

Policies for Review for September 2021

Clinical

10.0.01 Health Literacy: Minor grammatical changes.

10.0.02 Abnormal Test Results: Updated process

10.0.03 Activation of Advanced Directives Policy: Deleted the procedure from the policy and made separate procedure.

10.0.04 BHC Manual: This policy was reviewed with no changes being recommended.

10.0.05 Childhood Immunizations, VIS, and Consent Policy:

10.0.06 Communication of Critical Labs After Hours: Title change. Changed the process/procedure and moved it to a separate procedure.

10.0.07 Completing Provider Orders: Changed to procedure. Policy number will change to unassigned if approved.

10.0.08

10.0.09 Photo/Video Recording for Clinical Purposes: Moved procedure to be separate from the policy. Added in-clinic photograph information.

10.0.10 Controlled Substance Prescription Pick-Up Policy: This policy was changed to a procedure. Policy number will change to unassigned if approved. Changed Saturday pick-up hours.

10.0.11 Dental Patients: This policy was reviewed and felt no changes were needed at this time.

10.0.12 Dental Radiographs: This policy was reviewed and felt no changes were needed at this time.

10.0.13 Hygiene Standing Orders: This policy was reviewed and felt no changes were needed at this time.

10.0.14 Diagnostic Tracking Policy: This policy was changed to a procedure. Policy number will change to unassigned if approved.

Patient Flow

12.0.12 New Policy: Dental Appointment Policy and Procedure

Policies for Review for the month of October:

Clinical

10.0.15 – 10.0.29

Continuing Professional Education

11.0.01

11.0.03

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Health Literacy Policy

Policy Category: 10.0.01 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 11/1/2018
First Date Approved by Board of Directors: 11/26/2018

Policy:

It is the policy of Susquehanna Community Health and Dental Clinic, Inc. (SCH&DC) to support and empower our consumers to make effective decisions and take appropriate action for their health and health-care

Purpose:

This policy describes the process for ensuring that healthcare providers at SCH&DC communicate effectively and can properly evaluate a consumer's understanding of information that is communicated to them.

Process:

All SCH&DC staff will receive periodic health literacy training so that staff can have the tools to provide information that is easily understood by SCH&DC consumers.

All spoken and written communication targeting consumers will be easily understood and tailored to the needs of people from a diverse range of backgrounds.

SCH&DC shall perform regular assessments of health education materials and communications of services and environment.

SCH&DC consumers requiring additional support to make effective decisions and ensure understanding of health information will be referred to the Community Navigator or Health Educator.

Community Navigators/Health Educators will assist patients in understanding health information including but not limited to health promotion materials, forms and plans of care.

REVIEWED: 08/28/2019, 09/01/2020, 09/02/2021

REVISED: 09/23/2019, 09/28/2021

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Signatures:

_____ Date:
Kimberly Wetherhold, Board Chair James Yoxtheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Abnormal Test Results

Policy Category: 10.0.02 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Policy:

The provider will review all diagnostic results.

Purpose:

To ensure all clinical diagnostic test results are reviewed and managed by a health care provider. A health care provider will manage follow-up all abnormal diagnostic test results.

Process:

1. ~~All abnormal test results are reviewed by the ordering provider or covering provider and signed off in the electronic health record (EHR).~~
2. All abnormal ~~lab~~ results are returned in red bringing them to the provider's attention.
3. ~~All abnormal test results are reviewed by the ordering provider or covering provider and signed off in the electronic health record (EHR).~~
- 2.4. ~~Attempts to notify the patient are documented in the EHR.~~
3. ~~After the review by the provider, follow-up orders are sent to the team nurse who is assigned to that provider.~~
- 4.5. The nurse assigned to that provider is responsible for all orders in their nurse box.
- 5.6. A nurse will ~~notify the patient and give instructions of the necessary follow-up~~ communicate the provider's care plan to the patient. This will be documented in the EHR.
- 6.7. Patients are notified by mail if unable to be contacted by telephone within 48 hours. ~~Attempts to notify the patient are documented in the EHR.~~
- 7.8. Results of tests not ordered by SCH&DC providers are informational only and will not include clinical guidance unless the patient is at risk of significant morbidity or mortality.
- 8.9. If a test requires emergent intervention, the patient is notified immediately. If unable to reach the patient ~~the nurse will notify via the most recent phone number provided~~ the emergency contact. ~~s will be utilized.~~ If still unable to reach the patient, the nurse will notify the provider and may obtain an order to send the community navigator or dispatch the police to the patient's address. ~~If the community navigator is unavailable to reach the patient, an order will be obtained from the provider to dispatch the appropriate police to go to the patient's home to notify the patient to call SCH&DC immediately. The physician will document the review of results and that police intervention is needed to prevent significant patient morbidity or mortality.~~ Nursing will document in the EHR.

REVIEWED: 10/18/2012, 01/10/2014, 04/08/2016, 04/21/2017, 09/01/2018, 09/02/2019, 09/01/2020, 09/02/2021

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

REVISED: 10/22/2012, 01/20/2014, 09/24/2018, 10/28/2019

Signatures:

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

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Activation of Advanced Directives Policy

Policy Category: 10.0.03 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Policy:

Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC) will honor all valid advance directives of patients regarding their care and treatment. Advance Directive forms that are filled out by patients will be reviewed with the patient by SCH&DC providers to ensure that the patient understands the associated effects of carrying out those directives.

Procedure:—Moved to a separate procedure.

~~Patient will complete Advance Directives form and review its contents with a SCH&DC provider prior to signing and dating the form.~~

~~The provider will explain terminology contained in the Advanced Directives form to the patient as needed and will answer any questions the patient may have regarding the Advanced Directives.~~

~~Advanced Directive forms which have been completed, signed, and dated are to be scanned into the patients Electronic Health Record (EHR) and a notification will be added to the EHR.~~

Power of Attorney for Healthcare:

~~The patient names an “agent” who is authorized to make health care decisions for them in the event that he/she is unable to do so.~~

~~The Power of Attorney for Healthcare is activated when a healthcare provider believes that a patient lacks the capacity to give informed consent. Once this assessment has been reached the patient’s designated agent is to be consulted regarding any and all healthcare decisions to be made.~~

Advanced Directives/Living Will

~~The Advanced Directives Form/Living Will is a document in which the patient stipulates the type of life-prolonging medical care he/she wishes to receive should he/she become terminally ill and unable to make decisions regarding care.~~

~~The Advanced Directives/Living Will is only activated after a provider has documented that the patient’s condition has become terminal.~~

~~The patient has the right to revoke any or all of their Advanced Directives/Living Will at any time.~~

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REVIEWED: 01/10/2014, 09/01/2018, 09/02/2019, 09/01/2020

REVISED: 01/20/2014, 04/08/2016, 04/14/2017, 09/24/2018, 09/23/2019

Signatures:

Date:

| Kimberly Wetherhold John Bell, Jr. D.O., Board Chair

James Yoxtheimer, President & CEO

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Activation of Advanced Directives Procedure

Procedure:

1. Patient will complete Advanced Directives form and review its contents with a SCH&DC provider prior to signing and dating the form.
2. The provider will explain terminology contained in the Advanced Directives form to the patient as needed and will answer any questions the patient may have regarding the Advanced Directives.
3. Advanced Directive forms which have been completed, signed, and dated are to be scanned into the patients Electronic Health Record (EHR) and a notification will be added to the EHR.

4. Power of Attorney for Healthcare:

The patient names an “agent” who is authorized to make health care decisions for them:

- a. In the event that he/she is unable to do so.
- b. The patient may delegate a secondary or tertiary agent.
- c. The Power of Attorney for Healthcare is active when a healthcare provider believes that a patient lacks the capacity to give informed consent. Once this assessment has been reached, the patient’s designated agent is to be consulted regarding any and all healthcare decisions to be made.

5. Advanced Directives/Living Will:

The Advanced Directives Form/Living Will is a document in which the patient stipulates the:

- a. Type of life-prolonging care they wish to receive should they become terminally ill and unable to make decisions regarding care.
- b. The Advanced Directives/Living Will is only activated after a provider has documented that the patient’s condition has become terminal.
- c. The patient has the right to revoke any or all of their Advanced Directives/Living Will at any time.

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Childhood Immunizations, Vaccine Information Statement~~S~~, and Consent Policy

Policy Category: 10.0.05 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Policy:

Parent/legal guardian will be provided with the latest release of appropriate Vaccine Information Statement (VIS) prior to vaccination of child in compliance with CDC recommendation and Federal Law.

Purpose:

Education of parents/legal guardians prior to vaccination of child with any immunization to ensure proper consent is obtained prior to administering vaccines to a minor.

Process: Moved to separate procedure.

- ~~1. Oral and written information will be presented to parent/guardian with the opportunity for questions prior to immunization.~~
- ~~2. Parent/legal guardian will provide written consent for all immunizations. Such consent is documented in the EHR.~~
- ~~3. If the parent/legal guardian are unable to accompany the minor child to the visit, verbal consent via telephone will be taken by two SCH&DC witnesses after education has been provided to the parent/legal guardian. The two witnesses shall each sign the consent after indicating that consent was given via telephone.~~
- ~~4. Documentation of date of VIS given, along with lot number and expiration of vaccine, injection site, and initials of the nurse or medical assistant will appear in the patient record.~~

REVIEWED: 10/18/2012, 01/10/2014, 04/08/2016, 04/14/2017, 09/01/2018, 10/01/2019, 09/01/2020, 09/02/2021

REVISED: 10/22/2012, 01/20/2014, 09/24/2018, 10/28/2019

Signatures:

Kimberly Wetherhold~~John Boll, Jr. D.O.~~, Board Chair Date: _____
James Yoxthimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Childhood Immunizations, Vaccine Information Statement, and Consent Procedure

Procedure:

1. Oral and written information will be presented to the parent/guardian with the opportunity for questions prior to immunization.
2. Parent/legal guardian will provide written consent for all immunizations. Such consent is documented in the EHR.
3. If the parent/legal guardian is unable to accompany the minor child to the visit, verbal consent via telephone will be taken by two SCH&DC witnesses after education has been provided to the parent/legal guardian. The two witnesses shall each sign the consent after indicating the consent was given via telephone.
4. Documentation of the date of the VIS given, along with lot number and expiration of vaccine, injection site, and initials of the nurse or medical assistant will appear in the patient record.

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

After Hours Management of Critical Lab Results and Life-Sustaining Medication
Refill Requests~~Communication of Critical Labs after Hours~~

Policy Category: 10.0.06 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Policy:

Critical test results and requests for refills of a life sustaining medication received after hours of operations are communicated to the on-call provider.

Purpose:

To assure consistent and timely management of information received after hours of operation and to assure continuity of care after hours of operation for emergent issues.

Process:

- ~~1. When a critical test results or need for life sustaining medication refill is communicated to the on-call service, they will notify the provider on call.~~
- ~~2. The provider on call may be reached at home, cellular phone, or pager.~~
- ~~3. The on-call service will provide documentation of the calls and will be scanned into the patient's electronic chart.~~
- ~~4. Verbal orders are signed by the provider and returned to the on-call service.~~

REVIEWED: 10/18/2012, 01/10/2014, 04/08/2016, 04/14/2017, 09/01/2018, 09/12/2019,
09/01/2020, 09/02/2021

REVISED: 10/22/2012, 01/20/2014, 09/24/2018, 09/23/2019

Signatures:

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

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.

After Hours Management of Critical Lab Results and Life-Sustaining Medication Refill Requests

Procedure:

1. An on-call service receives calls from patients after SCH&DC normal hours of operation.
2. When a test has a critical result or a patient requests a refill for a life-sustaining medication, the on-call service will notify the provider on call by home phone, mobile phone, or pager.
3. Verbal orders are received from the provider on call to the on-call service.
4. The on-call service notifies the patient of the care plan.
5. The on-call service will provide documentation of the call, which will be documented in the EHR.
6. Verbal orders will be signed by the provider on call and returned to the on-call service.

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Completing Provider Orders Procedure

Policy Category: ~~_____~~ **10.0.07 Clinical**
Policy Owner: ~~_____~~ **Clinical Operations Manager**
Origination Date: ~~_____~~ **08/27/2012**
First Date Approved by Board of Directors: ~~_____~~ **08/27/2012**

Purpose:

To define the process of assuring provider orders are transcribed correctly and timely.

Process:

1. Orders will be entered in the Electronic Health Record (EHR).
2. ~~Providers will notify appropriate staff (Nursing or Medical Office Assistant (MOA) via EHR message. Nurses and Medical Assistants will complete in-house orders prior to the patient leaving the clinical area. The Medical Office Assistant (MOA) will check for any additional orders at the time of check out.~~ STAT or ~~urgenteritiaeal~~ orders should be marked urgent and communicated verbally to clinical staff.
3. If unable to complete an order after attempting to contact the patient by phone two (2) times (on different shifts), a letter is sent to the patient at the most recent address listed on the chart. The message is then signed off. The ordering provider should be notified that the order is not completed.

~~REVIEWED: 10/18/2012, 01/10/2014, 04/08/2016, 04/14/2017, 09/01/2018, 09/02/2019, 09/01/2020~~

~~REVISED: 10/22/2012, 01/20/2014, 04/18/2016, 09/24/2018, 09/23/2019~~

Signatures:

John Boll, Jr. D.O., Board Chair _____ Date:
_____ James Yoxtheimer, President & CEO

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Controlled Substance Policy

Policy Category: 10.0.08 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Policy:

Controlled Substance Agreements (CSA's) will be initiated by the Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC) provider when pain management requires a Schedule II, III, IV, or V drug, narcotic.

Purpose:

To assure the appropriate medical use of controlled substances and prevent their diversion and abuse.

Move the following to a separate procedure...

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Process:

1. CSA's will may be ordered by the provider at their discretion initiated by the provider when a patient's care plan includes prescription of Schedule II drugs.
2. CSAs may be initiated at the provider's discretion when a patient's care plan includes prescription of Schedules III, IV, and V drugs.
3. New CSA's will be done at least every 6 months along with a review of patient goals.
4. Clinical support staff will review the CSA with the patient and witness the patient's signature.
2. Exceptions: ADHD medications at the provider's discretion.
3. Lost or stolen prescriptions will not be refilled under any circumstances.
- 4.1. New CSA's will be done at least every 6 months along with a review of patient goals.
5. It is the provider's (physician, physician assistant, nurse practitioner) responsibility to review the agreement with the patient. The CSA will be electronically signed by the provider and patient after the review. The nursing staff will have "renewals" electronically signed at the 6-month interval. Signatures of the patient will be witnessed.
6. As part of the CSA (Attachment A) patient will be required to comply with initial and periodic drug screening or other screening methodologies.
- 7.5. The Failure to abide by the following actions requirements in the CSA will result in the termination of narcotic medication prescriptions if the patient the controlled substance prescription:
 - a. Seeking or obtainings any pain medication controlled substance from a source other than their SCH&DC provider.
 - b. Gives, sells, or in any way distributes prescribed medications to any other person(s). Selling or distributing prescribed drugs.
 - c. Attempts to forge or alter a prescription.
 - d. Fails a random urine drug screen or other screening methodologies.
6. The following actions may result in termination of the controlled substance prescription:
 - a. failing a drug screen

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- b. refusing to present for a random drug screen
 - c. refusing to present for a random medication count
 - d.
7. If the decision is made to terminate the controlled substance prescription, the patient will receive written notification. The provider will continue to provide primary care for the patient and will continue to prescribe non-controlled medications. The provider has the discretion to provide a final prescription of the controlled substance based on clinical judgement.
8. The provider reserves the right to discontinue ~~narcotic medication~~ controlled substances based on their clinical judgement at any time.
9. If the patient has a history of belligerent noncompliance or abusive or threatening behavior, they may be referred to the patient dismissal committee for review.
10. Illegal activity related to the prescription use, misuse, or diversion of a controlled substance will be reported to law enforcement.
11. Lost or stolen prescriptions of controlled substances will not be replaced under any circumstances.
- 8.12. CSA, violation of CSAs, and termination of CSAs will be documented in the EHR.
9. ~~Should the patient violate the CSA, the patient will receive a written notification of the termination of controlled substance prescriptions after 30 days. The providers will continue to provide for the primary care needs of the patients. SCH&DC providers will continue to refill prescription for non-narcotic medications. Providers will make a clinical decision to determine if prescriptions for controlled substances will be needed during the 30-day period. (The patient may be discharged from the practice if there is history of belligerent noncompliance or documentation of abusive behavior.)~~
10. ~~Patients who give, sell, or distribute prescribed medication or alter prescriptions will be reported to the proper authorities.~~
11. ~~A patient may be eligible for readmission into SCH&DC after one year.~~

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Random DAU Process MOVE THIS TO AN ATTACHMENT

- a. Primary Care Provider initiates the need for DAU and enters the order in the EHR.
- b. The patient will be contacted by a nurse, or designee, to schedule appointment within 24 hours. If the PCP has no available appointment slots within 24 hours, the patient will be instructed to use the walk-in service.
- c. Nurse will complete the DAU and CSA.
- d. Walk-in provider will give the DAU results, if using that service, and a follow up appointment will be made with the PCP if needed.
- e. Any subsequent controlled substances would be prescribed by the PCP if indicated, not by the walk-in provider.

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Documentation:

- f. The CSA will be documented in the Electronic Health Records (EHR).
- g. CSA violations will be documented in the medical record.
- h. The termination of the patient's CSA will be documented in the EHR.

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REVIEWED: 01/25/2013, 02/13/2013, 01/10/2014, 04/08/2016, 10/01/2018, 09/02/2019, 11/01/2019, 09/01/2020

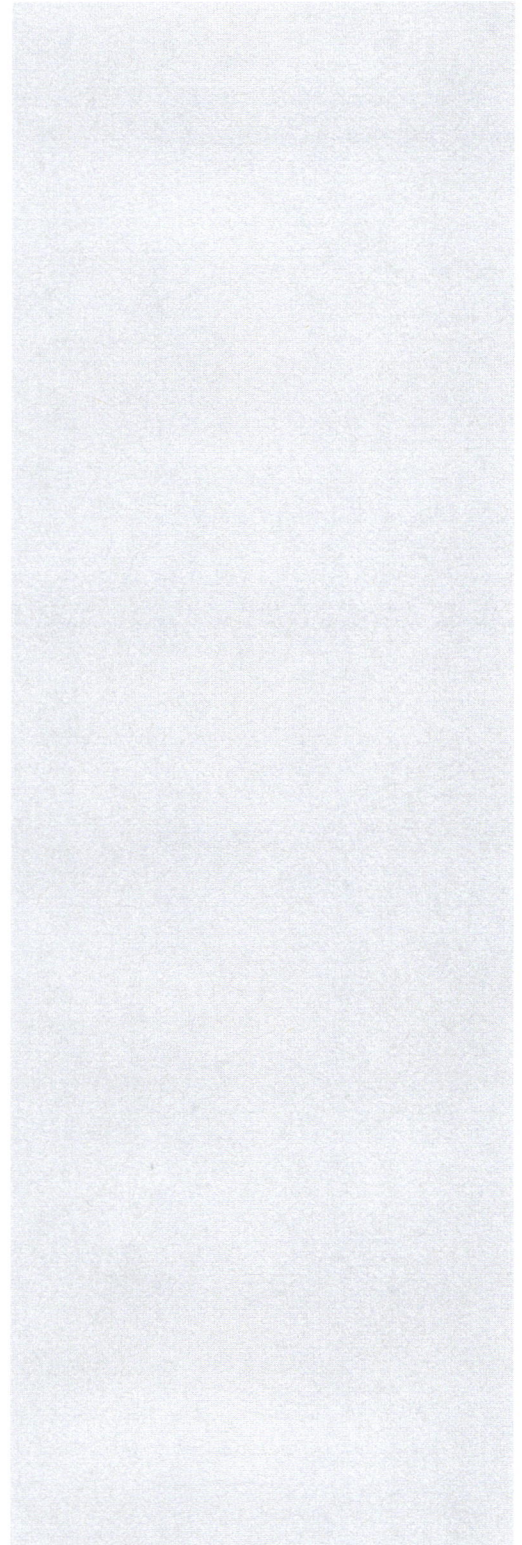
REVISED: 01/28/2013, 01/20/2014, 10/22/2018, 09/23/2019, 11/25/2019

Signatures:

John Boll, Jr. D.O., Board Chair

James Yoxtheimer, President & CEO

Date:



CSA Procedure

Process:

1. CSAs will be initiated by the provider when a patient's care plan includes prescription of Schedule II drugs.
2. CSAs may be initiated at the provider's discretion when a patient's care plan includes prescription of Schedules III, IV, and V drugs.
3. New CSA's will be done at least every 6 months along with a review of patient goals.
4. Clinical support staff will review the CSA with the patient and witness the patient's signature.
5. The following actions will result in the termination of the controlled substance prescription:
 - a. Seeking or obtaining any controlled substance from a source other than their SCH&DC provider.
 - b. Selling or distributing prescribed drugs.
 - c. Attempts to forge or alter a prescription.
6. The following actions may result in termination of the controlled substance prescription:
 - a. failing a drug screen
 - b. refusing to present for a random drug screen
 - c. refusing to present for a random medication count
7. If the decision is made to terminate the controlled substance prescription, the patient will receive written notification. The provider will continue to provide primary care for the patient and will continue to prescribe non-controlled medications. The provider has the discretion to provide a final prescription of the controlled substance based on clinical judgement.
8. The provider reserves the right to discontinue controlled substances based on their clinical judgement at any time.
9. If the patient has a history of belligerent noncompliance or abusive or threatening behavior, they may be referred to the patient dismissal committee for review.
10. Illegal activity related to the prescription use, misuse, or diversion of a controlled substance will be reported to law enforcement.
11. Lost or stolen prescriptions of controlled substances will not be replaced under any circumstances.
12. CSA, violation of CSAs, and termination of CSAs will be documented in the EHR.

Random DAU Process

- a. Primary Care Provider initiates the need for DAU and enters the order in the EHR.
- b. The patient will be contacted by a nurse, or designee, to schedule appointment within 24 hours. If the PCP has no available appointment slots within 24 hours, the patient will be instructed to use the walk-in service.
- c. Nurse will complete the DAU and CSA.
- d. Walk-in provider will give the DAU results, if using that service, and a follow up appointment will be made with the PCP if needed.
- e. Any subsequent controlled substances would be prescribed by the PCP if indicated, not by the walk-in provider.

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Photo/Video Recording for Clinical Purposes

Policy Category: 10.0.09 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 04/27/2020
First Date Approved by Board of Directors: 04/27/2020

Purpose:

1. To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards) and all other federal regulations and interpretive guidelines.
2. To establish guidelines for use of photograph and/or video recordings for clinical purposes.

Definitions:

1. Consent: the patient's or patient's legal representative's written acknowledgment and/or agreement regarding the use and/or disclosure of protected health information for treatment, payment, or health operations purposes or other reasons permitted by the HIPAA Privacy Rule.
2. Photography: recording an individual's likeness (e.g., image, picture) using photography (e.g., cameras, cellular telephones), video recording (e.g., video cameras, cellular telephones), digital imaging (e.g., digital cameras, web cameras), or other technologies capable of capturing an image (e.g., Skype).

Policy:

Photographing/Audio Recording Patients for Treatment Purposes:

1. ~~Written patient i~~Informed consent is required before workforce members may photograph or audio record a patient for patient care purposes.
2. If photographs or digital screen capture is to be used such as in the case of any telehealth encounter, the patients shall be informed of the intent to capture the image as well as its use. Any such photographs or recordings should also be made a part of the patient's permanent medical record. Photographs, when documenting for treatment, would become part of a patient's designated record set (DRS) ~~, as required by HIPAA regulations.~~
3. Any such photograph, video, or recording should be released and/or used only as authorized or required by law.
4. Any such photograph, video, or recording should be made only with company-~~authorized~~~~owned~~ equipment.

Procedure: Moved to a separate procedure

1. ~~During a tele-video patient encounter, a digital screen capture can be recorded with the EHS software and automatically uploaded and attached the patient's electronic chart.~~

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- ~~2. If tele-video is unavailable and a photograph is requested or is to be provided by the patient, the patient may send a photograph via a dedicated email account under the rvhdc.org domain. The photograph will then be attached the patient's chart electronically. This email is to be monitored by the Office Manager.~~
- ~~3. If patient does not have email capabilities, a photograph may be sent to the Compliance Officer via text messaging to a designated phone number. The photograph will then be sent to the Office Manager via the dedicated email account to be attached the patient's chart electronically.~~

REVIEWED: 11/01/2020, 09/01/2021

REVISED: 11/23/2020

Signatures:

Kimberly Wetherhold., Board Chair

James Yoxtheimer, President & CEO

Date:

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.

Photo/Video Recording for Clinical Purposes Procedure

Procedure:

1. During a tele-video patient encounter, a digital screen capture can be recorded with the EHS software and automatically upload and attached to the patient's electronic chart.
2. If tele-video is unavailable and a photograph is requested or is to be provided by the patient, the patient may send a photograph via a dedicated email account under the rvhdc.org domain. The photograph will then be attached to the patient's chart electronically. This email is to be monitored by the Office Manager.
3. If the patient does not have email capabilities, a photograph may be sent to the Compliance Officer via text messaging to a designated phone number. The photograph will then be sent to the Office Manager via the dedicated email account to be attached to the patient's chart electronically.
4. In-clinic photographs for medical purposes may also be sent to the Office Manager for upload to the patient chart.

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Controlled Substance Prescription Pick-Up Procedure~~Policy~~

~~Policy Category: 10.0.10 Clinical~~
~~Policy Owner: Clinical Operations Manager~~
~~Origination Date: 03/03/2014~~
~~First Date Approved by Board of Directors: 03/17/2014~~

Purpose:

To outline the process for handling controlled substance prescriptions.

Process:

1. Provider will print controlled substance prescription, sign, and give to Medical Assistant/Nurse.
2. The Nurse/Medical Assistant will contact the patient to let them know a prescription is ready for pick up.
 - Prescriptions can be picked up during the following times:
 - Monday through Thursday 7:45 am – 6:30 pm
 - Friday 7:45 am – 4:30 pm
 - Saturday 8 am – 1 ~~pm~~am
3. The prescription will be placed in the controlled substance prescription drawer at registration.
4. When the patient arrives to pick-up the prescription, patient identification is confirmed using two identifiers.
 - If someone other than the patient is picking up the prescription, the person must have a note from the patient stating they have authorization to pick up the prescription as well as photo identification.
5. If there is a note attached to the prescription stating that the patient needs a urine sample collected and/or Controlled Substance Agreement (CSA), the Medical Office Assistant will inform the Nurse. The nurse will then take the patient back, collect the urine sample, and give the patient the prescription.

~~REVIEWED: 04/08/2016, 09/01/2018, 09/01/2020~~

~~REVISED: 09/24/2018~~

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Signatures:

John Boll, Jr. D.O., Board Chair

James Yoxtheimer, President & CEO

Date:

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Diagnostic Order Tracking Procedure

Policy Category: ~~_____~~ **10.0.14 Clinical**
Policy Owner: ~~_____~~ **Clinical Operations Manager**
Origination Date: ~~_____~~ **05/06/2015**
First Date Approved by Board of Directors: ~~_____~~ **05/18/2015**

Procedure:

1. Labs and radiology orders are sent through electronic medical record per ordering provider.
2. Orders are sent to pending results where they are tracked until results are returned or expire from allotted time frame for results. All standard labs are set for at least 3 months or at the discretion of the provider. Lab and radiology orders may be deferred per provider preference for patient follow up.
3. Lab and radiology results will come through electronic interface where they will be attached to orders located in patient chart.
4. Orders then move to orders to sign off.
5. Providers review results.
6. Provider signs off results and flags result to nursing staff, if needed.
7. Provider will give nursing instructions for any follow up care that may be needed.
8. Clinical support team informs patient of the results according to Lab and Diagnostic Tracking Policy.
9. If order for labs/diagnostic imaging are not completed by the allotted time frame, orders will automatically move to delinquent orders without results.
10. Delinquent orders are reviewed weekly by clinical support staff.
11. Clinical support staff will complete outreach to patient to follow up on delinquent orders. Clinical support staff will document in EHR.
12. If patient cannot be contacted after 2 calls, an unable to reach letter is mailed to the patient.

REVIEWED: ~~04/21/2017, 09/01/2018, 09/01/2020, 09/02/2021~~

REVISED: ~~09/24/2018, 09/23/2019~~

Signatures:

John Boll, Jr. D.O., Board Chair _____ Date:
_____ James Yoxtheimer, President & CEO

Susquehanna Community Health and Dental Center

Dental Appointment Policy and Procedures

Policy Category: 12.0.12 Patient Flow
Policy Owner: Dental Operations Manager
Origination Date: 09/09/2021
First Date Approved by Board of Directors: 09/28/2021

Policy:

Susquehanna Community Health and Dental Clinic, Inc. (SCH&DC) has created this policy to ensure that our patients are able to schedule appointments for dental care in a timely and efficient manner in order to maximize access and continuity of care for both preventive and restorative dental need. All attempts are made to satisfy patient requests to improve access. SCH&DC reserves the right to change or amend this policy at any time as may be deemed necessary.

Procedure:

Refer to Dental Appointment Procedure

REVIEWED:

REVISED:

Signatures

Kimberly Wetherhold, Board Director

_____ **Date:**
James Yoxtheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Dental Appointment Procedure

Origination: 09/28/2021

Reviewed/Revised:

Purpose: To ensure patients are scheduled appropriately.

Procedure:

- A. Patients are assigned a dental provider based on schedule availability:
 - 1. New patient appointments are scheduled in blocked appointment slots specifically designated as "New Patient" appointment block.
 - 2. New patients are selected based on a self-reported needs assessment.
 - 3. New patient appointments will be scheduled no more than 4 weeks in advance.
 - 4. Patients' dental provider will be documented in the medical record.
 - 5. At each visit, staff will verify dental provider and offer an appointment with that provider, if available.
 - 6. Patients will be scheduled with another provider only when an urgent need arises that requires the patient to be seen prior to their providers next available appointment.
 - 7. Blocked out/unavailable appointment slots may not be overwritten without permission from the Dental Operations Manager or designee.
 - 8. Appointments will be scheduled from 8:00am to 5:00pm Monday through Thursday and 8:00am to 4:00pm on Friday.
- B. Siblings
 - 1. No more than three siblings may be scheduled together without prior approval from the Dental Operations Manager or designee.
 - 2. If siblings fail (no show, or less than 24 hr. cancel) their scheduled appointment they will not be rescheduled together unless approved by the Dental Operations Manager or designee.
- C. Emergency Care
 - 1. Emergency care appointments are available for any patient experiencing pain or swelling.
 - 2. The Emergency flow chart will be used to determine if patient requires immediate care.
 - 3. Patients presenting for emergency care may be seen by any dental provider.
 - 4. If we are unable to accommodate a patient experiencing pain in our schedule within 24 hrs., the patient will be referred to Express Care for evaluation and treatment.
- D. Scheduling
 - 1. Upon scheduling a dental appointment, front desk staff will relay to the patient the following information: All dental appointments will be released to other patients if the appointment is not confirmed by 2pm the day prior to the appointment by the appointee, or parent/guardian if patient is a minor.

Reasons for cancellation include the following as stated to the patient when scheduling the appointment:

1. You did not return our call (message left on machine)
 2. There is no answer and no machine to leave a message
 3. The voicemail is full
 4. There is no current number
 5. You do not call back when a confirmation message is left with someone else
- E. Missed appointments -see Patient Failed Appointment Policy