NACA
NATIVE AMERICANS FOR COMMUNITY ACTION

BOARD MEETING PACKET

March 20, 2024

NACA Main Office
1500 E. Cedar Ave., Suite 56
Flagstaff, Az. 86004
Phone: (928) 526-2968   Fax: (928) 526-0706

NACA Family Health & Wellness Center
1500 E. Cedar Ave., Suite 26 & 52
Flagstaff, Az. 86004
Phone: (928) 773-1245   Fax: (928) 773-9429

AGENDA

Monthly Meeting of Board of Directors
In-Person Meeting at Hopi Room
March 20, 2024 at 5:30 p.m.

AGENDA

Notice is hereby given to the members of the Board of Directors and to the public that the Board of Directors, Native Americans for Community Action, Inc. will hold a Board Meeting. The Native Americans for Community Action, Inc. Board of Directors may vote to go into Executive Session, which will not be open to the public, to discuss certain matters.

<u>Call to Order:</u>   PM on March 20, 2024

<u>REGULAR MEETING</u>

<u>Roll Call:</u> <u>Board Members</u>

Liv Knoki, President	Juliette Roddy, Vice-President	Larry Etcitty, Treasurer
Adam Shimoni, Secretary	Charles Doughty	Karl Jim

NACA Mission Statement:
The mission of Native Americans for Community Action, Inc. is to provide preventative wellness strategies, empower, and advocate for Native people and others in need to create a healthy community based on Harmony, Respect, and Indigenous Values.

1. **<u>Prayer</u>** –

2. **<u>Agenda</u>** – Adoption of the agenda, as submitted, is recommended. (ACTION)

    March 20, 2024 Board Agenda

3. **<u>Minutes</u>** – Approval of Minutes (ACTION) – Estimate 3 minutes:

    February 21, 2024 Board Minutes

4. **<u>Public Participation (limited to 3 minutes)</u>**

5. **<u>Announcements</u>** (NON-ACTION) – New Staff, Cynthia Little

6. **<u>Consent Items</u>** (ACTION/NON-ACTION)
   Items for consideration, discussion, and possible approval. Items on consent agenda are considered routine and unless otherwise indicated, expenditures approved by the Board are budgeted items.

A. Policies for AAAHC Accreditation Process: (ACTION OF APPROVAL) – Laurie Bosse and Verity Quiroz.
- Policy Review for Approval: EOC210 210 Biohazards and Bioterrorism Policy
- Policy Review for Approval: IM 210 Information System Closet Access Policy
- Policy Review for Approval: LS210 Specimen and Biological Product Handling Policy
- Policy Review for Approval: LS220 Emergency Lab Testing
- Policy Review for Approval: MM200 Medication Management
- Policy Review for Approval: MM210 Medication Administration
- Policy Review for Approval: MM250 Medication Formulary and Procurement Policy
- Policy Review for Approval: MM260 Pediatric Verification Policy for Administration of Vaccines or Medication
- Policy Review for Approval: MM270 Medication Use during an Invasive Procedure
- Policy Review for Approval: MM300 Vaccine Management Policy
- Policy Review for Approval:
  MM310 Vaccine Temperature Excursion Policy Review for Approval: MS440 Documentation in Medical Records
- Policy Review for Approval: MM400 Medication Order Types
- Policy Review for Approval: MR410 Medical Records Protection Policy
- Policy Review for Approval: MM420 Medication Reconciliation
- Policy Review for Approval: MM420 Medication Refills
- Policy Review for Approval: MR410 Medical Records Protection Policy
- Policy Review for Approval: MR440 Documentation in Medical Records
- Policy Review for Approval: MR450 Patient Chart Filing Order Policy for Electronic Health Record (E H R) System
- Policy Review for Approval: MR460 Electronic Health Records Policy for Scanning Documents and Images
- Policy Review for Approval: MR480 Records Retention
- Policy Review for Approval: MR500 Student Access to Electronic Health Record (E H R) in Healthcare Setting
- Policy Review for Approval: MS120 Patient Centered Medical Home Model Policy
- Policy Review for Approval: MS130 Allergy Assessment Policy
- Policy Review for Approval: MS322 Standing Orders for Adult Patients with Diabetes
- Policy Review for Approval: MS350 Geriatric Are (65 years and older) Policy
- Policy Review for Approval: MS360 Pediatric Care Policy (birth-age 21 years)
- Policy Review for Approval: MS410 Assessment and Management of Acute Pain Policy
- Policy Review for Approval: MS650 Student and Volunteer Observers
- Policy Review for Approval: MS660 Provider Presence Policy in Primary Care Settings
- Policy Review for Approval: MS670 Patient Care Area Access Policy
- Policy Review for Approval: MS710 Patient Education
- Policy Review for Approval: MS920 Nurse Personnel Skills Competency Policy
- Policy Review for Approval: MS930 Referred Care Policy
- Policy Review for Approval: MS940 Healthcare Laboratory and Imaging Results Follow-Up.
- Policy Review for Approval: BH 450 Prescribing Psychotropic Medication
- Policy Review for Approval: QRM330 Impaired Healthcare Professional
- Policy Review for Approval: QRM340 Incapacitated Healthcare Provider

7. **<u>Regular Items</u>** (ACTION/NON-ACTION)

    A. Financial Report:
   - Financial Updates: January 2024 and February 2024 (ACTION OF APPROVAL) – Barbara Frakes, Interim CFO

    B. CEO/NACA Program Reports (NON-ACTION)

8. **<u>Old Business</u>**

    A. NACA Staff Benefit (ACTION/NON-ACTION)

9. **<u>New Business</u>**

<u>Next Board Meeting Date:</u> April 17, 2024 at 5:30 p.m.

<u>Adjournment of Meeting:</u>

MEETING MINUTES

FEBRUARY 21, 2024

Monthly Meeting of Board of Directors
In-Person Meeting at Hopi Conference Room
February 21, 2024 at 5:30 p.m.

MEETING MINUTES

Notice is hereby given to the members of the Board of Directors and to the public that the Board of Directors, Native Americans for Community Action, Inc. will hold a Board Meeting. The Native Americans for Community Action, Inc. Board of Directors may vote to go into Executive Session, which will not be open to the public, to discuss certain matters.

Call to Order: 5:35 p.m. by Board President Liv Knoki.

REGULAR MEETING

Roll Call: Board Members P/NP/E

Liv Knoki, President – P   Juliette Roddy, Vice-President – P   Larry Etcitty, Treasurer – NP
Adam Shimoni, Secretary – P   Charles Doughty – P   Karl Jim – P

NACA Mission Statement:
The mission of Native Americans for Community Action, Inc. is to provide preventative wellness strategies, empower, and advocate for Native people and others in need to create a healthy community based on Harmony, Respect, and Indigenous Values.

Staff:
Christopher David, Chief Executive Officer   Almalia Berrios-Payton, Marketing & Public Relations
Barbara Frakes, Chief Financial Officer   Jacqueline Kelly, Accounting Technician
Cynthia Little, Human Resources Director   LaFreida Zahne, Human Resources Technician
Curtis Randolph, Behavioral Health Director   Kersti Taha, BH Intern
Verity Quiroz, Director of Operations   Angelina Tso, Mental Health Specialist
George Hershey, Medical Director

1. **Prayer** – Offered by Juliette Roddy.

2. **Agenda** – Adoption of the agenda, as submitted, is recommended. (ACTION)

   February 21, 2024 Board Agenda

   *Motion to **adopt and approve** as provided.*
   Motion: Juliette Roddy   Second: Charles Doughty
   Yes: 4   No: 0   Abstain: 0

3. **Minutes** – Approval of Minutes (ACTION) – Estimate 3 minutes:

January 17, 2024 Board Minutes

*Motion to **adopt and approve** as provided.*
Motion: Juliette Roddy   Second: Charles Doughty
Yes: 4   No: 0   Abstain: 0

4. **Public Participation (limited to 3 minutes)**

5. **Announcements** (NON-ACTION) – New Staff, Cynthia Little

   1. Angelina Tso, Mental Health Specialist
   2. Maria King White, Health Technician (Part-Time, Temporary)

6. **Consent Items** (ACTION/NON-ACTION)
   Items for consideration, discussion, and possible approval. Items on consent agenda are considered routine and unless otherwise indicated, expenditures approved by the Board are budgeted items.

   A. HP Policies & Procedures (ACTION) – Verity Quiroz, Director of Operations
      - Revision: HP 100 Health Promotion Program Services Policy
      - Revision: HP 110 Patient Referrals to Health Promotion Program Services
      - Revision: HP 120 Initial Health Needs Evaluation for Health Promotion Services
      - Revision: HP 130 Health Education and Health Coaching
      - Revision: HP 140 Diabetes Education Curriculum
      - Revision: HP 150 Community Health Representative Program
      - Revision: HP 200 Health Promotion Patient/Client Registries
      - New Policy: HP 160 Fitness Specialist Program Policy
      - New Policy: HP 170 Medical Nutrition Therapy Program Policy
      - New Policy: HP 180 Health Promotion Program Evaluator Policy

      Comments:
      - Juliette Roddy – "Are these dated policies and we're just updating them or is this a result of the current IHS site visit and something they recommended?"
      - Verity Quiroz – "We've added three (3) new policies and revised seven (7) policies and procedures for the Health Promotion department. We've made it more modernized with AAAHC verbiage, but it wasn't a recommendation from IHS just because we haven't received our site review back from them yet."
      - Adam Shimoni – "I thought they looked good."
      - Liv Knoki – "Thank you keeping us to date with the policies."

      *Motion to **adopt and approve** as provided.*
      Motion: Juliette Roddy   Second: Charles Doughty
      Yes: 4   No: 0   Abstain: 0

   B. Purchase excessing $10,000 for 2024-2025 Flu Vaccines (ACTION) – Verity Quiroz and Barbara Frakes

      - This request is roughly for 750 vaccines totaling an order amount of $35,000.
      - This order is slightly less than what we've ordered during the previous year.

Comments:
- Juliette Roddy – "Is the reason for ordering less than the previous year a result of vaccines that weren't used or is there other reasons?"
- Verity Quiroz – "We still have leftovers from the previous year that weren't utilized, so we figured maybe ordering less this year will help us in utilizing it all rather than having them sit."
- Juliette Roddy – "Do the vaccines expire?"
- Verity Quiroz – "Yes, they do expire."
- Liv Knoki – "What is the shelf life on the vaccines?"
- Verity Quiroz – "The vaccines are good through the flu season. But since we have leftovers, we are able to return some of them for a dollar amount credit, which would alleviate that cost a bit."
- Charles Doughty – "These vaccines are available to staff?"
- Verity Quiroz – "Yes."

*Motion to **adopt and approve** as provided.*
Motion: Charles Doughty   Second: Juliette Roddy
Yes: 4   No: 0   Abstain: 0

7. **Regular Items** (ACTION/NON-ACTION)

   A. Financial Report:
      - Financial Updates January 2024 (ACTION) – Barbara Frakes, Interim CFO
         o Marked as NON-ACTION.
         o Reports were unable to be produced due to a problem with CYMA so they were sent to Tucson to be rebalanced and will be ready by March 1.
         o Will be presented during the March BOD Meeting and will continue with the monthly reporting as scheduled.

   B. CEO/NACA Program Reports (NON-ACTION)

8. **Old Business**

   A. NACA Staff Benefit (ACTION/NON-ACTION)
      - BOD will hold a work session to continue this discussion.

9. **New Business**

Next Board Meeting Date: March 20, 2024 at 5:30 p.m.

Adjournment of Meeting-Time: February 21, 2024 at 6:20 p.m.

CONSENT ITEMS

POLICY: EOC 200	()Revision (X) New	Original Issue Date: Revised Date:
Biological Hazards and Bioterrorism Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I.   **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to safeguard the safety and health of healthcare workers, patients, and the public in the event of biological hazards, including bioterrorism.

II.   **PURPOSE:** The purpose of this policy is to ensure effective preparedness, response, and mitigation of biological threats, thereby minimizing the impact on individuals and communities.

III. **PROCEDURE:**

   A. Preparedness and Planning
   - NACA will maintain comprehensive preparedness and response plans for biological hazards, including bioterrorism.
   - These plans outline procedures for early detection, rapid response, and coordination with relevant authorities and agencies.

   B. Risk Assessment and Surveillance:
   - NACA will conduct regular risk assessments to identify potential biological hazards and implement surveillance systems to monitor for unusual patterns of illness or outbreaks that may indicate a deliberate release of biological agents.

   C. Security and Access Control:
   - Measures will be implemented to secure access to potentially hazardous biological materials and to prevent unauthorized individuals from gaining access to sensitive areas within healthcare facilities.

   D. Communication and Coordination:

- Clear communication channels and coordination mechanisms will be established within NACA and with external stakeholders, including public health authorities, emergency management agencies, and law enforcement, to ensure a rapid and effective response to biological hazards and bioterrorism threats.
- Potential stakeholders include but are not limited to: Flagstaff Medical Center, Flagstaff Policy Department, Coconino Sherrif's Department, Coconino County Emergency Operations and Health Departments, Arizona Department of Health Services, Centers for Disease Control, World Health Organization, and Indian Health Services.

E. Post-Exposure Protocols:
- NACA will maintain protocols for the management of individuals who have been exposed to biological agents, including procedures for isolation, decontamination, and medical treatment.

F. Continuity of Operations:
- Plans will be routinely reviewed to ensure the continuity of essential healthcare services in the event of a biological hazard or bioterrorism incident, including strategies for surge capacity and the provision of care under challenging circumstances.

G. Training:
- Healthcare professionals shall receive regular training and education on the recognition, management, and response to biological hazards and bioterrorism.

H. Quality Assurance:
- NACA will regularly evaluate the effectiveness of its biological hazard preparedness and response measures and make continuous improvements based on lessons learned from exercises, drills, and real-world incidents.

I. Compliance:
- All staff members, including healthcare professionals, support staff, and administrators, are expected to comply with this policy and actively participate in training, drills, and other preparedness activities to ensure NACA's readiness to address biological hazards and bioterrorism.
- Non-compliance with this policy may result in disciplinary

action.

IV. **PROTOCOL GUIDELINES:**
- A. Initial Assessment and Triage:
  - Upon suspicion or confirmation of exposure to a biological hazard, healthcare professionals should immediately assess the situation and triage individuals based on the level of potential exposure and symptoms.
  - Implement standard precautions, including the use of personal protective equipment (PPE), to protect against potential transmission of the biological agent.
- B. Patient Isolation and Decontamination:
  - If patients or individuals are suspected of being exposed to a biological agent, they should be isolated in a designated area to prevent the spread of the hazard.
  - Healthcare professionals should initiate decontamination procedures as appropriate, including removal and containment of contaminated clothing and personal items.
- C. Notification and Reporting:
  - Healthcare workers must immediately notify designated authorities within the healthcare facility, such as infection control personnel and emergency response teams, to initiate the appropriate response protocols.
  - Relevant public health and law enforcement agencies should be notified in accordance with established reporting procedures for potential bioterrorism events.
- D. Medical Evaluation and Treatment:
  - Individuals who have been exposed to a biological hazard, including potential bioterrorism agents, should undergo a thorough medical evaluation to assess symptoms and potential health effects.
  - Healthcare professionals should provide appropriate medical treatment and supportive care based on the nature of the biological agent and the presenting symptoms.
- E. Sample Collection and Testing:
  - Samples from exposed individuals and the environment should be collected in accordance with established protocols for the identification and characterization of biological hazards.
  - Samples should be securely packaged and transported to

designated laboratories for testing and analysis.

F.   Post-Exposure Prophylaxis and Vaccination:

- Depending on the nature of the biological hazard, post-exposure prophylaxis and vaccination may be indicated for exposed individuals.
- Healthcare professionals should follow established guidelines for administering prophylactic treatments and vaccines.

G.   Staff Safety and Support:

- Healthcare facilities should provide adequate support and resources to ensure the safety and well-being of healthcare workers involved in the response to biological hazards, including access to mental health support services as needed.

POLICY: IM 210	( )Revision (X) New	Original Issue Date:
Information System Closet Access Policy	Author: Quality Assurance Management	

I. POLICY

The policy of NACA is to restrict access to high-risk areas that can impact NACA staff, patients, and visitors' safety and privacy.

II. PURPOSE

To set authority standards of acceptable access into the Information System Closets which is limited to contracted information technology staff, Quality Improvement & Compliance Director, Director of Operations, Director of Behavioral Health, Chief Financial Officer, and Chief Executive Officer.

III. PROCEDURE

A. Access to the information system closet areas are restricted by:
- Behavioral Health: Badge Access
- Family Health Center: Manual Lock and Key
- Wellness Center: Manual Lock and Key
- General Services Administration: Badge Access

B. Information system closets are protected by primary security via the locked front and back doors and secondary security via badge access and/or lock and key.

C. The doors to information system closet areas are to be secured and locked at all times.

D. The management of badge access and key access to appropriate personnel and revocation at termination is maintained by Human Resources and the Chief Financial Officer.

E. Controlled access to the information system closet areas by non-approved personnel will be granted at the discretion of the Chief Executive Officer, Chief Financial Officer, or Director of Operations.

F. Non-Approved Personnel allowed into the information system closet areas must always be accompanied by an approved NACA personnel staff.

POLICY: LS 210	()Revision (X) New	Original Issue Date: Revised Date:
Specimen and Biological Product Handling Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of NACA to handle, store, and transport specimens and biological products in a manner which contribute to the high standards of safety, efficacy, quality, and integrity.

II. **PURPOSE**: The purpose of this policy is to establish guidelines for the identification, storage, and transportation of specimens and biological products to ensure their integrity, safety, and traceability throughout the handling process.

III. **DEFINITIONS**

Term	Definition
Specimens:	Any biological material, such as blood, tissue, urine, or other bodily fluids, collected for analysis or diagnostic purposes.
Biological Products:	Any substance derived from living organisms that is used for therapeutic or diagnostic purposes, including but not limited to vaccines, blood products, and cell lines.

IV. **COLLECTION AND IDENTIFICATION**

   a. Specimens and biological products must be collected by qualified personnel.

b. All specimens and biological products containers must be clearly and accurately labeled in the presence of the patient at the time of collection with the following information:

   i. Patient identification (name, date of birth, unique identifier)

   ii. Collection date and time

   iii. Type of specimen or product

   iv. Any relevant clinical information, as applicable

V.   STORAGE AND PRESERVATION

a. Specimens and biological products must be stored in accordance with applicable regulations and best practices to maintain their integrity and stability.

b. Proper segregation and labeling of stored specimens and products must be enforced to prevent mix-ups or cross-contamination.

VI.   TRANSPORTATION

a. Specimens and biological products must be transported in compliance with relevant regulations and guidelines for the safe and secure handling of biological materials.

b. Transport containers must be leak-proof, insulated, and designed to maintain appropriate temperature conditions during transit.

c. Transportation performed by Sonora Quest and LabCorp Couriers.

VII.   SECURITY AND ACCESS CONTROL

a. Access to specimen storage areas is restricted to authorized NACA personnel only.

b. Security measures are in place to prevent unauthorized access, theft or tampering including a locked patient care area from the public.

VIII.   DISPOSAL

a. Disposal of biological waste and expired specimens adhere to established safety and environmental guidelines.

b. Proper disposal methods are used to prevent contamination and to protect the environment.

IX.   COMPLIANCE

a. Compliance with this policy is mandatory for all personnel involved in specimen and biological product handling.

b. Non-compliance with this policy may result in disciplinary action.

POLICY: LS 220	( )Revision (X) New	Original Issue Date: Revised Date:
Emergency Laboratory Testing	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of NACA to facilitate the diagnosis and management of acutely ill patients requiring urgent medical intervention by ensuring expedited analysis of clinical specimens.

II. **PURPOSE**: The purpose of this policy is to establish guidelines for the timely and appropriate utilization of emergency laboratory testing ordered at NACA to support the diagnosis and management of acute medical conditions, facilitate rapid decision-making, and improve patient outcomes.

III. **PRIORITIZATION OF TESTING**

   a. Emergency laboratory test ordering shall be prioritized based on the acuity of the patient's condition, clinical indication, and potential impact on patient care and outcomes.

   b. Emergency laboratory tests that cannot be performed at NACA shall be referred to appropriate local laboratory facilities or the emergency room based on the NACA providers' discretion.

IV. **TEST SELECTION AND ORDERING**

   a. Emergency laboratory tests shall be ordered based on clinical indications and in accordance with established protocols for the evaluation of acute medical conditions.

   b. NACA providers will consider the urgency of the situation, potential impact on patient management, and the availability of test results when determining the necessity of emergency laboratory testing.

   c. NACA providers are responsible for appropriately ordering and

requesting emergency laboratory test(s) based on patient clinical presentation and urgency of the situation. Clear documentation of the reason for the emergency test is required.

V.   **TEST PRIORITIZATION**

    a.   Laboratories commit to prioritize emergency tests over routine testing to ensure rapid processing and reporting of results.

    b.   Critical or life-threatening tests will be identified for immediate processing, and results will be communicated expediently to the ordering healthcare provider.

VI.   **SPECIMEN COLLECTION**

    a.   Specimens for emergency laboratory testing will be collected promptly and in accordance with established standards for specimen identification, labeling, and handling to prevent preanalytical errors.

    b.   Healthcare personnel responsible for specimen collection will be appropriately trained and competent in specimen collection techniques.

VII.   **RESULT REPORTING**

    a.   Laboratory results for emergency tests will be reported promptly to the ordering healthcare provider through established communication channels, which may include electronic health records, phone calls, or other secure methods of communication.

    b.   Critical or significantly abnormal results will be flagged for immediate attention and communicated directly to the responsible healthcare provider.

    c.   Patients shall be notified upon NACA provider review via telephone and/or other patient care consented methods and may be delegated at the discretion of the provider to nursing personnel.

VIII.   **DOCUMENTATION**

    a.   All emergency laboratory testing activities, including test orders, specimen collection, processing, and result reporting, will be accurately documented in the patient's medical record.

    b.   Documentation will include the rationale for ordering emergency tests, relevant clinical information, and actions taken based on the test results.

IX.   **COMPLIANCE**

    a.   All emergency laboratory testing activities will comply with applicable regulatory requirements, including those set forth by accrediting bodies,

such as the Clinical Laboratory Improvement Amendments (CLIA), and other relevant regulatory agencies.

POLICY: MM 200	( ) New ( ) Revision	Original Issue Date: 11/28/22
Medication Oversight	Author:	Current Approval Date: 1/18/23
		MEC Approval Date: 1/18/23
	Quality Improvement and Compliance	Board of Directors: 1/18/23
		Effective Date: 1/19/23
		Version: 01

I. **POLICY:** It is the policy of NACA to establish and monitor the medication management system to ensure medications are safely stored, dispensed, and disposed of.

II. **PURPOSE**: The purpose of this policy is to establish routine medication oversight procedures that are consistently enforced, reducing risk for medication errors, and maintaining compliance.

III. **PROCEDURE:**

A. **Storage:**
   - All medications shall be stored at appropriate temperatures and under appropriate conditions, in accordance with requirements and the manufacturer's instructions.
   - All medication storage areas shall be locked, and access strictly controlled to prevent unauthorized individuals from entering or obtaining medications.
   - Medications and components used in preparation are labeled with the contents, expiration date, and any applicable warnings.
   - Prescription pads are controlled to prevent unauthorized access. Pre-signed and/or postdated prescription pads are prohibited.

B. **Inventory:**
   - Only medications which are FDA-approved as safe and effective shall be procured.
   - NACA shall not obtain or administer any controlled substances.
   - Medications shall be inventoried on a daily basis by any medical staff, utilizing the Medications Daily Inventory. Any medical staff may complete daily inventory.(APPENDIX 1-3)
   - When medications are dispensed for administration, this shall be documented on the Medication Checkout, and the Medications Daily Inventory shall be updated. Any medical staff may complete Medication Checkout (APPENDIX 1-3).

- Staff shall be trained on the purpose and process for medication inventory during nursing orientation.
- The RN Clinic Manager, or designee shall inspect the expiration date of medications and supplies in NACA facilities once per month, including, but not limited to first-aid kits, emergency kits, and stock medication. Monthly Inspections shall be logged on to the Medication and Monthly Supply Log. (APPENDIX 1-3)
- All records pertaining to the acquisition, receipt, and distribution of medications shall be maintained by NACA.
- Tablets, capsules, and soft gels shall be counted by unit number.
- Liquid, gel, and/or topical cream medication shall be counted using the "halves" method. An opened bottle or container may be counted as ½ bottle or ½ container.
- Point of Care test strip vials shall be dated when opened.

C. Disposal:
- Medications shall be disposed of in a manner that prevents unauthorized access, protects
- safety, and complies with regulations
- Medications shall be disposed of prior to the expiration date, as indicated on the label.
- Compromised medications shall be disposed upon detection
- Injectable medications expire 28 days after opening.
- Medications shall be placed in the secured and labeled medication expiration box, to be picked up by an independent contractor every 6 months, or when the box is full.
- Expired medication shall be noted on the Medication Daily Inventory (APPENDIX 1-3).

D. Recalls:
- Determining if Clinic has Recalled Product:
  - Checking and/or receiving official announcements from regulatory agencies or health authorities regarding medication recalls that may involve the clinic.
  - Comparing official announcements with NACA medication inventory.
  - Utilizing the electronic health record to determine which patients may have received the
- Mode of Communication to Public and Staff: In the event of a medication recall affecting products dispensed by the clinic, the following modes of communication will be utilized to notify the public:
  - Direct notification to affected patients via phone call, email, or secure message through the patient portal.
  - Public announcements on the clinic's website and social media channels.
  - Collaboration with local health authorities and regulatory agencies to disseminate information through official channels.
  - Posting notices in the clinic's physical premises for in-person visitors.
- Immediate Actions for Recalled Products:
  - Upon identification of a recalled product, the clinic will cease dispensing the affected medication immediately.
  - Patients who have received the recalled product will be notified promptly and provided with instructions on returning the medication and obtaining a replacement.

- o The clinic will work closely with patients, healthcare providers, and relevant authorities to ensure a swift and coordinated response to the medication recall.
- Recalled medications shall be updated on the Medication Daily Inventory. (APPENDIX 1-3).

E. **Payment Assistance**: NACA Patients who participate in payment assistance programs shall have their prescriptions mailed directly to NACA. These medications will be secured in the safe or refrigerator in accordance with manufacturer's instructions. Patients are required to have an ID that matches the name on the medication upon picking up the medication.

F. **Drug Supply Chain Security Act Traceability (DSCSA) Report:** The Drug Quality and Security Act (DQSA), was enacted by Congress on November 27, 2013. The Drug Supply Chain Security Act (DSCSA), outlines steps to achieve interoperable, electronic tracing of products at the package level to identify and trace certain prescription drugs as they are distributed in the United States. This will enhance FDA's ability to help protect consumers from exposure to drugs that may be counterfeit, stolen, contaminated, or otherwise harmful. These requirements will also improve detection and removal of potentially dangerous drugs from the drug supply chain to protect U.S. consumers.

- o NACA will maintain access to DSCSA Reports generated and produced by partnered vendors which includes but is not limited to:
  - Transaction History: Access to complete and accurate transaction history records for each transaction involving the receipt, sale, or transfer of ownership of such products.
  - Transaction Information: The transaction information to be captured and maintained for each transaction of medicinal products shall encompass the product identifier, including the National Drug Code (NDC), lot number, and expiration date, as well as the date of the transaction and the names and addresses of the trading partners involved.
  - Transaction Statement: Each transaction involving the distribution of medicinal products shall be accompanied by a transaction statement, as mandated by the DSCSA, which attests to compliance with the requirements of the Act and asserts that the product is not adulterated, misbranded, or otherwise violative of the Federal Food,

Drug, and Cosmetic Act.

G. Sample Medications: Sample medication procurement, storage, handling, or administration is strictly prohibited at NACA.

H. References: In an effort to provide clarity, legitimacy, compliance, and accountability, NACA will reference reliable sources regarding medication management and practices. These include but are not limited to:
- Institute for Safe Medication Practices (ISMP)
- National Institute for Occupational and Safety & Health (NIOSH)
- Center for Disease Control (CDC)

POLICY: MM 210	( ) New (X) Revision	Original Issue Date: 11/8/22
Medication Administration	Author: Infection Control Coordinator	Current Approval Date: 1/8/23
		MEC Approval Date: 1/18/23
		Board of Directors: 1/18/23
		Effective Date: 1/19/23
		Version: 01

I.   POLICY: It is the policy of NACA to utilize standard medication administration procedures, ensuring the highest quality of care for patients.

II.   PURPOSE: The purpose of this policy is to establish medication administration guidelines to ensure the safe administration of medications to NACA patients by qualified medical personnel. To establish a plan for taking appropriate action in the reporting of medication errors.

III.   PROCEDURE:

A. When administering medications, the following six (6) rights shall be followed:

- Right Patient
- Right Medication
- Right Dose
- Right Time
- Right Route
- Right Documentation

B. The following personnel are authorized to administer medications:

- Licensed Provider
- Registered Nurse
- Certified Medical Assistant

C. The following personnel are authorized to prescribe medications:

- Licensed Provider

D. General instructions for administering medication:

1

- Review written order from provider.
- Verify the patient does not have an allergy or sensitivity to the ordered medication.
- Compare the name, dose, strength, and route of written order to medication.
- Prepare medication as appropriate for the route of administration. No verbal orders should be given except during an emergency.
- When administering medication, staff will check the label 3 (three) times during the preparation and administration process:
- Know the purpose of the medication prior to administering medication.
- Medication preparation areas must be sanitary and well lit.
- Follow the 6 rights.
- The medical staff administering the medication should know the following:
  - ➢ Dose and route, including special instructions.
  - ➢ The patient's diagnosis and the disease process involved, as applicable.
  - ➢ Patient allergies.
- Use two patient identifiers prior to the administration (i.e., name, date of birth).
- Have all supplies set up for administration prior to beginning.
- Hand hygiene will be performed before and after administration.
- Utilize PPE. Do not handle medication with your fingers.
- Only prepare and administer for one patient at a time.
- Read the Medication Administration Record (MAR), and retrieve medication from medication storage location. Check 1 (one).
- Read and compare medication label to the MAR before removing medication from its container. Check 2 (two).
- With prepared medication in hand to administer to patient, recheck the medication labels with the MAR after identifying medication, and prior to administering. Check 3 (three).
- Never give a medication from an unlabeled container or from one on which the label is not legible or inaccurate.
- Never give a medication that has changed color or consistency.
- If there is a discrepancy between the patient's health record and the label, contact your supervisor or the prescriber.
- The medical personnel who prepared the medication should administer the medication.
- Remain with patient until you are sure patient has taken the medication.
- Never record a medication as having been given until it has been administered.

E. Documentation of Administration:

- Medical personnel who administer the medication shall immediately document in the patients record the name of the medication, the route, the dosage, time given, and location.
- After administration of medication, the patient should be observed for adverse reactions an appropriate time interval based on the medication.
- Any immediate response should be indicated in the patient record including unexpected side effects or adverse drug reactions and should include treatment provided.

F. Types of Administration:

- Tablets, capsules: Pour desired number into the cap of the bottle and from there into a medicine cup. Do not touch medications with fingers or return medication to container from cup.
- Liquids: Shake thoroughly unless contraindicated on label. Remove cap from the medication bottle and insert syringe into the bottle. Draw the prescribed amount of medication into the syringe. Make sure to align the top of the liquid in the syringe with the appropriate marking on the syringe for accuracy. Remove any air bubbles.

G. Injections:

- Vials: Personnel must clean the access diaphragm of vials using friction and a sterile 70% isopropyl alcohol, ethyl alcohol, iodophor, or another approved antiseptic swab. Allow the diaphragm to dry and then inject air into vial in an equal amount to the solution to be withdrawn. Withdraw appropriate volume of solution from vial. Discard vial into sharps container.
- Muti-dose vials: Ensure medication is not expired. Personnel must clean the access diaphragm of vials using friction and a sterile 70% isopropyl alcohol, ethyl alcohol, iodophor, or another approved antiseptic swab. Allow the diaphragm to dry and then

inject air into vial in an equal amount to the solution to be withdrawn. Withdraw appropriate volume of solution from vial. Return vial to appropriate storage.

- Prefilled Syringes: Ensure medication is not expired according to manufacturer's guidelines. Inspect prefilled syringe for signs of damage, leakage, or contamination. Label with medication name and dosage if needed. Apply appropriate gauge needle if needed.
- Reconstituted Medications: Ensure medication is not expired. Follow the manufacturer's instructions for reconstituting the medication. Check the reconstituted medication for any sign of particles, discoloration or other abnormalities.   Draw up the appropriate dose and administer as ordered.

H. <u>Pediatric Vaccines & High Risk/High Alert Medications:</u> A second authorized staff shall review the medication prior to administration to ensure the appropriate medication, strength, and dose has been prepared for the correct patient.

POLICY: MM 250	( ) New (x) Revision	Original Issue Date: 7/31/23
Medication Formulary and Procurement Policy	Author: Infection Control Coordinator	Current Approval Date: 10/7/23 MEC Approval Date: 10/5/23 Board of Directors: 10/7/23 Effective Date: 10/7/23 Version: 01

I. **POLICY** The policy of NACA is to operate a closed medication formulary for any addition, deletion, or restriction of a medication that is kept in stock on its premises.

II. **PURPOSE** To set responsibility, authority, standards, and other information relative to the procurement, preparation, distribution, restriction, approved indications, and utilization of medications at NACA.

III. **PROCEDURE**

A. Only those medications listed in the NACA Formulary Medication List shall be obtained on a routine basis and maintained in inventory. The list shall be housed in the medication room at the Family Health Center.

B. Formulary Inventory will be determined by the Medical Executive Committee.

C. All stocked medications must meet the standards as they pertain to quality and must be approved for use by the Food and Drug Administration.

D. Purchases made by NACA will be in accordance with the purchasing guidelines established by local and State regulations.

E. In the event of poor vendor performance (e.g. frequent back orders, incorrect billing, etc.) or outage an alternative vendor will be selected at the Medical Director's, Chief Executive/Financial Officer's, or Director of Operation's discretion.

F. Formulary addition requests are to be presented to the Medical Executive Committee for review and approval. The Medical Executive Committee shall consider the benefits of the requested medication to control the growth of the formulary, whenever possible.

G. Deletion of a medication from formulary may be due to the medication is no longer effective, not available in the country, another medication is more effective, another medications has the same efficacy with less side effects, or the Federal Drug Administration (FDA) deletes the medication from their drug product lists. Deletion requests are to be presented to the Medical Executive Committee for review and approval.

H. Formulary shall be updated on an ongoing basis and published as changes occur.

I. Formulary shall be available in the vaccine/medication room.

J. All health care teams will be informed of changes in writing on a timely basis for any medication restrictions, formulary additions and deletions.

K. The use of unapproved indication or off labeled medication is the full responsibility of the treating physician.

L. Clear justification and references should be submitted along with a formal request for one time or specific patient use of medications not regularly stocked.

M. The Medical Executive Committee will approve medications only based on safety, efficacy, and cost effectiveness to be most advantageous for patient care. Medications are listed in the formulary and routinely stocked by NACA Family Health Center.

N. In the event of a shortage or outage of a formulary medication, the medical director should check for other possible available therapeutic alternatives/substitution and inform the Medical Executive Committee and Health Care team in writing of the decision.

POLICY: MM 260	( )Revision (X) New	Original Issue Date: Revised Date:
Pediatric Verification Policy for Administration of Vaccines or Medication	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the safety and well-being of pediatric patients by implementing a thorough verification process prior to the administration of vaccines or medication.

II. **PURPOSE:** The purpose of this policy is to prevent medication errors and adverse reactions in pediatric patients by requiring healthcare providers to follow standardized procedures for patient identification and verification.

III. **PROCEDURE:**

    A. Patient Identification:

- Healthcare providers must positively identify pediatric patients using at least two unique identifiers such as the patient's full name, date of birth, or medical record number.
- If the patient is unable to communicate or verify their identity, healthcare providers must use alternative methods, such as consulting the patient's guardian or legal representative.

    B. Age and Weight Verification:

- When administering medication or vaccines with age or weight-specific dosing guidelines, healthcare providers must verify the patient's age and weight to ensure the appropriateness of the treatment.
- Any discrepancies or concerns regarding the patient's age or weight should be promptly addressed and verified through

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appropriate means, such as reviewing the patient's medical records or consulting with the patient's guardian.

C. Allergy and Medical History Review:
- Healthcare providers must review the patient's allergy and medical history, including any known allergies, contraindications, or previous adverse reactions to vaccines or medications.

D. Documentation:
- Verification steps, including patient identification, age and weight verification, and allergy and medical history review, must be documented in the patient's medical record or electronic health record (EHR).
- Any concerns, discrepancies, or additional information obtained during the verification process should be documented and communicated to the patient's care team.

E. References:
- This policy is based on current best practices in pediatric patient safety, medication administration, and vaccine administration, per Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and other relevant professional organizations.

POLICY: MM 270	()Revision (X) New	Original Issue Date: Revised Date:
Medication use during Invasive Procedures Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **Policy:** It is the policy of NACA to ensure patient safety, minimize the risk of medication errors, and promote best practice for medication administration during invasive procedures.

II. **Purpose:** The purpose of this policy is to establish guidelines and procedures for the safe and appropriate use of medications during invasive procedures at NACA.

III. **Prescribing and Ordering**:
   a. All medications to be used during invasive procedures must be ordered by an authorized healthcare provider.

IV. **Medication Verification:**
   a. Prior to the start of the invasive procedure, healthcare personnel must verify the medications to be used, including name, concentration, dosage, and expiration date.
   b. Verification shall be in accordance with the "six rights" of medication administration (right patient, right drug, right dose, right route, right time, and right documentation).
   c. Verify patient's allergies and reactions.

V. **Preparation:**

a. Medications must be prepared in a designated medication preparation area by authorized personnel following established aseptic techniques.
b. Preparation shall be in accordance with medication-specific preparation guidelines.
c. All prepared medications shall be labeled accurately and clearly.
d. Medications prepared for a procedure must be administered immediately.

VI. **Storage and Handling:**
a. Medications used during invasive procedures must be stored and handled in accordance with organizational policies and procedures, including temperature control, protection from light, and proper storage of controlled substances.

VII. **Administration:**
a. Medications must be administered by authorized healthcare personnel trained in the specific medication administration techniques required for invasive procedures.
b. Appropriate patient identification and verification procedures must be followed prior to medication administration including a "time out" (Refer to Time Out Policy).

VIII. **Adverse Reactions and Reporting:**
a. Healthcare personnel must be vigilant for potential adverse reactions to medications during invasive procedures.
b. Adverse reactions must be promptly recognized, managed, documented, and reported in accordance with organizational policies and regulatory requirements.

IX. **Patient and Family Education:**
a. Patients and their families must be provided with relevant information about the medications to be used during invasive procedures, including potential side effects, expected outcomes, and post-procedure medication management.

X. **Enforcement:**
a. Non-compliance with this policy may result in disciplinary action, up to and including termination of employment, in accordance with NACA's disciplinary policies and procedures.

POLICY: MM300	( )Revision (X) New	Original Issue Date: Revised Date:
Vaccine Management, Administration, and Disposal Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of NACA to ensure safe and effective handling of vaccines, compliance with regulatory requirements, and the promotion of public health.

II. **PURPOSE**: The purpose of this policy is to outline the guidelines and procedures for the management, administration, and disposal of vaccines within the organization.

III. **VACCINE MANAGEMENT**

   A. Storage: All vaccines will be stored in accordance with the manufacturer's recommendations and applicable regulations. Proper temperature control and monitoring will be documented twice per day on business days. There will be no more than a 4 day lapse of temperature documentation when NACA is closed for weekends and holidays.
   B. Inventory Control: An inventory system will be maintained to track the receipt and distribution of vaccines. This includes monitoring expiration dates and conducting regular inventory audits.
   C. Accessibility: NACA shall strive to ensure vaccine accessibility for their patients. This includes maintaining an adequate supply of vaccines, coordinating with local health departments or vaccine suppliers, and

implementing outreach programs to reach underserved populations.

D. Security: Access to vaccine storage areas will be restricted to authorized personnel only, and security measures are in place to prevent unauthorized access or tampering.

IV.   VACCINE EQUITY

A. NACA shall work towards achieving vaccine equity by addressing barriers to vaccination among vulnerable populations. This can include providing culturally competent care and addressing language barriers.

V.   VACCINE ADMINISTRATION

A. Vaccination Recommendations:
    i.   Primary care providers should adhere to the vaccination recommendations provided by national and international health organizations, such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).
    ii. These recommendations cover a wide range of vaccines, including routine childhood immunizations, influenza & covid immunizations, and vaccinations for adults.
B. NACA providers shall have the necessary infrastructure, equipment, and staff to administer vaccines safely and effectively.
C. Qualified Personnel: Vaccines will be administered by qualified healthcare professionals trained in immunization practices and in compliance with applicable laws and regulations.
D. Patient Education: NACA providers have a crucial role in educating patients and their families about the importance of vaccination. This includes informing them about the benefits, potential risks, and side effects of vaccines. Providers should address any concerns or misconceptions patients may have and provide clear and accurate information to help them make informed decisions. Patients will be offered a printed vaccine information statement (VIS).

VI.   VACCINE DISPOSAL

A. Expired or Damaged Vaccines: Expired or damaged vaccines will be labeled "do not use", segregated from usable stock and properly disposed of in accordance with local regulations and manufacturer

guidelines.

B. Disposal Procedures: Procedures for the safe disposal of vaccines, including sharps disposal, will be established, and followed to minimize environmental impact and ensure public safety.

VII. VACCINE STANDING ORDERS

A. Vaccine standing orders shall routinely be obtained from immunize.org

B. Vaccine standing orders shall be reviewed and/or updated at Medical Executive Committee at least annually and as guidelines change

C. Nurse staff can operate under the standing order to provide vaccine care.

VIII. DOCUMENTATION

A. Accurate and complete records of vaccine procurement, storage, and administration shall be maintained.

B. Reporting: Adverse events following vaccination will be documented and reported to the ordering NACA provider, the Quality Improvement and Compliance Director, and submitted to the Vaccine Adverse Event Reporting System (VAERS)

C. Reporting: Unusual Activity following vaccination will be documented and reported to the order NACA provider, the Quality Improvement and Quality director, and submitted to MedWatch (FDA Safety Information and Adverse Event Reporting Program).

IX. DRUG SUPPLY CHAIN SECURITY ACT TRACEABILITY (DSCSA) REPORT:

A. The Drug Quality and Security Act (DQSA), was enacted by Congress on November 27, 2013. The Drug Supply Chain Security Act (DSCSA), outlines steps to achieve interoperable, electronic tracing of products at the package level to identify and trace certain prescription drugs as they are distributed in the United States. This will enhance FDA's ability to help protect consumers from exposure to drugs that may be counterfeit, stolen, contaminated, or otherwise harmful. These requirements will also improve detection and removal of potentially dangerous drugs from the drug supply chain to protect U.S. consumers.

B. NACA will maintain access to DSCSA Reports generated and produced by partnered vendors which includes but is not limited to:

- Transaction History: Access to complete and accurate

transaction history records for each transaction involving the receipt, sale, or transfer of ownership of such products.

- Transaction Information: The transaction information to be captured and maintained for each transaction of medicinal products shall encompass the product identifier, including the National Drug Code (NDC), lot number, and expiration date, as well as the date of the transaction and the names and addresses of the trading partners involved.
- Transaction Statement: Each transaction involving the distribution of medicinal products shall be accompanied by a transaction statement, as mandated by the DSCSA, which attests to compliance with the requirements of the Act and asserts that the product is not adulterated, misbranded, or otherwise violative of the Federal Food, Drug, and Cosmetic Act.

X. TRAINING AND COMPLIANCE

A. Continued Professional Development: NACA providers shall engage in ongoing education and training related to vaccines. This can include attending conferences, webinars, or seminars on vaccine updates and best practices. Providers should stay updated on the latest research and evidence-based recommendations related to vaccinations.

B. Training: Healthcare personnel involved in vaccine management and administration will receive appropriate training on handling, storage, administration, and disposal of vaccines.

C. Compliance: The organization will adhere to all relevant laws, regulations, and guidelines pertaining to vaccine management, administration, and disposal.

POLICY: MM310	()Revision (X) New	Original Issue Date: Revised Date:
Vaccine Temperature Excursion Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to manage vaccine temperature excursions and emphasize the importance of prompt action, documentation, and continuous improvement in vaccine storage and handling practices.

II. **PURPOSE**: The purpose of this policy is to establish guidelines for managing vaccine temperature excursions to ensure the integrity and safety of vaccines administered at our healthcare facility.

III. **PROCEDURE:**

    A. Temperature Monitoring:

           i. All vaccine storage units, including refrigerators and freezers, will be equipped with continuous temperature monitoring devices to track the storage temperatures.

           ii. Temperature logs will be maintained for each storage unit to document twice daily temperature readings.

    B. Temperature Excursion Definition:

           i. A temperature excursion is defined as any instance where the storage temperature of a vaccine falls outside the recommended range specified by the vaccine manufacturer, vaccine information sheet, or regulatory guidelines.

    C. Response to Temperature Excursions:

           i. Upon detection of a temperature excursion, the designated staff member responsible for vaccine

management will be notified immediately.

    ii.   The affected vaccine(s) will be quarantined and removed from use until a determination of their viability is made.

D. Assessment of Vaccine Viability:

    i.   The healthcare provider or designated vaccine coordinator will assess the viability of the affected vaccine(s) by reviewing the extent and duration of the temperature excursion, as well as consulting the vaccine manufacturer's guidelines.

    ii.   If uncertainty exists regarding the viability of the vaccine, the manufacturer or Arizona Department of Health Services will be contacted for further guidance.

E. Documentation and Reporting:

    i.   All temperature excursions, along with the subsequent actions taken, will be thoroughly documented including the date, time, affected vaccine(s), temperature readings, and the outcome of the viability assessment.

    ii.   Any temperature excursions that result in the disposal of vaccines will be reported to the appropriate regulatory authorities in accordance with local and state guidelines.

F. Corrective Actions:

    i.   Following a temperature excursion, a thorough review of the circumstances leading to the event will be conducted to identify any contributing factors.

    ii.   Corrective actions, such as recalibration of storage units, staff retraining, or procedural modifications, will be implemented to prevent future temperature excursions.

G. Staff Training and Education:

    i.   All staff members involved in vaccine storage and handling will receive comprehensive training on the proper procedures for monitoring and responding to temperature excursions.

POLICY: MM 400	()Revision (X) New	Original Issue Date: Revised Date:
Acceptable Medication Order Types Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure standardized and safe practices for prescribing, transcribing, and administering medications to patients while promoting effective communication among healthcare providers.

II. **PURPOSE**: The purpose of this policy is to establish guidelines for acceptable medication order types within the healthcare facility.

III. **PROCEDURE:**

    A. **Standard Medication Order**

- Standard medication orders are the most common type of medication orders. They include the medication name, dosage, route of administration, frequency, and any specific instructions.

- Standard medication orders are typically written for medications that are administered for a specified duration or until a specific condition is met.

    B. **Standing orders**

- Standing Orders are pre-approved orders for specific medications or treatments that are authorized for use in defined clinical situations without the need for an individual order for each patient.

- Standing orders should be approved by the appropriate

clinical leadership and should be reviewed regularly to ensure appropriateness.

C. **PRN (As Needed):**

- PRN orders are written for medications that are to be administered as needed based on the patient's condition, symptoms, or specific parameters.

- PRN orders should specify the indication for use, the maximum frequency or dosage, and any conditions under which the medication should not be administered.

D. **Single Dose Order:**

- Single dose orders are written for a one-time administration of a medication at a specified dose and time.

- These orders are appropriate for medications that are required on a one-time basis.

E. **Stat Order:**

- Stat orders are written for medications that are to be administered immediately or as soon as possible.

- These orders are used for urgent or emergent situations and require prompt attention and action by healthcare providers.

F. **Verbal/Telephone Order:**

- Verbal or Telephone orders may be used in urgent or emergent situations when a written order is not immediately feasible.

- These orders should be promptly documented by the receiving healthcare provider and then transcribed into the patient's medical record.

G. **Electronic Orders:**

- Electronic orders are entered into the healthcare facility's electronic health record (EHR) system.

- This includes orders entered directly by authorized prescribers or by authorized individuals transcribing verbal or telephone orders into the EHR system.

- Electronic orders are the primary and preferred method of

ordering.

- Electronic orders are controlled and secured from unauthorized access by a 2-factor authentication system.

- Written orders are only to be utilized if electronic ordering is unavailable for an indefinite period and are highly discouraged.

H. **Policy Compliance:**

- All healthcare providers involved in prescribing, transcribing, or administering medications are expected to adhere to this policy and associated procedures. Compliance with state and federal regulations, as well as best practices in medication management, is required.

POLICY: MM 410	()Revision (X) New	Original Issue Date: Revised Date:
Electronic Prescribing System Security and Access Control	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I.   **Policy:** It is the policy of NACA to ensure patient safety, minimize the risk of medication abuse and misuse through appropriate use and security of electronic prescribing.

II.   **Purpose:** The purpose of this policy is to establish guidelines and procedures for the safe and appropriate use of electronic prescribing.

III. **Procedures:**

- o Access to electronic prescribing systems shall be restricted to authorized personnel only. User accounts must be created for individual users and should be granted access based on their roles and responsibilities within NACA
- o Strong authentication mechanisms, such as passwords, biometric verification, or two-factor authentication, must be employed to verify the identity of users accessing the electronic prescribing systems.
- o NACA shall implement encryption protocols to safeguard the transmission of electronic prescriptions and patient data within the system. All data stored within the system shall be encrypted to prevent unauthorized access or data breaches.
- o NACA shall utilize Symantec or other reputable cybersecurity solutions to enhance the security of the electronic prescribing systems. Symantec products, such as endpoint protection, encryption, and security analytics, should be deployed to detect and mitigate cybersecurity threats effectively.
- o Any suspected or actual security incidents related to the electronic prescribing systems must be reported promptly to the Quality Improvement and Compliance Director for further investigation.
- o Non-compliance with the security policies and procedures outlined for electronic prescribing systems may result in disciplinary actions, including suspension of system

access privileges or termination of employment, as deemed necessary by the organization.

POLICY: MM 420	()Revision (X) New	Original Issue Date: Revised Date:
MEDICATION RECONCILITATION	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I.   **POLICY**: It is the policy of NACA to ensure the accurate and complete communication of medication information across different healthcare transitions, such as pre/post hospital admission, pre/post transfer of care, and post hospital or rehabilitation discharge.

II. **PURPOSE**: The purpose of this medication reconciliation policy is to promote patient safety by effectively managing and communicating medication information during transitions of care.

III. **DEFINITIONS:**

Medication Reconciliation	The process of comparing the medications a patient is taking (pre-admission, transfer, or discharge) with the medications ordered for the patient and resolving any discrepancies.
Transition of Care	The movement of a patient from one healthcare setting to another, such as hospital admission, transfer, or discharge.

IV. **PROCEDURE**

A. Medication reconciliation should be performed for all patients at every visit and during transitions of care, including hospital admission, transfer, and discharge.

B. Complete and accurate medication history should be obtained from the patient, caregiver, or reliable sources during the medication reconciliation process.

C. All medication orders should be reviewed, verified, and documented by a healthcare professional authorized to prescribe medications.

D. Any discrepancies in medication regimens should be addressed and resolved promptly, ensuring the patient receives the correct medications at the appropriate doses.

E. The medication reconciliation process should be documented in the patient's medical record, including any changes made to the medication regimen.

F. Patients and/or caregivers should be educated about their medications, including the purpose, dosage, administration, and potential side effects.

V. RESPONSIBILITIES

A. Providers: Responsible for prescribing and reviewing medication orders, as well as resolving any discrepancies during the medication reconciliation process.

B. Nurses and other healthcare professionals: Responsible for obtaining medication histories, communicating medication information, and documenting the medication reconciliation process.

C. Patients and caregivers: Responsible for providing accurate and updated medication information, as well as actively participating in the medication reconciliation process.

VI. TRAINING AND EDUCATION

A. All healthcare professionals involved in the medication reconciliation process should receive initial training and ongoing education on the policies and procedures.

B. Regular updates and refresher training should be provided to ensure competency and adherence to the medication reconciliation guidelines.

VII. QUALITY ASSURANCE

A. Regular audits and reviews should be conducted to assess the compliance with the medication reconciliation policy.

B. Any identified issues or non-compliance should be addressed promptly, and appropriate corrective actions should be implemented.

POLICY: MM 430	()Revision (X) New	Original Issue Date: Revised Date:
Medication Refills	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure standardized and safe practices for prescribing refill prescriptions to patients while promoting effective communication among healthcare providers.

II. **PURPOSE**: The purpose of this policy is to provide guidelines for the prescription refill process at our primary care facility in order to ensure safe and efficient medication management for our patients.

III. **PROCEDURE:**

   A. **Prescription Refill Requests:**

       i. Patients may request prescription refills by contacting their pharmacy through the designated phone line or in person during regular pharmacy hours.

       ii. Refill requests received after regular office hours or on weekends/holidays will be addressed on the next business day.

       iii. It is recommended that patients request refills before their last dose, 72 hours in advance at their local pharmacy and 14 days in advance at their mail-order pharmacy to allow for processing and fulfilment.

   B. **Refill Authorization:**

       i. Prescription refills will be authorized by the prescribing healthcare provider or another designated healthcare professional according to the provider's instructions.

       ii. Refills will be authorized based on the provider's assessment

of the patient's medical condition, medication adherence, and the appropriateness of the medication.

    iii.   Patients are expected to maintain compliance with their medical appointments and medication regimen to be considered for prescription refills.

C. **Refill Processing Time:**

    i.   Prescription refill requests will be processed within 3 business days of receipt.

    ii.   In urgent cases, where a patient's health may be significantly compromised without immediate medication, every effort will be made to expedite the refill process.

D. **Refill Denial:**

    i.   Refill requests may be denied if the healthcare provider determines that the medication is no longer appropriate for the patient's condition, if the patient has not been seen for a required follow-up visit, or if there are safety concerns related to the medication.

    ii.   Patients will be informed of the reason for the denial and provided with instructions for further management.

E. **Controlled Substances:**

    i.   Refills for controlled substances, such as opioids, stimulants, and certain sedatives, will be managed in accordance with state and federal regulations.

    ii.   Additional documentation, periodic follow-up visits, and other requirements specific to controlled substances will be adhered to as per legal and professional guidelines.

    iii.   The prescriber shall review the patient Prescription Drug Monitoring Program report and discuss any concerns with the patient.

F. **Documentation:**

    i.   All prescription refill requests, authorizations, denials, and related communications will be documented in the patient's medical record.

    ii.   The medical record will include the rationale for the refill decision and any relevant patient instructions.

G. **Patient Education:**

  i. Patients will be educated on the importance of medication adherence, proper use of medications, and the need for regular follow-up visits to monitor their health and medication therapy.

POLICY: MR 400	( ) New (X)Revision	Original Issue Date: 2/15/05
		Current Issue Date: 12/2/22
Medical records, General Rule	Author:	Board of Directors: 1/18/23
		Effective Date: 1/19/23
		Version: 03

I.   POLICY: The policy of Native Americans for Community Action, Inc. (NACA) is to align with state and federal law by establishing parameters for the management of electronic health records (EHR)

II.   PURPOSE: The purpose of this policy is to establish guidelines for the electronic health record (EHR) keeping in primary care and behavioral health settings to ensure the secure, accurate, and efficient management of patient health information.

III. PROCEDURE:

A.   **Ownership, System Selection and Implementation:**
   i.   The Electronic Health Record (EHR) system shall meet the standards and requirements set forth by relevant regulatory bodies, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act.
   ii. The EHR system supports interoperability and data exchange to facilitate effective communication between primary care, behavioral health providers and specialty service providers.
   iii. Medical records belong to the NACA, which is responsible for maintaining their integrity and security in accordance with applicable law.

B.   **Access and Authorization**
   i.   Access to the EHR will be granted based on the principle of least privilege, with permissions tailored to the specific roles and responsibilities of individuals.
   ii. Users must authenticate their identity through secure login credentials, such as unique usernames and strong passwords, and comply with any additional multi-factor authentication requirements.
   iii. Access to EHR/Medical records should be restricted to authorized personnel only, and any unauthorized access or attempts to access patient information should be promptly reported via incident report and submitted to the direct supervisor for follow up.
   iv. Refer to NACA policy, MR490 Medical records Access Policy for additional information regarding access to the medical records department.

C.   **Documentation Standards**

i. All patient encounters, assessments, treatment plans, and interventions must be accurately and promptly documented in the EHR system following the NACA's established documentation standards and guidelines.

ii. Documentation should be clear, concise, and organized to facilitate efficient review and retrieval of information by authorized users.

iii. All test results, summary reports from other consultants, and medical records from other agencies shall be reviewed and electronically acknowledged by the provider in the provider approval queue in a timely manner.

iv. Refer to NACA policy, MR440 Documentation in Medical Records for additional information regarding documentation.

D. Data Retention and Backup

i. NACA will maintain a data retention policy to determine the period for which EHR data should be retained in compliance with legal and regulatory requirements.

ii. Regular backups of EHR data will be performed to ensure data integrity and resilience in the event of system failures or data loss.

E. Medical Records Creation and Entry

i. Medical records will be created in the EHR system primarily by the patient's last name and first name.

ii. Medical records may include but is not limited to: Uniform Data System measures, Demographics Data, Social Determinants of Health.

iii. Medical records are identifiable by unique indicators such as: patient name, date of birth, patient number, medical record number, and encounter number. These identifiers may be used as a cross reference by the billing/coding staff.

F. Inactive Medical records

i. Medical records that have been inactive for three years shall be retained in the EHR System with status indicative of inactive.

G. Provider Termination

i. In the event that a physician or other healthcare provider terminates employed or contracted status with NACA, medical records will remain available to patients wishing to transfer care, but records will be retained in an inactive status with NACA.

H. NACA Closure

i. In the event that the NACA closes operations permanently or indefinitely, NACA will make arrangements for safe storage of medical records which will remain available to patients who request them, in accordance with applicable law.

I. Training and Education

i. Staff members involved in the use of the EHR system will receive initial and ongoing training to ensure proficiency in using the system and adherence to documentation standards and privacy regulations.
ii. Training will also cover the proper use of EHR features to support effective communication and coordination of care between primary care and behavioral health providers.
iii. Training may include virtual, hands-on training, hybrid, observation, and demonstration methods.

POLICY: MR 420	( ) New (X) Revision	Original Issue Date: 2/15/05
		Current Issue Date: 12/2/22
Release of Medical Records	Author:	Board of Directors: 1/18/23
		Effective Date: 1/19/23
		Version: 04

I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the secure and lawful release of medical records while upholding patient privacy and confidentiality

II. **PURPOSE:** The purpose of this policy is to ensure the proper release of medical records to authorized individuals or entities in compliance with all applicable laws and regulations, while safeguarding the confidentiality and privacy of patients' health information.

III. **PROCEDURE**:

A. **Authorized Release of Medical Records**
   i.   Medical records may be released only with the written authorization of the patient or the patient's legal representative, except as otherwise permitted or required by law.
   ii. Patients or their legal representatives must complete a valid and signed authorization form before their medical records can be released.
   iii. Medical Release Authorization forms must:
         a. Be signed by the patient or legal representative.
         b. Be addressed to NACA.
         c. Indicate to whom the records is to be released to
         d. Indicate the dates of treatment requested, or the particular information sought.
         e. Be dated within one year of the request to be valid.
   iv.   For requests received through electronic means, the authenticity and validity of the requestor's identity and authorization must be verified before releasing the medical records.
   v.   In the event of a legal subpoena of a medical record, the record will be reviewed by the Medical Director prior to being released. Only the requested portions of the medical record will be released. The Medical Director will inform the CEO of any quality assurance or potential litigation issues.
   vi. Dates of immunizations may be released over the phone by medical or nursing staff to another medical provider or school nurse. Accounting of disclosure will be accounted for in the medical record.

B. Verification of Requestor's Identity
   i. Staff responsible for processing requests for medical records must verify the identity and authority of the requestor before releasing any information. This may include checking photo identification and confirming the requestor's relationship to the patient.
   ii. If the requestor is an organization, the staff must verify the organization's identity and ensure that the request is made by an authorized representative of the organization.

C. Timely Processing of Requests
   i. Requests for medical records will be processed in a timely manner, with every effort made to fulfill the request within the timeframe specified by applicable laws and regulations.
   ii. When processing requests, staff must ensure that the release of medical records does not interfere with the ongoing care of the patient.

D. Protection of Confidential Information:
   i. All staff involved in the release of medical records must always adhere to the principles of patient confidentiality and privacy.
   ii. Medical records must be securely stored and transmitted to prevent unauthorized access or disclosure. Electronic transmission of medical records must comply with appropriate encryption and security standards.

E. Documentation and Recordkeeping
   i. A record of all requests for medical records and their corresponding authorizations must be maintained in the patient's medical record or in a secure log.
   ii. The date, time, and details of the information released, as well as the name of the requester and any relevant authorization documentation, must be documented for each release of medical records.

F. Compliance with Laws and Regulations
   i. All releases of medical records must comply with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant federal, state, and local laws and regulations governing the privacy and security of health information.

G. Fees for Medical Records
   i. NACA may charge a reasonable fee for the copying and/or transmission of medical records, as permitted by applicable laws and regulations.
   ii. Patients or their authorized representatives must be informed of any applicable fees prior to the release of medical records.

H. Training and Education
   i. All staff involved in the release of medical records must receive training on the proper procedures for handling requests, verifying authorizations, and safeguarding patient confidentiality.

I. Medical Record Amendments

i.   Patients wishing to have their medical record amended must submit a written request to the NACA Medical Director, stating a reason that supports their request for an amendment. The Medical Director will make the decision and involve the Medical Executive Committee as appropriate.

POLICY: MR410	( )Revision (X) New	Original Issue Date:
Medical Records Protection Policy	Author:	

I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain and protect the integrity, confidentiality, and availability of all medical records in its possession, safeguarding medical records from damages and loss, including the establishment and maintenance of a robust backup system to ensure the continuity and accessibility of patient information.

II. **PURPOSE:** The purpose of this policy is to establish guidelines for the protection of medical records to ensure their security, integrity, and availability. NACA aims to minimize the risk of records being damaged, lost, or inaccessible due to unforeseen events, such as natural disasters, hardware failure, or cyber-attacks by implementing a comprehensive backup system and adhering to best practices for record management and comply with relevant legal and regulatory requirements.

III. **PROCEDURES:**

A. Backup System:
- NACA shall establish and maintain a backup system for all medical records, including electronic health records (in collaboration with the electronic health record vendor), paper records, and any other forms of patient information.
- The backup system shall include regular, scheduled backups of all medical records, with consideration for the frequency of data updates and the criticality of the information.

B. Disaster Recovery Plan:
- NACA shall maintain a comprehensive disaster recovery plan that outlines procedures for recovering medical records in the event of a disaster or system failure.
- The disaster recovery plan shall include provisions for accessing backup records, restoring data to functional systems, and resuming normal operations as expediently as possible.

C. Physical Security:

- Paper records shall be stored in secure and climate-controlled environments to protect them from physical damage, theft, and environmental hazards.
- Access to areas where paper records are stored shall be restricted to authorized personnel only.

D.Electronic Security:

- Electronic health records shall be protected by access controls, encryption, and other security measures to prevent unauthorized access, modification, or deletion.
- User access to electronic health records shall be granted based on the principle of least privilege, ensuring that individuals only have access to the information necessary for their roles.

E. Compliance and Monitoring:

- NACA shall regularly review and update this policy to reflect changes in technology, regulations, and best practices for record management.

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POLICY: MR 430	( ) New (X) Revision	Original Issue Date: 2/15/05
		Current Issue Date: 12/2/22
Request for Medical Records	Author:	Board of Directors: 1/18/23
		Effective Date: 1/19/23
		Version: 03

I.   **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to appropriately handle requests for access to, release of, and disclosure of medical records in compliance with relevant laws and regulations while ensuring the protection of patient privacy and confidentiality.

II. **PURPOSE:** The purpose of this policy it to outline the procedures and guidelines for handling requests for medical records within the primary care setting. The primary goal is to ensure the confidentiality, integrity, and timely provision of patient medical records while adhering to all relevant laws and regulations, including HIPAA (Health Insurance Portability and Accountability Act).

III. **PROCEDURE:**

A. **Patient Requests**
    i.   When a patient requests their medical records, staff members should provide them with a medical records request form.
    ii.   The completed form should be submitted to the designated staff member or department responsible for medical record management.
    iii. Once the request is received, the staff should verify the patient's identity and the authenticity of the request.

B. **New/Referred Patients**
    i.   When scheduling a new patient for an appointment, NACA will encourage patients to obtain and bring to their appointment and medical records they may obtain.
    ii.   If a patient is referred from another facility or provider, NACA will request appropriate medical records prior to the appointment after written medical release is obtained.

C. **NACA Provider Requests**
    i.   Upon seeing the patient, the provider may request past medical records. NACA will have the patient complete and sign a records release consent form, with the name, address of the provider/facility the records are being requested from. An effort will be made to limit elapsed time of the record requested.

D. Documentation
    i.   All requests for medical records and the subsequent release of records should be documented in the patient's medical record, including the date, purpose, and recipient of the records.

E. Confidentiality
    i.   All staff members must maintain the confidentiality of patient medical records at all times.
    ii.   Access to medical records should be restricted to authorized personnel only.

F. Patient Education
    i.   Patients should be informed of their rights regarding their medical records, including how to request access, amend, or obtain a copy of their records.

G. Compliance
    i.   All staff members involved in the request, management and release of medical records must comply with this policy.
    ii.   Non-compliance may result in disciplinary action, up to and including termination.

POLICY: MR 440	( ) New (X) Revision	Original Issue Date: 2/10/25
		Current Issue Date: 12/2/22
Documentation in Medical Record	Author: Dr. Abdul-Aziz Baco	Board of Directors: 1/18/23
		Effective Date: 1/19/23
		Version: 03

I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the accuracy, completeness, and legality of medical documentation at NACA. All staff members are expected to comply with this policy to maintain the highest standards of patient care and record-keeping.

II. **PURPOSE:** The purpose of this policy is to ensure accurate, timely, and comprehensive documentation in the medical records of our facility, in compliance with legal and regulatory requirements and professional standards. This policy covers the positions authorized to document, abbreviations, date and time requirements, phone communication, late entries, SOAP notes, and vital signs documentation.

III. **PROCEDURE**

A. **Authorized Positions to Document:**
- Physician/Provider
- Registered Nurse
- Certified Medical Assistant
- Health Technician
- Behavioral Health Provider
- Psychiatric Nurse Practitioner
- Case Manager
- Case Coordinator
- Psychotherapist
- Substance Abuse Counselor
- Health Promotions Program Manager
- Registered Dietician
- Health Promotions Program Evaluator
- Health Coach
- Health Educator
- Community Health Representative
- Fitness Specialist

B. Date and Time

    i.   All entries in the medical record must include the date and time of the event or documentation.

    ii.   Electronic health records (EHR) will automatically record the date and time of entries, and manual entries must be time-stamped.

    iii.   All entries into Medical Records shall be accurate and recorded as soon as possible after service, on the day of service.

C. Late Entries

    i.   Late entries must be clearly labeled as such and include the date and time of the original event or observation.

    ii.   The reason for the late entry must be documented, and the individual making the late entry must authenticate it with their signature or unique identifier.

D. SOAP Note

    i.   All healthcare providers are recommended to use the SOAP (Subjective, Objective, Assessment, Plan) format for documentation of patient encounters.

- Subjective – chief complaint, history of present illness, history, review of symptoms, current medications, and allergies.
- Objective – Vital signs, physical exam findings, laboratory data, imaging results, other diagnostic data, review of documentation of other clinicians.
- Assessment – problem, differential diagnosis.
- Plan – details the need for additional testing and consultation.

    ii.   Each section of the SOAP note should be clearly labeled and include relevant information about the patient's condition, assessment, and treatment plan.

    iii.   Information recorded should be as objective and descriptive as possible.

E. Vital Signs Documentation

    i.   Vital signs must be documented at appropriate intervals according to the patient's condition and the NACA's standards.

    ii.   Vital signs should include but are not limited to measurements such as temperature, blood pressure, pulse rate, respiratory rate, and oxygen saturation.

F. Abbreviations

    i.   Only common and standardized medical abbreviations are to be used in medical documentation.

    ii.   Non-standard abbreviations are to be avoided to prevent misinterpretation and errors.

G. Phone Communication

i.   Phone conversations related to patient care must be documented in the medical record, including the date, time, participants, and the content of the conversation.

ii.   If orders or instructions are given during a phone conversation, they must be authenticated and documented in the medical record.

H. Compliance

i.   Non-compliance with this policy may result in disciplinary action, up to and including termination, and may also result in legal and regulatory consequences.

ii.   All staff members are responsible for understanding and adhering to this policy.

POLICY: MR 450	( ) New (X)Revision	Original Issue Date: 2/15/05
Patient Chart Filing Order Policy for Electronic Health Record (EHR) System	Author: Dr. Abdul-Aziz Baco	Current Issue Date: 12/20/22
		Board of Directors: 1/18/23
		Effective Date: 1/19/23
		Version: 03

I.   **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to keep organized patient charts within an electronic health record (EHR) system, with specific considerations for both primary care and behavioral health settings. It emphasizes the importance of accurate data entry, structured organization, accessibility, and security of patient information within the EHR.

II.   **PURPOSE:** This policy outlines the standard procedures for organizing and filing patient charts within the electronic health record (EHR) system used in the primary care and behavioral health (BH) setting. The goal is to ensure efficient and consistent organization of patient information for ease of access, retrieval, and continuity of care.

III. **PROCEDURE:**

A. **Patient Chart Creation**
   i.   Upon the initial encounter with a patient, a new electronic patient chart will be created in the EHR system.
   ii.   The chart will include all pertinent demographic, medical, and behavioral health information.

B. **Data Entry and Organization**
   i.   All data entry into the EHR system will be conducted in a timely manner, ensuring accurate and complete documentation of patient encounters, assessments, diagnoses, treatment plans, and other relevant information.
   ii.   Patient records will be organized with appropriate identifiers, including but not limited to patient name, date of birth, medical record number, patient number, encounter number and any relevant behavioral health identifiers.
   iii. Structured data entry templates and standardized terminology will be utilized to promote consistency and interoperability of patient information within the EHR system.

C. **Filing Order and Accessibility**
   i.   Patient charts within the EHR system will be organized in a manner that allows for efficient retrieval and review by authorized healthcare providers and staff.

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ii. Patient charts may be organized based on criteria such as patient name, date of service, medical condition, or other relevant identifiers to facilitate easy access to information.

iii. Behavioral health information will be appropriately integrated within the patient chart, ensuring seamless access for both primary care and behavioral health providers involved in the patient's care.

D. **Compliance and Training**

i. All staff responsible for using the EHR system will receive appropriate training on data entry, chart organization, and security protocols to ensure compliance with this policy.

ii. Compliance with this policy will be monitored and enforced through regular audits and quality assurance measures.

POLICY: MR 460	(X) New ( )Revision	Original Issue Date:
		Current Issue Date:
Electronic health Records Policy for Scanning Documents and Images	Author: Quality Management	Board of Directors:
		Effective Date:
		Version:

I. **POLICY**: It is the policy of Native Americans for Community Action Inc. (NACA) to ensure the accurate and secure conversion of paper-based medical records into electronic format, while maintaining the integrity and confidentiality of patient information.

II. **PURPOSE:** The purpose of this policy is to establish guidelines for the scanning of documents and images to create and contribute to electronic health records (EHRs) within primary care and behavioral health settings.

III. **PROCEDURE:**

A. **Scanning Process**
   i. All paper-based medical records, documents, and images intended for scanning must be reviewed for completeness, legibility, and document integrity.
   ii. Scanning must be conducted using approved, secure equipment that meets industry standards for image quality and resolution.
   iii. Only authorized personnel are permitted to operate the scanning equipment and handle patient records during the scanning process.

B. **Quality Assurance**
   i. Regular checks of the scanning equipment's calibration, image quality, and resolution must be conducted to ensure that scanned documents and images meet the required standards for clarity and legibility.
   ii. Quality assurance checks are performed by designated personnel to verify that scanned documents accurately represent the original records and that all relevant information is captured.
   iii. The electronic health records checks for duplicate documents to ensure it is not contributed twice.

C. **Verification Practices**

i. Following the scanning process, electronic copies of medical records, documents, and images must undergo a verification process to confirm that they are complete, accurate, and properly indexed.

ii. Verification is conducted by signatory staff, who compare the electronic copy with the original paper-based records to ensure that all relevant information has been captured and that the integrity of the records has been maintained.

D. Storage and Retention

i. Once scanned, electronic copies of medical records, documents, and images must be stored in a secure, electronic health record (EHR) system that complies with relevant data protection and security regulations.

ii. Original paper-based records are destroyed in accordance with the organization's retention policies and applicable laws and regulations.

E. Confidentiality and Security

i. All personnel involved in the scanning, storage, and retrieval of electronic health records must adhere to strict confidentiality and security protocols to prevent unauthorized access, use, or disclosure of patient information.

ii. Access to electronic health records is restricted to authorized personnel only, and encryption and access controls are in place to safeguard the integrity and confidentiality of the records.

F. Training and Compliance

a. All personnel involved in the scanning process receive adequate training on the proper procedures for scanning, quality assurance, and verification practices, as well as on the organization's policies and procedures for handling electronic health records.

b. The organization must regularly review and update its scanning and electronic record management practices to ensure compliance with changing regulations and industry best practices.

POLICY: MR 480	( ) New (X)Revision	<u>Original Issue Date</u>: 5/29/07
		<u>Current Issue Date:</u> 1/18/23
Records Retention	Author: Quality Management	<u>Board of Directors:</u> 1/18/23
		<u>Effective Date:</u> 1/19/23
		<u>Version: 02</u>

I.   **POLICY**: It is the policy of Native Americans for Community Action Inc. (NACA) to ensure compliance with legal and regulatory requirements, facilitating continuity of care, and protecting the confidentiality and security of sensitive patient information regarding the retention, storage, and disposal of records in primary care and behavioral health settings.

II. **PURPOSE:** The purpose of this policy is to establish consistent and standardized practices for the management of records within primary care and behavioral health settings, ensuring that records are retained for appropriate periods and are securely maintained throughout their lifecycle.

III. **PROCEDURE:**

A. **Record Retention Periods**

    i.   All patient records, including medical and behavioral health records, shall be retained for a minimum period in compliance with federal, state, and tribal regulations, as well as best practices and guidelines established by Indian Health Services.

    ii. The retention periods for different types of records, including adult and pediatric patient records, shall be clearly documented and periodically reviewed to ensure compliance with the latest legal and regulatory requirements.

B. **Storage of Records**

    i.   All records shall be stored in a secure and controlled environment to prevent unauthorized access, loss, theft, or damage.

    ii. Electronic records shall be stored in secure, password-protected systems with appropriate access controls and encryption protocols in place.

    iii. Physical records shall be stored in locked cabinets and/rooms, with access restricted to authorized personnel only.

B. **Record Disposal and destruction**

i.   At the end of the designated retention period, records shall be disposed of in a manner that ensures the protection of patient confidentiality and complies with relevant privacy laws and regulations.

ii. Disposal methods may include secure shredding for paper records and secure deletion for electronic records, in accordance with established procedures.

iii. Records shall be destroyed in accordance with established procedures to ensure that no information can be reconstructed or accessed after disposal.

iv. Destruction of records shall be documented, including the date of destruction and the method used.

v.   When a record has been authorized for destruction, NACA will issue a four-week public notice in local media outlets. If a patient does not pick up records, then NACA will destroy records in accord with designated time frame.

C. Record Transfer

i.   In the event of closure or transfer of the practice or facility, arrangements shall be made to transfer patient records to a designated custodian or successor entity in compliance with applicable laws and regulations.

D. Legal Hold

i.   A legal hold will preserve and protect appropriate records under special circumstances, such as litigation or government investigation.

ii. The appropriate employees will be notified when a legal hold is required and will be provided specific instructions for compliance.

iii. Documents that have been placed under legal hold must not be removed, destroyed, altered, or modified under any circumstance.

iv. The legal hold shall continue until legal counsel authorizes cessation.

E. Disposition of Records

i.   Upon retirement of a provider, written notice of impending retirement shall be provided to all the retiring physician's patients. This notice shall include the date of retirement and how patients can obtain copies of their record or authorize transfer of records to a new physician.

ii. NACA may retain the physician's records, unless the patient requests copies of their records or to have records transferred.

iii. Upon death of a physician, NACA will retain the medical record.

F. Staff Training and Awareness

i.   All appropriate staff members shall receive training on the policies and procedures related to records retention, storage, and disposal.

      ii.   Regular updates and refresher training shall be provided to ensure that staff are aware of and compliant with the latest guidelines.

Appendix 1
Guide to Records Retention.docx

POLICY: MR500	( )Revision (X) New	Original Issue Date:
Student Access to Electronic Health Record (EHR) in Healthcare Setting	Author:	

I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the security and privacy of patient health information while providing students with appropriate access to the electronic health record (EHR) for educational and training purposes.

II. **PURPOSE:** The purpose of this policy is to establish guidelines and procedures for student access to electronic health records (EHR) within our healthcare setting.

III. **PROCEDURES:**

A. Access to EHR:
- Students may be granted access to the EHR system for educational and training purposes under the supervision of an authorized preceptor, instructor, or mentor.
- Access to the EHR system will be limited to the minimum necessary information required for the educational or training activity.

B. Authorization and Training:
- Students must receive appropriate authorization from the educational institution and the healthcare setting before accessing the EHR.
- Prior to accessing the EHR, students must undergo training on the organization's policies, procedures, and standards for accessing, using, and safeguarding patient health information.

C. Supervision and Oversight:
- Students accessing the EHR must always be under the direct supervision and oversight of an authorized preceptor, instructor, or mentor.
- Preceptors, instructors, or mentors are responsible for guiding students on the appropriate use of the EHR and ensuring compliance with privacy and security requirements.

D. Privacy and Security:
- Students must adhere to all privacy and security policies and procedures related to patient health information.
- Students must not disclose or share patient health information with unauthorized individuals, and they must maintain the confidentiality of all information accessed within the EHR system.

E. Use of EHR Data:

- Students may use EHR data solely for educational and training purposes and must not use the information for any other purpose without explicit authorization.
- Any documentation or records created by students within the EHR must adhere to the organization's standards for accuracy, completeness, and timeliness.

F. Breach Reporting:
- Students must immediately report any suspected or actual breaches of patient health information accessed through the EHR to their preceptor, instructor, or mentor.
- All reported breaches will be investigated and addressed in accordance with the organization's breach response procedures.

G. Termination of Access:
- Access to the EHR system will be terminated upon completion of the educational or training program, withdrawal from the program, or at the discretion of the healthcare setting or educational institution.

H. Compliance:
- Failure to comply with this policy may result in disciplinary action, up to and including termination of access to the EHR system and may be subject to additional consequences as outlined in the organization's policies and procedures.

POLICY: MS 120	( )Revision (X) New	Original Issue Date: Revised Date:
Patient Centered Medical Home Model Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to foster a patient-centered approach to healthcare delivery through the implementation of the Patient-Centered Medical Home (PCMH) model.

II. **PURPOSE:** The purpose of this policy is to identify the principles and establish guidelines for the implementation of a Patient-Centered Medical Home (PCMH) model at NACA**.**

III. **PRINCIPLES OF NACA'S PCMH**: By aligning with these principles, NACA seeks to create a healthcare environment where patients experience comprehensive, coordinated, and patient-centered care that improves health outcomes and enhances overall well-being.

    A. Comprehensive Care:
- Address the holistic needs of patients, including physical, behavioral, and social determinants of health.
- Collaborate with community resources to support patients' comprehensive care needs.
- Care will be provided with a focus on the whole person, considering the physical, emotional, and social aspects of health.
- Care will include but is not limited to:
  - Preventive Care
  - Wellness Care
  - Health Risk Appraisal and Assessment
  - Acute Illness and Injury
  - Chronic Illness Management

• End of Life or Palliative Care

B. Illness Prevention:
- Promote and educate patients on preventive care measures, including vaccinations, screenings, and healthy lifestyle choices.
- Offer personalized preventive care plans based on individual patient needs and risk factors.

C. End-of-Life or Palliative Care:
- Respect and honor patients' end-of-life wishes and provide compassionate support for patients and their families.

D. Personal Physician:
- Patients will have an ongoing relationship with a personal physician who provides continuous, comprehensive care and coordinates all aspects of the patient's health.
- Strive to offer timely access to care through same-day appointments, and alternative communication methods (e.g., telemedicine).

E. Relationship with Patients:
- Foster a respectful, compassionate, and non-judgmental relationship with patients.
- Encourage open communication and collaboration between patients and care team members.
- Respect patient autonomy and involve patients in decision-making regarding their care.

F. Communication with Patients:
- Provide clear and understandable information about diagnosis, treatment options, and care plans.
- Encourage two-way communication, active listening, and responsiveness to patient concerns and questions.
- Patients will be encouraged to actively participate in their own care, make informed decisions, and engage in shared decision-making with their healthcare team.

G. Patient Concerns:
- Actively address patient concerns and complaints in a timely and respectful manner.
- Maintain a formal process for patients to express concerns and provide feedback on their care experience.

H. Mental Health Status:
- Screen for mental health issues and provide integrated

mental health services or referrals as needed.

- Offer support and resources for patients with mental health concerns, and reduce stigma around mental health.

I. Treatment Plan:
- Collaboratively develop individualized treatment plans with patients, considering their preferences, values, and goals.
- Review and update treatment plans regularly, involving patients in the decision-making process.
- Adapt care plans to accommodate cultural and religious considerations, including dietary restrictions, traditional healing practices, and family dynamics.
- Collaborate with community organizations and cultural liaisons to better understand and address the specific needs of diverse patient populations.

J. Patient Education:
- Offer clear and accessible educational materials and resources to empower patients to make informed decisions about their health.
- Provide education on self-management of chronic conditions and healthy living practices.

K. Limitations:
- Communicate openly about the limitations of available services and any restrictions on care delivery.

L. Continuity of Care:
- Strive to maintain continuity of care by coordinating with specialists, hospitals, and other healthcare providers involved in the patient's care.
- Care will be coordinated across the healthcare system, including specialty care, hospitals, home health services, and community resources, to ensure that all the patient's needs are addressed.

M. Clinical Records:
- Maintain accurate, comprehensive, and confidential clinical records that are easily accessible to authorized care team members.

N. Quality Patient Care:
- Emphasize the delivery of high-quality, patient-centered care that is safe, effective, timely, efficient, and equitable.
- Regularly assess patient satisfaction and outcomes to drive

continuous improvement in care delivery.

- Use patient feedback and outcome data to identify areas for improvement in cultural competence and tailor care delivery accordingly.

O. Evidence-Based Practice:

- Utilize evidence-based guidelines and best practices to inform clinical decision-making and care delivery.

P. Quality Improvement Studies:

- Engage in ongoing quality improvement activities, such as performance measurement, patient safety initiatives, and outcome evaluations, to enhance the quality of care provided.

Q. Culturally Competent Care:

- Recognize and respect the diversity of patients' cultural backgrounds, beliefs, values, and practices.
- Provide culturally competent care that is sensitive to the unique needs and preferences of patients from diverse cultural, ethnic, and linguistic backgrounds.
- Develop patient education materials that are culturally relevant and accessible to diverse populations, taking into account literacy levels and cultural norms.

R. Language Access:

- Ensure language access for patients with limited English proficiency, including the availability of qualified interpreters and translated materials.

S. Urgent Care and After-Hours Services:

- RN Advice Triage line available to established patients for after-hours or office closures including triage and recommendation to the appropriate level of care with timeline for follow up.
- Refer to local urgent care facilities to ensure timely care for urgent medical needs.

T. Quality Improvement:

- Commitment to continuously evaluating performance, implementing quality improvement initiatives, and using data to enhance the delivery of care.

POLICY: MS 130	()Revision (X) New	Original Issue Date: Revised Date:
Allergy Assessment Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I.   POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the assessment and management of allergies to ensure patient safety and well-being.

II.   PURPOSE: The purpose of this policy is to outline the procedures for the assessment of both drug and non-drug allergies and reactions in a primary care setting.

III.   DEFINITIONS

TERM	DEFINITION
Allergy	An adverse reaction initiated by an immune response to a specific substance.
Drug Allergy	An adverse reaction to a medication that involves the immune system.
Non-Drug Allergy	An adverse reaction to a non-medicinal substance such as food, latex, insect stings, or environmental allergens.

IV.   PROCEDURE
    A.   **Patient History and Symptom Evaluation**
- All patients shall be routinely asked about their history of allergies during their initial visit and subsequent follow-up appointments.
- Specific questions shall be asked to identify known drug

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allergies, non-drug allergies, and any previous adverse reactions.

B. **Drug Allergy Assessment**
   - In cases of suspected drug allergies, a detailed review of the patient's medication history shall be conducted.
   - Any reported adverse reactions to specific medications shall be documented in the patient's medical record, along with the nature and severity of the reaction.

C. **Non-Drug Allergy Assessment:**
   - For non-drug allergies, patients shall be asked about their exposure to potential allergens such as food, insect stings, latex, and environmental factors.
   - NACA providers should be knowledgeable about common non-drug allergens and their associated symptoms.

D. **Patient Education**
   - Patients with identified allergies should receive education about their specific allergies, including avoidance strategies, symptom recognition, and emergency action plans.

E. **Allergy Alert**
   - Electronic health records shall clearly indicate any documented drug allergies, with alerts to prevent prescribing or administering medications to which the patient has known allergies.

POLICY: MS 322	(X)Revision (X) New	Original Issue Date: 05/19/14 Revised Date: 8/18/14: 03/28/17: 3/18/19
Standing Orders for Adult Patients with Diabetes	Author: Medical Staff Committee	Approved by: Medical Staff Committee Approval Date: 9-3-2020 Approved by: Board of Directors Approval Date: 9-16-2020 Effective Date: 04/01/17: 5/23/19; 9-17-2020

I. **POLICY**: The policy of NACA is to provide the best medical care for adult patients with diabetes by utilizing nursing support personnel to assist medical practitioners.

II. **PURPOSE**: To allow qualified nursing support personnel and health educators to assist medical practitioners in identifying adult patients with diabetes who are not at the goal regarding glycemic control by measurement of A1C and refer adults patients with A1C > 7.0% for re-measurement if not completed within the previous six months, perform diabetic foot examination, and perform diabetic retinopathy screening by fundus photos.

III. **DEFINITIONS**:

    A. Nursing Support Personnel: registered nurses (RNs), licensed practical nurses (LPNs), and/or medical assistants (MAs).

    B. Health Educator: a trained professional who works with groups in community settings or with individuals to help them understand how to live a healthy lifestyle.

IV. **PROCEDURE**:

    A. Review the health record of patients with diabetes who have scheduled appointments for the day and determine when the last A1C, foot examination and diabetic retinopathy screening was performed.

    B. Perform A1C test a minimum of once every six months for patients whose last A1C was less than or equal to 7%

        • If a diabetic patient with an A1C less than 7% has not seen a medical provider within the past six months, schedule an appointment for diabetes management with a

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medical provider.

C. Perform A1C test a minimum of every three months for patients whose therapy has recently begun or changed, or whose last A1C was greater than 7%. Record the results in the EHR.
- If a diabetic patient with an A1C greater than 7% has not seen a medical provider within the past three months, schedule an appointment for diabetes management with a medical provider.

D. Perform Blood Glucose at each visit for diabetic patients. Personnel will document if the blood sugar is random, fasting, or post prandial.

E. Perform diabetic foot examination at least annually and as needed for change(s) which include but are not limited to change in sensation, temperature, circulation, ulceration, shiny skin, change in hair distribution, and discoloration.
- The diabetic foot examination will be recorded in the electronic health record by the performing entity and the provider will be required to review and sign the report. Providers may delegate nursing personnel or health educators to communicate results and follow up to patient(s).
- If a diabetic patient has a normal diabetic foot examination the patient will be directed to repeat in one year or as needed.

F. Perform diabetic retinopathy screening via fundus photos at least annually which include but are not limited to for change in vision, blurred vision, dark or empty spots in vision, floaters, and fluctuating vision. Fundus photos will be sent by the performing entity to the contracted eye specialist to be read by qualified professionals.
- Diabetic Retinopathy Screening reports will be scanned or uploaded into the patient's electronic health record and the provider will be required to review and sign the report. Providers may delegate nursing personnel or health educators to communicate results and follow up to patient(s).
- If a diabetic patient has an abnormal Diabetic Retinopathy Screening, the provider will refer the patient to an ophthalmologist for further evaluation.
- If a diabetic patient has a normal diabetic retinopathy examination the patient will be directed to repeat in one year or as needed.

POLICY: MS 350	()Revision (X) New	Original Issue Date: Revised Date:
Geriatric Care (65 years and older) Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure older adults, age 65 years and older, receive comprehensive assessments that consider their physical, mental, and social well-being, as well as their functional abilities and limitations.

II. **PURPOSE:** The purpose of this geriatric care policy is to guide healthcare providers in delivering high-quality, patient-centered care to older adults in primary care and behavioral health settings.

III. **SCOPE OF SERVICES:**

A. Preventive Care and Wellness Promotion:

i. Emphasize preventive care and health maintenance strategies to promote healthy aging and reduce the risk of chronic conditions and functional decline.

ii. Regular comprehensive assessments that consider physical, mental, and social well-being.

iii. Regular assessments of functional abilities and limitations.

B. Vaccination Schedule and Promotion:

i. Adherence to the recommended vaccination schedule as outlined by national and international public health authorities, such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

ii. Promotion of vaccination as a fundamental aspect of preventive care, with the dissemination of educational materials and counseling to parents and caregivers regarding the importance of immunizations in protecting geriatric patients and the community from vaccine-

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preventable diseases.

C. Acute and Chronic Illness Management:

    i. Prompt evaluation and treatment of acute illnesses and injuries.

    ii. Comprehensive management of chronic conditions, including but not limited to: diabetes, cardiovascular disease, asthma, and behavioral health disorders, with a focus on empowering families to manage these conditions effectively.

D. Collaborative Care:

    i. Promote interdisciplinary collaboration among healthcare providers, including primary care physicians, geriatric specialists, mental health professionals, social workers, and other relevant professionals, to address the complex and multifaceted needs of older adults.

    ii. Facilitate the development of individualized care plans that address the specific needs and goals of older patients, considering their preferences, values, and cultural backgrounds.

    iii. Incorporate evidence-based practices and best standards of care for managing common geriatric conditions such as dementia, depression, frailty, and polypharmacy, among others.

    iv. Support the integration of mental health services into primary care settings to ensure that older adults receive timely and comprehensive behavioral health care, including screening, assessment, and treatment for mental health conditions.

    v. Foster a patient-centered approach that respects the autonomy, dignity, and rights of older adults, while also addressing the needs of family caregivers and promoting shared decision-making.

E. Education and Trainings

    i. Promote ongoing education and training for healthcare providers to enhance their knowledge and skills in geriatric care, including issues related to cultural competence, age-related changes, and geriatric syndromes.

POLICY: MS 360	( )Revision (X) New	Original Issue Date: Revised Date:
Pediatric Care Policy (birth-age 21 years)	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the well-being, safety, and development of children and address their unique healthcare needs between birth and age 21 years.

II. **PURPOSE:** The purpose of this pediatric care policy for primary care is to outline the standards and guidelines for delivering comprehensive, high-quality healthcare services to children and adolescents in a primary care setting.

III. **SCOPE OF SERVICES:**
   A. Preventive Care and Wellness Promotion:
      i. Regular well-child visits, immunizations, and screenings to monitor growth and development, and promote healthy lifestyle choices.
      ii. Education and counseling for parents and caregivers on topics such as nutrition, physical activity, safety, and developmental milestones.
   B. Vaccination Schedule and Promotion:
      i. Adherence to the recommended vaccination schedule as outlined by national and international public health authorities, such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).
      ii. Promotion of vaccination as a fundamental aspect of preventive care, with the dissemination of educational materials and counseling to parents and caregivers regarding the importance of immunizations in protecting children and the community from vaccine-preventable diseases.

C. Acute and Chronic Illness Management:
    i. Prompt evaluation and treatment of acute illnesses and injuries.
    ii. Comprehensive management of chronic conditions, including asthma, diabetes, and behavioral health disorders, with a focus on empowering families to manage these conditions effectively.

D. Developmental and Behavioral Health:
    i. Early identification and intervention for developmental delays and behavioral concerns.
    ii. Collaboration with pediatric specialists, psychologists, and other healthcare professionals to address complex developmental and mental health needs.

E. Continuity of Care and Care Coordination:
    i. Facilitation of smooth transitions between pediatric and adult healthcare services for adolescent patients.
    ii. Effective communication and coordination with specialists, schools, and community resources to support the comprehensive care of pediatric patients.

F. Culturally Competent Care:
    i. Respect for the diverse cultural backgrounds, beliefs, and practices of pediatric patients and their families.
    ii. Language access services and culturally sensitive communication to ensure effective patient-provider interactions.

G. Patient and Family-Centered Approach:
    i. Involvement of parents and caregivers in healthcare decision-making and care planning.
    ii. Recognition of the unique needs and preferences of each pediatric patient, promoting a supportive and compassionate care environment.

H. Quality Improvement and Patient Safety:
    i. Continuous evaluation of pediatric care practices to uphold high standards of safety, effectiveness, and patient satisfaction.
    ii. Implementation of evidence-based guidelines and best practices to optimize the quality of pediatric care services.

POLICY: MS 410	()Revision (X) New	Original Issue Date: Revised Date:
Assessment and Management of Acute Pain Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure that patients receive timely, comprehensive, and compassionate care. The goal is to assess and manage their acute pain and improve their overall well-being leading to improved outcomes and patient satisfaction.

II. **PURPOSE**: The purpose of this policy is to provide a standardized approach to the assessment and management of acute pain in the primary care setting, promoting evidence-based practices, patient safety, and optimal outcomes.

III. **PROCEDURE:**

    A. **Assessment of Acute Pain:**

        i. All patients presenting with acute pain should undergo a thorough assessment to determine the cause, severity, and impact of the pain on their daily activities and overall well-being.

        ii. The assessment should include a comprehensive pain history, physical examination, and, if necessary, diagnostic tests to identify the underlying cause of the pain.

    B. **Pain Management:**

        i. Non-Pharmacological Interventions: Non-pharmacological interventions such as rest, ice, heat, physical therapy, and other modalities should be considered as part of the treatment plan, based on the patient's individual needs.

        ii. Pharmacological Interventions: The use of pharmacological interventions should be based on the severity of the pain, the patient's medical history, and any contraindications.

            • Nonsteroidal anti-inflammatory drugs (NSAIDs),

acetaminophen, and short-term use of opioids may be considered based on the severity of the pain and individual patient factors.

- Prescribing opioids should be done judiciously, and healthcare providers should adhere to local, state, and federal regulations regarding opioid prescribing and monitoring.

C. **Monitoring and Follow-up:**
   i. Patients receiving treatment for acute pain at their visit should be monitored at the start of their treatment and again at least 30 minutes later to assess the effectiveness of the interventions and to identify any adverse effects.
   ii. Patients not receiving treatment for acute pain at their visit do not require a pain reassessment unless deemed appropriate by healthcare provider.
   iii. A follow-up plan should be established to ensure that patients receive appropriate ongoing care and support until their pain is adequately managed.
   iv. The prescriber shall review the patient Prescription Drug Monitoring Program report and discuss any concerns with the patient.

D. **Referral and Collaboration:**
   i. If the cause or management of acute pain is complex or requires specialized intervention, healthcare providers will consider referral to pain specialists or other appropriate healthcare professionals.
   ii. Collaboration with specialists, physical therapists, and other healthcare professionals is encouraged to ensure comprehensive and multidisciplinary care for patients with acute pain.

E. **Documentation:**
   i. Accurate and timely documentation of the assessment, treatment plan, interventions, and follow-up care should be maintained in the patient's medical record.
   ii. Documentation should include the patient's pain scale ratings, medication regimens, and any relevant discussions with the patient regarding pain management.

F. **Patient Education:**
   i. Patients should be educated about their pain condition,

treatment options, and the importance of adhering to the prescribed treatment plan.

    ii.   Healthcare providers should also promote patient education regarding non-pharmacological pain management strategies and the safe use of medications.

G. **Compliance with Regulations:**

    i.   Healthcare providers should adhere to local, state, and federal regulations related to the management of acute pain, including prescribing controlled substances and monitoring for potential misuse or diversion.

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POLICY: MS 650	( )Revision (X) New	Original Issue Date: Revised Date:
Student and Volunteer Observers	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: A patient consent policy for students and volunteer observers is essential to ensure that all individuals involved in observing medical procedures or interacting with patients understand the importance of patient privacy and consent.

II. **PURPOSE**: This policy is designed to ensure the protection of patient privacy and rights while providing educational opportunities for students and volunteer observers in a healthcare setting.

III. **STUDENT TYPES INCLUDE BUT ARE NOT LIMITED TO:**

   A. Pre-Medical
   B. Medical
   C. Clerkship
   D. Nursing
   E. Interns
   F. Allied Health

IV. **CONSENT FORM**
   A. All students and volunteer observers must sign a consent form before participating in any activities that involve interacting with patients or observing medical procedures. The consent form should clearly outline the nature of the activities and the expectations regarding patient privacy and confidentiality.

V. **PATIENT PRIVACY**

A. Students and volunteer observers must respect patient privacy at all times. This includes maintaining confidentiality regarding patient information and refraining from discussing patient cases outside of educational settings.

VI. INFORMED CONSENT

A. Before interacting with any patients, students and volunteer observers must be informed about the patient's consent status. They should not engage with patients who have not provided consent for student or observer involvement in their care.

VII. PROFESSIONAL CONDUCT

A. Students and volunteer observers are expected to always conduct themselves in a professional manner. This includes adhering to the facility's dress code, following instructions from supervising healthcare professionals, and demonstrating respect for patients and staff.

VIII. SUPERVISION

A. All activities involving students and volunteer observers must be supervised by qualified healthcare professionals. The supervising professionals are responsible for ensuring that patient comfort, safety, and dignity are maintained throughout the educational experience.

IX. TRAINING AND ORIENTATION

A. Prior to interacting with patients, students and volunteer observers must undergo appropriate training and orientation to familiarize themselves with the healthcare facility's policies, procedures, and expectations.

X. DOCUMENTATION

A. Records of student and volunteer observer participation, including consent forms and any relevant training documentation, should be maintained in accordance with the NACA's record-keeping requirements.

XI. COMPLIANCE

A. Failure to adhere to this policy may result in the restriction or termination of a student's or volunteer observer's participation in educational activities within NACA.

POLICY: MS 660	()Revision (X) New	Original Issue Date: Revised Date:
Provider Presence Policy in Primary Care Settings	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I.   **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to promote patient safety and well-being by ensuring that appropriate medical expertise is readily available to address unforeseen medical emergencies.

II.   **PURPOSE:** The purpose of this policy is to ensure that a provider qualified to address medical emergencies is present whenever patients are receiving care in a primary care setting.

III.   **PROCEDURE**

A.   A provider qualified to address medical emergencies must be physically present in the primary care setting whenever patients are receiving medical care.

B.   The presence of a qualified provider is required during all hours when patient medical care is provided in the primary care setting, including regular business hours, after-hours, weekends, and holidays.

C.   If a qualified provider needs to be temporarily absent from the primary care setting (e.g., for personal breaks, meetings, or other reasons), arrangements must be made to ensure that another qualified provider is available to address medical emergencies in the provider's absence.

D.   The primary care setting must establish and maintain clear protocols and procedures for responding to medical emergencies, including the activation of emergency medical services, if necessary. These protocols should be regularly reviewed, updated, and communicated to all healthcare staff working in the setting.

E.   Compliance with this policy will be monitored through regular audits, checks, and staff training to ensure that a qualified provider is consistently present when patients are receiving care.

F.   Any deviations or non-compliance with this policy must be promptly

reported to the appropriate administrative or clinical leadership for review and corrective action.

POLICY: MS 670	()Revision (X) New	Original Issue Date: Revised Date:
Patient Care Area Access Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to regulate access to patient care areas to protect the privacy and safety of patients and staff.

II. **PURPOSE:** The purpose of this policy is to ensure the safety, security, and privacy of patients receiving care within our NACA by regulating access to patient care areas.

III. **PROCEDURE:**

   A. Authorized Personnel:

   - Only authorized personnel, including employees, medical staff, and approved contractors, are permitted access to patient care areas.

   - Access to patient care areas is granted based on job responsibilities and the necessity to provide direct patient care, support services, or maintenance.

   B. Identification and Badging:

   - All authorized personnel must always display their identification badges while within patient care areas.

   - Visitors must obtain visitor badges or passes from the front desk before entering patient care areas.

   C. Limited Access:

   - Patient care areas are restricted to authorized personnel only.

   - Unauthorized individuals, including family members and

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visitors, must be always accompanied by authorized personnel.

- Access to specific patient care areas may be further restricted based on patient consent, patient condition, treatment requirements, or infection control protocols.

D. Visitor Policy:

- Visitor access to patient care areas is regulated and may be subject to patient condition and NACA regulations.

- Visitors must comply with all NACA policies and guidelines, including infection control measures and privacy regulations.

E. Security Measures:

- Patient care areas may be equipped with security measures such as access control systems and staff surveillance to ensure the safety and security of patients and staff.

F. Compliance and Enforcement:

- All NACA personnel are expected to comply with this policy and report any violations or suspicious activities to a director or executive leadership.

- Violations of this policy may result in disciplinary action.

POLICY: MS710	( )Revision (X) New	Original Issue Date:
Patient Education	Author:	

I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to provide comprehensive patient education in both primary and behavioral health settings.

II. **PURPOSE:** The purpose of this policy is to outline the standards and procedures for providing patient education in primary and behavioral health settings that empower patients in their care, ensure patients understand their health information, encourage patients to develop self-management skills, and educate patients about disease prevention, early detection, and regular screenings.

III. **PROCEDURES:**

A. Assessment:
- Healthcare providers will assess the educational needs of each patient during initial visits and periodically throughout their care to identify areas requiring education and support.

B. Tailored Education:
- Patient education materials and resources will be tailored to meet the specific needs, preferences, and literacy levels of individual patients, considering cultural and linguistic diversity.
- Patient education materials shall support patients in developing self-management skills, including medication adherence, lifestyle modifications, and symptom monitoring, to promote better health outcomes.
- Materials shall educate patients about disease prevention, early detection, and the importance of regular screenings and immunizations to maintain optimal health.

C. Delivery Methods:
- Patient education will be delivered through various methods, including verbal counseling, written materials, visual aids, digital resources, and community-based educational programs.

D. Staff Training:

- Healthcare providers and support staff will receive training on effective communication and educational techniques to ensure the delivery of accurate, clear, and empathetic patient education.

E. Documentation:
- Patient education activities, including topics discussed, materials provided, and patient understanding, will be documented in the patient's medical record to track educational interventions and measure their effectiveness.

F. Quality Assurance:
- NACA will regularly evaluate the quality and effectiveness of patient education initiatives through patient feedback, outcome measurements, and continuous improvement efforts.

POLICY: MS 920	( )Revision (X) New	Original Issue Date: Revised Date:
Nurse Personnel Skills Competency Policy	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of NACA to ensure nursing personnel are competent to ensure the delivery of high-quality, patient-centered care.

II. **PURPOSE**: The purpose of this policy is to define the skills and knowledge required for nursing personnel to perform their job duties effectively and safely and aims to promote consistency in the delivery of care, enhance patient outcomes, and ensure that staff members are competent in their respective roles.

III. **DEFINITIONS**:

IV. **DEFINITIONS**:

    A. <u>Nursing Support Personnel</u>: registered nurses (RNs), licensed practical nurses (LPNs), and/or medical assistants (MAs).

V. **COMPETENCY AREAS:**
    A. Patient-Centered Care:
- Communicating effectively with patients and their families
- Demonstrating empathy and respect
- Incorporating patient preferences and values into care plans
- Providing culturally sensitive care

    B. Clinical Skills:
- Performing accurate skills as defined in the Medical Assistant and Registered Nurse Clinical Practice Guideline policies.

    C. Interprofessional Collaboration:
- Collaborating with other healthcare professionals and support staff

- Participating in care team meetings and discussions
- Sharing information, expertise, and resources for coordinated care
- Recognizing and respecting the roles and contributions of other team members

D. Care Coordination:
- Coordinating referrals
- Ensuring seamless communication among healthcare providers
- Facilitating access to necessary services and resources
- Advocating for patients' needs within the healthcare system

E. Health Information Technology:
- Utilizing electronic health records (EHR) effectively
- Protecting patient privacy and confidentiality
- Documenting accurately and comprehensively
- Using technology for communication and care coordination

F. Quality Improvement:
- Participating in quality improvement initiatives
- Identifying areas for improvement in the delivery of care
- Implementing evidence-based practices to enhance patient outcomes
- Monitoring and evaluating the impact of interventions

VI. LEADERSHIP RESPONBILITIES

A. Leadership shall establish and maintain a culture of competency and continuous learning.
B. NACA shall provide resources and support for staff development and training.
C. NACA shall ensure adherence to competency standards through annual assessments and evaluations.

VII. TRAINING AND DEVELOPMENT

A. NACA shall have access to training programs, workshops, and conferences relevant to primary care practice.
B. NACA shall encourage staff members to pursue continuing education and professional development opportunities
C. NACA shall support staff in obtaining certifications and credentials applicable to their roles

VIII. PERFORMANCE EVALUATION

A. Include competency evaluations as part of regular performance reviews.
B. The NACA Medical Director will provide constructive feedback and

guidance for professional growth at competency evaluations.

C. NACA shall recognize staff members who consistently demonstrate high levels of competency.

POLICY: MS930	()Revision	Original Issue Date:
	(X) New	Revised Date:
Referred Care Policy	Author:	Approved by: Medical Staff Committee
		Approval Date: Approved by: Board of Directors
		Approval Date: Effective Date:

I. **POLICY**: It is the policy of NACA to refer patients who require specialized care beyond the scope of their primary care physician to the appropriate specialist and/or service.

II. **PURPOSE:**The purpose of this policy is to establish guidelines for the appropriate referral of patients to specialist care providers when their healthcare needs exceed the scope of services provided by the primary care physician. This policy aims to ensure timely and coordinated access to specialized care while promoting cost-effective and high-quality healthcare delivery.

III. **Criteria for Referral:**

   A. Referrals should be based on clinical necessity and the patient's medical condition, as determined by the primary care physician.

   B. Common criteria for referral may include, but are not limited to:

   - Suspected or diagnosed complex medical conditions requiring specialized expertise.
   - Need for diagnostic procedures or treatments not available within the primary care setting.
   - Chronic conditions requiring ongoing

management by a specialist.

IV. **Referral Process:**

   A. The primary care physician is responsible for initiating the referral process. This may involve consulting with the patient, obtaining necessary medical records, and identifying an appropriate specialist.

   B. Referrals should be made in a timely manner to ensure that patients receive the necessary care without undue delay.

   C. Referrals should be documented in the patient's medical record, including the reason for referral, any relevant test results, and communication with the specialist.

V. **Specialist Selection:**

   A. The selection of a specialist should be based on the patient's clinical needs, the expertise of the specialist, and the availability of the specialist within the healthcare network.

   B. The healthcare provider shall consider the preference of the patient when possible.

   C. Patients should be provided with information about the selected specialist, including location, contact information, and any relevant instructions for the referral appointment.

VI. **Coordination of Care:**

   A. The primary care physician should maintain communication with the specialist to ensure coordinated and comprehensive care for the patient.

   B. The primary care physician should be informed of the specialist's findings, recommendations, and any changes to the patient's treatment plan.

VII. **Patient Education:**

   A. Patients should be informed about the reasons for the

referral and the role of the specialist in their care.

B. Patients should be provided with information about the referral process, including what to expect during the specialist appointment and any follow-up care.

VIII. Follow-Up Care:

A. Upon completion of the specialist consultation, the primary care physician is responsible for coordinating any necessary follow-up care and incorporating the specialist's recommendations into the patient's treatment plan as appropriate.

B. The primary care physician should ensure that the patient understands the specialist's recommendations and any changes to their care plan.

IX. Compliance:

A. All healthcare providers and staff members are expected to comply with this referred care policy and associated procedures.

POLICY: MS 940	()Revision (X) New	Original Issue Date: Revised Date:
Healthcare Laboratory and Imaging Results Follow-Up	Author:	Approved by: Medical Staff Committee Approval Date: Approved by: Board of Directors Approval Date: Effective Date:

I. **POLICY**: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the accurate ordering, receipt, interpretation, follow up and complete communication of laboratory and imaging results with patient and patient care team.

II. **PURPOSE**: The purpose of this policy is to establish guidelines for the systematic and timely follow-up of healthcare laboratory and imaging results to ensure that abnormal findings are promptly addressed, communicated to the appropriate healthcare providers, and acted upon to support patient care and safety.

III. **RESULT REVIEW AND NOTIFICATION**

   A. Healthcare providers who order laboratory tests are responsible for reviewing the results in a timely manner upon receipt and taking appropriate action based on the findings.

   B. Laboratory and Imaging personnel will promptly notify ordering healthcare providers of critical or significantly abnormal results through established communication channels, such as electronic health records, phone calls, or other secure means of communication.

IV. **TIMELINESS OF FOLLOW-UP**

   A. Healthcare providers are expected to review and follow up on non-critical laboratory results within a timeframe that is appropriate for the clinical context and urgency of the findings at the discretion of the provider.

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V.   COMMUNICATION OF RESULTS

A.   All laboratory and imaging test results are expected from performing entities, including normal, abnormal, and critical findings that will be accurately documented in the patient's electronic health record and communicated to the patient's healthcare team for appropriate action.

B.   Clear and concise documentation of laboratory and imaging results and associated actions will be maintained in the patient's electronic health record, including any communication with the patient or other healthcare provider.

VI. RESPONSBILITY FOR FOLLOW UP

A.   Healthcare providers who order laboratory or imaging tests are responsible for ensuring appropriate follow-up of the results, including further diagnostic evaluation, treatment modifications, patient counseling, or additional testing as indicated.

B.   In cases where abnormal results are identified by non-ordering healthcare providers (e.g., through a review of the medical record), the responsible provider will promptly address the abnormal findings and initiate appropriate follow-up.

VII. PATIENT NOTIFICATION

A.   Patients will be informed of their laboratory and imaging test results in a timely manner, and efforts will be made to ensure that results are communicated in a manner that is understandable and supportive of patient engagement in their care.

B.   When abnormal or critical results are identified, arrangements will be made to ensure that patients are promptly notified and provided with appropriate guidance and support.

C.   In cases deemed appropriate by the provider, they may delegate nursing personnel and health educators to communicate laboratory and imaging results and follow up instructions to the patient(s).

VIII. TRACKING AND DOCUMENTATION

A.   Healthcare facilities will establish mechanisms for tracking and documenting the follow-up of abnormal laboratory and imaging results, including the actions taken, communications with patients and healthcare providers, and the outcomes of the follow-up process.

B.   Documentation of the follow-up of abnormal results will be maintained

in the patient's electronic health record and will comply with regulatory and organizational standards for medical record documentation.

IX. QUALITY ASSURANCE

A. NACA will establish quality assurance measures to monitor the follow-up of abnormal laboratory results, including regular audits, performance improvement initiatives, and staff education regarding best practices for result follow-up.

B. Any identified issues or opportunities for improvement in the follow-up process will be addressed through quality improvement activities and corrective actions.

X. COMPLIANCE

A. The follow-up of abnormal laboratory results will comply with applicable regulatory requirements, including those set forth by accrediting bodies, such as the Clinical Laboratory Improvement Amendments (CLIA), and other relevant regulatory agencies including Communicable Disease Reporting to Coconino County Health and Human Services Department.

POLICY: BH 450	(X) New ( ) Revision	Original Issue Date: 2/6/24
		Current Approval Date:
Prescribing Psychotropic Medication	Author: Quality Improvement & Compliance	Board of Directors:
		Effective Date:
		Version: 01

I. **POLICY**: It is NACA's policy to provide patients with access to prescription medications when indicated. NACA emphasizes the importance of cultural awareness and sensitivity when providing services, including prescribing medications to indigenous individuals and communities.

II. **PURPOSE:** The purpose of this policy is to establish guidelines and procedures for the responsible and safe prescribing of psychotropic medications to patients within NACA. This policy aims to ensure patient safety, informed decision-making, and adherence to legal and ethical standards.

III. **PROCEDURE:**

A. Scope: This policy applies to all healthcare professionals authorized to prescribe psychotropic medications within NACA. It encompasses the entire process of prescribing, including assessment, diagnosis, treatment planning, medication selection, monitoring, and documentation.

B. Qualifications and Training: Healthcare professionals authorized to prescribe psychotropic medications shall possess the appropriate qualifications and licenses as mandated by applicable laws and regulations.

Ongoing professional development and training is encouraged to ensure healthcare professionals remain knowledgeable about current research, guidelines, and best practices in psychopharmacology.

NACA encourages healthcare professionals to educate themselves about the cultural beliefs, practices, and healing traditions of the indigenous communities they serve. NACA shall provide resources and training opportunities to enhance cultural competency among healthcare professionals, specifically addressing indigenous cultures and their perspectives on mental health and medication.

C. Assessment and Diagnosis: A comprehensive psychiatric assessment shall be conducted to establish an accurate diagnosis and identify appropriate treatment options. Assessments assist in symptom identification along with the client's description of symptoms. A psychiatric assessment shall include, but is not limited to, the following:

- Risk Assessment
- PHQ-2 or PHQ-9
- GAD 7
- MDQ
- PCL
- PANSS
- AIMs
- Vanderbilt ADHD
- CAGE-AID or AUDIT
- Additional evidence-based assessments
- Additional screening tools as indicated

Assessments will be repeated for trending purposes, and when necessary, especially if symptoms are worsening or to monitor the effectiveness of medications or to evaluate for side effects.

Non-pharmacological interventions and alternative treatments shall be considered before initiating psychotropic medications.

Laboratory tests may be ordered to evaluate possible medical conditions that present as a psychiatric symptom(s).

D. Informed Consent: Patients shall be provided with comprehensive information about the benefits, potential risks, side effects, and alternative treatments associated with psychotropic medications.

The prescribing healthcare professional shall ensure that patients have the opportunity to ask questions and make informed decisions about their treatment.

Informed consent shall be documented in the patient's medical record.

E. Treatment Planning: Treatment plans shall be individualized based on the patient's diagnosis, symptoms, medical history, treatment goals, and preferences. Treatment plans shall consider the integration of psychotropic medications with other evidence-based interventions, such as psychotherapy or behavioral therapies.

Healthcare professionals shall have an open dialogue with indigenous patients about their cultural healing practices and explore opportunities to integrate these practices into the overall treatment plan, alongside psychotropic medications.

A collaborative approach involving the patient, their family (if appropriate), and a multidisciplinary team of healthcare professionals is encouraged, including indigenous traditional healers or cultural advisors as part of the patient's healthcare team, if desired by the patient.

F. <u>Medication Selection and Monitoring</u>: Medication selection shall be based on evidence-based practices, considering factors such as efficacy, safety, tolerability, and potential drug interactions.

The patient shall be an active participant in their treatment plan, including decisions on the prescription of psychotropic medications.

Dosages shall be initiated at the lowest effective level and adjusted as necessary, considering individual patient characteristics and response.

Ongoing monitoring of patients' response to medication, including regular follow-up appointments, shall be conducted to assess effectiveness, side effects, and any necessary dosage adjustments.

Prescribing medications off label refers to the practice of prescribing a medication for a purpose or using a dosage that is not approved by the regulatory authority. Prescribing off label shall be done so as appropriate and with rationale documented in the patient treatment plan.

Routine bloodwork and/or urinalysis may be ordered for monitoring purposes. Diagnostic tests, such as EKGs, shall be ordered as appropriate.

G. <u>Misuse or Abuse of Medication:</u> In cases of suspected or known medication misuse, the prescribing provider shall conduct a thorough assessment of the patient. The assessment shall consider the patient's condition and the seriousness of the suspected misuse. Depending on the assessment findings, the prescribing provider may need to adjust the patient's treatment plan or provide additional support or interventions.

The decision to discharge a patient from behavioral health services due to known or suspected medication misuse should be made in the best interest of the patient's health and safety and to ensure that appropriate follow-up care is arranged if a discharge is deemed necessary. Patient discharge shall be done in accordance with NACA policies and procedures.

H. <u>Risk Assessment and Management</u>: Patients shall be assessed for potential risks associated with psychotropic medications, such as the risk of dependence, abuse, or adverse reactions.

Protocols for identifying and monitoring patients at higher risk, such as those with a history of substance abuse or concurrent medical conditions, shall be established.

I. <u>Documentation and Record-Keeping</u>: Accurate and up-to-date documentation is essential for the prescribing of psychotropic medications. All person's making entries into the patient record is responsible to ensure documentation is current and accurate.

J. <u>Collaboration and Referral</u>: NACA encourages collaboration between healthcare

professionals involved in the patient's care, including psychiatrists, primary care physicians, psychologists, and therapists.

Guidelines for referral from primary care: any complex patient that would benefit from additional evaluation and assessment for treatment with psychotropic medications may be referred to behavioral health department for treatment and/or collaboration.

K. <u>Monitoring and Continuous Improvement</u>: Peer Review will be conducted for evaluation of prescribing practices and thorough documentation in the patient record. Peer review activities will be utilized at in service staff meetings and data collected will be utilized in quality improvement activities, as appropriate.

POLICY: QRM 330	(X) New ( ) Revision	Original Issue Date: 2/6/24
Impaired Healthcare Professional	Author: Quality Improvement & Compliance Director	Current Approval Date: Board of Directors: Effective Date: Version: 01

I. **POLICY:** NACA is committed to providing high-quality and safe patient care. NACA recognizes that instances of impairment among healthcare professionals can pose significant risks to patient safety and the well-being of the individuals involved. It is NACA's policy to address and manage situations of impairment in a prompt, fair, and supportive manner.

II. **PURPOSE:** The purpose of this policy is to establish guidelines and procedures for addressing situations in which a healthcare professional is suspected of being impaired, with the primary goal of ensuring patient safety and the well-being of the healthcare professional.

III. **SCOPE:** This policy applies to all healthcare professionals who are employed or affiliated with the organization.

IV. **DEFINITIONS**

Impairment: Impairment refers to a healthcare professional's inability to safely and effectively perform their duties due to physical, mental, or substance abuse issues. Impairments may include but are not limited to physical disabilities, mental health conditions, substance abuse problems, emotional stress, sleep deprivation or cognitive decline.

Healthcare Professionals: Medical Staff*, Allied Health Professionals*, registered nurse, certified medical assistant, health technician health educator, health coach, fitness specialist, health promotion program evaluator, health promotion program manager, patient coordinator, case manager

Medical Staff: Physicians (m.d. and d.o), psychiatrists, optometrists, podiatrists, certified nurse practitioners.

Allied Health Professionals: Licensed independent social workers, licensed masters-prepared and bachelor-prepared social workers, psychologists, licensed alcohol counselors, licensed professional counselors, and registered dietitians.

V. PROCEDURE

While the fundamental principles of addressing impairment and ensuring patient safety are consistent amongst all roles, the specific actions taken, and the support provided are tailored to the requirements and responsibilities of each role. Medical Staff and Allied Health Professionals are subject to specific regulatory standards and licensing requirements that may not be applicable to other roles. These elements shall be carefully assessed when determining the appropriate intervention.

A. <u>Identification of Impairment</u>: Impairment can be identified in the following ways:

- **Self-Reporting**: All healthcare professionals are encouraged to self-report any impairment that may affect their ability to practice safely.

- **Colleague Reporting**: All staff members should be aware of the signs of impairment and encouraged to report any concerns to the appropriate authority.

- **Regular Monitoring**: Regular performance evaluations and monitoring of healthcare professionals' behavior and performance may identify potential impairments.

B. <u>Identification and Reporting:</u> All staff members are responsible for reporting any concerns regarding the potential impairment of a healthcare professional to their immediate supervisor or designated reporting authority.

C. <u>Immediate Intervention:</u> Upon receiving a report of potential impairment, the immediate supervisor or designated authority will initiate an intervention. Depending on the situation, the healthcare professional in question may need to be physically redirected away from clinical duties and patient care areas. The way to approach a potentially impaired healthcare professional could include:

- **Immediate Removal from Patient Care Areas**: If there are clear signs of impairment that could compromise patient safety, the supervisor may need to immediately redirect the impaired professional from patient care areas. This may involve discreetly asking the healthcare professional to step away from patient care responsibilities.
- **Private Conversation:** A private conversation between the supervisor and the impaired professional may be necessary to address the concerns and provide an opportunity for the professional to share their perspective. This conversation should be conducted in a manner that respects the professional's privacy and dignity.

- **Temporary Reassignment of Duties**: Depending on the severity of the impairment, the supervisor may need to temporarily reassign the professional's clinical or administrative duties to ensure that patient care is not compromised.
- **Escorting to a Safe Space:** If the impaired professional requires further discussion or support, the supervisor may escort them to a designated safe space within the healthcare facility where they can have a private conversation without causing disruption to patient care activities.

D. <u>Assessment:</u> Once the impaired healthcare professional is in a safe location and away from patient care, the supervisor or designated authority shall make an assessment to determine the appropriate course of action. It is the responsibility of the supervisor to communicate with other key personnel as needed, including, but not limited to, the Human Resources Director, Quality Improvement Director, and CEO. The healthcare professional in question will be provided with an opportunity to address the reported concerns and provide relevant information. If the assessment determines that a medical or psychiatric evaluation is needed, the healthcare professionals' consent shall be obtained for any necessary medical examinations or tests.

E. <u>Response:</u> If impairment is suspected, the severity and potential causes will be considered in the assessment. Types of impairment and possible responses include, but are not limited to:

- **Response to Fatigue-Related Impairment:** If impairment is attributed to fatigue or exhaustion, the affected healthcare professional may be allowed to take appropriate rest and recovery measures, which may include permission to leave work for the day.
- **Response to Substance-Related Impairment:** If impairment is suspected to be related to drugs or alcohol, a thorough investigation will be conducted, following established organizational protocols. This may include formal assessment, drug testing, and involvement of human resources and employee assistance programs.
- **Assessment of Physical Impairment**: Healthcare workers who exhibit physical impairment that may affect their ability to perform their duties will be assessed to determine the nature and extent of the impairment and its potential impact on the worker's ability to carry out their responsibilities. Examples of physical impairment could be an eye injury or a sprained wrist.

F. <u>Investigation of Medical Staff or Allied Health Professional:</u> If during the assessment it is reasonably believed that a Medical Staff or Allied Health Professional has exhibited conduct detrimental to patient safety or quality of care, the designated authority shall

immediately request an investigation by the Medical Executive Committee. The Medical Executive Committee shall follow the investigative process and timeline detailed in the NACA Medical Staff Bylaws. If a reduction or suspension of clinical duties is warranted, the Medical Executive Committee shall follow the process outlined in the Medical Staff Bylaws.

G. Supportive Services: Counseling may be offered to the healthcare professional as a means of support. Referrals to substance abuse programs or other helpful resources can also be offered.

H. Regulatory Reporting and Licensure Considerations: Interventions for Medical Staff and Allied Health Professionals may need to consider specific regulatory reporting requirements and considerations related to professional licensure. The Medical Executive Committee shall be responsible for ensuring regulatory compliance.

I. Confidentiality: All information related to impairment, including assessments, treatment records, and interventions, shall be treated with strict confidentiality and in compliance with applicable privacy laws and regulations, with a focus on protecting the well-being of patients and the healthcare professional. Whistleblower protections are in place to encourage reporting without fear of retaliation. The identity of the reporter should be protected to the extent permitted by law.

J. Return-to-Work Process: If applicable, and depending on the nature and outcome of the assessment, a return-to-work process may be established. This may include requirements such as successfully completing a treatment program, attending support groups, or maintaining sobriety.

K. Disciplinary Actions: Disciplinary actions will be conducted in accordance with NACA human resources policies and procedures and with applicable state and federal laws and regulations.

Disciplinary actions issued to a Medical Staff or Allied Health Professional shall be determined by, and conducted in accordance with, the NACA Medical Staff Bylaws and with applicable state and federal laws and regulations.

J. Education and Prevention:

Efforts shall be made to identify and share educational resources with employees on recognizing signs of impairment, reporting procedures, support, and consequences of impairment on patient safety. NACA encourages participation in awareness programs that promote early detection and prevention of impairment.

POLICY: QRM 340	(X) New ( ) Revision	Original Issue Date: 2/6/24
Incapacitated Healthcare Provider	Author: Quality Improvement & Compliance Director	Current Approval Date: Board of Directors: Effective Date: Version: 01

I. **POLICY:** It is the policy of NACA to outline procedures for managing a situation in which a healthcare provider becomes incapacitated during a medical or surgical procedure.

II. **PURPOSE:** To establish an immediate action to ensure the safety and well-being of the patient, patient family, and organization in the presence of an incapacitated healthcare provider.

III. **DEFINITIONS**

Incapacitated: incapable of or unfit for normal functioning

Healthcare provider/provider**:** physicians and nurse practitioners

IV. **PROCEDURE:** In a small medical clinic, the unexpected incapacitation of a healthcare provider can have significant implications for patient care and clinic operations. If a healthcare provider becomes incapacitated during a medical or surgical procedure, the following steps shall be taken:

A. Prioritize Patient Safety: The healthcare provider or other medical staff present shall prioritize the safety of the patient receiving treatment. It may be necessary to halt the procedure to prevent any harm to the patient. If the provider's condition allows, they should inform the patient of the situation and ensure that the patient is stable and, if possible, transfer their care to another qualified healthcare provider. For example, if during a medical procedure a provider felt symptoms coming on that may impact the treatment, the provider could briefly notify the patient, and let the other staff know that their assistance is needed.

B. Provider Safety: In the event of a more serious situation, emergency measures may need to be taken. For example, if the provider is experiencing chest pain, or any symptoms indicating a potential heart attack, immediate action is necessary. The provider or another staff member should call for emergency medical services to provide urgent medical assistance. It's essential not to delay in seeking professional medical help.

If the provider is alone and experiencing symptoms of a heart attack, they should prioritize their own well-being and take necessary steps to ensure their safety. This may include stopping any ongoing procedures, moving to a safe location, and accessing emergency medical care for themselves.

C. <u>Assess the Incapacitated Healthcare Professional:</u> once the situation is safe to do so, any of the medical staff present during the event, or made aware of the event, shall notify the 'Next in Care Command' who will become the designated evaluator. The Next in Care Command with the highest scope of care to evaluate the incapacitated provider's condition to determine the extent of their incapacitation. The highest scope of care is as follows, in descending order:

- NACA Medical Director
- NACA Healthcare Provider
- NACA Nurse Practitioner
- NACA Registered Nurse

The evaluator assesses and advises the incapacitated provider. For example, a healthcare provider has been experiencing fatigue and dizziness, and suddenly feels unwell and unable to continue the treatment and requests assistance. Upon assessment, the evaluator may determine the symptoms are not indicative of an immediate emergency but does advise the provider to see their primary care physician as soon as possible.

It is important that the evaluator's advice is tailored to the specific circumstances and the incapacitated provider's conditions, and it should be provided in a compassionate and supportive manner. Additionally, any advice provided by the evaluator should comply with medical best practices and ethical guidelines.

D. <u>Determine a Course of Action</u>: The Next in Care Command shall decide whether to resume or postpone the procedure, depending on the nature of the procedure and the availability of other healthcare professionals. This decision should be based on patient safety and the ability to provide appropriate care. If it is determined that the procedure shall resume, the replacement healthcare provider must have the same privileges to perform the procedure.

For example, a patient is in an exam room for a joint injection, when the provider performing the procedure cannot continue. If the Next in Care Command is another provider with the same privileges, and has the appropriate resources available, they may determine to proceed with the procedure, if agreeable to the patient. If, on the other hand, the Next in Care Command is an RN who is not authorized to perform a joint injection, this procedure would be stopped and likely scheduled to another time.

E. Transfer of care: While it is unlikely that any medical treatment being performed at NACA would require transfer to another facility, it is always a possibility. In the event of a need for transfer of care, staff shall do so in accordance with the NACA Emergency Patient Transfers Policy.

F. Communicate with the Patient and Family: it is always a priority to inform the patient and patient's family, if applicable, about the situation, the steps being taken to address it, and any potential impact on the procedure or their care. Reassure them that their safety and well-being are top priorities. The patient should be involved in the decision to resume or reschedule the procedure.

G. Document the Incident: maintain accurate and detailed documentation of the incident, including the timeline, actions taken, and any communication with the patient and family.

H. Clearance to Return: Regardless of the reason for the provider's incapacity, the Medical Director shall approve clearance for the provider to return to work. In the event the Medical Director is incapacitated, the CEO shall approve clearance for the Medical Director to return to work and may require medical clearance to do so. Longer-term absences shall be addressed in accordance with NACA policies and procedures and Medical Staff Bylaws.

I. Considerations: It is important to note that the specific actions taken in such a situation may vary depending on the type of procedure, and the available resources. Healthcare providers should follow established protocols and guidelines and may consult with their colleagues. Providers shall abide by regulatory authorities, state and federal law, and as set forth in the NACA Medical Staff Bylaws. Healthcare providers should only perform procedures for which they are competently trained.

MEMO

To: Board of Directors
Subject: Financial Report & Summary: January 2024

Organizational Notes:

Finance Notes/Updates:
*Medicare Cost report-completed and submitted 9/30/23. 2024 due date w/o extension from CMS is 7/1/2024.
*Single Audit 2022- expected date of completion-Feb. 24.
*Indirect Cost report- completed and submitted December 1, 2023. 2024 due date w/o extension from DHHS is 7/1/2024.
*Workman's Comp audit completed and submitted, December 1, 2023. New audit and confirmation started 1/15/2024.
*AHCCCS PPS rate has been issued to NACA in the amount of 816.91 for the term of 10/1/23 thru 9/30/24. New fiscal period audit will start 7/15/24. Expected return date of existing liability is 3/31/24 to 4/30/24.

**NextGen update: NACA went live with the NextGen electronic health record system on July 11, 2023. As of January 31, 2024, the NACA team will be planning the final close of the old health records systems and adding new modules for the NextGen electronic health system. We will have continued support from NextGen for implementation until we have concluded our current contracted system components. Once the system is fully completed with implementation, NACA will continue to use NextGen with support on an annual contract.

Investments:

January 2024 Ending Investment balance $270,418.13

Profit and Loss Analysis:

January 2024 recognized a profit of $114,567.65 meeting a 1% budget expectation of annual revenue.

The monthly program is contributed by the following revenue programs. There were no out-of-ordinary expenses except facility renovations and snow removal at the Overlook for the current month.

The NACA organization manages and operates several fund-raising and donation programs with small profits/losses which are excluded from this report but realized in the Summary Income Statement and Balance Sheet attached and noted.

*Year End Adjustments to be finalized by Single Audit.

NACA Board Report, Financial Summary, Current Mo.

Profit Analysis	Jan. 24	YTD
ASAP-I H S Program Revenue-3rd Party & Fee	$ (529.55)	$ (529.55)
FHC-I H S Program Revenue-3rd Party & Fee	$ 67,796.33	$ 67,796.33
MH-I H S Program Revenue-3rd Party & Fee	$ 42,226.28	$ 42,226.28
Overlook Vista	$ (33.57)	$ (33.57)
Other small programs, Investment.Support Services	$ 5,074.59	$5,074.59
	$ 114,567.65	$ 114,567.65

JANURARY 2024

	Budget	Mo. Budget Expectation	YTD Budget Expectation	Jan-24	2024 YTD	MO. BUDGET VAR.
Revenues						
CONTRIBUTIONS/DONATIONS	$ 32,675.00	$ 2,722.92	$ 2,722.92	$ 7,905.11	$ 7,905.11	$ (5,182.19)
GRANTS & CONTRACTS	$ 11,700,777.16	$ 975,064.76	$ 975,064.76	$ 253,361.02	$ 253,361.02	$ 721,703.74
INDIRECT COST REVENUE	$ 2,283,646.25	$ 190,303.85	$ 190,303.85	$ 54,700.82	$ 54,700.82	$ 135,603.03
OTHER REVENUE	$ 2,595,041.49	$ 216,253.46	$ 216,253.46	$ 2,109.13	$ 2,109.13	$ 214,144.33
PROGRAM FEES	$ -	$ -	$ -	$ 192,718.65	$ 192,718.65	$ (192,718.65)
FHC CREDITS/ADJUSTMENTS	$ -	$ -	$ -		$ -	$ -
PATIENT REFUNDS	$ -	$ -	$ -		$ -	$ -
Total Revenues	$ 16,612,139.90	$ 1,384,344.99	$ 1,384,344.99	$ 510,794.73	$ 510,794.73	$ 873,550.26
Operating Expenses						
ADVERTISING	$ -	$ -	$ -	$ 2,407.70	$ 2,407.70	$ (2,407.70)
BUILDING	$ -	$ -	$ -	$ -	$ -	$ -
DUES & SUBSCRIPTIONS	$ 42,248.84	$ 3,520.74	$ 3,520.74	$ 2,769.98	$ 2,769.98	$ 750.76
FURNITURE & EQUIPMENT	$ 126,500.00	$ 10,541.67	$ 10,541.67	$ 43,839.95	$ 43,839.95	$ (33,298.28)
FRINGE BENEFITS	$ 972,788.16	$ 81,065.68	$ 81,065.68	$ 31,274.73	$ 31,274.73	$ 49,790.95
INDIRECT COST	$ 2,283,646.25	$ 190,303.85	$ 190,303.85	$ 54,700.82	$ 54,700.82	$ 135,603.03
INSURANCE	$ 133,270.00	$ 11,105.83	$ 11,105.83	$ 5,735.92	$ 5,735.92	$ 5,369.91
LEASE EXPENSE	$ 405,550.21	$ 33,795.85	$ 33,795.85	$ 30,937.27	$ 30,937.27	$ 2,858.58
MATERIALS & SUPPLIES	$ 365,625.97	$ 30,468.83	$ 30,468.83	$ 23,898.88	$ 23,898.88	$ 6,569.95
MEETINGS	$ 24,441.83	$ 2,036.82	$ 2,036.82	$ 154.77	$ 154.77	$ 1,882.05
OTHER COSTS	$ 1,249,617.10	$ 104,134.76	$ 104,134.76	$ 7,863.32	$ 7,863.32	$ 96,271.44
PERSONNEL	$ 4,307,931.20	$ 358,994.27	$ 358,994.27	$ 137,796.90	$ 137,796.90	$ 221,197.37
PRINTING	$ 34,850.00	$ 2,904.17	$ 2,904.17	$ 515.10	$ 515.10	$ 2,389.07
PROFESSIONAL & CONTRACTUAL	$ 804,927.00	$ 67,077.25	$ 67,077.25	$ 23,662.42	$ 23,662.42	$ 43,414.83
REPAIR & MAINTENANCE	$ 155,000.00	$ 12,916.67	$ 12,916.67	$ 4,373.59	$ 4,373.59	$ 8,543.08
SUPPORT SERVICES	$ 3,939,841.85	$ 328,320.15	$ 328,320.15	$ 3,794.86	$ 3,794.86	$ 324,525.29
COMMUNICATIONS	$ 177,690.00	$ 14,807.50	$ 14,807.50	$ 2,761.66	$ 2,761.60	$ 12,045.84
TRAINING	$ 35,910.00	$ 2,992.50	$ 2,992.50	$ 5,096.11	$ 5,096.11	$ (2,103.61)
TRAVEL	$ 161,088.00	$ 13,424.00	$ 13,424.00	$ 443.79	$ 443.79	$ 12,980.21
USE FEES	$ 10,277.68	$ 856.47	$ 856.47	$ -	$ -	$ 856.47
UTILITIES	$ 59,660.00	$ 4,971.67	$ 4,971.67	$ 6,264.48	$ 6,264.48	$ (1,292.81)
Total Operating Expenses	$ 15,290,864.09	$ 1,274,238.67	$ 1,274,238.67	$ 388,292.25	$ 388,292.19	$ 885,946.42
Income (Loss) from Operations	$ 1,321,275.81	$ 110,106.32	$ 110,106.32	$ 122,502.48	$ 122,502.54	$ (12,396.16)
Other Income (Expense)						
DEPRECIATION	$ (75,000.00)	$ (6,250.00)	$ (6,250.00)	$ (5,315.11)	$ (5,315.11)	$ (934.89)
INVESTMENT INCOME/LOSS	$ 30,000.00	$ 2,500.00	$ 2,500.00	$ (2,619.77)	$ (2,619.77)	$ 5,119.77
Total Other Income (Expense)	$ (45,000.00)	$ (3,750.00)	$ (3,750.00)	$ (7,934.88)	$ (7,934.88)	$ 4,184.88
Income (Loss) Before Income Taxes	$ 1,276,275.81	$ 106,356.32	$ 106,356.32	$ 114,567.60	$ 114,567.66	$ (8,211.28)
	100%		8%	9%	9%	

The NACA organization manages and operates several fund-raising and donation programs with small profits/losses which are excluded from this report but realized in the Summary Income Statement and Balance Sheet attached and noted.

*Year End Adjustments to be finalized by Single Audit.

NACA Board Report, Financial Summary, Current Mo.

Spending Report
JANUARY 2024

Grant Name	Grant Timeline	Total Budget	Amount Spent	Amount Remaining	% of Year Passed	# of months passed	YTD Target Expense	# of months remaining	Future Estimated Monthly Expenses per period
Behavior Health									
SUB ABUSE PREV 1110	CALENDAR YEAR	$ 195,899	$ 8,930	$ 186,969	8%	1	$ 16,324.92	11	$ 16,997
Family Health Center									
CLINIC 1120	CALENDAR YEAR	$ 1,835,344	$ 36,269	$ 1,799,075	8%	1	$ 152,945.33	11	$ 163,552
CLINIC IT FUNDS 1121	CALENDAR YEAR	$ 119,000	$ 577	$ 118,423	8%	1	$ 9,916.67	11	$ 10,766
CLINIC 1120.1121	CALENDAR YEAR	$ 1,954,344	$ 36,845	$ 1,917,499	8%	1	$ 162,862.00	11	$ 174,318
Community Development									
REACH UR LIFE 1135	JULY - JUNE	$ 736,000	$ 543,748	$ 192,253	58%	7	$ 429,333.33	5	$ 38,451
L.I.F.E 4010	JULY - JUNE	$ 150,000	$ 19,504	$ 130,496	33%	4	$ 50,000.00	8	$ 16,312
NATIVE CONNECTIONS 4120	OCTOBER - SEPTEMBER	$ 319,000	$ 6,098	$ 312,902	8%	1	$ 26,583.33	11	$ 28,446
Title V 4 in 1									
HPDP (TITLE V) 1140	APRIL - MARCH	$ 17,000	$ 13,369	$ 3,631	83%	10	$ 14,166.67	2	$ 1,815
IMMUN (TITLE V) 1150	APRIL - MARCH	$ 7,127	$ 10,416	$ (3,289)	83%	10	$ 5,939.17	2	$ (3,289)
PATHWAYS (TITLE V)-1160	APRIL - MARCH	$ 115,342	$ 86,373	$ 28,968	83%	10	$ 96,118.03	2	$ 14,484
M.H. (TITLE V) 1170	APRIL - MARCH	$ 78,355	$ 62,612	$ 15,743	83%	10	$ 65,295.69	2	$ 7,871
	Total	$ 217,823	$ 172,771	$ 45,053	83%	10	$ 181,519.55	2	$ 22,526
Federal Diabetes									
DIABETES 4110	CALENDAR YEAR	$ 313,856	$ 11,221	$ 302,635	8%	1	$ 26,154.67	11	$ 27,512
Other Grants									
GOOD HEALTH & WELLNESS 4020	OCTOBER - SEPT	$ 375,000	$ 83,727	$ 291,273	33%	4	$ 125,000.00	8	$ 36,409
CCPHD - 6003	JAN-DEC	$ 105,615	$ 3,515	$ 102,101	8%	1	$ 8,801.29	11	$ 9,282
STATE OF ARIZONA BH 7002	JAN-DEC	$ 25,400	$ 1,002	$ 24,398	8%	1	$ 2,116.65	11	$ 2,218
I H S MOD 24, 7003	2020-2024	$ 1,482	$ -	$ 1,482	8%	1	$ 123.47	11	$ 135
I H S MOD 21, 7004	2020-2024	$ 5,304,531	$ 116,045	$ 5,188,486	8%	1	$ 442,044.23	11	$ 471,681
I H S MOD 22, TELEMEDICINE 7005	2020-2024	$ 102,719	$ -	$ 102,719	8%	1	$ 8,559.88	11	$ 9,338
I H S MOD 23 - 7006	2020-2024	$ 1,334,659	$ 7,675	$ 1,326,984	8%	1	$ 111,221.56	11	$ 120,635
I H S MOD 15 - 7007	2020-2024	$ 258,819	$ 4,291	$ 254,527	8%	1	$ 21,568.22	11	$ 23,139
I H S MOD 11-COVID 7010	2020-2024	$ 21,489	$ -	$ 21,489	8%	1	$ 1,790.73	11	$ 1,954
I H S MOD 13-CARES 7014	2020-2024	$ 232,289	$ 10,769	$ 221,520	8%	1	$ 19,357.43	11	$ 20,138
I H S MOD 12-CARES 7015	2020-2024	$ 91,182	$ 4,256	$ 86,926	8%	1	$ 7,598.49	11	$ 7,902
COVID 19 FUNDING 2020	Total	$ 7,347,168	$ 143,037	$ 7,204,131	8%	1	$ 612,264.01	11	$ 654,921

The NACA organization manages and operates several fund-raising and donation programs with small profits/losses which are excluded from this report but realized in the Summary Income Statement and Balance Sheet attached and noted.

*Year End Adjustments to be finalized by Single Audit.

NACA Board Report, Financial Summary, Current Mo.

NATIVE AMERICANS FOR COMMUNITY ACTION

Income Statement SubType (By Date Range)

For the Period of 1/1/24 through 1/31/24

	Balance	%
Revenues		
CONTRIBUTIONS/DONATIONS	7,905.11	1.5
GRANTS & CONTRACTS	253,361.02	49.6
INDIRECT COST REVENUE	54,700.82	10.7
OTHER REVENUE	2,109.13	0.4
PROGRAM FEES	192,718.65	37.7
Total Revenues	**$510,794.73**	**100.0 %**
Operating Expenses		
OFFICE SUPPLIES	37.47	0.0
INSURANCE	166.33	0.0
INSURANCE	218.00	0.0
LICENSES, DUES, SUBSCRIPTIONS	159.00	0.0
ADVERTISING	2,407.70	0.5
DUES & SUBSCRIPTIONS	2,769.98	0.5
FURNITURE & EQUIPMENT	43,839.95	8.6
FRINGE BENEFITS	31,274.73	6.1
INDIRECT COST	54,700.82	10.7
INSURANCE	5,735.92	1.1
LEASE EXPENSE	30,937.27	6.1
MATERIALS & SUPPLIES	23,898.88	4.7
MEETINGS	154.77	0.0
MISCELLANEOUS	2,282.47	0.4
PERSONNEL	137,796.90	27.0
PRINTING	515.10	0.1
PROFESSIONAL & CONTRACTUAL	28,662.42	5.6
REPAIR & MAINTENANCE	4,373.59	0.9
SUPPORT SERVICES	3,794.86	0.7
COMMUNICATIONS	2,761.66	0.5
TRAINING	5,096.11	1.0
TRAVEL	443.79	0.1
UTILITIES	6,264.48	1.2
Total Operating Expenses	**$388,292.20**	**76.0 %**
General & Administrative Expenses		
Total General & Administrative Expenses	**$0.00**	**0.0 %**
Total Expenses	**$388,292.20**	**76.0 %**
Income (Loss) from Operations	**$122,502.53**	**24.0 %**
Other Income (Expense)		
DEPRECIATION	(5,315.11)	(1.0)
INVESTMENT INCOME/LOSS	(2,619.77)	(0.5)
Total Other Income (Expense)	**$(7,934.88)**	**(1.6)%**
Income (Loss) Before Income Taxes	**$114,567.65**	**22.4 %**
Net Income (Loss)	**$114,567.65**	**22.4 %**

NATIVE AMERICANS FOR COMMUNITY ACTION

Balance Sheet SubType

As of 1/31/2024

Assets

Current Assets

CASH	$13,539,803.77	
ACCOUNTS RECEIVABLE, NET	707,502.72	
ACCOUNTS RECEIVABLE NET	(9,902.30)	
GRANTS/CONTRACTS RECEIVABLE	514,236.29	
PREPAID EXPENSE	81,680.12	
DEPOSITS	(1,964.22)	
Total Current Assets		$14,831,356.38

Investments

LONG TERM INVESTMENTS	$262,267.83	
Total Investments		262,267.83

Property, Plant & Equipment

FURNITURE & EQUIPMENT	$667,140.63	
LEASED ASSETS	40,724.67	
LEASE HOLD IMPROVEMENTS	515,142.85	
ACCUMULATED DEPRECIATION	(1,033,838.38)	
Total Property, Plant & Equipment		189,169.77

Other Assets

LEASE - RIGHT TO USE ASSET	$518,713.00	
Total Other Assets		518,713.00

Total Assets		$15,801,506.98

Liabilities and Equity

Current Liabilities

ACCOUNTS PAYABLE	$67,229.08	
OPERATING LEASE LIABILITIES - CURRENT	263,247.00	
OPERATING LEASE LIABILITIES NON-CURRENT	255,466.00	
ACCRUED EXPENSES	241,720.64	
OTHER CURRENT LIABILITIES	722,455.36	
TAXES PAYABLE	34.26	
UNCLAIMED PROPERTY	5,152.93	
Total Current Liabilities		$1,555,305.27

Long Term Liabilities

DEFERRED REVENUE	$11,500,334.19	
LEASE - LONG TERM	8,479.80	
Total Long Term Liabilities		11,508,813.99

Total Liabilities		$13,064,119.26

Equity

NET ASSETS, UNRESTRICTED	$1,291,215.01	
OTHER RETAINED EARNINGS	61,567.40	
Current Year Profit/Loss	1,384,605.31	
Total Equity		2,737,387.72

NATIVE AMERICANS FOR COMMUNITY ACTION

Balance Sheet SubType

As of 1/31/2024

Total Liabilities and Equity $15,801,506.98

MEMO

To: Board of Directors
Subject: Financial Report & Summary: February 2024

Organizational Notes:

Finance Notes/Updates:
*Medicare Cost report-completed and submitted 9/30/23. 2024 due date w/o extension from CMS is 7/1/2024.
*Single Audit 2022- Completed-Feb. 24.
*Indirect Cost report- completed and submitted December 1, 2023. 2024 due date w/o extension from DHHS is 7/1/2024.
*Workman's Comp audit completed and submitted, December 1, 2023. New audit and confirmation started 1/15/2024.
*AHCCCS PPS rate has been issued to NACA in the amount of 816.91 for the term of 10/1/23 thru 9/30/24. New fiscal period audit will start 7/15/24. Expected return date of existing liability is 3/31/24 to 4/30/24.
*NACA Accounts Receivable balances have been impacted by the Change Healthcare Cyberattack. NACA has the equity to sustain the solutions and changes but is actively working on solutions with providers for reimbursement of outstanding payments and claims.

**NextGen update: NACA went live with the NextGen electronic health record system on July 11, 2023. As of January 31, 2024, the NACA team is planning the final close of the old health records systems and adding new modules for the NextGen electronic health system. We will have continued support from NextGen for implementation until we have concluded our current contracted system components. Once the system is fully completed with implementation, NACA will continue to use NextGen with support on an annual contract.

Investments:

February 2024 Ending Investment balance $275,732.37

Profit and Loss Analysis:

February 2024 recognized a profit of $17,551.58 meeting a <1% budget expectation of annual revenue. February 2024 YTD recognized a profit of $132,119.23 which is a margin of 61% of the budget expected revenue.

The NACA organization manages and operates several fund-raising and donation programs with small profits/losses which are excluded from this report but realized in the Summary Income Statement and Balance Sheet attached and noted.

*Year End Adjustments to be finalized by Single Audit.

NACA Board Report, Financial Summary, Current Mo.

The monthly program is contributed by the following revenue programs. There were no out-of-ordinary expenses except facility renovations and snow removal at the Overlook for the current month.

Profit Analysis	Feb. 24	YTD
ASAP-I H S Program Revenue-3rd Party & Fee	$ (7,207.71)	$ (7,737.26)
FHC-I H S Program Revenue-3rd Party & Fee	$14,921.37	$ 82,717.70
MH-I H S Program Revenue-3rd Party & Fee	$15,342.25	$ 57,568.23
Overlook Vista	$ 2,633.86	$ 2,600.29
Other small programs, Investment.Support Services	$ (8,138.19)	$ (3,029.73)
	$17,551.58	$ 132,119.23

NATIVE AMERICANS FOR COMMUNITY ACTION

FEBRUARY 2024

	Budget	Mo. Budget Expectation	YTD Budget Expectation	Feb-24	2024 YTD	MO. BUDGET VAR.
Revenues						
CONTRIBUTIONS/DONATIONS	$ 32,675.00	$ 2,722.92	$ 5,445.83	$ 940.70	$ 8,845.81	$ 1,782.22
GRANTS & CONTRACTS	$ 11,700,777.16	$ 975,064.76	$ 1,950,129.53	$ 443,835.09	$ 697,196.11	$ 531,229.67
INDIRECT COST REVENUE	$ 2,283,646.25	$ 190,303.85	$ 380,607.71	$ 96,894.12	$ 151,594.94	$ 93,409.73
OTHER REVENUE	$ 2,595,041.49	$ 216,253.46	$ 432,506.92	$ 355.00	$ 2,464.13	$ 215,898.46
PROGRAM FEES	$ -	$ -	$ -	$ 187,573.85	$ 380,292.50	$ (187,573.85)
FHC CREDITS/ADJUSTMENTS	$ -	$ -	$ -	$ -	$ -	$ -
PATIENT REFUNDS	$ -	$ -	$ -	$ -	$ -	$ -
Total Revenues	$ 16,612,139.90	$ 1,384,344.99	$ 2,768,689.98	$ 729,598.76	$ 1,240,393.49	$ 654,746.23
Operating Expenses						
ADVERTISING	$ -	$ -	$ -	$ 5,801.37	$ 8,209.07	$ (5,801.37)
BUILDING	$ -	$ -	$ -	$ -	$ -	$ -
DUES & SUBSCRIPTIONS	$ 42,248.84	$ 3,520.74	$ 7,041.47	$ 8,528.77	$ 11,298.75	$ (5,008.03)
FURNITURE & EQUIPMENT	$ 126,500.00	$ 10,541.67	$ 21,083.33	$ 34,861.03	$ 78,700.98	$ (24,319.36)
FRINGE BENEFITS	$ 972,788.16	$ 81,065.68	$ 162,131.36	$ 23,521.36	$ 54,796.09	$ 57,544.32
INDIRECT COST	$ 2,283,646.25	$ 190,303.85	$ 380,607.71	$ 96,894.12	$ 151,594.94	$ 93,409.73
INSURANCE	$ 133,270.00	$ 11,105.83	$ 22,211.67	$ 5,735.92	$ 11,471.84	$ 5,369.91
LEASE EXPENSE	$ 405,550.21	$ 33,795.85	$ 67,591.70	$ 32,074.48	$ 63,011.75	$ 1,721.37
MATERIALS & SUPPLIES	$ 365,625.97	$ 30,468.83	$ 60,937.66	$ 30,911.56	$ 54,810.44	$ (442.73)
MEETINGS	$ 24,441.83	$ 2,036.82	$ 4,073.64	$ 1,130.86	$ 1,285.63	$ 905.96
OTHER COSTS	$ 1,249,617.10	$ 104,134.76	$ 208,269.52	$ 2,628.10	$ 5,491.37	$ 101,506.66
PERSONNEL	$ 4,307,931.20	$ 358,994.27	$ 717,988.53	$ 368,263.56	$ 506,060.46	$ (9,269.29)
PRINTING	$ 34,850.00	$ 2,904.17	$ 5,808.33	$ 1,005.90	$ 1,521.00	$ 1,898.27
PROFESSIONAL & CONTRACTUAL	$ 804,927.00	$ 67,077.25	$ 134,154.50	$ 82,445.34	$ 111,107.76	$ (15,368.09)
REPAIR & MAINTENANCE	$ 155,000.00	$ 12,916.67	$ 25,833.33	$ 3,561.11	$ 7,934.70	$ 9,355.56
SUPPORT SERVICES	$ 3,939,841.85	$ 328,320.15	$ 656,640.31	$ 4,224.86	$ 8,019.72	$ 324,095.29
COMMUNICATIONS	$ 177,690.00	$ 14,807.50	$ 29,615.00	$ 3,687.48	$ 6,449.14	$ 11,120.02
TRAINING	$ 35,910.00	$ 2,992.50	$ 5,985.00	$ 1,264.16	$ 6,360.27	$ 1,728.34
TRAVEL	$ 161,088.00	$ 13,424.00	$ 26,848.00	$ 3,407.84	$ 3,851.63	$ 10,016.16
USE FEES	$ 10,277.68	$ 856.47	$ 1,712.95	$ -	$ -	$ 856.47
UTILITIES	$ 59,660.00	$ 4,971.67	$ 9,943.33	$ 4,718.26	$ 10,982.74	$ 253.41
Total Operating Expenses	$ 15,290,864.09	$ 1,274,238.67	$ 2,548,477.35	$ 714,666.08	$ 1,102,958.28	$ 559,572.59
Income (Loss) from Operations	$ 1,321,275.81	$ 110,106.32	$ 220,212.64	$ 14,932.68	$ 137,435.21	$ 95,173.64
Other Income (Expense)						
DEPRECIATION	$ (75,000.00)	$ (6,250.00)	$ (12,500.00)	$ (5,315.11)	$ (10,630.22)	$ (934.89)
INVESTMENT INCOME/LOSS	$ 30,000.00	$ 2,500.00	$ 5,000.00	$ 7,934.01	$ 5,314.24	$ (5,434.01)
Total Other Income (Expense)	$ (45,000.00)	$ (3,750.00)	$ (3,750.00)	$ 2,618.90	$ (5,315.98)	$ (6,368.90)
Income (Loss) Before Income Taxes	$ 1,276,275.81	$ 106,356.32	$ 216,462.64	$ 17,551.58	$ 132,119.23	$ 88,804.74
	100%		17%	8%		61%

The NACA organization manages and operates several fund-raising and donation programs with small profits/losses which are excluded from this report but realized in the Summary Income Statement and Balance Sheet attached and noted.

*Year End Adjustments to be finalized by Single Audit.

NACA Board Report, Financial Summary, Current Mo.

Grants

Spending Report

February 2024

Grant Name	Grant Timeline	Total Budget	Amount Spent	Amount Remaining	% of Year Passed	# of months passed	YTD Target Expense	# of months remaining	Future Estimated Monthly Expenses per period
Behavior Health									
SUB ABUSE PREV 1110	CALENDAR YEAR	$ 195,899	$ 29,413	$ 166,486	17%	2	$ 32,649.83	10	$ 16,649
Family Health Center									
CLINIC 1120	CALENDAR YEAR	$ 1,835,344	$ 106,866	$ 1,728,478	17%	2	$ 305,890.67	10	$ 172,848
CLINIC IT FUNDS 1121	CALENDAR YEAR	$ 119,000	$ 617	$ 118,383	17%	2	$ 19,833.33	10	$ 11,838
CLINIC 1120.1121	CALENDAR YEAR	$ 1,954,344	$ 107,483	$ 1,846,861	17%	2	$ 325,724.00	11	$ 167,896
Community Development									
REACH UR LIFE 1135	JULY - JUNE	$ 736,000	$ 594,669	$ 141,331	67%	8	$ 490,666.67	4	$ 35,333
L.I.F.E 4010	JULY - JUNE	$ 150,000	$ 36,983	$ 113,017	42%	5	$ 62,500.00	7	$ 16,145
NATIVE CONNECTIONS 4120	OCTOBER - SEPTEMBER	$ 319,000	$ 20,729	$ 298,271	17%	2	$ 53,166.67	10	$ 29,827
Title V 4 in 1									
HPDP (TITLE V) 1140	APRIL - MARCH	$ 17,000	$ 14,152	$ 2,848	92%	11	$ 15,583.33	1	$ 2,848
IMMUN (TITLE V) 1150	APRIL - MARCH	$ 7,127	$ 11,097	$ (3,970)	92%	11	$ 6,533.08	1	$ (3,289)
PATHWAYS (TITLE V)-1160	APRIL - MARCH	$ 115,342	$ 95,585	$ 19,757	92%	11	$ 105,729.83	1	$ 19,757
M.H. (TITLE V) 1170	APRIL - MARCH	$ 78,355	$ 69,517	$ 8,838	92%	11	$ 71,825.26	1	$ 8,838
	Total	$ 217,823	$ 190,351	$ 27,472	92%	11	$ 199,671.51	1	$ 27,472
Federal Diabetes									
DIABETES 4110	CALENDAR YEAR	$ 313,856	$ 39,211	$ 274,645	17%	2	$ 52,309.33	10	$ 27,464
Other Grants									
GOOD HEALTH & WELLNESS 4020	OCTOBER - SEPT	$ 375,000	$ 83,727	$ 291,273	42%	5	$ 156,250.00	7	$ 41,610
CCPHD - 6003	JAN-DEC	$ 105,615	$ 9,496	$ 96,119	17%	2	$ 17,602.57	10	$ 9,612
ADOH-Blackwater	JAN-DEC	$ 214,838	$ 8,759	$ 206,079	17%	2	$ 35,806.35	10	$ 20,608
STATE OF ARIZONA BH 7002	JAN-DEC	$ 25,400	$ 2,502	$ 22,898	17%	2	$ 4,233.30	10	$ 2,290
I H S MOD 24, 7003	2020-2024	$ 1,482	$ -	$ 1,482	17%	2	$ 246.94	10	$ 148
I H S MOD 21, 7004	2020-2024	$ 5,304,531	$ 271,429	$ 5,033,102	17%	2	$ 884,088.46	10	$ 503,310
I H S MOD 22, TELEMEDICINE 7005	2020-2024	$ 102,719	$ -	$ 102,719	17%	2	$ 17,119.76	10	$ 10,272
I H S MOD 23 - 7006	2020-2024	$ 1,334,659	$ 23,775	$ 1,310,884	17%	2	$ 222,443.13	10	$ 131,088
I H S MOD 15 - 7007	2020-2024	$ 258,819	$ -	$ 258,819	17%	2	$ 43,136.44	10	$ 25,882
I H S MOD 11-COVID 7010	2020-2024	$ 21,489	$ -	$ 21,489	17%	2	$ 3,581.45	10	$ 2,149
I H S MOD 13-CARES 7014	2020-2024	$ 232,289	$ 27,619	$ 204,671	17%	2	$ 38,714.87	10	$ 20,467
I H S MOD 12-CARES 7015	2020-2024	$ 91,182	$ 14,857	$ 76,325	17%	2	$ 15,196.98	10	$ 7,632
COVID 19 FUNDING 2020	Total	$ 7,347,168	$ 337,680	$ 7,009,488	17%	2	$ 1,224,528.02	10	$ 700,949

The NACA organization manages and operates several fund-raising and donation programs with small profits/losses which are excluded from this report but realized in the Summary Income Statement and Balance Sheet attached and noted.

*Year End Adjustments to be finalized by Single Audit.

NACA Board Report, Financial Summary, Current Mo.

NATIVE AMERICANS FOR COMMUNITY ACTION

Income Statement SubType (By Date Range)

For the Period of 2/1/24 through 2/29/24

	Balance	%
Revenues		
CONTRIBUTIONS/DONATIONS	940.70	0.1
GRANTS & CONTRACTS	443,835.09	60.8
INDIRECT COST REVENUE	96,894.12	13.3
OTHER REVENUE	355.00	0.0
PROGRAM FEES	187,573.85	25.7
Total Revenues	**$729,598.76**	**100.0 %**
Operating Expenses		
OFFICE SUPPLIES	93.90	0.0
INSURANCE	166.33	0.0
INSURANCE	218.00	0.0
LICENSES, DUES, SUBSCRIPTIONS	179.00	0.0
ADVERTISING	5,801.37	0.8
DUES & SUBSCRIPTIONS	8,528.77	1.2
FURNITURE & EQUIPMENT	34,861.03	4.8
FRINGE BENEFITS	23,521.36	3.2
INDIRECT COST	96,894.12	13.3
INSURANCE	5,735.92	0.8
LEASE EXPENSE	32,074.48	4.4
MATERIALS & SUPPLIES	30,911.56	4.2
MEETINGS	1,130.86	0.2
MISCELLANEOUS	1,970.87	0.3
PERSONNEL	368,263.56	50.5
PRINTING	1,005.90	0.1
PROFESSIONAL & CONTRACTUAL	82,445.34	11.3
REPAIR & MAINTENANCE	3,561.11	0.5
SUPPORT SERVICES	4,224.86	0.6
COMMUNICATIONS	3,687.48	0.5
TRAINING	1,264.16	0.2
TRAVEL	3,407.84	0.5
UTILITIES	4,718.26	0.6
Total Operating Expenses	**$714,666.08**	**98.0 %**
General & Administrative Expenses		
Total General & Administrative Expenses	**$0.00**	**0.0 %**
Total Expenses	**$714,666.08**	**98.0 %**
Income (Loss) from Operations	**$14,932.68**	**2.0 %**
Other Income (Expense)		
DEPRECIATION	(5,315.11)	(0.7)
INVESTMENT INCOME/LOSS	7,934.01	1.1
Total Other Income (Expense)	**$2,618.90**	**0.4 %**
Income (Loss) Before Income Taxes	**$17,551.58**	**2.4 %**
Net Income (Loss)	**$17,551.58**	**2.4 %**

NATIVE AMERICANS FOR COMMUNITY ACTION

Income Statement SubType (By Date Range)

For the Period of 1/1/24 through 2/29/24

	Balance	%
Revenues		
CONTRIBUTIONS/DONATIONS	8,845.81	0.7
GRANTS & CONTRACTS	697,196.11	56.2
INDIRECT COST REVENUE	151,594.94	12.2
OTHER REVENUE	2,464.13	0.2
PROGRAM FEES	380,292.50	30.7
Total Revenues	**$1,240,393.49**	**100.0 %**
Operating Expenses		
OFFICE SUPPLIES	131.37	0.0
INSURANCE	332.66	0.0
INSURANCE	436.00	0.0
LICENSES, DUES, SUBSCRIPTIONS	338.00	0.0
ADVERTISING	8,209.07	0.7
DUES & SUBSCRIPTIONS	11,298.75	0.9
FURNITURE & EQUIPMENT	78,700.98	6.3
FRINGE BENEFITS	54,796.09	4.4
INDIRECT COST	151,594.94	12.2
INSURANCE	11,471.84	0.9
LEASE EXPENSE	63,011.75	5.1
MATERIALS & SUPPLIES	54,810.44	4.4
MEETINGS	1,285.63	0.1
MISCELLANEOUS	4,253.34	0.3
PERSONNEL	506,060.46	40.8
PRINTING	1,521.00	0.1
PROFESSIONAL & CONTRACTUAL	111,107.76	9.0
REPAIR & MAINTENANCE	7,934.70	0.6
SUPPORT SERVICES	8,019.72	0.6
COMMUNICATIONS	6,449.14	0.5
TRAINING	6,360.27	0.5
TRAVEL	3,851.63	0.3
UTILITIES	10,982.74	0.9
Total Operating Expenses	**$1,102,958.28**	**88.9 %**
General & Administrative Expenses		
Total General & Administrative Expenses	**$0.00**	**0.0 %**
Total Expenses	**$1,102,958.28**	**88.9 %**
Income (Loss) from Operations	**$137,435.21**	**11.1 %**
Other Income (Expense)		
DEPRECIATION	(10,630.22)	(0.9)
INVESTMENT INCOME/LOSS	5,314.24	0.4
Total Other Income (Expense)	**$(5,315.98)**	**(0.4)%**
Income (Loss) Before Income Taxes	**$132,119.23**	**10.7 %**
Net Income (Loss)	**$132,119.23**	**10.7 %**

NATIVE AMERICANS FOR COMMUNITY ACTION

Balance Sheet SubType

As of 2/29/2024

Assets

Current Assets

CASH	$13,109,698.67	
ACCOUNTS RECEIVABLE, NET	664,892.77	
ACCOUNTS RECEIVABLE NET	(9,902.30)	
GRANTS/CONTRACTS RECEIVABLE	656,994.06	
PREPAID EXPENSE	82,826.09	
DEPOSITS	(1,964.22)	
Total Current Assets		$14,502,545.07

Investments

LONG TERM INVESTMENTS	$270,201.84	
Total Investments		270,201.84

Property, Plant & Equipment

FURNITURE & EQUIPMENT	$667,140.63	
LEASED ASSETS	40,724.67	
LEASE HOLD IMPROVEMENTS	515,142.85	
ACCUMULATED DEPRECIATION	(1,039,153.49)	
Total Property, Plant & Equipment		183,854.66

Other Assets

LEASE - RIGHT TO USE ASSET	$518,713.00	
Total Other Assets		518,713.00

Total Assets		$15,475,314.57

Liabilities and Equity

Current Liabilities

ACCOUNTS PAYABLE	$137,809.53	
OPERATING LEASE LIABILITIES - CURRENT	263,247.00	
OPERATING LEASE LIABILITIES NON-CURRENT	255,466.00	
ACCRUED EXPENSES	159,976.28	
OTHER CURRENT LIABILITIES	723,040.32	
TAXES PAYABLE	(41,349.82)	
UNCLAIMED PROPERTY	5,152.93	
Total Current Liabilities		$1,503,342.24

Long Term Liabilities

DEFERRED REVENUE	$11,208,553.23	
LEASE - LONG TERM	8,479.80	
Total Long Term Liabilities		11,217,033.03

Total Liabilities		$12,720,375.27

Equity

NET ASSETS, UNRESTRICTED	$1,291,215.01	
OTHER RETAINED EARNINGS	61,567.40	
Current Year Profit/Loss	1,402,156.89	
Total Equity		2,754,939.30

NATIVE AMERICANS FOR COMMUNITY ACTION

Balance Sheet SubType

As of 2/29/2024

Total Liabilities and Equity	$15,475,314.57

CEO AND NACA

PROGRAM REPORTS

Monthly Meeting of the Board of Directors

CEO Report
March 2024

Key Highlights:

- Meeting with all Directors and Leadership to receive updates regarding programs.
- Continuation of NextGen implementation process.
- Directors are working of I H S recommendations, hiring process, ADA, clinic/building modifications.
- CEO and HR director attended and completed Adjudication at PSC, Albuquerque, NM.
- QI and FHC is drafting policies and submitting for board approval.
- Meeting with Board of Directors weekly.
- AAAHA Application for Survey was submitted on March 14, 2024. Survey scheduled for May 21, 2024.
- All staff meeting on February 27, 2024 was a success.
- Bowling for kids sake on February 24, 2024 was a success, 8 staff attended the event.
- Momogram Bus was a success, served 18 clients.
- Received and reviewing 5 applications for CFO position.
- Received 1 resume for Native Connections program.
- Meeting with MODIO on March 1, 2024 to discuss credentialing process.
- Attended IPAC meeting on March 14, 2024, Via Zoom.

Current and Ongoing Activities:

- Establish ongoing fiscal management plans for each department, Attain F9s.
- Monitoring grant management of current NACA grants.
- AAAHC accreditation strategy/plan.
- Working on QI department to establish trainings and updating NACA Policies.
- Working with HR to update policies on adjudication process and hiring procedures.
- Working and reviewing 2022-2025 NACA strategic plan.
- Developing leadership curriculum based on Indigenous 'Hozho" values/concepts.
- We will continue to meet regularly with directors and leadership twice a month, alternating weeks.
- CEO is in the process of scheduling 1:1 meetings with Director's bimonthly.
- Weekly NextGen administrator training.

Upcoming Meeting/Events:

- All staff meeting to be scheduled in April, seeking location. WC too small.
- Blessing of the NACA building – Scheduled in April, postponed.
- AAAHS training in Orlando, FL on March 20-23, 2024.
- AACHC Conference – April 9-11, 2024, Scottsdale, AZ.
- NCUIH Conference – April 28-May 3, 2024Washington D.C.

- Strategic Planning meeting: June 29, 2024, NACET.
- Participation on NACA committees, DEI and SMPR, Bimonthly.
- Meeting Schedule with Chris Nez - Pathfinder Health Operations for Orientation.
- Sitting on a Panel at the NAU/ASU on April 4, 2024 to highlight NACA's BH dept.

Respectfully submitted: Chris David, CEO, NACA

Major Highlights

- Attended the Tribal Adjudication training in Albuquerque, NM on February 19-22, 2024, to learn the adjudication process that IHS has recommended during the recent annual review. The training provided information and the process of reviewing and adjudicating criminal records for those who provide services to children to determine suitability of the candidate to work with the organization. Working on the process of obtaining FBI records, fingerprinting, developing forms, and policy.
- The HR staff attended the NACA wide staff meeting on February 27, 2024, with the new CEO, Chris David. Provided an overview of the Adjudication training to staff and that IHS is recommending the implementation of the adjudication process.
- Interviews were conducted for the Medical Billing Specialist position and will continue with recruitment.
- Attended the AAAHC work session on February 27th and March 12th. Working on HR related items to prepare for the mock survey for accreditation review. Currently beginning to review files, employee requirements, and policies in the coming weeks.
- The kickoff meeting with MODIO was held on March 1, 2024, to discuss the credentialing and learn the new program module being implemented. More training will be provided in the coming weeks.
- Two (2) insurance benefit enrollment are in process this month for new employees who became eligible.
- The new employee orientation is scheduled for March 19, 2024, with 4 new employees scheduled to attend.

Current Activities

- Recruitment activities are on-going for vacant positions.
- Schedule and prepare the next date for the new employee orientation.
- Working on the recommendation from the IHS review.
- Continuing with the HealthStream, Dynamic Health & CPR training.

Ongoing Projects

- Recruitment and onboarding activities.
- Continue work with monthly meetings, HealthStream meetings, AAAHC workgroup, and retention committee.

Vacancy Listing

	Health Promotion	Date 0f Vacancy
1	Health Educator	9/20/2023
	Administration	
2	CFO	7/12/2021
	Finance	
3	Patient Benefits Coordinator	7/13/2023
	Billing Department	
4	Billing Program Manager	7/7/2022
5	Medical Billing Specialist	1/19/2024
	RUL	
6	Youth Psychotherapist	2/9/2024

February 2024 Marketing Report

Marketing goals

Increase community outreach and engagement, increase event attendance, and in turn, raise funding for NACA.

Current marketing strategy

1. Consistent social media posting using the social media content calendar, with daily themes for posting. Responding to comments and messages promptly and thoroughly.
2. Send NACA e-newsletter to all subscribers every 2 months.
3. Promote NACA and departmental events/program

s on social media, the website, in the e-newsletter, in public media outlets, and via printed materials. Take photographs at NACA special events.

4. Collaborate with other organizations that can partner with NACA to further community outreach and engagement, and funding.

Completed Trainings/Webinars –

Nonprofit Fundraising Summit

Completed Tasks

NACA Tasks

Leadership meeting

Board of Directors meeting

QI/QA meeting

A-frame signs for facilities

DEI Committee

Business Cards

Advertising cycle for KTNN, KAFF, & NHO

SafeTALK

Patient Satisfaction Survey

Youth of the Year event

Annual Reports

CFO Advertising

Breastfeeding program

President's Day closure

Valentine's Day reshare

Inclement weather closure and delayed start

NACA on Tik Tok

Grand Canyon internships

CEO Blessing

Social marketing strategies summit

Business cards

Small business & community health fair

Hopi Arts & Cultural Festival

February 2024 Marketing Report

All Staff meeting & luncheon

NACA & EOC

KAFF Radio

New Employee Orientation

Facility sandwich boards

MMIW Planning

Department Tasks:

Family Health Center –

Mobile Mammography event

Infographic

STI Testing brochures

Behavioral Health –

Brochures

Provider bio updates

Health Promotions -

Newsletter and Calendar

Pow Wow Sweat

SMPR

WOW Meeting

Strong Spirit, Strong Heart

Spring Equinox flyer

Pathways –

Bowl for Kids' Sake

L.I.F.E –

Community Beading Circle

Run for Renewal

Community Development –

Community resources page

Supportive Services –

Pocket Calendars

Calendar magnets

Make applications electronically fillable

RUL –

safeTALK training

Shoe Game

Ongoing Tasks:

Support Services NACA's Community Impact posts and promoting donations to annual fund

Monitoring Outreach email inbox

Promoting Oak Creek Overlook on social media

Promoting NACA E-Newsletter on social media

NACA on KNAU community calendar and send flyers to FUSD

Careers page updates

All Staff Calendar

Facility Communication boards

All Star Employee Recognition

Monthly staff newsletter and marketing report

Community E-Newsletter

NACA Services – Google Inquiry Form

Social media reposts

…..and more!

February 2024 Marketing Report

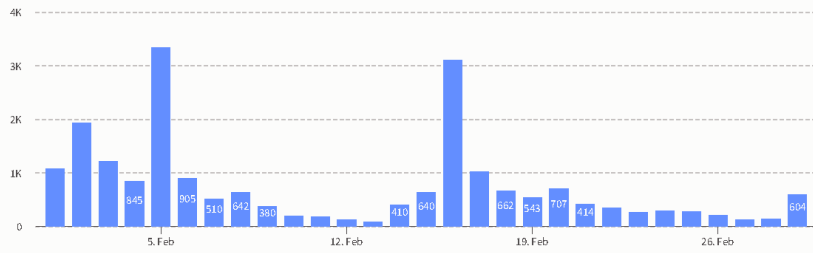**Use the Linktree below to find NACA on Social Media:**

https://linktr.ee/NACAFlagstaff

February 2024 Marketing Report

Page impressions

28K
impressions

Total reach

845 905 510 642 380 410 640 662 543 707 414 604

5. Feb   12. Feb   19. Feb   26. Feb

Profile impressions

4.2K
impressions

Profile reach

5. Feb   12. Feb   19. Feb   26. Feb

Page impressions

1.7K
impressions

Page reach

5. Feb   12. Feb   19. Feb   26. Feb
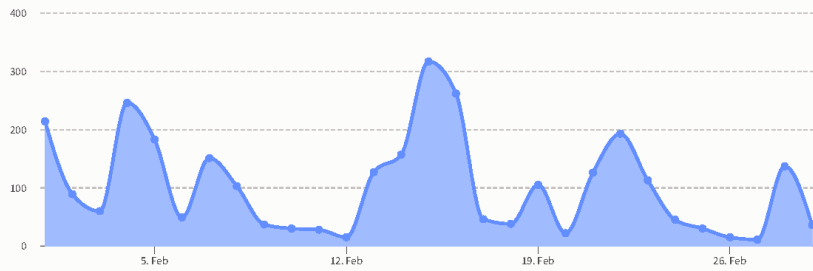
Post impressions

9.6K
impressions
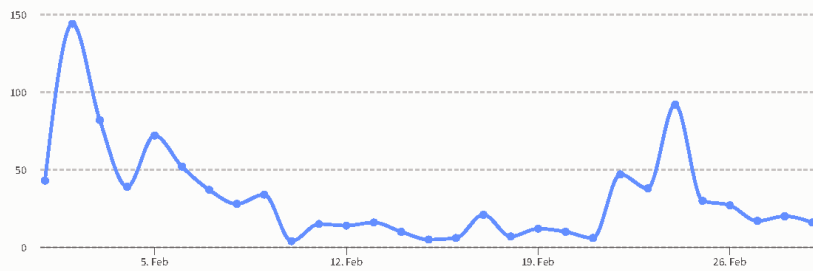
Post impressions

2.4K
impressions

Post impressions

1.1K
impressions

Post shares

77
shares

Profile visits

130
views

Post shares
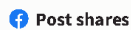
8
shares

February 2024 Marketing Report

Post comments

4 comments

Post comments

Page comments

1 comment

Page comments (all)

Page shares

2 shares

Page comments (all)

33 post comments

Page comments (all)

Page shares (all)

124 post shares
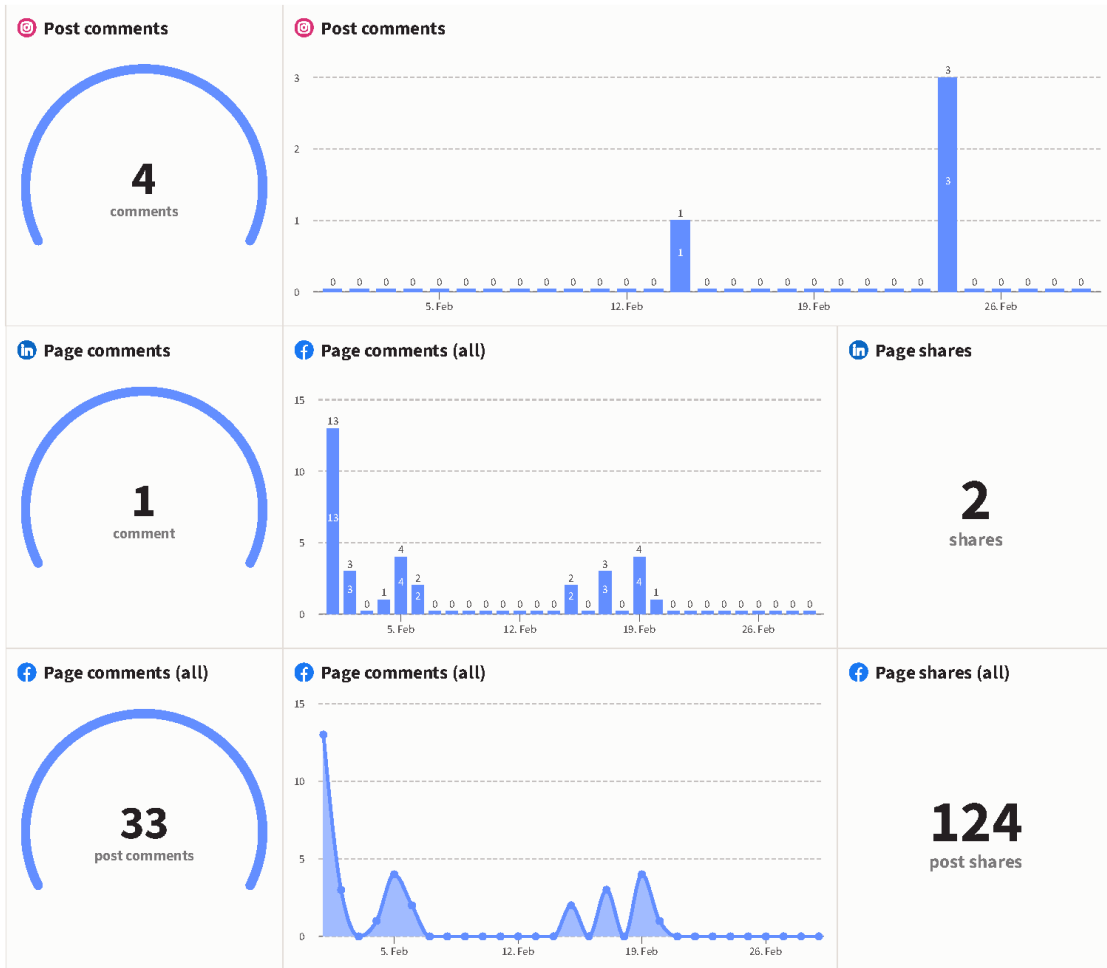
Quality Improvement and Compliance
February 2024 Board Report

<u>Major Highlights</u>

<u>Compliance, Risk Management</u>

- **IHS Survey update:** Awaiting results
- **Risk Management:** Risk Analysis and Hazard Vulnerability Assessment have been completed. Will be reviewed at next QIC
- **Policy:** Many policies and plans in development to align with IHS and AAAHC. Safety and Emergency Plan, Peer Review Process, Environment of Care, Patient Rights & Responsibilities, Prescribing Psychotropic Medications, Impairment of a Healthcare Professional, Incapacitation of a HealthCare Provider.
- **AAAHC:** Application submitted!
- **Incidents:**
  2/20 Lost keys, resolved.
  2/26 Patient complaint, resolved.
  2/27 Patient complaint (from satisfaction survey on 1/19/24), resolved.
  2/26 Report of unprofessional conduct with patient, resolved.
  Trend: Patient complaints.
- **Infection Control:** New & revised policies drafted by ICC.

<u>Quality Improvement Program / Quality Improvement Committee</u>

- **Patient Satisfaction Surveys:** Compiled survey report included for BOD review.
- **Quality Studies, SMART goals, Plan-Do-Study-Act (PDSA).**
  FHC Diabetic Management, Percentage of eligible patients with an A1c < 9. We have internal GPRA data indicating NACA is not meeting IHS benchmark. Implementing Diabetes Education Program and will remeasure every 6 months after program implementation.
  Hand Hygiene @ FHC update: NACA did not maintain the goal reached the end of 2023. Will be conducting a Root Cause Analysis,
  PHQ9: Working with RUL, BH, FHC to determine measurable goals. Gathering data and establishing flow.
  Retinopathy Screening Compliance: Current 8% compliance. Goal is 44% compliance. Training staff and implementing use of retinopathy equipment.
- **QIC**: 2/24/24, next 3/28/24
- **Peer Review**: Peer Review Process was created and implemented on 3/7/24. Document is included for BOD review.

Emergency Management and Safety

- **Safety Plan :** Working on creating a separate safety program and/or will revise safety policies.
- **Facility Drills:** Next drill: 1st Quarter Medical CPR / Code Blue in March.
- **Emergency app**: Delayed start 2/2, 2/7, 2/9. Closure on 2/8.
- **Monthly Hazard Surveillance:**   Completed 2/22/24.
- **Facility Inspections:** Quarterly 1/16/24, no changes or concerns
- **Community Plan / Activities:** No updates
- **Hands on Fire Extinguisher Training:** Fire Department will come to NACA for hands on fire extinguisher training on 4/10 and 4/11
- **Emergency Preparedness, Safety, QI training/presentation**: Ongoing. Creating HealthStream Trainings specific to NACAs plans.

Committees / Work Groups

- Ongoing: AAAHC Work Group.
- Ongoing: QIC, Emergency Management, Safety
- Ongoing Committees: Med Exec, Directors, Leadership, Infection Control
- Ongoing: DEI Committee

Patient Satisfaction Survey
November 2023-February 2024

Analysis:

- ✓ NACA Physician, Therapists, Counselors and NP continue to score high ratings for listening, spending time, explaining, and advising
- ✓ Nurses, Medical and Educators score high ratings for friendliness & helpfulness
- ✓ All other employees' score high ratings for friendliness & helpfulness
- ✓ All categories overwhelming positive

Areas to Focus:

- ✓ Hours open
- ✓ Prompt phone calls
- ✓ Waiting times
- ✓ Demographics review

27 Online Surveys
FHC:18 BH:3 WC:6

14 Paper Surveys
FHC:5   BH:6 WC:1
(2 not indicated)

NEW

Infection Control:

At your appointment, did you observe your provider wash their hands? 73% compliance

At your appointment, did you observe your provider wear gloves? 72% compliance

At your appointment, was the exam room clean? **100% compliance**

Patients like

- Personalized care, friendly, professional
- American Indian focus
- Wonderful doctor, nurses, and staff
- Convenient & Friendly
- Overall experience
- Providers listen
- Learning more at NACA
- The comfort & Safety

Patients like least

- Sometimes a long time for an appointment
- No American Indian doctor
- Operational Hours
- Vague answers to questions

Patient suggestions

- More communication on listening to those people that are two spirits
- Wellness Center open on weekends
- Additional hours on weekends and earlier morning
- Coffee and Donuts
- American Indian Leadership
- More Native Speak

NACA
NATIVE AMERICANS FOR COMMUNITY ACTION

"I feel they relate to Native People"

(Likes) "Convenience of services through Zoom & in person meetings. Affordability and flexibility with scheduling. You are doing a great job helping our Native Community" – BH Patient

"My trainer Madison is great"

What do patients have to say about NACA?

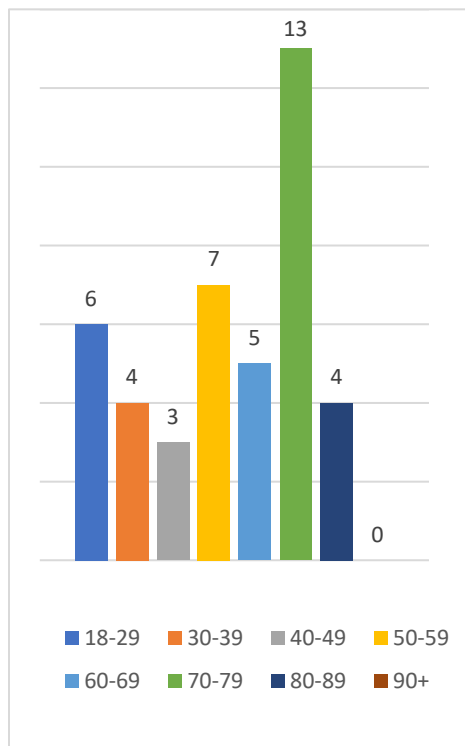"Everyone treats us like we are the only one. All help is wonderful!"

"Wonderful doctors, nurses, and staff"

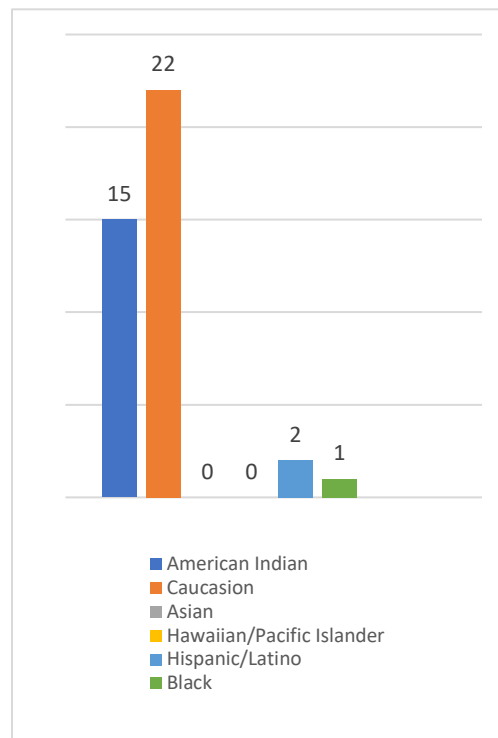"Front office was amazing and listened to our concerns"

"It (NACA) is just around the corner, and I have been going here for 4 or 5 years now and Dr. Peace has been my doctor the whole time. She spends enough time with you that you don't feel rushed. Everyone in the office is pleasant."
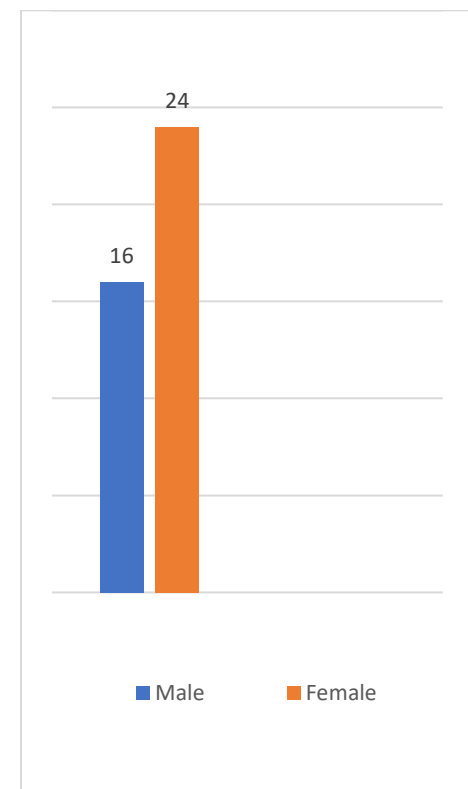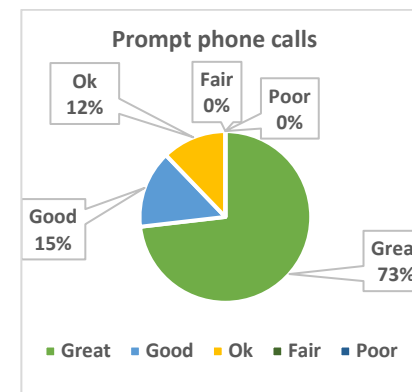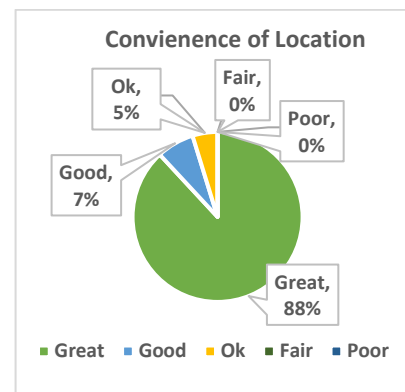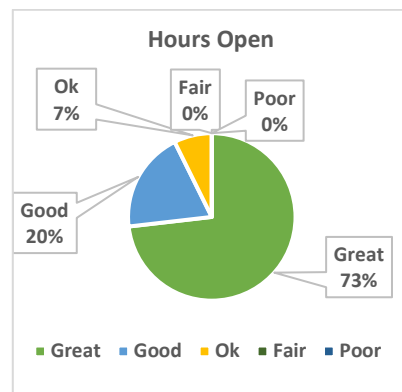
Demographics

Age

- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89
- 90+

Race/Ethnicity

- American Indian
- Caucasion
- Asian
- Hawaiian/Pacific Islander
- Hispanic/Latino
- Black

Gender

- Male
- Female

Ease of Getting Care:

Ability to Be Seen
- Fair 2%
- Good 14%
- Poor 0%
- Ok 3%
- Great 81%
- Legend: Great, Good, Ok, Fair, Poor

Hours Open
- Ok 7%
- Fair 0%
- Poor 0%
- Good 20%
- Great 73%
- Legend: Great, Good, Ok, Fair, Poor

Convienence of Location
- Ok, 5%
- Fair, 0%
- Poor, 0%
- Good, 7%
- Great, 88%
- Legend: Great, Good, Ok, Fair, Poor

Prompt phone calls
- Ok 12%
- Fair 0%
- Poor 0%
- Good 15%
- Great 73%
- Legend: Great, Good, Ok, Fair, Poor

Waiting:

Time in Waiting Room
- Ok 5%
- Fair 2%
- Poor 0%
- Good 19%
- Great 74%
- Legend: Great, Good, Ok, Fair, Poor

Time in Exam Room
- Ok 7%
- Fair 2%
- Poor 0%
- Good 17%
- Great 74%
- Legend: Great, Good, Ok, Fair, Poor

Waiting for Tests
- Ok
- Good 17%
- Fair 2%
- Poor 0%
- Great 76%
- Legend: Great, Good, Ok, Fair, Poor

Waiting for Test Results
- Fair 2%
- Ok
- Poor 0%
- Good 15%
- Great 76%
- Legend: Great, Good, Ok, Fair, Poor

Employees: Physician, NP, Counselor, Therapist

Listens to You
- Ok 2%
- Fair 2%
- Poor 0%
- Good 17%
- Great 79%
- Great ▪ Good ▪ Ok ▪ Fair ▪ Poor

Takes Time With You
- Ok 7%
- Fair 2%
- Poor 0%
- Good 12%
- Great 79%
- Great ▪ Good ▪ Ok ▪ Fair ▪ Poor

Explains to You
- Ok 5%
- Fair 2%
- Poor 0%
- Good 15%
- Great 78%
- Great ▪ Good ▪ Ok ▪ Fair ▪ Poor

Gives Good Advice
- Ok 5%
- Fair 2%
- Poor 0%
- Good
- Great 81%
- Great ▪ Good ▪ Ok ▪ Fair ▪ Poor
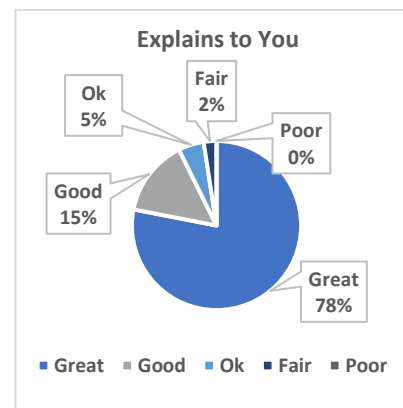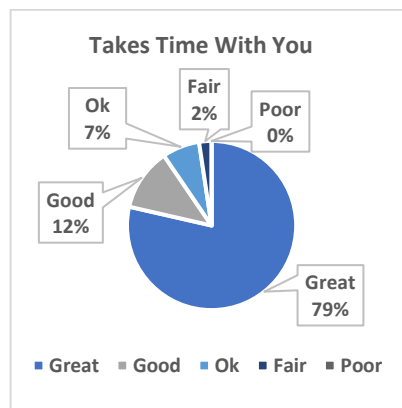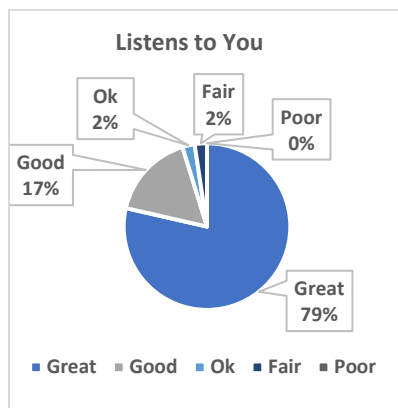
Employees: Nurse, Medical, Educators

Friendly and Helpful
- Ok 5%
- Fair 2%
- Poor 0%
- Good 12%
- Great 81%
- Great ▪ Good ▪ Ok ▪ Fair ▪ Poor

Answers Your Questions
- Ok 3%
- Fair 3%
- Poor 0%
- Good 12%
- Great 82%
- Great ▪ Good ▪ Ok ▪ Fair ▪ Poor
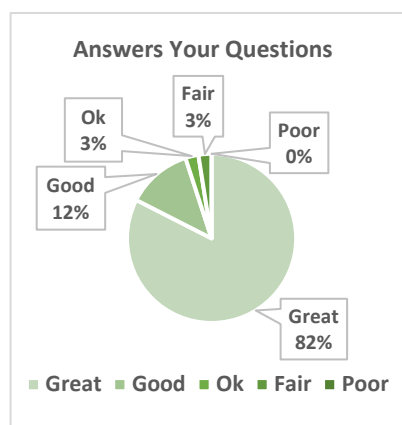
Employees: All Others

Friendly and Helpful
- Fair
- Poor 0%
- Good 14%
- Great 83%
- Great ▪ Good ▪ Fair ▪ Fair ▪ Poor

Answers Your Questions
- Ok 3%
- Fair 2%
- Poor 0%
- Good 14%
- Great 81%
- Great ▪ Good ▪ Ok ▪ Fair ▪ Poor

Payment:

What You Pay for Services
- Great 92%
- Good 5%
- Ok 3%
- Fair 0%
- Poor 0%

Legend: Great, Good, Ok, Fair, Poor

Explanation of Charges
- Great 83%
- Good 15%
- Ok 2%
- Fair 0%
- Poor 0%

Legend: Great, Good, Ok, Fair, Poor

Collection of Payment
- Great 92%
- Good 8%
- Ok 0%
- Fair 0%
- Poor 0%

Legend: Great, Good, Ok, Fair, Poor

Facility:

Neat and Clean
- Great 81%
- Good 17%
- Ok 2%
- Fair 0%
- Poor 0%

Legend: Great, Good, Ok, Fair, Poor

Ease of Finding
- Great 78%
- Good 17%
- Ok 5%
- Fair 0%
- Poor 0%

Legend: Great, Good, Ok, Fair, Poor

Comfort and Safety
- Great 81%
- Good 19%
- Ok 0%
- Fair 0%
- Poor 0%

Legend: Great, Good, Ok, Fair, Poor

Privacy
- Great 80%
- Good 12%
- Ok 5%
- Fair 3%
- Poor 0%

Legend: Great, Good, Ok, Fair, Poor

Confidentiality:

Keeps Info Private

Ok 0% Fair 0% Poor 0%
Good 10%
Great 90%

■ Great ■ Good ■ Ok ■ Fair ■ Poor

Likely to Refer

Ok Fair 3% Poor 0%
Good 17%
Great 77%

■ Great ■ Good ■ Ok ■ Fair ■ Poor

Review Process:

- All Patient Satisfaction Survey Reports are reviewed at monthly Quality Improvement Committee Meetings.

- Committee shall determine course of action, including potential Performance Improvement Projects and Quality Studies.

- Individual specific complaints shall be reviewed with NACA CEO to determine course of action, and to ensure confidentiality.

Date of QIC Review	

Action Plan:	Description	Improvement Plan	Timeline
1			
2			
3			

Native Americans for Community Action
Peer Review Process

Objectives:

Promote a culture of collaboration, learning, and professional development among healthcare providers.

Ensure compliance with regulatory standards.

Implement a confidential and non-punitive peer review process to encourage open discussion and learning from mistakes.

Enhance patient outcomes and improve access to quality healthcare services for underserved populations.

_____

There are two essential components of Peer Review:

Peer-to-Peer Review:

In this component, healthcare providers review and evaluate each other's work, performance, and professional behavior. Peers assess clinical competence, communication skills, professionalism, teamwork, and other relevant aspects of their colleagues' practice.

Privileged health care professionals shall participate in the development and application of the peer review criteria used to evaluate the care they provide. Peer-to-Peer review criteria shall include assessment of patient-centered care and cultural competence A meaningful Peer-to-Peer review assesses the healthcare professional's ability to address social determinants of health and promote health equity. The Peer-to-Peer review comprises more than chart audits alone. While chart audits are a critical component, the Peer-to-Peer review is a comprehensive evaluation.

Peer-to-Peer review is required for all positions indicated in the Medical Staff Bylaws, including the Medical Director, Physicians (M.D. and D.O) Nurse Practitioners, Behavioral Health Director, Psychiatric Nurse Practitioners, Allied Health Staff, Dieticians and Affiliated Staff. Additional positions requiring peer review include Registered Nurses.

Peer-to-Peer reviews shall be completed on at least an annual basis.

Review of Clinical Records:

The second component involves the evaluation of clinical documentation, including patient charts, treatment plans, and medical records. Reviewing clinical records is crucial for ensuring the quality, accuracy, and compliance of documentation practices at NACA.

Best practice demonstrates completion of five chart reviews per provider per quarter. Charts may be selected randomly or may be specifically selected. Specific cases may be suggested due to certain criteria. For example, due to an adverse event, or a complex case file. Collaboration for better outcomes is the goal. Standardized chart review forms shall be used to guide reviewers in evaluating cases objectively and consistently. Chart review forms can be specific to the service area such as clinical, behavioral health, etc.

Chart reviews shall be completed on a quarterly basis.

_____

Assignments and Peer Review Activities

At each Medical Executive Committee (MEC) , chart reviews and Peer to Peer reviews shall be assigned to evaluators. Chart reviews may be assigned to Privileged Staff and to Registered Nurses. Peer Reviews may be assigned to Privileged Staff.

The completed review documents shall be submitted to the Medical Director or Behavioral Health Director, as appropriate, by the specified due date. A Peer Review Team meeting shall occur within each department. The team shall collaboratively review the charts, analyze the data, and provide feedback. Patient outcomes, root causes of adverse events, and trends in clinical practice shall be assessed.

During the analysis of the information, the team will certainly come across minor deficiencies or easily correctible findings. In these instances, the team can plan to address these deficiencies within the Peer Review Team or give feedback to a peer on how they could improve an aspect of their work.

Significant deficiencies or systems wide issues should be considered for Quality Improvement Opportunities.

A summary of the Peer Team's assessment and recommendations shall be submitted to the MEC.

Quality Improvement Opportunities:

The following two examples demonstrate scenarios that have potential for the Peer Review Team to suggest an opportunity for a Quality Improvement Activity.

Peer to Peer Review Example:

During a review, the Peer Team discovered a notable absence of several providers not addressing social determinates of health as a component of patient care.   This analysis highlights a need for greater cultural competency in patient care and it could be suggested for QIC consideration. QIC could implement wide-spread cultural competency training and assign focus topics at future staff meetings specific to social determinants of health.

Chart Review Example:

During an analysis of quarterly Chart Reviews, inefficiencies and delays in the referral process are identified as a trend as evidenced in multiple charts. A suggested QI project could target improving communications with specialists, tracking referral outcomes, or implementing standardized referral protocols to expedite care and enhance communication between providers.

When opportunities are identified for Quality Improvement the QI & C Director shall bring the suggestion from the Peer Team to the QIC for consideration of a formal Quality Improvement Activity. Such activities, and the associated outcomes, will be regularly communicated to the Board of Directors and back to the MEC by the QI & C Director.

It should be noted that Quality Improvement opportunities are not required if they are not needed. The goal is to utilize the QIC when there is an identified need or trend.

_____

Documentation and Follow-up:

The MEC shall review the Peer Team summaries and recommendations, finalizing any outcomes in the minutes.

All activities will be presented to the Board of Directors on Board Reports by the respective Directors

The Medical Director is responsible for ensuring all components of peer review are practiced, and later utilized when considering re-appointment and re-privileging of Medical and Allied Staff.

Outcome:

By combining both Peer-to-Peer review and the review of clinical records, a comprehensive peer review program can provide a holistic assessment of healthcare providers' performance, patient care practices, and documentation quality. This dual approach enables organizations to enhance the overall quality of care, promote patient safety, and support continuous quality improvement initiatives.

CHART REVIEWS

MEC selects five charts per each provider per quarter

→

Charts reviews are completed by assigned to evaluators

↓

Peer Teams meets to assess, analyze, and recommend to MEC

←

MEC reviews assessment and finalizes outcomes

↓

Chart Review activities are reported to BOD

→

Chart reviews are placed into the provider file with HR.

If Chart Reviews reveal a trend or area needing improvement, this will go to QIC

PEER TO PEER REVIEWS

MEC coordinates Peer to Peer review with Chart Review

→

Peer to Peer and chart reviews are completed as assigned

↓

Peer Teams meets to assess, analyze, and recommend to MEC

←

MEC reviews assessment and finalizes outcomes

Peer to peer reviews are placed into the provider file with HR

←

Peer Review activities are reported to BOD

If peer to peer reviews reveal a trend or area needing improvement, this will go to QIC

Medical Staff File

Peer to Peer Reviews
Chart Reviews
Credentialing Info

Reappointment & Re-privileging

5

Peer Review Assignments

Position	Peer to Peer Assignment	Chart #1	Chart #2	Chart #3	Chart # 4	Chart #5	Due Date
George Hershey DO	Donna Peace Melissa Carone	Donna Peace MRN #	Donna Peace MRN#	Melissa Carone MRN#	Melissa Carone MRN#	Verity Quiroz MRN#	5/2/24
Donna Peace MD	George Hershey Melissa Carone	George Hershey MRN #	George Hershey MRN#	Melissa Carone MRN#	Melissa Carone MRN#	Verity Quiroz MRN	5/2/24
Melissa Carone NP	George Hershey Donna Peace	George Hershey MRN#	George Hershey MRN#	Donna Peace MRN #	Donna Peace MRN#	Verity Quiroz MRN#	5/2/24
Verity Quiroz RN, DOO	Shandean Brown	NA	NA	NA	NA	NA	5/2/24
Shandean Brown RN	Verity Quiroz	NA	NA	NA	NA	NA	5/2/24
Melissa Goode MPH RDN	Verity Quiroz Shandean Brown	NA	NA	NA	NA	NA	5/2/24
Curtis Randolph PhD, LPC	Cori Perkins Berkely McMurray	Cori Perkins MRN#	NA	NA	NA	NA	5/2/24
Berkely McMurray PHMNP	Melissa Carone Curtis Randolph	Curtis Randolph MRN#	Curtis Randolph MRN #	Melissa Carone MRN #	Melissa Carone MRN#	Cori Perkins MRN#	5/2/24
Cori Perkins EdD	Curtis Randolph Hannah Bennett	Curtis Randolph MRN#	Curtis Randolph MRN#	Hannah Bennett MRN#	Hannah Bennett MRN#	Monica Whicker MRN#	5/2/24
Hannah Bennett MSW LCSW	Monica Whicker Cori Perkins	Monica Whicker MRN#	Monica Whicker MRN#	Cori Perkins MRN#	Cori Perkins MRN#	Jonathan Yellowhair MRN#	5/2/24
Monica Whicker LAC	Hannah Bennett Jonathan Yellowhair	Hannah Bennett MRN#	Hannah Bennett MRN#	Jonathan Yellowhair MRN#	Jonathan Yellowhair MRN#	Kyra Vandevere MRN#	5/2/24
Jonathan Yellowhair MS LPC NCC	Curtis Randolph Verda Denetsosie	Curtis Randolph MRN#	Curtis Randolph MRN#	Verda Denetsosie MRN#	Verda Denetsosie MRN#	Teri Navakuku MRN#	5/2/24
Kyra Vandervere TLMSW	Teri Navakuku Monica Whicker	Teri Navakuku MRN#	Teri Navakuku MRN#	Monica Whicker MRN#	Monica Whicker MRN#	Berkely McMurray MRN#	5/2/24
Verda Denetsosie LISAC	Curtis Randolph Jonathan Yellowhair	Curtis Randolph MRN#	Curtis Randolph MRN#	Jonathan Yellowhair MRN#	Jonathan Yellowhair MRN#	Berkely McMurray MRN#	5/2/24
Teri Navakuku MSW LMSW	Kyra Vandervere Hannah Bennett	Kyra Vandevere MRN#	Kyra Vandevere MRN#	Hannah Bennett MRN#	Hannah Bennett MRN#	Kyra Vandevere MRN#	5/2/24

Peer to Peer Review:

Healthcare Professional Title/Position: Click or tap here to enter text.
Name of Healthcare Professional: Click or tap here to enter text.
Date of Review: Click or tap here to enter text.
Reviewer Name: Click or tap here to enter text.
Reviewer Title/Position: Click or tap here to enter text.
Department/Service: Click or tap here to enter text.

Review Criteria

1. **Clinical Competence:**

Demonstrates knowledge and skills appropriate to their specialtyClick or tap here to enter text.
Provides evidence-based care Click or tap here to enter text.
Maintains appropriate clinical documentation Click or tap here to enter text.

2. **Communication and Interpersonal Skills:**

Demonstrates effective communication with patients, colleagues, and staff. Click or tap here to enter text.
Listens actively to patient concerns Click or tap here to enter text.
Provides clear explanations of diagnoses and treatment plans Click or tap here to enter text.

3. **Professionalism:**

Adheres to ethical standards and guidelines Click or tap here to enter text.
Demonstrates respect and empathy towards patients and colleagues Click or tap here to enter text.
Maintains appropriate boundaries with patients Click or tap here to enter text.

4. **Teamwork and Collaboration:**

Works effectively with other healthcare providers Click or tap here to enter text.
Participates in interdisciplinary team meetings Click or tap here to enter text.
Shares knowledge and expertise with colleagues Click or tap here to enter text.

5. **Cultural Competency:**

Patient culture and traditions are respected Click or tap here to enter text.
Demonstrates a holistic approach, including traditional healing Click or tap here to enter text.

6. **Patient Centered Medical Home**

Patients are empowered to participate in decisions involving their care Click or tap here to enter text.
Provides care within a team framework and this approach is conveyed to the patient: Click or tap here to enter text.

The patient's family is included in care decisions and treatment, as appropriate: Click or tap here to enter text.
There is evidence that, when referrals occur, the Medical Home collaborates with the Specialist
Click or tap here to enter text.

Overall Rating:
Excellent ☐
Satisfactory ☐
Needs Improvement ☐

Comments
Strengths: Click or tap here to enter text.
Areas for Improvement: Click or tap here to enter text.
Recommendations for Professional Development: Click or tap here to enter text.

Action Plan (if needed)
Identify specific actions for improvement Click or tap here to enter text.
Set timelines for follow-up reviews Click or tap here to enter text.
Assign responsibilities for monitoring progress Click or tap here to enter text.

Reviewer Name: Click or tap here to enter text.
Signature: Click or tap here to enter text.
Date: Click or tap here to enter text.
Provider Name: Click or tap here to enter text.
Provider Signature: Click or tap here to enter text.
Date: Click or tap here to enter text.

Clinical Record / Chart Review Worksheet

Instructions		For Org to complete: Location (page or tab in EHR)	COMMENTS
	Unless otherwise indicated, mark each box below as: **Y**: Yes **N**: No **NA**: Not Applicable		
4.E.2	Appropriate and timely diagnoses are made based on findings of the current history and physical examination.		
4.E.3	Medication reconciliation is performed.		
4.E.4	Treatment is consistent with clinical impression or working diagnosis.		
4.E.5, 6	The record documents appropriate and timely consultation and follow-up of referrals, tests, and findings.		
6.C.1, 6.F	Content and format of the record are uniform and consistent with the clinical records policies.		
6.C.2	Clinical record entries are legible, including items that are scanned into an electronic record.		
6.C.3	Clinical record entries are easily accessible within the record to the organization's personnel.		
6.E	The record includes appropriate patient identifiers including, at least: name, identification number (if used), date of birth, gender, and responsible party (if applicable).		
6.F	*Entries for patient visits include the following, as applicable:*		
6.F.1	Date and department (if departmentalized).		
6.F.2	Chief complaint or purpose of visit and history.		
6.F.3	Clinical findings and studies ordered, such as laboratory or x-ray studies.		
6.F.4	Care rendered and therapies administered.		
6.F.5	Any changes in prescription and non-prescription medication(s) with name and dosage, when available.		
6.F.6	Discharge diagnosis or impression, and disposition, recommendations and instructions given to the patient.		
6.F.7	Signature of, or authentication by, the health care professional on the clinical record entries.		
6.G.1	The record contains evidence that patients are asked to provide information about allergies and sensitivities at each encounter.		
6.G.2	The record contains evidence that patients are asked to provide information about other reactions at each encounter.		
6.G.3	Information about allergies, sensitivities and reactions is recorded in a prominent and consistently defined location.		
6.G.4	The record contains evidence that information about allergies, sensitivities, and reactions is updated when changes are reported.		

	Unless otherwise indicated, mark each box below as: **Y**: Yes **N**: No **NA**: Not Applicable	**For Org to complete:** Location (page or tab in EHR)	**COMMENTS**
6.H	There is evidence that reports, histories and physicals, progress notes, and other patient information (such as laboratory reports, x-ray readings, operative reports, and consultations) were reviewed in accordance with policy prior to incorporation into the record.		
6.H.2	Reports, histories and physicals, progress notes, and other patient information have been incorporated into the record.		
6.I, 9.F, 10.I.J	If applicable, the record documents discussions with the patient concerning the necessity, appropriateness, and risks of proposed care, surgery, or procedure, as well as discussions of treatment alternatives, as applicable.		
6.J	Any notation in the clinical record indicating diagnostic or therapeutic intervention as part of clinical research is clearly contrasted with entries regarding the provision of non-research related care.		
6.L	If applicable, summaries or pertinent records of treatment received elsewhere have been incorporated into the record.		
6.K.1	If applicable, the record documents missed and cancelled appointments.		
6.K.2	If applicable, the record documents medical advice given by text, email, or by telephone, including medical advice provided after-hours.		
6.K.3	For records with three or more visits/admissions OR complex and lengthy records, a summary of past and current diagnoses or problems, including past procedures, is present.		
9.F, 10.I.J, 14.I.D	Properly executed informed consent(s) was (were) obtained prior to anesthesia administration and pre-operatively.		
9.I	If moderate sedation/analgesia, deep sedation/analgesia, regional anesthesia, or general anesthesia is administered, clinical records include entries include the following:		
9.I.1.a	A pre-anesthesia assessment/evaluation.		
9.I.1.b	A plan for anesthetic administration.		
9.I.1.c	A chronologic record reflecting the anesthetic administered and clinical status of the patient		
9.I.1.d	A post-anesthesia assessment/evaluation.		
9.I.2	Medical discharge criteria were met		
10.I.D	An appropriate and current health history, physical examination, and pertinent information are present in the record prior to the scheduled surgery/procedure.		
10.I.O.3	Clinical records contain documentation of procedure verification.		
10.I.P.5, 14.I.F.3	Clinical records contain documentation of site marking.		

	Unless otherwise indicated, mark each box below as: **Y**: Yes **N**: No **NA**: Not Applicable	For **Org** to complete: Location (page or tab in EHR)	**COMMENTS**
10.I.R.1-3	The findings and techniques of a procedure were accurately and completely documented immediately after the procedure by the health care professional who performed the procedure; this description was immediately available for patient care and became a part of the patient's record.		
10.I.R.4	If pre-operative antibiotics were ordered, the antibiotic and time of administration are documented in the record.		
10.I.R.5.a, b	With the exception of those exempted in writing by the governing body, tissues removed during surgery are examined by the pathologist, whose signed report of the examination is made a part of the patient's clinical record.		
10.I.T.1-2	The record demonstrates that written instructions for self-care, prior to and after the surgery/procedure have been provided and, if appliable, include instructions for discontinuation or resumption of medications.		
14.I.E.1	For dental services, the clinical record includes an appropriate history and physical that includes an assessment of the hard and soft tissues of the mouth.		
14.I.E.2	The dental history and physical is updated at each visit.		
25.A	The patient's primary provider and Medical Home team is identified.		
25.A.5	The patient's family is included, as appropriate, in-patient care decisions, treatment, and education.		
25.C.1	The clinical record indicates principles to prevent illness were addressed.		
25.C.3	The clinical record includes patient's worries, concerns and stressors.		
25.C.4	The clinical record documents asks about the patient's mental health status (e.g., sad, empty, or depressed).		
25.G	The clinical record documents patient education and self-management resources are provided.		
25.H.1	More than 50% of the Medical Home visits of any patient are with the same physician/physician team.		
25.I.1	Consultations ordered are consistently documented.		
25.I.2	Referrals for services outside of the Medical Home are consistently documented.		
25.I.3	Results of consultations (medical opinions obtained from other health care professionals) are consistently documented.		
25.I.4	Follow-up appointments are consistently documented.		
25.I.5	After-hours encounters are consistently documented.		
25.I.6	Missed appointments are consistently documented.		
25.J.5	Clinical record documentation consistently demonstrates the absence of clinically unnecessary diagnostic or therapeutic procedures.		

NACA Behavioral Health Peer/Chart Review

Date	
BH Department	
Reviewer	

	MRN #												
1	BH Consent Form Signed/Completed												
2	BH Limits of Confidentiality Signed/Completed												
3	Chief Complain/Visit Purpose Documented												
4	Appropriate History Elicited/Updated												
5	Psychiatric History Reviewed (Intake Only)												
6	Medical History Reviewed (intake only)												
7	Current Medications Reviewed												
8	Substance Use/History Noted												
9	Mental Status Examination Noted												
10	Adequate description of course of treatment?												
11	Treatment plan current?												
12	Appropriate Diagnostic Testing Utilized												
13	Psych. Screeners/Tests Utilized were appropriate?												
14	DSM-IV Diagnosis Given?												
15	Diagnosis consistent/supported by history?												
16	Treatment Plan consistent with the Dx?												
17	Use of Medications were Appropriate?												
18	Referrals/consultation requests were appropriate?												
19	Signature present on Progress Note/Report?												
20	Progress Note/Report was Legible?												
	TOTAL												

Key: 1. "Meets or Exceeds Expectations   2. Improvement Needed. 3. Inadequate Performance   4. Not Applicable. 5. Not able to Assess

Peer to Peer Team Meeting

Summary of Activities

Date of Peer Team Meeting:	

Peer to Peer Team Members:		

I. Peer Review Evaluation & Feedback

Peer Feedback: Summarize feedback provided by peers on team members' performance.
Strengths Identified: Highlight strengths recognized by peers during the evaluation
Areas for Improvement: : Identify specific areas where peers suggested improvement.

II. Patient Care Assessment

Quality of Care: Evaluate the quality of care provided to patients by the team.
Patient Outcomes: Discuss the impact of team performance on patient outcomes.
Patient Outcomes: Discuss the impact of team performance on patient outcomes.
Cultural Competency: Assess the holistic framework of care with inclusion of patient culture and traditional

Patient Centered Medical Home: Discuss the focus on empowering the patient and patient's team to participate in decisions regarding their care:

III. Professionalism Evaluation:

Professional Conduct: Assess the professionalism displayed by team members
Communication Skills: Evaluate the effectiveness of communication with patients and colleagues
Ethical Standards: Review adherence to ethical standards and guidelines.

IV. Chart Reviews Outcome:

Documentation Quality: Evaluate the quality and accuracy of chart documentation.
Compliance with Regulations: Assess compliance with regulatory requirements in chart documentation.
Clinical Decision-Making: Review the appropriateness of clinical decisions based on chart reviews.
Follow-up and Continuity of Care: Evaluate follow-up actions and continuity of care based on chart documentation.

V. Recommendations:

Training and Development: Provide recommendations for training and development opportunities.
Communication Enhancement: Recommend strategies for improving communication within the team.
Chart Documentation Improvement: Propose measures to enhance chart documentation accuracy and completeness.
Team Initiatives: Explain actions addressed by the team, including the steps to correct identified needs and timeline.
Quality Improvement Initiatives: Suggest initiatives to enhance patient care quality and outcomes, as indicated.

VI. Conclusion:

Provide a concluding statement summarizing the overall assessment findings, key recommendations, and the expected impact of implementing the action plan on team performance and patient care:

<div align="center">

Month: March 2024
Program: Community Development
Staff: Dorothy Denetsosie Gishie, Director
Date: March 1, 2024

</div>

Program Monthly Highlights:
The Economic Development Program:
Program Coordinator: Pearl Tsosie
OL Rangers: George James and Jacob Cook.
Ms. Pearl Tsosie has been managing sales for the program involving spaces, related to tourism or outdoor activities. Despite not selling out all the March spaces during the February lottery, she has been actively selling spaces daily and experiencing high demand, with most days currently selling out.
The closure of 7 days in February due to inclement weather may have impacted sales, but Pearl seems to be making up for it with consistent daily sales. Additionally, she has been given approval to open the season in April in collaboration with Grand Canyon National Park, indicating that preparations are underway for the upcoming season despite any challenges faced in February. Overall, Pearl is effectively managing the sales and preparing for the March lottery and the subsequent opening in April.

Reach UR Life Program:
Jasmine Benally: Program Manager
Staff: Shoshana James, Lauren Etcitty, Amber Arviso, Keith Dahozy
The RUL program hosted a successful Shoe game event on Friday, February 16th, in collaboration with Health Promotions, which saw significant participation from community members. Now, the team is gearing up for another event in March, specifically a SafeTalk training for NACA Staff and ASIST training scheduled for March 28th and 29th, in partnership with Hopi Behavioral Health.
In addition to these events, the team is actively engaged in outreach efforts, renewing Memorandums of Understanding (MOUs), and conducting ongoing trainings. These efforts are all part of a collective endeavor to ensure that the program meets its grant objectives. It's evident that the team is committed to collaborating effectively and maximizing their efforts to serve the community.

Pathways Program:
Kateri Slim: Program Coordinator
Staff: Guyliliane Kuete
The Pathways Youth Program, an after-school initiative, is currently operating at full capacity with 20 enrolled students. The Pathways team is actively collaborating with NACA's Health Promotions program in their weekly activities, emphasizing lessons from the Beauty Way Curriculum for tobacco prevention and the Sources of Strength Curriculum to address peer pressure and self-care.
This month, the program achieved a commendable 90% participation rate, indicating strong engagement from the students. Additionally, the team is actively involving parents to encourage their active participation in the program's activities. This collaborative effort underscores the program's commitment to holistic youth development, addressing not only academic but also health and social-emotional aspects.

Supportive Services Program:
Selena Holgate: Supportive Services Case Manager
Staff: Pearl Tsosie (part-time)
Selena and Pearl play vital roles in providing daily assistance to clients, addressing a range of needs. The program they work for is dedicated to serving unsheltered individuals, NACA clients, and community members in need, helping based on eligibility criteria.
To fund these services, the team leverages multiple funding sources, indicating a diversified approach to financial sustainability. This strategy likely enables them to effectively address various needs within their client base while ensuring continued support for their programs. Overall, their dedication to assisting those in need and their resourcefulness in securing funding underscore their commitment to community welfare.

Economic Development Overlook Program
Board Report
Submitted by Pearl Tsosie
March 4, 2024

Community Events:

The Overlook did not have any community events, except for the monthly Lottery which was held February 11, 2024. There was more than expected for that showed up. I will have some announcements about the daily logistics at The Overlook and general all the time reminders. I have mailed out 50 applications for the Overlook Orientation that will be held on April 17, 2024, at the Hopi Room. For the Month of February, we were almost at capacity at the Overlook.

Collaborations:

- **Forest Service** (Sedona) Occasionally the Forest Service stops in at the Overlook to check on the place. But other than that, everything is going well. The Rangers George and Jacob usually write in when one of the Forest Service personnel stops in to check the area.

- **Grand Canyon Visitors Center** The Tribal Program Manager, Michael Lyndon emailed and said we will start vending at the Grand Canyon Visitor Center in April 2024.

December 2023 Overlook

For the month of February at Overlook Vista, we were closed to the vendors because of the big snow we had in early February. We managed to remove snow with the help of the Rangers and Working Alternative. From my observations, I noticed there have been more visitors than usual, so that is good.

Community Development Department Board Report
Submitted by: Selena Holgate Supportive Services Case Manger
February 2024

Community Events:
Community outreach to Flagstaff Family Food Center, Flagstaff Shelter Services, Crowns Traditional House, Taylor House. Cat's Bus.

Collaborations:
- **Flagstaff Shelter Services** – continue to provide on-site visits, clients have not signed up for intake but have casually converse with individuals on site. Distributes sixteen bags.
- **Continuum of Care meetings -** these are quarterly meetings, next scheduled for March 2024.
- **Coconino Case Conference –** Attend weekly meetings on Thursday's. We discuss client referrals.
- **Advocates for Unsheltered Relatives** - No meeting for the month of February 2024 on the RARE Assessment.
- **Coconino County Health and Human Services -** Continue to participate in CCHHS monthly call meeting with Tiffany Kerr, Disparities Program Manager. Continue to provide updates on CCHHS. It is the intent of Native American for Community Action, Inc. and submitted the 2023-2024 Work Plan to Coconino County Health & Human Services (CCHHS). Continue to spend down funds to meet the 35% of the budget. Summit a requisition for TracFone's.
- **Flagstaff Family Food Center: Hot Meal Services** - Provided on-site visits. Disseminated PPE supplies and hygiene bags. Distribute basic needs supplies: Backpacks, Sleeping bags, Jackets, Beanies, Gloves, and socks.
- **Crowns Traditional House -** continue to provide on-site visits, clients have not signed up for intake but have casually converse with individuals on site. Provided PPE to clients. No request for services.
- **Pathway-** continue to provide collaboration with the Pathway Program Coordinator.
- **Taylor House** – No follow up on invoices for the month of February 2024.

FUNDS:
- **February 2023** -
- **Program 1980 (Supportive Services)** - Continue to provide services when client makes a request.
- **Program 7004** - Continue to provide services when client makes a request.
- **Program 7008 -** Issued Food/Gas card forms to client. Submitted a requisition for Basic needs for Unsheltered Relatives. Distributed Sleeping Bags, Gloves, Beanies, Hoodies, and backpacks. Complete the report for December. Served a total of <u>two</u> clients for rental/utility assistance and <u>one</u> client for Food & Gas cards.
- **Program 7014 (NCUIH Indian Health Services)** - continue to have face mask, hand sanitizer supplies on hand at GSA. Submitted requisitions for burial assistance. A total of <u>two</u> burial assistance.
- **Coconino County H&HS** - Program 6003- Distributed <u>0</u> of the 30-day bus passes. Distributed <u>106</u> of Day Passes. Distributed <u>78</u> Better Bucks for February 2024. Distributed <u>2</u> refilled data-cards for Tracfone's and distributed <u>4</u> TracFone's for the month of February 2024. Distributed no tents to clients. Distributed no Food & Gas Cards. Distributed <u>3</u> Sleeping Bags. Distributed <u>9</u> Backpacks. Distributed <u>20</u> Hoodies. Served a total of 313 clients.
- **Pathways** - No outreach for the month of February 2024.
- **Coconino County Health and Human Services: Program 6003** – Continue with NACA initiating the goal of spending funds on inventory of funds with direct vendor by February 2024. To purchase and distribute basic needs supplies of Safeway Gift cards (Food/Gas approved), personal

protective equipment, laundry services, supplies, shampoo, soap, dental hygiene, toilet paper, sleeping bags, coats, gloves, socks, tents, and Better Buck, etc.

HIGHLIGHTS:

- **Coconino County H & HS** - Continue to participate in the Coconino County Navigator Group meeting.
- **The Inter-Tribal Council of Arizona, Inc**. - Area Agency on Aging (ITCA-AAA), Region 8 donated sleeping bags and backpacks to Native Americans for Community Action, Inc. (NACA), to be use for homeless, older adults in Flagstaff, Arizona. Continue to distribute sleeping bags and backpacks.
- **Flagstaff Shelter Services** – Follow up if there are any clients who sign up for NACA Services intake. Disseminate basic needs to unsheltered relatives. Distributed 16 PPE bags.
- **Food Bank** - continue to provide on-site visits. Outreach on 2/6/23, 2/14/23, 2/20/2023, and 2/27/24. Distributed basic needs supplies: sleeping bags, tents, jackets, beanies, gloves, and socks, Hygiene bags and PPE bags.
- **Crown Traditional House** - Follow up if there are any clients who sign up for NACA Services intake. Distributed 16 PPE Bags and Hygiene Bags.
- **Cats Bus** - Distributed basic needs supplies for unsheltered relatives. Distributed 16 PPE and Hygiene Bags.
- **Desert Financial** - No sleeping Bags distributed to clients.

Continue to be active in spending period. And the *Weather has been chilly, and it has not impacted on resource navigation and distribution during this reporting period. Social Supportive staff continues to have a regular weekly presence out at the community to check for community client eligibility. Provided basic needs to clients and navigate distribution of the workflow.

Respectfully submitted,

Selena Holgate

Supportive Services Case Manager
Pronouns: She/her/hers
Native Americans for Community Action, Inc.
1500 E. Cedar Ave., Suite 56
Flagstaff, Arizona, 86004
Ph: 928 526-2968 x 139
Email: Sholgate@nacainc.org
Website: www.nacainc.org

Reach UR Life Program

March 2024 Board Report

Program Activities

Reach UR Life team continues to maintain our partnership with local schools, the youth shelter, juvenile court center and healthcare organizations. Additionally, we are continuing to expand our partnerships with local schools and outside the local area.

Program Activities:

- The team continues to advise UNITY at Flagstaff High School and will be expanding to Coconino.
- Reach UR Life confirmed their partnership with Pine Forest Charter School to support their students' mental health and has met with their team to discuss next steps.
- We are currently renewing our MOU with Northern Arizona Healthcare's Behavioral Health and Tuba City Regional Health Care Corp.
- RUL is working with Ponderosa High School to bring a diversion program onsite using the CAST curriculum now that Keith is a trainer!!
- RUL continues to present our Life skills curriculum to students at Summit High School and will be expanding that curriculum to Coconino County Detention Center
- RUL is working with the Hope Receiving Center to start monthly resume building workshops for the youth
- The team will be presenting to Ponderosa High School students about the program 03.20
- Reach UR Life continues to support Tuba City Regional Healthcare Corporations Native Connections program in postvention development that will be implemented at the local schools.
- RUL continues to plan the GONA T4T this upcoming summer.

Training Activities

- RUL provides ongoing self-paced virtual QPR training for interested individuals.
- RUL will be hosting a community safeTALK training 03.15
- RUL will be providing Hopi Behavioral Health with ASIST training on 03.28-29
- RUL will be collaborating with FUSD Student Support Services to get all FUSD staff trained in QPR using the self-paced tool.
- RUL is working with the Director of Sexual Violence Response Initiatives at the state's coalition to end sexual and domestic violence (ACESDV) to get their staff trained in suicide prevention.
- Keith Dahozy is now a CAST trainer and can support students in building self-esteem, decision making and coping skills at the schools.
- Shoshana James will be getting trained in the Youth Mental Health First Aid
- The team will be getting trained in Mindful Based Substance Abuse Treatment that is being sponsored by Northland Family Help Center beginning in April.

Program Monthly Highlights:
- **NACA Health Promotion team visited Pathways every Tuesday in February.**
- **Kateri Slim, Pathways program coordinator was invited back to Florida for the 11th annual ITRE conference in April.**

Program Lows:
- **Parent involvement is still a struggle.**

Client encounters:
- **Pathways participation was at 90% daily.**

Client Services Provided:
- **Tobacco prevention activities and games (The Beauty Way Curriculum)**
- **Peer Pressure and what it looks like.**
- **Sources of Strength Curriculum**

Network Meetings:
- **Partnership with NAU and USF (University of South Florida) – Discussed new lesson plans and parent surveys for modernized beauty way curriculum.**
- **Zoom meeting with Brooke DeHeers, discussed ITRE conference and dual presentation on Native American Culture/Community partnership.**

Program Trainings:
- **No trainings were scheduled.**

Behavioral Health

February #s for March 2024 Meeting-Board Report

Mental Health Contacts: May 597, June 493, Aug 545, Sep 451, Oct 512, Nov 534, Dec 354, Jan 604, Feb 539
Substance Abuse Contacts: May 267, June 264, Aug 237, Sep 136, Oct 137, Nov 121, Dec 111, Jan 232, Feb 231
New Intakes: May 65, June 44, Aug 30, Sep 41, Oct 58, Nov 56, Dec 45, Jan 57, Feb 55
Total Encounters: May 929, June 801, Aug 812, Sep 628, Oct 707, Nov 711, Dec 510, Jan 893, Feb 825

Major Highlights:

Met with a referral source that offers DUI services in the Prescott area. Shamrock counseling brought their director and two counselors to see what we offer in our programs and outlined what they could offer our clients if they needed more immediate services.

Met with the GPO for the Native Connections grant and discussed the quarter from October 2023 through December of 2023. We also laid out accomplishments that Teri and the Pathways program had attained through the end of February 2024.

Entered SPARS data for the last quarter of 2023. Received feedback from the GPO and entered additional data to SPARS to make sure we were capturing all the activities we were engaged in.

Participated in an all-staff luncheon as an introduction to Christopher's leadership.

I started bi-weekly meetings with Christopher.

I was introduced to my first leap-baby!

Ongoing Projects:

- Participation on the QI/QA Committee ongoing
- Participation on the Medical Executive Committee ongoing
- Participation on Directors and Leadership Committee ongoing
- Conduct individual and group supervision weekly.
- Participation on the Employee Retention Committee.
- Participation on AAACH Committee ongoing

Curtis Randolph PhD, LPC, Director of Behavioral Health

Family Heath Center Board Report
March 2024
Verity Quiroz, Director of Operations

Major Highlights:

- February 20, 2024 Mammogram Bus event – served 18 women
- Skills Fair / Competency in progress, due March 31, 2024
- Equality Health Meeting with Dr S. Dubry (Medical Director)
- Signed Services Agreement with SimonMed for additional imaging partner March 2024
- DOT Biohazardous Training completed March 2024 (RNs, Housekeeping, QI)
- Currently offering Seasonal Flu Vaccines (Sept-April)
  - 98% staff vaccination rate

Electronic Medical Records/Reporting/NextGen

- NG Patient Portal- pending
- NG Pop Health – pending
- NG Luma Demo – scheduled April 2024
- NG Ambient Health Demo- pending
- NAR Bidirectional Interface, pending
- NDW Report submitted March 2024
- GPRA and NIRS quarterly reporting due April 2024
- Healthjump integration underway (Equality Health-Nextgen)

Staffing updates:
- Maria White working 30 hours per week as CMA
- Meeting with Dr O'Connor Podiatry to revisit services agreement
- Kai – resignation expected TBD (medical school)
- Vic expected FMLA Mar/Apr 2024

Ongoing Projects:
- NextGen Implementation
- AAAHC; Mock Survey Scheduled May 21, 2024
- P&P generation, revision, deletion – per AAAHC standards
- IHS Site review; expect report March 15, 2024

Upcoming Projects:
- Equality Health Training on AWV Documentation/Billing/Coding
- AAAHC Accreditation Project (in collaboration with QI/QA Director)
- Mammogram Women's Health Day Event: May 13, 2024

- Angel's Homecare Meet n Greet April 11, 2024
- Arizona Liver Health Meet N Greet: pending

Committee/Meeting Involvement:
- NCUIH (as needed)
- Employee Health (as needed)
- NextGen Administrator (weekly Thursday meeting)
- COCA/CDC Calls/Webinars
- QA/QI (Next: March 28, 2024)
- Med Exec Committee: (Next: May 2, 2024)
- Infection Control (Next quarterly report due April 2024)
- AAAHC Work Group (Every 2 weeks)
- Emergency Preparedness (Next: March 28, 2024)
- Clinic Staff Meetings (Next: March 21, 2024; RUL guest)
- Nurse Staff Meetings (Next: March 20, 2024)
- HPWC Team Meeting (Next: March 18, 2024)
- HPWC Grant Planning Meeting (varies)
- Peer Review Committee (Next: May 2, 2024)
- Care1st Center of Excellence (Next: March 26, 2024)

Travel:
- AACHC Medicare Cost Report Training March 29, 2024 (virtual) (Verity & Shay)
- Lancaster Women's Leadership Summit, April 2024 (Verity & Shay)
- AAACN Annual Conference, April 2024 (Verity & Shay)
- APIC Annual Conference, June 2024 (Verity & Shay)
- NAU Community Assistance Tabletop Exercise, May 2024 (Verity)
- TAPI Immunization Conference (Cheri & Veronica)
- Nextgen Annual User Group Summit: Pending?

Attachments:
- Fonemed Reports
- Antibiogram Report

FONEMED

A HEALTHIER TOMORROW

Complete Call Report

Native Americans for Community Action (NACA)

January 2024

Please contact us with any questions by phone or email.

The FONEMED Team

Call Summary

Total Calls For Period: 18

Company Wide Abandonment Rate: 4.34%

Callers who indicated that they will comply with nurses recommendation: 0.0%

Average Speed to Answer: 25.71 seconds

Company Wide Satisfaction Rate: 98.45%

Cost Savings

Nurse Advice Line savings due to redirection*:

|	
Emergency Room Visits:	$0.00
Urgent Care Facility Visits:	$0.00
Doctor Visits:	$0.00
Total:	$0.00

*Estimated National Averages for Health Care Services:

Emergency Room Visits - Source: United Health; Health and Human Services	$1700.00
Urgent Care Facility Visits - Source: United Health; Health and Human Services	$190.00
Physician Office visit: Source: Health and Human Services; National Institute of Health Study	$200.00

*All call times reported in UTC

Calls By Month

Report Month	Total Calls
January	18
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
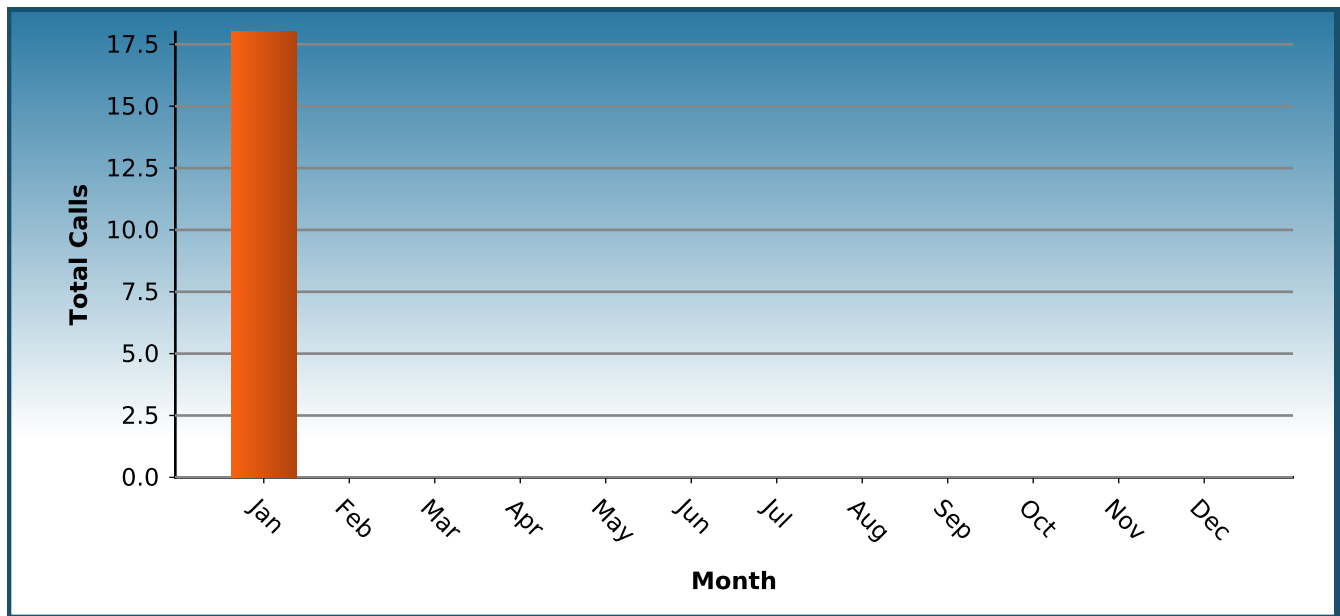
Calls By Weekday

Weekday	Call Count
Sunday	1
Monday	4
Tuesday	2
Wednesday	4
Thursday	2
Friday	1
Saturday	4
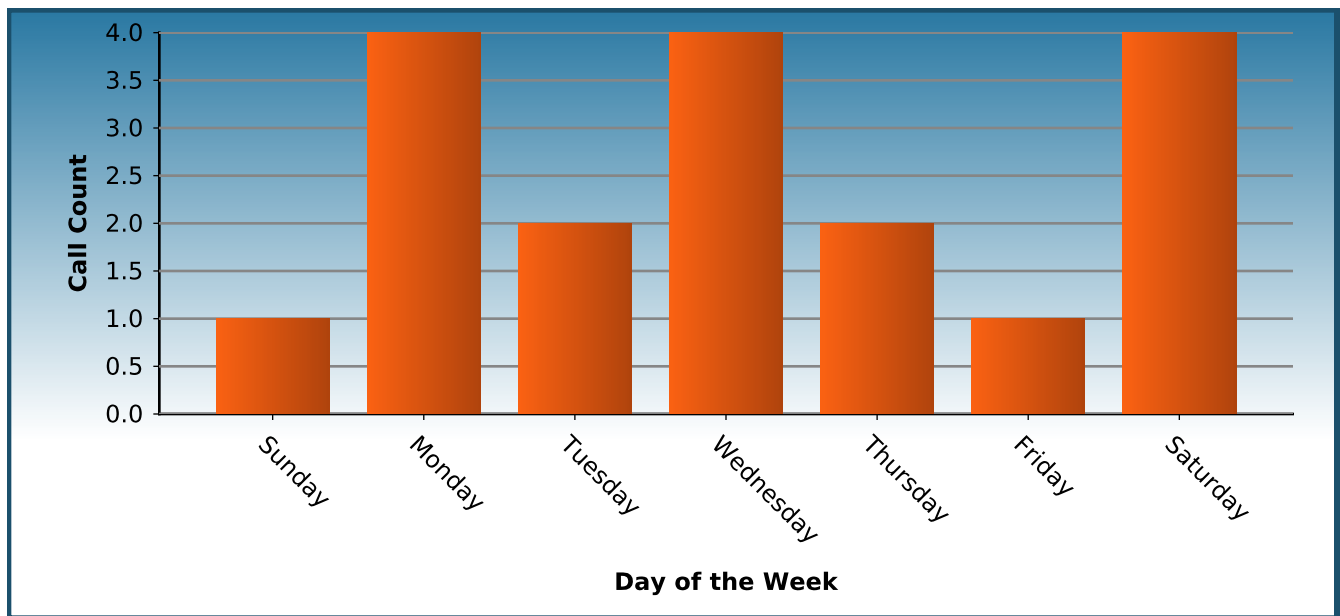
Calls By Hour

00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
0	0	0	0	0	0	1	1	0	1	0	0

12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
0	1	1	0	1	0	6	5	0	0	0	1
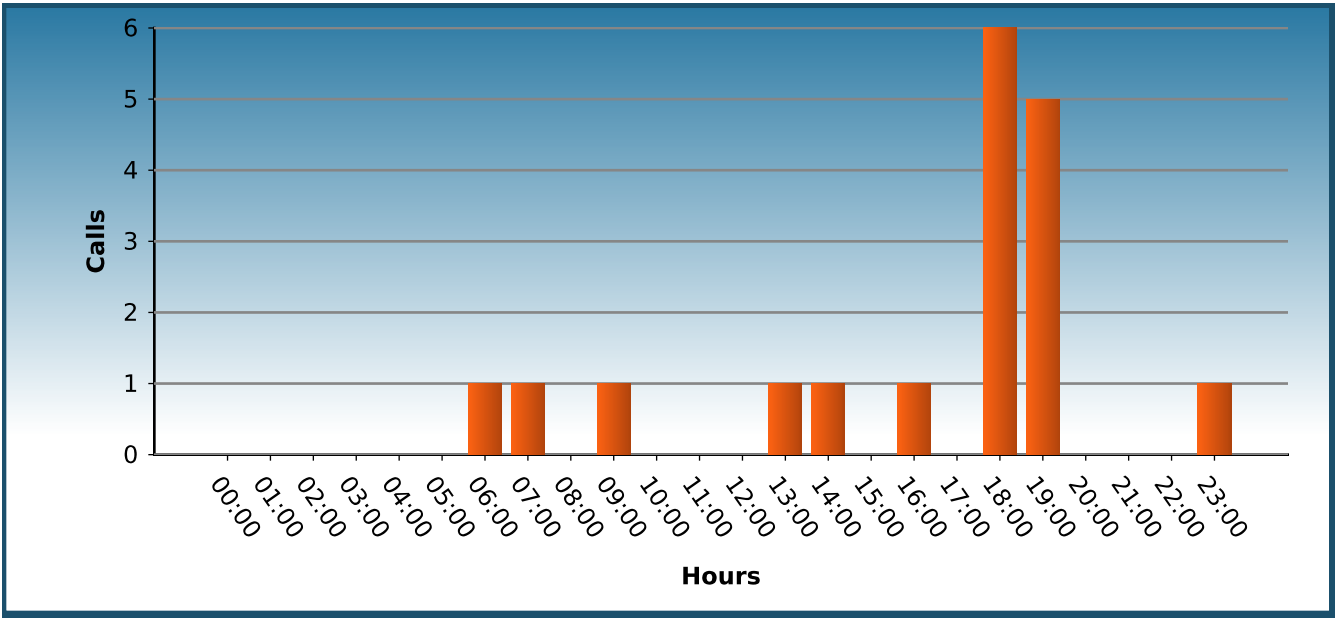
Calls By Redirection

	Call 911	Go to ER	Go to UCF	Called Doctor in AM	Access other service	Nothing / Home Care	Unsure	Question Not Available	Total	Percentage
911 - Emergency	0	0	0	0	0	0	0	0	0	0.0%
Immediate - Urgent Care	0	0	0	0	0	0	0	0	0	0.0%
Contact Medical Care Within 24 Hours	0	0	0	0	0	0	0	0	0	0.0%
Contact Medical Care Within 72 Hours	0	0	0	0	0	0	0	0	0	0.0%
Contact Medical Care Within 2 weeks	0	0	0	0	0	0	0	0	0	0.0%
Home Care	0	0	0	0	0	0	0	0	0	0.0%
Information Provided	0	0	0	0	0	0	0	0	0	0.0%
Total:	0	0	0	0	0	0	0	0	0	0%
Percentage:	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Savings:	$0	$0	$0	$0	$0	$0	$0	$0	$0	

Final Disposition   **Original Inclination**

- 🟠 911 - Emergency
- 🔴 Immediate - Urgent Care
- 🟢 Contact Medical Care Within 24 Hours
- 🟡 Contact Medical Care Within 72 Hours
- 🔵 Contact Medical Care Within 2 weeks
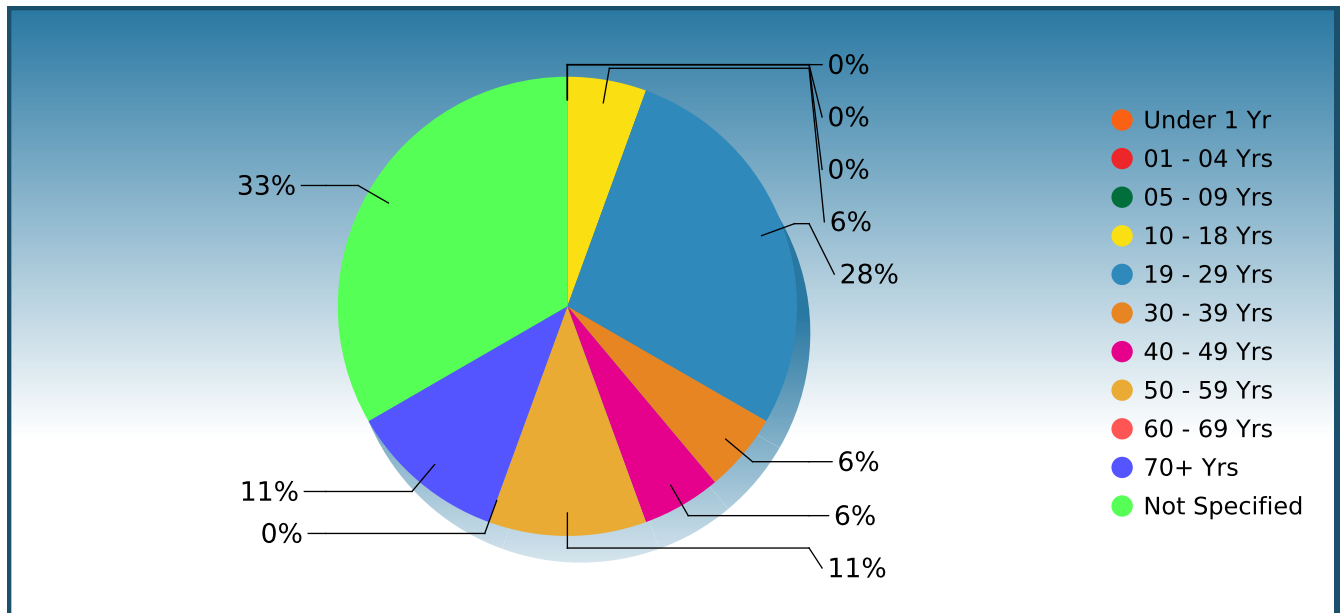- 🟠 Home Care
- 🟣 Information Provided

Adult Protocol Counts

Protocol	Protocol Count

Pediatric Protocol Counts

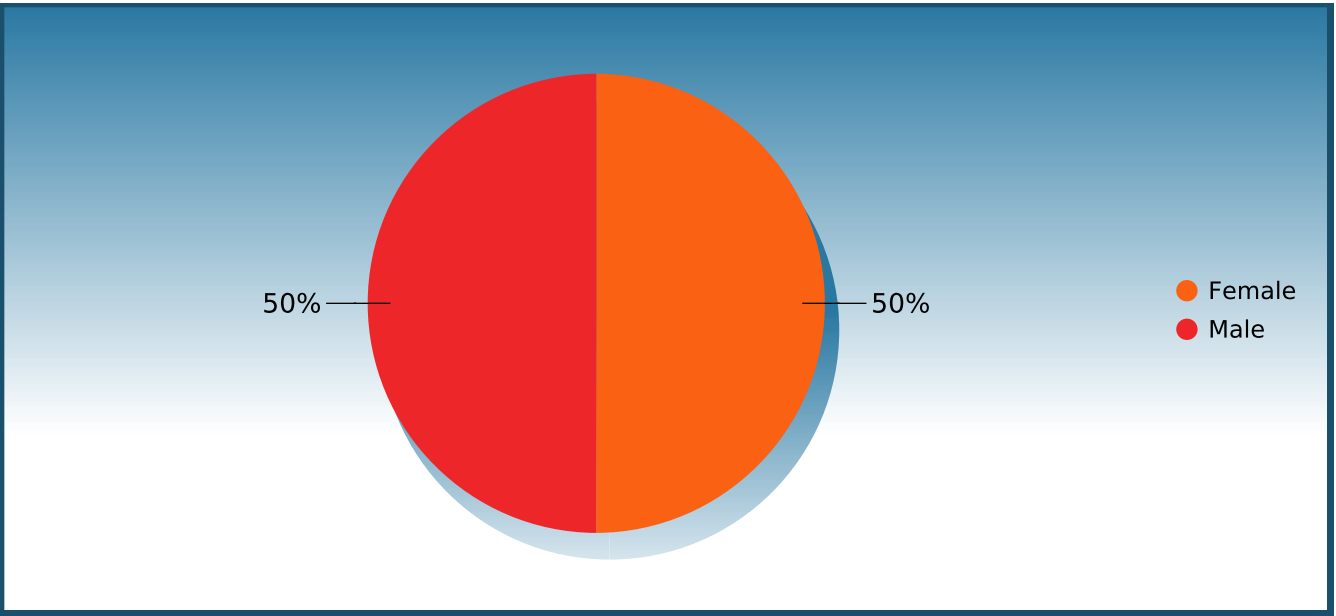**Protocol**   **Protocol Count**

Calls By Age

Age Group	Patient Count
Under 1 Yr	0
01 - 04 Yrs	0
05 - 09 Yrs	0
10 - 18 Yrs	1
19 - 29 Yrs	5
30 - 39 Yrs	1
40 - 49 Yrs	1
50 - 59 Yrs	2
60 - 69 Yrs	0
70+ Yrs	2
Not Specified	6

Calls By Gender

Gender	Patient Count
Female	9
Male	9

Compliance

Comply	Call Count
No	0
Yes	0

● No
● Yes

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1255 W. Washington St
Tempe, AZ 85281
602.685.5000 or 800.766.6721

Account: 76050

Report Date: 02/01/2024 04:03 AM

Approval Date Range: 01/01/2024 - 01/31/2024

Antibiogram Statistics Report

NACA

Escherichia coli							Total Isolates: 3
Antibiotic	**S**		**R**		**I**		
Ampicillin	1	33%	2	67%			
Augmentin	2	67%			1	33%	
Ciprofloxacin	2	67%			1	33%	
Nitrofurantoin	3	100%					
Gentamicin	2	67%	1	33%			
Levofloxacin	2	67%			1	33%	
Meropenem	3	100%					
Trimetho/Sulfa	3	100%					
Tetracycline	3	100%					
Tobramycin	2	67%	1	33%			
Pip/Tazo	1	100%					

Health Promotion & Wellness Center Program

March 2024 Meeting-Board Report

Major Highlights

Tribal Practices for Wellness in Indian Country (TPWIC) grant objectives and strategies.

- The Annual continuation reports and application have been submitted for the continued funding for 2025.
- The evaluation team for the CDC did a brief preliminary review and came back with positive feedback.
- Ongoing with 2024 workplan activities.

Good Health and Wellness in Indian Country (GHWIC) grant objectives and strategies:

- 3 staff will speak at the GHWIC conference / gathering in Albuquerque NM in April. The proposal to speak has been accepted by the host. The Honor you Heart program will be the topic of the talk.

Arizona American Indian Colorectal Cancer Project (CRC) University of Arizona Cancer Center grant objectives and strategies

- The grant ends at the end of the month. Future discussions to take place with the University about ongoing Colon cancer support and an additional round of funding.

Special Diabetes Program for Indians (SDPI) Program results:

- The 2 required key measure reports were turned in.
- The Annual progress report and annual audit are in progress.
- HbA1c quality measures are being set.
- Skills check offs among the Health Promotion team are underway.

4 in 1 Grant

- The Pathways sessions are going strong. 2 sessions are dedicated to exercise and 2 to nutrition. The children are starting a gardening program.