

OHSU ORTHOPAEDIC SUPERVISION OF CLINICAL CARE POLICY

INTRODUCTION

The purpose of this document is to establish and communicate the institutional standards regarding faculty involvement in the care of patients. OHSU is an academic medical center with multiple missions including providing medical care, teaching medical professionals and conducting clinical research. The OHSU Orthopaedic Department has embraced the concept of faculty driven care based on the belief that the faculty physician leadership is essential in the provision of high quality, cost effective care. These objectives are consistent with AAMC policy on Guidance on Graduate Medical Education.

POLICY

For each patient, there must be a member of the medical staff, the faculty attending, who is directly responsible for the care being provided. This is true in all settings including inpatient and outpatient venues. Residents and fellows will provide care under this faculty supervision. The level of supervision should be determined by the experience of the individual resident or fellow and the guidelines outlined below. While medical students will often participate in patient care, under no circumstance should a medical student be the only individual seeing the patient.

SUPERVISION VS. CODING AND BILLING - MEETING TEACHING PHYSICIAN REQUIREMENTS

This document describes the expectations regarding supervision of clinical care by the faculty. It is very important to note that while these guidelines meet regulatory requirements for faculty attending involvement and are consistent with excellent clinical care, billing for teaching faculty is a separate issue. Please refer to the OHSU/OHSUFP Compliance Manual for information regarding the faculty responsibilities for appropriate coding and billing in the academic medical setting. Compliance requirements for billing are specialty specific. Faculty attending are expected to be familiar with HCFA (CMS) Rules for the Teaching Setting as well as other billing regulations and to comply with all such requirements if a bill for professional services is to be submitted.

LEVELS OF SUPERVISION AND DOCUMENTATION REQUIRED BY SETTING

Residents assist in providing care in many settings each unique in the role of the resident, acuity of patients and established standards of supervision. Guidelines for supervision and documentation in common settings are described below.

AMBULATORY CARE CLINICS

Faculty driven care is the standard for all clinics within the system. This includes both hospital based and faculty clinics. The faculty attending may rely on experienced residents to play a major role in providing care and assessing the results. The faculty attending remains responsible and is expected to be up to date on the patient's status. All clinics including hospital-based clinics must have an assigned faculty attending present in the clinic and available to supervise. Faculty should interview and examine patients when significant changes in care occur. Faculty should

meet with stable patients receiving ongoing care periodically to maintain the attending/ patient relationship. The level of supervision will depend on the faculty comfort with the individual resident's skills and the level of training within the residency.

Documentation - When faculty attending is billing a professional fee, HCFA (CMS) Rules for Teaching Hospitals must be met. In the event that the faculty attending is not billing separately, the expectation is that the faculty attending will document that the level of supervision described above has been provided. This would include relevant history, exam findings and medical decision-making at key points in the care such as the initial visit or visits when a change in treatment occurs.

EMERGENCY DEPARTMENT

The attending emergency physician is responsible for all care provided in the emergency department. Supervision in this setting is similar to that of an initial visit in the clinic. Cases initially assessed by a resident will be presented to the staff physician. Faculty should then evaluate the patient and document pertinent history, exam findings, and medical decision-making. The attending physician will make final decisions regarding treatment and disposition. Supervision of care in the Observation Unit should meet the same standards as listed for other inpatient admissions.

INPATIENT SERVICES

Every patient that is admitted must have care supervised by a member of the OHSU Orthopaedic Department. That faculty attending is expected to evaluate the patient and place an admission assessment in the chart within 24 hours of admission. While much of the care in the hospital may be carried out by residents on the service, the faculty attending is expected to assess the patient personally on a daily basis, verify findings documented by residents, and then document these activities emphasizing medical decision-making and supervision of invasive procedures. Communication with the referring physician, patient and family will be directed by the faculty attending. The faculty attending must be accessible by phone or pager and in close enough proximity to evaluate patient within one hour in emergencies. When this is not possible, an alternate member of the medical staff with appropriate privileges must be designated, agree to be available, and be added to the call list.

INPATIENT CONSULTATION

Residents/students may perform the initial history and physical. This evaluation should occur on the day of the request or, on cases referred late and are not urgent, on the following day. While co-signature of the consult note by Orthopaedic Staff is sufficient to demonstrate this involvement, billing requirements must also be considered where appropriate.

SUPERVISION OF MAJOR PROCEDURES

The faculty attending is responsible for evaluating resident capabilities and supervising accordingly. It is the joint responsibility of the faculty and residency programs to assure that residents have demonstrated competence in procedures before invasive procedures are done without supervision.

SUPERVISION IN THE OPERATING ROOMS

In the operative suite, the faculty attending is responsible for the technical supervision and outcome of the surgery. The faculty attending should be directly supervising during key portions of the surgery. At all other times, such as during patient preparation or closing procedures, the faculty physician must be on campus and with 10 minutes of the operating suite. Op notes must reflect this level of supervision.

APPROVED BY GMEC: June 24, 2010

ALTERED TO REFLECT ORTHOPAEDIC DEPARTMENT CARE