ANALYSIS OF ANCILLARY MEDICAL CARE

# 344 - 67

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COMMUNITY SYSTEMS FOUNDATION
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February 13, 1967

TO: Mr. Francis E. Lambert
   Sheppard & Enoch Pratt Hospital
   Towson, Maryland

FROM: Mr. Herbert Dorsey
      Project Engineer

SUBJECT: Analysis of Ancillary Medical Care, Project MD-SP-36a

PROJECT OBJECTIVE: The purpose of this report is to analyze the results of the recent transfer of X-Ray, Pharmacy and Laboratory work to the Greater Baltimore Medical Center, including a study of the record keeping work necessitated by this transfer, the impact on present job functions and staffing, the adequacy of present facilities and equipment, the problems of coordination of information flow and the transportation requirements of this system. This study necessarily includes the Employee Treatment Room and the considerations necessary to perform pre-employment physical examinations.
BACKGROUND

Last April, the decision was made to consolidate the Sheppard Pratt Pharmacy with those facilities of the Greater Baltimore Medical Center. This cooperative arrangement was initiated primarily because of the insufficient demands at Sheppard Pratt to justify the services of a full-time Pharmacist. Economies were also realized from the utilization of GBMC's volume purchasing power. This arrangement has proven to be of benefit to both parties and is presently operating quite satisfactorily.

When Mr. Phillips, the X-Ray Technician retired last summer, an analogous decision was made regarding cooperative x-ray service with GBMC. Similarly, the transfer of laboratory work to GBMC was accomplished December 24, 1966. However, the prime reason for effecting this change was the refusal of the Maryland State Department of Health to certificate Sheppard's laboratory, rather than economic considerations. A determination was made at the time, however, that GBMC would be preferable over an outside physician's service laboratory or St. Joseph's Hospital.

Because of the inherent nature of laboratory work and the services it provides, the last transfer of the three has been the most difficult to coordinate. The physical removal of the service has created problems of information flow for the physicians' requesting various tests. Record keeping has increased both in volume and complexity. While the job functions necessitated by the transfer have quite adequately been fulfilled, the administration and organization of these activities has been overlooked, with a resultant detrimental effect upon the morale of personnel in the organization. This oversight in administrating the change has resulted in such errors as the charging of supplies to wrong cost centers. The transportation of laboratory samples to and from GBMC has also resulted in an
inefficient situation of many repeated and unscheduled trips.

Finally, compounding the complexities introduced by transfer of these ancillary medical functions to GBMC has been the impact of the simultaneous recognition of the need for a formal program of Employee Health Standards and the increased volume of pre-employment physicals, etc. The resultant increase in the extent of Dr. Day's involvement without corresponding adjustments in organization has unfortunately caused his opinion to go unsolicited in a number of instances and has created problems of coordination in initiating the Employee Health Program.

This report will attempt to analyze these various problems in the perspective of what is presently being done to cope with them and recommend an organization capable of efficiently carrying out the ancillary functions at Sheppard Pratt.

PRESENT SYSTEM:

With the establishment of laboratory services at GBMC and the initiation of the revised Employee Health Plan a little over a month ago, the present employees and procedures adopted their final toles. Since that time, this system has had the opportunity to orient itself and make some very necessary changes and innovations.

As in most cases, the system is essentially the people in the system. It is, therefore, important to note that the job descriptions of the Treatment Room Nurse and Ancillary Medical Assistant, appendices (A) and (B) respectively, in effect also describe the system's major facets. No distinction has been made between present and proposed job descriptions since both are alike for all intensive purposes. Dr. Day's position as the Consultant for Internal Medicine has presently been expanded to include physical examinations of employees and prospective employees. As outlined in the Medical Director's letter of February 1, 1967, physical
examinations will be given all employees who have the appropriate laboratory tests and x-ray completed and who have been reporting regularly for work for at least several days.

Presently both the Treatment Room Nurse and the Ancillary Medical Assistant work for the Nursing Department although their main purpose, of course, is to render such assistance as is needed by Dr. Day. Dr. Day, at present, has no formal organizational authority over these two employees, although he does enjoy excellent rapport with both.

Pharmaceutical procedures for the Treatment Room Nurse consist of filling out either a requisition for pharmacy supplies or forwarding a prescription signed by a physician. In either case, Dr. Day or the nurse word these requests in a distinctive fashion when they are for an employee's personal use by writing "EMPLOYEE" in large block letters across the descriptive part of the order. This system seems to be working quite well recently. These pharmacy requests are picked up at 9:30 A. M. and 12:30 P. M. by messenger. The 9:30 A. M. packet is filled that afternoon, while the afternoon group must wait until the following morning. If a Hall needs a drug which Mrs. Price does not have in stock, a special, unscheduled run must be made. Last month over 700 unscheduled runs were made. Laboratory procedures, in the rare instances wherein the test is for the employee's personal use, also call for a distinctive mark on the lab slip to indicate this to the Financial Office.

The Treatment Room Nurse assembles all specimens for pick up and delivery to the Ancillary Medical Assistant by a different messenger than the drug messenger. The Medical Assistant maintains a running log of all specimens sent to GBMC. Frequently, the messenger does not arrive and one must be requested. Each time the messenger travels to GBMC, he makes a round trip of over 1½ miles.
Present regulations allocate the morning for pre-employment physicals and employee/patient sick call; leaving the afternoon for administration, emergency treatments (for some reason emergencies usually choose the afternoon, when the doctor is not here) and on Wednesdays--assisting the gynecologist. Hall rounds are frequently made in the afternoon to collect blood, etc.

As previously mentioned, the Ancillary Medical Assistant assists with the collection of specimens and maintains a running log of all laboratory work which is sent to GBMC. On Tuesday and Thursday afternoons she assists with x-rays. Transportation of these x-ray plates and films is no problem since the GBMC technicians carry them to and from GBMC. Assistance to the ophthalmologist is presently scheduled Tuesday afternoons also. Dental work is done on Monday and Thursday morning, while EKG work is done on a demand basis. Often the EKG equipment must be transported to the patient, using an old, rather frail cart. Central Supply work requires running the autoclave approximately once per week and maintaining the stocks of various supplies.

The present autoclave is old, unreliable and beyond economical repair. Supplies are ordered during slack periods. At the present time, no formal instructions exist to guide the Medical Assistant in charging supplies to the correct cost centers.

Appendix (C) illustrates the present layout of Chapman Building ground floor. Those rooms presently used for medical facilities are:

46 - A, B, C, D, E, F - x-ray equipment, files and EKG
47 - South 1 visitors' lounge
47A - passageway
47B - powder room
47C - engraving room (not in use)
50 - sitting room
53 - dental laboratory
54B - dental office
54A - lavatory
54 - Oculist office
55A - Oculist examining room
55B - Oculist examining room
56 - equipment room
57 - Central supply and Ancillary Medical Assistant's Office
PROPOSED SYSTEM - RECOMMENDATIONS

In order to facilitate organization of these proposals, five general areas have been established. It is requested that the first area, that of job functions and staffing, be given immediate consideration so that whatever pay raises ultimately result from the study of this report by the Administration of Sheppard Pratt may be initiated. While the functions of the employees involved in Ancillary Medical Services have been changing since last summer, and most certainly as of the first of this year, we have requested them to await the results of this study to find out what adjustments we have made in the wage scale with the understanding that any pay adjustment would be retroactive to January 1, 1967. In addition to enhancing the morale of the employees concerned, a timely decision would preclude an unnecessarily distorted one-time payroll expenditure to effect the raise over the last month and a half's time.

A. JOB FUNCTIONS AND STAFFING

1. Background: Appendices (A) and (B), as previously mentioned, contain revised job descriptions for the Treatment Room Nurse and Ancillary Medical Assistant. Prior to the determination of these job descriptions, various alternatives were explored. First, what was to be the future role of physical medicine and in particular, ancillary services at Sheppard Pratt? It was felt that we have undergone many changes recently in our services and have, for the present time, reached a static condition which should remain so for a good while. In general, however, the increasing involvement of drugs and the physical aspects of medicine in the field of psychiatry is a well established, albeit controversial, trend. It can be concluded then, that the demands now placed upon the Treatment Room Nurse and Ancillary Medical Assistant will certainly not appreciably decline in the near future, nor will they
significantly change relative to the present volume of work. These demands may, however, become increasingly complex and requisite of more knowledge, dependent upon the degree of involvement desired by the medical staff of Sheppard Pratt in the treatment of psychiatric disorders by drugs and other clinical means.

Given, then, that the present staff was numerically adequate, any possible reallocations of job functions and reassignment of personnel was considered. Because of the clerical aptitude of the present personnel, the lack of enough clerical work to justify a fulltime clerk and the necessity for medical knowledge on the part of such a person, the alternative of employing a clerk in the clerical aspects of the job was not deemed satisfactory. Emphasis should be made on the excellent work done by the Ancillary Medical Assistant in designing a very efficient record keeping system and in adequately maintaining it. It would be a grave mistake to suffer the delusion that this work could have been performed by average auxiliary nursing personnel.

2. Wage Schedules:

<table>
<thead>
<tr>
<th>Ancillary Medical Assistant (Miss Rea Hilliard)</th>
<th>Treatment Room Nurse (Mrs. Margaret Protzman)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present grade</td>
<td>10 (Step 2)</td>
</tr>
<tr>
<td>Proposed grade</td>
<td>13 (Step 3)</td>
</tr>
<tr>
<td>Present salary</td>
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</tr>
<tr>
<td>Proposed salary</td>
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<tr>
<td>Hourly difference</td>
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<tr>
<td>Yearly difference</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 (Step 6)</td>
</tr>
<tr>
<td></td>
<td>16 (Step 5)</td>
</tr>
<tr>
<td></td>
<td>$2.43</td>
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<td></td>
<td>$2.74</td>
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<td></td>
<td>$0.31</td>
</tr>
<tr>
<td></td>
<td>$644.80</td>
</tr>
</tbody>
</table>

The Ancillary Medical Assistant shares pay grade 13 with but one other position, 2003 - Accounting Clerk I. At the present time, the Licensed Practical Nurse is pay grade 12. It is assumed that in future years we may well have to fill this position with an LPN, since, as was mentioned before, it is rare to find someone in auxiliary nursing
services with the aptitude and dedication to fill this position. Also, it is anticipated that the skill requirements will become more complex. Other justifications for this assignment would be the greater skill required to handle psychiatric patients when receiving medical treatment over that required in escorting them in their daily environment and the aptitude required to initiate and implement what has turned out to be a quite acceptable system. The responsibilities of the position and the lack of supervision are also important considerations. This employee's value to the hospital is also enhanced by her living on the grounds so that she is available for emergencies, etc. It should be emphasized to this employee that there are no plans to evict her from her apartment, although there is a possibility that she might trade apartments with a male employee, and would receive one of equal acceptability.

Pay grade 16 contains 3010 - Printer, 7205 - Recreational Therapist, 9207 - Music Therapist, 9211 - Certified Occupational Therapy Assistant, 5011 - X-Ray Technician (no longer applicable), 5001 - Laboratory Technician (no longer applicable), and 2004 - Accounting Clerk II. It is interesting to note that most of these positions have two things in common. (1) They have to deal with patients, using technical skills, in an environment to which the patient is not accustomed. (2) They all require some specialized training or experience of significant duration beyond high school.

In determining the starting wages for an LPN, a hospital Administrator often will use the formula of determining 75 percent of the community's salaries for an RN. Most hospitals in the Baltimore area are already paying, or will shortly change to approximately $3.00/hour as a starting wage. To get an average LPN in the community's starting
wage then we use: 75% \times $3.00 = $2.25. Sheppard Pratt's present starting wage for an RN is $2.85. Using the same formula we obtain: 75\% \times $2.85 = $2.14, for an LPN. It is important to note that while the RN's were recently reclassified, the LPN's were not, so that the current starting salary of an LPN here is $2.00. If we were to raise their salary from $2.00 to starting at $2.14, we would place them in pay grade 14, still two grades below Mrs. Protzman, whose position requires training or experience beyond that of an LPN.

Finally, to compare the salary recommendation of $2.74 for Mrs. Protzman with comparable salaries in the Baltimore area, for experienced LPN's, we find that she compares quite well, since in two more years, her merit increases will bring her up to $2.96. Most wage schedules use a maximum salary approximately 25 percent to 30 percent above starting salaries so that using our "community" LPN starting salary of $2.25, we find the "community" maximum salary to range from $2.79 to $2.91.

3. **Vacation Relief:** Both employees involved in Ancillary Services receive four weeks of vacation. This means that the hospital will be without the services of one of these employees almost two months of the year. It is recommended that Mrs. Brewster, Psychiatric Aide II, be trained in both positions as a vacation relief. Mrs. Brewster has had experience in Central Supply and possesses the aptitude necessary to do this work. To facilitate this, both employees should maintain a procedures manual for the reference use of their relief. In fact, Miss Hilliard is already constructing one. On those days when either employee is ill, it is not recommended that Mrs. Brewster be "mobilized" but rather that the unattended facility reschedule its appointments for the next available day. It is felt that the many disruptions to Mrs. Brewster on an unscheduled basis to fill in
for absences would not be worth the small amount of extra care provided. Substituting on a scheduled basis, however, would give Mrs. Brewster ample time to train her relief and would not cause her to have to jump back and forth from one job to the next. Needless to say, Mrs. Brewster would be "mobilized" should both employees be absent or if the need for her arose.

Consideration might be given to the payment of a relief differential of approximately five percent during the time when Mrs. Brewster is acting as a vacation relief or "temporary medical assistant". It may be, however, that the substantial administrative cost involved in effecting the temporary wage increase would offset any benefits of employee motivation. It is also recommended that Mrs. Protzman and Miss Hilliard cross train each other.

4. **Departmental Organization and Administration:** The increasing role of physical medicine in the treatment of psychiatric disorders has previously been discussed, along with the present lack of supervision over the two employees directly concerned with medical services. Both of these conditions prescribe the establishment of a more formal organizational structure within this area. It is recommended that an internist be appointed by the Board of Trustees as Director of Physical Medicine. This person would be responsible for the administration and coordination of physical medicine within the hospital, including: relations with the specialists in Gynecology, Pharmacy, Dentistry, Radiology, Pathology and Ophthalmology; supervision of Treatment Room Nurse and Ancillary Medical Assistant, direct budgetary control of cost centers 720 (Pharmacy), 743 (Dentistry), 774 (Medical), 776 (Radiology), and 779 (Laboratory) and implementation of necessary procedures. The position would retain responsibility for physical examinations,
treatment and all other duties presently performed by Dr. Day, as described in Dr. Gibson's memo of February 1 to Dr. Day. The value of having a professional source with which to communicate will be of great benefit to both the resident staff of Sheppard and those physicians outside the hospital. Facilities for office space will be discussed under a separate section devoted to facilities and equipment. The establishment of a Department of Medicine would necessitate secretarial help and it is anticipated that Mrs. Kelly (presently a Clerk Typist II employed as Mrs. Skipper's secretary) would be available on at least a part-time basis to type and route memos, receive incoming phone calls, file correspondence, etc.

5. **Methods Recommendations:** The rescheduling of x-ray examinations for Monday afternoon rather than Tuesday would alleviate the situation wherein dental examinations and x-rays are both scheduled for Tuesday afternoon. Monday afternoon x-rays would also speed up the obtaining of x-ray information on patients admitted over the weekend and the high volume of employment applicants who come on Monday.

B. **RECORD KEEPING:** As was stated under "PRESENT SYSTEM", the present record keeping procedures are, for the most part, quite good.

The most important tool, a log book of every laboratory sample which goes to GBMC, is very neat and accurate. All prescriptions originated on the halls are delivered directly back to the halls and it would be unnecessary duplication to have these routed through one of the two medical service employees. All prescriptions originated by Mrs. Protzman for restocking her supply, filling an employee request or a prescription by Dr. Day are kept in a log book, just as each hall is responsible for keeping track of their own prescriptions.

It is recommended that a Treatment Room Log Book (attachment D) be
initiated. This would serve as an excellent reference for any questions regarding what disposition was made of any particular case and would document every patient treated. This log book would indicate the work load on any particular day and would facilitate scheduling and implementation and evaluation of proposed changes.

In place of the five index cards presently maintained on each patient, only two are recommended for continuation; one for each Treatment Room.

Entries made concerning x-ray, lab work, dental, etc., could all be made on one card. This would alleviate the Medical Assistant having to go to each separate room to get the patient's card relating to that type of treatment or examination to answer questions. Not only would consolidating the patients' medical histories on one card save her steps, but also would be more valuable to a physician consulting these cards. The minor problem of having the card located where the examination or treatment takes place could be resolved by having the Medical Assistant take the appropriate patients' cards with her to the room where she is assisting the physician.

C. FACILITIES AND EQUIPMENT: Perhaps the most distinctive aspect of the present system which required investigation was the physical separation of the Treatment Room and the medical services suite. Faced with originally designing the hospital, the decision would be apparent to arrange all of the facilities in proximity to each other. Confronted with existing facilities, however, the choice is not quite so clear. Any change will require some expenditure of funds, and so the question arises; are the economics of combining the facilities sufficient to outweigh the expenditure necessary to renovate the quarters which will house the facility. With an estimate cost of between $3,000 - $5,000 for renovation of Chapman basement into a Treatment Room, it becomes difficult to justify this at the present time. It is increasingly apparent, however, that if Sheppard is to grow, she will at
sometime become deeply concerned with space utilization. In face, a study of space allocation is presently underway. Similarly, the role of physical medicine may well become of such a magnitude as to require the consolidation of services.

It is recommended, then, that long range plans be developed to transfer the Treatment Room over to Chapman basement. The existing one in A Building is quite adequate, however, for the present. The Plant Manager estimates that all of the required renovation is within the capacity of the Maintenance Staff and that no more than $5,000 would be required. This would not include moving the infirmary adjacent to the Treatment Room. The present utilization of this infirmary is extremely minimal and consideration of its elimination could be made by the Medical Director if comparable facilities can be found to be used in case of emergencies. Until space utilization does become a problem, it is recommended that the Treatment Room remain where it is.

Two areas are available in Chapman Building for use as a Treatment Room. Central Supply (Room 58 on Attachment C) has adequate plumbing and proximity to the autoclave but presently requires shelving for storage of supplies and affords insufficient space for use as both a Treatment Room and storage. Room 47C while small, could be combined with Room 47 to develop a room of reasonable size. Advantages of this arrangement would include proximity to both a powder room, 47B, and a waiting room, 50. A decision as to which room, should be postponed pending the appointment of a Director of Physical Medicine and his orientation to the job. His experience in this area in which we have only a month's background should prove invaluable in determining the appropriate course of action.

At the present time, the employee health physician has no office. It would seem that the appropriate location would be in a Building so as to be near the Treatment Room and still be close to Mrs. Kelly, the part-time secretary of the Director of Physical Medicine.
Unfortunately, there is no space presently available. The Space Allocation Study will include the employee health physician in the space requirements and will cover this aspect in more detail and with consideration for the overall hospital requirements. Temporarily, Room 47 in Chapman Building could be immediately utilized by merely adding a desk. It is well lighted and well furbished.

The autoclave room, number 57 in Chapman Building, presently houses much antiquated equipment. The autoclave is extremely unreliable and should be replaced by a more efficient, smaller unit. This would be another area in which we could utilize the Director of Physical Medicine - that of assisting Mr. Wilson in the medical aspects of the purchase of equipment. Mr. Wilson has investigated this area and estimates a cost of less than $2,000 for a new autoclave. Also in Room 57, the bed pan sterilizer (Sheppard Property Serial No. P4037) is no longer used and can be removed, as can Attachments P4038 and P4040 on the sides of the autoclave. This would allow room for the building of shelves, which are needed for storage of central supplies.

The telephone is presently in Room 57 and should be moved to Room 58 so that it is near Miss Hilliard's desk.

It is highly recommended that the Director of Physical Medicine, if appointed, investigate the feasibility of adding more types of drugs to the stock presently carried by Mrs. Protzman. Not only would this effect a greater safety standard in the case of emergency requirements but would alleviate the frequent unscheduled trips to the GBMC Pharmacy.

D. INFORMATION FLOW: The most important facet of information flow requiring attention is in the area of coordination between Sheppard and GBMC on the professional level. The more administrative, routine, and technical details have been fairly well defined over the course of implementation. It now remains necessary that someone assure compliance with existing
procedures and adjudicate problems as they arise. An example of the problems inherent in the present situation recently arose when the procurement of a newer, more efficient EKG form was being evaluated. The problem of whom to consult became rather tenuous in that Miss Hilliard, the operator, directly works for neither Nursing, nor Administration. A professional Director of Physical Medicine would have been the logical person to assist in the evaluation.

E. TRANSPORTATION: As mentioned before, there are presently two messengers: One for drugs and the other for laboratory samples. These could be combined into a single run, twice daily, five days per week. On the weekends, one run for drugs in the morning would be sufficient, since there would only be rare instances of laboratory work. The weekday runs would be at 9:30 A. M. and 12:30 P. M., as they are now. The supervision of this messenger would be the responsibility of the Department of Physical Medicine.

The construction of a controlled access connecting road is imperative if the cooperative arrangements with GBMC are to operate efficiently.

In addition to saving the messenger time and the decrease in vehicle utilization, there would be significant benefits to those members of the Staff such as Dr. Robinson and Dr. Cohen, who must commute. Another advantage, while not economic, is perhaps the most persuasive: that time saved should a patient have to be rushed to GBMC, at some future time when their emergency room is opened.

The present vehicles being used for the service to and from GBMC are not suited for the transportation of drugs and specimen containers, since they were designed for much heavier loads. The acquisition of an electric powered cart was investigated, however the cost would be over $1,500 if it were to incorporate the features necessary to make it suitable for all weather use. A much better alternative would be the procurement of a small
jeep from surplus sale. Mr. Wilson has already investigated this and has found a source asking only $125.

The present EKG cart is old and very unstable. A new general purpose cart should be bought as soon as possible, if one is not available from a source within the hospital.
CONCLUSION:

Because of the necessity for establishing a more formal organization to deal with administration of Ancillary Medical Services and coordination of professional information, a Department of Physical Medicine has been recommended. This department would be responsible for the implementation of most of the recommendations of this study and would be of great value in evaluating alternative proposals from the Space Allocation Study. As more experience is accumulated under the present system of cooperative services, the final decision as to whether to combine Ancillary Services in one location could be developed within the tenants of the Space Allocation Study. In the interim, temporary office space is readily available.

Job descriptions and wage classifications for the two employees have been presented, with consideration for vacation relief, lines of authority, changes in record keeping and schedules, and requirements for facilities and equipment. Simplification of transportation requirements necessitates construction of a connecting road with controlled access to GBMC, as well as use of a smaller vehicle.

Finally, I would like to express my appreciation to Dr. Newland Day, Miss Reba Hilliard, Mrs. Rose Kilgalen and Mrs. Margaret Protzman for their invaluable assistance in this project. I have attempted insofar as possible to reflect their thoughts and opinions in this report and it is hoped that they will concur in its recommendations.
JOB DESCRIPTION

Treatment Room Nurse

I. General Description:

Performs a variety of nursing, technical and clerical activities in connection with routine physical and diagnostic examinations, and the care of emergency illnesses and injuries.

II. Specific Duties:

The following are examples of duties performed and not intended to be all inclusive:

A. Physical Examinations

1. Assists Personnel Physician with routine pre-employment physical examinations and handles examination form. Also prepares lab and x-ray request.

2. Schedules appointments for gynecological examinations.

3. Assists with patients during gyn examinations.

B. Physical Illnesses and Injuries

1. Assists physicians in the examination and treatment of a variety of illnesses and injuries of both personnel and patients.

2. Gives prescribed nursing care to employees and student nurses treated in the Infirmary.

3. Arranges appointments and transportation for employees and student nurses who need immediate further evaluation in another health facility.

4. Maintains necessary supplies and equipment.

5. Dispenses and orders medications and pharmaceuticals under the supervision of a physician or registered professional nurse.

C. Laboratory

1. Assists with the collection of a variety of specimens, does vena punctures to obtain blood specimens under the medical supervision of a physician.

2. Assembles specimens for ultimate delivery to GBMC and completes appropriate laboratory request.

3. Assists physicians with vena puncture, spinal tap, cytology smears, etc.
D. Ancillary Medical Services

Assists Ancillary Medical Assistant in her duties as indicated.

III. Qualifications Required:

A. LPN with current license in Maryland

B. Previous nursing experience with physically ill patients.

C. Ability to relate to and gain cooperation from psychiatric patients.

D. Specific on-the-job training from physicians, laboratory technicians and registered professional nurses.
JOB DESCRIPTION

Ancillary Medical Assistant

I. General Description:

Performs a variety of clerical, and technical activities in connection with the maintenance of ancillary medical services.

II. Duties and Responsibilities:

The following are examples of the types of activities and not intended as all inclusive:

A. Laboratory

1. Assists with collection of all types of specimens including blood, urine and spinal fluid.

2. Assembles specimens for delivery to Greater Baltimore Medical Center, checking to insure proper containers and labels. Maintains a running log of all specimens sent, including those assembled elsewhere and sent to her for delivery to GBMC.

3. Receives laboratory reports and bills from GBMC and distributes them.

4. Maintains an adequate supply of equipment for specimen collection.

5. Schedules special tests to be done with GBMC.

B. X-Ray

1. Schedules patients to be x-rayed.

2. Assists GBMC x-ray technicians with patients being x-rayed.

3. Receives x-ray reports and bills and distributes them appropriately.

C. EKG

1. Performs EKG test on patients.

2. Maintains supplies and keeps equipment in working condition.

D. Oculist

1. Schedules oculist appointments.

2. Assists oculist during examination of patients.

3. Distributes oculist reports and bills.
E. Dentist
   1. Schedules dentist appointments.
   2. Assists dentist during appointments with patients.
   3. Distributes dental reports and bills.

F. Central Supply
   1. Maintains adequate inventory of medical and surgical supplies.
   2. Prepares equipment to be autoclaved and autoclaves same.
   3. Tests the autoclave periodically.
   4. Fills Central Supply orders from the halls.
   5. Orders pharmaceuticals for Central Supply as required.

G. Treatment Room
   1. Assists LPN assigned to the Treatment Room and substitutes for her in her absence.

III. Qualifications Required:
   A. A high school graduate or its equivalent.
   B. At least two years experience working in a hospital either in nursing or other ancillary medical service.
   C. Must have demonstrated ability to be precise in carrying out assignments and able to work with a variety of people including patients, physicians and nursing personnel.
   D. Specifics of the job are taught on the job by physicians, laboratory technicians, x-ray technicians, etc.