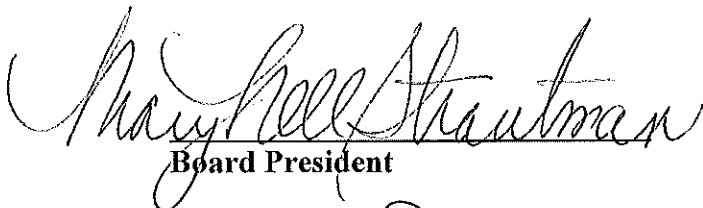




## Katy Trail Community Health Medical and Dental Policies


Origination Approval: Linda Messenger Date: 6/06

Revisions Approved By Board of Directors: July 23, 2020

  
Board President

  
Chief Executive Officer

  
Chief Medical Officer

  
Chief Dental Officer



# **Clinical Management Medical and Dental Policies**

## **Clinical Management Table of Contents**

<b>Policy #</b>	<b>Policy</b>	<b>Page #</b>
2.1	Federal Tort Claims Act (FTCA)	3
2.2	Provider Priorities	12
2.3	Access and Communication	15
2.4	After Hours Care	18
2.5	Telephone Prescribing	21
2.6	Quality Improvement	22
2.7	Risk Management Plan	31
2.8	Management of Patients who are Suspected of Abusing Drugs	37
2.9	Prescribing Controlled Substances for Chronic Problems	38
2.10	Behavioral Health Services	40
2.11	Visitor Policy	41
2.12	Patient Complaint/Grievances	42
2.13	Management of Difficult Patients	43
2.14	Did Not Keep Appointment (DNKA) Notification and Follow Up	44
2.15	Complete Documentation in Medical/Dental Records	47
2.16	Consent for Treatment	53
2.17	Referral Tracking Recall Systems	56
2.18	Care Coordination	61
2.19	Interpretation Services	63
2.20	Standards for Response Times to Patients and Patient Related Telephone Calls	64
2.21	Triage	65
2.22	Code of Conduct	66
2.23	Impaired or Dysfunctional Physician	69
2.24	Clinic Operations	72
2.25	Child Care	75
2.26	Prescription Procedure for Dental Patients	77
2.27	Orientation/Proficiency Testing	78
2.28	Tuberculosis Skin Test (TST) Screening, New Employees	80
2.29	Patient Emergency Protocols	83
2.30	Empanelment and Population Management	86
2.31	Provider Assignment	88
2.32	Emergency Oral Health	89
2.33	Waivered Oral Health Patient	90
2.34	KTCH Oral Health Program Priorities	93

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Federal Tort Claims Act (FTCA)  
**BOD Approval:** 6/2013  
**Responsibility:** Clinical Staff

**Policy Number:** 2.1  
**Effective Date:** 4/2013  
**Distribution:** All Departments

---

### **I. POLICY:**

Katy Trail Community Health is deemed as a covered entity under the Federally Supported Health Centers Assistance Acts (FSHCAA) of 1992 (Pub. L. 102-501) and 1995 (Pub. L. 104-73).

### **II. GUIDELINES:**

#### **A. FSHCAA**

FSHCAA provides that certain persons, referred to here as covered individuals (i.e., governing board members, officers, employees, and certain individual contractors) of FTCA covered entities (e.g., health centers that receive section 330 funds and have been approved for coverage or “deemed” as employees of the Public Health Service by the Secretary) be treated as PHS employees for purposes of medical malpractice liability coverage. Covered activities are acts or omissions in the performance of medical, surgical, dental, or related functions resulting in personal injury, including death, and occurring within the scope of employment. Further discussion of “scope of employment” is set forth below. Under FSHCAA, these covered individuals have medical malpractice protection for covered activities. Covered activities include those activities that:

- Are approved within each individual’s scope deemed of employment (this term includes activities within an applicable individual contract for services with the health center);
- Are within the scope of the approved Federal section 330 grant project of the deemed health center; and
- Take place during the provision of services to health center patients and, in certain circumstances, to non-health center patients.

Under FTCA, parties claiming to be injured by medical malpractice must file administrative claims with the appropriate agency of the Federal government before filing suit. FTCA litigation must be filed in Federal district court.

#### **B. Covered Individuals**

FSHCAA extends FTCA liability protection for medical malpractice to any eligible officer, governing board member, employee, or qualified contractor of a covered entity, subject to the requirements of the PHS Act (including subsection 224(i)).[8] For the purposes of the FTCA Policy Manual, the term covered individuals applies to all such individuals. FTCA coverage is afforded to covered individuals by virtue of their working relationship with the covered entity. Covered individuals are ordinarily deemed to be Public Health Service (PHS) employees by operation of a deeming determination regarding the covered entity, combined with proof of satisfaction of the

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# **KATY TRAIL COMMUNITY HEALTH**

## **Medical and Dental Clinical Policy**

permissible relationship under FSHCAA, such as officer, governing board member, health center employee, or qualified contractor.

### **B.1 Governing Board Members and Officers**

As is the case for all covered individuals, the covered entity's governing board members and officers are covered under the FTCA only for medical malpractice, as described in this Manual. FTCA should not be considered by health centers as a substitute or replacement for directors' and officers' insurance.

### **B.2 Employees**

Employees are covered for medical malpractice under FSHCAA and the FTCA whether they work full-time or part-time for the covered entity. HRSA/BPHC utilizes the Internal Revenue Service (IRS) definition to establish who is an employee. To be considered as an employee by the IRS, the individual must receive a salary from the covered entity on a regular basis with applicable taxes and benefits deducted along with coverage for unemployment compensation in most cases. The covered entity should issue a W-2 form for an employee to be a covered individual.

### **B.3 Contractors**

Licensed or certified individual health care provider contractors working full-time (on average at least 32.5 hours per week for the health center for the period of the contract) are covered under FSHCAA and the FTCA. These time requirements do not apply to individual contractor providers in the fields of family practice, general internal medicine, general pediatrics, obstetrics and gynecology, who therefore are covered under FSHCAA and the FTCA even if they provide services to the covered entity on a part-time basis. HRSA/BPHC utilizes IRS definitions to differentiate contractors and employees. Typically, a covered entity will issue a Form 1099 to an individual who is a contractor. To ensure FTCA coverage for contract providers, there should be a documented contractual relationship (i.e., a written contract for the provision of health services) between the covered entity and the individual provider. In addition, compensation that arises from this contract, such as contracted wages, should be paid by the covered entity directly to the individual contract provider. A contract between a covered entity and a provider's corporation does not confer FTCA coverage on the provider. Services provided strictly pursuant to a contract between a covered entity and any corporation, including eponymous professional corporations (defined as a professional corporation to which one has given one's name, e.g., John Doe, LLC, and consisting of only one health care provider), are not covered under FSHCAA and the FTCA.

### **C. Covered Activities**

FTCA coverage is restricted to acts or omissions of a covered entity that are within the scope of employment of a covered individual. For otherwise qualified individual contractors, the term "scope of employment" includes performance under an applicable individual contract. For actions to be within the scope of employment, and therefore to be covered activities, they must:

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2013

Revised: 1/2016, 1/2018

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

- Be within the approved scope of the project, including sites, services, and other activities and locations as defined in PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes (relevant forms are 5-A, 5-B, and 5-C);
- Be within the requirements of the job description, contract for services, and/or duties required by the covered entity; and
- Occur during the provision of services to the covered entity's patients and, in certain circumstances, to non-health center patients.

It is the full responsibility of the covered entity to maintain current records for all covered individuals and any sites and schedules that may be relevant to their FTCA coverage. In the case of a claim, a coverage determination depends upon verification that the individual was employed by or contracted with the covered entity at the time of the incident. It also depends upon verification that all statutory requirements of FSHCAA and the FTCA have been met and that the covered individuals and covered entity have complied with all FTCA requirements such as providing health care services within the approved scope of project and within the scope of deemed employment. It is important to note that FTCA may still cover the entity for claims arising from covered activities if the activity was carried out by a non-covered individual. Lack of individual coverage, by itself, will not necessarily negate the health center's coverage as the covered entity.

### **C.1 Scope of Project**

As noted above, FTCA coverage is limited to the performance of medical, surgical, dental, or related functions within the scope of the approved Federal section 330 grant project, which includes sites, services, and other activities or locations, as defined in the covered entity's grant application and any subsequently approved change in scope requests. FTCA coverage for new services and sites is dependent on HRSA/BPHC approval of a change in the scope of the project.

An accurate and detailed account of the scope should be clearly documented in the event of a claim to verify that the activity in question is within the scope of project and, therefore, where medical, surgical, dental, or related functions, is covered under FSHCAA and the FTCA.

### **C.2 Scope of Employment**

For otherwise qualified individual contractors, the statutory phrase, "scope of employment," as used throughout this document, includes performance under an applicable individual contract. All covered individuals, including employees, contractors, officers, and directors, should have current, written job/position descriptions that delineate the duties that each individual currently performs on behalf of the covered entity. Similarly, the content of the job/position description should comply with scope of employment, licensure, and certification requirements. Since FTCA matters may become the subject of litigation, these job descriptions may play a key role in demonstrating scope of employment and resultant FTCA coverage, as determined by the Department of Justice and the federal courts. For a covered individual, the job/position description should specify the type of services to be provided and the location where these services will be provided. Documentation of services and sites/locations in the job description, including cross-coverage agreements, should be of sufficient detail to provide clarity in determining if the individual in question was acting within the scope of his employment with the covered entity. Duties as outlined

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

in a job/position description should align with the type of services an individual provides and where he/she provides them, as reflected in employment agreements, contracts for services, and approved services and service sites. Consistency in these areas will assist in determining that activities are within the scope of employment and therefore covered under FSHCAA and the FTCA. Please note, moonlighting is defined as engaging in professional activities outside of covered entity employment responsibilities and is not within the covered entity's approved scope of project. Therefore, neither the covered entity nor the moonlighting provider receives FTCA coverage for moonlighting activities.

### **C.3 Provision of Services to Health Center Patients**

To meet the FTCA requirement of providing services to health center patients, a patient-provider relationship must be established. For the purposes of FSHCAA/FTCA coverage, the patient-provider relationship is established when:

- Individuals access care for initial or follow-up visits at approved sites that are owned or operated by the covered entity;
- Individuals access care at approved sites even if they are not permanent residents of the service area or may only be receiving care temporarily; or
- Health center triage services are provided by telephone or in person, even when the patient is not yet registered with the covered entity but is intended to be registered.

### **D. Overview of Claim Filings**

The requirements for filing of an FTCA claim are found in federal law, federal implementing regulations, and federal case law. The FTCA is found at 28 U.S.C. § 1346(b), 2401(b), 2671-80. To begin the process of filing an FTCA claim, a claimant must pursue the following:

- Administrative Remedy: A claimant must first seek an administrative remedy by presenting his or her claim to the HHS Office of the General Counsel (OGC), General Law Division (GLD), Claims and Employment Law Branch (CELB). Under the FTCA, if the claim is denied or a settlement is not reached within six months of such presentment, the claimant can sue the United States in the appropriate Federal district court. Alternatively, a claimant may request reconsideration of the denial of an administrative tort claim within six months after issuance of the denial.
- Litigation: Once an administrative claim has been denied by HHS, the claimant must file suit within six months in the appropriate Federal district court (or seek reconsideration by HHS/OGC) or the action will be time-barred. Cases are heard in Federal district court without a jury, and are defended by the Department of Justice (DOJ) with the assistance of HHS OGC.

Occasionally, a claimant erroneously files a lawsuit in State court in lieu of filing an administrative claim with HHS or less than six months after filing an administrative claim with HHS. These lawsuits are termed premature lawsuits. In the event that a claimant erroneously files a claim or serves premature lawsuit documentation directly with the health center, a covered entity should fax or e-mail a copy of the documentation to OGC/GLD/CELB at the address below: U.S. Department of Health and Human Services Office of the General Counsel General Law Division 330 Independence Avenue, S.W. Mail Stop Capitol Place Washington, DC 20201 gcgl@hhs.gov 202-233-0233 (phone)

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

202-233-0227 (fax) With regard to premature lawsuits in which a claimant files a lawsuit against a covered entity in State court, the health center or its private counsel are strongly encouraged to make arrangements to obtain at least a 60-day extension from the state court to answer the complaint.

A covered entity representative should also immediately call or email OGC/GLD/CELB and ask to speak to any of the CELB FTCA attorneys for advice on how to proceed. 20

### **D.1 Federal Tort Claims Process for Deemed HRSA-Funded Health Center**

Flow Chart 21 K. Required Documentation for Claims Processing and Certification of Scope of Employment

The applicability of FTCA to a particular claim or case will depend upon verification by HHS OGC and/or certification by the United States Attorney, as appropriate, that:

1. The entity and individual are covered by the Act (see Section I: A. Covered Entities and B. Covered Individuals);
2. The covered individual was acting within the scope of employment;
3. The act or omission giving rise to the claim was within the approved scope of project of the covered entity; and
4. The act or omission giving rise to the claim occurred during the provision of services to covered entity patients and certain, limited non-health center patients (see Section I: C. Covered Activities).

Such certification or failure to certify is subject to judicial review. The documents identified below are used by OGC/GLD/CELB to verify a covered entity's FTCA claim eligibility. The verification process confirms that the covered entity and the covered individuals were performing within the approved scope of project and scope of employment, contract for services, or duties as an officer or director of the covered entity pursuant to FTCA at the time of the incident in question. Upon HHS OGC request, the covered entity must provide to HHS OGC, as applicable, required documentation, with tabs matching each of the individual items below and retain copies for filing. A covered entity should ensure that the dates of the documents correspond to the dates of the incident.

### **E. Required Documents for Premature Lawsuits and Claims Disposition**

1. Three copies of the summons and complaint.
2. Three copies of the covered entity's initial deeming letter and all subsequent redeeming documentation including Notices of Grant Award (NGAs) containing re-deeming language or re-deeming letters, as appropriate.
3. Three copies of the covered entity's Federal section 330 grant application and Forms 5-A, 5-B and 5-C setting forth the approved scope of project including delivery sites and services, for the period of time covered by the claim.
4. Three copies of a statement, on covered entity letterhead, identifying which providers are involved or named in the claim and their dates of employment at the covered entity (if not already provided for a premature lawsuit relating to the same incident).
5. Evidence that the named providers were licensed physicians or licensed or certified health care providers at the time of the incident, including documentation of the specialty of all named providers.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*



## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

6. In the event this alleged incident arises from acts or omissions that occurred outside of the covered entity's approved service sites, the name and address of the outside facility and information as to the nature of the affiliation between the outside facility, health center and its personnel.
7. Three copies of the Wage and Tax statements (W-2) for each individual involved in the alleged incident for the period of time covered by the claim.
8. If the provider whose care is at issue was a licensed or certified health care provider contractor at the time of the alleged incident, three copies of the 1099 form; an employment contract covering the period of the alleged incident; and evidence that the health care provider contractor was working full time, an average of 32.5 hours per week, or if employed part time, that the health care provider contractor was providing services only in the fields of family practice, obstetrics and gynecology, general internal medicine or general pediatrics.
9. Three copies of a declaration verifying the employment of each individual involved in the alleged incident on the health center's letterhead, signed by each provider whose care is at issue. The declaration should state that to the best of his/her knowledge, the named provider was not billing privately, or, if the named provider was billing privately, he/she complied with the alternate billing arrangement requirements (see Section I: E. Coverage under Alternate Billing Arrangements). (Note: The health center should attempt to obtain a declaration from each named provider involved in the alleged incident; if the named provider is not available, the health center should document attempts to obtain the statement. The Chief Executive Officer (CEO) may sign the declaration only if all reasonable attempts have been made to obtain the statement from the named provider and documentation of these attempts is included with the CEO's declaration. The CEO's declaration should state that to the best of her knowledge, the named provider was not billing privately, or, if the named provider was billing privately, she complied with the alternate billing arrangement requirements.)
10. Three copies of any professional liability or gap insurance policy (see Section I: H. Insurance Considerations) that provides coverage to the health center and the named provider. The policies must cover the dates of the alleged incident. If neither the covered entity nor the named provider involved in the alleged incident has medical malpractice coverage other than that provided under FTCA, the covered entity should submit a statement on health center letterhead addressing that fact. However, if the named provider has purchased his/her own individual professional liability medical malpractice insurance coverage, which was in effect during the allegation time period, the covered entity must provide evidence of this coverage.
11. All correspondence received from the claimant pertaining to the claim.
12. The name and telephone number of a contact at the health center familiar with the certification information requested above.
13. Three copies of all of the plaintiff's medical records including x-rays, laboratory reports, and other results and treatments from the covered entity and any private facility that might be involved. (Note: The original medical records should be sequestered by the health center and retained until the conclusion of the case.)

Note: If a claim or lawsuit involving covered activities is presented or filed, it is essential that the covered entity preserve all potentially relevant documents. Once a covered entity or covered individual reasonably anticipates litigation—and it is reasonable to anticipate litigation once a claim or lawsuit is filed, whether administratively or in state or federal district court—the entity or individual must suspend any routine destruction and hold any documents relating to the claimant or plaintiff so as to ensure their preservation.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

Additional and more detailed information regarding document retention will be provided after a claim or lawsuit is filed. However, covered entities should be aware of this requirement, act accordingly whenever a claim or lawsuit is filed, and seek further guidance from HHS OGC before destroying any potentially relevant documents.

### **F. Statute of Limitations**

Under title 28, section 2401(b) of the FTCA, a claim must be presented within two years after the claim accrues. Generally, accrual occurs on the date of the injury. However, Federal case law also incorporates a discovery rule for determining claim accrual or starting date for the statute of limitations. Under the discovery rule, the statute of limitations commences when a person discovers, or in the exercise of reasonable care should discover, injury due to another's negligence. State statute of limitations periods do not apply to claims filed under the FTCA. 23

### **G. Medical Claims Review Panel (MCRP)**

If a payment is made on an FTCA claim, the claim is then reviewed by the MCRP to identify the providers and to determine whether the standard of care was met for purposes of reporting to the National Practitioner Data Bank (NPDB). It should be noted that MCRP is administered by the Office of the Secretary.

### **H. Other Considerations within the Litigation Process**

#### **H.1 Litigation of FTCA Cases**

Malpractice claims filed against the Public Health Service under the FTCA are handled by HHS OGC and DOJ. The delegated authority for the HHS lies with the General Law Division's CELB, whose FTCA attorneys are experienced in medical malpractice tort law. DOJ is responsible for the defense of all litigation arising from acts or omissions covered under the FTCA. Within DOJ, a case ordinarily is assigned to a U.S. Attorney's Office where it is handled by an Assistant U.S. Attorney, with litigation support from HHS. In addition, DOJ Torts Branch attorneys may provide guidance to U.S. Attorney's Offices in consultation with attorneys from HHS OGC.

#### **H.2 Health Centers Dissatisfied with their Representation**

Cases filed under the FTCA are brought against the United States, not the covered entity. The defense of these cases is handled by the Assistant U.S. Attorney for the particular district. If there are perceived problems with representation, the covered entity should contact HHS OGC.

### **I. Subpoenas and Other Requests for Testimony**

This section provides information concerning the handling of subpoenas and other requests directed to covered entities and individuals to provide testimony in medical malpractice litigation in which neither the employee, the health center, nor the United States is a party.

#### **I.1 Background**

Physicians and other employees of covered entities may be requested to provide testimony in litigation in which neither they nor the U.S. is a party. This happens primarily in the following two situations:

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

- The health center and/or the physician being subpoenaed was named as a defendant in a medical malpractice lawsuit. After the HHS OGC determined that FTCA applied and the suit was removed by the U.S. Attorney's Office to Federal court, the health center or physician was dismissed from that suit because the plaintiff failed to exhaust the required administrative remedies under FTCA.
- While the FTCA administrative claim is pending, the State lawsuit continues against other defendants, such as a local hospital and non-health center physicians. Neither the health center nor the physician being subpoenaed has been made a defendant in a medical malpractice suit to date. However, the physician likely will be asked to testify about health care that he/she provided to the injured plaintiff, who may then decide to include the physician and health center as new defendants.

In either situation, the health center and subpoenaed employee should have legal representation, and the Federal Government may have a strong interest in participating in that representation.

### **I.2 Procedure**

The HHS Touhy regulation (45 CFR Part 2)(2008) prohibits Federal employees from giving testimony without prior approval by the appropriate Agency head, in this case the HRSA Administrator. The regulation applies to current and former employees and qualified contractors of covered entities with respect to testimony for medical malpractice tort litigation that relates to the performance of medical, surgical, dental, or related functions performed while the entity and its covered individuals were covered by FSHCAA. The Touhy regulations do not apply, in pertinent part, in the following situations: 24

- Any civil or criminal proceedings where the United States, the Department of Health and Human Services, and any agency thereof, or any other Federal agency is a party.
- Employees making appearances in their private capacity in legal or administrative proceedings that do not relate to the Department of Health and Human Services (such as cases arising out of traffic accidents, crimes, domestic relations, etc.) and not involving professional and consultative services.
- Any civil or criminal proceedings in State court brought on behalf of the Department of Health and Human Services.

In order to determine if the Touhy regulation applies to a specific health center provider and to facilitate representation by DOJ in appropriate medical malpractice cases, health centers should immediately fax subpoenas and any other requests for testimony of covered entities or individuals, including contractors who may qualify for FTCA coverage, to HHS OGC CELB. HHS OGC conducts an inquiry into the matter to determine whether the subpoenaed individual was a covered individual acting within the scope of employment and within the covered entity's scope of project during the applicable time period. The OGC also determines if the act or omission giving rise to the claim occurred during the provision of services to the covered entity's patients or, in certain, limited situations, non-health center patients. Accordingly, HHS OGC responds to the inquiry by asking the health center to provide supporting documentation for the determination, if not already done in the case. If HHS OGC determines that the subpoenaed individual has been acting in his/her capacity as a deemed federal employee, that individual is also covered by the Touhy regulation. HHS OGC will notify the health center or provider of its determination and will make a recommendation to the HRSA Administrator. If the Administrator determines that the request for

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

testimony is proper and the testimony is authorized, HHS OGC contacts the appropriate U.S. Attorney to determine if representation by DOJ is necessary. If the HRSA Administrator denies approval for the health center provider to comply with a subpoena for testimony, or if the HRSA Administrator does not act by the deadline, the health center provider must:

1. Appear at the stated time and place unless advised by OGC that responding to the subpoena would be inappropriate;
2. Produce a copy of the Touhy regulations; and
3. Respectfully decline to testify or produce any documents on the basis of the regulations.

### **III. REFERENCES**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2013

Revised: 1/2016, 1/2018

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Provider Priorities  
**BOD Approval:** 6/2006  
**Responsibility:** Clinical Staff

**Policy Number:** 2.2  
**Effective Date:** 6/2006  
**Distribution:** All Departments

---

### **I. POLICY:**

Katy Trail Community Health (KTCH) is the primary healthcare home for people in our service area. KTCH provides either directly or through formal and informal agreements the following services: General Primary Care, diagnostic lab, diagnostic imaging, screenings that include, but are not limited to, cancer, communicable disease, cholesterol, elevated blood level, pediatric, vision, hearing and dental; emergency medical services, voluntary family planning, adult and pediatric immunizations, well child services, OB/GYN care, prenatal and perinatal services, dental services and referral to mental health and substance abuse providers, and referral to specialty care. KTCH also provides either directly or by referral non clinical services including case management, counseling/assessment, referral, discharge planning, eligibility assistance, health education, outreach, transportation, and translation services.

Katy Trail Community Health will deliver oral health services so as to prevent and decrease the presence of oral disease in our service area. Services provided at Katy Trail Community Health Dental will be provided according to the observed needs of the community and in accordance with established federal program guidelines. It is the policy of the Katy Trail Community Health to provide as comprehensive a scope of services as possible to the populations we serve and to deliver those services in accordance with KTCH policy and procedures as well as its values and mission statement.

### **II. GUIDELINES:**

#### **A. Clinical Services-**

1. General Primary Medical Care is provided directly by KTCH providers.
2. Diagnostic lab services are provided through a formal written agreement with LabCorp. KTCH also maintains an in-house laboratory that is CLIA waived at all clinical sites.
3. Diagnostic X-Ray services are provided through a formal written agreement with Lake Regional Health Systems and Bothwell Regional Health Care.
4. Screenings-
  - a. Cancer screenings for cervical, breast, prostate, colon/rectal, skin, and oral cancer shall occur as appropriate as part of ongoing comprehensive primary care. Oral screenings are provided by the KTCH medical/dental providers. Other screenings are ordered by the KTCH providers and are offered through a formal written agreement with LabCorp, Bothwell Regional Health Center and Sedalia Surgical Services. KTCH also participates in a statewide initiative, "Show Me Healthy Women". This program is provided through formal written agreement.
  - b. Communicable disease screenings are provided through formal written agreements with LabCorp.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH**

### **Medical and Dental Clinical Policy**

- c. Cholesterol screenings may be done in-house or provided through a formal written agreement with LabCorp. KTCH also participates in a statewide initiative, “Wise Women”. This program is provided through a formal written agreement.
  - d. Lead screenings shall be performed as recommended by the Center for Disease Control (CDC) and required by Medicaid or other funding sources. Lead screenings are performed in-house and can be sent to LabCorp for confirmatory testing.
  - e. Pediatric vision, hearing and dental screenings are performed in-house.
- 5. KTCH maintains same day appointments for all medical providers so that it can accommodate routine and urgent needs of its established patients. Should the urgent needs of the patient exceed the scope of practice of the KTCH providers, patients are referred to the closest emergency room through formal written agreement.
  - 6. Voluntary family planning is provided in-house by the KTCH providers. KTCH participates in the Title X program.
  - 7. Childhood immunizations are provided in-house through the Vaccines For Children (VFC) program or through the KTCH private inventory. Adult immunizations are provided through KTCH private inventory.
  - 8. Well child services may be provided by any or all of the KTCH medical providers including a board certified pediatrician and family practice providers. KTCH follows the requirements as set forth in the Healthy Children and Youth (HCY) program.
  - 9. Gynecology care is provided in-house and through formal written agreement with Bothwell OB/GYN and Community Health Center of Central Missouri.
  - 10. Obstetrical care is provided through formal written agreement with Bothwell OB/GYN and Community Health Center of Central Missouri.
  - 11. Prenatal and Perinatal services are provided through formal written agreement with Bothwell OB/GYN and Community Health Center of Central Missouri.
  - 12. Dental screenings and treatment will be conducted in-house as recommended by the American Dental Association.
  - 13. KTCH provides psychiatry services by formal written agreement with Compass Health. KTCH also maintains in-house behavioral health consultants to serve the needs of its patients. KTCH provides referral to substance abuse services by formal written agreement with Pathways Community Behavioral Health.
  - 14. KTCH provides pharmacy services to its patients through a formal written agreement with Capture RX, who is the administrator for the 340B Program. KTCH also provides a PAPRx program to assist patients who do not have financial resources to purchase medications. KTCH also maintains samples in-house to offer patients initial dosages of their medications as prescribed by the provider.

#### **B. Non-Clinical Services**

- 1. KTCH employees full-time care coordinators/ case managers.
  - a. KTCH contracts for behavioral health consultants to provide mental health and chronic disease counseling/assessments.
  - b. KTCH employees a full time referral specialist who tracks all referrals through the EHR.
  - c. KTCH works with area hospitals to obtain medical records regarding patients who were seen in the ED and/or hospitalized. Follow-up/discharge planning is completed within 72 hours of obtaining the discharge report by the KTCH care team members.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

- d. KTCH employees full time care coordinators/ case managers to provide eligibility assistance for its patients.
2. KTCH has developed health education materials for distribution to its patients.
3. KTCH provides outreach services that include school physicals, health fairs, child dental screenings, WIC dental screenings for pregnant mothers, and homeless community projects.
4. KTCH has a formal written agreement to provide transportation services to its patients.
5. Interpretation-KTCH assesses the cultural and linguistic needs of its population in order to address those needs adequately. Language services are provided by multilingual staff, care coordinators, and through a formal agreement with Cyracom, a third party interpretation service. Materials such as registration forms, sliding fee scale, and other education documents are available in both English and Spanish in order to meet the needs of the KTCH patients.

### **III. REFERENCES**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Access and Communication  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.3  
**Effective Date:** 6/2006  
**Distribution:** All Departments

---

### **I. POLICY:**

All Katy Trail Community Health (KTCH) patients will have the right to select a Primary Care Provider (PCP) in order to assure that the patient will receive continuity of care. Patient visits with multiple providers and/or diagnostic tests will be coordinated during one visit as appropriate.

### **II. DEFINITIONS:**

### **III. GUIDELINES:**

#### **Continuity of Care:**

1. All patients will be assigned to a primary care provider. Patients will be scheduled with their primary care provider whenever possible. Exceptions to this goal will include:
  - a. Patient needs same day appointment and provider is not scheduled to be in the office on that day
  - b. Patient needs same day appointment and provider has a full schedule
  - c. Patient needs an appointment within a certain time frame and provider is on personal/medical leave during that time frame
  - d. Patient requests an appointment with a different provider. The scheduler completes the provider change request form and gives to the CMO or CDO for approval. The patient should be instructed to call back.
  - e. Patient may be scheduled with a new provider if their primary care provider is no longer employed at Katy Trail Community Health
2. If an established patient chooses to transfer their primary care outside of KTCH, this transfer should occur as soon as possible. KTCH, upon receipt of a signed request for medical/dental records, will provide those medical records according to the process outlined in the Privacy Policies.
3. The primary care provider (PCP) will be identified in the patient master in the EMR/patient information page and in the electronic dental record (EDR).
4. To measure continuity of medical care, KTCH will run a monthly Performing Provider Report and provide this information to all care teams via the provider dashboard. The

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*



# **KATY TRAIL COMMUNITY HEALTH**

## **Medical and Dental Clinical Policy**

information on the dashboard is subsequently reviewed at all monthly care team meetings where action plans are developed as needed.

### **Coordinating Visits:**

1. Should a patient need to be seen by Medical, Dental, Behavioral Health, Case Management, all appointments will be scheduled on same day if appropriate.
2. Should a patient need a lab visit, it will be scheduled the same day as a provider visit unless otherwise directed by the PCP or requested by the patient.
3. Diagnostic testing should be coordinated with KTCH visits as appropriate.
4. Specialty referral appointments should be coordinated with KTCH visits or other specialty referral visits as appropriate.
5. To measure coordination of visits, Medical Chart Audit will include coordination of visits as review criteria.

### **Triage:**

1. Triage Guidelines have been established by the Chief Medical/Dental Officers. Should a patient call or present with a medical or dental need, the scheduler and/or PSR will refer to either the Medical Triage or the Dental Triage Line. Refer to the Telephone Triage Policy for specific guidelines.
2. To measure whether patients are being scheduled per the scheduling guidelines, the patient satisfaction survey includes a list of questions under the heading, "Ease of Getting Care". This survey is done every six months, and tabulated by an outside vendor. The results of the patient satisfaction survey are reviewed and acted upon by the Staff and Board Quality Improvement Committees.

### **Same Day Scheduling:**

1. All medical provider schedules will be reserved for same day routine and urgent care patient visits for established patients only. If all same day slots are filled, the patient will be referred to the care team nurse or triage nurse, who will follow the triage protocol. If all dental slots are filled, children or established adult patients will be referred to the dental triage line and the dental provider will make the determination if the patient will be seen that day.
2. New patient/family requests for same day scheduling will be honored by KTCH as availability of appointments allows.
3. To measure compliance with patient scheduling needs, the patient satisfaction survey includes a list of questions under the heading; "Ease of Getting Care". This survey is done every six months and tabulated by an outside vendor. The results of the patient satisfaction survey are reviewed and acted upon by the Staff and Board Quality Improvement Committees.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# **KATY TRAIL COMMUNITY HEALTH**

## **Medical and Dental Clinical Policy**

### **Insurance resources for patients/families without insurance:**

1. No one shall be refused service because of their inability to pay. A nominal fee as established by KTCH will be assessed for the office visit and collected at each visit for those who qualify for the Sliding Fee program. See Finance Scheduling Registration Policy.

### **IV. REFERENCES**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** After Hours Care Policy  
**BOD Approval:** 1/2018  
**Responsibility:** All Staff

**Policy Number:** 2.4  
**Effective Date:** 6/2006  
**Distribution:** All Departments

---

### **I. POLICY:**

Katy Trail Community Health will provide after-hours clinical advice when the office is not open per Federal Qualified Health Center (FQHC) & Patient Centered Health Home guidelines.

### **II. GUIDELINES:**

1. The practice has regular extended hours at all four medical clinical locations.

- a. Versailles location:

Monday- 8a.m.- 7p.m.  
Tuesday- 8a.m.- 7p.m.  
Wednesday- 8a.m.- 7p.m.  
Thursday- 8a.m.- 5p.m.  
Friday- 8a.m.- 5 p.m.

- b. Warsaw location:

Monday- 8a.m.- 5p.m.  
Tuesday- 8a.m.- 6p.m.  
Wednesday- 8a.m.- 5pm  
Thursday- 8a.m.- 5p.m.  
Friday- 8a.m.- 5p.m.

- c. Sedalia location:

Monday- 8a.m.- 7p.m.  
Tuesday- 8a.m.- 7p.m.  
Wednesday- 8a.m.- 7p.m.  
Thursday- 8a.m.- 7p.m.  
Friday- 8a.m.- 5p.m.  
Saturday- 9 a.m.- 1 p.m.

- d. Marshall location:

Monday- 8a.m.-7p.m.  
Tuesday- 8a.m.- 5p.m.  
Wednesday- 8a.m.- 5p.m.  
Thursday- 8a.m.- 7p.m.  
Friday- 8a.m.- 5p.m.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

2. The practice has regular extended hours at both dental locations.
  - a. Warsaw location:
    - Monday- 8a.m.- 5p.m.
    - Tuesday- 8a.m.- 6p.m.
    - Wednesday- 8a.m.- 5pm
    - Thursday- 8a.m.- 4p.m.
    - Friday- 8a.m.- 5p.m. (Hygienist Only)
  - b. Sedalia location:
    - Monday- 8a.m.- 6p.m.
    - Tuesday- 8a.m.- 6p.m.
    - Wednesday- 8a.m.- 6p.m.
    - Thursday- 8a.m.- 6p.m.
    - Friday- 8a.m.- 5pm.
3. After hour calls, for medical and dental patients, will be assigned on a rotating basis, and will be considered as a contractual responsibility assignment. Schedule will be provided by the CMO/CDO at the beginning of each calendar year. “On Call” personnel will be responsible for any alternative arrangement due to personal reasons and will be responsible to let the on-call service know of the changes.
4. After hour adult calls will be given to the pediatric providers on call. They will have a book, Telephone Triage Protocols for Nurses, by Julie K. Briggs, 4th Edition, (Lippincott Williams & Wilkens; fourth edition, 2012) for reference as needed. The CMO is back up for any further questions or concerns.
5. Once a patient calls Katy Trail Community Health, the number for the answering service will be provided to the patient via the automated phone system. The patient may call the answering service at 660-851-7765. At that time, the answering service will page the physician/provider on call and provide them with the patient telephone number, name, date of birth, and chief complaint. The physician/provider will return the call to the patient within 30 minutes. The physician/provider will record any phone consultation on the “On Call Note” within the EHR system and within the patient’s chart in the EDR. Within 48 business hours, all on-call information must be recorded in the EHR/EDR system. All providers are provided with portable tablets that they utilize when on call. Thus, the provider will have access to any patient’s her/EDR when off site. The number for the answering service is also documented on all clinical medical visit summaries, correspondence, and marketing materials. The goal of KTCH is for patients to have the answering service number readily available so that they have easy access to it for after-hours services.
6. A provider is to use Cyracom services for those who are not English speaking.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

7. When a hospital/emergency department request medical records to treat a patient at their facility (continuation of care) when the practice is not open, they may receive records in the following ways:
  - a. They may refer to the most recent visit summary provided to the patient at their last appointment.
  - b. They may refer to the patient's personal health record which is provided to the patient by the practice.
  - c. They may contact the provider on call through the answering service and obtain all patient information via telephone or eFax.

**If you need Client Service assistance, please dial 1-800-481-3289.**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy    Approved: 6/2006, 7/2011, 6/2013, 1/2016, 1/2018  
BOARD APPROVED 2020 JULY

Revised: ----

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Telephone Prescribing Policy  
**BOD Approval:** 6/2008  
**Responsibility:** Clinical Staff

**Policy Number:** 2.5  
**Effective Date:** 5/2008  
**Distribution:** All Departments

---

### **I. POLICY:**

The goal of the practice is to limit telephone prescribing (including refills), to ensure appropriate follow up, continuity of care, and decrease the potential of medication errors. Telephone prescribing, including refills, is discouraged but will be left up to the individual provider. Telephone prescribing, however, remains in the scope of practice of the Primary Care Provider (PCP). No pain medications or benzodiazepines should be refilled over the phone. If refills are needed, pharmacies are to electronically send requests or call the provider line if it is an urgent request.

### **II. GUIDELINES:**

Rx Request notes, Phone Consult notes, and On-Call notes must document what medication is prescribed for the current medication list to reflect the update.

### **III. REFERENCES**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy      Approved: 6/2008

Revised: 6/2008, 7/2011, 1/2015, 1/2016

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Quality Improvement  
**BOD Approval:** 6/2006  
**Responsibility:** Clinical Staff

**Policy Number:** 2.6  
**Effective Date:** 6./2006  
**Distribution:** All Departments

---

### I. POLICY:

Katy Trail Community Health (KTCH) is committed to a continuous quality improvement process for all services within its scope of practice. To achieve this goal KTCH has set forth a quality improvement plan

### II. GUIDELINES:

The Purpose of the health center's Quality Improvement (QI) program is to ensure ongoing excellence in the quality and safety of the care and services of Katy Trail Community Health. Board and staff are committed to improving the health of patients and their community. The health center accomplishes this by continually monitoring (measuring) and improving the excellence of patient care and organizational operations. The ultimate goal is for each program to provide care that is safe, effective, patient oriented, timely, efficient, and equitable, and in so doing to both provide a true Patient Centered Medical Home and ensure that quality goals are consistent with the National Institute for Health Improvement's Quadruple Aim initiative.

#### SCOPE:

The scope of the QI program is comprehensive; quality and safety must extend to all facets of the organization—clinical, managerial, administrative, and facility-related. Accordingly, the plan addresses each of the health center's clinical programs; the precepts of the Patient Centered Medical Home model; national Meaningful Use criteria; and the National Committee for Quality Assurance (NCQA), the Bureau of Primary Health Care (BPHC), the Health Resources and Services Administration (HRSA), and the Federal Tort Claims Act (FTCA). It also addresses external services provided to patients through written agreements; high priority business process issues; and partnership opportunities within the broader community. outlines the goals of the QI program including an Executive Summary, QI Program Development, Corporate Compliance, Medical Staff Oversight, Performance Improvement, and Evaluation.

The Quality Improvement program also ensures organizational compliance with appropriate policies regarding Health Insurance Portability and Accountability Act (HIPAA) requirements (see Privacy and Security Policies).

#### 1. Structure of the Quality Improvement Program

Definition of Quality- Quality is the degree of excellence of the center's processes, providers and support-staff performance, decision, and human interactions. Thus, through organization-wide Quality Improvement activities, the center will focus on monitoring and improving patient care (and related business) processes;

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2006

Revised: 6/2008, 7/2011, 7/2013, 3/2014, 1/2016, 12/2017

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

provider and support staff performance; decisions having the potential to impact patient (and organizational) health; and ongoing human interactions, both with patients and among all center personnel.

### **2. Accountability-**

The Board of Directors is ultimately accountable for the level of quality and safety at KTCH. They approve the definition of quality and the quality improvement plan. This accountability begins with the Board's initial approval of the definition of quality and the Quality Improvement Plan and progresses through re-approval of the QI Plan at least every two years (more often if substantial changes are made in the Quality Improvement program). The Board receives and acts upon periodic reports developed through the QI program, and it ensures the availability of resources and systems necessary to support all QI activities. The Board holds KTCH's CEO or his/her delegate accountable for organizational quality and safety. The CEO or his/her delegate reports to the Board on quality through the Board QI Committee.

The Board Quality Improvement (QI) Committee:

The Board of Directors appoints a Board QI Committee charged with monitoring the ongoing effectiveness of the health center's QI program and communicating QI results and issues to the Board. This Committee meets every other month and is staffed by the QI Director, COO, and CMO/CDO or his/her designee.

Quality Improvement (QI) Director:

The KTCH QI Director has operational responsibility for the Quality Improvement (QI) Program and reports to the COO. The QI Director is responsible to develop, support, and operate the QI Program. The QI Director is also responsible for gathering, collecting, and prioritizing data from all sources and presenting it in a format for the (1) Staff QI Committee and (2) Board QI Committee. The QI Director oversees the organization-wide QI activities and is responsible for assuring the QI program is operational and the resolutions/improvements are implemented.

Select and prioritize metrics to monitor, with a performance goal for each;

- Determine acceptable performance thresholds (quality action points) for each metric;
- Ensure that all necessary data are supplied to the appropriate QI Committee(s);
- Summarize findings in the staff QI minutes, Event Report Spreadsheet, Patient and Staff Satisfaction Surveys, Chart Audits, Peer Review Audits, PCMH Quality Measurement and Improvement Worksheet, and any other appropriate measures;
- Manage ongoing improvement activity;
- Document and monitor action plans in the staff QI Committee minutes;
- Forward the recommendations of the QI Committee to the appropriate department or committee;
- Report follow-up findings to the staff QI Committee; and
- Summarize an aggregate review of QI activities to be reviewed at the Board QI meetings.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2006

Revised: 6/2008, 7/2011, 7/2013, 3/2014, 1/2016, 12/2017



## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

Staff Quality Improvement (QI) Committee reports directly to the quality improvement director. The Staff QI Committee is a broad representation of the overall health center staff. The Staff QI Committee will meet no less than eleven (11) times annually with the goal of meeting monthly.

The Performance Improvement Committee meets monthly and is led by the QI Director. Performance measures are identified and monitored monthly. PDSAs are developed as needed to meet benchmarks.

The Chief Dental/Medical Officer(s) or their designee who is a clinical provider (those professionals with independent authority to write prescriptions) will participate on the committee. The Staff QI Committee with support and assistance of the QI Director ensures that:

- The chosen metrics are being monitored;
- Necessary data is being collected;
- Metrics not meeting goals are being moved into the quality improvement phase of activity;
- Quality improvement is being actively carried out; and
- Ensure quality-related problems are fully resolved.

Clinical Providers participate in specific activities that are mandated by the FTCA deeming process. These include:

- A. Clinical Guidelines- Clinical Providers will collaboratively establish evidenced based clinical guidelines that are grounded in national standards. The provider staff continually monitors the program for guideline effectiveness.
- B. Peer Review and Clinical Guidelines Audits- The Chief Medical Officer (CMO), Chief Dental Officer (CDO) or his/her designee is responsible for ensuring that peer review audits and clinical guidelines audits are conducted as scheduled and that these audits periodically assess the appropriateness of utilization of services and the quality and safety of those services. Audits are based on evaluation of patient records and are conducted by licensed professionals under the supervision of the CMO and CDO.
- C. Provider Performance Improvement Activity- The CMO and CDO appoint provider representatives to the Staff QI Committee. The CMO/CDO is ultimately responsible for resolving identified clinical problems, as well as for performing ongoing quality improvement in the clinical arena. The CMO/ CDO will assume ultimate responsibility for resolving identified quality and safety problems, as well as taking advantage of any other opportunities to improve.
- D. Integration with the Organization-Wide QI Program- Provider- specific assessment and improvement activities are integrated into the overall QM program via the CMO's, CDO's or his/her designee's, active leadership. Provider-specific QI activities may be addressed at provider meetings, team meetings, and/or quarterly peer review meetings.

### **3. Fundamental Components for Managing Quality**

The QI plan addresses three fundamental components for management of quality. These include: Quality Assessment, Quality Improvement, Tracking Reporting Activity and Reporting on Program Effectiveness.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

Quality Assessment- the QI Committees are charged with monitoring predetermined metrics of quality and safety, as selected by KTCH leadership. A metric is a carefully defined program measure- either process or outcome- that is actively and continuously measured and monitored to determine the level of performance for that time period. Sources for metrics may include but are not limited to, NCQA, NQF, and/or UDS., and/or Meaningful Use.

The objective is to initially develop or adopt metrics that are meaningful to the organization and to gradually add others as the QI program matures. For each chosen metric, leadership establishes a goal and a related plan for performance measurement. Should the organization not be meeting the performance threshold an action plan will be developed for improvement activity.

Data are collected, displayed, and reported routinely, using charts and graphs whenever helpful. Data are analyzed to identify trends, patterns, and performance levels that suggest opportunities for improvement. Analysis is based on predetermined benchmarks, quality action points, and statistical quality control techniques.

4. Quality Improvement- KTCH will utilize three improvement methodologies to include process improvement, re-engineering, and root cause analysis.

Process Improvement- For process improvement KTCH has adopted the classic PDSA (Plan, Do, Study, Act) cycle for planning and testing improvement options.

Re-engineering- When major process improvement is called for, when certain processes are fundamentally dysfunctional, or when process improvement activity is otherwise unsuccessful, a re-engineering team is appointed and trained to create an all-new process.

Root Cause Analysis- Root cause analysis is used primarily for in-depth analysis of an adverse incident (or “sentinel event”). However, it can also help in better understanding a process, as the first step in improvement of that process.

5. Tracking Improvement Activity and Reporting QI Data- KTCH demonstrates continuous quality improvement through ongoing monitoring of the effectiveness of its improvement process by tracking results over time and assessing the effect of its actions. KTCH tracks and reports on progress until improvement have been fully realized and sustained. Reports of quality activity and its results are tracked on the PCMH Quality Measurement and Improvement Worksheets, Provider dashboards, Peer Review Audits, and Chart Audits.

The practice shares performance data within the practice both by individual clinician and across the practice as a whole. Quality activity is considered an organization wide mandate and reports of quality issues and related improvements are distributed organization wide. This may be accomplished by email and/or staff meetings.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2006

Revised: 6/2008, 7/2011, 7/2013, 3/2014, 1/2016, 12/2017

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

Staff financial incentives may be partially tied to quality activities. KTCH also shares performance data outside the organization to patient's and/or the public.

### **6. Framework for Organizing Performance Metrics**

KTCH is committed to eight (8) broad categories for organizing metrics within the concept of the PCMH care model. The eight (8) categories include:

#### **Access and Cycle Time-**

**Definition:** Ease and timeliness with which health care services can be obtained, including the efficiency of the patient visit

#### **Methods:**

- a) Measuring Through-Put Time;
- b) Appointment time to check out time
- c) Check in time to check out time
- d) Maintaining Extended Hours of Operations in all four clinical facilities;
- e) Reserving Time for Same Day Appointments for routine and urgent care appointments based on patient preference and/or triage;
- f) Responding to phone calls and/or secure electronic messages in accordance with the KTCH policy.
- g) Maintaining New Patient Appointment Access in accordance with KTCH policy
- h) Monitoring No Show Rates

### **7. Comprehensive, Coordinated, and Integrated Care-**

**Definition:** A comprehensive, coordinated, continuous, and whole person plan of care for a particular patient, progressing without interruption; includes referrals, test results, and record transfer. Services are well integrated with other health care and community resources

#### **Methods:**

- a) Measuring Continuity of Care defined as the percent of patients seen by their own primary care provider (PCP)
- b) Measuring Continuity of Care Defined as the percent of times a provider sees their own patients
- c) Tracking the Status of Referrals and Measuring Timeliness for Receipt of a Specialists Report
- d) Monitoring the Time Frame for Contacting Patients for Appropriate Follow-up Care following a Hospital Admission or Emergency Room Visit
- e) Completing a Nurse chart audit to validate completion of a comprehensive health assessment for all patients at all visits including pre-visit planning
- f) Measuring the percentage of patients screened for depression and/or substance abuse
- g) Improving the health literacy of the KTCH patient population. Health literacy techniques, such as teach back, motivational interviewing, etc., will be included on all proficiency testing/ privileging for KTCH providers and staff.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2006

Revised: 6/2008, 7/2011, 7/2013, 3/2014, 1/2016, 12/2017

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

### **8. Clinical Quality and Safety**

Definition: Treatment is consistent with predetermined performance and safety guidelines or generally accepted evidence-based standards. Health outcomes meet predetermined safety and Measuring process and outcome measures for KTCH's identified patients for care management including: depression, high utilizers, diabetes, patients living in public housing, and patients in the Medicare Accountable Care Organization (ACO)

Completing a Nurse Chart audit to validate completion of medication reconciliation and documentation of over the counter medications, herbal therapies and supplements for all patients at all visits; and second blood pressure if first taken if the blood pressure is equal to or greater than 140/90 and other required documentation.

Monitoring the utilization of the electronic prescription module

### **9. Prevention and Health Promotion**

Definition: Compliance with predetermined guidelines for prevention, early detection, and health/lifestyle /self-management education

Methods:

- a) Measuring the percentage of females with appropriate cervical cancer screenings
- b) Measuring the percentage of patients who received appropriate colorectal cancer screenings
- c) Measuring the percent of patients who are queried for tobacco usage and measuring the percentage of patients who were given cessation counseling
- d) Measuring the number of children who receive appropriate immunizations
- e) Documenting BMI percentile for children and adolescents who received counseling on nutrition and physical activity
- f) Documenting BMI percentile for adults and follow-up plan if patients are over or underweight
- g) Measuring patients with asthma who have an acceptable pharmacological plan
- h) Measuring patients with CAD who are prescribed a lipid lowering therapy
- i) Measuring patients with IVD who are on aspirin therapy
- j) Measuring dental patients with sealants
- k) Measuring dental patients with treatment plans completed
- l) Measuring percent of dental patients seen in medical

### **10. Patient and Community Relationships**

Definition: Care is patient centered, with a designated personal provider leading an interdisciplinary team. Care is given within the context of strong community linkages and partnerships

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2006

Revised: 6/2008, 7/2011, 7/2013, 3/2014, 1/2016, 12/2017

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

Concepts: Patient centered care; trained interdisciplinary care teams with defined roles and responsibilities; an on-going healing relationship with a personal physician and care team; a physician and team collectively take responsibility for ongoing care; relationships with patient's family, as appropriate; culturally and linguistically appropriate care; strong community linkages and partnerships

### **11. Health Improvement Technology**

Definition: Health information technology contributes to the quality, safety, and efficiency of care.

Methods:

- a) Monitoring the utilization of the electronic prescription module
- b) Maintaining an active patient portal for enhanced electronic communication.
- c) Maintaining relationship with community hospitals to immediately obtain PHI electronically
- d) Connecting with other providers through HIT to provide improved patient continuity of care by utilizing a health information exchange (HIE)

### **12. Patient Satisfaction and Loyalty**

Definition: The degree to which healthcare services and resulting health status meet patient expectations and create loyalty

Methods:

- a) Evaluating patient experience by completing biannual patient satisfaction surveys that measure: access, communication, coordination, whole-person care/self-management support and patient loyalty
- b) Examining patient feedback from the biannual patient satisfaction survey on the experiences of vulnerable patient populations
- c) Obtaining qualitative patient feedback through suggestion boxes that are strategically placed at all four clinical facilities

### **13. Business Process Quality**

Definition: Effectiveness, efficiency, and results of the processes contributing to the successful business of the health center

Methods:

Encounter trend reports

Encounters realized as compared to budget

No show rates

Average Charge Per Encounter

Average Cost per patient

Net patient revenue

Current Ratio

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2006

Revised: 6/2008, 7/2011, 7/2013, 3/2014, 1/2016, 12/2017

## KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy

Days Cash on Hand  
Days in Net Pt. Acct. Receivables  
Payer mix  
Percent of grant used for sliding fee

Quarterly incentives based on specific job performance metrics- Some examples include: 95% accuracy in completion of SFS applications; 95% accuracy for collecting co-payments and establishing payment plans; 80% employee retention rate; following up with patient with no shows within 24 hours of missed appointment; demographic and insurance recorded and updated 95% of the time; maintain medical and dental payer mix at budgeted levels; etc.

### 14. Implementing the Quality Improvement Plan

The process for developing and implementing a quality improvement plan incorporates the following:

A problem is identified through a variety of sources (e.g., member complaints, providers, over or under utilization, clinical quality or safety, or administrative quality indicators).

The issues with the greatest impact on the enrolled population are identified based on demographics, utilization and cost of care. Quality indicators are then selected (i.e., it is determined what will be measured and how it will be measured). Through this step, it is determined what data is appropriate for measurement.

- a) Data is collected and reviewed for performance and/or outcomes.
- b) Targets for improvement are set.
- c) A specific work plan (PCMH Quality Measurement & Improvement Worksheet) is developed that will lead to improvement in performance and/or outcomes.
- d) The work plan is developed, and plan is approved or modified as necessary and implemented.
- e) After an appropriate time period, new data may be gathered to assess the success of the plan for improvement or data may be gathered at regular intervals on an ongoing basis for continuous assessment of performance.
- f) Through analysis of the data, barriers to improvement are identified.
- g) Based on the analysis, a decision is made regarding the next step:
- h) Continue the process as is with the same indicators/data monitoring
- i) Continue the process with modifications (i.e., implement additional interventions to remove identified barriers)
- j) Add new monitors/quality indicators
- k) Stop monitoring
- l) New thresholds are developed, or current targets are maintained.
- m) A new work plan is developed.

### 15. Annual Evaluation

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2006

Revised: 6/2008, 7/2011, 7/2013, 3/2014, 1/2016, 12/2017

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

The QI evaluation will include an annual evaluation of the prior year's quality improvement activities, which includes recommendations for the next year. This process will include input from the CMO/CDO and the Staff QI Committee and will be presented to the Board QI Committee for review. The QI Management Plan will include specific actions and time frames for each individual quality improvement project.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: 6/2006

Revised: 6/2008, 7/2011, 7/2013, 3/2014, 1/2016, 12/2017

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Risk Management Plan  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.7  
**Effective Date:** 5/2014  
**Distribution:** All Departments

---

### **I. POLICY:**

The Risk Management Plan is designed to support the mission and vision of Katy Trail Community Health (KTCH) as it pertains to clinical risk and patient safety as well as visitor, third party, volunteer, and employee safety and potential business, operational, and property risks.

### **II. GUIDELINES:**

#### **A. GUIDING PRINCIPLES**

The Risk Management Plan is an overarching, conceptual framework that guides the development of a program for risk management and patient safety initiatives and activities. The plan is operationalized through a formal written risk management and patient safety program. The Patient Safety and Risk Management Program supports the KTCH philosophy that patient safety and risk management is everyone's responsibility. Teamwork and participation among management, providers, volunteers, and staff are essential for an efficient and effective patient safety and risk management program. The program will be implemented through the coordination of multiple organizational functions and the activities of multiple teams. KTCH supports the establishment of a just culture that emphasizes implementing evidence-based best practices, learning from error analysis, and providing constructive feedback, rather than blame and punishment. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. Individuals are still held accountable for compliance with patient safety and risk management practices. As such, if evaluation and investigation of an error or event reveal reckless behavior or willful violation of policies, disciplinary actions can be taken. The KTCH Risk Management Plan stimulates the development, review, and revision of the organization's practices and protocols in light of identified risks and chosen loss prevention and reduction strategies. Principles of the Plan provide the foundation for developing key policies and procedures for day-to-day risk management activities, including:

- Claims management
- Complaint resolution
- HIPAA Compliance
- Event investigation, root-cause analysis, and follow-up
- Provider and staff education, proficiency testing, and credentialing requirements
- Reporting and management of adverse events and near misses
- Trend analysis of events, near misses, and claims

#### **B. Board of Directors**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*



# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

The board of directors is committed to promoting the safety of all patients, visitors, employees, volunteers, and other individuals involved in organization operations. The Patient Safety and Risk Management Program is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous improvement strategies to support an organizational culture of safety. The governing body empowers the organization leadership and management teams with the responsibility for implementing performance improvement and risk management strategies.

### III. DEFINITIONS

- 1. Adverse event or incident:** An undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.
- 2. Claims management:** Activities undertaken by the risk manager to exert control over potential or filed claims against the organization and/or its providers. These activities include identifying potential claims early, notifying the organization's liability insurance carrier and/or defense counsel of potential claims and lawsuits, evaluating liability and associated costs, identifying and mitigating potential damages, assisting with the defense of claims by scheduling individuals for deposition, providing documents or answers to written interrogatories, implementing alternate dispute-resolution tactics and investigating adverse events or incidents.
- 3. Loss control/loss reduction:** The minimization of the severity of losses through methods such as claims investigation and administration, early identification and management of events, and minimization of potential loss of reputation.
- 4. Loss prevention:** The minimization of the likelihood (probability) of a loss through proactive methods such as risk assessment and identification; staff and volunteer education, credentialing, and development; policy and procedure implementation, review, and revision; preventive maintenance; quality/performance review and improvement; root-cause analysis; and others.
- 5. Near miss:** An event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance). Near misses are opportunities for learning and afford the chance to develop preventive strategies and actions. Near misses receive the same level of scrutiny as adverse events that result in actual injury.
- 6. Risk analysis:** Determination of the causes, potential probability, and potential harm of an identified risk and alternatives for dealing with the risk. Examples of risk analysis techniques include systems analysis, root-cause analysis, and tracking and trending of adverse events and near misses, among others.
- 7. Risk assessment:** Activities undertaken in order to identify potential risks and unsafe conditions inherent in the organization or within targeted systems or processes.
- 8. Risk avoidance:** Avoidance of engaging in practices or of hazards that expose the organization to liability.
- 9. Risk control:** Treatment of risk using methods aimed at eliminating or lowering the probability of an adverse event (i.e., loss prevention) and eliminating, reducing, or minimizing harm to individuals and the financial severity of losses when they occur (i.e., loss reduction).
- 10. Risk financing:** Analysis of the cost associated with quantifying risk and funding for it.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## KATY TRAIL COMMUNITY HEALTH

### Medical and Dental Clinical Policy

**11. Risk identification:** The process used to identify situations, policies, or practices that could result in the risk of patient harm and/or financial loss. Sources of information include proactive risk assessments, closed claims data, adverse event reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, safety and quality improvement committee reports, insurance company claim reports, root-cause analysis, and informal communication with healthcare providers.

**12. Risk management:** Clinical and administrative activities undertaken to identify, evaluate, prevent, and control the risk of injury to patients, staff, visitors, volunteers, and others and to reduce the risk of loss to the organization itself. Activities include the process of making and carrying out decisions that will prevent or minimize clinical, business, and operational risks.

**13. Risk transfer:** Techniques involving the process of shifting the financial burden of losses to an external party or parties (e.g., insurance, contracts).

**14. Root-cause analysis:** A process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event.

**15. Sentinel event:** Defined by the KTCH as reviewable events, including event reports, unexpected deaths or deaths occurring at KTCH and all procedural complications that lead to patient harm. See clinical policy “*Sentinel Events*”.

**16. Unsafe and/or hazardous condition:** Any set of circumstances (exclusive of a patient’s own disease process or condition) that significantly increases the likelihood of a serious adverse outcome for a patient or of a loss due to an accident or injury to a visitor, employee, volunteer, or other individual.

#### IV. PROGRAM GOALS AND OBJECTIVES

The Patient Safety and Risk Management Program goals and objectives are to:

- Continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- Minimize adverse effects of errors, events, and system breakdowns when they do occur.
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, and operational risks.
- Protect human and intangible resources (e.g., reputation).

#### V. SCOPE AND FUNCTIONS OF THE PROGRAM

The KTCH Patient Safety and Risk Management Program interfaces with many operational teams and services throughout the organization.

#### VI. FUNCTIONAL INTERFACES

Functional interfaces with the patient safety and risk management program include the following:

- Claims Management
- Corporate/ Regulatory Compliance
- Credentialing of Providers
- Emergency Preparation and Management

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

- Event/Incident/Accident Reporting and Investigation
- Facility Management
- Finance/ Billing
- Human Resources
  - Employee Health
- Information Technology
  - Security Risk Analysis
- Legal and Contracts
- Business Associate Agreements
- Memorandums of Understanding
- Vendor Contracts
- Marketing/ Advertising/ Public Relations
- Patient Satisfaction
- Sample Medications and In-House Formulary
- Quality/ Performance Assessment and Improvement
- Safety and Security
  - Infection Control
- Staff Education

### **VII. Risk Management Program Functions**

Risk management functional responsibilities include:

- a) Developing systems for and overseeing the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities may include internal reporting as well as external reporting to regulatory or governmental agencies. This includes the development and implementation of event reporting policies and procedures.
- b) Analyzing data collected on adverse events, event reports, near misses, and potentially unsafe conditions. Root-cause analysis and systems analysis of such events can be used to identify causes and contributing factors. To reduce the risk of future potential events, this data will be used to provide feedback and education to providers and staff.
- c) Ensuring compliance with data collection and reporting requirements of governmental, regulatory, and accrediting agencies.
- d) Facilitating and ensuring the implementation of patient safety initiatives such as improved tracking systems for preventive screenings and diagnostic tests, medication safety systems, and falls prevention programs.
- e) Facilitating and ensuring provider and staff participation in educational programs on patient safety and risk management.
- f) Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution.
- g) Proactively advising the organization on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, staff, and volunteers.
- h) Reducing the probability of events that may result in losses to the physical plant and equipment (e.g., biomedical equipment maintenance, fire prevention).

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

- i) Preventing and minimizing the risk of liability to the organization, and protecting the financial, human, and other tangible and intangible assets of the organization.
- j) Decreasing the likelihood of lawsuits through effective claims management and investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.
- k) Reporting claims to FTCA and other insurers in accordance with the requirements of the insurance policy/contract.
- l) Supporting quality assessment and improvement programs throughout the organization.
- m) Implementing programs that fulfill regulatory, legal and accreditation requirements.
- n) Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include:
  - Claims and claim trends
  - Event trending data
  - Ongoing risk assessment information
  - Patient's and/or family's perceptions of how well the organization meets their needs and expectations
  - Quality performance data
- o) Completing insurance and deeming applications.
- p) Implementing an education program for staff in order to minimize risks. Tracking and documentation will be done in ADP and the QI Coordinator/Risk Manager will monitor that all staff participate as needed. Subjects may include:
  - Teamwork and Culture of Safety
  - Clinical Risk Management Basics
  - Infection Control (Blood Borne Pathogens training)
  - Medication Safety
  - Handwashing
- q) Implementing an educational program in order to minimize risks. Tracking and documentation will be done the QI Coordinator/Risk Manager will monitor that all staff participate as needed. Subjects that may be addressed at least annually may include:
  - Health Literacy/ Patient Education
  - Proficiency Testing
  - HIPAA Privacy & Security
  - Internal Controls
  - Coding
  - Emergency Preparedness Training
  - OSHA training
  - Sexual Harassment & Hostile Work Environment Medical Malpractice

### **VIII. ADMINISTRATIVE AND COMMITTEE STRUCTURE AND MECHANISMS FOR COORDINATION**

The Patient Safety and Risk Management Program is administered through by the COO and the risk manager who reports to the Chief Executive Officer (CEO). The risk manager interfaces with administration, staff, medical providers, and other professionals and has the authority to cross operational lines to meet the goals of the program. The QI Coordinator chairs the activities of the Staff Quality Committee. The committee meets regularly and

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

includes representatives from key clinical and non-clinical services. The composition of the Staff Quality Committee is designed to facilitate the sharing of risk management knowledge and practices across multiple disciplines and to optimize the use of key findings from risk management activities in making recommendations to reduce the overall likelihood of adverse events and improve patient safety. The Committee's activities are an integral part of a patient safety and quality improvement and evaluation system. The COO/Risk Manager is responsible for overseeing day-to-day monitoring of patient safety and risk management activities and for investigating and reporting to the insurance carrier actual or potential clinical, operational, or business claims or lawsuits arising out of the organization, according to requirements specified in the insurance policy and/or contract. Risk Manager/QI Coordinator communicates analysis and feedback of reported risk management and patient safety information to the organization for action.

### **IX. MONITORING AND CONTINUOUS IMPROVEMENT**

Patient Safety/Risk Management will be a standing agenda item on both the staff and the board Quality committees to insure the regular review of risk management activities. The QI Coordinator reports activities and outcomes (e.g., claims activity, risk and safety assessment results, event report summaries, and trends) regularly to the QI board of directors. This report informs the QI board of directors of efforts made to identify and reduce risks and the success of these activities and communicates outstanding issues that need input and/or support for action or resolution. Data reporting may include event trends, claims analysis, frequency and severity data, credentialing activity, relevant provider and staff education, and risk management/patient safety activities. Performance improvement goals are developed to remain consistent with the stated risk management goals and objectives.

### **X. CONFIDENTIALITY**

All documents and records that are part of the patient safety and risk management process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections can include attorney client privilege, attorney work product, and peer review protections.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Management of Patients who are Suspected of Abusing Drugs

**BOD Approval:** 7/2011, 6/2013, 1/2016, 1/2018

**Responsibility:** Clinical Staff

**Policy Number:** 2.8

**Effective Date:** 6/2011

**Distribution:** All Departments

---

### **I. POLICY:**

KTCH seeks to provide quality health services consistently and efficiently. Patients who abuse drugs create conditions which foster inefficient use of staff time and talents. Patients' medical/dental charts may possess a provider note in the EHR/EDR indicating that a patient may abuse drugs and a restriction to continue prescribing those medications can be made. A patient may be identified as a potential drug abuser by a KTCH provider, patients' insurance carrier, another medical and/or dental facility, pharmacy, or other qualified health professional.

### **II. GUIDELINES:**

1. If a patient is identified as a suspected drug abuser or demonstrates drug seeking behavior, an event report will be created by the KTCH staff receiving the information from a KTCH provider, patients' insurance carrier, another medical and/or dental facility, pharmacy, Prescription Drug Monitoring Program (PDMP), or other qualified health professional.
2. The primary care provider will review the information and determine if they believe a restriction on medications should be placed on this patient's chart.
3. If they determine no restriction is needed, the site manager will indicate such on the event report.
4. If they determine the concern regarding drugs of abuse is warranted, they will review the event with the CMO/CDO. If two providers conclude that a restriction for medications be placed on a patient's chart, they will indicate their conclusions on the event report. The site manager will add a note to the patient's chart indicating that a restriction is placed on prescription medications. The exact wording in the note will be determined in conjunction with the primary care physician and subsequently noted on the event report.

### **III. REFERENCES**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Prescribing Controlled Substances for Chronic Problems

**BOD Approval:** 6/2006, 7/2011, 6/2013, 1/2016, 1/2018

**Responsibility:** Clinical Staff

**Policy Number:** 2.9

**Effective Date:** 6/2006

**Distribution:** All Departments

---

### **I. POLICY:**

In order to comply with state and federal laws and guidelines, and to minimize the risk for abuse and diversion of these medications, as well as to reduce other adverse consequences associated with use of these medications prescribing controlled medications will be monitored by the care team using the KTCH Medication Management Agreement.

### **II. GUIDELINES:**

#### **1. Evaluation of the patient**

A complete medical history and physical examination must be conducted and documented in the medical record. The medical record should document the symptoms and medical indications for which a controlled substance is being prescribed.

#### **2. Treatment Plan**

The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief, improved physical and/or psychosocial function and improvement in overall quality of life. The plan should include further diagnostic evaluations or other treatments planned. Failure of the patient to keep appointments for alternative treatment strategies constitute sufficient reason to cease prescribing controlled substance medications. After treatment begins, the provider should adjust medication therapy to the individual medical needs of each patient. The goal of therapy is not to stop use of the controlled substance as soon as possible, but to reduce symptoms such as pain and anxiety and to improve or maintain patient function and quality of life. The appropriate dosage of medication used is that dosage which sufficiently alleviates the patient's symptoms and does not cause unacceptable side effects.

#### **3. Informed Consent and Agreement for Treatment**

The provider should discuss the risks and benefits of the use of CS medications with the patient. If treatment with a CS is anticipated to be long term (longer than 30 days) prescribing CS will be at the discretion of the provider or patient will be referred to a pain management center. The KTCH Medication Management Agreement must be used. (Referred to hereafter as "the Agreement".) The provider will review the Agreement with the patient. Once the patient states his/her understanding of the contents of these documents, the patient and provider will sign the agreement. The Agreement will be scanned into - the patient's electronic health record.

#### **4. Periodic Review**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH**

### **Medical and Dental Clinical Policy**

At reasonable intervals (every 6 months at a minimum) based on the individual circumstances of the patient, the provider should review the course of treatment and any new information about the etiology of the patient's symptoms. The provider should monitor patient compliance in medication usage and related treatment plans. The provider will be vigilant in looking for evidence of medication abuse. Such monitoring may include periodic pill counts, urine drug screens, and communication with pharmacies and other health care providers, as outlined in the Agreement.

#### **5. Compliance with Controlled Substances Laws and Regulations**

To prescribe, dispense, or administer controlled substances, the provider must be licensed in Missouri and comply with applicable federal and state regulations.

He/she must also possess a current federal DEA number and Missouri BNDD number. Should a Nurse Practitioner prescribe controlled substances, 100% of the charts will be forwarded to their collaborating provider for sign off.

#### **6. Other**

- a. Prescriptions reported as stolen cannot be refilled without a police report provided by the patient.
- b. Early requests for CS refills will not be filled without adequate justification documented in the medical record.
- c. CS prescriptions cannot be post-dated. The provider may write a prescription dated on the date written, with a notation stating that the prescription may not be filled until a specified future date.
- d. CS prescriptions should be done in the EHR and printed on security paper or electronically prescribed. Written Rx should specify quantity to be dispensed both numerically and written out.
- e. CS prescriptions must include the patient's physical address, providers DEA number, and quantity numerically written.

#### **7. PROCESS FOR REPLACING LOST WRITTEN (PAPER) PRESCRIPTIONS FOR CONTROLLED SUBSTANCES**

- a. Give the provider the information regarding the lost script
  - The patient name
  - Patient DOB
  - Patient's current phone number
  - Name of medication on script
- b. Provider will either re-write the script or notify staff the script will not be replaced
- c. Staff will give patient or the designated person the script, if the patient or designee provides the staff a picture ID and signs for the script. This will be scanned into the patient's EMR

### **III. REFERENCES**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*



# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Behavioral Health Services  
**BOD Approval:** 1/2018  
**Responsibility:** All Staff

**Policy Number:** 2.10  
**Effective Date:** 1/2007  
**Distribution:** All Departments

---

### I. **POLICY:**

Katy Trail Community Health (KTCH) believes that an essential part of providing comprehensive primary health care includes behavioral health services.

### II. **DEFINITIONS:**

Katy Trail Community Health providers will refer patients to Behavioral Health Consultants (BHC) utilizing the electronic health record (EHR). KTCH Behavioral Health Consultants will only accept internal referrals from KTCH providers. If referring a patient outside the KTCH Behavioral Health Consultants, the referral coordinator receives this request through the EHR system from the provider.

### III. **GUIDELINES:**

1. To make a referral for Behavioral Health Services, the referral will be made through the EHR system. If there is an urgent need for a patient to be counseled (for example, suicidal, etc.) and there are no BHCs available, a call can be made to the local Pathways 24-hour Crisis hotline for Benton county (1-800-833-3915) or Burrell 24-hour Crisis hotline for Pettis, Saline, or Morgan county (1-800-395-2132) for an appointment or to talk with the Crisis Hotline for them to assess the patient.
2. Behavioral Health appointments are generally scheduled for 30 minutes.
3. Behavioral Health warm handoffs can be done at any time as needed by any member of the care team. Behavioral Health warm handoffs may be done at any time as needed by any member of the dental team.
4. Pre-SBIRT screenings are completed by a care team member at the time a patient is roomed. Responses to these screening questions are documented within the EHR. Should a patient respond affirmatively to any of these screening questions; a comprehensive screening will be completed by a care team member who has been specially trained to complete this assessment. All counseling and patient refusals will be provided by BHC staff or a member of the care team who is trained to provide these services. Should additional substance abuse services be required, the patient will be referred to an outside organization.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Visitor Policy

**BOD Approval:** 5/2007, 7/2011, 6/2013, 1/2016, 1/2018

**Responsibility:** Clinical Staff

**Policy Number:** 2.11

**Effective Date:** 5/2007

**Distribution:** All Departments

---

### I. **POLICY:**

All persons who are not presenting at Katy Trail Community Health (KTCH) for the purpose of seeking health care will be asked to sign-in using our Visitor Logbook in Administration or at the medical or dental front desk. Upon signing in, they will be issued a Visitor's name tag and will be asked to sign out when they leave the building.

### II. **DEFINITIONS:**

1. Persons seeking entrance to Katy Trail Community Health must talk to a KTCH employee who will make an inquiry as to the nature of the visit. Visitors claiming to have an appointment with a staff member will be asked to wait in the lobby area while the KTCH employee notifies the staff member that they have arrived.
2. Staff members who are expecting visitor(s) should submit a list to the front office at the start of each day. If the visitor needs to travel beyond the waiting area, a staff member should escort the visitor into KTCH.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Patient Complaint/Grievances  
**BOD Approval:**  
**Responsibility:** Clinical Staff

**Policy Number:** 2.12  
**Effective Date:** 5/2007  
**Distribution:** All Departments

---

### **I. POLICY:**

Katy Trail Community Health (KTCH) endeavors to provide the highest quality services in a manner which supports patient, provider, and staff satisfaction. Patient complaints/grievances indicate a failure to meet the patient's expectations. Therefore, complaints/grievances and subsequent action taken by staff will be documented in an effort to eliminate the possibility of repetitive problem.

### **II. GUIDELINES:**

1. All patient (or family member) complaint/grievances will be documented by an Event Report.
2. Complaints may be made in person, by phone, or written.
3. The patient has the option to complete an Event Report, by writing out a complete description of the event on a blank piece of paper or dictate the event to an employee who will type the event in email form. The patient may choose to give it verbally, in which case the staff member receiving the complaint will transcribe the complaint/grievance.
4. If the staff member completes the Event Report, he/she shall make every effort to document the expressed concern of the patient in the patient's own words. The staff member will use reflective listening techniques to verify the accuracy of their interpretation of the patient's concern.
5. After completion of the Event Report, it will be forwarded to the appropriate clinic site manager for follow-up and remediation.
6. The clinic site manager will take appropriate action for follow-up consistent with the nature and seriousness of the complaint. He/she may need to confer with a member of the Leadership Team to determine a plan of action. Medical/Dental providers will be informed by the Chief Medical/Dental Officers of all complaints/grievances which action taken may be used for this purpose.
7. Complaints, which include references to potential litigation, will be referred to the Chief Executive Officer.
8. It is the goal of the clinic site manager to resolve all event reports in the month in which they are reported.

### **III. REFERENCES**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Management of Difficult Patients  
**BOD Approval:**  
**Responsibility:** Clinical Staff

**Policy Number:** 2.13  
**Effective Date:** 06/2006  
**Distribution:** All Departments

---

### I. POLICY:

Katy Trail Community Health (KTCH) seeks to provide quality health services consistently and efficiently. Abusive and threatening patients create conditions which foster inefficient use of staff time and talents. Patients may be discharged from the practice (medical and dental) if they are deemed to be abusive or threatening to the staff. Patients who are perceived to be difficult, with respect to recurrent hostile behavior, inappropriate use of KTCH services, excessive non-compliance, inappropriate use of controlled substances, or other patterns of behavior that represent excessive lack of respect or responsibility on the part of the patient, may be referred to the Chief Medical/Dental Officers for review.

### II. GUIDELINES

Examples of reasons to discharge a patient may include:

1. Over utilization of the practice either with inappropriate frequent provider visits or excessive use of phone or triage system or inappropriate use of non-provider part of the clinic.
2. Documented episodes of verbal abuse
3. Documented episodes of conniving, lying, or illegal behavior.
4. Evidence of medication seeking behavior.
5. Chronic non-compliance with provider's recommendations, risking the health and well-being of the patient.
6. Evidence of hopping from one provider to another, one emergency room or hospital to another, or one pharmacy to another.
7. Difficult/borderline patients who have had difficulty adhering to behavioral contracts and/or threatening to staff or providers.
8. Patient presents false identification.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Did Not Keep Appointment (DNKA)  
Notification and Follow-Up

**BOD Approval:** 1/2018

**Responsibility:** Clinical Staff

**Policy Number:** 2.14

**Effective Date:** 06/2006

**Distribution:** All Departments

---

### **POLICY:**

**Medical patients** who did not keep their appointment (DNKA) are defined as those **new or established** who are  $\geq 30$  minutes late for their appointment, do not reschedule or cancel their appointment within four (4) hours of their appointment time, or do not show up at all.

**Dental patients** who did not keep their appointment (DNKA) are defined as those who are  $\geq 10$  minutes late for their appointment, do not reschedule or cancel their appointment within twenty-four (24) business hours of their appointment time, or do not show up at all. These are called broken appointments.

**Behavioral health patients** who do not keep their appointment (DNKA) are defined as those who are new or established  $\geq 30$  minutes late for their appointment, do not reschedule or cancel their appointment within four (4) hours of their appointment time, or do not show up at all.

**Psychiatry patients** who do not keep their appointment (DNKA) are defined as those who are new and  $\geq 30$  minutes late or established and  $\geq 10$  minutes late for their appointment, do not reschedule or cancel their appointment within four (4) hours of their appointment time, or do not show up at all.

### **GUIDELINES:**

#### **MEDICAL PATIENTS:**

1. Per policy, new and established patients are seen if they are up to 30 minutes late arriving.
2. When a patient arrives late (greater than 30 minutes past their appointment time) for their appointment, they will be triaged preferably by a member of their care team. If they meet triage protocol, they will be seen. If they do not meet triage protocol, the provider will decide if the patient can be seen or will need to be rescheduled.
3. Care Coordinators will review the provider schedules daily and call all missed appointments from the prior day. Care Coordinators will make two phone attempts to contact a patient and should these fail, a letter from IMS will be sent to the patient encouraging them to reschedule their appointment. The goal is to identify barriers to compliance and to assist patients to remove barriers.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

4. When a Care Coordinator identifies a new or established patient who has three (3) consecutively missed appointments, a referral will be placed in IMS that generates a “reminder” to the triage nurse. Care Coordination will also put in a pop up note indicating that the patient must be referred to the triage nurse for scheduling of future appointments.
5. The triage nurse will send a letter out of IMS to the patient addressing the consequences of having missed three (3) or more appointments including the referral to the triage nurse for scheduling of all future appointments.
1. A patient may be permitted to schedule an appointment through scheduling and taken off of scheduling only by triage by writing a letter of explanation as to why they missed multiple appointments and identify ways they will ensure future appointments are not missed. Written letters will be approved by the clinic site manager. All letters will be addressed to Care Coordination and they will forward to the clinic site manager. If approved, the clinic site manager will let the PSR know; the PSR will inactivate the reminder, and have the letter with the clinic site manager’s approval signature and date scanned into the patient’s chart. The patient will be on “good standing” until another three (3) consecutive appointments are missed.
- 2.
3. If the patient chooses to schedule appointment by triage only and shows for two (2) consecutive appointment an approved by the triage nurse, the PSR will inactivate the reminder and the patient will be on “good standing” until another three (3) consecutive appointments are missed.

### **DENTAL PATIENTS:**

1. All dental patients will receive the Late Policy at or before their first appointment to the clinic. They are requested to read, sign, and date the policy. Patients will be notified of the policy over the phone when they call to schedule their first appointment.
2. If a patient does not call to reschedule an appointment within 24 business hours of the appointment time, the appointment is a broken appointment. The dental staff will, however, prompt the patient to reschedule if this is the patient’s first broken appointment.
3. If a patient does not come to a scheduled appointment, the appointment is a broken appointment. The dental staff will send a letter to the patient prompting them to call us to reschedule the appointment if this is the patient’s first broken appointment.
4. If a patient arrives at an appointment  $\geq 10$  minutes late, the appointment is a broken appointment. The patient may, however, still be seen if the provider determines that there is time in their schedule to see the late patient. If the provider determines that there is not time in their schedule to see the late patient, the patient will be rescheduled.
5. If the patient has 2 (two) broken appointments any time within a twelve (12 ) month period, they will be unable to reschedule the appointment unless they complete one of the following:

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

- a. A. Wait 6 (six) months to schedule the next appointment.
  - b. Write a letter to their provider requesting the privilege to reschedule an appointment with them. The care coordinator can help them with the letter.
  - c. Meet with the care coordinator prior to scheduling the next appointment to discuss barriers to care to ensure that they are able to keep all future appointments.
6. If the patient completes option A, B, or C and then has another broken appointment within the next twelve (12) months, the only option for the patient will be a six (6) month waiting period before the next scheduled appointment.
7. Emergent care will be provided to existing patients, even during the six (6) month waiting period.

### **BEHAVIORIAL HEALTH PATIENTS:**

1. Per policy, established patients are seen if they are up to 30 minutes late arriving and new patients are seen if they are up to 10 (ten) minutes late arriving.
2. When a patient arrives late for their appointment, they will be triaged preferably by the BHC. The BHC will decide if they are to be seen on that day or rescheduled for another day.
3. BHCs will review their schedules daily and call all missed appointments from the prior day. The goal is to identify barriers to compliance and to assist patients to remove barriers.
4. If a patient has not been seen by a behavioral health provider for more than six (6) months, they will need to schedule with their primary care provider in order to obtain a new referral for behavioral health services.

### **PSYCHIATRY PATIENTS:**

1. Per policy, established patients are seen if they are up to ten (10) minutes late arriving and patients are seen if they are up to 30 minutes late arriving.
2. When a patient arrives late for their appointment, they will be triaged by the psychiatry nurse. The nurse will decide if they are to be seen on that day or rescheduled for another day.
3. The psychiatry nurse will review the schedule daily and call all missed appointments from the prior day. The goal is to identify barriers to compliance and to assist patients to remove barriers.
4. If a patient has not been seen by a psychiatrist for more than six (6) months, they will need to schedule an appointment with their primary care provider in order to obtain a new referral for psychiatry services.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Complete Documentation in Medical/Dental Record

**Policy Number:** 2.15

**BOD Approval:** 1/2018

**Effective Date:** 6/2006

**Responsibility:** Clinical Staff

**Distribution:** All Departments

---

### **I. POLICY:**

The medical/dental record is a legal document that indicates what transpires between the provider and the patient, and a record of communication between the provider/dentist and other members of the patient care team. It should reflect what services were actually provided to manage patient care, to substantiate billing, and to provide clinical data for quality improvement. In order to obtain this data from the medical record, it is imperative that the medical records are well maintained and documentation is completed in a timely manner.

### **II. GUIDELINES:**

1. Documentation for medical/dental records should be completed no later than 3 business days from the time services were rendered. Disciplinary action may be invoked if providers/dentists do not complete chart documentation within 3 business days.
2. Documentation for triage notes, phone consults, and on-call notes should be completed as outlined on the Standards for Response Time to Patient and/or Patient Related Telephone Calls. Disciplinary action may be invoked if providers/dentists do not complete chart documentation within these standards.
3. Chart reviews will be performed monthly to insure compliance.
4. Corrections (addendums) made after the chart has been signed off should be made as a corrected note rather than deleting and correcting the original note. Any corrections, additions, or changes made in the recorded health information after the provider/dentist and/or a member of the care team has signed off on the entry shall be clearly identified as such. The date, time, reason for the change and name of the person making the change shall be included. The original documentation is not to be altered in any way.
5. In the event information is omitted from the medical/dental record it is considered acceptable to amend the record. The following procedure shall be followed for recording all "amendments" or "addendums" or "late entries".

#### **Dental**

- a. Create an addendum on the original visit note for the additional information.
- b. Reference the original entry by indicating the original date of service.
- c. The addendum will automatically ask if the provider wants to "append note" and upon clicking "yes" will be signed off.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*



# **KATY TRAIL COMMUNITY HEALTH**

## **Medical and Dental Clinical Policy**

### **Medical**

- a. The staff member will make the addendum directly on the original visit note by selecting “Addendum” at the top of the visit note. This records the time and date the addendum was created.
6. If a provider is going to be on extended leave or a planned vacation; all medical/dental records must be completed and signed off prior to leaving.
7. Alternating provider/dentists will be assigned to a vacationing provider/dentists “task box” to review any pending labs, diagnostic tests, refill request, etc. and complete these items within 3 business days of the received date.

### **AUTHORIZATION OF ENTRIES:**

Those authorized to make entries in the medical/dental record are members of the patient’s care team; including physicians, nurse practitioners, dentists, dental hygienists, nurses/MA, dental assistants, psychiatrists, and interning providers, behavioral health consultants, and patient care coordinators.

### **Dental Records**

KTCH dental staff will be using electronic practice management and dental software. The dental record must include:

1. Health history: past and present
2. Treatment plan
3. Progress notes
4. Radiographs or any other diagnostic aids
5. All correspondence
6. Patient demographic sheet

The dental chart must include:

1. Name, address, phone number (home, cell and/or work)
2. Social Security Number, birth date, and insurance information
3. Complete medical history with highlighted positive health questions. Name of present physician and phone number.
4. Complete dental history

The treatment notes must include:

1. Clinical examination findings
2. Treatment plan
3. Treatment performed
4. X-rays and photographs (if applicable)
5. Alternatives that were discussed
6. Progress notes and plans for next visit
7. Laboratory used, including shades for other lab fabricated prostheses All materials and medications used .

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH**

### **Medical and Dental Clinical Policy**

In the event that the electronic software is not available, paper charts will be utilized. The following is a guideline for dental paper charting. When paper charts are used, all entries must be written legibly.

Write-outs or eraser marks are not allowed. If you wish to make a correction, draw a thin line through an entry, initial and date it.

Procedure for paper charting:

1. Write the date and tooth number on the first line.
2. Initial the doctor/hygienist's name and your name on the last line of the entry.
3. Progress notes should be written in paragraph form to the end of each line. If you do not use a full line, draw a thin line through the unused space.
4. Prescriptions should be noted with an Rx in the tooth # column. Write notes in order on the treatment performed. Additional comments about patient behavior may be written after treatment. Make sure patient's name and birth date is on each page of the record.
5. If paper charts are used, the information should be transferred ASAP into the EDR. Hard copies of the paper charts should scanned into the electronic dental record.

#### **Health alerts**

Any health alerts (allergies to medications, patient's requiring pre-medication, etc.) pertinent to dental treatment should be noted in the electronic dental record. Health alerts that affect dental treatment should be placed in the Patient Alerts tab. Both health alerts and allergies should also be noted in the visit note for the day the health history is updated. A new health history form should be filled out by each patient at least once a year. Patients should be verbally asked at each appointment if there have been changes in their health since their last visit. If there have been changes, update them in the computer. If there have been no changes, note that patient was asked about changes.

#### **Progress notes**

Progress notes should be recorded the day of the appointment and includes treatment performed, consent authorization, all materials and medications used, prescriptions written, laboratory information (if applicable), and plans for next visit. If the patient is scheduled for future appointments, the person who scheduled the appointment should note in the chart that they scheduled the appointment. Both the assistant and provider are also required to initial notes for each patient. Templates have been created to assist a dental provider in documenting all necessary information regarding a specific treatment(s).

#### **Frankl Ratings**

This office rates children's behavior according to the Frankl Rating System.

1. Definitely negative—cries and screams, lots of movement
2. Negative—reluctant to accept treatment, sullen, withdrawn
3. Positive—accepts treatment with caution, obeys directions
4. Definitely positive—seems to enjoy the experience

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# **KATY TRAIL COMMUNITY HEALTH**

## **Medical and Dental Clinical Policy**

### **X-rays**

KTCH will use electronic x-ray software. In the event that the computers are down, x-rays will be unavailable.

### **Record of prescriptions/anesthesia**

Record of prescriptions and anesthesia will be entered into the dental record the day that they are prescribed. If prescriptions are hand written, they should be scanned into the chart and a note should be generated as to the reason the prescription was hand written.

### **Medical/BH/Psychiatry Records**

KTCH medical staff will be using electronic practice management and medical software.

The Medical/BH/Psychiatry record must include:

1. Visit notes
2. All correspondence
3. Patient demographic sheet

The Medical/BH/Psychiatry chart must include:

1. Name, address, phone number (home, cell and/or work)
2. Social Security Number, birth date, and insurance information
3. Name of Primary Care Physician
4. Name of parent/guardian, in the event of minors
5. Emergency Contact
6. Complete medical history

The visit notes in the Medical/BH/Psychiatry record may include:

1. Chief Complaint
2. Current Medications that the patient is on when initiating the visit
3. Allergies with associated adverse reactions and severity
4. Social/Family/Medical/OBGYN histories
5. Immunizations
6. History of Present Illness(es)
7. Review of Symptoms
8. Examination
9. Procedures completed at visit
10. MMSE/PHQ/SBIRT/PRAPARE
11. Developmental Milestones
12. Diagnoses (Active, Inactive, and Resolved)
13. Diagnostic/Lab orders
14. Office Test results of in-house labs/diagnostics
15. Prescriptions added or changed during visit
16. Care Plan with educational materials provided and self-management goals
17. Follow up intervals and instructions
18. CPT Coding for specific visit

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

In the event that the electronic software is not available, paper charts will be utilized. The following is a guideline for Medical/BH/Psychiatry paper charting. When paper charts are used, all entries must be written legibly. Write-outs or eraser marks are not allowed. If you wish to make a correction, draw a thin line through an entry, initial and date it.

### **DOWNTIME PROCEDURES:**

**The following are the steps to be taken when the Electronic Health Record (EHR) is down for scheduled or non-scheduled downtime.**

#### **Scheduled Downtime:**

For All Clinics – The day before Scheduled Downtime.

1. (PSR Task) Print the Face sheet for all the patients that are on the appointment schedule for that day
2. (PSR Task) Each clinic will be responsible for checking in, recording no-shows, or cancelling the patient 'encounter when they system becomes available

#### **Additional Steps for EHR:**

1. (Nursing Task) Print the most recent Visit Note for each patient scheduled to be seen the day of downtime; past medical history, surgical history, social history, family history, and vital signs.
2. (Nursing Task) Print the most recent laboratory results and diagnostic procedure results for the patient.

#### **Day of Scheduled Downtime:**

1. For future scheduling inform the patient the system is down. Request the patient's name, date of birth and a telephone number. After the system is available the patient will be called back with the appointment information.
2. Each clinic should have the following forms available
  - a. Blank Demographic Sheets (new patient and established patient(s) packet)
  - b. Established Patient Encounter Form
  - c. New Patient Encounter Form Return to Work/School Letter
  - d. Prescriptions Pads
  - e. Payment will be collected and a handwritten receipt will be issued to the patient.

#### **When the System Becomes Available:**

1. PSR will enter/update ALL patient information in the HER
2. Post any payments received
3. Cancel/No Show all appropriate patient encounters
4. Call patients regarding the scheduling of future appointment times and dates.
5. Scan in consent forms signed by patient(s).
6. Scan Provider Orders into system
7. Scan in copies of prescriptions

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

8. Clinical staff will have 2 business days to complete the patient visit information in the EHR with all clinical information. Including updating current medication list and allergies

### **NON-SCHEDULED DOWNTIME FOR ALL CLINICS:**

1. Have the following forms available and on hand.
  - a. Established Patient
  - b. New Patient
  - c. Prescriptions Pads
2. A patient packet will be completed by all new patients and a copy of the insurance card will be attached. For established patients, they will be queried as to where their insurance has changed and staff will obtain patient address and phone and write this information on the patient paper visit note. All other check-in processes remain the same.
3. Payment will be taken and a handwritten receipt will be issued to the patient.

### **When the system become available:**

1. Follow steps as outlined under “**Scheduled downtime-When system becomes Available**”

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Consent for Treatment  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.16  
**Effective Date:** 6/2006  
**Distribution:** All Departments

---

**I. POLICY:**

Before patient evaluation and treatment is provided, consent for treatment must be obtained from the appropriate person.

**II. DEFINITIONS:**

Consent is defined as an agreement to care (examination, treatment, procedures).

**III. GUIDELINES:**

1. All patients aged 18 and over, must sign the *Consent to Treat* which is located within the Patient Information Packet.
2. Patients over the age of 18 years who do not possess the ability to understand and make necessary decisions regarding their health care needs, may be represented by a patient advocate, parent and/or guardian or other individual who has the power of attorney to represent them. In these instances, the patient representative should be asked to sign the consent for treatment.
3. All patients turning 18 years of age need to complete a new Patient Information Packet and sign the *Consent to Treat*.
4. In addition to such other persons as may be so authorized and empowered, any one of the following persons if otherwise competent to contract, is authorized and empowered to consent, to any medical, dental or other treatment or procedures not prohibited by law:
  - a. Any parent for his/her minor child in his/her legal custody including stepchildren and adoptive children;
  - b. Any minor who has been lawfully married;
  - c. Any minor parent or legal custodian of a child for himself, his/her child and any child in his/her legal custody;
  - d. Any minor who is a member of the Armed Forces
  - e. Any minor for himself in case of:
    - i. Pregnancy, but excluding abortions;
    - ii. Sexual Transmitted Diseases and/or HIV testing;
    - iii. Contraception (Provider has the right to refuse care to a minor but has the obligation to refer to another provider for care);
    - iv. Foreign substance abuse.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH**

### **Medical and Dental Clinical Policy**

- f. Any minor who is homeless, 16 or older, living without the physical or financial support of a parent or guardian, and parent or guardian consent to independent living. We will not require proof of homeless status but rather accept the minor's declaration of homeless status. This should, however, be documented in the patient's chart.
  - g. Any minor who is a victim of domestic violence, 16 or older, living without the physical or financial support of a parent or guardian, and parent or guardian consent to independent living. We will not require proof of domestic violence but rather accept the minor's declaration of such violence as occurring. This should, however, be documented in the patient's chart.
  - h. Any minor who is emancipated; or judicial bypass is obtained. We will not require proof of emancipation but rather accept the minor's declaration of emancipation. This should, however, be documented in the patient's chart.
  - i. Any adult standing in loco parentis, whether serving formally or not, for his minor charge in case of emergency.
  - j. Any guardian of the person for his ward;
  - k. During the absence of a parent so authorized and empowered, any adult for his minor brother or sister;
  - l. During the absence of a parent so authorized and empowered, any grandparent for his minor grandchild;
  - m. When a minor presents for care without consent from their parent and/or guardian, verbal consent may be obtained and should be documented in the patient's chart. If verbal consent is not readily available but is anticipated, the minor child may be seen without consent at the discretion of the provider. The provider should follow up with the parent and/or guardian when they become available to report the outcome of the care.
  - n. "Absence" as used in k. and l. above shall mean absent at the time when further delay occasioned by an attempt to obtain consent may jeopardize the life, health or limb of the person affected, or may result in disfigurement or impairment of faculties.
5. A consent by one person so authorized and empowered shall be sufficient notwithstanding that there are other persons so authorized and empowered or that such other persons shall refuse or decline to consent or shall protest against the proposed surgical, medical, dental or other treatment or procedures.
6. The parent, parents, or conservator shall not be liable for payment for such care unless the parent, parents, or conservator has expressly agreed to pay for such care.
7. In addition to any other instances in which a lack of consent is excused or in which a consent is implied at law, a consent to, medical, or dental treatment or procedures shall be implied where an emergency exists if there has been no protest or refusal of consent by a person authorized and empowered to consent, or, if so, there has been a subsequent change in the condition of the person affected that is material and morbid, and there is no one immediately available who is authorized, empowered, willing and capacitated to consent. For the purposes hereof, an "emergency" is defined as a situation wherein, in

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH**

### **Medical and Dental Clinical Policy**

competent medical judgment, the proposed, medical, or dental treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably jeopardize the life, health or limb of the person affected, or would reasonably result in disfigurement or impairment of faculties.

#### **IV. REFERENCES**

**Refer to Revised Missouri Statutes, Chapter 431, Section 431.061**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*



# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Referral Tracking Recall Systems  
**BOD Approval:** 10/2009  
**Responsibility:** Clinical Staff

**Policy Number:** 2.17  
**Effective Date:** 6/2006  
**Distribution:** All Departments

\*revised and board approved 5/27/2021

---

### **I. POLICY:**

It is the goal of Katy Trail Community Health (KTCH) that all patients receive care consistent with their specific treatment plan(s). KTCH will track referrals made to other providers, laboratories, diagnostic centers, and/or specialty services to assure follow-up and continuity of care.

### **II. GUIDELINES:**

#### **Procedure for Referral Tracking:**

The Referral Coordinator (RC) will complete referrals for specialty care and consultations with external providers. Referrals are ordered in a High, Low priority, and are to be scheduled within 24, 72 hours accordingly.

- The provider or his/her designee will enter the referral in the EHR.
- The RC will then arrange/ schedule referral. The appointment date, time, and agency will be recorded in the order in the patient's record.
- The RC will coordinate multiple visits on the same day if applicable. Attempt to schedule with local providers if appropriate and/or as requested by patient/family.
- The RC will fax the order, medical summary & associated documents requested by the referring facility electronically through the EHR.
- The RC will call and notify the patient of the appointment & any additional information from the facility. The RC will also mail a letter with a copy of the order.
- The RC will complete any prior authorizations.
- The order will stay as "pending" in the referral tracking module until all above tasks are completed. It will then be changed to "appt scheduled" where the RC will indicate the appt date/time and referring facility.
- Facilities who request to review the records prior to scheduling or who request to schedule with the patient directly will be monitored by the RC. He/she will send the requested information and leave the order as "pending". Weekly follow ups to the referring facility will be completed and documented via the order until an appt date/time is received. Additionally, the RC will call and notify the patient as well as mail a letter regarding the process to the patient.
- Consults/documents/studies are received via electronic fax or mail. Medical records (MR) will link the consult to the referral order when received. MR will assign the referral back to the referring KTCH provider and change the status of the referral to Open.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH**

### **Medical and Dental Clinical Policy**

- The RC will monitor the “Consult Pending” section of the referral tracking module weekly. Any orders with no consult 30 days after the assigned appt date will be considered delinquent and the RC will be responsible to follow up with the facility. All attempts to obtain the information will be documented on the order in the referral tracking module.
- All no shows, patient refusals, and appointments not completed will be notated on the referral order and sent to the provider for follow up. It will be the responsibility of the provider to develop an alternative treatment plan.

#### **Procedure for Internal Referrals**

KTCH offers many internal specialty services for patients. This includes care coordination, case management, psychiatry, behavioral health, and nutrition counseling.

- The provider or his/her designee will enter the referral in the EHR.
- The referral will electronically link to the referral coordinator. The RC will reassign the internal referral to the associated employee responsible for scheduling.
- The KTCH employee will contact the patient to schedule and will coordinate multiple visits on the same day if applicable.
- The patient will be educated regarding any additional financial or insurance costs for the service.
- All contact attempts will be documented via the note section of the referral.
- If no contact can be made after two attempts within a seven-day period, a letter will be sent to the patient.
- All no contacts and patient refusals will be notated in the note section of the referral order and her and assigned to the referring provider for follow up. It will be the responsibility of the provider to develop an alternative treatment plan.

#### **Procedure for Medical Emergency Care:**

When a patient's condition warrants, the patient is transferred to the local hospital for emergency care. The nurse/CMA will complete the patient transfer form and print all applicable patient records to send with the EMT. A copy of the transfer form will be saved in the EHR. All actions taken will be documented via progress note in the EHR.

#### **Procedure for Tracking Hospitalizations & ED Utilization**

- Daily, medical records staff will pull all ED/Hospitalization reports directly from the Regional Health Center EHR.
- All ED/Hospitalization discharge summaries, admission notes, progress/surgery notes, and lab/imaging results will be scanned into the patient's electronic record.
- Medical records will log all visits on the secured Hospital Utilization spreadsheet.
- Hospital discharge summaries will be forwarded to the triage nurse and/or designee who will follow up with the patient within 72 hours of discharge. Medication reconciliation and follow up scheduling will be completed and documented via progress note in the EHR.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH**

### **Medical and Dental Clinical Policy**

- Once/week the medical records clerk will email each PCP a listing of their patients who were hospitalized or in the ED for their review.

#### **Procedure for Lab Tracking:**

The practice systematically tracks all lab tests ordered or done within the practice until results are available to the provider.

- The provider or his/her designee will order the lab through the EHR.
- Once the lab is ordered, the system indicates that the lab has been ordered and it remains in that status until the lab results are received.
- A daily review of the requisition orders is done by the nurse/CMA. Lab orders more than 30 days old will be monitored and flagged and followed up by the nurse/CMA.
- Lab results can be made available through an electronic lab interface with our reference lab, LabCorp, via fax from an external lab, or entered by the nurse/CMA from in-house testing.
- Once lab results are received, they will be compared to the order & linked together. Their status will electronically change from ordered to received.
- A result status of “normal” or “abnormal” will be assigned to the document. This will be assigned based on how the result is received.
  - Faxed or mailed results- assigned by medical records dept
  - Labcorp interface- assigned by the reference lab
  - In-house results- assigned by the nurse/CMA
- The results are then electronically transmitted to the ordering provider’s Task Box-Lab, for review. If the ordering provider is not available, an alternative covering provider will be assigned to monitor the task box in case of abnormal results.
- The provider will then review the lab and mark it as reviewed.
- The provider will validate that any in-house tests ordered have documented results before signing off on the note. If the result is not documented, the provider should verify with the nurse if completed and/or remove the charge from the superbill to validate that no charges are billed out without a documented result.
- If further action is needed, the provider will forward the lab with instructions to respective clinical personnel.
- All no contacts and patient refusals will be notated in the note section of the referral order and her and assigned to the referring provider for follow up. It will be the responsibility of the provider to develop an alternative treatment plan.
- If any errors occur, the lab and provider will be notified immediately.

The process for “flagging” overdue results from our reference lab for all KTCH facilities is the responsibility of the Phlebotomist.

- A Lab Manifest is run each day by the Phlebotomist from our EHR.
- The Phlebotomist maintains all manifests until all labs have been received. This will alert the Phlebotomist on a daily basis to verify that the labs that were ordered were actually received in an appropriate period of time depending on the particular lab test (i.e.pathology, paps, may take longer than a regular CBC).

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

- The Phlebotomist prints this each day and checks off/highlights lab results received, and then reviews labs not received so that they can be acquired through LabCorp by calling the company and asking for the results to be re-sent.

The process for flagging overdue results ordered from any laboratory except our reference lab is the responsibility of the ordering provider's care team as indicated above.

### **Procedure for Imaging Tracking:**

The practice systematically tracks all imaging tests ordered or done within the practice until results are available to the provider, flagging overdue results. Our EHR tracks imaging tests in two ways.

- The provider or his/her designee will order the lab through the EHR.
- The provider or his/her designee will provide order to patient with instructions for self-scheduling imaging tests (i.e. xrays, screening mammograms). For non-self-scheduling imaging tests, pt will be educated that the KTCH referral specialist will reach out with further instructions.
- Once the lab is ordered, the system indicates that the lab has been ordered and it remains in that status until the results are received.
- Non Self-Scheduling imaging tests will automatically flow into the referral specialist. The test will be scheduled based on priority (High- 24 hrs, Low/none- 72 hrs). All notes and actions taken regarding the status of the order will be listed on the imaging order. The referral specialist will be responsible for calling the patient to notify them of prior authorization status &/or date and time of appointment to complete test.
- The provider will be notified of any denials or additional requests based on prior authorizations via reminder in the EHR.
- Facilities who request to review the records prior to scheduling or who request to schedule with the patient directly will be monitored by the RC. He/she will send the requested information and leave the order as "pending". 3 day follow up on high priority and 5 day follow up on low priority to the referring facility will be completed and documented via the order until an appt date/time is received.
- A daily review of the requisition orders is done by the nurse/CMA. Imaging orders more than 30 days old will be monitored and flagged and followed up by the nurse/CMA.
- Results are received via electronic fax or mail. They will be compared to the order & linked together. Medical Records will select "received" and assign to the ordering provider.
- The results are then electronically transmitted to the ordering provider. If the ordering provider is not available, an alternative covering provider will be assigned to monitor the task box in case of abnormal results.
- If further action is needed, the provider will forward the lab with instructions to respective clinical personnel.
- All no contacts and patient refusals will be notated in the note section of the referral order and her and assigned to the referring provider for follow up. It will

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

be the responsibility of the provider to develop an alternative treatment plan. If any errors occur, the provider will be notified immediately.

### **A Formal System of Patient Recall Exists**

- When a provider requests a recall or repeat of a specific procedure, test, etc (for example repeat colonoscopy in 2 years or PTN/INR in one week), the nurse/CMA will create a reminder for a future date to allow tracking to occur.
- The nurse/CMA will contact the patient prior to the service needing to be completed to coordinate and schedule following the procedures outlined above.

### **Patient Notification**

An attempt to notify the patient by the nurse/CMA or provider will be made the same day the test result is received if possible. All test results are reported to the patient whether normal or abnormal. The office instructs the patient to call the clinic regarding test results if they do not hear from the clinic within two weeks' time of having testing performed. Attempts to call a patient with test results will occur in a timely manner and be documented via the EHR. When results are discussed with patients the provider will give appropriate directions for follow up care. If unable to contact the patient by phone after two attempts over a seven-day period, then a letter will be sent to the patient by the nurse/CMA. If the test results are abnormal and the letter is unanswered the provider will dictate a letter to the patient expressing the results, their concerns, and the potential risks of failure to follow up. The dictated letter will be sent via certified mail to the patient. All attempts to notify the patient (phone, mail, certified mail, etc.) will be documented in the patient record. A copy of all letters will be saved within the EHR.

### **Procedure for Dental Referrals:**

Dental Referrals are maintained according to dental referral protocols. Please reference the hyperlink for updated information. The lead dental assistant will track and monitor patients who have been referred for urgent needs or active dental disease and follow up with patients as needed.

## **III. REFERENCES**

Attachment A- [Dental Referral Procedures](#)

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Care Coordination Services  
**BOD Approval:**  
**Responsibility:** Clinical Staff

**Policy Number** 2.18  
**Effective Date:**  
**Distribution:** All Departments

---

### **POLICY:** Care Coordination Services:

Katy Trail Community Health (KTCH) is committed to eliminate any barrier a patient may have in receiving quality health care by providing care coordination services to patients who present with such barriers. Examples of barriers are but not limited to uninsured patients, patients in need of interpretation services, housing, health literacy, and limited access to resources such as food or medications.

**Purpose:** To ensure that every patient receive quality healthcare regardless of any personal circumstance that could pose a barrier to care.

**Guidelines:** Care Coordinators are to provide the following services and assistance to our patients.

**1. Insurance Assistance for Children and Pregnant Women:** A patient care coordinator visits with all uninsured patients under 19 years old and/or pregnant women prior to their initial provider visit. Their goal during this visit is to identify health insurance resources for patients/families without insurance.

- a. If the patient is a child less than 19 years of age then a Medicaid application may be completed. The care coordinator will assess their situation and enroll them in the correct program.
- b. If the patient is a pregnant woman then a Medicaid application may be completed.
- c. Parents will be screened for eligibility for MO Health Net for Families (MHF). When a date of service application (DOSA) is completed for children age 0-18, some parents may be eligible.
- d. Presumptive Assistance for qualifying uninsured children.

### **2. Insurance Assistance Adults (Aged, Blind and Disabled Application):**

A patient care coordinator visits with all uninsured adult patients who express a willingness to complete the application.

### **3. Affordable Care Act Assistance:**

A patient care coordinator visits with uninsured adult patients to assist with application, enrollment, and payment for health insurance.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

### **4. Community Resources & Referrals:**

- a) Assist patients to access community resources for co-pay assistance, food, utilities, shelter, and parenting skills.
- b) Assist patients to understand the referral process, set up transportation for out of house visits, and interpretation for specialty office appointments.
- c) Call patients with lab results & medication changes if the patient is not English speaking. Assist patients to understand the refill policy and contact the pharmacy on the patient behalf if needed.
- d) Assists female patients over 35 years of age to access care through the Show me Healthy Women/Wise Woman program. This program provides a free pap, pelvic and clinical breast exam. At the age of 50, a patient may qualify for a free mammogram or sooner if there is a medical concern.
- e) The patient care coordinator may assist with PapRx orders for patients. They will help them to set up an account and complete the paperwork.

### **4. Interpretation services for patients:**

- a) Care Coordination has on site interpreters to interpret for behavioral health visits, medical visits, dental visits, lab appointments, telehealth, and phone calls.
- b) CyraCom Services that is available 24 hours per day, seven days a week with 150 languages available for our patients if a patient presents with a language one of our care coordinators is not fluent in.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Interpretation Services  
**BOD Approval:** 7/2011  
**Responsibility:** Clinical Staff

**Policy Number** 2.19  
**Effective Date:** 6/2011  
**Distribution:** All Departments

---

### **POLICY:**

It is the goal of Katy Trail Community Health (KTCH) to provide language assistance for patients who do not speak or understand English, or who have a limited ability to understand English. KTCH will meet this need by staffing employees who have completed the “Bridging the Gap” interpretation program. The care coordinators whose job responsibilities include interpretation will be the first to respond when interpretation is needed. Other staff that has completed the “Bridging the Gap” program may also be called upon to interpret. KTCH will provide a CyraCom Interpretation phone service that provides language assistance for all languages, and KTCH will contract with Columbia Interpreting Services for all language services.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH Medical and Dental Clinical Policy

Approved: -----  
BOARD APPROVED 2020 JULY

Revised: -----



# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Standards for Response Times to Patients and Patient Related Telephone Calls

**BOD Approval:** 1/2018

**Responsibility:** Clinical Staff

**Policy Number:** 2.20

**Effective Date:** 6/2011

**Distribution Department:** All Departments

---

### I. POLICY:

Katy Trail Community Health (KTCH) is committed to providing timely responses to all patient and/or patient related telephone requests.

### II. GUIDELINES:

#### TELEPHONE PROTOCOLS:

##### A. Provider Care Team:

1. Care team members are available all hours that the respective clinics are open.
2. Care team members will respond to all patient calls within 4 business hours.
3. Should a care team member determine that a phone call needs immediate attention, she will consult with a provider within 15 minutes on behalf of the patient.
4. The EHR Phone Consultation will be used to document all patient calls for medical, dental, all phone calls will be documented in the patient journal in the EDR. In medical care team members will respond to all secure electronic communication via patient portal within 2 business days. The patient portal is not monitored outside regular business hours. Documentation may be within the patient portal or within an EHR phone consultation.

##### B. By Provider:

1. Providers are on call 24/7 and, per On-call policy, will respond to patient calls within 30 minutes.
2. Providers will respond to all secure electronic communication via patient portal within 2 business days. The patient portal is not monitored outside regular business hours.
3. Documentation may be within the patient portal or within an EHR phone consultation.

##### C. Medical Records Clerk:

1. When a patient sends a message to their care team via the patient portal it is received by the medical records staff. The medical records staff then forwards the message to the appropriate member of the care team within 4 business hours. The patient portal is not monitored outside regular business hours.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Triage  
**BOD Approval:** 1/2018  
**Responsibility:** All Staff

**Policy Number** 2.21  
**Effective Date:** 6/2011  
**Distribution:** All Departments

---

### **I. POLICY:**

1. To collect information to determine the urgency of a medical/dental health problem and to determine whether immediate intervention is needed and how soon treatment should begin. Katy Trail Community Health (KTCH) provides urgent medical care and emergency dental services to its patients.
2. Triage guidelines/protocols have been established to determine how soon a patient needs to be seen by a provider.
3. After normal office hours all patient calls will be the answering service to the KTCH medical/dental provider on call.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Code of Conduct  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.22  
**Effective Date:** 6/2011  
**Distribution:** All Departments

---

### I. POLICY:

It is the policy of Katy Trail Community Health (KTCH) that every provider who is granted the privilege to perform patient care services at KTCH must continuously demonstrate a willingness and capability to work with and relate to other staff members which includes other physicians, allied health providers, employee staff, visitors, and the community in general. Our expectations that in treating everyone with the respect due them and behaving with courtesy and according them dignity, that there is a furthering of clinical excellence and quality outcomes as we should all desire.

Disruptive behavior occurring in non-clinical settings may also be considered relevant in so far as it impacts upon the provider's ability to provide quality patient care, considerations of general good character and applicable standards of professional behavior and ethical standards.

This code of conduct is entered into in the spirit of providing a safe, equitable and just workplace free of abusive influences. As such, this Code will attempt to outline the expected behavior and consequences of deviating from said expected conduct, with rights of the provider in said process.

### II. GUIDELINES:

Staff Code of Conduct

1. Behave in a manner that would be understood by all to be worthy of emulation rather than condemnation.
2. Be a good citizen.

Of course, there are many aspects which come to mind when this phrase is evoked, but for matters pertaining to staff at KTCH, we expect you to:

- i. Present yourself to the clinical facility in good physical and mental health, unimpaired by any substances or emotional concerns
- ii. Assist without delay when called for an emergency
- iii. Provide your patients with care at the generally recognized standard of care for your specialty
- iv. Follow clinical protocols approved by the appropriate committees when such protocols have been determined by the Chief Medical & Dental Officers to promote quality care and appropriate use of resources
- v. Receive data on quality and outcomes, and use it in a positive fashion to maintain and further personal quality of practice
- vi. Act in a cooperative manner with medical staff and administrative leadership
- vii. Treat other colleagues including providers, allied health providers, staff, volunteers and clinic employees with all due courtesy, respect, and dignity.
- viii. Maintain confidentiality on all aspects of patient care and peer interactions/peer review. It is the

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

policy of KTCH to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information

- ix. Bring matters of safety, competence, facilities or other matters relating to the safe and effective care and the environment of care to the attention of the appropriate leadership staff. Refrain from discussing these issues with those who are not in line to effect changes.
- x. Avoid disruptive behavior, and other matters as listed below:

### **DISRUPTIVE BEHAVIOR**

It would be impossible to specifically enumerate all the different forms of disruptive or inappropriate conduct that would be below the normal standard of conduct expected of providers. Therefore, for purposes of this policy, “disruptive behavior” shall generally mean behavior which violates accepted rules of civil behavior and professional etiquette, violates legal standards of conduct or professional ethics, disrupts the efficient and orderly operation of the hospital and its staff, or otherwise interferes with patient care (Please see Disruptive Behavior Policy for detailed information). There are also statements made by the American Medical Association and the American Osteopathic Association regarding proper conduct that may also apply but may not necessarily be cited herein.

In addition to disruptive and inappropriate behavior, we specifically mention and state that inappropriate sexual conduct/intimidation has lower limits of tolerance as well as specific Federal laws and our ability to offer intervention may be precluded by matters of litigation pending appropriate investigations.

Subject to the context and unique facts and circumstances of each case, the following are some examples of disruptive conduct:

1. Repeated use of vile, loud, intemperate, offensive, or abusive language
2. Repeatedly acting in a rude, insolent, demeaning, or disrespectful manner
3. Verbal or physical threats, intimidation, or coercion
4. Actual physical abuse or unwanted touching
5. Illegal discrimination against person or refusal to provide patient care services based upon unlawful criteria
6. Lack of cooperation or unavailability to other providers for exchange of pertinent patient care information or resolution of patient care issues
7. Deliberate destruction or damage to property
8. Criminal conviction of an offense which impacts the providers qualification for continued service at KTCH, including their capacity to provide quality patient care services, adherence to applicable standards of professional ethics and good character.
9. Sexual or other forms of harassment, including unwelcome sexual advances, request for sexual favors, or other verbal or physical conduct of a sexual nature which has the purpose or effect of substantially interfering with the individuals work performance or creating an intimidating, hostile or offensive work environment.
10. Intentional disruption of KTCH Board, Provider Staff, or general staff meetings or activities
11. Breach of confidentiality
12. Inappropriate entries in patient medical records which have the primary purpose or effect of attacking or belittling other providers, imputing stupidity or incompetence of other providers or impugning the quality of care of other providers.
13. Repeated, willful failure to abide by KTCH medical staff policies and procedures including refusals to comply with required duties or assignments.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

Except as otherwise required by their legal or ethical duties, providers are requested to first express their concerns or constructive criticism through the appropriate chain of command and seek internal resolution prior to publicly expressing their concerns or constructive criticisms.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Impaired or Dysfunctional Licensed Practitioner

**BOD Approval:** 1/2018

**Responsibility:** Clinical Staff

**Policy Number:** 2.23

**Effective Date:** 6/2011

**Distribution:** All Departments

---

### I. POLICY:

It is the policy of Katy Trail Community Health (KTCH) to address problems dealing with impaired professional performance among licensed practitioner.

### II. GUIDELINES:

#### Report and Investigate

If any individual working in the clinical facility has a reasonable suspicion that a licensed practitioner is impaired, the following steps should be taken:

1. The individual who suspects the licensed practitioner of being impaired must give an oral or, preferably, written report to the CEO. The report must be factual and shall include a description of the incident(s) that led to the belief that the licensed practitioner might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions.
2. The report shall be reviewed by the CEO and an outside consultant. If the finding is that the licensed practitioner is impaired, a report shall be submitted to the Chief Medical/Dental Officers.
3. There will be a meeting with the licensed practitioner in question, the Chief Medical/Dental Officer, and the CEO, and the licensed practitioner shall be told that the results of an investigation indicate that the licensed practitioner suffers from an impairment that affects their practice.
4. Depending upon the severity of the problem and the nature of the impairment, KTCH has the following options:
  - a. require the licensed practitioner to complete a rehabilitation program as a condition of
  - b. continued appointment and clinical privileges;
  - c. impose appropriate restrictions on the licensed practitioner practice; or
  - d. Immediately suspend the licensed practitioner privileges until rehabilitation has been accomplished if the licensed practitioner does not agree to discontinue practice voluntarily.
5. KTCH shall seek the advice of legal counsel of KTCH to determine whether any conduct must be reported to law enforcement authorities or other government agencies and what further steps must be taken.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

6. The original report and a description of the actions taken by the CEO and/or the Chief Medical/Dental Officers should be included in the licensed practitioner file. If the investigation reveals that there is no merit to the report, the report shall be destroyed. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in a confidential portion of the licensed practitioner personnel file and the licensed practitioner activities and practice shall be monitored until it can be established whether there is an impairment problem.
7. The CEO shall inform the individual who filed the report that follow-up action was taken.
8. Throughout this process, all parties shall avoid speculation, conclusions, gossip, and any discussions of this matter with anyone outside those described in this policy. At no time will the identity of the licensed practitioner or their impairment be known to anyone other than the CEO, the Chief Medical/Dental Officers, the Missouri Physicians' Health Program, the Missouri Association of Osteopathic Physicians and Surgeons Health Program or Impaired Dentist Committee, and persons involved in the intervention process, except as limited by applicable law, ethical obligation or when the health and safety of the patient is threatened.

### **Rehabilitation**

1. Leadership shall assist the licensed practitioner in locating a suitable rehabilitation program. KTCH shall not reinstate a licensed practitioner until it is established, to the clinic's satisfaction, that the licensed practitioner has successfully completed a rehabilitation program in which KTCH has confidence.

### **Reinstatement**

1. Upon sufficient proof that a licensed practitioner who has been found to be suffering impairment has successfully completed a rehabilitation program, KTCH may consider reinstating the licensed practitioner.
2. When considering an impaired licensed practitioner for reinstatement, KTCH and its medical staff leadership must consider patient care interest to be paramount.
3. KTCH must first obtain a letter from the licensed practitioner director of the rehabilitation program where the licensed practitioner was treated. The licensed practitioner must authorize the release of their information. The letter from the director of the rehabilitation program shall state:
  - a. whether the licensed practitioner is participating in the program;
  - b. whether the licensed practitioner is in compliance with all the terms of the program;
  - c. whether the licensed practitioner attends program meetings regularly (if appropriate);
  - d. to what extent the licensed practitioner behavior and conduct are monitored;
  - e. whether in the opinion of the rehabilitation program physicians, the licensed practitioner is rehabilitated;
  - f. whether an after-care program has been recommended to the licensed practitioner and, if so, a description of the after-care program; and
  - g. whether, in the program directors opinion, the licensed practitioner is capable of resuming medical/dental practice and providing continuous, competent care to patients.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

4. The licensed practitioner must inform KTCH of the name and address of his or her primary care physician, and must authorize the physician to provide KTCH with information regarding his or her condition and treatment. KTCH has the right to require an opinion from other physician consultants of its choice.
5. KTCH shall request the primary care physician to provide information regarding the precise nature of the licensed practitioner's condition, the course of treatment, and the answers to the questions posed above in 12 (e) and (g).
6. The Chief Medical/Dental Officers shall monitor the licensed practitioner's exercise of clinical privileges.
7. The licensed practitioner must agree to submit to an alcohol or drug screening test (as appropriate to the impairment) at any time at the request of the CEO and/or Chief Medical/Dental Officers.
8. All requests for information concerning the impaired licensed practitioner shall be forwarded to the CEO for response.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*



# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Clinical Operations  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.24  
**Effective Date:** 6/2011  
**Distribution:** All Departments

---

### I. POLICY:

The Mission of Katy Trail Community Health is *Mission:  
Quality Care + Meaningful Partnerships = Healthy Communities.*

### II. GUIDELINES:

#### Hours of Operation

##### Hours of Operation for Dental Services in Sedalia are:

Monday 7:00 a.m.-6:00 p.m.  
Tuesday 7:00 a.m.-6:00 p.m.  
Wednesday 7:00 a.m.-6:00 p.m.  
Thursday 7:00 a.m.-6:00 p.m.  
Friday 7:00 a.m.-5:00 p.m.

##### Hours of Operation for Medical Services in Sedalia are:

Monday 8:00 a.m.-7:00 p.m.  
Tuesday 8:00 a.m.-7:00 p.m.  
Wednesday 8:00 a.m.-7:00 p.m.  
Thursday 8:00 a.m.-7:00 p.m.  
Friday 8:00 a.m.-5:00 p.m.

##### Hours of Operation for Dental Services in Warsaw are:

Monday 8:00 a.m. -5:00 p.m.  
Tuesday 8:00 a.m. -6:00 p.m.  
Wednesday 8:00 a.m. -5:00 p.m.  
Thursday 8:00 a.m.-4:00 p.m.  
Friday 8:00 a.m.-5:00 p.m. (hygienist only)

##### Hours of Operation for Medical Services in Warsaw are:

Monday 8:00 a.m.-5:00 p.m.  
Tuesday 8:00 a.m.-6:00 p.m.  
Wednesday 8:00 a.m.-5:00 p.m.  
Thursday 8:00 a.m.-5:00 p.m.  
Friday 8:00 a.m.-5:00 p.m.

##### Hours of Operation for Dental Services in Stover are:

Scheduled as needed.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# **KATY TRAIL COMMUNITY HEALTH**

## **Medical and Dental Clinical Policy**

### **Hours of Operation for Medical Services in Versailles are:**

Monday 8:00 a.m.-7:00 p.m.

Tuesday 8:00 a.m.-7:00 p.m.

Wednesday 8:00 a.m.-7:00 p.m.

Thursday 8:00 a.m.-7:00 p.m.

Friday 8:00 a.m.-5:00 p.m.

### **Hours of Operation for Medical Services in Marshall are:**

Monday 8:00am -7:00pm

Tuesday 8:00am-5:00pm

Wednesday 8:00am-5:00pm

Thursday 8:00am-7:00pm

Friday 8:00am-5:00pm

### **Opening and Closing Procedures**

The clinic doors will be opened 15-30 minutes prior to the first appointment each morning to allow check-in time for appointments. The clinic must be locked each evening at close. All computers must be logged off to protect patient information.

### **Medical Services Offered**

**Primary Care:** A Primary Care Provider (PCP) is a health care provider who sees people that have common medical problems. This person is usually a doctor, but may be a physician assistant or a nurse practitioner. A PCP is the main health care provider in non-emergency situations. The PCP's role is to:

- Provide preventive care and teach healthy lifestyle choices
- Identify and treat common medical conditions
- Assess the urgency of your medical problems and direct you to the best place for that care
- Make referrals to medical specialists when necessary

**Pediatrics:** A pediatrician is a health care provider who has completed a pediatric residency and is board certified, or board eligible, in this specialty. The scope of their practice includes the care of newborns, infants, children, and adolescents.

**Care Coordination:** It is the role of the Care Coordinator to provide an assessment of individual/family needs and strengths and develop and monitor a plan for assistance interventions. The Care Coordinator will provide direction, support, guidance, education, and training for the recipient of services. The Care Coordinator will also provide advocacy, information, referral, and follow-up services to verify the promotion of the welfare of the patient.

### **Dental Services Offered**

**Level 1 –Emergency and Preventative Services.** These services will be provided to all qualified patients in accordance with the policy guidelines for each individual procedure. KTCH will routinely have on hand all supplies and equipment necessary to complete these procedures.

**Level 2 – Basic Dental Services.** These services will be provided to all qualified patients unless any exceptions or exclusions are indicated under the policy guidelines for each individual procedure. KTCH

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

will routinely have on hand all supplies and equipment necessary to complete these procedures. These services will include restorative, oral surgery, routine endodontics, scaling, and root planning.

Level 3 – Expanded Dental Services. These services will not routinely be provided to patients. The Chief Dental Officer will determine the appropriateness of these services on a case-by-case basis taking into account the excess clinical time and expense needed to provide these services. KTCH may have on hand all supplies and equipment necessary to complete these procedures, but some supplies may need to be ordered on an as-needed basis. These services may include fixed prosthodontics, removable prosthodontics, occlusal guards, and interceptive orthodontics.

Sedation Services – These services may be provided to patients as determined by the Primary Dental Provider after all resources have been exhausted. Prior authorization from an insurance carrier may be required for sedation services.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Child Care  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.25  
**Effective Date:** 6/2011  
**Distribution:** All Departments

---

### I. **POLICY:**

KTCH is not responsible for babysitting children that are not being seen.

### II. **GUIDELINES:**

#### **Dental Child Care:**

**Purpose:** *To assure continued quality and safety of care provided to pediatric dental patients*

#### **Guideline:**

1. In order for the doctor and the staff to focus on the child's needs during their dental treatment, it is necessary to ask that only one adult accompany the child to the treatment area except for a new patient visit for infant or toddler where both parents are encouraged to participate.
2. All siblings of patients not scheduled to be seen by the doctor should remain in the waiting area with an accompanying adult. Siblings may not be left in the waiting room without adult supervision, if they are under 10 years of age
3. If a child needs to return to the office for further treatment, only one adult may accompany them to the treatment room.
4. Any adult presenting for a personal appointment with the dentist or hygienist, should arrange for an accompanying adult remain in the waiting room and watch any children coming with them
5. Dental staff will inform patients about this guideline when scheduling appointments and Dental Assistants are responsible for reinforcing the guideline if/when a patient attends a visit with more than one child.

KTCH is not responsible for babysitting children that are not being seen. Children crying in the clinical area are very disruptive to others. It is not in the best interest of a patient's child or a patient's sibling to be in the clinical area. Reception areas are available for this purpose with adult supervision only. No sibling is allowed in the treatment area with the exception of a lap baby. No child under the age of 10 may be left alone in the reception area.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

### **Medical Child Care:**

**Purpose:** *To assure continued quality and safety of care provided to patients*

### **Guideline:**

1. Family members are welcome in the clinic (exam room) at the discretion of the provider.
2. If family members become disruptive to the care of the patient they may be asked to wait in the waiting room area.

KTCH is not responsible for babysitting children that are not being seen. Reception areas are available for this purpose with adult supervision only. No child under the age of 10 may be left alone in the reception area. Children may be brought back with the patient to the medical area but patients should be cautioned that children crying in the clinical area may be disruptive to others.

### **III. REFERENCES**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Prescription Procedures for Dental Patients  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.26  
**Effective Date:** 6/2011  
**Distribution:** All Departments

---

### I. **POLICY:**

Katy Trail Community Health (KTCH) dental providers will prescribe appropriate medications to active patients of the health center. In order for a prescription to be written, the patient must have seen a KTCH dentist and be actively seeking dental treatment. In order to prescribe controlled substances, clinical policy 2.11 will be followed and the appropriate patient contract will be signed if necessary.

### II. **GUIDELINES:**

KTCH Dentist will log on to a secure computer to write prescriptions. The prescriptions will be written in the electronic practice management software. If a prescription needs to be hand written, it will be scanned into the practice management software and a note will be made regarding the reason the prescription was hand written.

#### ***Narcotics Policy***

Due to the addictive nature of narcotic pain medications, we reserve the right to give prescriptions for controlled substances for acute pain at the discretion of the treating dentist. Most dental procedures require only over-the-counter non-steroidal anti-inflammatory pain medications or mild narcotics. If patient requests follow-up treatment, patient will be required to come to the dental clinic before any prescriptions will be given. The dental opioid prescribing policy can be referenced at:

#### ***Guidelines for information to be included on written scripts***

Prescriptions should contain the prescribing doctor's name, signature, and DEA number; the clinic's address and phone number; drug name, quantity, instructions, and refills if necessary; the patient's name, address, and date the prescription is written.

#### ***Identification of employees authorized to call in scripts***

Dental hygienists and the dental assistants with direction from a Dentist are permitted to call in prescriptions to the pharmacy. Per KTCH prescription policy, this is not to be done except in emergency or other extenuating circumstance.

#### ***Management of anesthetics***

Anesthetic carpules are stored in the sterilization room. Nitrous oxide gas units are stored in the storage room.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Orientation/Proficiency Testing  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Department

**Policy Number:** 2.27  
**Effective Date:** 5/2007  
**Distribution:** All Departments

---

### **I. POLICY:**

New non-provider clinical staff shall participate in a period of orientation to learn organizational procedures and verify skill levels prior to being assigned independent responsibilities. Proficiency testing will be completed at 90 days for new nurses/medical assistants/phlebotomists/dental assistants. Proficiency testing will be completed no less than every two years for all nurses/medical assistants/phlebotomists/dental assistants.

### **II. GUIDELINES:**

#### **1. Orientation**

- a. Supervisors, or their designee, will review job descriptions and proficiency checklist with all new employees.
- b. New employees will need to demonstrate proficiency in all areas on the checklist.
- c. Supervisors, or their designee, will verify that the employee is competent to perform the duty by initialing the competency skill checklist.
- d. It is the responsibility of the employee to identify areas where they believe additional orientation and training is needed if they do not feel competent performing specific skills. The length of orientation to job duties will vary from employee to employee, depending on employment background, skills and ability to apply background and skill in this setting. Employee should be proficient on skills within their 90 day probation or their probation period may be extended.

#### **2. Proficiency Testing**

- a. Skill proficiency will be updated no less than **yearly or** as required by Federal Tort Claims Act (FTCA).
- b. It is the responsibility of the employee to make their supervisor aware if at any time they do not feel proficient performing a specific skill(s). Additional training/orientation will be provided until such time that the employee demonstrates proficiency in the area(s) they had identified as a weakness.

#### **3. Skills Training**

- a. Additional skills training /proficiency testing may occur at any time throughout the year if the practice purchases and/or obtains new equipment and/or adds new services and/or as policies are updated. For nursing there is 30/60/90 day competency checklist that is completed in the 90 orientation process. Dental assistants there is a 90 day competency checklist to be completed.

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

### III. REFERENCES:

Competency Checklist Link: <P:\Management\Training Program\Training Agenda and Checklists\Clinical Skills Training-Nursing\Competency 30-60-90.xls>

**Dental Assistant competency checklist link** <P:\Management\Dental\Dental assistant forms\Assistant privileging\Staff competency 2019.doc>



# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Tuberculosis Skin Test (TST) Screening, New Employee, Annual and Post-Exposure

**BOD Approval:** 1/2018

**Responsibility:** Clinical Staff

**Policy Number:** 2.28

**Effective Date:** 5/2007

**Department:** Clinical Department

---

### I. POLICY:

Katy Trail Community Health will provide tuberculosis (TB) testing (PPD) to staff and patients as part of a screening and/or to aid in diagnosis and treatment. Testing may be performed by physicians/ providers, RNs, LPNs, or RMAs.

The purpose of the TB screening program is to:

1. Identify staff and patients with TB disease to prevent transmission **and**
2. Identify TB infection in staffs and patients to prevent progression to TB disease, **and**
3. Evaluate the effectiveness of TB exposure control measures in order to identify the need for corrective action, **and**
4. Comply with federal, state, and local regulations and guidelines

### II. GUIDELINES:

#### **COMPLIANCE WITH THE TB SCREENING PROGRAM**

- A. Compliance with the TB screening policy is mandatory for all staffs, providers and volunteers.
- B. Staff who fails to comply with the requirements of TB screening will be notified in writing. Further non-compliance will result in disciplinary action up to, and including, removal from the work schedule until compliance is achieved.
- C. Physicians and physician groups that fail to comply with TB screening will result in disciplinary action up to, and including, removal from the work schedule until compliance is achieved.

#### **PRE-EMPLOYMENT TB SCREENING**

New employees who have been made a conditional offer of employment shall be screened for presence of infection with *M. tuberculosis* using the Mantoux skin test (TST).

- A. TST skin testing will employ the two-step procedure. (If the reaction to the first test is less than 10 mm indurations, a second test will be given 1-3 weeks later). A positive second test is indicative of a boosted reaction and NOT a new infection. If the second test remains negative, the person is classified as uninfected.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

- B. Individuals with **no documented history of a TST** skin test within the last 12 months will undergo the two-step procedure. If the 2nd test remains *negative*, no further action is necessary. If the second test is *positive*, the individual will be referred to their PCP for evaluation and treatment. If treatment is recommended by the individual's PCP and the individual chooses not to comply with recommended treatment or complete treatment, the conditional offer of employment will be rescinded.
- C. Individuals with documented **history of a negative TST** performed within the last 12 months need not receive any injections until they have reached the 12 month period. At that time they are to receive only one (1) intradermal injection of TST tuberculin. (Note: In this instance, the prior skin test serves as the 1st step of a two-step procedure). If the 2nd test remains *negative*, the person is classified as uninfected and no further action is necessary. If the second test is *positive*, the individual will be referred to their PCP for evaluation and treatment. If treatment is recommended by the individual's PCP and the individual chooses not to comply with recommended treatment or complete treatment, the conditional offer of employment will be rescinded.
- D. Individuals who report a **history of positive TST** reactions do not have to have the skin test repeated if there is written documentation of a previously positive reaction, or of completion of adequate preventive therapy, or of completion of adequate therapy for active disease.
- E. Individuals who are found **to be TST positive** upon initial screening will be referred to their primary care provider (PCP) for evaluation. KTCH will not provide treatment for positive reactors. If treatment is recommended by the individual's PCP and the individual chooses not to comply with recommended treatment or complete treatment, the conditional offer of employment will be rescinded.
- F. If an individual is **diagnosed as having active TB**, they become ineligible for employment. They will be counseled to obtain the necessary medical treatment and complete the prescribed treatment. Once they have completed the course of treatment and no longer have active TB, they can reapply for employment.

### **ANNUAL EMPLOYMENT SCREENING**

- A. Employees with a **negative skin test history** will have an annual TST skin test and, depending on the test results, will be followed as above. The two-step procedure need not be used.
- B. **TST skin test converters** and **employees that are symptomatic** will be referred to their PCP for evaluation and treatment. If treatment is recommended by the employee's PCP and the employee chooses not to comply with recommended treatment or complete treatment, we will discuss the health risks of not complying/completing treatment but it is KTCH's policy to not "force" an employee to complete treatment if they choose not to. We will follow-up with the employee every

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy

- 6 months by having the employee complete our “Annual TB Questionnaire” to evaluate the development of a cough. The employee’s return to work will be contingent upon the receipt of documentation attesting to lack of infectivity.
- C. In the event that an employee refuses a skin test, chest x-ray or recommended treatment when indicated, their continued employment will be evaluated.
  - D. Employees, with **previously known positive skin reactions** followed by a documented chest x-ray that is negative do not need repeat chest x-rays regardless of the time elapsed since their negative chest x-ray. Repeat chest x-rays will be indicated only when an employee has symptoms suggestive of TB. An annual TB Questionnaire is to be completed by the employee. Under these circumstances, KTCH will not be financially responsible for the cost of these chest x-rays. If an employee exhibits positive signs of TB, they will be referred to their PCP for evaluation and treatment. If treatment is recommended by the employee’s PCP and the employee chooses not to comply with recommended treatment or complete treatment, we will discuss the health risks of not complying/completing treatment but it is KTCH’s policy to not “force” an employee to complete treatment against their will if they choose not to. We will follow-up with the employee every 6 months by having the employee complete our “Annual TB Questionnaire” to evaluate the development of a cough. The employee’s return to work will be contingent upon the receipt of documentation attesting to lack of infectivity.
  - E. Employees with **active TB** will have their work assignments re-evaluated. Employees who discontinue treatment before the recommended course of therapy has been completed we will discuss the health risks of not complying/completing treatment but it is KTCH’s policy to not “force” an employee to complete treatment. We will follow-up with the employee every 6 months by having the employee complete our “Annual TB Questionnaire” to evaluate the development of a cough. The employee’s return to work will be contingent upon the receipt of documentation attesting to lack of infectivity.
  - F. **Pregnant Health care Workers:** It is recommended that pregnant staff, who meets the criteria TST testing, receive TST testing during their pregnancy. If the test is deferred for medical reasons, the employee is expected to provider physician documentation of need to postpone TST and comply with the TST once they return from pregnancy leave.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical Clinical, Laboratory & Title X Policies

**Policy Title:** Patient Emergency Protocol  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.29  
**Effective Date:** 06/2006  
**Distribution:** All Departments

---

### I. **POLICY:**

Katy Trail Community Health (KTCH) will provide consistent, quality care in emergency situations by following a standardized procedure to CALL 911 (EMERGENCY MEDICAL SERVICES), KEEP CALM AND START TREATMENT PROMPTLY. All clinical employees will remain current on their CPR certification. All medical emergencies will be paged either through the emergency page button on some phone or at the following extensions:

Sedalia-167  
Marshall- 555  
Warsaw- 222  
Versailles-750

Medical staff is expected to respond to dental emergencies. For times when medical staff may not be present dental staff will call 911.

### II. **GUIDELINES:**

When someone is found unresponsive, first call 911 and then initiate CPR. Continue until help arrives or you become exhausted.

**For oxygen therapy**, follow these protocols:

1. Administer Oxygen at 2.5 L/M (Liters per minute) via nasal cannula

#### ***ALTERED MENTAL STATE***

1. Perform vital signs including blood pressure, temperature, and pulse ox.
2. Glucose stick.
3. Oxygen therapy.
4. Assess acute or chronic progressive or stable.
5. Assess focal neurologic deficits, ie, speech, weakness, etc.

#### ***CARDIAC EMERGENCIES***

Basic cardiovascular life support techniques will be used for cardiac emergencies.

1. Assess the patient's unresponsiveness by shaking the patient and shouting, "Are you

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH**

### **Medical Clinical, Laboratory & Title X Policies**

OK?”

2. Call for help and instruct someone call 911 to activate the Emergency Medical System (EMS) and to bring the AED.
3. Begin CPR
4. As help arrives, add oxygen, and establish an IV with normal saline as ordered by the provider.
5. Transfer care to EMS staff upon their arrival.
6. Facilitate transport to emergency department

#### ***CHEST PAIN***

1. Assess vital signs
2. Have another nurse obtain, oxygen, EKG machine and Backboard.
3. Get the provider immediately.
4. Have a nurse in the room documenting times that events occur
5. Decision to process within clinic or call 911

#### ***RESPIRATORY DISTRESS***

1. Assess vital signs including Pulse Oximetry.
2. Have another nurse get, Oxygen, and Backboard. Have nurse stay with you to document times that events occur.
3. Get the provider immediately.
  - a. If acute, call 911 immediately.
  - b. Administer oxygen according to the patient's status. Infants and children often tolerate “blow by” oxygen better than an oxygen mask.
  - c. Allow patients to seek position of comfort. Infants normally prefer being held by patient or guardian. Adults often prefer an upright position.
  - d. Obtain and document vital signs and bilateral breath sounds ever 5-10 minutes.

#### ***RESPIRATORY ARREST***

1. Call 911 immediately.
2. Perform CPR.
3. Ensure/maintain airway, provide oxygen and ventilatory support.
4. Perform and document blood pressure, pulse ox, and bilateral breath sounds every 5-10 minutes.
5. Copy any records needed for transport.

#### ***SEIZURES***

1. Protect patient from injury during seizure activity.
2. CPR, if needed

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

**KATY TRAIL COMMUNITY HEALTH**  
**Medical Clinical, Laboratory & Title X Policies**

3. Maintain an open airway by placing patient in side-lying position for airway maintenance.
4. Ventilate as needed with 100% oxygen, high flow if seizing, low flow if following seizure activity.
5. Ventilate and suction as needed.
6. Call 911, if appropriate

***SEVERE ABDOMINAL PAIN***

1. CPR, if needed.
2. Ensure patient airway.
3. Oxygen therapy.
4. Position of Comfort.
5. Call 911, if appropriate

***POISONING***

1. Call Poison Control at 1-800-222-1222

***CHILD ABUSE***

1. Call 1-800-392-3738
2. Refer to Clinical policy # 2.77 “Child Abuse”

***ELDERLY AND DISABLED PERSONS ABUSE***

1. Call 1-800-392-0210
2. Refer to clinical policy # 2.79 “Elderly & Disabled Abuse”

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title: Empanelment & Population Management**  
**BOD Approval: 1/2018**  
**Responsibility: Clinical Staff**

**Policy Number: 2.30**  
**Effective Date: 7/2011**  
**Distribution: All Departments**

---

### **I. POLICY:**

Katy Trail Community Health (KTCH) is committed to empanelment which is a leadership-driven process that supports the paradigm shift from acute responsive care to proactive and planned care for a population of patients. Empanelment involves the act of assigning each patient to a primary care provider who assumes responsibility for the coordination of comprehensive services for his/her panel of patients. It is a methodology to ensure continuity of care for a practice's patient population as described in Patient Centered Medical Home philosophy. A patient's primary care provider (PCP) will be listed on the patient master in the EMR.

### **GUIDELINES:**

- I. Provider panels and related continuity of care can produce improved clinical outcomes.**
  - Continuity increases efficiency.
  - Continuity increases the quality of care including enhanced communication between the patient and his/her healthcare team.
  - Continuity decreases errors, promotes safety.
  - Continuity decreases rework.
  - Continuity increases patient, staff, and provider satisfaction.
  - Continuity enables patient-centered care and patient self-management support.
  - Continuity is a basic premise of population management.
- II. Principles of Empanelment**
  - A.** The basic tenet of empanelment is that a provider/care team is responsible for all of the care that his/her patients need. Each provider is responsible for all of the patients listed on his/her panel roster, whether or not those patients come into the practice for care. Proactive outreach is enabled by panel and/or population management processes to ensure that patients receive the care they need. Examples are noted below:
    - Patients who have been seen in the Emergency Department (ED) or hospital receive follow-up communication from the practice and are advised to seek follow-up care with the primary care provider if necessary.
    - Patients with chronic disease are managed through evidence-based guidelines and are engaged in continuous health management activities to optimize their health outcomes
    - Patients who fail to keep their appointments receive a follow-up call to review

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

the reason for failing the appointment, provide telephone advice, and redirect the patient into the practice for care as appropriate.

- B. Patient's should be informed that they have a right to request re-assignment if they do not like the provider to whom they are assigned. See Policy titled "PCP Change"
- C. Continuity of care reports will be run monthly to review the frequency with which the patients are seen by their assigned primary care providers. Trends will be evaluated at the provider and practice levels, and interventions applied as appropriate to ensure a high degree of continuity.
- D. KTCH will use its EMR for population management. Specifically, we will use electronic information to generate lists of patients and take action to remind patients or clinicians proactively of services needed, as follows:
  - Patients needing pre-visit planning (obtaining tests prior to visit, etc.)
  - Patients needing clinical review or action
  - Patients on a particular medication
  - Patients needing reminders for preventive care
  - Patients needing reminders for specific tests
  - Patients needing reminders for follow-up visits such as chronic condition
  - Patients who might benefit from care coordination services

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*



# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Assignment of PCP  
**BOD Approval:** 1/2018  
**Responsibility:** Clinical Staff

**Policy Number:** 2.31  
**Effective Date:** 12/2012  
**Distribution:** All Departments

---

### I. POLICY:

Katy Trail Community Health has established a mechanism to provide a systematic way to allow patients to select and see their own PCP, distribute workload and manage supply and demand.

### II. GUIDELINES:

#### Assignment Roles/Responsibilities

##### 1. Scheduling:

- Assigns new unassigned patients to provider schedule for first appointment.
- Confirms PCP assignment when making appointments.

##### 2. Patient Service Representative (PSR)

- Confirms PCP assignment at check-in.
- Resolves discrepancies between patient's stated PCP and the electronic health record (EHR), reassigns PCP if indicated.

##### 3. Care Team

- Confirms PCP assignment for all patients.
- Resolves discrepancies with provider assignment for established patients.

##### 4. Medical and Dental Site Managers

- Reviews PCP assignments for providers monthly.
- Addresses discrepancies in PCP assignment.
- Tracks visits with PCP vs. other providers.
- When provider transfers or terminates, evaluates patient needs in collaboration with team and reassigns to other clinic providers according to panel capacity and notifies affected patients.

#### New Patients

##### 1. Scheduling

- Schedules new patient in available appointment slots per patient's requests and approved parameters.
- Assigns patient to PCP.

##### 2. PSR

Verifies PCP for new patient appointment at check-in

##### 3. PCP Assignment Change –See Policy: PCP Change #2.42

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Oral Health Emergency Policy  
**BOD Approval:**  
**Responsibility:** All Departments

**Policy Number:** 2.32  
**Effective Date:**  
**Distribution:** All Departments

---

### I. POLICY:

Katy Trail Community Health (KTCH) recognizes the need to offer emergency/acute oral health services to all members of our community. Acute oral health services differ from comprehensive oral health services and are defined below. KTCH will offer acute oral health services in the capacity it is able.

### II. DEFINITIONS:

Adult: oral health patient over age 18

Child: oral health patient age 0-18

Established oral health patient: Patients of KTCH oral health that have had a comprehensive or periodic oral exam in the past 3 years and has established a dentist/patient relationship

Waivered oral health patient: an adult who is currently not established with an oral health provider at KTCH with acute oral health problems and who is not a member of KTCH target populations.

### III. GUIDELINES:

1. KTCH will offer emergency oral health services during regular clinical hours.
2. KTCH will have acute appointments available daily on a first call, first serve basis, based on the daily capacity for waived oral health patients. Once these appointments are filled, no more appointments will be given that day for waived adults.
3. Individuals, who are considered a priority population as defined by the Oral Health Program Priorities policy, will either be given a same day appointment, or will be triaged according to triage processes.
4. Oral health care providers will address the specific acute problem and provide definitive treatment when possible at that visit or at one subsequent visit if necessary.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

5. KTCH will seek to establish comprehensive oral health care for individuals who present for an acute oral health problem and are members of KTCH's target populations.
6. Services rendered during an acute visit can include: limited exam, radiograph(s) specific to the acute problem, pulp vitality testing, restorations, extractions, pulpotomies, stainless steel crowns, palliative care, splints, and selective root canals that can be completed by the dentist initiating the root canal in one additional visit.
7. Rehabilitative services such as buildups, crowns, dentures, partials, nightguards, elective restorations, etc, will not be provided during an acute visit nor offered to waived oral health patients.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** Waivered Oral Health Patient  
**BOD Approval:**  
**Responsibility:** All Departments

**Policy Number:** 2.33  
**Effective Date:**  
**Distribution:** All Departments

---

### I. **POLICY:**

To allow adults who are currently not established with an oral health provider with acute oral health problems to be seen in Katy Trail Community Health (KTCH) oral health offices without becoming established patients of the KTCH oral health group.

### II. **DEFINITIONS:**

Adult: oral health patients over 18 years of age.

Established oral health patients: Patients of KTCH dental who have had a comprehensive or periodic oral examination within the last 3 years and has established a dentist/patient relationship.

### III. **GUIDELINES:**

1. KTCH recognizes that dentists can only maintain a certain number of established patients in a practice with responsibility for ongoing care.
2. KTCH oral health wishes to be responsive to the communities they serve.
3. KTCH recognizes there are individuals with acute oral health needs in the community and in the medical offices that do not have a dentist. Acute oral health needs are described in the Oral Health Emergency Policy.
4. This policy will establish a classification of “Waivered Oral Health Patient”
5. If an individual with acute oral health needs calls the office or are referred by a KTCH medical care team to the oral health practice, they can be seen as a “waivered” patient without going through the usual treatment plan process. Referred medical patients will take precedence over other calls. These patients will be scheduled in the GREEN acute appointment slots with a dentist, whenever possible, at the nearest oral health office to their home. These appointments are limited in number based on daily capacity and once full, no more are available on that day.
6. On arrival the individual will be made aware of their status as a waived patient and will be asked to sign a physical waiver that states they understand that the KTCH does not assume responsibility for their ongoing oral health care while allowing them to have their acute care at that particular visit. The individual can and should apply for the sliding fee scale (SFS) if they qualify.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

## **KATY TRAIL COMMUNITY HEALTH Medical and Dental Clinical Policy**

7. During the visit the dentist will address the specific acute problem that the individual presented with. The dentist will provide definitive treatment when possible for that issue at that visit or at one subsequent visit if necessary.
8. No follow up appointment will be made for the waived individual except as needed to address the presenting problem.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## Medical and Dental Clinical Policy

**Policy Title:** KTCH Oral Health Program Priorities  
**BOD Approval:**  
**Responsibility:** All Departments

**Policy Number:** 2.34  
**Effective Date:**  
**Distribution:** All Departments

---

### **Purpose:**

Katy Trail Community Health (KTCH) Oral Health Program's mission is to identify the most vulnerable and high-risk populations in our service area and provide comprehensive oral health services. KTCH recognizes that it does not have the capacity to provide comprehensive oral health services for all those in need in our service area, therefore KTCH will provide its oral health services within the following priorities.

### **(Reference Oral Health Waivered Patient and Oral Health Emergency Policies)**

### **Policy:**

1. Emergency/Acute Oral Health Services will be provided to all residents of the health center's defined service area as determined by available capacity.
2. Phase I - Primary Oral Health Services (preventive and disease control oral health services) will be provided to high risk "target populations" defined below

KTCH's oral health program's target populations include:

- Children (ages 0-18)
  - Pregnant women
  - KTCH medical patients with certain chronic conditions whose poor oral health increases the risk for poor overall health outcomes (i.e. users with diabetes)
  - Other KTCH medical patients that do not meet the eligibility of the target population as defined above, but whose KTCH primary care provider has completed an internal referral requesting oral health services. *This care will be determined on a case by case basis, dependent upon capacity, by the lead dentist in the respective oral health office.*
  - Other members of our community who may be identified as vulnerable and high risk as capacity and resources allow.
3. Phase II Oral Health Services-KTCH will provide phase II oral health services (rehabilitative, i.e. complete and removable dentures, permanent crowns, bridges etc.) as a secondary priority to established oral health patients on a case by case basis as capacity and resources allow.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*