



Hilltown Community Health Center

Administrative Offices
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Worthington, MA 01098
413-238-5511
www.hchcweb.org

**BOARD MEETING
AUGUST 2, 2018
HUNTINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the July 5, 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
6. Old Business
7. New Business
 - School-Based Health Center Policies
 - QI/Risk Management Report for First Half of 2018
8. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 07/05/2018 5:30pm

Worthington Health Center

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

STAFF: Eliza Lake, CEO; Michael Purdy, CCCSO

ABSENT: Maya Bachman; Wendy Long; Janet Laroche, Executive Assistant; Frank Mertes, CFO

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Approval of Minutes 06/07/2018	John Follet called the meeting to order at 5:32pm. The last meeting involved both the monthly meeting and the annual meeting. Matt Bannister moved to approve the minutes of the monthly section of that meeting, Alan Gaitenby seconding. Lee Manchester noted a clerical error in the Credentialing section. The corrected minutes of the monthly meeting of 6/07/2018 were approved by those present.	June 7, 2018 minutes were approved
Finance Committee	Tim Walter reported on the Finance Committee's meeting of today, noting the absence of Frank Mertes, CFO. The days of cash on hand continues to be low. Income from the Dental department was improved. Bad debt figures were improved. In general, May was a positive month, with a positive return relative to budget. Eliza Lake reported that the available figures reflect a number of capital improvement items being re-classified as capital expenses and therefore previously expenses items being noted as revenue on the Facilities line item. HCHC received the final grant funds for the Amherst site from Cooley Dickinson, but only after settling an outstanding invoice for EHR hosting. The delay in opening Amherst lost expected income from the spring months of 2018. Eliza also reported that membership in C3 has meant that more HCHC patients will require formal referrals in order to see medical specialists. This has meant an increased need for staff time, for which HCHC has hired a referral specialist. Matt Bannister moved to accept the Finance Committee report. Nancy Brenner seconded the motion, which was passed by those present.	Finance Committee report was approved.
CEO Report	Eliza Lake reported that the Amherst site is up and running. There have been some glitches, but nothing substantial. Staff have noted that there is an educational process required for patients to get used to seeing a nurse practitioner. Most dental patients are being scheduled for visits with dental hygienists, which will generate appointments for dentists. There have been minor construction-related issues. The patient population seen so far has had	

	<p>many immigrants, and many Spanish speakers. Eliza reported a transition by some employees newly sited at Amherst due to the very different population mix than at our existing sites. There have been minor logistical issues around personal deliveries between sites with Amherst in the mix. Billing delays for Amherst patients have occurred because of delays in the assignment of a location code by MassHealth.</p> <p>A grant for opioid addiction prevention and behavioral health services will be used for the development of Behavioral Health services for Amherst. There is no space available in the health center, but Eliza has been developing possible agreements to use space at two other agencies in Amherst, one of them also in the Bangs Center. The grant will also be used to purchase telehealth equipment which can be used for mobile health services and care coordination.</p> <p>Eliza is enrolled in a program at Harvard Business School in Nonprofit Management, for which she was awarded a scholarship. For her project, she plans to address organization management during periods of growth, using her experience at HCHC as a case study.</p> <p>In the larger picture, the resolution of the impasse in the Health Center Transformation Fund included in the House and Senate Health Care Reform bills remains.</p> <p>Eliza noted that, since she and HCHC's Jon Liebman are now on the board of C3, there is a possibility of a conflict of interest in the future. She will keep the Board informed should such a conflict be on the horizon.</p>	
Executive Committee	John Follet reported that the Executive Committee has not met since the last Board of Directors meeting.	
Recruitment, Orientation & Nominating (RON) Committee	Tim Walter reported that he has been pursuing one person as a prospective Board member.	
Corporate Compliance Committee	There was no report from this committee this month.	
Facilities Committee	Alan Gaitenby reported that some painting and cosmetic repairs have taken place. There are plans to reconfigure a door and add bollards to the parking lot at the Huntington site in order to protect the building from vehicles.	
Personnel Committee	John Follet reported that this committee has not met since the last meeting.	

Quality Improvement/Risk Management Committee	Kathryn Jensen has assumed the Chair of this committee. She reported that the format of the meeting continues to go well, with some minor changes to the structure of the agenda. The sequence of meetings was changed so that Seth Gemme can attend the meetings. One outgrowth of this is that some issues get resolved in the departmental meeting that now precedes the QI meeting.	
Committee Reports	After all the committee reports had been reviewed and discussed, Tim Walter moved that the reports of the committees be accepted. Matt Bannister seconded the motion. The motion was approved by those present.	Committee reports presented at this meeting were approved.
Old Business	There was no additional old business to be discussed.	
Board of Directors Policies Review	John Follet directed attention to the policies to be reviewed: Board Member Recruitment, Retention and Development; Grant and Contract Approval; and Board Orientation. Eliza Lake noted that her title appears inconsistently in these documents, a clerical error to be corrected. After a brief discussion, Nancy Brenner moved the policies be accepted as amended. Tim Walter seconded the motion, and it was approved by those present.	Board of Directors Policies were approved.
Next Meeting	With no further business to discuss, Tim Walter moved the meeting be adjourned. Matt Bannister seconded the motion, which was approved by those present. The meeting was adjourned at 6:40 pm. The next scheduled meeting will be on August 2, 2018 at 5:30pm in Huntington.	

Respectfully submitted,

Kathryn L. Jensen, Clerk

Hilltown CHC
Dashboard And Summary Financial Results
June 2018

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	Actual FY 2016	Actual FY 2017	Actual Jan 2018	Actual YTD Feb 2018	Actual YTD Mar 2018	Actual YTD Apr 2018	Actual YTD May 2018	Actual YTD June 2018	Notes on Trend	Cap Link TARGET	COMMENT
Liquidity Measures											
Operating Days Cash	16	7	5	6	9	7	2	3	Measures the number of days HCHC can cover daily operating cash needs.	> 30-45 Days	Not Meeting Benchmark
Current Ratio	1.96	1.27	0.95	0.96	0.78	0.73	0.82	0.84	Measures HCHC's ability to meet current obligations.	>1.25	Not Meeting Benchmark
Patient Services AR Days	33	33	32	32	30	31	30	34	Measures HCHC's ability to bill and collect patient receivables	< 60-75 Days	Doing Better than Benchmark
Accounts Payable Days	46	56	95	69	94	76	55	64	Measures HCHC's ability to pay bills	< 45 Days	Not Meeting Benchmark
Profitability Measures											
Net Operational Margin	-1.1%	-3.4%	-7.5%	-9.7%	-10.5%	-12.9%	-6.6%	-5.5%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	6.6%	9.6%	-5.5%	8.0%	8.5%	-1.3%	4.6%	5.6%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Doing Better than Benchmark
Leverage											
Total Liabilities to Total Net Assets	32.1%	27.9%	33.2%	28.7%	33.9%	32.6%	24.7%	26.3%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Doing Better than Benchmark
Operational Measures											
Medical Visits	-	18,727	1,489	2,914	4,371	5,748	7,329	8,863			
Net Medical Revenue per Visit	\$ 142.69	\$ 134.56	\$ 148.92	\$ 147.07	\$ 144.39	\$ 143.69	\$ 142.47	\$ 144.02			
Dental Visits	-	14,880	1,252	2,309	3,512	4,703	6,135	7,426			
Net Dental Revenue per Visit	\$ 104.66	\$ 113.60	\$ 117.02	\$ 108.61	\$ 109.03	\$ 111.81	\$ 114.27	\$ 115.98			
Behavioral Health Visits	-	3,809	330	642	1,002	1,332	1,782	2,120			
Net BH Revenue per Visit	\$ 98.69	\$ 95.70	\$ 100.93	\$ 91.23	\$ 85.29	\$ 90.42	\$ 89.35	\$ 89.42			
Optometry Visits	-	2,329	214	370	523	766	993	1,124			
Net Optometry Revenue per Visit	\$ 104.51	\$ 79.61	\$ 87.35	\$ 79.40	\$ 91.60	\$ 79.86	\$ 87.66	\$ 85.75			

Hilltown Community Health Centers
Income Statement - All Departments
Period Ending June 2018

	June 2018 Actual	June 2018 Budget	Over (Under) Budget	YTD Total Actual	YTD Total Budget	Over (Under) Budget	YTD PY Actual	Over (Under) Cur. v. PY YTD
OPERATING ACTIVITIES								
Revenue								
Patient Services - Medical	232,300	240,316	(8,016)	1,276,445	1,337,309	(60,864)	1,242,128	34,317
Visits	1,534	1,734	(200)	8,863	9,702	(839)	9,141	(278)
Revenue/Visit	\$ 151.43	\$ 138.59	\$ 12.84	\$ 144.02	\$ 137.84	\$ 6.18	\$ 135.89	\$ 8.13
Patient Services - Dental	160,194	204,587	(44,393)	861,262	1,126,072	(264,810)	896,851	(35,589)
Visits	1,291	1,613	(322)	7,426	9,199	(1,773)	7,586	(160)
Revenue/Visit	\$ 124.09	\$ 126.84	\$ (2.75)	\$ 115.98	\$ 122.41	\$ (6.43)	\$ 118.22	\$ (2.25)
Patient Services - Beh. Health	30,348	37,238	(6,890)	189,574	238,542	(48,968)	182,926	6,648
Visits	338	378	(40)	2,120	2,436	(316)	1,934	186
Revenue/Visit	\$ 89.79	\$ 98.51	\$ (8.73)	\$ 89.42	\$ 97.92	\$ (8.50)	\$ 94.58	\$ (5.16)
Patient Services - Optometry	9,332	24,400	(15,068)	96,384	145,141	(48,757)	83,623	12,761
Visits	131	310	(179)	1,124	1,844	(720)	1,100	24
Revenue/Visit	\$ 71.24	\$ 78.71	\$ (7.47)	\$ 85.75	\$ 78.71	\$ 7.04	\$ 76.02	\$ 9.73
Patient Services - Optometry Hardware	4,216	6,839	(2,623)	40,411	42,336	(1,925)	32,607	7,804
Patient Services - Pharmacy	11,224	12,500	(1,276)	60,870	75,000	(14,130)	72,124	(11,254)
Quality & Other Incentives	120	-	120	10,280	-	10,280	3,953	6,327
HRSA 330 Grant	119,646	128,875	(9,229)	784,539	773,250	11,289	788,654	(4,115)
Other Grants & Contracts	99,692	107,819	(8,127)	526,504	499,090	27,414	431,308	95,196
Int., Dividends Gain /Loss Investments	(1,275)	2,500	(3,775)	4,000	15,000	(11,000)	44,486	(40,486)
Rental & Misc. Income	3,752	2,428	1,324	17,068	14,563	2,505	15,514	1,554
Total Operating Revenue	669,549	767,502	(97,953)	3,867,337	4,266,303	(398,966)	3,794,174	73,163
Compensation and related expenses								
Salaries and wages	460,826	463,871	(3,045)	2,840,747	3,113,710	(272,963)	2,699,338	141,409
Payroll taxes	33,772	35,254	(1,482)	213,464	236,641	(23,177)	208,876	4,588
Fringe benefits	38,946	39,428	(482)	236,082	264,659	(28,577)	246,166	(10,084)
Total Compensation & related expenses	533,544	538,553	(5,009)	3,290,293	3,615,010	(324,717)	3,154,380	135,913
No. of week days	21	21	-	132	132	-	132	-
Staff cost per week day	\$ 25,407	\$ 25,645	\$ (239)	\$ 24,926	\$ 27,386	\$ (2,460)	\$ 23,897	\$ 1,030

Hilltown Community Health Centers
Income Statement - All Departments
Period Ending June 2018

	June 2018 Actual	June 2018 Budget	Over (Under) Budget	YTD Total Actual	YTD Total Budget	Over (Under) Budget	YTD PY Actual	Over (Under) Cur. v. PY YTD
Other Operating Expenses								
Advertising and marketing	2,169	793	1,376	3,457	4,755	(1,298)	2,397	1,060
Bad debt	1,462	13,880	(12,418)	39,002	83,280	(44,278)	28,515	10,487
Computer support	7,375	16,442	(9,068)	43,246	98,651	(55,405)	44,661	(1,416)
Conference and meetings	522	1,355	(833)	3,081	8,130	(5,049)	11,535	(8,453)
Continuing education	524	2,788	(2,264)	10,343	16,728	(6,385)	12,744	(2,401)
Contracts and consulting	1,414	4,772	(3,358)	19,185	28,631	(9,446)	31,369	(12,184)
Depreciation and amortization	11,725	23,539	(11,814)	70,352	137,378	(67,026)	82,168	(11,816)
Dues and membership	5,673	2,934	2,739	14,264	17,604	(3,340)	59,027	(44,764)
Equipment leases	2,937	2,432	505	12,916	14,592	(1,676)	11,779	1,138
Insurance	1,963	1,501	462	11,139	9,006	2,133	7,182	3,957
Interest	1,480	1,500	(20)	8,950	9,000	(50)	9,450	(500)
Legal and accounting	2,167	3,000	(833)	17,190	18,000	(810)	18,883	(1,693)
Licenses and fees	5,740	4,331	1,409	28,942	25,984	2,958	25,150	3,793
Medical & dental lab and supplies	10,913	20,139	(9,226)	58,914	120,834	(61,920)	69,521	(10,607)
Merchant CC Fees	1,679	1,213	466	8,662	7,278	1,384	7,021	1,642
Office supplies and printing	3,897	2,945	952	25,942	17,573	8,369	16,322	9,620
Postage	2,186	1,986	200	8,871	10,916	(2,045)	8,422	448
Program supplies and materials	24,545	20,760	3,785	138,592	124,558	14,034	98,309	40,284
Pharmacy & Optometry COGS	11,681	5,034	6,647	44,954	30,200	14,754	51,751	(6,797)
Recruitment	-	426	(426)	284	2,556	(2,272)	1,755	(1,472)
Rent	3,140	6,535	(3,395)	18,840	39,210	(20,370)	18,299	541
Repairs and maintenance	15,704	12,836	2,868	94,010	77,016	16,994	80,676	13,334
Small equipment purchases	-	2,813	(2,813)	5,146	16,878	(11,732)	6,979	(1,833)
Telephone/Internet	12,961	13,324	(363)	63,704	71,944	(8,240)	54,046	9,658
Travel	3,689	3,960	(271)	12,252	23,758	(11,506)	23,639	(11,387)
Utilities	3,502	3,916	(414)	28,678	23,501	5,177	23,761	4,917
Loss on Disposal of Assets	-	-	-	-	-	-	-	-
Total Other Operating Expenses	139,047	175,154	(36,107)	790,917	1,037,961	(247,044)	805,362	(14,446)
Net Operating Surplus (Deficit)	(3,042)	53,795	(56,837)	(213,873)	(386,668)	172,795	(165,568)	(48,304)
NON-OPERATING ACTIVITIES								
Donations, Pledges & Contributions	950	37,917	(36,967)	25,846	77,502	(51,656)	147,779	(121,933)
Loan Forgiveness	-	-	-	-	-	-	-	-
Capital Grants	73,250	-	73,250	404,993	445,912	(40,919)	121,742	283,251
Net Non-operating Surplus (Deficit)	74,200	37,917	36,283	430,839	523,414	(92,575)	269,521	161,318
NET SURPLUS/(DEFICIT)	71,158	91,712	(20,554)	216,966	136,746	80,220	103,953	113,014

Hilltown CHC
Summary of Net Results By Dept.
June 2018
Net Results Gain (Deficit)

	June 2018	June Budget	Over (Under) Budget	YTD	YTD Budget	Over (Under) Budget	PY YTD	Cur. v. PY YTD
<u>Operating</u>								
Medical	\$ 1,972	\$ 2,922	\$ (950)	\$ (169,096)	\$ (403,251)	\$ 234,155	\$ (196,364)	\$ 27,268
Dental	(10,241)	15,811	(26,052)	(141,349)	(138,231)	(3,118)	(86,247)	\$ (55,102)
Behavioral Health	1,133	3,333	(2,200)	17,215	29,160	(11,945)	32,914	\$ (15,699)
Optometry	(10,721)	5,867	(16,588)	(11,296)	31,981	(43,277)	4,215	\$ (15,511)
Pharmacy	8,833	9,166	(333)	52,756	55,000	(2,244)	48,698	\$ 4,058
Community	(1,815)	(2,820)	1,005	7,007	(12,715)	19,722	13,954	\$ (6,947)
Fundraising	(5,010)	(5,593)	583	(36,633)	(34,443)	(2,190)	(40,609)	\$ 3,976
Admin. & OH	12,807	25,109	(12,302)	67,523	85,831	(18,308)	57,871	\$ 9,652
Net Operating Results	\$ (3,042)	\$ 53,795	\$ (56,837)	\$ (213,873)	\$ (386,668)	\$ 172,795	\$ (165,568)	\$ (48,305)
<u>Non Operating</u>								
Donations	\$ 950	\$ 37,917	\$ (36,967)	\$ 25,846	\$ 77,502	\$ (51,656)	\$ 147,779	\$ (121,933)
Capital Project Revenue	73,250	-	73,250	404,993	445,912	(40,919)	121,742	\$ 283,251
Total	\$ 74,200	\$ 37,917	\$ 36,283	\$ 430,839	\$ 523,414	\$ (92,575)	\$ 269,521	\$ 161,318
Net	\$ 71,158	\$ 91,712	\$ (20,554)	\$ 216,966	\$ 136,746	\$ 80,220	\$ 103,953	\$ 113,013

Hilltown Community Health Centers
Balance Sheet - Monthly Trend

	12/31/2016	12/31/2017	1/31/2018	2/28/2018	3/31/2018	4/30/2018	5/31/2018	6/30/2018
Assets								
Current Assets								
Cash - Operating Fund	\$ 321,717	\$ 139,487	\$ 106,899	\$ 131,133	\$ 193,864	167,740	55,714	59,713
Cash - Restricted (Amherst Donations)	350,559	238,749	264,552	110,300	108,789	53,337	26,043	25,978
Patient Receivables	815,560	922,130	945,932	907,470	892,811	885,955	894,425	1,008,550
Less Allow. for Doubtful Accounts	(55,491)	(99,215)	(118,300)	(118,351)	(135,875)	(135,752)	(135,217)	(136,698)
Less Allow. for Contractual Allowances	(321,655)	(364,280)	(367,283)	(355,074)	(355,637)	(341,355)	(349,582)	(400,599)
A/R 340B-Pharmacist	13,596	17,254	9,008	10,533	16,255	14,347	17,584	18,243
A/R 340B-State	893	928	(80)	(426)	(765)	(1,809)	(3,691)	(4,299)
Contracts & Grants Receivable	111,318	88,897	62,715	77,282	56,863	46,866	33,107	66,864
Prepaid Expenses	25,010	4,882	14,950	19,830	21,493	21,496	20,716	20,263
A/R Pledges Receivable	129,791	56,527	43,204	43,021	37,121	36,780	37,566	28,991
Total Current Assets	1,391,298	1,005,357	961,597	825,717	834,920	747,605	596,664	687,006
Property & Equipment								
Land	204,506	204,506	204,506	204,506	204,506	204,506	204,506	204,506
Buildings	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913
Improvements	872,646	872,646	872,646	872,646	872,646	872,646	905,848	905,848
Equipment	974,504	974,504	974,504	974,504	964,232	964,232	964,232	964,232
Construction in Progress (Amherst)	52,011	1,303,831	1,535,407	1,669,398	1,857,729	1,919,511	1,930,266	2,012,678
Total Property and Equipment	4,717,580	5,969,400	6,200,976	6,334,967	6,513,025	6,574,808	6,618,764	6,701,176
Less Accumulated Depreciation	(2,031,443)	(2,195,779)	(2,209,474)	(2,223,169)	(2,220,682)	(2,232,408)	(2,244,133)	(2,255,859)
Net Property & Equipment	2,686,137	3,773,621	3,991,502	4,111,798	4,292,343	4,342,400	4,374,630	4,445,317
Other Assets								
Restricted Cash	53,811	53,713	53,709	53,713	53,717	53,722	53,727	53,732
Pharmacy 340B and Optometry Inventory	18,555	13,089	14,125	14,942	13,224	12,963	13,924	13,544
Investments Restricted	5,786	6,978	6,978	6,978	6,978	7,054	7,054	7,350
Investment - Vanguard	419,937	514,406	514,406	514,406	464,406	464,529	469,407	467,823
Total Other Assets	498,089	588,186	589,218	590,039	538,326	538,268	544,112	542,450
Total Assets	\$ 4,575,524	\$ 5,367,164	\$ 5,542,317	\$ 5,527,555	\$ 5,665,589	5,628,273	5,515,406	5,674,773
Liabilities & Fund Balance								
Current & Long Term Liabilities								
Current Liabilities								
Accounts Payable	\$ 229,370	\$ 296,786	\$ 462,981	\$ 332,669	\$ 508,923	447,711	306,137	359,533
Notes Payable	1,753	-	-	-	-	-	-	-
Sales Tax Payable	67	51	19	36	315	23	42	59
Accrued Expenses	2,528	1,492	(2,918)	2,537	(3,108)	(6,897)	(10,386)	(6,046)
Accrued Payroll Expenses	363,288	368,564	456,096	461,683	504,005	522,176	371,730	397,811
Payroll Liabilities	19,074	19,499	20,094	12,706	8,674	10,033	11,672	12,214
Unemployment Escrow	826	826	826	826	826	826	826	826
Deferred Contract Revenue	93,234	107,507	71,388	53,582	48,531	43,895	50,512	56,783
Total Current Liabilities	710,139	794,725	1,008,485	864,038	1,068,166	1,017,767	730,533	821,179
Long Term Liabilities								
Mortgage Payable United Bank	201,737	185,129	183,730	182,328	180,782	179,374	177,945	176,531
Mortgages Payable USDA Huntington	201,165	189,368	188,343	187,322	186,406	185,394	184,345	183,323
Total Long Term Liabilities	402,902	374,497	372,073	369,650	367,188	364,768	362,291	359,854
Total Liabilities	1,113,041	1,169,222	1,380,558	1,233,688	1,435,354	1,382,535	1,092,824	1,181,033
Fund Balance / Equity								
Fund Balance Prior Years	3,462,483	4,197,942	4,161,759	4,293,867	4,230,235	4,245,738	4,422,582	4,493,740
Total Fund Balance / Equity	3,462,483	4,197,942	4,161,759	4,293,867	4,230,235	4,245,738	4,422,582	4,493,740
Total Liabilities & Fund Balance	\$ 4,575,524	\$ 5,367,164	\$ 5,542,317	\$ 5,527,555	\$ 5,665,589	5,628,273	5,515,406	5,674,773

Age	F	M	Total
Age 11		1	1
Age 14	1		1
Age 15	2		2
Age 16	1		1
Age 18		1	1
Age 19	1		1
Age 22	2	1	3
Age 23	2	2	4
Age 24	2	1	3
Age 3	1		1
Age 4	1		1
Age 5	1	1	2
Age 6		2	2
Age 85 and over	2	2	4
Age 9		1	1
Ages 25-29	9	3	12
Ages 30-34	5	6	11
Ages 35-39	8	3	11
Ages 40-44	8	3	11
Ages 45-49	4	8	12
Ages 50-54	4	5	9
Ages 55-59	1	6	7
Ages 60-64	8	2	10
Ages 65-69	5	5	10
Ages 70-74	5	2	7
Ages 75-79	4	3	7
Ages 80-84		3	3
Total	75	63	138

Race/Ethnicity	F	M	Total
American Indian/Alaska Native	1	1	2
Hispanic/Latino	1	1	2
Asian	2	2	4
Non-Hispanic/Latino	2	2	4
Black/African American	4	6	10
Hispanic/Latino	1		1
Non-Hispanic/Latino	3	5	8
Unreported/Refused to Report Ethnicity		1	1
Unreported/Refused to Report Race	7	7	14
Hispanic/Latino	4	3	7
Non-Hispanic/Latino	3	3	6
Unreported/Refused to Report Ethnicity		1	1
White	61	47	108
Hispanic/Latino	16	13	29
Non-Hispanic/Latino	44	33	77
Unreported/Refused to Report Ethnicity	1	1	2
Total	75	63	138

HCHC – Amherst Health Center

Primary Language	F	M	Total
English	55	48	103
Hindi		1	1
Other	4	3	7
Portuguese		1	1
Spanish	16	10	26
Total	75	63	138

John P. Musante HC
Medical Patients seen through 7-25-2018
Town-City

City/Town	Count
AGAWAM	1
AMHERST	51
BECKET	1
BELCHERTOWN	2
BLANDFORD	6
BOSTON	1
CHESTER	4
CHICOPEE	4
EAST OTIS	1
EASTHAMPTON	4
FLORENCE	2
GOSHEN	1
GRANBY	1
GREENFIELD	2
HADLEY	5
HEATH	1
HOLYOKE	5
HUNTINGTON	8
MONTAGUE	2
MONTGOMERY	1
NORTH ADAMS	2
NORTH AMHERST	1
NORTHAMPTON	7
SOUTH DEERFIELD	2
SOUTH HADLEY	2
SPRINGFIELD	4
SUNDERLAND	5
THORNDIKE	1
TURNERS FALLS	1
WESTFIELD	4
WILLIAMSBURG	2
WORONOCO	1
WORTHINGTON	3
Grand Total	138

John P. Musante HC
 Medical Patients seen through 7-25-2018
 Insurance

Primary Insurance	Count
BCBS HMO BLUE	5
BCBS OUT OF STATE	4
BLUE CARE ELECT	2
BMC MASSHEALTH	3
CIGNA	2
CIGNA HEALTHCARE	2
COMMONWEALTH CARE ALLIANCE	4
CONNECTICARE	1
FALLON HEALTH	1
HARVARD PILGRIM	3
HEALTH NEW ENGLAND	9
HEALTH NEW ENGLAND MEDICARE	1
HEALTH SAFETY NET OFFICE	30
MASSHEALTH	35
MEDICARE UGS	25
NETWORKHEALTH-COMMONWEALTHCARE	1
OXFORD HEALTH	1
TUFTS	3
TUFTS MEDICARE PREFERRED	2
TUFTS-NETWORK HEALTH (Connector)	1
Unknown/Unrecorded	1
UPDATE INSURANCE	1
US FAMILY HEALTH PLAN	1
Grand Total	138

John P. Musante HC
 Medical Patients seen through 7-25-2018
 Provider

Provider Seen	Count
BALKIN, MIRANDA	86
MAKRIS, NICOLE	52
Grand Total	138

Gender/Sexual Orientation	Count
Choose not to disclose	2
Choose not to disclose	2
Female	24
Bisexual	3
Choose not to disclose	4
Ignore	2
Lesbian or gay	1
Straight (not lesbian or gay)	14
Male	21
Choose not to disclose	1
Ignore	5
Straight (not lesbian or gay)	15
Other	89
Ignore	89
Transgender Male/ Female-to-Male	2
Bisexual	1
Ignore	1
Grand Total	138

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 06/19/2018 9:15am

TEAM MEMBERS: Kathryn Jensen (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; Cynthia Magrath, Practice Manager; Carolyn Sailer, Lead QI Coordinator

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

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of March 20, 2018 Minutes Review of May 15, 2018 Minutes	<p>The meeting was called to order by Kathryn Jensen at 9:20 am.</p> <p>The minutes from the March 20, 2018 meeting were reviewed. Cynthia Magrath made a motion to approve the minutes and Kim Savery seconded the motion. The March 20, 2018 minutes were approved unanimously.</p> <p>The minutes from the May 15, 2018 meeting were reviewed. Cynthia Magrath made a motion to approve the minutes and Kim Savery seconded the motion. With no discussion needed, the May 15, 2018 minutes were approved unanimously.</p>	<p>March 20, 2018 Minutes were approved</p> <p>May 15, 2018 Minutes were approved</p>
Peer Review / Department Reports Medical	<p>Jon Liebman reported for the Medical dept. He sent his information to the committee for review. He stated that the department's dashboard numbers are unchanged as there's been little progress with cleaning things up. New indicators are being added for C3. He indicated that we will be financially at risk if we don't begin to meet items on the dashboard. He's waiting to receive more information from C3 later today. Carolyn Sailer, QI Coordinator will plan to assist with the process. Carolyn will be taking on improvement items identified in this meeting going forward.</p> <p>Jon shared that the measures containing two parts - assessment and then work on - are the hardest to capture in the medical record. Prenatal care is an example of an indicator that is hard to track and manage. He also reported that some denominators look small, but he's not yet sure why. Examples of this are seen with child immunizations and smoking cessation. To document tobacco use, the patient needs to be documented as a smoker and the provider needs to document that he/she intervened in a particular way. The provider is required to open certain screens in the medical record to accomplish this. Briana Blanchard and Dawn Flatt are working on smart forms for these issues. And Dawn will bring up these issues to eClinicalWorks for resolution.</p>	

	<p>It was asked what the department's goal is for getting to the next step? Jon wants to make sure there is valid data and a reasonable process to collect it. He's hoping for a six month timeframe to accomplish this. By the end of 2019, we'll be paid to capture data and show we're meeting benchmarks. Some measures are not due until 2019 and 2020 which gives us time to work on them.</p> <p>Receiving reports from the various hospitals is still an ongoing issue. Since we don't have the same interfaces, workarounds have been made for some of the issues. Having Meditech access from Noble Hospital is helpful and the staff is getting better at accessing that system. Noble Hospital is planning to be electronic in the next 10 months. But, many other hospitals are still using paper charts and we have to request the documents.</p>	Jon will report back next month with a follow up on receiving reports
Old Business	As a follow up regarding the conversation about breast cancer rates, Kim Savery is waiting to hear from the American Cancer Society (ACS). She hopes to have information to share at next month's meeting.	Kim will report back next month with a follow up.
NCQA-PCMH	It was decided to use smoking cessation as the metric to report to the public. No more has been done yet, but this will be a follow up item at next month's meeting.	Dawn will report back next month with a follow up.
Risk Management	<p>Michael Purdy reported for risk management. The referrals department is short staffed and has a backlog of referrals to process. As a result, duplicate referrals are being created in some instances, especially when the referral is not electronic. It's been decided to bring back Lee-Anne Cronin who was an employee, but recently left. All the referrals were caught up when she left. She'll be working two days per week for 5 weeks to catch things up. Currently, things are extremely behind. Lee-Anne will be working with Carolyn Sailer to develop a process going forward so the department can stay caught up.</p> <p>There was a dental patient complaint to report at this meeting. A patient had a tooth removed by a dentist. The patient complained of the process being rough, and bruising occurred. The patient has had issues in past with slow healing time, and this procedure took time to heal as well. Another dentist had seen this patient prior to the tooth removal and then again to check on the removal, which looked good. The patient did not express any complaints during the procedure, but complained a few days later when inflammation occurred. All documentation by the dentist who removed the tooth was accurate and complete. The dental assistant did not observe anything unusual during the procedure. This patient will be seen to finish the process by the dentist who followed up on the removal.</p>	Michael will report back next month with a follow up on the referrals dept.

	<p>There were two patient incidents to report on this month. First, a patient was referred for a stress test, which took time to get processed. Once the test was completed, no electronic report was received back. Instead, a paper report was mailed to the provider who ordered the test. The envelope containing the report was sent in an odd envelope and when the mail was sorted by our staff, the envelope went to the provider's mailbox where it sat unopened for some time. The results of the test were normal, but care was delayed. The mail should have been opened when it arrived.</p> <p>Also, a crown shattered while in the mouth of a dental patient. The patient put her finger in her mouth and was cut by the pieces of porcelain before they could be suctioned away. The dentist asked the nursing department if one of the providers could see the patient to be sure there were no pieces of porcelain in the finger. The nursing staff would not allow the patient to be seen by a provider. This occurred approximately 4pm on a Friday. There were two providers on site at the time who were with patients. The dentist was told the patient could go to the emergency room or come back the next day for an appointment. The patient did not complain. The dental staff cleaned and bandaged the finger appropriately and looked for pieces of porcelain in the finger. It was asked what the recommendation is for this to not occur again? It was stated that we have a policy in place regarding these kind of incidences, but it was not followed. The medical department should have seen the patient. This should not have happened. The dentist had the authority to say to nursing that this patient needed to be seen. The dentist could have also called the Practice Manager or Director of Clinical Operations. Dawn Flatt will speak to the nursing department regarding this incident in her upcoming meeting later this week.</p> <p>As a follow up to a dental incident reported on recently, the patient with the exposure into the sinus has had it repaired by an oral surgeon.</p> <p>Michael reported that there will be other incidents for next month's meeting related to additional referrals department issues.</p>	<p>Michael to follow up on the process for opening mail</p> <p>Michael to follow up on the process of seeing a patient from another dept when an incident occurs</p>
New Business		
Patient Satisfaction Survey	Janet Laroche reported that the surveys for the various departments have not yet been completed. The dental department surveys are slow to return to her and the medical/behavioral health/eye care surveys have not yet been sent out. She will work on getting these out prior to the July meeting.	
1422 Grant	Kim Savery reported that an overview was submitted of the John Cupples and Associates report. A summation of the report findings was handed out last month. There was noted improvement in our electronic medical record process and our EMR specialist, Briana Blanchard's been key with helping with this. The Department of Public Health (DPH) is coming tomorrow to give the final report for the 1422 grant. The focus will be on where we go from here with the report.	

	It was asked if Kim felt the report was a fair assessment of things? Yes, Kim thinks so and the report's been helpful. There was nothing appearing in the report that was new information. Some of the items were considered priority action items, but there was not enough resources to work on them all. Some improvement can be seen in some areas. It was asked what DPH's report should entail? Kim reported that their information should not be surprising. It was asked if these improvements will continue going forward? Yes, and there are lots of opportunities for improvement.	
Adjourn	Kim Savery moved that the meeting be adjourned. After a second by Jon Liebman, the meeting was adjourned at 10:00am. The next meeting is scheduled for Tuesday, July 17, 2018 at 9:15am at the Huntington Health Center.	

Respectfully submitted,
Janet Laroche

Dear Cheryl:

Attached please find the preliminary report from Nancy Tabarango and Shane McBride, of John Cupples and Associates. This gives an overview of their findings and recommendations of their assessment last month, including both a status report on the findings of their 2016 report and new information. Following is a summary of our key findings and recommendations.:

1. Data Management – Reporting: Establish Data/Information Governance Plan – possibly through the QI Committee:
 - a. Establish and prioritize reporting needs (cross reference reporting requirements for major programs – e.g., ACO, UDS, PCMH, MU)
 - b. Establish regular meeting schedule, minimally, quarterly.
 - c. Establish Committee with multi-disciplinary representation.
2. Data Management – EHR Optimization: Establish workflows and configure system to:
 - a. Ensure accurate data capture and reporting, and
 - b. Provide clinical patient information that present an accurate picture of the patient.
3. Data Management – Electronic Lab Results: Clinical decision relies on accurate and timely data. Manually matching lab results to electronic orders may delay a provider's access to critical data.
 - a. Limit service providers to those with whom HCHC has a reliable bi-directional interface.
 - b. Implement processes to ensure timely updates of compendiums.
4. CHW Integration: The role of the CHW is evolving – responsibilities may be expanded for some under the ACO, while others may have a more focused role. Continue to train all CHWs on required core competencies and additionally:
 - a. Establish protocol for patient referral, entry, and discharge for CHW patient engagement.
 - b. Establish CHW caseload.
 - c. Establish goals for CHW patient engagement and caseload management.
 - d. Establish reporting and monitoring process for CHW activities.
5. Workflow Design: Working to Top of Licensure and Certification – Nursing Staff: Nurses currently perform a significant amount of time on the phone (95%) and a very limited amount of time in face-to-face patient care (5%).
 - a. Direct calls that can more appropriately be handled by other clinical or administrative staff away from Nursing.
 - b. Re-evaluate Nursing role to ensure they work at the top of their licensure to focus time providers spend patients on assessment and plan.
6. Referral Management: Establish referral management process utilizing referral specialist.
7. Call Center: Establish call center process or dedicate staff to managing calls and then refer to nurse triage as appropriate.

Lots to digest, but most of it we are working on in one way or another.

Any questions, please don't hesitate to call me.

Thanks

Kim

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Item	Process Priority	Process Statement	Issue/Opportunity	Recommendation(s)	Status
1	Data Management: Periodic Review of Data Quality Low Priority	Data quality used in clinical decision making can be affected by a variety of changes including changes in end-user workflows (e.g., entering data as text rather than as functional data or new clinical workflows), version upgrades, mapping between core and auxiliary reporting systems.	HCHC is fortunate to have access to several reporting capabilities built into eCW, and an auxiliary reporting tool in DRVS. eCW's reporting functionality is reportedly undergoing revision and upgrades, and the utilities of the DRVS system is entirely dependent on the quality of the mapping of data flow between eCW and DRVS.	<p style="text-align: center;">2016</p> <p>1) Periodic and standardized data validation routines should be established to ensure that the data input in the EHR is flowing accurately into eCW-based reporting tools and into DRVS.</p> <p>2) Periodic data integrity and security risk assessments should be conducted (a HIPAA requirement) annually and accompanied by a mitigation plan to address identified risks.</p>	<p style="text-align: center;">2016 Deferred</p> <p>Currently working on some standardization strategies that will be tied into validation.</p> <p style="text-align: center;">Deferred</p> <p>Security risk assessments are ongoing. Data integrity assessments relate to above.</p>
				<p style="text-align: center;">2018</p> <p>1) Per item 1 above, periodic and standardized data validation routines.</p> <p>2) Per item 2 above, periodic data integrity and SRA.</p>	<p style="text-align: center;">2018 In Progress</p> <p>1) Briana Blanchard along with QI team conduct routine data validation. Data is reviewed regularly, outliers are identified, and researched to confirm accuracy and/or resolve issues.</p> <p style="text-align: center;">Deferred</p> <p>2) Not discussed</p>
2	Data Management: Lab Results via HIE Medium Priority	Provider decisions must be based on reliable data. Timely laboratory and diagnostic study results are absolutely key to that decision-making process. Timely, reliable, and secure electronic exchange of such data from reference labs (which for most FQHCs are housed in "trading partner" hospitals) or imaging departments should be reported automatically from all facilities where patients either choose to go or where lab specimens are analyzed. For most FQHCs, there still remains a few reference labs which, for various reasons, do not	<p>In an ideal environment, laboratory and diagnostic test orders would be sent and resulted electronically into the EHR. Currently, 90% of HCHC's lab results are electronically incorporated into the EHR. While 100% electronic results may be difficult (or impossible), the 10% that are not is still an unacceptable level.</p> <p>With respect to care management and monitoring, another challenge is the management of results for multiple laboratory tests or a panel of tests that</p>	<p style="text-align: center;">2016</p> <p>1) Periodically review manual entry workflows for quality, completeness, and effectiveness. Scanned documents should be incorporated into the EHR primarily for purposes of reference.</p> <p>2) As much as possible, all data should be electronically incorporated into standardized templates as functional data, or as text available for review as relevant portions of the EHR are reviewed by providers.</p>	<p style="text-align: center;">2016 Deferred</p>

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		have effective electronic data interchanges (HIE) with HCHC.	are ordered during a visit but then resulted at different times.	3) Advocate for adoption by all health data providers for a universal HIE, e.g., MassHIway or API technology standards. 4) Since unavoidable, consider alternative workflows for monitoring tests ordered during a visit but resulted at different times.	
				2018 Per above items 1-4.	2018 In Progress 1) Significant challenges remain for electronic capture of lab results. Lab orders resulted electronically but often need to match received results to original related order due to non-matching or changes in compendium with lab / hospital partner. Multiple labs via hospitals that have different lab systems: a) Noble – MediTech b) Baystate – Cerner c) Cooley – Epic 2) HCHC has seen a decline in electronic lab results which has resulted in significant manual work to match lab results to orders in eCW. This process may also expose HCHC to data integrity issues.

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3	EHR Workflow: CHW Charting Medium Priority	The Community Health Worker program at HCHC is among the strongest and most experienced we have observed. It is becoming increasingly evident that CHWs have a critical role in the successful management of chronic disease patients. This is particularly true with regard to the engagement of patients in achieving self-management goals ("patient activation").	Incorporating the results of CHW interventions at the clinical level in the EHR needs to be included in the overall measurement of the patient's progress. EHR workflow designs do not allow for the effective incorporation of CHW findings and results. Current charting practices are largely dependent on use of the eCW telephone encounter, which has several limitations.	<p style="text-align: center;">2016</p> <ol style="list-style-type: none"> 1) Consider adopting some form of "objective" patient engagement scale (e.g., Patient Activation Measure) to quantify achievement of chronic disease self-management goals. 2) Consider development of a template which incorporates CHW findings and results into other EHR database elements enhancing the overall progress presentation of the patient. 3) The CHW workflow redesign should include a standardized EHR workflow referral process to receive internal referrals from HCHC providers and to process external referrals to partner community organizations. 	<p style="text-align: center;">2016 Deferred</p> <p>Researched recommended tool. Cost was prohibitive. CHW team is tasked with submitting an AIM statement to Management team.</p> <p style="text-align: center;">Deferred</p> <p>EHR Specialist has looked at developing a "Care Plan" circle, but action has been deferred until E-Referral is complete and Reports have been built and tested.</p> <p style="text-align: center;">In Progress</p> <p>Referral Screen in eCW is difficult to Navigate and Healthwise (CHW program) is difficult to find.</p>
				<p style="text-align: center;">2018</p> <ol style="list-style-type: none"> 1) Per item 1 above, development of patient engagement scale to quantify achievement of chronic disease management goals. 2) Per items 2-3, eCW template for CHW and referrals. 	<p style="text-align: center;">2018 Deferred</p> <p>Not discussed.</p> <p style="text-align: center;">In Progress</p> <ol style="list-style-type: none"> 1) eCW templates for CHW documentation has been developed and is being utilized. 2) Referrals are being made to providers via eCW. 3) Carolyn and Robyn are reviewing PreDM registry to identify patients at risk and to be referred to CHW. 4) Robyn LaFerriere, Clinical QI Coordinator and RN for HOPE (Hilltown Outreach Program for the Elderly) is working with CHWs

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Item	Process Priority	Process Statement	Issue/Opportunity	Recommendation(s)	Status
4	EHR Workflow: Pre-Visit Planning (1) Medium Priority	Pre-visit planning has emerged as a best practice in several venues including PCMH. HCHC has evolved a pre-visit process which works well for its current situation. Medical assistants play a valuable lead role in pre-visit planning for upcoming patient visits. Communications with team providers is optimal, facilitated in part by the close working conditions of the clinical space in the health center.	MA's are allocated one session per week for pre-visit planning activities. Three concerns exist: <ul style="list-style-type: none"> Will the MA time allocation for pre-visit planning survive under pressure of increasing demand? Should the Nursing staff be looped into the pre-visit planning process? Rooms may not be prepped with appropriate supplies, missing labs are not retrieved, or POCT are not available at the time of the visit because pre-visit huddles do not occur with the clinical team at the beginning or end of a session to plan for the next session. 	<div> 2016 <ol style="list-style-type: none"> Panel size and complexity standards should be established (if not already completed) which will trigger appropriate actions to protect available resources for pre-visit planning. Revamp Nursing staff duties to include a quality review of pre-visit planning activities completed by the medical assistants. Commit to and implement pre-visit huddles either at the beginning or at the end of a session to plan for the current session or the following session, respectively. </div> <div> 2018 <ol style="list-style-type: none"> Per item 1 above, panel size and complexity standards should be established. Per item 2 above, Nursing review of MA pre-visit planning activities. Per item 3 above, huddles. </div>	<div> 2016 Deferred In project queue at low priority. </div> <div> Deferred Please see above. </div> <div> Deferred Before Medical team for review. </div> <div> 2018 In Progress <ol style="list-style-type: none"> Panel size not discussed. In process of creating a CVD risk assessment tool for PreDM patients using the PreDM registry with triglycerides and HDL test results for risk stratification. Revised Nursing staff not engaged in routine PVP activities. Medical Assistants conduct weekly PVP per PVP checklist and enters updates into "Chief Complaint" section of eCW. </div> <div> In Progress Huddles occur primarily between provider and MA. </div>

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Item	Process Priority	Process Statement	Issue/Opportunity	Recommendation(s)	Status
5	EHR Workflow: Pre-Visit Planning (2) High Priority		<p>A common, non-standard workflow is in place for documenting pre-visit planning activities in the EHR by creating and documenting in a future-dated encounter reflecting the patient's scheduled visit date. Significant concerns regarding this practice are:</p> <ul style="list-style-type: none"> The "future dating" of a patient encounter may expose the operation to the risk of errors which could have legal and quality consequences; and If the patient does not keep the appointment or if the appointment is canceled for any reason, the encounter is automatically deleted and, along with that, all the updated clinical information documented in it. 	<p>2016</p> <p>1) Immediately notify all staff to stop the current practice of future dating encounters. (NOTE: At the time of our 3/23/16 results presentation, we were made aware that work was already underway to develop alternative.</p> <p>2) Immediately re-educate staff on the appropriate workflow and use of the pre-visit planning templates in eCW for all pre-visiting planning updates prior to the actual appointment.</p>	<p>2016 Revised</p> <p>In process of revising. This is a major issue for Providers. Alerts trigger when due, but do not give enough information. Medical Director is working with EHR Specialist with goal of developing Flow Sheets that encompass all pertinent info.</p> <p>Deferred</p> <p>Please see above.</p>
				<p>2018</p> <p>Per item 2 above, PVP.</p>	<p>2018 In Progress</p> <p>Medical Assistants conduct weekly PVP per PVP checklist and enters updates into "Chief Complaint" section of eCW</p>
6	EHR Workflow: Provider High Priority	EHRs require that certain types of data (e.g., vitals) be entered according to standardized methods. For example, vitals entered in narrative text fields are not retrievable as functional (or reportable and useable data). While a certain amount of provider workflow customization can be achieved, (e.g., most EHRs have a variety of ways to enter the same data) any variations must be verified against the need for data integrity and usability as functional data in reporting.	HCHC has recently added staff expertise to enhance review and retraining of the EHR provider workflows. Current provider workflows are based in large part on the best efforts of providers to learn by trial and error and with minimal training received at the time of hire.	<p>2016</p> <p>1) Develop, design, and refine a standardized provider EHR workflow training program.</p> <p>2) Accelerate current provider training program to ensure standardization of workflows.</p> <p>3) Measure outcomes of this provider training program by levels of data integrity, reliability, and usability as functional data in reporting.</p>	<p>2016 In Progress</p> <p>Team understands that we are failing to capture data accurately. Need some clarity where to do so in EHR. eCW is not intuitive and many Providers have developed "work arounds" EHR Specialist is developing a series of templates.</p> <p>Deferred</p> <p>Please see above.</p>

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Item	Process Priority	Process Statement	Issue/Opportunity	Recommendation(s)	Status
				<p style="text-align: center;">2018</p> <p>Per items 1-3, eCW standardized workflow for provider documentation.</p>	<p style="text-align: center;">2018 In Progress</p> <ol style="list-style-type: none"> 1) eCW training is conducted by Briana Blanchard, but challenge continues to maintain standardized workflows. 2) Providers continue to feel eCW documentation is inefficient and cumbersome and utilization is not optimized. 3) Not clear if an eCW Provider Champion has been identified.
7	<p>Workflow Design: Working to Top of Licensure and Certification</p> <p>Medium Priority</p>	An important principal in process and workflow design is that each participant's role is defined so that the participant is working to the top levels of her or his training, certification, and licensure. By designing processes and workflows in this fashion, beneficial results accrue to the operation in multiples of the investments made.	By in large, HCHC is using well the skills, training, and knowledge base of its staff. One area that could be examined for process improvement is the use of the Nursing staff. The knowledge base of the health center's Nursing staff is and will become even more critical as population health management requirements become dominant. Currently, triaging phone calls referred by the front desk occupies an inordinate amount of the Nursing staff's time, which may be better used elsewhere.	<p style="text-align: center;">2016</p> <ol style="list-style-type: none"> 1) Consider a project to complete the call center project or some similar process redesign which directs incoming calls to the Nursing staff which are uniquely appropriate to the knowledge base, licensure, and certification of the staff. 2) Redesign Nursing workflows to incorporate emerging processes discussed elsewhere including: <ol style="list-style-type: none"> a) Registry management; b) Quality review of MA pre-visit planning; c) Additional patient education; and d) Quality review for clinical indicators of CHW interventions. 	<p style="text-align: center;">2016 In Progress</p> <p>Please see above.</p> <p style="text-align: center;">Deferred</p>
				<p style="text-align: center;">2018</p> <ol style="list-style-type: none"> 1) Per item 1 above, calls directed to Nursing staff. 	<p style="text-align: center;">2018 Revised</p> <p>Due to lack of front desk staffing and call center, many calls are being directed to the Nursing staff which can be better handled elsewhere. To date, it was reported that Nursing staff spend 95% of their time on the phone and only 5% face-to-face interaction with patients.</p>

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Item	Process Priority	Process Statement	Issue/Opportunity	Recommendation(s)	Status
				2) Per item 2 above, Nursing workflow redesign.	Deferred Not discussed; but indications that this is not happening.
8	Registry Functionality: Registry Use High Priority	A key element of success for population health management, chronic disease management, and the emerging outcomes payment reform efforts (e.g., MassHealth 1115 waiver expected for approval later in 2016 ¹) is the effective use of patient registries. A critical factor in the 1422 Grant Program also involves use of patient registries. Thus, the 1422 Grant is also a prelude to payment reform.	HCHC has access to patient registry functionality both in the eCW EHR and in its DRVS reporting tool (DRVS is an ONC certified EHR when used in conjunction with eCW).	<p style="text-align: center;">2016</p> <p>1) Develop registry functionality using the 1422 Guidance Documents to construct registries from within DRVS.</p> <p>2) Monitor success of DRVS development of a Pre-Diabetes Registry or consider alternatives if DRVS development does not meet timeline requirements.</p> <p>3) Explore and develop eCW functionality using the 1422 Guidance Documents to construct registries from with the eCW registry functionality.</p> <p>4) Consider adding Registry Management to the duties of the Nursing staff.</p>	<p style="text-align: center;">2016 In Progress</p> <p>QI Coordinator/Data Analyst is refining registries.</p> <p style="text-align: center;">In Progress</p> <p>Please see above.</p> <p style="text-align: center;">Deferred</p> <p>Long range plans include registry management and Risk Stratification.</p>
				<p style="text-align: center;">2018</p> <p>1) Per items 1-3 above, develop and utilize DRVS registry functionality to identify patients at risk for diabetes and/or hypertension.</p>	<p style="text-align: center;">2018 In Progress</p> <p>1) Established regular reporting process to identify patients with PreDM and/or Undiagnosed HTN. Registries are managed by Carolyn Sailer, QI Coordinator. Carolyn runs the reports and reviews the registry to identify patients for referral or follow-up care. Carolyn then provides "sanitized" list to Nurse for follow-up.</p>

¹ The MassHealth 1115 Waiver is expected to be renewed to incorporate value-based reimbursement to healthcare providers of all Medicaid recipients served. Implementation begins to roll out over the next few years.

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				2) Per item 4 above. Registry Management to Nurses.	2) Carolyn conducts monthly meetings to review registry data with four teams. Deferred Not discussed.
9	Front Desk: Registration, Check-in/Out, Eligibility, and Switchboard High Priority	<p>The Front Desk operation is a key customer facing process – Front Desk staff are generally the first and last person patients interact with at the health center. At HCHC, Front Desk is responsible for a multitude of tasks which all must be performed in a very efficient and customer friendly manner to help ensure a positive experience for the patient.</p> <p>At Check-In, staff updates patient demographics; alerts clinical that the patient has arrived; and processes new patient registrations. At Check-Out staff prints the visit summary and schedules follow-up appointments as per instruction. In between these tasks, Front Desk staff answers incoming calls, manages appointment requests or changes, makes patient reminder calls, conducts manual patient eligibility checks, manages faxes, processes mail, and receives all who enter the health center.</p> <p>Accuracy and efficiency are requirements of these functions since they have significant impact on downstream processes. Having the wrong patient contact information can delay communicating important health information to a patient; or having the wrong insurance information may result in payment denials or denials for needed diagnostic services or specialist care.</p>	<p>The Front Desk is overtaxed. Combining patient registration and check in functions creates a workflow that is unpredictable and may cause an arriving patient to face lengthy waits while new patients are registered or insurance issues are resolved. Answering incoming calls and making outgoing going reminder calls and eligibility checks disrupt the workflow and compounds the problems. Often a call is forwarded to Nursing staff inappropriately because the Front Desk staff is unable to properly screen it to determine to whom it should be forwarded. This in turn, disrupts the workflow for the Nursing staff.</p> <p>As noted, accuracy and efficiency are a must. As HCHC grows, the burden on the Front Desk will be greater and may lead to erroneous data entries, delays in service, poor job satisfaction or high staff turnover.</p>	<p>2016</p> <p>Efforts should be made now to review the workflow and job responsibilities of the Front Desk. Processes should be streamlined and automated wherever possible or moved to another area to minimally disrupt the patient facing activities. (NOTE: Per the 3/23/2016 teleconference, HCHC representatives noted moving the Call Center project to a higher priority level.)</p> <p>1) Move to electronic appointment reminders and focus manual calls only on those where a patient could not be reached.</p> <p>2) Move to electronic and batch eligibility processing and focus manual eligibility checks on problematic accounts or insurances.</p> <p>2018</p> <p>As noted above, the Call Center project was given a high priority but had not been established as of the 2018 review. As a result, the Front Desk operations is not optimal and many calls that should be managed elsewhere are being forwarded to the Nursing staff.</p> <p>With the opening of the Amherst site and expected growth in the number of patients</p>	<p>2016</p> <p>In Progress</p> <p>Deferred Staffing issues.</p> <p>2018 New Recommendation</p>

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				served, this is an opportune time to establish a Call Center to appropriately manage incoming calls and divert calls inappropriately directed to the Nursing staff.	
10	Clinical Workflow: Room Allocation Medium Priority	With a full appointment schedule, providers must be able to work efficiently and be provided the resources to move from one patient encounter to the other. It is also important to be able to provide a certain amount of buffer between patients to allow for those encounters which take longer than expected.	<p>HCHC has short and long visits of 15 minutes and 30 minutes, respectively. Generally, when scheduling 15-minute appointment slots, three rooms are allocated to each provider to allow for an appropriate buffer between patients. Using only two rooms per provider can back up the schedule during a busy or full schedule.</p> <p>It was also noted that at times, a provider may only have one room available since the other room may have been used for another provider who was falling behind in the session.</p> <p>Best practice standards indicate that three exam rooms per provider optimizes patient flow efficiency when 15-minute appointment slots are used.</p>	<p>2016</p> <p>Re-evaluate how providers are scheduled and rooms allocated to allow for no less than 2.5 rooms for provider when scheduling appointments in increments of 15 minutes. (NOTE: We acknowledge that expanding space allocation is most likely dependent on the availability of capital funds to support facility expansion and/or space re-allocation. Nevertheless, this recommendation should be maintained as a strategic option for planning as HCHC expands its services.)</p>	<p>2016 Deferred</p>
				<p>2018</p> <p>Room allocation.</p>	<p>2018 Choose an item. Not discussed.</p>

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11	Referral Management Medium Priority	Managing and tracking patient referrals is a key part of care management. All CEHRTs have capabilities to share transition of care information and manage the referral loop process. Despite the advances in CEHRT management of the referrals process, much of the workflow requires direct staff management, e.g., telephone calls to specialist offices, follow-up with providers for appropriate diagnoses, or completion of paper forms. Currently, Kayla Turner is able to effectively manage all referral requests for both the Worthington and Huntington sites. Once the referral and/or appointment is made, the provider MA will follow-up to close the loop on referral.	<p>In the near term, Kayla will be out for maternity leave. During her leave, an already overburdened Front Desk staff will be tasked to complete the referral functions. The referral process is one that requires a significant amount of focus and follow-up to be done correctly. With the limited time available for the front desk staff, referral management may be less effective, and referrals may remain open or get lost in the process.</p> <p>Currently, nearly 100 referrals to specialists and diagnostic services are processed per day. As HCHC grows and the demand for referrals increases, additional resources may be required to manage the volume requests.</p>	<p>2016</p> <p>1) In the short-term, consider having staff dedicated perform referral activities away from the front desk. The responsibility may be shared among the front desk staff; but when it is their day to do referrals, the work should be done away from the front desk.</p> <p>2) In the long-term, consider expanding the referral staff to be able to a) manage increase in referrals as the provider staff grows, and b) provide appropriate level of redundancy.</p> <p>3) While Referrals staff currently has separate space, with appropriate use of EHR tasking, messaging and secure electronic communication, this department may be a candidate for moving to a site apart from clinical space (along with a call center). This may become even more important with the opening of the Amherst site and as the practices grow and sites become space constrained.</p>	<p>2016 In Progress</p> <p>Deferred</p>
				<p>2018</p> <p>Per items 1-3 above, space and staff allocation for Referral Management.</p>	<p>2018 Deferred</p> <p>Reduction in the number of Referral Specialists has negatively impacted the Referral Management process. Currently, there is a significant backlog of open referrals. Referrals are not effectively tracked nor closed in a timely fashion. Additionally, prior approvals for referrals are being directed to the Nursing staff.</p>
2018-01	Data Management: EHR Optimization	Data is one of the most important assets of any health care provider. And, sound data management is at the core of any organization's success.	HCHC has utilized eCW for over ten years, but continues to be challenged with less than optimal workflows, common use of non-standard workflows,	eCW Configuration: eCW is the primary source of patient data and source of truth.	New Recommendation

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	Very High Priority	<p>Access to valid, current data is critical to successful continuous quality improvement. Therefore, processes must be in place to accurately capture data in eClinicalWorks – your source of truth for all patient data. Accurate data capture and quality reporting depend on:</p> <ul style="list-style-type: none"> • Standardized workflows; • Defined data elements; • A well-configured system for data capture and reporting; and • Alignment between workflows and reporting to optimize use of the EHR. <p>eCW is the primary tool for capturing patient information and, ultimately, is the source of truth. eCW is a well-regarded CEHRT that is designed to capture and report nationally accepted eQMs that are used to gauge progress towards meeting health management benchmarks across various programs. Focus must be on making eCW work for you to help drive clinical decision-making as efficiently and effectively as possible.</p>	<p>and dissatisfaction with access to information in eCW.</p> <p>To produce reliable clinical quality reporting, data must be entered into eCW in the way eCW is designed to capture it. eCW is a well-regarded CEHRT, but as is true for all CEHRTs, it requires maintenance and monitoring. First, information must be entered into the same place all the time by all users. Second, data and reports must be continually monitored and validated for accuracy.</p>	<ol style="list-style-type: none"> 1) Priority must be focused on ensuring data is being properly entered into eCW and captured for reporting and appropriate care interventions. 2) Once accurate data capture is verified, configuration of the auxiliary tools and interfaces systems must be confirmed and maintained to ensure they are mapped to the correct eCW fields. 3) Configure features of eCW to optimize utilization and maximize functionality of built-in tools, e.g., CDSS. <p>Clinical Workflow Standardization: All staff must work at the highest level of training, licensure, or certification. To ensure that is accomplished, standardized workflows must be followed and a formal training program must be in place.</p> <ol style="list-style-type: none"> 1) Standardized clinical workflows, as agreed upon by organizational committee, must be implemented. 2) Standardized documentation workflow must be created with a view of how individual tasks fit into the overall clinic flow to enhance the patient clinic visit. 3) Training must be provided to ensure all staff: <ol style="list-style-type: none"> a) Follow the prescribed workflow, b) Understand their role and responsibility in documenting clinical information, and c) Understand the importance and downstream impact of correctly documenting in the right place all the time. 	New Recommendation
2018-02	Data Management: Lab Results via HIE	Provider decisions must be based on reliable data. Timely laboratory and diagnostic study results are absolutely key to that decision-making process. Timely, reliable, and secure electronic exchange	In an ideal environment, laboratory and diagnostic test orders would be sent and resulted electronically into the EHR.	Accurate and timely lab and diagnostic testing is critical. To minimize risks related to inaccurate capture of lab data and/or delayed lab results, electronic interfaces	New Recommendation

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	Very High Priority	of such data from reference labs (which for most FQHCs are housed in "trading partner" hospitals) or imaging departments should be reported automatically from all facilities where patients either choose to go or where lab specimens are analyzed. For most FQHCs, there still remains a few reference labs which, for various reasons, do not have effective electronic data interchanges (HIE) with HCHC.	<p>With respect to care management and monitoring, another challenge is the management of results for multiple laboratory tests or a panel of tests that are ordered during a visit but then resulted at different times.</p> <p>Lab orders are electronically transmitted, but significant challenges remain for electronic capture of lab results.</p> <ol style="list-style-type: none"> 1) HCHC has seen a decline in electronic lab results due to non-matching or changes in compendium with lab /hospital partner. 2) Lab results must be manually matched to the original order which takes significant time and may expose HCHC to data integrity issues. 3) Multiple labs via hospitals that have different lab systems: <ol style="list-style-type: none"> a) Noble – MediTech b) Baystate – Cerner c) Cooley – Epic 	<p>must be maintained with primary service providers.</p> <ol style="list-style-type: none"> 1) Identify primary service providers and establish bi-directional interface electronic ordering and resulting. 2) Establish process to ensure timely updates of compendiums for all primary service providers. 3) Consider limiting hospitals/lab partners to those with a bi-directional interface and re-directing all patients to one of the partners. Optionally, work with partners to establish specimen pick-up for labs drawn at the one of the HCHC sites. 	
2018-03	Data Management: Reporting Very High Priority	<p>As HCHC moves through the transition from visit-based reimbursement to value-based reimbursement (or value-based care), access to timely, accurate clinical data becomes even more critical.</p> <p>Success in a value-based care environment requires effective and efficient use of resources to control costs and improve health outcomes. HCHC will be required to meet specific metrics to show improvement. To ensure metrics are being met, HCHC must be able to track performance through reliable, valid clinical quality reports.</p>	<p>HCHC has established a solid structure for report development and data validation. Currently, HCHC utilizes the Azara DRVS reporting tool. As member of the C3 ACO, the HCHC will be interfaced with Arcadia Solutions for ACO reporting.</p> <p>HCHC is fortunate to have access to several reporting capabilities built into eCW, auxiliary reporting tools in Azara DRVS, and, soon to be, Arcadia Solutions. The utilities for accurate data capture and reporting from eCW and auxiliary tools are entirely dependent on the quality of the mapping for data flow between the systems.</p>	<ol style="list-style-type: none"> 1) Establish formal data management plan, possibly through QI committee. <ol style="list-style-type: none"> a) Create cross reference of reporting needs/requirements of major programs, e.g., ACO, UDS, PCMH, and MU. b) Identify data needs and core set of reports. c) Establish process for prioritization and approval of report requests and development. d) Establish training for ad hoc reporting and report generation. e) Streamline report generation and management process to minimize maintenance. 	New Recommendation

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				f) Continue process for on-going data validation. 2) It is recommended that the Committee: a) Include a cross-section of staff with representation from QI, IT, clinical leadership. b) Meet, at minimum, quarterly. c) Establish priorities. d) Commit to a process for process improvement, such as rapid-cycle PDSA.	
2018-04	Workflow Design: Working to Top of Licensure and Certification High Priority	An important principal in process and workflow design is that each participant's role is defined so that the participant is working to the top levels of her or his training, certification, and licensure. By designing processes and workflows in this fashion, beneficial results accrue to the operation in multiples of the investments made.	<p>By in large, HCHC is using well the skills, training, and knowledge base of its staff. The knowledge base of the health center's Nursing staff is and will become even more critical as population health management requirements become dominant.</p> <p>Due staffing challenges and additional needs of HCHC, Nurses are regularly spending 95% of their time on the phone or performing more administrative tasks and only 5% of their time on face-to-face interaction with patients.</p> <p>Staff recruitment and retention of these highly skilled individuals (and many other positions) has been a challenge. Often job satisfaction plays an important role in retention and ensuring staff are working to their highest level of training and licensure may help job satisfaction.</p>	<p>Nursing Staff As recommended in 2016, re-evaluate the role and responsibility of the Nursing staff to ensure they are working at the highest level of their licensure.</p> <p>Redesign Nursing workflows to incorporate emerging processes and enhance patient care management, including:</p> <ol style="list-style-type: none"> 1) Registry management; 2) Quality review of MA pre-visit planning and participation huddles as needed; 3) Additional patient education and care follow-up; and 4) Quality review for clinical indicators for CHW intervention and/or provider intervention. 5) Redirect tasks to the most appropriate staff. <p>General Roles and responsibilities are designed to ensure clinical staff are working to their highest level of training, certification, or licensure. Standardized workflows must be designed to enhance patient care management and ensure staff are working at the top of their training.</p>	<p>New Recommendation</p> <p>New Recommendation</p>

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				<ol style="list-style-type: none"> Responsibilities are focused on direct patient care and provider clinical support. Staff are deployed to provide pre-visit planning, patient education, and follow-up. Tasks are assigned to the most appropriate level of staff. Use of eCW is optimized. <p>In a visit-based reimbursement environment, effective use of clinical staff can contribute to increased provider productivity. At 10 sessions/week, 40 work weeks/year, and a reimbursement rate of \$125/visit; one additional visit/session can lead to \$50,000 in additional revenue. In a value-based care environment, focus on patient care management can lead to better health outcomes for patients and higher incentive payments to the organization.</p>	
2018-05	CHW Integration High Priority	The Community Health Worker program at HCHC is among the strongest and most experienced we have observed. It is becoming increasingly evident that CHWs have a critical role in the successful care management of patients with chronic conditions and will play a significant role in patient care coordination and improved health outcomes for success in a value-based care environment.	<p>Significant progress has been made in referrals to CHWs, but full integration within the health centers has been a challenge. With only one CHW per site, CHWs are not able to participate in huddles with providers or clinical teams and have somewhat limited visibility.</p> <p>The role of the CHW is evolving – responsibilities may be expanded for some under the ACO, while others may have a more focused role. As HCHC continues to expand the CHW staff, there is significant opportunity for positive impact on improved health outcomes for patients.</p>	<p>Continue to train all CHWs on required core competencies and additionally:</p> <ol style="list-style-type: none"> Establish protocol for patient referral, entry, and discharge for CHW patient engagement. Establish CHW caseload. Establish goals for CHW patient engagement and caseload management. Establish reporting and monitoring process for CHW activities. 	New Recommendation
2018-06	Referral Management High Priority	A component of care coordination is referral management. Ensuring that 1) patients are referred to the appropriate specialist or service; 2) prior authorization or approval is obtained, if needed, for the	<ol style="list-style-type: none"> A reported staffing shortage in the referral team has resulted in a backlog of referrals. 	<ol style="list-style-type: none"> Managing referrals from the initial referral request to closing the referral upon receipt of the referral specialist note or results, is key to care coordination and cost management in 	New Recommendation

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		<p>referral; 3) the specialist is seen or service is provided; 4) receiving the specialist note or results of the service provided; and then, 5) following-up with the patient are key steps in the process.</p> <p>Referral management requires special skills, training, and focus to be effective.</p>	<p>2) Referral Specialist will get the PA and place the referral but does not close the loop on referrals.</p> <p>3) Referrals are not tracked. Referral status may be researched by the MA during PVP or by Nursing staff.</p> <p>4) Some of the PA work has been delegated to Nursing staff.</p>	<p>a value-based reimbursement environment.</p> <p>2) Review staffing level and pattern and establish minimum staffing required to meet the needs of the organization.</p> <p>3) Design best practice workflow to follow referral from start to finish – “close the loop”.</p> <p>4) Referral activities must be conducted by designated Referral Specialists who have the knowledge and skill to effectively manage referrals and should not be delegated to clinical staff.</p>	
2018-07	[Process Title] Choose an item.				Choose an item.
2018-08	[Process Title] Choose an item.				Choose an item.
2018-09	[Process Title] Choose an item.				Choose an item.
2018-10	[Process Title] Choose an item.				Choose an item.



QI-Risk Management Report, January-June, 2018

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

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

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

Below are the activities that HCHC undertook in the first half of 2018 to address these issues:

Quality Improvement Activities

Clinical Operations:

- Data collection for the medical department continues to be an ongoing topic of discussion. There are difficulties in capturing all the required data needed.
- FTCA application submitted in June, 2018 to renew malpractice insurance coverage
- Several staff members, some of whom are bi-lingual, have been hired for the Amherst site
- Hired a Director of Clinical Operations to oversee the QI program and implement improvements to workflows and clinical operations

Patient Satisfaction:

- Medical dept CAHPS survey was sent to patients in June inviting them to take the survey. Every new medical patient also receives an invitation to take the survey approximately 1 month after their first appointment. Data will be tabulated and reported on in the next report.

Utilization:

- Risk management continues to be a standing item on QI meeting agendas
- YMCA Diabetes Prevention Program (DPP) class began January 17. This was the final class offered. Participants thus far have lost a total of 270 lbs. Steps were taken to become certified as a site for the National Diabetes program.
- The current HTN control rate is 70%
- The PRAPARE project, which collects data on Social Determinants of Health, is in the test phase, with Community Health Workers administering the instrument initially
- The breast cancer screening project officially ended Oct 1, but teams continue to meet on this topic. Screenings have significantly decreased to 61%. Five breast cancer diagnoses and 1 lymphoma diagnosis found because of the screenings.
- Eye care peer reviews are now conducted in-house. A standardization for the Review of Systems has been created.
- Peer reviews in the Dental dept showed improvement from the previous quarter with no significant deficiencies found.
- New consent form in the Dental dept has been created to allow patients to opt out of being pre-medicated with an antibiotic prior to treatment in the office if desired.
- Dental data from the 4th quarter of 2017 was shared regarding pediatric patients (any patient 18 and under). The data showed that 45.9% of these patients are at high risk; 44% are at medium risk and 10.1% are at low risk.
- Documenting sealants properly in the dental chart was found to be an issue and is being followed up on.
- Failure to sign a denture consent form was found in one chart, along with one missing dentist note for one visit. These issues were addressed.
- QI calendar of meetings and reports approved by the QI Committee
- Smoking cessation results will be shared with the public as part of our NCQA requirements

Safety/Adverse Events:

Behavioral Health:

- No patient complaints or legal matters
- Wait list in department is growing

Eye Care:

- No patient complaints or legal matters

Dental:

- A complaint in the department was received regarding a tooth removed by a dentist. The patient complained of the process being rough, and bruising occurred. The dentist who followed up on the removal will continue this patient's care.

Medical:

- No patient complaints
- Lab orders going to Baystate Reference Lab (BRL) were an issue. If there was an order placed and the patient didn't go to the lab to follow through, the test was ordered again, but the lab was getting rid of the new order. Providers then have to look for order. This was reviewed with BRL and was addressed. Another lab issues presented when a patient presented with a tick-borne illness that was serious. The lab result was mislabeled when it came back to HHC and treatment for the patient was delayed for 10 days due to this mislabeling.
- The Medical department continues to experience a lack of response and follow through regarding the timeliness of radiology results being sent to us. Noble Hospital continues to be an issue for diagnostic imaging. A conversation with Noble Hospital's CMO took place. We've been told they can offer us access to their EMR system, Meditech, which has occurred.
- Issues with Cooley Dickinson Hospital once changed over to a new EMR (October, 2017):
 - we're not receiving any discharge summary information for patients. Discussions have taken place regarding this liability. All providers can now log into Partners' system to see results.
 - CT scan reports are not showing all results correctly. Only 256 characters of the report are showing. eCW upgrades may be the issue and this was looked into.
 - diagnostic imaging reports being sent to our providers because they are listed as the ordering physician, even though they weren't the provider who ordered the testing. This is being addressed.
- Upgrades to eCW have caused errors in the medical record for the medical staff.
- The referrals department was short staffed and had a backlog of referrals to process. As a result, duplicate referrals were being created in some instances, especially when the referral was not electronic.

Risk Management:

Ten patient incidents:

- Patient fell at the front doorway of the Huntington location. Salt was being put down, but it was too cold for the salt to melt. The patient slipped on the salt as well as on the ice. It was suggested that spreading sand might be a better idea for colder days. Salt only works when the temperature is 18 degrees or above. A daily inspection of walkways is also being recommended.
- Patient was getting up from chair in the waiting room for water, was using her cane, but fell. No injuries visible were seen.
- Patient was treated who actually was not our patient in the Gator Grins/dental outreach program. Two students in the same class have the same unique first name. The team discussed ways to prevent this from happening again. Their routine has been revised in several ways.
- Patient fell in the waiting room because her knee gave out. She was not hurt.
- Two dentists saw a patient with a broken file in apex of a tooth. Referred to an Endodontist and tooth was extracted. File could not be removed and the tooth was not restorable.
- Pap smear results for a patient were found to be abnormal. A biopsy was done and was abnormal. The patient was seen 2 months later and a cervical cancer diagnosis was given. She has other cancers as well. There was a failure in transmission results between the lab and our eCW. Patient changed her first name during this process, sometimes using a middle name. This caused an issue with receiving the results.
- Ultrasound results were not returned to us timely from Baystate Medical for a patient with a history of a mass in the spleen. Test results eventually returned by fax.
- Patient with a DNR and MOLST went to the hospital. The forms were filled out but not signed by the provider. 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.
- A stress test report was not opened timely. When the test was completed, no electronic report was received back. Instead, a paper report was mailed to the provider who ordered the test. The envelope containing the report was sent in an odd envelope and when the mail was sorted by our staff, the envelope went to the provider's mailbox where it sat unopened for some time. The results of the test were normal, but care was delayed.
- A crown shattered while in the mouth of a dental patient. The patient put her finger in her mouth and was cut by the pieces of porcelain before they could be suctioned away.

One Employee Incident:

- An employee fell going into the Westhampton Council on Aging due to slipping on ice. There were no injuries of concern.

Insurance Review:

- The health center's insurance policies were reviewed. A few policies were increased and the organization now has a cyber-liability policy.
- Reviewing coverage for health center employees if something happens when a staff member is transporting a patient.

eCW:

- eCW issues are considered risk management issues that are being followed up on

Other:

- Water main break in Worthington one afternoon in January. The site was closed. Some staff and patients

were moved to the Huntington location.

Follow-up actions:

- Data capture remains an on-going issue: a committee of the CCCSO, CFAO, EHR Specialist, and Medical Director have been tasked with developing a solution in conjunction with business optimization through EHR transition and implementation of ACO
- Medical Department continues to report issues with lab and DI tracking
- Peer review for all clinical departments report no actionable or risk issues: Department Heads to continue quarterly reports to QI
- The backlog of referrals continues to be a great concern for many of the clinical departments, and is the source of many incidents that have been reviewed or will be reviewed. Management has brought in part-time staffing to help address the backlog, is developing a plan of action to address needed changes in workflow and process.

Non-Clinical Risk Management Activities

Training:

- Mandatory, all-staff training held May 8, 2018; Agenda items included HCHC updates and information regarding the role of the Community Health Worker and other Community Programs staff
- New, online staff training software called HealthStream has been implemented. Training Plan for 2018 developed (attached). All staff required to complete online HIPAA training by June 30th.

Risk Assessments:

- Additional infrastructure improvements at both main facilities completed.
- Looked into psychiatric consults by Maven. This is a group of Harvard Medical School alumni who are near retirement age who provide video consults.
- A meeting with a UMass professor was set up to speak about alcohol screening and tele psychiatry.

Follow-up actions:

- Continue with infrastructure improvements at both main facilities, including finding funding for ADA improvements
- Complete and expand ongoing security upgrades, subject to funding availability at Worthington location
- Initiate process of completing Culture of Safety (Just Culture) survey with all staff – originally scheduled for March, 2018 but delayed due to new site opening in Amherst. New target date: September, 2018.
- Determine how/where to share quarterly department reports/data with the public



Risk Assessment and Management Training Plan
2018

For all trainings:

- All new staff will complete online training within one month of hire
- All certificates of completion will be held and filed by HR Coordinator
- Managers will track compliance through HealthStream, and will ensure that all reports complete required training. Managers will use Reports function as illustrated below.
- All trainings will be completed through the HealthStream system, unless otherwise noted.

Required training for All Staff:

- HIPAA
 - Deadline: 6/30/18
- Sexual Harassment in the Workplace
 - Deadline: 7/31/18
- Culturally Competence: Background and Benefits
- Culturally Competence: Providing Culturally Competent Care
 - Deadline: 9/30/18
- Patient Rights
- Customer Service
 - Deadline: 10/31/18
- Fire Safety
 - Deadline: 11/30/18
- Active Shooter Response in Healthcare Settings
 - Deadline: 12/31/18

Required training for Clinical Staff:


- Infection Control
 - Deadline: 8/31/18
- Hand Hygiene
 - Deadline: 9/30/18
- Standard Precautions: Bloodborne Pathogens and Other Potentially Infectious Materials
 - Deadline: 10/30/18

Required training for Leadership Team:

- FEMA ICS 100 (through FEMA website only)
 - Deadline: 6/30/18

More trainings may be assigned, based on position and applicability.

Sample of Report for Medical Department:

<div>  Assignment Completion Report - Schedulable </div> <div>REPORT GENERATED: Jun 20, 2018, 10:00 am ET</div> <div> <div>Print</div> <div>Export ▾</div> </div>					
View Report Settings					
<div>Hilltown Community Health Center</div> <div>Assignment Completion Report - Schedulable</div> <div> Due Date Range: Jan 1, 2018 through Dec 31, 2018 Data as of: Jun 20, 2018, 1:15 am ET Report Generated: Jun 20, 2018, 10:00 am ET </div>					
ST	Medical Department	Assignment	Due Date	Completed	Status
01-Medical	REED, ANDREA	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018	06/18/2018	Completed On-time
01-Medical	SAMPSON, CRYSTAL	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018		Not Yet Due
01-Medical	SANTIAGO, YAILEEN	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018	06/11/2018	Completed On-time
01-Medical	SINNO, TERESA	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018		Not Yet Due
01-Medical	SUDYKA, STEFANIE	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018	06/07/2018	Completed On-time
01-Medical	SWANFELDT, DENISE	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018	06/08/2018	Completed On-time
01-Medical	TAYLOR, MICHELLE	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018		Not Yet Due
01-Medical	WAITE, LAURIE	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018		Not Yet Due
01-Medical	Wead, Camille	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018		Not Yet Due
01-Medical	WHALEN, KRISTIN	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018		Not Yet Due
01-Medical	WILSON, VICKIE	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018	06/18/2018	Completed On-time
01-Medical	WOLFE, DARLENE	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018		Not Yet Due
01-Medical	YUROVSKIYH, RUTH	HIPAA (PA) - An HCCS Regulatory Course	07/30/2018		Not Yet Due
<div> <div>Department Summary</div> <div> <div>Total Completions</div> <div>21</div> <div>Completed on Time</div> <div>21</div> <div>44.68%</div> </div> <div> <div>Total Assignments</div> <div>47</div> <div>Completed Late</div> <div>0</div> <div>0.00%</div> </div> <div> <div>Percent Complete</div> <div>44.68%</div> <div>Completed - Failed</div> <div>0</div> <div>0.00%</div> </div> <div> <div>Not Yet Due</div> <div>26</div> <div>55.32%</div> </div> </div>					
<div> <div>Past Due</div> <div>0</div> <div>0.00%</div> </div>					
<div> <div>Delinquent</div> <div>0</div> <div>0.00%</div> </div>					
<div> <div>Total Assignments</div> <div>47</div> <div>100.00%</div> </div>					
<div> <div>Exempt</div> <div>0</div> </div>					

Sample of Report for Entire Organization:

REPORT TOTALS					
GRAND TOTAL	Total Completions:	60	Completed on Time	60	48.39%
	Total Assignments:	124	Completed Late:	0	0.00%
	Percent Complete:	48.39%	Completed - Failed:	0	0.00%
			Not Yet Due:	64	51.61%
			Past Due:	0	0.00%
			Delinquent:	0	0.00%
			Total Assignments:	124	100.00%
				Exempt:	0



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: ACCIDENT/INCIDENT REPORTS IN-HOUSE REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for filing accident/incident reports at the School-Based Health Center (SBHC).

Policy:

The SBHC will file accident/incident reports on the following situations:

- Injury to a client or visitor on the SBHC premises.
- Injury to a staff member either on the SBHC premises or while performing a function for the SBHC outside of the premises.
- Errors made to a client by a staff member while receiving treatment - such as medication error, procedure error, treatment error.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: SEP 2000

Reviewed or Revised: AUG 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 staff member either involved or responsible for the treatment error or witnessing an accident or receiving an injury shall be responsible for filling out the incident sheet within 24 hours of notification of said accident/incident. (All Staff)
2. The incident sheet shall be sent immediately to the staff's supervisor and if it involves an injury to a client due to the building or grounds a copy shall be sent to the Chief Executive Officer. If the injury involves hospitalization or death of a client, the Chief Executive Officer shall be notified immediately. (Director)
3. All copies of accident/incident reports shall be review yearly at the quality assurance meeting. (All Staff)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: APPOINTMENTS FOR BEHAVIORAL HEALTH REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for behavioral health appointments at the School-Based Health Center (SBHC).

Policy:

Behavioral health appointments will be scheduled by the Social Worker for his/her clients.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: AUG 2000

Reviewed or Revised: AUG 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 Social Worker will obtain consent for treatment for those students receiving behavior health services not previously obtained. (Social Worker)
2. All attempts will be made to obtain consent specific to behavioral health prior to treatment beginning. If a general consent is on file, one meeting can be held prior to gaining specific consent. (Social Worker)
3. Registration forms will be completed during initial appointment. (Social Worker)
4. A student 18 years of age, or older or an emancipated minor, may sign their own consent. (Social Worker)
5. Passes will be given out for scheduled appointments. (Medical Assistant)
6. Appointments will be made with the least disruption possible to the students' academic schedule. (Social Worker)
7. If a student fails to show for appointment, contact will be made with the student to encourage participation in appointment and/or to ascertain why appointment was missed. (Social Worker)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: APPOINTMENTS FOR STUDENTS ILL AT HOME REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for seeing students at the School-Based Health Center (SBHC) who are ill at home.

Policy:

Students may be seen at the SBHC if they are ill at home and require medical care.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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. Students, or parents, may call the SBHC if the student is at home and ill and request an appointment.
2. If the student is at least 18 years old, he/she may make own appointment and come in by him/herself. (Medical Assistant)
3. If student is under age 18, the student must be accompanied by an adult for the medical appointment. (Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: BEHAVIORAL HEALTH RECORD REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for keeping behavioral health records at the School-Based Health Center (SBHC).

Policy:

An accurate and confidential record will be kept for each student seen for behavioral health services.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAY 2000

Reviewed or Revised: AUG 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 behavioral health staff will create and maintain each students' record. (Social Worker)
2. Each page will have two (2) forms of patient identifications: name and date of birth.
3. The record is kept in a locked file in a locked room at the SBHC. (Social Worker)
4. The record is available to staff of the SBHC only. (All staff)
5. Students, family members, and school personnel are able to obtain information with a release of information signed by the parent/ guardian. (Social Worker)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: CARE TO UNEMANCIPATED MINOR NOT ACCOMPANIED BY A PARENT OR GUARDIAN REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing care to an unemancipated minor without parent/guardian consent at the School-Based Health Center (SBHC).

Policy:

The Clinician provides appropriate treatment as defined by Massachusetts General Laws, Chapter 112, Section 12F to an unemancipated minor without parental/guardian consent. If the criteria is not met, parental/guardian consent is obtained prior to delivering care.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAY 2000

Reviewed or Revised: AUG 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. Upon initial contact with a patient seeking services, the age of the patient is ascertained and the necessity for obtaining consent is determined.
2. When parental consent is not necessary, the Clinician assesses the patient to determine whether examination and/or treatment is necessary.
3. Information pertaining to treatment is confidential and released only upon written consent of the minor or proper judicial order.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: CHLAMYDIA SCREENING; GONORRHEA SCREENING REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for Chlamydia and Gonorrhea screenings at the School-Based Health Center (SBHC).

Policy:

Chlamydia tests are provided by the MDPH State Laboratory Institute.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: JAN 2005

Reviewed or Revised: AUG 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 protocol for collection and transport of urine specimens describes the procedure. See the following protocols for Specimen Collection and Specimen Transport.
2. The testing will be offered to any adolescent who is sexually active and desires testing. Testing is confidential and will not be reported to PCP or parent, as mandated by state law. An interview of the student will be conducted to determine information for behavioral data required on the requisition and for counseling purposes. All tested will be followed up in 10 days.
3. Test reports are received by phone or mail. Positive results are called in to the authorized persons at the SBHC (Nurse Practitioner). For positive results it is proposed to have Zithromax, 500 mg. (2 tabs) and Doxycycline 100 mg. (14 tabs) Partners should also be referred for testing and treatment to SBHC, if students at Gateway Regional School District (GRSD), or to STD Clinic or PCP. The infected student will be presented with the following options for referral:
 1. To PCP for other evaluations of STD.
 2. To Planned Parenthood or Tapestry for evaluation.
 3. To either STD clinic, state-affiliated, at Pittsfield or Springfield

If the student is symptomatic of the disease, a referral will be made for further evaluation.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: COLLABORATIVE CARE OF CHILDREN WITH SPECIAL HEALTH NEEDS

REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the continuity of care for children with special health care needs.

Policy:

The School-Based Health Center (SBHC) will provide a continuity of care for children with special health care needs in the school setting and is ensured by communication with all who provide services.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2004

Reviewed or Revised: AUG 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 history of the special health condition is taken at the time of the office visit. Collaboration with the school nurse maybe needed. A phone call to the parent will be made to update the information.
2. After an evaluation of the health condition, follow-up information is provided to the parent by phone or letter. A copy of the D&T is sent home, and a form letter and a copy of the notes from the appointment at the SBHC is mailed or faxed to the primary care provider for continuity of care.

There may also be communication with the student's aide or teacher as appropriate.

3. Releases of information will be on file. (Provider)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: COMPLAINT PROCEDURE REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process handling complaints at the School-Based Health Center (SBHC).

Policy:

The SBHC adheres and follows the PATIENT COMPLAINT AND GRIEVANCE PROCEDURE of the HCHC Inc. that was approved by the Board of Directors on March 31, 2016.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: SEP 2000

Reviewed or Revised: AUG 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:

If any patient or family member has a complaint or grievance with staff or services received at the SBHC, which cannot be resolved by the parties directly involved, the party will be advised of the procedure. (All Staff)

The grievance procedure will be posted in a conspicuous place. (Medical Assistant).



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: CONFIDENTIAL VISITS REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for confidential visits at the School-Based Health Center (SBHC).

Policy:

There are health circumstances that arise that mandate no information on a minor child be shared with parents/guardian or school personnel without child's permission. These are related to pregnancy, STD's and mental health issues.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: JUN 2001

Reviewed or Revised: AUG 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. Appointment is scheduled with patient. (Medical Assistant)
2. Provider should determine if patient wishes visit to be confidential and record in patient's electronic chart.
3. Once patient's office visit is established within the resource schedule the word confidential must be added in the billing notes as well at the end of the office notes.
(Provider)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: CONFIDENTIALITY REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for maintaining patient confidentiality at the School-Based Health Center (SBHC).

Policy:

SBHC employees have the responsibility to respect the doctrine of confidentiality as mandated by Massachusetts State Laws and not divulge any information contained in the records to which they have access unless releases of information are in place.

1. The SBHC maintains an electronic medical record for each patient of the SBHC.
2. SBHC consent form specifically states that the parent or guardian consents to the exchange of health information between SBHC staff and school staff.
3. SBHC consent form authorizes release of information necessary for third party billing.
4. Confidentiality may be broken at the discretion of the clinician if the patient's life is at risk or he/she may be at risk to harm others.
5. All SBHC staff are responsible to ensure that confidentiality is maintained.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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.

School-Based Health Center

SUBJECT: EMERGENCY TRANSFER OF PATIENTS REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the timely and appropriate transfer of School-Based Health Center (SBHC) patients who require urgent or emergency care.

Policy:

The SBHC will assure the timely and appropriate transfer of patients who require urgent or emergency care beyond the scope of School-Based Health Center abilities and resources.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: SEP 1999

Reviewed or Revised: AUG 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. For patients who are medically stable, where time is not critical, such as a probable broken wrist, laceration requiring suturing but with bleeding controlled or moderate abdominal pain which could be appendicitis but not sign of rupture:
 - a) The patient (or parent if a minor) may be given the option to transport the patient to the emergency room by private vehicle if that can be accomplished within a reasonable time frame given the circumstances. In any event, an attempt to call the parent or guardian will be made prior to calling an ambulance. It is the role of the provider on site at the time, in consultation with medical backup if needed, to determine whether a particular patient requires emergency transfer. The local Huntington ambulance will be called to transport such patients as needed to the emergency room of the patient's or parent's choice: Noble or Cooley-Dickinson. (Medical Staff)
2. For patients critically ill or injured such as an uncontrolled asthma attack, chest pain thought to be due to MI, uncontrolled bleeding, symptoms of stroke, major trauma, acute allergic reaction, or any other condition immediately threatening to life or limb, 911 will be called immediately to arrange transport to the nearest hospital emergency room (generally Noble Hospital). If a longer transport period is not thought to be dangerous by the ambulance personnel and the provider on the scene, transport to Cooley-Dickinson, and/or meeting up with a paramedic team from Northampton may also be options. (Medical Staff)

An attempt will be made to contact a parent or guardian simultaneously or as soon as possible. The phone calls should be made by administrative personnel where possible, to allow medical providers to assist the patient. (Medical Assistant)

3. Letters of agreement from Cooley-Dickinson Hospital and Noble Hospital agreeing to accept emergency transfers from our facility on a 24 hr/day and 7 day/week basis will be kept on file. (Medical Director)
4. Documentation of permissions, allergies, and medications will be faxed to the receiving facility. (Medical Staff)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: EMPLOYEE HEALTH FOR COMMUNICABLE DISEASES REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for employee health at the School-Based Health Center (SBHC).

Policy:

The SBHC will work to prevent transmission of significant communicable diseases among employees and from employees to patients. This policy is meant to include significant diseases such as infectious bacterial gastroenteritis such as shigella or salmonella, respiratory diseases such as tuberculosis, influenza or legionella, or chickenpox, skin diseases such as impetigo or ringworm, and infestations such as lice or scabies.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: FEB 2000

Reviewed or Revised: AUG 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 new and existing employees will sign a statement certifying that they are free from communicable disease and that they will notify their supervisor or the medical director if they contract or have been in contact with a communicable disease that could be communicated in the usual course of their job function. The person responsible for hiring any new employee will also be responsible for seeing that the paperwork is complete. (Personnel)

The medical director will be notified immediately of any communicable disease, by an employee and will make a decision based on medical judgment and appropriate DPH regulations about whether the employee may remain on the job, and if so, with what, if any, restrictions. (Director)



Hilltown Community Health Centers, Inc.

School-Based Health Center

**SUBJECT: FILING SUSPICION OF CHILD NEGLECT/ABUSE WITH THE
DEPARTMENT OF CHILD AND FAMILY SERVICES**

REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to provide guidelines for filing suspicion of child neglect or abuse.

Policy:

Whenever a case of child abuse or neglect is suspected, the clinician will file a report with the Department of Child and Family Services (DCF).

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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 Clinician will file a telephone report as soon as possible but within 24 hours.
(All Clinical Staff)
2. The Clinician will file a follow-up report in writing within forty-eight (48) hours.
(All Clinical Staff)
3. Whenever possible, the Clinician will discuss the allegations with the parent/
guardian. (All Clinical Staff)
4. The incident will be reported to the appropriate school personnel as soon as
possible. (All Clinical Staff)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: HAZARDOUS WASTE
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for disposing and removing hazardous waste from the School-Based Health Center (SBHC).

Policy:

Hazardous and infectious waste will be disposed of and removed from the SBHC in a manner that safeguards safety of patients and staff.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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 hazardous waste disposal unit will be in the exam room. Labeled biohazard, it is a red plastic bag in a metal can. All non-sharp biohazard/contaminated waste is disposed of in this container. (Provider and Medical Assistant)
2. As needed, the waste will be transported to HHC to be picked up by a designated waste facility for disposal. The bags will be sealed and double bagged prior to transport. (Medical Assistant)
3. All sharps, syringes and needles are disposed of in appropriate container designed for this purpose. The container is kept on a locked shelf in the exam room. (Medical Assistant)
4. Prior to each school vacation or on an as needed basis, the container will be transported to HHC to be picked up by a designated facility for disposal. (Medical Assistant)
5. The manifest records received by HHC will be copied and kept on file at the SBHC for 3 years. HHC will notify DPH and SBHC if copies of disposal manifest are not returned to HHC within 30 days. (HHC Staff)

See Form: Regulated Medical Waste and Medical Waste Tracking Form



Hilltown Community Health Centers, Inc.

School-Based Health Center

**SUBJECT: INFECTION CONTROL/SAFETY
REGULATORY REFERENCE:**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for infection control and safety measures at the School-Based Health Center (SBHC).

Policy:

Infection control standards are in effect and uniform for the protection of patients and staff.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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. General cleaning of the SBHC space is done daily; this includes sweeping of floor, emptying trash, cleaning toilet and sink. (School Maintenance)
2. Routine care of exam table includes paper change and washing with Cavicide Solution between each patient. Counter tops, any hard surface and all tools within the exam room are treated in the same manner. (Medical Assistant)
3. If exposure to body fluids occurs cleaning of floor, exam table with Cavicide Solution is done immediately. (Medical Assistant)
4. Disinfecting of instruments occurs after each use by soaking for 20 minutes in Cavicide Solution. (Medical Assistant)
5. All staff use appropriate hand-washing techniques and universal precautions. (All Staff)
6. Staff will wear protective equipment if necessary. (Nurse Practitioner/Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: LABORATORY TESTING REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for laboratory tests performed at the School-Based Health Center (SBHC) and for laboratory tests transported from the School-Based Health Center (SBHC) to an outside lab.

Policy:

The SBHC will do limited laboratory testing on site.

Due to this limited laboratory testing capability other specimens collected will be picked up by Baystate Reference Lab (BRL) courier as necessary.

SBHC refers patients to other lab facilities when clinically indicated.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: JUN 2000

Reviewed or Revised: AUG 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. Laboratory Testing at SBHC

1. Urine Dipstick
 - Will use sterile cups even if routine specimen. If suspect UTI, use clean catch procedure and sterile container collect specimen in bathroom, place on shelf.
 - Use procedure following Semins urine Strips.
 - Do control test one time daily when dipstick is used.
 - Document in lab/controls black note notebook found in exam room cabinet.
 - Check expiration date on each container.
 - See clean-catch Urine Procedure.
2. Rapid Streps
 - See procedure.
 - Use Swabs provided in the in house rapid kit.
 - Test positive and negative controls with each new box.
 - Document internal control on lab slip and notebook.
 - Use procedure following.
3. Urine Pregnancy tests: HCG
 - Document internal control on lab slip and notebook.
 - Follow procedure
 - See Directions
4. Hemo Point H2:
 - See intended use, set up, and procedure
 - Remove sample tube from the refrigerator and bring to room temperature (15-30C) if arterial or venous blood
 - Activate Hgb limit mode ON with the Hct mode ON
 - Select patient type
 - Follow enclosed directions for test
 - Record results in lab/controls notebook
 - External controls are done with each test

Record results in EHR. (Nurse Practitioner/Medical Assistant)

Record tests in notebook. (Medical Assistant)

Record controls in notebook. (Medical Assistant)

B. Laboratory Testing for Transport

1. Lab Specimens (throat cultures, urine, clean catch cultures) (Medical Assistant)

2. Preparations- Label specimen accurately, bag in Biohazard bag with corresponding lab slip (Medical Assistant)
3. Prepare electronic lab slip for BRL with the following information: (Provider or Medical Assistant).
 - Date/Time collected
 - Diagnosis/collected by
 - Patient's name
 - Date of Birth
 - HCHC information
 - Physician's electronic signature
4. Procedures to be completed will be on the lab slip (Provider)
5. Baystate Reference Lab (BRL) comes every day to pick up specimens obtained.
6. Storage- Anything that is to be refrigerated right after collection will be driven over to the HHC. Anything that can wait until SBHC closes for the day will be transported to the HHC then. (Medical Assistant)

C. Laboratory Testing Referrals

1. For labs ordered to be done at other facility: Blood and or Radiology for non HCHC patients and HCHC patients alike:
 - Print out the electronic lab slip for patient to take to any BRL site for blood work (Medical Assistant or Provider)
 - Print out electronic Radiology slips for patient to take with them to which ever hospital they prefer (Medical Assistant or Nurse Practitioner)
2. The electronic lab slip for the patient will have the following information:
 - Diagnosis
 - Patient's Name, Birthdate
 - HCHC information
 - Physician electronic signature
 - Procedures to be completed



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: MEDICAL APPOINTMENTS FOR COMMUNITY PATIENTS REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for seeing community patients for medical appointments at the School-Based Health Center (SBHC).

Policy:

1. Ordinary appointments for patients from the Gateway Community (non-students) will be made in the hours when students are not using the SBHC.
2. Any citizen from the Gateway community may make an appointment for medical services. (Medical Assistant)
3. Prior to receiving services, consent to treatment must be on file. If patient is under 18, a parent /guardian must sign for treatment. (Medical Assistant)

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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.

School-Based Health Center

SUBJECT: MEDICAL RECORD POLICY REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for medical records at the School-Based Health Center (SBHC).

Policy:

A complete and accurate Medical Record shall be kept for each patient of the SBHC.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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. Prior to the patient's first visit, a record will be created in E-Clinical Works (eCW) using one or more of the following:
 - Power school website provided by Gateway Regional School District (GRSD)
 - A completed SBHC enrollment form filled out by the patient (if over 18 years of age or legally emancipated) or the patient's guardian/parent. It is then scanned into the eCW.
 - Information relayed over the phone from the patient's guardian/parent accompanied by a detailed telephone encounter in the patient's chart. (Medical Assistant)
2. All incoming verbal information/paper work will be scanned into the patient's chart or manually typed into eCW via telephone encounter or within the office visit itself.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: MEDICATION PRESCRIBING POLICY REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for dispensing medications at the School-Based Health Center (SBHC).

Policy:

If medications are required for patients a prescription will be electronically prescribed and sent to the pharmacy of choice or written and given to the patient.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAR 1999

Reviewed or Revised: AUG 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.

School-Based Health Center

SUBJECT: MISSED BEHAVIORAL HEALTH APPOINTMENTS POLICY REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for missed behavioral health appointments at the School-Based Health Center (SBHC).

Policy:

It is the responsibility of the clinician to locate students who are late for appointments and to take appropriate steps to follow up with students who have missed appointments.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAY 2000

Reviewed or Revised: AUG 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. If the student is enrolled in the middle school, his/ her daily schedule is available through the secure school scheduling program, Rediker. Schedules can also be obtained from the guidance counselors or the middle school secretaries. Classroom teachers may be reached by using the middle school phone in the SBHC.
2. If the student is enrolled in the high school, his/her daily schedule is on Rediker. Schedules can also be obtained from the guidance counselors or from the file at the high school office. Classrooms may be reached on the school phone. The high school secretary will call the appropriate classroom when needed.
3. On those occasions when the student is found to be on the school grounds but unreachable by telephone, the clinician may seek him/her out in person, but only if not in violation of the students' confidentiality. (Clinician)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: NON-MEDICAL EMERGENCY PLAN/CRISIS FIRE SAFETY PLAN

REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the School-Based Health Center (SBHC) to participate in the Emergency /Crisis Plan of the Gateway Regional School District (GRSD).

Policy:

The staff of the SBHC will adhere to and participate in the Emergency /Crisis Plan developed by the Gateway Regional Schools.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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 SBHC staff are responsible for this plan.

1. Upon discovering of fire or smoke in the SBHC, all persons should be evacuated from the Center.
2. The fire alarm should be activated or 911 dialed.
3. Handicapped and non-ambulatory patients shall be helped out of SBHC office and out of school building by appropriate SBHC staff.
4. All staff will make sure doors are closed and main door is locked.
5. The building should be evacuated per the Gateway plan
6. All staff will exit thru main SBHC door and exit school building thru front door.
7. Fire extinguishers are located in exam room and central work space.
8. If appropriate, Chief Executive Officer and DPH will be notified.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: NOTIFICATION OF PRIMARY CARE PROVIDERS POLICY REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for notifying providers of patients of the School-Based Health Center (SBHC) of a visit.

Policy:

The standard notification letter will be sent to PCP's (even if telephone contact was made at the time of the visit) under the certain circumstances.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAR 1999

Reviewed or Revised: AUG 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 Nurse Practitioner will generate a letter with the following information as it applies:

- If a prescription medication was given.
- If a diagnosis of strep throat, UTI or pregnancy is made. (information regarding pregnancy can only be given with the patient's permission).
- If follow-up with the PCP was recommended during the visit (adults with their permission)
- If the patient was seen for a change in chronic condition normally followed by the PCP (like asthma, hypertension, diabetes).
- If an annual or sports physical was done.
- If immunizations were given.
- If lab work was ordered.
- If the SBHC provider is concerned about issues like recurrent illnesses, frequent absences, etc.
- If student has been referred to outside physician.

Examples of visits not sent would be minor bruises, strains, sprains or viral illnesses treatable with over-the-counter medications.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: OFF-HOUR COVERAGE POLICY **REGULATORY REFERENCE:**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for medical care coverage during off hours of the School-Based Health Center (SBHC).

Policy:

HCHC requires that timely and appropriate medical care is assured for SBHC patients when it is not open.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: SEP 2000

Reviewed or Revised: AUG 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. Patients will be given the number for the Huntington Health Center (HHC), which has someone answering the phones 24 hr/day.
2. Patients who have another primary care provider are encouraged to rely on their primary care provider for off hour calls and services. (Staff)
3. Other patients and those experiencing symptoms in need of urgent attention will be directed to go to the nearest emergency room.
4. An answering machine provides the hours of operation of the SBHC and disseminates the above information. (Medical Assistant)
5. Patients seen at the SBHC who are sick and may need follow-up or care when the SBHC is closed, will be given the above information by the provider seeing them. (Nurse Practitioner/Doctor)
6. This information may be given over the phone or in person to those inquiring at any time a provider is unavailable but the office is open. (Staff)
7. The School Nurse will be made aware of this procedure so she may use it when advising SBHC patients who present themselves to her for care, when the SBHC is closed.
8. A posting in the SBHC states what patients should do if the SBHC is closed. (Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: PARTICIPATION IN SCHOOL EVENTS POLICY REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the School-Based Health Center (SBHC) to assist and participate in school events.

Policy:

The staff of the SBHC will be available as a resource to schools to enhance existing health curriculums and provide presentations.

1. Staff of the SBHC will meet with the Health Coordinator and Health Teachers to assess needs, (Program Director/ Provider or Nurse Practitioner/ Social Worker)
2. Staff will participate in classrooms on health and medical issues as requested by or arranged by school staff. (Provider/Nurse Practitioner/ Social Worker)
3. Staff will follow the schools' regulations concerning approval of content of presentations. (Provider/Nurse Practitioner/ Social Worker)
4. The Program Director or staff designee serves on the schools' Health Advisory Board. (Program Director).
5. In addition, staff may participate in special events, such as health fairs. (Provider/Nurse Practitioner/ Social Worker/ Program Director)

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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.

School-Based Health Center

**SUBJECT: PATIENT'S ADMISSION CRITERIA/CONSENT TO CARE POLICY
REGULATORY REFERENCE:**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for enrolling students in the School-Based Health Center (SBHC) regardless of insurance status and ability to pay.

Policy:

All students enrolled in the Gateway Regional School District are eligible to be enrolled in the SBHC regardless of their insurance status or ability to pay for services.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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. Consent forms are given prior to an initial visit to all students at the Gateway schools for parental permission. (Medical Assistant)
2. Registration and HIPAA forms are given to students at initial visit.
3. Enrollment is complete when completed consent, registration and HIPAA forms have been returned to the SBHC. (Medical Assistant, Provider/Nurse Practitioner, Social Worker)
4. Staff may respond for any student in an emergency situation. (All Staff)
5. If a non-enrolled student requests treatment, a telephone permission from a parent/guardian may be obtained only one time within a school year and must be followed by a signed consent form. (Medical Assistant/Nurse Practitioner)
6. Any student who is 18 years of age or older may sign his/her consent form. (Medical Assistant, Nurse Practitioner, Social Worker)
7. A minor who is authorized by law to provide his/her own consent (under Massachusetts Minor Consent Status) may sign own form and receive services. (Medical Assistant, Nurse Practitioner, Social Worker)
8. The signed consent form is kept on file and is valid until the parent/guardian notifies the SBHC in writing that the consent is withdrawn. (Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

**SUBJECT: PATIENTS SEEN BY THE SBHC AND EITHER THE HUNTINGTON HEALTH CENTER OR WORTHINGTON HEALTH CENTER
REGULATORY REFERENCE:**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for communicating between HCHC sites for patients of the School-Based Health Center (SBHC).

Policy:

The SBHC communicates in a timely manner with HHC or WHC for those patients who have medical care at both sites.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAR 1999

Reviewed or Revised: AUG 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 HCHC patients that receive care at SBHC:

- All notes will be saved in the patient's Electronic chart in eClinical Works (eCW).
- The WHC and HHC will have access to the patient's chart at any time to review.
- As appropriate and necessary the provider will call medical staff of HCHC to relay information. (Medical Provider/Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: SELECTION OF PERSONNEL AND LICENSURE/TRAINING REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for selection of School-Based Health Center (SBHC) personnel and their licensure and training.

Policy:

Professional staff of SBHC shall be selected in accordance with the qualifications of each position as set forth in the job description.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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 qualifications of each applicant will be reviewed (Chief Executive Officer and/or Program Director)
2. If appropriate, the certification of licensure will be presented at the initial interview. (Chief Executive Officer and /or Program Director)
3. The team of the SBHC will be involved in the interviewing and selection process whenever possible. (Team)
4. Three references for each applicant will be checked if possible. (Chief Executive Officer and/or Program Director)
5. All licensed staff must comply with state licensing requirements regarding Continuing Education according to each specific licensure. (Chief Executive Officer and/or Program Director)
6. All SBHC medical staff are trained in CPR and First Aid and lab procedures (certification is on file). (Program Director)
7. See all job descriptions resumes in personnel section.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: PREVENTATIVE MAINTENANCE OF MEDICAL EQUIPMENT REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for maintaining medical equipment of the School-Based Health Center (SBHC).

Policy:

The SBHC has a maintenance program to insure all equipment is in safe working order.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: SEP 2000

Reviewed or Revised: AUG 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 maintenance check will be performed at a minimum one time a year, by appropriate agent, on all mechanical and electronic equipment. (Medical Assistant)
2. It will be checked to insure it is properly grounded and calibrated with manufacturer's recommendations. Generally, Mass Surgical Supply will calibrate equipment.

This includes:

- Sphygmomanometer (blood pressure machine)
 - Oxygen Tank
 - Scale
 - Wall Transformer
 - Exam Table
 - Thermometer
 - Nebulizer
 - Pulse Oximeter
3. A sticker will fixed to equipment. (Calibrating Agent)
 4. A copy of invoice will be kept on file. (Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: PROVISION OF EMERGENCY CARE AND EMERGENCY EQUIPMENT REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for limited emergency care and emergency equipment at the School-Based Health Center (SBHC).

Policy:

Because of rapid availability of emergency transport, the limited space, level of skill of the personnel at SBHC, and the nature of the mission at SBHC, the extent of emergency capability should be, and is, strictly limited to the provision of competent first aid, CPR, and the use of simple, basic emergency equipment.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: SEP 2000

Reviewed or Revised: AUG 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:

Medical providers at SBHC will all be CPR certified, and a copy of that up-to-date certification kept on file. Basic knowledge of first aid for non-cardiorespiratory emergencies is also expected as part of the providers training for their position. (All Medical Staff)

In case of any life-threatening emergency, the provider will call 911 or request a staff member to call 911 while any first aid is being given. (Medical Staff)

Emergency equipment commensurate with our mission will be kept at the SBHC readily available and in good working order. An annual review of this equipment will be undertaken by a medical provider at SBHC, and a written notation made of this review. (Medical Staff)

Emergency equipment on hand will include:

- an epi-pen kit
- a nebulizer unit with albuterol
- sterile gauze bandages and tourniquet
- oxygen with mask and nasal cannula
- CPR mouth shield
- injectable benadryl and epinephrine
- chewable aspirin
- automatic defibrillator/ambu mask



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: QUALITY IMPROVEMENT PROGRAM REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the School-Based Health Center (SBHC) to have a Quality Improvement Program.

Policy:

The SBHC has an ongoing quality improvement program which identifies aspects of care or areas of need that are inadequately addressed with the current practice. It will plan and implement changes to address the deficits and reassess, after the change, to verify its effectiveness.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAY 2000

Reviewed or Revised: AUG 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. At the beginning of each school year the Medical Director with other staff will choose an area (or areas) of focus for quality improvement that year.
2. The focus shall be chosen based on their experience in providing care, patient input or complaints, on chart review or on discrepancies between current practice and practice guidelines, or as requested by the Department of Public Health or other funding/licensing agencies.
3. Each plan will be developed and will include an assessment of the current need/deficit, a plan for improvement, and a method of assessing the impact of changes made. Each plan will be continued in the following years. (Medical Director with other staff)
4. The new proposed plan will be submitted to the Health Center Quality Improvement Committee for approval. (Director)
5. The quality improvement plans from previous years, will be reviewed on at least an annual basis at the beginning of each school year; a summary of the previous year's findings will be documented and placed in the QI section of the SBHC policy and procedure manual. The monitoring of the current plan's progress will be incorporated into the SBHC team meetings. (Director)
6. The current school year's plan will be approved by the Director of the SBHC and a follow-up report given to him/her. It will then be submitted to the Board of Directors. (Director)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: REFERRAL OF PATIENTS TO EMERGENCY SERVICES REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for School-Based Health Center (SBHC) patients with unstable and serious life threatening conditions to be immediately referred to the Emergency Services.

Policy:

1. The provider will assess patients and refer to emergency services when appropriate and follow all procedures in this policy.
2. The procedures followed will be documented appropriately in the patient's medical record.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 2018

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake

Chief Executive Officer, HCHC

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

1. Assess the Patient immediately. (Provider)
 - a. If the complaint or condition requires emergency medical attention, 911 is contacted. (Provider)
 - b. If patient is a minor, the parent/guardian is contacted. (Provider)
2. In the event of a psychiatric emergency and the patient is assessed to be a danger to self or others, either the appropriate crisis team is contacted, or if danger is imminent, the local police department. (Social Worker/Provider)

All Steps taken are recorded in patient's chart. (Provider/Social Worker)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: REFERRALS FOR BEHAVIORAL HEALTH SERVICES REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for referrals for behavioral health services at the School-Based Health Center (SBHC).

Policy:

HCHC has developed a process for referrals made to the SBHC for behavioral health treatment.

Referrals may be made for behavioral health treatment to the SBHC by the guidance staff, the school nurse, the SBHC's Provider/Nurse Practitioner or a student may self refer.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAR 2000

Reviewed or Revised: AUG 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. If a student self-refers, the social worker, with the student's consent, will notify appropriate guidance counselor. School Administration and parents can refer. (Social Worker)
2. The person making the referral will use the appropriate form. (Social Worker)
3. The referral source will contact the parent/ guardian if appropriate prior to making the referral to gain permission. (Social Worker)
4. The Social Worker will contact the family, send a consent form and registration form to them. (Social Worker)
5. The staff will insure that the information necessary to complete a referral is obtained. (Social Worker)
6. The staff will set up the initial appointments as soon as possible after the consent form has been received.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: REPORTABLE DISEASES AND CONDITIONS REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for dealing with reportable diseases and conditions at the School-Based Health Center (SBHC).

Policy:

The SBHC will comply with laws and regulations relating to reportable diseases and conditions.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: SEP 2000

Reviewed or Revised: AUG 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 SBHC will comply with Department of Public Health (DPH) regulations requiring reporting of certain communicable diseases in our patient population.

A copy of the list of currently reportable disease will be kept with the policy manual, and copies of reporting forms kept with an additional copy of the list in a file folder easily accessible to the providers.

The medical director will be responsible for keeping the file updated and will review any cases reported and serve as a resource for providers if questions arise on reportability.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: RETENTION OF PATIENT FILES **REGULATORY REFERENCE:**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the School-Based Health Center's (SBHC) patient files.

Policy:

The SBHC patient files will be kept securely for the 30 years required.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: SEP 2000

Reviewed or Revised: AUG 2018

Approved by Board of Directors, Date: _____

Approved by:

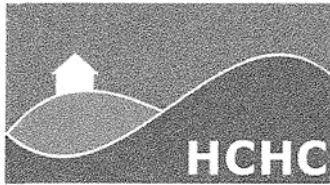
Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

1. At the beginning of each school year, all records of graduated students will be removed from the files of current patients. (Medical Assistant)
2. These files will be moved and stored in the closed files storage at the SBHC. (Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: SELECTION OF PERSONNEL AND LICENSURE/TRAINING REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for selection of School-Based Health Center (SBHC) personnel and their licensure and training.

Policy:

Professional staff of SBHC shall be selected in accordance with the qualifications of each position as set forth in the job description.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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 qualifications of each applicant will be reviewed (Chief Executive Officer and/or Program Director)
2. If appropriate, the certification of licensure will be presented at the initial interview. (Chief Executive Officer and/or Program Director)
3. The team of the SBHC will be involved in the interviewing and selection process whenever possible. (Team)
4. Three references for each applicant will be checked if possible. (Chief Executive Officer and/or Program Director)
5. All licensed staff must comply with state licensing requirements regarding Continuing Education according to each specific licensure. (Chief Executive Officer and/or Program Director)
6. All SBHC medical staff are trained in CPR and First Aid and lab procedures (certification is on file). (Program Director)
7. See all job descriptions resumes in personnel section.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: SELF-ADMINISTERED PEDIATRIC SYMPTOM CHECKLIST REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for administering and tracking the Pediatric Symptom Checklist at the School-Based Health Center (SBHC).

Policy:

The Pediatric Symptom Checklist is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. The youth self-report can be administered to adolescents ages 11 and up and will be given to each patient on the initial visit yearly.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: DEC 2002

Reviewed or Revised: AUG 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 checklist will be given to each student during the patient's first visit to the SBHC each year. (Nurse Practitioner)
2. Items rated "never" are scored 0; items rated "sometimes" are scored 1; and items rated "often" are scored 2. The total score is calculated by the Practitioner by adding up scores for the 35 items. A positive score of 30 or higher suggests the need for further evaluation. Items left blank are ignored. However, if 4 or more items are left blank, the questionnaire is considered invalid. (Nurse Practitioner)
3. It will be scored during the patient's appointment whenever possible to allow further exploration of problems and issues when indicated. If time is not available, and a score of 30 is received, a follow-up appointment is recommended to be made as soon as possible. (Nurse Practitioner)
4. If the patient scores 30, the practitioner will:
 - Schedule additional visits with the patient.
 - Make appropriate referrals.
 - Contact the parents and/or send a letter to the PCP at her discretion.
5. The date the PSC is given and the patient's score will be recorded in his/her chart with narrative indicating impressions, referrals, follow-up, etc. (Nurse Practitioner)
6. A copy of the PSC will be stamped "Confidential" and placed in the patient's chart; the original will be kept in a separate locked file. (Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: SERIOUS INCIDENT REPORTS TO DEPARTMENT OF PUBLIC HEALTH (DPH)

REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for reporting serious incidents to DPH that occur at the School-Based Health Center (SBHC).

Policy:

The SBHC will file a written report with DPH of any serious incident occurring on the SBHC premises. These incidents are:

- fire
- suicide
- serious criminal acts
- pending or actual strike action by its employees

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: OCT 2000

Reviewed or Revised: AUG 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. If the above incidents occur, immediately the Chief Executive Officer will be notified.
(All Staff)
2. Immediately following the DPH will be notified by telephone. (All Staff)
3. A written report will be sent to DPH within one (1) week. (Director)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: SERVICES FOR SCHOOL STAFF REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the staff of the Gateway Schools to be seen at the School-Based Health Center (SBHC).

Policy:

1. The school staff are able to make appointments for treatment at the SBHC.
2. The school staff will be required to complete the necessary paperwork prior to the appointment.
3. All efforts will be made to give school staff an appointment at a time that will be the least disruptive to their school schedule.
4. Information about the medical appointment will be conveyed to the staff person's primary care physician.
5. The staff person's insurance company will be billed for services.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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.

School-Based Health Center

SUBJECT: SERVICES PROVIDED/REFERRED REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the School-Based Health Center (SBHC) to provide a range of medical, nutritional and behavioral health services, including referrals for those services not provided on site.

Policy:

On site medical services consist of:

- physical exams
- diagnosis and treatment of acute and chronic illnesses
- diagnosis of acute and chronic injuries
- anticipatory guidance appropriate for students' ages
- individual preventative health education
- immunizations
- basic lab tests
- prescriptions
- diagnosis of pregnancy referral to Obstetrician / Gynecologist (Nurse Practitioner)
- Reproductive care
- STD testing/treatment

On site behavioral health services consists of:

- psychosocial assessments and diagnostic evaluations.
- individual therapy
- group therapy
- family assessment and therapy
(Responsibility - Social Worker)

Services referred might include:

- X-ray
- specialty care
- Acute psychiatric care

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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.

School-Based Health Center

SUBJECT: SMOKING

REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for no smoking in the School-Based Health Center (SBHC).

Policy:

There will be no smoking allowed in the SBHC facility or on the school grounds.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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 SBHC abides by and enforces the smoking policy of its host, the Gateway Regional Schools; No smoking is allowed in the school or on its grounds.

1. If a patient is observed smoking in or around the school, he/she will be asked to extinguish the material immediately and remove it. (SBHC Staff)
2. The student(s) will be told that when this occurs, he/she will be reported to the appropriate school authority (SBHC Staff)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: STAFFING/COVERAGE REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the appropriate staff to be on site of the School-Based Health Center (SBHC).

Policy:

HCHC requires that a Nurse Practitioner or Doctor and Medical Assistant will be on site each day that the SBHC is open.

1. A Nurse Practitioner will be available each day that the SBHC is in operation. (Nurse Practitioner)
2. If the Nurse Practitioner is unavailable, he/she will attempt to secure as much coverage as possible for the time absent.
3. The Medical Assistant will be available each day that the SBHC is in operation (Medical Assistant)
4. If the Medical Assistant is unavailable, the Program Director will attempt to secure staffing to cover the time absent. (Medical Assistant)
5. The Medical Director for the SBHC is a physician employed by HCHC; and is on site at the SBHC an average of 2 hours per week and available by telephone during other hours of operation. (Program Physician)
6. If the Medical Director is unavailable, an alternative physician from HCHC will respond. (Program Physician)
7. Other staff may be added as the need arises and the appropriations become available.
8. The Program Director and Social Worker complete the SBHC staff.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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.

School-Based Health Center

SUBJECT: STORAGE AND DISPOSAL OF EMERGENCY MEDICATIONS REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for storage and disposal of emergency medications at the School-Based Health Center (SBHC).

Policy:

The SBHC will store only those medications needed for an emergency situation.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: JUN 2003

Reviewed or Revised: AUG 2018

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

1. All medications will be stored in their original containers. (Provider)
2. A log will be kept in red notebook in exam room. It will be updated as medications are received, dispensed, or disposed. (Provider and Medical Assistant)
3. Log will contain the following information for each medication (see sample log)
 - Name of medication
 - Date sample received
 - Lot number
 - Amount stored
 - Expiration date

When a medication is in need of disposal, the log will state:

- Medication
- Date disposed
- Amount
- Method
- Witness

Expired medications will be taken to one of the HCHC health centers, for disposal in a biohazard receptacle according to requirements.

The log will be reviewed quarterly for accuracy in September, December, March and June. (Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: STUDENT MEDICAL APPOINTMENTS **REGULATORY REFERENCE:**

Purpose:

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

Policy:

The appointments for students are made with the least possible disruption to their academic schedule.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 2000

Reviewed or Revised: AUG 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. Appointments may be scheduled by a student, his/her parent or guardian, or by the School Nurse. (Medical Assistant)
2. The appointments may be scheduled in person or over the telephone. (Medical Assistant)
3. Urgent appointments will be scheduled on the same day whenever possible. (Medical Assistant)
4. Non-urgent appointments will be scheduled as soon as possible with the least disruption to the student's schedules. (Medical Assistant)



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: STUDENTS IN BEHAVIORAL HEALTH CRISIS REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for seeing a student who is experiencing a mental health crisis.

Policy:

The staff of the School-based Health Center (SBHC) may see a student who is not a registered participant of the SBHC, and who is experiencing a mental health crisis, if requested by school staff.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: MAY 2005

Reviewed or Revised: AUG 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. If a student is perceived by school staff to be experiencing a mental health crisis, school staff may request a one-time consultation/evaluation by the center's behavioral health staff.
2. This will be considered a consult on the part of the SBHC staff to the school and will not indicate availability for ongoing treatment until the student if age 18, or parent, register as a member of the SBHC and also sign request for behavioral health treatment.
3. This is the responsibility of the behavioral health clinicians.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: TREATMENT OF MINORS **REGULATORY REFERENCE:**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to provide guidelines for providers and staff regarding the care and treatment to minors at the School-Based Health Center (SBHC).

Policy:

It is the policy of HCHC to provide treatment to all minors in accordance with the Massachusetts General Laws.

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: JUL 2008

Reviewed or Revised: AUG 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:

Consent to Treatment of Minors:

- I. A minor **can** provide consent to treatment at the time of care (therefore neither parental consent nor parental notification of treatment would be indicated if the following criteria is met) if;
- The minor is considered an emancipated minor (*Emancipated minor* means a person under 18 years of age who is married or who is determined by a court of competent jurisdiction to be legally able to care for himself or herself.)
 - The minor is recognized as a mature minor by the physician (if the physician determines that the minor can give informed consent to the treatment and it is in the minor's best interest not to notify his or her parents.) *The provider must document support for their determination in the medical record including whether a minor's parents or legal guardians will be involved in their care and how that will be incorporated.
 - The minor is married, widowed, divorced (treatment would include abortion)
 - The minor is the parent of a child *
 - She is pregnant or believes herself to be pregnant*
 - The minor is living separate and apart from their parent or legal guardian and is managing
 - their own financial affairs
 - It is an emergency situation where delay in treatment would endanger life, limb or the mental well-being of the patient.
- II. If a minor **cannot** consent to treatment as indicated above, consent may be obtained using the Preauthorization to Treat Minors Consent Form (See Appendix B) :
- From the parent or legal guardian at the time of registration
 - In the form of written permission from the parent or legal guardian and presented by another adult (for example, a grandparent) who accompanies the minor to the health center.
 - In the form of written permission from the legal guardian and presented by the minor in the absence of another adult (at the discretion of the provider).

* Minors may not consent to abortion unless they are married, divorced or widowed without parental consent. Please see appendix A for more details.

III. Consent:

- Obtaining written consent from parent or legal guardian is preferable. However, telephone consent may be obtained if necessary.
- Telephone consent may be obtained from the legal guardian with verification by an employee who is present and hears the phone conversation.
- Documentation of telephone consent should include the name and phone number of the guardian as well as the name of the staff that verified consent must be entered into the progress note on the date obtained.

IV. Medical Records Documentation & Release:

A. Documentation:

1. Consent to treatment forms will be placed in the patient's chart.
2. Once a provider determines that a minor may consent to treatment support for this decision should be documented in the progress note including whether a minor's parents or legal guardian will be involved in their care, to what degree and how they will be incorporated.

B. Release of Information:

1. If the minor consents to treatment as described above, their medical records shall **not** be released without prior written consent of the minor or a judicial order.
2. If the provider determines that the condition of the minor is life threatening they shall notify the parents or legal guardian and inform the minor of this action.

V. Billing Considerations:

- Minors who are able to give consent to treatment and who are financially independent will be responsible for the charge of the visit and should be informed of this at the time of check in.
- Minors who are able to give consent to treatment (and are emancipated), but are **not** financially independent should be enrolled in Mass Health via the Health Connector.
- If the minor is considered to be a "mature minor" the provider should write **CONFIDENTIAL** on the encounter form. This will alert the reception staff to create a separate billing account for this patient with the letter "C" after the account number which will flag the billing department to bill the services to the Free Care Pool.
- Providers will alert the lab technician when they have a **CONFIDENTIAL** lab order and consult with the minor regarding who the responsible party will be for payment of the lab services. This should be communicated on all lab forms sent to the Cooley Dickinson Hospital laboratory (blue patient information form and lab order form).

- The minor should be informed that if they have commercial insurance through a parent or guardian, the insurance company may send the explanation of services or a record of the visit to their parent or guardian's home.



Hilltown Community Health Centers, Inc.

School-Based Health Center

SUBJECT: TRIAGE

REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for triaging student appointments the School-Based Health Center (SBHC).

Policy:

The SBHC has a protocol for triaging student appointments:

1. Students with life threatening or serious illness are referred immediately to the emergency room or their primary care doctor as appropriate. (Provider)
2. Students who are registered at the SBHC (or their parents) requesting routine follow-up or well-care appointments will have appointments made as the schedule allows. (Medical Assistant)

Questions regarding this policy or any related procedure should be directed to the School-Based Programs Manager at 413-667-0142.

Originally Drafted: APR 1999

Reviewed or Revised: AUG 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 a parent calls regarding a sick child:
 - a) If child is not in school, an urgent appointment may be scheduled at the SBHC if the parent accompanies a child under 18.
 - b) If child is in school, the child will be screened by the school nurse to see if an appointment is indicated, an appointment is made on the nurse's recommendation if space is available. An appointment will also be scheduled, space allowing, if the parent specifies that they do not wish the school nurse to screen the child. (School Nurse; Medical Assistant)
2. When a sick child walks in requesting to be seen:
 - a) The school nurse will triage all students to determine whether an appointment is desirable or necessary taking into account:
 - 1) the nature, severity and duration of symptoms.
 - 2) her knowledge of the student's history, recent illness, and
 - 3) the student's pattern of absences and use or misuse of the school health facilities in relation to missing class time*

*In order to make it easier to keep track of students who have problematic patterns of absenteeism or loss of class time due to health concerns, the school nurse may keep a confidential list of these students as she becomes aware of them through her own observations or by teachers of guidance counselors, and share information with SBHC personnel. (School Nurse)

3. Any sick student who requires evaluation and cannot be accommodated in a reasonable time frame at the SBHC, due to lack of space in the schedule, is referred to their primary care provider, walk-in center, or emergency room as appropriate. (Medical Assistant)
4. Students not already registered at the SBHC can be seen only if a parent/guardian can be reached to give verbal permission, and a registration form is subsequently filled out. A student will be seen one time only per school year with verbal permission. (Medical Assistant)
5. School staff and adult community members can request appointments and will be accommodated as the schedule allows. If no timely appointment is available, they are referred to their PCP or other source of care as appropriate. (Medical Assistant)