



**OPTOMETRY**  
**SERVICES**  
GREAT VISION

**Policy and Procedure Manual  
2011/2012**

This information is to assist interns, faculty and staff in understanding our basic operating procedures, policies and goals, and to assist us in maintaining a consistently excellent clinical program. (Updated 6/2011)

# TABLE OF CONTENTS

Chapter 1: General Policies and Procedures.....	5
Mission Statement for The Ohio State University Optometry Services .....	5
Optometry Services Overview.....	5
Organizational Chart .....	5
Attending Doctor Role and Responsibilities.....	6
Clinic Credentialing of Attending Optometrists (revised 5/11).....	8
Clinic Privileging of Attending Doctors.....	9
Attending Absence Policy (revised 4/05).....	12
Intern Responsibilities .....	12
Meditrek Protocol for Patient Log Submission (6/07).....	13
Honor Code (revised 3/11).....	15
Intern Clinical Performance Evaluation (revised 4/10).....	22
Clinic Course Grading (revised 4/10) .....	22
Meditrek Clinical Evaluation Submission Protocol (2/09).....	24
Remediation of Clinical Coursework (revised 1/11) .....	26
Evaluations – General Information .....	26
Intern Attendance Policy (Revised 2/11) .....	29
Professional Dress Policy (revised 1/06).....	31
<b>Intern Lab Coat Embroidery Policy (4/10)</b> .....	33
Policy Governing Student Practice of Clinical Procedures.....	33
Immunization Policy (revised 6/10).....	33
Procedure for Ophthalmic Instrument Repair .....	34
Chapter: 2 Emergency and Safety Procedures .....	34
Therapeutic Drug Policy.....	34
Reporting Adverse Drug Reactions .....	37
Fluorescein Angiography, Microbiology Cultures, Laboratory Testing, and Imaging (revised 9/10).....	37
First Aid Kits.....	39
General Patient Emergency Procedures .....	40
Cardiac Arrest.....	40
Automated External Defibrillator (AED) Protocol (09/07) .....	40
Anaphylaxis and Epi-Pen Protocol (5/10).....	43

Glucose Testing Protocol (4/11).....	45
Child Abuse Reporting .....	46
Elderly Abuse / MRDD Abuse / Domestic Violence Reporting.....	48
Crime Prevention .....	49
Emergency Procedures and Protocol (6/11) .....	50
Office Creeper Policy .....	51
Fire Alarm Procedures .....	52
Tornado/General Disaster Procedures.....	52
Bomb Threats and Suspicious Objects .....	53
University Closure Procedures.....	53
Precautions to Prevent Transmission of Infectious Disease .....	53
Disposal and Clean-up of Waste Materials in Clinic .....	55
Chapter 3: Patient Services.....	56
Statement of Patient’s Rights.....	56
Statement of Patient’s Responsibilities .....	57
Nondiscrimination Policy .....	57
Health Insurance Portability and Accountability Act (HIPAA).....	58
Vision Screening by Student Organizations Policy .....	59
Shadowing Policy.....	60
<b>Dependent and Minor Policy (revised 4/07, proposed change 3/11) .....</b>	<b>61</b>
Prisoner Policy.....	62
Pupillary Distance Policy (11/07).....	62
Vision Screening by Student Organizations Policy (06/09).....	62
Clinic Services .....	63
Outreach Clinic Services.....	64
The Externship Clinical Programs .....	64
Releasing Patient Prescriptions and Information .....	65
Medicaid Prescription Pads.....	65
Letter Writing Guidelines (Revised 09/07).....	65
Professional Courtesy Discount and Educational Visit Policy (5/11).....	66
Spectacle Discounts .....	68
Patient Complaint Procedure .....	68
Termination of Care .....	68

Late Patient Arrival Policy (7/10) .....	70
No Show Policy (Revised 5/10).....	71
Referral No Show Policy .....	72
Scheduling Patients in Collections Policy (09/10).....	72
Chapter 4: Patient Medical Records and Record Keeping.....	74
Legal Aspects .....	74
Confidentiality of Patient Medical Records .....	74
Medical Records Procedures .....	75
Sign out Procedures .....	78
Medical Records Labeling.....	79
Chapter 5: Third Party Insurances and Billing Information.....	80
Vision Insurance Plans.....	80
Medical Insurance Plans .....	82
Chapter 6: Patient Billing, Accounts Receivable, and Cash Handling Responsibilities .....	86
Billing and Accounts Receivable .....	86
Cash Handling .....	87
Clinic Deposits .....	87
Insurance Deposits .....	87
Other Deposits.....	87
Segregation of Duties.....	88
Reconciliation .....	88

## **Chapter 1: General Policies and Procedures**

### **Mission Statement for The Ohio State University Optometry Services**

We pledge to provide optimal, comprehensive vision and eye health care for our patients through our team of faculty, staff, and students who employ their collective specialized knowledge of the visual system, in the patient's best interest, consistent with The Ohio State University's tradition of excellence in teaching, research, service and fiscal responsibility to the community.

### **Optometry Services Overview**

The Ohio State University Optometry Services provides quality vision care since 1914. Student interns and attending faculty work together to assure accurate diagnoses and personalized treatment plans for every patient. The Ohio State University Optometry Services faculty members are recognized experts in the field of optometry and vision science, and routinely contribute to the art and science of optometric practice through their research, publications, and lectures.

### **Organizational Chart**

#### **Patient Care and Clinical Education**

Associate Dean  
Dr. Karla Zadnik

Assistant Dean for Clinical Services  
Dr. Gregory Good

Director, Optometry Services  
Dr. Gregory Good

Binocular Vision / Pediatrics / Aniseikonia Services  
Dr. Michael Earley, Chief and Faculty of Record  
Dr. Andrew Toole, Associate Chief

Contact Lens Service  
Dr. Nicky Lai, Chief and Faculty of Record  
Dr. Aaron Zimmerman, Associate Chief

Environmental Vision Service  
Dr. Gregory Good, Chief and Faculty of Record

Eyewear Gallery Service  
Jeff Rohlf, Chief

Ocular Disease Service  
Dr. Dawn Burgei, Chief and Faculty of Record  
Dr. Anu Laul, Associate Chief

Primary Vision Care Service  
Dr. Anu Laul, Chief and Faculty of Record  
Carol Maser, Associate Chief

Vision Rehabilitation Service  
Dr. Roanne Flom, Chief and Faculty of Record

## **Affiliated Optometry Services**

Ocular Disease Extern  
Dr. Gregory Nixon, Faculty of Record

Advanced Practice Extern  
Dr. Gregory Nixon, Faculty of Record

Primary Care Extern  
Dr. Gregory Nixon, Faculty of Record

Faith Mission Optometry Service  
Dr. Joan Nerderman, Coordinator

South High Street Optometry Service  
Dr. Jacqueline Davis, Chief

Student Health Optometry Service  
Dr. Greg Nixon, Director  
Dr. Julia Geldis, Chief  
Dr. Gregory Nixon, Faculty of Record

## **Attending Doctor Role and Responsibilities**

### **Role of the Attending**

The licensed and credentialed attending optometrist is legally responsible for the care of the patient. The attending is a role model who ensures by observation and appropriate provision of optometric care that the intern is:

1. Performing and recording indicated examination procedures accurately and efficiently.
2. Becoming a critical observer.
3. Understanding and interpreting test results, inter-tests relationships (e.g., the relationship between uncorrected V.A. and refractive error; retinoscopy and subjective refraction; phoria, vergence and accommodation results, systemic and ocular disease etc.).
4. Arriving at logical diagnoses, treatment plans, appropriate practice management, and advising the patient appropriately regarding additional testing or referral.
5. Completing all treatment plans correctly.
6. Completing the medical record correctly.
7. Completing service sheets correctly.
8. Communicating effectively with the patient.
9. Delivering contemporary optometric care consistent with established clinical protocol practice guidelines. See AOA Clinical Practice Guidelines at:  
<http://www.aoa.org/x4813.xml>

### **Attending Responsibilities**

The attending:

1. Is assigned to interns and individual patients.
2. Develops a rapport with the patient.

3. Gives demonstration examinations for third-year interns, exposing them to various procedures and methods of patient care.
4. Observes individual interns during the performance of examinations and provides constructive criticism designed to improve performance and help the intern achieve the expected level of behavioral objectives.
5. Monitors the examination and provides direction, advice and/or demonstration with any problems encountered. The attending is to be available for consultation throughout the examination in order to help select the appropriate range and manner of testing.
6. Monitors each patient and patient record throughout the exam and at the end of the exam for completeness and accurate diagnosis.
7. Discusses each patient record with the intern and arrives at a final case disposition, assures understanding of the rationale behind the case disposition. Final disposition is the responsibility of the attending.
8. Performs complete external and fundus evaluation (ophthalmoscopy) on each patient, evaluates the status of the refraction and binocular vision, and discusses the case disposition with the patient.
9. Ensures continuity of care for patients by taking necessary actions to have patients return with the same intern or attending.
10. Reviews all forms for completeness and legibility, including legible signatures of the intern and attending.
11. Ensures that the intern follows through with the final case disposition, this may include dispensing, referral to other clinic services, referral for outside services, and/or collection of appropriate fees.
12. Assures that appropriate referral letters or forms are written and sent to any professional to whom individual cases are referred.
13. Evaluates the performance of the intern on each patient with both verbal and written feedback based upon the written grading criteria. Evaluations are submitted via Meditrek.
14. Identifies any intern who may need remedial help in reaching the expected level of proficiency and reports such cases to the faculty of record as early in the quarter as possible.
15. Accurately records procedure codes, all diagnostic codes with the primary diagnosis code reflecting the chief complaint, and legibly signs the service sheet.
16. Provides patient care directly when interns are absent (such as during National Board Examinations) and is available for urgent patient care.
17. Works closely with Clinic Chiefs who are responsible for directing patient care in the clinical service. The assignment and supervision of care by interns and attendings is directed by the Clinic Chief who may direct the staff to rearrange schedules to allow for more efficient patient care as needed.
18. Uses effective clinical teaching skills and shows an awareness of the elements of teaching effectiveness.

- integrate group and intern-centered skills instruction
- encourage active intern participation
- emphasize appropriate research
- problem solve and have a broad application of optometric knowledge
- possess an extensive sound knowledge base
- possess proficient communication skills
- possess strong supervisory skills
- exhibit a wide variety of clinical experience

Uses personal characteristics which include:

- humor
- honesty
- openness

- respect
- understanding
- patience

Effective attendings must also possess:

- insight
- understanding
- willingness to share ideas and reflect on their clinical and teaching practice

20. Arrives for clinic on time
21. Notifies the service chief and all appropriate offices of any planned or unplanned absence from clinic services following the guidelines under the Attendance Policy in Chapter 1.
22. Is readily available to interns and patients during the assigned clinic times. If there is a need to be absent, notify the service chief and all appropriate offices according to the Attendance Policy in Chapter 1.
23. Adheres to proper clinic procedures and fees.
24. Complies with Attending Credentialing and Privileging Procedures.
25. Attends clinic orientations.

## **Clinic Credentialing of Attending Optometrists (revised 5/11)**

Each attending optometrist will provide the following documentation:

- Current Curriculum Vitae
- Copy of Optometry Degree
- Copy of Ohio Licensure
- Copy of TPA Certification
- Current BLS/CPR Certification
- Copy of National Provider Identification Number (NPI) <https://nppes.cms.hhs.gov>
- Copy of DEA Licensure if acquired

Each attending optometrist will provide documentation of the following immunizations:

- PPD intradermal Skin Test. An annual negative test is required for all attendings. Attendings with a positive PPD test should have an annual evaluation for signs and symptoms of tuberculosis.
- Adult Diphtheria/ Tetanus (DT) vaccine within the last ten years or Adult Diphtheria/Tetanus/Pertussis (Tdap) if working directly with children
- Measles, Mumps Rubella (MMR) vaccination as evidence of immunity. Immunization must have been performed since 1980 (many vaccination failures have occurred in those immunized before this date). Evidence of immunity by serological titers of antibodies to these viruses is also acceptable.
- Hepatitis B Vaccine series
- Chicken Pox vaccination or evidence of immunity. Since attendings will likely be exposed to chicken pox when examining children, a varicella titer reading is required. Immunization for varicella is required for those without immunity.

If receiving immunizations from Employee Health Services at OSU, an immunization summary record may be requested from them. Contact Employee Health Services at (614) 293-8146.

A Medical History Summary Letter is also acceptable documentation. The summary letter should include the following for each of the above requirements:

- Name of test

- Date test performed
- Name of health care provider conducting test
- Results of test
- Signature of M.D. or R.N. at test site
- Address of test site

Each attending optometrist will receive and agree to read, understand and take full responsibility for the Main Campus Clinic Policy and Procedures Manual including the Medicare Documentation and Coding Guidelines.

Each attending optometrist will meet with the following College Faculty and Staff prior to the start of their clinic rotation:

- Clinic Director
- Service Chief
- College Human Resources
- College Instructional Media for Buck ID and optometry photo ID badge instructions
- Clinic Program Manager

## **Clinic Privileging of Attending Doctors**

### **Primary Vision Care Service**

Service Chief: Dr. Anu Laul

Eligible attendings for the PVC Service must have a full and unrestricted license to practice optometry in Ohio preferably with advanced training, experience or a residency or fellowship. Every two years the qualifications of each attending will be reviewed (licensure, student evaluations, additional training, publications, teaching ability, professionalism, etc) to determine the attendings fitness to continue.

Required procedures for full privileging in the PVC Service:

- Comprehensive eye examination testing including pupil dilation
- Assessing proper specialty referrals with all pertinent information
- Visual field testing and interpretation
- Knowledge of contact lenses
- Managing anterior and posterior segment complications
- Understanding of all pertinent CPT and ICD-9 coding and billing

### **Binocular Vision and Pediatrics Service**

Service Chief: Dr. Michael Earley

Eligible attendings for the BVP Service must have a full and unrestricted license to practice optometry in Ohio preferably with advanced training, experience or a residency or fellowship in binocular vision and pediatrics. Every two years the qualifications of each attending will be reviewed (licensure, student evaluations, additional training, publications, teaching ability, professionalism, etc) to determine the attendings fitness to continue.

Required procedures for full privileging in the BVP Service:

- Visual acuity determination using techniques for infants, toddlers and non-verbal patients (e.g. Teller, Cardiff, ATS technique, etc)
- Convergence and accommodation testing procedures and knowledge of normal values.
- Testing to determine fusional status and ranges (e.g. troposcope, orthoscope)
- Testing to determine comitancy of deviation (e.g. Red Lens test, Lancaster screen, Parks Three step)
- Testing to determine correspondence (e.g. Bagolini, afterimage )

- Testing to determine accuracy of eye movements (e.g. DEM, Visagraph, NSUCO)
- Testing to determine visual perceptual integrity (e.g. VMI, TVPS)
- Knowledge of treatments (therapy, prism, referral for surgery) for strabismus
- Knowledge of treatment (e.g. patching, glasses, atropine) for amblyopia
- Knowledge of therapy equipment and procedures including computer based therapy for sensory, motor and perceptual deficits
- Testing to determine presence of aniseikonia (e.g. Awaya, Breechers)
- Understanding of all pertinent CPT and ICD-9 coding and billing

### **Contact Lens Service**

Service Chief: Dr. Nicky Lai

Eligible attendings for the CL Service must have a full and unrestricted license to practice optometry in Ohio preferably with advanced training, experience or a residency or fellowship in contact lenses. Every two years the qualifications of each attending will be reviewed (licensure, student evaluations, additional training, publications, teaching ability, professionalism, etc) to determine the attendings fitness to continue.

Required procedures for full privileging in the CL Service:

- Knowledge of contact lens materials and solutions
- Contact lens modification and inspection
- Knowledge of multifocal and complex toric contact lenses
- Knowledge of corneal reshaping procedures
- Managing contact lens complications
- Knowledge and interpretation of CL instrumentation and testing procedures
- Comprehensive eye examination testing including pupil dilation
- Able to assess all specialty referrals with all pertinent information
- Understanding of all pertinent CPT and ICD-9 billing and coding

### **Ocular Disease Service**

Service Chief: Dr. Dawn Burgei

Eligible attendings for the OD Service must have a full and unrestricted license to practice optometry in Ohio preferably with advanced training, experience or a residency or fellowship in ocular disease. Every two years the qualifications of each attending will be reviewed (licensure, student evaluations, additional training, publications, teaching ability, professionalism, etc) to determine the attendings fitness to continue.

- Required procedures for full privileging in the OD Service:
- Performing and interpreting ocular photographs (fundus and anterior segment)
- Performing and interpreting ocular ultrasound (pachymetry, A-scan, B-scan)
- Measuring and interpreting nerve fiber layer analysis (OCT, HRT, GDX)
- Visual field testing and interpretation
- Performing procedures for diagnosis and management of lacrimal apparatus dysfunction
- Removing corneal and conjunctival foreign bodies
- Performing and interpreting gonioscopy
- Performing scleral depression and peripheral 3-mirror
- Using pharmaceutical agents for the diagnosis and treatment of ocular disease and emergencies
- Ordering appropriate laboratory and imaging testing
- Assessing all pertinent CPT and ICD-9 billing and coding

### **Vision Rehabilitation Service**

Service Chief: Dr. Roanne Flom

Eligible attendings for the VR Service must have a full and unrestricted license to practice optometry in Ohio preferably with advanced training, experience or a residency or fellowship in low vision rehabilitation. Every two years the qualifications of each attending will be reviewed (licensure, student evaluations, additional training, publications, teaching ability, professionalism, etc) to determine the attendings fitness to continue.

Required procedures for full privileging in the VR Service:

- Testing and interpreting spatial vision abilities of visually impaired patients
- Testing and interpreting functional visual field
- Assessing magnification and other requirements for reading
- Refracting patients with reduced blur sensitivity
- Evaluating lighting and contrast requirements
- Assessing and managing binocular vision problems of visually impaired patients
- Testing, fitting, ordering, & verifying hand-held and spectacle mounted telescopes
- Testing, fitting, ordering, & verifying optical and opto-electronic magnifiers
- Testing, interpreting, and documenting visual disability status
- Testing, interpreting, and documenting adequacy of vision for driving
- Testing and fitting of optical systems for visual field loss
- Testing, fitting, and ordering lighting control systems for atypical light sensitivity
- Selection and utilization of training methods for use with optical low vision devices
- Adaption of testing and counseling strategies for visually impaired children
- Diagnosing common and rare hereditary eye disorders associated with visual impairment
- Coordination of care for visually impaired patients with public and private entities
- Selection and utilization of basic counseling strategies for visually impaired patients
- Assessing all pertinent CPT and ICD-9 billing and coding

### **The Wilce Student Health Optometry Service**

Director: Dr. Gregory Nixon, Service Chief: Dr. Julia Geldis

Eligible attendings for the SHC Optometry Service must have a full and unrestricted license to practice optometry in Ohio preferably with advanced training, experience or a residency or fellowship in contact lenses or ocular disease. Every two years the qualifications of each attending will be reviewed (licensure, student evaluations, additional training, publications, teaching ability, professionalism, etc) to determine the attendings fitness to continue.

Required procedures for full privileging in the SHC Optometry Service:

- Knowledge of contact lens materials and solutions
- Contact lens modification and inspection
- Knowledge of multifocal and complex toric contact lenses
- Managing contact lens complications
- Managing anterior and posterior segment complications
- Knowledge and interpretation of corneal topography instrumentation
- Performing anterior and posterior segment photography
- Assessing all pertinent CPT and ICD-9 billing and coding

### **Affiliated Services**

Director and Faculty of Record: Dr. Gregory Nixon

Eligible attendings for the Outreach Clinics and Externships must have a full and unrestricted license to practice optometry in his/her state preferably with advanced training, experience or a residency/fellowship or five years of clinical practice experience . Every two years the qualifications of each attending will be reviewed (licensure, student evaluations, additional training, publications, teaching ability, professionalism, etc) to determine the attendings fitness to continue.

## **Attending Absence Policy (revised 4/05)**

When a clinical attending must be absent from an assigned clinical rotation, both student education and patient care must continue. Absences fall into two basic categories: (1) Planned absences that occur with ample notice (e.g., vacation leave and leave for University business) and (2) Urgent absences that occur with minimal notice (e.g., illness, family emergency).

### **Planned absences**

- Two weeks' notice for planned, non-emergent absences is requested.
- For full-time ( $\geq$  50% full-time equivalent) auxiliary faculty members, an "Application for Leave Form" (obtainable from the College's Human Resources office) is generated by the auxiliary faculty member. The form is submitted to the Associate Dean. At the same time, an email notifying the Service Chief(s) in the services affected should be sent detailing the scheduled leave dates. This email should be copied to the Associate Dean. In the case where a Service Chief is the full-time auxiliary faculty member requesting leave, the email message should be sent to the Director of Clinics and copied to the Associate Dean.
- For regular track faculty members who have a clinical attending obligation that is affected by a specific leave request, the Application for Leave Form is submitted to the Dean. At the same time, an email notifying the Service Chief(s) in the services affected should be sent detailing the scheduled leave dates. This email should be copied to the Associate Dean. In the case where a Service Chief is the full-time auxiliary faculty member requesting leave, the email message should be sent to the Director of Clinics and copied to the Associate Dean.
- For any clinical attending whose employment designation does not include formal leave time, the attending should discuss his/her leave plans with the Service Chief(s) of the service(s) affected so that appropriate arrangements can be made.
- Although every attempt will be made to honor vacation requests, there are limits as to how many clinical attendings can be granted vacation during the same period; therefore not all leave requests may be approved.

### **Urgent Absences**

As soon as possible, urgent absent notice should be conveyed by email to the Service Chief(s), the Associate Service Chief(s), the Director of Clinics, the Associate Dean, and any necessary staff members. In the event that such contact is not possible, the Dean's Office should be notified. The Dean's Office will then notify the relevant people as described just above. In the event where a Service Chief is the attending, the Director of Clinics and the Associate Dean should be notified. A planned absence that was denied because of insufficient notice or inadequacy of available coverage does not constitute an urgent absence.

Effective: September 3, 2008

## **Intern Responsibilities**

The intern is expected to fulfill the quarterly assignments, attend scheduled patient examination sessions and clinic seminars, and bring the following instrumentation in good working condition:

- Cover paddle
  - Retinoscope
  - Maddox rod
  - Direct ophthalmoscope
  - PD ruler
  - Binocular Indirect Ophthalmoscope
  - Condensing lens/lenses
  - Pen light or transilluminator
  - Near point acuity cards
  - Gonioscopy mirror (3- or 4- mirror)
  - 90D,78D or other acceptable fundus lens
  - Other equipment as specified by the clinic chief
1. Ensure preparation of the examination room and care and cleaning of instrumentation for patient care.
  2. Review the medical record in its entirety.
  3. Develop an appropriate and professional rapport with the patient, attending, and support staff.
  4. Accurately and efficiently perform relevant clinical tests.
  5. Recommend appropriate therapies.
  6. Be familiar and comply with accepted clinical practice guidelines. See AOA Clinical Practice Guidelines @ <http://www.aoa.org/x4813.xml>
  7. Complete the service sheet, the medical record, prescriptions, reports, and letters in a timely manner, including all required intern and attending signatures.
  8. Cooperate in accommodating urgent patient care.
  9. Attend clinic orientations and scheduled Eyewear Gallery sessions.
  10. Recognize and comply with the following policies and procedures:

## **Meditrek Protocol for Patient Log Submission (6/07)**

1. Access the Meditrek website by directing your browser to:  
<https://www.meditrek.com/default.htm>
2. Click on “**REGISTERED USER LOGIN**” and input your user name and password listed below:  
User name:  
  
Password:  
  
Please remember that the password is case sensitive. Also, please memorize your password, and/or write it down and keep it in a safe place.
3. This will direct you to your welcome page. Click on the last item on your page that is labeled “**Access Non-scheduled Forms**”. This will bring up a new page where you should click on “**Patient Log Form**” which will load the patient log entry form.
4. At the top of the log form, be sure to update the date of the day that patients **were examined**, the quarter (1=summer, 2=autumn, 3=winter, 4=spring), and the clinic site/clinic service of all patient encounters. The date on the patient log defaults to the date that you are logging on. If you are entering patients from a previous day, please be sure to change the date. Then click select to load the log page.

5. Be careful when choosing your clinic site. For the OSUCO internal clinics, there are multiple rotations for each ½ day clinic session. Each quarter, you will be directed by the clinic scheduler as to what your specific Meditrek clinic session will be, e.g. PVC Service Thursday pm 2.
  
6. Once the log page is displayed, you must enter the total number of each item encountered for the given day and the given site. Be sure to complete each section, including:
  - a. **Age of patients seen**
  - b. **Exam type** (include all that apply for each visit)
    - i. DO NOT count a DFE if it is part of a comprehensive exam or medical visit, only include it in your tally if it is a stand alone DFE as a completion of exam
    - ii. For contact lens patients seen for a **full exam**, choose **only** “Contact Lens Eye Exam” and not “Comprehensive Eye Exam”
    - iii. Select “Contact Lens Fitting” or “Contact Lens Office Visit” for stand-alone appointments not associated with a comprehensive exam.
  - c. **Exam type: Non-patient THIS STAT IS FOR INTERNAL CLINICS ONLY**
    - i. This information is a valuable measure of our clinic fill rate and can help to schedule patients and interns during our busiest patient times. For your OSUCO internal clinic services only, please record when each of the following occurs:
      - **No Show (of scheduled patient)**
      - **Broken appointment (cancellation, reschedule, late arrival)**
      - **Open appointment (no patient scheduled)**
  - d. **Conditions Encountered** (Be sure to record all of the diagnoses your patients present with. If a patient has cataracts, glaucoma, and macular degeneration include each of those conditions for that one patient in your tally.)
  - e. **Procedure Performed** (Be sure to include all procedures that you are EXPOSED to during your patient encounter. If a technician or other clinic personnel actually performs a threshold visual field or GDx but you reviewed and analyzed the data during the management of the patient, then count that as an exposure. The exception is for the following procedures, which should only be recorded if you actually PERFORMED the procedure yourself:
    - Epilation
    - Foreign Body Removal
    - Gonioscopy
    - Punctal Plug Insertion
    - Scleral Depression
  - f. **Management Outcome** (include all that apply for each visit)
  - g. **You must click SUBMIT after inputting data for each clinic day.**

Service chiefs will access your log tallies throughout the quarter to check submission progress. It is best to enter patient tallies everyday or in bunches at the end of each week. Not submitting encounters regularly may reflect on the accuracy of you tracking your experience.

- Keep track of all of your patient encounters, including those that you only get a quick look at or those that are observation only. Use the tally forms given to you at orientation (also available on Carmen and in the student transfer folder) to keep track of patients seen at each clinic site/office.
- Submit all of your patient encounters and submit your entries regularly! This will help with accuracy.
- Choose the correct date, site, and period/quarter for each of your entries
- Realize that you can view a record of all of your entries by clicking on the "Records" icon next to the patient log hyperlink

## **Honor Code (revised 3/11)**

Approved by Executive Committee, Faculty Advisory Committee, Student Council, and Office of Legal Affairs; Effective 3/9/11

### **THE OHIO STATE UNIVERSITY**

#### **COLLEGE OF OPTOMETRY**

#### **HONOR CODE**

##### **Article I. Purpose**

Faculty and staff should aspire to promote appropriate conduct in the professional academic program, including informing students of any specific expectations for academic integrity which may be unique to the course, laboratory, or clinic (preferably in the course syllabus). Individual faculty members should provide a testing environment which discourages academic misconduct to the best of his/her ability.

In summary the Honor Code seeks to:

1. Encourage the highest standard of personal conduct,
2. Promote the highest quality professional education,
3. Promote the highest quality of patient care, and
4. Establish a system to resolve allegations of academic and professional misconduct.

##### **Article II. Jurisdiction**

This Honor Code shall apply to all students enrolled in the professional optometry program of the College of Optometry. Allegations of misconduct by optometry students associated with any University course (Optometry, Vision Science or otherwise) shall be adjudicated by means of the procedures outlined in this honor code. Students enrolled in the graduate school (MS or PhD in Vision Science) will follow the honor code administered by the University.

##### **Article III. Affirmation of the Honor Code**

All students must sign the Honor Code statement following admission to the College of Optometry, and the signed statement will be kept as part of the student's academic record.

#### **Article IV. Rules of Conduct**

Students in the College of Optometry are expected to maintain a high standard of both personal and professional conduct including but not limited to the following:

1. Students in the College of Optometry are honor bound to abide by the Honor Code.
2. A student shall not give or receive aid on assignments or during examinations unless collaborative work is part of the exercise and approved by the instructor.
3. A student shall follow the rules of a course as described in the course syllabus or other course information provided to the student. The student should assume that all assignments are to be completed individually, unless otherwise specified by the instructor.
4. A student shall be responsible for the content of his/her work and shall not misrepresent the work of another as his/her work.
5. A student shall not serve as a substitute or attempt to enlist a substitute in the taking of examinations.
6. When examinations for individual students are given early or late, a student shall not intentionally offer, give, or receive information contained in the examination which would provide unfair advantage, or was not authorized by the instructor.
7. A student shall not falsify or alter any University or College documents, including but not limited to a patient's medical record, clinic log, or clinic service sheet.
8. A student shall not misrepresent himself/herself or his/her optometric knowledge, status, or training level to patients.
9. A student shall not practice optometry without a license or examine a patient without direct supervision and prior approval from an optometrist.
10. A student shall not intentionally or recklessly misuse, damage, or remove without authorization the property of another individual, organization, the College, or the University.
11. A student is prohibited from unauthorized entrance to or presence in or on College facilities (e.g. for the purposes of gaining academic advantage).
12. A student shall not violate any applicable University policies, regulations or guidelines, or relevant federal, state, or local laws.
13. A student shall not participate in any activity that tends to compromise academic integrity or subverts the educational process.
14. A student shall not knowingly make a false allegation of an Honor Code violation against another student.
15. A student shall not retaliate against those who make an allegation of an Honor Code infraction or those that participate in the allegation process outlined in the Honor Code.

#### **Article V. Honor Code Administration**

##### **Section 1. Composition of the Honor Council**

1. The Honor Code shall be administered by the Honor Council.
2. The Honor Council will be a standing committee appointed annually by the Dean.
3. The Honor Council shall consist of seven members, the student-elected vice president from each class and three faculty members appointed by the Dean annually.
4. The Honor Council will elect a chair during autumn quarter annually.
5. A regular-track Full Professor or Associate Dean, appointed annually by the Dean, shall serve as Coordinator and non-voting secretary of the Honor Council. He or she can bring matters to

the Honor Council and conduct hearings and administrative business in the absence of the chair if necessary.

## **Section 2. Terms of Appointment on the Honor Council**

Student members are appointed following annual class elections each year.

Faculty members are appointed in autumn quarter with no restriction on reappointment.

1. The Dean shall have the authority to appoint faculty and student replacements to the Honor Council if existing members cannot complete the term of appointment. In the event a student vice president is not able to attend an Honor Council meeting, the class president, class secretary, or class treasurer (in this order) are the preferred alternates (appointed by the Dean) as needed.
2. All members of the Honor Council (with the exception of the Coordinator) will be voting members. All members will have an equal vote.
3. The Honor Council shall investigate reported violations of the College of Optometry Honor Code and conduct hearings to determine the validity of the reported violations.

## **Section 3. Procedures for Handling Suspected Violations**

1. Students, staff, and/or faculty members in the College of Optometry are honor bound to report suspected violations of the Honor Code in writing within six weeks of the date of discovery of the incident in question to the Coordinator of the Honor Council. Alternately, a student, staff member, or faculty member may report a suspected violation to the Dean or instructor of record, who then reports directly to the Coordinator of the Honor Council.
2. A person who suspects an Honor Code violation has the right to clarify his/her suspicion by confronting the student immediately at the time of the occurrence and advising the student to terminate the unethical action or practice. It is recommended that this discussion take place in the presence of a witness whenever possible.
3. Upon the receipt of an allegation of Honor Code infraction, the Coordinator and Chair of the Honor Council will review the allegation to determine whether it is germane to the Honor Code and, if so, the specific charge(s) to be adjudicated.
4. If it is determined that a hearing is required, the Coordinator will:
  - A. Notify the accused student and the instructor of record (if the instructor of record was not the individual reporting the suspected violation) in writing of the specific charge(s) and schedule a hearing with the Honor Council as soon as possible;
  - B. Meet with the student to discuss Honor Council procedures;
  - C. Schedule the hearing;
  - D. Provide members of the Honor Council and the accused student copies of the written allegation of Honor Code infraction and any accompanying materials; and
  - E. Notify the accused student, person submitting the allegation, and any witnesses in writing of the hearing date, time and location at least 14 days prior to the hearing (Note: The accused

student may waive this 14 day notice if desired. All notifications shall be delivered in person or via electronic mail at the student's College email address.)

#### **Section 4. Hearing Procedures**

Although Honor Council hearing procedural requirements are not as formal as those existing in criminal or civil courts of law, to ensure fairness, the following procedures will apply.

1. The Honor Council Chair will conduct the hearing.
2. A quorum of four Honor Council members (two students and two faculty members) is required to conduct a hearing and vote.
3. The Honor Council will solicit, hear, and consider all relevant evidence from the instructor of record for the course in which the suspected infraction occurred, the student accused of the violation, and any other source that may bear on the suspected violation (in the judgment of the Honor Council Chair).
4. The student suspected of the violation may submit a written statement including evidence refuting the charge(s) and a list of relevant witnesses, if any, requested by the student to attend on the student's behalf. In addition, the student may ask that questions be put to witnesses called by others and be notified of potential witnesses to be called.
5. The instructor of record for the course in which the suspected infraction occurred may submit a written statement including evidence supporting the charge(s) and a list of relevant witnesses, if any. In addition, the instructor may ask that questions be put to witnesses called by others and be notified of potential witnesses to be called.
6. All written materials should be made available to the Honor Council one week prior to the hearing. The Honor Council may request additional material or interview witnesses as needed prior to or at the hearing.
7. Attendance at hearings is limited to those directly involved and those requested by the Honor Council to attend. The Honor Council Chair may take reasonable measures to assure an orderly hearing, including removal of persons who impede or disrupt proceedings.
8. Because the most accurate and fair review of the facts can best be accomplished when all parties are present, the accused is expected to attend and participate. If an individual does not choose to attend a hearing, the charges will be reviewed as scheduled on the basis of the written information available, and a decision will be made. Although no inference may be drawn against a student for failing to attend a hearing or remaining silent, the hearing will proceed and the conclusion will be based on the evidence presented. No decision shall be based solely on the failure of the accused student to attend the hearing or answer the charges. Likewise, written statements by a witness may be used.
9. The accused student may have one advisor present with the student throughout the hearing. The advisor may only counsel the student and may not actively participate in the hearing, unless clarification is needed as determined by the Honor Council.
10. In cases requiring special expertise, the Honor Council Chair may appoint individuals with appropriate expertise to serve as consultants to the Council. The consultants may be present and provide information as called upon by the Chair during the hearing.
11. A single audio recording of the hearing will be made for the purpose of maintaining a record. The audio recording will not be transcribed and will remain in the Honor Council file maintained by the Dean.
12. Information regarding the identities of those involved in a hearing and all hearing proceedings shall remain strictly confidential in accordance with applicable law.

13. The Honor Council will deliberate at the conclusion of the hearing in a closed session. Invited guests will be dismissed. The accused student will remain within close proximity and will be re-invited into the room to receive the decision of the Honor Council following the completion of the Honor Council deliberations.
14. It is within the purview of the Chair to require verbal participation of all Honor Council members in the deliberations.

#### **Section 4. Minor deviations from procedures**

An accused student(s), in collaboration with the Honor Council Chair and the Honor Council Coordinator, may agree in advance to minor procedural deviations. Such deviations are not then subject to appeal. Other minor deviations are acceptable as long as such deviations do not materially prejudice the accused student(s).

#### **Section 5. Voting**

Voting will occur following deliberations by the Honor Council. The standard of proof shall be a preponderance of the evidence.

1. Voting will occur to determine the following:
  - A. Whether or not a violation of the Honor Code has been committed for each charge, and
  - B. If so, what disciplinary sanction(s) and/or grade change should be applied or authorized for each charge.
2. Voting will be conducted by secret ballot. A simple majority is required to find a student in violation of the Honor Code. In addition, a simple majority is required to determine the sanctions (with the exception of dismissal, which requires a unanimous vote) (See Article V. Section 6.1.D below).
3. The outcome and vote for each issue will be recorded and documented in the report of the Honor Council.

#### **Section 6. Disciplinary Sanctions and Grade Change Authorization**

If the Honor Council finds a violation, disciplinary sanctions related to the violation, including but not limited to authorization of a maximum grade change, will be imposed. If a violation is not affirmed, the matter will be considered concluded. All sanctions require a majority vote by the Honor Council except a vote for dismissal, which requires a unanimous vote. In all cases, the accused shall be verbally informed of the decision in front of the Honor Council at the conclusion of the voting.

1. Disciplinary Sanctions: Options available to the Honor Council for disciplinary sanctions include but are not limited to the following:
  - A. Warning: A written warning stating the decision of the Honor Council.

B. Probation: The probation is for a specific time period. In addition to a written warning, the Honor Council may stipulate loss of privileges and specific restrictions concerning activities. Failure to meet these specifications will constitute an additional violation of the Honor Code.

C. Suspension: The student's enrollment at the College is suspended for a period of time to be determined by the Honor Council. The student is eligible for re-enrollment after the expiration of the term, but satisfactory completion of specified stipulations may be required for re-enrollment.

D. Dismissal: The student is terminated from the College of Optometry. This action requires a unanimous vote of the Honor Council. After one year, a student may petition for re-enrollment. A decision to re-enroll the student requires a unanimous vote of the Executive Committee of the College.

E. Other sanctions: The Honor Council may impose other appropriate sanctions singularly or in combination with any of the above-listed sanctions, including, but not limited to community service, restitution, loss of specific privileges, and make-up assignments.

2. **Grade Change Authorization:** Change in either an individual assignment or test grade and/or course grade by the instructor of record may be authorized by the Honor Council. It is the purview of the instructor of record to implement the authorized action, but the instructor of record cannot impose a harsher penalty than that authorized by the Honor Council. The resulting action may result in further academic disciplinary action (e.g. academic probation).

## **Article VI. Records**

1. The Coordinator of the Honor Council may keep written records of the activities of the Honor Council.
2. The separate, official Honor Council file will be kept in the administrative office of the Dean. Documents related to the Honor Council will be maintained in this location and include but are not limited to written complaints, audio recordings of hearings, Honor Council assignments, Honor Council reports, and notifications of outcomes.
3. All records of the proceedings of the Honor Council will be made available to the Dean and the Executive Committee.
4. Information regarding the identities of those involved in a hearing shall remain strictly confidential. Release of information should be done with discretion by the Dean in consultation with the Honor Council and the Executive Committee, and should be based on a justifiable, need-to-know basis in accordance with the Family Educational Rights and Privacy Act.

## **Article VII. Reporting**

1. A written report prepared by the Honor Council Coordinator will be submitted to the Dean in the event of a violation after the decision(s) has been reached. A copy of the report will be kept in the Honor Council file in the administrative office.
2. The Honor Council Coordinator will notify the instructor of record and the accused student of the outcome in writing. A copy of the notification will be kept in the Honor Council file in the administrative office.
3. In the event of a violation, a copy of the notification letter from the Honor Council Coordinator will be placed in the student's record at the College.

## **Article VIII. Procedures for Appeal**

### **Section 1. Appeal Process**

A student found in violation of the Honor Code has the right to appeal (based on criteria outlined in section 2 below) the decision and/or the authorized sanction(s) of the Honor Council to the Dean in writing within 14 calendar days of the written notification of the decision of the Honor Council.

1. The Dean and Executive Committee shall automatically review all Honor Council authorizations for either suspension or dismissal. This review shall constitute the student's appeal.
2. The Dean and Executive Committee will meet to review a student's request for appeal as soon as possible, within the confines of their regular meeting schedule. The Executive Committee may review the initial written materials, the proceedings of the Honor Council hearing, and the written statement of appeal from the accused student(s). The accused student(s) (or any other non-Executive Committee member) is not entitled to attend this meeting unless approved by the Executive Committee.
3. In an appeal, the Dean may uphold, dismiss, or alter the decisions/sanctions rendered by the Honor Council. Altered decisions/sanctions may be lesser or greater than those imposed by the Honor Council. The Dean may also remand the matter to the Honor Council for a new hearing for the accused student(s).
4. Except where a matter is remanded to the Honor Council for a new hearing, the decision of the Dean as to the determination of violations and authorized sanctions shall be final and binding.
5. The Coordinator shall inform the accused student as to the outcome of the appeal in writing (delivered in person or via electronic mail at the student's College email address.).

### **Section 2. Grounds for Appeal**

An appeal may be based only upon one or more of the following grounds:

1. Procedural error that materially prejudiced the accused student(s);
2. Misapplication or misinterpretation of the Honor Code;
3. Findings of facts not supported by a preponderance of evidence;
4. Discovery of substantial new facts that were unavailable at the time of the Honor Council hearing; or
5. That the disciplinary sanction imposed by the Honor Council is grossly disproportionate to the violation committed.

## **Article IX. Revisions**

Students and faculty members may propose a revision to the Honor Code. Proposed revisions should be directed to the Coordinator of the Honor Council and the Dean in writing. Revisions to the Honor Code must be approved by a simple majority vote of the regular faculty of the College after consideration of Student Council input.

## Intern Clinical Performance Evaluation (revised 4/10)

Participation in the clinic is an integral part of student course work for the Doctor of Optometry degree. Therefore, the intern is regularly evaluated by individual attendings as well as by the chief of the clinic service.

The function of evaluation in a clinical training program is threefold. An intern's performance will be assessed with respect to:

1. Competence: The intern must demonstrate a mastery of basic information and skills.
2. Integration: The intern must demonstrate the ability to structure and apply basic information, skills, and clinical data to formulate treatment plans for the patient's diagnoses.
3. Professionalism: The intern must demonstrate by performance and behavior, achievement of the qualities that typify professional conduct including:
  - Attention, interest and concern for the needs of patients.
  - Initiative and responsible activity in patient care, including continuity of patient care.
  - Maintenance of appearance, hygiene, and demeanor appropriate to a health care professional.
  - Promptness and follow-through in meeting clinical assignments.
  - A cooperative and respectful attitude toward peers, clinic personnel, and faculty.
  - Attention and response to instruction from clinical attendings.
  - Modifications in behavior according to previous attending instruction.
  - Recognizing areas in skill or knowledge that need improvement, and attempting to correct them.
  - Knowledge of and adherence to clinic policies and procedures.
  - Maintenance of appearance and hygiene in the examination room, including reporting appropriate building service and ophthalmic instrument repair work requests.

## Clinic Course Grading (revised 4/10)

### **General Grading Procedure Guidelines for Courses in the Delivery of Patient Care:**

The following guidelines are offered to guide student expectations and to assist faculty in grade determination relative to clinical performance. The faculty member of record in each clinical course will provide training and monitoring of attending faculty in their clinical course(s) for proper assignment of midterm and final clinic performance assessments. This will include the appropriate calibration, distribution, and assignment of performance indicators as described on the clinic performance evaluation form.

Optometry students should become familiar with the letter grading guidelines below and not assume that they will receive a grade of "A" in clinic simply by exerting a moderate effort and only reaching expected levels of clinic performance. A grade of "A" must be earned through exceptional performance that consistently exceeds the level of expectation relative to the level of training.

**A:** Students earning the grade of **A** consistently perform above expected levels of performance. These students maintain a robust clinical knowledge base and easily apply fundamental knowledge in a clinical setting. Their technical and decision making skills are sound and they maintain the ability to deliver comprehensive care with appropriate independence.

**B:** Students earning the grade of **B** consistently perform at expected levels of performance. These students often manage patients well and exhibit good clinical skills and decision making. They may exhibit rare episodes misunderstanding, technical error, or need direction to ensure complete and proper care is delivered.

**C:** Students earning the grade of **C** exhibit occasional performance below levels of expected performance. These students exhibit some reduced/inaccurate understanding or technical error that requires improvement in order to consistently perform at expected levels. This student is recommended to follow the advice of clinical attendings on the appropriate improvement method (study time outside of clinic, technical practice time, improved efficiency, etc.) to reach expected levels.

**C-** Students earning the grade of **C-** often perform below levels of expected performance. These students exhibit frequent reduced/inaccurate understanding or technical error that requires significant improvement in order to perform at expected levels. Students receiving a grade of **C-** must undergo a formalized clinical remediation in the quarter following receipt of this grade. However, if a grade of **C-** occurs during the spring quarter of the 3<sup>rd</sup> year or anytime during the 4<sup>th</sup> year, the case will be referred to the College Executive Committee for action.

**E:** Students earning the grade of **E** consistently exhibit substandard performance with unsatisfactory improvement or unacceptable knowledge level or skills, which may include a poor attitude or lack of effort or interest in learning. Unethical behavior or breaches in the OSU Code of Student Conduct, College of Optometry Student Honor Code, College of Optometry Clinic Policies and Procedures, or clinic course syllabi may result in the grade of **E**.

#### **Guidelines for Attendings:**

- Utilize a wide range of teaching strategies that have been shown to be effective, such as observing, being attentive and available, listening, providing case examples, and generally being an active teacher.
- Demand a differential diagnosis list and treatment options from interns
- Wait for answers from interns before giving it to them.
- Discuss weekly, both positive feedback and constructive criticism. Recognize that most students want to be challenged.
- Give interns timely information about their performance but refrain from telling them a letter grade.
- Do not make an overall impression of a performance level, and then choose the same level of performance for each grading category based on that overall impression. Grade each aspect of performance independently i.e. history, skills, diagnosis, treatment, communications, coding, professionalism, ethics, etc.
- Always adhere to grading deadlines.

We all share in the responsibility to carefully assess our interns and extern students with diligence. We do so to provide competent or better yet great patient care, to teach them, to protect the public, and to ultimately graduate future optometrists who can practice independently and safely. Please always communicate clearly to your interns and externs on a daily, weekly and midterm basis and with a summative evaluation at the end of a rotation if they are performing well or if they are not up to competence or if they are failing in an area. Keep in mind that the final assessment or grade is the responsibility of the faculty member of record for the course. Nevertheless, please make sure your interns and externs know exactly where they stand verbally and that these assessments match your written assessments.

## Meditrek Clinical Evaluation Submission Protocol (2/09)

To access your individualized Meditrek Welcome page, please follow the steps below:

1. Direct your browser (HSoft recommends Microsoft IE, version 5.5 or higher) to <http://www.meditrek.com>

2. Click on the REGISTERED USER LOGIN label, and then enter your login credentials listed below:  
User Name:

Password:

Please remember that the password is case sensitive. Also, please memorize your password, and/or write it down and keep it in a safe place.

3. Click OK.

4. Your individualized welcome page will be displayed. Your students for the quarter should be highlighted in the table in the middle of your screen. If not, select the current academic year and click on "Display Pending Evaluations". The table should display the academic year (AY), the quarter or period (PER 1=summer, 2=autumn, 3=winter, 4=spring), start date, end date, name of chief preceptor, extern name, name of rotation, and team # (please ignore). The two columns at the right display a hyperlink to the midterm (MID) and/or final (FIN) evaluation forms that need to be completed. Any evaluations that have been completed are marked as "done", and any that are pending are marked as "due". Previous entries can also be saved in a "draft" form prior to final submission.

5. Click on "due" in the corresponding midterm (MID) or final (FIN) column for your first extern. This will load the evaluation form that needs completed. **Please note this is a newly developed form with updated criteria to assess the appropriate level of extern performance. Please read the instructions. Be sure to rate each item independently to accurately describe how the extern performs in that particular area or skill set**

6. Click on the appropriate radio button to the right of the number you want to assess for each item. Answer the question, "Did the intern ask you how you thought they were performing?"

7. Please provide comments in the written area. Your comments are welcome and encouraged. However, please DO NOT PROVIDE A LETTER GRADE. If you wish to print out a hard copy of your eval, you must do so prior to saving. When your evaluation is complete, click on "Save Final" to submit your evaluation. You also have the ability to "Save Draft" if you wish to make edits to your evaluation at a later time prior to submitting. Also, by saving it as a draft, you have the ability to access the draft electronically if you choose to review it with the extern on-line. Please repeat this process for each of your externs for the current quarter.

8. Once submitted, you will no longer have access to your electronic evaluation. It is recommended that you print out the evaluation page before you "SAVE FINAL", so that you may hand a hard copy to your extern and to save one for your own records. For each midterm and final evaluation, it is important to verbally communicate strengths and weaknesses to your externs and to provide goals and strategies for improving throughout the remainder of their training.

9. Please notify Dr. Greg Nixon, [gnixon@optometry.osu.edu](mailto:gnixon@optometry.osu.edu) if you have any questions or encounter any problems.

## Generic Meditrek Clinic Performance Evaluation Template

### SECTION 1: PATIENT CARE SKILLS AND TECHNIQUES

#### Instructions:

- Rate the student in each of the following areas using the scale below.
- Carefully evaluate each item independently correlating to the student's performance in each specific area.
  - Performance rankings should be given relative to the level of training (i.e. 1<sup>st</sup> quarter 4<sup>th</sup> year, etc.).
  - Use the graphic on the following page to guide the expected distribution of scores for the entire class (3<sup>rd</sup>, 4<sup>th</sup> year)

(>>) Consistently performs beyond expectations; performs area independently
(>) Often performs above expectation with appropriate direction
<b>EX Expected performance relative to level of training</b>
(<) Needs some improvement to reach expected level
(<<) Consistently performs below expected level with need for substantial improvement

1. Patient history and testing relevant to CC or reason for visit
2. Procedural skills (Refractive and eye health assessment)
3. Critical thinking skills; analysis and assessment of examination findings
4. Ability to differentiate normal & abnormal and prioritize problems properly
5. Ability to formulate diagnostic & therapeutic plan relating to CC other History
6. Record keeping with clear and complete assessment and plans
  
7. Patient communication
8. Efficiency, time and patient management
9. Level of knowledge base appropriate to clinical service
10. Coding and billing

### SECTION 2: PROFESSIONALISM AND CONDUCT

#### RARELY    OFTEN    ALWAYS

1. Did the student adhere to the attendance and personal leave guidelines?
2. Did the student demonstrate adequate respect to the preceptor, staff, and patients?
3. Did the student demonstrate initiative and responsibility in the care of patients?
4. Was the student an active participant in their learning?

### SECTION 3: OVERALL CLINICAL COMPETENCY

#### Instructions:

- Rate the overall performance of the student using the descriptors below.
- Overall clinical competency should be assessed relative to the level of training (i.e. 1<sup>st</sup> quarter 4<sup>th</sup> year, etc.)

**Exemplary Clinical Skills:** Reserved for the rare extern who consistently exceeds expectations; robust clinical knowledge base; independent delivery of comprehensive care

**Proficient Clinical Skills:** Often performs well; uses good judgment with appropriate direction

**Sufficient Clinical Skills:** Performance matches level of expectation most of the time with rare episodes of misunderstanding or technical error

**Reasonable Clinical Skills:** Occasional performance deficit; some reduced/improper understanding or technical error

**Insufficient Clinical Skills:** Often performs below expectations with frequent misjudgment or technical error

**Deficient Clinical Skills:** Consistently exhibits substandard performance with unsatisfactory improvement or unacceptable knowledge level or skills

Please provide comments highlighting your student's overall strengths, weaknesses, and specific needs for improvement. DO NOT assign a letter grade. Comments are **REQUIRED** to justify ratings of Exemplary or Deficient overall competency:

## Remediation of Clinical Coursework (revised 1/11)

### **Purpose:**

To document a threshold of performance and the procedures to initiate remediation of inadequate student clinical performance and progress; and to improve consistency and calibration of faculty grading in clinical courses.

### **Remediation Committee:**

This process is mandatory when a student receives a "C-" grade in any clinic course.

The purpose of this committee is to work in the best interest of the student, the faculty, the institution, and its patients to plan a remediation program designed to raise the student's performance above the minimum competency level to the satisfaction of the faculty member of record for the clinic course in which the C- grade was given. This process will seek multiple sources of feedback and will operate with respect for student confidentiality.

The ad hoc Remediation Committee appointed by the Associate Dean or other College administrator with jurisdiction over the professional program will consist of:

(1) The faculty member(s) of record for the clinic course(s) in which the student received a C- grade; (2) A faculty member who will serve as Committee chairman; (3) the Associate Dean with jurisdiction over the professional program; and (4) a representative of the Office of Student Affairs, who will serve as a non-voting member.

The Remediation Committee will be appointed, meet, and initiate the remediation program in a timely fashion.

### **Remediation of Clinical Coursework:**

When a student is identified for remediation of clinical coursework, the faculty member of record will assign the student an "I" (Incomplete) for the course and the alternate grade will be an "E" for the course. The Remediation Committee will establish the remediation program and determine the period of time for the remediation process. When the remediation is successfully completed, it is recommended that the final grade be changed from the I/alternate back to the originally proposed C- grade. If the student does not successfully complete the remediation, the final grade will be an "E" for the course. From spring quarter of the third year of the professional program on, this automatic remediation does not take place. Instead, a C- grade in clinic coursework from that point onward will be referred to the College Executive Committee for action with input from the Director of Student Affairs.

This remediation plan will be signed by the student, and a copy will be given to the Remediation Committee members, the Dean, the Clinic Director, the Clinic Chief associated with the clinic course(s) in question, and the student.

A written report of the progress of the student will be submitted to the aforementioned individuals at subsequent mid-quarter and final grading periods until the student is off remediation or dismissed.

## Evaluations – General Information

In order to maintain quality optometric care in the clinic facility, regular and routine evaluation of patient care and personnel performance is necessary. Several methods are used for these evaluations.

**Peer Review of Records:**

A panel of interns and an attending routinely examine a random sample of patient records from the service areas. The Clinic Chief will review any recommendations made and forward the findings to the appropriate clinician.

**Patient Surveys:**

Patient satisfaction surveys are given to all patients with a copy of their spectacle prescription in each service area. Periodic studies and surveys of patient satisfaction are conducted.

**Clinic Personnel Evaluations:**

The performance of the support staff and professional staff of the clinic is routinely evaluated according to University Guidelines.

**External Reviews:**

The OSU Optometry Services are accredited as an optometric teaching facility by the Council on Optometric Education.

**Attending Evaluations: (for interns to complete)**

At the close of each quarter, interns are required to evaluate the attendings using the OSU Clinical Services Teaching Evaluation in Meditrek. This feedback mechanism is intended to improve the teaching skills of our attendings and strengthen the effectiveness of the overall clinical experience. The evaluations are anonymous and will not be available for individual attendings to review until one quarter after the evaluation is complete. Service chiefs will have immediate access to evaluations for grade calculation purposes. If the intern does not complete the teaching evaluation before the end of the clinic quarter, the intern will receive an incomplete for the course. The intern will use his/her secure Meditrek login to complete the evaluation.

**OSU Clinical Services Teaching Evaluation (located on Meditrek)**

Clinic Attending: \_\_\_\_\_  
Clinic Service: \_\_\_\_\_

---

**ATTENDING EVALUATION**

	<u>Strongly Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>
<u>Agree</u>				
1. The attending clearly identified objectives and expectations of intern performance.	___	___	___	___
2. The attending was available for questions and consultation.	___	___	___	___
3. The attending had a thorough clinical knowledge <b>for his/her practice setting.</b>	___	___	___	___
4. The attending treated the student intern with respect and courtesy.	___	___	___	___
5. The attending was enthusiastic about clinical teaching.	___	___	___	___
6. The attending provided appropriate explanations of diagnosis and management plans.	___	___	___	___
___				

7. The attending provided good examples of patient communication.	___	___	___	___
8. The attending observed the intern's performance.	___	___	___	___
9. Intern evaluation of performance was timely and appropriate.	___	___	___	___
10. Overall, the attending was an effective clinical teacher.	___	___	___	___

	<u>Too Low</u>	<u>Somewhat Low</u>	<u>Appropriate</u>	<u>Somewhat High</u>	<u>Too High</u>
11. What was the level of the attending's expectations of student performance?	___	___	___	___	___
12. What was the level of student involvement in patient care?	___	___	___	___	___
13. To what degree did the attending use patient encounters as teaching opportunities?	___	___	___	___	___

### CLINIC SERVICE EVALUATION

	<u>Strongly Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Agree</u>
14. This clinic service had an adequate patient base to support clinical optometric education.	___	___	___	___	___
15. The service support staff was courteous and helpful.	___	___	___	___	___
16. Overall, this clinic service provided an effective clinical experience.	___	___	___	___	___

IN ORDER TO ASSIST OUR EFFORTS TO PROVIDE QUALITY CLINIC INSTRUCTION, YOUR COMMENTS ARE BOTH WELCOME AND ENCOURAGED TO EXPAND ON YOUR RATINGS ABOVE.

- PLEASE NOTE THAT A COMMENT TO QUESTION #17 IS REQUIRED TO SUPPORT A RANKING OF "STRONGLY AGREE" TO QUESTION #10.
- LIKEWISE, ANY RANKING OF "STRONGLY DISAGREE" ABOVE WILL REQUIRE A COMMENT ON HOW TO IMPROVE IN QUESTION #18

**17. Name 2-3 things this attending did well and should continue to do because these things significantly affected your clinical education.**

---

**18. Identify 1-2 things this attending could do better to further aid your clinical education.**

---

**19. Please comment on any interpersonal skills you developed during this rotation, including patient communication or leadership/management skills used with professional colleagues or staff.**

---

20. **Were you provided adequate orientation materials (written and/or verbal) that outlined the expectations of the rotation? What do you wish you had known prior to the rotation that would have helped you assimilate into the rotation better and more quickly?**
- 

21. **Other than your Meditrek evaluation, did you receive feedback on your clinical performance? What type of feedback is most valuable to you?**
- 

22. **Please provide additional comments about the quality of this attending and your overall experience in this clinic service.**
- 

## **Intern Attendance Policy (Revised 2/11)**

Patient Care based courses within the curriculum of the College of Optometry are very important to help student clinicians develop clinical reasoning skills and recognize the clinical presentations of entities discussed in their didactic classes. Adequate learning and adequate evaluation of that learning require that a minimum number of patient encounters be experienced by each student clinician. Students cannot miss a “class day” and “obtain the notes” from classmates for these patient care based courses. Students must actively participate to develop the skills required to become a competent and efficient optometrist. In spite of this, however, the College recognizes that there are legitimate occurrences (e.g., illness, emergencies, special events, outside educational experiences, professional conferences, personal reasons) for which an intern might miss clinic rotations to include training within the Eyewear Gallery. This statement specifies the rights and responsibilities of students regarding absences from their clinical training assignments.

**Personal leave requests should be submitted 3 or more weeks in advance for Opt 3s and no later than the pre-determined deadlines for Opt 4s. The College retains the right to cancel any leave, if deemed necessary, for the student’s educational needs or proper patient care. Patients will not be cancelled or rescheduled for personal leave requests. All personal leave requests should be approved before any travel arrangements are made.**

### **OPT III Leave Policy**

Opt 3 interns may be granted a **maximum** of **4** leave days (personal/professional) from **PVC** rotations during the entire third year. Interns may miss up to 2 sessions of a specific half day PVC rotation during a given quarter.

Opt 3 interns may be granted **1** personal leave day from **OD** and **EWG** rotations during the quarter the intern is scheduled for these rotations.

### **Final Exams and National Board of Examiners in Optometry (NBEO)**

Interns are excused from clinic services and the EWG on the day(s) that NBEO Part I and II testing

occurs [see special note about the NBEO Clinical Skills Exam (CSE)]. Interns are excused from the Eyewear Gallery for finals ONLY if testing directly conflicts with the intern's scheduled Eyewear Gallery rotation. For example: If an intern has a scheduled final on Tuesday morning and is scheduled to be in the Eyewear Gallery on Tuesday morning, the intern is excused. If the intern's scheduled EWG rotation is Tuesday afternoon, the intern is expected to be in the Eyewear Gallery as scheduled unless the intern has approved personal leave.

### **Major Holidays**

The College will be closed on the holidays that the University is closed. Interns with clinical rotations at the college will be excused on those days. CHECK THE UNIVERSITY CALENDAR FOR SPECIFIC DATES.

### **Special Engagements, Conferences, Meetings**

Most special engagements, conferences, and meetings require the use personal/professional leave.

## **OPT IV Primary Care Extern and In-House Quarter Intern Leave Policy**

Interns may be granted **personal leave** to allow 1 missed clinic session for each scheduled half day rotation throughout a given quarter. In addition, if the NBEO Clinical Skills Exam (CSE) is scheduled during the in-house quarter or primary care extern quarter, the intern will be granted 1 additional day of **professional leave for that quarter only**.

### **NBEO Clinical Skills Exam**

If the NBEO CSE is scheduled during the quarter of the internal clinic rotation or primary care extern , interns may miss up to 2 scheduled sessions (1 professional leave day plus 1 personal leave day) of a specific clinic rotation (BVP, CL, VR, SS, SHC, EWG) during that quarter. However, it is not permitted to miss 2 scheduled rotations of a specific clinic session if the NBEO CSE is not scheduled during the in-house quarter or primary care extern quarter.

Additionally, if the scheduling of an intern's NBEO CSE requires him/her to miss more than 1 day of clinic due to travel to/from the NBEO testing center, additional leave beyond the 1 allotted day of professional leave will require use of personal leave.

#### **Please note:**

Interns must exhibit consistent satisfactory performance to receive credit for each clinical experience. If either or both personal leave and professional leave for the NBEO Clinical Skills Exam are used during a quarter when multiple university holidays already decrease the number of days spent in that rotation, that specific clinical experience will be compromised by reduced learning encounters and reduced evaluation time. Interns should use discretion when scheduling personal and professional leave to ensure they have adequate patient encounters and their attending has adequate experiences to assess their clinical performance.

## **LEAVE POLICY DURING THE OCULAR DISEASE AND ADVANCED PRACTICE EXTERNS**

During the 4<sup>th</sup> year clinical rotation of the ocular disease extern and advanced practice extern, each intern/extern could be allowed up to 5 excused absences from scheduled clinical activities in a given quarter. Leave requests will comprise a maximum of 3 personal leave days and 2 professional leave days in a given quarter. Professional leave is intended to cover outside educationally enriching activities such as: professional meetings, SVOSH, residency/job interview, AND THE NBEO CLINICAL SKILLS

EXAM. Personal leave days are intended for interns/externs to be excused from clinical activities at the extern's discretion (vacations, weddings, family commitments, etc.)

During a given quarter, there may be occasions when a professional leave activity may require more than the 2 day allotment described above. To facilitate being excused for this circumstance, the extern will be required to utilize personal leave days to be excused for absences beyond the 2 professional leave allotments.

Since leave for the NBEO clinical skills exam counts as professional leave, it may be beneficial to not schedule it during a quarter when you know you will be needing personal or professional leave for other reasons such as travelling for SVOSH, presenting at Academy, or family commitments. In addition, since all NBEO clinical skills exams will require travel to Charlotte, NC it will be beneficial to schedule exam times on a Monday or a Friday so that some travel time will occur on the weekend and not require additional leave to be excused from scheduled clinic responsibilities during the week.

### **Scheduling of Personal Leave**

- Requests to miss clinic rotations should be sent via email to the schedule manager. The email subject line must read **PERSONAL LEAVE**. The email must contain the day(s) of the week, the date(s), and the clinic rotation(s) to be missed.
- All requests for leave from the **Eyewear Gallery** must be made via email directly to the Eyewear Gallery chief.
- The first week of each clinic quarter is considered an orientation week and therefore interns are not excused from internal clinic rotations with the exception of primary vision care. The first weeks of autumn, winter and spring quarters are not considered PVC orientation weeks.

### **Illness or Emergency**

- Interns must call or email **Student Affairs** as soon as possible when an unexpected illness or emergency keeps him or her from attending scheduled classes, labs, or clinic services.
- 

### **Student Affairs Office 292-2647**

- If the absence affects a clinic service or the Eyewear Gallery, then the intern must notify the patient reception desk at 292-2020 ext. 1 between 8:00 a.m. and 5:00 p.m. Monday through Friday. The Student Affairs Office is not expected to notify patient reception.
- **Upon return to clinic rotations, it is the responsibility of the intern to check with the service chief or faculty of record regarding make-up sessions or assignments.**

## **Professional Dress Policy (revised 1/06)**

This policy applies to all student workers, interns, faculty, attendings and staff who enter and work in the clinic areas, including The Eyewear Gallery for Great Vision. The goal is to maintain professional dress and a professional environment.

## **Men**

- Clean white clinic jacket with firmly adhered College of Optometry patch on upper left pocket
  - Short white jacket for interns and long white jacket for attendings
  - White coat optional in the Pediatrics Service.
  - Clinic Staff and The Eyewear Gallery for Great Vision staff are not required to wear a white clinic jacket
  - Student workers are not required to wear a white clinic jacket
- College name tag
- Pressed dress shirt
- Pressed dress pants
  - No pockets sewn on the outside of pants
  - No denim of any kind (pants or shirts)
  - Pants should sit at the natural waist and not ride excessively low
- Necktie
- Dress sweater with necktie
- Socks to be worn at all times
- Dress shoes (should be well kept)
  - No casual shoes or athletic shoes
  - No boots (hiking or outdoor)
- Personal hygiene should be well maintained
- Hair should be well kept and not obtrusive
- Men should be clean shaven or have a well groomed mustache, goatee, or beard
- No facial body piercing other than the ear, single stud per ear
- No visible tattoos.

## **Women**

- Clean white clinic jacket with firmly adhered College of Optometry patch on upper left pocket
  - Short white jacket for interns and long white jacket for attendings
  - White coat optional in the Pediatrics Service
  - Clinic Staff and The Eyewear Gallery for Great Vision staff are not required to wear a white clinic jacket
  - Student workers are not required to wear a white clinic jacket
- College name tag
- Pressed dress shirt or blouse
  - No skin at the waistline should be visible
  - Sleeveless permitted if worn under a clinic jacket
  - No low cut blouses or dresses
- Pressed dress slacks
  - No pockets sewn on the outside of pants
  - No denim of any kind (pants, skirts, dresses, or shirts)
  - No stirrup pants or stretch pants of any kind
  - Pants should sit at the natural waist and not ride excessively low
- Dress skirt or dress
  - Use discretion with the length of the skirt
  - Hose/stockings except with dress pants and long skirts or dresses
- Dress shoes or boots (should be well kept)
  - No sandals or open toed shoes
  - Dress shoes with an open heel are acceptable
- Personal hygiene should be well maintained
- Hair should be well kept and not obtrusive

- No facial body piercing other than the ear
- No visible tattoos

## **Intern Lab Coat Embroidery Policy (4/10)**

Student lab coats may be embroidered with the intern's name, however, the following rules must apply:

- First initial (or initials) plus last name OR first name and last name. A decision to use first name or initial is the student's decision; however, a longer first and last name may not fit and still be visible.
- No degree or title should be used (even if a Masters or PhD has already been earned).
- Black thread must be used and only one line of embroidery.
- Maximum letter height is 5/8"
- Either block print or script; however everyone in a given class should use the same print to encourage uniformity within a given class.
- The name must be printed above the left breast pocket (above the patch).

## **Policy Governing Student Practice of Clinical Procedures**

As of early 2008, the southwest door to Starling-Loving Hall that faces Hamilton Hall has been secured with a key card access that allows optometry students access to the building at all hours. This facilitates students' ability to practice their clinical procedures. This policy governs that practice ability. Professional behavior and appropriate, meticulous care of facilities and equipment is expected.

### **Practice sessions unsupervised by faculty**

- Students may access preclinic areas only. Clinic areas that are devoted to patient care are locked after hours and should remain locked.
- Only optometry students are allowed to participate in these practice sessions.
- Practice patients' pupils can only be dilated using tropicamide eye drops.
- Practice of techniques that require corneal contact (e.g., tonometry, gonioscopy) are not allowed.
- If a problem arises, the on-call optometrist should be contacted at 614-292-2020.

### **Practice sessions supervised by faculty**

- A supervising faculty member must be present in either Fry or Starling-Loving Halls during a supervised practice session.
- Both the pre-clinic and clinical areas can be used, but the supervising faculty member is expected to secure the clinical areas and clinical equipment at the end of the session.
- All diagnostic drops can be used.
- All procedures can be performed.
- Practice "patients" other than optometry students can participate.

## **Immunization Policy (revised 6/10)**

Effective autumn 2000, all students entering The Ohio State University College of Optometry must meet the following health requirements:

- Completion of the Immunization Record and History of Past Infection on The Ohio State University Health Service form entitled Immunization and Health Screen. This documentation will substantiate the completion of the following vaccinations or tests:
- Measles, Mumps, Reubella (MMR)- second vaccine
- Tetanus/Diphtheria/Pertussis (Tdap) required beginning with the class of 2014
- Chickenpox history

**Interns Starting Clinical Rotations:**

All interns will meet the following requirements before beginning their clinical courses:

Documented Hepatitis B vaccination within the last five years. This is a series of three injections given over a period of six months.

PPD (not TB-tine test) performed at the OSU Student Health Services and read by a nursing representative of the Student Health Center. The results of this test are only valid for 12 months, so the test must be repeated annually. If PPD is positive, a chest x-ray will be performed. If the chest x-ray is positive, documentation of appropriate treatment must be provided.

Questions about satisfying these health requirements should be addressed to the Wilce Student Health Services, the Preventive Medicine Program Coordinator, or a member of the Student Affairs staff.

**Procedure for Ophthalmic Instrument Repair**

ON-LINE REQUESTS (Preferred)

Work requests should be submitted on-line through the Ophthalmic Instrument Repair link on the Optometry My Office web page. These requests will go directly to the instrument repair coordinator.

TELEPHONE REQUESTS

For immediate help, you may call for the instrument repair coordinator at 770-6960 (pager), 330-9119 (cell), or 292-2004 (office) 292-8171 (office).

**Chapter: 2 Emergency and Safety Procedures**

**Therapeutic Drug Policy**

Only drugs approved for use by the Ohio State Board of Optometry will be used in The Ohio State University Optometry Services.

The ophthalmic drugs located in the locked drug cabinet in the Ocular Disease consultation office, room A124-126SL are for in-clinic use only. Please return all partial bottles to the drug cabinet when finished. If a patient needs further treatment, therapeutic prescription forms are available. The prescription forms are located on the gray shelf next to the drug cabinet. The white copy is given to the patient. The yellow copy is placed in the medical record.

For patients needing financial assistance with their therapeutics, please obtain the appropriate forms from medical records or the OD consult room.

Contact the Chief of Ocular Disease or the Clinic Director for reordering of stocked medications.

#### Therapeutic Drug Prescriptions

All prescriptions for pharmaceuticals (including prescribed samples given) are to be written on standard 3-part prescription pads and must include at a minimum the following information:

- patient name
- address
- date
- name of drug
- amount of the drug to be dispensed
- instructions for use of the drug
- licensed optometrist's legible signature
- licensed optometrist's printed name
- licensed optometrist's TPA certificate number

#### Ophthalmic Drug Supply

Each examination room is equipped with the following pharmaceuticals and related supplies. Additional supplies are stored in Medical Records:

Fluress  
Fluorescein Strips  
Lissamine Green  
Proparacaine  
2.5% phenylephrine  
0.5% and 1% tropicamide  
Irrigating solution  
Alcohol Wipes  
Tissues  
CottonTip Applicators  
Soap Dispenser  
Paper Towels

The prescription Drug Cabinet includes the following:

#### **Pharmaceutical Agents:**

Antibiotic medications  
Allergy medications  
Anti-inflammatory medications  
Antibiotic/steroid combo medications  
Glaucoma medications

#### **Supplies:**

Masks  
CPR masks  
First aid supplies

#### **Equipment:**

Hypodermic syringes and needles  
Cycloplegic medications

Angle-Closure Kit (located on the door outside the Drug Cabinet)

- The Drug Cabinet is to remain locked
- The on-call pager key chain has keys to access the Drug Cabinet, room A124SL, and the Medical Records department.

### **Ophthalmic Drug Disposal:**

- All diagnostic drugs are to remain in the exam rooms in which they are located.
- Each week, drug supplies in exam rooms will be reviewed, and bottles that are soiled or empty will be replaced.
- All expired drugs will be given to the Assistant Clinic Director. The Department of Environmental Health and Safety will be contacted (2-1284) to dispose of all expired or contaminated drugs.

### **Mydriatic and/or Cycloplegic agents:**

Prior to a dilated fundus examination or a cycloplegic refraction, the following procedures will be completed for all patients:

- Case history including:
  - Systemic health history
  - Ocular health history
  - Drug history (past and present)
  - Allergies
- Visual acuity
- Pupillary testing
- Anterior chamber depth evaluation
- Applanation tonometry

The intern will consult with his/her attending after all of the above information has been completed. Mydriatics and cycloplegics are to be administered after consultation with and approval by the attending. Patient iris color, age, and chief complaint are factors to assess when considering which mydriatic or cycloplegic agents to use.

Before administering ophthalmic medications, the procedure will be fully explained to all patients to be dilated. Patients should be advised that they may experience temporary inconvenience following dilation, i.e., blurred vision, photophobia. Disposable mydriatic spectacles will be provided for patients. Advise patients who are low myopes (or who have a bifocal) that taking their glasses off (or using their bifocals) will help them to see at near until the drops wear off.

The following information should be included in the patient's record: mydriatic drug name, concentration, amount, time administered, and interval of instillation.

Any observed unusual or adverse reactions must be fully recorded and reported to the attending. The medical record should be marked with an Allergy sticker naming the drug causing the adverse reaction. Allergy stickers can be found in each clinic consultation room and the Medical Records department.

### **Local Anesthetics:**

Prior to the instillation of a local anesthetic, the following procedures will be completed for all patients:

- Case history including:
  - Systemic health history
  - Ocular health history
  - Drug history (past and present), including the use of local anesthetics in past examinations
- Clinical procedures
- Visual acuity
- Biomicroscopy

If patient discomfort precludes performing the above clinical procedures prior to the instillation of a local anesthetic, they shall be attempted immediately after the instillation of the topical anesthetic.

## Reporting Adverse Drug Reactions

In the event that a treated patient develops a clinically significant drug induced side effect:

- The attending doctor will modify the treatment plan as needed to care for the patient.
- A written notation of this clinically significant effect will be made in the patient record.
- The State Board of Optometry Drug Induced Side Effects Report shall be sent to the Board by the attending

Adverse drug reactions must be reported to the Ohio State Board of Optometry within 72 hours of the reported adverse event. Adverse drug reactions consist of any undesirable effects from diagnostic or therapeutic agents administered during or following an exam. The Board will then mail a form to be completed and returned to their office within 10 days. The Board may be reached at the following:

Ohio State Board of Optometry  
77 S. High Street, 16th Floor  
Columbus, OH, 43266-0318  
614-466-5115  
614-644-3937 (fax)  
optometry.board@exchange.state.oh.us

## Fluorescein Angiography, Microbiology Cultures, Laboratory Testing, and Imaging (revised 9/10)

When ordering microbiology testing, laboratory testing, and/or imaging

- Record what was ordered in the Assessment and Plan
- Fill out the paperwork completely
- Retain a copy of the order for the medical record

It is the Attending Doctor's responsibility to ensure the testing was done, gather the results and monitor the patient.

All order forms can be found in the Ocular Disease consultation room.

### Fluorescein Angiography:

To order a fluorescein angiography without a retinal consultation, call the ophthalmic photographers at 293-8124 in the Department of Ophthalmology, 5th floor, 915 Olentangy River Rd. Provide the patient information and diagnosis code. The interpretation and results will be sent to the attending doctor. The patient will be billed for the testing at ophthalmology.

### Microbiology Cultures:

Culture materials, viral (including Chlamydia) and bacterial transport media and blood and chocolate agar plates are available at The OSU Hospitals Microbiology Lab, 293-8676. The lab will request a visit number and access to all patient demographic and insurance information. The Ohio State University Microbiology Laboratory is located on the 3rd floor of Rhodes Hall room S-326. The Ocular Disease support staff person or another clinic staff person can pick up the material that the attending has called and requested.

- Obtain an order form from the Ocular Disease consult room.
- Using sterile technique, culture the source (cul-de-sac, conjunctiva, cornea, lens case) and label the transport media with the patient name, date of birth and origin of specimen.

- If using agar plates, tape the plates and label with the patient name, date of birth and origin of specimen.
- Insert specimens into a biohazard bag and give to the Ocular Disease support staff or Ocular Disease Chief

Order form must accompany the culture and be complete with:

- Copy of insurance card
- Patient Demographic sheet
- ICD-9 code
- Site of specimen
- Labeled as routine culture and specificity or Chlamydia etc.

Copy the order form for the medical record.

The patient's service sheet should reflect a new or established evaluation and management code (992XX) as well as the culture code (87070) and/or corneal scraping code (65430). The diagnosis code must justify the medical necessity. The OSU Microbiology Lab will directly bill the patient.

The attending doctor should call the OSU Microbiology Laboratory at 293-8676 and have access to the patient's date of birth and social security number to obtain the results. The lab can also fax a copy of the results at that time.

Examples of conditions to be cultured are as follows:

- Chronic blepharitis not responding to standard therapy
- Corneal ulcers
- Chronic conjunctivitis

**Laboratory Blood Testing:**

Laboratory testing can be ordered through The OSU Medical Center Reference Laboratories or through the patient's primary care physician. The attending must specify the desired tests, diagnosis code and medical records fax number on a medical prescription form. Prescription forms are located in the Ocular Disease Consultation room.

Retain the last copy (pink copy) of the prescription form for the medical record. The attending doctor should call the lab for results if the results are not faxed to medical records.

The OSU Medical Center Reference Labs

**Locations:**

Camera Center  
 2050 Kenny Road, 1st floor  
 7:30 AM- 3:30 PM, Monday-Friday  
 Closed daily from 12:30-1:30  
 293-6057, fax 293-6855

Dodd/ Davis Center  
 480 West 9th Avenue, 1st floor  
 8:30 AM- 4:00 PM, Monday- Friday  
 Closed daily from 12:00-1:00  
 293-8399

CT, MRI, X-Ray

Call to schedule an appointment at one of the two locations below.  
Fill out the prescriptive order found in the Ocular Disease Consultation room for the appropriate location.

Broad Street Imaging  
750 East Broad St.  
Columbus  
614-621-9100  
Fax 614-621-9107  
Services available:  
XRay, CT, MRI, Open MRI

Dublin Imaging  
4351 Dale Drive  
Dublin  
614-761-2100  
Fax 614-761-2186  
Services available:  
XRay, MRI (no open MRI)

Polaris Imaging  
2141 Polaris Parkway  
Columbus  
614-841-0800  
Fax 614-841-0200  
Services available:  
MRI, Open MRI

## **First Aid Kits**

### **First aid kits contain:**

- Basic first aid materials
- Band-aids
- Oral, non-aspirin, pain suppressant
- Drinking cups
- Smelling salts
- Gloves
- Masks

### **Ocular first aid materials:**

- Eye patches, shields
- Surgical tape
- CPR masks
- Emergency numbers posted on box

### **Angle closure kits are located in the following areas:**

- The Ocular Disease consult room

### **First aid kits are located in the following areas:**

- The PVC consult room (SL A101)
- The Patient Reception Business Office (FR 119)
- The Eyewear Gallery for Great Vision Lab (FR 114A)
- The CL consultation office (SL 230)

**Snacks for Diabetic Patients located in the following areas:**

- The PVC consult rooms (SL A101 and SL A242))
- The BVP/VR office (Fry 137)
- The CL consultation office (SL 230)

## General Patient Emergency Procedures

In cases of emergency, like severe bleeding or vomiting, etc., immediately contact the paramedics (911). Give the apparent nature of the emergency and your location to the reception staff so they can direct the paramedics to you. See Disposal and Clean-Up of Waste Materials in Clinic in Chapter 2 for proper clean up procedures.

If appropriate, check if the patient is breathing and if there is a pulse. If the patient is not breathing, begin CPR immediately.

### Fainting

If the patient is feeling faint, have him/her lean forward placing his or her head below the knees or lie on the ground with feet elevated. If the patient has fainted and is in the examination chair, recline the chair. Do not leave the patient alone, call for help if needed. Call the paramedics (911) if the recovery is not quick.

## Cardiac Arrest

The first person to see the patient in arrest should note the time, alert others about the situation by calling out "Code Blue," and begin CPR.

Anyone hearing the "Code Blue" call should immediately inform others of the situation and give the location of the patient and directions for the paramedics. After that, return to the patient to assist in CPR or arrange for someone else to assist.

1. Call 911, giving all information essential to the situation. Upon the arrival of the paramedics, the clinic staff will direct them to the patient.
2. It is essential that everyone act swiftly in this situation, but most importantly to remain calm.

In order to avoid causing undue stress to the patient, do not make comments about the gravity of his/her situation.

## Automated External Defibrillator (AED) Protocol (09/07)

The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive, absent of pulse and not breathing.

The AED should only be operated by those who have been trained in its use.

### Training Requirements:

Any Faculty, Interns, and Staff trained in CPR and AED use will be expected to provide emergency care.

### Rationale:

Studies indicate that nearly 250,000 people die each year of sudden cardiac arrest (SCA). The most optimistic estimates suggest that approximately 1/4 to 1/3 of those who suffer a SCA could be saved with optimal emergency care. One of the key elements is early defibrillation. It is suggested that for every minute that a victim waits for defibrillation, chances for survival decrease by 10%. When attached correctly to the chest, the AED can assess the heart's rhythm for fibrillation and advise if a shock can be delivered.

**Safety Coordinator Responsibilities:**

Susie Nippert, Patient Reception Supervisor, will be the Safety Coordinator designated to manage the AED. She will:

- Conduct monthly inspections of the equipment and supplies.
- Maintain inspection records.
- Check for "OK" on display, and "use by" date on electrode pack. (Consult owner's manual).
- Provide for staff training at least every 2 years. Keeping records of this training on file. (Interns and Attending optometrists should receive AED training as part of their CPR certification).
- Notify all trained members where the AED, mask and supplies are kept (at the front desk)
- Check and replenishing supplies after use.

**Indications for Use:**

The first rescuer on the scene should assess the patient and assign someone else to call 911 with the following information.

- Type of emergency- cardiac arrest, choking, etc.
- Where: "College of Optometry- 338 W 10th Ave
- Where in the building- eg: "In the Eyewear Gallery, 2nd floor clinic in Fry Hall, 4th floor Wildermuth, etc"
- This person should also notify Patient Reception so a staff member can immediately bring the AED to the location of the emergency and calmly announce "Code Blue" and location.
- AED and CPR trained personnel should convene on the scene to offer help until the emergency team arrives.
- Another patient Reception staff member should meet the emergency responders and direct them to the correct location.

The AED should be operated only by those who have been trained in its use.

The AED should not be used if the victim is less than 8 years old.

**Procedure:**

- Assess scene safety- Because it will be especially important to hear the voice prompts of the AED, a quiet environment is essential. Distressed family members should be helped by someone other than the rescuer and may need to be escorted away from the scene.
- Be sure you are not in a water spill of any kind, or around any flammable agents. Do not use cell phones nearby.
- Use the AED if the person is unresponsive, has no pulse and is not breathing.
- Remove clothing near the patient's chest, use scissors in the supply kit if necessary.
- Ensure that the patient's skin is dry before applying electrodes.
- Shave excessive hair if necessary using the razor in the supply kit.
- Do not apply electrodes on top of a pacemaker.
- Listen to prompts and use illustrations provided to properly apply patches.
- All contact with the patient must be avoided during analysis of the rhythm and delivery of shock(s).
- Perform 2 minutes of CPR between assessment of rhythm and possible shock until EMS help arrives.

**Follow the instructions on the device and designate someone to keep records of:**

- The time of collapse
- Time CPR begun
- Time 911 called
- How many shocks are given on the AED.
- Use the reporting form that is kept with the AED (attached).

Post resuscitation, if the victim is breathing, leave the AED attached to detect any change to ventricular fibrillation. The EMS Responders will give additional advice.

**Post Incident Procedure:**

These steps should be completed as soon as possible after the incident by the Safety Coordinator.

- Replace pads and check expiration dates on the pad package.
- Clean the unit with a soft, damp cloth using soap and water and replace the pocket mask and any other supplies used.
- Check the battery life.
- Complete and file the AED Reporting Use form.
- Conduct an After-Action review with the EMS Responders to discuss the incident and how to improve Clinic procedures

**AED USE REPORTING:**

Complete this form after each AED use and submit to Safety Coordinator:

Date: \_\_\_\_\_ Incident #: \_\_\_\_\_

Patient Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male Female

Site of incident: \_\_\_\_\_ Time of Collapse \_\_\_\_\_

Witnessed arrest:	Yes	No
Breathing upon arrival of designated responders:	Yes	No
Pulse upon arrival of designated responders:	Yes	No
Bystander CPR:	Yes	No
Time CPR Started _____		
Time 911 Called _____		
Cardiac arrest after arrival:	Yes	No
Number of defibrillation shocks and time: _____		

Comments: \_\_\_\_\_  
\_\_\_\_\_

Family member contacted / time: \_\_\_\_\_

Who contacted

Rescuer's Name: \_\_\_\_\_

Rescuer's Signature: \_\_\_\_\_  
\_\_\_\_\_

## Anaphylaxis and Epi-Pen Protocol (5/10)

(Note: Background information and Directions were taken from the Epi-Pen Website: [www.epipen.com](http://www.epipen.com))

[Anaphylaxis](#) is a life-threatening allergic reaction that affects millions of Americans every year. Anaphylaxis can be caused by a [variety of allergens](#), with the most common being [food](#), [medications](#), [insect venom](#), and [latex](#). The definitive treatment for anaphylaxis is epinephrine, and all patients at risk for experiencing anaphylaxis are urged to carry self-injectable epinephrine such as [EpiPen](#)<sup>®</sup> epinephrine auto-injectors. Side effects of epinephrine may include palpitations, tachycardia (an abnormally fast heartbeat), sweating, nausea and vomiting, and respiratory difficulty. Cardiac arrhythmias may follow administration of epinephrine. Patients should ask their physician about the circumstances under which this life-saving medication should be used. Once anaphylaxis has begun, the treatment of choice is an immediate injection of epinephrine, sometimes called adrenaline, which is effective for 10 to 15 minutes.

Epinephrine provides the patient with emergency therapy, but immediate follow-up care by medical professionals will provide the patient the full treatment necessary to counter an anaphylactic episode. The sooner a patient receives epinephrine, the better that patient's chance of survival. Extra vigilance is also essential after an episode of anaphylaxis.

Common sensitivities that can cause anaphylaxis in some individuals:

- Peanuts
- Tree nuts (walnuts, pecans, pistachios, filberts, cashews, almonds, etc.)
- Shellfish (crab, crayfish, prawns, shrimp, lobster, etc.)
- Fish
- Milk
- Soy
- Wheat
- Eggs
- Sulfa antibiotics
- Allopurinol
- Muscle relaxants
- Certain post-surgery fluids
- Rubber Bands
- Elastic
- Carpet Backing
- Hospital and Dental Equipment
- Latex Gloves
- Latex Balloons
- Latex Condoms
- Vaccines
- Radiocontrast media
- Antihypertensives
- Insulin
- Blood products
- Wasps
- Yellow jackets
- Hornets
- Ants, including the fire ant

### Symptoms of Anaphylaxis

- Skin reactions including hives and itching, flushed or pale skin (almost always present with anaphylaxis)
- Constriction of the airways and a swollen tongue or throat, which can cause wheezing and trouble breathing
- A weak and rapid pulse
- Nausea, vomiting or diarrhea
- Dizziness or fainting

### Directions for Epi-Pen Use

#### **NOTE: Only the PATIENT or OPTOMETRIST may administer the epi-pen**

1. Flip open the yellow or green cap of the epi-pen auto-injector carrier tube
2. Remove the Epi-Pen Auto-injector by tipping and sliding it out of the carrier tube.
3. Grasp unit with the orange tip pointing downward.
4. Form a fist around the unit (orange tip down).
5. With your other hand, pull the blue safety release.
6. Hold the orange tip near the outer thigh
7. Swing and firmly push against the outer thigh until it clicks so that the unit is perpendicular to the thigh. (note: the epi-pen is designed to work through clothing).
8. Hold firmly against the thigh for approximately 10 seconds to deliver the drug. (The injection is now complete. The window on auto-injector will be obscured.
9. Remove it from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.
10. Call 911 and seek immediate medical attention (if you have someone to assist you, 911 should be called as soon as an individual appears to be in medical distress, do not wait until after the epi-pen has been administered.
11. Have the patient take the used auto-injector to the hospital emergency room or give it to EMS personnel.

Epi-Pen Video: <http://www.epipen.com/~epipen/page/english-56k--how-to-use-epipenreg-auto-injector--epinephrine--anaphylaxis>

### Epi-pen vs. Epi-Pen Jr.

Epi-Pen Jr. **33-66** pounds

Epi- Pen for patients **over 66** pounds

If you are in a situation where a patient is in need of an epi-pen injection and they do not have one with them, epi-pens are located in the following areas:

- Behind the Front Desk in the drawer with the AED
- Ocular Disease Consult Room Drug Cabinet
- BV/PEDS Cabinet #6
- CL Consultation (2<sup>nd</sup> Floor) First Aid Kit

Epi- Pen Officer in charge of making sure pens are not expired, ordering new when needed, replacing used pens, updating protocol as needed: **Clint Cappelle 614-292-1445**

Log for expected expiration dates of current pens

Boxes have been configured so there is one epi-pen and one epi-pen jr. in each location.

If a pen is used, please contact Clint Cappelle Immediately after use.  
Epi-Pen Location for Emergency use only.

If a pen is used or expired, Contact Clint Cappelle immediately.

614-292-1445

1. Have another individual call 911 immediately while you administer the epi-pen injection. The patient will need follow-up care within 15-20 minutes.
2. **Only an Optometrist may administer or a patient may self-administer.**
3. Make sure to save the Auto-injector to send with the patient or EMS crew to bring to the hospital.
4. Once the patient has been stabilized and transferred by EMS, report the usage to Clint Cappelle and your Clinic Chief

## Glucose Testing Protocol (4/11)

During a patient examination, the intern/attending may have reason to check a patient's blood glucose level. Reasons for testing may include:

- Symptoms of high blood sugar (hyperglycemia): increased fatigue, increased appetite or increased thirst, frequent urination, blurred vision, headache, general aching, or vomiting. Symptoms of low blood sugar (hypoglycemia): sweating, trembling, blurred vision, rapid heartbeat, tingling, or numbness around mouth or fingertips.
- Retinal hemorrhage
- Diagnosed but uncontrolled diabetes
- Diagnosed diabetes not being monitored regularly by a physician

### Prior to any testing:

- The attending and intern must thoroughly discuss the reason(s) for testing the patient's blood glucose level with the patient.
- The attending must discuss the cost of testing with the patient prior to any testing.
  - Glucose testing is NOT covered by insurance, but may be covered by a health care flexible spending account.
  - The out of pocket cost is **\$25.00** per test
  - Appropriate billing and diagnosis codes may include:
    - Blood glucose monitoring code 82962
    - Diabetes without complication 250.0x
    - Diabetes with complication 250.5x
    - Blurred vision 368.8
    - Polyuria 788.42
    - Polyphagia 783.6
    - Polydipsia 783.5

## Testing Protocol: ACCU-CHEK Aviva

### **NOTE: Only the PATIENT or OPTOMETRIST may administer glucose testing**

- ACCU-CHEK Aviva glucose meters, test strips, and lancets are located in the Ocular Disease consultation room, A124-126 Starling-Loving
- The special testing coordinator will replace any expired test strips, run control tests with every new box of strips, and ensure the lancing devices are available.
- All supplies of test strips must remain in the original containers.
- The test strip container cap must remain tightly closed after removing a strip.
- Test strips should be used within 3 minutes after removing from the container.
- Do not apply blood or control solution to the test strip before inserting the strip into the meter.
- Do not reuse test strips.
- All used test strips must be discarded in a hazardous material waste receptacle.
- Always use a new lancet for each finger stick.
- Always wear gloves before using a lancet.
  - **Make sure the patient does not have a latex allergy before testing begins**
- The **optometrist** or **patient** will hold the lancing device firmly against the side of the patient's fingertip and press the release button.
- Touch the blood drop to the **tip** of the yellow window of the test strip after the strip has been inserted into the meter.
- **DO NOT PUT BLOOD ON TOP OF THE TEST STRIP**
- The indicator will flash (hour glass) when you have enough blood in the test strip. If you did not apply enough blood (no flashing indicator), you may apply more blood to the strip within 5 seconds.
  - Gentle pressure may be applied to the finger to access more blood for testing.
- Test result will appear on the display.
- Used lancets must be discarded in a hazardous material waste receptacle.

## Child Abuse Reporting

### **Background:**

Child abuse and neglect results in injury and death to thousands of children each year. For those who survive, many suffer some type of permanent physical injury or emotional trauma.

According to the Ohio Revised Code Section 2151.421 anyone may report child abuse or neglect to the public children's services agency or a municipal or county peace officer in which the child resides or in which the abuse or neglect has occurred. The law also imposes upon "health care professionals who act in an official or professional capacity and know of or suspect that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child," have a legal obligation to report the event.

**Abuse:**

Abuse represents an action against a child. Generally, abuse is categorized as follows:

**Physical abuse:**

The non-accidental injury of a child.

**Sexual abuse:**

Any act of sexual nature upon or with a child.

**Emotional abuse:**

Chronic attitudes or acts which interfere with the psychological and social development of a child. It is not a one time act, but consistent and chronic behavior.

**Neglect:**

Neglect is the failure to act on behalf of a child. Generally, neglect does not produce visible signs, and usually occurs over a period of time. The two categories of neglect are:

- Physical neglect:  
Failure to meet the requirements basic to a child's physical development, such as supervision, housing, clothing, medical attention, nutrition, and monetary support.
- Emotional neglect:  
Failure to provide the support or affection necessary to a child's psychological and social development. This would include the failure to provide the praise, nurturing, love, and security essential to the child's development of a sound and healthy personality.

Ohio law provides that anyone reporting suspected child abuse or participating in a judicial proceeding resulting from such reports is immune from any civil or criminal liability that otherwise might be imposed as a result of such actions when taken in good faith. (Ohio Revised Code Section 2151.421 G)

Ohio law also states that a person who knowingly makes or causes another person to make a false report that alleges that any person has committed an act or omission that resulted in a child being abused or neglected is guilty of a violation section 2921.14 of the Ohio Revised Code. (Ohio Revised Code sections 2151.421 H (3) and 2921.14.)

**Recognizing the signs:**

Child abuse and neglect may be difficult to detect, however there are usually signs that suggest a child may be in need of help. The two signs that are usually given by an abused or neglected child are physical indicators and behavioral indicators. Physical indicators are the easiest to detect and diagnose. The child's appearance and the presence of bodily injury are the typical signs. Behavioral indicators are more difficult to detect and interpret. Often, children will send behavioral messages suggesting that abuse or neglect is happening. These signs may be in the form of 'acting out' behaviors which reflect the child's attempt to deal with or hide the abuse or neglect.

**Reporting procedures:**

OSU Optometry faculty and staff should immediately or as soon as practically possible report, either by telephone or in person, suspected cases to the public children's service agency, the county department of human services exercising the children's services function, or a municipal or county peace officer in

the county in which the abuse or neglect is suspected to have occurred. (Ohio Revised Code Section 2151.421 A&B).

Children's Services                      229-7000.  
Franklin County Sheriff Dept.      462-3333.  
To report sexual abuse 645-4670.

When reporting suspected abuse or neglect it is important to have as much information available without contacting the suspected abuser. Information should include:

- The name and address of the child you suspect is being abused or neglected
- The age of the child
- The name and address of the parent or caretaker of the child
- The name of the person you suspect is abusing or neglecting the child
- The reason you suspect the child is being abused or neglected
- Any other information which may be helpful to the investigation.

You may report anonymously, however, you are encouraged to give your name. This makes it possible for the children's protective services to contact you later if additional or clarifying information is needed.

It is helpful to provide as much information as possible. However if a child's protection is endangered and you don't have all of the above information, don't hesitate to make a report with the information you have. Remember, your foremost obligation is to protect the child.

OSU faculty, staff and interns will not contact the parent(s) and youth involved in a reported suspected child abuse incident unless instructed to do so by appropriate legal authorities.

The individual reporting the suspected abuse or neglect will immediately inform the faculty member in charge or their immediate supervisor. The faculty member should report the abuse in consultation with the intern. The intern should never have to report the suspected abuse. The faculty member involved in the case must inform the Associate Dean for Clinical Services and Professional Program. The reasons that abuse is suspected and the action taken must be clearly documented in the patient's chart. The Associate Dean for Clinical Services and Professional Program should be informed immediately. This should not go through the chain of command.

By Ohio law, (Ohio Revised Code Section 2151.421 H2) OSU faculty, staff, and interns must handle suspected child abuse information with utmost confidentiality. This is one reason it should not go through a chain of command. Involved personnel will discuss matters pertaining to suspected abuse with only those directly involved in the case and the public children service agency, the county department of human services exercising the children service function, or the appropriate municipal or county peace officer.

## **Elderly Abuse / MRDD Abuse / Domestic Violence Reporting**

### **General:**

All severe non-accident injuries, must be immediately reported to OSU or Columbus Police, or the Franklin County Sheriff.

OSU Police                                      292-2121  
Columbus Police                              645-4545  
Franklin County Sheriff                      462-3333

### **Elder Abuse / MRDD Abuse:**

According to Ohio Revised Code Section 5101.60 through 5101.71, health care professionals... "having reasonable cause to believe that (any) adult who is 60 years of age or older (or any) adult who has a physical or mental disability or impairment, either of which prevents the person from providing for the person's own care or protection...is being abused, neglected, (including self neglect) or exploited, or is

in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of human services.”

**Possible Ocular Indicators:**

- Broken orbital bones
- Iris damage
- Black eyes
- Detached retina
- Bruising in eye area
- Scarring near eye area

Ohio Law protects health care professionals...”from civil or criminal liability, except liability for perjury, unless the person has acted in bad faith or with malicious purpose.”(Ohio Revised Code Section 5101.62).

**Domestic Violence:**

In the case of domestic violence or suspected domestic violence, OSU personnel MUST have the consent (written consent preferred) of the victim BEFORE notifying the proper agency (previously noted mandatory reporting requirements notwithstanding, e.g. gunshot, stab wounds, etc...) Consent is necessary before the release of Personal Health Information to any law enforcement or social service agency.  
(HIPAA Section 164.512 (f) 3)

**Reporting Procedures:**

OSU Optometry faculty and staff should immediately, or as soon as practically possible, report suspected cases to the proper agency, either by telephone or in person.

Elder Abuse	Adult Protective Services:	614-462-4348
MRDD Abuse	Franklin County Board of Developmental Disabilities:	614-464-2743
Domestic Violence	CHOICES Franklin County:	614-224-4663
	CHOICES Ohio:	800-934-9840
	National Domestic Violence Hotline:	800-799-7233

When reporting suspected abuse or neglect it is important to have as much information available without contacting the suspected abuser. Information should include:

- The name, address, and age of the adult who is the subject of the report.
- The name and address of the individual responsible for the adult’s care (if applicable).
- The reasons abuse, neglect, or exploitation is suspected.

The individual reporting the suspected abuse, neglect, or exploitation will immediately inform the faculty member involved in the case or their immediate supervisor. The faculty member should report the abuse, in consultation with the intern. The intern should never have to report the suspected abuse. The faculty member must inform the Associate Dean for Clinical Services and Professional Program immediately and directly. This should not go through the chain of command. OSU faculty, staff, and interns must handle suspected abuse, neglect, and exploitation information with utmost confidentiality. Involved personnel will discuss matters pertaining to the suspected abuse with only those directly involved in the case and the appropriate legal authorities.

The reasons abuse is suspected and the actions taken must be clearly documented in the patient’s chart, citing the patient’s statements in quotes.

**Crime Prevention**

OSU Police	292-2121
OSU Medical Center Security	293-8500

- Lock office doors when unoccupied even if for a short time. Always keep personal belongings in locked drawers, cabinets or lockers
- Do not leave messages on your door indicating that you are away and when you will be back
- If someone asks to use your phone for an emergency call, offer to dial the telephone for them instead of allowing them access. A general use phone is also available in the patient reception area
- Do not put your address on your key ring
- Do not leave keys in hiding places
- If you see suspicious persons or activity, send an alert via email to faculty and staff and refer to the Office Creeper Policy on page 33.

**Student Safety/Escort Service: 292-3322**

The Student Safety/Escort Service provides safe transportation during the early evening and early morning hours for students, faculty, and staff in the campus area.

## Emergency Procedures and Protocol (6/11)

1. If the visitor is lost, escort the person if you are able and comfortable doing so.

2. If you feel uneasy about the person you should immediately communicate your suspicion.

Please do one or both of the following:

**2a. Quickly send an email message to Faculty/Staff: *“Alert! Possible Creeper”***

- **Include description** {height, weight, age, sex, skin tone, hair, clothing, shoes and accessories.}
- **Be thorough**, {‘grey T-shirt w/ white lettering EAT AT JOES’ better than ‘grey shirt’}.
- **Include details that caused suspicion, location & direction of travel**, {“Said he was looking for the Dental Clinic, but when I instructed him, he went the other direction”... “Spoke w/ him on the 4 SL. Said he was looking for glasses”...“He was on 3<sup>rd</sup> FL Fry and said he was here with his father who is getting X rays”}...
- **Contact Shawn, Jeff, Mat, or Dr. Good. Phone numbers below.**

**2b. If you are strongly suspicious: Contact Medical Center Security Immediately (293-8500) then send the email to faculty and staff.**

**3. If you observe a crime, or if the person becomes aggressive or threatening call OSU Police immediately (911)**

- Do not directly confront the person of interest.
- **Under no circumstances should you put yourself in a dangerous situation!**

**OSU Medical Center Security 293.8500**

**--- Program these numbers into your cell phone ---**

**OSU PD Emergency 911 –or- Non emergency 292.2121**

**INFORMATION ----- be calm ----- SPECIFICS ----- be observant ----- DETAILS ----- take notes ----- THOUROUGHNESS -----be succinct**

- **What** – what kind of response you are requesting, what you observed with as much detail as possible.
- **Where** - the incident took place, where the POI is now or the direction of travel, where you are, where the responders should go.
- **When** – did the incident take place, how much time has elapsed.
- **Shawn C.** 288.1905 cell / 292.0841 office
- **Jeff R.** 292.2828 office
- **Mat J.** 330.9119 cell / 292.2004 office
- **Dr. Good** 292.5203 office / 204.7671 cell
- **Intercom “Dr Red”** to call College personnel to your location.

*Secure your possessions!  
Remind patients to secure their possessions!  
Close and lock your doors if you leave your office.  
Remain alert and aware of your surroundings at all times.*

## Office Creeper Policy

“**Office Creepers**”: opportunistic thieves who are skillful at quickly entering an unoccupied office or exam room, taking what they can and exiting undetected. It is not uncommon for faculty, staff or students to interact with these folks as they wander our building. Often they will have a ready excuse when questioned...”I’m looking for the Dental Clinic”...or “I need to have my glasses adjusted”...or “I’m looking for the men’s room” ...or some other explanation.

According to Security Experts **THE BEST DEFENSE AGAINST THEFT IS GOOD CUSTOMER SERVICE.**

**Remember: 99. + % of those who appear confused or are asking for directions.... are actually confused and seeking directions.**

We must **NEVER** make a false accusation against anyone.

**What to do if you encounter someone who appears out of place:**

### 1. Escort the visitor.

- **When a visitor has a problem or needs something special, you should break away from what you are doing....and escort rather than pointing out directions** (*if you are able and feel comfortable doing so*). Show utmost courtesy, introduce yourself, make eye contact, **engage in small talk about their visit**, and walk the person to their destination. 99% of the people will welcome your prompt, polite customer service.
- During your conversation, you will notice if the visitor’s story makes sense or seems fishy. You will also have time to make a mental description.

### 2. If you feel uneasy about the person you should immediately communicate your suspicion.

Please do one or both of the following:

**2a. Quickly send an email message to Faculty/Staff: “Alert! Possible Creeper”**

- **Include description** {height, weight, age, sex, skin tone, hair, clothing, shoes and accessories.}
- **Be thorough**, {‘grey T-shirt w/ white lettering EAT AT JOES’ better than ‘grey shirt’}.
- **Include details that caused suspicion, location & direction of travel**, {“Said he was looking for the Dental Clinic, but when I instructed him, he went the other direction”... “Spoke w/ him on the 4 SL. Said he was looking for glasses”...“He was on 3<sup>rd</sup> FL Fry and said he was here with his father who is getting X rays”}...
- **Contact Shawn, Jeff, Mat, or Dr. Good. Phone numbers below.**

**2b. If you are strongly suspicious, Contact Medical Center Security Immediately (3-8500) then send the email.**

**3. If you observe a crime, or if the person becomes aggressive or threatening call OSU Police immediately (911)**

- Do not directly confront the person of interest.
- **Under no circumstances should you put yourself in a dangerous situation!**

***Secure your possessions! Remind patients to secure their possessions! Close and lock your doors if you leave your office.***

***Remain alert and aware of your surroundings at all times.***

- **OSU PD Emergency 911 or Non emergency 292.2121**
- **OSU Medical Center Security 293.8500**
- **Shawn C. 288.1905 cell / 292.0841 office**
- **Jeff R. 292.2828 office**
- **Mat J. 330.9119 cell / 292.2004 office**
- **Dr. Good 292.5203 office / 204.7671 cell**
- **Intercom “Dr Red” to call College personnel to your location.**

## **Fire Alarm Procedures**

In the event of a fire alarm or fire emergency, the following steps should be carried out:

- The person spotting the fire should pull the nearest fire alarm to alert others to evacuate the building. The person should then inform the patient reception staff of the location of the fire and they will call the OSU Fire Department. (911)
- Interns working with a patient at the time of an alarm will turn off all room lights and escort the patient to the nearest exit. Use stairways for evacuations; do not use elevators, if at all possible. The intern should stay with the patient until notified that it is safe to return to the building.

## **Tornado/General Disaster Procedures**

In the event of a tornado or other general disaster, these guidelines should be followed:

- An announcement of impending danger will be made over the paging system. No alarm will sound to initiate these procedures.

- Interns working with a patient at the time such an announcement is made should extinguish all room lights and escort the patient to secured areas in the basement-internal hallways where there are no windows. Use stairways for evacuations; do not use the elevators, if at all possible.
- Staff and faculty who are designated floor emergency officers should inspect their areas to make certain that all persons have been moved to the basement hallway.
- Interns should remain with their patients until the "all-clear" signal is given.

## **Bomb Threats and Suspicious Objects**

If you receive or find a written threat, suspicious parcel, or suspicious object:

- Close off the area and keep others from handling or going near the object.
- Immediately notify University Police at 292-2121.
- Do not use portable radio equipment within 100 feet of the suspicious object.
- Remain calm. Do not discuss the threat with others.
- Follow police instructions.

## **University Closure Procedures**

The following people are required to report for work even when there is an emergency closing of the University, provided they can safely get to the College: Dean, Associate Dean, Clinic Director, Assistant Clinic Director, College Fiscal Personnel Officer, Human Resources Administrator, Director of Student Affairs, IT Director, Building Manager.

## **Precautions to Prevent Transmission of Infectious Disease**

### **Universal Infection Control Precautions:**

The use of universal infection control precautions is recommended to prevent the transmission of infectious disease, including HIV. HIV is transmitted through sexual contact, exposure to infected blood and blood components, and other body fluids. Blood and other body fluids from all patients are potentially infectious.

Sterilization and disinfection procedures are important to minimize the risk of infectious diseases. The precautions described below should be taken in the care of all patients.

- Hand washing before and after the care of each patient and a clean work area are among the most important factors to minimize the risk of infectious transmissions. Gloves are not a substitute for hand washing, and, if used, are for single use only.
- Wash hands (or other skin) immediately if there is contact with blood or other fluids.
- When contact with blood is anticipated, gloves should be worn. Masks or protective eyewear and gowns or aprons should be worn during procedures that are likely to generate droplets or splashes of blood. Gowns and masks are unnecessary for routine ophthalmic examination, and gloves are not indicated unless the examiner has weeping dermatitis, exudative lesions, or cuts in the skin.
- Take precautions to prevent injuries from sharp instruments (needles, etc.) during procedures or when cleaning instruments. Dispose of needles in puncture-resistant containers found in each service area. See Disposal and Clean-Up of Waste Materials in Clinic in Chapter 2 for exact locations.
- Never recap, bend, break by hand, or remove needles from disposable syringes.

- To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces or other ventilation devices are available in all First Aid kits
- Health care workers with exudative lesions or weeping dermatitis should refrain from all direct patient care or wear disposable gloves.
- Health care workers who are pregnant must strictly adhere to HIV precautions to prevent infection from prenatal transmission.
- Devices that come into contact with intact mucous membranes (i.e., tonometer prisms, diagnostic contact or Goldmann lenses, etc.) should be sterilized or receive high-level disinfection. 3% Hydrogen peroxide, 70% alcohol, or bleach in 1:10 dilution is effective.
- Devices such as foreign body removal instruments that may come in contact with ocular tissues that are not intact must be washed thoroughly with soap and water and then taken to the Ocular Disease Service to be autoclaved.
- Contact lenses used in trial fittings should be discarded after each fitting or disinfected by using hydrogen peroxide, a contact lens disinfecting system or, if compatible, heat for 10 minutes.
- Common chemical germicides at concentrations lower than used in practice inactivates the HIV virus. If a patient is known to be infectious, these germicides may be more compatible with certain medical devices such as slit lamps, phoropter faces, and cover paddles. (These precautions are especially important for adenoviruses.)
- Masks should be worn by any intern/attending or patient known to have a contagious disease which is airborne transmissible. These masks are available in the PVC consult room S-L100.
- Avoid touching uncontaminated surfaces with contaminated gloved hands.
- Separate food and drink from refrigerators, cabinets, counter tops and areas where potentially infectious materials (PIMs) are located.
- Use biohazard bags to transport PIM specimens to the laboratory and place requisitions in the side pouch provided.
- Practice Universal Precautions and recognize tasks and activities in advance that may result in exposure to blood or other potentially infectious materials (PIMs), use appropriate Personal Protective Equipment (PPE) and methods.

Use and limitation methods will prevent or reduce exposure to blood or potentially infectious materials (PIM). Include engineering and work practice controls such as:

- Using caution with sharps
- Avoiding use of sharps when possible
- Using automated rather than manual methods to reduce blood exposure
- Eliminating the use of needles when possible
- Prescribing oral rather than IM/IV medication when possible
- Limiting blood drawing to trained phlebotomist

Personal Protective Equipment (PPE) is only considered appropriate if blood or other bodily fluids cannot reach street clothes, scrubs or undergarments during normal use. Each item selected for PPE has passed a functional test to determine the level of protection provided. For example:

**Inappropriate PPE includes:**

- cloth laboratory coats
- surgical scrubs
- eye glasses without side shields
- street clothes

**Appropriate PPE includes:**

- Fluid resistant isolation gowns for minor procedures with anticipated low exposure.
- Fluid impermeable surgical gowns for anticipated high exposure.

- Eye glasses or goggles with side shields for all procedures with anticipated splashes or aerosols.
- Gloves for usual exposure and Double Gloves for high risk phases of surgery such as manipulations around sharp bony surfaces, etc. for high exposure risk surgery.

**Proper use, location, removal, handling, decontamination and disposal of PPE must be as follows:**

- Immediately remove PPE and/or garments contaminated by blood or PIM.
- Remove PPE prior to leaving the work area.
- Place PPE in designated containers for disposal or decontamination for reuse. Contact the Ocular Disease Service or the Department of Environmental Health and Safety, 2-1284.
- PPE cannot prevent all puncture/cut exposures from sharps.

## **Disposal and Clean-up of Waste Materials in Clinic**

Use the following containers to dispose of waste materials.

### **Typical Waste:**

Waste paper, paper towels from washing hands, cleaning clinic surfaces, and product containers, put in typical waste basket.

### **Sharps:**

Glass slides and needles put in a red infectious waste container: When the red infectious containers are half full the containers must be brought to the Ocular Disease Service for proper disposal.

### **Sharps containers are available in:**

- PVC examination rooms
- OD examination rooms
- CL examinations rooms
- The Eyewear Gallery for Great Vision lab (FR 114)

### **Infectious Waste:**

Such as purulent discharge from an infected eye or blood products from a laceration should be placed in red infectious waste containers.

### **Blood Spills:**

A small blood spill should be wiped up immediately with tissues, paper towels, gauze pads, etc., by the first person who observes it. **GLOVES MUST BE WORN WHEN DOING THIS.** In the event of a large blood spill, access to the affected area should be restricted and the Department of Environmental Health and Safety should be contacted, 2-1284.

Any blood, infectious or hazardous (toxic) waste should be brought to the Ocular Disease Service for proper disposal by the Department of Environmental Health

## Chapter 3: Patient Services

### Statement of Patient's Rights

The Ohio State University College of Optometry presents these patient's rights with the expectation that observance of patient rights will contribute to more effective patient care and greater satisfaction for the patient, the doctor and the clinical organization. Furthermore, the College expects that they will be supported by the clinic on behalf of its patients, as an integral part of patient care. A personal relationship between the doctor and the patient is essential for the delivery structure

1. The patient has the right to considerate and respectful care. A patient has the right to receive the institution's highest quality care regardless of race, creed, religion, national origin, socio-economic status, gender, or sexual orientation.
2. The patient has the right to obtain from the doctor information concerning the diagnosis, treatment, and prognosis in terms the patient can understand. In the rare case that it is not professionally advisable to give such information to the patient, the information should be made available to an appropriate and legally authorized person on behalf of the patient. A patient has the right to know, by name, the doctor responsible for coordinating the care.
3. The patient has the right to receive from the doctor information necessary to give consent prior to referral for an additional care program and/or therapy. Except in cases of emergency, such information for consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the health risks involved and the probable duration of treatment, and the significant alternatives for care and/or treatment. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the consequences of such an action.
5. The patient has the right to every consideration of privacy concerning his/her own healthcare program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. Those not directly involved with the eye care must have the permission of the patient to be present.
6. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential, except when those rights are formally waived or is required by law.
7. The patient has the right to expect that, within its capacity, the clinic must make reasonable response to the request of a patient for services. The clinic must provide evaluation, service, and/or referral as indicated by the urgency of the care. When necessary, a patient may be referred to another facility or provider of health services only after receiving complete information and an explanation concerning the need for and alternatives to such a referral. The providers or institution to which the patient is being referred should receive full information regarding the need for additional consultation and treatment upon the consent of the patient.
8. The patient has the right to obtain information about any relationship of the clinic to other health care and education institutions as far as his/her care is concerned. The patient has the right to obtain information about the existence of any professional relationships among named individuals who are providing treatment.
9. The patient has the right to be advised if the clinic proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects and to receive more traditional care, or be referred for such, if it is available.
10. The patient has the right to expect continuity of care. The patient has the right to know, in advance, what appointment times and services are available and where. The patient has

the right to expect that the clinic will provide a mechanism whereby the doctor or a delegate of the doctor will provide information concerning the patient's continuing health care requirements following treatment.

11. The patient has the right to seek other opinions regarding his/her condition, prognosis, and course of therapy. The patient may choose to seek this opinion from within the resources of the clinic or may wish to have an opinion of a practitioner outside the clinic. If an opinion from outside the clinic is sought, the patient has the right to expect our full cooperation in providing any information we have obtained to the practitioner of choice, after a release of information has been signed.
12. The patient has the right to ask for and to be informed of all professional fees, or an estimation of professional fees prior to the provision of services. The patient has the right to examine and receive an explanation of the bill regardless of the source of payment.
13. The patient has the right to know that review procedures exist and has the right to be advised of how they may be initiated.

No catalogue of rights can guarantee for the patient the kind of treatment he/she has a right to expect. The clinic has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All of these activities must be conducted with an overriding concern for the patient, and above all, the recognition of their dignity as human beings. Success in achieving this recognition assures success in conjunction with the rights of the patient.

## **Statement of Patient's Responsibilities**

1. The patient has the responsibility to provide to the best of his/her ability, accurate and complete information about present complaints, past conditions, medications, unexpected changes in condition, and other matters pertinent to his/her health.
2. The patient has the responsibility to understand and follow the treatment plan recommended by the provider or to ask questions and discuss concerns with the provider when he/she does not understand or agree with the plan of treatment.
3. The patient has the responsibility to keep appointments reliably and promptly or to notify the Optometry Services when unable to do so.
4. The patient has the responsibility to fulfill financial obligations for his/her care in a timely manner.

## **Nondiscrimination Policy**

The policy of The Ohio State University, both traditionally and currently, is that discrimination against any individual for reasons of race, color, creed, national origin, religion, sex, sexual orientation, age, disability, or Vietnam-era veteran or other veteran status is specifically prohibited. Accordingly, equal access to employment opportunities, admissions, educational programs, and all other University activities is extended to all persons, and the University promotes equal opportunity through a positive and continuing affirmative action program. The Office of Human Resources, 1590 N. High St, Suite 300, 614-292-1050, is responsible for the coordination of matters relating to equal opportunity and affirmative action.

The University adheres to federal and state law prohibiting discrimination, including Title VII of the Civil Rights Act of 1964, as amended, Title IX, Section 504 of the Rehabilitation Act and O.R.C. Section 4112

## Health Insurance Portability and Accountability Act (HIPAA)

As of April 14, 2003, patients are able to view, request changes to, and obtain copies of health information documents collected and kept by The Ohio State University Optometry Services. When Protected Health Information (PHI) is released for Treatment, Payment, or Healthcare Operations (TPO), it is the policy of The Ohio State University Optometry Services to only release the minimum necessary information needed and not the patient's entire medical record. In the case of referring a patient for TPO the patient has the right to request that sensitive or irrelevant information be withheld and we will comply if permitted by law. This federal rule, covers medical information in any format: written, spoken, or electronic.

### Patient Privacy Rights

- The patient has the right to receive a Notice of Privacy Practices, which tells the patient how their information is used and shared. The patient will usually receive this on their first visit to The Ohio State University Optometry Services and must also sign a Notice of Privacy Practices Receipt Form that states they received the privacy practices information.
- The patient has the right to request restrictions on the use and disclosure of their health information for treatment, payment, or notification purposes as stated in The Ohio State University Optometry Services Notice of Privacy Practices. However, The Ohio State University Optometry Services are not required to agree to the request.
- The patient has the right to view and receive a copy of their medical records and other health information. The Ohio State University Optometry Services may not comply if the doctor determines there is information in the medical record that might endanger the patient or someone else. Copies of the medical record must be given to the patient within 30 days. This time may be extended for an additional 30 days if a reason is stated. In addition, the patient will be required to pay for the cost of the record search and copy.
- The patient has the right to have corrections made to their health information. The patient has the right to ask to change any wrong information or add information to the medical record if it is incomplete. The Ohio State University Optometry Services has the right to refuse corrections; however, the patient then has the right to have the disagreement noted in their medical record. Corrections should be made within 60 days of the request, but this time can be extended for an additional 30 days if a reason is stated.
- The patient has the right to receive a report regarding when and why their health information was shared. This report is free one time per year, and can be obtained within 60 days or an additional 30 days if given a reason.
- The patient has the right to make reasonable requests to be contacted at different places or in a different way. As long as the request is reasonable, The Ohio State University Optometry Services is required to contact the patient as they ask.
- The patient has the right to ask that their health information not be shared with certain people, groups, or companies. An example, in our clinic the patient has the right to ask the doctor/student not to share their medical record with other doctors or students within the clinic. However, we do not have to agree to do what the patient has asked.

The patient has the right to file a complaint if they believe that their medical information was used or shared in a way that is not allowed under the privacy law, or if they were unable to exercise their rights. The patient can file a complaint with The Ohio State University Optometry Services or with the United States Government. ([www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) or 1-866-627-7748).

# Vision Screening by Student Organizations Policy

## Overview

The College of Optometry receives requests from outside organizations to perform vision screenings. Currently there is no policy regarding the conduct of a vision screening. These omissions mean that several vision screening opportunities may not be fulfilled.

## Vision Screening

Vision screenings involve detection of vision problems using a variety of optometric procedures, but diagnoses and treatments are never provided. Patients who are not capable of a specified level of visual function must be referred for further evaluation by an eye care practitioner. Health fairs that ask the College of Optometry to distribute educational information are not covered by this policy.

## Liability

As long as the vision screening is a College of Optometry-sanctioned event, the people performing the vision screenings are covered under the University malpractice insurance policy. In order to be a College of Optometry-sanctioned event and to be covered under the University malpractice insurance policy, the vision screening must be arranged according to the following protocol.

- All requests for vision screenings must be made through the Associate Dean.
- A faculty member licensed to practice optometry in the state of Ohio must be present during the entire vision screening performed by any student group.
- Only student groups registered with The Ohio State University Office of Student Affairs are eligible to participate in College of Optometry-sanctioned vision screenings.

Vision screenings performed outside the parameters described in this policy are not covered by University malpractice insurance, and the people performing the vision screening are liable for their own actions.

## Payment

Student groups performing a vision screening may receive payment for their services. Student groups may not receive more than \$200 for performing a vision screening. Student groups that wish to perform vision screenings as a service activity and not charge for services may do so at their discretion.

## Shadowing Policy

The shadowing of a clinical attending optometrist is permitted under certain circumstances. Arrangements must be made in advance with the agreement of the attending and the permission of the patient(s). Shadowing of student interns is not permitted. The signed and dated Shadowing Policy form will be filed in the office of the Assistant Clinic Director.

# COLLEGE OF OPTOMETRY

## Shadowing Policy

# CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

*Prior to Shadowing examinations and procedures performed at The Ohio State University Optometry Services, all authorized individuals and their designees must read and sign individual copies of this agreement.*

**THIS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT** (Henceforth referred to as

"Agreement") is entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between

The Ohio State

University College of Optometry

and \_\_\_\_\_ (Henceforth referred to as

**(Printed Name)**

"Individual"), regarding the Individual's responsibilities and obligations involving the privacy, confidentiality, and security of Protected Health Information (Henceforth referred to as "PHI").

The Ohio State University College of Optometry presents these patient's rights with the expectation that observance of patient rights will contribute to more effective patient care and greater satisfaction for the patient, the doctor and the clinical organization. Furthermore, the College expects that they will be supported by the clinic on behalf of its patients, as an integral part of patient care. A personal relationship between the doctor and the patient is essential for the delivery structure

- The patient has the right to considerate and respectful care. A patient has the right to receive the institution's highest quality care regardless of race, creed, religion, national origin, socio-economic status, gender, or sexual orientation.
- The patient has the right to every consideration of privacy concerning his/her own health care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. Those not directly involved with the eye care must have the permission of the patient to be present.
- The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential, except when those rights are formally waived or is required by law.

No catalogue of rights can guarantee for the patient the kind of treatment he/she has a right to expect. The clinic has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All of these activities must be conducted with an overriding concern for the patient, and above all, the recognition of their dignity as human beings. Success in achieving this recognition assures success in conjunction with the rights of the patient.

**Signature**

In witness whereof, the parties (College and Assignee) hereto have caused this Agreement to be duly executed as of

\_\_\_\_\_.

(Date)

The assignee's signature below represents the activation of this Agreement. Signatory has read and agrees to abide by the confidentiality regulations regarding PHI at the Ohio State University College of Optometry

By: \_\_\_\_\_

(Signature)

**Dependent and Minor Policy (revised 4/07, proposed change 3/11)**

A dependent, who is a minor, (i.e. under the age of 18), or a developmentally disabled patient, will only be **examined** at The Ohio State University Optometry Services with a parent, guardian or designated caretaker present during the appointment. A non-minor responsible party must also sign the billing authorization prior to the examination.

Any and all staff scheduling appointments for this particular patient population will inform the person scheduling the patient of this policy. Staff will reiterate this policy when confirming appointments.

Parents/guardians do not need to be present for vision screenings (e.g. school age, preschool, OSSB) but signed authorization forms are needed for a minor to be screened in these programs prior to the screening.

Exceptions can be made to the above if authorized by the service chief. Situations that may have approved exceptions by a service chief include: vision therapy sessions, contact lens follow up evaluations, etc. If the attending is very comfortable with the patient due to numerous previous appointments and if the attending has means of contacting the parent /guardian during the visit, a service chief may make an exception to the policy above.

## **Prisoner Policy**

Patient Reception should schedule no more than 1 inmate for each appointment time in the Prosthetic Service where most prisoners will be seen.

Prisoners are not to linger in the Patient Reception or other areas of the Clinic. It is University policy to limit their exposure to other patients.

When a prisoner and guard arrive early, make every effort to begin the examination early.

If it is not possible to begin the examination early, the accompanying guard should do one of the three following things:

- Take the prisoner back to the holding cell until the scheduled appointment time
- Take the prisoner back to the transportation van until the scheduled appointment time
- Take the prisoner to the foyer area outside 105A Fry Hall until the scheduled appointment time.

Interns should be made aware if the patient is a prisoner, and take steps to bring them to examination room as soon as possible.

## **Pupillary Distance Policy (11/07)**

The Ohio State University Optometry Services requires that a licensed optician make specialized adjustments and take precision measurements before ordering spectacles. These measurements should be taken by the optician involved in manufacturing the spectacles. Providing a pupillary distance measurement only, (horizontal measurement without a vertical measurement) is inconsistent with our mission to provide optimum vision care and optimally fitted spectacles. Therefore, we do not offer pupillary distance measurements as a service to our patients.

## **Vision Screening by Student Organizations Policy (06/09)**

### **Overview**

The College of Optometry receives requests from outside organizations to perform vision screenings. Currently there is no policy regarding the conduct of a vision screening. These omissions mean that several vision screening opportunities may not be fulfilled.

### **Vision Screening**

Vision screenings involve detection of vision problems using a variety of optometric procedures, but diagnoses and treatments are never provided. Patients who are not capable of a specified level of visual function must be referred for further evaluation by an eye care practitioner. Health fairs that ask the College of Optometry to distribute educational information are not covered by this policy.

## Liability

As long as the vision screening is a College of Optometry-sanctioned event, the people performing the vision screenings are covered under the University malpractice insurance policy. In order to be a College of Optometry-sanctioned event and to be covered under the University malpractice insurance policy, the vision screening must be arranged according to the following protocol.

- All requests for vision screenings must be made through the Associate Dean.
- A faculty member licensed to practice optometry in the state of Ohio must be present during the entire vision screening performed by any student group.
- Only student groups registered with The Ohio State University Office of Student Affairs are eligible to participate in College of Optometry-sanctioned vision screenings.

Vision screenings performed outside the parameters described in this policy are not covered by University malpractice insurance, and the people performing the vision screening are liable for their own actions.

## Payment

Student groups performing a vision screening may receive payment for their services. Student groups may not receive more than \$200 for performing a vision screening. Student groups that wish to perform vision screenings as a service activity and not charge for services may do so at their discretion.

## Student Organization Vision Screening Request Form

Screening request forms should be submitted to the Assistant Dean for Clinical Affairs at least 2 weeks in advance of the screening date.

Date: \_\_\_\_\_  
Student Organization Contact Person: \_\_\_\_\_  
Student Organization: \_\_\_\_\_  
Date of requested screening: \_\_\_\_\_  
Screening location: \_\_\_\_\_  
Specific audience to be screened: \_\_\_\_\_  
Approximate number to be screened: \_\_\_\_\_  
Approximate ages to be screened: \_\_\_\_\_  
Faculty member(s) participating in screening: \_\_\_\_\_  
Approval Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### College of Optometry

Fry Hall  
338 West Tenth Avenue  
Columbus, OH 43210  
[www.optometry.osu.edu](http://www.optometry.osu.edu)

## Clinic Services

### The Ohio State University Optometry Services are:

- Aniseikonia Service
- Binocular Vision Services
- Contact Lens Service
- Environmental Vision Service
- The Eyewear Gallery for Great Vision
- Ocular Disease Service
- Ocular Prosthetics Service

- Pediatric Vision Service
- Primary Vision Care Service
- Vision Rehabilitation Service

Orientation manuals are supplied by each clinic service. Please refer to these manuals for specific policies and procedures.

## **Outreach Clinic Services**

The Outreach Clinical Programs are designed to bridge the health care gap between the community and The Ohio State University Optometry Services by incorporating the needs of the community into the clinical training of the student interns. The Outreach Clinical Programs afford the interns the opportunity to deliver comprehensive eye care to patient groups that are diverse in race, customs, cultures, age, and socioeconomic level. The Outreach Clinical Programs provide the intern with advanced clinical education in the diagnosis, management, and treatment of conditions of the visual system. The interns also learn to modify their examinations to complement the cultural differences in the patients whom we serve. The interns, the attending optometrists, and staff attend a mandatory seminar on providing culturally competent examinations to better meet the needs of the community of patients in our care. Patient care is provided in various settings including homeless shelters, community clinics, public schools, a psychiatric hospital, the School for the Blind, nursing homes, and in patient homes under the direct supervision of licensed optometric faculty practicing full-scope optometry.

## **The Externship Clinical Programs**

Clinical externships account for three of the four quarters of clinical rotations during the fourth year of training. Primary Care Clinical Externship Program consists of eight half days per week for one thirteen week rotation and twelve credit hours.

Under the direct supervision of licensed optometric faculty and/or Board Certified Ophthalmologists, the Optometric Extern is provided with advanced clinical training to a diverse population in settings that include private optometric offices, private ophthalmologic offices, co-management centers, surgical centers, and the optometry services at the OSU Wilce Student Health Center.

The Disease Clinical Externship Programs consists of five full days per week for a thirteen week rotation and fifteen credit hours.

This experience provides the extern with advanced clinical education in the diagnosis, management, and treatment of conditions of the visual system. The Disease Externship offers the interns the opportunity to deliver comprehensive eye care to patient groups that are diverse in race, customs, cultures, age, and socioeconomic level. Patient care is provided by licensed optometric faculty and/or Board Certified Ophthalmologist, in health care settings like Veterans Administration centers, Co-Management centers, Indian Health Services, Community Health centers, and military facilities.

The Advanced Practice Externship consists of five full days per week for a thirteen week rotation and fifteen credit hours. This experience provides increased exposure to a particular aspect of eyecare including but not limited to advanced ocular disease, pre and post operative management of ocular surgery, advanced contact lens fitting, pediatric optometry, vision therapy, or low vision. Examples of advanced practice extern sites include co-management centers, Indian health services, community health centers, contemporary optometric private practices, ophthalmology practices, and military facilities.

The most current instrument technology, diagnostic, and therapeutic pharmaceuticals are used in all clinical settings to ensure that quality care is provided to the patients and to ensure quality clinical education for the optometric interns/externs.

## **Releasing Patient Prescriptions and Information**

### **Spectacle Prescription:**

When payment for the eye examination is received, each patient is presented with a written copy of the spectacle prescription. Additional copies will be given to the patient upon request. Prescriptions are to be copied from the completed patient record only. All copies will include the date of examination and recommended expiration date. The prescription must be signed by a licensed optometrist, preferably the prescribing doctor. A spectacle prescription is valid only until the expiration date. However it will continue to be issued for a maximum of three years after the expiration date, with "EXPIRED" written on it unless medical reason would prohibit the release of the prescription.

### **Contact Lens Prescriptions:**

When payment for the eye examination and contact lens fitting and evaluation is received in full, and the appropriate follow up associated with a contact lens fitting has been completed, patients will receive a copy of their contact lens prescription.

A contact lens prescription shall be valid until the expiration date indicated by the examining doctor. Any requests after that time shall be issued the prescription, with "EXPIRED" written on the prescription, unless the examining doctor chooses to extend the expiration date (not to exceed two years from the comprehensive exam).

If a contact lens replacement is requested from our clinic on a date greater than 12 months after the comprehensive examination, or after the prescription expiration date, a comprehensive examination or contact lens progress check (with appropriate fees) will be required prior to ordering lenses. Exceptions may be granted by the service chief on a case by case basis.

### **Forwarding Patient Spectacle and Contact Lens Information:**

Pursuant to state and federal law, contact lens and spectacle prescription verification parameters may be disclosed to a patient and outside providers, including optometrists, opticians, ophthalmologists, and physicians, without prior written consent from the patient. Therefore, it is not necessary for the patient to complete and sign a Transfer of Information (TOI) form. Only the minimum amount of information required to fill a patient's prescription may be released to outside providers. Unless specifically requested and authorized in writing by the patient, no information regarding exam history or treatment regimen shall be released when disclosing a contact lens or spectacle prescription to an outside provider.

## **Medicaid Prescription Pads**

Starting April 1, 2008 when writing medication prescriptions that will be covered by Medicaid, a tamper proof prescription pad must be used. These prescription pads are not in duplicate so you must ensure your entire prescription is written in the medical record plan.

## **Letter Writing Guidelines (Revised 09/07)**

When patient information is needed for letter writing the patient file should be sourced. No information is to be photocopied or hand written from the patient medical record. Patient medical records shall be used according to proper check out procedures to assist with letter writing. When letters must be written, medical records must remain in the following areas:

- Any clinical consultation area
- Student computer labs
- Medical records office

- Any attending office

Patient records are confidential and proper handling of all records is to be maintained at all times.

University policy specifically states that any personally identifiable information may only be stored on University owned computers, no exceptions. This means that no faculty, staff or student will handle, store or access any protected information either remotely or from within the College via any computer system that was not specifically purchased by the University – this includes, but is not limited to – working with protected information on a home computer system, storing and removing from the college any data on any type of storage media (i.e. USB memory, CD-ROM, DVD, floppy disk, etc.) or using a personally owned laptop either within or outside the College to process any letters or data.

- The letter writing process is to only be completed from within the College of Optometry computer network.
- Letters must be written on College computer systems and saved to the designated, secured network resource as specified by the College Director of IT Systems.
- The attending will then review their letters of responsibility.
- Once a letter is finalized it will then be emailed, using the internal College email system, to the proper designated College staff person for final disposition.
- Final disposition of letters will only consist of an original to be mailed to the proper designee and a copy to be filed in the patient record.

At no time is any other copy of the letter to be maintained or distributed. The original letter will be returned to the attending for signature. The attending will then refer the letter to a designated staff person for mailing and to ensure that a copy of the letter is included with the patient file.

NOTE: In the absence of a part-time attending, a clinic chief may approve the letter to avoid delays.

Each intern will complete their letter within 24 hours of patient visit or as directed by the attending.

Letters requesting prior authorization must be sent to the billing office prior to mailing.

## **Professional Courtesy Discount and Educational Visit Policy (5/11)**

### **Courtesy Discount Policy**

Any patient examined at The Ohio State University Optometry Services, including optometry faculty, staff and students, whether using this discount or not **must** have a scheduled appointment during normal business hours and must be examined by a licensed, clinic-credentialed optometrist. All other clinic policy and procedures including medical record documentation must be followed.

### **Faculty and Staff:**

Faculty and staff of The Ohio State University College of Optometry are eligible for a discount of 20% on both goods (excluding contact lenses) and services not subject to third party insurance contracts (i.e. private pay).

Faculty and staff have the option of using their vision or medical insurance OR receiving 20% off the total (private pay) for goods (excluding contact lenses) and services.

Faculty and staff can extend a 20% discount on both goods and services not subject to third party insurance contracts (i.e. private pay) to immediate family members (i.e. grandparents, parents, spouses, domestic partners, children, and siblings).

Waiving of co-payments violates contract agreements with insurance companies and is strictly prohibited.

### **College of Optometry Professional and Graduate Students:**

Students of The Ohio State University College of Optometry (OSUCO) have the option of using their vision insurance for a comprehensive eye examination (waiving the co-payment violates contract agreements with insurance companies and is strictly prohibited) OR paying a fee that is equal to the co-payment for a student with student health insurance for a comprehensive examination.

The contact lens evaluation fee will be waived for all OSUCO students when no change in contact lens prescription is made. An additional fitting fee will be assessed for OSUCO students who wish to be newly fit with contact lenses or re-fit into a different type of contact lenses. There will be no variation in fitting fees depending on the type of contact lens or complexity of the fit. The student will pay the minimum contact lens evaluation fee minus a 15% discount which is the equivalent to student health insurance. For example, if the evaluation fee is \$20, the student will pay \$17. There is no discount on contact lens materials; however some contact lens manufacturers offer educational contact lens evaluation programs to optometry students in order for students to experience different types of contact lenses. These programs are available only to optometry students who have not earned an OD degree and license. Specific guidelines from the manufacturer must be followed.

Students at OSUCO have the option of using their medical insurance OR paying a fee that is equal to the co-payment for a student with student health insurance for office visits. All office visits must be scheduled by patient reception and during normal business hours. For diagnostic tests medical insurance may be used or a fee equaling 10% of the student health insurance allowance may be paid (the amount that is equal to the co-payment for a student with student health insurance).

Immediate family of OSUCO students including grandparents, parents, spouses, domestic partners, children, and siblings will be extended a 50% discount on services not subject to third party insurance contracts (i.e. private pay). This includes comprehensive examination, contact lens fits and re-fits, and all other procedures (ie: E/M codes).

In the Eye Wear Gallery, students are eligible to receive up to 4 pairs of glasses within each academic year at the discounted rate of cost plus 15% to be used on whomever the student chooses.

### **Educational Visits**

Service Chiefs (in consultation with the Clinic Director) may grant educational visits at no charge in rare situations to provide an intern with a specific patient experience. Service Chiefs (in consultation with the Clinic Director) may grant ongoing benevolent care to indigent patients who they firmly believe are unable to pay for services, even with a payment plan, and who would benefit from care.

## **Spectacle Discounts**

- 20% discount on a frame offered to Medicare patients with the purchase of ophthalmic lenses.
- 20% discount on a pair of spectacles (frame and ophthalmic lenses) offered to patients with insurance benefits in which the College of Optometry is not a participating provider
- 20% discount offered on all frames showcased during the bi-annual Frame Expo.
- 35% seasonal sun wear discount offered during the summer season
- 30% sun wear discount offered during the spring season
- 20% discount on frame and/or ophthalmic lenses offered to University faculty and staff when not eligible under the university vision plan
- 40% discount on frame and ophthalmic lenses offered to private pay patients when a second complete pair of spectacles is purchased the same day
- Other discounts may be given at the discretion of a service chief and with the Clinic Director's approval to ensure patient satisfaction
- Other insurance-specific discounts are listed in Chapter 5

## **Patient Complaint Procedure**

All possible care will be taken to see that each patient has a satisfactory experience at the clinic. If a patient expresses dissatisfaction with any service or materials, Empathy will be shown reflecting our concern that the patient is dissatisfied. He/she will then be referred to the intern and attending originally involved for more specific management.

If the intern, the attending, or other staff members are unable to resolve the complaint, the patient will be referred to the Service Chief for final disposition of the case. If necessary, the Assistant Clinic Director, the Assistant Dean for Clinical Services and Professional Program, and/or the Associate Dean or Dean of the College are also available to resolve patient complaints and should be contacted in that order.

If a patient has a complaint regarding non-clinic related problems, such as a parking ticket, he/she will be referred to the Assistant Clinic Director or the Clinic Director or the appropriate University department.

## **Termination of Care**

### **Patients who are abusive, disruptive, or pose a threat to others:**

- Termination of care of patients who are abusive, disruptive, or pose a threat to others will be determined by the attending doctor involved, the Clinic Chief, and/or the Clinic Director.
- If the situation warrants immediate action, the examination may be interrupted and the patient instructed to leave the clinic. If faculty or staff anticipates a violent reaction, notify OSU Police (292-2121) to request a standby officer BEFORE instructing the patient to leave.
- Any observed abusive or aggressive behaviors will be immediately recorded in the patient's medical record.
- A certified termination letter will be sent informing the patient that he or she will not be scheduled for additional eye care and will only be seen in our clinics for ocular emergencies

during a 30 day period. A list of eye care providers and a records release form will be enclosed.  
(See Example A below)

- Print confidential on letter
- All termination letters must be reviewed by the Clinic Chief and approved by the Clinic Director.

**Sample Termination Letter for disruptive, abusive patients: (Send Certified Mail)**

Dear:

This letter serves as official notification that The Ohio State University Optometry Services will no longer be your eye care provider. The reason for this decision is (insert reason).

Effective immediately, we consider our long term doctor/patient relationship terminated. We will be able to provide emergency eye care only for the next 30 days. This allows you adequate time to choose another eye care provider. Enclosed is a list of eye care providers and an authorization form that permits The Ohio State University Optometry Services to send a copy of your medical records to you or your new doctor. (Enclose list of providers and a Hipaa Records Release form) If you wish to have your records forwarded you must complete the form and return it to The Ohio State University Optometry Services at 338 West 10th Avenue, Columbus, OH 43210.

Sincerely,

Encl: Authorization for Release of Identifying Health Information form  
Eye Care Provider List

**Non-Compliant High Risk Patients:**

- Patients will not be abandoned.
- Missed appointments and noncompliant behaviors will immediately be documented in the medical record.
- For a patient with ongoing treatment paradigms, efforts to complete those treatment plans and educate the patient on the importance of continued care will be made and documented.
- Verbal conversations (including phone) and written correspondence (including email) will be documented in the medical record.
- If the non-compliant high risk patient cannot be reached by phone or email, the Clinic Chief should be notified and a letter sent educating the patient about their condition and the importance of maintaining care by following the treatment plan and keeping appointments. (see example B below)
- When a High Risk patient does not show for an appointment, the intern assigned to the no show patient will check with Clinic Staff for information about the situation. The intern will work closely with Clinic Staff to congenially attempt to reschedule the patient.
- If the non-compliant high risk patient repeatedly does not follow the treatment plans, a decision to terminate care will be made by the Clinic Chief and the Clinic Director. A letter terminating care will be sent via certified mail. A list of eye care providers and a records release form will be enclosed. (See Example C below)
- Print confidential on letter
- All termination letters must be reviewed by the Clinic Chief and approved by the Clinic Director.

**Sample Policy Letter for non-compliant high risk patients:**

Dear:

You have been diagnosed with (insert condition). You have been instructed about the risks associated with this condition and informed (choose one)

about the need for follow up care  
that this condition should be monitored

At your (date) appointment, we recommended you return to our clinic for continuing care, but you  
(choose one)

failed to report for the appointment.  
did not reschedule an appointment.

We cannot provide appropriate care if you do not keep your appointments. Please contact our office to schedule an appointment. Future missed appointments may require us to terminate our doctor/patient relationship because we cannot ensure proper care of your medical condition. If you do not wish to return to The Ohio State University Optometry Services for care we recommend you promptly schedule an appointment with another eye care practitioner.

If our records are in error, please call us at 292-2020.

Please call The Ohio State University Optometry Services to schedule a follow up appointment so that we may continue to care for your eye health.

Sincerely,

**Sample Termination Letter for non-compliant high risk patients: (Send Certified Mail)**

Dear:

You have been diagnosed with (insert condition). You have been instructed about the risks associated with this condition and informed (choose one)

about the need for follow up care.  
that this condition should be monitored.

At your (date) appointment, we recommended you return to our clinic for continuing care, but you  
(choose one)

failed to report for the appointment(s) on (List all missed appointments)  
did not reschedule an appointment.

Because you are not complying with our professional recommendations, we find it necessary to discontinue our service as your eye care provider.

Therefore, as of (2 weeks from date of letter), we will consider our doctor/patient relationship terminated. We will be able to provide emergency eye care only for the next 30 days. This allows you adequate time to choose another eye care provider. It is your responsibility to obtain adequate medical care for your condition. Enclosed is a list of eye care providers and an authorization form that permits The Ohio State University Optometry Services to send a copy of your medical records to you or your new doctor. (Enclose list of providers and a Hipaa Records Release form) If you wish to have your records forwarded you must complete the form and return it to The Ohio State University Optometry Services at 338 West 10th Avenue, Columbus, OH 43210.

If our records are in error, please call us at 292-2020.

Sincerely,

Encl: Authorization for Release of Information form  
Eye Care Provider List

**Late Patient Arrival Policy (7/10)**

Patients who arrive twenty minutes or more late for an appointment, will be informed at patient reception that they may need to reschedule the appointment for another day. If there are no available interns

according to the intern tracking program, the patient should be rescheduled with further action. If the intern tracking program indicates an available intern, the patient reception staff should speak with an attending about the late arriving patient before any check-in procedures. The attending will make the decision to examine or reschedule the patient.

## **No Show Policy (Revised 5/10)**

- When a patient calls to cancel the day before or day of his or her appointment, the patient reception staff will change the appointment status in the software system from an S to a W.
- When a patient is more than 20 minutes late for an appointment without any notification, the patient will be deemed a no-show and the appointment status will be changed from an S to an N.
- When rescheduling a no-show patient, the staff will review the cancellation policy with the patient.
- After two consecutive no-shows, the patient will be considered a 'stand-by' patient.
  - Two consecutive no-shows are two appointments with the status of N or W.
  - If a patient must cancel an appointment with good cause without more than 24 hours notification, a note will be entered into the software system stating that the late cancellation or no-show should not be considered in determining a 'stand-by' status.

### **Stand by Patients:**

- The Ohio State University Optometry Services will not schedule advance appointments for stand-by patients.
- Stand-by patients must contact the clinic to determine whether they can be accommodated during vacancies in the current day's schedule.
- Stand-by will be noted on the patient's computer demographic screen and in the medical record.

### **Sample letter D Initial letter explaining the OSU No Show Policy**

Dear:

You were scheduled for appointments at The Ohio State University Optometry Clinics on (dates). Our records show that you

failed to appear (and/or)

failed to provide adequate cancellation notice

for your appointments. Missed appointments affect the delivery of eye care. Without proper notice, we are unable to schedule other patients who wish to receive our services. The Ohio State University Optometry Services are teaching clinics and interns lose a significant amount of clinical experience if appointments are missed.

Because you

failed to appear (and/or)

failed to provide adequate cancellation notice

for three appointments, you cannot schedule future appointments and must contact the clinic to see if you can be worked in to the schedule on the same day.

If our records are in error, please call us at 292-2020.

We hope that we can continue to serve your eye care needs. If you wish to be examined in our clinic please contact our office to see if you can be accommodated for a same day examination.

Sincerely,

## Referral No Show Policy

- Patients will not be abandoned.
- Patients that are referred and have never scheduled an appointment or have cancelled or missed an appointment will be contacted and rescheduled.
- If unable to reschedule, the patient will be returned to the referring doctor's care by sending a letter to the referring doctor.

### Sample letter E returning referred patient to referring doctor's care

Dear Dr. \_\_\_\_\_:

This letter is to inform you that \_\_\_\_\_, whom you referred to The Ohio State University Optometry Services, has not been examined and that care of this patient is being returned to you.

\_\_\_\_ This patient never scheduled an appointment with us.

\_\_\_\_ This patient cancelled/failed to arrive for his/her appointment with us and despite attempts to contact the patient, we have not been able to reschedule the appointment visit.

If you have any questions, please feel free to contact the clinic at (614) 292-2020.

Sincerely,

### Certified Mailing Procedure

Certified letters cannot be mailed from the College of Optometry Mailroom but must be mailed from a U.S. Post Office during regular business hours. The Clinic Chief or the Clinic Director will give the letter to a staff member for mailing. The College Fiscal Officer will provide reimbursement from petty cash. The nearest U.S. Post Office locations:

University Station  
234 W 18th Ave  
614-294-7292

Columbus Main Post Office  
850 Twin Rivers Drive  
614-469-4223 opt 7

Hours  
7:30-5:00 M-F  
8:00-12:00 Sat

Hours  
8:00-7:00 M-F  
8:00-2:00 Sat

## Scheduling Patients in Collections Policy (09/10)

- When a patient calls to schedule an appointment and has an alert on the account for collections, first determine if the patient is still in collections by asking the billing staff to check the SIS system.
- When the patient calls to make an appointment, first determine whether the appointment is for a comprehensive examination or another type of service.
- If the patient requests a comprehensive examination, the Patient Reception staff will inform the patient that their outstanding balance must first be paid at the Treasurer's office before an appointment can be scheduled.
- The patient must also be informed that a copy of the paid receipt must be presented before services can be given.

- If the appointment is for urgent care, the Patient Reception staff will get the name and number(s) of the patient, pull the medical record, and defer to the service chief regarding scheduling. The service chief will determine whether the patient should be scheduled or referred to the ER. If the patient is to be scheduled, Patient Reception will contact the patient, schedule the appointment, and inform the patient that payment is expected at the time of services.

## **Chapter 4: Patient Medical Records and Record Keeping**

### **Legal Aspects**

A patient's medical record is a legal and historical document. It serves as a record of all data and diagnoses, services delivered, advice and recommendations made, materials ordered and/or provided, and fees charged and collected for that patient.

It is mandatory that all records include complete documentation written in ink (black ink only) and that all documentation is dated and legibly signed by the relevant intern, attending, and/or staff member.

The medical record is a legal document that is the property of the clinic. The physical documents that comprise the patient's medical record are never given to anyone outside of the college unless formally directed to do so by proper legal process (e.g. subpoena)

### **Confidentiality of Patient Medical Records**

The Ohio State Board of Optometry statement of confidentiality regarding patient records:

"The release of confidential records regarding a patient's treatment and/or physical condition is a matter within the control of the patient. The patient must request a copy of the records or waive the privilege [of confidentiality] for records to be furnished a third party. The examining optometrist is responsible for providing either a copy of the records or a complete written synopsis upon proper request." (1995)

"Prior to the release of any medical/vision information, the...optometrist should require written authorization from the patient. That authorization should be examined to assure that the signature is authentic and is by a person of the age of majority, or by his/her guardian, or other personal representative. The authorization should cover the release of documents requested especially in those confidential records related to specific diseases conditions or health problems." (1992)

There are important exceptions to these guidelines. The Ohio State Board of Optometry stated in 1992 that "Certain Ohio statutes have recognized a right of access to medical records by individuals who do not have prior approval by the person who is the subject of those records. Those statutes which give outside access are narrowly drawn and relate to emergency medical personnel's access, AIDS, spouse and sexual partner's access to test results, etc. Unless a life threatening situation exists, keep in mind that the more damaging the release of information would be to the patient, the greater is the need for confidentiality" (1992)

In the extended circumstances listed above, confidentiality rules apply to all third parties. For example, a family member who is not the patient's legal guardian does not have any rights to information about the patient's care.

Patients may authorize release of information by signing a patient transfer of information form available at the patient reception desk or the medical records room.

Patient medical records contain confidential information. It is imperative that confidentiality be maintained in order to assure an ethical and legal patient care system. Failure to maintain confidentiality can have serious implications for patients and can jeopardize the clinic's legal position.

Within The Ohio State University College of Optometry, only faculty, interns, and staff who have a legitimate reason related to a particular patient's care or to our educational mission may have access to information from a patient's medical record.

On written authorization of the patient or his/her guardian, a copy of the medical record, or pertinent portions of the record, will be provided to the patient, a physician, an optometrist, an educator, an attorney, or any other person designated by the patient.

Under no circumstance are patient records to be taken from the clinic building or kept overnight outside designated medical records areas (i.e. lockers, desks, mailboxes, briefcases, etc.)

Interns who remove medical records from the building are subject to suspension or dismissal from the clinic.

The Clinic Chief should be informed in all cases of non-compliance with medical record filing procedures. Deviations from these procedures may result in grade reduction, or other penalties established by the Clinic Committee up to and including suspension and dismissal from the College.

Interns and attendings are to return all medical records to the designated areas by the close of each clinic day

## **Medical Records Procedures**

Correct and accurate record keeping is the responsibility of the attending and the intern. It is the attending's responsibility to ensure that the intern records information accurately in the patient medical record.

### **The following rules apply to patient record keeping:**

- All care provided to a patient must be recorded in the patient's medical record. It must also include the date the care was provided, and the legible signatures of both the intern and attending who provided the care.
- Examination forms must thoroughly document all patient care transactions and communications.
- All instructions and education to the patient must be documented in the medical record.
- All patient communication, face to face and phone should be documented on a Patient Contact Form. The form must be signed and dated.
- All testing documentation including visual fields, GDx, OCT, Amslers, etc. must be signed and dated by the examining intern and attending.
- Copies of all written correspondence, completed insurance forms, etc. must be entered in the patient's record. See the Medical Records manager for detailed instructions.
- Each professional contact with a patient, or contact regarding a patient, must be documented in the patient's record and include date, intern signature, and attending faculty signature.
- Use black ink only in a medical record.
- Record necessary history, relevant information, and what was truly observed. Any errors in record keeping should be brought to the attention of the appropriate clinic chief.
- Patient records are kept in reverse chronological order, with the most recent paperwork on top.
- Signed pink HIPAA form should be affixed to the inside back cover of the medical record. See the Medical Records administrator for detailed instructions.

### **The medical records room is a restricted area and will remain locked at all times.**

Access to patient medical records is strictly prohibited to students, attendings, staff and interns, except those authorized by the medical records administrator. All authorized personnel (including student employees) must have a signed and dated confidentiality and non-disclosure agreement on file with the medical records administrator.

**Medical Records Student Employees**

All student employees working in the medical records department will adhere to all terms and agreements in the Medical Records Department Confidentiality and Non-Disclosure Agreement. Employees will also complete Compulink training with the Clinic Information Systems Coordinator before using Compulink. Once training is complete, the student will receive his/her own Compulink log-in.

**COLLEGE OF OPTOMETRY**  
**Medical Records Department**  
**CONFIDENTIALITY AND NON-DISCLOSURE**  
**AGREEMENT**

*Prior to obtaining unrestricted access to the Medical Records Department, all authorized individuals and their designees must read and sign individual copies of this Agreement.*

**THIS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT** (Henceforth referred to as "Agreement") is entered into this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, by and between The Ohio State  
(Month)

University College of Optometry Medical Records Department and

\_\_\_\_\_ (Henceforth referred to as  
(Printed Name)

"Individual"), regarding the Individual's responsibilities and obligations involving the privacy, confidentiality, and security of Protected Health Information (Henceforth referred to as "PHI").

**Section 1: Agreements**

(A) Pursuant to Policy IV: Access to the Medical Records Department and Patient Records, sections 4a and 4b, individuals who fall into the categories below are permitted to gain unrestricted access to the Medical Records Department and patient records:

- Medical Records Administrator
- Medical Records Department Staff
- The Director of Clinics
- Assistant Director of Clinics
- Patient Reception
- Billing Manager

- Pediatrics Office Manager
- Eyewear Gallery Supervisor
- Program Coordinator
- Associate Dean(s)
- Dean

**NOTE:** Faculty who obtain prior approval from the Medical Records Administrator may request unrestricted access for themselves and for student Interns who work under the direct supervision of said faculty member.

- (B) An **employee** who is under the direct supervision of an individual who is authorized to gain unrestricted access to the Medical Records Department (Henceforth referred to as "Department") is considered an "Authorized Representative" of said authorized individual. Upon reading and signing this contract, an authorized representative may obtain access to the Medical Records Department to perform work related duties involving the use of PHI. The authorized representative must fall under the purview of the categories listed in (A) above.
- (C) The Department is locked at all times in order to restrict access to PHI, reduce employee traffic, decrease the number of misfiles, and to minimize the number of missing patient records. As a result, a service window will be open in order for all non-authorized individuals to request patient records.

**Section 1: Agreements (Continued)**

- (D) When an authorized individual and/or his/her authorized representative retrieves a patient record, an out-guide must be completed and filed in place of the record that is removed. The out-guide must list the date the record was checked out, the name of the patient, and the name of the person who retrieved the record.
- (E) Once an authorized individual and/or his/her authorized representative retrieves a patient record, the record must be returned prior to the close of business the day the record was checked out. Authorized individuals and/or their authorized representatives must file the record and remove the out-guide accordingly.
- (F) If an authorized individual and/or his/her authorized representative do not adhere to items (D) and (E) above, privileged access to the Department may be denied at the discretion of the Medical Records Administrator.
- (G) All parties understand and agree that all PHI is confidential and that inappropriate disclosure of PHI directly violates federal, state law, and ethical principals intrinsic to the field of optometry. In addition, all parties agree to direct any questions regarding appropriate or inappropriate disclosure of PHI to the Medical Records Administrator.

**Section 2: Terms of Agreement**

- (A) This Agreement will continue in effect until an authorized employee or authorized representative voluntarily terminates his/her employment with the College, until the College terminates its

employment relationship with said individuals, or until the job responsibilities of said individuals change.

- (B) Any authorized employee or authorized representative who voluntarily terminates his/her employment with the College, or who is involuntarily terminated by the College, should be cognizant of the local, state, and federal laws governing disclosure of PHI and the confidential nature of patient health information. It is the legal responsibility of said individuals to maintain confidentiality of patient health information even when no longer employed by the College. If confidentiality of patient health information is breached, said individuals are still subject to punitive action mandated federal law (Health Insurance Portability and Accountability Act of 1996 [45 CFR § 160;164]).
- (C) If the job duties of an authorized employee or authorized representative change, said individuals should be cognizant of federal laws governing disclosure of PHI and the confidential nature of patient health information. It is the legal responsibility of said individuals to maintain confidentiality of patient health information even when performing different job duties that do not involve access to patient health information. If confidentiality of patient health information is breached, said individuals are still subject to punitive action enforced by the United States Department of Health and Human Services (Office of Civil Rights).

**Section 3: Signature**

In witness whereof, the parties (College and Assignee) hereto have caused this Agreement to be duly executed as of

\_\_\_\_\_

**(Date)**

The assignee's signature below represents the activation of this Agreement.

**By:** \_\_\_\_\_

**(Signature)**

**Sign out Procedures**

- Patient medical records must be scanned and marked with an out guide whenever a patient medical record is needed. No medical record will leave the medical records department without being scanned by a medical records staff member or without an out guide in the permanent file.
- When a medical record is needed for letter writing, the appropriate contents should be copied in the medical records room and the record immediately re-filed. Once the letter is complete, the copied medical records contents should be shredded.

- Patient medical records will not be pulled or checked out for student patient log completion.

## **Medical Records Labeling**

### **Medicare Labels:**

Medical records of all Medicare patients will display a Medicare sticker located on the lower right hand corner of the medical record. Interns should affix the sticker to the record if it is not already labeled. A supply of Medicare stickers will be located in the consultation room of each service area and in the Medical Records office.

### **Allergy Labels:**

When the intern discovers an allergy, he/she will affix the allergy sticker on the bottom center of the medical record. Allergy stickers are located in the clinic consultation rooms. Medicare and Allergy stickers are stocked in the Medical Records office.

## Chapter 5: Third Party Insurances and Billing Information

All interns and attendings associated with The Ohio State University Optometry Services are expected to be familiar with and exhibit the correct use of CPT and ICD-9 codes. Updated CPT and ICD-9 code books are located in each consultation room. Evaluation and management (E/M) guide sheets are posted in each service area consultation room. The billing office staff is always available for coding and billing questions.

- Attendings will review all service sheets with interns for completeness and accuracy.
- Attendings and interns should always know the patient's vision and/or medical insurance and advise the patient when possible of additional charges.
- When billing Evaluation and Management (992XX) codes, bill to the appropriate medically indicated and documented level. Use the E/M guide sheets posted in each consultation room.
- Bill for all procedures performed and provide justifiable ICD-9 codes
- The first ICD-9 code should always represent the patient's chief complaint.
- Attendings and interns will sign the service sheet
- Educational visits must be approved in advance by the Clinic Director.

### Vision Insurance Plans

#### VSP (Vision Service Plan)

- Member eligibility must be verified in order to authorize services. Review plan for co payments and coverage. Any material co payments and options must be taxed and all fees must be collected before materials are ordered.
- VSP will cover medically necessary contact lens fitting and contact lenses for keratoconus, co payments still apply.
- VSP eligible members receive a 20% discount on any frame overages
- VSP eligible members receive a 30% (temporary increase to 40% effective spring 2010) when a second pair of spectacles are purchased the same day
- VSP members without current eligible benefit receive a 20% discount on spectacles (frame and lenses)
- VSP members receive a 15% discount on contact lens fitting fees

#### Required testing for comprehensive examination (VSP)

- Case History
- Patient's chief complaint
- Ocular health history
- Medical health history
- Current medications and medication allergies
- Occupational and vocational visual demands

#### Visual System Health Status Evaluation

- External examination
- Biomicroscopy
- Visual field screening
- Tonometry
- Internal/fundus examination including direct and /or indirect ophthalmoscopy with or without dilation and, at minimum, a numerical notation of cup-to-disc ratio
- Neurological Integrity
- Pupillary reflexes
- Ocular motility/Versions (Versions must be recorded separately from binocular function testing)

#### Refractive Status Evaluation

- Entering visual acuities with habitual Rx or unaided acuity, all recorded monocularly
- Subjective refraction with best corrected visual acuities (recorded monocularly).
- Accomodative function (NPA, NRA/PRA, X-cyl, MEM retinoscopy, Near VA through subjective refraction)

At least one of the following

- Objective refraction by retinoscopy of autorefractor
- Keratometry

### **Binocular Function**

At least one of the following

- Cover test
- NPC
- Phorias
- Stereopsis
- Vergence testing
- Grade of fusion
- Fixation disparity
- Prism reflex test
- Hirschberg corneal reflexes
- Ocular dominance

### **Diagnosis and Treatment**

Diagnosis and documentation of treatment plan in record

### **OSU Student Vision Plan**

Patients (OSU students) are responsible for a \$15.00 examination co-payment. They are entitled to a 15% discount on contact lens professional fees, and 20% discount on frames and lenses. The OSU student vision plan also offers a \$100/year allowance for prescriptions lenses (spectacle or contact lens)

### **Klais and Company (Vision Plan for OSU Student Spouses and Dependants)**

Patients are responsible for a \$15.00 examination co-payment.

### **VP (Vision Plus)**

Patients must request an insurance claim form before the visit and present the authorization form at the time of service. Review claim for benefits allowed. The contact lens benefit includes the comprehensive vision examination.

### **Aetna Vision**

- A vision plan offered to state employee retirees
- The cost of the vision exam when coupled with a primary refractive diagnosis code will be reimbursed to the patient by the insurance company.
- Spectacles must be dispensed and the dispense date noted on the claim form provided by the patient for the patient to be reimbursed.

### **Medicaid**

- Medicaid covers a comprehensive vision examination and glasses once a year for recipients under the age of 21 and over the age of 60. Recipients between the ages of 21 and 60 are covered for routine vision examinations and glasses every two years. Beginning January 1, 2006, all Medicaid recipients over the age of 21 will have co-payments of \$2.00 for eye examinations and \$1.00 for spectacles. Patients must choose from the selection of Medicaid approved frames. A prior authorization may be written if services are necessary before a patient is eligible. All prior authorizations require four to six weeks for processing.
- Medicaid recipients who have Disability Medicaid are not covered for comprehensive vision examinations, glasses, or medical services provided by an optometrist.
- Patients covered by the following Medicaid HMO plans are not covered at The Ohio State University Optometry Services

- AMERIGROUP Ohio Medicaid
  - Buckeye Community Health Plan Medicaid
  - Molina Medicaid
  - Unison Health plan of Ohio Medicaid
  - WellCare of Ohio Medicaid
- QMB (Qualified Medicare Beneficiary) only covers Medicare co-payments and deductibles. It does not cover refractions or glasses.
  - When Medicaid is the secondary insurance, patients must see a participating provider for their primary insurance for Medicaid to cover the co insurance and deductible.

### **CareSource**

- CareSource, a Medicaid HMO, covers a comprehensive vision examination once every 365 days and does not require a co-payment.
- Glasses are covered once every 365 days. Recipients may choose from the selection of CareSource approved (Medicaid) frames. CareSource will allow the patient to choose a non-Medicaid approved frame (except drill-mounted frames) and deduct \$22.50 from the retail price. The patient is then required to pay the difference. See the Eyewear Gallery staff for details.

## **Medical Insurance Plans**

### **Medicare**

#### **Overview of Medicare**

Medicare is the federal health insurance program that provides medical coverage for people 65 and older, for certain disabled people, and for certain people with end-stage renal disease. Medicare is managed by the Centers for Medicare and Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS).

#### **Medicare Services and Materials**

- Medicare does not cover comprehensive eye examinations that are not medically justified and only have refractive findings. A medically indicated examination begins with a patient's symptom or complaint that results in a medical (non-refractive) ICD-9 diagnosis. The patient is responsible for 20% of the Medicare allowable. (NOTE: Optometrists cannot use the diagnosis code Pseudophakia, V43.1, for a medical visit and receive Medicare reimbursement.)
- One complete pair of glasses or contact lenses is partially covered after each cataract surgery. After paying an annual deductible, Medicare will reimburse the patient for 80% of the cost of a "standard frame." The patient pays the remaining 20% of the cost. The patient must pay the difference for a more expensive "upgraded frame." Most lens add-ons are not covered and sunglasses are never covered.

#### **Humana Gold Choice PFFS (Private Fee for Service)**

Humana Gold Choice PFFS does not cover comprehensive eye examinations that are not medically justified and only have refractive findings. With a medical (non-refractive) ICD-9 diagnosis, Humana Gold Choice PFFS will cover 80% of the allowable fees while the patient is responsible for the remaining 20%. The patient is responsible for all fees if a medical diagnosis is not indicated. There is a \$30.00 examination co-payment. The patient is responsible for the refraction fee and an annual deductible.

#### **Aetna PFFS (Private Fee for Service)**

Aetna PFFS does not cover comprehensive eye examinations that are not medically justified and only have refractive findings. With a medical (non-refractive) ICD-9 diagnosis, Aetna PFFS will cover 80% of the allowable fees while the patient is responsible for the remaining 20%. The patient is responsible for

all fees if a medical diagnosis is not indicated. There is a \$10.00 examination co-payment. The patient is responsible for the refraction fee and an annual deductible.

### **Aetna**

Aetna does not cover comprehensive eye examinations that are not medically justified and only have refractive findings. (Some patients with Aetna medical insurance will have vision care coverage under EyeMed. The College of Optometry is not an EyeMed provider.) Most Aetna plans have co-payments and/or co-insurance which are printed on the front of the Aetna insurance card.

### **Overview of Medicare HMO**

Patients can choose various plans that require services to be provided by participating paneled doctors. These plans provide services not covered by regular Medicare such as comprehensive eye examinations. If one of these plans is chosen then the patient is no longer covered under the regular Medicare program.

### **Documentation Guidelines for Medicare Examinations**

Evaluation and Management (E/M) and Comprehensive Examination coding involves three major parts:

#### **History**

- History of present illness (HPI),
- Review of systems (ROS)
- Past, family and social history (PFSH)
- 

#### **Physical Examination**

#### **Decision Making**

These three sections of the examination must be performed and documented in the patient medical record by the attending for billing to Medicare.

In order to bill Medicare for evaluation and management services (992XX, 92XXX codes), the attending must examine the patient and document in the medical record the history of present illness, physical exam elements, and medical decision making. Interns may examine and document problem pertinent review of systems and pertinent past family/social history but not chief complaint or history of present illness which includes location, quality, severity, duration, timing, context, modifying factors and associated signs/symptoms.

The intern may examine a Medicare patient, however, all physical exam findings that are collected by an intern must be verified (meaning the patient is examined by the attending) and re-documented in the medical record by the attending. The attending is not permitted to refer to any exam findings documented by an intern in his/her personal note in the medical record when billing an evaluation and management code for Medicare. If the intern documents in the medical record any medical decision making, the attending must verify and re-document all treatment plans.

The bold items above and listed again below must be verified and re-documented in full in the medical record by the attending when billing E/M codes to Medicare.

**History of present illness (HPI)**

**Physical examination**

**Decision making**

Attendings for these exams will decide whether they will be the initial examiner or re-examine the patient in order to comply with the Medicare billing guidelines.

## **OSU Health Plans**

### **Independent Choice Plan**

- Patient is responsible for a \$500.00 per person or \$1,500.00 per family annual deductible.
- Diagnostic testing is covered at 80% of usual and customary reimbursement (UCR).
- Patient is responsible for remaining 20% of UCR.

### **Prime Advantage Value**

- Patient is responsible for a \$250.00 per person or \$750.00 per family annual deductible.
- Patient has a \$20.00 office visit co payment.
- Diagnostic testing is covered at 90% of the allowable insurance covered fees.
- Patient is responsible for remaining 10% of allowable fees.

### **Prime Advantage Plus**

- No annual deductible
- Patient has a \$20.00 office visit co-payment and no annual deductible.
- Diagnostic testing is covered at 100%.

### **Prime Care Advantage**

- No annual deductible
- Patient has a \$20.00 office visit co payment.
- Diagnostic testing is covered at 100%.
- 

### **Prime Care Connect**

- No annual deductible
- No co payment on office visits
- Diagnostic testing is covered at 100%

### **Out-of-Area Plan**

- No annual deductible.
- No co payment. Patient pays UCR.
- Diagnostic testing is covered at 80% of UCR.
- Patient is responsible for 20% of UCR.

### **Klais and Company (OSU Student Medical Insurance)**

- Patient has a \$15.00 co-payment for office visits after the yearly \$100 deductible has been met, Once the deductible has been met, the patient pays 10% of diagnostic testing fees.

### **United Health Care (UHC)**

- Most UHC plans have co-payments. Co-payments are printed on the front of the UHC insurance card. Reimbursement is dependent on the procedure, diagnosis and particular UHC plan.

### **Medical Mutual**

- The patient is responsible for payment of all services. Medical Mutual will reimburse the patient for some medical services and procedures.
- The Ohio State University College of Optometry Services is not a provider. Patients must submit their own claims.

### **Anthem**

- The patient is responsible for payment of all services. Anthem will reimburse the patient for some medical services and procedures.

- The Ohio State University College of Optometry is not a provider. Patients must submit their own claims.

**BSVI and BVR**

Bureau Services of Visually Impaired

Bureau Vocational Rehabilitation

- Services are provided to patients with authorizations from these agencies. If additional tests or materials are necessary after the initial examination these should be requested in the report written to go along with the original billing.

**VA (Veterans Affairs)**

- Patients are referred by a physician at the VA clinic for care.
- Only the specified reason on the authorization will be covered by the VA.

**BWC (Bureau of Workers Compensation)**

- Patients may be seen on an initial visit after injury and a first report of injury form must be completed and reported to the bureau within 24 hours. A claim number will then be assigned.
- A treatment plan is required for additional necessary testing and materials and a prior authorization is necessary for certain materials and services such as glasses and diagnostic testing.
- Services and procedures are covered by BWC only if they are related to the initial injury.

## Chapter 6: Patient Billing, Accounts Receivable, and Cash Handling Responsibilities

### Billing and Accounts Receivable

- Patient will set up an appointment with College of Optometry. Patient Reception (PR) will check demographics and obtain insurance information.
- Representatives from PR or the Eyewear Gallery will verify insurance information prior to patient arrival.
- Patient will check in at front desk and PR will obtain a copy of the patient's insurance card at time of appointment.
- The College of Optometry will provide billable goods/services. Services provided are recorded on the service sheet by the attending and intern. At patient checkout, the services are entered into Compulink, the College of Optometry's practice management system.
- Patient is expected to pay for services not covered by insurance at the time they are received. Materials that are not covered by patient insurance are paid in full at time of purchase. Payment methods accepted are cash, check, or charge (MasterCard, Visa, American Express). For all services/materials not paid in full, an "accounts receivable" is established for the patient/insurance company in Compulink.
- Billing Department will review the service sheet to verify all procedures and diagnostic codes were entered into Compulink and verify insurance information. Patients who have not paid for their services or materials in full are sent a statement every 25 days.
- Billing Department reviews an Aging Report prior to submitting claims to each insurance company to investigate claims that have a billed date more than 45 days old. If the insurance company has denied or is requesting information from the patient, the amount due is transferred to the patient.
- The Billing Department submits claims to insurance companies for goods and services that are provided. Claims are processed electronically whenever possible. All other claims are processed manually.
- Billing Department receives payment, posts payment into Compulink, and forwards checks and/or cash to Accountant for deposit. Accountant deposits funds and posts payment to General Ledger (credit card payments are posted to GL automatically).
- Billing Department turns the account over to the Bursar's Office if the amount due is not paid within 120 days and no action has been taken by either the insurance company or the individual. At that time accounts are turned over to the Bursar's Office, amounts due are removed from both Compulink and the General Ledger. Each insurance company has its own timeline in the collection process, some insurance companies (i.e. Medicaid, Medicare, etc.) or multiple insurance companies are permitted a longer time frame to submit claims.

Note: College of Optometry faculty and staff will not post charges or payments to their own accounts. The "audit trail" function is activated in Compulink to ensure the individuals entering all charges and payments posted are identified. The Assistant Clinical Director will conduct and document an annual audit to verify that no employees with access to Compulink have posted charges or payments to their own accounts.

## Cash Handling

All individuals who handle cash will receive Cash Handling Training. Training is prepared, conducted and documented by the Accountant. Individuals will be informed of how to handle cash, checks and credit cards in accordance with University Policy. Specific information about what is included can be found in the Cash Handling Training.

## Clinic Deposits

In addition to University requirements, each department will prepare and submit a Daily Deposit Sheet to the Accountant. Each department submitting the deposit will:

- Enter the actual physical count in the “actual” column.
- Run a daily Payment Report in Compulink and use totals in the “Compulink” column.
- If there are any discrepancies between the Compulink and Actual column, the person completing the deposit sheet must resolve differences.
- The deposit checklist must be completed and each deposit must be signed by closer.
- Deposits are transferred to the Accountant daily for all departments in the Main Clinic. Student Health and South High deposits must be made at least once weekly or when \$500 or more in cash and/or checks has accumulated, whichever comes first.

Accountant will prepare deposit in accordance with University guidelines.

- Individual deposits will be first prepared, verified, and submitted by the individual departments.
- Accountant will verify totals and prepare a consolidated daily deposit for the Main Clinic (Eyewear Gallery, Contact Lens Clinic, Pediatrics/Low Vision, and Billing Department). Separate deposits will also be prepared for the Student Health Center and South High location.
- Accountant will verify cash, checks, and credit card totals (physical count vs. Compulink summary report), complete a daily deposit summary, enter deposit into PeopleSoft, and complete daily reconciliation spreadsheets.
- Accountant will submit completed deposit information to Business Manager for review. Business Manager will indicate review by entering date and initials on Daily Reconciliation Spreadsheet.

## Insurance Deposits

Insurance deposits are received in the Billing Department and entered into Compulink by billing office staff. Billing department forwards all check to Accountant for deposit. Accountant enters deposit into PeopleSoft in accordance with University policies and procedures.

## Other Deposits

All other deposits (IDBs, grants, gifts, etc.) are forwarded to the Accountant for deposit. Accountant will deposit check into accounts as indicated by the SFO or Business Manager. If the check affects a patient account, Accountant will notify Billing Department so that the payment can be entered in the patients account in Compulink. Accountant then enters deposit into PeopleSoft in accordance with University policies and procedures.

## **Segregation of Duties**

In all cases, the person who receives the check, the individual who processes the deposit, and the individual who reconciles the transaction will not be the same person.

## **Reconciliation**

Reconciliation is completed monthly. Individuals will reconcile a portion of the General Ledger and/or Balance Sheet for transactions they did not personally process. Source documents will be verified against the General Ledger or Balance Sheet and will be checked to ensure that the following is correct: amount, chartfield, vendor, proper documentation on file, appropriate approvals obtained, and that the item(s) purchased were authorized. Corrections will be processed upon discovery. Business Manager will consolidate input and forward to SFO for review.