



Hilltown Community Health Center

Administrative Offices
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www.hchcweb.org

ANNUAL MEETING June 4, 2019 Pizzeria Paradiso Northampton, MA

AGENDA

1. Call to Order
2. Introduction of potential new Board Member: Deb Leonczyk
3. Approval of the May 2, 2019 Meeting Minutes (Vote Needed)
4. Finance Committee Report (Vote Needed)
5. Committee Reports (as needed) (Vote Needed)
 - Executive Committee
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement (Vote Needed)
 - QI/Risk Management Minutes for March 2019
 - 6-Month QI/Risk Management Report for Jun-Dec. 2018
 - Fundraising
 - Strategic Planning
 - Recruiting, Orientation, and Nominating (RON)
6. Chief Executive Officer/Senior Manager Reports
7. Old Business
8. New Business
 - Medical Policies (Vote Needed)
 - Dismissal of Patients from Practice Policy
 - Failure to Arrive Policy
 - Patients at Risk of Discharge Due to Disruptive Behavior Policy
 - Supervision of Medical Assistants LPNS and RNs Policy
 - Administrative Policy (Vote Needed)
 - Claims Management Policy
 - New Employee- initial credentialing and privileging (Vote Needed)
 - David Bjorklund, LCSW
 - Review By-laws
9. Approval of June 7, 2018 Annual Meeting Minutes

10. Nominating Committee Report
11. Presentation of Slate of Officers and Directors
12. Election of Officers
13. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 05/02/2019 5:30pm

Huntington Health Center

MEMBERS: John Follet, President; Kathryn Jensen, Clerk, Lee Manchester, Treasurer; Matt Bannister; Kate Albright-Hanna; Alan Gaitenby; Seth Gemme; Wendy Long

STAFF: Eliza Lake, CEO; Michael Purdy, Risk Manager; Frank Mertes, CFO; Tabitha Griswold, Executive Assistant

ABSENT: Maya Bachman; Nancy Brenner, Vice President

GUEST: Adelson & Company Representatives- Allison L. Bedard, CPA and Carol J. Leibinger-Healey, CPA

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 04/04/2019	<p>John Follet called the meeting to order at 5:38pm.</p> <p>Board Member, Wendy Long was added to the Members present list on the April 4th meeting minutes.</p> <p>Kathryn Jensen moved to approve the April Board minutes with corrections. Alan Gaitenby seconded the motion, which was approved by those present.</p>	April 4, 2019 Board minutes pending correction were approved by all present
Finance Committee	<ul style="list-style-type: none">Lee Manchester reported on the April data. March was a better month than budgeted, HCHC still had a loss in terms of revenue but not as much as projected. There was no one reason for the better outcome in March. The operating day's cash on hand is also doing better than budgeted with 10 days, although this is still not meeting the Capital Link benchmark. The Dental Department is doing better than budget. <p>Matt Bannister moved to approve the Finance Committee report. Wendy Long seconded the motion.</p> <p>Adelson & Company, PC our auditing firm presented their independent audit report to the full board. The report explained</p>	<p>The Board voted unanimously to approve the Finance Committee report.</p> <p>The Board voted unanimously to approve the</p>

	<p>both management and the auditors' responsibilities regarding the audit. Carol, the Audit Partner on this engagement stated that in their opinion the financial statements present fairly, in all material respects, the financial position of HCHC.</p> <p>Allison, the manager on the engagement reviewed the financial statements and notes with the Board. Carol then reviewed the management letter and noted that there were no management letter comments this year and all comments from the prior year had been cleared.</p> <p>It was asked if there were any questions or comments regarding this report. None were noted.</p> <p>The Board then voted to accept the draft finance statements, and allow the Finance Committee to review and approve the Uniform Financial Report, Audit Report and 990- IRS submission on behalf of the Board.</p> <p>Matt Bannister moved to accept the draft finance statements as presented. Wendy seconded the motion.</p> <p>Wendy Long moved to allow the Finance Committee to review and approve the Uniform Financial Report, Audit Report and 990-IRS submission on behalf of the Board. Kathryn Jensen seconded the motion.</p>	<p>draft financial statements</p> <p>The Board voted unanimously to grant permission to the Finance Committee to review and approve the Uniform Financial Report, Audit Report and 990-IRS submission on behalf of the Board</p>
CEO Report	<ul style="list-style-type: none"> • Eliza Lake reported that Sophal Lom, NP gave her notice. She is leaving due to relocation. A new FNP accepted an offer today and will tentatively start mid-June. She will be in Huntington, where she can receive more supervision as she is returning to primary care after working in another type of care. A new RN starting in Amherst, which was a quick turnaround following the departure of the previous RN. • Eliza explained the importance of maintaining a good relationship with local hospitals, an example of which is a very preliminary conversation about potential collaboration with a local hospital around one of its small PCP sites. • Although Congressman Richard Neal's visit on 4/25/19 was impromptu, it was a very good conversation, and he was very engaged during his time at HCHC. 	

	<ul style="list-style-type: none"> The Annual Meeting will be next month and will be held at Pizzeria Paradiso in Northampton at 6pm, following feedback from the members present. Board packet material will be only available on the Board Portal moving forward, as to not have financial materials sent in emails. Eliza requested a vote from the Board membership regarding two changes in Scope: 1) the addition of Behavioral Health in Column II on Form 5A to reflect the recent contracting of a provider who will be seeing women and children through HCHC's Domestic Violence Victim Advocacy program, and 2) amending Form 5C to include mental health outreach in non-school locations, in order to reflect the addition of BH in Amherst. <p>Matt Bannister moved to approve the two Changes in Scope. Alan Gaitenby seconded the motion.</p>	The Board voted unanimously to approve Changes in Scope on Form 5A and Form 5B
Executive Committee	<ul style="list-style-type: none"> John Follet reported that there was no meeting to report. 	
Recruitment, Orientation & Nominating (RON) Committee	<ul style="list-style-type: none"> Eliza reported that there will be meeting with herself and John with a potential new member recommended by the RON committee. Eliza also met with another potential member that was recommended from the head of the Amherst Chamber of Commerce. Eliza recommended that the RON committee meet with her as Board members and then invite her to attend next month's meeting. 	
Corporate Compliance Committee	<ul style="list-style-type: none"> This committee did not meet. 	
Credentialing/ Privileging Committee	<ul style="list-style-type: none"> John Follet, on behalf of the Credentialing/ Privileging Committee, presented Stephanie Williams, LPN. Wendy Long moved to approve the credentialing of this practitioner. Lee Manchester seconded the motion. John Follet, on behalf of the Credentialing/ Privileging Committee, presents the following NP student, Barbara Saykin, for credentialing. Seth Gemme motioned to approve the credentialing of this FNP student. Kate Albright-Hanna seconded the motion, which was approved by those present. 	<p>The Board voted unanimously to approve the credentialing of Stephanie Williams, LPN</p> <p>The Board voted unanimously to approve the</p>

	<ul style="list-style-type: none"> John Follet, on behalf of the Credentialing/Privileging Committee, presents the following employees for re-privileging. Wendy Long moved that the following members be re-privileged. Lee Manchester seconded the motion. <ul style="list-style-type: none"> Leah King Aaron Riverwood Melissa Castro (termed 2/28/2019) Stefanie Sudyka Alice Rudin Jillian McBride, LICSW Elizabeth Spooner Karen Rowe Jonathan Liebman, ANP 	<p>credentialing of Barbara Saykin, FNP student.</p> <p>The Board voted unanimously to approve the re-privileging of the employees listed.</p> <p>Bridget Rida to notify employees of the granted credentials/privileges.</p>
Facilities Committee	<ul style="list-style-type: none"> Alan Gaitenby reported that although the committee has not met there continues to be discussion on the front siding in Huntington. Alan reported that there is a potential that HCHC will keep the scalloping on the front, due to the expense of replacing it. The generator at HHC is still broken, but the re-casting of the broken manifold is in progress, and it should be fixed shortly. 	
Personnel Committee	<ul style="list-style-type: none"> John Follet reported that this committee has not met. 	
Strategic Planning	<ul style="list-style-type: none"> This committee has not met. 	
Fundraising Committee (ad hoc)	<ul style="list-style-type: none"> Matt Bannister reported that the committee has an aggressive timeline to get the annual report and annual appeal out together by the end of June. The committee has developed a great frame work of pairing patients and providers through vignettes to be accompanied in the annual report. This is to represent the new tagline "Your Health. Our Mission." There will be an aggressive schedule for photo shoots over the next two weeks which will include all sites. The committee is waiting on cost 	

	estimates from the designer to determine who will receive the annual reports in the annual appeals mailing. This ties into the progression of the annual report to make it more graphic and professionally designed as compared to previous years.	
Quality Improvement/Risk Management Committee	<ul style="list-style-type: none"> Kathryn Jensen reported that the committee did not meet last month. 	
Committee Reports	Wendy Long moved that the committee reports be approved. Kathryn Jensen seconded the motion. The committee reports were approved by those present.	Committee reports presented at this meeting were approved.
Old Business	<ul style="list-style-type: none"> New Access Point (NAP) was submitted. The final application narratives are included for informational purposes, as the Board had previously approved the submission of the application. 	
New Business	<ul style="list-style-type: none"> The following Corporate Compliance policy was reviewed: <ul style="list-style-type: none"> Credentialing and Privileging Policy Lee Manchester moved to approve the Credentialing and Privileging policy. Wendy Long seconded the motion. The following Dental/Oral Health Policies were reviewed: <ul style="list-style-type: none"> Early Childhood Caries (ECC) Patient w/ High and Medium Risk Hygiene Exam Policy Oral Health- Dental Infection Control Wendy Long made a motion to approve the above policies. Matt Bannister seconded the motion, which was approved by those present. 	<p>The Board voted unanimously to approve the Credentialing & Privileging Policy.</p> <p>The Board voted unanimously to approve the Dental/ Oral Health Policies.</p>
Next Meeting	Kathryn Jensen moved the meeting be adjourned. Kate Albright-Hanna seconded the motion, which was approved by those present. <p>The meeting was adjourned at 7:38 pm.</p>	

	The next scheduled meeting, which will be the Annual Meeting, will be on June 4, 2019 in the function room at Pizzeria Paradiso in Northampton at 6pm.	
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Respectfully submitted,
Tabitha Griswold, Executive Assistant

HCHC BOARD OF DIRECTORS MEETING

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

The Brewmaster's Tavern, Williamsburg, MA

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

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

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

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

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

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

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

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

Submitted by,

Janet Laroche, Executive Assistant

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 03/19/2019 9:15am

TEAM MEMBERS: Kathryn Jensen (chair), Board Representative; Michael Purdy, CCCSO; Tabitha Griswold, Executive Assistant; Jon Liebman, ANP; Franny Huberman, Behavioral Health Representative; Dawn Flatt, Director of Clinical Operations

ABSENT: MaryLou Stuart, Dental Representative; Kim Savery, Community Programs Representative; Cynthia Magrath, Practice Manager; Eliza Lake, CEO

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of February 19, 2019 Minutes	<p>The meeting was called to order by Kathryn Jensen at 9:20 am.</p> <p>The minutes from the February 19, 2019 meeting were reviewed. Jon Liebman motioned to approve. All in attendance approved unanimously.</p>	February 19, 2019 Minutes were approved unanimously.
Old Business	There was no old business to report.	
Risk Management- Incidents- Infections disease protocol- Staffing	<ul style="list-style-type: none">Jon Liebman reported on incidents. There are two incidents going through the appropriate channels. The first incident occurred when a patient with acute chest pain came in to Worthington and staff found there was no nitro glycerin in stock. This occurred as the result of the staff person responsible for inventory being reassigned to another site to cover a staffing shortage. The Medical Department has developed a new inventory control system to ensure that this does not occur again. The other incident involved the Coumadin clinic; due to the staffing shortage the turnaround time for follow up is not being done efficiently. The Department has put into place a system that will address this issue until appropriate staffing is in place. The Committee discussed the challenges created by the current staffing shortage, and the stress that this situation places on the remaining staff members. Senior Management continues to meet with departmental management on Thursdays to look at all possible solutions such as temporary staffing, and <i>locum tenums</i>. In place is a long term solution of hiring staff, and adjusted pay rate, but the geographic location of the Health Center continues to be one barrier to recruitment in an extremely tight labor market.	

	<ul style="list-style-type: none"> • Michael Purdy reported on the follow up on the four slip and falls, two involving staff and at least two involving patients. In response to the staff incidents, management has closed the side door walkway at the Huntington Health Center for the rest of the winter due to the ice hazard. Michael Purdy is looking into who the designated staff member is for checking parking lots for ice hazards, as there does not seem to be a person identified at this time. Michael Purdy proposed bringing forward someone to check the parking lots, especially in freezing rain situations. This type of weather seems to be the biggest issue, as snow is managed externally. • Michael reported that the infectious disease issue of Medical Assistants not being properly prepared will be addressed in a training by Dawn Flatt next week. This training was postponed from last month due to timing issues. 	
Behavioral Department	<ul style="list-style-type: none"> • Franny Huberman reported on the 4th quarter. The patients served goal was exceeded. Same day visits had a 66% utilization rate, showing the increased probability of those patients having an assessment done, investigation into causes and treatment discussed. Franny Huberman noted that staff is letting patients know of the waitlist and providing alternative providers. Michael Purdy noted that HCHC has one of the shortest waitlist of the area. The waitlist has grown since the reported 4th quarter as a result of a provider leaving. The intake rate is at a complete standstill, due to this reduction in capacity. However, the behavioral health department now has a referral specialist managing the waitlist, and she has done a wonderful job in “cleaning” it up. Franny Huberman will include number of intakes completed in next report. The department has been continuing case review meetings to discuss at least 10 cases, which is the goal. • There were no legal risks or incidents to report. • Franny Huberman reported that the hiring process for a new provider is ongoing. There has been many phone interviews, and two in person interviews. Salary and distance continues to be a barrier. There is a second interview for a promising candidate, the only candidate in the pipeline at this time. Leah King is staying at HHC until June to assist with visits while the licensing for Amherst is put in place. • Incident risk- Franny Huberman reported that following the departure of a provider, several patients were very upset primarily due to their provider leaving and not getting a timely letter from the health center. The new referrals specialist did follow up with several calls to the former provider’s patients to inform them and schedule visits. Michael Purdy suggested looking into the provider termination letter process for the future. 	

Eye Care Department	<ul style="list-style-type: none"> • Michael Purdy reported for the eye care department. He reported that the department is fully staffed. The peer reviews are happening but are no longer an automated system, instead the records to review need to be requested. Jon Liebman noted that the medical department has designated a staff member to stay on top of pulling cases for review, and has simplified the process of peer review. • There were no patient complaints to report • There were no legal risks of incidents to report. 	
New Business	There was no new business to report.	
Adjourn	Katheryn Jensen moved that the meeting be adjourned, the meeting was adjourned at 10:00am. The next meeting is scheduled for Tuesday, April 16, 2019 at 9:15am at the Huntington Health Center.	

Respectfully submitted,
Tabitha Griswold
Executive Assistant



QI-Risk Management Report, June-December, 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 second half of 2018 to address these issues:

Quality Improvement Activities

Clinical Operations:

- Continued efforts to improve quality of data collection from third party aggregator so that it accurately reflects the quality of the care.
- HCHC's scope of services has been updated so that we ensure that the organization is properly covered by FTCA.
- The Amherst site successfully opened in June 2018. Several staff members, some of whom are bilingual, have been hired for the Amherst site.
- Recently hired Director of Clinical Operations continues to oversee the QI program and implement improvements to workflows and clinical operations
- HRSA SUD-MH grant funding will be used to support telehealth and teleconferencing capabilities for the Medical Department to increase access to coordinated primary and specialty care, as well as implementing Behavioral Health and Insurance Navigation services at the Amherst site.
- HCHC received a grant from the Mass League to support our Emergency Preparedness efforts.
- Developed a Diversity, Respect, Inclusion, Values, and Equity (DRIVE) Committee. Submitted an application for certification under the Human Rights Campaign's Health Equality Index (HEI), and awaiting results.
- Implemented integration of the nurses, medical assistants and providers in shared office at Worthington Health Center to facilitate collaboration and communication.

Patient Satisfaction:

- In October, the patient satisfaction survey was completed and the results were generally very positive. The ratings for the medical providers, the amount of time and focus they bring to the visit, how they explain things, were all very positive.
- In November, Massachusetts Health Quality Partners (MHQP) awarded HCHC with an award for excellence in Patient-Provider Communication, which is based on responses by commercially-insured patients who completed a CAHPS patient satisfaction survey.
- In 2018, we began sending any patient with an email identified in eCW an electronic survey to complete. These boosted the numbers from about 80 paper surveys to 241 emailed surveys completed

Utilization:

- Risk management continues to be a standing item on QI meeting agendas
- HRSA provided us free technical assistance at the end of October related specifically to our efforts to improve our diabetes measures. We developed a diabetes Action Plan that outlines an outreach program for target patients with diabetes.
- The PRAPARE project, which collects data on Social Determinants of Health, is in the test phase, with Community Health Workers administering the instrument initially, in conjunction with quality efforts of the ACO.
- Department heads each report quarterly on their department dashboards to the committee.
- QI calendar of meetings and reports approved by the QI Committee
- New grant funding from the Mass Office of Victim Assistance dramatically expanded our Domestic Violence Victim Advocacy program, and we are hiring a new supervisor and child witness advocate.

Safety/Adverse Events:

Behavioral Health:

- No patient complaints or legal matters
- The Waitlist is being managed to ensure prioritization of patient needs.

Eye Care:

- No patient complaints or legal matters

Dental:

- A patient filed a written complaint alleging sexual assault by a dentist. An investigation was conducted.

Medical:

- No patient complaints
- Continued efforts to improve communication with specialists and hospitals for imagery, lab results, etc.
- There was a successful effort to address a significant back log in referrals in December 2018.

Risk Management:

- Department Heads worked on the disruptive patient and dismissal of patient policies. Providing clarification on staff response for such incidents.
- A Medical Assistant attended an extensive infection control training, and will ensure that the information is disseminated to all appropriate staff.
- Cash flow crisis in October occasioned efforts to stabilize financial situation, this includes a focus on operational efficiency and patient volume.

Patient Incidents:

- The committee discussed fall prevention in the clinic and developed possible solutions. Community Health Workers (CHW) are all trained in the Matter of Balance program, therefore patients with a history of falling are referred to a CHW.

Employee Incidents:

- No employee incidents.

Insurance Review:

- 2019 FTCA deeming letter was received in July of 2018.

Follow-up actions:

- EHR optimization continues; due to changes in staffing at ACO and changes at hospitals that host EHR business optimization efforts were delayed. These efforts will be completed in 2019.
- Medical Department implemented a plan for Medical Assistants to assist with outstanding lab and DI tracking.
- The Medical Department is reviewing the process for peer review. All clinical departments had no report of actionable or risk issues: Department Heads to continue quarterly reports to committee.
- Continued efforts to adequately staff Medical Department and Reception.

Non-Clinical Risk Management Activities

Training:

- Mandatory, all-staff training held October 30, 2018; Agenda items included HCHC updates and corporate compliance.
- New, online staff training software called HealthStream was implemented. All staff completed sexual harassment and HIPPA training in the new system.
- Trauma presentation occurred in the August 2018 Dental Department meeting.
- CPR training was offered to all clinical staff on July 9, 2018.

Risk Assessments:

- Additional infrastructure improvements at both main facilities completed. ADA improvements to be completed in first quarter of 2019.

Follow-up actions:

- Funding received for continued ADA infrastructure improvements at both main facilities.
- Completed all security upgrades at Worthington Health Center.
- Due to cash flow crisis, Culture of Safety (Just Culture) survey with all staff – originally scheduled for March, 2018 was delayed. Will be implemented in the second quarter of 2019.



Policy Title: Claims Management Policy	Policy Number: ADM-03
Department: All clinical departments	Policy status: New
Date Published: JUNE 2019	
Dates Reviewed:	
Dates Revised:	

PURPOSE:

Hilltown Community Health Centers have established this policy to ensure efficient and accurate claims or potential claims reporting and filing.

POLICY

Once HCHC is either notified of a claim or potential claim or has reason to suspect that one will be filed, immediate action is taken to lock the patient's chart:

- if the claim is in the Medical, Eye Care or Behavioral Health Departments then the chart is locked electronically, and
- if the claim is in the Dental Department then the record is put in a folder under lock and key in the Administration offices

The matter is then referred immediately to the appropriate Department Head, who begins a chart review. The QI/RM Committee is informed, as is, if appropriate, the Board of Directors.

If there is any service of process/summons that the health center or its provider receives relating to any alleged claim or complaint, such service is promptly sent to the HHS, Office of the General Counsel, General Law Division, per the process prescribed by HHS and as further described in the FTCA Health Center Policy Manual.

HCHC's Chief Executive Officer serves as the designated individual responsible for the management and processing of all claims-related activities and serves as the claims point of contact. The CEO is responsible for informing all relevant parties, including the QI/RM Committee, the Board of Directors, the U.S. Department of Health and Human Services Office of the General Counsel, and any relevant legal counsel. S/he is also responsible for ensuring that record management and security is maintained.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC President

HCHC Board of Directors



Policy Title: Dismissal of Patients from Practice	Policy Number: MED-07
Department: Clinical Departments	Policy status: Active- formally Patient Termination
Resources/related policies: Patients at Risk of Discharge Due to Threatening Behavior, Reference: PP-03	
Date Published: Feb 2014	
Dates Reviewed: Mar 2016, April 2019	
Dates Revised: Mar 2016, May 2019	

PURPOSE:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing safe, effective health care through a mutual trust and respect between the health center staff and the patient.

POLICY

It is the policy of HCHC that the following situations may warrant termination of a patient from any of the clinical sites:

1. Tampering, altering, improper or illegal use of prescriptions or medications.
2. Willful fraudulent behavior, furnishing false information or misrepresentation of the truth.
3. Failure to obey or comply with the Patient Code of Conduct.
4. Violent or aggressive behavior or threats directed toward staff members, patients or visitors.

Recommendations for termination from care or termination of eligibility for care will be addressed in writing by concerned staff members and forwarded to clinical leadership for review.

Patients who are dismissed from one department will be considered dismissed from all HCHC services and departments.

Patients who are involved with agencies or insurances that prohibit dismissal or have greater restrictions for dismissal are exempt from this policy and the policy of the agency or insurance will be followed.

Patients have the right to appeal this decision and will follow the procedure attached to this policy to request an appeal.

Approved by Board of Directors on: _____

Approved by:

Procedure for Dismissal of Patients from Practice Procedure (TBD)

PURPOSE:

The purpose of this protocol is to outline the procedure to be followed after all attempts to retain a patient within the health center have been unsuccessful and dismissal from the practice has been deemed appropriate by leadership.

CONTACTS

Role	Name	Phone#	Email
Practice Manager	Cynthia Magrath	(413)238-5511 x126	cmagrath@hchcweb.org
Director Clinical Operations	Dawn Flatt, RN	(413) 667-3009 x 206	Dflatt@hchcweb.org

PROCEDURE:

If patient is at risk for being dismissed from the practice due to disruptive behavior, please see policy and procedures for Patients at Risk of Discharge Due to Threatening Behavior prior to following this process.

1. The recommendation for dismissal from care or termination of eligibility will be addressed in writing by concerned staff members and given to the manager of the department. This recommendation will include a summary of circumstances and copies of any correspondence or other documentation relevant to the situation. Care will be taken to ensure that patient confidentiality is appropriately respected under HIPAA.
2. Upon review of the recommendation for termination of care or termination of eligibility and if appropriate, the department director will meet with all department leadership from which the patient receives services and a final decision to terminate the patient from HCHC will be determined.
3. If termination of care is not deemed necessary, a plan to accommodate the patient and continue to provide a safe effective work environment for HCHC staff will be determined.
4. The patient will receive a letter stating the dismissal from care and outlining the reasons for the action. It shall include:
 - a. A statement of the reason for dismissal.
 - b. The date on which dismissal becomes effective.

- c. Definition of the grace period that will be allowed for the patient to find an alternative source(s) of care with written stipulation of the circumstances and process the patient must follow if he/she wishes to be seen during that period. Staff members must ensure the patient's/clients health care is not in immediate danger and must assist with outside medical care as appropriate.
 - d. A patient discharged from one of the Health Center's services will be automatically discharged from all other services of the Health Center and at all sites.
 - e. The patient's written authorization to forward a copy of his/her medical record will be signed and the records sent to new care provider.
 - f. Information regarding the process to file an appeal of the dismissal decision.
5. When appropriate, the patient's health insurance will be notified of such termination.
6. If the patient does not agree with the decision for dismissal, the patient can perform the following procedure to request to have the decision appealed:
- a. The appeal must be in writing and directed to the Executive Director of the Health Center
 - b. A decision will be made within one week of receiving the appeal and as long as the "grace period" has not expired

RELATED INFORMATION

REVIEWED BY:



Policy Title: Failure to Keep Appointment (No Show) Policy	Policy Number: PP-02
Department: All clinical departments	Policy status: Active- replaces No-Show Regulatory Reference
Date Published: APR 2014	
Dates Reviewed: NOV 2018, MAY 2019	
Dates Revised: JUNE 2019	

PURPOSE:

Hilltown Community Health Centers have established this policy in an effort to reduce disruptions in providers' schedules which can contribute to delays in patient care, and to minimize revenue loss.

DEFINITIONS

No Show: Patient who schedules a provider appointment and fails to keep that appointment without contacting the office prior to the start of the appointment.

Cancellation: Any appointment in which a patient calls to notify the office that they will be unable to keep appointment and the appointment is not rescheduled.

Reschedule: Any appointment that has been moved to a different date and/or time.

Late: Patient who arrives later than 15 minutes past the start time of the appointment.

POLICY

It is the policy of HCHC to inform patients of the importance of keeping appointments and the expectation that they will call to cancel as soon as they are aware they will not be able to keep the appointment.

If HCHC's No Show rate exceeds the State average for Community Health Centers, HCHC will conduct a assessment to determine the cause of excessive no shows and address barriers to care whenever possible. This information will also be monitored for quality assurance purposes.

If a patient is late, an attempt will be made to reschedule the patient for the same day. If this is not possible they will be rescheduled for the next available appointment and, depending on the patient's chief complaint, the patient will be assessed to determine the need for a referral to an urgent care or the emergency room.

Every effort will be made to see the patient the same day whenever possible, regardless of the reason for the missed appointment.

Approved by Board of Directors on: _____

Approved by:

Procedure for Failure to Keep Appointment (No Show/NOS) **Procedure (TBD)**

PURPOSE:

The purpose of this procedure is to provide guidelines and direction for staff when a patient No Shows, Cancels, Reschedules or are Late for appointments for the medical, behavioral health and dental departments.

CONTACT

Role	Name	Phone#	Email
Practice Manager	Cynthia Magrath	(413)238-5511 x126	cmagrath@hchcweb.org

MEDICAL DEPARTMENT PROCEDURES:

1. When scheduling an appointment, the patient or family member is reminded to call in advance if they will be unable to make the appointment. Staff will verify contact method, email address, and phone number before making the appointment. Staff will review the number of no-shows prior to making the appointment to determine if patient is to be same-day or if an appointment can be scheduled depending on availability.
2. If the patient calls to cancel or reschedule the appointment, the visit status will be changed to cancelled (CANC) or reschedule (R/S). If the patient does not call and does not show the status will be changed to N/S.
 - a. The patient's status regarding the number of no-shows will be verified before an appointment is made. The patient will be reminded of the no show policy and advised of their number of no-shows in the previous six months.
3. Patients arriving more than 15 minutes late to an appointment will have three options when they arrive late:
 - a. The patient can reschedule for another day i. The visit status is changed to NS and a new appointment is made on another day
 - b. The patient can wait and be scheduled as a Same Day Visit if one is available. If the patient chooses to wait, priority is given to patients arriving on time.
 - c. The patient can be referred to nursing to assess the need for a referral to an urgent care or emergency room.

Staff will follow-up with patients within two business days after the No-Show appointment, a designated staff member from each clinic will review the No-Shows on the day's schedule

1. If a call has already been placed or an appointment has already been made, no further action is needed.
2. If the patient has not rescheduled and/or has not been contacted, the staff member will call the patient to reschedule.
3. Patients with 5 no-shows will receive a letter that they will only be seen as a same-day visit for a six month period.
4. More than 5 no-shows will be brought to a supervisor to review.

RELATED INFORMATION

REVIEWED BY:



Policy Title: Patients at Risk of Discharge Due to Disruptive Behavior	Policy Number: PP-03
Department: All Departments	Policy status: New
Resources/related policies: Dismissal of Patients from Practice, Reference: MED- 07	
Date Published: MAY 2019	
Dates Reviewed: N/A	
Dates Revised: N/A	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to establish a formal documented process in order to promote a safe and respectful environment for Health Center staff and patients, in cases where a patient has become threatening, belligerent, or otherwise disruptive.

DEFINITION:

Disruptive/Threatening Behavior: Any oral or written expression or gesture that could be interpreted by a reasonable person as conveying an intent to cause physical harm to persons or property. Statements such as, "I'll get him" or "She won't get away with this" could be examples of threatening expressions depending on the facts and circumstances involved. (<https://www.dol.gov/oasam/hrc/policies/dol-workplace-violence-program-appendices.htm>)

POLICY

It is the policy of HCHC to maintain a process enabling staff to notify the management when a patient has exhibited threatening and/or disruptive behavior, allowing the management to intervene and develop a patient-specific action plan. In the case that the patient is not in agreement with the action plan or if the patient continues to display threatening behavior, the case will be revisited by the management team in order to determine if discharge from the practice is warranted.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

Procedure for Patients at Risk of Discharge Due to Threatening Behavior **(Adm-PRR-001)**

PURPOSE:

The purpose of this protocol is to outline the procedure to be followed when a patient is at risk for being discharged from HCHC for threatening or inappropriate behavior.

CONTACTS

Role	Name	Phone#	Email
Practice Manager	Cynthia Magrath	(413)238-5511 x126	cmagrath@hchcweb.org
Director Clinical Operations	Dawn Flatt, RN	(413) 667-3009 x 206	Dflatt@hchcweb.org

PROCEDURE:

The following procedure is to be implemented when any employee feels that patient/client has exhibited behavior that they feel is threatening to the safety of the team and other health center staff and is therefore at risk for being discharged from the practice despite the patient expressing interest in continuing their care at HCHC.

A team member will notify the department head to recommend the case be brought to the monthly Department Head meeting and fill out an Incident Report.

If the leadership team decides that the patient is not at risk for discharge teaching will be conducted within the department regarding future treatment.

If the leadership team finds that the patient is at risk for being discharged an action plan will be created in order to attempt to retain the patient. This action plan will consist of:

1. A minimum of one face-to-face session involving the patient at risk of discharge, a BH clinician, and one member of the healthcare team will be scheduled to discuss the available options with the patient.
 - a. The patient may remain at HCHC so long as the patient agrees to sign and complies with the Continued Care Agreement and that The patient understands his or her provider may be changed at the discretion of HCHC.
 - b. The patient may decline to sign and agree to the Continued Care Agreement at the risk of being discharged from the practice.
 - i. If the patient decides to leave the practice, he/she will be given enough refills of currently prescribed medication to last until the appointment with their new provider.

2. The BH clinician and the involved team will discuss the outcome of the session, and a determination will be made regarding the patient's continued care at the Health Center.
 - a. If the patient fails to show for the meeting with the BH clinician and member of the medical team, the case will need to return to the leadership team for discussion. At this point the patient risks discharge from HCHC and may or may not receive refills on medication. A decision will be rendered and the patient will be informed of the outcome.
 - b. If the patient remains at HCHC for their care the expectation is that the Continued Care Agreement will be upheld. In the event the patient fails to comply with the agreement, the case will need to be returned to the leadership team for discussion.

ALL activity regarding this process, including the initial behaviors that led to the leadership review, will be noted in the patient's EMR. A signed copy of the Continued Care Agreement will be scanned into the Patient Document section of eCW.

RELATED INFORMATION

Addendum A- Incident Report

Addendum B- Continued Care Agreement

REVIEWED BY:

Cynthia Magrath/Date

Dawn Flatt, RN/Date

ADDENDUM A

incident report

Hilltown Community Health Centers, Inc.

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: ☐Full time ☐Part time ☐Other

Occupation:

Date of Hire:

Supervisor Name:

Supervisor Phone #:

ACCIDENT INFORMATION

Accident description:

Cause of accident (slip,fall,lifting,chemical,etc...):

Equipment, material, or substance involved:

Where did accident occur (site,location,examroom,office)?

Date of accident:

Was injury fatal? ☐Yes ☐No

Part of body injured (head,neck,arm,back,etc...):

Nature of injury (sprain,fracture,laceration,etc...):

Any time missed from work? ☐Yes ☐No

How much?

Prior injury or pre-existing conditions: (If yes, describe)

Was supervisor notified of the incident? ☐Yes ☐No

Date notified:

Supervisor who was notified:

Title:

TREATMENT

First Aid (explain):

Date of First Aid 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? ☐Yes ☐No

Treated in the Emergency Room? ☐Yes ☐No

Hospitalized overnight as in-patient? ☐Yes ☐No

WITNESS INFORMATION/ OTHERS INVOLVED

incident report

Hilltown Community Health Centers, Inc.

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
COMMENTS:		
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 Travelers:	Claim #:
Who prepared this report (name and title):		
Signature of Employee:		Date:
Signature of Supervisor:		Date:

Received by HR (date): _____

Initials: _____

ADDENDUM B



Hilltown Community Health Centers, Inc.

Continued Care Agreement

For patients at risk of discharge due to disruptive behavior

At the Hilltown Community Health Center, it's important to us to provide a safe place for all of our staff and patients.

We value you as a patient. If we can, we want to work with you so that we can keep providing your care, which is why we offer the following agreement:

1. I agree to treat the staff and patients of the Health Center with patience and respect.
2. If I am upset, I will express the reasons why I am upset without insulting, threatening, or swearing at the staff of the Health Center.
3. I understand that if I cannot keep to this agreement in the future, I will no longer be allowed to receive care at the Health Center.
4. I understand that if I feel like I need help with strong emotions or reactions, the Health Center offers counseling services which I am welcome to use.

Signature of Patient

Date

Signature of Health Center Representative

Date



Policy Title: Supervision of Medical Assistants, LPNs and RNs	Policy Number: MED-23
Department: Medical	Policy status: Active- Formally Supervision of Medical Assistants
Resources:	
Date Published: APR 2015	
Dates Reviewed:	
Dates Revised: MAY 2017, MAY 2019	

PURPOSE:

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

DEFINITIONS

Medical Assistant- Medical assistants complete administrative and clinical tasks that are within their scope of practice. A Certified Medical Assistant is a MA who has completed educational courses and is certified through the Board of the American Association of Medical Assistants.

<https://www.bls.gov/ooh/healthcare/mobile/medical-assistants.htm>

<https://www.aama-ntl.org/medical-assisting/what-is-a-cma>

LPN Licensed practical nurses (LPNs) provide basic nursing care. They work under the direction of registered nurses and doctors. LPNs work within their scope of practice and are licensed by the state.

<https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm>

RN Registered nurses (RNs) provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. RNs work within their scope of practice and are licensed by the state.

<https://www.bls.gov/ooh/healthcare/registered-nurses.htm>

POLICY

1. The medical assistants, Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) will report directly the site's Nursing Supervisor. The nursing supervisors report directly to the Director of Clinical Operations
2. If certified, medical assistants will maintain state certification. LPNs and RNs will remain licensed by the Commonwealth of Massachusetts.
3. A detailed list of Medical Assistant, LPN, RN and Nurse Supervisor duties will be included in the job description.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

HILLTOWN COMMUNITY HEALTH CENTERS
FY 2019 Integrated Behavioral Health Services (IBHS) Grant Application
PROJECT SUMMARY

Hilltown Community Health Centers (HCHC) is applying for Integrated Behavioral Health Services (IBHS) funding in order to expand its behavioral health (BH) services to existing and new patients. HCHC will utilize funding to contract for psychiatric consult services and to directly hire behavioral health department staff.

HCHC will use IBHS funding to contract with an outside behavioral health agency or hospital and/or directly contract with a **psychiatrist** to:

- Provide providers with information about prescribing and managing psychopharmacological agents.
- Assess medication effects, side effects and drug-drug interactions.
- Recognize and categorize psychiatric symptoms.
- Initiate transfers to a psychiatry service.
- Provide tele-psychiatry services to HCHC patients

HCHC will use funding under this grant to directly hire .8 FTE **behavioral health provider** to expand BH services at its Worthington and Huntington sites. Currently HCHC has a waiting list of 100 patients throughout its sites who cannot be served due to a shortage of behavioral health providers.

HCHC will use IBHS funding to hire .8 FTE **behavioral health coordinator** to:

- Schedule same day visits with BH clinicians or medical providers in support of BH services.
- Communicate regularly with BH clients on waiting list.
- Provide reminder phone calls (48 hrs., 24 hrs. and text messages as appropriate) to facilitate fewer no show and cancelled appointments
- Support BH patients with identifying barriers to BH treatment, identify case management needs and make referrals for services both inside and outside of HCHC organizational scope.
- Create and maintain systems for tracking BH referrals and insurance authorizations.
- Provide BH coordinator services at HCHC's School-Based Health Center (SBHC) including accompanying students from class to BH appointments, determining appropriate insurance coverage and assisting with insurance authorizations.

HILLTOWN COMMUNITY HEALTH CENTERS
FY 2019 Integrated Behavioral Health Services (IBHS) Grant
BUDGET NARRATIVE

Budget Line Item	Federal	Non-Federal	Contribution to Project Goals
PERSONNEL			
BH LCSW .8 FTE	\$37,596	N/A	Provide behavioral health services to unserved patients.
Eligibility Assistance Worker .80 FTE	\$24,336	N/A	Assist patients obtain and successfully access behavioral health services.
Chief Clinical & Community Services Officer 0.066 FTE	\$7,551	N/A	Facilitate and coordinate integrated services between medical and behavioral health departments. Oversee contract for psychiatric consulting services.
TOTAL PERSONNEL	\$69,483	N/A	
FRINGE BENEFITS		N/A	
FICA @ 7.68%	\$5,336	N/A	
Health Insurance @ 6.24%	\$4,336	N/A	
Dental @ .64%	\$445	N/A	
Unemployment @ .32%	\$222	N/A	
Workers Comp @ .32%	\$222	N/A	
Disability @ .48%	\$334	N/A	
Retirement @ .32%	\$222	N/A	
TOTAL FRINGE BEN.	\$11,117	N/A	
SUPPLIES		N/A	
2 Lenovo ThinkPad T480 laptops @ \$1,200 ea.	\$2,400	N/A	Laptops for new BH provider and BH Coordinator positions.
TOTAL SUPPLIES	\$2,400	N/A	
Contracting			
Contract with BH Services agency or regional hospital to provide psychiatric consulting services for			Provide providers with information about prescribing and managing psychopharmacological agents. Assess medication effects, side effects and drug-drug interactions. Recognize and categorize psychiatric symptoms. Initiate transfers to a psychiatry service.

HILLTOWN COMMUNITY HEALTH CENTERS
FY 2019 Integrated Behavioral Health Services (IBHS) Grant
BUDGET NARRATIVE

approximately 5 hrs/wk @225/hr.	\$58,500	N/A	Provide tele-psychiatry services to HCHC patients
TOTAL CONTRACTING	\$58,500	N/A	
Other		N/A	
CEU training for medical staff and/or BH staff on psycho-pharmaceuticals and tele-psychiatry. Seven providers @ approximately \$500/ea.	\$3,500	N/A	CEU training for medical staff and BH staff on psycho-pharmaceuticals and tele-psychiatry applications.
TOTAL OTHER	\$3,500	N/A	
TOTAL BUDGET	\$145,000	N/A	

PERSONNEL JUSTIFICATION TABLE

YEAR 1					
Name	Position	% of FTE	Base salary	Adjusted Annual Salary	Federal Amount Requested
TBD	LCSW	.8%	\$46,995	\$46,995 (no adjustment needed)	\$37,596
TBD	Behavioral Health Coordinator	.8%	\$30,420	\$30,420 (no adjustment needed)	\$24,336
Michael Purdy	Chief Operating Officer	.066%	\$113,314	\$113,314 (no adjustment needed)	\$7554
				TOTAL	