Management Orientation

Updated 2/2015

Management Orientation

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Who to Call for Assistance

McLaren Medical Group Orientation

McLaren
HEALTH CARE

MISSION STATEMENT

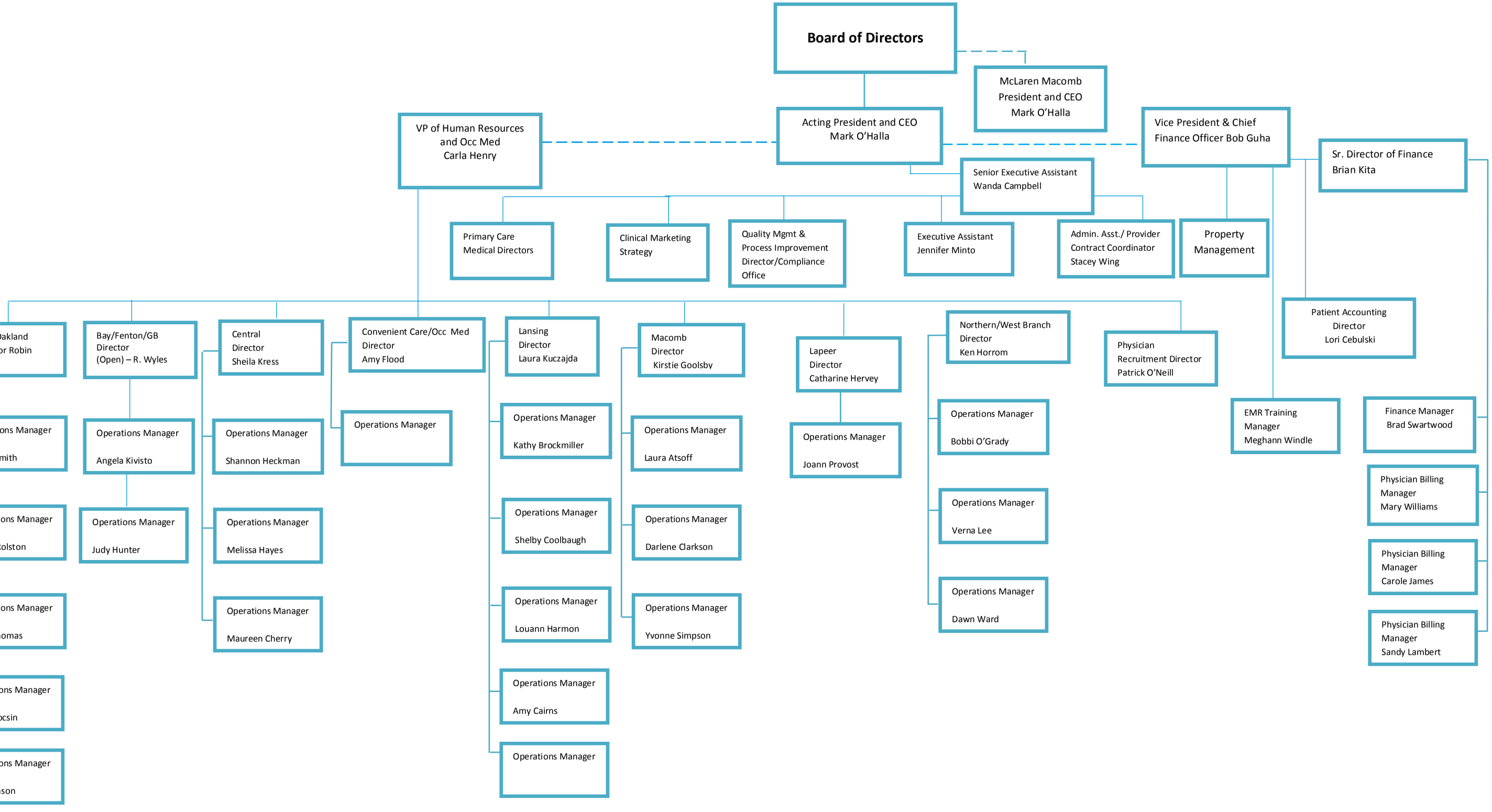
McLaren Health Care Corporation,
through its subsidiaries,
will be the best value in
healthcare as defined by
quality outcomes and cost.

McLaren
MEDICAL GROUP

VISION STATEMENT

McLaren Medical Group, will establish and promote, on behalf of McLaren Health Care, an integrated health care delivery system that provides increased access and quality health care services in a cost effective manner.

McLaren
MEDICAL GROUP



Resources

Resources

Employee Handbook: The Employee Policies and Procedure handbook describes important information about McLaren Medical Group. The employee handbook is designed to communicate what is expected from employees and what employees can except from McLaren Medical Group.

Policies and Procedures: The McLaren Medical Group Policies and Procedures manual can be located on the McLaren Medical Group Intranet website, listed under McLaren Medical Group.

On-Line Forms Catalog: The on-line forms catalog contains approved forms for McLaren Medical Group. These forms tend to be clinical in nature. If a new form is needed, contact a member of the forms committee for the process.

Life Safety Management Plan Manual (Blue Manual): Defines the processes through which McLaren Medical Group responds to external and internal disasters and emergencies. The Emergency Management Disaster Plan (EMPD) is an all hazards plan that has been developed utilizing the Incident Command System.

Emergency Preparedness Plan Manual (Red Manual): Defines the processes through which McLaren Medical Group responds to disasters such as Fire and Tornado.

McLaren Medical Group
Policy and Procedure Manual

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The McLaren Medical Group Policy and Procedure Manual is being re-organized and is undergoing conversion to an electronic format.

Items as indicated below are now available from the MMG Intranet web site and should be removed from existing paper policy manuals. Network users may find the electronic policies through their Novell Delivered Applications screen for network users.

Please note that the categories and numbering systems are different. If you elect to maintain a paper copy of the manual it is recommended that Intranet policies be filed separately and be prefaced by the conversion index/table of contents available on the Intranet.

MMG Policy	Corporate Policy
6185 - Technology Resources 2035 - Kickbacks Disallowed	CC0106
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2290 - Responding to Search Warrants	CC0104
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6370 - Social Security Number Privacy/Use	CC0118
2285 - Capital Asset Procurement and Repair	MM 0103
2081 - Vendor Exclusions	MM 0110
8130 - Occupational Health Services	HR0180
4125 - Medication Samples	CC0128

Computer Programs

Computer Programs

These are programs that you will want to be familiar with:

Materials Management, Paragon, Medline or Office Depot: Source requisitioning is the online intranet supply requisition that connects satellites with the materials management department. Forms available tend to be related to human resources and general buisness. Buisness and clinical supplies are available though this program.

Kronos: This is the database used by McLaren Medical Group for payroll. You will need to receive training on this program.

McKesson-Horizon Practice Plus: This is our billing and scheduling (HPP) system.

Allscripts Enterprise or Pro: This is our EMR system (Electronic Medical Record), which is a paperless charting system and holds all documentation in which would be held in a paper chart, but now paperless charting if preferred.

Human Resources

MHCC HUMAN RESOURCES POLICIES
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MHCC HUMAN RESOURCES POLICIES
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McLaren MEDICAL GROUP		**Policy Title:**	Responding to Life-Threatening Emergencies
Effective Date:	10/96	**Policy Number:**	3305
Review Date:		**Category:**	Clinical
Revised Date:	8/5/14	**Oversight Level:**	2
Administrative Responsibility:	Operations Managers		
Interpretation:	Operations Managers		

1. Purpose

To provide effective artificial ventilation and circulation when a patient's respirations and/or heart have ceased to function by using CPR.

2. Scope

All MMG Physicians, Nurse Practitioners, Physicians Assistants, Medical Assistants and other qualified personnel

3. Definitions

3.1. Cardiopulmonary resuscitation (CPR) – restoration of cardiac output and pulmonary ventilation following cardiac arrest and apnea, using artificial respiration and closed chest massage.

3.2. Qualified clinical staff member – MMG workforce with current BLS certification

3.3. Life threatening conditions may include the following but are not limited to:
- 3.3.1. chest pain
- 3.3.2. severe active bleeding from any source
- 3.3.3. severe vomiting or diarrhea
- 3.3.4. acute shortness of breath
- 3.3.5. faints or complains of "feeling faint"
- 3.3.6. severe pain
- 3.3.7. convulsions
- 3.3.8. fresh burns
- 3.3.9. obvious fracture or dislocation
- 3.3.10. active labor

4. Policy

4.1. All MMG Physicians, Nurse Practitioners, Physician Assistants, Medical Assistants, and other designated staff will maintain current BLS certification. Newly hired clinical staff will be required to successfully complete the BLS certification process during the first 90 days of employment.

4.2. Individuals presenting with a life threatening condition or cardiac and/or respiratory arrest will be resuscitated and stabilized prior to the determination of the patient's insurance status or their ability to pay.

4.3. An individual suffering cardiac or respiratory arrest will receive immediate resuscitation using BLS protocol.

5. Procedure

5.1. When a patient presents with a life threatening condition clinical staff (including a provider) will be immediately summoned.

5.2. The patient will be assessed by the provider to determine if the patient can be appropriately treated on site or transported to an alternate care setting.

5.3. If the patient is in cardio-pulmonary arrest, a qualified clinical staff member will initiate CPR per BLS protocol. BLS protocol will be continued until EMS staff arrives on the scene.

5.4. In the event of cardio-pulmonary arrest or if the patient is determined to be unstable, the staff will activate Emergency Medical Services (EMS) via 911.

5.5. Care will be transferred to the EMS staff by the physician, nurse practitioner, or physician assistant. Pertinent verbal/written medical information will be provided to EMS staff.

5.6 If the patient conditions warrants, he/she may be transported to an alternate care setting via car by family/companion.

5.7. Documentation

5.7.1. All details of the event will be documented in patient's medical record, including advanced directives and disposition.

6 Exceptions

6.1 Applicable Advance Directives dictate otherwise

7 References

None

8 Appendix

8.1 Appendix A – Emergency Guidelines

9 Approvals

Mark S. O'Halla
(Original signed policy on file in MMG Practice Management)
Mark O'Halla
Interim President/CEO

8/20/2014
Date

Michael Ziccardi, D.O.
(Original signed policy on file in MMG Practice Management)
Michael Ziccardi, Jr., DO
Senior Medical Director

9/9/2014
Date

Previous Revision Dates/Supercedes Policy: 1/2006
June 2004/10.4

EMERGENCY GUIDELINES

GENERAL

1. In the event a patient presents with, or appears to have, one of the following conditions while awaiting treatment, clinical staff will be immediately summoned:

   Life threatening conditions include but are not limited to the following:

   a. chest pain
   b. severe active bleeding from any source
   c. severe vomiting or diarrhea
   d. acute shortness of breath
   e. faints or complains of “feeling faint”
   f. severe pain
   g. convulsions
   h. fresh burns
   i. obvious fracture or dislocation
   j. active labor

2. Patients presenting with known or suspected infectious disease will be isolated according to P/P 5135.
3. Clinical staff/physician will assess the patient’s condition and determine if the patient can be appropriately treated on site.

OFFICE STAFF

1. Alert clinical staff in the event of occurrence described in number one above.
2. Attend to family/companion.
3. Register patient if able to stabilize the patient onsite.

CLINICAL STAFF

1. Obtain a brief history, initiate a physical assessment and document findings in the patient’s medical record.
2. Alert physician when possible.
3. Determine if the patient can be appropriately treated on site or transported to an alternate care setting; activate Emergency Medical Services as appropriate.
4. If the patient is unstable, initiate treatment until the ambulance arrives.
5. If the patient’s condition warrants, he/she may be transported to an alternate care setting via car by family/companion.
6. Send appropriate medical information, including advance directives (if available), with the patient.
7. Document disposition of the patient in the medical record.

POLICY GUIDELINES
ON
TUITION REIMBURSEMENT

I. ELIGIBILITY

A. All full and part-time employees who have completed 1040 hours **on the date the course is scheduled to begin** are eligible to apply. Part-time employees must be scheduled to work an average of 32 hours/pay period or more in order to be eligible.

B. Employees must be: 1) pursuing a high school diploma or (GED certificate) or, 2) pursuing an undergraduate or graduate degree for credit at an approved college or university. Other courses will be considered on an individual basis.

II. PROCESSING OF APPLICATIONS

A. **Basis for Approval**

1. McLaren Health Care will not reimburse an employee to train for a job in a field unrealted to healthcare.
2. It must be clear that participation in the plan will benefit both McLaren Health Care and the employee by increasing skills and knowledge used in McLaren Health Care.
3. Employees must receive a grade of "C" or better to be eligible for reimbursement in a Bachelor's program and a "B" or better to be eligible for reimbursement in a Master's level program.

B. **Procedure for Processing Applications**

1. Applications are available from the Human Resources Department and **must be submitted within 1 year of class completion.** Your Department Director or equivalent must sign the application before it is returned to the Human Resources Department.
2. Notification of approval or disapproval will be returned to the employee.
3. When the employee has completed the course(s) he/she must apply for reimbursement by submitting the following information **no later than 1 year after the end of the class** to the Human Resources Department.
   a. **Original** transcript(s) or other official proof of grade(s).
   b. **Original** receipt(s) or cancelled check(s) showing the amount of tuition paid. A breakdown of costs on the receipt is helpful and can speed reimbursement to you.
4. If all requirements have been met, reimbursement will be approved and issued to the employee.

III. FINANCIAL ASSISTANCE

A. McLaren Health Care will pay 100% of tuition fees for staff employees up to a maximum of $1000 per fiscal year (Oct. 1 through Sept. 30). McLaren Health Care will pay 50% of tuition fees for per diem employees who are scheduled to work a minimum of 32 hours/pay period up to a maximum of $500.00 for the fiscal year.

B. Expenses incurred including tuition and high cost fees, such as non-resident fees, C-B-E (credit by exam) will be reimbursed. Textbooks, registration and matriculation fee, parking, malpractice insurance, other fees, travel expenses, etc., are not eligible for reimbursement.

C. The plan will not provide duplicate aid. If any employee is eligible for benefits under the G.I. Bill, scholarships etc. such benefits will be deducted from the amount the employee would be eligible for under this plan.

IV. LIMITATIONS

A. **Attendance at classes must not conflict with the employee's work.** Employees are not to study during working hours.

B. Employee may not apply for tuition reimbursement in the following fiscal year for a course taken in the prior fiscal year and they had maximized their reimbursement for the prior year.

C. No reimbursements will be made if an employee drops or fails to satisfactorily complete a course, or if an employee terminates employment from the McLaren Health Care.

D. McLaren Health Care will budget a specific amount of money each fiscal year for this plan. If more employees participate in the plan than expected and there is not enough money available during the current fiscal year, applications will be approved in the order they are received and those disapproved for lack of funds will be asked to wait until the next school year and reapply.

E. Employees on an educational leave of absence are not eligible.

V. GENERAL

A. The plan is intended to assist employees learn skills and improve their qualifications for current or future positions at McLaren. This is not only to benefit you as an employee, but also your employer. However, participation in the plan does not obligate McLaren Health Care to change the work assignment of an employee or to transfer or promote an employee to a related job.

B. McLaren Health Care reserves the right to amend, modify or terminate this plan at any time in case of termination.

C. Any questions relating to the plan should be directed to the attention of the Human Resources Department.

McLAREN HEALTH CARE
FLINT, MICHIGAN

APPLICATION FOR TUITION REIMBURSEMENT

length of service _____
staff or per diem
reimbursement received to
date _____
amount in consideration
$_____

OFFICE USE ONLY

ATTENTION:
Read important information on the back of this form.
Fill out this form completely.

Date: _____

Employee's Name: _____ Job Title: _____

Address: _____ City: _____ Zip: _____

Department/Unit: _____ Shift: _____ Employee No.: _____

Name of Address of School: _____

COURSE (name and number)	Credit Hours	Date (month & year) Starts		Ends		TUITION
						$

Please complete one (1) application per semester.

Are you an undergraduate or graduate level student? _____

How will the course(s) be of value to our McLaren Health Care? _____

_____

Are course(s) part of a degree or certificate program for which you have been accepted? _____

If yes, please give name of program and number of credits now held: _____

_____

Will you receive a refund or financial assistance from the V.A., scholarships, or any other source? Yes _____ No _____

I certify that the above information is correct and will reimburse McLaren Health Care for all money received under this plan if I voluntarily terminate my employment within six (6) months after completing the course(s).

Applicant's Signature: _____ Date: _____

Department Director's Signature: _____ Date: _____

Human Resources Department: _____ Approved ☐ Date: _____

Disapproved ☐ Reason: _____

Check will be issued from the Payroll Department A.S.A.P. after you submit original copies of your grade(s) and receipt(s) for proof of payment to the Human Resources Department.

Evidence of satisfactory completion of course(s) and receipt(s) examined and refund of $ _____ authorized.

Human Resources Department: _____ Date: _____

McLaren HEALTH CARE		**Policy Title:**	Leave of Absence - Family & Medical Leave Act (FMLA)
Effective Date:	4/14/14	**Policy Number:**	HR 0345
Review Date:		**Section:**	Human Resources
Revised Date:		**Oversight Level:**	Corporate
Administrative Responsibility:	MHCC Vice President Human Resources		

Purpose

To inform eligible McLaren Health Care employees of their rights and their obligations pursuant to the Family and Medical Leave Act (FMLA) of 1993, as amended, and to explain how employees are to exercise those rights and fulfill those obligations.

Scope

All eligible employees of McLaren Health Care and its subsidiaries (MHCC).

Policy

It is the policy of McLaren Health Care to grant eligible employees their rights and to require eligible employees to fulfill their responsibilities pursuant to the Family and Medical Leave Act. To ensure this goal is attained, this policy presents the specific information an employee must know in order to apply for Family and Medical Leave.
Employees interested in applying for an FMLA leave of absence must call the Subsidiary's FMLA call line, and Human Resources and/or the Staffing Office, depending on the Subsidiary's Call-in procedure.

Eligibility

To be eligible for FMLA approved leave, an employee must have completed twelve (12) months of employment and must have worked at least twelve hundred fifty (1250) hours during the rolling twelve (12) month period immediately preceding the date of commencement of the leave.

LOA Type	Eligibility	Maximum Duration	Reinstatement
Family and Medical Leave (FMLA)[1]	12 months of service and 1,250 hours worked in the previous rolling 12-month period.	Up to12 weeks in a rolling 12-month period; Up to 26 weeks for a Military caregiver leave in a rolling 12 month period.	Equivalent job for return within 12 or 26 week FMLA period; after 12 or 26 week FMLA period, subject to availability of position.

Approved absences pursuant to the Family Medical Leave Act may be granted for the following reasons:

(1) For birth of a son or daughter, and to care for the newborn child;

[1]Employees disabled due to work-related illnesses or injuries are required to request leave of absence in the same manner as any other medically-disabled employee.

(2) For placement with the employee of a son or daughter for adoption or foster care;
(3) To care for the employee's spouse, son, daughter, or parent with a serious health condition;
(4) Because of a serious health condition that makes the employee unable to perform the essential functions of the employee's job;
(5) Because of any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation; and
(6) To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the service member.

Definitions

"Spouse". Spouse means a husband or wife as defined or recognized under State law for purposes of marriage in the State where the employee resides, including common law marriage in States where it is recognized.

"Parent". Parent means a biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the employee when the employee was a son or daughter as defined below. This term does not include parents "in law."

"Son or daughter". For purposes of FMLA leave taken for birth or adoption, or to care for a family member with a serious health condition, son or daughter means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age 18, or age 18 or older and "incapable of self-care because of a mental or physical disability" at the time that FMLA leave is to commence.

- "Incapable of self-care" means that the individual requires active assistance or supervision to provide daily self-care in three or more of the "activities of daily living" (ADLs) or "instrumental activities of daily living" (IADLs). Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing and eating. Instrumental activities of daily living include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, *etc.*

- "Physical or mental disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual Regulations at 29 CFR 1630.2(h), (i), and (j), issued by the Equal Employment Opportunity Commission under the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 *et seq.,* define these terms.

- Persons who are "in loco parentis" include those with day-to-day responsibilities to care for and financially support a child, or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

"Incapacity", for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the treatment for or recovery from a serious health condition.

"Treatment" includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations.

"Regimen of continuing treatment" includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

"Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves any of the following:

- Hospital Care - An overnight stay for inpatient treatment in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

- Absence Plus Treatment - A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
  - Treatment two or more times by a health care provider (must be within thirty (30) days of the first day of incapacity unless extenuating circumstances exist), by a nurse or physician's assistant under direct supervision of a health care provider or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
  - Treatment by a health care provider on at least one occasion (must occur within seven (7) days of the first day of incapacity) which results in a regimen of continuing treatment under the supervision of the health care provider. Treatment by a health care provider means an "in-person visit" to a health care provider.

- Any period of incapacity due to pregnancy, or for prenatal care.

- A chronic condition which:
  - Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider. Employees with chronic serious health conditions requiring medical treatment must visit their doctor at least twice per year;
  - Continues over an extended period of time (including recurring episodes of a single underlying condition); and
  - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

- "Permanent/Long-term Conditions Requiring Supervision" - A period of incapacity, which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

- "Multiple Treatments (Non-Chronic Conditions)" **-** Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

- "Military Exigency Leave" - Leave for an eligible employee whose spouse, child, or parent is on active duty or called to active duty in the armed forces in support of a "contingency operation," as defined under specific military statutes. Qualified Exigency Leave applies only to families of members of the National Guard, Reserves, and to certain retired members of the military. Applies only to a federal call to duty or a state call under order of the President.

- "Military Caregiver Leave" - Leave of up to twenty-six (26) weeks for an eligible employee to care for a covered service member in the regular armed forces, Reserves, Guard, or those on a temporary disability retired list who incurs a serious illness or injury while in the line of duty. The Department of Defense must have determined the service member is unfit to perform the duties of office, grade, rank, or rating for which the covered service member is undergoing medical treatment, recuperation, therapy, outpatient treatment, or is on a temporary disability retired list. Certification of the need for Caregiver Leave may be requested from the specific military health care provider.

Procedure

Request for Leave

An employee must give at least a thirty (30) calendar day notice before the start of a FMLA leave if the leave is foreseeable. In the case of medical emergency or sudden or changed circumstances, notice must be given as soon as practicable, ordinarily within one or two business days from the first occurrence. Failure to give notice in a timely manner may postpone approval of the request for Family Medical Leave.

To provide proper notice of the need for a FMLA leave, an employee or the employee's representative must first contact the Subsidiary's Human Resources and/or the Staffing Office, depending on the Subsidiary's Call-in policy. When the notification is received by the Subsidiary Human Resources Office the necessary FMLA leave paperwork will be sent to the employee or the employee's representative. FMLA leave paperwork may also be picked up in the subsidiary Human Resources Department.

FMLA leave requests and requests for extensions or modifications must be submitted in writing and are subject to review by the subsidiary Human Resources Department. When a leave is unforeseen, the initial request may be made verbally, but must be presented to the employer in writing as soon as practicable.

Spouses Working for the Same Employer

If the employee and the employee's spouse both work for the same McLaren subsidiary, and each wishes to take leave for the birth of a child, adoption or placement of a child for foster care, or to care for a parent with a serious health condition, the spouses may only take a combined total of twelve (12) weeks of leave.

Leaves That Shall Run Concurrently with FMLA

The following types of absences shall run concurrently with FMLA and count toward an employee's twelve (12) weeks of FMLA:

(1) Leaves for which the employee is eligible to receive payments under any employer disability plan/program designed to pay the employee for lost income.
(2) Leaves for which the employee is receiving or has applied to receive workers' compensation benefits under any insured or self-insured workers' compensation plan or program.
(3) Leaves that are provided as a reasonable accommodation under the Americans with Disabilities Act.

Intermittent and Reduced Schedule Leave

(1) FMLA leave may be taken on an intermittent basis of a six (6) minute minimum or on a reduced work schedule in which normal scheduled daily or weekly work hours are reduced when medically necessary to care for a seriously ill family member, because of the employee's own serious health condition, or due to qualifying exigencies.
(2) Intermittent leave may be taken to care for a newborn or newly adopted or foster care child only with the approval of the subsidiary Human Resources Department.
(3) Employees must make reasonable efforts to schedule leave for planned medical treatment so as to not unduly disrupt the subsidiary's operations.
(4) If the employee's request is for intermittent FMLA, he/she may be required to submit a Re-Certification of Health Care Provider every One hundred eighty (180) days.
(5) Should there be any doubt as to the validity of the use of intermittent FMLA, the employee may be required to submit an updated Certification of Health Care Provider form every thirty (30) days in conjunction with an absence. The employer may request an updated Certification of Health Care Provider form in less than thirty (30) days if the circumstances described by the previous certification have changed significantly or the employer has reason to believe the employee does not have a serious health condition.
(6) Once six (6) months has passed since the last use of any FMLA time, that case will be considered closed and a new FMLA request must be made.
(7) When calling in to report a FMLA day, the employee must call no later than two (2) hours prior to the start of the shift. The employee must also call within two (2) hours from leaving when needing to leave from a regularly scheduled shift. The

employee must also make any calls required by the subsidiary. The subsidiary's policy must be followed or the FMLA day will be denied.

(8) An employee must contact the Subsidiary Human Resources Office each day of an absence if the employee is using intermittent leave. The employee may not contact the Subsidiary Human Resources Office to cover more than one day of absence when the employee is using intermittent leave.

Certification of Health Care Provider

A health care provider certification verifying the serious health condition is required to be submitted to the subsidiary Human Resources office. The health care provider certification must certify all of the following:

(1) The existence of a serious health condition.
(2) The date the serious health condition began.
(3) The probable duration of the condition.
(4) For the purposes of a leave to care for an eligible family member with a serious health condition, a statement that the eligible employee is needed to care for the son, daughter, spouse, or parent and an estimate of the amount of time that such employee is needed to care for the son, daughter, spouse, or parent.
(5) For the purposes of a leave for the employee's own serious health condition, a statement that the employee is unable to perform the functions of the position of the employee;
(6) In the case of certification for intermittent leave, or leave on a reduced leave schedule, for planned medical treatment, the dates on which such treatment is expected to be given and the duration of such treatment;
(7) In the case of certification for intermittent leave, or leave on a reduced leave schedule, because of a serious health condition that makes the employee unable to perform the functions of the position of such employee., a statement of the medical necessity for the intermittent leave or leave on a reduced leave schedule, and the expected duration of the intermittent leave or reduced leave schedule.
(8) In the case of certification for intermittent leave, or leave on a reduced leave schedule to care for an eligible family member with a serious health condition, a statement that the employee's intermittent leave or leave on a reduced leave schedule is necessary for the care of the son, daughter, parent, or spouse who has a serious health condition, or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule.
(9) Signature of the treating health care provider.

The employee will receive a notice of eligibility from the employee's subsidiary Human Resources Department within five (5) business days after receiving the employee's notice of need for Family Medical Leave. The Physician Certification Form must be returned to Human Resources within fifteen (15) days from the date of notification of this requirement. If the certification is not received in the subsidiary's Human Resources Department by the date due, approved FMLA time will not begin until the Physician Certification Form is received by the subsidiary's Human Resources Department. This includes re-certifications for intermittent leave. If the Certification Form is received timely by Human Resources but not filled out correctly or completely, the employee will have seven (7) calendar days from the date of notification by Human Resources to get the form filled out correctly and returned to Human Resources.

If the form is not returned within the seven (7) calendar day period, or is timely returned but does not correct the deficiency, the leave can be delayed or denied. Employees may not "refuse" FMLA time if their time off is due to an FMLA qualifying reason. (Examples include workers' compensation, sickness/accident or a disability for which Plan Benefits are paid.)

The Subsidiary may, at its own expense, require the employee to obtain a second medical certification from a health care provider. The Subsidiary may choose the health care provider for the second opinion, except that the Subsidiary does not regularly contract with or otherwise regularly use the services of the health care provider. If the opinion of the employee's and the Subsidiary's designated health care providers differ, the Subsidiary may require the employee to obtain certification from a third health care provider, again at the Subsidiary's expense. The third opinion shall be final and binding. The third health care provider must be approved jointly by the Subsidiary and the employee.

Returning from a Family or Medical Leave

1. Prior to returning from a leave of absence, the employee must contact his/her Manager or Supervisor and the subsidiary's Human Resources Department.
2. Prior to returning to duty following a continuous FMLA leave due to an employee's serious health condition, the employee must report to the Employee Occupational Health Nurse, if available, otherwise to his/her department management and present an authorization to return to work, signed by the physician.
3. If conditions have changed, an early return from the employee's leave of absence may be granted with prior approval from Human Resources.
4. Upon return from a continuous FMLA leave, providing that the twelve weeks of FMLA leave has not been exhausted, an employee will be returned to the position held by the employee when the leave commenced or to an equivalent classification.
5. Failure to return from a FMLA leave within three (3) working days after the expiration of the leave will result in termination of employment.

FMLA Leave Duration

1. An eligible employee is entitled to up to twelve (12) weeks of job protected leave in a "rolling 12-month year". (12 weeks is based on the employee's budgeted hours according to Human Resources records.) The "rolling 12-month year" includes the prior twelve (12) months beginning with the date the leave is to begin.
2. FMLA leave due to childbirth must be concluded within one year from the date of the birth. An expectant mother may take FMLA leave before the birth of the child for prenatal care if deemed necessary by the treating physician.
3. FMLA leave may start before the adoption or foster care placement if absence from work is required for the placement to proceed and must be concluded within one year from date of placement.
4. An eligible employee is entitled to up to twenty-six (26) weeks of job protected leave in a "rolling 12-month year". (26 weeks is based on the employee's budgeted hours according to Human Resources records.) The "rolling 12-month year" includes the prior twelve (12) months beginning with the date the leave is to begin.
5. The subsidiary may consider temporarily transferring an employee to an alternative job with equivalent pay and benefits that better accommodates recurring periods of

leave than the employee's regular job.

6. An employee on an approved Medical Leave of Absence – FMLA who exhausts the twelve (12) weeks of job protected leave and is still unable to return to work shall apply for a Personal Leave of Absence.

General Conditions

1. Upon commencement of a FMLA leave, an employee is required to utilize all available PTO hours for any period of the leave for which the employee does not receive payments from a disability plan or under the State Workers' Compensation statute, including waiting periods, but no more than the amount available at the time the leave commences.
2. Except as noted in #1 immediately above, FMLA leave is unpaid.
3. When FMLA leave is in conjunction with a Workers' Compensation case, the employee is required to substitute PTO during any period of the absence that is not covered by payment from workers' compensation. Such absence will count, however, against an employee's FMLA leave entitlement if it is properly designated at the beginning of the absence.
4. The subsidiary will continue health benefits for employees while on FMLA leave as required by the Act. However, the employee is required to pay his/her portion of this benefit premium while on leave. It is the employee's responsibility to contact Human Resources and make arrangements concerning payment of employee's share of the benefit premium and other payroll deductions while the employee is on FMLA leave. Health insurance can be discontinued for an individual whose premium payment is "more than 30 days late" provided written notice has been given to the employee. A period of fifteen (15) days will be allowed for payment of past due premiums before cancellation. An employee returning from FMLA leave may not be required to meet any qualification requirements imposed by the plan such as waiting for an open enrollment period or passing a medical examination for coverage to be reinstated.
5. If an employee terminates employment at the end of the FMLA leave, whether or not the employee has paid premiums as required during the leave, COBRA continuation coverage will be offered in accordance with COBRA regulations.
6. Completing Family and Medical Leave paperwork does not satisfy the requirement for applying for Short Term Disability benefits. If the employee wants to apply for Short Term Disability benefits in conjunction with Family and Medical Leave, the proper paperwork must be completed per subsidiary policy.
7. The Subsidiary is entitled to recover its share of the premiums paid during any unpaid part of the FMLA leave on behalf of the employee if the employee does not return from leave for reasons other than, a) the continuation, recurrence or onset of a serious health condition that would entitle the employee to FMLA leave either affecting the employee or immediate family member; b) if employee fails to supply medical certification within thirty (30) days, or; c) other circumstances beyond the control of the employee.
8. Employees that use FMLA for purposes not covered in the Act or who fraudulently obtain approval for FMLA leave, including intermittent leave, shall be subject to discipline up to and including discharge.
9. Employees are not permitted to work for another employer, or for themselves, or attend school during a FMLA leave without the prior written approval of the subsidiary's Human Resources. Any such approval will be based on the employment or schooling being consistent with the leave of absence and in the best

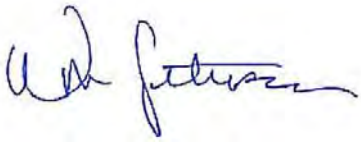
interest of subsidiary. Employees found working for another employer, or themselves, or attending school during a FMLA leave without approval from Human Resources shall be considered to have resigned.

Key Employees

1. A key employee is a salaried FMLA eligible employee who is, at the time the employee gives notice of the need for a leave, among the highest paid ten percent (10%) of all employees of the employer located within seventy-five (75) miles of the employer's worksite.
2. A key employee may be denied job restoration if such denial is necessary to prevent substantial and grievous economic injury to the subsidiary.

Exception Provisions:
If any provision of these policies conflict with an express provision(s) of an applicable collective bargaining agreement or letter of understanding, the latter shall supersede this policy to the extent necessary to comply with contractual obligations.

Approvals:
Human Resources Council: 2/6/14

Name	**Date**
	March 4, 2014
William Peterson **Vice President Human Resources**	

McLaren HEALTH CARE

Leave of Absence Request

Date: _____ Subsidiary: _____

Return completed form to Human Resources by: _____

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx

To report an intermittent FMLA absence: xxx-xxx-xxxx

Employee Information: (please print)

Name: _____ Emp ID #:_____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____ Work phone: _____

Department: _____ Job Title: _____ Status: ☐ Full Time ☐ Part Time ☐ Casual

Union Representation: ☐ Represented; Name of Union: _____ ☐ Non-represented

Reason for Leave Request:

☐ Birth of Child or ☐ Placement of a child for adoption or state foster care.
Indicate due date or scheduled date of placement:_____

_____

☐ A serious health condition that renders me unable to perform the essential functions of my job.
State serious health condition:_____

_____

☐ A serious health condition affecting my ☐ Spouse ☐ Child (**Age of child: _____**)
☐ Parent for whom I need to provide care.
Family Member's Name: _____
State serious health condition and indicate the care you will be providing:_____

_____

☐ Military Caregiver Leave
Name of Covered Service Member: _____ **Relation to Covered Service Member: _____**

☐ Qualifying Exigency Leave
Name of Military Member: _____ **Relation to Military Member: _____**

Period of Time Off:

Will your time off be: ☐ Continuous or ☐ Intermittent

If Intermittent, please state the likely frequency: _____

Days of work missed prior to request: _____

Indicate the first scheduled workday off or missed involving this absence:	**Indicate the expected date you will be able to return to work.**	**How many days are you normally scheduled to work per week?**

<u>During this time of absence:</u>

Was patient/Will patient be hospitalized? ☐ No ☐ Yes / **Dates:**_____

Did/Will it require a visit to a physician's office? ☐ No ☐ Yes / **Dates:**_____
Health Care Provider's Name _____

Is injury/illness work related? ☐ No ☐ Yes / **Describe:** _____

Please read the acknowledgement <u>on the other side</u> of this page, sign, date, and return this form to Human Resources.

Acknowledgement - Please read and sign below.

I hereby request review of the absence identified on the reverse side under the Family and Medical Leave Act of 1993 (FMLA). I understand and acknowledge the following:

1. At the beginning of my leave of absence, I will have been or was employed by Mclaren Health Care (MHCCC) and/or any of its subsidiary companies for at least twelve (12) months AND during the twelve months immediately preceding my leave of absence, I worked at least 1,250 hours.
2. If the leave is or was foreseeable, I am required to provide thirty (30) days advance notice of the leave to MHCC. If such advance notice is or was not provided, MHCC may delay the beginning of my leave for up to 30 days.
3. If the leave was not foreseeable, I must provide notice to MHCC as soon as is possible after the need for leave becomes known, but no later than the second business day after the leave begins. If such notice was not provided, MHCC may deny my leave request.
4. MHCC requires the submission of a "Leave Request" form (this form). The form must be completed and returned to the Human Resources Department thirty (30) days prior to the start of my leave, if the leave was foreseeable, or if the leave was not foreseeable, no later than the second (7_{th}) day of my leave.
5. MHCC requires documentation to support the reason for my leave. If my leave involves a "serious health condition", a health certification of the condition must be completed and returned to the Human Resources Department. If the leave was foreseeable, the health certification must be returned thirty (30) days in advance of the start of the leave. If the leave was not foreseeable, the health certification must be returned no later than fifteen days after MHCC's notice that the certification is required.
6. If the leave is for adoption or possible adoption, I must provide documentation from the court of jurisdiction or the adoption placement agency identifying specific dates when absence will be necessary in the same manner as the health certifications.
7. MHCC has the right to require periodic re-certifications of "serious health conditions". Failure to submit re-certifications can adversely affect my leave eligibility.
8. MHCC has the right to require a second opinion from a physician of its choosing and at its expense. Failure to submit to a second evaluation may adversely affect my leave eligibility.
9. **By signing this acknowledgement you are lawfully authorizing MHCC FMLA Administrators (or any lawfully authorized representative) to contact your Health Care Provider for clarification in regards to your request for medical leave.**
10. If I am seeking an intermittent or a reduced schedule leave of absence, I am required to attempt to schedule such leaves so as not to disrupt MHCC's operations. If such efforts fail, MHCC may assign me to an alternate position with equivalent pay and benefits that better accommodates my need for intermittent or reduced schedule leave.
11. If the requested leave of absence is for my own "serious health condition", I am required to have my return approved by the Employee Occupational Health Department. As part of that process, I am required to present a "Fitness for Duty" certification from my health care provider.
12. MHCC requires paid time off (PTO) hours be substituted for unpaid time as permitted under the FMLA regulations, MHCC's FMLA policy, and collective bargaining agreements. At such time as I have exhausted available PTO, unpaid time will be permitted.
13. If I pay a portion of my health insurance premiums, I am required to continue to make premium payments during my leave. Such payments will be deducted from my paycheck so long as I continue to receive a paycheck. When I am no longer receiving a paycheck, I must make premium payments by the first of the month for each month I wish to continue coverage. Failure to make such premium payments may result in the loss of health coverage.
14. If I provide false information regarding my need for a leave of absence, I am subject to disciplinary action, up to and including discharge.
15. Employees are not to engage in any gainful employment or occupation during a FMLA leave without prior written approval of Human Resources. Any such approval shall be based on the employment being consistent with the leave of absence and in the best interest of MHCC. Employees doing so without approval shall be considered to have resigned.
16. I understand that if I am seeking intermittent leave of absence, I must properly follow the procedure for reporting an absence, by contacting the MHCC Call-Center Line.
17. This form does not satisfy the requirement for applying for Short Term Disability benefits. Employees wishing to receive Short Term Disability benefits will need to submit the required documentation as determined by your subsidiary.

Employee Signature: _____ Date:_____

For completion by Human Resources:

Date of Hire:	Hours Worked in Previous 12 months:	FMLA Eligibility	FMLA Hours Available:
	_____ as of PE _____ *[Average Hours: _____ Hrs/Wk]*	☐ Eligible ☐ Ineligible	As of:

LOA Request Form:	*Received:*	
Eligibility Notice:	*Sent:*	
Certification of HCP:	*Sent:*	*Due:*
	Received:	*Recertification Due:*

☐ Approved for FMLA Amount of FML time counted: _____

☐ FMLA Denied Reason: _____

☐ Non-FMLA LOA Approved: ☐ Personal ☐ Non-FML STD ☐ Military Duration: _____

☐ Non-FMLA LOA Denied Reason: _____

McLaren Medical Group

Staff Employee Performance Appraisal

Date: _____

Employee Name: _____

Department: _____

Reports To: _____

Performance Level Definitions

Level 1: Needs Improvement

Has acquired some experience in competency area, but there is a need for improvement. Requires coaching and/or counseling from supervisor on a regular basis. Performance in this area is not consistent and is in need of improvement.

Level 2: Meets Expectations

Has successfully accomplished the routine issues associated for this area of competency. Requires minimal direction, coaching, or counseling in this area. Makes decisions and takes action as necessary without assistance. May require coaching or counseling on occasion. Performance in this area is consistent and the employee is considered fully competent.

Level 3: Exceeds Expected Performance

Recognized resource in this area. Makes sound decisions in atypical situations within scope of authority. Recognizes situations where supervisor's input is necessary. Performance in this area is above what is expected of the employee.

Level 4: Consistently High Performance

Departmental or organizational leader in this area. Participates in analysis, problem solving, and other activities to improve performance in this area for the department or organization as a whole. Others look to employee as a role model in this area. Performance in the area is consistently outstanding.

Methods for Collection Appraisal Input:

A. Direct Observation

The supervisor has directly observed employee's performance in this area. The supervisor needs to be able to cite specific examples of this observation of performance.

B. Customer Input

Supervisor has received feedback from internal/external customers, i.e. patients, visitors, vendors, other departments and affiliates related to the employee's performance in this area.

C. Staff Input

Supervisor has received feedback from co-workers, physicians, and other staff persons and volunteers related to the employee's performance in this area.

D. Other

Please describe the methodology used to determine the competency evaluation level.

CUSTOMER FOCUS AND TEAMWORK 10%

Making customers and their needs a primary focus of one's actions; developing and sustaining productive customer relationships

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance
Demonstrates disruptive behavior such as loud/boisterous behavior, negative comments, or undermining goals of the team. Does not respond to customer needs	Creates positive working relationships with external and internal customers, by demonstrating courteous, kind behavior when dealing with customers; treats customers with dignity, respect and empathy	Anticipates customer needs and takes action to improve service delivery and resolves customer concerns	Promotes and participates in the development of the abilities and skill of co-workers
		Implements ideas and actions based on input from others	Facilitates participation in inter and intra departmental process improvements
Considers own needs over the needs of the team	Considers needs and expectations of the customer and uses good judgment in balancing customer needs and expectations		
		Effectively adjusts behavior in response to changing work environment and incorporates process improvements	
	Uses constructive customer feedback to improve performance and customer service		
	Effectively adjusts behavior in response to changing work environment		

Select One

Performance Level 1 2 3 4

Score

Method(s) of collecting input: A B C D

Comments:

COMMUNICATION 10%

Clearly conveying and receiving information and ideas through a variety of media to individuals or groups in a manner that engages the audience, helps them understand and retain the message, and permits response and feedback from the listener.

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance
Lacks appropriate communication skills	Actively listens to understand and responds effectively. Communication is clear, concise and easy to understand	Adjusts language/terminology to meet the needs of a specific audience	Articulates in terms of organizational goals and values
Does not respond to communications in a timely manner	Receives information and ideas through a variety of media	Consistently articulates complex ideas in a concise and easy to understand manner	Highly persuasive in communications; presents ideas in a manner which actively engage the listener or reader
Withholds information helpful to others Does not use appropriate channels of communication	Shares information important to achieving results and goals	Seeks to understand then to be understood	

Score

Performance Level 1 2 3 4

Method(s) of collecting input: A B C D

Comments:

QUALITY/DECISION MAKING/FINANCIAL & BUDGETARY IMPACT 10%

Identifying and understanding issues, problems, and opportunities; comparing data from different sources to draw conclusions; using effective approaches for choosing a course of action or developing appropriate solutions; taking action that is consistent with available facts, constraints, and probable consequences.

Level 1 **Needs Improvement**	**Level 2** **Meets Expectations**	**Level 3** **Exceeds Expected Performance**	**Level 4** **Consistently High Performance**
Requires regular guidance and/or direction from others	Performs independently when appropriate	Considers short and long term effects of decision	Creates and recommends more effective (quality) and efficient (productivity) methods of doing work to improve organization
Does not consider consequences of decisions or uses limited resources to make decisions	Meets established quality expectations	Takes initiative to analyze situation to determine the source of errors	Makes sound and timely decisions that provide a positive cost/benefit result to the organization
Does not meet established quality expectations	Recognizes when decision is needed and makes appropriate decision within scope of responsibility; involves others in making a decision when appropriate	Gathers information from a variety of resources prior to making a decision when appropriate	Works to create win/win decisions
	Considers consequences and takes responsibility for decisions		
	Takes initiative to minimize or reduce errors		

Score

Performance Level 1 2 3 4

Method(s) of collecting input: A B C D

Comments: _____

TIME MANAGEMENT/ORGANIZATION 10%

Establishing courses of action for self and others to ensure that work is completed efficiently.

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance
Has difficulty prioritizing actions; needs a great deal of direction around what to do and when	Utilizes supplies, time resources efficiently without waste	Makes effective use of peak time periods as well as down time and effectively uses down time to prepare for future projects	Possesses highly effective time management skills regarding planning/organization
Consistently wastes work time complaining	Effectively prioritizes tasks, based on their importance and time requirements; meets deadlines	Has an appropriate sense of urgency related to each assignment	
			Manages projects. Takes into consideration, time delays due to circumstances out of his/her direct control
Does not meet deadlines	Works independently when/where appropriate	Effectively manages Work/Life balance by adjusting work patterns to balance work and home responsibilities	

Score

Performance Level 1 2 3 4

Method(s) of collecting input: A B C D

Comments: _____

_____

_____

_____

ACCOUNTABILITY/DEPENDABILITY/ADAPTABILITY 10%

Accepts responsibility for quality of work/product/service. Can be relied upon to complete job assignments in a timely and accurate manner.

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance
Does not meet established work requirements	Dependable to plan and complete work assignments as required	Produces high quality work/product/service	Accepts responsibility without making excuses
Does not complete assignments on time	Takes initiative to locate, track and correct errors	Takes initiative to locate, track and correct errors **and** prevent reoccurrence	Anticipates problems and develops contingency plan
Requires excessive levels of supervision to ensure work assignments are complete	Requires minimal supervision		Aligns and prioritizes work around organizational goals
Attendance consistently interferes with work flow	Reliable		

Score

Performance Level 1 2 3 4

Method(s) of collecting input: A B C D

Comments:

CONFIDENTIALITY/PROFESSIONALISM 10%

Presents oneself in a professional, business manner, at all times. Represents McLaren in a positive manner, even when not in a work environment.

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance
Does not treat others or workplace with respect	Trustworthy; Loyal	Appropriately handles rumors and gossip and takes steps to squelch	Is a leader among co-workers
Participates in gossip, pessimistic in approach and concerned with individual agenda	Respects privacy and confidentiality of patients, co-workers and employees	Consistently optimistic, influencing others in a positive manner	Considered a resource in his/her area of expertise
Does not respect confidentiality rules	Takes pride and ownership in work and appearance	Acknowledges and discusses a difference of opinion or criticism constructively, directly and tactfully	Acquires additional skills in order to improve work performance
Attire is inappropriate for the job	Understands and appropriately follows HIPPA guidelines.	Influences others in a positive manner and promotes organizational change	Acts as an ambassador for the organization

Performance Level 1 2 3 4

Score

Method(s) of collecting input: A B C D

Comments:

TECHNICAL/PROFESSIONAL KNOWLEDGE & SKILLS 10%

Possesses, acquires and maintains the technical/professional expertise required to do the job effectively. Job knowledge is demonstrated through problem solving, applying knowledge and skill in daily work requirements, as well as project oriented work.

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance
Knowledge in the various areas of job activities is limited	Effectively applies technical/professional concepts within the field of work	Actively guides others in interpreting and solving technical issues; accurately explains concepts so that the listener may understand and apply them effectively	Identifies opportunities and generates recommendations for the development of new technical/professional applications, products and services within the organization
Provides information that is incorrect or incomplete	Effectively uses his/her skills to create needed solutions for the organization	Serves as a resource to others on technical/professional issues and problems	Has in-depth understanding of the technical detail of one's field and continuously searches out best practices

Performance Level 1 2 3 4

Score

Method(s) of collecting input: A B C D

Comments:

JOB SPECIFIC TOTAL WEIGHT 30%

Financial & Budgetary Impact 10%

Successfully manages time and resources

Consistently contributes to sound financial practices: See attached list based on job title

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance

Performance Level 1 2 3 4 Score

Method(s) of collecting input: A B C D

Customer Satisfaction 10%

Portrays oneself or MMG in a positive and polite way to customers, clients and the public.

Effectively works to increase customer satisfaction by spontaneously changing work routines to fit the immediate needs or our customers.

Shows compassion and understanding for patients, while honoring their required confidentiality.

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance

Performance Level 1 2 3 4 Score

Method(s) of collecting input: A B C D

Job Specific identified by Manager/Employee 10%

Level 1 Needs Improvement	Level 2 Meets Expectations	Level 3 Exceeds Expected Performance	Level 4 Consistently High Performance

Performance Level 1 2 3 4 Score

Method(s) of collecting input: A B C D

This Job Specific competency (s) has been reviewed for accuracy and detailed for the coming year. Yes No

Comments: _____

Departmental/Developmental goal(s): _____

Plan of Action REQUIRED for any score below 2.

SCORING	Weight		Score		Calculation
Customer Focus and Teamwork	0.10	x	0.00	=	0.00
Communication	0.10	x	0.00	=	0.00
Quality/Decision Making/Financial Budgetary Impact	0.10	x	0.00	=	0.00
Time Management/Organization	0.10	x	0.00	=	0.00
Accountability/Dependability/ Adaptability	0.10	x	0.00	=	0.00
Confidentiality/Professionalism	0.10	x	0.00	=	0.00
Technical/Professional Knowledge & Skills	0.10	x	0.00	=	0.00
Job Specific Total Weight 30%					
Financial/Budgetary Impact	0.10	x	0.00	=	0.00
Customer Satisfaction	0.10	x	0.00	=	0.00
Job Specific	0.10	x	0.00	=	0.00
	1.00		Points Total		0.00
			Total Possible		4.00

The Appraiser has reviewed the current Job Description with the Employee. ☐ Please check

The annual competency testing has been completed. Yes No N/A

Access/Confidentiality Acknowledgement reviewed/signed? ☐ Please check

Employee: _____
Name Date

Appraiser: _____
Name Date

Director: _____
Name Date

Employee Comments: _____

Revised July 2007

McLaren Health Care Corporation

PERSONNEL ACTION FORM

☐ **NEW HIRE** COMPLETE SECTIONS 1, 2, 7

☐ **CHANGE** COMPLETE SECTIONS 1, 4, 6, 7

☐ **TERMINATION** COMPLETE SECTIONS 1, 3, 6, 7

☐ **LEAVE OF ABSENCE** COMPLETE SECTIONS 1, 5, 6, 7

1

NAME	SSN — —	DATE	DEPT. NO.	COMPANY

2 NEW HIRES

EMP. REQ. NO.

START DATE | JOB TITLE | JOB CODE

ALTERNATE JOB TITLE | ALTERNATE JOB CODE

STREET ADDRESS

CITY | STATE | ZIP

HOME PHONE | OFFICE PHONE

BEN. ACC. CODE | EXEMPT CODE | AUTHORIZED HOURS

PAY RATE ☐ SAL. | ☐ HOUR GRADE | SHIFT

☐ FULL TIME ☐ PART TIME ☐ CASUAL ☐ TEMP ☐ STUDENT

SEX | RACE | BIRTH DATE

☐ REINSTATE SERVICE HRS. (Prior Hire)

DATE:
HOURS:
☐ DO NOT REINSTATE

3 TERMINATIONS

LAST DAY WORKED | EFFECTIVE DATE OF TERMINATION

PAY PERIOD ENDING | DATE OF HIRE | EMP. CLASS | PAY GRADE

JOB TITLE AND CODE

STREET ADDRESS FOR FORWARDING (IF DIFFERENT FROM CURRENT)

CITY | STATE | ZIP

FINAL CHECK
☐ HOLD ☐ PROCESS AS USUAL ☐ OTHER _____

HUMAN RESOURCES ONLY
TERMINATION CODE _____

4 CHANGES

EFF. DATE (PAY PERIOD BEGIN DATE)

CHANGE FROM		CHANGE TO	
DEPT. NAME	DEPT. #	DEPT. NAME	DEPT.
TITLE		TITLE	
JOB CODE	ALTERNATE JOB TITLE	JOB CODE	ALTERNATE JOB TITLE
☐ FT ☐ PT ☐ Casual	BEN ACC. CODE	☐ FT ☐ PT ☐ Casual	BEN. ACC. CODE
EXEMPT CODE		EXEMPT CODE	
AUTHORIZED HOURS	COMPANY	AUTHORIZED HOURS	COMPANY
PAY GRADE	RATE	PAY GRADE	RATE

5 LEAVE OF ABSENCE

LAST DAY WORKED | EMPLOY CLASS. | EXP. RET. DATE | ACTUAL RET. DATE

☐ EXTENSION ☐ EARLY RETURN

WORKER'S COMP?
☐ YES ☐ NO

PHYSICIAN STATEMENT
☐ RECEIVED
☐ PENDING

HUMAN RESOURCE ONLY
☐ FMLA ☐ Non FMLA

6 REASON FOR ACTION

SIGNATURES

7	HUMAN RESOURCES SIGNATURE	DATE	DEPARTMENT MANAGER SIGNATURE	DATE
8	DIRECTOR SIGNATURE	DATE	ADMINISTRATION	DATE

- DISTRIBUTION -
WHITE - PAYROLL YELLOW - HUMAN RESOURCES PINK - DEPARTMENT

McLaren Medical Management, Inc.
Recruitment Request Form

Description of Position Requested

Job Title:		Department:		Expected Date Needed:	
Cost Center:		Affiliate Name:		Location:	
Contact Person:		Phone No.:		E-Mail Address:	
Shift:		Hours of Work::	_ ☐ A.M. ☐P.M. _____ ☐ A.M. ☐P.M.		

☐ Full time ☐ Part Time - Number of Hours: __ ☐ Casual ☐ Temporary **Is this postion(s) budgeted?** Yes ☐ No ☐

Pay Grade:_ Pay Range:__

Temporary Dates Needed: _____ From: _____ To: _____

Number of positions needed: _____

Reason For Request

☐ Replacement If replacement, please give name of departing staff member: _____
Has job description been revised within 1 year? ☐YES☐NO
Authorized signature required: _____

☐ New Position If new position, please attach job description
Authorized signature required: _____

Authorizing Signatures

Vice President: _____ **Date**: _____

Director: _____ **Date**: _____

Operations Manager: _____ **Date**: _____

Office Manager/Site Coord: _____ **Date**: _____

Process Engineering: _____ **Date**: _____

COMMENTS:_____

Managers Recommendations

Name	Phone Number	Sources	Contact Person

Human Resource Use

Internal Candidates

Name	Department	Affiliate Name	Length of Service	CAP	Comments

External Candidates

Name	Phone Number	Comments

Candidate Selected: _____ Effective Date: _____

McLaren Medical Group
Payroll Correction Form

Employee Name_____ Employee No. _____ Department No. _____

Please adjust the previously reported and paid hours on pay ending: _____

Kronos Code	Earnings Description	Payroll Ultipro	Payroll MS4	Add Hours	Remove Hours	Date of Correction
REG	Regular	REGA	10			
OT	OT	OTR	11			
OT	OT	OTP	11			
MMSH2	2 nd Shift	S2D	21			
MMSH3	3 rd Shift	S3B	31			
PTOA	PTO Advance(Physician only)	PTOD	PTOA			
PTS	PTO Scheduled (A)	PTOA	393			
PTU	PTO Unscheduled (A)	PTOA	394			
EXLVE	Sick exem(GF Physician)	SICKA	46			
HOLW	Holiday Worked	HOLWA	12			
FNLNA	Bereavement(A)	BERV	571			
JURNA	Jury Duty(A)	JRY	591			
CALBK	Called in (back)	CALLA	14			
CLASS	Class Time	EDUA	45			
MEETG	Meeting	MEETC	58			
MBT	MBT	OTHQ	61			
	Other					

(A) Benefit time does not accrue toward overtime

REASON _____

_____

_____ _____ _____

Date Phone Number Authorized Signature

_____ ADD TO NEXT CHECK

_____ REQUESTS SPECIAL CHECK _____

(must have Directors signature) Directors Signature

_____ MAIL CHECK _____HOLD CHECK IN PAYROLL 12/22/2010

McLaren

HEALTH CARE

- ☐ McLaren Bay Region
- ☐ McLaren Cancer Institute
- ☐ McLaren Central Michigan
- ☐ McLaren Clarkston
- ☐ McLaren Flint
- ☐ McLaren Greater Lansing
- ☐ McLaren Health Care
- ☐ McLaren Health Plan
- ☐ McLaren Homecare Group
- ☐ McLaren Lapeer Region
- ☐ McLaren Macomb
- ☐ McLaren Medical Group
- ☐ McLaren Oakland
- ☐ Northern Michigan Regional Hospital
- ☐ Other _____

Request for Scheduled Absence

Today's Date: _____

To: _____

From: _____

I would like to request the following time off:

- ☐ **PTO** (list first and second choice; time off requests should be inclusive of all requested days off)
- ☐ **Other** (Jury Duty, Bereavement, etc)

Dates: _____

_____

Comments: _____

_____

_____

PTO Hours Available: _____

___ Approved Contingent on available PTO hours at time of absence. ___ Not Approved

I have read this request for time off and found it correct.

_____ _____

Date Employee Signature

_____ _____

Date Supervisor Signature

MHCC-612 Rev. (1/12)

McLaren

HEALTH CARE

- ☐ McLaren Bay Region
- ☐ McLaren Cancer Institute
- ☐ McLaren Central Michigan
- ☐ McLaren Clarkston
- ☐ McLaren Flint
- ☐ McLaren Greater Lansing
- ☐ McLaren Health Care
- ☐ McLaren Health Plan
- ☐ McLaren Homecare Group
- ☐ McLaren Lapeer Region
- ☐ McLaren Macomb
- ☐ McLaren Medical Group
- ☐ McLaren Oakland
- ☐ Northern Michigan Regional Hospital
- ☐ Other _____

Request for Scheduled Absence

Today's Date: _____

To: _____

From: _____

I would like to request the following time off:

- ☐ **PTO** (list first and second choice; time off requests should be inclusive of all requested days off)
- ☐ **Other** (Jury Duty, Bereavement, etc)

Dates: _____

_____

Comments: _____

_____

_____

PTO Hours Available: _____

___ Approved Contingent on available PTO hours at time of absence. ___ Not Approved

I have read this request for time off and found it correct.

_____ _____

Date Employee Signature

_____ _____

Date Supervisor Signature

MHCC-612 Rev. (1/12)

McLaren MEDICAL GROUP		**Policy Title:**	Reporting Patient Safety Occurrences and Serious Occurrence Process
Effective Date:	6/2002	**Policy Number:**	9800
Review Date:		**Category:**	Performance Improvement
Revised Date:	5/6/2014	**Oversight Level:**	2
Administrative Responsibility:	Ambulatory Quality Improvement Committee		
Interpretation:	Quality and Compliance Director/Safety Officer/Operations Managers		

1. Purpose

To reduce patient safety occurrences through a process of reporting medical errors and other factors that contribute to them, conducting analyses that focus on process and system factors, and implementing actions to improve and prevent recurrence.

2. Scope

MMG workforce

3. Definitions

3.1. Adverse Drug Reaction – Unintended, undesirable, or unexpected effects of prescribed medications or of medication errors that require discontinuing a medication or modifying the dose, require initial or prolonged hospitalization, result in disability, require treatment with a prescription medication, result in cognitive deterioration or impairment, are life threatening, result in death, or result in congenital anomalies.

3.2. Hazardous Conditions – Any set of circumstances (exclusive of the disease or condition for which the individual is being treated) that significantly increases the likelihood of a serious adverse outcome.

3.3. Medication (as applicable to MMG physician practices) – Any prescription medications; sample medications; herbal remedies; vitamins; nutriceuticals; over-the-counter drugs; vaccines; diagnostic and contrast agents used on or administered to persons to diagnose, treat or prevent disease or other abnormal conditions; respiratory therapy treatments; intravenous solutions (plain, with electrolytes and/or drugs); and any product designated by the Food and Drug Administration (FDA) as a drug. This definition of medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases.

3.4. Medication Error – Any preventable event that may cause inappropriate medication use or jeopardize patient safety.

3.5. Near Miss – Any process variation which did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome.

3.6. Occurrence Report – data collection tool for reportable occurrences.

3.7. Reportable Occurrence – an act by a health care provider which is or may be below the applicable standard of care and has a reasonable probability of causing injury to a patient; situations that have affected a patient's/visitor's/employee's safety and well-being.

3.8. Root Cause Analysis – a process for identifying the basic or causal factor(s) that underlie variation in performance, including serious occurrences.

3.9. Serious Occurrence or Sentinel Event – An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. The following would require conduct of a root cause analysis:

3.9.1. Infant abduction,

3.9.2. Rape,

3.9.3. Surgery or procedure on the wrong patient or wrong body part/site,

3.9.4. Unanticipated death at any practice site,

3.9.5. Unintentionally retained foreign body after procedure,

3.9.6. Medication related death or major disability,

3.9.7. Any event causing significant or serious harm to a patient, visitor or employee at a patient care site.

4. Policy

4.1. All patient, visitor, and other occurrences, including those defined as "serious occurrences" are reported promptly, investigated as appropriate, and data aggregated, analyzed and reported regularly.

4.2. Serious occurrences and near misses are investigated on an individual basis. A thorough analysis of system factors are conducted using performance improvement tools to assist in understanding the cause(s) of the occurrence.

5. Procedure

5.1. Identifying Reportable Occurrences

5.1.1. Types of occurrences which are reported include, but are not limited to:

5.1.1.1. Falls;

5.1.1.2. Medication errors; adverse drug reactions; controlled medicine discrepancies;

5.1.1.3. Treatment or procedure related occurrences including wrong patient, wrong site, wrong procedure, complications;

5.1.1.4. Property loss or damage;

5.1.1.5. Equipment failures or improper use;

5.1.1.6. Safety/security issues including patient/visitor injury, inappropriate behavior, hazardous material spills, against medical advice, documentation, noncompliance, professional conflict, etc.

5.1.2. Serious occurrences and near misses as defined above require immediate reporting and special investigation.

5.2. Managing the Patient/Individual and Equipment Involved

5.2.1. In all situations, care for the immediate needs of the patient/individual, and seek assistance if necessary, before reporting the occurrence.

5.2.2. Set aside in a secure area all equipment/medication involved in or associated with the occurrences (e.g., machines/devices that malfunctioned, packaging materials, syringes, medication vials, surgical instruments, etc.)

5.2.2.1. For biomedical devices, reference Medical Equipment Management Plan (Blue Manual) for Safe Medical Device Act.

5.3. Reporting Occurrences (other than “serious”)

5.3.1. Report the occurrence to the provider and office leadership on duty.

5.3.1.1. A provider should examine patients/individuals requiring medical attention.

5.3.2. Patient, visitor, and other occurrences are reported promptly (within 24-72 hours) on the McLaren Health Care Corporation Occurrence Report form (MHCC-10057).

5.3.2.1. The Occurrence Report must be complete and accurate. It should be completed by the staff member involved in/discovering the occurrence, or by the manager/supervisor.

5.3.2.1.1. Identify McLaren Medical Management, Inc. as the affiliate in upper left corner

5.3.2.1.2. Complete the OCCURRENCE INFORMATION section providing information about the date, time, day, site, and type of the occurrence and information identifying the patient or individual(s) involved.

5.3.2.1.3. Complete the TYPE OF OCCURRENCE section that applies to the occurrence as thoroughly as possible.

5.3.2.1.4. Document a brief explanation of the occurrence and a description of the event from the patient/individual involved, including direct quotes.

5.3.2.1.5. Document the patient's/individual's condition prior to and following the occurrence, including the nature of the injury if applicable.

5.3.2.1.6. Document any treatment given at the site or follow up treatment/ procedure ordered by the provider.

5.3.2.1.7. Note the names and phone numbers of any witnesses and their relationship to the patient or McLaren Medical Group.

5.3.2.1.8. The manager/supervisor will document any actions or measures taken to prevent reoccurrence, (e.g., staff education, removal of hazard, change in process, etc.)

5.3.2.1.9. Record the date and time the provider and manager/supervisor were notified.

5.3.2.2. Document in the patient's medical record the facts that are pertinent to the continuity of care and any treatment that was given or ordered. DO NOT place a copy of the Occurrence Report in the record.

5.3.2.3. A copy of the Occurrence Form may be kept on file by the manager/supervisor in a confidential/secured location.

5.3.2.4. Forward the completed original Occurrence Form to the Quality and Compliance Director. The Quality and Compliance Director will acknowledge receipt of the report.

5.3.2.5. The Safety Officer is immediately notified of all hazardous and environmental safety occurrences.

5.3.2.5.1. The Safety Officer will assist in the investigation and monitor completion of any environmental safety action plans.

5.3.2.6. Unless otherwise designated, the Operations Manager for the site will serve as the communication liaison for follow-up on occurrences. All questions from the patient/family or others related to the occurrence are referred to the Operations Manager.

5.4. Reporting and Investigation of Serious Occurrences and Near Misses

5.4.1. Reporting

5.4.1.1. Report the occurrence to the provider and manager/supervisor on duty.

5.4.1.2. Immediately notify the Quality and Compliance Director and the site's Operations Director.

5.4.1.3. Medication and vaccine errors, preventable adverse drug reactions, close calls, or hazardous conditions may be reported to the Institute for Safe Medication Practices.

5.4.1.4. As soon as possible after the event, the Quality and Compliance Director will notify Corporate Risk Management and the Regional Hospital as applicable. If immediate legal consultation is required, the Office Manager may consult Risk Management.

5.4.1.5. The Quality and Compliance Director or designee will identify an individual to inform the Marketing & Communications Department, so they can receive appropriate information.

5.4.1.6. If necessary, a spokesperson is identified to provide consistent information to the patient/individual and family.

5.4.1.7. The McLaren Health Care Corporation Occurrence Report form (MHCC-10057) is completed and forwarded within 24 hours to the Quality and

Compliance Director. The person who discovers or witnessed the event must complete the report.

5.4.1.8. The Quality and Compliance Director will report serious occurrences to the Ambulatory Quality Committee and the Board.

5.4.1.9. After each incident of a fire or whenever smoke is detected, a Fire Report is sent within 48 hours to the Safety Officer; report is faxed to Practice Management @ 810-342-1033.

5.4.2. Document in the patient's medical record the facts that are medically pertinent to the patient/individual's care and any treatment that was given or ordered.

5.4.2.1. Time of the event;

5.4.2.2. What happened and the effect it had on the individual;

5.4.2.3. Results of the provider evaluation, diagnostic tests, treatments performed;

5.4.2.4. Assessment of patient before, during and after event.

5.4.2.5. DO NOT document the completion of the Occurrence Report in the record.

5.4.2.6. DO NOT place a copy of the Occurrence Report in the record.

5.4.3. Investigation

5.4.3.1. As soon as practicable after the event, a group is convened to review the systems and processes associated with the serious occurrence.

5.4.3.1.1. The group is comprised of individuals closest to the event and processes involved including the Operations Manager, Operations Director and Provider. Representatives from the Performance Improvement department and other Administrative designees may also participate. A representative from Risk Management may also participate as necessary.

5.4.3.1.2. Performance improvement tools, such as a root cause analysis or failure mode effect analysis, may be used in evaluating the processes. The investigation is documented in accordance with required standards. The group will:

5.4.3.1.2.1. Discuss alternative performance improvement and/or risk reduction measures;

5.4.3.1.2.2. Identify actions which will be taken;

5.4.3.1.2.3. Assign responsible individuals to implement the action plans and time frames for completion.

5.4.3.1.3. The results of the analysis are used to develop an action plan. The action plan will identify changes that are implemented to reduce risk. The action plan will identify:

5.4.3.1.3.1. Who is responsible for implementation;

5.4.3.1.3.2. When the action will be implemented; and

5.4.3.1.3.3. How the effectiveness of the actions will be evaluated.

5.4.3.1.4. The Ambulatory Quality Improvement Committee will review all action plans and ongoing effectiveness measures.

5.4.3.2. All investigation, monitoring and reporting documents involving professional/peer review are confidential. All documents are labeled with the following terminology to maximize confidentiality:

This is a confidential professional/peer review and quality assurance document of McLaren Medical Group. It is protected from disclosure pursuant to the provisions of MCL 333.20175, MCL 333.21513, MCL 333.21515, MCL 331.531, MCL 331.532, MCL 331.533, MCL 330.1143, MCL 330.1748 and other State and Federal laws providing protection for facility professional review and/or peer review functions. Unauthorized disclosure or duplication is prohibited.

5.4.3.2.1. Data generated by or on behalf of the group is distributed at meetings only. Documents and minutes are collected and destroyed after the meeting, with one copy retained in the investigation file.

5.4.3.2.2. Files are included in the Performance Improvement Department's Investigation File Records.

5.5. Disclosure of Unanticipated Outcomes of Care

5.5.1. When a serious occurrence leads to an unanticipated outcome, the provider or designee will explain the situation to the patient and when appropriate, to the family. Short and long-term care needs, including additional treatments resulting

from the occurrence, are explained.

5.6. Reporting Significant Adverse Drug Reactions for FDA Review

5.6.1. An adverse drug reaction is documented if it is significant, i.e., requires treatment with a prescription drug, results in temporary or permanent disability, involves a drug recently approved by the FDA, requires hospitalization, is toxic to the patient or results in death.

5.6.2. When a significant adverse drug reaction is suspected, the provider is notified and an **Adverse Drug Reaction Report form** is completed by the provider, nurse or other appropriate health care professional.

5.6.2.1. The Adverse Drug Reaction Report form and any pertinent medical records are forwarded to the Performance Improvement Department and Safety Officer for review and disposition.

5.6.2.2. If deemed necessary, a report is forwarded to Ambulatory Quality Improvement Committee for further review and final disposition.

5.7. Education

5.7.1. All staff and providers will receive orientation to the policy and its provisions, and ongoing education related to the policy is included in the annual Environment of Care training.

6. Exceptions

6.1. The President, Medical Director, or Director of Performance Improvement and Compliance have the authority to take immediate action or make special provisions for activities covered under this policy.

7. References

7.1. Healthcare Facilities Accreditation Program (2012-2013 v2), *Accreditation Requirements for Acute Care Hospitals.*

7.2. Institute for Safe Medication Practices (2014), *The National Medication Errors Reporting Program* retrieved from https://www.ismp.org/orderforms/reporterrortoismp.asp.

7.3. The Joint Commission (March 21, 2013), *Root Cause Analysis and Action Plan Framework Template.*

7.4. The Joint Commission (March 2014), *Standards Manual Content*.

8. Appendix
None
9. Approvals

Mark S. O'Halla
(Original signed policy on file in MMG Practice Management)
Mark O'Halla
Interim President/Chief Executive Officer

6/23/2014
Date

Michael Ziccardi, D.O.
(Original signed policy on file in MMG Practice Management)
Michael Ziccardi, Jr., D.O.
Medical Director

6/10/2014
Date

Ambulatory Quality Improvement Committee

Previous Revision Dates/Supercedes Policy:
6/01; 4/02; 5/02; 10/04; 9/05
Supercedes 9.8

McLAREN HEALTH CARE CORPORATION
OCCURRENCE REPORT

☐ INGHAM ☐ LAPEER ☐ McLAREN ☐ McLAREN MEDICAL MANAGEMENT INC.
☐ GRN
☐ PEN
☐ NETWORK

CONFIDENTIAL

The purpose of this confidential document is to assist McLaren Health Care Corporation in its effort to reduce morbidity/mortality and improve quality of care. These documents are produced for and on behalf of Performance / Quality Improvement committees. An occurrence is any happening which is not consistent with System procedures or routine patient care.
(MCL 333.20175, 333.21513, 333.21515, 331.531, 331.533)

DO NOT

- reference completion of report in medical record;
- store report in medical record;
- duplicate / copy report;
- or staple attachments

DO

- Document in the medical record facts that are pertinent to the continuity of care for the patient
- Check / complete all applicable boxes and sections; and
- Send this report to Risk Management.
- If employee is injured - complete the Healthcare Worker Incident Report.

(PATIENT STAMP AREA)

ADMITTING DX _____

OCCURRENCE INFORMATION

DATE OF OCCURRENCE	TIME (MILITARY)	DAY OF WEEK	PREPARED BY	DATE OF REPORTING

☐ INPT ☐ OUTPT ☐ VISITOR ☐ OTHER: _____

SITE OF OCCURRENCE DEPT / UNIT: _____ DEFINE SPECIFIC LOCATION: _____

TYPE ☐ FALL ☐ MEDICATION ☐ PROCEDURE ☐ PROPERTY ☐ EQUIPMENT ☐ OTHER: _____

VISITOR INFORMATION

NAME		HOME PHONE	WORK PHONE
ADDRESS - STREET	CITY	STATE ZIP	SECURITY NOTIFIED ☐ YES ☐ NO

TYPE OF OCCURRENCE

FALLS

☐ ASSISTED TO FLOOR
☐ FROM TOILET / COMMODE
☐ FROM CHAIR / WC
☐ FROM BED / TABLE
☐ FOUND ON FLOOR
☐ WALKING W/ ASSIST
☐ WALKING W/OUT ASSIST
☐ REPORTED
☐ VISITOR
☐ OUTPATIENT
☐ OTHER

SIDE RAILS IN USE
☐ NONE ☐ ONE ☐ TWO ☐ THREE ☐ FOUR

CALL LIGHT IN REACH
☐ YES ☐ NO ☐ UNKNOWN

POSEY / RESTRAINTS ORDERED
☐ YES ☐ NO

BED / FALL ALARM ON
☐ YES ☐ NO

CONDITION OF AREA
SHOES _____
SURFACE _____
HAZARDS _____

FALL RISK **PRIOR** TO FALL
☐ ONE ☐ TWO ☐ THREE ☐ NOT ASSESSED

MOBILITY STATUS ☐ UNLIMITED ☐ UP W/ ASSIST ☐ COMPLETE BEDREST
☐ GAIT DISTURBANCE ☐ MUSCLE STRENGTH DEFICIT

EXACT LOCATION OF FALL _____

MEDICATION

ROUTE ☐ PO ☐ IM ☐ SQ ☐ IV ☐ PUMP USED ☐ YES ☐ NO ☐ OTHER: _____

☐ WRONG DOSE ☐ WRONG DRUG ☐ NOT ORDERED ☐ NARCOTIC DISCREPENCY
☐ WRONG ROUTE ☐ WRONG PATIENT ☐ ADVERSE REACTION
☐ WRONG TIME ☐ NOT GIVEN ☐ EXTRAVASATION
☐ DISPENSING ERROR ☐ TRANSCRIPTION ERROR ☐ OTHER: _____

TREATMENT / PROCEDURE

☐ DELAYED ☐ COMPLICATION ☐ OTHER: _____
☐ TRANSFUSION RELATED ☐ COUNT / SPONGE / INSTRUMENT
☐ TRANSCRIPTION ERROR ☐ CONSENT RELATED ☐ DEVIATION: CIRCLE ONE

WRONG TX/PROC
WRONG PATIENT
OMITTED
STERILE FIELD
OTHER

PROPERTY

☐ PROPERTY DAMAGE ☐ ARTICLE MISSING ☐ RECOVERED FOUND PROPERTY *SECURITY NOTIFIED ☐ YES ☐ NO

ESTIMATED VALUE PER PT, IF KNOWN $ _____ BRIEF DESCRIPTION _____

NOTE: RECOVERED / FOUND PROPERTY MUST BE TURNED OVER TO SECURITY OR AT *LAPEER, TO QUALITY MANAGEMENT

LOCATION WHERE ITEM(S) FOUND: _____

NAME OF OWNER IF KNOWN: _____ PHONE #: _____

_____ _____
SIGNATURE OF SECURITY PERSON RECEIVING PROPERTY DATE

EQUIPMENT

- ❑ MALFUNCTION
- ❑ IMPROPER USE
- ❑ DEFECTIVE
- ❑ UNAVAILABLE
- ❑ OTHER: _____

IF SMDA:
- **KEEP PACKAGING**
- **NOTIFY RISK MGMT**
- **RETAIN EQUIPMENT**

REPORTED TO BIOMED ❑ YES ❑ NO
REMOVED FROM SERVICE ❑ YES ❑ NO
IMPLANTABLE DEVICE DEFECT ❑ YES ❑ NO

OTHER

❑ AMA ❑ NONCOMPLIANCE ❑ INAPPROPRIATE BEHAVIOR ❑ CONTRABAND
❑ DOCUMENTATION ❑ SAFETY / SECURITY ISSUE ❑ DISSATISFACTION ❑ INJURY
❑ HAZARDOUS MATERIAL ❑ PROFESSIONAL CONFLICT ❑ OTHER: _____

PLEASE COMPLETE THE FOLLOWING FOR ALL OCCURRENCES

FACTS ABOUT OCCURRENCE

BRIEF EXPLAINATION:
(BY PERSON COMPLETING FORM) _____

PATIENT / VISITOR DESCRIPTION OF OCCURRENCE

INCLUDE QUOTES:
(REMEMBER TO DOCUMENT PT / FAMILY QUOTES IN MEDICAL RECORD)

PT / FAMILY ATTITUDE AFTER OCCURRENCE: ❑ UNAWARE ❑ COOPERATIVE ❑ ANGRY ❑ THREAT OF LITIGATION

PATIENT / VISITOR CONDITION

PRIOR TO OCCURRENCE

❑ SEDATED ❑ CONFUSED ❑ UNCONSCIOUS ❑ UNKNOWN
❑ ALERT ❑ UNCOOPERATIVE ❑ COMBATIVE ❑ MEDICATED (EXPLAIN) _____

FOLLOWING OCCURRENCE

DESCRIPTION / NATURE OF INJURY (IF APPLICABLE): _____

FOLLOW UP TREATMENT

REFERRED FOR TREATMENT ❑ YES ❑ NO DESCRIBE _____
X-RAY / TEST ORDERED ❑ YES ❑ NO RESULTS _____

WITNESSES

NAME _____ PHONE _____ NAME _____ PHONE _____
❑ EMPLOYEE ❑ FAMILY ❑ OTHER: _____ ❑ EMPLOYEE ❑ FAMILY ❑ OTHER: _____

SUPERVISORY FINDINGS / CORRECTIVE MEASURES TO PREVENT REOCCURRENCE

NOTIFICATION

PHYSICIAN NAME _____ TIME _____ BY WHOM _____
MANAGER / SUPERVISOR NAME _____ TIME _____ BY WHOM _____
OTHER _____ TIME _____ BY WHOM _____
MANAGER SIGNATURE _____ DATE _____

McLaren HEALTH CARE		Policy Title:	Work Related Illness and Injury Incident Reporting
Effective Date:	1/1/10	**Policy Number:**	HR 0180
Review Date:		**Section:**	Human Resources
Revised Date:	2/1/14	**Oversight Level:**	Corporate
Administrative Responsibility:	MHCC Vice President Human Resources		

1. Purpose

To provide a consistent method of receiving, monitoring, trending and recording incidents of work related illness and injury.

2. Scope

All employees of McLaren Health Care and its subsidiaries (MHCC).

3. Policy

In the interest of providing a safe and healthy environment, and in accordance with the accrediting bodies, state and federal safety laws, MHCC establishes an expectation that all incidents of work related injuries, accidents or illnesses be promptly reported and recorded.

4. Procedure

4.1 In the event of work related injury, accident or illness the employee should immediately notify his/her manager/supervisor on duty. The employee and manager/supervisor should complete and sign the Employee Occupational Incident Report Form, and the manager/supervisor should refer the employee to the appropriate location, either Employee Health Services (EHS), emergency department, or designated occupational health clinic.

4.2 Failure to comply with this policy, including failure to report to appropriate location or failure to report for scheduled medical appointments without notice of cancellation, may result in corrective action up to and including termination.

5. References

5.1. Michigan Workers' Disability Compensation Act
5.2. Occupational Safety and Health Administration (OSHA)
5.3. MHCC HR 0351 Workers' Compensation Policy
5.4. MHCC Employee Occupational Incident Report Form #PS-1772

6. Exception Provisions

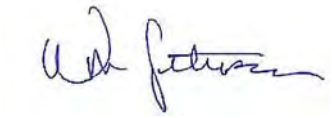
6.1 All health providers, volunteers, students and contractors requiring medical attention due to a work related illness or injury must follow subsidiary specific procedures.

6.2 If any provision of this policy conflicts with an express provision(s) of an applicable bargaining agreement or letter of agreement, the latter shall supersede this policy to the extent necessary to comply with contractual obligations.

Approvals:

Corporate HR Policy Committee: 3/20/09

Human Resources Council: 6/10/09, 11/14/13



_____ November 25, 2013_
William Peterson Date
Vice President Human Resources

Previous Revisions: Not Applicable
Supersedes Policy: Not Applicable

McLaren HEALTH CARE

OSHA#: _____

EMPLOYEE OCCUPATIONAL INCIDENT REPORT

☐ BAY ☐ LANSING ☐ MHC ☐ FLINT ☐ OAKLAND ☐ LONC ☐ KARMANOS ☐ MMG: _____

☐ BSC ☐ LAPEER ☐ MHP ☐ MNM ☐ CENTRAL ☐ MACOMB ☐ VC ☐ BPT ☐ MHG: _____

EMPLOYEE SECTION

EMPLOYEE NUMBER	DEPT/OPERATION	INJURY DATE	INJURY TIME	DATE REPORTED TO SUPERVISOR/NAME

NAME	JOB TITLE	SHIFT START STOP

STREET ADDRESS	CITY/STATE/ZIP	☐ FULL TIME ☐ PART TIME ☐ OTHER_____	HIRE DATE

HOME PHONE ( )	WORK PHONE ( )	BIRTH DATE	SEX ☐ MALE ☐ FEMALE	SOCIAL SECURITY NUMBER

PART OF BODY INJURED *(INCLUDE ALL BODY PARTS INJURED)*

☐ ABDOMEN
☐ ANKLE: ☐L ☐R
☐ ARM: ☐L ☐R
☐ BACK
☐ BUTTOCKS
☐ CHEST
☐ EAR: ☐L ☐R
☐ ELBOW: ☐L ☐R
☐ ENTIRE BODY
☐ EYE: ☐L ☐R
☐ FOOT/TOES: ☐L ☐R
SPECIFY _____
☐ GROIN/GENITALIA
☐ HAND/FINGER: ☐L ☐R
SPECIFY _____
☐ HEAD/FACE
☐ HEART/CARDIOVASCULAR
☐ HIP/PELVIS
☐ LEG: ☐L ☐R
☐ KNEE: ☐L ☐R
☐ LUNGS/PULMONARY
☐ MENTAL/EMOTIONAL
☐ MOUTH/DENTAL
☐ NECK
☐ NERVOUS SYSTEM
☐ NOSE
☐ SHOULDER: ☐ L ☐ R
☐ UNKNOWN
☐ WRIST: ☐ L ☐ R
☐ OTHER (SPECIFY):
_____

DESCRIBE INCIDENT SPECIFICALLY

WHAT WAS THE EMPLOYEE DOING JUST BEFORE THE INCIDENT OCCURRED?

WHAT HAPPENED?

WHAT WAS THE INJURY OR ILLNESS?

WHAT OBJECT OR SUBSTANCE DIRECTLY HARMED THE EMPLOYEE?

I HEREBY AUTHORIZE RELEASE OF MEDICAL INFORMATION FROM MEDICAL RECORDS TO AUTHORIZED CORPORATE PHYSICIAN, CORPORATE HEALTH OFFICE, INSURANCE CARRIER OR AGENTS FOR CASE MANAGEMENT, WORKERS' COMPENSATION, OR INSURANCE PURPOSES. ☐ TREATMENT REFUSED

SIGNATURE OF EMPLOYEE X DATE:

Incident report completed by: _____ **Date:** _____

Title: _____ **Phone: ( )** _____

Clinical Operations

Competencies for:

- **Medical Assistants**
- **Receptionists**
- **Radiology**

Will be done through Health Stream, with on site follow up and testing through the Quality Department.

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- ISMP's List of Error Prone Abbreviations, Symbols and Doses
- Medical Math Study Guide

Accreditation Preparedness

REMEMBER!!!!

Always ask when you are not sure. There is <u>NEVER</u> a stupid question.

McLaren HEALTH CARE		Policy Title:	Medication Samples and Special Cause Variation Requests
Effective Date:	September 20, 2012	**Policy Number:**	MHC_CC0128
Review Date:		**Section:**	Compliance
Revised Date:	February 1, 2014	**Oversight Level:**	Corporate
Administrative Responsibility:	Executive VP/Chief Medical Officer		

1. Purpose

1.1. To restrict the use of Medication Samples to the greatest extent possible while establishing guidelines for managing approved Special Cause Variation Medication Samples in compliance with federal and state regulations and accreditation standards.

2. Scope

2.1. All physicians, physician assistants, registered nurses, and medical assistants, employed by MHC, or its wholly owned subsidiaries (collectively "MHC"), who practice at any MHC Practice Site.

3. Definitions

3.1. Medication Sample or "complimentary starter dose" means a prescription drug packaged, dispensed, and distributed in accordance with state and federal law that is provided to a dispensing prescriber free of charge by a manufacturer or distributor and dispensed free of charge by the dispensing prescriber to his or her patients.

3.2. Special Cause Variation - a high risk patient population or situation with the likelihood of a poor outcome without the use of sample medications.

3.3. MHC Practice Site - outpatient and clinic sites in which MHC employed providers, physicians and allied health professionals, practice medicine (including those located on the hospital's main campus).

4. Policy

4.1. Prescription Medication Samples will **NOT** be allowed in MHC Practice Sites unless a Special Cause Variation has been approved.

4.2. Medication vouchers from drug manufacturers may be utilized by MHC Practice Sites in order for patients to receive a complimentary free trial or a reduced cost medication from a pharmacy of their choice.

4.2.1. Medication vouchers will not be maintained in public access areas and will only be provided when accompanied by a prescription.

4.3. Under special circumstances in which there is a legitimate clinical need, a Special Cause Variation may be approved, thus permitting the use of specific Medication Samples in approved MHC Practice Sites.

4.3.1. Controlled substances shall not be permitted as a Special Cause Variation exception.

4.3.2. Requests for approval of Special Cause Variation exceptions must be made on the Special Cause Variation Medication Sample Request Form (Appendix 7.1), and approved by the Pharmacy Director of the clinic's subsidiary, the MHC pharmacy team and the system Chief Medical Officer.

5. Procedure

5.1. If an MHC practice believes there is a clinical need to maintain specific medications, a request may be made by completing and submitting the Special Cause Variation Medication Sample Request Form (Appendix 7.1) to the subsidiary's Pharmacy Director.

5.2. The Pharmacy Director will review the request using the Special Cause Variation Recommendation Form (Appendix 7.2) along with their clinical and professional judgment. If the request is denied, a written notice will be sent to the practice. Requests that are approved will be forwarded to the MHC Corporate Pharmacy Team for evaluation.

5.3. MHC Corporate Pharmacy Team will evaluate approved requests. If the request is denied, the MHC Corporate Pharmacy Team Chair will send a written notification to the practice. Approved Requests will be forwarded to the system Executive VP/CMO for final evaluation.

5.4. The system Executive VP/CMO will make the final determination on Medication Sample Special Cause Variation Requests. The practice will be notified in writing of the final decision.

5.5. MHC Practice Sites approved for Special Cause Variation exceptions will be required to follow the procedure for maintaining, labeling, storage and dispensing Medication Samples, outlined in Appendix 7.3, as well as all state and federal laws, regulations and accreditation standards.

5.5.1. The subsidiary Pharmacy Director will be responsible for auditing the practices using approved Medication Samples to ensure compliance.

5.6. Approved Medication Samples are specific to the requesting MHC Practice Site and ONLY the specific Medication Samples which have been approved through the Special Cause Variation process may be used. All other Medication Samples are prohibited at the MHC Practice Site.

5.7. Medications Samples approved for each MHC Practice Site will be reviewed and re-evaluated annually by the MHC Corporate Pharmacy Team. A roster of the approved clinics and specific Medication Samples will be maintained by the MHC Corporate Pharmacy Team Chair and the subsidiary Pharmacy Director.

6. References

6.1. Public Health Code (EXCERPT), Act 368 of 1978, Part 177 - Pharmacy Practice and Drug Control
6.2. Prescription Drug Marketing Act of 1987; Prescription Drug Amendments of 1992; Policies, Requirements, and Administrative Procedures; Federal Register: December 3, 1999 (Volume 64, Number 232)

7. Appendix

7.1. Special Cause Variation Medication Sample Request Form
7.2. Special Cause Variation Medication Sample Recommendation Form
7.3. Requirements for Maintaining, Storing, and Dispensing Approved Sample Medications
7.4. FORM: Triplicate Sample Medication (MM-150)
7.5. FORM: Medication Sample Log Sheet

Previous Revisions: September 20, 2012

Supersedes Policy: All subsidiary Medication Sample policies

Approvals:

Corporate Compliance Committee: January 16, 2014

Michael McKenna, M.D.
Executive VP and CMO

January 16, 2014
Date

Special Cause Variation Medication Sample Request Form

Special Cause Variation is defined as a high-risk patient population or situation with the likelihood of a poor outcome without the sample medication.

Process: Complete the following information and submit to your subsidiary's Pharmacy Director for evaluation. All Special Cause Variations must be approved by the subsidiary Pharmacy Director, the MHC Corporate Pharmacy Team and MHC's Chief Medical Officer. MHC Providers will be notified in writing of the final decision.

1. Name of medication needed

2. Describe the high risk population or situation

3. Describe the need for the above listed sample medication

Your signature below is acknowledgment that, should your Special Cause Variation Request be approved, you and all staff within your practice, agree to abide by Federal and State laws and regulations, accreditation standards, and MHC policy and procedures for maintaining and dispensing medication samples.

_____ _____

Requesting Physician Signature Date Requested

_____

Requesting Physician Name (PRINT)

_____

Practice Address/Location (PRINT)

_____

Subsidiary (PRINT)

Special Cause Variation Medication Sample Recommendation

Question:	Yes	No	Unknown	Comments
1. Is the special cause variation sample medication requested for a high risk population or situation with a likelihood of a poor outcome without the sample medication?				
2. Does the requested medication fall within the clinic's scope of practice?				
3. Is the medication appropriate for the management of the patient population described in the request?				
4. Are there therapeutically equivalent generic medications that could be utilized in place of the medication requested?				
5. Does the manufacturer have a voucher program available for the requested medications (or a therapeutic alternative) that could be utilized instead?				
6. Does the practice requesting the special cause variation have a proven history of compliance in all aspects of the sample medication policy? Are there concerns with the practice being compliant with the policy in the future?				

Special Cause Variation Medication Sample Recommendation

Recommendation:

_____Approve special cause variation request based on information provided.

_____Deny of special cause variation request based on lack of evidence supporting poor clinical outcome without the sample medication and/or alternative options available to assist patients.

Rationale for approval or denial:

Approvals:

_____ _____

Subsidiary Pharmacy Director/Manager Date

_____ _____

Corporate Pharmacy Team Chair Date

_____ _____

Chief Medical Officer Date

Requirements for Maintaining, Storing, and Dispensing Approved Sample Medications

1. Attestation. Each provider completing a Special Cause Variation Medication Sample Request Form will agree to comply with federal and state regulations, accreditation standards and MHC policy and procedures on storage, inventory, tracking and dispensing approved sample medications.

2. Storage/Maintenance. Approved medication samples will be stored in a substantially constructed, securely lockable cabinet or closet with limited access. Medication samples requiring refrigeration will be stored in a locked drawer in the refrigerator or in a separate locked refrigerator dedicated to samples.
   2.1. Access to the medication sample cabinet or closet will be limited to physicians, and physician assistants and registered nurses have delegated dispensing authority from a supervising physician.
   2.2. A Log Book shall be maintained for purposes of patient information retrieval in the event of a medication recall, and to maintain an effective monthly inventory.
      2.2.1. Approvals for the Special Cause Variations shall be kept in the front of the Log Book.

3. Dispensing
   3.1. Medication samples will be collected and handed to the patient by the physician or a Physician Assistant or Registered Nurse supervised by the physician.
   3.2. Registered Nurses and Physician Assistants shall dispense no more than a 72 hour supply of sample medications.
   3.3. Unless otherwise requested by the patient, the sample medications will be dispensed in a safety closure container.
   3.4. All sample medications must be dispensed with a patient package insert as required by law and the completed Sample Medication Form, as specified in 3.5.
   3.5. The physician, or the Physician Assistant or Registered Nurse to whom he has delegated, will ensure the Sample Medication Form is properly completed with the following information; a Medical Assistant, under the supervision of the physician may document the following on the Sample Medication Form:
      3.5.1. Patients name
      3.5.2. Prescribing physician's name
      3.5.3. Name and strength of medication
      3.5.4. Lot number
      3.5.5. Quantity
      3.5.6. Date dispensed
      3.5.7. Expiration date and
      3.5.8. Directions for use
   3.6. The original will go to the patient; pink copy will be filed in the patient's medical record; and the canary copy will be attached to the Drug Sample Log Sheet.
      3.6.1. If a Medical Assistant has completed the Sample Medication Form, the physician will perform a final inspection of the medication sample and form to verify accuracy of the information before providing the sample to the patient.

4. Control
   - 4.1. All samples must be logged into the practice's sample log book located at each of the practices locations; the manufacturer representative is required to clearly document the expiration date on the face of the container.
   - 4.2. Use a separate Drug Sample Log Sheet for each approved Special Cause Variation sample medication. Drug Sample Log Sheets shall be retained for a period of five years.
   - 4.3. Use the triplicate Sample Medication Form to dispense medicine; attach canary copy to the Sample Log Sheet to reflect remaining balance of medication.
   - 4.4. Perform monthly inventory checks by verifying amount on hand with the balance on the last Sample Medication Form posted on the Log Sheet.
   - 4.5. All inventory discrepancies will be immediately reported to the practice's Operations Director, the subsidiary Pharmacy Director and Subsidiary Compliance Officer.

5. Disposal
   - 5.1. Outdated medication samples must be removed from inventory by the expiration date, and disposed in one of the following ways:
     - 5.1.1. Returned to subsidiary Medical Center's Pharmacy, if accepted,
     - 5.1.2. Discarded via a special biohazardous pick-up, or
     - 5.1.3. Disposed by any means approved by the DEA.

6. Audits and Sanctions
   - 6.1. The subsidiary Pharmacy Director will audit compliance with the above requirements within 90 days of approval of a Special Cause Variation for medication samples, and quarterly thereafter.
     - 6.1.1. Results will be provided to the physician, practice Operations Manager/Coordinator, and subsidiary Compliance Officer. If non-compliance is identified, a corrective action plan will be submitted by the practice within 30 days after receipt of the audit findings.
     - 6.1.2. The plan will be reviewed for adequacy by the subsidiary Pharmacy Director and Compliance Officer.
     - 6.1.3. Two (2) failed audits will lead to removal of all medication samples from the practice.

McLaren Health Care
MEDICATION SAMPLE ORDER FORM

SAMPLE MEDICATION
MMG PHYSICIAN OFFICE

Dr. Smith

Date: 12 / 1 / 09 Patient: Jane Doe

Drug/Dose: Augmentin 250mg Qty. Disp.: 10

Lot #: 2227 Exp. Date: 4 / 1 / 12

Balance: 20

Directions: 1 tablet two times a day

Reveals current inventory

Side Effects Discussed: ☒ Yes ☐ No **No Refills**

Physician/Provider Signature: Signed Dr. Smith

MM-150 (9/09) WHITE - patient CANARY - sample log PINK - patient chart

McLaren Health Care
MEDICATION SAMPLE LOG SHEET

Drug Name: Augmentin 250mg

Company Name: Glaxo Smith Kline

Quantity: 30

Lot Number/Exp. Date: 2227/4-1-12

Pharmaceutical Rep: John Smith

Telephone Number: 555-123-4567

Date: 11/29/09

SAMPLE MEDICATION
MMG PHYSICIAN OFFICE

Dr. Smith

Date: 12 / 1 / 09 Patient: Jane Doe

Drug/Dose: Augmentin 250mg Qty. Disp.: 10

Lot #: 2227 Exp. Date: 4 / 1 / 12

Balance: 20

Directions: 1 tablet two times a day

Side Effects Discussed: ☒ Yes ☐ No **No Refills**

Physician/Provider Signature: Signed Dr. Smith

MM-150 (9/09) WHITE - patient CANARY - sample log PINK - patient chart

Reveals current inventory

McLaren MEDICAL GROUP		**Policy Title:**	Management of Clinical Records
Effective Date:	10/96	**Policy Number:**	6220
Review Date:		**Category:**	Medical Records/HIPAA
Revised Date:	4/18/2013	**Oversight Level:**	2
Administrative Responsibility:	Operations Managers; Directors		
Interpretation:	Operations Managers; Regulatory Compliance Coordinator		

1. Purpose

To ensure that clinical records are maintained properly and can be retrieved promptly.

2. Scope

MMG workforce

3. Definitions

3.1. Set date – an arbitrary date by which a provider will have the minimum amount of information available to accommodate continuity of care for the individual patient; contents of the current folder will vary per patient, depending on the frequency of visits for the patient.

4. Policy

4.1. The clinical record identification and filing system for each MMG office will make it possible to retrieve records promptly and efficiently.

5. Procedure

5.1. Maintain a serviceable folder with necessary identifying information (patient name and date of birth) on the tab; this information should be readily seen in the files. Color-coding may be utilized to further distinguish specific folder in the files.

Place a year label on the tab of the record folder to reflect the year of last encounter for purging purposes

5.2. Only where applicable, place “allergy” stickers on front of folder to alert provider of patient’s status; stickers are not used when there are no known allergies. Specific allergies will be documented on the Medication List.

5.3. Separate record into two or more volumes when a clinical record expands to the point where it cannot house contents efficiently.

5.3.1. Separate contents by date, i.e., all information obtained before a set date is placed in one folder and information obtained after that date is filed in a subsequent folder.

5.3.2. Master Problem List, Medication List, and Vaccine Administration Record should always be maintained in the current folder to facilitate ongoing provision of care to the patient.

5.3.3. Current registration forms, consent forms, and HIPAA-related forms (particularly, approved Confidential Communications and Restrictions) should also be maintained in the latest (or most current) volume of a patient's clinical record.

5.3.4. Identify outside front cover of each folder with a notation that the patient's record consists of two (or more) volumes and the volume number such as, Volume 1 of 2 (this number will be updated as necessary).

5.3.5. Respective dates of service may be identified on the front of folder to expedite data retrieval.

5.3.6. Designate separate area to file previous volumes; if several volumes exist for a patient, older volumes may be sent to off-site storage (with destruction date marked as "never" since patient is still active).

5.4. Control the location of records at all times. When deemed necessary to meet the needs of an office, a sign-out system will be used to maintain control of records that have been removed from the files.

5.4.1. Maintain a log of records removed for copying purposes by outside vendor.

5.4.2. Update log, if a record is removed from blue bag prior to pick-up by McLaren Transportation.

5.4.3. Place a copy of the log in the bag for purposes of accountability.

5.4.4. Verify return of all records; any concerns must be reported immediately to the Privacy Officer.

6. Exceptions

6.1. Release of information processes by outside vendor will vary among regions.

7. References

7.1. American Health Information Management Association, *Health Information Management: Concepts, Principles, and Practice, 2009.*

8. Appendix

8.1. Sample log for use when records are removed from file

9. Approvals

Margaret Dimond *(Original signed policy on file in MMG Practice Management)* Margaret Dimond President/CEO	04/18/2013 Date
Michael Ziccardi, Jr., DO *(Original signed policy on file in MMG Practice Management)* Michael Ziccardi, Jr., DO Medical Director	04/18/2013 Date

Previous Revision Dates/Supercedes Policy: 8/21/07
6-2001 / 8.8.1

McLaren Medical Group

Records Out Of File

DATE RETRIEVED	PATIENT NAME	DOB	DATE SENT	DATE RETURNED/COMMENTS/FOLLOW-UP

APPENDIX A
P/P 6220

RADIOLOGY MANUAL
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(On Intranet)

McLaren MEDICAL GROUP		**Policy Title:**	Performance Improvement
Effective Date:	6/2001	**Policy Number:**	9100
Review Date:		**Category:**	Performance Improvement
Revised Date:	1/6/2015	**Oversight Level:**	2
Administrative Responsibility:	Director, Quality & Compliance		
Interpretation:	Medical Directors Director, Quality & Compliance		

1. Purpose

To assess and improve the quality of the organization's governance, management, clinical and support processes by having leaders set expectations, develop plans, and implement procedures.

2. Scope

MMG Workforce

3. Definitions

None

4. Policy

The governing body of MMG will strive to improve the quality of care provided by supporting the establishment and maintenance of an effective organization-wide quality assessment and improvement program.

5. Procedure

Performance Improvement activities are implemented in accordance with the Performance Improvement Plan which includes the Clinical Standards of Practice. (Appendix A).

6. Exceptions

The President/CEO, Medical Directors, or Director of Quality and Compliance have the authority to make special provisions for activities covered under this policy.

7. References

Specific Clinical Standards of Practice contained within this category:

9300 – Clinical
9310 – Pediatric Immunization 9320 – Adolescent Immunization
9330 – Heart Failure
9335 – Coronary Artery Disease
9340 - Diabetes Mellitus

9350 - Asthma
9360 – Pediatric Preventative Health Screens
9370 - Adult Preventative Health Screens
9410 – Prenatal Care Standards
9420 – Patient Education – Discharge
9430 – Convenient Care Medical Records
9440 – Occupational Musculoskeletal / Injury
9450 Abnormal Screening Follow-up

8. Appendix

8.1 Appendix A – Performance Improvement Plan
8.2 Appendix B – Ambulatory Quality Improvement Committee
8.3 Appendix C - Confidentiality

9. Approvals

William Hardimon
(Original signed policy on file in MMG Practice Management)
William Hardimon
President/CEO

1/06/2015
Date

Michael Ziccardi, D.O.
(Original signed policy on file in MMG Practice Management)
Michael Ziccardi, Jr., DO
Senior Medical Director

1/06/2015
Date

Previous Revision Dates/Supercedes Policy: 2/2012
9.1 – Revised 2/2012, 6/01, 2/02;
Supercedes 9.4; 9.2

PERFORMANCE IMPROVEMENT PLAN

INTRODUCTION

The Board of Trustees, through the Administration and in collaboration with all providers and employees will strive to achieve the mission of McLaren Medical Group by requiring and supporting an effective Performance Improvement Program.

The mission statement, values and guiding principles, and strategic plan provide focus for the Performance Improvement (PI) Program. These documents are used as a guide in determining priorities for establishment of new services, performance measurement, and process redesign.

MISSION STATEMENT

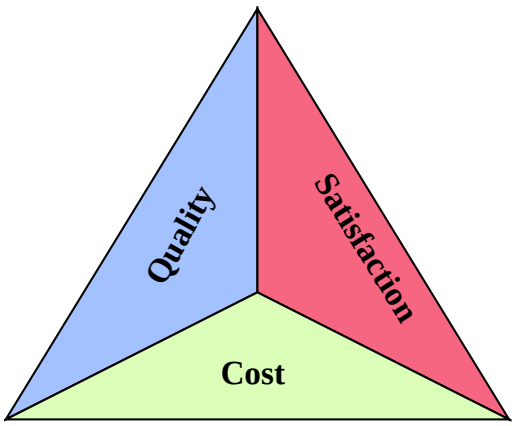
McLaren Health Care Corporation, through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost.

VISION STATEMENT

McLaren Medical Group will establish and promote, on behalf of McLaren Health Care Corporation, an integrated health care delivery system that provides increased access and quality health care services in a cost effective manner.

VALUE TRIAD

McLaren Medical Group's Value Triad identifies the three major components for achieving our mission.



Value Triad

SCOPE OF PI PROGRAM

The employees, providers, volunteers, patients and families, and when appropriate, members of the community will collaboratively design patient care and support processes that promote optimal patient outcomes and effective business practices.

The PI Program encompasses all providers and staff who provide care or support services to ambulatory care patients. This is accomplished through evaluation of staff competencies, performance appraisals, peer review, occurrence screening, variance analysis and other appropriate mechanisms.

Ongoing monitoring and evaluation are conducted on at least the following:

- Health/patient care information
- Preventive health care
- Specialty medicine
- Occupational medicine/convenient care medicine
- Unexpected deaths
- Complications
- Infection control issues
- Antibiotic and other drug usage,
- Patient Safety
  - Medication errors and adverse drug reactions
  - Safety and risk related issues
  - Serious Occurrences
- Appropriateness of care setting and resource utilization
- Competency of staff, physicians and allied health professionals
- Satisfaction, needs and expectations of patients and other customers

A performance improvement work plan identifying key performance measures and performance improvement priorities will be established annually. Credentialing, reappointment, medical education, performance appraisal, and staff development processes are important components of the Performance Improvement Program. Data appropriate to these functions will be made available to the individuals responsible for these functions.

STATEMENT OF PURPOSE

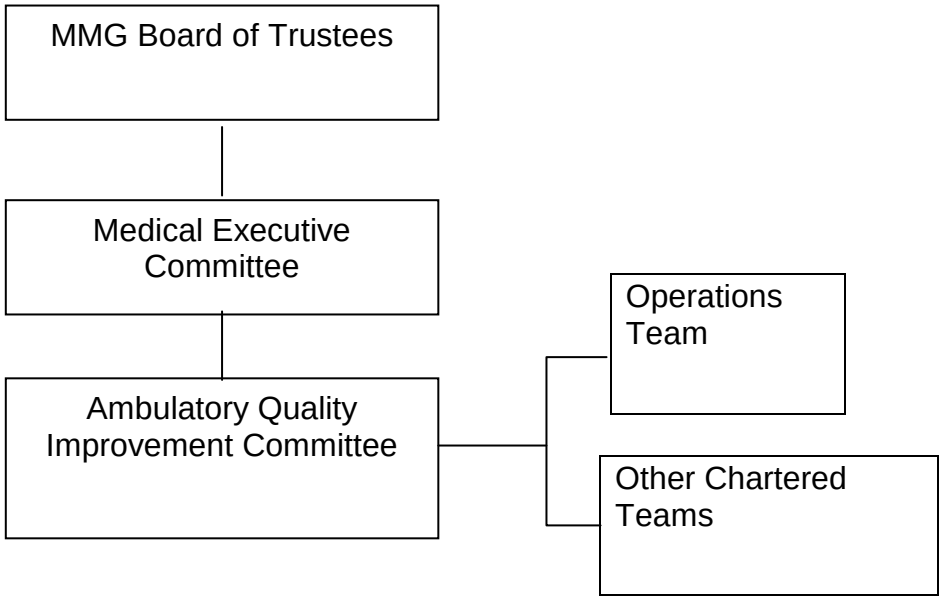
The purpose of the Performance Improvement (PI) Program is to continuously improve patient and customer outcomes. Performance is measured against clinical and service quality, satisfaction, and cost benchmarks. The Performance Improvement Plan documents the following key components of the PI Program:

- Structure and design of the PI Program
- Mechanisms for planning, design, measurement, analysis and improvement of clinical and organizational functions
- Operational linkages between performance improvement, Corporate Risk, case management, managed care and environmental safety activities

- Mechanism used for educating leaders and staff on Performance Improvement methodologies and process redesign
- Mechanism for annual reporting and program evaluation

STRUCTURE AND DESIGN

While the ultimate authority and accountability for the PI Program rests with the Board of Trustees, all leaders are accountable for communicating the organization's mission and values, fostering an organizational culture which embraces continuous performance improvement, and fulfilling the mission through achievement of strategic goals. The Board has delegated joint accountability to the Administration and providers, through the Ambulatory Quality Improvement Committee, to conduct and support an effective Performance Improvement Program.



MCLAREN'S LEADERS INCLUDE:

- Board of Trustees
- President/CEO
- Medical Directors
- Directors, Operations Managers, Office Team Leaders/Coordinators

BOARD OF TRUSTEES

The Board of Trustees is responsible for establishing, supporting and evaluating the PI Program. The Board has delegated oversight of the Program to the Ambulatory Quality Improvement Committee and to the MMG's Medical Executive Committee. The Board

will receive reports from the Quality Medical Directors on the status of the program at least quarterly and evaluate the program annually.

PRESIDENT/CEO

The President/CEO is responsible for appointing Operations staff to the Ambulatory Quality Improvement Committee. The President/CEO will actively support and participate in improvement initiatives. He or she sets the strategic direction of the organization, coordinates operations, authorizes resources, serves as Executive Champion, and serves on steering committees.

DIRECTORS, OPERATIONS MANAGERS, and TEAM LEADERS/COORDINATORS

The Leadership Team will actively support and participate in improvement initiatives, which strive to meet and exceed the expectations of our patients and customers. The leadership will evaluate staff competency, functional and environmental safety, and overall quality of performance for their service(s).

QUALITY MEDICAL DIRECTORS

The Quality Medical Director will actively support and participate in improvement initiatives, evaluate provider performance, develop policies and guidelines for privileging, report quality activities to the board, and evaluate overall quality of patient care for their service(s). The functions and responsibilities for these directors are outlined in their contracts or job descriptions.

McLAREN MEDICAL GROUP PROVIDERS, EMPLOYEES, AND STAFF

All staff members are individually accountable for actively supporting and participating in improvement initiatives, and striving to meet and exceed patients and customers expectations by providing excellent service.

MEDICAL EXECUTIVE COMMITTEE

The Medical Executive Committee is responsible for collaborating with the Medical Director to develop policies and guidelines for privileging, and evaluate overall quality of patient care for their service(s).

McLAREN HEALTH CARE HOSPITALS

The affiliate hospitals will review and recommend provider privileges for all MMG providers.

AMBULATORY QUALITY IMPROVEMENT COMMITTEE

The Ambulatory Quality Improvement Committee is a collaborative team of Administrative and provider representatives. The Board has delegated oversight of the Performance Improvement Program to this body. The composition and duties of the

Ambulatory Quality Improvement Committee are outlined in (See Policy # 9100 – Appendix B).

PERFORMANCE IMPROVEMENT PLANNING AND REPORTING

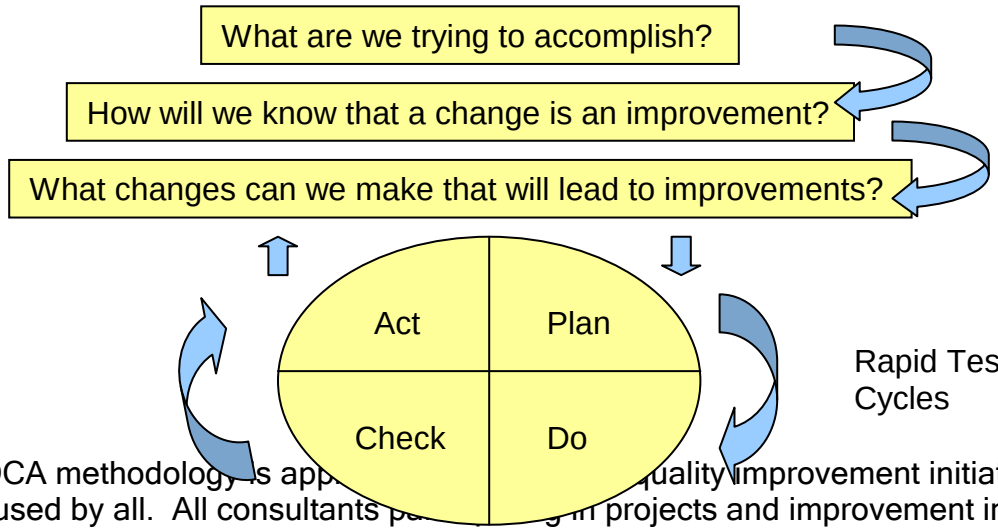
Key performance measures will be collected and reported to the Ambulatory Quality Improvement Committee, Medical Executive Committee, and Board of Trustees on a quarterly basis. The performance improvement priorities and schedule will be evaluated annually. A work plan will identify the key measures for which the Performance Improvement initiatives will be undertaken.

PERFORMANCE IMPROVEMENT METHODOLOGY

The mission and vision statements of McLaren Health Care and McLaren Medical Group will guide the selection and focus of all performance improvement initiatives undertaken by McLaren Medical Group. The Ambulatory Quality Improvement Committee and Leadership will establish the strategic objectives for the performance initiatives. The strategic plan, business plans and Performance Improvement plans will be used to document objectives.

The purpose of the methodology is to have a consistent method of achieving all improvement related projects, whether it is the selection and implementation of a new software application, redesign of work processes, or the establishment of clinical practice guidelines or clinical paths. To this end, the methodology must have the flexibility to accommodate many types of initiatives (e.g., clinical and non-clinical, simple or complex).

McLaren Medical Group uses the two-step PDCA methodology, as outlined below. The Performance Improvement Department has resources available to assist in the implementation of this methodology.



The PDCA methodology is app quality improvement initiatives and will be used by all. All consultants p g in projects and improvement initiatives at McLaren will be required to use the PDCA methodology.

DATA COLLECTION FOR PERFORMANCE MEASURES

Data are stored in a defined format and structure on a paper or electronic medium. McLaren Medical Group recognizes effective data collection is key for useful information for performance improvement.

The following principles are established to guide an effective performance measurement and data collection process:

- Data elements will be defined
- Systematic method of data collection used
- Determine if data will be used as a screen or a definitive measure of quality
- Monitor process and outcomes
- Acknowledge that cost and quality are inseparable
- Plan and organize at the data collection phase by anticipating barriers and establishing multidisciplinary collaboration
- Integrity of data is evaluated through inter-rater reliability testing when feasible

Data collection requires knowledge of the following elements:

- the process
- valuable data
- type of data available (i.e., variable or attribute)
- source of data available
- approved sampled methodology
- ways in which the data will be sampled (e.g., simple random, systematic random, stratified random, proportional random)
- time periods for data collection
- responsibility for data collection

ESTABLISHING PERFORMANCE MEASURES

Any department, committee, or staff member can recommend a performance measure. The Ambulatory Quality Improvement Committee will recommend to the Board priorities for organization-wide measurement. The Ambulatory Quality Improvement Committee will consider the impact on patient care, process and outcomes when determining priorities for assessment. Access, patient safety issues, patient satisfaction, high volume, high risk and problem prone patient care issues will also be considered in the prioritization process.

ASESSING DATA

Information is obtained when data are translated into results and statements that are useful for decision making. (National Association for Healthcare Quality's Guide to Quality Management, 1997)

Based upon the principles and elements of data collection, a strategy for interpretation and utilization follow:

- collaborate
- verify data to provide an opportunity for correcting data / identify limitations
- identify and present potentially important findings (trends, comparisons, interpretations, graphical references)
- determine if further study is required
- develop recommendations

COMPARATIVE DATABASES AND BENCHMARKS

McLaren Medical Group utilizes comparative databases to incorporate a process for continuous assessment with similar organizations, standards, and best practice. This assessment then leads to action for improvement if necessary. Databases, which McLaren uses, include:

- NCQA – HEDIS
- NCQA – Quality Compass
- NQF – National Quality Forum
- AMGA/MGMA

McLaren also utilizes literature, practice guidelines, and site visits as additional sources for benchmarking.

IMPROVEMENT

The success of a Performance Improvement initiative is measured in terms of progression toward the target, “best practice”, or favorable trend.

The goal of the Performance Improvement Program is to continuously improve processes to meet or exceed patient and customer expectations.

ANNUAL PROGRAM EVALUATION

The Performance Improvement Program will be reappraised annually by the Board of Trustees with input from the Ambulatory Quality Improvement Committee and the President/CEO. The PI Plan and its attachments will be reviewed at least every three years and revised as necessary.

CONFIDENTIALITY

To continue to fulfill the McLaren Medical Group’s commitment to provide quality care, the Committees must be allowed to review and evaluate information in a confidential

atmosphere. To effectively evaluate patient care practices, confidentiality must be maintained in order to enable the Committees to provide constructive recommendations without the fear of public disclosure. (Policy # 9100 – Appendix C)

Records, data, and knowledge collected by or for the Committees for their review purposes, including Committee minutes, reports, and information provided for or by legal counsel, shall be confidential and maintained in a confidential manner.

They are protected from disclosure pursuant to one or more of the provisions of MCL 333.20175, MCL 333.21515, MCL 333.21513, MCL 330.1143a, MCL 331.531, MCL 331.533, and other state and federal laws. Unauthorized disclosure or duplication is absolutely prohibited.

All employees and appropriate providers will sign statements agreeing to adhere to McLaren Medical Group's policies on the confidentiality of patient information.

AMBULATORY QUALITY IMPROVEMENT COMMITTEE

The Ambulatory Quality Improvement Committee has responsibility to oversee and implement the Performance Improvement (PI) Program for McLaren Medical Group.

Functions and responsibilities include:

Recommend key outcome, patient safety, process, financial and satisfaction measures, indicators, etc., to be used in evaluating clinical and non-clinical services provided throughout the ambulatory network.

Oversee implementation of the patient safety program, including review of serious occurrences.

Prioritize performance improvement activities to be undertaken by the MMG and resets priorities in response to unusual or urgent events.

Charter teams and/or designates existing committees to conduct performance improvement activities.

Set education goals relative to performance improvement philosophy and methodology.

Define the frequency and format for reports from departments and PI teams.

Monitor and evaluate PI team and Ambulatory Provider Network progress and improvement proposals.

Guide clinical, provider and staff, and PI teams in the development of outcome-oriented, patient-focused measures of quality.

Evaluate information needs and referent databases used in comparing MMG's performance with other providers.

Perform an annual evaluation of the effectiveness of the program, using established outcome and process measures.

The Committee will report in writing after every meeting to the MMG Medical Executive Committee and provide quarterly Performance Improvement, Patient Safety and Satisfaction reports to the Operations Team, Medical Executive Committee and Board of Trustees.

Membership

The Committee is composed of equal numbers (no fewer than 6) of administrative and provider members appointed by the President/CEO and Medical Directors. At least the following services or positions must be represented The Medical Director or Regional Medical Director, Operations Manager, primary care physician, internal medicine physician, allied health professional, the Safety Officer, and representation from Performance Improvement.

Representatives must possess leadership skills and have knowledge of quality improvement philosophy and methodologies.

Advisors or affiliate leaders, (e.g., specialty physicians, hospice, Information Services, and Planning) and PI support staff may attend as necessary.

All appointed members will be entitled to vote.

The chair will be selected biannually by the Medical Directors and President/CEO.

Quorum

Fifty (50%) percent of the members will constitute a quorum at each meeting.

Meeting

Meetings will be conducted at least four times a year.

CONFIDENTIALITY

Confidential committee and legal information will be stored in a locked file cabinet in a room that may be or is locked outside of regular business hours.

Whenever reasonably possible, Committee records and information shall use code numbers in lieu of patient or staff member names. A single designated person selected by the Chairperson of each Committee shall maintain a record of the coding.

Authorization for Release of Confidential Information

Release of information (including access to and duplication of documents) may be authorized in the following manner:

- By the Chair of each Committee to its membership and staff; or
- By the Chair of the Committee for the purpose of obligatory reporting in accordance with a written policy or by law to another individual or entity assigned a similar review function; or
- By the President/CEO, or
- By an executive officer of the MMG Board, or Medical Director which the President/CEO designees; in writing, to act on his behalf to an individual committee, or other entity assigned a care review function by MMG and/or having a legitimate need to know, e.g. legal counsel for the MMG. Records shall be maintained and disclosure made pursuant to this provision.

Legal Proceedings

In the event of legal proceedings that seek production of committee or legal information, the (President/CEO or his/her designee) shall be empowered and shall authorize legal counsel to review the matter and determine whether it is appropriate to release such information. If it is not appropriate to do so, then he or she shall authorize legal counsel to take such steps as are reasonably necessary and advisable to lawfully resist document production, including the making of motions or taking of appeals.

Sanctions for Unauthorized Disclosures

Unauthorized disclosure of Committee or legal information designated as confidential may result in:

- Discipline, including loss of Committee membership or termination, for any MMG employees; and
- Corrective action, including loss of Committee membership, reprimand or non-reappointment for any providers.

In determining the sanction appropriate, the decree of inadvertence or willfulness of the disclosure, the manner of disclosure, the likelihood of recurrence and the magnitude of harm done by the disclosure to MMG quality improvement activities, patients and/or staff members will be considered.

Clerical Operations

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REMEMBER!!!
Always ask when you are not sure. There is <u>NEVER</u> a stupid question.

McLaren MEDICAL GROUP		**Policy Title:**	Appointment Scheduling
Effective Date:	1/1/2008	**Policy Number:**	2300
Review Date:		**Category:**	Business/Leadership
Revised Date:	5/28/2014	**Oversight Level:**	
Administrative Responsibility:	MMG Directors and MMG President/CEO		
Interpretation:	MMG Operations Managers		

1. Purpose

To more effectively schedule appointments that enhances patient satisfaction and provider productivity.

2. Scope

MMG workforce

3. Definitions

3.1. Appointment type – type of appointment requested and the duration of time necessary for the visit.

3.2. Comment code – reason behind appointment type; further explains what appointment type consists of, where necessary.

3.3. Protocol Book – individualized parameters per provider by which a scheduler is guided to make an appointment.

3.4. Resource code – number assigned to a provider; if an established patient, resource code will refer to patient's primary care provider.

4. Policy

4.1. Appointment schedules are scheduled in a consistent manner across MMG.

4.2. Appointment types and time increments are assigned as indicated:

Code	Appointment Length
EPHY	40 or 45 Minutes * with Director approval only
EST	10 or 15 minutes
EXP	20 or 30 minutes
INJ	5 minutes
NEW	20 or 30 minutes
NPD	10, 20, or 30 minutes
NUR	10, 15, or 20 minutes
PHY	15 or 30 minutes

PAP	15 or 30 minutes
PRO	30 or 60 minutes
SD	5 minutes
TOC	20 or 30 minutes
WCC	20 or 30 minutes
WTM (Welcome to Medicare)	15 or 30 minutes
WLNS (Medicare Wellness visit)	15 or 30 minutes

4.3. The following appointment types and times are used consistently for OB/GYN:

Code	Appointment Length
NEW or NOB	10, 20, or 30 minutes
EST	10, 15, or 20 minutes
OBC	10 or 15 minutes
PAP	10, 15, 20, or 30 minutes
COLP	30 minutes
CONS	30 minutes
NST (stress test)	15 minutes
PRO	30 minutes
TOC	20 or 30 minutes

4.4. Additional appointment scheduling codes are allowed under the following circumstances:

- There are documented compelling business reasons for adding codes.
- The medical and administrative leaders of the specialty or region support the addition.
- The addition is approved by the Regional Operations Director.
- The additional codes are implemented consistently throughout the specialty or region.

4.5. Appointments are scheduled in accordance with steps outlined in the Horizon Practice Plus Manual.

4.6. All appointments are scheduled using Horizon Practice Plus (McKesson); staff should not schedule appointments on paper and later transfer to Horizon Practice Plus.

4.7. No shows and cancellations are accounted for in the Horizon Practice Plus system on the same day that they occur.

4.8. Operations Managers (or a designee) are expected to provide the most up-to-date availability information for all providers in their respective sites.

4.9. Same Day Appointments (SD) – will be scheduled throughout the day, at the provider's discretion, and book simultaneously with other scheduled visits.

4.10. Nurse Visits (NUR) may not be scheduled on the provider's schedule.

5. Procedure

5.1. Preliminary Information known to MMG management

5.1.1. Each clinic manager will standardize information that will provide easy access to information when a call is received.

5.1.2. Emergency calls (such as, chest pain, shortness of breath, drug overdose or any other life threatening issue) are immediately transferred to an **actual** person (no voice mails) at the respective provider's site.

5.1.3. Physicals and non-emergency appointments are scheduled in the next available time slot in accordance with MMG policies.

5.2. Registration of patients

5.2.1. Pre-register new patients prior to their appointment; complete all screens with as much information as you can obtain.

5.2.2. Confirm the following with the patient:

- Correct spelling of name; verify if patient may have any other names in the system
- Date of birth; for a child's one-year check-up, verify that the the child is at least a year and a day old at the time of visit
- Address
- Insurance; confirm that both the Patient Registration Screen and the Insurance Screen have up-to-date information (such as, address and telephone number)
- When scheduling an annual pap, complete physical examination, or a mammogram, verify that at least a year and a day has passed since the last exam/study because some insurance companies may not cover if earlier.

5.2.3. If there are address or telephone number changes, update on **ALL** billing system screens.

5.3. "Collection" Verification

5.3.1. Check "notes present"; indicate in notes that patient was informed of a balance.

5.3.2. Do not turn away a patient if sick.

5.4. Assign appropriate resource codes

5.4.1. For *established* patients, indicate patient's primary care provider for the resource code; update resource code when patient changes primary care provider (PCP).

5.4.2. For *new* patients, use resource codes located on the Scheduling Screen.

5.5. Assign appropriate appointment type, comment code

5.5.1. Determine appropriate appointment type
5.5.2. Assign a comment code (see Appendix A) on extended reason line; if no applicable comments code, briefly state reason for visit on extended reason line.

5.6. Reminders to patients following registration

5.6.1. Inform the patient and document on the extended reason line the following:
- Bring current x-rays
- Current medications (with strength, dosage, frequency as listed on bottles)
- Mammogram order
- Arrival time 15 minutes prior to appointment time for completion of paperwork (applies to new patients)
- Fasting state, when applicable
- Minors (17 years of age and younger) must have parent or legal guardian accompany minor patient
- Bring in insurance card(s)
- Bring photo ID
- Inform patient that any co-pays are paid on date of service
- Remind patient of any current balance and critical balance

5.7. The following abbreviations are utilized in communications with MMG offices relative to disposition of an appointment:
- CA = cancelled
- NA = no answer/not available
- LMA = left a message with an adult
- LMR = left a message on a recorder
- OK = talked to patient; appointment is okay
- TT = talked to…….

5.8. Prior to contacting a patient, refer to CC notes (Confidential Communications) for appropriate/authorized contact information.

5.9. Special issue – *Provider not at the site*

5.9.1. Do NOT tell the patient to call the hospital and have their provider paged.

5.9.2. Check other providers' schedules first to determine if any have an available appointment for patients that need to see a provider.

5.9.3. Offer patient an appointment with another provider.

5.9.4. Document in notes, if patient refuses to go elsewhere.

5.9. Special issue – *Provider's schedule booked for the day*

5.9.1. Check for any last minute cancellations.

5.9.2. Place patient in provider's next available appointment time, if patient can wait. If an alternate provider is available, offer that choice to the patient.

5.9.3. For Managed Care patients

- If patient is ill and needs to see a provider, suggest patient speak with the provider's MA; offer to make the call.
- Suggest an appointment with another provider who has an opening.

5.9.4. If off-site provider's schedule is full, offer to call the off-site for the patient to determine if you can get the patient an appointment.

5.9.5. If not able to get patient worked in or provide with an appointment within 48 hours, suggest a Convenient/Prompt Care Center to the patient; reference the Insurance List.

5.10. Cancellations

5.10.1 Cancel appointment and reschedule, if requested.

5.10.2. Follow Provider Protocol.

5.10.3. Call the provider's office to inform of the cancellation.

5.10.4. Enter reason for cancellation into the computer.

5.11. Discharged patients who request an appointment

5.11.1 Refer to computer notes to determine status of discharge (that is, physician, site, or network)

- Physician discharge – patient can see other physicians in the same site.
- Site discharge – patient cannot see any provider in respective site; would need to select another MMG site.
- Network discharge – patient cannot see any provider at any MMG site except as noted under "Exceptions."

5.11.2. Check date of discharge to establish if the required 30 days has passed.

5.11.3. If within 30 days and the nature of the visit is an emergency, schedule the patient.

5.12. For patients discharged from the network, proceed as follows:

5.12.1. Advise the patient that you are not able to schedule an appointment for them because they are discharged from the MMG network of sites.

5.12.2. Refer patient to their insurance company to aid them in finding a non-MMG provider that accepts their insurance.

5.12.3. Refer patient to the respective Operations Manager (give specific name) at the site where the discharge took place, if patient is insistent on speaking with someone regarding the discharge.

5.13. Customer Service with Appointment Scheduling

5.13.1. Customer Service standards are upheld by the following actions:

- Offering to call patient back, if the computer system is inoperable.
- Offering to make appointments for patients when they are referred for additional services.
- Providing cross-site and cross-department scheduling performed by staff who have demonstrated competency for respective site or department.
- Offering to call patient back, if busy with other patients.
- Never asking the patient to call back.
- Returning all calls before the end of the business day.
- Sending recall notices when the schedule is not available.

6. Exceptions

6.1. Patients who have been discharged from the MMG primary care network may still see specialists in the network or in any Convenient/Prompt Care Center.

7. References

7.1. Individual Protocol Books
7.2. Resource Codes

7.3. Horizon Practice Plus Manual

8. Appendix

8.1. Appendix A – Comment Codes

9. Approvals

Mark S. O'Halla
(Original signed policy on file in MMG Practice Management)
Mark O'Halla
President/Chief Executive Officer

6/23/2014
Date

Michael Ziccardi, D.O.
(Original signed policy on file in MMG Practice Management)
Michael Ziccardi, Jr., D.O.
Medical Director

6/10/2014
Date

Previous Revision Dates/Supercedes Policy: 1/16/2014 / 5/28/2013 / 7/18/2012
4-29-2009 / 8-1-2008 / 7/18/2012

COMMENT CODES

2YR	NOT SEEN IN 2 YRS
ACU	ACUTE APPT/SAME DAY
COL	COLONOSCOPY
COLP	COLPOSCOPY
CRY	CRYOSURGERY
E15	ESTABLISHED PT MED REFILL
E30	NEW PT TO DOCTOR TO EST CARE
EMG	EMG-UPPER OR LOWER
EST	ESTABLISHED PT
EXP	MULTIPLE PROBLEMS
IMM	IMMUNIZATIONS
INJ	INJECTION
IOB	INITIAL OB
LAB	LAB VISIT
NEW	NEW PT
NFI	NEW FEMALE INCONTINENCE
NOB	NEW OB PT
NOR	NORPLANT
NPD	NEW PT TO THE DOCTOR
NPY	NEW PT YEARLY
NUR	NURSE VISIT
OBC	OB CHECK/POSTPARTUM
OMT	OSTEOPATHIC MANIPULATIVE THERAPY
OVG	GERIATRIC PATIENTS OVER 60 YRS OLD
P17	PHYSICAL FOR PT 17 AND YOUNGER
P18	PHYSICAL FOR PT 18 AND OLDER
PAP	ANNUAL PAP
PHY	PHYSICAL
POE	PREOP EXAM
POP	POSTOP EXAM
PSY	DEPRESSION
RCK	RECHECK
SD	SAME DAY
SIG	SIGMOID
SPH	SPORT PHYSICAL
SRG/FRM	SURGERY AND ROOM-CONCURRENT SCHEDULING
SUR	SURGERY
TRA	TRAVEL CLINIC
VAS	VASECTOMY
WLB	WELL BABY VISIT

McLaren MEDICAL GROUP		**Policy Title:**	Daily Close
Effective Date:	10/96	**Policy Number:**	2100
Review Date:	11/12/2014	**Category:**	Business/Leadership
Revised Date:	1/15/2015	**Oversight Level:**	2
Administrative Responsibility:	MMG Senior Director of Finance and Director of Physician Billing		
Interpretation:	Operations Manager		

1. Purpose

To provide an accurate accounting of all patient visits, procedures, diagnoses and accounts receivables.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. At the end of each business day, the Daily Close procedures shall be performed as outlined in this policy.

5. Procedure

5.1. Review computer printed schedule and reconcile to all routers for the day. For Convenient Care, review sign in sheet and MA Patient Log and reconcile to all routers.

5.2. All No Shows and cancellations shall be entered into the computer, marked on the schedule and routers.

5.3. All missing routers are to be noted on schedule. Missing routers are to be located by staff members. Any missing routers shall be reported to Operations Manager/designee for follow up.

5.4. All unbilled routers are to be collected and entered into the computer within 24 hours.

5.5. All routers shall be attached to the Cashier Totals Closing Report (PLUS).

5.6. Balance the cash draw to the Cashier Totals Closing Report (PLUS). The Reconciliation Sheet shall be completed and attached to the Cashier Totals Closing Report (PLUS).

5.7. Daily, a deposit shall be filled out and balanced to the Cashier Totals Closing Report (PLUS); any discrepancy shall be reported to the Operations Manager/designee in accordance with the Working Cash Policy (2115).

5.8. The verified bank deposit slip shall be attached to the Cashier Totals Closing Report (PLUS) after the deposit is made, in accordance with the Deposit Policy (2105).

5.9. The Cashier Totals Closing Report (PLUS) with the attached routers, reconciliation sheet, and deposit slips shall be filed and saved for seven (7) years after the end of the current fiscal year of the business day.

5.10. Cash drawer and deposit cash shall be locked in a file cabinet or safe in the Operations Manager's/designee's office.

6. Exceptions

6.1. When billing charges "in batch," the Charge Posting Balancing Report will apply and it will be attached to routers.

7. References

Policies: Deposit Policy (2105) and Working Cash Policy (2115).

8. Appendix

Appendix A - MA Patient Log
Appendix B - Reconciliation Sheet

9. Approvals

William Hardimon
(Original signed policy on file in MMG Practice Management)
William Hardimon
President/CEO

1/19/2015
Date

Previous Revision Dates/Supercedes Policy:
06-2006 / 7/20/2010

McLaren Medical Group
MA Patient Log
Date: _____

PATIENT NAME	ROOM #	MA INITIALS

McLaren Medical Group
RECONCILIATION SHEET

DATE:_____

Beginning of Day:

1¢	x		=	
5¢	x		=	
10¢	x		=	
25¢	x		=	
50¢	x		=	
$1	x		=	
$5	x		=	
$10	x		=	
$20	x		=	
$50	x		=	
		Total		
Signature:				

End of Day:

1¢	x		=	
5¢	x		=	
10¢	x		=	
25¢	x		=	
50¢	x		=	
$1	x		=	
$5	x		=	
$10	x		=	
$20	x		=	
$50	x		=	
		Total		
Signature:				

McLAREN MEDICAL GROUP A McLAREN HEALTH SERVICE		**Policy Title:**	Deposits
Effective Date:	10/96	**Policy Number:**	2105
Review Date:	6/01	**Category:**	2
Revised Date:	07/20/10	**Oversight Level:**	Business/Leadership
Administrative Responsibility:	MMG Director of Finance and Director of Physician Billing		
Interpretation:	Operations Managers		

1. Purpose

To protect and prevent the loss of collected money.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. Money collected by the center in the form of checks and cash from patients making payments on their accounts shall be deposited in a bank account designated by McLaren Medical Group. These deposits shall be made daily and in accordance with the provisions of this policy.

5. Procedure

5.1. The working cash drawer shall be balanced and reconciled at the close of business each day, in accordance with procedures of the Working Cash Policy (2115) and the Daily Close Policy (2100).

5.2. All checks and cash are verified against the Cashier Totals Closing Report (PLUS).

5.3. Deposits are made daily by either night drop or walk in banking the next day of business. All bank deposit carbons must be initialed by the preparer.

5.4. When and before a deposit is taken to the bank, the person making the deposit shall enter the date, amount of the deposit and sign the Monthly Deposit Log. This entry shall be witnessed and signed by a second employee verifying the amount to be deposited. As part of verifying the amount of the deposit, the second employee shall count the checks and cash.

5.5. A bank verified deposit receipt shall be obtained and attached to the Cashier Totals Closing Report (PLUS) for which the deposit was made. The deposit receipt must be initialed by the verifying employee.

5.6. The Monthly Deposit Log shall be filed in the Deposit Record Book and stored for a minimum of seven (7) years.

5.7. Each month a copy of the Monthly Deposit Log is to be given to the Operations Manager for approval. Upon review and approval, the Operations Manager faxes to Physician Billing.

5.8. If a shortage or overage occurs, refer to Daily Deposit Variances Policy (2095).

6. Exceptions

None

7. References

Policies: Daily Deposit Variances (2095), Daily Close (2100), Working Cash (2115)

8. Appendix

8.1. Appendix A - Monthly Deposit Log

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)
Margaret Dimond
President/Chief Executive Officer

9/15/10
Date

Previous Revision Dates/Supercedes Policy:
06-2006 / Not applicable

MCLAREN MEDICAL GROUP

Month

MONTHLY DEPOSIT LOG

Site Name

Department #

Date	Cash	Checks	Bank Deposit	Credit Card	Day's Total	Month's Total	BY	BY
1			-		-	-		
2			-		-	-		
3			-		-	-		
4			-		-	-		
5			-		-	-		
6			-		-	-		
7			-		-	-		
8			-		-	-		
9			-		-	-		
10			-		-	-		
11			-		-	-		
12			-		-	-		
13			-		-	-		
14			-		-	-		
15			-		-	-		
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25			-		-	-		
26			-		-	-		
27			-		-	-		
28			-		-	-		
29			-		-	-		
30			-		-	-		
31			-		-	-		

Fax: Physician Billing @ 810-342-1590

McLaren MEDICAL GROUP		**Policy Title:**	Daily Deposit Variances
Effective Date:	10/96	**Policy Number:**	2095
Review Date:	11/12/2014	**Category:**	Business/Leadership
Revised Date:	1/15/2015	**Oversight Level:**	2
Administrative Responsibility:	MMG Director of Finance and Director of Physician Billing		
Interpretation:	Operations Manager		

1. Purpose

To ensure proper handling of shortages in the daily deposits or petty cash.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. Shortages due to theft, incorrect change, or as a result of any other processing function relative to daily deposits should be handled in accordance with provisions of this policy.

5. Procedure

5.1. Employee in question should not have to reimburse center daily starting monies due to money shortage

5.2. When applicable, a Cash Drawer Shortage/Overage form shall be sent to Operations Manager. Form should include the day of the shortage/overage, employee in question and the amount of money shorted/over and an explanation as to how or why monies might have been lost or processed wrong.

5.3. Operations Manager forwards completed Cash Drawer Shortage/Overage form to the Accounting Manager.

6. Exceptions

None

7. References

None

8. Appendix

Appendix A - Cash Drawer Shortage/Overage

9. Approvals

William Hardimon
(Original signed policy on file in MMG Practice Management)
William Hardimon
President/CEO

1/19/2015
Date

Previous Revision Dates/Supercedes Policy:
06-2006 / 7/20/2010

McLaren Medical Group
CASH DRAWER SHORTAGE/OVERAGE

DATE: _____

FACILITY: _____ DEPT#: _____

AMOUNT: _____ OVER/SHORT

COMMENTS:

_____

_____

_____

_____

_____ _____
EMPLOYEE DATE

_____ _____
SUPERVISOR DATE

_____ _____
OPERATIONS MANAGER DATE

McLaren MEDICAL GROUP		**Policy Title:**	Working Cash
Effective Date:	10/96	**Policy Number:**	2115
Review Date:	11/12/2014	**Category:**	Business/Leadership
Revised Date:	1/15/2015	**Oversight Level:**	2
Administrative Responsibility:	MMG Senior Director of Finance and Director of Physician Billing		
Interpretation:	Operations Manger		

1. Purpose

To ensure and identify the proper use of the working cash.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. Working Cash will be issued to each center for the sole purpose of providing change for patients when paying on accounts. The working cash shall not be used for any other purpose such as but, not limited to, purchasing items, lending or borrowing of money. Working Cash will be kept in the cashier drawer, which shall be kept secure at all times.

5. Procedure

5.1. Working Cash will be issued to each center in the amount of $50 or $100, depending on the size of the center.

5.2. The Working Cash will be balanced at the beginning and end of each shift by completing a Reconciliation Sheet; this includes lunch breaks. If there is a discrepancy the employee will report the difference to the Operations Manager/designee and complete a Cash Drawer Shortage/Overage Form.

5.3. The Cash Drawer Shortage/ Overage Form shall be signed by the cashier employee and the Operations Manager/designee.

5.4. When the possibility of theft is suspected, the respective Operations Manager and Director of Operations will be notified. If a police report is deemed necessary, it will be filed by the Director of Operations.

5.5. In the case of a shortage or overage when balancing the cash drawer, the cash drawer will be balanced to the original issued amount, $50 or $100, and the difference will be accounted to the deposit of the day.

5.6. The cash drawer, during working hours, will be stored in a drawer accessible to the cashier (employee receiving payments) and not accessible to patients, visitors and non-authorized persons.

5.7. The cash drawer will be stored and secured in a locked file cabinet or safe in the Operations Manager's/designee's office at the end of the working day.

6. Exceptions

None

7. References

7.1. Policy 2095 – Appendix A - Cash Drawer Shortage/Overage

7.2. Policy 2100 - Appendix B - Reconciliation Sheet

8. Appendix

None

9. Approvals

William Hardimon
(Original signed policy on file in MMG Practice Management)
William Hardimon
President/CEO

1/19/2015
Date

Previous Revision Dates/Supercedes Policy:
06-2006 / 07/20/2010

McLaren MEDICAL GROUP		**Policy Title:**	Petty Cash
Effective Date:	10/96	**Policy Number:**	2110
Review Date:	11/12/2014	**Category:**	Business/Leadership
Revised Date:	1/15/2015	**Oversight Level:**	2
Administrative Responsibility:	MMG Senior Director of Finance and Director of Physician Billing		
Interpretation:	Operations Manager		

1. Purpose

To ensure and identify the proper use of Petty Cash.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. Petty Cash will be issued to each center for the sole purpose of reimbursement of minor expenditures for the department. The petty cash shall not be used for another purpose such as, but not limited to, lending or borrowing of money. Petty Cash will be kept in a secure locked location at all times.

5. Procedure

5.1. The Petty Cash drawer will be issued.

5.2. The Petty Cash drawer will maintain an appropriate balance at all times less receipts of items purchased.

5.3. The receipts of items purchased will be dated and initialed by the employee who made the purchase.

5.4. Sales tax will not be reimbursed, with the exception of tax for meals.

5.5. The Supervisor will submit a Request for Petty Cash Reimbursement with the original receipts to the Operations Manager for authorization and signature. The Operations Manager will submit the form to the Accounting Office for reimbursement. The Supervisor shall keep a copy of the Request for Petty Cash Reimbursement and receipts.

5.6. Petty cash will be kept in a locked file cabinet or safe in the Operations Manager's/designee's office.

5.7. The Supervisor will be responsible for maintaining and balancing the petty cash.

5.8. The petty cash shall be balanced monthly along with a Petty Cash Worksheet completed by the Supervisor and submitted to the Operations Manager.

5.9. If there is a discrepancy, the Supervisor shall report the difference to the Operations Manager and complete a Cash Drawer Shortage/Overage Form.

5.10. The Cash Drawer Shortage/Overage form shall be signed by the Supervisor and the Operations Manager.

5.11. When the possibility of theft is suspected, the Operations Manager will report that to Practice Management and complete an Occurrence/Incident Report.

6. Exceptions

None

7. References

Policy 2095 - Appendix A - Cash Drawer Shortage/Overage Form – MHCC Occurrence Report (MHCC-10057)

8. Appendix

Appendix A - Request for Petty Cash Reimbursement
Appendix B - Petty Cash Worksheet

9. Approvals

William Hardimon
(Original signed policy on file in MMG Practice Management)
William Hardimon
President/CEO

1/19/2015
Date

Previous Revision Dates/Supercedes Policy:
06-2006 / 7/20/2010

McLaren Medical Group
REQUEST FOR PETTY CASH REIMBURSEMENT

Date: _____

Person Requesting Reimbursement: _____

Department Number: _____

Place Items Purchased: _____

ITEMS PURCHASED	AMOUNT	ACCOUNT NUMBER (Acctg. to issue)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL
==========

Purchase approved by _____
(Department Director or Administrator)

Reimbursement received by:

Date: _____

Signature: _____

Amount: _____

McLaren Medical Group

CENTER: _____

DATE: _____

PETTY CASH WORKSHEET

Cash $ _____

Change $ _____ Total $_____

\+

Receipt Total $ _____

\+

Outstanding Petty Cash Reimbursement Forms $ _____

=

Grand Total $ _____

\-

Starting Total $ _____

Difference $ _____

WORKING CASH WORKSHEET

Cash $ _____

Change $ _____ Total $ _____

Grand Total $ _____

Starting Total $ _____

Difference $ _____

McLaren MEDICAL GROUP		**Policy Title:**	Patient Complaint and Grievance
Effective Date:	10/96	**Policy Number:**	1040
Review Date:		**Category:**	Ethics/Rights/ Responsibilities
Revised Date:	2/4/2014	**Oversight Level:**	2
Administrative Responsibility:	Operations Manager; Director of Operations		
Interpretation:	Ambulatory Quality Improvement Committee; Compliance Officer; Privacy Officer		

1. Purpose

To protect and promote each patient's rights, including a complaint resolution and grievance process, in accordance with HIPAA guidelines.

2. Scope

MMG workforce, including students, interns, volunteers

3. Definitions

3.1. Complaint – dissatisfaction expressed verbally or in writing by any patient, guardian, family member, friend, or visitor regarding the care and/or services provided by MMG. This does NOT include allegations of abuse, neglect, or harm. A complaint does not require a written response to the patient.

3.2. Grievance – a written or verbal appeal expressing dissatisfaction with the resolution of a complaint. This does include allegations of abuse, neglect, or harm. This also includes a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.24. Information obtained from satisfaction surveys usually are not grievances. A grievance does require a written response to the patient.

3.3. Patient – includes family, a representative, and/or the legally responsible party who files a complaint or grievance on the patient's behalf.

4. Policy

4.1. This policy is reviewed annually.

4.2. Patients are informed of their rights with a posting of Patient's Rights in clear sight in all settings.

4.2.1. All settings will also have printed materials available.

4.3. Patient complaints and grievances received regarding any services rendered are addressed in a timely manner and in accordance with current relevant standards.

4.3.1. Patients are informed of the mechanism for resolving complaints or grievances.

4.4. Patients are not discriminated against for exercising their right to complain or grieve.

5. Procedure

5.1. Provider-based clinics will follow their regional hospital's policy and procedure for complaints and grievances.

5.2. Non-provider-based clinics will follow the following procedure:

5.2.1. Staff is to report any patient complaints and grievances to the Operations Manager.

5.2.1.1. All complaints and grievances are documented including the complaint, the investigation, and the actions taken to resolve the complaint.

5.2.2. The Operations Manager will promptly attempt to resolve any patient complaint and grievance and will utilize the Service Recovery Kit where appropriate (see Service Recovery policy #2310).

5.2.3. For patient grievances, patients are informed of the internal grievance process and is given the phone number and address for lodging a grievance with the appropriate State agency.

5.2.4. For patient grievances, patients are provided a written notice of the final decision including the name of the contact person, the steps taken on behalf of the patient to investigate the complaint, the results of the process, and the date of completion of the complaint process.

5.2.5. Patient complaints and grievances are aggregated into a quarterly summary and sent to the Quality Improvement department. The Quality Improvement department will then summarize and report to the Ambulatory Quality Improvement Committee.

6. Exceptions

None

7. References

7.1. Federal Register – 42 CFR 164.530(d)-complaint process; (f) mitigation of any harmful effects caused by violations; (g) refraining from intimidating or retaliatory acts.

7.2. Federal Register – 42 CFR 489.24 – Special responsibilities of Medicare hospitals in emergency cases.

7.3. Healthcare Facilities Accreditation Program Standards 15.00.00-15.01.08.

7.4. Joint Commission Standards RI.01.07.01.

7.5. MMG Policy #2310, Service Recovery

8. Appendix

None

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)
Margaret Dimond
President/Chief Executive Officer

2/24/2014
Date

Michael Ziccardi, D.O.
(Original signed policy on file in MMG Practice Management)
Michael Ziccardi, Jr., D.O.
Medical Director

3/4/2014
Date

Ambulatory Quality Improvement Committee:

Previous Revision Dates/Supercedes Policy:
4-6-09 / 12-3-07 / not applicable

McLaren MEDICAL GROUP		**Policy Title:**	Service Recovery
Effective Date:	4/15/2009	**Policy Number:**	2310
Review Date:		**Category:**	Business/Leadership
Revised Date:	1/22/2014	**Oversight Level:**	2
Administrative Responsibility:	Regional Director of Operations; President/CEO		
Interpretation:	Directors/Operations Managers		

1. Purpose

The Service Recovery policy is aimed towards achieving the best quality in healthcare by providing the customers a "Service Excellence" experience within McLaren Medical Group (MMG) and its affiliates. The goal is to equip all employees with the tools and understanding to implement "Effective Service Recovery" strategies in their respective work sites. Through actively engaging a service recovery protocol, service failures can be approached as opportunities to maintain and improve relationships. The employees will work towards regaining the confidence and commitment of customers by acknowledging and responding to their concerns in a professional and timely manner. The tracking and analysis of service failures develops a link between service recovery and the process improvement initiatives, which address the root cause of service failures, promote learning and prevent recurring service failures.

2. Scope

This policy applies to all employees at all units of MMG in coherence with the corporate customer service policies at McLaren Healthcare Corporation.

3. Definitions

3.1. A "Service Failure" - failure to deliver the promise of "Service Excellence" to the patient.

3.2. "Recovery Atonement" – a monetary or non-monetary gift or letter given to the patient as a token of apology for a service failure; it is administered on a case by case basis contingent upon the nature of the service failure.

3.3. "Service Recovery" - a process used to regain the confidence of the patient based on the promise made by MMG and all its affiliates through the acknowledgement and resolution of a service failure.

3.4. Service Excellence - services that go above and beyond the expected norms every time; it includes turning a wrong into a right or better.

4. Policy

4.1. In order to continuously achieve the “Service Excellence” factor in customer satisfaction, MMG team members will respond to all service failures occurring in their organization.

4.2. Every employee has the responsibility of making each service experience “RIGHT” when a service failure has occurred. If you are the recipient of customer complaint, you own the complaint. Employees are required to resolve issues and if appropriate, provide recovery atonements as outlined by the Service Recovery Program. All service failures will be acknowledged, addressed, and resolved. Additionally, the program includes a process for follow-up with the customer making the complaint.

4.3. MMG and all its affiliates will incorporate a Service Recovery procedure.

4.4. Service Recovery Steps to be completed in 7 working days from receipt of complaint, or less.

5. Procedure

5.1. Guiding Principle-

- Hear the customer
- Empathize by acknowledging the customer’s frustration or difficulty
- Apologize to the customer
- Respond to the problem
- Thank the customer for bringing their concern to your attention

5.2. Contact Levels

5.2.1. Point of Contact

5.2.1.1. Take ownership and responsibility.

5.2.1.2. Do not transfer blame; if possible, fix the problem quickly or offer alternative solutions.

5.2.1.3. If needed, refer to another source as deemed appropriate for the situation.

5.2.1.4. Service recovery intervention will be mitigated on a case-by-case basis by the site supervisor or the next level of management.

5.2.2. Escalation

5.2.2.1. If you believe the problem cannot be handled by you or is still unresolved, forward the issue to the next level of management.

5.3. Documentation

5.3.1. Document Service Failure as soon as possible (refer to the "Patients Relations Feedback Form")

5.3.2. Documentation includes, but is not limited to, the following information:

- Date of Service Failure
- Customer name or the Medical Record Number (MRN)
- Description of the issue or complaint
- Location of where the Service Failure occurred
- Action taken to resolve the issue
- If not resolved, name and telephone number of the person the concern was referred to
- Recommended priority level of Service Failure and Recovery Atonement type
- Date acknowledgement or resolution letter mailed
- Date service atonement and letter mailed
- Staff person's name, department and telephone number
- If follow-up is needed, follow the appropriate guidelines and include all follow-up documentation in the file as well.
- Document all information from the complainant, if different from the patient.

5.4. Recovery Atonements:

5.4.1. MMG and all affiliates will include the appropriate use of recovery atonements:

- The recovery atonements can range up to $10.00 depending on the nature of the Service Failure. Exceptions to dollar range can be made based on the nature and severity of the Service Failure (refer to management, if further clarification is needed).

- MMG shall decide when to give or send recovery atonement. In some cases, recovery atonements may not be appropriate based on the nature of the service failure and could be insulting to the customer.

- Detailed information on description of priority level of the Service Failure and intervention can be found in Appendix C.

5.5. Letters

5.5.1. If detailed investigation is needed to resolve a Service Failure or requires a process change, then a letter must be sent to the customer informing them of the investigation process and /or resolution. Additionally, written response will be based on how the initial inquiry was received.

5.5.2. If the issue was sent via written correspondence (letter or email), then a written response is required. Appendix G has a sample service recovery letter.

5.5.3. If the contact was made by telephone, then follow-up can be done via telephone or written correspondence. Appendix A has scripting examples. Appendix G has a sample service recovery letter.

5.5.4. A handwritten note or card is also acceptable and appropriate.

5.6. Training:

5.6.1. Training will be provided to all employees at the initiation of the Service Recovery Policy. MMG will incorporate this policy into the New Hire Orientation Program.

5.7. Tracking and Monitoring:

5.7.1. Complaints will be tracked at a regional level. The appropriate forms (Patients Relations Feedback Form and the Service Recovery Spreadsheet) should be filled out completely in order to facilitate the tracking of common trends. The commonly identified trends will provide an insight to issues that can be identified, addressed and resolved through process improvements. Such resolutions shall increase the efficacy of the Service Recovery Program and increase patient loyalty in the process.

6. Exceptions

6.1. The policy and procedures enumerated above shall apply unless such policy or procedures are otherwise specified in a contract to which MMG or an affiliate is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

7. References

7.1. Patient Satisfaction/Survey Complaints Policy 9700

8. Appendix

8.1. Appendix A :Scripting for staff

8.2. Appendix B: Patient Relations Feedback Form

8.3. Appendix C: Description of Priority Levels

8.4. Appendix D: Letter of Response

8.5. Appendix E: Service Recovery Resource Kit

8.6. Appendix F: Service Recovery Wait Basket

8.7. Appendix G: Service Recovery Sample Letter

8.8. Appendix H: Service Recovery Atonement Tracking Sheet

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)
Margaret Dimond
President/Chief Executive Officer

1/28/2014
Date

Michael Ziccardi, Jr., D.O.
(Original signed policy on file in MMG Practice Management)
Michael Ziccardi, Jr., D.O.
Medical Director

1/28/2014
Date

Previous Revision Dates:
4-15-2009

McLaren Medical Group

EXAMPLES OF
Scripting for Employees

Verbal Intervention: "I apologize that it has taken longer than expected to see you. I realize that you had a _____ appointment time; however, your doctor is busy attending to a prior patient. We will do our best to get you in the exam room within the next _____minutes. If this changes, I shall inform you regarding the same and I thank you for your cooperation."

Intervention with Recovery Atonement for a Priority Level 2 or Level 3: "I apologize for our delay in attending to you. I thank you for your patience. If you are unable to wait at this time, I shall be happy to reschedule an appointment for you. I realize that the delay had inconvenienced you and would like to extend this gas card as a token of our apology."

Intervention at Level 4: "I thank you for bringing this _____
(specify Service Failure)
to my attention. I apologize for the same and assure you that all the necessary steps shall be taken to curb such behavior. I empathize with the inconvenience that you have experienced and we will make sure that such behavior is never repeated."

McLaren Medical Group

Patient Relations Feedback Form

Priority Level:	Action Required:
Patient:	Feedback Source:
Date:	Relationship:
DOS:	Phone:
Department:	Pt. Phone/Other:

Feedback Summary:

Primary Issues of Concern:

Disposition:

☐ Card $5.00 ☐ Card $10.00 ☐ Letter

This information is considered privileged and confidential including quality assessment activities and internal peer quality peer review under the Michigan Public Health Code: MCLA 330.1143a, MCLA 330.17489, MCLA 333.21513, MCLA 333.21515, MCLA 33.20175, MCLA 331.531 and MCLA 331.533.1

APPENDIX B – P/P 2310
Service Recovery Policy

McLaren Medical Group

PRIORITY LEVELS

1) **Priority Level 1**: 15 - 30 min wait-time. Resolution: Verbal Intervention

2) **Priority Level 2**: 30 - 60 min wait-time. Resolution: Recovery Atonement $5.00

3) **Priority Level 3**: Appointment cancellation within 3 hours of the scheduled appointment time. Resolution: Recovery atonement $10.00 and an apology letter.

4) **Priority Level 4**: Dissatisfactory employee behavior. Resolution: A written response from the Director of Operations or President/CEO, addressing the action taken or to be taken.

APPENDIX C – P/P 2310
Service Recovery Policy

(MMG Letterhead)

Dear _____,

I am writing to you regarding your visit on _____. I extend my sincerest
(specify date of service)
apologies for _____. I wanted to assure you that we
(specify nature of service failure)
would make every effort to make this right.

We appreciate your choosing McLaren as your healthcare provider. We shall continue to strive to provide you with the best service in healthcare. Please accept the enclosed gift as a token of our apology for any inconvenience that you may have experienced.

Yours truly,

_____
Signature of President/CEO or
Director of Operations

APPENDIX D – P/P 2310
Service Recovery Policy

Service Recovery Resource Kit

What is needed on hand

- Form letter for patient
- Service Recovery atonement gift cards
- Site manager contact information (business cards)

Listed below are Standard Service Recovery Guidelines. Often, there are exceptions to the guidelines based on specific patient concerns. Please contact the local operations manager or regional operations director if further clarification is needed.

- **Priority Level 1**
  - Example: 15-30 minute wait beyond scheduled appointment time.
  - Resolution: Verbal intervention from staff member explaining and apologizing for the delay.

- **Priority Level 2**
  - Example: 30-60 minute wait beyond scheduled appointment time.
  - Resolution: Recovery atonement $5.00 gift card. A form letter signed by the site operations manager and gift card should be mailed if the atonement was not provided to the patient at the time of appointment delay.

- **Priority Level 3**
  - Example: Appointment cancellation within three hours of scheduled appointment time.
  - Resolution: Recovery atonement $10.00 gift card. A form letter signed by the site operations manager and gift card should be mailed if the atonement was not provided to the patient at the time of appointment delay.

- **Priority 4**
  - Example: Dissatisfactory employee behavior**.**
  - Resolution: A written response from the Director of Operations or MMMI President/CEO addressing the service failure and initiating recovery process.

**To order refills or for questions about the Service Recovery program, please contact your local operations manager

Service Recovery Resource Kit

Wait Basket

Listed below are Standard Service Recovery Guidelines. Often, there are exceptions to the guidelines based on specific patient concerns. Please contact the local operations manager or regional operations director if further clarification is needed.

- **Priority Level 1**
  - Example: 15-30 minute wait beyond scheduled appointment time.
  - Resolution: Verbal intervention from staff member explaining and apologizing for the delay.

- **Priority Level 2**
  - Example: 30-60 minute wait beyond scheduled appointment time.
  - Offer something from Basket, with scripting "We are sorry for your delay, can I offer you a snack and we will get you finished as soon as we can."

What to include in the wait basket

- 6 bags assorted Chips
- 4 packages cookies
- 10 packages crackers
- 7 packs assorted nuts (trail mix)

**To order refills or for questions about the Service Recovery Wait program, please contact your local operations manager.

Comment [KH1]: Add your regional logo

Dear Patient,

In response to your concern regarding the efficiency of your McLaren doctor's office we would like to take the time to thank you for expressing your thoughts and to appreciate the inconvenience this must have caused you. We understand the disappointment you have experienced and are working diligently to ensure further inconvenience is avoided.

The offices of McLaren Medical Group strive to provide the highest quality care to the patients it serves. Unfortunately, quality service breakdowns sometimes take place. However, you can rest assured that if a breakdown happens, we act quickly and effectively to establish the level of trust you have come to expect with McLaren Health Care.

As a token of our appreciation and apology, please accept the enclosed gift card along with this letter as our promise to you that corrective action towards your concern has been taken. If there is anything that we can do to minimize your inconvenience in regard to this matter, please do not hesitate to contact us.

Sincerely,

Operations Manager
McLaren Medical Group

APPENDIX G- P/P 2310
Service Recovery Policy

Service Recovery Program Atonement Tracking Sheet

Date	Atonement Reason	Patient Name (Receiving Atonement)	Staff Initials	Site Name	Atonement Value

McLaren MEDICAL GROUP		**Policy Title:**	Discharging Patient From Office or Network
Effective Date:	11/01/06	**Policy Number:**	1030
Review Date:		**Category:**	Ethics/Rights/ Responsibilities
Revised Date:	5/28/2014	**Oversight Level:**	2
Administrative Responsibility:	Directors; Operations Managers		
Interpretation:	Compliance Officer; Risk Management		

1. Purpose

To provide a process for provider, office, and network discharges.

2. Scope

All MMG providers and clinical staff.

3. Definitions

3.1. Common Messages – data entry in PLUS notes (message type:DC) communicating the status of a patient's discharge.

3.2. Office discharge – patient cannot be seen by any provider in respective office; would need to select another MMG office.

3.3. Network discharge – patient cannot be seen by any MMG office except as noted under "Exceptions." The point at which an individual's active involvement with an organization ends, and the organization no longer maintains active responsibility for the care of the individual. (HFAP Definition)

3.4. "No Show" or Missed appointment – individual who does not notify office of anticipated failure to keep appointment coupled with lack of re-scheduling another appointment.

3.5. Pattern of "No Shows" – number of missed appointment without notification in a 12-month period; three (3) missed appointments in a 12-month period or an established pattern of missed appointments over a shorter period of time.

3.6. Supportive documentation – includes a detailed description of events leading to the discharge including an actual police report, MAPS reports, patient schedule, office notes, and any description of events by staff

members who were involved with the patient and can substantiate the reason for the discharge as an observer or witness to an incident.

3.7. PCP – primary care provider.

4. Policy

4.1. A patient discharge may be initiated for various reasons, including non-compliance, provider's discomfort with level of prescribing, disruptive pattern of behavior, patient providing false information, patient seeking treatment/drugs at multiple offices, dissatisfaction with individual provider/office, or a pattern of "no shows". The safety and quality of care, treatment and services do not depend of the patient's ability to pay. (HFAP)

4.2. The patient's provider and the site's Operations Manager will determine that a patient will be discharged.

4.3. Provider will determine whether patient has current treatment needs.

4.4. If possible, a dialogue will take place between the provider and the patient, informing the patient of the intent and reason for discharge; documentation in the medical record will provide evidence of this dialogue. If a dialogue is not possible, a letter may be mailed informing the patient of the intent to discharge.

4.5. Documentation in the medical record is factual, not insulting or argumentative. It should outline the conduct of the patient that makes it impossible for the provider to provide quality medical attention. Documentation may also include the efforts to overcome these problems.

4.6. Following documented communication with the patient and approval of the discharge request, patients are provided written notice discharge to enable the patient to secure other medical attendance. The notice will advise the patient to follow any current treatment plans (in general, non-specific terms).

4.7. All discharge letters are signed by the provider who recommended discharge, irrespective of the type of discharge. If an office discharge, the respective provider is noted along with the name of office; if a network discharge, the respective provider is noted along with McLaren Medical Group.

4.8. Follow-up of pending discharges are done by the Department of Performance Improvement within 30 days of discharge approval date; both

the operations Manager and the respective Director are advised of needed feedback.

5. Procedure

5.1. Dialogue between the provider and patient regarding discharge is documented in the respective medical record. Documentation should include "recommend discharge."

5.2. A Prior Authorization form is completed and submitted with all supporting documentation to the Department of Performance Improvement. If the patient is a managed care patient, the PCP must sign the Prior Authorization Form. The Compliance Officer will review the reason for discharge and the appropriateness of documentation, for approval.

5.3. Offices will notify the Collections Manager in Physician Billing regarding patient discharge, as applicable.

5.4. The Operations Manager will enter data into PLUS system:

- 5.4.1. Initially, enter a "pending discharge" under Common Messages when request is submitted
- 5.4.2. Enter additional information as discharge progresses in the approval process
- 5.4.3. Enter a "D" for discharged on the Patient Screen in the Patient Code field when signed receipt has been received
- 5.4.4. All entries in Common Messages shall be initialed/dated by author
- 5.4.5. If the patient is a Managed Care Patient the following steps will be completed by the Department of Performance Improvement: (NOTE: if not a managed care patient skip to number **5.5**)
  - 5.4.5.1. Complete necessary approval form(s) and forward with all documentation to managed care payer.
  - 5.4.5.2. Payer reviews and approves the discharge.
  - 5.4.5.3. Payer sends approval letter to physician office and copies Department of Performance Improvement.
  - 5.4.5.4. If discharge request is denied, Managed Care Payer will notify the Department of Performance Improvement of the denial and the case will be closed, or additional documentation will be provided, if needed.
  - 5.4.5.5. Department of Performance Improvement will notify office of denial or request additional documentation, if needed.

5.5. Discharge letters are prepared by the Department of Performance Improvement and forwarded to respective manager who will have the letter signed by the respective provider and then mailed to the patient, giving notice of the discharge and of its scope (i.e., limited to particular office

versus applicable to entire network). Discharge letters will follow the forms attached to this policy or will be approved by the Compliance Officer.

5.5.1. The discharge letter is sent to the patient via certified mail with a return receipt requested and by first-class mail; a copy of the letter with signed return receipt is filed in an administrative file (in respective MMG office) that is separate from the patient's clinical record. No supportive documentation (or copies thereof) is retained in individual clinical records. **Date of signed return receipt is entered in Common Messages (PLUS) for patient as the actual date of discharge.**

5.5.2. A copy of the signed letter and certified receipt is forwarded to the Department of Performance Improvement by the office.

5.5.3. If certified letter is returned as undeliverable, the returned letter is kept in record. An entry will be made by Operations Manager in PLUS (common messages) that the letter was undeliverable with a corresponding date. If the first-class letter is not returned, then the letter is considered as received by the patient and the discharge is complete. If both the certified and the first class letters are returned, the discharge letter will remain in the patient's medical record until another visit is made; at that time, the patient is asked to sign the letter, date currently; make a copy for our records and give original to patient. A copy of the signed discharge letter is also sent to the Department of Performance Improvement.

5.5.4. If the patient schedules an appointment prior to receiving notice of the discharge, then an attempt is made at the appointment to inform the patient of the discharge; the discharge is then made effective 30 days from the date of that appointment. The patient is asked to sign the letter as proof of receipt. After a copy is made for the office file, the original discharge letter is given to patient during the appointment. A copy of that letter is made for the office records and a copy is also sent to the Department of Performance Improvement.

5.5.5. If patient calls to schedule an appointment, reception staff will first access PLUS (check appropriate screens for Common Messages) to determine if any discharge status was assigned to the patient; whether the patient can make further appointmentsis based on the discharge status. If no further appointment can be made, and patient is insistent on a further explanation regarding the discharge, or the patient insists on the need to make an appointment, then the Operations Manager will need to speak with the patient.

6. Exceptions

6.1. Patients discharged from the network may still be seen at an MMG Occupational Health/Convenient/Prompt Care Center at the discretion of the presiding provider in emergent situations only.

6.2. Patients who are under the care of an MMG specialist at the time of discharge may continue to see that specialist.

7. **References**
None

8. **Appendix**
8.1. Appendix A - Discharge letter to Patient (applicable to office)

8.2. Appendix B - Discharge letter to Patient (applicable to network)

8.3. Appendix C – Prior Authorization form

9. **Approvals**

Mark S. O'Halla
(Original signed policy on file in MMG Practice Management) 10/16/2014
Mark O'Halla Date
President/Chief Executive Officer

Previous Revision Dates/Supercedes Policy: 6/15/10
5/15/2013 / 03/2009 / same policy number

McLaren Medical Group

Date

Ms. Jane Doe
100 Country Road
Anywhere, MI 00000

RE:

Dear Ms. Doe,

Please be advised that because of a breakdown in the patient/physician relationship, I (we) am (are) withdrawing from providing further professional care to you. During the next 30 days I (we) will continue to provide care to you on an emergency basis only. This will give you time to select another physician (facility) of your choice.

You are advised **not** to stop any current treatment plans you are following because you are being discharged.

Upon receipt of written authorization from you, I (we) will gladly provide copies of your medical records to your new physician.

Sincerely,

John Smith, M.D. (or, office name)
MCMC – identify office (for office discharges)

cc: MMG Privacy Officer

Policy #1030
Appendix A

McLaren Medical Group

Date

Ms. Jane Doe
100 Country Road
Anywhere, MI 00000

RE:

Dear Ms. Doe,

Please be advised that McLaren Medical Group Physician Offices will not be able to provide any further continuing care for you.

During the next 30 days, we will be able to provide care for you only on an emergency basis. This will give you time to select another primary care physician outside of McLaren Medical Group. If you are currently being seen by an MMG specialist, you may continue care under that physician.

You are advised **not** to stop any current treatment plans you are following because you are being discharged.

Upon receipt of your written authorization, we will gladly provide copies of your medical records to your new physician. Please send your request to the office where you were last seen.

Sincerely,

Physician's Name
McLaren Medical Group

cc: MMG Privacy Officer

Policy #1030
Appendix B

McLaren Medical Group

PATIENT DISCHARGE
Prior Authorization

Patient Name: _____ Office: _____

Date of Birth _____ / _____ / _____ Insurance: _____

Supportive documentation to be submitted:
- *Evidence of communication between provider and patient discussing the intent to discharge (this may also be in letter format)*
- *MAPS report (when applicable)*
- *Events leading up to discharge decision*
- *For "No Shows", list of appointments missed in prior 12 months, copy of missed appointment letter (s) along with copy of signed receipt.*

Discharge from:
- ☐ Physician
- ☐ Office
- ☐ Network

Discharge Category:
- ☐ No Show
- ☐ Breakdown in provider-patient relationship
- ☐ Non-compliance with controlled medicine agreement
- ☐ Prescription Fraud
- ☐ Behavior
- ☐ Other, describe: _____

Discharge description:

_____

_____

_____

Provider Name: _____ PCP Name, if different:_____

Provider Signature:_____ Date: _____

Manager Signature: _____ Date: _____

FOR INTERNAL USE

Date received in PI Department: _____

Comments: ☐ **Additional documents requested** _____

_____

_____

☐ **Approved** **Compliance Officer Signature:** _____

☐ **Denied** **Date:** _____

☐ **Approved via email (attached)** **Date:**_____

☐ **Sent to Managed Care** **Date:** _____

McLaren Medical Group
Authorization to Release Information

Patient Name _____ Birthdate _____ Medical Record Number _____

Address _____

Telephone Number _____ Maiden/Other Names _____

I authorize _____ (name) _____ (address) _____ (city,state,zip) _____ (telephone/fax) to release to _____ (name) _____ (address) _____ (city, state, zip) _____ (telephone/fax) _____ (email address)

Specific type of information to be disclosed: Date(s) of Service: _____

☐ History and Physical ☐ Operative Report ☐ Discharge Summary ☐ Physician's Notes
☐ Consultation Reports ☐ Therapy Notes ☐ Home Care Records ☐ Entire Medical Record
☐ Laboratory Results ☐ Billing Records
☐ Diagnostic Imaging (e.g., X-Rays) reports from (date) _____
☐ Diagnostic Imaging (e.g., X-Rays) films from (date) _____
☐ Other _____

The purpose and need for disclosure:

☐ Continuation of Care ☐ Personal ☐ Insurance Billing
☐ Legal/Attorney ☐ Prefer not to answer ☐ Other _____

I understand that unless otherwise indicated or specified here, a request for disclosure or release of "all" or "any" medical records or health information may include information regarding drug, alcohol or mental health treatment, social service records, communications made to a social worker and information regarding serious communicable diseases and infections as defined by the Michigan Department of Public Health Code, which includes venereal disease, tuberculosis, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV).

I understand that any disclosure of information carries with it the potential for redisclosure and that once disclosed to the individual or organization identified above, the information may not be protected by federal confidentiality rules.

I understand that I have a right to revoke this authorization at any time by sending a written revocation to the organization's HIPAA/Privacy Officer. I understand that the revocation will not apply to information that has already been released in response to this authorization. This authorization is in effect for no more than 60 days after date it was signed unless otherwise specified. Upon conclusion of that time period, this authorization is automatically revoked and no further disclosure of the patient's information is permitted.

I understand that I need not sign this form in order to ensure treatment, payment for treatment, or enrollment or eligibility for health benefits.

_____ Signature of Patient or Legal Representative _____ Date

_____ If Signed by Legal Representative, State Relationship to Patient

_____ Signature of Witness _____ Date

Facility Operations

	January	Feb	March	April	May	June	July	August	Sept	October	November	December
Responsibilty												
Attend Opps meeting												
Date attended												
Revenue Cycle (if app)												
Date attended												
Assigned meetings (if app)												
Date attended												
Dep verification check												
Date												
Schedule posted												
Date												
EOM not billed report												
Date												
PPG attendance												
Date attended												
Staff Meeting												
Date attended												
Provider Meeting												
Date attended												
Fire Drill												
Date												
Diasaster Drill												
Date												
Special assignments												

McLaren Medical Group (MMG)
Concerns Record

To be completed by MMG Staff Member

Staff Member: Complete the top portion of this form and forward to your Operations Manager

Date of Service _____ Person Completing the Form _____ Office _____

Pt. Name: _____ Complainant: _____ Relationship: _____ Complainant's Phone: _____

Complainant's Address _____ City: _____ State: _____ Zip: _____

Type of Concern: ❑ Staff Member ❑ Care Received ❑ Wait Time ❑ Fees Charged ❑ Medication ❑ Diagnosis ❑ Other: _____

Description of Concern:

_____

_____

_____

_____

Staff Member's Operations Manager _____ Staff Member Signature _____ Date _____

To be completed by MMG Operations Manager

Operations Manager: Send copies of this completed form to your Director and to the MMG Performance Improvement Department @ Ballenger Village

Disposition of Concern:

_____

_____

_____

_____

Operations Manager's Director _____ Operations Manager Signature _____ Date _____

PI Rcv'd: _____ ID: _____

McLaren

HEALTH CARE

TRAVEL/CONFERENCE REQUEST

Date of Submitted Request: _____

TO:

FROM:

SUBJECT: **REQUEST FOR PERMISSION TO ATTEND THE FOLLOWING CONFERENCE**

1. Name of Conference _____
2. Date of Travel _____
3. Place _____
4. Name and Department of Person(s) to attend _____

   _____

   _____
5. Purpose and anticipated benefit to McLaren _____

   _____
6. Estimated Cost -

   All Travel Arrangements, including air and ground transportation and hotel accommodations, must be made through Conlin Travel. Employees making their own arrangements or using other agencies will not be reimbursed. Please consult the McLaren Travel Policy for more details.

   Transportation _____

   Registration _____

   Hotel _____

   Meals _____

   Miscellaneous _____

   TOTAL _____
7. Are any of the costs being paid by an outside organization?

   _____
8. Remarks _____

   _____

APPROVED BY: _____ DATE: _____

(Department Director to Approve Staff)
(Vice President to Approve Department Director)
(Corporate CEO to Approve Corporate Executive)

Upon approval this form should be sent to Accounting at least 14 days prior to conference.

PURPOSE (Designate persons attending, name of meeting, location, inclusive dates, etc.)

EXPENSES INCURRED (Attach original receipted bills)

TRANSPORTATION: **MILEAGE**

Air Fare

Personal auto miles at $.575 per mile (must not exceed air fare)

other (explain) _____

_____

LODGING:

_____ days at $ _____

$

Other _____ $

MEALS:

Date	Breakfast	Lunch	Dinner	Total
	$	$	$	$
				$

OTHER EXPENSES (Include registration fees, tips, cab fares, etc.)

DATE	EXPLANATION	AMOUNT
	Total	$0

$ $0

TOTAL EXPENSES $ $0.00

Submitted by:

_____ _____

Date

Approvals:

_____ _____

Department Director Date

_____ _____

Vice President Date

DEDUCT AMOUNTS PAID BY MEDICAL CENTER

$

Transportation

Cash advanced for expenses

Other (Explain) _____

DIFFERENCE:

Amount due employee $

Employee Name

Address

Amount due Medical Center $

Account No.

Account No. _____

REQUEST FOR MILEAGE EXPENSE REIMBURSEMENT

PURPOSE (Designate persons attending, name of meeting, location, inclusive dates, etc.)

Date	Facility of Origin	Destination	Mileage
Total			0

Total Mileage

0

Cost $.575 / Mile

$ -

Total from other side

Submitted by:

Date

Approvals:

Department Head — Date

Vice President — Date

Amount due to employee

(PLEASE ISSUE CHECK TO)

Satellite Cleaning Standards

Carpet:

- Shall be vacuumed on all cleaning days not moving such items as desks, stationary benches, etc. These items are to be cleaned around and not moved. Items with wheels are to be moved and vacuumed behind once per month.

Refuse:

- Refuse will be collected on all scheduled days and a clean liner placed back in all refuse cans. Any boxes or large objects should be put in a designated area for disposal. This does not include Bio waste cans, sharps containers or confidential material. Please keep in mind when leaving large objects for disposal, most cleaning crew work alone and can not dispose of items too large, such as broken desks.

Restrooms:

- Restrooms are to be cleaned on all cleaning days. Sinks and stools are to be cleaned thoroughly using a non abrasive bowl cleaner.
- Mirrors are to be cleaned with a glass cleaner. Also, clean the top and any ledges that may be on the mirror.
- Paper towel and toilet tissue dispensers are to be filled and maintained on an as needed basis.

Hard Floor Surfaces:

- All hard floor surfaces are to be dust mopped and wet mopped with a germicidal solution on all cleaning days. All lightweight furnishings are to be moved (chairs, small carts, etc.). Stationary objects are to be cleaned under and around. Any items on wheels should be moved and mopped.

Wall Mounted Objects:

- All wall mounted objects such as phones, electric switches, mirrors, hand towel dispensers, paper cup dispensers, handrails, pictures, etc. are to be damp dusted and dried on cleaning days with a germicidal solution.

Doors and Door Frames:

- All doors and door frames that are located inside of the areas are to be damp dusted with a cloth that has been moistened in a germicidal solution and then dried. Doors and frames are to be cleaned at least once a month. Door knobs should be wiped on all cleaning days.

Windows:

- Windows will be spot cleaned weekly using a suitable glass cleaning agent on the inside only and window sills will be wiped off.

Furnishings:

- Not limited to, but all desks, chairs, tables, and ledges are to be cleaned on all cleaning days. Not moving any personnel items. The main reception area desk should be wiped down and cleaned every cleaning day. There should not be any personnel items in this area, so items should be moved. Magazines and other items in waiting room are not considered personnel.
- All recessed lights will be dusted on all cleaning days and insects removed weekly if needed.

Vents:

- All air duct vent covers are to be feather dusted weekly and then cleaned every quarter using a vacuum system.

Speakers/Ceilings:

- Ceilings and speakers mounted in the ceiling will have the same process as vents.

Body Waste:

- The staff shall clean up any body waste, such as vomit or feces out side of the toilet bowl at the time of the incident. If the cleaning company is called in to clean up the waste, this will be an extra charge. If it is left until the cleaning company comes in, this will be billed as an extra charge. **This is not to be considered to be part of normal cleaning.** If the toilet is plugged up, this is a maintenance issue, not for the cleaning company to handle.

Supplies:

- The following list of supplies are to be furnished by the contractor (at the contractors expense)

    1. Paper towel that is suitable for the exsisting dispensers.
    2. Plastic liners, all required sizes. (this does not include Bio hazard liners)
    3. Toilet tissue to fit existing dispensers.

Cleaning Issues

1. No liquid is to be put in the trash receptacles.

2. No sharps (needles, blades, etc.) shall be placed in the regular trash. These must always go in the Sharps Container.

3. Trash is not to be over filled with books, magazines, etc. These items are heavy and cause the bags to tear.

4. All correspondence regarding issues should be conducted between the office manager and the cleaning contractor. The cleaning personnel should not have multiple people asking them to do things.

5. Dishes should not be left for the cleaning crew. If they are left in the sink, they will be removed while the cleaning crew cleans the sink and the dirty dishes will be put back in the sink for staff to take care of.

6. When using the housekeeping equipment, they are to be cleaned after use. If a mop is used, it should be washed out after use and hung to dry. If a vacuum is used, please be curteous, do not use to vacuum up contruction debris. The construction contractor should have their own equipment.

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Carpet	Vacuum around furniture, all cleaning days and move furniture monthly to vacuum. This includes Microwave stands,copiers,etc.							
Refuse	Waste cans emptied and clean liners are to be placed. Receptacles on outside of building have been emptied and cleaned around.							
Restrooms	Sinks & stools cleaned around with proper disinfectant cleaner, inside and out. Mirrors cleaned, tops and ledges. Paper towel and toilet paper replaced. Soap dispensers filled.							
Floors	All floors have been dust mopped and wet mopped with germacidal solution including base boards. Furniture on wheels to be moved monthly. This includes but not limited to microwave stands,refrigerators,etc							
Wall Mounted Objects	All switches,mirrors,towel dispensers,cup dispensers,handrails,pictures,etc. have been damp dusted. Equipment has been dusted. Telephones have been wiped with a germacidal cleaner.							
Doors/Door Frames	All doors, door knobs and frames have been dusted with a germacidal cleaner.							
Windows	Windows have been spot cleaned on the inside using a suitable window cleaner. Sills to be cleaned.							
Furnishings	All desks,chairs,tables,ledges,tops of shelves or book cases have been dusted and cleaned,not moving any personnel items. Vacuum Furniture and dust upholstery furniture monthly. All recessed lights to be dusted and insects removed monthly.							
Vents & Ceiling Speakers	All vents are to be vacuumed monthly on the outside only.							
Dusting	Dust all corners,above cabinets,behind doors,etc. and check for webs.							
Outside	Outside waste and cigarette receptacles emptied and cleaned around							

Comments:

Monday-
Tuesday-
Wednesday-
Thursday-
Friday-
Saturday-
Sunday-

McLAREN HEALTH CARE		Policy Title:	Capital Asset Procurement
Effective Date:	12-05-03	Policy Number:	MM 0103
Review Date:	01-04-07	Section:	
Revised Date:	10-01-10	Oversight Level:	Corporate CFO
Administrative Responsibility:	Director, Corporate Materials Management		

1. Purpose

   To ensure proper coordination and facilitation of procurement and repair of capital assets within MHC and subsidiaries.

2. Scope

   This policy applies to all MHC subsidiaries, their employees, physicians and administrators.

3. Definitions

   3.1 Capital Assets shall be defined as any item with a unit cost of $1,000 or more and a useful life greater than one year. The cost of acquiring an asset includes all costs necessary to put the asset in use. Therefore, all component costs as well as freight, installation, facility modifications (e.g., electrical, plumbing, etc.) and IT costs are included when calculating the $1,000 threshold. Additions or upgrades to existing capital assets that extend its economic life, or improve its performance in a material way will be capitalized.

   Examples of common capital assets include medical and office equipment, buildings, renovations, and replacement of building equipment such as boilers, air handlers, etc.

   Multiple requisitions used to segment a single item into multiple parts to avoid the minimum capital threshold ($1,000) will not be allowed.

   3.2 IT Capital Assets include PC's, printers, servers, software and other Information Technology Solutions.

4. Policy

   4.1 All capital assets (with the exception of IT hardware and software) shall be procured by Corporate Materials Management. Corporate Materials Management shall be recognized as the official authorized purchasing agent for MHC and its subsidiaries.

4.2 Under no circumstances are MHC Subsidiaries or their departments authorized to commit financial resources without involvement of the Corporate Materials Management Department. MHC or its Subsidiaries will not be obligated or financially responsible for any contracts, agreements, or purchases that do not adhere to this policy and procedure.

4.3 Capital Equipment – Competitive bidding for Capital Equipment will be undertaken for any piece of equipment with a unit cost or aggregate purchase cost of $15,000 or more. Items under this amount may be bid at the discretion of Corporate Materials Management. Items that are available through Premier committed contracts, Premier Group Buys, or locally negotiated Corporate Purchasing Agreements can be exempted from the competitive bid activity at the discretion of Corporate Materials Management.

4.4 Facilities Improvement – Capital Expenditures for facility related improvements and repairs will be subject to the procedures outlined in Corporate Facilities Policy (Policy #CF 0103).

4.5 All new capital equipment leases and renewal must be justified by a lease vs. buy analysis. The lease vs. buy analysis is completed by the Subsidiary Finance Department and is approved by the Corporate Controller.

5. Procedure

5.1 Corporate Materials Management will serve as the initial contact point for all departments interested in purchasing capital equipment (with the exception of IT capital equipment). All related activities (vendor contact, product sourcing, obtaining budgetary pricing, contract development, bidding, negotiation, etc.) shall be coordinated by Corporate Materials Management.

5.1.1 When a department is interested in acquiring capital equipment that is not facility improvement or IT related, they shall complete a Request for Capital Equipment Quotation Form (Form # M-398, Appendix 7.1) and obtain the necessary approvals that are identified on form # M-398. An approved Request for Capital Equipment Quotation form is the first step in the capital acquisition process. Obtaining preliminary approvals on the Request for Capital Equipment Quotation Form shall not be construed as an approval to purchase. Vendors are not to be contacted by the Department at this phase in the process without involvement or authorization from Corporate Materials Management.

5.2 If the item being considered for acquisition is known to be less than $15,000, (e.g. portable vital signs monitor) Corporate Materials Management will involve MCES as needed and will solicit pricing information and/or proposals from applicable vendors. Corporate Materials Management will send pricing and related

information obtained from vendors to the requesting department head and respective Vice President to facilitate continuation of the approval process.

5.2.1 If the equipment item is known to be more than $15,000, (e.g. CT Scanner) and therefore subject to the competitive bidding procedure in accordance with 4.3 of this policy, Corporate Materials Management will be responsible for initiating the capital equipment bidding process.

5.3 For items subject to competitive bidding, Corporate Materials Management will assume responsibility for all pre-bid planning activities.

5.3.1 This planning will be coordinated with the following individuals when appropriate:

5.3.1.1 Department Director

5.3.1.2 Vice President

5.3.1.3 Medical Staff members

5.3.1.4 Nursing, Technologists, Other Clinical Staff, etc.

5.3.1.5 Clinical Engineering Services

5.3.1.6 Facilities

5.3.1.7 PHNS

5.3.1.8 Finance

5.3.2 All salient issues will be reviewed during pre-bid planning, including but not limited to the following:

5.3.2.1 Development of equipment specifications

5.3.2.2 IT related issues through PHNS (e.g. interfaces, hardware, software, etc.)

5.3.2.3 Budgetary/financial issues including financing method if applicable

5.3.2.4 Maintenance/service contracts through Clinical Engineering or Corporate Facilities

5.3.2.5 User and physician preference

5.3.2.6 Selection of qualified vendors

5.3.2.7 Scope/timeframe of project

5.3.2.8 Premier contract review

5.3.2.9 Contract/negotiation issues

5.3.2.10 MD Buyline available information and assistance

5.3.2.11 Comparison of MD Buyline equipment pricing (an equipment database used to identify best pricing nationally)

5.4 Upon completion of the pre-bid planning Corporate Materials Management will coordinate the competitive bid process.

5.4.1 This process will include the following steps:

5.4.1.1 Preparation of bid documents

5.4.1.2 Contacting potential vendors

5.4.1.3 Coordination of vendor/user discussions

5.4.1.4 Distribution and receipt of bid documents

5.4.1.5 Analysis of bid responses and recommendation

5.4.1.6 All vendor negotiations

5.4.2 Corporate Materials Management shall be responsible for coordinating or assisting in the coordination of on-site capital equipment product demonstrations and evaluations as well as vendor assisted site visits.

5.5 Upon completion of the bid process and analysis, Corporate Materials Management will review bid responses with the appropriate parties and submit a recommendation to the requesting department Director and respective Vice President. Corporate Materials Management's recommendation will be based on, but not limited to the following factors: Price, terms and conditions, corporate contracts, maintenance/service costs, corporate standardization, vendor reputation and performance.

5.6 Equipment that does not lend itself to the aforementioned bid process (e.g. Corporate Standard, equipment standardization, sole source vendor, etc.) will still be coordinated, sourced and priced by Corporate Materials Management. In accordance with paragraph 5.5, Corporate Materials Management will submit recommendations to the requesting department Director and applicable Vice President.

5.7 Final equipment and vendor selection decisions will be made by the subsidiaries' department Director and Vice President, taking into consideration the Corporate Materials Management recommendation and other relevant factors such as physician or departmental preference. Decisions contrary to a Corporate Materials Management recommendation or a corporate standard will require Corporate CFO approval for any resulting purchase requisition. Either the requesting department or Corporate Materials Management can engage the Corporate CFO for approval when necessary.

5.8 Corporate Materials Management will execute a purchase order to the appropriate vendor upon receipt of an authorized Capital Equipment Purchase Requisition (Form # M-393, Appendix 7.2) with approvals according to the type of equipment (see 5.8.1 below) and the Chart of Approvals attached hereto (Form# M-391, Appendix 7.3).

5.8.1 Dependant upon the type and nature of the equipment, the requesting department shall be responsible for obtaining input and approvals from department directors/managers that may have an interest and involvement in the installation and/or support of the equipment. These approvals shall be obtained before submitting the Capital Equipment Purchase Requisition to the Subsidiary CFO and/or CEO.

5.8.1.1 Equipment that may be utilized for patient diagnostics, treatment or any patient related equipment that may require warranty and post warranty support, approval shall be obtained from the Subsidiary MCES Manager.

5.8.1.2 For any equipment that has an IT component including interfaces, the approval of the on Subsidiary PHNS Customer Service Representative is required.

5.8.1.3 For equipment that may require a facility modification of any kind will require the approval of the Maintenance/Engineering Director.

5.8.2 The Corporate Materials Management Department will not proceed with the capital acquisition without the required information or the required signatures in accordance with the above requirements and the Chart of Approvals.

5.8.3 The following Capital Equipment Purchase Requisition fields are required to be completed by the requestor:

5.8.3.1 MHC Facility Name

5.8.3.2 Department name

5.8.3.3 Cost center number

5.8.3.4 General ledger (GL) number

5.8.3.5 Capital project number (if applicable)

5.8.3.6 Complete product description

5.8.3.7 Indication if equipment is new or a replacement for existing equipment

5.8.3.8 Supplies (include GL # for supplies to be included with purchase)

5.8.3.9 Maintenance/service contracts (include cost center and GL)

5.8.3.10 Deliver to location (if different than the cost center)

5.8.3.11 Purchase justification that describes the need and rationale

5.8.3.12 Cost Reduction and ROI if applicable (see 5.8.4 for further details)

5.8.4 If requesting department is proposing the purchase of new and not replacement equipment that may reduce operating costs or produce additional revenue, a Proforma shall be submitted to the Subsidiary CFO as a separate document along with the Capital Equipment Purchase Requisition. The requesting department shall consult with the Subsidiary Finance Department regarding the Subsidiary requirements for financial proformas.

5.8.5 Service and supply related expenses cannot be capitalized. The completed purchase request is to include GL numbers for these charges as well as associated cost centers, if different than the requesting department.

5.8.6 The requesting Department Manager/Director is responsible for securing from in-house resources , and including in the appropriate section of the Capital Equipment Purchase Requisition, any costs related to the equipment installation and subsequent support of the equipment including but not limited to facility modifications, IT involvement including interfaces, service contracts, MCES service technician training, etc. These costs are to be included on the Capital Equipment Purchase Requisition in the required section before submitting to the Subsidiary CFO and/or CFO.

5.9 Upon receipt of an approved Capital Equipment Purchase Requisition, Corporate Materials Management will award the contract and issue a purchase order to the successful vendor. In the event that the purchase award was part of a formal RFP process, a written notification will also be sent to the unsuccessful vendor participants when applicable, informing them of a final decision.

5.10 The method of payment for capital items - be it by check, lease payment, or other financing options - will be determined by the Subsidiary Finance Department and Corporate Chief Financial Officer when applicable.

5.11 All patient care equipment must be inspected by the applicable Corporate or Subsidiary Department (CE or Maintenance) that has service responsibility for the capital items(s) being purchased.

5.12 Corporate Finance will conduct or have conducted random audits of this policy and these procedures.

6. References

6.1 CF 0103 – Corporate Facilities Policy

7. Appendix
   7.1Request for Capital Equipment Quotation Form (Form # M-398)

   7.2 Capital Equipment Purchase Requisition (Form # M-393)

   7.3 Chart of Approvals (Form# M-391).

6. Approvals:

10-25-2010

David Mazurkiewicz
Sr. Vice President & CFO

Date

McLAREN HEALTH CARE

REQUEST FOR CAPITAL EQUIPMENT QUOTATION FORM

Subsidiary: _____MHC _____BRMC _____MRMC _____LRMC _____IRMC _____POHRMC _____MCRMC _____MMG _____MHG

_____	_____	Y / N	_____	$ _____
Department Cost Center	*Department Name*	*Budgeted Item?*	*Fiscal Year*	*Est. Amt. (Budg. or Unbudgeted)*

Equipment is: Replacement _____ New Item _____ Addition _____

Equipment Description: _____

Quantity Requested: _____ Preferred Vendor: _____

Are there other vendors to consider? _____ Date quote needed by: _____

EQUIPMENT		**COMMENTS:**
Is there a current Hospital / Corporate standard? *Note: If unsure, Contact Corp. Materials Mgmt.*	Yes / No / Unknown	
Is this item patient related and requires Biomedical Engineering inspection?	Yes / No / Unknown	
If so, Has Biomedical Engineering been consulted in regard to this purchase?	Yes / No / Unknown	
Does equipment require supplies not currently ordered by your department?	Yes / No / Unknown	
Is a trade-in involved? If so, provide information on the equipment for trade-in.	Yes / No / Unknown	
Is there a deadline associated with the equipment delivery date?	Yes / No / Unknown	
FACILITIES		
Are there any additional electrical and/or plumbing requirements?	Yes / No / Unknown	
Does the equipment require uncrating / installation by vendor?	Yes / No / Unknown	
Does vendor need to perform room design and provide equipment plans?	Yes / No / Unknown	
INFORMATION TECHNOLOGY		
Does equipment require connection to network?	Yes / No / Unknown	
Does the equipment have any IT components: *(i.e. hardware, software, interfaces, backups, etc)*	Yes / No / Unknown	If Yes, must obtain approval from PHNS below.

McLAREN HEALTH CARE

REQUEST FOR CAPITAL EQUIPMENT QUOTATION FORM

In accordance with the Corporate Capital Acquisition Policy (MM-103), Corporate Materials Management will initiate the process upon receipt of this approved document.
If you have any questions regarding the process and/or equipment cost estimates, please contact the CMM Project Coordinator assigned to your subsidiary.

Department Manager/Director Date

Clinical Engineering Date
Additional Clinical Engineering Involvement Required: ___ Yes ___ No

Vice President Date

PHNS Representative Date

Chief Financial Officer Date

Please fax to 810-342-1512 to the attention of the Corporate Materials Management Capital Equipment Team

McLAREN HEALTH CARE

CAPITAL EQUIPMENT PURCHASE REQUISITION

***** Please attach vendor quote and/or CMM recommendation*****

Request Type: Regular: ____ Emergency: ____ **Date:** _____
Budgeted Item: Yes: ____ No: ____

MHC Facility: _____
Department Name: _____
Cost Center #: _____
Delivery Location: _____
Req. Delivery Date: _____
Requestor: _____

CORPORATE MATERIALS MANAGEMENT USE ONLY
PO#: _____ Delivery Date: _____
Conf.: Buyer:

Suggested Vendor: _____
Vendor Address: _____

Purpose, Need and Justification: *(To be completed by Requestor)*

Priority Level: Necessary: ____ Important: ____ Desirable: ____
Equipment Is: Replace Existing Equipment: ____ New: ____
Asset # of Existing Equipment: _____
Estimated Life of Requested Equipment: _____
Physician Request? Yes: ____ No: ____
Will equipment produce revenue or reduce costs? Yes: ____ No: ____
If so, is proforma attached? Yes: ____ No: ____

GENERAL LEDGER	QTY	DESCRIPTION	UNIT COST	TOTAL COST
		INCLUDE ADDITIONAL COSTS BELOW:		
		Facility Modifications (e.g. electrical, plumbing, etc.)		
		IT Costs (e.g. interfaces)		
		Service Contract		
		Biomedical Training		

TOTAL: _____

Incoming Inspection? MT: ____ CE: ____ None:____ **Manuals Required?** Y: ____ N: ____ **If Yes, How Many?** Operating: ____ Service: ____

APPROVALS:

Department Manager/Director Date
CE/Maintenance Date
President/COO Date
Vice President Date
PHNS Date
Executive/Finance Date

ADMINISTRATIVE USE ONLY *(Requestor does not write below this line)*

Request has been: Approved: _____ Denied: _____

Funding by: Operations: _____ Grant Funds: _____ FY Capital: _____
Building Funds: _____ Leasing: _____ FY Contingency: _____

McLaren

HEALTH CARE

PURCHASE REQUEST

THIS IS NOT AN ORDER

☐ PURCHASE ☐ CREDIT
☐ STANDING ORDER ☐ EXCHANGE
☐ SERVICE CONTRACT ☐ REPAIR
☐ CAPITAL EQUIPMENT ☐ OTHER
☐ ADD TO STOCK ☐ _____
☐ TRIAL
☐ RETURN

Subsidiary	Co. #	Subsidiary	Co. #
☐ McLaren Flint	60	☐ McLaren Bay Region	210
☐ McLaren Health Plan	870	☐ McLaren Macomb	260
☐ McLaren Greater Lansing	500	☐ McLaren Oakland	310
☐ McLaren Medical Group	810	☐ McLaren Health Care	10
☐ McLaren Lapeer Region	110	☐ Other _____	
☐ McLaren Homecare Group	850		

PURCHASE ORDER NUMBER

DEPARTMENT NAME	DEPARTMENT #	DATE	SUGGESTED VENDOR				
DELIVER TO LOCATION	REQUIRED DELIVERY DATE		VENDOR ADDRESS			PHONE NUMBER	
REQUESTED BY	PHONE NUMBER	FAX NUMBER	CITY	STATE	ZIP	F.O.B.	TERMS
DEPARTMENTAL APPROVAL	DATE		ACCOUNT #	REPRESENTATIVE		FAX NUMBER	
CAPITAL EQUIPMENT OR PROJECT #			DATE ORDERED	DELIVERY DATE	BUYER	PHONE NUMBER	

QTY	U/M	MFG. OR CAT. #	COST CENTER or GL #	DESCRIPTION	UNIT PRICE	TOTAL

Approvals:

Administration _____ Date _____

Clinical Eng. Ser. _____ Date _____

PHNS _____ Date _____

Finance _____ Date _____

Purchasing _____ Date _____

51810	Contracted Nursing Labor
51820	Contracted Clerical Labor
52000	Drugs
52030	Flu Shot Supplies
52040	Solutions
52110	Supplies Medical
52120	X-Ray Film
52300	Supplies Non Medical
52310	Grounds & Driveways
52320	Vehicle Expense
52330	Maintenance
52350	Housekeeping Supplies
52361	Supplies Linen
52370	Minor Equipment
52400	Books & Periodicals
52410	Video Supplies
52430	Uniforms
52450	Supplies-Office
52500	Food and Beverage
52525	Food -Catered Meals
52600	Postage
52850	Graphic Services
52860	Printing
53100	Blue Cross Self Insurance
53110	Blue Cross Insurance
53120	Health Plus Insurance
53130	Blue Care Network Insurance
53140	Blue Cross PPO Insurance
53200	Dental Insurance
53230	Vision Insurance
53250	Life Insurance
53370	Long Term Disability Insurance
53500	Employee Benefits
53530	Tuition Reimbursement
53560	Auto Allowance
53630	Renaissance Festival Tickets
53660	Showcase Tickets
53810	Work Comp Medical
53820	Work Comp Compensation
53830	Work Comp Legal
53840	Work Comp Miscellaneous
53850	Work Comp Accrued
54010	Fees to Physicians
54020	Other Professional Fees
54100	Repairs
54102	Maintenance Contracts
54110	Vehicle Repairs
54200	Equipment Rental & Lease
54210	Copier Rental
54220	Vehicle Lease
55060	Unemployment Insurance
55070	Employee Physicals
55090	Personal Memberships
55100	Professional Development
55110	Proficiency/Acceditation/ACLS
55300	Recruiting
55310	Want Ads
55400	Insurance General
55410	Professional Liability
55500	Telephone

51810 Contracted Nursing Labor
51820 Contracted Clerical Labor
52000 Drugs
52030 Flu Shot Supplies
52040 Solutions
52110 Supplies Medical
52120 X-Ray Film
52300 Supplies Non Medical
52310 Grounds & Driveways
52320 Vehicle Expense
52330 Maintenance
52350 Housekeeping Supplies
52361 Supplies Linen
52370 Minor Equipment
52400 Books & Periodicals
52410 Video Supplies
52430 Uniforms
52450 Supplies-Office
52500 Food and Beverage
52525 Food -Catered Meals
52600 Postage
52850 Graphic Services
52860 Printing
53100 Blue Cross Self Insurance
53110 Blue Cross Insurance
53120 Health Plus Insurance
53130 Blue Care Network Insurance
53140 Blue Cross PPO Insurance
53200 Dental Insurance
53230 Vision Insurance
53250 Life Insurance
53370 Long Term Disability Insurance
53500 Employee Benefits
53530 Tuition Reimbursement
53560 Auto Allowance
53630 Renaissance Festival Tickets
53660 Showcase Tickets
53810 Work Comp Medical
53820 Work Comp Compensation
53830 Work Comp Legal
53840 Work Comp Miscellaneous
53850 Work Comp Accrued
54010 Fees to Physicians
54020 Other Professional Fees
54100 Repairs
54102 Maintenance Contracts
54110 Vehicle Repairs
54200 Equipment Rental & Lease
54210 Copier Rental
54220 Vehicle Lease
55060 Unemployment Insurance
55070 Employee Physicals
55090 Personal Memberships
55100 Professional Development
55110 Proficiency/Acceditation/ACLS
55300 Recruiting
55310 Want Ads
55400 Insurance General
55410 Professional Liability
55500 Telephone

McLaren MEDICAL GROUP

Physician Start-Up Package

Name of Form:	Form Number:	Quantity per Package:	
Adult Registration	MM-17305A	100 per box	⬭
Adult Patient History	MM-3380	100 per box	⬭
Adult Physical Exam.	MM-3380A	100 per box	⬭
Vaccine Adm. Record-Adult	MM-157	100 per box	⬭
Master Problem List	MM-34056	Order on Paragon	⬭
OBGYN History & Examination	MM-123	100 per box	⬭
OBGYN Ultrasound	MM-34611	100 per box	⬭
OBGYN Questionaire	MM-140	100 per box	⬭
Medication List	MM-34523 (5)	Order on Paragon	⬭
Additional Med. List	MM-34524 (6)	Order on Paragon	⬭
Progress Notes	MM-34389		⬭
Telephone Message	MM-141	1 Case Min.	⬭
Child/Adolescent Patient Registration	MM-17305B	100 per box	⬭
Ped./Adolescent Patient History	MM-34320	100 per box	⬭
Vaccine Adm. Record- Children	MM-34079	100 per box	⬭
Consent for treatment/Fin. Auth.	MM-17469	100 per box	⬭
Parent Controlled Med. Agreement	MM-170	100 per box	⬭
Parental Auth. To Treat Minor	MM-124	100 per box	⬭
Auth. to release Medical Info.	MM-34216	100 per box	⬭
Controlled Meds. Agreement	MM-21	100 per box	⬭
ABN (Customized)	MM-103A	100 per box	⬭
Notice of Privacy Practices	MM-10327	100 per box	⬭
Confidential Communications	MM-132	100 per box	⬭
Script Pads (customized)	MM-21	20 pads	⬭
PCMH Sticker-Box		1000 per box	⬭
PCMH Brochure		200 per box	⬭

Business Package:

# 10 Envelopes	Minimum order is 500	⬭
Letterhead	Minimum order is 500	⬭
Business/Appt. Cards		⬭
Profile Cards-(Use both MMG Template for Profile Card copy and Marketing Request form)		⬭
Fax Cover Sheet (Customized, form number assigned after ordered)		⬭
Posters:Patient Right's/Responsibilities; Notice of Privacy Practice; MMG Mission and Vision Statement		
Signs: Rate your pain; HIPPA Privacy Summary; "Welcome" Sign for new Physician		⬭

Order forms for reprinting needs (Contact the MRMC Graphics Department 810-342-1560)
Rapid Reprint (M-34514); Printing Requisition (M-246); Marketing Request Form (M-10290)

Environment

McLaren MEDICAL GROUP		**Policy Title:**	Life Safety Management Plan
Effective Date:	03-01-1999	**Policy Number:**	7140
Review Date:		**Category:**	Environment of Care
Revised Date:	12/24/2013	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Operations Managers		

1. Purpose

To define the process through which McLaren Medical Group will design a program that considers life safety.

2. Scope

MMG Workforce

3. Definitions

None

4. Policy

4.1. McLaren Medical Group has designed a program that considers life safety. The management plan describes the processes for protecting patients, staff, visitors, and property from fire and the products of combustion (smoke) in accordance with all applicable required structural features of fire protection addressed in the Life Safety Code (National Fire Protection Association 101, as adopted by authorities having jurisdiction, including clarifying or amending policy letters).

5. Procedure

5.1. The process that protect patients, staff, visitors, and property from fire and smoke are contained in the following program elements and include:

5.1.1. Identification and maintenance of all applicable required structural features of fire protection (see Appendix A).

5.1.2. Inspection and testing including:

5.1.2.1. Fire Alarm Systems

5.1.2.2. Automatic Extinguishing System (including fire pumps)

5.1.2.3. Portable Fire Extinguishers

5.1.2.4. Fire Drills including

5.1.2.4.1. specific roles of personnel in the area of a fire's point of origin (RACE)

5.1.2.4.2. specific roles of personnel who are away from a fire's point of origin (Fire Plan)

5.1.2.4.3. specific roles and responsibilities for volunteers, students and physicians to the extent they are required to participate in the plan.

5.1.2.4.4. use and function of fire alarms

5.1.2.4.5. building evacuation (fire plan, fire drills, including the posting of fire evacuation plans)

5.1.2.4.6. equipment utilized in evacuation

5.1.2.4.7. containing smoke and fire through building compartmentalization procedures (RACE).

5.1.2.5. Reviewing Proposed Acquisitions

5.1.2.6. Hazard Surveillance

5.1.2.7. Life Safety Annual Evaluation

5.1.2.8. Fire Plan

5.1.2.9. Interim Life Safety Measures

5.1.3. For proposed acquisitions of bedding, window draperies, and other curtains, furnishings, decorations, wastebaskets, and other equipment for fire safety.

5.1.4. A procedure for reporting and investigating fire protection deficiencies, failures, and user errors.

5.2. Orientation and Education: Orientation for new employees for life safety is completed and compliance records are maintained.

5.3. Performance Standards: The Safety Officer shall develop a performance standard to measure the effectiveness of the Life Safety Plan. The standard and

quality indicators are tracked as appropriate.

5.4. McLaren Medical Group through the support of subsidiary hospitals shall provide on-going monitoring of performance regarding actual or potential risk through:

5.4.1. Review and testing of all employees through annual safety inservicing and testing, including reporting of staff participation to the Safety Officer.

5.4.2. Implementation of preventive maintenance schedules for life safety elements and systems, including testing and calibration of systems and devices, based on industry standards or manufacturers' recommendations.

5.5. Annual Evaluation: The Safety Officer annually evaluates the effectiveness of the current Life Safety Program and summarizes findings to the Governing Board of Directors.

6. Exceptions
None

7. References
None

8. Appendix
8.1. Appendix A – Hazard & Vulnerability Analysis

9. Approvals

Margaret Dimond 12/24/2013
(Original signed policy on file in MMG Practice Management)
Margaret Dimond — Date
President/Chief Executive Officer

Robin Wyles 12/24/2013
(Original signed policy on file in MMG Practice Management)
Robin Wyles — Date
Safety Officer

Previous Revision Dates:
12/5/06

Supersedes Policy:
Blue Manual Policy 9

Medical Center Hazard and Vulnerability Analysis

This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale. Assume each event incident occurs at the worst possible time (e.g. during peak patient loads).

Please note specific score criteria on each work sheet to ensure accurate recording.

Issues to consider for **probability** include, but are not limited to:

1 Known risk
2 Historical data
3 Manufacturer/vendor statistics

Issues to consider for **response** include, but are not limited to:

1 Time to marshal an on-scene response
2 Scope of response capability
3 Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

1 Potential for staff death or injury
2 Potential for patient death or injury

Issues to consider for **property impact** include, but are not limited to:

1 Cost to replace
2 Cost to set up temporary replacement
3 Cost to repair
4 Time to recover

Issues to consider for **business impact** include, but are not limited to:

1 Business interruption
2 Employees unable to report to work
3 Customers unable to reach facility
4 Company in violation of contractual agreements
5 Imposition of fines and penalties or legal costs
6 Interruption of critical supplies
7 Interruption of product distribution
8 Reputation and public image
9 Financial impact/burden

Medical Center Hazard and Vulnerability Analysis

Issues to consider for **preparedness** include, but are not limited to:

1 Status of current plans
2 Frequency of drills
3 Training status
4 Insurance
5 Availability of alternate sources for critical supplies/services

Issues to consider for **internal resources** include, but are not limited to:

1 Types of supplies on hand/will they meet need?
2 Volume of supplies on hand/will they meet need?
3 Staff availability
4 Coordination with MOB's
5 Availability of back-up systems
6 Internal resources ability to withstand disasters/survivability

Issues to consider for **external resources** include, but are not limited to:

1 Types of agreements with community agencies/drills?
2 Coordination with local and state agencies
3 Coordination with proximal health care facilities
4 Coordination with treatment specific facilities
5 Community resources

Complete all worksheets including Natural, Technological, Human and Hazmat.
The summary section will automatically provide your specific and overall relative threat.

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Hurricane	0	0	0	0	0	0	0	**0%**
Tornado	3	3	3	3	1	1	1	**67%**
Severe Thunderstorm	3	1	1	2	1	1	1	**39%**
Snow Fall	3	1	1	1	1	1	1	**33%**
Blizzard	3	1	2	3	1	2	1	**56%**
Ice Storm	3	2	2	3	1	2	1	**61%**
Earthquake	1	1	1	1	3	3	3	**22%**
Tidal Wave	0	0	0	0	0	0	0	**0%**
Temperature Extremes	3	2	0	1	2	2	2	**50%**
Drought	1	0	0	0	0	0	0	**0%**
Flood, External	1	1	1	1	3	3	3	**22%**
Wild Fire	0	0	0	0	0	0	0	**0%**
Landslide	0	0	0	0	0	0	0	**0%**
Dam Inundation	0	0	0	0	0	0	0	**0%**
Volcano	0	0	0	0	0	0	0	**0%**
Epidemic	2	3	1	2	1	1	1	**33%**
AVERAGE SCORE	**1.44**	**0.94**	**0.75**	**1.06**	**0.88**	**1.00**	**0.88**	**15%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.15	**0.48**	**0.31**

HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Electrical Failure	2	1	2	3	1	1	1	**33%**
Generator Failure	1	3	3	3	3	3	1	**30%**
Transportation Failure	1	2	1	3	2	2	1	**20%**
Fuel Shortage	1	1	1	2	3	3	2	**22%**
Natural Gas Failure	1	1	1	3	3	3	1	**22%**
Water Failure	2	1	2	3	2	2	2	**44%**
Sewer Failure	2	1	2	3	3	3	1	**48%**
Steam Failure	1	1	1	2	3	3	1	**20%**
Fire Alarm Failure	1	2	2	2	2	1	3	**22%**
Communications Failure	3	2	0	2	1	1	1	**39%**
Medical Gas Failure	1	3	1	2	2	2	1	**20%**
Medical Vacuum Failure	1	1	0	1	2	2	2	**15%**
HVAC Failure	2	1	1	1	2	2	2	**33%**
Information Systems Failure	2	0	1	3	2	3	2	**41%**
Fire, Internal	2	2	3	2	1	1	1	**37%**
Flood, Internal	1	1	3	2	2	2	2	**22%**
Hazmat Exposure, Internal	2	2	1	3	1	1	1	**33%**
Supply Shortage	1	1	1	1	3	3	2	**20%**
Structural Damage	1	1	1	1	3	3	3	**22%**
AVERAGE SCORE	**1.47**	**1.42**	**1.42**	**2.21**	**2.16**	**2.16**	**1.58**	**30%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.30	**0.49**	**0.61**

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Incident (trauma)	2	3	2	3	2	2	2	**52%**
Mass Casualty Incident (medical/infectious)	1	2	2	3	1	2	1	**20%**
Terrorism, Biological	1	3	3	3	2	2	1	**26%**
VIP Situation	1	1	1	1	0	0	0	**6%**
Infant Abduction	1	1	1	2	1	2	2	**17%**
Hostage Situation	1	2	1	3	1	1	1	**17%**
Civil Disturbance	2	1	1	1	2	2	2	**33%**
Labor Action	2	0	1	2	1	1	2	**26%**
Forensic Admission	1	1	1	1	1	1	1	**11%**
Bomb Threat	1	1	0	2	2	2	2	**17%**
AVERAGE	**1.30**	**1.50**	**1.30**	**2.10**	**1.30**	**1.50**	**1.40**	**22%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.22	**0.43**	**0.51**

HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Hazmat Incident *(From historic events at your MC with >= 5 victims)*	1	3	3	3	1	1	1	**22%**
Small Casualty Hazmat Incident *(From historic events at your MC with < 5 victims)*	2	2	2	2	1	1	1	**33%**
Chemical Exposure, External	2	3	2	2	1	1	1	**37%**
Small-Medium Sized Internal Spill	2	3	1	1	1	1	1	**30%**
Large Internal Spill	1	3	3	3	1	1	1	**22%**
Terrorism, Chemical	1	3	3	3	1	1	1	**22%**
Radiologic Exposure, Internal	1	2	2	3	1	1	1	**19%**
Radiologic Exposure, External	1	2	1	1	1	1	1	**13%**
Terrorism, Radiologic	1	3	3	3	1	1	1	**22%**
AVERAGE	**1.33**	**2.67**	**2.22**	**2.33**	**1.00**	**1.00**	**1.00**	**25%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY

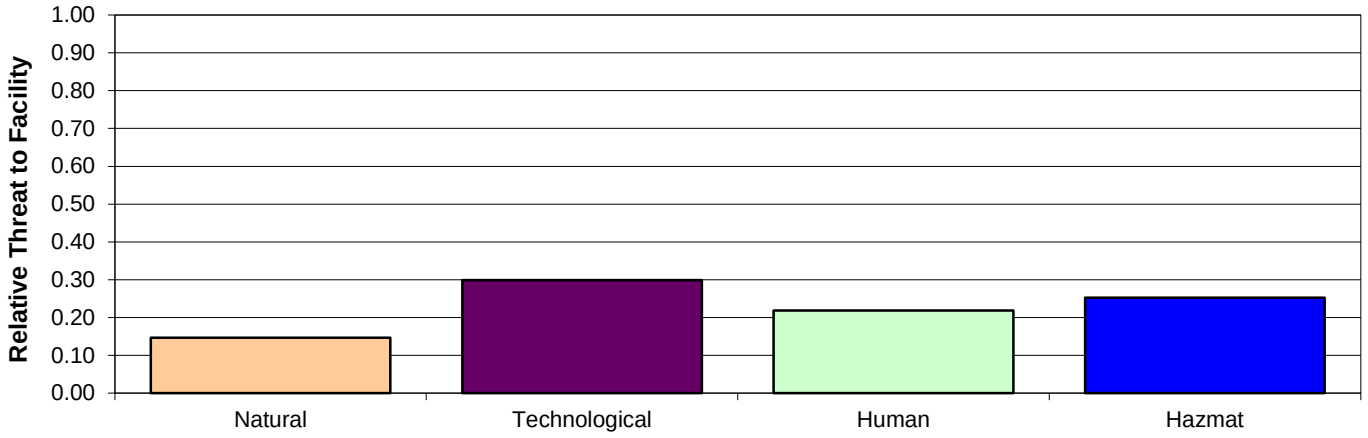
0.25 0.44 0.57

SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.48	0.49	0.43	0.44	0.47
Severity	0.31	0.61	0.51	0.57	0.49
Hazard Specific Relative Risk:	0.15	0.30	0.22	0.25	0.23

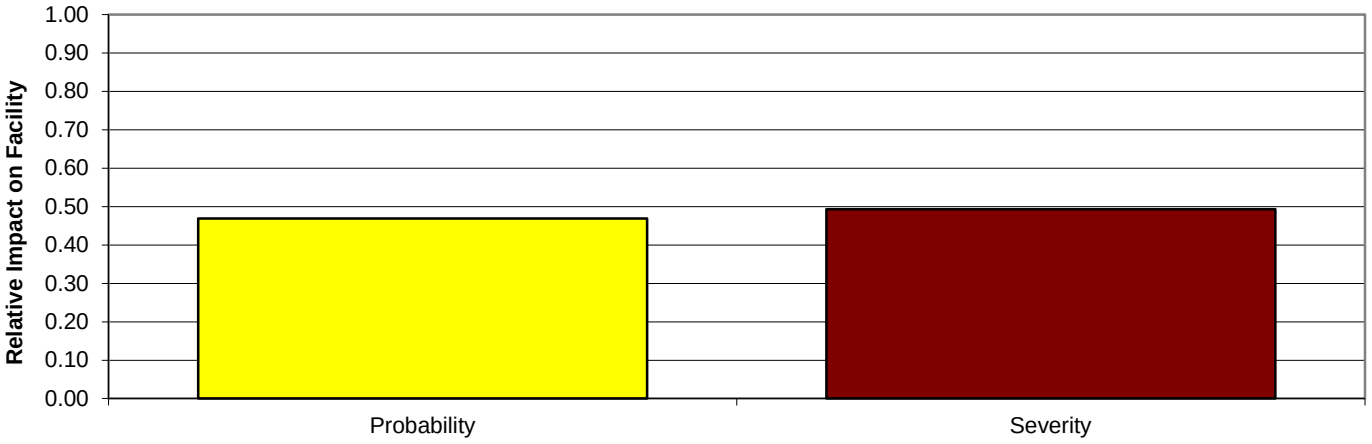
McLAREN REGIONAL MEDICAL CENTER

Hazard Specific Relative Risk to Medical Center



McLAREN REGIONAL MEDICAL CENTER

Probability and Severity of Hazards to Medical Center



This document is a sample Hazard Vulnerability Analysis tool. It is not asubstitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

McLaren MEDICAL GROUP		**Policy Title:**	Fire Plan
Effective Date:	11/2005	**Policy Number:**	7400
Review Date:		**Category:**	Environmental of Care
Revised Date:	3/20/2014	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Director of Safety		

1. Purpose

To define the process through which McLaren Medical Group prepares for and responds to fires.

2. Scope

MMG Workforce

3. Definitions

None

4. Policy

4.1. McLaren Medical Group will respond promptly and effectively to a fire in order to ensure safety of the patients, staff, visitors and the structure of the building.

5. Procedure

5.1. Fire drills shall be conducted quarterly.

5.2. Staff will be notified in advance of a fire drill.

5.3. Patients will not be evacuated during a fire drill, but all other fire procedures will be followed.

5.4. All supervisors and coordinators are to report to the location of the fire with a fire extinguisher.

5.5. Results will be documented (including a list of the employees participating) and deficiencies noted.

5.6. A report of the results and deficiencies will be sent to the Safety Committee.

The following steps are to be followed in the event of a fire:

5.7. RESCUE, ACTIVATE

5.7.1. Announce “DRILL” (??) and the location of the fire.

5.8. ALL DEPARTMENTS ARE TO EVACUATEE ALL EMPLOYEES AND PATIENTS in their area. Employees should direct all patients out of the building by the most direct route, as well as check the lobby and bathrooms in their area.

5.8.1. CLOSE ALL DOORS in your immediate area.

5.8.2. ATTEMPT TO FIGHT FIRE with available equipment.

5.8.3. TURN ON ALL LIGHTS in your area.

6. Exceptions

None

7. References

None

8. Appendix

None

9. Approvals

Mark S. O’Halla	3/25/2014
(Original signed policy on file in MMG Practice Management)	
Mark S. O’Halla Acting President/CEO	Date
Robin Wyles	3/25/2014
(Original signed policy on file in MMG Practice Management)	
Robin Wyles Safety Officer	Date

Previous Revision Dates
2/11/2013, 11/2005, 4/12/2011
Supersedes Policy: Red Manual 5.A

McLaren MEDICAL GROUP

FIRE DRILL CRITIQUE FORM

Month drill completed: ____ January ____ April ____ July ____ October
Site name: _____
Date of drill: _____ **Time of drill:** _____
Location of drill in building: _____

Drill requires two designated staff members to act as observers.
Observer 1 (first and last name): _____ **Observer 2** (first and last name): _____

Instructions: Check Yes, No, or N/A next to each item.

Performed: Yes	No	N/A	
			RESPONSE – R.A.C.E. and P.A.S.S. Staff rescues anyone in immediate danger.
			Staff activates the alarm: By calling/designating someone to call 911.
			By pulling the handle on a fire pull box.
			Staff contains the fire by: Closing the door on the fire area.
			Placing a wet blanket at the base of the door.
			Staff extinguishes the fire with a fire extinguisher, if safe to do so.
			Staff demonstrates proper use of fire extinguisher:
			Pull the pin.
			Aim the nozzle at the base of the fire.
			Squeeze the handle.
			Sweep side to side.
			Staff maintains escape route to designated meeting place outside of building.

Performed: Yes	No	N/A	
			STAFF KNOWLEDGE Location of nearest pull station.
			Location of nearest fire extinguisher.
			Location of all building exits.
			Location of equipment needed to evacuate patients (e.g. wheelchair).
			RESPONSE SYSTEM Staff checked patient exam rooms, restrooms, offices, staff lounge, and lobby.
			Staff closed all doors.
			Corridors were clean and free from obstructions.
			POLICY Policy reviewed with staff.
			List of employees participating in the drill is attached.
			Details of drill and critique form completed.
			Evacuation route is posted in building; staff has reviewed route.

Details of the drill (Give a description of the results of the drill).

_____
_____
_____
_____

Critique of the drill (Note any deficiencies of the drill and plans for correction).

_____
_____
_____
_____

Document prepared by: _____

FIRE DRILL Signature Page

A signature is required of all employees participating in the fire drill.

Name	Department

McLaren MEDICAL GROUP		**Policy Title:**	Tornado Instructions
Effective Date:	11/2005	**Policy Number:**	7315
Review Date:	3/24/2014	**Category:**	Environment of Care
Revised Date:	3/25/2014	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Operations Managers		

1. Purpose

To define the process through which McLaren Medical Group prepares for and responds to tornados.

2. Scope

MMG Workforce

3. Definitions

3.1. Tornado Watch –Same as a severe thunderstorm watch but tornadoes are also possible in the watch area.

3.2. Tornado Warning – A tornado has been reported or is being indicated as possible by Doppler radar. Immediate action should be taken.

4. Policy

4.1. McLaren Medical Group will respond promptly and effectively to a tornado in order to ensure safety of patients, staff, visitors and the structure of the building.

5. Procedure

5.1. Tornado Watch is announced.

5.1.1. Communicate to all patients, visitors and personnel in the office that a tornado watch is in effect. Act in a calm manner.

5.1.2. Visitors, patients and personnel may remain in the office.

5.1.3. Desktops and workstations should be cleared of any unnecessary loose papers/documents.

5.1.4. When the tornado watch-all clear is given, personnel may return to normal duties.

5.2. Tornado Warning is announced.

5.2.1. Communicate to all patients, visitors and personnel in the office that a tornado warning has been issued. Act in a calm manner.

5.2.2. Patients, visitors and personnel should seek shelter in interior rooms without windows or in the basement, if available.

5.2.3. All desk tops and work stations will be cleared of all paper/documents.

5.2.4. Telephone usage will be restricted to necessary communications only.

5.2.5. Patients will be seen as usual unless the nature of the weather conditions warrants a change.

5.2.6. When the tornado warning-all clear is given, personnel will return to normal duties.

6. Exceptions

None

7. References

None

8. Appendix

9. Approvals

Mark S. O'Halla
(Original signed policy on file in MMG Practice Management)
Mark S. O'Halla
Acting President/CEO
4/7/2014
Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)
Robin Wyles
Safety Officer
4/9/2014
Date

Previous Revision Dates:
11/2005
Supersedes Policy:
Red Manual 4.B

McLaren MEDICAL GROUP

Environment of Care (EOC) Readiness Checklist

Date: _____
Site Name: _____
Completed By: _____

Items in red indicate known TJC/HFAP Problem Areas.

Instructions: ***Complete ONE checklist each month. Keep the original. Send copies to both your Immediate Supervisor and Sue Walker, EOC Coordinator (sue.walker@mclaren.org) BY THE 1ST OF THE MONTH.***

Element Inspected	N/A	OK	NOT OK		If "Not OK," document action taken (REQUIRED).
Emergency warning devices:					
• Emergency Plan, staff awareness (Staff are able to verbalize response to Fire, Tornado, Evacuation, and Disaster. Fire Drills are completed quarterly. Fire drill log is on-site).					
• Exit Signs are Illuminated and Emergency Exit Lights Operational (battery operated). Evacuation routes are posted (**Ensure arrows point only toward the exit).**					
• Passageways are clear and Exits are not blocked. **No items plugged in while in hallway; no hallway storage. No beds or equipment storage in hallways.**					
Personal Protective Equipment (PPE) and clothing are on-site. All staff able to locate.					
Materials handling, storage, and disposal:					
• Laundry bags are not overfilled **(2/3 full is maximum; no odors).**					
• No items within 18" of the ceiling.					
• All items are stored greater than 6" from the floor and away from water, heat, and electrical outlets. No shipping boxes stored with patient care items.					
• O_2 tank and regulator available. O_2 tanks are stored properly - no more than 11 per room and in cart **(Empty and full O_2 tanks are segregated and secured, with proper signage).**					
Crash Cart checks completed DAILY. **(Lock secure, defibrillator strip run daily, and only 1 month of logs are in the log book).**					
Operations involving hazardous materials and processes:					
• SDS (formerly MSDS) - Are available on the Intranet **(Ensure employees know how to access SDS info and why).**					
• Biohazard bags in exam rooms are in appropriate containers. All containers in exam rooms are labeled with Biohazard stickers.					
• Sharps (**RED**) containers are not overfilled. **Containers must be secured, not sitting on the floor or counter. Key is not left in holder. Sharps containers are dated with a 90-day discard date when first put into use. Containers are valid for the 90 days or until 2/3 full. Black Box (Meds) is dated when first put into use and is valid for one year.**					
All Patient Information is protected **(No identifying patient information goes in the trash. Cover sheets are used and/or pages are flipped over).**					
Walking and working surfaces are clear of debris/obstructions **(Hallways are clear. No decorations on fire doors, nothing is taped to walls or cabinets. All signs are in frames or laminated. No Paper Signs).**					
No stained, displaced, or missing ceiling tiles.					
Stairwells are clean and well-lit **(No storage in stairwells or fire exits).**					
Electrical Systems hazards: Check for frayed cords; all items are plugged in. Child safety plugs are in all lobby and exam room outlets.					

Health and sanitation provision in food preparation, eating areas, restrooms, etc.:					
• No food or drink in patient care areas or nursing/MA stations.					
• Medication and Specimen refrigerator's temperature logs are up-to-date (logs are not required for "Staff Only" food fridges). **Temperature checks are completed twice a day for medication/vaccination storage and specimen refrigerators).**					
• All open containers in refrigerator are dated.					
Illumination: All bulbs are operational. All lights turned on/off. No debris in light lens. Ceiling vents are dust-free.					
Fire protection equipment and hazards:					
• Smoke detectors - alarms are functioning.					
• Check that all fire extinguishers are up-to-date **(Fire extinguishers are checked and recorded monthly with the full date of inspection, e.g. 01-03-15, and initials. Annual Hole Punch is present).**					
• Fire doors latch and close properly. Doors are not propped open.					
• Do not block medical gas shut offs or electrical panels.					
• Electrical panels in patient care areas and hallways are locked.					
Calibration and maintenance records are up-to-date **(Look for an inventory sticker from Biomed).**					
Flashlights checked and functioning.					
Nothing is stored in the cabinets under sinks. Under-sink cabinets may also be locked.					
No torn exam tables or chairs.					
All medical records/confidential materials are secured. Large red Biohazard bin is secured.					
Locks on Reception windows/lobby doors.					
All staff should be wearing their ID badge and Patient Rights badge, above the waist.					
Patient restroom(s) must have a wireless doorbell with a sign posted. Are staff able to locate the key(s) to the restroom?					
Chapter 31.00.00, Outpatient Services, August, 2014, version, is located in the HFAP Binder, with tabs.					
CHECK ALL EXPIRATION DATES: NOTHING ON-SITE SHOULD BE EXPIRED (e.g., Cidex OPA and test strips, blood tubes, glucose test strips, test kits, medications, swabs, etc.) DO NOT USE IF PAST EXPIRATION DATE. MULTI-DOSE VIALS OF MEDICATION: Label with 28-day discard date upon first opening, time opened, and initials of staff member who opened.					
Exterior: Parking lot and sidewalks are free of pot holes, large cracks, debris, snow, and ice. No trip hazards should be present.					
Exterior lights and signage are in working order.					
Overall presence of building: Clean, grass cut, shrubs trimmed. No cigarette debris.					

Additional Notes and/or Concerns:

McLaren Health Care – Accreditation Contacts

Region	Accreditation Body	Contact Person	Title	Phone Number	Safety Officer/Contact
McLaren Bay Region	TJC	Sandy Garzell	Director of Patient Care Services	(989) 894-9510	Kathy Warszawski (989) 894-3894
McLaren Central Michigan	HFAP	Marybeth Mey	Accreditation Manager	(989) 772-6820	Marybeth Mey
McLaren Flint	TJC	Julie Borowski	Director of Regulatory Compliance	(810) 342-2248	RaeLynn Hicks (810) 342-2337
McLaren Greater Lansing	HFAP	Katie Rinehart	Safety & Quality Specialist	(517) 975-7712	Connie Morbach (517) 975-7630 Katelynn Manton Infection Control
McLaren Lapeer Region	HFAP	Colette Stearns	Director of Quality & Case Management	(810) 667-5599	Dennis Fitzpatrick (810) 667-5553
McLaren Macomb	HFAP	Lauren Gibson	Accreditation & Compliance Coordinator	(586) 439-8134	Virgil Redd (586) 493-8108
McLaren Northern Michigan	TJC	Gretchen Schrage	Patient Safety Officer & Manager of Performance Improvement	(231) 487-7812	Kenneth Hebert (231) 487-4212
McLaren Oakland	HFAP	Karen Krenke, RN	Director of Quality Management	(248) 338-5510	Tom Tesolin

Topic/Requirement	**Compliant**	**Non-compliant**	**N/A**	**Recommended Resolution or Question(s) to MMG Leadership**	**Responsibility**
Initial Assessment timely and all elements completed					
Master Problem list completed after first visit					
Consent for Treatment & HIPAA Notice given - appropriately completed					
Patient History form completed at first visit & provider signed on back					
Medications and Allergies gathered at first visit					
Preventive Health Screens form					
Medication List and Allergies reviewed and updated at subsequent visits					
Pain Scale rating documented at first visit & then as needed by diagnosis					
Pt's Learning Needs identified					
Pt/family education and understanding documented					
Vital signs (pulse, bp, temp, & resp), Height/Weight, BMI					
Office visit not containing history and physical and exam for presenting problem					
Follow up visit note containing any abnormal diagnostic testing results, consults, progress, etc.					

Topic/Requirement	Compliant	Non-compliant	N/A	Recommended Resolution or Question(s) to MMG Leadership	Responsibility
Time-Out documented prior to procedure					
Procedure Consent completed					
Fall Risk assessment completed (after age 65 - assess whether fell in last year & does the patient use an assistive device (walkers, canes, braces,					
Health education, where appropriate					
Medications should include dosage and for new prescriptions that a discussion of side effects was done					
For controlled substance prescriptions - controlled substance agreement, MAPS run at least twice per year, supporting documentation, UDS at least once per year, no early refills, limited telephone refills.					
All medical record entries were Dated, Timed, and Signed (CMS requirement) and noted follow up plan or no follow up required					
Hand written notes are legible					
Advanced Directives were received/asked for from patient					
All Specialists - Evidence of follow up with PCP					
General Surgery:					
Pre-op testing including CBC, EKG, chest x-ray					
Pre-op clearance					
Risks, alternatives, etc discussed					
Consent signed					

Topic/Requirement	Compliant	Non-compliant	N/A	Recommended Resolution or Question(s) to MMG Leadership	Responsibility
Follow up post-op includes all vital signs, pain control, examination, complicaiton, etc.					
OB:					
Prenatal exam					
Labs including hgb, UA, protein/sugar UA, Rh, HIV, Strep B, Hep B surface antigen, Rubella screen					
Rhogam, if applicable					
Fundal height					
Fetal heart tones					
Fetal position					
Diabetes eval, if applicable					
Birth plan					
Urology:					
Labs including PSA, UA, urine culture, testosterone level, CBC, lytes, BUN/creatinine					
DRE, if applicable					
Diagnostic tests including biopsy, imaging, tumor characteristics, cystoscopy, urodynamics studies					
Peds:					
Immunizations					
Well care visits (6 in first 16 months, then one every year), visit will include history, physical exam, health education/anticipatory guidance					

Who to Call for Assistance

- Patient Emergencies – 911
- Physical Security- 911

- Anthelio Help Desk – 810.424.8400
- McLaren University Password Reset –810.342.1050 or Human Resources Contact
- MMG Compliance Hot Line – 810.342.1088
- MMG Privacy Officer – 810.342.1513
- MMG Security Officer – 810.342.1541
- MyMcLaren Password Reset – Human Resources Contact
- Patient Billing Questions – 866.814.9536 or 810.342.6505
- Physician Billing – 810.624.1063
- Webdennis Help Desk – 877.258.3932

- Communication Barriers – See Enclosed Policy PP 2135
- Patient Rights Complaint Process – See Enclosed Policy PP 1040
- Patient Satisfaction Survey Complaints – See Enclosed Policy PP 9700
- Service Recovery – See Enclosed Policy PP 2310
- Work Related Injuries – See Enclosed Policy PP 8130