

## ADMINISTRATIVE POLICY

- 1 The health care of each person served in OPTIONS Residential, Transitional Living and Supported Living Programs is under the continuing supervision of the physician responsible for the evaluation of the person's immediate and long-term medical needs. The physician must be duly licensed under the provisions of the California Business and Professional Code.
  - 1.1 OPTIONS is not liable for the results of any procedures, treatments or services rendered the person under the general and special instructions of a physician.
  - 1.2 The name, address, and telephone number of each attending physician will be clearly recorded in each person's record.
  - 1.3 Alternate physician coverage will be designated by the attending physician in the event the attending physician is not available.
  
- 2 It is the attending physician's responsibility for services which include, but need not be limited to:
  - 2.1 Medical evaluation on admission and annual update, including a written history and physical examination. The physical evaluation will include examinations of vision and hearing and lab exams as necessary.
  - 2.2 Indicating diagnoses.
  - 2.3 Orders for medications, treatments, diet, diagnostic tests, consultations and postural supports.
  - 2.4 Notification of person and/or representative(s) of health conditions.
  - 2.5 Office visits every 60 days for Medi-Cal recertification for applicable ICF/DD-H persons.
  - 2.6 Review and updating of medication and medical treatment orders at least once every 60 days.
  - 2.7 Participation as a member of the Interdisciplinary (ID) Team when requested by the Program Manager in consultation with the RN.

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- 3 Physicians are expected to comply with all state and federal regulations, accepted tenets of professional practice, and OPTIONS policies.
  - 3.1 Physicians who jeopardize OPTIONS licensing and certification by non-compliance with regulations, tenets of professional practice, and OPTIONS policies will be so advised by certified letter, return receipt requested.
  - 3.2 The physician will be expected to correct the non-compliance and/or to explain any extenuating circumstances to the affected person's ID Team.
- 4 Physician Responsibilities at Admission
  - 4.1 The person's attending physician will be notified immediately upon the arrival of his/her patient at OPTIONS Residential, Transitional Living or Supported Living Program. The physician will be notified immediately of any unusual or significant changes in the person's condition. The attending physician may be called in at the discretion of the ~~QMRP~~ or the Program Manager.
  - 4.2 Change of Attending Physician
    - 4.2.1 The new physician will evaluate the person and review the orders for care and treatment on change of attending physicians.
  - 4.3 The attending physician will be responsible for initial supported person's health services and documentation, which will include but not be limited to:
    - 4.3.1 Indicating diagnosis.
    - 4.3.2 Evaluation including a written history and physical examination completed within five days prior to admission. In some instances an inter-facility transfer form may be accepted as immediate medical information; however, the physician will complete a history and physical within 48 hours after admission if a history and physical are not available from the transferring facility.
      - 4.3.2.1 If OPTIONS is unable to secure an appointment with a physician within the 48-hour period following admission, the transferring facility will be responsible for ensuring completion of the physical examination prior to admission.

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### 4.3.3 Physician's Orders:

4.3.3.1 Medication(s) (orders signed within 5 days).

4.3.3.2 Treatment(s)

4.3.3.3 Special procedures, e.g. laboratory and other diagnostic tests

### 4.3.4 Designation of an emergency physician

## 5 Medical Care Plan (Physician's Orders) and Progress Notes

5.1 Orders for medications and treatments are in effect for the specified number of days indicated by the physician, but in no case will they exceed a period of 365 days. The stop order policy for medications is outlined in the Pharmaceutical Services Manual.

5.2 Telephone orders will be accepted only when necessary and may be accepted by either the contracting pharmacist, the Registered Nurse Consultant, the Program Manager/Service Coordinator/Community Support Specialist person who has completed OPTIONS medication training program. Telephone orders will be written into the person's health record by the person receiving them and will include the time and date of each order. The orders must be countersigned by the ordering physician within five days. No standing orders will be accepted by OPTIONS.

5.3 Orders will be verified with the attending physician upon admission, and/or current orders will be obtained by the Registered Nurse Consultant.

5.4 Orders for PRN medications will state dosage, time and reason(s) for administration.

5.5 Progress notes will be written and signed by the physician at the time of each medical appointment, and at least every 60 days unless an alternate schedule of visits is approved.

5.6 Consultations will be documented in the clinical record by a report written, dated and signed by the consulting physician.

6 Drugs for behavior control will be ordered only as an integral part of a person's Behavior Intervention Program.

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- 6.1 The physician will order the drug, and the specific behavior process to be treated will be identified in the person's record.
  - 6.2 The prescribing physician will have available for review and evaluation all information regarding the behavior to be treated with the drug. The physician's progress notes should contain continuing assessments of the drug's effectiveness.
  - 6.3 The physician will contribute to the development of the Individual Service Plans (ISPs) of persons whose Behavior Plans include drug treatment.
- 7 Availability of Physicians for Emergency Care
- 7.1 When a person's attending physician or designated alternate is unavailable for an emergency, an emergency physician may be used. The names, addresses and phone numbers of emergency physicians used by OPTIONS are posted prominently at all OPTIONS sites.
  - 7.2 The OPTIONS Policy and Procedures Manual, available at the OPTIONS website ([www.optionsfs.org](http://www.optionsfs.org)) and at the OPTIONS central office, states specific procedures to be followed in an emergency.
  - 7.3 Physicians orders will be obtained from the physician who has responsibility for the emergency care, if medical orders for the immediate care of the person cannot be otherwise obtained.
  - 7.4 In the case of an emergency, OPTIONS lead staff will record a description of the incident, all action taken, and a record of the emergency physician contact. Documentation of the physician contact will include the date, time, and circumstances of the contact and the name of person spoken to at the physician's office.
  - 7.5 The emergency physician will record his/her findings, observations, treatment and orders, whether the person is seen directly or care, treatment or transfer are ordered by telephone.
  - 7.6 The person's parent(s), conservator(s), guardian(s) or other responsible party will be notified of the emergency at the earliest opportunity.
  - 7.7 The Program Manager, Service Coordinator, or Registered Nurse Consultant will notify the attending physician of the emergency action as soon as the physician is available.

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- 7.8 If an unusual incident was involved in the emergency, an Unusual Incident Report will be completed by the person observing the incident in accordance with the procedures outlined in Administrative Policy No.200.1.37.
- 8 Annual History and Physical Examination
- 8.1 The physical examination in the person's record will be updated at least once annually and will include vision/hearing screenings, lab examinations as necessary, and any other indicated procedures. The examination method (e.g. doctor visit) will be specified in the record.
- 9 Tuberculosis Screening
- 9.1 All persons served in OPTIONS Residential, Transitional Living and Supported Living Programs will be screened for tuberculosis upon admission and as often thereafter as required by the County Health Department. Tuberculosis screening will be optional for persons in OPTIONS other programs unless ordered by the County Health Department.
- 9.2 Each person's attending physician will be responsible for choosing and ordering the method of tuberculosis screening on admission.
- 9.3 Results of tuberculosis screening may be obtained from the transferring facility if the person being transferred from another health care facility and the screening meets regulatory guidelines.
- 9.4 All OPTIONS employees will be screened for tuberculosis upon hiring and as often thereafter as required by the County Health Department.
- 10 Changes in Weight
- 10.1 Weights of Residential Program supported persons will be recorded per physician's order or at least once each month, and a record of these weights will be maintained in the persons record.
- 10.2 The attending physician for the persons in the Residential Programs will be notified any time a person has a significant weight change. The notification will be recorded on the weight record. The physician will acknowledge significant weight gains or losses as a part of the physician's progress notes at the time of the next visit.

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- 10.3 The attending physician or care provider will be notified by the Program Manager of any significant weight changes in persons served in non-residential OPTIONS Programs.

POLICY DATE: February 1996  
Revised: March 2004  
Revised: August 2007  
Revised: January 2011