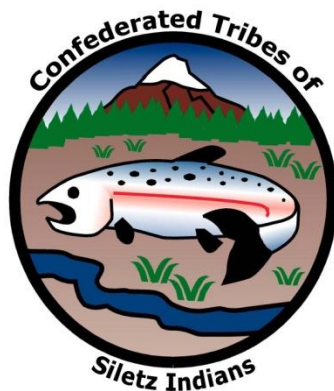


SILETZ COMMUNITY HEALTH CLINIC POLICY



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 one hour 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 5 to 10 minutes before the appointment time.

All Patients

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

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Urgent Care

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

1. The clinic and pharmacy are open for business as follows:
 - a. Clinic
 - i. Monday through Thursday from 8:00 AM to 5:00 PM
 - ii. Friday from 10:00 AM to 5:00 PM
 - b. Pharmacy
 - i. Monday through Thursday:

Two Pharmacists Available

8:30 AM to 5:00 PM

One Pharmacist Available

A) 8:30 AM to 12:30 PM

B) 1:00 PM to 5:00 PM

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ii. Friday:

Two Pharmacists Available

10:00 AM to 5:00 PM

One Pharmacist Available

A) 10:00 AM to 12:30 PM

B) 1:00 PM 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.
 - 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:

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- 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.

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.

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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.
 - 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.

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- 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.
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.
 - 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.

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- 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.

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.

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- 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 and Dental department will call the patient the business day prior to the appointment.
 - ii. The Optometry department will call the patient the Friday before the appointment. If the clinic is closed on Friday the patient will be called the business day before 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.
2. **Arrive** 10-15 minutes early
 - a. Patients are required to check in 10-15 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.

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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. If an unavoidable emergency comes up, and it is less than 24 hours before an appointment, the patient must call and inform SCHC. Emergency excuses for cancellations less than 24 hours will be reviewed by a department manager to determine if the appointment will be marked "no-show" or "late cancel."

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 three or more appointments, the patient is required to follow a 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.

F. Scheduling Protocol

1. First No-Show

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

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2. Second No-Show

After the second “no-show” the following schedule restriction (as referenced below) ensues:

- a. Patient will receive a letter providing notice about the two “no-show” appointments and the requirement to call and confirm future appointments by 2:30 pm the business day **prior** to the appointment.
- b. If the patient does not confirm by 2:30 pm, the appointment will be cancelled and offered to another patient.

3. Third No-Show

After the third “no-show” the following schedule restriction (as referenced below) ensues:

- a. Patient will receive a letter providing notice that SCHC will not pre-schedule appointments.
- b. Any appointments already scheduled for the relevant department will be cancelled.
- c. For non-urgent issues the patient is placed on a waiting list and SCHC will call patient if there is a “no-show” or late cancellation.
- d. For urgent issues the patient will be advised to come into the clinic, the same day during the walk-in time, and wait until a provider is available. Each department has specific times set aside for same day urgent issues. Patient must contact the appropriate department for same day appointment times.
- e. Patient will return to the regular scheduling system and confirmation procedure after three months on the schedule restriction.

G. Appeal

1. A patient may appeal a decision regarding the “no-show” appointments, in accordance with the Tribal Administrative Procedures Ordinance.
2. SCHC will include the appeal process in the letter regarding the “no- show” appointments.

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VII. GENERAL CLINIC ORIENTATION POLICY (EMPLOYEES)

A. CTSI, Clinic and Job Specific Orientation

New employees are oriented as follows:

1. General Orientation with CTSI Human Resources
 - a. Siletz Tribal History
 - b. Tribal Organization
 - c. Parking
 - d. Safety (Videos, Tribal Safety Manual)
 - e. Tour of Clinic and Tribal Offices
 - f. Medical Record Log
 - g. Clinic Registration
2. Clinic Orientation with Administrative Officer/Quality Improvement Coordinator
 - a. Risk Management Clinic Policy
 - i. Emergency messages and evacuation routes
 - ii. Incident reporting and on the job injury
 - iii. Hazardous materials introduction
 - iv. Cardiopulmonary Resuscitation (CPR)
 - b. Infection Control
 - i. Infection control general policy
 - ii. Schedule appointment for applicable employee (high/moderate risk) to obtain the following tests:
 - A) Purified Protein Derivative (PPD)
 - B) Hepatitis B
 - c. CTSI Eleven County Service Area

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- d. Clinic Hours, Services, Eligibility
- e. Confidentiality
 - i. Notice of Privacy Practices
 - ii. HIPPA
- f. Quality Improvement Program
 - i. Rights and Responsibilities of Patients
- g. Employment Details (regular employees only)
 - i. Sonitrol "badge in/badge out" and work schedule
 - ii. Time sheets
 - iii. Compensatory time
- h. Policies and Procedures (Specific Areas)
 - i. Job Specific Orientation
 - i. Job description
 - ii. Provider Staff Only
 - A) Medical Staff Bylaws and Rules
 - B) Contract Health Service (CHS)
 - j. Telephone Usage and Etiquette
 - i. CTSI phone list
 - ii. SCHC confidential phone list
- 3. Orientation with Site Manager and NextGen
 - a. Voice mail access
 - b. Inventory control
 - c. Personal computer sign on

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- d. Ergonomics
- e. RPMS, EHR and Dentrix Sign On (if needed)
- f. NextGen and Dentrix Data Entry Orientation (Providers Only)
- g. Provider Enrollment/Scheduling (Providers Only)

4. Forms

Employees are requested to complete and return the below forms to:

- a. CTSI Human Resources Department:
 - i. Confidentiality Statement
 - ii. Employee information
 - 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)
- b. Infection Control Coordinator for maintenance in the employee health file:
 - i. Documentation of PPD status
 - ii. Hepatitis B Vaccine Acceptance or Declination Form

5. Documents

Applicable employees are required to submit the following:

- a. Current CPR card
- b. Current certification and/or professional license

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- c. Credentialing application (active, visiting, temporary) for inclusion in the credentials files maintained by Administrative Officer/QI Coordinator.
6. Employee shall sign a statement verifying completion of the orientation list.

VIII. 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 receive a name badge identifying them as a student.
 - g. Student provides proof of HIPAA training.

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- h. Student maintains confidentiality regarding any and all privileged information concerning patient care.
 - 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.

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IX. 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 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).

X. 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 the first Friday of each month. The meetings are mandatory for SCHC staff and regularly include mandatory in-services.
 - b. Planning/QI Committee. These meetings are conducted at least every other month.
 - i. Committee membership consists of the following: Health Director as Chairperson, Medical Officer, Administrative Officer /QI Coordinator, Dental Officer, Staff Physician, Community Health

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Director, Diabetes Case Manager, Nursing Supervisor, Medical Support Supervisor, Business Office Manager, Site Manager, Behavioral Health Director and others as appointed by the Health Director.

- ii. The committee duties include:
 - A) review clinic policies and procedures before sending to the Health Committee for approval;
 - B) review quality improvement reports and issue recommendations for program activities; and
 - C) coordinate proposed activities (both short and long range) involving the Siletz Tribe, local community and SCHC.
- 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.
- e. Program Meetings. Each program area conducts meetings as necessary. Friday mornings SCHC is closed to patients 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 and Medical Social Worker.
 - ii. The committee reviews Contract Health Services requests.

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- 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 on a regular basis (often as part of the all staff meeting).
 - 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 is scheduled for fire safety and fire extinguisher training, confidentiality, hazardous materials communications and infection control.
 - f. CPR certification is required for employees working with patients.
 - 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

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- iv. Health education and health promotion
- h. In-service activities are emailed in advance. It is the employees' responsibility to schedule 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 (through ABRA software).
- 3. Outside Training and Continuing Education

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

XI. 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 items costing \$5,000 or more; computers; or computer hardware and software that is attached to the Network (see also CTSI Operations Manual);
 - b. All computer monitors, printers and other portable computer equipment 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

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locating the item, serial numbers, date purchased, etc.

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.

XII. 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.

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;

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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 and procedures are reviewed by the Health Director and relevant staff before submission to the Health Committee.

2. Health Committee

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

3. Siletz Tribal Council

The Health Director presents new and revised policies and procedures 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, procedure and signature sheet is printed and inserted in a notebook designated for each program area in the Administrative Officer/QI Coordinator's office.
4. Draft copies of policies and procedures are available under J:\ClinicGroup\Policies_Pending.