NACA

NATIVE AMERICANS FOR COMMUNITY ACTION

BOARD MEETING PACKET

April 15, 2026

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AGENDA

Monthly Meeting of Board of Directors
In-Person Meeting at Hopi Room
April 15, 2026 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.

Call to Order: PM on April 15, 2026

REGULAR MEETING

Roll Call: Board Members

Liv Knoki, President
Juliette Roddy, Vice-President
Vacant, Treasurer
Vacant, Secretary
Charles Doughty
Victoria Tewa
Rachael Baker
Melinda Smith

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. **Prayer** –

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

   April 15, 2026 Board Agenda

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

   No Board Minutes

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

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

   1) Jensen Lanza – Grand Canyon Ranger
   2) Tyrell Tsinnie – Grand Canyon Ranger
   3) Cassie Webster – Health Information Specialist
   4) Ruth DeBoard – Advanced Practice Provider

5) Kendra Gillman – Certified Medical Assistant
6) Kyte Castillo – Health Information Systems Specialist

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. Review and Approval of Policies & Procedures (ACTION) – Verity Quiroz
- New: MS 970 Medication, Medical Supply, Medical Equipment Procurement

B. Review and Approval of Policies & Procedures (ACTION) – Francisco Rendon
- Revision: AG 100 Mission, Vision, & Values
- Revision: AG 110 Scope of Services (Program Descriptions)
- Revision: AG 120 Days & Hours of Operation
- Review: AG 121 After Hours Coverage
- Review: AG 130 Organizational Structure & Management Responsibilities
- Review: AG 131 Management Travel
- Review: AG 200 Policy and Procedure Development and Maintenance
- Review: AG 300 Compliance Program Policy
- Review: AG 310 Compliance Program Training and Education
- Review: AG 320 Reporting Instances of Non-Compliance and Non-Retaliation
- Review: AG 321 Responding to Allegations Made Against the CEO
- Revision: AG 350 Legal Counsel
- Revision: AG 400 Marketing, Advertising, and Media Release
- Revision: HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
- Revision: HIPAA 110 Access to Protected Health Information by an Individual Receiving Services
- Review: HIPAA 130 Accounting to Disclosure of Protected Health Information
- Revision: HIPAA 150 Authorization Not Required
- Review: HIPAA 160 Minimum Necessary
- Revision: HIPAA 170 De-Identified Protected Health Information
- Revision: HIPAA 180 Addressing Business Associate Relationships
- Review: HIPAA 1120 Notice of Privacy Practices
- Revision: HIPAA 1130 Complaints
- Review: HIPAA 1160 Documentation
- Revision: HIPAA 1220 Managing Marketing Activities
- Revision: RR 100 Patient/Client Rights and Responsibilities
- Revision: RR 110 General and Informed Consent for Treatment
- Review: RR 120 Patient/Client Complaints & Grievances
- Review: RR 130 HIPAA Notice of Privacy Practices
- Revision: RR 140 Advance Directive/Power of Attorney
- Revision: RR 150 Disruptive Behavior, Patient
- Review: RR 200 Child Abuse/Neglect Reporting
- Review: RR 210 Adult Abuse/Neglect Reporting
- Review: RR 300 Treatment of Minors
- Review: RR 310 Minors Accompanying Patients/Clients
- Revision: RR 400 Interpretive Services for Health Impaired & Non-English-Speaking Patients/Clients
- Revision: RR 420 Rescheduled, Missed, or Canceled Appointments

- Review: EOC 100 Fire Safety Management Plan
- Review: EOC 200 Facility and Environmental Safety
- Review: EOC 210 Chemical Handling and Storage
- Review: EOC 220 Biological Hazards and Bioterrorism Policy
- Review: EOC 230 Medical Equipment Standardization & Maintenance
- Review: EOC 240 Policy for Monitoring and Disposal of Clinical Medications, Reagents, Solutions, and Supplies
- Review: MM 200 Medication Oversight
- Review: MM 210 Medication Administration
- Revision: MM 220 Multiple-Dose Vials (MDV)
- Revision: MM 230 High Alert and Hazardous Medication Policy
- Revision: MM 240 Look Alike/Sound Alike Medication Policy
- Review: MM 250 Medication Use During Invasion Procedures Policy
- Revision: MM 260 Pediatric Verification Policy of Administration of Vaccines or Medication
- Review: MM 270 Medication Use During Invasion Procedures Policy
- Review: MM 300 Vaccine Management, Administration, and Disposal Policy
- Revision: MM 310 Vaccine Temperature Excursion Policy
- Review: MM 400 Acceptable Medication Order Types Policy
- Revision: MM 410 Electronic Prescribing System Security and Access Control
- Review: MM 420 Medical Reconciliation
- Review: MM 430 Medication Refills
- NACA Community Emergency Response Plan
- NACA Emergency and Disaster Response Plan
- NACA Emergency Operations Plan
- NACA Safety and Emergency Management Program
- Hazard Vulnerability Assessment – Annual Review

C. NACA Logo Package (ACTION) – Almalia Berrios

D. E-Vote: FIN 9.0 Sliding Scale Fee Schedule Policy, Approved 03/16/26 – Walter McCullough

E. E-Vote: NACA 403(b) Transition, Approved 03/16/26 – Cynthia Little

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

A. Financial Report:
- Financial Updates (NON-ACTION)

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

C. Finance Committee (NON-ACTION) – April 3, 2026

8. **Old Business**

A. Physician Recruitment (NON-ACTION)
- Dr. Nelson – signed official offer letter
- Dr. Farrag – interviewed 03/16/26, 4th Provider

9. New Business

Next Board Meeting Date: May 20, 2026 at 5:30 p.m.

Adjournment of Meeting:

CONSENT ITEMS

Policy Number	Policy Name	Annual Review, Revision, Deletion, New	Summary of Change
Medical Services 970	Medication, Medical Supply, Medical Equipment Procurement	New	To ensure that decisions regarding the addition, modification, or removal of medications, supplies, and equipment are clinically appropriate, well-documented, and consistently applied across the organization. This policy is necessary to formally document deliberations and approvals, support patient safety and continuity of care, and demonstrate compliance with AAAHC accreditation standards

POLICY: MS 970	()Revision (X) New	Original Issue Date: Revised Date:
Medication, Medical Supply, Medical Equipment Procurement	Author: Medical Executive Committee	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 procure medications, medical supplies, and medical equipment in a manner that ensures patient safety, continuity of care, fiscal responsibility, regulatory compliance, and cultural responsiveness. Procurement activities shall support evidence-based clinical practice, emergency preparedness, infection prevention, and uninterrupted delivery of services across NACA clinical programs.

II. PURPOSE: The purpose of this policy is to establish standardized procedures for the selection, purchasing, receiving, and replacement of medications, medical supplies, and medical equipment.

III. SCOPE: This policy applies to:

- All clinical medications, including vaccines, emergency drugs, and injectables
- All medical supplies used for diagnosis, treatment, infection control, and procedures
- All medical equipment, including durable medical equipment (DME), point-of-care testing devices, and emergency equipment

This policy does not supersede pharmacy-specific dispensing policies, purchasing thresholds outlined in Finance policies, or PRC authorization requirements.

IV. DEFINITIONS:

- Medication: Any prescription, over-the-counter, vaccine, emergency, or injectable drug stored or used within a NACA clinical site.
- Medical Supplies: Disposable or reusable items required for patient care (e.g., PPE, syringes, test kits, wound care supplies).

- Medical Equipment: Reusable devices used for diagnosis, monitoring, treatment, or emergencies, including DME and emergency response equipment.
- Authorized Personnel: Staff who are credentialed, trained, and designated to initiate procurement or inventory oversight.

V. PROCEDURES:

A. Procurement Authority

1. Procurement of medications, medical supplies, and equipment shall be clinically driven and coordinated by:
    - Clinical RN
    - Medical Director
    - Advanced Practice Providers
    - Physicians
    - Director of Operations
    - Chief Executive Officer (as applicable)
2. All purchasing must comply with:
    - NACA financial policies and purchasing thresholds
    - IHS and UIO funding guidance
3. This policy does not confer or modify clinical privileges and is subject to the Medical Staff Bylaws and Board-approved privileging processes.
4. Vendors must meet safety, regulatory, and supply chain reliability standards.

B. Medication Procurement

1. Medications shall be selected based on:
    - Current evidence-based clinical guidelines
    - Scope of services authorized by NACA
    - Emergency preparedness requirements (see MS 960)
    - Cultural relevance and patient access considerations
2. Preference shall be given to:
    - Cost-effective formulations
    - Compliance with state and federal drug regulations
3. Controlled substances shall be procured and stored in compliance with:
    - State law
    - DEA requirements
    - NACA pain management and security policies

C. Medical Supplies Procurement

1. Medical supplies shall support:
    - Routine and preventive care
    - Chronic disease management
    - Infection control, CDC, and OSHA compliance

- Procedural and diagnostic care

2. Supply standardization shall be used where possible to:
   - Reduce waste
   - Promote staff competency
   - Improve infection control compliance
3. Emergency supplies shall be maintained consistent with MS 960 – Minimum Emergency Equipment & Supplies.

D. <u>Medical Equipment Procurement</u>

1. Equipment purchases shall be based on:
   - Clinical necessity
   - Safety and reliability
   - Manufacturer support and service availability
   - Compatibility with existing systems
2. Equipment must meet:
   - FDA approval requirements (when applicable)
   - AAAHC accreditation standards
   - Applicable safety and performance standards

E. <u>Procurement planning shall ensure:</u>

- Availability of emergency medications
- Adult and pediatric emergency equipment
- Backup supplies for high-risk services

F. <u>Training and Competency</u>

1. Training shall include:
   - Safe handling and storage
   - Inventory management
   - Regulatory compliance

G. <u>Quality Assurance & Review</u>

1. Procurement processes shall be reviewed through:
   - Quality Improvement activities
   - Accreditation readiness reviews
   - Internal audits

VI. COMPLIANCE:

- Failure to comply with this policy may result in corrective action and may be reviewed by clinical leadership and the Quality Improvement Committee.

VII. REFERENCES

- Indian Health Service (IHS)
- Accreditation Association for Ambulatory Health Care (AAAHC)

- Health Resources and Services Administration (HRSA) – Health Center Program
- Centers for Disease Control and Prevention (CDC)
- Occupational Safety and Health Administration (OSHA)

Policy Number	Policy Name	Annual Review, Revision, Deletion, New	Summary of Change
100	Mission, Vision, & Values	Revision	IHS requires the governing body to review and approve the Mission, Goals, and Objectives at least every two (2) years. AAAHC GOV.160 assigns the governing body responsibility to determine the mission, goals, and objectives and to evaluate progress toward them. Formalizing cadence and documentation in policy demonstrates compliance: "PURPOSE: To establish the Mission, Vision, and Values of NACA as a framework for the agency's policies and procedures and to define the Governing Body's required role in reviewing and approving these elements in accordance with applicable standards."
100	Mission, Vision, & Values	Revision	IHS requires the governing body to review and approve the Mission, Goals, and Objectives at least every two (2) years. AAAHC GOV.160 assigns the governing body responsibility to determine the mission, goals, and objectives and to evaluate progress toward them. Formalizing cadence and documentation in policy demonstrates compliance: Added section IV to support the policy: IV. GOVERNANCE & REVIEW A. The Governing Body shall review and approve NACA's Mission, Goals, and Objectives at least once every two (2) years. Approval and any revisions shall be documented in Governing Body minutes. B. Leadership shall report at least annually to the Governing Body on progress toward achieving the Mission, Goals, and Objectives.
110	Scope of Services (Program Descriptions)	Revision	Added "and Grand Canyon site" in III.E.Community Development; Added language to bullet Supportive services that clarifies the policy: Took out "aids" and changed it to "Supportive Services: is a support program for". In the same bullet point, changes were made to clarify the policy. New sentence is: "Clients and community members will need to meet certain requirements to qualify for assistance, which is subject to available funding."
120	Days & Hours of Operation	Revision	AAAHC GOV.180.30 requires that hours of operation be included in the governing body–approved scope of services. Linking changes in hours to governing body action maintains compliance and traceability. Added D under III: D. "Any change to hours of operation shall be incorporated into the Scope of Services (AG 110) and submitted to the Governing Body for approval prior to implementation."
121	After Hours Coverage	None	N/A
130	Organizational Structure & Management Responsibilties	None	N/A
131	Management Travel	None	N/A
200	Policy and Procedure Development and Maintenance	None	N/A
300	Compliance Program Policy	None	N/A
310	Compliance Program Training and Education	None	N/A

320	Reporting Instance of Non-Compliance and Non-Retaliation	None	N/A
321	Responding to Allegations Made Against the CEO	None	N/A
350	Legal Counsel	Revision	AAAHC requires procedures for appropriate response to legal inquiries and external communications. IHS requires that the governing body receive and review, at least annually, information on specific legal events (e.g., criminal indictments, guilty pleas/verdicts) involving the organization or personnel in their organizational roles. An explicit escalation clause ensures compliance. Under V. added F to read: "F. Mandatory Board Notification of Certain Legal Matters: The CEO or designee shall promptly notify the Governing Body of any criminal indictments, guilty pleas or verdicts, or similar legal proceedings directly or indirectly involving the organization or its officers, administrators, providers, or staff in their organizational roles. Such notifications and subsequent Board reviews shall be documented in Governing Body minutes."
400	Marketing, Advertising, and Media Releases	Revision	Under III.F. took out word "Twitter" since it is now called X.

List of Administrative/Governance (AG) Policies:

AG 100 Mission, Vision, & Values
AG 110 Scope of Services (Program Descriptions)
AG 120 Days & Hours of Operation
AG 121 After Hours Coverage
AG 130 Organizational Structure & Management Responsibilities
AG 131 Management Travel
AG 200 Policy and Procedure Development and Maintenance
AG 300 Compliance Program Policy
AG 310 Compliance Program Training and Education
AG 320 Reporting Instances of Non-Compliance and Non-Retaliation
AG 321 Responding to Allegations Made Against the CEO
AG 350 Legal Counsel
AG 400 Marketing, Advertising, and Media Releases

POLICY: AG 100	(X) Revision ( ) New	Original Issue Date: 08/02/10 Revised Date: 05/10/24; 02/03/25 Approved by: Board of Directors Approval Date: 05/15/24; 02/19/25 Effective Date: 05/16/24; 02/20/25 Annual Review Date: 02/19/25
Mission, Vision, & Values	Author: Administrative/Governance	

I. POLICY: The policy of Native Americans for Community Action, Inc. (NACA) is to provide medical, behavioral health, social support, and economic services to Native Americans and others in need which promote the Mission, Vision, and Values of the organization.

PURPOSE: ~~To establish the Mission, Vision, and Values of NACA as a framework for the agencies policies and procedures.~~ **To establish the Mission, Vision, and Values of NACA as a framework for the agency's policies and procedures and to define the Governing Body's required role in reviewing and approving these elements in accordance with applicable standards.**

II.

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

Operational Indigenous Values: Applying relational decision-making while honoring ancestral connections to, and experiences with land and systems to elevate the vitality of the greater community.

Vision: NACA's vision is that all people in the greater Flagstaff area will model wellness, respect, and self-sufficiency, go without need, and contribute to a thriving community where Indigenous values and cultural traditions are celebrated.

Values:

- Honesty and Mutual Respect in all pursuits.
- Recognizing Spirituality and Cultural Identity.
- Advancement of the Life Quality and Economic Welfare of the community.
- Respect for Diversity and all individuals regardless of position.
- Professionalism in our interactions.
- Accountability for resources and relationships.
- Transparency and Integrity in decision-making.
- Pride in our association with NACA.

III. PROCEDURE: None.

IV. IV. GOVERNANCE & REVIEW

A. The Governing Body shall review and approve NACA's Mission, Goals, and Objectives at least once every two (2) years. Approval and any revisions shall be documented in Governing Body minutes.

B. Leadership shall report at least annually to the Governing Body on progress toward achieving the Mission, Goals, and Objectives.

POLICY: AG 110	(X) Revision ( ) New	Original Issue Date: 08/02/10 Revised Date: 05/10/24; 02/03/25 Approved by: Board of Directors Approval Date: 05/15/24; 02/19/25 Effective Date: 05/16/24; 02/20/25 Annual Review Date: 02/19/25
Scope of Services (Program Descriptions)	Author: Administrative/Governance	

I. **POLICY:** The policy of NACA is to provide an array of services to Native Americans and others in need within the greater Flagstaff area to promote the Mission, Vision, and Values of NACA.

II. **PURPOSE:** To describe the programs offered by NACA.

III. **PROCEDURE:**

A. Family Health Center (FHC): offers a range of primary health care services to both Native American and non-Native people from birth to end of life. FHC is a fully licensed outpatient treatment center offering medical treatment and chronic disease management, family planning, diagnostic testing, and immunization services. The Medical Staff work closely with patients to provide opportunities for individuals to learn more ways to enjoy a high quality of life, prevent potential health-related problems, and reduce health risks.

B. Behavioral Health (BH): offers outpatient services for children aged eight (8) and older and adults through individual, family, and group settings. Individual and group counseling is offered for domestic violence, depression, grief, trauma, marital strife, self- esteem, coping skills, spiritual distress, and managing one's lifestyle. Other services include behavioral health assessments, psychiatric care, evaluations, Talking Circle, DUI education and treatment, Driver License Reinstatement Evaluation, and continuing care services to individuals and families with substance use issues.

C. Health Promotion (HP): provides services in the prevention and management of chronic disease in adult Native American and non-Native people. HP provides evidenced-based interventions to prevent and/or delay the onset of diabetes, cardiovascular disease, obesity, and colorectal cancer screening and education. Interventions include the delivery of evidence- based curriculums through group interaction format, supplemented with physical fitness assessment and individualized fitness programs. A referral system is in place to identify, capture and refer patients from the Family Health Center, Behavioral Health, and external organizations into existing Health Promotion Programs.

D. The Wellness Center: is incorporated within the HP program to promote overall health and wellness among NACA clients and community members.

E. Community Development (CD): the CD department is comprised of several programs.

- **Economic Development Program:** is an economic development program that provides a venue for Native American vendors to sell their jewelry, handcrafted or handmade arts and craft products. The OL Vista and Grand Canyon sites is a prime tourist attraction site which provides a venue for program participants in generating income for themselves, along with

promoting the Native American culture through art. NACA has a partnership with the US Forest Service through a special use permit for this program to operate on federal lands.

- **Reach UR Life Suicide Prevention Program:** is an ongoing community-based services driven suicide prevention program. The program works to identify and connect individuals at-risk of suicide through preventative training, early identification screening and follow up services. Reach UR Life works to support those who have been affected by suicide through suicide bereavement groups and postvention protocols. Reach UR Life assists individuals and communities to prosper through providing youth with community-based events and activities.
- **Supportive Services:** ~~aids~~ is a support program for individuals and families in need. The program offers several diverse types of assistance including, but not limited to, financial support such as rent and utility assistance, food and clothing vouchers, local bus tickets, personal care needs such as hygiene kits and sleeping bags, financial support for ceremonial services, burial assistance, and referrals. Clients and community members will need to meet certain requirements to qualify for assistance, which ~~Assistance provided~~ is subject to available funding.
- **Pathways Youth Program:** is a substance abuse prevention program tailored for Native American youth and their families in the Flagstaff community who can benefit from a supportive and nurturing environment. The program is designed to be culturally competent and age appropriate. Services offered include afterschool and weekend activities to promote self-esteem, educational enrichment, physical fitness, and traditional and cultural teachings to 1st grade through 6th grade.

F. Health Information Management (HIM): HIM is the collection, analysis, storage, and protection of patient health information and medical records. NACA recognizes that the Electronic Health Record (EHR) provides the means to improve patient care and will be at the heart of NACA's HIM system. The EHR is the center point where medical professionals, the information they gather to track critical patient data, and the patients themselves intersect and interact. NACA's HIM organizes paper and digital records consistently and effectively, ensuring that data is accurate, complete, timely and secure.

- As NACA approaches patient care holistically, and with an indigenous focus, the EHR will gather patients' health data through a diverse and inclusive lens. Traditional healing and gender identity, for example, will be identified in the EHR as an integral component in providing care to marginalized communities and in addressing disparities in healthcare.

POLICY: AG 120	(X) Revision ( ) New	Original Issue Date: 08/02/10 Revised Date: 05/10/24; 02/03/25 Approved by: Board of Directors Approval Date: 05/15/24; 02/19/25 Effective Date: 05/16/24; 02/20/25 Annual Review Date: 02/19/25
Days & Hours of Operation	Author: Administrative/Governance	

I. **POLICY:** It is the policy of NACA is to maintain the hours of operation for each location, as follows:

Family Health Center — Monday-Friday 8:00am to 5:00pm

Wellness Center — Monday-Thursday 8:00am to 7:00pm, Friday 8:00am to 5:00pm

Behavioral Health — Monday-Friday 8:00am to 5:00pm

Administrative — Monday-Friday 8:00am to 5:00pm

Overlook & Grand Canyon Sites

Spring: March and April Daily 8:00am to 5:00pm (as weather permits)
Summer: May to September Daily 7:00am to 5:30pm (as weather permits)
Fall: October Daily 8:00am to 4:30pm (as weather permits)
Winter: November-February Daily 9:00am to 4:30pm (as weather permits)
Note: Grand Canyon Park Services Season is April to October

II. **PURPOSE:** To establish the hours of operation for NACA facilities/sites.

III. **PROCEDURE:** NACA's general operating hours are as follows:

A. NACA offers same day appointments when availability allows. Appointments are filled on a first come, first serve basis.

B. All NACA facilities shall be closed on holidays observed by NACA. Notification shall be posted in the patient/client waiting areas of all sites at a minimum of seven (7) days in advance of a scheduled holiday closure.

C. All NACA facilities shall be closed for all employee meetings and other in-services and training at designated times. Notification shall be posted in the patient/client waiting areas of all sites a minimum of seven (7) days in advance, when possible, of a scheduled closure. Hours of closures shall be limited as hours of operation are designated to serve the needs of patients and clients.

D. Any change to hours of operation shall be incorporated into the Scope of Services (AG 110) and submitted to the Governing Body for approval prior to implementation.

POLICY: AG 121	(X) Revision ( ) New	Original Issue Date: 09/01/13 Revised Date: 05/10/24 Approved by: Board of Directors Approval Date: 05/15/24; 02/19/25 Effective Date: 05/16/24; 02/20/25 Annual Review Date: 02/19/25
After Hours Coverage	Author: Administrative/Governance	

I. **POLICY:** It is the policy of NACA to offer patients support at all times of the day, including times when the clinic is closed.

II. **PURPOSE:** The purpose of this policy is to establish a process for the management of patients during times the clinic is not open.

III. **PROCEDURE:**

A. After Hours: For patient needs after hours, NACA is contracted with a remote triage service, a registered nurse (RN) triage line. Patients dialing the NACA Family Health Center phone number after hours will have their calls forwarded to Remote triage service. Patients will first receive an automated greeting message. Following the greeting, the patient will be connected to a qualified Health Care Navigator (HCN), for a live intake. The HCN will collect basic intake information, including the reason for the call. Patients with emergent symptoms are transferred to a remote triage service RN. Patients with non-emergent symptoms are queued for a call back and from remote triage service shall address the patient's healthcare concerns at that time.

B. Course of Action: Upon further patient evaluation, the RN will determine the appropriate level of service and make a recommendation to the patient. Recommendations may include, but are not limited to:

- Seek urgent care.
- Seek emergency care.
- Call 9-1-1.
- Contact NACA the next business day.
- Make appointment with primary care provider within a specific timeframe.
- Call a mental health crisis unit.

C. Eligibility: The after-hours RN triage line service is available for established NACA patients only, including both clinical patients and behavioral health patients.

D. Notification: After hours information is posted on the NACA website.

E. Documentation: All remote triage service encounters are documented in a standard encounter report which will be available to NACA via a secure, web-based portal. A NACA nursing staff shall review the after-hour report in the portal on the mornings the clinic is open. The RN will follow-up on each patient contact and guidance patient received by Remote triage service RN

F. Report: A monthly remote triage service report shall be generated and distributed to NACA each month.

POLICY: AG 130	(X) Revision ( ) New	Original Issue Date: 08/02/10 Revised Date: 03/15/21; 05/10/24; 02/03/25 Approved by: Board of Directors Approval Date: 03/24/21; 05/15/24; 02/19/25 Effective Date: 03/25/21; 05/16/24; 02/20/25 Annual Review Date: 02/19/25
Organizational Structure & Management Responsibilities	Author: Administrative/Governance	

I. **POLICY:** It is the policy of NACA to identify a hierarchical organizational structure to ensure support and assistance for all employees, students, interns, volunteers, and affiliates of NACA.

II. **PURPOSE:** To identify the chain of command for employees and affiliates of NACA.

III. **PROCEDURE:**

A. NACA operates under a hierarchal organizational structure with the ultimate authority being the Board of Directors who assigns the operational responsibilities of the organization to the Chief Executive Officer (CEO).

B. All employees are assigned a supervisor or a manager to report to directly per the Organization Chart. In the absence of the supervisor, manager or director, the Organizational Chart provides direction as to the chain of command. Prior to any planned absence, a notification of designee is sent out in writing or via email to all members of the organization.

C. If the CEO is out of the office, he/she shall designate a member of the Director Committee to oversee operations. Email notification shall be sent to all Leadership members and affiliates.

D. If the CEO will not be on the premises for more than thirty (30) calendar days, the Board of Directors shall appoint an interim administrator who meets the minimum qualifications as designated in the CEO job description [A.A.C. R9-10-1003(6)].

E. NACA has five (9) standing committees: Governing Board, Medical Executive, Leadership, Directors, Infection Control, Operations, Grants, Community Support, and Quality Improvement. The Quality Improvement Committee shall include Emergency Management, Risk Management, Safety and Compliance.

POLICY: AG 131	(X) Revision ( ) New	Original Issue Date: 09/02/08 Revised Date: 05/10/24 Approved by: Board of Directors Approval Date: 05/15/24; 02/19/25 Effective Date: 05/16/24; 02/20/25 Annual Review Date: 02/19/25
Management Travel	Author: Administrative/Governance	

I. **POLICY:** It is the policy of NACA to limit the number of leadership and/or key personnel traveling on the same airplane/vehicle. Although airline travel/vehicle is considered among the safest forms of transportation, an incident could be disastrous for NACA should multiple key personnel be lost at the same time.

II. **PURPOSE:** To ensure adequate leadership is available onsite or remotely for consultation and guidance and to ensure leadership sustainability and organizational operation.

III. **DEFINITIONS:**

Leadership: Any member of the Board of Directors or the Leadership Committee as classified in the Organizational Chart.

Key Personnel: Any member of a department of one (1) and/or any department head or program manager/supervisor.

IV. **PROCEDURE:** No more than three (3) leadership and/or key personnel shall be allowed to travel on the same airplane or in the same motor vehicle.

<table>
<tr><td>POLICY: AG 200</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 02/15/05
Revised Date: 05/10/24; 02/03/25
Approved by: Board of Directors
Approval Date: 05/15/24; 02/19/25
Effective Date: 05/16/24; 02/20/25
Annual Review Date: 02/19/25</td></tr>
<tr><td>Policy and Procedure Development and Maintenance</td><td>Author: Administrative/Governance</td></tr>
</table>

I. **POLICY:** The policy of NACA is to promote compliance by developing written policies and procedures to establish guiding principles or courses of action for NACA personnel, Board members, contractors, agents, consultants, volunteers, and others who act on NACA's behalf. NACA shall develop and implement policies and procedures consistent with the requirements and standards established by NACA's Board of Directors, Federal and State law and regulations, relevant reviewing, licensing, and accrediting organizations, and as applicable, managed care and other third-party payers.

II. **PURPOSE**: To assure NACA has current policies and procedures approved by the Board of Directors.

III. **PROCEDURE:**

A. Scope: Policies and procedures shall be prepared for the following functional areas:
- Administrative/Governance (AG)
- Behavioral Health Services (BH)
- Billing Department (BIL)
- Environment of Care (EOC)
- Finance (FS)
- Health Promotion (HP)
- HIPPA (HIPPA)
- Human Resources (HR)
- Infection Control (IC)
- Health Information Management (HIM)
- Laboratory Services (LS)
- Medical Records (MR)
- Medication Management (MM)
- Medical Services (MS)
- Patient Rights and Responsibilities (RR)
- Quality, Risk & Compliance (QRM)

B. Areas of Risk: Attention will be given to areas of potential risk identified by NACA personnel, in the results of an audit or relevant risk areas identified by Indian Health Services, Arizona Department of Health Services, Office of Inspector General and/or other Federal and State Government agencies. These areas of risk include, but are not limited to:
- Coding and billing.
- Reasonable and necessary services.
- Documentation.
- Improper inducement, kickbacks, and self-referrals.

C. Review and Approval: The members of the Leadership Committee and/or employees working in the relevant operational area may be involved in drafting, reviewing, and/or revising the proposed policy and procedure. Once a draft or revision is complete, the policy shall be reviewed and approved by one of the following committees: Medical Executive, Directors, or Quality Improvement. Following committee approval, the policy shall require Board of Directors approval. After the review and approval of the proposed policy and procedure, a final draft indicating approval of the policy and the effective date shall be prepared. It is the responsibility of the policy author to provide QI & C Director or designee with the final written policy as approved by the BOD. The QI & C Director, or designee, shall be responsible for updating the "NACA Policies and Procedures" folder with the final copy. The QI & C Director or designee shall be notified of all policy changes for the purpose of updating the policy matrix.

D. Orientation, Training, and Implementation: Newly approved policies and procedures will be distributed to all affected NACA employees, contractors, agents, consultants, volunteers, and others, as applicable, who act on NACA's behalf, and incorporated into NACA's education and training efforts. Distribution efforts may be transmitted via email, staff meetings, and/or staff newsletters. It is the responsibility of the department director to ensure that staff affected by the policy are given proper orientation and training.

E. Effective Period: All policies and procedures will remain in effect until they are revised or retired, unless otherwise indicated in the policy and procedure.

F. Revisions: All substantive revisions must undergo review and approval as set forth in this policy and procedure for new policies and procedures. Revisions may be initiated to reflect changes in the applicable law and regulations, changes in the requirements and standards governing NACA, or changes in policy or operations. At a minimum, the Board of Directors shall annually review each policy and procedure, and as needed upon revisions.

G. Tracking: The status of the development, revision, implementation, and maintenance of each policy and procedure will be tracked using the Policy Matrix. The Policy Matrix shall indicate the Policy number, the Policy name, the Responsible Party, the Date of Last Revision, the Board Approval Date, and any comments or changes.

H. Superseded Policies and Procedures: The QI/Compliance Officer, or designee, shall be responsible for maintaining a file of all superseded policies and procedures on the Policy Matrix for historical reference. Superseded policies and procedures shall be clearly labeled to indicate they are outdated and no longer in effect.

<table>
<tr><td>POLICY: AG 300</td><td>( ) Revision
(X) New</td><td rowspan="2">Original Issue Date: 05/09/24
Revised Date:
Approved by: Board of Directors
Approval Date: 05/15/24; 02/19/25
Effective Date: 05/16/24; 02/20/25
Annual Review Date: 02/19/25</td></tr>
<tr><td>Compliance Program Policy</td><td>Author:
Administrative/Governance</td></tr>
</table>

I. **POLICY:** The policy of NACA is to promote ethical conduct, protect patient privacy and safety, and maintain the organizations reputation and legal compliance.

II. **PURPOSE:** The purpose of this policy is to establish guidelines and procedures for ensuring compliance with all applicable laws, regulations, and standards governing operations of the organization. It aims to promote ethical behavior, minimize legal and regulatory risks, and ensure that employees are aware of their responsibilities in maintaining compliance within the organization.

III. **PROCEDURE:**

A. Roles & Responsibilities:

- **Chief Executive Officer** is fully responsible for the operation and performance of the organization, including Family Health Clinic, Behavioral Health, Wellness Center, Health Promotions, Supportive Services, Overlook, Grant Funded Programs and Administration. The Chief Executive Officer is responsible for assuring the credentialing and privileging process is carried out for every member of the Medical Staff and Allied Health Professionals prior to service delivery.
- **Chief Financial Officer** the Chief Financial Officer is responsible for the financial activities of the organization, billing, and coding compliance, and supervising and supporting the finance department. The CFO shall ensure controls are in place to protect the assets of the organization, analyzing the organization's strengths and weaknesses and proposing corrective actions.
- **Medical Director** is fully responsible for the clinical operations and performance of the organization. The Medical Director shall be responsible for reviewing applications for appointment and reappointment, peer reviews and results, and making recommendations to the Board of Directors for appointment and reappointment decisions.
- **Human Resources Director** is responsible for ensuring compliance with policies and regulations within the organization, including employment laws, privacy laws and other laws and regulations. The Human Resources Director shall be responsible for reporting and investigating violations and shall have the authority to implement necessary corrective actions. The Human Resources Director is responsible for carrying out all activities that may be necessary for the collection of data for credentialing and privileging.
- **Quality Improvement and Compliance Director** the Quality Improvement & Compliance Director is responsible for developing and ensuring an effective organizational compliance and quality improvement program throughout the organization, including collaborating with departments on quality improvement initiatives. The Quality Improvement Director is responsible for oversight of Safety and Compliance, Emergency Management, and Risk Management. The QI & C Director is responsible for oversight of Incident Reporting and Patient Satisfaction.

- **Behavioral Health Director** oversees and is responsible for the development of and oversight of the behavioral health program, supervising and supporting the behavioral health department, quality improvement initiatives and electronic health record system support. The Behavioral Health Director is responsible for regulatory compliance in accordance with state licensure requirements, nationally recognized professional standards, and various grant sources.
- **Director of Operations** is responsible for overseeing the day-to-day operations of the Family Health Center, Health Promotions and Wellness Center, ensuring the efficient and effective function of the associated services including supervising and supporting staff, regulatory compliance, quality improvement initiatives, infection control and electronic health record operations and system support. The DOO ensures collaboration and communication amongst departments and providers.
- **Community Development Director** the Director of Community Development is responsible for organizing, coordinating, administering, and overseeing all Community Development programs and staff, including Economic Development, Overlook, Support Services, RUL, Pathways, Life Program, and Native Connection. The Community Development Director is responsible for grant writing and grant management including program contracts, quarterly and annual reports and all requested correspondence.
- **Health Information Management (HIM)** personnel or another designee are responsible for medical records, electronic health records, and HIM. This includes creation, maintenance, storage, security, and management of patient clinical records in compliance with applicable laws, regulations, and industry standards.

B. Compliance with Laws and Regulations: The ambulatory care clinic shall comply with all applicable federal, state, and local laws, regulations, and guidelines relevant to its operations. This includes but is not limited to:

- Health Insurance Portability and Accountability Act
- Patient privacy and confidentiality laws
- Stark Law and Anti-Kickback Statute
- Occupational Safety and Health Administration requirements
- Fraud and abuse laws
- Medicare and Medicaid regulations
- Arizona state laws and regulations

C. Patient Privacy and Confidentiality: The clinic shall maintain strict confidentiality and privacy of patient information in compliance with HIPAA regulations and applicable state laws. This includes:

- Safeguarding patient health information (PHI) and electronic protected health information (ePHI)
- Obtaining patient consent for the release of PHI
- Implementing appropriate administrative, technical, and physical safeguards to protect PHI
- Conducting regular risk assessments and addressing any identified vulnerabilities
- Training employees on privacy and security practices

D. Billing and Coding Compliance: The clinic's billing and coding practices shall be accurate, honest, and compliant with all applicable regulations. The clinic shall:

- Ensure proper documentation and coding of services provided
- Avoid upcoding or unbundling of services
- Bill only for services rendered
- Maintain appropriate records to support billing and coding practices
- Regularly conduct internal audits to identify and correct any billing and coding errors

E. Anti-Kickback and Self-Referral Compliance: The clinic shall comply with the federal Anti-Kickback Statute and the Stark Law to prevent any illegal or unethical financial arrangements or self-referrals. This includes:
- Prohibiting the exchange of remuneration for referrals or the solicitation of patient referrals
- Ensuring that financial relationships with physicians, suppliers, and other providers comply with applicable exceptions and safe harbors
- Regularly reviewing and updating contracts and agreements to ensure compliance
- Educating employees about the implications of the Anti-Kickback Statute and the Stark Law

F. Workplace Safety: NACA shall prioritize the safety and well-being of its employees, patients, and visitors. The clinic shall:
- Comply with OSHA regulations and guidelines for maintaining a safe and healthy work environment
- Provide appropriate training on infection control, emergency preparedness, and workplace safety procedures
- Regularly inspect and maintain equipment, facilities, and physical infrastructure to ensure safety
- Promptly investigate and address safety concerns

G. Employment Laws: NACA shall ensure compliance with all laws and regulations related to employment including:
- Department of Labor
- Worker's Compensation
- Americans with Disability Act
- Fair Labor Standards Act

H. Credentialing: NACA will establish and maintain a formal credentialing process to verify the qualifications, licensure, education, training, and professional background of healthcare providers. This process will include the collection and verification of relevant credentials, references, and professional experience to ensure that all providers meet the clinic's standards for competency and proficiency.

I. Privileging: Upon successful completion of the credentialing process, NACA will grant clinical privileges to healthcare providers based on their demonstrated qualifications and experience. Privileging decisions will be made in accordance with state and federal law, and requirements of any accrediting organizations.

POLICY: AG 310	( ) Revision (X) New	Original Issue Date: 05/09/24 Revised Date: Approved by: Board of Directors Approval Date: 05/15/24; 02/19/25 Effective Date: 05/16/24; 02/20/25 Annual Review Date: 02/19/25
Compliance Program Training and Education	Author: Administrative/Governance	

I. **POLICY:** It is NACA's policy to outline the requirements and procedures for providing compliance education to employees. NACA is committed to providing comprehensive compliance education to all employees as part of their onboarding process and periodically throughout their employment.

II. **PURPOSE:** Compliance program education typically focuses on ensuring that employees understand and adhere to relevant laws, regulations, and company policies. It aims to promote ethical behavior, minimize legal and regulatory risks, and ensure that employees are aware of their responsibilities in maintaining compliance within the organization.

III. **PROCEDURE:**

A. Scope: Compliance Program training shall include, but is not limited to the following laws and regulations:
- Health Insurance Portability and Accountability Act (HIPPA)
- The False Claims Act (FCA)
- The Affordable Care Act (ACA)
- The Anti-Kickback Statute
- The Stark Law
- Occupational Safety and Health Administration requirements (OSHA)
- Fraud and abuse laws
- Medicare and Medicaid regulations
- Arizona state laws and regulations
- Americans with Disabilities Act (ADA)
- Other relevant federal laws and regulations specific to FQHCs and Indian Health Services

B. Training Content: Compliance education will cover topics such as anti-bribery and corruption, data privacy, information security, conflicts of interest, and other relevant areas based on employees' job functions, as required by the aforementioned laws and regulations. For instance, labor laws may be relevant to a number of employees with compliance responsibilities.

C. Delivery Methods: Compliance education may be delivered through various methods, including in-person training sessions, online courses, workshops, and other relevant formats, in accordance with the guidelines provided by the relevant laws and regulations.

D. Responsibility: The development of training materials, scheduling training sessions, and tracking employee participation, in compliance with the requirements of the relevant laws and regulations shall be the responsibility of the Human Resources Director, the QI& C Director, and Department Directors. Additionally, the Board of Directors and Leadership play a crucial role in overseeing the overall compliance and ensuring it is effectively implemented throughout the organization.

E. Monitoring and Compliance: The QI&C Director in conjunction with will monitor the effectiveness of the compliance education program and make necessary adjustments to ensure its relevance and impact, in accordance with the guidelines provided by the relevant laws and regulations.

F. Record-Keeping: Documentation of training is maintained in the employee's personnel file housed by Human Resources. Additionally, the QI & C Director and Department Director’s may maintain additional training documentation for their respective employees.

G. Communication: Employees shall be regularly informed about upcoming compliance education sessions and any updates to training content through internal communication channels, in compliance with the guidelines provided by the relevant laws and regulations.

POLICY: AG 320	( ) Revision (X) New	Original Issue Date: 05/09/24 Revised Date: Approved by: Board of Directors Approval Date: 05/15/24; 02/19/25 Effective Date: 05/16/24; 02/20/25 Annual Review Date: 02/19/25
Reporting Instances of Non-Compliance and Non-Retaliation	Author: Administrative/Governance	

I. **POLICY:** It is the policy of NACA to uphold the highest standards of ethical conduct, legal compliance, and accountability. NACA is dedicated to fostering a culture of transparency, integrity, and trust, where employees, partners, and the community we serve feel empowered to raise concerns without fear of reprisal.

II. **PURPOSE:** This policy is designed to encourage the reporting of instances of non-compliance with laws, regulations, company policies, or ethical standards, and to ensure that individuals who report such instances are protected from retaliation.

III. **PROCEDURE:**

A. Scope: This policy applies to all employees, contractors, volunteers, and other individuals associated with Native Americans for Community Action, Inc. (NACA).

B. Reporting Non-Compliance: Any individual who becomes aware of or suspects non-compliance with laws, regulations, company policies, or ethical standards is encouraged to report such instances to their immediate supervisor, the compliance officer, or other designated reporting channels. Reports of non-compliance can be made verbally or in writing. Anonymous reporting may also be allowed, although providing identifying information is encouraged to facilitate an effective investigation. All reports of non-compliance will be taken seriously and investigated promptly and thoroughly.

C. Non-Retaliation: NACA prohibits retaliation against any individual who reports instances of non-compliance in good faith. Retaliation against individuals who report non-compliance, provide information in an investigation, or otherwise participate in the reporting and investigation process is strictly prohibited and will result in disciplinary action, up to and including termination of employment.

D. Confidentiality: NACA will make every effort to protect the confidentiality of individuals who report instances of non-compliance to the extent possible and permitted by law. While NACA shall make every effort to protect the confidentiality of individuals who report instances of non-compliance, it is important to acknowledge that in some cases, maintaining complete confidentiality may not be possible. Legal obligations, the need to conduct a thorough investigation, or other circumstances may require the disclosure of certain information to relevant parties. However, NACA is committed to minimizing the impact on the individuals involved and sharing information on a need-to-know basis while respecting privacy to the fullest extent possible within the constraints of the situation and applicable laws.

E. Training and Awareness: Training and education shall be provided on the importance of reporting non-compliance, the non-retaliation policy, and the procedures for reporting and addressing instances of non-compliance.

F. Support: Employees are encouraged to seek guidance or assistance from a supervisor, the compliance officer, human resources, or other designated individuals if they are unsure about how to proceed when reporting instances of non-compliance or addressing potential retaliation. Providing support and guidance ensures that employees feel empowered to take appropriate action in line with our commitment to transparency and ethical conduct.

POLICY: AG 321	( ) Revision (X) New	Original Issue Date: 05/09/24 Revised Date: Approved by: Board of Directors Approval Date: 05/15/24; 02/19/25 Effective Date: 05/16/24; 02/20/25 Annual Review Date: 02/19/25
Responding to Allegations Made Against the CEO	Author: Administrative/Governance	

I. **POLICY:** It is NACA policy to uphold the highest standards of ethical conduct, maintain trust and confidence in our leadership, and safeguard the overall integrity and effectiveness of the organization. This policy serves to guide our response to allegations against the CEO in a manner that is consistent with our commitment to accountability, fairness, and the well-being of our employees and the communities we serve.

II. **PURPOSE:** This policy is designed to provide a clear and transparent process for responding to allegations made against the CEO of Native Americans for Community Action, ensuring that such allegations are investigated thoroughly and impartially.

III. **PROCEDURE:**

A. Scope: This policy applies to all employees, contractors, volunteers, board members, and other individuals associated with NACA.

B. Receiving Allegations: Any individual who becomes aware of allegations against the CEO of NACA is encouraged to report such allegations to the Board of Directors or the designated compliance officer.

C. Allegation Types: Examples of potential allegations may include, but are not limited to, issues such as misconduct, ethical violations, conflicts of interest, or other behaviors that may compromise the integrity or effectiveness of the CEO.

D. Impartial Investigation: Upon receiving allegations against the CEO, the Board of Directors or the designated authority will initiate an impartial and thorough investigation. The BOD could also enact a special committee to investigate the allegation. The investigation may be conducted internally by qualified individuals, or an external, independent investigator may be engaged to ensure objectivity and impartiality.

E. Notification: The CEO will be informed of the allegations and the commencement of the investigation, while taking care to maintain confidentiality to the extent possible and permitted by law.

F. Temporary Measures: Depending on the nature and severity of the allegations, the Board of Directors or the designated authority may consider implementing temporary measures, such as reassignment of responsibilities, while the investigation is ongoing. The BOD shall also have the ability to place the CEO on non-work status, with or without pay. Such measures will be taken with the goal of ensuring the integrity of the investigation process and the continued effective operation of the organization.

G. Confidentiality and Protection: NACA will make every effort to protect the confidentiality of individuals involved in the investigation process, to the extent consistent with conducting a thorough and effective investigation. The organization will ensure that individuals who report allegations, provide information in the investigation, or otherwise participate in the investigation process are protected from retaliation.

H. Conclusion of Investigation: Upon conclusion of the investigation, the findings will be presented to the Board of Directors or the designated authority. The Board of Directors or the designated authority will consider the findings of the investigation and take appropriate action, which may include disciplinary measures, corrective actions, or other steps as warranted by the circumstances.

I. Communication and Transparency: The Board of Directors shall communicate the outcome of the investigation to relevant stakeholders to the extent consistent with legal and privacy considerations. The organization will strive to maintain transparency and trust throughout the process, while respecting the privacy of individuals involved.

<table>
<tr><td>POLICY: AG 350</td><td>( ) Revision
(X) New</td><td rowspan="2">Original Issue Date: 07/15/24
Revised Date:
Approved by: Board of Directors
Approval Date: 04/16/25
Effective Date: 04/17/25
Annual Review Date: 02/19/25</td></tr>
<tr><td>Legal Counsel</td><td>Author:
Administrative/Governance</td></tr>
</table>

I. **POLICY:** NACA is committed to ensuring compliance with all applicable federal, state, and local laws and regulations. This policy provides guidelines for accessing legal counsel and handling legal processes to protect the interests of the health center, its patients, and its employees.

II. **PURPOSE:** The purpose of this policy is to outline the procedures for identifying when legal counsel should be consulted, the process for engaging legal counsel, and the steps for managing legal documents and proceedings. This ensures that all legal matters are handled efficiently, effectively, and in compliance with the law.

III. **SCOPE:** This policy applies to all employees, contractors, and board members of the organization.

IV. **DEFINITIONS:**

Legal Counsel: Attorneys or law firms retained by NACA to provide legal advice or representation.

Legal Process: Any formal legal document, notification, or proceeding including, but not limited to, subpoenas, court orders, and lawsuits.

V. **PROCEDURE:**

A. Identifying the Need for Legal Counsel: Legal counsel should be consulted in the following situations:
- Receipt of any legal document (e.g., subpoena, court order, lawsuit).
- Questions regarding compliance with federal, state, or local laws.
- Issues involving patient confidentiality and HIPAA compliance.
- Employment-related legal issues.
- Contract negotiations and reviews.
- Real estate transactions.
- Any situation where legal liability or risk is identified.

B. Accessing Legal Counsel: The Chief Executive Officer (CEO) or designee is responsible for engaging legal counsel. The following steps shall be taken:
- Employees shall promptly notify their supervisor if they believe legal counsel is needed.
- Supervisors shall escalate the matter to the CEO or their designee immediately.
- The CEO or their designee shall determine whether legal counsel should be consulted and initiate contact as necessary.

C. Managing Legal Documents and Proceedings: Upon receipt of any legal document, the recipient shall:

- Immediately notify their supervisor.
- Forward the document to the CEO or their designee.
- Follow any instructions provided by the CEO or legal counsel.

The CEO or their designee shall:

- Review the document and assess the appropriate course of action.
- Consult with legal counsel as necessary.
- Coordinate NACA's response.
- All interactions with legal counsel and steps taken must be documented.

D. Confidentiality and Record Keeping: All legal matters shall be handled with strict confidentiality.
   - Records related to legal matters must be maintained securely and separately from other organizational records.
   - Access to legal records is restricted to authorized personnel only.

E. Training: All employees will receive training on this policy during orientation and regular refresher training sessions.

F. Mandatory Board Notification of Certain Legal Matters: The CEO or designee shall promptly notify the Governing Body of any criminal indictments, guilty pleas or verdicts, or similar legal proceedings directly or indirectly involving the organization or its officers, administrators, providers, or staff in their organizational roles. Such notifications and subsequent Board reviews shall be documented in Governing Body minutes.

<table>
<tr><td>POLICY: AG 400</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 02/05/14
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Annual Review Date: 02/19/25</td></tr>
<tr><td>Marketing, Advertising, and Media Releases</td><td>Author:
Administrative/Governance</td></tr>
</table>

I. **POLICY:** The policy of NACA requires all marketing, advertising and media releases comply with the Freedom of Information Act (FOIA), Privacy Act of 1974, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), with regard to information released to the to the media or public. Marketing, Advertising and Media Releases must provide accurate information reflective of current agency conditions. Marketing, Advertising, and Media Releases must comply with NACA brand standards and guidelines for standardization and be released upon approval as designated in the accompanying procedures.

II. **PURPOSE:** To ensure information presented to the public is accurate and consistent, conforms to established NACA brand standards and guidelines policy, and follows state and federal regulations regarding employee, patient, and client privacy, while promoting the services provided by the organization.

III. **PROCEDURE:**

A. Marketing, advertising, and media releases shall be evaluated by the following prior to the release or distribution:
- The Program Director/Manager of the department requesting distribution
- The NACA Marketing & Public Relations Officer
- The CEO, or designee, who has the final authority on all marketing, advertising, and media releases

B. Brochures, posters, flyers, advertisements, public service announcements, and media releases shall adhere to the NACA brand standards and guidelines.

C. The NACA Mission is not currently reflected on all print, digital, web, and social medial, but should be included whenever possible on any future brochures, posters, flyers, public service announcements, and advertisements as well as the agency phone number, address, and website.

D. Marketing materials funded by a specific program source shall include a statement identifying the funding resource unless prohibited by the funding source.

E. Posters or flyers designed for announcing internal NACA events pertaining to NACA personnel or members of the Board of Directors (i.e., an agency potluck, the Annual Party) are exempt from the requirements in this policy.

F. NACA shall maintain official NACA social media sites [defined as blogs, electronic newsletters, online forums, social networking sites (i.e., Facebook, Instagram, etc.), and other sites & services permitting users to share information with others in a contemporaneous manner as a medium for

Advertising and Marketing. The Marketing and Public Relations Officer shall provide oversight and assistance to guide development of new social media platforms, sharing knowledge, and instituting best practices for successful implementation. The Marketing & Public Relations Officer shall maintain these sites and will ensure information disseminated aligns with the Electronic Communication policy and the Electronic Communication Agreement.

G. Social media networks, blogs and other types of online content sometimes generate press and media attention or legal questions. The CEO or designee is the only authorized person to speak to news media sources regarding the agency. The CEO may appoint or approve other individuals to speak with news media sources. The CEO shall be made aware of any contact with media sources regarding NACA programs or events.

H. The CEO shall approve all Public Service Announcements.

Policy Number	Policy Name	Annual Review, Revision, Deletion, New	Summary of Change
100	Health Insurance Portability and Accountability Act (HIPAA)	Revision	Added language to strengthen policy: IV. B. NACA shall ensure that all privacy and security safeguards reflect current federal guidance, including requirements related to online tracking technologies and digital data handling as outlined by HHS OCR.
100	Health Insurance Portability and Accountability Act (HIPAA)	Revision	Added language to #3 to strenghten policy: IV. B. 3. Conducting regular risk assessments. • Risk assessments shall include evaluation of new technologies, remote communication tools, and electronic systems to ensure compliance with HIPAA Privacy, Security, and Breach Notification Rules
110	Access to Protected Health Information by an Individual Receiving Services	Revision	Added language to strengthen policy: IV.A. Plain Language: All PHI access communications shall be written in clear, accessible language to support patient understanding.
110	Access to Protected Health Information by an Individual Receiving Services	Revision	Took out language and replaced with new language to strengthen policy: E.Processing Time: • NACA shall comply with federal requirements to provide individuals access to their PHI within 30 days, with one extension permitted when accompanied by written justification.
130	Accounting of Disclosure of Protected Health Information	None	N/A
150	Authorization Not Required	Revision	Took out language and replaced with new language to strengthen policy: IV.A.Last bullet: "All disclosures must follow the Minimum Necessary standard as mandated by HIPAA's Privacy Rule."
160	Minimum Necessary	None	N/A
170	De-Identified Protected Health Information	Revision	Added language to strenghten policy: IV. A. Identifiers: • Health information may be classified as de-identified upon removal of specific individual identifiers. DE identification must follow Health & Human Services-approved methods and meet the expert determination or safe harbor standards as described in federal HIPAA guidance.
170	De-Identified Protected Health Information	Revision	Took out language and replaced with new language to strengthen policy: IV.C.: Re identification of PHI is strictly prohibited unless performed under federal guidelines allowing coded re-linking with appropriate safeguards
180	Addressing Business Associate Relationships	Revision	Added language to strengthen polcy: IV.D.7: Business Associates must comply with federal restrictions related to online tracking technologies and must not transmit PHI through analytics tools unless fully HIPAA compliant.
1120	Notice of Privacy Practices	None	N/A
1130	Complaints	Revision	Took out language and replaced with new language to strengthen policy: IV.E.NACA shall not intimidate, threaten, coerce, discriminate, or take retaliatory action against any individual filing a HIPAA complaint. Any form of retaliation will be subject to disciplinary action.
1160	Documentation	None	N/A
1220	Managing Marketing Activities	Revision	Took out language and replaced with new language to strengthen policy: IV.A. PHI shall not be used for marketing purposes without explicit patient authorization, even when handled by a Business Associate, unless specifically permitted by HIPAA.

List of Health Insurance Portability and Accountability Act (HIPAA) Policies:

HIPAA 100	Health Insurance Portability and Accountability Act (HIPAA)
HIPAA 110	Access to Protected Health Information by an Individual Receiving Services
HIPAA 130	Accounting of Disclosure of Protected Health Information
HIPAA 150	Authorization Not Required
HIPAA 160	Minimum Necessary
HIPAA 170	De-Identified Protected Health Information
HIPAA 180	Addressing Business Associate Relationships
HIPAA 1120	Notice of Privacy Practices
HIPAA 1130	Complaints
HIPAA 1160	Documentation
HIPAA 1220	Managing Marketing Activities

POLICY: HIPAA 100	(X) Revision ( ) New	Original Issue Date: 02/15/17 Revised Date: 02/15/17; 04/15/24 Approved by: Board of Directors Approval Date: 04/17/24; 03/19/25 Effective Date: 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Health Insurance Portability and Accountability Act (HIPAA)	Author: QI & Compliance Director	

I. POLICY: It is the policy of Native Americans for Community Action (NACA) to safeguard the privacy, security, and integrity of protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. NACA is dedicated to implementing policies, procedures, and safeguards to protect patients' PHI and uphold their rights under HIPAA.

II. PURPOSE: This purpose of this policy is to establish guidelines that shall protect the confidentiality of patient information, prevent unauthorized access or disclosure of PHI, and comply with the requirements of the HIPAA Privacy Rule, Security Rule, and Breach Notification Rule and to uphold legal and ethical standards, and mitigate risks related to the handling of PHI.

III. DEFINITIONS:

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

Covered Entities: a health plan, a health care clearing house, a health care provider who transmits any health information in an electronic form in connection with the transaction covered by HIPAA.

Business Associates: a person or entity that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involves the use or disclosure of PHI.

Health Care Clearing House: A clearinghouse/medical intermediary is an organization that enables the exchange of healthcare data between the provider and the payer (insurance company).

IV. PROCEDURE:

A. Responsibilities:
- The Quality Improvement & Compliance (QI&C) Director serves as the Privacy Officer at NACA. The QI&C Director leads the efforts to ensure that the organization adheres to the privacy and security regulations outlined in HIPAA, oversees training for staff, conducts risk assessments as needed.
- All employees, contractors, and affiliates must adhere to HIPAA standards to maintain the confidentiality and security of PHI.

B. NACA shall ensure that all privacy and security safeguards reflect current federal guidance, including requirements related to online tracking technologies and digital data handling as outlined by HHS OCR. Organizational Responsibilities and Safeguards:
1. Appointing a designated Privacy Officer.

2. Providing regular training to staff members.

3. Conducting regular risk assessments.
    - Risk assessments shall include evaluation of new technologies, remote communication tools, and electronic systems to ensure compliance with HIPAA Privacy, Security, and Breach Notification Rules
4. Implementing physical, technical, and administrative safeguards.
5. Establishing and maintaining business associate agreements.
6. Enforcing incident reporting and response.
7. Monitoring compliance.
8. Implementing disciplinary measures and sanctions.
9. Complying with breach notification requirements.

C. Non-Compliance:

- Non-Compliance with HIPAA regulations can have serious consequences for NACA and the individuals responsible for safeguarding protected health information (PHI). HIPAA violations can result in penalties, sanctions, and other enforcement actions imposed by the Department of Health and Human Services' Office for Civil Rights (OCR), which is responsible for enforcing HIPAA regulations.
- Some of the consequences of non-compliance with HIPAA may include:
    1. Civil monetary penalties
    2. Corrective action plans
    3. Criminal penalties
    4. Loss of reputation
    5. Sanctions and disciplinary actions

D. Breach Notification:

- When a healthcare organization experiences a breach of protected health information (PHI) that compromises the security or privacy of individuals' data, they are required to notify affected individuals, the Department of Health, and Human Services' Office for Civil Rights (OCR), and in some cases, the media.

E. Other Regulatory Requirements:

- HIPAA policies do not necessarily supersede other applicable state laws related to the privacy and security of health information. In accordance with the HIPAA standards the strictest of law (state or federal) will prevail. HIPAA does not eliminate existing federal and state laws

<table>
<tr><td>POLICY: HIPAA 110</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 02/15/17
Revised Date: 02/15/17; 04/15/24; 03/14/25
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Approval Date: 04/17/24; 03/19/25
Effective Date: 04/18/24; 03/20/25
Annual Review Date: 03/19/25</td></tr>
<tr><td>Access to Protected Health Information by an Individual Receiving Services</td><td>Author: QI & Compliance Director</td></tr>
</table>

I. **POLICY:** It is the policy of Native Americans for Community Action (NACA), to protect the privacy and confidentiality of our patients' health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. This policy outlines the procedures for patients receiving services at NACA to access their protected health information (PHI).

II. **PURPOSE:** The purpose of this policy is to ensure that patients have the right to access their PHI maintained by NACA and to establish procedures for submitting, processing, and fulfilling requests for access to PHI in accordance with HIPAA regulations. This policy aims to promote transparency, empower patients to be more involved in their healthcare, and uphold the privacy and security of their health information.

III. **DEFINITIONS:**

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

IV. **PROCEDURE:**

A. Plain Language: All PHI access communications shall be written in clear, accessible language to support patient understanding.

B. Right to Access:
- Individuals receiving services at NACA have the right to access their PHI upon request. This includes medical records, test results, billing information, and other health-related documents maintained by the health center.

C. Request Process:
- Patients can request access to their PHI by submitting a written request to the Health Information Management (HIM) Personnel. The request should include the specific information being requested and the preferred format for receiving the information.

D. Verification of Identity:
- To protect the privacy and security of PHI, individuals requesting access must provide sufficient identification to verify their identity before the information is released. This may include presenting a tribal or government-issued photo ID or answering security questions.

E. Processing Time:
- ~~NACA will process requests for access to PHI within 30 days of receiving the request. If additional time is needed, the individual will be notified in writing of the reason for the delay~~

~~and the expected timeline for completion~~. NACA shall comply with federal requirements to provide individuals access to their PHI within 30 days, with one extension permitted when accompanied by written justification.

F. Fees:

- NACA may charge a reasonable fee for the cost of copying, mailing, or other supplies associated with fulfilling the request for access to PHI. Individuals will be notified of any fees before the request is processed.

G. Denial of Access:

- In certain circumstances, access to PHI may be denied, such as when providing access would endanger the life or safety of the individual or another person. If access is denied, the individual will be provided with a written explanation of the denial and their right to appeal the decision.

H. Record of Access:

- NACA will maintain a record of all requests for access to PHI, including the date of the request, the information provided, and any actions taken in response to the request.

POLICY: HIPAA 130	(X) Revision ( ) New	Original Issue Date: 02/15/17 Revised Date: 02/15/17; 04/15/24 Approved by: Board of Directors Approval Date: 04/17/24; 03/19/25 Effective Date: 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Accounting of Disclosure of Protected Health Information	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of Native Americans for Community Action (NACA) to maintain the privacy and confidentiality of Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. This policy outlines the procedures for tracking, documenting, and providing an accounting of disclosures of PHI made by the organization.

II. **PURPOSE:** The purpose of this policy is to establish guidelines and procedures for tracking and documenting disclosures of PHI, providing individuals with the right to request an accounting of these disclosures, and ensuring compliance with HIPAA regulations to protect patient privacy and confidentiality.

III. **DEFINITIONS:**

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

Business Associates: a person or entity that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involves the use or disclosure of PHI.

IV. **PROCEDURE:** A patient has the right to request and receive (with certain exceptions) an accounting of disclosures of protected health information (PHI) about the patient made by NACA and its contractors (business associates) in the six years prior to the date on which the accounting is requested or for the life of the record, whichever is longer. The accounting shall include disclosures made to or by NACA contractors (business associates).

A. Tracking Disclosures:
- A patient has the right to request and receive (with certain exceptions) an accounting of disclosures of protected health information (PHI) about the patient made by NACA and its contractors (business associates) in the six years prior to the date on which the accounting is requested or for the life of the record, whichever is longer. The accounting shall include disclosures made to or by NACA contractors (business associates).

B. Types of Disclosures:
- NACA shall track both internal and external disclosures of PHI, including disclosures for treatment, payment, healthcare operations, and other permitted purposes under HIPAA.

C. Request for Accounting:

- Individuals have the right to request an accounting of disclosures of their PHI. Requests for an accounting should be submitted in writing to the Health Information Management (HIM) Personnel or designated privacy officer.

D. Processing Requests:
- Upon receiving a request for an accounting of disclosures, NACA shall provide the individual with a written account of the disclosures made in the previous six years (or a shorter timeframe if requested).

E. Timeline for Response:
- NACA shall provide the individual with an accounting of disclosures within 30 days of receiving the request. If additional time is needed, the individual will be notified in writing of the reason for the delay and the expected timeline for completion.

F. Content of Accounting:
- The accounting of disclosures will include the date of each disclosure, a brief description of the information disclosed, the purpose of the disclosure, and the identity of the recipient (if known).

G. Exceptions to Accounting:
- Certain disclosures are exempt from the accounting requirement, such as disclosures made for treatment, payment, healthcare operations, disclosures authorized by the individual, and other exceptions specified under HIPAA. NACA shall abide by HIPAA regulations when determining exceptions.

H. Record Keeping:
- NACA shall maintain records of all requests for accounting of disclosures, including the date of the request, the information provided, and any actions taken in response to the request.

<table>
<tr><td>POLICY: HIPAA 150</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 01/16/17
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Annual Review Date: 03/19/25</td></tr>
<tr><td>Authorization Not Required</td><td>Author: QI & Compliance Director</td></tr>
</table>

I. POLICY: It is the policy of Native Americans for Community Action (NACA), to uphold the legal and ethical standard as it pertains to situations when authorization is not required when using and disclosing PHI in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

II. PURPOSE: The purpose of this policy is to provide directions regarding appropriate uses and disclosures of PHI when authorization is not required.

III. DEFINITIONS:

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

IV. PROCEDURE:

A. Written authorization for sharing or using protected health information is not required under the following circumstances:
- Using or sharing health information in order to provide services.
- Collect payment for treatment and services provided.
- Conduct quality assurance functions.
- Develop protocols.
- Coordinate case management and care.
- Develop and share with individuals' treatment alternatives.
- Review or evaluate professional competence.
- Conduct training.
- Obtaining accreditation, certification and/or licensure.
- Use or share information for fraud and abuse detection or to assist with compliance efforts.
- Comply with the law.
- Assist another covered entity in its efforts to carry out treatment or payment for health care operations if the covered entity also has a relationship with the client.
- ~~Only the minimum necessary health information should be disclosed in responding to the above circumstance~~. All disclosures must follow the Minimum Necessary standard as mandated by HIPAA's Privacy Rule.

<table>
<tr><td rowspan="1">POLICY: HIPAA 160</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 02/15/17
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Effective Date: 04/18/24; 03/20/25
Annual Review Date: 03/19/25</td></tr>
<tr><td>Minimum Necessary</td><td>Author: QI & Compliance Director</td></tr>
</table>

I. **POLICY:** It is the policy of Native Americans for Community Action (NACA) to uphold the legal and ethical standards when using or disclosing PHI or when requesting PHI from another Covered Entity to limit to the information to the Minimum Necessary Rule to accomplish the intended purposes incompliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

II. **PURPOSE:** The purpose of this Policy is to provide direction regarding the Minimum Necessary Rule when Disclosing Protected Health Information.

III. **DEFINITIONS:**

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

IV. **PROCEDURE:**

A. The Minimum Necessary Rule is a key principle outlined in the HIPAA Privacy Rule that requires healthcare organizations and their business associates to limit the use and disclosure of protected health information (PHI) to only the minimum necessary information needed to accomplish the intended purpose. Only those employees who need the client PHI to perform their jobs should have access to the clients Protected Health Information.

POLICY: HIPAA 170	(X) Revision ( ) New	Original Issue Date: 02/15/17 Revised Date: 02/15/17; 04/15/24 Approved by: Board of Directors Approval Date: 04/17/24; 03/19/25 Effective Date: 04/18/24; 03/20/25 Annual Review Date: 03/19/25
De-Identified Protected Health Information	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of Native Americans for Community Action (NACA) to uphold the legal and ethical standards when PHI that does not identify a patient receiving services, and with respect to which there is no reasonable basis to believe that the information can be used to identify a patient, may be verified as being De-Identified, in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

II. **PURPOSE:** The purpose of this policy is to provide direction regarding the appropriate uses and disclosures for De-Identified Protected Health Information.

III. **DEFINITIONS:**

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

IV. **PROCEDURE:** De-identified health information is beneficial as it allows the use of health information for research, analytics, and other purposes while safeguarding patient privacy and complying with regulatory requirements.

A. Identifiers:
- Health information may be classified as de-identified upon removal of specific individual identifiers. DE-identification must follow Health & Human Services-approved methods and meet the expert determination or safe harbor standards as described in federal HIPAA guidance. Identifiers that must be removed include:
  1. Names
  2. Addresses including zip codes
  3. Telephone numbers
  4. Social Security numbers
  5. Medical record number
  6. Diagnosis code
  7. Birth date, admission date, discharge date, date of death
  8. Full face photograph images and any comparable images
  9. Any other unique identifying number, characteristic, or code

B. Use of De-identified Data:
- De-identified data can be used for research, public health activities, and other purposes without individual authorization.

C. Date Re-identification Prohibition:
- ~~The re-identification of de-identified data back to identifiable information is strictly prohibited, as this would violate HIPAA regulations and compromise patient privacy.~~ Re-identification

of PHI is strictly prohibited unless performed under federal guidelines allowing coded re-linking with appropriate safeguards

D. Training:
- Involved staff shall be trained in the proper handling of de-identified data, including the importance of protecting the privacy and security of health information even after it has been de-identified.

E. Documentation:
- NACA shall maintain documentation of the de-identification process, including records of the identifiers removed and the methods used to ensure that the data remains de-identified.

F. Monitoring:
- NACA shall monitor and audit the use and disclosure of de-identified data to ensure compliance with HIPAA requirements and NACA policies.

<table>
<tr><td>POLICY: HIPAA 180</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 02/15/17
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Annual Review Date: 03/19/25</td></tr>
<tr><td>Addressing Business Associate Relationships</td><td>Author: QI & Compliance Director</td></tr>
</table>

I. **POLICY:** It is the policy of NACA to establish guidelines for engaging and managing business associate relationships to protect the privacy and security of protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

II. **PURPOSE**: The purpose of this policy is to outline the procedures for identifying, selecting, and contracting with business associates, as well as to establish expectations for maintaining the privacy and security of PHI when disclosing such information to business associates.

III. **DEFINITIONS:**

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

Business Associates: a person or entity that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involves the use or disclosure of PHI.

Operations: a range of activities and services provided by a health center to fulfill its mission of delivering comprehensive care services to underserved populations.

Companion Services: non-medical services provided to individuals who need assistance with daily activities, social interactions, or other supports.

IV. **PROCEDURE:**

A. Identification of Business Associates:
- NACA provides a wide array of services. In the process of providing services to patients and community members, NACA will engage in Business Associate Agreements with other organizations, businesses, and external partners. Operations could include outreach efforts, financial management, or care coordination.
- The Finance Department is responsible for identifying and maintaining a list of potential business associates that will have access to PHI.
- Business units seeking to engage a business associate must notify the NACA Finance Department. The Finance Department is responsible for review and to obtain approval by the CEO or designee.

B. Business Associate Agreements (BAAs):
- Prior to disclosing PHI, a written Professional Services Agreement (PSA) must be executed with each business associate.

- The PSA must outline the permitted uses and disclosures of PHI, compliance with HIPAA regulations, and reporting requirements in the event of a breach. The NACA Finance Department is responsible for overseeing the execution and management of PSAs.

C. Content of PSAs:
- All NACA operations shall use the PSA, or Amendment to PSA for all situations where the contractor is deemed to be a Business Associate of the operation.
- Those operations providing companion type services will utilize the Companion Services Provider Agreement.

D. Business Associates Responsibilities:
- NACA's Health Information Privacy and Security Policy shall serve as guidelines for expected responsibilities of Business Associates. The following specifics shall be adhered to:
    1. Not use or further disclose the information other than as permitted or required by the contract or as required by law.
    2. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by its contract.
    3. Report any use or disclosure of the information not permitted by its contract of which it becomes aware to the operation.
    4. Ensure that any entities or contractors who receive or create PHI agrees to the same restrictions and conditions that apply to the Business Associate with respect to such information.
    5. Make available PHI in accordance with policy on patient access.
    6. Make its internal practices, books, and records relating to the Use and Disclosure of PHI received from or created or received by the Business Associate on behalf of, the operation available to the Secretary of the Department of Health and Human Services for purposes of determining the company's compliance with HIPAA.
    7. Business Associates must comply with federal restrictions related to online tracking technologies and must not transmit PHI through analytics tools unless fully HIPAA-compliant.

E. Termination:
- At termination of the contract, if feasible:
    1. Return or destroy all PHI received from or created or received.
    2. Extend the protections of the contract to the information and limit further uses disclosures to those purposes that make the return or destruction of the information infeasible.
- The contract or other arrangement between operation and the Business Associate may permit the Business Associate to use the information received by the Business Associate in its capacity as a Business Associate of operation if:
    1. It is necessary for the proper management and administration of the Business Associate.
    2. If it is necessary to carry out the legal responsibilities of the Business Associate.
    3. If the Disclosure is required by law.
    4. If the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidential and used or further Disclosed only as required by law or for the purpose for which it was Disclosed to the person.
    5. The person notifies the Business Associate of any instances of which it is aware in

which the confidentiality of the information has been breached.

- The Minimum Necessary Rule will always apply.

F. Training and Education:
- Business associates and relevant NACA employees must receive training on their obligations under HIPAA and the terms of the BAA.

G. Monitoring and Oversight:
- NACA shall monitor compliance with the terms of the BAA. NACA shall respond to breaches or suspected violations involving business associates in accordance with NACA's HIPAA Policies and Procedures and in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. Legal assistance may be needed in such situations.

H. Termination of Business Associate Relationships:
- Relationships with business associates may be terminated in the event of non-compliance with NACA's HIPAA Policies and Procedures and in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. PHI shall be returned or destroyed by the business associate upon termination of the agreement.

POLICY: HIPAA 1120	(X) Revision ( ) New	Original Issue Date: 01/10/17 Revised Date: 01/11/17; 04/15/24 Approved by: Board of Directors Approval Date: 04/17/24; 03/19/25 Effective Date: 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Notice of Privacy Practices	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of Native Americans for Community Action (NACA) to uphold the legal and ethical standards of the Health Insurance Portability and Accountability Act (HIPAA) by providing patients with a Notice of Privacy Practices (NPP) on how their Protected Health Information (PHI) may be used and disclosed.

II. **PURPOSE:** The purpose of this policy is to outline NACA's procedures on informing patients of how their PHI may be used and disclosed in a clear and concise manner that is readily available to patients and outlines NACA's responsibilities in safeguarding patient privacy.

III. **DEFINITIONS:**

NPP: Notice of Privacy Practices

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

IV. **PROCEDURE:**

A. Distribution of NPP:
- The NPP will be provided to all new patients at their first point of contact with NACA, such as during registration or intake processes. Existing patients will receive a copy of the NPP upon request, and the NPP will be made available on NACA's website for download.
- Patients shall be provided with an opportunity to ask questions when presented with the NPP.

B. Content of NPP:
- The NPP will include a clear explanation of patients' rights regarding their PHI, such as the right to access, amend, and request restrictions on the use and disclosure of their information.
- Patients will be informed of, and given examples of, how their PHI may be used for treatment, payment, healthcare operations, and other permissible purposes under HIPAA.
- The NPP shall describe each of the other purposes for which the company is permitted or required to Use or Disclose PHI without the Client's written Authorization.
- The NPP shall contain a statement that NACA is required by law to maintain the privacy of PHI, to provide notice of its legal duties and privacy practices, and to abide by the terms of the NPP. NACA reserves the right to change the terms of its NPP and to make the new notice effective for all PHI that it maintains. NACA shall provide copies of any revised Notice.
- The NPP shall contain a statement that other Uses and Disclosures will be made only with the individual's written Authorization and that the individual may revoke the authorization at any time.

- The NPP will outline patients' rights to receive a copy of their medical records, request an accounting of disclosures, and file a complaint if they believe their privacy rights have been violated.
- Information on how to contact local, state, or federal regulatory agencies shall be included in the NPP.

C. Acknowledgement of Receipt:
- Patients will be asked to sign an acknowledgment stating that they have received the NPP and understand its contents.
- A copy of the signed acknowledgment will be maintained in the patient's medical record as documentation of receipt.
- In the event a patient refuses to sign, NACA shall document the attempt to obtain signature and the reason(s) for refusal.

D. Availability and Updates:
- The NPP will be prominently displayed in waiting areas and patient registration areas.
- Any updates or revisions to the NPP will be promptly communicated to patients and staff, and a revised NPP will be made available to patients upon request.

E. Training and Compliance:
- Staff members responsible for distributing the NPP will receive training on the content of the NPP and the procedures for providing it to patients.
- Compliance with the NPP distribution procedures will be monitored to ensure that all patients receive the required information in a timely manner.
- The Privacy Officer / QI&C Director will revise and distribute NPP to each operation whenever there is a material change.

F. Non-Discrimination Policy:
- The NPP will include a statement affirming that patients will not be discriminated against for exercising their privacy rights under HIPAA.

G. Record Retention:
- NACA shall retain all NPPs issued for at least six (6) years.

H. Other Communications and Permissions:
- The NPP does not include provisions for additional patient communication. A separate statement shall be added to provide notice if the individual may be contacted to provide appointment reminders or information about treatment alternatives or other health related benefits.

I. Incarcerated Patients:
- In the event a NACA patient is incarcerated, NACA shall abide by the legal and ethical standards of the Health Insurance Portability and Accountability Act (HIPAA).

POLICY: HIPAA 1130	(X) Revision ( ) New	Original Issue Date: 02/15/17 Revised Date: 02/15/17; 04/15/24 Approved by: Board of Directors Approval Date: 04/17/24; 03/19/25 Effective Date: 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Complaints	Author: QI & Compliance Director	

I. POLICY: It is the policy of Native Americans for Community Action (NACA) to protect the privacy and security of our patients' protected health information (PHI) and to outline the process for patients to file complaints if they believe their privacy rights under HIPAA have been violated, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

II. PURPOSE: The purpose of this policy is to provide patients with a clear and accessible process for filing complaints regarding the privacy and security of their PHI. This policy aims to ensure that complaints are promptly addressed, investigated, and resolved in accordance with HIPAA regulations.

III. DEFINITIONS:

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

Business Associates: a person or entity that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involves the use or disclosure of PHI.

IV. PROCEDURE:

A. Filing a Compliant
- Patients who believe their privacy rights under HIPAA have been violated may file a complaint by contacting the NACA Quality Improvement & Compliance Director who serves as the Privacy Officer. Complaints may be submitted in writing or orally and should include details of the alleged violation.

B. Investigation Process:
- Upon receipt of a complaint, the QI&C Director, or another designee, will initiate an investigation into the alleged violation. The investigation will be conducted promptly and thoroughly, and individuals involved will be interviewed as necessary.

C. Resolution and Notification:
- Once the investigation is complete, the investigator will notify the patient of the outcome and any actions taken to address the complaint. If a violation is confirmed, appropriate remedial actions will be implemented to prevent future occurrences.

D. Documentation:
- All complaints received, investigations conducted, and resolutions reached will be documented and retained in accordance with HIPAA requirements. Documentation will include details of the complaint, investigation findings, actions taken, and communications with the individual.

- An incident report will be completed in accordance with NACA Incident Reporting Policy.

E. Non-Retaliation:
- ~~NACA prohibits retaliation against individuals who file complaints in good faith. Any form of retaliation against complainants will not be tolerated and will be subject to disciplinary action.~~ NACA shall not intimidate, threaten, coerce, discriminate, or take retaliatory action against any individual filing a HIPAA complaint. Any form of retaliation will be subject to disciplinary action.

F. Reporting to HHS:
- Patients have the right to file a complaint directly with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights if they are not satisfied with the resolution of their complaint.

G. Business Associate:
- If a complaint regarding misuse of information by a Business Associate is verified, NACA shall take appropriate steps in accordance with Business Associate agreement.

POLICY: HIPAA 1160	(X) Revision ( ) New	Original Issue Date: 02/15/17 Revised Date: 02/15/17; 04/15/24 Approved by: Board of Directors Approval Date: 04/17/24; 03/19/25 Effective Date: 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Documentation	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of Native Americans for Community Action (NACA) to maintain the privacy and security of protected health information (PHI) by establishing guidelines for the accurate, secure, and compliant documentation of PHI in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

II. **PURPOSE:** The purpose of this policy is to ensure that all employees, contractors, and business associates of NACA understand and adhere to the standards and procedures for documenting PHI. This policy aims to promote consistency, accuracy, and confidentiality in the creation, storage, and maintenance of health information.

III. **DEFINITIONS:**

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

Business Associates: a person or entity that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involves the use or disclosure of PHI.

IV. **PROCEDURE:**

A. Documentation Standards:
- All PHI must be documented accurately, completely, and in a timely manner. Employees must use approved formats and templates for documenting PHI to ensure consistency. Documentation should include relevant patient information, assessments, diagnoses, treatment plans, progress notes, and other pertinent details. Electronic documentation must adhere to security protocols, including user authentication and access controls.
- All disclosures of a patient's PHI shall be documented on PHI log in the Electronic Health Record.

B. Record Retention:
- PHI records must be retained in accordance with federal and state regulations, and NACA policy and procedures.
    1. Records shall be stored securely and accessible only to authorized personnel.
    2. Disposal of PHI records must be done securely to prevent unauthorized access.
    3. All documentation shall be maintained for six (6) years.

C. Audit Trail Procedures:
- An audit trail must be maintained for all PHI entries, modifications, and deletions.
- Audit logs shall capture user activity, timestamps, and details of changes made to PHI.

- Regular monitoring of audit trails should be conducted to detect and address unauthorized access or improper use of PHI.

D. Error Correction:
- Employees shall follow established procedures for correcting errors in PHI documentation.
- Corrections must be clearly indicated, dated, and include an explanation for the amendment.
- Any corrections to PHI should be made promptly to ensure the accuracy and integrity of the information.

E. Training:
- All employees handling PHI shall receive training on documentation policies and procedures.

POLICY: HIPAA 1220	(X) Revision ( ) New	Original Issue Date: 02/15/17 Revised Date: 02/15/17; 04/15/24 Approved by: Board of Directors Approval Date: 04/17/24; 03/19/25 Effective Date: 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Managing Marketing Activities	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of Native Americans for Community Action (NACA) to comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations regarding the use of protected health information (PHI) for marketing purposes, by outlining guidelines for managing marketing activities in a manner that protects patient privacy and confidentiality.

II. **PURPOSE:** The purpose of this policy is to establish procedures for the appropriate use of PHI in marketing activities while ensuring compliance with HIPAA regulations. This policy aims to safeguard patient privacy, maintain trust, and promote transparency in all marketing efforts conducted by NACA.

III. **DEFINITIONS:**

Marketing: HIPAA defines marketing as making a communication about a product or service that encourages recipients to purchase or use that product or service. In general, if a communication involves direct or indirect marketing, it requires patient authorization.

PHI: Protected Health Information, such as patient names, dates of service, social security numbers, contact information, etc.

Business Associates: a person or entity that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involves the use or disclosure of PHI.

IV. **PROCEDURE:**

A. Authorization Requirement:
- ~~PHI may only be used for marketing activities with the express written authorization of the individual. Individuals must be informed of the purpose of the marketing activity and their right to opt out of receiving marketing communications.~~ PHI shall not be used for marketing purposes without explicit patient authorization, even when handled by a Business Associate, unless specifically permitted by HIPAA.

B. Content and Disclosure:
- Marketing materials using PHI must clearly disclose the source of the information and provide a clear opt-out mechanism for individuals.
- PHI used in marketing activities should be limited to the minimum necessary information required to achieve the marketing objectives.

C. Opt-Out:
- If a Patient notifies NACA they have chosen to opt out of future marketing communications, a copy of the written request to cancel the authorization should be filed in the patient record,

and their name immediately removed from the list or communication.

D. Internal Controls:
- The NACA Marketing and Public Relations Officer is responsible for overseeing marketing activities involving PHI.

E. Third-Party Vendors:
- Prior to engaging third-party vendors for marketing activities, NACA shall ensure that appropriate business associate agreements are in place to protect PHI.
- NACA shall oversee third-party vendors to ensure compliance with HIPAA regulations and organizational policies.

F. Recordkeeping and Documentation:
- NACA shall maintain records of marketing activities involving PHI, including authorization forms, opt-out requests, and communication logs.
- All disclosures of PHI for marketing purposes shall be clearly documented and shall be retained in accordance with HIPAA requirements.

G. Authorization to Receive Promotional Material:
- Sending promotional materials to patients via mail or email is considered a marketing communication, if the material promotes a product or service and encourages recipients to purchase or use the product or service. An authorization from the patient is required before sending them promotional material and the patient has the right to opt out.

H. Business Associates:
- If a covered entity engages a business associate to perform marketing on its behalf, the business associate must comply with HIPAA regulations related to marketing. This means that the business associate must obtain individual authorization from patients before using their PHI for marketing purposes. Both parties are responsible for ensuring compliance with HIPAA regulations.

Policy Number	Policy Name	Annual Review, Revision, Deletion, New	Summary of Change
100	Patient/Client Rights and Responsibilities	Revision	Deleted and added language to strengthen policy: Appendix I: Patient/Client Rights and Responsibilities: 3rd bullet: "You have the right to know the names, roles, and professional qualifications of all individuals involved in your care."
100	Patient/Client Rights and Responsibilities	New	Acknowledgement of information forms (English and Spanish versions) in the Patient Rights and Responsibilities Policies have been taken out and replaced with new versions.
110	General and Informed Consent for Treatment	New	General Consent to Treat Acknowledgement of information forms (English and Spanish versions) have been taken out and replaced with new versions.
110	General and Informed Consent for Treatment	Revision	Added language to give clarity to the policy: E. Informed Consent: "Providers shall present patients with clear information regarding the benefits, risks, and alternatives to recommended care, enabling informed decision-making."
120	Patient/Client Complaints and Grievances	None	N/A
130	HIPAA Notice of Privacy Practices	None	N/A
140	Advance Directive/Power of Attorney	Revision	Added new sections, B and C, to strengthen and give clarity to the policy on advance directives: IIIB. B. Providers shall incorporate routine discussions of advanced directives into appropriate clinical encounters to support patient autonomy and informed decision-making. C. All discussions and copies of advanced directives must be documented and maintained in the EHR to ensure continuity of care.
150	Disruptive Behavior, Patient	Revision	Added bullet to add clarity to the policy: III.A. "Interfere with required infection prevention practices."
150	Disruptive Behavior, Patient	Revision	Added letter J to add new directive to the policy: III.J: NACA staff shall annually train staff on Workplace Violence.
200	Child Abuse/Neglect Reporting	None	N/A
210	Adult Abuse/Neglect Reporting	None	N/A
300	Treatment of Minors	None	N/A
310	Minors Accompanying Patients/Clients	None	N/A
400	Interpretive Services for Health Impaired & Non-English-Speaking Patients/Clients	Revision	Took out word "telephone" in III. B to clarify policy.
400	Interpretive Services for Health Impaired & Non-English-Speaking Patients/Clients	Revision	Added letter G to give directive to staff procedure: III.G. "If a patient declines interpreter services, this choice shall be documented in the medical record."
420	Rescheduled, Missed, or Canceled Appointments	Revision	Added a bullet to B to give staff direction in how to deal with prepeated missed appointment. III.B. "In cases of repeated missed appointments, staff shall assess potential barriers including transportation, health literacy, or other needs—to support equitable access to care."

List of Patient Rights & Responsibilities (RR) Policies:

RR 100 Patient/Client Rights and Responsibilities
RR 110 General and Informed Consent for Treatment
RR 120 Patient/Client Complaints & Grievances
RR 130 HIPAA Notice of Privacy Practices
RR 140 Advance Directive/Power of Attorney
RR 150 Disruptive Behavior, Patient
RR 200 Child Abuse/Neglect Reporting
RR 210 Adult Abuse/Neglect Reporting
RR 300 Treatment of Minors
RR 310 Minors Accompanying Patients/Clients
RR 400 Interpretive Services for Health Impaired & Non-English-Speaking Patients/Clients
RR 420 Rescheduled, Missed, or Canceled Appointments

<table>
<tr><td rowspan="1">POLICY: RR 100</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 03/08/05
Revised Date: 11/01/21; 04/06/24
Approved by: Board of Directors
Approval Date: 11/17/21; 04/17/24; 03/19/25
Effective Date: 11/18/21; 04/18/24; 03/20/25
Annual Review Date: 03/19/25</td></tr>
<tr><td>Patient/Client Rights and Responsibilities</td><td>Author: QI & Compliance Director</td></tr>
</table>

I. **POLICY:** The policy of Native Americans for Community Action, Inc. (NACA) is to respect the right of every individual to have access to medical and behavioral health care provided with respect, consideration, and dignity. NACA is dedicated to protecting the rights of patients, clients, family members and employees, including but not limited to, privacy, confidentiality, communication, security, safety, freedom from restraints, and response to legitimate complaints. NACA respects the healthcare recipient's right to actively participate in the decisions regarding assessment and treatment/procedures and receive care provided in a culturally sensitive manner.

II. **PURPOSE:** To assure the rights and concerns of patients/clients are respected and protected in order to provide the highest quality medical and behavioral health care services.

III. **PRINCIPLES:**

A. Each individual who registers with NACA for services shall be provided with Patient/Client Rights and Responsibilities (see APPENDIX I). In addition, the service recipient shall be asked to sign the acknowledgement form after all questions have been answered (see APPENDIX II for the Acknowledgment of Information Received form).

B. Patient/Client Rights and Responsibilities are available in English and Spanish. If an individual is unable to read the Patient/Client Rights and Responsibilities, a NACA representative shall read the document to the individual and answer any questions. Additional translation shall be provided, as necessary.

C. A copy of the Acknowledgement of Information Received form shall be provided to the service recipient and the original shall be uploaded into the patient's/client's EHR.

D. Patient/Client Rights and Responsibilities shall be provided to all patients/clients at least once per year, or whenever they are modified.

APPENDIX I

PATIENT/CLIENT RIGHTS AND RESPONSIBILITIES

Your individual treatment at this facility will be provided with consideration and respect, and you will not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis.

Your privacy will be protected. Your examination, treatment, and discussions with your medical or behavioral providers will be kept confidential by the providers involved with your care. In addition, all communications and records pertaining to your medical care will be held in strict confidence, according to HIPAA regulations. You may approve or refuse the release of your medical record to any individual outside the facility, except as otherwise provided by law or third-party contract. You may review, upon written request, your medical record according to A.R.S.§ 12-2293, 12-2294, and 12-2294.01

- You have the right to receive a referral to another health care facility if the NACA Family Health Center is unable to provide services for you, according to your medical/behavioral need.
- You have the right to request a change in providers if other qualified providers are available. Your request is subject to approval by the Medical Staff.
- ~~You will know the identity and professional title of the healthcare team member(s) providing care for you.~~ You have the right to know the names, roles, and professional qualifications of all individuals involved in your care.
- You have the right to refuse care provided by a student.
- You have the right to expect reasonable continuity of care, within the limitations of available appointment times and medical providers.
- You have the right to an interpreter.
- You will receive from your medical provider complete and current information regarding the diagnosis, treatment options and prognosis of your condition in terms that you can understand.
- You have the right and responsibility to participate in decisions involving your care.
- You have the right to participate in the development of and/or decisions concerning treatment.
- You have the right to refuse treatment to the extent allowed by law, and to be informed of the potential consequences of any such action. The consequences of refusing or not complying with recommended treatment may result in worsening illness or death.
- You have the right to refuse to participate in experimental research or treatment.
- You have the right to receive help from a family member, representative, or other individual in

understanding, protecting, or exercising your rights.

- You have the right to receive an explanation of any bill coming from the NACA Organization.

- You have the right to file a complaint or grievance regarding the care received from NACA within 35 days of any incident or concern.

- Any patient/client or representative of a patient/client who has a concern regarding their visit to a NACA facility may submit a written or verbal request for resolution to:

  Native Americans for Community Action
  Quality Improvement & Compliance Director
  1500 E Cedar Ave. Ste 56, Flagstaff, AZ 86004
  Phone: (928) 526-2968

- You have the right to continue NACA services while in the process of complaint/grievance resolution and/or appeal.

- You also have the right to report grievances to other oversight agencies:

  Arizona Department of Health Services
  Division of Medical Facilities Licensing
  150 N. 18th Avenue, 4th Floor
  Phoenix, AZ 85007
  Phone: (602) 364-3030
  https://app.azdhs.gov/ls/online_complaint/MEDComplaint.aspx

  Health Choice Integrated Care (HCIC)
  1300 South Yale Street Flagstaff, AZ 86001
  Phone: (928) 774-7128

Patients have responsibilities as well as rights. Patients can help themselves by being responsible in the following ways:

- You are responsible for keeping your appointments at NACA. If you cannot keep your appointment, it is your responsibility to notify NACA as early as possible so another person can be seen during that time.

- You have the responsibility to treat health care professionals with respect and consideration.

- You are responsible for being truthful and direct about anything related to your healthcare. It is your responsibility to tell your medical provider about any changes in your health.

- You are responsible for understanding your health problems. If you do not understand your illness or treatment, you are responsible to ask your medical provider.

- You are responsible for discussing your end-of-life decisions with your medical provider. This discussion might involve writing an advance directive.

- You are responsible for telling your medical provider if you are unable or unwilling to follow the treatment plan prescribed for you.

- You are responsible for knowing the names and uses of the medications you are taking.

- You are responsible for payment of services and/or co-payment on the day of service.

- You are responsible for applying for medical insurance.

- You are responsible for providing a responsible adult to provide transportation home and to remain with you as directed by the provider or as indicated on your discharge instructions.

APPENDIX II

ACKNOWLEDGEMENT OF INFORMATION RECEIVED

Patient/Client Name: ________________ Date of Birth: ____________________

I confirm I have received the following information in writing and understand its content. I understand it is my responsibility to address any further questions I have regarding this information with my medical practitioner, case manager, nurse, therapist, and/or counselor.

_ I have received a copy of the **Patient/Client Rights and Responsibilities**, including the grievance procedure and mandatory reporting requirements.
Initial

_ I have received a copy of the **HIPAA Notice of Privacy Practices**, including who to contact of I suspect my protected health information has been compromised.
Initial

_ I have received information regarding **Advance Directives** and my options for establishing advance directives and/or a power of attorney.
Initial

_ I have received a copy of the **Fee Schedule** and understand that I am responsible for payment for services received. I agree to cancel appointments at least 24 hours in advance or agree to pay a $25 cancellation fee.
Initial

_ For the DUI Program only: I have received written information regarding:
Initial

- The procedures for conducting a DUI screening.
- The timeline for initiating and completing a DUI screening.
- The consequences of not complying with the procedures and the timeline.

APPENDIX II

______________________________	______________
Patient/Client Signature	Date
______________________________	______________
Patient/Guardian Signature (if applicable)	Date
______________________________	______________
Employee/Witness Signature	Date

POLICY: RR 110	(X) Revision ( ) New	Original Issue Date: 03/08/05 Revised Date: 11/01/21; 04/06/24 Approved by: Board of Directors Approval Date: 11/17/21; 04/17/24; 03/19/25 Effective Date: 11/18/21; 04/18/24; 03/20/25 Annual Review Date: 03/19/25
General and Informed Consent for Treatment	Author: QI & Compliance Director	

I. POLICY: The policy of NACA is to obtain general consent for physical and/or behavioral health services prior to the provision of services, except in the case of an emergency, from the individual and/or the authorized representative of the individual. When appropriate, additional informed consent shall be obtained from the individual and/or the authorized representative of the individual prior to the provision of services and/or the use of specialized treatment techniques having associated risks and benefits.

II. PURPOSE: To provide guidelines to obtain and document consent for services from healthcare recipients in emergent and non-emergent situations.

III. PROCEDURE:

A. General Consent: A one-time agreement to receive services provided by NACA. General consent shall be obtained before any services may be provided to the healthcare recipient except in the case of an emergency. Voluntary general consent represents a written agreement to participate in and receive general physical and/or behavioral health services.
   - The General Consent for Treatment form (see APPENDIX III) shall be signed by the individual receiving services and/or by the individual's authorized representative (i.e., parent/guardian or lawfully authorized custodial representative).
   - When an individual under the age of 18 who has been receiving services reaches 18 years of age, he/she shall sign general and informed consent forms. Previous consent forms and authorizations for release of information become null and void when the individual turns 18 years old.
   - Administrative functions associated with registering an individual for services do not require consent.

B. When treating an individual in an emergency situation, general consent is not required to be obtained prior to the provision of emergency services.

C. The healthcare recipient or authorized representative may choose to decline integrated health services and elect to receive only medical or only behavioral health services from NACA. The healthcare recipient or authorized representative is allowed to refuse an examination or withdraw consent for treatment or a diagnostic procedure prior to the initiation of an examination, treatment, or diagnostic procedure.
   - This decision may be made when the initial general consent form is signed or at any time while the healthcare recipient is receiving services at NACA.

- The healthcare recipient may reverse his or her decision at any time by signing a new general consent form indicating his or her preference to receive or decline integrated health services.
- If a new general consent form is signed because the healthcare recipient's preference has changed, the original form should be retained in the medical record after a line has been drawn across it indicating "Revised" with the date of the revision.
- A signed general consent for integrated health services will indicate the healthcare recipient's authorization for NACA medical and behavioral health personnel to share information concerning his or her care and services. If consent is not provided, the healthcare recipient's information will remain confidential within the appropriate division and not be shared across disciplines except in an emergent situation.

D. Unless pursuant to a court order or in an emergency situation, any individual or authorized representative has the right to refuse medical and/or behavioral health services, including medications.

E. Informed Consent is required prior to provision of the following services and procedures:
- Use of Telehealth
- Behavioral health services (see BH Program Admission policy)
- Complementary and Alternative Medicine (CAM)
- Vaccinations
- Psychotropic medications
- Procedures or services with known substantial risk or potential side effects
- Any healthcare recipient whose voice or visual image is taped, filmed, or photographed

Providers shall present patients with clear information regarding the benefits, risks, and alternatives to recommended care, enabling informed decision-making.

F. Informed consent shall be acknowledged by the patient in the Electronic Health Record (EHR).

APPENDIX II

GENERAL CONSENT FOR TREATMENT

Patient/Client Name: ________________ Date of Birth: ____________________

General Consent for Treatment

I request and authorize health care services by my provider and his/her designee(s) as my provider may deem advisable and in my best interest. This may include routine diagnostic, radiology, and laboratory procedures and medication prescription and administration.

I understand no substantial procedure will be performed without providing me an opportunity to give informed consent for that procedure, unless there is an emergency or extraordinary circumstance. Informed consent means the provider will disclose to me expected benefits and risks of a particular procedure and/or treatment. This understanding includes research and/or experimental procedures which will not be performed without my knowledge and informed consent.

I understand that I am responsible to provide a responsible adult to provide transportation home and to remain with me as directed by my provider or as indicated on discharge instructions.

Release of Medical Information

I authorize Native Americans for Community Action, Inc. (NACA) to use my health information related to the services provided for the following purposes: my treatment, obtaining payment for the services provided, and for health care operations of NACA or other treating providers, as permitted under federal and state laws and regulations.

Payment

I assign and authorize payment for all services provided directly to NACA from my insurance company or third-party payer, including, but not limited to, Medicare, AHCCCS, commercial health insurance, automobile no-fault insurance, and workers compensation insurance.

In consideration of the health care services provided to me, I agree to pay all charges not covered by my insurance company or any applicable health benefit including, but not limited to, deductibles, co-payments, and non-covered services.

I have read this consent form, or it has been read to me, and I understand the contents. My questions have been answered to my satisfaction.

______________________________	____________________
Patient/Client Signature	Date
______________________________	____________________
Patient/Guardian Signature (if applicable)	Relationship to Parent
______________________________	____________________
Witness Signature	Date

POLICY: RR 120	(X) Revision ( ) New	Original Issue Date: 03/09/05 Revised Date: 11/01/21; 04/06/24 Approved by: Board of Directors Approval Date: 11/17/21; 04/17/24; 03/19/25 Effective Date: 11/18/21; 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Patient/Client Complaints & Grievances	Author: QI & Compliance Director	

I. POLICY: The policy of NACA is to provide patients and clients the opportunity to report concerns and/or grievances and ensure timely resolution of these concerns and/or grievances.

II. PURPOSE: To ensure the patient complaint process provides resolution of concerns, disagreements, issues, and/or grievances in a timely and just manner per state and federal laws and Arizona Department of Health Services (ADHS) requirements.

III. PROCEDURE:

A. All patients and clients shall be informed of their right to report any issue, concern, complaint, and/or grievance and how to report an issue, concern, and/or grievance during their initial appointment via the Patient/Client Bill of Rights. The grievance procedure on the Patient/Client Bill of Rights shall specify the procedures and time frames associated with the complaint/grievance process, including the contact information for ADHS.

B. All complaints/grievances shall be filed within 35 calendar days of the event (see APPENDIX I for the Patient/Client Complaint Form).

C. Any employee or affiliate (i.e., board member, student, volunteer, or intern) may file a complaint or grievance on behalf of a patient or client. NACA is prohibited from retaliating or discriminating against any employee/affiliate who assisted with or submitted a complaint. All NACA employees/affiliates must also assist ADHS or any other legal authority in a complaint-related investigation.

D. Patient/client verbal or written complaints shall be documented in an Incident Report by the employee who received the information and submitted to the Director of Quality/Compliance Officer within 24 hours.

E. Patients/clients shall not be discharged from NACA or discriminated against in any way while in the complaint/grievance and/or appeal process.

F. There are two (2) categories of resolution for complaints/grievances – informal and formal. All complaints shall be considered informal unless a resolution is not obtained and/or it is determined otherwise by the Quality Director, CEO, or designee.
- <u>Informal Resolution Process:</u> The Director of Quality/Compliance Officer shall review, investigate, and offer the complainant a resolution verbally or in writing within seven (7) working days, after the receipt of the complaint. If the matter is not resolved within seven (7)

working days, the matter shall be treated as a grievance to be addressed in the Formal Resolution Process. If the complainant accepts the resolution offered, the matter will be closed. If the complainant states the resolution is unacceptable, the matter shall be considered a grievance and escalated to the Formal Resolution Process. Informal resolutions shall be documented including at a minimum:

1. Name of complainant
2. Telephone number or address of complainant
3. Date complainant or grievance was presented
4. Date resolution was communicated to the complainant
5. Nature of the issue, complaint, or grievance
6. Resolution(s) offered
7. Whether the resolution was accepted or rejected

Documentation of informal resolutions shall be kept for a minimum of three (3) years in a secure location.

- <u>Formal Resolution Process:</u> The Patient/Client Rights and Responsibilities shall be provided to patients and clients at enrollment defining their rights regarding any adverse action by NACA. A letter shall be sent certified mail to the grievant within five (5) working days acknowledging receipt of the grievance. Each grievance shall be thoroughly investigated, ensuring information is gathered from all parties involved and a review of applicable statutes, policies, and/or medical records is completed. A log shall be maintained for all grievances containing sufficient evidence to identify the grievance, date of receipt, nature of the grievance, and the resolution date. Final decisions regarding a grievance shall be made within 30 calendar days from the filing date. Documentation supporting the final decision and the investigation report shall be kept in a secure location, locked cabinet, for a minimum of three (3) years from the final decision date. The final decision shall be provided to all parties in writing either hand-delivered or delivered by certified mail. The date of the final decision shall be the date of hand-delivery or the date of mailing. The final decision shall include at a minimum:
  1. Nature of the grievance
  2. The issues resolved
  3. The reasons supporting the decision, including reference to applicable statue, regulation, and/or procedure
  4. The grievant has the right to appeal the decision to ADHS within 15 days of the date the resolution was provided to the grievant
  5. The procedure for appealing the decision to ADHS

G. If the final decision is appealed, all supporting documentation shall be forwarded to ADHS within five (5) business days of receipt of the appeal. The appeal file shall contain a cover letter with the following information:
- ID number assigned, if applicable
- Grievant name
- Grievant address
- Grievant phone number
- Date of receipt of the grievance and the appeal
- A summary of the actions taken to resolve the grievance

H. The appeal file shall contain the following:

- Written request of the grievant requesting the appeal, if applicable
- Copies of the file including the investigation report and/or medical records
- Other information necessary for resolution of the grievance by ADHS (i.e., policies and procedures, phone logs, case notes, etc.)

APPENDIX I

PATIENT/CLIENT COMPLAINT FORM

Name (*optional): ____________________ **Date:** ______________________

Phone Number (*optional): _____________________________________

What happened to cause you to be dissatisfied?

____

____

____

____

____

____

What suggestions do you have to improve or change this situation?

____

____

____

____

____

____

Request Follow-up: ☐ Yes ☐ No
*name and phone number required if follow-up requested

____ ____________________________
Patient/Client Signature Date

POLICY: RR 130	(X) Revision ( ) New	Original Issue Date: 02/15/05 Revised Date: 11/08/23; 04/06/24; 03/14/25
HIPAA Notice of Privacy Practices	Author: QI & Compliance Director	Approved by: Board of Directors Approval Date: 11/17/23; 04/17/24; 03/19/25 Effective Date: 11/18/23; 04/18/24; 03/20/25 Annual Review Date: 03/19/25

I. **POLICY:** The policy of NACA is to provide adequate notice of its intent to use and disclose Protected Health Information (PHI), and the individual patient's rights and NACA's legal duties with respect to PHI and its beneficiaries to all patients and clients.

II. **PURPOSE:** To ensure patients and clients are informed of the possible uses and disclosures of their PHI per the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 Code of Federal Regulations (CFR), 45 CFR 164.514(e), and this policy.

III. **DEFINITIONS:**

Health Information: Any information, oral or recorded, in any form or medium that: Is created or received by a health care provider, health plan, public authority, employer, life insurer, school or university, or health care clearinghouse; and Relates to the past, present, or future physical or behavioral health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual.

Limited Data Set: PHI which excludes certain direct identifiers of an individual or relatives, employers, or household member of an individual.

Protected Health Information (PHI): Individually identifiable health information, or health information to which there is a reasonable basis to believe that the information can be used to identify a particular person, that is transmitted by electronic media, is maintained in electronic media, or is transmitted ore maintained in any form or medium. Common identifiers of health information include names, social security numbers, addresses and birth dates. PHI excludes individually identifiable health information:

- In education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g
- In records described at 20 U.S.C 1232g(a)(4)(B)(iv)
- In employment records held by a covered entity in its role as employer
- Regarding a person who has been deceased for more than 50 years

IV. **PROCEDURE:**

A. NACA shall display the "HIPAA Notice of Privacy Practices" in both English and Spanish (see APPENDIX I) in the waiting areas of the Family Health Center, the Wellness Center, and the Behavioral Health Department.

B. Any individual has the right to request and receive a copy of NACA's "HIPAA Notice of Privacy Practices" at any time.

C. All patients/clients shall be provided a copy of the "HIPAA Notice of Privacy Practices" at their initial appointment and any time the Notice is altered or updated by NACA. The patient/client shall sign an acknowledgement of receipt of the HIPAA Notice of Privacy Practices which shall be scanned into their medical record.

D. All employees and affiliates shall be oriented and trained on HIPAA and appropriate confidentiality and disclosure of information during New Employee Orientation and annually thereafter (see HR Confidentiality and Disclosure of Information policy).

E. Any suspected or known breach of confidentiality/violation of HIPAA shall be verbally, or via email, reported to the Director of Quality/Compliance Officer and CEO within 24 hours of the incident, documented on an Incident Report and submitted per policy (see QRM Incident Reporting policy).

APPENDIX I

HIPAA NOTICE OF PRIVACY PRACTICES EFFECTIVE 04/18/24

THIS NOTICE DESCRIBES HOW MEDICAL AND/OR BEHAVIORAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As part of the federal Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, *Native Americans for Community Action, Inc.* (NACA) has created this Notice of Privacy Practices (Notice). This Notice describes NACA's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that can be used to identify you, as it relates to your past and present physical and behavioral health care services. The HIPAA regulations require NACA to protect the privacy of your PHI NACA has received or created.

NACA will abide by the terms presented within this Notice. For any uses and disclosure not listed below, NACA will obtain a written authorization from you for that use or disclosure, which you will have the right to invoke at any time, as explained in more detail below. If you have any questions about this Notice, please contact our Director of Quality/Compliance Officer – (928) 526-2968 ext 162 or at 1500 E Cedar Ave. Ste 56, Flagstaff, AZ 86004.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide behavioral health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization

- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

PHI Editing and Deletion

We may edit your PHI in the following format:

- Correcting, amending, or retracting in paper records shall be crossed out neatly so as not to obscure the initial entry, and shall be initialed by the recorder. Use of white-out is not permitted. Any late entry into the medical record shall be documented as such.
- Electronic Health Records may only be corrected or amended by the Lead Medical Records Clerk or Clinical Coordinator. Any changes shall be specified in an addendum accompanied by a note.
- Examples of correcting, amending, or retracting include, but are not limited to, clerical errors (wrong person, wrong time, wrong date, wrong entry, etc.), scanned documents attached to the wrong record, or the record is missing information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Get an electronic or paper copy of your medical record
    - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
    - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
2. Ask us to correct your medical record.
    - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
    - We may say "no" to your request, but we'll tell you why in writing within 60 days.
3. Request confidential communications.
    - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
    - We will say "yes" to all reasonable requests.
4. Ask us to limit what we use or share.
    - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
    - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
5. Get a list of those with whom we've shared information.
    - You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one (1) accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

6. Get a copy of this privacy notice.
    - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
7. Choose someone to act for you.
    - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
    - We will make sure the person has this authority and can act for you before we take any action.
8. File a complaint if you feel your rights are violated.
    - You can complain if you feel we have violated your rights by contacting us using the information on page 1.
    - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
    - ADHS Medical Facilities at 150 N 18th Avenue, Phoenix, AZ 85007, phone (602) 364-2536;
    - We will not retaliate or discriminate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes In the case of fundraising
- We may contact you for fundraising efforts, but you can tell us not to contact you again

Our Uses and Discloses
How do we typically use or share your health information?
We typically use or share your health information in the following ways:

1. <u>Treat you</u>
    - We can use your health information and share it with other professionals who are treating you.

- Example: A doctor treating you for an injury asks another doctor about your overall health condition.

2. Run our organization
    - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
    - Example: We use health information about you to manage your treatment and services.
3. Bill for your services
    - We can use and share your health information to bill and get payment from health plans or other entities.
    - Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.
For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

1. Help with public health and safety issues – We can share both health information about you for certain situations such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence
    - Preventing or reducing a serious threat to anyone's health or safety
2. Comply with the law – We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.
3. Respond to organ and tissue donation requests – We can share health information about you with organ procurement organizations.
4. Work with a medical examiner or funeral director – We can share health information a coroner, medical examiner, or funeral director when an individual dies.
5. Address workers' compensation, law enforcement, and other government requests – We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services
6. Respond to lawsuits and legal actions – We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will never share any substance abuse information without your written permission.

- We will never market or sell your personal information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. the new notice will be available upon request, in our facilities, and on our website.

Su información. Sus derechos. Nuestras responsabilidades.

Esta notificación describe cómo puede utilizarse y divulgarse su información médica y saludmental, y cómo puede acceder usted a esta información. **Revísela con cuidado.**

Como parte de la Ley de Seguro de Salud de Portabilidad y Responsabilidad federal de 1996, también conocida como HIPAA, los nativos americanos para la Acción Comunitaria, Inc. (NACA) ha creado este Aviso de prácticas de privacidad (Aviso). Este aviso describe las prácticas de privacidad de la NACA y los derechos que usted, el individuo, tienen lo que se refiere a laprivacidad de su información médica protegida (PHI). Su PHI es información sobre usted, o que puede ser usada para identificarlo, ya que se refiere a sus servicios de salud físicos y de comportamiento del pasado y presente. Las regulaciones de HIPAA requieren NACA a proteger la privacidad de su PHI NACA ha recibido o creado.

NACA se atendrá a los términos presentados en este Aviso. Para cualquier uso o divulgación no especificadas a continuación, NACA obtendrá una autorización por escrito para que el uso o divulgación, que tendrá derecho a invocar en cualquier momento, tal como se explica con más detalle a continuación. Si tiene alguna pregunta sobre este Aviso, por favor póngase en contacto connuestro Director of Quality/Compliance, - (928) 526-2968 ext 162 o 1500 E Cedar Ave, Ste 56 , Flagstaff, AZ 86004.

Sus derechos

Usted cuenta con los siguientes derechos:

- Obtener una copia de su historial médico en papel o en formato electrónico.
- Corregir en papel o en formato electrónico su historial médico.
- Solicitar comunicación confidencial.
- Pedirnos que limitemos la información que compartimos.
- Recibir una lista de aquellos con quienes hemos compartido su información.
- Obtener una copia de esta notificación de privacidad.
- Elegir a alguien que actúe en su nombre.
- Presentar una queja si considera que se violaron sus derechos de privacidad.

Sus opciones

Tiene algunas opciones con respecto a la manera en que utilizamos y compartimos información cuando:

- Le contamos a su familia y amigos sobre su estado personal.
- Proporcionamos alivio en caso de una catástrofe.
- Lo incluimos en un directorio hospitalario.
- Proporcionamos atención médica mental.
- Comercializamos nuestros servicios y vendemos su información.
- Recaudamos fondos.

Nuestros usos y divulgaciones

Podemos utilizar y compartir su información cuando:

- Lo atendemos.
- Dirigimos nuestra organización
- Facturamos por sus servicios.
- Ayudamos con asuntos de seguridad y salud pública.

- Cumplimos con la ley.
- Respondemos a las solicitudes de donación de órganos y tejidos.
- Trabajamos con un médico forense o director funerario.
- Tratamos la compensación de trabajadores, el cumplimiento de la ley y otras solicitudes gubernamentales.
- Respondemos a demandas y acciones legales.

Edición y eliminación de PHI

Podemos editar su PHI en el siguiente formato:

- La corrección, modificación o retractación en los registros en papel se tachará cuidadosamente para no oscurecer la entrada inicial, y será rubricada por el registrador. No se permite el uso de white-out. Cualquier entrada tardía en el historial médico se documentará como tal.
- Los registros electrónicos de salud solo pueden ser corregidos o enmendados por el Secretario de Registros Médicos Principal o el Coordinador Clínico. Cualquier cambio se especificará en una adición acompañada de una nota.
- Los ejemplos de corrección, enmienda o retractación incluyen, entre otros, errores administrativos (persona equivocada, hora incorrecta, fecha incorrecta, entrada incorrecta, etc.), documentos escaneados adjuntos al registro incorrecto o falta información del registro.

Sus derechos

Cuando se trata de su información médica, usted tiene ciertos derechos. Esta sección explica sus derechos y algunas de nuestras responsabilidades para ayudarlo.

Obtener una copia en formato electrónico o en papel de su historial médico

- Puede solicitar que le muestren o le entreguen una copia en formato electrónico o en papel de su historial médico y otra información médica que tengamos de usted. Pregúntenos cómo hacerlo.
- Le entregaremos una copia o un resumen de su información médica, generalmente dentro de 30 días de su solicitud. Podemos cobrar un cargo razonable en base al costo.

Solicitarnos que corrijamos su historial médico

- Puede solicitarnos que corrijamos la información médica sobre usted que piensa que es incorrecta o está incompleta. Pregúntenos cómo hacerlo.
- Podemos decir “no” a su solicitud, pero le daremos una razón por escrito dentro de 60 días.

Solicitar comunicaciones confidenciales

- Puede solicitarnos que nos comuniquemos con usted de una manera específica (por ejemplo, por teléfono particular o laboral) o que enviemos la correspondenciaa una dirección diferente.
- Le diremos “sí” a todas las solicitudes razonables.

Solicitarnos que limitemos lo que utilizamos o compartimos

- Puede solicitarnos que no utilicemos ni compartamos determinada información médica para el tratamiento, pago o para nuestras operaciones. No estamos obligados a aceptar su solicitud, y podemos decir “no” si esto afectara su atención.

- Si paga por un servicio o artículo de atención médica por cuenta propia en su totalidad, puede solicitarnos que no compartamos esa información con el propósito de pago o nuestras operaciones con su aseguradora médica. Diremos "sí" a menos que una ley requiera que compartamos dicha información.

Recibir una lista de aquellos con quienes hemos compartido información

- Puede solicitar una lista (informe) de las veces que hemos compartido su información médica durante los seis años previos a la fecha de su solicitud, con quién la hemos compartido y por qué.
- Incluiremos todas las divulgaciones excepto aquellas sobre el tratamiento, pago y operaciones de atención médica, y otras divulgaciones determinadas (como cualquiera de lasque usted nos haya solicitado hacer). Le proporcionaremos un informe gratis por año pero cobraremos un cargo razonable en base al costo si usted solicita otro dentro de los 12 meses.

Obtener una copia de esta notificación de privacidad

- Puede solicitar una copia en papel de esta notificación en cualquier momento, incluso si acordó recibir la notificación de forma electrónica. Le proporcionaremos una copia en papel de inmediato.

Elegir a alguien para que actúe en su nombre

- Si usted le ha otorgado a alguien la representación médica o si alguien es su tutor legal, aquella persona puede ejercer sus derechos y tomar decisiones sobre su información médica.
- Nos aseguraremos de que la persona tenga esta autoridad y pueda actuar en su nombre antes de tomar cualquier medida.

Presentar una queja si considera que se violaron sus derechos

- Si considera que hemos violado sus derechos, puede presentar una queja comunicándose con nosotros por medio de la información de la página 1.
- Puede presentar una queja en la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos enviando una carta a: Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, llamando al 1-800-368-1019
- o visitando www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html, los últimos dos disponibles en español.
- No tomaremos represalias en su contra por la presentación de una queja.

Sus opciones

Para determinada información médica, puede decirnos sus decisiones sobre qué compartimos. Si tiene una preferencia clara de cómo compartimos su información en las situaciones descritas debajo, comuníquese con nosotros. Díganos qué quiere que hagamos, y seguiremos sus instrucciones.

En estos casos, tiene tanto el derecho como la opción de pedirnos que:

- Compartamos información con su familia, amigos cercanos u otras personas involucradas en su atención.
- Compartamos información en una situación de alivio en caso de una catástrofe.
- Incluyamos su información en un directorio hospitalario.

Si no puede decirnos su preferencia, por ejemplo, si se encuentra inconsciente, podemos seguir adelante y compartir su información si creemos que es para beneficio propio. También podemos compartir su información cuando sea necesario para reducir una amenaza grave e inminente a la salud o seguridad.

En estos casos, nunca compartiremos su información a menos que nos entregue un permiso por escrito:

- Propósitos de mercade.
- Venta de su información.
- La mayoría de los casos en que se comparten notas de psicoterapia.

En el caso de recaudación de fondos:

- Podemos comunicarnos con usted por temas de recaudación, pero puede pedirnos que no lo volvamos a contactar.

Nuestros usos y divulgaciones

Por lo general, ¿cómo utilizamos o compartimos su información médica? Por lo general, utilizamos o compartimos su información médica de las siguientes maneras.

Tratamiento

- Podemos utilizar su información médica y compartirla con otros profesionales que lo estén tratando.

Ejemplo: Un médico que lo está tratando por una lesión le consulta a otro doctor sobre su estado de salud general.

Dirigir nuestra organización

- Podemos utilizar y divulgar su información para llevar a cabo nuestra práctica, mejorar su atención y comunicarnos con usted cuando sea necesario.

Ejemplo: Utilizamos información médica sobre usted para administrar su tratamiento y servicios.

Facturar por sus servicios

- Podemos utilizar y compartir su información para facturar y obtener el pago de los planes de salud y otras entidades.

Ejemplo: Entregamos información acerca de usted a su plan de seguro médico para que éste pague por sus servicios.

¿De qué otra manera podemos utilizar o compartir su información médica? Se nos permite o exige compartir su información de otras maneras (por lo general, de maneras que contribuyan al bien público, como la salud pública e investigaciones médicas). Tenemos que reunir muchas condiciones legales antes de poder compartir su información con dichos propósitos. Para más información, visite: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html, disponible en español.

Ayudar con asuntos de salud pública y seguridad

- Podemos compartir su información médica en determinadas situaciones, como:

- Prevención de enfermedades.
- Ayuda con el retiro de productos del mercado.
- Informe de reacciones adversas a los medicamentos.
- Informe de sospecha de abuso, negligencia o violencia doméstica.
- Prevención o reducción de amenaza grave hacia la salud o seguridad de alguien.

Cumplir con la ley

- Podemos compartir su información si las leyes federales o estatales lo requieren, incluyendo compartir la información con el Departamento de Salud y Servicios Humanos si éste quiere comprobar que cumplimos con la Ley de Privacidad Federal.

Responder a las solicitudes de donación de órganos y tejidos

- Podemos compartir su información médica con las organizaciones de procuración de órganos.

Trabajar con un médico forense o director funerario

- Podemos compartir información médica con un oficial de investigación forense, médico forense o director funerario cuando un individuo fallece.

Tratar la compensación de trabajadores, el cumplimiento de la ley y otras solicitudes gubernamentales

- Podemos utilizar o compartir su información médica:
    - En reclamos de compensación de trabajadores.
    - A los fines de cumplir con la ley o con un personal de las fuerzas de seguridad.
    - Con agencias de supervisión sanitaria para las actividades autorizadas por ley.
    - En el caso de funciones gubernamentales especiales, como los servicios de protección presidencial, seguridad nacional y servicios militares.

Responder a demandas y acciones legales

- Podemos compartir su información médica en respuesta a una orden administrativa o de un tribunal o en respuesta a una citación.

Nuestras responsabilidades

- Estamos obligados por ley a mantener la privacidad y seguridad de su información médica protegida.
- Le haremos saber de inmediato si ocurre un incumplimiento que pueda haber comprometido la privacidad o seguridad de su información.
- Debemos seguir los deberes y prácticas de privacidad descritas en esta notificación y entregarle una copia de la misma.
- No utilizaremos ni compartiremos su información de otra manera distinta a la aquí descrita, a menos que usted nos diga por escrito que podemos hacerlo. Si nos dice que podemos, puede cambiar de parecer en cualquier momento. Háganos saber por escrito si usted cambia de parecer.

Para mayor información, visite:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html, disponible en español.

Cambios a los términos de esta notificación

Podemos modificar los términos de esta notificación, y los cambios se aplicarán a toda la información que tenemos sobre usted. La nueva notificación estará disponible según se solicite, en nuestro oficina, y en nuestro sitio web.

POLICY: RR 140	(X) Revision ( ) New	Original Issue Date: 02/12/14 Revised Date: 11/01/21; 04/06/24; 03/14/25
Advance Directive/Power of Attorney	Author: QI & Compliance Director	Approved by: Board of Directors Approval Date: 11/17/21; 04/17/24; 03/19/25 Effective Date: 11/18/21; 04/18/24; 03/20/25 Annual Review Date: 03/19/25

I. **POLICY:** The policy of NACA is to provide patients and clients information regarding the need to establish an advance directive and/or keeping on file a patients/client already established advance directive and one within the EHR.

II. **PURPOSE:** To ensure patients and clients are informed of their right to make decisions concerning their medical and/or behavioral health care and to have those decisions respected.

III. **PROCEDURE:**

A. All patients/clients shall be surveyed initially and annually thereafter whether they have an advance directive (i.e., living will, durable power of attorney, or a document which states the person's wishes/preferences) in place. If the person does not have an Advance Directive, they shall be provided information regarding advance directives and initial receipt of the information which shall be scanned in the patient/client's EHR. Patient Registration in the EHR shall be updated indicating the information was provided and/or the patient/client has an established advance directive.

B. Providers shall incorporate routine discussions of advanced directives into appropriate clinical encounters to support patient autonomy and informed decision-making.

C. All discussions and copies of advanced directives must be documented and maintained in the EHR to ensure continuity of care.

D. The case manager, nurse, primary care provider and/or behavioral health provider is responsible for providing information regarding the purpose of establishing an advance directive when a patient/client requests such information.

E. If a patient/client indicates they have an established advance directive, a copy of the advance directive will be scanned in the patient/client EHR under the patient registration tab and flagged for easy reference.

F. If the patient/client does not speak English, the information shall be explained through an interpreter and documented in the patient/client chart.

G. If the patient/client desires to develop an advance directive, it is the responsibility of the patient/client to review the information provided and obtain legal consultation as necessary. The patient/client assumes any financial obligations for setting up the advance directive.

H. If the patient/client is admitted to an inpatient facility, a copy of the advance directive will accompany the patient/client as part of their medical records.

NACA
NATIVE AMERICANS FOR COMMUNITY ACTION

POLICY: RR 150	(X) Revision ( ) New	Original Issue Date: 12/22/22 Revised Date: 01/09/23; 04/06/24 Approved by: Board of Directors Approval Date: 01/19/23; 04/17/24; 03/19/25 Effective Date: 01/20/23; 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Disruptive Behavior, Patient	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of NACA to provide a professional-like atmosphere, promoting respect, tolerance, and civility amongst all. NACA strives to maintain a work environment free from intimidating, demeaning, abusive, or disruptive behavior which is contrary to a healthy work environment that supports teamwork and patient safety.

II. **PURPOSE:** The purpose of this policy is to establish behaviors and/or situations that constitute unacceptable and/or rude conduct from a patient, and to define actions to be taken by NACA employees when encountering such behavior.

III. **PROCEDURE:**

A. Disruptive behavior is any inappropriate behavior, confrontation, or conflict, ranging from verbal abuse to physical or sexual harassment. Disruptive behavior often causes strong psychological and emotional feelings. Disruptive behavior may take place in person, on the phone, on social media, in written form or email. The following actions are considered disruptive behavior from a patient:
- Offensive or abusive language, verbal abuse and swearing including specific references to homophobia, biphobia, and transphobia (whether aimed at or conducted by either patients or staff)
- Any physical violence towards any NACA staff, or other patients, such as pushing or shoving, including attempts
- Racial abuse and sexual harassment
- Persistent or unrealistic demands that cause stress to staff.
- Unwanted or abusive remarks
- Negative, malicious, or stereotypical comments
- Invasion of personal space, including inappropriate physical contact, sexual
- contact, and/or the breaching of staff's actual physical space boundary, that may
- vary upon circumstance and location
- Brandishing of objects or weapons
- Threats or risk of serious injury to a NACA staff, or other NACA patients
- Bullying, victimization, or intimidation
- Stalking
- Spitting
- Alcohol or drug fueled abuse
- Unreasonable behavior and non-cooperation such as repeated disregard for NACA policy i.e., smoking on premises
- Interfere with required infection prevention practices

- Any of the above which is linked to destruction of or damage to property

B. NACA recognizes that at times, patients may not be pleased with services or unhappy for some other reason, which is within their right. The following behavior is considered rude behavior, not warranting any action:
   - Rolling eyes
   - Speaking with a direct tone
   - Lack of general manners or courtesy

C. Every attempt should be made to de-escalate a situation that could potentially become abusive or worse. When a patient becomes physically combative, staff shall follow NACA Emergency Response for Combative / Aggressive Person.

D. If a patient is on the telephone and behaving inappropriately, the staff member shall attempt to determine the cause of the patient's dissatisfaction. The staff member can advise the patient that the call will be terminated if the patient continues to use inappropriate language. After warning the patient, the call should be terminated if the inappropriate patient behavior persists.

E. When staff have been the target of disruptive behavior, they shall notify their supervisor and submit an incident report. A report may also be written and submitted upon witnessing disruptive behavior. The reporter does not have to be the victim.

F. Incident Reports on patient disruptive behavior shall be reviewed by the Quality Improvement Committee, where a course of action will be determined. In some instances, QIC may initiate a warning letter to a patient. Repeated offenses, or offenses that have caused severe harm or injury, may result in immediate termination of care to the patient. See MS 700 for the NACA patient discharge process.

G. NACA recognizes that in some circumstances, people may have a disability or mental health problem that may make communication more difficult. Where there is a concern about unacceptable behavior, NACA will always consider individual needs and circumstances before deciding on how we should respond.

H. NACA takes any threat, intimidation, or harassment of our staff very seriously. If it is deemed necessary, in order to protect the safety of our staff, we will report any behavior of this type to the appropriate authority (which may include the Police).

I. On some occasions, and depending on the severity, NACA may provide counseling for affected employees.

J. NACA staff shall annually train staff on Workplace Violence.

POLICY: RR 200	(X) Revision ( ) New	Original Issue Date: 02/15/05 Revised Date: 11/08/23; 04/06/24 Approved by: Board of Directors Approval Date: 11/17/23; 04/17/24; 03/19/25 Effective Date: 11/18/23; 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Child Abuse/Neglect Reporting	Author: QI & Compliance Director	

I. **POLICY:** The policy of NACA is to follow Arizona state law and Arizona Administrative Code R9-10-103 regarding reporting of suspected child abuse and/or neglect.

II. **PURPOSE**: To ensure consistent and timely reporting of suspected child abuse and/or neglect.

III. **DEINITIONS:**

Abandonment: The failure of the parent to provide reasonable support and maintain regular contact with the child, including normal supervision, and/or the parent has made only minimal efforts to support and communicate with the child. Failure to maintain a normal parental relationship with the child without just cause for a period of six (6) months shall constitute prima facie evidence of abandonment (A.R.S. § 8-201).

Child Abuse: When a parent, guardian or custodian inflicts or allows the infliction of physical, sexual, or emotional abuse, neglect, exploitation, or abandonment on a minor child.

Emotional Abuse: A pattern of ridiculing or demeaning a child or vulnerable adult, making derogatory remarks, verbally harassing or threatening physical or emotional harm on a child or vulnerable adult (A.R.S. § 13-3623); the infliction of or allowing another person to cause serious emotional damage to the child, as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior, and such emotional damage is diagnosed by a medical practitioner or psychologist, and the damage has been caused by the acts or omissions of an individual having care, custody, and control of a child (A.R.S. § 8-201).

Neglect: The inability or unwillingness of a parent, guardian or custodian of a child to provide supervision, food, clothing, shelter, or medical care if that inability or unwillingness causes substantial risk of harm to the child's health or welfare (A.R.S. § 8- 201).

Physical Abuse: Inflicting or allowing the infliction of physical injury, impairment of bodily function, or disfigurement, including any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ or any physical condition that imperils health or welfare (A.R.S. § 8-201; A.R.S. § 13-3623).

Sexual Abuse: Includes inflicting or allowing sexual abuse, sexual conduct with a minor, sexual assault, molestation of a child, sexual exploitation of a minor, incest, and child prostitution (A.R.S. § 8-201).

IV. PROCEDURE:

A. All employees, interns, students, and volunteers must report any incidents of suspected child abuse and/or neglect as defined above to the Arizona Department of Economic Security (DES) Department of Child Safety (DCS).

B. Evidence of injury, sexual molestation, death, or abandonment shall be reported immediately to the Department Director and/or the Compliance officer or CEO.

C. Any other type of abuse or neglect suspected shall be reported to the Department Director and/or the CEO on the same business day with supporting documentation.

D. An Incident Report shall be completed for all suspicions of child abuse and/or neglect and submitted to the Director of Quality Improvement/Compliance per the QRM Incident Reporting policy.

E. Suspicious of child abuse and/or neglect shall be reported to the DCS Child Abuse Hotline (888) 767-2445.

F. NACA employees, interns, students, and volunteers shall not determine whether the suspicion is verified and shall leave any and all investigation up to DES DCS or other law officials.

G. The report of suspected child abuse and/or neglect shall be documented in the patient's/client's medical record.

H. Failure to report suspected child abuse and/or neglect may result in disciplinary action, up to and including, termination of employment or service as well as criminal investigation and potential criminal charges.

I. NACA staff will receive annual training on this subject matter and review the procedure.

POLICY: RR 210	(X) Revision ( ) New	Original Issue Date: 02/15/05 Revised Date: 11/08/23; 04/06/24 Approved by: Board of Directors Approval Date: 11/17/23; 04/17/24; 03/19/25 Effective Date: 11/18/23; 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Adult Abuse/Neglect Reporting	Author: QI & Compliance Director	

I. **POLICY:** The policy of NACA is to follow Arizona state law and Arizona Administrative Code R9-10-103 regarding reporting of suspected abuse, neglect and/or exploitation of vulnerable or incapacitated adults.

II. **PURPOSE:** To ensure consistent and timely reporting of suspected abuse neglect, and/or exploitation of vulnerable or incapacitated adults.

III. **DEFINITIONS:**

Abuse: The intentional infliction of physical harm, an injury caused by negligent acts or omissions, unreasonable confinement, and/or sexual abuse or sexual assault (A.R.S § 46- 451).

Exploitation: The illegal or improper use of a vulnerable adult or his resources for another's profit or advantage (A.R.S § 46-451).

Incapacitated Adult: Any person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent the individual lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person (A.R.S § 14-5101).

Neglect: A pattern of conduct without the person's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health (A.R.S § 46- 451).

Vulnerable Adult: An individual who is eighteen years of age or older and who is unable to protect himself from abuse, neglect or exploitation by others because of a physical or mental impairment; vulnerable adult includes an incapacitated person (A.R.S § 46-451).

IV. **PROCEDURE:**

A. All employees, interns, students, and volunteers must report any incidents of suspected adult abuse and/or neglect as defined above to the Department of Economic Security (DES) Adult Protective Services (APS).

B. NACA employees, interns, students, and volunteers shall not determine whether the suspicion is verified and shall leave any and all investigation up to DES APS or other law officials.

C. Suspicions of adult abuse and/or neglect shall be reported to the APS Adult Abuse Hotline at (877) 767-2385.

D. Whenever possible, suspicion of adult abuse and/or neglect shall be reviewed with the Department Director and/ or the CEO prior to making the report.

E. An Incident Report shall be completed for all suspicions of adult abuse and/or neglect and submitted to the Director of Quality Improvement/Compliance per the QRM Incident Reporting policy.

F. The report of suspected adult abuse and/or neglect shall be documented in the patient's/client's medical record.

G. Failure to report suspected adult abuse and/or neglect may result in disciplinary action, up to and including, termination of employment or service as well as criminal investigation and potential criminal charges.

H. NACA staff will receive annual training on this subject matter and review the procedure.

POLICY: RR 300	(X) Revision ( ) New	Original Issue Date: 02/15/05 Revised Date: 11/08/23; 04/06/24 Approved by: Board of Directors Approval Date: 11/17/23; 04/17/24; 03/19/25 Effective Date: 11/18/23; 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Treatment of Minors	Author: QI & Compliance Director	

I. **POLICY:** The policy of NACA is to provide medical and behavioral health services to children under the age of 18.

II. **PURPOSE:** To establish guidelines for providing services to children under the age of 18.

III. **DEFINITIONS:**

Emancipated Minor: A person who is at least 16 years old, a resident of Arizona, is financially self-sufficient, and is neither under a legal duty of service to his or her parent nor entitled to that parent's support under Arizona law (A.R.S. § 44-132).

Unsheltered Minor: An individual under the age of 18 living apart from his or her parents and who lacks a fixed and regular nighttime residence or whose primary residence is either a supervised shelter designed to provide temporary accommodations, a halfway house or a place not designed for or ordinarily used for sleeping by humans (A.R.S. § 44-132).

IV. **PROCEDURE:**

A. A parent or guardian shall accompany minor children for all appointments, unless otherwise specified.

B. Guardianship paperwork from the court is necessary prior to service provision, when applicable. A copy of this paperwork shall be scanned into the EHR.

C. If a parent or guardian would like additional adults to be able to consent for treatment for a minor child, a Pre-Consent Form for Treatment of Minor (see APPENDIX I) shall be completed with notarized signatures. This list is valid for a maximum of one (1) year from the dated signatures.

D. A minor may consent to treatment without parent or guardian consent if one (1) of the following apply:
- The minor is emancipated, married or unsheltered (A.R.S. § 44-132).
- The care relates to STDs/STIs (A.R.S. § 44-132.01).
- The care relates to rape, or sexual assault and the minor is 12 years of age or older (A.R.S § 13-1413).
- The care relates to family planning [Ariz. Op. Atty. Gen. No. 77-37 (1977)].
- The care relates to substance abuse and/or alcoholism, and the minor is 12 years of age or older (A.R.S. § 44-133.01).

- The care relates to HIV testing (A.R.S. § 36-663).

E. Minor children seeking pregnancy prevention, STD evaluation, HIV testing, or treatment for drug or alcohol abuse may be treated without parent or guardian consent.

F. All minor children being examined by a medical practitioner shall have an attendant present. The parent or guardian may be designated as the attendant unless the minor child or the medical practitioner requests otherwise.

G. If a minor child refuses treatment which was consented to by the parent or guardian, the medical practitioner, nurse, therapist, and/or counselor shall comply with the parental instructions consistent with the patient's/client's best interest.

APPENDIX I

PRE-CONSENT FOR TREATMENT OF MINOR

Patient/Client Name: ________________ Date of Birth: ____________________

I, as the parent/guardian of the above-named patient/client and in the event, I cannot be contacted through reasonable efforts, do hereby empower and grant permission to consent and authorize medical and/or behavioral health care and treatment for the above-named patient/client to:

____ ______________________
Name Phone Number

____ ______________________
Name Phone Number

____ ______________________
Name Phone Number

This authorization shall remain valid for a maximum of one (1) year from the date of the signature of the parent/guardian unless I notify *Native Americans for Community Action, Inc.* to discontinue authorization prior to one (1) year.

I do hereby indemnify and hold harmless the employees of *Native Americans for Community Action, Inc.* who act in reliance upon this authorization.

____
Parent/Guardian Name

____ ______________________
Parent/Guardian Signature Date

SUBSCRIBED AND SWORN to before me this ________ day of ______________________, 20_____.

____
Notary Public

My Commission expires: ___________________.

POLICY: RR 310	(X) Revision ( ) New	Original Issue Date: 04/02/14 Revised Date: 11/08/23; 04/06/24 Approved by: Board of Directors Approval Date: 11/17/23; 04/17/24; 03/19/25 Effective Date: 11/18/23; 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Minors Accompanying Patients/Clients	Author: QI & Compliance Director	

I. **POLICY:** The policy of NACA is to assist with accommodating minor children when patients and clients are unable to find childcare, but in no way accept responsibility for the minor child or provide childcare services at NACA.

II. **PURPOSE:** To ensure the safety and well-being of minor children when accompanying patients and clients for services.

III. **PROCEDURE:**

A. Minor children under the age of twelve (12) shall not be allowed to remain in the lobby unsupervised and shall accompany the patient/client for their appointment.

B. Minor children aged twelve (12) and older shall be allowed to remain in the lobby while the patient/client is in session. If the minor child becomes disruptive and/or violent, the patient's/client's session shall be interrupted so the incident may be resolved.

POLICY: RR 400	(X) Revision ( ) New	Original Issue Date: 05/12/14 Revised Date: 11/08/23; 04/06/24 Approved by: Board of Directors Approval Date: 11/17/23; 04/17/24; 03/19/25 Effective Date: 11/18/23; 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Interpretive Services for Hearing Impaired & Non-English-Speaking Patients/Clients	Author: QI & Compliance Director	

I. **POLICY:** The policy of NACA is to ensure services are provided to patients/clients in a manner which they can understand.

II. **PURPOSE:** To establish guidelines for requesting interpretation services for patients/clients who are hearing impaired and/or non-English speaking.

III. **PROCEDURE:**

A. Patients/clients shall receive appropriate services with consideration to their beliefs and values.

B. When a patient/client accessing services speaks a language other than English and is not accompanied by an interpreter, a language interpretation ~~telephone~~ service may be used. NACA shall make every effort to maintain employees on site who speak Spanish and Native languages.

C. Patients/clients who are hearing impaired and are not accompanied by an interpreter shall be asked if they would like an interpreter. Staff will call the Toll-Free Number: 877-906-6767 Pin Number: 1111830, Intake Information:* Caller's Last Name, First Name. If the patient/client indicates they prefer to read lips or communicate via writing, this information shall be documented in the medical record.

D. If a patient/client who is hearing impaired requests an interpreter, the Patient Services Coordinator or the Receptionist shall complete an Interpreter Request Form (see APPENDIX I).

E. Requests for interpreters for non-emergency services shall be made at least five (5) days in advance of the appointment. Emergency interpreter services may be available.

F. The department requesting the interpreter shall be responsible for completing a Purchase Requisition for the interpreter services and the cost shall be allocated to that department.

G. If a patient declines interpreter services, this choice shall be documented in the medical record.

APPENDIX I

INTERPRETER REQUEST FORM

When complete, fax or email this form to:

____

Requests for non-emergent interpreter services shall be made at least five (5) days prior in advance.

Name of Employee requesting interpreter:

____

Date services needed: _________________ Program: ____

Type of interpreter services needed: ☐ Spanish ☐ Hopi ☐ Navajo ☐ Sign Language

☐ Other: _________________________________

Location of services needed: ☐ Behavioral Health, 1500 E Cedar Ave, Ste. 24
☐ Family Health Center, 1500 E Cedar Ave, Ste. 26
☐ Wellness Center, 1500 E Cedar Ave, Ste. 52

Anticipated length of services needed:

____

Contact Person: ____________________________ Phone Number: _____________________________

Supervisor Name: ____________________________

Supervisor Signature: ____________________________ Date: _________________

POLICY: RR 420	( ) Revision (X) New	Original Issue Date: 04/08/24 Revised Date: Approved by: Board of Directors Approval Date: 04/17/24; 03/19/25 Effective Date: 04/18/24; 03/20/25 Annual Review Date: 03/19/25
Rescheduled, Missed, or Canceled Appointments	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the smooth operation of the practice and optimal patient care which may be impacted by unforeseen circumstances that necessitate appointment rescheduling, cancellation, or missed appointments.

II. **PURPOSE:** The purpose of this policy is to promote effective communication between patients and healthcare providers, optimize scheduling efficiency, and ensure that all patients have access to timely and appropriate care. By outlining clear guidelines for rescheduled, missed, or canceled appointments, we aim to enhance the overall patient experience, minimize disruptions to our healthcare services, and improve the quality of care we provide to our patients.

III. **PROCEDURE:**

A. Rescheduled Appointments:
- Patients are encouraged to contact NACA as soon as possible if they need to reschedule an appointment.
- NACA will make every effort to accommodate their request and find a mutually convenient alternative appointment time.

B. Missed Appointments:
- If a patient misses an appointment without providing advance notice, the patient may be subject to a missed appointment fee.
- The fee will be communicated to the patient in advance and will be consistent with NACA's established policies.
- In cases of repeated missed appointments, staff shall assess potential barriers including transportation, health literacy, or other needs—to support equitable access to care.

C. Canceled Appointments:
- Patients are encouraged to provide at least 24 hours' notice if they need to cancel an appointment.
- This allows NACA to offer the appointment slot to another patient in need of care.

D. Repeated Missed Appointments:
- Patients who repeatedly miss appointments without providing prior notice may be subject to further action, such as rescheduling restrictions or referral to a Supportive Services Case Manager to address any underlying issues that may be hindering attendance.
- Non-Compliance of recommended treatment plans and/or follow up appointments may result in discharge from the practice.

E. Flexibility:

- NACA understands that emergencies and unforeseen circumstances may arise.

- Patients are encouraged to communicate any extenuating circumstances to our staff as soon as possible, and NACA will consider exceptions to this policy on a case-by-case basis.

F. Documentation:
- NACA will keep a record of rescheduled, canceled, or missed appointments in the patient's electronic health record.

G. Patient Education:
- NACA will provide patients with information about the importance of keeping scheduled appointments and the potential impact of missed or canceled appointments in their care.
- Clear communication will help patients understand the importance of timely healthcare services.

List of Environment of Care (EOC) Policies:

EOC 100	Fire Safety Management Plan
EOC 200	Facility and Environmental Safety
EOC 210	Chemical Handling and Storage
EOC 220	Biological Hazards and Bioterrorism Policy
EOC 230	Medical Equipment Standardization & Maintenance
EOC 240	Policy for Monitoring and Disposal of Clinic Medications, Reagents, Solutions, and Supplies

POLICY: EOC 100	(X) Revision ( ) New	Original Issue Date: 10/09/18 Revised Date: 04/07/24, 4/16/25 Approved by: Board of Directors Approval Date: 04/17/24; 04/16/25 Effective Date: 04/18/24; 04/17/25; 4/17/26 Annual Review Date: 04/09/26
Fire Safety Management Plan	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of NACA to develop a comprehensive Fire Safety Plan to provide a framework to prevent fires, protect the lives and well-being of patients, staff, and visitors, and minimize property damage in the event of a fire emergency.

II. **PURPOSE:** The purpose of the Fire Safety Plan is to create a safe environment by identifying potential fire hazards, implementing preventive measures, establishing clear emergency procedures, and providing training to ensure that all individuals are well-prepared to respond effectively in case of a fire incident.

III. **DEFINITIONS:**

NFPA: The National Fire Protection Association.

Life Safety Code: a standard that provides strategies to minimize the effects of fire, smoke, and toxic fumes. The Life Safety Code is published by the NFPA.

Safety Officer: the Quality Improvement & Compliance Director.

IV. **PROCEDURE:**

A. Scope:
- The Fire Safety Management Plan applies to all facilities and departments and to all employees, students, interns, and volunteers within NACA.

B. Organization and Responsibility:
- The Safety Officer provides oversight for the Fire Safety Plan and is the official Safety Officer on behalf of NACA. The Safety Officer has primary responsibility for conducting and critiquing fire drills, fire safety education activities, conducting risk assessments, and participating in hazard surveillance activities. The Safety Officer is responsible for reporting safety activities and safety incidents to the Safety Committee / Quality Improvement Committee. The Safety Officer is responsible for reporting safety activities and safety incidents to the Board of Directors.
- All NACA staff shall be responsible for complying with safety measures and reporting safety hazards and incidents.

C. Fire Regulations:
- NACA facilities maintain compliance with the NFPA's most current edition of the Life Safety Code, and with local, federal, and state fire regulations and building codes.

D. Equipment Inspection:
- Regular hazard rounds of all NACA facilities shall be routinely conducted to identify and address potential fire hazards and testing of emergency equipment including illuminated exit signs, fire extinguishers and backup lighting. Documentation of inspections shall be maintained.

E. Fire Extinguishers:
- Fire Extinguishers are provided at visually obvious locations such that the nearest "2A" or larger extinguisher is no more than 75 feet walking distance from any location in the facility.
- The annual maintenance of portable fire extinguishers is done by contractor. The completion dates of the tests are documented and maintained on each individual portable fire extinguisher. The contractor shall service and recharge extinguishers every six years, and in accordance with manufacturer's instructions.

F. Exit Signs:
- All NACA locations shall prominently display illuminated exit signs with emergency power capability at all exits.

G. Emergency Lighting:
- Emergency lighting shall be in place to facilitate evacuation during loss of normal power.

H. Sprinkler System:
- Automatic fire extinguishing systems, such as sprinkler systems, and all components thereof, shall be inspected, tested and maintenance as per manufacturer instructions and as per fire regulatory authorities. Inspections shall be conducted no less than once per year. If the fire extinguishing systems testing is facilitated by a property manager, owner, or other entity, NACA shall obtain documentation of the inspection.

I. Smoking:
- Smoking is strictly prohibited within all NACA facilities.

J. Ceremonial Burning:
- To accommodate traditional Native American traditional practices, ceremonial burnings are permitted and shall be conducted in a manner that does not pose a fire hazard.

K. Interim Life Safety Measures (ILSM):
- ILSM measures are evaluated whenever patients, staff, and visitors are exposed to an increased life safety risk, and applicable measures are implemented when required. For example, during a construction project, an alternate route of egress may be implemented. It is important that risks are assessed and mitigated.

L. Evacuation Floor Plans:
- Evacuation floor plans shall be developed and posted in visible locations throughout the facility. Floor Plans shall display location of fire extinguishers, path of egress and exit door locations. A designated gathering location outside of the facility shall be indicated.

M. Fire Drills:
- Fire drills shall be conducted to ensure all occupants are familiar with evacuation procedures. Fire drills shall occur at a frequency as per fire regulatory authorities.
- Drills shall typically be unannounced and occur during times when patients are present in the facility.

N. Emergency Response and Disaster Response Plan:
- NACA maintains an Emergency Response and Disaster Plan at each location. A hard copy of the plan is maintained in each NACA location and shall have facility specific instructions detailed in the plan. The Plan details step by step instructions for emergency evacuation.

O. Incident Reporting:
- Safety incidents, including near misses, shall be reported in accordance with the NACA Incident Reporting Policy.

P. Training and Education:
- All staff members will receive training on fire safety procedures, including evacuation protocols and the proper use of fire safety equipment to ensure that staff are prepared to respond effectively in the event of a fire emergency.

<table>
<tr><td>POLICY: EOC 200</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 12/22/22
Revised Date: 04/07/24; 4/16/25
Approved by: Board of Directors
Approval Date: 04/17/24; 04/16/25
Effective Date: 04/18/24; 04/17/25; 4/17/26
Annual Review Date: 4/9/26</td></tr>
<tr><td>Facility and Environmental Safety</td><td>Author: QI & Compliance Director</td></tr>
</table>

I. **POLICY:** It is the policy of NACA to provide a safe and sanitary environment for patients, employees, and visitors. NACA takes a proactive approach to establish a patient-centered system that aims to improve quality of care and patient safety.

II. **PURPOSE:** The purpose of this policy is to establish guidelines and procedures to ensure the development and maintenance of a secure and hazard-free facility.

III. **PROCEDURE:**

A. Responsibilities:
- Operations Chief: Responsible for overseeing facility maintenance, safety inspections, and compliance with safety regulations.
- Safety Officer: Designated staff member responsible for coordinating safety initiatives, training programs, and emergency response.
- All employees are required to adhere to safety guidelines, report safety concerns, and actively participate in safety training.

B. General Safety Guidelines:
- All staff members shall be familiar with emergency procedures, evacuation routes, and first aid protocols.
- Accidents, incidents, and safety concerns shall be reported immediately to the designated safety officer or facility manager.
- All staff members are responsible for maintaining a clean and organized work environment to prevent hazards.

C. Compliance:
- NACA shall comply with all relevant local, state, and federal regulations related to facility and environmental safety, including, but not limited to:
    1. Flagstaff Fire Department
    2. Arizona Department of Health Services
    3. Occupational Safety and Health Administration (OSHA)

D. Inspections:
- Regular audits and reviews will be conducted to ensure compliance and identify areas for improvement.
- Safety equipment shall be inspected by contractor as per manufacturer's instructions.
- Biomedical equipment shall be inspected by contractor as per manufacturer's instructions.

E. Facility Maintenance

- Regular inspections of the facility, equipment, and utilities will be conducted to identify and address maintenance issues promptly.
- Maintenance tasks will be documented, and records will be maintained for review and compliance purposes.

F. Security:

- Security measures, including access control, surveillance systems, and security personnel, will be implemented to protect the facility against unauthorized access and security threats.

G. Emergency Preparedness:

- An Emergency and Disaster Response Plan will be in place to address various scenarios, including fires, natural disasters, medical emergencies, and security threats.
- Emergency drills and training sessions will be conducted regularly to ensure all staff members are prepared to respond effectively. Emergency drills shall be conducted in accordance with regulatory authorities including, but not limited to Indian Health Services, accreditation agencies, and local, federal, and state laws, accreditation entities.
- All drills shall be scenario based and align with potential internal and external emergencies identified in the NACA Emergency Response and Disaster Plan. A written evaluation of each drill will be documented and maintained.

H. Emergency Medical Equipment and Supplies:

- NACA will provide emergency medical equipment in good working order and supplies will be readily accessible to all areas of each patient service site. Medical equipment includes:
    1. Automated External Defibrillator (AED)
    2. Emergency Equipment Kit (FHC)
    3. Fire Equipment as outlined in the NACA Fire Safety Plan

I. Incident Reporting:

- Environmental incident reports will be completed and submitted to Quality Improvement. environmental incident reports are any event or activity which has the potential for adverse impact on patient, client, employee, or visitor safety or care.
- NACA staff will follow procedures outlined in NACA Incident Reporting Policy and Procedure. Reports on environmental safety issues will be reviewed at the QIC.

J. Safety Assessment:

- The Safety Officer and/or another designee will conduct environmental hazard inspections, any safety issues as a result of the inspection will be documented. The Safety Officer will verify corrections of identified issues.

K. Documentation and Review:

- Safety incidents, near misses, and safety audits will be documented and reviewed to identify trends and opportunities for enhancement.
- The Facility and Environmental Safety Policy will be reviewed periodically and updated as needed to reflect changes in regulations or best practices.

L. Training and Education:

- All staff members shall receive training on facilities and environmental safety practices upon hire and regularly thereafter.
- Training sessions will cover emergency procedures, infection control, hazardous materials handling, and other relevant topics.

<table>
<tr><td>POLICY: EOC 210</td><td>( ) Revision
(X) New</td><td rowspan="2">Original Issue Date: 03/06/24
Revised Date: 4/16/25
Approved by: Board of Directors
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Effective Date: 03/21/24; 04/17/25; 4/17/26
Annual Review Date: 04/9/26</td></tr>
<tr><td>Chemical Handling and Storage</td><td>Author: QI & Compliance Director</td></tr>
</table>

I. POLICY: The policy of NACA is to ensure the health and safety of patients, staff, and visitors regarding the use of cleaning supplies in the healthcare setting.

II. PURPOSE: It is the policy of NACA to ensure the safe and proper handling, storage, and use of cleaning supplies in healthcare settings to maintain a clean and sanitary environment, protect the health and safety of patients, staff, and visitors, and comply with regulatory requirements.

III. DEFINITIONS:

Chemicals: cleaning agents, solvents, fuels, lubricants, pesticides, paints.

IV. PROCEDURE:

A. Selection and Procurement:
- Only approved chemical and cleaning supplies meeting regulatory and safety standards will be used at NACA.
- The procurement of cleaning supplies will be centralized to ensure compliance with safety and quality standards.

B. Training:
- All personnel responsible for handling chemicals will receive training on the safe and proper use of each product, including understanding potential hazards, correct dilution ratios, and proper application methods. Training will also cover the use of personal protective equipment (PPE) when handling cleaning supplies.

C. Storage of Cleaning Supplies:
- Chemical supplies will be stored in designated, well-ventilated areas, away from patient care areas, food storage, and medications.
- Supplies will be stored according to manufacturer recommendations and in a manner that prevents cross-contamination and ensures easy access for authorized personnel.

D. Handling and Use:
- Chemicals will be used in accordance with manufacturer instructions and facility-specific protocols.
- All spills or leaks of chemicals will be promptly cleaned up and reported according to facility procedures.
- Proper hand hygiene will be performed after handling cleaning supplies.

E. Personal Protective Equipment (PPE):

- Employees will use appropriate PPE, such as gloves and eye protection, when handling chemicals, as recommended by the product's Safety Data Sheet (SDS) and facility protocols.

F. Disposal:
- Used or expired chemicals will be disposed of in compliance with regulatory requirements and facility protocols for hazardous waste disposal.

G. Emergency Response:
- Personnel will be trained in the proper response to accidental exposure to chemical supplies or spills, including the use of emergency eyewash stations and safety showers if applicable.

H. Regulatory Compliance:
- All activities related to the handling of chemicals will comply with relevant regulations, including but not limited to Occupational Safety and Health Administration (OSHA) standards and Environmental Protection Agency (EPA) regulations.

I. Reporting and Recordkeeping:
- Incidents, near misses, and exposures related to the handling of chemicals will be promptly reported and documented in accordance with facility procedures.
- Records of training, inventory, and incidents will be maintained as required by regulatory standards.

J. Responsible Parties:
- Managers and supervisors are responsible for ensuring that employees under their supervision are trained and compliant with this policy.
- All employees are responsible for adhering to this policy and reporting any concerns regarding the handling of chemicals.

POLICY: EOC 220	( ) Revision (X) New	Original Issue Date: 03/06/24 Revised Date: 4/16/25 Approved by: Board of Directors Approval Date: 03/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 04/17/25; 4/17/26 Annual Review Date: 04/9/26
Biological Hazards and Bioterrorism Policy	Author: QI & Compliance Director	

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 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 Training:

- 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.

NATIVE AMERICANS FOR COMMUNITY ACTION

POLICY: EOC 230	(X) Revision ( ) New	Original Issue Date: 06/07/19 Revised Date: 04/07/24; 11/11/24; 4/16/25 Approved by: Board of Directors Approval Date: 04/17/24; 11/20/24; 04/16/25; 4/16/26 Effective Date: 04/18/24; 12/02/24; 04/17/25; 4/17/26 Annual Review Date: 04/9/26
Medical Equipment Standardization & Maintenance	Author: QI & Compliance Director	

I. **POLICY:** It is the policy of NACA to ensure medical equipment is maintained and utilized in a manner that is safe and consistent for staff and patients.

II. **PURPOSE:** To establish guidelines to introduce new equipment, maintain and test existing equipment, repair equipment, decommission equipment from service and to standardize use of medical equipment.

III. **DEFINITIONS:**

Underwriter Laboratory Listed (UL): Underwriter Laboratory is a one of several companies approved to perform safety testing by Occupational Safety and Health Administration (OSHA).

NFPA: The National Fire Protection Association.

IV. **PROCEDURE:**

A. Medical Equipment:

- Medical equipment includes, but is not limited to the following:
    1. Digital blood pressure cuff
    2. Electrocardiogram Machine (EKC, ECG)
    3. Automated External Defibrillator (AED)
    4. Digital thermometers
    5. Glucometer
    6. Weight/height scales
    7. Retinopathy machine
- Other equipment used for diagnosis or treatment shall be inspected, calibrated, and tagged as to the next scheduled inspection for documentation purposes. Equipment shall be kept in a clean, safe, and operational condition in accordance with manufacturer's specifications.

B. Standardization of Equipment:

- Refers to the consistent and uniform way in which equipment is used, including following established specifications when operating, maintaining, or handling equipment to ensure that it is used safely, efficiently, and effectively. Standardization of equipment encompasses a variety of aspects, including, but not limited to:
    1. Clearly defined steps for starting, operating, and shutting down equipment to ensure safe and proper functioning.

2. Regular maintenance schedules, inspections, and procedures to keep equipment in good working condition.
3. Specific safety precautions and protocols to minimize risks and prevent accidents when using equipment.
4. Training programs to ensure that operators are properly trained and competent in using the equipment.
5. Keeping records of equipment usage, maintenance activities, inspections, and any incidents or issues that arise.

C. New Medical Equipment:

- New medical equipment shall not be placed in service until a contracted vendor has inspected and documented the equipment as safe for use. All equipment will be Underwriter Laboratory listed and equipped with a three-prong grounding plug or shall be double insulated and comply with the NFPA Regulations.
- Clinical RN will ensure nursing personnel are trained on the new device as applicable prior to its use.

D. Existing Medical Equipment:

- Existing medical equipment shall be inspected, calibrated, and receive preventive maintenance by a contracted vendor, no less than once a year, or more often as per the manufacturer's specifications.

E. Repairs:

- Immediate Response: Medical equipment that is identified in need of repair or out of service, a service note shall be attached, and the equipment removed from patient-care area(s). A maintenance and/or biomed service ticket shall be generated.
- Notification: The Director of Operations shall be responsible for the notification of all clinical staff of the recalled equipment, and to patients as indicated.
- Assessment: If the repair isn't possible, or the cost exceeds the value of the equipment, the equipment shall be permanently decommissioned from service, in accordance with the manufacturer's instructions. The potential impact of the recalled equipment shall be assessed on patient safety and clinical operations.
- Action Plan: Clinic staff shall implement interim measures to ensure continuity of care. The clinic will work closely with patients, healthcare providers, and relevant authorities to ensure a swift and coordinated response to the equipment recall. This may involve immediate replacement of equipment, or external referral for patients.
- Medical device will be cleaned per manufacturer's instructions before and after external vendor cleaning, transport, inspection, reprocessing, and repair.
- Documentation: The Equipment Inventory shall be updated to reflect the recall and removal of equipment from inventory.
- Reporting: Staff shall follow NACA Incident Reporting Policy for the reporting of equipment out of service.

F. Recalls:

- Determination: NACA shall determine if equipment has been recalled by checking and/or receiving official announcements from regulatory agencies or health authorities regarding

equipment recalls that may involve the clinic. Sources of information may include, but are not limited to:

1. Manufacturer notification
2. Food and Drug Administration (FDA)
3. CDC (Centers for Disease Control and Prevention)
4. Agency for Healthcare Research and Quality (AHRQ)
5. Medical Device Reporting Database (MDR)

- Immediate Response: Upon identification of a recalled product, the clinic will cease using the equipment immediately. The equipment shall be tagged and removed from patient care areas.
- Notification: The Director of Operations shall be responsible for the notification of all clinical staff of the recalled equipment, and to patients as indicated.
- Assessment: The potential impact of the recalled equipment shall be assessed on patient safety and clinical operations.
- Action Plan: Clinic staff shall assess if any patients may have been affected by the recalled equipment and implement interim measures to ensure continuity of care. The clinic will work closely with patients, healthcare providers, and relevant authorities to ensure a swift and coordinated response to the equipment recall. This may involve immediate replacement of equipment, or external referral for patients.
- Documentation: The Equipment Inventory shall be updated to reflect the recall and removal of equipment from inventory.
- Reporting: Staff shall follow NACA Incident Reporting Policy for the reporting of equipment recalls.

<table>
<tr><td>POLICY: EOC 240</td><td>( ) Revision
(X) New</td><td rowspan="2">Original Issue Date: 11/11/24
Revised Date: 4/16/25
Approved by: Board of Directors
Approval Date: 11/20/24; 04/16/25; 4/16/26
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Annual Review Date: 04/9/26</td></tr>
<tr><td>Policy for Monitoring and Disposal of Clinic Medications, Reagents, Solutions, and Supplies</td><td>Author: QI & Compliance Director</td></tr>
</table>

I. **POLICY:** It is the policy of Native Americans for Community Action, Inc (NACA) to ensure the safe and effective use of medications, reagents, solutions, and supplies.

II. **PURPOSE:** The purpose of this policy is to establish a systematic process for monitoring and disposing of products with expiration dates. This policy aims to comply with manufacturer guidelines, prevailing laws, and regulations to promote patient safety and optimal care.

III. **PROCEDURE:**

A. Monitoring of Expiration Dates:
- All medications, reagents, solutions, and supplies with manufacturer-assigned expiration dates will be monitored monthly and as needed basis.
- A designated team member will conduct a thorough inspection of all relevant supplies including but not limited to medications, vaccines, medical supplies, reagents, and solutions.

B. Disposal of Expired Products:
- Expired products will be disposed of in accordance with manufacturer guidelines and applicable regulations.
- A log will be maintained to record the date of product inspection.

C. Handling Non-Expiration Date Products:
- Products that do not have a defined expiration date will be discarded after three (3) years from the date of receipt.

D. Compliance with Laws and Regulations:
- NACA will adhere to all relevant federal, state, and local laws regulating the management of medications and medical supplies.
- Records will be retained for a minimum of three years and made available for review during audits.

G. Responsibilities:
- All NACA staff members are responsible for adhering to this policy and reporting any expired products immediately.
- Supervisors will ensure that their teams are trained on this policy and compliance is maintained.

H. References:

- United States Food and Drug Administration (FDA) Guidelines on Expiration Dates

- Drug Enforcement Administration (DEA) Regulations
- Occupational Safety and Health Administration (OSHA) Waste Disposal Regulations
- State Pharmacy Regulations

Medication Management (MM) Policies — Annual Review April 2026 | Reviewed by: Francisco Rendon, QI & Compliance Director Annual Review Date: April 9, 2026 | Effective Date: April 17, 2026

MM 220 — Multiple-Dose Vials (MDV)

Change: Added language restricting MDVs from immediate patient treatment areas, limiting access to designated medication preparation areas only.

Multi-dose vials accessed in patient treatment areas create a documented risk of cross-contamination and bloodborne pathogen exposure. This language aligns with CDC Safe Injection Practice guidelines and AAAHC Standard MED.180, which requires medications to be stored and managed in accordance with manufacturer requirements and state/CDC guidelines. The restriction to designated preparation areas reduces the risk of unsafe handling in the presence of patients and reflects best practice for infection prevention and medication safety.

MM 230 — High Alert and Hazardous Medication Policy

Change: Added "and reviewed at least annually" to the process for adding or removing agents from the High Alert and Hazardous Medication list.

AAAHC Standard MED.140 requires that the medication inventory be monitored to track the presence of high-alert medications and that a written policy describe the monitoring process including responsibilities. MED.150 further requires that procedures to prevent errors from high-alert medications align with nationally recognized guidelines. Adding an annual review requirement ensures that the High Alert and Hazardous Medication list remains current as the NACA formulary changes and as national guidance from ISMP evolves. Without a defined review cycle, lists can become outdated and create compliance and safety gaps.

MM 240 — Look Alike/Sound Alike (LASA) Medication Policy

Change: Added "and reviewed at least annually" to the process for adding or removing agents from the LASA list.

AAAHC Standard MED.160 requires procedures to prevent errors from medications with confused drug names and that those processes align with nationally recognized guidelines.

The ISMP Confused Drug Names list is updated regularly. Without a defined annual review cycle, the NACA LASA list risks falling out of alignment with current national guidance, increasing the risk of a medication error. This change mirrors the same update made to MM 230 and creates consistency across both lists.

MM 260 — Pediatric Verification Policy for Administration of Vaccines or Medication

Change: Added requirement that pediatric weight be obtained and documented in kilograms (kg) when weight-based dosing is required.

Pediatric dosing errors are among the most common and consequential medication errors in clinical settings. The use of kilograms as the standard unit for weight-based dosing is required by The Joint Commission, CDC, and American Academy of Pediatrics to prevent dosing calculation errors caused by pounds-to-kilograms conversion mistakes. AAAHC Standard ASG.250 requires written policies to define appropriate care for pediatric patients. Documenting weight in kilograms at the point of care removes ambiguity from the dosing process and creates a clear, auditable record.

MM 310 — Vaccine Temperature Excursion Policy

Change: Added language requiring repeated or significant vaccine temperature excursions to be reviewed through the Quality Improvement process to identify trends, contributing factors, and corrective actions.

Isolated temperature excursions can be addressed operationally, but repeated or significant excursions indicate a systemic issue — equipment failure, storage practices, or workflow gaps — that requires formal analysis. IHS review standards and AAAHC's quality improvement framework both require that quality concerns be routed through the QI process when patterns emerge. Embedding vaccine temperature excursions into the QI loop ensures that trends are identified and addressed at the appropriate organizational level rather than managed in isolation, protecting both patients and vaccine inventory.

MM 410 — Electronic Prescribing System Security and Access Control

Change: Removed the specific reference to "Symantec" as the named cybersecurity solution. Replaced with "industry-standard cybersecurity solutions approved by HIM leadership."

Naming a specific vendor product in a policy creates compliance risk when that vendor's product is discontinued, replaced, or no longer meets organizational needs. AAAHC Standard MED.170.30 requires that electronic prescribing systems be controlled and secured from unauthorized access — it does not require or endorse a specific vendor. Removing the named product and replacing it with a technology-neutral standard — approved by HIM leadership — gives NACA the flexibility to adopt the most current and appropriate security solution without requiring a policy amendment every time technology changes. This is consistent with how cybersecurity policies are written in healthcare settings.

All other MM policies (MM 200, MM 210, MM 250, MM 270, MM 300, MM 400, MM 420, MM 430) were reviewed and required no substantive changes. Dates, approval, and effective dates have been updated to reflect the April 2026 annual review cycle.

List of Medication Management (MM) Policies:

MM 200 Medication Oversight
MM 210 Medication Administration
MM 220 Multiple-Dose Vials (MDV)
MM 230 High Alert and Hazardous Medication Policy
MM 240 Look Alike/Sound Alike Medication Policy
MM 250 Medication Formulary and Procurement Policy
MM 260 Pediatric Verification Policy for Administration of Vaccines or Medication
MM 270 Medication Use During Invasion Procedures Policy
MM 300 Vaccine Management, Administration, and Disposal Policy
MM 310 Vaccine Temperature Excursion Policy
MM 400 Acceptable Medication Order Types Policy
MM 410 Electronic Prescribing System Security and Access Control
MM 420 Medication Reconciliation
MM 430 Medication Refills

<table>
<tr><td rowspan="1">POLICY: MM 200</td><td>(X) Revision
( ) New</td><td rowspan="2">Original Issue Date: 11/28/22
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Annual Review Date: 4/9/26</td></tr>
<tr><td>Medication Oversight</td><td>Author: QI & Compliance Director</td></tr>
</table>

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, strength, volume, expiration date and time, 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.
- 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:**
  1. Checking and/or receiving official announcements from regulatory agencies or health authorities regarding medication recalls that may involve the clinic.
  2. Comparing official announcements with NACA medication inventory.
  3. Utilizing the electronic health record to determine which patients may have received the medication.
- **Mode of Communication to Public and Staff:** In the event of a medication recall affecting products dispensed by the clinic, the following mode of communication will be utilized to notify the public:
  1. Direct notification to affected patients via phone call, email, or secure message through the patient portal.
  2. Public announcements on the clinic's website and social media channels.
  3. Collaboration with local health authorities and regulatory agencies to disseminate information through official channels.
  4. Posting notices in the clinic's physical premises for in-person visitors.
- **Immediate Actions for Recalled Products:**
  1. Upon identification of a recalled product, the clinic will cease dispensing the affected medication immediately.
  2. Patients who have received the recalled product will be notified promptly and provided with instructions on returning the medication and obtaining a replacement.
  3. 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.
- NACA will maintain access to DSCSA Reports generated and produced by partnered vendors which includes but is not limited to:
    1. Transaction History: Access to complete and accurate transaction history records for each transaction involving the receipt, sale, or transfer of ownership of such products.
    2. 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.
    3. 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:
    1. Centers for Medicare & Medicaid Services (CMS): CMS provides guidelines and regulations for medication management in healthcare settings, particularly for Medicare and Medicaid services.
    2. Food and Drug Administration (FDA): The FDA oversees the approval and regulation of medications, ensuring safety and efficacy through its policies.
    3. Institute for Safe Medication Practices (ISMP): This organization focuses on reducing medication errors and promoting safe medication practices through guidelines and educational resources.
    4. World Health Organization (WHO): WHO provides global guidelines and recommendations on medication policies, particularly in low-resource settings.

POLICY: MM 210	(X) Revision ( ) New	Original Issue Date: 11/28/22 Revised Date: 03/07/24; 11/11/24; 4/16/25
Medication Administration	Author: QI & Compliance Director	Approved by: Board of Directors Approval Date: 03/20/24; 11/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 12/02/24; 04/17/25; 4/17/26 Annual Review Date: 4/9/26

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 medications:
- Review written order from provider.
- Compare the name, dose, strength, and route of written order to medication.
- No verbal orders should be given except during an emergency situation.
- 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:

1. Dose and route, including special instructions.
2. The patient's diagnosis and the disease process involved, as applicable.
3. 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 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. Pour medication with cup on level surface at eye level. Pour until the bottom of the meniscus is level with the desired amount marked on the cup. Use appropriately marked cup or syringe – do not estimate doses between marked lines. Wipe the edge of the bottle before replacing cap so that the cap does not stick.

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.

H. Pediatric Vaccines & High Risk/High Alert Medications:

- 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 220	(X) Revision ( ) New	Original Issue Date: 11/28/22 Revised Date: 03/07/24; 11/11/24; 4/16/25
Multiple-Dose Vials (MDV)	Author: QI & Compliance Director	Approved by: Board of Directors Approval Date: 03/20/24; 11/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 12/02/24; 04/17/25; 4/17/26 Annual Review Date: 4/9/26

I. **POLICY:** The policy of NACA is to follow state and federal regulations regarding the inspection and storage of multiple dose vials (MDV).

II. **PURPOSE:** To provide guidelines for the safe use of multiple dose parenteral medication vials.

III. **PROCEDURE:**

A. Single Dose Vials: Any remaining contents of a vial not containing preservative and not labeled for multiple dose use shall be discarded after the required dose has been withdrawn.

B. Local Anesthetic Injections: All local anesthetic injections (i.e., lidocaine, bupivacaine) shall be treated as single dose vials, whether or not the solution contains preservative. The required dose shall be withdrawn from the vial and the remaining contents shall be appropriately discarded.

C. Multiple-Dose Vials (MDV): All MDV shall be labeled with the date opened, time opened, initials of the person and the expiration date. At a minimum monthly, the RN Clinic Manager, or designee, shall inspect all MDVs and discard any remaining if not used within 28 days unless the manufacturer specifies differently.

MDVs shall not be taken into immediate patient treatment areas and shall only be accessed within designated medication preparation areas.

D. Inspection Before Use: All MDVs must be inspected prior to use. If the following conditions are discovered, the vial shall not be used, and the vendor notified:
- The integrity of the diaphragm appears to be compromised.
- The contents appear to be degraded.
- Any other concern about the integrity/stability of the medication.

POLICY: MM 230	( ) Revision (X) New	Original Issue Date: 11/28/22 Revised Date: 03/07/24; 11/11/24; 4/16/25
High Alert and Hazardous Medication Policy	Author: QI & Compliance Director	Approved by: Board of Directors Approval Date: 03/20/24; 11/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 12/02/24; 04/17/25; 4/17/26 Annual Review Date: 4/9/26

I. **POLICY:** The policy of NACA is to commit to patient safety and minimize the risk of medication error(s) involving high alert or hazardous medications.

II. **PURPOSE:** To prevent harm to NACA patients from adverse medication events involving high-alert or hazardous medications.

III. **DEFINITIONS:**

High Alert Medications: Medications that bear a heightened risk of causing significant patient harm and or/sentinel events when they are used in error and, as a result, require special safeguards to reduce the risk of errors.

Hazardous Medications: Medications in which studies in animals or humans indicate that exposure to them has potential for causing cancer, developmental or reproductive toxicity, genotoxicity, or harm to organs.

IV. **PROCEDURE:**

A. NACA has developed a standard list of High Alert and Hazardous medications as noted on the Medication Formulary.

B. ~~Requests to add or remove agents from this list will be directed to the Medical Executive Committee.~~ Requests to add or remove agents from this list will be directed to the Medical Executive Committee and reviewed at least annually.

C. The ultimate decision to modify this policy shall lie with the Medical Executive Committee membership.

D. The tall man lettering for these medication pairs appears on pharmacy computer drug selection screen.

E. Medication Storage: NACA will store High Alert and Hazardous medications with a placed label stating “High Alert / Hazardous” on medication packaging/bins of identified agents.

POLICY: MM 240	(X) Revision ( ) New	Original Issue Date: 11/28/22 Revised Date: 03/07/24; 11/11/24; 4/16/25
Look Alike/Sound Alike Medication Policy	Author: QI & Compliance Director	Approved by: Board of Directors Approval Date: 03/20/24; 11/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 12/02/24; 04/17/25; 4/17/26 Annual Review Date: 4/9/26

I. **POLICY:** The policy of NACA is to identify and review a list of Look-Alike/Sound-Alike (LASA) medications list that will be used to ensure that safeguards are put in place to prevent medication errors and protect the patient and NACA staff.

II. **PURPOSE:** To proactively take steps to prevent errors involving the interchange of these agents for the safety of NACA patients and staff.

III. **DEFINITIONS:**

Look Alike/Sound Alike Medications (LASA): Medications refer to names of different drugs that have orthographic similarities and/or similar phonetics (i.e., similar when written or spoken). These similarities increase the risk of an error occurring in the medication administration process to include such areas as: ordering, transcription, dispensing, and/or the administration phase.

Tallman Lettering: A term that describes a method for differentiating the unique letter characters of similar drug names known to have been confused with one another.

IV. **PROCEDURE:**

A. NACA has developed standard lists of LASA medications as referenced on the Medication Formulary.

B. ~~Requests to add or remove agents from this list will be directed to the Medical Executive Committee.~~ Requests to add or remove agents from this list will be directed to the Medical Executive Committee and reviewed at least annually.

C. The ultimate decision to modify this policy shall lie with the Medical Executive Committee membership.

D. The tall man lettering for these medication pairs appears on pharmacy computer drug selection screen.

E. Medication Storage: NACA will not store LASA medications alphabetically by name but rather store them out of order, or in a different location; place label stating “Look-Alike / Sound-Alike” on medication packaging/bins of LASA agents.

F. Formulary Management: Consider LASA names and similar labeling of generic products when determining the Formulary determination of products.

POLICY: MM 250	(X) Revision ( ) New	Original Issue Date: 11/28/22 Revised Date: 03/07/24; 4/16/25 Approved by: Board of Directors Approval Date: 03/20/24; 04/16/25 Effective Date: 03/21/24; 04/17/25; 4/17/26 Annual Review Date: 4/9/26
Medication Formulary and Procurement Policy	Author: QI & Compliance Director	

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 medication 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.

NACA
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POLICY: MM 260	( ) Revision (X) New	Original Issue Date: 02/08/24 Revised Date: 4/16/25 Approved by: Board of Directors Approval Date: 03/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 04/17/25; 4/17/26 Annual Review Date: 4/9/26
Pediatric Verification Policy for Administration of Vaccines or Medication	Author: QI & Compliance Director	

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 appropriate means, such as reviewing the patient's medical records or consulting with the patient's guardian.
- When weight-based dosing is required, pediatric weight shall be obtained and documented in kilograms (kg) to ensure dosing accuracy.

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.

<table>
<tr><td>POLICY: MM 270</td><td>( ) Revision
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Annual Review Date: 4/9/26</td></tr>
<tr><td>Medication Use During Invasive Procedures Policy</td><td>Author: QI & Compliance Director</td></tr>
</table>

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. PROCEDURE:

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

B. Medication Verification:
- Prior to the start of the invasive procedure, healthcare personnel must verify the medications to be used, including name, concentration, dosage, and expiration date.
- 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).
- Verify patient’s allergies and reactions.

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

D. Storage and Handling:
- 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.

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

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

G. Patient and Family Education:
- 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.

H. Enforcement:
- 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: MM 300	( ) Revision (X) New	Original Issue Date: 02/08/24 Revised Date: 11/11/24; 4/16/25 Approved by: Board of Directors Approval Date: 03/20/24; 11/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 12/02/24; 04/17/25; 4/17/26 Annual Review Date: 04/9/26
Vaccine Management, Administration, and Disposal Policy	Author: QI & Compliance Director	

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. **PROCEDURE:**

A. Vaccine Management:
- 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.

- 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.
- 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.
- 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.

B. 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.

C. Vaccine Administration:
- Vaccine Recommendations:
    1. 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).
    2. These recommendations cover a wide range of vaccines, including routine childhood immunizations, influenza & covid immunizations, and vaccinations for adults.
- NACA providers shall have the necessary infrastructure, equipment, and staff to administer vaccines safely and effectively.

- Qualified Personnel: Vaccines will be administered by qualified healthcare professionals trained in immunization practices and in compliance with applicable laws and regulations.
- 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).

D. Vaccine Disposal:
- 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.
- 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.

E. Vaccine Standing Orders:
- Vaccine standing orders shall routinely be obtained from immunize.org
- Vaccine standing orders shall be reviewed and/or updated at Medical Executive Committee at least annually and as guidelines change
- Nurse staff can operate under the standing order to provide vaccine care.

F. Documentation:
- Accurate and complete records of vaccine procurement, storage, and administration shall be maintained.
- 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).
- 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).

G. 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.
- NACA will maintain access to DSCSA Reports generated and produced by partnered vendors which includes but is not limited to:
    1. Transaction History: Access to complete and accurate transaction history records for each transaction involving the receipt, sale, or transfer of ownership of such products.
    2. 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.

3. 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.

H. Training and Compliance:

- 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.
- Training: Healthcare personnel involved in vaccine management and administration will receive appropriate training on handling, storage, administration, and disposal of vaccines.
- Compliance: The organization will adhere to all relevant laws, regulations, and guidelines pertaining to vaccine management, administration, and disposal.

I. References:

- Centers for Disease Control and Prevention (CDC)
- World Health Organization (WHO)
- U.S. Food and Drug Administration (FDA)

POLICY: MM 310	( ) Revision (X) New	Original Issue Date: 02/08/24 Revised Date: 4/16/25 Approved by: Board of Directors Approval Date: 03/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 04/17/25; 4/17/26 Annual Review Date: 04/9/26
Vaccine Temperature Excursion Policy	Author: QI & Compliance Director	

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:
- All vaccine storage units, including refrigerators and freezers, will be equipped with continuous temperature monitoring devices to track the storage temperatures.
- Temperature logs will be maintained for each storage unit to document twice daily temperature readings.

B. Temperature Excursion Definition:
- 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:
- Upon detection of a temperature excursion, the designated staff member responsible for vaccine management will be notified immediately.
- The affected vaccine(s) will be quarantined and removed from use until a determination of their viability is made.

D. Assessment of Vaccine Viability:
- 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.
- 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:
- 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.

- 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:
- Following a temperature excursion, a thorough review of the circumstances leading to the event will be conducted to identify any contributing factors.
- Corrective actions, such as recalibration of storage units, staff retraining, or procedural modifications, will be implemented to prevent future temperature excursions.
- Repeated or significant vaccine temperature excursions shall be reviewed through the Quality Improvement process to identify trends, contributing factors, and corrective actions.

G. Staff Training and Education:
- 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: 02/08/24 Revised Date: 4/16/25 Approved by: Board of Directors Approval Date: 03/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 04/17/25; 4/17/26 Annual Review Date: 04/9/26
Acceptable Medication Order Types Policy	Author: QI & Compliance Director	

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. PRNs (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 records.

G. Electronic Order:
- 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: 02/08/24 Revised Date: 4/16/25 Approved by: Board of Directors Approval Date: 03/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 04/17/25; 4/17/26 Annual Review Date: 04/9/26
Electronic Prescribing System Security and Access Control	Author: QI & Compliance Director	

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. **PROCEDURE:**

A. 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

B. 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.

C. 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.

D. ~~NACA shall utilize Symantec or other reputable cybersecurity solutions to enhance the security of the electronic prescribing systems.~~ NACA shall utilize industry-standard cybersecurity solutions approved by HIM leadership to enhance the security of the electronic prescribing systems.

E. 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.

F. 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.

<table>
<tr><td>POLICY: MM 420</td><td>( ) Revision
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Annual Review Date: 04/9/26</td></tr>
<tr><td>Medication Reconciliation</td><td>Author: QI & Compliance Director</td></tr>
</table>

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.

G. Responsibilities:

- Providers: Responsible for prescribing and reviewing medication orders, as well as resolving any discrepancies during the medication reconciliation process.
- Nurses and other healthcare professionals: Responsible for obtaining medication histories, communicating medication information, and documenting the medication reconciliation process.
- Patients and caregivers: Responsible for providing accurate and updated medication information, as well as actively participating in the medication reconciliation process.

H. Training and Education:
- All healthcare professionals involved in the medication reconciliation process should receive initial training and ongoing education on the policies and procedures.
- Regular updates and refresher training should be provided to ensure competency and adherence to the medication reconciliation guidelines.

I. Quality Assurance:
- Regular audits and reviews should be conducted to assess the compliance with the medication reconciliation policy.
- 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: 02/08/24 Revised Date: 4/16/25 Approved by: Board of Directors Approval Date: 03/20/24; 04/16/25; 4/16/26 Effective Date: 03/21/24; 04/17/25; 4/17/26 Annual Review Date: 04/9/26
Medication Refills	Author: QI & Compliance Director	

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:
- Patients may request prescription refills by contacting their pharmacy through the designated phone line or in person during regular pharmacy hours.
- Refill requests received after regular office hours or on weekends/holidays will be addressed on the next business day.
- 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:
- Prescription refills will be authorized by the prescribing healthcare provider or another designated healthcare professional according to the provider's instructions.
- Refills will be authorized based on the provider's assessment of the patient's medical condition, medication adherence, and the appropriateness of the medication.
- Patients are expected to maintain compliance with their medical appointments and medication regimen to be considered for prescription refills.

C. Refill Processing Time:
- Prescription refill requests will be processed within 3 business days of receipt.
- 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:
- 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.
- Patients will be informed of the reason for the denial and provided with instructions for further management.

E. Controlled Substances:
   - Refills for controlled substances, such as opioids, stimulants, and certain sedatives, will be managed in accordance with state and federal regulations.
   - Additional documentation, periodic follow-up visits, and other requirements specific to controlled substances will be adhered to as per legal and professional guidelines.
   - The prescriber shall review the patient Prescription Drug Monitoring Program report and discuss any concerns with the patient.

F. Documentation:
   - All prescription refill requests, authorizations, denials, and related communications will be documented in the patient's medical record.
   - The medical record will include the rationale for the refill decision and any relevant patient instructions.

G. Patient Education:
   - 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.

Native Americans for Community Action (NACA)

Community Emergency Response Plan

Introduction

Ambulatory clinics play a vital role in the broader community response plan during emergencies or public health crises. The NACA Community Response Plan outlines the procedures and strategies to respond effectively during these events. This plan aims to safeguard the well-being of patients, staff, and the community by providing a framework for coordinated and efficient response efforts.

NACA's Emergency Management Team

Christopher David, Chief Executive Officer
Dorothy Denetsosie Gishie, Community Development Director
Francisco Rendon, Quality Improvement and Compliance Director
Verity Quiroz, Director of Operations
Dr. Akwasi Arhin, Medical Director
Dr. Curtis Randolph, Behavioral Health Director
Walter McCullough, Chief Financial Officer
Cynthia Little, Human Resources Director
Almalia Berrios-Payton, Marketing and Public Relations
Kyte Castillo, Health Information Management System Specialist

Collaboration and Coordination

NACA shall establish strong partnerships and maintain regular communication with local public health agencies, emergency services, hospitals, and other healthcare providers to promote effective coordination and information sharing.

NACA shall Participate in community-wide planning initiatives, task forces, and committees to contribute expertise, share resources, and align efforts for a cohesive response.

Emergency Preparedness and Planning

NACA shall incorporate the clinic's response plan into the broader community response plan, ensuring alignment with local, regional, and national guidelines and protocols, including: Contribute to community risk assessments, providing relevant data and insights from the clinic's patient population and healthcare professionals.

Identify clinic-specific vulnerabilities and develop mitigation strategies to address potential challenges during emergencies.

Collaborate with local healthcare facilities to establish surge capacity plans and coordinate patient transfers when necessary.

Communication and Public Education:

NACA shall serve as a trusted source of accurate and timely information for patients, staff, and the broader community during emergencies, including:

- Disseminate public health messages, guidelines, and updates through various channels, including websites, social media, signage, and patient communication platforms.
- Educate patients and the community about emergency preparedness, preventive measures, and available healthcare resources.
- Collaborate with local community organizations, public health agencies, and emergency responders to enhance community resilience and emergency preparedness.
- Participate in community-wide planning initiatives and exercises to foster effective coordination and information sharing.
- Maintain up-to-date contact information for key personnel and relevant stakeholders.

Patient Triage and Care

NACA shall develop and implement protocols for patient triage and care during emergencies, considering factors such as severity, urgency, and available resources, including:

- Identify and isolate potentially contagious patients, ensuring appropriate infection control measures are in place.
- Collaborate with public health agencies to facilitate contact tracing efforts and reporting of communicable diseases and sharing relevant health information.

- Provide continuity of care for patients with chronic conditions, ensuring access to necessary medications, supplies, and follow-up services.

- Develop protocols for patient triage, assessment, and treatment during emergencies.

Resource Management

NACA shall routinely evaluate available resources, including:

- Maintain an inventory of essential medical supplies, pharmaceuticals, and personal protective equipment (PPE) to support patients and clinic staff during emergencies.

- Collaborate with local and regional healthcare organizations to share resources, optimize distribution, and ensure equitable access to critical supplies.

- Develop resource allocation and management protocols to address potential shortages or increased demand during emergencies.

Staff Support and Training

It is important for organizations to prepare employees for a community wide emergency. NACA shall support staff by:

- Provide ongoing training and education to clinic staff on emergency response protocols and infection control measures.

- Establish mechanisms to support the physical and emotional well-being of staff during high- stress situations, such as access to counseling services or stress management programs.

- Ensure staff members are aware of their roles and responsibilities in the broader community response plan, including their potential involvement in surge capacity or emergency medical teams.

Data Collection and Reporting

NACA shall contribute the sharing of data relating to community emergencies including:

- Collaborate with public health agencies to collect and report relevant data, such as disease surveillance information, patient outcomes, and resource utilization.
- Contribute to situational awareness efforts by sharing clinic-specific data, trends, and observations to inform public health decision-making and resource allocation.

Evaluation and Improvement

NACA shall conduct regular evaluations of the clinic's response efforts including:

- Regularly review and evaluate the effectiveness of the response plan through drills, exercises, and real-life events.
- Incorporate lessons learned and feedback from staff, patients, and stakeholders to improve the plan's effectiveness.
- Update and revise the plan as needed to align with evolving community needs and emerging threats.
- This plan is reviewed at least annually by the Quality, Risk, Safety and Emergency Committee and updated as necessary.

Continuity of Operations

In correlation with the NACA Emergency Operations Plan, NACA will develop strategies to ensure the continuity of critical clinic operations during emergencies, including:

- Identify alternative facilities or locations that can be utilized if the primary clinic becomes inaccessible or compromised.
- Establish protocols for the relocation of essential equipment, supplies, and medical records, if necessary.

Native Americans for Community Action (NACA)

Emergency and Disaster Response Plan

This Emergency and Disaster Response Plan supports the NACA Emergency Operations Plan and is maintained as part of the organization's Emergency Management Program under Quality and Safety oversight.

Emergency and Disaster Response

The following response procedures are provided for:

A. Lockdown Procedure, Active Shooter/Active Attack
B. Fire / Fire Evacuation
C. Facility Evacuation
D. Combative / Aggressive Person
E. Bomb Threat
F. Medical Emergency
G. Infant/Child Abduction
H. Emergency Operations Plan Activation / Disaster
I. Hazardous Spill
J. Flash Floods / Floods
K. Forest Fires
L. Earthquake
M. Tornado
N. Winter Storm
O. Gas Leaks
P. Power Failure
Q. HVAC Failure
R. Water or Sewage Disruption

Emergency Phone Numbers:
Fire Department: 9-1-1
Paramedics: 9-1-1
Police: 9-1-1
Gas Outage: 1-877-837-4968 (Unisource) Gas leak: 9-1-1
Power Outage: 1-855-688-2437 (APS) or online at Outage Center (aps.com)
Water Disruption: City Of Flagstaff: Standard business hours call 928-213-2400; Outside of standard business call 928-774-0262

*In Coconino County you can text 9-1-1 for an emergency, however, calling is always the best option.

Employees shall be oriented to the general and specific emergency and disaster response procedures as they pertain to their work site. All plans are contained in this Emergency and Disaster Response Plan.

A record of the orientation shall be documented on the Orientation Checklist and shall be kept in the employee file. This shall take place within the first 30 days of employment. Employees shall review the Emergency and Disaster Response Plan annually.

In emergency situations, the discovering staff who is involved with the emergency shall notify the appropriate emergency services, unless otherwise noted.

Anytime an emergency code needs to be announced, it shall be done so over the paging system three times stating the nature and location of the emergency. If telecommunications system is inoperable, Safety Marshals shall be deployed as "Runners" to make announcements throughout the building. It is important that all NACA staff keep their NACA landline/desk phone volume at a level where emergency pages can be heard at all times.

At the conclusion of any emergency, and when safe to do so, an incident report shall be completed by the discovering staff, or as assigned by the Incident Commander or Safety Officer.

Definitions:

Incident Commander: CEO or designee. This position shall always be activated during emergency incidents. The incident Commander has the final say on all decisions.

Operations Chief: The key position assuming lead role at each facility throughout emergency. The Operations Chief shall ensure the needs of patients and employees are being addressed and resources are available to care for any patients or visitors. Each NACA facility shall have an assigned Operations Chief.

Safety Officer: Quality Improvement and Compliance Director, or another designee.

Safety Marshals: Any NACA employee can be designated as a Safety Marshal. Safety Marshals may be designated to assist with certain, specific tasks during an emergency or disaster. Typically, the Incident Commander and/or Operations Chief shall assign tasks to Safety Marshalls at the onset of an Emergency Event.

Incident Command Center: The Incident Command Center shall be the NACA administrative office. In the event this is not possible, the Incident Commander shall designate the location and advise NACA employees.

Facility Role Operations Chief Assignments:
Administration/Main: The CEO or designee
Wellness Center: The Lead Staff
Family Health Clinic: The Registered Nurse Behavioral
Health: The Behavioral Health Director Medical Records:
The Lead Medical Records Clerk
Health Information: The Health Information Management
System Specialist

In the absence of the facility assigned Operations Chief, a stand-in Operations Chief shall be designated.

Emergency Notification System (ENS)

NACA has adopted an Emergency Notification System (ENS) called Red Flag Pocket Stop. When an emergency takes place, and when it is safe to do so, the Operations Chief, Safety Officer, or Incident Commander shall send an alert out through the PocketStop App via a three-way communication mode:

1. Text message shall be generated from the number **444222.**
2. A phone call shall be generated from **(928) 307-7023**.
3. An email shall be sent to your NACA email address from no-reply@redflaghub.com

Whenever an alert is sent, either a test or real emergency, there shall be a request to acknowledge the receipt of the message. At times there may be polling questions. Potential questions could include inquiries on your safety, or that you have evacuated and understand to remain out of the facility until cleared.

Periodic test alerts shall be sent to all NACA employees on a quarterly basis. Real emergency events or emergency notifications utilizing the ENS shall constitute periodic testing. The Emergency Notification System supports internal communication during facility-specific incidents and larger community-wide emergencies coordinated through the Emergency Operations Plan.

Lockdown/Shelter in Place Procedure Active Shooter/Active Attack

Lockdown:

There are three elements of a lockdown:
- prevention of entry of people to a site/building
- prevention of exit of people from a site/building
- prevention of movement of people within a site/building

Potential reasons for a lock-down include, but are not limited to, nearby police involvement with active criminal activity, direct police instruction, a threat against a near-by school or facility, or a dangerous animal near-by.

In the event of a lock-down, the following response shall be followed:

- In some cases, announcing a Lockdown will not be possible. If it is safe to do so, the discovering staff will announce Lockdown/Shelter in Place and indicate if it is an Active Shooter, other Lock-down, etc.
- Incident Commander or Operations Chief shall initiate and announce a lock- down.
- Operations Chief or designee shall call 9-1-1 if the lock-down was not ordered by police.
- Secure the facility. The Operations Chief, or designee, of each facility shall lock entry/exit ways.
  The Operations Chief shall assume the lead role of that facility throughout the duration of the lock-down, communicating regularly with the Incident Commander.

- Operations Chief shall assign staff to act as Safety Marshals at each entrance/exit points. The Safety Marshals shall not allow entry to unauthorized personnel during lock-down.
- Any available staff shall move patients, visitors, and other staff to an area that can be secured.
- Stay away from windows and doors.
- Be prepared for evacuation order.
- Do not leave until cleared by Incident Commander, Safety Officer, or Emergency Personnel.

<u>Armed or Active Shooter / Hostage Situation:</u>
In the event of an Active Shooter or Hostage Situation, there shall be little time to coordinate staff and patients for an organized evacuation. Staff should quickly determine the most reasonable way to protect their own life. Patients and other staff are likely to take the lead of staff acting in an active shooter situation.

1. **Run / Evacuate**

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
• Have an escape route and plan in mind
• Evacuate regardless of whether others agree to follow
• Leave your belongings behind
• Help others escape, if possible
• Prevent individuals from entering an area where the active shooter may be
• Keep your hands visible
• Follow the instructions of any police officers
• Do not attempt to move wounded people
• Call 911 when you are safe

2. **Hide**

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:
• Be out of the active shooter's view
• Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
• Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:
• Lock the door
• Blockade the door with heavy furniture

If the active shooter is nearby:
• Lock the door
• Silence your cell phone and/or pager
• Turn off any source of noise (i.e., radios, televisions)
• Hide behind large items (i.e., cabinets, desks)

RACE/PASS

R RESCUE / REMOVE FROM DANGER

A ALARM / ANNOUNCED CODE

C CONTAIN / CLOSE DOORS AND WINDOWS

E-EXTINGUISH SMALL FIRES

P PULL THE SAFETY PIN

A AIM THE NOZZLE AT THE BASE OF FIRE

S SQUEEZE THE HANDLE

S SWEEP THE EXTINGUISHER FROM SIDE TO SIDE

• Remain quiet

If evacuation and hiding out are not possible:
• Remain calm
• Dial 911, if possible, to alert police to the active shooter's location
• If you cannot speak, leave the line open and allow the dispatcher to listen

3. **Fight** - take action against the active shooter
As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
• Acting as aggressively as possible against him/her
• Throwing items and improvising weapons
• Yelling
• Committing to your action

When law enforcement arrives, stay calm and follow officer's instructions.

*If you are taken hostage, try to remain calm. It is best to avoid discussion or negotiation unless you are trained to do so. Do not attempt to escape, unless there is an extremely good chance of survival. The responding emergency personnel shall be prepared when they arrive on scene. For those outside of hostage situation, follow your facility evacuation plan. Following any lockdown, active threat, or hostage event, the Incident Commander shall ensure appropriate post-event debriefing, documentation, and review through Quality Improvement and Emergency Management processes.

Fire Evacuation

NACA follows a specific Facility Emergency Response Plan for each location. These plans identify tasks and duties for that department's Fire Evacuation and is tailored to that facility's floor plan. The Facility Emergency Response Plans include a plan for The Family Health Center/Behavioral Health, The Wellness Center, and Administration/Main.

At all facilities, NACA staff shall follow the RACE/PASS protocol.

Administration/Main

When a fire or smoke is detected, the following response shall be followed:

- Discovering staff shall announce Fire Evacuation.
- Discovering staff shall notify the local fire department by dialing 9-1-1. Staff shall stay on the phone to answer questions, unless using a landline and it is unsafe to do so.
- Operations Chief shall check rooms, directing occupants to the nearest exit:

- ✓ Office rooms
- ✓ Conference room
- ✓ Break rooms
- ✓ Front desk
- ✓ Lobby
- ✓ Interview Rooms
- ✓ Bathrooms

- Operations Chief shall assign staff to act as Safety Marshals to help, assigning specific rooms/areas to check.
- Fight the fire ONLY if the fire is small, not spreading, and there is a means to
- Escape the area by backing up to the nearest exit.
- If safe to do so, close windows and doors.
- Avoid collecting personal items. Fires spread fast. When in doubt, get out.
- Evacuate the building using the designated escape routes.
- Assemble in the designated area. This is the first light-pole in front of the Family Health Clinic.
- Do not re-enter the facility until cleared by Incident Commander, Safety Officer or Emergency Personnel that it is safe to do so.

<u>Family Health Clinic & Behavioral Health</u>

When a fire or smoke is detected, the following response shall be followed:

- Discovering staff shall announce Fire Evacuation and location of fire.
- Discovering staff shall notify the local fire department by dialing 9-1-1. Staff shall stay on the phone to answer questions, unless using a landline and it is unsafe to do so.
- Operations Chief shall initiate room checks, directing occupants to the nearest exit. Operations Chief shall assign Safety Marshals to help them check specific rooms.
- During the checks, the Operations Chief and Safety Marshals shall help any patients requiring assistance to exit the building.
- Patients who are at greatest risk (i.e., mobility issues) shall be assisted to safely evacuate.
- Upon completion of a patient room check, the Operations Chief or Safety Marshals shall turn the hanging sign on the door, indicating the room has been evacuated.
  - ✓ Patient appointment rooms
  - ✓ Office rooms
  - ✓ Conference room
  - ✓ Break Rooms / areas
  - ✓ Front desk area
  - ✓ Lobby
  - ✓ Lab rooms
  - ✓ Medication room & Vaccine Room
  - ✓ Bathrooms

- Fight the fire ONLY if the fire is small, not spreading, and there is a means to escape the area by backing up to the nearest exit.
- If safe to do so, close windows and doors.
- Avoid collecting personal items. Fires spread fast. When in doubt, get out.
- Evacuate the building using the designated escape routes.
- Assemble in the designated area. This is the first light-pole in front of the Family Health Clinic.
- Do not re-enter the facility until cleared by Incident Commander, Safety Officer, or Emergency Personnel that it is safe to do so.

<u>Wellness Center</u>

At the Wellness Center, when there are two staff present, the first staff on duty for the day shall be responsible for the evacuation and shall act as the Operations Chief. When one staff is on duty, that staff shall act as Operations Chief.

When a fire or smoke is detected, the following response shall be followed:

- Discovering staff shall announce Fire Evacuation and location of fire.
- Discovering staff shall notify the local fire department by dialing 9-1-1. Staff shall stay on the phone to answer questions, unless using a landline and it is unsafe to do so.
- Patients who are at greatest risk (i.e., mobility issues) shall be assisted to safely evacuate.
- Operations Chief shall check rooms, directing occupants to the nearest exit: Gym area
    - ✓ Patient area bathroom and shower
    - ✓ Staff area bathroom
    - ✓ Fight the fire ONLY if the fire is small, not spreading, and there is a means to escape the area by
- backing up to the nearest exit.
- If safe to do so, close windows and doors.
- Avoid collecting personal items. Fires spread fast. When in doubt, get out.
- Evacuate the building using the designated escape routes.
- Assemble in the designated area. This is the first light-pole in front of the Family Health Clinic.
- Do not re-enter the facility until cleared by Incident Commander, Safety Officer, or Emergency
- Personnel that it is safe to do so.

<u>Medical Records</u>

At Medical Records, the Lead Medical Records Clerk will act as Operations Chief. In absence of Lead, the Billing Specialist or Outpatient Coder may act as Operations Chief.

When a fire or smoke is detected, the following response shall be followed:

- Discovering staff shall announce Fire Evacuation and location of fire.

- Discovering staff shall notify the local fire department by dialing 9-1-1. Staff shall stay on the phone to answer questions, unless using a landline and it is unsafe to do so.
- Operations Chief shall check rooms, directing occupants to the nearest exit:
  - ✓ Back room
  - ✓ Records Room
  - ✓ Front Room
- Fight the fire ONLY if the fire is small, not spreading, and there is a means to escape the area by
- backing up to the nearest exit.
- If safe to do so, close windows and doors.
- Avoid collecting personal items. Fires spread fast. When in doubt, get out.
- Evacuate the building using the designated escape routes.
- Assemble in the designated area. This is the first light-pole in front of the Family Health Clinic.
- Do not re-enter the facility until cleared by Incident Commander, Safety Officer, or Emergency
- Personnel that it is safe to do so.

Facility Evacuation

There may be times when a Facility Evacuation shall be needed that is not due to a fire. Possible instances include, but are not limited to, a hazardous materials incident requiring evacuation, a facility electrical emergency requiring evacuation, a chemical smell evacuation, or a gas leak requiring evacuation.

In the event of an evacuation order, other than a fire:

- Discovering staff shall notify Operations Chief.
- Operations Chief shall call 9-1-1, if needed.
- Operations Chief shall announce a Facility Evacuation, identifying the reason for evacuation and location of the incident.
- Each facility shall follow the routes of evacuation as per their floor plan.
- Operations Chief shall ensure each room/area has been vacated. Operations Chief shall assign staff to act as Safety Marshals to help, assigning specific rooms/areas. During the room checks, the Operations Chief and Safety Marshals shall assist any patients requiring assistance, utilizing help as needed.
- Assemble in the designated area. This is the first light-pole in front of the Family Health Clinic.

Combative Person

Patients become combative in different ways. Some patients may become verbally combative, yelling, cussing, or threatening. Other patients may become physically combative, including kicking, punching, and spitting.

When a patient becomes combative, the following response shall be followed:

- If the patient is escalating verbally, attempt to de-escalate. Remain non-confrontational, express
  empathy. Try to find a solution or offer to locate a supervisor to help.
- Put space between yourself and the patient. Do not get cornered. Stay close to the door and do not turn your back. Try to back away and say you need to make a phone call.
- If a patient becomes physically combative, call for help immediately. 9-1-1 should be called as soon as possible.
- Any available staff shall announce a Combative Person and location.
- Able-bodied staff shall report to area. This is not to physically harm or restrain, but to have individual realize they have gone beyond acceptable behavior. Staff shall not physically intervene, restrain, or attempt to control the individual unless required for immediate self-defense.
- Available staff shall redirect other patients to a safer location. Protect yourself until police arrive.

Bomb Threat

When a bomb threat is made towards any NACA facility, the following response shall be followed:

- If a threat is made by phone, keep caller on the line if possible. Be calm and courteous. Listen and do not interrupt the caller. If caller seems agreeable to further conversation, attempt to ask questions.
- Questions include, but are not limited to, seeking information about the bomb, or seeking information about the caller.
- Notify Operations Chief by any means possible. This may include a note, text, or a signal.
- Motion for someone nearby to help.
- Operations Chief shall call 9-1-1.
- Operations Chief shall announce *Bomb Threat* and initiate *Facility Evacuation Procedure.*
- Wait for police to arrive and take over.
- Do not re-enter the facility until cleared by Incident Commander, Safety Officer, or Emergency Personnel that it is safe to do so.
- Law enforcement shall assume control of the scene upon arrival, and all further actions shall be coordinated through the Incident Commander.

Medical Emergency

When a Medical Emergency is presented, the following response shall be followed:

- Discovering staff shall verbally call for someone near-by to assist. If another staff is near-by, that staff shall activate the Medical Emergency and the discovering staff shall stay with the patient. If there are no near-by staff responders, discovering staff shall activate the Medical Emergency and return to the patient.
- Call 9-1-1 first.
- Announce *Medical Emergency* over intercom paging system and identify the location. If able, indicate type of medical event.
- Contact FHC and request medical assistance if the Medical Emergency is at BH, WC, or Admin.
- Any available medical providers, RN or MA shall report to scene of the Medical Emergency.
- Responding medical staff shall assume lead role, taking over for the discovering staff.
- The lead role assignment shall be determined in the following descending order: Provider, RN, MA.
- Medical staff shall assign and instruct Safety Marshals to collect the following emergency items and return to the scene: AED, Medical Emergency Kit, Oxygen, and Ambu bags.
- Medical staff shall assign and instruct Safety Marshals to redirect patients and guests away from the scene.
- Stay with injured/ill patient until provider, RN, or MA arrives. Do not move the person unless he/she is in danger.
- If CPR, First-Aid, or AED is needed, administer if you are trained and qualified.
- When external emergency responders arrive, they shall assume responsibility from the NACA medical staff.
- Staff who are not involved in the Medical Emergency responding team shall stay out of the way, allowing emergency personnel to easily access the scene.

When presented with a Medical Emergency, yell for help as someone is likely near-by and able to assist. This allows one person to make emergency calls, and one to remain with the injured/ill patient.

Medical Emergencies include, but are not limited to cardiac arrest, respiratory distress, seizure, unresponsiveness, and disfiguration. When in doubt, err on the side of caution.

Infant or Child Abduction

A Infant or Child Abduction may be activated when an infant or child up to the age of 15 is missing.

In the event of an infant or child abduction, the following response shall be followed:

- Discovering staff, or designee, shall announce Child Abduction.
- If able, the discovering staff shall provide a brief physical description of the infant or child, and the location they were last seen.
- Operations Chief shall Initiate Lock-Down Procedures. No one may exit or enter the facility.

- All staff are to stop all non-critical work.
- Operations Chief shall assign staff as Safety Marshals at designated posts, such as exit/entrance points.
- Operations Chief shall assign staff to act as Safety Marshals to enact search assignments.
- Operations Chief shall contact Behavioral Health, to send a support staff to work with the parents/guardians.
- If the infant or child is not located in 10 minutes, Operations Chief shall call 9-1-1.
- Law enforcement shall take over upon arrival to the facility.
- All staff shall remain in Lockdown until Incident Commander, Safety Officer or Emergency Personnel has communicated lock-down is over.
- If the child is located at any point in the search, the Incident Commander, or designee, shall authorize to clear the Child Abduction Alert. This shall be announced over the paging system 3 times.

Emergency Operations Plan Activation

The Emergency Operations Plan (EOP) is activated for *Emergency Disasters.* A Disaster is typically a wide-spread community event, such as a terrorist attack or a mass shooting. The Emergency Disaster denotes the activation of the NACA Emergency Operations Plan and the facility's Incident Command Center. An Emergency Disaster may also signify a catastrophic weather event, such as an earthquake. In the event of a wide-spread community disaster, a surge of wounded, or worried community members may arrive at any of the NACA locations, seeking assistance. This could include an influx of community members with wide-spread infection symptoms. NACA may only evaluate or treat potential patients as to what they are permitted and licensed to operate. The Incident Commander shall announce and activate the EOP. The Incident Commander shall work closely with Emergency Management Officials and shall advise NACA employees during these events. NACA employees should stay tuned to radio and television stations. Activation of the Emergency Operations Plan establishes the organizational command structure and coordination framework, while this Emergency and Disaster Response Plan provides event-specific response procedures to support EOP operations.

- When it is safe to do so, the Incident Commander shall announce Emergency Disaster for activation of the NACA Emergency Operations Plan. The Incident Commander shall indicate type of event.
- If the facility requires evacuation or lock-down, the Incident Commander shall announce Facility Evacuation or Facility Lock-down.
- The Incident Commander shall work closely with Emergency Management Officials during these events and shall regularly communicate with patients/clients and NACA staff.
- If evacuation is not ordered, staff shall remain at workstation, awaiting further instructions.

Hazardous Materials Incident

A Hazardous Materials Incident signifies a potentially dangerous chemical, biological, radioactive, or nuclear spill. At NACA, this shall most likely be a small chemical spill or patient blood or bodily fluid. Currently, NACA does not have risk for a Hazardous Materials Incident that would require evacuation. However, in the unlikely event there was a Hazardous Materials Incident requiring evacuation, a Facility Evacuation shall be issued. For any hazardous materials incident beyond the scope of staff training or available resources, emergency responders shall be contacted and evacuation procedures initiated as directed.

When presented with a biological spill, the following response shall be followed:

- Evacuate the immediate area, ensuring patients are directed to a safe area or exit the building.
- Notify supervisor.
- Utilizing required PPE, staff shall sanitize the contaminated area and dispose of the biological material in the proper receptacle as per CDC and OSHA guidelines.
- If any staff or patient came into contact with a contaminant, seek professional medical assistance when it is safe to do so.

When presented with a chemical spill, the following response shall be followed.

- Evacuate the immediate area, ensuing patients are directed to a safe area or exit the building.
- Notify supervisor.
- Discovering staff shall evaluate the risk:
  What is the liquid?
  Is it dangerous to breath? Is
  it flammable?
  Where is it spilling from?
  How big is the spill?
  If unsure, consult the Safety Data Sheet (SDS).
- Utilizing required PPE, staff shall sanitize the contaminated area and dispose of the chemically contaminated materials as per the SDS
- If any staff or patient came into contact with a contaminant, seek professional medical
- assistance when it is safe to do so.

Flash Floods / Floods

Flood Planning should include the 5Ps of evacuation: People/Pets, Prescriptions, Papers, Personal Needs, and Priceless Items. Always be prepared to bring these items when possible.

In the event of flooding, the following response shall take place:

- If building is flooding due to a plumbing failure or flood, cease using electrical equipment.
- Plan to evacuate on warning that flooding is imminent. Incident Commander shall announce a facility evacuation if needed and state the cause of evacuation.

- If you are advised to evacuate by local authorities do so immediately.
- Depending on the type of flooding, you may be advised to evacuate, seek higher ground, or stay put.
- Do not walk-through flood waters. Six (6) inches of water is enough to knock you down
- Do not drive through high waters. As little as one (1) foot of moving water can sweep a vehicle away.
- Avoid contact with floodwater, as it could be contaminated.

Forest Fire / Wildfire

In the event of a forest fire, there is more time to prepare for an evacuation than in a facility fire. Forest Fire planning should include the 5Ps of evacuation: People/Pets, Prescriptions, Papers, Personal Needs, and Priceless Items. Always be prepared to bring these items when possible. Coconino County follows the Ready-Set-Go system.

- ☑ Ready: Always be in a state of Ready. At NACA, this means knowing your evacuation routes and what personable items you shall take with you.
- ☑ Set – Pack your items. Evacuation is imminent. Collect anything of value to you in your workspace. During the "Set" stage, the NACA Safety Officer, or designee, shall be communicating with all employees on a regular basis. "Set Status" shall be announced on the paging system by the Operations Chief of each facility. A message shall be sent through the Emergency Notification System. NACA employees shall have transportation plans in place, as they shall evacuate the worksite entirely. Patients shall be advised to evacuate. Patient prescription medications in NACAs' possession shall be collected by the Registered Nurse and placed in a lockbox. The Registered Nurse shall keep the lockbox in their possession and shall contact the patient to arrange transfer of medication.
- ☑ Go – Operations Chief shall announce Evacuation "Go Status" over the paging system and shall send an Emergency Notification to all staff. Upon evacuating, NACA employees shall evacuate the facility and worksite location entirely.

Following evacuation, the NACA Incident Commander shall work with key personnel, utilizing the Emergency Operations Plan to determine next steps and plan for business continuity. All NACA employees should check email and phones regularly for updates.

Coconino Country emergency alerts can be found at:
https://www.coconino.az.gov/AlertCenter.aspx

To receive immediate Coconino County emergency alerts and updates, please sign up at:
https://coconino.az.gov/2612/Emergency-Notification-System

Earthquake

In the event of an earthquake, the following response shall be followed:

Indoors:

- Avoid falling objects and light fixtures. Stay away from windows, high bookcases, shelves and furniture that might slide or topple. Get under a table or desk, under a strong doorway, in a corner away from windows. Do not run outside.
- Wait in your safe place until the shaking stops.
- Check to see if you are hurt. Take care of yourself first, then others.
- Move about carefully and watch out for things that have fallen or broken, creating hazards.
- Be ready for aftershocks.
- Be on the lookout for fires. Fire is the most common earthquake-related hazard. Extinguish small fires.
- Following an earthquake, the NACA Incident Commander shall work with key personnel, utilizing the Emergency Operations Plan to determine next steps and plan for business continuity. All NACA employees should check email and phones regularly for updates.

Outdoors:

1. Crouch down and cover your head.
2. Stay away from buildings, large trees, powerlines, and streetlights.
3. Be ready for aftershocks.

Tornado

While rare, Tornados can happen in Flagstaff. In the event of a Tornado, the following response shall be followed:

- If it is safe to do so, the Incident Commander or Operations Chief shall issue a shelter-in- place for a Tornado emergency.
- Employees shall assist patients to a safer area.
- Employees shall stay away from windows and doors.
- Employees shall go to safe area of the building such as an interior hallway, staying away from bookcases or falling items.
- Employees shall remain in the shelter-in-place until the code is cleared by Incident Commander, Operations Chief, or Emergency Personnel.
- When advised to do so, employees should exercise caution when exiting the building, as structural damage may have occurred.
- Upon exiting the building, the employees shall not re-enter until the Incident Commander, Operations Chief, or Emergency Personnel has cleared the Tornado emergency.

Winter Storm

NACA's CEO will determine changes to facility hours during the winter season. This includes delayed openings, early closures, and snow days. When there is a change in these hours, due to hazardous winter conditions, an emergency notification via RedFlag PocketStop shall be issued to all staff.

Personal needs may require additional safety measures. Talk to your supervisor for additional schedule changes, especially if you have a long commute via the highway. Anticipated road closures should also be considered. Always be aware of the forecast and be prepared to leave early if a storm surge is on the horizon. While the plaza property manager shall be responsible for treating slick walkways, conditions change quickly. There may be ice that has not yet been treated on the property. Black ice is common in Flagstaff. It often cannot be seen, and it is extremely dangerous.

The City of Flagstaff is a helpful resource during storms: City website: https://www.flagstaff.az.gov/
Scroll down to News and Announcements
City Facebook: https://www.facebook.com/CityofFlagstaff/

Utility Disruptions

Gas Leaks

When a gas leak is detected, the following response shall be followed:

- Discovering staff shall notify Operations Chief.
- If needed, Operations Chief shall announce a *Facility Evacuation*, identifying the effected NACA facility.
- Operations Chief shall check all rooms, opening windows and ensuring all occupants are evacuated.
- Operation Chief shall contact gas company listed under Emergency Numbers.
- Operation Chief shall contact fire department if needed.
- Do not re-enter the facility until cleared by Incident Commander, Safety Officer, or Emergency Personnel.

Power Failure

When a power outage is detected, the following response shall be followed:

- Operations Chief, or designee, shall contact power company to report outage or for an outage update, as it may have already been reported.
- Limit movement between rooms, except for occupants who made need to relocate to a better lit area.
- Operations Chief, or designee, shall determine the course of action to be taken during the failure.
- If the facility needs to be vacated, all staff shall be notified to initiate a *non-emergent* evacuation. Staff shall calmly direct patients and visitors to exit the facility.
- If needed, Interim Life Saving Measures (ILSM) Plan shall be developed by Infection Control Coordinator and Quality Improvement and Compliance Director / Safety Officer. The ISLM will address the effect of power failure on NACA facilities and equipment.
- If the facility is evacuated, staff and patients shall not re-enter the facility until cleared by Incident Commander, Safety Officer, or Emergency Personnel.

HVAC Failure

This event would include a utility failure of the heating or air conditioning. When an HVAC failure is detected, the following response shall be followed:

- Discovering staff shall notify Operations Chief, Incident Commander, or other designee, that there appears to be an HVAC disruption.
- Incident Commander, or designee, shall determine if it is possible for operations to continue without HVAC service.
- If the facility needs to be vacated, all staff shall be notified to initiate a *non-emergent* evacuation. Staff shall calmly direct patients and visitors to exit the facility.
- An HVAC vendor shall be contacted requesting emergency service within 24 hours of the disruption.
- Incident Commander, or designee, shall provide regular updates to staff until the HVAC is in working order and that services, if interrupted, may resume.
- If the facility is evacuated, staff and patients shall not re-enter the facility until cleared by Incident Commander, Safety Officer, or Emergency Personnel.

Water Disruption

Water disruption can affect a healthcare facility in many ways, including hand washing and hygiene, central services, cleaning and infection prevention, decontamination, hazardous materials response, and patient care such as flushing toilets. Infrastructure and medical equipment dependent on water include fire-protection sprinkler systems, electrical blackouts, and HVAC systems, among others.

When a water disruption is discovered, the following response shall be followed:

- Discovering staff shall notify Operations Chief, Incident Commander, or other designee that an issues with the water supply has been observed.
- If the facility needs to be vacated, all staff shall be notified to initiate a *non-emergent* evacuation. Staff shall calmly direct patients and visitors to exit the facility.
- Wastewater disruption often will result in incoming water disruption as well. If a sewer system fails in the vicinity of NACA due to a power outage, the likely will request that large water users stop discharging water.
- Interim Life Saving Measures (ILSM) plan shall be developed by Infection Control Coordinator and Quality Improvement and Compliance Director / Safety Officer. The ISLM will address the effect of the water disruption on NACA equipment including, but not limited to such eyewash, stations, drinking water, ice machines, and bathroom related services.
- If the facility is evacuated, staff and patients shall not re-enter the facility until cleared by Incident Commander, Safety Officer, or Emergency Personnel

NATIVE AMERICANS FOR COMMUNITY ACTION

Native Americans for Community Action Emergency Operations Plan

Reviewed and Approved by Board of Directors – April 2026

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Record of Changes

This is a continuing record of all changes to the EOP.

Change Number	Date of Change	Description of Change
New Plan	12/16	New Plan
Revision 1	12/17	Revised by Leadership, reviewed by QM & Operations
Revision 2	12/18/2023	Revised by Leadership, reviewed by QM & Operations, approved by BOD
Revision 3	2/16/2025	Revised by Directors, Reviewed by QM & Operations
Revision 4	April 2026	Annual review completed; leadership roles updated; no substantive changes.
#	Date	Description of Change

Introduction

This Emergency Operations Plan (EOP) was prepared by Native Americans for Community Action (NACA) to develop, implement, and maintain a viable all hazards response capability and to establish a comprehensive approach to providing consistent, effective, and efficient coordination across a spectrum of disaster response activities.

NACA strives to prevent, where possible, and mitigate harm to all NACA employees, volunteers, students, patients, visitors and contractors and to prevent or mitigate damage to property and equipment and minimize the impact of clinical operations and significant financial loss.

Scope

The Emergency Operations Plan (EOP) is designed to guide planning and response to a variety of hazards that could threaten the environment of all NACA operating locations for the safety of patients, staff and visitors, or adversely impact the ability of the NACA to provide services to the community.

Key Personnel

Key Personnel pertaining to the EOP may include, but are not limited to, the Chief Executive Officer, Director of Operations, Medical Director, Behavioral Health Director, Quality Improvement and Compliance Director, Human Resources Director, Chief Financial Officer, Health Information Management System Specialist, and Marketing & Public Information Officer.

Facility Profile

Facility Name:	Native Americans for Community Action
Address:	1500 E. Cedar Ave. Flagstaff, AZ. 86004
Suites:	Suite 26, 52, 56, 18
County:	Coconino County
Phone:	928-773-1245

Elements of Emergency Management

The NACA Organizational Emergency Operations Plan (EOP) is comprised of the four elements of emergency management: Mitigation, Preparedness, Response, and Recovery.

Mitigation

NACA maintains an active Risk Management Program. The QIC is responsible for completion of the Risk Assessment and Hazard Vulnerability Assessment (HVA) on an annual basis. The purpose of the HVA and Risk Assessment is to identify areas of vulnerability within NACA as an organization, and then determine the level of risk or hazard the emergency or incident poses.

Preparedness

NACA's Safety Program, overseen by the QIC, identifies and implements emergency preparedness activities that develop response capabilities needed in the event an emergency occurs. These activities may include developing the EOP, developing Environment of Care Policies and Procedures, conducting training for personnel in those procedures, and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

Response

Emergency response includes those actions that are taken when a disruption or emergency occurs. NACA's Emergency and Disaster Response Plan provides the step-by-step guidance for staff in the event of internal or external threats to the facility. Internal threats could include fire, bomb threat, and loss of power /other utility or other incidents that threaten the well-being of patients, staff, and/or the facility itself. External threats include incidents that may not affect the facility directly but have the potential to overwhelm organizational operations and the community. The Emergency and Disaster Response Plan define the facility specific staff emergency roles and responsibilities, including the positions authorized to order an evacuation.

The EOP shall be activated in response to an emergency disaster. Disasters may include wide-spread community events, catastrophic weather, or other events causing significant disruption of services. Activation may also occur in response to significant information systems disruptions or cybersecurity incidents impacting operations.

Organization and Assignment of Responsibilities

The Incident Command System (ICS) is a common EOP term that represents a flexible emergency management system that defines key responsibilities in a logical structure and clarifies reporting channels to help unify the affected NACA facilities, along with emergency responders and other agencies assisting in a disaster. NACA shall follow the National Incident Management System (NIMS) on implementing an ICS.

The Incident Command Center (ICC) is the location where the EOP is activated and managed. Typically, this shall be the administrative office, however, an alternate care site may be identified depending on the nature of the disaster or per advisement of local officials.

EOP Key Position Assignments

Command and Control	Position
Incident Commander	CEO
Public Information Officer	CEO or Marketing & Public Relations
Safety Officer	Quality Improvement & Compliance Director
Operations/Logistics Chiefs	Medical Director, Director of Operations, Behavioral Health Director, Human Resources Director
Finance Chief	CFO
Health Information	Health Information System Specialist

During an emergency or disaster, the Incident Commander (CEO), shall be the lead, shall make all major decisions, and holds the authority to activate the EOP. In the absence of the CEO, there will be another designee appointed. During a disaster, specific roles and responsibilities shall be assigned to individual positions/titles as well as facility departments.

Alerting Staff

In the event the EOP has been activated, staff shall be notified via the Emergency Notification System (ENS). The ENS is a multifaceted system capable of notifying staff through email, text, and voice call simultaneously. The Incident Commander or appointed designee is responsible for notifying staff via the ENS.

Assignment of Staff

Personnel classification as Essential and Non-Essential employees shall be determined by the Incident Commander or Operations Director(s), who hold the right to modify the classification based on need. During EOP activation, staff may be asked to perform jobs that are vital to the operation but may not be their normal day to day duties and they may not report to their usual supervisor.

Communications, Internal

During an emergency incident, employees shall not use the landline phone for any personal use. All phone lines must be kept free for emergency-related information only. EOP Personnel shall use any available technology to communicate with staff during a disaster.

Communications, External

The IC will notify the city and county emergency management official or other governmental agencies as appropriate. The IC will be the only person who will be authorized to conduct any interviews and briefings with the media.

Local Emergency Management Coordination

EOP key personnel shall assure coordination of the NACA EOP with local emergency responders, fire departments, law officials, or other external entities.

Surge of Patients

In the event of any emergency or disaster event, the possible surge of "worried or walking wounded" may arrive at any of the NACA locations for assistance. NACA may only evaluate or treat potential patients as to what they are permitted and licensed to operate.

Closing NACA Facilities

The IC shall make the decision to close a NACA facility if the safety of employees, students, volunteers, patients, contractors and visitors is compromised. Employees may be directed to report to another clinic location.

Staffing levels, Patient Management and Supplies

The Operations Chief(s) shall prepare for adequate staffing and support personnel in collaboration with the Medical Director, who will ensure adequate provider staffing. The Operation Chief(s) will be tasked with ensuring appropriate supplies are made available to address the event.

Community Disaster Response Plan

NACA is an active participant in the City of Flagstaff's Community Disaster Response Plan. In the event of a community disaster, NACA shall contribute to response and recovery efforts as requested by local authorities.

Recovery

The IC will make the final decision when to deactivate the EOP. Once deactivated, all employees shall return to their departments as directed.

Recovery actions are directed at restoring all essential services and returning the facility back to its normal daily operations. Recovery actions will depend on the type of emergency that has occurred and may last for an extended period of time. Recovery efforts and documentation will include financial impact assessment. The decision to enter into the recovery stage of an event is made by the CEO. In this stage, NACA will undertake recovery procedures to resume normal operations.

Following a disaster, facility personnel must be accounted for. Their location and status shall be ensured by assigned designee(s). Recovery activities and after-action findings are reviewed through Quality Improvement processes to support continuous improvement.

Documentation

After any real incident or exercise where the EOP is activated, an evaluation report will be developed. The purpose of the report is to document the overall performance of the organization during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, issues, opportunities for improvement, and best practices. The Operations Chief(s) shall be responsible for ensuring that the documentation is completed thoroughly and timely. The Safety Officer will be responsible for coordinating debriefing activities and shall ensure identified improvements are completed within the targeted timeframes.

Plan Development and Review

The EOP will be reviewed and updated annually. The Safety Officer shall be responsible for maintaining the EOP and all applicable policies and procedures. Emergency operations training includes drills, exercises, and response to real events as applicable.

Training

All NACA employees, students, volunteers, patients, contractors shall receive training on emergency procedures upon hire, and annually thereafter.

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SAFETY MANAGEMENT PROGRAM

Reviewed by the Quality, Risk, Safety & Emergency Committee – April 2026

Native Americans for Community Action
Safety and Emergency Management Program

1 Introduction

A Safety and Emergency Management Program is designed to promote a safe and healthy environment for patients, staff, and visitors at Native Americans for Community Action (NACA). The safety of all individuals is a top priority, and this plan is intended to provide clear direction for preventing accidents, managing emergencies, and ensuring compliance with relevant safety regulations while respecting the cultural context of the communities we serve. Environment of Care is another term that is commonly used interchangeably with Safety Plan.

2 Responsibilities

The Safety and Emergency Management Team include the following positions:

- Chief Executive Officer
- Chief Financial Officer
- Medical Director
- Behavioral Health Director
- Director of Operations
- Human Resource Director
- Quality Improvement and Compliance Director
- Health Information Management System Specialist
- Community Development Director
- RN Clinic Manager
- Representation from other grant funded programs.

The Safety and Emergency Management Team, Risk Management Team, and Quality Improvement Team are comprised of the same members. This format creates an integrated approach towards continuous quality improvement initiatives, as well as reducing redundancy. All components will be encompassed at the Quality Improvement Committee.

The Quality Improvement and Compliance Director serves as the Safety and Compliance and Emergency Management Officer. This position is responsible for the oversight and implementation of the Safety and Emergency Management Plan. The Safety and Emergency Management Program is reviewed at least annually as part of the Quality Improvement and Emergency Management oversight process.

3 Emergency Preparedness

An Emergency and Disaster Response Plan has been developed for various scenarios, including fires, natural disasters, and medical emergencies. Staff members are trained in these plans and participate in preparedness activities. A hard copy of the Emergency and Disaster Response Plan shall be maintained at each NACA location with facility specific information.

NACA conducts regular emergency drills as a measure of emergency preparedness. NACA drills frequency and type shall meet or exceed the requirements and in accordance with the regulatory requirements, including:

Indian Health Services (IHS) requires quarterly drills as follows:

- One fire drill
- One Medical/CPR drill
- Two other drills that test staff response to events such as weather, missing child, chemical spill, etc.

National Fire Protection Agency (NFPA) – defers to Occupational Safety and Hazard Association (OSHA). OSHA requires:

- One fire drill per year if no inpatient services or less than 4 patients under anesthesia.

Accreditation Association for Ambulatory Health Care (AAAHC) requires quarterly drills as follows:

- One fire drill
- One medical/CPR
- One drill based on NACA's Emergency Disaster Plan
- One high probability drill

Hazard Surveillance Rounds shall be conducted monthly, with testing of emergency equipment including exit lights, patient call lights, and backup power lighting.

4 Demolition and Construction

Before undertaking any demolition or construction activities at the clinic premises, a comprehensive risk assessment must be conducted to identify potential hazards, assess risks, and

implement control measures to ensure the safety of patients, visitors, and staff. The scope and nature of the activities determine the extent of risk assessment required. NACA maintains Infection Control Policies for Construction.

5 Maintenance and Repairs

NACA maintains contracts for property maintenance and repairs. All staff are responsible for reporting on maintenance and repair needs. Custodial Maintenance Work Orders shall be submitted when needs are identified.

6 Infection Control

NACA has an Infection Control Plan that to ensure protocols are in place to prevent the spread of infections within the clinic. These protocols include hand hygiene practices, proper waste disposal procedures, and cleaning and disinfection guidelines.

All clinical staff shall be trained on standard precautions to prevent the spread of infections, emphasizing the importance of culturally sensitive approaches to healthcare delivery.

7 Hazardous Materials

NACA maintains policies on the handling and disposal of hazardous waste. Policies and procedures will be in accordance with regulatory requirements.

Staff members who work with hazardous materials and chain of custody shall be trained in safe handling practices as per the State of Arizona as least every three years.

A hazard assessment shall be conducted annually, and as new products are added.

8 Engineering Controls

NACA maintains policies on the proper handling and storage of chemicals in the workplace. In an environment where staff may be exposed to various chemicals during the course of their workday engineering controls shall be considered to reduce the risk of chemical exposure. Controls may include, not are not limited to:

- Proper ventilation where chemicals are used or stored.
- Storage of chemicals in designated areas that are isolated from general work areas.
- Whenever possible, substitute hazardous chemicals with less toxic alternatives.

- Clearly label all chemical containers with information about the hazards they pose and proper handling procedures.
- Use signage to warn staff about areas where chemicals are present.
- Locate Emergency Eyewash Stations where employees may be exposed to corrosive chemicals.
- Ensure appropriate personal protective equipment (PPE) for staff to use in the event of a chemical spill.

Staff shall be trained in the safe handling, storage, and disposal of chemicals.

9 Workplace Safety

NACA is committed to a preventative approach for slips, trips, and falls in the workplace. During the monthly Hazardous Surveillance Rounds, the environment shall be assessed for conditions that could lead to potential accidents. This may include loose carpet, cords across walkways, spills that haven't been cleaned up, and inadequate signage.

Safe and appropriate flooring materials that provide good traction to reduce the risk of slips and falls. Consider using slip-resistant mats in areas prone to spills or moisture.

Employees are encouraged to wear appropriate footwear with good traction to reduce the risk of slips and falls. Consider implementing a footwear policy for certain work areas.

Hazardous areas shall be clearly marked with signs or barricades to warn employees of potential risks. This can include wet floor signs, caution tape, or other visual cues.

Patient Safety Risk Assessments can identify areas in the workplace where slips, trips, and falls are most likely to occur. This may include wet or slippery floors, uneven surfaces, cluttered walkways, and areas with poor lighting.

10 Workplace Safety Training

All staff members are required to undergo Safety and Emergency Training upon hire and annually thereafter. Some training courses are departmental specific. Training topics include, but are not limited to:

- Emergency Response
- Infection Control Topics
- Preventing Trips, Slips, and Falls
- Ergonomics and Safe Lifting

- Workplace Violence
- Electrical Safety
- Bloodborne Pathogens

NACA strives to provide additional safety and educational training to prepare staff for addressing potential community risks. Trainings have included:

- Coconino County Active Shooter Training
- Flagstaff Initiative against Human Trafficking (FIAT)
- Opioid Epidemic and NARCAN Training
- Hands-on Fire Extinguisher Training

11 **Incident Reporting**

~~Employees to encouraged and required to report hazards or near-miss incidents related to safety.~~
Employees are encouraged and required to report hazards or near-miss incidents related to safety. Reports shall be investigated promptly, and corrective actions taken to prevent future incidents.

All incidents, accidents, near misses, and safety concerns shall be investigated promptly, and corrective actions will be taken to prevent similar occurrences in the future. Incidents shall be reported in accordance with the NACA Incident Reporting Policy and the Risk Management Plan and shall be reviewed at the Quality Improvement Committee.

12 **Compliance and Documentation**

NACA shall regularly review and update the Safety and Emergency Management Plan to ensure compliance with applicable laws, regulations, and industry standards, while acknowledging the specific needs of the patient population and the cultural context of the communities served.

Accurate records and documentation shall be maintained on Safety and Emergency Trainings, inspections, certifications, and licensure.

Personnel Safety Enterprises Flagstaff (PSE) Annual Inspection
Annual Biomedical Equipment Inspection (Summit Healthcare)

13 **Community Response**

NACA participates in Community Disaster Response Plan activities. NACA is identified in the City of Flagstaff Community Response Plan as a resource in the event of a community disaster. NACA has also participated in an emergency preparation workshop at Northern Arizona University. NACA will participate in community emergency preparation activities ongoing and is committed to ensuring the specific needs of indigenous community members are represented.

14 Employee and Patient Input

Employees and patients are encouraged to identify safety hazards and to suggest safety activities.

Employee safety-related concerns will be reviewed by the QIC. After review, the employees will be informed of the committee's findings. Employees may attend the committee meetings and express their concerns.

Patients have an open-ended invitation to participate in a Safety Panel.

Hazard Vulnerability Assessment – Annual Review

Review Date: April 2026

Reviewed By:
Francisco Rendon, Quality Improvement & Compliance Director
Quality, Risk, Safety & Emergency Committee

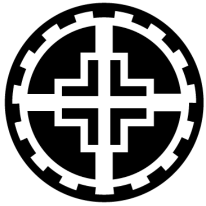
Review Summary:

The Hazard Vulnerability Assessment was reviewed as part of the annual Emergency Management and Environment of Care evaluation. The review confirmed that current hazard rankings remain accurate and reflective of organizational and community risk. No changes to hazard scoring were required. Progress on mitigation activities, including cybersecurity preparedness and emergency response planning, was noted.

Action Taken:
☐ No changes required
☑ Documented mitigation progress
☐ Scoring updated (if applicable)

Next Scheduled Review: April 2027

NACA



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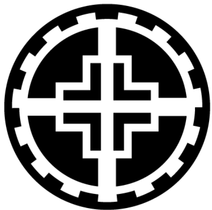

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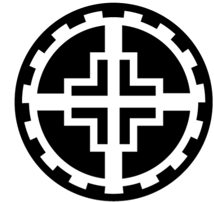


NACA

NACA

NACA

NACA
Healing Together.

NACA
Healing Together.

NACA
Health Promotions

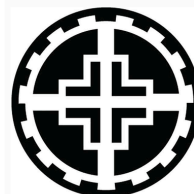
NACA
1500 E. Cedar Ave. Flagstaff, AZ 86004

NACA
COMMUNITY DEVELOPMENT

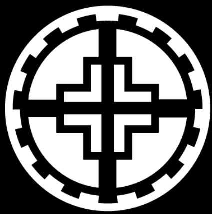
Supportive Services

NACA
Family Health Center
1500 E. Cedar Ave., Suite 26 Flagstaff, AZ 86004
(928) 773-1245

NACA
FAMILY HEALTH CENTER



NACA
CELEBRATING 50 YEARS
EST. 1971



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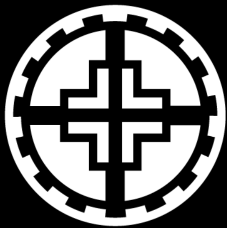

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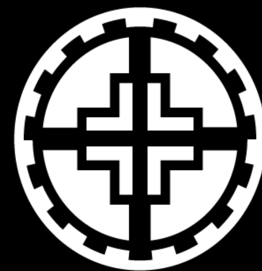

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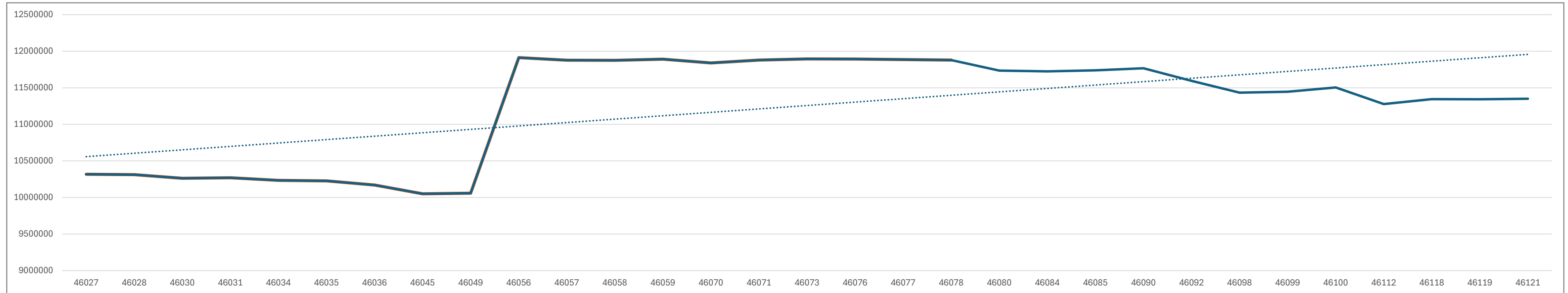
NACA Financial Statistics
For the Year 2026

Cash Trend 2026 Current



Current Ratio - Measurement of health. Current asset is the most liquidable to turn into cash to pay off current liabilities, if need be.

Current Assets	14,439,762	I H S Cash Injection
Current Liabilities	3,699,328	
	3.90	This means we have 3.90 times needed to pay off current liabilities.

Quick Ratio - the quickest measurement of health. This is the ratio of current assets, minus the right to use asset, divided by current liabilities.

Current Assets Minus Asset Right to use	14,314,458	
Current Liabilities	3,699,328	
	3.87	The most liquidable assets cover our current liabilities by 3.87 times.

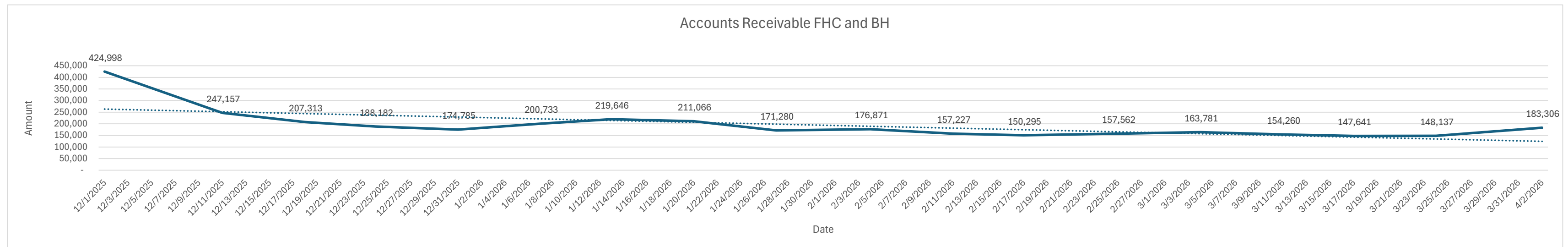
Cash Ratio - cash and cash equivalents divided by current liabilities. This is a measurement of the list liquid asset, cash, and its coverage of current liabilities.

Cash and cash equivalents	12,115,628	
Current Liabilities	3,699,328	
	3.28	Coverage of cash over current liabilities. We have just over 3 times.

Debt Coverage Ratio - with no debt, all assets belong wholly to NACA.

Accounts Receivable - December 2025 to February 2026

	12/1/2025	12/11/2025	12/18/2025	12/24/2025	12/31/2025	1/7/2026	1/13/2026	1/20/2026	1/27/2026	2/4/2026	2/11/2026	2/17/2026	2/25/2026	3/4/2026	3/11/2026	3/17/2026	3/24/2026	4/2/2026	4/7/2026
	424,998	247,157	207,313	188,182	174,785	200,733	219,646	211,066	171,280	176,871	157,227	150,295	157,562	163,781	154,260	147,641	148,137	183,306	184,864
Percentage		-42%	-16%	-9%	-7%	15%	9%	-4%	-19%	3%	-11%	-4%	5%	4%	-6%	-4%	0%	24%	1%



CEO AND NACA PROGRAM REPORTS

Monthly Meeting of the NACA Board of Directors
CEO Report April 2026

Key Highlights:

- Open Drum, 6:00pm – 8:00pm, March 31st and April 14th.
- SMPR Meeting, March 20th, Wellness Center.
- HIS Interview, March 23rd, Kyte Castillo
- NACA All Staff Meeting, March 23rd, 11:30am to 1:00pm.
- Healing Center Steering Committee, March 23rd.
- Grants Committee Meeting, March 24th.
- RAzChow - HRSA site visit, March 25th.
- Operations Committee Meeting, March 25th.
- Strategic Planning meeting, Retention Committee meeting, March 25th.
- Med. Exec. Committee meeting, March 26th.
- AACICH Steering Committee Meeting, March 26th.
- Birthday Potluck, March 27th.
- Women's History Month, Dorothy Talk, March 30th.
- NCUIH Region Meeting, March 30th.
- Grants Committee Meeting, March 31st.
- Walter Murrilo, SB 1776 meeting.
- Annex building Tour with Devon, April 1st.
- NACA finance Committee, April 3rd.
- I H S Exit Interview, rescheduled.
- Healing Center Steering Committee, April 6th.
- SMPR Meeting, April 6th.
- Workplace and Community Support committee, April 7th.
- Clinical Case staff meeting, April 9th.
- All Clinic staff meeting, April 9th.
- DFCU Caring and Sharing Platinum event, Phoenix, AZ.

Current and Ongoing Activities:

- Developing leadership curriculum based on Indigenous values/concepts.
- We will continue to meet regularly with directors and leadership twice a month, alternate weeks.
- Meet with Marketing/Advertisement officer to discuss strategies, weekly.
- Participation on NACA committees (Workplace/Community SMPR, Employee Retention)
- Finance Committee meeting with CFO and Board of Directors.
- Meeting with H I S officer on billing, coding, and NextGen patient portal, bimonthly.
- Meeting with NACA Board of Directors weekly, Thursdays, 2pm.
- I H S Exit conference audit 2024-2025, pending.
- Operations Meeting with Finance department and Program Directors once a month.
- Open Drum: every two weeks, Tuesdays at 6:00pm to 7:30.

Meeting/Events:

- AACHC Annual Conference, April 14, 15, 16, 2026, Scottsdale, AZ.
- NCUIH Conference, April 27th to May 1st, 2026. Washington DC.
- Nextgen Tribal Health User Group Conference, May 17-20th, Sacramento, CA.
- NTHC Conference, August 17-21, 2026, Chandler, AZ.
- NextGen UGM Oct/Nov, San Deigo, CA.

Respectfully submitted: Chris David, CEO, NACA

NACA Board of Directors Monthly Meeting Update

Agenda

- **Billing Program**
  - **Clean Claims to the clearing house.**
  - **NextGen Tools**
    - **LUMA**
    - **Instamed**
    - **Waystar**
  - **~ 30 visits per day per biller**
    - **Release of claims**
    - **Collections of AR**
    - **Denial management**
  - **Credentialing**
  - **Accounts Receivable**
    - **12/1 - ~ 400k**
    - **Mid Jan 2026 – 200k**
    - **Mid Feb 2026 – 170k**
    - **March 2026 – 151k**
    - **April 2026 – 180k**
      - **Change in HIM – AR work back to normal**
      - **Need to focus on clean claims and getting to the clearing house.**
      - **Contracts.**
- **Financial Close and Grant draw down/cash**
  - **Financials closed on a 15 day cycle.**
- **Insurance and Brokers**
  - **Professional and General Liability-Crest Insurance**
  - **Directors and Officers – Crest Insurance**
  - **Medical – Crest Insurance**
  - **Workers Comp – Crest Insurance**
  - **MED/MAL – Crest Insurance**
      - **Coverage of Medical providers and NACA.**
      - **Coverage for BH is separate.**
- **Medicare cost report**
    - **Peer consultation**
    - **Due 5/31/2026**
    - **Engage with Forvis Mazars.**
- **Medicaid Payable.**
  - **Choice to leave a liability on the balance sheet.**
  - **Medicaid unaware idea from communication.**
    - **Baker Tilly chose to leave as a liability though the chance of payback is slim.**
- **Medicaid Rate**
  - **The decrease was ~ $180 per encounter starting on 10/1/2025.**

- **Discussion with the Alliance and Medicaid was to work on maximizing the next rebasing period.**
- **Reconciliation upcoming of ~ 65k.**

- **Audits**
  - **Grant Audit – Finalized**
  - **Financial Audit – Finalized.**
  - **Presentation to the BOD and plan of corrective action was completed in February 2026.**
- **Wells Fargo – there are four major changes upcoming.**
  - **Credit cards – we are migrating to a higher level of service. A portal is provided to us that will allow real time changes, such as cancelation, credit limit changes, and charge blocks. In process as of 4/10/2026**
    - **Additionally, Wells Fargo will deduct from our account the value of credit card transactions from all users. So, the payment is automatic.**
  - **Sweeps – We are being moved to a daily sweep that earns returns and will cover all fees and more. To start 4/20/202**
  - **Investments – we are looking into how we can utilize our funds and capitalize.**
    - **Investment policy. Three prong approach.**
      - **Long term investment portfolio.**
      - **Mid term fixed to a certain goal.**
      - **Short term sweeps. And coverage of monthly fees.**
  - **Treasury management – with the 'vantage' online portal and having access we can perform banking steps in real time.**
- **MIP – Live on 1/1/2026**
  - **Complete 2025 with CYMA and audit then discontinue.**
- **Next/Gen**
  - **Collaboration with Next Gen.**
  - **More robust cash processing, data capture, and process flow.**
  - **Streamline process for accounting and revenue capture.**
- **Revenue Generating Maximization**
  - **Overlook**
  - **Daycare**
  - **Pharmacy**
  - **Xray**
  - **Phlebotomy**
  - **Mobile services**
- **IDC**
  - **2024 impact from incorrect rate and incorrectly billing to a Grant.**
    - **~ 500k**
- **Marketing**
  - **SMPR**
  - **Overlook**
  - **NACA**
- **Grant Mangement, Tracking, and compliance**
- **Banking**
  - **Native American Bank**
  - **Sunwest Bank**
  - **Columbia Bank**
  - **JP Morgan/Chase**
  - **New Market Tax Credits**
- **Auditor**
  - **Baker Tilly**
  - **WIPFLI**

Human Resources
April 2026 Meeting-Board Report

Major Highlights

- Interviews were conducted for the Health Information Specialist and the Certified Medical Assistant. Three (3) new employees, Kendra Gillman, Kyte Castillo, Dr. Ruth DeBoard, started with NACA this month.
- Continuing the overview with the Relias representative on training module for the months of March and April.
- Attended the all staff meeting held on March 23, 2026. Provide HR updates on the annual 2026 employee performance evaluation due date, HealthStream monthly mandated training and transition in 2027, HR notification of important changes in phone numbers, address, name, SafeTALK & ASIST training completion rate of 70% and upcoming suicide prevention trainings.
- The retention committee held their meeting on March 25, 2026, to review and select dates for the staff retreat and annual open house. It was decided by the committee to send a survey out to staff for recommendation of training, activities, location and dates to have the retreat. The survey is currently being finalized. The committee will review the survey and make final selection to plan the retreat. It was determined to have the open house on September 10, 2026.
- Attended the QI & Compliance and MedEx meetings on March 26, 2026. Leadership meeting on April 9th.
- Attended the 1st quarter birthday potluck on March 27, 2026. The food prepared by staff was good and recognized those who had birthdays.
- The HR Director and Receptionist attended the ASIST training on March 30-31, 2026, to comply with the mandated training. Eight (8) other employees attended with one (1) Tuba City community member.
- Met with the representative from Aegis Security Office on April 7, 2026, to update access codes and access points associated with the alarm system. Separated the door only system and alarm code for employees as the overload of codes was causing problems with the alarm system.
- The HR Technician will be attending the SafeTALK suicide training on April 17, 2026.

Current Activities

- Recruitment activities are on-going for vacant positions.
- Continue to prepare and work on the AAAHC, ADHS, and IHS site visits including policy review.
- Continue monthly meetings for the following: director, leadership, MedEx, QI & Compliance, HealthStream & Relias training modules, SMPR, tenured staff survey (5+ yrs), employee benefits, and the retention committee.

Vacancy Listing

	Family Health Center	
1	Medical Director/Physician	1/9/2026
2	Physician	New
	Health Promotion	
3	Community Health Representative	New
4	Fitness Specialist	3/31/2026
	Community Development	
5	PT Overlook Ranger	10/31/2025
6	Overlook Ranger	4/6/2026

Month: April 2026
Program: Community Development
Staff: Dorothy Denetsosie Gishie, Director
Date: April 9, 2026

Program Monthly Highlights:
Division Director: Dorothy Denetsosie Gishie
Community Development Program Monthly Highlights:
The Community Development Department continues to make steady progress, with all programs performing well and meeting community needs. Staff remain dedicated to supporting unsheltered relatives, engaging youth in suicide prevention, and providing meaningful programming through Pathways, which continues to build strong partnerships. The Economic Development Program is having a successful year, with most vendor spaces filled, reflecting strong community interest. Departments are managing budgets responsibly and remain financially on track. Overall, the department demonstrates strong collaboration, commitment, and positive momentum in serving the community.

The Economic Development Program:
Program Coordinator: Pearl Tsosie
Staff: OL & Grand Canyon Rangers: Max Morale, Jensen Lanzo, Tyrell Tsinnie, Jennifer Shelton
Sales at NACA vending sites remain strong. The March 8 Vendor Lottery included 152 vendors, with the Grand Canyon Visitor Center reaching 100% capacity and Overlook Vista increasing from 60% during the lottery to 95% capacity for April. The New Vendor Orientation had 17 attendees, many of whom secured spaces, showing strong interest in entrepreneurship. Staff met with the U.S. Forest Service in Sedona, including Mark Goshorn, to discuss 2026 Granger Thye projects at Overlook Vista, with work beginning this month. Operations at the Grand Canyon Tusayan Museum resumed on March 1, and both sites will operate through October. The next Artist Orientation is scheduled for May 26, 2026, with 20 interested participants, and all sites are currently at full capacity. Staffing remains stable, with Grand Canyon sites staffed by Jensen Lanza (full-time) and Tyrell Tsinnie (part-time), and Overlook Vista staffed by Max Morales (full-time) and Jennifer Shelton (part-time). Overall, March saw high visitor traffic from spring break, leading to strong vendor participation, high occupancy, and positive economic activity across all sites.

Reach UR Life (RUL) Program:
Program Manager: Onelia Soto:
Staff: Shoshana James, Angelina Tso, Anya Ashley
The RUL Team continues to advance prevention education and skill-building initiatives for youth and community partners. On March 30, 31, the team did ASIST Training to staff and community. The team continues to deliver prevention and life skills programming across multiple community sites. The team is providing intakes to provide steady engagement in services. The monthly partnership meetings continue to support coordination and provided updates, these meetings are virtual as well as in-person meetings. The team is working on grant opportunities; The Health First Foundation of Norther AZ proposal will be submitted by April 14. They also applied to Tony Robbins Foundation, and we are awaiting a decision on that. The team members are participating in community and partner engagement activities to get NACA and program service information out to community. RUL staff continue to demonstrate strong program implementation through ongoing training, consisting of client intake, active collaboration with partners, and pursuit of funding opportunities. Community engagement efforts remain robust with continued visibility and participation in local events.

Pathways Program:
Program Coordinator: Kateri Slim
Staff: Joi Lynch: Recreational Assistant
The program had a strong and productive month, highlighted by hands-on nutrition activities, social-emotional learning, and student engagement opportunities, including a field trip and Teen Summit presentation. There were no challenges to report, and participation remained high with a 99% attendance rate. Services continued through the Beauty Way curriculum and weekly health and wellness support. Staff remained actively engaged in meetings and professional development, including completion of ASIST training to strengthen student support.

Supportive Services Program:
Supportive Services Case Manager: Selena Holgate
Community outreach efforts continued through consistent and intentional engagement with key community partners, including Flagstaff Family Food Center, Flagstaff Shelter Services, Crowns Traditional House, Taylor House, and Mountain Line. These visits help maintain program visibility while ensuring community members have ongoing access to supportive services and resources. Staff also strengthened collaborative partnerships by providing on-site support at Flagstaff Shelter Services, where hygiene and personal protective equipment (PPE) bags were distributed to individuals experiencing need. In addition, staff remained actively engaged in regional coordination efforts through participation in Continuum of Care meetings and the weekly Coconino Case Conferences. These forums support coordinated service delivery, information sharing, and collaborative problem-solving among community partners working to address community needs. Our long-awaited MOU was signed for Taylor House and coordinated efforts will continue with motel assistance for family members of Flagstaff Medical Center. We also have plans to do a community food drive in the fall and a back to school book bag give away. Great initiatives are happening!

Leadership Coordination: Weekly Directors and Leadership meetings provided essential updates and guidance to advance program goals.
Meetings/Activities:
We started our Grants Committee meetings again. The committee decided to ask our donors to be given the opportunity to volunteer time for their community outreach efforts. We reached out to Desert Financial Credit Union and Molly Blank Foundation representatives, and we are in the process of participating in donor outreach activities.
I participated in Workplace and Community Support meetings, Program budget meetings, Operations Committee meeting, AAITA board meetings, Quality Improvement Meetings, attending community engagement meetings.

Community Development Department Board Report
Submitted by: Selena Holgate Supportive Services Case Manger
March 2026

Community Events:
Community outreach to Flagstaff Family Food Center, Flagstaff Shelter Services, Crowns Traditional House, Taylor House. Mountain Line. Inter- Tribal Council of Arizona.

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 twenty bags of hygiene and PPE bags.
- **Continuum of Care meetings - T**hese are quarterly meetings; the next meeting planned for March 2026. At the meeting staffs provided updates from other programs.
- **Coconino Case Conference –** Attend weekly meetings on Thursday's. We continue to discuss our clients' referrals, and we provided updates at the meeting.
- **Advocates for Unsheltered Relatives** - No meeting for the month of March 2026 on the RARE Assessment.
- **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 conversed with individuals on site. Provided PPE to clients. No request for services.
- **Pathway-** Continue to provide collaboration with the Pathway Program Coordinator.
- **Taylor House** – I submitted the Memorandum of Agreement 2026 (MOA) between the Northern Arizona Healthcare Corporation, and The Taylor House and Native American for Community Action, Inc. The purpose of establishing a mutual agreement is to exchange funds for services related to payments for patient lodging.
- **Mountain Line –** The Mountain Line Social Services Agency Discount Fare Program Agreement is in placed to purchase Regular Day Bus passes. To help families and individuals become stable and more self-sufficient.

FUNDS:

- **March 2026** -
- **Program 1980 (Supportive Services)** - Continue to provide services when client makes a request for education enhancement, utility assistance, rental assistance, and burial assistance. Submit requisitions for Regular day bus passes, better bucks. And basic needs for unsheltered relatives. Distributed eleven shoes and six jackets. 230 regular day bus passes and assisted with one 30-day bus passes. Distributed one backpack. Distributed 251 better bucks for February 2026. Distributed twenty-nine hygiene bags.
- **Program 7014 (NCUIH Indian Health Services)** – We continue to have face masks available, and hand sanitizer supplies on hand at GSA.
- **Pathways** – No outreach for the month of March 2026.

HIGHLIGHTS:

- **The Inter-Tribal Council of Arizona, Inc**. - Area Agency on Aging (ITCA-AAA), Region 8 donated sleeping bags, tents, and backpacks to Native Americans for Community Action, Inc. (NACA), to be

use for homeless, older adults in Flagstaff, Arizona. I continue to distribute sleeping bags, tents, and backpacks. I requested backpacks for the back-to-school event, and it is confirmed for the sixty backpacks. And net working with the director.

- **Flagstaff Shelter Services** – Follow up if there are any clients who sign up for NACA Services intake. Continue to disseminate basic needs to unsheltered relatives. Distributed 24 PPE bags.
- **Food Bank** - Continue to provide on-site visits and continue to do outreach on 3/5/26, 3/10/2026, 3/12/2026, 3/17/2026 and 3/24/2026. Distributed basic needs supplies: hoodies, shoes, 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. For the month of February's outreach.
- **Cats Bus** - Distributed basic needs supplies for unsheltered relatives. Distributed 20 PPE and 20 Hygiene Bags.
- **Desert Financial** - No sleeping Bags distributed.
- **Meetings** – On a monthly base I attend leadership meetings, workplace community support committee meeting, operations committee meeting, and I provided update on Supportive Services.
- **NACA GSA Strength** – The staff(s) engage with the community, sharing their passion, and representing NACA with excellence. We continue to open our doors; it reflected the heart and dedication that drives our work every day. staff teamwork, energy, and commitment truly made the day memorable.
- **Supportive Services Annual Report** – I have completed the Supportive Services Annual Report. Awaiting on the combined Annual report and including all the programs.
- **Assist Training** – I attended the assist training at the Aqua plex Center
- **Challenges** – We are still waiting for the Memorandum of Agreement (MOA with FMC – Taylor House). The MOA has been reviewed by the NACA legal team, and the substantive content appears thorough and complete, and we did not make any substantive changes. We only corrected a few minor spelling and grammatical errors and adjusted the formatting for clarity.

I continue to be active in spending time. And the *Weather has been getting warm". And it has not impacted on resource navigation and distribution during this reporting period. Social Supportive staff continue 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. Participating in the leadership in fostering a supportive and inclusive environment where we continue as staff feel encouraged to step forward and contribute.

Respectfully submitted,

Selena Holgate

Supportive Services Case Manager
Pronouns: She/her/hers
Native Americans for Community Action, Inc.
1500 E. Cedar Ave., Suíte 56
Flagstaff, Arizona, 86004
Ph: (928) 526-2968 x 139
Email: Sholgate@nacainc.org
Website: www.nacainc.org

Board Report
Economic Development Program
Submitted by Pearl Tsosie
March 2026

Community Events:

The Community Event for March 2026 was the monthly lottery. The lottery was on March 8, 2026, with 152 vendors present to purchase spaces for the Grand Canyon Visitors Center and Overlook Vista. The Grand Canyon Visitor Center was 100% sold out. Overlook Vista sold at about 60% at the March lottery. But currently April 2026 Overlook Vista is about 95% full. Orientation for new vendors was on March 4, 2026. There were 17 people in attendance, and they also went through the lottery process on March 8 and bought some spaces. Off to a good start of their venture as an entrepreneur.

Collaborations:

- **Forest Service** (Sedona) Dorothy and I had a meeting with Mark Goshorn about the 2026 GT Projects for the Overlook. Implementation will start this month, getting quotes on projects and starting the projects before the end of 2026.
- **Grand Canyon Sites** Visitors Center and Tusayan Museum. We open on the first of March 2026 at the Visitors Center. We closed one time because of weather (high winds). It continues to be a popular site to be at for vendors.

Economic Development Program

The next Orientation for the Economic Development Program will be on May 26, 2026. The list for interested artists is 20 now.

We continue to be busy with all the sites operating full time. There are 2 Rangers. Jensen Lanza works full time and Tyrell Tsinnie (returning) works part time. We are fully staffed at the Grand Canyon sites.

The Overlook Vista is open all year round, except for 2 days, Thanksgiving and Christmas. Max Morales is the Ranger that works full time at the Overlook Vista, and Jennifer Shelton that is part time. It has been busy for the Month of March. Visitors come for spring break and enjoy the sites and keep vendors busy.

The month of March has been an unexpected, good month for March 2026.

RUL Team - Board Report - April 2026

1. **Vacant Positions -** Community Training Coordinator - Position remains vacant.

    1. **Training that has been scheduled** -
        - Lifeskills
            - Coconino County Juvenile Detention – 04/01,04/08,04/15,04/22,04/29
            - Pineforest Charter School – 4/14
            - Summit HS – 04/06
            - Winslow Residential Hall - Cultural Workshop 04/22/26 -6:00-7:00PM
            - Winslow Residential Hall – Talking Circle Male Group – 04/21/26 - 006:00-7:00pm
        - SafeTalk - 04/17/26 - 12:00-4:00pm United Way

2. **Intakes - Angie** - 7 intakes for month of April.

3. **RUL Team Meetings** -
    - Monthly Meetings with RUL Team and Partners - These will continue to provide updates on partnerships and services. Our meetings are now in person every other month.
    - RUL Team meetings – These are continuing with daily check-in meetings, weekly collaboration meetings, and monthly meetings.

4. **Grant opportunities for RUL -**
    - Health First Foundation Northern Arizona – Grant application was submitted 02/20/26. RUL received notification of approval for LOI, and has been invited to proceed with full proposal, due April 14th.
    - Tony Robbins Foundation – Application was submitted 03/06/26. We have not received any notification of status(approved or denied).

5. **Update With Partners/Community**
    - **Housing Resource Fair – Tabling event** - 04/03/26 – RUL participated at East Side Flagstaff Library. Excellent turnout.
    - **NAESP/NAPO Meeting –** 04/16/26 5:30-7:00pm
    - **Ponderosa HS Family Night -** 04/23 – 5:30 -7:00PM RUL will be participating with this event.

Month: March-April
Program: Pathways Youth Program
Staff: Kateri Slim, Joi Lynch
Date: April 6, 2026

Program Highlights

- **In celebration of National Nutrition Month, the NACA Health Promotions team engaged students in interactive food demonstrations. Students prepared and sampled items such as blue corn mush with fruit, granola, and honey; fresh fruit smoothies; and salsa with blue corn chips. Ingredients grown in the program's hydroponic tower, including chili peppers and herbs, were incorporated into the recipes, reinforcing hands-on learning and healthy nutrition practices.**
- **The NACA RUL team facilitated classroom lessons focused on emotional awareness and expression. As part of this initiative, they supported the introduction of the Pathways Calming Corner, a dedicated space where students can practice self-regulation and take time to decompress after the school day.**
- **Pathways collaborated with the Puente de Hózhó Diné Parent Committee to organize a field trip to Chick-fil-A as part of a community engagement experience. Students worked alongside team members, assisting with customer service, supporting the drive-thru, and contributing wherever needed. This opportunity allowed students to build teamwork, responsibility, and real-world job skills.**
- **Pathways was invited to present at Hal Jensen's 2026 Teen Summit Day. Program Assistant Joi Lynch led the "Roll and Tell" lesson from the Beauty Way curriculum, focusing on the development of positive coping strategies, social skills, decision-making, self-image, and self-identity.**

Program Lows

- **No challenges or barriers to report during this period.**

Client Engagement & Attendance

- **Pathways continues to demonstrate exceptional engagement, maintaining a 99% attendance rate among participants.**

Client Services Provided

- **Ongoing implementation of the Beauty Way curriculum, supporting holistic youth development.**
- **Weekly participation from the NACA HP/LIFE program, providing supplemental health and wellness education.**

Network Meetings & Collaboration

- **Budget meeting with Walter, CFO – March 17**
- **NACA All-Staff Meeting – March 23**
- **Grant Committee Meeting – March 24**
- **One-on-one meeting with Dorothy Gishie, Cultural Development Director – March 4**

Program Trainings

- **Joi Lynch successfully completed ASIST (Applied Suicide Intervention Skills Training) on March 30–31, strengthening the program's capacity to support student well-being and crisis response.**

March 2026 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. Occasional funding emails.
3. Promote NACA and departmental events/programs on social media, the website, in the e-newsletter, at public outreach events, 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 –

Completed Tasks

NACA Tasks

Eclipse signage

Open Drum Group

SMPR planning

Annual reports

Grant committee meeting

Flagstaff International Film Festival tribute planning

Communityshares planning

April housing resource fair

Professional headshots

NACA birthday potluck

NAU student internship meeting

All Star employee survey

Board recruitment flyer

MMIW event planning

Women's history month research

NACA all staff meeting

NACA powerpoint

Bluebolt campus advertising

Wellness living staff profile for front desk coverage

Flagstaff high school powwow

Redemption counseling center services

Alzheimer's association flyer share

Recreating QR codes on Canva

Department Tasks:

Family Health Center –

Mammogram event

Behavioral Health –

Teen dating violence awareness month presentation on YouTube

Flash technique flyer

Business cards for BH PMHNPs

Health Promotions -

The art form of running event

Cooking class

What can I eat class

Newsletter and Calendar

Beading Circle

Wellness center hours update

HRSA visit

Spring equinox celebration

March 2026 Marketing Report

Pathways –

Community Development –

Economic Development –

Targeted Overlook marketing

Website proposal from MadMonkey

Recognition of Pearl in Kind Traveler newsletter

Supportive Services –

Drive thru food distribution planning

RUL – safeTALK and ASIST

safeTALK

website page revision

recreating registration form on surveymonkey

marketing meetings

Ongoing Tasks:

Radio advertising campaign

Newspaper advertising campaign

Kind Traveler partnership

Leadership meeting

Board of Directors meeting

Workplace and Community Support Committee meeting

Business Cards

All-Star Employee Recognition

Website maintenance

Patient Satisfaction Survey

Monitoring Outreach email inbox

Promoting Oak Creek Overlook and Grand Canyon vending sites on social media

All Staff Calendar

Facility Communication boards

PatientPoint TVs

Social media reposts

QI/QA meeting

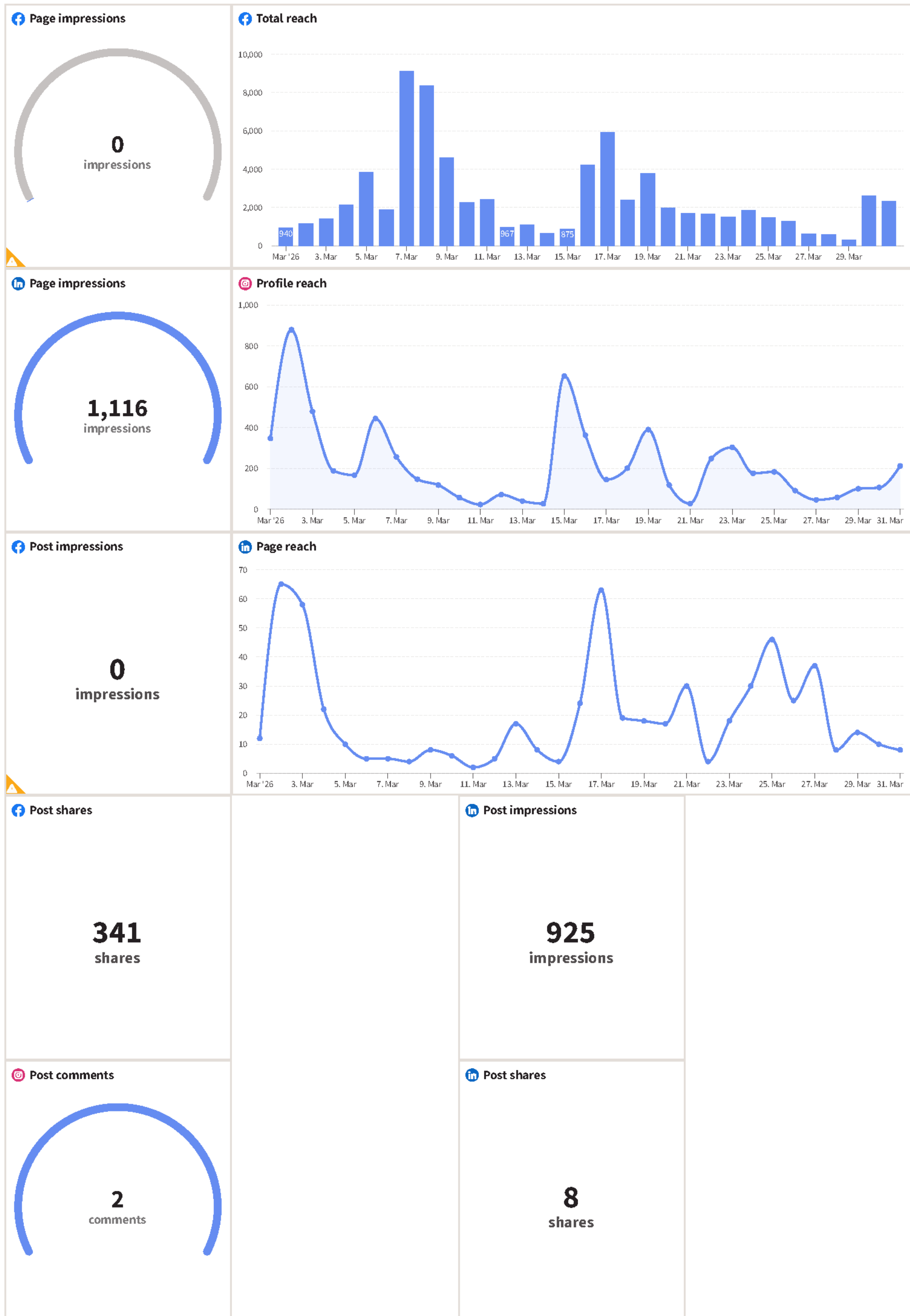
Strategic Planning Committee

…..and more!

Use the Linktree below to find NACA on Social Media:

https://linktr.ee/NACAFlagstaff

March 2026 Marketing Report



Quality Improvement and Compliance
April 2026 Board Report

Major Highlights:

- Relias: In the process of onboarding and roll out will be announced in the next couple of months.
- Safe Injection Practices Audits to start February 2026. In the process of collecting data to provide feedback.
- Completed Quality Action Plan with AIAN QIO
- Filled several staffing vacancies

Major Challenges:

- IHS rescheduling Exit Meeting
- IR spike in FHC

Compliance, Risk Management

- **IHS:** Site visit was completed on 2/20/26. Awaiting final IHS report.
- **AAAHC:** ACCREDITED! Dec 9, 2025-Dec 9, 2027
- **Risk Management:** Hired HISS and HIS in HIM; Hired 3rd FHC CMA; Hired Medical Director and 2nd physician.
- **Annual Policy Reviews :** Admin/Governance (AG), Patient Rights and Responsibilities (RR) were due in March 2026 but we did not review due to BOD meeting cancelled. EOC and MM are due for April 2026. Laboratory Services (LS) and Infection Control (IC) due May 2026.
- **MM Annual Policy Review:** Please review attachment "MM.Annual.Policy.Review.Details.4.2026" for details on policy changes.
- **EOC Annual Policy Review:** No EOC policy changes were made at this time. Several EOC plans were reviewed, and updates were made where needed. The following EOC plans were reviewed and are attached for Board review and approval.
  - -Hazard Vulnerability Assessment
  - -Community Emergency Response Plan
  - -Emergency Operations Plan
  - -Safety Management Program
  - -Emergency and Disaster Response Plan

INCIDENT REPORTS

The following incident report analysis covers the period of March 16 through April 8, 2026, picking up where the previous report closed out incident activity through March 12, 2026. A total of 16 incident reports and 1 near miss were recorded during this period. While volume increased from prior months,

the majority of the increase is attributable to a concentrated, traceable pattern of documentation errors at the Family Health Center front desk, which are currently under active corrective action.

Zero medication or vaccine errors, zero patient injuries at the facility, and zero adverse reactions were recorded during this period. Mandated reporting remained timely and compliant. An EMS transport on April 8 was handled appropriately with all protocols followed. The graphs below provide a visual summary of incident trends, category breakdown, and current safety indicator status.

NACA

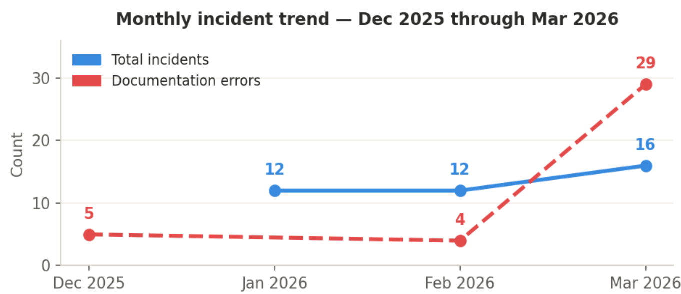
Incident Report Analysis — April 2026 Board of Directors

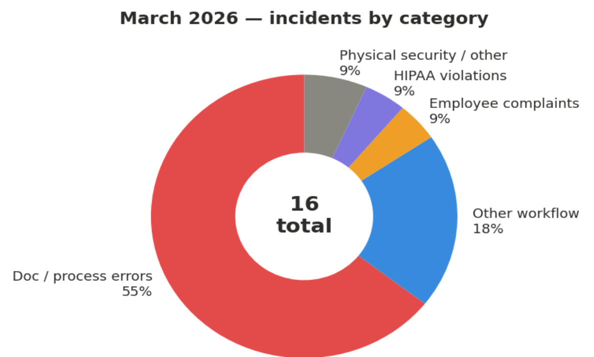
Reporting Period: March 16 – April 8, 2026

Francisco Rendon
QI & Compliance Director

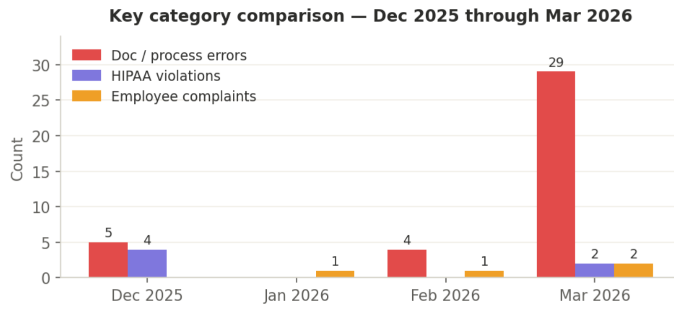
16	1	0	0
Total incidents	**Near misses**	**Medication errors**	**Patient injuries**
Up from 12 in Jan & Feb	Corrected same day, no harm	4th consecutive month	No adverse reactions

Incident Volume & Category Breakdown





Category Trends & Patient Safety Indicators



Patient safety indicators — March 2026 status

Indicator	Status
Medication / vaccine errors	0 — No issues
Patient injuries at facility	0 — No issues
Adverse reactions	0 — No issues
Mandated reporting (DCS)	Timely & compliant
HIPAA violations	2 — Under review
Documentation errors	29 — Corrective action active
Supervisor reviews incomplete	3 — Follow-up needed
EMS transport	1 — Appropriate response

Key Themes

Documentation errors — FHC front desk.

The spike from 4 to 29 traces to a single root cause: PSCs not performing provider verification before creating patient encounters and telephone communications. Multiple reports document communications routed to the wrong provider, including one instance where a misfiled encounter converted a billable office visit to a non-billable communication. An RN review process caught and corrected each error before patient harm occurred. A 4-point check protocol is being implemented as corrective action.

Wellness Center — staffing transition.

The resignation of a fitness specialist effective March 31 generated two related customer complaints and contributed to communication breakdowns with affected families. A formal patient transition protocol is being developed to prevent similar disruption when staff separate.

Notable positive response.

A non-clinical staff member at the GSA office appropriately identified and responded to a community member presenting with suicidal ideation, conducted a direct lethality assessment, and offered a warm handoff to Behavioral Health. No harm occurred. The response is being documented as a staff training example.

Patient safety remains strong.

Zero medication or vaccine errors. Zero patient injuries at the facility. Zero adverse reactions. Mandated reporting was timely and compliant across the period.

Corrective Actions in Progress

Action Item	Status	Owner

FHC PSC 4-point check protocol	Implementation underway	QI & FHC Leadership
Wellness Center patient transition protocol	In development	HP Manager
2 HIPAA violations	Under review — corrective action pending	QI Director
Time theft complaint — Overlook Vista	Referred to HR	HR Director
Incomplete supervisor reviews (3 forms)	Follow-up in progress	QI Director

- **ADHS:** Application has been updated.

Quality Improvement Program / Quality Improvement Committee

Current GPRA Performance Oct 1, 2025 to Mar 31, 2026

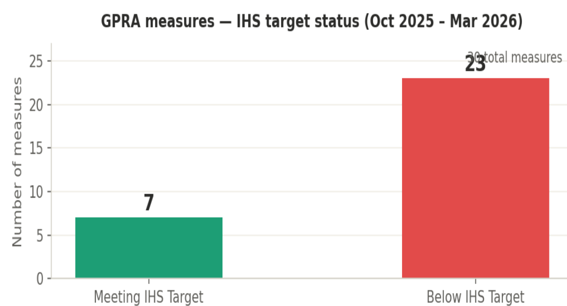
NACA

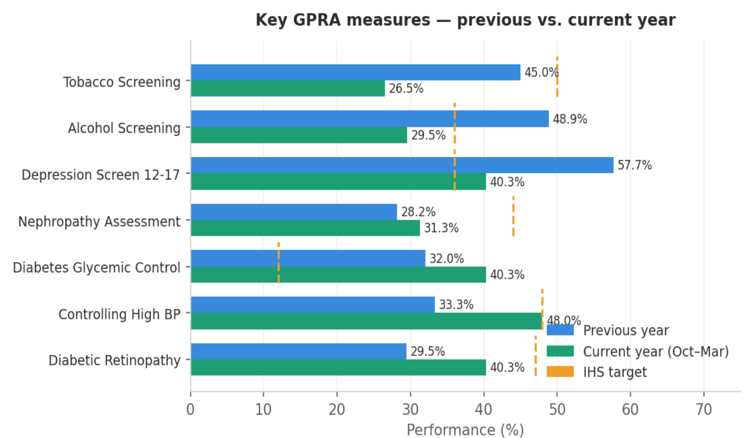
GPRA Performance Report — April 2026 Board of Directors

Reporting Period: Oct 1, 2025 – Mar 31, 2026

Francisco Rendon
QI & Compliance Director

Performance Overview





Key Highlights — Oct 2025 through Mar 2026

Measures meeting or exceeding IHS target:

- Childhood Weight Control: 100% — well above target of 22%.
- Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes: 100% — well above target of 52%.
- Controlling High Blood Pressure (Million Hearts): 48% — now meeting IHS target of 48%, up from 33.33% previous year.
- Diabetes: Blood Pressure Control: 65.67% — above target of 57%.

Notable improvement trends:

- Diabetic Retinopathy: 40.3%, up from 29.49% — significant movement toward the 47% target. IHS coding requirements under review to support further gains.
- Diabetes Glycemic Control (A1c < 9 — inverse measure): 40.3%, improving from 32.05%. Lower percentage in this inverse measure reflects more patients with A1c above 9. Continued focus through Sonora Quest partnership.
- Nephropathy Assessment: 31.34%, up from 28.21% — moving in the right direction toward the 44% target.
- Depression Screening Ages 12-17: 40.3%, up from a lower baseline — approaching the 36% target.

Areas requiring focused attention:

- Tobacco Use Assessment: Screening dropped from 45.02% to 26.54% against a 50% target. Tobacco Use dropped from 40.98% to 22.39%. Screening resets and workflow gaps are being evaluated.
- Alcohol Screening: 29.54%, down from 48.9% — well below the 36% target. Screening workflow reset at the start of the new reporting year is the primary contributing factor.
- Depression Screening 18+: 26.16%, down from 47.27% — similar reset pattern. Targeted outreach and workflow reminders are recommended.
- Dental measures (Access, Sealants, Topical Fluoride) remain at 0% — dental staffing and access continue to be the limiting factor.

Current GPRA Performance — Oct 1, 2025 to Mar 31, 2026

Metric	IHS Target	GPRA Previous Year	GPRA Current Year
Access to Dental Services GPRA 2025	27.0%	0.08%	0%
Adult Immunizations - Pneumococcal Vaccine GPRA 2025	39.0%	46.27%	43.9%
Adult Immunizations - Shingrix GPRA 2025	39.0%	30.83%	32.04%

Adult Immunizations - TDaP GPRA 2025	39.0%	28.84%	28.38%
Adult Immunizations Comprehensive GPRA 2025	39.0%	25%	24.52%
Adult Immunizations TDaP/Td GPRA 2025	39.0%	24.91%	24.28%
Adult Influenza Immunization GPRA 2025	21.0%	11.35%	6.62%
Alcohol Screening GPRA 2025	36.0%	48.9%	29.54%
Cancer Screening: Mammogram Rates GPRA 2025	40.0%	32.35%	28.07%
Cervical Cancer Screening GPRA 2025	35.0%	15.14%	13.92%
Child Influenza Immunization GPRA 2025	18.0%	13%	8.24%
Childhood Weight Control GPRA 2025	22.0%	100%	100%
Colorectal Cancer Screening GPRA 2025	24.0%	9.12%	8.52%
Controlling High Blood Pressure (Million Hearts) GPRA 2025	48.0%	33.33%	48%
Dental Sealants GPRA 2025	11.0%	1.52%	0%
Depression Screening: Age 18 yrs and older GPRA 2025	39.0%	47.27%	26.16%
Depression Screening: Ages 12-17 yrs GPRA 2025	36.0%	57.69%	40.3%
Diabetes Glycemic Control GPRA 2025	12.0%	32.05%	40.3%
Diabetes: Blood Pressure Control GPRA 2025	57.0%	66.67%	65.67%
Diabetes: Nephropathy Assessment GPRA 2025	44.0%	28.21%	31.34%
Diabetic Retinopathy GPRA 2025	47.0%	29.49%	40.3%
HIV Screening GPRA 2025	42.0%	2.96%	2.89%
Intimate Partner & Domestic Violence (IPV/DV) Exam GPRA 2025	30.0%	12.36%	9.17%
Screening, Brief Intervention, and Referral to Treatment (SBIRT) GPRA 2025	15.0%	0.41%	0%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease GPRA 2025	36.0%	33.04%	32.35%
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes GPRA 2025	52.0%	100%	100%
Tobacco Cessation GPRA 2025	27.0%	14.6%	12%

Tobacco Use and Exposure Assessment: Screening GPRA 2025	50.0%	45.02%	26.54%
Tobacco Use and Exposure Assessment: Tobacco Use GPRA 2025	50.0%	40.98%	22.39%
Topical Fluoride GPRA 2025	27.0%	0%	0%

Quality Studies, SMART Goals & PDSA

- FHC Diabetic Management, A1c < 9 (goal 12.5% — inverse goal): 40.3%, down from 51.61%. Working with Sonora Quest for standing orders, data analytics, and outreach platforms.
- Hand Hygiene (goal 85%+): Monitoring ongoing.
- No-shows: Data obtained, further analysis in progress. LUMA implementation is the primary action item. Training session scheduled April 16, 2026.
- Retinopathy Exam Completion (goal 44%): 40.3%, up from 31.15% — approaching target. IHS coding requirements under review.
- Annual/Wellness Exam on rolling 12 months (goal 50%): 12%. Previous year total 2025: 12%.
- Controlling High Blood Pressure (Million Hearts): 48% — IHS target met.

Note: Cross-reference mapping/coding with new Population Health underway. Current GPRA reporting reset on Oct 1.

✓ HIM:
  - Luma Implementation pending 2026
  - NG8 Upgrade early 2026

a. Performance Improvement Projects (PIPs): 2025-2026:

NACA Performance Improvements Projects 2025-2026	
PIP	Quality Activities
PIP #1: Expand chronic disease management programs targeting diseases prevalent with the native population.	• QI Study to focus on A1c compliance. • Implement Diabetic Education Program. • Increase retinopathy exam completion rate. • Incorporate peer review into the PIP by implementing diabetic chart reviews.
PIP #2 Reduce the No Show Rate	• Implement accurate appointment reminder systems • Implement pre-registration and check-in for appointments • Enhance Patient Education on Appointment Importance

	• Collect data on reasons for cancellations, reschedules, and no shows
PIP# 3 Enhance Safety Compliance and Emergency program	• Provide education and training to all NACA staff on Emergency Response, Safety and Compliance • Sustain HealthStream training. • Investigate and implement training opportunities. • Facilitate emergency drills.
PIP# 4 Utilize GPRA, UDS, and/or other measures to improve patient outcomes	• A1c study as above. • Collaborate with external partners to address gaps in care, by implementing an activity to increase patient completion rate of annual wellness exams. • Consider an additional measure based on NACA performance in comparison to GPRA, UDS and/or other benchmarking data.
PIP#5 Expand Integrated Care Models	• Develop Care Coordination Initiatives • Use data to close care gaps • Launch cross-sector initiatives

QIC: Next meeting 4/23/2026

Patient Satisfaction:

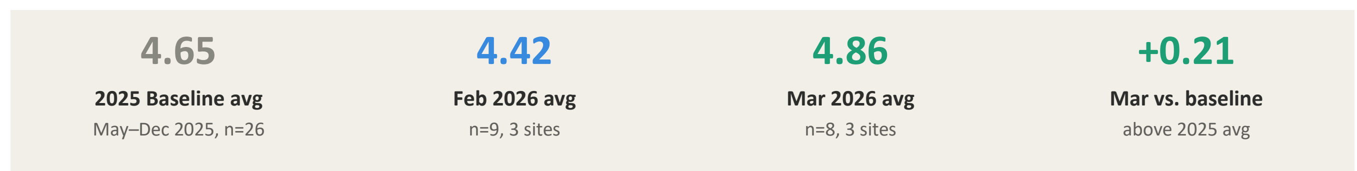
NACA

Patient Satisfaction — Comparative Analysis, April 2026 Board of Directors

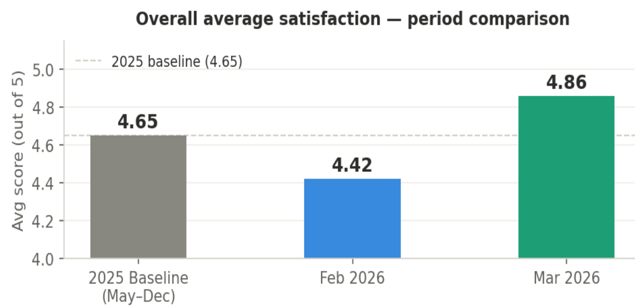
Feb 2026 vs. Mar 2026 vs. 2025 Baseline (May–Dec 2025)

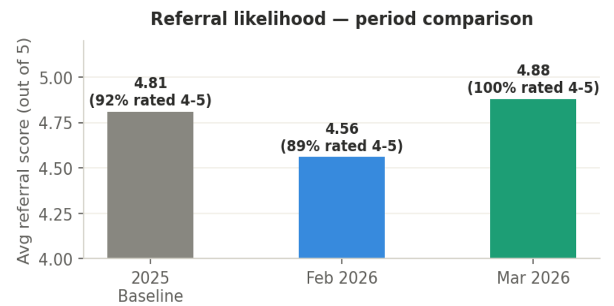
Francisco Rendon
QI & Compliance Director

Patient satisfaction data was collected via voluntary electronic survey across three NACA service sites — Family Health Center, Behavioral Health, and the Wellness Center. This report compares February 2026 (n=9) and March 2026 (n=8) results against the 2025 baseline (n=26, May through December 2025). No comparable February or March 2025 data exists as systematic survey collection began in May 2025, so the full 2025 dataset serves as the year-over-year reference point.



Overall Satisfaction & Referral Likelihood

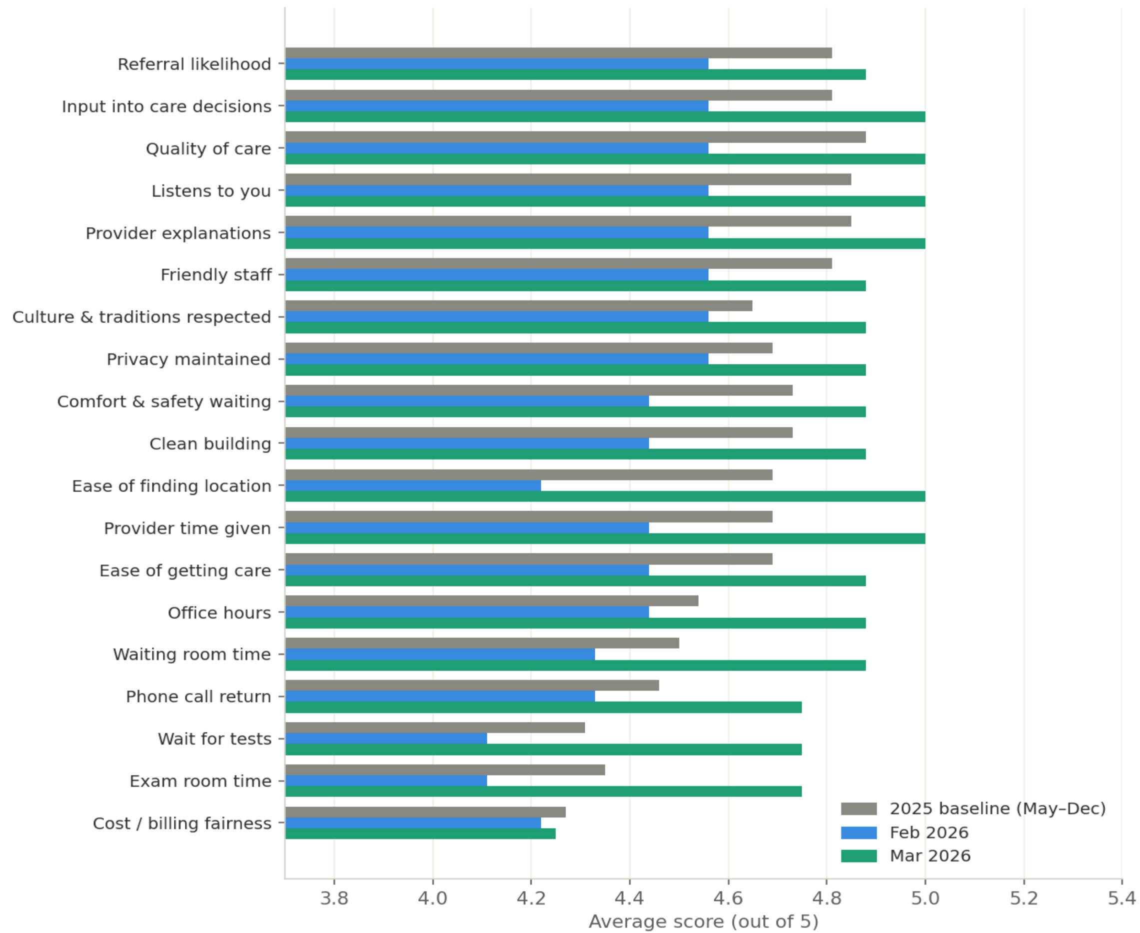




Period Comparison Summary

Measure	2025 Baseline	Feb 2026	Mar 2026
Overall avg score	4.65	4.42	4.86
Responses (n)	26	9	8
Referral avg	4.81	4.56	4.88
% rated 4 or 5 (referral)	92%	89%	100%
Lowest domain	Cost / billing (4.27)	Exam room time (4.11)	Cost / billing (4.25)
Highest domain	Quality of care (4.88)	Multiple tied (4.56)	Multiple at 5.00

Domain Scores — Three-Period Comparison



Key Comparative Insights

February 2026 — below baseline.

February scores dipped below the 2025 baseline across nearly all domains, with the most pronounced gaps in exam room wait time (4.11 vs. 4.35 baseline), wait for tests (4.11 vs. 4.31), and ease of finding location (4.22 vs. 4.69). No Wellness Center responses were collected in February, limiting site diversity. Despite the dip, 89% of February respondents still rated referral likelihood at 4 or 5.

March 2026 — strong rebound, above baseline.

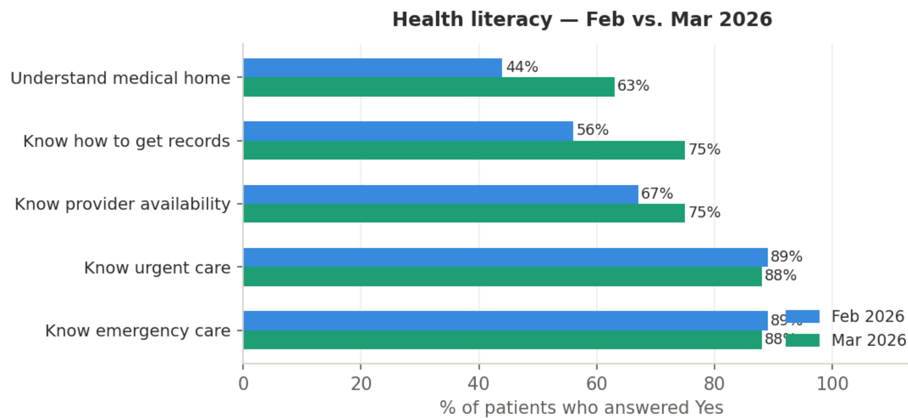
March scores rebounded significantly, reaching a 4.86 overall average — the highest recorded across any period. Multiple domains hit 5.00, including Listens to You, Provider Time Given, Explanations, Quality of Care, Input into Care Decisions, and Ease of Finding Location. All eight March respondents rated referral likelihood at 4 or 5. The addition of Wellness Center responses in March contributed to the stronger performance.

Year-over-year context.

When March 2026 is compared to the 2025 baseline, performance is up across the board. Cost and billing fairness remains the most consistently low-scoring domain across all three periods — at 4.27, 4.22, and 4.25 respectively — indicating a persistent operational gap that is not improving. This domain warrants targeted patient education and billing transparency efforts.

Health Literacy — Feb vs. Mar 2026

Health literacy data was not collected systematically in 2025, so this comparison is limited to February and March 2026.



- Emergency and urgent care awareness remained strong in both months at 88-89%.
- Understanding of the medical home concept improved from 44% in February to 63% in March — still the lowest literacy measure and a continued focus area.
- Knowledge of how to obtain medical records improved from 56% to 75% month over month.
- Provider availability awareness improved from 67% to 75%.

February and March 2026 together reflect both the variability inherent in small monthly samples and the underlying strength of NACA patient experience. The March rebound above 2025 baseline levels is encouraging. Cost and billing transparency and medical home literacy remain the most consistent improvement targets across all periods.

Peer Review:

A peer-to-peer medical provider review was conducted on March 12, 2026, using randomly selected charts and a standardized peer review process. Overall provider performance was assessed as strong, with peer review

scores predominantly in the 97–100% range. The review emphasized clinical reasoning and critical thinking, including diagnostic assessment, management decisions, and appropriate use of diagnostics and referrals.

Peers agreed that providers consistently demonstrated sound clinical judgment, professionalism, and patient advocacy**.** Management plans were generally evidence-based and aligned with presenting conditions, and no concerns were identified regarding ethical conduct or regulatory compliance. Cultural competency and patient-centered care were identified as strengths of the clinical team.

Opportunities for improvement were identified primarily at the system and process level, rather than reflecting deficiencies in individual provider performance. Specifically, the current peer review tool was noted to overemphasize checklist elements largely completed by support staff and to insufficiently capture provider critical thinking and clinical decision-making. Additionally, certain review elements were identified as not applicable to many adult encounters and would benefit from greater flexibility (e.g., use of "N/A").

A key quality improvement focus identified was follow-up and continuity of care. While providers consistently recommend follow-up, gaps exist in scheduling, reminder processes, and tracking patients lost to follow-up, limiting the ability to assess long-term outcomes such as chronic disease control.

Overall, peer review findings support continued confidence in provider performance. Planned quality improvement efforts will focus on peer review tool refinement, follow-up and continuity processes, and system-level workflow improvements to further enhance patient outcomes and care delivery.

Annual Peer Evaluations completed, next due Apr 2026 to include in performance evals.

Emergency Management and Safety

- **Safety Plan:** Reviewed this past month. It is ready for Board annual review and is attached to this QIC report.
- **Facility Fire Inspection:** Due June 2026
- **Facility Drills:**
    - Snow Delay 1/9/2026 – real event (drill)
    - Next due: Medical Emergency Apr-June 2026
- **Emergency app**: Not used in the past month.
- **Monthly Hazard Surveillance:**

March Rounds Performed 3/9/2026

Executive Summary

Total deficiencies identified: 23

Highest concentration of deficiencies: Family Health Clinic (14)

Primary risk categories: Life Safety, ADA/Restroom Compliance, Medical Supplies & Equipment

Multiple AEDs and first-aid stations identified with overdue or missing service tags

Family Health Clinic
Electrical panels require verified breaker labeling by electrician.
Multiple ADA restroom deficiencies (improper dispenser heights, sink and plumbing access barriers).
Expired medical supplies identified in multiple exam rooms.
Preventive maintenance due for exam beds, rolling equipment, and retinopathy room chair.
Exit and lobby doors have malfunctioning or known safety issues.
AED service/tag overdue.
Dust accumulation and unstable door identified in staff restroom/back room.
GSA / Admin
Outdated or potentially outdated minimum wage labor poster.
First-aid station service tag overdue.
AED service/tag overdue.
ADA restroom hardware and signage deficiencies.
Behavioral Health
Electrical panel breaker labeling requires correction.
Surface disinfectant wipes lacked visible expiration dating.
Hopi Conference Room
Emergency lighting not observed in conference room.
Medical Records
ADA restroom deficiencies including toilet handle orientation and plumbing protection.
Wellness Center
TRX A-frame not bolted down per safety recommendation.
Status and Next Steps
All deficiencies are currently open and have assigned responsible parties. Corrective actions are being tracked through the Facilities and Compliance follow-up process, with priority given to life-safety, ADA, and patient-care related items.

- **Quarterly Facility Inspections: next due for Jan-Mar 2026**
- **Community Plan / Activities: Consider** FIAT training

- **Emergency Preparedness, Safety, QI training/orientation**:
  - Fire Ext Training
  - De-escalation
  - Detailed HIPAA
  - Stop the Bleed

- **<u>Committees / Work Groups</u>**
  - Ongoing: AAAHC Work Group (on hold)
  - Ongoing: QIC, Emergency Management, Safety
  - Ongoing Committees: Med Exec, Directors, Leadership, Infection Control
  - All Clinic Staff Meetings
  - Department Staff Meetings (pending)

Attachments:
Hazard Vulnerability Assessment
Community Emergency Response Plan
Emergency Operations Plan
Safety Management Program
Emergency and Disaster Response Plan
Rounds 3.9.2026
MM.Annual.Policy.Review.Details.4.2026
MM.Annual.Policy.Review.4.2026
EOC.Annual.Policy.Review.April.2026

Monthly Surveillance Round

Month: March Year: 2026

	Family Health Clinic	Behavioral Health	Wellness Center	Medical Records	GSA / Admin
Inspection Date/Standard	3/9/2026	3/9/2026	3/9/2026	3/9/2026	3/9/2026
A. Privacy & HIPPA compliant?	Y	Y	Y	Y	Y
B. Appropriate chemical use & disposal	Y	Y	Y	Y	Y
C. PPE & hand hygiene supplies readily available	Y	Y	Y	Y	Y
D. Exam rooms, bathrooms, waiting rooms clean & organized?	Y	Y	Y	Y	Y
E. Medical equipment in good order?	Y	Y	Y	N/A	N/A
F. All eyewash stations in good order?	Y	N/A	N/A	N/A	N/A
G. Med room compliant, clear, organized?	Y	N/A	N/A	N/A	N/A
I. Oxygen, first-aid, stat bag maintained & accessible	Y	N/A	N/A	N/A	N/A
J. Fire Extinguishers in good working order?	Y; Tag updated	Y; Tag updated	Y; Tag updated	Y; Tag updated	Y; Tag updated
K. Annual Inspection due date?	7/8/2026	7/8/2026	7/8/2026	7/8/2026	7/8/2026
L. Facility clear of hazards that could cause slips, trips, falls?	Y	Y	Y	Y	Y
M. Facility clear from hazards blocking paths of egress?	Y	Y	Y	Y	Y
N. Exit Signs tested & in good working	Y	Y	Y	Y	Y
O. Emergency back-up lights in good working order?	Y	Y	Y	Y	Y
P. Exit doors unlocked?	Y	Y	Y	Y	Y
Q. Fire Door closed?	Y	N/A	N/A	N/A	N/A
R. Emergency Call Light battery (every 6 months)	9/19/2025 changed	N/A	9/19/2025 changed	N/A	N/A
S. Emergency Call Lights in good working order?	Y	N/A	Y	N/A	N/A
T. AED in good working order?	N	N/A	N/A	N/A	N
U. Automatic Doors in good working order?	**Y**	N/A	N/A	N/A	**Y**
Surveyor Initials	**FR**	**FR**	**FR**	**FR**	**FR**
Surveyor Name & Signature		*Francisco Rendon 3/9/2026*			

Family Heath Center Board Report
Apr 2026
Prepared by: Verity Quiroz, Director of Operations

Major Highlights:

- Guest Speaker: Laura Clelland Salt Woman (foot care services)
- AAAHC Profile Review completed
- Adv Directives training by Contexture March 5, 2026
- Mammogram Bus Event March 24, 2026 served 14 women
- Coding Review Workgroup established to optimize coding
- CHR Subcommittee established to develop program
- Hiring and Onboarding of Cassie Webster, HIS
- Hiring and Onboarding of Kyte Castillo, HIS
- Onboarding of Ruth Deboard, NP
- Onboarding of Kendra Gillman, CMA
- Setting up introductory meetings between partners & vendors with new staff

Major Challenges:

- Provider stability and reliability
- Workload / Balance
- New provider payor credentialing & timeline
- Staff covering for more than one job
- Population Health appears inaccurate (working on data validation and NG support) however it is improving
- Chaotic work environment (many changes, moving pieces in short periods of time)
- Luma implementation (user training, internal workflows not ready yet).
- Billing/Coding on claims for quality measure compliance
- Numerous IRs with front desk – charting errors
- NG Hiccups- slowness

Staffing updates:

- 3 Physician Candidates pending interviews
- Dr Nelson formal offer, anticipate start mid-June 2026
- Interview with Dr. Farrag on Mar 16, 2026; Salary negotiations
- Dr. Jagarlamudi in touch –awaiting competency evaluation
- Option to pause recruitment until new staff are fully oriented and onboarded and post NACA related travel required of leadership

Family Heath Center Board Report
Apr 2026
Prepared by: Verity Quiroz, Director of Operations

GPRA: Oct 1, 2025- Mar 31, 2026

Metric	IHS Target	Previous Year	Current Year
Access to Dental Services GPRA 2025	27.0%	0.08%	0%
Adult Immunizations - Pneumococcal Vaccine GPRA 2025	39.0%	46.27%	43.9%
Adult Immunizations - Shingrix GPRA 2025	39.0%	30.83%	32.04%
Adult Immunizations - TDaP GPRA 2025	39.0%	28.84%	28.38%
Adult Immunizations Comprehensive GPRA 2025	39.0%	25%	24.52%
Adult Immunizations TDaP/Td GPRA 2025	39.0%	24.91%	24.28%
Adult Influenza Immunization GPRA 2025	21.0%	11.35%	6.62%
Alcohol Screening GPRA 2025	36.0%	48.9%	29.54%
Cancer Screening: Mammogram Rates GPRA 2025	40.0%	32.35%	28.07%
Cervical Cancer Screening GPRA 2025	35.0%	15.14%	13.92%
Child Influenza Immunization GPRA 2025	18.0%	13%	8.24%
Childhood Weight Control GPRA 2025	22.0%	100%	100%
Colorectal Cancer Screening GPRA 2025	24.0%	9.12%	8.52%
Controlling High Blood Pressure (Million Hearts) GPRA 2025	48.0%	33.33%	48%
Dental Sealants GPRA 2025	11.0%	1.52%	0%
Depression Screening: Age 18 yrs and older GPRA 2025	39.0%	47.27%	26.16%
Depression Screening: Ages 12-17 yrs GPRA 2025	36.0%	57.69%	40.3%
Diabetes Glycemic Control GPRA 2025	12.0%	32.05%	40.3%
Diabetes: Blood Pressure Control GPRA 2025	57.0%	66.67%	65.67%
Diabetes: Nephropathy Assessment GPRA 2025	44.0%	28.21%	31.34%
Diabetic Retinopathy GPRA 2025	47.0%	29.49%	40.3%
HIV Screening GPRA 2025	42.0%	2.96%	2.89%
Intimate Partner & Domestic Violence (IPV/DV) Exam GPRA 2025	30.0%	12.36%	9.17%
Screening, Brief Intervention, and Referral to Treatment (SBIRT) GPRA 2025	15.0%	0.41%	0%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease GPRA 2025	36.0%	33.04%	32.35%
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes GPRA 2025	52.0%	100%	100%
Tobacco Cessation GPRA 2025	27.0%	14.6%	12%
Tobacco Use and Exposure Assessment: Screening GPRA 2025	50.0%	45.02%	26.54%

Family Heath Center Board Report
Apr 2026
Prepared by: Verity Quiroz, Director of Operations

Tobacco Use and Exposure Assessment: Tobacco Use GPRA 2025	**50.0%**	40.98%	22.39%
Topical Fluoride GPRA 2025	**27.0%**	0%	0%

Infection Control:

- Offering Flu vaccines to all staff and patients through Apr 2026
- Microorganism Report (see attached)
- Measles Awareness (increased signage)

Employee Health:

- Offering Flu Vaccines to all staff free of charge through Apr 2026

Staff Trainings:

- Upcoming: HIPAA Procedures (pending QI Coordination)
- Upcoming: Stop the Bleed (pending QI Coordination)

Annual Policy Updates:

- January: Medical Records & Health Information Management
- February: Health Promotions
- April: Medication Management
- May: Laboratory Services & Infection Control, Infection Control Plan Program
- June: Medical Services

Ongoing Projects:

- P&P generation, revision, deletion – per AAAHC standards
- IHS Site review corrective action plan / Remediation
- Assist with LUMA implementation
- Assist with NG 8 Upgrade
- Implement DM II and HTN protocols with standing orders
- Medical Billing Coding Workgroup – investigating why SDOH and G Codes are not being submitted on Claims to Payers (meeting multiple times/month and with payers)

2025-2026 Pending Projects/Plans/Goals

- Safe Injection Practice Audits implementation
- PCMH QI Study
- No Shows Performance Improvement
- Close Referrals / Open Orders - QI Study/Performance Improvement

Family Heath Center Board Report
Apr 2026
Prepared by: Verity Quiroz, Director of Operations

Committee/Meeting Involvement:

- **Meetings**
  - **Mar 31 Meet with Dr. Randolph (debrief)**
  - **Mar 31 AAPC (weekly)**
  - **Mar 31 Tribal CHR Director's Monthly Meeting (monthly)**
  - **Mar 31 Relias Meeting**
  - **Mar 31 AAAHC Profile Review Meeting**
  - **Mar 31 CEO DOO 1:1 Meeting (monthly)**
  - **Apr 1 SMPR Event Coordinator Meeting**
    - Event hand off
  - **Apr 1 Coding Review Workgroup (Recurring weekly)**
    - This meeting will focus on strengthening our medical billing and coding processes to ensure that all patient encounters are accurately documented and translated into complete, compliant codes for submission to payers. We will review current workflows, identify gaps in documentation capture, and clarify coding standards that support both reimbursement and high-quality clinical reporting. Its not all about reimbursement line by line.
    - Quality of care metrics: Thorough documentation ensures that patient complexity, comorbidities, and social determinants of health are accurately reflected, which strengthens our quality reporting and performance outcomes.
    - Continuity and safety of care: Detailed coding provides a clearer clinical picture that supports care coordination across the team.
    - Operational and strategic insights: Complete coding helps the organization better understand barriers to care resource needs, and population health trends.
    - Compliance with payer and regulatory requirements: Accurate documentation and coding reduce audit risk and help maintain alignment with federal, state, and payer standards.
  - **Apr 1 Aegis/NACA Security Permissions**
  - **Apr 2 DNPAO Food Service Guidelines Engagement Committees**
    - DNPAO Strategy Engagement Communities (SECs) are intended to provide recipients with the opportunity to discuss topics related to the implementation of SPAN/HOP/REACH strategies. During SECs, recipients will address challenges and emerging areas of interest and share successes in a peer-to-peer learning environment supported by DNPAO SEC Coordinators (CDC project officers) and Supporters (CDC science partners). This session will focus on Food Service Guidelines (FSG). Please share this invitation as appropriate with your team. At

least one member of your team should take part in DNPAO SECs for all strategies, required and optional, that are a part of your portfolio for this funding cycle.

- **Apr 2 QI:DOO Meeting**
  - Peer to Peer evaluations (providers)
  - Team Summary presentation to BoD
  - Patient Satisfaction
  - Emergency Drill for Apr – June
  - MM Policies
  - EOC Policies
- **Apr 2 Glycemic Control Subcommittee (Recurring Monthly)**
  - The Glycemic Control Subcommittee meets to review and actively follow patients with Hemoglobin A1C values greater than 9%, in alignment with the GPRA Diabetes Poor Control measure. The committee focuses on identifying patients at highest risk, reviewing care gaps, and coordinating multidisciplinary interventions to improve glycemic outcomes.
- **Apr 3 IHS Exit Conference Meeting**
- **Apr 3 Contexture Cares**
  - HIE Partner on the Contexture Social Determinants of Health (SDOH) CommunityCares Program - Referral Platform powered by Unite Us.
- **Apr 6 Luma Weekly Call**
- **Apr 6 HP Team Meeting Every Monday**
- **Apr 6 HIS Meeting to review NDW, GPRA, Imms**
- **Apr 6 CHR Subcommittee**
  - Focus on building and aligning core operational workflows for the CHR program. The discussions will cover documentation standards, scheduling processes, coding requirements, and billing workflows to ensure compliance, efficiency, and readiness for implementation. Staff will review current gaps, define standardized processes, and identify action items needed to support program launch and ongoing operations.
- **Apr 7 AAPC**
- **Apr 7 Coding Review Workgroup**
- **Apr 7 Relias Meeting**
- **Apr 7 Monthly Population Health Meeting with John Malzewski**
- **Apr 7 Coding Meeting with BH**
- **Apr 7 DNPAO Project Officer Meeting (first Tuesday of every month) (DNPAO – Division of Nutrition, Physical Activity and Obesity)**

Family Heath Center Board Report
Apr 2026
Prepared by: Verity Quiroz, Director of Operations

- **Apr 8 SDPI Compliance Post-Training (monthly)**

Overview:

Following the recent SDPI compliance training, we are launching a six-month series of post-training office hours that blend targeted instruction with open dialogue. Each monthly, **90-minute session zeroes in on a single Subpart of 2 CFR Part 200** and is structured as a live Q&A with the original trainer—no slides, just problem-solving. To make the most of this time, **we strongly encourage every grantee team to review the featured Subpart in advance,** identify the everyday compliance questions that have surfaced during program implementation, and bring those questions (and any supporting notes) to the meeting for real-time guidance. Bring the everyday hurdles you're facing—budget tweaks, allowable-cost dilemmas, procurement steps, indirect cost calculations, audit prep—so we can solve them together.

Primary Goals:

- Strengthen your understanding of federal requirements through live discussion.
- Apply those requirements to your program's real-world scenarios.
- Develop and **bring at least one question**—new or lingering—from your day-to-day compliance work.

Schedule

Month	Subpart Focus	Date	Time
May	Subpart B – General Provisions	2nd Wed	11:00 AM – 12:30 PM (Arizona / MST)
June	Subpart C – Pre-Award Requirements	2nd Wed	11:00 AM – 12:30 PM
July	Subpart D – Post-Award Requirements	2nd Wed	11:00 AM – 12:30 PM
August	Subpart E – Cost Principles	2nd Wed	11:00 AM – 12:30 PM
September	Subpart F – Audit Requirements	2nd Wed	11:00 AM – 12:30 PM
October	Open Forum – Any Compliance Topic	2nd Wed	11:00 AM – 12:30 PM

- **Apr 8 CEO-DOO 1:1 Meeting**
- **Apr 8 IMH Meeting with NextGen**
- **Apr 9 Summit Healthcare on site for annual medical equipment inventory**
- **Apr 9 Clinical Case Management Meeting (monthly)**
- **Apr 9 All Clinic Staff Meeting (monthly)**
- **Apr 9 Leadership Meeting (twice monthly)**
- **Apr 10 CFO-DOO-PBC Meeting (Every 2 weeks)**
- **Apr 13 C-NACHE CAB 2nd Quarterly Meeting (quarterly)**
    - Center for Native American Cancer Health Equity
- **Apr 13 Monthly HP Team Meeting (monthly)**
- **Apr 13 Exact Sciences 1-26 FOCUS Application Overview**
- **Apr 13 TAPI Provider Education Committee Plus CE Series (Every other month)**
- **Apr 14 Relias Meeting**
- **Apr 14 AAPC**
- **Apr 15 NG Pop Health User Group Meeting (monthly)**
- **Apr 15 IHS Safety Hour Meeting (monthly)**
- **Apr 15 CIC Study Group (Monthly)**

Family Heath Center Board Report
Apr 2026
Prepared by: Verity Quiroz, Director of Operations

- **Apr 15 Board of Directors Meeting (Monthly)**
- **Apr 16 DUIA Urban Program Meeting (Monthly)**
- **Apr 16 DNPAO Fruit and Vegetable Strategic meeting**
    - DNPAO Strategy Engagement Communities (SECs) are intended to provide recipients with the opportunity to discuss topics related to the implementation of SPAN/HOP/REACH strategies. During SECs, recipients will address challenges and emerging areas of interest and share successes in a peer-to-peer learning environment supported by DNPAO SEC Coordinators (CDC project officers) and Supporters (CDC science partners).
    - This session will focus on Fruit and Vegetable Programs. Please share this invitation as appropriate with your team. At least one member of your team should take part in DNPAO SECs for all strategies, required and optional, that are a part of your portfolio for this funding cycle.
- **Apr 16 Navajo Area NDW Meeting (Monthly)**
- **Apr 15-17 AACHC Annual Conference (Annually)**
- **Apr 17 Safetalk (Annually)**
- **Apr 20 AzCH Collaborative Meeting (Monthly)**
- **Apr 21 Data Visualizations Meeting**
    - Informative webinar on best practices in data visualization, which will be useful for success stories, recipient communications, infographics, and highlighting program impact.
- **Apr 21 Risk/Quality Review Working Session (Monthly) Equality Health**
- **Apr 22 CEO-DOO Meeting**
- **Apr 22 CIC Study Group**
- **Apr 22 Operations Committee Meeting**
- **Apr 23 Infection Control Committee Meeting (every other month)**
- **Apr 23 QI Meeting**
- **Apr 23 Leadership Meeting (every other week)**
- **Apr 24 CFO-DOO-PBC Meeting (every 2 weeks)**
- **Apr 24 NACA EQH Monthly JOM (monthly)**
- **Apr 26-May 1 NCUIH Conference (annually)**
- **Apr 27 Monthly FHC DOO Meeting (monthly)**
- **Apr 27 Monthly HP DOO Meeting (monthly)**
- **Apr 28 Tribal CHR Director's Monthly Meeting (monthly)**
- **Apr 28 AAPC**
- **Apr 28 THNC Committee Meeting (monthly)**
- **Apr 28 Monthly CIC Study Group (monthly)**

- **Apr 30 Nurse Staff Meeting (monthly)**
- **May 7 DNPAO Community Design for Physical Activity meeting**
  - This session will focus on Community Design for Physical Activity. Please share this invitation as appropriate with your team. At least one member of your team should take part in DNPAO SECs for all strategies, required and optional, that are a part of your portfolio for this funding cycle

Travel:

- Verity to NCUIH, D.C. April 2026
- Verity, Shay, Francisco to AACHC Annual Conference Apr 2026
- Verity & Shay Tribal UGM May 2026
- Verity to CHW Summit, Chandler AZ June 2026
- Verity & Shay to National Tribal Health Conference Aug 2026

Attachments:

- Fonemed Report
- Urban and 1ALOE Reports
- Microorganisms Report
- Quarterly Infection Control Audit
- Quarterly Infection Control Report
- Medication, Medical Supplies, Medical Equipment Procurement Policy (CONSENT)
- Clinical_Item_Change_Request_Form

NACA

Infection Control Quarterly Audit

hazardous hi-alert post 2026 in med Rm.

Question	Response	Details
Hand Hygiene		Score (8/8) %
1.Sinks for hand hygiene are well stocked?	**Yes** / No	
2. Alcohol hand rubs are well stocked?	**Yes** / No	
3. Sinks are available in all areas as needed?	**Yes** / No	
4. Alcohol hand rubs are available at patient's rooms?	**Yes** / No	
5. Placement of alcohol hand rubs is compliant with safety?	**Yes** / No	
6. Hand washing/hand hygiene audits being performed?	**Yes** / No	
7. Hand Hygiene reminder posters present?	**Yes** / No	
8. Hand soap is available in all hand washing stations/bathrooms?	**Yes** / No	
Supply / Storage		Score (7/7) %
1. OSHA area clear?	**Yes** / No	
2. Supplies are stored off floors?	**Yes** / No	
3. Housekeeping supplies separated from medical supplies?	**Yes** / No	
4. Ceiling tiles are not stained or wet?	**Yes** / No	
5. Floors are clean and free from damage?	**Yes** / No	
6. Supplies are stored at least 18 inches below the ceiling?	**Yes** / No	
7. Exit clear?	**Yes** / No	

NACA

Infection Control Quarterly Audit

Question	Response	Details
Patient Care Areas		Score (19/20) %
1. Horizontal surfaces are clean?	(Yes) / No	
2. Trash cans are not overfilled or overflowing?	(Yes) / No	
3. Patient Bathroom(s) are clean?	(Yes) / No	
4. Hand hygiene products are available?	(Yes) / No	
5. Soap and paper towels are available in each bathroom?	(Yes) / No	
6. PPE is available?	(Yes) / No	
7. Patient equipment is clean?	(Yes) / No	Vitals machine BH needs bimed inspection
8. No visible soil on vertical surfaces?	(Yes) / No	
9. Ceiling tiles are not discolored, wet, missing, or damaged?	(Yes) / No	
10. Air filters are clean?	(Yes) / No	
11. Furniture (chairs & pillows) are without tears or wear?	(Yes) / No	
12. Exam table is without tears or puncture holes?	(Yes) / No	
13. Floors are clean and free from damage?	(Yes) / No	
14. Sharp containers are no more than 3/4 full?	(Yes) / No	
15. Sharps containers are mounted to walls?	(Yes) / No	
16. General area and high places are dust free?	(Yes) / No	
17. Bathroom call lights functional and in good working condition?	(Yes) / No	
18. Emergency bathroom key available?	(Yes) / No	
19. Staff can verbalize contact time and PPE for Sanicloths?	(Yes) / No	
20. Items are not stored under sink?	Yes / (No)	BH kitchenette

Infection Control Quarterly Audit

Employee Kitchen / Breakroom		Score 5 /8) %
1. Floors and walls clean?	(Yes) / No	
2. Horizontal and vertical surfaces are clean?	(Yes) / No	
3. Microwave oven clean?	Yes / (No)	BH microwave
4. Refrigerator clean and ~~thawed of ice?~~	(Yes) / No	
5. Under sink clean and without storage?	Yes / (No)	BH kitchen sink
6. Employee food labeled and dated?	(Yes) / No	
7. Sink free from debris and dirty dishes?	(Yes) / No	
8. Is this section free of additional findings?	Yes / (No)	BH freezer defrost

General Unit / Nurses Station / Medication Room/ Lab		Score 19/23) %
1. Unit/area generally clean (without dust, clutter or debris)?	(Yes) / No	
2. Unused patient equipment/supplies are stored and handled appropriately?	Yes / (No)	exam 5 - kleenex/Gloves no expiration date
3. Medication, specimens, and food are handled appropriately?	(Yes) ~~No~~ error	Thin prep vials - expired rm 2
4. Biohazard trash is segregated from regular trash?	(Yes) / No	
5. Medication(s) & Sharps are locked and inaccessible to patients?	(Yes) / No	
6. Multi-dose vials/vaccines labeled when opened and expiration?	(Yes) / No	
7. Needles and syringes are disposed of properly?	(Yes) / No	
8. Out of date supplies are not present?	Yes / (No)	(arrow to note above)
9. Infectious waste in red bag or container?	(Yes) / No	
10. Ceiling tiles are not discolored/ wet/ missing / damaged?	Yes (No)	front desk stained tile
11. Lab supplies are not expired?	Yes / (No)	thin prep vials expired rm2

12. Nothing is stored under the sink and there is no sign of leaks?	Yes / No	
13. Halls are uncluttered?	Yes / No	
14. Respiratory hygiene available?	Yes / No	
15. Restrooms clean?	Yes / No	
16. Trash baskets are not overflowing?	Yes / No	
17. Biohazard symbol on door of biomedical waste storage?	Yes / No	
18. AED easily accessible and has signage?	Yes / No	
19. No artificial/acrylic nails use?	Yes / No	
20. No personal lotion use.	Yes / No	
21. Medication Room refrigerator/freezer is clean and without ice?	Yes / No	
22. There are no expired products found (vaccines, medications, medical supplies)?	Yes / No	
23. Is this section free of additional findings?	Yes No	

NACA

Infection Control Quarterly Audit

Question	Response	Details
Logs		Score (11 /11) %
1. Weekly refrigerators checks performed and logged?	Yes / No	Cont.
2. Monthly Eyewash Station(s) checked and logged?	Yes / No	
3. Daily Oxygen Tank(s) checked and logged?	Yes / No	
4. Medication inventory checked and logged weekly?	Yes / No	
5. Weekly Sterile Instrument package checks performed and logged?	Yes / No	
6. Defibrillator checked monthly?	Yes / No	
7. Accu-Chek Glucose Meter controls checked daily?	Yes / No	
8. Glucose meter controls dated when opened and expiration?	Yes / No	
9. Glucose meter strips dated when opened and expiration?	Yes / No	
10. Temperatures checked BID for VFC vaccine / medication storage?	Yes / No	Cont. wifi monitor
11. Is this section free of additional findings?	Yes / No	
Employee General Knowledge		Score (7 /7) %
1. Employees know the procedure for blood exposure. (IC 110)	Yes / No	
2. Employees can locate their Infection Control Policies? (share drive)	Yes / No	
3. Employees can locate their Exposure Control Policy? (share drive)	Yes / No	
4. Employees can locate the blood spill kit?	Yes / No	
5. Employees can locate the nearest fire extinguisher?	Yes / No	
6. Employees can locate the nearest fire exit?	Yes / No	
7. Is this section free of additional findings?	Yes / No	
Terminal Cleaning		Score (9 /9) %
1. Employees know to use gown, mask, and gloves	Yes / No	

NACA

Infection Control Quarterly Audit

Item	Response	Comments
2. Employees know/demonstrate how to discard disposable items into waste can and place trash liner by the door?	Yes / No (Yes circled)	
3. Employees know/demonstrate washing furniture and all horizontal surfaces in the room including the door handles and telephone, keyboard, mouse.	Yes / No (Yes circled)	
4. Employee knows the indication that the room, vital sign machine and/or exam table are clean and ready for next patient?	Yes / No (Yes circled)	
5. Employees know/demonstrate removal of gloves, gown and mask in the same way as doing general cleaning?	Yes / No (Yes circled)	
6. Employees know/demonstrate how to bag all materials?	Yes / No (Yes circled)	
7. Employees know/demonstrate how to wet mop floor then discard mop head?	Yes / No (Yes circled)	
8. Employees know that an incident report must be filed if any disease listed in policy IC 140 are suspected/confirmed?	Yes / No (Yes circled)	
9. Employees know/demonstrate appropriate hand hygiene after a terminal clean?	Yes / No (Yes circled)	

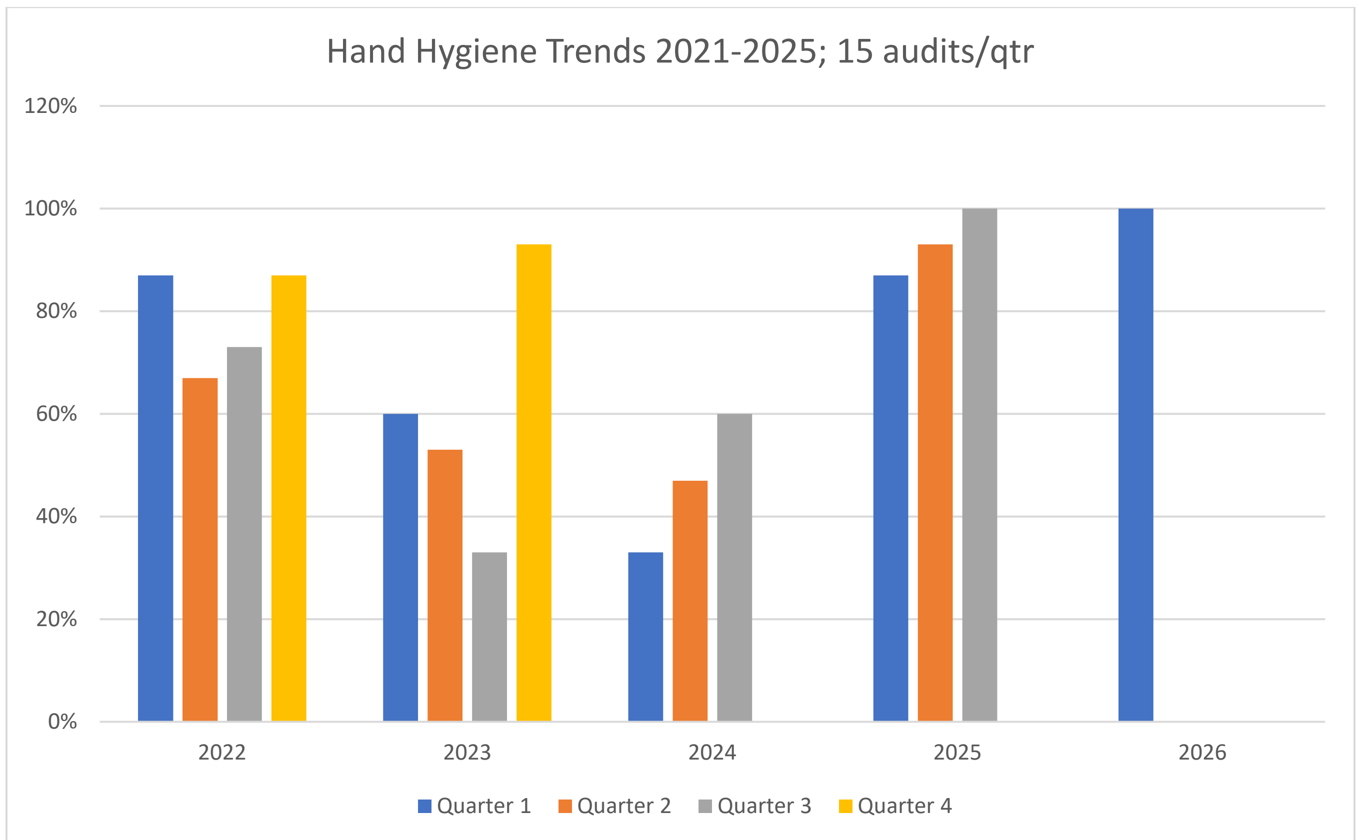
Completion: Overall Score 85/93 : 91%

Surveyor's Name	Surveyor's Signature	Date/Time of Audit
Verity Quinn	[signature]	2/2/26 @ 830 am

Infection Control Quarterly Report (Jan-Mar 2026)

Flu Vaccine Rate (Direct Patient Care Staff)	33/35
Flu Vaccine Declination Rate	0/35
Patient/Employee Flu Cases	1
Patient/Employee Covid Cases	0
Patient/Employee RSV Cases	1
Hand Hygiene Compliance	15/15 100%
Fit Testing Compliance (mask fitting)	6/9
Communicable Diseases reported to County	0
HIV Diagnoses reported to County	0
Employee Sharps Incidents	0
Suspected Measles Cases	0
Confirmed Measles Cases	0
Infection Control Audit	91%
Date: 8/8/2025	Findings: • Vital Signs machine in BH needs Biomed inspection (pending Apr 9) • BH Kitchenette with items stored under sink (corrected 2/2/26) • BH Microwave not clean (corrected 2/2/26) • BH Freezer needs defrost (corrected 2/2/26) • Exam Room 5 kleenex and gloves not marked with expiration dates (corrected 2/2/26) • Exam room 2 Thin Prep specimen collection expired (corrected 2/2/26) • Front Desk Stained Ceiling Tile
Communication Topics with Staff	• Measles 03/26/2026 • Chronic Kidney Disease Month 03/30/2026 • HMPV 03/24/2026 • NPTC Updates 2/11/2026

Infection Control Quarterly Report (Jan-Mar 2026)



NACA

Clinical Item Change Request Form

☐Medication | ☐Medical Supply | ☐Medical Equipment

SECTION 1: REQUEST OVERVIEW

Request Type: ☐ Add ☐ Revise ☐ Delete

Category:

☐Medication ☐ Medical Supply ☐ Medical Equipment

SECTION 2: REQUESTOR INFORMATION

Name: ____
Credentials: _______________________________________
Department / Service Line: ________________________
Date Submitted: ____________________________________

SECTION 3: ITEM IDENTIFICATION

Item Name (Generic / Brand): ______________________
Manufacturer / Vendor: ___________________________

Current Status (if revising or deleting):

☐ On Formulary/Inventory ☐ Not Currently Available

SECTION 4: CLINICAL JUSTIFICATION

Intended Use / Indication:
____
____

Reason for Request (check all that apply):

☐Patient safety ☐ Quality improvement ☐ Guideline change ☐ Cost

☐ Replacement ☐ Low use/High Waste ☐ Avoid Urgent Care/Emergency Room

☐ Improves access, equity, or cultural appropriateness of care

SECTION 5: MEDICATION-SPECIFIC REVIEW (if applicable)

☐ FDA approved / authorized

Controlled Substance Status: ☐ Controlled ☐ Not Controlled

☐ Dosing standards identified ☐ Storage requirements defined

☐ Requires post-implementation monitoring (e.g., usage, outcomes, adverse events)

☐Intended for emergency or backup use only

☐ High-Alert / ☐Look Alike Sound Alike / Hazardous? ☐ No ☐ Yes (describe safeguards)

____

SECTION 6: SUPPLY / EQUIPMENT REVIEW (if applicable)

☐Safety / regulatory standards met

☐Biomedical inspection required ☐Preventive maintenance required

☐Training required (attach plan if yes)

SECTION 7: PATIENT SAFETY & RISK ASSESSMENT (Select all that apply)

☐ Adverse clinical effects (side effects, complications, injury potential)
☐ Dosing or administration error risk
☐ Allergy or hypersensitivity risk
☐ Drug–drug or therapy interactions
☐ Risk of misuse, abuse, or diversion (if applicable)
☐ Risk of delayed recognition of adverse events
☐ Storage or handling challenges
☐ Supply chain or availability risk
☐ Device malfunction or failure risk
☐ Calibration or maintenance dependency
☐ Electrical / power supply risk

☐ Compatibility issues with existing equipment
☐ Cleaning, disinfection, or infection-control risk
☐ Physical safety risk to patients or staff
☐ Risk of cross-contamination
☐ Single-use vs reusable confusion
☐ Sterilization or disinfection requirements
☐ Biohazard or sharps exposure risk
☐ Environmental contamination risk

Risk Mitigation
☐ Policy or protocol update
☐ Staff education or training
☐ Labeling or storage safeguards
☐ Monitoring and review plan
☐ Restricted use or indications
☐ Trial period / post-implementation review

SECTION 8: OPERATIONAL IMPACT

☐ Workflow changes ☐ Staffing impact

☐ Policy updates required Notes: ___________________________

SECTION 9: FINANCIAL & BILLING CONSIDERATIONS

Estimated Initial Cost: ___________________
Estimated Annual Cost: _________________

☐Budget reviewed ☐Purchasing thresholds acknowledged ☐Billing impact reviewed

SECTION 10: POPULATION INTENDED (check all that apply):

☐ Adult (18–64)
☐ Older Adult / Geriatric (65+)
☐ Pediatric (0–17)
☐ Pregnant / Perinatal
☐ Behavioral Health / Substance Use
☐ Chronic Disease Management
☐ Primary Care / Routine Use
☐ Urgent / Emergency Use
☐ Tribal / Native American Patient Population

☐ Other (specify): ___________________________

SECTION 11: CONTRAINDICATED OR EXCLUDED POPULATIONS

Recommended option (check all that apply):
☐ No known population exclusions
☐ Pediatric exclusions
☐ Pregnancy / lactation contraindication
☐ Renal or hepatic impairment considerations
☐ Geriatric sensitivity
☐ Other (specify): _______________________

SECTION 12: ATTACHMENTS

☐ Clinical evidence ☐Vendor info ☐SDS ☐Cost estimate ☐ Draft policy update

SECTION 13: MEC REVIEW

☐ Approve
☐ Approve w/ Conditions
☐ Time-limited approval / trial period requested (____ days)
☐ Defer
☐ Deny All in favor: _______ All Opposed: ________

NACA
1500 E Cedar Ave
Suite 26
Flagstaff, AZ 86004

1255 W. Washington St
Tempe, AZ 85281
602.685.5000 or 800.766.6721

Account: 76050

Report Date: 04/01/2026 12:03 PM

Approval Date Range: **03/01/2026 - 03/31/2026**

Microorganisms Summary Report

NACA

Culture Type: Urine

Microorganism	Total
No growth	4
Gram negative bacilli	1
Mixed Gram positive flora	1
Escherichia coli	2
Mixed Gram positive and Gram negative flora	1

Culture Type: Wound/Anaerobe

Microorganism	Total
Staphylococcus aureus (MRSA-methicillin-R)	1
Mixed Gram positive and Gram negative flora	1

Complete Call Report

Native Americans for Community Action (NACA)

February 2026

Please contact us with any questions by phone or email.

The FONEMED Team

Call Summary

Total Calls For Period:	0
Company Wide Abandonment Rate:	14.21%
Callers who indicated that they will comply with nurses recommendation:	0.0%
Average Speed to Answer:	59.74 seconds
Company Wide Satisfaction Rate:	97.60%

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

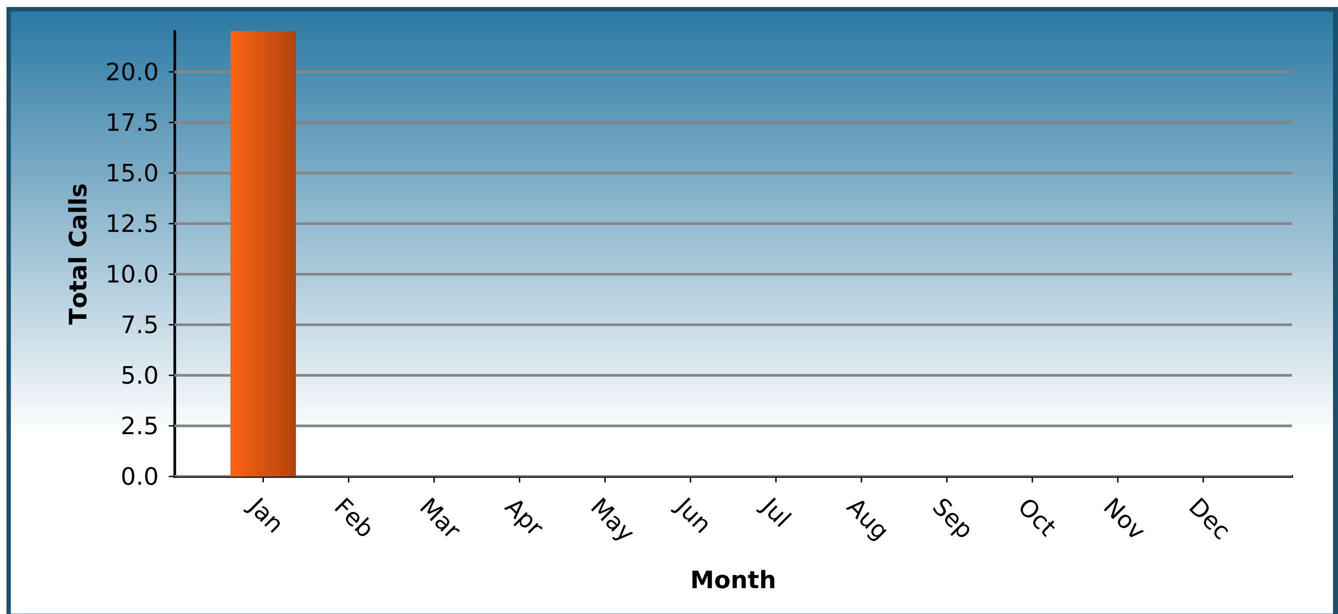
*Estimated National Averages for Health Care Services:

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

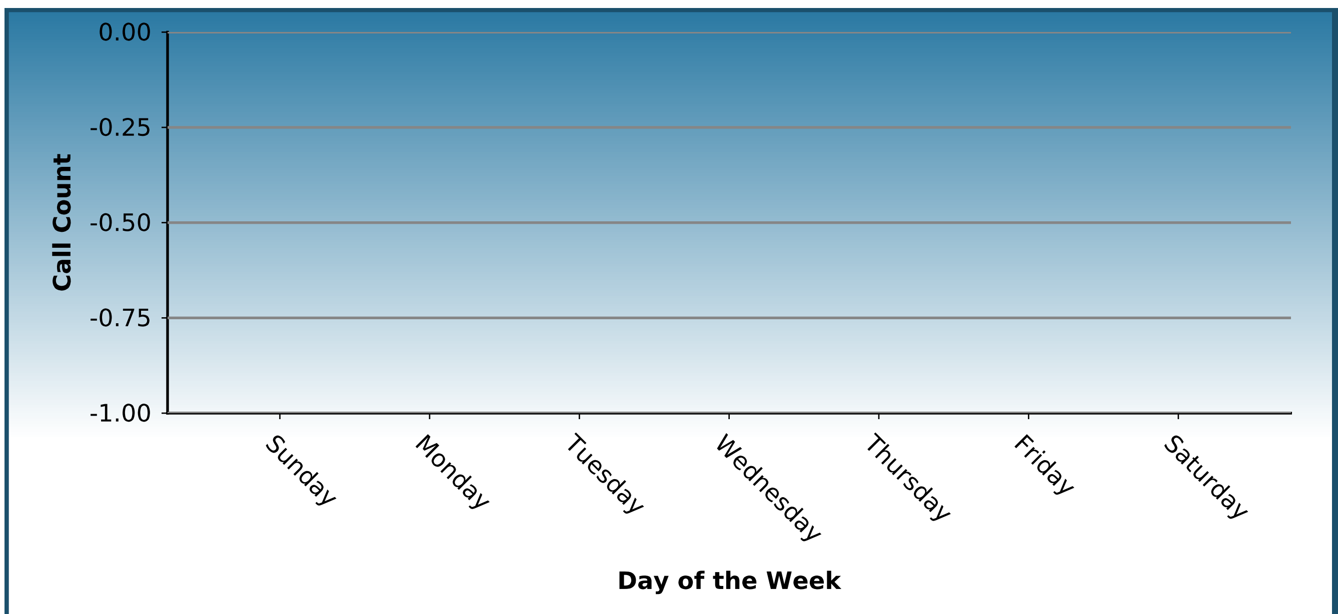
Calls By Month

Report Month	Total Calls
January	22
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0



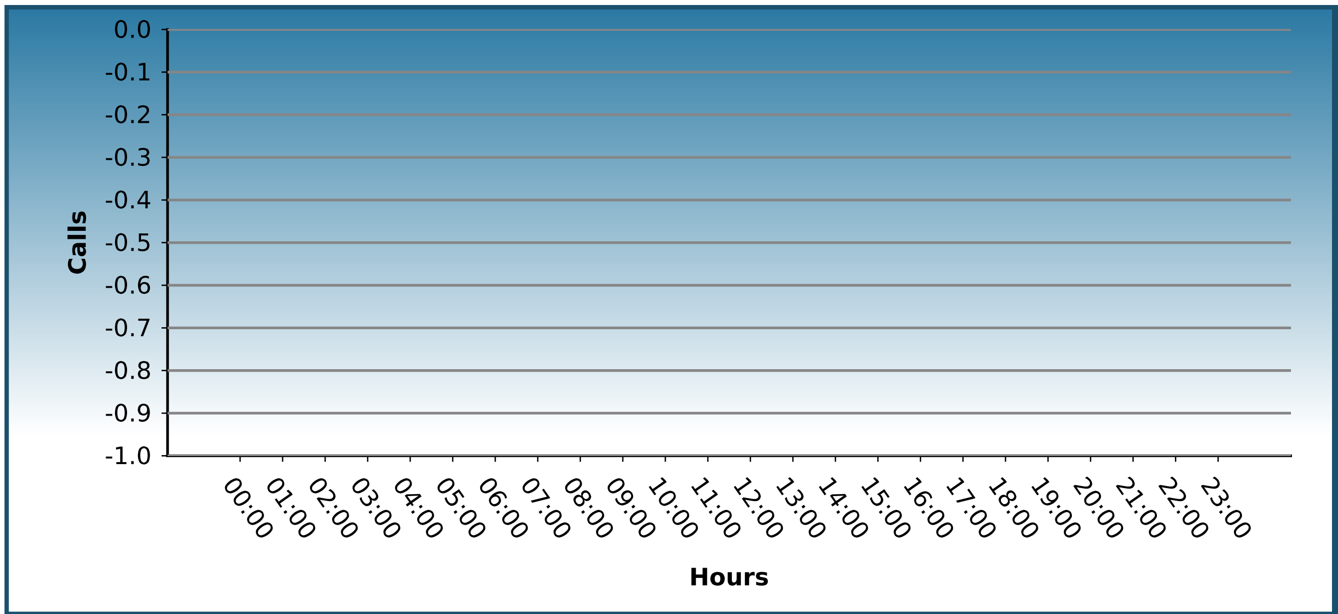
Calls By Weekday

Weekday	Call Count
Sunday	0
Monday	0
Tuesday	0
Wednesday	0
Thursday	0
Friday	0
Saturday	0



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	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0



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	0
19 - 29 Yrs	0
30 - 39 Yrs	0
40 - 49 Yrs	0
50 - 59 Yrs	0
60 - 69 Yrs	0
70+ Yrs	0
Not Specified	0

Calls By Gender

Gender	Patient Count
Female	0
Male	0

Compliance

Comply	Call Count
No	0
Yes	0

URBAN TRANSMISSION REPORTS

Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 03/28/2026 | Data As Of: 03/15/2026

INDIAN HEALTH SERVICE

Urban AREA Data Loaded to the NDW

Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 03/28/2026 | Data As Of: 03/15/2026

Includes data sent in by any site in the report area for services taking place at any site in the report area.

Region Abbr Code	ITU	ASUFAC	Service Taking Place At...	Files
NAV	U	878711	NACA HEALTH CENTER	4

URBAN 1ALOE MONTHLY REPORT

Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 03/28/2026 | Data As Of: 03/15/2026

INDIAN HEALTH SERVICE

OUIHP Notice to Recipient

As a reminder, the urban workload statistics were removed from the official Workload reports generated by the IHS Office of Public Health Support. The urban 'view' of the reports follow the same format and naming convention, and continue to provide statistics on all facility types for any of the UIOs that are sending data to the National Data Warehouse (NDW). Please note that low numbers or zeroes shown in the workload reports are likely attributed to UIOs switching to a non-RPMS system, in which case there is usually a delay between switching systems and the ability to report data to the NDW. Once these programs are configured for export, an increase in workload data should begin appearing in the reports.

OUIHP kindly requests you provide the contact information of the individuals at your UIO who are responsible for data file submissions and receiving subsequent notices from the NPIRS team acknowledging when a file has been uploaded to the NDW. If the contact information for these individuals needs to be updated, please contact the Office of Urban Indian Health Programs (OUIHP) at IHSUrbanWorkloadReports@ihs.gov, to provide and update this crucial contact information.

Generated Reports Notice

Blank pages may result depending on the report generator and the flow of the report data.

Blank or empty reports may be generated if one report has data and other does not.

NACA
NATIVE AMERICANS
FOR COMMUNITY ACTION

Health Promotion & Wellness Center Program

April Meeting-Board Report

Major Highlights

Tribal Practices for Wellness in Indian Country (TPWIC) grant objectives and strategies.

- The 5th year continuing grant application is in review stages.
- Spring Equinox virtual run was held.
- MMIW event- the event will include prayers, a City of Flagstaff Proclamation, a drum group performance, poster making, awareness walk, and Native dance group performance.
- Beading Circle is starting.
- Native Food For Life is starting.
- The garden blessing is scheduled for May 30th, with a cultural storyteller/speaker to attend the event.

Special Diabetes Program for Indians (SDPI) Program results

- Next gen electronic records- we are building a Community Health Representative template to continue the Medicaid/ Medicare billable efforts.
- Ongoing clinical support is ongoing for foot checks, Retinopathy exams, physical education and health education.
- Honor your Heart is ongoing.
- Just Move it – HP will be present assisting with the Just Move It event at Ft Tuthill, and at the Grand Finale in Tuba city.
- What Can I Eat? Healthy Choices for American Indians and Alaska natives class will be starting. This is an American Diabetes Association class that is hosted for 5 weeks.

4 in 1 Grant

- Pathways children have sessions each week focusing on exercise, nutrition and cultural activities. The gardening lessons and food demonstrations are taking place.
- Hosava Kretzmann, a native Olympic trial qualifying runner gave an inspirational and motivational presentation via zoom.
- Community Cooking class – NACA HP will be partnering with the Flagstaff Food bank and Flagstaff sustainability department in a pilot project to host 6 classes. Participants will learn cooking techniques, nutritious recipes, and practical kitchen skills.

Az Cancer Coalition mini grant

- Colon Cancer preventative kits (FITT kits) are being distributed to patients due for the screening. Preventative screening is being incentivized for patients.
- Mammography bus – came as scheduled and the overall day was successful with 14 patients.

NACA
NATIVE AMERICANS
FOR COMMUNITY ACTION

Behavioral Health

March's #s for April 2026 Meeting-Board Report

Mental Health Contacts: July 617, Aug 486, Sep 599, Oct 632, Nov 486, Dec 511, Jan 566, Feb 524, Mar 612
Substance Abuse Contacts: July 212, Aug 216, Sep 251, Oct 336, Nov 262, Dec 232, Jan 249, Feb 243, Mar 312
New Intakes: July 63, Aug 49, Sep 36, Oct 56, Nov 49, Dec 40, Jan 55, Feb 53, Mar 77
Total Encounters: July 892, Aug 751, Sep 886, Oct 1024, Nov 797, Dec 783, Jan 870, Feb 820, Mar 1,001

Major Highlights:

In March the Yideeskaadi Hozhooji Center came to present during our group supervision. They are a treatment center for Navajo people in Phoenix. This is a full-service facility serving both male and female Navajo tribal members. They also provide transportation to and from the facility and offer culturally informed care.

March was filled with meetings for the implementation of both IMH and Luma platforms.

I was involved in preparation meeting to bring the Flash Technique training back to NAU this year. This is a co-sponsored event between NAU's Social Work Department and NACA Behavioral Health. This event will take place at the DuBois Center April 22nd.

On 3-30 2026 I renewed our license with ADHS. We are licensed until April 30th, 2027.

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 in the Employee Retention Committee.
- Participation in the Operations Committee.

Curtis Randolph PhD, LPC, Director of Behavioral Health