

Hilltown Community Health Center

**Board of Directors Meeting**

October 14, 2021

<https://hchcweb-org.zoom.us/j/97600369054?pwd=b2cyeUtmdHNlcGN1R2hINEpWUUm90QT09>

Meeting ID: 976 0036 9054

Passcode: 627611

5:30 p.m. – 7:30 p.m.

**AGENDA**

<u>Time</u>	<u>Topic</u>	<u>Purpose</u>	<u>Presenter</u>
5:30 PM	Call to Order and Approval of Minutes	Vote Needed	Lee Manchester
5:35 PM	Finance Committee Report	Vote Needed	Treasurer John Melehov
5:45 PM	Committee Reports	Vote Needed	
	<ul style="list-style-type: none"><li>Executive Committee</li><li>Fundraising Committee</li><li>Personnel</li><li>Facilities</li><li>Recruitment Orientation and Nomination</li><li>Strategic Planning</li></ul>		Lee Manchester Nancy Brenner John Follet Alan Gaitenby Wendy Long  Nancy Brenner
5:55 PM	Senior Management Reports		
	<ul style="list-style-type: none"><li>Credentialing and Privileging Report</li><li>Quality Improvement Report<ul style="list-style-type: none"><li>Board QI Report, July-Dec 2020</li><li>Board QI Report, Jan-June 2021</li></ul></li><li>Risk Management</li><li>CEO Report<ul style="list-style-type: none"><li>Staff Compensation Presentation</li></ul></li></ul>	Vote Needed Vote Needed Vote Needed Vote Needed Vote Needed Inform/Discussion	Michael Purdy Vickie Dempsey Vickie Dempsey Vickie Dempsey Michael Purdy Eliza Lake
6:40 PM	New Business		
	<ul style="list-style-type: none"><li>School-Based Health Center Policies</li></ul>	Vote Needed	Eliza Lake
6:40 PM	Old Business		
6:55 PM	Executive Session (if needed)	Discussion	Lee Manchester
7:30 PM	Adjourn	Vote Needed	Lee Manchester

**Upcoming Meetings**

- Thursday, November 11, 2021 at 5:30 PM via Zoom – This is a holiday – do we need to reschedule?
- Thursday, December 9, 2021 at 5:30 PM via Zoom
- Thursday, January 13, 2021 at 5:30 PM via Zoom

## HCHC BOARD OF DIRECTORS MINUTES

Date/Time: 9/9/2021 5:30pm

Zoom Meeting

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

**STAFF:** Eliza Lake, CEO; John Melehov, CFO; Vickie Dempsey, COO; Tabitha Griswold, Executive Assistant; Michael Purdy, CCCSO

**GUESTS:** Elizabeth Zuckerman; Carole Bergeron

**EXCUSED:** Jennica Gallagher; Seth Gemme

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 8/12/2021	<p>Lee Manchester called the meeting to order at 5:35 pm.</p> <p>Correction noted that Eliza Lake was absent from the August meeting; the minutes will be amended to reflect.</p> <p><b>Nancy Brenner moved to approve the August minutes as amended. Alan Gaitenby seconded the motion.</b></p> <p>Wendy Long introduce Elizabeth Zuckerman and Carole Bergeron as potential Board member candidates. The members and staff present introduced themselves. Both Carole and Elizabeth provided a brief introduction and relevant experience.</p>	The Board unanimously approved to the August 12 <sup>th</sup> minutes.
Finance Committee	John Follet reported on the Interim Financial Statement for July. John Melehov briefly noted the positive \$1.5M net income, the majority being attributed to the forgiven Paycheck Protection Program (PPP) loan (approximately \$1.2M) and \$321K positive cash flow, a result of the resumption of the 330 grant drawdown. Patient revenue was mostly consistent with the last few months, and the pharmacy revenue remains strong. Finally receiving 340B money from Wal-Mart, should see that in the August or September financials. The 330 drawdown resumed as mentioned above, with \$288K billed in July (normal amount).	The Board voted unanimously to approve the Finance Committee report.

	<p>The comparison from 2019 shows that we are still at a deficit in most patient services except for Behavioral Health and Pharmacy, trending essentially the same month to month. Discussed possibilities for increasing patient revenue and responding to hesitancy from the pandemic, especially regarding getting the revenues at least back to 2019 numbers. Expenses are about 3% off budget, which is reasonably close. The slight decrease in expenses this month is due to staff ordering less supplies and a large portion of salaries being covered by grants. The ratio had a slight increase to 3.4, a strong cash position.</p> <p>Eliza Lake also noted, as of January 1<sup>st</sup> the MassHealth rates will increase dramatically (still to be negotiated with MassHealth), which will have an impact on patient revenue.</p> <p>John provided an update on his first meeting with the new Auditors, Whittesley.</p> <p><b>Alan Gaitenby moved to approve the Finance Committee report. Nancy Brenner seconded the motion.</b></p>	
Executive Committee	This committee met on August 30 <sup>th</sup> . The committee discussed ongoing issues such as staff turnover especially in regard to medical providers, and support staff as well as potential preliminary disruption to services during the Epic conversion.	
Fundraising Committee	While this committee did not meet Nancy Brenner reported that Alex Niefer has sent a draft of Annual Report to the committee to review, some suggestions were made. The report will be sent to the printer tomorrow and physical copies will be sent a select group of individuals, including donors.	
Personnel Committee	The committee met on September 2 <sup>nd</sup> . The committee discussed the COVID vaccination policy, as will be discussed later in the meeting. The staff satisfaction survey is still out for staff to complete. This will likely be discussed next month once staff has had a chance to respond and the results are analyzed.	
Facilities Committee	Alan Gaitenby reported that the WHC solar array has been approved by the town building inspector and should start	

	install in the next month or so. There is still work being done on the HVAC system regarding finding a contractor to work on our systems.	
RON Committee	Wendy Long reported that the committee is working to set up an interview with another potential Board member candidate in the upcoming weeks.	
Strategic planning	Nancy Brenner reported that the committee will meet and discuss the recent interviews that Eliza has had with three consultants. They will figure out next steps with the chosen consultant once that meeting happens.	
Committee Reports	<b>Wendy Long moved that the Committee reports be approved. Wendy Long seconded the motion.</b>	The Board voted unanimously to approve the Committee Reports.
Credentialing/ Privileging Report	<p>Michael Purdy presented a report on the following new employee for the month of August was credentialed and privileged:</p> <ul style="list-style-type: none"> <li>○ Laurel Chute, Doctor of Optometry</li> </ul> <p><b>Matt Bannister moved that the Credentialing and Privileging Report of the above employee be approved. John Follet seconded the motion.</b></p>	The Board voted unanimously to approve the Credentialing and Privileging Report.
Quality Improvement/ Risk Management	Vickie provided a brief report, as there was no QI meeting last month. Provided a status of COVID-19 vaccination with the transition to point-of-care vaccinations from large scale clinics; about 26 vaccines were provided through this method in Huntington and 6 in Worthington. Some third doses have been given to immunocompromised patients. The pop-up clinics were successful with vaccines given at each of the recent clinics in August. The Vaccination Team meeting is looking at clinics in Russell, and local health fairs, and at potentially providing flu and COVID-19 vaccines at the same time through the Fall. Continued work with the local school to roll out clinics at those locations, as the school year begins. Discussed the difference between third doses versus boosters, currently only third doses are being recommended and approved for immunocompromised patients.	<p>The Board voted unanimously to approve the Quality Improvement Report.</p> <p>The Board voted unanimously to approve the Risk Management Report.</p>

	<p>The 330-grant (Service Area Competition) application, which is due in December, has removed many of the measures for quality goals and geared them towards health equity reporting.</p> <p><b>Kathryn Jensen moved to accept the Quality Improvement report, Nancy Brenner seconded that motion.</b></p> <p>Michael Purdy reported on Risk Management in three areas of focus, which are staffing, COVID-19 and Epic transition. The staffing shortage is at a critical point for medical and dental support staff, however medical providers and Optometry is fully staffed. Senior Management is looking at restructuring recruitment and retention. Continued training to ensuring safety of staff and patients regarding employee health and staff getting potentially lackadaisical with coming in and feeling ill. Looking at mitigating any loss of productivity from a potential transition to Epic as an electronic health record. Also, implement protocol to make sure that training sign-ins are being completed. Michael attended a training yesterday for FTCA.</p> <p><b>Alan Gaitenby moved to accept the Risk Management report, Wendy Long seconded that motion.</b></p>	
CEO Report	<p>Eliza reported that a preliminary presentation of the state's federal 1115 waiver for Medicaid just came out and includes proposals for a primary care capitation model and a focus on health equity including expanding coverage. Monitoring that application, and comments submitted with the final proposal being developed to be sent to MassHealth.</p> <p>Getting close to hiring a short-term contract DEI consultant to develop a plan for the Health Center, and to support the DEI Committee.</p> <p>Met with the new school Superintendents at Gateway and Hampshire to discuss collaboration.</p>	
New Business	<p>Eliza Lake presented the administrative policies recommended for approval. Most policies had no substantial changes to the policies. All changes are noted in redline. The</p>	<p>The Board voted unanimously to approve the slate of</p>

	<p>Legislative Mandates Policy has been updated with the 2021 mandates included. The policies presented were:</p> <ul style="list-style-type: none"> <li>○ Adverse-Event and near Miss Incident Reporting</li> <li>○ Conflict of Interest Policy</li> <li>○ Electronic Information for Collection and Use Policy</li> <li>○ Establishment of Business Associate Agreements</li> <li>○ Firearms in the Workplace</li> <li>○ Fire Safety and Evacuation</li> <li>○ Gift Acceptance</li> <li>○ Health Center Closure Policy</li> <li>○ Hours of Operation</li> <li>○ Legislative Mandates Policy</li> <li>○ Patient Complaint and Grievance Policy</li> <li>○ Policies Policy</li> </ul> <p><b>Matt Bannister motion to approve the above slate of Administrative Policies and Alan Gaitenby seconded the motion.</b></p> <p>Eliza Lake presented the Immunization Against Influenza and COVID-19 Policy. The Influenza vaccine is already required, but the policy now includes the COVID-19 immunization and allows for medical and religious exemptions. This will apply to all staff, contractors involved in patient care, volunteers, or students. The timeline is as follows: an email will go out tonight to all staff for staff to provide documentation to HR with a vaccination date no later than November 1<sup>st</sup>. Those who want to request an exemption will have 10 days to do so. Staff will be provided a vaccine for those that still need a vaccination. Any accommodation will be developed on an individual basis. Also discussed exemption forms and applicability of those forms with implications on qualifying exemptions that will be forwarded to an internal committee to review. The membership agreed that this is consistent with many other organizations and recent Federal recommendations.</p>	<p>Administrative Policies.</p> <p>The Board voted unanimously to approve the Immunization Against Influenza and COVID-19 Policy</p>
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	<p><b>John Follet motion to approve the Immunization Against Influenza and COVID-19 Policy and Kathryn Jensen seconded the motion.</b></p> <p>Lee Manchester presented the three Board policies for review. No discussion, or further comments made on the policies as presented.</p> <ul style="list-style-type: none"> <li>○ Board Member Recruitment</li> <li>○ Board Orientation Policy</li> <li>○ Grant and Contract Approval</li> </ul> <p><b>Nancy Brenner motion to approve the slate of Board Policies and Kathryn Jensen seconded the motion.</b></p> <p>Eliza Lake gave a presentation as provided by the C3 on the proposal of transitioning to Epic as an electronic health record in conjunction with a group of health centers across the State. The only initial hesitation was by the Dental Department about the dental platform; all other departments are strongly supportive. The pricing (which is based on patient visits) was presented as initial due diligence by C3. There will be extensive training and onboarding before implementation to minimize downtime as is the “tried and true” method Epic uses when transitioning a new site. There will be a very long transition period (implementation is likely not until November of 2022) if we do move forward with this EHR.</p> <p><b>Alan Gaitenby motioned to approve HCHC management moving forward with C3 in converting to Epic as an electronic health record, and Nancy Brenner seconded the motion.</b></p> <p>Elizabeth Zuckerman and Carole Bergeron were excused from the meeting so that the Board could discuss their candidacy. The group agreed that they would be good additions to the Board.</p> <p><b>Nancy Brenner moved to vote to accept Carole Bergeron and Elizabeth Zuckerman as new board members and Wendy Long seconded the motion.</b></p>	<p>The Board voted unanimously to approve HCHC management moving forward with C3 in converting to Epic as an electronic health record.</p> <p>The Board voted unanimously to approve the two Board candidates.</p>
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	Lee Manchester will reach out to the new members to invite them on to the Board. Eliza and Tabitha will work to get them orientated to the Board portal. Lee will be a contact as a mentor to the new members.	
Old Business	There was no old business discussed	
Adjourn	The meeting was adjourned at 7:50 pm. The next scheduled meeting will be October 14, 2021, via Zoom. <b>Alan Gaitenby moved the meeting be adjourned. Nancy Brenner seconded the motion.</b>	The Board voted unanimously to approve adjournment.

Respectfully submitted,  
Tabitha Griswold, Executive Assistant





# Hilltown Community Health Center

## Interim Financial Statement Presentation

August 2021 - Presented 10/13/2021

# Highlights

- ▶ **\$48K** Net Income
- ▶ **\$57K** cash flow

# Income Statement

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	Aug Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change	YTD Budget	Variance	%
<b>OPERATING ACTIVITIES</b>															
<b>Revenue</b>															
Patient Services - Medical	\$135,440	\$144,778	\$192,632	\$202,177	\$169,384	\$167,088	\$147,433	\$169,260	\$1,328,192	\$1,174,211	\$153,981	13%	\$1,282,955	\$45,237	4%
Patient Services - Dental	\$106,182	\$97,030	\$137,833	\$118,194	\$122,025	\$120,310	\$121,297	\$120,651	\$943,523	\$484,847	\$458,676	95%	\$813,456	\$130,067	16%
Patient Services - Beh. Health	\$36,624	\$35,380	\$44,740	\$42,979	\$35,995	\$40,690	\$34,426	\$40,712	\$311,546	\$262,886	\$48,660	19%	\$278,234	\$33,312	12%
Patient Services - Optometry	\$9,337	\$8,577	\$11,981	\$12,558	\$16,778	\$16,583	\$14,991	\$18,032	\$108,837	\$81,947	\$26,889	33%	\$127,470	(\$18,633)	-15%
Patient Services - Optometry Hardware	\$6,162	\$6,444	\$8,379	\$7,537	\$5,192	\$8,823	\$8,582	\$11,411	\$62,529	\$32,685	\$29,844	91%	\$55,630	\$6,899	12%
Patient Services - Pharmacy	\$37,224	\$35,267	\$21,233	\$38,116	\$88,012	\$67,514	\$75,556	\$64,444	\$427,366	\$188,237	\$239,129	127%	\$433,333	(\$5,967)	-1%
Quality & Other Incentives	\$3,776	\$9,268	\$6,325	\$80	\$7,495	\$235	\$2,442	\$597	\$30,217	\$33,452	(\$3,234)	-10%	\$43,067	(\$12,849)	-30%
HRSA 330 & Other Grant	\$261,014	\$215,010	\$212,593	\$477,985	\$313,961	\$15,079	\$287,954	\$270,617	\$2,054,212	\$1,040,066	\$1,014,146	98%	\$1,213,133	\$841,079	69%
Other Grants & Contracts	\$49,817	\$119,646	\$107,004	\$113,668	\$105,608	\$94,683	\$1,557,290	\$76,148	\$2,223,865	\$1,173,494	\$1,050,371	90%	\$1,296,133	\$927,732	72%
Int., Dividends Gain /Loss Investmenst	(\$465)	\$11,231	\$9,823	\$16,568	\$3,452	\$7,501	\$3,151	\$10,718	\$61,979	\$15,449	\$46,530	-301%	\$23,576	\$38,403	163%
Rental & Misc. Income	\$2,577	\$2,567	\$2,577	\$2,938	\$4,632	\$2,587	\$4,137	\$1,352	\$23,368	\$22,462	\$906	4%	\$10,085	\$13,284	132%
Total Operating Revenue	\$647,688	\$685,199	\$755,120	\$1,032,797	\$872,534	\$541,096	\$2,257,259	\$783,942	\$7,575,635	\$4,509,736	\$3,065,899	68%	\$5,577,072	\$1,998,563	36%

- Similar results to previous months in 2021

## YTD 2021 vs 2019

OPERATING ACTIVITIES				Jan - Aug 2021	Jan - Aug 2019	Difference	%
Revenue							
	Patient Services - Medical			\$1,328,192	\$1,743,099	(\$414,907)	-24%
	Patient Services - Dental			\$943,523	\$1,290,078	(\$346,556)	-27%
	Patient Services - Beh. Health			\$311,546	\$242,004	\$69,543	29%
	Patient Services - Optometry			\$108,837	\$137,999	(\$29,162)	-21%
	Patient Services - Optometry Hardware			\$62,529	\$61,735	\$794	1%
	Patient Services - Pharmacy			\$427,366	\$83,490	\$343,876	412%
	Quality & Other Incentives			\$30,217	\$36,339	(\$6,121)	-17%
	HRSA 330 & Other Grant			\$2,054,212	\$1,228,701	\$825,511	67%
	Other Grants & Contracts			\$2,223,865	\$569,706	\$1,654,159	290%
	Int., Dividends Gain /Loss Investmenst			\$61,979	\$35,813	\$26,166	73%
	Rental & Misc. Income			\$23,368	\$22,427	\$941	4%
	Total Operating Revenue			\$7,575,635	\$5,451,391	\$2,124,244	39%

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	Aug Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change	YTD Budget	Variance	%
<b>Compensation and related expenses</b>															
Salaries and wages	(\$443,161)	(\$433,354)	(\$454,897)	(\$518,263)	(\$440,009)	(\$437,129)	(\$471,423)	(\$471,111)	(\$3,669,347)	(\$3,127,597)	(\$541,750)	-17%	(\$3,490,573)	(\$178,774)	-5%
Payroll taxes	(\$33,016)	(\$32,472)	(\$34,730)	(\$40,583)	(\$31,419)	(\$32,596)	(\$34,238)	(\$33,317)	(\$272,370)	(\$224,822)	(\$47,547)	-21%	(\$329,661)	\$57,291	17%
Fringe benefits	(\$47,695)	(\$42,289)	(\$44,019)	(\$44,255)	(\$34,574)	(\$47,233)	(\$43,855)	(\$44,773)	(\$348,693)	(\$276,140)	(\$72,553)	-26%	(\$315,741)	(\$32,952)	-10%
Total Compensation & related exp	(\$523,873)	(\$508,115)	(\$533,645)	(\$603,101)	(\$506,002)	(\$516,958)	(\$549,516)	(\$549,201)	(\$4,290,409)	(\$3,628,559)	(\$661,850)	-18%	(\$4,135,975)	(\$154,435)	-4%

- Salaries reasonably close to budget



	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	Aug Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change	YTD Budget	Variance	%
<b>Other Operating Expenses</b>															
Advertising and marketing	(\$10)	(\$223)	\$0	(\$500)	(\$20,358)	(\$1,560)	(\$603)	(\$359)	(\$23,613)	(\$935)	(\$22,678)	-2425%	(\$4,937)	(\$18,676)	-378%
Bad debt	(\$10,871)	(\$7,853)	(\$8,793)	(\$11,750)	(\$4,063)	(\$17,971)	(\$11,814)	(\$11,018)	(\$84,133)	(\$16,771)	(\$67,362)	-402%	(\$53,201)	(\$30,932)	-58%
Computer support	(\$8,840)	(\$15,246)	(\$7,868)	(\$17,719)	(\$18,855)	(\$8,487)	(\$8,218)	(\$11,996)	(\$97,229)	(\$75,684)	(\$21,545)	-28%	(\$87,870)	(\$9,359)	-11%
Conference and meetings	(\$2,087)	(\$440)	(\$1,910)	(\$35)	(\$607)	(\$5,235)	(\$65)	(\$2,375)	(\$12,754)	(\$5,152)	(\$7,602)	-148%	(\$5,227)	(\$7,527)	-144%
Continuing education	(\$1,522)	(\$7,870)	(\$281)	(\$5,171)	(\$1,678)	(\$880)	(\$1,150)	(\$1,196)	(\$19,748)	(\$6,273)	(\$13,475)	-215%	(\$24,000)	\$4,252	18%
Contracts and consulting	(\$13,540)	(\$8,482)	(\$12,971)	(\$10,791)	(\$11,736)	(\$27,756)	(\$8,878)	(\$17,847)	(\$112,001)	(\$169,042)	\$57,042	34%	(\$88,800)	(\$23,201)	-26%
Depreciation and amortization	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$210,524)	(\$228,355)	\$17,831	8%	(\$228,355)	\$17,831	8%
Dues and membership	(\$6,731)	(\$1,857)	(\$4,579)	(\$4,841)	(\$7,571)	(\$3,181)	(\$4,111)	(\$2,849)	(\$35,719)	(\$30,780)	(\$4,939)	-16%	(\$32,484)	(\$3,235)	-10%
Equipment leases	(\$1,535)	(\$3,829)	(\$2,126)	(\$1,131)	(\$1,831)	(\$1,366)	(\$1,325)	(\$1,858)	(\$15,002)	(\$16,221)	\$1,219	8%	(\$17,777)	\$2,775	16%
Insurance	(\$2,206)	(\$2,319)	(\$2,330)	(\$2,364)	(\$2,364)	(\$2,364)	(\$2,364)	(\$2,364)	(\$18,677)	(\$17,491)	(\$1,186)	-7%	(\$17,571)	(\$1,106)	-6%
Interest	(\$354)	(\$350)	(\$313)	(\$342)	(\$327)	(\$2,240)	\$1,907	\$0	(\$2,019)	(\$10,370)	\$8,351	81%	(\$2,907)	\$888	31%
Legal and accounting	(\$2,630)	(\$4,167)	(\$2,501)	(\$2,508)	(\$2,433)	(\$4,620)	(\$8,833)	(\$2,908)	(\$30,602)	(\$20,689)	(\$9,913)	-48%	(\$27,905)	(\$2,698)	-10%
Licenses and fees	(\$5,283)	(\$1,628)	(\$2,347)	(\$6,149)	(\$5,744)	(\$6,208)	(\$5,377)	(\$4,583)	(\$37,318)	(\$32,001)	(\$5,317)	-17%	(\$31,400)	(\$5,918)	-19%
Medical & dental lab and supplies	(\$6,811)	(\$7,785)	(\$7,342)	(\$12,376)	(\$9,361)	(\$7,796)	(\$12,954)	(\$8,630)	(\$73,054)	(\$40,722)	(\$32,333)	-79%	(\$61,507)	(\$11,548)	-19%
Merchant CC Fees	(\$136)	(\$1,601)	(\$1,403)	(\$1,542)	(\$1,186)	(\$1,350)	(\$2,021)	(\$1,774)	(\$11,013)	(\$9,628)	(\$1,385)	-14%	(\$9,612)	(\$1,401)	-15%
Office supplies and printing	(\$4,214)	(\$1,759)	(\$6,798)	(\$1,340)	(\$2,352)	(\$3,393)	(\$2,900)	(\$2,943)	(\$25,698)	(\$44,643)	\$18,944	42%	(\$39,086)	\$13,388	34%
Postage	(\$2,189)	(\$1,701)	(\$165)	(\$63)	(\$2,190)	(\$450)	(\$2,067)	(\$1,801)	(\$10,627)	(\$9,371)	(\$1,256)	-13%	(\$11,200)	\$573	5%
Program supplies and materials	(\$15,432)	(\$10,809)	(\$31,160)	(\$31,302)	(\$38,363)	(\$44,685)	(\$21,324)	(\$22,122)	(\$215,198)	(\$118,146)	(\$97,052)	-82%	(\$154,000)	(\$61,198)	-40%
Pharmacy & Optometry COGS	\$426	(\$14,659)	(\$9,127)	(\$10,043)	(\$7,757)	(\$12,263)	(\$17,663)	(\$18,717)	(\$89,803)	(\$66,233)	(\$23,570)	-36%	(\$195,815)	\$106,013	54%
Recruitment	\$0	(\$5,040)	\$0	\$0	(\$105)	\$0	(\$50)	\$0	(\$5,195)	(\$4,666)	(\$529)	-11%	\$0	(\$5,195)	
Rent	(\$9,927)	(\$9,227)	(\$10,053)	(\$12,919)	(\$12,152)	(\$11,665)	(\$10,595)	(\$9,681)	(\$86,219)	(\$89,969)	\$3,751	4%	(\$68,796)	(\$17,422)	-25%
Repairs and maintenance	(\$17,864)	(\$17,421)	(\$15,978)	(\$21,441)	(\$13,492)	(\$16,237)	(\$13,532)	(\$20,242)	(\$136,207)	(\$119,919)	(\$16,288)	-14%	(\$117,140)	(\$19,067)	-16%
Small equipment purchases	(\$7,898)	(\$1,595)	(\$38,441)	(\$30,619)	(\$11,501)	(\$14,891)	(\$10,194)	(\$1,568)	(\$116,708)	(\$26,304)	(\$90,404)	-344%	(\$34,587)	(\$82,121)	-237%
Telephone	(\$11,151)	(\$13,513)	(\$14,943)	(\$13,888)	(\$14,759)	(\$14,179)	(\$11,218)	(\$14,383)	(\$108,033)	(\$112,032)	\$3,999	4%	(\$115,207)	\$7,173	6%
Travel	(\$619)	(\$572)	(\$1,258)	(\$2,971)	(\$1,222)	(\$1,327)	(\$2,379)	(\$2,723)	(\$13,070)	(\$8,498)	(\$4,572)	-54%	(\$16,000)	\$2,930	18%
Utilities	(\$5,193)	(\$7,258)	(\$4,052)	(\$3,808)	(\$4,576)	(\$6,304)	(\$3,861)	(\$3,746)	(\$38,798)	(\$30,887)	(\$7,911)	-26%	(\$38,000)	(\$798)	-2%
Total Other Operating Expenses	(\$162,934)	(\$173,520)	(\$213,057)	(\$231,929)	(\$222,897)	(\$242,724)	(\$187,906)	(\$193,998)	(\$1,628,964)	(\$1,310,783)	(\$318,182)	-24%	(\$1,483,383)	(\$145,581)	-10%
<b>NET OPERATING SURPLUS</b>	<b>(\$39,118)</b>	<b>\$3,564</b>	<b>\$8,418</b>	<b>\$197,767</b>	<b>\$143,635</b>	<b>(\$218,585)</b>	<b>\$1,519,837</b>	<b>\$40,744</b>	<b>\$1,656,261</b>	<b>(\$429,606)</b>	<b>\$2,085,867</b>	<b>486%</b>	<b>(\$42,286)</b>	<b>\$1,698,547</b>	<b>4017%</b>
<b>NON-OPERATING ACTIVITIES</b>															
Donations, Pledges & Contributions	\$1,870	\$1,549	\$640	\$50	\$2,755	\$150	\$175	\$7,000	\$14,189	\$86,730	(\$72,541)	-84%	\$70,000	(\$55,811)	-80%
<b>NET NON-OPERATING SURPLUS</b>	<b>\$1,870</b>	<b>\$1,549</b>	<b>\$640</b>	<b>\$50</b>	<b>\$2,755</b>	<b>\$150</b>	<b>\$175</b>	<b>\$7,000</b>	<b>\$14,189</b>	<b>\$86,730</b>	<b>(\$72,541)</b>	<b>-84%</b>	<b>\$70,000</b>	<b>(\$55,811)</b>	<b>-80%</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>(\$37,248)</b>	<b>\$5,113</b>	<b>\$9,058</b>	<b>\$197,817</b>	<b>\$146,390</b>	<b>(\$218,435)</b>	<b>\$1,520,012</b>	<b>\$47,744</b>	<b>\$1,670,450</b>	<b>(\$342,876)</b>	<b>\$2,013,326</b>	<b>587%</b>	<b>\$27,714</b>	<b>\$1,642,736</b>	<b>5927%</b>

- August may be an example of a typical month
  - No extra income or expense
  - Grants being charged at the regular intervals

# Cash Flow

<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
	NET SURPLUS/(DEFICIT) FOR PERIOD	47,744
	PROVIDED (USED) BY OPERATING ACTIVITIES	(5,873)
	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	41,871
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	15,597
	NET INCREASE/(DECREASE) IN CASH	57,468
	CASH AND CASH EQUIVALENTS AS OF 8/1/2021	3,513,115
	CASH AND CASH EQUIVALENTS AS OF 8/31/2021	3,570,583

- Cash on hand increased **\$57K**

# Balance Sheet

ASSETS		
	Total Current Assets	\$3,635,300
	Net Property & Equipment	\$3,847,360
	Total Other Assets	\$417,744
	<b>TOTAL ASSETS</b>	<b>\$7,900,404</b>
<b>Liabilities &amp; Fund Balance</b>		
	Total Current Liabilities	\$1,073,434
	Total Long Term Liabilities	\$0
	<b>Total Liabilities</b>	<b>\$1,073,434</b>
Fund Balance / Equity		
	Fund Balance Prior Years	\$6,826,970
	Total Fund Balance / Equity	\$6,826,970
	<b>Total Liabilities &amp; Fund Balance</b>	<b>\$7,900,404</b>

▶ Current Assets = \$3.6 M

▶ Current Liabilities = \$1.1 M

▶ Current Ratio = 3.4





### **QI-Risk Management Report, July- December 2020**

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 Risk Manager 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 2020 to address these issues:

### **Quality Improvement Activities**

- The newly hired COO will be the chair of the QI/RM committee. The chair will be providing the QI report to the full board. The Risk Manager will continue to provide a report to the full board on risk management issues.
- Department heads each reported quarterly on their department to the committee. After changes made due to COVID, the dashboards might change to reflect pertinent reportable data to the current environment. Moving forward, there may be a focus on C3 metrics for Community Programs.
- ***Clinical Operations:***
  - Reporting on medical peer chart review done by the external MD was first reported during this time.
  - Quarter one and two reports for the Diabetes Action Plan have been submitted, which identified patients with A1Cs over 9 had not had any medication changes. That list of patients was generated to send to all providers of those patients without medication changes, to see if it is appropriate to change medications or offer alternatives.
  - Successfully hired a new COO in August.
  - Ongoing response to COVID-19 through the COVID-19 Management Team, Infection Control Group, and Telehealth Workgroup. Including the ongoing efforts of the Respiratory Triage Team and respiratory infection clinic.
  - In response the COVID-19 vaccine convened a Vaccine Work Group for vaccination roll out.
  - Identified issues with accuracy in identifying transgender individuals, more specifically with identified pronouns being used correctly through those patients visit and in services they are receiving. Trainings will be conducted to ensure proper pronouns are being used not just in person but also in documentation. HEI trainings will be uploaded into HealthStream, the online training portal, as a start to this conversation and then specific trainings can be developed. The Diversity Equity and Inclusion committee reinstated.
- ***Patient Satisfaction:***
  - Patient satisfaction surveys were sent out in the Fall of 2020. This will be reported on in the first quarter of 2021 with a comparison to national CAHPS averages for the medical survey.
  - Goal of transitioning all collection of the patient satisfaction surveys by means of electronic collection by Spring of 2021.
- ***Utilization:***
  - Addressed outsourcing compliance work, which is currently completed by the CEO. There is a suggested auditing firm that would maintain records for compliance specific to HCHC. Other elements of the work they would potentially offer include coding audit, HIPAA compliance, a security risk analysis, OSHA compliance, and harassment and discrimination training.
  - Reviewed incident management systems including complaints, compliments, and safety issue reporting. It was suggested that a root cause analysis can be done by one person or a team in a blameless culture. This needs to be reviewed to improve processes and patient flow. As well as how to document this feedback. This will be reviewed and improved in the last quarter of 2021.
- ***Safety/Adverse Events:***
  - **Behavioral Health:**
    - No patient complaints or legal matters
    - All behavioral health staff continue to work fully remote due to COVID-19 pandemic.
    - Continued monitoring of the number of patients on the waitlist.

- The BH Care Coordinator position's time continues to be divided with other front desk duties as needed. Continued efforts to collaborating with other CHCs on appropriate consent form methods of return
  - Eye Care:
    - No patient complaints or legal matters
    - Slow resumption of routine services prioritized high risk patients during this transition. Telehealth services continue to be used as appropriate during this time.
  - Dental:
    - No patient complaints or legal matters.
    - Resumed services as approved by the State Department of Public Health by the end of June 2020. Patient routine visits prioritized by high-risk patients. Furloughed staff brought back during this time due to increased need.
    - Telehealth services continue to be used as appropriate during this time.
  - Medical:
    - No patient complaints that required significant follow up.
    - Routine medical services provided through telehealth. In person visits and services prioritized to high-risk patients.
    - Focus on support staff shortage with an emphasis on recruiting reception and Medical Assistant positions.
    - Infection control measures addressed with new PPE protocols and equipment purchases.
- ***Follow-up Actions:***
    - Continued efforts to increase access for patients for both urgent and routine care with a focus on those with chronic disease as well as the vulnerable population.
    - Ongoing management, refinement and adaptation of the COVID-19 response.
    - Resumption and implementation of the Diabetes Action Plan.
    - Continued improvement of the telehealth program.
    - Resumption of recruitment efforts with an emphasis on support staff in medical and dental departments. As well as Behavioral Health providers.

### **Clinical Risk Management Activities**

- Risk management is a standing item on QI/RM meeting agendas.
- ***Recruitment Efforts:***
  - Medical provider recruitment efforts were successful but then the support staff was needed to keep up with the demand was difficult to find. Recruitment efforts focused on support staff in both medical and dental departments. Recruitment efforts continued for Behavioral Health providers.
  - A BH Care Coordinator and Admin Assistant to the CCCSO were successfully recruited with internal staff. These new positions have slowly begun new duties as appropriate.
  - New COO hired and on boarded quickly to drive many efforts directly related to COVID-19 protocols.
- ***COVID-19 Response:***

- The State moved through the slow progression of reopening phases at this time. The COOP continued to be active. Staff were no longer furloughed at this time.
  - Necessary focus on telehealth development with more scheduled training on the use and patient use of telehealth, Zoom.
  - Staying informed and compliant with CDC guidelines. Continued creation of new or improved workflows and patient management systems including masking requirement changes, and screening protocols.
  - Continued monitoring the issue of patient access to visits, which was restricted due to the need for higher air exchange rates and staffing shortages in Medical and Dental exam rooms. Worked to balance accessibility of routine services and preventative care, with the backlog in visits for high-risk patients
  - During the ongoing COVID-19 pandemic response ***there were no adverse incidents of any kind as a result of this event***, which was a testament to the hard work and continued alternate systems compliance by all staff.
- ***Incident Reports:***
    - The incidents in this time period raised the following issues, with follow-up actions:
      - *Documentation and phone call handling incidents.* A number of incidents involved communication with outside parties, including labs and outside specialists, not being appropriately handled when they entered HCHC's system. In addition, there were incidents related to individual patient's calls not being routed or addressed within the organization correctly. And finally there were some errors made in documentation in a patient's records that resulted in a delay in response. None of these incidents required more than communication with outside entity or patient, analysis and amendment of an existing internal procedure, and/or retraining of staff on the particular error.
      - *Clinical/Operational protocol incidents:* A number of incidents were related to staff not following an existing clinical or operational protocol, and requiring retraining. None resulted in adverse outcomes for the patient involved.
  - ***Insurance Review:***
    - 2021 FTCA application was submitted and approved. It was initially sent back for minor changes needed with the diagnostic imaging tracking policy to add language that includes lab results. Those changes were reviewed, changed appropriately, and resubmitted with the application.
  - ***Follow-up actions:***
    - Ongoing monitoring of State Department of Public Health and CDC requirements for infection control, and patient and staff safety.
    - Onboarding newly hired COO in management of new workflows and operations to create access most efficiently for patients.

### **Non-Clinical Risk Management Activities**

- ***Training:***
  - Conducted Customer Service, HIPAA and Sexual Harassment trainings via Health Stream for all staff.
- ***Risk Assessments:***
  - The COOP continues to be active since March of 2020. This continues to provide HCHC the flexibility to support patients and staff's safety.
  - Staff continue to work remotely as appropriately, and social distancing as developed in the first

half of 2020.

- PPE continues to be purchased as appropriately and tracked per site.
- ADA improvements continue to be installed amidst other projects.

- ***Follow-up actions:***

- Ongoing monitoring of State Department of Public Health and CDC requirements for infection control, patient and staff safety.
- The DRIVE Committee (Diversity, Inclusion, Value and Equality Committee) was renamed Diversity, Equity and Inclusion Committee and was reinstated in September 2020.



### **QI-Risk Management Report, January- June 2021**

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 Risk Manager 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 six times per year on completed risk management activities; status of the health center's performance relative to

established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.

Below are the activities that HCHC undertook in the first half of 2021 to address these issues:

### **Quality Improvement Activities**

- Recognized that the Department heads quarterly dashboard metrics needed to be reviewed to more accurately follow HRSA and other requirements. Developed a workgroup to review and advise as needed.
- Hired internally a QI Coordinator, who began a three-pronged quality improvement focus structure on diabetes, hypertension, and depression screening.
- New Medical Director was hired and transitioned in to position by previous Medical Director. The new Director began with a focus on immunization and vaccination improvement by working to have Certified Medical Assistants be trained to conduct immunizations.
- In May, discussed ensuring that the EHR was being utilized for QI measures. EHR Specialist turned on alerts in eCW to make sure that work was being documented that was being completed.
- Surveyed patients on 6/14/2021 for extended hours of operation coming out of the pandemic. A discussion began on extending hours, no changes were made in first half of 2021.
- A team was created to develop and implement texting capabilities through eCW with a QI focus group, i.e., diabetic patients.
- Vaccination efforts began, started with vaccinating staff at the end of December and continued through February. Transitioned to vaccinating State prioritized community members, then larger community clinics to the groups as dictated by the State.
- ***Clinical Operations:***
  - Continued reporting on medical peer chart review done by an external doctor. Ongoing internal peer review for Dental, Eye Care and Behavioral Health
  - Quarter one for the Diabetes Action Plan, patients were identified that had not had appropriate follow-up, these patients were outreached by Nutrition Specialist to make an appointment.
  - Ongoing response to COVID-19 through the COVID-19 Management Team, Infection Control Group, and Telehealth Workgroup. This also included the ongoing efforts of the Respiratory Triage Team.
  - Developed and implemented a COVID-19 Vaccination Team, and hired internally a Vaccination Program Director. Also, used 1.5 FTEs of internal staff to operationalize the vaccination efforts.
  - Diversity, Inclusion and Equity (DEI) Committee began to look for a subject matter consultant to help develop a strategy for improving DEI within the agency, including addressing health inequities. Developed a job description, posting and interviewing of a few candidates.
- ***Patient Satisfaction:***
  - Patient satisfaction surveys were not sent out in the Spring of 2021.
- ***Utilization:***
  - Hired compliance consultant and conducted on site audit of HIPAA compliance, a security risk analysis, OSHA compliance, and harassment and discrimination training.

- More robust reporting of incidents with a more developed structure put in place in the second half of 2020.
- Senior Management increased collaboration with site staff and Amherst Town Officials to make the John P. Musante Health Center more visible and accessible to community members. They also worked on addressing the unique needs and makeup of the site, with purposeful efforts on recruiting diverse staff.
- ***Safety/Adverse Events:***
  - Behavioral Health:
    - No patient complaints or legal matters
    - All behavioral health staff continue to work fully remote.
    - Continued monitoring of the number of patients on the waitlist, with active recruitment to decrease the waitlist numbers.
    - The BH Care Coordinator position's time continues to be divided with other front desk duties as needed. Continued efforts to collaborating with other CHCs on appropriate consent form methods of return
  - Eye Care:
    - No patient complaints or legal matters
    - Slow resumption of routine services prioritized high risk patients during this transition. Telehealth services continue to be used as appropriate during this time.
  - Dental:
    - No patient complaints or legal matters.
    - Slow resumption of routine services prioritized high risk patients during this transition. Telehealth services continue to be used as appropriate during this time.
  - Medical:
    - No patient complaints that required significant follow up.
    - Routine medical services provided through telehealth. In person visits and services prioritized to high-risk patients.
    - Focus on support staff shortage with an emphasis on recruiting reception and Medical Assistant positions.
    - Infection control measures addressed with new PPE protocols and equipment purchases.
- ***Follow-up Actions:***
  - Continued efforts to increase access for patients for both urgent and routine care with a focus on those with chronic disease as well as the vulnerable population.
  - Ongoing management, refinement, and adaptation of the COVID-19 response.
  - More robust QI Initiatives as developed by the QI Coordinator, in conjunction with the QI Committee.
  - Continued improvement of the telehealth program.
  - Active and ongoing recruitment efforts with an emphasis on support staff in medical and dental departments as well as Behavioral Health providers.



### Clinical Risk Management Activities

- Risk management is a standing item on QI/RM meeting agendas.
- Created a new message on phone tree specific to prescription refills, so that patients did not go directly to reception. These calls had been elevating call volume on front desk staff. Patients were unable to get through the phone, and many of those calls were related to prescription refills. Also created a separate phone line for vaccine appointment scheduling.
- **Recruitment Efforts:**
  - Medical provider recruitment efforts were successful but the support staff needed to keep up with the demand was difficult to find. Recruitment efforts focused on support staff in both medical and dental departments. Recruitment efforts continued for Behavioral Health providers.
  - A BH Care Coordinator and Admin Assistant to the CCCSO were successfully recruited from within internal staff. These new positions have slowly begun new duties as appropriate.
- **COVID-19 Response:**
  - Developing and implementing a credentialing and privileging protocol for volunteers in relation to the COVID-19 vaccination clinics.
  - Created new phone extension and internally staffed specific Vaccination Request line.
  - The State moved through the slow progression of reopening phases at this time and transitioned to large scale vaccinations. The COOP continued to be active until June of 2021. Still maintaining social distancing, daily attestation forms and masking policies.
  - Baystate Reference Labs reopened on site in Worthington and Huntington, Amherst remained closed.
  - Collaborating with C3, applied for and received funding to enhance telehealth opportunities, with continued work on this opportunity.
  - Staying informed and compliant with CDC guidelines. Continued creation of new or improved workflows and patient management systems including masking requirement changes, and screening protocols.
  - Continued monitoring the issue of patient access to visits, which was restricted due to the need for higher air exchange rates and staffing shortages in Medical and Dental exam rooms. Worked to balance accessibility of routine services and preventative care, with the backlog in visits for high-risk patients
  - During the ongoing COVID-19 pandemic response ***there were no adverse incidents of any kind as a result of this event***, including transmission events in the workplace, which was a testament to the hard work and continued alternate systems compliance by all staff.
- **Patient Incident(s):**
  - Immunization error occurred with date of birth not verified before vaccine was administered. CDC approved that patient be provided second immunization. Missed vaccination opportunity due to template issued in

eCW. Template corrected and immunization, and resource training to providers.

- **Employee Incident(s):**

- Employee Health near miss with employee coming into work feeling ill. Employee did not test positive to COVID, reminder to do attestation and complete appropriate communication

- **Insurance Review:**

- CY2022 FTCA application was submitted.
- All other insurances were reviewed and renewed.

- **Follow-up actions:**

- Ongoing monitoring of State Department of Public Health and CDC requirements for infection control, patient, and staff safety.
- Onboarding newly hired COO in management of new workflows and operations to most efficiently create access for patients.

### **Non-Clinical Risk Management Activities**

- Continuation of Community Program and some Administrative staff working primarily remotely.
- Community Program staff focused on work around food, housing and fuel assistance access, SS/Disability, and substance use disorder.
- Domestic Violence Team continued with surge of referrals, especially in the city of Westfield. A grant was applied for to help that effort. Amherst Navigator working with patients to access insurance.
- Internal staff promoted to Lead Population Specialist
- Developed a Vaccination Outreach Team in conjunction with the Vaccination Team.
- **Training:**
  - All Staff training conducted in January 2021
  - Continuing implicit bias training for Community Program staff, three modules a month
- **Risk Assessments:**
  - The COOP continued to be active until June of 2021.
  - Staff continue to work remotely as appropriately, and social distancing as developed in the first half of 2020.
  - PPE continues to be purchased as appropriately and tracked per site.
  - ADA improvements continue to be installed amidst other projects.
- **Follow-up actions:**
  - Ongoing monitoring of State Department of Public Health and CDC requirements for infection control, patient and staff safety.



<b>Policy Title:</b> Administrative Management Policy	<b>Policy Number:</b> SBHC-01
<b>Department:</b> School Based Health Center	<b>Policy status:</b> Active- New
<b>Regulatory Reference:</b>	
<b>Date Published:</b> SEP 2019	
<b>Dates Reviewed:</b> SEP 2021	
<b>Dates Revised:</b>	

### **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

**PROCEDURE:**





<b>Policy Title:</b> Clinical Process Policy	<b>Policy Number:</b> SBHC-02
<b>Department:</b> School Based Health Center	<b>Policy status:</b> Active- New
<b>Regulatory Reference:</b>	
<b>Date Published:</b> SEP 2019	
<b>Dates Reviewed:</b> SEP 2021	
<b>Dates Revised:</b>	

### **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-administrated 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

