

# Clinic Office Policy Template

## Office Policy

Clinic Name:			
Guideline Type:			
Created By:		Revised By:	
Date Created:		Date of Revision:	
Reviewed By:		Approved/Adopted:	
Date Reviewed:		Date of Approved/Adopted:	

**Policy:** Purpose statement - What does your policy hope to accomplish? (2-3 sentences)

*CRC Example: All colorectal cancer screening tests that are ordered by (Clinic Name) will be processed in a manner that supports optimal patient care. Normal and abnormal screens will be tracked from the time they are ordered in the clinic through the time that the report is received, reviewed by staff, and recorded appropriately.*

**Procedure:** Step-by-step workflow. Components to include:

- Protocol for all tests offered by your clinic for screening/prevention measure  
*CRC example: FIT/FOBT, colonoscopy, flex sig*
- Risk Assessment: What is a patient's individual risk level for this condition?  
*CRC example:*
  - o Average—age 50 or older, no family history
  - o Increased—one or more first-degree relatives with CRC
  - o High—Genetic syndrome/personal history of polyps
- Where in the electronic health record things are documented
  - o Test ordered/referral given
  - o Follow up if needed
  - o Surveillance recommendation (when next screening is due)  
\* *CRC example: Set reminder to 5 years if polyps are found*
  - o What happens if patient takes no action

*\* Example: 1<sup>st</sup> attempt phone call made after one week, 2<sup>nd</sup> attempt phone call made after two weeks, then certified letter sent to address on file*

- Who is responsible for each step (Primary care provider, nurse, front desk staff, medical assistant, etc)