



Hilltown Community Health Center

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

**BOARD MEETING
MAY 24, 2018
WORTHINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the April 26, 2018 Meeting Minutes
3. Auditor's Financial Statement and Vote
4. Finance Committee Report
5. Chief Executive Officer / Senior Manager Reports
6. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
7. Old Business
8. New Business
 - Medical Dept Policies
 - Employee Credentialing-New Employees:
 1. Kathie Curnick, RN
 2. Jessica Rivera, Registered Dental Hygienist
9. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 04/26/2018 5:30pm

Huntington Health Center

MEMBERS: John Follet, President; Tim Walter, Treasurer; Lee Manchester; Wendy Lane Wright, Clerk; Cheryl Hopson; Nancy Brenner, Vice President; Kathryn Jensen

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

ABSENT: Matt Bannister; Wendy Long; Alan Gaitenby; Seth Gemme; Maya Bachman

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Approval of Minutes 03/27/2018	<p>John Follet called the meeting to order at 5:35pm.</p> <p>The March 27, 2018 minutes were reviewed by the Board members present. A motion was made by Lee Manchester to approve the March 27, 2018 minutes. The motion was seconded by Tim Walter. The motion to approve the March 27, 2018 minutes was approved.</p>	March 27, 2018 minutes were approved
Finance Committee	<p>Tim Walter reported for the Finance Committee which met at 4:30pm prior to this meeting. The month of March had a loss of \$73,284. Two and a half snow days in March is attributed to some of the month's loss. The year-to-date loss is \$190,005. The reported loss this time last year was \$231,748. The first quarter of 2018 is improved over 2017.</p> <p>It was reported that cash is very tight at the present time. There was a question regarding payroll and employee insurance payments, which are prioritized over all other payments. The Finance department is then prioritizing payments to vendors. Some reimbursement owed to provider staff for travel and conferences had been put on hold, but everyone will be paid eventually.</p> <p>The Finance Committee recommended to the Board of Directors that they allow the Finance Committee to review and approve the financial audit report from the auditing firm since the Board will not meet prior to May 15 when the UFD report is due and the final audit report needs to be completed and submitted. A motion was made to authorize the Finance Committee to review and approve the final audit report prior to May 15 by Tim Walter. The motion was seconded by Nancy Brenner. With no further discussion needed, the motion was approved by those present.</p> <p>There was a snag with receiving the Certificate of Occupancy for the Amherst site because four sprinkler heads were not in place. The architect mentioned this to the Town at the last minute. The plumbing is in and they will be installed tomorrow. The Department of Public Health (DPH) will hopefully come on Monday to inspect. We're wondering if dental can open without the Mass</p>	Finance Committee was authorized to review and approve the final audit report

	<p>Controlled Substance certificate or the Federal DEA certificate. This is something we'll need to find out. Dental may open before medical if possible. Many staff members have been involved in getting things set up and ordered.</p> <p>The possibility of a rent abatement with the Town of Amherst is something that Frank is working on. He'll be meeting with the Town. Officials there are aware of what's their responsibility. Reducing our payment schedule to offset the amount of the unexpected costs to the building is a possibility. Frank plans to draft a letter with the lease payment schedule.</p> <p>HCHC is supposed to receive funds from Cooley Dickinson Health Care (CDHCC) to cover some of the operating expenses related to opening the Musante Health Center. This payment is being held up during negotiations about HCHC payments to CDHCC for eCW licenses. Frank and Eliza are in talks with the CHDCC CFO, and anticipate ironing out the issue soon, which will mean some relief on the cash flow issue.</p> <p>The unexpected costs of the construction project, approximately \$200,000, were added costs not covered by grants or the fundraising done. Florence Bank was approached to get a construction line of credit. During the application process, the bank found that the health center has several outstanding liens, some of which have all the current assets and future assets in collateral. Frank is in the process of trying to clear some of these up. The fine print in one of the liens lists only the Huntington site. CapLink, a program through the Mass League, has been contacted as another option for a line of credit. We still have a \$100,000 line of credit with Florence Bank that has not been used. If a new line of credit cannot be obtained, it's possible that we would have to use our investment account to pay off the rest of the amount owed. Future fundraising would be needed and the money received would go back into that account to replenish it. The fundraising consultant we hired to assist with the capital campaign has taken a permanent job, but we may consider contacting her to see if she could help us with some hours for another year, although Marie doesn't think that we need to hire her. We still have a list of prospects to contact as potential donors. It's a possibility for us to negotiate some of the upcharges from the architect to be a donation and in return include the company on the donor wall. The upcharges list needs to be reviewed by Frank and Eliza before any decision is made.</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 Lake made her CEO report to the Board. First, the contact and information form we ask each new Board member to complete has been updated and was handed out to each board member to complete and return.</p> <p>There was a recent article in the NY Times related to how health care is changing, with the increased number of mergers between retail giants and health care organizations. The C3 retreat Eliza, Jon, and Frank attended recently</p>	

	<p>spoke about these things. Good information was shared. Slides were handed out to all Board members that included data about spending and trends in the U.S.. We have 2-3 years to think about this information and plan for how we will react. Two new health centers are joining C3. It was asked what the intersection is of the ACO and the Mass League? The Mass League has received several contracts from MassHealth. Are some health centers not in an ACO? Yes, several have not signed up. It was asked how are things going at the health center with the ACO? Eliza answered that it's confusing for staff at times. There are currently many demands and meetings. Providers are being asked to look into things regarding certain patients which takes time. Enrollment has quieted down and the deadline for enrollment has moved to July 1. Across the state, rumors are that some patients are being moved from one ACO to another without being told. We've been asked to send those names to MassHealth so it can be reviewed if we come across this. The ACO is getting more notice at the state level due to C3 getting larger.</p> <p>The next stage of our medical record transition to the cloud has begun as we've received that contract and are reviewing it. Turning over the licenses from CDH will happen and there is a conference call set up. We have three months to transfer from CDH to the cloud once the agreement is signed.</p> <p>We received a domestic violence grant for a large sum of money. We asked for \$375,000, and received \$304,234. We are applying for a Title X family planning grant We received confirmation of our 3-year HRSA grant approval. All health centers are being given a pro-rated monthly amount until July. Also, there may be another New Access Point (NAP) grant application coming out soon through HRSA. It's something to consider. We've spoken about Westfield or Ware in the past and there are pros and cons each way.</p> <p>The installation of rugs in the health center sites and painting is almost complete. Staffing changes continue with several more new staff members being hired, primarily for Amherst.</p> <p>An analysis of our dental services has been conducted. We're serving 20% less patients from Berkshire County now than in 2013, but the overall number of patients is about the same. We're seeing the same number of dental patients, but they are each having slightly fewer visits.</p> <p>It's been agreed upon to not hold spots for long term behavioral health patients any longer. A proposal was reviewed regarding how to best use the hours from the SBHC staff member to address the behavioral health wait list issue for the summer months. In other departments, Optometry struggled recently, but Dr. Purdy is now back from his leave. Dawn Flatt has been asked to work with staff to address the schedule issues to see how it can remain full.</p> <p>Eliza informed the group that MA State House Day is May 1st and she will be attending. John Follet said he may attend. Eliza also mentioned that the CDC</p>	
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	<p>would like to have a party for Steve Kulik this summer and asked if we'd like to join them.</p> <p>Recently the former Town Moderator of Amherst died and his widow named the health center as beneficiary of memorial gifts. We've received almost \$1,000 to date. We're in the process of needing to figure out how to list gifts in honor of and in memory of on the donor wall for the John P. Musante Health Center.</p> <p>Eliza asked the group is anyone is planning to come to the open house on June 2 for the Amherst site? She's wondering if anyone would be willing to be in the building monitoring things during the ceremony and tours? John Follet will speak, along with others to be invited.</p> <p>Also, the ACO moved their Board meeting dates and are more consistently meeting the same day this Board meets. The typically finish up at 4pm in Boston which makes it hard for Eliza to arrive at these meeting on time. It was asked if we should consider moving this meeting? Will ACO Board meetings continue for a while? Should we move to a different week? Eliza answered that C3 never meets during the 1st week of the month. CDH has moved their Board meeting to the 3rd Monday of the month. May 31st is a conflict so perhaps this group could meet on May 24th. It was asked if this meeting could move to the first week of the month on Thursday and how many in attendance this would work for? The majority of Board members in attendance were able to make the meeting if it took place on May 24th. Janet will email the entire group with the proposed change in meeting date and see if this will work going forward. Frank says that the financial reports can be ready by the 24th.</p> <p>The Annual meeting is coming in June and the annual report is being worked on. The Bylaws state the annual meeting needs to be attended by the Board, but it doesn't state the meeting has to include all staff as well. The date of June 7 for the annual meeting was chosen, but just the Board will be in attendance this year.</p> <p>The Town of Worthington is celebrating its 250th anniversary in June and we've decided to purchase a banner and ask staff to march as a group. We'll be giving t-shirts to everyone who wants to march.</p>	
Executive Committee	John Follet reported that there was no business this past month.	
Recruitment, Orientation & Nominating (RON) Committee	Tim Walter reported there has not been a meeting recently.	
Corporate Compliance Committee	Strategic planning has recently taken place. The action plan for September to March has been reviewed and updated.	

	<p>Eliza recently took part in a webinar on our new staff training system, HealthStream.</p> <p>Eliza's also in the process of training Dawn Flatt to be the organization's Emergency Preparedness Coordinator. A meeting was recently attended in Worcester.</p>	
Facilities Committee	<p>Eliza reported that she's interested in setting up a facilities committee meeting. Some staff have approached her about painting within the facilities. She's thinking of having a painting party with food for staff who would like to participate. One dental hygienist has painted her exam room on the weekend herself.</p>	
Personnel Committee	<p>The Personnel Committee did not meet in April. The meeting was rescheduled for May 15th but there's a meeting that Bridget Rida will be attending off-site that day. The meeting is now taking place on May 22nd.</p>	
Quality Improvement/Risk Management Committee	<p>Cheryl Hopson reported that the April QI meeting was cancelled with short notice. The next meeting is scheduled for May 15th.</p>	
Committee Reports	<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 Kathryn Jensen and without further discussion, the reports were approved.</p>	<p>Committee reports presented at this meeting were approved.</p>
Old Business	<p>There was no old business this month.</p>	
New Business	<p>The Annual meeting is now scheduled for June 7th, but will be held at the health center and be conducted as a regular Board meeting.</p>	
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. Isolde (Izzy) Quinney, Resident through C3 2. Dawn Flatt, RN, Director of Clinical Operations 3. Tammy Sciartilli, Certified Dental Assistant 4. Cynthia Fox, DMD <p>It was asked how that Director of Clinical Operations position is working out? It was answered that things are going well. She will be doing some nursing if needed. A question was asked about Dr. Fox. She's an experienced dentist who recently retired, but then decided to work again. After a short discussion of the following new employees, Nancy Brenner moved to accept the recommendations of the credentialing and privileging committee to approve credentials for Izzy Quinney, Dawn Flatt, Tammy Sciartilli, and Cynthia Fox.</p>	<p>Credentialing was approved for Izzy Quinney, Dawn Flatt, Tammy Sciartilli, Cynthia Fox</p> <p>Privileging was approved for Melanie Krupa</p>

	<p>Tim Walter seconded the motion, and with no further discussion, the motion passed unanimously.</p> <p>For Employee Privileging, The privileging checklist for the following employee was brought to this meeting as being recommended for privileges by the Credentialing and Privileging Committee:</p> <p style="text-align: center;">1. Melanie Krupa, PA</p> <p>John Follet reported that Melanie is asking for only a few privileges outside of the usual list. After a short discussion of the following employee, Nancy Brenner moved to accept the recommendations of the credentialing and privileging committee to approve privileging for Melanie Krupa. Tim Walter seconded the motion, and with no further discussion, the motion passed unanimously.</p>	Bridget Rida to notify the employees of the granted credentials
Next Meeting	With no further business to discuss, Tim Walter made a motion to adjourn this meeting and Lee Manchester seconded the motion. The motion was approved. The meeting adjourned at 6:40pm. The next regular Board meeting is scheduled for May 24, 2018 at 5:30pm at the Worthington Health Center.	

Submitted by,

Janet Laroche, Executive Assistant



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: ACCEPTANCE OF GUIDELINES FOR EVIDENCE-BASED CARE
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing evidence-based care to our patients.

Policy:

HCHC will identify the organization and evidence-based guidelines that its providers will follow in providing clinical care for certain conditions, encounters, or screenings. These conditions, encounters, or screenings could include but are not limited to pediatric CPEs, diabetes, hypertension, etc. HCHC will review these guidelines and ensure that providers are providing evidence-based care.

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

Originally Drafted: JAN 2012

Reviewed or Revised: MAY 2018

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

Procedure:

1. HCHC has agreed to follow the American Academy of Pediatrics' guidelines for conducting Well Child checks and Well Adolescent checks.
2. HCHC has agreed to follow the American Diabetes Association's guidelines regarding testing and medication recommendations for treating our patients diagnosed with Diabetes, Type 1 or Type 2.
3. HCHC has agreed to follow the American Academy of Family Physicians and Joint National Committee guidelines regarding testing and medication recommendations for treating our patients diagnosed with Hypertension.
4. HCHC has agreed to follow the U.S. Preventive Services Task Force (USPSTF) guidelines regarding testing and medication for treating our patients diagnosed with Elevated Body Mass Index (BMI) and other weight-related diagnoses.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept

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

Purpose:

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

Policy:

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

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

Originally Drafted: APR 2012

Reviewed or Revised: MAY 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:

New health center patients will designate a Primary Care Provider.

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



Hilltown Community Health Centers, Inc.

Clinical Department Policy

Medical Department

SUBJECT: BAYSTATE REFERENCE LABORATORY (BRL) WORK FLOW
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing laboratory services in conjunction with BRL presence on site(s).

Policy:

1. HCHC will consider providing lab coverage during hours when the BRL lab is closed as staffing permits. The exception is Point of Care (POC) testing.
2. HCHC will continue to provide (POC) testing for patients during and after normal lab hours.
3. POC proficiency testing will be tracked by operations.
4. PT/INR tracking will be done by the Nursing department using BRL reports, when available.
5. Reconciliation of extraneous labs will be performed by the Clinical Teams using reports generated by the Medical Operations Manager at an interval to be determined jointly.
6. Unless interfaced, results of labs for diabetic patients, as well as Pap tests, will be input by the Medical Assistants as part of pre-visit planning using results attached to labs.

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

Originally Drafted: JUN 2012

Reviewed or Revised: MAY 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:

Off-Hours Lab Coverage

1. Patients needing lab draws done during the time the lab(s) are closed for lunch will have the option of either waiting for the lab to reopen or of having a lab slip printed to obtain the draw elsewhere.
2. HCHC will staff the lab(s) for complete phlebotomy services during non-working hours as available staffing permits.

Point of Care Testing

1. Glucose - drawn by ordering provider's M.A. or float.
2. Hemoglobin - drawn by ordering provider's M.A. or float.
3. Mono - drawn by ordering provider's M.A. or float.
4. Urinalysis.
 - a. Routine UA's for physicals, hypertension, and urine tox will be bagged to send out by phlebotomist, daily.
 - b. UA's to rule out UTI will be done by M.A. of ordering provider if it is a provider visit, or by Nursing staff if it is a Nurse visit.
5. Rapid Strep - M.A. of ordering provider if it is a provider visit, nursing staff if it is a nurse visit.
6. Urine pregnancy test - M.A. of ordering provider if a provider visit, nursing staff if it is a nurse visit.

PT/INR tracking will be done by the Nursing department.

1. Daily in the morning:

- a. Print site Lab Schedule from eCW & highlight patients scheduled for PT/INR
- b. Monitor pt.'s lab jelly bean for results
- c. Baystate Reference Lab to fax list of patients drawn twice daily

2. Results received:

- a. Enter date and INR result on flow sheet
- b. Prepare instructions according to Nurse Coumadin Protocol and initial
- c. Open new telephone encounter
 - i. Click drop down in reason field. Click on PT/INR results
 - ii. Click browse in message field. Click on Please review and complete PT/INR flow sheet and send to nursing for further follow up
 - iii. Click browse in Action taken. Click on Prepared instructions according to nurse Coumadin Protocol
 - iv. Send telephone encounter to PCP. If PCP not working, send to covering provider who will review, note changes if any and return to nursing
- d. Telephone encounter received back from provider

- i. Review flow sheet and encounter for any changes in dosing. Provider to initial flow sheet. If no changes, provider will note “agree” in action section of telephone encounter
- ii. Call pt. with Coumadin instructions and date next INR needed.
- iii. Document call on flow sheet and initial.
- iv. Document call in action taken section of telephone encounter and address encounter.
- e. Schedule next lab appointment
 - i. After appointment scheduled, right-click on appointment in schedule
 - ii. Click View Progress Notes in pop-up menu
 - iii. When note opens, click arrow by appropriate diagnosis in problem list
 - iv. Order PT/INR lab as a current order
 - v. Click the Quick Transmit button
 - vi. Assign to Nurse HHC or WHC as appropriate
 - vii. Click the drop-down arrow by the Transmit button
 - viii. Click Transmit Only
- f. Update Patient PT/INR Tracking List

3. Results received from outside lab, Anticoagulation Clinics or Phillips Home PT/INR Monitoring:

- a. Front desk scanner will assign results to general nursing lab jelly bean in each site.
- b. Nursing to monitor jelly bean throughout the day
- c. Nursing to follow Results received process above.

4. General Items:

- a. End of day, check general lab jelly bean to monitor for any outstanding PT/INRS
- b. Monitor and update the Patient PT/INR Tracking List biweekly and sooner if able

Required POC Proficiency training will be maintained by operations and will be conducted by appointed personnel as required.

Reconciliation of extraneous labs will be performed by the Clinical Teams

- 1. Clinical Operations Manager will generate a report of labs ordered on a weekly basis.
- 2. Clinical team members will filter report.
- 3. Lab orders more than 1 month old, with no results received, will be deleted.
 - a. Access patient’s hub
 - b. Access Labs
 - c. Check the desired lab
 - d. Click Delete.

Unless interfaced, results of labs for diabetic patients, as well as Pap tests will be input by the Medical Assistants as part of pre-visit planning using results attached to labs.

1. Lab results returned via fax are transferred to patient documents, attached to the applicable lab order and routed to the team Medical Assistant.
2. Medical Assistant will enter the lab attribute results for diabetic patients and enter Normal or Abnormal for Pap results.
3. Resulted lab will be routed to the ordering provider for review.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: CARE AND MANAGEMENT OF HIGH RISK PATIENTS
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for identifying high risk patients and to ensure that patients at risk receive appropriate care management.

Policy:

1. High Risk denotes a patient population that is characterized by, but not limited to, risk due to:
 - a. Chronic disease
 - b. Infectious disease
 - c. Behavioral Health condition(s)
 - d. High cost/high utilization
 - e. ETOH or drug addiction/deprivation
 - f. Lacking the necessities of life/food/shelter
 - g. Elderly living alone
 - h. Patients referred by outside organizations or by family/caregiver
2. High Risk patients will be identified by Providers, Nursing and Insurance Companies.
3. Care for high risk patients will be managed by ensuring pre-visit planning is conducted and by involving the patient and/or family in every aspect of the patient's care.

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

Originally Drafted: NOV 2012

Reviewed or Revised: MAY 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:

High Risk patients will be identified by Providers, Nursing, and Insurance Companies.

1. In-house identification will be done via email to the RN (care manager).
2. In the absence of the RN, identification will be forwarded to nursing supervisors for triage and delegation.
3. High Risk patients will be identified in the EMR by Registry enabling the patient. Providers and Nursing will be responsible for this action.
4. Percentage of high risk patients will be determined through the EMR registry system.

Care for high risk patients will be managed by ensuring pre-visit planning is conducted and by involving the patient and/or family in every aspect of the patient's care.

1. Pre-visit preparation of High Risk Patients will be completed by RN (care manager), nursing staff and medical assistance.
2. RN (care manager) will collaborate with the patient or the patient's family to develop individual plan of care. This may be done during:
 - a. home visit
 - b. phone conversation
 - c. office visit
3. Treatment goals will be determined by RN (care manager), nursing, and the patient.
4. Medical Assistants will provide up-date information relevant to the plan of care at every office visit, to include:
 - a. names of specialists
 - b. medication reconciliation
 - c. updating of demographics
5. Individual care plan development will solely be the responsibility of nurses.
6. Nurses and or Medical Assistants will provide the patients with a hard copy of the care plan after every office visit.
7. Providers/RN/nurses/medical assistants will address barriers when the patient has not met treatment goals.
8. A Discharge summary will be given to the patient after each office visit by the provider or medical assistant.
9. The RN (care manager) will identify all additional care management support that may be imperative for the patient to met treatment goals.
10. All care team staff will be involved in delivering optimum patient care while protecting patient privacy.

11. The RN (care manager) and nursing will follow-up with patients who have not kept important provider appointments.
12. Nursing will request help from reception staff in contacting patients for appointment dates.



Hilltown Community Health Centers, Inc.

Clinical Policy Medical Department

SUBJECT: COORDINATING CARE TRANSITIONS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for coordinating the transition of care for patients recently discharged from the hospital, emergency room or other clinical care facility.

Policy:

1. Providers, RN (care manager), nursing, medical assistants, reception staff will identify patients with a hospital admission and or Emergency Department (ED) visit.
2. RN (care manager), nursing, medical assistants/reception will share clinical information securely with admitting hospital or ED and will continue two-way communication during the patient's hospitalization.
3. RN (care manager), nursing, medical assistants/reception will request patient discharge summaries before follow-up appointment date.
4. A member of the patient's clinical care team will contact and arrange follow-up appointments within 48 hours of discharge from ED or hospital.
5. HCHC will obtain proper consent for release of information and securely exchange information with community partners.

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

Originally Drafted: NOV 2012

Reviewed or Revised: MAY 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:

Providers, RN (care manager), nursing, medical assistants, reception staff will identify patients with a hospital admission and or ED visit.

1. Patients will be identified using methods laid out in the Hospital and ER follow-up policy.
2. When RNs are unavailable, nursing supervisors will receive the notifications.

RN (care manager), nursing, medical assistants/reception will share clinical information securely with admitting hospital or ED and will continue two-way communication during the patient's hospitalization.

If admitting hospital requests medical information at the time of admission and/or during the patient's hospitalization, reception will fax medical summary (assuring confidential fax).

Medical summary may include, but not limited to:

- a. Medical history
- b. Current medications
- c. Allergies

To quickly fax a medical summary, open the patient hub:

- d. Click on Medical Summary
- e. Click the FAX button
- f. Enter recipient information in upper left corner
- g. Click the Send Fax button

RN (care manager), nursing, medical assistants/reception will request patient discharge summaries before follow-up appointment date.

1. Requests for discharge summaries will be made when the follow-up appointment is booked, or when the staff receives notice of the ED visit/hospital admission.
2. Requests will be made by fax or telephonic request to the medical records department at the rendering hospital.
3. Nursing staff will annotate both the request and subsequent receipt of the discharge summary using ED/Hospital template.

A member of the patient's clinical care team will contact and arrange follow-up appointments within 48 hours of discharge from ED or hospital.

1. Providers, RN (care manager), and nursing will determine if follow-up appointment can be waived.
2. In the case of a fractured bone, the patient will be scheduled to see orthopedics, and an office visit with primary provider may not be medically necessary at this time.
3. When in doubt, nursing will request advice from the providers.

HCHC will obtain proper consent for release of information and securely exchange information with community partners.

1. All patients sign a release of information form at the time of being registered as a new patient. The release of information form is updated on a yearly basis. The release authorizes all necessary information to be shared with insurance companies, other payers, and medical providers/facilities.
2. The signed release of information form is scanned into patient's EMR record.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: DIAGNOSTIC IMAGING TRACKING
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that diagnostic imaging (DI) orders are completed and results are received to improve patient care.

Policy:

1. Care team staff will reconcile DI orders on a weekly basis during Pre-Visit planning Time.
2. Urgent Diagnostic Imaging appointments will be made by referrals specialist and tracked by the Team MA.
3. The scanner will attach results to DI orders and send to ordering provider.
4. Provider will make arrangements to contact the patient with results.

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

Originally Drafted: NOV 2012

Reviewed or Revised: MAY 2018

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

Procedure:

Care team staff will reconcile diagnostic imaging orders on a weekly basis during pre-visit planning time.

1. On a weekly basis Care team staff will track all outstanding diagnostic imaging orders during pre-visit planning time.
2. When ordering diagnostic imaging, providers (or other staff depending on standing orders or protocols) will use the “internal notes” field of the order to enter where the patient would like to have the imaging done. If the order is printed for the patient to take to radiology, the staff member who prints the order will enter “printed” and where the patient is going for the test in the “internal notes” field of the order.
3. Certain orders (MRI, CT Scans, Ultrasounds, etc.) will likely require processing by the Referrals Specialist. Once the Referrals Specialist has processed the order, they will document in the “internal notes” field and reassign to the Team MA. The Referrals Specialist will make appointments for all DI, except x-rays, mammograms, colonoscopies, bone density. They will note the appointment date and time in the “internal notes” field.
4. The Team MA will monitor the orders to ensure results have been received and that have been linked to the original order. If not linked, the report will be returned to the scanner for linking and assignment to the appropriate provider.
5. If the DI result is not received, the Team MA will contact the location where the order was sent and request the DI results to be faxed to the electronic fax (413-923-9355) and will document in internal notes “results requested”.
 - a. If the patient did not go to the appointment or non-scheduled testing, the Team MA will contact the patient via phone or letter and ask the patient if they are still planning on doing the testing. Team MA will attempt to contact the patient 2 times. If no reply from the patient within 14 days, the Team MA will contact the patient again via letter or phone call. If no call back after 7 days, the Team MA will send a telephone encounter (TE) to the provider regarding outreach to patient.
 - b. If the patient is going to do the testing, reschedule appointment if needed.
 - c. If the patient refuses/declines/ no-shows for the testing, the Team MA/Referrals Specialist will note in the “internal notes” field “declined” and create a TE to send to the provider.
 - d. The provider will address if further action is needed. If no further action is needed, the provider will note in the TE and the DI order and cancel the order. If further action is required, the provider will arrange for contacting the patient.
 - e. The provider should send TE back to Team MA letting the Team MA know the DI order can be cancelled.

Urgent Diagnostic Imaging appointments will be made by referrals specialist and tracked by the Team MA.

1. A provider will mark a diagnostic imaging order as high priority. The diagnostic imaging order will be assigned to HCHC referral specialist.
2. For tracking purposes, a high priority telephone encounter will be created by the referral specialist and assigned to REFERRALS.
3. If necessary the referral specialist will obtain an insurance authorization.
4. The referral specialist will schedule an appointment for the patient and notify the patient of the appointment date and time.
5. Once the patient is aware of the appointment, the diagnostic imaging order and telephone encounter will be forwarded to the team medical assistant to track.
6. The medical assistant will request the consult notes or test results and hold the telephone encounter open until the notes are received.
7. If the notes or test results are received Front Desk will scan them into the patient's chart and assign them to the provider to review.
8. The team medical assistant will address the telephone encounter once the consult notes or test results have been received.
9. If the patient cancels the appointment, the telephone encounter should be assigned to the provider as FYI.
10. If the appointment is rescheduled, the team medical assistant will keep the telephone encounter until the new date.

The scanner will attach all DI orders and send to ordering provider.

1. When we receive results for DI, the scanner will attach the report to the order.
2. The scanner will then assign the DI to the ordering provider to review.

Provider will make arrangements to contact the patient with results.

1. If DI results are normal, the provider will make arrangements to contact the patient within 5 business days.
2. If the DI results are abnormal, the provider will make arrangements to contact the patient within 12 hrs.



Hilltown Community Health Centers, Inc.

Clinical Policy Medical Department

SUBJECT: DISPOSAL OF OUTDATED CONTROLLED SUBSTANCES OR PRESCRIPTION MEDICATIONS

REGULATORY REFERENCE: 105 CMR 700.000: M.G.L. c. 94C, § 2.

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the disposal of outdated prescription medications and controlled substances.

Policy:

1. Outdated prescription medications and prescription medications which have not been administered due to a change in the prescription or a stop order shall be disposed of and the disposal documented in accordance with policies established by the program, provided that disposal occurs in the presence of at least two witnesses and in accordance with any policies of the Department of Public Health

Questions regarding this policy or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: _____

Reviewed or Revised: MAY 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



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: DOCUMENTING TELEPHONE / WEB CLINICAL ADVICE
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for documenting clinical advice given via telephone or portal messaging **during and after** hours of operation.

Policy:

1. Telephonic requests for clinical advice will be initiated using telephone encounters.
2. Telephonic / Portal requests for clinical advice will be answered within one business day with the exception of prescription refill requests which will be answered within 48 hours.
3. All clinical advice will be entered using the appropriate tab of the telephone / web encounter and routed according to protocol.

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

Originally Drafted: JAN 2012

Reviewed or Revised: MAY 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:

During Normal Hours of Operation

Telephonic requests for clinical advice will be initiated using telephone encounters.

1. Reception will initiate telephone encounters for patient contact requiring clinical advice or interaction.
2. Unless a standing order is in force, telephone encounters will be sent to the facility-specific Nursing queue in the EMR.
3. Nursing staff will monitor the Telephone / Web Encounter queue and triage telephone encounters according to priority.
4. A patient will be able to send a message to the health center from the patient portal. They will have the ability to select a particular provider.
5. Incoming messages will be routed according to the default facility listed in the patient's demographics. In other words, if a patient is seen at the Worthington office, messages sent by that patient will be routed to the Nurses queue in Worthington.
6. Once sent, patients will be able to track their sent messages the same as our "M" messaging or email.
7. Messages are received in the "T" jellybean as web encounters. The subject of the message will be listed as the reason.
8. Routing a message from the portal is essentially the same as routing a telephone encounter. There are a few additional options.
9. Note the title "Web Encounter" at the top of the screen. Also notice the addition of the Reply to Patient button next to the Add Action Taken button.

Telephonic / Portal requests for clinical advice will be answered within one business day with the exception of prescription refill requests which will be answered within 48 hours.

1. Unless marked emergency, telephone encounters will be triaged within one business day and the patient contacted by nursing or the provider.
2. Messages received through the patient portal as web encounters will be treated in the same manner as telephone encounters, except that nursing will acknowledge receipt of the encounter immediately using the reply to patient button.
3. Telephone or web encounters for prescription refills will be answered within 48 hours in accordance with published policy.

All clinical advice will be entered using the appropriate tab of the telephone / web encounter and routed according to protocol

1. All clinical advice will be documented using the Action Taken button. This will apply to encounters received during normal operating hours as well as to all calls routed to the on-call provider after hours.
 - a. Lab / Imaging orders will be documented on the Labs / DI tab or the encounter

- b. In the event more detailed clinical information is obtained from the patient, use the Virtual Visit tab to document.

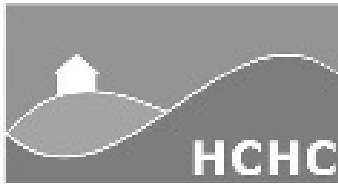
After Hours of Normal Operation

Telephonic requests for clinical advice will be initiated using telephone encounters.

1. The provider designated with on-call duty will ensure that they have access to the electronic medical record (EMR) either via laptop computer through VPN or Citrix or through the eClinicalMobile application.
2. The answering service will forward calls to the on-call physician as designated in the monthly listing made available to them.
3. Upon receipt of a forwarded call, the on-call physician will start a telephone encounter and document the nature of the call and any/all action taken.
4. Unless the on-call physician is the patient's primary care provider (PCP), the encounter will be routed to the appropriate PCP for follow up action on the next business day.
5. In the event that the EMR is not available after hours, the on-call physician will document the nature of the call and advice given in written format and enter the information into the EMR within one business day.

Portal requests for clinical advice will be answered within one business day with the exception of prescription refill requests which will be answered within 48 hours.

Because the electronic portal communication is designated for non-emergent communication, the procedures outlined for responses during normal hours of operation will apply for portal requests received during hours when the office is closed.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: DEPARTMENT OF TRANSPORTATION (DOT) PHYSICALS
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for conducting Department of Transportation (DOT) physicals.

Policy:

1. DOT physicals will be scheduled with providers certified to perform DOT physicals.
2. Clients requesting a DOT or CDL physical will be scheduled for a DOT visit type.
3. The cost of the DOT physical will be \$75.00 and will be paid by the patient upon check-in.
4. The visit will be coded using the E & M code 99DOT.

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

Originally Drafted: DEC 2014

Reviewed or Revised: MAY 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:

DOT physicals will be scheduled with providers certified to perform DOT physicals.

1. All HCHC providers are certified for DOT physicals EXCEPT: Jon Liebman, NP; Brenda Jaeger, NP; Lora Grimes, MD; Miranda Balkin, MD.
2. Physicals for bus drivers require that an MD conduct the physical and sign off on the Medical Examination Report; schedule accordingly.

Clients requesting a DOT or CDL physical will be scheduled for a DOT visit type.

1. Reception will schedule DOT physicals for any and all people requesting this service.
 - a. If the requester is a current patient, schedule per usual protocol
 - b. If requester is not a current patient, add requester to the patient database as a New Patient, filling in the required fields and identify as a **SELF PAY** in the demographics screen. The PCP will be identified as **NONE, None**. The Rendering Provider will be left blank.
 - c. In the event a current, active patient is also due for a complete physical, it is advisable to schedule consecutive appointments, one for the DOT and one for the CPE. Each appointment will be 30 minutes in duration and charted separately.
2. Patients will be informed that, due to current insurance regulations, insurance will not cover a DOT physical and that payment of \$75.00 is required upon check-in.
3. The visit code DOT will be used to schedule these physicals
4. Patients will be mailed the appropriate Medical Examination Report forms and instructed to ensure that they bring them to the appointment.
5. Reception will take payment upon check-in and provide the patient with a receipt. Patients are free to file for reimbursement with their employer.

The cost of the DOT physical will be \$75.00 and will be paid by the patient upon check-in

In the event a person fails the initial DOT physical, a subsequent follow-up will be charged at \$35.00, payable at check-in.

The visit will be coded using the E & M code 99DOT.

1. Providers may use the template **HCHC DOT Physical**. This template contains the following information:
 - a. E & M Code – 99DOT for the visit
 - b. DTAUD – CPT code for Audiometry, Pure Tone DOT, \$0.00
 - c. DTVIS – CPT code for Visual Acuity Screen DOT, \$0.00
 - d. DTURI – CPT code for Urinalysis-No micro DOT (IH), \$0.00
 - e. Lab Order for Urinalysis DOT (IH)
 - f. Assessment V70.5 Encounter for CDL exam

g. General Examination template

2. Since these visits are not billable to insurance companies, the CPT codes reflect a zero charge when a claim is created.
3. Providers should use the ICD-9 Code V70.5 – Encounter for CDL (commercial driving license)
4. Providers should use the E & M code 99DOT if they choose not to use the template
5. It is not permissible to use V70.0 for the ICD-9 Code since this applies to an annual physical and should be combined with an age-specific 993XX, Preventive Care visit code.
6. The Medical Examination Report will be completed and forwarded to scanning into the patient's documents (attached to the DOT visit).



Hilltown Community Health Centers, Inc.

Medical Department
Eye Care
Oral Health
Community Services
Behavior Health

SUBJECT: EMPLOYEE EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL **REGULATORY REFERENCE:**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to minimize risk of infection when an employee is exposed to a potentially infectious material.

Policy:

Definition of terms:

- 1) Occupational Exposure: Contact between open skin, eye, or mucus membranes and blood or other potentially infectious material that may result from the performance of an employee's duties.
- 2) Other potentially infectious materials include: Any bodily fluid visibly contaminated with blood or any bodily fluids in situations where it is difficult to differentiate between body fluids: semen, vaginal secretions, cerebrospinal fluid, and fluid from sterile body cavity or contaminated saliva.

When an exposure as defined above occurs:

- 1) The employee will perform first aid
- 2) The employee or his/her designee will contact the nursing staff
- 3) The nurse will coordinate care for the employee and patient
- 4) The nurse will assist the employee with completing an incident report form which will be located at the Medical and Dental reception area

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

Originally Drafted: FEB 2016

Reviewed or Revised: MAY 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. When an exposure as defined above occurs, the employee will perform first aid to the affected area immediately as follows:
 - a. Needle sticks and cuts should be washed with soap and water promptly for 3-5 minutes;
 - b. Splashes to the nose, mouth or skin should immediately be flushed with water for 3-5 minutes;
 - c. Eyes should be irrigated immediately with clean water, saline or sterile irrigate for 3-5 minutes.
2. A nurse should be notified immediately. This nurse will be responsible for coordinating the immediate care for the employee and the patient. In the event that a nurse is not on site, the employee will contact a working medical provider or call the on-call provider and furnish the incident report to nursing the following morning.
3. The nurse will speak to the patient and request permission for testing the patient for HIV ab/ag, Hepatitis C ab, Hepatitis B surface ag, Hepatitis B surface ab, and Hepatitis B core ab. If the patient agrees to testing, consent forms for Release of Medical Information will be completed to allow the reporting of test results to the employee's primary care provider or another medical provider who will be caring for the employee, and to the patient's primary care provider.
4. The patient will be directed to the laboratory for the requested blood work. If the lab is closed, arrangements will be made to facilitate testing, via standing orders, as quickly as possible, and the nurse will follow up as appropriate to assure that testing is performed. The patient can provide a receipt for the requested lab fees to HCHC for reimbursement.
5. The medical director or his/her designee will coordinate with the Front Desk to manage other patients who may need to be rescheduled;
6. The nurse will assist the employee in completing an incident report form, a copy of which will be forwarded to the appropriate department Director, and in arranging prompt evaluation by the employee's primary care provider or by the Emergency Department at Cooley Dickinson Hospital. If the employee opts to be evaluated at the Emergency Department, the nurse will call to alert them that the employee is to be seen for evaluation and consideration of post-exposure prophylaxis. The employee should be evaluated within 24 hours of the incident.
7. If the exposed person is a student, the student will inform their academic institution within 24 hours and follow any additional guidelines from that institution.
8. The Department Director will be responsible for informing the QI Committee of the incident, and for promptly informing the Human Resource department of the incident. The original Incident Report form will be transferred to the Human Resource department for OSHA reporting.
9. The employee is responsible for notifying the Human Resource department as to whether post-exposure prophylaxis was initiated, whether there is evidence of acquisition of infection with HIV, HCV or HBV by the employee, and when all follow-up testing has been completed.



Hilltown Community Health Centers, Inc.

Operations Policy

Medical
Behavioral Health
Optometry

SUBJECT: EXTERNAL MEDICAL RECORDS REQUEST POLICY

REGULATORY REFERENCE: 45 CFR, Part 160 and Part 164, subparts A and E

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this policy to have a formal documented process to expedite medical records requests in a timely manner while ensuring the process is HIPPA compliant with all state and federal regulations.

Policy:

1. All record requests will be routed to the Reception supervisor.
2. All record requests will be tracked using actions in the EMR.
3. Any fees will be collected prior to copying the records.
4. Records will be scanned as PDF files and burned to a CD whenever possible.

Questions regarding this policy or any related procedure should be directed to front desk supervisor.

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

Originally Drafted: MAR 2015

Reviewed or Revised: MAY 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

All record requests will be routed to the Reception supervisor

1. All subpoenas received will be routed to front desk supervisor ensuring the subpoena has written patient authorization or written satisfactory assurances regarding patient notification. If not, use subpoena letter template in eClinicalWorks and send to attorney to get satisfactory written assurance regarding patient notification.
2. Requestor will be contacted for payment before record request is processed. Payment will be recorded on day sheet with note on side of sheet "record copying charge".

1. An Action will be started and record request will be scanned and attached to the action and assigned to EMR Specialist to process request.
2. Action will be in “not started” status. The EMR Specialist will change to “in process” status when working on it. When completed, the specialist will forward the compact disc to the team receptionist who will contact the requestor to ascertain if they want the CD mailed or if they will be picking it up. The EMR Specialist should make note in action with date completed and reassign to the team receptionist.
3. If requestor will not accept records on a compact disc, that information will be annotated in the action and the EMR Specialist will process in paper form. Action will be in “not started” status.



- 2

- All requests for complete transfer of records (i.e. when the patient is leaving the practice) will be processed through eClinicalWorks. Please document the following information in the structured data field in eClinicalWorks: Date transferring, reason for transfer, and in the notes field name of the practice the patient is transferring to. Make the patient inactive.

Actions

Tab: Action | Attachments | Structured

Name: TEST, DAVE

Action Type: Medical records request

Subject: Attorney John Smith Medical Record Request

Assigned To: CAESAR, LAURIE (Receptionist)

Facility: Huntington Health Center M

Start Date: Tue, 05/13/2014 12:00:00 AM

Due Date: Tue, 05/13/2014 12:00:00 AM

Status: Not Started

Priority: Normal

Created By: IGEL, PATTI (Receptionist)

Creation Date: 05/13/2014 02:27 PM

Note: IGEL, PATTI (Receptionist) 05/13/2014 02:28:53 PM EDT > Please process medical record request from Attorney John Smith

Recurrence Options:

- ☐ Recurrent Action
- ☐ Use existing attachments for recurrent action
- Recurrence Pattern: Frequency: [] (Hours) (Days) (Weeks) (Months) (Years)
- Range of recurrence:
 - ☐ No end date
 - ☐ End after: [] occurrences
 - ☐ End by: Tue, 05/13/2014 12:00:00 AM

Buttons: Merge Template, OK, Cancel

Patient Information (TEST, PATTI)

TEST, PATTI

☐ Don't Send Statements ☐ Inactive

General Information | **Structured**

Misc Info

Name	Value	Notes
<input type="checkbox"/> Annual Family Income Level		
<input type="checkbox"/> Number of family members		
<input type="checkbox"/> Number of Minor Children		
<input type="checkbox"/> Veteran		
<input type="checkbox"/> Is SBHC patient		
<input type="checkbox"/> Is HOPE patient		
<input type="checkbox"/> Chart retired		
<input type="checkbox"/> Seasonal		
<input type="checkbox"/> Migrant		
<input type="checkbox"/> Homeless		
<input type="checkbox"/> Additional Races		
<input checked="" type="checkbox"/> Transferred Care	Yes	
<input type="checkbox"/> Date		
<input type="checkbox"/> Reason		
<input type="checkbox"/> Public Housing		

Name

Custom

12. Any medical record requests or billing requests that need to be certified will require the certification letter template in eClinicalWorks.
13. When the care team receptionist or EMR Specialist is uncertain about a specific request, they should consult with the front desk supervisor.

Any fees will be collected prior to copying the records

Fees Charged For Processing Medical Records Requests:

1. Life Insurance Requests \$50
2. Attorneys \$.25 Page
3. Social Security Disability Requests Come With Payment Page which is a flat fee.
4. Disability or Motor Vehicle Requests coming directly from insurance companies cannot charge.
5. Personal Request for Records \$20.00 if paper, \$5.00 for CD
6. Patient Transferring Care \$20.00 paper copy, compact disc copy \$5.00. N/C if sent directly to new PCP, additional copy \$20.00 if lost or resent.

Requests other than Social Security Disability must be prepaid before any copying is begun. All requests may take up to 2 weeks to process after the receipt of your payment.

Electronic Records Went Live:

- WHC 06/2010
- HHC 12/2010



Hilltown Community Health Centers, Inc.

Clinical Policy Medical Department

SUBJECT: FORMATION AND TRAINING OF CLINICAL CARE TEAMS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring that clinical care teams are formed and trained to provide the best possible care for HCHC patients.

Policy:

1. Care Teams will be determined by the Medical Director and will consist of a provider/nursing staff/reception staff/medical assistant.
 - a. All members of the care team will help coordinate care for individual patients.
 - b. All members of the care team will contact community health workers as needed.
 - c. Providers and nursing will determine hierarchy of the patient medical needs.
2. Care Teams will participate in education/training sessions every month.
 - a. Content and time will be determined by Medical Director and Nursing supervisors.
 - b. All content of staff education will be directly related to providing exceptional patient care.
 - c. Training attendance will be recorded.
 - d. In the event of a conflict, the Medical Director will have final approval over the content and time.
3. It is the responsibility of each team member to verbalize any burden they may feel in this process.

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

Originally Drafted: NOV 2012

Reviewed or Revised: MAY 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. Defining roles for clinical and non-clinical team members

Core team members shall include medical staff (physicians and nurse practitioners); nurses (RNs and LPNs); medical assistants; and reception/clerical staff. Additional team members, who participate on an as-needed basis, include behavioral health clinicians (social workers) and community health workers. Roles for each include:

a. Physicians and Nurse Practitioners

- Medical care to patients in clinic and in home visits
- Continuous monitoring and follow up on laboratory and diagnostic imaging results
- Clinical teaching of medical and nurse practitioner students and medical residents
- Development and clinical direction of programs such as pain management; chronic opioid treatment; group visits for weight management; school-based health services; etc.
- Participation in QI activities and other organization-wide and cross-department activities
- Physicians are also responsible for clinical consultation with nurse practitioners, and legally required periodic review of prescribing practices of nurse practitioners

b. Nurses

- Clinical care of patients, including treatments, wound care, immunizations, administration of medications
- Triage
- Care coordination of complex patients
- Protocol directed management of patients on anti-coagulation therapy
- Home visiting of selected patients

c. Medical Assistants

- Assisting medical providers in patient care, including rooming patients; vital signs; in-office labs; measurement of peak flows and oxygen saturation; ECGs; administration of routine clinical screening and assessment tools for depression, mental status, smoking, alcohol and substance abuse; etc.
- Chart preparation involving requesting and processing outstanding consult notes, labs and imaging reports; previsit review of charts with medical providers.
- Processing of prescription refills
- Management of documentation for refills of controlled substances, including review of state prescription monitoring program, maintenance of flow sheets, review of controlled substance agreement with patients
- Preparation of prior authorization requests for medications

- Cleaning and maintenance of equipment, sterilization of tools, ordering of supplies
- d. Reception/Clerical Staff
- Patient scheduling, reminder calls, processing of patients entering and leaving the clinic, management of co-payments, validation of insurance status, etc.
 - Processing of laboratory, imaging and consultant reports which are not received electronically, including tying those to electronic orders so that they can be retrieved from the EMR.
 - Participation in outreach and population health initiatives to recall patients
 - Clerical and data functions associated with management of patient panels by provider.
 - Assistance with processing of referrals to medical consultants and ordering of imaging studies.
- e. Behavioral Health Clinicians
- Triage of referrals for behavioral health services
 - Individual therapy with patients
 - Care coordination with HCHC medical staff
 - Care coordination with other mental health providers, including psychiatry
 - Participation in pain management and other clinical initiatives in collaboration with medical providers
 -
- f. Community Health Workers (CHWs)
- Direct patient intervention to ameliorate barriers to care, including social issues affecting health outcomes;
 - Home visits to patients;
 - Coordination of care with medical providers and nurses

2. Identifying the team structure and the staff who lead and sustain team based care

Teams shall be organized around one or more providers who share a primary nurse and reception/clerical person. Their associated medical assistants are also on the team. Core team members meet periodically. Some teams meet monthly, while others meet every two weeks. Each team designates a member to coordinate meetings and serve as the chair, and another member to take minutes. Teams also designate individual members to manage data on specific populations, including patients on chronic opioids and those with diabetes, to periodically identify individuals who need more assistance or who are lacking monitoring tests (e.g. urine toxicology studies, diabetic foot exams, etc.). Team members are then assigned to intervene in those situations. At times, behavioral health clinicians and CHWs join the teams to address issues with specific patients. Team nurses also receive information from the health center's population health management team to bring to team meetings and develop an action plan to address deficiencies.

3. Holding scheduled patient care team meetings or a structured communication process focusing on individual patient care.

Clinical care teams shall use several structured communication processes in place to coordinate care between team members:

- As noted above, each team meets periodically to review specific patient care issues requiring a complex care management, and to review population health data to identify patients in need of specific services. New activities, particularly grant funded clinical programs such as HCHC's current breast cancer screening and cardiovascular health initiatives which may change over time, are also reviewed and specific actions decided on for at-need patients.
- Each individual provider meets daily with their designated medical assistant before the clinical session begins to briefly review specific issues with patients scheduled for that day, including obtaining any missing consult notes, labs or imaging reports (which may also include the participation of reception/clerical staff); noting needed screening or in-house diagnostic testing; and reviewing any specific care needs, including anticipation of behavioral issues and other special need.
- At each medication refill for controlled substances, a formal, written communication process is in place involving reception/clerical staff, the medical assistant, and the provider to assure that all appropriate steps are taken and documented before a prescription is written and released to the patient.
- A formal, written process is in place for management of anti-coagulation therapy involving team nurses and providers to assure that medication is adjusted according to protocol, reviewed by the provider, and documented in the record. When clinical circumstances fall outside the parameters of the protocol, formal written communication occurs between team nurses and providers to manage the situation, document it appropriately, and assure timely follow up.
- A formal, written process is in place involving reception/clerical staff, nursing staff, and as needed, providers, to triage in-coming calls from patients with medical concerns, so that they may be appropriately managed and so that the provider is aware of the situation before the patient visit, and that all required documents are available at the time of the visit. Similarly, a formal process involving reception/clerical staff, team nurses and providers is in place to manage all transfers from emergency departments or hospital discharges, so that patients are appropriately triaged and scheduled for follow up care that all documents are received ahead of the visit, and the provider is aware of the situation before the time of the visit.

4. Training and assigning members of the care team to coordinate care for individual patients.

Initial training of all team members shall be conducted at the time of hiring, and be specific to providers, nurses, medical assistants and reception/clerical staff. Periodic training takes place on a monthly basis during meetings of the medical staff. These meetings involve the entire medical staff, with specified time dedicated to smaller groups, and often include participation by behavioral health clinicians and community health

workers. Reception/clerical staff also hold their own training sessions to provide regular updates on changing processes for coordination of referrals for specialist consults and imaging studies, management of the in-flow of data from other institutions and laboratories, and changes in insurance policies affecting clinical operations and care.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: HOSPITAL / ER FOLLOW UP
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for identifying and contacting HCHC patients following an Emergency Room visit or a hospitalization.

Policy:

1. HCHC will maintain a protocol for ensuring patients are contacted within 2 business days following discharge from a hospital or an emergency room.
2. HCHC will document follow up patient contact in the electronic medical record (EMR).

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

Originally Drafted: JUN 2012

Reviewed or Revised: MAY 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. Nursing will be notified of all Hospital / ER visits
 - a. When scanners receive Hospital or ER records, they will create a telephone encounter (TE) and send to nursing queue.
 - b. When providers receive hospital/ER lab or DI results, they will create TE and send to nursing queue.
 - c. Prior to creating a new TE, ensure that one doesn't already exist for the incident.
2. Team or covering team nurse will contact the patient by phone or letter within 2 business days.
 - a. If contact made by phone, nurse will assess the patient and complete the appropriate template. This includes reviewing the discharge instructions with the patient
 - b. Patient will be sent a letter ONLY if it is clear that no follow up is needed and will complete the appropriate template
 - c. Nursing will ensure that all pertinent medical information is received from the hospital or ED, including discharge summaries, lab reports, diagnostic imaging reports, etc.
 - d. Nursing will arrange follow up visit, if needed or enter a referral if patient is to follow up with outside specialist.
3. TE will be forwarded to the PCP for review.



Hilltown Community Health Centers, Inc.

Operations Policy

Medical

Behavioral Health

Optometry

SUBJECT: INTERNAL PAPER CHART RETRIEVAL REQUEST POLICY

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to pull, track and refile paper chart.

Policy:

1. All paper charts will be requested through an action in eClinicalWorks.
2. The turnaround time for chart requests is 24 business hours.
3. Worthington Health Center staff is responsible for retrieving and refiling patient charts.

Any questions regarding this policy or any related procedure should be directed to front desk supervisor.

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

Originally Drafted: MAR 2015

Reviewed or Revised: MAY 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:

All paper charts will be requested through an action in eClinicalWorks.

1. Go to the patient's hub, start a new action.
 - a. **Action Type:** Medical Records Request
 - b. **Subject:** Paper Chart Request
 - c. **Assign to:** Any WHC Front Desk Receptionist
 - d. **Add Note:** Paper Chart Request
 - e. **Status:** Change to In Progress
 - f. **Priority:** Should be normal unless urgent request and then it should be high.

Worthington Health Center staff is responsible for retrieving and refiling patient charts.

1. WHC front desk receptionist receiving the action will put patient's name on the list posted at the front desk for the staff member that retrieves and refiles charts.
2. Once paper chart is given to WHC front desk staff member they will put a note in action.
 - a. If it is an HHC staff member requesting, add this note in action: "Chart in bag to HHC".
 - b. If it is a WHC staff member requesting, add this note in action: "Chart given to requestor".
3. Action should say "in progress" and be reassigned to the requestor be on the lookout for the paper chart.
4. Once requestor is finished with the paper chart, add this note to action: "Paper chart sent to be refiled" and complete the action.
 - a. In HHC, the chart will go back to WHC in the interoffice bag to be refiled.
 - b. In WHC, the chart will go on the cart in the reception area to be refiled.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: LAB RESULT TRACKING

REGULATORY REFERENCE: None

Purpose:

Purpose: Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that lab results are received in a timely fashion and improve patient care.

Policy:

1. Providers or medical team staff using standing orders will order labs as either current (to be drawn on the day they are ordered) or future.
2. Medical team staff will reconcile lab orders on a weekly basis during pre-visit planning or other dedicated time.
3. Lab results received via fax or mail will be scanned (if thru mail) and attached to the original order and results will be entered manually for certain orders.
4. Manually reconciled lab results will be assigned to the appropriate Provider.
5. Anticoagulation lab results will be tracked by nursing in accordance with the PT/INR standing order.

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

Originally Drafted: NOV 2012

Reviewed or Revised: MAY 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:

Providers or Medical team staff using standing orders will order labs as either current (to be drawn on the day they ordered) or future.

1. Only labs to be drawn today should have today's date and be ordered under TODAY in the EMR.
2. If the labs are not to be drawn today, they should be ordered under FUTURE with the date that they should be done.

Medical Team staff will reconcile labs orders on a weekly basis during pre-visit planning or during other dedicated time.

1. The Team MA will reconcile labs during pre-visit planning for patients with upcoming appointments to ensure that they have been done before appointment by calling the patient and reminding them to have the labs done.
2. During other dedicated time the team MA will check all orders that need to be reconciled. The Team MA will call patient once and mail a letter if no response from phone call after 2 weeks reminding patients that are overdue by 1 month to have their labs drawn. This will be documented in a TE.
 - a. If patient has had the labs done and we do not have the results, we will request them to be sent to our electronic fax.
 - b. If the patient has not gotten the labs drawn as directed or declines the medical team member will create a TE to notify the Provider.
 1. If the Provider agrees the labs are not necessary, the Provider will document and labs should be cancelled by Provider or Team medical staff.
 2. If the Provider believes labs are necessary, they will arrange to contact the patient.
3. When a result returns unsolicited (virtual) and creates a duplicate order, the original order will be deleted by the medical team staff member.

Lab results received via fax or mail will be scanned (if thru mail) and attached to the original order and results will be entered manually for certain orders.

1. The scanning specialist will attach any results received via electronic fax or scanning to the lab order and send to Provider to review.
2. The scanning specialist will manually enter non-interfaced lab results such as lipids, HA1C, urine microalbumin values and forward the labs to Provider to review.
3. When no order exists, the scanner will create a new order and attach the result and forward to the Provider to review.

Manually reconciled lab results will be assigned to the appropriate Provider as designated in the protocol below:

1. Critical lab results will be brought to the attention of the ordering or covering Provider immediately upon receipt.
 - a. The Provider will address the lab and the patient will be contacted by health center personnel within 12 hrs.

- b. The patient notification will be documented in the “action” section of the telephone encounter.
 - c. If the patient or emergency contact cannot be directly reached, the police should be called to locate the patient to inform them if they need urgent medical attention.
- 2. All non-critical lab results will be assigned to the PCP, ordering Provider, or covering Provider the day the results are received.
 - a. The Provider will arrange for contacting the patient with labs results within 5 business days.
 - b. Follow up on abnormal results will be arranged under the direction of the PCP, ordering Provider, or covering Provider.

Anticoagulation lab results will be tracked by nursing in accordance with the PT/INR standing order.



Hilltown Community Health Centers, Inc.

Operational Policy

Medical Department
Behavioral Health Department
School-Based Health Center
Optometry

SUBJECT: LOCKING OF CLINICAL NOTES

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that medical progress notes generated in the electronic medical record (EMR) are available for billing in a timely manner

Policy:

1. Progress notes will be marked as **DONE** upon completion.
2. Provider notes will be locked within 72 business hours of the close of a patient visit. Additional information of a clinical nature will be added to a locked note using an addendum. Progress notes completed on the last day of the month must be locked by close of business on the first business day of the following month to facilitate a timely month-end close.
3. Progress notes resulting from nurse visits will be completed and assigned to the appropriate provider prior to close of business on the day of the visit. The exception will be injection/immunization only visits which will be locked by the nurse upon completion of the visit.
4. Unlocked notes will be monitored by the Department Manager.
5. Deviations from this policy will be referred for appropriate disciplinary action.

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

Originally Drafted: SEP 2010

Reviewed or Revised: MAY 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



Hilltown Community Health Centers, Inc.

Clinical Policy
All Departments

SUBJECT: MEDICATIONS KEPT ON HAND

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for keeping medications on hand to administer to patients.

Policy:

Hilltown Community Health Center will have a supply of stock medications for administration to patients in the clinical setting.

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

Originally Drafted: MAR 2017

Reviewed or Revised: MAY 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. Stock medication expiration dates will be monitored weekly by nurse or designee.
 - a. Nurse or designee will date and initial on monthly spreadsheet located in the medication room when completed.
 - b. At the end of the month, the completed spread sheet will be placed in the back of the binder labeled Stock Medications Administered.
2. Medications administered
 - a. Any medication administered will be documented in the patient's electronic medical record. The documentation will include name of medication, strength, form, dose, route, lot number, expiration date, manufacturer, date given, and name of nurse who administered.
 - b. In addition, any medication administered will be documented using same criteria as above in a binder labeled Stock Medications Administered located in the medication room.
 - c. When a provider performs a joint injection, provider or medical assistant will notify nursing or designee using same criteria as above. Nurse or designee will document in Stock Medications Administered book.
 - d. When a patient receives a nebulizer treatment, medical assistant will notify nursing or designee using same criteria as above. Nurse or designee will document in Stock Medications Administered book.



Hilltown Community Health Centers, Inc.

Operational Policy

Medical Reception

Medical Referrals

Nursing

SUBJECT: NARCOTIC PRESCRIPTION POLICY

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the prescribing of narcotic medications.

Policy:

1. Patients being prescribed narcotics for an extended period of time must sign a Controlled Substance Agreement.
2. Narcotic refills will be given for a period of 28 days from the date of the last refill. Other periods may be at the discretion of the provider.
3. Patients taking greater than 50mg Morphine or the equivalent per day must have an office visit at least twice per year.
4. Patients on a narcotic regimen will have a Utox lab every six months at a minimum.
5. Narcotic refills will be recorded as a telephone encounter or in a Progress Note, if refilled during an office visit, and documented on the Controlled Substance flow sheet located in the patient documents.
6. Narcotic refills prescriptions will NOT be mailed to the patient but may be picked up by a third party designated by the patient or mailed to a pharmacy.
7. HCHC will not prescribe daily doses greater than 150mg oxycodone (or the equivalent).

Questions regarding this policy or any related procedure should be directed to the Chief Clinical Officer at 413-667-3009.

Originally Drafted: MAR 2012

Reviewed or Revised: MAY 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:

Patients being prescribed narcotics for an extended period of time should sign a Controlled Substance Agreement.

1. The agreement will be completed by either nursing or the provider during or immediately following the visit where the narcotics were prescribed.
2. The staff member completing the agreement with the patient will explain the specifics as required prior to releasing the prescription.
3. The signed agreement will be scanned into the patient's chart and the patient will receive a copy of the signed agreement.

Narcotic refills will be recorded as a telephone encounter or in a Progress Note, if refilled during an office visit, and documented on the Controlled Substance flow sheet located in the patient documents.

1. Upon receipt of a telephone encounter for a narcotic refill, nursing will check the flow sheet and / or chart for the following:
 - a. Refill date due
 - b. If the patient is tapering their narcotics (should be noted on the flow sheet)
 - c. If the patient has had a UTOX screen in the last 6 months.
 - d. Check the chart for the last visit date and the next visit date.
 - e. Check patient documents to ensure the presence of a Controlled Substance Agreement. If no agreement is filed, complete one with the patient prior to refill.
2. If the patient is overdue for a visit, nurse/MA will notify the patient to make an appointment.
3. If refill is due, nurse/MA will enter the Rx into a telephone encounter, enter the last and next visit (or visit due if no visit scheduled) for the patient, and print with "do not fill until due date x" on the blue controlled substance prescription paper.
4. Nurse/MA will update the flow sheet with the med dose, instructions, # disp, and the next due date 28 days after the last due date(their pickup day should stay the same every month, for example, always a Thursday) and initial.
5. Nurse/MA will forward the telephone encounter to the provider with the Rx with the title "controlled substance Rx" or with the name of drug.
6. The provider will review and initial the flow sheet and sign the Rx
7. If the provider wishes to change the Rx, the provider will update the Rx, print the Rx, and update the flow sheet.
8. Provider documents "ok to pickup" in the telephone encounter sends to nurse TE box
9. Nurse/MA notifies patient Rx ready for pickup and addresses the telephone encounter
10. If the provider prescribes a narcotic during a visit, they will print the Rx and update the flow sheet. They may request their MA/nurse to print the Rx and update the flow sheet.

Patients on a narcotic regimen will have a Utox lab every six months at a minimum.

1. If the patient is overdue for a UTOX, order the UTOX and arrange to collect this when the patient comes to the health center (can be for pick-up, other appointments such as labs, dental, etc). Note in “comment section” of the flow sheet that it has been ordered or done.
2. Nursing may also order Utox in less than 6 months at their discretion, noting this on flow sheet. Likewise, they may ask a patient to come in for a pill count.
3. If patient unable to void, nursing staff can offer water to drink. Nursing may use discretion in determining whether to withhold Rx until urine sample is collected or defer testing.

Narcotic refills prescriptions will NOT be mailed to the patient but may be picked up by a third party designated by the patient or mailed to a pharmacy.

1. If the patient cannot pick up prescription, *we do not mail prescriptions to the patient.*
2. If they need to have someone else pick up the prescription, they must arrange this ahead of time with a member of the health center team.
3. They must give a specific name of who can pick-up the Rx in a signed document which is witnessed by health center staff and then scanned into ECW.
4. When that person picks up the script, reception will ask for photo ID and compare name to the designated pick-up person. They can photocopy the ID if not known to the receptionist.

HCHC will not prescribe daily doses greater than 150mg oxycodone (or the equivalent).

1. This is roughly equal to 225mg morphine/day or 100 fentanyl patch. (morphine 30mg=oxycodone 20mg=12.5 fentanyl)
2. Because Hydrocodone (Vicodin) only comes as a combination with acetaminophen, the dose is already limited.
3. Providers will address this with their patients and discuss options, including tapering dose, referral or transfer.

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

Worthington Health Center • 58 Old North Road • Worthington, MA 01098 • (413) 238-5511
Huntington Health Center • 73 Russell Road • Huntington, MA 01050 • (413) 667-3009
Gateway School-Based Health Center • 12 Littleville Rd. • Huntington, MA 01050 • (413) 667-0142
"This institution is an equal opportunity provider."

Controlled Substance Agreement

Controlled substances can be used for the control of pain or certain other medical conditions. Due to the potential for these substances to be mis-used and to cause harm, they are carefully regulated. To safely use these medications requires an understanding of potential problems, a clear agreement between patient and provider, and close follow-up with the provider.

Particular issues that should be discussed and understood by patients include:

- safe use of the medicine,
- habituation or tolerance to medication effects,
- common side effects and interactions with other medicines,
- possible problems with safe operation of motor vehicles and machines
- whether and how much alcohol can be used safely while taking the medicine,
- how to safely discontinue.

Patient Name: _____

DOB: _____

Name & Relation of Person Authorized to p/u RX: _____

order to be able to receive prescriptions for controlled substances from the providers at the Hilltown Community Health Centers, I agree to abide by the following conditions:

- 1) To keep all regularly scheduled appointments with my provider, and to obtain all prescriptions for controlled substances at the time of regular appointments.
- 2) To safeguard prescriptions and medications to avoid losing them, and not to give or sell any of my medication to others to use. Lost or stolen medicine will not be replaced.
- 3) To not buy or take controlled substances that are not prescribed.
- 4) To take medications only as prescribed.
- 5) To notify my primary care provider of all medication prescribed to me by other providers, and to notify all other providers of all medication I am taking when seeing them.
- 6) To keep all appointments with specialists, physical therapists, psychotherapists, and other providers as agreed to with my primary care provider.
- 7) To obtain all controlled-substance prescriptions from only one pharmacy.
- 8) To limit or avoid the use of alcohol as agreed to in discussion with my provider.
- 9) To not use illegal or "recreational" drugs such as cocaine, ecstasy, speed, etc.
- 10) To exercise caution operating machines or motor vehicles, as these medicines can impair my ability to do so safely.
- 11) To have urine drug screening at the request of my provider.
- 12) To come to the Health center with my medications for a "pill check" at the request of my provider.

Patient name/signature _____ Date _____

Witness/Provider signature _____ Date _____

I have received a copy of this contract.

Initial _____

Date 10/09



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept

SUBJECT: PATIENT SCHEDULING AND ALTERNATIVE TYPES OF CLINICAL ENCOUNTERS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for medical patient appointment scheduling.

Policy:

1. Whenever possible, patients will be scheduled with their own healthcare team first.
2. HCHC will maintain a process and monitors access to ensure availability for a variety of appointment types, including routine, urgent/same day care, physicals, procedures, alternative types of encounters, etc.
3. Scheduling guidelines are in place for 15/30/45 minute appointment times.
4. HCHC will monitor third next available appointments for improved patient access.

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

Originally Drafted: APR 2012

Reviewed or Revised: MAY 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:

Whenever possible, patients will be scheduled with their own healthcare team first.

1. When the patient calls for an appointment, priority should be to schedule with their PCP whenever possible. If unavailable, the patient will be scheduled with another provider on the care team.
2. Nurse visits should be scheduled with the patient's care team nurse when the PCP is working.

HCHC will maintain a process and monitors access to ensure availability for a variety of appointment types, including routine, urgent/same day care, physicals, procedures, etc.

1. HCHC's standards for timely appointment availability include:
 - a. Urgent/same day visits within 24 hours of the patient calling
 - b. Routine visits within 2 weeks of patient calling
 - c. Complete Physical Exam (CPE) within 2 weeks of patient calling
 - d. Procedures (routine GYN exams, IUDS, skin biopsies, etc.) within 2 weeks of patient calling
2. Same day visits will only be booked within 24 hours of the scheduled appointment time and designated as a same day visit (SDV) type.
 - a. The following SDVs are as follows in the schedule:
 1. WHC: 5 SDVs on Monday and Friday and 4 SDVs on Tuesday, Wednesday and Thursday. This will apply to minor holidays in addition to normal scheduling.
 2. HHC: 7 SDVs on Monday and Friday and 6 SDVs on Tuesday, Wednesday and Thursday. This will apply to minor holidays in addition to normal scheduling.
 3. When a provider is off, SDVs will be adjusted accordingly.
3. In a situation requiring nurse triage, the receptionist will ask the patient to hold and will get a nurse STAT. The following symptoms require nurse triage:
 - a. Difficulty breathing
 - b. Chest pain
 - c. Severe headache
 - d. Abdominal pain
 - e. Worsening depression
 - f. Suicidal or homicidal ideation
 - g. Seizure or stroke symptoms (new onset of confusion, mouth drooping, speech difficulty, weakness in an extremity, especially on one side)
 - h. Any time a patient is in distress or returning a nurse's call

4. In the event all SDVs are taken, the patient will be offered the option of a SDV at one of our other facilities. If the patient declines an appointment at another facility, the patient will be offered an appointment the next day.
5. In the event the patient declines all options offered above, the call will be triaged to nursing for resolution including overbooking in consultation with the provider.
6. HCHC provides alternative types of clinical encounters:
 - a. Home visits and other alternative clinical visits can be scheduled for up to an hour, depending on the travel time and other factors.

Scheduling guidelines are in place for 15/30/45 minute appointment times.

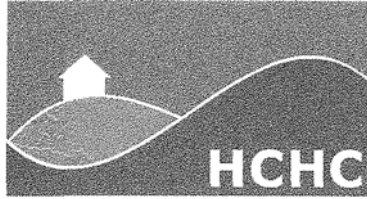
The following scheduling practices will be followed unless arrangements have been made with the provider:

1. No more than three (3) 15-minute visits will be scheduled consecutively.
2. When feasible, cancellations and late-cancel visits will be refilled and coded as SDV type.
3. The following conditions warrant a 15-minute appointment:
 - a. Any acute same-day visit
 - b. Unless noted by the provider as a medical necessity (for example, 3 serious diagnoses, Diabetes uncontrolled, COPD, HTN, etc.) all follow-up appointments will be scheduled as 15-minute office visits (OV).
 - c. Emergency room follow-up appointments, unless otherwise determined by nursing or the PCP.
4. The following conditions warrant a 30-minute appointment:
 - a. Patients who have three or more serious diagnoses, such as Diabetes uncontrolled, COPD, HTN, etc.
 - b. Work/school physical
 - c. Disability paperwork
 - d. Inpatient hospital/rehabilitation/skilled nursing facility discharge follow-ups
 - e. Pre-op appointment
 - f. Abdominal pain
5. The following conditions warrant a 45-minute appointment:
 - a. Medicare extended office visit
 - b. Adult annual Comprehensive Physical exam (CPE)
 - c. Bus Department of Transportation (DOT) Physical exam

HCHC will monitor third next available appointments for improved patient access.

HCHC's standards for third next available monitoring includes:

1. To establish standards for each appointment type.
2. To monitor data on a quarterly basis and compare actual days to the set standards.
3. If improvement is needed to meet the practice's standards, a Plan-Do-Study-Act (PDSA) will be initiated.



Hilltown Community Health Centers, Inc.

Administrative Policy
Medical Department

**SUBJECT: PERIODIC RECORD REVIEW FOR QUALITY ASSURANCE AND
IMPROVEMENT, AND FOR REVIEW OF PRESCRIPTIVE PRACTICES BY NURSE
PRACTITIONERS**

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure quality care and accurate documentation of patient encounters.

Policy:

All physicians and nurse practitioners will have a sample of their charts reviewed on a periodic basis to promote the maintenance of high quality medical care at HCHC, to meet the requirements of various regulatory agencies, and to fulfill the legal requirements of the Massachusetts Boards of Regulation of Nursing concerning prescriptive practice of nurse practitioners. It is the intent that this process be used in a constructive way to assess and improve the quality of care, and in general, to identify systemic issues without any punitive intent directed at a clinician. In addition, the process is intended to be simple and efficient so that it may be easily continued over time without unduly burdening clinical staff.

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

Originally Drafted: APR 2017

Reviewed or Revised: MAY 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:

Routine Peer Review Process

All physicians and nurse practitioners will have a sample of their records reviewed on a periodic basis. Each quarter, a sample of four records from each clinical provider will be reviewed. These will include visits for acute illness, chronic disease management and preventive care. For those clinicians who see both adult and pediatric patients, the selected records will include both.

The chart review will be conducted by HCHC physicians using a standard form. These will be returned to the Director of Quality Improvement for review and analysis. A summary of the review will be presented to the QI Committee and to the Medical Director. Copies of the record review forms will be maintained by the Director of Human Resources.

Following this review, the Director of Quality Improvement may choose to meet with any clinician who appears to be having difficulty meeting appropriate quality measures, and at their discretion, may choose to communicate any concerns to the Medical Director senior management. In general, however, the focus of review will be on identifying systemic issues, training needs, changes in collaboration/consultation and other issues which will directly lead to improved quality of care. If a need for disciplinary action is suggested in the course of the review process, this will be addressed by the Director of Quality Improvement with the QI Committee, Medical Director, and Chief Clinical and Community Services Officer.

1. New Providers

It is appropriate that new clinicians joining HCHC, whether they are experienced or recently out of training, be more closely monitored for no less than the first three months of employment. The Director of Quality Improvement will be responsible for developing a plan for this review, appropriate to the individual clinician. It is expected that new clinicians will initially have charts reviewed no less than monthly for a period of at least three months.

2. Review of Nurse Practitioners' Prescriptive Practice

The Massachusetts Board of Registration in Nursing requires that the prescribing practices of nurse practitioners be reviewed on a regular basis by their supervising physician or another physician designee. To this end, the process above will be conducted such that each MD who supervises an NP (or an appropriate designated MD) will undertake the chart review of that NP. Following each quarterly review, the Director of Quality Improvement will communicate to the Director of Human Resources and to the individual nurse practitioner that this review has been satisfactorily completed, and this documentation will be maintained by the Director of Human Resources. If problems in prescribing practices are identified, these will be communicated to the Medical Director, and addressed directly with the involved nurse practitioner.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: PROVIDER ON-CALL
REGULATORY REFERENCE: None

Purpose:

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

Policy:

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

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

Originally Drafted: JUL 2014

Reviewed or Revised: MAY 2018

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chairman, HCHC Board of Directors

Procedure:

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

1. Call rotation will be established prior to the beginning of the year by the practice manager.
2. The provider will be reimbursed at the following rates:
 - a. One week (7 days) of phone call coverage \$200.00
 - b. Saturday clinical hours \$200.00
3. If a provider wishes to switch their call week, it's the provider's responsibility to make arrangements with another provider and notify the practice manager of the change.
4. The call schedule will be forwarded to the answering service no later than December 26th of the preceding year for the upcoming year.
5. The answering service will be notified of any changes in schedule throughout the year.
6. The provider may choose to decrease that week's work by 4 clinical hours in lieu of additional pay with the following provisions:
 - a. The decision to decrease clinical hours must be made at least three months in advance to reduce patient rescheduling.
 - b. If the provider chooses to decrease clinical hours, they may not switch their call week.

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

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



Hilltown Community Health Centers, Inc.

Clinical Policy

Medical Department
Behavioral Health Department

SUBJECT: PROVIDER SCHEDULE CHANGE / TIME OFF REQUESTS

REGULATORY REFERENCE: None

Purpose:

To eliminate confusion and streamline processes, Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for scheduling time off requests and changes to work schedule templates for providers.

Policy:

1. All requests for time off will be made according to the procedures found on page 2 of this document.
2. All changes to work schedule templates will be made according to the procedure found on page 3 of this document.

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

Originally Drafted: OCT 2014

Reviewed or Revised: MAY 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:

All requests for time off will be made according to the procedures found on page 2 of this document.

1. All requests for time off must be made to the Practice Manager via email (cmagrath@hchcweb.org).
2. Please use "**Time off request**" in the subject field of the email.
3. Requests should be made based on the following schedule. Obviously, there will be some flexibility, but in order to be able to accommodate everyone's busy lives, we want as much notice as possible.

Request from Operations	Time off period	Deadline back to Operations	Approved no later than
December 1	Mar / Apr	December 15	December 25
February 1	May / Jun	February 15	February 25
April 1	Jul / Aug	April 15	April 25
June 1	Sep / Oct	June 15	June 25
August 1	Nov / Dec	August 15	August 25
October 1	Jan / Feb	October 15	October 25

*For example, on December 1st, the Practice Manager will send out an email for time off requests during March and April. All requests will be due back to the Practice Manager **no later than** December 15th. All requests will either be approved / disapproved **no later than** December 25th.*

4. In the event that two providers in the same discipline (Med, BH) request identical time off, the onus will be on them to negotiate amongst themselves and arrive at a final decision. This should be done before the 15th of the month deadline but the Practice Manager will be flexible in letting it go additional time. A clear decision must be arrived at before the "approved no later than" deadline. To help ensure transparency, all requests will be maintained on file for three months or until the requested time-off month has passed.
5. Time off requests currently on the books and approved will be honored.
6. Practice Manager does not deal with time sheets and time accrual from an HR & Payroll standpoint. That is between the provider, your respective Director and HR.
7. When approving time off, maximum consideration will be given to patient access and patient rescheduling. Whenever possible, the Practice Manager will work to ensure that there is NOT a solo provider in either facility.

All changes to work schedule templates will be made according to the procedure found on page three of this document.

1. Schedule templates for all providers are determined at the time of hire, based on contractual obligations.
2. If a provider would like to change her/his template, s/he should send a request to operations by email (cmagrath@hchcweb.org).
 - a. If the requested change is within the providers' contractual obligations (ie, does not change the number of clinical hours) then Operations will notify all providers of the request to see if someone would like to cover the affected hours in the schedule.
 - b. If the requested change decreases or increases the provider's hours, and therefore is different from the contractual obligations, The Practice Manager will refer the matter to the provider's hiring authority.
3. When the Practice Manager has developed a new template for the provider (and any provider whose template has changed in response to meeting the request), she will send the new template(s) to the Medical Director for review, with a proposed schedule for implementation.
4. The Medical Director may accept the template as proposed **OR**
5. The Medical Director may provide feedback on the template (i.e., any clinical gaps) to the Practice Manager with suggested changes as appropriate. The Practice Manager will take these changes, determine the operational impact and feasibility, discuss solutions to these impacts with the Nursing Supervisors to ensure staffing coverage and either accept or reject the proposed changes.
6. The new template will be implemented on the proposed schedule.



Hilltown Community Health Centers, Inc.

Clinical Policy All Departments

SUBJECT: STANDING ORDERS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to maintain a list of standing orders for patient treatment.

Policy:

HCHC maintains a list of standing orders policies and procedures for patient treatment. Each order has its own procedure attached to this policy.

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

Originally Drafted: MAR 2017

Reviewed or Revised: MAY 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. The following standing orders are in place for patient treatment:

- a. Adult Preventive Care
- b. Anaphylaxis
- c. B-12 Injection
- d. Behavioral Health Crises Routing
- e. Chest Pain
- f. Coumadin Management
- g. Depo-Provera Injection
- h. dTap, Children Under Seven
- i. Haemophilus Infuenzae, Children
- j. Hepatitis A Vaccine
- k. Hepatitis B Vaccine
- l. Human Papilloma, Adult
- m. Human Papilloma, Child
- n. Influenza Vaccine
- o. Mammogram Screening
- p. MMR Vaccine
- q. Patients with Acute Illness
- r. PCV 13 & 23 Vaccine
- s. Pedi Dental Varnish
- t. Pedi Preventive Care
- u. Polio Vaccine, Child
- v. PPD Plant & Read
- w. PT INR
- x. Rotavirus Vaccine, Infant
- y. Routine Disease Surveillance
- z. Seasonal Inactive Flu Vaccine
- aa. Season Flu Vaccine-Quadrivale
- bb. Td & Tdap Vaccine
- cc. Two Step PPD
- dd. Varicella Vaccine
- ee. Zoster (shingles) Vaccine



Hilltown Community Health Centers, Inc.

Operations Policy
Medical Department

SUBJECT: SUPERVISION OF MEDICAL ASSISTANTS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the supervision of Medical Assistants in the performance of their assigned duties.

Policy:

1. The medical assistants, Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) will report directly to the Director of Nursing.
2. The medical assistants will maintain state certification.
3. A detailed list of Medical Assistant duties will be included in the job description.

Questions regarding this policy or any related procedure should be directed to the Chief Operations Officer at 413-238-4138.

Originally Drafted: APR 2014

Reviewed or Revised: MAY 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



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: SUPERVISION OF NURSE PRACTITIONERS

REGULATORY REFERENCE: 244 CMR 4.0 and 263 CMR 2.01-6.02

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure the supervision of Nurse Practitioners.

Policy:

Hilltown Community Health Centers (HCHC) ensures the supervision of Nurse practitioners as allowed by the applicable laws and regulations of the Commonwealth of Massachusetts Department of Public Health Boards of Registration in Medicine, and Nursing.

Questions regarding this policy or any related procedure should be directed to the Chief Community and Clinical Services Officer at 413-667-3009.

Originally Drafted: FEB 2015

Reviewed or Revised: MAY 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:

A. Scope of Practice for Nurse Practitioners

1. In accordance with Massachusetts Regulations governing the practice of Nurse Practitioners, 244 CMR 4.0, the nature and scope of practice within HCHC includes assessing the health status of individuals and families by obtaining health and medical histories, performing physical examinations, diagnosing health and developmental problems and caring for patients with acute and chronic diseases, including ordering diagnostic tests, treatments, and medications. HCHC Nurse Practitioners provide primary care to individuals and populations as determined by the scope of practice delineated by their certification. Treatment may include the prescription and administration of oral and parenteral therapies.
2. Nurse Practitioners provide care either independently and/or collaboratively with a supervising physician by managing therapeutic regimens in a manner consistent with generally accepted medical and nursing practice, including HCHC policies and practice guidelines.
3. Nurse Practitioners seek physician consultation in cases where the practitioner feels physician expertise is indicated, including procedures or diagnoses which the practitioner determines to be beyond their expertise, and in the case of any life threatening situation. A designated physician is available on-site or by telephone at all times. Appropriate consultation with a physician may include brief, informal consultation; formal review of a patient's records; collaborative management of a patient in which the patient periodically sees the physician in addition to the NP; or transfer of the care of the patient entirely to a physician. It is the expectation that NPs will seek consultation as appropriate to their level of training and experience, and that physicians will respond in an appropriate timeframe to a request for consultation, collaborative management, or transfer of care.
4. In the setting of a clinical emergency, depending upon the assessment of the NP and provisions of advance directives, if any, the NP activates the Emergency Medical Services system by calling 911 or the relevant local telephone number; initiates Basic Life Support procedures; and/or arranges for emergency transport, as needed.

B. Prescribing Guidelines

1. Nurse Practitioners are required to provide a copy of a current Massachusetts RN license with appropriate expanded role designation from the Massachusetts Board of Registration in Nursing.
2. Nurse Practitioners prescribing medication are required to provide to HCHC a copy of valid registration to issue written or oral prescriptions for controlled substances from the Massachusetts Department of Public Health & U.S. Drug Enforcement Administration.
3. Each NP prescribing medication is covered by the Health Center's malpractice liability insurance policy.

4. Each NP will have a signed agreement with a designated supervision physician. Additional staff physicians may be designated to cover. According to the Code of Massachusetts Regulations, a supervising physician is defined as a licensee holding an unrestricted full license in the Commonwealth, who: (a) has completed training in the United States approved by the Accreditation Council for Graduate Medical Education (ACGME) or in Canada approved by the Royal College of Physicians and Surgeons in Canada (RCPSC) in a specialty area appropriately related to the NP's area of practice, is Board certified in a specialty area appropriately related to the NP's area of practice, or has hospital admitting privileges in a specialty area appropriately related to the NP's area of practice; (b) holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration; (c) provides supervision to a nurse midwife, a nurse practitioner, a psychiatric clinical nurse mental health clinical specialist, nurse anesthetist, or physician assistant as provided for in the applicable law or regulations of the Boards of Registration in Medicine in Nursing and Physician Assistants; (d) collaborates with the NP engaged in prescriptive practice to sign mutually developed guidelines; and (e) reviews the NP's prescriptive practice as described in the guidelines.
5. Prescription from NPs must include the name of the supervising physician.
6. Medications prescribed by an NP may include any oral, transrectal, transvaginal, transdermal, topical or injectable medication within the limits of their prescriptive privileges as specified by their Massachusetts and federal Controlled Substances Registration. Intravenous therapies will not be prescribed by NPs, nor will medications not commonly used in primary care medical practice. Implantable devices and medications, including IUDs and long-acting implantable contraceptives, will only be prescribed or implanted by clinicians who have received appropriate training in their use.
7. The initial prescription of Schedule II drugs must be submitted to the supervising physician, or his/her clearly established designee, within 96 hours. This may be done electronically. It is the responsibility of the supervising physician to document their review of the prescription, and to communicate directly with the NP should they have concerns.

C. Procedure

1. Routine Audits:

As required under state regulation, a review of each NP's charts will be conducted at least quarterly by the designated supervising physician, focusing on the appropriateness of the prescription of medications. The results of this review will be documented, and submitted to the Medical Director or Medical Council, and to the NP. This mandatory review will be conducted as part of the regular, ongoing quality improvement process at HCHC. A copy of the audit summary sheet is kept by the NP.

This document is intended to comply with Massachusetts regulations governing the practice of nursing in the expanded role, 244 CMR 4.0. Signature below indicates understanding of the above conditions for practice, and willingness to comply.

Physician/Nurse Practitioner

Signature: _____
Name: _____
Date _____

Supervising Physician

Signature: _____
Name: _____
Date _____

Additional Designated Physicians

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Personnel Committee Member

Signature: _____

Name: _____

Date _____

Expiration Date: _____

(Two years from signature date)



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: TRACKING OF DISCHARGE SUMMARY, NEWBORN SCREENING AND HEARING TESTS FOR NEWBORN VISITS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that discharge summaries, newborn screening tests, and hearing tests are received in a timely fashion and improve patient care.

Policy:

1. The receptionist will request a discharge summary and hearing test for all newborn visits from the hospital at which the baby was born.
2. The receptionist will request a newborn screening test for all newborn visits from the New England Newborn Screening Program.
3. The Team MA will monitor for results until the requests have been received.

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

Originally Drafted: APR 2017

Reviewed or Revised: MAY 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:

The receptionist will request a discharge summary, newborn screening test, and hearing test for all newborn visits by following the steps below:

1. When a newborn visit is scheduled, the receptionist will call/fax for discharge summary, newborn screening test, and hearing test results.
 - a. Newborn screening test will be requested from:
New England Newborn Screening Program
Phone # 774-455-4600
Fax # 774-455-4657
MUST HAVE MOTHER'S FULL NAME TO REQUEST NEWBORN SCREENING
 - b. Discharge summary and hearing test will be requested from the hospital at which the baby was born.

The Team MA will monitor for results by doing the following:

1. The receptionist will create a telephone encounter (TE) and send it to the Team MA to monitor for results.
2. If no results for the newborn screening have been received within 2 weeks of birth, the Team MA will request again. The MA will continue to request this until it's been received.
3. If the discharge summary and hearing test from the hospital have not been received by the day of the newborn appointment, the Team MA will request records again.
4. When reports are received, they will be assigned to appropriate provider to review.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: TRACKING PATIENT REFERRALS
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring that referrals to other Providers are received and to identify patients who do not follow through with specialty referrals to improve care.

Policy:

1. Open referrals will be tracked by the Team Medical Assistant (MA).
2. Referrals will be reconciled every 2 weeks or at pre-visit planning time by the Team MA.
3. Urgent referral appointments will be made by the Referrals Specialist and tracked by the Team MA.

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

Originally Drafted: NOV 2012

Reviewed or Revised: MAY 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:

The Team MA/Referrals Specialist will track patient appointments for referrals.

1. The provider will place a referral in the Patient's EMR. Relevant Clinical Information should be included in the referral such as:
 - a. Current Medications
 - b. Diagnoses, including mental health
 - c. Allergies
 - d. Medical and Family history
 - e. Substance abuse
 - f. Behaviors that affect the patient's health
 - g. Clinical findings and current treatment
 - h. Any testing/ results that already have been done
 - i. Follow up communication
 - j. Patient demographics- communication needs, Primary language, DOB, Sex, Contact information, Health insurance information, relevant cultural or ethnic information.
2. If the consult note is not received within three months, the Team MA will contact the specialist office and assess if the patient has made an appointment.
 - a. If the patient has made an appointment and the visit has been completed, request the consult notes to be sent to the electronic fax.
 - b. If the patient's appointment is at a future date, the Team MA/Referrals Specialist will note the appointment date in the appointment field in the referral.
 - c. If the patient does not have an appointment, the Team MA will note that in the referral in the notes or reason section of the referral.
3. The Team MA will call patient and ask them about their appointment for the referral.
4. If the Patient agrees to book the referral appointment, the Team MA will document in referral in the notes section that the patient will book appointment with the specialist. The Team MA will give referral information to the Patient again.
5. If the Patient has not responded to 2 calls or if the patient does not agree to book the referral, the Team MA will create a TE and send to the Provider.
 - a. The Team MA will make 1 phone call, if no response from patient after 1 month, the Team MA will make a 2nd call.
6. The Provider will assess. If no further action is needed, the Provider will document in the telephone encounter (TE) and send the TE back to Team MA to address the referral.
7. If the Provider feels that patient needs to be seen by the specialist, he/she will contact the patient.

Referrals will be reconciled every two weeks or at Pre-Visit Planning time by Team MA.

1. On a bi-weekly basis, the Team MA will assess if consult notes have been received for pending referrals in the last 90 days.

2. When consult note are received, scanners will upload them to patient documents and assign the consult note to the provider and address the referral.
 - a. Scanners will check the “Received date” box and go into the structured data and click on the “received consult note from specialist” box and a date will populate.
3. During reconciliation, if consult note has been received and the referral is not addressed the Team MA will enter the date received from the scanned document in the “received date” box and “ received consult note from specialist” in the structured data tab.

Urgent referral appointments will be made by Referrals Specialist and tracked by the Team MA.

1. A Provider will mark a referral as urgent or high priority. The referral will be assigned to an HCHC Referrals Specialist.
2. For tracking purposes, a high priority telephone encounter will be created by the Referrals Specialist and assigned to REFERRALS.
3. If necessary the Referrals Specialist will obtain an insurance authorization.
4. The Referrals Specialist will schedule an appointment for the patient and notify the patient of the appointment date and time.
5. Once the patient is aware of the appointment, the referral and telephone encounter will be forwarded to the Team MA to track.
6. The MA will request the consult notes or test results and hold the telephone encounter open until the notes are received.
7. If the notes or test results are received, Front Desk will scan them into the patient’s chart and assign them to the Provider to review.
8. The Team MA will address the telephone encounter once the consult notes or test results have been received.
9. If the patient cancels the appointment, the telephone encounter should be assigned to the Provider as FYI.
10. If the appointment is rescheduled, the Team MA will keep the telephone encounter until the new date.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept

SUBJECT: TRANSFERRING CURRENT PATIENTS TO A NEW PRIMARY CARE PROVIDER

REGULATORY REFERENCE: None

Purpose:

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

Policy:

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

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

Originally Drafted: APR 2012

Reviewed or Revised: MAY 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:

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

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



Hilltown Community Health Centers, Inc.

Clinical Policy Medical Department

SUBJECT: TRANSITIONING PEDIATRIC PATIENTS TO ADULT MEDICINE
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to transition pediatric patients to adult medicine to assist our pediatric patients in becoming better prepared for an adult model of health care at age eighteen, as well as to ensure continued, preventive, acute and/or chronic care management.

Policy:

1. Pediatric patients ages 14-15 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their Well Adolescent Check (WAC) appointment.
2. Patients ages 16-17 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their WAC appointment.
3. Patients who are the age of 18 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their adult physical appointment.

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

Originally Drafted: APR 2017

Reviewed or Revised: MAY 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:

Pediatric patients ages 14-15 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their Well Adolescent Check (WAC) appointment.

1. A registry of patients ages 14-15 will be contacted by the receptionist to make a WAC appointment.
2. The receptionist will mail each patient 2 weeks prior to appointment:
 - a. Pediatric Transition Assessment Form (Ages 14-15)
 - b. Teen Privacy Concerns handout
 - c. Patient Centered Medical Home insert
 - d. Medical Home Patient-Provider Roles and Responsibilities handout
 - e. WAC Physical paperwork
3. At the time of the visit the medical assistant (MA)/provider will collect the Pediatric Transition Assessment Form and review with the patient and by looking at the Pediatric Transition Assessment Answer Sheet.
4. At the end of the visit the receptionist will scan the forms into the electronic chart.

Patients who are ages 16-17 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their WAC appointment.

1. A registry of patients ages 16-17 will be contacted by the receptionist to make a WAC appointment.
2. The receptionist will mail each patient 2 weeks prior to appointment:
 - a. Pediatric Transition Assessment Form (Ages 16-18)
 - b. Things You Need to Know When You Turn 18 handout
 - c. Teen Privacy Concerns handout
 - d. Patient Centered Medical Home insert
 - e. Medical Home Patient-Provider Roles and Responsibilities handout
 - f. WAC Physical paperwork
3. At the time of the visit the MA/provider will collect the Pediatric Transition Assessment Form and review with patient and by looking at the Pediatric Transition Assessment Answer Sheet.
4. At the time of the appointment, the provider will give the patient a medical history print out to have for their records and discuss the changes from pediatric care to adult care when he/she turns 18.
5. At the end of the visit the receptionist will scan the forms into the electronic chart.

Patients who turn the age of 18 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their adult physical appointment.

1. A registry of patients the age of 18 will be contacted by the receptionist to make a WAC appointment.
2. The receptionist will mail each patient 2 weeks prior to appointment:

- a. New HIPAA forms
 - b. Pediatric Transition Assessment Form (Ages 16-18)
 - c. Things You Need to Know When You Turn 18 handout
 - d. Teen Privacy Concerns handout
 - e. Patient Centered Medical Home Insert
 - f. Medical Home Patient-Provider Roles and Responsibilities handout
 - g. WAC Physical paperwork
3. At the time of their visit the MA/provider will collect the Pediatric Transition Assessment Form and review with the patient and by looking at the Pediatric Transition Assessment Answer Sheet.
4. At the time of the patient visit, the provider will discuss the transition to adult care and the Release of Information/Involvement in Care Form if requested by patient.
5. At the end of the visit the receptionist will scan the forms into the electronic chart.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: WELCOME FOR NEW MEDICAL PATIENTS

REGULATORY REFERENCE: None

Purpose:

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

Policy:

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

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

Originally Drafted: JAN 2017

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



Hilltown Community Health Centers, Inc.

Clinical Policy

Medical Department
Referrals Department

SUBJECT: WOMEN’S REPRODUCTIVE HEALTH SERVICES POLICY

REGULATORY REFERENCE: Section 330 of the US Public Health Service Act; Consolidated Appropriations Act, 2016, Pub. L. No. 114-113, §§ 506-507, 129 STAT. 2242, 2649 (2015); M.G.L. c. 111, § 70E

Purpose and Policy:

Hilltown Community Health Centers, Inc. (“HCHC”) is committed to high standards and compliance with all applicable laws and regulations.

The purpose of the Women’s Reproductive Health Services Policy and Procedure is to provide safeguards to ensure HCHC’s compliance with laws and regulations relating to the provision of women’s reproductive health services affecting health centers that receive federal grant funds under Section 330 of the Public Health Service Act (“Section 330”) through the U.S. Department of Health and Human Services (“HHS”).

Compliance with Section 330

Under Section 330, Health Center is required to provide, either directly or through contracts or formal written referral arrangements, voluntary family planning services. HRSA defines voluntary family services in the Service Descriptor Guide as the following:

“Voluntary family planning services are appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method (e.g., vasectomy, subdermal contraceptive placement, IUD placement, tubal ligation).”

As neither “appropriate counseling” nor “available reproductive options” are defined in Section 330, the implementing regulations, or HHS Health Resources and Services Administration (“HRSA”) guidance, HCHC will use the criteria established under the Family Planning Program regulations authorized under Title X of the Public Health Service Act for guidance on how best to provide appropriate family planning options counseling to HCHC’s patients.

Compliance with the Hyde Amendment

HCHC does not provide abortion services. Therefore, in providing women’s reproductive health services as a component of its Section 330-supported health center program, HCHC will assure compliance with the Hyde Amendment. The Hyde Amendment is a statutory provision included as part of the annual HHS Appropriations legislation, which prohibits health centers from using federal funds to provide abortions

(except in cases of rape or incest, or where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed). The Hyde Amendment prohibits the performance of abortion procedures, as well as the administration of drugs and devices that are used for “medication” abortions that terminate an early pregnancy (up to 70 days from the date of the woman’s last menstrual cycle) rather than prevent implantation, including, but are not limited to, administration of the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol, unless the abortion procedure or medication abortion fits within one of those explicit Hyde Amendment exceptions.

Compliance with Public Health Service Regulations

HCHC does not provide abortion services directly, but if HCHC furnishes an abortion referral in the event the woman is the victim of rape or incest or if her life would be endangered, HCHC will maintain adequate documentation and certifications as required under 42 C.F.R. §§50.304, 50.306 and 45 C.F.R. Part 75.

Compliance with Prohibition on Coercion

In providing women’s reproductive health services as a component of its Section 330-supported health center program, HCHC will assure compliance with statutory requirements, as set forth in 42 U.S.C. §300a-8, which prohibits all HCHC employed and contracted staff from coercing or endeavoring to coerce any person to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services. HCHC will also assure that HCHC employed and contracted staff do not coerce or endeavor to coerce any person not to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services, consistent with guidelines to provide only neutral, factual information and nondirective options counseling.

Providing Access to FDA-Approved Contraceptive Methods

HCHC will ensure that its patients have access to the full range of Food and Drug Administration (“FDA”)-approved contraceptive methods designed to prevent a pregnancy.

All Health Center employees and contractors who provide clinical services and non-clinical support services are required to comply with this Women’s Reproductive Health Services Policy and Procedure by signing and returning the certification attached to this document as Exhibit A.

Policy:

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

Originally Drafted: DEC 2016

Reviewed or Revised: MAY 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. Voluntary Family Planning Services Training.

All HCHC Staff, regardless of their specific job or position descriptions, duties performed or services provided, will be trained on Section 330 requirements applicable to voluntary family planning services including, but not limited to, the required scope of voluntary family planning services, as well as prohibitions and limitations on providing abortions within the Section 330-supported health center program and coercing or endeavoring to coerce any person to undergo an abortion. HCHC shall maintain records indicating the completion of such training in each employee's and contractor's personnel file.

2. Complying with the Hyde Amendment

All HCHC Staff agree that HCHC shall not provide abortion services, either directly or by contract, within HCHC's Section 330-supported health center program, unless the abortion fits within a Hyde Amendment exception, as described in Section II(3). All HCHC Staff agree that this prohibition includes the administration of "medication" abortions that terminate an early pregnancy (up to 70 days from the date of the woman's last menstrual cycle) rather than prevent implantation. Medication abortions include, but are not limited to, administering the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol which results in the termination of a pregnancy.

3. Providing Abortion Referrals Under the Hyde Amendment Exceptions.

If HCHC provides an abortion referral in the event that the woman is a victim of rape or incest, HCHC will secure and maintain documentation from a law enforcement agency or public health service stating:

- a. that the person upon whom the medical procedure was performed was reported to have been the victim of an incident of rape or incest;
- b. the date on which the incident occurred;
- c. the date on which the report was made, which must have been within 60 days of the date on which the incident occurred;
- d. the name and address of the victim and the name and address of the person making the report (if different from the victim); and
- e. that the report included the signature of the person who reported the incident.

If HCHC provides an abortion referral in cases where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, HCHC will secure and maintain a written certification from a physician who has found that on the basis of his or her professional judgement, the life of the mother would be endangered if the fetus were carried to term. The certification must contain the name and address of the patient.

4. Options Counseling.

HCHC Staff providing options counseling shall offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

- a. prenatal care and delivery;
- b. infant care, foster care, or adoption; and
- c. pregnancy termination.

If requested to provide such information and counseling, HCHC Staff will provide neutral, factual information and nondirective counseling on each of the options, and referral upon request (subject to Section 7 below), except with respect to any option(s) about which the pregnant woman indicates that she does not wish to receive such information and counseling.

5. Prohibition on Coercion.

HCHC Staff are strictly prohibited from coercing or endeavoring to coerce any person to undergo or not to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services.

6. Contraceptive Methods.

HCHC Staff, upon request, will provide patients with information regarding the management/treatment, as appropriate, for a patient's chosen family planning method. Such management/treatment information may address vasectomy, tubal ligation, and placement of long-acting reversible contraception (e.g., IUDs and implants). In addition, HCHC Staff will ensure that its patients have access to the full range of FDA-approved contraceptive methods designed to prevent a pregnancy.

As required by Massachusetts law, female rape victims have the right to receive written information about emergency contraception, to be promptly offered emergency contraception, and to be provided with emergency contraception upon request. HCHC providers are required, at a minimum, to provide such written information, and they must offer and initiate emergency contraception if she requests.

7. Referrals for Abortion Services.

- a. If a patient requests an abortion either for a pregnancy resulting from rape or incest or because the patient suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the patient in danger of death unless an abortion is performed, in accordance with the Hyde Amendment exceptions, and the health center does not furnish abortions in such limited circumstances, HCHC Staff will provide the patient with a referral to another medical facility.
- b. In the event that a patient's pregnancy is not the result of rape or incest, or the pregnancy does not endanger the life of the woman (as defined in Section II (7)(a) above), and accordingly does not meet a Hyde Amendment exception, and the pregnant woman requests a referral to an abortion provider, HCHC Staff offering referral assistance may provide the name, address, telephone number, and other relevant information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider. Such HCHC Staff will not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the

requesting patient.¹

The Women's Reproductive Health Services Policy and Procedure shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, HCHC's senior management, federal and state law and regulations, and applicable accrediting and review organizations.

¹ Authors' note: As the language included in this section is specific to Title X requirements, health centers that do not receive Title X funds may have referral procedures that are less stringent than the sample language included here. Health centers may redraft this section to reflect its actual referral practices.

EXHIBIT A

CERTIFICATION OF COMMITMENT TO COMPLY WITH WOMEN'S REPRODUCTIVE HEALTH SERVICES POLICY AND PROCEDURE

I hereby acknowledge and certify that I have received and reviewed a copy of the HCHC's Women's Reproductive Health Services Policy and Procedure and I understand that it represents a mandatory policy of HCHC.

By signing this form below, I agree to abide by the Women's Reproductive Health Services Policy and Procedure during the term of employment, contract, or agency or while otherwise authorized to serve on HCHC's behalf. In addition, I acknowledge that I have a duty to report any suspected or known violation of the Women's Reproductive Health Services Policy and Procedure to my supervisor or through the normal chain of command. I acknowledge that I may also report the information directly to the Compliance Officer or any other member of senior management.

Please return this completed, signed Certification of Commitment to the Compliance Officer.

Date

Signature

Printed Name

Title/Position