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Hilltown Community Health Center
Board of Directors Meeting
11/12/2020
https://hchcweb-org.zoom.us/j/95708963346?pwd=L0dSODJjZWpUbVgvT2o4Z2dMa2xZdz09
Meeting ID: 957 0896 3346
Passcode: 339946
5:30 p.m. – 7:30 p.m.

AGENDA

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Time	Topic	Purpose	Presenter
5:30 PM	**Call to Order and Approval of Minutes**	**Vote Needed**	Lee Manchester, Chair
5:35 PM	**Finance Committee Report**	**Vote Needed**	John Follet, Treasurer John Melehov, CFO
5:55 PM	**Staff Presentation** • Implications of Current State and Federal Political Environment for HCHC	Inform	Eliza Lake
6:30 PM	**Committee Reports** • Executive Committee • Fundraising Committee • Personnel • Facilities • Recruitment, Orientation, and Nomination • Strategic Planning	**Vote Needed**	Lee Manchester Nancy Brenner John Follet Alan Gaitenby Wendy Long Nancy Brenner
6:45 PM	**Senior Management Reports** • Credentialing and Privileging Report • Quality Improvement Report • Risk Management • CEO Report	**Vote Needed** **Vote Needed** **Vote Needed** Inform/Discussion	Michael Purdy Vickie Dempesy Michael Purdy Eliza Lake
7:00 PM	**New Business** • Clinical Policies • Personnel Policy	**Vote** **Vote**	Eliza Lake
7:20 PM	**Old Business**		
7:20 PM	**Executive Session** (if needed)	Discussion	Lee Manchester
7:30 PM	**Adjourn**	**Vote Needed**	Lee Manchester

Upcoming Meetings
• December 10th, 5:30 PM by Zoom
• January 14th, 5:30 PM by Zoom
• February 11th, 5:30 PM by Zoom

HCHC BOARD OF DIRECTORS MEETING
Date/Time: 10/8/2020 5:30pm
Zoom Meeting

MEMBERS: Lee Manchester, President; John Follet, Vice President and Treasurer; Kathryn Jensen, Clerk; Alan Gaitenby; Wendy Long; Nancy Brenner; Seth Gemme;
STAFF: Eliza Lake, CEO; Michael Purdy, CCCSO; John Melehov, CFO; Vickie Dempsey, COO; Tabitha Griswold, Executive Assistant
ABSENT: Matt Bannister; Kate Albright-Hanna; Jennica Gallagher

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 9/10/2020	Lee Manchester called the meeting to order at 5:55 pm. Wendy Long noted that the language needed to be deleted in the "next steps" column related the auditor vote that happened in the previous meeting, not the September meeting. **Kathryn Jensen moved to approve the September Board minutes as amended. John Follet seconded the motion, which was approved by those present.**	The Board voted unanimously to approve the September 10, 2020 Board minutes as amended.
Finance Committee	• John Follet reported on the August financials. Finances are improving but still had a $66K loss in the month. Billing for medical and dental improving, and pharmacy had a huge gain. John Melehov reviewed the Interim financial report. One revenue difference noted in the behavioral health department as there was a slight decrease in revenue consequently from vacations taken during the month. • John Melehov reported on a retirement contribution issue. John reported in 2019 the retirement plan was audited, in the review of the plan there were some items that came up from 2010. Instead of the retirement contribution being based on weekly payroll, it was based on annual salary. Consequently, the contribution was based on 24 yearly payments not the standard 26 payments. This resulted not just a cancelled debt but an	The Board voted unanimously to approve the Finance Committee report

	increased liability, which John roughly estimates to be about $70K. There will be more follow up to report in the November meeting, once One America is able to start correcting the issue. Alteration to the plan document has been recommended for the near future. **Alan Gaitenby moved to approve the Finance Committee report. Wendy Long seconded the motion.**	
CEO Report	• Eliza Lake discussed the risk tier election for C3, and that management is not looking to change that low risk tier assignment. **Wendy Long moved to approve the election to engage in the low risk tier (tier three) for C3. Nancy Brenner seconded the motion.** • Eliza reported that a legislative email went out to our representatives about the importance of the health care reform bill. This bill being in the conference committee still. Eliza sent the representatives our asks including telehealth parity through 2022, and scope bills to include the nurse practitioners and dental therapist changes. • Eliza reported that the MassLeague is reconvening the conversation with the State on healthcare reimbursement for Medicare and Medicaid. As reported before, much is still unknown and tentative about this conversation. • Eliza reported that senior management is looking at potentially having a group come in to do audits on our compliance, and security systems.	Board voted unanimously to approve the election to engage in the lower risk tier for 3.
Executive Committee	• Lee Manchester reported that the committee did not meet.	
Recruitment, Orientation & Nominating (RON) Committee	• Wendy Long reported that the committee has not met, however, Wendy is working on her inclusion in the DEI committee.	
Facilities Committee	• Alan Gaitenby reported that the committee met in September. Received reports on mini-splits to be installed in the HHC dental wing in the Spring of 2021. All sites received upgrades to their air filtration systems. The cement walkway in the rear of Worthington is still an issue. The dirt floor under the medical wing in	

	Huntington is currently covered with plastic sheets to reduce moisture, however that is a temporary fix for the time being. General maintenance on WHC and HHC done with pressure washing and cutting back vegetation. There are also ongoing conversations regarding the need for front and propane tank barriers for the WHC and HHC buildings.	
Personnel Committee	• John Follet reported that this committee has met and reviewed personnel policies. Five of those policies came to the board for approval. Only change noted is to the Immunization against Communicable Diseases policy, the omitting of annual TB testing requirement. There was some discussion on the employee handbook, and the committee will be meeting further on that to discuss included policies that are more procedural in nature. • The Immunization against Influenza Policy had small procedural changes made (having to receive the vaccine regardless of masking) and will be discussed more at the personnel committee meeting at the end of the month.	
Strategic Planning	• Alan Gaitenby reported that the committee has not met but the staff have been doing work on collecting data. There will be a strategic planning session during this meeting.	
Fundraising Committee	• This committee has not met however, the Annual Report went out last week.	
Committee Reports	• **Nancy Brenner moved that the committee reports be approved. Seth Gemme seconded the motion.**	The Board voted unanimously to approve the Committee Reports
Strategic Planning Session	• Eliza Lake conducted a SWOT analysis forum for the members present. Those results will be provided to the strategic planning committee and reviewed.	
Quality Improvement/ Risk Management	• Michael Purdy reported that on quality improvement and risk management. There was discussion on changing some of the reporting structure for the QI committee, as Vickie Dempesy is now chair of that committee moving forward. Michael will continue to report on risk	The Board voted unanimously to approve the QI/ Risk

	management efforts while Vickie will report on quality improvement. The reporting structure for both quality improvement and risk management will also be changing to more accurately identify items to work on and so that incidents that are technically reportable are brought to the committee for review and consideration. Michael reported that risk management efforts have been focused on the staffing shortages for support staff. • Michael reported that the infection control work group has updated patient screening procedures. This update includes a more workable format, patients are screened three time prior to coming in, and there is better triage of patients that screen positive. Different scenarios for patients that do screen positive have been worked through and those patients will be triaged thoroughly for best course of action. Michael reported that there is a risk in the uptick of mask fatigue, therefore messaging has been going out on the importance of proper PPE wearing. • HCHC still does not offer COVID-19 testing, however Michael reported that there conversations of potentially getting involved with in-home testing. **Wendy Long moved to accept the QI/RM report, Nancy Brenner seconded.**	Management Report.
Credentialing/ Privileging Report	• Michael Purdy informed the Board that the following employee is being presented for initial credentialing: o Meredith Morgan, FNP **Nancy Brenner moved to approve the initial credentialing of the employee as presented, Alan Gaitenby seconded the motion.**	The Board voted unanimously to approve the initial credentialing of the employee. Bridget Rida to notify employee of the granted credentials.
New Business	• Eliza Lake presented the Corporate Compliance Program, including the annexes.	The Board voted

4

	Alan Gaitenby moved to approve the Corporate Compliance Program, and Nancy Brenner seconded the motion. • Eliza Lake presented the HIPAA management and security policies for review. **Wendy Long moved to approve the slate of HIPAA policies, and Seth Gemme seconded the motion.** • Eliza Lake presented the Credentialing and Privileging Policy. This policy was updated extensively last year, therefore no needed changes this year. Small amended was noted to exclude the need to reference Annex 7, as it was omitted in the Corporate Compliance Policy. **Nancy Brenner moved to approve the Credentialing and Privileging Policy as amended and John Follet seconded.** • Eliza Lake presented the Personnel policies. These policies have been reviewed but are unchanged since last year. **John Follet moved to approve the slate of personnel policies, and Wendy Long seconded the motion.**	unanimously to approve the Corporate Compliance Program. The Board voted unanimously to approve the slate of HIPAA policies. The Board voted unanimously to approve the slate of Personnel policies.
Old Business	• No old business was discussed	
Executive Session	• None	
Next Meeting	**Nancy Brenner moved the meeting be adjourned. Seth Gemme seconded the motion, which was approved by those present.** The meeting was adjourned at 7:39 pm. The next scheduled meeting, which will be November 12, 2020 via Zoom.	The Board voted unanimously to approve adjourn.

Respectfully submitted,
Tabitha Griswold, Executive Assistant
Approved by Board of Directors:

_____   _____

Chair, HCHC Board of Directors   Date

QI-RISK MANAGEMENT COMMITTEE

Location: Zoom Meeting
Date/Time: 9/15/2020 9:15am

TEAM MEMBERS: Franny Huberman, Behavioral Health Representative; Tabitha Griswold, Executive Assistant; Kim Savery, Community Programs Representative; Michael Purdy, CCCSO; Cynthia Magrath, Practice Manager; MaryLou Stuart, Dental Representative; Vickie Dempesy, COO; Jon Liebman, Medical Director
ABSENT: Eliza Lake, CEO

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of past minutes	The minutes for July and August were reviewed by those present. The minutes are uploaded on to the QI Committee SharePoint on Office 365. **Jon Liebman motioned to approve the July and August minutes; Kim Savery seconded the motion.**	The July and August minutes were approved unanimously.

Risk Management	• Vickie discussed the need to formalize the structure for reporting and the tool to report for each department. Also discussed the need to report other issues as they relate to risk management and QI on a monthly basis.
	• Vickie asked for feedback on the metrics and challenges each department head has for reporting:
	    ○ Michael Purdy reported that he is working to establish quality measures for eye care. Michael is working with MassLeague to identify those quality measures.
	    ○ MaryLou Stuart discussed issues with dentals current data as it may be skewed due to COVID-19 this year, especially related to childcare.
	    ○ Kim Savery will look at C3 measures for SDOH and add follow ups to the community programs report.
	    ○ Franny Huberman discussed how she runs the behavioral health reports on eCW, which is sometimes strenuous. Still looking at the best quality measures when report on behavioral health.
	• The peer review process was discussed, this has been on hold due to staffing shortages. Vickie discussed the need for the process to be more formalized. Vickie will work with Michael to review the current peer review policy. Franny discussed that behavioral health department has still been able to do weekly case review, however as recommended by HRSA, they need another layer of review. Vickie to reach out individually to each department head to work on formalizing the peer review process.	

Behavioral Health Dashboard	• Franny Huberman reported on the 1st QTR report from the behavioral health department. There were no concerning numbers during this report, however the waitlist was growing. The care coordinator position was filled during the 2nd quarter but was slow to start due to the pandemic.	

	• During the 2nd quarter, the department transitioned to working totally remote. Franny identified a risk that consent forms were slow to obtain from patients. The suspension of same day access visits also posed a risk. Currently, providers are reading consent forms out loud and verbally agreeing consent.	
Incident Report	• Michael Purdy reported a recent HIPAA violation incident. The incident involved a staff member sending out a domestic violence referral to a non-staff member via email. The report went to the compliance officer, Eliza Lake, who made sure all processes were followed. An email was sent to all staff about the importance of checking recipients of any emails sent. This incident was not a process break down.	
Adjourn	Michael Purdy moved that the meeting be adjourned, the meeting was adjourned at 12:05pm. The next meeting is scheduled for **Tuesday, October 20, 2020 via Zoom following the Department Head Meeting at 9:15 am.**	

Respectfully submitted,
Tabitha Griswold, Executive Assistant

Interim Financial Statement Presentation

September 2020 – Presented 11/12/2020

Highlights

▶ **$228K** Net Loss in September.

▶ YTD Net **$571K** loss

▶ **$94K** negative cash flow

▶ **$1,171,200** PPP Loan forgiven in full! – 11/2/2020

  ▶ Look for improved YTD net when prior months restated

Income Statement

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	Aug Actual	Sept Actual	YTD Total Actual	PY YTD Actual	$ Change	% Change
OPERATING ACTIVITIES													
Revenue													
Patient Services - Medical	$194,733	$157,776	$162,144	$127,027	$132,581	$147,308	$105,190	$147,451	$147,640	$1,321,851	$1,961,939	($640,088)	-33%
Patient Services - Dental	$145,933	$123,425	$70,156	$17,187	$11,337	$26,937	$32,119	$57,754	$87,135	$571,982	$1,442,506	($870,524)	-60%
Patient Services - Beh. Health	$39,953	$37,463	$29,811	$29,864	$25,700	$30,858	$46,280	$22,958	$31,480	$294,366	$279,226	$15,140	5%
Patient Services - Optometry	$19,191	$13,103	$12,268	$4,184	$3,632	$3,162	$9,814	$16,594	$15,561	$97,508	$163,437	($65,929)	-40%
Patient Services - Optometry Hardware	$10,443	$4,945	$2,446	$998	$996	$3,574	$3,894	$5,390	$6,201	$38,887	$69,719	($30,832)	-44%
Patient Services - Pharmacy	$7,260	$6,065	$11,596	$18,350	$24,126	$27,724	$13,829	$79,287	$41,854	$230,090	$96,378	$133,712	139%
Quality & Other Incentives	$475	$324	$24,149	$277	$25	$7,684	$279	$238	$337	$33,789	$36,884	($3,095)	-8%
HRSA 330 & Other Grant	$136,455	$138,372	$139,990	$225,857	$131,598	$155,075	$24,098	$88,619	$33,534	$1,073,600	$1,295,193	($221,593)	-17%
Other Grants & Contracts	$59,052	$60,987	$64,025	$289,624	$187,345	$245,236	$200,559	$66,665	$102,503	$1,275,998	$638,223	$637,775	100%
Int., Dividends Gain /Loss Investmenst	($2,424)	($22,104)	($40,933)	$27,765	$13,531	$7,243	$15,548	$16,824	($6,562)	$8,887	$40,968	($32,081)	-78%
Rental & Misc. Income	$4,002	$3,700	$1,132	$2,333	$2,567	$2,567	$4,002	$2,159	$2,567	$25,029	$23,560	$1,469	6%
Total Operating Revenue	$615,073	$524,057	$476,784	$743,467	$533,437	$657,368	$455,612	$503,939	$462,251	$4,971,987	$6,048,032	($1,076,045)	-18%

▶ Patient billings showing small signs of recovery

▶ $42K in Pharmacy payments

▶ Grant payments will up-tick after we coordinate PPP application with other funds

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	Aug Actual	Sept Actual	YTD Total Actual	PY YTD Actual	$ Change	% Change
Compensation and related expenses													
Salaries and wages	($481,077)	($448,425)	($386,453)	($256,747)	($481,227)	($349,402)	($380,723)	($343,543)	($432,333)	($3,559,930)	($4,095,658)	$535,728	13%
Payroll taxes	($36,589)	($33,543)	($29,040)	($19,068)	($35,581)	($24,476)	($24,710)	($21,815)	($29,232)	($254,054)	($319,179)	$65,125	20%
Fringe benefits	($43,725)	($28,748)	($25,023)	($37,384)	($35,876)	($36,396)	($35,287)	($33,702)	($30,528)	($306,668)	($345,654)	$38,985	11%
Total Compensation & related exp	($561,390)	($510,716)	($440,516)	($313,198)	($552,684)	($410,274)	($440,720)	($399,060)	($492,093)	($4,120,652)	($4,760,491)	$639,838	13%

▶ Salaries increased over August due to additional providers and push to bringing back support staff

▶ Still 13% or $640K favorable to last year

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	Aug Actual	Sept Actual	YTD Total Actual	PY YTD Actual	$ Change	% Change
Other Operating Expenses													
Advertising and marketing	$0	$0	($99)	$0	$0	($240)	($341)	($255)	($561)	($1,496)	($7,842)	$6,346	81%
Bad debt	($1,307)	$6,292	($9,288)	($8,831)	($4,411)	($8,382)	$8,168	$988	$5,524	($11,247)	($118,820)	$107,573	91%
Computer support	($7,088)	($6,199)	($21,428)	($9,589)	($12,655)	($8,388)	($8,388)	($1,948)	($8,027)	($83,710)	($59,583)	($24,128)	-40%
Conference and meetings	($248)	($1,350)	$0	$1,475	($1,882)	($480)	($30)	($2,636)	($358)	($5,510)	($6,412)	$903	14%
Continuing education	($2,368)	($1,092)	$0	$0	($308)	($1,733)	($275)	($496)	($218)	($6,491)	($25,403)	$18,912	74%
Contracts and consulting	($2,713)	($17,931)	($28,137)	($20,701)	($38,786)	($22,638)	($19,439)	($18,699)	($36,352)	($205,394)	($59,871)	($145,523)	-243%
Depreciation and amortization	($27,651)	($29,438)	($28,544)	($28,544)	($28,544)	($28,544)	($28,544)	($28,544)	($28,544)	($256,899)	($248,855)	($8,044)	-3%
Dues and membership	($2,355)	($3,243)	($2,355)	($2,530)	($2,405)	($7,955)	($3,247)	($6,692)	($1,850)	($32,630)	($26,183)	($6,447)	-25%
Equipment leases	($2,580)	($1,877)	($2,273)	($2,671)	($2,911)	($2,487)	($945)	($1,413)	($2,529)	($18,751)	($21,422)	$2,671	12%
Insurance	($2,128)	($2,202)	($2,202)	($2,192)	($2,192)	($2,192)	($2,192)	($2,192)	($2,192)	($19,683)	($18,989)	($694)	-4%
Interest	($1,289)	($1,279)	($1,187)	($1,258)	($1,209)	($1,238)	($1,187)	($1,723)	($156)	($10,526)	($12,106)	$1,580	13%
Legal and accounting	($2,500)	($2,500)	($2,626)	($2,500)	($2,895)	($2,668)	($2,500)	($2,500)	($2,500)	($23,189)	($20,704)	($2,485)	-12%
Licenses and fees	($4,115)	($6,952)	($4,006)	($2,898)	($2,959)	($3,504)	($3,794)	($3,775)	($4,525)	($36,526)	($34,847)	($1,679)	-5%
Medical & dental lab and supplies	($10,442)	($9,416)	($6,226)	($897)	($283)	($1,630)	($3,256)	($8,571)	($7,997)	($48,719)	($94,110)	$45,391	48%
Merchant CC Fees	($1,576)	($1,690)	($2,037)	($1,492)	($633)	($564)	($571)	($1,067)	($1,368)	($10,996)	($14,513)	$3,517	24%
Office supplies and printing	($2,304)	($3,052)	($1,899)	($7,188)	($1,530)	($7,637)	($7,234)	($13,799)	($7,334)	($51,977)	($30,145)	($21,832)	-72%
Postage	($117)	($2,051)	($2,240)	$151	($2,233)	($2,040)	($511)	($28)	($2,066)	($11,437)	($11,226)	($211)	-2%
Program supplies and materials	($19,372)	($17,012)	($14,163)	($2,688)	($15,733)	($17,073)	($13,480)	($18,625)	($30,784)	($148,930)	($174,785)	$25,854	15%
Pharmacy & Optometry COGS	($7,980)	($10,963)	($4,699)	($3,785)	($3,420)	($9,287)	($6,308)	($19,791)	($30,040)	($96,272)	($101,793)	$5,521	5%
Recruitment	($4,049)	($527)	($90)	$0	$0	$0	$0	$0	$0	($4,666)	($12,773)	$8,107	63%
Rent	($6,964)	($8,584)	($10,064)	($6,964)	($15,758)	($13,843)	($16,052)	($11,738)	($20,683)	($110,653)	($69,688)	($40,964)	-59%
Repairs and maintenance	($13,597)	($18,942)	($15,221)	($11,565)	($12,108)	($21,849)	($15,799)	($10,838)	($15,690)	($135,609)	($121,005)	($14,604)	-12%
Small equipment purchases	$0	($1,669)	$0	($1,299)	($4,240)	($12,046)	($7,050)	$0	($1,704)	($28,008)	($14,411)	($13,597)	-94%
Telephone	($10,928)	($13,895)	($14,263)	($15,336)	($14,707)	($14,343)	($13,859)	($14,701)	($14,258)	($126,290)	($116,797)	($9,494)	-8%
Travel	($1,947)	($1,348)	($940)	($639)	($327)	($1,076)	($1,171)	($1,050)	($1,184)	($9,682)	($18,087)	$8,405	46%
Utilities	($3,234)	($5,499)	($3,312)	($4,481)	($4,838)	($2,955)	($3,467)	($3,102)	($3,643)	($34,530)	($37,670)	$3,140	8%
Total Other Operating Expenses	($138,848)	($162,418)	($177,298)	($135,788)	($176,969)	($194,792)	($151,474)	($173,195)	($219,038)	($1,529,821)	($1,478,039)	($51,782)	-4%
NET OPERATING SURPLUS	($85,166)	($149,077)	($141,031)	$294,481	($196,216)	$52,302	($136,583)	($68,317)	($248,881)	($678,486)	($190,498)	($487,988)	-256%

- Rent includes Emergency Housing Funds
- Year over Year increases ($52K) primarily due to Covid related additions

Net Deficit (Income)

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	Aug Actual	Sept Actual	YTD Total Actual	PY YTD Actual	$ Change	% Change
NON_OPERATING ACTIVITIES													
Donations, Pledges & Contributions	$120	$9,800	$20,725	$40,211	$4,657	$1,476	$7,740	$2,000	$20,432	$107,162	$165,021	($57,860)	-35%
Capital Grants	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$84,274	($84,274)	-100%
NET NON-OPERATING SURPLUS	$120	$9,800	$20,725	$40,211	$4,657	$1,476	$7,740	$2,000	$20,432	$107,162	$249,295	($142,133)	-57%
NET SURPLUS/(DEFICIT)	($85,046)	($139,277)	($120,306)	$334,692	($191,559)	$53,778	($128,843)	($66,317)	($228,449)	($571,325)	$58,797	($630,121)	-1072%

▶ YTD Deficit continues to grow

▶ Cash should hold out for around 17 months at current levels

▶ 70 days cash on hand (how long the cash will last if income dried up)

Cash Flow

CASH FLOWS FROM OPERATING ACTIVITIES		
	NET SURPLUS/(DEFICIT) FOR PERIOD	($228,449)
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH		
	NET CASH PROVIDED (USED) BY OPERATING ACTIVI	($124,223)
CASH FLOWS FROM INVESTING ACTIVITIES		
	NET INCREASE/(DECREASE) IN CASH	($94,396)
	CASH AND CASH EQUIVALENTS AS OF 8/1/2020	$2,085,214
	CASH AND CASH EQUIVALENTS AS OF 8/31/2020	$1,990,818

▶ Cash on hand decreased $94K

▶ Cash on hand decreased $75K in August

Balance Sheet (as of 8/31/20)

ASSETS		
	Total Current Assets	$1,951,578
	Net Property & Equipment	$4,093,541
	Total Other Assets	$348,738
TOTAL ASSETS		**$6,393,857**
Liabilities & Fund Balance		
	Total Current Liabilities	$2,459,660
	Total Long Term Liabilities	$136,575
Total Liabilities		**$2,596,235**
	Total Fund Balance / Equity	3,797,621
Total Liabilities & Fund Balance		**6,393,857**

▶ Current Assets = $1.95 M

▶ Current Liabilities = $2.46 M

▶ Current Ratio = **0.79** down from **0.87** in August

  ▶ Current Ratio as of 11/10/20 with PPP forgiveness = 1.45

Other Items

- Work on retirement plan correction continues
  - Estimates remain around $70K in total cost
  - Plan document revised, awaiting review and signature

- Beginning exploratory steps for in-house pharmacy
  - Off-site and outsourced mail order system possible
  - Potential revenue bump to allow us to tread water more easily

- Budget process to begin soon. Rough math shows a projected ($1M) operating loss

Policy Title:	Policy Number:
Administrative Management Policy	SBHC-01
Department:	**Policy status:**
School Based Health Center	Active- New
Regulatory Reference:	
Date Published: SEP 2019	
Dates Reviewed: NOV 2020	
Dates Revised:	

PURPOSE:

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

POLICY:

1. HCHC administrative process must include policies and procedures for the following:
   - Filing of accident/incident reports in-house
   - Serious incidents reports to DPH
   - Keeping of behavioral health, and medical records
   - Handling complaints
   - Maintenance of patient confidentiality
   - Filing suspicion of child neglect
   - Employee health
   - Disposal and removing hazardous waste
   - Emergency/crisis planning
   - Off hours coverage
   - Assist and participate in school events
   - Enrollment of students
   - Communication between HCHC sites
   - Selection, licensure and training of SBHC personnel
   - Quality Improvement Program
   - Retention of patient files
   - No smoking policy
   - Staffing coverage

2. This policy will serve as the overarching SBHC Administrative Policy. Its approval by the Board of Directors signifies subsequent approval of all underlying policies as identified in the above listing.

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

Approved by Board of Directors on: _____
Approved by:

_____   _____

Chief Executive Officer, HCHC   HCHC Board of Directors

<u>PROCEDURE:</u>

Policy Title:	Policy Number:
Clinical Process Policy	SBHC-02
Department:	**Policy status:**
School Based Health Center	Active
Regulatory Reference:	
Date Published: SEP 2019	
Dates Reviewed: NOV 2020	
Dates Revised:	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for clinical processes in the School Based Health Center (SBHC).

POLICY:

1. SBHC clinical process must include policies and procedures for the following:
   - Appointments for behavioral health, students ill at home, community patients, and student medical
   - Care of unemancipated Minors
   - Chlamydia-Gonorrhea screening
   - Collaborative care of children
   - Confidential visits
   - Emergency transfer of patients
   - Infection Control-Safety
   - Lab testing
   - Medication prescribing
   - Missed behavioral health appointment
   - Notification of primary Care Provider
   - Parent Admission-Consent to care
   - Maintenance of medical equipment
   - Referral of patients to emergency care, and behavioral health services
   - Reportable disease and conditions
   - Self-administered pediatric symptoms
   - Services for school staff and that are provided-referred
   - Storage and disposal of emergency medications
   - Seeing students in behavioral health crisis
   - Treatment of minors
   - Triage

2. This policy will serve as the overarching SBHC Clinical Policy. Its approval by the Board of Directors signifies subsequent approval of all underlying policies as identified in the above listing.

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

Approved by Board of Directors on: _____
Approved by:

_____   _____

Chief Executive Officer, HCHC   HCHC Board of Directors

Policy Title: Policy on Personnel Policies	Policy Number: HR-?
Department: All Departments	Policy status: New- Resolution to the Board
Regulatory Reference:	
Date Published: OCT 2020	
Dates Reviewed:	
Dates Revised:	

PURPOSE:

To encompass procedures into the employee Handbook either directly or by link to longer procedure.

POLICY:

The following Personnel Policies will be incorporated into the Employee Handbook and approved by the Board as part of the approval of the Handbook ~~as needed~~ rather than as part of the ==annual review== of policies.

1. Immunization Against Communicable Diseases
~~1.~~2. Immunization against Influenza
~~2.~~3. Phone Use for Personal Matters
~~3.~~4. CORI Policy
~~4.~~5. Employee Badge
~~5.~~6. Employee Use of Social Media
~~6.1. Fragrance Controlled Work Environment~~
~~7. Locations of Personnel files~~
~~8. Procedures for Interviewing~~
~~9. Procedures for Unplanned Absence~~
~~10.~~7. Sick Leave Bank Policy
8. Health work environment
    a. Smoke and tobacco Free Work Place
    —— Fragrance Controlled Work Environment

~~11.~~9. Time off during 90 Day

Questions regarding this policy or any related procedure should be directed to the ~~Practice~~ Human Resources Manager at 413-~~667-0142.~~238-4133.

Approved by Board of Directors on: _____
Approved by:

_____   _____
Chief Executive Officer, HCHC   HCHC Board of Directors

1

Policy Title:	**Policy Number:**
Dismissal of Patients from Practice	MED-07
Department:	**Policy status:**
Clinical Departments	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, OCT 2020	
Dates Revised: Mar 2016, May 2019, OCT 2020	

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:

_____   _____

Chief Executive Officer, HCHC President   HCHC Board of Directors

1

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.

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. If termination of care is deemed necessary, 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:

_____   _____

Cynthia Magrath/Date   Dawn Flatt, RN/Date
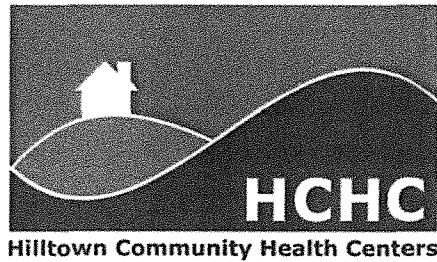
Policy Title:	Policy Number:
Hospital/ ER Follow Up	Med- 14
Department:	**Policy status:**
Clinical	Active
Regulatory Reference: NONE	
Date Published: JUN 2012	
Dates Reviewed: MAY 2018	
Dates Revised: JUNE 2019	

PURPOSE:

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

POLICY:

1. HCHC will maintain a protocol for ensuring patients are contacted within 2 business days following discharge from a hospital or an emergency room.

2. HCHC will document follow up patient contact in the electronic medical record (EMR).

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

Approved by Board of Directors on: _8/8/19_

Approved by:

_____
Chief Executive Officer, HCHC

_____
HCHC Board of Directors

PROCEDURE:

1. Nursing will be notified of all Hospital / ER visits

    a. When scanners receive Hospital or ER records, they will create a telephone encounter (TE) and send to nursing queue.

    b. When providers receive hospital/ER lab or DI results, they will create TE and send to nursing queue.

    c. Prior to creating a new TE, ensure that one doesn't already exist for the incident.

2. Team or covering team nurse will contact the patient by phone or letter within 2 business days.

    a. If contact made by phone, nurse will assess the patient and complete the appropriate template. This includes reviewing the discharge instructions with the patient

    b. Patient will be sent a letter ONLY if it is clear that no follow up is needed and will complete the appropriate template

    c. Nursing will ensure that all pertinent medical information is received from the hospital or ED, including discharge summaries, lab reports, diagnostic imaging reports, etc.

    d. Nursing will arrange follow up visit, if needed or enter a referral if patient is to follow up with outside specialist.

3. TE will be forwarded to the PCP for review.

Policy Title: Periodic Record Review for Quality Assurance and Improvement	Policy Number: MED-
Department: Clinical	Policy status: Active
Regulatory Reference:	
Date Published: APR 2017	
Dates Reviewed: MAY 2018	
Dates Revised: NOV 2020	

PURPOSE:

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

POLICY:

All providers, physicians, nurse practitioners, physician assistants, dentist, licensed clinical social workers, and optometrist, will have a sample of their charts reviewed on a periodic basis to promote the maintenance of high quality health care at HCHC., It is the intent that this process be used in a constructive way to assess and improve the quality of care, and in general, to identify systemic issues without any punitive intent directed at a clinician. In addition, the process is intended to be simple and efficient so that it may be easily continued over time without unduly burdening clinical staff.

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

Approved by Board of Directors on: _____

Approved by:

_____   _____
Chief Executive Officer, HCHC   HCHC Board of Directors

PROCEDURE:

Routine Peer Review Process

All providers will have a sample of their records reviewed on a periodic basis. At a minimum a quarterly sample of four records from each clinical provider will be reviewed. These records will include a sampling of services for which the provider is credentialed. For those clinicians who see both adult and pediatric patients, the selected records will include both.

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

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

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

Hilltown Community Health Centers
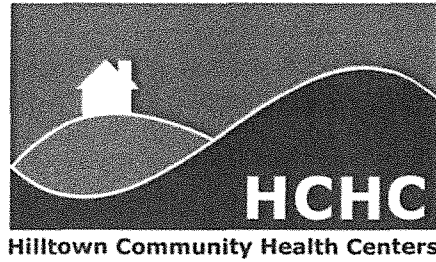
Policy Title:	Policy Number:
Tracking Patient Referrals	Med-28
Department:	**Policy status:**
Clinical	Active
Regulatory Reference: NONE	
Date Published: NOV 2012	
Dates Reviewed: MAY 2018	
Dates Revised: MAY 2019	

PURPOSE:

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

POLICY:

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

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

Approved by Board of Directors on: _____ 8/8/19 _____

Approved by:

_____   _____
Chief Executive Officer, HCHC   HCHC Board of Directors

1

PROCEDURE:

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

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

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

1. On a bi-weekly basis, the Team MA will assess if consult notes have been received for pending referrals in the last 90 days.
2. When consult note is received, scanners will upload them to patient documents and assign the consult note to the provider and address the referral.
   a. Scanners will check the "Received date" box and go into the structured data and click on the "received consult note from specialist" box and a date will populate.
3. During reconciliation, if consult note has been received and the referral is not addressed the Team MA will enter the date received from the scanned document in the "received date" box and "received consult note from specialist" in the structured data tab.

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

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