully; on the contrary, she treats them as individuals who are entitled to dignity. She understands that although she might not connect with all the patients, she can make a difference to the ones who enter the clinic by expressing an emotion she truly feels—compassion.

Elaine allowed Kayla to order many of the supplies she needs, because Kayla is the primary user of those items. This allows Kayla to use the items she has found perform best and with which she is most comfortable. Kayla suggested that the clinic outsource some of their laboratory tests because of the expense of buying the supplies to run the tests. This has allowed the clinic to keep their prices lower, a great help to the patients.

Kayla found that most of the patients who come to the clinic need referrals, whether for food, clothing, other medical services, child care, or other needs. She designed a lengthy list of community resources, and she can tell patients where to go to receive help with various problems. The patients appreciate Kayla’s willingness to help them. Even though Kayla comes from a completely different background, the patients have accepted her as a medical assistant who truly cares.

### Summary of Learning Objectives

1. Define, spell, and pronounce the terms listed in the vocabulary.
   Spelling and pronouncing medical terms correctly bolster the medical assistant's credibility. Knowing the definition of these terms promotes confidence in communication with patients and co-workers.
2. List five specific actions that must be taken to prepare for patients before the office opens in the morning.

The office should be cleaned, whether it is done the evening before or as one of the morning duties. Exam rooms should be checked for supplies and replenished, if necessary. The phone should be taken off of voice mail or the answering service should be called to inform them that the office staff has arrived for the day. Computers should be booted and medical equipment turned on. Patient records should be pulled for the
patients who have appointments. Two copies of the appointment book should be made; one is placed on the physician’s desk, and the other is used to pull the medical records. Individual offices may assign additional duties to the medical assistants who work in the office.

3. Explain why patient traffic flow is an important consideration in the office design.

Patient traffic flow is important, because patients should not have to retrace their steps repeatedly as they move through the clinic. Furniture should be arranged so that getting from one place to another is easy and does not require dodging furniture and décor.

4. List some of the expenses involved in the operation of a medical practice.

Operation of a physician’s office involves many types of expenses. Lease or mortgage payments are among the largest expenses. Utilities, payroll, equipment and supplies, professional organization dues, insurance, maintenance, and taxes are examples of expenses that must be worked into the annual budget.

5. Describe how prices can be compared for medical office supplies.

Compare unit prices by determining the cost of each individual item. If a bulk of 8 containers of White Out costs $9.99, then each individual bottle costs $1.25. If another company offers the same product at $10 for $12, then the individual cost is $1.20, which is the better buy of the two. However, the cost to buy the product, meaning the gas to get to the store or the shipping and handling costs, if any, may increase the price. Be aware of these factors and figure all possible costs before placing an order.

6. Discuss the importance of routine maintenance of office equipment.

Office equipment must be periodically and regularly maintained to ensure proper working order and accurate testing results. The failure to perform regular maintenance may not only result in malfunction when the equipment is needed, but may also void warranties.

7. List several ways to save money in the medical office.

Make sure trash bags are completely full before taking out the trash. Use refillable print cartridges and solar-powered calculators and adding machines. Print on both sides of the paper when possible. Monitor ordering to determine where budget cuts could be made. Watch carefully for areas where money could be saved or items could be bought in bulk.

8. Discuss fire safety issues in a healthcare environment.

Fire prevention is critical in a healthcare facility because fire and smoke is so dangerous. All healthcare facilities must have a fire safety plan in place and each room must post a primary and secondary exit route in case of fire or other emergency.

9. Discuss critical elements of an emergency plan for response to a natural disaster or other emergency.

Emergency management is the process of preparing for, mitigating, responding to, and recovering from an emergency. Every medical office needs an emergency operations plan (EOP). The objectives of the plan should include protection of patients, visitors, and staff; provisions for prompt, efficient medical care; establishment of a clear chain of command; rapid maintenance and restoration of essential services; and protection of clinic property, facilities, and equipment.

10. Identify emergency preparedness plans in the community.

Determine the emergency plans that exist in the local community by contacting local health facilities, regional hospitals, and fire/police stations. When establishing the physician’s office emergency plans, consider these other facilities and agencies, incorporating them into the physician’s plan where applicable.

11. Discuss potential roles of the medical assistant in emergency preparedness.

The medical assistant must follow established office policies and procedures during any emergency. All employees should document that they have read the emergency operations plan (EOP) and this document should be displayed prominently and easily accessed.

12. Describe the fundamental principles for evacuation of a healthcare setting.

An evacuation cannot commence until an order has been given by the safety officer. All lights should be on and the exits must be clear, allowing for the unhindered evacuation of both patients and employees. Attempt the first exit route, then use the second if the first route is impassable. Evacuate the people nearest the danger first, and then systematically evacuate all other persons, closing doors as they are passed. If traveling through smoke, keep low; do not allow anyone to run in smoke-filled areas. Do not enter doors that feel warm or those that emit smoke when opened slightly. Take everyone to the designated assembly area, leaving one staff member there to ensure that no one returns to the facility for any reason. Keep a count on all persons and notify the safety officer if someone is missing.

13. Explain the difference between medical waste and regular waste.

Medical waste includes any disposed item that was once part of the human body or used to clean up blood or body fluids. Regular waste is any other trash that does not have to go into a biohazard waste container.


OSHA developed a four-pronged approach to addressing musculoskeletal disorders in the workplace. The approach includes a combination of industry-specific and task-specific guidelines, outreach, enforcement, and research. Since the implementation of these measures, OSHA has seen significant improvement in these problems. Plenty of information on ergonomics is available online and most employers include information about ergonomics in the employee orientation and training and in handbooks.

15. Explain why keys and alarm codes should be shared with only a few people.

The fewer people who know alarm codes and have keys, the easier it is to keep track of them. Also, if fewer people have the codes and keys, there is less chance they will be used to enter the office and steal equipment and supplies.
CONNECTIONS

**Study Guide Connection:** Go to the Chapter 12 Study Guide. Read and complete the activities.

**Evolve Connection:** Go to the Chapter 12 link at evolve.elsevier.com/kmau to complete the Chapter Review and Chapter Quiz. Peruse other resources listed for this chapter to increase your knowledge of Office Environment and Daily Operations.