



Hilltown Community Health Center

Administrative Offices
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**BOARD MEETING
DECEMBER 28, 2017
HUNTINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the November 30, 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
6. Old Business
7. New Business
 - Adverse and Near-Miss Incident Reporting Policy, Form, Flowchart
 - Annual CEO Evaluation
 - Employee Credentialing-New Employees:
 1. Warren Graham, DMD
 - Employee Privileging-Current Employees:
 1. Lora Grimes, MD –adding acupuncture
8. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 11/30/2017 5:30pm

Worthington Health Center

MEMBERS: John Follet, President; Nancy Brenner, Vice President; Tim Walter, Treasurer; Cheryl Hopson; Alan Gaitenby; Maya Bachman; Kathryn Jensen; Lee Manchester

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

ABSENT: Seth Gemme; Wendy Lane Wright, Clerk; Matt Bannister; Wendy Long; Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Approval of Minutes 09/27/2017 And 10/26/2017	<p>John Follet called the meeting to order at 5:30pm.</p> <p>The September 27, 2017 minutes were reviewed by the Board members present. A motion was made by Tim Walter to approve the September 27, 2017 minutes. The motion was seconded by Alan Gaitenby. The motion to approve the September 27, 2017 minutes was approved unanimously.</p> <p>The October 26, 2017 minutes were reviewed by the Board members present. A motion was made by Tim Walter to approve the October 26, 2017 minutes. The motion was seconded by Nancy Brenner. The motion to approve the October 26, 2017 minutes as written was approved unanimously.</p>	
Finance Committee	<p>Tim Walter reported for the finance committee. October financials show a year-to-date deficit of \$338,512 as compared to last year's deficit of \$323,023. Salaries are 84% of total expenses. There are 11 days operating cash on hand. Frank estimates a loss for the year between \$218,000 -\$373,000. It was reported that the Amherst site should be opening in February as the certificate of occupancy is expected February 14 approximately.</p> <p>One issue we've had is that Health Safety Net (HSN) had been paying estimated amounts to us for 5 months this year for dental claims. In October, HSN processed the actual bills which resulted in many ineligible patients. Also during this time, dental claims switched to DentaQuest resulting in many bills not being paid. We were required to send back \$50,000. We may be able to recoup \$10,000. All MA community health centers are having the same issues. No medical claims are affected by this. HSN is not an insurance; it's a state run program. It was asked if we can determine who these patients are for future? Frank answered that we only have 2 weeks to reprocess claims and it's a new group of patients all the time. It changes continuously. Hospitals pay into this plan.</p> <p>Meaningful use payments of \$64,000 have been received for dentists. We</p>	

	<p>budgeted the entire expected amount of \$80,000 this month. It will eventually be received, but maybe not this year. They are behind in processing applications.</p> <p>In reviewing the data, revenue per visit is not what we thought it would be. There are not the number of visits it was thought there would be. It was asked if this is related to budgeting or the productivity of providers? The question was answered by there being lower productivity numbers here versus other health centers in the state. Concern was expressed that the number of appointments is down from what's been budgeted for. Frank replied that the 2018 budget is being worked now and it's a difficult process. It was asked if the providers currently on staff who are going to Amherst will be replaced at WHC or HHC? Yes, they will be replaced. We're currently over staffed, but this will change next year.</p> <p>At the present time, expenses are lean, with not a lot of admin staff. The hope is by opening in Amherst things will improve. Some current staff members are going to Amherst once the site opens. The Director of Clinical Operations posting is going out next week. This should help with giving the Practice Manager more time to get her responsibilities done. It was asked if this is a systemic issue? It will be able to be determined once Amherst is running.</p> <p>The employee benefits letter went out today. Health New England (HNE) will be the new health plan for 2018. There will be a slight increase of 6% for the richest plan. The lowest plan and middle plan will have higher deductibles. We agreed to sign the out of network waiver. The current dental plan will go up 4%.</p> <p>A motion was made by Kathryn Jensen to accept the finance committee report. It was seconded by Nancy Brenner. With no further discussion needed, the finance committee report was approved.</p>	<p>Finance committee report was approved.</p>
CEO Report	<p>Eliza apologized for sending out her report so late this month.</p> <p>Things with the ACO are going fine. It's still not completely clear if staff understand about the ACO. The providers have a clear understanding, as well as the medical assistants. The receptionists are asking good questions. Marketing materials have been received from C3 and are in place.</p> <p>One of our Navigators brought to our attention a potential issue for Amherst Masshealth patients. He heard on a webinar that there will be geographic restriction for Masshealth patients. After June 1st we're not entirely sure what happens if a patient wants to come to us. We'll need to follow up on these concerns.</p> <p>Frank is working on the EMR transition. Contracts are being worked out. It will cost \$600 per month to have the server on site which is an additional cost. C3 is making \$7,000 available to us and it will be used toward the costs of the transition. Moving to the cloud will be an expense of \$80,000 per year compared to \$40,000 that we're paying now. Hosting and software maintenance is covered</p>	

	<p>in the cost. eCW will waive the installation costs if we sign a 3-year contract.</p> <p>We've been having an issue with Cooley Dickinson Hospital (CDH) since their transition to a new EMR. On October 28 a few issues took place, but they were resolved quickly. But, we're now not receiving any information for patients when they are in the hospital - ER or as an admission. An email was sent to our providers through their CDH email address since they are registered in some gateway through Partners where they can see the info. First, our providers don't check this email address and second, how do they know when they need to pull the information on a patient? They are not being notified when one of their patients is at CDH. The gateway requires five pieces of patient information in order to find the patient. This effects all doctors outside of the Mass General medical group. How do we cope? How do we handle this? Receive faxes again? Eliza brought this up at a recent CDH Board meeting and expressed how concerning this is for the health center.</p> <p>Donations are not where we thought they were for the Amherst project. We'll start working with donors in the new year.</p> <p>A contract has been signed with Health Stream to provide online training for staff. It was asked if staff can each do this individually? And will each person be provided time to take the trainings? Yes, and we will allow time for staff to taking the trainings. It's hoped that staff will do the trainings during work time. We will be requiring certain trainings throughout the year. There is 15 hours of administrative training required to learn the system which Bridget and Frank will participate in.</p> <p>A corporate compliance meeting has been scheduled and there will be quarterly meetings going forward.</p> <p>The cultural sensitivity statement that was worked on was brought to this meeting to share with the group. It will be shared with staff and hung up around the health center. Maya offered to work on the design of the diversity statement. Related to cultural sensitivity, there have been discussions with staff about the door decorating contest and secret Santa that have been taking place over the past few years.</p> <p>Customer service training for staff was recently held and it went very well. Staff feedback has been positive.</p> <p>Eliza reported that Dr. Jennie Howland has given notice. She's leaving to spend time with her family. Her end date is scheduled for Jan 28, 2018. A letter to all her patients has been sent. It was asked how many hours she works each week? She works 16 clinical hours per week and has 480 patients. She will not be replaced. We're reassigning her patients to the remaining providers. Miranda Balkin will fill in some of those hours at WHC.</p> <p>The new Director of Clinical Operations position will take over quality,</p>	
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	<p>emergency management, infection control, etc. This person will report to Michael Purdy. It was asked if we could share the job description with the Board? Yes, Eliza will email it to the group. It was asked if this will be a change for the health center? Yes, a big change. The current Practice Manager will report to Frank. Briana Blanchard, EMR specialist will report to this new position. The health center's application for HRSA's Service Area Competition (SAC) for federal funding needs to come to the Board for review and voting. The application is due Dec 13. We'll send it to you for review prior to this date.</p> <p>It was also reported that 51% of Board members are patients. Our records are now updated.</p>	
Executive Committee	John reported that the annual evaluation of the CEO has begun, but is not yet completed. Direct reports to Eliza have been spoken with and interviewed. John hopes to have the completed evaluation for review at the December meeting.	
Recruitment, Orientation & Nominating (RON) Committee	Tim reported there are 12 Board members currently. The Amherst advisory group has approx. 10-12 members, but we will not approach anyone to join the Board until we open in Amherst. Keep in mind that the Board should comprise of at least 51% members being patients of the health center.	
Corporate Compliance Committee	No report this month from the committee.	
Facilities Committee	<p>The group that's working on renovations for the sites plans to meet next week. Eliza wants an update to see where things stand.</p> <p>It was reported that the Huntington Health Center building was hit by a car, but no one was hurt. The building is ok.</p> <p>There was also an incident at SBHC where the building's boiler exhausted into the SBHC area. Staff went home sick.</p>	
Personnel Committee	<p>The Personnel committee is looking at the number of health center-wide policies and how they coincide with the handbook.</p> <p>Unplanned short notice absences from work is going into the handbook. The Furlough policy created when we were having financial issues a few years back will be added to the handbook. The policy describes staff taking leave for short term and can come back to work instead of being laid off. Time off during the 90-day probation period is listed differently in the handbook versus the actual policy. The committee agreed to add the administrative policy into the handbook. The social media policy still needs to go to attorney for review before adding it to the handbook.</p>	

	<p>Eliza is setting up regular meetings with the department heads. This group will look at the evaluation tool and make suggestions for improvement.</p> <p>It was asked if the staff satisfaction survey should be sent out again? This was brought up at a recent meeting. This was not discussed at the last personnel meeting. Eliza is interested in sending this out again. John to speak with Bridget about this.</p>	
<p>Quality Improvement/Risk Management Committee</p>	<p>Cheryl reported the October meeting discussions and the minutes to that meeting were distributed.</p> <p>An incident in the dental department with a patient was reviewed. The patient was sent to the hospital. The department did not have access to the patient's medical record, but the receptionists are trained to use both EMR systems. There was no record of the patient's issue in either chart.</p> <p>Dummy codes have been created for reporting purposes for the dental department.</p> <p>The committee reviewed the 1422 report submitted by Kim since she was unable to be in attendance at this meeting. Findings from the 1422 grant will not to be reported on at future QI meetings as of the November meeting after a lengthy discussion.</p> <p>An update was given by the medical department regarding an incident mentioned previously of an incorrect medicine given to a patient. A policy and form were created so everything will be written from now on instead of being verbal.</p> <p>Optometry had a new provider start in the department. There were no issues with the recent chart audit performed in the department.</p> <p>John Liebman reported that data collection continues to be a problem in medical. This has been ongoing and is brought up at each meeting. There are multiple reasons why this is happening. The new Director of Clinical Operations position will assist with getting this straightened out.</p> <p>The NCQA applications for WHC and HHC were submitted. NCQA is behind reporting results back to sites. The group discussed who is responsible for staying on top of the standards that need to be reported on.</p> <p>There was a significant incident by Noble Hospital and an HCHC provider reported Noble to the State. The medical director of Noble was informed. John Liebman has been speaking with the medical director. Follow up will continue.</p>	
<p>Committee Reports</p>	<p>After all the committee reports had been reviewed and discussed, Tim Walter made a motion to accept all committee reports. The motion was seconded by Alan Gaitenby and without further discussion, the reports were approved.</p>	<p>Committee reports presented at this meeting</p>

		were approved.
Old Business	There was no old business this month.	
New Business	<p>The emergency management plan is something we're required to have. The hazard vulnerability has been completed. Flu, weather, and armed intruder are what we're most prepared for. We've had training on the Regional Command System that's required by the Mass League. This system would take command if there was ever an incident. HRSA requires that we're accessing risks, forming coalitions with outside partners, have supplies on hand, etc. Our current Continuity of Operations Plan (COOP) is in need of revision. We also still need MOAs for schools and boards of health. This is a multi-year training and exercise plan for the next 3 years with training and drills to be planned and executed. The plan is in place, but some appendixes still need to be added.</p> <p>It was asked if a committee is working on this? How were people chosen? Eliza Cynthia, and Russ are part of this emergency management team and the Director of Clinical Operations will be added once hired. Nicole Makris, NP has some experience with epidemics and infection control. Eliza may ask her to be involved. It was asked who will do the work needed for this plan? The group listed above will handle the requirements.</p> <p>Eliza asked if the Board would like to vote now on the plan or wait for the additions that are needed? The group felt comfortable voting tonight. It was mentioned that this plan will not be an annex of the corporate compliance plan. Kathryn Jensen made a motion to approve the emergency management plan as written. Tim Walter second the motion. With no further discussion needed, the motion to accept the emergency management plan was approved.</p> <p>Tim asked Eliza about the C3 button she was wearing. He asked what would she say? She has an elevator speech prepared. It was asked if patients are going to see a change? And why do they need to know? Patients will get a card. It's their new insurance plan. Some with have a new PCP. C3 is the plan and Masshealth is the insurance. Masshealth started sending out letters on Nov 13. Anything given to patients has be approved by Masshealth prior to handing out.</p> <p>Eliza has a potential conflict for the March meeting. She will get back to the group.</p>	The emergency management plan was approved.
Employee Credentialing	<p>The credentialing checklists for the following new employees were brought to this meeting as being recommended for full credentialing by the Credentialing and Privileging Committee:</p> <ol style="list-style-type: none"> 1. Ambarish Walvekar, Limited License Dentist 2. Chasidy Kery, Medical Assistant 3. Melanie Krupa, PA-C 4. Julia Goncalves, LCSW 	Credentialing was approved for Ambarish Walvekar, Chasidy Kery, Melanie Krupa and

	<p>The credentialing committee is working on specific credentials for physician Assistants (PA) since they are licensed differently.</p> <p>After a short discussion of the following new employees, Alan Gaitenby moved to accept the recommendations of the credentialing and privileging committee to approve credentials for Ambarish Walvekar, Chasidy Kery, Melanie Krupa and Julia Goncalves. Tim Walter seconded the motion, and with no further discussion, the motion passed unanimously.</p> <p>The privileging checklists for the following new employees were brought to the meeting as being recommended for privileges by the Credentialing and Privileging Committee:</p> <ol style="list-style-type: none"> 1. Julia Baranyuk, Dental Hygienist 2. Amber Cormier, Dental Assistant 3. Lauren Venne, Dental Assistant 4. Lisa Harvey, MD 5. Julia Goncalves, LCSW 6. Nicole Makris, NP <p>It was discussed that Lisa Harvey, MD has not asked for many privileges. With a short discussion of the employees, Alan Gaitenby moved to accept the recommendations of the credentialing and privileging committee to approve privileging for Julia Baranyuk, Amber Cormier, Lauren Venne, Lisa Harvey, Julia Goncalves, and Nicole Makris. Tim Walter seconded the motion, and with no further discussion, the motion passed unanimously.</p> <p>The privileging checklists for the following current employees were brought to the meeting as being recommended for privileges by the Credentialing and Privileging Committee:</p> <ol style="list-style-type: none"> 1. Emily Bowden, DMD 2. Jessica Beaudry, Dental Assistant 3. Dot Hague, Dental Assistant 4. Kiirsten Cooper, Dental Assistant 5. Kristen Brakey, Dental Assistant 6. Mary Chmura, MD <p>John Follet informed the group that Mary Chmura, MD asked for privileges for most things related to her licensure. With a short discussion of the employees, Lee Manchester moved to accept the recommendations of the credentialing and privileging committee to approve privileging for Emily Bowden, Jessica Beaudry, Dot Hague, Kiirsten Cooper, Kristen Brakey, and Mary Chmura. Nancy Brenner seconded the motion, and with no further discussion, the motion passed unanimously.</p> <p>The committee is finding that CPR documentation is difficult to get from some staff. It was brought up that CPR can be taken online and it was asked if we're accepting online training as a certification that's approved? We're checking with the medical director to get his thoughts on the matter. We're looking to see if</p>	<p>Julia Goncalves.</p> <p>Privileges were granted for Julia Baranyuk, Amber Cormier, Lauren Venne, Lisa Harvey, Julia Goncalves, and Nicole Makris. Along with current employees Emily Bowden, Jessica Beaudry, Dot Hague, Kiirsten Cooper, Kristen Brakey, and Mary Chmura.</p> <p>Bridget Rida to notify employees of the granted credentials and privileging.</p>
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	training a staff member to then train others is possible. As clarification, it was asked if providers are not doing the CPR certifications? They are, but it's difficult to get copies of their cards.	
Adjourn	A motion to adjourn the meeting was made by Tim Walter and seconded by Nancy Brenner. The meeting adjourned at 7:20pm. The next regular Board meeting is scheduled for December 28, 2017 at 5:30pm at the Huntington Health Center.	

Submitted by,

Janet Laroche, Executive Assistant

Hilltown Community Health Centers, Inc.

Summary of Results for the Month Ended November 30, 2017

SEE INCOME STATEMENT FOR DETAIL

Overall Note:

The November net operating results were better than forecasted but still behind the budget. It should be noted that the budget anticipated that the Amherst site would be in operations in November. As we have not yet opened in Amherst the actual to budget variance is not as relevant.

Revenue

1. Patient revenue services did not meet budget for the month of November 2017.
 - a. Medical - \$52,866 and 167 visits under budget.
 - b. Dental - \$16,091 and 390 visits under budget.
 - c. Behavioral Health - \$4,503 and 27 visits under budget.
 - d. Optometry - \$3,092 and 41 visits over budget.
 - e. Combined optometry hardware and pharmacy were \$1,683 under budget.
2. Grant and contract revenues were \$33,264 under budget, mainly due to timing of grant spending.
3. Dividends and Interest were \$20,943 over budget.

Compensation and Related Expenses

1. Wages, taxes and benefits were \$59,676 under budget.

Other Operating Expenses

1. Total operating expenses were \$27,534 under budget.

Net Operating Surplus (Deficit)

The Net operating results was \$43,266 behind budget.

Hilltown CHC
Dashboard And Summary Financial Results
November 2017

	Budgeted FY 2017	Actual YTD March 2017	Actual YTD June 2017	Actual YTD Sept 2017	Actual YTD Oct 2017	Actual YTD Nov 2017	Notes on Trend	Cap Link TARGET	COMMENT
Liquidity Measures									
Operating Days Cash	11	12	7	9	11	3	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	1.43	1.37	Measures HCHC's ability to meet current obligations.	>1.25	Doing Better than Benchmark
Patient Services AR Days	29	31	28	35	33	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	55	54	Measures HCHC's ability to pay bills	< 45 Days	Not Meeting Benchmark
Profitability Measures									
Net Operational Margin	-0.3%	-11.4%	-5.9%	-4.8%	-5.5%	-4.2%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	16.4%	-9.7%	2.8%	10.5%	8.7%	8.4%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Doing Better than Benchmark
Leverage									
Total Liabilities to Total Net Assets	24.1%	38.0%	32.1%	29.1%	30.8%	27.1%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Doing Better than Benchmark
Operational Measures									
Medical Visits	20,254	4,198	8,854	13,365	15,155	16,912			
Net Medical Revenue per Visit	\$ 142.76	\$ 135.60	\$ 140.29	\$ 140.82	\$ 137.91	\$ 136.74			
Dental Visits	18,903	3,638	7,586	11,016	12,297	13,656			
Net Dental Revenue per Visit	\$ 106.91	\$ 110.10	\$ 118.22	\$ 120.75	\$ 113.90	\$ 114.98			
Behavioral Health Visits	4,096	998	1,934	2,834	3,215	3,532			
Net BH Revenue per Visit	\$ 97.53	\$ 85.96	\$ 94.58	\$ 99.17	\$ 97.20	\$ 96.70			
Optometry Visits	1,994	550	1,100	1,716	1,961	2,171			
Net Optometry Revenue per Visit	\$ 98.11	\$ 75.23	\$ 76.02	\$ 77.64	\$ 76.81	\$ 78.44			

Hilltown CHC
Summary of Net Results By Dept.
November 2017
Net Results Gain (Deficit)

	November 2017	November Budget	Over (Under) Budget	YTD	YTD Budget	Over (Under) Budget
<u>Operating</u>						
Medical	\$ (57,297)	\$ (6,784)	\$ (50,513)	\$ (375,932)	\$ (109,802)	\$ (266,130)
Dental	(11,032)	(12,825)	1,793	(139,491)	24,408	(163,899)
Behavioral Health	(7,805)	6,455	(14,260)	39,780	69,445	(29,665)
Pharmacy	5,322	4,590	732	101,129	50,490	50,639
Optometry	(2,881)	1,867	(4,748)	7,896	19,967	(12,071)
Community	12,785	(12,836)	25,621	(977)	(87,447)	86,470
Fundraising	(1,632)	(6,710)	5,078	(65,373)	(73,143)	7,770
Admin. & OH	107,159	937	106,222	139,075	59,086	79,989
Net Operating Results	\$ 44,619	\$ (25,306)	\$ 69,925	\$ (293,893)	\$ (46,996)	\$ (246,897)
<u>Non Operating</u>						
Donations	\$ 218	\$ 32,443	\$ (32,225)	\$ 281,637	\$ 356,873	\$ (75,236)
Capital Project Revenue	1,002	81,968	(80,966)	593,696	901,648	(307,952)
Total	\$ 1,220	\$ 114,411	\$ (113,191)	\$ 875,333	\$ 1,258,521	\$ (383,188)
Net	<u>\$ 45,839</u>	<u>\$ 89,105</u>	<u>\$ (43,266)</u>	<u>\$ 581,440</u>	<u>\$ 1,211,525</u>	<u>\$ (630,085)</u>

**Hilltown Community Health Centers
Income Statement - All Departments
Period Ending Nov. 2017**

	Nov. 2017 Actual	Nov. 2017 Budget	Over (Under) Budget	YTD Total Actual	YTD Total Budget	Over (Under) Budget	YTD PY Actual	Over (Under) Cur. v. PY YTD
OPERATING ACTIVITIES								
Revenue								
Patient Services - Medical	222,464	275,330	(52,866)	2,312,539	2,616,012	(303,473)	2,215,683	96,856
Visits	1,757	1,924	(167)	16,912	18,330	(1,418)	N/A	N/A
Revenue/Visit	\$ 126.62	\$ 143.10	\$ (16.49)	\$ 136.74	\$ 142.72	\$ (5.98)		
Patient Services - Dental	169,481	185,572	(16,091)	1,570,133	1,835,663	(265,530)	1,523,758	46,375
Visits	1,359	1,749	(390)	13,656	17,154	(3,498)	N/A	N/A
Revenue/Visit	\$ 124.71	\$ 106.10	\$ 18.61	\$ 114.98	\$ 107.01	\$ 7.97		
Patient Services - Beh. Health	29,047	33,550	(4,503)	341,552	367,197	(25,645)	260,185	81,367
Visits	317	344	(27)	3,532	3,765	(233)	N/A	N/A
Revenue/Visit	\$ 91.63	\$ 97.53	\$ (5.90)	\$ 96.70	\$ 97.53	\$ (0.83)		
Patient Services - Optometry	19,664	16,572	3,092	170,295	179,745	(9,450)	141,221	29,074
Visits	210	169	41	2,171	1,833	338	N/A	N/A
Revenue/Visit	\$ 93.64	\$ 98.06	\$ (4.42)	\$ 78.44	\$ 98.06	\$ (19.62)		
Patient Services - Optometry Hardware	8,498	6,833	1,665	72,360	75,163	(2,803)	79,164	(6,804)
Patient Services - Pharmacy	7,069	10,417	(3,348)	139,862	114,587	25,275	142,309	(2,447)
Quality & Other Incentives	230	-	230	80,833	89,250	(8,417)	27,925	52,908
HRSA 330 Grant	175,880	128,875	47,005	1,377,184	1,417,625	(40,441)	1,257,575	119,609
Other Grants & Contracts	97,926	111,667	(13,741)	759,579	683,837	75,742	790,288	(30,709)
Int., Dividends Gain /Loss Investments	21,360	417	20,943	89,155	4,587	84,568	33,684	55,471
Rental & Misc. Income	2,681	2,352	329	29,431	25,872	3,559	38,657	(9,226)
Total Operating Revenue	754,300	771,585	(17,285)	6,942,923	7,409,538	(466,615)	6,510,449	432,474
Compensation and related expenses								
Salaries and wages	508,459	546,724	(38,265)	4,967,714	5,071,063	(103,349)	4,667,924	299,790
Payroll taxes	36,357	41,605	(5,248)	371,280	385,903	(14,623)	349,878	21,402
Fringe benefits	33,043	49,206	(16,163)	438,266	456,392	(18,126)	394,132	44,134
Total Compensation & related expenses	577,859	637,535	(59,676)	5,777,260	5,913,358	(136,098)	5,411,934	365,326
No. of week days	22	22	-	240	240	-	240	
Staff cost per week day	\$ 26,266	\$ 28,979	\$ (2,713)	\$ 24,072	\$ 24,639	\$ (567)	\$ 22,550	\$ 1,522

Hilltown Community Health Centers
Income Statement - All Departments
Period Ending Nov. 2017

	Nov. 2017 Actual	Nov. 2017 Budget	Over (Under) Budget	YTD Total Actual	YTD Total Budget	Over (Under) Budget	YTD PY Actual	Over (Under) Cur. v. PY YTD
Other Operating Expenses								
Advertising and marketing	-	2,354	(2,354)	4,095	25,894	(21,799)	10,492	(6,397)
Bad debt	25,747	-	25,747	78,946	-	78,946	24,020	54,926
Computer support	9,213	9,895	(682)	82,018	108,845	(26,827)	110,434	(28,416)
Conference and meetings	345	1,584	(1,239)	14,928	17,424	(2,496)	17,754	(2,826)
Continuing education	2,511	2,875	(364)	25,110	31,625	(6,515)	15,254	9,856
Contracts and consulting	(1,678)	4,917	(6,595)	51,391	54,087	(2,696)	73,851	(22,460)
Depreciation and amortization	13,695	19,847	(6,152)	150,642	166,307	(15,665)	153,045	(2,403)
Dues and membership	1,753	2,621	(868)	82,440	78,831	3,609	28,194	54,246
Equipment leases	2,213	2,109	104	21,860	18,199	3,661	20,216	1,644
Insurance	1,225	1,042	183	13,247	11,462	1,785	11,149	2,098
Interest	1,542	1,551	(9)	17,149	17,061	88	19,295	(2,146)
Legal and accounting	2,083	2,917	(834)	33,980	32,087	1,893	35,036	(1,056)
Licenses and fees	5,234	4,374	860	46,705	48,114	(1,409)	46,055	650
Medical & dental lab and supplies	13,274	21,833	(8,559)	176,117	180,163	(4,046)	152,537	23,580
Merchant CC Fees	1,056	942	114	12,816	8,862	3,954	9,026	3,790
Office supplies and printing	3,251	4,375	(1,124)	30,327	38,125	(7,798)	43,024	(12,697)
Postage	29	1,288	(1,259)	14,752	14,168	584	14,925	(173)
Program supplies and materials	18,182	20,083	(1,901)	181,974	188,413	(6,439)	179,144	2,830
Pharmacy & Optometry COGS	3,917	9,250	(5,333)	52,620	99,250	(46,630)	57,776	(5,156)
Recruitment	-	4,208	(4,208)	3,825	11,288	(7,463)	1,318	2,507
Rent	3,140	7,361	(4,221)	34,055	39,741	(5,686)	35,850	(1,795)
Repairs and maintenance	10,935	14,375	(3,440)	136,542	158,125	(21,583)	158,753	(22,211)
Small equipment purchases	-	2,375	(2,375)	10,960	26,125	(15,165)	25,329	(14,369)
Telephone/Internet	9,369	8,472	897	100,703	85,692	15,011	83,410	17,293
Travel	2,279	4,208	(1,929)	42,040	43,788	(1,748)	39,298	2,742
Utilities	2,507	4,500	(1,993)	40,315	39,500	815	36,548	3,767
Loss on Disposal of Assets	-	-	-	-	-	-	-	-
Total Other Operating Expenses	131,822	159,356	(27,534)	1,459,557	1,543,176	(83,619)	1,401,733	57,824
Net Operating Surplus (Deficit)	44,619	(25,306)	69,925	(293,894)	(46,996)	(246,898)	(303,218)	9,324
NON-OPERATING ACTIVITIES								
Donations, Pledges & Contributions	218	32,443	(32,225)	281,637	356,873	(75,236)	477,702	(196,065)
Loan Forgiveness	-	-	-	-	-	-	39,000	(39,000)
Capital Grants	1,002	81,968	(80,966)	593,697	901,648	(307,951)	202,685	391,012
Net Non-operating Surplus (Deficit)	1,220	114,411	(113,191)	875,334	1,258,521	(383,187)	719,387	155,947
NET SURPLUS/(DEFICIT)	45,839	89,105	(43,266)	581,440	1,211,525	(630,085)	416,169	165,271

CORPORATE COMPLIANCE MEETING

Location: Worthington Health Center

Date/Time: 12/12/2017, 2:30pm

Present: Eliza Lake, Michael Purdy, Frank Mertes, Janet Laroche

Agenda Item	Summary of Discussion	Decision/ Next Steps	Person Responsible/ Due Date
	<p>This is the first meeting of this committee in some time. Eliza Lake passed out the QI report from the first half of the year and created a checklist for what the committee should be doing and tracking according to HCHC's corporate compliance policy.</p> <p>Risk management is included in the checklist and in the twice yearly QI report.</p>		
Corporate Compliance Checklist Activities	<p><u>Corporate compliance meetings:</u> plan to meet twice yearly (June and December) and report to the Board of Directors accordingly.</p> <p><u>Corporate compliance staff training:</u> This takes place once a year at the Spring all-staff meeting. This was last done in April, 2017. We'll look into seeing if this can be incorporated into the new, online training that will be put into place very shortly. We'll check with HR to see if anything is given to the new hires regarding corporate compliance.</p> <p><u>Contract with outside consultants:</u> Our annual fiscal auditors review for compliance each year in March.</p> <p><u>Responding to suspected unethical conduct:</u> This is an as needed item on the list; this topic is included in risk management reports as needed. Any report of unethical conduct follows a specific procedure with steps.</p> <p><u>Conflict of interest disclosure:</u> This is completed annually each January by Board members and corporate officers.</p> <p><u>Supplemental income disclosure:</u> This is not currently included in the conflict of interest form; the form needs to be updated with this information and put into place. Clarification on who are contracted employees are include corporate officers and all contracted employees. Follow up in needed on this topic. The contracted employees working here are not in conflict with their current position here. We'll need to know if there is a conflict with other positions held elsewhere by using adding</p>	<p>Ask Bridget Rida if corporate compliance information is given to new hires</p> <p>Review what we currently use for this.</p>	<p>Janet Laroche 12/22/17</p> <p>Janet Laroche 12/22/17</p>

	<p>determining that they are compliant with security, email, etc. Cyber security insurance will be considered.</p> <p><u>HRSA form 5A:</u> This is completed annually in June.</p> <p><u>Incident reports, complaints, performance reviews:</u> This is a risk management area; we have an incident report template from ECRI and it's felt we should be using it, along with their flow chart. These could be added to the current policy and training for staff will be needed. A log of all incidents also needs to be created. The Reporting Incidents policy needs to be updated. The patient complaints policy is a different policy and should be reviewed as well. The performance evaluation form should be reviewed. Dept heads will be asked to look at this. The current peer review process is in good shape.</p> <p><u>Risk mgt activities:</u> These activities are required and will be reported on twice a year.</p>	<p>Customize ECRI's incident report form, flow sheet, incident spreadsheet log; update reporting incidents policy; review patient complaints policy</p> <p>Create risk mgt activities report twice a year</p>	<p>Eliza Lake 12/27/17</p> <p>Michael Purdy July & January each year</p>
Emergency Management Planning	We need to assign an Emergency Management Manager. The CEO is doing this currently. The original safety committee might have a member who would be interested.	Ask a member of the original safety committee	Eliza Lake 12/31/17
Semi-Annual Report Jan-Jun 2017	<p>This report was completed for Jan –June 2017 and was reviewed by the QI committee and Board of Directors. Follow up actions were included in this report and reviewed at this meeting:</p> <ul style="list-style-type: none"> • Data capture in medical is an ongoing issue • Lab and DI tracking with Noble Hospital is still an ongoing issue • Wait list in behavioral health dept continues • Quarterly reports from departments continue • Cyber-security insurance will be looked into • Active shooter drills were conducted in Oct, 2017 • Infrastructure improvements will begin soon • Security upgrades for Worthington site are ongoing 		

	<ul style="list-style-type: none"> • Culture of Safety survey to be sent out in Mar, 2018 • Cultural Sensitivity training for staff needs to be put into place <p>We're now working on the report for the months of July – Dec and it will be presented at the January QI meeting and Board meeting.</p>		
HRSA	Our HRSA project officer suggested we go through our report once a month for 18 months to see where things stand; we'll add to checklist for follow up.		
Next Meeting	The committee is scheduled to meet again in 2018 at the Huntington Health Center.		

Respectfully submitted,

Janet Laroche

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 11/21/2017 8:15am

TEAM MEMBERS Cheryl Hopson (chair); Janet Laroche, Admin & Lean Team Leader; Kathryn Jensen, Board Representative; Sheri Cheung, Medicine Representative; MaryLou Stuart, Dental Representative; Jon Liebman, ANP; Cynthia Magrath, Practice Manager; Kim Savery, Community Programs Representative; Serena Torrey, Behavioral Health Representative; Eliza Lake, CEO; Michael Purdy, CCCSO; Marie Burkart, Development Director

ABSENT: None

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of October 24, 2017 Minutes	<p>The meeting was called to order by Cheryl Hopson, Chair, at 8:15 am.</p> <p>The minutes from the October 24, 2017 meeting were reviewed. Kathryn Jensen made a motion to approve the minutes and Sheri Cheung seconded the motion. The October 24, 2017 minutes were approved unanimously.</p>	The October 24, 2017 minutes were approved.
Peer Review / Department Reports Medical Department	<p>Jon Liebman reported for the medical dept. There have been more unacceptable experiences with Noble Hospital. A provider has filed a complaint with the Board of Medicine.</p> <p>There was one patient incident that was taken care of successfully.</p> <p>Jon Liebman met with Frank Mertes recently regarding the issues with the EMR. Cooley Dickinson now has a new EMR and this is creating a situation where we're not receiving any discharge summary information for patients from them. Labs are being faxed to us, but discharge summary notes are not. This is considered a liability for us as well as Cooley Dickinson. Cooley has a system in place for all of their own providers, but no system is up and running for the outside providers they work with. The hospital's IT dept is not happy about this issue. We've been told to fax requests to Mass General instead of Cooley. Eliza can assist with this by elevating the issue. She will start by calling the Medical Director at the hospital as this is a risk management issue.</p> <p>A bilingual medical assistant has been hired for the Amherst site. It was reported that we're running low on MAs. The eye care dept has given up the MA who works with the part time optometrist so she can work in the medical dept. It's also been learned that Cooley Dickinson Hospital has raised pay rates for MAs and some of our staff are leaving to work there.</p>	

Behavioral Health	Serena Torrey reported that another Behavioral Health clinician has been hired to work at the School Based Health Center to replace Suzanne Kresiak who resigned.	
Dental	MaryLou Stuart reported that a new dentist started with a limited license. He's a very experienced prosthodontist with 5 years' experience in community health centers. Also just hired is a bilingual hygienist for the Amherst location.	
Old Business		
1422 Grant	<p>Kim Savery followed up with answers to the questions that were raised at the last QI meeting.</p> <p>This grant is to create processes to support our approach to population health. Pre-diabetes and hypertension are low hanging fruit and would help to inform our approach to population health processes.</p> <p>As an example, we were not correctly documenting blood pressure for 73% of medical patients in the 4th quarter of 2016, but now we're getting credit for 96-98% of patients having their blood pressure documented at every visit. It was asked how this changed? Kim answered that Briana Blanchard assisted with this, along with John Cupples and Associates. It was originally being documented differently across the board, but is now more standardized.</p> <p>Hypotheses have been tested with individual teams, but spread has been challenging due to a lack of support and impatience with the process. Providers end up doing their own thing and the testing doesn't work out. Some providers are resistant to this work. Having Carolyn Sailer sit down with providers and review the steps has assisted in getting providers to embrace the process. There's been a lack of process, not a lack of commitment to quality.</p> <p>It was suggested that the process for the teams to follow needs to be refined. Training for what these meetings are supposed to accomplish is recommended.</p> <p>A short discussion was held asking if this topic should Continue to be on this agenda. It was suggested that a separate meeting take place for this grant and a summary can be brought to this meeting.</p>	
NCQA-PCMH Re-certification	<p>Marie Burkart attended this meeting. It was brought up that an application for the School Based Health Center to receive NCQA certification is available. This will be looked at to see if it's something that we can do.</p> <p>It was reported that we're required to have a QI Manager designated and we should have a job description for the position according to HRSA. Eliza Lake shared that there's a plan to hire a director of clinical operations. This</p>	

	<p>position is new and will be looking at big-picture systems and incorporating work flows, along with many other clinical operational items. NCQA certifications, and other requirements would be a responsibility of this position along with communicating to the QI committee. This position will report to Michael.</p> <p>The current QI policy says we have a QI calendar. At present, quarterly department reports are given at this meeting. But, if someone can't make a meeting, and the report is due, it sometimes gets pushed back to the next meeting. It was discussed that reports should be due regardless if the person is present to report or not. This needs to be written down and put into everyone's calendar.</p> <p>Marie also brought to the group's attention that NCQA requires these quarterly reports to be published and shared with the public. This topic will be added to the agenda for a future meeting and we'll discuss what's useful to show patients.</p>	<p>QI calendar to be created</p> <p>Reports shared with the public to be added to a future agenda</p>
Risk Management	There's been a complaint filed with the Board of Medicine regarding Noble Hospital and the lack of response and follow through regarding the timeliness of radiology results being sent to us.	Michael to follow up and report back to this committee
New Business	<p>Due to time constraints today, some new business on the agenda for this meeting will be moved to the next meeting: finalizing a schedule for quarterly reports, using the dashboards that were created some time ago, discussing policy objectives and how we'll stay on top of the standards that need to be reported on; evaluation of how we'll follow and meet the standards and policy objectives.</p> <p>Behavioral Health will be reporting at the December meeting.</p>	
Adjourn	Serena Torrey moved that the meeting be adjourned. After a second by Jon Liebman, the meeting was adjourned at 9:15am. The next meeting is scheduled for Tuesday, December 19, 2017 at 8:15am at the Huntington Health Center.	

Respectfully submitted,
Janet Laroche



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

Risk Management

SUBJECT: ADVERSE-EVENT AND NEAR-MISS INCIDENT REPORTING

REGULATORY REFERENCE: 105 CMR 130.332(c) & 105 CMR 140.308(c)

Purpose:

To develop a culture of safety for patients, staff, and visitors at HCHC, and to ensure the appropriate documentation, response, and reporting of adverse events and near-misses. HCHC will use the information gathered through the reporting of adverse events and near misses to improve its Quality Improvement and Risk Management programs through the use of tracking, response, and root-cause analyses.

Policy:

- HCHC endorses and supports a culture of safety and views adverse-event reporting as a means of improving systems and processes in providing healthcare services to all patients. In a continuing effort to promote a safe environment for patients, HCHC will conduct a systematic program of adverse-event reporting. Reporting is non-punitive, and all providers, employees, and volunteers are encouraged to report all patient and visitor events.
- HCHC encourages open and honest reporting of actual or potential injuries or hazards to patients, visitors, and employees at all sites and services and at all levels of care throughout the organization.
- HCHC aims to limit disciplinary action to only those individuals that engage in willful or malicious misconduct or exhibit continued noncompliance in following established policies and procedures relating to patient care and/or safety or continued failure to follow recommendations to improve skills.
- HCHC strives to facilitate education and problem resolution through forthright disclosure of process failure and/or human error.

Providers, employees, and volunteers are not subject to disciplinary action EXCEPT as follows:

- a. The event is not reported as soon as possible after discovering that the event has occurred and in accordance with event-reporting procedures.
- b. Providers, employees, or volunteers are directly involved in sabotage; malicious behavior; patient mistreatment, abuse, or neglect; chemical impairment; or criminal activity.
- c. False information is provided on the event report or in the follow-up investigation.

- d. A provider, employee, or volunteer fails to respond to educational efforts and/or to participate in the education process or other preventive plan.

Providers, employees, or volunteers who meet any of the exceptions listed above will be subject to disciplinary action in accordance with HCHC's Personnel Policies Handbook.

Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Event reports may not be copied or otherwise disseminated. While the circumstances surrounding an event, all information contained in the event report, and any follow-up reports are confidential, HCHC fully supports that patients and family members or designated representatives be fully informed of errors that reach patients under one or both of the following circumstances:

- a. When some unintended act or substance reaches the patient and results in harm
- b. When there is potential clinical significance of the event to the patient

In addition, consideration should be given to disclosing errors that reach patients and do not result in harm. The decision to disclose these errors will depend on the circumstances of the event and the patient. Responsibility for disclosing the error usually rests with the provider who has overall responsibility for the patient's care; however, the risk manager should be consulted regarding approaches for appropriate communication of the occurrence of adverse events or errors to patients.

DEFINITIONS:

An **adverse event** or **incident** is defined as "an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services."

A **near miss** is defined as "an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance)." Near misses are viewed by HCHC as opportunities for learning and for developing preventive strategies and actions.

Examples of situations to be reported include, but are not limited to, the following:

1. Any happening that could have caused or did cause injury to a patient (e.g., a medication error or adverse reaction, fall, delay in delivery of needed care, unexpected death)
2. Any condition or situation that could or did result in an injury to a patient (e.g., misfiling diagnostic test results, failure to follow up on abnormal test results, scheduling problem, equipment malfunction)
3. Failure to comply with established policy or protocol, with or without patient, provider, employee, or visitor injury
4. Any injury, potential injury, or unusual occurrence involving a patient, visitor, or employee on the facility grounds (e.g., due to a fall, falling object)
5. Any suggestion or threat of lawsuits, contacting legal counsel, or claims for restitution
6. Anything unusual or not in compliance with everyday activities

Questions regarding this policy or any related procedure should be directed to the Risk Manager at 413-667-3009, ext 270.

Originally Drafted: OCT 2015

Reviewed or Revised: DEC 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:

Each provider, employee, or volunteer shall be responsible to report all adverse events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. Immediate evaluation and stabilization of the patient or other individual involved in the event should be carried out. After any needed intervention has been provided to the patient or other involved individual, the HCHC Incident Report should be completed. Persons knowledgeable about the event should complete the Incident Report objectively, accurately, and without conclusions, criticisms, or placement of blame. All Incident Reports will be forwarded as soon as possible, but at most within 24 hours, to the Risk Manager, currently the CCCSO, for review.

Serious injuries and deaths resulting from an adverse event should also be reported immediately by telephone to the risk manager. Per HCHC policy, the CEO and Medical Director should be notified of any events in Category F (i.e., requiring hospitalization) or higher within 24 hours.

Serious reportable events (SRE's) must be reported, by the Department Head or Risk Manager, to the patient/family, third party payer, and DPH's Bureau of Health Care Safety and Quality (BHCSQ) within seven days of the incident. An SRE is an event that results in a serious adverse patient outcome that is clearly identifiable and measurable, reasonably preventable, and that meets any other criteria established by the department in regulations (M.G.L. c. 111, §51H). The Risk Manager will also conduct a follow-up report within 30 days of the initial report and

distribute to all 3 parties. This report will include documentation of the root cause analysis findings and determination of preventability as required by 105 CMR 130.332(c) & 105 CMR 140.308(c).

The Incident Report contains or collects the following information:

- Statement that the event report should not be filed in the patient's medical record
- Date and time of the report
- Date and time of the event
- Location of the event
- Identification of people affected (e.g., patient, visitor, employee)
- Names of people witnessing the event
- Name of the provider to whom the event was reported (if applicable) and the provider's response (e.g., orders given)
- Brief, factual description of the event
- Key observations of the event scene (e.g., if event was a fall, was there water on the floor or ice on the sidewalk)
- Manufacturer, model, and lot (or batch) number of any medical device involved
- Condition of the people affected (including any complaints of injury, observed injuries, and a brief comment on any follow-up care)

The Risk Manager will determine the severity category of the event, and record it on the Incident Reporting Form.

The CEO or Risk Manager will notify external regulatory or accrediting agencies of the event as required in accordance with state and federal statutes and regulations or accreditation standards (e.g., 105 CMR 130.332(c) & 105 CMR 140.308(c)). Examples of external reporting requirements may include reporting to the U.S. Food and Drug Administration under the Safe Medical Devices Act or to state agencies.

The HR Coordinator will complete the Employee Injury portion of Incident Reporting Form, and will notify insurers (e.g., liability, property, Workers' Compensation) in accordance with established notification procedures.

See Incident Reporting Flow Chart for the full reporting process and responsibilities of designated staff members.

Supervisors will preserve, secure, and inspect before putting back into service all equipment (e.g., blood glucose monitors, steam sterilizers), assistive or transport devices (e.g., wheelchairs), accessories (e.g., electrocardiography electrodes), packaging, or any other items that may have been involved in the event.

SEVERITY CATEGORY:

The Department Manager or HCHC Risk Management designee will assign a severity category (A-I or U) to all adverse events, including near-miss and no-harm events. All events will be entered into a risk management spreadsheet. The purpose of this spreadsheet is for the Quality Improvement/Risk Management Committee and Senior Management to track events and to trend

and analyze patterns of events for a proactive approach to quality improvement and identifying opportunities for organization wide improvements in processes or systems.

One of the following severity categories will be assigned.¹ Examples are for illustrative purposes only and are not all-inclusive:

- **Unsafe Conditions:**
 - **Category A:** Potentially hazardous conditions, circumstances, or events that have the capacity to cause injury, accident, or healthcare error. **Examples:** Inconsistent protocol or policy for recording pediatric immunizations contributes to the potential for missed or duplicate immunizations being given. Prenatal patient's glucose level is not checked when indicated.
- **Events, No Harm:**
 - **Category B:** Near-miss event or error occurred but did not reach the patient (e.g., caught at the last minute or because of active recovery efforts by caregivers). **Examples:** Specimens are mislabeled but recognized and corrected before leaving the health center or before reports are completed. Penicillin is prescribed for a patient with penicillin allergy, but the error is noticed by a pharmacist before medication is dispensed.
 - **Category C:** An event occurred and reached the patient or visitor, but there is no evidence of injury or harm. **Examples:** An adult patient has been missing medication doses due to lack of understanding about how to take the drug, but his or her condition or outcome is unaffected. A pediatric patient is observed falling in the waiting area, but no injury is found upon examination.
 - **Category D:** An event occurred that required monitoring to confirm that it resulted in no harm and/or required intervention to prevent harm to the patient or visitor. There were no changes in vital signs or laboratory values (if applicable). Patient's or visitor's physical and/or mental functioning is unchanged. Event does not result in any hospitalization or change in level of care. **Example:** A patient sustains a hematoma in his antecubital fossa during a phlebotomy procedure to draw blood for outpatient laboratory testing. The patient returns to the clinic provider to have his arm checked. No treatment is needed.
- **Events, Harm:**
 - **Category E:** An event occurred that may have contributed to or resulted in temporary harm, required treatment and/or intervention, or required increased observation or monitoring with changes in vital signs, mental status, or laboratory values. **Examples:** A patient fall results in a scalp laceration that requires suturing; the patient is also sent for a CT of the head to rule out further injury. An incorrect dose of a medication causes ototoxicity or nephrotoxicity.
 - **Category F:** An event occurred that may have contributed to or resulted in temporary harm to a patient or visitor and required initial or prolonged hospitalization. **Examples:** During the flushing of a patient's ear canal, the tympanic membrane is damaged, requiring a visit to the emergency department and subsequent treatment. Group B streptococcus status of mother is not

¹ Adapted from the National Coordinating Council for Medication Error Reporting Programs (NCCMERP) and Pennsylvania Association for Healthcare Risk Management.

- documented, and infant does not receive appropriate treatment.
- **Category G:** An event occurred that may have contributed to or resulted in permanent injury or harm to a patient or visitor. **Examples:** Patient is given an injection with a contaminated needle and acquires hepatitis C. Falls or other events result in bone fractures (e.g., broken hip, jaw, arm)
- **Category H:** An event occurred that resulted in near-death circumstances or required intervention necessary to sustain life. **Examples:** Patient has an anaphylactic reaction to medication requiring treatment and transfer to a hospital.
- ***Event, Death:***
 - **Category I:** An event occurred that contributed to or resulted in patient or visitor death. **Examples:** Patient's prescribed medication dose results in an overdose and the patient's death. Patient sustains a hip fracture or closed head injury as a result of a fall and later dies in surgery.
- ***Undetermined:***
 - **Category U:** Cannot assess harm at this time.

ROOT-CAUSE ANALYSIS:

Root-cause analysis is a process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event or error. A root-cause analysis should be conducted for all events or errors with a severity category of "E" or above, or near misses with the potential for an event or error with a severity category of "E" or above. The information and learning from the root-cause analysis should be used to facilitate systems improvements to reduce the probability of occurrence of future related events.

INVESTIGATIONS:

The Risk Manager, in conjunction with the Department Head (as applicable), is responsible for conducting follow-up investigations. The Manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements. The individual conducting the investigation will complete an event follow-up investigation form. All event follow-up reports will be completed within seven working days from the date of the initial event report. Depending upon the type of event, the investigation and report addresses patient- or visitor-specific factors (e.g., physical harm, immediate and ongoing treatment required), external factors (e.g., lighting, flooring, clutter, distractions), witnesses' statements, staffing, communication flow, construction or design factors, human or ergonomic factors, signage, equipment factors, and any other factors or conditions believed to be relevant to the cause of the event.

An investigation will be conducted, at minimum, for any of the following:

1. Any incident or adverse event with a severity category of "E" or above (i.e., any event that may have contributed to or caused temporary or permanent patient or visitor harm, initial or prolonged hospitalization, or death).
2. Any serious patient or family written or verbal complaint or verbalization that a lawsuit will be brought against the provider or the facility.

3. Any significant adverse drug reaction or significant medication error. A significant medication error is defined as unintended, undesirable, and unexpected effects of a prescribed medication or medication error that requires discontinuing a medication or modifying the dose, initial or prolonged hospitalization, or treatment with a prescription medication; results in disability, cognitive deterioration or impairment, congenital anomalies, or death; or is life-threatening.
4. Any unplanned instance of a patient being hospitalized, or transferred to the emergency department or other higher level of care, directly from the health center or clinic.
5. Any incident involving police contact or reporting to external agencies or accreditors.
6. Any near miss with the potential for a high-severity level (e.g., potential to have been an event with harm [category E] and above).

DOCUMENTATION:

Documentation in the patient's chart or medical record, if necessary, shall include:

- Date and time of the event
- A factual account of what happened
- Name of provider notified and time of notification (if applicable)
- Patient's condition after the event
- Any treatment or diagnostic tests rendered to the patient

Documentation **should not** reflect that an event report was completed.

RETENTION OF EVENT REPORTS:

Event reports shall be retained for a minimum of two years. All reports of events involving minors shall be maintained until one year past the age of majority.



Hilltown Community
Health Center

Incident Report Form

Quality Improvement/Risk Management Purposes Only
PRIVILEGED AND CONFIDENTIAL DOCUMENT
DO NOT DUPLICATE OR COPY
(NOT A PART OF THE MEDICAL RECORD)

INCIDENT REPORT FORM

Date of Event: _____

Date Event Reported: _____

Time of Occurrence: _____ AM / PM

Name of Person Involved: _____

Phone # _____

MR/SSN # _____ Date of Birth: _____

Site of Occurrence:

☐ HHC ☐ WHC ☐ SBHC ☐ Community Center ☐ AHC ☐ Other

Location of Occurrence:

☐ Exam Room ☐ Restroom ☐ Hall ☐ Grounds

☐ Waiting Room ☐ Other: _____

Occurrence Involves: ☐ Patient ☐ Staff ☐ Visitor/Vendor

☐ Infrastructure ☐ Vehicle (owner) _____

Insurance Co./ID: _____

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Witnesses and/or Visitors:

Name: _____ Phone # _____

Address/e-mail: _____

Name: _____ Phone # _____

Address/e-mail: _____

Name: _____ Phone # _____

Address/e-mail: _____

Select type of occurrence and type of injury:

Other Occurrences	Treatment/Diagnostic/Procedure Error
<input type="checkbox"/> AMA (left against medical advice) <input type="checkbox"/> Left without being seen <input type="checkbox"/> HIPAA violation <input type="checkbox"/> Medical emergency <input type="checkbox"/> Patient/family complaint <input type="checkbox"/> Patient-to-patient aggression <input type="checkbox"/> Theft (item: _____) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delay/error of contract service (lab, radiology, etc.) <input type="checkbox"/> Omission (treatment, test, other: _____) <input type="checkbox"/> Patient refused treatment <input type="checkbox"/> Incomplete treatment <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong treatment/procedure/diagnosis <input type="checkbox"/> Surgical complication <input type="checkbox"/> Other: _____
Falls	Infrastructure/Property-Related Occurrence
<input type="checkbox"/> Fall from exam table <input type="checkbox"/> Fall from chair/commode <input type="checkbox"/> Fall while walking assisted <input type="checkbox"/> Fall while walking unassisted <input type="checkbox"/> Other: _____ <input type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed <input type="checkbox"/> Provider notified	<input type="checkbox"/> Equipment failure (item: _____) <input type="checkbox"/> Fire on premises <input type="checkbox"/> False (fire) alarm <input type="checkbox"/> Flood on premises <input type="checkbox"/> Power failure more than 4 hours <input type="checkbox"/> Vandalism <input type="checkbox"/> Other: _____
Staff-Related Occurrence	Medication Error Reason
<input type="checkbox"/> Patient-to-staff aggression <ul style="list-style-type: none"> <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Accidental injury by mechanical device/equipment (item: _____) <input type="checkbox"/> Accidental injury due to exposure to hazardous/toxic substances (type: _____) <input type="checkbox"/> Injury due to lifting/moving patients, furniture, or equipment <input type="checkbox"/> Exposure to blood or bodily fluid* <ul style="list-style-type: none"> <input type="checkbox"/> Eye splash <input type="checkbox"/> Needle stick <input type="checkbox"/> Other: _____ * Source Name: _____ * MR/SSN#: _____ <input type="checkbox"/> Other: _____	<u>Transcription/entry related</u> <input type="checkbox"/> Illegible provider order <input type="checkbox"/> Incomplete provider order <input type="checkbox"/> Entered on wrong patient record/chart <input type="checkbox"/> Other: _____ <u>Dispensing/distribution related</u> <input type="checkbox"/> Order not sent to/received by pharmacy <input type="checkbox"/> Order electronically sent to wrong pharmacy <input type="checkbox"/> Wrong drug dispensed <input type="checkbox"/> Medication mislabeled <input type="checkbox"/> Other: _____ <u>Administration related</u> <input type="checkbox"/> Medical record not verified/checked prior to administration <input type="checkbox"/> Dose given, but not documented <input type="checkbox"/> Other: _____
Medication Error Type	Type of Injury (All Events)
<input type="checkbox"/> Allergic or adverse reaction <input type="checkbox"/> Wrong dose <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong drug <input type="checkbox"/> Wrong route <input type="checkbox"/> Wrong time <input type="checkbox"/> Given without an order <input type="checkbox"/> Other: _____	<input type="checkbox"/> Abrasion, laceration <input type="checkbox"/> Altered mental status <input type="checkbox"/> Amputation <input type="checkbox"/> Burn <input type="checkbox"/> Contusion (bruise) <input type="checkbox"/> Electric shock <input type="checkbox"/> Fracture <input type="checkbox"/> Infection/contagious disease <input type="checkbox"/> Musculoskeletal sprain <input type="checkbox"/> Visual impairment <input type="checkbox"/> Other: _____

Brief factual description of occurrence/observations of event scene:																										
First Aid? (describe):	Provider of First Aid Treatment:																									
Other Treatment:																										
Other actions taken by staff:																										
<p>Notifications made:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Risk manager</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Police department</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Guardian/parent/family member</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>External agency: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Department of Public Health</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Occurrence documented in chart</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>				YES	NO	Risk manager	<input type="checkbox"/>	<input type="checkbox"/>	Police department	<input type="checkbox"/>	<input type="checkbox"/>	Guardian/parent/family member	<input type="checkbox"/>	<input type="checkbox"/>	External agency: _____	<input type="checkbox"/>	<input type="checkbox"/>	Department of Public Health	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence documented in chart	<input type="checkbox"/>	<input type="checkbox"/>
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Other: _____	<input type="checkbox"/>	<input type="checkbox"/>																								
Occurrence documented in chart	<input type="checkbox"/>	<input type="checkbox"/>																								

Occurrence report prepared by (print name):_____

☐ RN/LPN ☐ Front Desk ☐ Practice Manager ☐ Medical Assistant ☐ Provider ☐ Other: _____

Signature of Reporter: _____Date: _____

Signature of Supervisor: _____Date: _____

Signature of CEO: _____Date: _____

Signature of QI Committee Chair: _____Date: _____

*** PLEASE DO NOT COPY THE INCIDENT REPORT FORM ***

To be completed by Risk Manager: Incident Severity Category: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ U
(Severity Category definitions included at end of form)

Category A: Potentially hazardous conditions, circumstances, or events that have the capacity to cause injury, accident, or

healthcare error. **Examples:** Inconsistent protocol or policy for recording pediatric immunizations contributes to the potential for missed or duplicate immunizations being given. Prenatal patient's glucose level is not checked when indicated.

Events, No Harm

Category B: Near-miss event or error occurred but did not reach the patient (e.g., caught at the last minute or because of active recovery efforts by caregivers). **Examples:** Specimens are mislabeled but recognized and corrected before leaving the health center or before reports are completed. Penicillin is prescribed for a patient with penicillin allergy, but the error is noticed by a pharmacist before medication is dispensed.

Category C: An event occurred and reached the patient or visitor, but there is no evidence of injury or harm. **Examples:** An adult patient has been missing medication doses due to lack of understanding about how to take the drug, but his or her condition or outcome is unaffected. A pediatric patient is observed falling in the waiting area, but no injury is found upon examination.

Category D: An event occurred that required monitoring to confirm that it resulted in no harm and/or required intervention to prevent harm to the patient or visitor. There were no changes in vital signs or laboratory values (if applicable). Patient's or visitor's physical and/or mental functioning is unchanged. Event does not result in any hospitalization or change in level of care. **Example:** A patient sustains a hematoma in his antecubital fossa during a phlebotomy procedure to draw blood for outpatient laboratory testing. The patient returns to the clinic provider to have his arm checked. No treatment is needed.

Events, Harm

Category E: An event occurred that may have contributed to or resulted in temporary harm, required treatment and/or intervention, or required increased observation or monitoring with changes in vital signs, mental status, or laboratory values. **Examples:** A patient fall results in a scalp laceration that requires suturing; the patient is also sent for a CT of the head to rule out further injury. An incorrect dose of a medication causes ototoxicity or nephrotoxicity.

Category F: An event occurred that may have contributed to or resulted in temporary harm to a patient or visitor and required initial or prolonged hospitalization. **Examples:** During the flushing of a patient's ear canal, the tympanic membrane is damaged, requiring a visit to the emergency department and subsequent treatment. Group B streptococcus status of mother is not documented, and infant does not receive appropriate treatment.

Category G: An event occurred that may have contributed to or resulted in permanent injury or harm to a patient or visitor. **Examples:** Patient is given an injection with a contaminated needle and acquires hepatitis C. Falls or other events result in bone fractures (e.g., broken hip, jaw, arm). Patient sustains a fourth degree laceration during vaginal delivery.

Category H: An event occurred that resulted in near-death circumstances or required intervention necessary to sustain life. **Examples:** Patient has an anaphylactic reaction to medication requiring treatment and transfer to a hospital.

Event, Death

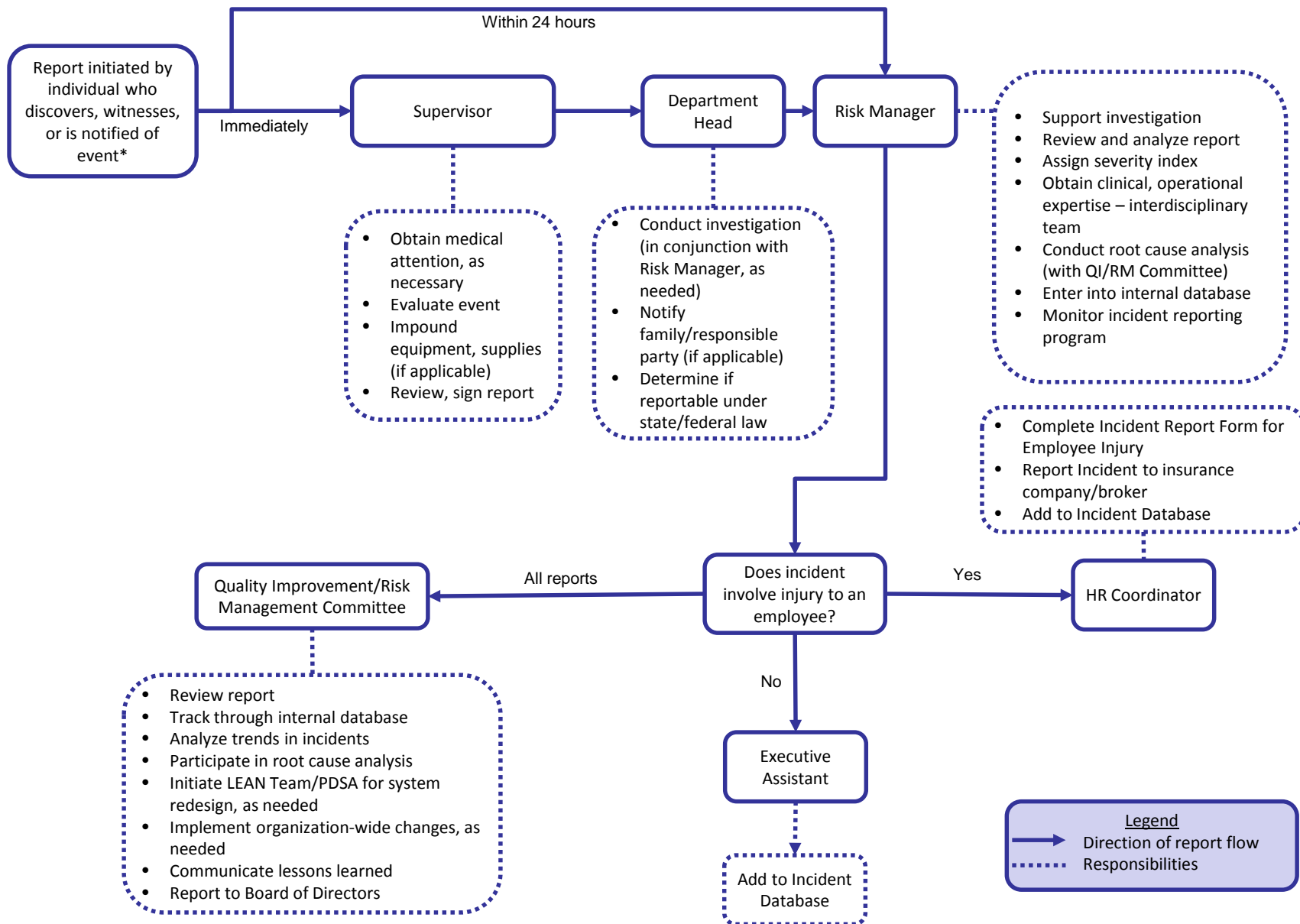
Category I: An event occurred that contributed to or resulted in patient or visitor death. **Examples:** Patient's prescribed medication dose results in an overdose and the patient's death. Patient sustains a hip fracture or closed head injury as a result of a fall and later dies in surgery. Neonatal resuscitation attempts are ineffective, and the infant is declared dead.

Undetermined

Category U: Cannot assess harm at this time.



Incident Reporting Flow Chart



* Serious events should be reported immediately to both Supervisor and Risk Manager