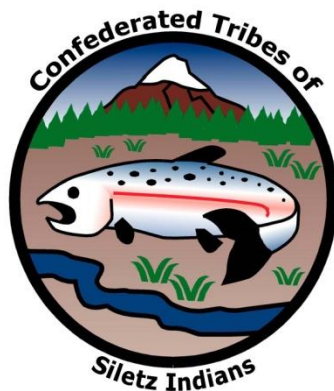


# **SILETZ COMMUNITY HEALTH CLINIC POLICY**



## **ADMINISTRATION**

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**PART 1  
Administration Department**

**I. WELCOME**

**A. Purpose**

The purpose of this policy is to ensure patients are aware of service types and eligibility guidelines.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to: welcome each patient; enumerate services provided to include medical, laboratory, radiology, pharmacy, dental, diabetes self-management, optometry, mental health and behavioral health; provide notice to patients about eligibility requirements; and ensure the patient’s visit is pleasant and productive.

**C. Procedure**

1. The Patient Care Coordinator explains services that are available for each patient.
2. Check-in guidelines for each visit are as follows:

First Time Patients

- a. First time patients shall report 30 minutes before the first appointment for registration purposes. Registration does not occur between 11:00 AM and 1:00 PM.
- b. During check-in the first time patient must inform the Patient Care Coordinator that this is a first visit.

Recurring Patients

- c. Recurring patients must arrive 15 minutes before the appointment time.

All Patients

- d. SCHC reserves the right to cancel an appointment if the patient arrives after the scheduled time.

Urgent Care

- e. Provisions are made to evaluate patients seeking urgent care services

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with minimal disruption to scheduled patients. The patient must contact the Patient Care Coordinator for assistance.

3. SCHC Telephone Number

Patients can contact SCHC at 541-444-1030 or 1-800-648-0449 for questions regarding clinic policy and procedure.

**II. HOURS OF OPERATION**

**A. Purpose**

The purpose of this policy is to ensure patients are aware of hours and days of opening.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to open its doors to patients in a consistent manner and during days and hours that are conducive to heightened patient visits.

**C. Hours of Operation (General, Medical, Dental, Optometry, Pharmacy)**

1. The SCHC is open for business as follows:

a. Siletz Community Health Clinic

Monday through Friday from 8:00 AM to 5:00 PM

b. Medical Clinic

i. Hours

A) Monday through Thursday

1) 7:30 AM to 12:00 PM

2) 1:00 PM to 5:00 PM

B) Friday

1) 9:00 AM to 12:00 PM

2) 1:00 PM to 5:00 PM

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ii. Patient Appointments (Non-Emergency)

A) Monday through Thursday

1) 7:30 AM to 12:00 PM

2) 1:00 PM to 4:30 PM

B) Friday

1) 9:00 AM to 12:00 PM

2) 1:00 PM to 4:30 PM

iii. Emergencies

See Part 6B Medical Staff Policy, Section VI.

c. Dental Clinic

i. Hours

A) Monday through Thursday

1) 8:00 AM to 12:30 PM

2) 1:30 PM to 5:00 PM

B) Friday

1) 9:00 AM to 12:30 PM

2) 1:30 PM to 5:00 PM

ii. Patient Appointments (Non-Emergency)

A) Monday through Thursday

1) 8:30 AM to 12:30 PM

2) 1:30 PM to 4:30 PM

B) Friday

1) 10:00 AM to 12:30 PM

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2) 1:30 PM to 4:30 PM

iii. Emergencies

A) Monday through Thursday

1) 8:30 AM to 9:00 AM

2) 1:30 PM to 2:00 PM

B) Friday

1) 10:30 AM to 11:00 AM

2) 1:30 PM to 2:00 PM

d. Optometry Clinic

i. Hours

A) Monday through Thursday

1) 8:00 AM to 12:00 PM

2) 1:00 PM to 5:00 PM

B) Friday

1) 9:00 AM to 12:00 PM

2) 1:00 PM to 5:00 PM

ii. Patient Appointments (Non-Emergency)

A) Monday through Thursday

1) 8:15 AM to 12:00 PM

2) 1:00 PM to 4:30 PM

B) Friday

1) 9:00 AM to 12:00 PM

2) 1:00 PM to 4:30 PM

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3) Appointments are scheduled with the optometry assistants only.

iii. Emergencies

The Optometrist addresses emergencies on Friday during appointment hours.

e. Pharmacy

i. Monday through Thursday

8:00 AM to 5:00 PM

ii. Friday

9:00 AM to 5:00 PM

### **III. SERVICE ELIGIBILITY**

#### **A. Purpose**

The purpose of this policy is to ensure patients are aware of priorities when offering services.

#### **B. Mission Statement**

The mission statement is as follows: "Dedicated to the Health and Well-being of the Members of the Confederated Tribe of the Siletz Indians and the local community."

#### **C. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to uphold the mission statement by prioritizing and/or limiting services based upon eligibility status.

#### **D. Eligibility and Priority**

1. The following individuals are eligible for services:

a. Enrolled members of the Confederated Tribes of Siletz Indians.

b. Verifiable enrolled Native American from any Tribe.

c. Verifiable adopted, foster or stepchild (Native or Non-Native), as long as the child remains a dependent of an eligible Siletz Tribal member thru age 18.

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- d. Non-native patient accepting the SCHC payment policy.
2. Priorities are established by availability of services and are subject to change.
3. Exceptions to the eligibility policy require administrative approval and include:
  - a. Emergency related visits for the benefit of any child (newborn through age 18) or persons 65 years of age and older. One visit only (until acute condition is resolved or transfer of care is effected). The individual must have third party coverage or be prepared to pay for any charges incurred at the time of the visit.
  - b. Emergency related visits of Tribal employees enrolled in the Siletz Employee Medical Plan, but are in the waiting period before coverage becomes effective. The patient must have other effective third party coverage or be prepared to pay for any charges incurred at the time of the visit.
4. Other programs may be open to any member of the Siletz community.

#### **IV. PATIENT CARE AREA ACCESS**

##### **A. Purpose**

The purpose of this policy is to ensure patients are accorded the utmost confidentiality when receiving services.

##### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to allow non-authorized staff in patient care areas only if their presence will not interfere with the Clinic's primary mission of providing care to patients.

##### **C. Patient Permission Required; SCHC Withdrawal of Non-Staff**

1. Staff obtains verbal permission from the patient before non-authorized staff are permitted in patient areas. The patient maintains his or her right to refuse non-staff interaction.
2. SCHC reserves the right to withdraw any non-staff from the clinical setting when the non-staff is unacceptable for reasons of health, performance, or other reasonable causes in order to maintain acceptable standards of care.



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## **V. RIGHTS AND RESPONSIBILITIES**

### **A. Notice, Patient Rights and Patient Responsibilities**

1. The rights and responsibilities of patients are distributed to new patients at registration, posted in the waiting area, distributed to new employees at the time of orientation and posted on the CTSI website.
2. Patient rights are as follows:
  - a. You have the right to considerate, respectful and culturally sensitive care.
  - b. You have the right to be given complete information, to the degree known, from your health care provider concerning your health care and recommended treatments.
  - c. You have the right to know which health care provider is responsible for your care and to choose or change providers if such are available.
  - d. You have the right to know your health care provider's credentials and privileges and when he or she was granted Medical Staff privileges.
  - e. You have the right to participate in decisions about your treatment and to develop a mutually acceptable treatment plan in conjunction with your health care provider. You will be informed if your treatment is new, experimental, or unproven.
  - f. You have the right to give, withhold or withdraw your consent to have special procedures or treatments done to the extent permitted by law. You must be informed of the risks you are taking (although in emergency situations the health care provider may not be able to provide extensive information because of the loss of time which could be dangerous for you).
  - g. You have the right to participate in decisions regarding the intensity and scope of care. Assistance to help you obtain a Living Will or Durable Power of Attorney will be made available at your request.
  - h. You have the right to privacy and dignity concerning your health care issues. Case discussion, examination and treatment shall be conducted in confidence. Medical and other health professional students will always be introduced to you as such. You have the right to refuse permission for their presence if so desired.

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- i. You have the right to know the Siletz Community Health Clinic’s privacy practices including how all the records and other information about your care will be used and disclosed, and how you can access this information.
  - j. You have the right to know how the Siletz Community Health Clinic is related to other health facilities (private, county, tribal, state or federal facilities).
  - k. You have the right to be informed of service limitations or payment policies concerning services prior to treatment.
  - l. You have the right to expect reasonable continuity of care such as to know: what appointment times are available to you; what services are available to you; where the services can be obtained.
  - m. You have the right to know what SCHC rules and regulations apply to your conduct.
  - n. You, or a person of your choice, have the right to present complaints and suggestions regarding health services to SCHC Administration, who will follow-up and respond in writing within ten (10) working days.
  - o. You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
  - p. You have the right to use a pharmacy that is not owned or operated by SCHC.
3. Patient responsibilities are as follows:
- a. You are responsible for your own behavior and are expected to treat the staff with respect and courtesy. Parents or guardians are responsible for their children.
    - i. Persons under the influence of drugs or alcohol may be excluded from CTSI property or tribal program activities.
    - ii. Physical or verbal abuse, harassment, or the use of foul language or intimidation will not be tolerated in any form (in person, telephonic, writings). Bullying, harassment, and/or sexual harassment of Tribal employees, other participants, clients, or community members is prohibited.
  - b. Any person engaging in any of the above behaviors may be refused services and, when warranted, will be asked to leave the premises.

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- c. You are responsible for making and keeping appointments. If not able to keep an appointment, you must call SCHC to cancel or reschedule the appointment at least 24 hours prior to your scheduled appointment so that someone else can be given the opportunity to be seen.
- d. Routine prescription refills should be requested three working days (72 hours) prior to time of pickup to allow the pharmacy time to contact your health care provider.
- e. You are responsible for informing SCHC of insurance providers and any changes in your personal status, including changes in your address or phone number, legal name changes and changes in eligibility or health insurance coverage.
- f. You are responsible for informing SCHC about any living will, medical power of attorney or other directive that could affect your care.
- g. You are responsible for releasing all information related to past illnesses, treatment and medications (prescriptions, OTC and herbal supplements) to assist the staff in the provision of optimal health care.
- h. The success of your care is related to your cooperation in following directions, treatment plans and other recommendations given you by the health care providers. If you desire to alter the course of recommended treatment (such as stopping a medication), please consult your provider first.
- i. Parents/legal guardians or designated guardians are responsible for accompanying children to SCHC for appointments for routine healthcare and dental care if the child is under age 15. Parents/legal guardians or designated guardians are responsible for accompanying children to SCHC for sports physical or well child exam appointments until the child reaches the age 18. SCHC will not require parental permission or attendance for appointments for adolescents, age 12 and over, seeking diagnosis or treatment related to sexually transmitted disease, pregnancy, or contraception. Such care will be considered confidential, including from the adolescent's parent(s), although evidence of child abuse will be reported as mandated.
- j. Depending on eligibility at the time of service, you may be responsible for costs for services rendered.

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## **VI. NO-SHOW POLICY**

### **A. Introduction**

1. No-show appointments have a significant negative impact at the Siletz Community Health Clinic (SCHC) and with healthcare that is provided to the patients. When a patient no-shows a scheduled appointment it can:
  - a. Impact the health and all treatment for the no-show patient.
  - b. Impact the health and all treatment of another patient whom could have been seen in the appointment slot.
  - c. Waste limited time and resources of the providers, staff, and tribal funding preparing for that appointment.
  - d. Impact waiting times and subsequent treatment for the rest of the patients on the schedule for the day.

### **B. Definition of a No-Show Appointment**

1. A no-show appointment is defined as any scheduled appointment in which the patient or his or her dependent:
  - a. Does not arrive to the appointment;
  - b. Cancels the appointment with less than 24 hours' notice; or
  - c. Checks in more than 10 minutes after the scheduled appointment which results in the provider not being able to see the patient.

### **C. How to Avoid Getting a No-Show**

1. **Confirm** the appointment
  - a. SCHC will attempt to contact each patient before the scheduled appointment to confirm the visit. Times of reminder calls vary by department.
    - i. The Medical, Optometry, and Dental department will call the patient the business day prior to the appointment.
  - b. If SCHC is unable to speak with the patient and has to leave a message, the patient should call the appropriate department to confirm the appointment.

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2. **Arrive 15 minutes early**
  - a. Patients are required to check in 15 minutes prior to the scheduled visit.
  - b. Early check-in allows time for the patient and staff to:
    - i. Address insurance issues.
    - ii. Update contact information.
    - iii. Complete necessary paperwork before the scheduled visit.
  
3. **Give a minimum 24 hours' notice when cancelling appointments**
  - a. When a patient needs to cancel or re-schedule a visit, the patient is expected to contact the appropriate department at least 24 hours before the scheduled visit. This allows time to reschedule the care, and gives SCHC the opportunity to fill the vacant appointment slot with another patient.
  - b. An unavoidable emergency or reasonable cause to cancel, that is less than 24 hours before an appointment, is not considered a no-show.

**D. Provider Reschedules**

There are times when a provider must cancel or reschedule an appointment due to illness, weather, or other circumstances beyond the provider's control. SCHC will make every attempt to contact the patient as soon as possible to reschedule. Patient will not be penalized for the cancellation.

**E. Counting the No-Show Appointment**

1. No-shows are recorded and managed by each department.
2. If a patient schedules appointments at multiple times during the day, each missed appointment counts as a no-show.
3. If an individual schedules multiple appointments for a family member, and the family member fails to show, each missed appointment counts as a no-show for the family member.
4. If a patient misses an appointment, the patient is required to follow the department's scheduling protocol. Each department manages its own no-show list. For example, if a patient has three no-show appointments in dental and none in medical, the patient will be on a scheduling restriction for the Dental Clinic but not the Medical Clinic.

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5. The No-Show policy is based on a rolling calendar. For example, if a patient no-shows for a medical appointment on February 1 and March 6, the patient is required to use the Walk-In Clinic for a period of 90-days starting March 6 and ending June 6.

## **F. Scheduling Protocol**

1. Dental and Optometry

- a. First No-Show

Patient will receive a letter providing notice about the no-show appointment and the requirement to utilize the department's Walk-In Clinic for appointments. Walk-in availability is first-come, first-serve. Patient will be required to utilize the Walk-In Clinic for 6-months after which patient will be able to return to scheduling appointments

2. Medical, Lab, and Radiology Services

- a. First No-Show

After the first no-show the patient will receive a letter and a copy of the policy for review.

- b. Second No-Show

Patient will receive a letter providing notice about the two no-show appointments and the requirement to utilize the Walk-In Clinic for medical appointments. The Walk-In Clinic is available first-come, first-serve. Patient will be required to utilize the Walk-In Clinic for 90-days after which patient will be able to return to scheduling appointments.

- c. Third No-Show

Patient will receive a letter providing notice about the three no-show appointments and the requirement to utilize the Walk-In Clinic for medical appointments. The Walk-In Clinic is available as a first-come, first-serve. Patient will be required to utilize the Walk-In Clinic for 180-days after which patient will be able to return to scheduling appointments.

## **G. Appeal**

1. A patient may appeal a decision regarding the no-show appointments, in accordance with the Tribal Administrative Procedures Ordinance.

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2. SCHC will include the appeal process in the letter regarding the no-show appointments.

## **VII. TOBACCO USE**

### **A. Policy**

It is the policy of the Siletz Community Health Clinic to ensure a drug free clinic; this includes the use of tobacco in the form of cigarettes, cigars, chewing tobacco and e-cigarettes.

### **B. Ceremonial Use**

Ceremonial use of tobacco may be utilized as part of a cultural treatment activity with the Behavioral Health Program or cultural activity with the Prevention Program.

### **C. Smoking Cessation Program**

Patients or clients who want to stop smoking may participate in a smoking cessation program, including referrals to a primary care physician.

## **VIII. GENERAL CLINIC ORIENTATION POLICY (EMPLOYEES)**

### **A. CTSI, Clinic and Job Specific Orientation**

New employees are subject to orientation with CTSI Human Resources and SCHC.

### **B. CTSI Human Resources Orientation**

1. Siletz Tribal History
2. Tribal Organization
3. Parking
4. Safety (Videos, Tribal Safety Manual)

### **C. SCHC Orientation**

1. The SCHC orientation is conducted by Administration, Medical, Medical Support, Information Systems, and the supervisor.
2. Orientation for WEX, TYEE and visitors includes risk management, confidentiality, and infection control.
3. General Orientation by the Administration Department

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- a. Risk Management Policy
    - i. Emergency messages and evacuation routes
    - ii. Incident reporting and on the job injury
    - iii. Hazardous materials introduction
  - b. CTSI Eleven County Service Area
  - c. Clinic Hours, Services, Eligibility
  - d. Quality Improvement Program
    - i. Rights and Responsibilities of Patients
  - e. Employment Details (regular employees only)
    - i. Badge in/badge out
    - ii. Time sheets
    - iii. Compensatory time
  - f. Telephone Usage and Etiquette
    - i. CTSI phone list
    - ii. SCHC confidential phone list
  - g. Fraud, Waste and Abuse
  - h. Clinic Registration
  - i. Clinic Tour
4. Infection Control Orientation by the Medical Department
- a. Infection Control Policy
  - b. Administering of the following tests to applicable employees:
    - i. Purified Protein Derivative (PPD)
    - ii. Hepatitis B



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5. HIPAA Orientation by the Medical Support Department
  - a. Notice of Privacy Practices
  - b. HIPPA
  - c. Medical Signature Log
  
6. Information Systems Orientation
  - a. Voice mail access
  - b. Inventory control
  - c. Personal computer sign on
  - d. RPMS and Dentrix Sign On (if needed)
  - e. NextGen and Dentrix Data Entry Orientation (if needed)
  - f. Provider Enrollment and Scheduling (if needed)
  
7. Supervisor Orientation
  - a. Policies and Procedures (Specific Areas)
  - b. Job Specific Orientation
    - i. Job description
    - ii. Provider Staff Only
      - A) Medical Staff Bylaws and Rules
      - B) Contract Health Service (CHS)
  
8. Documents and Forms
 

Employees must submit the following documents and forms to:

  - a. CTSI Human Resources Department:
    - i. Confidentiality Statement
    - ii. Employee information

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- iii. Work schedule (optional)
  - iv. General clinic orientation
  - v. Specific job orientation (during probationary period)
  - vi. Personal Computer Orientation Checklist
  - vii. RPMS Orientation Checklist (if needed)
  - viii. 6.2.6\_Computer Access Agreement 09.doc
  - ix. NextGen Orientation Checklist (if needed)
  - x. Dentrax Orientation Checklist (if needed)
- b. Administration Department (Administrative Officer/QI Coordinator)
- i. Orientation Checklist
  - ii. HIPAA Statement
  - iii. Confidentiality Statement
  - iv. Siletz Tribal Health Clinic Notice
  - v. Fraud, Waste and Abuse Acknowledgement
  - vi. Vendor Code of Conduct (pharmacy employees only)
  - vii. Employee Information Form
  - viii. Current CPR or BLS card
  - ix. Current certification and/or professional license
  - x. Credentialing application (active, visiting, temporary) for inclusion in the credentials files maintained by Administrative Officer/QI Coordinator.
- c. Medical Department (Infection Control Coordinator) for maintenance in the employee health file:
- i. Documentation of PPD status
  - ii. Hepatitis B Vaccine Acceptance or Declination Form

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9. Employee shall sign a statement verifying completion of the orientation list.

## **IX. ORIENTATION (STUDENTS, INTERNS, VOLUNTEERS, WEX, CONTRACT SERVICES)**

### **A. Purpose**

The purpose of this policy is to advance the knowledge and clinical skills related to the practice of clinical medicine by assisting with opportunities for medical, dental and nursing students.

### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to provide students with a variety of learning experiences including participation in structured learning experiences outside their learning institution under direct supervision from a clinic employee.

### **C. Student and SCHC Responsibilities**

1. Student status and responsibilities are as follows:
  - a. Students are assigned to a clinic employee as preceptor in their medical or dental specialty.
  - b. Students are subject to the supervision, direction and control of the medical or dental staff.
  - c. Students are subject to the policies and practices of the clinic.
  - d. The student earns no fee, stipend or remuneration other than the mutual benefits derived from the teaching program and experience. However, other organizations or programs within CTSI may compensate the student.
  - e. Students provide proof of up-to-date immunizations of Diphtheria, Tetanus, Rubella, Hepatitis B or proof of prior disease, yearly proof of tuberculin skin tests and/or chest x-rays, CPR certification and blood borne pathogen training.
  - f. Student receives a name badge identifying them as a student.
  - g. Student provides proof of HIPAA training.
  - h. Student maintains confidentiality regarding any and all privileged information concerning patient care.

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- i. Workers' compensation and malpractice insurance are covered by the students' educational facility.
  2. SCHC responsibilities are as follows:
    - a. SCHC does not discriminate against any employee, student, staff physician or dentist, medical provider, patient or potential patient on the basis of race, age, color, religion, national origin, sex, sexual orientation, marital status, handicap or gender. SCHC complies with tribal and federal laws prohibiting discrimination.
    - b. The employee acting as preceptor provides patient care under the Medical Bylaws.
    - c. The teaching program (preceptor/student relationship) will not interfere with the primary mission of providing care to patients.
    - d. The preceptor's medical or dental assistant shall obtain verbal permission from the patient before any student/patient interaction. The patient maintains his or her right to refuse student interaction.
    - e. SCHC reserves the right to withdraw any student from the clinical setting when the student is unacceptable for reasons of health, performance or other reasonable causes in order to maintain standards of care.
    - f. In the event of any accidental exposures (i.e. needle sticks), the student contacts the preceptor who will immediately contact the health practitioner. SCHC assumes responsibility for obtaining testing consent from the source patient and testing the source patient for HIV/HBV infections. This is done in compliance with the OSHA blood borne pathogen standard. The source patient is asked to sign a consent to release the results to the exposed worker or representative of the referring learning institution.
  3. Documentation requirements of preceptor and student:

According to HCFA guidelines, the student sees the patient, discusses the patient with the preceptor and documents the visit on the chart. Then, the preceptor sees the patient, repeats and re-documents the relevant elements of the history and portions of the exam that substantiate the diagnosis, assessment and plan of care. The student and the precepting provider sign all documentation.

## **X. MANDATORY REPORTING**

- A. All Tribal Employees who have a reasonable cause to suspect that a minor has been abused or neglected shall report the suspected abuse or neglect to the Tribal Indian

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Child Welfare (ICW) Department. Any employee who files a report of suspected abuse or neglect may, upon request and approval of the Tribal Court, remain anonymous, except those individuals who are required to report abuse according to their licensed professional standards.

- B. This policy does not supplant other professional mandates, or reporting requirements for child abuse reporting by licensed professional employees. Licensed professional employees must report suspected child abuse or neglect both to the ICW Department and as required by their licensing agency (usually to the State Child Abuse Hotline).
- C. Licensed professional employees must report suspected Elder abuse or neglect as required by their licensing agency (usually to the State Elder Abuse Hotline).

## **XI. MEETINGS AND IN-SERVICES**

### **A. Purpose**

The purpose of this policy is to conduct staff meetings, on a consistent basis, to allow for the exchange of ideas, monitoring of quality care, resolution of problems, increasing effectiveness of clinic operations, increasing effectiveness of interdisciplinary care and continuing education.

### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to provide an open and continuous flow of information between management and staff through the regularly scheduled meetings to ensure employees are informed of current events.

### **C. Meetings and In-Services**

1. Meetings
  - a. All Staff Meetings. These meetings are conducted quarterly and in conjunction with in-service activities. The meetings are mandatory for SCHC staff.
  - b. Planning/QI Committee. These meetings are conducted monthly.
    - i. Committee membership consists of the following: Health Director as Chairperson, Medical Officer, Administrative Officer /QI Coordinator, Dental Officer, Staff Physician, Optometrist, Pharmacist-In-Charge, Community Health Director, Diabetes Program Director, Nursing Supervisor, Medical Support Supervisor, Business Office Manager, IS Representative , Behavioral Health Director and others as appointed by the Health Director.

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- ii. The committee duties include:
  - A) review clinic policies before sending to the Health Committee for approval;
  - B) review and recommend approval of clinic procedures and forms;
  - C) review quality improvement reports and issue recommendations for program activities;
  - D) coordinate proposed activities (both short and long range) involving the Siletz Tribe, local community and SCHC;
  - E) review and monitor clinical data processes;
  - F) identify and evaluate problems or concerns in the care of patients;
  - G) recommend measures to resolve identified problems; and
  - H) review Because We Care forms quarterly to monitor trends and outcomes.
  
- c. Provider (Medical Staff) Meetings. These meetings are conducted at least semi-annually.
  - i. Participants consist of all allied and active staff and other staff as appropriate.
  - ii. There are various sub-committees including Clinical Care Review Committee, Credentials Committee, Provider Meeting and Pharmacy and Therapeutics Committee.
  - iii. The functions and membership of these committees are defined in the Medical Staff Bylaws.
  - iv. The Medical Officer may appoint special subcommittees and define their membership.
  
- d. Safety/Infection Control Committee. These meetings are conducted monthly with membership and functions described in the Risk Management Policy.

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- e. Program Meetings. Each program area conducts meetings as necessary. SCHC is closed to patients on Friday mornings so staff are available for meetings and administrative work.
  - f. CHS Gatekeeper. These meetings are conducted weekly.
    - i. The committee consists of Medical Officer, Health Director, Dental Officer as needed, and Mental Health Therapist as needed.
    - ii. The committee reviews Contract Health Services requests.
  - g. Health Committee (Appointed Standing Committee by Tribal Council). These meetings are usually conducted the first Monday of the month.
    - i. The Health Director, Administrative Officer/QI Coordinator and Administrative Assistant attend the meetings as staff.
    - ii. Functions include reviewing policies, providing support for the implementation of plans and procedures that affect the delivery of health care, serving as appeal board for Contract Health Service denials, and reporting regularly to the Tribal Council.
  - h. Minutes are distributed by e-mail and posted under J:\Reports\_Forms\_Minutes\Meeting Minutes. If an employee cannot attend due to illness or vacation, it is the employee's responsibility to read the minutes and become familiar with the topics discussed through communication with the supervisor and/or administrator.
2. In-Service Opportunities
- a. Employees are responsible for maintaining technical proficiency in their field of practice.
  - b. SCHC enhances the employees' technical proficiency by offering in-service education meetings.
  - c. In-service education meetings are offered quarterly and as needed.
  - d. In-service shall include, but is not limited to, a combination of videotapes, lectures, meetings with sales representatives and assigned readings.
  - e. Mandatory annual in-service includes training in the following areas: fire safety and fire extinguisher training, confidentiality, hazardous materials communications and infection control.
  - f. Mandatory BLS training is provided to employees working with patients.

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- g. Additional topics are approved by the Administrative Officer/QI Coordinator and can include:
  - i. Changes in clinic policy and procedures
  - ii. Results of quarterly audits
  - iii. Topics of current interest
  - iv. Health education and health promotion
- h. In-service activities are emailed in advance. It is the employees' responsibility to ensure attendance.
  - i. An employees' signature signifies completion of the training.
  - j. Completion records of mandatory in-services are provided to the Administrative Officer/QI Coordinator and CTSI Human Resources.
- 3. Outside Training and Continuing Education

CTSI policy is described in Part IV Employees Training and Orientation of the CTSI Personnel Manual.

## **XII. EQUIPMENT AND INVENTORY**

### **A. Purpose**

Certain types of equipment are identified, tagged and tracked from the initial acquisition through final disposal.

### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to manage property belonging to SCHC to reduce the risk of loss.

### **C. Tagging, Disposing, Loans**

- 1. The following types of items are tagged:
  - a. Any item tagged by CTSI Accounting, to include personal property with an actual value of \$5,000 or more, and all physical property related to the computer and automated data processing system of the Tribe. (See CTSI Tribal Plan of Operations Manual);
  - b. All computer monitors, printers and other portable computer equipment



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- except standard mice and keyboards;
  - c. Cameras, audiovisual equipment and other electronic devices;
  - d. Medical, dental and exercise facility equipment that needs to be tracked for warranty, update and/or recalls, safety or legal purposes; and
  - e. Other equipment where inventory tracking will ease management in locating the item, serial numbers, or date purchased.
- 2. Disposing of or excessing property is accomplished in accordance with CTSI policies.
  - a. Computers and other electronic equipment or media that contain or may contain sensitive data is wiped before being excessed or disposed of.
  - b. If the data cannot be wiped electronically, the hard drive or other electronic media containing potential sensitive data is physically destroyed beyond all possibility of recovery.
  - c. Sensitive data includes, but is not limited to, ePHI (electronic Protected Health Information), user data, network information, user accounts and licensed software.
- 3. Equipment Loans
  - a. Equipment may be loaned with approval from supervisor or other appropriate staff.
  - b. A loaned equipment log is maintained by the Site Manager.
  - c. An agreement accepting financial responsibility during the loan of equipment is signed by the borrower when deemed appropriate by the clinic.

### **XIII. POLICY APPROVAL**

#### **A. Purpose**

Policy refers to what is to be done. Procedure refers to how it is to be done. Policy needs to be agreed upon by the administration and made available to all involved personnel. Published policies promote uniform application and avoid problems that occur with interpretation of informal or verbal policies.

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## **B. Responsibility**

The Administrative Officer/QI Coordinator is responsible for:

1. Conducting a review of policies;
2. Distributing proposed new and revised policies to relevant employees for review and comment prior to submission for approval by Health Committee and Tribal Council;
3. Distributing new or revised policies to relevant employees once approved; and
4. Saving new or revised policies to the appropriate electronic folder.

## **C. Policy Approvals**

1. SCHC

Policies are reviewed by the Planning and QI Committee, Health Director and relevant staff before submission to the Health Committee.

2. Health Committee

The Health Director presents new and revised policies to the Health Committee for review and approval.

3. Siletz Tribal Council

The Health Director presents new and revised policies to the Siletz Tribal Council for review and final approval.

## **D. Policy and Approval Format**

1. Each policy includes a header. The Administrative Officer/QI Coordinator affixes the header on an approved policy and procedure.
2. The Administrative Officer/QI Coordinator saves the policy in the computer file listed as W:\Policies\Clinic. This is a read-only file available to all personnel for review, printing and copying. Access for changing the policy is limited to the Administrative Officer/QI Coordinator and Information System (IS) personnel.
3. An original of each policy and a copy of the Tribal Council resolution is printed and inserted in a notebook designated for each program area in the Administrative Officer/QI Coordinator's office.

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4. Draft copies of policies and procedures are available under J:\ClinicGroup\  
Policies\_Pending.