

Policies for Review for October 2020

Patient Confidentiality

- 6.0.04 Patient Rights and Responsibilities:** Changes were made to coincide with the new Patient Failed Appointment Policy.

Clinical

- 10.0.17 ER Follow Up Protocol:** Clarification of process and small grammar changes.
- 10.0.18 Patient Transfer Policy:** In #1. Removed "his/her designee" as the nurse calls the report.
- 10.0.19 Sample Medication Policy:** Added that Medical Assistants can give sample medications to patients.
- 10.0.20 Lab and Diagnostic Tracking Policy:** Nothing new is added to the policy. Combined lab & diagnostic tracking since it is the same procedure. Separated critical lab results into its own section.
- 10.0.21 Lead Levels:** This policy was reviewed and felt no changes were needed at this time.
- 10.0.22 Non-Emergent Transfer:** Removed #1, removed #4 as taxi services is no longer an option. Added a new #4 so the indicating the community navigator as an option to arrange non-emergent transport.
- 10.0.23 Nurse Triage:** Changed process for Team Nurse messages and calls.
- 10.0.24 Nursing Protocol-Refilling Medications for Chronic Medical Conditions:** This policy is under further review and will be discussed in November meeting.
- 10.0.25 Patient Care Follow-Up Post Hospitalization Policy:** This policy was reviewed and felt no changes were needed at this time.
- 10.0.26 Patient Consultation Policy:** This policy was reviewed and felt no changes were needed at this time.
- 10.0.27 Patient Education:** This policy was reviewed and felt no changes were needed at this time.
- 10.0.28 Patient Request for Second Opinion:** This policy was reviewed and felt no changes were needed at this time.
- 10.0.29 Expiration and Recall of Medications/Supplies:** This policy was reviewed and felt no changes were needed at this time.
- 10.0.30 Point of Care Testing:** This policy was reviewed and felt no changes were needed at this time.
- 10.0.31 Prescription Medications and Appointment Compliance:** This policy is under further review and will be discussed in November meeting.

Patient Flow

- 12.0.06 **New Policy: Patient Failed Appointment Policy**
- 12.0.09 Patient No Show Appointment:** This policy is being deleted and replaced with the above 12.0.06. It was decided in the QA/QI Meeting to work on this policy and bring it back for discussion at next month's meeting

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@aimhealthy.orgrvhdc.org or (570) [567-5413980-3708](tel:567-5413980-3708) for any further questions, issues or concerns that you may have.

Field Code Changed

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.
2. You may request a different health care provider if 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.
3. 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

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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. 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. 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. You have the right to obtain another medical opinion prior to any procedure.
7. 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. You may develop advanced directives and be assured that all health care providers will comply with those directives in accordance with the law.
9. 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. 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. 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 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.

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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. 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 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

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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 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 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

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when children are brought into the dental operator. 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 operator 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 operator..

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 (or as soon as possible within 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.~~ **Failure to follow this policy and any three instances of missed appointments (no show) may result in losing your ability to schedule further appointments. Thereafter, access to care will be permitted on a walk in only basis. For Dental appointments, you must confirm your appointment by 2 p.m. the day prior to such appointment or such appointment will be cancelled and marked as a no show. We will attempt to fill your appointment time with another patient and should you come in, you will either have to wait to be seen if the schedule will permit or reschedule your appointment.** The rule applies that three instances of no show shall result in being placed on the walk-in list. After three consecutive walk-in visits, patients may be allowed to again schedule visits in advance.

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9.8. 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.

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, 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 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

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- 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 or a fraudulent or illegal act that produces liability for the Center or its staff or patients.

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ER Follow-up Protocol

Policy Category: 10.0.17 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 03/25/2013
First Date Approved by Board of Directors: 03/25/2013

Purpose: To follow up with SCH&DC patients seen in the emergency room.

Protocol:

1. Emergency room face sheets/visit reports are received from the emergency room daily via secure email sent to health educator. ~~fax.~~
2. Office assistant gives face sheets to health educator
3. Health educator inputs face sheet data into tracking record
- ~~4. Health educator gives sheets to clinical aide~~
- ~~5.4.~~ Face sheets are distributed to nursing staff for follow up.
- ~~6.5.~~ Mental health complaints are given to Behavioral Health Consultant ant for follow up calls
- ~~7.6.~~ Dental health complaints are given to dental office assistant for follow up

All ER visits are followed up within 14 days

- a. Staff will contact the patient and arrange for follow-up appointments if needed.

The main purpose of our contact is:

1. Check on the condition of the patient who went to the emergency room.
 - a. Is the patient feeling better?
 - b. Is there anything we can do for the patient?
 - c. Do they need to be seen for follow-up?
2. Ask if the patient tried to call the office for an appointment before going to the ER.
 - a. Could not get through
 - b. Could not be scheduled
3. Remind the patient that they can call the-nurse triage hotline after hours for assistance.
4. Remind the patient that we offer same day appointments.
5. Document the conversation in the patient's chart.
6. Successful and unsuccessful outreach attempts will be documented in the EMR. If attempts to reach patient are unsuccessful, letter will be sent to patient along with SCH&DC hours of operation.
7. All recent ER visits will be reviewed at the patient's next appointment.
 - a. ER reports are received through electronic fax. If not received, SCH&DC contacts appropriate Emergency Department for report.

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- i. Clinical support staff will obtain patient reports from the emergency room visits, including lab results, image tests, and other relevant clinical findings that contribute to the patient's emergency room visit.
- ii. The primary care provider will review the ER results with the patient at the follow-up appointment.

REVIEWED: 06/15/2015, 05/11/2017, 12/14/2017, 10/01/2019, 10/01/2020

REVISED: 01/10/2014, 05/28/2015, 05/22/2017, 12/18/2017, 10/28/2019

Signatures:

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

James Yoxtheimer, President & CEO

Date:

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Patient Transfer Policy

Policy Category: 10.0.18 Clinical
Policy Owner: Clinical Operations Policy
Origination Date: 10/28/2019
First Date Approved by Board of Directors: 10/28/2019

Patient Transfer Guidelines:

1. SCH&DC Medical Assistant or Nurse involved with the patient's visit arranges for transport needs of patients at the time of the patient visit or otherwise upon the orders of the SCH&DC Provider. The Nurse ~~or his/her designee~~ will notify the hospital of impending transfer and give a verbal patient report.
2. SCH&DC Nurse or his/her designee will arrange for the transport of patients to the hospital utilizing appropriate staff, equipment, and transport vehicles, and will notify the patient's next of kin or legal guardian of the transfer at the patient's discretion.
3. In the event of a physical transfer event to the Emergency Department, the transfer of patient personal effects and valuables will be in accordance with SCH&DC policies and carried out by the Nurse or his/her designee.
4. The SCH&DC Nurse will document the transfer to the ED in the patient's EHR. Documentation will include, at a minimum, the date of transfer, reason for transfer, if known, and plan for follow up.
5. The SCH&DC Nurse or designee will obtain the appropriate patient consent prior to transfer.
6. At the time of transfer (or in the case of an emergency, as promptly as possible after the transfer), a SCH&DC clinical staff member will send the pertinent medical and other information regarding the patient necessary to continue the patient's care and treatment along with essential identification and administrative information.
7. UPMC Susquehanna Hospitalist Physicians on staff have formally agreed to accept SCH&DC patients and serve as attending physicians during inpatient admissions.
8. UPMC hospital physicians have agreed to refer SCH&DC patients back to us for appropriate follow up care upon discharge from the hospital. Any communication regarding discharge planning will be documented in the patient EHR.
9. Hospital follow-up records will be received electronically or by mail and placed in the patient medical record. This action notifies the Primary Care Provider to review the information.

REVIEWED: 10/01/2020

REVISED:

Signatures:

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

_____ Date:
James Yoxtheimer, President & CEO

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Sample Medication Policy

Policy Category: 10.0.19 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Policy:

1. Sample medications are available to Health Center patients. Sample medications are for short term only and to be used in circumstances necessary until a permanent plan is in place. i.e.I.E. indigent application, prior authorization, or waiting on insurance to be in effect.
2. When patient needs refill on medications, patient calls 570-567-5400.
3. For sample medications, approval must be obtained from the patient provider. If sample medications are requested and medications are available/approved by the primary care provider, medical staff will bag and label medications with patient name and date of birth. When patient picks up the medication, the medication will be logged in sample med book in the medication room as well as medication module of the electronic health record (EHR).
4. The nurse or medical assistant working with the patient's PCP will retrieve medications, document medication in the EHR and give medications to the patient.

REVIEWED: 12/14/2012, 01/10/2014, 04/08/2016, 12/07/2017, 09/01/2018, 10/01/2019, 10/01/2020

REVISED: 12/17/2012, 01/20/2014, 09/24/2018, 10/28/2019

Signatures:

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

James Yoxheimer, President & CEO

Date:

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Lab and Diagnostic Tracking Policy

Policy Category: 10.0.20 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Purpose:

To ensure all lab and diagnostic test results are reviewed, tracked, and followed up on by the appropriate health care professional in a timely manner for all patients.

Policy:

The provider will review all lab and diagnostic results.

Lab Process:

1. -All lab and diagnostic test results are entered into the patient's electronic medical record. Those laboratory results that come in through the electronic interface from our contracted lab(s), are entered directly into the patient's electronic record. ~~Critical laboratory results, as defined by laboratory protocols, are sent with an alert, and reviewed by a primary care provider within 24 hours. Critical laboratory results, as determined by the contracted laboratory services using best practice guidelines are communicated to nursing staff which is then communicated to the patient's provider immediately. The nurse follows up with the patient by telephone within 24 hours. If unable to reach the patient by telephone a letter is sent to the patient before the end of the day. The nurse documents the communication efforts in the patient record, including the successful and unsuccessful attempts to contact the patient by phone. See Critical Results below~~
2. All lab and/or diagnostic results are attested by the provider in the EMR.
3. After the review by the provider, follow-up orders are sent to the nurse who is assigned to that provider.
4. If the provider is not working when an abnormal test/lab result comes in, the covering primary care provider manages the abnormal result, documenting all actions in the patient's electronic record.
5. The nurse assigned to that provider is responsible for all orders in their nurse box. The nurse must address all orders in their box before the end of the day.
6. The patient with abnormal lab results is contacted by telephone by a SCH&DC nurse within 24 hours of SCH&DC receiving the abnormal lab result. The nurse makes repeated attempts to call the patient, documenting successful and unsuccessful attempts in the patient's electronic health record.
7. ~~Appropriate d~~Documentation ~~of notification of the patient with abnormal lab results~~ is made in the electronic medical record; including acknowledgement of receipt of results, actions taken related to the patient, patient notification, including date, time, communication modality, and person spoken to, if applicable. ~~All attempts to reach the patient shall be documented in the patient's electronic health record.~~ Other clinical

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- information as appropriate shall be documented in the patient's electronic health record.
8. Patients with abnormal ~~lab~~ results are notified by mail/portal if unable to be contacted by telephone within 48 hours. ~~The nurse documents every effort to contact the patient as well as documenting mail and portal communications. Every effort is made to contact the patient, including engaging the SCH&DC Social Worker to reach out to community partners and enlisting help from the authorities. The letter will be saved in the EHR. The Community Navigator may be asked to outreach the patient at home. Law enforcement may be used as a last resort if deemed necessary that the patient must be contacted.~~
 9. Results of ~~labs-tests~~ not ordered by SCH&DC providers are informational only. The SCH&DC primary care provider is not responsible for follow-up of these results; but will engage clinical support staff to contact the patient with abnormal ~~lab~~ results, in the manner described above, or verifying with the ordering physician that the patient has not been reached.
 10. ~~If a lab result requires emergent intervention, the patient is notified immediately. If unable to reach the patient via the most recent phone number provided; emergency contacts will be utilized. If this avenue fails, the nurse will notify the primary care provider and obtain an order to dispatch the appropriate police to go to the patient's home to notify the patient to call the SCH&DC immediately. The primary care provider will document the review of results and that police intervention is needed to prevent significant patient morbidity or mortality.~~
 11. ~~Patients are notified by mail/portal of normal lab results within 72 hours of receipt of results.~~
 12. ~~For detailed diagnostic tracking procedure and work flow, please refer to the "Diagnostic Tracking Procedure".~~

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Critical Results

Critical laboratory and/or diagnostic test results, as defined by laboratory protocols, are sent with an alert, and reviewed by a primary care provider within 24 hours. Critical results, as determined by the contracted laboratory services using best practice guidelines are communicated to nursing staff which is then communicated to the patient's provider immediately. The nurse follows up with the patient by telephone within 24 hours. If unable to reach the patient by telephone, a letter is sent to the patient before the end of the day.

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Diagnostic Testing Procedure:

1. ~~All diagnostic test results are entered into the patient's electronic medical record. Those test results that come in through the electronic interface from our contracted facility, are entered directly into the patient electronic record. Critical test results, as defined by diagnostic services protocols, are sent with an alert, and reviewed by a primary care provider within 24 hours. Critical test results, as determined by contracted diagnostic services using best practice guidelines, are communicated by the office assistant to the patient's provider immediately. The nurse follows up with the patient by telephone within 24 hours. If unable to reach the patient by telephone, a certified letter is sent to the~~

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- patient before the end of the day. The nurse documents the communication efforts in the patient record, including the successful and unsuccessful attempts to contact the patient by phone.
2. All test results are attested by the provider in the EMR.
 3. After the review by the provider, follow-up orders are sent to the nurse who is assigned to that provider.
 4. If the provider is not working when an abnormal result comes in, the covering primary care provider manages the abnormal result, documenting all the actions in the patient's electronic medical record.
 5. The nurse assigned to that provider is responsible for all orders in their nurse box. The nurse must address all orders in their box before leaving at the end of the day.
 6. The patient with abnormal results is contacted by telephone by a SCH&DC nurse within 24 hours of SCH&DC receiving the abnormal test result. The nurse makes repeated attempts to call the patient, documenting successful and unsuccessful attempts in the patient's electronic medical record.
 7. Appropriate documentation of notification of the patient with abnormal test results is made in the electronic medical record, including acknowledgement of receipt of results, actions taken related to the patient, patient notification, including date, time, communication modality, the patient's electronic health record. Other clinical information as appropriate shall be documented in the patient's electronic health record.
 8. Patients with abnormal test results are notified by mail/portal if unable to be contacted by telephone within 48 hours. The nurse documents every effort to contact the patient as well as documenting mail and portal communications. Every effort is made to contact the patient, including engaging the SCH&DC Social Worker to reach out to community partners and enlisting the help from the authorities.
 9. Results of diagnostic tests not ordered by SCH&DC providers are informational only. The SCH&DC primary care provider is not responsible for follow-up of these results; but will engage clinical support staff to contact the patient with the abnormal test results, in the manner described above, after verifying with the ordering physician that the patient has not been reached.
 10. If a test result requires emergent intervention, the patient is notified immediately. If unable to reach the patient via the most recent phone number provided, emergency contacts will be utilized. If this avenue fails, the nurse will notify the primary care provider and obtain an order to dispatch the appropriate police to go to the patient's home to notify the patient to call the SCH&DC immediately. The primary care provider will document the review of results and that police intervention is needed to prevent significant patient morbidity or mortality.
 11. Patients are notified by mail/portal of normal test results within 72 hours of receipt of results.
 12. For detailed diagnostic tracking procedure and work flow, please refer to the "Diagnostic Tracking Procedure".

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REVIEWED: 10/18/2012, 12/04/2013, 03/03/2014, 03/10/2014, 05/07/2015, 05/11/2017,
12/14/2017, 11/01/2018, 10/28/2019, 10/01/2020

REVISED: 10/22/2012, 12/16/2013, 03/17/2014, 05/18/2015, 05/22/2017, 12/18/2017,
11/26/2018, 10/26/2020

Signatures:

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

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Non-Emergent Transfer

Policy Category: 10.0.22 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Purpose:

To provide the most appropriate mode of non-emergency transport appropriate to the patients' needs.

Policy:

Staff will work with patients to find low cost options to help meet the non-emergency transport needs to patients while maintaining safety for patients and staff.

Process:

~~1. In the event of an emergency call 911.~~

~~2.1.~~ When a patient requires transportation services, staff will encourage patients to use community-based transport options when appropriate for the client's needs.

- a. STEP provides transportation for medical purposes and offers free (or reduced cost) for medically related transportation services for patients on Medical Assistance. STEP requires 24-hour notice (preferably by noon the day before the appointment). Each trip must be planned individually.
- b. Mass transit is an option for ambulatory patients who can easily access local bus routes.

~~3.2.~~ In an unplanned non-emergency transport situation, staff will first encourage patients to contact available family or friends to arrange for transport.

~~4.3.~~ Local EMS may be called for transport of a wheelchair bound or non-ambulatory patient that is in stable condition and requires no medical care or monitoring during transport. Patients will be charged for this service.

~~5. Taxi vouchers may be used as a last resort for ambulatory patients who do not require any assistance. Manager approval is required for use of taxi vouchers.~~

4. The Community Navigator shall coordinate non-emergent transport when needed and assist patients with addressing transportation barriers.

REVIEWED: 01/20/2014, 04/08/2016, 12/06/2017, 09/01/2018, 10/01/2020

REVISED: 01/20/2014, 09/24/2018, 10/26/2020

Signatures:

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

James Yoxtheimer, President & CEO

Date:

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Nurse Triage

Policy Category: 10.0.23 Clinical
Policy Owner: Clinical Operations Manager
Origination Date: 11/20/2012
First Date Approved by Board of Directors: 11/26/2012

Purpose:

To ensure patients have 24/7 access to care.

Policy:

During Office Hours Coverage

If the call center receives a call from a patient who asks to speak to a nurse, the call center inquires as to the nature of the call. If determined that the call is an emergency situation, the patient is instructed to go to the nearest Emergency Room or dial 9-1-1. Documentation of this call is placed in the patient's electronic health record (EHR). If the call is not an emergency and requires clinical intervention ~~the patient is transferred to the flow manager~~ a telephone encounter to the Team Nurse will be created in the EHR.

~~The nurse triages the call and documents in the patient's EHR.~~ If the nurse determines the patient needs to be seen, the nurse may schedule the appointment, or advise the patient accordingly. ~~the patient is transferred to the Medical Office Assistant where they are offered an appropriate appointment and scheduled.~~ These calls are handled within 24-48 hours.

~~If the call is of a routine nature and is clinical in nature, the Call Center will enter a medical message to the Team Nurse.~~ If the call is of an urgent nature, it may be transferred to the Team Nurse.

After Hours Coverage

Patients who call SCH&DC medical services after regular business hours receive a phone message stating that the office is closed and to remain on the phone to be transferred to the nurse call center. They are also instructed to dial 9-1-1 if they feel that are having an emergency.

SCH&DC contracts with UPMC Nurse Triage which answers our patient calls until midnight. After midnight, Nurse Triage transfers telephone calls to the UPMC Emergency Department. Nurse Triage/Emergency Department staff triage patient calls and provide follow-up (faxed) information the following morning. SCH&DC provider staff follows an On-Call schedule. The On-Call provider is accessible by beeper and/or cell phone. The On-Call Provider is trained to access medical records remotely according to the "Acceptable Use of IT" policy and "Remote Access Authorization".

Dental patients who call after business hours are instructed to leave a message with a phone number staff can return a call to. They are also instructed to go to the closest Emergency Room

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if they feel they are having a dental emergency.

~~Clinical support staff reviews the faxed information from the previous night and informs the patient's medical or dental provider of any follow-up information. The fax is scanned and placed into the patient chart and then sent to the patient's medical or dental provider for review. The original fax is then sent back to the call center via interoffice mail if signatures are required. The Nurse Triage form is sent to the on-call provider for signature and then scanned into the patient's chart.~~

If the provider requests a patient follow-up visit, support staff will schedule a visit. If necessary, it is on the same day or within a week period.

REVIEWED: 03/12/2014, 04/08/2016, 03/30/2017,09/01/2018, 10/01/2019, 10/01/2020

REVISED: 03/17/2014, 09/24/2018, 10/28/2019, 10/26/2020

Signatures:

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

_____ Date:
James Yoxtheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Patient Failed Appointment Policy

Policy Category: 12.0.09 Patient Flow
Policy Owner: Clinical Operations Manager
Origination Date: 04/10/2014
First Date Approved by Board of Directors: 04/21/2014

Purpose:

Failed appointments are a barrier to care for many patients. The purpose of this policy is to decrease the number of failed appointments and to educate patients about keeping scheduled appointments. As a last resort, Susquehanna Community Health and Dental Clinic, Inc. (SCH&DC) patients who have continually failed appointments will be offered alternative scheduling privileges.

Policy:

When a patient misses an appointment without notifying SCH&DC at least 24 hours in advance, it is defined as a "Failed Appointment." New patients receive information about the importance of keeping appointments with their initial paperwork. The policy shall be explained clearly in the patient's language of choice and presented to the patient for a signature to signify understanding. Patients receive automated reminder calls 48 hours before their appointment. Patients can choose to receive reminders from Televox in the form of a call, text, or email. It is the policy of [SCH&DC-WMHC](#) to follow up with patients who have missed their appointments according to the guidelines and procedures noted below.

Definitions:

Failed Appointment: An appointment that is not completed for patient responsibility reasons.

No Show: A type of failed appointment in which the patient does not call to cancel and does not show up for a scheduled appointment.

Late Cancellation: The patient calls to cancel their appointment but does so less than 24 hours before the appointment.

Late Arrival: A type of failed appointment in which the patient comes too late for their appointment and cannot be worked into the schedule. For purposes of this policy, "scheduled appointment time" is the time the providers is scheduled to see the patient.

Habilitation Process for Violation: Focused interaction and communication to re-educate and empower patients to accept responsibility for their own healthcare.

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Same Day/Call-In Visits: Dental or medical patient/provider visits offered on a walk-in/call-in basis.

Procedure:

After the first ~~missed~~ "failed" appointment, the patient shall be contacted to attempt to reschedule the appointment ~~and a note will be made in the electronic medical record (EMR).~~ (For missed Behavioral Health appointments, see "behavioral health Contingency" section below).

A patient ~~missing with~~ two "failed" appointments within the calendar year shall receive a letter reiterating the importance of keeping appointments (Att. 1). The letter will inquire about barriers to keeping appointments and will instruct patient to contact Social Services for assistance. A social worker will work with the patient toward resolving barriers. ~~A note will again be made in the EMR.~~

When a patient ~~misses~~ has a third "failed" scheduled appointment within the calendar year, ~~habilitation measures~~ the process for violation may include "Same-Day/Call-In" scheduling. This action includes sending the patient a letter notifying them of the conversion to "Same-Day/Call-In" scheduling for six (6) months, for all visit requests other than for acute illness. A scheduling alert will be placed on the electronic chart notifying scheduling personnel of the same day/call in status. The Flow Manager may approve double-booking after consulting with the patient's Primary Care Provider (PCP). Additionally, if it is determined by the Flow Manager that the patient should be seen that day, but their PCP does not have an appointment, they will be scheduled with another practitioner who has an available appointment. For patients whom a provider requests a follow up visit, the Office Assistant will create an "action" in the EHR to alert them to call the patient within a week in advance of the intended follow up date in lieu of making an appointment.

Dental patients: The Supervisor of Dental Operations may approve double-booking after consulting with the patient's Dentist of record. Additionally, if it is determined by the Supervisor of Dental Operations that the patient should be seen that day, but their Dentist does not have an appointment, they will be scheduled with another practitioner who has an available appointment. Failed appointments will be counted separately for dental, medical, and RHS. For example, a failed dental appointment will not count towards determining same day/call-in status for medical or RHS. Similarly, a failed medical appointment will not count towards determining same day/call-in status for dental or RHS.

Medication refills may be granted for one 30-day prescription by the provider while the patient is considered "Same Day/Call-In" status. The 30-day supply may be refilled one

Patient No-Show Policy

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time. No further prescription refills will be ordered without a face-to-face appointment while a patient is considered "Same Day/Call-In" status.

Social workers will continue to work with the patient closely while a patient is considered "Same Day/Call-In" status and document any follow up interactions with the patient.

PEDIATRIC PATIENTS

Pediatric patients 0-18 will not be placed on "same day/call in" status. SCH&DC staff will contact the parent or responsible adult for dependent children who have missed appointments as indicated above and will attempt to work with the responsible adult to address the missed appointments for the child.

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BEHAVIORAL HEALTH CONTINGENCY

Behavioral Health patients will be called every time a scheduled appointment is not kept, and if the patient cannot be reached by phone, a letter will be mailed informing them of the failed appointment. Calls and letters will be documented in the EMR. Decision making will be the purview of the Behavioral Health Coordinator.

HOSPITAL/ER FOLLOW UPS

Hospital and ER follow ups will be scheduled regardless of same day/call in status.

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LATE ARRIVALS

SCH&DC patients will be instructed by the front office to arrive for their scheduled appointment 15-20 minutes early during the scheduling process. Patients arriving after their scheduled appointment time will be considered "late" and may be asked to reschedule their appointment or sit and wait for a cancellation/no-show. Since there could be a potential disruption in patient flow related to late arrivals, it will be at the discretion of the Clinical Operations Manager, or the Supervisor of Dental Operations for dental patients, and provider as to whether the patient will be seen that day or need to reschedule.

RESPONSIBILITY

It is the responsibility of the Clinical Operations Manager, the Supervisor of Dental Operations, and the Patient Care team to maintain the procedures outlined in this policy.

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Failed Appointment Protocols for Practice Staff:

1 st Failed Appointment	Patient is contacted via the preferred method of contact on record in EMR to re-schedule appointment. Behavioral Health patients receive call and/or letter.	<i>Add a telephone encounter to the patient's chart with the following description: <u>DATE</u> - Failed Appointment #1.</i> Decision-making for Behavioral Health will be by Behavioral Health Coordinator
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