



Hilltown Community Health Center

Administrative Offices
58 Old North Road
Worthington, MA 01098
413-238-5511
www.hchcweb.org

**BOARD MEETING
FEBRUARY 23, 2017
HUNTINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the January 26, 2017 Meeting Minutes
3. Finance Committee Report
4. Chief Executive Officer / Senior Manager Reports
5. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
 - Expansion
 - Strategic Planning
6. Old Business
7. New Business
 - Policy Review:
 1. Late Patient Policy
 2. Provider On Call Policy
 3. Hours of Operation and After Hours Coverage-Establishment of Patient Notification
 4. No Show Policy
 5. Welcome for New Medical Patients Policy (new policy for NCQA)
 6. Transferring Current Patients to a New PCP Policy (new policy for NCQA)
 7. Assigning New Patients to a PCP Policy (new policy for NCQA)
 8. Oral Health/Dental Dept Policies
8. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Location: Worthington Health Center, Worthington, MA

Date/Time: 01/26/2017 5:30pm

MEMBERS: Kathryn Jensen; Lee Manchester; Nancy Brenner, Vice President; John Follet, President; Alan Gaitenby; Tim Walter

STAFF: Eliza Lake, Executive Director; Frank Mertes, CFO; Janet Laroche, Executive Assistant; Michael Purdy, CCCSO

ABSENT: Wendy Lane Wright, Clerk; Cheryl Hopson; Wendy Long

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 12/12/2016 Approval of Minutes 01/12/2017	<p>John Follet called the meeting to order at 5:40pm.</p> <p>The December 12, 2016 minutes were reviewed by the Board members present. A motion was made by Alan Gaitenby to approve the December 12, 2016 minutes as written. The motion was seconded by Nancy Brenner. The motion to approve the minutes was approved unanimously.</p> <p>The January 12, 2017 minutes were reviewed by the Board members present. It was noted that Lee Manchester was not present for this meeting and the minutes should reflect that. A motion was made by Alan Gaitenby to approve the January 12, 2017 minutes with the correction above. The motion was seconded by Nancy Brenner. The motion to approve the minutes as amended was approved unanimously.</p>	<p>The December 12, 2016 minutes were approved</p> <p>The January 12, 2017 minutes were approved</p>	
Finance Committee	Tim Walter reported for the finance committee. The projected revenue for 2016 is approximately \$7,833,364 with a net operating loss of \$152,749. The budget is approximately -\$125,000. The books		

	<p>for 2016 are in the process of being finalized.</p> <p>The 2017 budget was presented to the committee for review. Revenue has been broken down by patient, non-patient and provider productivity. It was noted that it includes 2 months of activity for the anticipated Amherst site being operational the last 2 months of the year. It also includes the 1% COLA that was given to the majority of staff. Also, there will be costs associated with moving to a new EMR, but this is not included in the budget, but it will be reported on as soon as more information and details are available.</p> <p>Lee Manchester asked if budget vs. actual information will be given to the Board going forward and Frank answered yes. It was also asked if variations will be tracked? Yes, depending on the budget line item.</p> <p>Frank shared that the entire budget will be more detailed for 2017 with more information being made available for review. The dashboard will continue to be updated monthly.</p> <p>There are some staffing changes planned for the CFO position and in finance. The CFO will take on more responsibility for the Amherst project; meaningful use, EMR and IT; and reporting, along with other duties will transfer to another staff person in finance. The hiring of another position will also take place. IT staff will also be taking on more responsibilities. The organizational chart will be updated once this is finalized. It was asked if staff can handle these new responsibilities? Yes, staff have been spoken with and</p>	<p>The 2017 budget was approved.</p>	
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	<p>can take them one.</p> <p>John Follet added that provider productivity for this budget was based on past productivity.</p> <p>It was asked if an 11/1/2017 opening date is realistic for the Amherst site? Frank replied that there was a recent meeting with the architect and owner's rep. The RFP to hire a contractor is about to go out. The goal is the start construction on April 1st. The hours that the contractor can work need to be found out and will depend on the Bangs Center hours and the town. Lee asked if we need to pay prevailing wage and the answer is no. The owner's rep that's been hired will be assisting with the bidding process, will be on site during construction and will keep us updated as the project moves forward.</p> <p>Lee asked about the cost of health benefits for staff going up. It was stated that medical insurance benefits went up 12.1% and that cost was passed on to the staff.</p> <p>A motion was then made by Lee Manchester to approve the 2017 budget as presented to the Board of Directors. The motion was seconded by Tim Walter. With no further discussion needed, the 2017 budget was approved.</p>		
CEO Report	<p>Eliza informed the Board that the strategic plan has not been completed yet and she apologized for that. She'll be working on that very soon.</p> <p>Because the Board monitors long term and strategic goals, she'd like to gear her monthly report around</p>		

	<p>these goals and the progress being made. There are three items that will be included in her monthly reports moving forward: Amherst Site and its progress; the ACO; and moving to a new EMR.</p> <p>Amherst: The advisory committee is meeting next week. The plan is to discuss the role of this committee. Lee and Nancy plan to attend the meeting. It was asked how many people are members? The goal is to have 8-12. Marie Burkart has been reaching out to community members to see if they'd like to be involved. The fundraising is going well; Frank has taken on more responsibility regarding this project; the search for staff will begin as soon as construction starts; and there's a chance of contracting out behavioral health services for the first year to see what the actual need will be.</p> <p>ACO: The participation agreement has been signed along with the letter of engagement, and the check was mailed. Eliza will be driving to Boston once a month to attend Board of Directors meetings. The organization seems organized and she's been impressed so far.</p> <p>EMR: In anticipation of our changeover, four options were included in her report. First option - Go with Cooley Dickinson and Epic through Mass General Hospital (MGH). She and Frank recently spoke with a CHC affiliated with MGH and transitioned to Epic last April. They have not had a positive experience. MGH's support is not the best, some of their reports don't work for the CHC, the EMR is tightly controlled and it can take a very long time to get reports when requested, they don't use DRVS – the systems we currently use to access data –</p>		
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	<p>which makes it hard to get reports. Second option – use Epic by going through East Boston CHC. This was an option mentioned by the ACO and would work very well, but they’re planning an upgrade of the system and they cannot bring us on during the upgrade.</p> <p>Option three – Go with OCHIN, based in Portland, Oregon. They offer a version of Epic for CHCs. Lynn CHC is currently using it. We’re not sure what the costs are yet. More research is needed. Jon Liebman will make a call to Lynn CHC. He’d like to visit there with another provider to see the system in action.</p> <p>Option four – Stick with eCW and move to the cloud. This will require the purchasing of software licenses, which can be expensive.</p> <p>We need to be off eCW through Cooley Dickinson by October 28, 2017 since they are switching to Epic.</p> <p>Eliza announced that two of our providers have received 2 years of loan repayment through National Health Services Corp (NHSC). This means that they will both stay here while receiving the repayment. Hiring providers continues to be an issue and will be in the foreseeable future. Jon currently has 1 MD and 2 NPs scheduled for interviews.</p>		
Executive Committee	No report this month		
Recruitment, Orientation & Nominating (RON) Committee	Tim reported that this committee has not met recently. He asked the Board if they would approve of letters being sent to local select boards asking for recommendations of those that might be interested in joining this Board. Eliza suggested that Tim speak with Marie Burkart.		

	She may be able to assist with recruitment. She's also been forming relationships with our local banks. We're interested in finding members with legal and financial backgrounds.		
Corporate Compliance Committee	Training emails for staff and the Board continue to be sent every 2 weeks.		
Facilities Committee	There were elevator issues in Huntington this month, but have been resolved. Also, staff parking lots at HHC and WHC have been very muddy and wet due to the weather. Staff have expressed their feelings about this.		
Personnel Committee	John Follet reported that the committee is reviewing the handbook page by page and incorporating the attorney's recommendations. He also reported that staff attendance on this committee has not been consistent. He reached out to those with several absences to see if they were still interested in remaining on the committee.		
Quality Improvement Committee	The November minutes were distributed to this group, but no report was given.		
Expansion Committee	No report this month		
Strategic Planning Committee	No report this month		
Old Business	None		
New Business			
Credentialing and Privileging Committee	<p>Privileging was reviewed and approved for the following employees at the Credentialing and Privileging meeting held 1/12/2017:</p> <ol style="list-style-type: none"> 1. Michael Purdy, OD 2. Karen Rowe, Dental Assistant 		

	<ol style="list-style-type: none"> 3. Eleanor Smith, Dental Assistant 4. Dorothy Hague, Dental Assistant 5. Pamela Carpenter, Dental Assistant 6. Helen O'Melia, Dental Assistant 7. Beth Brett, Dental Assistant 8. Irina Mayboroda, Dental Assistant 9. Jessica Beaudry, Dental Assistant 10. Susan Hague, Dental Assistant 11. Donna Mayer, Dental Assistant 12. MaryLou Stuart, DDS 13. Mary McClintock, DMD 14. Timothy Gearin, DMD 15. Amanpreet Gill, DMD 16. Andrew Adams, DDS 17. Alice Rudin, DDS 18. Kristina Kulon, Dental Hygienist 19. Lori Paquette, Dental Hygienist 20. Elizabeth Spooner, Dental Hygienist 21. Cheryl Circe, Dental Hygienist 22. Ellen Wright, Dental Hygienist 23. Julie Cowles, Dental Hygienist <p>A motion was made to accept the recommendations of the credentialing and privileging committee to approve privileges as noted for the above providers/clinicians by Nancy Brenner. The motion was seconded by Kathryn Jensen. With no further discussion needed, the privileges for Michael Purdy, Karen Rowe, Eleanor Smith, Dorothy Hague, Pamela Carpenter, Helen O'Melia, Beth Brett, Irina Mayboroda, Jessica Beaudry, Susan Hague, Donna</p>	<p>Privileges for the following staff were reviewed by the Board and approved:</p> <ol style="list-style-type: none"> 1. Michael Purdy, OD 2. Karen Rowe, Dental Assistant 3. Eleanor Smith, Dental Assistant 4. Dorothy Hague, Dental Assistant 5. Pamela Carpenter, Dental Assistant 6. Helen O'Melia, Dental Assistant 7. Beth Brett, Dental Assistant 8. Irina Mayboroda, Dental Assistant 9. Jessica Beaudry, Dental Assistant 10. Susan Hague, Dental Assistant 11. Donna Mayer, Dental Assistant 12. MaryLou Stuart, DDS 13. Mary McClintock, DMD 14. Timothy Gearin, DMD 15. Amanpreet Gill, DMD 16. Andrew Adams, DDS 17. Alice Rudin, DDS 18. Kristina Kulon, Dental Hygienist 	<p>HR to notify each of the approved privileges</p>
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	<p>Mayer, MaryLou Stuart, Mary McClintock, Timothy Gearin, Amanpreet Gill, Andrew Adams, Alice Rudin, Kristina Kulon, Lori Paquette, Elizabeth Spooner, Cheryl Circe, Ellen Wright, and Julie Cowles were approved.</p>	<p>19. Lori Paquette, Dental Hygienist</p> <p>20. Elizabeth Spooner, Dental Hygienist</p> <p>21. Cheryl Circe, Dental Hygienist</p> <p>22. Ellen Wright, Dental Hygienist</p> <p>23. Julie Cowles, Dental Hygienist</p>	
NCQA/PCMH and Policy Review	<p>We're in the process of getting policies organized for our upcoming NCQA certification. According to NCQA, policies need to be in place for 90 days before data can be run to submit for our certification. The policies on this meeting's agenda have been postponed for review until next month.</p>		
MHQP Patient Satisfaction Survey Results	<p>The results from the Mass Health Quality Partners (MHQP) patient satisfaction survey were recently shared with us. They surveyed our private insurance patients and received 66 responses. They were very pleased with our results overall, with 2 measures being statistically above average in the state where results were in the 99th percentile. One question was asking if a provider spoke to the patient about behavioral health and the other question asked if the provider asked about self-managing health care needs. Also, 97% of responses said they would recommend HCHC. Marie is working on a press release to share this good information with the community.</p>		
Investment Accounts	<p>Frank asked the Board if there was any information regarding two accounts the health center has. There is a restricted account and an unrestricted account.</p>		

Adjourn	<p>The meeting adjourned at 7:25pm.</p> <p>The next regular Board meeting is scheduled for Thursday, February 23, 2017 at 5:30pm at the Huntington Health Center.</p>		
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Submitted by,

Janet Laroche, Executive Assistant

Meeting Minutes

COMMITTEE: Personnel

Location: Huntington

Date/Time: February 14, 2017/8:00am

TEAM MEMBERS: John Follet, Pat Kirouac (filling in for Bridget Rida), Lee Manchester, John Bergeron

ABSENT: Wendy Long, Bridget Rida, Karen Rowe, Kayla Turner

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Personnel Policies Hesuest for andbook	<p>The Sick Leave Bank Program (SLBP) was reviewed today based on some data showing significant probable abuse of this program. Some employees who use up their sick through abuse or otherwise will draw from the bank time that is not spelled out in the policy. The policy states that the program is ‘to help employees who experience an extended illness or injury’. Some employees have benefitted from this program for questionable reasons such as using sick time because of delays in getting to work. The problem appears to not be with policy but how it is administered, and with general sick time abuse.</p> <p>Discussion surrounded strengthening the policy by designating who should receive a sick time request and how should requests be submitted.</p>	Further discussion with Bridget upon her return.	March 14, 2017
Employee members of the Personnel Committee	<p>Once again a call will go out to recruit employee members. In order to attract those who do not wish to travel from their base to another center we have decided to form “teams”. Employee members who work at either clinic primarily would only have to attend to every other monthly held at that clinic.</p>		
Next meeting			Tuesday March 14, 2017 in Worthington

QI COMMITTEE

Location: Huntington Health Center

Date/Time: 01/17/2017 8:15am

TEAM MEMBERS Cheryl Hopson (chair); Sheri Cheung, Medicine Representative; Eliza Lake, CEO; Serena Torrey, Behavioral Health Representative; Janet Laroche, Admin & Lean Team Leader; Michael Purdy, CCCSO; Jon Liebman, ANP; Kim Savery, Community Programs Representative

ABSENT: Kathryn Jensen, Board Representative; MaryLou Stuart, Dental Representative; Cynthia Magrath, Practice Manager

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Review of Minutes	<p>The meeting was called to order by Cheryl Hopson, Chair, at 8:20 am.</p> <p>The minutes from the November 15, 2016 meeting were reviewed. With no discussion needed, Serena Torrey made a motion to approve the minutes as written. Eliza Lake seconded the motion. The November 15, 2016 minutes were approved unanimously.</p>	<p>The November 15, 2016 minutes were approved.</p>	
Peer Review / Department Reports	<p>It was reported for the Medical department that our data quality remains poor. We're capturing data accurately, but we're using eCW and Azara which are not working well together. Briana is having issues with our data collection process.</p> <p>We're finding it difficult to track services for our patients taking place outside of HCHC.</p> <p>Another area of concern is capturing data needed for a child's BMI/weight counseling. It's being documented in many areas of the chart, but it can't be made into a template. The provider is required to record this data in the patient's chart and it's a requirement of HRSA.</p>		

	<p>Jon reported that there are many hours being put into capturing the correct data, but we're not able to capture all that's needed. He asked how much time should the dept continue spending on this project? There was a brief discussion regarding the possibility of switching to another EHR in the near future, but for right now, we need to proceed as if we're staying with eCW for now. October 28, 2017 is the tentative switch date for changing to a new EHR.</p> <p>Briana is also working on lab results received from Cooley Dickinson and Baystate since we're finding issues continue.</p> <p>Jon reported that there were 3 unexpected patient deaths during the last month. Sheri reviewed all three charts and found no red flags.</p> <p>For the medical dept quality report, Sheri reported there were no issues regarding peer review. Some providers are still using ICD9 codes instead of ICD10, but there's a bug in eCW.</p> <p>There was a process issue identified where diagnostics are ordered, but not followed up on. If the results are not returned, it's not always something that's followed up on. This will be addressed.</p> <p>There's been no progress with Baystate/Noble in the area of radiology.</p>		
New Business	<p>Eliza reported that we received results from the MHQP survey which asks private insurance patients about the services received at HCHC. We've done very well and Eliza was interviewed by MHQP due to the excellent results. 66 patients responded. Two questions were above the state average. One was regarding speaking with patients about</p>		

	behavioral health and the other was asking about self-management of health. Overall, 97% of patients would recommend us to others.		
Old Business			
1422 Grant	<p>Kim reported that the data collection is still a challenge, but is getting better. Melissa Mattison, pharmacy consultant is assisting in the process. Trainings for CHWs has been conducted.</p> <p>The program completed week 16 of the diabetes prevention program. All but one person has met their goal of at least 7% weight loss. There are seven people in the group. A new program will begin in April and the CHWs are asking for referrals from HCHC staff.</p> <p>The PDSA for elevated hypertension with Dr. Grimes has spread to other teams and data will be collected.</p>		Kim will continue to report on this
ACO Membership	<p>Eliza informed the group that the HCHC Board of Directors voted to become members of the ACO, Community Care Cooperative. Jon and Eliza are now Board members of this organization. We're planning to join the lowest risk tier which means the ACO controls more of what we do. By joining, we will be held accountable for our Medicaid patient population. We would need to control the total cost of care for these patients. This will begin in December.</p>		
NCQA-PCMH	<p>A team for NCQA recertification has been created and has been holding weekly conference calls with a consultant hired to assist us with the process. Having NCQA certification is a requirement for being a member of the ACO. Items are to be submitted by September at the latest.</p>		
Patient Satisfaction Survey	<p>Janet reported that the overall results of the Fall, 2016 survey were very good.</p>		

	<p>There's been a delay for receiving surveys for Huntington's dental and behavioral health patients. As soon as these are received, Janet will tabulate and send out the results.</p> <p>The one item that stuck out slightly is that several patients are not sure if their health information is being kept confidential. Some patient education on our processes may be needed.</p> <p>The survey will go out again in the spring.</p>		
HHC Elevator	<p>There have been recent issues with the elevator. People were in the elevator when it broke down on two different occasions in January.</p> <p>It's been decided to use the medical exam room for behavioral health appointments when the elevator is not operating.</p> <p>The wait for the elevator company was very long when the service call was made. A follow up call will be made to them to see what can be done if their services are needed in the future.</p>		
Adjourn	<p>There being no other business, Serena moved the meeting be adjourned. After a second by Eliza, the meeting was adjourned at 9:15am. The next meeting is scheduled for Tuesday, February 21, 2017 at 8:15am at the Huntington Health Center.</p>		

Respectfully submitted,
Janet Laroche



Hilltown Community Health Centers, Inc.

Clinical Policy
All Departments

SUBJECT: LATE PATIENT

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this protocol to have a formal documented process to have a systematic approach and course of action to follow regarding patients arriving late for their scheduled appointments.

Policy:

1. A patient is not considered late unless they arrive 10 minutes later than their scheduled appointment time.
2. If a provider is running behind or is not ready to see the patient, the patient will not be considered late.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: MAY 2016

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

For Medical, Dental and Optometry Departments:

1. If a patient arrives late, the receptionist will inform the patient of their tardiness.
2. The receptionist will review the provider's schedule to look for another appointment time that's convenient for the patient.
3. If the appointment was an acute type visit, the patient will be offered an appointment with any provider with an available opening.
4. If patient declines the offer of another appointment, a care team member (nursing, medical assistant, dental hygienist, etc.) will speak with the patient and will bring the patient into the treatment area to assess if the patient's medical or dental needs are urgent or if their appointment can be rescheduled to a different day.
5. If the patient's symptoms prove to be urgent, the clinical staff will consult with the provider to determine how to fit the patient into the schedule.

For Behavioral Health Department:

1. If a patient arrives late, the receptionist will inform the patient of their tardiness.
2. The clinician will be notified by the receptionist of the patient's late arrival.
3. The clinician will determine if there is enough time remaining or if they have an opening later in the day they can offer the patient. If not, they will be asked to reschedule.
4. If the patient feels they need to see their clinician urgently, the receptionist will seek the advice of the clinician to determine the next step.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: PROVIDER ON-CALL
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing safe and effective after-hours and Saturday care to the patients of Hilltown Community Health Center.

Policy:

1. All providers at the HCHC will take call on a rotating basis. This will go into effect on January 1, 2015.
2. Call will include one week (7 days) of phone call coverage and Saturday morning clinical hours from 9a.m. – 12p.m. Exceptions occur on holidays.
3. When a nurse practitioner is on call, there will be a backup MD on call – this will be scheduled on a monthly basis (i.e. 1 MD/month).

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: JUL 2014

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chairman, HCHC Board of Directors

Procedure:

All providers at the HCHC will take call on a rotating basis.

1. Call rotation will be established prior to the beginning of the year by the practice manager.
2. Call will be reimbursed at the rate established in the provider contract or addendum thereto.
3. If a provider wishes to switch their call week, it's the provider's responsibility to make arrangements with another provider and notify the practice manager of the change.
4. The call schedule will be forwarded to the answering service no later than December 26th of the preceding year for the upcoming year.
5. The answering service will be notified of any changes in schedule throughout the year.
6. The provider may choose to decrease that week's work by 4 clinical hours in lieu of additional pay with the following provisions:
 - a. The decision to decrease clinical hours must be made at least three months in advance to reduce patient rescheduling.
 - b. If the provider chooses to decrease clinical hours, they may not switch their call week.

Call will include one week (7 days) of phone call coverage and Saturday morning clinical hours from 9am – 12pm.

1. Call will begin on Monday at 8:00 a.m. and run through Monday at 7:59 a.m.
2. The provider taking call will work the Saturday clinical hours beginning at 9:00 a.m. and running through 12:00 p.m.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: HOURS OF OPERATION AND AFTER HOURS COVERAGE – ESTABLISHMENT AND PATIENT NOTIFICATION

REGULATORY REFERENCE: Sections 330(k)(3)(A) and 330(k)(3)(H) of the PHS Act and 42 CFR Parts 51c.102(h)(4) and 51c.304

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for assessing, approving, and notifying patients of each health center's hours of operation and coverage for after hours.

Policy:

1. As needed, HCHC will review the Hours of Operation to ensure that they meet the needs of the target population and community and revise them as needed.
2. The Board of Directors of the HCHC reviews and approves the hours of operation and after hours coverage.
3. HCHC will notify patients on each health center sites' hours of operation and after hours coverage through its website, on-site postings, etc.

Questions regarding this policy or any related procedure should be directed to the practice manager at 413-238-4126.

Originally Drafted: JAN 2016

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chairman, HCHC Board of Directors

Procedure:

1. Every year, or as often as deemed necessary, HCHC Senior Management, with the support of the Practice Manager, will determine if:
 - a. the hours of operation assure accessibility and meet the needs of the population to be served, and are appropriate and responsive to the community's needs.
 - b. the after hours coverage provides professional coverage for medical emergencies during hours when the center is closed.

They will take into consideration demand for services, accessibility, and organizational capacity. In order to do so, HCHC will look at a variety of factors, including but not limited to needs assessments, patient input, EHR data, etc., while ensuring that the proposal meets all federal requirements.
2. Senior Management will make a recommendation to the Board of Directors for any changes in the hours of operation and/or after hours coverage, and the Board will vote whether to approve the proposed changes.
3. Patients will be notified of HCHC's hours of operation and after hours coverage in the following manner:
 - A flyer in the New Patient Welcome Packet
 - Postings in all waiting rooms and bulletin boards
 - HCHC web site
 - HCHC main phone number recording
4. For after-hours issues or emergencies in any department, patients will be instructed to call the health center and the answering service will assist all patients with contacting the provider on-call.
5. If a life threatening emergency, patients are instructed to call 9-1-1.



Hilltown Community Health Centers, Inc.

Clinical Policy All Departments

SUBJECT: NO-SHOW

REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for uniformly handling patients who no-show for appointments.

Policy:

1. HCHC has set a standard for no-show rated for all clinical departments.
2. HCHC has a formal process for monitoring no-show rates.
3. If the No-show rate for any specific department exceeds the standard, HCHC will conduct a Plan-Do-Study Act (PDSA) quality improvement cycle to determine why the patients are no-showing, and how HCHC can lower the rate by addressing patients' potential barriers to care or other issues that reduce their keeping appointments.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: APR 2014

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

No-show rates for each department are determined by monitoring on a quarterly basis the number of patients who did not keep their scheduled appointment.

1. A no-show is designated as any patient who fails to cancel a scheduled appointment within 24 hours of the appointment or who fails to arrive at the office for their scheduled appointment.
2. Documentation of no-shows will be made by coding the visit status no-show (N/S) in the EHR.
3. The report will show the number of scheduled visits; number of patients actually seen; number of no-shows; and a calculated rate using scheduled visits as the denominator and patients seen as the numerator or by taking the number of patients who did not keep their pre-scheduled appointments during a specific period of time (i.e. a session or a day) divided by the number of patients who were pre-scheduled to come to the center for appointments during the same period of time.

To satisfy our commitment to ongoing quality improvement, HCHC has set the following standards that, when exceeded, will trigger a PDSA:

- Medical: 20%
- Dental: 20%
- Optometry: 20%
- Behavioral Health: 30%



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: WELCOME FOR NEW MEDICAL PATIENTS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for welcoming new patients to the health center and providing information about the medical home.

Policy:

It is the policy of HCHC to provide patients with orientation materials about the medical department and Hilltown Community Health Center services.

Questions regarding this policy or any related procedure should be directed to the practice manager at 413-238-4126.

Originally Drafted: JAN 2017

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

1. A new patient information packet is mailed by the front desk staff to each newly established patient two weeks prior to his/her appointment.
 - a. Completed new patient packets are collected by the front desk staff at the patient's first visit and information is entered into the medical record
 - b. The new patient history form is given to the patient to be brought to the exam room for review with the provider
 - c. Patients that do not bring required paperwork to their first visit will be asked to complete it prior to meeting with their PCP
2. The new patient packet includes:
 - a. Appointment information/reminder letter which includes slicing fee scale information
 - b. HIPAA and registration forms
 - c. New patient history form
 - d. Medical records request form for the patient to complete and return
 - e. Cooley Dickinson Hospital's Information Exchange handout
 - f. HCHC services sheet describing other services offered by the health center and contact information
 - g. Hours of operation and after-hours coverage
 - h. Medical home/patient responsibilities handout
 - i. PCMH brochure
 - j. Treating minors in the absence of a parent or legal guardian (when patient is a minor)
3. After a new patient's first visit, a thank you packet is mailed by the executive assistant to the patient in the month following the first visit. The packet includes:
 - a. Thank you letter from the CEO with information about being a patient-centered medical home and a link to the HCHC web site, www.hchcweb.org
 - b. HCHC brochure
 - c. Patient portal information handout
4. To assist patients with questions regarding potential insurance coverage options and financial support for care needs, if needed, reception staff:
 - a. Explain the health center's Navigator Program to the patient
 - b. Offer Navigator handout and point of contact information (business card) of Navigator staff



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept

SUBJECT: TRANSFERRING CURRENT PATIENTS TO A NEW PRIMARY CARE PROVIDER

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for reassigning current patients to a new primary care provider (PCP).

Policy:

1. Upon the departure of a primary care provider (PCP) at HCHC, the patient(s) will be assigned to a new PCP within the health center.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: APR 2012

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

Current health center patients will be reassigned to a new primary care provider when their current PCP leaves the health center.

1. Upon notice of the PCP's resignation, a letter is drafted and mailed to the PCP's panel of patients informing them of:
 - a. The PCP's last day at the health center
 - b. The recommended HCHC PCPs the patient can choose to transfer their care to and PCP biographies
 - c. Notification that existing appointments with their provider will need to be reassigned to another PCP
 - d. If required by the patient's insurance company, the patient will be informed and asked to contact them to designate a PCP at HCHC
2. If a patient chooses to leave the health center, a medical release request form will be mailed to the patient. Upon return of the form, their request will be processed and the patient will be marked inactive in the electronic medical record.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept

SUBJECT: ASSIGNING NEW PATIENTS TO A PRIMARY CARE PROVIDER
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for assigning new patients to the practice to a primary care provider (PCP).

Policy:

1. Upon a new patient starting at HCHC, he/she will designate a PCP.
2. Depending on the patient's insurance, he/she will be informed if required to contact their insurance to designate the newly assigned PCP.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: APR 2012

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

New health center patients will designate a Primary Care Provider.

1. A receptionist will schedule an appointment with a provider selected by the patient in consultation with the receptionist and will assign the chosen provider as the PCP.
 - a. A new patient packet will be mailed to the patient if the appointment is at least 2 weeks in advance.
 - b. If the appointment is a same day visit, or less than 2 weeks, the patient will be asked to arrive 15 minutes prior to the appointment time to complete all necessary paperwork.
 - c. If an HCHC PCP has not yet been selected, and the patient's insurance requires a PCP designation, the patient will be informed and asked to contact their insurance company to designate a PCP at HCHC.
 - d. The receptionist will check the New Patient check box in the appointment screen the electronic medical record (EMR) at the first visit.
2. When a new patient needs an acute care visit, the receptionist will schedule the patient with their designated PCP, if available. If PCP is unavailable and the patient agrees, the patient will be scheduled with another provider with availability.



Hilltown Community Health Centers, Inc.

Oral Health/Dental Dept

SUBJECT: HYGIENE EXAM

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing hygiene exams for patients.

Policy:

All hygienists will follow the attached procedure for hygiene exams.

Questions regarding this policy or any related procedure should be directed to the practice manager at 413-238-4126.

Originally Drafted: FEB 2017

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

Exam:

1. Review medical History – make sure form is filled out in its entirety (front and back), record changes in chart/computer and add alerts
2. List medications and reason for each
3. Medical history update (pink paper) to be placed in front of most recent health history (blue paper) providers need to sign and date
4. If patient is new, take blood pressure
5. Chief complaint noted (may be recall only)
6. OCS results: negative note, if positive note: size, location and description. Flag if in house suspicion and place on tracking list. If referred, copy referral for chart and place on tracking list.
7. New patients record all existing restorations
8. Perio charting:
 - Perio diagnosis based on charting (include probing, bleeding points, furcation involvement, mobility recession, OH)
 - History of: SCPR, periodontist referral, 3-4 month recalls
 - Current recommendations: SCRPP, referral, 3-4 month recalls
9. Radiographs: last FMS, last bitewings problematic teeth requiring PA, crown requiring PA
10. Watches / follow up concerns
11. Note: recommended mouth guards, fillings that are incomplete, incipient caries
12. If patient needs prescriptions (including 5000+), have them ready to sign

Following the completion of exam:

13. Check that the updated medical health history is signed, record prescriptions given
14. If a crown is treatment planned, lab work to be done, fill out PA insurance form and add x-ray and give to receptionist, have patient sign a crown consent form and give them a copy
15. Record any referrals given in computer chart and place copy in chart
16. Check to make sure correct doctor is in computer for exam
17. Note treatment to be performed next visit. Print treatment plan and have patient sign.
18. Set up next prophylaxis and exam.
19. Fill out slip for reception, next visits to be scheduled including information as: Number of visits, time for each, which provider to see patient
20. Note in computer that treatment plan was given

Exam for a patient with an implant:

1. Make a recall for 1 year
2. Take a periapical x-ray to check bone loss, calculus, and cement
3. Occlusion check with shimpaper, slightly out of occlusion
4. Check: Inflammation, pocketing, mobility
5. Occlusal guard check: is there evidence of bruxism?

Exam for a patient with an Over denture:

1. Make a recall for 1 year
2. Check retention
3. Perio for implant abutments
4. Periapical x-rays
5. Check tissue health
6. Balanced occlusion check with articulating paper
7. Make sure no cleaner is used inside denture (affects rubber rings inside)



Hilltown Community Health Centers, Inc.

Oral Health/Dental Dept

SUBJECT: EARLY CHILDHOOD CARIES (ECC) PATIENT WITH MEDIUM RISK
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing assessment and treatment for patients with early childhood caries (ECC) with medium risk.

Policy:

When an ECC patient is identified with medium risk, the attached procedure is followed.

Questions regarding this policy or any related procedure should be directed to the practice manager at 413-238-4126.

Originally Drafted: FEB 2017

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

New patient Exam/ Recall Exam:

1. Caries risk assessment questionnaire.
2. Comprehensive or periodic exam by dentist.
3. Appropriate prophylaxis if cooperative (scaling as needed, rubber cup or toothbrush prophylaxis).
4. BWS if indicated.
5. Fluoride varnish.
6. ***Dispense ECC folder, new toothbrush, toothpaste and floss.***
7. ***Self management goal: complete three months tooth brushing chart and return for gold medal smile award.***

Disease management recall # 1 (three months after recall/initial apt)

1. Review tooth brushing goal from last visit
2. Review CRA: pick topic for education (a YES answer from a medium or high risk column)
3. Tooth brush demonstration: have patient or parent brush, or provider brush to demonstrate.
4. Fluoride varnish.
5. ***Dispense brushing timer and reach-out-and-read book.***
6. ***Self management goal: set new goal for next visit.***

Recall exam (DM visit # 2-3 months after DM visit # 1)

1. Caries risk assessment questionnaire (assess for change in risk status, if no new decay and improved OH could change to a low risk status)
2. Comprehensive or periodic exam by dentist.
3. Appropriate prophylaxis if cooperative (scaling as needed, rubber cup or toothbrush prophylaxis)
4. BWS if indicated
5. Fluoride varnish
6. ***Self management goal: if patient is still medium risk, pick goal to change whatever risk factor is keeping them at medium status.***



Hilltown Community Health Centers, Inc.

Oral Health/Dental Dept

SUBJECT: EARLY CHILDHOOD CARIES (ECC) PATIENT WITH HIGH RISK
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing assessment and treatment for patients with early childhood caries (ECC) with high risk.

Policy:

When an ECC patient is identified with high risk, the attached procedure is followed.

Questions regarding this policy or any related procedure should be directed to the practice manager at 413-238-4126.

Originally Drafted: FEB 2017

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

New patient Exam/ Recall Exam:

1. Caries risk assessment questionnaire.
2. Comprehensive or periodic exam by dentist.
3. Appropriate prophylaxis if cooperative (scaling as needed, rubber cup or toothbrush prophylaxis).
4. BWS if indicated.
5. Fluoride varnish.
6. ***Dispense ECC folder, new toothbrush, toothpaste and floss.***
7. ***Self management goal: complete one month tooth brushing chart and return for gold medal smile award.***

Disease management recall # 1 (one month after recall/initial apt)

1. Review tooth brushing goal from last visit
2. Review CRA: pick topic for education (a YES answer from a medium or high risk column)
3. Tooth brush demonstration: have patient or parent brush, or provider brush to demonstrate.
4. Fluoride varnish.
5. ***Dispense brushing timer.***
6. ***Self management goal: set new goal for next visit.***

Disease management recall # 2 (1 month after 1st DM recall)

1. Review goal from last visit
2. Review CRA: pick new topic for education (a YES answer from medium or high risk column)
3. Tooth brush demonstration: have patient or parent brush, or provider brush to demonstrate.
4. Fluoride varnish
5. ***Dispense reach-out-and-read book***
6. ***Self management goal: set new goal for next visit (goal can be to continue working on previous goals that patients/ parents may be struggling with)***

Disease management recall # 3

Disease management recall # 4

Disease management recall # 5

Recall exam (DM visit # 6)

1. Caries risk assessment questionnaire (assess for change in risk status, if no new decay and improved OH could change to a medium risk status)
2. Comprehensive or periodic exam by dentist.
3. Appropriate prophylaxis if cooperative (scaling as needed, rubber cup or toothbrush prophylaxis)
4. BWS if indicated
5. Fluoride varnish
6. ***Self management goal: if patient is still high risk, pick goal to change whatever risk factor is keeping them at high status.***



Hilltown Community Health Centers, Inc.

Oral Health/Dental Dept

SUBJECT: ORAL HEALTH-DENTAL INFECTION CONTROL

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for infection control and measures within the department.

Policy:

Infection control standards are in effect and uniform for the protection of all patients and staff. All staff will follow the following protocols to meet quality standards.

Questions regarding this policy or any related procedure should be directed to the practice manager at 413-238-4126.

Originally Drafted: FEB 2017

Reviewed or Revised: FEB 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

CLEANING ROOM

1. Throw away all used products on tray i.e. 2x2's, cotton rolls, dry angles, articulating paper, micro-brush, curing light sleeve, tip-a-dilly, used etch tip, floss, tray cover, patient napkin, etc.
2. Wipe instruments that may have debris, i.e. composite instrument, dycal instrument, ball burnisher, beaver tail, dappen dish, etc.
3. Load instruments in basket for transport to lab.
4. Make sure to leave cord packers, spatulas, scissors, syringes, oral surgery instruments, tighteners, clamps, etc. out of the basket.
5. Syringes should have needle and carpule(s) removed in operatory and disposed of in sharps container.
6. Any one-use burs should be disposed of in the sharps container.
7. The high speed handpiece should be run for 20 seconds without a bur. This procedure is intended to physically flush out patient material that might have entered the turbine, air or waterlines.
8. Remove all barrier covers i.e. handle covers, headrest covers, tape on control pads, tape on x-ray control, tape on mouse, etc.
9. Spray all impressions, partials, dentures and models before leaving the room. Bringing untreated items into the lab increases chances for cross infection.
10. Remove tray to lab and place in the receiving area, i.e. next to the ultrasonic.
11. Remove gloves and return to room.
12. We are no longer spraying the Cavicide to disinfectant the room. Using the Cavicide wipes, wipe once to clean and again to disinfect. Be sure to wipe all surfaces – cart, cart drawer handles, chair, light and light handles, patient glasses, assistant glasses, bib clip, Amtel, delivery system, X-ray unit, curing light, amalgamator, bur blocks, floss container, countertop, composite gun and carpules, etch, impression guns, Ionosit, patient mirror, key board, etc.
13. Dress room – headrest cover, light handle covers, tray cover, tape on any controls and X-ray control pad/buttons and curing light sleeve.
14. Using Cavicide wipe patient glasses, assistant glasses, handheld mirror and orange shield. Rinse with water and dry so there is no Cavicide residue left on them.
15. When taking x-rays, remove dirty bib before placing the lead apron on the patient.

HAZARDOUS WASTE PROTOCOL

Amalgam:

1. Leftover amalgam should be removed from the carrier before it hardens and put in the amalgam well. Once it gets to the lab, it should be placed in the Amalgam Safe. When the safe is full it gets mailed out in the box with the prepaid label it came with.
2. On a monthly basis we clean out the chairside traps connected with the suction and empty any amalgam collected into the Amalgam Safe.

3. We have an amalgam separator in the basement which removes amalgam waste particles from the dental wastewater so that it does not end up in wastewater treatment plants. We check it monthly. When it is full we seal it off and mail it to a mercury recycler. When they receive it they issue a Certificate of Receipt.
4. Extracted teeth with amalgam in them should be placed in the Amalgam Safe.

Lead:

1. Lead backing from film is collected by our hazardous waste collection facility.
2. Old lead aprons are collected in a purchased bucket and mailed off.

Fixer:

1. Fixer is collected and picked up by our hazardous waste collection facility.

Medical Waste:

1. Blood soaked gauze is placed in a leak-resistant biohazard bag. When full they are secured and placed in a medical waste box in the basement where it is picked up by our hazardous waste collection facility.
2. OSHA considers extracted teeth to be potentially infectious material that should be disposed of in the leak-resistant biohazard bag. However, extracted teeth can be returned to patients on request. Extracted teeth with amalgam in them must go in the Amalgam Safe.
3. Needles, burs, and scalpels are disposed of in sharps containers which are closed and then placed in the medical waste box in the basement.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Masks and eyewear should be worn to protect mucous membranes of the eyes, nose and mouth during procedures. Be sure mask is worn over nose not under.
2. Change masks between patients or during patient treatment if the mask becomes wet.
3. Wear lab coat – long sleeves and closed at neck. Change if it becomes visibly soiled.
4. New gloves should be worn with every patient and removed if leaving the room.
5. Masks, gloves and eyewear should not be worn when at the front desk or in the office.
6. Gloves that are torn or punctured should be removed and hands should be disinfected before regloving.
7. The effectiveness of double gloving in preventing disease transmission has not been demonstrated.
8. Utility gloves should be worn when handling instruments in the lab as well as mask and eyewear.
9. Perform hand hygiene with either a non-antimicrobial or antimicrobial soap and water when hands are visibly dirty or contaminated with blood or other potentially infectious material. If hands are not visibly soiled, an alcohol-based hand rub can also be used.
10. Hands should be cleaned before and after every patient and before regloving during a procedure.

11. Store liquid soap in either disposable closed containers or closed containers that can be washed and dried before refilling. Do not add soap to a partially empty dispenser.
12. The eye wash station(s) should be tested weekly by letting water flow for at least 3 minutes and recorded. All employees should be trained in use.

STERILIZATION PROTOCOL

1. The instrument processing area should be divided as much as possible into distinct areas for 1) receiving, cleaning and decontamination; 2) preparation and packaging; 3) sterilization; and 4) storage. Do not store instruments in an area where contaminated instruments are held or cleaned.
2. Dirty instruments should be in baskets when brought into lab and baskets should be placed in the ultrasonic. Extra instruments should be placed in baskets and put in ultrasonic. Ultrasonic lid should be used when in use.
3. All handpieces should be run through the Quattrocare, dried and bagged.
4. Burs should be placed in bur blocks to be cleaned and transferred to pouches for sterilization. Check burs for debris or rust and dispose of if they will not come clean.
5. Tray should be sprayed.
6. Wear heavy-duty utility gloves for instrument cleaning and decontamination.
7. Appropriate PPE should be worn when spraying/splashing is anticipated.
8. After ultrasonic is finished, remove baskets and rinse well. Instruments and baskets must be dry before placing in pouches. Use paper towels or laundry towels to accomplish this. Be aware of items such as sensor holders that have small openings on the side that can hold water. If the last sterilizer run of the day has happened, baskets for the next day can be left out to air dry overnight and packaged the following morning.
9. Hinged instruments should be processed open and unlocked.
10. Place pouches loosely in sterilizer. Handpieces should be sterilized in the Statim. Bagged instruments should be paper side down. Putting the instruments in paper side down allows water to “wick” out through the paper and speeds drying time. In the Statim 5000 using the wire pouch rack or Stat-Dri plates can speed up the drying process. Do NOT overfill sterilizers – overfilling will prevent pouches from fully drying and will necessitate rerunning the sterilizer.
11. Sterilizers should run all the way through the drying cycle. Hot packs should not be touched until they are cool and dry because hot packs act as wicks, absorbing moisture, and hence, bacteria from hands.
12. The pouches we use have internal and external indicators to monitor sterilization. We also use weekly spore tests for each sterilizer.
13. Pouches should be stamped with the date on the end on the paper side. When writing on the pouches use a permanent marker on the plastic side.
14. Pouches should be folded on the fold line only.
15. Sterile packages should be inspected for integrity and compromised packages must be reprocessed prior to use.

16. Sterilized packages should be stored in closed or covered cabinets and drawers, if possible.