Valleywise Community Health
Centers Governing Council
Meeting

September 14, 2021
6:00 p.m.

Agenda
AGENDA
Valleywise Community Health Centers Governing Council

Mission Statement of the Valleywise Community Health Centers Governing Council
Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.

Meeting will be held remotely. Please visit https://valleywisehealth.org/event/valleywise-community-health-centers-governing-council-meeting-09-14-21/ for further information.

Tuesday, September 14, 2021
6:00 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council may be in attendance telephonically or by other technological means. Council members participating telephonically or by other technological means will be announced at the meeting.

Please silence any cell phones, pagers, computers, or other sound devices to minimize disruption of the meeting.

Call to Order

Roll Call

Call to the Public
This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.
ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, and Discussion:

1. Discuss, Review, and **Approve** the following Valleywise Health policies and protocols: **10 min**
   a. Policy 20077 F; FQHC Clinic: After-Hours Care and Calls
      *Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics*

2. Discuss, Review, and **Acknowledge** the following Valleywise Health policies and protocols: **10 min**
   a. Policy 78250 S; Human Resources (Employment Status/Records): Verification of Required Licenses, Registrations and Certifications
      *Amy Little Hall, Interim Senior Vice President, Chief Human Resources Officer*

3. Discuss, Review, and **Approve** the following Valleywise Health policies and protocols: **10 min**
   a. Policy 02014 S; FQHC: Safeguarding the Use of FQHC Resources and Associated Assets and Property
      *Claire Agnew, Chief Financial Officer*

Adjourn
Valleywise Community Health
Centers Governing Council
Meeting

September 14, 2021

Item 1.a.

Policy 20077 F; FQHC Clinic: After-Hours Care and Calls
DATE: September 14, 2021

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Srvcs & CEO FQHC Clinics

SUBJECT: Policy # 20077 F FQHC Clinic: After-Hours Care and Calls

In accordance with the recommendations made by the Health Resource Services Administration Operational Site Visit Reviewers, staff is respectfully requesting the Valleywise Community Health Centers Governing Council to approve changes to policy #20077 FQHC Clinic: After-Hours Care and Calls, which include appropriate follow-up by the primary care provider with the patient when calling outside normal clinic hours of operation.

Other revisions include formatting and nomenclature for consistency.
Valleywise Community Health Centers Governing Council Meeting

September 14, 2021

Item 1.a.

Policy 20077 F; FQHC Clinic: After-Hours Care and Calls – Redline Version
Valleywise Health Administrative Policy & Procedure

Effective Date: 
Reviewed Dates: 07/13, 2/19, 1/20
Revision Dates: 4/09, 7/11, 02/17, 02/19, 1/20, 08/09/21

Policy #: 20077 DF

Policy Title: FQHC Clinic: Ambulatory/General: After-Hours Care and Calls

Scope: [ ] District Governance (G)
[ ] System-Wide (S)
[X] FQHC (F)
[X] Division (D) Ambulatory Services
[ ] Multi-Division (MD)
[ ] Department (T)
[ ] Multi-Department (MT)

Purpose:
To notify patients that when the Federally Qualified Health Center (FQHC) Clinics, which include the Valleywise Community Health Centers and certain clinics within the Valleywise Comprehensive Health Centers-Phoenix and Peoria-are closed and provide information about hours and emergency care and telephonic access to a provider.

Definitions:

Board: Maricopa County Special Health Care District Board of Directors (Board)

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board.

Provider: A Medical Staff Member with Clinical Privileges, Resident, or Allied Health Professional.

Residents: Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital’s professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of Member of the Medical Staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.
Allied Health Professional: A health care practitioner other than a Medical Staff member who is authorized to provide patient care services in the Hospital who have been granted clinical privileges.

Clinical Privileges or Privileges: The authorization granted by the Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

FQHC: Federally Qualified Health Center is a health center that provides affordable, accessible, quality, and cost-effective primary health care to patients regardless of their ability to pay.

Policy:
The answering service is activated when the FQHC Clinics, which include the Valleywise Community Health Centers and certain clinics within the Valleywise Comprehensive Health Centers-Phoenix and Peoria, are closed. All calls are transferred to the Valleywise Health switchboard after-hours, on weekends and holidays. The Switchboard operators will contact the provider on call after-hours if the patient requests. Community Health Centers and Comprehensive Health Centers patients will have after-hours access to a provider via the Valleywise Health Switchboard. The Valleywise Health Switchboard will be used when phone service to the health center is interrupted during normal business hours.

Procedure:
A. The Community Health Centers and certain clinics within the Valleywise Comprehensive Health Centers-Phoenix’s and Peoria’s- main phone numbers automatically roll over to the Valleywise Health Switchboard at the end of the business day.

B. There will be an automated voice mail message in English and Spanish alerting the patient that the clinic is closed and gives the patient the option to speak with an operator.

C. If the patient requests to speak with a provider, the Valleywise Health Switchboard will contact the provider on call by paging him/her with the patient contact information or will call the provider directly based on provider preference.

D. The switchboard operator obtains the caller’s name, phone number, patient’s date of birth, the primary care provider’s name and the reason for the call.

E. The switchboard operator then identifies the correct on-call provider and pages or calls him or her.

F. The on-call provider will respond to patients via telephone to provide clinical advice and/or arrange care when outside of normal clinic hours of operation, during the hours of 5pm to 8am and 24 hours on the weekends and holidays.
G. If there is no response to the operator’s first page/call within 15 minutes from the on-call provider, the switchboard operator will:
   a. Re-page the on-call provider and if no answer in 15 minutes will then;
   b. Attempt to call the provider on his/her secondary contact number
   c. At 30 minutes the Switchboard Operator will call the Back-up provider.
   d. If unable to reach an incident report is filed so that the process can be reviewed.

H. After receiving the patient’s information from the switchboard operator, the provider contacts the patient. If interpretation services are needed, the switchboard operator will transfer the provider to the Valleywise Health contracted interpretation line.

I. The physician on call then does an assessment and plan. The plan is documented in the patient’s electronic health record by the next business day.

J. The provider on call can document into the electronic medical records using the telephone encounter work flow and/or will forward a message the encounter to the patient’s primary care provider and the respective clinic nurse pool to ensure appropriate follow up. The provider may also fax a handwritten progress note to the patient’s health center. This will be scanned into the media tab in the electronic medical record.

K. If the patient is pregnant all after-hours calls will be forwarded to the Valleywise Health Medical Center Labor and Delivery unit and the attending physician will assess, plan and document in the patient’s electronic medical health record.

L. The message on the clinics’ telephone line provides information in English and in Spanish, emergency referral information, and the name of the clinic, hours of operations and emergency referral information in English and Spanish.

References:

Valleywise Health Protocol # 20080 F FQHC Clinic: Coverage for Medical Emergencies During and After Hours

Valleywise Health Protocol # 20082 F FQHC Clinic: Afterhours, Weekends and Holiday Calls
Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Barbara Harding, BAN, RN, MPA, PAHM, CCM,
Senior Vice President, CEO FQHC Clinics

DEVELOPMENT TEAM(S): Barbara Harding, BAN, RN, MPA, PAHM, CCM,
Senior Vice President, CEO FQHC Clinics

Policy #: 20077 D

Policy Title: Ambulatory/General: After-Hours Care and Calls

e-Signers: Barbara Harding, BAN, RN, MPA, PAHM, CCM, Senior Vice
President, CEO FQHC Clinics
Place an X on the right side of applicable description:

New -
Retire - Reviewed -
Revised with Minor Changes – X
Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)  Removal of the Look-Alike (LAL) status

List associated form(s): (If applicable)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: Systemwide P&P Committee 00/00 09/21
Committee: 00/00
Reviewed for EPIC: 00/00
Other: Valleywise Community Health Centers Governing Council 00/00 09/21
Other: 00/00
Other: 00/00
Valleywise Community Health Centers Governing Council Meeting

September 14, 2021

Item 1.a.

Policy 20077 F; FQHC Clinic: After-Hours Care and Calls – Clean Version
Valleywise Health Administrative Policy & Procedure

Effective Date:  
Reviewed Dates:  07/13, 2/19, 1/20  
Revision Dates:  4/09, 7/11, 02/17, 02/19, 1/20, 09/21  

Policy #:  20077 F

Policy Title:  FQHC Clinic: After Hours Care and Calls

Scope:  
[ ] District Governance (G)  
[ ] System-Wide (S)  
[X] FQHC (F)  
[] Division (D) Ambulatory Services  
[ ] Multi-Division (MD)  
[ ] Department (T)  
[ ] Multi-Department (MT)

Purpose:
To notify patients when the Federally Qualified Health Center (FQHC) Clinics, which include the Valleywise Community Health Centers and certain clinics within Valleywise Comprehensive Health Centers-Phoenix and Peoria are closed and provide information about hours, emergency care and telephonic access to a provider.

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Residents:  Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital’s professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of Member of the Medical Staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.
Allied Health Professional: A health care practitioner other than a Medical Staff member who is authorized to provide patient care services in the Hospital who have been granted clinical privileges.

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Policy:  
The answering service is activated when the FQHC Clinics, which include the Valleywise Community Health Centers and certain clinics within Valleywise Comprehensive Health Centers-Phoenix and Peoria, are closed. All calls are transferred to the Valleywise Health switchboard afterhours, on weekends and holidays. The switchboard operators will contact the provider on call afterhours if the patient requests. Community Health Centers and Comprehensive Health Centers patients will have afterhours access to a provider via the Valleywise Health Switchboard. The Valleywise Health Switchboard will be used when phone service to the health center is interrupted during normal business hours.

Procedure:  
A. The Community Health Centers and certain clinics within the Valleywise Comprehensive Health Centers-Phoenix’s and Peoria’s main phone numbers automatically roll over to the Valleywise Health Switchboard at the end of the business day.
B. There will be an automated voice mail message in English and Spanish alerting the patient that the clinic is closed and gives the patient the option to speak with an operator.
C. If the patient requests to speak with a provider, the Valleywise Health Switchboard will contact the provider on call by paging him/her with the patient contact information or will call the provider directly based on provider preference.
D. The switchboard operator obtains the caller’s name, phone number, patient’s date of birth, the primary care provider’s name and the reason for the call.
E. The switchboard operator then identifies the correct on-call provider and pages or calls him or her.
F. The on-call provider will respond to patients via telephone to provide clinical advice and/or arrange care when outside of normal clinic hours of operation.
G. If there is no response to the operator’s first page/call within 15 minutes from the on-call provider, the switchboard operator will:
   a. Re-page the on-call provider and if no answer in 15 minutes will then;
   b. Attempt to call the provider on his/her secondary contact number.
c. At 30 minutes the Switchboard Operator will call the back up on-call provider.
d. If unable to reach an incident report is filed so that the process can be reviewed.

H. After receiving the patient’s information from the switchboard operator, the provider contacts the patient. If interpretation services are needed, the switchboard operator will transfer the provider to the Valleywise Health contracted interpretation line.

I. The provider on call then does an assessment and plan. The plan is documented in the patient’s electronic medical record by the next business day.

J. The provider on call will document into the electronic medical records using the telephone encounter work-flow and will forward the encounter to the patient’s primary care provider and the respective clinic nurse pool to ensure appropriate follow up.

K. If the patient is pregnant all afterhours calls will be forwarded to the Valleywise Health Medical Center Labor and Delivery unit and the attending physician will assess, plan and document in the patient’s electronic medical record.

The message on the clinics’ telephone line provides information in English and in Spanish, emergency referral information, and the name of the clinic, hours of operations

References:

Valleywise Health Protocol # 20080 F FQHC Clinic: Coverage for Medical Emergencies During and After Hours

Valleywise Health Protocol # 20082 F FQHC Clinic: Afterhours, Weekends and Holiday Calls
Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Barbara Harding, BAN, RN, MPA, PAHM, CCM, Senior Vice President, CEO FQHC Clinics

DEVELOPMENT TEAM(S): Barbara Harding, BAN, RN, MPA, PAHM, CCM, Senior Vice President, CEO FQHC Clinics

Policy #: 20077 D

Policy Title: AfterHours Care and Calls

e-Signers: Barbara Harding, BAN, RN, MPA, PAHM, CCM, Senior Vice President, CEO FQHC Clinics

Place an X on the right side of applicable description:

New -

Retire - Reviewed -

Revised with Minor Changes – X

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

-

List associated form(s): (If applicable)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: 00/00

Committee: 00/00

Reviewed for EPIC: 00/00

Other: Valleywise Community Health Centers Governing Council 09/21

Other: 00/00

Other: 00/00
Valleywise Community Health Centers Governing Council Meeting

September 14, 2021

Item 2.a.

Policy 78250 S; Human Resources (Employment Status/Records): Verification of Required Licenses, Registrations, and Certifications
DATE: September 14, 2021

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Srvcs & CEO FQHC Clinics

SUBJECT: Policy # 78250 S Human Resources: Verification of Required Licenses, Registrations and Certificates

In accordance with the recommendations made by the Health Resource Services Administration Operational Site Visit Reviewers, staff is respectfully requesting the Governing Council to acknowledge changes to policy #78250 S Human Resources: Verification of Required Licenses, Registrations and Certificates to include the following:

- Other Licensed or Certified Practitioner (OLCP) and Other Clinical Staff privileges will be reviewed, acknowledged, and approved with the employee and signed by the supervisor at the time of completion of the six-month probation period and ongoing as part of the annual performance evaluation.

- As part of Fitness for Duty verified through Valleywise Health Employee Health and Wellness, clinical staff self-attest to their physical and mental fitness for duty by completing and signing a Fitness for Duty Form, which is reviewed and signed by the Federally Qualified Health Center (FQHC) Medical Director, Chief Clinical Officer or Designee.

- Human Resources Staff will conduct secondary source verification with the authorized issuing agency for initial and renewal verification of credentials.
Valleywise Community Health Centers Governing Council Meeting

September 14, 2021

Item 2.a.

Policy 78250 S; Human Resources (Employment Status/Records): Verification of Required Licenses, Registrations, and Certifications – Redline Version
Valleywise Health Administrative Policy & Procedure

Effective Date: 04/01
Reviewed Dates: 09/02; 10/11; 5/17; 05/19
Revision Dates: 11/07; 5/17; 06/20; 06/21, 09/21

Policy #: 78250 S
Policy Title: Human Resources (Employment Status/Records): Verification of Required Licenses, Registrations and Certifications

Scope: [ ] District Governance (G)
[X] System-Wide (S)
[X] FQHC (F)
[ ] Division (D)
[ ] Multi-Division (MD)
[ ] Department (T)
[ ] Multi-Department (MT)

Purpose:
To establish a verification process that confirms the validity of required licenses, registrations and/or certifications for all Valleywise Health employees.

Definitions:
Licensed Independent Practitioners (LIP): All clinic physicians, Dentists, Nurse Practitioners, Licensed Professional Counselors, and Licensed Clinical Social Workers who have been appointed to the Medical Staff or Allied Health Professional Staff by the District Board. Medical Staff are also referred to as Attendings.

Other Licensed or Certified Practitioners (OLCP): Pharmacists, Physician Assistants, RNs, Certified Medical Assistants, and Behavioral Health Staff.

Other Clinical Staff: Non-Licensed and Non-Certified Medical Assistants, Community Health Workers, and Behavioral Health Staff.

Clinical Privileges: The authorization granted by the District Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

CVO: Credentialing Verification Organization. Comprised of Medical Staff Services, Human Resources, Employee Health and Wellness, Center for Clinical Excellence, and any other appropriate service lines as needed. CVO includes the verification from a primary source.
Expiration Definition: All licenses, certifications and registrations expire on the specific date listed on the document if applicable.

Primary source verification: Written or electronic verification from the authorized issuing agency indicating that the license, registration, or certification is current, valid and in good standing.

Policy:

Credentialing and privileging of licensed or certified health center practitioners, along with other clinical staff, is an important component ensuring quality care. Initial appointment and re-appointment ensure that licensed or certified practitioners, and other clinical staff possess the requisite training, experience and competence to provide quality care. Current licensure and other credentialing information is maintained for all licensed or certified health center practitioners and other clinical staff. Federally Qualified Health Center (FQHC) will perform a query of the National Practitioner Databank for all licensed/certified practitioners as required. Other clinical staff will have a query through the National Practitioner Databank as appropriate. Appointment and re-appointment documentation will be reviewed by the Valleywise Health Medical Staff Credentialing Committee for providers/physicians and Valleywise Health Human Resources for other clinical staff. Final approval for Medical Staff Credentialing actions per the Maricopa Special Health Care District Board.

Clinical staff members of the Federally Qualified Health Center (FQHC) must possess qualifications and competencies to carry out the activities of providing quality care services as delineated in the FQHC Credentialing and Privileging of Clinical Staff Policy #20075. All Clinic Staff member’s qualifications and competencies will be validated prior to providing patient care services.

The validation of the LIP’s qualifications and competencies will be verified through the credentialing procedures as delineated in the Medical Staff Credentials Policy, Allied Health Professional Policy, Operational Credentialing Policy #39026 T, and policy regarding Focused Professional Practice Evaluation to Confirm Practitioner Competencies.

The validation of the OLCP’s and Other Clinic Staff’s qualifications and competencies will be verified through the established procedures of the Human Resources Department. The validation of licensure and/or certification is achieved through primary and secondary source verification (licensing and/or certification boards) upon hiring. Thereafter, the Human Resources Department will conduct ongoing monitoring to ensure valid/current licensure and/or certification status. In addition, the OLCP and other clinical staff must meet the qualifications of the job description upon hiring. Six months from hire, the OLCP and other clinical staff will receive a six-month probationary evaluation, at the time of the completion of the probationary period the supervisor will acknowledge, and grant privileges as deemed approved by the manager. Thereafter, an annual performance evaluation will be conducted to validate continued competencies, privileges and licensing requirements.
Agency Employees:
All licenses, registrations and certifications for agency staff and travelers will be filed in the staffing office.

The BH and Medical Center Staffing Offices are only responsible for licenses, certifications, and other necessary documents for those agency personnel who they manage. For the Travelers BH Managers manage this group of contract labor and maintains required documents on the unit. For the Medical Center Staffing Office travelers are managed by this team, as well as agency/periderm. Those agency and travelers brought on my other department, it is those Leadership teams who are responsible for licenses, certifications, and other necessary documents to work at Valleywise Health.

Candidate/Employee Responsibility:
Prior to hire, transfer, or promotion all candidates for positions requiring a current license, registration or certification will bring, email or fax their valid documentation or electronic equivalent to the Human Resources Department for viewing, copying and primary source verification.

All current Valleywise employees in positions requiring a current license, registration or certification are responsible for keeping their license, registration or certification current and will bring their valid documentation or electronic equivalent including licensure to their department management and Human Resources upon each renewal.

In cases where the issuing authority does not issue a physical license, registration, or certification, an electronic copy or primary source verification is acceptable.

Exceptions:
Primary source verification is not required for annual competency certifications including, but not limited to: Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS).

Lapsed License, Registration, or Certification:
Employees or candidates with a lapsed or otherwise invalid license, registration or certification will be removed from the schedule and will not be allowed to return to work until the authorized issuing agency has indicated that a renewal application or appropriate course work has been completed and or accepted and that the employee is eligible to resume practice. Any employee who allows any required license, registration and/or certification to expire or otherwise become invalid, will be subject to disciplinary action, up to and including termination.

Primary Source Verification:
Human Resources will maintain copies of all current licenses, registrations and certifications, when available, along with primary source verifications in the employee’s personnel file and will record the information in the HRIS system for reporting purposes. Human Resources will produce and upload a weekly report, to the Human Resources page on the Company intranet site, of all licenses, registrations and certifications which have expired or are due to expire the following month. Department Management will
ensure that employees with expired licenses will not work until their current license is verified by Human Resources.

Temporary License, Registration, or Certification:
Employees or candidates with temporary licenses, registrations and/or certifications issued by the authorized agency may work at Valleywise Health for the duration of the temporary document.

Procedure:

The Human Resource Department will use primary source verification for all other licensed or certified practitioners (OLCPs).

a. The Human Resource Department will verify the following primary source information (see Credentialing Procedure for LIPs):
   i. License, including any actions on license.
   ii. Education, Training and Experience.
      1. Assessment of relevant education and training at initial appointment.
      2. Experience is reviewed for continuity, relevance and/or any interruptions in that experience at initial appointment.
      3. Human Resources verifies all educational, training, certification and licensing requirements as defined on a job description.
   iii. Current competence
      1. American Heart Association Basic Life Support for Health Care Providers and other clinical staff and/or any other required competency.
      2. Initial and ongoing competency assessments overseen by Valleywise Health Center for Clinical Excellence.
   iv. Fitness for duty
      1. Valleywise Health LIPs, OLCPs, and Other Clinical Staff immunization and communicable diseases susceptibility is verified through Employee Health and Wellness based on policies, procedures and protocols. The physical requirements outlined in a job description are acknowledged by employee (see HR policies under reference section below).
         Employees self-attest to their physical and mental fitness for duty by signing a Fitness for Duty Form, which is reviewed and signed by the FQHC Medical Director, Chief Clinical Director or designee.

b. The CVO will also verify the following secondary source verification:
   i. DEA Registration, including any actions on registration.
   ii. Hospital/clinic affiliations and privileges.
   iii. Government issued photo identification.
   iv. Immunization and TB screening status.
   v. American Heart Association Basic Life Support for Health Care Providers (if applicable).
   vii. Specialty Board Certification.
   viii. CME Updates.
   ix. Proof of current Medical Liability Insurance.
x. Work History, including denial, suspension, limitation, termination or nonrenewal of professional privileges at any hospital, health plan, medical group or other health care entity.

xi. Liability Claims History, including history of refusal or cancellation of coverage.

xii. Information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations.

xiii. Complaints or adverse action reports filed against the applicant with a local, state or national professional society or licensure board.


xv. Conviction of a criminal offense (other than minor traffic violations).

xvi. Current physical, mental health or chemical dependency problems that would interfere with an applicant’s ability to provide high quality patient care and professional services.

xvii. Signed statement releasing the organization from liability and attesting to the correctness and completeness of the submitted information.

c. New Hire/Onboarding Education for other clinical staff

i. New Employee Orientation (NEO) as administered through Valleywise Health Human Resources.

ii. Clinical Employee Orientation (CLEO) as administered through Center for Clinical Excellence.

1. Didactic through APEX learning modules.

2. Ambulatory specific computer learning- Apex lessons, Lippincott procedures, Briggs Telephone Triage protocols for nurses.

3. Observation and verification of clinical skills (not all inclusive): a) Clinical skill check off or simulation

   • Height, weight, length, head circumference
   • Vital sign automatic and manual, pulse oximetry
   • 12 Lead EKG
   • Spirometer
   • Hearing and vision screening
   • Oxygen delivery devices and oxygen tanks
   • Using an otoscope
   • Liquid Nitrogen (JHA)
   • Point-of-Care testing (testing not covered in CLEO, based on clinic use)
   • Medication Safety and Administration

Initial Verification:

1. Prior to hire date or transfer date, Human Resources will view and copy the candidate’s valid documentation or electronic equivalent including licensure, registration and/or certification if required by job description.

2. Human Resources staff will conduct primary and secondary source verification with the authorized issuing agency, if applicable.

3. Human Resources staff will enter the document type and expiration date, if applicable, into the HRIS system and file the documentation in the personnel file.

Renewal Verification:
1. Department management will verify that all employees’ licenses, registrations and/or certifications are renewed prior to the expiration date. Department management will view and copy the renewed document and will provide a copy of all such documents to Human Resources in a timely manner.

2. Department management will conduct annual performance reviews, including validation of continued clinical competencies, privileges and licensing requirements.

2.3. Human Resources staff will conduct primary and secondary source verification with the authorized issuing agency monthly and annually as deemed necessary, if applicable.

3.4. Human Resources staff will enter the document type and expiration date, if applicable, into the HRIS system and file the documentation in the personnel file.

Tracking License, Registration, and Certification renewals:
Human Resources will provide a weekly report on the Human Resources page on the Company intranet identifying licenses, registrations and certifications that are due for renewal.

References:
Valleseywise Health Merit Rules
Valleywise Health Medical Staff Credentialing Policy #39020 T
Valleywise Health Medical Staff Bylaws of the Medical Staff Policy #31200 T
Valleywise Health FQHC Credentialing and Privileging of Clinical Staff Policy #20075
Valleywise Health HR Employee Health and Wellness:
- Employee Health and Wellness Preplacement Consent Form #44147
- Human Resources Occupational Health Drug and Alcohol Testing for Valleywise Health Employees #77506 S
- Infection and Control: Tuberculosis Prevention and Control #62571 S
- Health and Wellness Respiratory Protection Plan #77507 S
- Exposure Control Plan (Infection Prevention and Control) #06686 S
- Influenza Vaccination Program #77513 S
- Fitness for Duty Form #45810
Valleywise Health Policy & Procedure - Approval Sheet
( Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY:  Amy Little-Hall, Director HR Operations

DEVELOPMENT TEAM(S):  Human Resources

Policy # 78250 S

Policy Title:  Verification of Required Licenses, Registrations and Certifications

e-Signers:

Amy Little-Hall, Director HR Operations

Lia Christiansen, EVP, Chief Administrative Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes - X

Revised with Major Changes -

Please list revisions made below:  (Other than grammatical changes or name and date changes)

-Changes to procedure section, updated references

List associated form(s):  (If applicable)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee:  System Wide P&P 06/21

Committee: 00/00

Committee: 00/00

Reviewed for EPIC: 00/00

Other: Legal Valleywise Community Health Centers Governing Council 05/19 09/21

Other: Legal 05/19 1990
Valleywise Community Health Centers Governing Council Meeting

September 14, 2021

Item 2.a.

Policy 78250 S; Human Resources (Employment Status/Records): Verification of Required Licenses, Registrations, and Certifications – Clean Version
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Revision Dates: 11/07; 5/17; 06/20; 06/21, 09/21

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[ ] Division (D)
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[ ] Department (T)
[ ] Multi-Department (MT)

Purpose:
To establish a verification process that confirms the validity of required licenses, registrations and/or certifications for all Valleywise Health employees.

Definitions:
Licensed Independent Practitioners (LIP): All clinic physicians, Dentists, Nurse Practitioners, Licensed Professional Counselors, and Licensed Clinical Social Workers who have been appointed to the Medical Staff or Allied Health Professional Staff by the District Board. Medical Staff are also referred to as Attendings.

Other Licensed or Certified Practitioners (OLCP): Pharmacists, Physician Assistants, RNs, Certified Medical Assistants, and Behavioral Health Staff.

Other Clinical Staff: Non-Licensed and Non-Certified Medical Assistants, Community Health Workers, and Behavioral Health Staff.

Clinical Privileges: The authorization granted by the District Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

CVO: Credentialing Verification Organization. Comprised of Medical Staff Services, Human Resources, Employee Health and Wellness, Center for Clinical Excellence, and any other appropriate service lines as needed. CVO includes the verification from a primary source.
Expiration Definition: All licenses, certifications and registrations expire on the specific date listed on the document if applicable.

Primary source verification: Written or electronic verification from the authorized issuing agency indicating that the license, registration, or certification is current, valid and in good standing.

Policy:

Credentialing and privileging of licensed or certified health center practitioners, along with other clinical staff, is an important component ensuring quality care. Initial appointment and re-appointment ensure that licensed or certified practitioners, and other clinical staff possess the requisite training, experience and competence to provide quality care. Current licensure and other credentialing information is maintained for all licensed or certified health center practitioners and other clinical staff. Federally Qualified Health Center (FQHC) will perform a query of the National Practitioner Databank for all licensed/certified practitioners as required. Other clinical staff will have a query through the National Practitioner Databank as appropriate. Appointment and re-appointment documentation will be reviewed by the Valleywise Health Medical Staff Credentialing Committee for providers/physicians and Valleywise Health Human Resources for other clinical staff. Final approval for Medical Staff Credentialing actions per the Maricopa Special Health Care District Board.

Clinical staff members of the Federally Qualified Health Center (FQHC) must possess qualifications and competencies to carry out the activities of providing quality care services as delineated in the FQHC Credentialing and Privileging of Clinical Staff Policy #20075. All Clinic Staff member’s qualifications and competencies will be validated prior to providing patient care services.

The validation of the LIP’s qualifications and competencies will be verified through the credentialing procedures as delineated in the Medical Staff Credentials Policy, Allied Health Professional Policy, Operational Credentialing Policy #39026 T, and policy regarding Focused Professional Practice Evaluation to Confirm Practitioner Competencies.

The validation of the OLCP’s and Other Clinic Staff’s qualifications and competencies will be verified through the established procedures of the Human Resources Department. The validation of licensure and/or certification is achieved through primary and secondary source verification (licensing and/or certification boards) upon hiring. Thereafter, the Human Resources Department will conduct ongoing monitoring to ensure valid/current licensure and/or certification status. In addition, the OLCP and other clinical staff must meet the qualifications of the job description upon hiring. Six months from hire, the OLCP and other clinical staff will receive a six-month probationary evaluation, at the time of the completion of the probationary period the supervisor will acknowledge, and grant privileges as deemed approved by the manager. Thereafter, an annual performance evaluation will be conducted to validate continued competencies, privileges and licensing requirements.
Agency Employees:
All licenses, registrations and certifications for agency staff and travelers will be filed in the staffing office.

The BH and Medical Center Staffing Offices are only responsible for licenses, certifications, and other necessary documents for those agency personnel who they manage. For the Travelers BH Managers manage this group of contract labor and maintains required documents on the unit. For the Medical Center Staffing Office travelers are managed by this team, as well as agency/periderm. Those agency and travelers brought on by my other department, it is those Leadership teams who are responsible for licenses, certifications, and other necessary documents to work at Valleywise Health.

Candidate/Employee Responsibility:
Prior to hire, transfer, or promotion all candidates for positions requiring a current license, registration or certification will bring, email or fax their valid documentation or electronic equivalent to the Human Resources Department for viewing, copying and primary source verification.

All current Valleywise employees in positions requiring a current license, registration or certification are responsible for keeping their license, registration or certification current and will bring their valid documentation or electronic equivalent including licensure to their department management and Human Resources upon each renewal.

In cases where the issuing authority does not issue a physical license, registration, or certification, an electronic copy or primary source verification is acceptable.

Exceptions:
Primary source verification is not required for annual competency certifications including, but not limited to: Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS).

Lapsed License, Registration, or Certification:
Employees or candidates with a lapsed or otherwise invalid license, registration or certification will be removed from the schedule and will not be allowed to return to work until the authorized issuing agency has indicated that a renewal application or appropriate course work has been completed and or accepted and that the employee is eligible to resume practice. Any employee who allows any required license, registration and/or certification to expire or otherwise become invalid, will be subject to disciplinary action, up to and including termination.

Primary Source Verification:
Human Resources will maintain copies of all current licenses, registrations and certifications, when available, along with primary source verifications in the employee’s personnel file and will record the information in the HRIS system for reporting purposes. Human Resources will produce and upload a weekly report, to the Human Resources page on the Company intranet site, of all licenses, registrations and certifications which have expired or are due to expire the following month. Department Management will
ensure that employees with expired licenses will not work until their current license is verified by Human Resources.

Temporary License, Registration, or Certification:
Employees or candidates with temporary licenses, registrations and/or certifications issued by the authorized agency may work at Valleywise Health for the duration of the temporary document.

Procedure:

The Human Resource Department will use primary source verification for all other licensed or certified practitioners (OLCPs).

a. The Human Resource Department will verify the following primary source information (see Credentialing Procedure for LIPs):

i. License, including any actions on license.

ii. Education, Training and Experience.
   1. Assessment of relevant education and training at initial appointment.
   2. Experience is reviewed for continuity, relevance and/or any interruptions in that experience at initial appointment.
   3. Human Resources verifies all educational, training, certification and licensing requirements as defined on a job description.

iii. Current competence
   1. American Heart Association Basic Life Support for Health Care Providers and other clinical staff and/or any other required competency.
   2. Initial and ongoing competency assessments overseen by Valleywise Health Center for Clinical Excellence.

iv. Fitness for duty
   1. Valleywise Health LIPs, OLCPs, and Other Clinical Staff immunization and communicable diseases susceptibility is verified through Employee Health and Wellness based on policies, procedures and protocols. The physical requirements outlined in a job description are acknowledged by employee (see HR policies under reference section below).
   Employees self-attest to their physical and mental fitness for duty by signing a Fitness for Duty Form, which is reviewed and signed by the FQHC Medical Director, Chief Clinical Director or designee.

b. The CVO will also verify the following secondary source verification:

i. DEA Registration, including any actions on registration.

ii. Hospital/clinic affiliations and privileges.

iii. Government issued photo identification.

iv. Immunization and TB screening status.

v. American Heart Association Basic Life Support for Health Care Providers (if applicable).


vii. Specialty Board Certification.

viii. CME Updates.

ix. Proof of current Medical Liability Insurance.
x. Work History, including denial, suspension, limitation, termination or nonrenewal of professional privileges at any hospital, health plan, medical group or other health care entity.

xi. Liability Claims History, including history of refusal or cancellation of coverage.

xii. Information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations.

xiii. Complaints or adverse action reports filed against the applicant with a local, state or national professional society or licensure board.


xv. Conviction of a criminal offense (other than minor traffic violations).

xvi. Current physical, mental health or chemical dependency problems that would interfere with an applicant’s ability to provide high quality patient care and professional services.

xvii. Signed statement releasing the organization from liability and attesting to the correctness and completeness of the submitted information.

c. New Hire/Onboarding Education for other clinical staff

i. New Employee Orientation (NEO) as administered through Valleywise Health Human Resources.

ii. Clinical Employee Orientation (CLEO) as administered through Center for Clinical Excellence.
   1. Didactic through APEX learning modules.
   2. Ambulatory specific computer learning- Apex lessons, Lippincott procedures, Briggs Telephone Triage protocols for nurses.
   3. Observation and verification of clinical skills (not all inclusive):
      a) Clinical skill check off or simulation
         • Height, weight, length, head circumference
         • Vital sign automatic and manual, pulse oximetry
         • 12 Lead EKG
         • Spirometer
         • Hearing and vision screening
         • Oxygen delivery devices and oxygen tanks
         • Using an otoscope
         • Liquid Nitrogen (JHA)
         • Point-of-Care testing (testing not covered in CLEO, based on clinic use)
         • Medication Safety and Administration

Initial Verification:
1. Prior to hire date or transfer date, Human Resources will view and copy the candidate’s valid documentation or electronic equivalent including licensure, registration and/or certification if required by job description.

2. Human Resources staff will conduct primary and secondary source verification with the authorized issuing agency.

3. Human Resources staff will enter the document type and expiration date, if applicable, into the HRIS system and file the documentation in the personnel file.

Renewal Verification:
1. Department management will verify that all employees’ licenses, registrations and/or certifications are renewed prior to the expiration date. Department management will view and copy the renewed document and will provide a copy of all such documents to Human Resources in a timely manner.
2. Department management will conduct annual performance reviews, including validation of continued clinical competencies, privileges and licensing requirements.
3. Human Resources staff will conduct primary and secondary source verification with the authorized issuing agency monthly and annually as deemed necessary.
4. Human Resources staff will enter the document type and expiration date, if applicable, into the HRIS system and file the documentation in the personnel file.

**Tracking License, Registration, and Certification renewals:**
Human Resources will provide a weekly report on the Human Resources page on the Company intranet identifying licenses, registrations and certifications that are due for renewal.

**References:**
Vallewise Health Merit Rules
Vallewise Health Medical Staff Credentialing Policy #39020 T
Vallewise Health Medical Staff Bylaws of the Medical Staff Policy #31200 T
Vallewise Health FQHC Credentialing and Privileging of Clinical Staff Policy #20075
Vallewise Health HR Employee Health and Wellness:
   - Employee Health and Wellness Preplacement Consent Form #44147
   - Human Resources Occupational Health Drug and Alcohol Testing for Vallewise Health Employees #77506 S
   - Infection and Control: Tuberculosis Prevention and Control #62571 S
   - Health and Wellness Respiratory Protection Plan #77507 S
   - Exposure Control Plan (Infection Prevention and Control) #06686 S
   - Influenza Vaccination Program #77513 S
   - Fitness for Duty Form #45810
Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Amy Little-Hall, Director HR Operations

DEVELOPMENT TEAM(S): Human Resources

Policy # 78250 S

Policy Title: Verification of Required Licenses, Registrations and Certifications

e-Signers:
Amy Little-Hall, Director HR Operations
Lia Christiansen, EVP, Chief Administrative Officer

Place an X on the right side of applicable description:

New -
Retire -
Reviewed -
Revised with Minor Changes - X
Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

-Changes to procedure section, updated references

List associated form(s): (If applicable)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: System Wide P&P 06/21
Committee: 00/00
Committee: 00/00
Reviewed for EPIC: 00/00
Other: Valleywise Community Health Centers Governing Council 09/21
Other: Legal 05/19
Valleywise Community Health Centers Governing Council Meeting

September 14, 2021

Item 3.a.

Policy 02014 S; FQHC: Safeguarding the Use of FQHC Resources and Associated Assets and Property
DATE: September 10, 2021

TO: Valleywise Community Health Centers Governing Council

FROM: Claire Agnew, EVP, Chief Financial Officer

SUBJECT: Policy #02014 S – FQHC: Safeguarding the Use of FQHC Resources and Associated Assets and Property

In accordance with the recommendations made by the Health Resource Services Administration Operational Site Visit Reviewers, staff is respectfully requesting the Valleywise Community Health Centers Governing Council to approve a new policy #02014 S – FQHC: Safeguarding the Use of FQHC Resources and Associated Assets and Property. This new policy provides background as to the assets utilized by the Federally Qualified Health Centers, new reporting for these assets, and information on the policies regarding assets.
Valleywise Community Health Centers Governing Council Meeting

September 14, 2021

Item 3.a.

Policy 02014 S; FQHC: Safeguarding the Use of FQHC Resources and Associated Assets and Property
Valleywise Health Administrative Policy & Procedure

Effective Date: 09/21
Reviewed Dates: 00/00
Revision Dates: 00/00

Policy #: 02014 S

Policy Title: FQHC: Safeguarding the Use of FQHC Resources and Associated Assets and Property

Scope: [  ] District Governance (G)
[X] System-Wide (S)
[X] FQHC (F)
[  ] Division (D)
[  ] Multi-Division (MD)
[  ] Department (T)
[  ] Multi-Department (MT)

Purpose: The purpose of this policy is regarding the monitoring of Federally Qualified Health Center (FQHC) resources, assets and resources by the organization.

Definitions:
Bureau of Primary Health Care – Part of Health Resources & Services Administration (HRSA), funding health centers in underserved communities, providing access to high quality, family oriented, comprehensive primary and preventative health care for people who are low-income, uninsured or face other obstacles to getting health care.

Co-Applicant Agreement – Co-Applicant Operational Arrangement between the Maricopa County Special Health Care District (the District) and the Valleywise Community Health Centers Governing Council (Governing Council). This agreement delegates the required authorities and functions to the Governing Council and delineates the roles and responsibilities of the District and the Co-applicant for the Public Centers.

Co-applicant – Valleywise Community Health Centers Governing Council, also referred to as Governing Council or co-applicant board

Compliance Manual – HRSA Health Center Program Compliance Manual. This manual applies to all health centers that apply for or receive Federal award funds under the Health Center Program authorized by section 330 of the Public Health Service Act (42 U.S.C 254b), as amended, as well as subrecipient organizations and health center look-alikes.
\textbf{District Board} – Maricopa County Special Health Care District Board of Directors, also referred to as the Board

\textbf{Finance Committee} – Finance Committee of the Valleywise Community Health Centers Governing Council

\textbf{FQHC} – Federally Qualified Health Center, also referred to as Community Health Centers or Health Centers. FQHCs qualify for funding under Section 330 of the Public Health Service Act.

\textbf{GAAP} – Generally Accepted Accounting Principles

\textbf{Governing Council} – Valleywise Community Health Centers Governing Council, also referred to as co-applicant or co-applicant board

\textbf{HRSA} – Health Resources & Services Administration, department of the United States Department of Health and Human Services

\textbf{Public Agency} – Maricopa County Special Health Care District dba Valleywise Health, also referred to as the District

\textbf{Public Centers} – Community Health Centers operated by public agencies. Also referred to as FQHC clinics within this policy.

\textbf{Section 330} – This section of the Public Health Service Act is the section of the federal statute that creates and authorizes the Health Center Program. It gives the Bureau of Primary Health Care the authority to make grant awards to eligible entities and outlines the requirements that health centers must meet in order to be eligible for these awards.

\textbf{Background:}

1. The District is a political subdivision of the state of Arizona, statutorily empowered to operate pursuant to Title 48, Chapter 31, of the Arizona Revised Statutes and A.R.S. § 48-5501 et. seq. and acting through its Board, is authorized to accept and utilize federal and state funds.

2. The District and the Governing Council have a Co-applicant Agreement to provide governance and oversight of the FQHC clinics owned and operated by the District.

3. HRSA has awarded the designation to the District and Governing Council to operate a public center pursuant to Section 330 of the Public Health Service Act, which includes the FQHC clinics.

4. The District is the Public Agency and recipient of the federal funding, which may include Section 330 grant funding.

5. The Governing Council acts as the Co-Applicant.

6. As per Section 330(r)(2)(A) of the Public Health Service Act, Public Centers may be structured so that together, the public agency and a co-applicant may combined
meet the Section 330 governance requirements, and act collectively as the public center.

7. As per the Compliance Manual, in cases where a public agency is the recipient of the Section 330 funding and has established a co-applicant structure, the public agency may establish and retain the authority to adopt and approve policies that support financial management and accounting systems.

8. The Co-applicant Agreement specifies that should the District receive Federal grant support from HRSA pursuant to Section 330, the District shall be the titleholder to any and all property purchased with Section 330 grant funds, as applicable.

9. The District purchases, builds, creates or acquires assets that are utilized by the FQHC clinics, with ownership of those assets retained by the District.

10. The assets, whether funded through Section 330 grant funds or through District funding or creation, are the property of the District, and are recorded on the District’s Balance Sheet according to GAAP.

11. The policies of the District regarding assets are applicable to all assets owned by the District, regardless of funding source, including assets utilized by the FQHC clinics.

Policy:

1. All District assets will be tracked within the Fixed Asset accounting system of the District.

2. A list of assets utilized at FQHC locations will be provided to the Finance Committee annually.

3. District policies regarding the safeguarding and use of assets and property will be maintained as policies of the District and available for review by the Governing Council at their request. These policies include the following:
   a. Physical Inventory
   b. Capital Asset Tagging
   c. Obsolete Inventory
   d. Capital Policy
   e. IT Software Capitalization

References:
HRSA Health Center Program Compliance Manual
Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

**POLICY RESPONSIBLE PARTY:** Claire Agnew

**DEVELOPMENT TEAM(S):** Claire Agnew, Matthew Meier

**Policy #:**

**Policy Title:** FQHC: Safeguarding the Use of FQHC Resources and Associated Assets and Property

**e-Signers:**

Claire Agnew, EVP Chief Financial Officer

**Place an X on the right side of applicable description:**

- **New** - X

- **Retire** -

- **Reviewed** -

- **Revised with Minor Changes** -

- **Revised with Major Changes** -

**Please list revisions made below:** (Other than grammatical changes or name and date changes)

**List associated form(s):** (If applicable)

**Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):**

Required approval: Valleywise Health Community Health Centers
Governing Council 09/21

Committee: Systemwide P&P 09/21

Committee: 00/00

Other: 00/00

Other: 00/00

Other: 00/00