



Hilltown Community Health Center

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

**BOARD MEETING
SEPTEMBER 6, 2018
WORTHINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the July 5, 2018 Meeting Minutes
3. Approval of the August 2, 2018 Meeting Minutes
4. Finance Committee Report
5. Chief Executive Officer / Senior Manager Reports
6. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
 1. Dental Dept-Patient Satisfaction Survey Results
7. Old Business
 - Approval of August 2nd Finance Committee Report
 - Approval of August 2nd Other Committee Reports
8. New Business
 - School-Based Health Center Policies
 - Administrative Policies
 - Legislative Mandates Policy – New Policy
 - QI/Risk Management Report for First Half of 2018
 - Risk Selection Vote for C3
 - Employee Credentialing-New:
 1. Sophal Lam, NP
 2. Matthew Nathan, Medical Student
 - Employee Privileging:
 1. Jenida Maldonado, Dental Assistant
 2. Jessica Rivera, Dental Hygienist
 3. Cynthia Fox, Dentist
 4. Miranda Balkin, MD
 5. Marisela Fermin-Schon, FNP

6. Sophal Lam, NP

9. 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

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 08/02/2018 5:30pm

Huntington Health Center

MEMBERS: John Follet, President; Alan Gaitenby; Lee Manchester

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

ABSENT: Wendy Long; Tim Walter, Treasurer; Nancy Brenner, Vice President; Kathryn Jensen, Clerk; Matt Bannister; Seth Gemme; Maya Bachman; Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Minutes of 07/05/2018	<p>John Follet called the meeting to order at 5:30pm. Due to not having enough Board members present for a quorum, no votes were taken at this meeting.</p> <p>The minutes for the July 5, 2018 meeting were discussed. They were a good overview of the meeting. No vote for approval was taken due to not having a quorum present. They will be added to the September meeting agenda.</p>	July 5, 2018 minutes were postponed for approval until the September meeting.
Finance Committee	<p>John Follet reported on the Finance Committee's meeting which took place at 4:30pm prior to the Board meeting. For the month of June, cash on hand was low, and accounts payable days were high. Vendors are calling asking about payment and some are holding back services/products until we pay their bill. It was asked how are we dealing with this? Frank responded that it's taken day by day. The staff in Finance are handling this situation very well.</p> <p>It was reported that revenue from the Behavioral Health department has dropped when comparing one year to the next. Currently, there is no accounting of the different payors from the department. Some pay less than others. One payor, The Massachusetts Behavioral Health Partnership (MBHP) does not pay us timely. MassHealth patients who are enrolled in our ACO use MBHP which pays \$75 per visit versus other payors who pay \$180. MBHP is contracted by the State to run this program for MassHealth.</p> <p>It was reported that the Dental department's revenue was down from the month before. A concerted effort was put on scheduling the month prior and things improved. For the month of June, the focus was primarily on the Amherst site and scheduling was not keep track of as closely, thus showing lower numbers for the month. The department will be spoken with. It was asked if the decrease is related to the volume of patients? Yes, Frank replied. When the department was being watched closely, things improved. But once the close</p>	Finance Committee report was postponed for approval until the September meeting.

	<p>watch was removed, things backed off. It was asked if there are external forces causing the issue? Frank answered that it's internal thing to follow up on. Also, the number of dental hygienists was down a couple of months ago, but now things are improved in that area, which should show improvement in the budget.</p> <p>The Amherst site is included in the finance figures reviewed this month. For the Amherst site, there is currently more demand in the dental department than the Medical department. It was asked if this is a good thing? The site is making money, but not enough yet since it's still in a start-up phase. In regards to the dental department it was asked if there have been many private insurance patients seen in dental so far? There's been a higher number of MassHealth patients, but we receive payment from them. A problem in Amherst could arise due to seeing more Health Safety Net (HSN) patients. If a patient stays on HSN for a period of time, there's a good chance that a collection issue comes about down the road.</p> <p>For the medical department in Amherst, the medical provider schedules are not full. 138 patients were seen for the month of June. There was a loss of \$11,000. Follow ups for those patients are now taking place. The question of providers sitting around was brought up. Eliza said the nurse practitioner is assisting with media outreach. Training for transgender health is being worked on and both medical providers are assisting with LGBTQ items. They are keeping busy with other needed projects. They've also done outreach at the Amherst Survival Center. Frank stated that HCHC is not expected to make much money this year from the Amherst site.</p> <p>This month's financial report shows an operating deficit in the Optometry department. There were 131 patient visits, with 310 budgeted for. A conversation with Michael Purdy will take place. He's taken on more administrative duties, but there are now 2 providers working in the department.</p> <p>A bad debt tutorial was given to the Finance Committee. Bad debt can vary depending on how much money is collected, but bad debt is written off after a period of time. Sometimes, money written off comes back when paid months later.</p> <p>For health center expenses, medical supplies and depreciation were good for the month. Due to Amherst opening later than expected, the figures look good on paper.</p> <p>Some demographics regarding the patients being seen at the Amherst site were shared. Current patients who want to stay with Dr. Balkin are travelling to Amherst from the current towns we serve. New patients have been seen from 33 different towns. There have been few patients from Northampton so far, but no outreach has been done there yet.</p>	
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CEO Report	<p>Eliza Lake reported that there was a meeting with our ACO, C3 earlier today where they gave their first report. The highlighted points made at the meeting included our low risk score and coding. A higher score is desirable so money deserved is received. Under coding by the providers could attribute to this. C3 would like to see a score increase of 3%. Jon Liebman, Medical Director doesn't feel this score is correct. There's a good chance that our patients are healthier than those at other community health centers. Training for the providers regarding correct coding was completed by C3. This shows the cost of care being lower, but this could be due to coding lower. It was asked if this is not a good thing? We'd like for patients to start with high costs with things becoming lower. Categories with services differ unfavorably. Some costs are higher while emergency department costs are very low for us. HCHC and Cape Cod Community Health Center have the lowest patient use of ERs, most likely due to proximity. Data has shown that proximity is related to utilization. There are targets of opportunity for those with higher scores. Pharmacy costs are higher, but keeping patients on drugs they should be on is a good thing. When patients take the medications they need, this helps them, and as a result, do not need as many appointments with providers.</p> <p>Populations in risk categories were shared. The child population is most expensive. It was asked where they are coming from? Why are they coming from other locations? An analysis will be done to find out. Dr. Cheung being a pediatrician could be part of the answer. Many of her patients followed her from the Springfield area. This data is from last year before we joined C3.</p> <p>C3 is requesting meetings with our staff. C3's CEO wants to be sure we're talking them up. At present, our staff is trying to figure everything out related to the ACO. There is a plan for them to come in September to speak with the providers. We'll plan to add more staff to that meeting.</p> <p>Eliza recently attended the strategic planning meeting for C3. Their plan is to be aggressive with business development, and to be sure community health centers are getting what they want out of the organization. One strategy relates to conveying their message to health center Board of Directors.</p> <p>It was asked if the Delivery System Reform Incentive Payment (DSRIP) money has become available? Yes, we're receiving payments now. \$22,000 per quarter is the payment and three payments have arrived so far.</p> <p>As an update on the Amherst site, 25% of patients seen so far speak Spanish. Staff asked if materials could be translated into other languages, besides the ones already done, but we're not going to do that just yet. The data shows there are not enough patients to have our forms translated into more languages. The payor mix is different from what we see at the other sites. HSN is three times higher for Amherst patients. Medicaid is the same, so far.</p>	
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	<p>Media outreach is taking place. We've learned that two providers in Northampton are retiring. We plan to advertise our services in hopes to attract those patients. The ad will say something like, 'Looking for a PCP?'</p> <p>Also, the Amherst school system is having an Open House on the first day of school. We plan to attend and have a table at the event. We also plan to attend the Amherst Block Party later in the month.</p> <p>The Health Equity Index Team met this morning. This is a group of staff who are looking at diversity. It was determined today that the health center's medical insurance covers gender reassignment surgery.</p> <p>In regards to State news, the health care bill died. The Mass League will try to find another vehicle in the new legislature. Information was handed out to the members present.</p> <p>Chances of receiving Title X funds is getting pretty small. If it's granted, do we want it? We'd be limited in what we can do for referrals around this. We've never received Title X funds before. In the grant, we only asked for training to be covered. It was asked if we should withdraw? We're not sure at this time.</p> <p>Eliza informed the Board that she will be away the weeks of August 13 and 20. Frank will be off the week of August 20 as well. Michael will be working during these weeks.</p>	
Executive Committee	There was no report from the Executive Committee this month.	
Recruitment, Orientation & Nominating (RON) Committee	There was no formal report from this committee, but Eliza shared some compliance information related to Board recruitment. She proposes that she begin attending these meetings and would like to come up with a criteria for Board members and a scoring sheet for recruitment purposes. Depending on whether a potential new member is a patient, we would have a list of criteria related to skill sets and other criteria. We don't usually have the luxury to pick and choose members, but having a more formal process is suggested. HRSA will look at the structure we have in place before recruiting. Many CEOs have a role in this process. Alan will communicate about this with Tim, chair of this committee.	
Corporate Compliance Committee	There was no report from this committee this month.	
Facilities Committee	<p>Alan Gaitenby reported for the Facilities Committee. The painting that took place in the Huntington and Worthington locations looks good, along with the new flooring.</p> <p>Security doors are being installed at the Worthington site and this is almost completed. The doors will require staff to have their ID badge swiped in order to go through.</p>	

	<p>It was reported that the Amherst site has some water issues. The flooring is coming up in the hall under the carpet. There has been standing water found in various rooms in the mornings. When staff leave in the evenings, it's not there. The cleaning people find it when they come in later in the evening to clean. Lots of rain has been received lately, but there's not a certain idea yet as to where it's coming from. The A/C turns down in the evening, and it's stuffy in the building first thing in the morning when staff arrive. It was asked if there have been reports in the past of water from the previous tenant? It was also asked who does this fall on for responsibility? The architect will evaluate the situation and pass things on to the builders. It's very disheartening. A thought was shared with the group that it's possible the water is coming from the forced hot water pipes located in the exam rooms.</p>	
Personnel Committee	There was no report from this committee this month.	
Quality Improvement/Risk Management Committee	There was no report from this committee this month. The bi-annual QI/Risk Management Report for the first half of 2018 was distributed to all Board members, but will be added to the September meeting agenda for a full review and discussion.	
Committee Reports	No vote for the committee reports was taken due to not having a quorum present. They will be added to the September meeting agenda.	Committee reports were postponed for approval until the September meeting.
Old Business	There was no additional old business to be discussed.	
New Business		
School Based Health Center Policies Review	John Follet directed attention to the policies to be reviewed for the School Based Health Center. Due to not having a quorum present, these policies will be added to the September meeting agenda.	School Based Health Center Policies were postponed for approval until the September meeting.
Next Meeting	With no further business to discuss, Lee Manchester moved that the meeting be adjourned, which was approved by those present. The meeting was adjourned at 6:40 pm. The next scheduled meeting will be on September 6, 2018 at 5:30pm at the Worthington Health Center.	

Respectfully submitted,

Janet Laroche, Executive Assistant

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 07/17/2018 9:15am

TEAM MEMBERS: Kathryn Jensen (chair), Board Representative; Jon Liebman, ANP; Kim Savery, Community Programs Representative; Michael Purdy, CCCSO; 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; MaryLou Stuart, Dental Representative; Janet Laroche, Executive Assistant & Lean Team Leader; Sheri Cheung, Medicine Representative

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of June 19, 2018 Minutes	<p>The meeting was called to order by Kathryn Jensen at 9:45 am.</p> <p>The minutes from the June 19, 2018 meeting were reviewed. The June 19, 2018 minutes were approved unanimously.</p>	June 19, 2018 Minutes were approved
Peer Review / Department Reports Behavioral Health	<p>Serena Torrey reported 2nd quarter, 2018 information for the Behavioral Health department. A written report was distributed to this group. A pilot program for the summer months is being tried where two daily same-day visits are available at 11am and 4pm. These visits are used for urgent cases and new referral appointments. The department is also working to reduce the waiting list by having the School-Based clinician working at the Huntington site during the summer months. She's scheduling screenings/assessment visits with every person on the waiting list who is waiting for counseling services. This is helping to determine how many are actually waiting for services. The list is now at approximately 30 waiting, from the 100 originally on the list. This process may continue once school begins in the fall, if sustainable.</p> <p>The department has also begun the practice of automatically filling each clinician's schedule with up to 3 intake appointments in case there are openings.</p> <p>There were no patient complaints in the department this month.</p>	
Old Business		
Breast Cancer Diagnoses & ACA	As a follow up regarding the conversation about breast cancer rates, Kim Savery reported that no action has been taken. There has been no definite response from the American Cancer Society on this. Carolyn Sailer will review the patient charts involved and advise.	Kim will report back next month.

NCQA-PCMH	It was decided to use smoking cessation as the metric to report to the public. Dawn Flatt, Michael Purdy and Marie Burkart will decide on how to best present this information.	Dawn will report back next month with a follow up.
Medical Dept: Communication with Hospitals	Jon Liebman reported that there's been some improvement with information coming from Baystate Medical and Cooley Dickinson Hospitals. Noble Hospital is still being difficult. Dawn Flatt is working on the issue, She's looking to the possibility of nursing staff taking on the responsibility of retrieving the needed information from the hospitals, with the help of the medical assistants.	
New Business		
Risk Management Report and follow up	<p>Michael Purdy reported for risk management. As a follow up from last month's meeting, progress is moving slowly ahead in the referrals department. They are currently 30 days out.</p> <p>Michael will report a follow up on the mail process at the next meeting.</p> <p>The discussion of interdepartmental cooperation with incidents will be added to next month's agenda as well.</p> <p>There was a dental incident in Amherst that needs to be reported. A patient bit a dentist and the dentist was injured. Sexual issues were also brought up during the appointment. Human Resources has been become involved.</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>
Patient Satisfaction Survey	Janet Laroche will report on these at the next meeting.	
New Business		
QI/Risk Management Semi-Annual Report	The QI/Risk Management Semi-Annual Report was distributed to the group for review and discussion.	
1422 Grant Update and Post-Grant Plans	<p>Kim Savery and staff plan to discuss the conclusions/outcomes from the recent report received from the Department of Public Health (DPH). The current program ends September 30.</p> <p>The next grant requires 10,000 participants, so a grant that involves less patients would be better, along with money to support the input of diabetes information into the electronic medical record.</p>	

Other Business	<p>Dawn Flatt reported that there's plans to centralize the nurses, medical assistants and providers in one location.</p> <p>Theresa Sinno will now be taking on responsibilities as the Opioid and INR nurse for Worthington and emergency room follow ups; Michelle Taylor will be a covering nurse for all three sites; Mary Kane will be working with HOPE 7 hours per week.</p> <p>Dawn is working on an Opioid Policy for the medical dept.</p>	
Adjourn	The next meeting is scheduled for Tuesday, August 21, 2018 at 9:15am at the Huntington Health Center.	

Respectfully submitted,
Cynthia Magrath

<u>Measure</u>	<u>Description</u>	<u>HCHC Stated Goal/Benchmark (with Timeline)</u>	<u>Last Reported (as of 1st quarter 2018)</u>	<u>Current</u>
				<u>Percentage</u>

As of: 2nd Quarter, 2018

**Department Prioritized
Measures , Behavioral Health**

Number of Pts Currently Served	198	200.00	201.00	100.0%
Number of Pts on Waitlist	approx 30	10.00	approx 100	
Psychiatric referrals this quarter	4	NA	5.00	
Cases Peer Reviewed this quarter	9	8.00	8.00	100.0%
Pts Referred for Targeted Intervention this quarter	4	4.00	5.00	100.0%
Legal Actions Involving BH this quarter	0	NA	0.00	
Urgent Care Visits this quarter	14	NA	3.00	
Crisis Support Given this quarter	2	NA	2.00	
Average Percent No-Shows	16%		17.0%	

BH department is offering two daily same-day-visits at 11 and 4. These visits are used for urgent cases and all new referral intake appointments.

Our SBHC clinician is scheduling screening/assessment visits with everyone on the waitlist who is still seeking counseling. This has cut our wait list down dramatically.

The BH department had adopted a practice of automatically filling each clinician's schedule with up to 3 intakes in case of openings.



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.

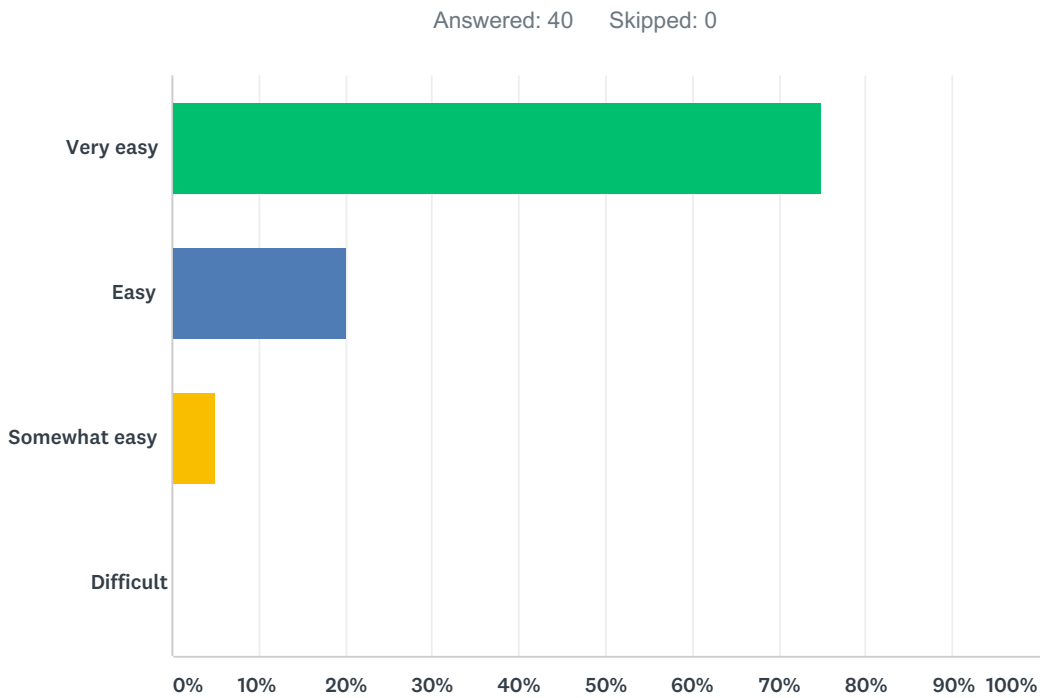
Sample of Report for Medical Department:

<div>  <h1>Assignment Completion Report - Schedulable</h1> <div> <div>REPORT</div> <div>REPORT GENERATED: Jun 20, 2018, 10:00 am ET</div> <div> <div>Print</div> <div>Export ▾</div> </div> </div> </div>					
View Report Settings					
<div>Hilltown Community Health Center</div> <h2>Assignment Completion Report - Schedulable</h2> <div> <div>Due Date Range: Jan 1, 2018 through Dec 31, 2018</div> <div>Data as of: Jun 20, 2018, 1:15 am ET</div> <div>Report Generated: Jun 20, 2018, 10:00 am ET</div> </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
Department Summary		Total Completions	21	Completed on Time	21 44.68%
		Total Assignments	47	Completed Late	0 0.00%
		Percent Complete	44.68%	Completed - Failed	0 0.00%
				Not Yet Due	26 55.32%
Past Due		0	0.00%	Delinquent	0 0.00%
				Total Assignments	47 100.00%
				Exempt	0

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	

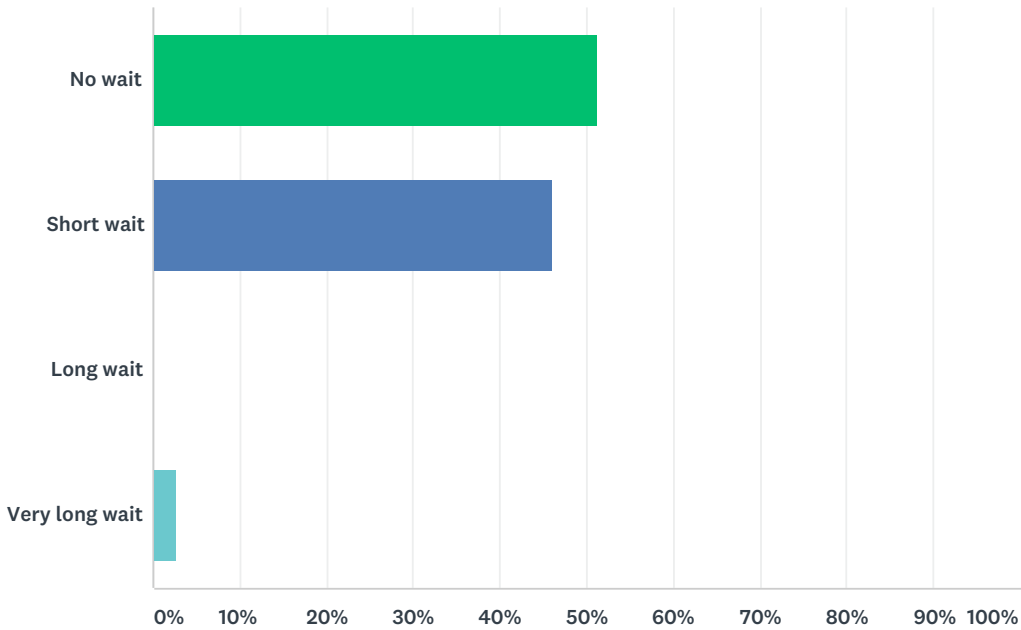
Q1 How easy was it to get your most recent appointment?



ANSWER CHOICES		RESPONSES	
Very easy		75.00%	30
Easy		20.00%	8
Somewhat easy		5.00%	2
Difficult		0.00%	0
TOTAL			40

Q2 How long was your wait in the waiting room?

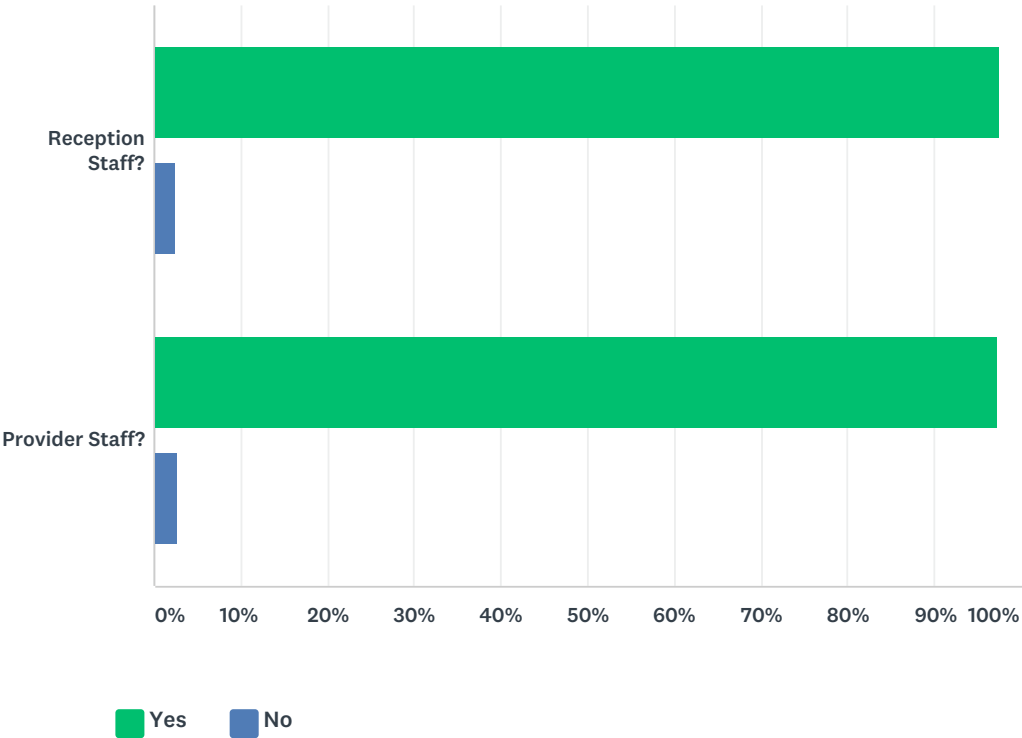
Answered: 37 Skipped: 3



ANSWER CHOICES		RESPONSES	
No wait		51.35%	19
Short wait		45.95%	17
Long wait		0.00%	0
Very long wait		2.70%	1
TOTAL			37

Q3 Do you feel you were treated politely and with respect by the:

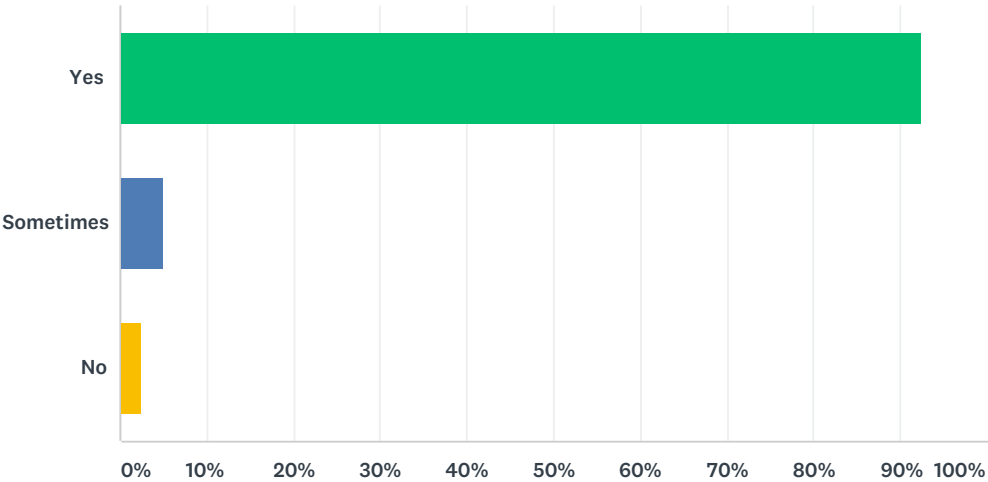
Answered: 39 Skipped: 1



	YES	NO	TOTAL
Reception Staff?	97.44% 38	2.56% 1	39
Provider Staff?	97.22% 35	2.78% 1	36

Q4 Do you feel understood and listened to by staff?

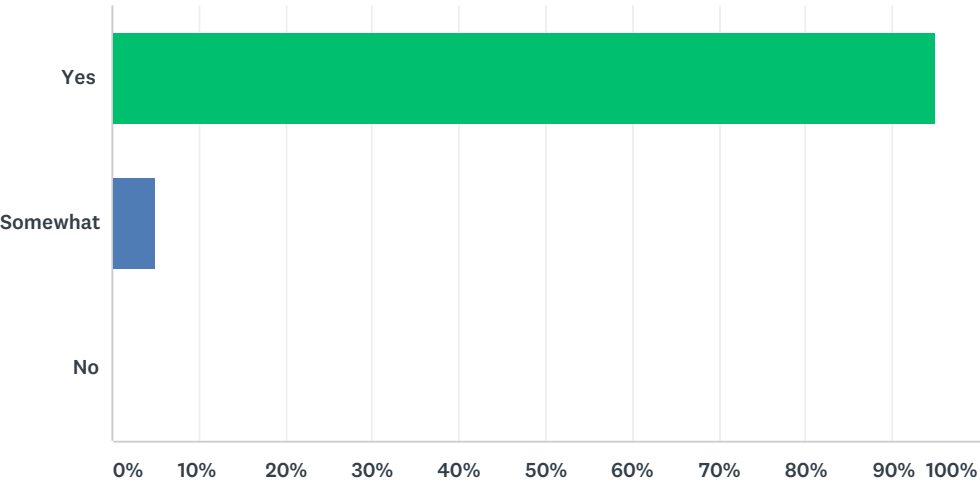
Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	92.50%	37
Sometimes	5.00%	2
No	2.50%	1
TOTAL		40

Q5 Do you feel your personal health information is kept confidential?

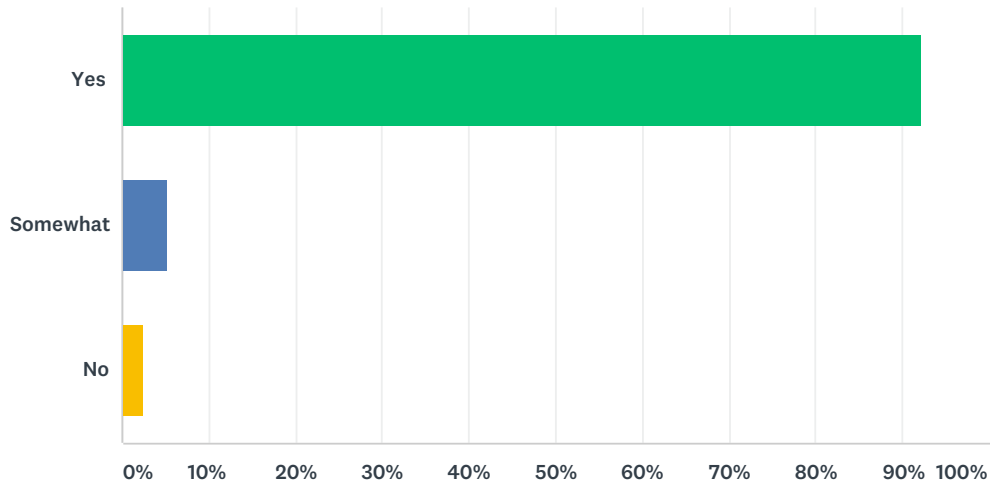
Answered: 40 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		95.00%	38
Somewhat		5.00%	2
No		0.00%	0
TOTAL			40

Q6 Are your language and cultural needs being met?

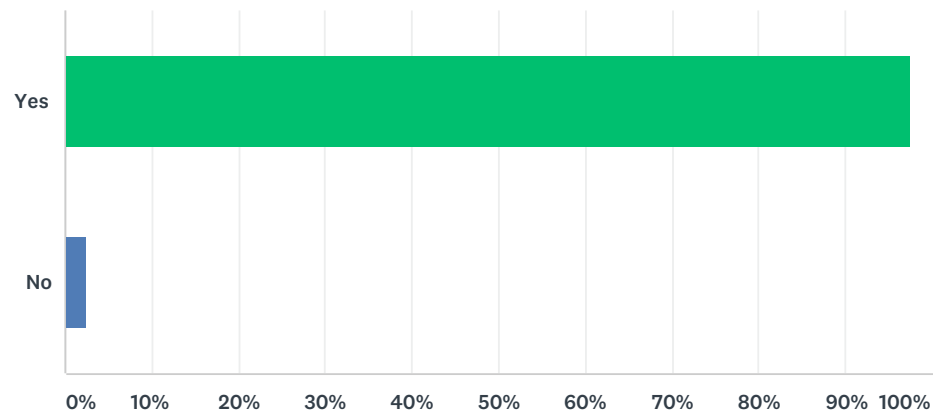
Answered: 39 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	92.31%	36
Somewhat	5.13%	2
No	2.56%	1
TOTAL		39

Q7 Are you satisfied with your overall experience at the Health Center?

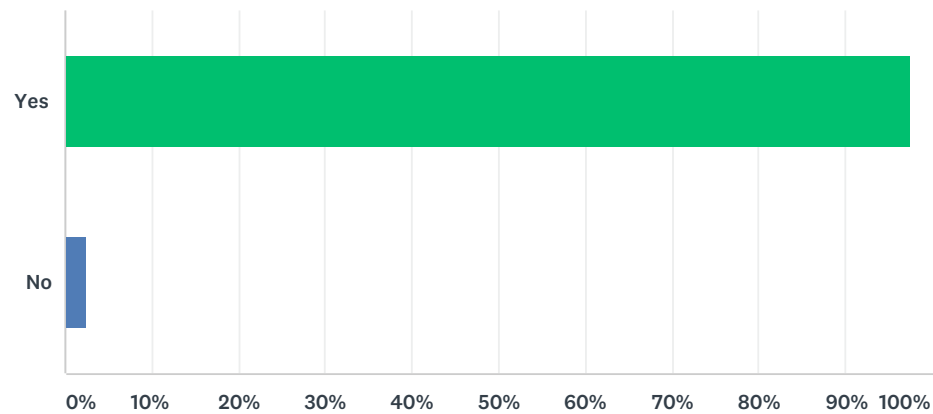
Answered: 40 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		97.50%	39
No		2.50%	1
TOTAL			40

Q8 Would you recommend the Health Center to family and friends?

Answered: 39 Skipped: 1



ANSWER CHOICES		RESPONSES	
Yes		97.44%	38
No		2.56%	1
TOTAL			39

Q9 Is there anything else you'd like to share with us?

Answered: 12 Skipped: 28

#	RESPONSES	DATE
1	I like the staff and doctors. They are kind and responsible.	8/2/2018 1:20 PM
2	We love everyone	8/2/2018 1:19 PM
3	Everyone is so nice	8/2/2018 1:15 PM
4	Dr. Gearin in a great asset to the dept.	7/19/2018 1:52 PM
5	No	7/19/2018 1:48 PM
6	No	7/19/2018 1:44 PM
7	No	7/19/2018 1:43 PM
8	All good work!!	7/13/2018 2:12 PM
9	Good job!	7/13/2018 2:08 PM
10	Great people	7/13/2018 2:04 PM
11	Thank you to the staff and dentist for seeing me so quickly and helping me out!	7/13/2018 2:02 PM
12	When I walked in i was very overwhelmed by he yellow walls. i actually stepped backwards. i never noticed the other wall color. it was inviting space.	7/13/2018 2:01 PM

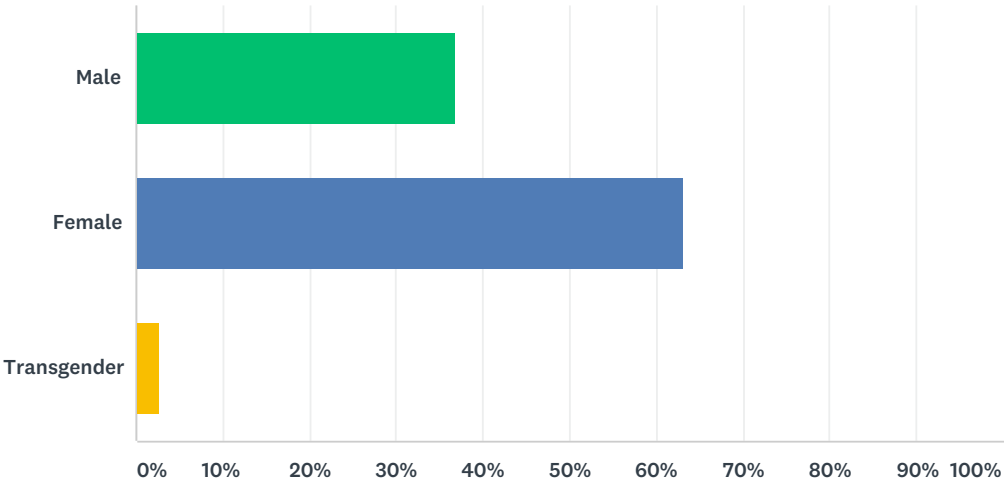
Q10 About You: Age

Answered: 35 Skipped: 5

#	RESPONSES	DATE
1	59	8/2/2018 1:20 PM
2	45	8/2/2018 1:20 PM
3	41	8/2/2018 1:19 PM
4	64	8/2/2018 1:18 PM
5	38	8/2/2018 1:17 PM
6	27	8/2/2018 1:17 PM
7	29	8/2/2018 1:16 PM
8	34	8/2/2018 1:16 PM
9	58	8/2/2018 1:15 PM
10	26	7/19/2018 1:49 PM
11	23	7/19/2018 1:48 PM
12	34	7/19/2018 1:47 PM
13	60	7/19/2018 1:47 PM
14	31	7/19/2018 1:46 PM
15	31	7/19/2018 1:45 PM
16	62	7/19/2018 1:44 PM
17	29	7/19/2018 1:43 PM
18	38	7/19/2018 1:43 PM
19	72	7/19/2018 1:42 PM
20	31	7/19/2018 1:41 PM
21	31	7/13/2018 2:12 PM
22	62	7/13/2018 2:12 PM
23	63	7/13/2018 2:09 PM
24	61	7/13/2018 2:08 PM
25	60	7/13/2018 2:08 PM
26	24	7/13/2018 2:07 PM
27	27	7/13/2018 2:07 PM
28	40	7/13/2018 2:06 PM
29	39	7/13/2018 2:05 PM
30	49	7/13/2018 2:04 PM
31	66	7/13/2018 2:04 PM
32	74	7/13/2018 2:03 PM
33	51	7/13/2018 2:03 PM
34	34	7/13/2018 2:02 PM
35	46	7/13/2018 2:01 PM

Q11 About You: Gender

Answered: 38 Skipped: 2

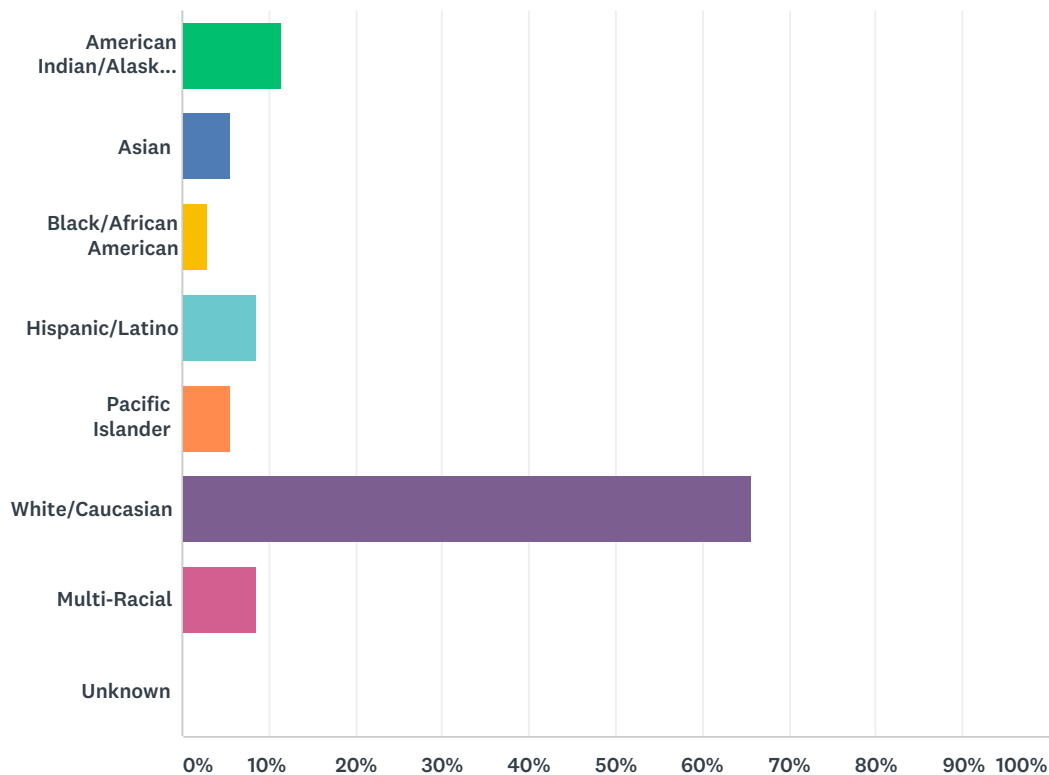


ANSWER CHOICES		RESPONSES	
Male		36.84%	14
Female		63.16%	24
Transgender		2.63%	1
Total Respondents: 38			

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q12 About You: Race/Ethnicity

Answered: 35 Skipped: 5

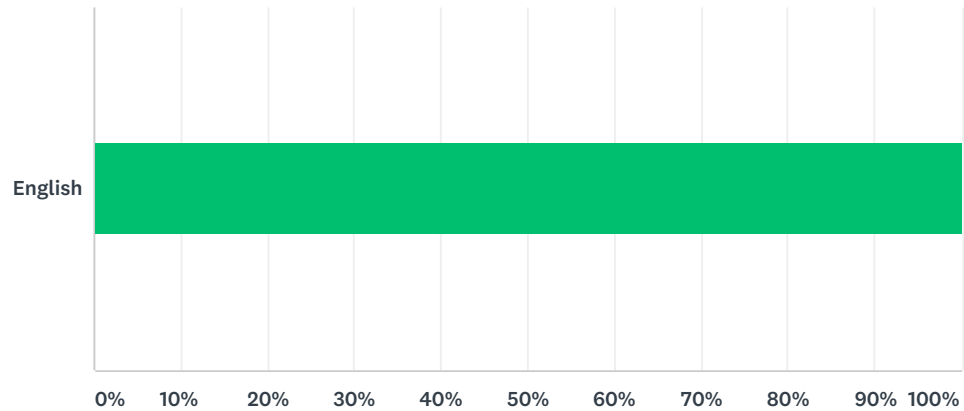


ANSWER CHOICES		RESPONSES	
American Indian/Alaska Native		11.43%	4
Asian		5.71%	2
Black/African American		2.86%	1
Hispanic/Latino		8.57%	3
Pacific Islander		5.71%	2
White/Caucasian		65.71%	23
Multi-Racial		8.57%	3
Unknown		0.00%	0
Total Respondents: 35			

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q13 About You: Primary Language

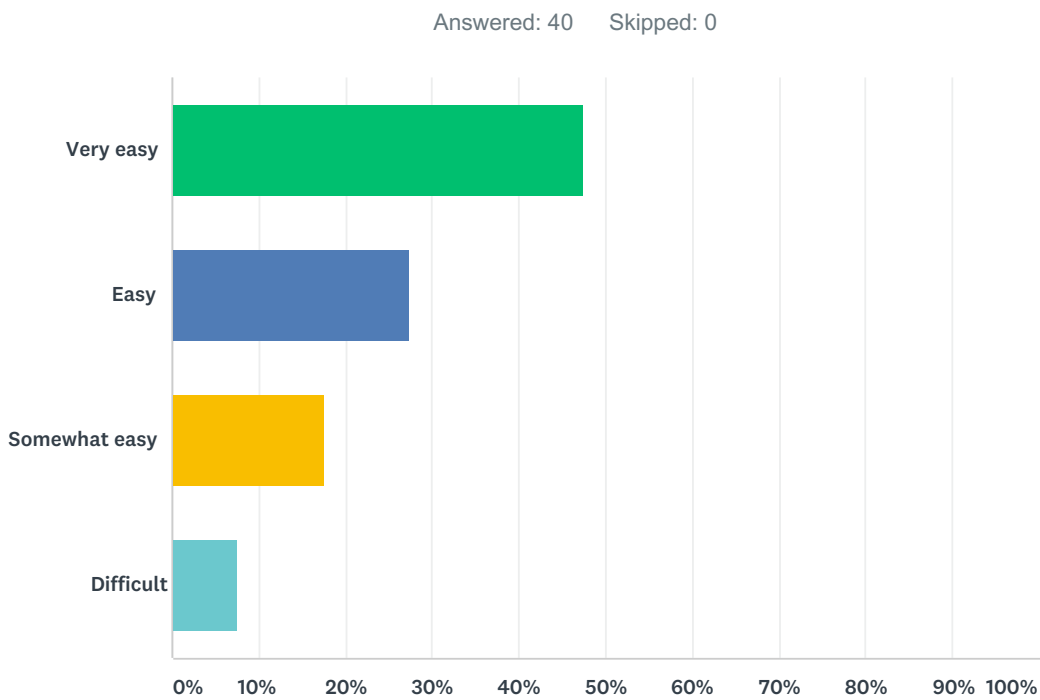
Answered: 33 Skipped: 7



ANSWER CHOICES		RESPONSES
English		100.00% 33
Total Respondents: 33		

#	OTHER (PLEASE SPECIFY)	DATE
1	Other	8/2/2018 1:20 PM
2	Other	7/19/2018 1:49 PM
3	Other	7/19/2018 1:47 PM
4	Tamil	7/13/2018 2:06 PM

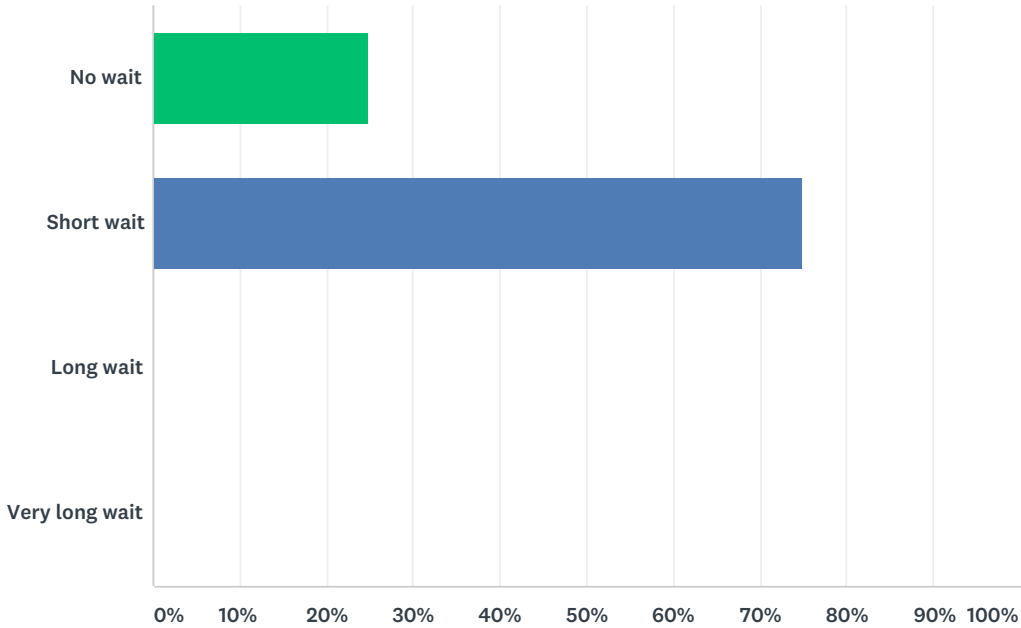
Q1 How easy was it to get your most recent appointment?



ANSWER CHOICES		RESPONSES	
Very easy		47.50%	19
Easy		27.50%	11
Somewhat easy		17.50%	7
Difficult		7.50%	3
TOTAL			40

Q2 How long was your wait in the waiting room?

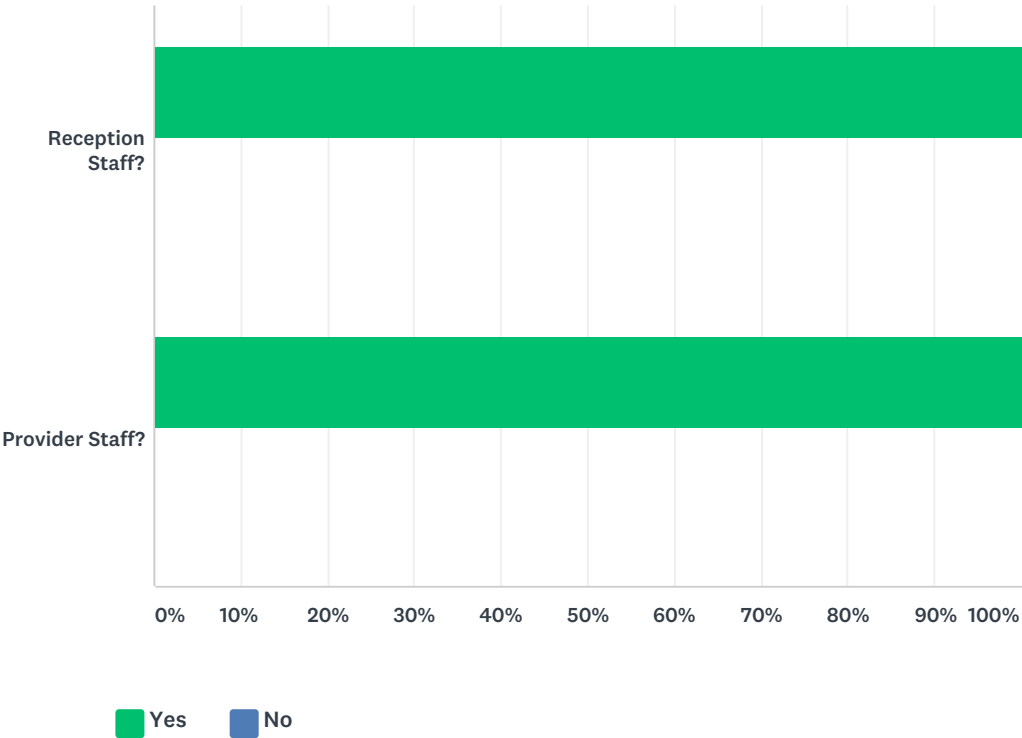
Answered: 40 Skipped: 0



ANSWER CHOICES		RESPONSES	
No wait		25.00%	10
Short wait		75.00%	30
Long wait		0.00%	0
Very long wait		0.00%	0
TOTAL			40

Q3 Do you feel you were treated politely and with respect by the:

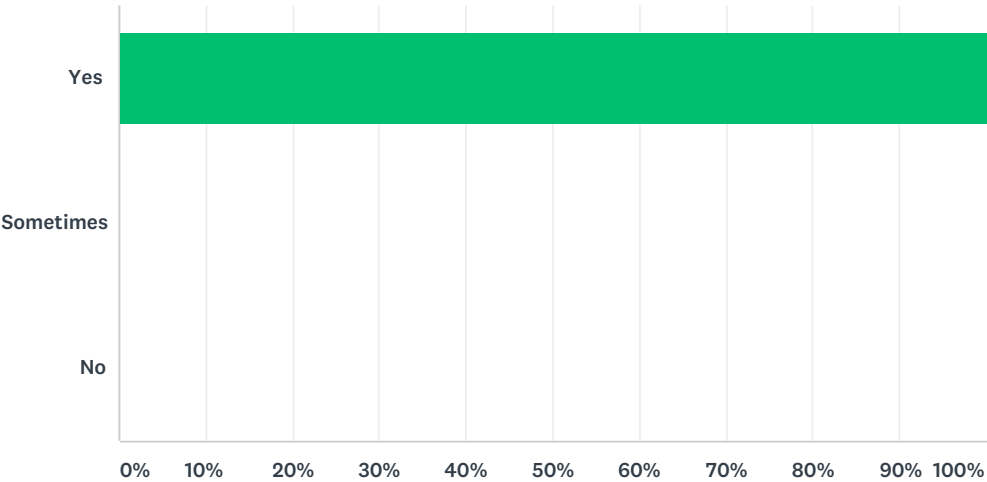
Answered: 39 Skipped: 1



	YES	NO	TOTAL
Reception Staff?	100.00% 39	0.00% 0	39
Provider Staff?	100.00% 39	0.00% 0	39

Q4 Do you feel understood and listened to by staff?

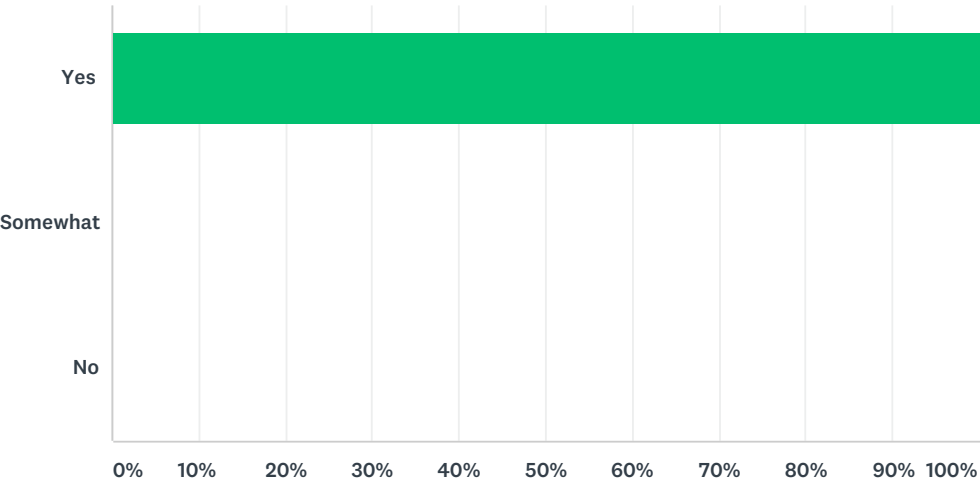
Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	40
Sometimes	0.00%	0
No	0.00%	0
TOTAL		40

Q5 Do you feel your personal health information is kept confidential?

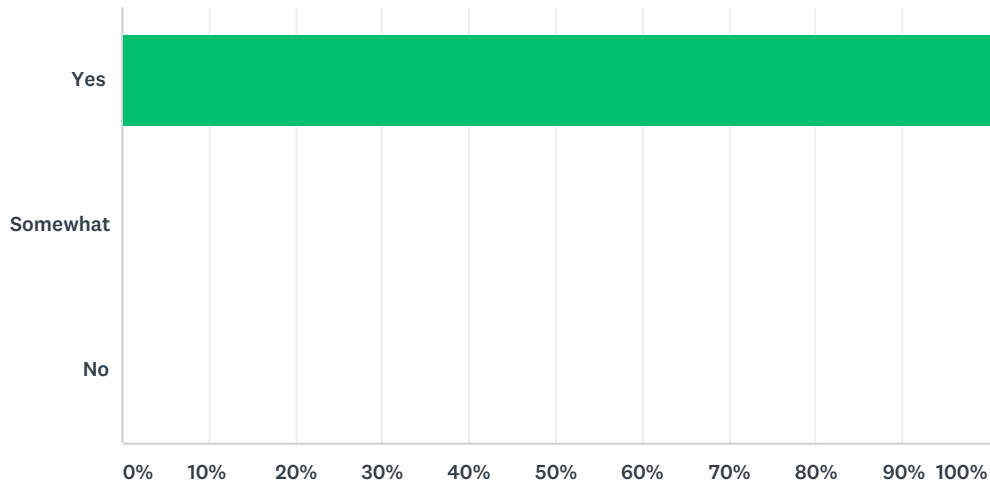
Answered: 39 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	39
Somewhat	0.00%	0
No	0.00%	0
TOTAL		39

Q6 Are your language and cultural needs being met?

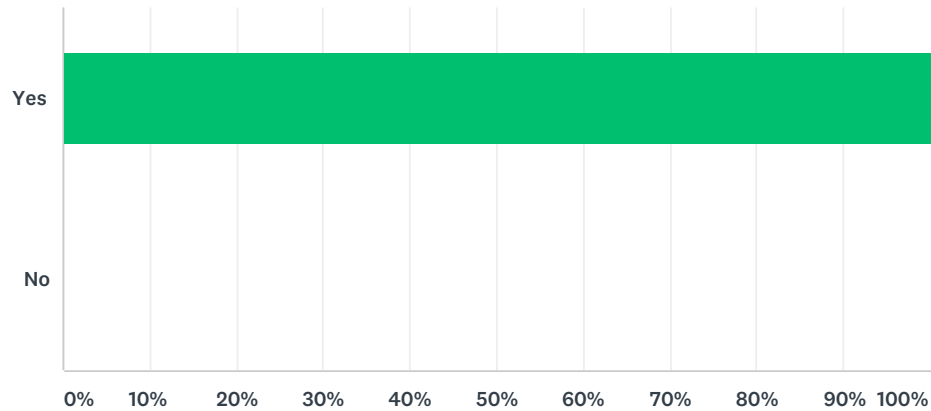
Answered: 38 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	100.00%	38
Somewhat	0.00%	0
No	0.00%	0
TOTAL		38

Q7 Are you satisfied with your overall experience at the Health Center?

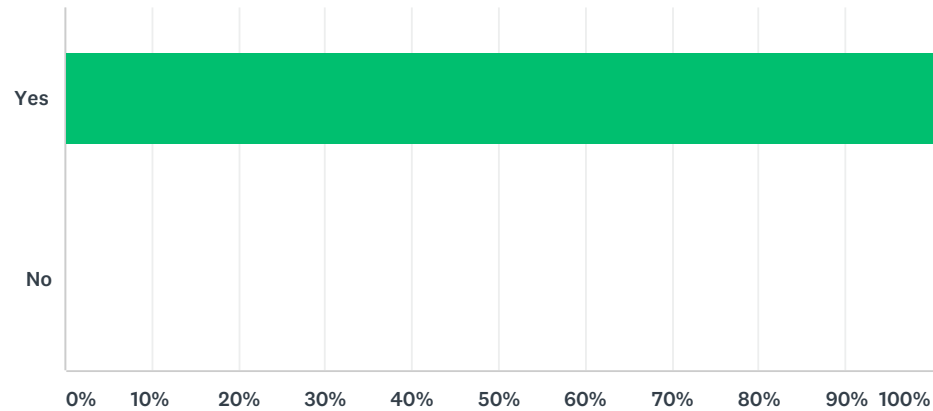
Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	40
No	0.00%	0
TOTAL		40

Q8 Would you recommend the Health Center to family and friends?

Answered: 40 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		100.00%	40
No		0.00%	0
TOTAL			40

Q9 Is there anything else you'd like to share with us?

Answered: 10 Skipped: 30

#	RESPONSES	DATE
1	Cheryl is a wonderful hygienist. Thank you!	7/19/2018 8:50 AM
2	Dr. Walvekar is wonderful!	7/19/2018 8:47 AM
3	Everyone is very helpful and pleasant. They always explain things to me.	7/13/2018 1:47 PM
4	Everybody here is very helpful and nice!!	7/13/2018 1:45 PM
5	The health center is a godsend! We're lucky to have all of you! Thank you! G. LeBeau	7/13/2018 1:44 PM
6	Everyone was so wonderful! i was nervous about dental work. Liz Spooner and Dr. Graham both lovely, patient and gentle. Thank you!	7/13/2018 1:42 PM
7	Took months to get most recent appt.	7/13/2018 1:39 PM
8	Nope	7/13/2018 1:38 PM
9	Today's visit has been fantastic as has every other visit. Thank you all!	7/13/2018 1:36 PM
10	great staff	7/13/2018 1:32 PM

Q10 About You: Age

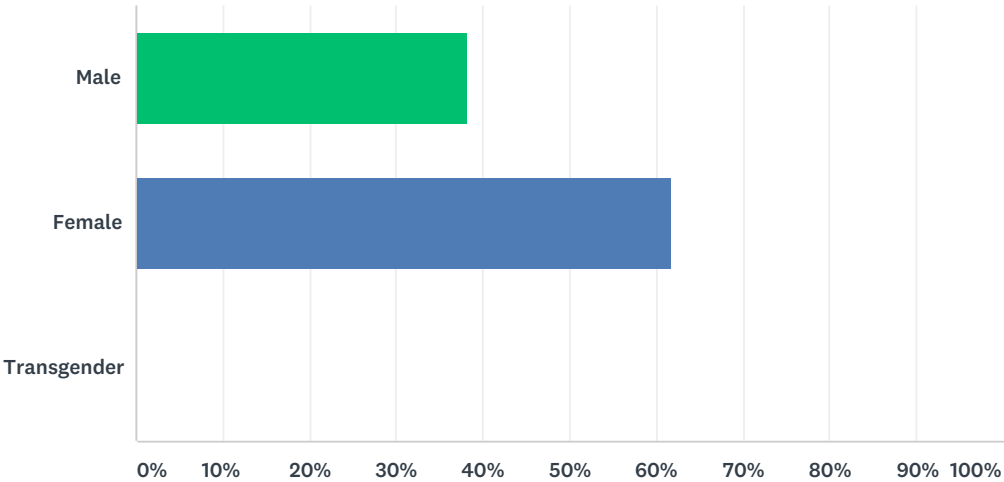
Answered: 37 Skipped: 3

#	RESPONSES	DATE
1	29	7/19/2018 8:50 AM
2	65	7/19/2018 8:47 AM
3	77	7/13/2018 1:54 PM
4	52	7/13/2018 1:54 PM
5	40	7/13/2018 1:53 PM
6	76	7/13/2018 1:53 PM
7	61	7/13/2018 1:50 PM
8	65	7/13/2018 1:50 PM
9	72	7/13/2018 1:49 PM
10	86	7/13/2018 1:49 PM
11	54	7/13/2018 1:48 PM
12	69	7/13/2018 1:48 PM
13	71	7/13/2018 1:47 PM
14	37	7/13/2018 1:46 PM
15	43	7/13/2018 1:46 PM
16	33	7/13/2018 1:46 PM
17	49	7/13/2018 1:45 PM
18	30	7/13/2018 1:44 PM
19	64	7/13/2018 1:44 PM
20	72	7/13/2018 1:43 PM
21	56	7/13/2018 1:42 PM
22	72	7/13/2018 1:41 PM
23	36	7/13/2018 1:41 PM
24	25	7/13/2018 1:40 PM
25	41	7/13/2018 1:40 PM
26	35	7/13/2018 1:39 PM
27	60	7/13/2018 1:38 PM
28	20	7/13/2018 1:37 PM
29	56	7/13/2018 1:36 PM
30	68	7/13/2018 1:36 PM
31	48	7/13/2018 1:35 PM
32	34	7/13/2018 1:34 PM
33	35	7/13/2018 1:34 PM
34	38	7/13/2018 1:34 PM
35	55	7/13/2018 1:33 PM

36	32	7/13/2018 1:33 PM
37	45	7/13/2018 1:31 PM

Q11 About You: Gender

Answered: 34 Skipped: 6

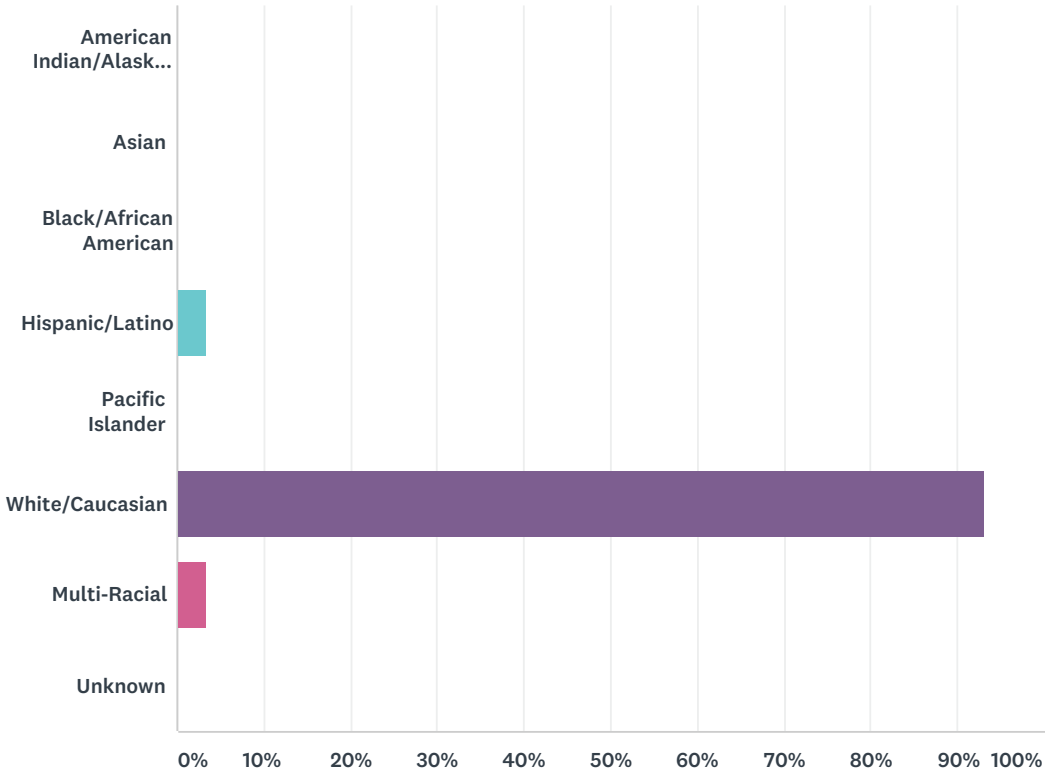


ANSWER CHOICES	RESPONSES	
Male	38.24%	13
Female	61.76%	21
Transgender	0.00%	0
Total Respondents: 34		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q12 About You: Race/Ethnicity

Answered: 29 Skipped: 11

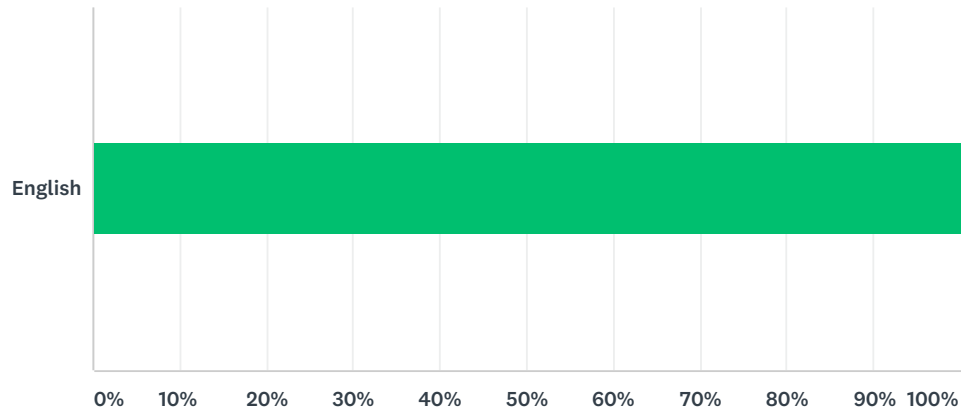


ANSWER CHOICES	RESPONSES	
American Indian/Alaska Native	0.00%	0
Asian	0.00%	0
Black/African American	0.00%	0
Hispanic/Latino	3.45%	1
Pacific Islander	0.00%	0
White/Caucasian	93.10%	27
Multi-Racial	3.45%	1
Unknown	0.00%	0
Total Respondents: 29		

#	OTHER (PLEASE SPECIFY)	DATE
There are no responses.		

Q13 About You: Primary Language

Answered: 29 Skipped: 11



ANSWER CHOICES		RESPONSES
English		100.00% 29
Total Respondents: 29		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	



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:

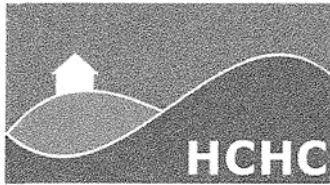
Eliza B. Lake
Chief Executive Officer, HCHC

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: _____

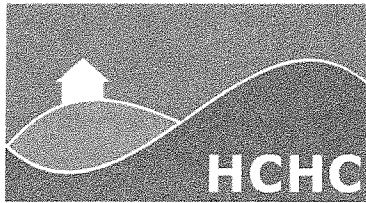
John Follet, MD
Chair, HCHC Board of Directors

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)



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments
Risk Management

SUBJECT: ADVERSE-EVENT AND NEAR-MISS INCIDENT REPORTING
REGULATORY REFERENCE: 105 CMR 130.332(c) & 105 CMR 140.308(c)

Purpose:

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

Policy:

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

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

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

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

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

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

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

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

DEFINITIONS:

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

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

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

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


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

Originally Drafted: OCT 2015

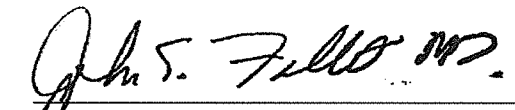
Reviewed or Revised: DEC 2017

Approved by Board of Directors, Date: 12/28/2017

Approved by:


Eliza B. Lake
Chief Executive Officer, HCHC

Date: 12/28/17


John Follet, MD
Chair, HCHC Board of Directors

Procedure:

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

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

Serious reportable events (SRE's) must be reported, by the Department Head or Risk Manager, to the patient/family, third party payer, and DPH's Bureau of Health Care Safety and Quality (BHCSQ) within seven days of the incident. An SRE is an event that results in a serious adverse patient outcome that is clearly identifiable and measurable, reasonably preventable, and that meets any other criteria established by the department in regulations (M.G.L. c. 111, §51H). The Risk Manager will also conduct a follow-up report within 30 days of the initial report and distribute to all 3 parties. This report will include documentation of the root cause analysis findings and determination of preventability as required by 105 CMR 130.332(c) & 105 CMR 140.308(c).

The Incident Report contains or collects the following information:

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

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

The CEO or Risk Manager will notify external regulatory or accrediting agencies of the event as

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

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

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

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

SEVERITY CATEGORY:

The Department Manager or HCHC Risk Management designee will assign a severity category (A-I or U) to all adverse events, including near-miss and no-harm events. All events will be entered into a risk management spreadsheet. The purpose of this spreadsheet is for the Quality Improvement/Risk Management Committee and Senior Management to track events and to trend and analyze patterns of events for a proactive approach to quality improvement and identifying opportunities for organization wide improvements in processes or systems.

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

- ***Unsafe Conditions:***
 - ***Category A:*** Potentially hazardous conditions, circumstances, or events that have the capacity to cause injury, accident, or healthcare error. **Examples:** Inconsistent protocol or policy for recording pediatric immunizations contributes to the potential for missed or duplicate immunizations being given. Prenatal patient's glucose level is not checked when indicated.
- ***Events, No Harm:***
 - ***Category B:*** Near-miss event or error occurred but did not reach the patient (e.g., caught at the last minute or because of active recovery efforts by caregivers). **Examples:** Specimens are mislabeled but recognized and corrected before leaving the health center or before reports are completed. Penicillin is prescribed for a patient with penicillin allergy, but the error is noticed by a pharmacist before medication is dispensed.
 - ***Category C:*** An event occurred and reached the patient or visitor, but there is no evidence of injury or harm. **Examples:** An adult patient has been missing medication doses due to lack of understanding about how to take the drug, but his

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

or her condition or outcome is unaffected. A pediatric patient is observed falling in the waiting area, but no injury is found upon examination.

- **Category D:** An event occurred that required monitoring to confirm that it resulted in no harm and/or required intervention to prevent harm to the patient or visitor. There were no changes in vital signs or laboratory values (if applicable). Patient's or visitor's physical and/or mental functioning is unchanged. Event does not result in any hospitalization or change in level of care. **Example:** A patient sustains a hematoma in his antecubital fossa during a phlebotomy procedure to draw blood for outpatient laboratory testing. The patient returns to the clinic provider to have his arm checked. No treatment is needed.
- ***Events, Harm:***
 - **Category E:** An event occurred that may have contributed to or resulted in temporary harm, required treatment and/or intervention, or required increased observation or monitoring with changes in vital signs, mental status, or laboratory values. **Examples:** A patient fall results in a scalp laceration that requires suturing; the patient is also sent for a CT of the head to rule out further injury. An incorrect dose of a medication causes ototoxicity or nephrotoxicity.
 - **Category F:** An event occurred that may have contributed to or resulted in temporary harm to a patient or visitor and required initial or prolonged hospitalization. **Examples:** During the flushing of a patient's ear canal, the tympanic membrane is damaged, requiring a visit to the emergency department and subsequent treatment. Group B streptococcus status of mother is not documented, and infant does not receive appropriate treatment.
 - **Category G:** An event occurred that may have contributed to or resulted in permanent injury or harm to a patient or visitor. **Examples:** Patient is given an injection with a contaminated needle and acquires hepatitis C. Falls or other events result in bone fractures (e.g., broken hip, jaw, arm)
 - **Category H:** An event occurred that resulted in near-death circumstances or required intervention necessary to sustain life. **Examples:** Patient has an anaphylactic reaction to medication requiring treatment and transfer to a hospital.
- ***Event, Death:***
 - **Category I:** An event occurred that contributed to or resulted in patient or visitor death. **Examples:** Patient's prescribed medication dose results in an overdose and the patient's death. Patient sustains a hip fracture or closed head injury as a result of a fall and later dies in surgery.
- ***Undetermined:***
 - **Category U:** Cannot assess harm at this time.

ROOT-CAUSE ANALYSIS:

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

INVESTIGATIONS:

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

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

1. Any incident or adverse event with a severity category of "E" or above (i.e., any event that may have contributed to or caused temporary or permanent patient or visitor harm, initial or prolonged hospitalization, or death).
2. Any serious patient or family written or verbal complaint or verbalization that a lawsuit will be brought against the provider or the facility.
3. Any significant adverse drug reaction or significant medication error. A significant medication error is defined as unintended, undesirable, and unexpected effects of a prescribed medication or medication error that requires discontinuing a medication or modifying the dose, initial or prolonged hospitalization, or treatment with a prescription medication; results in disability, cognitive deterioration or impairment, congenital anomalies, or death; or is life-threatening.
4. Any incident involving police contact or reporting to external agencies or accreditors.
5. Any near miss with the potential for a high-severity level (e.g., potential to have been an event with harm [category E] and above).

DOCUMENTATION:

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

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

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

RETENTION OF EVENT REPORTS:

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



Incident Report Form

* The completed form is to be submitted to the Risk Manager for review *

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

INCIDENT REPORT FORM

Date of Event: _____

Date Event Reported: _____

Time of Occurrence: _____ AM / PM

Name of Person Involved: _____

Phone # _____

MR/SSN # _____ Date of Birth: _____

Site of Occurrence:

☐ HHC ☐ WHC ☐ SBHC/Dental Outreach ☐ Community Center

☐ JPMHC ☐ Other

Location of Occurrence:

☐ Exam Room ☐ Restroom ☐ Hall ☐ Grounds

☐ Waiting Room ☐ Other: _____

Occurrence Involves: ☐ Patient ☐ Staff ☐ Visitor/Vendor

☐ Infrastructure ☐ Vehicle (owner) _____

Insurance Co./ID: _____

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

Witnesses and/or Visitors:

Name: _____ Phone # _____

Address: _____

Email: _____

Name: _____ Phone # _____

Address: _____

Email: _____

Name: _____ Phone # _____

Address: _____

Email: _____

Select type of occurrence and type of injury:

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

Brief factual description of occurrence/observations of event scene:																																	
First Aid? (describe):		Provider of First Aid Treatment:																															
Other Treatment:																																	
Other actions taken by staff:																																	
<p>Notifications Made:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Risk Manager</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>External Agency: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Department Manager</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Department of Public Health (DPH)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Police Department</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Guardian/Parent/Family Member</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Occurrence Documented in Chart</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>					YES	NO		YES	NO	Risk Manager	<input type="checkbox"/>	<input type="checkbox"/>	External Agency: _____	<input type="checkbox"/>	<input type="checkbox"/>	Department Manager	<input type="checkbox"/>	<input type="checkbox"/>	Department of Public Health (DPH)	<input type="checkbox"/>	<input type="checkbox"/>	Police Department	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Guardian/Parent/Family Member	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence Documented in Chart	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO																												
Risk Manager	<input type="checkbox"/>	<input type="checkbox"/>	External Agency: _____	<input type="checkbox"/>	<input type="checkbox"/>																												
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Guardian/Parent/Family Member	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence Documented in Chart	<input type="checkbox"/>	<input type="checkbox"/>																												

Occurrence report prepared by (print name): _____

*** The completed form is to be submitted to the Risk Manager for review ***

Signature of Reporter: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Risk Manager: _____ Date: _____

Signature of CEO: _____ Date: _____

Signature of QI Committee Chair: _____ Date: _____

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

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

TO BE COMPLETED BY HR COORDINATOR ONLY**In cases of injury to employee only**

EMPLOYEE PERSONAL INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Gender: Male Female (circle one)	Wage: \$_____per _____	Hours per day_____ week_____
Employee status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other		
Occupation:	Date of Hire:	
Supervisor Name:	Supervisor Phone #:	
ACCIDENT INFORMATION		
Was injury fatal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part of body injured (head, neck, arm, back, etc.):		
Any time missed from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		How much?
Prior injury or pre-existing conditions: (If yes, describe)		
Was supervisor notified of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date notified:
Supervisor who was notified:		Title:
TREATMENT		
Hospital/clinic (explain):		
Physician Name:		
Date of Hospital Treatment:	Physician Phone #:	
Name of hospital/clinic:		
Address of hospital/clinic:		
Length of stay:	Ambulance used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treated in the Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospitalized overnight as in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER SECTION (to be completed by employer)		
Time lost from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Much?
Date employee last worked:		
Date returned to work:		
Return to work status: <input type="checkbox"/> Light <input type="checkbox"/> Modified <input type="checkbox"/> Regular		
Occupation when injured:		
Do you question the validity of this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date reported to Whalen Ins:	Date reported to Workers Comp:	Claim #:
Signature of Employee:		Date:
Signature of Supervisor:		Date:
Signature of Risk Manager:		Date:
Signature of CEO:		Date:
Signature of QI Committee Chair:		Date:

SEVERITY CATEGORIES

Unsafe Conditions

Category A: Potentially hazardous conditions, circumstances, or events that have the capacity to cause injury, accident, or healthcare error. **Examples:** Inconsistent protocol or policy for recording pediatric immunizations contributes to the potential for missed or duplicate immunizations being given. Prenatal patient's glucose level is not checked when indicated.

Events, No Harm

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

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

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

Events, Harm

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

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

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

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

Event, Death

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

Undetermined

Category U: Cannot assess harm at this time.

Event Follow Up Investigation Form

The Risk Manager, in conjunction with the Department Head (as applicable), is responsible for conducting follow-up investigations. The Manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements. The individual conducting the investigation will complete an event follow-up investigation form. All event follow-up reports will be completed within seven working days from the date of the initial event report.

An investigation will be conducted, at minimum, for any incident or adverse event or near-miss with the potential for a severity category of "E" or above.

Date of event: (mm/dd/yyyy) _____ Time of day: _____

Date of this report: (mm/dd/yyyy) _____

Name of Person Involved: _____ Phone # _____

MR/SSN # _____ Date of Birth: _____ Age: _____

Primary care physician: _____ Notified of the event: ☐ Yes ☐ No

Incident Severity Category: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ U

Narrative description of event (facts, no opinion):

List physical harm, immediate treatment required:

List external factors (lighting, flooring, clutter, distraction, etc.):

Name of any witness(es) to event: (include statements if necessary)

Manufacturer, model, and lot (or batch) number of any medical device involved:

List staffing, communication flow factors:

List construction, design, signage factors:

List human or ergonomic factors:

Follow-up or ongoing care/intervention/referral:

List any other factors or conditions believed to be relevant to the cause of this event:

Report prepared by (print name): _____

Signature of Risk Manager: _____ Date: _____

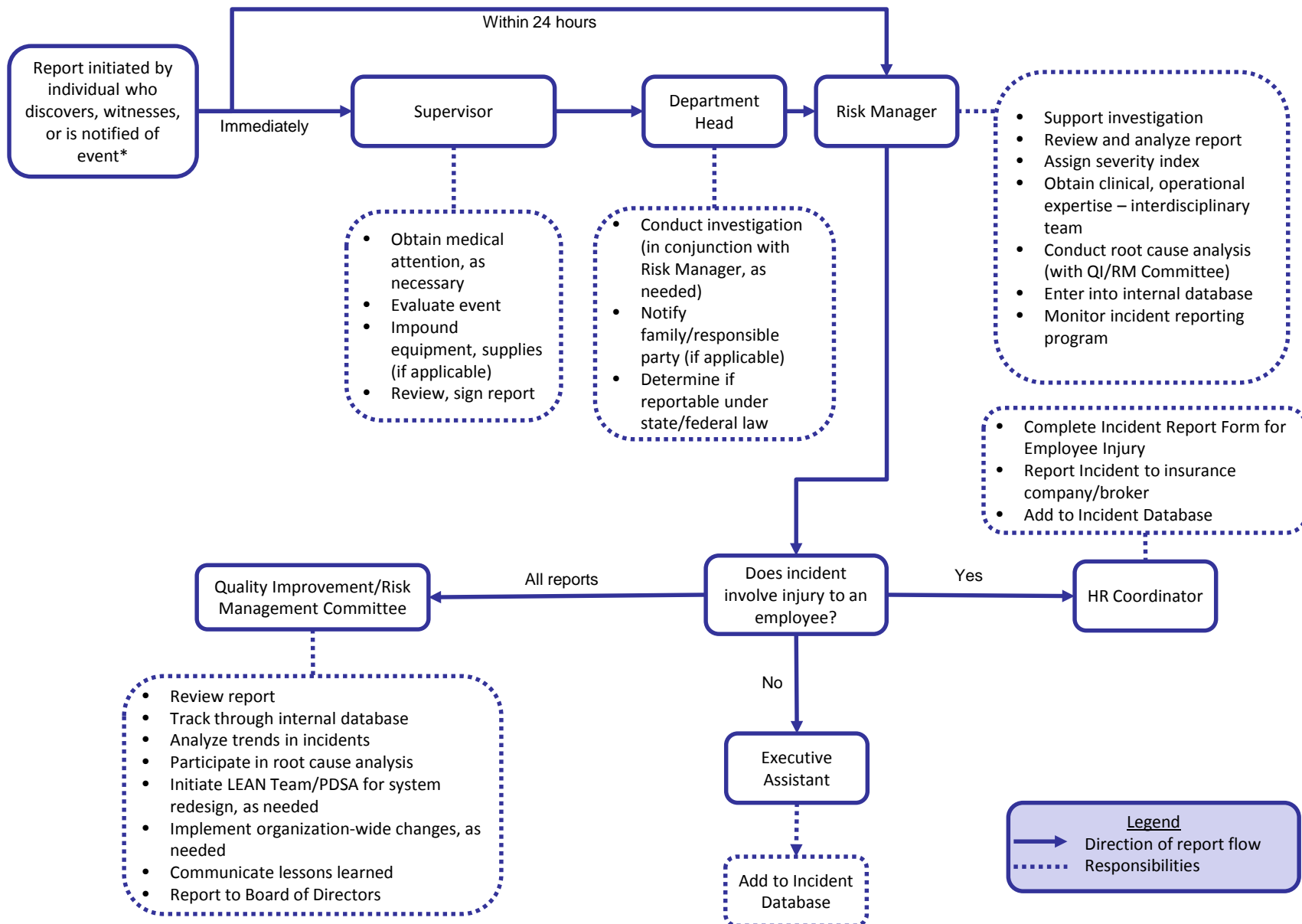
Signature of CEO: _____ Date: _____

Planned Follow-up Actions:

Signature of QI Committee Chair: _____ Date: _____



Incident Reporting Flow Chart



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



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: CONFIDENTIALITY AGREEMENT

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

Policy:

As a condition of employment/assignment/affiliation with HCHC, all are required to comply with HCHC's confidentiality agreement policy and sign HCHC's confidentiality agreement form.

Questions regarding this policy or any related procedure should be directed to the Human Resources Manager at 413-238-4133.

Originally Drafted: OCT 1998

Reviewed or Revised: SEP 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 Center

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

Confidentiality Agreement

I understand that Hilltown Community Health Centers, Inc. (HCHC) has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation at HCHC, I may see or hear other confidential information such as financial data and operational information pertaining to the practice that HCHC is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with HCHC, I understand that I must sign and comply with this agreement.

By signing this document, I understand and agree that:

- I will not discuss any information pertaining to practice in an area where unauthorized individuals may hear such information.
- I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.
- I will not make any unauthorized transmissions, copies, disclosures, modifications or purging of patient information or confidential information.
- I agree that my obligations under this agreement regarding patient information and confidential information will continue after termination of my affiliation.

I have read the above agreement and agree to comply with all its terms.

Print Name: _____

Signature: _____

Date: _____



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments and Programs

SUBJECT: CONFLICT OF INTEREST POLICY

REGULATORY REFERENCE: 45 CFR 75.327 and 42 CFR Pt 51c.304(b)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for disclosing all real or apparent conflicts of interest that are discovered or that have been brought to attention in connection with HCHC's activities.

Policy:

1. Employees of HCHC, its board of directors and agents are prohibited from participating in the selection, award and/or administration of any contract supported by federal funds that furnishes goods or services to HCHC.
2. No board member, HCHC employee or agent of HCHC may solicit or accept gratuities or favors of a monetary value from any person or organization having a contractual relationship with HCHC. This includes businesses soliciting business from HCHC.
3. No board of director member or an immediate family member shall be an employee of HCHC.
4. All board members and senior management shall disclose real or apparent conflicts of interest.
5. Violations of this policy will be handled in accordance with procedures established in the Corporate Compliance Plan, Sect III, Para A & B and the Board of Directors' By-Laws.

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

Originally Drafted: JUL 2007

Reviewed or Revised: SEP 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

Date: _____

Procedure

- 1. Employees of HCHC, its board of directors and agents are prohibited from participating in the selection, award and/or administration of any contract supported by federal or other funds that furnishes goods or services to HCHC.**

An individual officer, agent, or identified employee who believes that he or she or an immediate member of his or her immediate family might have a real or apparent conflict of interest, in addition to filing a notice of disclosure, must abstain from:

1. Participating in discussions or deliberations with respect to the subject of the conflict (other than to present factual information or to answer questions),
 2. Using his or her personal influence to affect deliberations,
 3. Executing agreements, or
 4. Taking similar actions on behalf of the organizations where the conflict of interest might pertain by law, agreement, or otherwise.
 5. And if a Board member, Voting or,
 6. Making motions on these measures.
- 2. No board member, HCHC employee or agent of HCHC may solicit or accept gratuities or favors of a monetary value from any person or organization having a contractual relationship with HCHC. This includes businesses soliciting business from HCHC**

A "gift "is defined as anything of value offered directly by or on behalf of an actual or potential patient, vendor or contractor, except for materials of little or nominal value such as pens, food items, calendars, mugs, and other items intended for wide distribution and/or not easily resold. Gifts include (but are not limited to): personal gifts, such as sporting goods, household furnishings and liquor; social entertainment or tickets to sporting events; personal loans or privileges to obtain discounted merchandise, and the like.
- 3. No board of director member or an immediate family member shall be an employee of the health center.**
 - a) Except under extenuating circumstances, as determined by the Chief Executive Officer, HCHC will not hire any individual (or assign, transfer or promote a current employee) who is related to one of its employees or contractors, if in the position being applied for (or assigned, transferred or promoted to), the applicant will supervise, be supervised by, or have a direct reporting relationship with the related employee or contractor.
 - b) Every applicant for employment or consultancy with HCHC must disclose any and all family, business and personal relationships with any Individual Affiliated with HCHC.
 - c) Members of the HCHC Board of Directors and their immediate family members are not eligible for employment at HCHC.
- 4. All board members and senior management shall disclose real or apparent conflicts of interest.**

All officers, Board members, and senior management employees (Chief Executive Officer, Chief Financial Officer, Chief Clinical and Community Services Officer, Department Managers) of this organization shall disclose all real or apparent conflicts of interest that they

discover or that have been brought to their attention in connection with this organization's activities.

"Disclose" shall mean providing properly, to the appropriate person, a written description of the facts comprising the real or apparent conflict of interest. An annual disclosure statement shall be circulated to officers, Board members, and certain identified employees to assist them in considering such disclosures, but disclosure is appropriate and required whenever conflicts of interest may occur.

The written notices of disclosures shall be filed with the Chief Executive Officer or other person designated by the Chief Executive Officer to receive such notifications.

All disclosures of real or apparent conflicts of interest shall be noted for the record in the minutes of a scheduled Board of Directors meeting.

At the discretion of the Board of Directors or a committee thereof, a person with a real or apparent conflict of interest may be excused from all or any portion of discussion or deliberations with respect to the subject of the conflict.

A member of the Board or a committee thereof, who, having disclosed a conflict of interest, nevertheless shall be counted in determining the existence of a quorum at any meeting in which the subject of the conflict is discussed. The minutes of the meeting shall reflect the individual's disclosure, the vote thereon, and the individual's abstention from participation and voting.

The Chief Executive Officer shall ensure that all officers, agents, employees, and independent contractors of the organization are made aware of the organization's policy with respect to conflicts of interest.

Annual Disclosure Statement

Pursuant to the health center's conflict of interest policy), I _____ hereby
make the following disclosures (print name)

1. The following are all of my connections with groups doing business with HCHC:

Name and address of group	Nature of connection
_____	_____
_____	_____
_____	_____
_____	_____

2. I am a member of the board of the following for-profit and charitable organizations:

Name and address of organization(s)

3. During the 1-year period preceding the date of this statement, I have received the following amounts from HCHC, as a vendor of goods or on account of services rendered:

Nature of goods sold or services rendered	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Date

Signature



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: ELECTRONIC INFORMATION FOR COLLECTION AND USE POLICY

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for web log file data, subscription to our electronic mailing list and announcements, and email communications.

Policy:

1. Web log file data:

We collect some basic web log file data about web site visitors. This information includes domain names, website traffic patterns and server usage statistics. This information is used for site management and administration and to improve the content and overall performance of our website.

2. Subscription to our Electronic Mailing List and Announcements:

Online subscribers to our electronic announcements are providing Hilltown Community Health Centers, Inc. with an email address, which is kept in a private email list. The email list is only used for the purposes of sending electronic announcements. HCHC may send an email communication related to any changes in our services, hours of operation, organizational updates, our electronic newsletter and other general health topics that may be of interest to the subscribers. We will not share or sell information or email addresses to any third party. To remove a name and personal information from our mailing list at any time, email info@hchcweb.org or by calling 413-238-5511 ext. 118.

3. Email Communications:

Our web site offers a contact form to contact us. Email messages, like most internet email messaging services, does not provide a secured method of delivery to communicate with us and other third parties. It is possible that your email communication, if not encrypted, may be accessed or viewed inappropriately by another internet user while in transit to us. If you wish to keep your communication completely private, you should not use email to contact us.

Hilltown Community Health Centers, Inc. does not collect an email address unless it is voluntarily submitted it to us or a person chooses to communicate with us via email. We do not sell or rent any email addresses or personal information. We do our best to respond to email messages requiring a response within a reasonable time frame during business hours. If someone decides to use the 'Email HCHC' page to communicate with us, the message and email address will be forwarded to the appropriate department within the organization for follow up.

3. Donor Communications:

The email address of any individual who voluntarily provides an email address as part of the process of donating to HCHC through its website or through any other means may, at times, receive emails related to the health center, its activities, and further opportunities to donate. We do not sell or rent any email addresses or personal information to other organizations for the purposes of solicitation of donations, or for any other reason.

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

Originally Drafted: SEP 2015

Reviewed or Revised: SEP 2018

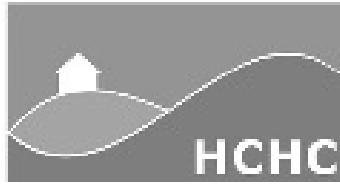
Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments and Programs

SUBJECT: EMPLOYEE USE OF SOCIAL MEDIA

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to formally outline the appropriate business use of social media by employees. While it is not the intention of HCHC to unreasonably restrict an employee's freedom of expression, it is our policy to ensure the health center is not misrepresented or cast in a negative light in social media.

The use of social media presents both risks and rewards. It also carries with it certain responsibilities. To assist employees, interns, contractors, and volunteers with making responsible decisions about the use of social media, Hilltown Community Health Center (HCHC) has established these guidelines for appropriate use of social media. This policy applies to all HCHC employees, interns, contractors, and volunteers.

Policy:

Social media may not be accessed through HCHC computers without authorization of the CEO.

Conduct that adversely affects job performance, the performance of fellow employees or otherwise adversely affects patients, practitioners, or people who work on behalf of HCHC or HCHC's legitimate business interests may result in disciplinary action up to and including termination.

Definitions.

Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with Health Center, as well as any other form of electronic communication. Forms of social media include, but are not limited to, written text, audio recording, photography, and video recording.

Protected Health Information (PHI) means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.

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

Originally Drafted: NOV 2015

Reviewed or Revised: SEP 2018

Approved by Board of Directors, Date: _____

Approved:

Eliza B. Lake
Chief executive officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

Health Center has established the following guidelines for appropriate use of social media.

Do's and Don'ts for use of social media

DO:

- Understand that all data and information that is entered, received, stored, or transmitted via HCHC's electronic resources is the property of HCHC and employees should have no expectation of privacy with respect to such data and information.
- Exercise good judgment. HCHC does not wish to interfere with the personal lives of its employees, but employees should be aware that their personal on-line life may be perceived as linked to their professional life.
- Be fair and courteous to fellow employees, vendors, or people who work on behalf of HCHC.
- Keep in mind that you are more likely to resolve work related complaints by speaking directly with your co-workers than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening, or intimidating, that disparage employees, or vendors, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or company policy.

- Always make sure you are honest and accurate when posting information. If you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything: therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about HCHC, fellow employees, vendors, or people working on behalf of Health Center.
- Express only your personal opinions. Never represent yourself as a spokesperson for HCHC. If HCHC is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of HCHC, fellow employees, vendors or people working on behalf of HCHC. If you do publish a blog or post online related to the work you do or subjects associated with HCHC, make it clear that you are not speaking on behalf of HCHC. It is best to include a disclaimer such as “The postings on this site are my own and do not necessarily reflect the views of HCHC.” If you become aware of a post that may require an official response from HCHC or could otherwise become an issue for the organization, contact and inform your supervisor and the Human Resources Department for proper handling.
- Be particular about your “friends” and associations and check the privacy and security settings on your accounts.
- Access social media only on your personal devices and/or cell phones, and only during lunch/break times.

DON'T:

- Use offensive language or engage in harassment or intimidation. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination. It is a violation of this policy to electronically communicate in a manner which is obscene, harassing, abusive, or threatens an individual's safety, in accordance with the HCHC's policies on harassment.
- Exchange proprietary/confidential information - Employees are prohibited from posting or disclosing proprietary/confidential information. This may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications.
- Use social media inappropriately.
- Use social media while engaged in work activities.
- Use your HCHC email address for personal social networking accounts.

- Share PHI via social media. This includes posting pictures or video of patients of the HCHC. Communicating this information will result in discharge from employment and possible prosecution under federal or state law.

Retaliation is prohibited

HCHC prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

This policy and procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and health center management, federal and state laws and regulations, and applicable accrediting and review organizations.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: ESTABLISHMENT OF BUSINESS ASSOCIATE AGREEMENTS

REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process establishing agreements with vendors and business associates.

Policy:

1. A Business Associate is any person or entity who acts in a capacity other than a member of our workforce to perform or assist in the performance of a function involving the use and disclosure of patient protected health information.
2. A Business Associate Agreement (BAA) must bind the associate to the following:
 - a. Not use or further disclose the information other than as permitted under the contract or as required by law.
 - b. Use appropriate safeguards to prevent use or disclosure of the information other than as provided by its contract.
 - c. Report to the provider or appropriate HCHC contact any use or disclosure not provided for by its contract of which it becomes aware.
 - d. Ensure that any agents or subcontractors it provides protected health information agree to the same restrictions and conditions that apply to the business associate.
 - e. Afford individuals to access their protected health information as required by the Privacy Rule.
 - f. Make information available to provide an accounting of disclosures in accordance with the Privacy Rule.
 - g. Make its internal practices, books and records relating to the use and disclosure of protected health information received from, or created or received by the business associate, available to the Sec. of HHS for the purpose of assessing our compliance with the Privacy Rule.
 - h. At the termination of the contract/agreement, if feasible, return or destroy all protected health information received from or created or received by the business associate in our behalf

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

Originally Drafted: APR 2003

Last Reviewed or Revised: SEP 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.

Administrative Policy

All Departments

SUBJECT: FIRE SAFETY AND EVACUATION

REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring staff are aware of fire safety and appropriate evacuation plans.

Policy:

1. All HCHC facilities will have a fire inspection completed by the local official(s) on an annual basis.
2. Facilities will be equipped with fire extinguishers which are conspicuously marked and inspected annually.
3. All HCHC facilities will conduct fire drills at least two times per year.
4. All HCHC personnel will be familiar with the evacuation routes of their assigned facility. Those employees working in multiple facilities will be familiar with the evacuation plans peculiar to those facilities.

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

Originally Drafted: FEB 2016

Reviewed or Revised: SEP 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 facilities will have a fire inspection completed by the local official(s) on an annual basis.

1. The annual inspection will be scheduled by the Facilities Manager with the appropriate local agency.
2. The inspection will be conducted in accordance with local requirements.
3. The inspection report will be filed as follows:
 - a. A copy to the Department of Health (DPH)
 - b. A copy retained by the facilities manager
 - c. A copy posted conspicuously in the lobby area of the facility

Facilities will be equipped with fire extinguishers which are conspicuously marked and inspected annually.

1. The Huntington Facility has fire extinguishers located:
 - a. **Basement** (3) – Optometry exit door, outside the furnace room, inside the IT room
 - b. **1st floor** (5) – Exit door, Knightville Wing, outside the stairwell door, inside reception door, exit door, Littleville Wing, in dental by the Pano
 - c. **2nd floor** – staff lunch room, hallway by stairs, exit door from dietary office
2. The Worthington facility has fire extinguishers located:
 - a. **Basement** (2) – By the entry door in both basements
 - b. **1st floor** (8) – Dental by the Pano, Physical Therapy office, exit door in the Admin wing, on the wall by the entrance to medical reception, Medical wing between exam rooms 7& 8, lunchroom, by the exit near the provider office, in the server room
 - c. **2nd floor** (2) – On the wall to the right of the Finance office, on the wall in the copy machine room

All HCHC facilities will conduct fire drills at least two times per year.

1. All fire drills will be coordinated through the facilities manager
2. Drills will be pre-announced to staff to ensure they know a drill is taking place
3. Hallway doors should be closed prior to exit when possible
4. Staff will follow the evacuation plan listed below

All HCHC personnel will be familiar with the evacuation routes of their assigned facility. Those employees working in multiple facilities will be familiar with the evacuation plans peculiar to those facilities.

1. Staff will exit the building using the closest exit and rendezvous at a designated location
 - a. HHC – the west end of the parking lot near the dumpster
 - b. WHC – the north end of the front (patient) parking lot
2. Reception staff will notify and assist patients in the waiting rooms or public restrooms. Reception staff will also take the RED evacuation clipboard containing a staff list, a patient list and the evacuation plan and proceed to the designated rendezvous location.
3. Clinical staff will ensure they assist any patients in the exam rooms and evacuate the building.
4. Reception will ensure that all staff sign in upon arriving at the rendezvous location. Patients should be checked against the patient list.
5. Staff will remain in the rendezvous area until given the All Clear by the On Scene commander of the responding agencies.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: FIREARMS IN THE WORKPLACE

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that Hilltown Community Health Center maintains a workplace safe and free of violence for all employees and patients, the company prohibits the possession or use of firearms on company property.

Policy:

1. The possession of firearms on corporate property is prohibited regardless of any license authorizing the individual to carry a firearm.
2. The exception to this policy will be on-duty law enforcement officers.

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

Originally Drafted: DEC 2015

Reviewed or Revised: SEP 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. Signage, stating that firearms are not permitted on the premises, will be posted at all entrances in a location that is conspicuous to all
2. Failure on the part of an employee to comply with the policy may result in termination of employment
3. Failure on the part of a patient to comply with the policy will result in termination of appointment and personnel should follow the Disruptive Patient policy.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: FRAGRANCE CONTROLLED WORK ENVIRONMENT

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to strive to be a fragrance-controlled institution. The Health Center's philosophy supports a healthful environment for patients, employees, and visitors.

Policy:

Fragrances: any product which produces a scent, strong enough to be perceived by others including but not limited to colognes, perfumes, after shave products, lotions, powders, deodorants, hair sprays and other hair products, and other personal products.

The organization recognizes that exposure to strong scents and fragrances in the environment can cause discomfort as well as directly impact the health of sensitive individuals. Therefore, for the comfort and health of all, use of scents and fragrant products, other than minimally scented personal care products, by HCHC employees and staff, is discouraged, particularly in clinical areas.

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

Originally Drafted: JAN 2009

Reviewed or Revised: SEP 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:

Fragrances and scented products that are perceived by others in addition to the user are not to be worn in the Health Centers, particularly in and around clinical areas, waiting rooms, the lab, or other areas that patients may frequent.

Air fresheners and room deodorizers purchased for use in the health centers must be unscented. These products are intended to mask other objectionable odors for the purpose of improved environmental comfort.

Any employee with concerns about scents or other odors associated with products used while performing job duties should contact their supervisor or department head to determine if there is an appropriate product substitution available.

RESPONSIBILITY:

Department heads and managers/supervisors are responsible for encouraging staff to comply with this policy.

It is the responsibility of all employees to support this policy.



Hilltown Community Health Centers, Inc.

Administrative Policy Administration

SUBJECT: GIFT ACCEPTANCE

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the solicitation and acceptance of gifts to or for the benefit of HCHC for purposes that will help HCHC to further and fulfill its mission.

The mission of HCHC is to provide high quality, accessible medical, dental, behavioral health, eye care, and community services to people in the Western Massachusetts Hilltowns and surrounding areas.

HCHC's Board of Directors has a fiduciary duty to assure that HCHC's assets are used efficiently and protected from potential liabilities and diversion to purposes other than those that further HCHC's goals. The following policies and guidelines govern acceptance of gifts made to HCHC or for the benefit of any of its programs.

Policy:

1. The Board of Directors of HCHC and its staff solicit current and deferred gifts from individuals, corporations, and foundations to secure the future growth and mission of HCHC. We appreciate donors' consideration of any gift to HCHC. In all matters involving current and prospective donors, the interest of the donor is important to HCHC.
2. The following gifts are acceptable, but not intended to represent an exclusive list of appropriate gifts:
 - a. Cash
 - b. Securities
 - c. Retirement Plan Beneficiary Designations
 - d. Bequests
 - e. Life Insurance Beneficiary Designations

Gifts of tangible property, art, land, cars/vehicles, and in-kind will not be accepted. The Board, upon recommendation, of the Finance Committee, may make exceptions.

3. These policies and guidelines govern the acceptance of gifts by HCHC and provide guidance to prospective donors and their advisors when making gifts to HCHC. The provisions of these policies apply to all gifts to HCHC for any of its programs. Gifts will be accepted only if they do not interfere with HCHC's mission, purpose and procedures.

4. HCHC shall accept only such gifts as are legal and consistent with organizational policy. While HCHC does not provide tax advice, every effort will be made to assist donors in complying with the intents and purposes of the Internal Revenue Service in allowing charitable tax benefits. Key principles include safeguarding the confidentiality of the donor relationship, providing full disclosure to the donor, and ensuring that gifts are recorded, allocated and used according to the donor intent and designation.

Questions regarding this policy or any related procedure should be directed to the Development Director at 413-238-4111.

Originally Drafted: OCT 2015

Reviewed or Revised: SEP 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 following criteria govern the acceptance of each gift form:

1) **Cash.** Cash refers to cash equivalents, including checks, money orders, currency/coin, and credit card payments. Checks or money orders shall be made payable to “Hilltown Community Health Centers, Inc.”, shall appropriately identify the donor or donors and be delivered to HCHC’s administrative offices. Wire and Electronic Funds Transfer (EFT) can usually be arranged with the HCHC staff. If a donor or a company workplace matching gift program wants to send an ACH/EFT every week instead of a check, these must be authorized by the Finance Department’s cash receipting manager at HCHC before the enrollment form is sent back to the constituent.

2) **Securities.** HCHC can accept both publicly traded securities and closely held securities.

Publicly Traded Securities: Marketable securities may be transferred to an account maintained at one or more brokerage firms or delivered physically with the transferor’s signature or stock power attached. As a general rule, all marketable securities shall be sold upon receipt unless otherwise directed by the Finance Committee. In some cases, marketable securities may be restricted by applicable securities laws; in such instance the final determination on the acceptance of the restricted securities shall be made by the Finance Committee of HCHC.

Potential donors should note that a security must be owned by a donor for at least 12 months before it is gifted in order for the donor to maximize tax benefits. It is suggested that potential donors discuss any tax questions with a tax and/or financial advisor.

Closely Held Securities: Closely held securities, which include not only debt and equity positions in non-publicly traded companies but also interests in limited partnerships and limited liability companies, or other ownership forms, can be accepted. Such gifts, however, must be reviewed prior to acceptance to determine that:

- a) there are no restrictions on the security that would prevent HCHC from ultimately converting it to cash;
- b) the security is marketable; and
- c) the security will not generate any undesirable tax consequences for HCHC.

If potential problems arise on initial review of the security, further review and recommendation by an outside professional may be sought before making a final decision on acceptance of the gift. The Board of HCHC with the advice of legal counsel shall make the final determination on the acceptance of closely held securities when necessary. Every effort will be made to sell non-marketable securities as quickly as possible.

3) **Deferred Compensation/Retirement Plan Beneficiary Designations.** HCHC generally will accept gifts designating HCHC as a beneficiary of the donor’s retirement plans including, but not limited to, IRA’s, 401(k)’s 403(b)’s and other plans. Such designation will not be recorded as a gift to HCHC until such time as the gift is irrevocable.

4) **Bequests.** Donors and supporters of HCHC will be encouraged to make bequests to HCHC under their wills and trusts. Such bequests will not be recorded as gifts to HCHC until such time as the gift is irrevocable. The criteria for the acceptance of the gift or bequest will be the same as otherwise provided herein.

5) **Life Insurance Beneficiary Designations.** Donors and supporters of HCHC will be encouraged to name HCHC as beneficiary or contingent beneficiary of their life insurance policies. Such designations shall not be recorded as gifts to HCHC until such time as the gift is irrevocable.

III. General Policies Relevant to All Gifts

A. The Finance Committee

The Finance Committee is charged with the responsibility of reviewing all non-cash gifts proposed to be made to HCHC, properly screening, accepting or rejecting those gifts, and making recommendations to the Board on gift acceptance issues when appropriate.

B. Use of Legal Counsel

HCHC shall seek the advice of legal counsel in matters relating to acceptance of gifts when appropriate. Review by counsel is recommended for:

- 1) Closely held stock transfers subject to restrictions or buy-sell agreements.
- 2) Documents naming HCHC as Trustee.
- 3) Gifts involving contracts, such as bargain sales or other documents requiring HCHC to assume an obligation.
- 4) Transactions with potential conflict of interest that may involve IRS sanctions.
- 5) Other instances in which use of counsel is deemed appropriate by the Finance Committee.

C. Conflict of Interest

HCHC will urge all prospective donors to seek the assistance of independent personal legal and financial advisors in matters relating to their gifts and the resulting tax and estate planning consequences. HCHC and its employees and agents are prohibited from advising donors about the tax consequences of their donations. Gifts are also subject to the provisions of other HCHC policies, including adopted Conflict of Interest policies.

HCHC makes every effort to ensure accepted gifts are in the best interests of the organization and the donor. HCHC works to follow The Donor Bill of Rights adopted by the AAFRC Trust for Philanthropy, the Association of Fundraising Professionals and other professional organizations.

HCHC will comply with the Model Standards of Practice for the Charitable Gift Planner, promulgated by the National Committee on Planned Giving.

D. Restrictions on Gifts

HCHC will accept unrestricted gifts, and gifts for specified programs and purposes, provided that such gifts are consistent with its stated mission, purposes, and priorities. HCHC will not accept gifts that are too restrictive in purpose. Gifts for purposes that are not consistent with HCHC's mission or consonant with its current or anticipated future programs cannot be accepted.

Examples of gifts that are too restrictive are those that violate the terms of the corporate charter, gifts that are too difficult to administer, or gifts that are for purposes outside the mission of HCHC. All final decisions on the restrictive nature of a gift, and its acceptance or refusal, shall be made by the Finance Committee of HCHC.

E. Tax Compliance

HCHC's policy is to comply with Internal Revenue Service reporting requirement and all other aspects of state and federal tax law.

F. Naming of Buildings and Physical Spaces

- a. New or significantly renovated buildings, rooms, floors, wings, entry areas or other significant areas of space can be named to recognize the generosity of donors who demonstrate their interest in and commitment to HCHC through the contribution of a significant donation. Donors whose capital gifts are designated for unrestricted use, or for unrestricted or restricted endowment for which no other naming opportunity has been given, may also be offered a naming opportunity in a building or area, the size of which is commensurate with the level of commitment made to a particular campaign.
- b. The Board will determine what level of commitment is to be recognized through a naming opportunity on a case by case basis. These determinations will ideally be consistent with past named spaces.
- c. Buildings and spaces may be named by the donor in the name of the donor(s), family members, or another individual of the donor's choosing, upon approval of the Board.
- d. The Board may choose to name a space in recognition of influence and impact on the organization, irrespective of philanthropic commitment.
- e. Signage used to recognize named spaces will be complementary to the facilities and will present a uniform and tasteful look in accordance with the interior décor of the facility.
- f. Naming of a physical space is generally done upon completion of the building or renovation project and receipt of signed documentation of the donor's intent to fulfill his or her capital commitment as well as receipt of at least the initial payment on the pledge. Should the donor fail to complete payment on a pledge for which a naming opportunity has been granted, HCHC reserves the right to remove or adjust the recognition to a space commensurate with the amount paid.
- g. In the case of significant renovation, alternation, or replacement of existing named spaces or buildings, every effort will be made to contact and inform the original donor and/or

family members, and to provide recognition and acknowledgement of the original gift and legacy in an appropriate location within the new facility.



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments and Programs

SUBJECT: HEALTH CENTER CLOSURE POLICY

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for actions required when the health center closes for weather or other reason.

Policy:

1. Unscheduled closures and/or delayed openings will be disseminated to employees using the Snow Line and All Staff email.
2. Early closures for inclement weather will be disseminated to employees by All Staff email and telephone.
3. Closures will be passed along to the answering service.
4. Closures will be noted on both the HCHC website and Facebook pages.
5. In the event of an unforeseen closure related to a natural occurrence, employees will be paid for their normal work day unless time off has already been scheduled

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

Originally Drafted: DEC 2015

Reviewed or Revised: SEP 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:

Unscheduled closures and/or delayed openings will be disseminated to employees using the Snow Line and All Staff email.

1. The Chief Executive Officer (CEO), in conjunction with the Facilities Manager and the Practice Manager will make the decision to close the health center prior to the start of the workday.
 - a. The Facilities Manager will post the announcement on the Snow Line **(413-238-4110)** prior to 6:15 a.m. on the affected day.
 - b. Employees should call the Snow Line after 6:15am to be informed of the health center's status.
 - c. The CEO will send out an All Staff email echoing the announcement on the Snow Line.
2. The CEO, in conjunction with the Facilities Manager and the Practice Manager will make the decision to have a delayed opening of the health center.
 - a. In the event of a delayed opening, employees will consult the Snow Line for updated information **1 ½ hours** prior to the delayed opening time.
 - b. If the health center opening is delayed, staff will be expected to show up at their usual time if that time is any time after the delayed opening. *For example*, if the health center is opening at 10:00 AM, anyone whose usual work schedule calls for them to work at 10:00 AM or after will report to work on-time.

Early closures for inclement weather will be disseminated to employees by All Staff email and telephone.

1. The CEO, in consultation with the Facilities Manager and Practice Manager, will make the decision to close the health center early in the event of inclement weather.
2. The CEO will send an All Staff email stating the reason for the early closure and the time of the closure.
3. Reception in both health centers will be responsible for spreading the word to all employees.

Notification of closures to the patients/public will be accomplished through a variety of methods.

1. If there is an identified possibility of a delayed opening/closure, due to weather forecasts, the Reception Supervisor and Practice Manager will ensure that all patients with appointments that could be affected by a delay/closure are contacted by phone and/or other means to ask them to check HCHC's website and/or call the phone line prior to coming to their appointment to ensure that the site is open.
2. Once the delay/closure decision is made, the Reception Supervisor and Practice Manager will ensure that all patients with appointments that will be affected by the closure are contacted by phone and/or other means.

3. All closures will be passed along to the answering service. Upon receipt of a closure, early closure or delayed opening, the Reception Supervisor will contact the answering service and ensure the following:
 - a. The phones are rolled to the service
 - b. The status of the health center is conveyed to the service with the understanding that the closure message will be automated for the patients or other people calling the health center.
 - c. Patients having an emergency will be instructed by the service to either call 911 or the service will contact the on-call provider.
 - d. The Reception Supervisor and/or Practice Manager will inform the IT Manager by phone or text that the outgoing phone message at the health center should be changed to the Inclement Weather Message. He will then manually change the outgoing messages, which will then inform callers of the closure, in the event that they punch through and don't get the answering service. The message will include the information that closure notices are available on both the website and the Snow Line, and it will give that phone number.
 - e. In the event the Reception Supervisor is unavailable, these duties will roll up to the Practice Manager.
4. Closures will be noted on both the HCHC website and Facebook pages. The Executive Assistant or administrator will ensure that both the HCHC web site and the HCHC Facebook page are updated with the current status of the health center.
5. Closures will be conveyed to local media. The Executive Assistant will contact the WGGB-40 television station and put the announcement on their closure list.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: HOURS OF OPERATION AND AFTER HOURS COVERAGE – ESTABLISHMENT AND PATIENT NOTIFICATION

REGULATORY REFERENCE: Sections 330(k)(3)(A) and 330(k)(3)(H) of the PHS Act and 42 CFR Parts 51c.102(h)(4) and 51c.304

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for assessing, approving, and notifying patients of each health center's hours of operation and coverage for after hours.

Policy:

1. As needed, HCHC will review the Hours of Operation to ensure that they meet the needs of the target population and community and revise them as needed.
2. The Board of Directors of the HCHC reviews and approves the hours of operation and after hours coverage.
3. HCHC will notify patients on each health center sites' hours of operation and after hours coverage through its website, on-site postings, etc.

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

Originally Drafted: JAN 2016

Reviewed or Revised: FEB 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. Every year, or as often as deemed necessary, HCHC Senior Management, with the support of the Practice Manager, will determine if:
 - a. the hours of operation assure accessibility and meet the needs of the population to be served, and are appropriate and responsive to the community's needs.
 - b. the after hours coverage provides professional coverage for medical emergencies during hours when the center is closed.

They will take into consideration demand for services, accessibility, and organizational capacity. In order to do so, HCHC will look at a variety of factors, including but not limited to needs assessments, patient input, EHR data, etc., while ensuring that the proposal meets all federal requirements.

2. Senior Management will make a recommendation to the Board of Directors for any changes in the hours of operation and/or after hours coverage, and the Board will vote whether to approve the proposed changes.
3. Patients will be notified of HCHC's hours of operation and after hours coverage in the following manner:
 - A flyer in the New Patient Welcome Packet
 - Postings in all waiting rooms and bulletin boards
 - HCHC web site
 - HCHC main phone number recording
4. For after-hours issues or emergencies in any department, patients will be instructed to call the health center and the answering service will assist all patients with contacting the provider on-call.
5. If a life threatening emergency, patients are instructed to call 9-1-1.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: INFORMATION FOR COLLECTION AND USE POLICY

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for web log file data, subscription to our electronic mailing list and announcements, and email communications.

Policy:

1. Web log file data:

We collect some basic web log file data about web site visitors. This information includes domain names, website traffic patterns and server usage statistics. This information is used for site management and administration and to improve the content and overall performance of our website.

2. Subscription to our Electronic Mailing List and Announcements:

Online subscribers to our electronic announcements are providing Hilltown Community Health Centers, Inc. with an email address, which is kept in a private email list. The email list is only used for the purposes of sending electronic announcements. HCHC may send an email communication related to any changes in our services, hours of operation, organizational updates, our electronic newsletter and other general health topics that may be of interest to the subscribers. We will not share or sell information or email addresses to any third party. To remove a name and personal information from our mailing list at any time, email info@hchcweb.org or by calling 413-238-5511 ext. 118.

3. Email Communications:

Our web site offers a contact form to contact us. Email messages, like most internet email messaging services, does not provide a secured method of delivery to communicate with us and other third parties. It is possible that your email communication, if not encrypted, may be accessed or viewed inappropriately by another internet user while in transit to us. If you wish to keep your communication completely private, you should not use email to contact us.

Hilltown Community Health Centers, Inc. does not collect an email address unless it is voluntarily submitted it to us or a person chooses to communicate with us via email. We do not sell or rent any email addresses or personal information. We do our best to respond to email messages requiring a response within a reasonable time frame during business hours. If someone decides to use the 'Email HCHC' page to communicate with us, the message and email address will be forwarded to the appropriate department within the organization for follow up.

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

Originally Drafted: SEP 2015

Reviewed or Revised: SEP 2018

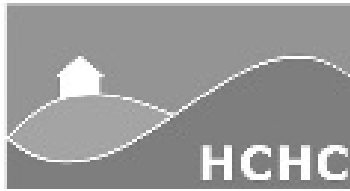
Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: PATIENT COMPLAINT AND GRIEVANCE POLICY

REGULATORY REFERENCE: Department of Public Health

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for managing patient complaints and grievances.

Policy:

1. Patient complaints can be taken by any employee and will be directed to the Practice Manager.
2. The manager or director receiving the complaint will make telephonic contact with the complainant within four hours of receiving the complaint.
3. In cases where a provider is the subject of a complaint, the complaint will be forwarded to the Medical Director or to the department's clinical director for investigation.
4. The manager or director will have no more than 10 days to document the complaint, conduct an investigation, respond to the patient and file the investigation.

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

Originally Drafted: DEC 2004

Reviewed or Revised: SEP 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 employee initially receiving the complaint will attempt to contact the Practice Manager.
 - a. If available, the Practice Manager will contact the complainant and document the complaint on the HCHC Patient Complaint form.
 - b. If unavailable, the employee will document the complaint on the HCHC Patient Complaint form, ensuring that the complainant's contact information is documented.
 - c. If the complainant is unwilling to have the employee document the complaint and insists on speaking with a manager, the employee will take the complainant's contact information and relay it to the Practice Manager.
 - d. If the complainant is unwilling to have the employee document the complaint or speak to a Manager, the employee will take the complainant's contact information, if possible, and relay it to the Practice Manager and will also send the patient a copy of the HCHC Patient Complaint form with a request that they fill it out themselves.
2. Once a complaint is received, the Practice Manager will make contact with the complainant, either in person or via telephone.
3. If the complaint has not been documented, the Practice Manager will document the complaint and inform the complainant that an investigation will be conducted.
4. The Practice Manager has ten business days to investigate the complaint and respond in writing to the patient with a copy of the response sent to the Executive Assistant for filing.
5. If a patient remains unsatisfied with the proposed resolution, the complaint will be forwarded to the appropriate executive officer for resolution.
 - a. Billing related complaints to the Chief Financial Officer
 - b. Operations & staff related complaints to the Chief Operations Officer
 - c. Provider related complaints to the Chief Clinical & Community Services Officer
6. Complaints not resolved at the executive officer level will be forwarded to the Chief Executive Officer
7. All complaints will be tracked on an annual basis for trend analysis by the Quality Improvement/Risk Management Committee.
8. A record of all complaints will be maintained on file by Executive Assistant and will be reported to Quality Improvement/Risk Management Committee and the Board of Directors at least quarterly.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: PATIENT SATISFACTION SURVEYS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for assessing patient satisfaction with respect to patient-centered medical home activities and to use the results to improve our patients' experiences at the health center.

Policy:

1. The health center will regularly assess patient satisfaction through a survey administered no less frequently than annually. The survey tool used will be the Consumer Assessment of Healthcare Providers and Systems (CAHPS) instrument.
2. The results will be reported to and discussed by the health center's Quality Improvement/Risk Management Committee, which will respond as appropriate through the development of action plans to address negative results.
3. The results will be reported to the Board of Directors and staff.

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

Originally Drafted: JAN 2012

Reviewed or Revised: SEP 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.

Administrative Policy

SUBJECT: QUALITY IMPROVEMENT PROGRAM REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to follow regarding its organization's strategic objectives through the establishment and continued support of an organized Quality Improvement program.

Policy:

HCHC will attain its organization's strategic objectives through the establishment and continued support of an organized Quality Improvement program. The health center's quality improvement program requires that every major organizational initiative be measured against two criteria: will it improve clinical care and is it organizationally sustainable.

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

Originally Drafted: APR 2010

Reviewed or Revised: SEP 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:

HCHC is committed to providing safe optimal health care for its patients that is consistent with community standards and accepted standards of practice established by our clinical staff through a process of continuous performance improvement. HCHC is also committed to furthering operational sustainability by focusing on profitable growth and financial stability through a process of continuous performance improvement.

A. SCOPE

The scope of the quality improvement program is organization wide and includes activities that monitor and evaluate all phases of the health care delivery system through objective, criteria-based audits, outcome audits, tracking tools, and reporting systems.

B. OBJECTIVES

1. To ensure the delivery of patient care at the most achievable level of quality in a safe and cost effective manner.
2. To identify opportunities for improvement and institute continuous improvement strategies as appropriate
3. To develop a system of accurate, comprehensive data collection methods to track, trend and report quality indicators for the organization and for external reporting compliance.
4. To utilize information gained in quality assessment and improvement activities to direct staff development and clinical education at HCHC.
5. To increase knowledge and participation in quality improvement activities at HCHC.
6. To demonstrate the program's overall impact on improving the quality of care provided to our patients.
7. Timely resolution of identified problems that have a direct or indirect impact on Patient care including documentation of the effectiveness of corrective actions implemented.

C. QUALITY IMPROVEMENT COMMITTEE

1. Responsibilities of the Quality Improvement Committee:

- a. To direct HCHC staff to conduct studies and/or reviews as it deems necessary in order to further the strategic goals of the organization as endorsed by the Board of Directors.
- b. To prioritize specific performance improvement activities in each department in order to align these resources with the health center's strategic plan.

- c. To assess the quality improvement strategies, activities, and outcomes as reported by organization staff and, where necessary, make recommendations for change.
 - d. To document activities and actions to demonstrate the program's impact on improving organizational sustainability and clinical quality.
 - e. The Board representative, independently or in conjunction with the QI Committee, will report semi-annually to the Board of Directors (1) the results of patient satisfaction surveys (2) make available departmental clinical goals as reported to the Bureau of Primary Health Care and progress made towards these goals (3) provides a trend analysis of quality indicators and a plan to improve those indicators.
 - f. The Board representative on the QI Committee will report to the Board the minutes from any 6 meetings evidencing oversight of QI/QA activities that took place during the course of the year.
 - g. To annually evaluate the quality improvement program to determine whether the program has been effective in meeting its goals and objectives and to make revisions to the program as deemed necessary and appropriate to be aligned with the health center's strategic plan.
 - h. To ensure that quality improvement activities are systematic, comprehensive, and integrated across the organization.
 - i. To be convened as an Ethics Committee as a committee of the whole to review individual cases where there is uncertainty about how to proceed clinically as sometimes arises, for example, when a patient refuses the professional's treatment plan or when the provider/patient team are in disagreement about a treatment plan.
2. Composition of the Quality Improvement Committee
- The QI Committee is a Board level committee and will be chaired by a member of the Board of Directors. Other permanent members of the Committee are:
- a. Medical Director
 - b. Dental Director
 - c. Chief Operations Officer
 - d. Director of Behavioral Health
 - e. Community Programs Director
 - f. One non-Board member consumer
 - g. Chief Clinical and Community Service Officer

Other staff members may be asked to attend meetings or assist the team as deemed appropriate.

3. Specifics of Quality Improvement Meeting

- a. The Committee will meet no less than six times per year.

- b. The Committee will identify specific areas in need of performance improvement and authorize that efforts be made in those areas to improve performance through rigorous project selection with measurable results and clear operational accountability
- c. Minutes shall be maintained by a QI Committee designee and be signed by the Chair.
- d. The clinical departments will conduct monthly meetings which include peer review monitoring. Quality dashboards (such as HEDIS, P4P, UDS, and other appropriate quality indicators) required by grants will be reviewed and assessed using process improvement methodology. Reports will be forwarded to the QI Committee.
- e. The non-clinical departments will regularly report on their departmental dashboards and quality improvement activities.

D. MECHANISMS

1. Meeting focus will follow the *QI Reporting Calendar* with additional agenda items as deemed appropriate.
2. HCHC will utilize a tracking registry for maintaining and improving quality of care for common chronic diseases and assuring optimal delivery of preventive services.
3. Data Collection and Information Resources:
 - a. Department specific indicators
 - b. All clinical and community record reviews
 - c. Established quality indicators such as AZARA and other third party aggregators
 - d. Patient satisfaction surveys
 - e. Employee satisfaction surveys
 - f. Incident reports
 - g. Results of trends developed as a result of systematic peer review
 - h. Presentations of chart review assessments from departments
 - i. Bi-annual presentation by the billing department
 - j. Other methods as determined by the needs of a specific quality improvement team
4. Data Interpretation & Improvement plans

The QI Committee will assess indicators by systematically evaluating HCHC performance against standardized quality measures. As the QI committee identifies opportunities for improvement they will direct the appropriate department to take action and report back with their action plan for improvement. This action plan must be data driven.

E. CONFIDENTIALITY

- a. All documents, reports, minutes, findings, conclusions, recommendations, or other memoranda transmitted to or developed by the QI Committee shall be received and kept in confidence by the Chair and/or designees.
- b. When the QI Committee conducts an audit, a code system will be devised in order to preserve the confidentiality of the audit, as well as to protect the individual(s) involved.

E. THE PROCESS IMPROVEMENT MODEL

1. HCHC uses a combination of QI processes and relies heavily on the underlying principles of LEAN—the relentless pursuit of the perfect process through waste elimination. Fundamental to the LEAN approach are the standardization of processes, making problems visible to supervisors and management, and identifying root causes.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: SMOKE AND TOBACCO FREE WORK PLACE

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to ensure that Hilltown Community Health Center maintains a safe and healthy environment for all employees and patients by prohibiting the use of tobacco or electronic cigarettes on the company premises.

Policy:

It is the Company's policy to maintain a tobacco and smoke free environment. Tobacco products and the use of electronic cigarettes are not permitted on the HCHC premises, and are expressly prohibited inside any buildings.

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

Originally Drafted: AUG 2016

Reviewed or Revised: SEP 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. Signage expressing the content of this policy will be posted at all entrances in a location that is conspicuous to all.
2. Failure on the part of an employee to comply with the policy may result in disciplinary action.
3. Failure on the part of a patient to comply with the policy may result in termination of appointment and personnel should follow the Disruptive Patient policy.



Hilltown Community Health Centers, Inc.

Administrative Policy

SUBJECT: SOCIAL MEDIA POLICY

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to encourage open discussions including questions, feedback, stories and experiences on social media sites that are maintained by Hilltown Community Health Centers, Inc. including but not limited to: Facebook, Twitter, LinkedIn, YouTube, GooglePlus, Tumblr, and Pinterest.

Policy:

We make reasonable efforts to monitor participation to ensure that postings are on-topic and appropriate subject matter. Our social media platforms are not intended for serious or urgent medical matters and should not be considered medical advice nor should they replace a consultation with a health care professional. For emergencies dial 9-1-1.

Commenting or posting on our social media platforms is at the user's discretion. Please be aware that your post has the potential to be seen by the world and will remain visible for some time. Exercise caution and avoid providing personal, identifiable or sensitive information about you or your family.

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy, along with the following Terms and Conditions related to social media practices.

By commenting on or posting any type of material on Hilltown Community Health Centers, Inc. social media sites, you give Hilltown Community Health Centers, Inc. the irrevocable right to reproduce, distribute, publish, display, edit, modify, create derivative works from, and otherwise use your submission for any purpose in any form and on any media.

You agree that you will not:

1. Post material that infringes on the rights of any third party, including intellectual property, privacy or publicity rights;
2. Post material that is unlawful, obscene, defamatory, threatening, harassing, abusive, slanderous, hateful, or embarrassing to any other person or entity as determined by Hilltown Community Health Centers, Inc. in its sole discretion;

3. Post advertisements or solicitations of business;
4. Post chain letters or pyramid schemes;
5. Impersonate another person;
6. Allow any other person or entity to use your identification for posting or viewing comments;
7. Post the same note more than once or "spam";

Hilltown Community Health Centers, Inc. reserves the right (but is not obligated) to do any or all of the following:

1. Remove communications that are abusive, illegal or disruptive, or that otherwise fail to conform with these Terms and Conditions;
2. Terminate a user's access to the social media channel upon any breach of these Terms and Conditions;
3. Edit or delete any communications posted, regardless of whether such communications violate these standards.

Finally, you agree that you will indemnify Hilltown Community Health Centers, Inc. against any damages, losses, liabilities, judgements, costs or expenses (including reasonable attorneys' fees and costs) arising out of a claim by a third party relating to any material you have posted.

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

Originally Drafted: AUG 2015

Reviewed or Revised: SEP 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.

Administrative Policy

All Departments

SUBJECT: TELEPHONE COVERAGE

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this policy to have a formal documented process for ensuring telephone coverage.

Policy:

1. At the close of normal business hours, phones will automatically forward to service.
2. For Saturdays and minor holidays, phones are manually forwarded on the preceding Friday evening to the site that will be open.
3. Upon closing on Saturdays and minor holidays, phones are manually forwarded to the service at the close of clinic hours.
4. For times when facilities are closed due to an emergency, inclement weather, or other unanticipated event, phones will be manually rolled to the service.

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

Originally Drafted: FEB 2013

Reviewed or Revised: SEP 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.

Administrative Policy
All Departments

SUBJECT: TELEPHONIC PATIENT ACCESS AT LUNCHTIME

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for patient access during lunchtime.

Policy:

1. Phones will be forwarded to service during the scheduled lunch period at both sites.
2. Phones will be returned to normal service at the conclusion of the lunch period at both sites.
3. Reception will be manned by at least one employee during the lunch period in the event of emergency situations.

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

Originally Drafted: OCT 2013

Reviewed or Revised: SEP 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 1:00 PM lines will be forwarded to Crocker Communications.
2. Reception will be manned by at least one employee during the time that the phones are rolled to service.
3. Any provider/patient needing assistance immediately will be put through by Crocker Communications on back lines and reception will direct as necessary.
 - a. Huntington (413) 667-8771
 - b. Worthington (413) 238-5858
4. At 2:00 PM lines will be returned to normal service by reception personnel.
5. Crocker Communications will email reception staff any messages taken during lunch time.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: LEGISLATIVE MANDATES

REGULATORY REFERENCE: Consolidated Appropriations Act (Public Law 115-141)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy and the associated procedures (P&P) to have a formal documented process to provide safeguards to ensure HCHC compliance with the Legislative Mandates. HCHC is committed to high standards and compliance with all applicable laws and regulations.

The current Legislative Mandates, which remain in effect until a new Appropriations Act is passed, include the following:

Division H, Title II

- (1) Salary Limitation (Section 202)
- (2) Gun Control (Section 210)

Division H, Title V

- (3) Anti-Lobbying (Section 503)
- (4) Acknowledgment of Federal Funding (Section 505)
- (5) Restriction on Abortions (Section 506)
- (6) Exceptions to Restriction on Abortions (Section 507)
- (7) Ban on Funding Human Embryo Research (Section 508)
- (8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)
- (9) Restriction on Distribution of Sterile Needles (Section 520)
- (10) Restriction of Pornography on Computer Networks (Section 521)
- (11) Restriction on Funding ACORN (Section 522)

Division E, Title VII

- (12) Confidentiality Agreements (Section 743)

A complete description of the Legislative Mandates for fiscal year 2018 is included in HRSA Bulletin 2018-04 (April 4, 2018), which is attached to this P&P as Exhibit A.

Policy:

(1) Salary Limitation

HCHC shall not use federal grant funds to pay the salary of an individual at a rate in excess of Executive Level II.

(2) Gun Control

HCHC shall not use federal grant funds to advocate or promote gun control.

(3) Anti-Lobbying

A. HCHC shall not use federal grant funds, other than for normal and recognized executive legislative relationships, for the following:

- i. For publicity or propaganda purposes;
- ii. For the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself;

B. HCHC shall not use federal grant funds to pay the salary or expenses of any employee or agent of HCHC for activities designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

C. The prohibitions in subsections A and B include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

(4) Acknowledgment of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, HCHC shall clearly state:

- A. the percentage of the total costs of the program or project which will be financed with Federal money;

- B. the dollar amount of Federal funds for the project or program; and
- C. percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

(5) and (6) Restrictions on Abortions, and Exceptions to these Restrictions

HCHC shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage of abortion. These restrictions shall not apply to abortions (or coverage of abortions) that fall within the Hyde amendment exceptions. HCHC also maintains a Women's Reproductive Health policy relevant to this restriction.

(7) Ban on Funding of Human Embryo Research

HCHC shall not use federal grant funds for (i) the creation of human embryos for research purposes; or (ii) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(8) Limitations on Use of Grant Funds for Promotion of Legalization of Controlled Substances

HCHC shall not use federal grant funds to promote the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act.

(9) Restriction on Distribution of Sterile Needles

HCHC shall not use federal grant funds to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

(10) Restriction of Pornography on Computer Networks

HCHC shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(11) Restriction on Funding ACORN

HCHC shall not provide any federal grant funds to the Association of Community Organizations for Reform Now ("ACORN"), or any of its affiliates, subsidiaries, allied organizations, or successors.

(12) Confidentiality Agreements

HCHC shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

Questions regarding this policy or any related procedure should be directed to title at 413-238-xxxx.

Originally Drafted: AUG 2018

Reviewed or Revised: SEP 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. Review and Updates of this Policy and Procedure

The Chief Executive Officer shall review this policy upon the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates, and shall ensure this policy is updated as necessary. As appropriations acts are generally enacted annually, this policy will generally require annual review. Any modifications to this policy will require review and approval by HCHC's Board of Directors.

2. Legislative Mandates Training

The Chief Executive Officer shall ensure that the key management team and finance department staff receive training regarding the Legislative Mandates and the procedures set forth in this policy.

3. Compliance Manual

This Legislative Mandates Policy will be incorporated into HCHC's Compliance Program.

4. Financial Management

The Chief Financial Officer ("CFO") shall ensure that HCHC's financial management systems and procedures are structured to ensure that no federal grant funds are used for purposes that are impermissible under this Policy. As necessary, the CFO may establish cost centers/accounts for the accumulation and segregation of such costs.

