

## Policies for Review for November 2021

### Patient Confidentiality

**6.0.04 Patient Rights and Responsibilities:** Allow for immediate termination of patient that is notably abusive, hateful, or threatening

### Clinical

**10.0.30 Point of Care Testing:** This policy was reviewed and felt no changes were needed at this time.

**10.0.31 Prescription and Medication Appointment Compliance:** This policy was reviewed and felt no changes were needed at this time.

**10.0.32 Prescription Paper Security and Utilization:** Changed the word "Process" to "Policy"

**10.0.33 Radiation Policy:** This policy was reviewed and felt no changes were needed at this time

**10.0.34 Referral and Tracking Policy:** This policy was reviewed and felt no changes were needed at this time.

**10.0.35 Referral and Tracking Procedure:** This is a procedure. If approved, the policy will become an "unassigned policy number"

**10.0.36 ED Follow Up "Ghost Appointment" Policy:** This policy was reviewed and felt no changes were needed at this time.

**10.0.37 Hand Hygiene and Handwashing Policy:** Separated the Policy from the Procedure

**10.0.38 SCHDC Referrals to Behavioral Health:** Changed the word "Process" to "Policy"

**10.0.39 Sterilization Process:** Added instructions for cleaning contaminated instruments in an ultrasonic cleaner. Changed Director of Clinical Operations to Dental Operations Manager. Removed the brand name of biological monitor and chemic integrator.

**10.0.40 Selecting A Primary Care Provider:** Changed MOA to OA throughout. After discussion it was decided this policy needed further review and will be brought back next month.

**10.0.41 Stat Lab Orders:** Separated the Policy from the Procedure

**10.0.42 Unassigned Policy**

**10.0.43 Unassigned Policy**

**10.0.44 Unassigned Policy**

### Continuing Professional Education

**11.0.01 Competency Assessment:** added designee after Department Manager. Clarified clinical competency throughout the policy

**11.0.03 In Service Training:** This policy was reviewed and felt no changes were needed at this time.

### Patient Flow

**12.0.04 Dismissal from Care Policy:** Addressed the situation of patient who is abusing and using racial slurs allowing for immediate termination of patient care

### Policies for Review in December:

Clinical 10.0.45 – 10.0.54

Quality Management 15.0.09 QM Plan

## Susquehanna Community Health & Dental Clinic, Inc.

### Patients' Bill of Rights and Responsibilities

Susquehanna Community Health & Dental Clinic, Inc. dba River Valley Health & Dental Center ("Center") is committed to providing high quality care that is fair, responsive, and accountable to the needs of our patients and their families. We are committed to providing our patients and their families with a means to not only receive appropriate health care and related services, but also to address any concerns they may have regarding such services. We encourage all of our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers. Please read this statement and ask us questions that you might have. You will be asked to sign and acknowledge receipt of this statement.

You may also contact the Compliance Officer, [ComplianceOfficer@rvhdc.org](mailto:ComplianceOfficer@rvhdc.org) or (570) 980-3708 for any further questions, issues or concerns that you may have.

#### A. Human Rights

1. All patients have the right to obtain services without discrimination and be treated with respect regardless of race, color, ethnicity, national origin, ancestry, sex, age, religion, physical or mental handicap or disability, sexual orientation or preference, marital status, socio-economic status, diagnosis/condition, gender identification, protected veteran status or on any other grounds as applicable federal, state and local laws or regulations may prescribe.
2. All patients shall be treated with courtesy, consideration and respect by all staff, at all times, under all circumstances and in a manner that respects their dignity and privacy.

#### B. Health Care

1. All patients shall receive high quality care based on professional standards of practice, without regard to their ability to pay for such services.
  1. ~~You may request a different health care provider if, a substantial or egregious situation can be substantiated that threatens the ability of the provider to provide you with care. The Center will use its best efforts to match you with an appropriate provider, but cannot guarantee that re-assignment requests will always be accommodated.~~
  2. ~~you are dissatisfied with the person assigned to you. The Center will use best efforts, but cannot guarantee that re-assignment requests will always be accommodated.~~

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## Susquehanna Community Health & Dental Clinic, Inc.

- ~~3-2~~. You have a right to complete, accurate information and explanations that are easily understood, in the language you normally speak and in words that you understand, both culturally and linguistically. You have a right to information about your health or illness, treatment plan, including the nature of your treatment; its expected benefits; its inherent risks and hazards (and the consequences of refusing treatment); the reasonable alternatives, if any (and their risks and benefits); and the expected outcome, if known. This information is called obtaining your informed consent.
- ~~4-3~~. You have the right and responsibility to ask questions (at any time before, during or after receiving services) regarding any diagnosis, treatment, prognosis and/or planned course of treatment, alternatives and risks, so as to participate fully in decisions related to your health care. If a patient is unable to participate fully, he or she has the right to be represented by parents, guardians, family members or other designated surrogates.
- ~~5-4~~. You may refuse any treatment (except as prohibited by law), and you shall be informed of the alternatives and/or consequences of refusing treatment, which could require the Center to inform the appropriate authorities of your decision (for example if a patient was to refuse treatment for an infectious disease that would require notification to the local Center for Disease Control). You may also express preferences regarding any future treatments. You will be asked to provide an explanation for such refusal and to tell us clearly what your wants and needs may be.
- ~~6-5~~. You have the right to obtain another medical opinion prior to any procedure.
- ~~7-6~~. You shall be informed if any treatment to be undertaken is for purposes of research or is experimental in nature, and you will be given the opportunity to provide your informed consent before such research or experiment begins (unless such consent is otherwise waived).
- ~~8-7~~. You may develop advanced directives and be assured that all health care providers will comply with those directives in accordance with the law.
- ~~9-8~~. It is your responsibility to participate and follow the treatment plan recommended by your health care providers, and to the extent you are able, work with your providers to achieve desired health outcomes. You should also let your health care providers know if you experience any changes or reactions to medication and/or your treatment.
- ~~10-9~~. You may request a chaperone to be present during any intimate examination and your provider may request a chaperone at any time when desirable for the delivery of quality care.
- ~~11-10~~. You have access to care even when the Center is closed, with 24-hours phone assistance/after-hours coverage through a Nurse Triage Center. This assistance is accessed by calling (570) 567-5400 to be connected directly to a

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nurse. We want to assure quality patient care coverage during off hours so at least one of our providers is on-call to communicate with the triage staff on an as-needed basis.

In addition, you can expect us to provide continuity of care. If you were to present in the Emergency Department, we will be notified and given the chief complaint. We will then follow-up with you the next day. Both the ED and nurse triage staff can offer you an appointment with us the next day to provide follow-up care with your primary care provider.

12-11. At your initial visit, you will be asked to sign an authorization necessary to govern the ways that we may deal with your health records and a consent to treat you or your child. With a valid consent on file, you may then authorize another person to bring your child in for a visit, if necessary. We may also accept some verbal consent, but only in limited circumstances.

### **C. Privacy**

1. The Center's Notice of Privacy Practices sets forth the ways in which your protected health information and medical records may be used or disclosed and the rights granted to you under the Health Insurance Portability and Accountability Act ("HIPAA"). You will be asked to acknowledge your receipt of this notice. Overall, it is reasonable for you to expect that all individually identifiable health information and/or your medical records will be kept confidential and only disclosed in accordance with proper written authorization or as otherwise permitted or required by law.
2. The Center uses an electronic health record system and paper documents to record the care provided to you. The Center also participates in a regional/statewide health information exchange, which allows the sharing of your health records electronically with other health care providers who choose to participate in the health information exchange. These providers will be able to access your records only for certain purposes related to your health care.
3. You may access, review, and/or get a copy of, your medical records, upon request, at a mutually designated time (or, as appropriate, have a legal custodian access, review and/or copy such records) at the Center, and request amendments and/or corrections to such records.

### **D. Payment**

1. You have the right to ask for and receive information regarding your financial responsibility for services provided to you, to include receipt of an itemized copy

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of the bill, an explanation of charges, and a description of the services that will be charged to his/her insurance.

2. You should provide accurate personal, financial, insurance, and medical information (including all current treatments and medications) prior to receiving services from the Center and its health care providers. You must pay, or arrange to pay, all agreed fees for services. If you cannot pay right away, you will be responsible to work out a payment plan. No individual will be denied services because of their inability to pay.
3. You should familiarize yourself with your health benefits and any exclusions, deductibles, co-payments, and treatment costs.
4. As applicable, you should inform the Center of any changes in your financial status and make a good faith effort to meet your financial obligations, including promptly paying for services provided (for which you may be given a prompt payment discount). Financial counseling is available to explore established payment alternatives and/or insurance options.
5. If your income is less than the federal poverty guidelines, you may be eligible for a sliding fee schedule (discounted fee.).

**E.** Rules

1. You are responsible to follow all administrative and operational rules and procedures posted within the Center facility which were established for your safety and security. You should request any additional assistance necessary to understand and/or comply with the Center’s administrative procedures and rules to access health care and related services, participate in treatments, or satisfy payment obligations.
2. You are expected to behave at all times in a polite, courteous, considerate and respectful manner to all staff and other patients, including respecting their privacy and dignity. ~~You are expected to refrain from, hateful, threatening, or abusive conduct (to include, but not limited to, any kind of vulgarity or racial slurs). You should refrain from abusive, harmful, threatening, or rude conduct~~ towards other patients and/or the Center staff.
3. You are responsible to supervise your children (under the age of 16) while in the Center facility, for their safety, and the protection of other patients, staff and property. Children are not to be left unsupervised in the waiting room or any other location within the facility, i.e. hallway while a parent/guardian or other adult is undergoing medical or dental treatment. Without prior approval, no one except personnel employed by the Center are to be present in the exam rooms or dental operatory while a patient is being examined or treated.
4. All children, under the age of 18, that are not emancipated, must be accompanied by a parent or guardian if it is a visit that requires a Consent for Treatment to be signed. (Initial consents signed by the parent or guardian are only valid for one year.) If a

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Consent has been signed (and is in force) and the child is 16 or older, they may be treated in the absence of the presence of said parent or guardian (however, certain procedures and treatments may have different requirements, so be sure to check with us prior to your appointment). If your child is under 16 years of age and is to be accompanied by a surrogate (i.e. grandparent or other responsible adult), the parent or guardian must provide written or verbal permission.

5. The Center follows the recommendation of the American Academy of Pediatric Dentistry and therefore asks parents of older children to remain in the waiting room when children are brought into the dental operatory. Studies have shown that children over the age of 3 often respond better when their parents aren't in sight. We understand parents' concern, but our dentists are experienced with children and can usually handle behavioral problems that might arise. By allowing your child to enter the operatory without you, you're placing trust in your dental professionals and teaching your child to do the same. As the new sights and sounds of the dental office can be intimidating for young children, we have an Infant Day Program that does allow you to accompany a child that is under the age of 3 into a special operatory..
6. You do not have the right and **ARE ABSOLUTELY FORBIDDEN** to carry any type of weapon or explosive material or device into the Center facility.
7. You are responsible to keep all scheduled appointments and arrive on time. Untimely arrival may delay or cause your appointment to be rescheduled. You will also be asked to update your information at each visit.
8. You must notify the Center no later than 24 hours prior to the time of your appointment that you cannot keep the appointment as scheduled. When you miss an appointment due to this lack of notification, by failing to attend your appointment, late cancellation or late arrival, these occurrences are defined as a "Failed Appointment", which may result in affecting your flexibility in scheduling of future appointments. We understand that some circumstances may prevent you from following our policy and we will work with you to resolve those barriers which may cause you to have a failed appointment. However, should you incur three (3) failed appointments with the calendar year, you will be notified that you are to be scheduled pursuant to the process for "Same-Day/Call In" except for acute illness. This process means that you will have to call in each day for an appointment time for that day, and you will be seen that day if there is an opening in your provider's schedule. If your provider does not have an opening, but it is determined by the Flow Manager, that you need to be seen that day, you may be scheduled with another provider that does have an opening. For more information and details, please review the Center's Patient Failed Appointment Policy. You have the right to request access to the Center patient portal which provides you with information regarding your treatment to includes your medical chart summaries, labs, billing details and appointment schedules.

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9. The Center has routine video recording (excludes audio) of patients and visitors for security purposes, but otherwise a patient must authorize and consent (in writing) to any capture or use of their likeness. Patients, family members, and/or visitors are not permitted to take photographs of or audio record anyone, especially other patients or workforce members in SCH&DC facilities without their written consent and the written consent of SCH&DC management.
10. SCHDC management, or their designees, may listen in on customer service lines to ensure that employees are being respectful and responsive to customers, or for other legitimate business purposes. Customer service calls may also be monitored for training purposes to critique customer service skills and provide feedback for job performance as needed.

### F. Complaints

1. If you are not satisfied with our services, please let us know as we welcome suggestions on how to improve services.
2. You have the right to file a complaint about the SCH&DC or its staff without fear of discrimination or retaliation and to have it resolved in a fair, efficient and timely manner. You will never be denied care due to the exercise of this right.
3. You should utilize all services, including grievance and complaint procedures, in a responsible, non-abusive manner, consistent with the Center's rules and procedures.
4. Staff and management will seek to resolve any complaints that you have. You may seek assistance from executive staff and if necessary, obtain review by the SCH&DC Chief Executive Officer, or his/her designee. The facts and circumstances of the complaint and your input will be reviewed for appropriate corrective action or to determine the outcome that should be achieved, as appropriate. The CEO is the final arbitrator of the complaint.

### G. Termination

1. If it becomes necessary to terminate the provider/patient relationship, you have the right to receive advance written notice explaining the reason why and you will be given thirty (30) days to find other health care service. In the event that you have created a threat to the safety of the staff and/or other patients, **in 'hateful, threatening, or abusive conduct'**, the Center may stop treating you immediately, and without prior written notice.
  - i. Reasons that might cause you to lose your status as a patient:
    - a. Failure to obey center rules and policies, or
    - b. Failure to follow your health care program, such as instructions about taking medications, personal health practices, or follow up

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appointments, as recommended by your healthcare provider(s), and/or

- c. Disruptive, unruly or abusive behavior to the point that it seriously impairs the Center’s ability to furnish services either to the patient or other patients and/or
- d. Threatening the commission of, or commission of, an act of physical violence directed at a practitioner, any member or members of the Center staff, or other patients or other act constituting a threat to the safety of the staff and/or other patients and/or
- e. Fraudulent or illegal acts, including but not limited to, permitting the use of a patient ID card by another, theft of prescription pads, alteration of prescriptions, theft or other criminal or fraudulent acts committed on Center premises.
- f. Other circumstances that indicates an untenable or irreparable breach has occurred in the provider/patient relationship and in the Center’s sole discretion or opinion, termination or transfer of care to another provider, would result in a better outcome for your health.

**H. Appeals/Reinstatement**

- 1. If the Center has given you notice of termination of the patient and center relationship, you have the right to appeal. Unless you have a medical emergency, we will not continue to see you as a patient while you are appealing the decision.
- 2. A patient may be readmitted to the Center’s care if they meet the requirements of its Dismissal of Care Policy, which includes in part, unanimous consent of the administrative staff of the Center and agreement to a Plan of Care. Such reinstatement is not available to you if the original reason for termination involved a threat of physical violence, ‘hateful,’ threatening, or abusive conduct or a fraudulent or illegal act that produces liability for the Center or its staff or patients.

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**REVIEWED: 08/27/2012, 04/30/2013, 04/08/2016, 12/14/2017, 11/01/2018, 10/12/2020, 03/01/2021, 11/05/2021**

**REVISED: 08/27/2012, 05/20/2013, 12/18/2017, 11/26/2018, 10/26/2020, 03/22/2021**

**Signatures:**

\_\_\_\_\_ Date:

**Susquehanna Community Health & Dental Clinic, Inc.**

Kimberly Wetherhold, Board Chair

James Yoxtheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Prescription Paper Security and Utilization

Policy Category: 10.0.32 Clinical  
Policy Owner: Clinical Operations Manager  
Origination Date: 08/27/2012  
First Date Approved by Board of Directors: 08/27/2012

**Purpose:**

To protect blank prescription paper from loss due to theft for illegal use and to outline proper utilization.

**Policy Process:**

1. Prescription paper will be stored in the locked medication room.
2. Printing of prescriptions will be used when electronic prescribing and/or faxing is unavailable.
3. Prescription paper will be removed from the prescription printers each evening and placed in the secure medication room. Paper will be loaded in the prescription printers each morning by the nursing staff.

**REVIEWED: 12/04/2013, 01/10/2014, 04/08/2016, 10/01/2018, 11/01/2020, 11/05/2021**

**REVISED: 12/16/2013, 01/20/2014, 10/22/2018**

**Signatures:**

\_\_\_\_\_  
Kimberly Wetherhold ~~John Bell, Jr. D.O.~~, Board Chair      Date: \_\_\_\_\_  
James Yoxtheimer, President & CEO

## Hand Hygiene Policy ~~and Procedure~~

**Policy Category:** 10.0.37 Clinical  
**Policy Owner:** Dental Operations Manager  
**Origination Date:** 11/25/2019  
**First Date Approved by Board of Directors:** 11/25/2019

### Purpose

Effective hand hygiene reduces the incidence of healthcare-associated infections.

### Policy

All members of the healthcare team will comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

### Procedure

#### Indications for Handwashing and Hand-rubbing

##### A. Indications for Handwashing

1. When hands are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.
2. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
3. Handwashing may also be used for routinely decontaminating hands in the following clinical situations:
  - Before having direct contact with patients
  - Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
  - After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)
  - After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled
  - When moving from a contaminated body site to a clean body site during patient care
  - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
  - After removing gloves

## **B. Indications for Hand-rubbing**

If hands are *not visibly soiled*, an alcohol-based hand rub may be used for routinely decontaminating hands in the following clinical situations:

- Before having direct contact with patients
- Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
- After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)
- After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, only if hands are not visibly soiled
- When moving from a contaminated body site to a clean body site during patient care
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- After removing gloves

## ~~**Non-Surgical Hand Hygiene Technique**~~

### ~~**A. Handwashing with soap and water (either non-antimicrobial or antimicrobial)**~~

- ~~1. Wet hands with running water.~~
- ~~2. Apply hand washing agent to hand.~~
- ~~3. Vigorously rub hands together for at least 15 seconds, covering all surfaces of hands and fingers.~~
- ~~4. Rinse hands thoroughly with water and with hands angled down in the sink.~~
- ~~5. Dry hands thoroughly with a disposable towel(s).~~
- ~~6. Use disposable towel to turn off the water.~~

### ~~**B. Alcohol-based hand rub**~~

- ~~1. Apply product to palm of one hand.~~
- ~~2. Rub hands together, covering all surfaces of hands and fingers.~~
- ~~3. Continue to rub until hands are dry.~~

## ~~**Nails**~~

- ~~1. Artificial fingernails or extenders may not be worn if duties include direct contact with patients.~~
- ~~2. Natural nail tips shall be less than ¼ inch long.~~

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**Gloves and Hand Hygiene**

- ~~1. Wear gloves when in contact with blood or other potentially infectious materials (other body fluids, secretions and excretions), mucous membranes, non-intact skin and contaminated items will or could occur.~~
- ~~2. Change gloves during patient care if moving from a contaminated body site to a clean body site.~~
- ~~3. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before caring for another patient.~~
- ~~4. Decontaminate hands after removing gloves.~~

**References**

To access the CDC's hand hygiene guidelines in their entirety, see the CDC website at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>;

**REVIEWED: 11/01/2020, 11/05/2021**

**REVISED:**

**Signatures:**

\_\_\_\_\_ Date:  
Kimberly Wetherhold~~John Bell, Jr. D.O.~~, Board Chair      James Yoxtheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Medical, Dental, and Behavioral Health Integration

**Policy Category:** 10.0.38 Clinical  
**Policy Owner:** Clinical Operations Manager  
**Origination Date:** 08/27/2012  
**First Date Approved by Board of Directors:** 08/27/2012

**Purpose:**

To assure Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC) patients have access to integrated care between Medical/Dental providers and behavioral health services.

**Policy Process:**

***Referral from Behavioral Health to Medical/Dental:***

Behavioral Health staff will use warm hand off model and schedule or consult with medical/dental providers regarding medical concerns of patients seen for behavioral health reasons. Medication management will be at the discretion of the medical provider.

***Referral from Medical/Dental to Behavioral Health:***

1. Patients experiencing acute psychiatric symptoms will be evaluated by the Behavioral Health Consultant (BHC) if available.
2. If BHC is not available, the patient may be transferred to the ED for evaluation.
3. For routine mental health needs, the medical provider may use the BHC for warm hand off or order a psychiatry referral.
4. Consent to release information will be signed when appropriate, when the patient is referred to outpatient behavioral health services.

**REVIEWED:** 01/10/2014, 12/14/2017, 10/01/2018, 11/01/2020, 11/05/2021

**REVISED:** 01/20/2014, 12/18/2017, 10/22/2018

**Signatures:**

\_\_\_\_\_  
Kimberly Wetherhold~~John Bell, Jr. D.O.~~, Board Chair      Date: \_\_\_\_\_  
James Yoxtheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

**Sterilization Process**

**Policy Category:** 10.0.39 Clinical  
**Policy Owner:** Dental Operations Manager  
**Origination Date:** 10/10/2010  
**First Date Approved by Board of Directors:** 10/10/2010

**Policy:**

Cleaning and sterilization of patient care equipment.

**Purpose:**

To provide consistent cleaning, disinfection, and/or sterilization protocols for Susquehanna Community Health and Dental Clinic, Inc. (SCH&DC) personnel to follow in the management of patient care equipment.

**Guidelines:**

1. **Guidelines for Sterilization**

- a. The flow of work proceeds from dirty to clean.
- b. Meticulous cleaning should be done before any disinfection or sterilization process is undertaken. Cleaning methods for the office setting is performed manually.
- c. Appropriate personal protective equipment should be worn during decontaminating procedures.
- d. Sterilizers are cleaned and maintained in accordance with the manufacturer's instructions.
- e. Equipment manufacturer's written instruction for cycle parameters are followed for sterilizers.
- f. Personnel who perform cleaning, disinfection, and sterilization functions are trained in these practices.
- g. Only products that have been approved by SCH&DC may be used.

2. **Personnel**

a. **Personal Protective Equipment**

- i. Gloves must be worn whenever contaminated equipment is handled.
- ii. If there is a danger of splashing to clothing or extremities with hazardous body fluids, a barrier gown must be worn.

b. **Training**

- i. Personnel who are responsible for cleaning, disinfection, and sterilization receive orientation and on-the-job training in these practices as well as the following protocols where applicable.
  1. Packaging for the specific items that they will be using for sterilization
  2. Sterilization monitoring

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3. Loading and unloading of sterilizers

c. **Hand Hygiene:** Please refer to the Hand Hygiene policy and procedure.

3. Practice

a. **Instrument Sorting**

- i. Handling of soiled items should be kept to a minimum to minimize the potential for personnel exposure.
- ii. Begins at point of use whenever possible.

b. **Cleaning/Decontamination**

- i. Soiled equipment should be kept separate from clean/sterile equipment.
- ii. Work surfaces should be cleaned with an EPA approved surface disinfectant.
- iii. Place soiled instruments in ~~a container~~ in the ultrasonic cleaner. Ultrasonic cleaner should be filled with an enzymatic cleaning solution. An enzymatic cleaning solution is used to prevent bioburden from drying on items and making cleaning more difficult.
  - 1. Container should be labeled with a biohazard symbol
  - 2. Name of the enzymatic solution in the container should be posted near the container.

i.v. Instruments with moving parts should be disassembled to facilitate cleaning

v. Place the instruments in the ultrasonics mesh basket

vi. Set the timer per manufacturer's instructions

iv. ~~With the exception of the powered equipment, items should be submerged in warm water with appropriate detergent and cleaned/rinsed while submerged to minimize splashing.~~

v. ~~Cleaning can be done manually (using friction).~~

vi. Following cleaning, items should be inspected to assure that all visible soil has been removed.

vii. Items that no longer function as intended should be discarded or repaired.

**Note: Saline causes deterioration of instrument surfaces and should not be used.**

c. **Sterilization**

i. **Sterilizing Time and Temperature**

- 1. Unwrapped Items—Instruments loose on a tray
  - a. Set sterilizer for Unwrapped Cycle (temperature 270 degrees for >3 minutes with a 30-minute drying time).
- 2. Pouches—Pouched or loosely wrapped instruments
  - a. Set sterilizer for Pouch Cycle (temperature 270 degrees for >15 minutes with a 30-minute drying cycle).
- 3. Packs—Textiles and surgical packs wrapped for sterilization

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- a. Set sterilizer for Pack Cycle (temperature 250 degrees for >30 minutes with a 30-minute drying time).

ii. **Methods**

1. **Steam-Gravity Displacement (i.e. table top units)**

- a. Packaging
    - i. Items can either be sterilized wrapped/packaged or unwrapped.
  - b. Wrapped/Packaged
    - i. Packaging materials should be compatible with the sterilization process and may include:
      - 1. Peel packs
      - 2. Disposable wrappers made of water resistant or impervious material.
    - ii. All packing methods and wrapping procedures should allow for the removal of air and direct contact of the steam with the contents of the package.
    - iii. Packaging material should provide a barrier to micro-organisms and moisture and be sufficiently strong enough to resist punctures and tears.
    - iv. Each package should have an external indicator placed in each sterilizer load before sterilization which changes color during processing to identify processed from unprocessed items.
      - 1. Indicators should be checked for the color change when
        - a. Item is removed from the sterilizer
        - b. Before use
2. Contents of the sterilizer load which have indicators that have not undergone a color change
  - a. Should not be used
  - b. Should be repackaged and resterilized
3. Packages should be checked for integrity (i.e. seal intact) or signs of damage (water, visible soil) prior to use.
  - a. Items which do not pass visible inspection should be reprocessed
2. **Table-Top Sterilizer**
- a. Protocols for wrapping/packaging items should be followed.
  - b. Distilled or deionized water should be used to fill the unit to help prevent mineral build up in the system.
  - c. A biological indicator should be run weekly whenever the sterilizer is used.

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- d. Daily, when the department is open and before sterilizer use, the gasket should be examined for possible damage that could prevent a good sealing surface.
  - i. If damage is found the gasket should be changed.
  - ii. Chamber and trays should be cleaned as recommended by the manufacturer.
  - iii. System should be flushed as recommended by the manufacturer.

**3. Record Keeping**

- a. **Rationale:** Record keeping control documents the medical devices that have been processed and their monitoring control evidence. This documentation provides evidence that the sterilization cycles have been checked and it is within acceptable limits. Documentation also provides information that allows the comparison of actual sterilizer performance to the predetermined standards for sterilization. This comparison highlights discrepancies, which may indicate unacceptable cycle parameters or the need for sterilizer maintenance and assists in diagnosing sterilization process failures.
- b. **Procedure:** For each sterilizer, the following are kept:
  - i. The results of the biological indicator
  - ii. Record of repair and preventative maintenance
  - iii. These records must be kept for seven years

**4. Shelf Life of Sterilized Items**

- a. Sterility assurance is event related.
- b. Items should not be used if sterility is questionable.
- c. At the time of use, each sterilized item should be inspected for package integrity and evidence of water exposure or soilage.
- d. If package fails visible inspection, the item should not be used and should be reprocessed.

**5. Storage of Clean and Sterile Items:**

- a. Should be stored in a clean area that provides protection against dust, moisture, insects, temperature/humidity and a place that has limited traffic.
- b. Sterile items should be stored so that the packaging is not compromised.
- c. Items should be stored off the floor on shelves.
- d. Packages should be evaluated before the use for loss of integrity (i.e. torn, wet, and punctured).

**6. Recall**

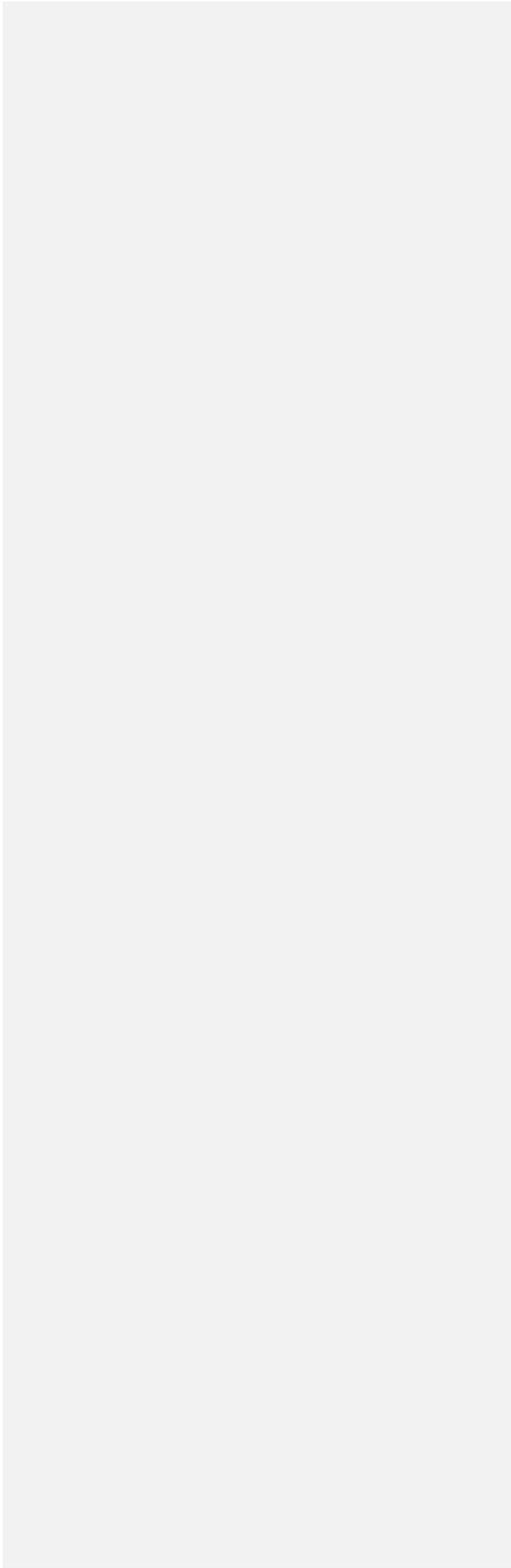
- a. **Follow Up**



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- 2.** If unit undergoes corrective maintenance or major repair, biological monitoring will be followed.
- iii.** Chambers should be allowed to cool before performing any cleaning or maintenance procedure.
- iv.** Documentation of when preventative maintenance was performed needs to be kept by the Center for at least seven years.

**APPENDIX A**



## SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

### DEFINITIONS

**Bioburden:** The number and type of contaminating organisms in or on an object before decontamination.

**Biological Indicator:** A preparation of spores resistant to a sterilization process, which are used to determine if sterilizing conditions were achieved.

**Cleaning:** The removal of all visible dust, soil, and foreign material. Since soilage can inactivate cleaning agents and protect micro-organisms from contact with disinfectants/sterilants. It is the single most important step in making a medical device ready for reuse since it removes a large number of micro-organisms from a device. The steps in the cleaning process begin at sorting and include soaking, washing, rinsing, and drying or draining.

**Critical Item:** Instruments or objects that are introduced directly into the bloodstream or other normally sterile areas of the body. Examples: surgical instruments, catheters, implantable devices, arthroscopes. Critical items require sterilization before they can be reused.

**Decontamination:** The physical or chemical process that renders an inanimate object contaminated with harmful microbial life safe for further handling.

**Flash Sterilization:** A steam sterilization process in a gravity displacement sterilizer and prevacuum sterilizers that uses the unwrapped method for 30 to 10 minutes at 130 degrees Centigrade (270 degrees Fahrenheit) for metal objects. The shorter cycle time is due to the absence of porous material such as pouches and wrappers.

**Gravity Displacement Sterilizer:** It is a type of sterilizer where steam enters the chamber at the top and displaces the air in the chamber through a drain port at the bottom of the chamber. Air displacement and removal continues until most of the air is removed and the thermal sensor probe located in the chamber drain line registers the pre-selected temperature. Typical operating temperature range from 121 degrees to 123 degrees Centigrade (250 degrees to 254 degrees Fahrenheit) and 132 degrees to 135 degrees Centigrade (270 degrees to 275 degrees Fahrenheit). Exposure time is determined by the materials being processed and ranges from 15-30 minutes.

**Monitoring:** Process to assure that the requirements for sterilization have been met. The monitoring parameters include mechanical, chemical, and biological parameters.

**Sterilization:** A process by which all forms of microbial life including bacteria, viruses, fungi, and all spores are killed. Methods of sterilization can include steam, ethylene oxide, peracetic acid, and plasma.

**Shelf Life:** The time period a sterilized item is safe for use. Sterility maintenance is event related which depends on the package integrity and storage conditions and handling. An event (i.e. package is torn or becomes wet) can compromise or destroy the barrier effectiveness of the package material.

**Steam Sterilization:** Sterilization process, which employs a chamber that can withstand high pressures needed to bring saturated steam up to temperatures that will accomplish sterilization. The size of the chamber may range from small table-top units of less than 1 cubic foot to several hundred cubic feet in large industrial units. Steam sterilization can be used for almost all metal items, rubber goods, surgical trays, fabric packs, glassware, and some hard-plastic items.

**Table-Top Steam Sterilizer:** A compact gravity displaced steam sterilizer that has a chamber volume of not more than 2 cubic feet and generates its own steam when distilled or deionized

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water is added by the user. Since it generates its own steam, the come-up time is longer than the large chamber sterilizers, which makes the total cycle time longer.

### APPENDIX B

#### LOAD CONTROL FOR THE TABLE TOP GRAVITY STEAM STERILIZATION PROCESS USING 3M ATTEST BIOLOGICAL INDICATORS

##### Policy:

Evidence of an effective steam sterilization processes will be documented.

Rationale: Load control is the process by which a load is monitored and released based on the results of a biological indicator. Biological indicators are designed to equal or exceed the resistance of highly resistant, naturally occurring micro-organisms on clean medical devices. Biological indicators play a key role in sterilization process monitoring because they respond to sterilization conditions much like “natural” micro-organisms. A biological indicator that has tested negative in combination with equipment control, (i.e. mechanic readings) that confirm a specific time/temperature profile and end pack control (i.e. chemical indicators) with acceptable end point responses proved an assurance that the sterilization process was effective. They do not, however, guarantee the sterility of each individual product within the load.

##### Procedure:

1. Routine Biological Indicator (BI) monitoring is performed in a fully loaded sterilizer.
2. A ~~3M Attest 1262~~ BI is used to monitor each of the steam sterilizers.
3. The ~~Attest~~ BI is identified with the appropriate sterilizer load information.
4. The ~~Attest~~ BI is placed in the center of the sterilizer load. The load being monitored:
  - a. Open perforated tray for the 270-degree Fahrenheit/132 degree Centigrade >3 or >10-minute cycles in loads which contain unwrapped perforated trays.
  - b. Wrapped perforated tray or peel pouch (include porous items, if appropriate) for a 270-degree Fahrenheit/132 degree Centigrade >15-minute cycle in loads which contain wrapped trays or peel pouches.
  - c. Wrapped pack for 250 degrees Fahrenheit/121 degrees Centigrade >30-minute cycle in loads containing wrapped packs.
5. The test pack is placed in the center of the load.
6. The cycle specified by the sterilizer manufacturer is selected and initiated.
7. The test package is retrieved and the Attest 1262 BI incubated and read according to instructions of the manufacturer of the BI.
8. The results of the BI are recorded (i.e. record keeping control)
9. All positive test results must be reported to the ~~Dental Operations Manager~~ ~~Director of Clinical Operations~~ immediately for further investigation and/or action.

Commented [MD2]: Dental Operations Manager

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**Biological Indicator, Incubation, and Interpretation of Results for Table Top Steam Sterilizers**

Rationale: Load control is the process by which a load is monitored and released based on the Results of a biological indicator. If all the spores are killed on the biological indicator, then you have assurance that the sterilization process was effective. Positive biological indicator results indicate that the sterilization process was not effective at killing spores. The problem may be the malfunctioning of the sterilizer, poor quality or quantity of sterilant, incorrect packaging, loading, choosing the incorrect cycle parameters for the load, or choosing the incorrect biological test pack for the load. All biological indicator results, including biological indicator controls, must be included in the sterilization records, (i.e. record keeping control). All personnel performing sterilization activities will follow the procedure for incubation and reading of all biological indicators.

**Procedure:**

1. The Attest BI is removed from the sterilizer and the test pack.
2. The BI are incubated for the appropriate time at temperature according to the instructions of the manufacturer of the BI. A positive control (i.e. non-sterilized) BI from the same manufacturing date and lot number as the test/sterilized BI's are incubated.
  - a. Steam—Bacillus ~~stearothermophilus~~ stearothermophilus
    - i. 3M Attest Steam Incubator 56 + 2 degrees Centigrade (133 + 3 degrees Fahrenheit) ii. ~~3M Attest 1262~~ BI—48 hours
3. All BI's are checked at 48-hour time intervals as described in the manufacturer's instructions for the earliest detect on a sterilization process failure.
  - a. If results at 24 hours show color change that suggest (visual color change) a positive result, the sterilizer will be taken out of service and checked by Biomed and all items that were sterilized in the sterilizer from the last negative BI will be recalled.
4. After the last reading, the results of the tests and control are recorded and the BI's are removed from the incubator and discarded.
  - a. **Negative results**, spores killed:
    - i. ~~3M Attest 1262~~ BI—no visual color change (i.e. purple) after 48 hours.
  - b. **Positive results**, spores not killed:
    - i. ~~3M Attest 1262~~ BI—visual color change (i.e. purple to yellow) in 48 hours.
  - c. **Positive control results**—spores viable and capable of growing
    - i. ~~3M Attest 1262~~ BI—visual color change (i.e. purple to yellow) in 48 hours.

Commented [MD3]: Spelling: stearothermophilus

**APPENDIX C**

**PACK CONTROL 3M INTERNAL CHEMICAL INTEGRATORS FOR TABLE TOP**

## SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

### STEAM STERILIZERS

#### **Policy:**

Evidence of an effective sterilization process will be documented.

Rationale: Pack control monitoring is the use of chemical indicators for internal monitoring of packs, trays, containers, and peel pouches. Internal pack monitoring validates that the sterilants has penetrated to the point of placement in the pack and confirms that sufficient exposure conditions have been met. Chemical integrator test packs under specific condition, approximate the result of biological indicators and provide information on how well the sterilizer is performing before the load has been released. Chemical integrators should be used inside each package to detect local problems that sometimes occur due to human errors such as incorrect packaging and loading or mechanical malfunctions. Even with a negative biological indicator result, the sterilants may not penetrate individual packs adequately and exposure conditions may be inadequate. Do not use a pack that has an internal chemical indicator that has not reached its acceptable end point response.

#### **Procedure:**

1. Place the appropriate ~~3M Internal~~ Chemical Integrator in the most difficult area to sterilize in each load to be processed.
2. The person opening the pack should read the results of the internal chemical integrator.
  - a. An acceptable end point response of the internal chemical integrator (window says accept) indicates that the sterilants penetrated to the inside of the load and sufficient exposure to conditions have been met.
  - b. An unacceptable end point response of the internal chemical integrator (window says reject) indicates that the sterilants did not penetrate to the inside of the load. Should not be used but returned for reprocessing.
3. The ~~Dental Operations Manager~~~~Director of Clinical Operations~~ should be immediately notified if a package has an internal chemic integrator with an unacceptable end point response so further investigation and/or action can occur.
  - a. Check the recorded cycle profile to assure that the selected parameters were attained.
  - b. Notify Biomed and request they check the sterilizer.

Commented [MD4]: Dental Operations Manager

**REVIEWED: 08/27/2012, 01/10/2014, 04/08/2016, 10/01/2018, 11/01/2019, 11/04/2020, 11/05/2021**

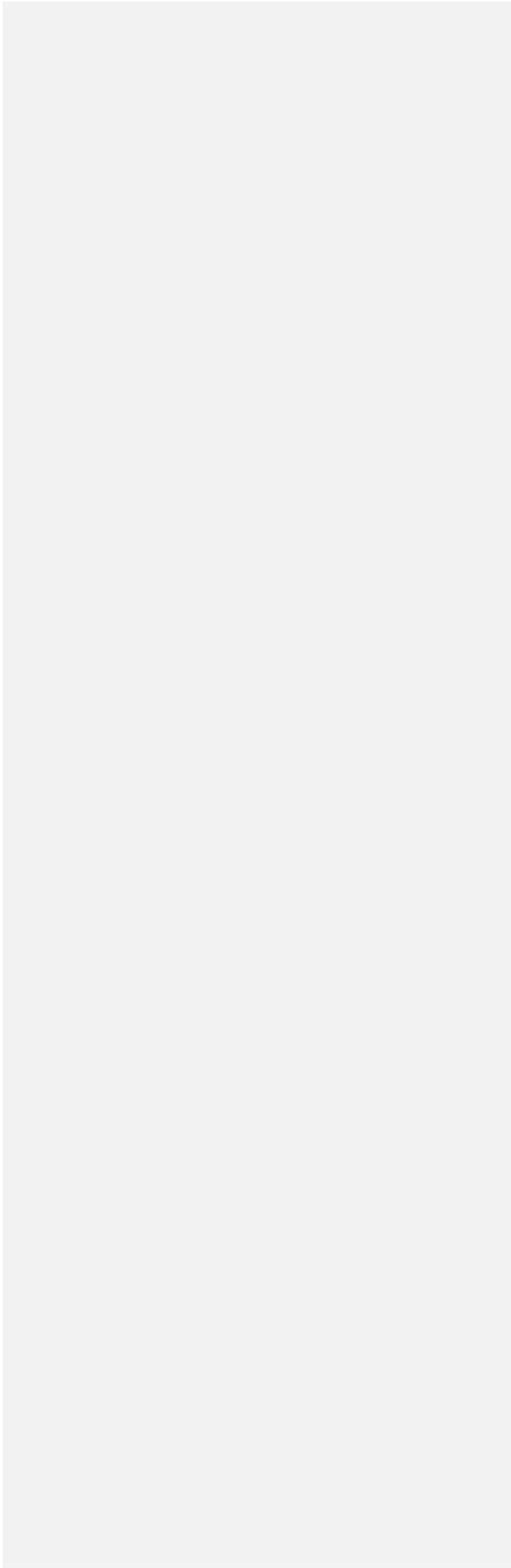
**REVISED: 08/27/2012, 01/20/2014, 10/22/2018, 11/25/2019**

**SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.**

**Signatures:**

Date:

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Kimberly Wetherhold~~John Boll, Jr. D.O.~~, Board Chair James Yoxtheimer, President & CEO



SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Stat Lab Orders

**Policy Category:** 10.0.41 Clinical  
**Policy Owner:** Clinical Operations Manager  
**Origination Date:** 08/27/2012  
**First Date Approved by Board of Directors:** 08/27/2012

**Policy:**

All stat lab results ordered by Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC) providers will be reviewed within 30 minutes of receiving results.

**Purpose:**

To assure patients requiring stat lab tests receive appropriate and timely follow up care by the ordering provider.

**Process:**

- ~~1. After being seen by a provider the patient will report to the laboratory for diagnostic studies.~~
- ~~2. The lab tests will be entered in the computer as "STAT"~~
- ~~3. Results will be received through the electronic interface.~~
- ~~4. Provider will review the results when released.~~
- ~~5. The patient will be contacted for advice or additional orders if necessary. This may occur during office hours or after hours by the night triage nurse.~~
- ~~6. After operational hours patients requiring follow up of stat laboratory results will be referred to the emergency department.~~

**REVIEWED:** 01/10/2014, 04/08/2016, 10/01/2018, 11/01/2020, 11/05/2021

**REVISED:** 01/20/2014, 10/22/2018

**Signatures:**

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Kimberly Wetherhold ~~John Boll, Jr. D.O.~~, Board Chair      Date: \_\_\_\_\_  
James Yoxtheimer, President & CEO

# SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

## Competency Assessment

**Policy Category:** 11.0.01 Continuing Professional Education  
**Policy Owner:** Clinical Operations Manager  
**Origination Date:** 10/10/2010  
**First Date Approved by Board of Directors:** 10/10/2010

### Purpose:

To ensure the clinical competency of all staff of the Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC).

The competency of all staff of the SCH&DC will be assessed during orientation and on a yearly basis. Documentation of clinical competency will occur during the employee's orientation and during the annual performance review.

### Process:

Educational needs of the staff will be identified based upon:

- Standards of Practice
- Knowledge/Skills/Equipment
- Patient Population
- Quality Improvement Findings
- Advances in Healthcare
- Learning Needs Assessment

Performance evaluations are completed annually by the Department Clinical Operations Manager or designee.

When gaps in performance standards are identified, the Department Clinical Operations Manager or designee works with the employee to address those gaps and create an action plan to improve performance and work quality.

In addition, each employee shall complete a self-evaluation prior to the performance evaluation with the Department Manager. ~~and Peer Review Competency Assessment Worksheet specific to the job description.~~

Clinical cCompetency may be assessed by the following mechanism:

- Direct observation of skills
- Written testing
- Case studies
- Written documentation is provided to the Center institution of successful completion of a course with comparable objectives/outcomes.

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Education to meet identified needs shall include, but not be limited to:

- Conferences, in-services
- Self-learning packets
- Formally organized courses
- Self-paced online learning

**REVIEWED: 08/27/2012, 04/08/2016, 04/21/2017, 07/01/2018, 07/08/2020, 11/05/2021**

**REVISED: 08/27/2012, 04/08/2016, 04/21/2017, 07/23/2018**

**Signatures:**

\_\_\_\_\_  
Kimberly Wetherhold ~~John Bell, Jr. D.O.~~, Board Chair      Date: \_\_\_\_\_  
James Yoxtheimer, President & CEO

## SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

### Dismissal from Care Policy

<b>Policy Category:</b>	<b>12.0.04 Dismissal from Care Policy</b>
<b>Policy Owner(s):</b>	Medical Director, Dental Director, Clinical Operations Manager
<b>Origination Date:</b>	<b>8/27/2012</b>
<b>First Date Approved by Board of Directors:</b>	<b>8/27/2012</b>

#### **Purpose/Scope:**

This policy provides clear guidelines and procedures relating to the dismissal from care of a patient. Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC) will make every effort to resolve patient concerns work before terminating their care.

#### **Policy Statement:**

A patient may be dismissed from medical care by Susquehanna Community Health & Dental Clinic, Inc. when in the clinic's judgment it is in the best interest of the patient and the clinic to do so. It is our policy that patients will not be terminated without cause and proper notice unless posing a threat to the safety or well-being of staff or other patients, or if such patient is involved in any other egregious action that substantially interferes with the patient and provider relationship.

A patient may **not** be dismissed from medical care solely because:

- The patient has a physical or mental disability.
- There is an adverse change in the patient's health.
- The patient is under or over utilizing unless it has a direct effect on the clinic's ability to provide medical care.
- The patient has requested a hearing with the Clinic or other plan or provider with whom the clinic has a contract.
- The patient has exercised his/her option to make decisions regarding his/her care.
- The patient has been diagnosed with end-stage renal disease or placed in hospice.

#### **Grounds for Dismissal from Care**

A Susquehanna Community Health & Dental Clinic Inc. patient may be dismissed for:

- Disruptive, unruly or abusive behavior to the point that it impairs the Clinic's ability to furnish services either to the patient or other patients.
- Threat of commission of, or commission of, an act of physical violence directed at a practitioner, any member or members of the Clinic Staff, or other patients in the office or at the site.
- Fraudulent or illegal acts, including but not limited to, permitting the use of a patient ID card by another, theft of prescription pads, alteration of

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- prescriptions, theft or other criminal or fraudulent acts committed on Clinic premises.
- Untenable or Irreparable Breach in the Provider/Patient Relationship may result in the necessity to terminate or transfer care to another provider (either from within the Center staff, pursuant to the policy governing internal changes of provider, or to another provider not employed by the Center) This ground for dismissal of any patient from the Center is only permissible in the event that the provider can document that the relationship with the patient cannot be repaired, non-compliance issues are so prevalent, and/or that another provider can be found who is able to achieve a better outcome for the patient. Such documentation should include, but is not limited to, the efforts that were made by the Care team to rehabilitate the patient/provider relationship and the conclusion that all of their efforts have been exhausted prior to such dismissal.

### Procedures for Dismissal from Care

#### I. Immediate Termination of the Patient and Center Relationship

- A. In the case of a threat or act of physical violence, "hateful", threatening, or abusive conduct, or fraudulent or illegal act, the Clinic may dismiss the patient from medical care immediately. If the patient is a member of a Fully Capitated Health Plan the Clinic, the Medical Director or his designee shall immediately contact the patient's Health Plan and request dismissal of the patient/member. The verbal request shall be followed by a written request which includes documentation of the circumstances surrounding the request for dismissal. In the event of a threat to the safety of the Clinic or staff, the patient will be advised of the Clinic's zero tolerance of abuse, harassment or violence of any kind, and informed that they are to seek alternate arrangements for any necessary care.

#### II. Non-Immediate Termination of the Patient and Center Relationship

- A. Prior to consideration of termination the staff will provide counseling to concerning the rights and responsibilities of both the patient and the center. In the event of potential violations, staff should discuss with the patient the nature of their violation(s) and the consequences. Such communication may be handled by referring the patient to the Care Team for appropriate follow up and investigation of the causes for such violation(s). The Care Team will attempt to resolve any issues prior to proceeding with the termination process. All facts and events must be documented in the patient's chart concerning the patient's violation of their responsibilities. In any event, the patient should be given an opportunity to demonstrate compliance within a reasonable time frame before initiating termination procedures.
- B. Prior to any termination of a patient, an adhoc Committee, comprised of the Medical and Dental Directors, the Clinical and Dental Operations Manager, and the Compliance Officer, along with relevant personnel, as may be appropriate based on the facts and circumstances, will review the evidence and documentation concerning violations and specific reason for initiating the termination process.

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Such Committee shall make a recommendation to the Chief Executive Officer as to the appropriate action to be taken, to include termination and ensure that such appropriate actions are to be taken to ensure that the patient can find alternate medical and/or dental services before actually terminating care of the patient. The Center has a legal duty to offer to assist the patient in locating a qualified alternate provider.

1. The Clinic shall notify the patient of intent to dismiss from care, in writing, by certified mail, thirty (30) days in advance of dismissal. The Clinic shall provide a copy of the dismissal letter to the patient's health plan, if any or required.
2. During the thirty (30) day period the Clinic will remain responsible to provide acute, urgent care to the patient, and to provide medication, if required and appropriate.
3. The Clinic will make medical records available to another provider upon receiving a signed release from the patient.

Susquehanna Community Health & Dental Clinic, Inc. will make every effort to resolve problems with patients. Clinic staff and/or providers may inform patients that their behavior may result in termination of medical care. All efforts to resolve the situation, including the options presented to the patient and evidence that the patient's response was considered, shall be documented.

Susquehanna Community Health & Dental Clinic, Inc. may request assistance from the patient's Health Plan, if any, or other resources to resolve problems.

The Care Team may develop a plan with the patient that details the problem, how it will be addressed, and arrange for a case conference with the patient and appropriate staff, agencies, providers, etc., as needed.

### Readmission of a Dismissed Patient to Susquehanna Community Health & Dental Clinic, Inc.

A patient may be readmitted to the Clinic's care if the following requirements have been met:

1. The Susquehanna Community Health & Dental Clinic, Inc. administrative staff unanimously agrees that the patient should be readmitted for care.
2. The original reason for dismissal is **NOT** one of the following:
  - a. A threat of physical violence
  - ~~a. b. 'Hateful,' threatening or abusive behavior~~
  - ~~b. c. A fraudulent or illegal act that produces liability for the Clinic or its staff or patients.~~
3. The patient agrees to a plan that addresses the original reason for dismissal and describes remedies. The plan shall be prepared by the Medical Director or his

Dismissal from Care Policy

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designee. The patient shall meet with a Care Team member to review the plan **BEFORE** readmission.

4. Failure to comply with the plan may result in permanent dismissal from medical care.

**REVIEWED: 04/08/2016, 11/01/2018, 08/01/2019, 07/09/2020, 07/01/2021, 11/05/2021**

**REVISED: 11/26/2018, 08/26/2019**

**Signatures:**

\_\_\_\_\_  
Kimberly Wetherhold, Board Chair      \_\_\_\_\_ Date:  
~~John Bell, Jr. D.O.~~, Board Chair      James Yoxtheimer, President  
& CEO