



NOTICE OF MEETING

Ohio Hills Health Centers will hold its next regular meeting at 12:00 Noon on **Monday, January 20, 2025, at the Library Annex in Barnesville.**

Call in number for Board Meeting: 267-807-9601
PIN number: 810107

AGENDA

CALL TO ORDER – Chairperson

MINUTES OF DECEMBER 16, 2024 – Recording Secretary

CHIEF OPERATING OFFICER’S REPORT – Michael Carpenter

DIRECTOR OF QUALITY & CLINICAL SYSTEMS REPORT – Debbie Fisher, R.N.

DIRECTOR OF OUTREACH & DEVELOPMENT REPORT – Jan Chambers

FINANCE COMMITTEE REPORT

INTERIM CHIEF FINANCIAL OFFICER – Matt King

CHIEF EXECUTIVE OFFICER’S REPORT – Jeff Britton

OTHER BUSINESS

ADJOURNMENT

JAB/dm

OHIO HILLS HEALTH CENTERS
Minutes of Meeting
December 16, 2024

The Ohio Hills Health Centers Board of Trustees held its regular meeting at OHHC Woodsfield on December 16, 2024.

Call-in Number: 267-807-9601
Passcode: 810107

Present were:

Mr. Brad Hudson, President (Call In)
Mr. Les Tickhill, Vice President
Mr. Tim Hall, Barnesville Representative (Call In)
Mrs. Donna Secrest, Monroe County Representative (Call In)
Mr. Brent Tisher, Monroe County Representative
Mrs. Deborah Day, Monroe County Representative
Mr. Tim McKelvey, Treasurer

Absent was:

Mr. Robert Koch, Secretary
Mrs. Anita Rogers, Barnesville Representative
Mr. Charles Bardall, Freeport Representative

Also, present were:

Jeff Britton, Chief Executive Officer
Michael Carpenter, Chief Operating Officer
Matt King, Interim Chief Financial Officer
Debbie Fisher, Director of Quality and Clinical Systems
Jan Chambers, Director of Outreach and Development
Denise McBurney, Recording Secretary

Meeting called to order by Brad Hudson at 12:00 p.m.

A quorum being present, Donna Secrest made a motion to approve the minutes of November 18, 2024. Seconded by Les Tickhill.

CHIEF OPERATING OFFICER'S REPORT

1. Call Center

Michael reported on Call Center Statistics from November 2024. There were 5,377 calls received with 4,710 calls answered for an answer rate of 87.6%. The goal is 95%. The average wait time was 39 seconds and the average talk time was 2 minutes and 6 seconds. Michael

stated that Black Friday operations continue to be a hot topic and as requested a report was ran for the CEO. Routinely receive approximately 222 calls every Friday but on this year's Black Friday received 186 calls. This demonstrates a continued need for the locations to be open the day after Thanksgiving. Brad Hudson requested that Michael compile a report of calls received on Christmas Eve and the day after and bring this to the next Board Meeting. Tim McKelvey stated the answer rate at the Call Center is telling him that some of the calls are not being answered. Michael stated now that we have clinical oversight in the Call Center these calls are able to be handled at the time of the call and these are not being dumped into someone's voice mail.

2. Operations

Michael reported on new Patient Applications for November 2024. There were 97 new patient appointments. Breakdown of patient appointments by provider/sites is as follows: OHCC Barnesville Dental – There were 2 applications issued and all were for Dr. Brewer; OHHC Barnesville – There were 39 applications issued and provider information as follows: Ryan=2, Morgan=7, Miles=12, Dr. Patcha=4, Dr. Wooten=7, Jenna=0, Melissa=5, Penny=2; OHHC Belmont Career Center – Shelby Jefferis had 66 total medical visits and Dr. Bauer saw 3 new patients with 13 total dental visits. Michael stated would like to point out the total number of visits for OHHC Belmont Career Center. This location is continuing to play an important role. OHHC Caldwell – There were 2 applications issued and Dr. Overmiller was the physician; OHHC Freeport Dental – There were 2 applications issued and provider was Dr. Bauer; OHHC Freeport – There were 10 applications issued and provider information as follows: Ryan=6 and Dr. Wooten=4; OHHC Quaker City – There were 12 applications issued with all being patients of Staci; OHHC Woodsfield – There were 26 applications issued and provider information as follows: Dr. Overmiller=6, Jenna=5, Morgan=8, Ryan=5 and Melissa=2.

3. Construction Project Updates

Michael reported on the third-floor renovation project. WDC Group is continuing to work on construction documents.

Michael gave an update on the In-House Pharmacy. Currently working on the design phase incorporating Jeff Britton's office and as 340B Savings continue can continue to look at Lobby Renovations.

Michael reported gave an update on the ECO Center. A deposit payment on dental equipment will be processed this week. Working with Benco (Dental Supply Vendor) for 3 to 4 months of free storage as they are willing to work with us on this.

4. Appointment Utilization Scheduling Trends

Michael reported looking at the utilization of evening hours. Jeff interjected he did have a conversation with Miles Jefferis and he indicated he would like to continue evening hours to remain as is for OHHC Barnesville with the exception of leaving at 4:30 on Tuesday. On these Tuesday's would have Jenna cover the evening hours for Miles Jefferis. She would start her

day at OHHC Woodsfield and end the day at OHHC Barnesville. For OHHC Woodsfield the utilization of evening hours is not as strong as OHHC Barnesville with one of the reasons being needing to find individuals who are willing to work the evening hours. Michael would like to propose a change in the hours at OHHC Woodsfield to two nights a week on Monday's and Wednesday's. Looking forward at OHHC Freeport and the new OHHC Bellaire site. For OHHC Bellaire we have a guarantee of 6 months of funding. Ryan Aston would be the provider at that site 4 days a week with hours of 7:30 to 4:00. Currently OHHC Freeport is open 5 days a week. Proposing that OHHC Freeport Medical be open 3 days a week with Dr. Wooten covering on Monday and Friday and Ryan Aston will work the Wednesday. so, telehealth is a great option which would allow us to open OHHC Bellaire at a minimum risk. Jeff stated OHHC Freeport would be open 5 days a week but a provider would only be there 3 days a week. Brad questioned how do you see savings at OHHC Woodsfield if you keep the same staff. Michael reported that Ryan Gallagher would be working with the CARES Program and Jenna Brown's salary at OHHC Woodsfield would come off and be applied to OHHC Barnesville which would offset some of the loss at OHHC Woodsfield. Deborah Day commented do not think we need OHHC Woodsfield open in the evenings more than 2 days a week. Jeff stated the evening hours at OHHC Woodsfield have not been busy enough to justify keeping this open in the evening 4 days a week. Donna Secrest stated if we are not seeing the numbers that we need for OHHC Woodsfield for evening hours then the hours need to be reduced and/or adjusted. Brad Hudson stated he can't see where your savings is at by taking this action. Jeff stated OHHC is saving money at OHHC Woodsfield because we are not having to hire at least 1 FTE and offering benefits. Motion for proposal will be deferred and this will be discussed at the January 2025 Board Meeting.

5. OHHC Bellaire Discussion

Tim McKelvey stated now that we are going to be opening a location in Bellaire at the end of 6 months if we do not show a profit, are you going to shut this down. Jeff stated there is an opportunity for additional funding for Bellaire and in June of 2025 will need to make a decision about OHHC Bellaire. Jeff stated that since we do not know what will happen with OHHC Bellaire we do not want to take a chance to hire additional providers and as reported previously, Ryan Aston will be the provider for OHHC Bellaire.

Michael Carpenter requested Board Approval for the Chief Operating Officer's Report.

RESOLUTION

Adopted 12/16/2024

WHEREAS, Donna Secrest made a motion to approve the Chief Operating Officers report as presented to the Board. Seconded by Deborah Day.

RESOLVED, that the motion passed unanimously.

Chief Operating Officers Report – Attached

DIRECTOR OF QUALITY & CLINICAL SYSTEMS REPORT

1. COVID-19 and Flu Report

Debbie reported on vaccines and testing. For the month of November there were 93 Flu Vaccines administered.

Testing for the month of November:

99 tested for COVID and there were 7 positives with a 7% positivity rate.

Flu report revealed 78 tested; 2 positives with a 2% positivity rate.

RSV report revealed 22 tested; 1 positive with a 4% positivity rate.

The numbers are not bad compared to last year at the same time.

2. Peer Review Report to the Board of Trustees

Debbie reported she will be giving Dr. Patcha's Peer Review report and it is as follows:

Ohio Hills Health Centers performs Peer Review Quarterly with all providers. The Peer Review Process is an evaluation process that assesses the quality and efficiency of care given by each provider. Peer Review does include all Medical, Dental and Behavioral Health.

If upon review the competency of a provider is in question, further evaluation would be addressed by the Medical Director, Dental Director, CEO and brought to the Board of Trustees to deny, modify or remove privileges. There have been no areas of concern that have given cause to bring to the Board this calendar year.

Debbie Fisher requested Board Approval for the Director of Quality & Clinical Systems report.

RESOLUTION

Adopted 12/16/2024

WHEREAS, Donna Secret made a motion to approve the Director of Quality & Clinical Systems report as presented to the Board. Seconded by Brent Tisher.

RESOLVED, that the motion passed unanimously.

Director of Quality & Clinical Systems Report – Attached

QUARTERLY RISK MANAGEMENT REPORT

Debbie reported there were 3 incidents and 1 complaint for the third quarter of 2024.

Incidents

- Patient presented to the clinic for routine office visit, lab work ordered and obtained prior to patient leaving office. Patient reports that while utilizing the restroom following her lab draw that as she maneuvered in the restroom, she lost her balance and fell on her “bottom” in the restroom. This was self-reported and not witnessed by clinical staff. The patient denied any injury, denying hitting her head. However, when leaving office during check out reported to the receptionist that “her back was hurting.” Patient was offered further assessment with provider but refused.

Resolution: Three follow-up calls were made in subsequent days by Clinical Service Manager to the patient to assess if any issues persist. After 3rd call patient reports “a little stoved up but felt fine”. Continued to refuse further assessment at that time. Since this incident, this patient has had several correspondences with the clinic, acute appointments, and another office visit in November, none of which resulted in any complaint of back issues or pain related to prior fall.

- This patient was being seated in one of our dental operatories. The patient attempted to straddle the chair and missed the chair resulting in a fall to the floor. Noted that the only complaint was an injury to the right elbow. This incident was witnessed by dental staff who report no injury to the head area or other injury sites. A small skin tear was noted on the right elbow. Dr. Bauer proceeded to the medical side of Freeport. Nurse from the medical side assessed and attended to the skin tear with antibiotic ointment and a band aide. The patient reported he was fine.

Resolution: The dental procedure was performed as scheduled. Dr. Bauer reassessed the elbow prior to patient leaving office. The patient again reported he was fine.

- The patient presented to the clinic for complaint of irritation and redness to the outside of the ear canal. This is generally treated with specific ear drops. The order was placed with Pharmacy during the patient’s visit. The Pharmacy notified the office that to fill the prescription they needed the providers Ohio Medicaid number. The ordering provider was not available to provide this information. This message was sent by another provider to Denise McBurney. However, this lead to a delay as Denise does not have access during her normal job functions to see the message which was sent through our electronic health record. As all parts of this incident lead to a delay, it was determined that this medication was not covered by the patient’s insurance. The patient did not notify the office of inability to pay or issues with obtaining the medication for approximately 2 – 3 weeks following the office visit.

Resolution: Multiple calls were made to the patient to resolve and provide alternative treatment which also increased delay in care. Ultimately, this patient was provided an over-the-counter treatment for the issue. It was discussed with providers and clinical staff that not all OHHC employees can be notified of issues via our EHR system. Discussion with clinical staff that appropriate follow-ups should occur to minimize any delay in treatment or care.

Complaint

- The patient presented to the clinic for a routine office visit. Patient refused to discuss with provider his concerns. Expressed he was there for medication only such as “Ativan and Morphine.” Provider reported to patient that she would not prescribe these medications. However, a referral to pain management was offered. Patient angry, refused referral and stated, “he would purchase them on the street if they were not ordered now.” In addition, the Provider emphasized that without a physical exam and necessary lab work she could not provide appropriate care to refill all other medications. Patient upset and walked out of the exam room

Resolution: Patient did obtain lab work as requested. The provider did refill existing medication minus the Ativan and Morphine. Provider discussed with covering physician. NP refuses to continue to see the patient after the incident. The patient has not been discharged from OHHC services and has not made any future appointments. Ongoing monitoring of this patient continues.

Debbie Fisher requested Board Approval for the Quarterly Risk Management Report.

RESOLUTION

Adopted 12/16/2024

WHEREAS, Donna Secrest made a motion to approve the Quarterly Risk Management Report as presented to the Board. Seconded by Brent Tisher.

RESOLVED, that the motion passed unanimously.

Quarterly Risk Management Report – Attached

DIRECTOR OF OUTREACH AND DEVELOPMENT REPORT

1. Jan reported continuing to have a presence on Facebook/Twitter/Instagram/LinkedIn. Discussion underway on how to reach area residents to let them know about OHHC and services offered.
2. Jan reported on events that have and/or will be occurring:
 - Barnesville Christmas Parade
3. Jan reported on the 2024 Needs Assessment. Miscinda Sinisgalli, Special Projects Coordinator, completed and this was uploaded to the Board Portal prior to the meeting. Jan stated the top 3 priority needs were Affordable Health Care, Access to Care and Economic Stability. Affordable Health Care and Access to Care consistently ranked in the top three priority needs but what is surprising is the increase in area residents expressing concern regarding employment, access to food and housing which was placed under the category of Economic

Stability. Jan stated that we are not sure how we can address this other than making sure all OHHC locations are screening for this during patient appointments and being aware of resources available within the communities so we can appropriately refer patients and their families. Jeff stated his hopes is that one day we can hire a Community Health Worker or Social Worker to help our patients in need. Jan stated once this is approved an Implementation Plan will be developed. Jan requests motion for Board Approval.

RESOLUTION

Adopted 12/16/2024

WHEREAS, Les Tickhill made a motion to approve the 2024 Needs Assessment as presented to the Board. Seconded by Tim McKelvey.

RESOLVED, that the motion passed unanimously.

4. Jan reported on the following Grant/Foundation Funding:
 - ODH – Planning Grant Bellaire – School Based Health Center - \$50,000.00 – Awarded \$500,000.00 implementation grant awarded.
 - HRSA Expanded Hours – Caldwell – Up to \$500,000.00. Submitted. Awaiting determination. Jan stated should be hearing about this one way or the other this week.
 - AMLER Funding through ODNR. Awaiting determination. Grant would be utilized for Barnesville for the Lobby, Radiology, 2nd floor renovation, remainder of windows and parking lot - \$1,025,000. Jan stated OHHC was supposed to hear about this grant/funding in November.

5. Jan reported on Capital Budget Allocations:
 - \$100,000.00 OHHC – Quaker City renovations – Was to go through Eastern Gateway, now utilizing Youngstown State to determine how to proceed. This is now before the Department of Higher Education.
 - Federal \$650,000.00 – Third floor project to allow room for expanded Behavioral Health on the second floor.

Jan Chambers requests Board approval for the Director of Outreach and Development Report.

RESOLUTION

Adopted 12/16/2024

WHEREAS, Les Tickhill made a motion to approve the Director of Outreach and Development Report as presented to the Board. Seconded by Deborah Day.

RESOLVED, that the motion passed unanimously.

Director of Outreach and Developed Report – Attached

CHIEF FINANCIAL OFFICER’S REPORT

Matt reported on information for month ending November 30, 2024. The Balance Sheet and Income Statements (detail and summary) and monthly bank balances for comparison and analysis were uploaded to the Board Portal prior to the meeting. Matt stated we are going in the right direction.

Matt reported on the Ohio Appalachian Grant. In the process of finalizing our agreement for the ECO Center. As reported at last month’s meeting a construction manager has been selected for the ECO Center and we are still on schedule. Project goal is to be open and operational by October 2025. With this being on the horizon this will improve OHHC’s financial picture. Matt stated he strongly feels that within the next 6 months the financial picture will be brighter and better.

Tim Hall questioned if there has been any movement with the Medicaid reimbursement dollars as a whole. Jeff reported the balance is now down to \$60,000.00 to \$70,000.00. In late 2025 Medicaid will be giving us a no interest loan on the money that they do owe us. This is there way of admitting that this is their fault.

Matt King requests Board Approval for the Chief Financial Officer’s Report.

RESOLUTION

Adopted 12/16/2024

WHEREAS, Tim McKelvey made a motion to approve the Chief Financial Officer’s Report as presented to the Board. Seconded by Les Tickhill.

RESOLVED, that the motion passed unanimously.

Chief Financial Officer’s Report – Attached

CHIEF EXECUTIVE OFFICER’S REPORT

1. Dental Search

Jeff reported that Dr. Benson visited on 9/16/2024. No further contact has been made so I am assuming he is no longer interested in being employed by OHHC. Dr. Beoline Uwampamo visited on 12/2/2024. This Dentist needs to work at an FQHC. Letter of Intent sent to her last week. Jeff stated Dr. Brewer and he talked to another dentist that the recruiter found yesterday. Her name is Dr. Esther Yi. A site visit has been scheduled for 1/3/2025. Dr. Yi would split her time between OHHC Freeport Dental and the ECO Center.

2. 340B Update/Issues

Jeff gave an update on the In-House Pharmacy. The temporary location plans are being drawn up currently while we wait to hear on the AMLER Grant. Temporary Pharmacy location will turn into a new reception area once permanent In-House Pharmacy location is built.

Jeff gave an update on state legislation. There is state legislation that would outlaw contract pharmacy restrictions in Ohio. The initial hearing in the house was last week. The Governor's office has asked for specific 340B savings data from every FQHC in Ohio showing how the restrictions have negatively affected the bottom line for each FQHC. In 2018 savings from 340B were \$1,349,637.98 (17%) and in 2024 savings were \$195,978.58 (2%). There has been a 1.1 million dollar decrease over the course of 6 years. For the In-House Pharmacy we will be hiring a Pharmacist, Pharmacy Tech and will need to purchase inventory for the Pharmacy. Plans are to have this up and running in 2025.

3. 2025 HRSA Policy Review

Jeff reported will be reviewing all OHHC finance policies for 2025.

4. CEO Evaluation

Jeff reported December is scheduled for the annual CEO Evaluation. Karen Gilham will be sending the evaluations out to each Board Member for completion.

5. 2025 Board Meeting Schedule

Jeff reported last week the 2025 Board Meeting and Location Schedule was e-mailed out to each Board Member. If you need a hard copy of the schedule, please contact me and I will get this to you.

6. Retirement Plan Contribution

Jeff stated we are getting close to the end of our fiscal year. Due to the fact that our financial picture has improved we should be able to make an 8% contribution to the retirement plan. We would like to contribute 9% versus 8%. Before that decision is made on 9% will wait to see how our financial picture is before making this decision.

7. Pay Increase

Jeff reported hoping to do a 3% pay increase in February 2025.

8. Bridgeport School District

Jeff reported we have talked in the past about Bridgeport Schools wanting to open a Health Center. Initial conversations were held with the Superintendent and the CEO. They are willing to give us \$250,000.00 a year and it is hard to turn that kind of money down. Tim McKelvey questioned if we need to purchase equipment with this money. The answer to this question was no.

Jeff Britton requests Board Approval for the Chief Executive Officer's Report.

RESOLUTION

Adopted 12/16/2024

WHEREAS, Tim Hall made a motion to approve the Chief Executive Officer's Report as presented to the Board. Seconded by Donna Secret.

RESOLVED, that the motion passed unanimously.

Chief Executive Officer's Report – Attached

BUSINESS

1. Brad Hudson stated when he used to sign the vendor checks he would be able to see how the expenses were going by vendor and requested if he could receive a report at the end of the year by vendor. Matt stated he will run one report for the entire year comparison and if we need to run this on a monthly basis this can also be done.
2. The next Board Meeting will be held at the Library Annex in Barnesville on January 20th. 2025.

ADJOURNMENT

There being no further business motion made to adjourn meeting at 1:40 p.m. by Tim Hall. Seconded by Donna Secret.

Brad Hudson, President

Denise McBurney, Recording Secretary

**OHHC Board of Trustees
January 2025 Report**

Call Center

- Call Stats
 - o December 2024
 - 5305 Received
 - 4801 Answered
 - 90.5% Answer Rate – **Goal of 95%**
 - Average Wait Time – 36 Seconds
 - Average Talk Time – 2 minute 7 seconds

Operations

- New Patient Applications
 - o December 2024
 - New Patient Appointments – 78
 - Barnesville Dental – 0
 - Barnesville – 35
 - o Ryan Aston - 1
 - o Morgan Stephen - 3
 - o Miles Jefferis – 15
 - o Dr. Patcha – 3
 - o Dr. Wooten – 11
 - o Jenna Brown - 0
 - o Melissa Huff – 1
 - o Penny Shepherd - 1
 - Career Center - 0
 - o Shelby Jefferis – (20 Total Medical Visits)
 - o Ryan Aston – (9 Total Medical Visits)
 - o Dr. Bauer – (9 Total Dental Visits)
 - Caldwell – 4
 - o Dr. Overmiller - 4
 - Freeport Dental – 2
 - o Dr. Bauer – 2
 - Freeport – 3
 - o Dr. Wooten - 3
 - Quaker City – 12
 - o Staci Fellows - 12
 - Woodsfield – 22
 - o Dr. Overmiller – 6
 - o Jenna Brown – 4
 - o Morgan Stephen – 4
 - o Ryan Gallagher – 8

Construction Projects

- Construction Updates
 - o Third Floor Renovation
 - o Lobby Remodel - Pharmacy

OHHC Board Report

1/20/2025

1. COVID-19 and Flu Report

Vaccines and Testing.

- Month of December there were 48 Flu Vaccines administered.

Testing for the month of December

- 100 tested for **COVID; 8 positives with a 8%** positivity rate.
- **Flu** report 100 tested; **4 positives with a 4% positive rate**
- **RSV** report 52 tested; **2 positives with a 4% positive rate**

2. PCMH Certification

Update as of December 2024 a re-enrollment occurred to complete the process in 2025. Due to clinical staffing hardships, HRSA approved for the continuation into 2025.

2 outlying elements were points of struggle to complete.

- Care Planning which has now been initiated and will continue to be implemented over the next month
- Project for Data Sharing began in December with Clinisync (HIE) and eclinicalworks to be completed within the 1st Quarter of 2025.

Risk Management Report:

2024 Annual Risk Report presented to the Board.

Date: January 1, 2024, to December 31, 2024

Submitted by: Debbie Fisher RN BSN, Director of Quality and Clinical Systems

Reviewed/approved by: _____

Date submitted to the board: January 20, 2025 via Board Secure Portal

Date recorded in the board minutes:

Introduction

The purpose of this report is to provide an account of Ohio Hills Health Centers annual performance relative to the risk management plan and evaluate the effectiveness of risk management activities aimed to mitigate risks and respond to identified areas of high risk. Topics presented include high-risk and quarterly risk assessments, adverse event reporting, risk management training, risk and patient safety activities, and claims management (if applicable). Each topic includes:

- An introduction to explain the relevance of the topic.
- A data summary to highlight performance relative to established goals.
- A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to identify additional factors related to performance.
- Follow-up actions to note activities aimed at maintaining or improve performance throughout the year.
- A conclusion to summarize findings at year-end.
- Proposed future activities to respond to identified areas of high organizational risk.

See the attached Risk Management Dashboard for a complete data summary of all topics presented.

High-Risk and Quarterly Risk Assessments

Introduction

The [Health Center Program Compliance Manual](#) requires quarterly risk assessments focused on patient safety. A risk assessment is a structured process used to identify potential hazards within the organization's operations, departments, and services. Risk assessment tools include self-assessment questionnaires, FMEA, and safety walk rounds—in which members of leadership walk around the building and ask employees about potential risks and concerns while observing processes in action. Collecting data on practices, policies, and safety cultures in various areas generates information that can be used to proactively target patient safety activities and prioritize risk prevention and reduction strategies.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
Number of High-Risk Assessments/years	<p>OHHC has determined that the following areas are at high clinical risk: dental sterilization, obstetrics, and tracking (tests, referrals, hospital admissions and cybersecurity, as well as HIPAA disclosures: The goal is to perform 2 high risk assessments which are performed each year</p> <p>2024 OHHC performed Tracking of Lab/DI and Referrals, Hospital/ER Monthly reports are monitored with auditing performed to determine the percentage of each site and OHHC in total response to timeliness of obtaining results and closing the loop on referrals based on Policy 6.37 and 6.01,6.02. Reporting of this tracking is measured in aggregate format. The second goal was to complete the year without any HIPAA or cybersecurity incidents in 2024. A goal to complete a Security Risk Analysis in 2024 provided free by HCCN contract with the Ohio Association of Community Health Centers.</p>
Number of Risk Assessments per year	<p>OHHC performs one risk assessment per quarter. More assessments may be completed if additional risk is present. Quarterly risk assessments are carried out to monthly QI/RM committee meetings. Training information is presented with each RM meeting for Train the trainer method to be presented to clinical staff following the monthly meeting.</p>

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
Percentage of Open Action Plans	OHHC goal is to have no more than 50% of open action plans per quarter. Action Plans are created related to above-mentioned high-risk assessments, quarterly risk assessments or additional risks that present. Once the action plan will have a deadline date. Open action plans are those that exceed their deadline date. If the open action plans in total exceed 80%, RM subcommittee will meet to discuss alternative measures based on additional best practice resources.

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
Risk Management Committee	# of yearly High Risk Assessments	2			X(SRA)	X(Tracking)	2
Risk Management Committee	# of Quarterly risk assessments	4	1	1	1	1	4
Risk Management Committee	% of Open Action Plans	< 80%	0%	43%	38%	17%	24.5%

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Quarterly risk assessment is open to address risks that present unexpectedly	High Risk Assessment tracking referral staffing hardships prevailed throughout 2024	Change in staff to manage tracking referrals. Experienced staff with knowledge of closing the loop	SRA completed in 2024 with cybersecurity high risks noted for improvement. Improvement Plan scheduled for 2025

Follow-up Actions

1st Quarter, 2024: PDSA was completed the 1st Quarter for Referral Tracking as the focus of needed change. Processes/work flow changes were made. Improvement was shown by the end of 1st Qtr. The new process implemented to provide new hire with a competency driven on self-assessment upon hire with skills employee is competent, which skills have done but needs reviewed and those never done. This strategy is to provide the plan for the 90-day orientation/probationary periods. Open actions included Annual OB training, Security Risk Assessment

2nd Quarter, 2024: OB Training expanded to include all front-line clinical staff completed in the 2nd Quarter. Schedule Risk Assessment via OACHC with Online Enterprises contract signed awaiting the assessment to be scheduled.

3rd Quarter, 2024: Schedule Risk Assessment via OACHC with Online Enterprises- Signed agreement for SRA 2nd Qtr. **Kickoff** Online Enterprises-completed- **Phishing Campaign** completed with educational training scheduled following the completion of the SRA. Noted need to expand training to front-line staff as well as providers on the creation and training of escalation plan based on high-risk complications of pregnant and post-partum patients.

4th Quarter, 2024: Continue completion of SRA with Tabletop exercise completed, Vulnerability scan completion. Ongoing is the final report completion the 1st Qtr of 2025

Conclusion

Risk Analysis is ongoing within Ohio Hills Health Centers. 2 PDSA's were implemented to improve the High-Risk Assessment of tracking referrals. Improvement wavered throughout the year due to staff shortages. The goal of completing a Security Risk Assessment was completed in 2024 with implemented changes planned for 2025. Additional OB training was performed in 2024 with the added Best Practice of the Red Flag for OB complications during pregnancy and post-partum.

Proposed Future Activities

Ohio Hills Health Centers will continue to work on all ongoing or newly identified risks. Plans to utilize ECRI for education and training. Plans to make improvements in cybersecurity protection based on lessons learned in SRA in 2024.

Adverse Event Reporting

Introduction

Adverse Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Each provider, employee, or volunteer is responsible to report all adverse events, including sentinel events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. The risk manager, in conjunction with the manager of the service (as applicable), is responsible for conducting follow-up investigations. The manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
Number of Adverse Events	<p>An adverse event or incident is defined as an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.</p> <p>The number of adverse events is compiled each quarter. There is no threshold for the lower number or higher number of reported adverse events.</p>
Number of Near Misses	<p>A near miss is an unintentional incident that could have caused injury, damage or even death but was narrowly avoided. Also known as a "Close Call"</p> <p>The number of near misses is compiled quarterly. There is no threshold for this number.</p>
Number of Sentinel Events	<p>A sentinel event is any event that results in death of a patient or permanent or severe harm to the patient.</p> <p>The number of sentinel events is evaluated at the time of incident reporting. A Root Cause Analysis is completed. The result of RCA is shared with the Board, Administration, and subcommittee of the RM team. No minimum or maximum thresholds for this number.</p>
Number of Root Cause Analysis	<p>An RCA- Root Cause Analysis is the process of discovering the root cause of an incident or problem to identify solutions to the problem.</p> <p>The number of RCA are measured quarterly. There is no min/max threshold to this number.</p>
Number of Peer Review/Provider/Assignment	<p>Peer Review is the evaluation of work of one or more by someone with similar competencies of work position/ job description.</p> <p>Peer Review assignment is scheduled quarterly. The threshold is 100% completion.</p>
Number of Unsafe Conditions	<p>An unsafe condition is the existence of an environmental, physical, mechanical condition or situation which may cause an accident or harm.</p> <p>The number of unsafe conditions is compiled quarterly. There is no threshold for the minimum or maximum for this event.</p>

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
All Centers Staff	# Adverse Events	Total/qtr	0	1	3	0	4
All Center Staff	# Near Misses	Total/qtr	1	1	0	0	2
All Center Staff	# Unsafe Conditions	Total/qtr	0	0	0	0	0
All Center Staff	# Sentinel events	Total/qtr	0	0	0	0	0
Director of QI/RM	#Root Cause Analysis	Total/qtr	1	1	0	0	2
Director of QI/RM	# Peer Review/Provider	100%	100%	100%	100%	100%	100%

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Peer Review Providers/Clinical is 100% in 2024.	. During the peer review process there are noted issues of appropriate and concise documentation.	Provide a Documentation competency in 2024 – legal narrative	Inadequate and though record keeping opens the risk of legal action and accountability of staff actions

Follow-up Actions

1st Qtr. 2024: RCA was performed by Dental Manager, Casey Edwards due to Dental incident and near miss occurred with an issue with the evening sterilization processing of equipment. The event was not identified by dental staff until after several dental procedures were performed with unsterilized equipment. Dr Brewer notified the Ohio Dental Association for further guidance. As per policy, all dental equipment is soaked in required chemicals, each piece of equipment is then scrubbed, then placed in sterilization pouches for the last phase of sterilization to turn on the sterilizer. The last phase was omitted. After a through RCA, it was determined this was a human error- workflow issue. Once RCA was completed, training occurred with all Dental staff on RCA. A workflow change was implemented and sterilization process training completed for all dental staff.

2nd Qtr. 2024 Near Miss with reportable lab not reported in a timely manner. Labcorp reported in a timely manner the Local Health Department as required. Notification by the LHD regarding follow up orders, it was discovered that the missed notification of this reportable lab. Root Cause Analysis was performed internally on how and why this occurred. Changes and training were provided on the reportable labs and the notification times to the Local Health Department.

Conclusion

Adverse events remained stable throughout most of 2024 except for the 1st Qtr of 2024. Dental Near Miss and RCA was more significant than other adverse events in 2024. No patient harm was reported but was a red flag to how important following the proper techniques for sterilization and accountability for error in facility procedures and policies can lead to adverse events that could have potentially affected the OHHC organization.

Proposed Future Activities

Clinical Peer Review begins 1st qtr. 2025; High risk training and competencies will remain pivotal for success to limit adverse events. Competencies to improve knowledge will be ongoing.

Risk Management Training

Introduction

The [Health Center Program Compliance Manual](#) requires risk management training for all staff members and documentation that all appropriate staff complete training at least annually. Risk management education and training are critical for clinical and nonclinical staff to improve safety and mitigate risk related to patient care. The risk manager identifies areas of highest risk within the context of the health center's risk management plan and selects risk management training topics.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
# RM education sessions/all staff training	OHHC provides annual mandatory training on the following topics; Infection Control(OSHA), HIPAA, Medicare Fraud, Waste and Abuse Training provided by YouTube video training with attestation required for participation. Paper forms of education are provided with posttests to those staff who do not have computer access. This is offered for the last quarter of the year
# RM education sessions/clinical staff training	OHHC provides annual mandatory training on the following topics: Bloodborne Pathogens (including Needle safety, PPE, don/doff PPE, handwashing, and advanced Infection Control) and sterilization. Training provided via Power Point with attestation of viewing. This is offered for the last quarter of 2024 – 90 days for completion
# Other specialty clinical training	OHHC provides annual mandatory training on the following specialties: Obstetrics, Dental and Behavioral Health with the following topics: OB postpartum training for Providers, Sterilization for Dental and Screenings for BH Training is provided via ECRI Power Points and in person training discussion with BH.
Annual; training completion rate	OHHC annual training completion is monitored monthly throughout the last quarter of 2024. The goal is >95% completion rate for all mandatory training by the end of the calendar year

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
RM	#RM education sessions/all staff training	1x/yr				Completed	1
RM	# RM education sessions/clinical staff training	1x/yr				Complete	1
RM	# Other Speciality clinical training	1x/yr for 3 specialties				Complete-partial	3
RM	Annual Training completion rate	>95%				Complete	100%

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Multiple methods of training provided; online viewing; Power Point, demonstration in person	Inability to provide scheduled time in workday to complete training	Offer new opportunities to obtain training. Provide longer interval of time to complete	N/A

Follow-up Actions

4th Qtr.: Reminders provided each month following review of completed training. Offer solutions to barriers to completion such as adjustments to working schedule to complete.

Conclusion

Noted increase in compliance with completion of annual mandatory training with Youtube video training.in 2024. Staff offered support of training methods have increased their knowledge on topics long standing topics of FWA, HIPAA and Bloodborne Pathogens.

Proposed Future Activities

Providing OHHC clinical staff access and membership to ECRI for additional resources, tools, and training

Risk and Patient Safety Activities

Introduction

The objective of the health center's patient safety and risk management program is to continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
Patient Post visit Satisfaction survey	OHHC routinely performs post visit survey messages to dental and medical patients. The health center's goal is to receive 5 out of 5 with patient satisfaction. 5 out of 5 = 100%
Credentialing and Privileging renewals timely	The health center's credentialing and privileging officer is required to complete renewals of all credentialing and privileging in a timely manner. The health center's goal is to 100% of the time to complete renewal within the month that it is due.
Annual timely risk report to the Board	The annual report of the risk management report to the Board is expected in a timely manner. OHHC goal is to provide the report to the Board during the 2 nd Quarter of the year.
Referral Completion	Timeliness of referral process is monitored/tracked monthly and quarterly. Delay in care/diagnosis can lead to increased risk of poor outcomes. OHHC goal is to close the loop at a minimum of 50% completion rate within 30 days.

Risk Activity Focus Area/Measure	Summary Description of Assessment/Methodology/Indicators
# of Grievances open	A patient grievance is a formal verbal complaint filed by a patient that is unresolved with clinical staff. The health center monitors grievances quarterly. There are no max/min thresholds
Grievances resolved	OHHC responds promptly to all patient grievances within 7 business days. The RM provides an investigation on the grievance, speaking with involved staff, site manager etc. Investigation is performed without bias toward the patient or fear of retaliation on patient. The health center's goal is to resolve a grievance with 10 business days of notification

Data Summary

See the dashboard below for completed risk management activities and status of the health center's performance relative to established risk management goals.

Person responsible	Measure/Key Performance Indicator	Threshold/Goal	Q1	Q2	Q3	Q4	Annual Total
QI	Patient Satisfaction average rate	5/5 (100%)	4.8	4.9	4.75	4.75	4.8(96%)
RM	#Credentialing and Privileging reviewed timely	100%	100%	100%	100%	100%	100%
RM	Timely RM goal and plan submission	2 nd Qtr	Submitted				Compliant
RM	%Referral Completion in 30 days	50%	68%	64%	58%	29%	58%
RM	# of open grievances	#/qtr	0	0	0	0	0
RM	Grievance resolve rate	100%	100%	100%	100%	100%	100%

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Patient Satisfaction survey remains stable in 2024 although not 100% goal however shows satisfaction with care provided	Referral completion continues to lag. Staff shortages in the referral department lead to 2-PDSA's trial workflow changes to improve closing the loop	Opportunities to overhaul the referral processes to improve all aspects of Closing the Loop in referral tracking	Delay in Closing the Loop can ultimately increase the risk of providing appropriate care of patients

Follow-up Actions

PDSA #2 with Referral staff flow into the 1st Qtr 2025.

Conclusion

Risk and Patient Safety Activities with patient satisfaction remain at high levels, no issues are noted with credentialing and privileging, timely submission of the annual risk management report, plan and goals occurred in 2024. No open grievances remain. Noted issues with Closing the Loop with Referral staff in the completion of the referral timely.

Proposed Future Activities

Best Practice with a Referral process change. This includes changes or modifications with Providers in ordering referrals following the appropriate testing to assist with confirmation of the diagnosis prior to the referral, determination of status of the referral if needed urgency can not be fully obtained as most pre-authorization average time is 5-7 days. Change in referral status to ASAP vs "STAT" or urgent. Possible change in referral retrieval from 30 days to 60 days which includes issues with patient cancellations or no show to referral appointments. Closing the Loop when there is proven non-compliance by the patient following provider notification after appropriate patient attempts to contact.

Report Submission

The 2024 Annual Risk Management Report to the Ohio Hills Health Center Governance Board is respectfully submitted to demonstrate the ongoing risk management program to reduce the risk of adverse outcomes and provide safe, efficient, and effective care and services.

Risk Management Dashboard

Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
Risk Assessments							
Risk Management Committee	# of yearly High Risk Assessments	2		X OB	X SRA	X(Tracking)	3
Risk Management Committee	# of Quarterly risk assessments	4	1	1	1	1	4
Risk Management Committee	% of Open Action Plans	< 80%	0%	43%	38%	17%	24.5%
Adverse Events/ Incident Reports							
All Centers Staff	# Adverse Events	Total/Qtr	0	1	3	0	4
All Center Staff	# Near Misses	Total/qtr	1	1	0	3	2
All Center Staff	# Unsafe Conditions	Total/qtr	0	0	0	0	0
All Center Staff	# Sentinel events	Total/qtr	0	0	0	0	0
Director of QI/RM	#Root Cause Analysis	Total/qtr	1	1	0	0	2
Director of QI/RM	# Peer Review/Provider	100%	100%	100%	100%	100%	100%
Training and Education							
RM	#RM education sessions/all staff training	1x/yr				Completed	1
RM	# RM education sessions/clinical staff training	1x/yr				Complete	1
RM	# Other Specialty clinical training	1x/yr for 3 specialties				Complete	3
RM	Annual Training completion rate	>95%				Complete	100%
Risk and Patient Safety Activities							
QI	Patient Satisfaction average rate	5/5 (100%)	4.8	4.9	4.75	4.75	4.8(96%)
RM	#Credentialing and Privileging reviewed timely	100%					100%
RM	Timely RM goal and plan submission	Qtr2	Submitted				Compliant
RM	%Referral Completion in 30 days	50%	68%	64%	58%	29%	58%
RM	# of open grievances	#/qtr	0	0	0	0	0
RM	Grievance resolve rate	100%	100%	100%	100%	100%	100%

**Ohio Hills Health Centers
Outreach and Development- January 2025 Board Report**

Marketing/Outreach

Social media- Continue to have a presence on Facebook/ Twitter/ Instagram/LinkedIn

Outreach- Discussion underway on how to reach area residents to let them know about OHHC and services offered.

Events-

- Career Fair- Belmont College- Feb 25th

Community Needs Assessment

- 2024- Needs Assessment- Completed and approved. Implementation plan being developed and will be submitted for Board Approval.

Fundraising

Grant/Foundation Funding

- ODH- Planning Grant Bellaire- SBHC- \$50,000- awarded. \$500,000 implementation grant awarded
- HRSA Expanded Hours- Caldwell – Up to \$500,000. Submitted. Denied
- AMLER funding through ODNR. Awaiting determination. Grant would be utilized for Barnesville- lobby, radiology, 2nd floor renovations, remainder of windows, parking lot, radiology. \$1,025,000- Denied
- USDA-Distance Learning and Telemedicine- under consideration

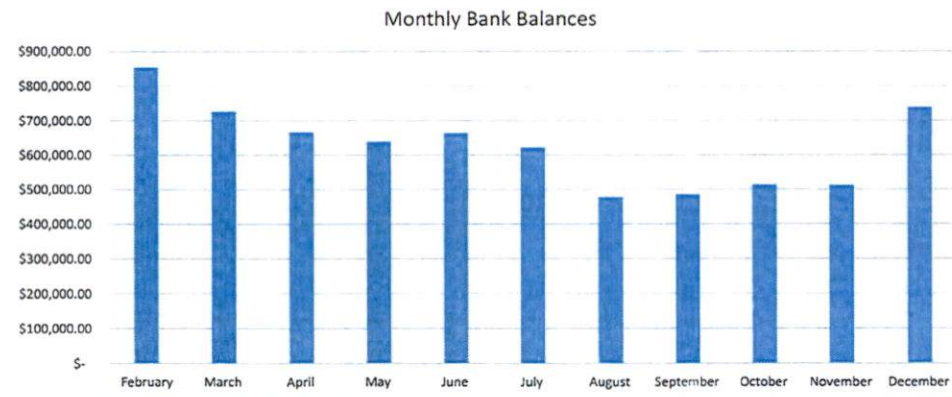
Capital Budget Allocations

Capital Budget –

- \$100,000 OHHC- Quaker City renovations- Youngstown State has submitted to Ohio Dept of Higher Education
- Federal- \$650,000- 3rd Floor project to allow room for expanded Behavioral Health on 2nd Floor.

**Ohio Hills Health Services
Monthly Bank Balances
For Fiscal Year Ended January 31, 2025**

	February	March	April	May	June	July	August	September	October	November	December	January
WesBanco- ICS	\$ 789,571.99	\$ 672,330.55	\$ 614,877.65	\$ 569,257.45	\$ 623,257.45	\$ 549,181.48	\$ 385,038.22	\$ 424,485.33	\$ 428,972.12	\$ 446,870.04	\$ 638,312.46	-
WesBanco - CHC	\$ 30,970.66	\$ 23,434.99	\$ 30,689.82	\$ 38,691.68	\$ 12,962.39	\$ 45,916.31	\$ 38,135.40	\$ 23,579.51	\$ 43,753.02	\$ 31,890.32	\$ 55,396.78	-
Citizen's- MFHC	\$ 17,139.17	\$ 12,068.56	\$ 14,676.83	\$ 14,944.81	\$ 20,878.01	\$ 13,763.79	\$ 31,048.57	\$ 17,921.83	\$ 21,400.16	\$ 13,503.56	\$ 27,168.73	-
WesBanco- FFHC	\$ 2,186.49	\$ 2,056.18	\$ 856.71	\$ 835.04	\$ 1,480.90	\$ 649.23	\$ 1,078.08	\$ 2,529.96	\$ 2,743.87	\$ 2,066.78	\$ 2,411.17	-
Citizen's- QCFHC	\$ 3,446.54	\$ 2,139.98	\$ 1,147.64	\$ 3,657.21	\$ 802.66	\$ 1,098.01	\$ 1,662.76	\$ 4,530.04	\$ 2,309.85	\$ 2,769.00	\$ 2,098.01	-
Community Savings- CFHC	\$ 464.90	\$ 271.49	\$ 495.30	\$ 421.88	\$ 559.86	\$ 377.84	\$ 308.82	\$ 740.42	\$ 797.98	\$ 910.40	\$ 377.35	-
Woodsfield Savings- SBHC	\$ 1,125.97	\$ 125.97	\$ 229.64	\$ 229.64	\$ 305.86	\$ 155.86	\$ 2,610.54	\$ 4,639.92	\$ 2,193.04	\$ 1,187.57	\$ 882.78	-
WesBanco- FDP	\$ 8,554.65	\$ 14,371.53	\$ 3,882.40	\$ 10,750.41	\$ 3,335.39	\$ 9,153.43	\$ 17,303.23	\$ 6,431.06	\$ 10,524.42	\$ 11,816.86	\$ 11,040.03	-
Citizen's- CFHS	\$ 753.15	\$ 753.15	\$ 753.15	\$ 748.15	\$ 748.15	\$ 748.15	\$ 748.15	\$ 748.15	\$ 748.15	\$ 748.15	\$ 748.15	-
TOTALS	\$ 854,213.52	\$ 727,552.40	\$ 667,609.14	\$ 639,536.27	\$ 664,330.67	\$ 621,044.10	\$ 477,933.77	\$ 485,606.22	\$ 513,442.61	\$ 511,762.68	\$ 738,435.46	



Ohio Hills Health Services
Vendor Activity
From 2/1/2024 Through 11/30/2024

**Ohio Hills Health Centers
Vendor Activity
February 01, 2024 - November 30, 2024**

Vendor Name	Expenses	Payments
Laboratory Corporation of America Holdings		
Dental Imaging Technologies Corporation	2,808.00	(2,808.00)
Matt Davis	835.00	(835.00)
Amerisource Bergen	4,389.04	(4,081.35)
McKesson Medical Surgical	1,088.29	(1,088.29)
Kozicki Hughes Tickerhoof PLLC	25,000.00	(25,000.00)
Holly Overmiller		
Barnesville Community Foundation	1,000.00	(1,000.00)
Pitney Bowes Bank Inc	395.75	(395.75)
Brent Tisher	1,042.48	(1,042.48)
Village of Woodsfield, Ohio		
Medical Letter	159.00	(159.00)
Safco Dental Supply LLC	1,290.24	(2,967.88)
Ultradent Products, Inc.	2,969.68	(2,969.68)
Vicki Sefsick-Harrison County Treasurer	797.54	(797.54)
Health Impact Ohio	300.00	(300.00)
Culligan of Dover		
AT & T	17,357.76	(18,909.17)
Morgan Stephen	1,600.23	(1,600.23)
Medic Management Group LLC		
Barnesville Pumpkin Festival, Inc.	675.00	(425.00)
Belmont County Farm Bureau	500.00	(500.00)
J.C. Mensore Distribution, Inc.		
MaxorPlus	1,346.44	(1,630.28)
Village of Quaker City		
Tucker Hastings	1,175.00	(1,025.00)
Belco Works		
James A Caldwell	1,397.48	(1,397.48)
Designed for Print	3,624.58	(3,744.58)
Noble County Chamber of Commerce	80.00	(80.00)
Technology Services Group, Inc.		
Verizon North		
Tyler Construction	8,057.00	(8,057.00)
Project 3 Printing	1,065.03	(1,065.03)
H3C, LLC	37,196.25	(33,653.75)
The Doctors Company	31,208.46	(33,681.72)

Ohio Hills Health Services
Vendor Activity
From 2/1/2024 Through 11/30/2024

Vendor Name	Expenses	Payments
Leslie Bardall	80.57	(80.57)
Village of Barnesville	13,173.80	(11,856.42)
Postmaster - Freeport	269.00	(269.00)
Allied	10,123.54	(9,938.96)
GlaxoSmithKline	4,768.38	(2,731.27)
Goldman Products	555.86	(555.86)
Blue & Co. LLC		
Humana Insurance Co.	3,558.30	(3,558.30)
Staci Fellows	230.00	(230.00)
Ohio Division of Unclaimed Funds	202.87	(202.87)
Patterson Dental Supply, Inc.	27,214.21	(29,118.18)
Renay Shephard	8.54	(8.54)
Cardinal Health Inc	38,547.38	(39,593.17)
JC's Lawn Care	200.00	(200.00)
Health Care Solutions	0.00	20.00
Kent Youngman	3,780.00	(3,780.00)
Casey Edwards	223.00	(223.00)
Roe Dental Laboratory	8,226.00	(7,896.50)
Ohio State Medical Association	1,120.00	(1,120.00)
Pacific Interpreters		
Borden Office Equipment		
Chelsea Masters	250.00	(250.00)
eClinicalWorks, LLC	74,428.79	(74,428.79)
Brittany Wells	209.00	(209.00)
Lauren Wooten	3,393.00	(2,279.00)
Glo Fiber	12,240.88	(15,399.20)
Monroe County Treasurer	8,273.72	(8,273.72)
Ecolab Pest Elim. Division	1,646.32	(1,639.09)
iPromoteu	1,105.01	(1,105.01)
Appalachian Craftsman	180.00	(180.00)
Liberty Distributors, Inc.	1,104.60	(1,104.60)
Delta Dental		
American College of Physicians	600.00	(600.00)
Ryan Aston	380.00	(380.00)
Friends Office	1,732.51	(1,732.51)
Robert Brewer Jr	791.08	(791.08)

Ohio Hills Health Services
Vendor Activity
From 2/1/2024 Through 11/30/2024

Vendor Name	Expenses	Payments
Smitty's Septic Services, LLC	350.00	(350.00)
Rumer-Loudin, inc.	27,787.45	(27,876.45)
The Journal Leader	610.00	(610.00)
Village of Freeport	264.00	(351.00)
Ohio Hills Folk Festival	2,250.00	(2,250.00)
Amerisource Bergen		
Laboratory Corporation of America Holdings	8,972.46	(10,151.07)
May Contracting, Inc	675.00	(675.00)
Barton Septic Tank Service LLC		
Kucera Plumbing, Heating, Cooling, & Sheet M	320.00	0.00
Amazon	3,582.88	(3,516.30)
Romig Insurance Agency, Inc.	5,199.30	(5,199.30)
American Medical Association	420.00	(420.00)
C & M Training LLC	3,135.00	(3,135.00)
Health Care Solutions		
Pitney Bowes, Inc.		
Philips	349.80	(349.80)
Barnesville Exempted Village School District	910.00	(980.00)
AT & T		
Comcast	4,297.78	(4,297.78)
InHealth Professional Services-Publications	740.03	(740.03)
Idville	307.95	(307.95)
AAPC	210.00	(210.00)
Verizon Wireless	2,678.97	(2,678.97)
Shenandoah High School Boosters	150.00	(150.00)
A.V. Luttamus Communications Inc	3,329.92	(3,329.92)
Riverside Dental Ceramics	4,856.10	(4,729.10)
Dex Media	136.62	(136.62)
MaxorPlus		
Tracy Amos	705.53	(686.28)
ATC Group Services, LLC Depository	2,500.00	(2,500.00)
The University of Pittsburgh		
Belco Works	2,618.24	(2,833.24)
First Christian Church of Barnesville	100.00	(100.00)
Designed for Print		
Grae Con	37,275.00	(37,275.00)

Ohio Hills Health Services
Vendor Activity
From 2/1/2024 Through 11/30/2024

Vendor Name	Expenses	Payments
Blue & Co. LLC	5,800.00	(10,800.00)
Allied		
Lauren Wooten		
Village of Barnesville		
Benco Dental		
Triose Inc	97.81	(175.71)
Karen Gilham	224.43	(224.43)
Medline Industries Inc	47,647.80	(45,813.38)
First Bankcard	34,056.66	(32,100.17)
Sharon Dillon		
G.E. Williams Inc.	322,137.30	(322,137.30)
Patterson Dental Supply, Inc.		
Triad Roofing and Services LLC	195,553.54	(195,553.54)
TriZetto Provider Solutions	24,912.96	(24,912.96)
Yontz & Truax Excavating LLC	0.00	(1,920.00)
Hart Enviromental Resources	930.00	(930.00)
Generator Systems		
Jenna Brown	142.50	(142.50)
Joginder Kaur	847.49	(847.49)
Vanguard International Solutions Inc		
Windstream	721.44	(721.44)
Epstein Becker & Green P.C.	13,814.00	(11,195.00)
Smilemakers	154.31	(154.31)
Village of Freeport		
Delta Dental	26,186.09	(25,904.13)
FQHC 340B Compliance LLC	30,000.00	(30,000.00)
Kalkreuth Roofing & Sheet Metal Inc	647.70	(647.70)
Ohio Association of Community Health Centers	21,375.00	(21,375.00)
Village Hardware & Rental Inc	15.45	(15.45)
KONE, Inc.	4,156.38	(4,156.38)
Project3 Printing	688.00	(688.00)
Columbia Gas of Ohio	5,360.00	(5,496.15)
Westfield Insurance	21,378.75	(21,378.75)
Optimum Business	601.85	(601.85)

Ohio Hills Health Services
Vendor Activity
From 2/1/2024 Through 11/30/2024

Vendor Name	Expenses	Payments
Heather Saffle	3,300.00	(3,900.00)
Medic Management Group LLC	13,205.00	(15,675.00)
Experity Teleradiology		
St. Clairsville Area Chamber of Commerce	500.00	(500.00)
Holly Overmiller	5,114.00	(5,114.00)
Barnesville Water Department	3,687.30	(3,722.40)
Rumer-Loudin, inc.		
The Collaborative	6,500.00	(6,500.00)
Staples		
Culligan of Dover	2,501.21	(2,821.40)
Barnesville Rotary Club	600.00	(600.00)
Department of Education - MOHELA	18,000.00	(18,000.00)
Northwestern Mutual Life Insurance	14,151.53	(14,151.53)
H & O Equipment	265.00	(265.00)
Enbridge Gas Ohio		
Pitney Bowes, Inc.	556.58	(591.58)
Cattrell Companies, Inc.	1,700.00	(1,700.00)
Christy's Services LLC	4,650.00	(4,125.00)
Cintas	5,011.53	(5,367.24)
Mike Goddard	0.00	(2,798.32)
Monroe County Beacon	729.50	(345.50)
Noble County Health Department		
Riesbeck's Market - Woodsfield	10.99	(10.99)
Surgent Construction LLC	175.00	(175.00)
Belmont County Treasurer	9,559.16	(9,559.16)
Comcast		
Safco Dental Supply LLC		
Village of Quaker City	979.70	(979.70)
THINC Forward/Procom	1,751.12	(1,751.12)
Justin Pastorius	3,200.00	(3,200.00)
Kim Overly	32.18	(32.18)
C.H.E.S.S.	1,020.00	(600.00)
Crossing Hardware	148.65	(158.63)
Cherie Covert	80.80	(80.80)
Oracle America Inc	4,815.00	(4,815.00)
Henry Schein, Inc.	1,015.01	(1,015.01)

Ohio Hills Health Services
Vendor Activity
From 2/1/2024 Through 11/30/2024

Vendor Name	Expenses	Payments
Yontz & Truax Excavating LLC		
B & D's Glass LLC	0.00	(4,170.00)
Department of the Treasury	155.37	(155.37)
Himalaya Patcha, MD	3,658.82	(3,658.82)
Cardinal Health Inc		
The Times Leader	234.00	(234.00)
BWC State Insurance Fund	1,986.90	(2,602.48)
Jeff Britton	1,006.00	(1,006.00)
Schindler Elevator Corporation	2,600.97	(2,600.97)
Language Line Services Inc	106.00	(106.00)
Turk's Trophy Shop, Inc.	90.65	(90.65)
Pacific Interpreters	111.68	(351.68)
Roe Dental Laboratory		
Audio-Digest Foundation	474.00	(474.00)
Triose Inc		
Ecolab Pest Elim. Division		
CLIA Laboratory Program	992.00	(744.00)
Vanguard International Solutions Inc	5,211.60	(5,232.78)
Generator Systems	6,428.63	(7,490.63)
Monroe County Chamber of Commerce	250.00	(250.00)
Sedgwick	1,390.00	(1,390.00)
WDC Group LLC	32,025.60	(32,025.60)
DirecTv	532.35	(532.35)
Inovalon Provider, Inc	6,875.50	(6,187.95)
Community Improvement Corporation of Belm	4,500.00	(4,500.00)
Renee Carpenter	45.00	(45.00)
Columbia Gas of Ohio		
Enbridge Gas Ohio	766.89	(857.81)
Experity Teleradiology	5,926.14	(5,975.50)
Heather Saffle		
Barton Septic Tank Service LLC	3,330.00	(3,330.00)
Village of Woodsfield, Ohio	12,186.22	(12,123.21)
The Health Plan of the Upper Ohio Valley	903,434.98	(993,839.28)
Abila	6,978.83	(6,978.83)
Barnesville Water Department		
Michael Carpenter	118.00	(118.00)

Ohio Hills Health Services
Vendor Activity
From 2/1/2024 Through 11/30/2024

Vendor Name	Expenses	Payments
Cintas		
Christina Goodhart	42.00	(42.00)
Harrison County Water & Sewer	640.00	(640.00)
Technology Services Group, Inc.	168,742.68	(169,986.26)
Muskingum Window Service	420.00	(420.00)
B & D's Glass LLC		
Staples	17,963.62	(18,293.76)
Bio-Medtronics	2,505.29	(2,505.29)
Barnesville Exempted Village School District		
Environment Control Ohio Valley Inc	52,296.00	(52,296.00)
Dominic Pietranton Construction Inc	475.00	(475.00)
Mike Goddard		
ArchPro Coding	125.00	(125.00)
Grainger	241.42	(241.42)
Mid Ohio Valley Integrated Systems LLC	200.40	(200.40)
Treasurer, State of Ohio	1,408.75	(1,146.75)
Festival Fun Parks	5,401.54	(5,401.54)
Noble County Health Department	21,592.00	(19,489.00)
Precision Printed Products	1,423.04	(1,342.44)
Barnesville Track & CC Parents	100.00	(100.00)
BWC State Insurance Fund		
Piedmont Gas Company	524.81	(524.81)
Radiation Detection Co	306.63	(306.63)
Justin Pastorius		
Amber Bauer Doyle	1,073.72	(1,073.72)
Medline Industries Inc		
Annie Freese	59.49	(59.49)
Crossing Hardware		
A & M Technology Group Inc/The McKeen Gro	684.00	(684.00)
Benco Dental	31,708.69	(30,799.88)
First Bankcard		
BioHorizons	35.00	(35.00)
GlaxoSmithKline		
Lakeland Young Farmers		
Cardinal Health Pharm DI	58,812.83	(58,812.83)
Barnesville Chamber of Commerce	1,110.00	(1,110.00)

Ohio Hills Health Services
Vendor Activity
From 2/1/2024 Through 11/30/2024

Vendor Name	Expenses	Payments
Postmaster - Quaker City Ohio	141.00	(141.00)
Postmaster - Barnesville	3,335.60	(3,335.60)
Miles Jefferis	23.00	(23.00)
Borden Office Equipment	1,497.85	(3,877.50)
American Electric Power	21,379.61	(21,379.61)
FORVIS	10,962.00	(10,962.00)
The Doctors Company		
Hughes Office Equipment LLC	3,519.95	(3,519.95)
Kimble Recycling & Disposal	5,710.95	(5,710.95)
Riesbeck's Market - Barnesville	1,063.65	(1,044.67)
Karissa Phillips	940.00	(940.00)
	2,759,297.01	(2,865,330.27) Transaction Total
Report Opening/Current Balance		
Report Transaction Totals	2,759,297.01	(2,865,330.27)
Report Current Balances		



2025 BOARD MEETINGS

Board Meeting Date	Location
January 20	Barnesville Library Annex
February 17	OHHC St. Clairsville ECO Center
March 17	Barnesville Library Annex
April 21	OHHC Woodsfield
May 19	Barnesville Library Annex
June 16	OHHC St. Clairsville ECO Center
July 21	Barnesville Library Annex
August 18	OHHC Woodsfield
September 15	Barnesville Library Annex
October 20	OHHC St. Clairsville ECO Center
November 17	Barnesville Library Annex
December 15	OHHC Woodsfield

- Dial In: 267-807-9601 Access Code/PIN Number: 810107

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

Purpose

Maintaining a stable and reliable workforce is critical to the effective and efficient delivery of quality medical, dental and behavioral healthcare services. OHHC values the well-being of all employees while recognizing the diverse needs of our teams to plan for time off work. Minimizing last minute absences and aligning operational staffing structures of planned time off supports OHHC's ongoing commitment to avoid potential disruptions of optimal patient care.

This policy sets forth expectations for attendance, details attendance disciplinary process, illustrates time off request requirements, describes the eligibility of additional compensation for deserved time off, and enables a fair system for all employees that ensures equal access to time off while meeting our health center's operational staffing needs. For this policy, PTO will be defined as vacation time, personal time, sick time and CME/CDE for providers.

The approval of staff requests for all schedule amendments remains at OHHC's discretion. While every effort will be made to meet an employee's request for time off, OHHC leadership will ensure a timely response in cases where a request cannot be accommodated due to staffing needs. All requests will be given consideration based on OHHC staff requirements, workload, date of request, the employee's length of service and other relevant factors.

1. Paid Time Off

Paid time off (PTO) is a part of an employee's individual compensation package. PTO is broken down into the following categories:

- Vacation time
- Sick time
- Personal days
- Continued Medical Education (CME) for medical providers only
- Continued Dental Education (CDE) for dental providers only

PTO is earned at a rate based on the category. The accrual rates are outlined later in this policy.

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

a. PTO Guidelines

- An employee must be actively working to earn PTO.
- No time is earned during unpaid leaves of absence.
- PTO should be used in a minimum of 30 minute increments.
- PTO cannot be taken until accrued.
- Employees are responsible for monitoring their PTO balances to ensure they have earned an adequate PTO balance to accommodate the requested leave.

Exceptions to this policy may be granted with prior approval by the Chief Executive Officer, or designee.

b. Consideration for approving/denying time off requests can/will include but not limited to:

- Employee eligibility and advanced notice requirements satisfied listed below.
- Adequate provider and clinical/dental support coverage exists for medical/dental/behavioral health operations.
- The request demonstrates a pattern (for example, asking for the same day of the week off for multiple weeks in a row). If this effectively alters the posted operational hours for patient care, the request cannot be approved.
- If the employee has submitted their resignation, new PTO requests will not be approved. The notice period is intended to be utilized to transfer knowledge and complete open tasks and projects.

c. PTO Request Requirements

- 30-day written advanced notice for providers and salaried staff
- 14-day written advanced notice for hourly staff (for up to 3 working days)
- 30-day written advanced notice for hourly staff (for 4 or more working days)
- Submission of request via the BerniePortal software. See BerniePortal Procedure for instructions.

Text, chats, emails and verbal do not satisfy the advanced notice requirement

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

d. Donation of Accrued PTO

Employees can donate accrued vacation PTO to any other OHHC employee for a qualified reason. Examples of qualified reasons may include but are not limited to the following:

- FMLA/Disability
- Schooling for career advancement by OHHC employee
- Acute medical illness of the OHHC employee or immediate family member

e. Stipulations for Donation

- The employee receiving the vacation donation must have a zero vacation, sick or personal day balance at the time of the donation.
- The donating employee must maintain a balance of at least five (5) vacation days after the donation is made.
- A Vacation Donation Request Form was completed and approved by the Human Resources Coordinator and Chief Executive Officer or designee.

Employees are not permitted to take unpaid time off unless otherwise permitted by the employee agreement or applicable law. Unpaid time off will require documentation of a medical or otherwise emergent need to miss work. In case of absence due to an employee's illness or medical condition, OHHC may request a physician's medical statement from an employee if the employee has been absent more than 2 consecutive workdays. Such documentation should be submitted directly to their supervisor.

2. Vacation Time

Vacation time will be scheduled on a first come-first serve basis within each department at each health center site. Employees must submit a vacation request to their immediate supervisor for approval via the BerniePortal software.

To ensure adequate staffing, vacation time off cannot be overlapped by employees within the same department. Exceptions may be made with department head and/or Services Manager prior

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

approval if adequate staffing has been determined for that period of overlapping. Unless authorized by the Services Manager or Chief Operating Officer, vacation time will not be approved without appropriate notice.

f. Utilization of Vacation

Employees are asked to limit vacation requests to one (1) week at a time or less unless extenuating circumstances exist, and authorization has been obtained from the Chief Executive Officer or designee.

When part of a vacation period includes a holiday observed by OHHC, the holiday will be considered a holiday instead of a vacation day, thus leaving an additional vacation day to be scheduled. Payment will not be made in lieu of vacation time.

If a holiday falls during a vacation period for a permanent part-time employee working less than thirty (30) hours per week, it will not be considered a paid holiday unless so designated as one (1) of the three (3) paid holidays the employee wishes to choose for that year.

g. Vacation Period and Eligibility

Vacation periods will coincide with employment anniversary date. For example, an employee with a hire date of May 5th, 2023 their vacation period would be from May 5th, 2023 to May 4th, 2024. Any unused vacation time remaining after the end of the vacation period will be automatically forfeited and will not be carried over to the next vacation period.

Temporary and PRN employees are NOT eligible for vacation. All permanent part-time and full-time employees are eligible for vacation. Vacation time will be earned based on years of service as outlined on the next page.

Note: Exception of this policy would include a pre-planned vacation at the time of the employee onboarding which would require agreement prior to accepting employment.

h. Vacation Accrual

Beginning of initial employment	Accrue one (1) week vacation with pay
After two (2) years of employment	Accrue two (2) weeks' vacation with pay

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

After three (3) years of employment	Accrue three (3) weeks' vacation with pay
After nine plus (9+) full years of employment	Accrue maximum four (4) weeks' vacation with pay

- Vacation will be accrued based on actual days/hours worked.
- One (1) week of vacation shall equal 5 working days for full-time employees working 37.5-40 hours/week.
- Part-time employees (working less than 37.5 hours per week) vacation will be pro-rated according to the number of hours/days worked per week by the employee.
- Newly hired employees or employees currently in their 2nd, 3rd or 9th year of service, vacation days will be pro-rated from the date of their anniversary month.

Prorated Vacation Examples:

Staff members beginning employment midway through the calendar year will have their vacation prorated based on their individual start date.

Employees whose work schedule is reduced from 5 days to 4 days are entitled to 80% of their previously allowed vacation time. (4 days = 80% of a 5-day work week)

3. Holidays

OHHC recognizes the following six (6) holidays will be observed by its Health Centers:

New Year's Day
Memorial Day
Independence Day

Labor Day
Thanksgiving Day
Christmas Day

a. Employee eligibility for holiday pay

- Full or part-time, who work at least 30 hours a week.
- Full time employees (37.5 – 40 hours per week) and permanent part time employees (30 hours a week) will be paid for all six (6) holidays, as well as any additional days authorized by the Board of Trustees.

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

- Three (3) holidays will be paid to permanent part-time employees who work less than thirty (30) hours per week, but in no case less than twenty (20) hours per week. These three (3) designated holidays are to be declared on the payroll record so a permanent record can be verified and recorded.
- Holidays will be paid to other permanent part-time employees, those who work less than twenty (20) hours per week, only if they fall on their scheduled workday.
- The number of holidays for staff working less than twenty (20) hours per week cannot exceed two (2) days.

All staff, excluding P.R.N. will be subject to receive the additional days authorized by the Board of Trustees.

Holidays cannot be moved, used, or substituted to cover other workdays. If an employee is not scheduled for an eligible paid holiday, the employee will be paid for the holiday in addition to their regularly scheduled hours.

Time off to attend other religious ceremonies may be cleared in advance with the supervisor. Personal, vacation, or sick time must be used if staff wish to be paid.

4. Unplanned Absences

To provide efficient medical, dental and behavioral healthcare services, all employees are expected to be at their workstations on time, as scheduled. Excessive tardiness and absenteeism negatively affect patient care and employee morale and is unacceptable. It is recognized that unplanned time away from work may be necessary, at times.

When unable to report as scheduled, Employees are required to contact their supervisor before business hours begin. Voicemail/text communication is an acceptable communication for reporting off or tardiness.

If an employee has an unplanned absence due to illness of two (2) or more consecutive days, a doctor's excuse is required. A healthcare provider/physician's certification does not automatically excuse the absence and remains subject to consideration as an attendance occurrence. Consideration will be given as to whether the absence(s) qualifies under the Family and Medical Leave Act.

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

Calling off for a scheduled day after previously receiving a denied Request Off for the same day may result in disciplinary action

a. Unplanned Absence Progressive Discipline Process

Staff attendance will be monitored on a **quarterly basis** by the employee’s immediate supervisor. Unsatisfactory attendance will be addressed in a timely and consistent manner. The following occurrence grid will be followed to maintain satisfactory attendance:

Occurrence	Occurrences/Days	Discipline Step and Action
Occurrence 1 Occurrence is equal to: <ul style="list-style-type: none"> • 1 Absence • 2 Tardies • 2 Missed Clocks 	4 Occurrences	Step 1: Verbal Warning
	6 Occurrences	Step 2: Written Warning
	8 Occurrences	Step 3: Final Written Warning
	10 Occurrences	Step 4: Termination
Total # of Days Absent <ul style="list-style-type: none"> • Consecutive or Non-Consecutive • Does Not Apply to Tardy 	6 Days	Step 1: Verbal Warning
	9 Days	Step 2: Written Warning
	12 Days	Step 3: Final Written Warning
	15 Days	Step 4: Termination
Single Day of No Call / No Show	1 Occurrence	Step 2: Written Warning
	2 Occurrences	Step 3: Final Written Warning
	3 Occurrences	Step 4: Termination

The quarters will be as follows: January- March, April-June, July-September, October-December

If the employee demonstrates a pattern or practice of absenteeism or tardiness to circumvent the policy or fails to work as scheduled thereby affecting patient care and/or business, additional disciplinary action may be taken.

Example: Employee repeatedly calls off on Monday or Friday; the employee always calls in for 2 consecutive days off, etc.

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

5. Sick Time

During the 90-day probationary period of employment, an employee will not be awarded paid sick leave benefit time. Eligibility begins after probation as outlined below.

Employee Weekly Status	Awarded
Employees working 37.5 hours and over	Six (6) paid sick days per year
Employees working 30-37 hours	Five (5) paid sick days per year
Employees working 25-29.5 hours	Four (4) paid sick days per year
Employees working less than 25 hours	Three (3) paid sick days per year

Sick leave is accruable only to each year's end. The designated year begins with January and ends with December. Employees with a start date after January 1 will have their Sick Time accrual prorated. Six (6) days of sick leave per year breaks down to one half (1/2) day per month. Again, all benefit time must be utilized before employees can take time without pay. Sick time may be used in half hour increments.

Sick time that has not been used by the end of the year will be paid back to the employee by the end of January at the employee's current hourly pay rate.

6. Personal Time

During the 90-day probationary period of employment, an employee will not be awarded paid personal time. Eligibility begins after probation as outlined below.

Employee Status	Awarded
Permanent Full and Part-Time Employees working 30 hours or more each week	Two (2) Personal paid day, yearly
Permanent Part-Time Employees working less than 30 hours each week	One (1) Personal paid day, yearly

Personal time may be used in half hour increments. Personal time is not subject to pay at the end of the year if not used and cannot be carried over to the following year. Personal time will be from January through December each year and may be used at any time during the year.

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

7. Leave of Absence

Employees on Leave of Absence (LOA) must use the accrued vacation time, sick time or personal time to cover their FTE status.

If the employee's vacation, sick or personal time balance will not cover the length of the LOA, the employee will be expected to continue paying their respective portion of their health/dental insurance premiums to those employees applicable.

Employees requesting time off must utilize their benefit time for the entire time requested. All benefit time (vacation, sick, personal) must be exhausted before time without pay will be permitted. Once benefit time has been exhausted, time off without pay must be approved by the employee's supervisor. Any time requested must be used in ½ hour increments.

Definitions

Absence

An absence from work is defined as the failure of any employee to report to work when scheduled.

Unplanned Absence

An unplanned absence is a scheduled day where the employee fails to report to work or fails to work for more than one half of the scheduled shift.

Tardy

A tardy is any time an employee fails to be at their workstation ready to work within 5 minutes of their scheduled start time, as well as returning late from lunch. Tardiness also occurs when an employee leaves work prior to the end of their scheduled work shift without prior approval.

Failure to Clock in and/or Missed Punch

Employees are expected to follow the established guidelines for recording their actual hours worked. Failure to properly clock in or out will result in probable Disciplinary Action. All failures to clock in or out must have a miss punch slip submitted for approval by the employee's Supervisor or Payroll Clerk.

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 2.41	EFFECTIVE DATE: January 20, 2025
TITLE: Attendance and PTO Utilization	REVISION DATE:
10 pages	BOARD APPROVED: 1-20-25
HUMAN RESOURCES POLICY	

No Call/No Show and Job Abandonment

Employees are expected to notify their supervisor when they are unable to report to work, as scheduled. An employee who fails to call or report to work is considered a No Call/No Show. Any failure to call/show may result in disciplinary action up to and including termination of employment.

Two (2) consecutive scheduled days of failure to be at work as scheduled and failure to notify their Center Manager will be considered Job Abandonment and may lead to termination of employment after further investigation.

This policy and procedure shall be reviewed and updated consistently with the requirements and standards established by the Board of Trustees and by Health Center management, Federal and State law regulations, and applicable accrediting and review organizations.

Responsible Parties:

Signature _____ Date _____
 OHHC Board of Trustees President

Signature _____ Date _____
 OHHC Chief Executive Officer

2024 PRESIDENT'S REPORT

Collaborated with the Belmont County CARES program to offer Mid-level Medical Provider to underserved residents of Belmont County

Installed new roof and 2nd floor windows at the Bradfield building

Completed HRSA FY 2025 Non-Competing Continuation grant.

Completed HRSA OSV

Recognized and celebrated Teresa Lyle and Jeannie Jellison their 25th Anniversary at OHHC

Reviewed and updated all Human Resource policies.

Received the HRSA Advancing HIT for Quality Award and Bronze-level Quality Improvement Award.

Completed in-person staff training in October for all staff.

Received \$25,000 donation from Kimble Companies for Quaker City

Received 3.5-million-dollar grant in collaboration with the ECOESC from the ACGP for SBHC in St. Clairsville (ECO Center)

Received the Ohio Department of Health Planning and Implementation Grant of New School Based health Center (Bellaire) \$499,445.43

Actively collaborating with Nationwide Children's Hospital School Based Health Center through ACGP and ODH

Received \$162,000 from the CareSource ACO for improved patient outcomes

Joined Ohio School-Based Health Alliance

Events planned for the coming year:

Open pharmacy at OHHC

Open OHHC St. Clairsville

Open OHHC Bellaire

3rd Floor Bradfield building renovations

Behavioral Health service expansion

Patient Centered Medical Home accreditation