



Hilltown Community Health Center

Administrative Offices
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**BOARD MEETING
JANUARY 25, 2018
WORTHINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the December 28, 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
 1. QI-Risk Mgt Board Report, Jul-Dec 2017
6. Old Business
7. New Business
 - Policies Policy
 - Federal Government Situation
 - Employee Credentialing-New Employee:
 1. Sherry Ferrier, RN
8. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 12/28/2017 5:30pm

Huntington Health Center

MEMBERS: John Follet, President; Nancy Brenner, Vice President; Tim Walter, Treasurer; Alan Gaitenby; Kathryn Jensen; Lee Manchester; Seth Gemme; Matt Bannister; Wendy Long

STAFF: Eliza Lake, CEO; Janet Laroche, Executive Assistant; Michael Purdy, CCCSO

ABSENT: Wendy Lane Wright, Clerk; Cheryl Hopson; Maya Bachman; Frank Mertes, CFO

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Approval of Minutes 11/30/2017	<p>John Follet called the meeting to order at 5:30pm.</p> <p>The November 30, 2017 minutes were reviewed by the Board members present. A motion was made by Alan Gaitenby to approve the November 30, 2017 minutes. A discussion regarding the staffing issue mentioned at last month's meeting was held. Page 4 needed a minor change to state that over 51% of current Board members are patients. It was asked that the December minutes reflect that the submission of the 330 grant was voted on and approved via email by Board members. A motion to accept the November 30, 2017 minutes as amended was made by Tim Walter. The motion was seconded by Kathryn Jensen. The motion to approve the November 30, 2017 minutes as amended was approved. It was noted that one person abstained from voting.</p>	November 30, 2017 minutes were approved with an amendment
Finance Committee	<p>Tim Walter reported for the finance committee. The November financials were reviewed. Cash flow is an issue. We've changed how the expensing of 3 payrolls is handled. Every 2 weeks a draw down from the Federal grant is done. This amounts to 1/26 of the grant to provide cash to pay payroll. The payroll is \$200,000 every 2 weeks and the draw down for this is \$60,000. There were three days operating cash on hand which is very low. November 30 was a payroll day which lowered the days of cash on hand. This is considered very unusual.</p> <p>The lawsuit that's been discussed at recent meetings has been settled.</p> <p>It's been noted that \$237,768 still needs to be raised for the Amherst project. An expense of \$205,000 due to electrical problems was an unexpected expense. The donor base has increased to approximately 600-700 donors. Frank has concerns about the amount still needing to be raised. Marie Burkart and Eliza Lake will focus on this in January. Loan, line of credit, Negotiations with the Town of Amherst continue regarding the electrical issue and who is responsible. The outcome could change how much we will need to pay. How the Town will cooperate is not known at this time. Bills for the Amherst project will be due in February. Options to consider if additional funds are needed may be a loan or a line of credit.</p>	

	<p>A motion was made by Wendy Long to accept the finance committee report. It was seconded by Matt Bannister. With no further discussion needed, the finance committee report was approved.</p>	Finance committee report was approved.
CEO Report	<p>Eliza Lake reported to the Board. It was noted that there was no written CEO report this month.</p> <p>Health care system integration: C3 is deep into implementation with weekly meetings taking place. Processes are being looked at from a high level. Software programs have been identified to augment what we currently have. Community Health Workers will be heavily involved with helping patients with long term services and disabilities. There's a data analytics software to identify people who are attributed to us. The goal is to identify a preventable event in patients in the next the 12 months and prevent it from happening. The challenge of this is called complex care management. vs. coordinated case mgt. The focus will be on prevention. There's a billing/financial side of the software which will pull information from pharmacies as well. One obstacle of this may be the appearance that the patient base is much sicker than they actually are. This system will be ok for year one as we are not paid on the outcomes, only on the reporting. Providers will need to understand how this will work. On a side note, the plan for the Amherst site to open will be the same week that C3 goes live.</p> <p>MassHealth released enrollment numbers to each ACO. As of December 1, those numbers change to a 17% decrease across the state. For us it was a 15% decrease. It was asked why this happened? Eliza is not sure exactly. Eliza stated that there aren't many PCPs in our area that are not in an ACO. For the first two quarters, our DSRIP will be the same. We may see an impact in the third quarter of 2018 at which time we'll look at the number of patients we have enrolled.</p> <p>'Green stripe letters' were sent to patients not automatically enrolled in an ACO by MassHealth. We plan to do a major push in March to contact our MassHealth patients.</p> <p>EHR transition with Cooley Dickinson Hospital (CDH): It was asked when will this happen? Frank Mertes is working on this now. CDH does not have an official date. This will give us more time to complete the transition. All eCW software licenses have been given to us from CDH for free. This is a big savings for us.</p> <p>The admission /discharge info from CDH has not gotten better, but we're managing. We have a small group working on this. CDH is sending someone to assist us with learning how to log into their system.</p> <p>Expansion: Construction at the Amherst site is on track. The Tuesday weekly construction meetings continue. Walls are painted and cabinets have been installed. The Musante family toured in December. The goal is to open the doors on February 20th, however we need to speak with C3. There's an issue with us</p>	

	<p>being open in one Medicaid system for 1 week and then changing on March 1st which may not be good to do. There's discussion to open the doors in Amherst on March 1st to eliminate confusion.</p> <p>There has been talks with Clinical Support Options to talk about behavioral health services. The referrals process is better understood. There's a chance that we may need to ask about renting space from them for our behavioral health provider. They were interested in us using one of their providers. There is no office space to put a behavioral health provider at the Amherst location. It was asked how we see patients who need another language? Translation services are available which can be used for these situations.</p> <p>The 330 grant was approved and voted on by Board members via email after the November meeting.</p> <p>Staff Training: There were no trainings during the month of December except for the CDH training on their gateway portal for medical staff. Bi-monthly manager meetings are to be set up and a list of agenda topics has been created.</p> <p>We've been hiring many new staff as many people have resigned. Bridget has been conducting exit interviews. It seems that some of the medical assistants are leaving to become nurses. The new people hired are energetic and excited. The addition of a bi-lingual receptionist for the Huntington location has been an asset to the site. The Director of Clinical Operations position is posted. Many have applied, but not many are meeting the RN criteria.</p> <p>Due to thinking that the Amherst location would be open in November, the rest of the 2017 budget is not accurate. The actual to budget variance will not be correct.</p> <p>As for the state and national outlook, Stan Rosenberg will be leaving the state Senate. Congress has not yet passed a long-term fix.</p> <p>Our Navigators are very busy assisting people as there are three more weeks in Mass for open enrollment.</p> <p>Eliza is a member of the Community Benefit Advisory Committees for both CDH and Noble Hospital. These committees work to put money out to the community to support public health. Tim Walter asked what the difference is between a Board and an advisory committee? Eliza responded by answering that the advisory committee is a requirement of the IRS for hospitals. There is money to give out in grants each year. We received \$150,000 from CDH via this grant for the Amherst project.</p> <p>It was brought to the attention of the Board that a recent article in the Boston Globe highlighted a doctor harassing staff regarding their sexual orientation at a community health center, but the provider was not let go even though the employer knew of the issues taking place. The Mass League is focused on this</p>	
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	issue and will be communicating with CHCs. Patients sexually harassing staff is another issue. The medical assistants are put in this situation on rare occasions.	
Executive Committee	John Follet reported that the annual evaluation of the CEO was discussed this month by the Executive Committee. It will be reviewed with the Board at this meeting during executive session.	
Recruitment, Orientation & Nominating (RON) Committee	Tim Walter reported that Board membership is stable at the present time. He asked if there is a permanent advisory committee in Amherst? Eliza answered that there is not one presently, but the group currently in place will be there at least for a year. This group will be called together to meet in January.	
Corporate Compliance Committee	<p>Minutes to the December meeting were handed out for review. The committee met earlier in the month. A new incident reporting policy was reviewed. A spreadsheet was created with a checklist of items to be followed up on with timelines. One item on the list for January will be to meet with our insurance broker to discuss our policies. Two new policies to be considered are cyber security coverage and coverage for the transporting of patients in personal vehicles.</p> <p>One goal is to reduce risk by having an incident tracking system in place. Along with the tracking system, a new incident reporting policy and procedure has been created. This includes a flow chart as well. All incidents will be reviewed by the QI committee.</p>	
Facilities Committee	The group that's working on renovations for the sites is planning to meet next week. Eliza Lake reviewed flooring samples for the sites as carpeting will be installed in Worthington and Huntington. Bids on actual floor pricing are being gathered. Painting is also scheduled to be done along with one dental office needing a new ceiling. Signs throughout all sites will be ordered once the Amherst signs are decided upon. The placement of concrete planters in front of the Huntington site has been discussed due to people hitting the building with their cars.	
Personnel Committee	<p>The Personnel committee did not meet this month. The committee plans to meet again on January 23rd.</p> <p>Feedback on the new health insurance is that most staff are ok with the change.</p> <p>Staff are not consistent with reporting their CPR certification to HR. Some have turned to online certification. This is a topic that the committee needs to discuss and will speak with the medical director regarding this. A discussion followed stating that in-person testing can have issues just like online testing. The Red Cross certifies someone for 1 year, while the American Heart Association does every 2 years. The initial certification is done hands-on, while recertification is a</p>	

	<p>little easier. Training a trainer has been brought up in the recent past. The person chosen to do this has resigned. CDH will contact us when they have a train the trainer training set up.</p> <p>The topic of a staff satisfaction survey was brought up again. The next 3 months will be very busy. It was asked if the input received will be representative of things being so busy? Will the outcome be skewed if the survey goes out during the first quarter of 2018? It was suggested that the survey go out in April.</p>	
Quality Improvement/Risk Management Committee	Cheryl Hopson sent a report summary to the group as she was not in attendance at this meeting. The committee is creating a reporting calendar to be followed for the year which will allow for consistent department reporting. Risk management is also more of a focus going forward. Incident reporting will now be better monitored and will be helpful for tracking trends.	
Committee Reports	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 Wendy Long and without further discussion, the reports were approved.	Committee reports presented at this meeting were approved.
Old Business	There was no old business this month.	
New Business Adverse and Near-Miss Incident Reporting Policy	<p>The Adverse and Near-Miss Incident Reporting Policy, form and flow sheet were reviewed. It was asked what constitutes an SRE? The discussion was that the Department of Public Health (DPH) regulations categorize these events. It was asked how training for staff on this policy and procedure will work? Department managers are doing the training for their staff. They are to make sure all staff understand and know the process. Nancy Brenner made a motion to approve the Adverse Near-Miss Incident Reporting Policy, form and flow sheet. Matt Bannister seconded the motion. With no further discussion needed, the motion to approve the policy was approved unanimously.</p> <p>A question was asked about the organizational chart and why it did not have the dentists and providers listed. Eliza answered by stating the document is a management organizational chart showing only the management structure.</p>	Adverse Near-Miss Incident Reporting Policy, form and flow sheet were approved.
Employee Credentialing	<p>The credentialing checklist for the following new employee was brought to this meeting as being recommended for full credentialing by the Credentialing and Privileging Committee:</p> <ol style="list-style-type: none"> 1. Warren Graham, DMD <p>Dr. Graham sold his practice in South Deerfield. He's working a few hours in Worthington and Huntington, but will work in Amherst once the site is open. He's a resident of Amherst. After a short discussion of the following new employee, Tim Walter moved to accept the recommendations of the credentialing and privileging committee to approve credentials for Warren Graham. Kathryn Jensen seconded the motion, and with no further discussion,</p>	<p>Credentialing was approved for Warren Graham.</p> <p>Privileges</p>

	<p>the motion passed unanimously.</p> <p>The privileging checklist for the following employee was brought to the meeting as being recommended for privileges by the Credentialing and Privileging Committee:</p> <ol style="list-style-type: none"> 1. Lora Grimes, MD <p>Lora is asking for acupuncture to be a privilege. It was asked if patients will need a referral for acupuncture? We have Federal approval for acupuncture to be performed on-site, but there are still things to be worked out. It's not entirely sure when this service will begin. Having Lora credentialed is the first step in getting this up and running. With a short discussion of the employee, Tim Walter moved to accept the recommendations of the credentialing and privileging committee to approve privileging for Lora Grimes. Wendy Long seconded the motion, and with no further discussion, the motion passed unanimously.</p>	<p>were granted for Lora Grimes.</p> <p>Bridget Rida to notify employees of the granted credentials and privileging</p>
Executive Session	<p>Wendy Long made a motion to go into executive session for the purposes of discussing the CEO's annual evaluation and not returning to regular session. Nancy Brenner seconded the motion. A brief discussion was held noting that some Boards have the executive session on the agenda each meeting just in case it's needed. This was so noted. Without further discussion needed, the motion to move the regular session meeting into executive session was approved. Eliza Lake, Michael Purdy and Janet Laroche were excused.</p>	Executive Session was approved
Next Meeting	The next regular Board meeting is scheduled for January 25, 2018 at 5:30pm at the Worthington Health Center.	

Submitted by,

Janet Laroche, Executive Assistant

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 12/19/2017 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; 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: Jon Liebman, ANP

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of November 21, 2017 Minutes	<p>The meeting was called to order by Cheryl Hopson, Chair, at 8:15 am.</p> <p>The minutes from the November 21, 2017 meeting were reviewed. The final version of the minutes were not distributed to the group prior to the meeting. The group decided to have Janet Laroche send them out and a vote by email will take place prior to December 28 in order for the minutes to be presented at the December Board of Directors meeting.</p>	Janet Laroche to send out Nov Minutes and ask members to vote by email Prior to 12/28
Peer Review / Department Reports Behavioral Health Department	<p>Serena Torrey reported that a new Behavioral Health clinician has been hired to work at the School Based Health Center to replace Suzanne Kresiak who resigned. There has been no gap in care, but productivity was low for a time as the former clinician reduced her case load prior to leaving and the new clinician needed to get settled. The new clinician is doing well.</p> <p>The department is serving 198 patients of the 200 goal. The wait list continues to grow. It was thought that hiring another clinician would make a difference with the list, but so far that's not the case. It was asked how long are people waiting? Serena answered that people are waiting approximately 6 months. There are about 60 people on list. The department is still confirming with people that they want therapy and want to wait before they are added to the list. All are asking to be on the list. The department is taking urgent referrals only at the present time. Many other places have wait lists.</p> <p>There are not enough providers to meet the demand in our area. This issue is mainly for clients of the Huntington site. At present, there is no more office space in Huntington, but Mon and Fri could work if a part-time clinician was to be hired.</p> <p>Serena said treatment times vary greatly for each person. It was asked if we should move clients through faster? Have quicker turnover? Feedback received said this would not be helpful to the people being seen.</p>	

	<p>It was asked if people are on multiple wait lists? When they are called do they say they're seeing someone else? Yes, Serena said this happens occasionally.</p> <p>Currently, Serena provides supervision to three clinicians. Randy Fisher is no longer needed to provide supervision now that Serena has passed her LICSW exam. Two clinicians are a few months away from taking their LICSW exam which will lighten up Serena's supervision duties.</p> <p>The department has seen an increase in pain management referrals. Hypnotherapy and Biofeedback are now being offered. HRSA needs to be informed by Jan 24, 2018 that we're offering these services. We are no longer offering pet/animal therapy.</p> <p>Frank Mertes, Serena Torrey and Kim Savery are working on behavioral health services/referral relationships for the Amherst location.</p> <p>Serena asked how Health Safety Net (HSN) works? Several patients have quit therapy due to their insurance ending. It was suggested that she speak with one of the navigators about this. She'd like more information on how this works and how it can be explained to patients.</p> <p>Cenpatico came in and offered several trainings for various depts. The trainings included behavioral health topics along with effective communication. They've been 1 hour trainings which were free to the organization. CMEs were provided for social workers.</p>	
Medical Department	<p>There were no issues in the medical dept to report. A Worthington Health Center provider is leaving as of Dec 31. They are working on filling her hours. The new Physician Assistant (PA) is working out well. Management is assisting Sheri Cheung on figuring out her scheduled hours while supervising the nurse practitioners and PA. Sheri is the only full time MD at the Huntington site. Jennie Howland is leaving the Worthington site earlier than expected. Lisa Harvey has cut back her hours unexpectedly as well. She has asked for more supervisory hours and less patient care hours.</p>	
Dental Department	<p>MaryLou reported that the limited license dentist is on board. Dr. Graham is also now on board and will be working 20 hours per week until the Amherst location is open. There is another dentist interested in working for the health center per diem. A hygienist has been hired for Amherst who is bi-lingual and bi-cultural. Dental assistants are still needed for the Amherst site.</p> <p>Dental therapist legislation was discussed. Any insurance can be taken, and this position needs to be supervised by a dentist if not in public health or non-profit environment. Supervision would not be required here. This is already happening in other states.</p>	

Eye Care Department	Michael Purdy reported that optometry is going well. The new optometrist is receiving good reviews from patients. Peer review is scheduled for next month. Getting the new optometrist credentialed with insurances is still being worked on and is a slow process.	
Old Business		
1422 Grant QI Summary	<p>Kim Savery reported that the Department of Public Health (DPH) will visit this week. They will discuss a continuum of care for diabetes patients.</p> <p>Twenty applicants have applied for the two Community Health Worker positions that are available. Diane Meehan is retiring March 1, 2018 and Gail Bobin is planning to leave on June 30, 2018.</p> <p>Open enrollment still continues until January 24, 2018 in Massachusetts.</p>	
NCQA-PCMH Re-certification	<p>Marie Burkart attended this meeting. We're required to be sharing reports with the public, but we're not doing anything at the present time. NCQA is looking for us to share what we're measuring. Marie is going to research what other community health centers are sharing and how they're going about it. It was suggested that we start with patient satisfaction surveys since we have the data. We don't have to share all the questions, but could pick the relevant ones and post in waiting rooms or somewhere patients would see them.</p> <p>Eliza Lake informed the group that we did very well on the MHQP survey last year. This survey is sent to our private insurance patients. We did well this year on behavioral health questions. There is a best practices story on the MHQP web site and we're mentioned in two places. We could share this as a start.</p>	Janet Laroche to share MHQP best practice story on social media by 1/16/2018
Risk Management	<p>Michael Purdy reported that there were several incidents to report to the committee:</p> <ul style="list-style-type: none"> • A1C in-house testing was done, but the tests weren't calibrated. This was identified and an MA is now calibrating. One patient was identified as being affected by this, but there was no adverse outcome. • One patient complaint about a front desk person speaking rudely to them. • There's a pending legal case regarding suspected child abuse of a patient. This is a mother/father custody issue. The mother of the patient was upset that the provider did not submit the pictures given to her with the medical record for view in court. All the required information was in the medical record report. The provider was summoned to court but was not required to appear. • One patient complained about the time it took for the referrals dept to act and the wait time for an MRI. The complaint was found to be not completely accurate. • One patient fainted at the checkout counter. The patient was sent to the ER. We're not aware of the outcome yet. This incident happened 11/21. 	

	<p>Eliza Lake would like to be made aware of any legal issues in the future. Michael Purdy would need to be made aware as the Risk Manager. It was asked what the process should be for legal cases? Michael and Eliza will review the process.</p> <p>The Incident reporting process is in the process of being re-evaluated. There will be a new form for use which will be much more comprehensive. A flow chart will also be included. Incidents will be tracked in a new spreadsheet which will allow for review and the ability to see trends to follow up on. The policy regarding incidents is being reviewed/updated as well. The Dept heads will be reviewing this today.</p>	Janet Laroche to share approved policy with committee by 1/16/2018
Committee Requirements	Cheryl Hopson shared the QI calendar that's been created for this committee to follow. She asked for input from the group as well as other things that might be added. The bi-annual report should be added; FTCA re-deeming application review should be added; QI plan review should be added. This calendar is helpful for the chairperson to have a yearly guideline to follow.	Janet Laroche to update QI calendar and send to committee by 1/16/2018
New Business		
	<p>Serena shared that the threatening patient process was used successfully with a patient recently.</p> <p>Eliza reported that the corporate compliance committee met earlier this month. The QI/Risk Management report is being worked on for 2nd half of 2017. The draft is being looked at and will be submitted to this group at the January, 2018 meeting.</p> <p>Patient satisfaction surveys are not completely out yet for Fall, 2017. Janet Laroche is working on getting this done. Eliza mentioned that the new cloud based EMR may administer this survey for us for the medical dept in the future. The survey used for the community programs is not relevant to their services. It was asked if there are surveys that other health centers use that we could look at? Marie Burkart will ask when she calls around regarding data sharing with the public.</p> <p>The health center's Service Area Competition (SAC) application was submitted last week. Our next FTCA site visit will occur at the end of 2019 at the earliest. A site visit guide is to be released by HRSA soon.</p> <p>The Dental dept will be reporting at the December meeting.</p>	<p>Eliza Lake/ Michael Purdy to complete QI/Risk Management report for 2nd half of 2017 by 1/16/2018</p> <p>Marie Burkart to call other CHCs to ask about patient satisfaction surveys used</p>
Adjourn	Kathryn Jensen moved that the meeting be adjourned. After a second by Serena Torrey, the meeting was adjourned at 9:15am. The next meeting is scheduled for Tuesday, January 16, 2018 at 8:15am at the Huntington Health Center.	

Respectfully submitted,

Quality of Care and Health Outcomes and Disparities Dashboardi
HCHC 330 Grant

<u>Measure</u>	<u>Description</u>	<u>HCHC Stated Goal/Benchmark (with Timeline)</u>	<u>Last Reported (as of 2nd quarter 2017)</u>	<u>Current</u>	<u>Notes</u>
				<u>Percentage</u>	

As of: 3rd quarter 2017

Department Prioritized Measures , Behavioral Health

Number of Pts Currently Served	198	200.00	196.00	99.0%	
Number of Pts on Waitlist	approx 60	10.00	51.00		
Psychiatric referrals this quarter	5	NA	3.00		
Cases Peer Reviewed this quarter	8	8.00	9.00	100.0%	
Pts Referred for Targeted Intervention this quarter	5	4.00	2.00	100.0%	
Legal Actions Involving BH this quarter	0	NA	0.00		
Urgent Care Visits this quarter	3	NA	2.00		
Crisis Support Given this quarter	2	NA	1.00		
Average Percent No-Shows	17%		21.0%		

Other:

SBHC BH Clinician resigned, causing dramatically reduced caseload in her last two months.

New clinician hired at SBHC, gradually increasing case load
New clinician hired at HHC, causing low visits as she develops patient panel

Increase in targeted referrals for pain management, with implementation of hypnotherapy and biofeedback

QI-QA/Risk Management Reporting Calendar**NOTES**

JANUARY	Dental Risk Management QI-Risk Mgt Board Report Jul-Dec from prior year
FEBRUARY	Eye Care Community Programs Risk Management
MARCH	Behavioral Health Medical Risk Management
APRIL	Dental Risk Management QI-QA Policy/Plan Annual Review
MAY	Eye Care Community Programs Risk Management
JUNE	Behavioral Health Medical Risk Management Patient Satisfaction Surveys Review FTCA Redeeming Application Annual Review
JULY	Dental QI-Risk Mgt Board Report Jan-Jun Risk Management
AUGUST	Eye Care Community Programs Risk Management
SEPTEMBER	Behavioral Health Medical Risk Management
OCTOBER	Dental Risk Management
NOVEMBER	Eye Care Community Programs Risk Management
DECEMBER	Behavioral Health Medical Risk Management Patient Satisfaction Surveys Review



**QI-Risk Management Report
July-December 2017**

As part of HCHC's Risk Management Plan, we are reporting to the Board on a semi-annual basis a summary of our risk management activities and follow-up. Risk Management is a broad area that encompasses many myriad activities that reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. This includes assessment and continuous improvement and/or maintenance of effort in the areas of commercial insurance, training, infection control, scope analysis, HIPAA, employee safety, and emergency planning and response. The Risk Management Annex of our Corporate Compliance Program lists the following as elements of our Plan:

1. Commercial Insurance analysis to determine coverage requirements and make adjustments as necessary;
2. Training programs include but are not limited to:
 - Safety Training (fire drills, disaster drills, workplace safety, workplace violence);
 - OSHA Training Compliance (infection control, needle stick protocols, hazardous waste disposal, employee injuries and ergonomics);
 - Security Programs (electronic door operation, IT security and enhancements);
 - Confidentiality Programs (Corporate Compliance, HIPAA Privacy rules); and
 - Patient Care Programs (Patient complaint process, dealing with difficult patients, aggressive patients);
3. Infection control, including the maintenance of an exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood borne Pathogens.";
4. HIPAA Privacy and Security, including risk analysis and training;
5. FTCA and scope analysis to ensure that all services offered are accurately represented in HCHC's Form 5A;
6. Risk management strategies, including the identification, analysis, and treatment of risks, and an evaluation of the strategies themselves.

HCHC has a Quality Improvement (QI) Plan that includes quarterly risk assessments by the Medical Director that are presented to the QI/Risk Management Committee, and then to the full Board of Directors. This risk assessment can include peer review of patient records, incident reports, quality measures tracking, patient satisfaction data, employee satisfaction data, etc. In addition, the QI/Risk Management Committee conducts a quarterly assessment of other potential risk areas, including identification of training needs, results of culture of safety surveys, any claims activity, etc. The QI/Risk Management Committee reports to the full Board of Directors a minimum of four times per year on completed risk management activities; status of the health center's performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.

Below are the activities that HCHC undertook in the second half of 2017 to address these issues:

Quality Improvement Activities

Clinical Operations:

- Data collection for the medical department continues to be an ongoing topic of discussion. There are difficulties in capturing all the required data needed, but the plan is to address these issues with business optimization services that will be a part of the transition of the EHR to the cloud.
- NCQA recertification application was submitted in September for both the Worthington Health Center and Huntington Health Center. Approval notification for Level 3 Notification (the highest level) was received for both sites in December.
- A behavioral health clinician was hired and started in July after it was determined that another clinician was needed to address patient demand. An additional BH clinician was hired in November to replace an existing provider at the school-based clinic.
- FTCA application submitted in August 2017 to renew malpractice insurance coverage; Deeming Notice for 2018 received.
- The medical department hired a Physician Assistant (PA) for the first time; She started in December. New policies and supervision requirements were developed.
- Part-time Optometrist was hired for the eye care department.
- A number of bilingual staff members have been hired for the Amherst site

Patient Satisfaction:

- Medical dept survey was changed to the CAHPS survey with PCMH module. 2100+ emails were sent to medical patients in April inviting them to take the survey. We received 233 responses. Areas needing improvement as identified from the results include:
 1. Communicating with patients about what to do on weekends, evenings and holidays
 2. Better overall communication with patients about labs and imaging results
 3. Better communication between PCPs and specialists
 4. Addressing the social determinants of health in a way that patients find helpful

Utilization:

- Risk management now a standing item on QI meeting agenda
- Medical peer reviews determined that diagnostic imaging and labs need quicker follow up; ICD9 vs. ICD10 coding is an issue - eCW has a few bugs and details that providers need to be aware of
- The undiagnosed Hypertension registry was developed and contains 75 patients. Three patients diagnosed with Hypertension; 15 removed from the registry- found to not have Hypertension.
- Results from the second pre-diabetes prevention class were reported; Average weight loss for the group was 8.9% (5% is national average); One person had a 40lb weight loss; 4 patients considered not to be pre-diabetic any longer. A second facilitator was trained.
- New dummy codes have been created in the dental department for reporting purposes in the department's electronic medical record
- Eye care chart audit was successful with no concerns found

Safety/Adverse Events:

Behavioral Health:

- No patient complaints
- Conflict with a clinician and front desk person occurred. Supervisors followed addressed the issue and it was resolved.

Eye Care:

- No patient complaints

Dental:

- Three patient complaints:
 - Patient with broken dentures complained after wanting them repaired. We provided the original dentures as 'immediate dentures' 2 years+ prior. Patient 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.
 - Patient complaint after having an extraction. The numbness experienced with the 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.
 - Patient with MS who had a tooth ache. The tooth was removed via routine extraction. The patient 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.

Medical:

- One patient complaint:
 - Received a negative posting/rating on Facebook from a patient. The patient was not complaining, but venting online.
- One medication error:
 - Addressed with nursing and a review of processes took place; new policy and procedure has been implemented
- HCHC provider filed a complaint 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. Noble Hospital continues to be an issue for diagnostic imaging.
 - Patient with an abnormal chest x-ray result which was not received in a timely manner. The imaging file did not say where the file came from, which required staff time to determine. Also, it took eight days to receive the previous chest x-ray image from Noble so it could be reviewed. A formal complaint was sent to the QI Director at Noble Hospital, as well.
- Cooley Dickinson Health Care transitioned to its new EMR (October, 2017), which created a situation in which HCHC providers are not receiving any discharge summary information for patients. Discussions took place regarding this liability, and systems and trainings were developed to ensure that providers have the information they need to do appropriate post-discharge care.

Risk Management:

- Three patient incidents:
 - Medical patient was injured in exam room when he hurt his hand a chair. He overextended 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. The patient's hand was evaluated. 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.
 - Medical 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.
 - Dental patient needing extractions was showing signs of tremors in his hand and couldn't sign forms right away, but eventually did. He then showed signs of a leg tremor while in the exam chair, and then had a full body tremor, in which case his treatment stopped. His eyes then rolled back. The medical dept was called and a nurse and provider came over to assist. The patient was sent to the hospital directly from the health center.

Follow-up actions:

- Data capture remains an on-going issue: a committee of the CCCSO, CFAO, EHR Specialist, and Medical Director have been tasked with developing a solution in conjunction with business optimization through EHR transition and implementation of ACO
- Medical Department continues to report issues with lab and DI tracking: Medical Director to again reach out to Noble, Baystate and now Cooley Dickinson; Board of Medicine has been contacted regarding the issues with Noble
- Peer review for all clinical departments report no actionable or risk issues: Department Heads to continue quarterly reports to QI

Non-Clinical Risk Management Activities

Training:

- Mandatory, all-staff training held October 18, 2017; Agenda items included active shooter training with the Mass State Police, as part of our emergency preparedness plan
- Active shooter drills were conducted with local State Police barracks October/November, 2017
- Twice monthly corporate compliance emails were sent to all staff and Board Directors between July and September
- Managers attended a cultural sensitivity conversation/training October 17, 2017
- Reception staff attended a 2-day customer service training during the month of November; Managers attended a 1-day training covering the same topic on a broader level
- CEO, medical director and CCCSO attended FTCA University training in September, 2017

Risk Assessments:

- Emergency Operations Plan completed and reviewed by Board of Directors
- Some infrastructure improvements at both main facilities completed

Follow-up actions:

- Investigate options for cyber-security insurance – CFAO 1st qtr, 2018
- Continue with infrastructure improvements at both main facilities
- Complete and expand ongoing security upgrades, subject to funding availability at Worthington location
- Initiate process of completing Culture of Safety (Just Culture) survey with all staff – March, 2018
- Develop plan for increased organizational cultural sensitivity, including training to all staff, in recognition of changing patient population and in preparation for opening new site in Amherst
- Hire a Director of Clinical Operations, who will be responsible for Quality Improvement, Emergency Management, and Infection Control, among other duties
- QI calendar to be created; quarterly department reporting dates to be included
- Determine how/where to share quarterly department reports/data with the public



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: POLICIES

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for writing, categorizing, reviewing, approving, implementing and filing/storing policies.

Policy:

1. All policies of HCHC will be written using a standardized template.
2. All policies will be categorized as an Administrative Policy or a Clinical Policy. They will also note the department, site, or subunit for which the policy is relevant, as appropriate and/or needed.
3. All policies and procedures will be reviewed by the appropriate Department Head on an annual basis.
4. All policies will be reviewed and voted upon by the Board of Directors annually.
5. All Department Heads will be responsible for implementing approved policies for his/her department, including training staff, monitoring and enforcing compliance, and proposing changes/addition/deletions of policies to Senior Management.
6. All approved policies will be filed electronically, as well as the signed hard copies, by the Executive Assistant.

Questions regarding this policy or any related procedure should be directed to the CEO at 413-238-4128.

Originally Drafted: SEP 2007

Reviewed or Revised: JAN 2018

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

1. All policies of HCHC will be written using a standardized template.

All HCHC policies will be written using a standardized Microsoft Word document template which is found at the end of this policy. It can also be found electronically in the Policies and Procedures folder located in the All-Staff drive.

2. All policies will be categorized as an Administrative Policy or a Clinical Policy.

All HCHC policies will be categorized as either an administrative or clinical policy. This will be listed at the top of the policy template. The policy will also note the appropriate department, site, or other subunit that is responsible for implementing and following the policy.

3. All policies and procedures will be reviewed by the appropriate Department Head on an annual basis.

1. Department heads, Senior Management, or Board Committees can identify a need for a new policy or a change to an existing policy. They can bring the need to the attention of the appropriate Department Head and/or Senior Manager, who will give permission for the creation/amendment of a policy.

2. All newly created policies should be written by the appropriate Department Head or designee and should be submitted to the appropriate senior manager for discussion and approval.

3. All current policies are to be reviewed by the appropriate Department Head on a yearly basis and any amendments and/or changes should be made. The policy should then be submitted to the appropriate Senior Manager for discussion and approval.

4. The approved policy is to be emailed to the Executive Assistant where it will be logged on the master policy spreadsheet and added to the next month's Board of Directors meeting agenda for review.

4. All policies will be reviewed by the Board of Directors annually.

The Board of Directors follow a monthly calendar where each month a group of policies is presented for approval. A minimum of one month prior to the policy's presentation to the Board, all policies that need to be renewed will be sent to the relevant Department Head(s) and all of Senior Management for review to ensure that it is correct, necessary, and complete.

5. All Department Heads will be responsible for implementing approved policies for his/her department(s).

Department Heads will be responsible for monitoring a policy's implementation in his/her department which includes distributing policies, training staff on their implications for their work, and monitoring its implications to all relevant staff.

6. All approved policies will be filed electronically, as well as the signed hard copies by the Executive Assistant.

1. The electronic version of all approved policies will be stored on the All-Staff drive in the appropriate folder within the Policies and Procedures folder.
2. The signed hard copies of all approved policies will be filed in the hard copy manual located in the Executive Assistant's office.
3. The Board of Directors approval date for each policy will be logged on the master policy spreadsheet by the Executive Assistant.
4. The Executive Assistant will email the list of Board approved policies to all staff following each Board of Directors meeting. A hyperlink to each policy will be included in the email.
5. All policies will also be distributed to Department Heads and discussed, if necessary, at a monthly Department Head meeting, to ensure timely implementation and training.