

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 1 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

ADMINISTRATION DEPARTMENT CONTENTS:

Equipment Inventory	1
Meetings and In-services	2
Orientation	4
Policy Approval	6
QI Plan	7
Rights and Responsibilities of Patients.....	11
Risk Management Program.....	14
Service Eligibility	27
Students – Medical, Nursing and Dental	28
Patient Care Area Access.....	31
Welcome Guidelines.....	31

EQUIPMENT INVENTORY MANAGEMENT POLICY

POLICY:

Property belonging to the Siletz Tribal Health Department will be managed in such a way as to reduce the risk of loss.

PURPOSE:

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

KEY POINTS:

- 1) The following types of items will be tagged:
 - a) Any item tagged by CTSI Accounting (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 (locating the item; serial numbers; date purchased, etc.)

- 2) Disposing of or excessing property will be accomplished per CTSI Tribal policies.
 - a) Computers and other electronic equipment or media that contain or may contain sensitive data will be 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 will be physically destroyed beyond all possibility of recovery;

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 2 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

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 supervisory or other appropriate staff.
- b) A loaned equipment log will be maintained by the Site Manager.
- c) An agreement accepting financial responsibility during the loan of equipment will be signed by the borrower when deemed appropriate by the CTSI Health Department.

MEETINGS AND INSERVICES POLICY

POLICY

In order to provide an open and constant flow of information between management and staff and to keep all employees informed of all happenings at the clinic, it is our policy that the meetings listed below will be a regular part of clinic operations. These meetings allow for the exchange of ideas, monitoring of quality care, resolution of problems, increasing the effectiveness of clinic operations, effectiveness of interdisciplinary care, and continuing education.

Minutes will be distributed via e-mail and posted on the computer under W:/Policies/Clinic/x-MeetingMinutes. If an employee cannot attend due to illness or vacation, it is the employee’s responsibility to read the minutes of the meeting and to become familiar with the topics discussed through communication with the supervisor and/or administrator.

MEETINGS

1. **All Staff Meetings** held monthly on the 1st Friday morning. These meetings are mandatory for all Clinic Staff and regularly include mandatory in-services.
2. **Planning/QI Committee** will meet at least every other month with membership consisting of: Health Director as Chairperson, Medical Officer, Administrative/Quality Improvement Coordinator, Dental Officer, Staff Physician, Community Health Director, Diabetes Case Manager, Nursing Supervisor, Medical Support Supervisor, Business Office Manager, Site Manager, Alcohol and Drug Program Director, and others as appointed by the Health Director. . The Committee will review Clinic policies and procedures and forward Policies to the Health Committee for approval; review quality improvement reports and make recommendations for program activities;; receive, review and coordinate proposed

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 3 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

activities (both short and long range planning) involving CTSI, the local community, the Clinic and Community Health.

4. **Medical Staff**, consisting of all Allied and Active Staff, will be held at least semi-annually with other Clinic staff attending as appropriate. There are various sub-committees including the Clinical Care Review Committee, Credentials Committee, Provider Meeting, and Pharmacy and Therapeutics Committee. The functions and membership of these committees are defined in the Medical Staff Bylaws. The Medical Officer may appoint special subcommittees and define their membership.
5. **Safety/Infection Control Committee**: Meets monthly with membership and functions described in the Risk Management Policy.
6. **Program Meetings**: Each program area will set up meetings as necessary. Friday mornings the Clinic is closed to patients so that staff will be available for meetings and administrative work.
7. **CHS Gatekeeper**: Reviews requests for Contract Health Services. Meets weekly and committee consists of Medical Officer, Health Director, Dental Officer, and Medical Social Worker,. See Contract Health Policy for review criteria.
8. **Health Committee**: Appointed Standing Committee of Tribal Council usually meets the first Monday afternoon of the month with Health Director, Admin/QI Coordinator and Administrative Assistant attending as staff. 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 (usually via committee minutes).

INSERVICES

All staff members of the clinic have the responsibility to keep technically up-to-date. This is also partially the responsibility of the clinic. This combination of staff and clinic responsibility should allow for the communication of new information to all employees.

Inservice education meetings will be held on a regular basis (often held as part of the All Staff Meeting). Inservices shall include, but are not limited to, a combination of videotapes, lectures, meetings with sales representatives and assigned readings. Employees' signatures will signify completion of the program. Mandatory annual inservicing is done on Fire Safety and Fire extinguisher training, Confidentiality, Hazardous Materials Communications, and Infection Control. CPR certification is required for staff working with patients.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 4 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

Additional topics must be approved by the Administrative/Quality Improvement Coordinator and can include:

- Changes in clinic policy and procedures
- Results of quarterly audits
- Topics of current interest
- Health Education and Health Promotion

All in-services will be emailed in advance. It is the employee's responsibility to schedule appropriately to ensure attendance. Completion records of mandatory in-services are provided to the Administrative/Quality Improvement Coordinator who will provide documentation to the Human Resources employee's file (through ABRA software).

OUTSIDE TRAINING and CONTINUING EDUCATION

CTSI policy is described in Section IV: Employee Training and Orientation of the CTSI Personnel Manual.

GENERAL CLINIC ORIENTATION POLICY

General Clinic Orientation - Check List

(Sign, Date and Place in Clinic Personnel Folder when complete)

Name _____ Date _____

μ **PART I: General Orientation with CTSI Human Resources**

- μ Siletz Tribal History
- μ Tribal Organization
- μ Parking
- μ Safety (Videos, Tribal Safety Manual)

μ **Tour of Clinic and Tribal Offices** (assign to staff)

- Providers Sign Medical Record Log
- Register at Clinic

μ **PART II: Clinic Orientation with Admin/Quality Improvement Coordinator**

- μ Risk Management Clinic policy
 - Emergency Messages/ Evacuation Routes
 - Incident Reporting/ On the Job Injury
 - Hazardous Materials Introduction (review page 18)
 - CPR

μ Infection Control –

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 5 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- Infection Control General Policy
- Make appointment for Employee Health (high/moderate risk)
-PPD, Hep B

- μ CTSI Eleven County Service Area
- μ Clinic Hours/ Services/ Eligibility - give copy of Clinic Brochure

- μ Confidentiality (review) - hand out pamphlet and/or policy
 - HIPPA Orientation (video)
- μ Quality Improvement Program
 - Rights and Responsibilities of Patients

- μ Employment Details (regular employees only)
 - Sonitrol “Badge in/Badge out”/ Work Schedule
 - Time Sheets
 - Flex Log

Policies/Procedures for specific areas

- μ Job Specific Orientation
 - Specific Job Description
 - Provider Staff - review Medical Staff Bylaws/ Rules & CHS requirements
- μ Telephone Usage/Etiquette/
 - How to access Tribal Phone List
 - Clinic Confidential Phone List

- μ **PART III: Orientation with Site Manager/ Data Entry**
 - Voice Mail Access
 - Inventory Control
 - Personal Computer Sign On
 - Ergonomics
 - RPMS, EHR and Dentrix Sign On (if needed)
 - EHR and Dentrix Data Entry Orientation (Providers Only)
 - Provider Enrollment/Scheduling (Providers Only)

PART IV:

- μ **Forms to complete and return to Admin/OI Coordinator to be kept in Clinic Personnel File:**
 - Confidentiality Statement
 - Employee information
 - Work Schedule (optional)

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 6 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- General Clinic Orientation
- Specific Job Orientation (during probationary period)
- Personal Computer Orientation Checklist
- RPMS Orientation Checklist
- 6.2.6_Computer Access Agreement 09.doc

- Current CPR card
- Current certification and/or professional license
- Medical Staff application (Active, Visiting , Temporary Medical Staff) routed to Credentials files maintained by Admin/QI Coordinator

μ **Forms to complete and return to Infection Control Coordinator to be kept in Employee Health File:**

- Documentation of PPD status
- Hepatitis B Vaccine Acceptance or Declination Form

I have completed the Orientation listed above.

Employee/Volunteer/Student/Contract Provider

Date

POLICY APPROVAL PROCESS POLICY

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 management and governing bodies of the Clinic and then made available to all involved personnel. Published policies promote uniform application and can help avoid problems that sometime occur in the interpretation of policies that have not been written down and sent through an approval process.

Responsibility: The Administrative/QI Coordinator will be responsible to see that Clinic Policies are approved and reviewed on a regular basis, preferably annually.

Policy Approvals

1. Policies and procedures will be reviewed and signed off by all involved parties on a regular basis, preferably annually.
2. Managing personnel will sign off on new and revised policies.
3. The Health Director will present new and revised policies to the Health Committee for approval.
4. A list of all Clinic policies will be maintained and available for review by the Tribal Council (Governing Board).

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 7 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

Policy and Approval Format

1. The format for all policies and procedures will be the header as noted above. This will be placed by the Administrative/QI Coordinator on an approved policy and procedure and listed under the program area in the computer file listed as W:\Policies\Clinic. This is a read-only file available to all Clinic personnel for review, printing and copying. Access for changing will be limited to the Administrative/QI Coordinator and Information System (IS) personnel.
2. An original of each policy and procedure along with the signature sheet will be placed in a notebook designated for each program area in the Administrative/QI Coordinator's office.
3. When all those in the program area review the total notebook, a single signature page for the program will suffice.
4. Draft copies of policies and procedures are available for everyone under J:\SCHC\ClinicGroup\Pending Policies.

QUALITY IMPROVEMENT PLAN POLICY

PURPOSE: To provide a program so that the Siletz Community Health Clinic (SCHC) can demonstrate high-quality health care services in accordance with the principles of professional practice and ethical conduct; can continually seek to provide more effective and efficient utilization of facilities and services, and can work toward improving the community's health status.

CORE STANDARDS of the Siletz Community Health Clinic's Quality Improvement (QI) Program are:

1. The basic human rights of patients are recognized and patients are treated with respect, consideration and dignity.
2. The Tribal Council sets policy and assumes full responsibility for the operation and performance of the SCHC.
3. Administration is conducted in a manner that ensures the provision of high-quality health services and fulfills the mission, goals, and objectives of the Confederated Tribes of Siletz Indians (CTSI).
4. The provision of high-quality health care services is demonstrated through planning, hiring, training, review, and monitoring processes.
5. An active, integrated, organized, peer-based program of quality management and improvement is maintained that links peer review, QI activities, and risk management in a systematic way.
6. A clinical record system and Dentrax are maintained from which information can be retrieved promptly, yet protected from loss, tampering, alteration, destruction or unauthorized or inadvertent disclosure.
7. The improvement of professional competence and skill, as well as the quality of performance, of all employed professional personnel is promoted.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 8 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

8. A functionally safe and sanitary environment is provided for patients, personnel, and visitors.

ORGANIZATION AND RESPONSIBILITIES:

Governing Body

1. The Siletz Tribal Council is empowered to act on behalf of the Confederated Tribes of Siletz Indians of Oregon (CTSI) pursuant to Article IV, Section 1 of the Tribe's constitution approved 6/13/1979.
2. The Tribal Council is comprised of nine members duly elected by the enrolled members of the CTSI. The Tribal Council conducts regular monthly meetings. Decisions are embodied in a resolution or ordinance depending on the intended purpose of the decision.
3. The Health Committee is one of several Standing Committees that have been established by the Siletz Tribal Council to provide advice and assistance and includes at least one Tribal Council representative. The Health Committee complies with all laws, regulations and policies set by the Tribal Council. The role of the members of the Health Committee is to provide guidance and assistance to the Health Director regarding the implementation of tribal policy as it is related to the delivery of health care.

Health Director is the administrator who assures that administrative policies, procedures and controls are established and implemented to assure the orderly and efficient management of the SCHC. The Health Director reports to the General Manager and is an ex-officio member of the Health Committee. The Health Director is responsible for the appropriate and timely communication and reporting of quality management and improvement activities and concerns between the Health Committee and the staff of the SCHC.

The SCHC Quality Management and Improvement Program is composed of three components (peer review, risk management, and programs) and addresses clinical, administrative, and cost-of care issues, as well as actual patient outcomes. An Administrative/QI Coordinator has the responsibility and authority to assure that each clinical discipline and program is included, the scope of activities is inclusive, and that all activities follow QI process (details addressed in Programs section below).

Peer Review involving all clinical providers is provided through an ongoing monitoring process of important aspects of care and is coordinated by the Medical Officer or designee and Credentials Committee.

Risk Management is under the direction of the Health Director and includes:

1. Methods of collection of unpaid accounts.
2. Review incident reports/potential litigation, patient complaints.
3. Review all adverse patient events.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 9 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

4. Methods of handling public relations.
5. Methods for managing unplanned events (i.e. after hour coverage or coverage for incapacitated health care provider).
6. Methods of complying with government regulations/contractual agreements.
7. Environmental/safety inspections.
8. Conditions under which a patient may be refused care and methods of informing the patient.

Programs and/or Clinical Disciplines

A person from each clinical discipline and/or program is designated by the Health Director to be responsible so that QI activities are initiated and reported regularly to the Administrative/Quality Improvement Coordinator. Reports must include the following five steps.

1. Important problems or concerns in the care of patients are **identified** and performance goals are identified by evidence of data collection (See Scope of QI Activities described below).
2. The frequency, severity, and source of suspected problems or concerns are **evaluated**. Health care practitioners participate in the evaluation of identified problems or concerns.
3. Measures are **implemented** to resolve important problems or concerns that have been identified.
4. The problems or concerns are **re-evaluated** to determine if corrective measures have accomplished the desired result. Actions are continued or modified until the problems are resolved.
5. QI activities are **reported** regularly to the Administrative/Quality Improvement Coordinator and, as appropriate, to the proper personnel and the Tribal Council.

Committees

Credentials Committee is responsible for the maintenance of a professional standard of care through an oversight of peer review activities and the recommendation on the assignment or curtailment of clinical privileges for health care practitioners to the Executive Committee.

Executive Committee will grant temporary privileges and recommend to the Tribal Council the appointment, re-appointment and assignment or curtailment of clinical privileges for health care practitioners.

Standing and ad hoc committees may be established by the Health Director and/or Medical Officer to conduct monitoring and QI activities, or provide information that may lead to the development of such activities.

Administrative/Quality Improvement Coordinator

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 10 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

1. Coordinates all QI activities, including the provision of technical assistance to clinic staff, in carrying out the Quality Improvement Plan. The Coordinator will strive to link peer review, QI activities, and risk management in an organized, systematic way.
2. Tracks monitoring and QI activities including issues and problems identified by these activities.
3. Schedules program and committee reporting schedules
4. Prepares and distribute agendas and minutes for the Planning/QI Committee meetings.
5. Prepares reports for the Health Committee.
6. Supports the medical staff appointment, reappointment and credentialing process.

Quality Improvement Responsibilities of the Tribal Council

1. Assure that the quality of care provided by SCHC is evaluated and that identified problems are appropriately addressed. Responsibilities delegated to the Health Committee will be reviewed at least annually and will be reflected in the QI Plan of the SCHC.
2. Review and approve the QI Plan of the SCHC on an annual basis.
3. Review and approve all major contracts or arrangements affecting health care provided by SCHC.
4. Approve initial appointment, reappointment, and assignment or curtailment of clinical privileges of active and visiting medical staff upon evaluation of the applicant's current qualifications; including education, training, experience and competence, and recommendation by the Executive Committee.

Quality Improvement Responsibilities Delegated to the Health Committee

1. Provide leadership in improving the quality of health care by setting organizational expectations.
2. Approve policies, and support the implementation of plans and procedures that affect the delivery of health care.
3. Report to Tribal Council the activities and results of the QI program, at least annually.

SCOPE OF QI ACTIVITIES: Sources of important problems or concerns in the care of patients include, but are not limited to:

1. Unacceptable or unexpected results of ongoing monitoring of care, such as complications or unplanned hospital admissions.
2. Clinical performance and practice patterns of health care providers.
3. Medical record review for quality of care and completeness of entries.
4. Quality controls for and use of x-ray, laboratory, and pharmacy.
5. Assessment of patient satisfaction.
6. Staff concerns.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 11 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

7. Accessibility.
8. Medical/legal issues.
9. Wasteful practices.
10. Over-utilization and under-utilization.

Monitoring and evaluation of activities should include those aspects of care that are most important to the health and safety of the patients served. These important aspects of care are those that:

1. Occur frequently or affect large numbers of patients.
2. Place patients at risk of serious consequences or of deprivation of substantial benefits.
3. Tend to produce problems for patients or staff.

RIGHTS AND RESPONSIBILITIES OF PATIENTS POLICY

The following Rights and Responsibilities of Patients are distributed to new patients when they are registered and are posted in the waiting area of the Clinic. They are given to every new employee at the time of orientation and are also posted on the Internet page.

Siletz Community Health Clinic Rights of Patients

1. You have the right to considerate, respectful and culturally sensitive care.
2. 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.
3. 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.
4. You have the right to know your health care provider's credentials and privileges and when he/she was granted Medical Staff privileges.
5. 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.
6. 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

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 12 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

care provider may not be able to provide extensive information because of the loss of precious time which could be dangerous for you).

7. 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.
8. 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.
9. 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.
10. 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).
11. You have the right to be informed of service limitations or payment policies concerning services prior to treatment.
12. You have the right to expect reasonable continuity of care such as: to know what appointment times are available to you; to know what services are available to you; to know where the services can be obtained.
13. You have the right to know what Clinic rules and regulations apply to your conduct.
14. You, or a person of your choice, have the right to present complaints and suggestions regarding health services to Clinic Administration, who will follow-up and respond in writing within ten (10) working days.
15. You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 13 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

SILETZ COMMUNITY HEALTH CLINIC
Responsibilities of Patients

1. You are responsible for your own behavior and are expected to treat the staff with respect and courtesy. Parents are responsible for their children.
 - a) Persons under the influence of drugs or alcohol are not permitted on CTSI property or at tribally sponsored activities.
 - b) Physical or verbal abuse, harassment will not be tolerated.
 - c) Threatening phone calls are reported immediately to supervisors and to the police.
 - d) Anyone choosing to exhibit any of the above behaviors may be refused services; an incident report will be completed and, when warranted, will be asked to leave the premises.
2. You are responsible for making and keeping appointments. If not able to keep an appointment, you are responsible for calling the Clinic to cancel or reschedule the appointment at least 24 hours prior to your cancellation so that someone else can be given the opportunity to be seen.
3. 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.
4. You are responsible for informing the Clinic of 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.
5. You are responsible for informing the Clinic about any living will, medical power of attorney, or other directive that could affect your care.
6. 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.
7. 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.
8. Parents/legal guardians or designated guardian are responsible for accompanying children to the Clinic for appointments if the child is under age 15 for routine healthcare and dental care Parents/legal guardians or designated guardian are responsible for accompanying children to the Clinic for appointments if the child is under age 18 if appointment is for a sports physical or well child exam. Adolescents, age 12 and over, seeking diagnosis or treatment related to sexually transmitted disease, pregnancy or contraception will not require parental

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 14 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

permission or attendance, and such care will be considered confidential unless there is evidence of child abuse.

9. Depending on eligibility at the time of service, you may be responsible for costs for services rendered.

RISK MANAGEMENT PROGRAM POLICY

PURPOSE

Health care providers have a professional, economic and societal responsibility to manage the risks inherent in the profession that could lead to malpractice claims. Our relationship with our patients is the very backbone of our practice and profession.

RISK MANAGEMENT

Risk management is the system that identifies events and risks, with the goal of limiting or eliminating them before a loss or injury occurs. The objective of preventing harm to patients, visitors and staff is linked to the overall goal of assuring that the quality of care/service is optimal.

GOALS OF RISK MANAGEMENT: ECONOMIC, PERSONAL AND SOCIETAL

The economic goal of risk management is to provide for continuity of operations in the event of a loss. The personal goal is knowing that you have done all you can in reducing risk in our Clinic. The societal goals of risk management demand that the health care provider practice in a professional and competent manner. Safeguarding the patient is the primary goal of all health care providers. Failure to provide a standard of care that is acceptable to your peers is a disservice to the profession and the public.

AUTHORITY AND RESPONSIBILITY

The authority and responsibility for the risk management program rests with the Tribal Administration and Tribal Safety Committee with specific responsibilities for the Clinic delegated to the Health Director with assistance from the Clinic's Safety Committee. All staff will participate in the risk management program. It is crucial that potential problems be identified before a loss or injury occurs.

RISK MANAGEMENT PROCEDURES

If any potential hazards to patients, visitors or staff are identified, notify a member of the Clinic's Safety Committee or the Health Director immediately. If a Safety Committee member is notified, he will immediately discuss the potential hazard with the Health Director or designee. The Health Director or designee will determine which potential problems to address. The identified risks will be prioritized, and goals, along with a plan of action, will be set for each. If the hazard has not been addressed/corrected within 24 hours, the staff member(s) concerned should send an email to the members of the Clinic's Safety Committee.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 15 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

The first choice of risk management is to develop techniques for risk avoidance, identify and analyze potential losses, and continually monitor the program in an effort to identify new risks. Consistent action by **ALL** personnel is essential for problem prevention.

A NOTE FOR ALL EMPLOYEES

All policies and procedures in the risk management program have been designed to assure a safe and sanitary environment for patients, visitors and employees.

Policies alone, however, do not make safe practices and conditions. Each of us must become actively involved in the clinic's risk management program. We must visualize ourselves as a committee of one, with an attitude of constant vigilance and concern for the safety and welfare of those entering this clinic.

Our greatest protection is you, **“thinking safety.”** Observing and reporting ANY unsafe practices and conditions are responsibilities of all Clinic employees.

Our clinic is committed to providing an optimum level of care and services and striving for excellence in practice.

The purpose of presenting the full range of potential consequences of malpractice is to increase professional awareness, not to frighten you or increase your anxiety level. Through effective risk management, as well as the listing of the following policies and procedures, we can continue to enjoy such natural immunity and to provide optimal patient care/services at the same time.

SAFETY PLAN PURPOSE

The safety plan provides a framework in which to manage clinical and non-clinical safety issues and works to monitor, evaluate and reduce risks to patients, visitors and personnel to ensure the care and safety of both patients and staff.

OBJECTIVES

The objectives of the safety plan are to reduce the risk of injury to patients, visitors and personnel by:

- 1) Coordinating an effective product usage program to reduce risk from incorrect usage.
- 2) Coordinating the approach to safety through the development of programs, policies and procedures, as well as the review of clinic-specific policies and procedures.
- 3) Providing regular input to renovations and construction projects, with special consideration of Life Safety Codes and issues relating to age, mental status, disabilities and handicaps.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 16 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- 4) Conducting regular hazard surveillance assessments of the clinic and taking action when opportunities to improve safety are found.
- 5) Administering an incident reporting program, providing general and clinic-specific education and implementing administrative and engineering controls where appropriate to prevent accidents.
- 6) Protecting against clinical equipment failure, or user error, by monitoring preventive maintenance and inspection procedures, as well as providing special education and educational programs for users and maintainers of utility systems.
- 7) Providing a framework for the analysis and management of non-clinical safety risks through the development of a safety information collection and evaluation system based on predetermined indications and thresholds.
- 8) Providing general safety training to all personnel on a regular basis on issues consistent with industry standards and the ongoing review of information collected regarding specific safety issues.
- 9) Developing programs in accordance with applicable laws and regulations that deal with chemical, radioactive and medical hazardous materials and wastes.
- 10) Implementing and maintaining an emergency preparedness program by monitoring preventive maintenance and testing programs, as well as providing specialized educational programs for users and maintainers of utility systems.
- 11) Posting safety regulations regarding equipment in all patient care/service areas.

AUTHORITY AND RESPONSIBILITY FOR SAFETY PLAN

The authority and responsibility for the plan rest with the Tribal Administration and Tribal Safety Committee with specific responsibilities for the Clinic delegated to the Health Director with assistance from the Clinic's Safety Committee. The Health Director or designee will have the authority to take action in situations that require immediate intervention to avoid serious risk to patients, visitors and personnel.

All staff members will participate in the accident review and investigation program and will report all non-clinical accidents and incidents to their immediate supervisor and/or the Health Director. In addition, staff members will report to their immediate supervisor and/or the Health Director circumstances that present obvious or apparent risk to patients, visitors or personnel.

All staff members will cooperate in an effort to implement standards relating to life safety, general safety, utility management and equipment management programs. Safety is a very important part of everyone's job. Your fellow employees and patients count on you to use good judgment and good practice in your work. Total support by every employee is essential for a successful safety program.

Implementation and continuing operation of the Safety Plan will be carried out through the Clinic's Safety Committee with direction provided by the Health Director and the Tribal Safety Committee.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 17 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

INFORMATION COLLECTION, EVALUATION AND REPORTING

Regular information-gathering activities will be coordinated by the Clinic's Safety Committee and will address various aspects of safety, life safety, equipment management and utility management. Indicators will address, but are not limited to:

- 1) Incident/Accident/Variance Reports
- 2) Hazard surveillance of buildings and grounds
- 3) Preventive maintenance and testing data for clinical equipment
- 4) Preventive maintenance and testing data for utility systems
- 5) Information and evaluations relating to utility failures
- 6) Information and evaluations relevant to equipment failures and user errors
- 7) Reports from relevant regulatory agencies
- 8) Special or unusual occurrences relating to safety

The reports produced will summarize relevant recommendations and actions taken to improve the safety of patients, visitors and personnel. These reports will be disseminated to Clinic staff through Clinic's Safety Committee minutes.

CLINIC'S SAFETY COMMITTEE

The Clinic's Safety Committee will meet monthly and minutes will be made available to employees via the computer system. The Safety Committee will include at least: Administrative representative (Safety Officer), Infection Control Coordinator (a medical provider) and a representative from Maintenance, Nursing, Behavioral Health, Pharmacy and Dental. One member will represent the Clinic at the Tribal Safety Committee. The Safety Committee members will monitor and promote the Clinic's Risk Management Program through training and education, prepare and present in-services, conduct inspections and maintain and update policies and procedures.

EDUCATIONAL SAFETY PROGRAMS

Educational activities represent a primary means through which the safety program will effect improvements in the safety of patients, visitors and personnel. Educational programs are based on industry standards and literature reviews and are continually adjusted to reflect organizational experience and relevant safety issues. In addition, educational programs will be adjusted to reflect evaluation of the effectiveness of training programs. Members of the management staff are responsible for ensuring that employees under their direction participate in relevant educational programs.

All new employees will attend the Human Resources' orientation programs to receive initial safety training. Thereafter, each employee must participate in any relevant educational programs to ensure that ALL personnel are trained in safety and emergency procedures.

CTSI SAFETY PROCEDURE MANUAL POLICY

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 18 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

All staff will be oriented by Human Resources at the time of employment to the CTSI Safety Manual and receive a personal copy. The CTSI Safety Manual contains general policies and procedures to follow in case of emergency for:

- 1) Accident or Illness
- 2) Emergency Help
- 3) Evacuation
- 4) Fire Procedures
- 5) Major Natural Disasters
- 6) Water Damage
- 7) Power Failure
- 8) Bomb Threats
- 9) Hazardous Materials
- 10) Hazard Indicators
- 11) Civil Disturbance
- 12) Violence in the Workplace

In addition to the instructions given in the CTSI Safety Manual, Clinic employees are oriented to additional instructions due to the Clinic's unique requirements as a health care facility. The Clinic's Risk Management Plan with these additional instructions are added to each employee's CTSI Safety Manual.

SILETZ CLINIC: SUPPLIES, HOUSEKEEPING AND ELECTRICAL DEVICES POLICY

To ensure and maintain a safe and secure work environment, all staff members are required and expected to perform daily housekeeping and safety surveillance. By performing this constant observation, we will be able to reduce the occurrence of incidents from such hazards as obstructions, infectious wastes and materials and flammable or combustible substances and materials. Safety is a very important part of everyone's job. Patients and fellow employees count on us to use good judgment and good safety and housekeeping practices in our work. At the minimum, it is the responsibility of every employee to:

- 1) Maintain good housekeeping practice at all times to ensure the care/services and safety of both patients and staff.
- 2) Place any and all debris in appropriate waste containers.
- 3) Maintain the storage of all linens, supplies and equipment in their proper containers.
- 4) Ensure that all entrances and exits are free from obstructions at all times.

Employees of the Clinic are expected to use and maintain all supplies and equipment in a conservative and non-wasteful manner. All excessive and unnecessary uses of water, electricity, medical supplies, office supplies and equipment are to be avoided.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 19 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

To maintain an adequate amount of supplies for normal operation of the Clinic, a minimum of a two- (2) week supply will be maintained in the clinic at all times. The designated person will maintain a working knowledge of the quantity of all supplies on hand. The Clinic person designated will complete the necessary order forms for the purchase of the needed supplies and will direct the forms to the appropriate staff person who will do the ordering. All supplies will then be stored in their appropriate areas.

PERSONALLY OWNED ELECTRICALLY OPERATED EQUIPMENT

Personally owned electrically operated equipment is not allowed in the Clinic unless authorized by the Health Director. Maintenance will review personally owned electrically operated equipment for obvious defects or hazards based on the following criteria:

- 1) The equipment bears the Underwriters' Laboratory (UL) label.
- 2) The cord and plug are undamaged (i.e., cord not taped or covered, plug intact and without conductors showing, no cracks or breaks in cord or plug).
- 3) The case or body of the item is not cracked, chipped or broken, and there are no exposed metal or electrical parts.
- 4) The item is to be located in an appropriate place for use without causing a tripping hazard.
- 5) Use of the item will not interfere with the employee's job performance or the job performance of other employees.

EXTENSION CORDS

The use of electrical extension cords and adapters in the Clinic will be regulated in order to prevent possible shock or burn to patients or staff. The requirements of this policy are as follows:

- 1) Extension cords (heavy duty) may be used only on a temporary basis and are not to be used as a substitute for fixed wiring and will be unplugged from the wall at the end of each day.
- 2) Only extension cords with an Underwriters' Laboratory (UL) label or that meet UL standards are to be used.
- 3) Extension cords will be run outside of traffic areas to avoid creating a tripping hazard.
- 4) Equipment requiring a ground (three-prong plug) will not be operated from an extension cord unless the cord has appropriate ground wire and plug/receptacle.
- 5) Extension cords will not be plugged into power strips.

LOSS OF UTILITIES

All staff will be oriented at the time of employment to the CTSI Safety Manual's Power Failure procedures and in addition:

POLICY

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 20 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

The Siletz Community Health Clinic operates as a daytime outpatient facility only and does not require emergency back-up systems in the event of loss of utilities. In such events, the Clinic closes and patients are sent home and/or appointments are canceled. However, to assure patient and employee safety, listed below in Section II are mechanisms in place at the clinic to assure safe evacuation in the event standard utility functions are lost during the hours of Clinic operation. In addition, certain situations in dental and medical departments are addressed.

- 1) Loss of Power
 - a) Within seconds of a power outage, the back-up generator fully supplies the clinic with power.
 - b) All computers are plugged into a battery back-up surge protector that prevents loss of computer function during the transition time.
 - c) Major exits are lighted with battery back up and receive regular maintenance.
- 2) Medical and Dental
 - a) In the event of a cardiac arrest during a loss of utilities event, the battery-operated defibrillator would be used and the patient transported to nearby primary care facility. Other medical examinations are terminated and rescheduled.
 - b) In the dental department, invasive procedures can be terminated without the use of power by the use of the battery operated suction device on the emergency crash cart and emergency lighting in the department. Other procedures are terminated and rescheduled.
- 3) Loss of Water
 - a) Not critical to Clinic operations in a loss of utilities event
- 4) Loss of Heating/Cooling
 - a) Not critical to Clinic operations in a loss of utilities event

FIRE SAFETY

All staff will be oriented at the time of employment to the CTSI Safety Manual's Fire Procedures and in addition:

- 1) All staff members will participate in annual fire extinguisher training. In the event of a fire, it is preferred that staff with current fire extinguisher training operate the fire extinguisher.
- 2) Emergency drills will be held a minimum of 4 times a year including one CPR and one Natural Disaster drill. Drills are conducted for two reasons: to allow personnel to practice how they will respond to an event and to reinforce safety education. To ensure that drills provide the maximum benefit, personnel should respond as if they were real.
- 3) Appropriate in-services will be held pertaining to safety.
- 4) In-services and drills will be documented in the Safety log maintained by the Admin/QI Coordinator and reference made in the Clinic's Safety Committee minutes.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 21 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

EVACUATION PROCEDURES

All staff will be oriented at the time of employment to the CTSI Safety Manual's Evacuation Procedures and in addition be oriented to specific procedures for the Clinic:

ZONES

The Clinic has three zones - Ground, 1st and 2nd floor

FLOOR MONITORS

Safety Committee members are the floor monitors in their area

WALKIE TALKIE'S

Each floor monitor will have a walkie-talkie, in addition to each of the floor monitors; there will be a walkie talking in each of the following areas:

- 1) Reception
- 2) Nursing Station
- 3) Business Office
- 4) Optometry
- 5) Behavioral Health
- 6) Pharmacy
- 7) Administration
- 8) Dental

DESIGNATED SAFE AREAS

1. **Internal** in case of lock down safe rooms are identified in yellow on evacuation plans
 - a) Ground Floor: 5 designated safe rooms
 - b) First Floor: 11 designated safe rooms
 - c) 2nd Floor: 8 designated safe rooms
2. **External** in case of Fire or other Evacuation
 - a) Reception Area Exit: across Gwee-Shut Rd/ wait on the cemetery road
 - b) Back of Building Exit: walk to Yurt (road leading past Behavioral Health entrance)

PAGING CODES

Paging codes are used to alert everyone immediately without panic. Whenever time or circumstances allow, alert the Floor monitor(s) first who will call the code.

- 1) MONITOR NEEDED: Floor monitor(s) to area of concern.
- 2) CODE RED: Evacuate building and report to external evacuation site.
- 3) CODE YELLOW: Lock down and report to the closest safe area internally.
- 4) CODE BLUE: Medical personnel report with Crash Cart to area of concern.
- 5) CODE DR. STRONG: Assistance needed to lift or move patient.

NOTIFICATIONS

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 22 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- 1) Civil Disturbance: Notify floor monitor by phone or PAGE “Monitors to *(location)*”
- 2) Dangerous Person: Notify floor monitor by phone or PAGE “Code YELLOW at *(location)*”
- 3) Bomb Threat: Notify floor monitor by phone or PAGE “Monitors to *(location)*”. If decision is made to evacuate building then PAGE “Code RED”
- 4) Natural Disaster (earthquake, tornado, power outage, water damage): Follow directions of Floor Monitor

RESPONSIBILITIES OF CLINIC FLOOR MONITORS

If a Floor Monitor is contacted in person, by phone or by paging “Monitor Needed”, he/she needs to immediately assess the situation for danger to staff and patients and determine if an evacuation plan needs to be implemented, or if evacuation is not immediate, at a minimum confer with other Floor Monitors via emergency phone (walkie-talkie).

Call Code Blue: person needs first aid or CPR (see Code Blue procedure under Medical/Nursing Policies.) Only trained medical personnel need to respond, others keep clear of area.

Call Code Yellow or Code Red: the difference is whether to evacuate to an internal area or an external area. Communicate in calling Code Yellow which area(s) is NOT SAFE. Other responsibilities remain the same.

The Floor Monitor calling Code will assume lead and be responsible to call or delegate:

- 1) Call 9-911 and describe situation.
- 2) Call and maintain communications with Tribal Administration (Channel **22** on Walkie-Talkie)

All Floor Monitors will

- 1) Access walkie-talkies (Clinic is Channel **10** on Walkie- Talkie)
- 2) Assure that all staff and patients are out of the Floor Monitor’s designated **area** including the rest rooms (See Clinic map) close all doors and windows as time permits, especially fire doors. Secure money, safe, records as time permits.
- 3) Assess if help is needed for any disabled or handicapped employees/patients
- 4) Do a head count
- 5) Communicate with other floor monitors
- 6) Keep staff /patients informed and maintain order.
- 7) Communicate when “All Clear”
- 8) Follow through with Incident reports and appropriate debriefing.

FIRE EXTINGUISHERS POLICY

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 23 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

The Clinic maintains fire extinguishers for use if a fire occurs. All fire extinguishers will be inspected monthly by maintenance to ensure that they are properly charged and in good working condition. A professional inspector will also inspect these extinguishers annually. All fire extinguishers will be of the A-B-C type that can be used for all fires. (There is also a Halon fire extinguisher especially for computer equipment in the server room)

USING FIRE EXTINGUISHERS

Fire extinguisher training will be provided annually for employees. When using a fire extinguisher remember PASS:

- P:** Pull the pin
- A:** Aim at the base of the fire
- S:** Squeeze the handle
- S:** Sweep from side to side at the base of the fire

Do this only if you have been trained, preferably current training, and have a clear escape, otherwise EVACUATE!

BLANKETS

Approved “fire Blankets” can be very useful in smothering small fires. Do not use a regular blanket unless you have been trained to do so. Improper use of a regular- type blanket could increase the amount of fire.

INSPECTION AND MAINTENANCE

Fire extinguishers will be inspected monthly, as listed on the Safety Inspection Checklist to ensure they are all properly charged, in place, serviceable and ready to use at any time. Any fire extinguishers not properly charged or missing from their designated place will be reported to the administrator/office manager for charging or replacement.

EQUIPMENT SAFETY POLICY

All fixed and non-fixed clinical equipment will be inspected for integrity and electrical safety before being placed into service. The staff member who is responsible for the operation of the equipment will do the inspection. Where there is not an assigned staff member, the clinic’s maintenance team will have the responsibility of inspecting the equipment.

Inspections and calibrations of all medical equipment will be performed and recorded by the staff member responsible for the equipment with recommendation from the equipment manufacturer. The maintenance records will be kept in the same area as the equipment to be available for inspection.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 24 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

PROCEDURE

Safety inspections will be performed by the equipment operator on the recommendation given by the equipment manufacturer. The Clinic’s Safety Committee will also inspect equipment to ensure regularly scheduled maintenance is performed. The Safety Committee on a quarterly basis will perform inspections. Any discrepancies observed by employees (e.g., frayed cords, etc.) must be reported to a member of the Safety Committee or the Health Director. The equipment will be removed from use until it is repaired. Potential hazards with regard to clinic equipment will be given immediate attention to ensure the care and safety of both patients and staff.

Note: Many injuries caused by equipment are related to negligent use rather than defective equipment. Exercise caution in all equipment operations, maintenance and repairs.

**EQUIPMENT MALFUNCTIONS
POLICY**

In the event of injury as a result of malfunctioning equipment, the equipment will be impounded. The Health Director or designee will be notified so that a qualified person will be contacted to inspect and repair the equipment.

PROCEDURE

In the event of an injury resulting from the malfunctioning of clinic equipment, the following steps will be taken:
 Immediately discontinue using the equipment.
 Immediately notify the Health Director or designee following the event.
 Follow the normal incident reporting procedure.
 The equipment should be left in the same position as it was at the point of injury. If leaving the equipment would result in a disruption to clinic activity, the Health Director or designee will authorize moving the equipment preferably after photographs are taken. The Health Director or designee will determine the appropriate person to inspect the equipment to make a determination for the reason of the malfunction. Under **no** circumstances should an employee attempt to correct malfunctioning equipment. The Health Director or designee will investigate and evaluate the incident to obtain any additional information needed to complete the necessary forms for submission to the appropriate vendor or manufacturer.

If an employee, patient or visitor of the Clinic experiences a serious illness, injury or death as a result of any clinic equipment, this occurrence will immediately be reported to your supervisor and Health Director.

A SERIOUS ILLNESS OR INJURY IS DEFINED AS

- 1) Being life-threatening
- 2) Resulting in permanent impairment of a body function or a body structure

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 25 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- 3) Requiring immediate medical or surgical intervention of a body function or a body structure.

A reportable event will be determined by any information that reasonably suggests that faulty equipment has caused or contributed to a death, injury or serious illness of an employee, patient or visitor.

Any malfunctioning equipment that poses a hazard to employees, patients, or visitors will be removed from use until appropriate service makes the equipment safe:

- 1) Once the malfunctioning equipment has been deemed unsafe, it is immediately removed from service and tagged as “Malfunctioning Equipment.”
- 2) The operator should remove the tagged equipment to an area designated by the Health Director or designee.
- 3) The appropriate service representative will be contacted and repair made before the equipment can be placed back in use.

INCIDENT/ ACCIDENT/ VARIANCE REPORTS

For all accidents and/or incidents that pose a threat of injury to staff, the Floor Monitor or supervisor will be responsible to complete the CTSI Incident Form with copies to General Manager, Human Resources Manager, Health Director, and Administrative/QI Coordinator.

For other adverse incidents that are not consistent with the routine operations of the Clinic or the expected quality of patient care and services, there is an internal Clinic’s quality improvement report form called “Because We Care Form”. More specifically, occurrences that may be defined as an adverse incident include, but are not limited to:

- 1) An unexpected occurrence during a health care encounter, not related to the natural course of the patient's illness or underlying condition
- 2) Events such as breaches in medical care, administrative procedures or others resulting in a negative impact on a patient
- 3) Any process variation for which a recurrence carries a significant chance of a serious adverse outcome
- 4) Complaints or Suggestions from staff or patients that are not resolved through the normal “chain of command.”

The “Because We Care” form will be completed by the witnessing or participating individual and given to the Administrative/Quality Improvement Coordinator as soon as possible. If the Administrative/Quality Improvement Coordinator is unavailable, reports are given to the Health Director.

In case of a serious employment accident, a report must be called into the Occupational Safety and Health Administration at 1-800-321-6742 if any of the following occurs:

- 1) Any occupational accident, which is fatal to one or more employees

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 26 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- 2) Any occupational accident that results in the inpatient hospitalization of 3 or more people, agency and non-agency people included
- 3) Any occupational illness, which results in death
- 4) Any occupational accident involving both Federal and non-Federal employees, which results in a fatality or the hospitalization of 5 or more such employees.

Accidents not immediately reportable, but which result in death within 6 months of the date of the accident, shall be reported within 48 hours of the time the employer became aware of the death.

REPORTING AND PROCESSING ADVERSE INCIDENTS

- 1) Within two working days of receiving the incident report, the Administrative/Quality Improvement Coordinator will perform a thorough analysis in order to identify factors that underly variance in performance that may or may not result in an incident. A determination will be made as to the potential for loss/damage/injury and the type of action necessary.
 - a) In the case of an injury to an employee, the Tribe's Worker's Compensation injury reporting form will be completed by the supervisor and employee, in addition to the Tribal Incident Reporting form. This should thoroughly and accurately describe how the injury occurred. The Tribe's Worker's Compensation injury reporting form along with a copy of the incident report will be sent to the Tribe's Human Resources Director with a copy to the Administrative/Quality Improvement Coordinator. All visits to the emergency room and/or a medical provider are to be documented and kept in the Tribe's Personnel Department.
- 2) Upon completion of the analysis, the Administrative/Quality Improvement Coordinator will document a plan of correction or preventive measures taken to decrease the likelihood of such an incident occurring in the future, or determine that no such opportunities for correction or prevention exist. The responsibility for implementation, oversight, strategies for measuring effectiveness of the plan of correction or preventive measures, and time line for completion will be identified and recorded in the "Office Use Only" portion of the Because We Care form. The report is filed in the "Because We Care" folder kept in the Administrative/Quality Improvement Coordinator's office. The reports are reviewed quarterly by the Clinical Care Review Committee to monitor trends and outcomes. Results of the review process are forwarded to the Health Board of Directors via the Health Department's quarterly report.
- 3) If potential legal liability is indicated and a Tribal Incident report has not been filed, the Administrative/QI Coordinator will notify the Health Director, the General Manager and the HR Manager. Further analysis or investigation would then continue under the advice of the General Manager and the Tribe's legal advisor.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 27 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

Note: The reporting of any incident or accident should not be perceived as pejorative; these guidelines have been implemented to protect you and will help to ensure the care and safety of both patients and staff.

HAZARD SURVEILLANCE INSPECTIONS

All staff will be oriented at the time of employment to the CTSI Safety Manual's Hazardous Materials and Hazard Indicators Procedure and in addition:

It will be the policy of this Clinic to conduct quarterly hazard surveillance inspections to prevent possible loss of life and property due to lack of appropriate safety measures. (See CTSI Safety Manual -Appendix 2, for Workplace Inspection Form). The Clinic's Safety Committee will make the inspection, observe for possible dangerous situations within the Clinic and correct them if possible or make a report of them. This report will be kept in the Safety Committee binder and reference made in the Safety Committee minutes. Specific corrections, which need to be done, will be given to the Administrative/QI Coordinator for follow through. The Clinic's Health Director will have the responsibility and authority for taking corrective action.

CTSI: MAINTENANCE WORK ORDER REQUEST

A standard work order form as approved by the Tribe's Maintenance Department will be used to enlist Maintenance help where it is needed. The Work Order form will be completed either by the Clinic's Health Director, or designee, or the Clinic's assigned Maintenance staff person.

This form should be sent to the Maintenance Supervisor, who will assign Maintenance Staff for the work to be completed. The work will be completed as soon as possible upon receipt of the work order, according to priority.

In the event of an emergency or other extreme situation beyond someone's control, the Health Director or designee will notify the Maintenance Supervisor either by phone or pager where the work must be done immediately.

SERVICE ELIGIBILITY POLICY

The Clinic's Mission Statement says, "**Dedicated to the Health and Well-being of the Members of the Confederated Tribe of the Siletz Indians and the community of Siletz, Oregon.**" In order to fulfill this mission, the Clinic may need to prioritize and/or limit services based upon eligibility status.

With this mission statement in mind, eligibility for services will be determined based on the following priorities:

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 28 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- 1) Enrolled members of the Confederated Tribes of Siletz Indians.
- 2) Any verifiable enrolled Native American from any Tribe.
- 3) Any verifiable non-Native adopted, foster or stepchild, as long as the child remains a dependent of an eligible Siletz Tribal member up to the age of 19.
- 4) Any Siletz Tribal Employee covered under the Siletz Employee Medical Plan (COHO).
- 5) Any non-eligible spouse and child of an enrolled CTSI member provided they have third party insurance coverage and the person lives in or around the community of Siletz.
- 6) Any person covered under Medicaid or Medicare Part B provided they live in or around the community of Siletz.
- 7) Any spouse or child of a patient who is enrolled at the Clinic provided they have third party insurance coverage and provided the person lives in or around Siletz.
- 8) Any spouse or child of a Tribal employee, who is not covered under the Siletz Employee Medical Plan, provided they have third party insurance coverage and the person lives in or around the community of Siletz.
- 9) Other programs may be open to any member of the community of Siletz.

Priorities will be set by the availability of services and is subject to change. Exceptions to the eligibility policy require administrative approval and include:

- 1) 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 either have third party coverage or be prepared to pay for any charges incurred at the time of the visit.
- 2) Emergency related visits of Tribal Employees who have enrolled in the Siletz Employee Medical Plan, but are in the waiting period before coverage becomes effective. The patient must either have other effective third party coverage or be prepared to pay for any charges incurred at the time of the visit.

STUDENT (MEDICAL, NURSING AND DENTAL) POLICY

Purpose:

SCHC believes in advancing the knowledge and clinical skills related to the practice of clinical medicine by assisting with opportunities for medical, dental and nursing students.

Goal:

To provide students with a variety of learning experiences including participation in structured learning experiences outside their learning institution under direct supervision from a SCHC employee.

Student Status and Responsibilities:

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 29 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- 1) Students shall be assigned to a clinic employee as preceptor in his/her medical/dental specialty.
- 2) Students assigned to the SCHC for clinical instruction and experience will be subject to the supervision, direction and control of the medical/dental staff of SCHC.
- 3) Students are subject to the policies and practices of SCHC.
- 4) Compensation is not a part of an agreement between the SCHC and the referring learning institution. The student shall earn no fee or stipend nor shall either party expect remuneration other than the mutual benefits derived from the teaching program and experience. However, other organizations or programs within the tribe may compensate the student.
- 5) The student will provide proof of up-to-date immunizations of Diphtheria, Tetanus, Rubella and Hepatitis B or proof of prior disease and yearly proof of tuberculin skin tests and/or chest x-rays, CPR certification and blood borne pathogen training.
- 6) The student will have a name badge identifying them as a student from the referring learning institution.
- 7) Student will provide proof of HIPAA training.
- 8) Student will keep in confidence any and all privileged information concerning patient care.
- 9) Workers compensation and malpractice insurance will be covered by the student's educational facility.

Siletz Community Health Clinic Responsibilities:

- 1) The Siletz Clinic shall 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 or handicap. SCHC will comply with state and federal laws prohibiting discrimination.
- 2) The SCHC employee acting as a preceptor will continue to provide patient care under the Medical Bylaws of the clinic.
- 3) The teaching program (preceptor/student relationship) will not interfere with SCHC's primary mission of providing care to patients.
- 4) The preceptor's medical or dental assistant will have obtained oral permission from the patient before any student/patient interaction. The patient maintains his/her right to refuse student interaction.
- 5) The SCHC will preserve the right to withdraw any student from the clinical setting when the student is unacceptable to the Clinic for reasons of health, performance, or other reasonable causes in order to maintain Standards of Care.
- 6) In the event of any accidental exposures (i.e. needle sticks), the student will contact their preceptor who will immediately contact the employee health practitioner. SCHC will assume the responsibility for obtaining testing consent from the source patient and testing the source patient for HIV/HBV infections.

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 30 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

This is done in compliance with the OSHA blood borne pathogen standard. The source patient will be asked to sign a consent to release the results to the exposed worker or representative of the referring learning institution.

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 must also see the patient, repeat and re-document 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 must sign all documentation.

PATIENT CARE AREA ACCESS

1. Non-authorized staff in patient care areas will not interfere with SCHC's primary mission of providing care to patients.
2. Staff will have obtained oral permission from the patient before any non-authorized staff is permitted in patient areas. The patient maintains his/her right to refuse non-staff interaction.
3. The SCHC will preserve the right to withdraw any non-staff from the clinical setting when the non-staff is unacceptable to the Clinic for reasons of health, performance, or other reasonable causes in order to maintain Standards of Care.

WELCOME POLICY

The Siletz Community Health Clinic would like to welcome you as a Patient to our Clinic. We provide **Medical including laboratory and radiology, Pharmacy, Dental, Diabetes Self-Management Optometry, Mental Health and Alcohol and Drug** services. You may not be eligible to receive all of these services. The Patient Care Coordinators can explain what services you can receive. Here are some guidelines to help make your visits as pleasant as possible.

- 1) We ask that you come to the Clinic 1 hour before your first appointment so that you may be registered as a patient here. Do not arrive for registration between 11:00 AM and 1:00 PM.
- 2) Check in at the front desk and tell our Patient Care Coordinator that this is your first visit.
- 3) Always arrive for your scheduled appointment 5 to 10 minutes early. **You may lose your scheduled appointment if you arrive after your scheduled appointment time.**

SILETZ TRIBAL HEALTH DEPARTMENT	Filed: W:/Policies/ Clinic/ Administration	Page: 31 of 31
PROGRAM: Administration	Date Approved: Revised: Revised:	5/12/99 8/5/06; 5/2/09 8/6/11; 5/5/12
POLICY: Administration Department	Approved By:	Tribal Council

- 4) Provisions are made to evaluate patients seeking urgent care services with minimal disruption to our scheduled patients. Please call the Patient Care Coordinators for assistance.

If you have any questions regarding Clinic policy please call us at 444-1030 or if you live out of the immediate area call 1-800-648-0449.

HOURS	CLINIC HOURS	PHARMACY
Monday - Thursday 1:00-5:00	8:00-5:00	8:30-12:30 &
Friday 1:00-5:00	10:00-5:00	10:00-12:30 &

The pharmacy is closed daily from 12:30-1pm. We ask that you give us 48-72 hours notice when you need a prescription refilled, and 7 business days when you need a mail-order prescription refilled.