GENERAL CLASS DESCRIPTION:

Enters information into the electronic medical record at the direction of the physician or licensed independent practitioner. Increases the efficiency and productivity of the physician and anticipates future needs to facilitate the flow of the clinic. Accurately documents events and decision-making in a manner that results in appropriate medical charting. Performs technical and patient care responsibilities as directed by physician or licensed independent practitioner.

CHARACTERISTIC DUTIES AND RESPONSIBILITIES:

1. Performs patient care responsibilities of a Medical Assistant or other certified health care provider including, but not limited to, assisting with physical examinations, administering routine medications, performing routine laboratory tests, and operating and maintaining specialized medical equipment.

2. Responsible for the daily flow of the Care Team and facilitates daily team huddles. The Care Team Coordinator understands clinic flow to maximize clinic usage to meet patient needs.

3. Follows enhanced and standard patient rooming protocols. Prepares the clinic note for the patient visit by manually bringing in provider-built Electronic Medical Record (EMR) documentation tools for the following sections: history of present illness, review of system, physical exam, assessment, and plan. Ensures health maintenance section (including quality reporting measures) and immunizations are up to date.

4. Populates patient-reported information into provider-built EMR documentation tools for the specific disease states and preventative visits.

5. Reviews EMR for patient care gaps, addresses and updates missing data.

6. Communicates a summary of the patient-reported information to the provider prior to entry of the room or within the room with the patient present.

The tasks listed under the heading of Characteristic Duties and Responsibilities are examples of the variety and general nature of duties performed by employees in positions allocated in the class. The list is descriptive only and should be used for no other purpose. It is not intended that any position include every duty listed, nor is it intended that related duties cannot be required.
7. Accompanies the physician or medical provider into the examination room to transcribe the clinician’s and care team’s encounter with the patient in real time.

8. Accurately and thoroughly documents the encounter with the patient as it is being performed by the provider, which may include documentation in the following sections: problem list, history of present illness, review of systems, physical exam, assessment and plan, procedures and treatments performed by team, patient education, orders, medications, referrals, explanations of risks and benefits, and instructions for self-care and follow-up.

9. Appropriately documents results of laboratory and radiographic studies as dictated by the clinician. Organizes all patient test results and transcribes the results of the encounter into the patient’s medical record.

10. Responsible for the input of orders for provider signature or signing orders (per protocol) as directed by the provider. This may include referral orders, medication refill orders, imaging orders, or lab orders.

11. Identifies the portions of the encounter that were scribed on behalf of the provider using the scribe signature per policy.

12. Schedules future appointments, referrals, procedures, and diagnostics as appropriate.

13. Provides patient instruction using pre-approved patient education materials specific to the chief complaint or for the health promotion of observed behaviors known to contribute to poor health, as directed by the provider.

14. Prints after visit summary and completes discharge of patient from exam room.

15. Provides age-appropriate care/service as applicable to role.

16. Assures reliable, predictable outcomes and no needless waits.

17. Acts as patient advocate to ensure all concerns are met and engages extended care team members as appropriate.

18. Participates in and supports quality improvement activities in the clinic and implementing evidenced based practice (EBP) research best practices.
KNOWLEDGE, SKILLS AND ABILITIES:

1. Knowledge of medical records documentation requirements.
2. Knowledge of medical instruments and supplies.
4. Knowledge and ability to perform CPR and emergency care procedures.
5. Ability to maintain patient confidentiality.
6. Ability to collect data and maintain accurate records.
7. Ability to maintain a courteous and respectful approach toward patients, visitors, and fellow staff members.
8. Ability to work safely and willingness to comply with special safety and health precautions including universal precautions.
9. Ability to provide care regarding patient condition and age.
10. Ability to use supplies and equipment in a cost-efficient manner.
11. Ability to operate and perform skilled maintenance on various types of highly specialized medical equipment.
12. Ability to maintain personal appearance in accordance with dress code.
13. Ability to be punctual, dependable, and flexible. This may include altering work schedule to meet unit/patient needs.
14. Ability to read and understand instructions and guidelines and to read data indicators.
15. Ability to maintain effective working relationships.

MINIMUM ELIGIBILITY REQUIREMENTS:

Two years of work experience as a Medical Assistant or other health care provider involving direct patient care, and

Certification or registration as a Medical Assistant or completion of a recognized one-year Medical Assistant Program, or
Completion of a health care profession program with a curriculum incorporating technical patient care elements including but not limited to pathophysiology, medical terminology, basic pharmacology, and medication administration including dose calculation and psychology.

REVISION EFFECTIVE: January 1, 2023