



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

November 29, 2022

12:45 P.M.

Meeting Location

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

If a person decides to appeal any decision made by the board, with respect to any matter at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings made, which record includes the testimony and evidence upon which the appeal is to be based.

**BOARD OF DIRECTORS MEETING
AGENDA
November 29, 2022
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Login: <https://tinyurl.com/yda3vnks>

Via Telephone dial-in access (646) 558 8656 / Meeting ID: 550 789 5592 / Password: 946503

- 1. Call to Order – Melissa Mastrangelo, Chair**
 - A. Roll Call
 - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
- 2. Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
 - A. C.L. Brumback West Palm Beach Clinic Overview
(Kimbelitha Bush)
- 4. Disclosure of Voting Conflict**
- 5. Public Comment**
- 6. Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of October 26, 2022 [Pages 1-10]
- 7. Consent Agenda – Motion to Approve Consent Agenda Items**
 - A. ADMINISTRATION**
 - 7A-1 **RECEIVE AND FILE:**
November 2022 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>
 - 7A-2 **RECEIVE AND FILE:**
Attendance tracking [Page 11]

(Consent Agenda Cont.)

- 7A-3 **Staff Recommends a MOTION TO APPROVE:**
Human Resource Policy and Procedure Updates in FY2022
(Christina Schiller) [Page 12-111]

8. Regular Agenda

A. ADMINISTRATION

- 8A-1 **RECEIVE AND FILE:**
2022 Targeted Patient Survey, Sliding Fee Scale Discount Program Assessment
(David Speciale) [Pages 112-123]
- 8A-2 **RECEIVE AND FILE:**
Summary of Board Member Self-Evaluations
(Dr. Belma Andric) [Pages 124-140]

B. EXECUTIVE

- 8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update
(Dr. Belma Andric) [Pages 141-142]

C. CREDENTIALING

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging
(Dr. Charmaine Chibar) [Pages 143-144]

D. QUALITY

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 145-177]

E. OPERATIONS

- 8E-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report- October 2022
(Marisol Miranda) [Pages 178-181]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

December 13, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

12. Motion to Adjourn Public Meeting Immediately following the Conclusion of the Closed Meeting

**13. Closed Meeting: Risk and Peer Review [Under Separate Cover]
Closed Pursuant to Florida Statute Ch. 766.101 and 768.28**

District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
10/26/2022

Present: Melissa Mastrangelo, Chair (Zoom); Mike Smith, Vice-Chair; Julia Bullard, Secretary; Joseph Gibbons, Treasurer; John Casey Mullen; James Elder; Irene Figueroa; Robert Glass(Please note

Excused: Tammy Jackson-Moore

Staff: Dr. Belma Andric; Bernabe Icaza; Candice Abbott; Dr. Charmaine Chibar; Alexa Goodwin; David Speciale; Jonathan Dominique; Marisol Miranda; Shauniel Brown; Andrea Steele; Lisa Hogans; Heather Bokor; Macson Florvil; Robin Kish; Ingrid Barlett; Kayla Fox; Shannon Wynn

Minutes Transcribed By: Shannon Wynn

The meeting is scheduled for 12:45 p.m.

Meeting Began at 12:49 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Ms. Mastrangelo called the meeting to order.	The meeting was called to order at 12:49 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Ms. Mastrangelo read the affirmation of mission.	

2. Agenda Approval		
2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	None. Ms. Mastrangelo called for approval of the meeting agenda.	VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the agenda. Mr. John Mullen duly seconded the motion. A vote was called and the motion passed unanimously.
3. Awards, Introductions and Presentations 3A. American Heart Association 3B. C.L. Brumback Mangonia Park Clinic Overview	Ms.Kayla Fox presented to the Board the C.L. Brumback PCC certificate of recognition Gold status for improving the Care and management of high cholesterol by educating patients. The certificate of recognition for our commitment to enhancing the quality of Care for patients with type 2 diabetes and cardiovascular risk factors. And lastly, awarded gold plus status for achieving 70% or greater blood pressure control and committing to accurate measurements among young adult patients. Ms.Ingrid Barlett presented the Mangonia Park clinic overview to the Board.	 No action necessary. No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.

6. Meeting Minutes 6A-1 staff Recommends a MOTION TO APPROVE: Board meeting minutes of October 5, 2022	There were no changes or comments to the minutes dated October 5, 2022.	VOTE TAKEN: As presented, Mr. Robert Glass made a motion to approve the Board meeting minutes of October 5, 2022. Ms. Julia Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Mike Smith motioned to approve the consent agenda. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: October 2022 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action is necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action is necessary.
7A-3. Recommends a MOTION TO APPROVE: Addition of William Johnson to the Clinic Board	This agenda item recommends the appointment of Willian Johnson to the Clinic Board. Mr. William Johnson has submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. Mr. Johnson brings Government, Legislative, Medical, and disaster prep, including homeland security, to the Board.	VOTE TAKEN: Mr. Mike Smith motioned to approve the addition of William Johnson to the Clinic Board. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

7A-4. Receive & File: C.L. Brumback Primary Care Clinic FY 2023 Updated Organizational Chart	This agenda item provides the following: Updated Organizational Chart Attached you will find the updated organizational chart for the C.L. Brumback primary care clinics.	Receive & File. No further action is necessary.
7B. FINANCE		
7B-1. Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc. Financial Report August 2022 YTD	<p>The August financial statements represent the financial performance through the eleventh month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, cash increased by \$ 303k as a result of normal operations, and the shortfall will be subsidized at year-end. Due from Other Governments decreased by \$1.5M due to the receipt of LIP funds.</p> <p>On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$1.7M). An increase in actual charity care recognized compared to budgeted charity care is contributing to this unfavorable variance. Gross patient revenue YTD was favorable to budget by \$2.8M. Total YTD revenue was unfavorable to budget by (\$1.7M), partially due to a timing difference in grant funds recognized. Operational expenses before depreciation were favorable to budget by \$4.7M due mostly to positive variances in salaries, wages, and benefits of \$2.3M, purchased services of \$260k, medical supplies of \$198k, medical services of \$179k, drugs of \$464k, repair and maintenance of \$187k, lease and rental of \$819k, and other expense of \$181k. The total YTD net margin was (\$11.0M) compared to the budgeted loss of (\$15.0M) resulting in a favorable variance of \$4.0M or (26.7%).</p> <p>Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$1.4M). The Medical Clinic YTD gross patient revenue was unfavorable to budget by (\$2.9M). The Medical clinic's total YTD revenue was unfavorable to budget by (\$1.2M). These unfavorable variances resulted from lower net patient revenue than budgeted, reduced patient volume, and a timing difference of revenue recognition for grant funds. Total operating expenses of \$21.6M were favorable to budget of \$26.1M by \$4.6M or 17.5%. The positive variance is mostly due to salaries, wages, and benefits of \$2.2M, purchased services of \$215k, medical supplies of \$245k, medical services of</p>	VOTE TAKEN: Mr. Mike Smith motioned to approve the District Clinic Holdings, Inc. Financial Report August 2022 YTD agenda. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>\$179k, drugs of \$464k, repair and maintenance of \$186k, lease and rental of \$758k. Unanticipated staffing shortages, as well as expense timing are driving these favorable variances. Total YTD net margin was favorable to budget by \$4.3M or (30.9%).</p> <p>Net patient revenue YTD for the Dental clinics was favorable to budget by \$163k. The Dental clinic's total YTD gross patient revenue was favorable to budget by \$5.5M. An increase in unanticipated patient volume resulted in higher gross revenue, however, increased charity care and contractual allowances unfavorably impacted net patient revenue results. Total YTD operating expenses of \$3.9M were favorable to budget by \$119k. Total YTD net margin was (\$1.0M) compared to a budgeted loss of (\$1.2M) for a favorable variance of \$180k or (15.1%).</p>	
8. REGULAR AGENDA		
A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: C. L. Brumback Primary Care Clinics Fiscal Year 2023 Adopted Budget	<p>This item presents the fiscal year 2023 budget for the C.L. Brumback Primary Care Clinics adopted by the Health Care District Board.</p> <p>The fiscal year 2023 budget, previously adopted by the Health Care District Board on September 27, 2022, is attached for your review. The budget includes total expenditures and capital of \$48,861,907 and District support of \$26,500,000.</p>	VOTE TAKEN: Mr. Joseph Gibbons motioned to approve the Adopted Budge agenda for the C. L. Brumback Primary Care Clinics Fiscal Year 2023. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.
B. EXECUTIVE		
8B-1. Receive & File: Executive Director Informational Update	<p>A new AVP, Executive Director of Clinics & Pharmacy Services, was hired, and a substance Abuse Disorder Training summary was provided.</p> <p>AVP, Executive Director of Clinics & Pharmacy Services</p> <p>Alicia Ottmann from Arizona was offered and has accepted the position and will start on 1/9/2023. She is currently undergoing credentialing as a Family Medicine Physician Assistant.</p> <p>Substance Abuse Disorder (SUD) Training</p>	Receive & File. No further action is necessary.

	<p>Here is the summary of the training provided.</p> <ul style="list-style-type: none"> • 1638 total hours of training to staff • 277 hours of CME awarded • 121 hours of Social Work CE awarded <p>Overall evaluation ratings (0-5 highest rating):</p> <ul style="list-style-type: none"> • All Staff average: 4.6 • Prescriber average: 4.7 • Clinician average: 4.7 	
8C. CREDENTIALING		
<p>8C-1.Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging</p>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.</p> <p>The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> • Current licensure, registration or certification • Relevant education, training and experience • Current clinical competence • Health fitness, or ability to perform the requested privileges • Malpractice history (NPDB query) • Immunization and PPD status; and • Life support training (BLS) 	<p>VOTE TAKEN: Mr. Mike Smith motioned to approve the initial credentialing and privileging agenda of Mariana Abreu, Mason Donnell and Amanda Peter. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<table><tr><th>Last Name</th><th>First Name</th><th>Degree</th><th>Specialty</th><th>Credentialing</th></tr><tr><td>Abreu</td><td>Mariana</td><td>DMD</td><td>General Dentistry</td><td>Initial Credentialing</td></tr><tr><td>Donnell</td><td>Mason</td><td>PA</td><td>Physician Assistant</td><td>Initial Credentialing</td></tr><tr><td>Peter</td><td>Amanda</td><td>APRN</td><td>Nurse Practitioner</td><td>Initial Credentialing</td></tr></table> <p>Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.</p> <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.</p> <p>Mariana Abreu, DMD, joined the Delray Clinic in 2022, specializing in General Dentistry. She attended Tufts University School of Dental Medicine. Dr. Abreu has been in practice for four years and is fluent in Spanish.</p> <p>Mason Donnell, PA, joined the Delray Beach Clinic in 2022 as a Physician Assistant. He attended Chatham University. Mr. Donnell is certified as a Physician Assistant by the National Commission on Certification of Physician Assistants.</p> <p>Amanda Peter joined the West Palm Beach Beach Clinic in 2022 as a Psychiatric Nurse Practitioner. She attended Nova Southeastern University. Ms. Peter is certified as a Psychiatric-Mental Health Nurse Practitioner by the American Nurses Credentialing Center.</p>	Last Name	First Name	Degree	Specialty	Credentialing	Abreu	Mariana	DMD	General Dentistry	Initial Credentialing	Donnell	Mason	PA	Physician Assistant	Initial Credentialing	Peter	Amanda	APRN	Nurse Practitioner	Initial Credentialing	
Last Name	First Name	Degree	Specialty	Credentialing																		
Abreu	Mariana	DMD	General Dentistry	Initial Credentialing																		
Donnell	Mason	PA	Physician Assistant	Initial Credentialing																		
Peter	Amanda	APRN	Nurse Practitioner	Initial Credentialing																		
8D. QUALITY																						
8D-1. Staff Recommends a MOTION TO APPROVE: Quality Report	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none">Quality Council Meeting Minutes October 2022UDS Report – YTDProvider Productivity – September 2022	<p>VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the Quality Reports- as presented. Mr. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>																				

	<p><u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review, are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations are to be presented as a separate agenda item.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> Breast Cancer Screening: We are continuing work on the Breast Cancer Initiative quality improvement project in collaboration with the American Cancer Society. Met with our local American Cancer Society (ACS) staff partner on 9/14/2022 to facilitate a process mapping session for the breast cancer initiative project. The ideas from this process mapping session will be used to create and implement a PDCA to increase breast cancer screening rates for our patients</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity is stratified by the clinic.</p>	
8E. OPERATIONS		
<p>8E-1. Staff Recommends a MOTION TO APPROVE: Operations Reports- September 2022</p>	<p>This agenda item provides the following operations reports for September 2022:</p> <p>Clinic Productivity, Payor Mix and Demographics</p> <p>In September, the clinics had 10,019 visits which were 1,421 less than the month prior and 121 less than in September of 2021. 39% of patients were adults in Primary Care, 15% in Pediatrics and 21% in Dental. The Mangonia Clinic had the highest volume, with 1,645 visits, followed by Lantana, with 1,536 visits.</p> <p>Our payer mix for September remains consistent with the previous month at 54% uninsured, 40% of patients were Managed Care and 4% Medicaid.</p>	<p>VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the Operations Reports- September 2022 as presented. Mr. Robert Glass duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>61% of patients were female. 51% of patients reported as White and 39% as Black. Of those patients, 41% reported as Hispanic, which is 15% less than the previous month. 5.5% of patients reported as agricultural workers.</p> <p>Our average homeless population increased from the previous month to 21.7%. We served 1,563 unique homeless patients. Of those patients, 67% reported doubling up, 8% reported being in permanent supportive housing, and 8% in the street. In September, the average number of visits per homeless patient was 1.7, which was 0.3% more than a non-homeless patient.</p> <p>The percentage of homeless patients varies per clinic. Mangonia and Lewis Center have the highest reported percentage of homeless patients at 53%. For that clinic, only 17% reported doubling up, 24% were in a homeless shelter, and 28% were in the street. The lowest reported homeless population was in our Jupiter clinic, with 7%. 70% of those patients reported doubling up.</p>	
8F. PATIENT RELATIONS		
8F-1. Staff Recommends a MOTION TO APPROVE: Patient Relations Dashboard Report- Q3	<p>This agenda item provides the following:</p> <p>Quarterly Patient Relations Dashboard Q3 - 2022</p> <p>For Quarter 3 2022, there were a total of 40 Patient Relations Occurrences that occurred between 7 Clinics and Clinic Administration. Of the 40 occurrences, there were 4 Grievances and 36 Complaints. The top 5 categories were Care & Treatment, Finance, Referrals, Communication and Respect Related issues. The top subcategory was Billing Issues, with 6 occurrences. This was followed by Inappropriate Care and Referral Communication, with 4 occurrences each.</p> <p>There was also a total of 236 Compliments received across 8 Clinics and Clinic Administration. Of the 236 Compliments, 228 were patient compliments and 8 were employee-to-employee Thumbs-Up compliments.</p>	VOTE TAKEN: Mr. John Mullen made a motion to approve the Patient Relations Reports- Q3 as presented. Mr. Robert Glass duly seconded the motion. A vote was called, and the motion passed unanimously.
9. AVP and Executive Director of Clinic Services Comments	None.	No action necessary.

10. Board Member Comments	None.	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>November 29, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>December 14, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	No action necessary.
12. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:14 p.m.	VOTE TAKEN: Mr. Joseph Gibbons made a motion to adjourn. Ms. John Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

Minutes Submitted by: _____
Signature
Date

C. L. Brumback Primary Care Clinics

Board of Directors

Attendance Tracking

	1/26/22	2/23/22	3/30/22	4/27/22	5/25/22	6/29/22	7/27/22	8/24/22	10/05/22	10/26/22	11/29/22	12/13/22
Mike Smith	X	X	X	X	X	X	X	X	E	X		
Melissa Mastrangelo	X	X (ZOOM)	E	X (ZOOM)	X	X	X	E	X (ZOOM)	X (ZOOM)		
Julia Bullard	X	X	X	X	E	E	X	X	X	X		
Joseph Gibbons	X	X	X	X	E	X	E	X	X	X		
John Casey Mullen	X	X	X	X	X	X	E	X	X	X		
James Elder	X	X	X	X	X	E	X	X	X	X		
Irene Figueroa	X	X	X	A	X	X	X	X	X	X		
Tammy Jackson-Moore	X	X	X	X	E	X	X	E	X	E		
Robert Glass	X (ZOOM)	X (ZOOM)	X (ZOOM)	X	X (ZOOM)	X	X	E	X	X		

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

1. Description: Human Resource Policy and Procedure Updates in FY2022

2. Summary:

In the fiscal year 2022, the Human Resources (HR) department began reviewing existing departmental policies and procedures as an organizational initiative. A sub-committee was created that was comprised of several HR professionals supporting various functions. As a result of this initiative, the following policies listed below were modified and/or created. The updated and approved policy changes can be found in Converge Point (policy management software) or our SharePoint (HCD intranet) site, available to all HCD staff.

<u>Policy Name</u>
Attendance Policy and Procedure
Dress Code Policy and Procedure
Joint Employment Policy and Procedure
Sick Time Off Policy and Procedure
Recruitment and Selection Policy and Procedure
Bereavement Policy and Procedure
Internal Employee Communications Policy and Procedure
Introductory Period for New Employees Policy and Procedure
Anti-Discrimination and Anti-Harassment Policy and Procedure
Pre-Employment Screenings Policy and Procedure
Employee Referral Policy and Procedure
Professional Development Reimbursement Policy and Procedure
Employee Rescreening Policy and Procedure
Learning Management System Policy and Procedure
Transfers Promotions and Demotions Policy and Procedure
Learning Program Standard Policy and Procedure
Telecommuting Procedure
COVID-19 Vaccination Mandate Procedure
COVID-19 Vaccination Mandate Policy
Education Assistance Policy and Procedure
Performance Management Policy and Procedure
COVID-19 Policy on Unvaccinated Staff Accommodations and Requirements

3. Substantive Analysis:

The HR sub-committee reviewed existing HR policies, made modifications, and created new HR policies and procedures. As part of our review process, we considered the following reasons to modify and/or create HR policies and procedures: new laws/regulations, new systems/technology, industry best practices, alignment with

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS

November 29, 2022

HCD's mission/vision/values, HCD's strategic direction and leadership presence, and/or policy template/grammatical error updates needed. All policy changes and creations were reviewed and approved by the Administrative Policy Committee.

4. Fiscal Analysis & Economic Impact Statement: N/A

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

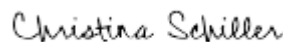
6. Recommendation:

7. Staff recommends that the Board approve the adoption of the Human Resources Policy and Procedure Updates in FY2022.


Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Christina Schiller
Director of Human Resources



Dr. Belma Andric
VP, CMO & Executive Director Clinical Services

Anti Discrimination and Anti Harassment Policy and Procedure

Policy #:	HOHR116	Effective Date:	2/11/2022
Business Unit:	Human Resources	Original Effective Date:	3/1/2007
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

To assist all HCD employees and contractors in identifying and preventing discriminatory and harassment in the workplace. At HCD we seek a work environment that promotes respect and dignity, free of unlawful harassment, discrimination, and retaliation of any kind.

SCOPE

This procedure applies to all Health Care District employees and contractors, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities (i.e. Contractors).

POLICY

It is the policy of the District to comply with all provision of Title VII of the Civil Rights Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, and all State, Federal, and local laws prohibiting discrimination and harassment in the workplace. Each employee should be able to work in an environment free of discrimination and any form of harassment based on any protected category or characteristic including: race, color, military status, religion, age, sex, pregnancy, national origin, citizenship, disability, marital status, sexual orientation or any other category protected by law.

In order to provide a professional, productive and pleasant working environment, it is important that the District maintain an atmosphere characterized by mutual respect and dignity. Accordingly, verbal or physical conduct by any employee which harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive or hostile work environment will not be tolerated.

1. **Discrimination** - To make a difference in treatment based upon one of the characteristics protected by law.
2. **Harassment** – Unwelcomed behavior of an offensive nature that threatens, intimidates, demeans, humiliates or embarrasses a person. Unwelcome conduct can constitute harassment if:
 - It has the purpose or effect of unreasonably interfering with an individual's work performance;
 - It creates an intimidating, hostile or offensive working environment; or
 - Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment.

3. **Sexual Harassment** – Unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature. It can involve conduct by a person of either gender toward a person of the same or opposite gender.

The following is only a partial list of sexually harassing conduct:

- Explicit sexual propositions
- Offering employment benefits in exchange for sexual favors
- Making threats or retaliating after a negative response to sexual advances
- Sexual innuendo or sexually suggestive or sexually degrading comments about a person's body, sex life, sexual prowess or sexual deficiencies
- Sexually oriented jokes, derogatory comments, epithets, slurs or catcalls
- Obscene language, letters, notes or invitations (including by email)
- Physical contact such as touching or impeding movements
- Conduct such as leering or making sexual gestures
- Displaying or distributing pornography or other sexually suggestive objects, pictures, cartoons or
- posters (including by email, or viewed or shared on a work computer or other device)
- Sexual content in text messages

Unwelcome sexual conduct can constitute harassment if:

- It has the purpose or effect of unreasonably interfering with an individual's work performance;
- It creates an intimidating, hostile or offensive working environment;
- Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- Submission to or rejection of the conduct by an individual is used as the basis for tangible employment actions taken toward her or him.

The District encourages all employees to treat each other and customers respectfully and professionally.

The District is an equal opportunity employer. All personnel actions including hiring, promotions, selection for training, compensation, layoffs, recall from layoffs, and terminations will be administered in a manner consistent with general principles of non-discrimination.

Each supervisor has a responsibility to maintain the workplace free of any form of discrimination, sexual harassment and any other harassment based upon any characteristics stated above or otherwise protected by law. No supervisor is to threaten or insinuate, either explicitly or implicitly, that any employee's refusal or willingness to submit to sexual advances will affect the employee's terms or conditions of employment.

Other sexually harassing or offensive conduct in the workplace, whether committed by supervisors, non-supervisory employees or non-employees, is also prohibited.

PROCEDURE

Reporting/Complaint Procedure

HCD has established the following procedure for lodging a complaint of harassment, discrimination or retaliation. The company will treat all aspects of the procedure confidentially to the extent reasonably possible.

Actions or words that constitute discrimination or unwelcome harassment of employees by anyone, including non-employees, in the workplace are not acceptable and must be reported to management. Management includes: Human Resources, Supervisor, Manager, Director and Officer. Each Supervisor and Manager are responsible for making sure that all employees within his or her area of responsibility are aware of this policy, for ensuring that personnel decisions are in accordance with this policy, and consulting with the Human Resource Department when improper behavior is observed or reported.

Employees who believe they have been harassed or discriminated against should inform the person engaging in such behavior that such conduct is unwelcome and must stop. Should the employee feel uncomfortable directly confronting the alleged harasser, the employee may choose to skip to the next step by immediately notifying management. Any employee, who has a complaint of discrimination or sexual harassment at work by anyone, including Supervisors, co-workers, or visitors, must immediately report his or her complaint to Human Resources, Supervisor, Manager, Director or Officer. If for any reason, the alleged discrimination or sexual harassment cannot be reported to the direct report's Supervisor or the employee reasonably believes such report would be ineffective, the employee should report the matter directly to the Human Resources or the Director. Supervisors, Managers, Officers, or the CEO who receive reports or complaints of discrimination or harassment shall immediately notify Human Resources.

All such complaints will be investigated in a timely and in as impartial and confidential a manner as possible under Florida law. Investigation by the District, however, does not toll or alter the time for filing a charge with the Equal Employment Opportunity Commission. The investigation of a complaint will normally include conferring with the parties involved and any named or apparent witnesses.

All employees shall be protected from coercion, intimidation, retaliation, interference or discrimination for filing a complaint or assisting in an investigation. If a violation is found to exist, appropriate disciplinary action will be taken, up to and including termination. A non-employee who subjects an employee to discriminatory conduct or sexual harassment in the workplace may be reported to the Police Department. Other action may be taken as appropriate or allowed by law.

Retaliation

No hardship, loss, benefit or penalty may be imposed on an employee in response to:

- Filing or responding to a bona fide complaint of discrimination or harassment.
- Appearing as a witness in the investigation of a complaint.
- Serving as an investigator of a complaint.

Lodging a bona fide complaint will in no way be used against the employee or have an adverse impact on the individual's employment status. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

Any person who is found to have violated this aspect of the policy will be subject to discipline up to and including termination of employment.

Confidentiality

All complaints and investigations are treated confidentially to the extent possible, and information is disclosed strictly on a need-to-know basis. The identity of the complainant is usually revealed to the parties involved during the investigation, and the HR department will take adequate steps to ensure that the complainant is protected from retaliation during and after the investigation. All information pertaining to a complaint or investigation under this policy will be maintained in secure files within the HR department.

Employee Responsibilities:

1. Report any questions or concerns regarding equal employment opportunity, discrimination or harassment issues to your Supervisor, Manager, Director, Officer, Human Resources or the CEO.
2. Treat each other with mutual respect and dignity.
3. Complete Annual Training

Department Directors/Managers/Supervisors Responsibilities:

1. Report to Human Resources any questions, concerns or complaints raised by employees concerning equal employment opportunity, discrimination or harassment.
2. Assist in addressing and resolving such questions, concerns, or complaints in a timely and equitable manner.
3. Educate employees on proper workplace behavior and enforce appropriate rules.
4. Complete Annual Training for both Manager and Employee

Human Resources Responsibilities:

1. Provide counsel to Supervisors and employees on questions, concerns, complaints or procedures related to equal employment opportunity, discrimination or harassment.
2. Promptly and confidentially investigate any formal or informal equal employment opportunity, discrimination or harassment complaints and take appropriate action to resolve questions, concerns or complaints raised by employees.
3. Communicate with concerned or complaining employees about the status and results of investigation and actions towards resolution of the issue.
4. Provide training to employees regarding Prevention of Harassment and Discrimination in the Workplace.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	<u>3/9/2022</u>
Final approver	Darcy Davis;
Final approval date	<u>3/21/2022</u>

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Attendance Policy and Procedure

Policy #:	HOHR117	Effective Date:	6/14/2021
Business Unit:	Human Resources	Last Review Date:	
Approval Group:	Human Resources	Document Owner(s):	Human Resources
Board Approval Date:	3/1/2007		

PURPOSE

The purpose of this policy is to set forth the Health Care District's policy and procedures for handling employee absences and tardiness to promote the efficient operation of the company and minimize unscheduled absences.

SCOPE

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

The District expects all employees to be punctual and have regular appropriate attendance as scheduled.

General Provisions

1. All employees are expected to report to work at their expected time and to work their scheduled shifts.
2. Each employee, who is absent or tardy from work for unforeseen reasons, must notify the Supervisor and/or Department Director at least two hours prior to the start of the scheduled shift. Employees must otherwise schedule time off for foreseeable absences and tardiness occurrences at least 30 days prior to the absence or tardy. Requests for time off submitted less than 30 days in advance may be granted at the discretion of the Supervisor.
3. Notification must be given directly by the employee to the Department's leadership; unless an emergency makes it necessary for another individual to call on behalf of the employee. The employee must make a follow-up call as soon as possible after the emergency subsides to the Department leadership. If the notification occurs before working hours, the employee may leave a message only if it is followed up during normal business hours with another call received by the Supervisor within the same day of the absence or tardy.

4. Notification must be made for each day of unscheduled absence, regardless of whether or not the days are consecutive; unless a specific return date is agreed upon in writing by the supervisor.
5. Failure to provide proper notice of an absence shall be termed "absence without notice" and may result in corrective action.
6. An employee, who is absent from work for three (3) consecutive days without giving notice, will be considered to have voluntarily resigned. The Department leadership will notify Human Resources of the employee's resignation.
7. Per diem employees who are not available for work as per department specific requirements, will be considered to have voluntarily resigned their employment. The Department Manager or Director must provide Human Resources with notification of the employee's voluntarily separation.
8. Excessive absences and/or excessive tardiness will be cause for corrective action, up to and including termination of employment.
9. Employees, who call off a scheduled shift at the District to work at another job, are subject to corrective action, up to and including termination of employment.

Absenteeism and Tardiness

1. An employee is considered absent if they are not present for work as scheduled, regardless of the reason. This includes the failure of an employee to report to work on his/her regularly scheduled shift, or failure to report to work any shift or overtime assignment when scheduled in advanced by the Supervisor. Additionally, employees are expected to be on duty and ready to work at the start of their scheduled shift.
2. An employee is considered tardy when he/she clocks in at any time after the scheduled start of a shift, however, departments or business units can provide flexibility based on their specific needs.
3. When an employee incurs two (2) or more consecutive days of absences for the same reason, it will be considered as one (1) occurrence for the purposes of this policy. Any occurrence, which is separated by a workday, will be counted as a separate occurrence.
4. Approved absences in accordance with established District policy, such as paid time off, sick time off, Compassionate leave, jury duty, holiday time, approved leaves of absence, or any time off which has been approved in advance by the Supervisor, will not be considered as an occurrence. These absences must be approved in writing.

5. Supervisors and employees should not focus on the reason for absences, but focus on the number of occurrences.
6. If an employee exceeds any combination of three (3) absences/tardy occurrences within a three month period or seven (7) absences/tardy occurrences in a twelve (12) month period will be considered unacceptable attendance and may result in disciplinary action for excessive absenteeism/tardiness. Any future occurrences may result in corrective action, including termination. Based on department needs, managers may establish alternative standards for attendance and tardiness to be applied consistently to all their employees.
7. There are four stages of corrective action – verbal, written, final written and termination – may be accelerated beyond the progressive process if an employee is subject to corrective action for other performance issues.
8. Some instances which may warrant further monitoring and disciplinary action, such as:
 - a) Unscheduled absence the day before and/or after a scheduled holiday or scheduled day off;
 - b) Unscheduled absence on pay days or the day before or after;
 - c) Coincidence of absences with desired days off;
 - d) Any other repeated form or pattern of absence.
9. If an illness is given as the employee's reason for absence, the District reserves the right to request a written statement from their health care provider prior to their return to work. However, employees must provide a written certification from their health care provider when the illness results in an absence of three or more days. Failure to provide a written certification from the health care provider may prevent an employee from using PTO or STO to replace lost time.
10. A physician's statement should indicate the employee's inability to work on the specific days involved, and the date the employee is able to work without harm to themselves or others. (A statement such as, "Ms. Jones is under my care" does not qualify as confirmation that the employee was unable to work on a specific day).
11. If an employee does not call in two hours prior to the start of the scheduled shift, the employee may not utilize PTO or STO to replace scheduled shift. Exception by the Department Director may be granted based on special circumstances, i.e. illness preceding holiday period, hospitalization, sudden occurrence of injury, etc.

12. PTO or STO will not be paid to employees with an unscheduled absence on the day before or after pre-approved time off, recognized holidays or before and after weekends, or failure to provide notice of pre-scheduled appointments. Exception by the Department Director may be granted based on special circumstances, i.e. illness preceding holiday period, hospitalization, sudden occurrence of injury, etc.
13. When a serious health condition is the reason for the attendance issue, the employee should contact Human Resources for leave options.

Employee Responsibilities:

1. Schedule time off in advance by completing a time off request.
2. Report to work on time and on days scheduled.
3. Provide appropriate documentation when out for illness, injury, etc.
4. Maintain appropriate levels of attendance.

Department Directors/Managers/Supervisors Responsibilities:

1. Communicate procedural standards of the policy to staff under your direction.
2. Review employee attendance on a regular basis.
3. Appropriately utilize disciplinary action for excessive attendance issues.
4. Update the employee's timecard, as necessary, to reflect scheduled and unscheduled absences and/or tardiness.

Human Resources Responsibilities:

Assist Managers and Employees in the interpretation of the policy.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	

Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller; Steven Hurwitz;
Reviewer approval date	9/12/2022
Final approver	Candice Abbott;
Final approval date	9/23/2022

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Bereavement Policy and Procedure

Policy #:	HOHR119	Effective Date:	1/31/2022
Business Unit:	Human Resources	Original Effective Date:	4/1/2014
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

The Bereavement policy and procedure establishes uniform guidelines for providing paid time off to employees for absences related to the death of an immediate family member.

SCOPE

This policy and procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities

POLICY

HCD's bereavement policy and procedure outlines our provisions for employees who lose an immediate family member. If this happens, we want to support our employees and allow them time to mourn and cope.

PROCEDURE

Eligible employees will be granted up to three working days with pay following the death of an immediate family member. When the death of an immediate family member is the result of active military duty, consideration will be given up to a maximum of nine working days to allow the employee to participate in the longer military burial process.

Immediate family member is defined as spouse/domestic partner, child, siblings, parent or grandparent, to include in-laws or 'step' of those defined under immediately family members. At the discretion of the District, this policy may also apply to individuals who are not legally related but who reside with the employee.

In the event of the death of an employee's immediate family member, the District may grant up to three (3) working days with pay following the death to arrange or attend services. The employee is paid their regular rate of pay for each scheduled work day missed. Additional time off may be requested by the employee with approval from their supervisor and will be considered Paid Time Off.

In the event the death of an employee's immediate family member is the result of active military duty, the District may grant a maximum of nine (9) working days with pay following the death to arrange or attend services associated with a military burial. The employee is paid their regular rate of pay for each scheduled work day missed. Additional time off beyond the nine days may be requested by the employee with approval from their supervisor and will be considered Paid Time Off.

Notice

Employees need to provide the department head with reasonable notice of their intent to take such leave.

Certification

Proof of residency may be required if the request is for an individual who is not related.

Employee Responsibilities:

- Immediately notify your Supervisor of the need for a bereavement leave.

Department Directors/Managers/Supervisors Responsibilities:

1. Review and approve appropriateness of bereavement Leave requests.
2. Consult with Human Resources as needed to ensure appropriate administration of the policy.
3. Process bereavement leave in Time Management System for the employee.

Human Resources Responsibilities:

1. Assist employees and Supervisors in understanding policy, paperwork and requirements.
2. Offer Employee Assistance Program services.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	2/11/2022
Final approver	Darcy Davis;

Final approval date

2/23/2022

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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COVID-19 Policy on Unvaccinated Staff Accommodations and Requirements

Policy #:	HOHR180	Effective Date:	2/3/2022
Business Unit:	Human Resources	Original Effective Date:	2/3/2022
Approval Group:	Human Resources	Last Review Date:	
Board Approval Date:		Document Owner(s):	

PURPOSE

HCD encourages all employees to be vaccinated against COVID-19 and has implemented a COVID-19 Vaccination Mandate Policy (HCD HOHR 176 and 179). To ensure the safety of employees, patients, family members, and members of the community. The HCD is instituting this COVID-19 Vaccination Accommodations for Unvaccinated Staff Policy ("Policy"). This Policy is based on HCD's COVID-19 Vaccine Policy, requirements and guidance issued by The Centers for Medicare and Medicaid Services, The Centers of Disease Control and Prevention, The Department of Labor, The Equal Employment Opportunity Commission, and State of Florida ("State") and local health rules and regulations, to ensure compliance with applicable rules and laws that govern the HCD. This applies to all unvaccinated employees, contracted personnel, volunteers, physicians, and students ("Personnel").

SCOPE

All unvaccinated staff in HCD Business Units and Employees.

POLICY

All HCD employees, regardless of whether you work in a patient care area or not, must be fully vaccinated for COVID-19 by February 28, 2022, or have an approved religious or medical accommodation on file. HCD is required to keep records of vaccination status and report as necessary to our various regulatory agencies. HCD will require masking for all unvaccinated employees. Additional PPE may be required for employees based on their work location, other requirements, or to help ensure the health and safety of HCD employees, patients, and visitors. Further, HCD will require mandatory routine COVID-19 testing for unvaccinated employees, so long as testing measures are determined to be necessary, per CDC guidelines, and as supply allows. Testing will occur once per week for asymptomatic unvaccinated employees. If unvaccinated employees are symptomatic additional testing will be conducted and further requirements may apply. Managers of employees with an approved COVID-19 vaccine exemption will follow up with their employees and hold them accountable to the mandatory routine COVID-19 testing and required masking by random observations. If employees do not comply, managers will need to work with Human Resources on corrective action, up to and including termination.

EXCEPTIONS

Those employees who are 100% remote and NEVER physically interact face-to-face with other employees are not subject to the vaccine mandate.

Employees who have provided proof that they are fully vaccinated.

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	2/8/2022
Final approver	Darcy Davis;
Final approval date	2/8/2022

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COVID-19 Vaccination Mandate Procedure

Procedure #:	HOHR176	Effective Date:	11/15/2021
Business Unit:	Human Resources	Original Effective Date:	11/15/2021
Approval Group:	Human Resources	Last Review Date:	11/15/2021
Document Owners:	Human Resources		

PURPOSE

To provide instructions to employees on how to request a medical or religious exemption. An employee who needs to submit a request for an exemption and an accommodation, will need to complete the exemption form found on SharePoint forms. Once form is completed, along with supporting documents, please send to Christina Schiller, Human Resource Director at CSchiller@hcdpbc.org.

SCOPE

HCD Employees.

PROCEDURE

1. All Personnel must be fully vaccinated for COVID-19. Fully vaccinated means that the individual must have received the first dose of a multi-dose vaccine (i.e. Pfizer or Moderna) or the single dose (i.e. Johnson & Johnson) no later than December 5, 2021, and the second dose by January 4, 2022. Evidence of such vaccination must be timely submitted to HCD. Failure to comply may result in disciplinary action, up to and including termination of employment, termination from the medical staff or removal from providing services to the HCD, as applicable depending on the individual's relationship with the HCD.

a. If an individual wish to request a medical or religious exemption, the individual must complete the attached form to request such an exemption.

2. To initiate an exemption request, the requesting individual must submit the attached COVID-19 medical or religious exemption request form ("Form"). The individual must include all pertinent information requested by the Form, including an attestation that all of the information contained is complete and accurate.

a. All submitted medical or religious exemption requests will be reviewed by the Vaccination Exemption Committee ("Committee").

b. Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exemption.

c. HCD may consider several factors in assessing whether a request for an exemption is based on a sincerely held religious belief, including whether the individual has acted in a manner inconsistent with their professed belief. But no one factor is determinative.

3. For individuals who request a medical exemption from vaccination, all documentation confirming recognized clinical contraindications to COVID-19 vaccines, and which support the individual's request, must be:

- a. Signed and dated by a licensed physician, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws.
 - b. Such documentation must contain all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the individual and the recognized clinical reasons for the contraindications; and
 - c. A statement by the licensed physician recommending that the individual be exempted from the HCD's COVID-19 vaccination requirements based on the recognized clinical contraindications.
4. After an individual submits the completed Form, the Committee may reach out to the individual to schedule a meeting to discuss the request for an exemption or to request additional information in writing.
 - a. If a meeting is requested, the meeting will consist of an open-ended dialogue to allow for any necessary clarifications regarding the request for an exemption.
 - b. After this initial discussion, the Committee may reach out to other individuals for additional information regarding the individual's request for an exemption.
 - c. Decisions regarding a request for medical or religious exemption will be made on a case-by-case basis.
5. After reviewing the relevant information, the Committee will determine whether to approve the exemption request, and whether an accommodation can be made.
 - a. If the request for medical or religious exemption is approved, the Committee will reach out to the individual's Business Unit supervisor or other leaders to determine potential reasonable accommodations based on the totality of circumstances.
 - b. Accommodations are made on a case-by-case basis based on the specific factors associated with the individual's position, location, and duties and responsibilities.
6. After reviewing all relevant information, the Committee will issue a written decision to the individual requesting an exemption.
 - a. If the request for a medical or religious exemption and/or accommodation is denied (for any reason), the individual will be required to obtain and provide evidence of having received the COVID-19 vaccination.

UPDATED PROCEDURE (2/3/2022)

1. All Personnel must be fully vaccinated for COVID-19. Fully vaccinated means that the individual must have received the first dose of a multi-dose vaccine (i.e. Pfizer or Moderna) or the single dose (i.e. Johnson & Johnson) no later than January 27, 2022, and the second dose by February 28, 2022. Evidence of such vaccination must be timely submitted to HCD. Failure to comply may result in disciplinary action, up to and including termination of employment, termination from the medical staff or removal from providing services to the HCD, as applicable depending on the individual's relationship with the HCD.

a. If an individual wish to request a medical or religious exemption, the individual must complete the attached form to request such an exemption.

While the Centers for Medicare and Medicaid (CMS) Interim Final Rule (IFR) initially provided dates for compliance with the vaccine requirement (requiring employees to be fully vaccinated for COVID-19 by January 4, 2022), CMS and the Biden Administration provided an extension while injunctions related to the IFR were pending in the Supreme Court of the United States (SCOTUS). SCOTUS issued a decision on January 13th, 2022, which effectively reinstated the CMS mandate across the United States. Accordingly, CMS updated their website with additional information to reflect the Court's decision while updating their guidance to reflect new compliance dates that are later than what is published in the Interim Final Rule. This HCD Policy has been updated to reflect these new dates.

RELATED DOCUMENTS	
Related Policy Document(s)	COVID-19 Vaccination Mandate Policy
Related Forms	See SharePoint Forms – HCD COVID 19 Vaccination Exemption Request
Reference(s)	The Centers for Medicare and Medicaid Services, The Centers of Disease Control and Prevention, The Department of Labor, The Equal Employment Opportunity Commission, and State of Florida ("State") and local health rules and regulations.
Last Revision	11/15/21 – Initial Release
Revision Information/Changes	11/15/21 – Initial Release
Next Review Date	11/15/2022

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	2/3/2022
Final approver	Darcy Davis;

Final approval date	2/3/2022
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Dress Code Policy and Procedure

Policy #:	HOH152	Effective Date:	1/31/2022
Business Unit:	Human Resources	Original Effective Date:	12/1/2006
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

This policy and procedure defines the District's expectations regarding the appropriate professional attire and appearance of employees while at work. Employees should note that their appearance matters when representing our company in front of patients, customers, clients, colleagues, visitors or other parties. An employee's appearance can create a positive or negative impression that reflects on our company and culture.

SCOPE

This policy and procedure applies to all Health Care District (HCD) employees. If you are an employee who works in one of HCD's program areas that may require uniform and/or specific attire consideration – please refer to that program area's policy for additional reference.

POLICY

The Health Care District of Palm Beach's dress code policy and procedure should be used to help employees present themselves in a professional way to patients, customers, clients, colleagues, visitors or other parties. Our appearance reflects ourselves and HCD. The goal of this policy is to maintain a professional appearance while not offending individuals we may encounter. As representatives of this company, employees must adhere to the dress code policy and procedure

PROCEDURE

This procedure describes the dress code minimum standards that all employees must follow. The District reserves the right to determine the appropriateness of any employee's appearance and attire at any time. No dress code can cover all contingencies — exercise good judgment when deciding what to wear.

The District follows a business casual attire and requires that all employees present a professional image at all times. The following are general guidelines that all employees must follow. In addition to the business casual dress code, each program area may have additional dress code requirements that could apply differently accordingly to the role of the employee. This procedure is a guideline and may not represent an all-inclusive list.

Additional items will be monitored and addressed at the sole discretion of management.

Personal Hygiene and Grooming

- Perfume, cologne and after-shave should be subtle and not overpowering or offensive to others.

- Hair should be clean and neatly styled. Hair must be worn in such a fashion that does not interfere with job performance and/or patient care. Mustaches and beards must be clean and neatly groomed. Kitchen staff must wear beard covering.
- Fingernails should be kept neat, clean, at an appropriate length; and do not have the potential to inhibit, impede on, or interfere in with patient care, food preparation, or job performance.

Clothing

- Tops must not be tight-fitting or low cut and may not reveal the stomach, back, or have plunging necklines. No tank tops, spaghetti straps, or off-the-shoulder shirts may be worn.
- Jackets or shirts with slogans or emblems of retail stores or hospitals are not permitted on any attire unless it is a District issued garment.
- Pants must not be tight-fitting or low cut and should be of appropriate ankle length. Jeans, overalls, sweatshirts/pants, jogging suits, leggings, yoga or similarly snug-fitting pants are not permitted. Jeans are only allowed on designated Dress-Down days.
- Skirts, dresses, or skirts that split at or below the knee are acceptable. Dress and skirt should be at a length at which you can sit comfortably in public.
- Sheer or visibly shown undergarments may not be worn.
- Employees who are required to wear uniforms, will be provided with a set number of garments, and directed to purchase additional pieces with a designated HCD vendor. Employees are responsible for excessive wear and tear.

Shoes

- Shoes must be professional in appearance, clean and in good condition.
- For safety reasons, open toes, or backless shoes may not be worn in some designated areas. For such designated areas, shoes must not have holes and must provide coverage of the entire foot. Tennis shoes and walking shoes are acceptable when working with patients or food preparations.

Jewelry/Body Piercing/Tattoos

Jewelry, body piercings and tattoos must not have a negative impact in the workplace, nor should they impact with job performance and/or patient care. HCD reserves the right to ask any employee to cover or remove, as applicable, anything that is not in alignment with the organization's values.

- Jewelry and Piercings should be kept to a minimum and not inhibit or interfere with work performance. Large hoop earrings are not allowed.
- Visible tattoos with the potential to be perceived by anyone as distracting, derogatory, offensive or controversial must be covered at all times.

Identification Badges

- Security Department will provide identification badges to all new hires during orientation or on their first day of work.

- All District employees are required to wear the identification badge from the point of receipt and while at job sites or representing the organization in business-related activities. The badge must be visible to the public and with the picture facing forward at all times.
- District issued pins or buttons can be worn on the collar or lapel. No District issued buttons/pins/stickers of any kind are permitted on the ID Badge.
- Use of lanyards for clinical staff is prohibited due to potential safety hazards.
- If an employee loses their badge, they may obtain a replacement from our Security department.

Special Circumstances / Dress-Down days

Special circumstances may occur which warrant exceptions to this policy (i.e., moving office locations, major cleaning or reorganizing of work areas, community outings, or other designated occasions). These designated days will allow our employees to work more comfortably in the workplace, but they are still required to project a professional image for our customers, potential employees, patients, community, and visitors in general.

The District may authorize designated dress-down days, or established day(s) periods in which employees may wear jeans, polo shirts, and other business casual attire.

Specific attire that is unacceptable for dress-Down days includes: torn or stained clothing, flip-flops or excessively revealing clothing such as shorts, halter tops, or see-through clothing.

Jeans must be clean and free from rips and holes. All pants must be worn at the waist, and no underclothing may be visible.

Business reasons may require employees to wear formal business attire on a casual day. Employees should consider their level of customer/patient contact and the types of meetings they are attending when determining the appropriate attire.

Employees assigned to work at specific business units will be required to comply with additional dress code standards.

HEALEY CENTER DRESS CODE

Healey Center employees are expected to adhere to the below dress requirements, pertaining to their respective business units:

1. Administration (Admissions/Finance/Social Services) – No uniform, professional dress according to generic dress code requirements.
Activities – Healey logo polo
2. Central Supply – Healey logo collared shirt with work pants
3. Certified Nursing Assistants – Teal Scrubs

4. Dietary – White Shirt, black work pants or scrubs
5. Drivers – Healey logo button down collared shirt with dark blue work pants
6. Facilities – Black polo's with Healey logo, work pants
7. Housekeeping/Laundry (Environmental Services) – burgundy scrubs; collared button-down shirt with Healey logo and Blue work pants
8. Nurse Practitioners – White Lab/coats
9. Nurses – Light Blue Scrubs
10. Receptionist – Healey logo button down collared shirts
11. Therapy – Blue Scrubs

Additional Healey Dress Code Standards

Employees with direct patient contact must comply with Infection Control guidelines to prevent the spread of germs and infections

1. Employees in direct contact with food as part of their daily duties will not wear fingernail polish or artificial fingernails when working with exposed food or unwrapped utensils unless wearing intact gloves in good repair, as per the Health Care Department.
2. Hairnets or head coverings are required in certain areas.

BRUMBACK PRIMARY CARE CLINIC DRESS CODE

The following describes the dress code minimum standards that all clinic employees must follow, according to their role.

Definition

Non-Clinical/Support Team Members: Team members who do not perform or assist in the performance of patient's clinical services. Registration Specialist, Counselors, etc.

Clinical Team Members: Team members in direct contact with patients who assist in the performance of patient's clinical services. Medical and Dental assistants, etc.

Other Clinical Team Members: Team members in direct contact with patients who are allowed by law, regulation, and facility policy to provide specific clinical services. Physicians, Mental Health, Social Workers.

Clothing

Team-members working in the clinics are required to wear clinic approved designated attire.

1. **Non-clinical team-members** (Registration Specialist/Certified Application Counselor/Patient Financial Counselor): Uniforms are required as listed below: Designated clinic colors are as follows: light blue top with C. L. Brumback Primary Care Clinics embroidered logo and black, navy, or khaki dress pants.
2. **Clinical Team-members**: Uniforms are required as listed below: Designated uniforms will be provided in appropriate clinic colors (royal blue for dental or navy scrubs for medical).
3. **Mental Health Staff** (Licensed Clinical Social Worker/Licensed Mental Health Counselor): Professional business attire.
4. **Providers**: Professional business attire or designated uniform. Lab coat will be provided.
5. **Administrative** (Practice Managers/Referral Clerks/Coordinators): Professional business attire.

Additional Brumback Primary Care Standards

Brumback Primary Care Clinics employees, including employees providing temporary coverage, are expected to adhere to the below dress requirements and infection control guidelines.

1. Hairnets or head coverings are required in certain areas.
2. All footwear must be closed-toed with a back, regardless of the employee's responsibilities. Shoes must have no holes and provide coverage of the entire foot. Tennis and athletic shoes cannot include mesh material for clinical team members.
3. The clinic management will determine the appropriate dress code on designated dress-down days.
4. Using the ID Badge at all times in this business unit is a Florida Board of Pharmacy requirement. ID badge will be prominently visible to the public and worn above the waist. Failure to comply could result in disciplinary action and/or fines from the Board.
5. No winter jackets, hoodies, or similarly oversized clothing. Only jackets or cardigans provided by employer are to be worn.
6. Hair should be cleaned, combed, and neatly trimmed or arranged and styled with conservative hair decorations. Hair should be worn in such a fashion that is restrained from the face, so as not to interfere with administration of patient care or job responsibilities. This includes keeping bangs from inhibiting the employee's ability to see. Mustaches and beards must be cleaned, neatly groomed and closely trimmed. An unshaven appearance is unacceptable. False eyelashes cannot interfere with the use of personal protective equipment and should be professional in appearance.
7. Nail jewelry or embellishments of any kind are not allowed.
8. Chewing gum is not permitted by any employee unless mandated for medical necessity (e.g. gum for nicotine withdrawal or halitosis).
9. Minimal jewelry should be worn and should not interfere with administration of patient care or job responsibilities.

10. Shoes must be worn at all times for safety and sanitary reasons. Comfortable shoes such as oxfords, walking shoes, dress flats or moderately heeled shoes of not more than 3 inches may be worn. Shoes must be professional in appearance, clean and good condition at all times.
11. All footwear must be closed-toed with a back, regardless of the wearer's responsibilities. Shoes must provide coverage of the entire foot (no holes). Shoes must be non-absorbent and wipeable.
12. Employees who fail to follow the above guidelines may be sent home and directed to return to work in proper form. Under such circumstances, non-exempt team-members will not be compensated for the time away from work.
13. Employees, who are required to wear uniforms, are responsible for excessive wear and tear and purchasing their garments. For uniform maintenance, employees will be directed to a specified vendor in order to purchase additional sets.

AEROMEDICAL

Employees in Aeromedical must adhere to the below dress requirements, pertaining to their respective department.

Flight Crew Members:

1. Flame-retardant issued flight suit with approved patches
2. Boots or sturdy footwear
3. Appropriate outerwear pertinent to survival in the environment
4. High-visibility reflective vest or appropriate Department of Transportation (DOT) approved clothing in accordance with ANSI-ISEA 107 standard or equivalent national standards when applicable
5. Appropriate Personal Protective Equipment (PPE) as described in Aeromedical Program Standard Operating Procedure AMPSOP-001 for Infection Control

Maintenance and Facility Personnel:

1. Black shorts or long pants
2. Approved Tee or Polo Shirt with HCD/Trauma Hawk logo
3. Appropriate slip resistant shoes
4. Appropriate outerwear for environmental conditions

Employees other than Maintenance and Facility will follow the guidelines in the HCD Dress Code policy procedure.

SCHOOL HEALTH PROGRAM

Employees in the school Health Program must adhere to the below dress requirements, pertaining to their respective department.

Clothing

1. We permit our nurses to wear uniform scrubs provided they are not those that are gathered at the ankle (typically called “OR” scrubs) and are not tight fitting.
2. All footwear must be closed-toed with a back, regardless of the employee’s responsibilities. Shoes must have no holes and provide coverage of the entire foot
3. Dress-Down guidelines are allowed during designated education days, that otherwise will not be appropriate during regular school sessions.
4. School nurses can wear school approved tee shirts with their scrub pants or slacks.

LAKESIDE MEDICAL CENTER

Employees at the Lakeside Medical Center must adhere to the below dress requirements, pertaining to their respective department.

Scrub Colors by Department:

1. Radiology- Hunter Green
2. Nurses- Navy Blue
3. CNAs- Purple
4. Lab Tech Med- Caribbean Blue
5. Lab Phlebotomist- Teal/Turquoise
6. Physical Therapy- Burgundy
7. Respiratory- Royal Blue
8. Pharmacy Tech- Pewter Grey
9. Plan Operations- Must report to work in uniform, which is at button down gray shirt and blue or khaki pants or cargo pants.
10. Environmental Services- Must report to work in uniform, which are blue pants and blue shirts. Shirts must be tucked into trousers and trouser belts worn.

Surgical staff please refer to the LMC “Surgical Attire Policy and Procedure”

Additional Lakeside Dress Code Standards

1. Employees with direct patient contact must comply with Infection Control guidelines to prevent the spread of germs and infections
2. Employees in direct contact with food as part of their daily duties will not wear fingernail polish or artificial fingernails when working with exposed food or unwrapped utensils unless wearing intact gloves in good repair, as per the Health Care Department.
3. Hairnets or head coverings are required in certain areas.
4. Socks and closed toe shoes will be worn by all technical personnel with patient contact.
5. I.D. badge will be worn and above torso mid-line at all time.

RESPONSIBILITY

Employees Responsibilities:

1. Represent the District in a professional way by presenting self in proper attire at all times during work.
2. Adhere to the established guidelines for proper hygiene, grooming, and attire.
3. If the dress code policy contravenes the prescriptions of your faith or that it is offensive to you in any way, please contact human resources.

Department Directors/Managers/Supervisors Responsibilities:

1. Monitor adherence to the established guidelines.
2. Address any violations of the dress code consistently with all staff. An employee may be sent home and directed to return to work in adherence to this policy if a violation occurs. Under such circumstances, employees classified as non-exempt will not be compensated for time away from work.
3. Continued failure to comply with this policy may result in corrective action, up to and including termination of employment.

Human Resources Responsibilities:

1. Assist managers and employees with the interpretation of the policy and procedure.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS

Reviewer approval	Christina Schiller;
Reviewer approval date	2/22/2022
Final approver	Darcy Davis;
Final approval date	5/4/2022

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Education Assistance Policy and Procedure

Policy #:	HOHR154	Effective Date:	1/31/2022
Business Unit:	Human Resources	Original Effective Date:	1/1/2008
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

This policy applied to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

SCOPE

An employee must be actively employed with the District when the course is completed in order to qualify for education reimbursement. The employee must continue employment with the District for one year after successful completion of the course to avoid repayment of any reimbursements issued in the year prior to the date of separation. Any and all approvals for education assistance reimbursement are made at the sole discretion of the District.

POLICY

The District may reimburse the cost per credit hour of tuition and books for courses the employee takes at approved and accredited educational institution. The course of study should relate to the employee's current position or a probable future assignment with the organization. Education Assistance is provided to increase employee competence in their present role or to prepare them for advancement within the District. Reimbursement shall only be paid to eligible employees not to exceed five thousand two hundred and fifty dollars (\$5,250.00) or the Human Resource's budget allotment per fiscal year, per eligible employee as defined by degree they seek.

- Associate's Degree \$1,500.00
- Associates of Nursing \$5,250.00
- Bachelor's Degree \$3,000.00
- Master's Degree or higher \$5,250.00
 - a. In order to qualify for reimbursement, the degree-bearing program must be hireable by the District. Examples of degree-bearing programs include but are not limited to:
 - Nursing
 - Health Administration
 - Information Technology
 - Business Administration
 - Accounting/Finance
 - Human Resources

- Social Work

Eligible employees are defined under this policy as full-time employees who have completed their first year of employment. Rehired employees must complete a year of continuous employment based on the date they returned to the District.

Employees must have received a satisfactory/meet expectations rating or higher on their most recent performance appraisal prior to registering for course(s). The employee must not be on an active Performance Improvement Plan for the duration of the course(s) and employees must not have received a final warning in the six (6) months prior to the start of the course(s). The employee's manager and/or Human Resources Business Partner will notify the employee if not eligible and will decline the education assistance application.

PROCEDURE

This procedure applied to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

1. An employee must complete an Education Assistance Application, along with a course description, estimate of tuition, and course schedule in a degree-bearing program, within 1 month of courses starting to be approved. Employees are encouraged to carefully consider the number of courses attempted each semester to ensure that it does not interfere with their ability to work. Class attendance and completion of study assignments must be accomplished outside of the employee's regular working hours.
2. Approval from supervisor or department director, human resource business partner, and senior leader or officer must be obtained prior to submission. The employee will be notified in writing from Human Resources (HR) whether their request for education reimbursement is approved or denied. Tuition and books are eligible for reimbursement; however, miscellaneous expenses, such as parking, building fees, computer access charges, etc. are not considered reimbursable costs.
 - a. For purposes of tracking the amount of eligible education assistance funds per employee, classes will be credited towards the calendar year that the class is reimbursed in. An example of how this would apply: a class that is completed in December, but is not paid until January of the following calendar year. The cost of the class would go towards the new calendar year District allotment.
3. Upon successful completion of the courses(s) approved for tuition reimbursement, the employee will provide HR with copies of receipts for tuition, as well as an official grade report of the courses(s). This documentation must be submitted within one (1) month (or 30 days) of completion or the course's reimbursement will be forfeited. In addition, documentation of outside financial assistance must be submitted prior to being reimbursed from the District. Tuition reimbursement will be reduced by any financial aid that does not have to be unpaid including, but not limited to: scholarships, grants

and the GI Bill. HR will process the required paperwork and reimbursement for education assistance will be issued by Payroll.

The following schedule will determine the percentages of normal reimbursement for approved expenses for coursework completed:

Grade	Percentage
A	100%
B	100%
C	75%
Pass/Satisfactory	100%

NOTE: No reimbursement is provided for grades and books below "C", audited courses(s) for which no grades was received, and for courses(s) which the employee fails to complete. Human Resources Director retains final approval for payment of specific items sought for reimbursement under this policy.

4. Books that are required for approved course(s) are eligible for reimbursement. A completed book reimbursement form, course syllabus, and receipt of payment for books must be submitted at the time of submission of course grades. Book reimbursements will follow the above coursework reimbursement percentages.

Responsibility

Employee Responsibilities:

1. Ensure that the course load the employee enrolls for does not interfere with their ability to work.
2. Education Assistance application can be found on the ADP Homepage or Human Resources Share Point site and must be submitted to HR with approval from immediate supervisor or department director, human resource business partner, and senior leader or officer, along with completed requested paperwork for approval within 30 days of course(s) starting.
3. Employees are responsible for providing official grade reports and receipts of approved tuition and/or books within one month (30 days) of completing the coursework.
4. Employees who leave the District, within one (1) year of course completion, for any reason outside of a Reduction in Force, are required to refund all monies the District paid in the employee's behalf for the previous year's education assistance.
 - a. Employees will be contacted by their Human Resources Business Partner for repayment options.
 - i. Employee's final paycheck and/or PTO payout the monies owed in compliance with Federal and State wage and hour laws.

- ii. and/or they may pay the funds back on a monthly installment plan, up to twelve (12) months from the date the employee separated from the District. HR will coordinate a payment plan with the employee, in writing.
5. Employees are required to submit application and necessary documentation to the Education Assistance email inbox - Education@hcdpbc.org.

Department Directors/Managers/Supervisors Responsibilities:

- Reviewing employee's eligibility status in regards to performance appraisals, performance improvement plans, and disciplinary action for education assistance. Notify employee if not eligible.
- Ensure that employee(s) education assistance applications are submitted to HR prior to the commencement of the employee's requested course(s).

Human Resources Responsibilities:

1. Reviewing employee' status in regards to performance appraisals, performance improvement plans and disciplinary action in determining whether the employee can be considered eligible for education assistance.
2. Process education assistance of applications within two weeks (14 business days) of employee's submission and notify in writing approval status.
3. Tracking the amount of funds available to employees for education assistance, ensuring that employees do not exceed the maximum dollar amount allotted per calendar year based on the Degreed program.
4. Process employee requests for education assistance when submitted for payment, ensuring that proper documentation is provided and sending to payroll in a timely manner.
5. Tracking and coordinating monthly installment payment plans with the employee where appropriate.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	Performance Management Policy; Re-Employment Policy
Related Forms	Education Assistance Application; Education Assistance Repayment Form
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	3/9/2022
Final approver	Darcy Davis;
Final approval date	3/21/2022

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Employee Referral Policy and Procedure

Policy #:	HOHR160	Effective Date:	3/14/2022
Business Unit:	Human Resources	Original Effective Date:	6/25/2021
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

The Health Care District of Palm Beach strives to recruit and retain talent that represents our values and contributes to the overall organizational mission. The Employee Referral Bonus Program is to provide an incentive award to current employees in a full-time or part-time position who brings new talent to the organization by referring applicants who are subsequently selected and employed in a full-time position.

SCOPE

This policy and procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

If an employee refers a candidate for employment with the District, and that candidate is selected, hired, and remains employed for the duration of the program, the employee will be eligible for a referral bonus of \$750.00 (taxable). The referral reward amount will be paid out after 90 days of hire.

Eligible to receive a referral bonus:

- All Full-time and Part-time employees that are in good standing with the District.

Ineligible to receive a referral bonus:

- Employees who have received a Final Written Warning in the past 12 months or are presently on a Performance Plan are ineligible for the employee referral bonus.
- Hiring Managers
- Employees that have influence over the hiring decision for the role the candidate is applying for
- Director or above level
- Human Resources department employees
- Temporary Employees
- Summer Term Employees/ Interns
- Contractors

PROCEDURE

The referring employee must be listed on the candidate's application prior to being selected for the position. Only the employee indicated on the job application will be eligible to receive a referral bonus. All candidates will be evaluated for employment consistent with the District's policies and procedures.

A referral form must be completed and submitted to the recruitment team by the employee prior to the referred candidate's start date.

Employee Responsibilities:

- Complete the Employee Referral Bonus form which can be found on SharePoint under Human Resources - Forms.
- Once the form is completed, please provide to the recruitment team via email to the HR Department email at hr2@hcdpbc.org prior to referred candidate's start date.

Human Resources Responsibilities:

- Recruiter will enter employee information and track the employee referral bonus program.
- Recruiter will ensure both employees are active at the time of each payout.
- Recruiter will turn in completed referral forms to Payroll for processing payout.

The referring employee must be employed by the District during the hired candidate's first 90 days of employment and at the time of payment to receive the referral bonus.

Any disputes or interpretations of this employee referral program will be handled through our Human Resources department.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	Employee Referral Bonus Form
Reference(s)	
Last Revision	
Revision Information/Changes	

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	4/4/2022
Final approver	Darcy Davis;
Final approval date	5/20/2022

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Employee Rescreening Policy and Procedure

Policy #:	HOHR331	Effective Date:	5/20/2022
Business Unit:	Human Resources	Original Effective Date:	5/20/2022
Approval Group:	Human Resources		

PURPOSE

The Health Care District participates in the rescreening of employees to ensure that all individuals holding positions remains qualified and continues to meet the standards for employment in their respective roles and appropriate work environment.

SCOPE

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

Job changes, such as promotions and transfers may require a new background and/or additional employment screenings (i.e. drug screen, motor vehicle report, etc.) to be performed. These job changes are contingent on the screening results.

PROCEDURE

Job Changes Requiring Additional Employment Screenings

Background

The District utilizes three (3) different levels of backgrounds for employees based on positions and the location the employee will work at. All employees will be required to go through the appropriate background levels.

Level I

- Level II employees moving into a level I background will be required to undergo a level I background screening for consistency in the facility.

Level II

- Level I employees may be required to complete fingerprinting and will undergo a level II background screening. Employees who fail to pass the level II screening and their current position is currently vacant may be eligible to return to their level I position. Results will be reviewed by Human Resources and decision will be made at the sole discretion of the Human Resources Business Partner.

- *Level III* In addition to the required background level screenings, all managers moving into a director-level position will undergo a directorial screening (i.e. social media, financial sanctions, personal references, etc.) via First Advantage.
- Employees promoted to Executive positions must have additional background screening completed, which may include fingerprinting and/or biographical information, which is submitted to the Office of Insurance Regulation (OIR) within 30 calendar days of start date. Executive staff is defined as Chief Executive Officer and all reporting Officers.

Drug Screens

Employees whose job changes now result in patient-facing (patient relating) will be required to successfully pass a drug screening in accordance with the District's Drug-Free Workplace Policy and Procedure before starting the new role. Employees who fail the required drug test may face dismissal. All information relating to drug test results is confidential and exempt from disclosure under Florida Public Records Laws.

Education Verification

Based on the job requirements of the position, the District may require an additional education verification for any degree not provided during the pre-employment screening. Employees who are found to have falsified education-related documents may be dismissed.

Rescreening of Employees

Exclusions of Employment

An individual excluded from the federal healthcare program precludes that Individual or entity from being employed by, or under contract with, any practitioner, provider, or supplier who provides any services reimbursed by a federal healthcare program. Any employee who becomes aware they have been excluded from federal healthcare programs must notify their immediate supervisor. The supervisor and/or department leadership will notify Human Resources to verify employability. Human Resources will notify Compliance in order to verify sanction eligibility. Human Resources will provide the employee with updates.

Background

The District rescreens employees of a level II background every five (5) years.

1. Anyone found to have committed, plead guilty to, or plead *nolo contendere* to, a criminal infraction that is a violation of applicable standards may be dismissed. In addition, employees who become ineligible for continued employment with the District, based on changes to the background status, may be terminated upon receipt of the results of a background check deemed unsatisfactory as indicated by the foregoing conditions, and as amended from time to time by applicable Statute.
2. Any employee who is arrested or convicted of any violation of a criminal statute, must verbally notify their immediate supervisor or human resources within three (3) employment days of being arrested

or convicted. Failure to notify department leadership or human resources, employee may be dismissed.

3. If the District becomes aware of an arrest for a disqualifying offense, the current employee must be removed from duties that require screening until the arrest is resolved, which may include suspension without pay. If any employee is found to be in non-compliance, their employment must be terminated or the employee placed in a position not requiring screening. 435.06(2).

OIG and SAM

The District verifies all new hires for Office of Inspector General (OIG) screening and General Services Administration (GSA) screening through Systems Award Management (SAM). The District's Compliance department will verify employees on a monthly basis. A professional who is required to be licensed must agree/attest to notifying the District within three (3) business days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice lawsuit or arbitration action related to their employment; any adverse action by a State Licensing Board taken or pending; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage." Reference the District's Exclusion Screening Policy and Procedure.

Reverification of Employment Authorization

Per the United States Citizenship and Immigration Services (USCIS), the District must reverify an employee's employment authorization no later than the date employment authorization expires.

- The employee must present a document that shows current employment authorization, such as any document from List A or C, including an unrestricted Social Security card.
- The District must reject a restricted Social Security card and will ask the employee to provide a different document from List A or C. The District may accept certain receipts for verification. Any employee that fails to provide proof of renewal documents will be placed on leave until the District receives appropriate documentation which may lead to dismissal.

Although the District will not remove employees with expired i9 documents, such as Form I-551 (Alien Registration Receipt Cards/Permanent Resident Cards, which are also known as Green Cards), employees should continuously provide the District with the most updated copy to keep on file.

Employee Responsibilities:

1. Notify immediate supervisor or human resources of any arrest or have been excluded from any healthcare programs within three (3) employment days.

- Continuously provide human resources with appropriate documentation to determine employability (i.e. diploma, official transcripts, court records, etc.).

Department Directors/Managers/Supervisors Responsibilities:

- Will notify their Human Resources Business Partners of any employee's arrest or status changes relating to federal healthcare programs.

Human Resources Responsibilities:

- Notify Compliance of any employee's arrest or status changes relating to federal healthcare programs.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	

APPROVALS	
Reviewer approval	Christina Schiller; Steven Hurwitz;
Reviewer approval date	8/26/2022
Final approver	Darcy Davis;
Final approval date	8/27/2022

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Internal Employee Communications Policy and Procedure

Policy #:	HOHR130	Effective Date:	2/2/2022
Business Unit:	Human Resources	Original Effective Date:	4/1/2014
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

To establish guidelines, facilitate and maintain a courteous, respectful, and professional open line of communication within the scope of practice.

SCOPE

This policy and procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

It is the policy of the District that internal employee communications are approved prior to distribution or posting of material by Human Resources unless the communication is generated and distributed by an Officer or the CEO.

PROCEDURE

Departmental Meetings

The District acknowledges the importance of open communication between management and staff. In an effort to promote open communication, each department director/manager should regularly hold department meetings. Department meetings should be conducted to allow open communications between management and staff. Employees are encouraged to participate in all departmental meetings. Employees unable to attend a department meeting should speak with their department director/manager to receive any pertinent information.

Bulletin Boards

The bulletin board allows the District to have an additional official channel of communication with its employees. Bulletin boards will be located at District sites (Home Office, Healey, Lakeside Medical Center, Pharmacy, Eligibility and Clinic sites and Aeromedical).

The bulletin boards will only contain authorized District information, such as legally required posters and notices, safety rules and related information, management memos, and any District sponsored social and recreational events. All items posted on the bulletin boards require the approval of Human Resources prior to posting the information.

Other Forms of Communication

1. E-Mail – E-mails sent to all District staff from anyone other than an Officer or the CEO require the prior approval from Communications and/or Human Resources.
2. Letters to Employees Homes – Our benefit program vendors send information to the homes of employees to update them on plan changes. Management may also send home letters to inform employees about District activities.
3. Newsletters – The District may support health or wellness related newsletters or District related newsletters for education and communication on important issues that impact employees.
4. Intranet – The District uses our internal website to communicate, educate, and provide access to resources for staff.

Employee Responsibilities:

1. Attend and participate in all departmental meetings. Raise relevant questions or problems with your supervisor or manager through other channels as necessary
2. Regularly review information and communication provided by the District in many forms.
3. Request approval from Human Resources prior to posting any document(s) on the bulletin boards.
4. Request approval from Communications and/or Human Resources prior to sending out District wide e-mails.

Human Resources Responsibilities:

1. Provide guidance and support to facilitate an open communication with all employees.
2. Approve and monitor all postings on the bulletin board and e-mail messages to District wide staff.
3. Assist employees and supervisors in the interpretation of this policy.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	

Revision Information/Changes	
Next Review Date	

APPROVALS

Reviewer approval	Christina Schiller;
Reviewer approval date	<u>3/9/2022</u>
Final approver	Darcy Davis;
Final approval date	<u>3/21/2022</u>

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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Introductory Period for New Employees Policy and Procedure

Policy #:	HOHR129	Effective Date:	2/2/2022
Business Unit:	Human Resources	Original Effective Date:	3/1/2007
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

New employees will serve an introductory period of up to six (6) months from date of hire. This period is used to assess the new employee's fit within the organization and their performance.

SCOPE

This policy and procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

This policy is designed to allow an introductory period for everyone involved to decide if the hiring of the particular employee was a correct decision and whether the employee should continue working for the company. During this period HCD determines whether the employee has the skills and other qualifications needed to succeed. Also, during this period, the employee uses the period to evaluate whether he or she is a good match for the position and the company.

PROCEDURE

During the introductory period, the new employee receives constructive feedback regarding performance expectations and progress. This may be done in both informal supervisory and coaching sessions and/or through the use of formal documentation via ADP. New employees will receive two formal performance evaluations during the introductory period at or before 90 and 180 calendar days of employment. If the District determines in its sole discretion that a satisfactory performance level cannot be achieved through a reasonable amount of training and coaching, introductory period employees will be released from employment immediately.

1. Within six months of the hire date, new and rehired employees will be provided a general orientation of the mission of the organization, its structure, and a general overview of how the employee's position relates to the overall functions of the District. Reinstated employees are not required to attend New Hire Orientation; however, they may be required to attend at the discretion of the supervisor.
2. New employees shall be provided a copy of their job description for the position for which they have been hired.

3. New employees will receive departmental orientation arranged by their supervisor to ensure an adequate orientation to the duties, responsibilities and essential functions of the position.
4. Department Supervisors will be responsible for the departmental orientation, training and evaluation during the introductory period; however, input may be gathered by other sources that are familiar with the employee's work performance.
5. Performance appraisals will be conducted at or before 90 and 180 calendar days of employment. Informal training and feedback should be provided as required.
6. Upon satisfactory completion of the introductory period, employees move to regular status.
7. Regular and punctual attendance during the introductory period is vital to a new employee's success in the organization. During the introductory period, any paid time off must be planned in advance with the employee's immediate supervisor. Any attendance issues during this period could result in immediate dismissal from employment.
8. During the introductory period, Supervisors are not required to follow progressive corrective action but will consult with their Human Resources Manager to determine appropriate actions, which may include dismissal from employment.

Employee Responsibilities:

1. Orient within the department to learn the specifics tasks, functions and requirements of your position and department.
2. Ensure punctual and regular attendance.

Department Directors/Managers/Supervisors Responsibilities:

1. Ensure Employee completes District orientation within 30 calendar days of employment.
2. Provide formal orientation to all new employees on the elements of their position and to the District and department procedures.
3. Assess performance at all levels both informally and formally at or before 90 and 180 calendar days of employment.
4. Assist with presenting at orientation as requested.

Human Resources Responsibilities:

1. Coordinate general orientation for all new employees.
2. Orient employees to Human Resource Policies and Procedures.
3. Schedule and track employees' attendance at orientation.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	2/11/2022
Final approver	Darcy Davis;
Final approval date	2/23/2022

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Joint Employment Policy and Procedure

Policy #:	HOHR131	Effective Date:	1/31/2022
Business Unit:	Human Resources	Original Effective Date:	3/31/2014
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

To facilitate a mechanism for collaborative efforts in meeting the different business unit needs while simultaneously providing cross training development opportunities to Health Care District employees.

SCOPE

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

The Health Care District, at the request of the District for an urgent or immediate need, will recognize joint employment in the circumstances that an employee works at any of the affiliated work areas under the District.

PROCEDURE

1. *Primary Job Location* – is the location at which the employee performs the majority of his/her primary duties and work hours.
2. *Secondary Job Location* – is the location at which the employee is picking up additional duties and work hours.

The District recognizes joint employment when an employee works at and earns compensation at more than one District location. Issues of employment, compensation and benefits will follow the standards of the primary job location.

Compensation

1. Pay from the secondary location will be the employee's original rate of pay or the per diem rate for the secondary position, whichever is higher.
2. For both entities, the FLSA exemption status will be the same as that of the primary job location.
3. If the employee is non-exempt, he/she will be eligible for overtime. Overtime rules will be based upon the rules of the primary job locations. In some circumstances, additional compensation may be approved for exempt classifications where total hours worked exceed the normal workweek of 40 hours due to the secondary job.

Benefits

1. Employees involved in joint employment, will receive the benefit package and follow the plans and schedules offered by the primary job location.
2. Time-off programs will be based off of the total hours paid between both entities and will follow the time-off policies of the primary job location.
3. Pension contribution and vesting will be based off of the total hours paid and gross annual salary between both entities; contributions and vesting will follow the plans, policies, and guidelines of the primary job location.

Payroll

1. All hours worked at both entities will be combined and issued on one paycheck that will be distributed from the primary job location.
2. Employees involved in joint employment will receive one W-2 that will be distributed by the primary job location.

Performance

1. Employees involved in joint employment will receive performance evaluations from both entities, however, merit increases will only be applied to the performance evaluation of the primary job location.
2. Any disciplinary actions will be shared between organizations and could be grounds for termination from both entities.

Employee Responsibilities:

1. Employees will complete the Joint Employment Form whenever he/she has engaged in additional employment at any District location.
2. Employee will submit the Joint Employment Form to the Human Resources department on or before the day that he/she accepts employment with the secondary location.

Department Directors/Managers/Supervisors Responsibilities:

1. Effectively communicate any disciplinary actions with the appropriate manager(s) and the Human Resources Representative of the secondary employer.
2. Provide additional support to the Human Resources department in identifying joint employment by communicating any knowledge of joint employment circumstances.

Human Resources Responsibilities:

1. Will promptly notify secondary Human Resources Representative and Finance department of joint employment circumstance.
2. Will supply completed Joint Employment Form to the secondary location.

Payroll Responsibilities:

1. Ensure the receipt of the additional hours from secondary location.
2. Properly calculate all hours from both sites and generate paycheck for employee.
3. Appropriately distribute pension contributions based on the total hours paid from both sites.
4. Appropriately charge allotted employee funds to the proper account.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	2/22/2022
Final approver	Darcy Davis;
Final approval date	2/23/2022

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Learning Management System Policy and Procedure

Policy #:	HOHR332	Effective Date:	6/1/2022
Business Unit:	Human Resources	Original Effective Date:	6/1/2022
Approval Group:	Human Resources		

PURPOSE

To define the Standard Procedures and Guidelines that governs and promotes the efficient use of the Learning Management System (LMS) and ensures compliance with the Health Care District of Palm Beach County (HCD) policies.

SCOPE

These Standard Processes and Guidelines apply to all users of the LMS.

POLICY

HCD recognizes the LMS facilitates and enhances the process of learning but as with all educational and professional development resources seeks to promote their efficient use in a manner that supports the HCD's learning mission and is in accordance with current policies and procedures. Accordingly, access to LMS courses shall only be by authenticated, approved users who require access to specific courses/curriculums according to the role and responsibility of each user. All requests for course creation and integration of external applications shall comply with prescribed forms and processes. Additionally, all use of the LMS shall follow applicable policies. The use of LMS and its content for non-official purposes is strictly prohibited.

DEFINITIONS

The following definitions apply to terms as they are used in this document:

Term	Definition
<i>Employee</i>	HCD staff member or contractor.
<i>HCD</i>	Health Care District of Palm Beach County.
<i>L&OD</i>	HCD Learning and Organizational Development team.
Learning Ambassador	Business Unit/Site staff member assisting with learning coordination activities (e.g., Staff Development Coordinators, Clinical Educators, Nurse Educators, Epic Trainers).
<i>LMS</i>	Learning Management System - A flexible, web-based program for learning used to supplement technical and non-technical training activities requiring personal attendance or as the principal delivery mechanism for online courses.
<i>LMS Admin</i>	LMS Administrator - A role in the LMS assigned to the person(s) who oversee and manage HCD's LMS instance—both the main account and all sub-accounts. The LMS Admin can create manual courses; add/remove/update users; view and moderate registrations and content for all curriculums; view course and account data; and manage curriculum-level user roles and permissions. The LMS Admin security role is managed by the L&OD Team.
<i>Procedure</i>	This is a description of the sequence of steps leading to a defined outcome or product. A procedure can be technical or administrative.

Term	Definition
<i>Security Role</i>	Grouping of permissions. Security roles let System Administrators add the permission that can be assigned to the users, and these roles govern what individual users can access and do within the LMS portal. Security roles help prevent unauthorized user from making changes to the look of the LMS portal.
<i>User</i>	Any HCD staff member or contractor accessing the LMS.

PROCEDURE

LMS Management and Administration

1. The Learning & Organizational Development (L&OD) Team is responsible for the administration of the LMS.
2. The LMS Administrator is responsible for the management and administration of all aspects of the LMS including but not limited to:
 - a. User interface components and design, navigation links, and tool configuration and availability.
 - b. Course components including site design and structure, course codes and term designations.
 - c. External Learning Tools and other services integration in coordination with the HRIS and IT departments.
3. Requests for changes to standard templates and configurations within the LMS shall be made to the LMS Administrator. Requests will be assessed by the LMS Administrator, and if approved will follow standard web design practices and principles for usability and accessibility.

User Management and Access

1. All users must be authenticated with unique credentials, and use the LMS for HCD official purposes only.
2. All users must access the system through the appropriate assigned HCD account.
3. In order to ensure privacy, protection of intellectual property and the integrity of materials, access to courses in the LMS is regulated.
4. Employees may be granted access to other courses/curriculums when requested by their direct manager for educational and advisory purposes (e.g., a Finance-related curriculum can be assigned to someone in the Legal Department if it is part of the employee's development plan, succession planning, etc.). These requests for special access must be forwarded via email to the LMS Administrator.
5. A user's account is deemed "inactive" upon LOA status in the HRIS and/or employment termination.
6. All users are required to comply with applicable HCD's acceptable use of IT policies.

Confidentiality and Privacy of Information

1. Confidentiality and privacy of information within the LMS are maintained via authentication using an assigned or authorized HCD network account.
2. All users are required to comply with current and applicable HCD privacy policies.

Learning Matrix

1. The HCD's *Learning Matrix* is an L&OD controlled document listing all applicable and required training per department. The Matrix Owner (Head of Department or Designee) and the L&OD Team are responsible for maintaining this matrix and ensuring the organization's LMS is in alignment with these requirements. See the *Learning & Development Program Standard Procedures and Guidelines* document for additional details.
2. LMS curriculums and training items must be listed on the approved Learning Matrix for the impacted Department.
 - a. HCD has a Learning Matrix per Department based on Job Titles and Job Codes. There is also a matrix for general items applicable to all HCD personnel.

3. A variety of learning items in the LMS may not be part of the Learning Matrix. For example, if the LMS is used to deploy a one-time announcement, memo/manual acknowledgement, or survey, the inclusion of these items on the Learning Matrix is not required. However, if any of these items must be assigned to current staff members and new hires moving forward, they must all be listed on the matrix.

Course/Curriculum Creation Process

1. Internal Resources
 - a. Courses and curriculums must be requested by the content creator of record by emailing the LMS Content Creation Request (F-XXX) to the following email address: learning@hcdpbc.org.
 - i. LMS Administrators are the only users allowed to create curriculums and training items in the LMS. This group is also responsible to ensure LMS content aligns with the Learning Matrix per Department.
 - ii. Additional users are allowed to create events, rosters, and sessions. See the *System Access, Security Roles, Permissions and Constraints* section in this document.
 - b. Revised, updated, or newly created or obsoleted training must be logged in the Learning Matrix for the corresponding department. The Matrix Owner for the impacted department must approve the revision, update, creation or obsolescence of the content.
 - c. Courses/curriculums are created by the LMS Administrator in the order that they are received and are processed normally within 7-10 business days of receipt.
 - d. A high volume of requests may be received between January and May, and August and November. During these times courses may take longer than 10 days to process.
2. External Resources
 - a. External resources could be used when designing and creating learning content. However, the use of external content must be done in accordance to all applicable privacy and copyright policies or requirements. See the *Use of Copyrighted Materials in the Learning Management System* section.

Use of Copyrighted Materials in the Learning Management System

1. Course creators may request posting of materials to the LMS only in compliance with HCD's policies and after receiving the approval from the corresponding Learning Matrix Owner. This applies to all materials and link to materials.
2. A link may be provided to the material through any other HCD platform in accordance with any current agreements.
 - a. For example, EPIC-copyrighted videos can be uploaded to HCD's LMS following EPIC's guidelines for copyrighted content sharing.

User Course/Curriculum Content, Backup and Download Responsibilities

1. All course creators are responsible for their own course content, assignments, and any other related materials.
2. Course creators are strongly encouraged to follow standard file management practice and are responsible to maintain backup copies of all materials outside of the LMS.
3. It is critical that all required employee training in LMS is listed on the applicable department's Learning Matrix.

Copying Course/Curriculum Content from Learning Management System Courses

Course Materials, including slides, notes, outlines, presentations, handouts, tests, exams, and other course and lecture materials, shall not be copied to another course without the consent of the course creator.

1. It is important to note that a Business Unit or department may have different regulatory compliance requirements. Therefore, content and frequency of training may vary increasing the risk of potential noncompliance events with policies, procedures, and regulations, or events related to risk and compliance commitments with agencies and regulators.
 - a. For example: State and local Health Department, Health Resources and Services Administration (HRSA), Agency for Health Care Administration (AHCA), Occupational

Safety and Health Administration (OSHA), Joint Commission International (JCI), Centers for Medicare and Medicaid Services (CMS), etc.

2. HCD's L&OD Team promotes collaboration, content and resource sharing. To ensure content sharing is done properly and following a standardized approach, content creators are always encouraged to collaborate with colleagues from other departments prior to requesting the creation of a course in the LMS.

Backup and Deletion of Learning Management System Courses/Curriculums

1. Course creators and content owners are responsible for creating and maintaining backups of their own LMS courses.
2. Course creators may request their own course deletions if content is no longer applicable.
3. All requests for course deletions must be sent to the LMS Administrator via email. Changes must also be reflected on the department's Learning Matrix.

System Access, Security Roles, Permissions and Constraints

1. *System Administrator (SA) Role*
 - a. The SA security role is important since it is a *Parent* role to all other *child* roles and contains all system permissions. At least one person in HCD must be in this parent role.
 - i. The Admin role will solely be assigned to members of the L&OD and HRIS teams.
 - ii. A member of the IT Team can also be granted Admin role to perform IT and security work. This individual is not allowed to make any changes or create any learning items in the system.
2. *Dynamically Assigned Roles (Waiting final verification – Cornerstone)*
 - a. Manager Role
 - i. This role is automatically assigned to a user when they are listed as another user's manager in the user record. Responsible for approving training and maintaining performance-related information on direct reports.
 - b. Cost Center Approver
 - i. This role is automatically assigned to a user when they are listed as a cost center's approver. This user is responsible for approving training.
 - c. New Users Role
 - i. Automatically assigned the "*Default Role for Every User in the System*" role.
 - ii. This is a basic user in the system with minimum permissions.
 - d. Approver Role
 - i. Automatically assigned to a user when they are listed as another user's approver in the user's record. This user is responsible for approving training.
 - e. Instructor Role
 - i. Automatically assigned to a user through the Instructor Led Training (ILT) functionality. The ILT function that the instructor can perform, like adding users to roster, are contingent upon the permissions included in this role.
3. *Constraints*
 - a. Constraints limit a user's permission to a specified area. Roles may contain general permission constraints that are relative to the user.
4. *Roles and Permissions*

Role	Assignment Type	Description
Approver	Dynamic	Managers and above
Cost Center Approver	Dynamic	Managers and above (or designee)
Default Role for Every User in the System	Default	All users
ILT System Administrator	Manual	Business Unit Learning Ambassador
Instructor	Dynamic	Business Unit Learning Ambassador
Learning Administrator	Manual	L&OD, HRIS, IT
Manager	Dynamic	Managers and above, Department Learning Matrix Owner

Role	Assignment Type	Description
Super User - Training Coordinator	Dynamic w/ Constraints	Business Unit Learning Ambassador

Self-Registration Courses using the LMS Catalog

- HCD LMS users can self-register for any professional or leadership development courses offered in the platform's general catalog. This content is available through the LMS (Learner Home page) and created by third-party organizations contracted by our LMS provider.
 - This is a great tool for personal and professional development and can supplement the user's Individual Development Plan (IDP) activities.
- Users may perform a "*Learning Search*" from the Learner Home page in LMS by applying one or more filters, such as training title, duration, type, subject, rating, provider, and language.
- Upon selection of the course, the user can launch the content immediately.
- All self-registration courses must be completed within 30 days. Therefore, users should only self-register to the courses they would be able to complete within 30 days from the system's "launch" date.
- Completed courses will remain on the employee's LMS completion history.
 - Users can also review their "Transcript" (Learner Home>Completions) at any time, and print the applicable completion certificate for any professional development, Individual Development Plan (IDL) or Performance Improvement Plan (PIP) purposes.

System Maintenance, Outages and Upgrades

- The LMS Administrator and IT Department will notify all users in advance of any LMS outages for regularly scheduled maintenance or upgrades. Outages are usually scheduled by the LMS provider during specific time periods such that the impact (or inconvenience) on users is kept to a minimum.
- It is the responsibility of users to read all notifications posted by the LMS Administrator and IT department.
- The LMS Administrator will oversee communication efforts to announce upgrades, and bug fixes when appropriate (e.g. when a bug is resolved or when there is a significant change to how a tool or feature is accessed/used). All notifications and important messages will be communicated by the IT Department (HelpDesk@hcdpbc.org).

Support and Troubleshooting

All requests for LMS support or LMS Administrator assistance must be sent to the L&OD team email address: learning@hcdpbc.org.

General user navigation training is included on the New Hire Orientation process.

Accessibility

HCD is committed to providing staff with equal access to courses online. The LMS meets accessibility standards compliance and, where possible, HCD follows web accessibility guidelines for online content as set out by the World Wide Web Consortium.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	Learning Content Request Form <i>Learning & Development Program Standard Procedures and Guidelines</i>
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Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	

APPROVALS	
Reviewer approval	Christina Schiller; Steven Hurwitz;
Reviewer approval date	8/26/2022
Final approver	Darcy Davis;
Final approval date	8/27/2022

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Learning Program Standard Policy and Procedure

Policy #:	HOHR333	Effective Date:	8/17/2022
Business Unit:	Human Resources	Original Effective Date:	[Original Effective Date]
Approval Group:	Human Resources		

PURPOSE

To establish an employee Learning and Development Program to utilize and develop the talents and abilities of Health Care District of Palm Beach County (HCD) employees, thereby improving the level of service to the community and increasing efficiency in the provision of such service.

To ensure that all employees receive minimum levels of training in areas designated by the Organization, governing bodies and regulatory compliance agencies.

SCOPE

These Standard Processes and Guidelines apply to all HCD staff members.

POLICY

Learning and development of employees is an essential aid to efficient operation of the HCD and to attainment of its program goals, mission and vision. It is therefore the policy of the HCD to plan and provide for learning and development of HCD employees as an integral part of management responsibility as funds and time are available.

The objective of employee learning activities is to improve the quality of HCD services to the community by increasing the effectiveness of HCD employees. It is important to initially distinguish between the responsibility for training and the responsibility for a learning program. Training itself is properly a critical department function and should be carried out largely by the department's supervisory personnel and educator/training coordinator (where available). A learning program, however, embodies the organizational work and platform administration, the planning, the coordination, the evaluation, and is normally viewed as a Learning and Organizational Development (L&OD) function. Employee learning includes programs offered during normal working hours as well as off-duty educational programs that aid in employees career development.

PROCEDURE

Definitions

The following definitions apply to terms as they are used in this document:

Term	Definition
<i>Employee</i>	HCD staff member or contractor.
<i>HCD</i>	Health Care District of Palm Beach County.
<i>L&OD</i>	HCD Learning and Organizational Development team.

Term	Definition
<i>Learning Ambassador</i>	Business Unit/Site staff member assisting with learning coordination activities (e.g., Staff Development Coordinators, Clinical Educators, Epic Trainers).
<i>Learning Matrix</i>	A learning matrix (Also known as <i>Training Matrix</i>) is a method used to plan and track employer or compliance required training, which are generally linked to specific tasks, policies or regulations in order to complete particular duties within each role. This may involve an employee completing several training modules across different disciplines.
<i>LMS</i>	Learning Management System - A flexible, web-based program for learning used to supplement technical and non-technical training activities requiring personal attendance or as the principal delivery mechanism for online courses.
<i>LMS Admin</i>	LMS Administrator - A role in the LMS assigned to the person(s) who oversee and manage HCD's LMS instance—both the main account and all sub-accounts. The LMS Admin can create manual courses; add/remove/update users; view and moderate registrations and content for all curriculums; view course and account data; run reports, and manage curriculum-level user roles and permissions. The LMS Admin role is managed by the L&OD Team.
<i>Procedure</i>	This is a description of the sequence of steps leading to a defined outcome or product. A procedure can be technical or administrative.
<i>Reentry training</i>	Reentry training occurs when an employee is not performing job-related tasks for an extended period of time due to a variety of reasons including leave of absences e.g. maternity, sick, personal, professional, etc.), extended paid/unpaid time off, active military duty leave, rehire, etc.
<i>Retraining</i>	Retraining is required when assessments show less than satisfactory performance, whenever significant changes occur in procedures or processes or annual trainings.
<i>Reverification</i>	This is a process that ensures employees remain at an acceptable level of performance.
<i>Trainer</i>	Trainers are persons that are knowledgeable in and regularly perform the procedures in which they instruct others. Necessary attributes include good verbal skills, demonstrated attention to detail, and objectivity.
<i>Training checklist</i>	The training checklist is a list defining all steps to perform a procedure for the verification of employee's competency.
<i>Training Methods</i>	The process of training and criteria for success are defined.
<i>Training Verification</i>	This is a systematic approach to demonstrate that the training outcome is successful.
<i>User</i>	Any HCD staff member or contractor accessing the LMS.

Introduction to the Learning Program

The HCD Learning Program is a competency-based program allowing employees to progress at their own pace, after a thorough understanding of the required training topic(s) has been obtained. The program covers numerous topics including:

- Policies & Procedures
- Health & Safety
- Quality, Compliance & Regulatory Requirements

HCD uses a blended approach for training to provide our employees the optimal learning experience. Learning and training techniques include observation and assessments, on-the-job training (OJT), discussions with trainers, performance evaluations and testing.

Training documentation will be completed using a combination of records, the Learning Management System (LMS), and external third-party platforms (e.g., CEBroker, technical certification, etc.). Training documentation will follow specific Business Unit guidelines for documentation and exception, deviation or variance handling.

Learning Program Objectives

- To encourage each individual to enhance their skills, keep skills up to date and motivate them to learn new skills and techniques as necessary, reconciling personal goals with organizational goals.
- To increase productivity, quality, and compliance through increased skills and through increased collaboration.
- To prepare staff members for technological, social and economic change.
- To develop staff members so they are capable of assuming positions of greater responsibility.

Learning Program Activities

- In-house orientation and learning sessions on organization-time designed to address objectives of the organization as a whole. Some courses will be mandatory for designated classifications.
- HCD sponsored attendance at meetings and workshops that address departmental needs to develop new skills, enhance present skills, build knowledge and increase productivity.
- Release time from regular duties to participate in organizational committee work that develops skills in planning, organizing, and implementing special projects. Release time shall not interfere with departmental operations as determined by the department head.
- Cross-learning (job rotation), to familiarize employees with policies and procedures within a department and across departments. The cross-learning will also provide employees with a greater breadth of viewpoint and in-depth background of skills, knowledge, and attitudes in preparation for the assignment of greater responsibilities and possible movement to higher level positions.

Responsibilities

To carry out this policy, the following responsibilities are assigned:

- The head of each department shall:
 - Formulate and maintain a systematic plan of action for the development, learning and effective use of the department's resources, including periodic inventory of learning needs and of progress in meeting them; and ownership and management of the Learning Matrix in coordination with the L&OD Team.
 - Stimulate and encourage employee development and learning, both through individual self-improvement and through HCD sponsored activities, to meet immediate and long-range goals.
 - Be aware that specific development and learning opportunities are provided as required to help employees at all levels to:
 - Perform their work in the best possible way.
 - Adapt themselves to changing HCD and department needs.
 - Make full use of existing learning facilities and services within HCD, including cooperation with and participation in required interdepartmental employee development and learning activities.
 - Administer specialized learning activities where the application is limited to specific occupational groups or job function or safety within the department.
 - Assure equitable access to learning programs by disabled persons, including re-formatting of materials for those sensorially impaired and proper access to training rooms for those with physical limitations
- L&OD Team
 - The L&OD Team shall be available to provide consultation and services to departments in the planning and organizing of employee development and learning. The Team shall from time to time recommend policies and programs to departments which will strengthen and improve such activities.
 - The Team shall obtain from the departments such reports on their employee non-LMS related learning activities as they may require to keep informed of current HCD learning practices.
 - The Team shall also develop organization-wide learning programs that cross departmental lines. The Team shall be responsible to the VP and Chief Human

Resources Officer for the organizational work, the planning, the coordination, and the evaluation involved with the organization's overall learning program. They may recommend mandatory learning for job classifications that addresses an organization-wide need.

- Serve as the central focal point for scheduling and coordinating appropriate learning program activities, including all tasks deployed through the Learning Management System (LMS).
- Serve as the LMS Administrator and control, regulate, design any learning materials or curriculums to HCD personnel.
- Supervisory and Managerial Personnel
 - All Supervisors have a direct responsibility for the learning and development of employees under their supervision. Specifically, a supervisor is expected to:
 - Ensure that employees are provided with the opportunity to participate in appropriate learning activities.
 - Work with assigned staff personnel in identifying, coordinating, and evaluating employee learning and development activities.
 - Provide appropriate on-the-job Learning for subordinate personnel.
 - Provide encouragement to subordinate personnel to participate in learning and educational activities that will aid in increased job effectiveness and career development.
- Designated Trainer & Learning Ambassador
 - Designated Trainers (DT) and Learning Ambassadors (LA) play a vital role in the learning process. DTs and LAs assist and coach new hires throughout the onboarding process.
 - When selecting a DT or LA, the following competencies should be considered: adaptability, applied learning, coaching, communication, decision making, follow-up, planning and organizing, presentation, quality and regulatory compliance orientation, safety, patience, and work standards.
 - Competencies must be demonstrated to a senior trainer or direct supervisor prior to training others.
 - Direct supervisor/manager must determine if someone is capable and competent of training others.
 - Competencies can be assessed routinely, when the trainer returns from a Leave of Absence, or when there has been a change in the quality of their performance.
- Staff Members
 - With reference to the administration of an organization-wide learning program, staff members are encouraged to:
 - Assist in identifying learning activities that appropriately relate to their respective duties.
 - Participate in learning activities that appropriately relates to increased job effectiveness and career development.
 - Participate in off-duty learning and educational activities (if applicable) that will aid in their overall career development.

New Hire Orientation and Onboarding

- Newly hired employees will have 90 days to complete orientation, onboarding and training related to their primary role at HCD.
- Once the training process has been initiated with orientation and onboarding activities, it must be progressive and completed within the first 90 days of employment. If for any reason the employee will not be able to complete the required training before the 90-day period has elapsed, an extension may be granted by the direct supervisor and/or head of department, and the L&OD Team. A Training Plan must be created to ensure successful completion of pending activities. If the employee fails to perform at an acceptable level, applicable Human Resources policies and procedures must be followed.
- The Orientation and Onboarding Curriculum learning activities will take approximately three to five days to complete and provides the employee with an introduction to HCD, the healthcare industry, and applicable regulations. An extended onboarding and orientation period may apply


based on specific Business Unit/Department training requirements. Orientation and onboarding activities will be administered as outlined in the training guides and contains an employee introduction to policies and procedures, and safety guidelines.

Learning Management System (LMS)

- The LMS is a flexible, web-based program for learning used to supplement technical and non-technical training activities requiring personal attendance or as the principle delivery mechanism for online courses.
- A comprehensive number of training and learning activities are completed through HCD's LMS.
- For additional details and LMS information, please refer to the *Learning Management System Standard Procedures and Guidelines* document.

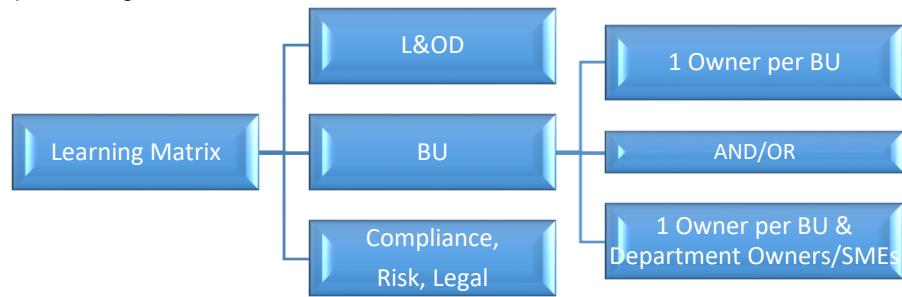
Learning Matrix

- A Learning Matrix (Also known as *Training Matrix*) is a method used to plan and track employer or compliance required training, which are generally linked to specific tasks, policies or regulations in order to complete particular duties within their role. This may involve an employee completing several training modules across different disciplines.
- The HCD Learning Matrix helps streamline the learning and development process and is a fantastic tool for maintaining an inventory of required training, courses, or programs. It serves as a powerful tool to track training requirements. Deployment, frequency and applicability varies per HCD job code/title and Business Unit.
- HCD's Learning Matrix is divided by Business Unit and corresponding Department following job codes, titles, and location information in the HRIS system. Also, the Matrix has a General Section for all organization-wide related training requirements. These are required tasks for users across all Business Units.

HOME								
 Health Care District PALM BEACH COUNTY		General Learning and Development Matrix <i>Matrix Owner:</i> Dept. Owner, L&OD						
OWNER	CURRICULUM	CURRICULUM DETAILS	VERSION	REVIEW	INITIAL DEPLOYMENT	DUE DATE	FREQUENCY	LEVEL
HR	New Hire Orientation	New Hire Orientation Video	2.0	1/14/22	Day 1	30 days	Once	All
HR	Manager Essentials	Diversity & Inclusion	1.0	12/28/21	Day 1	30-Sep	180 Days	Manager and above
		Building High Performance Teams						
		How To Listen						
		Listening Skills						
		Managing Difficult Conversations with Skill and Confidence						
		Difficult Conversations						
		How to Lead a Remote Team						
		Leading Virtual Teams - Beginner						
		Leading Effective Meetings						
		Managing Me						

- A variety of learning items in the LMS may not be part of the Learning Matrix. For example, if the LMS is used to deploy a one-time announcement, memo/manual acknowledgement, or survey, the inclusion of these items on the Learning Matrix is not required. However, if any of these items must be assigned to current staff members and new hires moving forward, they must all be listed on the matrix.
- Matrix Owners
 - Each Business Unit (BU) must identify a Subject Matter Expert (SME) to serve as the Matrix Coordinator for the BU. This SME will help ensure training requirements for the BU are listed on the matrix and content has been developed or identified in the LMS catalog.
 - The Matrix Coordinator may designate additional training owners per Department to ensure the document is accurate and up to date, and to assist with any learning and content creation needs.
 - The L&OD Team will coordinate, administer and manage the matrix for the Organization. Any changes to applicable tasks (e.g., deletion, addition, updates, etc.) must be coordinated with the L&OD Team.
 - The Team is responsible for ensuring the LMS reflects an accurate representation of the Matrix.
 - A member of the Compliance, Risk, and Legal Teams is also part of an advisory committee. These individuals will serve as SMEs for required training items to be

completed based on current policies, procedures, and commitments to regulatory compliance agencies.



- **Learning Matrix Review**
 - **Revision**
 - All revisions to the Learning Matrix must be performed and approved by the Matrix Owner and the Department Head.
 - The Learning Matrix Review Form (F-XXX) is used to capture the review and/or approval for changes made to the Learning Matrix.
 - Completed records will be maintained by the Learning and Organizational Development Team.
 - **Annual Review**
 - Business Unit owners and the L&OD Team are required to perform an annual review of the Matrix.
 - The Learning Matrix Review Form (F-XXX) is used to capture the review and/or approval for changes made to the Learning Matrix.
 - Completed records will be maintained by the Learning and Organizational Development Team.
 - The L&OD Team will initiate a communication during the month of January providing review details and timelines. Since this is a living document (being reviewed and updated throughout the year), the annual revision should be a short process.

Training and Competency Requirements

- Prior to starting any work-related duties, the employee must be familiar with such related documents and activities. These documents include HCD policies and procedures, work instructions, applicable manuals, and regulations. Employees undergoing training are supervised until training is completed and competency demonstrated.
 - Training requirements are outlined and documented on the basis of the position description of duties and responsibilities.
 - New hires must complete applicable orientation curriculum in the LMS.
 - Training and competency are determined by the employee's educational qualifications, experience, complexity of the tasks, and knowledge of the tasks to be performed.
 - The employee will not perform any tasks, procedure, inspection, or method until all applicable required training has been completed and competency demonstrated.
 - Employees may self-register or request training related to their duties. HCD's LMS has a comprehensive learning catalog for technical, professional, and leadership development needs.
 - Employees must complete all LMS learning items, and submit records to their supervisor and/or training coordinator for review upon completion of training (when applicable).
 - Training and competency records shall be maintained according to the Business Unit policy.
 - The effectiveness of training is evaluated by, but not limited to, reviews/observations performed by management and performance evaluations.
- **Technical Training**
 - The training process for technical procedures consists of the following:

- Trainee reads applicable policies and procedures, work instructions, or other relevant documents.
- Trainee observes demonstration of the task by a trainer, where applicable.
- Trainee performs the task under observation by a trainer, where applicable.
- Trainee successfully completes the task independently.
- **Non-technical Training**
 - The training process for non-technical procedures includes, but is not limited to:
 - Reading applicable policies and procedures, instructions, demonstrations, lectures and discussions, self-study, computer-based training through HCD's LMS, viewing videos, etc.
 - An employee's training performance is verified by measurement against a defined performance standard. The measures used to verify an employee's training performance are assessment tools, such as:
 - *Administration of a written evaluation*: Written evaluations can be used in areas where verification of a participant's knowledge is desired. Knowledge of theory or principles, problem-solving ability, logical sequence used, and independent or group decision making may be ascertained.
 - *Observation of procedure, process, or outcome*: Observation by a supervisor or trainer of an employee performing or demonstrating a procedure.
 - *Verification of response to situational problems or calculations related to the procedure*: Example circumstances include resolution of a posed and procedure-related situational problem or recommendation of procedure-related course of action that is consistent with policies and regulations.
 - *Response to oral queries related to a step or procedure*: Answers provided by the employee to questions asked by a supervisor or trainer.
 - *Demonstration of competency*: Competency assessment is one method to verify that staff members are competent to perform their job. To be competent, an employee must know how to perform the job, have the ability to perform the job, be able to perform the job properly without supervision, and know that when there is a problem with any task, the first line leader (e.g. supervisor, manager, director, etc.) must be notified for clarification or training refresher.
- **Training and Competency Records**
 - Training and competency records are maintained mainly in the LMS. However, additional training activities can be documented using a Training Roster, or a third-party website (e.g., technical certifications, Continuing Education Units - CEU, CEBroker, etc.)
 - Training records should include a description of the training, the trainee name, the trainer, dates of training, and content covered.
 - Training records are archived for exiting employees following Business Unit practices. If training documentation is located in HCD's LMS, additional actions are not required.
 - Examples of training records:
 - Completed training through the LMS.
 - Completed training checklists prepared internally for any applicable policy or procedure.
 - Completed written training evaluations.
 - Signed acknowledgment of reading assigned policy and procedural documents.
 - Attendance sign-in sheets for in-house training (or its equivalent through LMS – Events or Sessions).
 - A certificate from third-party training courses and computer-based classes.
- **Retraining, Reverification, Reentry**
 - Retraining:

- Employees will be retrained whenever significant changes occur in policies, goals, procedures, processes, and methods or instruments/devices (where applicable).
- Employees will be retrained when the level of performance is unsatisfactory (as defined by the *Performance Management Policy and Procedure* – HOHR136)
- Reverification:
 - Reverification occurs when employees attend required courses, continuing education, presentations, workshops, conferences and scheduled training either in house or third-party's training.
 - This process is performed on an as needed basis.
- Reentry:
 - Reentry training occurs when an employee is not performing job-related tasks for an extended period of time due to a wide variety of reasons including leave of absences (e.g. maternity, sick, personal, professional, etc.), extended paid/unpaid time off, active military duty leave, termination/rehire, etc.
 - There is substantial evidence that time out of work does have an impact on skills retention. Skills have been shown to decline over periods ranging from 3 to 18 months, according to a curve, with a steeper decline at the outset and a more gradual decline as time passes. The amount of time between learning and losing a skill varies between skills and between individuals, with many mitigating factors.
 - As there is little concrete evidence to suggest the maximum length of time away from work before skills fade is observed, the three (3) months duration was selected as a reference point as this is the average amount of time taken off by HCD employees. The three-months absence period will be regularly reviewed and is subject to change, particularly if rigorous evidence on impact of length of time out on skills emerge.
 - Process
 - Prior to absence
 - It is recommended that a meeting between the employee, supervisor and training coordinator/learning ambassador would take place one month prior to the start of the employee's period of planned absence, where possible, to discuss the reentry process upon the employee's return.
 - If the absence is unplanned, this meeting can take place later.
 - Prior to return
 - Once a timeframe for return is known, the supervisor and/or training coordinator/learning ambassador will work on a retraining plan for the employee. This reentry/retraining plan will be started on day one of the employee's return.
 - LOA
 - 0-89 days
 - Complete all overdue items in the LMS, Policy/Guidance change review, System changes/upgrades within the initial 3 days.
 - 90-180 days
 - Complete all overdue items in the LMS, Policy/Guidance change review, system changes/upgrades within the initial 3 days. In addition, the employee must attend a reentry training meeting with the supervisor or training coordinator to demonstrate competency on any policy/guidance changes or system/platform updates (If applicable).
 - Reinstatement

- Any employee who returns to District employment within a six-month time frame from the date of separation will be considered reinstated (*HOHR141*).
 - Follow the above LOA 90-180 days guidance.
 - Rehire
 - Any employee who returns to District employment after six months but within two years from the date of separation will be considered rehired (*HOHR141*).
 - Full orientation and training process must be completed.
 - New Hire (Re-Employment)
 - Any employee who returns to District employment after a two-year separation from employment will be considered a new hire and previous employment will not be credited (*HOHR141*).
 - Full orientation and training process must be completed.
 - Upon returning
 - The employee will review the reentry training plan with their supervisor, ask questions, and work the training tasks until completion.
 - Determining Reentry Training Activities
 - Consider the following questions when determining the training required after a long period of absence:
 - How long is the employee expected to be absent? (Is there any likelihood of an extension to this?)
 - Are there any training programs (including mandatory and system training) to take place in the employee's workplace in the period of absence? If so, how should the employee become familiar with this on return?
 - How long has the employee been in their current role? Is this relevant in determining their needs?
 - If the employee will be returning to a new role, what support relating to this will be needed, and how can they prepare?
 - Are there any system/platform additions, changes or upgrades scheduled to take place in the employee's workplace in the period of absence?
 - **Required Training**
 - All staff members are to undergo training in a number of policies, procedures, and practices upon entry of employment and during their career with HCD. Types of required training may vary from employee to employee based on duties and their respective Business Unit and may include:
 - New Hire Orientation and Training Onboarding
 - New employees completing required administrative forms as part of initial processing.
 - Introduction to co-workers, personnel policies, working conditions, daily routine, issuance of manuals, quality assurance system and any miscellaneous matters.
 - HCD-mandated Training
 - Annual Ethics and Compliance Training, Computer Security Awareness Training, Records Management Training.
 - New Hire Training often includes Basic Regulatory Compliance Training.
 - For example: General and specific learning activities required by state and local Health Department, Health Resources and Services Administration (HRSA), Agency for Health Care Administration (AHCA),

Occupational Safety and Health Administration (OSHA), Joint Commission International (JCI), and the Centers for Medicare and Medicaid Services (CMS), etc.

- Safety Training (may include the following topics):
 - Blood-borne pathogen standard, hazard communication standard (Right to Know), universal precautions, exposure control plan, medical surveillance program, personal protective equipment, security briefing, safety briefing, radiation protection training, fire extinguisher training, emergency evacuation, active shooter events, safety practices in the workplace, and hazardous waste management (where applicable) that includes annual training on handling, storage, and disposal of hazardous materials.
- Quality Management System training
 - Examples include: Introduction to the Quality Management System, Auditor training, Root Cause and Corrective Action procedures, Quality Management Information System training (If applicable).
- On-the-job (OJT) training
 - Managers and employees will work together to identify OJT training needs and attendance in applicable trainings.
 - Local or external training on policies, regulations, procedures, methods, and instruments/devices (where applicable).
 - Other training: Often staff has an opportunity to attend auxiliary training when available and resources permitting. This type of training includes: attendance at presentations, courses and conferences, and computer courses such as in-house training, instructional, and manufacturer's training on software in use such as Microsoft Word and Excel, and Outlook.
- Whenever an employee is required to read Policies and Procedures, all associated forms must also be reviewed.
- L&D Program Forms
 - Learning Matrix
 - Learning Matrix (Source Document)
 - HCD's Learning Matrix (F-XXX) contains all required training per Business Unit, Department, and Job Code. The Matrix has been temporarily documented using Microsoft Excel format, and will be transferred to a digital version as soon as the platform becomes available.
 - Learning Matrix Review Form
 - The Learning Matrix Review Form (F-XXX) is used to capture the review and/or approval for changes made to the Learning Matrix. Completed records will be maintained by the Learning and Organizational Development Team.
 - Training Roster
 - The Training Roster (F-XXX) provides a clear idea of the number of attendees in a given course, meeting, training session, supplemental training session, or policy/procedure change training process.
 - This document also serves as a rotating roster to consolidate training activities, especially in those departments operating 24 hours (e.g. LMC, Healey, Aeromedical). A rotating roster enables a trainer or manager to train all employees during the day shift, as they all eventually work days. This prevents other trainers from having to repeat training during other shifts. Hence, it saves the organization and trainees time and additional efforts.
 - Training Plan

- An employee training plan (F-XXX) outlines the strategies, activities, needs, objectives, deliverables, and curriculum that is to be used to train employees across the organization.
- The plan includes comprehensive details about training content, training requirements, coordination of training schedule, etc. The training plan is used to create an employee training program to teach the employees about the application, job, and business processes to generate better outcomes.
- The Training Plan template could be used during the Onboarding process and throughout the entire training and development journey of any HCD staff member.
 - Examples:
 - Training Onboarding
 - Retraining
 - Supplemental Training
 - Training Refreshers
 - Pre/post Audit, Inspection, or Survey Training
- Training Performance Observation and Assessment Checklist
 - Observation Checklists enable organizations to assess and record an employee's skills and competencies while directly observing specific activities in the field. Observation of performance in the work environment gives a supervisor and/or trainer an opportunity to understand how the recently hired employee goes about performing assigned tasks and responsibilities, according to HCD. Observation may be far more effective than simply asking the employee who is being evaluated to give her own feedback about performance. A supervisory observation underlies real-time feedback.
 - For this type of observation, an employee observation template (F-XXX) or checklist in the LMS can ensure the supervisor/trainer is evaluating all of the key points necessary for a comprehensive training performance evaluation, and one that is more objective than could be done without the structure provided by a template or checklist.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	Learning Management System Policy and Procedure
Related Forms	Learning Matrix Review Form; Training Performance Observation; Training Plan; Training Roster
Reference(s)	
Last Revision	
Revision Information/Changes	

APPROVALS	
Reviewer approval	Christina Schiller; Steven Hurwitz;
Reviewer approval date	9/12/2022

Final approver	Candice Abbott;
Final approval date	9/23/2022

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

Performance Management Policy and Procedure

Policy #:	HOHR136	Effective Date:	2/2/2022
Business Unit:	Human Resources	Original Effective Date:	1/1/2008
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

All employees are required to meet the District's expectations and standards of performance in order to ensure a productive, safe, and harmonious workplace. If employee performance, behavior or conduct does not meet District expectations and standards, the District may use various performance management approaches to motivate the employee to participate and resolve any performance, behavior or conduct concerns.

SCOPE

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

This policy and procedure outlines the District's performance management expectations and processes for those who supervise or manage. The District examines all elements of performance, behavior and conduct in order to make employment decisions.

Employment with the District is at will, and either the employee or the District may terminate the employment relationship at any time, with or without notice (see Provider Contract for termination terms)..

PROCEDURE

The District utilizes various procedures to manage individual or departmental performance. The District may use progressive corrective action when an employee fails to meet, improve or correct their performance/behavior or conduct. The District may use Performance Improvement Plans if, during the performance evaluation process, an employee fails to meet any element of their performance as well as any time before or between corrective stages.

Corrective Actions

Progressive Corrective Action is a series of actions, corrective in nature, taken to provide employees the opportunity to improve job performance/behavior. Progressive Corrective Action is not required for any employee that is within their initial orientation period.

The District may decide, in its sole discretion, that some or all of the steps in the corrective action process should not be followed and that immediate corrective action, including termination of employment is necessary based on the totality and/or severity of circumstances.

The levels of corrective actions are as follows:

1. Stage 1
2. Stage 2
3. Stage 3
4. Termination

Investigative Suspension may be used when an employee's temporary release from duty is needed to permit the investigation of an apparent serious infraction. When the circumstances warrant, as approved by Human Resources, an employee may be transferred or released from duty until the conclusion of the investigation. If the investigation reveals wrong doing on the part of the employee, the employee will not be paid for time of suspension. If the investigation reveals no wrong doing on the part of the employee all scheduled missed day of work will be paid for by the District. With respect to exempt employees, any such investigative suspension shall be in accordance with applicable wage and hour laws.

Corrective documents will include the following information:

1. A description of the performance/behavior or policy violated;
2. A summary of facts related to the incident (dates, place, etc.);
3. Prior communications with the employee regarding any performance, behavior or conduct issues (may be verbal counseling, performance improvement plan or performance appraisal);
4. An action plan for improvement;
5. Consequences of not improving the performance or correcting the behavior;
6. Employee's statement which is optional for the employee.

The record of corrective action form is presented to the employee by their immediate supervisor to document and verify that he/she understands the content of the corrective action plan, and that the employee further recognizes the implications of failure to improve or correct unacceptable performance or behaviors on his/her future employment with the District. All original signed corrective documents will be forwarded to the Human Resource department for inclusion into the employees personnel file.

The following are examples of infractions to the standards of conduct and performance/behavior issues, considered unacceptable in the workplace and that may result in immediate termination of employment. The list is not intended to be exhaustive:

1. Dishonesty or theft (regardless of the amount);
2. Omission or falsification of timekeeping records, or any other District documents or records;
3. Providing false information in connection with any District investigation or workers' compensation claims;
4. Working under the influence of alcohol or drugs;
5. Possession, distribution, sale, transfer or use of alcohol or illegal drugs in the workplace, while on duty or while operating employer-owned vehicles or equipment;
6. Physical assault, fighting, threatening violence or intimidating others in the workplace;
7. Sexual or other unlawful or unwelcome harassment;
8. Unauthorized possession of dangerous materials, such as explosives, weapons or firearms, in the workplace;
9. Willful or negligent acts, or improper conduct detrimental to patient care, District operations or which result in neglect or abuse of a patient;
10. Unauthorized use of District property, including improper use of District computer applications, including e-mail, software, internet, and/or items that contain profanity, have sexual content, jokes, chain e-mails, etc.;
11. Unauthorized disclosure of District's confidential information;
12. Excessive absenteeism, tardiness or absence without notice;
13. Sleeping or giving the appearance of sleeping on duty;
14. Borrowing money from clients, residents, patients or visitors;
15. Conviction of a crime that adversely affects the District;
16. Insubordinate acts or statements, or refusal to follow directions.

Performance Improvement Plans

Performance appraisals will assess and identify the need of a performance improvement plan to correct specific areas of performance. Performance improvement plans can also be used when an employee fails to meet any element of their job performance at any given time. The purpose of the plan for improvement

is to assist the employee in understanding the performance problem and provide guidelines, requirements, expectations and necessary training opportunities to improve performance and have the opportunity to succeed. Performance improvement plans shall be approved by Human Resources prior to administering to the employee.

Documentation

All documentation related to performance, constructive conversations, corrective action and performance improvement plans become a part of the employee's personnel file.

Employee Responsibilities:

1. Continuously strive to achieve and maintain high levels of performance.
2. Abide by the District's expectations of performance/behavior and demonstrate appropriate conduct.
3. Report any violations or improper performance/behavior to the direct supervisor or the Human Resources Department.
4. Cooperate and work towards improvement and success of performance improvement plans and corrective actions.

Department Directors/Managers/Supervisors Responsibilities:

1. Investigate, in a timely manner, all reports of unacceptable performance/behavior.
2. Monitor employee's performance and develop proper action plan if necessary.
3. Consult with Human Resources regarding the appropriate corrective action.
4. Prepare corrective action form with documentation and submit to appropriate levels for approval prior to administering.
5. Communicate and provide information to the employees regarding their performance/behavior through informal and formal meetings.

Human Resources Responsibilities:

1. Assist supervisors/managers with investigations of unacceptable employee's performance/behavior.
2. Assist supervisors/managers with corrective action pertaining unacceptable employee's performance/behavior.
3. Coach and mentor employees towards the successful achievement of their performance/behavior goals.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller;
Reviewer approval date	2/22/2022
Final approver	Darcy Davis;
Final approval date	3/21/2022

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Pre Employment Screening Policy and Procedure

Policy #:	HOHR118	Effective Date:	3/14/2022
Business Unit:	Human Resources	Original Effective Date:	2/1/2019
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

To ensure that all individuals holding positions with the Health Care District are qualified and meet the standards for employment in their respective roles and appropriate work environment.

SCOPE

Applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

All applicants who have been offered employment with the District are required to complete a pre-employment screening process. The screening process, includes but not limited to the following:

1. Background Screening
2. Drug Screening
3. Employment Verification
4. Education Verification
5. Employment Eligibility Verification

PROCEDURE

Criminal Background Screening – All Background Levels

All employees are required to complete a successful (passing) background screening result before date of hire. It's important to note that individual business units or entities may require additional background screening. To conduct screenings, authorizations forms are required during the onboarding process. Employment is contingent on the completion of all elements of the background screening. If any results of the background screening are deemed unsatisfactory, the offer may be withdrawn.

1. All employees working at the District in any capacity will be screened by the Office of Inspector General (OIG) and General Services Administration (GSA) System Award Management (SAM) sanctions criteria at the time of hire and monthly.
1. As part of the background screening process, all applicants are also screened using the U.S. Department of Justice's National Sex Offender Public Registry website. Applicants found to have any offenses described above, will be denied employment with the District.

2. Agency temporary employees are required to complete all pre-screening elements as any other applicant background check.
 - a. Level I Background Authorization conducted by First Advantage includes the following:
 - i. Documents:
 1. Fair Credit Reporting Act Disclosure and Authorization
 2. Affidavit of a Good Moral Character
 - ii. Additional Screening:
 1. U.S. Department of Justice's National Sex Offender Public Registry website screening.
 2. U.S. Department of Health and Human Services, Office of Inspector General (OIG) screening.
 3. General Services Administration (GSA) screening through Systems Award Management (SAM).

Criminal Background Screening – Level II

For employees working in a level II operating facility (including but not limited to Healey, Clinic, Pharmacy, School Health), a fingerprint screening is required upon hire and a rescreening every five (5) years will be conducted by Human Resources. Per AHCA standards, if a candidate has been unemployed for more than 90 days, a resubmission of fingerprints will be required despite an active determination of “Eligible” status in the AHCA website.

All applicants will be screened according to Florida Department of Law Enforcement standards to determine if they have been found guilty of, regardless of adjudication, or entered a plea of *nolo contendere* or guilty to, any offense prohibited under any of the provisions of the Florida Statutes published in Chapter 435 and any charges listed on the Agency for Health Care Administration Affidavit of Compliance with Background Screening Requirements, per Florida Statute subsections 435.03, 435.04 and 408.809. Applicants shall also be excluded from employment for offenses listed in Section 408.809, 435.03, or 435.04 where he/she has an arrest awaiting final disposition or has been adjudicated delinquent and the record was not sealed or expunged. Applicants will be excluded from employment based on the above Florida Statutes, as amended. Applicants with charges pending that would violate any related Statute will be ineligible for employment until such time that the charges are resolved. Upon resolution, a determination will be made by Human Resources regarding employability of the applicant.

- a. Level II Background Authorization conducted by FDLE (Florida Department Law Enforcement) and AHCA (Agency of Health Care Administration) includes the following:
 - iii. Documents:
 1. Attestation of Compliance with Background Screening Requirements
 2. Privacy Policy
 3. FDLE (Florida Department of Law Enforcement) Statement of Notice

iv. Additional Screening:

1. U.S. Department of Justice's National Sex Offender Public Registry website screening.
2. U.S. Department of Health and Human Services, Office of Inspector General (OIG) screening.
3. General Services Administration (GSA) screening through Systems Award Management (SAM).

School Health Department

All employees serving at Palm Beach County Schools or interacting with Palm Beach County School children in any capacity may be required to complete an affidavit disclosing any prior arrests to the School Police Department. regardless of date of hire, shall submit this affidavit annually on a date set by the Superintendent of Palm Beach County Schools. The Palm Beach County School District may perform an additional background check on all candidates for School Health positions.

Aeromedical Department

The Aeromedical Department, pursuant to the Health Care District's Air Carrier Certification, is required to conduct pre-hire background screenings and maintains records in accordance with the requirements of the Federal Aviation Administration Regulations, Department of Airports, Pilot Records Improvement Act, Department of Homeland Security, and the Department of Transportation. Successful completion of Palm Beach International Airport's background screening through the Department of Airports is required for every employee in the Aeromedical department. For all pilot positions, it is required that the previous five years of work experience, qualifications, safety and training records also be evaluated as part of the employment process with the District. This is the responsibility of the Director of Aviation Operations and copies of all the above information must be supplied to the HR department within three business days of its receipt.

Executive Staff

New hire Executives or employees promoted to Executive positions must have additional background screening completed, which may include fingerprinting and/or biographical information, which is submitted to the Office of Insurance Regulation (OIR) within 30 calendar days of start date. Executive staff is defined as Chief Executive Officer and all reporting Officers.

Lakeside Medical Center

While the Lakeside Medical Center is a Level 1 operating facility, the Hospital Administrator is required to have Level II background screening completed prior to commencement of employment.

If information is found in a background check that is contrary to the documentation provided by the applicant or employee in the application, resume, or interview process, the applicant/employee may be disqualified/dismissed from employment.

Drug Screens

All positions that are patient facing (patient related) applicants are required to successfully pass a drug screening in accordance with the District's Drug Free Workplace Policy and Procedure. All information relating to drug test results are confidential and exempt from disclosure under Florida Public's Records Laws.

Employment Verifications

With an employment verification authorization, the District verifies all work-related history prior to start date. Human Resources may verify work history and/or performance history by conducting professional reference checks. Omissions or misrepresentations may disqualify applicants from employment.

Education Verifications

The District verifies education based on position requirements for all new hires. Education is verified with the institution or via the National Student Clearinghouse. For minimum education, a high school diploma or a verifiable license that requires a degree to receive licensing may be acceptable in place of degree requirements, at the discretion of the Human Resources Business Partner.

Credit History Check

Applicants for employment that qualify as positions of trust will be required to submit to a credit history check. A separate notice and disclosure statement must be signed by the applicant prior to the District obtaining the credit report from an authorized consumer reporting agency, and this report will be handled in accordance with the Fair Credit Reporting Act (FCRA), as amended. The social security number and any bank account numbers, debit, charge and credit card numbers are exempt from disclosure under Florida's Public Records Laws.

Motor Vehicle Report

Applicants for employment in a position that requires a valid driver's license are subject to pre-hire and/or periodic verifications of holding a valid, active driver's license. A motor vehicle report (MVR) screening is conducted for applicants whose jobs requires operating machinery, including but not limited to driving, or which requires a special license type/certification. Level I background authorization includes an MVR search. A separate authorization form must be signed for all Level II employees prior to screening. For

any adverse occurrences the Human Resources Business Partner will review and decision of hire is at their sole discretion.

Verification of Employment Eligibility

Employees are required to complete an I-9 Form no later than the first day of employment. In addition, new hires are required to provide non-expired copies of acceptable documentation to establish their identity and work authorization within the first three (3) business days of employment.

Applicant/Employee Responsibilities:

1. Complete all pre-employment screening requirements prior to starting.
2. Provide additional information to AHCA within ten business days, if necessary, regarding the disposition of cases in order for the authorized agency (AHCA) to properly decide regarding eligibility for employment.
3. Comply with all drug testing requirements, as directed by Human Resources.
4. Notify your immediate Supervisor and/or the Human Resources Department of any arrest, excluded from employment relating to OIG/GSA and any federal healthcare programs, and provide updates regarding status changes with any pending charges within three (3) days
5. If holding an active driver's license is required per the job description, notify Human Resources of any change in status to the driver's license, or if insurance on the personal automobile used for business purposes lapses.
6. Provide required documentation establishing identity and work authorization within three (3) business days of the first day of employment.
7. If the E-Verify process yields a Tentative Nonconfirmation (TNC), follow directions provided by Human Resources within eight (8) federal government work days to address any work authorization issues.

Human Resources Responsibilities:

1. Determine appropriate background screenings and credit checks needed for each applicant/employee, per regulatory guidelines.
2. Conduct all background check searches through FDLE and other appropriate agencies, including AHCA, Office of Insurance Regulation or consumer reporting agencies. In addition to the criminal background checks, Human Resources is also responsible for conducting all education, work experience/reference, credit, drivers' license and employment status checks.

3. Review the results according to the guidelines provided above and determine eligibility for employment.
4. Human Resources will not provide specific information about individual background checks to supervisors and managers, other than whether or not the specific individual is cleared for employment.
5. In the case of potential adverse action (i.e., potentially not hiring a candidate based wholly or in part on information obtained from a consumer report obtained from a consumer reporting agency), Human Resources will appropriately notify the candidate of the potential action, provide the applicant with a copy of the consumer report and consumer reporting agency contact information, and a copy of consumer's rights pursuant to the Fair Credit Reporting Act (FCRA).
6. Process new hires using the Form I-9 and the E-Verify procedures.

E-Verify Procedures:

1. Human Resources will verify the employee's work authorization within three (3) business days of the employee's hire date through the Department of Homeland Security's E-Verify system in accordance with the State of Florida's Executive Order 11-02.
 - a. Employees who have a "Tentative Nonconfirmation" (TNC) response from the E-Verify system will be contacted by Human Resources with directions to contact the appropriate agency to resolve the TNC within eight (8) federal government working days.
 - b. In the event the employee fails to contact the appropriate agency to resolve the TNC issue within the eight (8) federal government working days, or after addressing the TNC E-Verify provides a Final Nonconfirmation response confirming the employee's non-authorization to work, the employee will be terminated from employment with the District.
 - c. While the case is pending after the employee contacted the appropriate agency within the eight (8) federal government working days, the District will not take adverse action against an employee because of the status in E-Verify, such as reducing work hours, delaying training or terminating employment.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
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Related Forms	
Reference(s)	<ol style="list-style-type: none"> 1. Palm Beach County School Board Policy 6Gx50-3.12- Criminal Background Checks 2. Chapter 435, Florida Statutes 3. Chapter 409, Florida Statutes 4. Affidavit of Good Moral Character 5. Fair Credit Reporting Act (FCRA) of 1969 (15 USC 1681). as amended 6. Office of Insurance Regulation - Biographical Affidavit. fingerprinting and background check guidelines 7. Agency for Health Care Administration - Fingerprinting and background check guidelines 8. Federal Aviation Regulations. Department of Airports, Pilots Records Improvement Act, Department of Homeland Security and the Department of Transportation. 9. OIG/GSA Compliance Policy 10. Verification of Licensure, Certifications & Education Requirements Procedure 11. Attestation of Residency 12. I-9 Employment Eligibility Form 13. Driving/Credit Check Request and Release of Liability 14. AHCA Affidavit of Compliance with Background Screening Requirements
Last Revision	
Revision Information/Changes	

APPROVALS	
Reviewer approval	Christina Schiller; Steven Hurwitz;
Reviewer approval date	8/26/2022
Final approver	Darcy Davis;
Final approval date	8/27/2022

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circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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Professional Development Reimbursement Policy and Procedure

Policy #:	HOHR138	Effective Date:	3/14/2022
Business Unit:	Human Resources	Original Effective Date:	3/1/2008
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

The District encourages employees' professional development to enhance knowledge and skills. Employees may have associated fees paid directly by the District or be reimbursed for certain approved and job-related subscription(s), professional, and/or other fees associated with their position at the District. All requests will be reviewed by the employee's immediate supervisor and department director to determine relevancy to the position held with the District and to ensure that departmental budgeted funds are available.

SCOPE

Applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

The purpose of this policy is to provide employees with professional development opportunities that increase their skills and enhance their contributions to the organization. An employee's work performance is vital to the success of our organization. Providing professional development to our employees is an investment in their careers and the organization's future.

PROCEDURE

Professional Fees

The District may pay for of the following job-related subscriptions, publications, certifications, and other related fees. Employees will be required to pay back fees relating to licensure and certifications, if they decide to leave the organization within a year from receiving the certification and/or licensure. Departments will garnish payments from final pay check, PTO payout, and or set up a monthly installment with employee. For monthly installment plans, the District may turn accounts over to collections or take legal action for missed payments.

1. Notary Fees – the District may pay all reasonable fees to obtain/renew notary public commissions if the position requires the employee perform such duties throughout their course of work with the District.
2. Licensure – Employees will be responsible for payment of any licensure renewal that is required by their position and for providing renewal copies to human resources prior to the expiration date of the license. An employee may be placed on leave if they fail to renew their professional license

by the expiration date and will not return to work until they are able to provide a clear and active non-expired copy to human resource.

3. Certifications – Minimum certification required of a position will not be paid for by the District. Advanced certification obtained through District employment to enhance job may be paid for based on available funding. Certification renewals shall follow the same procedure as licensures.
 - a. Certificate fees may be waived based on the business unit's sole discretion (i.e. BLS and ACLS, etc...).
4. Professional Organizations – The District may pay reasonable fees for an employee to join/renew membership with professional organizations that are directly related to the position held by the employee. Membership must be able to directly enhance the employee's ability to perform the essential job duties of the position held with the District.
5. Subscriptions (Annual or Monthly) – The District may pay reasonable fees for publication subscriptions directly related to the work performed by the employee at the District. Any and all publication subscriptions paid for by the District shall remain District property and will be available to any/all District employees.

Professional Development:

1. CEU's – Employees will be responsible for payment of any continuing education unit (CEU) that are required to maintain the licensure for their position. However, the District may, at its sole discretion, decide to sponsor attendance at a CEU activity for an employee where the knowledge gained from the CEU activity will directly benefit the work of the District.
2. Preparatory or Training Course – The District may pay for preparation courses and exams to obtain a professional certification related to their current position. The District will reimburse fees paid by the employee upon successfully passing the exam.
3. Board Exams – An employee may be granted time off with pay to take an examination before a state board or agency at leaderships' discretion. The examination must be a requirement of the position held by the employee. This time off shall not be charged against Paid Time Off.
4. *Seminars/Conferences* – An employee may be permitted to attend one (1) job-related off-site seminar, conference, or workshop annually. The granted time off will not be charged against Paid Time Off (PTO); however, all PTO related policy and procedure apply. Provisions of the Fair Labor Standards Act will apply as appropriate.

Employee Responsibilities:

1. Request must be made in writing to management.
2. Provide immediate supervisor with documentation to support registering, paying, and completing preparatory, training, and exams.
3. Provide immediate supervisor and human resources a copy of the obtained license and certificate.

Remain active for license and certificate; and provide human resources renewal copies by expiration date.

Department Directors/Managers/Supervisors Responsibilities:

1. Management will review requests in a timely fashion and determine relevancy to position and if budgeted funds are available to finance the request.
2. Upon job related relevancy determination, management will forward to Officer for approval.
3. For memberships and subscriptions. Departments will utilize monthly payments when available to be able to cancel if an employee leaves the organization Annual subscriptions will follow the HCD repayment process.
4. Cancel all memberships when an employee leaves department and/or organization.
5. Responsible to recoup all funds to repay reimbursement.
 - a. Connect with Human Resources to recoup from Final Check or PTO payout
6. Responsible to set up a monthly installment plan utilizing the repayment form.

Human Resources Responsibilities:

1. Assist employees and manager in administration of the policy.
2. Will conduct verifications for licensure and certifications once obtained.
3. Will electronically track expirations for licensure and certifications
 - a. Notify employee(s) to reverify
 - b. Conduct reverification of licensure and certifications to ensure employee(s) are on active status.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	Professional Development Repayment Form
Reference(s)	
Last Revision	
Revision Information/Changes	

APPROVALS	
Reviewer approval	Christina Schiller; Steven Hurwitz;

Reviewer approval date	8/26/2022
Final approver	Darcy Davis;
Final approval date	8/27/2022

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Recruitment and Selection Policy and Procedure

Policy #:	HOHR167	Effective Date:	1/31/2022
Business Unit:	Human Resources	Original Effective Date:	3/1/2007
Approval Group:	Human Resources	Document Owner(s):	

PURPOSE

Our employee recruitment and selection policy describes our process for attracting and selecting external and internal job candidates. This recruitment policy sample can serve as a rubric that our recruiters and hiring managers can use to create an effective hiring process.

Hiring teams should aim for a well-planned and discrimination-free hiring process.

SCOPE

This recruitment and selection policy applies to all potential candidates and all employees involved in hiring for our organization, including:

Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, Aero Medical, and any other affiliated entities.

~~This recruitment and selection policy applies to all employees who are involved in hiring for our company. It refers to all potential job candidates.~~

~~All Employees at the Health Care District of Palm Beach County, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, Aero Medical, and any other affiliated entities.~~

POLICY

It is the policy of the Health Care District to adhere to the principles of Equal Employment Opportunity and to comply with all local, state, and federal laws applicable to recruiting, interviewing, and selecting employees.

PROCEDURE

The hiring manager/supervisor and the Human Resources department shall conduct a joint recruitment and selection program designed to fill vacant or new positions with the most qualified candidates.

~~When a position becomes vacant or upon the establishment of a new position, the hiring manager/supervisor and the Human Resources Department shall conduct a joint recruitment and selection program designed to fill the position with the most qualified candidate.~~

In order to select the best candidates for employment, the appropriate steps/forms should be completed:

1. Current job description: A written description of a job which includes information regarding the general nature of the work to be performed, the essential functions of the job, specific responsibilities and duties, and the employee's knowledge, skills and abilities required to perform the job.
2. Electronic Requisition: The "Requisition" is an approved form authorizing the recruitment of regular full-time, part-time employees and temporary employees. All requisitions require appropriate approvals.

3. Job posting to ensure that all employees are made aware of, and have the opportunity to apply for open positions. While it is the District's philosophy to promote from within whenever possible, there are business conditions that could cause a position to be filled without posting, or to post the position while simultaneously recruiting from the outside.
4. Job related employment interview: The interview should focus on a candidate's past experiences, behaviors, knowledge, skills and abilities by asking the candidate to provide specific examples of when he or she has demonstrated certain behaviors or skills as a means of predicting future behavior and performance.
5. Job offer: There are internal as well as external factors to be considered in the offer once the decision to hire has been made. Internal factors include but are not limited to wage/salary equity, relocation (if approved), and management approvals of any issue outside of normal District operating procedures. External factors include federal and state wage and hour laws.
6. Personnel Change Notice: The PCN is the approval form authorizing the hiring of applicants.
7. Completion of new hire paperwork to include reference check, background check, drug screening, verification of licensure/certification/education, etc.
8. Orientation: All new hires will be required to attend orientation within thirty (30) days of their start date to ensure proper knowledge of District expectations. There are business conditions that may result in a delay in attending orientation. However, all employees must attend new hire orientation during their Initial Orientation Period (IOP).
9. If an open requisition has been posted for sixty (60) days or longer with a viable candidate pool and there is no current activity from the hiring manager or hiring team, it will be removed from the posting after sixty (60) days of inactivity and cancelled. If the position is deemed necessary at a later date, a new requisition will need to be created and the current approval process will need to be followed. Exceptions to removal after sixty (60) days of inactivity may be granted at the discretion of leadership and Human Resources.

RESPONSIBILITY

Applicant/Employee Responsibilities:

1. Complete Health Care District application for employment form.
2. Complete all the new hire paperwork and any applicable pre-employment testing prior to start date.

Hiring Manager Responsibilities:

1. In the event of a resignation, the letter of resignation and/or resignation form will be forwarded to Human Resources with the Personnel Change Notice. For new or reclassified FTEs, all supporting documentation should be attached.
2. Review the job description in collaboration with Human Resources to ensure it is up-to-date based on organizational and department needs.
3. Complete the Requisition in our applicant tracking system (ATS) iCIMS.
4. An interview selection tool will be completed for each applicant interviewed for each position. All completed interview questionnaires and other supporting documentation are to be forwarded to Human Resources.
5. Complete the Personnel Change Notice and obtain appropriate approvals for the hiring of all applicants.

Human Resources Responsibilities:

1. The Human Resources department will coordinate the posting and advertising of open positions. The advertising and posting of jobs will include job title, minimum requirements for eligibility and closing date for receipt of applications. Human Resources, in collaboration with the hiring manager, may decide to post a position for a specified period of time, initiate posting until filled or internal posting only.
2. Human Resources may reject any application/resume when it has been determined that:
 - a. The application/resume was not received on or before the closing date established for receiving applications;

- b. The applicant does not meet the minimum requirements for the role;
 - c. The applicant falsified or failed to complete/include information on the application form or resume;
 - d. The applicant was previously employed by the District and was dismissed or resigned not in good standing and/or is not eligible for re-employment with the District.
3. Participate in the interview process as needed and conduct final interviews for all selected applicants as requested.
 4. Applicants, who meet the statutory definition and eligibility for Veteran's preference, as described in 1.01(14) Florida Statutes, will be required to produce documentation of eligibility that must be provided at the time of the application
 5. Determine the eligibility of internal candidates for open positions according to the Transfer/Promotion/Demotion policy.
 6. Make job offer to the selected candidate after all approved paperwork have been completed (interview notes, intake forms, etc.).
 7. Ensure that all job applicants complete a Health Care District application for employment.
 8. Conduct appropriate background checks, drug screening, reference checks, and verification of licensure/education/certification of applicants who have been offered employment prior to the applicant's start date.
 9. Retain appropriate metrics related to the recruitment and selection process as determined by HR Leadership.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	N/A
Related Forms	N/A
Reference(s)	N/A
Last Revision	2/22/2022
Revision Information/Changes	2/22/2022: Clarified Scope 3/1/2007: Initial Release

APPROVALS

Reviewer approval	Christina Schiller;
Reviewer approval date	2/22/2022
Date Last Renewed	[Last Renewed On]
Final approver	Darcy Davis;
Final approval date	3/21/2022

This policy [and procedure](#) is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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Sick Time Off Policy and Procedure

Policy #:	HOHR171	Effective Date:	6/28/2021
Business Unit:	Human Resources	Last Review Date:	
Approval Group:	Human Resources	Document Owner(s):	Human Resources
Board Approval Date:	2/1/2019		

PURPOSE

Health Care District recognizes that employees will need days off from work from time to time to address their medical needs.

SCOPE

This procedure applies to all Health Care District benefit eligible employees.

POLICY

The Health Care District of Palm Beach County offers their eligible employees accumulating sick time off hours (STO) for the purpose of addressing the health and medical needs of the employees and their immediate family members. Such hours are offered as a benefit and not to be considered as proprietary.

PROCEDURE

Sick Time Accrual

During absence from work caused by personal injury, illness, temporary disability, accident, or to care for an immediate family member with a serious health condition, an eligible employee's wage or salary will be continued for the amount of time accrued in the employee's sick time account balance. Sick Time is credited on the basis of hours paid at the rate of .0384615 per hour to a maximum of ten (10) days annually.

Sick Time may be accrued and carried forward from year to year if not used by an employee. An employee may only accrue and carry over a maximum of 400 hours. When an employee reaches 400 hours of sick time, accruals will stop until the unused balance goes below 400 hours.

Use of Sick Time

1. An employee may use sick time after the end of their initial orientation period of six (6) months.
2. Foreseeable use of sick time must be requested in writing thirty (30) days prior to the first proposed date of use. For unforeseeable use of sick time, an employee shall notify their supervisor as far in

advance as possible but no later than two (2) hours prior to the start of their work day. The employee must speak directly with their supervisor. If the Supervisor is unavailable at the time of the call the employee may leave a voice mail message or text message, however the employee is required to speak directly with their Supervisor prior to the end of the work day.

3. Sick time may be granted for personal illness, injury, temporary disability, accident, exposure to a contagious disease which would endanger others or to care for an immediate family member (spouse, child, and parent) with a serious health condition. Sick time will also be used during cases involving FMLA, Personal and Medical leave of absences.
4. If an employee is absent without notifying his/her supervisor, the employee will be subject to disciplinary action for absence without authorization. If an employee is absent for three (3) consecutive days without contacting his/her supervisor, the employee will be considered to have abandoned his/her position. The District will accept this action as a voluntary resignation and the employee will not be eligible for rehire.
5. An employee whose absence is for illness, injury, accident or temporary disability for more than three (3) consecutive days and/or is diagnosed with a contagious disease, must provide a medical certification from the employee's physician indicating the employee's ability to return to work, including any restrictions upon the employee's ability to perform the essential requirements of the employee's position.
6. A medical certification signed by a licensed physician may be required if the requests for sick time occur frequently or demonstrate any pattern. For example, sick time occurring before or after a regularly scheduled day off or on the same day of the week or on paydays, etc.
7. Should it be found that an employee has taken sick time under false pretenses, the time off shall be without pay, and the employee will be subject to disciplinary action.
8. In cases of illness or injury, temporary disability or accident of an employee or care for an immediate family member (spouse, child, and parent) with a serious health condition lasts longer than 3 days; they may request family or medical leave. All accrued sick time and paid time off (PTO) must be used before a leave can be taken without pay.
9. Sick time may be paid in addition to workers compensation, short term disability or long-term disability benefits only in such amounts as are necessary to bring the employee compensation to the equivalent of his/her regular paid hours.

10. Employees on any leave without pay will not earn sick time hours. Earning resumes upon return to active status. In addition, employees that receive unpaid hours on their timesheet do not accrue sick time for those hours.
11. Supervisors will record sick time on the employee time keeping record distinguishing between scheduled and unscheduled sick time.
12. Non-exempt employees may not use sick time in excess of the amount they have accrued. Exempt employees may utilize STO in excess of hours earned (maximum of 8 hours per pay period) that result in one day of full pay. Future STO will be used to cover the excess used.

Payment of Unused Sick Time

There is no payment to employees of unused sick time upon termination of employment. Sick time taken after an employee has given notice of resignation will not be recognized or paid.

Sick Time Off Incentive Pay

An employee may be paid 50% of their annual accrual up to 40 hours of unused sick time annually in November of each year, subject to budgetary constraints and at the sole discretion of the District.

Employee Responsibilities:

1. Notify immediate Supervisor of the need to call out sick or use sick time.
2. Use sick time for its intended purpose of income replacement due to personal injury, illness, accident, disability or to care for an immediate family member (spouse, child, and parent) with a serious health condition.
3. Provide appropriate physician's certification for sick time.

Department Directors/Managers/Supervisors Responsibilities:

1. Appropriately document scheduled sick time and call ins for sick time on the employee's timesheet.
2. Educate employees on the proper call in procedure.
3. Review employee time off records with bi-weekly payroll and address any outliers.
4. Appropriately request physician certifications for absence due to illness, injury, accident or temporary disability.

Human Resources Responsibilities:

1. Assist Managers and Employees in the interpretation of the policy.
2. Guide employees to FMLA for absence due to illness, injury, accident, disability, or care of an immediate family member's serious health condition that is longer than three days.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Christina Schiller; Steven Hurwitz;
Reviewer approval date	6/15/2022
Final approver	Darcy Davis;
Final approval date	6/15/2022

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Transfers Promotions and Demotions Policy and Procedure

Policy #:	HOHR148	Effective Date:	6/21/2022
Business Unit:	Human Resources	Original Effective Date:	[Original Effective Date]
Approval Group:	Human Resources		

PURPOSE

The District believes in transferring and promoting qualified employees to positions of increased responsibility whenever that action is most appropriate. Sometimes the demotion of an employee to a position of lesser responsibility and salary is appropriate based on the needs of the organization or the individual. Transfer, promotion and demotion decisions are based on long term business goals, employee performance and the employee's potential for success in the new position. Transfers, promotions and demotions shall be offered to employees at the sole discretion of the District.

SCOPE

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

The Health Care District of Palm Beach County strongly believes in the development and growth of their employees. Part of this commitment is to provide employees with an opportunity for Transfers, Promotions and Demotions in order to provide the employees the best opportunity to grow and succeed.

DEFINITIONS

1. Transfer – The movement of an employee from one position to another position at the same level and salary range. This is sometimes referred to as a "lateral transfer".
2. Promotion – The movement of an employee from one position to another position at a higher level and salary range.
3. Demotion – The movement of an employee from one position to another position at a lower level and salary range. The following procedures and guidelines are established to governing the process of transfers, demotions and promotions.

PROCEDURE

Eligibility

1. To be eligible to apply for a transfer or promotion an employee should be in his/her current position for a minimum of six months. This six-month requirement may be waived with agreement of both the current and receiving supervisor along with Human Resources.

2. Employees who are currently engaged in corrective action or action plan for improvement are not eligible to apply for transfer or promotions until either the successful completion of their action plan or six months from the date of their last disciplinary action.
3. Employees may be demoted for inability to satisfactorily perform the essential duties and responsibilities required by their current position. Demotions may either be involuntary or voluntarily requested by the employee.

Application

1. Employees who are interested in a posted position must complete an electronic Internal Application and submit to Human Resources. Employees are required to notify their supervisor if they are selected as a finalist for the position.
2. Human Resources will forward the electronic Internal Application to the hiring manager for consideration.
3. Hiring Manager may contact Human Resources to clarify the individual's skills and ability for the position as well as any other factors that should be considered before an offer is extended.

Salary

1. A transfer, does not ordinarily result in an increase or decrease in salary.
2. Promotions will typically result in an offer with a salary increase.
3. Demotions will typically result in an offer with a salary decrease.

Notice Period for Release

1. In general, the normal notice period for releasing an employee to a new position from the date the offer is accepted is two weeks for non-exempt employees and four weeks for exempt employees.
2. Exceptions to the normal notice period may be made with the mutual agreement of the involved supervisors. The maximum notice period for non-exempt employees would be thirty (30) days and for exempt employees forty-five (45) days.

RESPONSIBILITY

Employee Responsibilities:

1. Complete an electronic Internal Application for any posted position that you are qualified and interested in.
2. Interview for position, if selected.
3. Notify supervisor if selected as a finalist for position.

Department Directors/Managers/Supervisors Responsibilities:

1. Have discussion with hiring manager regarding employee's performance and behavior.
2. Establish appropriate transition plan for employee's transfer if offer is extended and accepted.

Human Resources Responsibilities:

1. Review employees file for eligibility.
2. Send electronic Internal Application to the hiring manager.
3. Make job offer to selected candidate or notified interviewed internal candidates not accepted for the position of the decision/outcome.
4. Determine acceptable start date with Supervisors. The start date should reflect the beginning of a payroll period.
5. Complete Personnel Change Notice and route to hiring leaders for signatures

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	

APPROVALS	
Reviewer approval	Christina Schiller; Steven Hurwitz;
Reviewer approval date	8/26/2022
Final approver	Darcy Davis;
Final approval date	8/27/2022

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the

circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

1. Description: 2022 Targeted Patient Survey, Sliding Fee Scale Discount Program Assessment

2. Summary: In accordance with the Program Requirement Chapter 9 (Sliding Fee Discount Program) of the Health Resources and Services Administration (HRSA), this report presents the results of the 2022 Targeted Patient Survey focusing on the C.L. Brumback Sliding Fee Scale Discount Program Assessment. The purpose of the survey was; to determine if the nominal fee charged to uninsured medical and dental patients was considered “nominal” from the perspective of the patient; to identify any barriers patients are experiencing with the sliding fee scales; and, for those patients who identify that the sliding fee created a barrier to care, where they informed of the opportunity to enroll in a payment plan.

3. Substantive Analysis: There were 590 surveys completed. Dates of service ranged from July 2021 through July 2022. The rolled-up results show that the majority of patients (78%) agreed with the amount they paid. Most patients confirmed they had not missed an appointment due to not being able to pay. Our area of opportunity is to increase awareness about offering payment plans. Many patients reported they were happy with the services they received. Trends over time reported

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

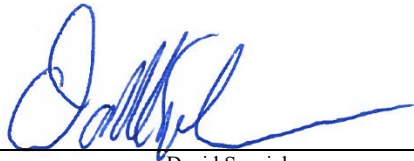
DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

Staff recommends the Board receive and file the 2022 Targeted Patient Survey, Sliding Fee Scale Discount Program Assessments as a completed requirement of the HRSA Grant and Clinic Policy.

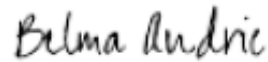
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



David Speciale
Director of Patient Experience



Dr. Belma Andric
VP, CMO & Executive Director Clinical Services

**Our Mission
Your Passion**



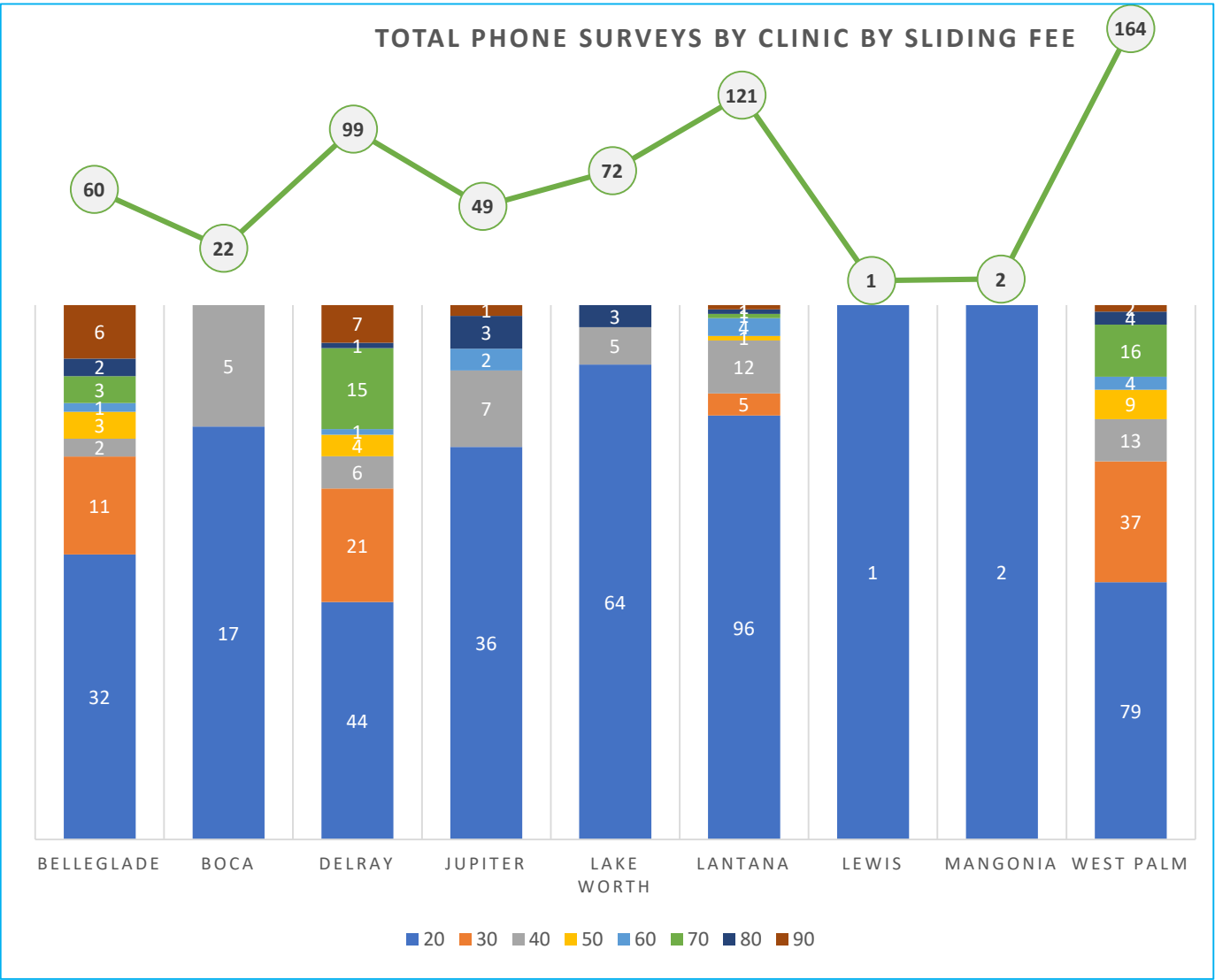
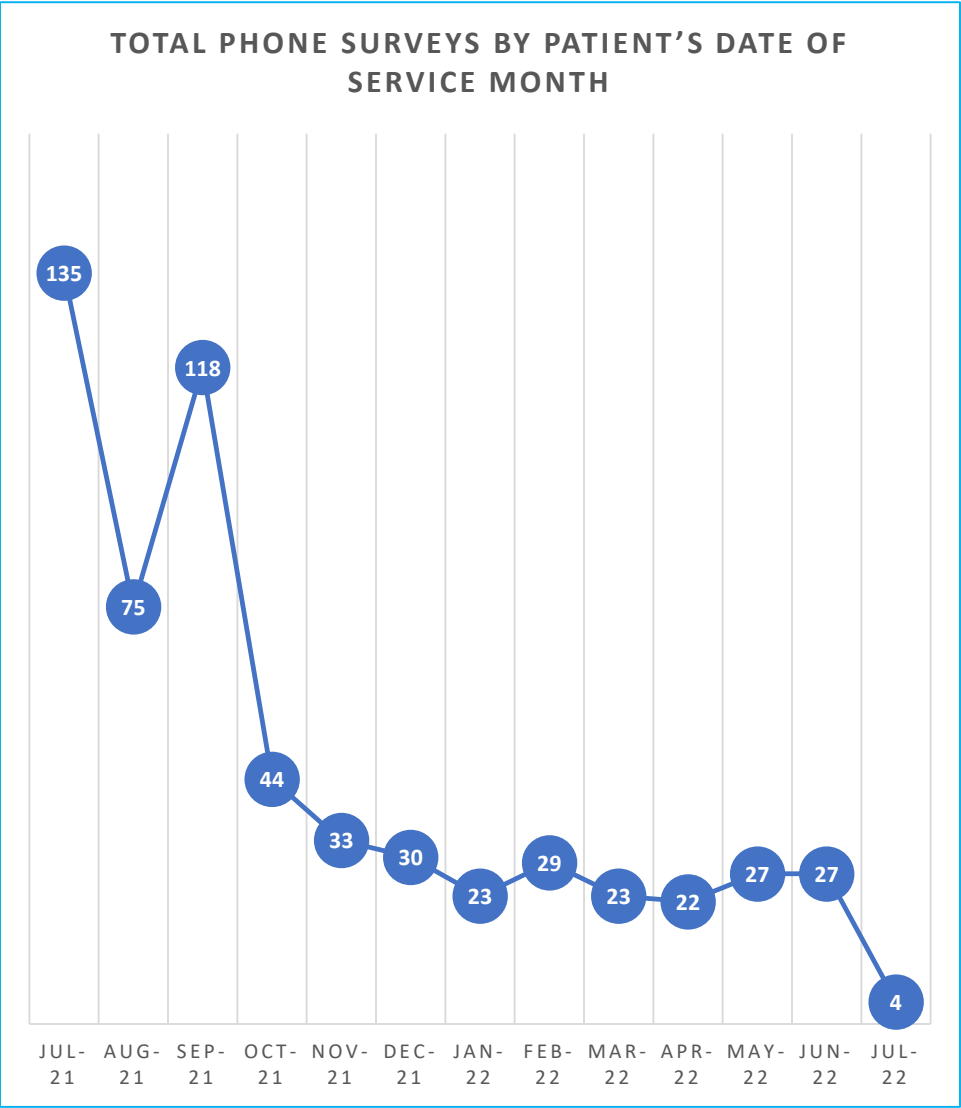
C. L. Brumback Primary Care Clinic

Sliding Fee Discount Program Evaluation

2021-2022

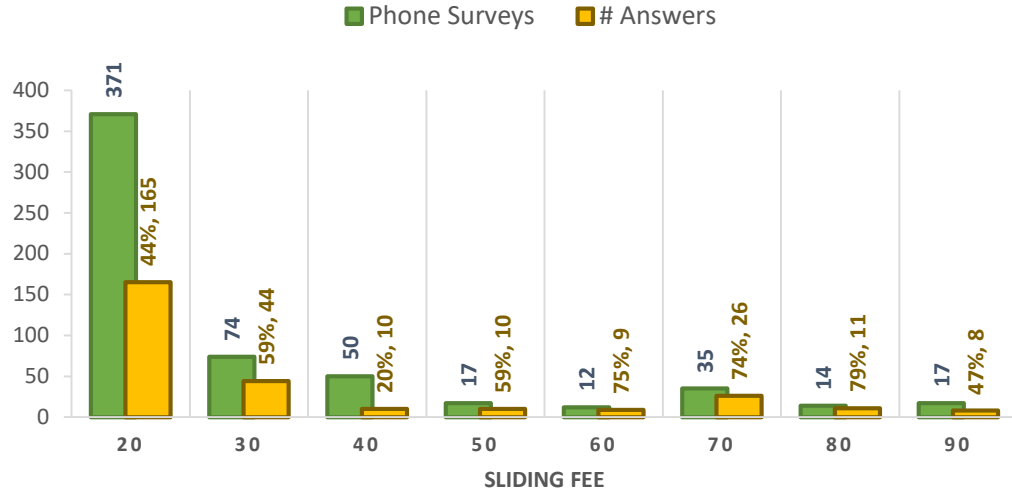
Health Care District of Palm Beach County

Sliding Fee Discount Program Evaluation
July 2021 – July 2022
(n=590)

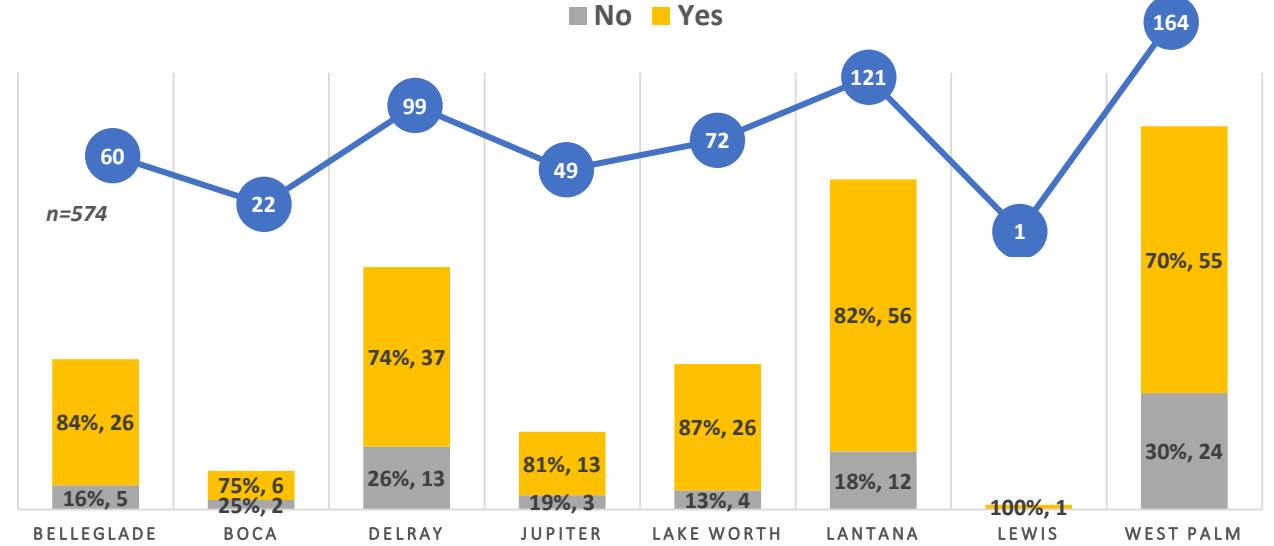


SLIDING FEE DO YOU AGREE WITH THE AMOUNT YOU WERE CHARGED?

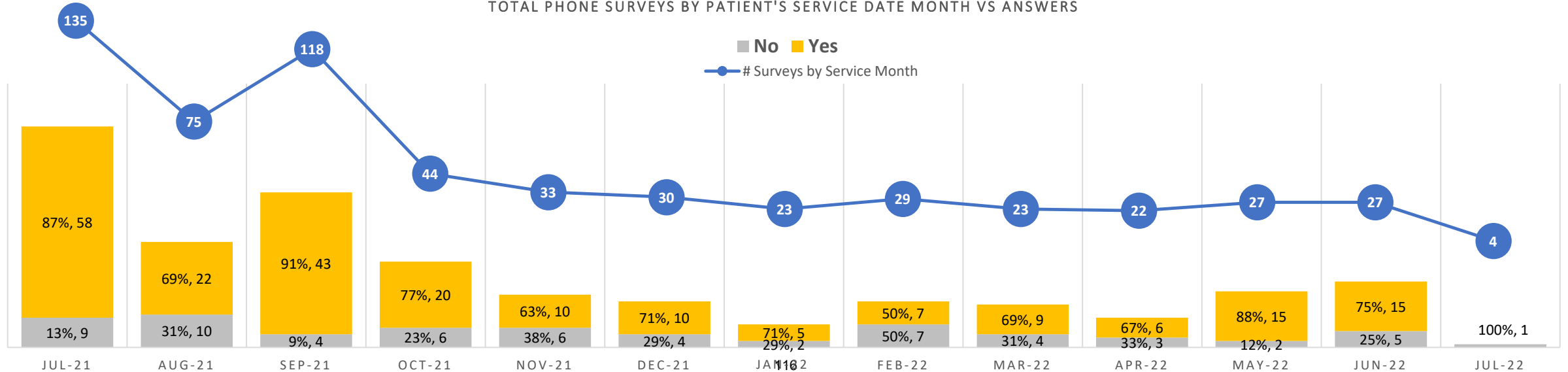
(590 SURVEYS, 283 (48%) ANSWERS)



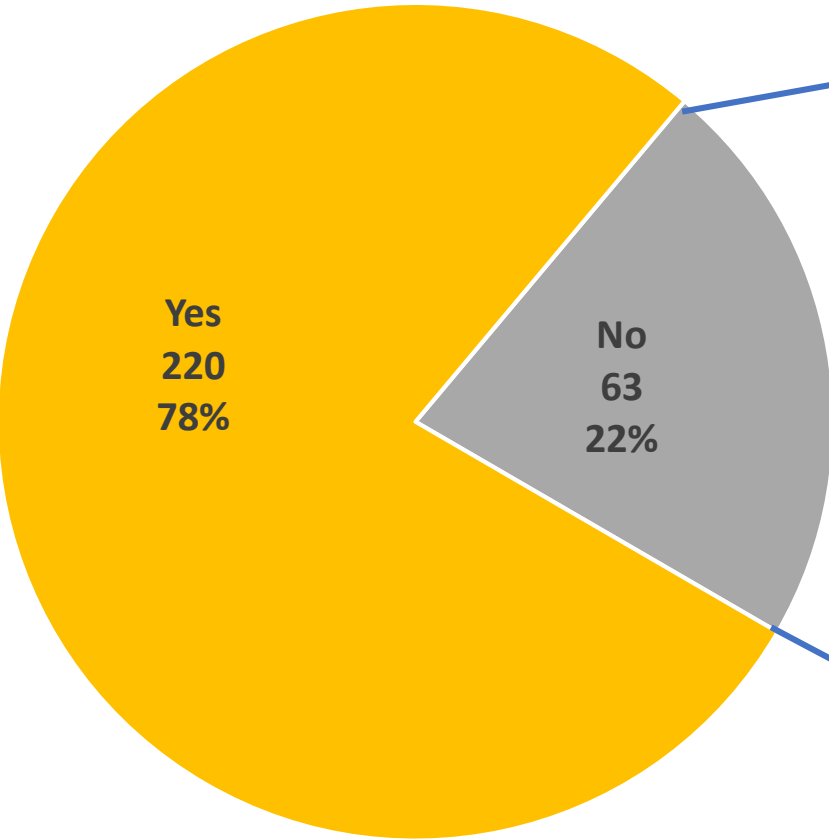
DO YOU AGREE WITH THE AMOUNT YOU WERE CHARGED? TOTAL PHONE SURVEYS BY CLINIC VS ANSWERS



DO YOU AGREE WITH THE AMOUNT YOU WERE CHARGED? TOTAL PHONE SURVEYS BY PATIENT'S SERVICE DATE MONTH VS ANSWERS

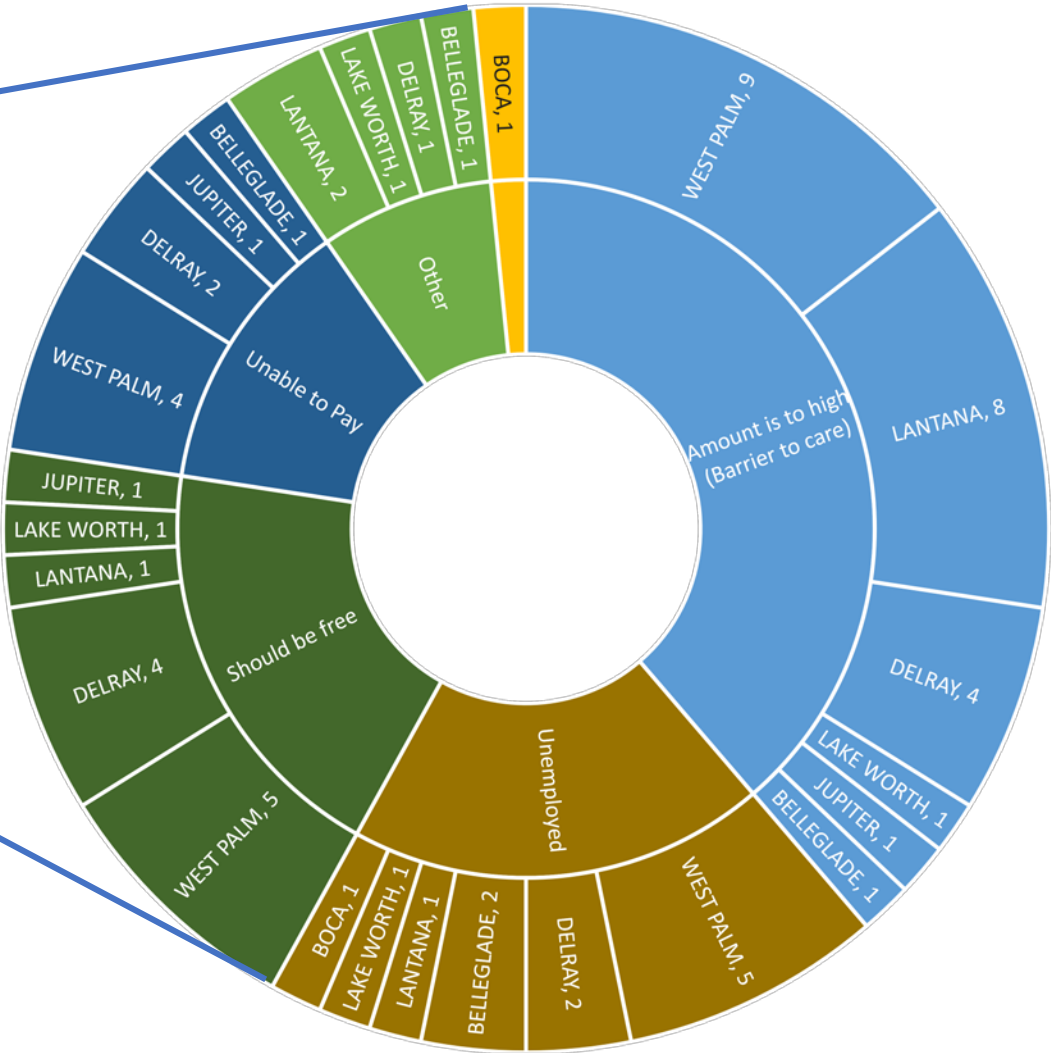


Do you agree with the amount you were charged?

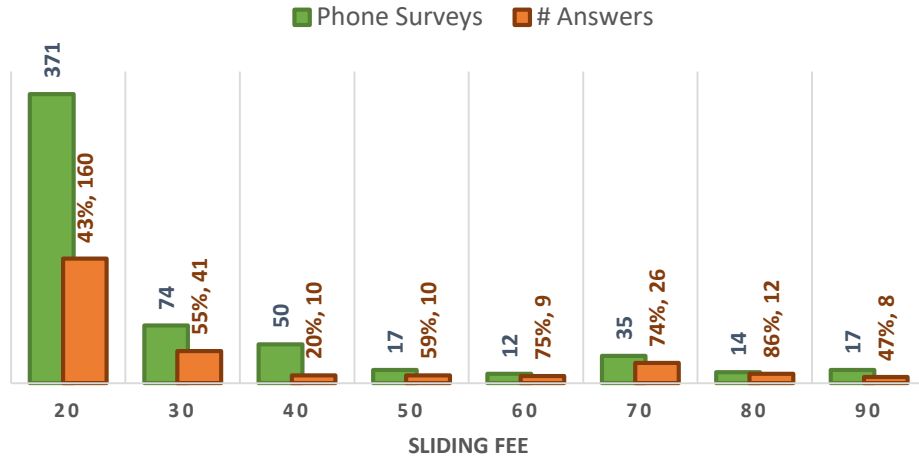


Reasons why patients don't agree with the amount they were charged by clinic
62 answers

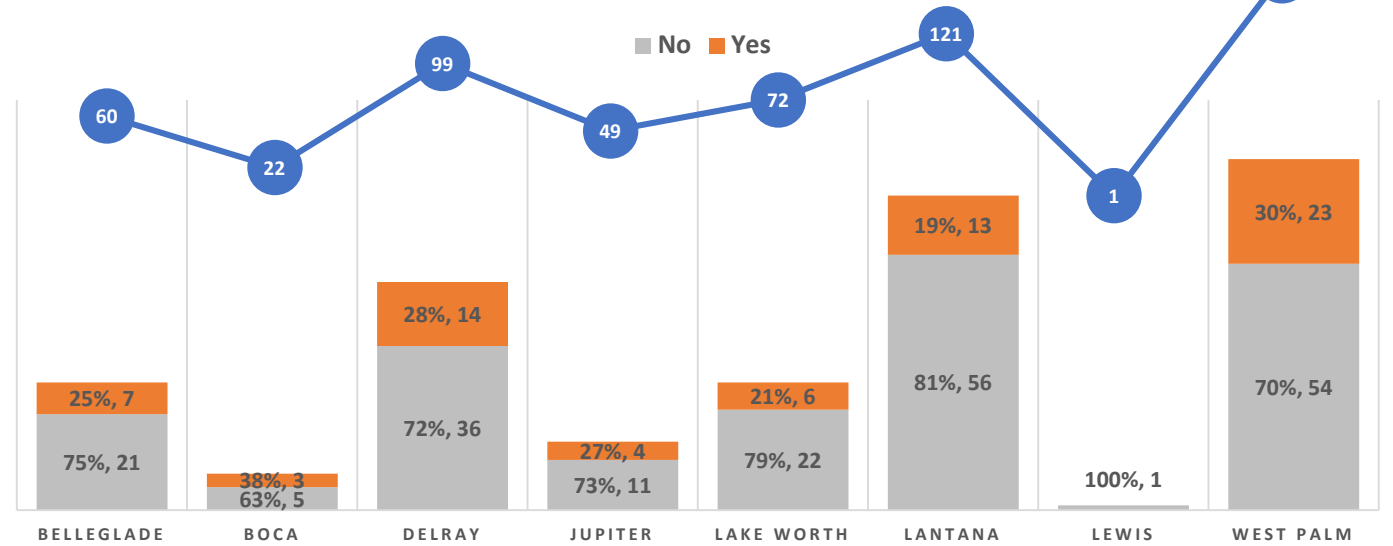
Other Amount is to high (Barrier to care) Never charged this fee Should be free Unable to Pay Unemployed



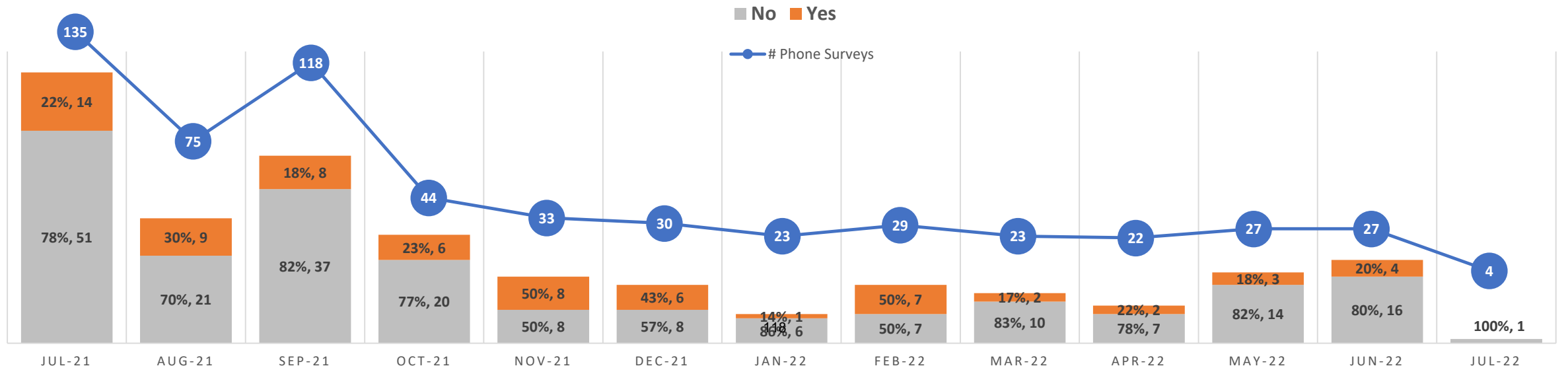
SLIDING FEE HAVE YOU EVER MISSED AN APPOINTMENT BECAUSE YOU COULD NOT PAY? (590 SURVEYS, 276 (47%) ANSWERS)



HAVE YOU EVER MISSED AN APPOINTMENT BECAUSE YOU COULD NOT PAY? TOTAL PHONE SURVEYS BY CLINIC VS ANSWERS



HAVE YOU EVER MISSED AN APPOINTMENT BECAUSE YOU COULD NOT PAY? TOTAL PHONE SURVEYS BY PATIENT'S SERVICE DATE MONTH VS ANSWERS



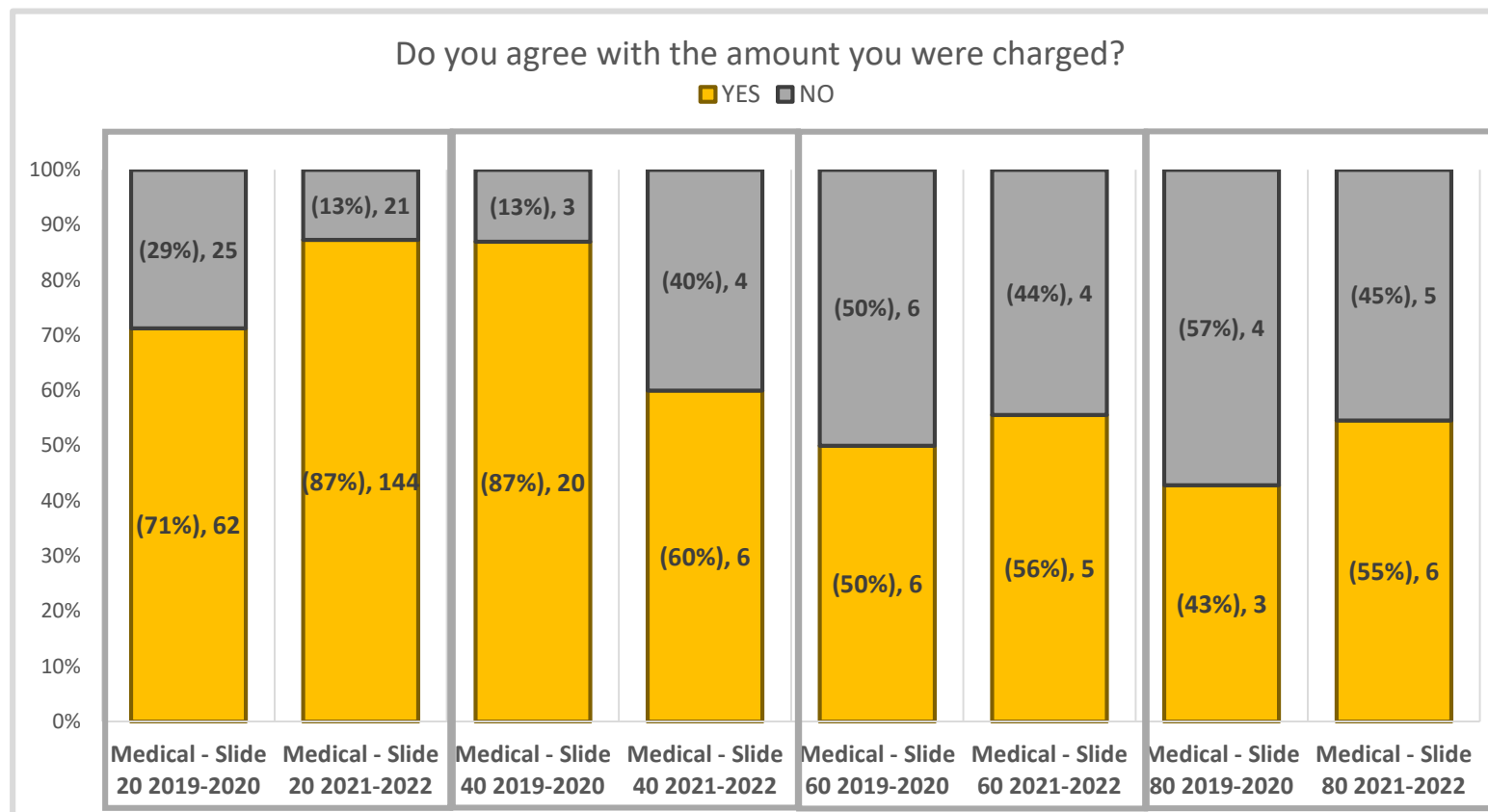
Patients who missed an appointment because they could not pay.
Were they aware that we offer payment plans?

70 Answers



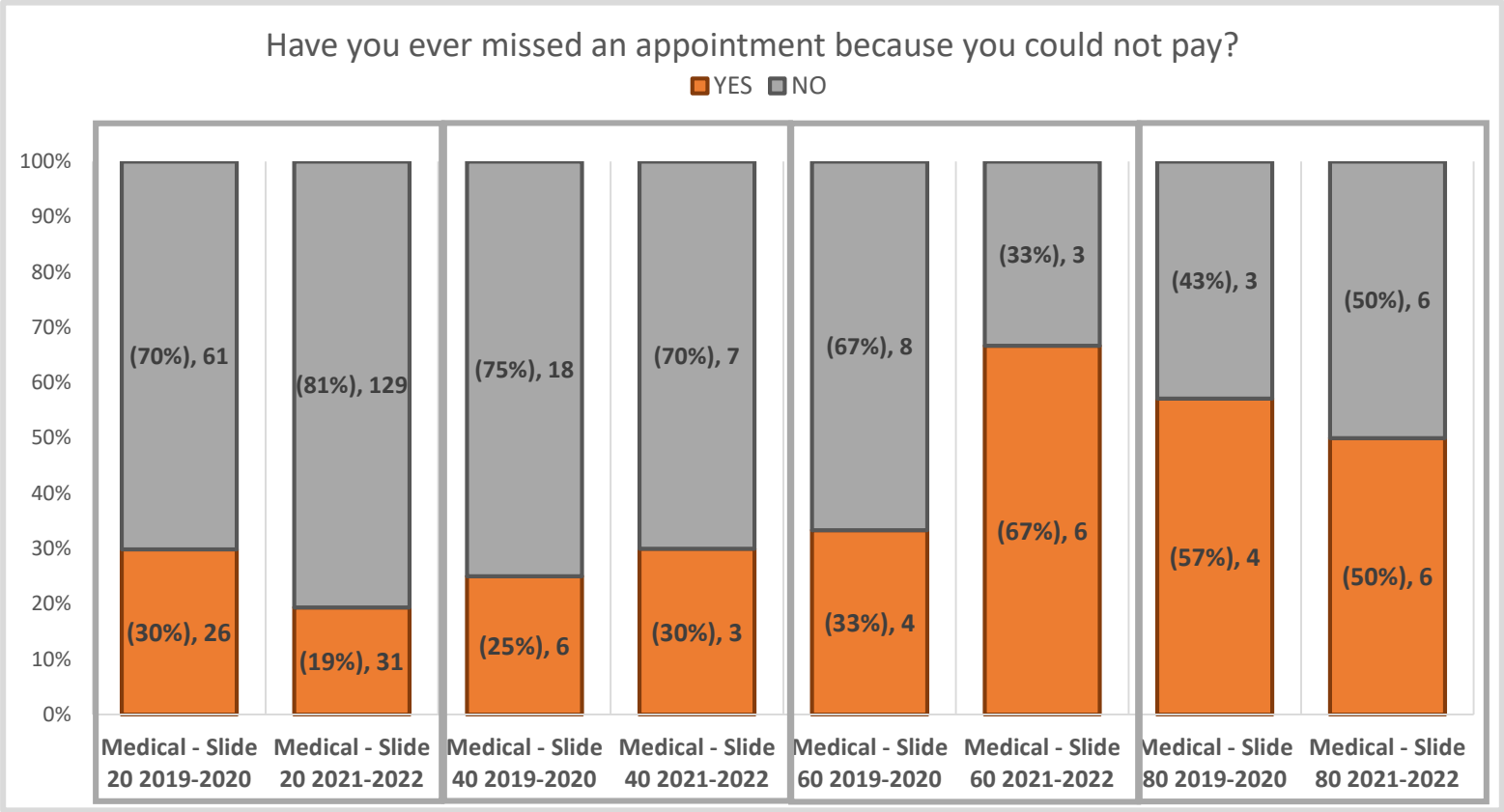
Sliding Fee Discount Program Evaluation 2019 -2022

MEDICAL, WOMENS HEALTH AND BEHAVIORAL HEALTH



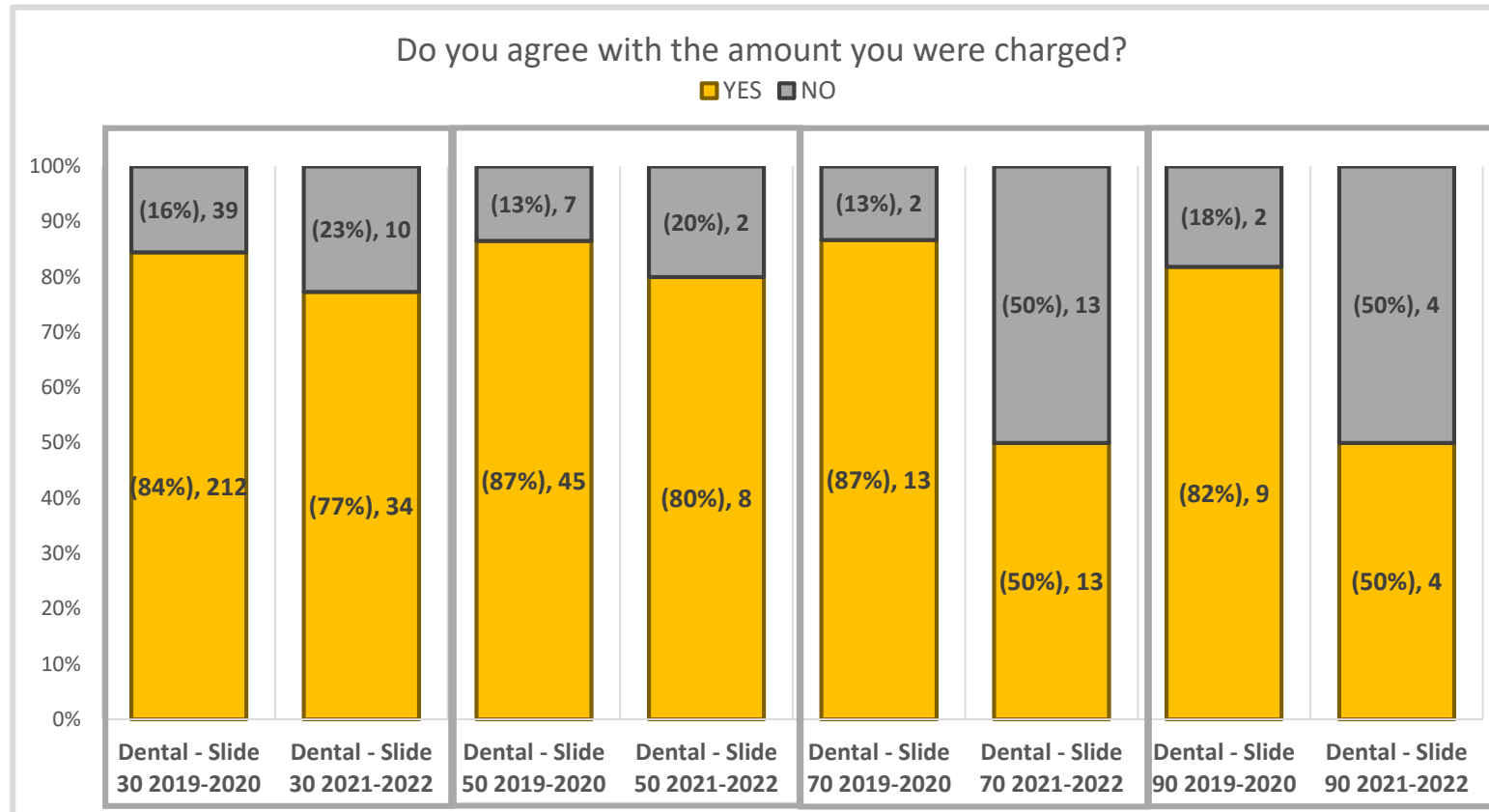
Sliding Fee Discount Program Evaluation 2019 -2022

MEDICAL, WOMENS HEALTH AND BEHAVIORAL HEALTH



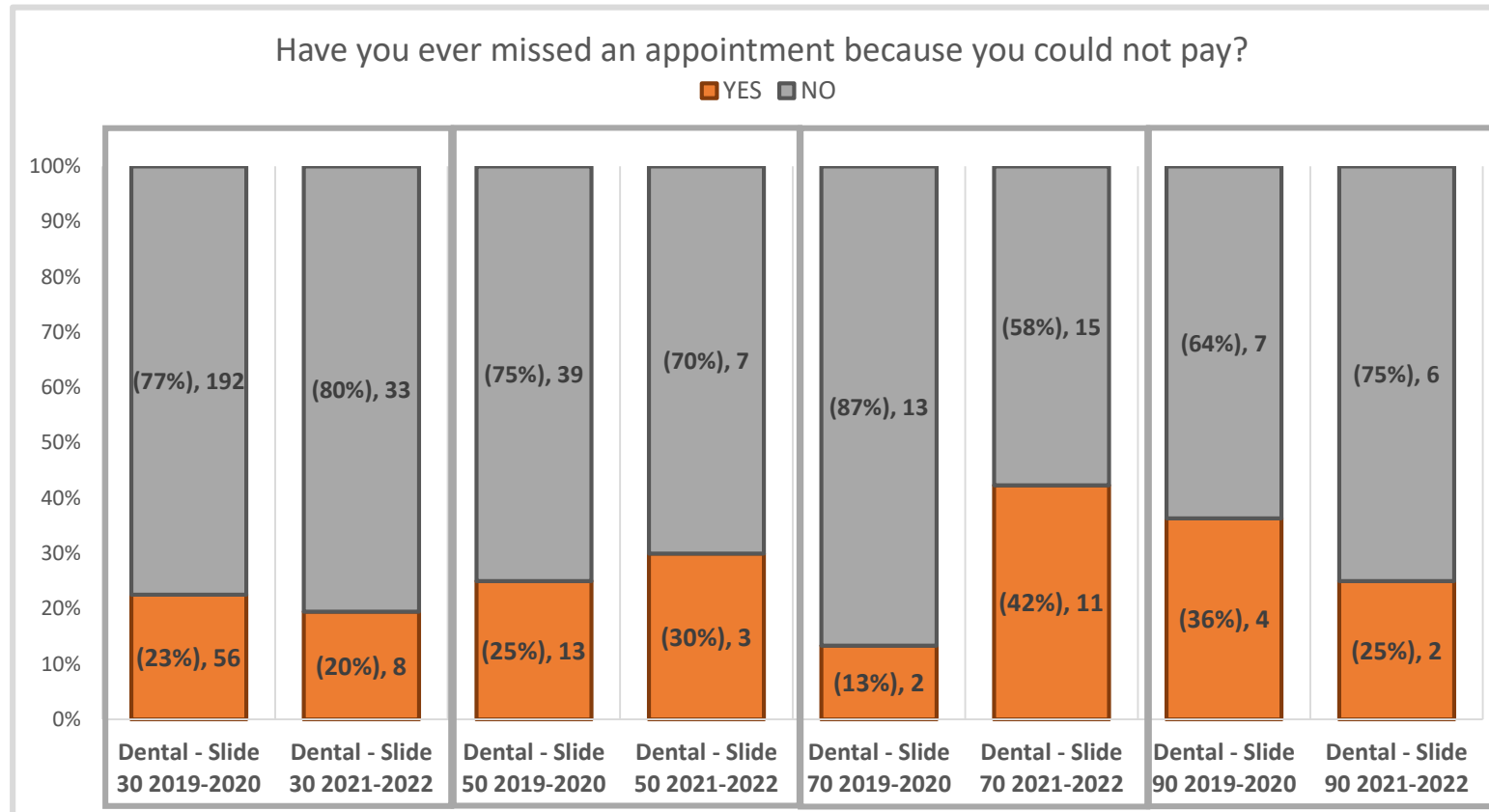
Sliding Fee Discount Program Evaluation 2019 -2022

DENTAL



Sliding Fee Discount Program Evaluation 2019 -2022

DENTAL



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

1. Description: Summary of Board Member Self-Evaluations

2. Summary:

This agenda item presents the Board's annual self-evaluation tally of results from September 2022.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics Board completes an annual self-evaluation yearly. Attached you will find the tally of results for 2022.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved

6. Recommendation:

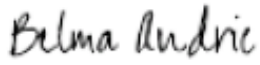
Staff recommends the Board receive and file the Summary of Board Member Self-Evaluations.

Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022



Dr. Belma Andric
VP, CMO & Executive Director Clinical Services

**Our Mission
Your Passion**



C. L. Brumbach Primary Care Clinics

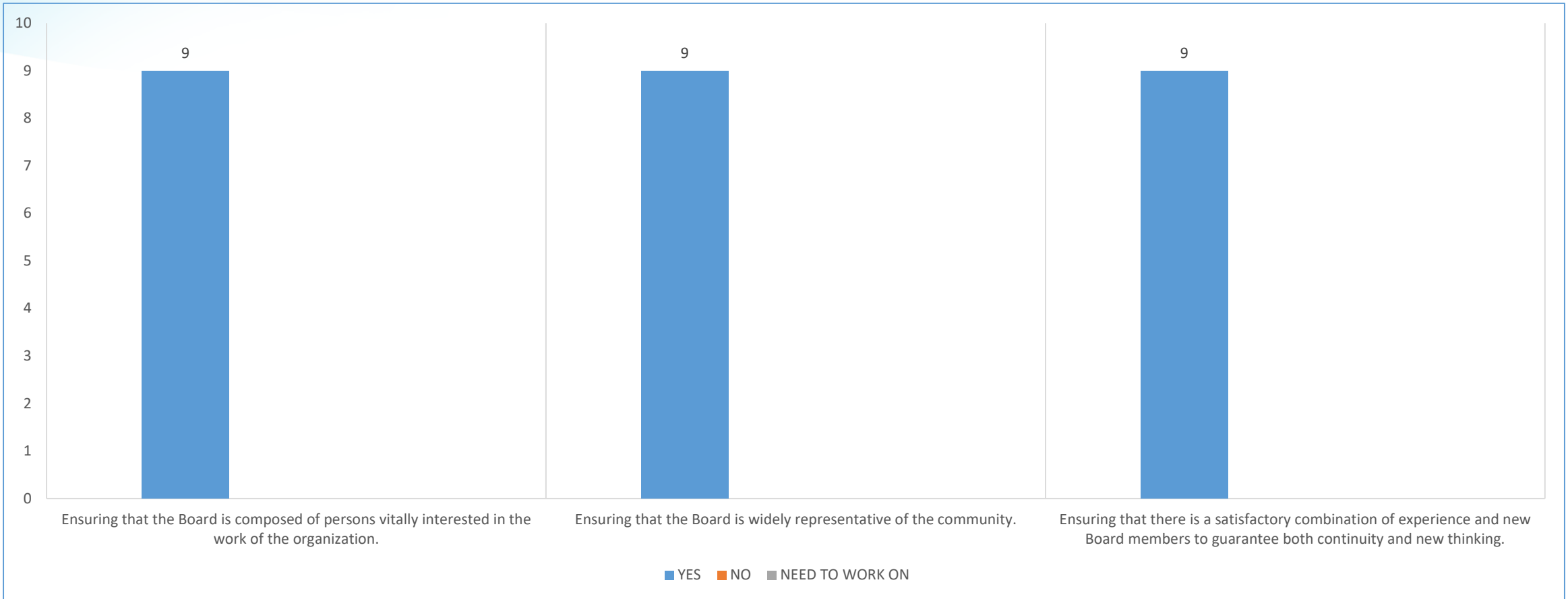
Board of Directors

Self-Evaluation
2022

Health Care District of Palm Beach County

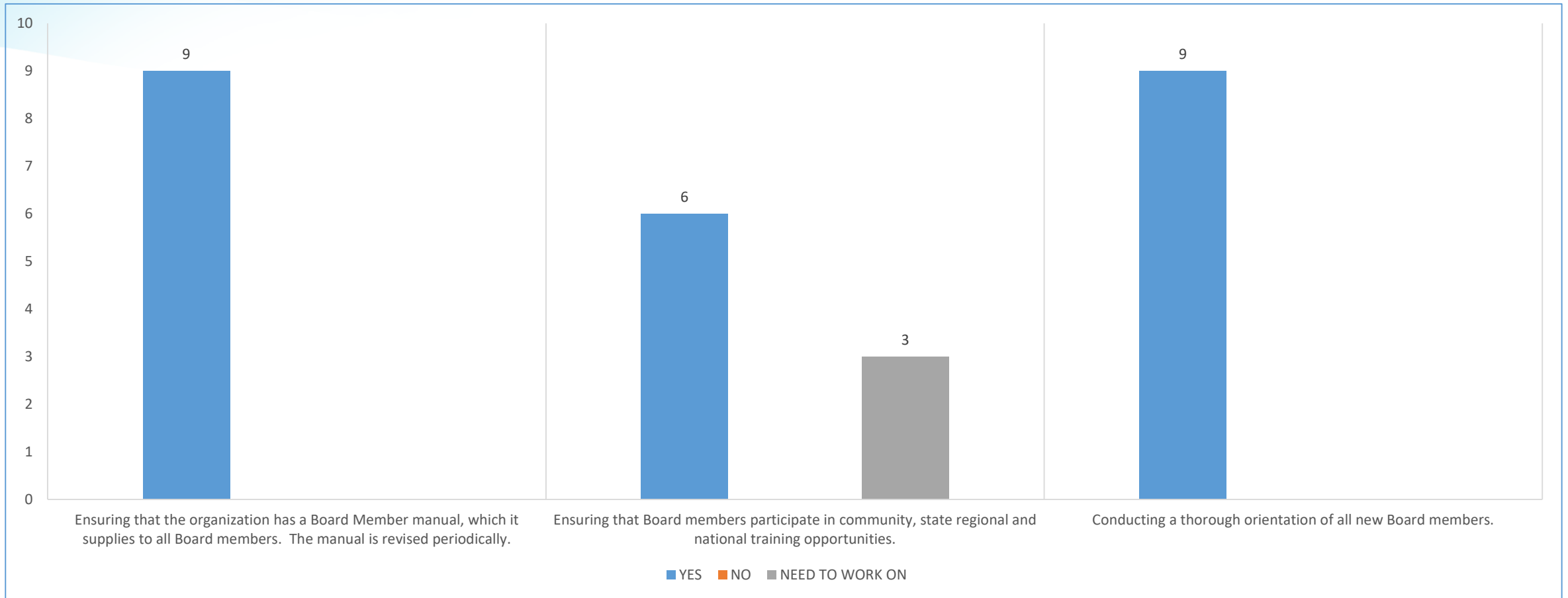


SELECTION AND COMPOSITION



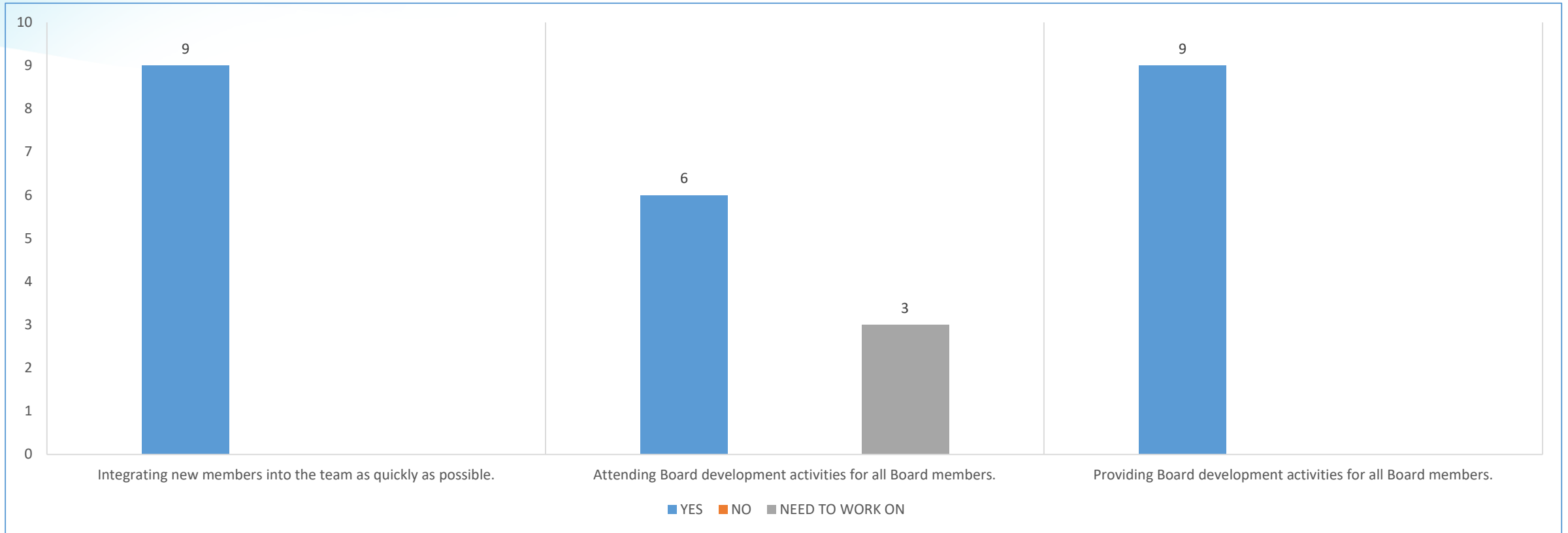


ORIENTATION AND TRAINING



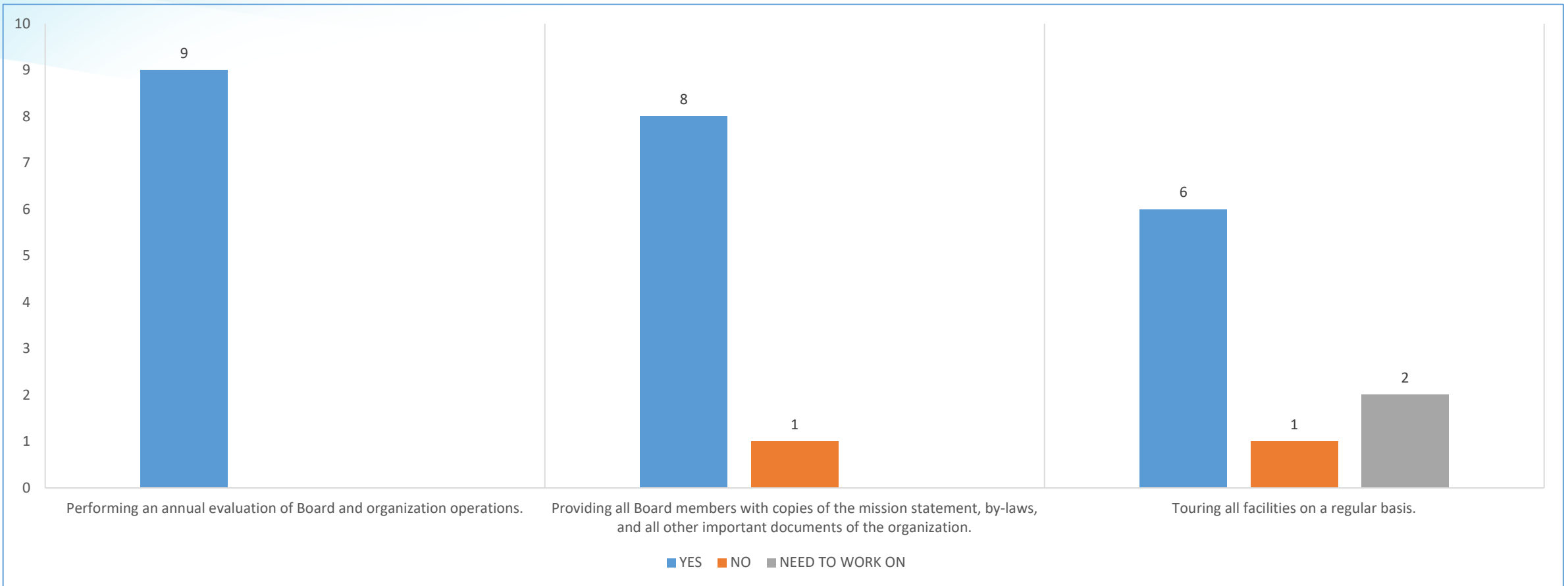


ORIENTATION AND TRAINING



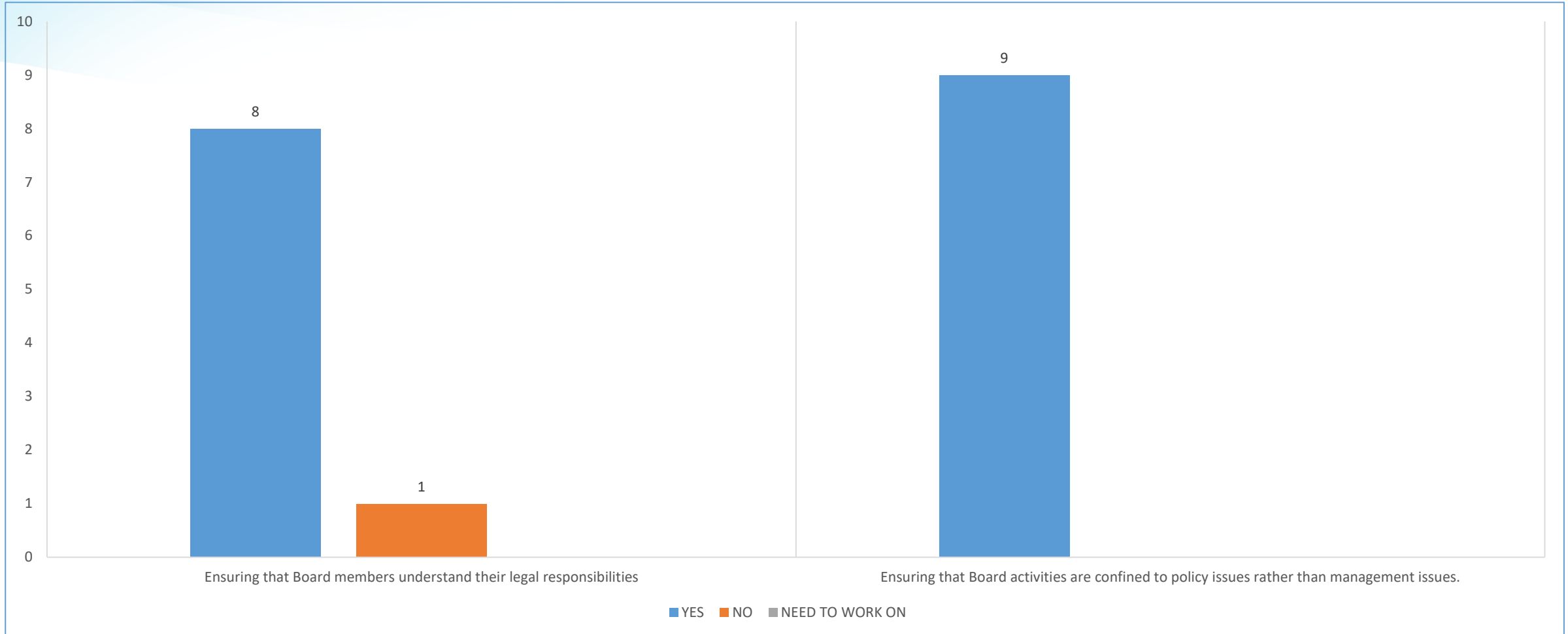


ORIENTATION AND TRAINING



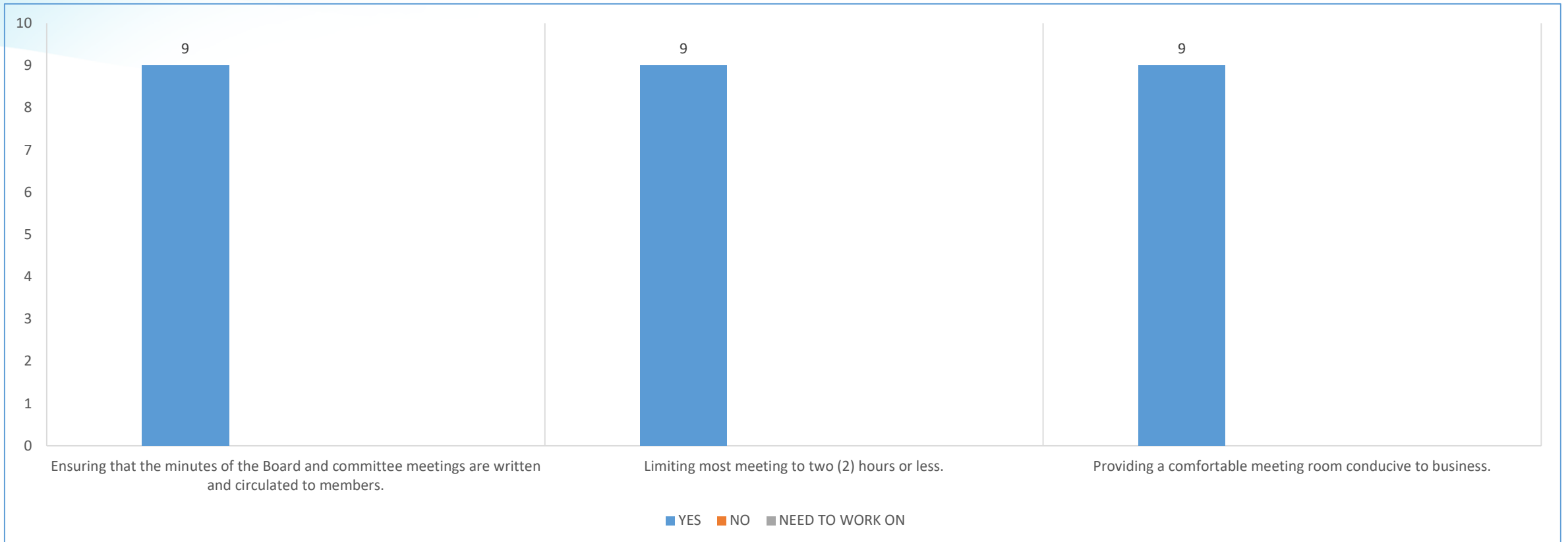


ORIENTATION AND TRAINING





OUR BOARD ENSURES GOOD MEETINGS BY



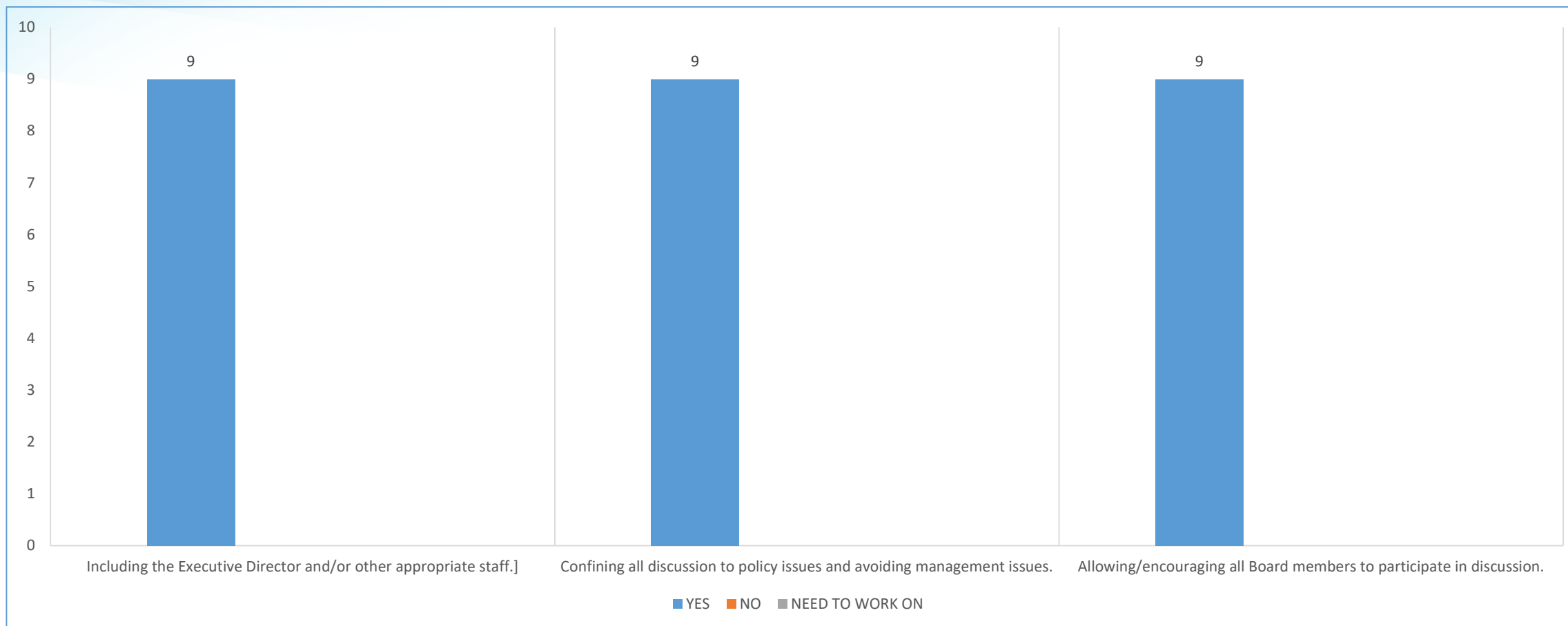


OUR BOARD ENSURES GOOD MEETINGS BY



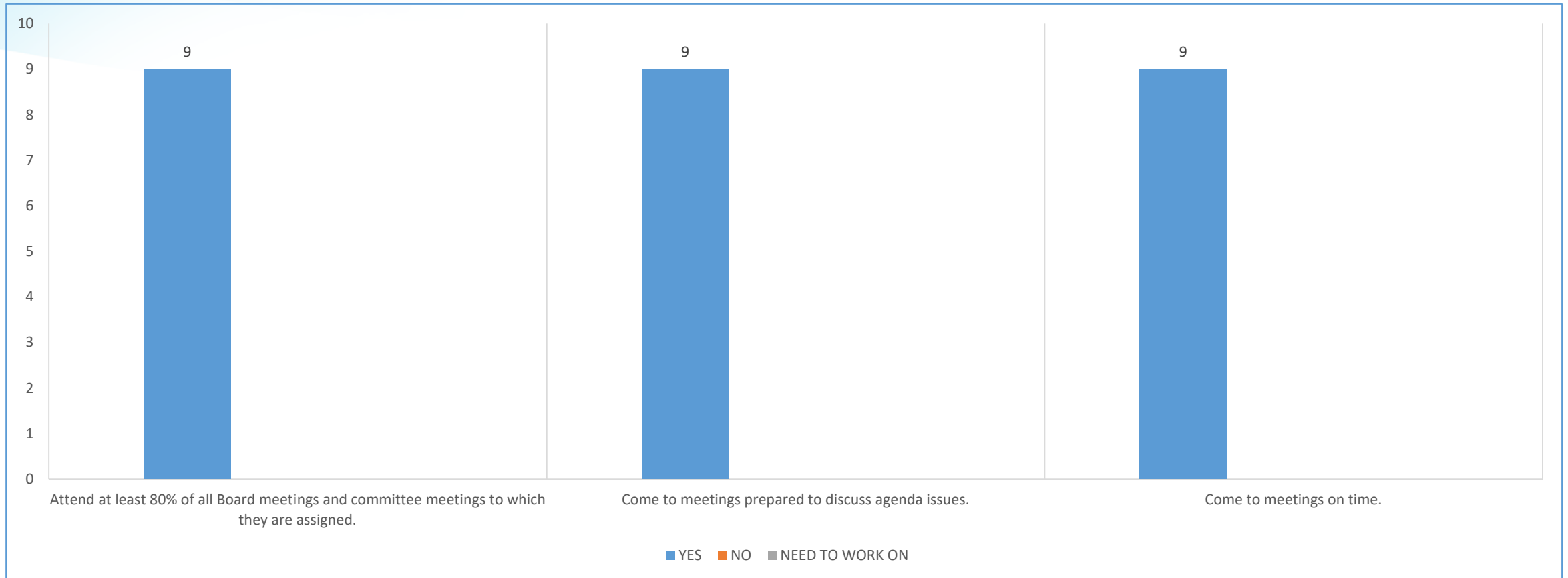


OUR BOARD ENSURES GOOD MEETINGS BY



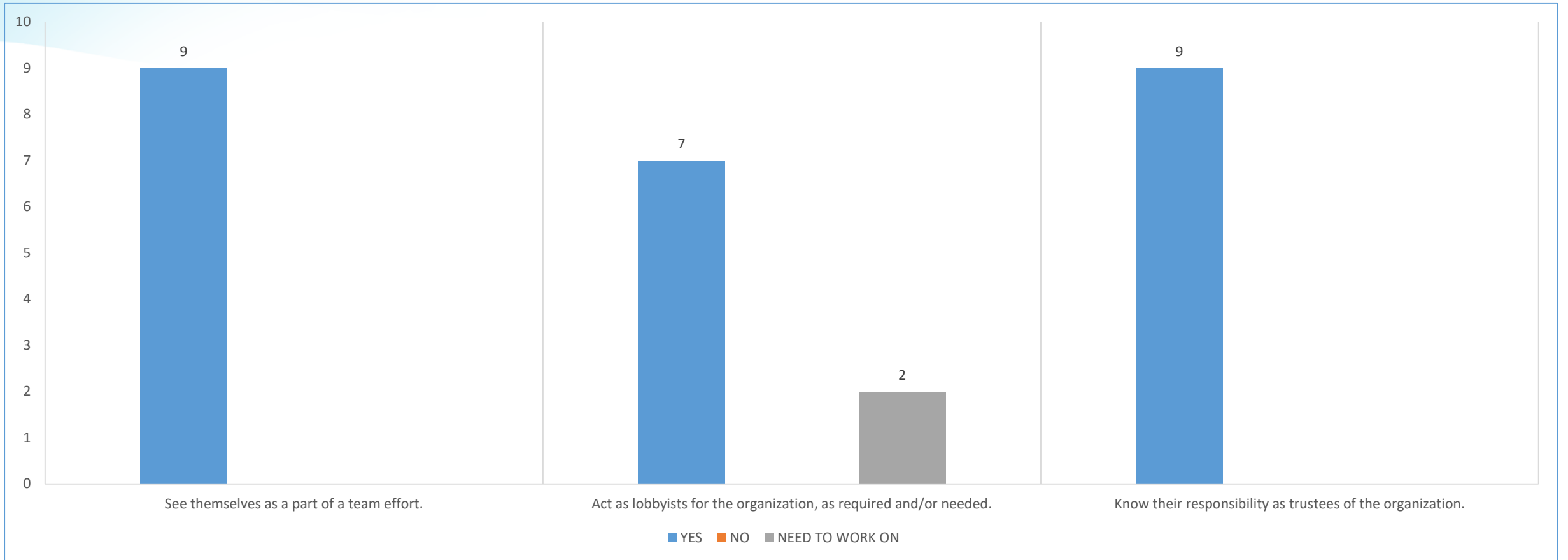


INDIVIDUAL BOARD MEMBERS



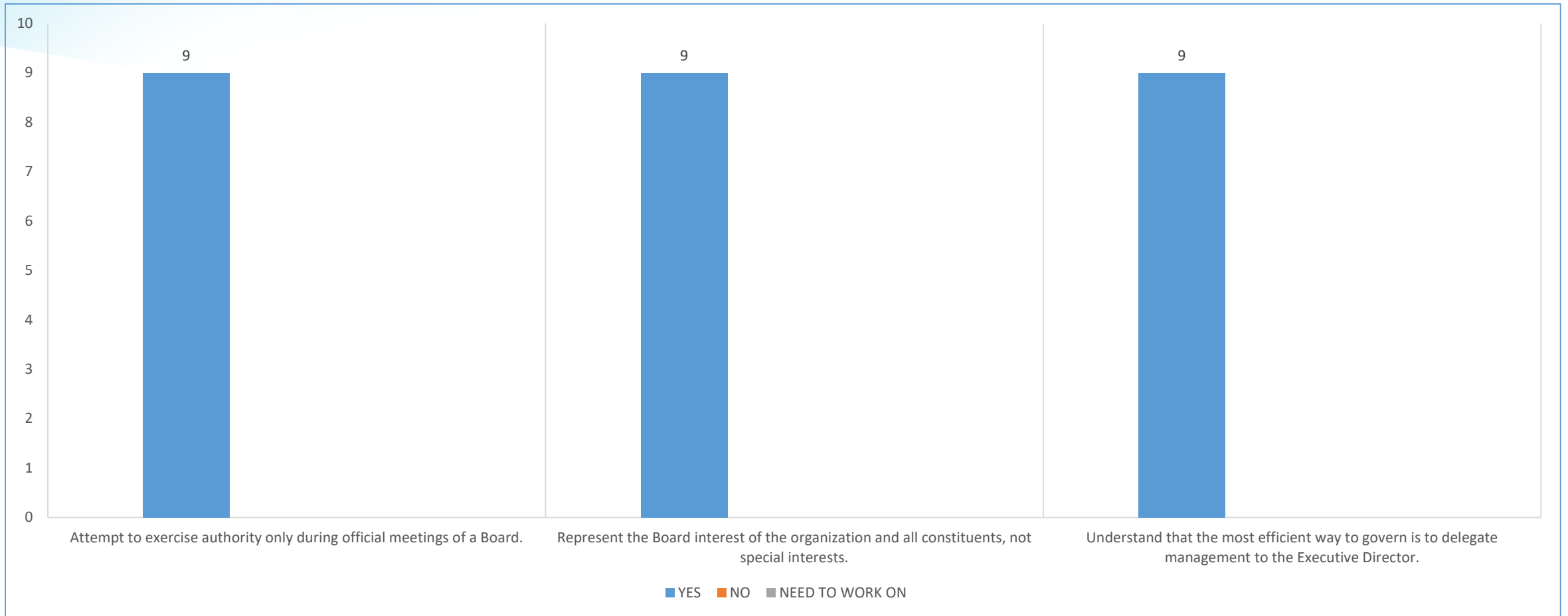


INDIVIDUAL BOARD MEMBERS



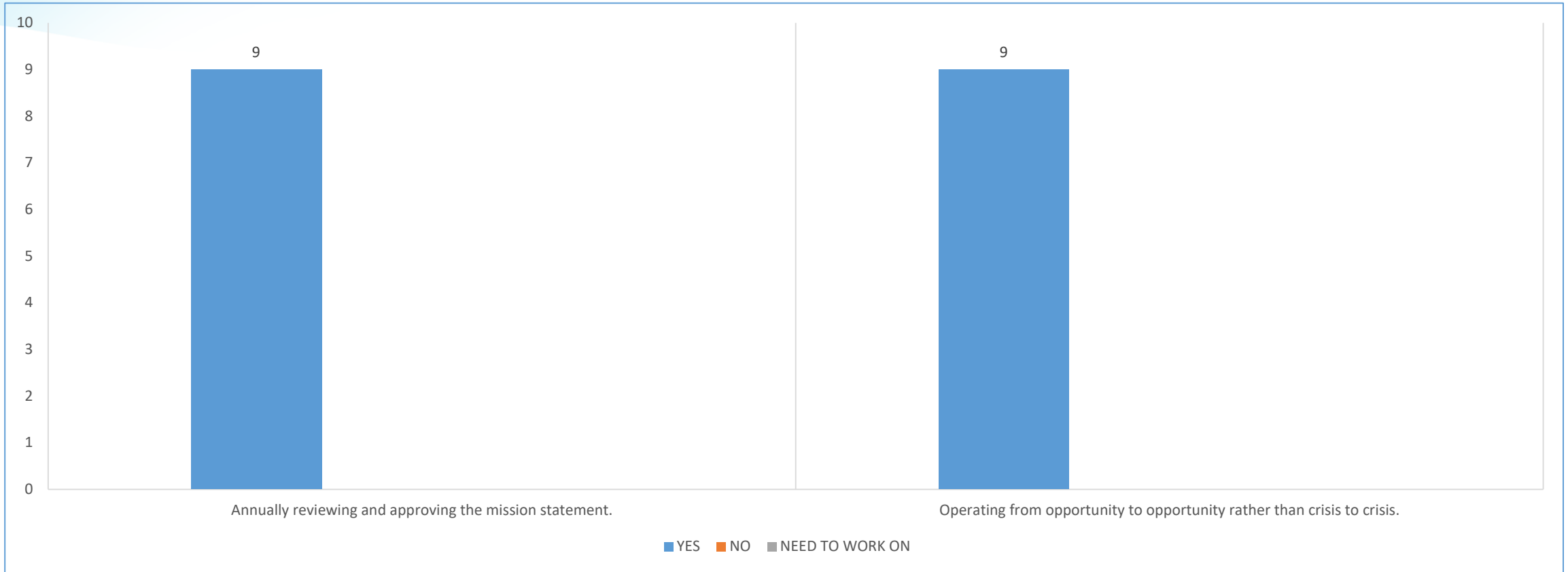


INDIVIDUAL BOARD MEMBERS





OUR BOARD PLANS FOR THE FUTURE OF THE ORGANIZATION BY





In which of the major categories above does our Board show real strength?

1. We do not try to micromanage.
2. Through its diversity of board members. Both culturally and professionally.
3. Advocacy
4. Our Board shows real strength in "Selection and Composition." Our board members are vitally interested in the work of the board in the community and members are widely representative of the community.
5. The Board shows strength in all categories.
6. The board agendas on the organization.
7. Representation & participation
8. We work together to help our community
9. Good prep and participation in Board meetings with productive and useful questioning and suggestions.



In which of the major categories above does our Board need improvement?

1. I need to visit a number of locations
2. "In keeping up with the challenges facing staff in a rapidly changing environment. Overall the board is doing well."
3. None of the major categories need improvement
4. I don't think any categories needs improvement.
5. Touring facilities and being more involved in community activities/events
6. I don't think our board needs improvement. We just need to work together and communicate with each other.
7. I think more information about what other centers are doing, implementing, or struggling with to make us more proactive. Are there National and/or State reports or newsletters used by centers to share successes and challenges?

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

1. Description: Executive Director Informational Update

2. Summary:

The Primary Care Clinics held their annual meeting on 11/4/2022.

3. Substantive Analysis:

Clinic Annual Meeting

On Thursday, 11/4/2022, the clinics held their annual meeting at Swank Specialty Produce & Farm in Loxahatchee, FL.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

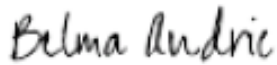
Staff recommends Board receive and file the Executive Director Informational Update.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Dr. Belma Andric
VP, CMO & Executive Director Clinical Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

The LIPs listed below completed the credentialing and privileges process and met the standards within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure, registration or certification
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)
- Immunization and PPD status; and
- Life support training (BLS)

Last Name	First Name	Degree	Specialty	Credentialing
Burrowes	Sharon	APRN	Nurse Practitioner	Initial Credentialing
Mitchell	Angela	LCSW	Licensed Clinical Social Worker	Recredentialing

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.

Sharon Burrowes, APRN, joined the West Palm Beach Clinic in 2022 as a Nurse Practitioner. She attended the Rutgers University of New Jersey. Ms. Burrowes is certified as a Psychiatric-Mental Health Nurse Practitioner by The American Nurses Credentialing Center. She has been in practice for four years.

Angela Mitchell, LCSW, joined the Mangonia Park Clinic in 2020 as a Licensed Clinical Social Worker. She attended Florida International University. Ms. Mitchell has been in practice for nineteen years.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Sharon Burrowes, APRN, Nurse Practitioner.

Staff recommends the Board approve the Recredentialing and privileging of Angela Mitchell, LCSW, Licensed Clinical Social Worker.


Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



Dr. Belma Andric
VP, CMO & Executive Director Clinical Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
NOVEMBER 29, 2022

1. Description: Quality Report

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Updates:

- Quality Council Meeting Minutes November 2022
- UDS Report – YTD
- Provider Productivity – October 2022

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

Patient safety and risk, including adverse events, peer review and chart review, are brought to the board "under separate cover" on a quarterly basis.

PATIENT SATISFACTION AND GRIEVANCES

Patient relations are to be presented as a separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

HPV Cancer Prevention: We have partnered with the American Cancer Society on a new HPV Quality Improvement (QI) Project. The project is focused on our pediatric patient's ages 9-13y. This project aims to increase HPV vaccination rates in this population to reduce the burden of HPV cancers in our community.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
NOVEMBER 29, 2022


5. Reviewed/Approved by Committee:

<p>N/A</p> <hr/>	<hr/>
<p>Committee Name</p>	<p>Date Approved</p>


6. Recommendation:

Staff recommends the Board approve the updated Quality Report.


Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



Dr. Belma Andric
VP, CMO & Executive Director of Clinic
Services

Quality Council Meeting Minutes

Date: November 4, 2022

Time: 1:00PM – 3:30PM

Attendees: Andrea Steele – Executive Director of Corporate Quality; Maria Chamberlin – Nurse Manager; Shauniel Brown – Senior Risk Manager; Dr. Sandra Warren – Associate Medical Director; Dr. John Cucuras – FQHC Dental Director; David Speciale – Patient Experience Director; Alexa Goodwin – Patient Relations Manager; Marisol Miranda – Director of Clinic Operations, Dr. Courtney Phillips - Director of Behavioral Health; Jonathan Dominique – Clinic Quality Analyst; Dr. Charmaine Chibar – FQHC Medical Director; Dr. Courtney Phillips - Director of Behavioral Health; Dr. Valena Grbic, Medical Director, District Cares; Carolina Foksinski, Operations Process Manager; Belma Andric – Chief Medical Officer; Nancy Gonzalez – Dental Program Director; Irene Garcia – Dental Quality Coordinator

Excused: Jonathan Dominique

Minutes by: Andrea Steele

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSI BLE PARTY</u>	<u>DATE</u>
PATIENT SAFETY & ADVERSE EVENTS				
OCCURENCES	<p><u>Report Summary</u></p> <p>The October 2022 Risk Management (Incident Reports) Tableau dashboard, showed a total of 57 reported events. 56 incidents and 1 good catches. Our highest reported locations were the Lantana Clinic (#10 and West Palm Beach Clinic (#10) clinics. which had a total of 35% of all reported events.</p> <p>Trends by Clinic: Incidents</p> <ol style="list-style-type: none"> 1. Belle Glade – _6_ 2. Boca – _4_ 3. Delray – _2_ 4. Jupiter – _1_ 5. Lake Worth- _8_ 6. Lantana – _10_ 			

	<div>7. Lewis Center – _1_ 8. Mangonia – _3_ 9. Mobile 1 Warrior – _0_ 10. Mobile Scout – _0_ 11. Mobile Hero – _0_ 12. West Palm Beach – 10_ (October Risk Report Summary presented with graphs.)</div>																																																			
UTILIZATION																																																				
OPERATIONS	<div><div>Productivity</div><div>The Clinics continue to see an increase in overall total billable visits since the start of the pandemic:</div><table><tr><th colspan="4">Productivity October 2022</th></tr><tr><th>Service Line</th><th>Target</th><th>Seen</th><th>% of Goal</th></tr><tr><td></td><td>In Person</td><td>In Person</td><td>Total</td></tr><tr><td>Adult Care</td><td>5,816</td><td>4,952</td><td>85%</td></tr><tr><td>Pediatrics</td><td>1,596</td><td>1,814</td><td>114%</td></tr><tr><td>Women’s Health</td><td>794</td><td>603</td><td>76%</td></tr><tr><td>Behavioral Health</td><td>775</td><td>728</td><td>94%</td></tr><tr><td>Substance Abuse</td><td>727</td><td>852</td><td>117%</td></tr><tr><td>Dental</td><td>2025</td><td>1992</td><td>98%</td></tr><tr><td>Dental Hygiene</td><td>749</td><td>793</td><td>106%</td></tr><tr><td>Residents</td><td>673</td><td>570</td><td>85%</td></tr><tr><td>Total</td><td>13,155</td><td>12,304</td><td>94%</td></tr></table><div>(Clinic productivity report with graphs were presented.)</div></div>	Productivity October 2022				Service Line	Target	Seen	% of Goal		In Person	In Person	Total	Adult Care	5,816	4,952	85%	Pediatrics	1,596	1,814	114%	Women’s Health	794	603	76%	Behavioral Health	775	728	94%	Substance Abuse	727	852	117%	Dental	2025	1992	98%	Dental Hygiene	749	793	106%	Residents	673	570	85%	Total	13,155	12,304	94%			
Productivity October 2022																																																				
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Residents	673	570	85%																																																	
Total	13,155	12,304	94%																																																	

	<p><u>Walk-ins</u> Medical</p> <ul style="list-style-type: none"> Scheduled: 7,890 Walk-Ins: 1,629 <p>Dental:</p> <ul style="list-style-type: none"> Scheduled: 2,386 Walk-Ins: 399 <p>(Report with graph presented.)</p>			
	<p><u>No Show Rates</u> No Show rates are trending downward and are at a rate of 19%; down 2% from this time last year.</p> <p>(Report with graph presented.)</p>			
PATIENT RELATIONS				
GRIEVANCES, COMPLAINTS & COMPLIMENTS	<p><u>Patient Relations Dashboard</u> For September 2022, there were a total of 13 Patient Relations Occurrences that occurred between 5 Clinics and Clinic Administration. Of the 13 occurrences, there was 1 Grievance and 12 Complaints. The top 5 categories were Care & Treatment, Finance, Communication, Physician and Referral Related issues. The top subcategory was Wait Time and Billing Issues with 3 occurrences in each. There was also a total of 115 compliments received across 6 Clinics and Clinic Administration.</p> <p><i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>			

<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey – September 2022</u></p> <p>From March 1st thru September 31st, the clinics sent 63,233 Patient Satisfaction surveys to patients, of which 22.9% of the surveys were opened and 4% were completed.</p> <p>For September 2022 there were 455 Patient Satisfaction Surveys completed which is a 14% decrease from the previous month and represents 4% of total patient visits for the month. The top 5 and lowest 5 scored-questions were presented. The Boca Clinic had the greatest rate of return at 14% of all visits provided. Of all surveys completed, 79% were scored Promoters and 8% detractors. Promoters remained the same and detractors increased 1% when compared to last month.</p> <p>Highest Promoters for September (* scores are at all-time high YTD):</p> <ul style="list-style-type: none"> • Quality of your Medical Care* • Care and concern of our nurses/medical assistants* • Things explained in a way you could understand* • Balancing personal interaction with you while using a laptop or computer* • Instructions given regarding medication/follow-up care* <p>Highest Detractors for September (** scores are at all-time low YTD):</p> <ul style="list-style-type: none"> • Your ability to contact us after hours • Your phone calls were answered promptly • Waiting time in the exam room 			
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	<ul style="list-style-type: none"> • Appointment available within a reasonable amount of time • Waiting time in the reception area** <p>September data presented including: rates of return by clinic, top promoter and detractor scores by clinic, patient comments by clinic. The Boca clinic had the highest rate of return and highest rate of Promoter scores. Trends over time presented as a clinic roll-up, by individual question and by clinic location.</p> <p><i>(Patient Satisfaction Survey PowerPoint presented.)</i></p>			
OUTBOUND CALL CAMPAIGNS	<p><u>Provider Reschedules</u></p> <p>In October 2022, The Clinic Service Center contacted 172 patients to reschedule their appointment. This was due to provider call-out or provider unavailable. This was a 63% decrease from the previous month where we rescheduled 458 patients.</p> <p><u>Outbound Campaigns</u></p> <p><i>Depression Remission</i></p> <p>In October 2022, The Clinic Service Center contacted 69 patients to get them into the Clinic for Depression Remission. Of the 69 patients, 27 already had an upcoming appointment, and 10 were scheduled for an appointment. Notes were added to the chart for the patients who already had forthcoming appointments.</p> <p><i>Outbound Call Activities</i></p> <p>In October 2022, The Clinic Service Center contacted a total of 20 patients for scheduling. Of the 20 patients, 12 were referrals received from Unite Us and 8 were</p>			

	<p>requested to be scheduled by the Glades Initiative Program.</p> <p><u>After Hours Call Return Summary Report – September 2022</u></p> <p>In October 2022, the Clinic Service Center returned 162 calls received from the After-Hours service. This was a 19% decrease from the previous month. After hours calls by Type, by Clinic, and by Department presented. Of the 162 after hours calls received 27 (17%) of the calls were paged out to the on-call provider for a clinical issue. All clinical issues were paged out. Trends over time reported.</p> <p><i>(Outbound Campaign PowerPoint presented.)</i></p>			
NEXT THIRD AVAILABLE	<p><u>Next Third Available</u></p> <p>The Next Third Available (NTA) report as of October 31, 2022 was presented by Clinic location and included all Departments associated and clinics. The report excludes “same day” appointment slots that are available each clinic Monday thru Friday. Monthly data and Trends over time data presented for each clinic and service line. A “decrease” is an improvement in NTA, whereas an “increase” is a lengthening of days wait for an appointment. Covering providers (*) are excluded from the analysis. Trends over time presented. Next Third available is generally decreasing (improving across all clinics)</p> <p><u>Women’s Health:</u></p> <p>LW: between 0 and 8 days. Decreased from last month (2/9 days)</p> <p>BG: between 4 and 30 days. Decreased from last month (29 days)</p>			

	<p><u>Belle Glade PCC*</u>: Providers: between 8 and 39 days wait. Increased compared to last month (6/23 days wait) Residents: between 9 and 44. Increased from last month (3/66 days wait) <u>Boca PCC</u>: 0 days wait. Same compared to last month <u>Delray Beach PCC</u>: Between 13 and 29 days wait. Increased compared to last month (5/32 days wait) <u>Jupiter PCC</u>: Between 7 and 78 days wait. Increased compared to last month (5/76 days wait) <u>Lake Worth PCC*</u>: Between 14 and 56 days wait. Decreased from last month (20/74 days wait) <u>Lantana PCC</u>: Adults: Between 11 and 86 days wait. Decreased from last month (40/94 days wait) Peds: Between 29 and 50 days wait. Increased from last month (26/45 days wait) <u>Lewis Center PCC</u>: Two (2) day wait. Decrease from last month (10 days). <u>Mangonia Park PCC</u>: Between 1 and 4 days wait. Decreased from last month (3/9 days wait) <u>WPB PCC</u>: Adults: Between 25 and 64 days wait. Increased compared to last month (1/45 days wait) Peds: Between 13 and 23 days wait. Decreased from last month (15/30 days wait) <u>Behavioral Health</u>: Mangonia Park: Between 0 and 1 days wait. Decreased compared to last month (0/19 days wait) Other Locations: 1 day (Lantana). Decreased from last month (0 day)</p>			
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	<p><u>Dental:</u></p> <p>New Adult (Comps)</p> <ul style="list-style-type: none"> • BG: 0 days wait. Same as last month • DB: 37 days wait. Increased from 34 days • WPB: 62 days wait. Increased from last month (57 days) <p>New Peds (Comps)</p> <ul style="list-style-type: none"> • BG: 0 day wait. Same as last month • LAN: Between 9/26 days wait. Increased from last month. (2/26) • WPB: 51 days wait. Increased from last month (42 days wait) <p>Dental Procedures</p> <ul style="list-style-type: none"> • BG: Between 0 days. Decreased from last month (6 days) • DB: 0 days wait. Same as last month • LAN: 6 days wait. Increased from last month (6 days) • WPB: 0 days wait. Decreased from month (2 days) <p>Hygiene:</p> <ul style="list-style-type: none"> • BG: Between 0/1 days wait. Decreased from last month (3/27) • DB: Between 2/77 days wait. Decreased from last month (2/77) • LAN: Between 0/1 days wait. Increased from last month (0/3) • WPB: Zero (0) day wait. Same as last month <p><i>(Third Next Available PowerPoint presented.)</i></p>			
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SFS DISCOUNT PROGRAM SURVEY	<p><u>Sliding Fee Scale Discount Program Survey</u></p> <p>The Clinic Service Center conducted a phone survey of each level of the Sliding Fee Scale by asking patients the following questions:</p> <ul style="list-style-type: none"> • Do you agree with the amount you were charged? (Y/N) • Have you ever missed an appointment because you could not pay? (Y/N) <ul style="list-style-type: none"> ▪ If yes for number 2, was the patient aware that we offer payment plans? (Y/N). • How can we better meet your health care needs? <p>There were 590 surveys completed. Dates of service ranged from July 2021 through July 2022. The rolled-up results show that the majority of patients (78%) agreed with the amount they paid. Most patients confirmed they have not missed an appointment due to not being able to pay. Our area of opportunity is to increase awareness about offering payment plans. Many patients reported they were happy with the services they received.</p> <p><i>(SFS Survey Results PowerPoint presented.)</i></p>			
QUALITY				
QUALITY AUDITS				
MEDICAL	<p><u>Hemoglobin A1C/Point of Care Testing</u></p> <p>The diabetes measure data for January-September 2022 shows that our patients are currently controlled at 71 % while 26% are uncontrolled (from 3,730 diabetic patients total) and 3 % of patients need data.</p> <p><i>(Report with graphs was presented.)</i></p>			

	<p><u>HPV</u> YTD Number of eligible patients (n=1651)</p> <p>Distribution of patient doses goes as follows (815 vaccines from Jan-September 2022)</p> <ul style="list-style-type: none"> • Dose 1 – 627 • Dose 2 – 170 • Dose 3 – 18 <p>There were 443 patients seen that were previously vaccinated for HPV</p> <p>349 Patients were Seen with No HPV vaccine or refusal consent on file.</p> <p><i>(Report with graphs was presented.)</i></p>			
	<p><u>FIT Test</u> It appears that Fit tests are not being returned as expected. However, our highest return rates were at 45% in the month of September.</p> <p><i>(Report with graph presented.)</i></p>			
	<p><u>Cervical Cancer Screening</u> Satisfied: 4703 (51%) Not met: 1469 (16%)</p> <p>Many women missed in having order dropped or cancer screening performed.</p>	<p>Dr. Ferwerda volunteered to hold a pap clinic on Saturday's.</p>	<p>Dr. Ferwerda</p>	<p>12/4/22</p>

	<i>(Report with graphs was presented.)</i>			
	<u>Breast Cancer Screening</u> Satisfied screenings – 54% Unsatisfied Screenings – 36% <i>(Report with graphs was presented.)</i>	Dr. Andric and team to meet about District Cares patients who need a mammogram.	Dr. Andric	12/4/22
DENTAL	<u>Dental Sealants</u> 95% (n=513) [JAN-SEPT 2022] 95% (111; n=117) September 2022 <i>(Report with graphs was presented.)</i>			
	<u>Same Day Extractions</u> (Limited Exams) Limited Exams (n= 287) Same Day Extractions: 135 (47% n=287) Returns (Follow-Up): Patients with a future extraction appointment type– 22 (8% n=287) Returned within 21 days for extraction 20 (91% n=22) Antibiotics Given: Patients without a future extraction appointment type 69 (24% n=287)			

	<p>Extraction not needed: non-emergent</p> <p>61 (21% n=287)</p> <p><i>(Report with graphs was presented.)</i></p>			
	<p>MDI/WHO – September 2022</p> <ul style="list-style-type: none"> – Total Well Visit Pediatric Patients 130 <ul style="list-style-type: none"> ○ Excluded from MDI 40 (31%; n=130) ○ Eligible MDI 90 (69%; n=130); – Total Pediatrician KPI Patients 90 <ul style="list-style-type: none"> ○ No MDI 15 (17% n=90) ○ MDI 75 (83% n=90) - Total WHO 35 (45% n=77) <ul style="list-style-type: none"> No WHO 42 (55% n=77) - WHO seen by Dentists 18 (51%; n=35) - WHO not seen by Dentists 17 (49%; n=35) 			
BEHAVIORAL HEALTH	<p><u>SBIRT:</u></p> <p>325 SBIRTs completed in September as opposed to 340 completed in August.</p>			
	<p><u>PHQ 2/9</u></p> <p>Total encounters with PHQ2/9: 5,786</p> <p>11% positive rate based on >10, or 1 or above, (n=654)</p> <p><i>(Report with graphs was presented.)</i></p>			
NURSING	<p><u>Higher Level of Care</u></p>			

	<p>96 ER referrals/91 patients were sent to the ER in the month of September. There were 5 patients with multiple orders in September. Upon review of the chart, the appropriateness of the order is being reviewed.</p> <p><i>(Report with graphs was presented.)</i></p>			
	<p><u>HIV Linkage to Care</u> 2 newly diagnosed patients reported this period.</p> <p>15 patients diagnosed with HIV since December 1, 2021.</p> <p>12 patients linked to care within 30 days.</p> <p>12/15 = 80%</p>			
PEER REVIEW	<p>Behavioral health: 53 charts were peer reviewed. 49 were evaluated as “within standard of care”, 0 were evaluated as, “Provider Self-identified Remediation” and 4 “Provider Education Required”, 0 were evaluated as “Inappropriate Care” and 0 were not categorized.</p>			
QUALITY METRICS				
<p><u>UDS September 2022</u></p> <p>Of the 16 UDS Measures: 10 Exceeded the HRSA Goal and 7 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal</i>)</p>				

Medical UDS Report	Adult Weight screening and follow up: (73% / 90%)			
	Breast Cancer Screening: (56%/60%)			
	Cervical Cancer Screening: (65% /65%)			
	Childhood immunization: (21%/ 60%)			
	Colorectal Cancer Screening: (46% / 82%)			
	Coronary Artery Disease CAD: (83% / 81%)			
	Dental Sealants: (95% / 75%)			
	Depression Remission: (21% / 14%)			
	Diabetes: (71% / 67%)			
	HIV Screening: (34% / 32%)			
	Hypertension: (69% / 80%)			
	Ischemic Vascular Disease (IVD): (77% / 86%)			
	Depression screening: (92% / 83%)			
	Depression screening (Homeless): (89% / 83%)			
	Tobacco use screening & cessation: (93% / 93%)			
	Weight assessment, Children & Adolescent: (92% /90%)			
Meeting Adjourned: 3:30PM				

UDS PROVIDER LEVEL QUALITY MEASURES 2022

Load Date
11/14/2022

Filters

OVERALL PERFORMANCE

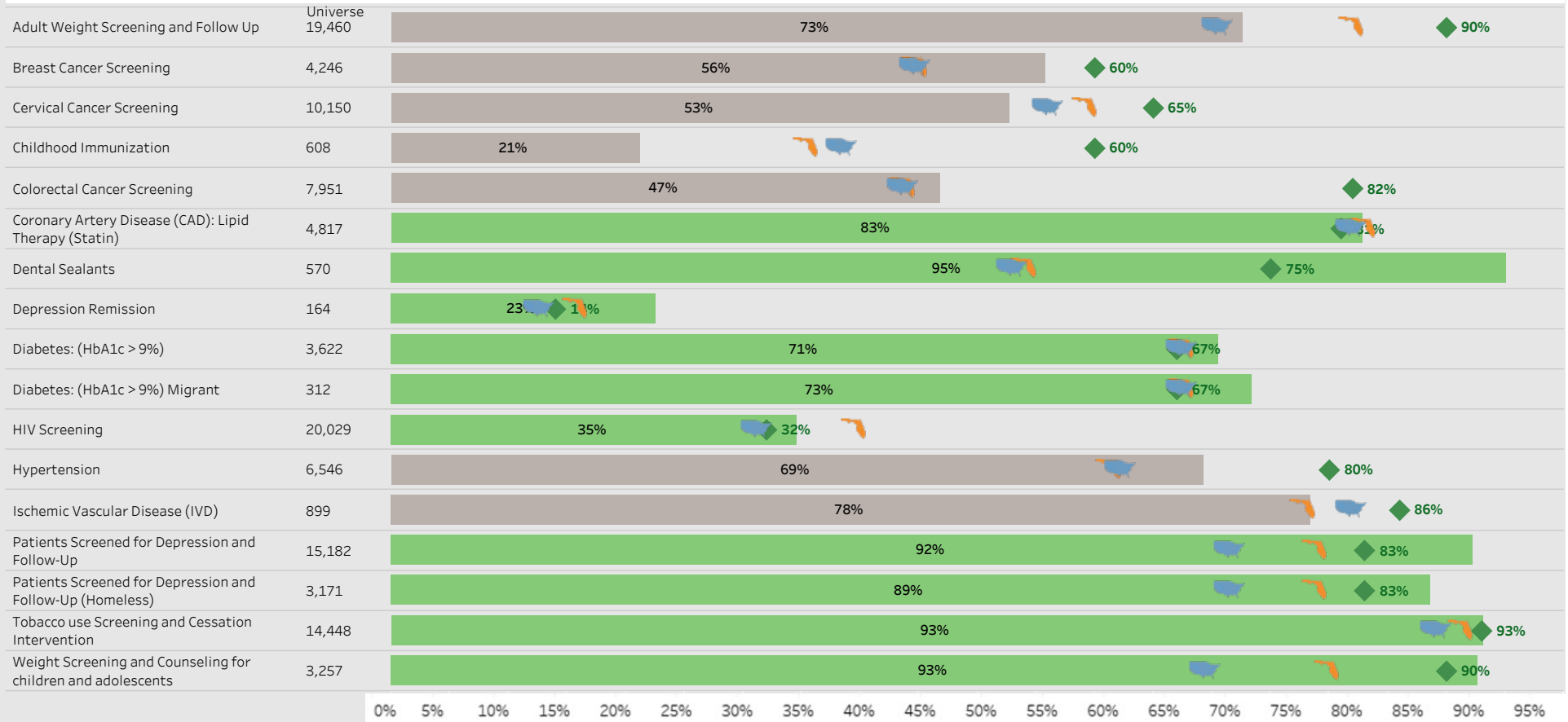
MET

Not Met

HRSA Goal

National Average

State Average



PRODUCTIVITY REPORT OCTOBER 2022

ALL PROVIDERS

AS 10/31/2022 Based on Completed Appointments

<51%

>=51% and < 80%

>= 80% and <100%

>= 100%

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen		% Monthly Target Achieved		Daily Average
			AM	PM	Total	AM	PM	Total	Total	
ALFONSO PUENTES, RAMIRO	17	20.5	223	129	352	192	96	288	82%	14.0
BUI, THY	17	22.0	241	136	377	175	153	328	87%	14.9
CASTIGLIA, SARAH	17	15.0	153	102	255	74	41	115	45%	7.7
DABU, DARNEL	17	12.5	121	83	204	83	47	130	64%	10.4
DORCE-MEDARD, JENNIFER	17	1.0	9	1	10	11	1	12	120%	12.0
DONNELL, MASON	** 4	5.0	11	8	19	11	8	19	100%	3.8
FERNANDEZ SANCHEZ, MARCO	15	21.5	205	120	325	176	120	296	91%	13.8
FLOREZ, GLORIA	*** 15	21.0	190	116	306	168	96	264	86%	12.6
HARBERGER, SENECA	*** 12	17.0	130	77	206	116	61	177	86%	10.4
JEAN-JACQUES, FERNIQUE	15	21.5	205	120	325	222	97	319	98%	14.8
KOOPMAN, REBECCA	15	16.0	152	90	242	203	58	261	108%	16.3
LAM, MINH DAI	15	21.5	212	114	326	223	102	325	100%	15.1
LANGLEY, TAMARA	** 14	20.5	171	104	275	136	71	207	75%	10.1
LARA SUAREZ, MARIA	** 8	17.0	86	58	144	89	52	141	98%	8.3
NAVARRO, ELSY	15	20.0	188	114	302	191	84	275	91%	13.8
NOUKELAK, GERMAINE	*** 15	21.5	202	118	320	182	98	280	87%	13.0
PEREZ, DANIEL JESUS	17	10.5	82	44	126	75	44	119	94%	11.3
PHILISTIN, KETELY	15	22.0	213	120	333	199	84	283	85%	12.9
PIERRE LOUIS, JOANN	15	19.5	187	108	295	164	82	246	83%	12.6
ST VIL, CARLINE	15	16.5	153	96	249	143	76	219	88%	13.3
STANEK, EVELINA	*** 10	19.5	126	82	208	117	69	186	90%	9.5
TAHERI, NERGESS	17	9.0	43	26	69	40	25	65	94%	7.2
WARREN, SANDRA	17	3.5	40	20	60	33	17	50	83%	14.3
WILKINSON, SARAH	15	21.0	197	120	317	143	69	212	67%	10.1
WILMOT, ALTHEA	** 8	20.5	99	62	161	82	50	132	82%	6.4
ZITO, AMALINETTE	17	0.5	9	0	9	3	0	3	33%	6.0
ADULT CARE TOTALS		416.0	3648	2169	5816	3,251	1,701	4,952	85%	

Avg New Provider * Shared Target

RESIDENCY PROGRAM										
PY1	6	24.5	80	51	131	85	64	149	114%	6.1
PY2	10	21.5	145	68	213	113	68	181	85%	8.4
PY3	14	23.0	211	119	330	139	101	240	73%	10.4
RESIDENTS TOTAL		69.0	436	237	673	337	233	570	85%	

PEDIATRIC CARE										
CLARKE-AARON, NOELLA	17	19.5	204	129	333	224	124	348	104%	17.8
DESSALINES, DUCLOS	17	18.5	194	122	316	235	120	355	112%	19.2
LAZARO RIVERA, NANCY	17	19.0	204	122	326	286	135	421	129%	22.2
MARZOUCA, KISHA F.	17	19.0	204	122	326	240	114	354	108%	18.6
NORMIL-SMITH, SHERLOUNE	17	17.5	184	110	293	215	121	336	115%	19.2
PEDIATRIC CARE TOTALS		93.5	989	606	1596	1,200	614	1,814	114%	

WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	***13	17.5	137	86	223	128	75	203	91%	11.6
FERWERDA, ANA	17	10.5	105	61	166	77	40	117	70%	11.1
FINLEY, NICOLE	*** 13	12.5	74	49	123	57	32	89	72%	7.1
PROPHETE, JOYCE	17	16.5	173	109	282	130	64	194	69%	11.8
WOMEN'S HEALTH CARE TOTALS		57	490	304	794	392	211	603	76%	

*** Shared Target

BEHAVIORAL HEALTH INTEGRATION										
LEQUERICA ZIEMBA, ADRIANA	6	16.0	58	38	96	75	71	146	153%	9.1
CALDERON, NYLSA	10	8.5	54	32	86	36	44	80	93%	9.4
JONES, KIARA	10	17.0	108	64	172	105	69	174	101%	10.2
LUCCHESI, KAREN	10	19.0	114	72	186	82	76	158	85%	8.3
CUSIMANO, ANGELA	12	20.0	144	91	235	84	86	170	72%	8.5
BH INTEGRATION TOTALS		80.5	478	297	775	382	346	728	94%	

BEHAVIORAL HEALTH ADDICTION										
PHILLIPS, COURTNEY	8	9.0	43	29	72	34	20	54	75%	6.0
PETER, AMANDA	**3	5.0	12	7	19	14	5	19	100%	3.8
HIRSCH, KAREN	***4	3.0	7	5	12	4	8	12	100%	4.0
MILETA, SNJEZANA	10	14.0	84	56	140	102	72	174	124%	12.4
MITCHELL, ANGELA	10	18.0	114	68	182	141	67	208	114%	11.6
REXACH, CLAUDIA	10	19.5	120	76	196	149	87	236	120%	12.1
LAWRENCE, MELISSA	10	10.5	66	40	106	96	53	149	141%	14.2
BH ADDICTION TOTALS		79	446	281	727	540	312	852	117%	

Avg New Provider *Modified target

DENTAL										
ABREU, MARIANA	** 7	4.0	17	11	28	18	10	28	100%	7.0
ALI, BUSHRA	*** 8	22.0	106	70	176	167	87	254	144%	11.5
ALWEHAIB, ARWA	*** 12	22.0	158	106	264	194	85	279	106%	12.7
BOWEN, BEVERLY	16	21.0	210	128	338	208	108	316	94%	15.0
CUCURAS, JOHN N	*** 12	12.0	86	58	144	111	39	150	104%	12.5
SEMINARIO, ADA	*** 12	19.0	137	91	228	150	65	215	94%	11.3
SOFIANOS, MICHAEL	16	16.0	162	96	258	169	74	243	94%	15.2
WILLIAMS, RICHARD	16	21.0	210	128	338	169	88	257	76%	12.2
ZANGENEH, YASMINE	*** 12	21.0	151	101	252	153	97	250	99%	11.9
DENTAL TOTALS		158.0	1236	788	2025	1,339	653	1,992	98%	

Avg New Provider *Modified target Shared or short staff

DENTAL HYGIENE										
MOZER NASCIMENTO, ARIANNE	8	20.5	101	64	165	100	73	173	105%	8.4
GARCIA, IRENE S.	8	2.0	10	6	16	7	4	11	69%	5.5
HARDCASTLE, CORINA	8	19.5	96	61	157	83	76	159	101%	8.2
MASON, SHERRY	8	20.5	101	64	165	88	65	153	93%	7.5
PETERSEN, PATRICE	8 / 16 MDI	15.0	182	64	246	80	217	297	121%	19.8
DENTAL HYGIENE TOTALS		77.5	490	259	749	358	435	793	106%	

GRAND TOTAL		1030.5	8,213	4,942	13,155	7,799	4,505	12,304	94%	
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PRODUCTIVITY REPORT OCTOBER 2022

ALL CLINICS

AS 10/31/2022 Based on Completed Appointments

<51%

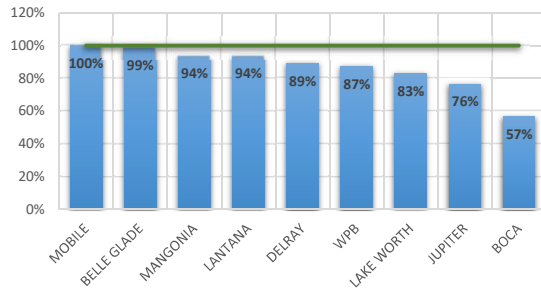
>=51% and < 80%

>= 80% and <100%

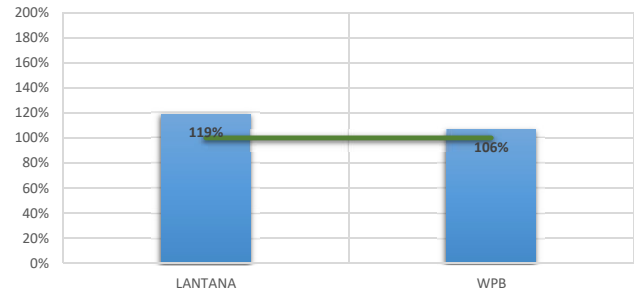
>= 100%

Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
AS 10/31/2022	AM	PM	Total	AM	PM	Total	
ADULT CARE	3,648	2,169	5,816	3,251	1,701	4,952	85%
PEDIATRIC CARE	989	606	1,596	1,200	614	1,814	114%
WOMEN'S HEALTH CARE	490	304	794	392	211	603	76%
BH INTEGRATION	478	297	775	382	346	728	94%
BH ADDICTION	446	281	727	540	312	852	117%
DENTAL HEALTH	1,236	788	2,025	1,339	653	1,992	98%
DENTAL HYGIENE	490	259	749	358	435	793	106%
RESIDENCY PROGRAM	436	237	673	337	233	570	85%
Grand Total	8,213	4,942	13,155	7,799	4,505	12,304	94%

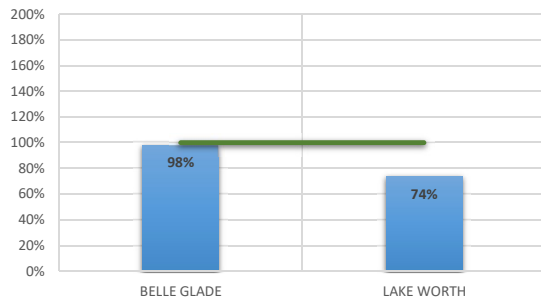
Adult Care



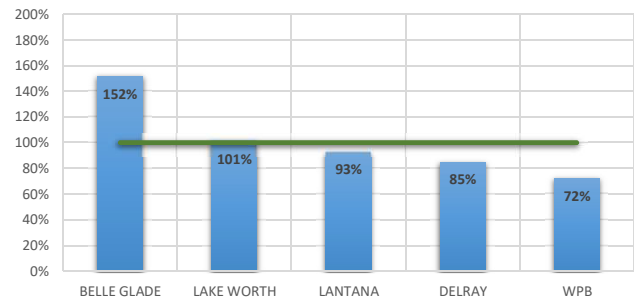
Pediatric Care



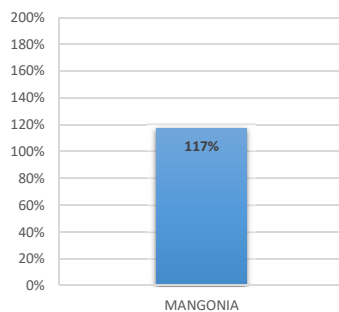
Women's Health Care



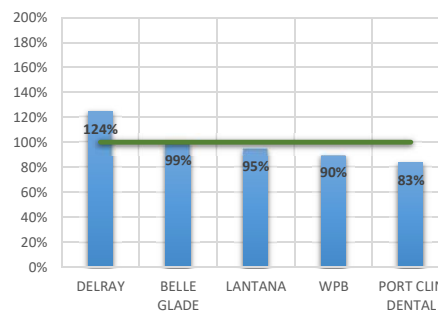
BH Integration



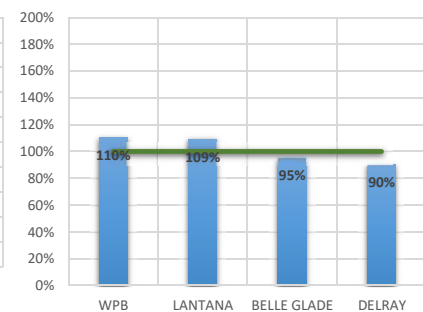
BH Addiction



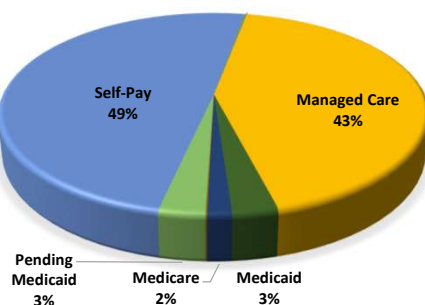
Dental



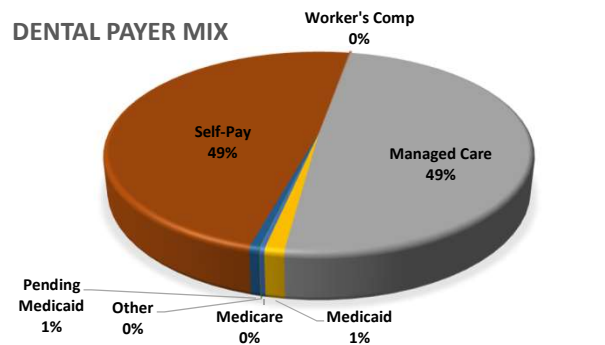
Dental Hygiene



MEDICAL PAYER MIX



DENTAL PAYER MIX



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
ADULT CARE												
ALFONSO PUENTES, RAMIRO	82%											
	288/352											
	♦											
BUI, THY	87%											
	328/377											
	♦											
CASTIGLIA, SARAH	45%											
	115/255											
	♦											
DABU, DARNEL	64%											
	130/204											
	♦											
DORCE-MEDARD, JENNIFER	120%											
	12/10											
	♦											
FERNANDEZ SANCHEZ, MARCO	91%											
	296/325											
	♦											
FLOREZ, GLORIA	86%											
	264/306											
	♦											
HARBERGER, SENECA	86%											
	177/206											
	♦											
JEAN-JACQUES, FERNIQUE	98%											
	319/325											
	♦											
KOOPMAN, REBECCA	108%											
	261/242											
	♦											
LAM, MINH DAI	100%											
	325/326											
	♦											
LANGLEY, TAMARA	75%											
	207/275											
	♦											
LARA SUAREZ, MARIA	98%											
	141/144											
	♦											
NAVARRO, ELSY	91%											
	275/302											
	♦											
NOUKELAK, GERMAINE	87%											
	280/320											
	♦											
PEREZ, DANIEL JESUS	94%											
	119/126											
	♦											
PHILISTIN, KETELY	85%											
	283/333											
	♦											

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
PIERRE LOUIS, JOANN	83%											
	246/295											
	•											
ST VIL, CARLINE	88%											
	219/249											
	•											
STANEK, EWELINA	90%											
	186/208											
	•											
TAHERI, NERGESS	94%											
	65/69											
	•											
WARREN, SANDRA	83%											
	50/60											
	•											
WILKINSON, SARAH	67%											
	212/317											
	•											
WILMOT, ALTHEA	82%											
	132/161											
	•											
ZITO, AMALINETTE	33%											
	3/9											
	•											
RESIDENTS	85%											
	570/673											
	•											
PEDIATRIC CARE	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
CLARKE-AARON, NOELLA	104%											
	348/333											
	•											
CHIBAR, CHARMAINE												
DESSALINES, DUCLOS	112%											
	355/316											
	•											
LAZARO RIVERA, NANCY	129%											
	421/326											
	•											
MARZOUCA, KISHA F.	108%											
	354/326											
	•											
NORMIL-SMITH, SHERLOUNE	115%											
	336/293											
	•											

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
WOMEN'S HEALTH CARE												
FERWERDA, ANA	70%											
	117/166											
	♦											
CASANOVA, JENNIFER	91%											
	203/223											
	♦											
FINLEY, NICOLE	72%											
	89/123											
	♦											
PROPHETE, JOYCE	69%											
	194/282											
	♦											
BEHAVIORAL HEALTH INTEGRATION												
CALDERON, NYLSA	93%											
	80/86											
	♦											
JONES, KIARA	101%											
	174/172											
	♦											
LUCCHESI, KAREN	85%											
	158/186											
	♦											
CUSIMANO, ANGELA	72%											
	170/235											
	♦											
LEQUERICA ZIEMBA, ADRIANA	153%											
	146/96											
	♦											
BEHAVIORAL HEALTH ADDICTION												
HIRSCH, KAREN	100%											
	12/12											
	♦											
MILETA, SNJEZANA	124%											
	174/140											
	♦											
MITCHELL, ANGELA	114%											
	208/182											
	♦											
LAWRENCE, MELISSA	141%											
	149/106											
	♦											
PHILLIPS, COURTNEY	75%											
	54/72											
	♦											

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
DENTAL												
ALWEHAIB, ARWA	106%											
	279/264											
	♦											
CUCURAS, JOHN N	104%											
	150/144											
	♦											
SEMINARIO, ADA	94%											
	215/228											
	♦											
BOWEN, BEVERLY	94%											
	316/338											
	♦											
SOFIANOS, MICHAEL	94%											
	243/258											
	♦											
ZANGENEH, YASMINE	99%											
	250/252											
	♦											
WILLIAMS, RICHARD	76%											
	257/338											
	♦											
HARDCASTLE, CORINA	101%											
	159/157											
	♦											
MASON, SHERRY	93%											
	153/165											
	♦											
GARCIA, IRENE S.	69%											
	11/16											
	♦											
PETERSEN, PATRICE	121%											
	297/246											
	♦											

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
PEREZ, DANIEL JESUS	17	7.0	34	30	64	26	34	60	94%	8.6
BUI, THY	17	0.5	9	0	9	7	0	7	78%	14.0
DORCE-MEDARD, JENNIFER	17	1.0	9	1	10	11	1	12	120%	12.0
PHILISTIN, KETELY	17	1.0	16	0	16	22	0	22	138%	22.0
TAHERI, NERGESS	8	9.0	43	26	69	40	25	65	94%	7.2
ADULT CARE TOTALS		18.5	110	58	168	106	60	166	99%	

RESIDENCY PROGRAM										
PY1	8	24.5	80	51	131	85	64	149	114%	6.1
PY2	12	21.5	145	68	213	113	68	181	85%	8.4
PY3	12	23	211	119	330	139	101	240	73%	10.4
RESIDENTS TOTALS		69	436	237	673	337	233	570	85%	

WOMEN'S HEALTH CARE										
FERWERDA, ANA	17	3.5	41	20	61	42	18	60	98%	17.1
WOMEN'S HEALTH CARE TOTALS		3.5	41	20	61	42	18	60	98%	

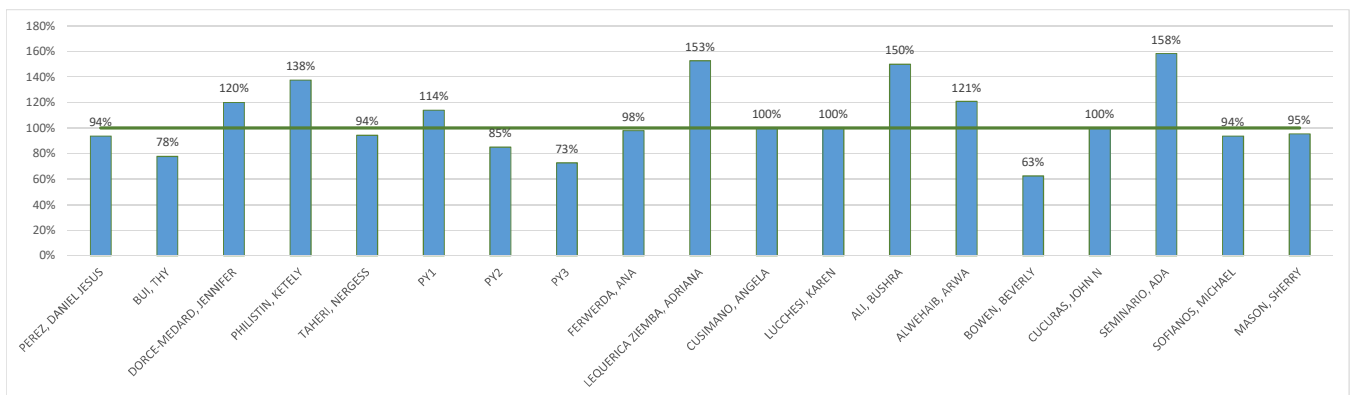
BEHAVIORAL HEALTH INTEGRATION										
LEQUERICA ZIEMBA, ADRIANA	5	16	58	38	96	75	71	146	153%	9.1
CUSIMANO, ANGELA	12	0.5	0	1	1	0	1	1	100%	2.0
LUCCHESI, KAREN	10	0.5	1	0	1	1	0	1	100%	2.0
BH INTEGRATION TOTALS		17	59	39	98	76	72	148	152%	

BEHAVIORAL HEALTH ADDICTION										
BH ADDICTION TOTALS		0	0	0	0	0	0	0		

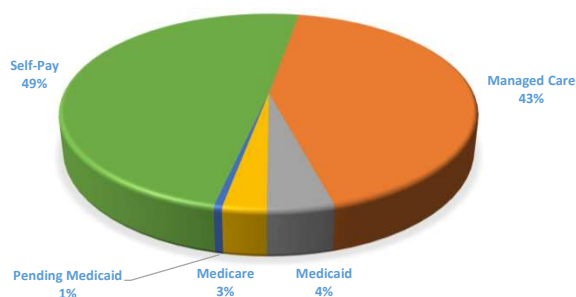
DENTAL										
ALI, BUSHRA	8	1.0	5	3	8	9	3	12	150%	12.0
ALWEHAIB, ARWA	12	2.0	14	10	24	18	11	29	121%	14.5
BOWEN, BEVERLY	16	0.5	8	0	8	5	0	5	63%	10.0
CUCURAS, JOHN N	12	1.0	7	5	12	10	2	12	100%	12.0
SEMINARIO, ADA	12	1.0	7	5	12	12	7	19	158%	19.0
SOFIANOS, MICHAEL	16	15.5	154	96	250	162	72	234	94%	15.1
DENTAL TOTALS		21.0	195	118	314	216	95	311	99%	

DENTAL HYGIENE										
MASON, SHERRY	8	7.5	38	22	61	36	22	58	95%	7.7
DENTAL HYGIENE TOTALS		7.5	38	22	61	36	22	58	95%	

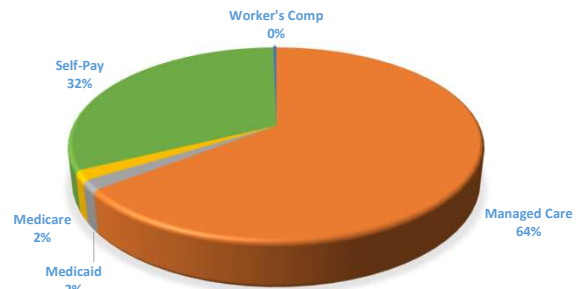
GRAND TOTAL		136.5	879	495	1,375	813	500	1,313	96%	
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MEDICAL PAYER MIX



DENTAL PAYER MIX



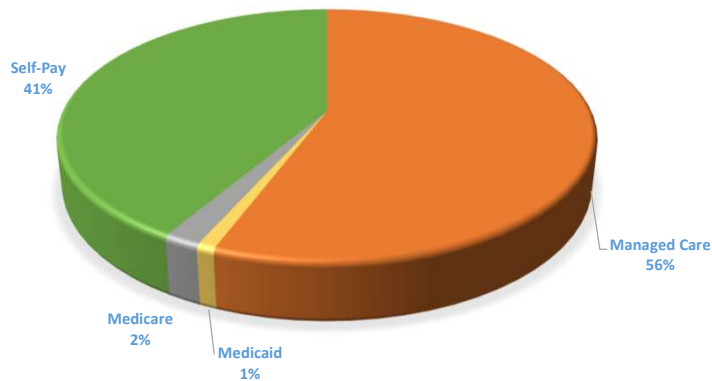
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
WILKINSON, SARAH	15	20.5	189	120	309	137	69	206	67%	10.0
CASTIGLIA, SARAH	17	15.0	153	102	255	74	41	115	45%	7.7
ADULT CARE TOTALS		35.5	342	222	564	211	110	321	57%	

BEHAVIORAL HEALTH ADDICTION										
BH ADDICTION TOTALS		0.0	0	0	0	0	0	0		

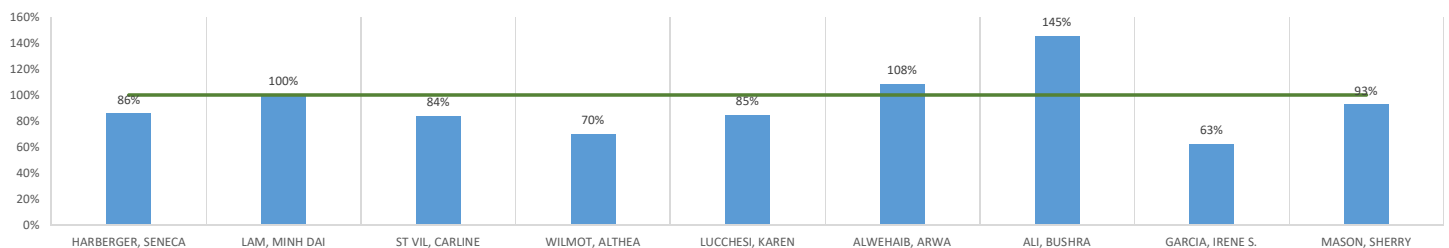
GRAND TOTAL	35.5	342	222	564	211	110	321	57%		
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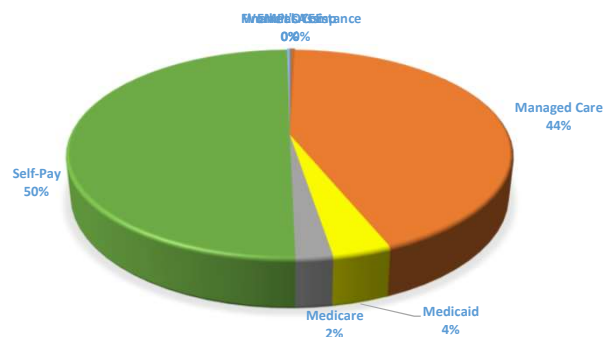
MEDICAL PAYER MIX



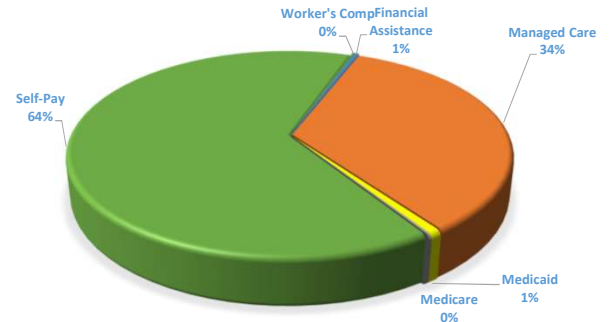
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
HARBERGER, SENECA	12 ***	17	130	77	206	116	61	177	86%	10.4
LAM, MINH DAI	15	22	212	114	326	223	102	325	100%	15.1
ST VIL, CARLINE	15	13	117	72	189	103	56	159	84%	12.7
WILMOT, ALTHEA	10 ***	7.0	58	39	97	42	26	68	70%	9.7
ADULT CARE TOTALS		58	517	302	818	484	245	729	89%	
***Avg Share Target										
BEHAVIORAL HEALTH INTEGRATION										
LUCCHESI, KAREN	10	18.5	113	72	185	81	76	157	85%	8.5
BH INTEGRATION TOTALS		18.5	113	72	185	81	76	157	85%	
BEHAVIORAL HEALTH ADDICTION										
BH ADDICTION TOTALS		0	0	0	0	0	0	0		
DENTAL										
ALWEHAIB, ARWA	12	17	122	82	204	151	70	221	108%	13.0
ALI, BUSHRA	8	19	91	61	152	143	78	221	145%	11.6
DENTAL TOTALS		36	214	142	356	294	148	442	124%	
DENTAL HYGIENE										
GARCIA, IRENE S.	8	1	5	3	8	3	2	5	63%	5.0
MASON, SHERRY	8	12	58	38	96	48	41	89	93%	7.4
DENTAL HYGIENE TOTALS		13	62	42	104	51	43	94	90%	
GRAND TOTAL		126	906	558	1,463	910	512	1,422	97%	



MEDICAL PAYER MIX

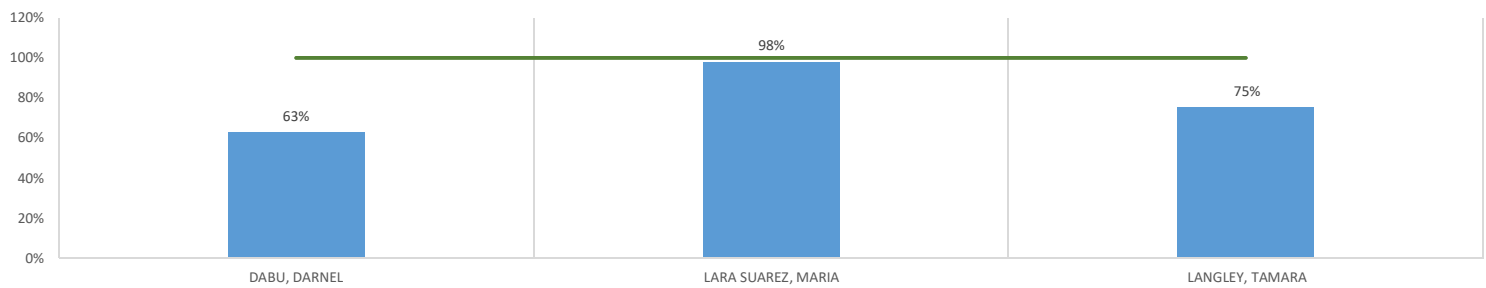


DENTAL PAYER MIX

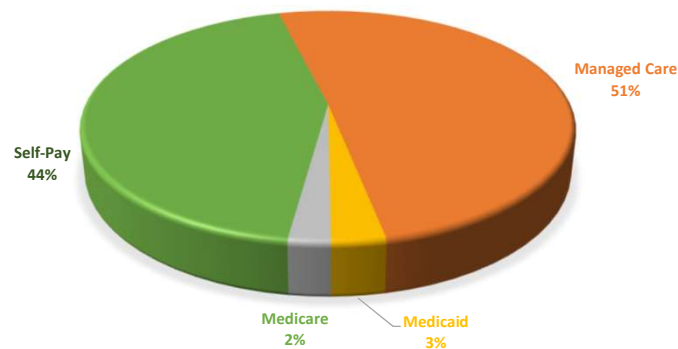


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
DABU, DARNEL	16	12.0	112	83	195	75	47	122	63%	10.2
LARA SUAREZ, MARIA	** 8	16.5	85	58	143	88	52	140	98%	8.5
LANGLEY, TAMARA	** 14	20.5	171	104	275	136	71	207	75%	10.1
ADULT CARE TOTALS		49	368	245	613	299	170	469	76%	
**Avg New Provider										
BEHAVIORAL HEALTH INTEGRATION										
BH INTEGRATION TOTALS		0	0	0	0	0	0	0		
BEHAVIORAL HEALTH ADDICTION										
BH ADDICTION TOTALS		0	0	0	0	0	0	0		

GRAND TOTAL	49	368	245	613	299	170	469	76%	
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MEDICAL PAYER MIX



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
ALFONSO PUENTES, RAMIRO	17	15.5	172	95	267	149	70	219	82%	14.1
WARREN, SANDRA	17	3.5	40	20	60	33	17	50	83%	14.3
PHILISTIN, KETELY	15	21.0	197	120	317	177	84	261	82%	12.4
WILMOT, ALTHEA	** 5	4.5	16	7	23	15	8	23	100%	5.1
PIERRE LOUIS, JOANN	15	19.5	187	108	295	164	82	246	83%	12.6
ADULT CARE TOTALS		64.0	612	351	962	538	261	799	83%	

**Avg New Provider

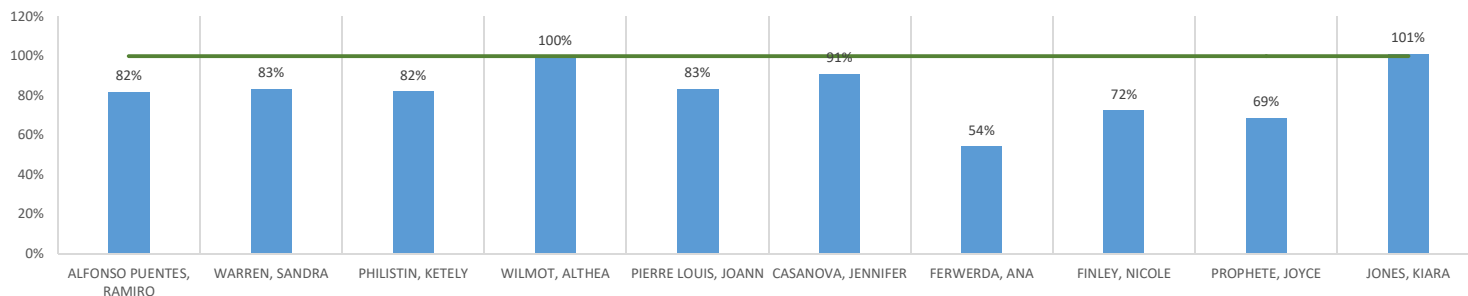
WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	***13	17.5	137	86	223	128	75	203	91%	11.6
FERWERDA, ANA	17	7	64	41	105	35	22	57	54%	8.1
FINLEY, NICOLE	** 13	12.5	74	49	123	57	32	89	72%	7.1
PROPHETE, JOYCE	17	16.5	173	109	282	130	64	194	69%	11.8
WOMEN'S HEALTH CARE TOTALS		53.5	449	284	733	350	193	543	74%	

**Avg New Provider

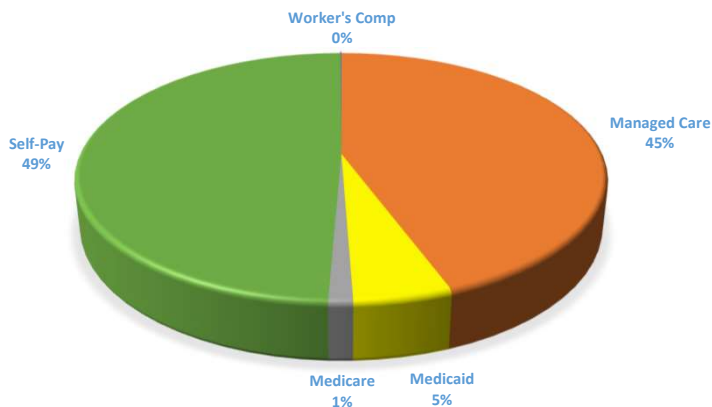
BEHAVIORAL HEALTH INTEGRATION										
JONES, KIARA	10	17	108	64	172	105	69	174	101%	10.2
BH INTEGRATION TOTALS		17	108	64	172	105	69	174	101%	

BEHAVIORAL HEALTH ADDICTION										
BH ADDICTION TOTALS		0	0	0	0	0	0	0		

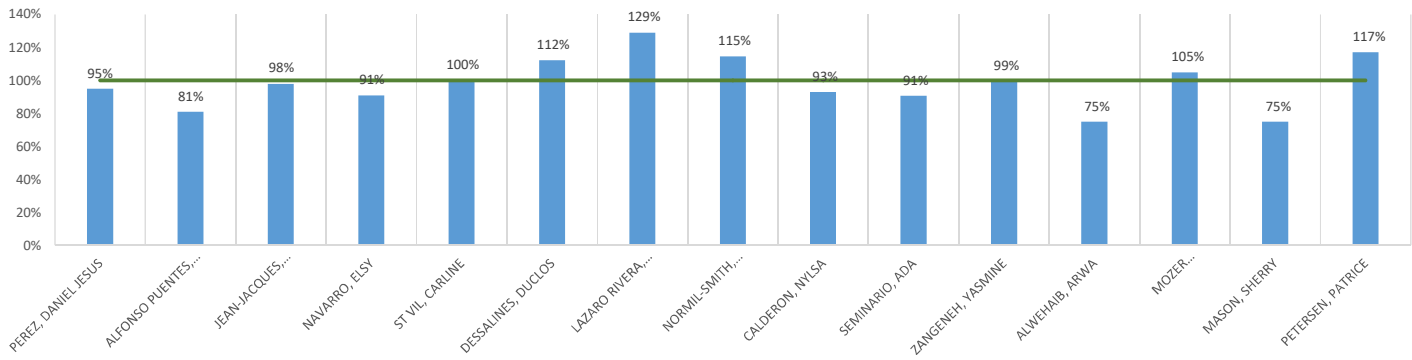
GRAND TOTAL	134.5	1,169	699	1,868	993	523	1,516	81%		
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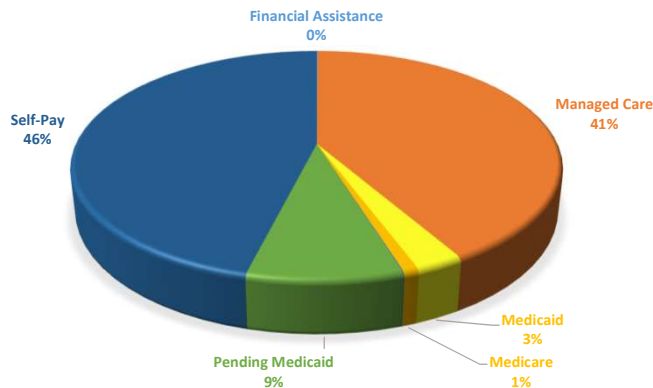
MEDICAL PAYER MIX



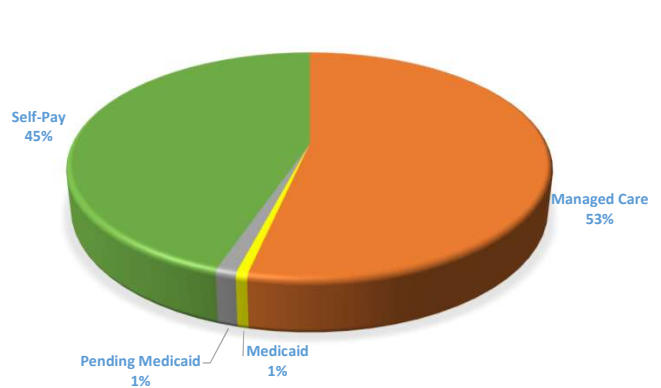
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
PEREZ, DANIEL JESUS	17	3.5	49	14	62	49	10	59	95%	16.9
ALFONSO PUENTES, RAMIRO	17	5.0	51	34	85	43	26	69	81%	13.8
JEAN-JACQUES, FERNIQUE	15	21.5	205	120	325	222	97	319	98%	14.8
NAVARRO, ELSY	15	20.0	188	114	302	191	84	275	91%	13.8
ST VIL, CARLINE	15	4.0	36	24	60	40	20	60	100%	15.0
ADULT CARE TOTALS		54	529	306	834	545	237	782	94%	
PEDIATRIC CARE										
DESSALINES, DUCLOS	17	18.5	194	122	316	235	120	355	112%	19.2
LAZARO RIVERA, NANCY	17	19	204	122	326	286	135	421	129%	22.2
NORMIL-SMITH, SHERLOUNE	17	17.5	184	110	293	215	121	336	115%	19.2
PEDIATRIC CARE TOTALS		55	581	355	936	736	376	1,112	119%	
BEHAVIORAL HEALTH INTEGRATION										
CALDERON, NYLSA	10	8.5	54	32	86	36	44	80	93%	9.4
BH INTEGRATION TOTALS		8.5	54	32	86	36	44	80	93%	
BEHAVIORAL HEALTH ADDICTION										
BH ADDICTION TOTALS		0	0	0	0	0	0	0		
DENTAL										
SEMINARIO, ADA	12	18	130	86	216	138	58	196	91%	10.9
ZANGENEH, YASMINE	12	21	151	101	252	153	97	250	99%	11.9
ALWEHAIB, ARWA	12	1	7	5	12	9	0	9	75%	9.0
DENTAL TOTALS		40	288	192	480	300	155	455	95%	
DENTAL HYGIENE										
MOZER NASCIMENTO, ARIANNE	8	20.5	101	64	165	100	73	173	105%	8.4
MASON, SHERRY	8	1.0	5	3	8	4	2	6	75%	6.0
PETERSEN, PATRICE	16	7.5	77	38	115	23	112	135	117%	18.0
DENTAL HYGIENE TOTALS		29	182	106	288	127	187	314	109%	
GRAND TOTAL		186.5	1,634	990	2,624	1,744	999	2,743	105%	



MEDICAL PAYER MIX



DENTAL PAYER MIX

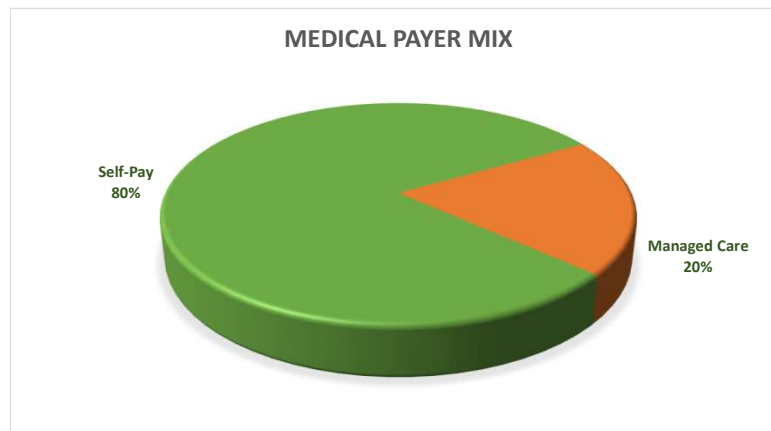
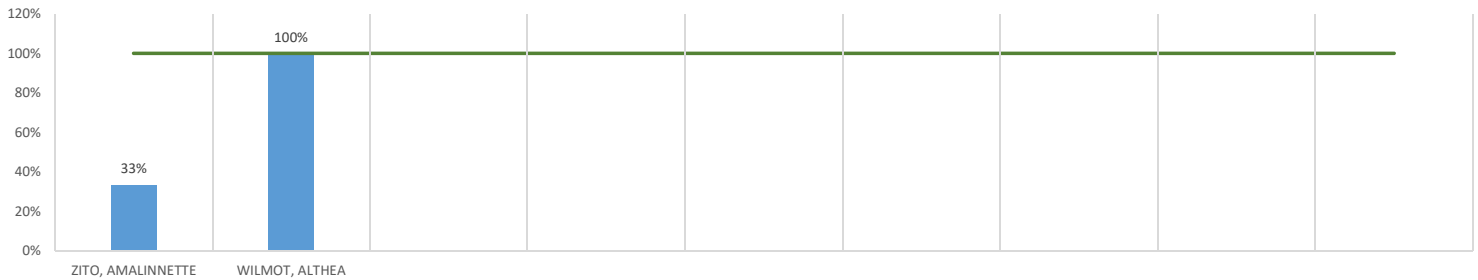


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
ZITO, AMALINNETTE	9	0.5	9	0	9	3	0	3	33%	6.0
WILMOT, ALTHEA	1	2	2	0	2	1	1	2	100%	1.0
ADULT CARE TOTALS		2.5	11	0	11	4	1	5	45%	

BEHAVIORAL HEALTH INTEGRATION										
BH INTEGRATION TOTALS		0	0	0	0	0	0	0		

BEHAVIORAL HEALTH ADDICTION										
BH ADDICTION TOTALS		0	0	0	0	0	0	0		

GRAND TOTAL		2.5	11	0	11	4	1	5	45%	
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MANGONIA

PRODUCTIVITY REPORT OCTOBER 2022

AS 10/31/2022 Based on Completed Appointments

<51% >=51% and < 80% >= 80% and <100% >= 100%

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
BUI, THY	17	21.5	232	136	368	168	153	321	87%	14.9
KOOPMAN, REBECCA	15	16.0	152	90	242	203	58	261	108%	16.3
DONNELL, MASON	** 4	5.0	11	8	19	11	8	19	100%	3.8
FERNANDEZ SANCHEZ, MARCO	15	21.5	205	120	325	176	120	296	91%	13.8
ADULT CARE TOTALS			64.0	600	354	954	558	339	897	94%

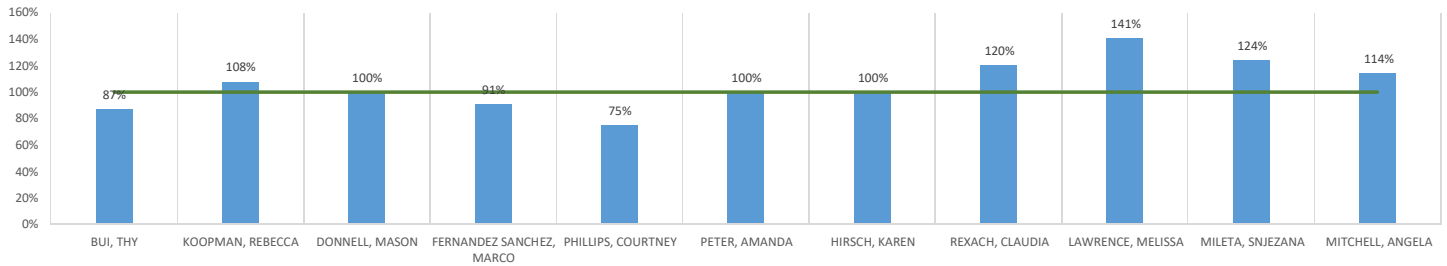
**Avg New Provider

BEHAVIORAL HEALTH INTEGRATION										
BH INTEGRATION TOTALS			0.0	0	0	0	0	0	0	

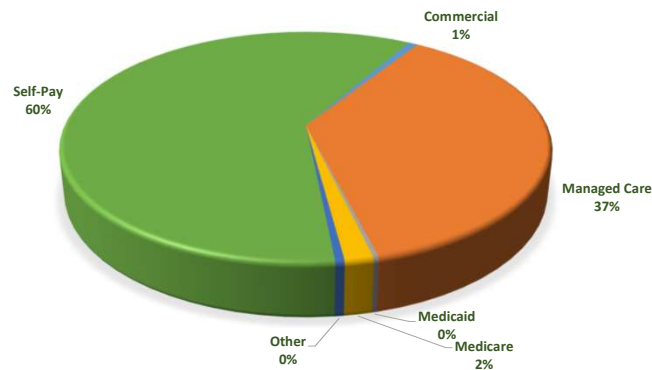
BEHAVIORAL HEALTH ADDITION										
PHILLIPS, COURTNEY	8	9.0	43	29	72	34	20	54	75%	6.0
PETER, AMANDA	3	5.0	12	7	19	14	5	19	100%	3.8
HIRSCH, KAREN	***4	3.0	7	5	12	4	8	12	100%	4.0
REXACH, CLAUDIA	10	19.5	120	76	196	149	87	236	120%	12.1
LAWRENCE, MELISSA	10	10.5	66	40	106	96	53	149	141%	14.2
MILETA, SNJEZANA	10	14.0	84	56	140	102	72	174	124%	12.4
MITCHELL, ANGELA	10	18.0	114	68	182	141	67	208	114%	11.6
BH ADDITION TOTALS		79.0	446	281	727	540	312	852	117%	

***Modified target

GRAND TOTAL		143.0	1,046	635	1,681	1,098	651	1,749	104%	
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MEDICAL PAYER MIX



WEST PALM BEACH PRODUCTIVITY REPORT OCTOBER 2022

AS 10/31/2022 Based on Completed Appointments

<51%

>=51% and < 80%

>= 80% and <100%

>= 100%

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
FLOREZ, GLORIA	*** 15	21.0	190	116	306	168	96	264	86%	12.6
DABU, DARNEL	17	0.5	9	0	9	8	0	8	89%	16.0
NOUKELAK, GERMAINE	*** 15	21.5	202	118	320	182	98	280	87%	13.0
WILKINSON, SARAH	15	0.5	8	0	8	6	0	6	75%	12.0
STANEK, EWELINA	11	19.5	126	82	208	117	69	186	90%	9.5
ADULT CARE TOTALS		63	535	316	851	481	263	744	87%	

Avg New Provider *Avg Share Target

PEDIATRIC CARE										
CLARKE-AARON, NOELLA	17	19.5	204	129	333	224	124	348	104%	17.8
MARZOUCA, KISHA F.	17	19.0	204	122	326	240	114	354	110%	18.6
PEDIATRIC CARE TOTALS		38.5	408	252	660	464	238	702	106%	

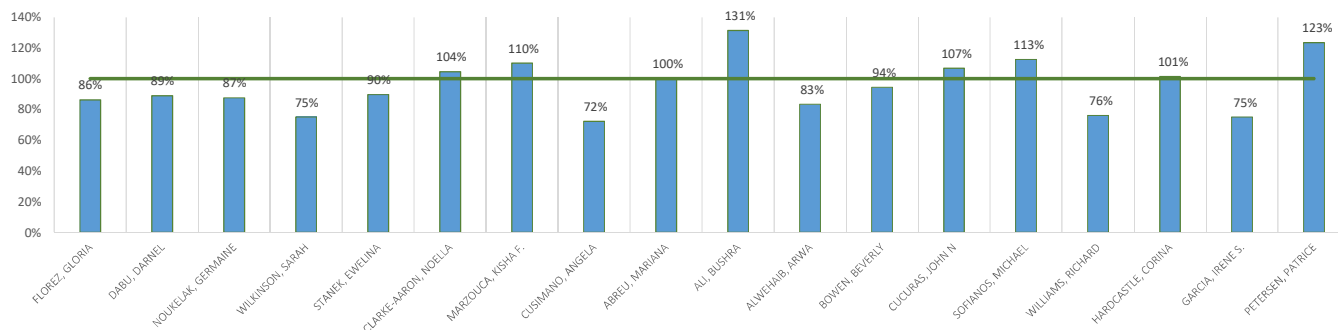
BEHAVIORAL HEALTH INTEGRATION										
CUSIMANO, ANGELA	12	19.5	144	90	234	84	85	169	72%	8.7
BH INTEGRATION TOTALS		19.5	144	90	234	84	85	169	72%	

BEHAVIORAL HEALTH ADDICTION										
BH ADDICTION TOTALS		0	0	0	0	0	0	0		

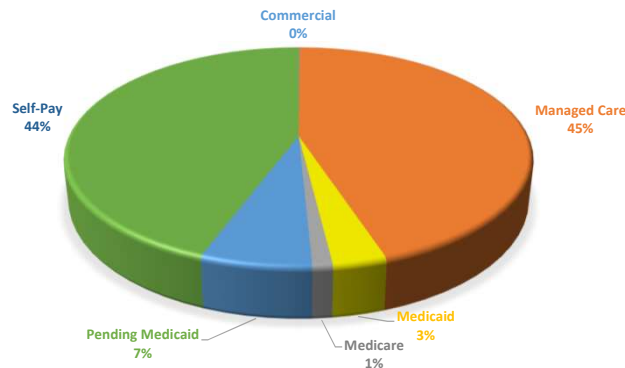
DENTAL										
ABREU, MARIANA	7	4.0	17	11	28	18	10	28	100%	7.0
ALI, BUSHRA	8	2.0	10	6	16	15	6	21	131%	10.5
ALWEHAIB, ARWA	12	2.0	14	10	24	16	4	20	83%	10.0
BOWEN, BEVERLY	16	20.5	202	128	330	203	108	311	94%	15.2
CUCURAS, JOHN N	12	10.0	72	48	120	93	35	128	107%	12.8
SOFIANOS, MICHAEL	16	0.5	8	0	8	7	2	9	113%	18.0
WILLIAMS, RICHARD	16	21.0	210	128	338	169	88	257	76%	12.2
DENTAL TOTALS		60.0	532	331	863	521	253	774	90%	

DENTAL HYGIENE										
HARDCASTLE, CORINA	8	19.5	96	61	157	83	76	159	101%	8.2
GARCIA, IRENE S.	8	1.0	5	3	8	4	2	6	75%	6.0
PETERSEN, PATRICE	8 / 16 MDI	7.5	106	26	131	57	105	162	123%	21.6
DENTAL HYGIENE TOTALS		28.0	206	90	296	144	183	327	110%	

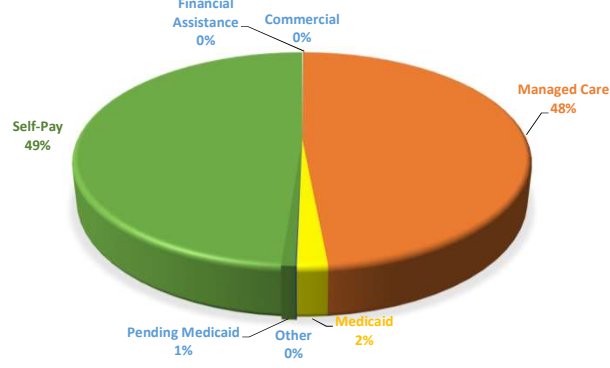
GRAND TOTAL	209.0	1,826	1,078	2,904	1,694	1,022	2,716	94%		
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MEDICAL PAYER MIX



DENTAL PAYER MIX

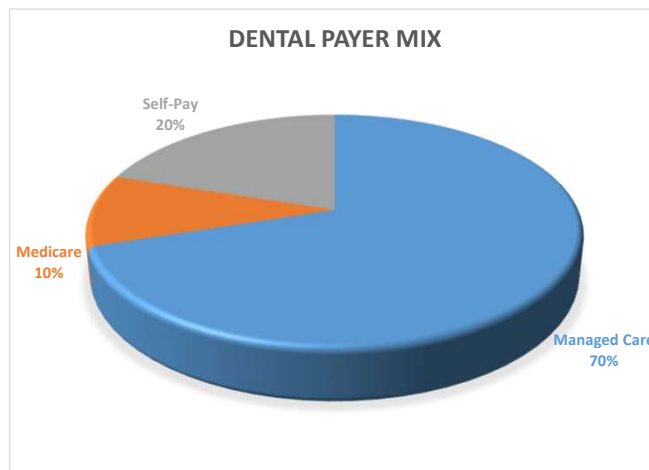
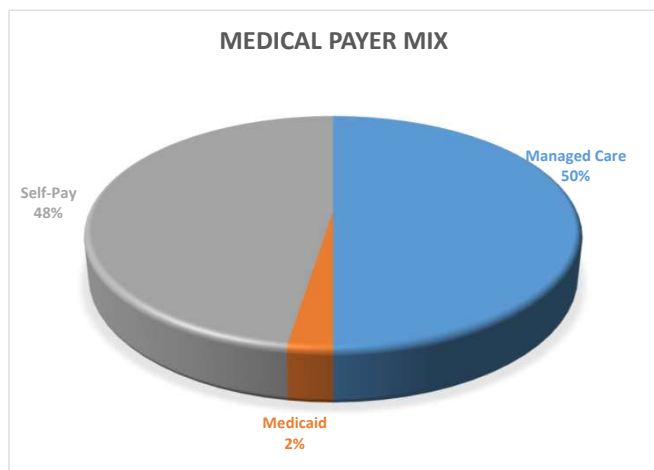
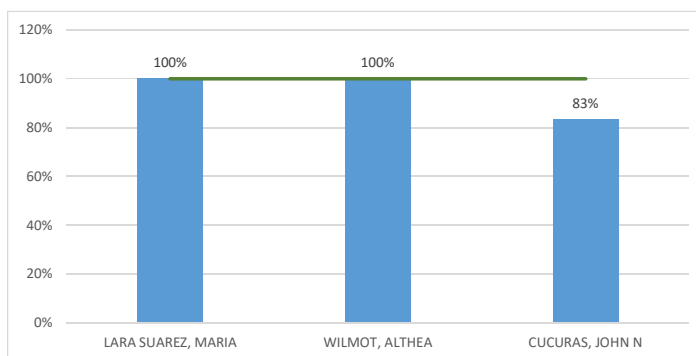




ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			AM	PM	Total	AM	PM	Total		
LARA SUAREZ, MARIA	1	0.5	1	0	1	1	0	1	100%	2.0
WILMOT, ALTHEA	8	5.0	23	16	39	24	15	39	100%	7.8
ADULT CARE TOTALS		6	24	16	40	25	15	40	100%	

DENTAL										
CUCURAS, JOHN N	12	1.0	7	5	12	8	2	10	83%	10.0
DENTAL TOTALS		1.0	7	5	12	8	2	10	83%	

GRAND TOTAL		7	32	20	52	33	17	50	96%	
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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

1. Description: Operations Reports – October 2022

2. Summary:

This agenda item provides the following operations reports for October 2022:

- Clinic Productivity, Payor Mix and Demographics

3. Substantive Analysis:

In October, the clinics had 12,206 visits which were 2,187 more than the month prior and 1,396 more than in September of 2021. 41% of patients were adults in Primary Care, 23% in Dental and 15% in Pediatrics. The Lantana Clinic had the highest volume, with 1,921 visits, followed by Mangonia, with 1,751 visits.

Our payer mix for October was 53% uninsured, which was 1% less than the previous month. 4% of patients were Managed Care and 4% were Medicaid.

60% of patients were female. 49% of patients reported as White and 41% as Black. Of those patients, 42% reported as Hispanic. 5.7% of patients were agricultural workers. Our average homeless population was 24.4%. 46% of patients were reported as English speaking, 34% Spanish speaking, and 20% Creole speaking. 91% of patients have consistently reported as straight.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
November 29, 2022

6. Recommendation:

Staff recommends that the Board approve the Operations Reports for October 2022.

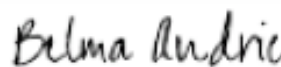
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Marisol Miranda
Director of Clinic Operations



Dr. Belma Andric
VP & Chief Medical office

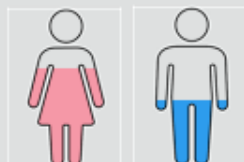


Unique
Patients
8,512

Patient
Visits
12,206

Monthly Productivity October 2022

DEMOGRAPHICS



Homeless
24.2%



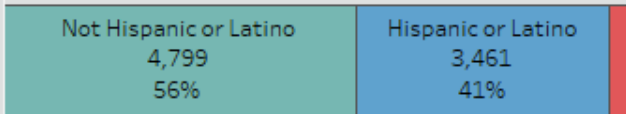
Agricultural
5.5%



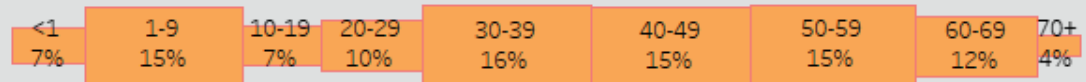
RACE



ETHNICITY

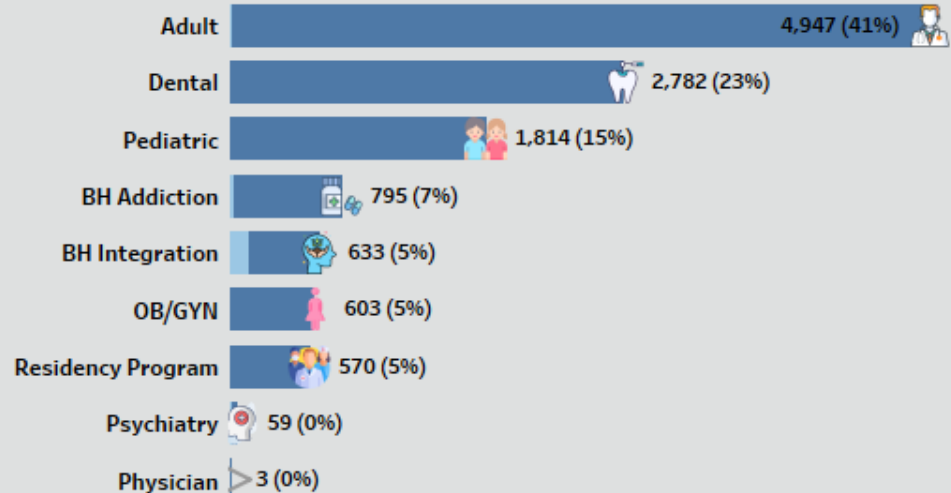


AGE GROUP

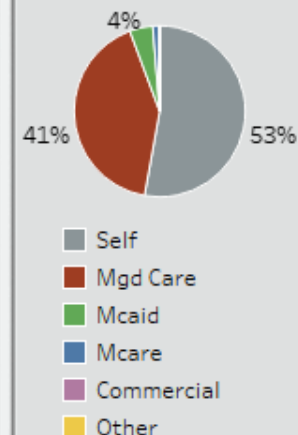


VISIT TYPE

In Person
Tele Health



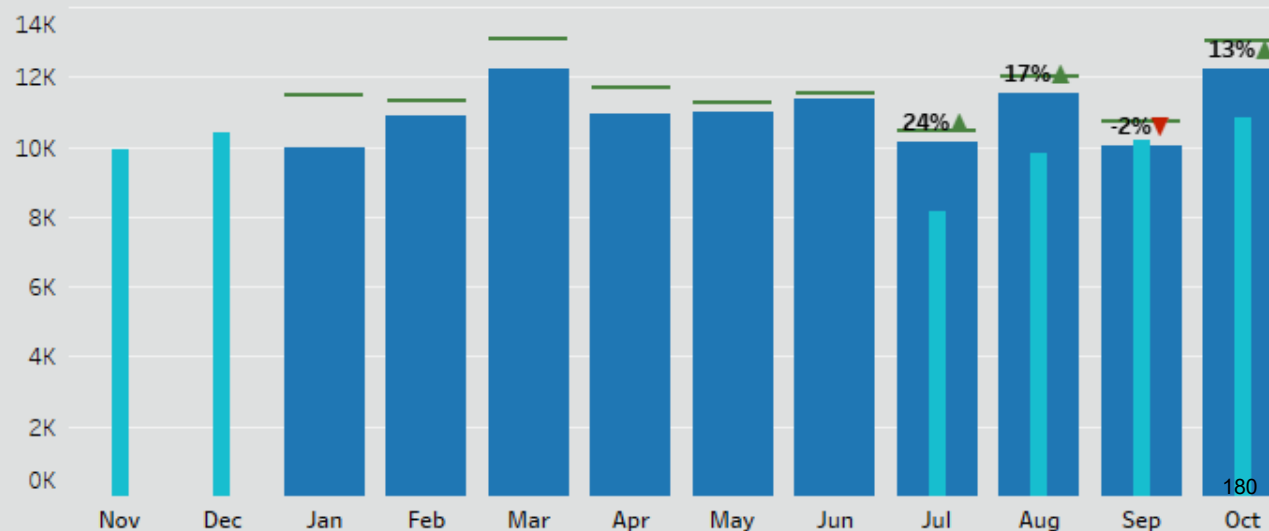
PAYOR MIX



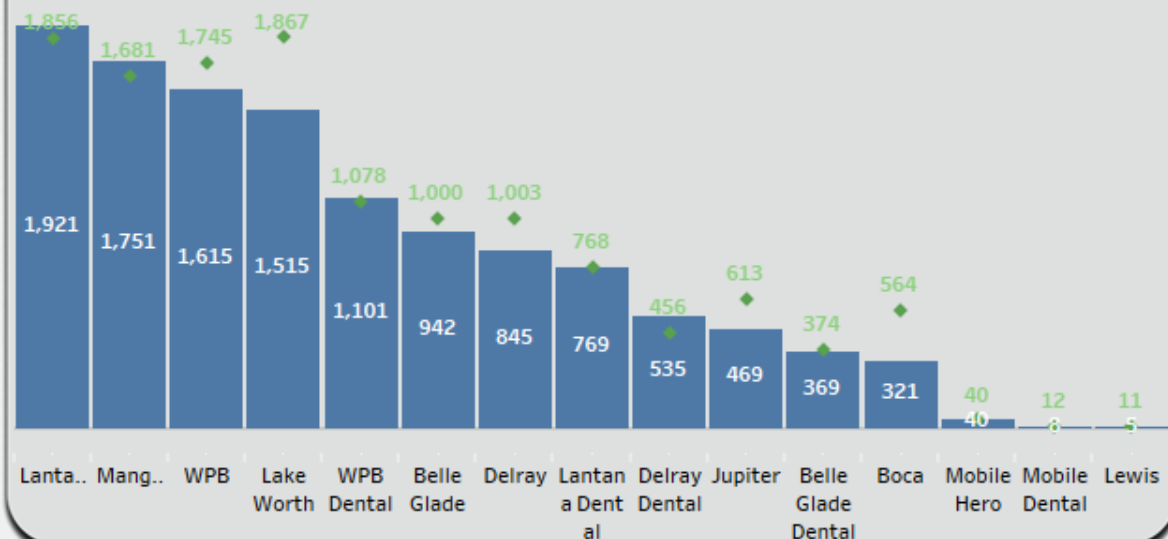
CLINICS MONTHLY VOLUME

2021 2022

Monthly Target
Difference from previous year



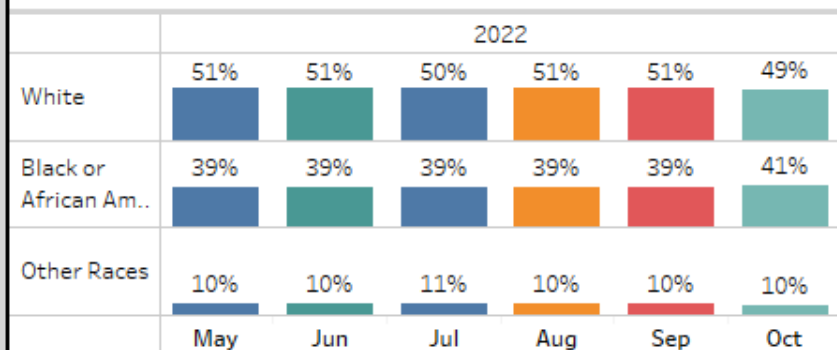
VOLUME BY CLINIC



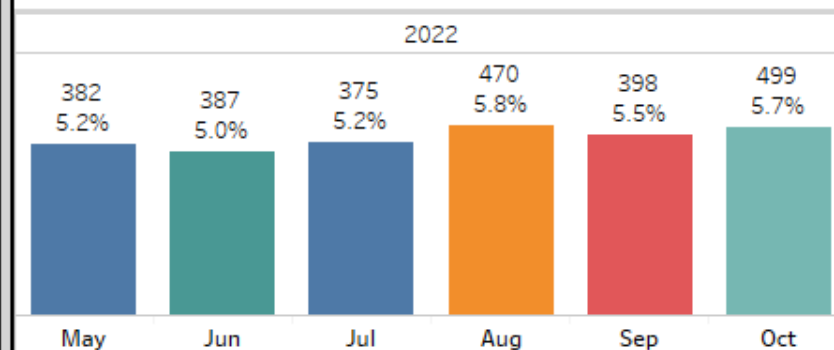
DEMOGRAPHICS TRENDED OVERTIME FOR THE LAST SIX MONTHS



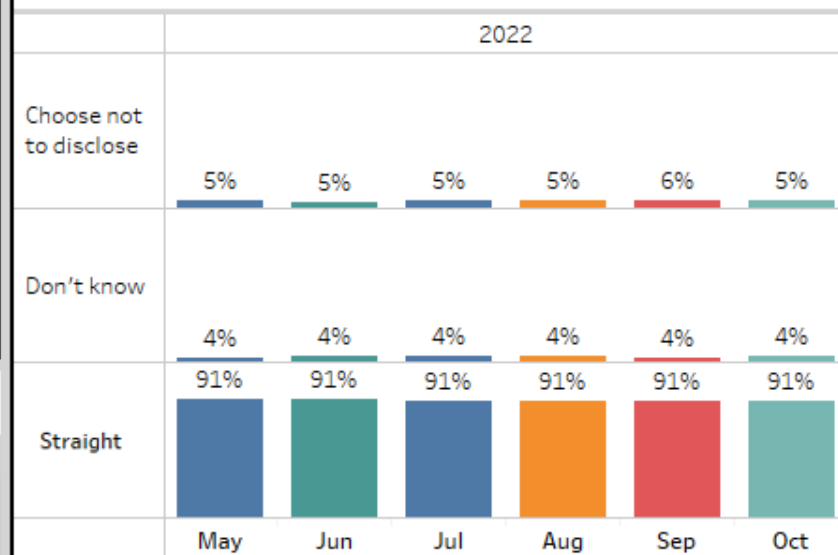
RACE OVER TIME



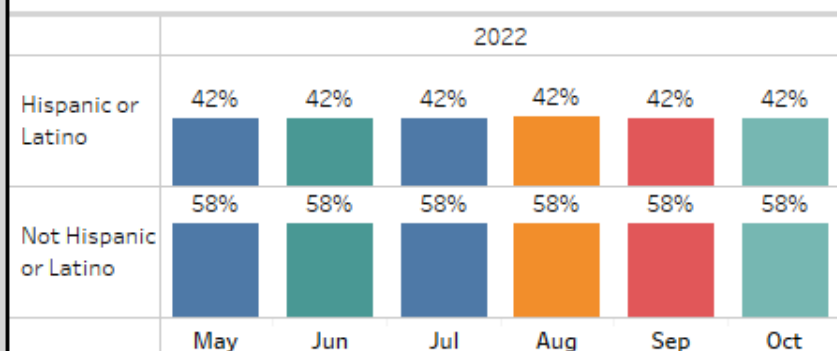
AGRICULTURAL OVER TIME



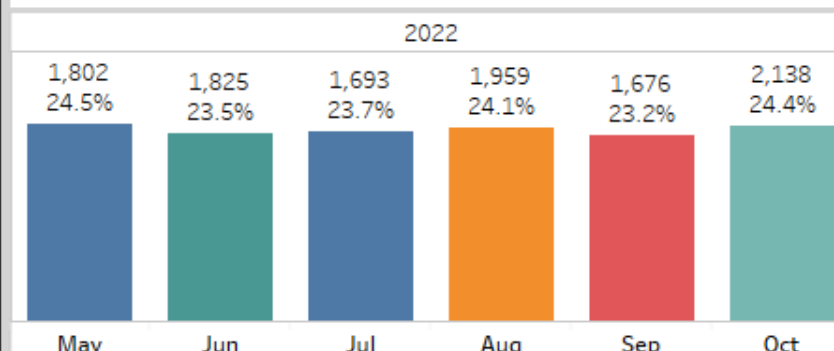
SEXUAL ORIENTATION OVER TIME



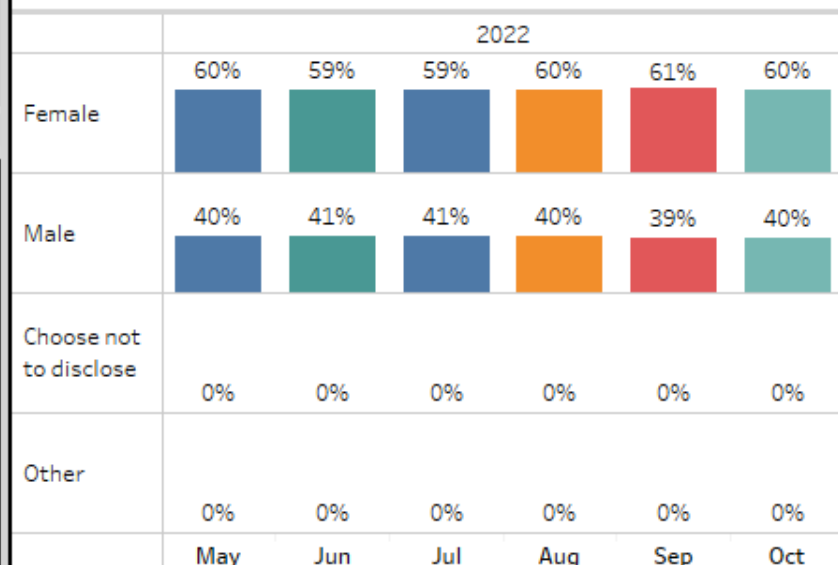
ETHNICITY OVER TIME



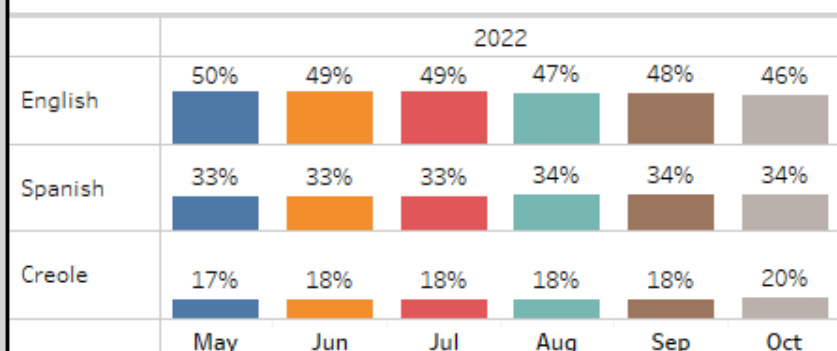
HOMELESS OVER TIME



GENDER IDENTITY OVER TIME



LANGUAGE SPOKEN OVER TIME



SEX OVER TIME

