



# Hilltown Community Health Center

**Administrative Offices**  
58 Old North Road  
Worthington, MA 01098  
413-238-5511  
[www.hchcweb.org](http://www.hchcweb.org)

**BOARD MEETING  
OCTOBER 26, 2017  
HUNTINGTON HEALTH CENTER  
5:30 PM**

**AGENDA**

1. Call to Order
2. Approval of the September 27, 2017 Meeting Minutes
3. Introductions by Board and potential new Board member, Seth Gemme
4. Finance Committee Report
5. Chief Executive Officer / Senior Manager Reports
6. Committee Reports (as needed)
  - Executive Committee
  - Recruiting, Orientation, and Nominating (RON)
  - Corporate Compliance
  - Facilities
  - Personnel
  - Quality Improvement
7. Old Business
8. New Business
  - Employee Credentialing-New Employees:
    1. Denise Swanfeldt, Medical Assistant
    2. Amber Cormier, Dental Assistant
    3. Lauren Venne, Dental Assistant
    4. Lisa Harvey, MD
    5. Celia Martinez, Medical Resident
9. Adjourn

# HCHC BOARD OF DIRECTORS MEETING

Date/Time: 09/27/2017 5:30pm

Worthington Health Center

**MEMBERS:** John Follet, President; Lee Manchester; Nancy Brenner, Vice President; Cheryl Hopson; Tim Walter, Treasurer; Wendy Lane Wright, Clerk; Alan Gaitenby; Matt Bannister; Maya Bachman

**STAFF:** Eliza Lake, CEO; Frank Mertes, CFO; Janet Laroche, Executive Assistant

**ABSENT:** Kathryn Jensen; Wendy Long; Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decision/ Next Steps	Person Responsible/ Due Date
Approval of Minutes 08/31/2017	<p>John Follet called the meeting to order at 5:35pm.</p> <p>The August 31, 2017 minutes were reviewed by the Board members present. <b>A motion was made by Tim Walter to approve the August 31, 2017 minutes. The motion was seconded by Alan Gaitenby. The motion to approve the August 31, 2017 minutes as written was approved unanimously.</b></p>	The August 31, 2017 minutes were approved	
Finance Committee	<p>Tim Walter reported for the finance committee. The year-to-date loss for 2017 is \$226,799. The prior year's loss was \$252,295. There are 9 days of operating cash on hand. End of year projections done by Frank estimate a loss of \$92,000-\$240,000 for 2017.</p> <p>There's still a pending law suit with a former employee and settlement talks in the works.</p> <p>It was asked what it means to have 9 days operating cash on hand? Frank responded by saying things are extremely tight. Health Safety Net pays us in estimated payments and has now overpaid us. We'll need to pay some of money back to them. The department heads have been spoken with and understand what the current status is. Meaningful use money will be arriving and will help, but not will put us in the clear.</p> <p><b>A motion was made by Wendy Lane Wright to accept the finance committee report. It was seconded by Nancy Brenner. With no further discussion needed, the finance committee report was approved.</b></p>	Finance committee report approved	
CEO Report	Eliza reviewed her report with the Board and as stated in her report, the financials are a concern. HCHC continues to not meet budget. DRSIP funds should be received soon which will help,		

	<p>along with Meaningful Use money to be received in October.</p> <p>In response to last month's discussion about staff unhappiness, Senior Mgt. is considering hiring a practice manager for the dental dept and one for the medical, behavioral health and eye care depts combined. Under consideration is to also create a new position to oversee clinical operations. It was asked who solves day to day problems, and who works on work flows? At present, there are not enough people dedicated to each and Senior Mgt. is looking at how to address this. Staff need someone to go to with issues. There will be some funds coming in for this purpose. It's felt that the current practice manager position is an impossible job with too much to do. The idea is to refocus that position. It was asked if there are larger structural challenges? It's felt that internal structures can be fixed. Is there inefficiency in areas? There's always places to improve efficiency.</p> <p>Our ACO, C3 is excited about how things are going and is getting a lot of attention. We should receive our first check from them at the end of this week. The Worcester CHCs are now members of C3, which brings the number of MassHealth patients in the system to 122,000. We currently have 1600 MassHealth patients. HCHC's challenge will be adding new patients as Amherst opens. We'll be credited by ACO when MassHealth patients come in and list us as their PCP. Payments from the ACO will always be a quarter behind.</p> <p>The AIMS grant was received. We need to use this money before the end of the year. A Community Health Worker (CHW) is to be hired and will assist with Amherst patients. The Musante Health Center will need to be open before patients can list us as their PCP. Business optimization is also included as part of this grant money. It was asked if a CHW is to be hired? Yes, this position will be an external employee. This person does not need experience and should be from the community with community roots. Holyoke Community College has a program related to community health workers and may know of candidates who would be good for this position. We will provide training. There's a certification needed through the State.</p> <p>We're working with the ACO regarding the opening of Amherst and the issues this will bring up during the open enrollment period for MassHealth patients. Specific marketing is being put into place by the ACO to assist us.</p> <p>Eliza attended a meeting with Noble Hospital recently. She was able to speak with the President of the hospital to discuss the</p>		
--	--	--	--

	<p>ongoing issues we've been having with untimely radiology results being sent. Jon Liebman has heard from new medical director of Noble as well. Jon feels optimistic that things will turn around.</p> <p>The Amherst construction project is going well. The transformer is being replaced this week and sheet rock is to go up soon. The opening timeline for the site has changed again. February is now thought for opening to happen. Baystate Reference Labs (BRL) was spoken to about having a lab in the Amherst site. Discussions of opening the Worthington lab to the public are being considered.</p> <p>Eliza and Michael recently attended a Corporate Compliance/HRSA training in New Hampshire. Also, the emergency management plan will be coming to Board soon for review. Approval is needed by November 15.</p> <p>Online staff trainings are being looked into. This will allow HCHC to keep things more flexible for management and staff.</p> <p>In regards to federal funding, this should be secure through the end of the year, according to HRSA. Eliza asked the Board for their opinion on whether to approach staff to encourage advocacy, but this may create unrest amongst staff. The Board's opinion, which is in agreement with Eliza's, is to not push the matter with the staff at this time. Until we know more, there's no need to react.</p> <p>Eliza has been invited to speak in front of the Health Policy Commission, an independent state agency. She's excited to discuss real issues in the hilltowns.</p> <p>It was asked if the new signs have been installed in both locations? Yes, they've been up for several months. The Community Health Center at 9 Russell Road in Huntington will be the next site to get a new sign.</p>		
Executive Committee	There was no report from the Executive Committee this month.		
Recruitment, Orientation & Nominating (RON) Committee	Tim reported that there are two prospective members to be considered. An interview was recently held with Seth Gemme, MD. He's an ER provider at Noble Hospital. He grew up in the area and lives in Montgomery. It was reported that he seems enthused and wants to participate on the Board. There's another prospect being met with this week. It was asked if these prospective candidates would work on HCHC committees first? That will be considered as interviews conclude and the		

	<p>candidates are considered fully. Once the Amherst site is open, the recruitment of Board members from that area will begin.</p>		
Corporate Compliance Committee	<p>Corporate Compliance has no official report this month. Senior Mgt. has decided to include an agenda item on their schedule once a quarter and document the discussion/solution and submit to the Board.</p>		
Facilities Committee	<p>Alan reported that there's been no formal meeting recently. Frank informed the group that a sub-committee is forming to work on the improvements for each site, hopefully to be completed by end of year. Russ and Frank met and created list of to-do's. This list will be sent to Alan.</p>		
Personnel Committee	<p>The Personnel committee met. John reported that the handbook continues to be reviewed. The Employee Social media policy was reviewed at the last meeting. It was asked if this policy can be combined with the other social media policy we currently have? This will be looked into. There were some wording and language concerns.</p> <p>Cell phone use by employees is another issue. Standard disclaimer on fb page? What are we able to say to employees? Guidelines instead of black and white rules? Incidents will be considered on a case by case basis? Remains as an expectation of the employer. Clear that there's a connection with HCHC and expressing self not appropriately. 2<sup>nd</sup> bullet point – posts in general – aggressive, vulgar, inappropriate, etc. doesn't have to be specific to HCHC. Level of professionalism. Training needed to educate staff on policy. How do we monitor? And need to stand by policy. First para go away... start with The use of ... John to make revisions and bring back to personnel comm.</p>		
Quality Improvement /Risk Management Committee	<p>Cheryl reported that there was no meeting in September.</p>		
Expansion Committee	<p>Expansion committee decided</p>		
Committee Reports	<p>After all the committee reports had been reviewed and discussed, <b>Tim Walter made a motion to accept all committee reports. The motion was seconded by Matt Bannister and without further discussion, the reports were approved.</b></p>	<p>Committee reports presented at this</p>	

		meeting were approved.	
Old Business			
	<p>Matt mentioned that Jim Brassord is being honored by the Amherst Chamber of Commerce as a 2017 A Plus Award Winner. PeoplesBank has a couple extra seats available at their table for this event if anyone would like to go. Eliza plans to attend. John would also like to attend. Stephanie O’Keeffe, Amherst campaign chair nominated Jim.</p> <p>Eliza informed the Board that our NCQA applications have been submitted for both the Worthington and Huntington locations. C3 has been informed. Eliza is hopeful to receive Level 3 certification for both sites.</p>		
New Business			
Policy Review	<p>The Financial Policy was presented for review. The annexes were not included in the document submitted to the Board and need to be added. Frank will send the annexes to everyone. <b>A motion to approve the Financial Policy was made by Tim Walter. Nancy Brenner seconded the motion. Without further discussion needed, the Financial Policy was approved.</b></p> <p>Administrative policies – Conflict of Interest Policy, Establishment of Business Associate Agreements Policy, Firearms in the Workplace Policy, Fragrance Controlled Work Environment Policy, Electronic Information for Collection and Use Policy, Employee Use of Social Media Policy, Gift Acceptance Policy, Patient Satisfaction Surveys Policy, and Patient Complaint/Grievance Policy were reviewed. <b>Tim Walter made a motion to approve the Administrative policies presented at this meeting. Nancy Brenner seconded the motion made by Tim. Without further discussion needed, all the administrative policies listed were approved.</b> It was noted that the Employee Use of Social Media Policy was approved as part of this grouping, but will be reviewed again by the personnel committee and then brought back to the Board.</p> <p>Multiple Department policies – Continuing Education Policy, Hypertensive Patient-Treat and Refer Using Ancillary Depts Policy, Internal Review Process for Potential Research Projects Policy, Patient's Right to Request Amendment to Clinical Record Policy, Provider Recruitment and Retention Plan, and Schedule Change-Time Off Requests Policy were reviewed. The Department Heads reviewed these policies as a group and made edits as needed. <b>Lee Manchester made a motion to approve the multiple department policies listed above. Tim</b></p>	<p>The following policies were approved:</p> <ol style="list-style-type: none"> <li>1. Financial Policy</li> <li>2. Conflict of Interest Policy</li> <li>3. Establishment of Business Associate Agreements Policy</li> <li>4. Firearms in the Workplace Policy</li> <li>5. Fragrance Controlled Work Environment Policy</li> <li>6. Electronic Information for Collection and Use Policy</li> <li>7. Employee</li> </ol>	

	<p><b>Walter seconded the motion. Without further discussion needed, all the multiple department policies listed were approved.</b></p> <p>The Behavioral Health Emergency or Crisis Policy was also reviewed by the Board at this meeting. <b>Tim Walter made a motion to approve the Behavioral Health Emergency or Crisis Policy as written and presented. Nancy Brenner seconded the motion made by Tim. With no further discussion needed, the Behavioral Health Emergency or Crisis Policy was approved.</b></p> <p>Telephone Coverage Policy – This policy was reviewed. End of business day coverage, weekend coverage, emergency weather phone, etc. were updated as needed. <b>Lee Manchester made a motion to accept this policy as written. Alan Gaitenby seconded the motion. With no further discussion needed, the Telephone Coverage Policy was approved as presented.</b></p> <p>The Telephone Coverage During Lunch Policy is no longer active. Eliza asked if it’s necessary for the Board to vote to rescind a policy or does it just not get an annual review any longer? How do we get rid of a policy? This policy and its procedures no longer take place. The phones do not roll over to the answering service any longer at lunch time. Someone answers the phone in person. <b>Lee Manchester made a motion to rescind the Telephone Coverage During Lunch Policy. Alan Gaitenby seconded the motion. With no further discussion needed, the Telephone Coverage Policy was rescinded successfully.</b></p> <p>School-Based Health Center policies - Laboratory Testing Policy and Services Provided- Referred Policy were looked at. As a result from last month’s meeting, the Laboratory Testing Policy was redone by combining it with another policy. After a review and discussion of the following policies, <b>Tim Walter made a motion to accept the School-Based Health Center policies presented at this meeting. Nancy Brenner seconded the motion. With no further discussion needed, the School-Based health Center policies listed above were approved.</b></p>	<p>Use of Social Media Policy</p> <p>8. Gift Acceptance Policy</p> <p>9. Patient Satisfaction Surveys Policy</p> <p>10. Patient Complaint/ Grievance Policy</p> <p>11. Continuing Education Policy</p> <p>12. Hypertensive Patient-Treat and Refer Using Ancillary Depts Policy</p> <p>13. Internal Review Process for Potential Research Projects Policy</p> <p>14. Patient's Right to Request Amendment to Clinical Record Policy</p> <p>15. Provider Recruitment and Retention Plan</p> <p>16. Schedule Change-Time Off Requests Policy</p> <p>17. Behavioral Health Emergency</p>	
--	--	---	--

		or Crisis Policy 18. Telephone Coverage Policy 19. SBHC Laboratory Testing Policy 20. SBHC Services Provided- Referred Policy	
Adjourn	A motion to adjourn the meeting was made by Tim Walter and seconded by Nancy Brenner. The meeting adjourned at 6:55pm. The next regular Board meeting is scheduled for Thursday, October 26, 2017 at 5:30pm at the Huntington Health Center.		

Submitted by,

Janet Laroche, Executive Assistant

Hilltown CHC  
Summary Financial Results And Analytics - Dashboard  
September 2017

	Budgeted FY 2017	Actual YTD March 2017	Actual YTD June 2017	Actual YTD Sept 2017	Notes on Trend	Cap Link TARGET	COMMENT
<b>Liquidity Measures</b>							
Operating Days Cash	11	12	7	9	Measures the number of days HCHC can cover daily operating cash needs.	> 30-45 Days	Not Meeting Benchmark
Current Ratio	1.19	1.49	1.70	1.80	Measures HCHC's ability to meet current obligations.	>1.25	Doing Better than Benchmark
Patient Services AR Days	29	31	28	35	Measures HCHC's ability to bill and collect patient receivables	< 60-75 Days	Doing Better than Benchmark
Accounts Payable Days	48	58	58	53	Measures HCHC's ability to pay bills	< 45 Days	Not Meeting Benchmark
<b>Profitability Measures</b>							
Net Operational Margin	-0.3%	-11.4%	-5.9%	-4.8%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	16.4%	-9.7%	2.8%	10.5%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Doing Better than Benchmark
<b>Leverage</b>							
Total Liabilities to Total Net Assets	24.1%	38.0%	32.1%	29.1%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Doing Better than Benchmark
<b>Operational Measures</b>							
Medical Visits	20,254	4,198	8,854	13,365			
Net Medical Revenue per Visit	\$ 142.76	\$ 135.60	\$ 140.29	\$ 140.82			
Dental Visits	18,903	3,638	7,586	11,016			
Net Dental Revenue per Visit	\$ 106.91	\$ 110.10	\$ 118.22	\$ 120.75			
Optometry Visits	1,994	550	1,100	1,716			
Net Optometry Revenue per Visit	\$ 98.11	\$ 75.23	\$ 76.02	\$ 77.64			
Behavioral Health Visits	4,096	998	1,934	2,834			
Net BH Revenue per Visit	\$ 97.53	\$ 85.96	\$ 94.58	\$ 99.17			

Summary Financial Statements				
<b>Stmt of Activities</b>				
Net Patient Revenue	5,714,585	1,150,725	2,510,259	3,778,681
Grant/Contract Revenue	2,341,999	608,038	1,164,974	1,679,432
Other Revenue	142,475	38,372	63,954	109,026
<b>Total Revenue</b>	<b>8,199,059</b>	<b>1,797,135</b>	<b>3,739,187</b>	<b>5,567,139</b>
Salary & Wages & Payroll Taxes	6,018,618	1,463,941	2,908,213	4,291,762
Benefits	503,364	120,508	246,167	375,051
Other Operating Expenses Except Dep	1,516,327	377,115	723,195	1,046,859
Depreciation	186,150	41,084	82,168	123,252
<b>Total Expenses</b>	<b>8,224,459</b>	<b>2,002,648</b>	<b>3,959,743</b>	<b>5,836,924</b>
<b>Net Operating Gain (Deficit)</b>	<b>(25,400)</b>	<b>(205,513)</b>	<b>(220,556)</b>	<b>(269,785)</b>
Non-Operating Activities (Pledges, Donations, Investments, capital grants, etc.)	1,372,930	31,190	324,509	855,018
<b>Net Surplus Gain (Deficit)</b>	<b>1,347,530</b>	<b>(174,323)</b>	<b>103,953</b>	<b>585,233</b>
<b>Balance Sheet</b>				
Cash - Operating Fund	244,570	264,566	145,334	191,759
Cash - Restricted - Amherst	-	327,319	410,286	590,071
Net Patient Accounts Receivable	450,000	391,238	396,212	482,615
Other Current Assets	195,500	287,211	328,090	165,327
<b>Total Current Assets</b>	<b>890,070</b>	<b>1,270,334</b>	<b>1,279,921</b>	<b>1,429,772</b>
Net Property & Equip.	4,403,499	2,739,360	2,891,710	3,232,343
Other Long-term assets	500,000	527,296	538,122	562,094
<b>Total</b>	<b>4,903,499</b>	<b>3,266,656</b>	<b>3,429,832</b>	<b>3,794,437</b>
<b>Total Assets</b>	<b>5,793,569</b>	<b>4,536,990</b>	<b>4,709,754</b>	<b>5,224,209</b>
<b>Liabilities &amp; Net Assets</b>				
Accounts Payable	265,000	321,677	312,269	274,455
Other Current Liabilities	445,637	497,917	388,452	463,950
Deferred Contract Revenue	40,000	33,370	53,743	56,327
<b>Total Current Liabilities</b>	<b>750,637</b>	<b>852,964</b>	<b>754,464</b>	<b>794,732</b>
<b>Total Long Term Liabilities</b>	<b>374,657</b>	<b>395,866</b>	<b>388,854</b>	<b>381,761</b>
<b>Total Liabilities</b>	<b>1,125,294</b>	<b>1,248,830</b>	<b>1,143,318</b>	<b>1,176,493</b>
<b>Total Net Assets</b>	<b>4,668,275</b>	<b>3,288,160</b>	<b>3,566,436</b>	<b>4,047,716</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>5,793,569</b>	<b>4,536,990</b>	<b>4,709,754</b>	<b>5,224,209</b>

Hilltown Community Health Centers, Inc.  
Summary of Results for the Month Ended September 26, 2017

*SEE STATEMENT OF INCOME STATEMENT FOR DETAIL*

**Revenue**

1. Patient revenue services did not meet budget for the month of September 2017.
  - a. Medical - \$10,922 and 75 visits under budget.
  - b. Dental - \$6,355 and 278 visits under budget.
  - c. Behavioral Health - \$3,809 and 16 visits over budget.
  - d. Optometry - \$1,604 under budget while being 44 visits over budget.
  - e. Combined optometry hardware and pharmacy were \$10,383 under budget.
2. Grant and contract revenues were \$8,052 under budget, mainly due to timing of grant spending.
3. Dividends and Interest were \$22,445 over budget.

**Compensation and Related Expenses**

1. Wages, taxes and benefits were \$14,178 over budget.

**Other Operating Expenses**

1. Total operating expenses were \$20,784 under budget. No significant variances.

**Net Operating Surplus (Deficit)**

1. The Net operating results did better than budgeted by \$2,891.

**Non-Operating Activities**

1. Donations for the month amounted to \$2,725. We utilized the HRSA Capital grant for \$79,490.

Hilltown CHC						
Summary of Net Results By Dept.						
September 2017						
Net Results Gain (Deficit)						
	September 2017	September Budget	Over (Under) Budget	YTD	YTD Budget	Over (Under) Budget
<b><i>Operating</i></b>						
Medical	\$ (26,222)	\$ (11,284)	\$ (14,938)	\$ (268,388)	\$ (92,425)	\$ (175,963)
Dental	2,599	959	1,640	(97,801)	34,574	(132,375)
Behavioral Health	4,274	6,352	(2,078)	46,762	56,340	(9,578)
Pharmacy	(265)	4,590	(4,855)	64,567	41,310	23,257
Optometry	(6,350)	1,742	(8,092)	13,357	16,233	(2,876)
Community	(4,358)	(5,861)	1,503	346	(66,464)	66,810
Fundraising	(5,239)	(6,488)	1,249	(58,570)	(59,723)	1,153
Admin. & OH	32,574	4,112	28,462	29,942	(32,038)	61,980
<b>Net Operating Results</b>	<b>\$ (2,987)</b>	<b>\$ (5,878)</b>	<b>\$ 2,891</b>	<b>\$ (269,785)</b>	<b>\$ (102,193)</b>	<b>\$ (167,592)</b>
<b><i>Non Operating</i></b>						
Donations	\$ 2,725	\$ 32,443	\$ (29,718)	\$ 262,323	\$ 291,987	\$ (29,664)
Capital Project Revenue	79,490	81,968	(2,478)	592,695	737,712	(145,017)
<b>Total</b>	<b>\$ 82,215</b>	<b>\$ 114,411</b>	<b>\$ (32,196)</b>	<b>\$ 855,018</b>	<b>\$ 1,029,699</b>	<b>\$ (174,681)</b>
<b>Net</b>	<b>\$ 79,228</b>	<b>\$ 108,533</b>	<b>\$ (29,305)</b>	<b>\$ 585,233</b>	<b>\$ 927,506</b>	<b>\$ (342,273)</b>

**Meeting Minutes**

**COMMITTEE: Personnel**

**Location: Worthington**

**Date/Time: 10/10/17 8:00am**

**TEAM MEMBERS: John Follet, Lee Manchester, Bridget Rida, Suzanne Kresiak, Carolyn Sailor**

**ABSENT: John Bergeron, Karen Rowe, Pat Kirouac, Wendy Long**

<b>Agenda Item</b>	<b>Summary of Discussion</b>	<b>Decision/Next Steps</b>	<b>Person Responsible/ Due Date</b>
<b>Personnel Policies Handbook</b>	<ol style="list-style-type: none"><li><b>1. At the August meeting of the Board of Directors it was learned that a social media policy does exist. The content of this policy is fairly compatible with the template that we have been working with. Discussion surrounded whether to incorporate the current policy into the Handbook at all. It's presence in the handbook is important as there is no other source that is readily available to employees for reference and it is an important policy for employees to be aware of. We wondered if the policy could be abbreviated some.</b></li><li><b>2. Bridget and Janet researched the number of HCHC policies that appear in the Handbook. There are a handful that should be expanded to best convey the meanings in the policies as are written.</b></li><li><b>3. Bridget pointed out a problem with the Solving Problems and Grievances policy. There is no wording to explain what an employee is to do if there is a problem/ grievance with a supervisor/ dept. head.</b></li></ol>	<ol style="list-style-type: none"><li><b>1. The Policy will be reviewed by counsel for suggestion about how to abbreviate it some.</b></li><li><b>2. Bridget and Janet will undertake this project.</b></li><li><b>3. Wording will be changed to allow an employee to file a grievance about a supervisor to higher levels of management.</b></li></ol>	<b>Next Meeting: Tuesday November 14, 2017 in Huntington at 8:00 am.</b>

## QI-RISK MANAGEMENT COMMITTEE

**Location:** Huntington Health Center

**Date/Time:** 08/15/2017 8:15am

**TEAM MEMBERS** Cheryl Hopson (chair); Janet Laroche, Admin & Lean Team Leader; Michael Purdy, CCCSO; Kathryn Jensen, Board Representative; Sheri Cheung, Medicine Representative; Serena Torrey, Behavioral Health Representative; Kim Savery, Community Programs Representative; MaryLou Stuart, Dental Representative

**ABSENT:** Jon Liebman, ANP; Eliza Lake, CEO; Cynthia Magrath, Practice Manager

<b>Agenda Item</b>	<b>Summary of Discussion</b>	<b>Decision/Next Steps</b>	<b>Person Responsible/ Due Date</b>
Review of Minutes	<p>The meeting was called to order by Cheryl Hopson, Chair, at 8:15 am.</p> <p>The minutes from the July 18, 2017 meeting were reviewed. It was asked that the minutes reflect the conversation regarding comparing our patient satisfaction survey results to the national stats available. Janet will add this to the July minutes. With no further discussion needed, Kathryn Jensen made a motion to approve the minutes with the additional information stated above. Sheri Cheung seconded the motion. The July 18, 2017 minutes were approved unanimously.</p>	The July 18, 2017 minutes were approved.	
Peer Review / Department Reports  Dental Department	<p>MaryLou Stuart reported for the Dental dept. There were three complaints to report.</p> <p>First, a patient with broken dentures complained after wanting them repaired. We provided the original dentures as 'immediate dentures' 2 years+ prior. She was upset about new dentures not being free. Masshealth only pays for them once every 7 years. She was referred to a dental school in hopes to get them repaired or to have a new set made.</p> <p>The second complaint was from a patient after having an extraction. The numbness experienced with the</p>		

	<p>medication used did not completely go away after the procedure. The patient saw his PCP, and we referred him to an oral surgeon, but many won't see him due to having Masshealth. Dr. Torchia agreed to see the patient, but did not see anything unusual. The patient is now going back to see his PCP for follow up.</p> <p>The third complaint was regarding an older patient with MS who had a tooth ache. The tooth was removed via routine extraction. She was offered antibiotics, but refused. She came back to the office 2 days later with swelling. She was given antibiotics, but was then admitted to the hospital for IV antibiotics. Her husband was very upset. It was asked if patients sign something when they refuse antibiotics? MaryLou answered No, not currently, but this is something the department will probably institute for the future.</p> <p>Serena Torrey reported that the Behavioral Health dept has a new staff member and she's doing well. She also reported that there was a recent conflict with a clinician and front desk person. Serena has followed through and the issue has been resolved.</p> <p>Sheri Cheung reported for the Medical dept that Lisa Harvey, MD is starting in October in Huntington part-time. The department is still looking for full-time Nurse Practitioner. The hope is to hire someone who is bi-lingual in Spanish.</p>		
Old Business			
1422 Grant	<p>Kim Savery reported a monthly progress report. Undiagnosed hypertension patients were reviewed. A graph showing elevated blood pressure without a diagnosis was shared. Minimal provider involvement is supposed to be the process, but IT didn't work that way for this past month.</p>		<p>Kim will continue to report on this</p>

	<p>The undiagnosed Hypertension registry was developed and contains 75 patients. Three patients have been diagnosed with Hypertension. 15 have been removed from the registry because they were found to not have Hypertension.</p> <p>For Hypertension control efforts, a registry of approximately 200 patients were called by reception for outreach since it had been more than 6 months since these people has been seen. This effort is working well.</p> <p>For pre-diabetes patients, the letter that's being sent to patients is being revised by Dr. Grimes. The last DPP class for this session is tomorrow. The average weight loss for the group is 8.9% (5% is national average); One person in the group had a 40lb weight loss; 4 patients are considered not to be pre-diabetic any longer.</p> <p>For the next DPP class, a Provider has referred a medical assistant who works here and that person is planning to attend the next class. Also, a second facilitator is now trained.</p> <p>Working through the processes and getting them all lined up is a long process. This project will put us in better position for looking at population health for the future. Tools are offered that work for some people, but not everyone. The goals are simple. There are lots of strategies to get to the goal.</p> <p>The non-prediabetes patients will be followed to be sure they don't end up back on the registry list.</p> <p>We're partnering with Walgreens Pharmacy in Westfield. Their pharmacists has received training from our pharmacy consultant. Stickers have been ordered and are being used to</p>		
--	--	--	--

	remind patients to ask questions. The hope is to spread to this process to the Williamsburg Pharmacy in Williamsburg and Arrow Pharmacy in Westfield.		
NCQA-PCMH	Marie Burkart is working hard on completing the write ups for each standard of the NCQA application which is due at the end of September.		
Risk Management	<p>Michael Purdy reported for Risk Management this month. The FTCA application was submitted and it's hoped that our combining of QI and Risk Mgt into one meeting will satisfy FTCA.</p> <p>There were 2 patient incidents to report on: First, on July 26 a patient had been injured in the exam room he was in when he hurt his hand a chair. He over extended his thumb as the plastic covering fell off the arm of the chair while he was using the arm to get up. He reported that he had previously hurt that hand and had surgery on his hand/thumb. Jon Liebman saw the patient and evaluated the hand. The patient will follow up with New England Orthopedic Surgeons. The patient was angry when the chair broke and was reporting intense pain at the time of the injury.</p> <p>Second, a patient who elected to receive treatment for GC/Chlamydia, was given the wrong dose of one of the medicines prescribed due to the medicines and dosages being relayed verbally from the provider to the medical assistant to the nurse. There was no risk to the patient with the dosage he was given. A follow up with the patient was conducted to be sure there were no issues. The orders in eCW were correct, but verbal orders aren't always to best way. The dose given was not out of the</p>	<p>All furniture in exam rooms will be inspected.</p> <p>The relaying of verbal medicines and dosages will be discussed at the next provider meeting.</p>	<p>Cynthia Magrath, report due back to this committee 9/19/2017</p> <p>Sheri Cheung/Jon Liebman, report back to this committee 9/19/2017</p>

	ordinary, so it was likely the nurse would not catch the mistake. Ideas to eliminate this from happening again have been talked about. The Provider figured out the mistake after the nurse reported back to the Provider the dosage given. Michael will communicate with Jon about this.		
New Business			
Adjourn	There being no other business, Serena Torrey moved that the meeting be adjourned. After a second by Kim Savery, the meeting was adjourned at 9:00am. The next meeting is scheduled for <b>Tuesday, September 19, 2017</b> at 8:15am at the Huntington Health Center.		

Respectfully submitted,  
Janet Laroche