

Component IV: Systems

Module A: Operations

Topic 1: Staff Coordination

I. Statement of Purpose

To provide the learner with basic knowledge of ambulatory care practice clinical operations including staff management, scope of practice, governing agencies, insurance types and requirements, and clinic performance requirements and improvement tools

II. Terminology

1. Nurse Practitioner (NP)
2. Physician's Assistant (PA)
3. Registered Nurse (RN)
4. Licensed Vocational Nurse (LVN)
5. Medicare
6. Medical Assistant (MA)
7. Medicaid
8. Unlicensed Assistive Personnel (UAP)
9. Department of Veterans Affairs (VA)
10. Cold Sterilization
11. Managed Care Organizations (MCOs)
12. Hot Sterilization
13. Affordable Care Act 2010
14. Scope of Practice
15. Certified
16. Licensed Policy
17. Procedure
18. Managed Care Plans
19. Fee for service
20. Pre-Authorization
21. Benchmarking
22. Point of Service
23. Capitation
24. Commercial Indemnity Plans
25. Deductible
26. Kickback
27. Scheduling
28. Patient Encounter
29. Income
30. Expenditure
31. Capital Budget
32. Operational Budget
33. Direct Costs
34. Indirect Costs
35. Balanced Scorecard
36. Standardized protocols/procedures

37. Student Objectives/Performance Standards
38. Common Cause Variation
39. Special Cause Variation

Acronyms

1. PPO (Preferred Provider Organization)
2. HMO (Health Maintenance Organization)
3. HCFS/HCFA (Health Care Financial Services/Health Care Financing Administration)
4. ANA (American Nurses Association)
5. PHI (Protected Health Information)
6. HIPAA (Health Insurance Portability and Accountability Act)
7. NOC (Nursing Outcomes Classification)
8. EMTALA/COBRA/Patient Anti-Dumping Law (Emergency Medical Treatment and Active Labor Act/Consolidated Omnibus Budget Reconciliation Act)

III. Performance Standards

1. Spell and define key terms and definitions
2. Differentiate the roles of the ambulatory care team

IV. References

1. AACN, (2010), Scope and Standards of Practice for Professional Ambulatory Care Nursing, 8th Ed
2. Bickes, Joan T., Ervin, Naomi E., & Myers Schim, Stephanie, (2006) *Environments of Care: A Curriculum Model for Preparing a New Generation of Nurses*, Journal of Nursing Education February 2006, Vol. 45, No. 2
3. Eisenberg, Seth, (2009) *Ambulatory Oncology Clinics: Oncology Nurses Juggle Staffing and Scheduling in the Outpatient Setting*, ONS Connect, AUGUST
4. Fitch, Catherine & Philips, Regina, (2003) *Perspectives in Ambulatory Care: The Mega Issues of Ambulatory Care Nursing* NURSING ECONOMICS/May-June Vol. 21/No. 3
5. Healthcare Benchmarks & Quality Improvement, 2011 Jun;18 (6): 61-4
6. Laughlin, Candia Baker, (2006) Core Curriculum for Ambulatory Care Nursing; 2nd Ed., AACN
7. Shroeder, Carole, Trehearne, Barbara, Ward, Debbie, (2000) *Expanded Role of Nursing in Ambulatory Managed Care Part I: Literature, Role Development, and Justification*, NURSING ECONOMICS/January-February Vol, 18/No, 1

Websites

1. <http://odphp.osophs.dhus.gov/initiatives/>
2. <http://www.ncqa.org/tabid/631/default.aspx>
3. https://www.ncsbn.org/ScopeofPractice_09.pdf

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
<p>Objective 1 Spell and define key terms and definitions</p> <ul style="list-style-type: none"> A. Review all terms. B. Spell terms accurately. C. Pronounce terms correctly. D. Use the terms in their proper context. 	<p>Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and Concentration.</p> <p>Administer vocabulary pre-test and post-test.</p> <p>Discuss learning gaps and plan for applying vocabulary</p>
<p>Objective 2 Differentiate the roles of the ambulatory care team</p> <ul style="list-style-type: none"> A. Identify the scope of practice for each Ambulatory Care team member (NP, PA, RN, LVN, MA, UAP) <ul style="list-style-type: none"> 1. Differences and regulations of each care team member <ul style="list-style-type: none"> a. Professions that work under a Physician’s umbrella <ul style="list-style-type: none"> 1) American College of Nurse Practitioners 2) Physician Assistant Committee – www.pac.ca.gov/about_us/lawsregs/index.shtml b. Professions that work under a care center organization’s umbrella 2. Consumer Affairs <ul style="list-style-type: none"> a. Nurse Practice Act - ANA Scope of Practice b. Medical Board guidelines for MA 3. Licensed verses non-licensed staff <ul style="list-style-type: none"> a. State regulating requirements b. License & recertification c. State certification & recertification <ul style="list-style-type: none"> 1) Differentiate certification versus licensure 2) Certification for specialty care 3) Trade school certifications 4. Shift from acute care nursing to ambulatory care nursing <ul style="list-style-type: none"> a. Changes in scope of services b. Collaborative relationships 5. Delegation to the appropriate level of staff B. Staff mix <ul style="list-style-type: none"> 1. Labor resource management <ul style="list-style-type: none"> a. Professional role b. Unlicensed Assistive Personnel roles (UAP) 	<p>Read: ACN Core Curriculum, Chapters on “Ambulatory Care Practice Arena,” “The Context of Ambulatory Care Nursing,” “The Ambulatory Care Team,” “Health Care Fiscal Management,” and “Staffing and Workload”</p> <p>Read and write report on 2 articles that relate to ambulatory care environment; include a summary and analysis of the articles.</p> <p>Create a list to delineate common tasks within scope of practice of the different roles in a clinic</p> <p>Scope of Practice website: https://www.ncsbn.org/ScopeofPractice_09.pdf</p> <p>Investigate report on the allotted budget for staffing in a clinic setting within an organization</p> <p>Debate/role-play a risk management situation where a Medical Assistant was given a</p>

1) Medical Assistant (MA)-see updated Scope of Practice for the MA in the state of California from the Research Center for the Health Professions, UCSF (end of document) 2) Patient Service Representative (PSR) - Clerical & Secretarial Support 2. Accountability a. Quality of Care b. Advocacy c. Ethics d. Risk Management	task outside the legal scope of practice Debate the pros and cons of handling patients who refuse to have their children vaccinated Discuss/write paper of two “refusal of care issues” from patients in family practice. Review current California Nurse Practice Act at: http://www.rn.ca.gov/regulations/npa.shtml
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Medical Assistants in California

Legal Scope of Practice

Note: this document is for information purposes only; it is not legal advice or counsel. It is a summary based on California statute and regulations. It does not include setting-specific rules or policies, which may be more restrictive than state law; nor does it include payment and reimbursement policies and rules. Inquiries and specific questions about the practice of medical assistants in any given setting or situation should be directed to the Medical Board of California and/or the practice setting’s legal department.

Overview - In California, medical assistants (MAs) are unlicensed personnel who work in physician (MD) or podiatrist (DPM) offices; and clinics. MAs may not work for inpatient care in licensed general acute care hospitals. They are regulated by the Medical Board of California. They must be over 18 years old, trained and supervised. They may be certified. Unless prohibited by law, California MAs can perform basic administrative, clerical and technical supportive services when conditions regarding supervision, training, specific authorization, and records are met.

Prohibitions - In California, MAs are prohibited from providing some services or performing some tasks. Unless otherwise specifically permitted by code or regulation, **as unlicensed individuals, MAs may not:**

- Perform any task that is invasive
- Perform any task that requires assessment
- Treat
- Diagnose

Unless otherwise specifically permitted by code or regulation, **California MAs specifically may not:**

- Perform invasive procedures such as placing the needle or starting and disconnecting the infusion tube of an IV;
- Administer medications or injections in the IV line;
- Insert a urine catheter;
- Inject collagen;
- Chart the pupillary responses;
- Independently perform triage;
- Use lasers to remove hair, wrinkles, scars, moles or other blemishes;
- Administer chemotherapy;
- Interpret test findings or results;
- Perform any test involving penetration of human tissues except skin tests;
- Interpret the results of skin tests;
- Administer anesthetic agents.

Nothing in the regulations regarding MAs prohibits the administration of first aid or cardiopulmonary resuscitation (CPR) in an emergency or authorizes an MA to practice physical therapy or perform any clinical laboratory test or examination for which he or she is not otherwise authorized.

Permitted technical supportive services are simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the specific authorization and supervision of a licensed MD or DPM or, in certain clinics (Health and Safety Code § 1204), by a PA, NP, or CNM. A technical supportive service may be provided by an MA in California provided the service is not prohibited by another law; is a usual and customary part of the practice where the MA works; the supervising MD/DPM authorizes MA to perform service and is responsible for patient care; the MA has completed specified training and demonstrated competence; and a record is made in the patient chart.

Examples - Under specific authorization and supervision, and as long as the training and record-keeping requirements are met, California MAs may:

- Administer medication only by intradermal, subcutaneous, or intramuscular injections (including flu and pneumonia shots unless at a local governmental or private, nonprofit agency that received vaccine from state department of health at no charge, where administration of vaccine shall be performed by MD, RN, or LVN);
- Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration;
- Administer by inhalation if medications are patient-specific and have been or will be routinely and repetitively administered by patient;

→ In all cases of prior to administration, MD or DPM or other authorized person shall verify the correct medication and dosage.
→ MAs may not administer anesthetic agents.

- Perform venipuncture or skin puncture (including ‘finger sticks’) for the purposes of withdrawing blood;
- Perform skin tests;
- Measure and describe skin test reaction and make a record in the patient’s chart;
- Perform electrocardiogram, electroencephalogram, or plethysmography (except full body)
- Fit prescription lenses or use any optical device in connection with ocular exercises, visual training, vision training or orthoptics according to B&P §§ 2544, 3042.
- Apply and remove bandages and dressings;
- Apply orthopedic appliances such as knee immobilizers, envelope slings, orthotics;
- Remove cases, splints and other external devices;
- Obtain impressions for orthotics, padding and custom molded shoes;
- Select and adjust crutches for patients;
- Instruct patient in proper use of crutches;
- Remove sutures or staples from superficial incisions or lacerations;
- Perform ear lavage;
- Collect by non-invasive techniques (including nasal smears and throat swabs), and preserve specimens (including urine, sputum, semen, stool) for testing;
- Assist patients in ambulation and transfers;
- Prepare patients for and assist MD, DPM, PA or RN in exams or procedures including positioning, draping, shaving, disinfecting treatment site, prepare patients for gait analysis testing;
- As authorized by MD or DPM, provide patient information and instructions;
- Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about presenting and previous conditions;
- Perform simple laboratory and screening tests customarily performed in a medical office;
- Cut the nails of otherwise healthy patients;
- Perform other basic technical supportive services.

The STAR analysis – Meeting the conditions for MAs to perform technical supportive services in California

For a medical assistant in California to provide any technical supportive services, including the examples listed in the statute and regulations as well as others not specifically mentioned, conditions in four categories must be met. These four categories are Supervision, Training, Authorization and Records (STAR).

- **Supervision**
 - Required supervision of California MAs means the supervision
 - Of procedures authorized by California code
 - By MDs/DPMs in any site where MAs are permitted to work
 - Or by PAs, NPs or CNMs, in H&S §1204 clinics, within their scope of practice, if the supervisory function of the MA has been delegated in writing by the supervising MD

- The supervising MD, DPM, PA, NP or CNM must be physically present in the treatment facility during the performance of the procedures
 - In any setting, the supervising MD/DPM may provide in writing that a PA or registered nurse (RN) may assign a task authorized by a physician or podiatrist.
- **Training**
 - Prior to performing technical supportive services, MA must receive training, as necessary, in the judgment of the supervising MD, DPM or instructor to assure the MA's competence in performing the service at the appropriate standard of care.
 - Each MA must receive training in infection control and demonstrate understanding of its purposes and techniques.
 - To administer medications by intramuscular, subcutaneous, and intradermal injection, to perform skin tests or to perform venipuncture or skin puncture for purposes of withdrawing blood, a medical assistant shall be for the duration required to demonstrate to the supervising MD, DPM or instructor (as defined in 16 CCR 1366.3) proficiency in these procedures, but shall include no less than:
 - ten hours of training in administering injections and performing skin tests, and/or ten hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
 - satisfactory performance by the MA of at least ten each of intramuscular, subcutaneous, and intradermal injections and ten skin tests, and/or at least ten venipunctures and ten skin punctures.
 - For MAs only administering medication by inhalation, ten hours of administering medication by inhalation.
 - Training for any of these procedures must include instruction and demonstration in: pertinent anatomy and physiology; choice of equipment; proper technique including sterile technique; hazards and complications; patient care following treatment or test; emergency procedures; and California law and regulations for medical assistants.
 - Training regulations may require documentation of completion or sign-off.
- **Authorization**
 - Specific authorization is required for MA to provide any technical supportive services.
 - Specific authorization may be either:
 - a specific written order prepared by the supervising MD or podiatrist (or prepared by PA, NP or CNM in H&S § 1204 clinic) authorizing procedure to be performed on a patient and placed in the patient's medical record; or

- a standing order prepared by the supervising MD or DPM (or by PA, NP or CNM in H&S § 1204 clinic) authorizing the procedure be performed, the duration of which shall be consistent with accepted medical practice and a notation of standing order placed on patient's record.
 - Service must be usual and customary part of medical or podiatric practice where MA works
 - Authorization cannot be for anything otherwise prohibited by law
- **Records**
 - For any technical supportive services provided by MAs, a record must be made:
 - In the patient chart of other record, including a computerized record, if any, of
 - Each technical supportive service performed by the MA, indicating:
 - The name, initials or other identifier of the MA,
 - The date and time,
 - Description of the service performed
 - Name of the MD/DPM [or PA, NP, CNM if § 1204 clinic] who:
 - gave MA patient-specific authorization to perform the task or
 - Authorized such performance under a patient-specific standing order
 - If applicable, supervisory delegation of MA from MD to NP or PA must be documented in written standardized procedure (for NPs) or protocol (for PA).
 - Documentation of training may be required; see regulations.
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Resources and References

California Business and Professions (B&P) Code Sections (§§) 2069-2071

California Code of Regulations (CCR) Title 16, §§ 1366-1366.4, 1366.31-1366.33

Medical Board of California (<http://www.mbc.ca.gov>)

Medical Assistants – Frequently Asked Questions

Is Your Medical Assistant Practicing Beyond His or Her Scope of Training?

Medical Board of California Board of Podiatric Medicine (<http://www.bpm.ca.gov/>)

Medical Assistant Information

California Board of Registered Nursing (<http://www.rn.ca.gov>)

Information About Medical Assistant

Nurse Practitioners & Nurse-Midwives – Supervision of Medical Assistants

California Health and Safety (H&S) Code §§ 1204, 104900

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