



**SPECIAL MEETING AGENDA**  
**Thursday, September 12, 2019 – 11:00 AM**

**CONSENT AGENDA:** ALL ITEMS MARKED WITH A SINGLE ASTERICK (\*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

***PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES***

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should request necessary accommodations by contacting CHW's Executive Assistant at 409-949-3406, or via email at [trollins@gchd.org](mailto:trollins@gchd.org).

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

**MEETING CALLED TO ORDER**

**Item #1 ACTION**.....Consider for Approval Revisions to Coastal Health & Wellness Diagnostic (Laboratory and Radiology) Test Tracking and Follow-Up Policy

**Item #2 ACTION**.....Consider for Approval Coastal Health & Wellness Credentialing & Privileging Policy

**Item #3 ACTION**.....Consider for Approval 2019-2020 Risk Management Training Plan

**Item #4 ACTION**.....Consider for Approval 2018-2019 Annual Risk Management Report.

**ADJOURNMENT**

***Next Regularly Scheduled Meeting: September 26, 2019***

**Appearances before Governing Board**

A citizen desiring to make comment(s) to the Board, shall submit a written request to the Executive Director by noon on the Thursday preceding the Thursday Board meeting. The written request must include a brief statement identifying the specific topic and matter presented for consideration. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard, so long as he or she appears at the Board Meeting

### **Executive Sessions**

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.

**Governing Board**

**September 2019**

**Item #1**

**Consider for Approval Revisions to Coastal Health &  
Wellness Diagnostic (Laboratory and Radiology) Test  
Tracking and Follow-Up Policy**

### **Changes to Diagnostic Tracking Policy**

- 1) The title was changed from “Coastal Health & Wellness Test Tracking and Follow up Policy” to “Coastal Health & Wellness Diagnostic (Laboratory and Radiology) Test Tracking and Follow-Up Policy”
- 2) The purpose and policy sections remain the same.
- 3) Under “Procedure”, the format was changed to delineate how results are ordered & received step by step, and the communication of results to the patient was addressed separately. The content is the same in both the old and new policies. In the new policy, sections are broken out into normal, abnormal and critical results. In the old policy, abnormal results were not specifically broken out into a separate section. The only change in wording is that the old policy stated under critical follow-up “the lab/X-ray tech will immediately provide the results...”, while the new policy states “on the same day the critical result is received, the lab/X-ray tech will provide the results...”. There is one addition to the new policy, which states “if the ordering provider is not available, the designated medical backup provider or medical director will be informed and ensure follow-up action is taken”.
- 4) Under “Tracking” the format was changed to separate sections for lab & X-ray. The content is the same with one addition to the new policy; there is a separate section on “monitoring”.

## Coastal Health & Wellness Diagnostic (Laboratory and Radiology) Test Tracking and Follow-Up Policy

### **PURPOSE:**

Coastal Health & Wellness (CHW) providers routinely order laboratory and imaging tests for diagnosing and developing treatment plans. These tests are performed at CHW and the specimens are sent to an approved Laboratory for testing or Radiologist for reading. The ordering, tracking and follow-up of these tests is crucial for timely diagnosis and quality delivery of care.

### **POLICY:**

It is the policy of CHW to accurately diagnose clinical conditions and provide efficient treatment; therefore, it is the intent of CHW to track lab and imaging tests that are deemed medically necessary and to follow-up on the results in a timely manner.

### **PROCEDURE:**

#### **A. Ordering/Receiving Results**

- a. Laboratory and radiology (X-ray) tests may be ordered by a patient's provider as deemed necessary. Orders are tracked and follow up is conducted in accordance with the procedures set forth in this policy.
- b. LabCorp results are input directly into the patient's electronic record (EMR) within 3-10 business days.
- c. Quest Diagnostic results are faxed to the Lab/X-ray Department within 3-10 business days. A copy of the results is also kept by the CHW Lab/X-ray Department, and a copy is sent to the Electronic Records Department to be scanned into the patient's EMR. X-ray results are scanned into the patient's EMR within 10 business days.
- d. Any other lab result or imaging result that is not input directly from the lab interface into the patient's EMR is also scanned into the patient's EMR by the Electronic Records Department.

#### **B. Communication of Results to the Patient:**

- a. It is the responsibility of the ordering provider or designee to review, sign off and ensure appropriate follow up for all diagnostic test results.
- b. Providers are expected to review results daily in the provider approval queue (PAQ).
- c. When the ordering provider is absent, a back-up must be designated by the provider or by the Medical Director to review all diagnostic test results.

#### **Normal Results:**

- a. All normal test results are reviewed within one week.
- b. Providers will task follow up orders to the Nursing Department. The nurse notifies the patient or patient's family of the result (in compliance with HIPAA) via phone call whereby the

- nurse will provide results, give instructions, ask questions or arrange for a visit, as determined by the provider.
- c. It is the responsibility of the nurses to complete tasks sent by providers and document the outcomes in the EMR. If a nurse is unable to contact a patient by phone after two attempts, a letter will be sent to the patient's address asking the patient to contact CHW.
  - d. Patients may request results through the patient portal or by calling the clinic. Nursing staff may only provide results to patients after the provider has reviewed and signed off on the results. Providers may instruct patients to return to the clinic for results. When communicating with patients by phone, patients must give their full name and DOB for identification.

### **Abnormal Results:**

- a. All abnormal lab and imaging results are systematically flagged and brought to the attention of the ordering provider. If the ordering provider is absent, the backup provider as designated by the ordering provider or the Medical Director, will receive the lab or diagnostic test results and conduct the appropriate follow-up.
- b. Abnormal results are reviewed within 48 hours by the provider.
- c. The ordering provider or backup provider tasks the nurse with contacting the patient through telephone communication or requests that the patient come to the health center for a face-to-face visit within 48 hours of receipt of the abnormal results, to discuss the results and any additional follow-up actions.
- d. If the patient cannot be reached after several attempts within the 48-hour time frame, the patient's emergency contact will be called (if authorized by the patient in the patient registration form) or notification by certified mail to the patient will be utilized.

### **Critical Lab Results:**

- a. A Critical Value Log will be kept in the Texas City clinic in the Lab/X-ray Department. Critical and Alert lab results from the Galveston clinic are called in to the TC clinic.
- b. When notified by phone of a critical result, the Lab/X-ray Tech will write the result verbatim on the form provided and read back the result verbatim to the reference lab caller.
- c. When notified by fax of a critical result, the Lab/X-ray Tech will use the faxed result to complete the log. The log information includes date and time received, patient name and DOB, critical test and critical result, and the Lab Tech's initials.
- d. On the same day it was received, the Lab/ X-ray Tech will provide the written or faxed result and the log to the Charge Nurse of the clinic where the critical result was received (Texas City or Galveston).
- e. On the same day, the Charge Nurse will present the result to the provider (or Medical Director or designee) and will document the delivery of the critical result in the log by noting the provider to whom the result was given, the Charge Nurse's initials, date, and time received.
- f. The ordering provider will access the lab report in NextGen, if available, or will use the written or faxed report. The provider will note any follow-up ordered in the patient's EMR.
- g. If the ordering provider is not available, the designated medical backup provider or medical director will be informed and ensure follow-up action is taken.

- h. On the same day the critical result is received, the provider tasks the Charge Nurse to contact the patient. The Charge Nurse immediately attempts to contact the patient by phone two times. If unable to reach the patient by phone after the second attempt, the Charge Nurse attempts to contact the emergency numbers listed in the patient chart in order to reach the patient. If the Charge Nurse cannot reach the patient or the patient's emergency contact by telephone, CWH will either direct an in-person visit from a CWH staff person or will enlist assistance from local authorities.
- i. After-hours critical results are sent by the providing lab service to the answering service which contacts the on-call provider.
- j. The Lab/X-ray Supervisor will audit the Critical Value Logbook on a monthly basis for complete and timely documentation.
- k. See Appendix A for a list of Panic (Critical) Limits.

**C. Tracking.** CWH tracks all patient laboratory and imaging testing. The following information is tracked: Patient information; date test ordered; ordering provider; list of tests ordered; date test results received; provider who reviewed results; follow-up recommended by provider; and communication of results to the patient.

**Tracking: Lab Test:** On a weekly basis, the Lab/X-ray Supervisor will pull a report of lab tests that were ordered the previous week to determine if any tests remain in pending status (not received or signed off by the provider). The Lab/X-ray Supervisor will determine for each pending lab result the action needed to complete the order. The supervisor may contact the reference lab or check the reference labs database as needed. All lab tests must be completed and signed off by the ordering provider or designee.

- a. **Redraws:** In the event that a patient's test must be redrawn or recollected, the Lab/X-ray Tech will contact the patient to return to the clinic, and will instruct the patient to check in. The Lab/X-ray Tech will draw and process the specimen. The Lab/X-ray Tech will notify the Lab Supervisor of the re-draw, and the Supervisor will notify the Clinic Business Office Manager, by email, not to duplicate the charge. The patient will not be billed for the redraw.
- b. **Contingency Plan:** For lab tests that are ordered or processed during a time of "System Down", Lab/ X-ray Techs will follow the instructions in the NextGen Contingency Plan to process and receive all lab results by paper. When the ordering provider (or designated back up provider) has reviewed the results on paper, the paper result will be scanned into the patient's electronic record by the Electronic Records Department. Paper results are to be sorted by lab staff and given to providers or designee to review the day they are received.

**D. Tracking: X-Ray:**

- a. The Lab/X-ray Supervisor will conduct a monthly audit of all x-ray orders and x-ray reports received to ensure that each order has a report in the EMR.
- b. The Lab/X-ray Supervisor will also perform at least a weekly audit of radiology PAC to determine if each image has been appropriately sent and a report has been received.

- c. It is the responsibility of the ordering provider to sign off each x-ray report and ensure appropriate follow up. Providers can task nursing through the PAQ with instructions for patient notification of results and follow-up needed.
- d. In the event that an X-ray report is phoned from the Radiologist to the Lab/X-Ray Department, the result will be written verbatim, read back verbatim to the Radiologist and lab staff will follow the same process for reporting a critical lab result, with immediate notification to the ordering provider, and tracking in the Critical Value Log book.

**E. Monitoring**

CWH ensures that any issues and trends are identified concerning compliance with policies and procedures related to monitoring and tracking of diagnostic tests ordered and implements appropriate quality assurance/risk management corrective action as may be determined necessary.



## Panic (Critical) Values

LabCorp defines critical (panic) results as laboratory test results that exceed established limit(s) (high or low) as defined by the laboratory for certain analytes as listed in the "Critical (Panic) Limits." Critical results are considered life threatening and require immediate notification of the physician, the physician's representative, the ordering entity, or other clinical personnel responsible for the patient's care. Critical results may also be referred to as "panic" values.

Critical results are communicated to the physician, the physician's representative, the ordering entity or other clinical personnel responsible for patient care once secondary causes have been ruled out, the result has been verified, and the patient's result has been entered into the laboratory computer system.

**Note** that *abnormal results* are **not** considered Critical Values. Results that are outside the laboratory's established reference interval may be considered abnormal. "Abnormal" and "critical" are not to be used interchangeably.

Test Name	Age	Reference Interval	Default call Low <	Default call High >
Bilirubin, Total, Adult		0.0 – 1.2 mg/dL		17.0 mg/dL
Bilirubin, Total, Neonatal	Age Specific			17.0 mg/dL
Calcium	M/F: 18-59 years	8.7 – 10.2 mg/dL	7.0 mg/dL	13.0 mg/dL
	M: 60 years and older	8.6 – 10.2 mg/dL		
	F: 60 Years and older	8.6 – 10.3 mg/dL		
Creatine Kinase, MB		M: 0.0 – 10.4 ng/mL		10.4 ng/mL
		F: 0.0 – 5.3 ng/mL		5.3 ng/mL
Creatine Kinase, Total		M: 24 – 204 U/L		10,000U/L
		F: 24 – 173 U/L		
Glucose		65 – 99 mg/dL	40 mg/dL	500 mg/dL
Potassium		3.5 – 5.2 mmol/L	2.5 mmol/L	6.5 mmol/L
Sodium		134 – 144 mmol/L	120 mmol/L	160 mmol/L
Troponin I		0.00 – 0.04 ng/mL		0.04 ng/mL
Troponin T		<0.011 ng/mL		0.010 ng/mL
Fibrinogen Activity	17 years and older	193 – 507 mg/dL	80 mg/dL	999 mg/dL
Fibrinogen Antigen		180 – 350 mg/dL	80 mg/dL	999 mg/dL
Hematocrit	M: 13 years and older	37.5 – 51.0 %	18.1%	64.4%
	F: 13 years and older	34.0 – 46.6 %		
Hemoglobin	M: 15 years and older	13 – 17.7 g/dL	6.1 g/dL	21.4 g/dL
	F: 15 years and older	11.1 – 15.9 g/dL		
INR	7 months and older	0.8 – 1.2		4.9
aPTT	18 years and older	24 – 33 sec		89 sec
Neutrophils, absolute	13 years and older	1.4 – 7.0 × 10 <sup>3</sup> /μL	0.5 × 10 <sup>3</sup> /μL	999 × 10 <sup>3</sup> /μL
Platelets	13 years and older	150 – 379 × 10 <sup>3</sup> /μL	21 × 10 <sup>3</sup> /μL	999 × 10 <sup>3</sup> /μL

Test Name	Age	Reference Interval	Default call Low <	Default call High >
WBC	13 years and older	3.4 – 10.8 × 10 <sup>3</sup> /μL	1.1 × 10 <sup>3</sup> /μL	49.9 × 10 <sup>3</sup> /μL
Amitriptyline + Nortriptyline Metabolite		12 – 250 ng/mL		1,000 ng/mL
Carbamazepine		4.0 – 12.0 μg/mL		20.0 μg/mL
Digoxin		0.5 – 0.9 ng/mL		2.5 ng/mL
Ethosuximide		40 – 100 μg/mL		200 μg/mL
Lithium		0.6 – 1.2 mmol/L		1.5 mmol/L
Primidone		5.0 – 12.0 μg/mL		24.0 μg/mL
Phenobarbital		15 – 40 μg/mL		60 μg/mL
Phenytoin	4 months and older	10.0 – 20.0 μg/mL		40.0 μg/mL
Theophylline	2 months and older	10.0 – 20.0 μg/mL		25.0 μg/mL
Valproic Acid		50 – 100 μg/mL		200 μg/mL
Vancomycin, Peak		25.0 – 40.0 μg/mL		80.0 μg/mL
Vancomycin, Trough		10.0 – 15.0 μg/mL		80.0 μg/mL
Vancomycin, Random		5.0 – 40.0 μg/mL		80.0 μg/mL

### Qualitative or Non Numeric Panic Values

- Any positive gram stain, fungal stain, cryptococcal antigen or positive culture result on CSF
- Any positive gram stain or culture result from a blood culture
- Any positive gram stain or fungal stain from a normally sterile body fluid specimen
- Any positive culture from a normally sterile body fluid specimen
- Any seasonal (Nov 1 – April 30) STAT RSV EIA result
- Definitive identification of any culture isolate considered potentially life-threatening or designated as a select agent, ie, Brucella, Francisella
- Positive Shiga toxin EIA result from a patient <18 or >62 years old
- Any intracellular or extracellular blood parasite
- For Hematology stained slides, any neutrophages with phagocytosed (intracellular) microorganisms (bacteria, yeast, etc.) found in a normally sterile body fluid, ie, CSF, synovial, serous, amniotic, and/or blood specimen (Reported when present in neutrophils only)
- Any "No Clot Detected" result for prothrombin time or activated partial thromboplastin time (aPTT)
- LD Isoenzyme Interpretation – The LDH isoenzyme pattern demonstrates LD1 greater than LD2
- Any positive HSV result on CSF



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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**September 2019**

**Item #2**

**Consider for Approval Coastal Health & Wellness  
Credentialing & Privileging Policy**

## **Coastal Health & Wellness Clinic Credentialing and Privileging Policy**

This new policy was previously included as an attachment to the CHW Performance Improvement Plan. The content of this new policy is the same as the content of the PIP attachment, with the addition of a section addressing *Other Licensed or Certified Practitioners (OLCPs)* and *Other Clinical Staff (OCSs)*. *OLCPs* are defined as individuals who are licensed, registered or certified, but are not permitted by law to provide patient care services without direction or supervision. This includes registered nurses, licensed vocational nurses, dental hygienists, X-ray technicians and dental assistants. *OCSs* are individuals who are involved in patient care but are not required to be licensed or certified; this includes medical assistants. The new policy also outlines the credentialing and privileging activities for *OCLPs* and *OCSs*.

## COASTAL HEALTH & WELLNESS CLINIC CREDENTIALING AND PRIVILEGING POLICY

**POLICY:** To ensure patient safety and a competent professional work force, all Coastal Health & Wellness (“CHW”) practitioners (employed, volunteers and contracted) will be credentialed and privileged according to the following standards.

Practitioners are credentialed and privileged for a two-year term. Thereafter, Practitioners must be re-credentialed and have their privileges renewed for additional two-year terms in order to provide services at CHW.

CHW may contract with a credentials verification organization (CVO) to perform the credentialing activities set forth in the Credentialing and Privileging Table in this Policy.

**APPLICABILITY:** Except as otherwise set forth herein, any Practitioner as defined below, regardless of employment status (e.g., full-time, part-time, contracted, volunteer) must be credentialed, privileged and appointed in accordance with the procedures in this Policy before providing healthcare services to CHW patients. If CHW contracts with provider organizations or has formal, written referral arrangements for the provision of services that are within CHW’s scope of project to CHW patients, CHW shall ensure, through provisions in the contract or CHW’s review of the organization’s credentialing and privileging processes, that such Practitioners shall be licensed, certified, or registered as verified through a credentialing process that meets all applicable laws, and are competent and fit to perform the contracted services as assessed through a privileging process.

### **DEFINITIONS:**

**Credentialing:** Credentialing is the process of assessing and confirming the qualifications of a Practitioner.

**Privileging:** Privileging is the process of authorizing a Practitioner’s scope of patient care services. Practitioners must request privileges that are consistent with the CHW Clinic’s scope of services and are appropriate for his/her education and training.

**Practitioner.** An individual who is a LIP, OLCP or OCS, as applicable.

**Licensed Independent Practitioner (“LIP”).** An individual required to be licensed, registered, or certified by the State of Texas to provide medical or dental services to patients. These individuals include, but are not limited to, physicians, dentists, behavioral health counselors, physician assistants and nurse practitioners.

**Other Licensed or Certified Practitioner (“OLCP”).** An individual who is licensed, registered, or certified but is not permitted by Texas State law to provide patient care services without direction or supervision. These may include, but are not limited to, registered nurses, licensed vocational nurses, dental hygienists, X-ray technicians and dental assistants.

**Other Clinical Staff (“OCS”).** An individual who is involved in patient care but is not required to be licensed or certified by the State of Texas. These may include, but are not limited to, medical assistants.

## **APPROVAL AUTHORITY:**

The CHW Governing Board (the “Board”), on the recommendation of the Medical or Dental Director, must approve the credentials and privileges for Medical Doctors, Doctors of Osteopathy, and other Licensed Independent Practitioners such as Dentists, Behavioral Health Counselors, and midlevel providers including Physician Assistants and Nurse Practitioners (collectively, “LIPs”). Approval authority for OLCPs is vested in CHW’s Medical or Dental Director or through the practitioner’s supervisor for Other Clinical Staff (“OCS”).

## **CREDENTIALING & PRIVILEGING GUIDELINES:**

### **Initial Credentialing:**

1. CHW performs the credentialing activities in accordance with the **Credentialing and Privileging Table** set forth below.
2. The Texas Standardized Credentialing Application is provided to the LIP provider along with clear information about the application, required documents and deadlines. Other requested documents include the privileges request form, copies of relevant credentials including license(s), certifications, DEA and DPS certificates, Board certification, CPR and government-issued picture identification.
3. OLCPs and OCSs complete an employment application with verification activities performed in accordance with the **Credentialing and Privileging Table** below, which includes a request for professional references, attestation of fitness for duty and such other information set forth in the table.
4. Primary source verification is used by direct correspondence, telephone, fax, email or paper reports received from original sources to verify current licensure, certification, relevant training and experience. The credentials are verified, in accordance with the **Credentialing and Privileging Table** below. If primary source verification cannot feasibly be obtained, Joint Commission-approved equivalent sources include, but are not limited to, the following: the American Medical Association Physician Masterfile, American Board of Medical Specialties, Educational Commission for Foreign Medical Graduates, American Osteopathic Association Physician Database, and Federation of State Medical Boards and the American Academy of Physician Assistants.
5. For LIP applicants, three professional references, as designated on the Texas Standardized Credentialing Application, will be required from the same field and/or specialty who are not partners in a group practice and are not relatives, as available. Professional references may be obtained from an educational program, when the applicant is a recent graduate. If the applicant has had privileges at a hospital or clinic, a letter requesting verification of privileges is also used for primary source verification. References will be asked to complete a standard reference form about the applicant’s clinical performance, ethical performance, history of satisfactory practice, specific knowledge about the applicant’s clinical judgment and technical skills.
6. LIPs give a written statement and/or list of their requested privileges and attest to their fitness for duty and ability to perform their requested privileges which are reviewed by the Medical or Dental Director
7. A Verification of Health Fitness will be required to determine the Practitioner’s (LIP, OLCP and OCS) health fitness or the ability to perform the requested privileges.

8. A query of the National Practitioner Data Bank (NPDB), as applicable to the Practitioner, the Health and Human Services Office of Inspector General List of Excluded Individuals database, and all individual state exclusionary databases will be conducted for information on sanctions or adverse actions against a Practitioner’s license, as applicable.

9. Background checks will be completed on all Practitioners.

**Initial Privileging:** LIPs request specific privileges in writing based on their training, competence and within the scope of services of the Coastal Health & Wellness Clinic. The Medical or Dental Director recommends the LIP’s privileges to the Governing Board, which has the final approval authority. The Executive Director or designee notifies the LIP in writing of the granting of specific privileges. Privileging for OLCPs and OCSs occurs through supervisory evaluation per job description. Approval authority for OLCPs is vested in CHW’s Medical or Dental Director or through the practitioner’s supervisor for Other Clinical Staff (“OCS”).

**Recredentialing:** The recredentialing process is accomplished at least every two years in accordance with the Credentialing and Privileging Table set forth below.

**Re-privileging:** Re-privileging of LIPs, OLCPs and OCSs is accomplished at least every two years in conjunction with recredentialing. Determinations on renewal of privileges shall be based on peer review, supervisory performance evaluations or comparable methods for LIPs and supervisory evaluations per job description for OLCPs and OCSs. Other data that can be utilized include clinical data gathered over the two years, including patient satisfaction, performance improvement activities and risk management activities and training completed. A Practitioner may request privileges revisions at any time. The final approval for re-privileging for LIPs is that of the Governing Board. Approval authority for OLCPs is vested in CHW’s Medical or Dental Director or through the practitioner’s supervisor for Other Clinical Staff (“OCS”).

**Credentialing and Privileging Table.** CHW performs the following credentialing and privileging activities, as applicable to the Practitioner:

CREDENTIALING	PRACTITIONER	
	LIP	OLCP and, as applicable, OCS
<b>ACTIVITY*</b> Required for both initial and recurring Credentialing, as applicable		
<b>Examples of Staff</b>	Physician, Dentist, Physician Assistant, Nurse Practitioner	RN, Medical Assistant, LVN, Dental Assistant, X-ray Technician, Dental Hygienist
1. Verification of identity	Completed using government issued picture ID	Completed using government issued picture ID
2. Verification of current licensure, registration or certification*	Primary source	Primary source N/A for OCS
3. Verification of education and training	Primary source; Verification of graduation from medical, dental or other clinical professional school and, if applicable,	Secondary source

	residency, including receipt of sealed transcripts	
4. National Practitioner Data Bank Query*	Required  Copy of completed report from NPDB query or documentation of a change in provider's file (if CHW signs providers up with NPDB and receives a real-time report of any changes in a provider's file)	Required as applicable for OLCPs; Not required for OCSs
5. Drug Enforcement Administration ("DEA") registration, *	If applicable, a copy of the physician/provider's current DEA registration certificate, which indicates the issue and expiration dates.	N/A
6. Basic life support training (if applicable) *	Required  Secondary source (documentation of completion of basic life support training, e.g., a copy of a certificate of completion of training or documentation of comparable/advanced training based on provider's licensure or certification standards)	Required  Documentation of completion of basic life support training (e.g., a copy of certificate of completion of training, course completion dates, etc.)
Criminal Background Check	Primary source	Primary Source

PRIVILEGING ACTIVITY	PRACTITIONER	
	LIP	OLCP or OCS, as applicable
*required for initial and re-privileging		
1. Verification of fitness for duty to assess the ability to perform the duties of the job in a safe, secure, productive and effective manner. *	Completed statement or attestation of fitness for duty from the Practitioner that is confirmed by either the director of a training	Completed statement or attestation of fitness for duty from the Practitioner that is confirmed by a licensed physician designated by



	program, chief of staff/department at a hospital where privileges exist, or a licensed physician	GCHD, or a licensed physician
2. Verification of immunization and communicable disease*  <u>Immunizations/Communicable disease screenings that are verified according to GCHD Employee and Pre-hire Immunization Policy</u>	Copy of immunization records/status in provider's file or provider attestation including, if applicable, any declinations (provided by GCHD Immunization Program Manager).	Copy of immunization records/status in provider's file or provider attestation, including if applicable, any declinations (provided by GCHD Immunization Program Manager).
3. Verification of current clinical competence*	For initial privileges, verification through review of training, education, and as available, reference reviews.  For renewal of privileges, Verification through peer review, supervisory performance reviews or other comparable methods.	Supervisory evaluation per job description.

**TEMPORARY PRIVILEGES:**

**Medical and Dental Directors:** recommend temporary approval of privileges only in circumstances outlined below.

**CHW Executive Director or Designee:** Approves temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists in specific circumstances as outlined below, upon recommendation of the Medical or Dental Director.

Temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists shall be granted under the following circumstance:

1. To fulfill an important patient care need, for example, in the event of unexpected provider absences due to illness or position vacancy.
  - a. In this circumstance, temporary privileges may be granted by the CHW Executive Director or designee, upon the recommendation of the Medical or Dental Director, on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time and while the full credentials information is verified and approved; provided there is verification of current licensure; relevant training or experience; results of the National Practitioner Data Bank query have been obtained and evaluated; any involuntary termination of medical staff membership at another organization has been evaluated;

any voluntary or involuntary limitation, reduction, or loss of clinical privileges have been evaluated and current competence (as evidenced by at least two peer recommendations). In this case, temporary privileges will be approved for no more than ninety (90) days and will state the relevant patient care need.

Temporary privileges are not to be routinely used for other administrative purposes such as:

- a. The failure of the provider to provide all information necessary to the processing of his/her reappointment in a timely manner; or
- b. Failure of the staff to verify performance data and information in a timely manner.

### **ADVERSE ACTIONS/APPEALS:**

If, during the credentialing process, substantive adverse information on the applicant is received, the Medical Director or Dental Director, in conjunction with the Director of Human Resources and the CHW Executive Director or designee, may recommend that the applicant not be hired or contracted. LIP applicants may appeal a decision made regarding denial or limitation of privileges to the Board. Such appeals must be made in writing by certified mail to the Board and must be received within thirty (30) days of the decision. The Board, at their sole discretion, may reconsider the decision made to deny or limit privileges. The LIP applicant will be informed of the Board's action.

### **Adverse Actions on Privileges/Process for Medical or Dental Practitioners/Appeals Process**

Coastal Health & Wellness' process is developed in accordance with its status as a governmental entity and employer and in accordance with policy and bylaws established by HRSA, the Texas Medical Board, the Texas Dental Board, the Texas Board of Nursing, and in accordance with approved Coastal Health & Wellness policies.

If CHW finds that a Practitioner fails to meet appropriate standards for clinical competence and/or fitness for duty, CHW (through its Medical or Dental Director, Executive Director or the Board), as applicable, may take adverse action against a Practitioner's privileges including but not limited to suspension, limitation or termination of privileges. OLCPs and OCSs shall be notified of the determination and any corrective action or follow up required in order to address the action on privileges. OLCPs and OCSs shall not be entitled to review of such determination.

For LIPS, if the matter involves a compliance or quality of care issue, a comprehensive investigation will be performed to gather factual data and statements from all involved parties. The investigation will be reviewed by the CHW Executive Director or designee and Medical or Dental Director to determine if patient harm or non-compliance were substantiated by the investigation. If harm or non-compliance is questionable, the investigation will be forwarded for review by a confidential peer review committee of clinical counterparts for recommendations. The recommendations will be recorded and forwarded by the Medical or Dental Director to the involved provider for review and comment. All documentation will be kept in the providers' file. If the matter involves a substantiated violation of laws, organizations policies, or applicable licensure board regulations, the CHW Executive Director or designee and Medical or Dental Director, in consultation with the Human Resources Designee, will determine a fair and consistent corrective action in accordance with the *Health District Corrective Action Policy*.



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**September 2019**

**Item #3**

**Consider for Approval 2019-2020 Risk Management  
Training Plan**



**Coastal Health & Wellness  
Risk Management Training Plan  
2019**

## **Article I Risk Management Training Program Goals**

Risk Management is the responsibility of all Coastal Health & Wellness (“CHW”) employees, including providers, clinicians, managers, volunteers and staff. Risk management spans the entire operation and most functional areas, and all employees should be trained on risk management functions and responsibilities. CHW’s Risk Management Training Program goals and objectives are to create a culture of safety by:

1. Promoting safe and effective patient care practices;
2. Minimizing errors, events, and system breakdowns;
3. Minimizing effects of adverse events when they occur;
4. Minimizing losses to CHW by being proactive and attentive;
5. Maintaining a safe working environment;
6. Facilitating compliance with regulatory, legal, and accrediting agencies;
7. Protecting CHW’s financial resources; and
8. Protecting human and intangible resources.

## **Article II Process for Selection of Training Requirements**

1. Using trend data and other risk management data (e.g, claims data, patient complaints, incident reports, adverse events, services provided and inherent nature/risk of such services), the areas/activities of highest risk for CHW patient safety and ensuring consistency with CHW’s identified scope of project(s).
2. Training courses are then selected to mitigate or minimize the areas identified as highest risk.

## **Article III Training Courses**

1. All staff will be trained on risk management upon hire and thereafter on an annual basis. This includes providers, clinicians, managers, volunteers and support staff.
2. CHW has identified required courses for all staff and specialized training to mitigate or minimize risk of injury to patients and potential for liability to CHW, as set forth in paragraphs 3 and 4 of this Article.

3. **Required Courses for All Staff.** All staff will be required to complete risk management training on the following in accordance with the schedule/due dates outlined in CHW's Risk Management Training Log (see, Risk Management Training Log):
  - a. Risk Management & Safety Training
  - b. HIPAA and Patient Confidentiality
  - c. Infection Control and Sterilization, which includes the following:
    - i. Infection Control: Hand Hygiene Training and Monitoring;
    - ii. Infection Control: Bloodborne Pathogen Exposure Training;
    - iii. Infection Control Prevention and Control; and
    - iv. Infection Control: Dental Instrument Sterilization Training for select staff, as applicable\* (see below Specialized Courses for Dentistry regarding dental equipment sterilization);

\*CHW exclusively uses disposable instruments for all medical and laboratory procedures, therefore only members of the dental staff are required to undergo instrument sterilization training.
  - d. Emergency Operations Plan
  - e. Fire Safety Training
  - f. Anti-Fraud Training
  - g. Cultural and Linguistic Training
  - h. Child, Elderly and Domestic Abuse Reporting Training
4. **Specialized Courses for Select Staff.** In addition to the required courses outlined above, staff in the following professions/fields will also be required to attend and complete specialized risk management courses applicable to these professions/fields, in accordance with the schedule/due dates outlined in CHW's Risk Management Training Log (see, Risk Management Training Log):
  - i. All practitioners must complete their continuing medical education requirements or other applicable licensure requirements to maintain licensure, registration or certification.
  - ii. Obstetrics/Gynecology: Prenatal and Postpartum Care providers are required to complete risk management training specific to this type of care.

**\*Please note CHW does not provide Labor and Delivery Services.**

Dentistry: As stated above, Dental staff must complete an annual Dental Instrument Sterilization Training, Surveillance and Infection Control and monthly Equipment Maintenance training.

- iii. CHW requires specific risk management trainings for groups of providers that perform various services which may lead to potential risk including:
    - 1. Behavioral Health
    - 2. Primary Care/Specialty Care
    - 3. Dental
    - 4. OB/GYN
  - iv. Staff that handle hazardous materials disposal must complete annual Hazardous Materials Disposal Training.
5. **Other Courses/Training.** The Risk Manager may identify and require additional courses/training for some or all staff, as appropriate, to address any incident, identified trend, near miss, patient complaint or any other circumstance.

#### **Article IV Tracking Training Attendance and Completion**

##### 1. Tracking Methods

- a. Staff must complete required risk management training upon hire and on an annual basis thereafter.
- b. Attendance and/or completion of training courses will be tracked in a manner appropriate to the method by which the course was conducted (e.g., in-service sign-in log for in-person courses; certificates of completion for individual online courses, attestation of review and completion for other courses).
- c. Staff who are unable to attend in-service sessions during which a required training is provided are required to make-up the training by attending the next New Hire Orientation sessions where the training is offered (every other week).

##### 2. Performance Reviews/Credentialing and Privileging

- a. Compliance with training requirements will be documented in staff personnel records and considered during performance reviews and/or credentialing and privileging determinations.

##### 3. Non-Compliance with Training Requirements

- a. The Risk Manager in conjunction with Human Resources will monitor staff compliance with training requirements. In the event that the Risk Manager determines that a staff member has failed to complete necessary training, the staff member will be required to schedule/complete the necessary training at the next New Hire Orientation session where the course is offered (every other week).

Failure to complete the training may result in the staff member's referral to Human Resources for disciplinary action, up to and including termination.

4. Appropriate Sources of Training/Mode of Delivery

- a. Trainings are facilitated during employee in-service sessions, which are held from 8:00 am-12:00 pm on the second Wednesday of every month.
- b. Training may also be conducted either in person, online, individually or in a group setting utilizing courses developed by CHW or through outside sources (e.g., ECRI Institute).



**COASTAL HEALTH & WELLNESS  
RISK MANAGEMENT TRAINING LOG  
UPDATED SEPTEMBER 2019**

1. Trainings are facilitated during employee in-service sessions, which are held from 8:00 am - 12:00 pm on the second Wednesday of every month.
  2. Attendance is tracked via an in-service sign-in log, which is captured for both the All Employee Session and the subsequent Departmental Breakout Sessions.
  3. Trainings denoted in this log are provided to each employee during New Hire Orientation, and annually thereafter.
  4. Employees unable to attend in-service sessions during which time a required training is provided are required to make-up the training by attending the training when it's administered at the next New Hire Orientation session, which occur every other week.
  5. **Subject-matter specific trainings applicable to only select groups of employees will be provided solely to those employees. Employees not responsible for incurring tasks related to the subject-matter may be exempt from the training and tracked as being non-applicable ("n/a") for the training.**
  6. Coastal Health & Wellness exclusively uses disposable instruments for all medical and laboratory procedures; therefore, only members of the dental staff are required to undergo instrument sterilization training.
  7. Coastal Health & Wellness does not provide Labor & Delivery Services. OB/GYN providers who provide prenatal and postnatal care receive obstetrical risk management training.
- \*\*Coastal Health & Wellness sterilizes all dental instrumentation in accordance with AAMI guidelines.**

Employee Name	Hazardous Materials Disposal Training (DOT)		Infection Control: Hand Hygiene Training		Infection Control: Dental Instrument Sterilization**		Infection Control: Bloodborne Pathogen Exposure Training		Emergency Operations Plan		Anti-Fraud Training		HIPAA and Patient Confidentiality Training		Cultural and Linguistic Training		Child, Elderly and Domestic Abuse Reporting		Infection Prevention and Control		Annual Fire Safety Training		Risk Management: Behavioral Health		Risk Management: Review of Stimulant and Benzodiazepine Prescription Practices		Risk Management: Medical Emergencies Occurring in the Dental Clinic		Risk Management: OB/GYN Prenatal and Postnatal Care and other obstetrical risk management topics		Risk Management and Safety Training			
	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due		
<b>Clinical Providers</b>																																		
Jason Borillo, PA	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Jacklyn Morgan, PA	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Haley McCabe, PA	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Leonard Nagorski, MD	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Lisa Tigrett, M.Ed, LPC, LBSW	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Emily Bailey, MSW, LCSW	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Cynthia Ripsin, MD	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Dec-18	Dec-19	Dec-18	Dec-19	Dec-18	Dec-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Opeyemi Ojo, FNP	n/a	n/a	Jun-19	Jul-20	n/a	n/a	Jun-19	Jun-20	Jun-19	Jun-20	Jun-19	Jun-20	Jun-19	Jun-20	Jun-19	Jun-20	Jun-19	Jun-20	Jun-19	Jun-20	Jun-19	Jun-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Yaa Cheremateng, PA	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Juliet Wiseman, FNP	n/a	n/a	Aug-19	Aug-20	n/a	n/a	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Sep-19	Sep-20	Jun-19	Jun-19	Mar-19	Mar-20	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
<b>Nursing</b>																																		
Tabetha Breaux, CNA	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Guadalupe Resendiz, MA	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Lila Saenz, MA	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Jean Salazar, LVN	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Cheryl Rowe, MA	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Tiffany Carlson, RN	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Dana Ayers, LVN	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Brittany Henderson, CNA	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Cecilia Saucedo, CNA	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Celestine Johnson, RN	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Christie Horsman, LVN	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Ashley Gardner, CNA	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Esmeralda Martinez, CNA	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Tamra Wallace, LVN	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Brenda Fernandez, CNA	Oct-18	Oct-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Crystal Huesca, LVN	Nov-18	Nov-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Nov-18	Nov-19	Nov-18	Nov-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Abilene Coss, MA	Feb-19	Feb-22	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Rosemary Gonzales, LVN	Mar-19	Mar-22	Jul-19	Jul-20	n/a	n/a	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Brenda Orta Gonzalez, MA	Mar-19	Mar-22	Jul-19	Jul-20	n/a	n/a	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Mar-19	Mar-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
Jasmine Tello, MA	Aug-19	Aug-22	Aug-19	Aug-20	n/a	n/a	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20	Sep-19	Sep-20
<b>Lab/X-Ray</b>																																		
Jayne Windham, ARRT, MRT	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20
Maria Martinez, MRT	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20
Rose Macicek, ARRT, MRT	Jun-18	Jun-21	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20
Jessica Rodriguez, CPT, NCT, CMA	Feb-19	Feb-22	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20
Virginia Lyle	Jul-19	Jul-19	Jul-19	Jul-20	n/a	n/a	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Sep-19	Sep-20	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20
<b>Dental Providers</b>																																		
Bang Nguyen, DDS	n/a	n/a	Jul-19	Jul-20	Dec-18	Dec-19	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	Jun-19	Jun-20	n/a	n/a	Sep-19	Sep-20	Sep-19	Sep-20
Suma Shetty, DDS	n/a	n/a	Jul-19	Jul-20	Dec-18	Dec-19	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19																						

**COASTAL HEALTH & WELLNESS  
RISK MANAGEMENT TRAINING LOG  
UPDATED SEPTEMBER 2019**

1. Trainings are facilitated during employee in-service sessions, which are held from 8:00 am - 12:00 pm on the second Wednesday of every month.
  2. Attendance is tracked via an in-service sign-in log, which is captured for both the All Employee Session and the subsequent Departmental Breakout Sessions.
  3. Trainings denoted in this log are provided to each employee during New Hire Orientation, and annually thereafter.
  4. Employees unable to attend in-service sessions during which time a required training is provided are required to make-up the training by attending the training when it's administered at the next New Hire Orientation session, which occur every other week.
  5. **Subject-matter specific trainings applicable to only select groups of employees will be provided solely to those employees. Employees not responsible for incurring tasks related to the subject-matter may be exempt from the training and tracked as being non-applicable ("n/a") for the training.**
  6. Coastal Health & Wellness exclusively uses disposable instruments for all medical and laboratory procedures; therefore, only members of the dental staff are required to undergo instrument sterilization training.
  7. Coastal Health & Wellness does not provide Labor & Delivery Services. OB/GYN providers who provide prenatal and postnatal care receive obstetrical risk management training.
- \*\*Coastal Health & Wellness sterilizes all dental instrumentation in accordance with AAMI guidelines.**

Employee Name	Hazardous Materials Disposal Training (DOT)		Infection Control: Hand Hygiene Training		Infection Control: Dental Instrument Sterilization** Training		Infection Control: Bloodborne Pathogen Exposure Training		Emergency Operations Plan		Anti-Fraud Training		HIPAA and Patient Confidentiality Training		Cultural and Linguistic Training		Child, Elderly and Domestic Abuse Reporting		Infection Prevention and Control		Annual Fire Safety Training		Risk Management: Behavioral Health		Risk Management: Review of Stimulant and Benzodiazepine Prescription Practices		Risk Management: Medical Emergencies Occurring in the Dental Clinic		Risk Management: OB/GYN Prenatal and Postnatal Care and other obstetrical risk management topics		Risk Management and Safety Training			
	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due				
Kirsten Williams Saddler, RDA	Jun-18	Jun-21	Jul-19	Jul-20	Dec-18	Dec-19	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	Jun-19	Jun-20	n/a	n/a	Sep-19	Sep-20		
Jessica Garza, RDA	May-19	May-22	Jul-19	Jul-20	Dec-18	Dec-19	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	n/a	n/a	n/a	n/a	Jun-19	Jun-20	n/a	n/a	Sep-19	Sep-20		
Carolina Rivas, RDA	Jun-18	Jun-21	Jul-19	Jul-20	Dec-18	Dec-19	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	Jun-19	Jun-20	n/a	n/a	Sep-19	Sep-20		
Liliana Salazar, RDA	Sep-18	Sep-21	Jul-19	Jul-20	Dec-18	Dec-19	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	Jun-19	Jun-20	n/a	n/a	Sep-19	Sep-20		
Elizabeth Fuentes, RDA	Aug-19	Aug-21	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	Aug-19	Aug-20	n/a	n/a	n/a	n/a	Jun-19	Jun-20	n/a	n/a	Sep-19	Sep-20
Patricia Molina, RDA	Nov-18	Nov-21	Jul-19	Jul-20	Dec-18	Dec-19	Feb-19	Feb-20	Nov-18	Nov-19	Nov-18	Nov-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	Jun-19	Jun-20	n/a	n/a	Sep-19	Sep-20		
<b>Case Management</b>																																		
Michelle Peacock, LVN	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Angela Mendoza	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Adalira Jara	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Cynthia Molis	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Jeanette Moody, LVN	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Margarita Perez	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Irma Quintanilla	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
<b>Electronic Health Records/Contact Center</b>																																		
Mary J. Griggs	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Aida Martinez	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Monica Gallegos	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Janella Dupree	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Pisa Leota-Ring	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Cynthia Santana	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Perla Paredes	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Jennifer Nolley	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Apr-19	Apr-20	Apr-19	Apr-20	Apr-19	Apr-20	Apr-19	Apr-20	Apr-19	Apr-20	Apr-19	Apr-20	Apr-19	Apr-20	Apr-19	Apr-20	Apr-19	Apr-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20	
Josephine Ramos	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Debora Hunter	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Christina Flores	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Laiza Valadez	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Deimy Cruces	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Amber Gomez	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
<b>Patient Services</b>																																		
Renee McCulloch	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Chonta Love	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Angela Villarreal	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Kristina Garcia	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Carissa Rodriguez	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Danita Dupree	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Kathryn Coons	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Juliana Medrano	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20		
Susi Salas	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct																								

**COASTAL HEALTH & WELLNESS  
RISK MANAGEMENT TRAINING LOG  
UPDATED SEPTEMBER 2019**

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Employee Name	Hazardous Materials Disposal Training (DOT)		Infection Control: Hand Hygiene Training		Infection Control: Dental Instrument Sterilization** Training		Infection Control: Bloodborne Pathogen Exposure Training		Emergency Operations Plan		Anti-Fraud Training		HIPAA and Patient Confidentiality Training		Cultural and Linguistic Training		Child, Elderly and Domestic Abuse Reporting		Infection Prevention and Control		Annual Fire Safety Training		Risk Management: Behavioral Health		Risk Management: Review of Stimulant and Benzodiazepine Prescription Practices		Risk Management: Medical Emergencies Occurring in the Dental Clinic		Risk Management: OB/GYN Prenatal and Postnatal Care and other obstetrical risk management topics		Risk Management and Safety Training	
	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due	Date Completed	Retraining Due		
Mary Orange	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Feb-19	Feb-20	Oct-18	Oct-19	Oct-18	Oct-19	Nov-18	Nov-19	Dec-18	Dec-19	Jan-19	Jan-20	Feb-19	Feb-20	Mar-19	Mar-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20
Venessa Rocha	n/a	n/a	Jul-19	Jul-20	n/a	n/a	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	Jul-19	Jul-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20
<b>Infection Control Nurse</b>																																
Debra Howey	Jul-19	Jul-22	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	May-19	May-20	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Sep-19	Sep-20

[Back to Agenda](#)



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**September 2019**

**Item #4**

**Consider for Approval 2018-2019 Annual Risk  
Management Report.**



## **Annual Risk Management Report to the Coastal Health & Wellness Governing Board**

Dear Board Members,

Please accept this annual report on the overall Risk Management activities of Coastal Health & Wellness (“CHW”) for the July 2018 to June 2019 reporting period. Much of the information provided herein represents a summary of the activities and assessments (including risk management assessments) occurring throughout the year and which have been previously reported to the Board on a quarterly basis including through Coastal Health & Wellness’ Governing Board Compliance Reports, and through its Governing Board Quality Assurance Committee Meeting minutes. The Risk Management goals and progress in meeting these goals were previously discussed with the Board and outlined as performance measure objective/goals in Coastal Health & Wellness’ Hazardous Materials and Waste Management Plan, Utilities Management Plan, Safety Management Plan, Fire Safety Management Plan and Security Management Plan. Patient Satisfaction Survey results were reported to the Board on a quarterly basis.

Although much of the information contained in this report was previously discussed with the Board throughout the year by way of quarterly reports to the Board, the annual report is meant to provide a comprehensive review of risk management activities, including but not limited to Coastal Health & Wellness’ goals and progress in reaching its goals, incidents and patient satisfaction information.

The report also includes a summary of Patient Grievances/Complaints received for the 2018-2019 reporting period and Coastal Health & Wellness’ 2019 Risk Management Goals.

### **Quality Improvement/Quality Assurance Report**

Although this report is meant to provide an overview of Coastal Health & Wellness’ risk management activities, risk management works hand-in-hand with and is a component of Quality Improvement/Quality Assurance activities.

Coastal Health & Wellness’ Quality Improvement/Quality Assurance Program collects and interprets data directly related to the effectiveness of services provided to Coastal patients. Furthermore, this data is used and relied on by key personnel and Governing Board members to make informed decisions related to improving work performed at Coastal Health & Wellness and ensuring an optimal environment of safety for both patients and employees.

Over the course of the year the Quality Assurance Committee systematically collected data to assess the effectiveness of health care delivery at the health center.

The sources of information for this data included but are not limited to:

- Quality assessments conducted on a monthly or quarterly basis (depending upon the metric).
- Review of patient complaints/grievances.
- Patient satisfaction survey material.
- Review of patient safety incidents and near misses;

- Provider driven peer reviews.
- Performance measure data.

**Performance Measures**

Coastal Health & Wellness tracks performance measures through HRSA’s Uniform Data System (“UDS”). In many areas, Coastal Health & Wellness met or exceeded the state average for performance in these measures. Some areas in which Coastal Health & Wellness improved based upon its prior years include, but are not limited to the following:

	<b>CY 2017</b>	<b>CY 2018</b>
Cervical Cancer Screening	29.35%	33.71%
Body Mass Index Screening	55.01%	83.31%
Adults Screened for Tobacco Use and using Cessation Intervention	79.29%	97.03%
Screening for Clinical Depression and Follow-Up Plan	86.65%	95.62%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	79.57%	85.53%
Use of Appropriate Medications for Asthma	75.84%	89.47%

**Quality Assessments**

Quality Assessments have been completed on at least a quarterly basis. The Quality Assessments evaluate provider adherence to current evidence based clinical guidelines, standards of care, and standards of practice in the provision of services; and identification of any patient safety and adverse events and implementation of follow-up.

Coastal Health & Wellness medical and dental providers conduct peer reviews, which assess provider adherence to clinical guidelines, standards of care and standards of practice. Results of peer reviews were analyzed and shared with the providers. Please note that in accordance with Section 161 et seq. of the *Texas Health and Safety Code*, peer review notes are deemed privileged and confidential under state law and therefore are not presented the Governing Board.

**Risk Management Activities**

**Infection Control**

Infection control is a major focus for Coastal Health & Wellness. An Infection Control Committee (ICC) was established in 2018. Infection Control initiatives and activities undertaken by Coastal Health & Wellness include but are not limited to the following:

- The Infection Control Plan was updated as part of the CHW Infection Prevention and Control Program (the “ICP”). The ICP provides guidelines, procedures and practices to reduce the risk of spreading infection, promote safe work practices and assist staff in conforming to standards, evidence-based rules, regulations and practices.

- Training on hand hygiene, bloodborne pathogens and personal protective equipment is conducted for all employees at the time of hire and at least on an annual basis thereafter.
- Infection control surveys and hand hygiene audits have been streamlined and are conducted monthly, with results being shared and reviewed to identify areas of improvement.
- A risk management assessment concentrated on infection prevention and control was performed by a contracted infection control specialist in 2018, and follow-up assessment for 2019 is currently being performed by the CHW Infection Control Nurse, with input from leadership.
- Dental procedures and sterilization guidelines were updated after a two-day assessment was performed by a sterilization expert certified by the Association for the Advancement of Medical Instrumentation (“AAMI”).
- Additionally, new initiatives implemented in 2018 included the hiring of a new janitorial service knowledgeable about Joint Commission Infection Control standards; a change to disposable instruments only in the medical clinics; and the removal of all curtains, as recommended in a publication by the American Journal of Infection Control (“AJIC”).

### **Claims Management- Open Case**

Coastal Health & Wellness has one open claim that is being handled in accordance with the requirements of the Federal Torts Claims Act. Coastal Health & Wellness has cooperated with the US Health and Human Services (HHS), Office of General Counsel in defense of this action. The issue involves whether Coastal Health & Wellness dental instrument sterilization protocols were adhered to and whether dental patients treated between March 2015 and February 2018 could have potentially contracted Hepatitis B, Hepatitis C, or HIV. To date, Coastal Health & Wellness, via HHS, has received notice of 117 claimants alleging they contracted Hepatitis C and/or have consequently suffered emotional pain and distress due to the aforementioned sterility issue.

### **Patient Management- Access to Care and “No Shows”**

Coastal Health & Wellness tracks on a quarterly basis, patient access to care and the no show rates (for patients who failed to present for a scheduled appointment), in order to ensure that appointments are available to the community when needed and follow-up action is taken when appropriate. The information tracked includes the number of available appointments during the quarter in question, percentage of appointments kept, scheduled and unfilled, and the percentage of “no-shows” by clinical department and site. A utilization rate goal of 90% and a no-show rate of 20% or less was established in early 2019. As of July 31, 2019, the utilization rate for all services, apart from counseling services, had exceeded this goal. In an effort to increase counseling utilization, evening appointments were added in December 2018 and additional advertising was undertaken to promote the availability of counseling appointments. Although no-show rates in aggregate were higher than the 20% established goal, overall no-show rates declined from 29% to 26% during this reporting period. A pilot program aimed at reducing dental hygienist no-show rates was instituted in the latter part of 2018 and proved to be very successful, reducing the hygienist no-show rate from 29% in December 2018, down to 15% for the month of June 2019.

### **Patient Satisfaction**

Coastal Health & Wellness utilizes a Patient Satisfaction Survey to determine patient satisfaction with the services provided. Patient Satisfaction Survey results have been reported to the Board on a quarterly basis.

The Patient Satisfaction Survey questions were revamped, finalized and approved by the Board in

October 2018. Over the course of this reporting period, Coastal Health & Wellness received 2590 survey responses, encompassing the latter part of 2018 when the new patient satisfaction survey was implemented through June 2019. During this timeframe, most survey comments were overwhelmingly favorable, and the majority of respondents rated services received as “excellent.” Some of the unfavorable comments received included dissatisfaction with wait times, customer service, cleanliness, and not receiving the services requested. Remedial procedures and guidelines were implemented as appropriate to mitigate negative survey results (e.g., staff were reminded of the importance of patient courtesy, and prompt follow-up and facility issues were addressed with janitorial staff).

Enrollment in the patient portal continues to be promoted as a way to provide feedback and communicate with Coastal staff. Patients who are enrolled in the portal or have an email address on file automatically receive a link to complete a patient satisfaction survey after their visit. In early 2019, iPads for the completion of patient surveys were also mounted at check-out stations.

### **Patient Grievances**

Coastal Health & Wellness has implemented a process for hearing and resolving patient grievances. During the 2018-2019 reporting period, Coastal Health & Wellness received approximately 25 complaints, the majority of which were made during the first half of the year. Below is a table outlining the types of grievances/complaints received and the period received.

#### **PATIENT GRIEVANCE/COMPLAINTS**

<b>Grievance/ Complaint Topic</b>	<b>July-Sept 2018</b>	<b>Oct – Dec 2018</b>	<b>Jan – Mar 2019</b>	<b>Apr-June 2019</b>	<b>Total</b>
Dental Complaint*	2	2	-	-	<b>4</b>
Appointments	1	1	-	-	<b>2</b>
Patient Services	-	-	-	-	<b>-</b>
Rx Refill	1	-	1	1	<b>3</b>
Medical Complaint*	4	4	1	2	<b>11</b>
Billing	1	-	-	-	<b>1</b>
Lab Complaint	-	1	-	1	<b>2</b>
Support Staff Assistance/ Courtesy	-	1	1	-	<b>2</b>
	<b>9</b>	<b>9</b>	<b>3</b>	<b>4</b>	<b>25</b>

\*Dental Complaints and Medical Complaints include those in which patients allege that providers were discourteous to them.

Clinical complaints are handled by the Medical or Dental Director, as applicable. After investigation of the complaint and where appropriate, staff are reminded of proper protocol and the need to treat patients in a courteous manner, and/or retrained on applicable policy. Patient grievances are reviewed and help define Risk Management goals. An established Risk Management goal for 2019 is to stress to staff a better patient experience in order to decrease complaints/grievances that involve patient courtesy. In addition, Coastal Health & Wellness is actively pursuing patient centered medical home (PCMH) accreditation, emphasizing team-based care, communication and coordination of services to improve the patient experience.



## **Summary of Notable Incidents**

Incidents are reported to the Governing Board quarterly. The following provides a synopsis of reported incidents and subsequent follow-up actions taken during the 2018-19 reporting year.

1. Quarter One (July – September 2018):
  - a. Four patient and employee safety and/or risk management issues were reported to the Board, all of which were deemed non-preventable.
2. Quarter Two (October – December 2018):
  - a. Three patient and employee safety and/or risk management issues were reported to the Board, one of which was deemed preventable.
  - b. The preventable issue pertained to a communication barrier between a staff member and a patient. Specifically, the staff member thought the patient was speaking Cantonese, a dialect of Vietnamese; however, the staff member had the translation service working with a Vietnamese translator. To prevent this problem from recurring, a chart depicting 240 languages (both in the native print and in English) is presented to every non-English speaking patient when they initially present to the clinic, the patient is asked to point to his/her language of choice to ensure proper translation services are rendered.
3. Quarter Three (January – March 2019):
  - a. Four patient and employee safety and/or risk management issues were reported to the Board, two of which were deemed preventable.
  - b. Both preventable issues entailed dental assistants sustaining minor sticks from scalers while moving them from the autoclave to statim machines. Dental assistants were instructed to wear finger cots while completing this task to prevent further incidents.
4. Quarter Four (April – June 2019):
  - a. Two patient and employee safety and/or risk management issues were reported to the Board, both of which were deemed preventable.
  - b. One of the incidents was a clerical error by a staff member that was identified and corrected on-site. The other resulted from a dental assistant scratching herself with a clean pigtail explorer while affixing a sharps cover. To remedy the situation, new larger covers were ordered and replaced the smaller covers.

## **Summary of Training**

- Risk management trainings are determined upon review of incidents, grievances, regulatory or other requirements, the nature of the services provided, and inherent risk involved.
- The Risk Management Training Plan outlines such required trainings.
- Staff undergo risk management trainings pertinent to all aspects of their duties upon hire and at least annually thereafter in accordance with the Coastal Health & Wellness' Risk Management Training Plan, which covers topics including, but not limited to, HIPAA and patient confidentiality, Infection Control (including hand hygiene and eye wash procedures), OSHA requirements, Fire Safety, Emergency Operations Plans and general Risk Management. Coastal Health & Wellness also provides specific trainings for groups of providers that perform various services which may lead to potential risk (e.g., dental, family practice).
- Staff completion of training is monitored by the Risk Manager in collaboration with the Human

Resources Department.

### **Risk Management Quarterly Assessments**

Risk Management is a component of the Quality Assurance Committee. On a monthly basis, risk management issues were discussed at Quality Assurance Committee meetings, Infection Control and Environment of Care Committee meetings, and quarterly during Governing Board Quality Assurance Committee meetings. Risk Management activities and areas were discussed and assessed for the purpose of evaluating effectiveness of risk mitigation activities, how procedures were reducing the risk of adverse outcomes, and any incidents or trends meriting investigation. The Risk Management Quarterly Assessments were incorporated into the minutes of the above referenced meetings and reported in detail to the Board's Quality Assurance Committee.

### **Additional Risk Management Activities Completed**

In addition to the information provided herein, the following Risk Management activities were completed during the 2018-2019 reporting period:

- Financial screening audits were performed on a monthly basis to ensure accurate completion of financial applications/documentation.
- Peer review was done on a monthly basis in order to ensure that services were provided that met current evidence-based guidelines, standards of care and standards of practice.
- Medication audits were conducted on a monthly basis, including 340B and sample medication audits.
- Environmental, Risk and Safety Assessments were performed at both clinic locations. These assessments reviewed thirty different elements derived from the Joint Commission's Environment of Care standards to determine potential safety issues and/or security threats.
- Proactive enforcement and retraining of staff regarding the Patient Grievance Policy and complaint tracking and resolution.
- Risk Management training was conducted, including on Infection Control and determining competency with hand hygiene and use of eye wash stations. All staff were also trained on HIPAA requirements and policies.
- Audits were conducted on a monthly and/or quarterly basis in accordance with The Joint Commission standards for ambulatory care settings as they pertain to Environment of Care, Emergency Management, Infection Prevention and Control, Information Management, Life Safety, Medication Management, Provision of Care and Services for Dental, Provision of Care and Services for Medical, and Waived Testing.

### **Status of Coastal Health & Wellness' Performance Relative to its Established 2018 Risk Management Goals**

The following risk management goals were set by the Quality Assurance Committee in July 2018. The results of the goals were measured at the conclusion of June 2019.

**Goal:** Manage critical information related to the safe use, storage, and disposal of hazardous chemicals available to staff. (Hazardous Materials and Waste Management Plan)

**Performance Measure (PM):** 90% SDS correctly maintained at work areas.

**Result:** MET -- Biennial audits performed on all SDS binders to ensure they contained

information for all caustic substances on the floor. Aggregate accuracy results:  
Medical = 98%; Dental = 90%; Lab = 95%

**Goal:** Ensure staff knowledge on how to respond to a hazard. (Hazardous Materials and Waste Management Plan)

**PM:** 90% staff trained on correct usage of chemicals within their department.

**Result:** **MET**-- 92% of staff attended the biohazard training presented in September 2018, and other staff members were trained throughout the year by the Risk and Safety Coordinator.

**Goal:** Ensuring optimal patient care through stringent utility maintenance. (Utilities Management Plan)

**PM:** 0 preventable maintenance-related injuries occurred by patients, visitors or staff.

**Result:** **MET** – No preventable maintenance related injuries occurred during the reporting period.

**Goal:** Effective communication between CHW staff and landlords.

**PM:** 95% of problems requiring landlord attention reported by CHW staff to landlord within 24 hours of recognition.

**Result:** **MET** – Environmental, Safety and Compliance Assessments yielded a 24-hour reporting result of 100%.

**Goal:** Manage safety risks by promptly identifying and resolving deviances. (Safety Management Plan)

**PM:** 100% of safety deficiencies identified during monthly inspections are addressed within 24 hours of identification.

**Result:** **MET** – Environmental, Safety and Compliance Assessments yielded a 24-hour reporting result of 100%.

**Goal:** Minimize the chance of fire. (Fire Safety Management Plan)

**PM:** 95% of staff receives documented Fire Safety Training at least annually.

**Result:** **MET** – 100% of applicable staff received said trainings in May 2019.

**Goal:** Minimize risk of injury in the occurrence of a fire. (Security Management Plan)

**PM:** 100% of documentation regarding monthly facility fire extinguisher checks is maintained and critiqued.

**Result:** **MET** – 100%. Extinguishers inspected monthly by the Risk and Safety Coordinator, each being assessed for damage, hose blockage, unbroken safety seal, and legible operating instructions. No issues identified and all documentation retained and presented to the appropriate groups via the Environmental, Safety and Compliance Assessments.

**Goal:** Ensure staff is knowledgeable of security procedures for displaying identification badges. (Security Management Plan)

**PM:** <5% staff observed not properly displaying their identification during random badge audits.

**Result:** **MET** – 100%. Biennial badge audits performed by the Risk and Safety Coordinator, each time on 45 employees at both clinic locations. All 90 audited employees had badges properly affixed on a visible area of their person.

**Goal:** Ensure documentation of observed competence by medical equipment users.

**PM:** 90% staff received documented training on equipment critical to job performance as designated by supervisor.

**Result:** ***MET*** – 100%. Competency assessments and training records yielded Dental staff to be at 100%; Medical at 98% and Lab at 95%. Employees without training certifications were identified and will be (re)trained on missing subjects ASAP.

**Goal:** Managing risk through prompt preventive maintenance checks and calibration. (Equipment Management Plan)

**PM:** 95% preventive maintenance and calibration completed by due dates (100% for high-risk equipment).

**Result:** ***MET*** – 100%. Audited by Risk and Safety Coordinator and presented to Infection Control and Environment of Care Committee.

### **Proposed Risk Management Activities for the next 12-month period**

Coastal Health & Wellness has implemented a strong and effective Risk Management Plan. Coastal Health & Wellness performs and will continue to perform risk management activities, including but not limited to the following during the next 12-month period:

- Continue to monitor incidents and near misses to determine whether there are issues and trends that need to be addressed through system improvements to reduce the probability of future related events.
- Review training requirements and make any changes as needed to reflect new or revised requirements, new trainings that should be added based on incidents or grievances reported, or best practices.
- Continue Infection Control training, audits and monitoring of adherence to hand washing and PPE requirements.
- Ensure patient management activities are implemented and meet the needs of patients, including but not limited to continuing to assess whether there is appropriate access to same day appointments and rate of no shows; whether staff appropriately triage patients and utilize Infection Control Plan when necessary; and medical records are maintained in a confidential manner.

### **2019-2020 Risk Management Goals**

Coastal Health & Wellness offers the following as its 2019-2020 Risk Management Goals:

- Promote positive patient service experience with all staff with particular emphasis on treating patients in a courteous manner, with the goal of reducing grievances/complaints in this area by 20% from the prior year.
- Promote positive patient service experience with all staff with the goal of increasing patient satisfaction survey results to achieve a favorable weighted average response range between 4.6 to 4.8.
- Shorten the time frame upon which incident reports are provided to the Risk Manager to within 2 days of the incident.
- Reinforce to staff the importance of the environment of safety and taking appropriate precautions in order to avoid self-injury with the goal of reducing the number of employee incidents from the prior year.

- Continue to conduct handwashing audits with the goal of increasing the compliance rate in this area to 90%.
- Promote patient appointment confirmations in order to reduce the no-show rate to 20%
- Implement the new Peer-to-Peer Clinical Education Initiative to replace the former Peer Review Process
- Ensure 100% of staff receives documented training on equipment critical to job performance as designated by supervisor.
- Ensure equipment meets 95% preventive maintenance and calibration requirements by due dates as set forth under manufacturer's recommendation (100% for high-risk equipment).
- Exit doors will be monitored and calculated monthly for obstructions. The goal is a compliance rate of 95% or greater.
- Storage not less than 18" below sprinkler heads will be monitored and calculated monthly. The goal is a compliance rate of 90% or greater.
- Unobstructed fire extinguisher cabinets will be monitored and calculated monthly. The goal is a compliance rate of 95% or greater.
- 90% of SDS correctly maintained at work areas (to be audited at least twice by Risk and Safety Coordinator).
- 100% of staff is to be trained on correct usage of chemicals within their department.
- 100% of staff trained on how to respond to a hazard.
- 95% of staff has documentation asserting their annual completion of safety and incident reporting training.
- 100% of safety deficiencies identified during monthly inspections are addressed within 24 hours of identification.
- Less than 5% staff observed not properly displaying their identification badges during random badge audits.
- Facilitate at least three non-required emergency drills addressed in the Emergency Operations Policy (e.g. active shooter).
- Provide training to 100% of employees pertaining to detection and follow-up actions when dealing with suspected human trafficking victims.
- Incur zero preventable maintenance related injuries incurred by patients, visitors or staff.
- Ensure 100% of problems requiring landlord attention are reported by CHW staff to landlord within 24 hours of recognition.

[Back to Agenda](#)