SAMPLE IHF OPHTHALMIC ULTRASOUND POLICY & PROCEDURES MANUAL

Policy & Procedure Manual for _____

(IHF Name and Billing #)

REVISED ON: _____(date)

INTRODUCTION:

This policies and procedures manual relates specifically to the Independent Health Facility license Number _____. All policies and procedures relating to this facility are in addition to the general office manual for the practice of Dr._____ but are specific only to the ultrasound services as licensed under the IHFA.

The license for this facility was issued to_____, who is the owner of the facility. The Quality Advisor (QA) for the facility is Dr._____ _____. The Quality Advisory Committee shall be chaired by the QA as per the agreement, and until any other individual is given leave to perform examinations at the facility shall be a committee of _____ (# of members).

LOCATION:

The facility is located at_____

_____

SERVICES:

The service provided by the facility is ultrasound _____ (A/B or both). The purpose of the examinations performed at the facility is the axial length of the eye. The main use of this information will be to assist in the determination of intraocular lens powers for cataract surgery.

EXAMINER:

As of the date of this document, the only person who shall be allowed to perform these examinations on patients shall be Dr. _____. Dr. _____ may perform examinations on his/her own patients who are scheduled for cataract and implant surgery and the patients of other physicians who request the information that can be provided from this facility.

BOOKINGS:

Booking for _____ (A/B Scans or both) will be made through the regular secretarial staff of Dr. _____=s private office. Requests for bookings will be taken either by telephone or in writing from other physicians offices. Dr._____ will specify to the staff which of his/her own patients will require examination.

CHARTS AND RECORDS:

A chart will be created for every patient referred to the facility by other office. For Dr._____ own patients, a specific entry will be made in the patient=s chart and a copy of the A-Scan result will be maintained in the patient=s chart. In every case, the record will include the patient=s name, address, date of birth, health number and in the case of referred patients, the name of the referring physician.

PRE-EXAMINATION:

Prior to the _____(A/B Scans or both) examination, a relevant history will be recorded for each patient including which eye is to have future surgery, any past ocular surgery, and any other information which may be relevant to the examination. This information may be taken by Dr. _____ or one of his/her regular office ophthalmic technicians. Specific note will be made of any allergies to ocular medication.

EXAMINATION:

Examinations will take place at _____ (IHF address). This is the licensed facility. The facility will be maintained in a clean and tidy fashion by the appropriate building staff. All supplies required for the examinations will be ordered by _____. Dr._____ or a regular office technician will apply one drop of _____ to the eyes of patients to be examined.

The examination itself will be personally undertaken by Dr. _____. The technique of the examination will follow the manufactures recommendations as outline in the _____ owner=s manual, hereafter referred to as the Aowner=s manual@. Appropriate and satisfactory measurements will be taken by Dr._____ and those deemed to meet the criteria as described in the owner=s manual shall be used for the purpose in interpretation and calculation. Such measurements will be retained in the charts of our own patients, and copies will be forwarded to referring physicians in a timely fashion. The results of the examinations of referred patients will be maintained for the records of the facility.

INSTRUMENT CARE AND CALIBRATION:

The ultrasonic biometer will be maintained and calibrated according to the manufacturer=s recommendations in the owner=s manual. At the beginning of each session of examinations, the instrument will be set up and calibrated by Dr. _____. The examinations will proceed once the biometer has passed calibration and is shown to be in proper working condition as specified in the owner=s manual. As of this writing, the calibration block will measure _____ if the instrument is functioning properly. When the power is turned on the biometer, it will be observed to go through its internal self testing routine, and will pass these internal tests prior to calibration. The date and time on the instruments internal clock will be checked to verify that the internal battery is functioning properly. Any departures from proper calibration and self test will cause the instrument to be serviced by the manufacturer and no examinations will be undertaken until such service is performed and the instrument shown to be functioning properly.

At the time of instrument set-up, preventive maintenance inspections will be taken of the cables, probe tips, connectors, light pen, etc., and signs of wear or damage will be recorded. At the beginning of each examination session, the calibration and preventive maintenance inspections will be logged, dated and initialled by Dr._____.
These logs will be kept in the owner=s manual and a check mark will indicate functional satisfaction with the instrument.

CLEANING AND DISINFECTION:

Prior to each examination, all components which come in contact with patients will be appropriately cleaned and disinfected according to the manufacturers recommendation in the owner=s manual. After the last examination of a session, Dr._____ will clean, disinfect and dismantle the unit for interim storage. Probes, sleeves and calibration blocks will be stored in clean plastic boxes as will immersion shells. All other cables will be disconnected and stored in the biometer cabinet. The light pen will be stored in the biometer cabinet.

INTERPRETATION:

Interpretation of the examinations will be undertaken by Dr._____ alone. Scans which meet the criteria of the manufacturer will be used. Scans which do not meet these criteria will be rejected. The interpretations of the scans will be charted appropriately and recorded and copies will be sent to the offices of referring physicians.

In the event that an examination is noted to be unusual or particularly difficult, such difficulty will be noted on the scan report which is sent to the office of referring physicians. Examinations which demonstrate the possibility of anisometropia due to the difference in axial length, will be reported to the referring physician. Such comments will be written directly on the scan report.

In the event that the examining Doctor determines that it is not possible to achieve an accurate measurement on a given patient, the referring physician will be immediately notified and assistance will be rendered to help arrange another examination at an appropriate facility.

GENERAL CONSIDERATIONS:

As noted, this manual is to be used in conjunction with the general office manual. All accidents, incidents or untoward reactions with patients are to be brought to the attention of Dr._____ immediately. The appropriate plan of action will be determined by Dr._____. In the event of a building emergency, such as fire, all staff will participate in a rapid and orderly evacuation of all patients from the premises. Life threatening emergencies such as fire or cardiac arrest will precipitate a call to 911 for the

appropriate emergency service, concomitant to the notification of Dr._____.

CONFIDENTIALITY:

Just as in Dr._____ general office practice, all records of patients who attend the facility are to be kept confidential. Copies of reports will be sent to referring physicians in the usual fashion. Copies of reports requested by patients, their legal representatives, or appropriate guardians will be provided once the appropriate consent documents are signed.

SAFETY:

Every effort will be made to provide a safe environment for examination of patients. All electrical equipment will be used with proper grounding to prevent electric shock. The biometer will be set-up according to the instructions in the owner=s manual. The biometer is not to be used with flammable anaesthetics, and the use of such agents will not take place in the facility.

AGREEMENT:

This document shall be considered as formal written agreement between the licensee and the Quality Advisor. The licensee _____ (name) and Dr._____ the Quality Advisor. Dated _____.

Licensee _____

Witness _____

Quality Advisor _____

Witness _____