

SQUAXIN ISLAND TRIBE

RESOLUTION NO. 97-14
OF THE
SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Tribe of Indians by the authority of the Constitution and By-laws of the Squaxin Island Tribe as approved and adopted by the General Body and the Secretary of the Interior on July 8, 1965; and

WHEREAS, the Squaxin Island Tribal Council has been entrusted to provide for the social, health, and economic well-being of the Tribe and its citizens; and

WHEREAS, the Squaxin Island Tribe is rich in history, culture, tradition and heritage; and

WHEREAS, the Squaxin Island Tribal Council has recognized that the physical and mental well-being of the Tribal Community is vital to the future of the Tribe; and

WHEREAS, the Squaxin Island Tribe Council has recognized that a Quality Assurance Program is important for the safety of patients and providers and helps ensure that good quality of care is delivered at the Squaxin Island Sally Selvidge Health Center.


NOW THEREFORE BE IT RESOLVED, that the Squaxin Island Tribal Council does hereby authorize the Squaxin Island Health Department to implement a Quality Assurance Program.

BE IT FURTHER RESOLVED, that the Squaxin Island Tribal Council does hereby authorize the Tribal Executive Director and Health Director to conduct yearly Quality Assurance Reviews at the beginning of each fiscal year by a team to be appointed later; with the first year Review conducted by an outside third-party.

Resolution No. _____

CERTIFICATION

The Squaxin Island Tribal Council does hereby certify that the foregoing Resolution was adopted at a regular meeting of the Squaxin Island Tribal Council, held on this 29th day of May, 1997, at which a quorum was present and was passed by a vote of 3 for, and 0 against with 0 abstentions.



David Whitener Sr., Chairman

Attested by: Sue McFarlane

Sue McFarlane, Secretary



Cal Peters, Vice-Chairman

Resolution #97-15 NOT USED

M E M O R A N D U M

DATE: May 28, 1997
TO: Tribal Council
FROM: Brent Simcosky
RE: Quality Assurance Program for Sally Selvidge Health Center
CC: David Burnett
Charles Barret
Lorna Gouin
Brian Thompson

The Health Department has completed a Quality Assurance Program which needs to be reviewed/approved by the Tribal Council. The attached folder contains the following:

A. Quality Assurance Reviews

Three separate reviews will be conducted at the beginning of each fiscal year by either an appointed staff member, such as the Clinic RN, or by an outside group, such as a medical insurance company. A report and list of deficiencies with a correction plan for each will be submitted to the Executive Director.

1. **Facilities Review** - assesses the physical site and office processes at the Health Center.
2. **Medical Record Review** - addresses information in randomly selected patient records.
3. **Patient Protocol Review** - assesses policy or directives aimed at exam room procedures; and patient confidentiality and protection.

B. Patient Rights Document

The Patient Rights document will be framed and placed in each exam room and dental operatory. It will be reviewed yearly for any edits or additions.

C. Department Procedure Directives

These directives will be sent to each appropriate personnel and regards the policy surrounding various issues associated with the Quality Assurance Program. Those currently completed (draft form) and included are: Pelvic/Breast Exam Procedures; Heart/Lung/Chest Exam Procedures; Exam Room Chaperones; Treatment of Minors; and Patient Rights Directive.

Sally Selvidge Health Center

- Patient Rights -

All Health Department staff and medical/dental providers shall ensure each patient:

1. Is treated in a manner sensitive to individual needs and which promotes dignity and self respect.
2. Has all clinical information and medical/dental files treated in a confidential manner.
3. Has the opportunity, upon request, to view patient's own files.
4. May ask for an exam room chaperone at any time.
5. Is protected from abuse (sexual abuse or harassment; sexual or financial exploration; physical or mental abuse) by staff at all times.
6. Be given the opportunity to express concerns or grievances confidentially.
7. Have the right to refuse any treatment and to be informed of the consequences of refusal.

Eugene R. Sine, M.D. Clinic Preceptor
Director
Charles T. Barret, Physician Assistant

Brent Simcosky, Health

Squaxin Island Tribe
Sally Selvidge Health Center

Patient Protocol Review

Reviewed by _____

Date _____

| Review Criteria | Guideline | Yes | No | N/A | Comments |
|---|-----------|-----|----|-----|----------|
| 1. Policy/Directive regarding pelvic exams? | | | | | |
| 2. Policy/Directive regarding breast exams? | | | | | |
| 3. Policy/Directive regarding heart/chest/lung exams? | | | | | |
| 4. Policy/Directive regarding exam room chaperones? | | | | | |
| 5. Patient Rights plaque in each exam room? | | | | | |
| 6. Policy/Directive regarding treatment or examination of minors? | | | | | |
| 7. Patients aware of Patient Advocate staff member? | | | | | |
| 8. Exam Room confidentiality maintained? | | | | | |

Sally Selvidge Health Center

Quality

Assurance

Program

M E D I C A L D I R E C T I V E - # 1

DATE: May 28, 1997
TO: Medical Team
 Charles Barret
 Pam Romine
 Dr. Todd
 Dr. Sine
FROM: Brent Simcosky
RE: Pelvic/Breast Exam Procedures
CC: Brian Thompson

The Medical procedures for Pelvic and Breast exams are:

1. All patients receiving a pelvic and/or breast exam will be asked by the nurse to change into an exam gown.
2. The nurse and medical provider will leave the room while patient changes into gown and when patient changes back into clothes.
3. A chaperone will always be present when a pelvic and/or breast exam is conducted.
4. The provider will not assist any patient with the removal or redressing of any clothing.
5. No patient is required to receive their pelvic and/or breast exam at the this Clinic.

Charles Barret, Physician Assistant

Pam Romine, RN

Ruth Creekpaum, Records

M E D I C A L D I R E C T I V E - # 2

DATE: May 28, 1997
TO: Medical Team
 Charles Barret
 Pam Romine
 Dr. Todd
 Dr. Sine
FROM: Brent Simcosky
RE: Heart/Chest/Lung Exam Procedures
CC: Brian Thompson

The procedures for a heart/chest/lung exam are:

1. All patients receiving a heart/chest/lung exam will be asked by the nurse if they wish to change into a half-gown.
2. The nurse and medical provider will leave the room while patient changes into gown and when patient changes back into clothes.
3. A chaperone will always be present when a heart/chest/lung exam is conducted if the removal of clothing is required.
4. The provider will not assist any patient with the removal or redressing of any clothing.

Charles Barret, Physician Assistant

Pam Romine, RN

Ruth Creekpaum, Records

M E D I C A L D I R E C T I V E - # 3

DATE: May 28, 1997
TO: Medical Team
 Charles Barret
 Pam Romine
 Dr. Todd
 Dr. Sine
FROM: Brent Simcosky
RE: Exam Room Chaperone Procedures
CC: Brian Thompson

The procedures for the use of exam room chaperones are:

1. A patient may request an exam room chaperone at any time for any reason.
2. An exam room chaperone will always be present during pelvic and breast exams; and any heart/chest/lung exams which require the removal of clothing.
3. A patient may request a different chaperone than that provided.
4. All minors without a parent or guardian present must have a chaperone present in the exam room.

Charles Barret, Physician Assistant

Pam Romine, RN

Ruth Creekpaum, Records

M E D I C A L D I R E C T I V E - # 4

DATE: May 28, 1997
TO: Medical Team
 Charles Barret
 Pam Romine
 Dr. Todd
 Dr. Sine
FROM: Brent Simcosky
RE: Treatment of Minors
CC: Brian Thompson

The following procedures are to be followed as they relate to minor patients:

1. Patients who are minors (18 years of age or younger) must have a written note on file authorizing their treatment without the parent's presence.
2. If a parent or guardian is not present for an exam, a medical chaperone must be present in the exam room.
3. A minor patient between 12-18 years of age may be seen without the consent of parents or guardian if it relates to WAC _____ regarding the confidentiality of certain exams.

Charles Barret, Physician Assistant

Pam Romine, RN

Ruth Creekpaum, Records

**WASHINGTON STATE MEDICAL ASSOCIATION
AMBULATORY REVIEW MANAGEMENT SERVICES
ON-SITE FACILITY REVIEW**

Clinic Name _____

Practitioner _____

Initial Review

Biennial Review

Address _____

Phone _____

Reviewer ID _____

Contact Name _____

Date _____

Time of Visit _____

| Review Criteria | Guideline | Yes | No | N/A | Comments |
|---|--|-----|----|-----|----------|
| 1. Adequate parking spaces. | To handle patient load. | | | | |
| 2. Disabled parking spaces. | Designated spaces. | | | | |
| 3. Appearance of site is clean, orderly and name is visible. | Internal and external appearance allows safe access. | | | | |
| 4. Wheelchairs have access to office, exam rooms and restrooms. | Building is accessible to the disabled, ie: ramps, elevators, etc. in multi-level areas. | | | | |

| Review Criteria | Guideline | Yes | No | N/A | Comments |
|--|---|-----|----|-----|----------|
| 14. Mechanism in place for checking all pharmaceutical expiration dates. | Includes all pharmaceuticals. Provide written protocol. | | | | |
| 15. Separation of food items from medical supplies. | Employee food items located in separate area. | | | | |
| 16. If PCP, advanced directive information is available in clinic. | Look in waiting area or ask how site addresses. | | | | |
| 17. There is evidence of patient education material and/or programs available to patients appropriate to the practice. | Look in waiting area or ask how site provides: patient rights information, health issues, program availability, STD partner notification. | | | | |
| 18. Process to address failed appointments. | Ask for written protocol. | | | | |
| 19. Process for reviewing diagnostic results, consultations, and received medical reproductions. | Ask for written protocol. | | | | |
| 20. Process of patient notification of test results. | Ask for written protocol which includes normal test results. | | | | |
| 21. Use of patient consents. | For: immunizations and invasive procedures. | | | | |
| 22.* Medical records are kept in a confidential manner. | Office is locked after hours. Files are separate from patient waiting area. Release of information forms are used. | | | | |
| 23. Written protocols for tracking systems to facilitate medical record location at all times. | Off-site storage protocol includes: purging criteria, where stored, security measures, who has access. Inter-office tracking system. | | | | |

| Review Criteria | Guideline | Yes | No | N/A | Comment |
|--|---|-------|-------|-------|---------|
| 31. Proof of new employee orientation. | Upon hiring. Provide written summary. Includes signed confidentiality statements. | | | | |
| Wait times for appointment scheduling is within stated averages. | Average acceptable wait times are: | | | | |
| 32. Emergency | • Immediate | _____ | _____ | _____ | |
| 33. Urgent | • Within 24 hours | _____ | _____ | _____ | |
| 34. Non-Urgent (Symptomatic) | • Within 7 calendar days | _____ | _____ | _____ | |
| 35. Preventative, Routine Health (Asymptomatic) | • Within 30 calendar days | _____ | _____ | _____ | |
| 36. Referral appointments | • Seen within 2 weeks | _____ | _____ | _____ | |

| |
|--|
| <p>TOTAL POINTS: _____ OUT OF A POSSIBLE _____ POINTS = _____ %</p> <p>UNMET STARRED CRITERION (list numbers): _____</p> |
|--|

Directions:

Each criterion has a one (1) point value except the informational items, which have no point value. ARMS participating members expect all sites to meet a minimum of 70% compliance. Starred (*) items require total compliance, when applicable. A "no" response requires a reviewer's comments. See the informational packet for additional instructions.

A completed copy of this form will be forwarded to all ARMS participating organizations with which you currently contract and may become associated with in the next two years. Questions and/or concerns can be addressed to Carolyn Heim, RNC, ARMS Program Manager at the WSMA, (206) 441-9762 or 1-800-552-0612.

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| Review Criteria | Guideline | Response |
|--|---|---|
| <p>4. Identify charting methodology:</p> <ul style="list-style-type: none"> • Handwritten • Transcribed • Electronic | <p>Check all that apply.</p> | <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>5. Site office hours:</p> <ul style="list-style-type: none"> • Partial Days (Monday-Friday) • Regular (Monday-Friday, 9am-5pm) • Weekend hours (Saturday &/or Sunday) • Extended hours (before 9am and after 5pm) | <p>Indicate the appropriate numeric information that applies.</p> <ul style="list-style-type: none"> • Number of partial days (1-5) • Number of days (1-5) • 1=Saturday 2=Sunday 3=Both • 1=Before 2=After 3=Both | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>6. Average wait times in the office:</p> <ul style="list-style-type: none"> • 0-15 minutes • 16-30 minutes • Over 30 minutes | <p>Check appropriate timing.</p> | <p>_____</p> <p>_____</p> <p>_____</p> |

M E D I C A L D I R E C T I V E - # 5

DATE: May 28, 1997
TO: Medical Team
 Charles Barret
 Pam Romine
 Dr. Todd
 Dr. Sine
FROM: Brent Simcosky
RE: Display of "Patient Rights" Document
CC: Brian Thompson

The attached Sally Selvidge Health Center Patient Rights document will be displayed prominently in each exam room of the Clinic.

Charles Barret, Physician Assistant

Pam Romine, RN

Ruth Creekpaum, Records

| Review Criteria | Guideline | Yes | No | N/A | Comment |
|---|---|-----|----|-----|---------|
| 30. Were Pap smears performed? | Performed every 1-3 years for patients 18 years to 65 years, or earlier if sexually active. Also performed, if a patient has had a hysterectomy but retains her cervix. | | | | |
| 31. Were mammograms performed? | Performed every 1-2 years after age 50. Also, notations of reminders. | | | | |
| 32. Were coronary artery disease risk factors addressed if diagnoses/symptoms indicate CAD/Cardiac involvement? | Documentation of discussion of exercise, diet, blood pressure and smoking cessation. | | | | |
| 33. Was cholesterol screened within the last five years? | <ul style="list-style-type: none"> • Men 35-65 every 5 years • Women 45-65 every 5 years | | | | |

Directions:

Each criterion has a one (1) point value except the informational items, which have no point value. ARMS participating members expect all sites to meet a minimum of 70% compliance. A "no" response requires a reviewer's comments. See the informational packet for additional instructions.

An aggregate data form, based on the results from all six (6) reviewed records, will be sent to all ARMS participating organizations with which you currently contract or may become associated with in the next two years. Questions and/or concerns can be addressed to Carolyn Heim, RNC, ARMS Program Manager at the WSMA, (206) 441-9762 or 1-800-552-0612.

| Review Criteria | Guideline | Yes | No | N/A | Comment |
|---|---|-----|----|-----|---------|
| 13. Is there a past medical history in the chart? | Applies to patients seen three or more times. Includes serious illnesses, surgeries, accidents, family history? A notation of "unremarkable" is acceptable. Children and adolescents (18 years & younger) also includes: prenatal and birth records, and childhood illnesses. | | | | |
| 14. Is there evidence of addressing smoking habits? | Patients 12 years old or older, seen three or more times. Can be in notes, physical exams, referrals, etc. | | | | |
| 15. Is there evidence of addressing alcohol use or abuse? | Patients 12 years old or older, seen three or more times. Can be in notes, physical exams, referrals, etc. | | | | |
| 16. Is there evidence of addressing substance abuse? | Patients 12 years old or older, seen three or more times. Can be in notes, physical exams, referrals, etc. | | | | |
| 17. Is there documentation of discussion of sexual activity? | Patients 12 years old or older, seen three or more times. Can be in notes, physical exams, referrals, etc. | | | | |
| 18. Is there pertinent history and physical exam documentation with subjective and objective information regarding presenting problem(s)? | Look for chart notes, OB records, pediatric wellness checks, etc. | | | | |
| 19. Is the working diagnosis documented and consistent with findings? | Documented in notes. | | | | |
| 20. Is the treatment plan consistent with the diagnosis? | Look for written notations ie. patient instructions, referral to consultants, lab work, etc. | | | | |

**WASHINGTON STATE MEDICAL ASSOCIATION
AMBULATORY REVIEW MANAGEMENT SERVICES
MEDICAL RECORDS REVIEW**

Practitioner Name _____

Chart Number (#1-6) _____

Clinic Name _____

Phone _____

Contact Name _____

Reviewer ID _____

Address _____

Date _____

Time of Visit _____

| Review Criteria | Guideline | Yes | No | N/A | Comments |
|--|---|-----|----|-----|----------|
| 1. Do pages contain patient name or identification number? | ID must be on pages with patient information. | | | | |
| 2. Is address and home phone number contained in biographical/personal data? | Self-explanatory. | | | | |
| 3. Is emergency phone/contact so designated in the biographical/personal data? | Self-explanatory. | | | | |
| 4. Is work phone contained in the biographical/personal data? | If minor, parent/guardian's phone. | | | | |