



# Hilltown Community Health Center

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

**AGENDA**

1. Call to Order
2. Approval of the June 7, 2018 Meeting Minutes
3. Finance Committee Report
4. Chief Executive Officer / Senior Manager Reports
5. Committee Reports (as needed)
  - Executive Committee
  - Recruiting, Orientation, and Nominating (RON)
  - Corporate Compliance
  - Facilities
  - Personnel
  - Quality Improvement
7. Old Business
8. New Business
  - Board Policies
  - Employee Credentialing-New Employee:
    1. Hannah Wilson, Dental Assistant
  - Employee Credentialing-Student:
    1. Matthew Nathan, Medical Student
9. Adjourn

# HCHC BOARD OF DIRECTORS MEETING

Date/Time: 06/07/2018 5:00pm

The Brewmaster's Tavern, Williamsburg, MA

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

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

**ABSENT:** Seth Gemme; Maya Bachman; Wendy Lane Wright, Clerk; Cheryl Hopson

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Approval of Minutes 05/24/2018	<p>John Follet called the meeting to order at 5:10pm.</p> <p>The May 24, 2018 minutes were reviewed by the Board members present. <b>A motion was made by Tim Walter to approve the May 24, 2018 minutes. The motion was seconded by Nancy Brenner. A brief discussion occurred asking if future minutes could include the full name for acronyms, such as UDS (Universal Data Set). These will be spelled out going forward. The motion to approve the May 24, 2018 minutes was approved by those present.</b></p>	May 24, 2018 minutes were approved
Finance Committee	<p>Tim reported that the Finance Committee met at 4:30pm prior to this meeting. The April financials were reviewed. The month of April shows a loss of \$120,123. Expenses in repairs and maintenance, as well as supplies for the Amherst site contributed to the month's loss. The bad debt figure has increased, partly because of insurance companies raising copays and deductibles. There is currently 7 days of cash on hand, giving us a ratio of 0.73. It's recommended to have 30 days cash on hand. We've been able to meet payroll every 2 weeks. Things for the month of May will be better as the Dental and Medical departments' revenues will be up for May. Things should get better once Amherst opens on Monday, June 11. Approximately two hundred patients have signed up so far.</p> <p>Frank Mertes attended a Chief Financial Officer (CFO) round table recently where the issue of bad debt was discussed. The Board should be prepared to talk about how to deal with bad debt, an issue for many health centers. Insurance companies are going to high deductible plans. In turn, many health centers have issues with collecting copays. This is a long term issue. We can't turn patients away. We still continue to see patients even though they may not be paying their bill. This is what our HRSA 330 money is for. We need to be firmer on collecting payments and co-pays up front at the time of an appointment, especially for selective dental procedures. Some receptionists are uncomfortable asking friends and neighbors since it's a small community. Some</p>	

	<p>patients have outstanding balances before walking in the door for an appointment.</p> <p>It was asked if the patient is informed of their outstanding balance at the time of an appointment. Frank responded that this is done, but not consistently. The goal is to have patients expect to pay the bill upon checking in. The Finance department has written off year-to-date approximately \$37,000 in bad debt so far out of \$1.2 million, so approximately 3% of operating expenses is bad debt. HCHC used to use a collection agency, but not any longer. There's a sign at each check-in window saying 'payment is expected at the time of service'. We're not sending patients to a collection agency as was once done, but we should discuss further. It was asked if a collection agency receives some of the money collected? Yes, usually half.</p> <p>An example of what's happening is a \$500 pair of glasses was ordered by a patient. The person didn't pay anything before walking out the door with the new glasses, which is against our policy. When someone orders glasses, payment should be made. The receptionists are the primary payment collectors, and the billing department is the back up. The Board supports the process to tighten the copay/payment process.</p> <p>An issue also occurs with Health Safety Net (HSN) patients that we no longer get reimbursed for. The patients do not have insurance or have a high deductible insurance and once they meet their deductible, the remainder is our responsibility. It was asked how many patients this includes? Frank will need to find out. It's happening in all departments.</p> <p><b>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.</b></p>	<p>Finance Committee report was approved.</p>
CEO Report	<p>Eliza Lake did not send an official report to the Board for this month. She shared that the site in Amherst will be opening Monday, June 11, 2018.</p> <p>A photographer and reporter from The Daily Hampshire Gazette were there today and there will be a story in the paper. Three more staff members need to be hired: medical assistant, dental assistant and a receptionist. The plan is to have others fill in for the time being, There was an architect meeting today and Wright Builders attended. The group reviewed the final punch list of outstanding items that need to be completed. The challenge now is determining when these items can be completed since the space is occupied daily. The June 2<sup>nd</sup> ribbon cutting event went well with many in attendance. Unfortunately, there was no press there since the reporters said that they don't work on Saturday.</p> <p>MassHealth patients have until July 1 to change their ACO enrollment, but there are some exceptions for those who need to apply for MassHealth. We will work with patients to ensure their access to our PCPs.</p>	

	<p>At the C3 meeting last week a discussion around the concern of future business opportunities took place. Possibilities included expanding the ACO model to Medicare populations or commercial insurers. At some point, a decision by C3 will be made which will potentially harm one of the member community health centers. A discussion about how to deal with this was held. C3 is being approached by a large hospital system, asking if they can join, which brought up questions re the participation requirements.</p> <p>Recently, we were approached by Cooley Dickinson Hospital (CDH) asking for our laboratory business in response to staying with them for our electronic medical record. We can't go with CDH because they do not take Health Safety Net (HSN). Currently, Baystate Reference Labs (BRL) doesn't bill HSN. Also, we would have to staff the lab ourselves by switching to CDH. Currently, BRL pays rent and staffs the labs themselves. It was asked if we have a contract with BRL? Yes, they are now at the Amherst site. Pricing will be forthcoming from the President of CDH for their continuing to host the EHR. It was asked if we're considering the cloud once more for the electronic medical record? Frank answered, not yet. There are two other medical groups affiliated with CDH that are in the same situation we are. CDH just wants to cover their costs if we stay with them. They're still getting some benefit from us being with them and they don't want to cut us off completely. We will revisit this again.</p> <p>As a follow up to the last discussion about Title X funding, our current restrictions from the 330 grant include having to provide pregnant women information and counselling, prenatal care, adoption information, and termination information. No coercion in any way is permitted. If a pregnancy is a result of rape or incest, a provider can refer the patient for termination, but detailed documentation about why is required. If a provider receives a request for an abortion referral, the provider may not make the phone call. As stated at the last discussion, we do not currently receive Title X funds.</p> <p>At a recent Chief Financial Officer (CFO) meeting, a new auditor requirement will be coming regarding the auditors reviewing how we can spend money. Auditors will need to verify that the health center not spend any money on or that we do not offer health insurance to employees that pays for pregnancy terminations.</p>	
Executive Committee	John Follet reported that there was no report from the Executive Committee this month.	
Recruitment, Orientation & Nominating (RON) Committee	<p>Tim Walter reported that the slate of officers and directors will be reviewed and voted upon at the Annual Meeting.</p> <p>A brief discussion took place regarding when recruitment efforts should begin for finding Board members from Amherst. Inquiring with those who were part of the planning group might be a way to find new members. It was suggested that we should wait until we have a good number of patients in Amherst before venturing out to recruit Board members. This could be up to six months away at the present time.</p>	

	<p>It was asked what kinds of skills would be beneficial for new Board members to have? Legal, finance, community, business, someone representative of the patient base in Amherst would all be beneficial. Someone younger with a family would also be a good asset. This Board is considered unusual in regards to community health center Boards. We have a much higher level of education than some other Boards, along with members who have experience with being on Boards.</p> <p>John Follet asked if we have a policy to thank members who have left the Board? No, we don't currently have a policy. It was decided to send a letter from the Chair to thank those completing their terms of service. A suggestion to have a yearly gathering with past Board members was briefly discussed.</p>	
Corporate Compliance Committee	There was no report from this committee this month.	
Facilities Committee	<p>This committee recently met. Since the last walk through of the sites was completed, much improvement has taken place. The look and feel of the sites has improved with new paint and carpeting. The staff should feel better about their work environment. The committee discussed a grant writing effort regarding money for many Americans with Disabilities Act-required changes that could be done in the sites.</p> <p>The committee reviewed the parking lot for the Huntington location and how close some of the parking spaces are to the building. Bollards are to be looked at as a potential solution to keep cars from hitting the building.</p> <p>Also, more painting is planned to be completed in exam rooms at each site.</p>	
Personnel Committee	The Personnel Committee finished reviewing the handbook. There are nine policies that apply to handbook. Bridget will be putting this all together. The handbook is informational, and not considered a policy, therefore no Board approval is needed. The document will go to management for review as well.	
Quality Improvement/Risk Management Committee	<p>There was not an official QI report this month, but changes have been made to Eliza Lake's job description. It now includes the responsibility of dealing with Federal Tort Claim Act (FTCA) claims. The Executive Committee reviewed and approved this change.</p> <p>Also, Kathryn Jensen has agreed to be Chair of the QI Committee going forward to fill the vacancy Cheryl Hopson has made with her resignation from the Board.</p>	
Committee Reports	After all the committee reports had been reviewed and discussed, <b>Tim Walter made a motion to accept all committee reports. The motion was seconded by Matt Bannister and without further discussion, the reports were approved by those in attendance.</b>	Committee reports presented were approved.

Old Business	There was no old business this month.	
New Business	<p>It was suggested that representatives from the health center may want to attend Amherst Chamber of Commerce meetings and events. Eliza said yes, we are members and attending events is on the list of things to begin doing.</p> <p>It was asked where we should consider holding our Board of Directors meetings once we have members coming from Amherst? This will need to be discussed further at a future 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> <p style="padding-left: 40px;">Employee Credentialing-New Employees:</p> <ol style="list-style-type: none"> <li>1. Dianna Cueves, Medical Assistant</li> <li>2. Brina Fondi, Nurse Practitioner Student from Vanderbilt Univ.</li> <li>3. Jessica Rivera, not pending any longer, approved</li> </ol> <p>It was discussed that students still have to be credentialed in order to be in the health center.</p> <p><b>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 Kathie Curnick and Jessica Rivera. Tim Walter seconded the motion, and with no further discussion, the motion passed unanimously.</b></p> <p>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="padding-left: 40px;">Employee Privileging:</p> <ol style="list-style-type: none"> <li>1. Tammy Sciartilli, Dental Assistant</li> </ol> <p>Privileges for Tammy were approved by her supervisor. She worked at an oral surgeon's office for many years prior to starting with us.</p> <p><b>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 Tammy Sciartilli. Tim Walter seconded the motion, and with no further discussion, the motion passed unanimously.</b></p>	<p>Credentialing was approved for Dianna Cueves and Brina Fondi.</p> <p>Privileging was approved for Tammy Sciartilli.</p> <p>Bridget Rida to notify the employees of the granted credentials/Privileges.</p>
Next Meeting	With no further business to discuss, Tim Walter made a motion to adjourn this meeting and Nancy Brenner seconded the motion. The motion was approved. The meeting adjourned at 6:15pm. The next scheduled meeting is set for July 5, 2018 at 5:30pm in Worthington.	

Submitted by,

Janet Laroche, Executive Assistant

## QI-RISK MANAGEMENT COMMITTEE

**Location:** Huntington Health Center

**Date/Time:** 03/20/2018 8:15am

**TEAM MEMBERS:** Cheryl Hopson (chair); Kathryn Jensen, Board Representative; MaryLou Stuart, Dental Representative; Jon Liebman, ANP; Cynthia Magrath, Practice Manager; Kim Savery, Community Programs Representative; Michael Purdy, CCCSO; Janet Laroche, Executive Assistant & Lean Team Leader; Marie Burkart, Development Director; Serena Torrey, Behavioral Health Representative; Dawn Flatt, Director of Clinical Operations; Seth Gemme, Board Representative

**ABSENT:** Eliza Lake, CEO; Sheri Cheung, Medicine Representative

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of February 20, 2018 Minutes	<p>The meeting was called to order by Cheryl Hopson at 8:15 am.</p> <p>The minutes from the February 20, 2018 meeting were reviewed. Cynthia Magrath made a motion to approve the minutes and Jon Liebman seconded the motion. The February 20, 2018 minutes were approved unanimously.</p>	The February 20, 2018 minutes were approved.
Peer Review / Department Reports  Behavioral Health Department	<p>Serena Torrey reported for the Behavioral Health department. And her report was distributed. The department's wait list is growing with approximately 80 people waiting. Serena received approval to hire a part time position. She has interviewed 1 person, and had 4 interviews over the phone. She's considering one applicant who is working on Spanish fluency. It would be a possibility to set a goal with this candidate to continue with her Spanish skills. It was asked if the waiting list is from internal or external referrals? Serena said they are all internal. It's taking many months to get them in to be seen. The same process is still in place with checking with those on the list. Clinicians are only doing urgent referrals at present. It was asked if School Based Health Center patients are included in this wait list? No, they are not on this list. It was asked if she's considered offering a wait list group? She said this could be an option. Kathryn commented that this might sound good, but it might not work the way you think because people usually want privacy. Could Serena check with other health centers to see if they offer this? There is more demand now as compared to years back and a lack of providers overall in the area.</p> <p>A UMass professor has been in contact with us. A meeting will be set up to speak about alcohol screening and tele psychiatry. The School Based Health Center clinician may work over the summer and this could help with the list short-term. She'd have to use space in Huntington.</p>	

Medical Department	<p>Jon Liebman reported for the Medical department. The Azara quality metrics report was handed out to the committee. Quarterly, the data is pulled from our medical record into Azara, a state system. The data quality is poor. Immunizations, cervical cancer screening, smoking screening, along with others are all not capturing data correctly. There's been an ongoing problem with all measures due to the electronic medical record. It's felt we need to remap the data when the system is upgraded. Need additional staff to help with this.</p> <p>Claims data from insurance companies is an issue. The ACO will assist with Medicaid patients.</p> <p>It was asked how good are the providers at doing these tasks? Jon answered Not very good, in some areas. If a provider is busy, he/she is not focused on capturing extra data. Can the Medical assistants be helpful? Jon answered that they are not allowed to do everything the provider can do in the medical record.</p> <p>The goal to fix this would be to work with eClinicalWorks directly and we would need enough staff resources to focus on this. There is only one person managing the medical record presently. Increasingly, providers are required to do more for financial reasons. IT is our weakest area with infrastructure and support.</p> <p>Jon mentioned that there were 2 incidents last month in the department.</p>	
Community Programs	<p>Kim gave a Community Programs update from last month regarding breast cancer screening numbers. The reporting was run as all cancer diagnoses. There were 5 breast cancer diagnoses and 1 lymphoma diagnosis that was found because of the screening. There is concerned that this a high rate as is the American Cancer Society. Kim will be following up to see what the next steps are. These numbers are from approximately 800 pts. It was asked if the American Cancer Society will do an analysis? Kim stated, yes, they will. There is a meeting scheduled in April. It was asked how the data is broken down? Kim replied by age groups, etc. Carolyn Sailer did the first report on this group of patients.</p>	
Old Business		
1422 Grant QI Summary	<p>The 1422 quiz results were handed out for review. It was stated that there could be some improvement. Results and what they mean were sent to our organization from the Department of Public Health.</p> <p>John Cupples and Associates are coming back April 25 to meet with the group working on the 1422, as well as to conduct staff interviews, and reviews with work flow processes and will then produce a final report. The report will be compared with the first report results.</p>	
NCQA-PCMH	<p>Marie Burkart was in attendance at today's meeting. Marie's role is now completed in regards to NCQA. Dawn Flatt will now be taking over to follow</p>	



Implementation	<p>up on issues. Measures we're currently working on, possibly 3-4 should be reviewed over a year. Data should then be shared internally and with the public.</p> <p>It was asked if the EClinicalWorks module purchased? Yes, it was. The module is for Care management and Behavioral Health. Money from a grant used for the purchase.</p>	
Risk Management	<p>Michael Purdy reported for risk management. There were several Incidents to review.</p> <p>A Community Programs employee fell going into the Westhampton Council On Aging due to slipping on ice. There were no Injuries of concern. Human Resources needs to be made aware.</p> <p>A Dental department incident was reported. Two dentists were involved with this patient who had a broken file in the apex of a tooth. The patient was referred to an Endodontist and the tooth was extracted. The file could not be removed and the tooth was not restorable. It was asked if the patient had a consent form on file? Yes, a signed form was on file. It was reported that the patient was not upset. Marylou Stuart is to interview both dentists involved. There is no negligence by dentist, as the file broke. They are very thin and break easily. Was there a review of consent form with patient in person? Marylou is to find out.</p> <p>There were two medical incidents to report on. The first was regarding a Pathology report with no patient injury. A pap smear in October was found to be abnormal. It took three weeks to get the report back. A biopsy was done in December and the results did not come back. The patient was seen 2 months later and a call needed to be made to get the biopsy results. It resulted in a cervical cancer diagnosis. The patient has other cancers going on at the same time. It was asked why there was not a call from the lab? It was stated that Baystate Reference Labs expected results because the pap smear was wildly abnormal. There was a failure in transmission results between the lab and our electronic medical record. In the meantime, the patient changed her first name during this process, and sometimes uses a middle name. This caused an issue with receiving the results. We now have a work around because this happened. Medical assistants are now looking for results. Only pap smears can be entered into the system. Other orders hang out in eCW and never get sent. A cervical biopsy can't be entered into eCW. It was asked how many outstanding labs need to be followed up on? Jon answered approximately 2,100 at present. A work-around would be to build into eCW an order for a cervical biopsy. The providers then send a telephone encounter to themselves to follow up. Creating another separate process for pathology studies is necessary so no more are missed.</p> <p>The second incident involved a patient with a history of a mass in the spleen. An abdominal ultrasound was conducted on January 16. As of February 20,</p>	

	<p>no results returned. The patient had an appointment on March 5. A call was made to receive the results. It was asked why the results didn't come back? Radiology studies come back as a fax from Baystate, but Baystate is not sure why it wasn't received. It's been determined that we shouldn't count on fax reports.</p> <p>Also, Partners radiology has been causing issues. Only 256 characters are appearing in report received back. Reports are being Faxed now. It sometimes takes days before results come back. The providers are aware of this and are keeping track. Tests are being ordered, but may not be followed up on and come back in a different format. There are approximately 1,000 we probably have the results on and 500 need a follow up.</p> <p>It was asked how much of these issues will get fixed when the medical record switches from Cooley? Jon replied that none would be fixed. We need to spend money to fix this by upgrading software and having more IT staff. Being an independent practice makes it difficult to receive results from many different hospitals and their electronic systems, which may be different from ours. It was asked if other HC have these issues? No, Not all. Health centers associated with one hospital are not having issues. Jon will report next month on where this stands. As this changes, it will change another process. It will be evolving. Medical assistants are assigned to each provider. It was asked if one person is tracking these instead of all of them? We've not been able to do this due to being short staffed. It's thought that a medical records person would be beneficial for this.</p>	
New Business	<p>The dental computer system had a hiccup last week where only 18 users could get onto the system. The server ended up needing to be rebuilt. No x-rays could be attached to patient records. Cynthia Magrath is working on getting this fixed. We're not sure where the corruption happened.</p> <p>The Dental Dept will be reporting at the April meeting.</p>	
Adjourn	<p>Kim Savery moved that the meeting be adjourned. After a second by Jon Liebman, the meeting was adjourned at 9:35am. The next meeting is scheduled for <b>Tuesday, April 17, 2018</b> at 8:15am at the Huntington Health Center.</p>	

Respectfully submitted,  
Janet Laroche

## QI-RISK MANAGEMENT COMMITTEE

**Location:** Huntington Health Center

**Date/Time:** 05/15/2018 8:15am

**TEAM MEMBERS:** Cheryl Hopson (chair), Board Representative; MaryLou Stuart, Dental Representative; Jon Liebman, ANP; Kim Savery, Community Programs Representative; Michael Purdy, CCCSO; Janet Laroche, Executive Assistant & Lean Team Leader; Serena Torrey, Behavioral Health Representative; Dawn Flatt, Director of Clinical Operations; Seth Gemme, Board Representative

**ABSENT:** Eliza Lake, CEO; Sheri Cheung, Medicine Representative; Kathryn Jensen, Board Representative; Cynthia Magrath, Practice Manager

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of March 20, 2018 Minutes	The meeting was called to order by Cheryl Hopson at 8:15 am. The March 20, 2018 minutes were deferred to the June meeting for review.	
Peer Review / Department Reports	MaryLou Stuart reported for the Dental dept. Peer review was conducted and appropriate treatment is being conducted throughout the dept. One failure to sign a denture consent form was found along with one missing dentist note for one visit.	
Dental Department	Quality metrics for the first quarter of 2018 were conducted. Between the months of January and March, 2018, 185 pediatric patients were seen. It's been realized that more sealants were given to patients than what appears in the treatment plans. Documenting this procedure properly is needed. Five patients were found to have new decay. A pediatric patient with a cavity within the last year is considered high risk. 41.6% of patients during this time period were considered high risk. It was asked if this percentage includes children on Medicaid? Children on Medicaid are not automatically considered high risk any longer. It was reported that the Dental Outreach program that's going to the schools is doing very well.	
Eye Care Department	Dr. Stuart also reported that she's received a new complaint as of the day before this meeting and needs to review it and speak with the patient before discussing it with this committee.  Peer review in the Eye Care dept is in the process of being completed. Michael Purdy reported that there were no patient complaints for this quarter.	

Community Programs	<p>The first quarter report for 2018 for the Community Programs was emailed to committee members prior to this meeting. Kim Savery reported that Diane Meehan has retired. It was asked if quality is being impacted with Diane retired and the Community Health Workers (CHWs) were reporting to her? Kim answered yes. Consistent supervision would be helpful for the CHWs. Kim also reported that we were not granted the United Way Health and Safety grant this year. Caseloads are going up for the CHWs and staff are trying to cover all that needs to be done with the existing staff.</p> <p>The PRAPARE project is in the test phase.</p> <p>For the first quarter, breast cancer screenings for women ages 50-74 have dropped another percentage point to 61%. There is a meeting scheduled with that team in 2 weeks to improve screening rates.</p> <p>Jon Liebman asked if we've received additional information regarding breast cancer incidents among our patients. Kim answered yes, but did not have the information with her at this meeting. Jon asked if the information shows that our patient population has a high incident of breast cancer? Kim answered yes, we do.</p>	
1422 Grant QI Summary	<p>Kim Savery reported that a visit is scheduled from John Cupples and Associates for a final evaluation on April 25. An interview with staff was conducted. The final report with DPH will be done on May 29. The report will include what challenges we'll have going forward and how they can assist us. Challenges include eCW migration, the ACO, coding, etc. The 1422 grant ends September 30. It was asked if the programs from the 1422 grant will continue when the grant ends? Yes, the undiagnosed Hypertension registry will continue with reducing the number of patients in this category. Pre-visit planning is working well with the reception staff. The teams are working well overall, but didn't meet as much during the first quarter, mainly due to inclement weather.</p> <p>The monthly reports from the Mass League regarding hypertension are being worked on to make more accurate. Data from DRVS is being pulled as non-billable encounter types. This may account for some discrepancies being seen. It was asked if this can be fixed? Yes, and we'll be able to track hypertension. A structure is being set up to continue with population health management. An in-house review is needed before the visit by John Cupples, if it can be scheduled.</p>	
NCQA-PCMH	<p>Dawn Flatt is now following up on the earlier discussion regarding NCQA and items to be shared with the public. At a recent department head meeting the group picked smoking cessation to work on. It was asked if this will be reported on to the public periodically? Yes, that's the idea and eventually the topic to report will change.</p>	

Risk Management	<p>Michael Purdy reported for Risk Management. An issue related to diagnostic imaging is occurring. Cooley Dickinson Hospital (CDH) is sending reports to our providers and they are listed as the ordering physician, even though they weren't the provider who ordered the testing. Unfortunately, the person who ordered the report did not receive it. This has happened at least twice. Michael spoke with Vickie Wilson, RN supervisor about backup systems for these types of issues, which we have. If we order a test, we want to be sure we receive it. We're not sure if both reports were sent to us by mistake. We're concerned that our imaging will be sent somewhere else. Teams are currently going through lists to be sure results have been returned to us. There are approximately 12 outstanding reports at the moment. The medical assistants are working to match up results with the order.</p> <p>As a follow up to a cervical biopsy result not coming back to us that was brought up at the last QI meeting, a plan has been worked on. Procedures involving pathology studies have been implemented. The work around is to send telephone encounter to ourselves to be sure we get results back. Briana Blanchard is putting fail safes in eCW for tracking. It was asked if the incident report form for this issue was completed? The form needs to be completed.</p> <p>It was brought to the attention of the committee that our FTCA malpractice insurance is up for renewal. Copies were handed out of what we're required to submit for risk management and QI. The FTCA application is due June 4<sup>th</sup>. The QI plan may need some updating to meet FTCA requirements.</p> <p>Michael reported that there was a fall in the waiting room with no negative outcome. He will report on this incident fully at next month's meeting.</p> <p>Jon Liebman reported that there was an issue in the medical department where an elderly patient with a DNR and MOLST went to the hospital. The forms were filled out but not signed by the doctor. The patient was resuscitated at the hospital and ended up in the ICU. The patient's daughter was not able to be there to express the patient's wishes. This was just found out and Jon will report back next month after an investigation is conducted. Many times a conversation occurs with patients, and the MOLST form is taken home, but not returned so there is no copy in the patient's chart and it doesn't get signed.</p>	<p>Complete incident report for cervical biopsy incident</p> <p>Complete incident report/investigation for DNR/MOLST issue</p>
New Business	<p>A change to the agenda for this meeting was discussed. Updates on other department issues not related to quarterly reports will be brought up under new business going forward. Also, the 1422 grant can be removed from the agenda as a standing item and can be brought up under new business going forward since the program is almost complete.</p>	
Patient Satisfaction Survey	<p>Janet Laroche reported that the patient satisfaction surveys are not yet completed. Time constraints, as well as not receiving completed surveys</p>	

	back from various departments is causing a delay in results being reported to this committee.	
Adjourn	Michael Purdy moved that the meeting be adjourned. After a second by Kim Savery, the meeting was adjourned at 8:55am. The next meeting is scheduled for <b>Tuesday, June 19, 2018</b> at 9:15am at the Huntington Health Center.	

Respectfully submitted,  
Janet Laroche



## **Hilltown Community Health Centers, Inc.**

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### **Administrative Policy**

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#### **SUBJECT: BOARD MEMBER RECRUITMENT, RETENTION AND DEVELOPMENT PLAN**

#### **REGULATORY REFERENCE:**

#### **Purpose:**

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the recruitment, retention and development of Board members.

#### **Plan:**

New Board members are recruited in a variety of ways. The process begins with understanding the current Board profile of members which identifies the skills, background, consumer/non-consumer status and demographics currently represented on the Board and what is needed. The Recruitment, Orientation and Nominating (RON) Committee members identify the people and organizations to contact as part of the recruiting process. This includes:

- Working with health center staff to identify patients who may be interested in serving as consumer members.
- Identifying the strongest candidates and prioritizing the applicants based on the skills, geographic representation and diversity needs of the Board.
- Members of the RON Committee are assigned one or more individuals to contact and disseminate recruiting materials.
- Board member candidates are subsequently interviewed by one or more Board members, preferably including the President and the Executive Director and, if the candidates are interested in membership, may be invited to a Board meeting to get an idea of how the organization makes decisions and shares responsibilities. This is also an opportunity for the Board to assess the skills and fit of the candidate with the organization and its leadership.
- Based on these meetings, the RON Committee may nominate the candidate to the Board. The Board votes to accept or decline the nomination of the candidate.
- Once an individual commits to serving on the Board, she or he is given a Board Member Manual along with password information to the Board's secure web page, which includes additional resources.
- The term of a member shall be three years, and members are eligible for re-election.
- The Board will retain its members and develop their governance competency through continuing education and support, including:

- Opportunities for training at various conferences and seminars run by the State of Massachusetts, the Massachusetts League of Community Health Centers, the National Association of Community Health Centers and other organizations.
- Presentations by HCHC staff or partners on issues of importance to the governance, strategic planning, and on-going operational support of the health center.
- Monthly reports from the Executive Director and Senior Management on HCHC and its activities, with opportunities for discussion and questions at every Board meeting.

Questions regarding this plan should be directed to Chief Executive Officer at 413-238-4128.

Originally Drafted: MAY 2016

Reviewed or Revised: JUL 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.

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Administrative Policy  
Board of Directors

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### **SUBJECT: GRANT AND CONTRACT APPROVAL**

**REGULATORY REFERENCE:** None

#### **Purpose:**

Hilltown Community Health Centers, Inc. (HCHC) Board of Directors has adopted this policy to have a formal documented process for the Board of Directors to review/approve any grants or contracts that may be applied for which meet the criteria set forth by the Board of Directors.

#### **Policy:**

The Executive Director or his/her designee may apply for grants or contracts which meet the following criteria:

1. Appropriate grants/contracts must be related to the organization's mission.
2. The grant/contract must have funds which are sufficient to cover the costs of the grant/contract operations.
3. The authority and duties of the Executive Director must not be dissipated by the addition of the grant/contract.

It is expected that the Executive Director will inform the Board of Directors and provide detailed information regarding all grants/contracts for which (s)he or the designee applies.

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

Originally Drafted: OCT 1998

Reviewed or Revised: JUL 2018

Approved by Board of Directors, Date: \_\_\_\_\_

Approved by:

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Eliza B. Lake  
Chief Executive Officer, HCHC

Date: \_\_\_\_\_

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John Follet, MD  
Chair, HCHC Board of Directors



## **Hilltown Community Health Centers, Inc.**

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### Administrative Policy

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#### **SUBJECT: BOARD ORIENTATION POLICY**

#### **REGULATORY REFERENCE:**

#### **Purpose:**

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to orient every new Board member of Hilltown Community Health Center with materials to review in order gain a complete understanding of Hilltown Community Health Center and his/her role as a member of the Board of Directors.

#### **Policy:**

The Executive Director or Board President or designee shall meet with the new Board member to provide:

#### **HARD COPY or EMAIL:**

1. Welcome letter from Board President and Executive Director, including link to Board member web page with log-in instructions
2. Acronym List
3. Annual Disclosure Statement
4. Attorney General's Guide to Board Members of Charitable Organizations
5. Confidentiality Agreement
6. Health Center Services Sheet
7. Member Listing
8. Mission Statement
9. Monthly Meeting Schedule
10. New Member Required Information Form
11. Organizational Chart
12. Committee Descriptions
13. Ten Responsibilities of Non-Profit Boards

#### **BOARD OF DIRECTORS SECURE WEB PAGE:**

**<https://www.hchcweb.org/board-of-directors/>**

1. #'s 2-13 (above) plus:
2. Articles of Incorporation
3. Board Governance Guidelines (from National Association of Community Health Centers)

4. Bureau of Primary Health Program Requirements
5. By-Laws
6. Corporate Compliance Documents
7. Directors & Officers Insurance Policy (current and past)
8. Finance Committee Minutes (current and past)
9. Governance Requirements List
10. History of HCHC
11. HRSA Program Requirements
12. Meeting Minutes (current and past)
13. Policies
  - a. Conflict of Interest
  - b. Confidentiality
  - c. Grant and Contract Approval
  - d. New Member Orientation

**OTHER ORIENTATION ACTIVITIES:**

1. Tour of the Huntington Health Center and Worthington Health Center preceding first two meetings
2. Schedule tours of School-Based Programs and Hilltown Community Center

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

Originally Drafted: OCT 1998

Reviewed or Revised: JUL 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