Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Required Policies & Procedures Index
	Section (Department):	All
	Policy Number:	
	Approved:	
	Reviewed:	Annual

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Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	HOK Policies & Procedures Index (Not Required)
	Section (Department):	All
	Policy Number:	
	Approved:	
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Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Credentialing and Privileging
	Section (Department):	Administration
	Policy Number:	HR-100R
	Approved:	July 27, 2021
	Reviewed:	Annual

A. PURPOSE

To implement and maintain a system for the initial and recurring review whereby all clinical staff members (licensed independent practitioners (LIP's), other licensed or certified practitioners (OLCPs), and other clinical staff providing services on behalf of the clinic). The terms of this policy are in accordance with HRSA Policy Information Notice (PIN) 20220-22.

B. SCOPE

The credentialing policy applies to all health center practitioners, employed, or contracted, volunteers or locum tenens, at all health center sites. All qualified applicants will receive an application for medical staff membership and/or clinical privileges and be processed within a time frame that is specified by Heart of Kansas Family Health Care, Inc. (HOK).

C. POLICY

Current licensing and other credentialing information are maintained for all providers. All providers are recredentialed/Privileged every two years. Expiration dates are tracked and monitored. If a lapse in licensing is discovered for a new applicant, he or she will be notified in writing. Licensed providers will be reminded of license expiration dates 60 days in advance and must provide evidence of current licensure to provide services at HOK. HOK will also perform a query of the National Practitioner Data Back for all providers every two years.

D. PROCEDURE

1. Applicant will receive initial application packet.
2. Applicant will return completed applications along with requested documents.
3. Application will be reviewed and processed by Heart of Kansas Family Health Care, Inc. credentialing clerk or credentialing committee and forwarded to the privileging authority for approval.
4. Credentialing will ensure verification of the following:
    a. Current licensure, registration or certification using a primary source.
    b. Relevant education, training, or experience using secondary sources. (State of Kansas completes Primary Source verification at licensing)
    c. Completion of a query through the National Practitioner Data Bank (NPDB).
    d. Identity using a government issued picture identification.
    e. Drug Enforcement Administration (DEA) registration. (if applicable).
    f. Current documentation of basic life support training.
5. Privileging will ensure verification of the following:
    a. Completion of credentialing process. (Exception: DEA registration if it has been applied for but not issued)
    b. Completed attestation of Fitness for Duty
    c. Immunization and communicable disease status per published recommendation of federal or state agency.
    d. For initial privileging, verification of current clinical competence via training, education and as available, reference reviews.

e. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods.

6. Completed application and materials will be organized and compiled in the applicant's credentials file.

7. Once the credentialing process is complete, the application will be moved on for clinical privileging.

Provider Name	Licensed Independent Practitioner (LIP)	Other Licenses or Certified Healthcare Practitioner	Non-Licensed, Certified, Registered Clinical Staff
CREDENTIALING			
Government Issued Picture I.D. (e.g., Driver's License, State I.D., etc.)	Secondary source	Secondary Source	Secondary Source
State License	Primary Source	Primary Source	Primary Source
DEA License	Secondary source	Only if applicable	Only if applicable
NPDB Query	Primary Source	Only if applicable	Only if applicable
Undergraduate Degree	Secondary Source	Secondary Source	Secondary Source
AMA Profile	Primary Source	NA	NA
Graduate School Degree	Secondary Source	Secondary Source	Secondary Source
Medical School Degree	Secondary Source		
Other Relevant Education, Training or Experience	Secondary Source	Secondary Source	Secondary Source
Board Certification	Secondary source	NA	NA
Curriculum Vitae	Secondary source	NA	NA
ACLS/BCLS	Secondary source	Secondary Source	Secondary Source
FTCA/Malpractice Ins	Secondary source	NA	NA
Health Fitness Verification	Confirmed Statement	Confirmed Statement	Confirmed Statement
Hepatitis B	Secondary source	Secondary Source	Secondary Source
TB/PPD	Secondary source	Secondary Source	Secondary Source
Job Description	Secondary source	Secondary Source	Secondary Source
Employment Agreement	Secondary source	NA	NA
CMEs	Secondary source	NA	NA
Competence / Performance Evaluation	Primary Source or written	Supervisory evaluation per job description	Supervisory evaluation per job description
Approval of Credentials	Board of Directors	Supervisory function per job description	Supervisory function per job description
PRIVILEGING			
Health Center Privileges	Secondary source	NA	NA
Hospital Admitting Privileges	Secondary source	NA	NA
Board Approval of Privileges	Secondary source	NA	NA
Other			
Renewal or Revision	Method		
Frequency	At least every 2 years	At least every 2 years	At least every 2 years

Verification of competence	Primary Source based on peer review and/or Performance improvement data	Primary Source based on peer review and/or Performance improvement data	Supervisory evaluation per job description
Approval Authority	Board of Directors	Supervisory function per job description	Supervisory function per job description
Appeal	Process required	Process required	Organizational option

Review and approval process for credentialing and clinical privileges:

1. The completed and verified applicant packet, will be forwarded to the medical director or designee of the medical director, or chief executive officer (CEO), as applicable for review. The medical director, designee or CEO will review the material and forward the application and recommendation for approval or denial of credentialing and clinical privileges to the approving authority.
2. The approving authority reviews the application for approval. The approving authority has an independent duty and should not function merely to rubber-stamp the recommendation made by the committee. Rather, it must review the credentials file, statements, and recommendations and come to an independent decision. The final decision by the approving authority (approval or denial) must be documented in writing and signed.
3. Applicant will be notified of approving authority's decision
4. In the event that the approving authority decide to discontinue or deny clinical privileges, the LIP may appeal the decision in writing to the CEO. The CEO and Medical Director will review the necessary information and forward the appeal to the board.
5. It is extremely important to review all documents carefully to ensure completion and accuracy of the information. Failure to provide the specific verification or requested information to the medical director or board of directors will delay approval of staff privileges for the practitioner.

PRIVILEGING:

1. Each licensed or certified healthcare practitioner should be privileged specific to the services being provided at HOK. For LIPs, initial granting of privileges should involve primary source verification of current competence to provide such services based on peer review and performance improvement data. The necessary information will be forwarded to the joint committee of the medical director, CEO, and medical staff to be presented to the board of directors for approval.
2. Initial granting of privileges for other licensed or certified healthcare practitioners requires secondary source verification of the individual's competence to perform the duties described in the job description.

RENEWAL OF CREDENTIALS AND PRIVILEGES:

1. The credentials and privileges of LIPs and other licensed or certified healthcare and behavioral health practitioners should be renewed at a minimum of every two years. Similar to the initial granting of credentials and privileges, for LIPs, the necessary information will be forwarded to the joint committee of the medical director, CEO, and medical staff to be presented to the board of directors for approval. Renewal of privileges of LIPs requires primary source verification of the following:
   a. Expiring or expired credentials
   b. Peer review results for the two-year period

c. Relevant performance improvement information

2. Renewal of privileges for other licensed or certified healthcare practitioners requires secondary source verification of the individual's competence to perform the duties described in the job description.

PROCESS FOR DENYING, MODIFYING OR REMOVING PRIVILEGES:

1 Privileges may be denied, modified, or removed by the CEO, COO, and/or designee at any time, when concerns have been raised (ex: conduct, patient safety issue, etc.).
   a. Guidance may be solicited in order to determine what is considered appropriate.
   b. Conditions of privileges may be temporary or culminate in permanent withdrawal, depending on the outcome of any investigation.
2. The CEO, COO and/or designee may issue a warning which should be recorded and may be taken into account in the event further issues arise.
3. Reasons for a condition being put on privileges include, but are not limited to
   a. failure to comply with HOK policies.
   b. health issues.
   c. Fitness to practice issues
   d. Where misconduct of a clinical or non-clinical nature has occurred.
   e. Abusive behavior
   f. Practice issues
   g. Outcome of privileging review
   h. Failure to provide evidence
   i. Pursuit of a clinical or business practice that has a direct adverse effect on the clinic's performance and/or business.

TEMPORARY CREDENTIALS AND PRIVILEGES

1. Temporary privileges. Upon hire or to fulfill an important patient care need (i.e. locum tenants), can be granted by the CEO upon recommendation of the applicable Director providing there is verification of:
   a. Current licensure,
   b. NPDB Check,
   c. Government Issued Photo ID.
2. Temporary privileges can be granted on a case-by-case basis when there is an important patient care need that mandates an immediate authorization to practice.
3. If an applicant with a complete, clean application is awaiting review and approval of the Board of Directors, temporary privileges may be granted by the CEO and/or designee.
4. Temporary privileges may not exceed 120 days.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Hiring of Employees
	Section (Department):	Administration
	Policy Number:	HR-101R
	Approved:	11/29/2016
	Reviewed:	Annual

A. PURPOSE:

To ensure a uniform and comprehensive hiring process for all new Heart of Kansas Family Health Care, Inc. (HOK) employees.

B. POLICY:

HOK will follow guidelines for hiring all new employees. This process will include two or more established HOK employees including either the CEO, COO, or administrative team member. It is the policy of HOK to conduct Reference/Background checks for all new employees prior to their start date.

C. PROCEDURE

1. Position openings will be approved by CEO and approval will include a determination of the qualifications, certifications/license, full-time vs.part-time. This includes new positions and vacant positions.
2. Job Posting and applications:
   a. Job posting and advertisement will be done by Human Resources – Currently a function of the COO,
   b. Ads may be submitted by the manager; final approval by the CEO or Human Resources and placement by CEO or COO/HR,
   c. Applications and resumes will be directed to the COO/HR.
   d. Interview team will review applications and resumes received to prioritize and ensure applicants scheduled for an interview meet job requirements and eligibility.
3. Interview process:
   a. Interviews will be conducted on site. Interviews will include at least one of the following: CEO, COO, or another administrative team member.
   b. The interview process may include call back or second interviews.
   c. A member of the interview team will contact at least one professional reference and complete the Reference Check Form.
   d. Applicants will be asked to sign Consent for Reference and Background Check Authorization forms. Refusal to sign authorization forms can exclude an applicant from being considered for employment at HOK.
   e. HOK will send an Offer of Employment Letter and/or contact the potential employee via phone to extend an offer of employment. The offer of employment is contingent upon the results of the Reference and Background Checks.
   f. The CEO is responsible for approving salary/wages.
4. Start Date:
   a. Prior to the initial day of employment, all prospective employees must present to the COO/HR documentation of the legal right to work in the United States.
   b. The new employee's supervisor is responsible for completing the Security Access form and will submit the form to the COO/HR.
   c. Upon the initial day of employment, the orientation checklist will be given to the employee and the orientation process will be followed.
   d. All required employment and HR documentation is to be provided on or before the initial date of employment and includes professional licenses, legal photo ID, original social security cards and any other required documentation.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Board of Directors Conflict of Interest
	Section (Department):	Administration
	Policy Number:	HR-102R
	Approved:	08/25/2015
	Reviewed:	Annual

A. PURPOSE

To ensure that Heart of Kansas Family Health Care, Inc. addresses any possible conflict of interest on the part of any member of the Board of Directors.

B. POLICY

DISCLOSURE. Any possible conflict of interest on the part of any Director shall be disclosed to the other Directors and made a matter of record when the interest becomes a matter for Board action, and such Director shall not vote or use his/her personal influence on the matter and shall not be counted in the quorum for a meeting when Board action is to be taken on the interest. These requirements shall not be construed as preventing the member from briefly stating his/her position in the matter, nor from answering pertinent questions of other Directors. All actions taken on matters which involve a possible conflict of interest shall clearly reflect, in the minutes of such action, that the above requirements have been met. A conflict of interest may exist where a director is directly or indirectly a party to the transaction, if the Corporation is a party to the transaction and another party to the transaction is an entity in which the Director has a material financial interest, or of which the Director is an officer, Director or general partner.

FIDUCIARY DUTY. Each Board member has a fiduciary duty to the Corporation and must give it his/her loyalty. Accordingly, each Board member shall exercise the utmost good faith in all transactions relating to their duties in the Corporation. In their dealing with, and on behalf of the corporation, they are held to a strict rule of honest and fair dealings with the Corporation. They shall not use their position, or knowledge gained therefrom, so that a conflict might arise between the Corporation's interest and that of the individual. All acts of Directors shall be for the benefit of the Corporation in any dealing which may affect the Corporation adversely. The Directors shall not accept any favor or gratuity that might influence their actions affecting the corporation.

No employee, officer or agent shall participate in the selection, award or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, or any member of his or her immediate family including adoptive family, parent, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to sub-agreements. However, recipients may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipients.

WRITTEN POLICY. The Board of Directors shall establish, adopt, and periodically update, a written corporate policy that establishes procedures for maintaining confidentiality and for disclosing and addressing conflicts of interest or the appearance of conflicts of interest by Directors, officers, employees, consultants and/or agents who provide services or furnish goods to the corporation.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	COVID-19 Vaccine Mandate
	Section (Department):	Administration
	Policy Number:	HR-103R
	Approved:	
	Revised:	
	Reviewed:	Annual

A. Purpose of Policy and Procedure

Heart of Kansas Family Health Care, Inc. (HOK) is committed to high standards and compliance with all applicable laws and regulations. The purpose of this Policy and Procedure (P&P) is to establish how HOK will comply with the Federal COVID-19 Vaccine Mandate, as established in the CMS Interim Final Rule with Comment Period entitled "Medicare and Medicaid Program; Omnibus COVID-19 Health Care Staff Vaccination," published on November 5, 2021 (hereafter referred to as the "IFC".)

B. Policy

1. Applicability to individuals.
   a. General. These Policies and Procedures (P&Ps) apply to the following individuals, regardless of clinical responsibility or patient contact:
      i. HOKs employees
      ii. Licensed practitioners
      iii. Students, residents, trainees, researchers, and volunteers. This includes members of HOK's Board of Directors, subject to the provision below regarding patient Board members.
      iv. Contractors who regularly provide services at any active HOK site, whether administrative or clinical.
   b. Exception for individuals who work 100% remotely.
      These P&Ps do not apply to individuals who:
      i. Provide services to HOK's patients or to the organization exclusively from locations that are separate from any HOK site, whether administrative or clinical, and
      ii. have no direct contact with HOK patients or staff.
   c. Other individuals who provide short-term, non-health care services at HOK sites.
      i. Individuals who provide short-term ad-hoc services at HOK sites outside of a formal written contract (ex. delivery drivers, EMT, repair services, etc.) are not subject to this P&P. However, when possible, they are subject to the additional precautions listed later in this P&P.
      ii. In situations where it is not immediately clear if this P&P applies, HOK will evaluate the risk of COVID-19 exposure that the individual(s)' presence creates for patients and staff, taking into account the individual(s)':
         a. Frequency of presence at one or more of HOK's sites
         b. Services provided.
         c. Proximity to patients and staff.

         Based on this evaluation, HOK will decide if this P&P applies to the individual(s) and will document the rationale for this decision as appropriate.
   d. Patient Board Members.
      Patient Board members are in a unique situation, as the IFC vaccine requirements explicitly apply to Board members, while Section 330 rules simultaneously prohibit HOK from requiring patients to be vaccinated in order to receive care. Therefore, this P&P applies to patient Board member when they are acting in their capacity as a Board member, but not when they are acting in their capacity as a patient. For purposes of this P&P, the term "staff" refers to any individuals to whom the Federal COVID-19 vaccine mandate applies, as determined under this section.

2. General Requirements and Exceptions
The following requirements apply to all individuals who are subject to this P&P per the section "Applicability to Individuals" (hereafter referred to as "staff"):
   a. General vaccination requirements: Subject to the exemptions and delays discussed below:
      i. All staff must have received, at a minimum, the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine by prior to providing any care, treatment, or other services for HOK and/or its patients.
      ii. All staff who received the first dose of a two-dose COVID-19 vaccine must receive the second dose of that vaccine within Thirty days after receiving the first dose.
      iii. Staff are not currently required to receive booster shots, but are required to inform HOK if they do, following established protocols for documenting such medical information to HOK, per Section III Procedures, below.
   b. Exemptions and delays – General information:
      i. Under Federal law, all staff may request:
         a. A temporary delay of the vaccine requirements for medical reasons.
         b. An exemption from the vaccine requirements for medical reasons.
   c. An exemption from the vaccine requirements for religious reasons, per the Civil Rights Act.
      i. As outlined in the Procedures section, HOK has processes by which:
         a. Staff may request delays and exemptions from the Federal vaccine mandate based on applicable Federal law.
         b. HOK will evaluate and respond to requests for delays and exemptions.
         c. HOK will track and securely document requests for delays and exemptions, and its responses.
         d. To be approved for a delay or exemption, staff must meet the criteria established below, and HOK must determine that it can accommodate the staff person's request without undue hardship.
         e. Staff who receive an exemption from, or delay in, meeting the COVID-19 vaccination requirements will be subject to additional precautions to mitigate the transmission and spread of COVID-19. These precautions are outlined in the Procedures section.

C. Procedures

HOK uses the following procedures to implement the policies established above:

1. Tracking and documenting staff vaccination status.
   a. Proof of COVID-19 vaccination will be kept in the Employee Health Record maintained by the DON or as assigned by the DON. Tracking of COVID-19 vaccination status will be managed by the Quality Coordinator.
   b. Acceptable forms of proof of vaccination include but are not limited to:
      i. CDC COVID-19 vaccination record card (or a legible photo of the card),
      ii. Documentation of vaccination from a health care provider or electronic health record,
      iii. State immunization information system record
   c. HOK will track and securely document:
      i. Each staff person's role, assigned work area, and how they interact with patients.
      ii. Each staff member's vaccination status, including
         a. the specific vaccine received.

b. the dates of each dose received, or the date of the next scheduled dose for a multi-dose vaccine.
c. any booster doses received, including the specific vaccine booster and the date received.
d. Staff who have been granted an exemption from vaccination, along with the type of exemption and supporting documentation.
e. Staff for whom COVID-19 vaccination must be temporarily delayed, including the date when they safely resume their vaccination.
f. Staff who telework 100% of their time and therefore are not subject to the vaccine requirements.

2. Exemptions and delays: General procedures:
   a. Staff seeking a medical or religious exemption from, or a temporary delay in, meeting the vaccination requirements (henceforth, "exemption or delay"), must submit an Immunization Exemption Request form to the CEO prior to providing any care, treatment, or other services for HOK and/or its patients.
   b. HOK will not begin reviewing a request until all required documentation has been submitted.
   c. When evaluating requests, HOK will consider:
      i. The standards established for the specific request type, as discussed in the P&P section addressing the request type.
      ii. Whether the request can be accommodated without creating an "undue hardship" for HOK.
   d. CEO will approve/deny each request for an exemption or delay on the Immunization Exemption Request form and forward the completed form to the DON with copies going to the individual requesting the exemption and the Quality Coordinator.
   e. All HOK staff who have requested an exemption or delay and are awaiting a decision from HOK, and staff who have received approval for an exemption or decision, will consistently adhere to the additional precautions established below for staff who are less-than-fully-vaccinated.
   f. HOK will track all requests for exemptions and delays and will securely store all documentation related to those requests and HOK's response. This information will be kept confidential, and all medical records will be stored separately from an employee's personnel file.
   g. HOK has the right to discontinue a previously granted accommodation if providing it subsequently poses an undue hardship on HOK's operations due to changed circumstances.
3. Requests for temporary medical delays.
   a. HOK staff may request a temporary medical delay in meeting the IFC's COVID-19 vaccination requirements due to recognized clinical precautions and considerations, as recommended by the CDC, including but not limited to:
      i. Acute illness secondary to COVID-19, and
      ii. Having recently received monoclonal antibodies or convalescent plasma for COVID-19 treatment.
   b. A request for a temporary medical delay must include:
      i. The Immunization Exemption Request form for requesting a temporary medical delay
      ii. Indicates a medical reason for the delay that is consistent with CDC recommendations.
      iii. Letter that is signed and dated by a licensed practitioner, who meets the following requirements:
         a. The licensed practitioner cannot be the individual requesting the exemption.
         b. The practitioner must be operating within their scope and practice as defined by local and state laws.

c. To confirm that a delay in COVID-19 vaccination is consistent with CDC recommendations, HOK will refer to CDC's Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States.

4. HOK will not approve a request for a temporary medical delay if above requirements are not met.
5. Staff who receive approval for a temporary medical delay are required to come into compliance with the COVID-19 vaccination requirements as soon as is clinically appropriate.
6. HOK will track the vaccination status of individuals who have been approved for temporary medical delays, including when they come into compliance with the vaccination requirements.

4. Requests for medical exemptions.
   a. Per the Americans with Disabilities Act, HOK staff persons may request an exemption from the COVID-19 vaccination requirements for medical reasons.
   b. A written request for a medical exemption must include:
      i. The Immunization Exemption Request form for requesting a medical exemption
      ii. A letter that is signed and dated by a licensed practitioner, who meets the following requirements:
         a. The licensed practitioner cannot be the individual requesting the exemption.
         b. The practitioner must be operating within their scope and practice as defined by local and state laws.
      iii. All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive.
      iv. The recognized clinical reasons for the contraindications; and
      v. A statement by the authenticating practitioner recommending that the staff member be exempted from HOK's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications.
   c. To confirm that a COVID-19 vaccination is medically contradicted, HOK will refer to CDC's Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States.
5. Requests for religious exemptions.
   a. Per the Civil Rights Act, HOK staff persons may seek an exemption from the COVID-19 vaccination requirements for religious reasons.
   b. A written request for a religious exemption must include:
      i. The Immunization Exemption Request form for requesting a religious exemption.
   c. In reviewing requests for religious exemptions, HOK will adhere to the guidelines established by the Equal Employment Opportunity Commission, (EEOC).
   d. Per the U.S. Equal Employment Opportunity Commission (EEOC), "objections to the vaccine that are based on social, political or personal preferences or on nonreligious concerns about the possible effects of the vaccine" do not qualify for this exemption.
6. Additional Precautions for Staff Who Are Not Fully Vaccinated for COVID-19
   a. Staff who are less-than-fully-vaccinated against COVID-19 will be subject to additional precautions to mitigate the transmission and spread of COVID-19. These staff include individuals who:
      i. Have requested an exemption or delay from the vaccination requirements and are awaiting a decision from HOK.
      ii. Have been approved for an exemption or delay from the vaccination requirements
      iii. Have received only one shot of a two-shot vaccine regimen (e.g., Pfizer, Moderna)
7. Additional precautions to reduce the risk of staff who remain less-than-fully-vaccinated (due to exemptions or delays) from spreading COVID-19 to patients or other staff.
   a. Follow all Masking, Distancing, PPE precautions at all times.

b. HOK will adhere to Heart of Kansas Family Health Care's COVID-19 Plan as it relates to Standard and Transmission Based Precautions, Personal Protective Equipment, Physical Distancing, Physical Barriers, Health Screening and Medical Management, etc.
c. Reassigning staff who have not completed their primary vaccination series to non- patient care areas, to duties that can be performed remotely (i.e., telework), or to duties which limit exposure to those most at risk

8. Contingency Plans for Staff Who Are Not Fully Vaccinated for COVID-19
   a. HOK will continuously promote full vaccination status. In hiring, preference will be given to fully vaccinated applicants.
   b. Follow all Masking, Distancing, PPE precautions at all times.
   c. HOK will adhere to Heart of Kansas Family Health Care's COVID-19 Plan as it relates to Standard and Transmission Based Precautions, Personal Protective Equipment, Physical Distancing, Physical Barriers, Health Screening and Medical Management, etc.
   d. Reassigning staff who have not completed their primary vaccination series to non- patient care areas, to duties that can be performed remotely (i.e., telework), or to duties which limit exposure to those most at risk

D. Review and Updates of this Policy and Procedure

This Federal COVID-19 Vaccine Mandate Policy and Procedure shall be reviewed periodically and updated consistent with requirements established by the Board of Directors, HOK's senior management, federal and state law and regulations, and applicable accrediting and review organizations.

Heart of Kansas Family Health Care, Inc.
Policy & Procedure Manual

Welcome to Heart of Kansas Family Health Care, Inc!
We're glad you are here.

At Heart of Kansas Family Health Care, we believe that each employee contributes directly to the clinic's growth and success, and we hope that you take pride in being a member of the team.

This handbook was developed to describe some of the expectations of employees and to outline available programs and benefits. Employees should familiarize themselves with the contents of this booklet as soon as possible because it will answer many questions about the terms and conditions of their employment.

As an employee, you should read, understand, and comply with all the provisions of this handbook. It describes many of your responsibilities and outlines the programs developed by Heart of Kansas Family Health Care, Inc. for your benefit. One of our objectives is to provide a work environment that is conducive to both personal and professional growth.

No employee handbook can anticipate every circumstance or question about company policy. As Heart of Kansas Family Health Care, Inc. continues to grow, the need may arise to revise, supplement, or rescind a policy or portion of the handbook, and the company reserves the right to do so as it deems appropriate, at its sole and absolute discretion. The company's policy of employment at will constitutes the only part of this manual exempt from this right.

Patients are the company's most valuable assets. Every employee represents the clinic to its patients and to the public. Patients judge the company by how they are treated by employees. Thus, you are expected to always act in a courteous, friendly, and helpful manner. Your contact with the public, manner on the telephone, and communication sent to patients are a reflection of the professionalism and quality of Heart of Kansas Family Health Care, Inc. Positive public relations not only improve the general image of the company but also result in greater patient loyalty.

Once again, welcome to Heart of Kansas Family Health Care, Inc.; we hope that your experience here will be challenging, enjoyable, and rewarding.

Mission Statement

It is the mission of Heart of Kansas Family Health Care to provide comprehensive primary health care services, based upon identified community needs, to individuals and families that would otherwise not have access to this care, regardless of ability to pay.

History

Heart of Kansas Family Health Care, Inc. originally began as the "The Task Force for the Poor" in 1989, as a response to the needs of the underserved. Primary medical care was provided through a voucher system, utilizing existing private physician offices. In 1995, the project received State of Kansas Primary Care Grant funding, and the project was named the "We Care Project". The organization continued to grow and in 1999 received grant funding from United Methodist Health Ministries Fund, which meant a free-standing clinic could be opened. In 2000 a federal Rural Health Outreach Grant was received, allowing for further growth and expansion of the project. In 2001 federal 330(e) Community Health Center grant funding was obtained.

In 2003 the project moved to its current location at 1905 19th St., after purchase and renovation of the building had been completed. In 2010, Heart of Kansas Family Health Care began a renovation/expansion project, which included additional office space and dental facilities. This renovation/expansion project was completed in the summer of 2011.

I. Employment

Employment at Will

Employment with Heart of Kansas Family Health Care, Inc is voluntarily, and the employee is free to resign at will, at any time, with or without cause. Similarly, Heart of Kansas Family Health Care, Inc may terminate the employment relationship at will, at any time, with or without cause, so long as there is no violation of applicable federal or state law.

Policies set forth in this handbook are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between Heart of Kansas Family Health Care, Inc and any of its employees. The provisions of the handbook have been developed at the discretion of management staff and, except for the policy of Employment at Will, may be amended or cancelled at any time, at the sole discretion of the company.

These provisions supersede all existing policies and practices and may not be amended without the express written approval of the Chief Executive Officer. Disregarding or failing to comply with job expectations, professional ethics and conduct could lead to disciplinary action, up to and including possible termination of employment. No employee should interpret his or her employment with Heart of Kansas Family Health Care, Inc. as contractual or permanent.

Conflicts of Interest

Any possible conflict of interest on the part of any Director or Employee shall be disclosed to the CEO. A conflict of interest may exist where a director or employee is directly or indirectly a party to the transaction, if the Corporation is a party to the transaction and another party to the transaction is an entity in which the Director or Employee has a material financial interest, or of which the Director or Employee is an officer, director or general partner.

No employee, officer or agent shall participate in the selection, award or administration of a contract supported by Federal funds if a real or apparent conflict of interest is involved. Such a conflict would arise when the employee, officer, or agent, or any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to sub-agreements. However, recipients may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipients.

The Board of Directors shall establish, adopt, and periodically update, a written corporate policy that establishes procedures for maintaining confidentiality and for disclosing and addressing conflicts of interest or the appearance of conflicts of interest by Directors, officers, employees, consultants and/or agents who provide services or furnish goods to the corporation.

Ethics and Conduct

Heart of Kansas Family Health Care will comply with all applicable regulations and expects its officers and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from illegal, dishonest, or unethical conduct.

If a situation arises in which it is difficult to determine the proper course of action, the matter should be discussed immediately with an immediate supervisor and, if necessary, the Chief Executive Officer.

Compliance with this policy of business ethics and conduct is the responsibility of every employee. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of employment.

Confidentiality

All Heart of Kansas Family Health Care employees are expected to comply with all confidentiality laws and rules. This includes HIPPAA which provides protection of protected health information in all formats.

Disability Accommodation

Heart of Kansas Family Health Care, Inc. is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity in employment for qualified persons with disabilities. All employment practices and activities are conducted on a non-discriminatory basis.

Hiring procedures have been constructed to provide persons with disabilities meaningful employment opportunities. Pre-employment inquiries are made only regarding an applicant's ability to perform the duties of the position.

Reasonable accommodation is available to all disabled employees, where their disability affects the performance of job functions. All employment decisions are based on the merits of the situation in accordance with defined criteria, not the disability of the individual.

Qualified individuals with disabilities are entitled to equal pay and other forms of compensation (or changes in compensation) as well as job assignments, classifications, organization structures, position descriptions, lines of progression, and seniority lists. Leave of all types will be available to all employees on an equal basis.

Heart of Kansas Family Health Care, Inc. is also committed to not discriminating against any qualified employees or applicants because they are related to or associated with a person with a disability. Heart of Kansas Family Health Care, Inc. will follow any state or local law that provides individuals with disabilities greater protection than the ADA.

This policy is neither exhaustive nor exclusive. Heart of Kansas Family Health Care, Inc. is committed to taking all other actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state, and local laws.

Equal Employment Opportunity

To provide equal employment and advancement opportunities to all individuals, employment decisions at Heart of Kansas Family Health Care, Inc will be based on merit, qualifications, and abilities. Heart of Kansas Family Health Care, Inc does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, or any other characteristic protected by law. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, access to benefits, and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor. Employees can raise concerns

and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Immigration Law Compliance

Heart of Kansas Family Health Care, Inc. is committed to employing only United States citizens and aliens who are authorized to work in the United States. The company does not unlawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and control Act of 1986, each new employee, as a condition of employment, must complete an Employment Eligibility Verification Form 1-9 and present documentation establishing identity and employment eligibility before beginning work. Former employees who are rehired must also complete the form with each new hire date.

Employees with questions or seeking more information about immigration law issues are encouraged to contact the Chief Executive Officer. Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

Outside Employment

Employees may hold outside jobs if they meet the performance standards of their job with Heart of Kansas Family Health Care, Inc. All employees will be judged by the same performance standards and will be subject to Heart of Kansas Family Health Care's scheduling demands, regardless of any existing outside work requirements.

If Heart of Kansas Family Health Care, Inc. determines that an employee's outside work interferes with his or her performance or ability to meet the requirements of Heart of Kansas Family Health Care, Inc., the employee may be asked to terminate the outside employment if he or she wishes to remain employed by Heart of Kansas Family Health Care, Inc.

Outside employment that constitutes a conflict of interest is prohibited. Employees may not receive any income or material gain from individuals outside of Heart of Kansas Family Health Care, Inc. for materials produced or services rendered while performing their jobs with Heart of Kansas Family Health Care.

Access to Personnel Files

Heart of Kansas Family Health Care, Inc. maintains a personnel file for each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment-related records.

Personnel files are the property of Heart of Kansas Family Health Care, Inc., and access to the information they contain is restricted. Generally, only supervisors and management staff who have a legitimate reason to review the information are allowed to do so.

Employees who wish to review their own file should contact the Chief Executive Officer. With reasonable advance notice, employees may review their own personnel file while on company property and in the presence of the employee appointed to maintain the files.

Personnel Data Changes

It is the responsibility of each employee to promptly notify the company of any changes in name, address, home phone number, home address, marital status, number of dependents or emergency contact information. Data changes should be completed on a PAN (personnel action notice) form.

Employment Applications

Heart of Kansas Family Health Care, Inc. relies on the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

Employment Categories

It is the intent of Heart of Kansas Family Health Care, Inc. to clarify the definitions of employment classifications so that employees understand their employment status and benefit eligibility.

Each employee is designated as either "non-exempt" or "exempt" from federal and state wage and hour laws. "Non-exempt" employees are entitled to overtime pay under the specific provisions of federal and state laws. These employees are paid based on the specific number of hours worked each day. "Exempt" employees are excluded from specific provisions of federal and state wage and hour laws. An employee's "Exempt" or "Non-exempt" classification may be changed only upon written notification by management staff.

Exempt employees must be paid for their day's work if they present to work and work at least part of the day. However, if the exempt employee does not present as available to work for a day, they must either take that day as a PTO (Paid Time Off) day or take the day without pay.

In addition to the above categories, each employee will belong to one other employment category:

"Full-Time" employees are those who are not in temporary or introductory status who are regularly scheduled to work the company's full-time schedule (or at least 32 hours per week). An employees expected work hours will be defined in the Job Offer Letter or Contract.

"Part-Time" employees are those who are not in temporary or introductory status and who are regularly scheduled to work less than 32 hours per week. Part-time employees are usually eligible for some of the company's employee benefits.

"Introductory" employees are those whose performance is being evaluated to determine whether further employment with the company is appropriate. Employees who satisfactorily complete the introductory period will be notified of their new employment classification. The introductory period lasts 90 days.

"Temporary" employees are those who are hired as interim replacements, to temporarily supplement the work force, or to assist in the completion of a specific project. Employment assignments in this category are of a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain that status unless notified of a change. While temporary employees receive all legally mandated benefits, they are ineligible for other benefit programs.

Introductory Period

The introductory period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Heart of Kansas Family Health Care, Inc. uses this period to evaluate the employee's capabilities, work habits, and overall performance. Either the employee or Heart of Kansas Family Health Care, Inc. may end the employment relationship at will at any time during or after the introductory period, with or without cause or advance notice.

All new and rehired employees work on an introductory basis for the first 90 calendar days after their date of hire. Any significant absence will automatically extend an introductory period by the length of the absence. If Heart of Kansas Family Health Care, Inc. determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period.

During the introductory period, new employees are eligible for those benefits that are required by law, such as worker's compensation insurance and Social Security. They may also be eligible for other benefits, subject to the terms and conditions of each benefit program. Employees should read the information for each specific benefits program for the details on eligibility requirements. Upon satisfactory completion of the introductory period, employees enter the "regular" employment classification.

Performance Evaluation

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal day-to-day basis. A formal written performance evaluation will be conducted at the end of an employee's introductory period. Additional formal performance evaluations are conducted to provide both supervisors and employees the opportunity to discuss job-related tasks, identify and correct weaknesses, encourage, and recognize strengths, and discuss positive, purposeful approaches for meeting goals. Employees will have the ability to review, sign and respond to performance evaluations. Performance evaluations are scheduled approximately every 12 months. Employee job descriptions will be reviewed and updated as needed during performance evaluations.

II. Employee Benefits

Bereavement Leave

Employees who wish to take time off due to the death of an immediate family member should notify his or her supervisor immediately. Up to three eight-hour-days of paid bereavement leave to travel to services, attend services and travel from services will be provided to employees who work 32 or more hours per week. All other employees will not receive pay for bereavement leave, and employees who take paid leave will receive only their hourly wage rate (no commissions, bonuses, etc.). Employees may, with their supervisor's approval, use available paid leave for additional time off, as necessary.

Immediate family is defined as the employee's: spouse, child, stepchild, parent, brothers, sisters, grandparents, step-parents, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, and grandchildren. Unpaid bereavement leave may also be granted for the death of more distant family members or friends at the discretion of the Chief Executive Officer.

Educational Opportunity

Heart of Kansas Family Health Care, Inc. recognizes that the skills and knowledge of its employees are critical to the success of the organization. The continuing education program encourages personal development through educational opportunities, so that employees can maintain and improve job-related skills or enhance their ability to compete for reasonably attainable jobs within Heart of Kansas Family Health Care, Inc.

The company may provide educational assistance to all employees immediately upon assignment to an eligible employment classification. Employees must be working a minimum of 32 hours per week to be eligible for educational assistance. Eligible employees must also remain on the active payroll and maintain satisfactory job performance through completion of the educational opportunity. To be eligible for financial assistance, an employee must be pursuing an educational opportunity that is related to either his or her current job or another reasonably attainable position within the company. Employees pursuing a degree program may be asked to sign an agreement to work for 2 years following completion of desired program.

The Chief Executive Officer will have sole discretion in awarding education-related financial assistance to employees. Financial assistance will be limited to the company's fiscal means. While educational opportunities are expected to enhance employees' performance and professional abilities, Heart of Kansas Family Health care, Inc. cannot guarantee that participation in formal education will entitle the employee to automatic advancement, a different job assignment, or pay increases.

Health Insurance

The company's health insurance plan provides employees and their dependents access to medical and dental insurance benefits. Employees working a minimum of 32 hours per week and that have completed 90 days of employment are eligible to participate in the health insurance plan.

Employees participating in the health insurance plan are subject to all terms and conditions of the agreement between the company and the insurance carrier, which may include any applicable waiting periods. The employee will be responsible for any required co-payments, according to the policy conditions, regardless of where the medical care is received.

A change in employment classification that would result in loss of eligibility to participate in the health insurance plan may qualify an employee for benefit continuation under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Refer to the COBRA policy for more information.

Details of the health insurance plan are described in the Summary Plan Description (SPD). A SPD and information on the cost of coverage will be provided in advance of enrollment to eligible employees. Contact Human Resources for more information about health insurance benefits.

Health Savings Account/Health Reimbursement Account (HSA/HRA)

Heart of Kansas Family Health Care has HSA/HRA programs available for employees should they elect to participate. Please contact the HR department for details.

Holidays

Heart of Kansas Family Health Care will grant paid holiday time off, after 30 days of employment, to full and part time employees on the holidays listed below. During holiday leave, non-exempt employees will receive only their hourly wage multiplied by the average number of hours they work each day. Exempt employees will receive their daily pay.

If a recognized holiday occurs during an eligible employee's paid absence, holiday pay will be provided instead of the paid time off benefit that would otherwise have applied.

Holidays include: New Year's Day (1/1), Martin Luther King Jr. Day (3rd Monday in Jan.), Good Friday (Friday before Easter), Memorial Day (last Monday in May), Independence Day (7/4), Labor Day (first Monday in September), Thanksgiving (fourth Thursday in November), Thanksgiving Leave (the day after Thanksgiving), Christmas (12/25), Christmas Leave (Christmas Eve or, if Christmas is on a Monday, the day after Christmas).

An employee must work the entire scheduled shift the day before and after the holiday in order to receive holiday pay. The only exceptions to this are prior approved vacation time, bereavement involving an immediate family member as defined by that policy, jury duty, or a verified medical emergency.

Life Insurance

The company provides a basic life insurance plan for eligible employees and qualifying dependents. Participation in the plan is subject to all terms and conditions of the agreement between the company and insurance carrier. All employees who work 32 or more hours per week and have completed 90 days of employment are eligible to receive the policy. Eligible employees and qualifying dependents may participate in the life insurance plan subject to all terms and conditions of the agreement between Heart of Kansas Family Health Care, Inc. and the insurance carrier.

Details of the basic life insurance plan including benefit amounts are described in the Summary Plan Description provided to eligible employees. Contact Human Resources for more information about life insurance benefits.

Short- and Long-Term Disability

The company provides short- and long-term disability benefits plans to help eligible employees cope with an illness or injury that results in an absence from employment. Employees working a minimum of 32 hours per week may participate in the plan subject to the terms and conditions of the company's agreement with

the insurance carrier. Eligible employees may begin Short- or Long-Term Disability coverage only after completing 90 calendar days of employment. Details of each plan, including the benefit amounts, limitations, and restrictions are described in the Summary Plan Description provided to eligible employees. Contact Human Resources for more information.

Short-Term Disability

The company provides a short-term disability (STD) benefits plan to eligible employees who are unable to work because of a qualifying disability due to an injury or illness. Employees who work a minimum of 32 hours per week are eligible to participate in the STD plan.

Eligible employees may participate in the STD plan subject to all terms and conditions of the agreement between Heart of Kansas Family Health Care, Inc. and the insurance carrier.

Disabilities arising from pregnancy or pregnancy-related illnesses are treated the same as any other illness that prevents an employee from working. The maternity policy pays disability benefits for maternity limit benefits to end six weeks from the delivery date. When an employee is on short-term disability, the employee will be responsible for payment of any insurance premiums and or/other voluntary deductions, i.e., Aflac, United Way, Club memberships.

Details of the STD benefits plan including benefit amounts, when they are payable and other exclusions are described in the Summary Plan Description provided to eligible employees. Contact Human Resources for more information about STD benefits.

The employee is responsible for notifying their supervisor and or the CEO of their disability, expected date of return, and the name of their attending physician. The company requires a medical release prior to returning to work. For more information regarding disability benefits, contact Human Resources. If there are any inconsistencies between this handbook and any of the Summary Plan Descriptions, the Summary Plan Descriptions shall govern. The company reserves the right to modify or terminate any or all benefits or to change benefit providers at any time with or without notice.

Leave of absences that are granted are unpaid and will not be considered until an employee has exhausted all accrued leave balances. Continuation of employee benefits during a leave of absence will be addressed on an individual basis, as required by law.

Jury Duty

Heart of Kansas Family Health Care, Inc. employees may request paid time off to fulfill their civic responsibilities. Paid time off for Jury Duty will be approved at the discretion of the CEO.

Employee Wellness Program (EWP)

All employees are required to have a Tuberculosis Skin Test annually. Additionally, the company will offer, one time per year, the following tests at no charge to qualified employees who sign the EWP consent form:

- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)
- Thyroid Stimulating Hormone (TSH)
- Lipid Panel

Heart of Kansas Family Health Care will also offer flu shots if they are available. To employees with certain OSHA designation, Hepatitis B services are also available. Through the EWP, employees are responsible for obtaining test results and following-up with their medical provider, whether the results are normal or abnormal.

Paid Time Off

Paid Time Off (PTO) combines vacation and sick leave. Upon date of hire the employee begins to accrue Paid Time Off. However, the employee must complete a 90-day waiting period before he or she can use PTO. PTO compensates only for an employee's hourly wage. It excludes compensation for bonuses, commissions, etc.

All full and part time employees, upon date of hire through five years of employment, receive approximately 18 days of PTO per year, based on hours worked. All full and part-time employees with five years of employment and above receive approximately 23 days of PTO per year, based on hours worked. (In both cases PTO accumulates gradually; in other words, employees with one to four years of experience earn approximately one hour of PTO for every 14 hours worked).

Employees who have accumulated 240 hours of PTO will cease to accrue further PTO until he or she uses one or more hours of existing PTO.

To use PTO for unexpected leave (usually sick leave) an employee should contact his or her supervisor as soon as possible, preferably before the beginning of the day for which the PTO will be used.

To use PTO for an expected leave (usually vacation), an employee should submit a request to a supervisor in advance, preferably three to four weeks in advance. The supervisor will approve or decline the request based on employee and company needs.

Non-exempt employees may not use PTO in increments smaller than a half-hour. Exempt employees may not use PTO in increments smaller than one day (equal to the number of hours the employee would have otherwise worked on the given day).

Upon termination of employment, employees may be paid for unused PTO earned through the last day of employment. This payment is made at the sole discretion of the company, and the company may instead choose not to pay an employee for unused PTO.

Any employee with fiduciary responsibility must take at least forty consecutive hours of PTO each year. Employees cannot cash out PTO, their time must be taken as paid time-off.

Donation of Paid Time Off (PTO)

Heart of Kansas Family Health Care employees can donate PTO to fellow employees who have exhausted their benefits. The guidelines and restrictions of this benefit are clearly defined in the policy and procedure manual. Donated PTO is intended to be used for medical or emergency situations only.

401K Savings Plan

Heart of Kansas Family Health Care, Inc has established a 401K Retirement Savings Plan to provide full-time and part-time employees with the potential for future financial security in retirement.

Employees who work for 32 or more hours per week may participate in the company's 401K savings plan after 90 days of employment. Each eligible employee will be offered the opportunity to establish a 401K for him or her. Complete details of the plan are available from Human Resources.

The 401K savings plan allows employees to elect how much salary to contribute to the plan. Heart of Kansas Family Health Care will contribute an additional "matching" amount of up to 4% of the employee's salary. Employees who wish to contribute more than an employee matching amount of their salary may do so up to established IRS limitations. Please see 401K documents or plan administrator for full details of the plan.

The 401K offered by Heart of Kansas Family Health Care is not designed to be a comprehensive retirement plan, and all employees are encouraged to consult with a financial advisor to explore other options (401K, Roth IRA, etc.) and create a personalized retirement plan.

Worker's Compensation Insurance

Heart of Kansas Family Health Care, Inc. provides a comprehensive workers' compensation insurance program at no cost to employees. The program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately. Employees off for any type of medical leave or injury will provide medical documentation regarding dates of absence and return to work notes.

Employees who sustain work-related injuries or illnesses should inform their supervisor immediately. Regardless of how minor an on-the-job injury may appear; it is important that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible.

An employee who experiences a work-related injury or illness during regular clinic business hours will be seen by a Heart of Kansas Family Health Care, Inc. provider, unless the employee requests to be seen by another qualified physician at his or her own expense.

Family Medical Leave Act (FMLA)

Heart of Kansas Family Health Care, Inc. employees may be eligible for FMLA in certain circumstances. Please contact the HR department for specific details.

Heart of Kansas Family Health Care, Inc. reserves the right to waive the waiting period for any of the above benefits.

IV. Pay

Paydays

All employees are paid semi-monthly. All pay checks are deposited directly into employees' bank accounts. During orientation, employees will be issued a calendar with pay periods and pay dates on it. Non-exempt employees' hours will be retrieved from the time clock, and a pay period time sheet will be given to Exempt employees to verify hours worked. Exempt employees will keep track of their time worked on a timesheet for each pay period. The employee and their supervisor will sign this sheet. If time sheets are not signed and turned-in to the payroll staff, no paycheck will be issued. Pay period end dates are the fifteenth and last day of each month. Pay dates are the 10th and 25th of each month or the closest banking day.

Overtime

When operating requirements or other needs cannot be met during regular working hours, employees may be requested to work overtime assignments. All overtime work must receive the direct supervisor's prior authorization.

Overtime compensation is paid in accordance with federal and state wage and hour restrictions. Any sort of paid leave will not be considered hours worked for the purpose of calculating overtime pay. Employees who work overtime without receiving prior authorization from a supervisor may be subject to disciplinary action, up to and including termination of employment.

Salary Administration

Employees at Heart of Kansas Family Health Care, Inc. will receive equitable wages that reflect the requirements and responsibilities of their positions and the overall quality of their work. Promotions for employees will be considered and are at the discretion of the CEO.

Employees should bring pay-related questions or concerns to the attention of their immediate supervisors. The Chief Executive Officer is also available to answer specific questions about the salary administration program.

Merit-based pay adjustments are awarded by Heart of Kansas Family Health Care in an effort to recognize truly superior employee performance. The decision to award such an adjustment is dependent upon numerous factors, including the information documented by the formal performance evaluation process.

If an employee receives a favorable evaluation report, the Chief Executive Officer has the authority to grant a merit-based pay increase as the budget allows; pay increases are made at the discretion of the CEO. Pay increases are not guaranteed, and not necessarily given on an annual basis.

Timekeeping

Accurately recording time worked is the responsibility of every employee. Federal and state laws require Heart of Kansas Family Health Care to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked constitutes all time spent performing job-related duties ("duties" excludes optional tasks, such as job-related education).

Non-exempt employees should accurately record the time that they begin and end their work, as well as the beginning and end of each break period. Heart of Kansas Family Health Care, Inc. has time clocks on computers throughout its buildings for non-exempt employees to utilize in accurately recording work time. The

Timeclock Plus software used by Heart of Kansas Family Health Care rounds start-time, end-time, and break-time to the nearest quarter-hour. Exempt employees will record their time worked on a timesheet for the purposes of the company's annual audit.

It is part of an employee's job duties to maintain your time either by clocking in and out of the timeclock (hourly) or using a paper timesheet (salaried). Altering, falsifying, or tampering with time records, or recording time on another employee's time record may result in disciplinary action up to and including termination of employment.

Employment Termination/Resignation

Heart of Kansas Family Health Care, Inc will generally schedule exit interviews or provide exit interview forms at the time of employment termination. The exit interview will afford an opportunity to discuss such issues as employee benefits, conversion privileges, and repayment for outstanding debts/return of property to the company. Suggestions, complaints, and questions can also be voiced.

Employment with Heart of Kansas Family Health Care is based on mutual consent, and both the employee and the company have the right to terminate employment at will, with or without cause, at any time. Upon termination of employment, Heart of Kansas Family Health Care will cease to undergo any sort of cost to provide benefits to the employee (the company will no longer provide educational assistance, match IRA contributions, etc.). The employee may elect to continue certain benefits, such as select insurance policies and unmatched SIMPLE IRA contributions, at his or her own cost. The employee will be notified in writing of the benefits that may be continued and of the terms, conditions, and limitations of such continuance.

Upon termination/resignation of employment, it is understood that the employee will turn in all keys, computers, and other property. Upon termination/resignation the employee will no longer have access to the clinic through secure doors, key codes and keys will be forfeited. The cost of replacement of any company property in the possession of the employee that is not returned by the last day of employment will be deducted from his or her final paycheck.

Though they may terminate employment with Heart of Kansas Family Health Care at any time, employees are encouraged to give their supervisors written notice of planned resignation at least two weeks beforehand.

IV. The Workday

Emergency Conditions

Emergencies can disrupt company operations. In the event of an emergency during nonworking hours, employees will be notified using an established call tree.

When operations are officially closed due to emergency conditions, time off from scheduled work will be unpaid. However, with supervisor approval, employees may use available paid time off.

In cases where an emergency closing is not authorized, employees who fail to report for work will not be allowed to use paid time off.

Meal Periods

All full-time and part-time employees are provided with one meal period of sixty minutes in length each workday. Supervisors will schedule meal periods to accommodate operating requirements. Employees will be relieved of all active responsibilities and restrictions during meal periods and will not be compensated for that time. Employees may choose to spend meal periods on company premises or elsewhere. Those who choose not to leave company premises may not distract working employees. Due to the negative impression that it may create with patients and visitors, eating and drinking is not permitted in areas with patient and/or public contact. The break room should be utilized instead.

Safety

Safety in the workplace is a paramount concern of Heart of Kansas Family Health Care and depends on the alertness and commitment of personnel and patients. The company provides information to employees about workplace safety and health issues through regular internal communication channels, such as supervisor-employee meetings, training, bulletin board postings, memos, etc. Employees receive periodic workplace safety training. Employees with ideas, concerns, and suggestions for improved safety in the workplace are encouraged to discuss them with a supervisor or the Chief Executive Officer.

Each employee is expected to obey safety rules and exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, who employ hazardous or unsafe methods, or who fail to report or, if applicable, remedy such situations may be subject to disciplinary action up to and including termination of employment. Additionally, if an employee observes a patient who disobeys basic safety rules or brings a weapon into the building, he or she must report the patient to a supervisor immediately. Threatening behavior of any kind will not be tolerated from any patient, and **employees should call 911 immediately if a patient displays threatening or disruptive behavior.** Front Office staff may also contact police by activating the silent alarm button located beneath the reception window area.

If an accident occurs that results in any sort of injury, employees should immediately notify the Chief Executive Officer or an appropriate supervisor. Such reports are necessary to comply with federal and state laws and properly initiate disability insurance claims and worker's compensation benefits. These incidents should be reported by staff through the Incident Tracker installed on computer systems.

Employees are responsible for using any adaptive (or ergonomic) equipment that has been purchased for the purpose of lessening the chances of developing repetitive motion injuries. Failure to do so may result in disciplinary action or dismissal. Employees must immediately report any suspected repetitive motion injuries to

the Chief Executive Officer or an appropriate supervisor. Employees should also feel free to suggest that the company purchase any necessary sort of adaptive equipment. Such suggestions should be directed to the Chief Executive Officer.

Employees who are the last to leave at the end of the workday are responsible for securing the building by turning off lights, checking that all doors are closed/lock and setting the alarm system. For questions regarding security please refer to the Security Policy for more information.

Sexual and Other Unlawful Harassment

Heart of Kansas Family Health Care, Inc is committed to providing a work environment that is free of all forms of discrimination and conduct that could be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic will not be tolerated. Heart of Kansas Family Health Care will provide ongoing harassment training to ensure employees the opportunity to work in an environment free of unlawful harassment.

The following is a partial list of harassment examples:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual acts
- Making or threatening reprisals after a negative response to sexual advances
- Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects, pictures, cartoons, or posters
- Verbal conduct that includes making or using derogatory comments, epithets, slurs, or jokes
- Verbal sexual advances or propositions
- Verbal abuse
- Physical conduct that includes touching, assaulting, or impeding movements
- Unwelcome sexual advances, requests for sexual favor, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
    - Submission to such conduct is made, either explicitly or implicitly, a term or condition of employment,
    - Submission or rejection of the conduct is used as a basis for making employment decisions, or
    - The conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

If an employee experiences or witnesses unlawful harassment in the workplace, he or she should immediately report it to a supervisor or, if a supervisor is unavailable, the Chief Executive Officer or another member of the management staff. All allegations of unlawful harassment will be quickly and discreetly investigated. Confidentiality will be preserved to the extent that is possible. When the investigation is completed, only applicable employees will be informed of its outcome. Anyone engaging in unlawful harassment will be subject to disciplinary action up to and including termination of employment.

Smoking

Smoking is prohibited within Heart of Kansas Family Health Care, Inc. buildings and within a 10-foot distance thereof. It is against Kansas state law to smoke within company buildings or within a 10-foot radius of

doors, windows, or air intake. Heart of Kansas Family Health Care, Inc. reserves the right to prosecute employees and patients who violate this law.

Visitors in the Workplace

Only authorized visitors are allowed in the workplace. Employees should contact a supervisor or management staff in order to authorize visitors. All visitors should enter Heart of Kansas Family Health Care, Inc. through the lobby entrance. Employees are responsible for the conduct and safety of their visitors.

If an unauthorized individual is observed on company property, employees should immediately notify a supervisor or, if necessary, direct the individual to the lobby.

Workplace Violence Prevention

All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from harassment, bullying, intimidation, threats, stalking, and other conduct that may be construed as detrimental to others. All weapons are prohibited on company property without prior authorization unless carrying a weapon is part of the individual's job (i.e., law enforcement).

Conduct that threatens, intimidates, or coerces an employee, a patient, or a member of the general public at any time, including off-duty periods, will not be tolerated. Any threats should be immediately reported to a supervisor. Employees should never place themselves in peril. If an employee sees or hears a commotion or disturbance, he or she should not try to observe or intercede.

Heart of Kansas Family Health Care will promptly and thoroughly investigate all reports of threats of, or actual, violence and of suspicious individuals or activities. Confidentiality will be preserved when possible. The company may suspend suspected employees, with or without pay, during the investigation. Anyone determined to be responsible for threats of, or actual, violence or other conduct that is in violation of the above guidelines will be subject to prompt disciplinary action up to and including termination of employment.

Heart of Kansas Family Health Care, Inc. encourages employees to bring their disputes or differences with other employees to the attention of a supervisor or the Chief Executive Officer before the situation escalates into potential violence. The company is eager to assist in the resolution of employee disputes and will not discipline employees for raising such concerns.

Work Schedules

Heart of Kansas Family Health Care maintains regular business hours. Hours may vary depending on work location and job responsibilities. Supervisors will provide employees with their work schedule. Should an employee have any questions regarding his/her work schedule, the employee should contact the supervisor. The company does not tolerate absenteeism without an excuse. Employees who will be late to or absent from work should notify a supervisor in advance, or as soon as possible in the event of an emergency. Chronic absenteeism may result in disciplinary action. Employees who need to leave early, for illness or otherwise, should inform a supervisor before departure. Unauthorized departures may result in disciplinary action.

Attendance and Dependability

All tardiness, absences, and early departures, authorized or not, will be noted on an employee's record. If an employee displays a pattern of tardiness and absenteeism, he or she may be reprimanded, suspended, or

dismissed. An Employee Time-Off Request is to be completed for every occasion for which an employee is absent from or tardy to work.

Employees who expect to be absent or tardy for any reason must notify their supervisors, in advance if possible. If an employee is absent for two or more days due to illness, he or she must present a doctor's note that allows him or her to return to work.

If an employee fails to give proper notification of absence or tardiness, he or she may face reprimand, suspension, or dismissal. **Any employee who fails to notify the company of absence for three or more successive days and fails to produce an acceptable excuse will be considered self-terminated.**

Appearance and Grooming

Employees are expected to abide by the following guidelines concerning appearance and grooming. Employees who appear for work inappropriately dressed will be sent home and directed to return in appropriate attire. Appropriate attire for Clinical Care and Clinical Support Staff includes scrubs and business casual attire. Appropriate attire for Administrative and Administrative Support Staff including front desk and billing department includes business casual attire.

It is the responsibility of the supervisor to ensure that his or her employees follow the clinic's appearance and grooming guidelines. The supervisor will also make allowances on a case-by-case basis for any new employee who states that, due to hardship, he or she is unable to accommodate the dress code policy for a temporary period. Valid complaints regarding an employee's grooming or hygiene should in no way be interpreted as unlawful harassment.

Guidelines:

- Clothing should be properly fitted, not too tight or too short. Clothes should also be clean and in good repair.
- Tank tops, see-through blouses, halter, and tube tops are not permitted.
- Tops that reveal a bare midriff or low-cut neckline are not permitted.
- Leggings may not be worn as pants but can be worn with long sweaters and tunic tops. Skirt and dress hemlines must be no higher than two inches above the knee when standing, regardless of hosiery.
- Open-toed shoes are not permitted in clinical and support staff.
- Jeans should not be worn, except on specially permitted days.
- No distracting piercings or jewelry.
- Employees should not wear an excessive number of necklaces, rings, bracelets, or earrings.
- Personal cleanliness, hair care, fingernail care, skin care, body odor, and breath odor are particularly noticeable and influence a patient's confidence in the services provided by the clinic. In clinical areas, false fingernails, and natural fingernails longer than the tip of the finger are inappropriate as they may harbor fungi and bacteria that can be transmitted to patients. Should a supervisor find it necessary to call a personal hygiene problem to an employee's attention, the employee should recognize that the comment is in the spirit of constructive criticism and should be resolved.
- Hair should be kept clean and neat.
- An employee with visible tattoos that may be considered offensive to our patients or may reflect negatively on the agency may be asked to cover them. Any issues regarding extreme styles of dress or tattoos will be dealt with through the supervisory structure. Failure to comply with expectations may result in disciplinary action.

Drug-Free Workplace Policy

It is the policy of Heart of Kansas Family Health Care, Inc. that any location at which agency business is conducted, whether on or off company property, is declared to be a drug-free workplace.

- All employees are absolutely prohibited from unlawfully manufacturing, distributing, dispensing, possessing, or using controlled substances in the workplace. Any employee who violates this policy is subject to discipline up to and including termination.
- The company will assist an employee in overcoming drug abuse problems by offering medical benefits for substance abuse treatment to the extent that such treatment is available to that employee under the clinic's benefit plan.
- The company will provide supervisory training to assist in the identification and addressing of drug use by employees.
- Any employee convicted of violating a criminal drug statute must inform his or her supervisor of the conviction, including pleas of guilty and no contest, within five days of the conviction. Failure to inform the agency leaves the employee subject to disciplinary action up to and including termination. As required by law, the company will notify the federal contracting officer-agency within 10 days of receiving such notice from an employee or otherwise receiving notice of such a conviction.
- The company reserves the right to offer employees convicted of violating a criminal drug statute in the workplace participation in an approved rehabilitation assistance program as an alternative to discipline. If such a program is offered and accepted by the employee, the employee must participate in the program to the satisfaction of the company as a condition of continued employment.

Computer, Email, and Internet Usage

Computers, computer files, email systems, and software furnished to employees by the company are considered company property and are intended for business use.

Employees should not use a password, access a file, or retrieve any stored communication without authorization. To ensure compliance with this policy, computer, internet, and email usage may be monitored.

All computers should be logged-off at the end of each workday and turned off at the end of each work week or before any period of expected nonuse.

Abuse of the internet access provided by the company that is in violation of law or company policy will result in disciplinary action up to and including termination of employment.

Employees may be held personally liable for any violations of the company's policy. The following behaviors are prohibited:

- The illegal installation, use, or distribution of copyrighted, trademarked, or patented material on the Internet.
- Sending or posting discriminatory, harassing, or threatening messages or images.
- Using the organization's time and resources for personal gain.
- Stealing, using, or disclosing someone else's code or password without authorization.
- Sending or posting confidential material, trade secrets, or proprietary information outside of the organization.
- Participating in the viewing or exchange or pornography or obscene materials.

- Sending or posting chain letters, solicitations, or advertisements not related to business purposes or activities.
- Using the internet for political or religious causes or activities.
- Using the internet for any sort of gambling.
- Jeopardizing the security of the company's electronic communications system.
- Sending or posting messages that disparage another organization's products or services.
- Passing off personal views as representing those of the organization.
- Sending anonymous email messages.
- Engaging in any illegal activity.

Social Media

Social Media includes all means of communicating or posting content of any sort on the Internet. Inappropriate postings that may include derogatory statements about the agency, discriminatory comments, pictures taken within the clinic or on clinic property, harassment, and threats of violence or similar inappropriate/unlawful conduct will not be tolerated. Any conduct that adversely affects your job performance, the performance of fellow associates or otherwise adversely affects members, customers, suppliers, people who work on behalf of Heart of Kansas Family Health Care or Heart of Kansas Family Health Care's legitimate business interests may result in disciplinary action up to and including termination. This policy applies to employees during both working and non-working hours.

Use of Equipment and Vehicles

When using company property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Employees should notify a supervisor if any equipment, machinery, tools, or vehicles appear to be damaged, defective, or in need of repair. Prompt reporting of damage, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. A supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment or vehicles used on the job.

The improper, careless, negligent, destructive, or unsafe use of equipment or vehicles, as well as excessive or avoidable traffic and parking violations can result in disciplinary action up to and including termination of employment. Employees must be 25 years of age or older to operate company vehicles (per insurance company regulations).

Use of Telephones

When making personal, long-distance phone calls, employees are required to use phone cards in order to prevent the company from being charged for such calls. Personal phone calls should be kept to a minimum. Personal, long-distance phone calls require prior approval from a supervisor.

Employees should always speak in a courteous and professional manner and confirm the information received by the caller and hang-up only after the caller has done so. Employees' use of profanity or other inappropriate language in telephonic communications is prohibited. Such use of inappropriate language will result in disciplinary action up to and including termination.

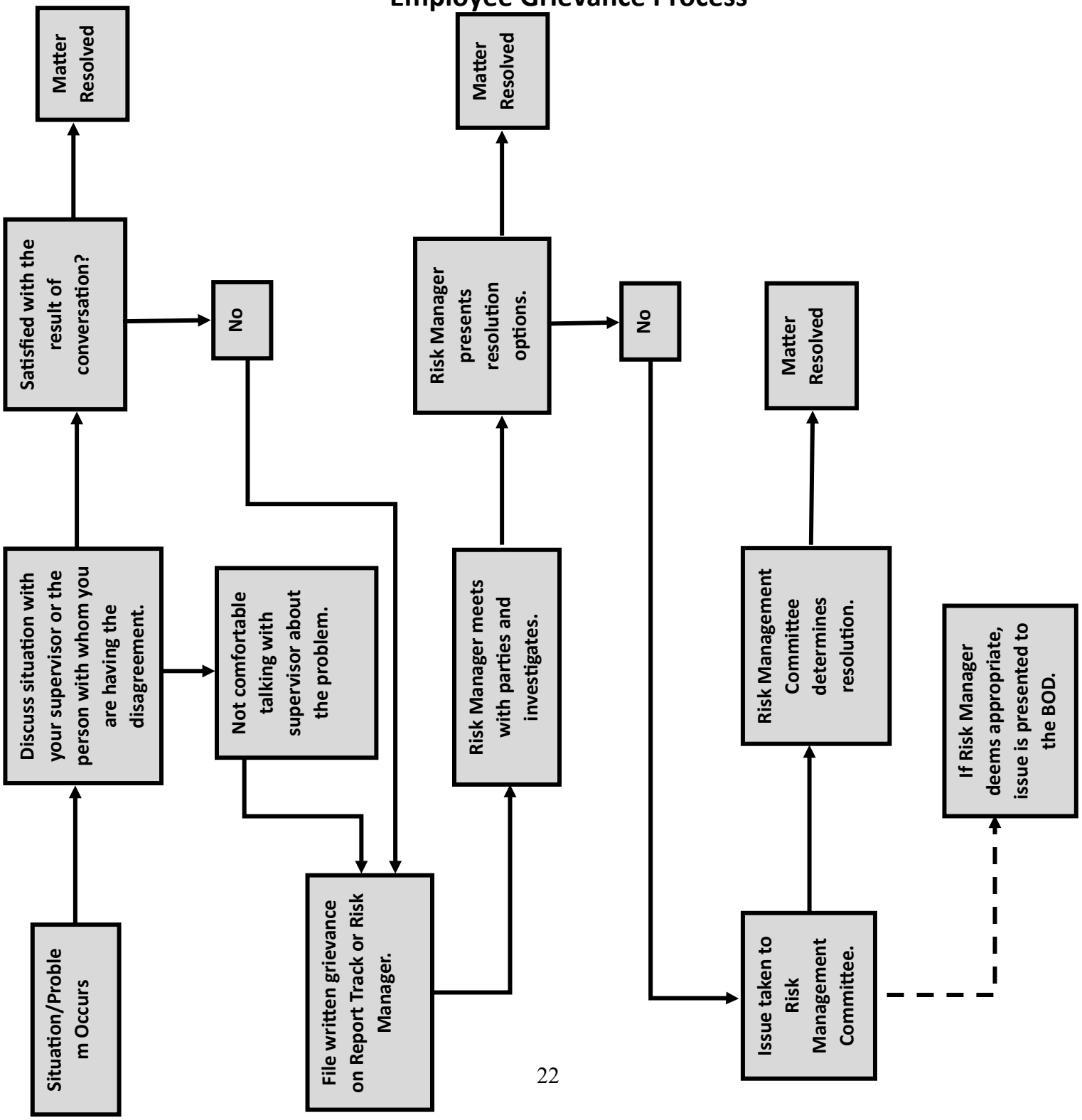
Cell Phones
Cell phone usage for personal business should be limited when on company time. If an employee has repeated issues with cell phone use during business hours, they may incur restrictions of their cell phone.

Employee Parking
All Heart of Kansas Family Health Care employees should park in designated employee parking areas. Any employee who has questions about parking areas should contact their supervisor.

Employee Grievance
An employee has the right to file a complaint or grievance without fear of retribution. The process for Employee Grievances is specifically graphed in Attachment A of the HOK Employee Manual. An employee should attempt to resolve an issue with their supervisor and other involved parties. If this cannot be done, the employee should file a written grievance through the Report Tracker installed on their computer or with the Risk Manager directly. The Risk Manager will complete a thorough investigation of all employee grievances. If the Risk Manager is unable to resolve, the issue will be taken to the Risk Management Committee. The Risk Management Committee will provide the best resolution for the employee and the agency. Any issues the Risk Manager deems appropriate will be taken to the Board of Directors.

Employee Training
Heart of Kansas Family Health Care requires all employees to complete annual training. Employees are expected to complete the required trainings by the assigned due date.

Attachment A
Employee Grievance Process



Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	After Hours Coverage
	Section (Department):	Clinical Care
	Policy Number:	CC-100R
	Approved:	March 30, 2021
	Reviewed:	Annual

A. PURPOSE

To ensure comprehensive care and on-call coverage for Heart of Kansas Family Health Care, Inc. (HOK) patients.

B. POLICY

1. HOK shall provide 24-hour medical coverage, 365 days per year for the following:
   a. Phone calls,
   b. Phone calls from hospitals, emergency rooms, nursing homes, etc.
2. Physicians or mid-levels shall provide coverage for family practice and pediatric patients.
3. The Chief Operations Officer shall schedule HOK providers for call coverage.
4. In the event of an emergency or situation, which prevents the provider scheduled for call coverage to fulfill his duties, the provider is responsible for immediately contacting another provider and transferring the call phone to them.
5. The physician or mid-level on-call must always be available to receive calls by HOK.
6. The on-call number is posted on the outside door to the clinic and is on the recording system if a patient calls the clinic.

C. PROCEDURE:

1. HOK Responsibility
   a. After-hours coverage should be provided by a team of HOK providers.
      1. An on-call schedule, which outlines provider coverage should be created and distributed to providers, and the after-hours answering service.
   b. HOK should coordinate with a contracted answering service for efficient telephone processing of patient calls after usual clinic operating hours.
   c. The phone number for the after-hours service should be included in the after-hours phone message and posted on the front door of all clinic locations.
2. Answering Calls Process
   a. If a patient calls HOK after operation hours they should hear a recording, informing them:
      1. The clinic operating hours,
      2. To call 911 for medical emergencies,
      3. The phone number for afterhours services.
   b. Once the patient is connected to the answering service the operator on duty should:
      1. Inform the caller of the process for scheduling or canceling appointments during usual business hours. If the caller needs to speak to a provider, the operator may:
         i. Obtain the caller's name, the patient's full name, patient's date of birth, primary care provider's name, and the reason for the call.
   c. The provider should be contacted by pager, text or phone call based on the provider's preference.
   d. If the on-call provider does not answer or return call, the answering service will contact the appropriate clinic director. (Medical Director, Director of Behavioral Health)
3. Clinical Management of Patient Calls
   a. The provider receiving the call should:
      1. Identify the patient's primary provider.
      2. Manage patient concerns based on clinical judgment. This may include:
         i. Recommendations and direct medical advice to the patient or family members.

ii. Recommendation of follow-up-care needed.
iii. How and when to make an appointment.
iv. Recommendation to call 911, go to immediate care, or an emergency room.

3. Manage any dental concerns based on clinical judgment based on the patient reported problems.
    i. If necessary, a HOK dentist may be contacted to assist with recommendations.
4. If the patient's preferred language is not English, the provider should utilize the language translation service.

4. Provider Responsibilities
    a. The on-call provider should:
        1. Be available at all times after normal clinic hours.
        2. Return calls to the answering service and the patient in a timely, and efficient manner.
        3. Document each patient contact in the Electronic Health Record (EHR), in order to convey the information with the patient's primary care provider.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Follow-up to ER/Hospital/Urgent Care Visits
	Section (Department):	Clinical Care
	Policy Number:	CC-101R
	Approved:	08/25/2015
	Reviewed:	Annual

A. PURPOSE

To explain and clarify the procedure for follow up of patients receiving care at other facilities.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) will follow-up to outside facility treatment upon notification.

C. PROCEDURE

1. Notification of admission or treatment of HOK patients by outside facilities will be achieved through:
   a) Routine inquiry at patient intake at appointments and
   b) Notification through outside facilities procedures either through fax, phone or electronic information pathways.
2. Patients who notify the clinic of outside care will be interviewed about the care received and a request for records sent to the treating facility.
3. Outside facility documentation will serve as notice of care given and either be incorporated in the medical record through usual processes (eFax attachments, scanning, direct messaging, etc.).
4. All documentation received (summary, H&P, testing results, discharge instructions, etc.) will be incorporated into the EHR and set for provider review.
5. Provider will be responsible for directing the follow up care plan at the clinic and utilize support staff to manage and arrange for care. (Schedule follow ups, order tests, etc.).

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Testing & Referral Tracking
	Section (Department):	Clinical Care
	Policy Number:	CC-102R
	Approved:	08/15/2017
	Reviewed:	Annual

A. PURPOSE

Heart of Kansas Family Health Care (HOK) recognizes the importance of prompt review and communication of test results and referral/consult reports to ensure accurate diagnoses, effective attention and treatment, and optimal patient care. Policies and procedures for reporting test results support effective communication among providers and between providers and patients

B. KEY DEFINITIONS

Abnormal test result. Test result that requires the ordering provider's attention as soon as possible but is not as urgent or life-threatening as a critical result. Abnormal findings are values that are above or below the established norms for a particular test. Typically, laboratories or testing centers judge which values are considered abnormal (for example, a value considered abnormal for some patients may qualify as normal for a patient who previously had a critical test result).

Critical test result. Test result for a condition that if left untreated may be life-threatening or place the patient at serious risk. Patients require urgent clinical attention.

Critical tests. Tests that require immediate notification of results, whether critical, abnormal, or normal (e.g., suspected retained object during surgery).

Direct verbal communication. Communication of test results by telephone, face-to-face encounter, or report personally handed to the ordering provider.

Electronic communication. Communication of test results by e-mail, fax, electronic health records, or other electronic means.

Normal test result. Test result that falls within the normal parameters for the particular test established by the laboratory. Requires patient notification but not on an immediate basis.

Ordering or referring provider. The provider who initiated a test for a particular patient. The provider is responsible for reviewing, signing, and acting on diagnostic tests under the scope of his or her clinical practice.

Surrogate provider. A provider designated to act on test results on behalf of the ordering provider if the ordering provider is unavailable.

Test result. Test results include the results of laboratory tests, cardiology tests, radiology, and other diagnostic procedures.

Consult report. The written communication from another provider regarding a mutual patient seen by a specialist provider ordered and initiated by the HOK provider.

C. POLICY

Test results and consult reports must be communicated to the ordering provider, or a surrogate provider if the ordering provider is unavailable, within a period of time that allows prompt clinical action to be taken. The ordering provider must communicate all test results, including normal results, to patients within specified time frames to ensure patients are active participants in their healthcare. This policy applies to all types of test results, such as laboratory, cardiology, radiology, and other diagnostic tests and if applicable, action the clinic provider recommends based on the consult report.

Provider and Staff Responsibilities:

Medical Director

- Implement written policy on reporting test results and consult reports.
- Designate surrogate providers (e.g., on-call clinician, primary care physician) who will be responsible for reviewing and acting on critical test results when the ordering provider is not available. Establish a chain of responsibility.
- Regularly review and reevaluate which test results qualify as critical or abnormal.
- Regularly review and reevaluate policies.
- Ensure the health center/free clinic regularly collects data on the timeliness of reporting test results and communicating results to patients.
- Ensure the health center/free clinic makes necessary improvements.

Ordering provider

- Follow up on, review, and take action on ordered test results, regardless of the ordering provider's specialty or relationship to the patient.
- Document name, phone number, pager number, or other contact information and surrogate provider on the order form for tests.
- Document all actions taken in response to test results in the patient's medical record (see the discussion, Documentation).
- Communicate test results to patients within specified time frames.

Surrogate provider

- Must have the authority to take action on critical test results. Staff members who may serve as surrogate providers include primary care physicians, covering physicians, laboratory directors, or the clinic director.
- When contacted with a critical result, responsible for reviewing and following up on the result and communicating necessary information to the patient (e.g., come into the clinic, go to the emergency department [ED]).
- Document all actions taken in response to test results in the patient's medical record.
- Communicate actions taken to the ordering provider.

Medical assistant or administrative assistant

- Utilize the EHR orders tracking system, flags, comment fields and messages to log and track all orders.
- Attach returned results to the order for provider review, signature, and follow up action.
- Flag results that are not returned within a reasonable period of time and notify the ordering provider.
- Document in the EHR when/how results that have been communicated to the patient.

D. PROCEDURE

Depending on the type of test result, ordering providers may receive results from laboratories or outside testing centers by either direct verbal communication or electronic communication (see specific procedures for critical, abnormal, and normal test results below).

1. Ordering providers must personally acknowledge receipt of the results (e.g., by telephone, call back from page, through verification systems in the electronic medical record). Voicemails and e-mails, including e-mails with read receipt, are not appropriate acknowledgment systems.
2. When results are reported by telephone, the person receiving the information must read back the information to the person calling with the results. The following process should be followed:
   a. The recipient of the result writes down the result.
   b. The result is read back to the caller.
   c. The caller verifies the accuracy of the result as the recipient reads it back.

Depending on the type of test result, ordering providers may communicate results to patients in-person or by letter, telephone, or e-mail (see the discussion, Critical results).

1. Ordering providers may request that another licensed or certified staff member contact the patient with results; the name of the person contacting the patient with results should be documented.
2. When the patient must take action in response to the results (e.g., change medications, schedule a visit to the health center), providers should use direct verbal communication and document that the information was received and understood by the patient. Providers must *not* include any identifiable patient information on voicemail/answering machines.
3. If the patient is not competent to make medical decisions, test results will be communicated to the patient's designated guardian or representative.
4. When the patient cannot be reached (e.g., phone number is disconnected), reasonable attempts should be made to contact the patient and attempts should be documented in the medical record.

Specific procedures for communicating critical, abnormal, and normal tests are as follows:

Critical results:

1. Critical results must be communicated immediately by direct verbal communication from the outside laboratory or testing center to the ordering provider or surrogate provider.
2. In cases in which the ordering provider and surrogate are not available, results must be communicated following the established chain of responsibility.
3. Outside facilities will follow their procedures for reporting critical results.
4. Critical results must *not* be communicated over voicemail, e-mail, or to administrative assistants or other unlicensed staff members.
5. Critical results and necessary actions (e.g., come into the health center, go to the ED) should also be communicated to patients immediately by direct verbal communication.
6. The health center/free clinic must make every attempt to contact the patient. All communication or attempts to communicate must be documented.

Abnormal results:

1. Abnormal results may be communicated to the ordering provider by direct verbal communication or electronic communication.
2. Abnormal results must be communicated to the patient within a set timeframe but not to exceed 14 days.
3. Results can be communicated to the patient by certified letter with return receipt requested or by telephone.

4. The health center/free clinic must make every attempt to contact the patient. All communication or attempts to communicate must be documented.

Normal results:

1. Normal results may be communicated to the ordering provider by direct verbal communication or electronic communication.
2. Normal results should be communicated to the patient within a reasonable period of time. Results may be communicated in-person or by letter, telephone, or e-mail. Providers must not include any identifiable patient information on voicemail/answering machines.
3. All communication or attempts to communicate must be documented.

Referral/Consult Reports:

1. Actionable consult reports will be communicated to the patient in a timely manner.
   a. Co-management of patients will be documented in the EHR.

Documentation:

The ordering provider must document:

1. Acknowledgment of receipt of results
2. Actions taken related to the patient
3. Patient notification, including date and time of notification, means used to communicate results (e.g., phone call, letter), and person spoken to (if applicable)
4. All attempts to contact the patient if the patient cannot be reached
   a. Other clinical information as appropriate

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Mental Health Emergencies
	Section (Department):	Clinical Care
	Policy Number:	CC-103R
	Approved:	11/29/2016
	Reviewed:	Annual

A. PURPOSE

To reduce risk to Heart of Kansas Family Health Care, Inc. (HOK) staff and clients associated with mental health emergencies.

B. POLICY

HOK staff will follow strict procedures when faced with an emergency related to mental health. HOK staff should assess the situation and take appropriate action.

C. PROCEDURE

1. A mental health emergency is defined as:
   a. A client verbalizing harm to self or others,
   b. A client who is doing harm to self or others,
   c. A client demonstrating erratic behavior and/or verbalizes the need to talk with Behavioral Health staff.
2. If the client's behavior is out of control or dangerous, 911 should be called immediately.
3. If the client is currently receiving behavioral health services at HOK:
   a. Staff should contact the client's assigned behavioral health provider and the provider should make contact with the client.
   b. If the client's assigned provider is unavailable or out of the office, another behavioral health provider or the care coordinator should be notified and requested to speak with client.
   c. HOK employees may contact the Director of Behavioral Health via phone at (620) 804-1103 if they have a question about what to do with the situation. This number is not to be given to the client for any reason.
4. If a staff member is communicating with a client via telephone as has concern for their safety or an imminent danger exists, the staff member should keep the patient on the telephone while another staff member calls 911.
5. If the client has not been seen at HOK for Behavioral Health services and is currently in crises,
   a. HOK staff should request assistance from an available HOK behavioral health provider or care coordinator. If a provider is not available, the client should be referred to the Center for Counseling Crises Services at (620) 792-2544.
6. In emergency situations for behavioral and mental health, professional staff and agencies do not need a release of information form signed by a client in order to exchange information specific to the emergency.
7. HOK Risk Management team will conduct root cause analysis of sentinel events involving mental health emergencies.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"		
	Title:	In-Office Emergency
	Section (Department):	Clinical Care
	Policy Number:	CC-104R
	Approved:	April 27, 2021
	Reviewed:	Annual

A. Purpose

To provide guidance to all staff in a potential clinical emergency.

B. Policy

Any staff member should have the ability to call and respond to an in-office emergency.

In Office Emergency Response Protocol:

Staff Member	Role
Front Desk	• Identify individuals showing distress at check in • Monitor waiting area for individuals showing distress • In event of an office emergency, notify patients of a delay • Call 9-1-1 if instructed to do so and direct response to the location of the emergency
Clinical support staff	• Situate person in distress in a room (nearest empty exam room or the treatment room) • Alert provider of emergency and the patient's location • Bring emergency kit to location of emergency • Obtain vital signs • If O2 is less than 93% start Oxygen by face mask • Assist with emergency • Manage other patients in exam rooms and notify of the delay • Take notes to assist documentation post emergency including time of key interventions
Nurses	• Assist with emergency • Act as medication nurse/code nurse
Providers	• Respond to call for assistance with emergency • One provider to lead emergency response • One provider to manage airway • If needed, one provider to assist with emergency • All other providers, manage patients in the office
Other staff	• Assist in maintaining patient flow and crowd control

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Sliding Fee
	Section (Department):	Finance
	Policy Number:	FI-100R
	Approved:	March 30, 2021
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for sliding fee discount services.

B. POLICY

1. No patient will be denied service simply due to their inability to pay for services. All patients will have an opportunity to apply for the sliding fee discount program. A patients' eligibility for the sliding fee discount is based on their ability to pay, which is determined by patient's income and family size as a percentage of the federal poverty guidelines.
2. All patients who wish to be considered for the sliding fee scale discount will apply according to this policy. Patients on the sliding fee scale must be interviewed within appropriate time frame. Appropriate information will be captured and entered in the computerized patient accounts receivable program. Federal guidelines require at least annual update of this information. It is the policy of Heart of Kansas Family Health Care, Inc. (HOK) to update this information annually. A patient may be interviewed more frequently if any one of the following situations is suspected:
   a. Address change signaled by the return of mail to HOK
   b. Marital status change.
   c. Insurance or third-party liability change.
   d. A change in any other pertinent information such as family size or work status.
   e. Birth or adoption of a dependent child.
3. It is the responsibility of the Patient Intake Coordinator to obtain demographic, income, and household assessment information and enter it accurately into the receivable system. In order for HOK to capture all possible receipts, the patient intake coordinators, switchboard operator, and collections manager must be diligent in acquiring the information. Patients who report no income will sign the Income Statement declaration which is good for 30 days. No patient with reported income will be allowed to self-declare the income of himself or his family members. Acceptable proof of income is required for the sliding fee scale discount to be initiated. All new patients should be notified when making an appointment that acceptable proof of income is required on the first visit. If the patient does not bring the acceptable proof, the sliding fee discount will not apply until proof is produced. If the patient produces acceptable proof within 48 hours of the visit, we will adjust the visit to accommodate the new sliding fee scale. If the patient does not produce acceptable proof within 48 hours of the visit, the 100% fee will stand.
4. The preferred method of obtaining the necessary information is through the Registration and Disclosure Information form. The patient will fill out the form and bring a copy of his/her most recent tax return and/or the most recent paystub for all working members of the household. A copy of the tax return and/or paystub must be attached in order for the information to be processed.
5. If the patient states that he/she has no way to provide proof of income, he/she must be interviewed by the collections manager who has the authority to approve or disapprove the statement of income. The collections manager will document the interview, obtain the no income affidavit and enter the income into the system.
6. HOK defines a member of the household as a person or persons who is listed on the Household Assessment, a member must reside in the home with the patient, and the patient has financial responsibility for. A qualified member(s) of the household includes:

a. Dependent children,
b. Dependents declared on tax return,
c. Spouse,
d. Individuals who share household expenses, and
e. Other individuals who rely upon the patient's income.

7. HOK will ensure all patients are properly and consistently billed and to ensure that patients in the first pay class above 100% of the Federal Poverty Guidelines (FPG) are never charged less than those patients at or below 100% of the FPG.
8. HOK will ensure all referral agreements on Form 5A, Columns II and III and include language in those agreements to assure that patient charges are slid in accordance with HOK's Sliding Fee Discount Schedule or better to assure financial barriers to care do not exist for patients receiving required services.

C. PROCEDURE

1. When acceptable proof is obtained from the patient, the computer system is set up to compute the appropriate level for the patient. The collections manager obtains one of the following sources of information from the patient:
   a. Current tax return. This is the most preferred form. The tax return will also declare the number of dependents. If the tax return is not available, then one of the following may be accepted:
   b. Paycheck stubs from all members of the household. Check stubs must be dated within the last month.
   c. Any form of paperwork from the State of Kansas Social Rehabilitation Services that deals with Aid for Families with Dependent Children or Food Stamps. WIC paperwork may also be acceptable. If the State has already verified the income of the patient, this is acceptable verification.
   d. Any paperwork from the Kansas Department of Revenue to prove employment status and amount of unemployment compensation.
   e. A letter from the employer on company letterhead with a contact person and a phone number for the contact. This form of proof must always be verified. Any letter not on company letterhead is unacceptable.
   f. Any letter or paperwork from a court showing child support or alimony payment amounts.
2. There is only one exception to the self-declaration policy: Adolescent patients who are seeking confidential care and who are not considered to be emancipated (by court order) minors shall be allowed to self-declare if presentation acceptable proof would jeopardize the confidentiality of the services to be received.
3. No Heart of Kansas Family Health Care, Inc. site is a "Free Clinic." The sliding fee scale is the mechanism for accommodating the patients in our service area who fall at or below 200% of poverty level as established on an annual basis by the Bureau of Primary Health Care. For Migrant and Seasonal Patients, the computer will adjust the annual income figure to compensate for the irregularity of work availability. Heart of Kansas Family Health Care, Inc has established guidelines for the sliding fee scale discount.
4. For patients who fall within the "A" category, the minimum charge for medical services is $20.00. The ultimate fee will not be below the minimum fee. For a patient on the "A" scale who alleges that he is not able to pay the minimum fee, an interview with the collections manager will be required to determine eligibility for a payment agreement. A note will be entered under the note tab stating that a payment agreement has been established. Each time the patient presents for

a visit where the patient states that he/she cannot pay the minimum fee, this procedure must be repeated. It is the responsibility of the collections manager to thoroughly interview the patient and suggest alternative measures such as application for Medicaid or some other indigent funds. For patients who request this adjustment on a continual basis, the interviewer must forward the case to the office manager for determination of future waivers.

5. The CFO and/or Patient Accounts Director will randomly select patients every month and verify the correct slide was given and that the correct documentation was present.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Internal Accounting Controls
	Section (Department):	Finance
	Policy Number:	FI-101R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish internal accounting controls for Heart of Kansas Family Health Care, Inc. (HOK).

B. DEFINITIONS

1. Internal accounting controls comprise practices, policies and procedures that are concerned with the reliability of financial records and the safeguarding of assets.
2. Internal accounting controls are designed to provide reasonable assurance that:
   a. Business transactions are executed in accordance with management's general or specific authorization
   b. Business transactions are recorded as necessary to permit preparation of financial statements in conformity with Generally Accepted Accounting Principles
   c. Access to assets is permitted only in accordance with management authorization
   d. The recorded accountability for assets is compared with the existing assets at reasonable intervals and appropriate action is taken with respect to any differences.

C. POLICY

1. HOK shall provide internal accounting controls sufficient to assure the reliability of financial records and to safeguard the assets of the organization at all times through:
   a. Separation, whenever feasible, of the key business functions of authorization, initiation, approval, execution and recording of transactions
   b. The establishment and maintenance of a chart of accounts.
   c. The maintenance of adequate internal documentation to focus responsibility
   d. The maintenance of a manual of accounting policies and procedures
2. A formal review of internal accounting controls by an independent certified public accountant shall be performed annually in conjunction with the organizational annual audit.
3. Findings received from the independent certified public accountant regarding weaknesses in internal accounting controls, if any, shall be reported to the Finance Committee of the Board of Directors of the organization for recommendation for Board approval. Recommendations for improvement shall be implemented pending Board approval.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Procurement of Goods & Services
	Section (Department):	Finance
	Policy Number:	FI-102R
	Approved:	02/27/2018
	Reviewed:	Annual

A. PURPOSE

To establish procedures for Heart of Kansas Family Health Care, Inc. (HOK) for the procurement of supplies and other expendable property, equipment, real property, and other services.

B. POLICY

1. General Requirements
   a. No supplies, equipment, or services may be purchased unless authorized in writing by the CEO or his/her designee.
   b. Requisitions must contain complete information. Omissions or incomplete information will necessitate returning the requisition form to the departmental supervisor thus causing delays.
   c. It is understood that the right price for any requisitioned item is the lowest price obtainable for a quality product from a dependable supplier. The purchasing agent and departmental supervisor work together to achieve this end.
2. Processing Requirements
   a. The supervisor of the requesting department prepares a request for all items to be purchased from outside sources.
   b. The request is forwarded to the CEO or his/her designee for review. Requests are subject to approval or disapproval by the CEO or his/her designee and are not automatically filled. If the request is approved, then a purchase order is issued.

C. PROCEDURE

The following procedures will be considered for the procurement of all products and non-employee services. Compliance with these procedures is required to be documented for procurements greater than the Simplified Acquisition Threshold (SAT) of $150,000.

1. Code of Conduct
   a. No HOK Board member, officer, employee, or agent will participate in the selection, award, or administration of a contract if a real or apparent conflict of interest would be involved. A parent, affiliate, or subsidiary organization of HOK that is not a state, local government, or Indian tribe must not create an organizational conflict of interest. For greater detail, refer to the Conflicts of Interest Policy.
   b. No HOK Board member, officer, employee, or agent will solicit or accept gratuities, favors or anything of monetary value from contractors, or parties to subcontracts. See Conflicts of Interest Policy.
   c. Contractors that develop or draft grant applications or contract specifications, requirements, statements of work, invitations for bids and/or requests for proposals are excluded from competing for such procurements.
   d. HOK prohibits the use of statutorily or administratively imposed state, local, or tribal geographical preferences in the evaluation of bids or proposals, except in cases where applicable Federal statutes expressly mandate or encourage geographical preference.
      i. However, when contracting for architectural and engineering services, geographic location may be a selection criterion provided its application leaves an appropriate number of qualified firms, given the nature and size of the project, to compete for the contract.

2. Procurement Methods
   HOK will use one of the following methods of procurement depending on the specifications of the purchase, set forth below:
   a. Micro-Purchases: Procurement by micro-purchase is defined as the acquisition of supplies or services in which the aggregate dollar amount does not exceed $5,000.
      Requirements:
      i. To the extent practicable, HOK will distribute micro-purchases equitably among qualified suppliers.
      ii. If HOK finds the price reasonable, it may award micro-purchases without soliciting competitive quotations.
      iii. All micro-purchases must be approved by the applicable department manager and may be approved by the CFO or CEO.
   b. Small Purchases: Procurement by small purchase is defined as relatively simple and informal procurement methods for securing services, supplies, or other property that do not cost more than $150,000.
      Requirements:
      i. When using this method, HOK will obtain price or rate quotations from an adequate number of qualified sources.
      ii. All small purchases must be approved by the CEO or CFO.
   c. Sealed Bids: Procurement by sealed bids (or formal advertising) occurs when bids are publicly solicited and a firm fixed price contract is awarded to the responsible bidder whose bid, conforming to all HOK terms and conditions for the procurement, is the lowest in price. This is the preferred method for construction if the following conditions are present:
      i. Procurement cost is greater than the SAT of $150,000.
      ii. A complete, adequate, and realistic specification description is available.
      iii. Two or more responsible bidders are willing and able to compete for the business.
      iv. The procurement lends itself to a firm fixed price contract and the selection of the bidder can be made principally on price.
      Requirements:
      i. HOK will solicit bids from an adequate number of known suppliers, giving them sufficient time to respond before the set opening bid date, which will be publicly advertised.
      ii. In the invitation for bids, HOK will include any specifications and pertinent attachments as well as define the items or services.
      iii. HOK will publicly open all bids at the time and place set forth in the invitation.
      iv. HOK will award a firm fixed price contract, in writing, to the responsive and responsible bidder which has the lowest price,
      taking into consideration factors specified in the bidding documents such as: discounts (where prior experience indicates they are usually taken advantage of), transportation costs, and life cycle costs.
      v. If all bids are rejected, there will be a sound reason, which HOK will document.
      vi. All sealed bids must be approved by the finance committee of the Board of Directors.
   d. Competitive Proposals: Procurement by competitive proposals is normally conducted with more than one source submitting an offer, and either a fixed price or cost

reimbursement type contract is awarded. Generally, this is used when conditions are not appropriate for the use of sealed bids.

Requirements:

i. Procurement cost must be greater than the SAT of $150,000.
ii. HOK will publicize requests for proposals and identify all evaluation factors and their relative importance, ensuring that any response to public proposal requests are considered to the maximum extent practical.
iii. HOK will solicit proposals from an adequate number of qualified sources.
iv. HOK will have a written evaluation method for conducting technical evaluations of the proposals received and for selecting recipients.
v. HOK will award contracts to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered.
vi. HOK may use competitive proposal procedures for procurement of professional services from architectural/engineering (A/E) firms when they are evaluated and chosen based on the level of qualification for the procurement services needed. This method, where price is not used as a selection factor, will be subject to negotiation of fair and reasonable compensation, and may only be used for professional services from A/E firms and no other types of services.

e. Noncompetitive (Sole-Source) Proposals: Procurement by noncompetitive proposals is defined as procurement through solicitation of a proposal from only one source. This method will only be used when one or more of the following circumstances apply:
   i. The item is only available from a single source.
   ii. A public exigency or emergency requiring the purchase will not permit a delay which would result from competitive solicitation.
   iii. The HHS awarding agency or pass-through entity expressly authorizes the sole-source procurement in response to a written request from HOK.
   iv. After soliciting a number of sources, competition is determined to be inadequate.

3. Standard Procedures
   a. HOK will have written procedures for procurement transactions which ensure that:
      i. Solicitations for goods and services will include a clear and accurate description of the technical requirements for the material, product, or service to be procured (which will not unduly restrict competition). The description:
         a) May include a statement of the qualitative nature of the material, product, or service.
         b) When necessary, will set forth minimum essential characteristics and standards to which it must conform if it is to satisfy its intended use.
         c) Will not include detailed product specifications if at all possible.
      ii. When it is impractical or uneconomical to make a clear and accurate description of technical requirements, the description may include a "brand name or equivalent" description to define the performance or other salient requirement of procurement. The specific features of the named brand which must be met will be clearly stated and identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals.
   b. HOK will ensure that all prequalified lists of persons, firms, or products which are used in acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition.
   c. HOK will not purchase unnecessary or duplicative items.

d. HOK will give consideration to consolidating or breaking out procurements to obtain a more economical purchase.
e. Where appropriate, HOK will perform an analysis of lease and purchase alternatives to determine the most economical and practical procurement.
f. HOK will not preclude potential bidders from qualifying during the solicitation period.
g. HOK will take all necessary affirmation steps to utilize small businesses, minority-owned firms and women's business enterprises when practical. Affirmative steps will include:
    i. Placing the aforementioned businesses on solicitation lists.
    ii. Assuring the aforementioned businesses are solicited whenever they are potential sources.
    iii. Dividing total requirements into smaller tasks or quantities when feasible to permit maximum participation of the aforementioned businesses.
    iv. Establishing delivery schedules, where the requirement permits, to encourage participation of the aforementioned businesses.
    v. Using the assistance of organizations such as the Small Business Administration and the Minority Business Development Agency when appropriate.
    vi. Requiring the prime contractor (if subcontracts are to be let) to take the affirmative steps listed in numbers 1-5.
h. HOK will determine the type of procuring instrument to be used (e.g. fixed price contracts, purchase orders, and incentive contracts) based on appropriateness for the particular procurement and for promoting the best interest of the program or project involved.
i. To foster economy and efficiency, HOK is encouraged to enter into state and local intergovernmental agreement or inter-entity agreements where appropriate, use Federal excess and surplus property in lieu of purchasing new when it is found feasible, and use value engineering clauses for construction projects when projects are large enough to offer cost reduction.
    i. "Value engineering" is defined as a systematic and creative analysis of each contract item or task to ensure that its essential function is provided at the overall lower cost.
j. HOK will only contract with responsible contractors who possess the potential ability to perform successfully under the terms and conditions of the proposed procurement. HOK will consider factors such as integrity, compliance with public policy, past performance, financial and technical resources and accessibility to such resources. Employees will ensure that no contracts are entered into with entities that, or individuals who, are debarred, suspended, or otherwise ineligible by virtue of Federal agencies, implementation of Executive Orders 12549 and 12689 concerning debarment and suspension.
k. Procurements to be funded with Federal funds will be performed in accordance with the requirements set forth in 2 CFR Part 75 (HHS adoption of Uniform Grant Guidance) as applicable.

4. Procurement Records and Files
    a. HOK will establish and maintain procurement records and files. HOK will document in the procurement files some form of cost or price analysis made in connection with every procurement action in excess of $150,000, including the rationale for the method of procurement, justification for contractor selection and selected contract type, justification
    b.

for lack of competition when bids are not obtained, and the justification for the award cost or price. In this analysis:

i. HOK will make independent estimates before receiving bids or proposals.
ii. HOK will negotiate profit as a separate element of the price for each contract in which there is no price competition and, in all cases, where cost analysis is performed. To establish a reasonable profit, HOK will consider the complexity of the work to be performed, the risk taken on by the contractor, the investment made by the contractor, the amount of subcontracting, the quality of past performance, and area industry profit rates for similar work.
iii. HOK will only use costs or prices based on estimated costs for contracts only to the extent they would be allowable under Subpart E (Cost Principles) of 2 CFR Part 75.
iv. HOK will not use the cost-plus percentage of cost and percentage of construction cost methods of contracting.

5. Contract Administration
   a. HOK will maintain a system for contract administration that ensures contractor compliance with the terms, conditions, and specifications of the contract and adequate and timely follow up of all purchases. HOK will evaluate and document contractor performance in terms of whether the contractor has met the terms, conditions, and specifications of the contract.
   b. HOK will ensure that, as applicable, all contracts for procurements purchased with Federal funds contain the contract provisions specified 2 CFR Part 75 (HHS adoption of Uniform Grant Guidance) Appendix II.
   c. HOK will only use a time and materials type contract after it is determined that no other type of contract is suitable, given that there is a set ceiling price which the contractor exceeds at their own risk. A high degree of oversight will be exerted by HOK in these contracts to reasonably assure that the contractor is using efficient methods and effective cost controls. "Time and materials type contract" is defined as a contract whose cost to HOK is the sum of:
      i. The actual cost of the materials
      ii. Direct labor hours charged at fixed hourly rates that reflect wages, general and administrative expenses, and profit.
   d. HOK, in accordance with good administrative practice and sound business judgment, will solely be responsible for the settlement of all contractual and administrative issues which may arise out of procurements, such as source evaluation, protests, disputes, and claims.
   e. HOK recognizes that standards in 2 CFR 75 do not relieve the entity of any contractual responsibilities under its contracts, and that the HHS awarding agency will not substitute its judgment for that of HOK unless the matter is primarily a federal concern. Violations of law will be referred to the local, tribal, state, or Federal authority having proper jurisdiction.
   f. For construction or facility improvement contracts or subcontracts exceeding the SAT, the bonding policy and requirements of HOK may be accepted if the HHS awarding agency or HOK has determined that the Federal interest is adequately protected. If this determination has not been made, the minimum bonding requirements are as follows:
      i. There must be a bid guarantee in the form of a firm commitment such as a bid bond, certified check, or other negotiable instrument from each bidder equivalent to five percent of the bid price.

a) A "bid guarantee" accompanies a bid as assurance that the accepting bidder will execute contractual documents as may be required within the time specified.

ii. There must be a performance bond on the part of the contractor for 100 percent of the contract price.
   a) A "performance bond" is one executed in connection with a contract to secure fulfillment of all the contractor's obligations under such contract.

iii. There must be a payment bond on the part of the contractor for 100 percent of the contract price.
   a) A "payment bond" is one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in execution of the work provided for in the contract.

iv. In situations where bonds are required, the bonds will be obtained from companies holding certificates of authority as acceptable sureties pursuant to 31 CFR Part 223.

6. Oversight and Monitoring
   a. HOK will require the contractor to develop, maintain and furnish records and reports which pertain, directly or indirectly, to the services provided by the contractor and which HOK may reasonably deem appropriate and necessary for the monitoring and auditing of the contract.
   b. HOK will maintain oversight to ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.
7. Review: Upon request of HHS or other awarding agency, HOK will make certain items available, including:
   a. Technical specifications on proposed procurements where the HHS awarding agency or pass-through entity believes such review is needed to ensure that the item or service specified is the one being proposed for acquisition. (This is generally before specifications are placed into a solicitation document; thus it is called pre-procurement review. However, if HOK desires to have the review after the solicitation is developed, it may, but such review by the HHS awarding agency or pass-through entity will be limited to the technical aspects of the proposed purchase.)
      i. HOK will be exempt from pre-procurement review if the HHS awarding agency or pass-through entity determines that HOK procurement systems comply with standards in 2 CFR 75—thus HOK procurement standards become "certified." Options for certification include:
         a) HOK may request that its procurement system be reviewed by the HHS awarding agency or pass-through entity. Generally, this type of review only occurs when there is continuous high-dollar funding, and third-party contracts are awarded on a regular basis.
         b) HOK may self-certify its procurement system. This does not limit the HHS awarding agency's right to survey the system. Self-certification includes written assurances from HOK ensuring that it is complying with procurement standards set forth in 2 CFR 75, citing specific compliance.
   b. Pre-procurement review, procurement documents, such as requests for proposals or invitations for bids, or independent cost estimates when:
      i. Procurement procedures or operations fails to comply with the procurement standards in 2 CFR 75

ii. Procurement is expected to exceed the SAT and is to be awarded without competition/one bid offer received.
iii. Procurement is expected to exceed the SAT and specifies a "brand name" product.
iv. Proposed contract is expected to exceed the SAT and is to be awarded to a contractor other than the lowest bidder under the sealed bid method.
v. A proposed contract modification changes the scope of a contract or increases the contract amount by more than the SAT.

NOTE: Much of the language in this policy came from the Uniform Grants Guidance 2 CFR Part 75.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Collections
	Section (Department):	Finance
	Policy Number:	FI-103R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care collects the maximum amount of patient revenue.

B. POLICY

Payment is due at time of service.

At time of appointment check-in, medical or behavioral health patients with insurance will be directed to the Collections Manager to pay any co-pay due. After completing appointment with provider, the medical or behavioral health patient will check out with Front Desk Staff to pay for services provided.

If a patient cannot pay on the day of appointment, the following guidelines apply:

- The patient will sign a payment plan agreement according to the payment plan policy. Collections Manager will add the agreed date to pay in the tickler system. If the patient does not pay on the "promised" date, the Collections Manager will attempt one telephone contact to remind the patient to come in and pay on the account. If the FOM cannot contact the patient or the patient fails to come in on the agreed date to pay the amount owed, the account will be turned over to the Patient Account Manager.
- The Collections Manager will call the patient and/or send a letter within five business days of the date of the missed payment. If the patient cannot be contacted, or there is no response within seven business days, the account will be written off to collections and turned to ARSI for collection. This will be noted on the account and an alert stating "Attn: Check out- Bad debt or were previously turned over for collection. Need to inform established patient if they do not honor future payment plans care will no longer be provided."

Small Balance Write off Policy Procedure:

Accounts with a balance due of $10.00 or less will be written off after 150 days. This will be noted on the account and the alert posted on the account.

Bad Debt Write Off Policy Procedure:

Accounts with balances between $10.00 and $20.00 will be written off after 150 days. This will be noted on the account and the alert posted on the account.

Collections Write Off Policy Procedure:

Accounts with balances over $50.00 will be written off after 150 days and sent to a collection agency for collections. This will be noted on the account and the alert posted on the account.

Credit Balance Write Off Policy Procedure:

Patients with a credit balance on accounts greater than fifty dollars ($50.00) over one hundred and fifty (150) days old will be refunded the money provided the current mailing address can be verified by contacting the patient using the last know telephone number(s). After a good faith effort to contact the patient is exhausted any on account with credit amounts greater than fifty dollars ($50.00) will be cleared in the practice management system. All on account credits greater than fifty dollars ($50.00) will be held for five (5) years from the last date of contact and the money forwarded to the state of Kansas as unclaimed property.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Fee Determination
	Section (Department):	Finance
	Policy Number:	FI-104R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care, Inc. (HOK) has an up-to-date fee schedule.

B. POLICY

1. Heart of Kansas Family Health Care Inc. will establish and maintain a fee schedule that details all charges for procedures performed. This fee schedule will be competitive with other health care providers locally, statewide, regional
2. The fee schedule will be reviewed annually for competitiveness, consistency, and completeness.
3. The Patient Accounts Director will be responsible for the annual review and will make recommendations regarding fee changes to Heart of Kansas Family Health Care Inc. directors. All approved changes will be implemented on a timely basis after approval by the CEO and CFO.
4. As new needs arise the Patient Accounts Director will implement other changes to the fee schedule on an as needed basis throughout the year.

C. PROCEDURE

HOK will review and adjust fees at least every other year based on the current Optim Fee Analyzer published for the HOK area/region. The Patient Accounts Manager will obtain and review the Optim Fee Analyzer and make recommendations to the CEO for updates.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Bankruptcy – Patient Accounts
	Section (Department):	Finance
	Policy Number:	FI-105R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure that steps are taken by clinic personnel to prevent escalating charges on patient accounts following bankruptcy charge offs.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) will follow established procedures for patient accounts that meet bankruptcy criteria.

C. PROCEDURE

1. Accounts Director files account itemization with the bankruptcy clerk's office when initial paperwork is received by the clinic for chapter 13/Chapter 7 bankruptcy.
   a. Itemized statement of account charges.
   b. Letter of intent for proof of claim on Chapter 13/Chapter 7 bankruptcy.
2. Accounts Director will note patients account with date of initial bankruptcy filing and deadline dates for submission of any objections to exemptions.
3. Upon receipt of Discharge of debtor letter from the US Bankruptcy court (Chapter 7) the Accounts Director will adjust dates of service within filing to a bankruptcy adjustment code.
   a. Accounts Director will note patient account with the date of Discharge of debtor letter and amounts adjusted off to bankruptcy.
   b. Accounts Director will flag patient account as a cash only account.
4. Upon receipt of details for payment rebalancing letter (Chapter 13) Accounts Director will adjust balances to a bankruptcy adjustment code and remaining balance which is to be paid by patient (debtor) will be noted on the patient account.
   a. Accounts Director will note patient account with the date of payment rebalancing letter and the amounts to be re-paid.
   b. Accounts Director will flag patient account as cash only account.
   c. If payment of balance is not received within 120 days of rebalancing letter the account will be sent to clinic collection agency for collection of balance owed.
5. Patient intake coordinators will communicate to patient at time of appointment setting/appointment confirmation call, payment must be made in cash for visit before services will be provided. If additional services are added at time of the visit those services will be paid in cash at time of patient check out.
   a. If patient has insurance the co-pay must be paid in cash before services will be provided. Care will be provided on a pay-as-you-go basis.
   b. In case of true emergency, medical provider is qualified to make the decision to see patient without receiving payment.
6. No payment plans will be made on accounts with previous bankruptcy noted.
7. All patient inquiries, comments, or questions regarding the above stated policy will be directed to the Accounts Director immediately.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Unclaimed Account Credits
	Section (Department):	Finance
	Policy Number:	FI-106R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care, Inc. (HOK) is able to clean up old Accounts Receivables in a timely manner.

B. POLICY

Patients with a credit balance on accounts greater than fifty dollars ($50.00) over one hundred and fifty (150) days old will be refunded the money provided the current mailing address can be verified by making contact with the patient using the last know telephone number(s). After a good faith effort to contact the patient is exhausted any on account with credit amounts greater than fifty dollars ($50.00) will be cleared in the practice management system. All on account credits greater than fifty dollars ($50.00) will be held for five (5) years from the last date of contact and the money forwarded to the state of Kansas as unclaimed property.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Default on Payment Plans
	Section (Department):	Finance
	Policy Number:	FI-107R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure patient payment of future services.

B. POLICY

1. Heart of Kansas Family Health Care, Inc. collection staff will counsel patients regarding past due balances.
2. Clinic collection staff will set up payment plans as outlined in the payment plan procedure for any past due balance 120 days or older.
3. Clinic collection staff will inform the Accounts Director of any defaulted payment plans.
4. Accounts Director will note the patients account with the date the payment plan was defaulted.
5. After the 120-day waiting period, the account will be given to the Patient Accounts Director to get all the necessary paperwork for collections procedure. After all the paperwork is obtained and the account is noted, the Accounts Director will upload to ARSI Website Secure Portal.
6. If an account has been sent for collections on a non-paid balance and the patient returns to the clinic for services and does not pay in the full for the date of service, the account will immediately be sent to collections for the balance owed.
7. No account should have two payment plans in affect at one time. Once a payment plan is established it must be followed. If payments are not made as scheduled the account will be sent to collections and the account will be flagged as bad debt owed.
8. In cases where services are deemed by the management team as emergency other arrangements for additional payments may be approved by the Accounts Director.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Payment Plans
	Section (Department):	Finance
	Policy Number:	FI-108R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for establishing patient payment plans.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) will follow established procedures for establishing payment plans for patient accounts.

C. PROCEDURE

1. Payment plan guidelines are as follows:
   a. Payment plans will not be established for account balances under $50.00.
   b. For account balances between $50.01 to $200.00, the balance will be repaid within 6 months.
   c. For account balances between$200.01 to $500.00, the balance will be repaid within 12 months.
   d. For account balances over $500.01, the balance will be repaid within 12 months.
2. The payment plans will be established by the collections manager and a copy of the payment plan will be forwarded to the billing department.
3. If the payment plan goes into default, it will be forwarded to the billing department and held for 120 days from the date of service. It will then be forwarded to the external collection agency.
4. Payments made after the account has been forwarded to the external collection agency can be accepted at the clinic site or sent directly to the external collection agency.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Voucher Payment
	Section (Department):	Finance
	Policy Number:	FI-109R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure payment of services.

B. POLICY

Vouchers will be issued to patients who require services from specialists involving further evaluation and treatment of certain conditions.

1. Patient intake coordinator or collection staff will collect amount due prior to issuing the voucher to the patient. If payment is not received the voucher will not be issued.
2. In the case where a provider deems it necessary for a patient to receive services from a specialist and the patient cannot pay in advance for the voucher, front office staff will contact Administration.
3. The clinic management team will decide what type of payment arrangements will be set for repayment of the voucher charge.
4. Patient Accounts Director will note patient account with voucher repayment information.
5. If a voucher is issued to a patient and the patient is a “no show” for their appointment with the specialist named on the voucher, Heart of Kansas Family Health Care, Inc. will not issue a refund for the voucher.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Access to Care
	Section (Department):	Finance
	Policy Number:	FI-110R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure access to care to the patients of Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

Heart of Kansas Family Health Care, Inc. will follow established procedures to ensure access to health care services.

C. PROCEDURE

1. All patients will be addressed and assessed for their needs.
2. They will go through the registration process with the patient intake coordinator. If payment options need to be discussed; the patient will be directed to collections manager.
3. If there is no insurance, the patient will be referred to the office manager. The staff will evaluate the situation and advise the patient of potential benefits for which he may be eligible.
4. The collections manager may also assess the patient as self-pay and place him/her on a sliding payment scale depending on income.
5. If the client has Workman's Compensation patient intake coordinators will obtain written authorization for treatment.
6. Sliding Fee processes and setting (EHR) will be reviewed quarterly to ensure accuracy in applying the sliding fee scale.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Accounts Payable
	Section (Department):	Finance
	Policy Number:	FI-111R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guideline for processing accounts payable for Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

The account structure at HOK is as follows:

1. The account number is eleven digits long.
2. The first four numbers are the actual account number.
    a. The first number of the account determines the classification.
        #1xxx are the assets
        #2xxx are the liabilities
        #3xxx are the equity accounts
        #4xxx are the revenues
        #5xxx are the expenses
        #6xxx are other gains or losses
3. The fifth through seventh digits signify the department.
4. The eighth and ninth digits signify the grant type. (if applicable)
5. The tenth and eleventh digits signify the location.

The following reports will be utilized for monitoring data and preparing financial reports:

- **Un-posted Transaction Register**: Report generated as a result of keying invoices into the AP System. It should be reviewed prior to posting to assure correct keypunching and balancing.
- **Posted Transaction Register**: A report generated as a result of posting invoices to the General Ledger. It should be kept as detailed documentation posting to the General Ledger.
- **Aged Accounts Payable**: A report generated to assure that all discounts are taken and that any interest or late penalties are avoided.
- **Accounts Payable Invoice Selected for Payment:** A report generated as a result of selecting posted invoices for payment. Modification to invoices may occur on this report allowing partial payments, discounts, etc.
- **Accounts Payable Check Register: A** report generated as a result of printing checks from the system. It gives a detailed listing of all checks generated in check number order and check date. Allows easy research of check payments and discounts given.
- **Accounts Payable Ledger:** A report generated as a result of all activity posted to an individual vendor's account (i.e., invoices entered, adjustments made, and payments processed, etc.) It should be reviewed monthly to assure all activity for a period has posted to the accounts payable system correctly.
- **Vendor Register:** A report, which lists organizational vendors with specific information on each. Included in the listing are those entries or individuals that do not fall under the definition of a vendor, but require a system check during the year.

C. PROCEDURE

1. Documentation: No check shall be issued without adequate documentation detailing the nature of the expense, the person or firm being paid, and the account or accounts to be charged. Unless exempt from the requirement for a purchase order, an invoice from the payee shall be attached to

a purchase order and a receiving report. Payments shall be based on invoice rather than statement whenever practical.

2. Disbursement Process: The Accounts Payable Specialist shall match all invoices, purchase orders, and receiving reports. These invoices are then forwarded to the CFO for review and approval. All invoices shall be entered into the accounting system along with all due dates and any applicable discounts available with the terms for such discounts.
3. After the list is approved, the Accounts Payable Specialist shall determine the number of blank check stock needed. The specialist shall remove the exact number of blank stock needed. The specialist enters the check/invoice in the A/P system and prints the needed checks. The checks and supporting documents are forwarded to appropriate check signers for signature. Signer's review and initial signifying verification. Two signatures are required.
4. Signed checks and supporting documentation is forwarded to an assigned employee having no fiduciary control. The employee verifies signatures and prepared checks for mailing. Once checks are mailed, check copies and supporting documents are forwarded to the Accounts Payable Specialist for filing.
5. The check copy shall be attached to the documentation and forwarded to the CFO for review. The reviewer shall compare all checks to the attached documentation for accuracy. The check stock has preprinted check numbers. The accounting system also automatically numbers the checks using the next number in the series. The reviewer initials signifying verification.
6. Signing of blank checks is prohibited, as is printing of checks with signatures and no payee or amount to be paid.
7. All payments are to be mailed to arrive per the terms of invoice. The Accounts Payable Specialist shall endeavor to make sure that no payment is ever late, and no late fees are assessed to HOK. In the event of late payments, HOK shall make the payment and pay all applicable late fees as soon after the discovery as is practical.
8. Record Maintenance: Vendor shall maintain accounts payable files. All supporting data for each payment shall be maintained in the vendor files including the related purchase order (if applicable), invoice, receiving report, and authorization.
9. Voided Checks: Any check that is ruined or not to be negotiated for any reason shall have the word "VOID" prominently written or stamped on the face of the check with permanent ink. The signature portion of the check shall be cut from the check and shredded. All voided checks shall be maintained in the numerical canceled check file.
10. Protection of Blank Check Stock: Blank check stock shall be kept in a locked safe/cabinet at all times and only removed by authorized personnel.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Purchasing
	Section (Department):	Finance
	Policy Number:	FI-112R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish standards for purchasing and obtaining equipment, materials, supplies and services for Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

1. Purchasing is a complex process of obtaining and appropriately distributing equipment, materials, supplies, and services always attempting to ensure that they are procured in a timely manner. This includes the right quantity at an appropriate level of quality and for an equitable price. Although obtaining the lowest price is the normal goal of the purchasing process, other considerations may dictate that a higher price be paid for some merchandise and services. Examples are quality, service after the sale, and timeliness of service. The budget is recognized as the financial plan for the operation of the health center. Persons responsible for purchasing must ensure that the purchase follows the current operating budget. HOK will follow federal rules pertaining to purchasing and allowable costs whenever purchasing with federal funds, or state regulations pertaining to purchasing and allowable costs when purchasing with state funds.
2. Requests to purchase items are prepared and signed by the department head. They are sent to the Chief Operating Officer or his designee for review and approval. If denied or more information is required, the requisition is sent back to the department head.
3. Common materials and supplies are received in Central Supply. Central Supply inventory is set up on a model stock. Approved requisitions are not needed for purchases of model stock items. Special ordered merchandise received in Central Supply is sent to the appropriate department and matched to receiving documents. Packing slips are initialed and dated by the person receiving the merchandise. The number of items received is circled on the packing slip and discrepancies noted. Packing slips, bills of lading, etc. are forwarded to the finance department for matching to approved requisitions and PO's and entry into the accounting system.
4. Upon receipt of the invoice it is matched with the request documentation. The invoice is entered into the accounting system. Any adjustments to the original order are noted and updated in the accounting system. Cash disbursement procedures are followed for payment of vendor invoices. Upon payment the COO stamps the invoices paid and inserts the proper date. The completed order with all documentation and a copy of the check are filed in the vendor files for future reference.

C. PROCEDURE

1. Purchasing Objectives:

   To promote effective purchasing procedures employees involved in the process must:

   a) Be responsible for buying items needed at the best possible price, consistent with quality requirements.
   b) Exercise control of supply inventories and keep them at levels required to maintain the health center operations.
   c) Locate and develop sources to establish an uninterrupted supply.
   d) Be responsible for the location of new products and new materials and constantly seek improved products and materials.

2. HOK and Employee Responsibilities:
No official employee or board member of the health center shall have any material financial interest, direct or indirect, in any contract with the health center. Neither these individuals or the health center itself may receive any enumeration or benefits in return for purchasing, leasing, ordering, arranging for, or recommending the purchasing, leasing, or ordering of any goods, facility, service, or item.
3. Neither the CEO nor any other employee of HOK nor any member of the Board of Directors shall be directly or indirectly in the employ of any person, company, or corporation seeking to do business with HOK. None of these shall receive directly or indirectly any wages, commission, free gift, favor, or payment from any such person, company, or corporation. Any officer or employee guilty of any willful violation of these paragraphs shall be subject to dismissal.

REQUISITION

Site for which order is placed:

SUPPLIER: _____ **DATE:** _____

ADDRESS: _____

DEPARTMENT: _____MEDICAL ____FINANCE _____OFFICE ____ADMINISTRATION ____CUSTODIAL _____MED RECS _____COMPUTER _____OTHER
Conformation Only _____YES _____NO

QUANTITY	ITEM #	DESCRIPTION OF ITEM	UNIT PRICE	TOTAL PRICE
			$	$
			TOTAL:	

FINANCE USE ONLY
VENDOR #_____
ACCT # _____
ACCT # _____
ACCT # _____

REQUESTED BY: _____

APPROVED BY: _____

SUPERVISOR: _____

PO # _____

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Claims Processing
	Section (Department):	Finance
	Policy Number:	FI-113R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure standard processing for claims.

B. POLICY

1. Heart of Kansas Family Health Care, Inc. (HOK) shall establish and maintain a fee schedule that details all charges for procedures performed following procedures outlined in Fee Determination Policy.
2. All services performed for any patient shall be documented on a CHS encounter form following procedures outlined in Encounter Form Usage and Review Policy.
3. All encounter forms shall be processed for billing no later than five (5) business days from the date of service.
4. Changes to electronic and paper claims submission system parameters shall be performed in conjunction with MIS personnel.

C. PROCEDURE

ELECTRONIC PROCESSING

1. Claims processing is provided by a 3rd party processer.
2. Encounters for Medicare and Medicaid shall be processed electronically.
3. Claims are reviewed for accuracy prior to electronic submission.

PAPER PROCESSING

1. Encounters that are not billed electronically (commercial insurance, resubmissions, etc.) shall be billed using standard form HCFA1500 or UB92 (herein referred to as "paper claims").
2. Paper claims shall be:
   a. Created each day that the organization is open and operational.
   b. Reviewed and corrected prior to disbursement.
   c. Submitted for payment via the U.S. Mail.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Statement Processing
	Section (Department):	Finance
	Policy Number:	FI-114R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for statement processing.

B. POLICY

1. HOK shall establish and maintain a fee schedule that details all charges for procedures performed following procedures outlined in Fee Determination Policy.
2. All services performed for any patient shall be documented on a CHS encounter form following procedures outlined in Encounter Form Usage and Review Policy
3. All encounters shall be processed for billing no later than five (5) business days from the date of service.
4. Those billable encounters shall be processed and placed on the patient's account.
5. A statement shall be mailed to each patient with an account balance in excess of $10 at least once per month.
6. Statements shall be processed the first and third weeks of each month.
7. All statements shall be reviewed prior to disbursement. During this time, errors shall be corrected, and collection messages shall be added.
8. Statements shall be submitted for payment via the U.S. Mail.
9. Changes to statement processing system parameters shall be performed in conjunction with MIS personnel.

C. PROCEDURE

1. Statement processing is provided by a 3rd party processor.
2. Rules for processing are specified by agreement.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Accounts Receivable
	Section (Department):	Finance
	Policy Number:	FI-115R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for managing accounts receivable.

B. POLICY

1. Sound fiscal management requires that direct payments by clients for services be handled efficiently, accurately and in accordance with Generally Accepted Accounting Principles. To meet these goals Heart of Kansas Family Health Care, Inc. (HOK) provides that direct payment for services be handled by trained cashiering personnel.
2. A portion of HOK revenues are received in response to an invoice or statement sent for a service performed or goods provided. The invoices for the services and goods should be booked as a receivable and the revenue recorded in the proper accounts.
3. When a check is received in response to an invoice or statement issued by HOK, the check is logged in the established procedure. The payment is then used to relieve the receivable and is deposited in the HOK Operational Bank Account.

C. PROCEDURE

1. To maintain system integrity and security each cashier will have a cash box along with a lockable cash drawer currently located in a secure closet in Medical Records. It is the responsibility of the cashier to maintain control of his/her funds at all times.
2. Currently Change Funds are $100.00. Change Funds for off-site locations will vary by need and will be determined by the CFO.
3. When a client is paying by check or money order, it should be made payable to HOK.
4. Cash Receipts received at the time services are rendered:
    a. At the time services are rendered, the provider shall complete the billing slip. All CPT and ICD-9 codes listed are to be entered. The system is programmed with the current fee schedule and sliding fee scale discounts. After entry the patient intake coordinator shall inform the patient of the amount due and ask for payment. All payments received whether by cash, check, or credit card shall be entered into the system at the time received. It is the responsibility of patient intake coordinator to assure the accuracy of all items entered into the patient account.
    b. At the end of the day, the patient intake coordinator reconciles the cash in the drawer. After another employee verifies the amount, a deposit is made at the designated bank. These deposits shall be made on a daily basis. The proof sheet is to show all cash in the drawer. The petty cash shall be deducted to show the amount deposited in the bank. Credit card payments are also listed on the proof sheet. The cash proof sheet shall be forwarded to the claims department on a daily basis.
5. Receipts received through the mail:
    a. Mail is delivered daily to the clinic. The Administrative Assistant opens the mail restrictively stamps the checks for deposit only and logs the checks into the computerized check log. The check log is forwarded to the General Ledger Accountant for use in reconciling the bank accounts and auditing entries into the patient accounts system. All checks over $5000.00 are copied and the copies are attached to the documentation received. The RA's and EOB's are forwarded to the Bookkeeping Assistant and the Accounts Receivable Specialist for entry into the patient accounts system.

b. The Administrative Assistant separates the checks by payment type, workers comp, patient pay, etc. He/she then makes up deposit slips by pay type. The deposit slips shall be copied and forwarded to the Accounts Payable Specialist for deposit in the local (Your) Bank. The actual bank slip and the copy of the deposit slip shall be forwarded to the Accounts Receivable Specialist for entry into the computerized accounting system. The Accounts Receivable Specialist forwards the bank slip to the General Ledger Accountant for use in reconciling the bank statements.

c. The Accounts Receivable Specialist and the Bookkeeping Assistant shall be responsible for the accurate and timely processing of payments to patient accounts. The payments are to be recorded with contractual discounts accounted for and any balances to be transferred done in an accurate manner. These payments are to be recorded within two (2) weeks of receipt of the payment. Patient statements are sent monthly, and every attempt shall be made to have these statements as accurate and current as is feasible.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Adjustment to Fees
	Section (Department):	Finance
	Policy Number:	FI-116R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To provide guidelines for adjustments to services fees.

B. POLICY

1. HOK shall establish and maintain a fee schedule that details all charges for procedures performed, following procedures outlined in Fee Determination Policy.
2. All services performed for any patient shall be documented in the patients Electronic Health Record.
3. Services are offered at a discounted rate to individuals who qualify, following Procedures outlined in policy Discounted Services. Adjustments discounting the fee shall be performed at the time of visit entry.
4. HOK shall file claims on behalf of insured patients following procedures outlined in Claims Processing. Adjustments required by contractual arrangements with insurance carriers shall be performed in accordance with contract which is generally at the time of visit or at the time of payment for services rendered.
5. Services not covered under contractual arrangement or insurance shall be the responsibility of the insured.

C. PROCEDURE

1. Services offered at a discounted rate to patients who qualify under the organization's sliding fee programs are automatically adjusted by the Patient Management System (PMS) at the time of visit entry. The CFO, CEO, and Board of Directors of the organization make changes to these automatic adjustments.
2. Services offered to patients covered under Medicaid are automatically adjusted by the PMS at the time of visit entry. Changes to these automatic adjustments are based upon contractual arrangement with Medicaid, as well as statutory regulation.
3. Services offered to patients covered under Medicare and commercial insurance are adjusted based upon contractual agreement with the carrier, by finance department personnel at the time of payment entry, following instructions indicated in the PMS manual and using adjustment codes established by the finance department.
4. Adjustments to fees are recorded within the general ledger of the organization as reduction in revenue items, in accordance with generally accepted accounting principles.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Grant Draw Down Management
	Section (Department):	Finance
	Policy Number:	FI-117R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure appropriate draw down management of grant funds.

B. POLICY

All grant drawdowns shall be on a reimbursement basis. Documentation for drawdowns will be maintained.

C. PROCEDURE

1. All drawdowns of federal funds are to be made on a reimbursement basis as needed. When it is deemed necessary to drawdown grant funds, the COO shall fill out the drawdown forms. The CEO must approve the drawdown. The COO shall enter the drawdown request into the system and verify its receipt at the bank. The money shall be transferred to the general payables account the day it is received. A minimal amount of money shall be kept in the drawdown account to keep it open and active.
2. The Grants Management Accountant shall complete the FFR on a timely basis. Documentation of expenses for federal grant drawdowns shall be maintained. Every attempt shall be made to drawdown only 1/12th of the total grant on a monthly basis.
3. All other grant drawdowns shall be made on a timely basis in accordance with grant requirements.
4. All documentation for grant drawdowns shall be kept for a period of seven (7) years. Files for all grants shall be maintained with a copy of the grant award, documentation and requests for reimbursement, and reconciliation.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Bad Debt Management
	Section (Department):	Finance
	Policy Number:	FI-118R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for Heart of Kansas Family Health Care, Inc. (HOK) to manage bad debt.

B. POLICY

1. HOK shall establish and maintain a fee schedule that details all charges for procedures performed, following procedures outlined in Fee Determination Policy.
2. All services performed for any patient shall be documented on a HOK encounter form, following procedures outlined in Encounter Form Usage and Review Policy.
3. Services are offered at a discounted rate to individuals who qualify following procedures outlined in Discounted Services Policy Adjustments discounting the fee shall be made following procedures outlined in Adjustments to Fees Policy.
4. HOK shall file claims on behalf of insured patients following procedures outlined in the Claims Processing Policy. Adjustments required by contractual arrangements shall be made following procedures outlined in Adjustment to Fees Policy.
5. Services not covered under contractual arrangement or insurance shall be the responsibility of the insured.
6. Patient account balances shall be monitored on a periodic basis.
7. Patient account balances deemed not to be collectible shall be written off as bad debt.
8. Patients with a significant bad debt history may be recommended for dismissal from the practice following procedures outlined in Dismissal from the Practice Policy.

C. PROCEDURE

1. Finance department personnel, using an aged trial balance monitor account balances on a periodic basis, generally monthly.
2. Any visit balance more than 120 days and less than $300 and deemed not collectible is written off by the patient account representative following the account.
3. Any visit balance more than 120 days and $300 and deemed not collectible is reviewed by the Controller prior to write off by the patient account representative following the account.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Extended Payment Plans
	Section (Department):	Finance
	Policy Number:	FI-119R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for extended payment plans for patients.

B. POLICY

HOK shall offer extended payment plans to all eligible patients.

1. Eligible patients are defined as those individuals whose balances have reached a level which is no longer manageable, who meet with a Collections Manager and are deemed to be acceptable credit risks.
2. Patients who have failed to meet past plan requirements shall not be eligible for future plans without the approval of the CEO.
3. Finance department personnel shall periodically monitor adherence to plans.
4. Patients who fail to meet plan requirements may:
   a. Required meeting with finance department personnel.
   b. Required rescheduling appointment until such time as plan requirements are met.
   c. Dismissed from the practice.
5. All patients shall be provided with information regarding plans during the new patient registration process, or as requested.

C. PROCEDURE

1. When a patient expresses an interest in information regarding plans, staff shall refer the patient to the Collections Manager.
2. The Collections Manager shall meet with the patient, review his account, determine eligibility, discuss the appropriate plan amount and time frame and provide the determination in writing to the patient.
3. The patient shall sign the agreed upon plan document.
4. The Collections Manager shall input plan information in the PMS.
5. Finance department personnel shall monitor plan compliance on a periodic basis and shall contact delinquent patients as deemed necessary, via telephone, mail, and notation within the PMS and if indicated a notation within the medical chart.
6. Plan payments received shall be processed in accordance with other financial policies as appropriate.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Vendor Maintenance
	Section (Department):	Finance
	Policy Number:	FI-120R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure accurate maintenance of Heart of Kansas Family Health Care, Inc. (HOK) vendors.

B. POLICY

Vendor files shall be maintained both in the computerized accounting system and in the hard copy files.

C. PROCEDURE

A vendor file shall be maintained for each vendor to whom a payment is made. This file consists of a computerized file in the accounting system and a hard copy file of all issued checks, invoices, purchase orders, and other documentation. The computer accounting system uses exclusive seven letter abbreviation of vendor name for indexing vendors. The vendor information is also entered into the system. The system details all invoices, purchase orders, and payments to each vendor. The hard copy is filed by check number for each month. Both files may be used to reconcile any differences or disputes. All hard copy records are kept in storage for seven (7) years.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Federal Cost Principals to Federal Grand Funds
	Section (Department):	Finance
	Policy Number:	FI-121R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care, Inc. (HOK) is in compliance with required standards of Federal Grant Funds.

B. POLICY

In accordance with BPCH PIN95-15 issued on February 28, 1995, the following policies and procedures shall be followed by CHS concerning application of Federal Cost Principals. This policy effectively eliminates the total budget concept and is effective for all expenditures occurring after October 1, 1994.

C. PROCEDURE

1. "As a general rule, program income and other non-grant funds should be used for allowable costs, but other costs are not prohibited provided that they further the statutory purposes and are consistent with the approved project." Therefore, Federal cost principles will apply only to the federal grant funds that HOK receives. Further permission is given to designate certain costs as being covered entirely with program income or other non-grant funds. Budgeted costs and actual expenditures that would be considered unallowable under federal cost principles may be made, provided that they are consistent with Sections 330 of the Public Health Act, and within the approved project scope. Such costs and expenditures must be covered entirely by non-grant funds.
2. It is the policy of HOK that Federal Funds that the 330 program be applied by the following priority:
   a) Salaries not directly funded by another source.
   b) Contractual work allowable under federal cost principles.
   c) Fringe Benefits allowable under federal cost principles.
   d) Supplies as allowable under federal cost principles.
   e) Other costs as allowed under federal cost principles.
   f) Travel
   g) Acquisition of Equipment
3. Under current funding levels, where federal funding applies to approximately 40% of the HOK budget, it is anticipated that no federal funds shall be expended for other than the first three categories listed above.
4. It is desirable to acquire all fixed assets utilizing non-federal funds, as this will avoid the creation of a federal interest in such assets.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Pay Type Code Assignment
	Section (Department):	Finance
	Policy Number:	FI-122R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish pay type code assignments for Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

In order to facilitate accurate assignment of payors to each client, HOK has assigned pay type codes to be entered into the computer during the registration process. A pay type code identifies the payment source or program affiliation and is an integral component of the billing function. Pay type codes may be changed provided a reason is also entered into the computer system. An on-line pay type history is available for audit purposes.

C. PROCEDURE

Pay type codes are initially assigned by registration according to payor type, lack of insurance or program eligibility. Registration personnel during the interview process make the pay type code assignment. The pay type code is reviewed at each patient visit and during the prescreening process. The reason for the patient visits also affects the pay type code assignment. Pay type codes may be overridden, corrected, or changed by registration, cashiers, collections managers, and requested financial personnel.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	External Reporting
	Section (Department):	Finance
	Policy Number:	FI-123R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish standards for Heart of Kansas Family Health Care, Inc. (HOK) to provide external reporting.

B. POLICY

1. HOK shall prepare all required external financial reports accurately and in a timely fashion.
2. Documentation to support external financial reports shall be maintained.
3. The CEO or COO shall review external financial reports prior to their submission.
4. A listing of required external financial reports and their due dates shall be maintained by the CEO and shall be updated as necessary.

C. PROCEDURE

Upon notification from an external organization, the granting agency, regulatory agency, or other party, or upon review of the index of required external financial reports, the CFO shall:

1. Prepare the required external financial report,
2. Assemble, review and maintain the appropriate documentation to support the financial information reported,
3. Review the report with the Executive Director,
4. Submit the report to the appropriate external organization.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Financial Hardship/Waiver
	Section (Department):	Finance
	Policy Number:	FI-124R
	Approved:	08/30/2017
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for understanding and managing financial hardship that may occur for Heart of Kansas Family Health Care (HOK) patients that may result in a patient waiver of fees.

B. POLICY

HOK will recognize financial hardships and not allow these circumstances to become a barrier to care. HOK will comply with guidelines established to address financial hardships for patients.

C. PROCEDURE

1. HOK understands patients may have times of financial hardships. HOK is dedicated to recognizing financial hardships and not allowing these circumstances to become a barrier to a patient receiving care. Examples may include, but are not limited to conditions or situations of hardships which may interfere with a patient's ability to pay:
   a) Chronic conditions,
   b) Death in the family,
   c) Catastrophic event – examples include fire, tornado, loss of employment, etc.
   d) Other unexpected change in circumstances that cause financial hardship.

   This is not intended to be an all-inclusive list but an example of circumstances that may cause financial hardship for a patient.
2. Primary authority for approving waiver of fees due to hardship is delegated to the Chief Financial Officer (CFO) or Director of Behavioral Health (Dir. of BH). In the event the CFO or Dir. of BH are not available secondary approval authority is the Patient Account Manager.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Preparation of Financial Reports
	Section (Department):	Finance
	Policy Number:	FI-125R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for preparing Heart of Kansas Family Health Care, Inc. (HOK) financial reports.

B. POLICY

1. When any staff member of HOK needs a report, an MIS work order must be completed and approved by the supervisor of the staff making the request. The work order is then forwarded to the COO or CFO for final approval before the report is generated. The requesting party must outline the format, necessary subtotals and totals, and time frames needed. If the request is not completely filled out or too vague, it will be returned for verification.
2. The COO and CFO will maintain a list of reports that are to be run on a monthly or quarterly basis. It is important to notify the department if these reports are no longer necessary.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Payment for Services
	Section (Department):	Finance
	Policy Number:	FI-126R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for payment of services outside of medical, dental, and mental health services for Heart of Kansas Family Health Care, Inc. (HOK) employees.

B. POLICY

1. HOK shall, from time to time, provide services other than medical, dental, and mental health care during the normal course of business. Such services include, but are not limited to:
   a. Legal depositions,
   b. Consultations,
   c. Speaking engagements,
   d. Training.
2. Whenever possible a contract shall be executed for services rendered by organizational personnel
3. Such contracts shall include all pertinent information including but not limited to:
   a. Parties to the contract,
   b. Services to be provided under the contract,
   c. Length of contract,
   d. Financial terms of the contract,
   e. Consequences of failure to meet contract terms,
   f. Key contact person for each party to the contract,
   g. Termination issues.
4. Prior to commitment of organization personnel, the officers shall review contracts for services.
5. The CEO of HOK shall execute all contracts for these services.
6. If the development and execution of a contract is not possible or practical services shall be rendered as follows:
   a. At the discretion of the Executive Director of the organization,
   b. At the following hourly rates:
      i. Senior Management Team - $150 per hour or any part thereof,
      ii. Physicians and Dentists - $150 per hour or any part thereof,
      iii. Advanced Practice providers - $75 per hour or any part thereof,
      iv. Management and professional staff - $75 per hour or any part thereof.
   c. Or at an alternate hourly rate as determined by the Executive Director of the organization.

C. PROCEDURE

1. When approached by an outside party to perform services HOK staff shall:
   a. Notify the appropriate supervisor,
   b. Provide all pertinent information as indicated on a services agreement.
2. Upon notification the Supervisor notifies the Executive Director of the request.
3. The Executive Director:
   a. Authorizes creation of a contract for the miscellaneous service,
   b. Documents the service to be performed along with any other pertinent information,
   c. Executes the contract,
   d. Forwards a copy of the contract to the Bookkeeper for billing purposes.
4. The Bookkeeper bills for the service according to the terms of the contract.
5. All payments received are appropriately recorded by the Bookkeeper.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Quality Assurance Quality Improvement Program
	Section (Department):	Quality Improvement
	Policy Number:	QI-100R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To assure that there is a systematic, planned, organization wide collaborative process which measures performance, assesses the quality of services provided, and enables ongoing improvement.

B. RESPONSIBILITY

It is the responsibility of the Board of Directors, Executive and Medical Directors to assure that an effective QI/QA process is in place. The Compliance Officer will assure the regular monitoring of activities, and will respond to staff, Quality Improvement Committee and Board of Directors concerns in a timely manner. The leaders understand and manage the change process to make improvements.

C. POLICY

Heart of Kansas Family Health Care, Inc. will strive to achieve the highest quality of patient care by assuring the establishment of effective quality assurance and continuous quality improvement structures and systems.

D. PROCEDURE

1. Heart of Kansas Family Health Care, Inc. (HOK) will utilize a quality assurance system that is a comprehensive tracking and monitoring system for HOK quality improvement activities in conjunction with an established health center plan for quality care.
2. The system must provide a means for regular evaluation of all aspects of HOK performance, including clinical quality, facility issues, patient satisfaction data, and organizational performance. A system will be utilized to track problems that are identified until satisfactory resolution is provided. Accountability of the staff, Chief Executive Officer and Board of Directors are assured through a series of graduated responsibility with predefined time limits for performance.
3. Specific monitoring functions to be tracked will include regular peer chart reviews, ongoing patient satisfaction surveys, and review of patient grievance procedures and outcomes, and review of policies and procedures in an organized fashion.
4. HOK will participate in the Clinical Measures program of the Bureau of Primary Health Care that requires health centers to monitor clinical performance in 17 different program areas and develop the Center's Health Care Plan partially in response to those audit findings. Audit approximately 200 charts in this process.
5. HOK will conduct clinical department-focused audits based on priorities and protocols developed by the clinical department (i.e., management of chronic diabetes and hypertension, childhood immunization, and ER utilization).
6. Comply with grant-focused quality monitoring mandates that include compliance with program expectations, monitoring of appropriate clinical protocols, and use of outside reviewer findings as a basis for quality improvement activities. For example, in response to an audit, a work plan for improving Pap rates and TB screening rates can be developed.
7. The Department of Health and Human Services (HHS) conducts periodic reviews that provide evaluation of the Center's Governance, Administration, Clinical Quality, Financial Management and MIS capability for the federally funded programs.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Quality Assurance Quality Improvement Plan
	Section (Department):	Quality Improvement
	Policy Number:	QI-101R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish a Quality Assurance Plan that directly impacts and improves patient care.

B. POLICY

1. The Quality Improvement/Quality Assurance Plan of Heart of Kansas Family Health Care, Inc. (HOK) will have an impact on patient care. This is achieved by systematically improving the organizational performance in order to improve patient health outcomes and establish a mechanism that promotes employee input and participation in quality improvement outcomes.
2. The scope of the Quality Improvement Program for HOK is based on monitoring and evaluation of ten parameters of ambulatory care as follows:
   a. Provider Staff Performance
   b. Support Staff Performance
   c. Continuity of Care
   d. Medical Record System
   e. Patient Risk Minimization
   f. Patient Satisfaction
   g. Patient Compliance
   h. Accessibility
   i. Appropriateness of Service
   j. Cost of Service
3. Each of these areas is divided into aspects of care, and these are further subdivided into specific indicator standards set by the Quality Improvement Committee. The Quality Assurance Committee reviews the performance of HOK using data gathered from a variety of sources. A determination is then made whether the standards have been met.

C. PROCEDURE

Heart of Kansas Family Health Care, Inc. (HOK) will conduct audits of 6 different areas of patient care. These are 5 types of audits include:

1. Medical Record Peer Review is a general peer review-evaluating provider performance done by the providers on each other's charts. 20 charts per year per provider will be reviewed.
2. Medical Record/Procedure Audit, conducted by the Medical Records Coordinator, Medical Director and committees review compliance with policies for medical record documentation.
3. Patient Satisfaction Audit is overseen by the QA/Ql Coordinator and is administered by various departments. It gathers data from patients by a system of regular surveys.
4. Generic Screening is conducted by the Medical Director and the committees. This screening evaluates care in cases with adverse outcomes, unexpected hospitalizations, or reportable incidents.
5. On a regular basis staff completes Staff Satisfaction Surveys. The surveys are tabulated periodically, and results forwarded to the Chief Executive Officer for review. Based on the results of the staff satisfaction surveys, programs or new policies are implemented.

OTHER DATA SOURCES

1. Incident Reporting Log records and maintains all incidents and dispositions.
2. Personnel File Material includes results of provider collaborative performance review.
3. Policy and Procedure Manuals outline standards of both clinical and administrative practices.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	QA Committee
	Section (Department):	Quality Improvement
	Policy Number:	QI-102R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for the Quality Assurance (QA) Committee to ensure quality measures are reviewed and met.

B. STRUCTURE

Committee Membership: The QA Committee will consist of the appropriate number of members according to the size of the organization.

C. POLICY

1. The role of the QA Committee is to monitor and evaluate the important aspects of clinical care in the organization. Problems or deficiencies identified and referred to the administrative or clinical management for resolution. It is not the role of the committee to solve all problems or perform all chart audits. The QA Committee chairperson will be the Quality Coordinator.
2. Responsibilities of the QA Committee shall include but may not be limited to:
   a. Establishment of plan to achieve personal and organizational commitment to continuous improvement.
   b. Assess readiness and prepare the organization for action.
   c. Design of the program policies and structure.
   d. Initiate organization wide education on the performance improvement processes.
   e. Provide continuing education to all employees on performance improvement processes and changes.
   f. Identify high volume, high risk, or problem prone areas for assessment.
   g. Establish Policy Improvement project teams and assign facilitators.
   h. Analyze data obtained from patient satisfaction surveys, patient complaint logs, and telephone surveys.
   i. Establish standardized formats for evaluating performance improvement to provide a base for historical comparisons.
   j. Evaluate the organization's performance improvement activities on an ongoing basis using the above standard format.
   k. Precipitate change in organizational conduct as performance improvement activities indicate.
   l. Compile written meeting minutes and recommendations.

D. RESPONSIBILITIES

Committee Chair responsibilities include:

1. Scheduling of QA Committee Meetings to include:
   a. Time of day best suited to schedules of committee members.
   b. Arrangement for central consistent location with adequate seating.
2. Overseeing the meeting agenda preparation
   a. Assurance that site specific Indicators that management adds, or revises are reviewed.
   b. Assigns both Qualitative and Quantitative Indicators equitably among Committee members for research, according to the specific expertise of individual members.
   c. Assures that Quality Improvement Plans (QIP) are scheduled for review according to established deadlines

d. Assures that the agenda states time and location of next meeting or creates an Outlook Meeting invitation

3. Provides guidance to other committee members.
4. Maintains effective communication with the organization's management as guided by defined roles.
5. Chairs the Quality Assurance Committee meetings, designating and properly orienting a substitute when absence is unavoidable. As chair:
   a. Maintains the Committee's focus on the agenda of the meeting,
   b. Follows the time schedule agreed upon by the Committee,
   c. Votes along with other Committee members.
6. Oversees the writing, distribution and tracking of (QIP's)
   a. Assures that intended meaning of QIP is clearly stated,
   b. Negotiates as necessary with assignees toward timely completion of QIP's,
   c. Follows established policy regarding the handling of overdue QIP's.
7. Reviews minutes for consistent format and accuracy of content before distribution.
8. Assures quality assessment activities as indicated below are properly reported and documented including Quality Assessment and Improvement Plan, Agenda, Minutes, QIP's.

QA Coordinator responsibilities include:

1. Attending Quality Assurance Committee meetings
   a. Acting as an observer/recorder,
   b. Recording decisions with brief statement about Committee reasoning.
2. According to predetermined distribution list prepares and distributes Quality Assurance Committee minutes which contain:
   a. Name of Committee,
   b. Date of meeting,
   c. Those attending and those absent including job titles,
   d. Names of Parameters and specific Indicators reviewed,
   e. Scoring for each Indicator reviewed,
   f. Reasons for scores stated in the meeting as reported by the presenter in no more than three sentences,
   g. QIP's reviewed, including related Indicator, and resulting QIP Status.
3. Types and distributes QIP forms according to predetermined list and manages form tracking.
4. Prepares and distributes meeting agenda which includes the following:
   a. Number of Qualitative Indicators for review,
   b. Names of Committee members assigned to report for all Indicators,
   c. List QIP's to be reviewed,
   d. States date, time and location of next meeting.
5. Distribution of Indicators to the following:
   a. Appropriate management staff for periodic review.
   b. New Committee members orientation information.

E. PROCEDURE

1. The Heart of Kansas Family Health Care, Inc. (HOK) QA Committee will meet once every quarter.
2. At each quarterly meeting, one of the ten parameters of care is evaluated by the committee. Prior to the meeting, the QI Coordinator will run reports and provide copies to each committee member. Reports are reviewed for trends, areas of concern and improvement.

3. A different parameter is considered at each monthly meeting at minimum. One meeting per year is used for an overview of the program and its effectiveness.
4. An overall committee can look at all parameters or committees can be established to oversee specific ones. Policies CQI-007 to CQI-012 address specific committees.
5. If the QA Committee determines that the performance of HOK on a given indicator is below the acceptable level set by management, a QIP is generated. The QIP request is then sent to management for problem solving in a time frame set by the QA Committee.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Quality Assurance Organizational Structure
	Section (Department):	Quality Improvement
	Policy Number:	QI-103R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To provide guidance and understanding of Heart of Kansas Family Health Care, Inc. (HOK) organizational structure.

B. POLICY

HOK Board of Directors, Chief Executive Officer (CEO), Compliance Officer, and Senior Management Team will fulfill responsbilities of coordinating and implementing HOK Quality Assurance Program and Plan.

C. PROCEDURE

Board of Directors

The Board of Directors of HOK is responsible for assuring quality of care to users of its facilities. The Board delegates the responsibility for implementation and operation of the QA program to the Executive Director, Compliance Officer, and other members of the senior management team. The Compliance Officer will report QA activities to the Board on a quarterly basis.

Chief Executive Officer

The Chief Executive Officer and Compliance Officer are responsible for establishing standards for the Center. The Chief Executive Officer delegates the responsibility for implementation of the program to the Compliance Officer. All senior staff is responsible for participation in the improvement process.

Compliance Officer

The Compliance Officer will be responsible for coordinating and implementing the QA plan at HOK. The Compliance Officer will ensure that audits are performed, and present indicators to the Board of Directors.

Senior Management Team

The officers of the organization will participate in applicable Performance Improvement activities across the entire organization.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Patient Care Parameters
	Section (Department):	Quality Improvement
	Policy Number:	QI-104R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To promote quality patient care and assure continuity in the delivery of care.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) shall monitor, and update policies and procedures related to patient care. HOK will work within the bounds of the EHR to document all patient care provided to patients. HOK will provide services in accordance with current best practices. HOK will provide patients with individual patient education services. HOK will establish protocols to identify areas where performance improvement is needed and follow same protocol to remedy deficiencies.

C. PROCEDURE

1. HOK will develop, monitor, and update policies and procedures related to the planning and delivery of patient care.
2. HOK will document care planning, care coordination and care delivery with thoroughness and efficiency meeting multidisciplinary needs and reporting requirements in patients EHR.
3. HOK will establish practice guidelines, protocols, and standards of care based on current best practices.
4. HOK will identify and design methods to meet patient education needs.
5. HOK will provide services within the scope of individual services.
6. HOK will establish policies, procedures and practices related to pharmacy and therapeutics.
7. HOK will identify areas of patient care in need of performance improvement.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Safety & Risk Management
	Section (Department):	Quality Improvement
	Policy Number:	QI-105R
	Approved:	11/15/2017
	Reviewed:	Annual

A. PURPOSE

Heart of Kansas Family Health Care, Inc. (HOK) takes an All-Hazards approach in preparing, planning, and evaluating the community and agency's risk assessment. The All-Hazards approach is intended to meet the health, safety and security needs of staff and patients. HOK administrative staff uses the Hazard Vulnerability Assessment (HVA) Tool to assess and guide HOK Emergency Preparedness Plans.

B. POLICY

1. HOK will develop and maintain an Emergency Preparedness Plan which will include:
   a. Risk Assessment and Planning,
   b. Emergency Plan,
   c. Communication Plan, and
   d. Testing and Training.
2. Heart of Kansas Family Health Care, Inc. (HOK) shall establish and maintain procedures for probable risks identified on the HVA Tool including:
   a. Bomb Threats,
   b. Workplace Violence,
   c. Severe Thunderstorm/Tornado,
   d. Winter Storm,
   e. Flood,
   f. Fire,
   g. Power Failure,
   h. Communication Systems Failure,
   i. HVAC Failure,
   j. Water Systems Failure,
   k. Disease Outbreak,
   l. HAZMAT Exposure, and
   a) Child Abduction.
3. As part of Emergency Preparedness Planning and Safety/Risk Management, HOK will also maintain procedures for the following:
   a. Patient Surge,
   b. Staff Shortage,
   c. Supply Shortage,
   d. Evacuation,
   e. Emergency Supplies,
   f. Testing and Training of Emergency Procedures, and
   g. Evaluation of Safety Events and Safety Checks.
4. HOK will review and update the Emergency Preparedness Plan, and all Policies and Procedures related to Safety and Risk Management every two years.

C. PROCEDURE

HOK has developed procedures to address specific emergencies identified as probable according to the HVA Tool. These procedures are as follows:

Bomb Threats – If the HOK receives a bomb threat, you should do the following:

1. Get as much information from the caller as possible. Try to ask the following questions while having another staff member call 911:
   - When is the bomb going to explode?
   - Where is it right now?
   - What does it look like?
   - What kind of bomb is it?
   - What will cause it to explode?
   - Did you place the bomb?
   - What is your address?
   - What is your name?
   - Keep the caller on the line and record everything that is said.
   - Notify the Chief Executive Officer or Risk Manager immediately.

Workplace Violence – HOK addresses workplace violence on both precautionary and situational levels. The following includes precautionary and situational procedures:

1. Entrances – all non-staff persons will enter the clinic through the front door and check in with the front desk staff. The front door will be locked at any time the clinic is closed and all other entrances will be locked or fitted with a coded or keyed mechanism.
2. Security and alarm systems
   a. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
   b. Restoration procedure: HOK will contact FE Moran/security alarm system company to initiate restoration services.
   c. Backup System: HOK will utilize backup services provided by security alarm system company.
   d. Maintenance Schedule: HOK will follow FE Moran recommended maintenance schedule of security system.
3. Patient movement – patients are checked in upon arrival and checked out after leaving the clinic.
4. Building controls – patients and front desk staff are separated by a counter in the front reception area. A coded door separates the reception area from the patient care area and another non-locking door separates the clinical area from the administration area.
5. Identification – all employees are provided with a name badge and are expected to wear it while in the clinic. Any visitor or vendor checks in at the front door and vendors are expected to wear their business ID in some form.
6. Situational awareness – staff awareness is the best deterrent and staff is annually trained in workplace violence prevention. Staff is expected to use non-threatening and cooperative verbal and non-verbal communication at all times with patients, visitors and staff. Staff is to maintain a safe exit at all times and are encouraged to use the buddy system when needed.
7. Acting out – in the event a patient or visitor acts inappropriately staff will at all times maintain their own safety. When a patient is acting out, and the staff member feels safe, they may work with the patient to de-escalate the situation if the staff member chooses to. In the event any patient acts out or becomes violent staff should:
   a. Dial 911 immediately or emergency services can be notified by the panic button. Staff should never be left alone with a patient who is acting out, but be careful to not become a crowd.
   b. Staff should attempt to move patients to a secure location away from any and all violent incidents.
   c. Do not attempt to restrain or subdue persons committing the act of violence to one another.

d. If it is a hostage situation, wait for the appropriate authorities to assist with the scene to de-escalate the situation, UNLESS the perpetrator is acting out aggressively then find whatever means necessary to either escape the situation unharmed and/or subdue the person from inflicting any more damage.

8. Lockdown – HOK administrative staff can authorize lockdown procedures. During this process, CODE PURPLE will be announced over the intercom system. HOK lockdown procedures are used when there is an immediate threat to the building occupants. In the event of a Lockdown, patients and staff are instructed to secure themselves in the room they are in and not to leave until the situation has been curtailed. During lockdown situations HOK staff should:
   a. Stay in your room or office and barricade the door.
   b. Remain quiet.
   c. Do not attempt to leave the building or room.
   d. Wait until emergency personnel give an "all clear!"
9. Weapons –If a non-threatening person appears to have a weapon, notify the CEO. If a threatening person appears to have a weapon, do not confront, evacuate as necessary and notify law enforcement and the CEO.
10. Imminent danger situation – Evacuate, if unable to evacuate, spread out and make yourself as inconspicuous as possible. If near a panic button, activate the alarm otherwise notify emergency services from outside the building or from a secure area in the building.
11. Parking Lot – the buddy system is recommended for staff as they travel between the parking lot and the clinic. Staff should secure their vehicles and not leave valuables in them when leaving them in the parking lot.

Severe Weather/Tornado – Front Office Staff are to monitor the weather when conditions appear inclement.

1. When a Tornado Watch or Thunderstorm Warning is issued for County in which office is located, Front Office Staff should alert all department managers by word of mouth, telephone, or paging. Managers must then alert staff regarding weather conditions.
2. When a Tornado Warning is issued for County in which office is located, Front Office Staff should use the intercom to issue a "Code Black" warning. Upon receiving this warning:
   In Great Bend (Barton County):
   a. Front Office Staff will direct patients in the waiting room to the designated shelter which is the interior hallways.
   b. Medical patients and staff in exam rooms will be directed to the interior south central hallway.
   c. Administrative staff are to go to the interior hallway near the billing office.
   d. Nursing staff are to gather pillows, blankets, flashlights (from exam rooms), an Oxygen tank and the crash case.
   e. All employees should bring their cellular phones if possible.
   f. Employees should retrieve flashlights from their departments.
   g. Everyone should stay calm, try to keep patients calm and not leave the building.

   In Larned (Pawnee County):
   a. Front Office Staff will direct patients in the waiting room to the designated shelter which is the interior hallways.
   b. Medical patients and staff in exam rooms will be directed to the interior hallway.
   c. Nursing staff are to gather pillows, blankets, and flashlights (from exam rooms).
   d. All employees should bring their cellular phones if possible.
   e. Employees should retrieve flash lights from their departments.
   f. Everyone should stay calm, try to keep patients calm and not leave the building.

In Stafford (Stafford County):

a. Front Office Staff will direct patients in the waiting room to the designated shelter which is the basement.
b. Medical patients and staff in exam rooms will be directed to basement.
c. Nursing staff are to gather pillows, blankets, and flashlights (from exam rooms).
d. All employees should bring their cellular phones if possible.
e. Employees should retrieve flashlights from their departments.
f. Everyone should stay calm, try to keep patients calm and not leave the building.

3. If a tornado warning is issued for an adjoining county, Front Office Staff should notify the Chief Executive Officer. The CEO should then assess the severity of the threat and decide whether to declare a precautionary Code Black.
4. When an "All Clear" signal is given, management will conduct a parameter check and announce when it is safe to return to the normal work area or to proceed with evacuation procedures.

Winter Storm (Ice, Snow, Low Temperature) – Winter storms are not uncommon in Kansas. Severe cold weather conditions can occur without much warning. Storms may be somewhat unpredictable as to their severity, exact affected area and times they begin or worsen. Whenever possible, HOK continues to function during inclement weather. During these winter months, all employees and patients are urged to use caution and personal judgment in their travels and to dress appropriately for protection against cold temperatures and wind chills. With supervisor permission employees who are not able to safely drive to work may request PTO or leave without pay. If HOK is to be closed due to winter weather, HOK will notify local radio and television stations. HOK will engage the emergency preparedness call tree for staff notification. Supervisors are responsible for having emergency contact phone numbers for supervisees.

Flood – If a flood is likely in the area, HOK staff will take recommended precautions including:

1. Listening to the radio or television for information.
2. Being aware that flash flooding can occur.
3. If there is any possibility of a flash flood, move immediately to high ground.
4. Disconnecting electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

Fire – HOK has a Fire alarm system installed. The following includes responsible staff, restoration, and maintenance procedures as well as the backup system.

1. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
2. Restoration procedure: Locate SimplexGrinnell report or contact agency directly.
3. Backup System: HOK will utilize backup services provided by SimplexGrinnell for backup fire system.
4. Maintenance Schedule: Fire alarm system is inspected and tested annually by SimplexGrinnell. Great Bend Fire Department completes fire inspection annually for Great Bend location. Larned Fire Department completes fire inspection annually for Larned location. Stafford County District Hospital is responsible for fire inspection for Stafford location.

In the event of a fire on HOK property, the following procedures will be followed:

1. All employees should learn the following information immediately after beginning employment:
   a. The layout of the building(s).
   b. Where "EXIT" signs are located.
   c. Where fire extinguishers are located and how to use them.
   d. All fires, regardless of size, must be reported to Management Staff.

2. Safety should be of primary importance when attempting to extinguish a fire. If the fire cannot be safely extinguished, employees should do the following:
   a. Calmly announce, "Code Red in (location of the fire)" over the HOK intercom system.
   b. Announce it slowly and audibly two times. Do NOT say the word "Fire." This creates a panic and is often counterproductive to evacuation efforts.
   c. Call 911; tell the operator the Clinic's address and the specific location of the fire.
   d. For a third time, announce, "Code Red in (location of the fire)" over the intercom system.
3. When a staff member hears a Code Red announcement, he or she should immediately evacuate his or her area of all persons. He or she should:
   a. Check all applicable patient rooms for occupancy. Once the room is empty, close the door and push over the pink flag; this will designate that the room is empty.
   b. Close all windows and doors within the area.
   c. Direct patients toward exits that are away from the fire zone.
4. Common Meeting place for staff and patients.
   In Great Bend: Everyone in the Company's buildings should meet in the employee parking lot (northeast of the clinic).
   a. Once the Clinic is evacuated, Department Managers should perform a head-count.
   b. Employees should report to their manager any missing person(s).
   c. The manager should report any missing person(s) to fire personnel as soon as possible.
   In Larned: Everyone in the Company's buildings should meet at the Northwest corner of Broadway and 6th Street (catty-corner from the clinic).
   a. Once the Clinic is evacuated, Department Managers should perform a head-count.
   b. Employees should report to their manager any missing person(s).
   c. The manager should report any missing person(s) to fire personnel as soon as possible.
   In Stafford: Everyone in the Company's buildings should meet across Grand Avenue (south of the clinic).
   a. Once the Clinic is evacuated, Department Managers should perform a head-count.
   b. Employees should report to their manager any missing person(s).
   c. The manager should report any missing person(s) to fire personnel as soon as possible.
5. No one should go back into the building(s) until an "All Clear" signal has been given by the fire department.
   a. If it appears that personnel will not be allowed to re-enter the building, they must not leave until instructed to do so by Department Managers or Management Staff.
   b. Department Managers will contact staff when they are able to return to the building(s).

Power Failure –

1. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
2. Restoration procedure: The circuit box in Great Bend is located in the server room, in Larned is located near the back exterior door, and in Stafford is located in the basement to check breakers and determine best course of action. HOK will contact the appropriate the power company to report outage and restoration assistance.
3. Backup System: Back-up generator will be used for the Vaccine refrigerator. Policy and Procedure CC-027 will be followed for use of generator.
4. Maintenance Schedule: Professional Electrician services will be utilized for routine maintenance.

Gas –

1. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO

2. Restoration procedure: If gas odor is present within HOK facility, evacuation procedures will be implemented, and the appropriate natural gas company will be notified. Emergency shut off valves are located on the West exterior wall in Great Bend, in the utility closet in Larned, and in the basement in Stafford.
3. Backup System: HOK will follow guidelines determined by the natural gas company for backup services.
4. Maintenance Schedule: HOK will follow guidelines determined by Kansas Gas Service for maintenance schedule.

Communications Systems Failure –

1. Landline Telephone Service (Voice lines and fax)
   a. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
   b. Restoration procedure: HOK will contact telephone service provider to initiate restoration of telephone service.
   c. Backup System: HOK will allow staff members to use personal cell phones to make emergency calls and maintain clinical communications.
   d. Maintenance Schedule: HOK will follow the telephone services providers recommended maintenance schedule.
2. Cell Phone Service – HOK will rely upon text messaging to communicate during emergency situations rather than cell phone calls.
3. Internet Service (E-mail and Web)
   a. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
   b. Restoration procedure: HOK will contact internet service provider to initiate restoration of internet service.
   c. Backup System: HOK will determine best course of action in the case of prolonged loss of internet service.
   d. Maintenance Schedule: HOK will follow the internet services providers recommended maintenance schedule.
4. Computer Systems (Hardware and software)
   a. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
   b. Restoration procedure: HOK will contact computer system provider to initiate restoration of computer systems.
   c. Backup System: HOK will determine best course of action in the case of prolonged loss of computer systems.
   d. Maintenance Schedule: HOK will follow the computer system provider recommended maintenance schedule of computer systems.
5. Electronic Health Record (EHR)
   a. Staff: Brett Middleton, CEO, Jyl Nokes, COO, Heather Hicks, Security Officer
   b. Restoration procedure: HOK will contact EHR provider to initiate restoration of EHR system.
   c. Backup System: Refer to HOK IT Security Plan for specific information regarding backup system and security of EHR.
   d. Maintenance Schedule: HOK will follow the EHR provider recommended maintenance schedule of computer systems.

HVAC Failure –

1. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
2. Restoration procedure: HOK will contact professional HVAC services for restoration of HVAC system.

3. Backup System: HOK will determine best course of action in the case of prolonged loss of HVAC system.
4. Maintenance Schedule: Professional HVAC services will be contacted for routine maintenance.

Water Service Failure –

1. Plumbing
   a. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
   b. Restoration procedure: HOK will contact professional plumbing services for restoration of plumbing.
   c. Backup System: HOK will determine best course of action in the case of prolonged plumbing issues.
   d. Maintenance Schedule: Professional plumbing services will be contacted for routine maintenance.
2. Municipal and internal sewer systems
   a. Staff: Brett Middleton, CEO, Freddy Gunn, CFO, or Jyl Nokes, COO
   b. Restoration procedure: HOK will contact the Municipal Water and Sewer Utility office for restoration of water and sewer. Emergency shut offs are located in the Northwest corner of Great Bend office, in the utility closet at the Larned office and in the basement at the Stafford office.
   c. Backup System: HOK will determine best course of action in the case of prolonged loss of water or sewer system functions.
   d. Maintenance Schedule: Municipal Water and Sewer Utility office will be contacted for routine maintenance.

Disease Outbreak – HOK will collaborate with local Health Departments and the CDC regarding an Infectious Disease outbreak. HOK take necessary and universal precautions to promote staff and patient safety during a Disease Outbreak event. Refer to policy and procedure CQI-007 for Infection Control parameters.

HAZMAT Exposure –

If there is a danger of fire or explosion:

1. Evacuate immediately. Call the fire department from outside (a cellular phone or a neighboring facility's phone) once clients and staff are safely away from danger.

Recognize and respond to symptoms of toxic poisoning:

1. Difficulty breathing.
2. Irritation of the eyes, skin, throat, or respiratory tract.
3. Changes in skin color.
4. Headache or blurred vision.
5. Dizziness.
6. Clumsiness or lack of coordination.
7. Cramps or diarrhea.

If someone is experiencing toxic poisoning symptoms or has been exposed to a household chemical:

1. Find any containers of the substance that are readily available to provide requested information. Call the national poison control center at 1 (800) 222-1222.
2. Follow the emergency operator or dispatcher's first aid instructions carefully.
3. The first aid advice found on containers may be out of date or inappropriate.
4. Do not give anything by mouth unless advised to do so by a medical professional.
5. Discard clothing that may have been contaminated. Some chemicals may not wash out completely.

Child Abduction – In the event a child abducted on the premise, HOK will notify 911 immediately and the CEO or designee will be informed directly. HOK staff will provide as much information as possible regarding the child and the alleged abductor.

Patient Surge – In an emergency, HOK may experience a sudden increase in demand for services. Clinic staff must be prepared to manage an increase in patients/clients arriving at the clinic for care. The CEO will decide when to temporarily suspend certain functions and reassign staff to assist with performing emergency management functions.

Patients arriving at the clinic will be directed to a triage station set up in the waiting room to screen patients and assess the patients' symptoms and medical needs. Patients will check-in and receive any necessary paperwork (including check-in forms, medical assessment/health history forms, educational materials, etc.) at the triage station while waiting to see a medical care provider. Staff or volunteers will be available to assist those who need help completing forms.

HOK staff will call 911 for any patient arriving at the clinic in need of emergency medical care.

Staff Shortage – HOK will request assistance from members of the Barton County ESF-8 Coalition to address staff shortage issues in the event of an emergency or if a circumstance arises in which HOK would have issues with shortage of staff.

Supply Shortage – HOK will request assistance from other health care facilities in an emergency to manage supply shortages.

Evacuation – In the event of an emergency, HOK may need to evacuate patients and staff. HOK will focus on high-risk patients and/or injured individuals first and then proceed with remaining patients and staff. HOK will follow posted emergency exit signs and evacuation routes.

Emergency Supplies – HOK does maintain emergency supplies including AED, crash cart and other emergency supplies. Refer to HOK Policy and Procedure CC-001 for specific information regarding emergency supplies.

Testing and Training of Emergency Plan – HOK have developed and will maintain training and testing program that reflect the risks identified through the community and agency's risk assessment. The employee training will be provided for all new staff and completed every two years agency-wide. HOK will participate in testing exercises on an annual basis. HOK will maintain documentation of testing and training exercises in the emergency preparedness manual.

Evaluation of Safety Events and Safety Checks – HOK Safety Officer will conduct a formal review/evaluation of any safety events reported and complete a monthly walk-through of the clinic, offices, and grounds.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Infection Control
	Section (Department):	Quality Improvement
	Policy Number:	QI-106R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To identify and reduce the risks of acquiring and transmitting infections among patients, employees and visitors of Heart of Kansas Family Health Care, Inc. (HOK)

B. POLICY

All personnel will always follow strict Standard Precautions on all patients. Barriers will be selected based on the likelihood of exposure.

C. PROCEDURE

1. Personnel must adhere to the established policies and procedures of the Employee Health Program which include:
   a. Tuberculosis (TB) test upon hire at no cost and annually thereafter.
   b. Testing is available for employees who have a work-related incident such as a needle puncture. The employee must complete an incident report and follow Incident Report protocol.
2. Personnel must adhere to HOK established dress code.
3. Personnel who are ill with potentially communicable infections may be restricted from work duties. (e.g., respiratory tract infections, draining skin infections, gastrointestinal infections, etc.).
4. Personnel are encouraged to receive the Hepatitis B vaccine.
5. Personnel directly exposed to blood or blood products (through percutaneous needle stick injury, blood splash into mucous membranes or open cuts less than 24 hours old) should be evaluated by the Medical Director.
6. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
7. Food and drink should not be placed on countertops or in areas where blood or other potentially infectious materials are present.
8. Personnel are encouraged to hand wash according to Hand Hygiene Guidelines.
9. Alcohol based hand gels are accessible and used according to guidelines.
10. Nails should be kept short and neatly trimmed. No artificial nails or glue-on nail pieces may be worn.
11. Clothing contaminated with blood should be removed immediately and handled as soiled linen.
12. Used needles and syringes must be placed immediately in biohazard containers by the user.
13. Safety needle devices should be available and used. DO NOT recap used needles, discard uncapped needle and syringe in biohazard container.
14. Needle disposal units should be filled to the appropriate level, sealed, and discarded according to waste management guidelines.
15. Blood spills should be covered immediately with a bleach solution then cleaned up by designated personnel.
16. All reusable equipment will be cleaned between each patient according to HOK equipment cleaning guidelines. Manufacturer's guidelines should be used.
17. Disposable equipment and supplies are desirable when possible; single use items are to be discarded after use.
18. Before beginning dirty instrument cleaning it is vital that the "traffic pattern" follow a set route, the goal being that clean and dirty instruments do not occupy the same areas at the same time,

and that the technicians performing the procedure not cross back and forth between clean and dirty procedures.

19. All new personnel must attend the Infection Prevention and Control orientation program.
20. All employees must have documented attendance of the required Infection Control in-service. "Documented" attendance means that the employee MUST have signed his or her name to the attendance sheet provided at the in-service.
21. Inservice education programs are provided on a frequent basis which includes information regarding updated and new infection prevention and control policies, procedures, new methods and techniques, new products, infectious disease updates, OSHA, and CDC recommendations.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Medical Records
	Section (Department):	Quality Improvement
	Policy Number:	QI-107R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for the contents, maintenance, and confidentiality of patient Medical Records that meet the requirements set forth in Federal and State laws and regulations, and to define the portion of an individual's healthcare information, whether in paper or electronic format, that comprises the medical, dental, and behavioral health record.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) ensures that the medical, dental, and behavioral health patient protected electronic health record is maintained in a manner that is consistent with the legal requirements, current, standardized, detailed, organized, available to practitioners at each patient encounter; facilitating coordination and continuity of care, and permits effective, timely, quality review care and service.

B. PROCEDURE

1. Maintenance of the Medical Record
    a. Medical Record shall be maintained for every individual who is evaluated or treated as patient for medical, dental, or behavioral services at Heart of Kansas Family Health Care, Inc. (HOK).
    b. The Medical Record is an electronic document. Rarely however some information is generated in paper form that is not otherwise available. Most commonly outside forms for completion. This information will be scanned into the patient chart. The paper copy will be destroyed.
    c. The electronic medical records are protected from unauthorized access via password protection.
    d. Medical Records will be maintained for 7 years.
2. Confidentiality of the Medical Record
    a. Protected at all times from loss, damage, or alteration,
    b. Released or disclosed only as provided in:
        i. 42 U.S.C 290 dd-2 (Supplement V 2002) incorporated by reference, and including no future editions or amendments, available at www.access.gpo.gov/uscode/usmain.html and from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954 or
        ii. Another applicable federal or state law that authorizes release or disclosure, or
        iii. Accordance with written permission from the client and, if applicable, the client's parent, guardian, or designated representative.
3. Content of the Medical Record
    a Medical Records will contain entries that record the date and time of service and are:
        i. Signed by the individual making the entry, or
        ii. Initialed by the individual making the entry, or
        iii. Authenticated by the individual making the entry in accordance with the following:
            a. The individual who makes the entry uses a computer code,
            b. The computer code is not authorized for use by another individual, and

c. The individual who makes the entry signs a statement that the individual is responsible for the use of the computer code.

b. An amendment to Medical Records can be created within the Electronic Health Record.
   i. Records are only to be unlocked if amendment will not allow for changes.
   ii. Billing department must be notified of any changes to Diagnosis or Billing Slip.

c. Medical Records shall contain the following:
   i. The patient's name, address, home telephone number, and date of birth, race, ethnicity.
   ii. The name and telephone number of:
      a. An individual to notify in case of emergency,
      b. The individual who coordinates the client's treatment services or ancillary services, and
      c. The client's parent, guardian, or designated representative.

4. Medical Records will periodically be audited records for completeness, accuracy, legibility, and timely completion of all information with action taken as necessary to improve quality according to established standards.
5. HOK will maintain a current list of approved abbreviations.
6. HOK will provide ongoing education to staff regarding Medical Records standards, policies and procedures.
7. Immunization and other records available through the "My Health eRecord" portal on the KHIN network.
8. Patients requesting HOK records not available through the HOK Patient Portal may send a request for these records via the Secure Message in the HOK Patient Portal. Patient will be notified when the records are ready to be picked up. A release must be signed and must be picked up by the patient or the patients legal representative.
   a. Patients will not be charged for requests for copies of single episodes of care.
   b. Patients may be charged $30.00 for the entire paper record or $6.00 for entire electronic record.
   c. Patients may request and be provided information at the time a visit occurs through accessing the information through the HIE in the patients EHR. Documentation must indicate that information was provided to the patient.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Adverse Outcomes
	Section (Department):	Quality Improvement
	Policy Number:	QI-108R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for reporting and investigating adverse events that occur at Heart of Kansas Family Health Care, Inc. (HOK) to help ensure the safety and security of patients, visitors, and staff.

B. DEFINITIONS

Sentinel Event: an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Adverse Event: serious incidents, therapeutic misadventures, iatrogenic injuries, or other adverse occurrences directly associated with care or services provided. Adverse events may result from acts of commission or omission (e.g., administration of the wrong medication, failure to make a timely diagnosis or institute the appropriate therapeutic intervention, adverse reactions, or negative outcomes of treatment, etc.). Some examples of adverse events include patient falls, medication errors, procedural errors/complications, completed suicides, para-suicidal behaviors (attempts/gestures/threats), and missing patient events. An adverse event can also be categorized as either a sentinel event or near miss. A distinction is made between an adverse outcome that is primarily related to the natural course of the patient's illness or underlying condition (not reviewed under the Sentinel Event Policy) and a death or major permanent loss of function that is associated with the treatment (including "recognized complications") or lack of treatment of that condition, or otherwise not clearly and primarily related to the natural course of the patient's illness or underlying condition (reviewable). In determinate cases, the event will be presumed reviewable, and the organization's response will be reviewed under the Sentinel Event Policy according to the prescribed procedures and timeframes without delay for additional information such as autopsy results.

Near Miss: (also called a close call) is an event or situation that could have resulted in an accident, injury, or illness, but did not, either by chance or through timely intervention. An example of a near miss would be surgical or other procedure almost performed on the wrong patient due to lapses 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 will receive the same level of scrutiny as adverse events that result in actual injury.

Major permanent loss of function: sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment for life-style change. When major permanent loss of function cannot be immediately determined applicability of the policy is not established until either the patient is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first.

C. POLICY

1 HOK is committed to patient safety. Any employee who has knowledge of a sentinel event, an adverse event, or a potential adverse event or a near miss that could lead to a sentinel event or adverse event, involving a HOK patient must notify his/her supervisor or administrator. The supervisor or the administrator must notify Risk Management immediately.

2. A formal Incident Report Form will be completed for events that meet the definition of sentinel event, adverse event, or near miss.

D. PROCEDURE

1. HOK has established the following mechanisms to minimize occurrences:
   a. Education: All new employees will receive information mandating their obligation to report reportable incidents to the risk manager. The purposes of risk management and how to report in this facility will also be explained. The Risk Management plan will be reviewed at this time. Each employee will receive risk management in service on an annual basis, thereafter. A copy of the Risk Management plan and a printed handout explaining the risk management law will be provided to each medical staff member and each board member at the time of appointment and annually, thereafter. Any time the plan is amended, medical staff members, employees, and governing board members will be informed of the changes.
   b. Credentialing and Performance Evaluation: All Standard of Care determinations will be applied to medical staff credentialing and employee performance evaluation. In addition, reportable findings will be reported to the appropriate licensing agency.
   c. Monitoring Frequency: Data relevant to reported variances/incidents will be compiled by the risk manager in a statistical summary and will be presented quarterly to the Quality Assurance/Performance Improvement Director to be used for identifying trends in practice and patient care. The Risk Management Committee will analyze the frequency and causes of incidents and pursue measures to minimize recurrence through the active cooperation of facility staff, medical staff, and administration. Statistical data and summaries will also be reported to the governing board at least quarterly.
   d. Facility Actions: Internal facility actions may be taken as a result of investigation and data compilation and will be in accordance with facility policies and procedures, bylaws of the medical staff and bylaws of the governing board. Facility will conduct peer review in accordance with recommended guidelines.
2. HOK will complete a comprehensive risk management review that includes, but not limited to, the following:
   a. Death or injury of a patient, staff, or visitor of a client while on clinic grounds.
   b. An act by a health care provider which:
      i. Is or may be below the applicable standard of care and has a reasonable probability of causing injury to a patient; or
      ii. May be grounds for disciplinary action by the appropriate licensing.
   c. Allegations of abuse, neglect, or exploitation of a client by a staff member or another client, and
   d. Damage to the facility that causes an interruption in the delivery of services.
3. HOK Incident Reports will be submitted to Risk Management for review and must contain the following completed information:
   a. Identification of the nature of the incident.
   b. Description of the incident including the events leading up to it.
   c. Date and time of the event.
   d. First name and first initial of last name of the client(s) involved.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Performance Improvement
	Section (Department):	Quality Improvement
	Policy Number:	QI-109R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure a multidisciplinary approach to resolve issues and improve quality of service at Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

HOK Quality Assurance (QA) may elect to select a team of staff members to address a specific issue or problem within the agency.

C. PROCEDURE

1. Problem is brought to the attention of the Quality Assurance (QA) Committee by any committee or employee and is subsequently presented to the Committee for review and comment.
2. The QA Committee considers methods of studying the problem and may elect to utilize a project team approach.
3. A project team of support staff (usually staff members directly involved in various aspects of the identified problem) is chartered by the QA Committee.
4. The QA Committee presents the team with:
   a. Complete written description of problem to be addressed,
   b. Written objectives,
   c. Written constraints, e.g., how much money can be spent, etc.
   d. Written reporting schedule and goal date for completion.
5. The QA Committee shall review reports from the teams and shall present findings and recommendations to the Officers Team for authorization of any corrective action plan suggested by the teams.
6. The QA Committee communicates input back to the Performance Improvement Project Team, acting as a resource and helping facilitate the implementation of any corrective action plan.
7. The team shall be disbanded at completion of the project.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Bureau Primary Care Clinical Measures
	Section (Department):	Quality Improvement
	Policy Number:	QI-110R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure compliance with Bureau Primary Care Clinical Measures data collection and reporting.

B. POLICY

Heart of Kansas Family Health Care, Inc. will comply with all data collection and reporting requirements of the Bureau Primary Care Clinical Measures.

C. PROCEDURE

1. Heart of Kansas Family Health Care, Inc. (HOK) will teach their patient base the importance of early prenatal care before pregnancy occurs to increase the likelihood that the health center patients who become pregnant will seek early prenatal care through the following process:
   a. All patients who have a positive pregnancy test will have an order for a referral to an OB for prenatal care entered into the EHR.
      i. At the time of the referral a release of information for OB care and delivery report will be obtained.
   b. HOK Staff will follow up for a referral report including the weeks' gestation of the initial prenatal visit from the initial OB visit as well as a delivery report.
      i. Delivery report will provide data for the pregnancy outcomes measure.
      ii. Additional information reported – baby's birth weight, baby's race, baby's ethnicity, # of babies (single vs. multiples)
2. HOK will promote timely vaccination of children under the CDC recommended vaccine guide and maintain documentation of vaccines for all patients seen in the health center regardless of the reason for the child's visit through the following process:
   a. Pre-visit (Huddle) planning for all patients under the age of three will include review of their immunization documentation (EHR, WebIZ, Immunization Card).
   b. Patients' immunization documentation will be entered into WebIZ if it is not already in the system.
   c. Patients who are due for immunizations will be given the appropriate vaccine or scheduled for a return visit for immunization.
3. HOK will either perform or have clinical results of a recent cervical cancer screening test in the chart for each patient through the following process:
   a. As part of all female patient intakes, most recent pap testing will be assessed or reviewed within the EHR.
   b. Patients reporting a pap test at another facility will be asked to complete a medical records request for that facility if performed in the current year or the 2 years previous.
      i. When results are obtained from the other facility, an order will be created for the original test date and the results attached to the order.
      ii. Reporting requirements are that the clinical results are within the chart, a verbal from the patient is not adequate supporting documentation for reporting purposes.
      iii. This will also facilitate patient recall.
   c. Patients with a pap test due anytime in the reporting year will be educated of the screening due and scheduled for the screening.

i. Note* Patients who are not due as of the date of the visit, but due during the current year will need to be scheduled one day past their previous test date IF THEY HAVE INSURANCE. Uninsured patients may be screened at their convenience.
   a. EDW is a resource for patients who meet certain criteria to cover the cost of screenings.

4. HOK will assess BMI on every patient seen who is between the ages of 2 and 18 AND health center will provide nutrition counseling and activity counseling during the reporting year through the following process:
   a. As part of every face-to-face encounter, all patients over age 2 will have a weight and height entered in the EHR. The EHR automatically creates a BMI percentile calculation and graph.
   b. As part of every visit, nutrition and activity counseling will be provided.
   c. Counseling (education) may be verbal or written.
   d. Assessment of nutrition/activity does not meet requirements for this measure, patients (or parent) must receive counseling (education) about appropriate nutrition and physical activity.
   e. Applies to all children not just those at risk or who are overweight/obese. This is a health promotion measure.
5. HOK patients who are age 18 and over will have a BMI assessment AND for those with a BMI under 18 or over 25, a follow up plan will be created through the following process:
   a. TBD
6. HOK will assess all patients aged 18 and older for tobacco use AND if patient uses tobacco, then tobacco cessation counseling is provided through the following process:
   a. Upon patient intake, all patients aged 18 and older will be assessed for tobacco use. Documentation of tobacco use will be documented in the vitals section of the EHR.
   b. Documentation of cessation advice will be documented in one of the following:
      i. Vitals
      ii. Order of approved cessation agent – Welbutrin, Chantix, Clonidine, Nortriptyline, Bupropion, Budeprion, Pamelor, Catapres, Aplezin, Varenicline, Zyban, Nicoderm, Nicotrol, Buproban, Nicorette, Commit, Nicotine, Kapavy, Nexiclon, Nocirelief, Thrive Nicotine
7. HOK will improve asthma outcomes for patients with persistent asthma by following recommended and accepted pharmacologic therapy.
   a. Patients who fall into this measure will be identified through quality reporting periodically throughout the year (quarterly) and individually managed until such time as the general clinic asthma population increases.
      i. 2012 1 patient,
      ii. 2013 0 patients,
      iii. 2014 1 patient
8. HOK will improve the health of the patient population with CAD, or with a history of MI or history of cardiac surgery through managing LDL levels
   a. Patients who fall into this measure will be identified through quality reporting periodically throughout the year. Providers will be provided a patient list of those who are included in the denominator and are not prescribed a lipid lowering agent.
   b. Patients who do not have a recent LDL level will be identified and a list provided to the provider.

9. HOK patients with an active diagnosis if ischemic vascular disease, or who have within the past 1 year had and AMI, CABG or PTCA will be prescribed aspirin or an antithrombotic agent.
    a. Patients who fall into this measure will be identified through quality reporting periodically throughout the year. Providers will be provided a patient list of those who are included in the denominator and are not prescribed aspirin or antithrombotic.
10. HOK patients will have colorectal cancer screening according to recommended guidelines.
    a. Patients who fall in this measure and do not have appropriate screening in the record will be identified by an alert.
    b. Patients will be assessed for past colonoscopy or sigmoidoscopy during their intake.
        i. If patient has had this done, a report must be obtained of the scope in order to meet reporting requirements. (May also be documented in correspondence from performing facility/provider).
        ii. Patients will receive education regarding the benefits of screening, the 3 options for screening and recommendations.
        iii. Recall of patients due for screening will be implemented in 2015 recall process TB.
11. HOK will have depression screening in accordance with agency processes.
    a. Providers Care Team have all patients 11 years and older complete the PHQ-2.
    b. Dry erase forms will be used to improve accuracy of the screen.
        i. Values from the form will be transferred to the EHR.
        ii. Values will then be erased from the form.
    c. PHQ-2 scores will be reviewed by the Provider and care team.
    d. Any patient who has a score of 3 or higher will be referred to the Care Coordinator to complete the PHQ-9 for a more thorough assessment.
    e. Call or face to face request to Care Coordinator to perform during the current visit.
        i. The Care Coordinator will report back the PHQ-9 scores to the referring care team.
        ii. If the PHQ-9 score is 9 or higher a referral to a Behavioral Health Provider will be made.
    f. A referral through EHR will be made so that tracking and follow-up can be maintained in the patients' chart.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Data Collection
	Section (Department):	Quality Improvement
	Policy Number:	QI-111R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for obtaining Bureau Primary Care Clinical Measures data and UDS.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) will collect data for UDS required reports and will collect required data on an annual basis. Type of data collected includes but is not limited to:

1. Prenatal Care,
2. Childhood Immunizations,
3. Cervical Cancer Screenings,
4. Child and Adolescent Weight (BMI) Assessment and Counseling,
5. Adult Weight (BMI) Screening and Follow-up,
6. Tobacco Use Screening and Cessation Intervention,
7. Asthma Treatment Plan,
8. Coronary Artery Disease: Drug Therapy for Lowering LDL Cholesterol,
9. Ischemic Vascular Disease: Use of Aspirin or Antithrombotic,
10. Depression Screening and Follow-up,
11. Financial, and
12. Demographic.

C. PROCEDURE

Heart of Kansas Family Health Care, Inc. (HOK) Care Teams will follow the process for documenting required UDS data as set forth in HOK Procedure Manual CQI-011 in the EHR. Quality Coordinator (QC) will conduct periodic audits throughout the year to ensure documentation is being completed. The QC will compile data from the EHR annually for the purpose of completing the UDS report. Type of data collected includes but is not limited to:

1. Prenatal Care,
2. Childhood Immunizations,
3. Cervical Cancer Screenings,
4. Child and Adolescent Weight (BMI) Assessment and Counseling,
5. Adult Weight (BMI) Screening and Follow-up,
6. Tobacco Use Screening and Cessation Intervention,
7. Asthma Treatment Plan,
8. Coronary Artery Disease: Drug Therapy for Lowering LDL Cholesterol,
9. Ischemic Vascular Disease: Use of Aspirin or Antithrombotic,
10. Depression Screening and Follow-up.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Auditing Tools
	Section (Department):	Quality Improvement
	Policy Number:	QI-112R
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To identify methods by which patient care services and documentation are audited and reviewed.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) will utilize specific auditing tools to ensure quality care is provided to HOK patients.

C. PROCEDURE

1. Heart of Kansas Family Health Care, Inc. (HOK) Medical Director will complete one chronic condition and one non-chronic condition chart review for all HOK medical providers. Once completed, the chart review forms are given to the Quality Coordinator for tracking and data collection purposes.
2. Chart compliance measures are internally kept within HOK EHR as the system is set up to ensure patient records are in compliance and contain required information.
3. Through the process of entering health assessments for patients, HOK EHR systematically records patient lifecycle information.
4. HOK will conduct Patient Satisfaction Survey annually. The survey will include a relevant sample of patients for each established provider. HOK will use the Midwest Clinicians Network (MCN) survey. Upon completion, the surveys will be returned to MCN for who will generate and return survey results.
5. The HOK Behavioral Health Department will conduct quarterly peer reviews. The charts to be reviewed will be randomly selected and assigned by the Director of Behavioral Health Services.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Employee Attendance
	Section (Department):	Administration
	Policy Number:	HR-100
	Approved:	05/26/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines and standards for Heart of Kansas Family Health Care, Inc. (HOK) employee attendance.

B. POLICY

HOK considers employee promptness and attendance crucial to operation. All tardiness, absences, and early departures, authorized or unauthorized, will be tracked. Good attendance, punctuality and dependability are required of all employees.

1. Employees of HOK are expected to be on time and ready for work at the start of their shift.
   a. HOK provides a service as such, employee attendance is critical to business function
   b. Expected work hours are 8-12 and 1-5 on all business days
   c. Clinical staff will rotate to cover the expanded access clinical hours as assigned.
   d. The expanded access Thursday schedule will be 10-3 and 4-7 or the most current expanded access schedule.
   e. Schedules will be posted.
2. Employees who need to be absent from work are expected to request time off in advance using the approved form.
3. Employees who are unable to report as scheduled are expected to contact their supervisor/manager.
4. An absence of 2 or more days due to illness must have a doctor's note allowing return to work or approval of Medical Director/Deputy Director.
5. Each day of unscheduled absences must be called in to the supervisor/manager.
6. Three days of NoCall/No-show absences will be considered voluntary self-termination.
7. An "employee time off from work" form (PTO sheet) will be completed for all unauthorized absences.
8. A point system will be used to track attendance. The point system will be tracked and monitored by the COO and Performance Improvement Coordinator and will be kept on a rolling 12-month timeframe.
9. PTO may not be used to make up for unauthorized absences, missed shifts or suspensions.

	Points	Explanation
Missed punch	1 pt	Missed punch
1-7 minutes	2 pt	Tardy
8-15 minutes	4 pt	Late
>15 minutes	6 pt	Unauth. absence
4hr	10	Missed shift

Disciplinary Action:

Points accumulated	Corrective Action
10 points	Verbal warning
20 points	Written warning
30 points	Suspension
40 points	Termination

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Timekeeping
	Section (Department):	Administration
	Policy Number:	HR-101
	Approved:	05/26/2015
	Reviewed:	Annual

A. PURPOSE

To ensure consistent and accurate timekeeping and consistent treatment of Heart of Kansas Family Health Care, Inc. (HOK) employees.

B. DEFINITIONS

Clock in, punch in, swipe, key in – all mean the same thing and indicate when the employee accesses and enters their personal code into the timekeeping program on the company system.

C. POLICY

1. All non-exempt employees are expected to clock in at the beginning of their shift and clock out at the end of their shift.
2. All non-exempt employees are expected to clock out for their scheduled lunch break (60 min) and clock back in at the end of their scheduled break.
3. All non-exempt employees are expected to clock out if they must be away from their workstation for non-work reasons or in the event, they leave the clinic.
4. Employees are expected to be ready for work, with personal belongings stored when clocking in.
5. Employees are expected to clock in no more than 7 minutes before their scheduled arrival time and no less than 7 minutes after their scheduled shift end.
    a. The timekeeping system will round clock in according to a seven-minute grace period with a fifteen-minute round.
        i. For example, if an employee clocks in at 6:53am they will be paid beginning at 7:00am. If the employee clocks in at 7:08am, they will be paid beginning at 7:15am.
        ii. This also applies to early clock in as well. If an employee clocks in at 6:52am they will be paid starting at 6:45am.
        iii. This same rule holds true at the end of a shift as well.
    b. Although employees are able to clock in up to 7 minutes past their scheduled shift, they are expected to be at their assigned work area and ready for work at their designated shift start.
        i. Clocking in past the scheduled shift start may be counted as a tardy.
6. Employees may not work through their scheduled 60-minute lunch break.
7. Missed Punches
    a. If an employee forgets to “clock in” or “clock out” they are to complete a time adjustment form immediately and turn in to their supervisor for signature.
    b. Supervisors are to immediately review and sign the time adjust form and deliver to the timekeeper.
        i. This is expected to occur as soon as the punch is missed which should be identified at the time of the next punch expected. (i.e., when returning from lunch, when clocking in or out for the day, etc.)
    c. The request for adjustment should never arrive to the timekeeper more than a half shift from the occurrence.
    d. Employees who are restricted from clocking in due to pending overtime are to never use the time adjust sheets to avoid getting clock in approval from a manager.
    e. Use of time adjust sheets instead of using the timekeeping system may result in disciplinary action up to and including termination.
8. Falsification or tampering

a. Any attempt to tamper with the timekeeping system hardware or software will be considered a serious offense subject to disciplinary action up to and including immediate termination.
b. Any employee clocking in or out for another employee will be considered a serious offense subject to disciplinary action up to and including immediate termination.

9. Timekeeper problems
   a. Any computer should have a functioning timeclock icon that can be used by any employee who has a time code to clock in.
   b. In the event there is a problem with the TimeClock to load, another computer may be used for clocking in.
      i. Anytime there is an issue with the TimeClock, immediately notify the Timekeeper (COO).
10. Supervisor responsibilities
   a. All absences (scheduled or unscheduled) are to be recorded and turned in to the Timekeeper.
   b. Supervisors are to review time adjust requests to keep aware of trends in timeclock issues or missed punches.
   c. Supervisors are to promptly deliver time adjust requests to the Timekeeper so the missed punch may be entered before the next punch is due.
   d. Supervisors are to review and sign the payroll hours report for each employee.
11. Overtime
   a. Overtime is accrued on a weekly basis after 40 hours of actual work accumulated (holidays and PTO do not count toward overtime).
   b. Overtime must be authorized in advance by senior management and an overtime approval slip signed
      i. CEO or COO.
   c. Overtime approval slips must be routed to the Timekeeper by the employee.
   d. Unapproved overtime is subject to disciplinary action up to and including termination.
12. Documentation of hours for Exempt Employees
   a. Employees classified as “exempt” are expected to track accurately their hours for grant reporting, UDS reports and the annual audit.
      i. Misrepresentation of hours worked is considered fraud.
   b. Actual hours are to be reported, rounded to the nearest 15 minutes.
      i. Indicate on time tracking sheets various types of work the hours recorded fall under (i.e., PTO, CME, Meetings, Travel, Admin time, On-Call time).

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Employee Identification
	Section (Department):	Administration
	Policy Number:	HR-102
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To provide a standard of identification throughout the clinic in which patients are able to identify those providing care to them as well as their credentials.

B. POLICY:

1. All employees will wear their name badge at all times when in the clinic, during outreach activities or when representing the clinic in any capacity. The name badge should be clipped or pinned near the shoulder or on a lanyard so that the badge is readily seen and read by patients. Name badges are not to be altered by the employee.
2. The minimum information for the name tags will include the employee's picture and first name. All staff who interact directly with patients will also have their credentials listed, i.e., RN, Nurse Practitioner, Doctor, Medical Assistant, etc.
3. All new hires will be provided a name badge during orientation. When employment is terminated the employee's name badge is to be turned in to their supervisor.
4. Employees will be charged $5.00 per replacement badge.
5. Name badges will be replaced free of charge for any name or credentials change.
6. Failure to wear a name badge may result in a verbal or written warning and after 3 warnings employees may face disciplinary action.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Employee Business Travel
	Section (Department):	Administration
	Policy Number:	HR-103
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To establish guidelines for business travel and expenses.

B. POLICY:

1. Employees who accept travel assignment will have their travel expenses paid. Time paid while the employee is traveling will be specified.
2. Employees will receive notice of the potential travel offer and dialog with their supervisor/ administrator regarding the employee's ability to travel for the event.
3. Employees may request company sponsored travel to events beneficial to the clinic through their chain of command for approval by the CEO.
4. Travel arrangements will be made by the CEO or their delegate. Reasonable attempts will be made to accommodate employee's preferences while maintaining fiscal responsibility.
5. Employees who elect to travel through other means than arranged by the employer for their own purposes will do so at their own expense.
6. The employer will pay for the employees travel and lodging expenses and reasonable meal expenses for the duration of the travel time.
7. Business travel shall originate from Heart of Kansas Family Health Clinic and transportation from the employee's residence is not reimbursable.
8. Work time and travel time are paid time as indicated below at the employee's regular rate.

Special one day assignment (day trips, local travel)

Definition: A trip away from the main work location leaving and returning on the same day.

1. All time spent traveling that would be during the employee's regular hours worked is paid regardless of the employee being the passenger or driver.
2. Travel time outside the regular work hours is only paid to the employee driving if a group of employees travel together.
3. All of the time the employee is conducting business, training or the purpose of the trip is work time.

Travel away from home community (out of town travel)

Definition: Any travel or trip which keeps the employee away from home overnight.

1. Time paid includes all travel time during hours of regular work, even when on a weekend or usual non-workday.
2. Time paid includes all time engaged in the purpose of the travel or representing the clinic.
3. Travel time is paid for any travel time occurring outside the regular hours the employee works when the employee is traveling as the driver of a vehicle.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Paid Time Off
	Section (Department):	Administration
	Policy Number:	HR-104
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To establish guidelines for employees of Heart of Kansas Family Health Care, Inc. (HOK) to follow for earning and using Paid Time Off (PTO.)

B. POLICY:

1. PTO combines vacation and sick leave.
2. Upon date of hire the employee begins to accrue Paid Time Off. All full and part time employees, upon date of hire through five years of employment, receive approximately 18 days of PTO per year, based on hours worked. All full and part time employees with five years of employment and above receive approximately 23 days of PTO per year, based on hours worked.
3. Employee must complete a 90-day waiting period before using PTO.
4. Paid Time Off compensates only for an employee's hourly wage. It excludes compensation for bonuses, commissions, etc.
5. Employees are only allowed to accumulate 240 hours of PTO before the employee will cease to accrue further PTO until he or she uses one or more hours of existing PTO.
6. To use PTO for an unexpected reason (usually illness) an employee will contact his or her supervisor as soon as possible.
7. To use PTO for an expected leave (usually vacation), an employee should submit a request to their supervisor in advance, preferably three to four weeks in advance. The supervisor will approve or decline the request based on employee and company needs.
8. Non-exempt employees may not use PTO in increments smaller than a half-hour.
9. Exempt employees may not use PTO in increments smaller than one day (equal to the number of hours the employee would have otherwise worked on the given day). If an Exempt employee is scheduled for time off or have to be off due to illness, vacation time or other personal reasons and does not physically come to work the employee must submit a completed and signed time off request for 8 hours of earned time.
10. Upon termination of employment, employees may be paid for unused PTO earned through the last day of employment. This payment is made at the sole discretion of the company, and the company may instead choose not to pay an employee for unused PTO.
11. Any employee with fiduciary responsibility must take at least forty consecutive hours of PTO each year.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Provisions of Professional Liability Insurance
	Section (Department):	Administration
	Policy Number:	HR-105
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure that Heart of Kansas Family Health Care, Inc. (HOK) has adequate malpractice insurance coverage for each Physician provider, whether M.D. or D.O., that meets federal, state, and private foundation grants management requirements.

B. POLICY

1. All individual Physicians, whether M.D. or D.O., shall procure and maintain professional liability insurance in such amounts and from such insurers as may be mutually approved by the Corporation and Physician.
2. The Physician is the owner of the policy, will be the named insured on the policy, and is responsible for keeping the policy paid up and current.
3. During and after the term of the Employment Agreement, Physician must cooperate fully with the insurance company providing professional liability insurance to cover Physician's services to patients during the term of the Agreement.
4. The Corporation will reimburse the Physician the costs of the malpractice insurance in the following manner:
   a. After the Physician purchases an annual policy, they will present proof of payment and a Certificate of Insurance for the policy.
   b. After the Corporation receives proof of the annual costs of the policy and any associated surcharge fees, Physician will be reimbursed at the following rate: 1/12 of the total annual premium costs will be reimbursed to the Physician on a monthly basis.
   c. No other payments will be made to the Physician other than as described above.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Providing Health Care to Employees
	Section (Department):	Administration
	Policy Number:	HR-106
	Approved:	11/29/2016
	Reviewed:	Annual

A. PURPOSE

To ensure a standardized process is created and implemented by Heart of Kansas Family Health Care, Inc. (HOK) in order to permit HOK medical providers to deliver direct clinical care to HOK employees.

B. POLICY

HOK is committed to providing a safe environment for its patient, employees, and visitors as well as promoting the health and well-being of its staff. This commitment is evidenced by HOK offering health benefits, paid time off, and other benefits to its employees so they may address their health and other personal concerns. Further, as part of its philosophy for recruiting, employing, and retaining its employees, HOK is committed to making a rewarding, effective package of benefits as part of staff members' compensation. One-way HOK can enrich its employee benefits is by allowing HOK staff members to receive outpatient medical care from HOK medical providers. This approach, when administered appropriately, offers both HOK and its staff savings in time and expense while increasing convenience and access-to-care.

C. PROCEDURE

1. Eligibility: Like all of its benefits, the opportunity to utilize the HOK medical staff for personal health care need is based upon specific eligibility guidelines. HOK reserves the right to modify those guidelines, discontinue any particular benefit or prohibit a particular employee from utilizing this benefit if he/she violates the policies or guidelines associated with this benefit.
2. Health Benefit Selection: Whether or not an employee chooses to enroll in HOK health care benefits, he or she is eligible to use HOK medical providers for healthcare services. Payment for such services is the responsibility of the employee, in conjunction with any contractual arrangements with his/her health insurance. As it does with all of its patients, HOK will utilize its standard registration, scheduling, and billing and collections policies and procedures when it comes to employees who choose to be patients at HOK clinic.
3. Provider Choice: Although HOK medical providers are expected to provide health care services to HOK employees, those providers have the option to not provide care on a case-by-case basis. In other words, a HOK medical provider may choose to serve a particular staff member while declining to treat a different staff member. In such instances, the medical provider may decline based upon the nature of the professional working relationship between him/herself and the staff member requesting care.
4. In order to access HOK health care services, HOK employees will be expected to learn and adhere to the requirements of this "services delivery model." A primary component of that model is signing a Participant Acknowledgement form that outlines the HOK expectations of the employee and the staff when it comes to providing primary health care services to HOK employees. This Acknowledgement will be considered as a contractual agreement between HOK and the employee-in-question.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Donation of Paid Time Off (PTO)
	Section (Department):	Administration
	Policy Number:	HR-107
	Approved:	09/26/2017
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for donations of paid time off for Heart of Kansas Family Health Care, Inc. (HOK) employees.

B. POLICY

1. This vacation donation policy means that employees at HOK who have unused vacation hours can donate time to employees who have exhausted their benefits.
2. Any donated PTO is to remain anonymous.
3. Guidelines for Recipient Employee:
    a. The recipient employee must use the donated time to manage his/her own illness or that of his/her immediate family members (parents, spouse, children, and siblings.)
    b. Medical leave is defined as a serious condition that will cause the employee or immediate family member to be absent from work and will result in a significant loss of income from the home. Donated PTO cannot be used for brief, ordinary illnesses that will resolve within a few days such as cold or flu.
    c. The recipient employee must have exhausted all available PTO options.
    d. The condition must be certified by the attending physician.
    e. The minimum absence must be 24 hours or 30% of a pay period.
    f. The recipient employee cannot receive more than 40 hours of donated time per request; additional requests must be evaluated on their own merit.
    g. After the employee's own PTO is exhausted and they are receiving donated PTO time, they will cease to accrue additional PTO time.
    h. Leave for a part-time employee is prorated to reflect their weekly work schedule.
    i. If the request for donation is denied, the recipient is notified in writing of the reason.
    j. The donor employee submits a written request to donate his/her available PTO accrual. He/she can choose to specify the recipient but cannot donate time to his supervisor.
    k. By receiving the monetary benefits of donated PTO time, the recipient employee will have to pay income tax on the donated time.
4. Guidelines for Donor employee:
    a. The donor employee can donate as many hours as he/she wishes but must maintain 40 hours in his/her PTO bank.
    b. If the recipient's crisis resolves, the donated PTO time returns to the donor; the employee cannot "cash in" the donated time.
    c. If a donor employee dies, his estate cannot receive the value of unused donated time.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Rights & Responsibilities of Patients & Clients
	Section (Department):	Administration
	Policy Number:	PR-100
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

Heart of Kansas Family Health Care, Inc. (HOK) strongly believes in the rights and responsibilities of all patients. To ensure the highest possible level of service, HOK has developed the following expectation of patients' rights and responsibilities to be followed throughout the clinic by all staff and patients.

B. Patient Rights –

All patients have the right to:

- Be treated with dignity and respect, regardless of race, color, national origin, age, sex, disability, or status as a veteran.
- Have cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
- Receive information about patient rights and be informed of policies, rules and regulations that apply to you as a patient.
- Receive information in a manner you understand including having an interpreter if needed.
- Be presented information which will allow you (and your family if you choose to include them) to make informed decisions regarding your health and care. This includes the right to refuse treatment after being informed of the consequences of your actions and choices.
- Ask questions in order to understand information and treatment options.
- Be informed of nature and purpose of clinical procedures that will be performed including information about the potential benefits and risks as well as who will perform the procedure.
- Be informed of the outcome of care, treatment and services provided including unanticipated outcomes.
- Be involved in decisions about care, treatment and services provided including resolving dilemmas about care, treatment, and services including ethical dilemmas.
- Have security of himself and his property.
- Have every consideration of privacy and confidentiality concerning care and information related to your health.
- Have the right to identify a surrogate decision maker, as allowed by law; and involve that decision maker and/or family in care, treatment, and service decisions.
- Know and understand the charges for items and services and receive an explanation of bills regardless of the payment source.
- Have information about the availability and process for discounted services and extended payment plans.
- Accurate and timely filing of claims to insurance companies and/or billing to their personal account.
- Know the identity and professional status of individuals who are caring for you.
- Present a complaint and receive a response about your care or treatment.

Patient Responsibilities

You as a Patient of HOK have the responsibility to:

- Provide staff accurate and complete information about your present and past illnesses, hospitalizations, medications, and all matters related to medical history and lifestyle choices.
- Report risks in care or unexpected changes in your condition.
- Participate actively in your health care and ask questions of staff any time the information they are giving you confuses you or you do not understand information staff is telling you.

- Adhere to and follow the plan of care established with the provider including return appointments to the clinic, notifying staff of changes to your health, concerns with treatment or difficulty following the treatment plan.
- Accept consequences for outcomes from not following the care and treatment plan.
- Follow all HOK Policies.
- Respect the rights of other patients and the staff of HOK.
- Show respect and consideration of the clinic, the clinic staff, other patients and property of the clinic, clinic staff and of other patients.
- Pay your bill at the time of service or make and keep payment arrangements. This includes paying the sliding fee discount rate if you are eligible for the sliding fee discount.
- Keep your appointments, and if unable to do so, cancel at least one business day before your appointment.
- Participate to the fullest extent possible in the initiatives and requirements the clinic is expected to participate in by the agencies overseeing the clinic.

The Clinic retains the right to:

- Implement a collections policy to pursue past due accounts.
- Adjust the sliding fee schedule application process, and/or discount amounts.
- Reprimand patients who miss scheduled appointments.
- Reprimand and reschedule patients who arrive late for appointments.
- Change services provided by the clinic and staff.
- Update and/or implement policies.
- Terminate a relationship with a patient who does not adhere to stated patient responsibilities.

C. PROCEDURE:

HOK will make a written copy of Patient Rights and Responsibilities available for all patients who request them at check-in.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Communication Barriers
	Section (Department):	Administration
	Policy Number:	PR-101
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To provide a mechanism of communication with patients who speak a foreign language or who are hearing, speech, visually, or cognitively impaired. To promote the right of reasonably informed participation and involvement of the patient, and when appropriate, the family, caregiver, or legal representative in decisions involving their care.

B. POLICY

1. Heart of Kansas Family Health Care, Inc. (HOK) recognizes English as the language spoken by the predominant population in its service area, with Spanish as the second most predominant language.
   a. HOK hires bilingual employees for some positions and assigns teams to enable all providers to care for patients in their primary languages of English or Spanish
2. The staff of HOK will make all reasonable efforts to provide communication assistance for persons who speak languages other than English. No clinic visits shall be made when staff does not have a means of communicating with the patient.
3. HOK shall maintain a relationship with Language Line or an equivalent translation service for utilization with patient who speak languages other than English or Spanish.
4. Patients who are hearing impaired shall be provided with a method of communication appropriate to the individual's needs. These may include, but are not limited to written communication, sign language, visual aids, communication boards, TDD.
5. In communicating with visually impaired patients, staff members shall read all written information provided or give the information to a family member who is responsible for reading the written material to the patient. Such material may include health education materials, pre/post-op teaching, instruction for diagnostic procedures, medication information, etc. Consents for treatment and special procedures shall be read to the visually impaired patients by a staff member and the patient's understanding of the information will be documented in the patient medical record.
6. Informed consent forms shall be printed in English and in Spanish.
7. Speech impaired patients such as those who have an expressive aphasia or have had a laryngectomy shall be provided with communication devices such as writing materials, picture cards, etc. in order to improve communication. Patient's personal communication boards are also acceptable to use.
8. If the provider determines a patient cannot comprehend information due to cognitive deficits, information shall be provided to a caregiver or legal representative.
9. A social work referral shall be recommended for patients needing additional community resources in dealing with their communication problems.

C. PROCEDURE:

1. HOK hires bilingual employees for some positions and assigns teams to enable all providers to care for patients in their primary languages of English or Spanish.
2. The staff of HOK will make all reasonable efforts to provide communication assistance for persons who speak languages other than English. HOK will maintain a relationship with Language Line or an equivalent translation service for patients who speak languages other than English or Spanish.
3. Patients who are hearing impaired will be provided with a method of communication appropriate to the individual's needs.
4. For visually impaired patients, staff members will read all written information provided or give the information to a family member who is responsible for reading the written material to the patient.
5. Informed consent forms will be printed in English and in Spanish.

6. Speech impaired patients will be provided with communication devices such as writing materials, picture cards, etc. in order to improve communication.
7. Information will be provided to a patients, caregivers, or legal representative if a patient cannot comprehend information due to cognitive deficits.
8. A social work referral will be recommended for patients needing additional community resources in dealing with their communication problems.
9. HOK may also set alerts in the Electronic Health Record for patients with vision or hearing impairments.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Complaint Resolution
	Section (Department):	Administration
	Policy Number:	PR-102
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To ensure Heart of Kansas Family Health Care, Inc. (HOK) patients receive quality health care and have complaints resolved in a professional and timely manner.

B. POLICY

1. HOK shall be committed to providing quality patient care to all its clients within a safe and professional environment.
2. All patient complaints shall be managed promptly and efficiently to the satisfactory resolution of the client and organization as outlined in the procedure.
3. Patient complaint information shall be incorporated as a vital part of HOK Quality Improvement Program as reviewed by the Quality Council on a quarterly basis.

C. DEFINITIONS

For the purpose of this policy, the following definitions shall apply:

1. Client shall include patient, family member, guardian, or other agent or agency representing the patient.
2. Complaint shall refer to a concern communicated verbally, electronically, or in writing regarding the delivery of services.
3. Resolution shall refer to a solution to the complaint acceptable by the client and organization.

D. PROCEDURE:

1. Any employee or provider staff who receives a complaint from a patient shall attempt to resolve the complaint immediately by:
   a. Offering assistance to the patient in resolving the complaint.
   b. Providing an area away from other patients to assure confidentiality and comfort for all parties involved in discussing the complaint.
   c. Offering resolutions to the complaint which, in the opinion of the employee or provider staff is within his/her job parameters.
2. If the employee is unable to reach an acceptable resolution, they shall refer the complaint to the appropriate departmental supervisor or designee for resolution within 24 hours to 72 hours.
3. The appropriate departmental supervisor or designee to whom the complaint should be referred shall be based on the following complaint categories or sites:
   a. Financial /Billing – Billing Supervisor
   b. Medical/Nursing care – Quality Coordinator
   c. Prescription Assistance or 340B – Quality Coordinator
   d. Appointment scheduling/Flow – Chief Operating Officer
   e. Medical records – Quality Coordinator
   f. Phone system/Communications - Chief Operating Officer
   g. Facilities / maintenance – Chief Executive Officer
   h. Employee behavior / performance -Supervisor of employee named in complaint or Chief Operating Officer
   i. Health Homes – Behavioral Health Director
   j. Behavioral Health – Behavioral Health Director
   k. Substance Abuse Program – Behavioral Health Director

4. The departmental supervisor shall log all patient complaints on the "Patient Complaint Log" to be sent to the Quality Improvement Coordinator at the end of each month, listing only the following information:
    a. Date of complaint
    b. Category of complaint
    c. Department in which complaint was filed
5. The departmental supervisor or designee shall attempt to reach a complaint resolution with the patient as outlined above.
6. If a resolution is reached, the departmental supervisor or designee shall communicate the resolution to the involved employee or provider staff.
7. If patient complaint was related to therapy or patient or family failure to follow recommended therapy, the resolution shall be documented in the medical record of that patient. In addition, if the complaint cannot be resolved, the patient must be referred to another provider and that must be documented in the patient's medical record.
8. If the departmental supervisor is unable to reach an acceptable resolution, he/she shall communicate to the patient that the complaint shall be forwarded immediately to the Chief Executive Officer for resolution who will contact the patient regarding the complaint. He/she will give the patient the supervisor's name and extension and will tell the patient to call if they do not hear from Administration within an acceptable period of time. The supervisor will:
    a. Complete the areas on the "Grievance" form describing the complaint attempted resolutions, and referral to Administration.
    b. Deliver the form and verbally communicate the complaint to administration.
    c. Ensure accurate understanding of the complaint and follow-up to the resolution.
    d. Upon receipt of the complaint Administration shall attempt to reach complaint resolution as outlined above.
9. Upon reaching a resolution Administration shall:
    a. Document the actions of the "Complaint Resolution" form
    b. Communicate the resolution to the departmental supervisor
    c. Present the complaint and resolution process to the Quality Improvement committee for review omitting patient name and any identifying information.
10. The Quality Improvement Committee shall review the resolved complaint and note the following:
    a. Type of complaint,
    b. Actual or potential trends with similar complaints filed,
    c. Risk implications of the unresolved complaint,
    d. Means to prevent future similar events.
11. The Quality Improvement Committee shall also review the "Patient Complaint Log" submitted by each departmental supervisor:
    a. Identify trends of complaints
    b. Develop action plans to prevent similar events
12. Administration shall appropriately destroy complaint documentation once resolution and communication has occurred as outlined above.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Dismissal of Patients from Practice
	Section (Department):	Administration
	Policy Number:	PR-103
	Approved:	05/26/2015
	Reviewed:	Annual

A. PURPOSE:

To establish guidelines for dismissing patients from Heart of Kansas Family Health Care, Inc. (HOK) who are not upholding their responsibilities as a patient.

B. POLICY

It is the policy of Heart of Kansas Family Health Care, Inc. (HOK) to provide comprehensive health services to all. No person shall be restricted from utilizing these services based on race, religion, ethnic origin, socioeconomic status, or immigration status.

Health services cannot be provided when there is a serious or an irreconcilable breach in the provider/patient relationship, when the patient poses a substantial safety risk to staff or other patients, or when the patient is disruptive to the point of interfering in the care of others.

Under such circumstances HOK reserves the right to dismiss the patient from the practice. It is the intent of this policy that when this occurs, that every reasonable effort will be made to allow the patient to make alternative arrangements for care before vital medical services are withdrawn.

C. DEFINITIONS

1. Grounds for dismissal:
   a. The patient must have stated a desire to end medical care with the practice, or have demonstrated this desire by a consistent pattern of noncompliance with recommended care.
   b. The patient poses a significant physical risk to the practice staff or other patients by using force or threat of force.
   c. The patient's behavior is disruptive and interferes with the care of other patients.
   d. The patient's failure to meet financial responsibilities.
   d. The patient's behavior toward the practice is fraudulent. This includes providing deliberately misleading or false information, stealing from the practice, consistently failing to make efforts to follow through with agreed upon actions, or any other behavior which demonstrates a wanton disregard of the ethical obligations required of patients.
2. Vital medical services: These are considered services that if not rendered immediately or within the period of time the patient is notified of his dismissal and when he could find some alternative source of care, that his life or health is seriously jeopardized.
3. Alternative sources of care: This is defined as care that is potentially accessible to the patient and would provide the minimal level of vital medical services to prevent a serious decline in health. It assumes that the patient exercises diligence and all resources at his disposal to gain access to this alternative source. It does not assume that the alternative source of care is of equal quality or affordability for the patient. It assumes only that it is potentially available and would serve the minimum.

D. PROCEDURE:

1. The Risk Manager will review all cases for supporting documentation when submitted for dismissal. The Risk Manager may make recommendations for alternatives.
2. If the Risk Manager finds supporting documentation, the request will be forwarded to the CEO for review and approval. If there is no supporting documentation the request will be returned to the provider with the notation there is no supporting documentation.

3. If it is determined that the patient is to be dismissed from the practice, the Operations Officer will draft a letter to notify the patient. The dismissal letter will be sent both by registered mail and regular mail.
4. A copy of the letter will be placed in the medical record and the letter will include the following
   a. Reason for dismissal.
   b. Review of medical problems that require follow-up.
   c. Information regarding alternative sources of care.
   d. Provision of interim services such as adequate medication refills, that will allow the patient reasonable time to access alternative care.
   e. The right of the patient to appeal the decision.
   f. The time the dismissal will take place.
5. The practice will continue to assume responsibility of the patient's vital medical needs until the date of dismissal. Vital medical needs will be determined by the Medical Director, or in his/her absence, the Deputy Medical Director.
6. If patient requests an appeal, it will be handled by the CEO and Medical Director.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Health Care Proxy & Advance Directives
	Section (Department):	Administration
	Policy Number:	PR-104
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care, Inc. (HOK) respects and upholds a patient's decision to have a Health Care Proxy and Advance Directives.

B. DEFINITIONS

1. Advanced Directives – Legal documents which help a patient exercise their right to make their own medical and health care decisions if they become unable to do so. A patient may choose to refuse treatment or may request all reasonable measures be used.
2. Health Care Agent – A person designated on the Health Care Proxy form that is allowed to make medical decisions and is required to act in the best interest of the patient.
3. Health Care Proxy – Allows an individual to appoint someone to make varying levels of health care decisions. This does not require an attorney or legal involvement to enact or enforce.

C. POLICY

HOK is committed to honoring any valid Health Care Proxy and Advanced Directives provided by a patient. HOK will not discriminate against a patient for having Advanced Directives or a Health Care Proxy. If a patient presents to HOK experiencing a life-threatening condition or a life-threatening condition occurs while a patient is on HOK grounds, HOK medical staff will perform life sustaining measures until the patient can be transported to the local medical hospital.

D. PROCEDURE

1. A patient shall provide HOK a copy of their Health Care Proxy and/or Advanced Directives.
2. HOK Front Officer staff will scan information into the Patient Administration section of the patient's EHR and turn on indicator in EHR to indicated patient has Health Care Proxy and/or Advanced Directives on file.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Informed Consent
	Section (Department):	Administration
	Policy Number:	PR-105
	Approved:	05/26/2015
	Reviewed:	Annual

A. PURPOSE

To provide guidelines for supplying information to patients and families regarding health care needs and options. This includes advanced directives, compliance with the law and regulations, as well as the ongoing process of patient education.

B. DEFINITIONS

1. Provider: Medical Doctor-MD, Physician Assistant PA, Family Nurse Practitioner FNP, or any provider of a chargeable service for a Patient of Heart of Kansas Family Health Care, Inc. (HOK).
2. Patient: Any person being provided any health care service.
3. Family: Those playing a significant role in the Patient's life. This may include an individual who is not legally related to the Patient.

C. POLICY

1. HOK, Inc. recognizes the importance of patients being informed of their condition, treatment plans and available options. The Patients shall be expected to be part of the decision-making processes related to their healthcare. Verbal interactions with providers and staff of related services shall be the primary means of keeping the patient informed. Other educational means may also be used as available and appropriate to patient needs.
2. Written informed consent shall be obtained for the following:
   a. Colposcopy,
   b. Surgical procedures that require penetration of skin or mucosa,
   c. Allergy shots when the series begins,
   d. Joint aspirations or injections,
   e. Any treatment or procedure if directed by the provider.
3. The written informed consent shall include the following parts:
   a. Name of proposed treatment or procedure.
   b. Potential risks and benefits of proposed treatment or procedure.
   c. Problems related to recuperation, if applicable.
   d. Alternatives to the treatment or procedure.
   e. The physician or other practitioners primarily responsible for the patient care.
4. Referral options will be discussed with patients who require treatments or procedures not provided at HOK.

D. PROCEDURE:

HOK Care Teams will obtain written informed consent from patients prior to performing procedures specified in the Informed Consent Policy. HOK Care teams will document this consent on the Consent for Special Procedures form in the correspondence section of the EHR. The completed form will be stored in the patients' chart in the EHR.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Dependent Abuse & Neglect
	Section (Department):	Administration
	Policy Number:	PR-106
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To assure for the prompt reporting of all suspected dependent abuse and neglect among Heart of Kansas Family Health Care, Inc. (HOK) patients.

B. DEFINITIONS

1. Dependent - any person who relies on the care and maintenance of another:
    a. Children under the age of 18.
    b. Elderly adults requiring care and assistance with activities of daily living.
    c. Mentally and physically disabled adults requiring care and assistance with activities of daily living.
2. Abuse -
    a. Adult:
        i. Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult including infliction of physical or mental injury.
        ii. Any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship.
        iii. Unreasonable use of a physical restraint, isolation, or medication that harms or is likely to harm an adult.
        iv. Unreasonable use of physical or chemical restraint, medication, or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult.
        v. A threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult.
        vi. Fiduciary abuse; or
        vii. Omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness K.S.A. 39- 1430(a).

    b. Child:
        i. Sexual Abuse: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include allowing, permitting, or encouraging a child to engage in the sale of sexual relations or commercial sexual exploitation of a child, or to be photographed, filmed, or depicted in obscene or pornographic material. Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.S.A. 38-2202 and K.A.R. 30-46-10
        ii. Physical Abuse: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202
        iii. Mental/Emotional Abuse: Infliction of mental or emotional harm or the causing of deterioration of a child, may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. K.S.A. 38-2202 & K.A.R. 30-46-10

3. Neglect -
   a. Denial of basic needs such as food, clothing, or shelter.
   b. Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202
   c. Medical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason, be considered a negligent parent. K.S.A. 38-2202

C. POLICY

1. In providing safe and comprehensive care to our patients, HOK is committed to taking appropriate actions to report all suspected cases of dependent abuse.
2. Any employee who suspects a dependent has been abused or neglected shall report such suspicion as outlined in the procedure section.
3. An employee shall not be required to have witnessed the abuse or neglect or be required to have first-hand knowledge to report. All employees should follow the Mandated Reporter standards set forth in K.S.A.39-1431 for adult reporting and K.S.A. 38-2223 for child reporting.
4. Any employee who makes a report of suspected abuse or neglect shall be immune from civil or criminal liability if the report was made in good faith.

D. PROCEDURE

1. Any HOK employee who suspects a dependent patient has been abused or neglected shall make an immediate telephone report to the Department of Children and Families (DCF) hotline at 1-800-922-5330.
2. The report shall include the following information:
   a. Name, address, and telephone number of the dependent and caretaker.
   b. Age of the dependent person.
   c. Identity of the suspected perpetrator, if known.
   d. Description of injuries and physical indicators.
   e. Incidences of neglect.
   f. If available, description of the caretaker's explanation of the physical injury and why employee found the explanation to be inadequate.
   g. Verbal reports made by the dependent patient indicating abuse or neglect.
   h. Behavior of the patient which may indicate abuse or neglect.
   i. Any evidence of problems observed between the caretaker and patient.
   j. Any other information requested by the DCF screening agent.
3. The caretaker of the dependent patient does not have to be informed that a report has been filed especially if it is felt that this information would endanger the dependent patient, HOK, or DCF personnel.

4. If the DCF agent contacts HOK for additional information, any information discussed shall be limited to the following:
   a. Confirmation regarding specific information given in the initial report.
   b. Only given by the employee who filed the initial report.
5. If a HOK employee believes a dependent is at imminent risk of abuse or physical harm by a caregiver, they must first staff the concern with their immediate supervisor. The employee and supervisor may contact Law Enforcement and request Police Protective Custody (PCP) for the dependent. HOK staff should provide information to Law Enforcement as requested.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Treatment of Minor Patients
	Section (Department):	Administration
	Policy Number:	PR-107
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for treatment of minor patients.

B. POLICY

1. In accordance with Federal and State Law, medical treatment may not be given without the written, informed consent of the patient, the parent or legal guardian of a minor.
2. Definition: A minor is any person under the age of eighteen (18). An "emancipated minor" is defined as an individual meeting one of the four criteria listed below:
   a. Who is (or ever has been) married.
   b. Who is on active duty with the military.
   c. Who is not dependent on parent(s) for financial support, and whose parents have released their parental rights to the custody, control, services and earnings of the minor through: court order, or conduct clearly indicating an intent to release parental rights. (Abandonment is presumptive evidence of emancipation and relinquishment of parental rights).
   d. Who is in the custody of a law enforcement agency, and whose parents cannot be promptly located.
3. Staff will ascertain the status of the person to be treated, minor or emancipated minor according to the above definitions.
4. Prior to any care staff shall obtain consent to treat using the guidelines listed below:
   a. Married parents – consent of one of the parents.
   b. Divorced or legally separated parents – consent of either parent. Shared responsibility is presumed in the case of divorce unless there is a Protective Court Order.
   c. Informally separated, (no court intervention) – consent of either parent, whomever brings the child in for treatment.
   d. Deceased parents – consent of guardian, you may request to see appointment papers.
   e. Parental/Guardian Written Authorization for Medical Treatment – consent from any adult accompanying the child, provided they have the written consent from the parent or legal guardian to give consent for medical treatment. This authorization should be attached to the medical record.
5. "Emancipated "Minors (see definition of emancipated minor) – consent from the individual for their care or the care of their children EXCEPTIONS: A minor may give consent regardless age or emancipation/mature status and receive medical care when:
   a. Emergency – Medical care for minors should follow the current practice policy for triage/emergency care for those patients who present to the clinic. Any calls to the clinic for emergent care will be referred to the closest emergency facility. IN ANY EMERGENCY, THE CONSENT OF ANOTHER ADULT FAMILY MEMBER SHOULD BE SOUGHT, AND THE CONSENT OF THE MINOR SHOULD BE OBTAINED. DOCUMENTATION SHOULD REFLECT THE SPECIFICS OF ANY FAMILY CONTACTS OR ATTEMPTS TO CONTACT MADE AND THE NATURE OF THE EMERGENCY MEASURES UNDERTAKEN.
   b. HIV Virus or Sexually Transmitted Disease (STD): A minor infected with the HIV Virus or STD, may consent to medical treatment as an adult.
   c. Chemical Dependence/Substance Abuse: A minor may consent to treatment as an adult.
   d. Contraceptives: A minor may consent to obtain contraceptives without parental notification or consent.

e. Prenatal Care: A minor may consent to personal prenatal health care (pregnancy related only) when the care is "intended to maintain the life and improve the health of both the minor and the minor's child or fetus". The treating provider may for medical reasons, inform the minor's parents of the treatment, only if he/she informs the minor prior to providing that treatment and prior to contacting the parents. However, if the treating provider wishes to contact the minor's parents to obtain necessary or helpful medical information, he/she must have the minor's permission to do so. In instances of abortion or "no code", or in which the minor is so incapacitated that she cannot give informed consent, the provider must call the parents to obtain consent. (Payment: If the minor has not given permission for her parents to be notified, the parents cannot be billed for the services rendered.)

f. Medical Care of Children of Unmarried Minors: A minor may consent to the medical care and treatment of his/her own children, excepting in the instances of "no code"/termination of life support orders for the child. In such instances, the consent of the putative father of the minor's child (if he is an adult or emancipated minor, and if he can be located) or the consent of the minor's parent must be obtained in addition to that given by the minor.

g. Foster Care Children and Wards of the Court: A probate court, a child placement agency, or the Kansas Department of Children and Families may consent to the medical care/treatment of children under their jurisdiction.

h. See policy for minors in State of Kansas Custody

6. In all the above instances, documentation by all health care staff should be detailed, and should reflect all specifics of any contacts made and all case circumstances known, including signatures of witnesses.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Consent (DCF/JJA Custody)
	Section (Department):	Administration
	Policy Number:	PR-108
	Approved:	02/17/2015
	Reviewed:	Annual

A. PURPOSE

To ensure that proper consent documentation is obtained prior to service.

B. POLICY

Heart of Kansas Family Health Care, Inc (HOK). will:

1. Obtain Medical and/or Behavioral Health consent in current use by the State of Kansas agency overseeing custody of children in out of home placement prior to providing services.
2. Medical and/or Behavioral Health records will only be released with an appropriately documented release of records from the State Agency per their policy and/or forms and follow the usual guidelines and processes of records release. the fee for records will be waived for records requested by the State Agency.
    a. Records pertaining to an ongoing abuse investigation will continue to be governed by the most current Notice of Privacy Practices in effect at the clinic.
3. Verbal information related to the child in custody will only be released to those listed on:
    a. Placement Agreement.
    b. Release of information from State Agency.

C. Background information - Foster agencies are contracted by the State to house and care for children in out of home placement. When children are placed in foster homes, group homes or other out of home placement, the placement family/director are to be given a "Placement Agreement" and a "Consent for Medical Care". Both of these forms are completed by the contracting agency, designated staff or the court. The consent for behavioral health services is not available from the foster family and is not required for children in custody who are receiving medical care only.

Foster Care families, workers, or support staff are not authorized to provide consent for care and treatment of children in State custody.

The placement agreement and/or a release/disclosure form allows the clinic staff to discuss the child's care and takes the place of the HIPAA consent form.

The Consent for Medical Care is authorization for all medical care and takes the place of the Registration and Disclosure Information form.

There will be different paperwork/consent acceptable for Medical Care vs. Behavioral Health Care.

D. PROCEDURE

1. SCHEDULING - When the individual scheduling an initial behavioral health appointment identifies the patient as a child in State custody, the color-coded appointment for new foster child will be used.
2. PRE-INSTRUCTION - When the appointment is scheduled, the scheduler will at that time instruct the scheduling individual that the child in custody must be accompanied by the following forms:
    a. Current Placement Agreement,
    b. Current "Consent for Medical Care" issued by/through the State Agency,
    c. Medical Card,
    d. Any applicable records/information that may be available to the person bringing the child for the visit.
3. PRE-VISIT PREP – (BEHAVIORAL HEALTH APPOINTMENTS) - The Care Coordinator will review the behavioral health providers' schedules for new patients who are in State custody.

a. Requests for consent forms are to be sent the week prior to the scheduled appointment,
b. Upon identification of a patient in State custody, the Care Coordinator will contact the appropriate agency to obtain the required Behavioral Health consent and release forms,
c. Upon receipt, the forms will be scanned/attached to the appropriate patient's record,
d. The schedule will be checked daily for any changes/new additions that need to have behavioral health consents obtained.

4. REMINDER CALLS – HOK reminder calls are set up through the EHR and made electronically.
5. Failure to arrive on time will require the patient to reschedule Day of Visit REQUEST INFORMATION/PAPERWORK
    a. If you know or the system indicates this is a foster child, request:
        i. Placement Agreement,
        ii. Consent to Medical Care.
    b. If patient/adult does not have this and they are BEHAVIORAL HEALTH
        i. Check if the Consent for Behavioral Health is already scanned in
        ii. If so, that is all that is required for BEHAVIORAL HEALTH visits
            1. Clearly state to the adult/patient, if the child is ever scheduled to be seen for MEDICAL CARE, they will not be seen without the PLACEMENT AGREEMENT AND CONSENT TO MEDICAL CARE – which will waste their trip and cause them to have to reschedule.
        iii. If the patient/adult does NOT have the placement agreement and Consent to Medical care AND the Behavioral Health Consent is NOT in the record, ask the patient to have a seat while you call administration.
            1. Call admin and the provider
                a. Admin –Heather, Brett, Jyl,
                b. Behavioral health provider patient scheduled with.
            2. Await further instructions/paperwork.
    c. If the patient in custody is scheduled for a MEDICAL VISIT and the accompanying adult does not have the PLACEMENT AGREEMENT & CONSENT TO MEDICAL CARE.
        i. Reschedule patient,
        ii. Call for admin if desired/needed.
6. Day Of Visit CHECK IN PAPERWORK
    a. At Check-in the standard new patient packet will be provided to the patient or the accompanying adult for completion.
    b. The demographic form is to be completed down to the household assessment section.
        i. May or may not be signed, must indicate patient or foster parent/worker.
    c. The HIPAA consent is not required
        i. Staff is to write in the first space FOSTER CHILD-See Placement Agreement.
        ii. May complete the cell/message section.
        iii. Must scan and attach the placement agreement which is our basis for giving information to the foster family.
    d. The Signature Page

i. before giving to the person filling out the form, in sections 3, 4, 5 & 6 write “FOSTER” or “NA”.
ii. the person completing the form is requested to initial 1 and 2 then indicate on the form “foster parent/worker”.
    1. this is not consent or authorization, it is attesting that the document is completed correctly and accurately.

7. REQUIRED CONSENT - Patients will always have the required documentation of consent prior to receiving services/care at the clinic.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Health Home Services (Care Coordination)
	Section (Department):	Administration
	Policy Number:	PR-109
	Approved:	02/17/2015
	Reviewed:	Annual

A. PURPOSE

To ensure that SMI and CC patients receive quality Care Coordination services in accordance with the Health Home Service Model.

B. POLICY

Heart of Kansas Family Health Care, Inc. will:

1. Accommodate linguistic, cultural, and cognitive level needs in patient interactions,
2. Provide Comprehensive Care Management Services,
3. Provide Care Coordination Services,
4. Provide or arrange for Health Promotion/Education Services,
5. Provide Comprehensive Transitional Care Services from inpatient to other settings, including appropriate follow-up,
6. Provide Individual and Family Support Services, which includes authorized representatives, family, guardian, other support persons, or caregivers,
7. Facilitate communication to/with involved parties in the patient's care and support,
8. Provide Referral to Community and Social Support Services,
9. Identify barriers to care and services, and
10. Follow up with planned services and interventions.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Release of Responsibility for Patient Valuables
	Section (Department):	Administration
	Policy Number:	PR-110
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure that Heart of Kansas Family Health Care, Inc. (HOK) informs clinic patients that HOK is not liable for the loss of any personal item brought into the clinic. Personal items include but are not limited to sweaters, coats, purses, money, cell phones, etc.

B. POLICY

1. Signage stating that HOK is not responsible for the loss of personal items brought into the clinic will be posted.
2. If a patient reports a loss of a personal item, they will be given assistance in an attempt to locate the item but will not be reimbursed in any way for any item reported as lost.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Unaccompanied Minor Proxy Form
	Section (Department):	Administration
	Policy Number:	PR-111
	Approved:	10/10/2017
	Reviewed:	Annual

A. PURPOSE

To increase access for minor patients whose parents/caregivers are unable to bring them to appointments.

B. POLICY

Heart of Kansas Family Health Care, Inc. clinical staff will follow procedures for completing the Unaccompanied Minor Proxy Form. See also Policy ADM-PRR-009 and ADM-PRR-010.

C. PROCEDURE

Obtaining and executing the form

1. Minor patients' parents are to attend the initial visit to each provider and at least one visit yearly to the provider.
2. Providers will ensure that the individual completing the proxy form is the legal guardian (with appropriate paperwork) or parent before completing the form.
3. Provider will discuss any concerns, limits, or specifics that the parent has and document such on the proxy form.
4. The provider may delegate completion of the form to the team but is responsible for ensuring the authority of the signer.
5. Form will be sent to medical records for scanning; then sent to the Risk Management office.
    a. Audits and monitoring will be conducted by the risk management office

Use and implementation of the proxy form

1. When making reminder calls, the front desk will check expiration dates of forms IF the person they call mention that a proxy is bringing the child.
2. When checking in under a proxy, the front desk will verify the person on the form is the person bringing the child (photo ID).
3. The proxy allows that person to complete all paperwork EXCEPT to complete medical records disclosures.
4. The proxy is not responsible for payment, the parent is:
    a. Any individual proxy may be administratively voided if used by parents to avoid payment or to avoid setting up a payment plan

Additional Information

1. The proxy form is valid for 1 year.
2. There may be multiple proxy forms on file in a chart.
3. One form per child per proxy.
4. Either parent may give a proxy form and the other parent may not cancel without legal documentation that the other parent has no legal right to make medical decisions.
    a. In the event the parent has serious, valid issues with the person who is proxy, refer to behavioral health to determine if DCF involvement is warranted
5. A legal guardian must provide the court document setting them as legal guardian.
6. It is the responsibility of the parent to provide any legal documents regarding consent/custody.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Designated Records Set
	Section (Department):	Administration
	Policy Number:	PR-112
	Approved:	07/24/2018
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for what is included in the Designated Record Set of patient information.

B. POLICY

Patients have the right to inspect, amend, and obtain copies of Protected Health Information ("PHI") that is contained within a Designated Record Set.

The Designated Record Set includes paper records and records contained in the official institutional electronic medical record and billing systems.

The Designated Record Set will be retained according to state and federal laws and regulations and in accordance with the Medical Center's Records Management Policy.

Workforce Members must pay particular attention to those records that are not included in the Designated Record Set, and which are not available for patient inspection and amendment. Any questions regarding requests for those types of records should be referred to the Privacy Manager or the Office of Legal Counsel.

Examples of Records included in the Designated Record Set

- Records received from other entities that are electronically part of the EHR such as Inpatient and Outpatient records, Day Surgery records, Emergency Department records, X-rays, Imagining and Radiology reports, films, digital copies of films
- Pathology reports
- History and Physical examinations and reports
- Orders
- Progress notes
- Procedure reports
- Vital signs
- Psychiatric Assessments and Evaluations (requires specific release)
- Laboratory reports
- Consultation reports
- Psychosocial history reports
- Photographs or videos
- Authorizations and consents, including research consents related to health care treatment decisions
- Billing records
- Remittance advice
- Case management records
- Other records that are used to make health care decisions about the patient (e.g., other diagnostic tests and results, interpretive reports)

The following are not part of the Designated Record set- even if they include PHI- because they are not used to make health care decisions about a patient. A patient **does not** have a right to access these records for any purpose.
Examples of Records not included in the Designated Record Set:

- Quality Assessment records
- Credentialing records
- Peer Review files
- Research records (that are not used to make health care decisions about the patient)
- Incident report (e.g., reports regarding devices)
- Internal Grievance reports
- Information contained in employee records
- Information contained in the servers of a health information exchange in which the Medical Center participates that has not been integrated into a Designated Record Set
- Financial reports used for health care operations (e.g., inventory control or purchasing activities)
- Coding queries
- Internal Compliance reports and audits
- Administrative records
- Attorney-Client privileged records, or any other record that is subject to privilege under state and/or federal laws and regulations
- Public Health Records and Statistical Data
- Temporary Notes or Worksheets
- Any other record that is not used to make health care decisions about the patient
- External records (e.g., those provided from a previous physician)

Related Documents
Records Management Policy
Right to Inspect and Obtain PHI
Right to Request an Amendment

Legal Reference
45 C.F.R. §164.501
45 C.F.R. §164.524(a)
45 C.F.R. §164.526(a)

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Records Retention, Destruction & Claims
	Section (Department):	Administration
	Policy Number:	PR-113
	Approved:	10/30/2018
	Reviewed:	Annual

A. PURPOSE

The purpose of this policy is to ensure necessary records and documents of Heart of Kansas Family Health Care, Inc. (HOK) are adequately protected and maintained and discarded appropriately after they are no longer needed or no longer of value to HOK. This is also for the purpose of aiding employees of HOK in understanding obligations in retaining both hard copy and electronic documents including email, web files, text files, sound and video files, PDF documents, Office documents and all other files.

B. POLICY

HOK staff will follow the outlined retention, destruction and claims policies.

1. Administration the Policy: The CEO is the officer in charge of the administration of this policy and the implementation of the processes and procedures to ensure the Record Retention Schedule is followed. The administrator is also authorized to make modifications to the record retention schedule to ensure it is in compliance with local, state and federal laws and includes all appropriate document and record categories for HOK. The administrator also monitors local, state and federal laws affecting record retention and annually reviews the record retention and disposal program and monitors compliance with this policy. Refer to Appendix A – record retention schedule.
2. Suspension of Record Disposal in Event of Litigation or Claims: In the event HOK is served with any subpoena, request for documents or any employee becomes aware of potential litigation, governmental investigation or audit concerning HOK, the employee shall inform the Administrator and any further disposal of documents shall be suspended. The Administrator shall take such steps as necessary to promptly inform all staff of any suspension in the disposal of documents. With advice from counsel, the Administrator shall lift the destruction hold as appropriate under advice from counsel
3. Applicability: this policy applies to all physical records generated in the course of HOK operations including both original and reproduced documents. It also applies to electronic documents described above.

Records Retention Schedule
Administrative / Corporate Records

Record type	Retention period	Citation or reference
Accounts payable ledgers and schedules	7 years	
Annual reports to government agencies	Permanent	
Appointment calendars (patient)	8 years	(KHA)K.S.A. 60-513(c) 60-515
Call Schedules	8 years	(KHA)
Annual reports to the Board	Permanent	
Appraisal reports	Permanent	
Audit reports	10 years	
Board Minutes	Permanent	
Construction Contracts	Permanent	
Correspondence	Generally, 7 years	Correspondence relating to a patient is to be recorded and retained in the medical record.

		Legal correspondence is to be recorded and maintained separate from the patient record regardless of if it does or does not relate to a patient.
Constitution, By-Laws, Articles of Incorporation, and amends to	Permanent	
Insurance policies	Permanent	
Licenses, permits and contracts	Permanent	
Medical staff records	7 years after the calendar year the termination or separation took place	Includes personnel record, physician privilege action. See also – Contract
Peer Review and Risk Management	Not less than 1 year following completion of the facility investigation. Not less than 5 years if adverse action is taken.	K.S.A. 65-28,121; 65-4915 *et seq*. 65-4921 *et seq*. see also KAR 28-52-2
Policies and procedures	Not less than 6 years from creation or last effect whichever is later.	45CFR 164.530
Quality Assurance Records	Permanent	
Survey and Inspection reports	3 years or until next inspection	
Engineering records including blueprints, equipment records, operating instructions, inspection records or similar records	Permanent	
Medical service waste	Not less than 3 years	KAR 28-31-262a KAR 28-29-27

Records Retention Schedule
Finance/Accounting/Business

Record type	Retention period	Citation or reference
Financial Statements	Permanent	
Medicaid cost reports	6 years after final settlement	
Medicare cost report	6 years after final settlement	
Alien – statement of income paid	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Balance sheets	Permanent	May be disposed of if general ledger is maintained
Bank Statements	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Budgets	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Cash receipts	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Cashier's tapes from bookkeeping machine	7 years	So long as contents may be material in the administrative of an Internal Revenue law

Charge slips to patients	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Check stubs	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Checks: Payroll Vouchers Register	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Credit and collection correspondence	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Correspondence with insurance	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Deposits (bank)	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Depreciation records	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Equipment leases	10 years after expiration	So long as contents may be material in the administrative of an Internal Revenue law
Garnishment records	7 years	
Income (daily summary)	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Invoices for fixed assets	Permanent life of asset plus 7 years	So long as contents may be material in the administrative of an Internal Revenue law
Accounts payable	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Accounts receivable	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Journals (general)	Permanent	
Ledgers (general)	Permanent	
Ledger cards (patient)	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Posting audits	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Purchase orders	7 years	So long as contents may be material in the administrative of an Internal Revenue law
Unemployment tax records	7 years	So long as contents may be material in the administrative of an Internal Revenue law

Vouchers: Capital expenditures Cash Travel expense Welfare agency records	 Permanent life of the item plus 7 years 7 years 7 years 7 years	 So long as contents may be material in the administrative of an Internal Revenue law

Records Retention Schedule
Personnel

Record type	Retention period	Citation or reference
Advertisements or notices to the public or employees relating to job openings, promotions and other job opportunities including orders submitted to any employment agency or labor organization for recruitment of personnel	Not less than 1 year from date of personnel action. If maintained in an employee file, maintain for the length of the file	29 CRF 1627.3(b)(1)
Applications: Employees	Maintained in employee personnel file and maintain employees personnel file for no less than 7 years after termination of employment	KAR 50-2-2 requires 5 29CFR 1627.3 and 516.5 require 3 KHA recommends 5 years
Applications: nonemployees	7 years	
Attendance records	Maintain in employee personnel file and maintain employees personnel file for no less than 7 years after termination of employment	
Authorizations Health, credit, etc.	Not less than 7 years after termination of employee	
Basic employment and earnings records, including time and earnings cards or sheets	Maintain in employee personnel file and maintain employees personnel file for no less than 7 years after termination of employment	
Credentialing files for physicians and other practitioners	Permanent	
Employee benefit plan documents, annual reports, summary plan descriptions, summary annual reports, allocation schedules, distribution records and summaries of material modifications	Permanent	29 CFR 1627.3(b)(1) requires duration of plan plus 1 year
Employee handbooks	Permanent	
Garnishment records	7 years	
Employee health record	Not less than 7 years after termination of an employee	KHA recommends storing in the employee health file as well as the medical record
Immigration forms	The longer of 1 year after	

	termination or 3 years after hiring	
Occupational injury records	7 years after the end of the year referred to in the record	
OSHA records	7 years after the end of the year to which they relate	
Payroll deduction authorizations	Not less than 8 years	
Payroll Individual earnings Payroll journals Payroll rate cards Payroll registers Payroll social security reports Pension program	 Permanent 25 years Permanent 10 years Not less than 4 years after paid/due Permanent	 26CFR 31.6001-1
Personnel file	Not less than 7 years after termination of employment	
Posting audits	7 years	
Records of exposure to hazardous material	Not less than 30 years after termination of employment	
Records of prior occupational radiation dose and exposure	Permanent	
Unemployment compensations claim and reports	Not less than 7 years after termination of employment	
Unemployment insurance records	Not less than 5 years from due date of contributions	
Wage rate tables	Not less than 5 years from the last effective date	
Withholding tax exemption certificates (W-4)	Not less than 4 years after taxes are paid or due whichever is later	
Work schedules	Not less than 8 years	Generally, should be maintained past the statute of repose

Records Retention Schedule
Public relations

Record type	Retention period	Citation or reference
Clippings	Permanent	
Contributor records	Permanent	
Photographs (institutional)	Permanent	
Publications (organizational)	Permanent	

Records Retention Schedule
Medical Records / EHR

Record type	Retention period	Citation or reference
Complete Medical Record	10 years past the last date of service for adults. The longer of 1 year past the age of majority or 10 years past the last date of service. (no less than age 19 if last seen at age 9, otherwise 10 years past the last service date.)	KAR 100-24-1

Records Retention Schedule
Behavioral Health Records

Record type	Retention period	Citation or reference
Behavioral health record	At least 6 years after the termination of contact with and adult. For a patient who is a minor on the date of the termination the longer of A). Two (2) years past the age of majority or B). 6 years after the termination of the contact with the minor.	K.S.A. 65-6408 and 74-7507 K.S.A. 65-6408

Records Retention Schedule
Dental

Record type	Retention period	Citation or reference
Dental patient records	10 years from the last day of service	KAR 71-1-15
Dental Lab prescriptions	2 years	KAR 65-1438
Spore logs	3 years	KAR 71-1-18

Records Retention Schedule
Purchasing and receiving

Record type	Retention period	Citation or reference
Packing slips	5 years	
Purchase orders	10 years w copy on voucher in business office if stored separately	
Purchase requisitions	5 years	
Receiving report	5 years (copy of record on voucher in business office if stored separately)	
Returned goods credit	5 years (copy of record on voucher in business office if stored separately)	

Records Retention Schedule
Taxation

Record type	Retention period	Citation or reference
Income Tax Returns (990)	Permanent	Includes information submitted with returns
IRS exemption letters	Permanent	IRS exemption letters include determination letters, private letter rulings and closing agreements

Records material to the acquisition and sale of assets	7 years after April 15 of the calendar year following the year the asset is sold and reported in the return	
Records material to filed employment tax returns	7 years after April 15th of the calendar year following the year in which filed	
Records material to other tax returns	7 years after the due date of the return in question or the date the return was filed; whichever is later	
Sales or use tax records	7 years from the last day of the calendar or fiscal year: whichever is later	
State revenue and federal IRS audit reports	10 years	
W-2 forms and quarterly payroll tax reports including undeliverable W-2 forms	4 years after taxes are paid or due: whichever is later	
W-4 forms and other IRS employment forms	4 years after taxes are paid or due; whichever is later	
Withholding: Federal and state income tax FICA FUTA taxes	4 years after taxes are paid or due; whichever is later	
Federal Food, Drug and Cosmetic Act records; request and receipt forms and other required records	3 years	
HIPAA records	Not less than 6 years from the date of creation or from the date such records were last in effect whichever is later	45 CFR 164.530(i), (j)(2), 164.316(b)(2)(I).
Medical advice given over the phone	Should be maintained as part of the medical record	
Patient name index	Permanent	Name list only of patients seen by the clinic
Third party payor insurance claims files and supporting documentation	10 years	

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Crash Cart & Emergency Supplies
	Section (Department):	Clinical Care
	Policy Number:	CC-100
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To provide guidelines for maintaining emergency medications and equipment sufficient to handle a medical emergency until able to transfer a patient to a hospital facility.

B. POLICY

1. Heart of Kansas Family Health Care, Inc. (HOK) shall maintain an Ambu-bag with masks and an Emergency Kit (Stat Kit) complete with medications and supplies appropriate to treat a medical emergency until such time as the patient can be stabilized and/or emergency transport can arrive to transfer the patient to a hospital facility.
2. A detailed list of these medications and supplies shall be maintained, along with their expiration dates. A member of the nursing staff shall check the contents of the emergency kit at least one time every month and each time the kit is used, checking for expiration dates, damaged supplies, etc. The nurse shall re-order any supply or medication that has expired or will expire within the next two- (2) months and shall document such on the medication/supply checklist.

C. PROCEDURE

Nursing staff will complete the following checklists on a monthly basis.

Supplies to be checked:	Date & Staff Member Initials:
Neoprene & Latex Sterile Gloves	
Extra Needles 22g 1 ½" 23g 1" 30g ½" 27g ½"	
Gauze Sponges	
Tape	
Endotracheal Tubes: 3 mm 5 mm 7 mm	
Tourniquet	
Three Airways S M L	
Syringes: *1* cc 3 cc 5 cc 10 cc	
Needles: Jelco or IV Needles 22g 18g	

B/P Cuff	
Stethoscope	
Laryngoscope Large Small	
Normal Saline 500 IV Exp Date:	
IV Set Tubing	
Pack of Sterile Scissors, Hemostat, Forceps	
Disposable Scalpel	
Alcohol Prep	
IV Locks	

Staff Name: _____

Expiration Date Date Checked

1. Ammonia Inhalant_____
2. Atropine Sulfate Injection 1mg/cc_____
3. Dextrose 50% Injection_____
4. Dextrose 25% Injection_____
5. Epinephrine 1:1,000 1mg 1ml_____

   Epinephrine 0.3mg Auto-Injection_____

   Epinephrine 1:10,000 1mg (0.1mg 1ml) inj. _____
6. Lidocaine HCL 2% 100mg/5ml_____
7. Amiodarone 150mg (50mg/ml)_____
8. Flumazenil 1mg/10ml _____
9. ASA 325mg (2 tablets) – 2 packs _____
10. Benadryl –Oral 25mg – 2 capsules _____
11. Diphenhydramine inj. 50mg/ml 2 bottles _____
12. Solu Medrol 125mg per 1 vial _____
13. Proair Inhaler _____
14. Insta Glucose 1 Tube _____
15. Narcam (Nalovone) 0.4mg/ml for IV, Im or SQ (2):

    _____

Supplies for Banyan Kit (SECOND TRAY)

Staff Name: _____

Expiration Date Date Checked

1. Nitrostat .4mg Sublingual_____
2. Adenosine 6mg/2ml (IV) – 2 _____
3. Verapamil 5mg/2ml – 1 _____
4. Ondansetron 2mg/ml – 2 _____

Medical Department Monthly Log
Crash Cart

Month:	Date:	Initials:
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Standing Orders
	Section (Department):	Clinical Care
	Policy Number:	CC-101
	Approved:	11/29/2016
	Reviewed:	Annual

A. PURPOSE

To establish protocols for standing orders and improve health outcomes patients.

B. POLICY:

Heart of Kansas Family Health Care, Inc. (HOK) with establish and follow protocols for standing orders to ensure quality of care and treatment of HOK patients. HOK medical care teams will follow standing order procedures as specified to ensure compliance and quality of patient care.

C. PROCEDURE:

Diabetes Care:

The following orders are to be carried out as specified unless otherwise indicated by the primary care provider or refused by the patient. All interventions, changes and refusals must be documented in the medical record.

1. Every 3 months
   a. Hemoglobin A1c, if not done in the past 3 months,
   b. FSBS, unless patient brought their own monitor,
   c. Self-Management Goal setting/Review,
   d. Foot Check.
2. Annually
   a. Fasting Lipid Panel,
   b. CMP,
   c. Urine Microalbumin/Creatinine ratio,
   d. Depression Screening,
   e. Administer flue vaccination (between September and April), unless contraindicated,
   f. Dental Referral (if not done within the past 12 months),
   g. Retinal Exam Referral (if not done within the past 12 months),
   h. Diabetic Educator Referral.
3. Other
   a. Support Group Referral,
   b. Diabetes Educator Referral if New Diabetic or A1c>9,
   c. Recommend Pneumovax if >65 or other co-morbidities.

Hypertension Care:

The following orders are to be carried out as specified unless otherwise indicated by the primary care provider or refused by the patient. All interventions, changes and refusals must be charted in the medical record.

1. Every Check-Up
   a. Self-Management Goal setting/Review,
   b. Follow-up Appointment in 1 month if BP >140/90,
   c. Follow-up Appointment in 4-6 months if BP <140/90.
2. Annually
   a. Fasting Lipid Panel
   b. CMP
   c. UA with protein

d. Administer flu vaccine, (between September and April) unless contraindicated

3. Other
   a. Recommend Pneumovax if >65 or other co-morbidities.

Hypoglycemia:

Clinical Support Staff may provide care to patients following current standing orders.

1. Clinical support staff may obtain FSBS on any patient exhibiting signs/symptoms of hypoglycemia, including shakiness, anxiety, sweating, hunger, tingling around the mouth, heart palpitations, confusion, abnormal behavior, visual disturbances, changes in alertness, seizure.
2. Support staff will take action based upon FSBS results, as indicated below:
   a. Mild to Moderate Hypoglycemia – FSBS <60mg/dL with/without symptoms, OR FSBS 60-100mg/dL with symptoms.
      i. Give 15g Carbohydrate
         -*Glucose 4gm tablet – 4 tablets
         -*Glucose 15gm gel – 1 tube
         -Juice – 4oz
         -Regular Soda – 6oz
         -Saltines – 6 crackers
         -Graham crackers – 3 crackers

      *Preferred treatment (Note: if patient is on Precose/acarbose or Glyset/miglitol, treatment must be with Glucose tabs or Glucose gel.)
3. Retest FSBS 15 minutes after administration of carbohydrate. If blood glucose remains less than 60mg/dL or if symptoms persist, repeat treatment and retest in 15 minutes.
4. If patient remains hypoglycemic after two treatments, follow Severe Hypoglycemia treatment.
5. When hypoglycemia is resolved, and if more than 1 hour until next meal, give patient an additional 15g carbohydrate snack from above. May add a source of protein such as 1-2 tbsp of peanut butter. If less than 1 hour until next meal, instruct patient to eat their meal as soon as they return home.
   a. Severe Hypoglycemia – FSBS <60mg/dL and altered mental status (decreased responsiveness, combativeness, confusion, altered level of consciousness, seizure activity.
      i. Give Glucagon 1mg IM x1 (patient must weigh more than 44lbs.)
      ii. Notify provider immediately for further orders.

Urinary Symptoms:

Nurses and MAs may provide care to patients following current standing orders.

1. The nurse or MA should perform a routine urinalysis (UA) for any patient who presents with the following concerns, whether alone or in combination:
   a. Pain with urination
   b. Blood in the urine
   c. Increased frequency of urination
   d. Patient states they think they have a urinary tract infection (UTI)
2. Normal results may be reported. Any single result component outside of normal range must be reviewed by a provider for instructions to give the patient.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Immunization Inventory, Ordering & Auditing
	Section (Department):	Clinical Care
	Policy Number:	CC-102
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure accurate tracking of immunizations provided by Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

1. HOK shall conduct chart audits for the purpose of:
   a. Evaluating the immunization rate of patients 0-6 years old.
   b. Notifying the parents of children who are behind schedule for appropriate immunizations.
   c. Ensuring complete records have been sent to State Immunization Registry and manually or via EHR interface.
2. Random chart audits shall be conducted on a quarterly basis according to Quality Improvement Committee recommendations.
3. The VFC Coordinator shall be responsible for:
   a. Reviewing patient information in immunization database.
   b. Adding and updating records for accuracy and completeness in immunization database.
   c. Contacting appropriate county health department for additional immunization information.
   d. Contacting physician offices concerning invalid doses, incomplete information, etc. for transferred patients.
   e. Contacting the parents of children who are behind schedule for immunizations, and documenting attempts to contact the parents.
   f. If patient needs translation turn over phone to translator.
   g. Working with nursing staff and medical records staff to improve documentation and eliminate missed opportunities.
   h. Submitting reports as outlined below.
4. The VFC Coordinator shall submit the reports listed below to the state on a monthly basis:
   a. Inventory,
   b. Temperature Logs, and
   c. Other required/requested information.
5. Adequate inventory of vaccine will be maintained so that immunizations are readily available when a patient need is determined.

C. PROCEDURE:

1. Ordering: VFC vaccine orders are placed on a monthly basis, during the time frame assigned by VFC. Private stock vaccine will be ordered on an as-needed basis. At the end of each month, a physical inventory count will be completed. A report of doses administered will be run (from EHR) in order to verify physical inventory expected. This data will be used to calculate a vaccine order. The vaccine order will be submitted by the Primary Vaccine Coordinator or Secondary Vaccine Coordinator.
2. Tracking: A separate Vaccine Inventory will be kept in Kansas WebIZ registry for each Lot of each vaccine received. Doses administered, expired, or wasted will be documented in the WebIZ registry, which will keep a running count based upon doses entered. The Vaccine Inventory in WebIZ will be used to reconcile monthly vaccine inventory counts.

3. Stock Maintenance: Stock rotation is done each time a new shipment of vaccine is received. All new inventory is placed to the back and older stock is rotated to the front. Vaccine inventory and expiration dates are checked monthly, and the shortest dated vaccine is used first. Any vaccine that is due to expire within the next 6 months will be considered for sending to KIP for re-distribution to another provider who may be more likely to administer the doses before the expiration date.
4. Wastage/Disposal: Every effort will be made to prevent vaccine wastage due to expiration, by following the above procedures. Any VFC vaccine losses will be immediately reported to KIP and a Wasted Vaccine Return Form will be completed. Vaccine will be returned as directed by KIP.
5. Auditing: Vaccination auditing will be completed through processes required by VFC and reports generated through WebIZ or Business Objects through EHR.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Vaccine Storage & Handling
	Section (Department):	Clinical Care
	Policy Number:	CC-103
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To establish guidelines for proper management of vaccines in order to ensure proper availability of safe, effective vaccines.

B. POLICY:

Vaccines will be stored and handled according to current CDC and vaccine manufacturer recommendations in order to ensure safety and effectiveness of vaccines administered to patients.

C. PROCEDURE:

1. Receiving Shipment:
   a. Vaccines must be stored properly from the time they are manufactured until the time they are administered. Upon receiving vaccine shipment, the primary or secondary vaccination coordinator will immediately inspect the package for any indication that the vaccines were not kept at the proper temperature during transport. Upon receiving the shipment, the vaccine inventory received will be documented in Kansas WebIZ registry, and the vaccine will be immediately placed into storage according to manufacturer specifications.
   b. If temperature maintenance failure is suspected, the vaccination coordinator will immediately notify the Kansas Immunization Program. The vaccine should still be stored properly, however it will be labeled "DO NOT USE" until instructions are received from the Kansas Immunization Program. The vaccine should not be discarded unless instructed to do so by Kansas Immunization Program.
2. Refrigeration/Freezing:
   a. All vaccines will be kept in a secure area in a separate refrigerator/freezer from any food substances. Other medications, lab specimens, or any items that are not vaccines should not be stored in the vaccine refrigerator/freezer. All vaccines will be stored according to manufacturers' guidelines. Vaccines should only be stored in the refrigerator/freezer designated for vaccines, except in the case of an emergency. See Emergency Management Policy for details.
   b. Vaccines will never be stored in the doors, storage trays, or next to the defrosting unit of the refrigerator or freezer. Full water bottles will be placed in these areas in order to prevent placement of vaccine in these areas, as well as to help maintain consistent temperature within the refrigerator. These water bottles should not be removed. Vaccines are stored in their original packages, with adequate space between boxes to allow for proper circulation.
   c. A "DO NOT UNPLUG" warning sign will be placed next to the electrical outlet for each vaccine storage refrigerator and freezer. A warning sign will also be placed on the electrical breaker that services these outlets, indicating to any maintenance/electrician that the breaker controls power to the vaccination refrigerator and should not be turned off.
3. Temperature Monitoring
   a. Temperatures will be monitored and recorded twice daily by assigned clinic staff. The Temperature Log Sheet will be posted on the refrigerator/freezer. Heart of Kansas will utilize a separate calibrated, certified thermometer in each refrigerator and freezer for

monitoring temperature continuously. The thermometers will be calibrated according to the specifications of the thermometer manufacturer.

b. Any instances of temperature falling outside the recommended range will be immediately addressed by the primary or secondary vaccine coordinator, and an entry will be made on the Vaccine Storage Troubleshooting Record. See Vaccine Emergency Plan for steps to take in the event of out-of-range temperature.

c. Each refrigerator will be monitored by an alarm system which will be set at a low temperature of 36 degrees Fahrenheit and a high temperature of 46 degrees Fahrenheit. Each freezer will be monitored by an alarm which will be set at a low temperature -15 degrees Fahrenheit and a high temperature of 5 degrees Fahrenheit. In the event that temperatures fall out of range, the primary or secondary vaccination coordinator will be notified via the alarm system. See Emergency Management Policy for further details.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Vaccine Administration
	Section (Department):	Clinical Care
	Policy Number:	CC-104
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To ensure safe and appropriate administration of immunizations.

B. POLICY:

Patients who received health care at Heart of Kansas Family Health Care, Inc. (HOK) will be actively immunized against preventable infectious diseases in accordance with the recommendations of the Immunizations Practices Advisory Committee (ACIP) of the US Public Health Services and the Kansas Department of Health and Environment. Policies related to vaccine administration will be reviewed on an annual and as-needed basis.

C. PROCEDURE:

1. Informed Consent
    a. A signed consent form is required prior to any immunization being administered. Individuals or the parent/legal decision maker will be informed of the benefits of immunization as well as the known risks involved with any given vaccine. Vaccines will be offered according to the approved schedule for immunization for infants and children. Annual flu vaccine will be offered for adults. A copy of the Vaccine Information Sheet (VIS) on each vaccine will be provided for the patient/guardian to read, and the patient/guardian will be allowed to ask any additional questions prior to giving consent. In the event that the parent or guardian is unavailable, immunization may be given to a child only if he/she is accompanied by an adult who has documented permission to treat.
2. Record Keeping
    a. Designated staff members will review the Kansas WebIZ record for each child under age 18 who is scheduled any kind of appointment. Provider or nursing staff will request prior immunization records from the parent/guardian/patient upon arrival and verbally confirm that all immunizations were given as recorded. Patients receiving vaccine or their guardian will be given the appropriate updated copy of their immunization record, which will include a notation of when the next immunization will be due.
    b. The type of vaccine given, manufacturer, lot number, date given, VIS date, and site of administration will be recorded in Kansas WebIZ. Vaccine type and NDC number will be documented in the Superbill of the electronic medical record (EHR). Patients/parents will be strongly encouraged to immediately make an appointment for their next recommended vaccines.
    c. All inventories will be completed using Kansas WebIZ registry. Each immunization administered will be documented in WebIZ so that ongoing inventory will be up to date. After signing, informed consent forms will be scanned into the patient's record in EHR.
3. VFC Eligibility Screening
    a. VFC eligibility screening will be completed for all children aged 18 and younger to screen for VFC eligibility at every vaccination visit. Eligibility screening will be completed BEFORE any vaccination is drawn up or administered. VFC vaccine stock may only be administered to patients who are eligible. Private vaccine stock may only be administered to patients who are not eligible for VFC.

4. Vaccine Administration
   a. VIS must be reviewed, and consent signed prior to any vaccine being administered. Vaccines will be administered by physicians, mid-level providers, licensed nurses, trained medical assistants, and students who are properly supervised by a qualified RN.
   b. Nursing staff (including trained medical assistants) may administer vaccines without a written physician's order, based upon review of the patient's immunization history, review of the chart, and assessment of the patient for any contraindications. Dosages of vaccines will be administered according to the most current CDC guidelines for each patient's specific age and circumstance. If a patient is behind on their immunizations, or using a "catch-up" immunization schedule, the medical assistant must consult with a provider or RN prior to administering any vaccine. See standing orders.
   c. Following vaccine administration, the patient/guardian will be given instructions which include actions to take if the child has discomfort or other problems after the vaccination. It will also include which circumstances they should contact HOK for further instructions.
   d. All adverse reactions associated with vaccination must be reported to the US Department of Health and Human Services. Adverse events are reported on a Vaccine Adverse Event Reporting System (VEARS) form. The form should be sent to Barton County Health Department if it involves a vaccine obtained from them, and the form should be sent to the VEARS office if it involves any other vaccines.
5. Vaccines by injection: There is no known risk of side effects and no loss of vaccine efficacy when vaccines are given simultaneously, and this practice is recommended by the ACIP. Simultaneous administration of vaccines is also approved by the American Academy of Pediatrics. A new needle and syringe must be used for each injection. All vaccines will be verified by TWO clinical employees prior to being drawn up. One of the employees must be a Licensed Nurse or Provider. Both parties will verify that the correct vaccine is being prepared, and both parties will initial the patient's Vaccine Consent Form.
   a. Draw just the required amount for the dose in the syringe, using proper syringe loading techniques. Careful filling of the syringe will prevent vaccine wastage and enable you to use all the doses in the vial.
   b. Verify patient name and date of birth.
   c. Wash hands and don gloves prior to administering the vaccine.
   d. Cleanse the site with alcohol swab.
   e. The infant or child should be properly restrained on a table or adult's lap. The parent/guardian should be instructed how to hold the child securely. Older children and adults should be seated for immunization.
   f. Inject the vaccine using proper technique (intramuscular or subcutaneous.)
   g. Withdraw the needle quickly and place alcohol swab just above the injection site and massage the area. Place a bandage over the injection site.
   h. Dispose of the needle in a sharp's container immediately. Do not re-cap needles.
6. Vaccine Charges
   a. Charges for vaccines and their administration will be in accordance with guidelines from the Kansas Department of Health and Environment and the Centers for Disease Control
      i. VFC: For those immunizations that are administered through the VFC program, the vaccine itself is free and a procedural charge to cover vaccine administration will be billed for each vaccine. For VFC patients who do not have Medicaid coverage and qualify for sliding fees, the vaccine administration fee will slide to

$0. Per VFC guideline, no VFC vaccine will be withheld due to inability to pay the administration fee.

ii. In accordance with VFC guidelines, patients who receive VFC vaccine will not be billed for an administration fee above the VFC allowable amount (currently $20.26). HOK will accept Medicaid payment rates as payment in full and will not bill the patient for any remaining balance unpaid by Medicaid (for the vaccine administration charge).

b. Private Insurance:

i. For those immunizations that are covered by private insurance, the patient/guarantor/insurance will be billed for both the cost of the vaccine as well as a separate charge for administration of the vaccine.

7. Inventory, Ordering, Storage, Handling

a. VFC vaccine is ordered on a monthly basis for the clinic. (See policy/procedure for vaccine inventory, ordering, storage, and handling.)

b. Commercial/private vaccines are ordered on an as-needed basis.

8. Scheduling

a. Our providers will utilize all visits, sick and well-child/adult visits to assess immunization status. Providers and nursing support staff will educate the patient and parent/guardian by providing appropriate VIS and emphasize the importance of bringing the immunization record to every visit and ensuring that their child completes their immunizations on time.

b. Kansas WebIZ will be used on a monthly basis to create a list of patients who are due for scheduled immunizations. Reminder cards will be sent to these patients to advise them to call the clinic to schedule an appointment.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Vaccine Emergency Plan
	Section (Department):	Clinical Care
	Policy Number:	CC-105
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To safeguard vaccines for use by Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY:

Vaccines will be kept in appropriate storage temperature in accordance with manufacturers' guidelines. Procedures will be followed to ensure maintenance of appropriate storage in the event of power failure or refrigerator malfunction.

C. PROCEDURE:

1. Temperature Monitoring: Refrigerator and freezer temperatures are monitored and recorded twice daily when the clinic is open. Temperature monitoring will also be performed via an automated temperature monitor which will send an alarm to the Primary and Secondary Vaccination Coordinators in the event that temperature falls out of range.
2. Temperature Out of Range: If a freezer or refrigerator temperature is found to be out of range, the following steps will be taken:
   a. Check that door is closed and sealing properly.
   b. Check to make sure the appliance is plugged in and powered on.
   c. Document the current time and temperature on the log sheet.
   d. Adjust temperature settings on refrigerator/freezer to correct the problem.
   e. Recheck the temperature in 15 minutes.
3. Power Failure: In the event of power failure, the clinic's emergency generator will be utilized to provide power to the Vaccination refrigerator only. The generator must remain outside the building for ventilation purposes, with the refrigerator being connected via extension cord. After generator power is provided to the refrigerator, the Primary or Secondary Vaccine Coordinator should contact the electric company to determine the scope of the power outage as well as estimated time for resumption of service.
4. Vaccine Transport: In the event that there is damage to the clinic, or another circumstance exists which does not allow vaccines to be safely stored at Heart of Kansas, vaccines will be transported to Barton County Health Department for temporary storage. For transport, refrigerated vaccines will be packed in an insulated cooler designated for vaccine use, with cold packs placed around the edges of the cooler, and an insulating material placed between the cold packs and the vaccine packages. A thermometer will be placed inside the cooler to ensure proper cold chain is maintained during transport. Frozen vaccines will be backed in a separate insulated cooler designated for vaccine use, with frozen packs placed around the edges of the cooler, and an insulating material placed between the cold packs and the vaccine packages. A thermometer will be placed inside the cooler to ensure proper cold chain is maintained during transport. Vaccines will be promptly transported to Barton County Health Department and immediately placed in refrigerator/freezers as required. In the event of any emergency transportation of vaccine, HOK will notify Kansas Immunization Program and document the event as required.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Satellite Employee Immunizations
	Section (Department):	Clinical Care
	Policy Number:	CC-106
	Approved:	10/30/2018
	Reviewed:	Annual

A. PURPOSE

The purpose of this policy is to ensure safe handling and administration of employee health immunizations to Heart of Kansas Family Health Care, Inc. (HOK) satellite clinic staff.

B. POLICY

HOK staff will follow the CDC/VFC guidelines for maintaining cold chain, handling and storage when transporting satellite staff immunizations. Employee immunizations are documented in the employee health record.

C. PROCEDURE

1. Verbal confirmation of intent to receive immunization and that the staff member will be at the clinic during the planned immunization day will be obtained prior to packing vaccines for employee health administration at the satellite clinics.
2. Only the exact number of vaccines for employees who have stated they want to receive and will be on site will be packed.
3. There will be one (1) instance of an employee health vaccine transport. Employee health vaccines will not be stored at satellite sites.
4. New hire TB testing will be done at the Great Bend site the first day of orientation.
5. Employees who miss the onsite opportunity for no cost flu shots may make arrangements to get it at Great Bend on their own time and travel.
6. Staff administering the immunization will ensure appropriate consent and documentation is complete.
7. Staff administering the immunizations will ensure cold chain is maintained and appropriate documentation is complete.
8. Consult CDC/VFC for the most up to date vaccine cold chain guidelines.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Patient Assessment
	Section (Department):	Clinical Care
	Policy Number:	CC-107
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To provide accurate and comprehensive patient assessments.

B. POLICY

1. When a patient enters the practice, a history and physical will be documented.
2. Documentation of the initial assessment will minimally include:
   a. Medical history and physical exam results
   b. Medication reconciliation
   c. Diagnostic tests obtained or ordered and results if known
   d. Information obtained from outside providers if applicable
   e. Problem list
   f. Plan and instructions for follow-up
   g. Referrals when applicable
   h. Family and social history,
   i. Other pertinent findings
3. The provider will then decide based on patient's needs whether or not the organization has the ability and resources to provide the necessary services.
4. In the event a patient's needs cannot be met, the provider will refer that patient to an appropriate setting or provider.
5. Patients will be reassessed periodically to determine their response to care and for changes in their condition and diagnosis.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Tuberculosis
	Section (Department):	Clinical Care
	Policy Number:	CC-108
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure clinically responsible methods for managing Tuberculosis cases.

B. POLICY

1. Heart of Kansas Family Health Care, Inc. (HOK) will follow the most current CDC and KDHE guidelines for risk level, screening, diagnosis, treatment and monitoring of Tuberculosis.
2. HOK will refer patients presenting or calling in with symptoms of TB to the Barton County Health Department (BCHD).
3. If BCHD determines need for further assessment including a Chest X-ray, HOK medical providers may write order for further assessment.
4. HOK medical providers may also provide prophylactic treatment when indicated.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Nutrition Screening, Assessment & Referral
	Section (Department):	Clinical Care
	Policy Number:	CC-109
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To identify those patients at high risk for nutritional problems and in need of nutrition education, and to refer those patients appropriately for dietary counseling.

B. POLICY

It is the policy of Heart of Kansas Family Health Care, Inc. (HOK) to assess the nutrition status of all patients per UDS/HRSA guidelines and provide education as, indicated.

C. PROCEDURE

1. A patient identified as high risk will receive counseling regarding his need for nutrition education. If the patient is willing and able to attend nutritional counseling an appointment will be made with the nutritionist. The provider may also choose to refer to an outside counseling source such as a diabetic nurse educator.
2. The Nutritionist may assess the following:
    a. Adequacy of current, previous, and required intake
    b. Anthropometric measurements and evaluations including height and weight
    c. Medical history
    d. Nutritional implications of laboratory tests results
    e. Medications which may affect appetite or nutritional status
    f Conditions which may affect ingestion, digestion, absorption, or utilization of nutrients
    g. Food intolerance and allergies
    h. Religious, cultural, ethnic and personal food preferences
    i. Diet prescription.
3. Based on the assessment, education and counseling will be provided using written materials when appropriate. Follow up counseling will be scheduled as appropriate.
4. Nutritional counseling will be documented on the episodic record. The nutritionist will notify the provider if patients do not keep an appointment.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Scope of Practice for Nutritionist/Dietitian
	Section (Department):	Clinical Care
	Policy Number:	CC-110
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

Heart of Kansas Family Health Care, Inc. (HOK) is committed to assuring that care provided by a Nutritionist/Dietitian employed by the corporation is of the highest quality, and that the practice conforms to standards set forth by all appropriate licensure and accreditation bodies.

B. DEFINITIONS:

1. Dietitian Nutritionist, Dietetic Practitioner: One engaged in the dietetic and nutrition practice.
2. Nutrition Assessment: Evaluation of the nutritional needs of individuals and groups based upon appropriate biochemical, anthropometric, physical, and dietary data to determine nutritional needs.
3. Nutrition Counseling: By integrating information from the nutrition assessment with information on food and other nutrient sources, food preparation, cultural background, socioeconomic status, and therapeutic needs, advice and assistance is provided by a registered dietitian to individuals or groups on appropriate nutrition intake.

C. TRAINING

Minimum training includes a baccalaureate degree with a major course of study in human nutrition, current licensure by the State Board of Dietetics and Nutrition, and current registration as a Registered Dietitian by the Commission on Dietetic Registration.

D. SCOPE OF PRACTICE

The dietitian will provide nutrition assessment and nutrition counseling following the code of ethics and standards of practice from the American Dietetic Association.

These standards include:

1. The dietetic practitioner develops, implements, and evaluates an individual plan for practice based on assessment of consumer needs current knowledge and clinical experience.
2. Collaborates with other professionals, personnel, and consumers in integrating, interpreting, and communicating nutrition care principles.
3. Engages in life-long self-development to improve knowledge and skills.
4. Generates, interprets, and uses research to enhance dietetic practice.
5. Identifies, monitors, and justifies use of resources.
6. Recognizes and exercises professional judgment within the limits of his qualifications and seeks counsel or makes referrals as appropriate.
7. Informs the public and colleagues about services using factual information.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Scope of Practice for Advance Practice Practitioners
	Section (Department):	Clinical Care
	Policy Number:	CC-111
	Approved:	07/28/2015
	Reviewed:	Annual

A. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) is committed to assuring that care provided by Midlevel practitioners employed by the corporation is of the highest quality, and that the practice conforms to standards set forth by all appropriate licensure and accreditation bodies.

B. DEFINITIONS

For the purpose of this policy, the following definitions shall apply:

1. **Midlevel Practitioner:** A certified physician assistant, nurse practitioner or certified nurse midwife. Qualifications are outlined in detail under the provider Credentialing procedure.
2. **Supervising physician:** A physician employed or contracted by HOK who has the appropriate patient care training and credentials as outlined above.
3. **Consultation:** A presentation by a Midlevel practitioner to the supervising physician including the relevant patient history and findings for the purpose of developing an appropriate care plan and examining the patient if indicated.
4. **Appropriate medical care:** Patient care which follows generally accepted local standards for addressing patient health problems and would be considered acceptable to most patients in similar circumstances.

C. SCOPE OF PRACTICE

1. The Midlevel Provider employed by HOK may practice the full range of primary care in collaboration with physicians at HOK. This will include evaluation and treatment of acute or chronic medical conditions seen in all age groups of patients as well as patient education and health promotion activities. Procedures related to provision of primary care may be performed if the Midlevel Practitioner these privileges. These activities may take place only on the premises of HOK.
2. The Medical Director and/or Board of Directors may impose restrictions to this scope of practice on an individual basis for Midlevel providers' specialized areas of expertise, or without the training or experience to perform certain primary care tasks or procedures as part of the privileging process.

D. SUPERVISION

1. The Medical Director will have overall supervisory responsibility of advance practice providers at HOK. Additionally, each provider will have a physician that he/she will identify as his/her Primary preceptor who will supervise daily activities when available. At the times when the primary preceptor is not available another physician employed or contracted by HOK with competence in the area needing assistance will be consulted. A physician suitable for consultation will be available to the Midlevel practitioner at all times the practitioner is engaged in patient care activities. Situations included are onsite, telephone consultation, or availability by FAX if appropriate. Notes will be signed within a reasonable amount of time of seeing the patient. A consultation is mandatory prior to the patient leaving the site of care in all circumstances that are clinically indicated. If the primary preceptor is unavailable during this time period, another appropriately trained HOK physician will review and countersign Midlevel Practitioner clinical notes.

Further consultation may occur at a time convenient for both the Midlevel Practitioner and precepting

physician. Examples are when a practitioner is following a patient with a chronic illness who is not responding to therapy, or if a patient expresses dissatisfaction with care.

The practitioner utilizes written protocols agreed upon by the physician preceptor for guidance in practice. (One example is *Clinical Guidelines in Family Practice* by Uphold and Graham.) These protocols are reviewed annually and may be superseded by current treatment modalities as discussed and agreed upon by the physician preceptor at the time.

The Midlevel Provider will document all patient interactions including telephone encounters in the manner outlined above.

2. Prescribing: The Midlevel Practitioner may prescribe medications under the guidelines set forth by the Board of Medical Examiners. This protocol will be reviewed annually.

3. Continuing Education/Licensure/Certification: All Midlevel Practitioners employed by HOK will meet the standards for continuing medical education (CME), licensure and certification. Documentation of compliance of these standards will be kept in the employee file and reviewed annually.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	HIV Pretesting & Referral
	Section (Department):	Clinical Care
	Policy Number:	CC-112
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish HIV Pretesting services and referral sources for Heart of Kansas Family Health Care, Inc. (HOK) patients.

B. POLICY

HOK will provide HIV Pretesting and Referral services for patients. HOK Medical staff will inform patients of this process.

C. PROCEDURE

1. HOK Medical Providers will provide initial screening services for patients who request HIV testing.
2. Upon a positive initial screening, patients will be referred to a Certified HIV counselor and program where patient can receive continued testing and follow-up services.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Venipuncture
	Section (Department):	Clinical Care
	Policy Number:	CC-113
	Approved:	05/08/2018
	Reviewed:	Annual

A. PURPOSE

To ensure all Heart of Kansas Family Health Care, Inc. (HOK) employees drawing blood are adequately trained.

B. POLICY

1. Only staff approved by the nursing director and medical director may perform venipuncture in the clinic.
2. Only labs ordered by HOK providers will be drawn. HOK providers may write orders for lab requested by consulting providers.
3. Lab only visits may be provided to patients when approved by the HOK medical provider.

C. PROCEDURE

1. Only HOK employees approved by the medical director and nursing director may perform venipuncture.
2. Universal precautions will be followed at all times.
3. After 2 failed attempts another HOK employee should be sought, and the provider should be notified of the problem.
4. Only arms and hands will be used for sites for venipuncture unless otherwise preapproved by the provider at that visit.
5. IV or central lines will not be accessed for blood draws.
6. If a Coban dressing is used, check it is not too tight before leaving the exam room.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Ordering of Lab Tests
	Section (Department):	Clinical Care
	Policy Number:	CC-114
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure all lab procedures are performed by the orders of a provider and by Heart of Kansas Family Health Care, Inc. (HOK) protocol.

B. POLICY

1. Lab work may be ordered at the time of a visit by the provider, by approved standing orders, or when indicated by communication with patient.
2. While the patient is under the care of HOK, all testing performed in the HOK labs will be done in accordance with laboratory procedures.
3. Lab work to be done at any time other than during the patient visit, must be completed through an outside lab testing facility.

C. PROCEDURE

1. Only normal or expected results are covered in this process – See patient notification of critical results as well.
2. Providers will review results within 3 days and make notations/provide instruction to staff regarding further instructions, follow up and guidance/instruction to provide to patients.
3. Providers will make arrangements for viewing and responding to results when absent from the clinic – time of processing results will not be extended.
4. Clinical staff will receive from providers the results and information and/or instructions to provide to the patient through the EHR.
5. Staff will notify patients of lab results within 3 business days.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Recording of External Lab Results
	Section (Department):	Clinical Care
	Policy Number:	CC-115
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To provide guidelines that assure all external lab reports are logged into the clinic, reviewed by a physician, and reported to the patient per provider instructions.

B. POLICY

1. Pathology and clinical laboratory services provided on a contractual basis will:
   a. Ordered from an approved reference lab,
   b. Provided with a lab that meets all federal standards and CLIA requirements.
2. All returned reports of laboratory tests shall, be entered through the lab interface, e-fax or paper fax.
   a. Manually attached labs will be set for provider review.
3. Providers will review resulted within 3 days and enter comments/instructions in the EHR results.
4. Patients will be notified by assigned Care Team following provider review of results.

C. PROCEDURE

1. Designated staff will check the eFax (electronic fax) queue periodically throughout the day, no less than first in the morning, mid-morning, after lunch and mid-afternoon on all days/half days the clinic is open.
2. eFaxed prescription refill requests will be printed and distributed to the provider.
3. Responses to the eFaxed request are expected to be through eRx for all eligible prescriptions.
4. All forms faxed to eFax that are to be completed or signed by the provider will be printed and distributed to the provider to complete/sign.
5. Completed forms will be labeled and sent for scanning into the record.
6. The incomplete form will not be attached to the patient record.
7. Lab results, Procedure reports, Radiology reports, Consult/Referral reports and all other reports/results where the test was ordered by Heart of Kansas providers will be attached to the order.
8. This is done through linking the order and the eFax. Performed orders will not show in the queue for linking.
9. Providers will be notified of the pending result and asked to activate an order to attach the result to if none available.
10. All reports that the ordering provider is a NON-Heart of Kansas provider will be designated to the appropriate misc. index folder.
11. All faxes will be flagged for review by the provider from the fax document tool.
12. In the event a fax is attached to the wrong patient, order or chart, a flag will be sent to the designated staff member with a brief but complete description of the problem.
13. The designated staff will print the document, delete it from the incorrect area and scan the printed document into the correct area or save it to a secure location and upload.
14. At such time as the EHR creates a workflow for this process, that workflow will be followed. Until such time a print and scan fix will be used.
15. Manual faxes will be checked periodically by designated staff and scanned into the record then attached in the record in the appropriate location.
16. In the event any other staff member takes a manual fax, it is that staff member's responsibility to ensure that the designated fax staff member knows which specific document is a manual fax and that it is to be scanned into the record.
17. Lab results will be scanned into the appropriate folder in the patient's chart.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Triage
	Section (Department):	Clinical Care
	Policy Number:	CC-116
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To provide guidelines for comprehensive and quality management for both urgent and non-urgent medical needs by effectively guiding them to the appropriate level of care provided by Heart of Kansas Family Health Care, Inc. (HOK) and other community urgent care providers.

B. POLICY

1. HOK shall provide telephone and walk-in triage during the regular operating hours.
2. Licensed personnel at each site shall perform triage duties.
3. Approved triage protocols and standing orders approved shall be maintained as guidelines for the nursing staff performing triage functions. The triage process shall include a nursing assessment based on client complaints, evaluation of client and clinic factors, nursing intervention or advice, and disposition.
4. Documentation of this process shall be generated for all triage encounters.
5. A review of the triage process and protocols shall be conducted annually by the Quality Improvement Committee, with input from the nursing staff.

C. PROCEDURE

1. When a patient presents to the front desk, the front desk staff will determine if he/she has a scheduled appointment.
2. All walk-in patients without a scheduled appointment will be directed to a nurse if an urgent situation exists.
3. If the patient triaged is to be seen the same day, the front desk will follow appropriate front desk procedures for checking in the patient.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Client & Family Health Education
	Section (Department):	Clinical Care
	Policy Number:	CC-117
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure that the patient and his family are provided accurate and appropriate information and assistance regarding diagnosis, treatment, and related behaviors for achieving and maintaining a healthy standard of life.

B. POLICY

1. Health education interventions will be conducted with patients and families during regular office visits by a multidisciplinary team including nurses and providers.
2. Integrated Patient Education modules in the EHR will be used when applicable.
3. Internal and outside referrals will be made when necessary to meet patient and family health education needs. An updated list of community health education resources will be maintained for referral purposes.

C. PROCEDURE:

1. During each patient visit health education needs will be assessed.
2. Providers and nurses will work as a team to provide patient education interventions using materials from a set of designated written material in the EHR modules as well as other available material.
3. Education interventions are provided through:
    - Counseling,
    - explanation of written materials given to the patient and family,
    - Referrals to additional resources.
4. Patient and family may be asked by the nurse or provider to participate in follow- up interventions regarding specified behaviors. He will be provided information on how to access resources.
5. During follow-up visits, effectiveness of education interventions will be evaluated.
6. Educational interventions will be provided with consideration for the individual values, learning needs abilities, and readiness to learn.
7. Educational topics may include but are not limited to:
    a. Safe and effective medication use
    b. Dietary information
    c. Rehabilitation techniques
    d. How and when to obtain further care.
    e. Follow-up instructions.
    f. Safe and effective use of medical equipment.
    g. Disease prevention.
    h. Disease process and management.
    i. Preventative care and screening.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Chaperonage
	Section (Department):	Clinical Care
	Policy Number:	CC-118
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To assure that the clients who are enrolled for care at Heart of Kansas Family Health Care, Inc. (HOK) are provided the highest quality care and comfort during examinations that could afford embarrassment.

B. POLICY

It will be the policy of HOK that during sensitive examinations of all minor children and when a member of the opposite sex is the provider for the adults that a chaperone will be present.

C. PROCEDURE

1. All minor children (under age 18) will be provided a chaperone when the exam is of the reproductive organs. Either a parent or a staff member may accompany the provider.
2. All adults will be provided a chaperone when a member of the opposite sex is the provider, and the examination or treatment is of the reproductive system.
3. In the event of an emergency when immediate care is required, chaperonage will not be required.
4. In each individual situation it is the responsibility of HOK staff to evaluate the needs of the patient. Prudent medical practice requires that a chaperone be present in the above situations and at any other time as indicated.
5. Cultural differences should always be given consideration during examination of patients.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Pain Management
	Section (Department):	Clinical Care
	Policy Number:	CC-119
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To provide pain management services with an overriding concern for the patient, and above all, with the recognition of the patient's dignity as a human being.

B. POLICY

1. Heart of Kansas Family Health Care, Inc. (HOK) Medical staff will assess, document and provide pain management services within the scope of practice of each particular provider.
2. HOK medical providers will monitor patients for abuse of pain management medications through having patients sign the "Patient Contract for Controlled Prescriptions" and/or monitoring the Kansas Tracking and Reporting of Controlled Substances (K-TRACS).
3. HOK may refer patients to outside resources for pain management services that fall outside the scope of practice.

C. PROCEDURE:

1. Heart of Kansas Family Health Care, Inc. (HOK) nursing staff will identify and document patients with pain.
2. HOK Medical Providers will complete a more comprehensive assessment on patients who present with pain related issues. This assessment and a measure of pain intensity and quality (e.g., pain character, frequency, location, and duration), appropriate to the patient's age, are recorded in the HOK Progress Note and kept in the patient's electronic health record.
3. When pain is identified the patient can be treated or referred for treatment. HOK Medical Providers will practice within their scope of practice.
4. If a provider chooses to provide pain management services, they can also require a patient to sign and adhere to a "Patient Contract for Controlled Prescriptions". This form can be generated electronically through the patient's chart. If a patient violates this contract a HOK Medical Provider can choose to discontinue services.
5. A HOK Medical Provider can also choose to monitor a patients' prescription medication on Kansas Tracking and Reporting of Controlled Substances (K-TRACS).

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	No-Show Reduction
	Section (Department):	Clinical Care
	Policy Number:	CC-120
	Approved:	11/29/2016
	Reviewed:	Annual

A. PURPOSE

To improve patient access to care and quality of services provided.

B. POLICY

Action will be taken to reduce the frequency with which patients fail to show up for a scheduled appointment, in an effort to make best use of clinic resources for providing care to as many patients as possible. Patients who exceed an established count of missed/no-show appointments in a 12-month rolling time period will be placed in a "walk in" only status to reduce impact on clinic scheduling. Minors and Behavioral Health clients do not apply to the No-Show Reduction policy.

C. PROCEDURE:

1. This policy will apply to adult medical patients. An adult patient is defined as a patient who is 18 years of age or older.
2. No-Show Appointments will be automatically documented by EHR, and the count can be accessed in the patient's Appointment History in Inquiry. The count is also displayed in the Patient Appointment window when an appointment is being scheduled. This count in Scheduling (which will be RED if the patient exceeds the allowable number of no-shows) will be the indicator used for determining patients who need follow-up action.
3. Patients who have missed 3 appointments without calling to cancel or re-schedule will be sent a letter notifying them of their no-show, and the clinic's expectation for cancelling appointments. They will also be notified of risk of corrective action in regard to repeatedly missing appointments. This task will be carried out on a regular basis using Clinical Event Manager in EHR.
4. Patients who have missed 4 appointments in the past 12 months will be sent a letter notifying them that they have been placed on "Walk-In Only" status, and what this status entails. The task of updating patient statuses and sending these letters will be carried out on a regular basis using Business Objects in EHR.
    a. "Walk-In Only" status indicates that the patient may not call to schedule an appointment in advance. The patient must present to the clinic between 8:00 a.m. and 9:00 a.m. on the day that they need to be seen and will be seen only as the provider's schedule allows. They are not allowed to schedule in a "Same Day" reserved slot, unless that appointment time comes, and no other patient has taken the appointment.
        a. The patient should complete the appropriate patient paperwork as soon as they arrive and be added to the walk-in waiting list by front office staff.
        b. If the patient leaves the clinic, they should be removed from the waiting list. If/when they return, they will be re-added to the bottom of the waiting list.
    b. If the provider does not have any openings when the patient arrives that day, the patient will be offered the option of waiting to see if someone else no-shows or cancels, and then they can be worked in – however no promise can be made regarding the length of time the patient might need to wait in order to be seen. The patient may not see any provider other than their Primary Care Provider. Patients who have an appointment will always be seen prior to a "Walk-In Only" patient who is waiting, even if they arrive for their appointment after the "Walk-In Only" patient has already arrived.
    c. The patient will remain on "Walk-In Only" status, until such time has passed that the patient no longer meets the criteria for having that status (4 no-shows in the past 12 months). After

the patient no longer meets the criteria, their "Walk-In Only" status will be removed. At any point that the patient again accumulates 4 missed appointments within a 12-month time period, they will fall again into the "Walk-In Only" status.

i. Patients who repeatedly fall into the "Walk-In Only" status will be considered for discharge from the clinic. These cases will be reviewed by the administrative team in conjunction with the primary care provider.

ii. Providers have the authority to schedule an appointment for a patient who is on no-show status.

5. Patients who wish to appeal their status must do so in a written request to the CEO of Heart of Kansas Family Health Care, and appeals will be granted or denied based upon the CEO's discretion.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Return to Work/School Notes
	Section (Department):	Clinical Care
	Policy Number:	CC-121
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To establish a guideline for providers who are requested to complete a return to work/school note for a patient.

B. POLICY:

1. Patients requesting a note to return to school or work must have been examined by their provider within one week of the date, they are requesting the note.
2. Length of time away from work/school will be entirely at the discretion of the provider who has examined the patient and will be determined on a case-by-case basis. Any extension of this time will need to be re-evaluated by a follow-up appointment with the same provider who initially examined the patient.

C. PROCEDURE:

Heart of Kansas Family Health Care, Inc. providers will complete Return to Work/School notes in the patient's chart.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Patient Leaving Against Medical Advice
	Section (Department):	Clinical Care
	Policy Number:	CC-122
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:
To establish a standard procedure for handling patients who leave the clinic against medical advice.

B. POLICY:
Any patient who chooses not to comply with medical advice given by providers of Heart of Kansas Family Health Care, Inc. (HOK) will be requested to sign a statement verifying understanding of the risk he/she is taking and holding him/herself solely responsible for the consequences of that decision. (See below)

This is to certify that I am leaving Heart of Kansas Family Health Care at my own insistence and against the advice of my medical provider. I have been advised of the possible dangers to my life or health from this departure, and I hereby assume the risks and consequences involved and release my provider(s) and Heart of Kansas Family Health Care, Inc. from any liability in connection with my leaving the Medical Center against their advice.

DATE: _____ _____
Signature of Party Leaving Against Medical Advice

TIME: _____ A.M. / P.M.

WITNESS: IF PARTY DEMANDING DISCHARGE IS OTHER THAN PATIENT:

_____
Signature of Witness

_____
Signature of Party

_____
Relationship

INSTRUCTIONS: This demand for discharge should be signed by the patient or authorized party if he/she insists on leaving the clinic against medical advice. This includes refusing to accept EMS transportation to the Emergency Department when advised by Heart of Kansas Family Health Care, Inc. staff. If the patient or authorized party not only demands to leave but also refuses to sign this form the following should be completed.

_____ has not only demanded discharge
(Name of Party Demanding Discharge)
but also has refused to sign this form documenting his/her demand.

DATE: _____

TIME: _____ A.M. / P.M.

_____
Signature of Person Receiving Demand

C. PROCEDURE:

1. Determine if the patient has the capacity to understand their condition and the risks of leaving AMA. If the patient does not have the capacity, they should not be allowed to leave.
2. In a language the patient can understand, explain what the patient's potential diagnosis/condition is.
3. Explain the risks of leaving AMA to the patient. Be specific. If there are alternatives, explain them.
4. Involve family or friends to take responsibility for the patient when the patient leaves or help you to convince the patient to stay.
5. If a patient is deemed to be at imminent risk, HOK reserves the right to contact Law Enforcement for the protection of patients.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Cleaning/Sterilizing Instruments
	Section (Department):	Clinical Care
	Policy Number:	CC-123
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To ensure patient safety by setting a standard procedure for cleaning and sterilizing instruments which are used for patient care.

B. POLICY:

It is the policy of Heart of Kansas Family Health Care that all instruments that are not single use instruments shall be properly cleaned and sterilized between patient uses.

C. PROCEDURE

1. Dirty instruments will be scrubbed with soapy water then rinsed immediately after use.
2. Instruments will then be cleaned for sixty minutes using an ultrasonic cleaning unit, with general purpose cleaner intended for this use. Instruments will then be rinsed with water.
3. Instruments will be soaked in Barrier Milk instrument protectant solution for sixty minutes.
4. After removal from the Barrier Milk solution, the instruments will be allowed to air dry.
5. The instruments will be sealed in pouches and sterilized using the steam autoclave for thirty minutes.
6. All cleansing solutions will be emptied, and their containers cleaned on a monthly basis. The autoclave will be cleaned, and its water changed on a monthly basis.
7. Proper sterilization will be ensured by completing weekly bacterial test strips. Failed tests will prompt disassembly and thorough cleaning of the autoclave before any further use.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Signing Off the EHR
	Section (Department):	Clinical Care
	Policy Number:	CC-124
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To ensure timely completion of the medical record.

B. POLICY:

1. Providers are responsible for signing off all of their encounters, testing results, scanned results and all other documentation requiring sign off within 4 days of the encounter with the date of encounter being day zero.
2. Sign off is not extended for any time the provider is away from the clinic.
3. Providers are responsible for ensuring results, etc. are reviewed and signed off in a timely manner when away from the clinic.

C. PROCEDURE:

1. Providers are responsible for signing off all their encounters, testing results, scanned results, and all other documentation requiring sign off in a timely manner.
2. Encounters are not to be signed off the day of the visit and are to be signed off within in 4 clinic business days of the encounter.
3. Lab and testing results may be signed off as soon as the results are reviewed, but not more than 4 days after the results are available to the provider.
4. Scanned documents are to be signed off within 4 days of scanning.
5. Any documentation which is not signed off within 4 days is considered late. Documentation not signed off within 4 days is delinquent.
6. Compliance will be monitored and reported by the Quality department.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Patient Letters & Forms
	Section (Department):	Clinical Care
	Policy Number:	CC-125
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To establish a procedure and expectation for completing requested paperwork for patients, as well as to establish an expectation of compensation for services rendered.

B. POLICY:

Heart of Kansas Family Health Care, Inc. (HOK) providers are expected to respond to patients requesting any correspondence in a timely and professional manner.

C. PROCEDURE:

1. Patients requesting any correspondence from their provider must be a current, active patient seen by the provider within the past 12 months. If the form requested requires a physical exam, the patient must schedule an appointment with the provider. If the patient has not been seen within the past 12 months, the patient must schedule an appointment with the provider. These appointments will not be considered urgent/emergency appointments. Scheduling an appointment does not guarantee that the provider will agree to complete the requested correspondence.
2. No forms or correspondence will be completed in regard to a condition for which a provider at this clinic has not seen the patient. A provider may require an appointment for any type of correspondence according to their own judgment of the situation. Providers cannot attest to any information on a form/letter without having adequate documentation in the patient's medical record.
3. If a patient requires a specific form to be completed, it is the patient's responsibility to provide that form to the clinic. HOK and its providers reserve the right to refuse to complete any type of correspondence. Disability determination forms will not be completed by any provider at this clinic.
4. Typical turnaround time for any correspondence is two weeks, however longer times may be anticipated depending upon staff availability and patient demands. Expedited requests may result in a higher service fee. Forms cannot be faxed. Patients may pick up the forms in person or provide the address to which the forms should be mailed. This information must be provided at the time the correspondence request is made.
5. Patients may be charged a $20.00 fee for completion of any correspondence by their provider. This fee must be paid in full prior to the correspondence being completed. Heart of Kansas reserves the right to charge a higher fee for unusual paperwork which requires a greater deal of time to research and complete.
    a. Forms which are typically expected with a specific type of exam/appointment are excluded from this fee. This would include such exams as Sports Physicals, Daycare Exams, DOT physicals, and other exams which routinely require a form.
    b. If a patient requests a service or correspondence during an exam that is not relevant to the purpose of that day's appointment, a separate encounter in the EHR will be created in order to bill for this service. No insurance or third party will be billed for correspondence fees.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Toenail & Callus Debridement
	Section (Department):	Clinical Care
	Policy Number:	CC-126
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for toenail and callus debridement.

B. POLICY:

Heart of Kansas Family Health Care, Inc. (HOK) requires staff performing services shall have documented training and/or established privileges and follow protocols set forth in the procedure manual for toenail and callus debridement.

C. PROCEDURE

1. DEBRIDEMENT
   a. Toenail Debridement- reduction of the length, thickness or width of toenails as may be required to prevent pain, infection, ingrown edges, subungual ulcerations, dermal trauma to adjacent toes.
   b. Hyperkeratotic Tissue Debridement- reduce the thickness of the nonviable tissue to reduce pressure & pain on ambulation, prevent skin breakdown/ulceration, and prevent cracking into deeper tissue, which can lead to infection.
2. EQUIPMENT
   a. Personal protective equipment (mask, gloves, eye protection).
   b. Surgical toenail clippers (small and regular).
   c. Disposable nail file.
   d. #15 blade disposable scalpel, with guard.
   e. 3WEA (softening solution).
   f. General medical supplies (gauze, antiseptic, band aides, cleansing towels).

3. PROCEDURE

   Before patient treatment:
   a. Clean equipment with designated antimicrobial surface wipes.
   b. Ensure that all equipment has been disinfected.
   c. Place only the appropriate instruments on tray (clean area).
   d. Set out all materials and other essential instruments to avoid cross contamination.
   e. Position patient safely and so that provider has best access to feet.
   f. Take or update medical history including medication changes.
   g. Inquire about any specific concerns or question that the patient has today.
   h. Perform brief lower extremity examination with specific emphasis on:
      i. Skin integrity, wounds, macerations or cracks in inner-spaces, edema, erythema, pre-ulcerative lesions, thin skin, hairless, toenail thickness, periungual edema/erythema/drainage, signs of trauma. These are determinants of risk status for the procedure.
   i. Document all of the above.

   During patient treatment
   a. Update patient's medical history.
   b. Offer patients protective mask and eye shields, bud do not insist on their use.
   c. Treat all patients as potentially infectious.
   d. Wear appropriate personal protective equipment (gloves, masks, eye protection).
   e. Change gloves immediately if they are torn, cut, or punctured.

f. Change gloves if they contact blood and you must leave the area, such as to acquire new supplies or instruments during treatment.
g. Ensure good ventilation of the treatment area.
h. Handle sharps carefully and only re-sheath needles using a suitable device.

Procedure for toenails

a. Assess the nails individually for thickness, ingrown status, localized erythema, or evidence of trauma.
b. With gloved hands, support foot and stabilize (hold) the toe to be treated. Isolate this toe from the other toes to prevent inadvertent trauma during debridement.
c. If toenail is thicker than normal nail, start with sanding to reduce bulk and make clipping less painful and more efficient.
d. In most cases, it is more efficient to perform sanding/grinding of all nails before switching to clipper for nail shortening or narrowing.
e. When using nail clippers on thinned nails, be sure to take small (2mm) "bites with each clip." Do not try to use the entire length of the clipper mouth. This will be less painful for the patient and provide more accurate debridement. Small nails on 2-5, however, may sometimes be done in just 1 or 2 clips.
f. Gently and carefully, use the curette to explore the edges of the nail. This will allow you to assure that there are no nail remnants or spicules which may become ingrown in succeeding weeks of regrowth.
g. If such remnants or spicules are detected, use the sharp edges of the curette to try to scrape it off. If this is unsuccessful after two or three attempts, take your small clippers and try to remove the piece. Thinning/sanding the very edge of the side of the nail (dermal) will make debridement of remnants much easier to achieve.
h. Remove as much nail material as possible with disposable nail file, while being careful not to file all the way through the nail plate to the underlying skin. After proctoring, you should be able to determine the remaining thickness of the nail plate by observing the color (pinker is close to the skin) and flexibility (press thumbnail gently on the top of the nail to see if it flexes under the pressure). If you do cause bleeding, refer to Hemostasis and Infection Control protocols for care guidelines.

Procedure for Hyperkeratotic Lesions (corns & calluses):

a. Assess the hyperkeratotic lesions individually for thickness, surrounding skin integrity, localized erythema, and evidence of trauma.
b. With gloved hands, support foot and stabilize (hold) the foot to be treated.
c. Debridement of corns and calluses should not cause pain or bleeding since only the nonviable tissue is being removed.
d. If the lesion is to be removed with a #15 scalpel, 3-WEA softening solution can be applied prior to debridement following product instructions. If the lesions are to be reduced with a rotary or manual sander, do not use 3-WEA as it makes sanding more difficult.
e. This tissue should be removed slowly in layers until it is appropriately thin.
f. Lesions over bony prominences should be left slightly thicker as a protection during ambulation.
g. Lesions not over bony prominences can be fully thinned to the level of epidermis. Recognition of this layer can be aided by color change (pinker), softness, visualization of skin lines, if in an area with them (similar to fingerprints).
h. Debridement can be performed with a #15 scalpel if the provider has been trained and proctored to use this instrument.

i. Alternatively, the lesion can be sanded with a rotary or manual sander.
j. If bleeding occurs, refer to Hemostasis and Infection Control protocols for care guidelines.
k. If bleeding is minimal and well controlled, the debridement procedure may continue.

After patient treatment:

a. Wash hands.
b. Dispose of sharps via sharps container.
c. Segregate waste and dispose.
d. Clean equipment with designated antimicrobial surface wipes.
e. Clean and inspect all instruments prior to placing in disinfectant for 20 minutes.
f. After disinfection bath, rinse instruments in tap water. Set on clean towel to air dry.
g. Inspect all instruments to ensure visibly clean and dry.
h. Clean and disinfect all contaminated work surfaces.
i. Prepare for next patient.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Diabetic Foot Care
	Section (Department):	Clinical Care
	Policy Number:	CC-127
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE:

To prevent common foot problems related to Diabetes. Diabetes can cause two problems that affect feet.

B. POLICY:

To provide proper foot care for Heart of Kansas Family Health Care, Inc. (HOK) patients to help prevent common foot problems and/or treat them before they cause serious complications.

C. DEFINITIONS

Diabetic Neuropathy: Uncontrolled diabetes can damage the nerves. If nerves in the feet and legs are damaged, it affects the patient's ability to feel heat, cold, or pain. If there is diminished sensation and the client does not feel a cut or sore on the foot, it may be neuropathy and predispose the patient to infections.

Peripheral Vascular Disease: Diabetes affects the flow of blood. Without good blood flow, it takes longer for wounds to heal. Poor blood flow in the arms and legs is called peripheral vascular disease. Infections that do not heal because of poor circulation place a patient at risk for developing gangrene (death of tissue due to lack of blood). To prevent gangrene from spreading, an amputation may be necessary. Many amputations can be avoided through proper foot care.

D. PROCEDURE

1. Proper foot care can help prevent common foot problems and/or treat them before they cause serious complications.
2. Applies to Registered Nurse, Licensed Practical Nurses, and APRN **NOTE-MA, CNA, CMA may not trim or cut toenails.
3. EQUIPMENT/SUPPLIES
    a. Washbasin
    b. Emesis basin
    c. Soft washcloth & Towel
    d. Soap
    e. Disposable Gloves
    f. Nail Clippers
    g. ¼ cup Vinegar plus ¼ cup Listerine per 1 cup
    h. Disposable emery board
    i. Lotion
    j. Orange Stick
4. PROCESS
    a. Wash hands. Refer to the hand washing procedure.
    b. Fill washbasin and emesis basin with warm water (100° to 110° F). Test the water temperature.
    c. Position the client, preferably sitting in a chair or in bed.
    d. Place wash basin on a towel on the floor and assist client to place feet in basin.
    e. Wash feet.
    f. Care of toenails:
        i. Clean feet with soft washcloth and soap.

ii. Gently clean under nails using an orange stick.
iii. Remove feet from basin and dry thoroughly with clean towel.
iv. Clip toenails straight across and even with the top of toes. If the client has circulatory problems, do not cut nails. File the nails only.
v. Shape nails with emery board or nail file. Do not file corners of toenails.

5. Apply lotion liberally to feet (avoid areas between the toes).
6. Remove gloves. Clean reusable equipment and dispose of waste according to the Agency Waste Disposal Policy.
7. Wash hands. Refer to the Hand Washing procedure.
8. Instruct the client on skin care guidelines:
   a. Keep skin clean and dry.
   b. When bathing avoids very hot water and bubble baths.
   c. Avoid harsh medications or chemicals on skin (i.e.: shampoos, drying soaps).
   d. Encourage use of super fatted soaps and lotions.
9. Instruct the client on prevention of foot problems. Keep blood glucose level within the range recommended by physician.
   a. Wash feet daily using mild soap and dry them thoroughly between toes.
   b. Do not soak feet.
   c. Inspect feet daily for blisters, cuts, scratches, redness and discoloration.
   d. Test water before immersing feet to prevent burns.
   e. Apply a small amount of lotion to feet immediately after washing to prevent dryness. If skin on feet is dry, keep it moist by applying lotion after washing and drying feet. Do not put lotion between toes.
   f. Allow feet to dry thoroughly before putting on clean socks and shoes.
   g. If feet are sweaty, use mild foot powder between toes and in socks and shoes. Keep blood flowing to the feet. Elevate legs when sitting. Wiggle toes and move ankles several times a day. Don't cross legs for periods of time. Do not smoke.
   h. Wear socks to bed if feet feel cold. Never use hot water bottles or heating pads.
   i. If corns, calluses, or warts are present, see a podiatrist or a physician. *Do not use chemical lotions to treat; they are too harsh for diabetic skin.*
   j. Wear cotton socks and change them daily. *Socks should not have raised seams or folds, as they can lead to irritation and superficial skin trauma.*
   k. Buy well-fitting, comfortable socks and shoes. *Improperly fitted shoes may cause injury to feet. Leather shoes allow some air to circulate to feet. Plastic shoes cause feet to perspire, leading to fungal infections, rashes, and blisters.*
   l. Before putting on shoes, check them for foreign objects, torn linings, and protruding nails.
   m. Never walk barefoot.
   n. If rising during the night, turn on the lights to avoid bumping feet.
   o. Contact physician if nails or feet show signs of inflammation or infection.
   p. Circulation is adversely affected by smoking and extreme cold.
   q. Certain positions and situations will compromise circulation (i.e.: sitting with legs crossed or wearing too tight of support hose, knee high stockings, or garters).
   r. Avoid application of topical antimicrobial medications in first-aid technique. *These medications color the skin and mask the redness of infection.*
10. When to contact a physician:
   a. Changes in skin color, temperature.
   b. Swelling in foot or ankles.

c. Pain in the legs.
d. Open sores on feet.
e. Ingrown toenails or infected toenails.
f. Corns or calluses
g. Dry, cracking skin.
h. Unusual or persistent foot odor.

DOCUMENTATION GUIDELINES:

1. Document in clinical record:
   a. Foot Care performed.
   b. Status and condition of nails and feet.
   c. Instructions given to the client
   d. Notification to physician of any changes in condition.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Blood Borne Pathogens
	Section (Department):	Clinical Care
	Policy Number:	CC-128
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure safety for employees, visitor, and patients.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) is a setting with significant risk to personnel, clients, and visitors regarding exposure to infectious agents. Universal precautions must be used with every medical procedure to prevent the spread of infection.

C. PROCEDURE

1. Extraordinary care shall be taken by personnel to avoid accidental wounds from sharp instruments contaminated with potentially infectious material, and to avoid contact of open skin lesions with that material.
    a. Employees shall not bend, break, or recap needles after use, Needles shall be disposed of in approved sharps containers.
    b. Employees shall wear gloves when handling any bodily fluid specimens or any time that there is a chance of coming into contact with body fluids. Further, if there is a chance of splatter of any bodily fluid, the employee will wear an acceptable method of eye protection.
    c. Employees will wear a disposable or washable cover up when clothing may become soiled with body fluids. The cover up will be disposed of or washed in temperatures of 120 degrees or higher.
    d. Hands will be washed thoroughly and immediately if they become contaminated with body fluid. Hands will be washed between each patient contact.
2. Clean up of spills involving potentially infectious material should be done promptly and in accordance with current Centers for Disease Control recommendations.
    a. Objects that have become contaminated with body fluid or a spill should be cleaned promptly with a 1:10 solution of bleach and water or an approved cleaning agent.
    b. Paper towels may be used to remove visible material. For gross spills of bodily fluids, treat the spill with an approved thickening material to solidify the spill. Then proceed to clean with paper towels.
    c. All surfaces that have frequent use will be cleaned daily and more frequently as needed with an appropriate cleaning agent.
    d. Disposable equipment will be used whenever possible to prevent transmission of potentially contaminated body fluids. Examples include ear speculums, vaginal speculums, tongue blades and table paper.
    e. Non disposable equipment will be autoclaved between patients. Examples include forceps, suture equipment, and surgical instruments.
3. Special care is needed in the laboratory area to prevent exposure to infectious materials.
    a. The most important safety precaution of all involves frequent hand washing. Hand washing should be accompanied with an effective detergent and is especially recommended upon leaving the laboratory. The use of gloves should not be considered a substitute for careful hand washing. When washing hands use warm water and soap, avoid splashing, wash between fingers and under fingernails, rinse well and use a paper towel to turn off the faucet.

b. No eating or drinking is allowed in the lab or any patient care area. No storage of food or beverage in the lab refrigerator or patient care areas is allowed.
c. If a route slip becomes contaminated with blood, serum, urine, or other secretions, this can serve as a source of infection. If a form is contaminated, another shall be prepared, and the soiled paper discarded appropriately.
d. All specimens shall be regarded as a source of possible infection. Wearing gloves when handling specimens will help prevent the spread of infection via cuts or abrasions on the hands. These gloves shall be discarded immediately after use and thorough hand washing shall follow.
e. Many commercial control sera may contain hepatitis antigen, Studies show that up to 60% of typing and control sera contain a Hepatitis B antigen. Therefore, these sera should be considered a source of possible hepatitis and treated with the same degree of caution as a client's specimen.
f. Removing the stopper from a tube may produce an aerosol of infectious material, particularly if the stopper has been moistened by the contents of the tube. The aerosol could cause infection by inhalation or contact of the infectious aerosol with the mucous membranes of the nose or mouth. When removing the stopper cover it first with gauze to minimize the aerosol risk. When injecting a fluid from a syringe directly into an open tube always remove the needle first to minimize aerosols. Insert the syringe deep into a large container, allowing the fluid to run down on the inside of the container.
g. Waste container should not be overfilled or allowed to spill over. Hands and fingers should be kept out of waste containers so as to minimize the possibility of puncture wounds or contamination.
h. Specimens sent to an outside lab shall be sealed and bagged for transport and labeled as per instructions given by the lab.

4. The highest risk for exposure to body fluids and contraction of preventable disease to health care workers come from needle sticks. HOK uses a standardized guideline for treating employees with a contaminated needle stick injury.
5. Any employee that has obtained a puncture would with a contaminated needle, sharp instrument, or other injury exposing them to blood or body fluids must report immediately to the Director of Nursing and/or Medical Director. The medical provider will complete the accident/incident report sheet. HBV, HCV and HIV protocols and post exposure instructions will be followed.
   a. **HBV Protocol:**
      i. If HBV status of the source of blood is HBV positive and employee has prior HBV vaccine with positive titer at the time of exposure no prophylaxis is necessary.
      ii. If HBV of source positive and no history of HBV vaccine or negative titer, give Hepatitis B. Immune Globulin (HBIG) 0.06ml/kg within 7 days and Hepatitis B vaccine series immediately if employee consents.
      iii. High risk source: HBIG 0.06 ml/kg within 7 days if vaccine has not been given or employee has negative titer.
      iv. Source Unknown: HBIG within 7 days if no vaccine or negative titer. Hep B vaccine series if needed.
      v. Tetanus Prophylaxis (tetanus tox) will be updated if immunization has been over 10 years.
      vi. Hepatitis C antibody will be drawn on both the source patient and the employee at initial time of exposure and again on the employee at 3- and 6-months post exposure.
   b. **HIV protocol:**

i. When a blood exposure occurs both the source and the employee will be asked to sign a consent form allowing blood draws on each get HIV, HCV and Hepatitis B testing. On the exposed employee a repeat rapid HIV test and HBV surface antibody and antigen and HCV antibody testing will be performed at 3 and 6 months.
ii. A rapid HIV and HBV surface antigen and Hepatitis C antibody testing will be performed on the source person immediately after the exposure only. Testing may not be done without a signed consent form from employee and source exposure.
iii. The medical providers will follow the protocols for exposure work up and notify the employee and or source of the rapid HIV test results. The test results are strictly confidential and only the employee or the sources physician may be notified of the results without the consent of the person being tested.
iv. Chemo prophylaxis will be recommended for HIV positive percutaneous exposures only.
v. The Medical Director will give the employee post exposure counseling. If the source of blood is unknown to be positive for HIV and or the source rapid HIV test is positive, the employee will be offered post exposure Chemo prophylaxis.
vi. If the employee agrees to have Chemo prophylaxis, they will be required to have a complete blood count, and kidney and liver function tests before starting treatment and 3 weeks after starting treatment.
vii. Positive HIV status of the source of blood: if the source is known to be HIV positive if the source person has not been a known positive but the rapid HIV test shows positive treat as a positive source. If source person has not been a known positive but has a high-risk lifestyle treat as a positive source and if source person refuses consent and has a known high-risk lifestyle treat as a positive source.
viii. Exposed employee: Baseline rapid HIV testing will be done by the medical provider on the employee and the source of the consent. The employee's primary care physician will be notified immediately of positive exposure and asked for recommendation for administering the Chemo prophylaxis. The provider may choose to manage the employee or refer to an HIV specialist as soon as possible.
ix. Prophylaxis treatment: the Chemo prophylaxis needs to be administered within 1-2 hours post exposure.
    a. Medications and dosages: Combivir 150/300mg 1 BID, Crixivan 400mg 2 TID.
    b. Chemo prophylaxis baseline tab must be done before administration of drugs and two weeks after initial dose. CBC, Hepatic and renal function tests.
    c. Side effects of the drugs will be discussed, and consent form signed. Then Chemo prophylaxis may be administered. If testing is negative, drug therapy will be discontinued. If testing is positive, drug therapy will be continued.
x. Negative HIV status of the source of the blood and rapid HIV test done on the employee is negative: Source is known, consent obtained for testing, rapid HIV test is done and shows negative result. Obtain consent for testing. HIV testing will be repeated 3 and 6 months.
xi. The employee will be promptly notified of the test results. Symptoms or seroconversion will be discussed with the employee and instructed to report any symptoms to the medical provider. If the employee test is positive at any time during the follow up period, the employee will be referred to an HIV specialist. Prophylaxis medication: none.

xii. HIV status or source unknown employee does not know which patient the exposure material came from, or source cannot or will not give consent for exposure testing. No source draw performed. Follow same procedure as for employee HIV positive work up. Prophylaxis medication: same as for positive.

6. The overall management of this universal precaution statement will be the responsibility of the Medical Director.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Patient Access During Office Hours
	Section (Department):	Clinical Care
	Policy Number:	CC-129
	Approved:	11/29/2016
	Reviewed:	Annual

A. PURPOSE

To ensure standardized method of ensuring patients can contact their PCP while the clinic is open.

B. POLICY

1. Medical provider schedules will be standardized and uniform in the appointment block scheduling using the following appointment types:
   a. 20 minute – Established patient Spanish or English,
   b. 20 minutes – Well woman exam or EDW exam Spanish or English,
   c. 40 minutes – New Patient Spanish or English, Yearly Physical Exam Spanish or English, Kan Be Healthy New Patient, Procedure Spanish or English,
   d. Colposcopy – see colposcopy process.
2. Behavioral Health provider scheduled will be standardized and uniform in the appointment block scheduling using the following appointment types:
   a. 30 minutes – Individual Therapy Spanish or English,
   b. 45 minutes – Individual Therapy Spanish or English,
   c. 60 minutes – Initial Intake Assessment Spanish or English,
   d. 90 minutes – Substance Abuse Therapy Spanish or English,
   e. 120 minutes – Individual Therapy Spanish or English,
   f. 120 minutes – Substance Abuse Intake Evaluation.
3. Medical providers will have and use same day appointments available daily to increase access for patients. The frequency of blocked (same day) appointments will be maintained at a number sufficient so that there are same day/next day appointment times available daily.
   a. 20 minute – Same day appointment Spanish or English
   b. One hour in am and one hour in pm per full time provider will be the baseline for blocking same day appointments.
4. Patients who call in with questions for their PCP will have a detailed message taken, entered by the operator into the phone message module in the EHR and sent to the team. The patient will be informed that the message has been sent and given a timeframe to expect a response from the team.
5. Patient calls with questions will be responded to within 1 business day of the call (during office hours). Calls received late in the session may be responded to during the following session.
6. Any patient indicating urgency in their health status will be asked to remain on hold while the operator contacts the appropriate team for triage of the situation.
   a. See triage policy for more details
7. Patients who call in to refill prescriptions medications will be referred to contact their pharmacy for refill requests per established pharmacy ordering process.
   a. Requests for prescriptions requiring a written prescription will be handled as a non-emergent call and responded to within 1 business day.
8. Clinicians and support staff will document in the EHR any instructions, education, guidance, or other information provided to the patient by phone.
9. Patients will be encouraged and assisted to use the portal to reach their provider.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Lab Quality Controls
	Section (Department):	Clinical Care
	Policy Number:	CC-130
	Approved:	07/27/2017
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care, Inc. (HOK) maintains appropriate quality controls for laboratory equipment.

B. POLICY

Lab controls are to be run:

1. On a regular schedule as designated in operator's manual,
2. Each time a new lot is started,
3. Each time a new shipment is started, even if the lot number is the same,
4. Whenever the machine is calibrated,
5. Whenever test results are in question,
6. When storage problems or damage to the unit is suspect, example the machine is dropped.

C. PROCEDURE

The schedules for HOK lab quality controls are:

1. Daily:
   a. HemoCue® Hemoglobin.
   b. HemoCue® Glucose.
   c. CoaguChek® Self Check.
   d. PiccoloiQC Printout 1 and 2 (CMP, Lipid).
   e. Sterlize instruments per autoclave protocol and wipe down sterilizer door gasket.
2. Weekly:
   a. Autoclave Bacterial Strips send for check.
   b. Autoclave clean chamber and trays.
3. Monthly:
   a. Piccolo – Level 1 and Level 2 also print the iQC for each control level.
   b. LeadCare II Level 1 and Level 2.
   c. DCA Vantage abnormal and normal 1 and 2 (A1C).
   d. Clinitek negative and positive (UA and Microalbumin).
   e. OSOM® Trichomanas Rapid Test.
   f. McKesson Medi-Lab™ Strep A Test.
   g. McKesson Medi-Lab™ hCG Urine Test.
   h. McKesson Flu Test (seasonal).
   i. McKesson RSV test.
   j. HemaSure controls for FOBT.
   k. Autoclave Instruments – empty cleaning solutions and clean their containers.
   l. Autoclave – clean and water changed.
   m. Autoclave check pressure relief valve.
   n. Autoclave clean chamber filter.
4. Quarterly:
   a. DCA Vantage-change air filter, run optical test, remove, and clean cartridge spring.

b. Piccolo-clean air filter, change at least semi-annually.
c. Autoclave clean door gasket.

5. Yearly:
   a. Machine maintenance check.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Hazardous Drugs
	Section (Department):	Clinical Care
	Policy Number:	CC-131
	Approved:	04/28/2020
	Reviewed:	Annual

A. PURPOSE

This document is designed to provide Heart of Kansas Family Health Care, Inc. (HOK) leaders with the framework to guide the written documentation of the entity's definition of USP 800 with regards to handling hazardous drugs in a healthcare setting.

REFERENCE: USP 795- 2014, USP 800 - 2017, 2019? NIOSH Hazardous Drug list 2016, HOK Hazardous Drug list

B. POLICY

This USP 800 policy reiterates the commitment of HOK to comply all elements surrounding hazardous drugs with the standards issued by USP. It is the intent of this policy to promote awareness of hazardous drugs in our setting and the development of adequate internal controls and systems to handle them.

Scope and definitions:

USP 800 chapter discusses the practice and quality standards for handling hazardous drugs to promote patients' safety, worker safety and environmental protection. The handling of hazardous includes the receipt, storage, compounding, dispensing, administration, transporting and disposal of sterile and nonsterile products and preparations.

List of Hazardous drugs:

The National Institute of Occupational Safety and Health (NIOSH) maintains a list of antineoplastic and other hazardous drugs used in healthcare settings. HOK maintains a current NIOSH list. This list is reviewed and modified on an annual basis. The NIOSH list provides the criteria used to identify hazardous drugs. Some drug formulations such as tablets, capsules – solid, intact medications that are administered to patients without modifying the formulations may not pose a significant risk. However, dust from tablets and capsules may present a risk of exposure by skin and/or inhalation. HOK will perform a risk assessment on these dosage forms to determine alternative contamination strategies and/or work practices. This assessment will address type of hazardous drug, dosage form, risk of exposure, packaging, and manipulation. This assessment will document any alternative containment strategies and/or work practices that will be implemented and used for specific dosage forms to minimize occupation exposure. This risk assessment will be reviewed and documented at least every 12 months. Whenever a new agent or dosage form is used, it will be reviewed to determine if a hazardous medication.

Safety requirements:

HOK will evaluate each drug and appropriate safety requirement on our annual risk assessment. This assessment will determine the level of personal protective equipment (PPE) required during the handling, receipt, transportation of hazardous drugs. HOK will utilize appropriate PPE such as chemo gloves that meet the (American Society for Testing and Materials) ASTM D6978 standards. All disposable PPE will not be re-used.

HOK will have PPE available for employees to utilize to minimize risks of exposure. The appropriate gloves, gowns, shoe covers, eye and face protective equipment will be made available if deemed necessary by our hazardous drug risk assessments.

HOK will have a spill kit available for cleaning or decontaminating any area that a spill may occur. Upon the discovery of a HD spill, the employee will notify employees in immediate area, notify management, obtain the spill kit and begin cleaning the spill. When cleaning the spill, the employee will don the appropriate PPE necessary to ensure their safety and the safety of those around them.

Training:
HOK and Quality department will conduct training for USP 800 on an annual basis. All HOK and clinical personnel will be required to complete this training and it will be documented. Documentation of this training will be placed in the employees' personnel file. Each employee will review and sign an acknowledgement statement that they have received annual training on USP 800, provided a list of all hazardous drugs housed in the med room, in clinic stock, delegated dispensing, and medication brought in by patient for administration and are aware of risk associated with their job environment and have signed a hazardous drug acknowledgement statement.

HOK Quality Manager, and the Director of Pharmacy will be the designated authority figure to ensure USP 800 compliance. In the absence of the Quality Manager and/or Director of Pharmacy, the Medical Director will ensure USP 800 compliance at HOK

Facilities and engineering controls:
HOK designates the med room for the receipt and unpacking of hazardous drugs. Signage will indicate this area and where hazardous drugs will be stored.

Receipt:
Delivered packages will be opened in the designated area, inspected for damaged products, and a determination of contents with relationship to hazardous drug classification will be made. During the unpacking of packages, hazardous drugs will be stored in their appropriate area. The employee will be required to don the appropriate PPE to minimize exposure.

Storage:
HOK will store Hazardous Drugs in their designated area in the med room. This area will be above the floor area, on a shelf with a lip to prevent any spillage or leakage. Any liquid containing containers will be stored on the bottom row to prevent any cross contamination to any other dosage forms. Refrigerated items will be stored intermingled with other medications in the refrigerator. Any NIOSH group 1 hazardous drugs will be stored in an appropriate refrigerated area as outlined by USP 800 (negative pressure area with at least 12 air changes per hour.)

Handling, dispensing, and transporting:
All Hazardous drugs will be prepared in a designated area. Hazardous drugs that do not require any further manipulation other than counting or repackaging of final dosage forms, may be prepared for dispensing without any further requirements for containment unless required by the manufacturer or if visual indicators or hazardous drug exposures are present. (e.g., dust, leakage, or broken capsules.) Counting or repackaging of hazardous drugs must be done carefully. Clean equipment should be

dedicated for use of hazardous drugs and equipment should be decontaminated after every use. HOK personnel shall don the appropriate PPE while handling, dispensing, and decontaminating the area and equipment.

HOK does not currently dispense tablets or capsules. HOK begins to handle tablets and capsules will be counted on separate counting trays and use spatulas with the designation for hazardous drug use only. When pouring or mixing a hazardous drug a plastic-backed preparation mat should be placed on the work surface prior to mixing or pouring liquids into another container. Labels will be placed directly on commercially packaged medications that do not require any manipulation. Appropriate axillary labels will be placed on hazardous drugs containers or packaging. When transporting hazardous drugs between clinic, these drugs will be placed in a plastic zip bag (e.g., depo Provera, depo testosterone) or appropriate container indicating contents are hazardous drugs. This will exclude items that are already commercially packaged and ready for patient use. (e.g. Birth control pills, patches, rings, IUD's and any creams or ointments)

Spill control and decontamination:
HOK will train all clinic staff on the proper way to clean and decontaminate following a spill of a hazardous drug. When a spill occurs, it should be evaluated to determine the scope of cleaning, decontamination, and exposure. A spill kit will be available in the designated area. All trained personnel will be required to don the appropriate PPE. Sterile compounding is not performed at HOK. Therefore, HOK does not stock, administer or compound any NIOSH 1 antineoplastic hazardous drugs in the form of chemotherapy agents. N95 fit testing will not be necessary for pharmacy employees. The below table outlines appropriate PPE that should be worn in instances of a spill.

PPE Requirement	Gloves (double layer)	Gown	Face shield	Mask
NIOSH 1	**YES**	**YES**	**YES**	**YES (if produces vapors or gases)**
NIOSH 2	**YES**	**NO**	**YES (if it is in liquid or powder state)**	**YES (if produces vapors or gases)**
NIOSH 3	**YES**	**NO**	**YES (if it is in liquid or powder state)**	**YES (if produces vapors or gases)**

Decontamination and Cleaning:
HOK and clinic personnel will be trained to clean or decontaminate equipment after each use. HOK will utilize an appropriate method which may consist of a 10% bleach solution, soap, water, or other agent to clean or decontaminate all counting trays, spatulas, hard surfaces and any other areas that have

been in contact with a hazardous drug. Pharmacy employees will don appropriate PPE when decontaminating an area or equipment. After wiping off the cleaned or decontaminated area, the equipment must air dry for the designated amount of time required by the products manufacturer. The used cleaning equipment will be disposed in a manner that complies with all federal, state, and local regulations.

Automated Dispensing:
Automated dispensing is not used at HOK.

Non-sterile compounding:
HOK does not compound.

Disposal:
HOK will contract with a hazardous waste disposal company for disposing of hazardous medication waste and\or items that contain trace amounts of contaminated product. Items that may contain trace amounts of waste such as used gloves, gowns, face mask/shield, empty bottles, wipes, vials, syringes, packaging, used long-acting reversible contraceptives, and empty pens etc. will be disposed of following appropriate hazardous waste trace amount guidelines set forth by the EPA. HOK will continue to utilize a reverse distributor for proper disposal of expired medications or destruction of medications.

HOK clinic will provide designated bins for disposal of hazardous medication waste and/or items that contain trace amounts of contaminated products. The hazardous medication waste bin will be distinct from red biohazard infectious waste sharps containers. Once the hazardous medication waste bins are full, they will be placed into the large red biohazard waste box. Trained personnel transporting used hazardous medication waste bins will don single use gloves.

Administration:
HOK clinical personnel will follow outlined administration guidelines provided in the risk assessment. These guidelines may include:

- In clinic dispense- no single use gloves
- Single use gloves for preparation, administration, and disposal
- Chemo use gloves for preparation, administration, and disposal

Hazardous medication preparation for administration will occur on medication trays specifically marked for hazardous medications. Trays will be wiped down per instructions above in between each use.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Capitalization, Depreciation & Disposal of Fixed Assets
	Section (Department):	Finance
	Policy Number:	FI-100
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To define the clinic's treatment of capital assets and depreciation procedures.

B. POLICY

Heart of Kansas Family Health Care, Inc. (HOK) accounting for fixed assets will be accurate, consistent, and in compliance with OMB Circular A-110.

C. PROCEDURE

1. HOK will record as a capital asset any single item of property, facility or equipment with a minimum historical cost of $1,000 and a useful life in excess of 12 months.
2. Donated assets will be treated as fixed assets when the fair market value is a minimum of $1,000 and the useful life exceeds 12 months. Donated assets will be recorded at fair market value at the time of donation.

   Assets will be categorized as follows:
   a. Land: There is no threshold value for land.
   b. Building: Any cost associated with the purchase of a building or improving the life of a building the clinic owns may be capitalized and will be depreciated at the lesser of 40 years or the useful life of the building at the time of acquisition.
   c. Leasehold Improvements: Costs in excess of the threshold that improve or extend the useful life of leased property may be capitalized. These costs will be amortized over the lesser of the useful life of the improvement or the remaining term of the lease. Repairs and expenses that do not improve the structure and have a life of less than 12 months will not be capitalized.
   d. Furniture and Equipment: Basic office furniture, computers, telephone equipment, etc. may be capitalized as long as the cost meets the threshold, and the useful life exceeds 12 months. Depreciation will be based on the useful life of the purchased item.
3. Capitalized assets will be added to the excel file subledger for fixed assets.
4. The subledger will contain each asset's date of purchase, description, useful life, funding source and cost.
5. The subledger will be used to calculate current year depreciation, total accumulated depreciation, and net book value for each asset.
6. Depreciation will be calculated as straight line over the useful life of the asset. In the year of acquisition, depreciation will be based on the month the asset was placed in service.
7. As per OMB Circular A-110, a physical inventory will be taken of all fixed assets at least every two years and the fixed asset ledger will be noted with the date of the last inventory.
8. Any asset that becomes impaired, is sold, or disposed of will be removed from the general ledger and the fixed asset subledger. Gains and losses on the transaction will be recorded based on the amount received and the net book value of the asset.
9. If an asset was purchased using Federal funds, approval will be obtained from the DHHS for all asset dispositions over $5,000. If the asset was purchased with other government funds, approval will be obtained from the appropriate agency.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Fees for Medical Record Copies
	Section (Department):	Finance
	Policy Number:	FI-101
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish a policy determining when fees will be charged for copying medical records and the rate per page.

B. POLICY

It is the policy of Heart of Kansas Family Health Care Inc. (HOK) to charge a fee for copies of medical records. If a copy of a medical record is needed for continuing patient care, there is not a charge. Continuing patient care means that copies of the medical record are needed by a physician, hospital, or other health care provider whose purpose is to evaluate, assess or render an opinion or treat the patient. Typically, fees are charged to insurance companies, attorneys, or others who want to obtain copies for purposes other than continuity of patient care.

C. PROCEDURE

1. A fee of $.61 per page for the first 250 pages and $.44 for each additional page thereafter will be charged for copies of medical records. This will include insurance companies for processing a claim, an attorney bringing suit or investigating a claim, an attorney presenting a subpoena or court order. An additional fee for cost of supplies and labor will not exceed $18.97.
    a. Fees will be updated annually in accordance with K.S.A. 65-4971. HOK fees for medical record copies will always reflect the maximum, legally allowed fee.
2. A flat fee of $30.00 will be charged for copies of medical records requested by the patient for personal use.
3. When copies of the medical record are needed for continuing patient care, a fee for copies will not be charged. These will include a physician, hospital, or other health care provider for review prior to treatment or hospital stay. Also, medical examiner for an autopsy or for a long-term care facility. No charge is made for records sent to a physician's office.
4. The Medical Records Clerk is responsible for obtaining the appropriate authorization to release medical records. This must be done prior to copying and mailing or otherwise distributing copies of the medical record.
5. Anyone requesting copies should be directed to the Medical Records Clerk.
6. The Patient Accounts Director shall post the payment and print a receipt for the person who paid.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Identify Theft – Red Flag Rules
	Section (Department):	Finance
	Policy Number:	FI-102
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure that steps are taken by clinic personnel to prevent and mitigate Identity Theft.

B. POLICY

1. In order to fully comply with the Red Flag Rules, Heart of Kansas Family Health Care, Inc. (HOK) has identified theft policies and procedures and HIPAA policies and procedures to dictate privacy and security practices.
2. This organization must collect and store our patients' private medical, financial, and personally identifying data. All staff must therefore be vigilant in protecting the patient information to which we have access

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	General Ledger Maintenance
	Section (Department):	Finance
	Policy Number:	FI-103
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for maintenance of the general ledger.

B. POLICY

1. This policy relates to the journal called the general ledger of Heart of Kansas Family Health Care, Inc. (HOK).
2. HOK shall record all financial transactions into the general ledger using accrual basis accounting, following Generally Accepted Accounting Principles.
3. HOK shall establish its annual accounting cycle as the period from March 1st through February 28th. (29th)
4. HOK shall maintain a standard chart of accounts, categorized by class, site, department and individual account number. The Controller or CFO shall authorize additions to, changes in, or disposals of accounts.
5. HOK shall report financial activity on a monthly basis, creating a trial balance, basic set of financial statements and other management reports.
6. As a publicly funded organization the financial records shall be open to inspection at any time.

C. PROCEDURE

1. The Controller shall prepare a monthly closing schedule and shall distribute the schedule to Finance Department personnel affected by the closing.
2. The Controller shall perform the steps indicated on the closing schedule, review General Ledger account balances for reasonableness prepare a set of general journal entries, a trial balance, and a set of basic financial statements.
3. The Controller shall maintain supporting documentation for each material general ledger balance sheet account.
4. The Controller shall review financial statements, trial balance, general journal entries, supporting documentation and general ledger for reasonableness, and shall create management reports as deemed necessary.
5. The CFO shall report financial activity to the Finance Committee of the Board of Directors on a monthly basis. The Chairman of the Finance Committee shall present the report to the Board of Directors for approval.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Company Credit Cards
	Section (Department):	Finance
	Policy Number:	FI-104
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure proper use of Heart of Kansas Family Health Care, Inc. (HOK) credit cards.

B. POLICY

1. The corporate credit card may be used only for the following purposes:
   a. Travel expenses other than employee advances or reimbursements
   b. Employee recruitment expenses
   c. Out-of-town purchases when the items cannot be charged or purchased locally.
   d. Purchases where the agency needs the service or merchandise, and no credit relationship exists with the vendor.
2. The corporate card may not be used for personal purposes under any circumstances.
3. Control of Card:
   a. Each credit card is the direct responsibility of the person to whom the card was originally issued. Corporate cards are issued to the CEO, CFO, COO, and any other individual designated by the Executive Director. Only the person to whom the card was issued has the express authority to make purchases on his/her corporate card.
4. Documentation Required:
   a. Receipts, ticket stubs, and other documentation are required for the payment of corporate credit card bills. Each individual using the card is required to submit the proper documentation to the COO in order to expedite the payment of the bills.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Competitive Bids
	Section (Department):	Finance
	Policy Number:	FI-105
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for competitive bids for Heart of Kansas Family Health Care, Inc. (HOK) purchases.

B. POLICY

1. HOK shall obtain:
   a. Competitive sealed bids on all purchases of goods more than $5,000, except for accumulation purchases of multiple, smaller order.
   b. A minimum of three bids before a contract is awarded
2. HOK shall inform potential bidders by:
   a. Distributing a Request for Proposal to all potential bidders
   b. Contacting potential bidders by telephone
   c. Publishing the RFP in one or more newspapers at least once each week for two consecutive weeks.
3. The RFP shall include:
   a. Specifications of the item or service desired
   b. Time frame for the item delivery or service completion
   c. Process for submission of the bids
   d. Deadline for bid submission
4. Any request for information regarding interpretation of the RFP by potential bidder must be:
   a. Made in writing
   b. Received in sufficient time to respond in writing before the deadline
5. All bidders shall be expected to:
   a. Examine all specifications and provisions of the RFP
   b. Furnish all information required by the RFP
   c. Submit bids signed and approved by the authorized agents
   d. Submit bids by or before the submission deadline
6. Bids submitted that differ from the terms specified in the RFP shall not be considered in the bid review process.
7. Samples of items, if requested, shall be:
   a. Submitted within the specified time period
   b. Identified with supplier, manufacturer, part number, model number, and specifications
   c. Returned to the bidder at the bidder's expense, if not destroyed in testing.
8. HOK shall reserve the right to:
   a. Waive any defect of informality in any bid or bidding procedure
   b. Reject any or all bids
   c. Reissue an RFP
9. In the event of two or more identical bids, HOK shall select the winning bidder based on the casting of lots.

C. PROCEDURE

1. The requesting employee shall complete a purchase request following procedures outlined in Purchasing Policy.
2. If the purchasing supervisor determines that the requisition requires a bidding process as described above, he forwards the requisition to the appropriate department head for creation of the RFP.

3. The department head creates and forwards the RFP to the Senior Management Team for review and approval.
4. When approved the department head distributes the RFP to potential vendors, as indicated above.
5. The department head:
    a. Processes bids received as indicated above
    b. Submits a recommendation to the Officers Team, based on bids received regarding the vendor of choice
6. Pending the Officers approval, the department head returns the purchase request and approved RFP to the purchasing supervisor for execution of the purchase.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Petty Cash Reimbursement
	Section (Department):	Finance
	Policy Number:	FI-106
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for petty cash reimbursements for Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

1. Petty cash funds shall be maintained on an imprest basis. The amount of cash in the cashiering petty cash fund shall be equal to initial amount, usually $100.00, plus any patient payments received. At the end of the day, the cashiering petty cash fund is to be counted and restored to the original amount. Any excess that has been collected is to be deposited in the proper bank account.
2. At any given time, the amount of cash in the administrative petty cash funds plus the authorized receipts shall equal the initial authorized amount. The custodian of the petty cash fund shall maintain the fund on a strictly current basis supported by authorized documents. Temporary withdrawals unsupported by authorized documents are prohibited. An "IOU" shall never be considered an authorized document.
3. The petty cash fund maintained in the administrative area of authorized sites is to be used to disburse amounts no greater than $100.00 at any given time for clinical purposes. The custodian shall authorize all payments from this fund**.** The custodian has sole responsibility for this fund at all times. No other person shall be allowed to disburse funds from this account. The custodian fills out the petty cash voucher which is then signed by the employee to be reimbursed. The voucher shows the date, nature, and amount of the expense. A receipt shall be attached to the signed voucher.
4. On a monthly basis, the custodian shall count the fund, fill out a request for reimbursement, and forward the request to the Accounts Payable Specialist for reimbursement of the fund. The request is to be attached to the vouchers and receipts. The specialist account codes the request and then forwards it to the General Ledger Accountant for review. When coded the request is entered into the accounting system and processed as a payable as outlined in the Accounts Payable Procedure. The check will be made out to the custodian of the fund. The check is cashed, and the funds are placed in the fund which is kept in a secure location.
5. The amount of petty cash funds shall be reviewed annually. Adjustments will be made to the funds based on need. All petty cash funds are subject to audit by the finance department at any time. During the audit, the auditor will observe the custodian of the fund reconcile the fund balance. A reconciliation shall be filled out listing the cash in the fund and all vouchers by line item. A calculator tape is attached to the reconciliation, and the reconciliation is signed and dated by both parties.
6. The COO shall be responsible for establishing and monitoring all petty cash levels and for adjusting fund levels as justified.
7. Petty cash funds shall be maintained on an imprest basis and must equal the sum/total on hand of receipts, vouchers, and cash.
8. The following petty cash levels shall be established for the designated sites Programs:
   a. HOK General Fund, $500.00
9. Petty cash requests shall not exceed $50.00.
10. Petty cash funds shall be replenished:
    a. By an amount equal to the receipts submitted

b. At the discretion of the custodian
c. Following procedures outlined in Policy D-FI-001 Accounts Payable Processing.

11. Petty cash funds shall not be utilized for:
    a. Temporary withdrawals or "IOUs" (Grounds for immediate dismissal)
    b. Cashing of third-party checks.
12. Cashing of personal checks through petty cash shall be prohibited.

C. PROCEDURE

1. The requesting employee:
    a. Completes and signs a petty cash voucher
    b. Submits the completed petty cash voucher to the appropriate petty cash custodian, as indicated above.
2. Upon receipt of the petty cash voucher, the petty cash custodian:
    a. Reviews the request to determine appropriateness of petty cash disbursement versus need for completion of a purchase requisition.
    b. Disburses funds to the requesting employee if approved.
3. After the purchase of the item, the employee submits to the originating petty cash custodian within one business day of receiving the funds:
    a. The receipt for the item purchased.
    b. Any remaining cash.

Petty Cash Voucher

Date			
Amount Requested		**Requested By**	
Description of Purchase			
Account Number		**Approved By**	
Amount Approved		**Received By**	
Signature			

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Revenue Recognition
	Section (Department):	Finance
	Policy Number:	FI-107
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish standards for which Heart of Kansas Family Health Care, Inc. (HOK) receives revenue.

B. POLICY

HOK shall recognize revenue for fees, grant support and contributions as follows:

1. Fees:
   - a. HOK shall generate fees for services rendered according to procedures outlining fee determination.
   - b. Fees shall be:
     - i. Recognized when earned,
     - ii. Based on services rendered,
     - iii. Recorded into the accounting records of the organization following.
2. Grant Support:
   - a. HOK shall solicit federal, state, and local agencies for grants to support operations and capital expansion.
3. Grant support shall be:
   - a. Recognized when earned,
   - b. Based upon expenses incurred,
   - c. Recorded into the accounting records of the organization following procedures outlined in General Ledger Maintenance Policy.
4. Contributions:
   - a. HOK shall solicit national, state, and local agencies, and foundations for contributions.
   - b. Contributions shall be:
     - i. Recognized when earned,
     - ii. Based upon receipt or pledge,
     - iii. Recorded into the accounting records of the organization following FASBY guidelines.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Donated Goods & Services
	Section (Department):	Finance
	Policy Number:	FI-108
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for donated goods and services for Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

1. HOK receives donated goods and services during the course of operations.
2. The organizational financial records shall not reflect individual donations of goods that are not clearly measurable.
3. The Administration Department shall be responsible for acknowledgment of donated goods and services.
4. Any tax reporting to donors shall be the responsibility of the Finance Department.

C. PROCEDURE

The Purchasing Supervisor shall determine if such goods are in good working order and shall receive:

1. All donated goods.
2. If goods are determined to be in good working order the Purchasing Supervisor notifies the Senior Management Team of the receipt.
3. If such are determined not to be in good working order or if goods do not assist in the daily operations of the organization the Purchasing Supervisor:
   a. Returns the goods to the donor
   b. Donates the goods to another not-for-profit organization
   c. Destroys the goods
4. The Executive Director:
   a. Determines the distribution of the donated goods to the appropriate department.
   b. Notifies the Purchasing Supervisor and the appropriate department supervisor.
5. The Purchasing Supervisor shall distribute the donated goods to the designated department.
6. The Purchasing Supervisor notifies the Executive Director of receipt of donated goods and services.
7. The Administration Department acknowledges the donation as outlined in the Administration Policy covering contributions.
8. The lending or borrowing of any HOK asset donated or otherwise is prohibited.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Inventory
	Section (Department):	Finance
	Policy Number:	FI-109
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish standards for Heart of Kansas Family Health Care, Inc. (HOK) inventory.

B. POLICY

1. Supply Inventory:
   The COO shall be responsible for maintaining adequate control over the physical inventory in the supply area. Whenever the supply area is unattended, it shall be kept locked. A periodic inventory shall be taken at least once per year, and preferably quarterly, in order to value the supplies inventory for the end of fiscal year financial statement purposes.
2. Pharmacy Inventory:
   The pharmacist is responsible to maintain adequate control over all pharmacy purchases and all drugs dispensed. The pharmacy computer is programmed and used for this purpose. The pharmacist shall maintain adequate records to support all inventory transactions. A physical inventory shall be taken at least annually and reconciled to the general ledger inventory. Results of the periodic inventory shall be forwarded to the Director of Finance so that adjustments may be made to the general ledger balances.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Compliance
	Section (Department):	Finance
	Policy Number:	FI-110
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care (HOK) is in compliance with Federal and State laws and grant requirements.

B. POLICY

1. It is the policy of HOK to comply with all State and Federal laws, as well as all grant requirements, pertaining to the practice of business. The policy requires that a good faith effort be made to collect all co-pays and deductibles unless it can be established that the patient has a documented financial hardship that will preclude collection at this time.
2. HOK will not participate in any practice that could be deemed as a kickback as defined by the Health Insurance Portability and Accountability Act of 1996 such as the practice of extending professional courtesy visits. HOK will document the financial status of each patient attempting to qualify for the sliding fee scale before extending the appropriate discount as required by the Federal Government. HOK will make every attempt to stay current with the applicable laws and regulations pertaining to business.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Employee Health
	Section (Department):	Finance
	Policy Number:	FI-111
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish standards for employee health services at Heart of Kansas Family Health Care, Inc. (HOK).

B. POLICY

According to the provisions of the Federal Grant, HOK must charge all users for services rendered. These procedures are effective for all medical, dental, pharmacy, radiology, urgent care, and lab work for employees and dependents.

1. All employees and dependents with a third-party payor such as Medicaid, Medicare, or Commercial Insurance will have pay type changed to the pay type used for the third-party payor. All applicable co-pays and deductibles will be collected at time of service. Any balances will be billed to the employee.
2. All employees and dependents with no third-party payor will be regarded as self-pay. Employees may qualify for the sliding fee scale discount by providing the same level of proof of income as is required for patients. The income and family size will be entered into the registration screens and the system will place the employee on the proper sliding fee scale. Payment for services rendered is expected at the time of service. All outstanding balances will be billed to the employee.
3. All balances not paid after 90 days will be sent out for collections.
4. Employees may set up a payment arrangement with the Patient Service Representative for personnel to have balances deducted from the payroll check amount. Any employee with a payment arrangement will not be sent out for collections.
5. All outside lab work, etc. will be billed as above. Any prescriptions filled by the HOK pharmacy must be paid in full when picked up.
6. Any health examinations, lab work, etc. that is required by HOK will be billed out using pay type "E" as an override. Any charges billed to pay type "E" will be checked against the chart assure that it is a company mandated service.
7. Any work-related injury must be immediately reported to the employee's supervisor, written up on an incident report and submitted to the site manager or Director of Patient Services. The site manager and/or the Director of Patient services will forward the incident report to the Human Resources Manager for approval. If the incident is not properly reported, it will not be treated as a worker's compensation claim.
8. All employee medical, personnel, and account files are confidential. Violation of the HOK confidentiality policy is grounds for immediate dismissal. Registration screens will be accessed for update by approved personnel only. Any employee accessing employee income/family size information for purposes other than outlined above will be dismissed immediately.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Employee Expense Report
	Section (Department):	Finance
	Policy Number:	FI-112
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish a process for documenting employee expenses.

B. POLICY

1. Heart of Kansas Family Health Care, Inc. (HOK) shall reimburse employees for approved and reasonable expenses incurred on behalf of the company including but not limited to travel costs, telephone charges (personal phone calls excluded), and continuing education costs.
2. Employees shall be required to purchase items needed and used in the normal course of business following procedures outlined in Purchasing Policy and shall not be reimbursed through employee expense reimbursement for purchases made outside of the established policy.
3. Documentation for employee expense reimbursement shall include:
   a. Completed expense report, which has been approved by:
      i. The employee department head,
      ii. The Director of Finance, or
      iii. The Executive Director
   b. Supporting receipts or other documentation of expenditure.
4. Expenses submitted without supporting receipts or other appropriate documentation shall not be reimbursed.
5. The Finance Department shall be responsible for processing employee expense reports following procedures outlined in Accounts Payable Processing Policy.

C. PROCEDURE

1. Prior to incurring a HOK related expense, the employee must obtain verbal consent from his/her department head.
2. The employee:
   a. Obtains valid receipts or other appropriate documentation when incurring the reimbursable expense.
   b. Completes an expense report to include:
      i. Supporting receipts or other appropriate documentation attached.
      ii. Department head signature of approval.
   c. The signed expense statement and documentation is then submitted to the CEO.
3. The Finance Department processes the expense report according to Accounts Payable Processing Policy.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Audit
	Section (Department):	Finance
	Policy Number:	FI-113
	Approved:	07/28/2015
	Reviewed:	Annual

A. PURPOSE

To establish Heart of Kansas Family Health Care, Inc. (HOK) standards for auditing.

B. POLICY

1. Independent and qualified auditors will conduct an annual audit. The audit is performed for the use of the governing board, project staff and Bureau of Community Health Services. In arranging for the audit and receiving the auditor's report, the Board exercises primary responsibility for assuring the fiscal integrity of the organization. Board and staff will use these to correct weaknesses in internal fiscal operations.
2. The audit must be made by an independent auditor in accordance with Government Accounting Standards and should be organization wide. The auditor must assure that:
   a. The audited financial statements are prepared in accordance with Generally Accepted Accounting Principles (GAAP).
   b. Funds received by the center are used for the cost of planning, developing, and operating HOK.
   c. HOK is an entity eligible to apply for a grant.
   d. HOK has an internal control structure to provide reasonable assurance that Federal awards are being managed in compliance with applicable laws and regulations.
   e. Any State, Local, or other operational funds and reimbursements of fees, premiums, and third party (following uncollectible adjustments) are expended prior to the use of grant funds.
   f. HOK has secured payments from patients for services in accordance with the schedule of fees and discounts which have been adjusted on the patient's ability to pay.
   g. That HOK utilizes excess program income in the following categories:
      i. Expand and improve services,
      ii. Increase number of persons eligible to receive services of the center,
      iii. Construct, expand and modernize facilities,
      iv. Improve administration of service programs,
      v. Establish a reserve fund in order to furnish services on a prepaid basis.
3. The audit report shall state that the audit was done in accordance with OMB Circular A-133 and shall include:
   a. The financial statements and schedule of Federal Awards and a report from the auditor on the statements and schedules.
   b. A written report of the understanding of the auditor of the internal control risk. This must include the scope of the work done, the HOK internal controls and any reportable conditions. If the review of the control structure was limited, the circumstances must be described in the report.
   c. A report for compliance with laws, regulations, and contract provisions, including those pertaining to financial reports and claims for funds. This must include positive assurance on those items tested and negative assurance on others. Material findings of noncompliance should be presented in the proper perspective
   d. The audit report must address the status of all findings from prior audits.
4. The selection of an auditing firm shall include but not be limited to:
   a. A written RFP (request for proposal) sent to potential audit firms. The RFP sets forth all

terms, conditions, and evaluation criteria as well as the scope of the work required.

b. An evaluation of the bidder qualifications with requirements set forth in the RFP. An evaluation committee may be utilized in order to limit error judgment and allow varied perspectives in the process.

c. Board of Directors approval of the selection of the auditing firm.

d. A written agreement that holds both HOK and the auditing firm accountable for the work.

5. Auditing firms fulfilling all center requirements for conducting an audit engagement may be considered for multiyear agreements.

6. Upon completion of the audit the auditing firm must present the report to the board. This report must include any findings and recommendations. The board must respond to any findings and recommendations and formally commit to taking appropriate corrective action.

7. As part of the audit process, the auditor will provide the center with recommended adjustments and journal entries to close out each fiscal year. The Finance Director must assure that all of these adjustments are recorded and close the fiscal year. The report from the audit must be presented at the following board meeting.

C. PROCEDURE

1. Request for Proposal:
The Board of Directors of HOK invites qualified independent auditors, herein after called "auditor" having sufficient governmental accounting and auditing experience in performing an audit in accordance with the specifications outlined in this Request for Proposal (RFP) to submit a proposal.

2. Type of Audit:
The audit will encompass a financial and compliance examination of the General-Purpose Financial Statements of the company in accordance with the laws and regulations of the (Kansas). Included are requirements for the minimum scope of the audit. The financial and compliance audit will cover federal, state and local funding sources in accordance with generally accepted auditing standards. *Government Auditing Standards,* the *State Single Audit Implementation Act*, and applicable laws and regulations are requirements of the audit.

3. Period:
HOK intends to continue the relationship with the auditor for no less than three (3) years as indicated below on the basis of annual negotiation after the completion of the first-year contract. Each year after negotiation has taken place, an annual contract documenting the terms of the audit will be signed. Since one governing board may not obligate future governing boards the remaining years of the agreement are subject to annual board approval. March 1, Beginning Year to February 28, 3 Years later March 1, Next Period to February 28, 3 Years later March 1, Next Period to February 28, 3 Years later.

4. Requirements:

a. The audit must be conducted in accordance with generally accepted auditing standards, *Government Auditing Standards,* issued by the Comptroller General of the United States, the *State Single Audit Implementation Act,* and any other applicable procedures for the audit of a government's financial statements prepared in accordance with the GAAP.

b. The audit must be completed, and reports rendered by June 27, (If beginning date April).

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Medication Storage & Disposal
	Section (Department):	Pharmacy
	Policy Number:	PH-100
	Approved:	07/25/2017
	Reviewed:	Annual

A. PURPOSE

To ensure the integrity and security of medications stored in the clinic.

B. POLICY

1. Medications will be maintained in the med room which must be locked when clinic staff is not present in the med room.
2. Medications dispensed to patients will be logged for tracking should a medication be recalled. Logs will be kept at least five years from the date of dispensing.
3. Medications will be checked for expiration monthly and disposed of by the pharmacist.
4. Refrigerated medications will be stored per manufacturer's instructions. Temperatures and humidity of storage areas will be checked and logged every business day by assigned personnel. If conditions are found outside the acceptable range, the pharmacist will be consulted, and his/her instructions followed.

   DEFINITION of STORAGE CONDITIONS:

   - Refrigerator temperature range: 2.2 C (36 F) and 7.7 C (46 F).
   - Room temperature range: 15 C (59 F) to 30 C (86 F).
   - Freezer temperature range: -10 C to -30 C.
   - Humidity < 60%.
5. Only authorized personnel are allowed in the med room.
6. All samples and unused medication program medications will be documented in the medication list within the EHR when given to a patient.

C. PROCEDURE

Logging out sample drugs:

1. Sample drugs dispensed will be logged out using the "Sample Drug Log". The patient's name, name and dose of the drug, lot number, date the drug was dispensed, expiration date, and how many being dispensed will be recorded in the log and in the patient chart.

Disposal of medications:

1. All expired or damaged sample medications will be discarded by the Pharmacist or assigned personnel.
2. Unopened, expired vials of vaccines will be returned to the Purchasing Department, logged and then returned to the Immunization Section of the Department of Health, Environment and Natural Resources.
3. Opened expired vials of vaccine will be disposed of in biohazard sharps container.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Prescribing Medications
	Section (Department):	Pharmacy
	Policy Number:	PH-101
	Approved:	07/25/2017
	Reviewed:	Annual

A. PURPOSE

To provide guidelines for prescribing and documenting medications and for accessing and properly utilizing the least costly available resources of medications for our patients whose financial status prevents compliance with prescribed medical regimen.

B. POLICY

1. When medications are prescribed as part of the plan of care, the provider will ensure that the prescription is:
   a. Effective therapy for the condition of the patient,
   b. The safest effective alternative available,
   c. Discussed with the patient with respect to perceived benefit, potential risks or side effects, interactions, and other alternatives,
   d. The least costly of the safe, effective medications available.
2. The provider will monitor the patient for side effects including drug interactions, and efficacy of treatment.
3. Each provider is expected to remain current in the knowledge of new medications relying on information obtained from independent research and analysis. The provider must remember that drug company representatives are not unbiased sources of information.
4. Reliable sources of information on new medications may include but are not limited to, "Drug Facts and Comparisons" and "The Medical Letter."
5. Most prescriptions shall be sent electronically or printed through the patient's Electronic Health Record. If a prescription must be written, it must be written on a HOK titled prescription pads.
6. Prescription pads shall be kept in the provider offices or in areas inaccessible to patients and visitors.
7. Reference sources will be made available to prescribing providers.
8. Patients shall be referred to the Prescription Assistant Program (PAP) for discounted medication services. The PAP advocate shall review eligibility for each patient depending upon programs available. Patients are required to sign the Contract for PAP and pay fees before applications will be submitted.
9. Patients shall be notified of available pharmaceutical discount programs during qualification for discounted services.
10. The PAP Advocate shall communicate any changes in medication availability to the providers.
11. All medications either new or changes shall be documented on the medication list in the patient record.

Prescription Assistance Program (PAP)

The PAP provides medication at very low or no cost to eligible low- and fixed-income patients.

340B Prescription Program

The 340B Prescription program provides medications to patients at a discount off retail Pharmacy prices. This program is available to all clinic patients regardless of income level or insurance coverage.

Heart of Kansas Family Health Care
Contract for the Patient Assistant Medication Program

In order for you to be enrolled in our Patient Assistant Medication Program, the following guidelines must be followed in order for you to receive medication.

1. Must be a current established patient of Heart of Kansas Family Health Care (HOK).
2. Only a HOK provider has the authority to sign a patient up for this program.
3. A $20.00 application fee is required before paperwork is processed.
4. Must submit all required information in order for your medication to get ordered.
5. Must attend regularly scheduled appointments with primary care provider.
6. Must be responsible for the care of your health by taking medications as prescribed, getting recommended blood tests and follow additional recommendations from your health care provider.
7. Medications must be picked up within 30 days of notification. After 30 days, medication will be put in stock.
8. A maximum of 2 attempts (by letter or phone) will be made in order to contact patient.
9. You must notify Heart of Kansas Family Health Care if you have any changes in your financial status.

If you fail to abide by these guidelines, you will be removed from the Patient Assistant Program. If the provider wants to place you back on the PAP for any reason, you must pay another application fee of $20.00 in order to re-enroll in the medication program. Any medication listed on the Wal-Mart or Dillons generic prescription list, will not be ordered through the PAP program.

I agree to these guidelines. I understand that if I do not follow these rules, I will be removed from the Patient Assistant Program.

Signature of Patient Date

C. PROCEDURE

Prescription Assistance Program (PAP)

1. All patients on medications will be interviewed by the medical provider or PAP Advocate to determine if they qualify for the many indigent medication programs. When samples of medications are available, the providers will make every effort to utilize them.
2. Sample medications will be logged in a book when they are received. The log will demonstrate the medication name, strength, lot number, and expiration date. When the sample is given by a provider, the patient's name, and the date that the sample is given will be documented as well. The Pharmacist-In-Charge will ensure that expired medications are checked-for monthly and disposed of properly.
3. Patient Assistance Program forms will be kept in an organized manner and will be completed by the nurse, medical provider, or PAP advocate. A copy of the form will be kept on file at the Clinic in a separate notebook, patient record, or both. When the medication arrives, the patient will be notified by letter indicating that they need to pick-up medication.
4. Patient Assistance Program medications will be tracked in an organized manner. The PAP Advocate will ensure that the date of the application is sent and that the date that the patient

receives the medication is documented. The expiration date and lot number will be tracked as well.

5. The PAP Advocate will be notified when patients present to pick up their medications. The provider or PAP Advocate will ensure that the proper medication and strength is given to the patient. The provider or PAP Advocate will ensure that the patient understands how to take the medication, and any required instructions will be given to the patient. This will be documented in the patient record.

340B Prescription Program

Providers prescribing medications through the 340B program will e-prescribe or call-in prescriptions to Medical Park Pharmacy. Patients will be notified that if they fail to pick up their 340B prescriptions within 7 days there may be a restocking fee charged per HOK policy.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Drug Samples
	Section (Department):	Pharmacy
	Policy Number:	PH-102
	Approved:	07/25/2017
	Reviewed:	Annual

A. PURPOSE

Heart of Kansas Family Health Care, Inc. will be in compliance with all local, State, and Federal laws for maintaining drug samples. Guidelines will be followed for the receipt, storage, dispensing and disposal of all sample drugs. All dispensed samples will be appropriately documented in the patient's medical record.

B. POLICY

1. Heart of Kansas Family Health Care, Inc. will maintain drug samples distributed by pharmaceutical salespersons. This will not include controlled substances.
2. All drugs stored on the clinic premises will be kept in cabinets or refrigerators, and in secure location.
3. Drug reps will leave samples with clinic staff or PAP coordinator to be signed in by name into sample logbook.
4. All clinic and sample medications will be monitored on a monthly basis for expiration dates.
5. The mid-level practitioner may prescribe medications as stipulated per Medical Staff privileges. All prescriptions will be documented in the patient chart indicating drug name, frequency, strength, and duration.
6. If ordered by a provider, Sample medication will be signed out for on the Sample medication Sign Out sheet and documented in the patient chart indicating drug name, strength, and directions for use.
7. Number dispensed and Provider ordering should be noted on the sample sign-out sheet.
8. Directions are given to the patient and written on the drug container, or bag.
   a) If the patient is not in the clinic the patient's medication bag should be left in the Pharmacy.
9. Reused medication can be dispensed as a full prescription and recorded on the reused medication log as per the unused medication act. These cannot be broken up except by the pharmacist or a physician.

C. PROCEDURE

1. Receipt
   a) A log of samples received and dispensed is maintained in the clinic at all times for each drug sample stored.
   b) The pharmaceutical representative is responsible for leaving samples with PAP Coordinator to check in all samples with Date distributed, Quantity, Lot #'s, Expiration Dates.
   c) A designated clinical employee or PCP Coordinator will be responsible for receiving the samples and initialing the entry.
   d) Only samples ordered by the physician will be stored in the clinic.
   e) Unordered samples will be destroyed.
   f) A nurse employee will bring the samples to the med room.
   g) Pharmacy will destroy the samples in a hazardous waste container.
2. Storage
   a) All samples will be stored in a locked area, protected from light and within temperature requirements listed on the drug package.
   b) Only Medical providers, RN, LPN and MA will have access to the samples.

c) A pharmacist will check drug storage periodically.

3. Dispensing
   a) Dispensing is done by the physician, APRN, PA, RN, LPN, MA, or PAP Coordinator.
   b) The following information is recorded in the sample log:
      i. Date Dispensed, Quantity, Lot #, Expiration Date, Patient Name, and Initials of employee removing the samples
   c) The following information is recorded in the patient record:
      i. Drug and strength, Date dispensed, Directions to the patient.
   d) The purpose of a drug sample is to provide enough for evaluation of effectiveness. (Prescriptions will be written for maintenance therapy.)
4. Disposal
   a) A nurse will monitor for outdates and give these medications to be disposed of to the Pharmacist.
   b) Pharmacist will destroy the samples in the hazardous waste container.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Storage & Handling of Drugs & Biologicals
	Section (Department):	Pharmacy
	Policy Number:	PH-103
	Approved:	07/25/2017
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care, Inc. is compliant with rules for storage, handling, and administration of drugs and biologicals.

B. POLICY

1. Drugs and biologicals will be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.
2. Drugs and biologicals will be stored in the Pharmacy. Pharmacy area will be secured when clinic is not operating.
3. Drug preparation areas will be well lighted and located where personnel preparing drugs for dispensing or administration are not interrupted.
4. Antiseptics, and disinfectants, will be stored separately from internal and injectable medications.
5. Biologicals will be stored in a separate compartment within a refrigerator that is capable of maintaining necessary temperature. Temperatures and humidity conditions of storage area and refrigerator will be recorded on a log and initialed by the individual checking. Malfunctions with the refrigerator will be reported to the CEO.
   DEFINITION of STORAGE CONDITIONS:
   - Refrigerator temperature range: 2.2 C (36 F) and 7.7 C (46 F)
   - Room temperature range: 15 C (59 F) to 30 C (86 F)
   - Freezer temperature range: -10 C to -30 C
   - Humidity < 60%
6. Drugs will be inventoried monthly for supply, and re-ordering. Outdates will be checked monthly. Outdated medication will be returned to pharmacist for disposal.
7. Multiple-dose vials will be dated upon opening with a 28-day BUD (beyond use date) and discarded when out of date. Exception may include vaccines, which will be kept as per manufacturer's requirements.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Administration of Medication
	Section (Department):	Pharmacy
	Policy Number:	PH-104
	Approved:	07/25/2017
	Reviewed:	Annual

A. PURPOSE

To ensure Heart of Kansas Family Health Care, Inc. is compliant with guidelines for administration of medications in the clinic.

B. POLICY

1. Only authorized personnel will administer medications prescribed in the clinic.
2. Providers allow patients the freedom of choice concerning the supplier of drugs and devices prescribed during the course of the provider/patient relationship.
3. Medications will be given to the patient by the person who prepared them.
4. Medication labels will be checked twice before administration.
   a. Before removing medication from the shelf and,
   b. Before preparing it.
5. The patient's identification will be checked before giving the medication.
6. All prescriptions given to the patient will be recorded in the patient's medical chart with the signature of the person who administered them.
7. Medications refused by the patient will be reported and recorded in the patient's medical chart.
8. Patients are to be monitored for adverse reactions for a minimum of 20 minutes following an increased risk injection, (Phenergan, Antibiotics, & building to maintenance Allergy). Once allergy patient meets maintenance it is 15 minutes. Injections/medicines will not be administered unless a provider is present in the clinic.
9. Allergy injection patients must bring an Epi-pen to each appointment. The patient is responsible for having an unexpired Epi-pen.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Medication Control & Records
	Section (Department):	Pharmacy
	Policy Number:	PH-105
	Approved:	07/25/2017
	Reviewed:	Annual

A. PURPOSE

To provide physical facilities and method of operation for the administration and control of stock clinic and sample medications in order to monitor lot numbers and outdating of medications. The goal is to ensure maximum safety for patient and nursing personnel.

B. POLICY

1) All clinic and sample medications will be monitored for outdates by the Pharmacist.
2) All sample medications distributed by the provider or by verbal or written order of the provider will be documented as such on the Sample Medication sign out sheet and on the patient's chart. (See Drug Samples policy)
3) Injections and vaccines will be documented on the patient's chart.
4) Expired medications will be sent to med room for disposal by the Pharmacist or Nurse Manager.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Prescription Refill
	Section (Department):	Pharmacy
	Policy Number:	PH-106
	Approved:	10/23/2018
	Reviewed:	Annual

A. PURPOSE

To establish guidelines for prescription refills for Heart of Kansas Family Health Care, Inc. (HOK)

B. POLICY

1. Medication must be listed on the medication list and on the approved list. The nurse responsible for refill will check the medication list before refilling the medication.
2. A provider (physician, nurse practitioner, physician assistant, or clinical nurse specialist) in the same call group at HOK should have originally prescribed the medication. If not, then forward the prescription refill request to the provider for approval.
3. The patient should have been evaluated by a provider in the clinic where the prescription refill request was received within the past 12 months. If deemed appropriate for renewal the nurse will renew medication for a period of up to one year. Medication should be renewed for no longer than one year after the patient was last seen in this office. For example, if the patient was last seen 6 months ago then the renewal should be for 6 months only.
4. The provider should sign the refill documentation within 72 hours of the next clinic session.
5. The original order must not be altered in any way. If there is an alteration, it will be considered a new order.
6. The prescribing provider must personally sign any prescription requiring written renewal.
7. Routine Refills may be done if the following criteria are met, the nurse may e-prescribe, fax, or call the prescription without prior consultation with the provider. If called in, the medication must also be entered in the medication module in the patients' chart. The criteria to be met are:
   a. No dosage changes for the last 3 months.
   b. Seen at the clinic within the last 12 months.
   c. Seen within last 4 months and has a follow-up scheduled with provider if chronic illness of DM. If no scheduled follow-up, nurses can schedule the follow-up and give medication refills, as specified in standing orders to cover up to the appointment date.
   d. Seen within the last 6 months if chronic illness of HTN or CVD.
   e. No controlled medications.
   f. No antibiotics.
   g. No pediatric patient refills will be covered in this standing order.
   h. No steroid creams without the providers approval.
   i. If the nurse has any questions regarding the medication refill, even if the patient has met the criteria, please forward the medication request to the provider with concerns documented to be handled by the provider.

Standing orders for medication refills:

1. Allergy medications, antihistamines, and decongestions/expectorants, and oral anticholinergic may be refilled as a 1-month supply with 3 refills as long as the patient has been seen within 12 months. Patient must be seen every 12 months.
   a. Examples: Allegra, Claritin, Zyrtec, Duravent, Mescolor, and Rescon
2. Anti-hypertensives may be refilled as a 90-day supply with 3 refills as long as the patient has been seen within the last 6 months. Patient must be seen every 6 months.

a. Examples: ACE inhibitors (Lisinopril, enalapril), ARB's (losartan, candesartan), Alpha Blockers (doxasosin, clonidine), Beta Blockers (metoprolol, labetaolol), Calcium Channel Blockers (amlodipine, verapamil)

3. Diuretic medication may be refilled for 90 days with 1 refill if patient has had a CMP within 12 months. Patient must be seen every 6 months.
   a. Diuretics (HCTZ, Lasix, or Spironalactone)
4. Anti-lipidemic agents may be refilled for 90 days with 3 refills as long as the patient has been seen within the last 6 months, and a fasting lipid panel has been done with in the last 12 months. Patient must be seen every 12 months.
   a. Examples: Statins (pravastatin, simvastatin, gemfibrizol).
5. Cardiovascular agents including angina agents and heart failure agents may be refilled for 90 days with 3 refills as long as the patient has been seen within the last 6 months. Patient must be seen every 6 months.
   a. Examples: imdur, isosorbide
6. Anti-arrhythmic medication must be approved by the provider. Patient must be seen every 4 months.
   a. Examples: Digoxin level every 6 months and appointment every 6 months; Sotolol appointment every 4 months; Amiodarone appointment every 4 months, TSH yearly, and PFT every 2 years. Flecainide, Propafenone and Tikosyn require a cardiologist prescription or note of visit every 4 months.
7. Dermatological creams may be refilled with 1 month supply and 1 refill as long as the patient has been seen within 12 months. Patient must be seen every 12 months.
   a. Examples: acne treatment, psoriasis treatment, and fungal treatments
8. Oral diabetics may be refilled with a 90-day supply with 3 refills as long as the patient has been seen within 4 months and has had an A1C in last 4 months. Patient should be seen every 4 months.
   a. Examples: metformin, glyburide, glucaphage, excluding INSULIN unless provider advises nurse to initiate refill
9. Insulin may be refilled with a 90-day supply and one refill. No dose changes with the provider approval. Patient should be seen every 4 months.
10. Thyroid agent may be refilled as a 90-day supply with 3 refills as long as the patient has been seen within the last 12 months and has had a TSH in the last 12 months. Patient must be seen every 12 months.
    a. Example: levothyroxine, Synthroid, Lenoxyl
    b. Methimazole and PTU must be approved by the provider
11. Gastrointestinal agents including antispasmodics, anti-ulcers/GERD, colorectal agents, digestive enzymes may be refilled as a 90-day supply with 3 refills as long as the patient has been seen within 6 months or unless otherwise noted in progress note. Patient must be seen every 6 months.
    a. Examples: Bisacodyl, Prilosec, Prevacid, Protonix, Carafate, Hyoscyamine, Linzess
12. Alzheimer's/anti-Parkinson agents may be refilled as a 90-day supply with 3 refills if the patient has been seen within the last 6 months. Patient must be seen every 6 months.
    a. Examples: Namenda, Exelon, Aricept, Sinemet
13. Antidepressant agents may be refilled as a 90-day supply with 3 refills if the patient has been seen within the last 6 months and has had a CMP within the last year. Patient must be seen every 6 months.
    a. Examples: fluoxetine, paroxetine, Cymbalta, Sertraline

14. Antipsychotics and Bipolar medication require psychiatrist visits every 4 months and their notes must be in the patient chart to prescribe. Lithium will not be prescribed by Primary Care.
15. ADHD/stimulant medication will be presented by the provider at appointments.
16. Anti-inflammatory agents may be refilled with a 90-day supply with 1 refill if the patient has been seen within the last 6 months and has had a CMP within the last year. NO PREDNISONE. Patient must be seen every 6 months.
    a. Examples: Naproxen, Diclofenac, Ibuprofen, Meloxican, Celebrex, Etodolac
17. Asthma/COPD agents may be refilled with a 90-day supply and 3 refills if seen within the last 6 months. Patient must be seen every 6 months.
    a. Examples: Spiriva, albuterol, Atrovent, Duoneb, Advair, Symbicort
18. Birth Control agents may be refilled with a 12-month supply if patient has had a normal pap in the last 2 years if over the age of 21. Patient needs to be seen every 12 months for a blood pressure check. Patient must be seen every 12 months.
19. Bladder agents may be refilled with a 90-day supply and 3 refills if patient has been seen in the last 6 months and has a UA dip yearly. Patient must be seen every 6 months.
    a. Examples: Ditropan, Flomax, Detrol, oxybutynin, Vesicare, Myrbetriq
20. Gout agents may be refilled with a 90-day supply and 3 refills if patient has been seen within the last 6 months and had a Uric Acid and CMP yearly. Patient must be seen every 6 months.
    a. Examples: Allopurinol, Uloric, Probenecid
21. Migraine agents may be refilled with a 1-month supply and 3 refills if the patient has been seen within the last 6 months. EXCLUDING NARCOTICS. Patient must be seen every 6 months.
    a. Examples: Imitrex, Maxalt, Topamax
22. Anti-platelets agents may be refilled with a 90-day supply and 1 refill if the patient has been seen in the last 6 months and has a CBC done yearly. Patient must be seen every 6 months.
    a. Example: Plavix, elopigrel
23. Warfarin/Coumadin can be refilled with a 90-day supply if the patient is compliant with PT/INR draws every 1 month and has had well controlled PT/INR over the past 2 months. Patient must also have a CBC completed yearly. Patient must be seen every 6 months.
24. Medications that do not qualify for nurse refill include Pain medications, Anxiety medications, Muscle relaxants, Steroids, Sleeping medications, Stimulants, Seizure medications, Anti-arrhythmic medication and all other medication that the nurse is unsure of.
25. Testosterone must be approved by the provider. Patient must be seen every 4 months and must have a CBC and testosterone level yearly.
26. DMARDS – plaquenil 3-month supply refill 3 as long as seen every 6 months and has yearly eye exam.
27. Methotrexate must be approved by provider.
28. Biologics for Rheumatic issues are not filled by HOK providers without Rheumatology appointment every 4 months.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Provisions of 340B Program
	Section (Department):	Pharmacy
	Policy Number:	PH-107
	Approved:	09/26/2017
	Reviewed:	Annual

A. PURPOSE

Heart of Kansas Family Health Care, Inc. (HOK) participates in the 340B Drug Pricing Program in order to expand access to affordable prescription medications for its eligible patients, and to generate savings to support expanded and enhanced services for the medically underserved patients in our service area.

B. DEFINITIONS

Eligible patient is an individual who receives health care services from a HOK health care provider or contractual provider. HOK maintains medical records and is responsible for the patient's care.
Eligible provider is a health care professional who is either employed by HOK or provides health care under contractual or other arrangements and is responsible for patient care.
Eligible location clinical site which approved under the HOK Scope of Project.

C. POLICY

As a participant in the 340B Drug Pricing Program, HOK policies are intended to:

1. Use any savings generated from 340B in accordance with 340B Program intent.
2. Meet all 340B Program eligibility requirements.
   a. HOK listing as a covered entity in the Office of Pharmacy Affairs (OPA) Database covered entity listing is complete, accurate, and correct.
   b. HOK receives a grant or designation consistent with that conferring 340B eligibility.
3. Comply with all requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid, and the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity.
4. Maintain auditable records demonstrating compliance with the 340B requirement.
5. Identify eligible prescriptions to be those in which:
   a. The prescribing provider is employed or under contractual or other arrangements with HOK.
   b. The individual receives a health care service (within the scope of grant/designation for which 340B status was conferred) from this professional such that the responsibility for care remains with the health center; and
   c. HOK maintains records of the individual's health care.
6. HOK "carves-out" Medicaid from 340B eligibility and maintains information consistent to this in the OPA Medicaid Exclusion Database.
7. HOK has systems/mechanisms and internal controls in place to reasonably ensure ongoing compliance with all 340B requirements.
8. HOK conducts routine compliance audits under the direction of the Director of Pharmacy Services. Audit results are reported to the Corporate Compliance Officer.
9. HOK provides comprehensive orientation to the 340B program for new pharmacy staff and conducts regular and ongoing updates and continuing education.
10. HOK conducts corporate wide training on the 340B program to maximize the value to patients served at all medical sites.
11. HOK has procedures in place to protect the patient's right to use the pharmacy of their choice.
12. HOK may choose to use contract pharmacy services, in which case the contract pharmacy arrangement is performed in accordance with OPA requirements and guidelines.

13. HOK acknowledges its responsibility to contact OPA as soon as reasonably possible if there is any change in 340B eligibility or material breach by the HOK of any of the foregoing policies.
14. HOK acknowledges that if there is a breach of the 340B requirements, HOK may be liable to the manufacturer of the covered outpatient drug that is the subject of the violation, and depending upon the circumstances, may be subject to the payment of interest and/or removal from the list of eligible 340B entities.
15. HOK elects to receive information about the 340B Program from trusted sources, including, but not limited to:
    a. The Office of Pharmacy Affairs (OPA)
    b. The 340B Prime Vendor Program, managed by Apexus
    c. Any OPA contractors
16. The scope of these policies applies to all HOK pharmacy services in which pharmaceuticals purchased under the 340B Drug Pricing Program are dispensed and/or administered.
17. These written policies and procedures will be updated and approved by HOK Administrative Staff/Board of Directors whenever there is a clarification, or change, in the rules, regulations, or guidelines to the 340B Program requirements. Otherwise, the policy will be reviewed and approved annually

D. RESPONSIBLE STAFF

The following HOK Staff are engaged with 340B program compliance.

1. Chief Executive Officer
    a. Responsible as the principal officer in charge for the compliance and administration of the Program.
    b. Responsible for attesting to the compliance of the program in form of recertification.
2. Chief Financial Officer/Chief Operations Officer
    a. Responsible for financial management and allocation of savings to support the non-profit mission of HOK.
3. Medical Director//Deputy Medical Director/Director of Nursing
    a. Agent of the CEO responsible to administer the 340B program to fully implement and optimize appropriate savings and ensure current policy statements and procedures are in place to maintain program compliance.
4. Corporate Compliance Officer
    a. Collaborates with the Medical Director on the internal audit plan of the compliance of the 340B program.
    b. Includes information on compliance with the 340B program requirements as part of quarterly compliance report to the HOK Board of Directors.
5. Chief Operations Officer/340B Coordinator
    a. Support the Pharmacy software selection of tracking software to manage the 340B program.
    b. Define process and access to data for compliant identification of eligible patients.
    c. Archive the data so as to be available to auditors when audited.

E. PROCEDURE

Enrollment

1. HOK is eligible to participate in the 340B Program,
2. HOK identifies upcoming registration dates and deadlines.
3. HOK identifies HOK CEO as the authorizing official and primary contact.
4. HOK has available the required document:
    a. The grant conferring 340B eligibility.

5. HOK completes registration on the HRSA 340B Database https://opanet.hrsa.gov/340B/Default.

Recertification Procedure:

1. HOK annually recertifies HOK information on the HRSA 340B Database.
    a. CEO completes the annual recertification by following the directions in the recertification email sent from HRSA to CEO prior to the stated deadline.
        i. HOK submits specific recertification questions to 340b.recertification@hrsa.gov.

Enrollment Procedure: New Outpatient Facilities

1. HOK determines that a new service site or facility is eligible to participate in the 340B Program.
    a. The criteria used include that the service site must be identified in the grant, have outpatient drug use, and have patients who meet the 340B patient definition.

Enrollment Procedure: New Contract Pharmacy(ies)

1. HOK has a signed contract pharmacy services agreement, containing the 12 essential compliance elements in the Contract Pharmacy Guidance, in place between the entity and contract pharmacy prior to registration on the HRSA 340B Database. https://www.gpo.gov/fdsys/pkg/FR-2010-03-05/pdf/2010-4755.pdf
    a. HOK legal counsel has reviewed the contract and verified that all federal, state, and local requirements have been met.
2. HOK has contract pharmacy oversight and monitoring policy and procedure developed, approved, and implemented.
3 HOK authorizing official, or designee completes the online registration during one of four registration windows.
    a. Within 15 days from the date of the online registration, the authorizing official certifies online that the contract pharmacy registration request was completed.
        i. Contract pharmacy's responsible representative may be the owner, president, CEO, COO, or CFO.
4. HOK begins using the contract pharmacy services arrangement only on or after the effective date shown on the HRSA 340B Database.

Changes to HOK Information in HRSA 340B Database Procedure

1. HOK notifies HRSA immediately of any changes to HOK eligibility to participate in the 340B Drug Program (such as termination of grant or change in designation).
    a. HOK will stop the purchase of 340B drugs as soon as the change in 340B eligibility is identified.
    b. HOK authorizing official will complete the online change request as soon as a change in eligibility is identified.
        i. HOK will expect changes to be reflected within two weeks of submission of the changes/requests.
2. HOK will notify HRSA immediately of any changes to HOK information on its HRSA 340B Database
3. HOK authorizing official will complete the online change request as soon as a change in eligibility is identified.
    a. HOK will expect changes to be reflected within about [insert time interval (weeks)] of submission of the changes/requests.

Heart of Kansas Family Health Care, Inc. "We Care about your Health"	Title:	Radiation Safety
	Section (Department):	Dental
	Policy Number:	DN-100
	Approved:	02/28/2023
	Reviewed:	Annual

A. PURPOSE:

To ensure safety of Heart of Kansas Family Health Care (HOK) patients and staff while utilizing Radiation devices.

B. POLICY:

1. Maintain Radiation Safety Procedures in compliance with OSHA and KDHE.

2. All Devices Must be purchased and used in manner consistent with FDA approval.

3. Any Changes in devices the clinic shall notify KDHE and the state with appropriate forms completed.
    a. EX. KDHE Change of Status Form, Registration or X-ray Waiver

4. All individuals operating handheld dental x-ray unit must complete/pass training provided by manufacturer or other training approved by KDHE prior to use. (Certification must be kept on file and displayed for patients to see).

C. PROCEDURE:

1. Any staff member performing radiographic procedures is required to wear a radiation monitoring device during clinic hours, instructions on proper use will be given.

2. Except for the patient, only pertinent staff shall be in the exam room for the radiographic exam.

3. Any staff member performing a radiographic procedure shall stand behind the protective barrier for exposure.

4. Any staff member performing a radiographic procedure must be in a shielded location during any exposure excluding a handheld unit.
    a. Ex. Panoramic or Wall Mounted Units.

5. Patients in need of x-rays shall wear a lead apron and thyroid collar during exposure.

6. For Handheld devices:
    a. All individuals operating handheld dental x-ray unit must complete/pass training **PRIOR** to use.
    b. Operators and patients of handheld devices shall wear a lead apron and thyroid collar during exposure.
    c. A backscatter shield shall be permanently affixed in place at all times.
    d. During operating hours, the handheld dental x-ray equipment shall be in “lock mode” when not in use.
    e. During operating hours, if handheld dental x-ray equipment needs to be charged, shall charge in an “employee only access area”.
    f. After office hours, handheld devices shall be secured by **two** physical barriers.
        i. Device and batteries must be separated.

7. Maintenance and Calibration Procedures along with radiation monitoring devices shall be performed as recommended by the manufacturer and documentation must be kept.
   a. Ex. Nomad Maintenance and Calibration must be maintained every **five** years.