



Quality Standards Program
Samples Toolkit

The mission of the National Association of Free and Charitable Clinics is to ensure the medically underserved have access to affordable healthcare. The NAFC and our members are dedicated to ensuring that our patients receive quality healthcare. Therefore, during our 20th Anniversary, the NAFC has formalized an updated set of Standards for members to quantify and qualify the care provided in the Free and Charitable Clinic and Pharmacy network.

The standards will allow the NAFC to showcase the quality care provided to our patients to policy makers, partners, funders, and stakeholders. Additionally, the standards will assist the NAFC in developing benefits and resources that will help organizational members enhance the care they provide to patients.

These standards incorporate questions required for:

- Health Resources and Services Association (HRSA) Federal Tort Claims Act Program
- The IRS Application for 501c3 status
- Various State Good Samaritan Act Coverage Questions
- State Licensing Questions for Clinics and Pharmacies
- Questions from Best Practices from Guidestar and Charity Navigator

Current and potential members will be expected to attest/pledge that they successfully incorporate these standards of practice within their organizations. When applicable and appropriate, site visits and organizational audits will be performed, and reports and recognitions of performance will be provided to the membership and other stakeholders.

This samples toolkit has been created with special thanks to NAFC member organizations, who have graciously shared their policies, procedures and documents.

For questions regarding the NAFC quality standards program, please contact the Nicole Lamoureux, CEO at Nicole@nafclinics.org or 703-647-7427.

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Standard #1: Administrative

Section A: Active Non-Profit Status

1A1 - The Clinic/Pharmacy will have an active IRS 501c3 designation letter for its operations.



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077555433
June 08, 2015 LTR 4168C 0
56-2273242 000000 00
00031547
BODC: TE

NATIONAL ASSOCIATION OF FREE AND
CHARITABLE CLINICS INC
% CHARITABLE CLINICS INC
1800 DIAGONAL ROAD STE 600
ALEXANDRIA VA 22314



032283

Employer Identification Number: 56-2273242
Person to Contact: M FLAMMER
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 11, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in March 2003.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Standard #1: Administrative

Section A: Active Non-Profit Status

1A2 - The Clinic/Pharmacy will have purpose and mission clearly stated, as well as provide services consistent with the stated mission.

The Free Clinic of Simi Valley has been providing services since March 1, 1971. The Free Clinic is funded through a combination of private grants, local service clubs, and patient contributions. Each year the Free Clinic provides approximately \$750,000 in services to the community.

Mission Statement

The mission of the Free Clinic of Simi Valley is to provide medical care, dental services, counseling, and legal assistance to individuals and families in need, regardless of their ability to pay.

How You Can Help

• Volunteer

Local physicians, nurses, medical assistants, dentists, dental assistants, attorneys, paralegals, and marriage and family therapists, donate their valuable time to provide services.

• Contribute Goods & Services

Donate office supplies, postage, cleaning services, printing, or other items or services.

• Help Fundraise

Help by volunteering at fundraising events.

• Donate

Make a direct financial contribution.

• Pledge

Commit to supporting the Free Clinic with a minimum contribution of \$1,000 over the course of a year and join the **Friends of the Free Clinic.**

Your contribution may be tax deductible.



Members of the Board of Directors

B.J. Anderson, Fred W. Bauermeister
Vincent Dulcich, Sylvia Fowler, M.D.
Kelly Ann Gaines, Jill Haney, Katherine Hillard,
Tom Kudlick, John Lindsey, Harry VanDyck,
Polly Vlasic, RN, Phyllis Wilson, LMFT,
Curt Witeby, and Tracey Young, M.D.

Senior Free Clinic Staff

Fred W. Bauermeister
Executive Director
Lupita Gonzalez, CMA
Administrator
Olga Lafflito, RDA
Dental Clinic Administrator
Ean Kleiger, DDS
Director of Dental Services
Jonathan Kurohara, MD
Director of Medical Services
Kristi Schadt, MFT
Director of Counseling Services
Ronald Whiteman, Esq.
Director of Legal Services



THE FREE CLINIC OF SIMI VALLEY

Medical Care
Dental Services
Family Counseling
Legal Assistance



The Free Clinic of Simi Valley

2003 Royal Avenue
Simi Valley, CA 93065
(805) 522-3733
Fax (805) 522-9576
www.FreeClinicSV.com



FreeClinicSV



@FreeClinicSimi



@FreeClinicSimi

The Free Clinic of Simi Valley

“People from our community, helping people in our community”

Medical Services

Volunteer physicians, nurse practitioners, nurses, and physician assistants provide direct diagnosis, treatment, and education, for a wide variety of medical problems.

- Primary Medical Services
- Pharmacist Ambulatory Care Program
- Children's Immunization Program
- Chiropractic Care
- Medical Education
- Community Flu Shot Clinics
- Licensed Pharmacy
- Physical Therapy



Dental Services

Volunteer dentists, dental hygienists and dental assistants provide direct diagnosis, treatment and education for a wide variety of dental problems.

Examinations • X-Rays • Simple Extractions • Fillings
Root Canals on Pre-molars • Partial & Full Dentures
Teeth Cleaning • Fluoride treatment for Children 0-5



Family Counseling

Individuals and families spend one hour per week in a private, confidential setting receiving careful guidance and caring support from a trained counselor. Counselors are trained in providing clients with the skills necessary to deal with stress, depression and communication. The average course of therapy ranges from six weeks to six months.

Family Communication • Depression & Anxiety
Trauma Recovery • Play Therapy for Children

Legal Assistance

Volunteer attorneys and paralegals offer information, instruction and assistance in the complex area of law. Individual appointments are typically 15 minutes in length, but can range up to an hour. Clients are offered information needed to protect their family, property, or individual rights. A client has usually completed the need for assistance after only one or two sessions.

Family Law • Landlord/Tenant Disputes
Individual Rights • Bankruptcy



**All services of the Free Clinic are provided on an appointment basis. Please call (805) 522-3733 to schedule an appointment.
A donation of \$40 is requested per visit for all Clinic services.**

New Beginnings



ANNUAL REPORT 2020



New Beginnings

For the Free Clinic, the year 2020 was a year of new beginnings. Like the rest of the country and the world, the Clinic faced its share of challenges due to the COVID 19 pandemic. However, not even a global pandemic could prevent the Clinic from meeting its goal of moving into the new Free Clinic of Simi Valley Multi Services Center.



Thanks to the dedicated staff and hundreds of volunteers, after 49 years of operating in multiple locations, the Clinic relocated to a new state-of-the-art OSHPD3 facility totaling 7,000 square feet. In this new space, for the first time the Clinic can provide medical, dental, family counseling and legal services all in the same location.

Spencer Durwood, DDS (right) performing a dental procedure on a patient with assistance from Jasmine Dorado-Guerro (left)



Volunteer nurse Alexandra Cruz (left) checking a patient's vitals

Service Statistics

Visit Type	Contacts	
Medical	4,023	49%
Counseling	2,597	32%
Dental	1,513	19%
Legal	0	0%
Total Clients	8,133	100%

Gender	Clients	
Male	760	44%
Female	922	54%
Decline to comment	42	2%
Total Clients	1,724	100%

Poverty Level	Clients	
Under 100%	359	21%
100-138%	74	4%
139-200%	54	3%
Above 200%	46	3%
Unknown	1,191	69%
Total Clients	1,724	100%

*Federal Family of 4 HHI of ≤\$24,000

Language	Clients	
English	690	40%
Non-English	1,034	60%
Total Clients	1,724	100%

Primary Non-English Language is Spanish

Ages	Clients	
0-18	154	9%
18-64	1,305	76%
64 years +	265	15%
Total Clients	1,724	100%

Race	Clients	
White (Includes Hispanic)	1,190	69%
Black	17	1%
Native American & Alaskan	3	0%
Asian/Pacific Islander	89	5%
Other/Unknown	425	25%
Total Clients	1,724	100%

Ethnicity	Clients	
Hispanic	814	47%
Non-Hispanic	454	26%
Not Selected	456	26%
Total Clients	1,724	100%

NEW BEGINNINGS

A Year Like No Other

To think that in 2020...

- We achieved the goal of establishing a new home for the Free Clinic of Simi Valley; allowing the Clinic to provide medical, counseling, legal, and dental services all in one single location.
- In our new home we included space for other nonprofit organizations like Soaring Spirits International, Big Brothers Big Sisters and Coalition for Family Harmony.
- And we accomplished this on time and during a worldwide pandemic. Yes, it was a "Year Like No Other!"

My message for the 2020 Annual Report is simply one of gratitude. Thanks to the Board of Directors of the Free Clinic for their steadfast dedication to seeing this goal through to completion. Thanks to Maggie Kestly, our Board President and cheerleader for her belief that "we can do this." Thanks to Jill Haney, for leading the capital campaign that raised over \$2.3 million and included naming opportunities for various rooms, a formal donor wall and our donor plaza. I also want to especially thank Vince Dulcich for his leadership on the Building and Oversight Committee. Vince guided the committee through the many obstacles involved in planning, demolition, and construction of the Free Clinic of Simi Valley Multi Services Center. I also want to thank our very small, very dedicated, and very patient staff who stayed the course and continued to provide vital services while dealing with the turmoil of the pandemic, volunteers schedules and caring for our patients.

Finally, I want to thank the community. Thanks for believing in us and our small but mighty organization. Thanks to the County of Ventura, the City of Simi Valley, and the State of California. Thanks to those that served on the capital campaign committees, thanks for helping us plan the building and lending a hand and thanks for your support during this "Year Like No Other."



Fred Bauermeister
Executive Director, Free Clinic of Simi Valley



Free Clinic Staff

Fred Bauermeister
Executive Director

Lupita Gonzalez
Administrator

Olga Laffitto
Dental Clinic Administrator

Jasmine Dorado-Guerrero
Dental Assistant

Jonathan Kurohara, MD
Director of Medical Services

Charlie Frederick
Medical Assistant

Ean Kleiger, DDS
Director of Dental Services

Kristy Schadt, MFT
Director of Counseling Services

Ronald Whiteman, Esq.
Director of Legal Services

Board of Directors

Maggie Kestly
President

Harry VanDyck
Past President

Jill Haney
Vice President

B.J. Anderson
Secretary

Vince Dulcich
Treasurer

Sylvia Fowler, M.D.

Kelly Ann Gaines

Katherine Hillard

John Lindsey

Polly Vlasic, RN

Phyllis Wilson, MFT

Curt Witeby

Tracey Young, M.D.

Tom Kudlick

Honorary

Ron Hyrchuk



Welcome Soaring Spirits International and Big Brothers Big Sisters

In 2020, the Free Clinic officially launched its Multi Services Center and welcomed two nonprofit organizations – Soaring Spirits International and Big Brothers Big Sisters – as its first two tenants.

The goal of the Multi Services Center is to provide human services resources for those in need in one convenient location. This arrangement is a win-win for both the organizations and those needing services.



Soaring Spirits International provides resources and tools for the widowed community. It offers both virtual and in-person programs aimed to help those coping with the loss of a spouse or partner rebuild their lives. Founded in 2008, Soaring Spirits has served 4,000,000

widowed people in the U.S. and globally. The Multi Services Center serves as a global headquarters of operations for Soaring Spirits; and in this expanded space, the organization now has a designated area for a community resource library and in-person intake.



Big Brothers Big Sisters of Ventura County is utilizing its designated space in the Center to house afterschool programs, Monday through Friday. The program offers local youth help with

homework, plus various recreational activities, such as pool and ping pong, snacks, and a light dinner. The Big Brothers Big Sisters organization is the nation's largest donor and volunteer supporting mentoring network. Big Brothers Big Sisters of Ventura County has served the community for 50 years.

Passing Of The Hammer



Dr. Okoro, outgoing attending physician (left), Dr. Govil, incoming attending physician (right)

In 2020, the Free Clinic continued its annual tradition of the ceremonial "Passing of the Hammer." This ceremony celebrates the outgoing and incoming attending physicians. Dr. Okoro, attending physician for 2019-2020, did the honors and "passed the reflex hammer"

on to incoming attending physician Dr. Govil for 2020-2021. The Free Clinic serves as a training facility for resident physicians in the Kaiser Permanente Woodland Hills Medical Center – Family Medicine Residency Program. Since the collaboration between Kaiser Permanente and the Free Clinic was established in 2007, 62 residents have participated in the training. Congratulations and Thank You to Dr. Okoro and Dr. Govil for their service.



Staff members all smiles.
Lupita Gonzalez (left), Olga Laffitto (right)

Highlighting a few of our loyal supporters in 2020



Our partnership with Direct Relief continued and in 2020 they provided the Free Clinic with 48 shipments of medicine and medical supplies valued at \$382,235.70 (wholesale). Supplies ranging from aspirins and vitamins to needles and syringes to bandages and masks. They continue to remain committed to helping the Free Clinic provide care for those in the community who lack other options.

Healthy People. Better World. That means all people – regardless of politics, religion, or ability to pay. Improving their lives is Direct Relief's mission.



Rotary Club of Simi Valley

Thank you to the Rotary Club of Simi Valley for their major donation of \$100,000 in support of our capital campaign. This generous donation provided a portion



Fred Bauermeister, Executive Director for the Free Clinic of Simi Valley happily accepts a donation from Eagle Scout Joshua Kort (right)

of the needed funding to complete the buildout of the Free Clinic of Simi Valley Multi Services Center.

We are pleased to recognize one of our youngest supporters in 2020 – 16-year-old Eagle Scout Joshua Kort. Thank you to Josh for taking on the Donor Plaza as his Eagle Scout project. He cleared and

prepped the plaza area for commemorative donor bricks to be laid. When Joshua learned that the plaza was missing an American flag, he took on that project as well. He raised \$2,500 to purchase the flag and only used \$500. He presented the remaining \$2,000 to the Free Clinic as a monetary donation.

We celebrate New Beginnings thanks to supporters such as these.

Friends of the Free Clinic

\$20,000 +

Amgen Foundation
City of Simi Valley
County of Ventura
Delta Dental Community Care Foundation
Betsy & Vince Dulcich
Livingston Memorial Foundation
National Association of Free & Charitable Clinics
Simi Valley Rotary Charitable Foundation
Wilson Family Foundation

\$10,000 - \$19,000

The California Wellness Foundation
John & Susan Klinedinst
John & Karen Lindsey
Gerald Renyer

\$5,000 - \$9,999

William & Sherri Brown
Margaret "Maggie" Kestly & Joe Grinstead
Gary & Joanne Seaton
Swift Memorial Healthcare Foundation
David & Gerri Todd
Paulina & Vincent Vlasic
XYPRO Technology Corp.

\$1,000 - \$4,999

Bruce J. Adams & Sylvia Fowler, M.D.
Ken & BJ Anderson
Suzanne Assadollahzadeh
Rochelle Baird
Jamee & Daniel Ball
Fred Bauermeister & Becca Merrell
Mane' & Daniel Berbel
California Resources Corporation
City Auto Body
Debbie & Kelly Ciulla
Conrad N. Hilton Foundation
The Dardin Fund
George J. Diem, CPA
Gary & Irene Duncan
Michael & Carol Fischer
Kelly & Darin Gaines
Dan & Cathy Gesell
Golden State Water Company
Annette B. Haag
Eddy & Cate Hartenstein
Katherine Hillard

Donald & Lois Hoffman
Elan Kleiger, DDS
Thomas Kudlick
Hannah & Michael Kuhn
Stephanie & Fritz Lauer
Mark & Julie Leekley
Lindsey & Lindsey Wealth Management Inc.
Blair S. Loneragan
James & Katherine Lowry
Denise Ludwig
Andrew Mahler, DDS
Marsha Mallet
Timothy & Anneke Meicher
Paul & Connie Miller
Montecito Bank & Trust
Joshua & Tobe Morrow
Adriana Parsons
Rotary Club of Simi, California, Inc.
Rotary Club of Simi Sunset
Seaton Giving Fund
Gary & Alice Smith
Jennifer & Grant Swenson
Take Two Software
United Methodist Church, Simi Valley
Harry & Marilyn VanDyck
Ventura County Boy Scouts of America Troop 698
Ventura County Dental Hygienists Association
Versaterm Inc.
Mark Vlasic
Walmart
Michael J. White, CPA
Curt & Theresa Witeby

In-Kind Gifts Over \$1,000

Adventist Health Simi Valley
County of Ventura
Michael P. Fischer, CPA
GP Architecture
Kaiser Permanente
Nicolette A. Muñoz Consulting
Parker Brown Inc.
99.1 The Ranch

Our Services

Medical

Children's Immunization Program
Chiropractic Care
Community Flu Shot Clinics
Licensed Pharmacy
Medical Education
Pharmacist Ambulatory Care Program
Physical Therapy
Primary Medical Services
TB Skin Tests

Dental

Examinations
Fillings
Fluoride treatment for Children 0-5
Partial & Full Dentures
Root Canals
Simple Extractions
Teeth Cleaning
X-Rays

Counseling

Counseling is administered in the following areas:
Depression & Anxiety
Family Communication
Healthy Relationships
Play Therapy for Children
Trauma Recovery

Legal

Legal counsel in the following areas:
Bankruptcy
Family Law
Individual Rights
Landlord/Tenant Disputes

Our Mission

To provide medical care, counseling, dental and legal assistance to individuals and families in need, regardless of their ability to pay.

Statement of Financial Activities

Revenue

Patient Donations	\$ 100,307
General Donations	\$ 68,327
Fundraisers	\$ 56,606
Grants	\$ 171,500
MSC Campaign	\$ 691,101
Interest	\$ 848

Total **\$ 1,088,689**

Expenses

Services	\$ 128,942
Occupancy Expenses	\$ 32,668
Professional Expenses	\$ 48,545
Fundraising Expenses	\$ 18,478
Insurance	\$ 8,064
Medical and Dental Clinic Expenses	\$ 14,642
Administration	\$ 104,847
Digital Medical Records	\$ 3,720
Taxes	\$ 15,653
MSC Expenses & Equipment	\$ 1,855,678

Total **\$ 2,231,238**



Free Clinic of Simi Valley

(805) 522-3733 • Fax (805) 522-9576
2003 Royal Avenue, Simi Valley, CA 93065
www.FreeClinicSV.com



@FreeClinicSV



@FreeClinicSimi



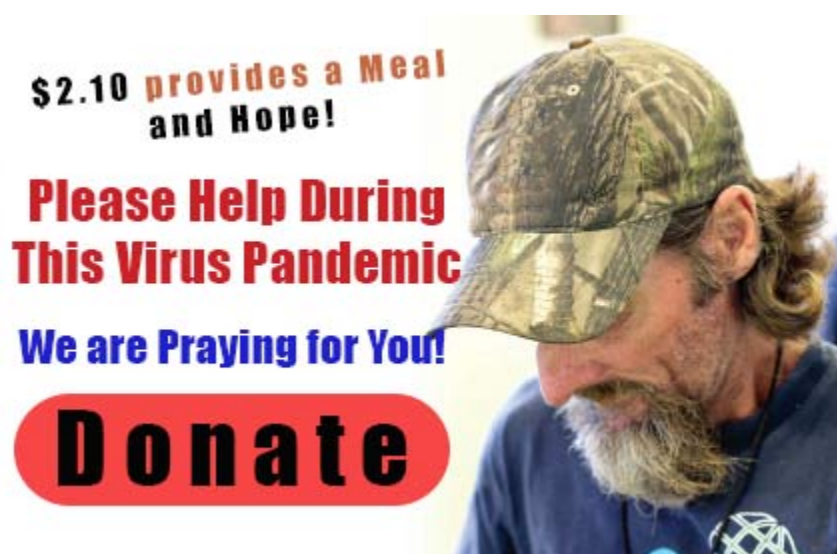
@FreeClinicSimi

Standard #1: Administrative

Section B: Financial and Legal

1B1 - The Clinic/Pharmacy must produce timely financial reports and have their Board annually review their budget.

👍 Facebook (<https://www.facebook.com/miamirescuemission>) 🐦 Twitter
(<https://twitter.com/no1ishomeless>)
Ending Homelessness with God's Love



(<https://www.caringplace.org/virus>)

Financial Accountability

Miami Rescue Mission | Broward Outreach Centers are committed to using your donations to help as many homeless men, women, and children as possible. Your support changes lives every day.

Our Pledge to You

- We'll never sell, rent or divulge any of your personal information to another organization or individual, except as required by law. Read our complete privacy policy (<privacy-policy.php>)
- Your gift will be spent wisely: We've developed a lean and efficient staffing structure so your gift will have the greatest impact possible.
- We'll promptly receipt all donations and personally acknowledge your generosity.

Download our Financial Documents

We uphold "A Donor Bill of Rights" by the Association of Fundraising Professionals. View Donor Rights Here

IRS 990 Forms

[2015 IRS-990 \(pdf/financials/2015_990.pdf\)](#)

[2016 IRS-990 \(pdf/financials/2016_990.pdf\)](#)

[2017 IRS-990 \(pdf/financials/2017_990.pdf\)](#)

[2018 IRS-990 \(pdf/financials/2018_990.pdf\)](#)

[2019 IRS-990 \(pdf/financials/2019_990.pdf\)](#)

[2020 IRS-990 \(pdf/financials/2020-irs990.pdf\)](#)

Independent Audits

[2015 Audit \(pdf/financials/audit2015.pdf\)](#)

[2016 Audit \(pdf/financials/audit2016.pdf\)](#)

[2017 Audit \(pdf/financials/audit2017.pdf\)](#)

[2018 Audit \(pdf/financials/audit2018.pdf\)](#)

[2019 Audit \(pdf/financials/audit2019.pdf\)](#)[2020 Audit \(pdf/financials/audit2020.pdf\)](#)

Your Gifts Make an Impact

Helping People. Changing Lives.

In 2021 Our Supporters:

- 🍴 Provided 700,000 nutritious meals!
- 🛏 Provided 220,000 nights of safe shelter!
- 👥 Had over 1,000 Volunteers provide over 10,000 Volunteer Hours!
- ➕ Helped over 100 men and women find jobs!
- 😊 Encouraged over 15,000 people in need through outreaches!

☆☆☆☆ ***Changed Lives
and so much MORE!***



Linda is very thankful!

Linda was abused for many years, until she found the courage to leave everything and come to our Center for Women and Children. Her life is much brighter today. She has a great job and a safe and affordable home. ***"It has taken time for me to heal and be a good mom to my daughter. I am very thankful for the staff and volunteers that have been so important and special to me and my family."***

[Give Today » \(https://www.caringplace.org/hope\)](https://www.caringplace.org/hope)

The Mission is exempt under section 501(c)(3) of the Internal Revenue Code.

Our IRS identification number is 59-1743865.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Our Miami and Broward Centers in Brief

Miami-Dade

Broward

The Miami Centers, located in the Wynwood/Overtown part of Miami, have served the homeless and needy since 1922. Programs and services include: Center for Men, Center for Women and Children, Jeffrey A. Tew Education Center, Community Activity Center, Food Warehouse, and Health Clinic. The Bargain Barn, a thrift store to raise funds for the programs and train people for employment, is located in North Miami. The Centers offer emergency and residential programs. An additional building houses 78 men and has a conference center. The combined Centers provide 390 beds for residential and emergency services.

"It's amazing to be a part of this team. Everyday I get to help so many people in great need. To see broken men and women get their lives on track is so satisfying."

— Tony, Miami Centers Director

Miami Admin
3553 NW 50th Street
Miami, FL 33142

✉ Email Us (<mailto:info@caringplace.org>)

☎ P: (Phone)305.571.2273

Broward Centers
2056 Scott Street
Hollywood, FL 33020

✉ Email Us (<mailto:info@caringplace.org>)

☎ P: (Phone)954.926.7417

Miami Centers
2020 NW 1st Ave.
Miami, FL 33127

✉ Email Us (<mailto:info@caringplace.org>)

☎ P: (Phone)305.571.2211

Bargain Barn Thrift Store
8700 NW 7 Ave.
Miami, FL 33150

✉ Email Us (<mailto:info@caringplace.org>)

☎ P: (Phone)305.572.2063



(<http://www.ecfa.org/MemberProfile.aspx?ID=11424>)

[Quick Contact](#)

[Privacy Policy \(privacy-policy.php\)](#)

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Standard #1: Administrative

Section B: Financial and Legal

1B2 - The Clinic/Pharmacy with annual revenue over \$300,000 must obtain an audit by an independent accounting firm.

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #1: Administrative

Section B: Financial and Legal

1B3 - The Clinic/Pharmacy must comply with all Federal, State, and local laws.

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #1: Administrative

Section B: Financial and Legal

1B4 - The Clinic/Pharmacy perform an internal review of the organization's compliance and present the findings to the Board.

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #1: Administrative

Section B: Financial and Legal

1B5 - The Clinic/Pharmacy must have General Liability insurance coverage or its equivalent.

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #1: Administrative

Section B: Financial and Legal

1B6 - The Clinic/Pharmacy must have Professional Liability insurance coverage or its equivalent.

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #1: Administrative

Section B: Financial and Legal

1B7 - The Clinic/Pharmacy must have Directors and Officers (D&O) insurance coverage or its equivalent.

Please see sample for 1B8

Standard #1: Administrative

Section B: Financial and Legal

1B8 - The Clinic/Pharmacy must have Medical Malpractice Liability insurance coverage or its equivalent.

FEDERAL TORT CLAIMS ACT (FTCA)

The Public Health Service (PHS) Act section 224(o) extends the ability for volunteers, employees, board members, officers, and contractors of qualified free clinics to be deemed as employees for the PHS for purposes of medical malpractice. This deeming status in turn provides medical malpractice coverage under the Federal Tort Claims Act (FTCA).

More information can be found at:

- <http://bphc.hrsa.gov/ftca/freeclinics/>
- <https://bphc.hrsa.gov/ftca/freeclinics/policies.html>

This program has saved free clinics hundreds of thousands of dollars since its inception and is a great opportunity for free clinics. The Free Clinics FTCA Program is administered by the Bureau of Primary Health Care (BPHC) at the Health Resources and Services Administration (HRSA). We have partnered with BPHC and the FTCA program to provide technical assistance to those currently deemed or researching the process.

Contact freeclinicsFTCA@hrsa.gov or the Office of Quality and Data at (301) 594-0818 for more information.

FTCA AND COVID-19

The Health Resources and Services Administration (HRSA) has issued a [particularized determination for free clinic providers](#) that clarifies eligibility for FTCA coverage during the COVID-19 pandemic for the provision of qualifying health services by individuals who have been deemed as Public Health Service employees through the Free Clinics FTCA Program. It applies to qualifying health services to prevent, prepare, or respond to COVID-19 (including but not limited to screening, triage, testing, diagnosis, and treatment) to individuals who are established or non-established patients of the free clinic, whether in person at the free clinic,

through responsive offsite programs or events carried out by the free clinic, or via telehealth.

The Free Clinic PD can be accessed from the link above or from the FTCA Free Clinic website: <https://bphc.hrsa.gov/ftca/freeclinics/policies.html>

Questions should be directed to Health Center Program Support: By phone: 877-464-4772, option 1; or Online: <http://www.hrsa.gov/about/contact/bphc.aspx>

Frequently Asked Questions Regarding FTCA, HRSA and COVID - Answers to how COVID Reimbursement may impact Free Clinics FTCA status and other questions can be found on this page, along with links to important policy announcements policy guides - <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions>

NAFC FTCA HANDBOOK

The National Association of Free & Charitable Clinics (NAFC) has compiled sample documents used in FTCA-deemed Free Clinics, in order to provide guidance to other Free Clinics looking to receive future liability coverage under the FTCA Free Clinic Program.

These sample documents are meant to serve as guidance. When applying for FTCA Free Clinic liability coverage, readers are strongly urged to make sure that their own submission documents are specific to their individual clinics.

Standard #1: Administrative

Section C: Governing Body

1C1 - The Clinic/Pharmacy must have a defined description of their Board, including the size of the Board, the term length for Board members, and stated expectations for members.

Bylaws of the National Association of Free and Charitable Clinics

ARTICLE I NAME AND LOCATION

Section 1.1. Name. The name of this organization shall be the National Association of Free and Charitable Clinics ("NAFC"). The NAFC shall be incorporated as a nonprofit corporation in the State of North Carolina.

Section 1.2. Principal Office. The principal office of the NAFC shall be located in the United States. The directors may change the primary office location from one location to another.

ARTICLE II PURPOSES

Section 2.1. The purposes of the NAFC are as set forth in the Articles of Incorporation.

ARTICLE III NATIONAL SCOPE

Section 3.1. The NAFC shall utilize its resources for the purpose of implementing nationally its mission and the policies, positions, directions and goals as adopted by its Board of Directors.

ARTICLE IV MEMBERSHIP

Section 4.1 Membership Classes. The NAFC may have the following classifications: NAFC Member Organization and Affiliate.

(a) NAFC Member Organization - All organizations that meet the criteria as adopted by the NAFC Board of Directors are eligible to become members of the organization. NAFC Members have voting rights. Provisional one-year membership, without voting privileges may be granted to qualifying organizations under appropriate circumstances.

(b) Affiliate Membership. Businesses, non-profits, individuals or other entities that support NAFC's mission and purposes are eligible to become Affiliate Members. Affiliate members do not have voting rights.

Section 4.2. Admission of members. Admission to membership and determination of membership classification shall be granted based on the meeting of qualifications and payment of dues as determined by the Board of Directors. Disputes or appeals shall be resolved by majority vote of the Board of Directors.

Section 4.3. Removal. Members of any classification may be removed from the membership for cause by a two-thirds vote of the Board of Directors. For these purposes, "cause" shall mean any act or omission that, in the judgment of the Board of Directors, is incompatible with the mission or purposes of the NAFC, or that is detrimental to the NAFC's reputation, goodwill, or financial interests. Members are expected to be positive

ambassadors of the NAFC and its mission, and actions or behaviors that are not courteous, respectful and professional in their dealings with other members, NAFC staff, or others at NAFC-affiliated events shall be considered as cause for removal.

Section 4.4. Resignation. Any member may resign by submission of a written resignation to the NAFC's Chief Executive Officer. Such resignation shall not relieve the member of the obligation to pay any dues or other charges due and owing at the time of such resignation, nor shall it result in a rebate of dues paid for the current annual period.

ARTICLE V

MEMBERSHIP DUES

Section 5.1. Dues for all classes of membership shall be established by the Board of Directors.

ARTICLE VI

MEMBERSHIP MEETINGS AND VOTING

Section 6.1. Regular Meetings. Meetings of the NAFC membership shall be held at such place, and on such dates, as may be determined by the Board of Directors.

Section 6.2. Special Meetings. Special meetings of the NAFC membership may be called by the Board of Directors at any time, or shall be called by the Board Chair within 30 days after receipt of a written request submitted to the Chief Executive Officer by 10% of the voting members of the NAFC.

Section 6.3. Notice of Meetings. Notice of any meeting of the membership shall be given electronically to the membership.

Section 6.4. Quorum of Members. At any NAFC regular or special meeting of the membership, a quorum shall consist of at least 10% of current, dues-paid members.

Section 6.5. Voting. At all general membership meetings, each NAFC Member Organization shall have one (1) vote. Unless otherwise specified by these Bylaws, a majority of the members present and voting shall govern.

Section 6.6. Voting Electronically or by Mail. In lieu of a meeting, the Board of Directors may authorize an electronic or mail vote to determine the action. At least 10% of eligible NAFC members must cast electronic or mail votes in order to satisfy quorum requirements.

Section 6.7. Cancellation of Meeting. The Board of Directors may cancel or postpone any regular, annual or special meeting upon reasonable notice to the membership.

Section 6.8. Rules of Order. The meetings and proceedings of the NAFC shall be regulated and controlled according to recognized rules of order for parliamentary procedure, except as may be otherwise provided by these Bylaws.

ARTICLE VII

BOARD OF DIRECTORS

Section 7.1. Authority and Responsibility. The affairs of the NAFC shall be governed by, and managed under the authority of, the Board of Directors.

Section 7.2. Size and Composition. The Board of Directors shall consist of no fewer than nine (9) and no more than seventeen (-) (17) voting members.

- (a) 60% of Board members must come from the NAFC Membership Organization category
- (b) Every attempt shall be made to assure that Board composition includes the competencies, representation (geographic and otherwise), and other attributes that will enhance the Board's capacity to lead NAFC in service to member organizations and the diversity of the patients that they serve. No currently employed NAFC staff member or NAFC contract employee is eligible for membership on the Board. Former staff may not serve as a Board member until six years after their staff tenure has ended.

Section 7.3. Term of Office. Directors shall be elected to serve for a term of three (3) years, or until their successors have been elected and assume office. Terms of directors appointed by the Board of Directors, or to fill vacancies, may be adjusted so that approximately one-third of directors' terms expire in a given year. Directors may serve for up to three (3) consecutive three (3) year terms, with the exception of the Immediate Past Chair, whose third term may be extended by one year. Any director who has served three consecutive terms shall be ineligible for re-election until at least one (1) year has elapsed.

Section 7.4. Manner of Election. The Board of Directors shall, in its Governing Policies, establish a process to include a Call for Nominations and screening by a Nominating Committee of candidates for service on the Board.

- (a) Board members elected by the NAFC Member Organization category: Per section 7.2(a) above, no less than 60% of the Board shall be elected by the members from the NAFC Member Organization category. Based upon recommendation of the Nominating Committee, the Board of Directors shall approve and recommend to the members a list of nominees to fill vacancies for Board positions in the NAFC Member Organization category. A ballot with all candidates listed shall be sent electronically to each member and members will be asked to vote to fill any open Board positions within fourteen (14) days.
- (b) Any seats on the Board of Directors in addition to those held by members from the NAFC Member Organization category (per provision 7.2(a) above) may be elected directly by affirmative vote of the majority of all directors.

Section 7.5. Attendance Requirement. A director who fails to attend one-third or more of the Board's regularly scheduled meetings in a calendar year shall be automatically removed from the Board. Exceptions to such automatic removal may be made by majority vote of the remaining directors only in cases of extenuating circumstances.

Section 7.6. Vacancies. Any vacancy occurring on the Board of Directors may be filled by the affirmative vote of a majority of the remaining directors. A director elected to fill a vacancy shall be elected for the unexpired term.

Section 7.7. Removal. With the exception of a director who fails to meet the attendance requirement as stipulated in section 7.5 above, a director elected by the members, or a director elected by the Board of Directors to fill a vacancy of a director elected by the members, may only be removed by the membership. The meeting notice shall state that the purpose or one of the purposes of the meeting is removal of the director. A director elected by the Board of Directors, with the exception of one elected to fill a vacancy of a director elected by the members, may be removed for cause by affirmative vote of two-thirds of the remaining directors. Cause for this purpose shall be defined as failure of the director, as judged by majority vote of a quorum at a duly noticed meeting, to abide by the provisions of these Bylaws and/or the governing policies of the Board then in-effect.

Section 7.8. Resignation. Any director may resign at any time by giving written notice to the Board Chair. Acceptance of such resignation shall not be necessary to make it effective.

Section 7.9. Compensation. There shall be no compensation of Board members. Board members may be reimbursed for expenses that the Board deems necessary for the performance of official Association duties.

Section 7.10. Quorum of the Board. A majority of the Board shall constitute a quorum for the transaction of business at any meeting of the Board.

Section 7.11. Regular Meetings of the Board. The Board shall have no fewer than four regular meetings each year, at least two of which shall be in-person meetings, held at such time and place as the Board may prescribe. Notice of in-person meetings shall be given to the directors not less than thirty (30) days before the meeting is held. Notice of other regular meetings shall be given to the directors not less than fourteen (14) days prior.

Section 7.12. Special Meetings of the Board. Special meetings of the Board may be called by the Board Chair, or shall be called at the written request of three directors. Written notice of the date and time of each special meeting shall be sent to each director at least forty-eight (48) hours prior to the meeting. Special meetings may be held via teleconference or other remote options. Actions of the Board of Directors at special meetings shall be limited to those relating to items posted in the notice/agenda for said meetings.

Section 7.13. Meeting Through Telecommunication. With exception of the in-person meetings, the Board of Directors may permit any or all directors to participate in a regular or special meeting by, or conduct the meeting through the use of, any means of communication by which all directors participating may simultaneously hear each other during the meeting. A director participating in a meeting by this means is deemed to be present in person at the meeting.

Section 7.14. Voting. A majority vote of those present and eligible to vote shall prevail as an act of the Board of Directors, unless otherwise specified in these bylaws. A meeting at which a quorum is initially present may continue to transact business, notwithstanding the withdrawal of directors, if any action taken is approved by at least a majority of the established quorum for that meeting. Voting by proxy is not allowed.

Section 7.15. Action Without a Meeting. Any action required to be taken, or which may be taken, at a meeting of the Board of Directors may be taken without a meeting if all voting directors unanimously consent in writing to that action. Such action by unanimous written consent shall have the same force and effect as an affirmative vote of the Board of Directors. Unless stated otherwise in the resolution, motions are adopted and effective on the date that all directors in office have responded with an affirmative "yes" vote by facsimile, electronic mail, or other form of wire or wireless communication permitting by statutes of the State of North Carolina. Such written consent or consents shall be filed with the Minutes of the subsequent board meeting.

ARTICLE VIII

ELECTED OFFICERS

Section 8.1. Elected Officers. The elected officers of the NAFC shall be a Board Chair, Vice Chair, Secretary, and a Treasurer.

Section 8.2. Election of Officers. The elected officers shall be elected annually by the Board of Directors from among its members.

Section 8.3. Term of Office. The Chair, Vice Chair Treasurer, and Secretary shall serve for one (1)-year terms. They may be re-elected to additional one (1) year terms, but may not hold the same office for longer than a three (3)-year period.

Section 8.4. Qualifications for Office. After serving on the Board for a year, any current director shall be eligible for nomination to an officer position. The Nominating Committee shall present a proposed slate of officers to the Board of Directors.

Section 8.5. Resignation/Removal. Any officer may resign at any time by submitting written notice of his/her resignation to the Board of Directors. Any officer elected by the Board of Directors may be removed by the affirmative vote of a majority of the Board of Directors whenever, in its judgment, the interests of the NAFC would be best served by such removal.

Section 8.6. Vacancies. In the event of the death, resignation, or removal of the Board Chair, the Vice Chair shall fill the resulting vacancy for the remainder of the term. In the case of a vacancy in the position of any other officer, the unexpired term shall be filled by a majority vote of the Board of Directors at its next meeting following the vacancy.

ARTICLE IX

DUTIES OF OFFICERS

Section 9.1. Board Chair. Serving as the NAFC's chief governance officer, the Board Chair shall preside at meetings of the Board of Directors and of the membership; be responsible for assuring that the Board of Directors fulfills its governance duties as prescribed by law, these Bylaws and the Board's governing policies then in-effect; and perform such other duties as may be prescribed by the Board of Directors.

Section 9.2. Vice Chair. The Vice Chair shall, in the event of the Board Chair's absence, disability, or refusal to act, perform the duties of the Board Chair, and such other duties as may be assigned by the Board of Directors. The Vice Chair shall succeed the Board Chair in the event that the Board Chair is unable to serve out his or her elected term, and shall serve in such capacity until the next annual election of officers.

Section 9.3. Secretary. The Secretary shall: keep or cause to be kept a register of the address and email address of each Director, record of attendance and the minutes of all Board meetings; ensure the giving of proper notice of meetings; keep or cause to be kept the seal of the Association; affix the seal when required; and shall perform such other duties as may, from time to time, be assigned by the Board of Directors.

Section 9.4. Treasurer. The Treasurer shall serve as chairperson of the Board of Directors' Audit Committee, and shall advise the Board of Directors on matters of fiscal policy.

Section 9.5. Immediate Past Chair. The Immediate Past Chair shall remain on the Board for the length of the term to which elected. If the term of the Past Chair has expired and the individual is not eligible for re-election, an exception to term limits may be made that will allow the Immediate Past Chair to remain on the Board one additional year. The Immediate Past Chair shall chair the Nominating Committee.

ARTICLE X

COMMITTEES

Section 10.1. Authorization of Committees. The Board of Directors may authorize the establishment of committees, advisory groups, or task forces from time to time and assign duties to them. The resolution establishing such committees shall state the purpose, composition guidelines, timeline and authority of each committee. No Board Committee shall have the authority to: (a) amend, alter or repeal these Bylaws; (b) elect, appoint or remove any member of any other Committee or any director, elected officer or employee of the NAFC; (c) amend the Articles of Incorporation; (d) adopt a plan of merger or consolidation with another

corporation; (e) authorize the sale, lease or exchange of any substantial property and assets of the NAFC not in the ordinary course of business; (f) authorize the voluntary dissolution of the NAFC or revoke proceedings therefore; (g) adopt a plan for the distribution of the assets of the NAFC; or (h) amend, alter or repeal any resolution of the Board of Directors. The designation and appointment of any such Committee and the delegation thereto of authority shall not operate to relieve the Board of Directors or any individual director of any responsibility imposed upon it, him, or her by law.

ARTICLE XI

EXECUTIVE AND STAFF

Section 11.1. Appointment. The Board shall employ a chief executive officer (CEO), with such duties, for such length of time, and at such compensation as the Board may determine. The CEO shall serve as a non-voting, ex-officio member of the Board of Directors.

Section 11.2. Duties and Responsibilities. The CEO shall be responsible for the timely, efficient, effective management and administration of day-to-day operations of the NAFC in accordance with these Bylaws and the governing policies of the Board then in effect. The CEO shall have the authority to hire and discharge agents, contractors and employees of the NAFC, and shall oversee and direct their activities in carrying out its work.

ARTICLE XII

FINANCE

Section 12.1. Fiscal Period. The fiscal period of the NAFC shall be as prescribed by the Board of Directors.

Section 12.2. Bonding. Trust or surety bonds, or other such protection, shall be furnished for the officers or employees of the NAFC as the Board shall direct. The amount of such protection shall be determined by the Board and the cost paid by the NAFC.

Section 12.3. Contracts. The Board may authorize any officers, employees, or agents of the NAFC, in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the NAFC. Such authority may be general or confined to specific instances.

Section 12.4. Checks and Drafts. All checks, drafts or orders for the payment of money or other evidences of indebtedness issued in the name of the NAFC shall be approved and signed by such officers and in such manner as shall be determined by resolution of the Board.

Section 12.5. Deposits. All funds of the NAFC shall be timely deposited to the credit of the NAFC in such banks, trust companies, or other depositories as may be selected by, or under the authority of, the Board.

ARTICLE XIII

INDEMNIFICATION

Section 13.1. Indemnification. To the extent that any director, or officer of the NAFC has been successful on the merits, or otherwise, in defense of any action or suit, or in defense of any claim, issue or matter arising out of their duties on behalf of NAFC, (s)he shall be indemnified by the NAFC against expenses and any damage award against that director or officer (including attorneys' fees) actually and reasonably incurred by him/her in connection with the defense of such matter. Except in respect to willful misconduct or knowing violation of criminal or civil law, indemnification pursuant to this Section is intended to be the fullest extent permitted by the North Carolina Nonprofit Corporation Act, as such Act exists now or may hereafter be amended.

Standard #1: Administrative

Section C: Governing Body

1C2 - The Clinic/Pharmacy must have a Board responsibilities document.



Board Commitment Form

I, _____ understand that as a member of the Board of Directors of the Kansas City Free Health Clinic, I have a legal and moral responsibility to ensure that the organization does the best work possible in pursuit of its goals. I believe in the purpose and the mission of the organization, and I will act responsibly as its steward.

As part of my responsibilities as a board member, I will:

1. Interpret the organization's work and values to the community, represent the organization and act as a spokesperson.
2. Attend at least 75% of board meetings, committee meetings and special events.
3. Make a personal financial pledge at a level that is meaningful to me and ask others to join me in contributing to the agency.
4. Work with staff and other board members as partners toward achievement of our goals.
5. Stay informed about what's going on in the organization; ask questions and request information. Participate in and take responsibility for making decisions on issues, policies and other board matters.
6. Act in the best interest of the organization and excuse myself from discussions and vote where I may have a conflict of interest. Any duality or possible conflict of interest will be disclosed to other board members and made a matter of record, either through this annual procedure or when the interest becomes a matter of board action.

Declared area of conflict:

Signed:

Member, Board of Directors

Date

Standard #1: Administrative

Section C: Governing Body

1C3 - The Clinic/Pharmacy must have a Board Code of Conduct Document.

Shepherds Care Medical Clinic Code of Ethics for Board Members

Goal: To establish a set of principles and practices of the Shepherds Care Medical Clinic Board of Directors that will set parameters and provide guidance and direction for board conduct and decision-making.

Code: Members of the Board of Directors of the Shepherds Care Medical Clinic are committed to observing and promoting the highest standards of ethical conduct in the performance of their responsibilities on the board of Shepherds Care Medical Clinic. Board members pledge to accept this code as a minimum guideline for ethical conduct and shall:

Accountability

1. Faithfully abide by the Articles of Incorporation, by-laws and policies of Shepherds Care Medical Clinic.
2. Exercise reasonable care, good faith and due diligence in organizational affairs.
3. Fully disclose, at the earliest opportunity, information that may result in a perceived or actual conflict of interest.
4. Fully disclose, at the earliest opportunity, information of fact that would have significance in board decision-making.
5. Remain accountable for prudent fiscal management to association members, the board, and nonprofit sector, and where applicable, to government and funding bodies.

Professional Excellence

6. Maintain a professional level of courtesy, respect, and objectivity in all Shepherds Care Medical Clinic activities
7. Strive to uphold those practices and assist other Shepherds Care Medical Clinic members of the board in upholding the highest standards of conduct

Personal Gain

8. Exercise the powers invested for the good of all members of the organization rather than for his or her personal benefit, or that of the nonprofit they represent.

Equal Opportunity

9. Ensure the right of all association members to appropriate and effective services without discrimination on the basis of geography, political, religious, or socio-economical characteristics of the state or region represented.

10. Ensure the right of all association members to appropriate and effective services without discrimination on the basis of the organization's volunteer or staff make-up in respect to gender, sexual orientation, national origin, race, religion, age, political affiliation or disability, in accordance with all applicable legal and regulatory requirements.

Confidential Information

11. Respect the confidentiality of sensitive information known due to board service.

Collaboration and Cooperation

12. Respect the diversity of opinions as expressed or acted upon by the Shepherds Care Medical Clinic board, committees and membership, and formally register dissent as appropriate.
13. Promote collaboration, cooperation, and partnership among association members.

Approved: Shepherds Care Medical Clinic Board of Directors, Date:

Board Member Signature

Date

Standard #1: Administrative

Section D: Human Resources

1D1 – The Clinic/Pharmacy provides policies that address assessment, screening, training, evaluation, and advancement for Staff and Volunteers.

Please refer to samples for 1D2 and 5B2

Standard #1: Administrative

Section D: Human Resources

1D2 – The Clinic/Pharmacy has written personnel policies (handbook) for employees and volunteers.



Volunteer Handbook

Including COVID Health & Safety Protocols

**AFC Handbook
Updated 8/2021**

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Introduction

About AFC

Imagine living every day with the fear of getting sick – of no longer being able to work to support yourself or your family. For many of our low-income, uninsured neighbors here in Arlington, this is reality.

At Arlington Free Clinic (AFC), we care for the whole person. Volunteer providers treat patients for every condition from chronic diabetes to cancer, while mental health counselors help them cope with the stresses of serious illness and poverty. New wellness programs and increased focus on preventive care help our patients live healthier lives. And, for the first time since the Clinic opened, visits to the dentist allow our patients to go out into the world with a confident smile.

Mission

Since 1994, Arlington Free Clinic has been committed to providing exemplary healthcare for Arlingtonians in need, serving about 1,600 patients each year. Access to healthcare makes such a critical difference in the lives of individuals and families — giving them peace of mind and economic security — and we continue to work every day toward a healthier Arlington.

Arlington Free Clinic provides free, high-quality healthcare to low-income, uninsured Arlington County adults through the generosity of donors and volunteers.

Core Values

RESPECT

Promoting an environment of mutual respect among employees, volunteers, patients and community members that is accepting of all people.

COMPASSION

Providing hope and care while recognizing and affirming the dignity of each person.

EXCELLENCE

Striving for the highest quality and standards sustained by passion, innovation and integrity.

TEAMWORK

Working as a community to maintain a culture of support, collaboration and trust, among our patients, staff, providers, and volunteers in a joyful and positive environment.

STEWARDSHIP

Maximizing the resources of the Clinic while providing the highest quality of healthcare possible in a safe and supportive environment.

GRATITUDE

Remembering to appreciate and be inspired by the generosity of the community that supports the Clinic with funds, expertise, services, volunteering, and the shared belief in our mission.

How to Become a Volunteer

1. Attend a Community Tour
2. Complete a volunteer application. Read and sign all paperwork (provided to you after attending a tour)
3. If your skills match our needs, an interview with the Director of Volunteer Resources will be scheduled
4. Attend a scheduled training session or one-on-one training related to your volunteer position

Successful Volunteers

Successful volunteers are dependable, punctual, and understanding. The volunteers who have the most rewarding experience are those who are highly motivated, flexible, have a willingness to learn, and are passionate about their community. The successful volunteer is compassionate and understands the need for both confidentiality and discretion. Volunteers work with a diverse group of people and need to be accepting of individual opinions, disabilities, and racial/ethnic/cultural differences.

Volunteer Rights & Responsibilities

Volunteers have the following rights:

- To be recognized for their efforts.
- To be given opportunity for a variety of experiences.
- To be given sound guidance and direction.
- To be heard and have a part in planning procedures, if appropriate.
- To be provided orientation, training, support supervision and feedback.
- To be trusted and respected by staff, volunteers and clients.
- To be valued as a person who can make unique contributions.
- To have a clear understanding of the job including duties, responsibilities, support person, structure and time commitment.
- To have risks explained.
- To know as much as possible about the organization and to be kept informed of policy changes.
- To have proper and safe working conditions.
- To receive prompt response to questions and concerns.

Volunteers have the following responsibilities:

- To respect and maintain strict client confidentiality at all times.
- To understand that the resources designated for clients are to be used for clients only.
- To be punctual and notify the Director of Volunteer Resources of absences as much in advance as possible.
- To sign in and out of each volunteer shift.
- To participate in any training required by the organization.
- To be open and honest regarding intent, goals and skills.
- To accept only realistic assignments and have a clear understanding of the job.
- To carry out duties promptly and reliably.
- To accept guidance and direction by the staff and supervisory volunteers.
- To discuss satisfactions, dissatisfactions, and suggestions for changing volunteer assignments.
- To recognize the function of the paid staff, maintain a smooth working relationship with them and stay within the bounds of volunteer responsibility.

Pre-COVID Opportunities & Requirements

**Needs and shifts subject to change*

*** This schedule reflects the pre-COVID operations of AFC. As of March 2020, AFC is operating with only essential staff and volunteers onsite while integrating a new telehealth program.*

Position	Shifts	Qualification
Provider	Tues./Wed. evenings, Mon./Thurs. afternoon	MD, DO, NP, PT licensed in VA
GYN Provider	2 nd & 4 th Thurs. evenings, 3 rd Wed. afternoon, occasional additional afternoons	MD, DO, NP licensed in VA
Mental Health Provider	Flexible Shifts	MD, NP, LCSW, LPC, LMFT, Clinical Psychologist licensed in VA
Pharmacist	Monday 9-7, Tuesday through Friday, 9-5	RPh or PharmD licensed in VA
Intake	Tues./Wed. evenings, Mon./Thurs. afternoon	NP, RN, EMT, MA licensed in VA
GYN Intake	2 nd & 4 th Thurs. evenings, 3 rd Wed. afternoon	NP, RN, EMT, MA licensed in VA
Discharge	Tues./Wed. evenings, Mon./Thurs. afternoon	MD, DO, NP, RN licensed in VA
GYN Discharge	2 nd & 4 th Thurs. evenings, 3 rd Wed. afternoon	MD, DO, NP, RN licensed in VA
Pharmacy Tech	Mondays through Fridays, 9-5 (flexible shifts)	Certification or Participation in AFC's training program for certification
Diabetes Educator	Flexible shifts	MD, DO, RN – fluent in Spanish preferred
Nutritionist	Flexible shifts	Holds related four-year or advanced degree – fluent in Spanish preferred
Interpreter	Tues./Wed./Thurs. evenings, Mon./Thurs. afternoon, occasional additional afternoons	Fluent in Spanish, Amharic, or Mongolian
Scribe	Tues./Wed./Thurs. evenings, Mon./Thurs. afternoon, occasional additional afternoons	Very familiar with advanced medical terminology, good with computers
Eligibility Screener	Occasional Mon. Evening, Wed. morning, Thurs. Evening	Strong attention to detail, good with computers, fluent Spanish speakers preferred
Exam Room Coordinator	Tues./Wed./Thurs. evenings, Wed./Thurs. afternoon	
Appts. & Referrals	Tues./Wed./Thurs. evenings, Wed./Thurs. afternoon	
Pharmacy Reception	Mondays 4-7, Fridays 1-5	
Pharmacy Pick Up	Mondays 4-7, Fridays 1-5	
Move to Health Counselor	Monday 6-8, Wednesday 6-8	Experienced group exercise instructors preferred, certification not required

Current Opportunities & Requirements

**Needs and shifts subject to change*

*** This schedule and these opportunities reflect the re-development of our clinical programs as we expand operations during the COVID-19 Pandemic.*

Position	Shifts	Qualification
Provider (telehealth)	Wed. evenings, Mon-Thurs afternoons	MD, DO, NP, PT licensed in VA
Provider (in-person)	Tues. & Wed. evenings	MD, DO, NP, PT licensed in VA
GYN Provider	2 nd & 4 th Thurs. evenings, 1 st Wed. mornings	MD, DO, NP licensed in VA
Mental Health Provider (telehealth)	Flexible Shifts	MD, NP, LCSW, LPC, LMFT, Clinical Psychologist licensed in VA
Pharmacist (in-person)	Monday-Friday 9am-5pm	RPh or PharmD licensed in VA
Intake	Paused until further notice	NP, RN, EMT, MA licensed in VA
GYN Intake	Paused until further notice	NP, RN, EMT, MA licensed in VA
Discharge (telehealth)	Monday-Friday, 2-4pm or 5-7pm, as needed	MD, DO, NP, RN licensed in VA
Vaccinators	Mondays and Fridays 1-4 (seasonal for Flu Shots)	RN, RPh, PharmD, Paramedic
GYN Discharge	Monday-Friday, 2-4pm or 5-7pm	MD, DO, NP, RN licensed in VA
Pharmacy Tech	Mondays through Fridays, 9-5 (flexible shifts)	Certification or Participation in AFC's training program for certification
Diabetes Educator	Flexible shifts	MD, DO, RN – fluent in Spanish preferred
Nutritionist	Flexible shifts	Holds related four-year or advanced degree – fluent in Spanish preferred
Interpreter	For medical appointments: variety of times throughout the week Patient phone calls: flexible shifts	Fluent in Spanish, Amharic, or Mongolian
Scribe	Mon.-Thurs. 1-3pm or Tues./Wed. 5:30-7:30pm, as needed	Very familiar with advanced medical terminology, good with computers
Eligibility Screener	Paused until further notice	Strong attention to detail, good with computers, fluent Spanish speakers preferred
Exam Room Coordinator	Paused until further notice	
Appts. & Referrals	Paused until further notice	
Pharmacy Reception	Paused until further notice	
Pharmacy Pick Up	Paused until further notice	
Move to Health Instructor	Monday 6-8pm (Zoom), Thursdays 5-6 (in-person)	Experienced group exercise instructors preferred, certification not required

COVID Vaccine Clinics

Position	Shifts	Qualification
Vaccinator	Saturdays 8am-1pm and 1:30-6:00pm, occasional Wednesdays 4-8pm	MD, DO, NP, RN, MA, EMT trained in vaccines. AFC COVID Vaccinators must complete online training modules to be approved and do a skills check-off onsite.
Bilingual Support	Saturdays 8am-1pm and 1:30-6:00pm, occasional Wednesdays 4-8pm	Fluent in Spanish
English Support	Saturdays 8am-1pm and 1:30-6:00pm, occasional Wednesdays 4-8pm	Comfortable using Microsoft Excel

Policies & Practices

Absenteeism & Punctuality

If you are unable to volunteer at your designated time or may be late, you must contact the Director of Volunteer Resources at 703-979-1425 x125. Please call with as much lead time as possible, so that other arrangements can be made.

Volunteers who cancel within 24 hours of their shift two times in a three-month period will be requested to meet with the Director of Volunteer Resources to discuss their schedule moving forward. Habitual tardiness and/or absenteeism will result in dismissal as a volunteer at AFC.

Sign In/Record Hours

Each volunteer is responsible for signing in and out of their shift. This ensures accurate records of attendance and volunteer hours for AFC and is an important part of each volunteer's shift.

Confidentiality

Volunteers must respect patients' rights to confidentiality. Breach of confidentiality will result in dismissal from the volunteer program. All client information is strictly confidential. No reference inside or outside of the clinic should be made about a patient's identity, finances, medical information, or services provided. This includes verifying if a person has been at the AFC and giving information to anyone, even a spouse. All staff and volunteers sign a confidentiality agreement. Failure to adhere to the agreement shall be regarded as a breach of AFC's duty of confidence and constitute grounds for immediate dismissal.

Volunteer/Patient Boundaries and Behavior

Volunteers represent AFC and therefore are expected to maintain professional, courteous, compassionate relationships with patients without favoritism and may not develop personal relationships with patients outside of the clinic. If a prospective applicant has a familial or personal relationship with a current or former patient, they must disclose that to the Director of Volunteer Resources within their application. AFC volunteers may not impart their own medical, political, religious, or personal beliefs. As a part of our non-solicitation policy, volunteers may not promote or solicit their own business enterprise. Volunteer should always seek staff assistance if in doubt.

Volunteers who fulfill roles which are unlicensed, non-medical positions are to refrain from providing personal opinions about care or practice. For example, volunteer interpreters should be impartial and should not offer personal suggestions of care – even if they have a medical license.

Volunteers have the unique role of being ambassadors and the face of the organization in our community. They should not use their status as a volunteer to obtain preferential treatment for themselves or others and should not mis-identify themselves working in a volunteer capacity when in personal appointments or medical settings.

Harassment Policy

AFC strives to provide a comfortable work environment. We are committed to a workplace that is free of discrimination and harassment based on race, color, religion, age, gender, sex, national origin, protected disability or any other protected status. Offensive or harassing behavior will not be tolerated toward any employee, volunteer, or patient from another volunteer, employee, patient, vendor or others who do business with AFC. Those in a supervisory or managerial position will be responsible for taking proper action to end such behavior in the work area.

Offensive conduct or harassment that is of a sexual nature based on race, color, religion, age, gender, sex, national origin, protected disability or any protected status is prohibited. This includes but is not limited to:

- Physical actions, written or spoken language and graphic communications.
- Any type of physical contact when the action is unwelcome or unwanted by the recipient.
- Expectations, requests, demands or pressure for sexual favors.
- Slurs, jokes, posters, cartoons and gestures.

Any such offensive conduct will be considered a prohibited form of harassment when any or all of the following is/are true:

- There is a promise or implied promise of preferential treatment or negative consequence regarding employment decisions or status.
- Such conduct has the effect of creating a work environment that is intimidating, hostile or offensive to a reasonable person is repeated or severe, or unreasonable interferes with a person's work performance.
- A third party is legitimately offended by the sexual conduct or communications of others.

Harassment is considered a form of volunteer misconduct. Violation of this policy will subject a volunteer to disciplinary action up to and including immediate dismissal. Any volunteer who has knowledge of such behavior yet takes no action to report it is also subject to disciplinary action.

If you believe you are being harassed in any way or otherwise discriminated against, you are encouraged to report it to the President of AFC. All complaints will be thoroughly investigated and will remain as confidential as possible. Where appropriate, disciplinary or corrective action will be taken. Complaints made in good faith will in no way be held against a volunteer. Under no circumstances will a volunteer be penalized for reporting improper conduct.

Fraud Policy and Procedure

The purpose of this policy is to make employees and volunteers 1) aware of their personal responsibilities in relation to their conduct at Arlington Free Clinic and 2) aware of what action they should take if they become aware of fraud, corruption or theft.

Fraud is the intentional distortion of financial statements or other records by persons internal or external to the organization which is carried out to conceal the misappropriation of assets or otherwise for gain.

Corruption is the offering, giving, soliciting or acceptance of an inducement or reward which may influence the action of any person.

Theft is the act of stealing: the unlawful taking away of another's property.

Arlington Free Clinic will not tolerate fraud, corruption or theft. When discovered and investigated, the form of action taken will depend on the level and circumstances of each case. Volunteers may be released from their volunteer affiliation with AFC.

Volunteers should be aware that fraud, corruption and theft may exist in the workplace and be able and prepared to share their concerns about it. AFC positively encourages volunteers to report their concerns without being afraid of suffering any discrimination or victimization as a result of the whistle-blowing action.

Liability Coverage (Health Professionals)

Licensed health workers are protected from liability through Virginia statute when working as a volunteer in the free clinic setting. A staff member is responsible for registering all healthcare providers with the state Department of Risk Management and must have a copy of your current license and dates you have worked. Volunteers are responsible for sending pertinent updated licenses to the Director of Volunteer Resources annually. Any patient situations that are potentially legally liable (such as a threat to sue) should be carefully documented in the chart and discussed with the Director of Clinical Services.

Computer Usage

It is the responsibility of all volunteers to protect the privacy and security of patient records by using and protecting individual passwords appropriately, safeguarding the integrity of the information technology systems by appropriate use, and by conforming to the volunteer requirements of AFC's Security Plan. These include the following:

- To the extent reasonable, computer terminal screens should be turned away from visitors and other unauthorized persons or covered with a privacy screen.
- Volunteers should not eat or drink at their workstation.
- Volunteers must log off of a workstation if leaving it unattended for any significant period of time.
- Volunteers should not use AFC technology for personal use such as accessing personal emails, browsing the internet, or media consumption.
- Volunteers should never download programs or open personal attachments on AFC technology.
- If volunteers have portable workstations, such as laptops, notebooks, or PDA type computers, the workstation should be kept in a secure manner so that the volunteer's household members and others do not have access to such workstation
- Volunteers are responsible for supervising visitors and patients within the facility. If an unauthorized person is attempting to look at or gain access to a workstation, volunteers are responsible for informing the visitor or patient that they are not authorized to have access and alerting their supervisor.
- For workstations in high traffic areas that have not been logged off, (such as in a hallway), volunteers are responsible for not leaving the workstation unsupervised for any period of time.

Computer & Technology Loan Program

With the increase of telehealth and remote volunteering opportunities, some volunteers may be eligible to borrow a laptop or other technology from AFC to fulfill their duties and obligations. Requests for borrowing technology should be submitted through the Director of Volunteer Resources. They will work with the IT Manager to assess need and availability of the item requested. Agreement paperwork must be reviewed and signed. Volunteers are responsible for any damaged incurred to items loaned to them from AFC.

Dismissal Policy

Volunteers who do not adhere to the organization's policies and procedures or who fail to satisfactorily perform their volunteer assignment are subject to dismissal. Examples of possible grounds for dismissal would be the release of confidential information or the personal use of resources designated for clients (e.g. drug samples) or failure to maintain appropriate relationships boundaries with patients.

Non-Smoking Office

Smoking is not permitted in the AFC offices or clinic area under any circumstances or within 25 feet of the building.

Substance Abuse Policy

AFC is a drug-free workplace. AFC prohibits the use, manufacture, possession, or distribution of illicit substances. Any violation of this policy will subject volunteers to adverse action, up to and including dismissal and referral for criminal prosecution.

As a part of its drug-free policy, AFC is committed to providing you with a work environment that is free of the problems associated with the illegal use of controlled substances and the abuse of alcohol and prescribed drugs. Such conduct is inconsistent with the behavior and professional standards expected of AFC volunteers and subjects AFC to unacceptable risks. AFC's controlled substance and alcohol abuse rules are as follows:

- A controlled substance is defined as those drugs listed in Schedules I through V of Section 202 of the Federal Controlled Substances Act, 21 U.S.C. §812 and the implementing regulations, including, but not limited to, marijuana, cocaine (including "crack" and other cocaine derivatives), morphine, heroin, amphetamines and barbiturates.
- The illegal use, sale, possession, distribution, dispensation, manufacture or transfer of controlled substances on or off the job is strictly prohibited.
- A volunteer may not arrive to their shift under the influence of alcohol and/or non-prescription controlled substances.
- Off shift addictive use of alcohol that functions to prevent a volunteer from performing the essential functions of their role is grounds for termination of a volunteer relationship at AFC.
- Volunteers using any prescription drugs which could impair their ability to perform their essential duties should alert their supervisor of any such potential. Volunteers must follow healthcare provider instructions when using prescription drugs to ensure there is no unanticipated interference with their ability to perform their duties.

Dress Code

A volunteer's appearance should be professional. Appropriate dress is casual, office attire. No jeans, shorts, or flip flops should be worn. Please use good judgement.

Personal Information Changes

It is important that the personal information in a volunteer's record is accurate. Volunteers are responsible for notifying the Director of Volunteers if their names, address, phone numbers, or emergency contact person changes.

Liability for Staff Personal Possessions

AFC insurance does not cover damages to a volunteer's personal possessions incurred while the volunteer is working at AFC or outside work hours. Therefore, bringing personal possessions to work is at the volunteer's risk. All volunteers are expected to take whatever precautions are necessary to safeguard their possessions while working and outside work hours.

Inclement Weather

In case of overnight weather, the decision to close the office will be made by 7:00 AM. Currently the clinic follows the Federal Office of Personnel Management (OPM) for clinic closures. When OPM has a delayed start, it is expected that volunteers will arrive to their shift when they deem it safe to travel. Notification will also be posted on the website, social media, and sent out via the volunteer software. When in doubt, call the Director of Volunteer Resources to check if your shift has been canceled. Telehealth-related or remote work will not be affected by inclement weather unless the weather directly impacts accessibility.

In instances of inclement weather when the office has not been closed, the decision to come into the office is up to the volunteer, taking into consideration neighborhood roads, driving conditions or available transportation.

Volunteer Injuries/Accidents

You are required to complete an Incident Report for all work-related injuries and/or accidents. This report must be completed in full, signed by the volunteer, and forwarded to the Director of Clinical Services for signature within three days of the injury/accident.

Student Volunteers

AFC accepts student volunteers on a case-by-case basis – mostly through specific internship opportunities and partnerships with schools. AFC does not accept on-site volunteers under the age of 16 and rarely accepts volunteers under the age of 18.

Suggestions

We want to hear your suggestions, successes, and problems. If you feel uncomfortable discussing an issue with a staff person, please see the Director of Volunteer Resources. The role of the Director is to act as a liaison between staff and volunteers. Your comments and ideas are welcome and valued.

COVID-19 Health & Safety Protocols*

The health and safety of our patients, staff, and volunteers is the first priority of AFC. For the first several months of the COVID-19 pandemic, AFC limited volunteer engagement to remote and virtual work with the exception of those assisting in the pharmacy. As we begin to restructure clinic operations, the need for volunteers to provide support on-site has grown, and we have been developing the new protocols and procedures to put into place. Unlike a regular office where the same employees are in and out each day, utilizing volunteers means that different people will be on-site each week. As a result, our protocols are likely more conservative than those in other settings in the community.

When you arrive on-site, your check-in process will now be to: enter through the front door, take your temperature, use your camera on your phone to scan the QR code on the door frame which will link to the acknowledgment form, fill out and submit the form, then go to the volunteer station to check into your shift as you normally would. This process is mandatory.

By signing up for and attending a volunteer shift at AFC, you are agreeing to adhere to these policies and procedures.

**AFC's COVID safety protocols are subject to change based on new findings and new guidelines released by authorities. Changes will be reflected in the AFC On-Site Volunteer COVID Acknowledgement Form which volunteers submit on each visit, as well as on the homepage of Volunteer Impact - a website all volunteers have access to.*

AFC's Vaccination Policy (effective 9/1/2021)

As we continue through the COVID-19 pandemic, Arlington Free Clinic (AFC) wants to assure you of its continued commitment to maintaining a safe and healthy workplace. Accordingly, Arlington Free Clinic adopts this COVID-19 Employee & Volunteer Vaccination Policy as an additional measure to protect and support the health and safety of the AFC community, including our patients, volunteers, employees, guests, and our families.

This policy applies to all volunteers of Arlington Free Clinic and is based on guidance from the Centers for Disease Control and Prevention (CDC), the Equal Employment Opportunity Commission, and the Virginia Department of Health, and is designed to comply with all applicable federal, state, and local laws.

Compliance with this policy is a condition of your continued volunteer status. Please read this policy carefully. This Vaccination Policy is a key part of our overall strategy and commitment to maintaining a safe and healthy workplace in light of the COVID-19 pandemic. This policy is designed for use together with, and not as a substitute for, other COVID-19 prevention measures.

Mandatory Vaccines

All AFC employees and volunteers are required to be fully vaccinated with a SARS-CoV-2 vaccine ("COVID-19 vaccine") authorized (including any emergency use authorization) or approved by the U.S. Food and Drug Administration (FDA) by September 1, 2021, unless an exemption from this policy has been granted as an accommodation. You are considered "fully vaccinated" two weeks after your second dose in a 2-dose series (Moderna or Pfizer) or 2 weeks after a single-dose vaccine (J&J Janssen).

To comply with this policy, all volunteers must (a) submit documentation showing that they have been fully vaccinated; or (b) obtain an approved exemption by September 1, 2021. Volunteers who fail to comply with these requirements will not be permitted to sign up for volunteer shifts onsite.

Vaccine Administration

Volunteers are responsible for scheduling and obtaining all recommended doses of a COVID-19 vaccine. They can schedule a vaccine appointment through the Virginia Department of Health [here](#).

Proof of Vaccination

Written proof of vaccination should be submitted by providing a photo of your vaccination card to AFC's Director of Volunteer Resources. Do not include any medical or genetic information with your proof of vaccination. AFC will keep your vaccination information confidential.

To reduce risk to the AFC community, any unvaccinated person (including any person who receives an approved exemption under this policy) will be subject to additional requirements and restrictions that do not apply to fully vaccinated employees and appointees, which may include but is not limited to:

- the use of additional personal protective equipment (PPE) and physical distancing requirements,
- increased testing frequency,
- other limitations and modifications that may be applicable to the particular position

Medical and Religious Accommodations

In accordance with AFC policy, AFC provides reasonable accommodations, absent undue hardship, to (i) qualified individuals with disabilities that enable them to perform their job duties and (ii) employees with sincerely held religious beliefs, observances, or practices that conflict with getting vaccinated. Exemptions for other medical reasons may be available for conditions such as pregnancy, breastfeeding, history of certain allergic reactions, and any other medical condition that is a contraindication to the COVID-19 vaccine even if they do not qualify as a disability under federal, state, or local law. AFC will engage in an interactive dialogue with you to determine

whether an exemption is appropriate and can be granted without imposing an undue hardship on AFC or posing a direct threat to you or others in the workplace. Reasonable accommodation may include appropriate adjustment or modifications of volunteer policies, including this Vaccination Policy.

If you believe you need an accommodation regarding this policy, please contact the Director of Volunteer Resources. AFC reserves the right to request additional documentation supporting the need for an accommodation or request for any other exemption. AFC will keep confidential any medical information obtained in connection with your request for a reasonable accommodation or other exemption.

Given that the situation around the COVID-19 pandemic is dynamic and continuing to evolve, we expect that this policy will change and evolve with the situation.

General COVID Protocols

- Surgical masks must be worn at all times, except when eating and drinking. If a staff member, fellow volunteer, or patient makes a request to increase distance or put on/adjust a mask more securely, volunteers must respect their request and oblige.
 - ***If you have been fully vaccinated***, N95 masks are optional for both patient-facing and non-patient facing roles. Surgical masks are required to be worn at all times.
 - ***If you have not been fully vaccinated*** N95 masks are required at all times.
 - Fully vaccinated volunteers providing direct patient care may choose to wear a fit-tested N95 mask, face shield, and gown (or combination thereof) and will be provided by AFC.
 - **Fully vaccinated is defined at least 2 weeks out from the final dose of your COVID vaccine.*
- All volunteers must adhere to the maximum capacity signs throughout the clinic.
- Everyone must enter through the front door, have their temperature taken, and fill out the AFC On-Site Volunteer COVID Acknowledgement Form (see attached for example) using their phone.
- Anyone whose temperature exceeds 99.5 degrees will be asked to wait at the front door for 15 minutes, at which point the temperature will be rechecked. If their temperature still exceeds 99.5 degrees, they will be asked to return home.
- One must not attend a volunteer shift at AFC with any of the following symptoms: fever/chills, cough, shortness of breath, body aches, headache, loss of taste/smell, sore throat, diarrhea, or vomiting. Please notify the Director of Volunteer Resource to cancel a shift as soon as possible.
 - Volunteers should not attend a shift AFC until they have been clear of any/all symptoms for at least 72 hours.
- Anyone who is diagnosed as COVID positive within 14 days of volunteering at the clinic must immediately notify the Director of Volunteer Resources.

COVID Travel and Exposure Policies

- Due to the nature of a volunteer program and the inability for AFC to know where people are going and what their own risk threshold is, we are expecting volunteers to adhere to these protocols in good faith with the safety of patients, staff, and fellow volunteers in mind. We are defining “fully vaccinated” as 14 days out from the final dose of any COVID vaccine. Anything less than that should be considered “not vaccinated” for the purposes of these protocols.
 - ***If you have been vaccinated*** and travel outside of the area but within the United States and have no COVID-like symptoms, you do not need to get tested for COVID-19 before returning to a volunteer shift and do not need to wear an N-95 mask unless required for your work.
 - ***If you have been vaccinated*** and have prolonged exposure (which is more than 15 minutes in close proximity) to someone with suspected or confirmed Covid-19 (antigen or PCR positive) and you have no COVID-like symptoms, you do not need to get tested for COVID-19 before returning to volunteer shifts and do not need to wear an N-95 mask unless required for your work.

- **International travel** poses additional risks and even fully vaccinated travelers are at increased risk for getting and possibly spreading new COVID-19 variants. AFC discourages international travel at this time. If this travel is necessary, please follow the [CDC's guidelines on international travel](#) for both fully vaccinated and unvaccinated individuals.
- ***If you have not been vaccinated*** and travel outside of the area **and/or** have had prolonged exposure to someone with suspected or confirmed COVID (antigen or PCR positive), you should cancel any onsite volunteer shifts scheduled within 7-10 days after your return/your exposure. You may return to onsite volunteer shifts wearing an N95 at all times* after you receive a negative COVID PCR test result from a test taken 3-5 days after exposure.
*Unvaccinated staff and volunteers must wear an N95 mask while onsite at the clinic at all times.

SAMPLE: AFC Onsite Volunteer COVID Acknowledgement Form

Subject to change

Volunteers must complete this form at check-in before starting their shift. If they cannot in good conscience complete the form, they must notify a staff member and decline their shift for the day.

1. I submitted to a temperature check at the front door today and my temperature was:
2. If I have received a full COVID vaccine, I agree to wear a surgical mask (provided to me by AFC) while on-site. If I have NOT received a full COVID vaccine, I agree to wear an N95 mask at all times.
3. I agree to maintain a social distance of 6ft with others while onsite at AFC (being closer only when the task at hand absolutely requires so).
4. I have not had any of the following symptoms in the past 72 hours: fever/chills, cough, shortness of breath, body aches, headache, loss of taste/smell, sore throat, diarrhea, or vomiting.
5. To my knowledge, I have NOT had close contact (within 6 feet for 10 minutes or more) with a lab confirmed positive COVID case in the past 14 days.
6. Please type your full name:

Acknowledgement of Handbook

Dear Volunteer,

AFC is supplying you with a Volunteer Handbook, which contains important information concerning your volunteer relationship with AFC. Please read the Volunteer Handbook carefully and keep it available for your reference.

As part of your online application, you must check the box acknowledging the statement below.

I have received a copy of the AFC Volunteer Handbook which outlines AFC's policies and procedures. I will familiarize myself with the information contained in the Volunteer Handbook and will comply with the policies and procedures outlined therein. I also will comply with all other policies and procedures established from time to time by AFC, irrespective of whether they are yet included in this Volunteer Handbook, or are subsequently published in writing or orally. I understand that my failure to abide by any AFC policy or procedure, whether or not outlined in this Volunteer Handbook and whether or not created after I have received this Volunteer Handbook, may result in termination of my volunteer relationship with AFC.

I understand that AFC has the right to unilaterally amend, modify, supplement, suspend or eliminate at any time any policy, procedure or benefit, whether or not contained in this Volunteer Handbook, without notifying me prior to the effective date of any such amendment, modification, supplementation, suspension or elimination. I will act responsibly to keep informed of such changes and will include changes in this Volunteer Handbook as they are provided to me by AFC.

I understand that neither this Volunteer Handbook nor any other communications by AFC are intended to, in any way, create a contract of employment or any guarantee of employment. I further understand that my volunteer relationship with AFC is for no definite duration and that either I or AFC can terminate this volunteer relationship at any time, with or without notice or cause.

SOCIAL WELFARE BOARD EMPLOYEE POLICY MANUAL

Original Policy Date February 23, 2015	Policy Number AD-010	Policy Relevant to: All SWB Employees
Policy Title Personnel Policies	Executive director Linda Judah	
Revised Policy Date: September 23, 2015 December 18, 2017 November 26, 2019 April 20, 2020 May 26, 2020 September 30, 2021	Board President Robert Stuber Robert Stuber	

I. Introduction

The Personnel Policies of the Social Welfare Board (SWB) are designed to afford equitable treatment of all personnel. These guidelines have been adopted by the Social Welfare Board's Board of Directors and the authority has been delegated by the Board to the executive director.

It is the function of the Board to provide governance to the Social Welfare Board, by reviewing goals and objectives, to determine policy, to adopt and review the budget, and perform other responsibilities as described in the by-laws. The Executive and Operating Directors serve as ex-officio members of the board, but do not have voting privileges.

The Executive Director is responsible for administrative leadership of the SWB. The duties include hiring, terminating, supervising, evaluating employee's performance, planning and monitoring all functions applicable to the activities of the SWB. The Director of Operations is responsible for the daily activities of the clinic, including staffing, budgeting, reporting of outcomes and day-to-day clinic issues. These two directors work together on clinic processes. Employees are responsible to their direct supervisors including the director of operations and executive director.

A copy of the Personnel Policies is given to each employee at time of initial employment. A signed acknowledgment is retained in the employee's personnel record.

The purpose of the personnel policy is to guide employees in their work, regarding what is expected, and what is prohibited.

The Personnel Policies may be changed by a majority vote of the board present at any regular meeting, provided that a written copy of the proposed changes has been sent to all members at least one (1) week in advance of the meeting.

II. CONFLICT OF INTEREST POLICY

Summary

The purpose of this policy is to assist the SWB in identifying, disclosing and resolving potential conflicts of interest.

Scope

The following policy statement applies to each member of the board and all management and staff.

Fiduciary Responsibility

Members of the board and the staff have a clear obligation to conduct all affairs of the SWB in an upright and honest manner. Each person should make necessary decisions using good judgment and high moral standards as the guidelines. All decisions of the SWB are solely based on a desire to promote the best interests of the Clinic and the individuals, organizations and agencies it serves.

POLICY FOR CAPITALIZING EXPENSES

The Board will use the following amounts for leveling capitalized expenses

- up to \$500.00 - code as expense
- \$500 to \$1,000 - look at case by case to decide whether to capitalize
- over \$1,000 - capitalize

POLICY FOR OBTAINING BIDS

Bids must be obtained if the cost for the project is over \$5,000.

Policy

Members of the Board and Staff of the SWB agree to place the welfare of the Clinic above personal interests, interests of family members and others who may be personally involved in substantial affairs affecting the Clinic's basic functions.

Specific Disclosure

Members of the Board and the Staff of the SWB shall disclose fully the precise nature of their interest and involvement when participating in any transaction for the Clinic in which another party to the transaction includes:

- Himself/herself
- A family member, spouse, brothers, sisters, children etc.
- Any organization in which the Board or Staff Member or his/her family is affiliated.

Disclosure shall be made at first knowledge of the transaction.

General Disclosure

Members of the board and staff shall disclose all relationships and business affiliations, which may now, or in the future, potentially conflict with the interests of the Clinic or bring personal gain to them, their family or their business. Disclosure must be made if any member of the Board or Staff or a member of their family acts in one or more of the following capacities:

- is an officer, director, trustee, partner, employee, or agent of an organization with which the Clinic has business dealings;
- is either the actual or beneficial owner of more than 1% of the voting stock or controlling interest of an organization with which the Clinic has business dealings;
- is a consultant for such an organization;
- has any direct or indirect dealings with an individual or organization from which he/she is materially benefited (e.g. through the receipt directly or indirectly of cash, gifts or other property with which the Clinic has business dealings).

Reporting of Disclosures

All disclosures required by Board and Staff members will be directed to the Chair of the Board and will be held in confidence.

Restraint on Participation

Members of the Board and Staff who have a conflict of interest in any matter shall refrain from participating in consideration of the proposed transaction. The person or persons involved will not vote on such matters. However, for special reasons, the Board may request information or interpretation from the person or persons involved.

Determination of Possible Conflict of Interest Disclosure Letter

Any individual who is uncertain about a conflict of interest in any matter shall disclose such possible conflict to the appropriate individual as noted above. If a possible conflict of interest arises subsequent to the initial hire or board commitment, the individual is responsible for advising of such occurrence as soon as possible, however no later than 30 days after the occurrence. After receiving acknowledgment that the disclosure has been received,, the Board or Staff member shall be entitled to act as though no conflict of interest exists.

Failure to Disclose

Failure to knowingly disclose a potential conflict of interest could result in disaffiliation or termination of employment.

Consultant Fees, Honoraria, and Gifts

All employees are encouraged to participate in a variety of community and professional activities. In those instances where an employee's activities are a part of their regular duties and responsibilities, any payment will be turned over to the SWB. All fees derived from SWB reports, activities, events or speaking engagements while employed by SWB shall also be turned over to SWB.

III. EQUAL EMPLOYMENT OPPORTUNITY & NON-DISCRIMINATION POLICY

The Social Welfare Board believes in promoting diversity within its staff and Board of Directors. As such, it is the policy of SWB to grant equal employment and volunteer opportunities to all qualified persons without regard to race, creed, religion, national origin, citizenship, gender, age, disability, marital status, sexual orientation, veteran status, financial status or HIV status. It is the intent and desire of SWB that equal opportunities are provided in employment, promotion, wages, benefits and all other privileges, terms and conditions of employment. SWB will treat all employees with the respect due to them as individuals and as valued members of the organization.

A newly hired employee who does not have health insurance (up to the 90 day probationary period) may utilize the services of the Social Welfare Board, provided the employee is off the clock and qualifies financially. In addition, it is the policy the Social Welfare Board that all individuals who are eligible for clinic services based on the clinic's guidelines receive care without regard to race, creed, religion, national origin, citizenship, gender, age, disability, marital status, sexual orientation, veteran status, financial status or HIV status.

IV. RECRUITMENT & SELECTION

Recruitment Procedures

All personnel selections are based on the ability of the individuals to perform the specific position to be filled. Some positions require certain educational requirements and/or experience. Minimum qualifications shall be specified in the job description.

When a new position is established, the program supervisor, director of operations or the executive director will prepare a job announcement identifying the position's responsibilities and overall relationship to SWB for public notification. A comprehensive attempt, within the resources of the Clinic, will be made to advertise job openings to a broad segment of the community.

Application Procedures

Each applicant for a position will be required to submit an application that includes the following:

1. Cover letter of interest
2. Resume including biographical and identification data, educational history, employment history and a list of all certifications or licenses held with expiration dates; and
3. References from at least three (non-relative) people, two of which should include an applicant's previous employer. All candidates for a position will be required to sign a release form giving SWB permission to do a criminal history check. Education and employment history as well as references will be thoroughly checked. All candidates must identify their criminal conviction history.

Any information provided by an employee during the hiring process that is subsequently found to be false, by intention or otherwise, may be grounds for immediate termination of employment.

When the position of Executive Director is to be vacant, the Board will conduct an exit interview and ask these questions (among others) 1. What would you change about the ED's job description? Is any part of it unnecessary, or assigned to someone else? The board will review the current job description, revise if necessary, and give the revised and approved description to the search committee. For the position of Executive director, a search committee is appointed by the Board Chair to screen all applications and interview those applicants whose qualifications seem adequate. The Search Committee reports their recommendation directly to the Board and the applicant receiving board approval is hired.

All applicants who are hired are notified of their employment conditions and responsibilities in writing through a job description and a copy of this notice is placed in the personnel file.

Employment of Relatives

No application for employment will be accepted for any staff or board position from any blood relative, spouse or spouse's blood relative, significant other or any current staff or board member.

Employment of Past Clients

A past client is eligible to apply for employment.

V. DRUG & ALCOHOL SCREENING

Social Welfare Board reserves the right to require drug screening at hire and randomly screen from a pool of all employees throughout the year. The drug screening procedure is conducted by an outside agency. In addition to random screening, SWB reserves the right to require drug and/or alcohol screening whenever it deems the need to do so.

VI. EMPLOYEES

Classes of Employees

SWB employs two classes of employees: Exempt and Nonexempt. These categories primarily affect the payment of overtime. All employees of SWB are categorized accordingly and classified as Salary/Exempted, Full-time, Part-time, Temporary, and Contract Labor. The classifications of positions are important in determining eligibility for various benefits outlined in the SWB personnel policy.

1. **Salary/Exempt:** Employees whose nature of work is administrative, executive, or professional and are expected to work a minimum of 40 hours per week that includes vacation, PTO or holiday pay. **Salary/Exempt employees are exempted from overtime, comp time and are expected to work necessary hours to complete job expectations as defined by individual job descriptions** and work Salary Exempt employees are hired on a continuing basis and have a regular work week.
 - a. Salary/Exempt employees who are scheduled to work 32 hours per week are eligible for pro-rated benefits as outlined in the SWB Personnel Policies.
 - b. Work records are to be submitted to the executive and operation directors bi-weekly.
2. **Full-time:** Non-exempt employees are hired on a continuing basis and have a regular work week of 32 hours or more. Full-time employees are eligible for benefits as outlined in the SWB Personnel Policies.
 - a. Overtime (working more than 40 hours per week) for full-time employees must have prior written approval from the executive director or director of operations. See policy AD-033.
 - b. Full-time employees are required to use Time Clock an electronic time clock and submit a signed and dated time sheet every two weeks to their direct supervisor.
3. **Part-time:** Non-exempt employees are hired on a continuing basis and have a regular work week of less than 32 hours. Part time work is defined as a commitment to work a specific number of days on a weekly basis. Part-time Employees may not work beyond their scheduled hours of work without prior written approval from the executive director or director of operations.
4. **PRN** – No regular committed schedule, but must advise the clinic monthly when available to work on a monthly basis.
5. **Temporary:** Non-exempt employees whose period of employment is less than twelve (12) months. Temporary employees may not work beyond their scheduled hours or work

without prior written approval of the Executive director or Director of operations. This classification should not be confused with employees who are designated as probationary employees, who may be regular full-time or part-time employees, and who are entitled to benefits. Temporary employees are not eligible for any benefits outlined in the SWB Personnel Policies.

6. **Contract Labor:** A contract labor individual or agency provides specialized services, functions, or tasks for SWB which are delineated in a specific agreement or contract. One standard for determining Contract labor status is that the individual or agency primarily controls the manner and means by which the work is to be performed. Providers of contract labor are fully liable for any job related actions. Individuals and agencies that provide contract labor are non-employees of SWB and are not eligible for any employee benefits.
7. **Volunteers/students:** Volunteers or students are non-paid workers who assist with SWB activities without the expectation of pay or benefits. All volunteers/students must complete a volunteer application and be interviewed by the volunteer coordinator, director of operations or executive director. The volunteer coordinator shall provide scheduling oversight. Valid licenses for volunteer health care professionals must also be on file. Volunteers are not eligible for any of the benefits outlined in the SWB Personnel Policies. Volunteers/students will work as scheduled per their SWB supervisors and subject to the same standards of conduct as any employee. Volunteer services may be terminated at any time, based on the best interest of SWB.

Rest periods

All employees are permitted a 15-minute paid rest break for each four-hour work period. Breaks are not permitted at either the beginning or end of the workday to offset arrival and departure times. Employees who voluntarily work through their rest breaks will not be paid additional compensation.

Meal periods (See policy AD-34)

All employees who work eight or more hours in a day are required to take an unpaid meal break of 30 minutes. Meal breaks are not counted toward hours worked.

Employees are to be completely relieved from duty during their meal break. If a nonexempt employee is required to perform any work duties while on his or her meal break period, the employee must be compensated for the time spent performing work duties. The time spent working during the meal break will be counted toward the total hours worked.

Process of requesting time off: All staff are encouraged to find their replacement for their position when taking time off.

a. All staff shall complete a request for time off and process it through their immediate supervisor and the director of operations before the leave time is taken.

b. Only in emergencies shall a leave request be accepted post leave.

c. **Regardless of the employee's hire status, an employee will not be compensated if the leave request has not been processed appropriately.**

Personnel Files

The executive director and director of operations shall maintain a confidential personnel file for each employee.

Job Descriptions

Each employee has a written job description. Writing and maintaining current job descriptions is the responsibility of the immediate supervisor with the oversight of the executive director. Job descriptions for volunteers are to be written and maintained by the director of operations. Job descriptions are merely guidelines and are subject to the changing needs of the clinic. A job description is not intended as a contract or a document that limits an individual employee's actual duties.

Professional Appearance

The Social Welfare Board requires employees to always appear for work in attire that is "professional" and suitable for the work setting. Dress attire may vary slightly from one area to another depending on the nature of the work, exposure to the public, customers, and the environment. Scrubs are preferred. Nice jeans are permitted to be worn only on Friday, unless authorized otherwise. (No holes or fringe allowed.) Clothes must be clean, neat and in good condition without tears or obvious stains.

- Employees must maintain clean personal hygiene, address body odors and avoid strong perfumes.
- Hair must be clean, neatly trimmed and contained in such a manner that it does not come in contact with patients.
- Hairstyles, hair color and cosmetics should project the practice's professional image.
- Jewelry should be small and simple. For example, earrings may be visible on the ear only and cannot obstruct work.
- Under no circumstances is the following attire permitted while working in the clinic:
Short skirts (defined as shorter than arm length while arms are positioned to side of body); shorts, see through clothing; anything that reveals cleavage and distasteful wording on clothing.

VII. CONDITIONS OF EMPLOYMENT

Probationary Period

The probationary period of new employees is 90 days. This period may be extended an additional 90 days at the discretion of the executive director. During this period, the employee has an opportunity to demonstrate abilities for which employed. Employees may be terminated for any reason without prior notice during this probationary period. Probationary employees are not granted grievance or appeal rights. At the end of the probationary period, a performance evaluation will be completed and contingent upon satisfactory performance, the employee may be granted regular employee status. The employee's date of hire is their date of employment and will serve as their anniversary date.

Evaluations

Evaluations of employees are performed by their direct supervisor and/or executive director and director of operations at the end of the probationary period and annually thereafter. The evaluation

shall normally take place within two weeks of the employee's date of hire. The evaluation should include reachable goals for the next year, explained and agreed upon with the employee. Future evaluations are based on the attainment of goals set at the prior evaluation. The employee and supervisor are required to sign the evaluation form after discussion and a copy is placed in the employee's personnel file. Each employee has the right to place in his/her file a written statement of exception or explanation which is provided by the executive director. The contents of the personnel file shall be considered when decisions are made concerning promotion, salary increase, demotion or disciplinary action.

Elements of the evaluation include but are not limited to job proficiency, working relationships, attendance and punctuality, relationship with the public and compliance with rules and regulations. Each employee is in a position directly related to service delivery and therefore must exhibit high standards of professionalism, general courtesy and good work habits.

Evaluation of the executive director executive director is performed by the Board of Directors on an annual basis, typically around the date of hire. The evaluation is discussed with the director and a copy included in the executive director's personnel file.

Improving Job Performance

Any of the forms of discipline listed below can be applied or omitted at the executive director's discretion, depending on circumstances, and particular forms of discipline may be repeated if necessary. THIS IN NO WAY INFERS ANY CONTRACTUAL OBLIGATION TO FOLLOW ANY CERTAIN PROCEDURE.

1. Verbal Counseling: Counseling and ongoing discussion with the employee and his immediate supervisor will detail specific ways to improve performance. Written documentation that verbal counseling occurred shall be maintained in the employee's personnel file.
2. Written Correction: When deemed appropriate by the Executive director, a written correction will be prepared, reviewed with the employee and placed in the employee's personnel file. The employee will be offered the opportunity to sign this document.
3. Written notice of probation: A written notice of probation shall be prepared by the executive director, reviewed with the employee and placed in the employee's personnel file. The employee shall be provided the opportunity to sign this document. The probationary period shall be a maximum of 90 days. Improvement in job performance may result in release from probation at the end of the probationary period. Failure to improve job performance may result in termination from employment. (Please note throughout this probationary period patient will be paid.)
4. Suspension without pay: At the discretion of the executive director, an employee may be suspended without pay pending the investigation of any incident.
5. Dismissal from work: Failure to improve job performance to acceptable levels will result in dismissal from employment.

Termination of Employment

1. **Resignation:** Resignation is an employee's voluntary termination of his/her employment. Employees must notify their immediate supervisor and executive director in writing of any intention to resign. Furthermore, the employee shall provide the two weeks 'written notice or in accordance to the terms of one's contract to the executive director in order to receive compensation for vacation or PTO. **NO EXCEPTIONS.** Any employee who has been absent for three days without valid reason or notice, will be considered to have resigned voluntarily without notice.
2. **Discharge for Cause:** Immediate discharge of an employee for cause may be effected for reasons including, but not limited to:
 - a. Theft
 - b. Charges of any crime or misdemeanor under any law or ordinance except for minor traffic offenses. (The employee can be suspended without pay until a formal hearing is held.)
 - c. Failure to observe and/or obey any lawful rules, regulations, or procedures set forth by the SWB.
 - d. Intoxication or consumption of drugs and/or alcohol while on the premises
 - e. Insistent and willful infraction of policies and regulations of the Clinic
 - f. Conduct or attitude detrimental to the reputation and purposes of the Clinic
 - g. Unauthorized communication of confidential information
 - h. Use of drugs prescribed by a physician to such a degree that job performance is unacceptable
 - i. Falsification of employment documents
 - j. Sleeping on duty

An employee may be terminated upon first offense if it is in the best interest of the Clinic to take such action. The Department Fair Labor Laws guide the employee's vacation and PTO payout.

3. **Work reduction:** Any employee released by the Clinic due to lack of work, elimination of the position, or merger of jobs will receive no less than two week's notice. The Clinic will make every effort to provide the employee with as much notice as possible. In these cases, employees will be referred to the Employment Security Commission to file for unemployment.
4. **Accrued vacation pay:** Within two weeks of the effective date of termination of employment as a result of resignation with the recommended notice/terms of contract or work reduction, the employee will be paid a lump sum for unused, accrued vacation time. This payment will only be made if the employee has worked the entire notice period or if the employee's supervisor requests in writing that the employee leave immediately upon receipt of the employee's resignation.
 - a. If termination is a result of Resignation without notice, no payment for accrued vacation time will be made. Termination due to dismissal, accrued vacation will be paid out.
 - b. The following formula will be used to determine the amount due to employees who have satisfied their notice time: hourly wage x unused vacation hours.

VIII. WORK REQUIREMENTS

Full-Time Employee

In addition to fulfilling the requirements of the job description, each full-time employee must:

1. Participate in an on-going program of staff development and on-the-job training, including developing a working knowledge of community resources, studying all policies and procedures, and participating in staff meetings and workshops;
2. Assist with special events and projects determined by the executive director.

Part-Time Employee

In addition to fulfilling requirements of the job description, each part-time regular employee must:

1. Participate in on-the-job training, including developing a working knowledge of community resources and studying all policies and procedures;
2. Attend staff meetings as needed; or as requested by supervisor or Executive Director.
3. Attend all staff meetings, workshops and special events when possible.

Low Work Load

The supervisor of the department may make recommendation to the director of operations, executive director or the person in charge of the office to send staff home because of low workload or over staffing. Upon approval, the employee being sent home will clock out and the salary reduced accordingly. Please note a provider (licensed physician or nurse practitioner) shall be present at all times during agency business hours.

IX. TIME AND ATTENDANCE**Work Schedule**

The director of operations will set individual staff work schedules to ensure the highest level of patient services, including telephone coverage throughout the Clinic day. Employees filling part-time positions will not be scheduled for more hours per week than designated for their position without the approval of the executive director or director of operations.

Attendance

Regular attendance and punctuality are essential and are taken into consideration at an employee's annual performance evaluation. (If an employee is late more than two times per month or absent more than one time a month an employee will be sanctioned accordingly.) If illness or emergency occurs, the employee is expected to telephone his or her supervisor and call the employee line (344-5292) at least one hour prior to the scheduled timework time.) Failure to report within the before mentioned time may result in disciplinary action. If an employee fails to report to work for three consecutive days, and has not given notice of such absence, the employee shall be terminated and considered to have resigned without notice.

Electronic Time clock

All employees are required to maintain a record of time and attendance utilizing the Time Clock tracking system. Time sheets must be signed and dated which are due the Friday following the previous payday and should be given to the direct supervisor of the employee who will give his or her time sheet to the director of operations. The employee shall sign and date the time sheet. By signing the time sheet, the employee is attesting that the time sheet is an accurate accounting of the time worked. Time sheets provide the Clinic with a record of hours worked by each employee. It is important that they are accurate. Making entries on another employee's time sheet is prohibited and deliberate falsification is a serious offense and is grounds for termination. Any changes in time sheet entries should be initialed by the director of operations or executive director.

Secondary Employment

The Social Welfare Board allows its employees to pursue secondary employment opportunities under the condition that the employment does not diminish the employee's ability to effectively complete his/her duties at the SWB. If the employee wishes to have secondary employment, they must inform their direct supervisor. In addition, they must provide a work schedule which must be approved by the supervisor and placed in the employee's personnel file. If, at any time, it is evaluated that the employee's job performance is adversely affected by secondary employment, the supervisor will conduct a written review with the employee and include suggested changes. The review will be signed by the employee and the supervisor and kept in the employee's personnel file.

X. COMPENSATION**Salaries and Wages**

The salary of the executive director is established by the Board at the time of initial employment and reviewed annually thereafter by the Board of Directors. All other salaries and wages are determined by the executive director and approved in the budget annually by the Board. Employee salary increases may be recommended by the executive director or direct supervisor and should be consistent with performance and the annual budget of the Clinic. Salary increases will be considered annually on the employee's anniversary date and must be supported by a written recommendation and a current performance evaluation. Any salary increase will be reflected in the first paycheck following the effective date of the increase.

Payroll

Payroll checks are issued bi-weekly on Friday for the prior two weeks' compensation due. The pay period will be from Sunday to Saturday. If a payday occurs on a holiday, paychecks will be distributed on the last workday before the holiday. All employees are encouraged to use direct deposit.

Overtime

Non-exempt employees who have received written approval to work beyond their regularly scheduled hours may receive overtime pay or compensation time at the discretion of management. Over time accrued in a given pay period must be taken within the same pay period. Time worked over 40 hours per week will be reimbursed at one and one-half (1½) times the number of hours worked over 40 hours. (Prior approval from the director of operations must be obtained.) See AD-033.

Compensatory Time

Salaried exempt and non-exempt employees who have received written approval from the executive director to work beyond their regularly scheduled hours may receive compensatory time. Note: compensatory time must be taken within the same pay period earned.

XI. BENEFITS & LEAVES OF ABSENCE**Competitive Wages**

It is the desire of the SWB to offer wages competitive within the job description and geographic area. The Executive director determines competitive wages by surveying local employers with similar job descriptions. An average is taken and used to determine the wage.

Employee Insurance

SWB has a comprehensive insurance package for full-time and salary/exempted employees whose work schedules are greater than 30 hours per week. Employees have the right to decline coverage or add family members upon enrollment. The employee may use Social Welfare Board's services if one meets the clinic's eligibility requirements. Employee shall not obtain services while on the clock.

SWB does not pay to insure family members of employees. Employees are responsible for 100% of additional premiums, which also may be deducted pre-tax from each paycheck. For new eligible employees, there is a waiting probationary period of 90 days before health, dental, vision and life insurance goes into effect. The employee may use the Social Welfare Board's health care services if financially eligible throughout the 90-day probation wait time.

Taxes

The employer's portion of Social Security and Medicare taxes are paid by SWB as required by federal law. Social Security taxes, Unemployment Insurance and Worker's Compensation are also paid by SWB as required by state and federal laws.

Retirement 403(b) Plan

The employee can begin investing in the clinic's retirement plan 90 days after completing the probationary period. After one year of employment for those working at least thirty-two hours a week, the SWB pays 5% of gross salary while the employee pays 3.5% of gross salary. If the starting day of employment falls before the fifteenth of the month, pension benefits will be calculated from the first day of the month. If employment date falls after the fifteenth day of the month, pension benefits will start on the sixteenth of the month.

Disability

SWB does not offer disability insurance; however, an employee may purchase a policy through a secondary insurance source.

Worker's Compensation

The SWB carries workers compensation insurance coverage as required by law to protect employees injured on the job. This insurance provides medical, surgical, and hospital treatment in addition to loss of earnings from work-related injuries.

In the event of an on-the-job injury or illness, regardless of how minor or severe, notify the director of operations immediately. The Director will direct you to a designated medical facility if medical attention is deemed necessary. Unreported on-the-job injuries may result in the loss of potential workers compensation benefits. Contact the director of operations with questions about the workers compensation insurance program.

The SWB and its insurance carrier shall not be responsible for the payment of workers compensation benefits for any injury that arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic activity that is not part of the employee's work-related duties. The SWB and its insurance carrier shall be responsible for the payment for Workers

Compensation benefits when the injury is the result of any recreational, social, or athletic activity that it reasonably expected or is required by the SWB.

Legal Holidays

(For employees working thirty-two hours per week after a 90-day probationary period) Holiday pay is paid out according to the percent worked and is only paid if the employee works their scheduled day before and after the holiday. Exceptions may be considered and approved by the executive director.

SWB is closed for the following 11 holiday and paid in accordance to the before mentioned.

New Year's Day
Martin Luther King, Jr. Birthday
Presidents' Day
Memorial Day
Fourth of July
Labor Day
Veteran's Day
Thanksgiving and Friday after (2 days)
Christmas Eve and Christmas Day

If the holiday falls on a Saturday, the office is closed on Friday and if it is on a Sunday, the office is closed on Monday.

Vacation

One week after the first year of employment. Two weeks after two years of employment. Three weeks after four years of employment. Employee contracts will over-rule the general vacation policy. Any unused vacation time is lost and not carried over unless special permission is granted by the director of operations or executive director

Paid Time Off (PTO)

Paid Time Off is provided for the purpose of an interruption from the workplace, to attend to personal affairs such as bereavement, illness, ill family members, doctor appointments, etc. Staff members working a minimum of 32 hours per week are eligible to earn PTO. PTO is earned at a percent commensurate to the time worked.

Full time employees who meet eligibility requirements may request the use of accrued paid time off upon the completion of the probationary period (first of the month following 90 days). Employees accrue paid time off based on years of service, number of hours worked per week, and the date they began continuous employment with the Social Welfare Board.

Eligible employees must work the day prior to and the day following a scheduled PTO to receive PTO pay. If an employee calls in absent for either or both of those days, he/she will forfeit the first and/or last day(s) of scheduled PTO pay. Exceptions may be considered and approved by the executive director and may not be granted for all situations.

Employees will exhaust all other **PTO** before requesting a personal uncompensated leave of absence. Uncompensated personal leave is discouraged and shall receive written approval by the executive director.

Unless otherwise specified the clinic hours are Monday through Friday, 8:00 am to 4:30 p.m. Full time staff are required to complete a leave request for any time taken off. Leave time is granted in increments of 15 minutes or more. In order for staff to be paid a leave slip must accompany any time off. **NO EXCEPTIONS.** Throughout the business hours of the clinic, callers must be able to contact the clinic. Only in extenuating circumstances will the office ever close early. (Attachment A)

Bereavement/ Funeral absence

An employee with benefits is eligible to use up to 3 days of PTO in the event of a death in the immediate family. Immediate family is defined as father, mother, sister, brother, spouse, child, grandparent and domestic partners. Bereavement leave of absence will be paid at the employee's regular, straight time, hourly rate. Additional leave up to four days may be taken as vacation or unpaid leave as approved by the supervisor.

PTO hours accrue during a paid leave, but do not accrue and are not payable during an unpaid leave of absence.

Accrual rates per pay period for the PTO plan will be as follows:

	40 hr Employee = 100%	36 hr Employee = 90%	32 hr Employee = 80%	Maximum Accrual
0 – 5 yrs	3.08 hours	2.78 hours	2.47 hours	160
6-10 yrs	3.08 hours	2.78 hours	2.47 hours	240
11 & >	3.08 hours	2.78 hours	2.47 hours	320

Accrual begins immediately upon hire with eligibility for payment of PTO using the criteria for benefits. (First of the month following 90 days of continuous employment with the Social Welfare Board). Upon termination of employment with the Social Welfare Board the accrued PTO will be paid out at a rate of 44% for those employees for up to 5 years of service, 54% for those with 6-10 years of service, and 61 % for those with 11 years or more of service. Please note the employee will not be compensated for PTO if less than 2 weeks' notice is given.

Inclement Weather Policy

Unless conditions require SWB to close, employees should make every attempt to get to work within the bounds of their personal safety. In the event of inclement weather, please check the employee line (816) 344- 5292 for clinic delays or closures.

Jury Duty

Part time employees serving jury duty will not receive compensation from the SWB. Full time employees may choose to take PTO or take the day without pay. An employee shall not be terminated for taking jury duty.

The statute is as follows:

494.460. Employers prohibited from disciplining employees because of jury duty, action for damages, attorney fees — employees not required to use leave for jury duty — automatic postponement of jury duty, when. —

1. An employer shall not terminate, discipline, threaten or take adverse actions against an employee because of that employee's receipt of or response to a jury summons.
2. An employee discharged in violation of this section may bring civil action against his or her employer within ninety days of discharge for recovery of lost wages and other damages caused by the violation and for an order directing reinstatement of the employee. If the employee prevails, the employee shall be entitled to receive a reasonable attorney's fee.
- 3. An employee may not be required or requested to use annual, vacation, personal, or sick leave for time spent responding to a summons for jury duty, time spent participating in the jury selection process, or time spent actually serving on a jury. Nothing in this provision shall be construed to require an employer to provide annual, vacation, personal, or sick leave to employees under the provisions of this statute who otherwise are not entitled to such benefits under company policies.**
4. A court shall automatically postpone and reschedule the service of a summoned juror of an employer with five or fewer full-time employees, or their equivalent, if another employee of that employer has been previously summoned to appear during the same period. Such postponement will not effect an individual's right to one automatic postponement pursuant to section 494.432.

Military Leave

Military leave is leave without pay and is granted by the executive director, or in the case of the executive director, by the President of the Board. Social Welfare Board will comply with all state and federal laws in regard to military leave.

XII. TRAVEL AND MEAL EXPENSE REIMBURSEMENT

Mileage

An employee using a personal vehicle to conduct business will be reimbursed at the board approved allowable rate. Mileage reports are to be submitted in a correct and timely manner for payment. The current rate of mileage reimbursement is \$.555 per mile.

Travel and Meal Expenses

Employees will be reimbursed for necessary and reasonable expenses related to approved business travel. The executive director must approve all plans for non-local travel. Choice of transportation and lodging should always be made in the best interest of SWB.

XIII. COMPLAINT PROCEDURE

Complaints against employees

Any person may make a complaint against any employee of the SWB. Complaints will only be recognized if the complainant completes the proper complaint form and returns it to either the executive director or director of operations either by hand delivery or mail. The complaint will be investigated and disciplinary action taken if necessary. If requested, the complainant will be advised of the findings of the investigation and any action taken.

Complaints between Employees

Occasionally, an employee may experience dissatisfaction or misunderstandings may occur. A quick and reasonable resolution of the problem benefits everyone. Regular employees are encouraged to discuss concerns with the appropriate staff supervisor who will then report to the director of operations and executive director of the SWB. If you believe you have been unfairly treated on the job and are unable to resolve the problem, a formal grievance may be filed within five (5) working days of the incident.

Grievance Policy

The grievance must not be contradictory to established standards of performance or conduct.

Level One Grievance:

- 1) Within five (5) working days of the incident, you must file a level one grievance form detailing the incident. (See attachment C). Dates and times surrounding the incident must be included. The incident must be detailed objectively.
- 2) Upon completion of the level one grievance form, the form is submitted to the Directors for review.
- 3) Within three (3) working days, the director of operations will arrange a meeting to discuss the grievance. The director of operations will present the agency's point of view related to the incident. A decision to rescind or support the grievance related decision will be made and indicated at the bottom of the level one grievance form.
- 4) The employee may either accept or reject the decision.
- 5) If the employee accepts the decision, the decision will remain in effect.
- 6) If the employee rejects the decision, the grievance will move to level two.

Level Two Grievance

- 1) A level two grievance form is obtained with the details of the steps encountered to this point. (Attachment C).
- 2) The level two grievance form indicates from the employee what they feel would be a reasonable decision.
- 3) The level two grievance form along with the level one grievance form is then submitted to the Board.
- 4) The Board will have the opportunity to review the above forms before meeting with the individual.
- 5) The individual will meet with the Board and a decision will be rendered.
- 6) **The decision of the Board shall be final.**

XIV. ORGANIZATIONAL ACCOUNTABILITY

The American Competitiveness and Accountability Act, also known as the Sarbanes-Oxley Act is a law regarding the confidentiality of an individual who reports suspected illegal or inappropriate activities of an agency or organization (including non-policy).

Those who suspect illegal or inappropriate activities in their organizations must be able to report problems confidentially. Also, no retaliation of any kind against whistle-blowers is allowed, even if

the allegations are unfounded. If any employee reasonably believes that some policy, practice or activity of Social Welfare Board is in violation of law, or a clear mandate or public policy, a written complaint must be filed by that employee with the Executive director or Board Chair.

An employee is protected from retaliation only if he or she brings the alleged unlawful activity, policy, or practice to the attention of SWB and provides SWB with a reasonable opportunity to investigate and correct the alleged unlawful activity.

XV. SEXUAL HARASSMENT AND DISCRIMINATION

Social Welfare Board has zero tolerance for sexual harassment and discrimination. It is the policy that all employees and volunteers shall have the opportunity to perform their work in an atmosphere free from any form of unlawful discriminatory or retaliatory treatment or physical or mental abuse, including sexual harassment of its employees or volunteers by anyone, including management, co-workers, board members, volunteers or patients.

Sexual harassment consists of unwelcome advances, requests for sexual favors, or other verbal or physical acts of a sexual or sex-based nature, including any form of media. Employees shall not be required to tolerate such conduct as a term or condition of employment. Employment decisions shall not be based on an individual's acceptance or rejection of such conduct. Finally, the working environment shall not be tainted by such conduct so as to interfere with an individual's work performance or so as to make the work environment hostile or offensive.

It is unlawful to retaliate or take reprisal in any way against anyone who has articulated any honest, good faith concern about sexual harassment against the individual raising the concern or any witness. However, the submission of false statements under this policy is subject to discipline up to and including discharge from employment. Any employee who experiences a violation of this policy should report it to the executive director or director of operations without fear of reprisal. Such complaint will be handled discreetly and appropriate action will be taken.

Persons working in the Clinic or with employees of the Clinic should at all times treat other employees respectfully and with dignity in a manner so as not to offend the sensibilities of the co-worker. Employees and volunteers should express their objection to and resist such conduct and report it immediately. Our management is committed to vigorously enforcing this Sexual Harassment Policy at all levels.

1. The Social Welfare Board has a zero tolerance for sexual harassment. Any material that is harassing, embarrassing, sexually explicit, profane, obscene, intimidating, defamatory, or otherwise unlawful or inappropriate, including any comments that would offend a person on the basis of race, age, sex, sexual orientation, religion, or political beliefs, national origin, or disability, must not be sent by e-mail or other form of electronic communication, viewed on or downloaded from the Internet or other online services, or displayed on or saved in the company computer system. Users encountering or receiving this kind of material must immediately report the incident to their supervisor. For more information, please refer to your pre-existing policy/policies that address sexual harassment.

2. The Social Welfare Board does not claim responsibility for material viewed or downloaded by users from the Internet. The Internet is a worldwide network of computers that contains billions of pages of information. Be cautioned that many of these pages include offensive, sexually explicit, and inappropriate material. Having an e-mail address on the Internet may result in the unsolicited receipt of e-mail containing inappropriate content. When accessing the Internet, users do so at their own risk.
3. Use of our computer systems, including Internet and e-mail, is subject to the provisions of our non-discrimination/harassment policy:
 - policy offenders will be subject to disciplinary action and , up to and possibly including termination, and potential civil and criminal liability
4. "Bullying" means intimidation or harassment that causes a reasonable employee to fear for his or her physical safety or property. Bullying may consist of physical actions, including gestures, or oral, cyber bullying, electronic, or written communication, and any threat of retaliation for reporting of such acts. Policy offenders will be subject to disciplinary action and, up to and possibly including termination, and potential civil and criminal liability. The clinic's anti-bullying policy shall require employees to report any instance of bullying if the employee has firsthand knowledge.

XVI. TUBERCULOSIS POLICY

All employees must submit to a tuberculosis skin test annually. Should an employee choose not to submit to a TB test a waiver shall be signed. New employees must have the test performed within three months of initial employment. Verification of results must be provided by each employee and will be placed in the employee's personnel file.

XVII. ALCOHOL AND SUBSTANCE ABUSE POLICY

As part of its commitment to provide a safe place for its staff and patients, and to comply with the Drug-Free Workplace Act, the Social Welfare Board has established this policy to prevent the use and/or presence of these substances from affecting the workplace. Staff members are encouraged to seek treatment before substance abuse becomes an issue for the workplace.

The consumption, sale, possession, manufacture or distribution of illegal drugs or alcohol while on SWB premises is prohibited. Off duty use of alcohol which adversely affects or threatens to affect any interest of SWB is also prohibited. Individuals arrested for an alcohol, substance or drug possession related incident must immediately notify the Executive director if the incident occurs: during scheduled work hours, while operating a vehicle in performance of Clinic related activities.

It is against this policy to report to work or be at work under the influence of illegal drugs or under the influence of legal drugs that induce an unsafe mental or physical state. Individuals are required to report the use of any prescription medication that may affect job performance to their immediate supervisor, Executive director or Director of operations. Individuals must cooperate with any inquiries regarding such drugs, including contacting the prescribing provider. Do we need to request permission of the employee before contacting physician especially in the case of medication prescribed by a psychiatrist?

As stated in Section V, Social Welfare Board reserves the right to conduct applicant testing, random testing, for-cause testing, post-accident testing and any testing that may also be required by applicable state and federal laws, rules or regulations. Refusal to cooperate with such testing will result in immediate termination of responsibilities and will be considered grounds for immediate discharge. For the purpose of this policy, an individual is presumed to be under the influence of drugs if a urine test or other testing shows a forensically acceptable positive quantum of proof of drug use. Any testing will be handled confidentially, with only those people who are involved in the decision making process aware of testing results.

Violation of this policy subjects the individual to one or more of the following, as determined by the executive director or in conjunction with the Board of Directors:

1. Discipline up to and including immediate discharge
2. Mandatory testing and/or
3. Mandatory referral to rehabilitation.

Use of community treatment resources will not shield the individual from appropriate disciplinary action for any policy violation.

If an individual is convicted of a drug-related crime, the circumstances will be investigated and disciplinary decisions will be made based upon the findings. Results can vary from leave without pay or suspension to termination. Findings of the court will lead to additional evaluation by SWB Management and continued employment will be evaluated at that time. SWB Management reserves the right to base its decisions upon its investigation and the totality of the circumstances.

SWB Management reserves the right to change the provisions of this policy and testing program at any time.

XVIII. CONFIDENTIALITY

Respecting the right to privacy is a basic tenant of SWB Management Policy. Information about a patient, volunteer, board member or employee required in the conduct of the Clinic's business will be collected only by proper means, restricted to that which is relevant, used only for business purposes and maintained in a manner which will protect its confidentiality. All statutory requirements with regard to the privacy of such information shall be strictly followed. Except as required by law, no information shall be released without written permission.

1. **Client** – It is imperative, because of the nature of our work, that information pertaining to clients be kept confidential. Under no circumstances should clients be discussed outside the Clinic. Neither should cases be discussed within the Clinic with anyone who is not directly involved. Do not discuss a case because of personal curiosity. Joint conferences for the purpose of discussing clients must be held in private and should be done on a “need to know” basis. No client information will be provided to outside agencies except with the client's express written consent.
2. **Employee** – The only information given without the express written consent of the employee or former employee regarding current or former employment will be verification of employment and relevant dates. No further information shall be released without the employee's written consent and the executive director's or director of operation's approval.

The director of operations and the executive director are the only authorized individuals to verify an employee's or former employee's employment.

3. **Volunteer** – The only information released about volunteers will be that which is requested by the volunteer in writing to the executive director, unless such information is used for volunteer recognition purposes.

XIX. EMPLOYEE SAFETY PROCEDURES

It is the goal of SWB to insure the safety of the staff, volunteers, clients and others on the property at all times. This includes in the parking lot during evening clinics and other scheduled meetings. Parking lot safety is a responsibility shared by everyone. With the assistance of SWB and individuals, awareness of parking lot safety and the potential of threatening, unsafe, or harmful situations can be greatly minimized.

1. If you are planning on being at SWB after dark during non-clinic hours, please inform a family member or friend of the times that you will be here. Make plans to check-in with that individual when you arrive safely home.
2. Always have your vehicle windows rolled up and doors locked to prevent possible intruders.
3. Before walking out to the parking lot, observe to see if there is anyone or anything that could be a potential danger to you. If in doubt, do not enter the parking lot. Call the St. Joseph Police Department at 911 and report anything suspicious and request a "property check".
4. If possible, walk with another person(s) to your car. Drive out together checking to see that the other person(s) is safely leaving SWB.
5. Have your keys in your hand before you reach your vehicle or before you walk out of the building, so that you do not have to search for them when you reach your vehicle. If necessary, keys can be used as a weapon.
6. Before entering your vehicle, take a look inside. Make sure your vehicle is unoccupied. When you get into your vehicle, immediately lock your doors and turn on your headlights. This will allow you to see around your vehicle and make it more difficult for someone to see into your vehicle.
7. In the event a hazardous situation does occur, seek safety and call 911 immediately.
8. For personal safety, it is recommended that staff working evening clinics carry cell phones in case of emergency.

XX. VIOLENCE PREVENTION: Dealing with Hostile Individuals

Social Welfare Board has zero tolerance for workplace violence. This means any form of abusive behavior or threats against staff, volunteers or clients will not be tolerated at any time. Persons experiencing any type of treatment that is abusive, threatening or disrespectful should notify the director of operations or executive director immediately.

Below are guidelines to help reduce the risk of violence at the Social Welfare Board:

1. Communicate with respect. Be open and honest and communicate in a positive and supportive fashion.
2. Stay Alert. Be aware of surroundings at all times. Assess clients and visitors for their potential for violent acts.

3. Verbally diffuse. When confronted by an agitated person, listen to them. Most times they will calm down if someone simply hears them out. Never argue or disagree. If at any time, the interaction escalates out of control or reaches an impasse, notify another staff member immediately.
4. Know the clients. Be alert to clients with a history of abusive behavior. Do not be alone with this type of client at any time.
5. Treat special cases with care. Avoid a potentially violent situation with proper handling. Be especially alert with clients who are disoriented or confused.
6. Do not work alone. Minimize situations of working alone. If a staff member is alone and feels unsafe at any time, they should lock the clinic and report the situation to the police.
7. Always be 911 ready.

XXI. HAZARD COMMUNICATION

It is important to be aware of any chemicals or hazardous substances on the premises of SWB. MSDS sheets, which outline steps to take when exposed to chemicals or hazardous substances, are located in the MSDS manual in the dispensary and dental clinic.

XXII. INFECTION CONTROL

All individuals who are working with clients in the clinical setting are expected to use proper hand washing techniques and use gloves to prevent gross microbial contamination of hands.

It is especially important for all staff and volunteers to wash their hands thoroughly:

- After using the restroom
- Before and after any procedures with clients
- When suffering from a viral or bacterial infections, such as a cold or sinus infection.

XXIII. BLOOD BORNE PATHOGEN EXPOSURES

In addition to regular infection control measures, the staff of the SWB shall utilize Universal Precautions to protect individuals from exposures to potentially lethal blood borne pathogens. The premise of Universal Precautions is that all individuals are considered potentially infectious for blood borne diseases. It is impossible to tell by mere observation whether or not they are infected. Personal protective measures must be used whenever exposures to blood or body fluids are likely to occur. The following guidelines are designed to identify risks for exposure to blood-borne pathogens:

1. Any work task that involves exposure to blood, body fluids, or tissue or procedures that involve an actual or potential for mucous membrane or skin contact with blood or body fluids shall be considered at risk for exposure.
2. Jobs and tasks that require no exposure to blood or body fluids are not generally considered to be at risk. However, tasks may be performed that would present a risk, such as housekeeping tasks or in the unlikely event of a medical emergency where blood and/or body fluids may be present.

In the unlikely event of a needle stick, splash or other exposure to blood or body fluids, individuals should follow these procedures:

After a needle stick or cut:

1. Bleed the wound
2. Wash the wound with soap and water and wipe with an antiseptic agent
3. Cover the wound, if necessary
4. Contact the director of operations or Executive director immediately for instructions to get follow-up treatment

After a mucous membrane (eye) splash:

1. Flush the mucous membrane surface with water.
2. Contact the Director of operations or Executive director immediately for instructions to get follow-up treatment

AN INCIDENT REPORT IS TO BE COMPLETED WITHIN 24 HOURS FOR ANY BLOOD BORNE PATHOGENS EXPOSURE OR OTHER INCIDENT.

After all exposures:

1. Identify the object causing the needle stick, cut, laceration or splash if possible.
2. Identify the source client if possible and obtain consent for testing for HIV, HepB and HepC.
3. Contact the director of operations or executive director for procedures to follow for testing.
4. Should the individual who was exposed refuse testing, it must be documented in writing.
5. All incident reports are to be given to the executive director for follow-up.

XXIV. EMERGENCY PROCEDURES

An emergency is defined as an unexpected situation that requires prompt action. Emergencies described in this policy include, but are not limited to: medical emergencies, fire, tornados and power outages. Please remember than in any emergency situation, it is important to remain calm.

Medical emergencies: The director of operations or Executive director should be notified immediately of any complaints by any person of chest pain, dizziness, shortness of breath or if a person faints or has a seizure.

The Nurse practitioner on duty will assess the patient and the situation to determine the extent of the emergency. If a physician is on-site, the physician should determine the extent of the emergency. If the situation calls for emergency medical personnel, the director of operations or executive director or designee should call the proper authorities. The trained medical personnel, if present, will provide the person with basic CPR and first aid until the arrival of emergency medical personnel.

If the afflicted person is a client of the Clinic, the electronic chart should be brought to the trained medical personnel, if present. Any pertinent information about the client (allergies, significant medical history) should be reported to the emergency medical personnel.

If the afflicted person is a visitor to the clinic, the person accompanying the afflicted person should remain with the person so that any pertinent information can be obtained.

A CPR MASK IS AVAILABLE on the Emergency cart.

1. **Fire:** In the event of a fire, all persons in immediate danger should be evacuated. All staff, volunteers and clients should be notified. Exits are located at the front and back of the building are clearly marked. Staff and volunteers involved in the evacuation should remain calm and insure that order is maintained to reduce injury. All clients should be guided to evacuate the Clinic in a safe and timely manner.

After those in immediate danger have been evacuated, the director of operations or executive director will contact emergency personnel as appropriate.

The executive director or designee will assess the fire and then instruct staff and volunteers of the need for further evacuation of the facility. The executive director or designee will be responsible for checking all areas of the building to insure complete evacuation.

The executive director or designee will notify staff and volunteers when it is safe to return to the facility.

2. **Tornadoes:** Should a tornado occur, all individuals in the Clinic should gather in the center hall of the clinic and wait for instructions from the executive director or director of operations or designee.
3. **Power Outages:** Should the power go out, remain calm and gather in the Dispensary. If the power goes out during clinic hours, all staff members present should assist clients and volunteers in exiting the building safely. The executive director and director of operations are responsible for insuring complete evacuation of the building and notifying the power company of the outage. The executive director or designee will alert staff when it is safe to return to the building.

XXV. GENERAL POLICIES

Telephone

Local telephone calls, which are personal in nature, may be made on office telephones, but should be brief and limited in number. (No longer than two minutes unless in a severe life threatening emergency. Personal long distance calls may not be made at the Clinic's expense.

Internet, Email and texting privileges

The use of personal communication devices during working hours may present a hazard or distraction to the user and/or other employees. Consequently, personal communication devices may only be used during non-working time (breaks) or for an emergency during working hours. This

includes, but is not limited to, cell phone calls, texting, checking emails, etc. Discipline measures are outlined in section VII shall be enforced.

COMPUTER SECURITY

All files produced, maintained or otherwise stored on any computer system owned by SWB are considered property of the SWB and are, therefore, accessible only with proper authorization as outlined below. It is understood that computer systems operators who are SWB employees or who are contracted service and maintenance providers, have the ability to access any file residing on any computer system for which they are responsible. Such employees and service providers are expected to refrain from randomly or selectively accessing files beyond those necessary in the conduct of their official duties. Any action on their part, which results in intentional, unauthorized access or compromise of SWB files or records, will result in discipline or formal civil action as appropriate to the circumstances.

- 1) Public Records Stored Electronically. Access to public records stored electronically shall be made available to employees of the SWB on an as-required basis and accessible to the public, consistent with Section 610.011, RSMo 1994, as amended.
- 2) Closed Records Stored Electronically and Working Papers. Access to closed records and working papers stored electronically is restricted to authorized persons except where reasonable cause exists to suspect unauthorized or illegal use of a computer system is occurring. "Authorized persons" is defined as an individual or group of individuals who have a need to know or are expressly given permission or directed to access said files.
 - a) Access to closed records and working papers may be authorized by the individual who created the files, including occasions where it is necessary to obtain data processing and/or other service representative assistance because of a systems operation problem. Under no circumstances, shall data processing and/or other service employees use their capabilities to access closed and working-paper files except as provided below. Files accessed during these special circumstances, shall be considered confidential and are not to be shared with other unauthorized parties. Should unauthorized release of closed or working-paper files occur, such release shall be investigated and where fault is found, appropriate action will be taken, including disciplinary action.
 - b) In the event of a need to investigate, based on reasonable suspicion of computer misuse or illegal use, access to affected files will immediately be canceled to all current users on orders of the Director. The Director may authorize or direct any investigative party to access closed and working-paper files for the purpose of determining if misuse or illegal acts have occurred.
- 3) Electronic Storage Media. Any discs, tapes, or alternative storage devices are considered to be part of the computing system and, therefore, fall under the same guidelines as those which govern the computer system used to generate the record.
- 4) Electronic Mail (E-Mail). E-Mail is any computer-based message communication, including voice mail systems, which can be used to communicate messages to employees. E-Mail systems, (including intranet or internet), whether accessed by computer, telephone or other means, are the property of the SWB and are intended primarily for carrying out SWB

business. The SWB reserves the right to enter the E-Mail system(s) and review, copy, or delete any messages, where reasonable cause exists to suspect that unauthorized illegal use to the system is occurring. Any system which includes use of a password to gain access is intended to protect the SWB business interests, not for the complete privacy of employees who use the systems. Employees may not assume that messages are confidential, even though a private password is used.

- a) E-Mail Use. Users of SWB e-mail systems must be aware that documents or files which are created or communicated through the intranet (internet e-mail) or internet, may constitute records which are subject to the same legal retention requirements as are paper records and may be public records within the context of Chapter 610, RSMo, as amended (Sunshine Law).
- b) E-Mail Misuse. E-Mail users are expected to conduct themselves in a legal, professional, fair, considerate and ethical manner. Misuse of e-mail may consist of, but is not limited to:
 - Behavior that unreasonably interferes with the fair use of information technology by others.
 - Communication which is harassing, offensive, profane, or abusive. Among those considered offensive are messages containing sexual implications, racial slurs, gender-specific comments, threats, or any other communications that offensively address someone's age, sexual orientation, religion or political beliefs, national origin or disability.
 - Sending (uploading), receiving (downloading) and using or copying copyrighted materials without permission of the owner.
 - Sending (uploading), requesting or knowingly receiving (downloading), copying, storing, or distributing pornographic or other sexually explicit material.
 - Knowingly modifying, deleting, or otherwise manipulating files in another user's account or acting to access user's files without consent or where sensitive material may be stored.
- c) Any employee who violates this policy or uses the intranet or internet for improper purposes shall be subject to disciplinary action up to and including discharge. The SWB's possible tolerance of prior policy violations is no defense.

Social Networking...Facebook, MySpace and LinkedIn

1. All requests for employee use of external "professional" social networks must be approved by the Information Specialist.
2. The Information Specialist will establish access for the applicable employees to the targeted professional social network site, bypassing firewall Web site filters.
3. Use of company social network user IDs for personal use is prohibited. Examples of prohibited use of company User IDs include: downloading and installing plug-ins or helper applications such as those that try to access the company e-mail directory, joining groups using a company user ID for personal reasons or adding personal friends to an employee's friends list.

4. Creation of “groups” within the social network to support business goals is allowed. However, the business unit agrees that they will regularly monitor and moderate group activity. It is the responsibility of the business unit to monitor individual group member activity as well as to ensure company use of the social network complies with the social network’s Terms of Service (TOS) or Terms of Use (TOU), as applicable.

Personal Property

Each employee or volunteer’s personal property is his or her own responsibility. Workers are encouraged to keep belongings in drawers or cabinets when possible and to lock them away if left overnight. SWB cannot be held liable or responsible for staff property.

Intellectual Property, Work Products and Files

All supplies, materials, and work products of an employee if purchased by SWB and/or developed while in the employment of the Clinic shall remain the property of SWB after resignation, discharge, or layoff of that employee. The employee may retain any personal files, but work files and other papers shall remain with SWB.

Equipment and Supplies

All equipment and supplies purchased with SWB funds are for Clinic use only.

- Letterhead and envelopes are for official Clinic use and shall not be for personal or non-official purposes.
- Unauthorized use of computer systems includes, but is not limited to: use of a password that has been deleted or is assigned to another employee, use of the system for purposes outside the scope of normal duties; deletion, alteration, duplication or documentation of any information outside the scope of the user’s duties.
- The executive director reserves the right to impose disciplinary action up to and including immediate discharge for unauthorized use or improper use of equipment or systems by an employee.

Motor Vehicle Insurance

An employee who uses an automobile or other motor vehicle in the performance of his/her duties must be in compliance with Missouri state law covering operation of motor vehicles by carrying a valid license and current liability insurance at all times.

Publicity and Public Statements

No public policy statements may be made without the specific and express approval of the executive director. In his/her absence, the staff shall contact the Chair of the Board of Directors. If the media is questioning Clinic policy, the Chair of the Board shall be informed.

The executive director is responsible for providing to the media, officials and other constituents information that is factually accurate and within sufficient context to be understood.

Smoke Free Workplace

The Board of Directors of the Social Welfare Board (SWB) recognize the hazards caused by exposure to environmental tobacco smoke, it shall be the policy of SWB to provide a smoke-free environment for all employees, visitors and patients. This policy covers the smoking of any tobacco products and the use of oral tobacco products or “spit” tobacco and applies to both employees and non-employee visitors of the Social Welfare Board

Specifics are as follows:

- No smoking of tobacco products will be allowed within the facility or grounds at any time.
- Employees shall not be paid for smoking time. Staff are required to clock out when leaving the building to smoke.

Weapon Free Workplace

SWB is designated as totally weapon free. A concealed weapon permit does not give anyone the right to bring weapons onto Clinic grounds.

XXVI Organizational information

The **Mission** of the Social Welfare Clinic is to promote and provide quality health care to the underserved population residing in the City of St. Joseph and Buchanan County in a safe, respectful and compassionate manner.

Vision The Clinic’s vision is to serve as a safety net health care provider for the residents of St. Joseph and Buchanan County who are and in need.

History The Social Welfare Board has the distinction of being the oldest free clinic in the United States. In 1913, through the dedicated leadership of Dr. Daniel Morton, the clinic was established by Missouri State Statute 205.770. By promoting universal access to health care as a basic humanitarian tenet, Dr. Morton was able to gain the support of our city and county governments. Equally as important, he was able to persuade the community’s physicians to treat the impoverished at no charge. The support of our city and county governments and the continued support of our local physicians are unique features of the Clinic that have endured to the present time. To this day the Social Welfare Board of Buchanan County (SWB) continues to provide complimentary medical and dental care to uninsured residents living in Buchanan County who are in need.

Current Access Services are available to uninsured residents who live at or below 200% of the federal poverty level and do not qualify for Medicare, Medicaid or Veteran’s Benefits and do not have private insurance.

Board Mandates It is the Board’s desire that the staff of the Social Welfare Clinic provide quality care in a safe, respectful, and compassionate manner. Furthermore, the Board expects the clinic to employ the suitable number of properly trained staff to carry out the mission of the clinic. In order to fulfill these mandates, the Board realizes that the clinic must remain financially solvent.

Stakeholders To fulfill its Board mandates, the Clinic recognizes that collaboration between many people and entities including patients, employees, Heartland Health, City, County and State governments, other health care providers, private donors, volunteers and grantors.

MEDICAL/DENTAL POLICIES - GENERAL

The clinic will provide quality medical and dental services to indigent adult persons living in Buchanan County. The physician, dentist, nurses, and other staff will collaborate as to the nature and severity of the medical and dental needs. The physician and nurses may make referrals to other medical facilities or social agencies to meet patients' needs.

- All staff members are urged to be alert to the medical, women's health, dental and social needs of each patient with whom they come in contact so that through interoffice communication, the patient's concerns may be addressed.
- All patients must wear shoes and shirts to be seen in the clinic.
- Patients' income must be at or below the 200% Federal poverty guideline.
- Patients should be eligible for Mosaic's financial assistance program.

MEDICAL/DENTAL POLICIES - SPECIFIC

Electronic medical records will be retained a minimum of 7 years. Dental records must be kept indefinitely.

SWB will not accept the responsibility of patients who have been to any mental health facility and signed themselves out against medical advice. These patients would be encouraged to return to these facilities.

The Social Welfare Board will assist any patient who has been prescribed a medication by a specialist working from a Social Welfare Board referral with the prescribed medication. The assistance may be in the form of a voucher to a pharmacy, filling the prescription from the agency's dispensary or assisting with a patient assistance application.

Patients with private insurance are not eligible for care at the SWB. They are ineligible to receive prescriptions. Co-payments for prescriptions covered by Medicaid will not be given.

Patients may be assisted with transportation needs through bus or cab fare vouchers in order to attend necessary medical appointments and or other pertinent situations as approved by the director of operations or executive director.

The patient will be asked to apply for Mosaic's financial assistance for laboratory or diagnostic tests done at Mosaic Life Care. .

Patients with VA benefits will be referred to the State Veteran's office at the State Office Building or a veteran's hospital or clinic.

PATIENT ELIGIBILITY REQUIREMENTS – Please see policy AD-016

All policies pertaining to the Social Welfare Board are on the company S drive. Please read and familiarize yourself with the policies as they are the most recent directives for the clinic and its operations.

Policies noted below:

 AD-001 personal computer (004).pdf	 Formulary 2017.xlsx
 AD-002 Incident Reports Policy-2015.docx	 HIPAA Notice of Privacy Authorization C...
 AD-003 Patient grievance.docx	 Index of Policies-2015.docx
 AD-03b Request for Accommodation – ...	 Infection control policy dental.doc
 AD-004 Inclement Weather Policy-2015.d...	 MDrhythm-English Intake.docx
 AD-005 Building Security-2015 (Autosave...	 MED -026 Patient Access Needs And Pref...
 AD-006 Scope of Volunteer Service-2015....	 MED-001 adverse event.docx
 AD-007 48 Hour Documentation.docx	 MED-001 Patient Care Team Meetings Po...
 AD-008 Accounting Policies and Procedu...	 MED-002 medication 2021.docx
 AD-009 Clinic Access.docx	 MED-003 Dispensary Policy-2015.docx
 AD-010 Employee Manual-revised April ...	 MED-004 Phlebotom-Specimen Processi...
 AD-011 Interpretive Services-2015.docx	 MED-005 Triage-2019.docx
 AD-012 Information Security Plan-2015.d...	 MED-006 Acute Anaphylaxis Reaction-20...
 AD-013 Policy Development, Approval a...	 MED-007 AED-2015.doc
 AD-014 Record Retention-2015.docx	 MED-008 Medication Error-.docx
 AD-015 Time Sheet Calculation-2015.docx	 MED-009 Blood borne Pathogen Exposur...
 AD-016 Patient eligibilty for all clinics.docx	 MED-010 Outside Prescriptions-2015.docx
 AD-017-Fire Emergency Plan.docx	 MED-011 Prescription Refill Request-2015...
 AD-018 HEALTH attire.docx	 MED-012 Adverse Event.docx
 AD-019 Medicare.docx	 MED-013 Clinic Access.docx
 AD-020 Conflict of interest policy-adden...	 MED-014 Process improvement form.docx
 AD-024 Front Office Scope of Practice.doc	 MED-014 Process request.docx
 AD-026 Pet Policy.doc	 MED-015-Clinical Procedure eval and trai...
 AD-028 Respectful Workplace Policy.docx	 MED-016-Code of Conduct-HIPAA.docx
 AD-029 Appointment Process.docx	 MED-017-formulary SEPT 2016.xlsx
 AD-030 Case Management Policy.docx	 MED-018, Sharps and Occupation Expos...
 AD-031 Trauma policy revised.docx	 MED-019-Personal Protective Equipment...
 AD-032 Mandatory vaccines.docx	 MED-020-Emergeny Response Kit log.docx
 AD-032a Religious Accommodation.docx	 MED-021-Biohazard.docx
 AD-033 Overtime.docx	 MED-022, Portable O2 Safety and Mainta...
 AD-33a Overtime Authorization Form.docx	 MED-023 Collaborative practice.pdf
 AD-34 Meal and Break policy.docx	 MED-024 CPAP policy.docx
 Documented Process describing policy o...	 MED-027 telehealth policy.docx
 Emergency Response Plan- Social Welfar...	 MED-028 Referral Tracking System Policy...
 FINAL Disaster plan fill in the blank docu...	 MED-029 Comprehensive Health Assess...
 Fire Chief AED.docx	 MED-030 The Personal Clinician Selectio...
 Formulary 2017.xlsx	 MED-031 Managing Lab and Imaging Po...
 HIPAA Notice of Privacy Authorization C...	 MED-032 Specialist referrals.docx
 Index of Policies-2015.docx	 MED-033-Lab procedure venous punctur...
 Infection control policy dental.doc	 MED-034 sterilization process.docx
	 MED-035 Scope of Laboratory Services.doc
	 Summary of Missouri Sunshine Law.docx
	 SWB violence policy.docx

ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Social Welfare Board's Employee Handbook and understand its contents. I understand that the handbook is intended to provide a summary of the Social Welfare Board's personnel policies and does not necessarily represent all such policies that are in force. This handbook is not nor can it be implied to be a contract of employment. The Social Welfare Board may at any time, in writing, add, change, or rescind any policy or practice at its sole discretion, without notice.

I understand that my employment and compensation are for no fixed term and may be terminated by the Social Welfare Board at any time with or without cause or notice. Similarly, I may resign at any time.

Employee Name (Please Print)

Employee Signature

Date

Director Name (Please Print)

Director Signature

Date

Attachment C

Employee Grievance Form

It is the purpose of the Grievance Procedure to establish a method whereby grievances of employees will be resolved fairly and effectively. The filing of a grievance will in no way prejudice the status of the employee. Please see the Employee Policy Manual for a full description of the procedure

EMPLOYEE: _____

DATE: _____

DEPARTMENT: _____

JOB TITLE: _____

Level I Grievance

Level II Grievance

STATEMENT OF GRIEVANCE (Background/activity leading to complaint, including dates):

REMEDY REQUESTED:

EMPLOYEE'S SIGNATURE: _____

DATE _____

Date the Immediate Supervisor was notified: _____

(Please attach response)

Date the Director of operations or Executive director notified: _____

(Please attach response) (Circle who was notified)

Outcome: _____

Standard #1: Administrative

Section D: Human Resources

1D3 – The Clinic/Pharmacy's new employees/volunteers receive review of policies and must acknowledge their understanding in writing.

Please refer to sample for 1D2

Standard #1: Administrative

Section D: Human Resources

1D4 – The Clinic/Pharmacy's Executive Director/CEO must perform written evaluations of paid staff at least once per year.

[ORGANIZATION NAME]

PERFORMANCE EVALUATION FOR 3 MONTHS/ANNUALLY

NAME: _____ JOB TITLE: _____
DATE OF HIRE: _____ DATE OF LAST EVALUATION: _____

Using the specific requirements of the job description, review and consider the following factors regarding the performance of the above individual and circle the number beside the statement which most accurately describes their performance since their last evaluation or initial hire date.

1. INTERPERSONAL SKILLS/ATTITUDE: Reflects ability to work with others and the way the staff member interacts with other staff and or patients on a day-to-day basis. Manner in which he/she reacts to supervisors, co-workers, patients, volunteers and reaction to constructive criticism.

(1) Works poorly with others. Frequently grumbles about policy, others, work assignments. Reacts negatively to constructive criticism. May include several complaints from patients about their communication skills or attitude with them. Inappropriately verbalizes feelings/tone is unacceptable. Displays dislike for position.

(2) Attitude, cooperation and interpersonal skills need improvement. Is occasionally uncooperative and displays poor attitude. Has difficulty dealing with others at times. Voice/tone is sometimes unacceptable. Sometimes displays dislike for position or does not accept constructive criticism well.

(3) Works compatibly with others. Usually has a good attitude and is cooperative. Voice/tone is acceptable. Does not display dislike for position, handles const. criticism ok.

(4) Works well with others. Is cooperative and helpful. Shows respect for supervisors. Voice/tone is pleasant. Displays enjoyment of position. Accepts constructive criticism well and changes behavior accordingly.

(5) Excellent attitude, courteous, mature, professional. Goes out of way to establish and maintain good rapport with co-workers, volunteers, and patients. Is always respectful to supervisors. Is helpful to assist/teach others. Serves as role model for appropriate behavior to fellow staff members. Always has pleasant voice/tone. Enthusiastic about position. Accepts constructive criticism and changes behavior immediately

COMMENTS: _____

2. **QUALITY/QUANTITY OF WORK:** Consider ability to produce reliable work. Evaluate the number of errors, thoroughness, judgment, knowledge of job and how these impact patient care and other staff members. Consider volume of work performed during a given time period, energy level, capacity and stamina.

(1) Work is frequently unacceptable. Requires continual supervision and direction. Is not dependable. May make careless errors on a regular basis. Is listless, easily distracted. Performs below job expectations and does not complete a sufficient amount of work. Poor multi-tasking skills. Constantly making errors

(2) Makes occasional careless errors. Requires more than average supervision. Needs to be reminded to perform assigned daily tasks. Produces below capacity. Appears to lack energy at times or willingness to produce. Does not always use time wisely. Has problems identifying priorities. Lacking in skills to multi-task. Makes a lot of errors.

(3) Work is usually accurate, acceptable, reliable. Usually sees a need and meets it without needing urging from a supervisor, even if not assigned to that area of the clinic at that time. Produces satisfactory amount of work. Completes work assignments. Uses time wisely, is flexible and identifies appropriate priorities. Able to multi-task. Makes some errors.

(4) Work is consistently accurate, neat, and thorough. Is dependable. Good to see a need and meet it even if not part of their current assignment. Occasionally produces more work than expected. Uses time wisely. Has above average energy level, capacity, and stamina. Helps others. Can regularly multi-task. Errors are few and far between.

(5) Work is outstanding, precise and consistently meets/exceeds established standards. Takes pride in work. Consistently exceeds work expectations and looks for needs in the clinic without prompting of a supervisor. Amount of work exceeds expectations. Is energetic and always willing to help others. Great at multi-tasking. Rarely if ever makes errors.

COMMENTS: _____

3. **TECHNICAL SKILLS/COMPREHENSION:** Consider the technical competence and/or overall knowledge of job, procedures, duties, and functions within the standards required for the position, as well as, the ability to apply those skills. Consider ability to grasp instructions and scope of position with regard to understanding technical aspects, theory, policy and procedures.

- (1) Does not have acceptable working knowledge and skills of job. Cannot comprehend effectively or in a timely manner.
- (2) Job knowledge and/or technical skills are limited. Continually needs instruction and training. Slow to comprehend, requires more than average instruction time.
- (3) Has sufficient knowledge and technical skills to perform the job. Has average ability to comprehend technical aspects, theory, policy and procedure for the position.
- (4) Maintains and utilizes more than adequate technical skills, knowledge and understanding of job position. Better than average comprehension skills.
- (5) Maintains and utilizes thorough knowledge and skills for the technical aspects of the job. Has excellent understanding of job position. Skills are outstanding. Exceptional ability to grasp, learn, comprehend and apply skills for position.

COMMENTS: _____

4. **ATTENDANCE/TARDINESS:** Consider number of unplanned absences, sick days, and tardiness since last evaluation period in regards to what is the expected norm. Consider whether staff person contacts appropriate supervisor. Consider whether enough notice is given when absent/late. Consider if employee consistently works 40/hr week.

- (1) Regularly absent or tardy without good/acceptable cause and frequently uses excessive sick days (>3 days in 6 months). Does not always notify supervisor appropriately. Works < 40 h./ week often.
- (2) Frequently absent or late without good/acceptable cause or uses excessive sick days (> 3 days in 6 months). "Usually" notifies supervisor appropriately. Works<40 hr./ wk. at times.
- (3) Some absences or tardiness but with good/acceptable cause. Uses annual leave appropriately with advanced notice/authorization of supervisor. Sick days do not exceed 3 days in 6 months period. Notifies supervisor appropriately. Works 40 hr/wk.

- (4) Rarely absent or tardy. Always notifies supervisor when going to be late or absent. Always uses annual leave appropriately with advanced notice/authorization of supervisor. Sick days are within expected norm of 3 days in 6 months. Works 40 hr./wk.
- (5) No tardiness or unscheduled use of annual leave since last evaluation. Sick days are within or less than expected norm of 3 days in 6 months. Always notifies supervisor appropriately. Always work 40 hr./week.

COMMENTS: _____

5. **DOCUMENTATION:** Consider employees ability to accurately and effectively document aspects of patient care or assigned tasks Consider employees use of [EHR] system when documenting as appropriate if clinical or written abilities if office/clerical.

- (1) Poor documentation skills. Does not appropriately or accurately document in [EHR] (includes scheduler/specialty clinics documentation) if clinical.
- (2) Lacks effective documentation skills at times. Does not always use [EHR] system appropriately (includes scheduler/specialty clinic documentation) if clinical.
- (3) Acceptable documentation skills. Uses [EHR] system appropriately (includes the scheduler/specialty clinic documentation) if clinical.
- (4) Effective documentation skills that are consistently accurate/timely/appropriate. Uses [EHR] system appropriately, including the scheduler/specialty clinics documentation) if clinical.
- (5) Effective and superior documentation skills. Always uses [EHR] system appropriately, including scheduler/specialty clinic documentation if clinical.

COMMENTS: _____

6. ENVIRONMENTAL SAFETY: Consider application of universal precautions, OSHA standards, and methods that affect safety of self, co-workers, patients and volunteers.

- (1) Does not follow safety procedures and is careless of safety of self/others.
- (2) Occasionally fails to observe and/or use universal precautions, OSHA standards. (example: not wearing gloves when appropriate).
- (3) Adequately follows universal precautions, OSHA standards, and safety policies.
- (4) Routinely practices all applicable safety precautions (universal precautions/OSHA).
- (5) Exercises great care for personal safety and that of co-workers, patients and volunteers. Always follows universal precautions and OSHA standards.

COMMENTS: _____

7. PROFESSIONALISM: Consider employee's overall demeanor, interaction with patients, co-workers, volunteers, and supervisors. Consider ability to act as patient advocate and secure assistance for patient through other means.

- (1) Does not display professional demeanor. Is not able to advocate for patients.
- (2) Does not always display a professional demeanor. Patient advocate skills are lacking.
- (3) Is professional. Is able to help advocate for patients.
- (4) Displays professional demeanor on a regular basis. Has good patient advocate skills.
- (5) Outstanding professional demeanor. Excellent patient advocate skills.

COMMENTS: _____

OVERALL RATING: TOTAL SCORE: _____ TOTAL POSSIBLE: _____

WELL ABOVE POSITION CRITERIA/EXCELLENT (32-35)

ABOVE POSITION CRITERIA/GOOD (27-31)

MEETS AVERAGE POSITION CRITERIA/AVERAGE (21-26)

DOES NOT MEET POSITION CRITERIA/BELOW AVERAGE (15-20)

WELL BELOW POSITION CRITERIA/WELL BELOW AVERAGE (<15)

****If employee overall ranking is below 21, a job improvement plan will be developed and reviewed with employee and attached to this form****

CEO: _____ DATE: _____

CLINICAL COORDINATOR: _____ DATE: _____

OTHER SUPERVISOR (IF INDICATED): _____ DATE: _____

My signature verifies that my evaluator has discussed this evaluation with me, as well as, a job improvement plan, if indicated above. My signature does not necessarily signify that I agree with this evaluation.

COMMENTS: _____

EMPLOYEE: _____ DATE: _____

SALARY INFORMATION: CURRENT: _____

NO CHANGE/ RE-EVALUATE IN _____ MONTHS.

INCREASE TO: _____ EFFECTIVE DATE: _____

Standard #1: Administrative

Section D: Human Resources

1D5 – The Clinic/Pharmacy must have Staff and Volunteer job descriptions.



JOB TITLE: CLINIC COORDINATOR 20-25 hours per week

Essential Function:

Under the direction of the Chief Executive Officer, provides a high level of clinic management and support for staff and volunteers; planning, development, implementation of policies and procedures; assists with volunteer activities and training; represents Volunteers in Medicine to the public in a professional and courteous manner.

Essential Responsibilities:

Performs comprehensive clinic implementation and evaluation of operations that are essential to a primary care clinic; attends meetings as appropriate; assists with training and scheduling of volunteers; screen and schedule patients for appointments; collaborates with CEO, Medical Director, staff and volunteers to ensure effective performance of clinic operations including integration of health and human service delivery systems; implements policies and procedures, goals and objectives, performance improvement, safety, environmental and infection control standards; provides guidance for tracking and monitoring clinic outcomes; handles confidential patient and human resource material in a responsible manner including understanding of HIPAA and OSHA regulations; team player who exhibits a positive attitude; employs fair and unbiased processes that enforce standards, rewards performance and discipline when needed.

Qualifications and Requirements:

Education: Bachelor's degree from an accredited college or university in nursing, healthcare administration, or related field OR equivalent experience

Knowledge of: primary care clinic management; human behavior characteristics and conflict resolution techniques; Microsoft Office suite; understanding of the basic principles of training, best practices and organizational management.

Ability to: Perform responsible and challenging special assignments; understand the organization and operation; complete assignments in a timely manner; represent the organization as a professional; communicate clearly and concisely, orally and in writing; recognize problems and make sound decisions and recommendations using good judgment and diplomacy; operate and use computer and supporting applications.

License: Possession of a valid California Driver's License. Must have and maintain a satisfactory driving record and be insured.

JOB DESCRIPTION

CLINIC NAME

I. Title

Executive Director

II. Overall Responsibility

Responsible for the operations, staffing, finances, direction, and administration of CLINIC NAME. Overall organization of clinic, staff and clinic functions are under the direction of the Executive Director.

III. Accountability

Accountable to and receives direction from the Board of Directors.

IV. Responsibility

A. Administrative:

1. Participate in recruitment, interview, selection, disciplining and evaluation process for directly supervised staff and other key positions. Hiring, evaluating, and disciplining clinic staff is the responsibility of the Executive Director. Recruit volunteers and provide for their orientation, training, and evaluation.
2. Convene and lead the Management Team to ensure delivery of quality services and programs
3. Maintain administrative reports and statistical information on all aspects of the clinic.
4. Prepare and maintain budgets, all necessary financial reporting, assure that clinic utilizes general acceptable accounting practices (GAAP).
5. Writes grants and secures funds to assure that clinic has a sound financial base and can grow as necessary.
6. Functions and administers clinic under Personnel Policies, fiscal policies and other policies and procedures adopted by the Board of Directors.
7. Plan and be responsible for compliance with all legal requirements of the clinic functions and programs and the physical facility.
8. Undertake routine assessment of clinic functions and make necessary changes in line with the expansion of service and efficient clinic operations.
9. Organize, plan, supervise, coordinate and assign work to clinic staff.
10. Recommend total personnel wage to the board as part of the annual budget presentation to the Board.
11. Oversee all operational and administrative functions of the Clinic
11. Other duties necessary to assure that the clinic is operating in an efficient manner.

B. Other Regular Duties:

1. Purchase equipment, supplies, furniture, medications and other supplies needed for the clinic operations and when appropriate under adopted policies and procedures.
2. Maintain the clinic physical site and make adjustments in layout as appropriate for staff and patient growth.
3. Manage the clinic in line with the established goals, aims and objectives expressed by the Board.
4. Responsible for the application, implementation and interpretation of established Board policies in the operation of the clinic and oversight of all staff. Acts as the liaison between the Board of Directors and the clinic staff.
5. Attends all meetings of the Board of Directors, committee meetings, and provides direction and input into decisions affecting the clinic and its staff.

6. Support the Board of Directors
 - a. ensure integrity and strength of Board leadership and address issues around clarity of role, governance, bylaws/policies and corporate structure.
 - b. assist with the cultivation and recruitment of new Board members
 - c. prepare Executive reports to the Board of Directors and the Executive Committee
 - d. provide staff support and attend various Committee meetings
7. Between Board meetings, the Executive Director is to provide, as appropriate, general information, policy changes, and developments to the President or Vice-president of the Board.
8. Strategize the organization's short range and long-range program goals particularly in organizing and planning:
 - a. work with the Management team to ensure quality programs and services are provided
 - b. work with the Development Director to identify overall resource development goals and fund-raising plan
 - c. establish, cultivate and maintain relations with donors, foundations, and other resources to support organizational programs and activities
 - d. maintain accountability for current year operating budget
9. Other duties as assigned by the Board of Directors.

C. Special Assignments:

1. Must be cognizant of and maintain regular contact with all available funding resources and prepare applications, submit applications and report secured funding to the Board. Executive Director is authorized to undertake necessary execution of grant documents to secure funding.
2. Maintain a high level of public acceptance, interaction with medical community and community at large necessary to maintain the future success of the clinic.
3. Serve as the organization's principal leader, representative and spokesperson to the greater community.
4. Must respect full confidentiality of patient records, treat patients with respect and care and lead staff in that regard.

V. Skills and knowledge Required

- A. Thorough knowledge of administration, grant writing, management and general understanding of the health care delivery system.
- B. Skills in interpersonal, community and group relations.
- C. Ability to exercise sound leadership and judgment.
- D. Public relations knowledge and expertise to maintain good public image of the clinic.

VI. Education and experience:

Masters degree in administration, management or related field. Experience as grant writer, Executive Director or manager of health care center or similar setting/undertaking. Knowledge of financial systems, policy and procedure development and strong financial background in administration and management.

VII. Salary

Commensurate with education and experience.



JOB TITLE: Medical Director

REPORTS TO: St. Martin's Healthcare Board of Directors

COMPENSATION: This is a salary position based on 5-10 hours per week

GENERAL SUMMARY:

Responsible for the coordination of medical services at St. Martin's Healthcare, Inc and the integration of those patients into DeKalb County medical community. Works with nurse practitioners under collaborative agreements. Collaborates with nurse practitioners, executive director, clinic volunteers, volunteer physicians, and mid-level providers to provide appropriate, high-quality preventive and primary care to St. Martin's Healthcare patients. Assumes major responsibility for establishing and maintaining positive relationships with other physicians, specialists and sub-specialists as well as other clinical providers. These requirements and duties are not intended to be an exhaustive list of all responsibilities, duties and skills required for the position.

Duties include:

Clinical Services

- Reviews patient charts and provides guidance to nurse practitioners
- Is available for phone consultation to nurse practitioners and clinic staff
- Works closely with the clinic's pharmacist and volunteer staff to maintain and update the drug formulary
- Works closely with volunteer physicians to be sure optimal use of formulary or samples by all clinicians is maintained.
- Works with the Executive Director and Staff Nurse Practitioner to identify and implement innovative approaches to the delivery of care e.g. education program, new teaching programs, etc.
- As a clinical provider, the medical director will work, on average one shift per month
- Is assigned as Ordering Physician for all tests, referrals, and the Patient Prescription Assistance Program
- When absent, ensure that a qualified substitute is available to serve as the clinic's medical consultant
- Be mindful that errors in judgment can cause severe, adverse effects on health, well-being and possibly the lives of patients

Administrative Services

- Assists in the recruitment and orientation of Medical Staff volunteers and Specialty Physicians.
- Promotes and strengthens favorable relationships between volunteer physicians, the medical clinic and the medical community

Clinical Oversight

- Provide technical expertise, medical direction and supervision as well as overall support to the clinical staff, volunteer physicians, and community volunteers. In this capacity, the Medical Director will:
 - ❖ Conduct clinical supervision of nurse practitioners or other mid-level practitioners as outlined by the collaborative agreement
 - ❖ In conjunction with the Executive Director, hold meetings with the clinical staff and coordinators, to address issues related to clinical care on a bi-monthly basis or when deemed necessary
 - ❖ Serves at the chair of the Medical Policy committee to develop clinic protocols, policies and procedures and submit to St. Martin's Healthcare Board of Directors for approval.
 - ❖ Provide continuing education for training purposes to volunteers
 - ❖ Development of a physician newsletter for medical staff volunteers.
 - ❖ Stay up to date and informed of new developments, research and practices with relation to other free clinics.
 - ❖ Effectively communicate and cooperate with supporting agencies, referral sources, clinical providers and various hospital departments or other entities that support St. Martin's Healthcare, Inc.
 - ❖ Oversee the credentialing of all volunteer health professionals according to the guidelines of the Federal Tort Claims Act
 - ❖ Provide written documentation of time (timesheet) to the Executive Director in accordance with pay periods set by St. Martin's Healthcare, Inc
 - ❖ Assists the Executive Director and St. Martin's Healthcare Board of Directors in development and implementation of the Strategic Plan

Employment Variables:

- Maintain an active, unlimited license to practice medicine in the state of Indiana
- Maintain a current, valid Controlled Substances Registration/Certificate in the State of Indiana and by the DEA
- Maintain a malpractice policy
- Three years experience in a medical practice preferred
- Strong clinical skills
- Well known and respected in the medical community
- Ability to work well with volunteers
- Excellent communication and organizational skills
- Passion to help the uninsured
- Committed to the mission of St. Martin's Healthcare, Inc
- Dependable

Volunteer Title: Registered Nurse/Licensed Practical Nurse
Hours: Flexible, minimum commitment of two clinics per month
Reports to: Clinical Services Director/Staff RN

Position Summary: Volunteer nurses are an integral part of the medical clinic staff. The volunteer nurse is responsible for admitting patients into the clinic and providing basic assessments and treatments as ordered by the physician.

Major Responsibilities

1. Provide safe, professional nursing services in a primary care clinic.
2. Follow established nursing process which includes patient assessment, intervention, evaluation and education within the guidelines of CVIM policies and procedures.
3. Ensure smooth clinic operation, making certain that patients are seen in a timely manner.
4. Ensure that physician orders are completed appropriately.
5. Direct any questions to the clinical staff RN, as needed.
6. Other duties as assigned.

Job Duties

1. New patient intake, which includes:
 - a. Height, weight, vital signs including temperature (record on both the initial intake form and the flow sheet)
 - b. Allergies (record on flow sheet)
 - c. Current problem(s) and duration with any past treatments
 - d. Current medications and use of OTC medications
 - e. Past medical history with treatment
 - f. Past hospitalizations and surgeries
 - g. Smoking history
 - h. Completion of prior testing/vaccines on the problem list
2. Established patients:
 - a. Prior to calling patient back, review the medical record to ensure all labs, x-rays, ED visits, etc. are available.
 - b. Obtain weight and vital signs with temperature if an acute illness
 - c. On the progress note, document date, time, weight and vital signs along with a brief reason for today's visit (weight and BP are also documented on the flow sheet)
 - d. Assist physician with any procedures as necessary (joint injections, excisions, etc.)
3. Obtain specimens/perform lab testing as ordered by the physician and prepare the specimen for transport, as necessary
4. Patient education as needed
5. Clean and restock exam rooms at the close of clinic, as your time allows
6. Other duties as needed and assigned

Effective date:

Review dates:

Revision dates:

Secondary Responsibilities

1. Communicate pleasantly and respectfully at all times.
2. Strictly adhere to CVIM's Confidentiality Policy.
3. Complete Safety and Confidentiality Training.
4. Attend all required job specific training sessions.
5. Track hours on Volunteer Sign In sheets.
6. Wear name tag when in the clinic.

Qualifications

Volunteers must possess the ability to work in a fast paced environment. Phlebotomy experience is preferred, but not required. A current active Pennsylvania Nurse license (RN or LPN) is required. Professional liability coverage for services provided at CVIM is required. This can be in the form of a personal policy or provided through the Federal Tort Claims Act (FTCA) at no cost. The volunteer must successfully complete CVIM's credentialing and privileging procedure, satisfactorily complete a criminal background check and provide documentation of tuberculosis screening within the 12 months prior to accepting a volunteer position. A commitment of two clinics per month is required.

Effective date:

Review dates:

Revision dates:

Standard #1: Administrative

Section E: Conflict of Interest

1E1 - The Clinic/Pharmacy must provide a policy for disclosure of potential conflicts of interest from staff, Board members, and volunteers.



NAFC Board Commitment

I, _____ understand that Board member engagement and participation is integral to the Board's leadership success. Therefore, each Board member is expected to fulfill the following responsibilities (as outlined in Policy 2.6):

1. **Commitment:** Board members are expected to, upon appointment to the Board and annually, sign a Letter of Commitment indicating that they have reviewed and commit to abide by NAFC's Bylaws and these Governing Policies, including *Code of Conduct* and *Conflict of Interest* provisions, as may be amended from time to time.
2. **Attendance:** Board members are expected to attend Board meetings on a regular and punctual basis. Absence from more than one-third (33.3%) of the Board's regularly scheduled meetings in any calendar year will constitute that member's resignation from the Board. *(A) In case of extenuating circumstances, a Board member subject to removal may request a waiver to this provision. Waivers may be granted only by vote of the Board.*
3. **Preparation and Participation:** Board members are expected to review agenda materials in advance of Board and committee meetings and to participate productively in discussions.
4. **Ambassadorship:** Board members are expected to be alert to member and constituent concerns that can be addressed through NAFC's mission and Ends, to help communicate and promote NAFC to members, prospective members and other constituents, and to support NAFC's public policy agenda.
5. **Responsiveness:** Board members are expected to be attentive to Board communications and respond promptly to staff and Board member requests for feedback or assistance.
6. **Members as Individuals:** The CEO is accountable to the Board as a whole and not to individual Board members. Therefore, the relationship between the CEO and individual members of the Board, including the Chair, is collegial and not hierarchical.
7. **Volunteerism:** Board members may volunteer as individuals in operational capacities. In such situations, they are subject to the direct supervision of the CEO or responsible staff person.
8. **Members in Good Standing:** Board members are expected to ensure their NAFC membership, as applicable, (or that of the entity for which they serve as officer, director, employee, or owner) remains in good standing.
9. **Professional Standing:** A board member who has professional or personal circumstances that jeopardize the reputation of the NAFC will put the interests of NAFC ahead of their own, and offer to take a leave of absence, or resignation, as may be appropriate due to the circumstances.
10. **Contributions:** Each Board member is expected and required to make an annual personal financial contribution as a tangible demonstration of their commitment to the organization. Board members are expected to contribute at a level that is personally meaningful, and to ask others to join them in contributing to NAFC.
11. **Participation in Organizational Activities:**
 - A. In addition to Board meetings, board members are expected to: attend the annual Summit, serve on at least one Board Committee
 - B. Board members are also encouraged to: attend at least one C.A.R.E. Clinic, support/participate in NAFC's legislative advocacy activities.

Signed: _____
Member, Board of Directors

Date



NAFC Board Conflict of Interest

I, _____ understand that Board members must avoid any conflict of interest with respect to their fiduciary responsibility. Therefore, each Board member is expected to follow the following as outlined in Policy 2.5

- A. There must be no self-dealing, or procurement by NAFC of any Board member's business or personal services except as procedurally controlled to assure openness, competitive opportunity and equal access to inside information.
- B. When the Board is to decide an issue about which a member has an actual or potential conflict of interest, that member shall disclose the conflict to the Board and absent herself or himself without comment from not only the vote, but also from the deliberation.
 - i. A conflicting interest exists when a Board member or a related party has a beneficial financial interest in the transaction of sufficient significance that it would reasonably be expected to exert an influence on that Board member's judgment if he or she were called upon to vote on the matter. Related parties include the Board member's spouse/significant other, parents, children, siblings, siblings of the parent or spouse, and all other persons or entities in which the Director has an interest, partner, agent, or employee, or exerts control or influence, either directly or indirectly.
 - ii. In case of a dispute regarding the existence of a real or perceived conflict of interest, the Board shall consider whether a conflict is present, and the vote of the disinterested members of the Board shall be final. The individual with the potential conflict of interest shall not vote.
 - iii. Board members must not exert undue influence to obtain staff employment for themselves, family members or other individuals. Should a Board member apply for staff employment, he or she must first resign from the Board.

Declared area of conflict:

Signed:

Member, Board of Directors

Date

Standard #2: Clinic/Pharmacy Care Responsibilities

Section A: Hours of Operations, Eligibility, Services

2A1 - The clinic/pharmacy has clearly stated and posted hours of operation and eligibility requirements.

Patient FAQs

About Physicians CareConnection Free Clinic

Physicians CareConnection (PCC) is a nonprofit organization, not a government agency. We are dedicated to helping any person who has healthcare challenges due to individual barriers in Central Ohio. We use the Columbus Public Health building to operate the Monday night clinic. Our administrative office is at 1390 Dublin Road. We do not treat patients in our office.

Who can be seen at the PCC Free Clinic?

- ❖ Anyone who has a challenge accessing healthcare due to individual barriers
- ❖ Adults 19 years and older
- ❖ Residents of Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, and Union counties

How can one be seen at PCC Free Clinic?

- ❖ By calling for an appointment 614-884-2441
- ❖ By a referral by a healthcare provider, volunteer, or community partner

What are the Services Offered?

- ❖ Medical, Dental and Specialty care services (based on provider capacity)
- ❖ Labs
- ❖ Vision screening
- ❖ Prescription Assistance (No Narcotics)
- ❖ Care Coordination

Services not offered:

- ❖ Healthcare for minors (children aged 0-17 years, Call Nationwide Children's Hospital **614-722-2000**)
- ❖ Sexual health appointments (including STD testing or contraceptives). These services are provided by the Columbus Public Health (CPH) Sexual Health Clinic. Call **614-645-6472** for an appointment.
- ❖ Work or school physicals
- ❖ Prenatal care. We provide **low-cost prenatal care** through our StepOne program. Call **614-721-0009** to speak with a StepOne care coordinator.
 - Work-related TB tests

How much does it cost to be seen?

- Services are offered by volunteer providers, therefore there is **No Charge** to the patient
- Uninsured patients are required to apply for financial assistance or charity care, for all referrals made to a hospital for e.g. lab work, diagnostics or admission

- Off-site prescriptions are given for medication not available at the clinic. There will be an up-to \$10 copay per prescription, for prescriptions filled at our partner pharmacies (Kroger, Meijer, Giant Eagle, Sam's Club or Walmart)

How long will my visit take?

- The entire visit can take **between 2-4 hours** from the time you arrive, to the time you leave. **Please plan accordingly.**

Can I bring my children?

- For safety reasons, it is recommended that you do not bring children or additional party to the appointment, unless they are a care giver.

Definitions:

- **Blood pressure:**
 - When your heart beats, it pumps blood around your body to give it the energy and oxygen it needs. As the blood moves, it pushes against the sides of the blood vessels. The strength of this pushing is your blood pressure. High blood pressure can be a sign that you are at risk for a heart attack or stroke.
- **Prenatal Care:**
 - Prenatal care is healthcare for pregnant women. It is used to make sure that both the mother and the baby are healthy. Doctors who provide prenatal care are called ob-gyns (obstetrician-gynecologists).
- **Pulse:**
 - Pulse is a measure of how fast or slow a heart is beating. It is one way of measuring how healthy someone's heart is.
- **Referrals:**
 - A referral is when one provider sends you to another to address a specific problem. For example, if a primary care provider finds out that you have a heart problem, they might refer you to a cardiologist (a doctor who focuses on heart health). You can also be referred to an agency for social services, such as a food pantry.
- **Screening:**
 - A screening is a test done to see if you are at risk for developing a certain health problem. For example, a vision screening is used to see if you are at risk for eye diseases.
- **Specialty:**
 - A specialty is the particular type of healthcare that a doctor has been trained to provide. For example, a dermatologist is a specialist who helps patients with skin problems.

Patient Eligibility Information

Grace Medical Home is a non-profit medical facility serving the working, low income and uninsured residents of Orange County. Grace Medical Home provides comprehensive adult and pediatric care. Patients pay a yearly registration fee as well as a flat fee at each office visit – fee is based on family size and household income.

Are You Eligible?



Living in Orange County for the last two months



Uninsured and not enrolled in any government-assisted healthcare programs (such as Medicaid, Kidcare, Healthy Kids, Share of Cost, Medically Needy, Medicare or VA Benefits)



Currently employed, OR have been employed within the last six months, OR a full-time student, OR a single parent of a child under age six



The monthly gross income of your family is equal to or less than 200% of the Federal Poverty Line - see income guidelines in the back.



Between the ages of 0 and 64

*Proof of income and that you live in Orange County is required at registration appointment. Children 18 and younger must be accompanied by parent or legal guardian. Proof of legal guardianship is required.

Requisitos de Elegibilidad

Grace Medical Home es una casa de salud sin fines de lucro que trabaja para los residentes de bajos recursos económicos del condado de Orange. Grace Medical Home ofrece cuidado médico exhaustivo para adultos y niños. Los pacientes pagan una cuota de registro anual y una cuota por cada visita médica. El costo de la visita médica es basada en el tamaño y los ingresos económicos de los miembros de la familia del paciente

Criterios de Elegibilidad – ¿Es usted elegible?



Ser residente del condado Orange por los últimos dos meses



No estar afiliado a un seguro médico y no pertenecer a ningún programa de asistencia médica del gobierno (tales como: Medicaid, Medicare, KidCare / Healthy Kids, Share of Cost / Medically Needy o beneficios de veteranos VA)



Actualmente empleado (a), O haber estado empleado (a) dentro de los pasado 6 meses, O ser estudiante a tiempo completo, O un padre/madre soltero (a) de un menor de 6 años.



Tener un ingreso económico mensual familiar no mayor al 200% basado en los indicadores federales de pobreza. Por favor vea la tabla en la parte de atrás.



Edad: recién nacido-hasta los 64 años de edad

* Al momento de hacer su cita se requiere que presente una prueba de que reside en Orange County y de los ingresos económicos de cada uno de los miembros de la familia que están trabajando. Los menores de edad deben estar acompañados por el padre/madre o un representante legal.

Requisitos de elegibilidade

Grace Medical Home é uma casa de saúde sem fins lucrativos que auxilia moradores de baixa renda de Orange County. Grace Medical Home oferece atendimento médico abrangente para adultos e crianças. Os pacientes pagam uma taxa de registro anual e uma taxa por cada consulta médica – o custo da consulta médica é baseado no tamanho e na renda econômica dos membros da família do paciente.

Crítérios de elegibilidade – Você é elegível?



Residir em Orange County por pelo menos dois meses



Não estar inscrito em Seguro de saúde e não pertencer a nenhum programa de assistência médica do governo (como: Medicaid, Kidcare, Healthy Kids, Share of Cost, Medically Needy, Medicare or VA Benefits)



Estar empregado atualmente ou ter sido empregado nos últimos 6 meses ou ser um estudante em tempo integral ou mãe solteira de um filho menor de 6 anos.



Ter uma renda econômica mensal familiar não superior a 200%, com base em códigos federais da pobreza. Por favor, reveja a tabela na parte de trás.



Idade: recém-nascido até 64 anos.

* No momento de marcar sua consulta, você deve apresentar um comprovante de residência e renda dos membros da família que trabalham. Os Menores devem estar acompanhados pelos pais ou representante legal.

Family Income Guidelines

Family Size	200% Poverty Annual Threshold	200% Poverty Monthly Threshold
1	\$25,760	\$2,147
2	\$34,840	\$2,903
3	\$43,920	\$3,660
4	\$53,000	\$4,417
5	\$62,080	\$5,173
6	\$71,160	\$5,930
7	\$80,240	\$6,687
8	\$89,320	\$7,443

EXAMPLE: If you are a single parent caring for two children and you earn less than \$41,560 annually (or \$3,463 a month), then your family resides below 200% the Federal Poverty Level.

If you meet the criteria listed above, you may be eligible to be a patient at Grace Medical Home.

Please call our registration department on the 27th of the month for pre-screening and to apply. Call and leave a voice message at this phone number:
407-936-2785 ext. 2064

Grace Medical Home does not have the resources to provide the following services: Prenatal, OB, HIV, Narcotics, DOT Physical, Disability Determination

1417 E. Concord Street, Orlando, FL 32803
(407)936-2785 | www.gracemedicalhome.org

Guía de Ingresos Familiares

# miembros de su familia	200% Límite de Pobreza Anual	200% Límite de Pobreza Mensual
1	\$25,760	\$2,147
2	\$34,840	\$2,903
3	\$43,920	\$3,660
4	\$53,000	\$4,417
5	\$62,080	\$5,173
6	\$71,160	\$5,930
7	\$80,240	\$6,687
8	\$89,320	\$7,443

EJEMPLO: Si usted es un padre/madre soltero, que tiene a su cargo dos menores de edad y gana menos de \$41,560 anuales (o \$3,463 al mes) entonces su familia cualifica, ya que está por debajo del 200% del Nivel de Pobreza Federal.

Si usted cumple con los requisitos mencionados anteriormente podría ser elegible como paciente de Grace Medical Home.

Contacte al departamento de registración el 27 del mes para precalificar/aplicar, llame y deje un mensaje de voz al número de teléfono: 407-936-2785 ext. 2064

Grace Medical Home no tiene los recursos para brindar los siguientes servicios:
Prenatal, Cuidado obstétrico, Tratamiento de VIH, Medicamentos narcóticos, físico del departamento de transportación(DOT), Determinación de discapacidad física.

1417 E. Concord Street, Orlando, FL 32803
(407)936-2785 | www.gracemedicalhome.org

Guia de Renda Familiar

# Membros da família	200% limite anual de pobreza	Limite de pobreza mensal de 200%
1	\$25,760	\$2,147
2	\$34,840	\$2,903
3	\$43,920	\$3,660
4	\$53,000	\$4,417
5	\$62,080	\$5,173
6	\$71,160	\$5,930
7	\$80,240	\$6,687
8	\$89,320	\$7,443

EXEMPLO: Se você é pai/mãe solteiro, que é responsável por dois menores e ganha menos de US \$41,560 anualmente (Ou US \$3,464 pro mês), sua família se qualifica, pois está abaixo de 200% do nível federal de pobreza.

Se você atender aos requisitos mencionados acima, poderá ser elegível como paciente da Grace Medical Home.

Entre em contato com o departamento de registro no dia 27 do mes em curso para se pré-qualificar e fazer aplicacao. Ligue e deixe uma mensagem de voz no número de telefone:
407-936-2785 ext. 2064

Grace Medical Home não possui recursos para fornecer os seguintes serviços: Pré-natal, Cuidados Obstétricos, Tratamento do HIV, Narcóticos, Médico do Departamento de Transportes (DOT), Determinação da Incapacidade Física.

1417 E. Concord Street, Orlando, FL 32803
(407)936-2785 | www.gracemedicalhome.org

Standard #2: Clinic/Pharmacy Care Responsibilities

Section A: Hours of Operations, Eligibility, Services

2A2 - The clinic/pharmacy has a clearly stated policy that explains services available to patients.

BECOME A PATIENT

SERVICES

WELLNESS

SPIRITUAL CARE

RESOURCES

SIGN UP FOR MEND

Grace Medical Home provides the following services:

- Primary care for adults and children
- More than 25 medical specialties such as cardiology, dermatology, and orthopedics
- Sick visits
- Well visits and check-ups
- Vaccinations
- Health screenings for children at every stage
- Medications (limited)
- Regular care for chronic illnesses like diabetes and high blood pressure
- Lab services like checking blood, urinalysis, etc.
- X-rays
- Nutrition counseling
- Social service referrals
- Mental health and counseling services
- Spiritual care
- Preventative and restorative dental care

APPLY TO BE A NEW PATIENT »

Standard #2: Clinic/Pharmacy Care Responsibilities

Section A: Hours of Operations, Eligibility, Services

2A3 - The clinic/pharmacy has a patient/clinic responsibility agreement.



COMPASSION COMMUNITY CLINIC (CC CLINIC) PATIENT RIGHTS AND RESPONSIBILITIES

CC Clinic seeks to provide compassionate, quality services respectful of the patient's individual needs.

Services are available for adults who are low income and do not have any form of dental insurance. Children (under the age of 18) will be referred to another dental service.

Dental services which alleviate pain and infection are available in the Dental Clinic. Extensive dental services including dentures, crowns, bridges, and implants and cosmetic dentistry are not available.

Narcotics and controlled substances are not available in Compassion Community Clinic.

CC Clinic reserves the right to use photos taken on our property. If you would prefer your photo not be used to promote CC Clinic, kindly let us know.

CC Clinic Patient Rights

The right to treatment with dignity and respect in a non-judgmental manner by Clinic volunteers and staff.

The clinic does not discriminate on the basis of race, ethnicity, color, religion, age, country of origin, sexual orientation, language fluency, immigration status, or physical ability.

The right to be offered prayer and access to Christian resources.

The right to know the names and titles of the persons providing services.

The right to confidentiality. Information will only be shared following the Clinic's HIPAA Notice of Privacy.

The right to be seen with as much privacy as possible.

The right to consent to, or refuse treatment at any time for any reason.

The right to know the rules and expectations of the Clinic.

CC Clinic Patient Responsibilities

You treat Clinic staff, volunteers and other patients with courtesy and respect or you may be denied treatment.

You are honest about your medical and dental history.

Be sure you understand all recommendations and instructions. Ask to discuss any concerns you have.

Take your medications as prescribed and follow all instructions.

If Compassion Community Clinic is closed and you have unexpected bleeding, pain, or swelling, you may: call CC Clinic and staff will return your call as soon as possible; or seek a medical provider at an urgent care facility or a Hospital Emergency Room.

Scheduled appointments require cancelation at least 24 hours prior to the date of service except for extraordinary circumstances. If you are a "No Show" for a scheduled appointment either to see a dentist at Compassion Community Clinic or for a referral to another dentist or dental specialist outside CC Clinic, you may not be eligible for further dental services at Compassion Community Clinic.

If extensive dental services are needed, you may be treated at Compassion Community Clinic first, and then referred to another dentist or dental specialist for additional services. When you are referred, you may be asked to make payment arrangements for those services.

Name

Date



St. Martin's Healthcare Clinic and Patient Responsibilities

St. Martin's Healthcare Clinic Responsibilities are to:

- *Provide basic primary healthcare
- *Address patient needs and provide referrals to other healthcare providers as able
- *Treat each patient with respect and dignity
- *Provide eligible patients with medication assistance, as resources allow
- *In keeping with our mission to promote wellness, we do not complete disability applications. We will copy medical records for a small fee.

Patient Responsibilities are to:

- *Notify St. Martin's Healthcare immediately of any change of address, phone number or financial status
- *Notify St. Martin's Healthcare **24 hours in advance** to cancel appointments at the clinic
- *Only use the Emergency Room at DeKalb Hospital or Parkview Noble in case of emergency. The clinic is **not** responsible for emergency room visits.
- *Call St. Martin's Healthcare with questions about treatment
- *Treat staff members with respect. They are volunteering their time to help.
- *Keep scheduled referral appointments. If you miss an appointment with a physician or test we have scheduled for you, it will be rescheduled **one time only**.
- *Refills for medications obtained through the Prescription Assistance Program must be called in to the clinic **thirty (30) days** before you will run out.

- ☐ I understand and accept these responsibilities as a patient of St. Martin's Healthcare Clinic
- ☐ I agree to follow the established plan of care and recommendations of the clinic staff, so that I will maintain the best possible health
- ☐ I have received a copy of this form.

Patient Signature _____

Witness _____

Date _____

Standard #2: Clinic/Pharmacy Care Responsibilities

Section B: Referral List

2B1 - The clinic/pharmacy develops a community resources list for patient use.

BECOME A PATIENT

SERVICES

WELLNESS

SPIRITUAL CARE

RESOURCES

SIGN UP FOR MEND

Local Hospitals and Clinics

Florida Hospital – (407)-303-5600

Orlando Health – (321)-843-7000

Primary Care Access Network (PCAN Clinics) – (407) 836-7226

Other Resources

211 Telephone Resource – Dial 211

Access Lynx – (407) 841-5969

American Academy of Pediatrics – (847) 434-4000

American Diabetes Association – (407) 660-1926

American Dietetic Association – (800) 877-1600

American Heart Association – (407) 481-6300

American Lung Association – (407) 425-5864

Asthma and Allergy Foundation of America – (800)-727-8462

CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) – (301) 306-7070

Center for Disease Control – (800)-232-4636

Center for Drug Free Living – (407) 245-0010

DCF Child Protection Team – (407) 518-6936

Harbor House – (407)-866-2856

National Institutes of Health – (301) 496-4000

Orange County Health Department – (407) 836-2600

Refugee Health Services – (407) 836-7105

Salvation Army – (407) 423-8581

Second Harvest Food Bank – (407) 295-1066

The Epilepsy Foundation – (407) 422-1416

Tobacco Free Florida – (407)-858-1400 ext. 1353



Physicians
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Community Resources

Mental Health Resources

[Mental Health America of Franklin County](#)

Transportation for Riders with Disabilities

[COTA Project Mainstream Application](#)

Financial Assistance

[OSU Financial Assistance Programs](#)

Additional Healthcare Centers, Resources, and Clinics

[Community Health at Columbus Public Health](#)

[Franklin County Job & Family Health Centers](#)

[Heart of Ohio Family Health Centers](#)

[Helping Hands-Free Clinic](#)

[Nationwide Children's Hospital](#)

Social Services

[Department of Job and Family Services Locations](#)

[Franklin County Job & Family Health Centers](#)

[MEDICAID LINK](#)

[Social Security Administration](#)

Prescription Assistance

[Charitable Pharmacy of Central Ohio](#)

[Partnership Prescription Assistance](#)

[RX Outreach](#)

[NeedyMeds](#)

Standard #2: Clinic/Pharmacy Care Responsibilities

Section B: Referral List

2B2 - The clinic/pharmacy provides patients with a referral list of providers or social services agencies.

[Schedule An Appointment](#)

[Patient Forms](#)

[FAQ's](#)

[PediPlace Poker Party 2021](#)

[Patient Portal](#)

CONTRIBUTE

A \$25 contribution provides a breathing treatment machine for a child with asthma

[Home](#)[Meet Our Patients](#)[Español](#)[Contact Us](#)

Lewisville: Park Lane Village, 502 S. Old Orchard Lane, #126, Lewisville, TX 75067 | 972-436-7962

Central Elementary School: 400 High School Drive, Lewisville, TX 75057

About Us

Programs & Services

News & Events

You Can Help

Patient Resources

[Home](#) > Patient Resources



Patient Resources

Check out our Patient Portal

What is a Patient Portal? It is a website that you can securely access to see all your children's health information in one place! You can learn more on our [patient portal resource page](#) or email us at portalsupport@pediplace.org for assistance.

Patient Portal Log in

Please choose from the following resources.

- [Community Medical Resource](#)
- [Healthcare Resources](#)
- [Local Schools](#)
- [Medicaid and CHIP Assistance](#)
- [Social Services](#)



Community Medical Resources

- [Medical Center of Lewisville](#)
- [Children's Medical Center](#)
- [Medical City Children's Hospital](#)
- [Dallas County Health Department](#)
- [Denton County Health Department](#)
- [American Academy of Pediatrics](#)
- [Healthy Children](#)
- [Immunization Information](#)
- [Immunization Timeline](#)
- [Cook Children's](#)
- [top...](#)

Healthcare Resources

- [ADHD](#)
- [Cómo Acceder al Sitio Web de ADHD en Español](#)
- [Asthma](#)
- [Breastfeeding](#)
- [top...](#)

Local Schools

- [Carrollton-Farmers Branch Independent School District](#)
- [Dallas Independent School District](#)

- [Denton Independent School District](#)
- [Lake Dallas Independent School District](#)
- [Lewisville Independent School District](#)
- [Little Elm Independent School District](#)
- [top...](#)

Medicaid and CHIP Assistance

- [Texas Medicaid](#)
Client Telephone Hotline: 877-541-7905
- [CHIP \ Children's Medicaid](#) (English)
To Apply, [Click Here](#)
- [CHIP \ Children's Medicaid](#) (Español)
To Apply, [Click Here](#)
- [Denton County Health Department](#)
- [Amerigroup](#)
- [Aetna Medicaid](#)
- [Cooks Children's Health Plan](#)
- [Molina Healthcare](#)
- [Parkland Community Health Plan](#)
- [Superior Health Plan](#)
- [Your Texas Benefits](#)
- [top...](#)

Social Services – How to Get Help

If you suspect abuse, call the Child Abuse Hotline at 1.800.252.5400 or if the child is in immediate danger CALL 911.

- [Child Protective Services](#)
- [Children's Advocacy Center for Denton County](#)
- [Dallas Children's Advocacy Center](#)
- [CASA of Denton County](#)
- [Dallas CASA](#)
- [United Way of Metropolitan Dallas](#)
- [United Way of Denton County](#)
- [Social Service Agencies located in Denton County](#)
- [Christian Community Action](#) (CCA)
- [Greater Lewisville Family YMCA](#)
- [National Association of Free Clinics](#)
- [Lone Star Association of Charitable Clinics](#)
- [Your Texas Benefits](#)
- [2-1-1 Texas](#)
- [top...](#)

Cómo Acceder al [Sitio Web de ADHD](#) en Español

Standard #2: Clinic/Pharmacy Care Responsibilities

Section C: Community Partnerships

2C1 - The clinic/pharmacy has a policy and procedure on how to develop and maintain community partnerships.

SELLING THE NEED – PURSUING ALLIES

It may be difficult to understand that this is one of the most important key issues, but it is. You first suspected the need was present and then your surveys quantified the need. But others do not have the information you have. They have to be convinced.

You must sell the need for the clinic. If you don't, no one else can or will.

While you may feel strongly about the need for a clinic, the chances are the town has gone along rather contentedly without one. They just don't know what they are needing, or missing. But I assure you the medically under-served know what they are missing.

But they have very little say-so in the community and you must be their voice. You must adopt their need and make it your need. Remember -- *You cannot change that which you do not own.* You must take ownership of their need and sell it to the community.

Approach the media at every opportunity. They will almost certainly welcome a new and creative idea. In effect, you will be using each other. They need good news stories and you need to have your story told. Become acquainted with the reporters and give them all the information you possibly can. Never mislead them. Be up front, and if you don't know something, say so.

Accept and even seek opportunities to speak at civic clubs, social functions and any place where two or are gathered together. Don't miss an opportunity to speak. Tell them you are just getting underway and do not have all the answers but you do know something about the problem -- the size of the group which has gone without medical care for years. Seek their advice, help, funds, their energy and their ability to broadcast the story throughout the town. Listen carefully to their questions and observations. They will help you shape the campaign to raise funds, obtain help, spread the message and guide you around the shoals.

Seek the support of the clergy council. Start with your own church or synagogue. They almost certainly will help you. Ask them to support you with their other clergy friends. In some towns the clergy of the medically under-served either do

not belong or do not attend the town-wide clergy council. By all means seek out their support. Some churches serve not only as a center of spiritual support, but also as political and social support. By all means be sure to visit the pastors of the churches that serve those in your target population.

Accept (pursue) invitations to speak to civic organizations. The membership is a good cross-section of the town and many of the "town fathers" belong. It has been noted that if a civic organization adopts a project, it stands a much better chance of succeeding.

Speak to the business organizations and the Chamber of Commerce. You will be providing health care to the employees of many of the employers in your town. They need to know more about your program and how it will benefit them. By the same token, you want them to know how they can benefit you.

Visit the medical community. Speak to them regarding the benefits you bring to them – taking the non-paying patients out of the ER; providing care for these patients in a primary-care clinic, which will be less expensive and more appropriate; the ability to convert to Medicaid some of the patients, especially the indigent pregnant patients, and refer them to the obstetrician for delivery; the ability to raise the level of health care throughout the town; and finally, *what you are doing is in the best tradition of medicine and is the right thing to do*. I doubt if anyone can argue with you about any of this.

If there are foundations in your town, by all means visit them and acquaint them with what you are planning to do, even before you come to them for funds. Taking them into your confidence early on will give you a leg up when you do approach them for support.

Seek their advice regarding how they prefer grant requests to be submitted.

Standard #2: Clinic/Pharmacy Care Responsibilities

Section D: Demographics and Language

2D1 - The clinic/pharmacy should know or determine the racial and ethnic diversities of its population. Information collected may include, but is not limited to: *

- Gender
- Race
- Ethnicity
- Preferred Language

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #2: Clinic/Pharmacy Care Responsibilities

Section D: Demographics and Language

2D2 - The clinic/pharmacy should understand and meet the cultural and linguistic needs of their patients. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #2: Clinic/Pharmacy Care Responsibilities

Section D: Demographics and Language

2D3 - The clinic/pharmacy provides interpretation services available for non-English speaking patients.

Please refer to sample for 4C1

Standard #2: Clinic/Pharmacy Care Responsibilities

Section D: Demographics and Language

2D4 - The clinic/pharmacy provides printed/electronic materials available in the languages of each clinic's population.



Mi plan para la diabetes

Nombre: _____










Fecha: _____

Clínica Medica #:

- PESO -

IMC: <25	Con Sobrepeso: 25-30	Obesidad: > 30	Obesidad Mórbida: > 40
Peso: _____	IMC: _____	Meta: _____	Adelgace _____ libras por mes

- LABORATORIOS Y EXAMENES -

Azúcar de largo plazo (A1c)	Colesterol	Presión sanguínea
A1C anterior: _____ 	Su Riesgo%: _____ O 	 Su presión: _____
A1C actual: _____	Su LDL: _____	Su presión: _____
¿Qué tan seguido se necesita? Cada 3-6 meses	¿Meta? 'statin' si tiene >40 años	¿Meta? Menos de 140/90
¿Meta? menos de 7.0% o _____	<input type="checkbox"/> Statin no está indicado	Medicamento para la presión: _____
Medicamentos para la azúcar: _____	Medicamentos para el colesterol: _____	
Examen de los pies	Examen de los ojos	Salud de los riñones
Fecha: _____ Circulación: _____ Piel: _____ Sensación: _____ Próxima examen: _____ 	Fecha: _____ Resultados: _____ Próxima examen: _____ 	Fecha: _____ GFR: _____ Creatinina: _____ Indicé de Microalbúmina: _____ 
¿Qué tan seguido se necesita? Por lo menos una vez al año	¿Qué tan seguido se necesita? Cada dos años	¿Qué tan seguido se necesita? Por lo menos una vez al año
¿Meta? No heridas. Buena sensación	¿Meta? Ningún cambio en la vista	¿Meta? Micro albumina menos de 30
Vacuna	Tobacco	Protección del corazón
 <input type="checkbox"/> Gripe <input type="checkbox"/> Neumonía <input type="checkbox"/> Hepatitis B	 ASH LINE 1-800-55-66-222	 <input type="checkbox"/> Aspirina 81mg diario *si el riesgo es >10% <input type="checkbox"/> No está indicado

- METAS PARA ADELGAZAR Y ACTIVIDAD FISICA-

Aumente la actividad física 5 veces por semana 30 minutos al día.

Coma saludable: ☐ comidas altas en fibra, bajas en carbohidratos

Otras instrucciones o metas:

- METAS Y GUIA PARA MEDIR SUS AZUCARES -

Azúcar antes del desayuno: 80-130

Azúcar 2 horas después de comer: menos de 180

¿Cuándo debo medir mis azúcares?

¿Que días debo medirme?

- ☐ Antes del desayuno ☐ 2 horas después del desayuno
☐ Antes de la cena ☐ 2 horas después de la comida
☐ Antes de dormir ☐ 2 horas después de la cena

- ☐ Todos los días ☐ 3 veces a la semana
☐ Cuando me siento mal
☐ Otro: _____

-REGISTRO DEL AZUCAR-

1. ANOTE LA FECHA, SU AZUCAR, Y LA DOSIS DE INSULINA QUE TOMO 2.TRAIGA SU REGISTRO A SU PROXIMA CITA MEDICA 3. ¡LLAME LA CLINICA MEDICA SI SUS AZUCARES ESTAN MENOS DE 80!

Fecha	Desayuno		Comida		Cena		Al dormir
	Antes	Después	Antes	Después	Antes	Después	
Comentario:							
Comentario:							
Comentario:							
Comentario:							
Comentario:							

¿Cómo manejar mi presión?

<140/90

GOALS / METAS

<140/90



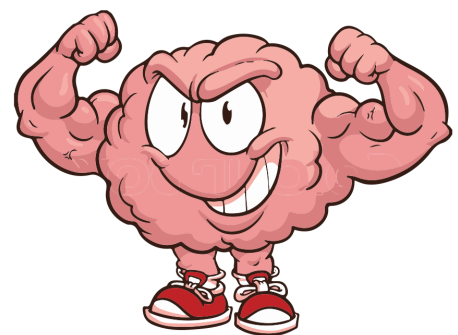
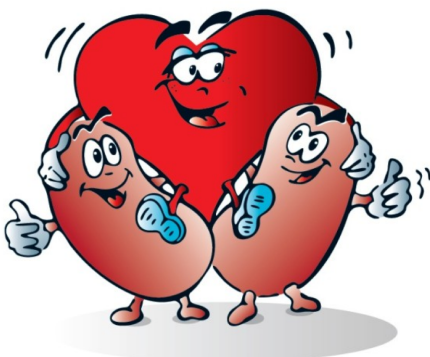
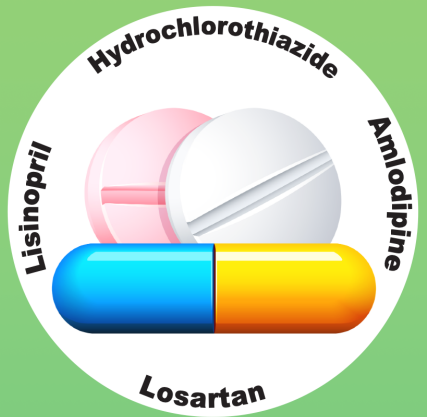
↓ 12 Puntos



↓ 10 Puntos



↓ 20 Puntos



How are you managing your blood pressure?

Standard #2: Clinic/Pharmacy Care Responsibilities

Section E: Patient Care Team

2E1 - The clinic/pharmacy has defined roles for clinical and non-clinical team members (job descriptions)

Cape Volunteers in Medicine Job Description

Position: Executive Director

Reports: Board of Trustees

Estimated Hours: 20 – 25 week

Summary: Responsible to implement the strategic goals and objectives of the organization. With the Chair, enable the Board to fulfill its governance function; to give direction and leadership toward the achievement of the organizations philosophy, mission, strategy and its annual goals and objectives.

Duties and Responsibilities:

Provides leadership in developing programs, organizational and financial plans with Board of Trustees and staff; and carry out plans and policies authorized by the Board. Provides formal communication of status of same.

Assures that the organization has a long range strategy which achieves its mission and toward which it makes consistent and timely progress.

Ensures agency financial stability working with the Board of Trustees; over-sight responsibility for grant requests, project implementation reports and reimbursements requests to funders.

Monitors costs through effective utilization of funds, personnel and physical resources and authorizes routine expenditures within policy guidelines.

Establishes and maintains close working relationships with cooperating agencies to avoid duplication of services.

Promotes active and broad participation by volunteers in all areas of the organizations work.

Prepares budget in consultation with departmental directors to allocate funds, control costs and maintain operations at level consistent with VIM objectives.

Responsible for defining and implementing agency policies and procedures

Designs organization structure as organization continues to evolve.

Maintain official records and documents; ensures compliance with Federal, State and Local regulations.

Maintain a working knowledge of significant developments and trends in the field.

Standard #2: Clinic/Pharmacy Care Responsibilities

Section E: Patient Care Team

2E2 - The clinic/pharmacy holds regular team meetings or has a structured communication process.

SOCIAL WELFARE BOARD OF BUCHANAN COUNTY

Policy Title: Patient Care Team Meetings		Policy Relevant to: All Staff
Original Policy Date: January 2020	Policy Number: MED-001 TC 06	
Medical Director: James J. McMillen, MD		Executive Director: Linda Judah
Attachment and Forms:	Related to: Patient Care meetings	

Purpose:

To assure quality patient care based on shared information and to include standards of care and adherence to quality improvement measures.

Process:

1. Providers and nurses complete daily team huddles to review the current needs and follow ups necessary for the day's patient's scheduled appointments.
2. Monthly provider meetings are held to discuss current processes, difficult patient issues and to provide continuing education.
3. Monthly Quality Improvement meetings are held to discuss current quality issues.
4. Staff are encouraged to use a suggestion box placed in the Break Room for ongoing dialog.
5. Yearly evaluations are completed on all staff as an integrated process encouraging dialogue between administration and staff.
6. Medical Director is available any time via phone on on site for consultation.

Standard #2: Clinic/Pharmacy Care Responsibilities

Section E: Patient Care Team

2E3 - The clinic/pharmacy uses standing orders.

Clinical Standing Orders

1. In the event that a scheduled physician fails to attend a clinic, the nurse present is authorized to refill medications until the next appointment or clinic day.
2. In order to expedite patient flow through the clinic, the nurse present is authorized to start appropriate tests in the clinic at his or her discretion. (Examples: UA for UTI symptoms, Hemoglobin for anemia rechecks, etc.)
3. Nurses are authorized to give tetanus immunization (DT/tetanus toxoid), influenza and pneumovax vaccines as appropriate. Influenza vaccine may not be given with concurrent egg allergy. Pneumovax may be given up to once every 5 years.
4. **Effective January 5, 2006**, the following sliding scale will be used for patient's who have their blood sugars checked at St. Martin's Healthcare Clinic **without** a physician present.

Blood Sugar Result

150-200
201-250
251-300
301-350
351-400
401-450
>451

Humulin R SQ

2 units
4 units
6 units
8 units
10 units
12 units
Call the physician

Approved: 10/2005

Updated: 12/2008

Updated/Approved: 4/2011

Standard #2: Clinic/Pharmacy Care Responsibilities

Section E: Patient Care Team

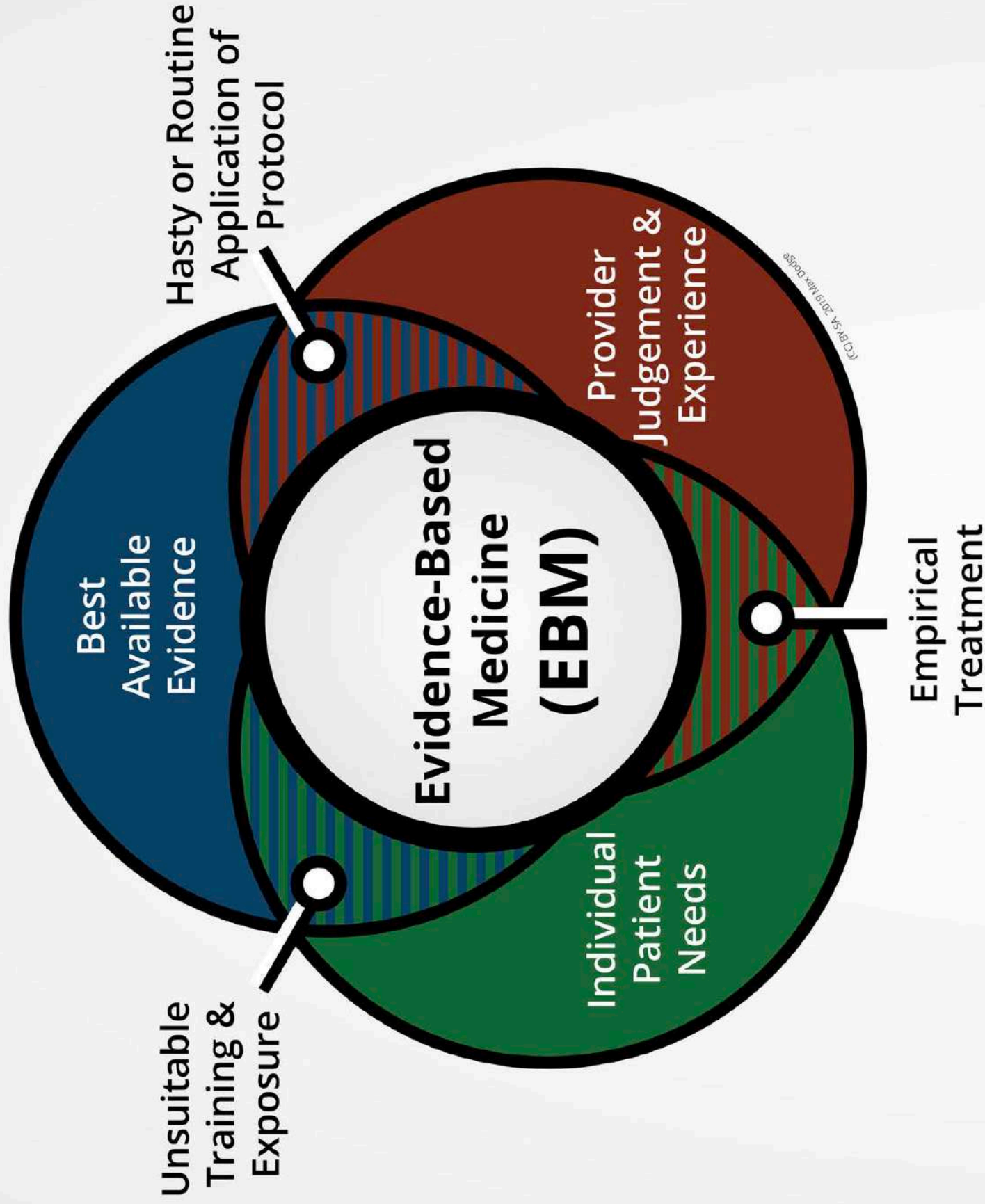
2E4 - The clinic/pharmacy provides training and assigns teams to provide patient care. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #2: Clinic/Pharmacy Care Responsibilities

Section E: Patient Care Team

2E5 - The clinic/pharmacy care team is trained in Evidence-Based Approaches to Patient Care.



Standard #2: Clinic/Pharmacy Care Responsibilities

Section E: Patient Care Team

2E6 - The clinic/pharmacy ensures that publicly distributed educational information is factual. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #2: Clinic/Pharmacy Care Responsibilities

Section F: Coordinate with Facilities and Manage Care Transitions

2F1 - The clinic/pharmacy has a policy and procedures on how to transition patients who receive insurance or move to other facilities.

Another way to promote safe and effective patient care and reduce potential liability is to have the Clinic ask its patients during the intake process and at each visit to acknowledge in writing that they are providing full and accurate information. Alternatively, the Clinic may have each new patient sign a comprehensive acknowledgement and agreement form indicating that he or she will continue providing full and accurate information. State law may dictate whether a Clinic can require these types of acknowledgements as a condition for accepting a patient. If it is permitted under state law, Free Medical Clinics should consider making the execution of such acknowledgement and agreement forms a condition to receiving health care services or medications.

C. Terminating the Patient Relationship

A Free Medical Clinic may find itself in the difficult position of needing to terminate a relationship with a patient. Because the mission of Free Medical Clinics is to provide services to the underserved, terminating a provider-patient relationship and prohibiting an otherwise qualified individual from receiving health care services may seem like undermining that mission. Situations do exist, however, where terminating the relationship is appropriate because the patient consistently fails to show up for appointments; is abusive or aggressive towards staff, volunteers, or other patients; consistently acts contrary to medical advice or is non-compliant with medication usage; or no longer qualifies for care by virtue of insurance status. Patients should understand the reasons that could lead the Clinic to refuse treatment and provide them with that information during the intake process.¹⁹² The American Medical Association's (AMA) Code of Medical Ethics and its Council on Ethical and Judicial Affairs provides guidelines for physicians who need to terminate a patient relationship. According to the Code of Medical Ethics, Opinion 8.115, physicians can terminate the patient-physician relationship but must give sufficient notice to the patient, relatives, or responsible friends and guardians so that another physician can be found.¹⁹³

State law varies with respect to the patient termination process. Some states explicitly recognize a physician's right under particular circumstances to terminate a patient relationship. In Michigan, a physician has the right to terminate a patient relationship so long as the patient is given reasonable notice so that the patient may secure another physician.¹⁹⁴ Other states, such as Louisiana, do not have well-defined requirements, and thus rely on common law theories of abandonment to determine whether termination is appropriate.¹⁹⁵ The Clinic should, therefore, understand what its state's law requires before implementing a decision to terminate its relationship with a patient.

In light of the AMA guidelines, various state law requirements, and the potentially hostile nature of patient termination, a Free Medical Clinic and/or its health care providers may

want to consider and adopt the following practice (or the steps required by law in the Clinic's state) when terminating a patient-provider relationship:

- ◇ Provide written notice to the patient that briefly explains why the relationship is terminating (the reason should be valid, such as non-compliance, failure to keep appointments, abusive behavior, etc.) and provide the date on which the relationship will terminate. A copy of the notice should be maintained in the patient's medical record along with documentation of the events leading up to the termination decision;
- ◇ Agree to continue providing treatment and access to services for a reasonable period of time, such as 30 days, so that the patient has time to secure care from another provider (the Clinic may consider extending that period for emergency services);¹⁹⁶
- ◇ Provide resources and/or recommendations to help the patient locate another provider; and
- ◇ Offer to transfer records to the newly-designated provider upon signed patient authorization.

D. Prescription Drug Management

1. Acceptable Ways to Obtain Prescription Drugs

Perhaps one of the most important services that Free Medical Clinics can offer is providing prescription drugs to patients who cannot afford them. Despite limited resources, Free Medical Clinics obtain prescription drugs through a variety of channels, including the donation of drug samples from licensed practitioners; through state prescription drug return, reuse, and recycling laws; and from pharmaceutical companies.

The Food and Drug Administration (FDA) recognized the importance of prescription drug sample donations and stated that donation of drug samples is permissible under the Prescription Drug Marketing Act, so long as certain requirements are met, including, but not limited to, the following:

- ◇ The donation must be in its original, unopened packaging, with labeling intact;
- ◇ The donation must be received by a designated and authorized employee of a charitable institution;
- ◇ A licensed practitioner or pharmacist at the charitable institution must examine the product before it is dispensed or further donated;

Discharge Protocol – Transition of Care



Policy

It is the policy of Grace Medical Home to discharge patients when they no longer qualify to be patients at Grace Medical Home.

Procedures:

Discovery of patient's ineligibility may be for the following reasons:

1. Obtaining Healthcare Coverage

- Private insurance
- Medicaid or Medicare
- VA benefits

2. Income exceeds 200% of the Federal Poverty Guidelines

In addition, Grace Medical Home reserves the right to discharge patients for the following reasons:

3 Failure to Re-register

- Patients who are 2 months past re-registration

3. Moving out of Orange County

4. Inappropriate Behavior

- Rude or abusive behavior

5. No-Show

- Three no-shows for either an appointment at Grace or an outside of Grace referral appointment

6. Non-compliance

- Continued failure to comply with the physician's recommended treatment plan
- Using an additional primary care doctor outside of Grace without letting Grace know
- Inability to contact a patient after three attempts
- Failure to respond to phone calls or letters

Ways to receive discharge information:

- Taskman message from a staff member using Discharge Group
- Log Note or Patient Alert
- Notes from Intake Department
- Monthly Eligibility report
- A patient informs a staff member

Discharge Protocol – Transition of Care



Once determined that the patient will no longer be at Grace, a Group taskman labeled **Discharge** in the subject will be sent by the Grace staff person who received the information to the following departments:

- Registration
- Care Coordination
- Pediatrics
- Social Services/Behavioral Health
- Dental
- Nutrition
- Spiritual Care
- Front Desk
- Medication Storage Room

Transition of Care (TOC)

A LogNote will be started and labeled **Discharge TOC** by any of the above departments.

Each department will review any outstanding items for the patient, act upon them according to their department protocol and document in the LogNote. No new items should be initiated.

Grace Medical Home will have 30 days from the day of discovery of ineligibility to transition the patient to the next source of care.

Thirty days TOC does not apply to:

- Patients who fail to re-register. Pediatrics will attempt to reach patients to re-register before final discharge.
- It is at the discretion of the Provider whether to extend a TOC period to patients who exhibit inappropriate behavior.

The Registration Department will be responsible for final discharge and inactivating the patient in EMDS. Please see discharge policy for registration. This occurs once the patient is beyond their 30 days, if applicable.

Front Office will be responsible for records requests when applicable.

Standard #2: Clinic/Pharmacy Care Responsibilities

Section G: Patient Satisfaction

2G1 - The clinic/pharmacy has a way to measure patient satisfaction.

Community Volunteers in Medicine

Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. All responses will be kept confidential and anonymous. Thank you!

Your Age: _____

Your Race/Ethnicity: _____ Asian

Your Sex:

Male _____

Female _____

_____ Pacific Islander

_____ Black/African American

_____ American Indian/Alaska Native

_____ White (Not Hispanic or Latino)

_____ Hispanic or Latino (All Races)

_____ Unknown

Which services did you use today?

_____ Medical _____ Specialist _____ Dental _____ Education/Workshop

Is this your first visit to CVIM? _____ Yes, _____ No



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	N/A
Ease of getting care:						
Ability to get in to be seen	5	4	3	2	1	
Hours Center is open	5	4	3	2	1	
Convenience of Center's location	5	4	3	2	1	
Prompt return on calls	5	4	3	2	1	
Waiting:						
Time in waiting room	5	4	3	2	1	
Time in exam room	5	4	3	2	1	
Comfort and safety while waiting	5	4	3	2	1	
Staff:						
Provider: (Physician, Dentist, Physician Assistant, Nurse Practitioner)						
Listens to you	5	4	3	2	1	
Takes enough time with you	5	4	3	2	1	
Explains what you want to know	5	4	3	2	1	
Gives you good advice and treatment	5	4	3	2	1	



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	N/A
CVIM Staff						
Friendly and helpful to you	5	4	3	2	1	
Answers your questions	5	4	3	2	1	
Interpreting services	5	4	3	2	1	
Keeps your personal information private	5	4	3	2	1	
Treats you with respect	5	4	3	2	1	
Education						
Health fairs are helpful	5	4	3	2	1	
I like to participate in groups	5	4	3	2	1	
Group classes help me to understand my health situation	5	4	3	2	1	

How would you prefer CVIM to contact you to remind you of appointments and to inform you of lab results?

_____ Home Phone, _____ Work Phone, _____ Cell Phone, _____ Text, _____, Email _____

Did you have difficulty getting to CVIM today? _____ Yes, _____ No

Why or why not _____

Do you have access to your email on your cell phone? _____ Yes, _____ No

Do you listen to all of your automated messages? _____ Yes, _____ No

How many times did you go to the ER in the 2 years prior to coming to CVIM? _____

How many times did you go to the ER since becoming a patient at CVIM? _____

How were you referred to CVIM? _____

Did you get a reminder about taxes? _____ Yes, _____ No

Do you understand the difference between rescreening every year and bringing in taxes?
_____ Yes, _____ No

Do you have any improvement suggestions? _____

Thank you for completing our Survey!

Standard #3: Credentialing and Privileging Systems

3A1 - The clinic/pharmacy verifies licensure, certification, and/or registration of each licensed and/or certified individual.

CREDENTIALING AND PRIVILEGING OF HEALTH CARE PROFESSIONALS

Insert Organizational Name

Insert Organizational Name has in place processes for the purpose of validating and evaluating the credentials and competencies of licensed/certified health care professionals as a basis for employment or volunteering and continued employment or volunteering.

The credentialing process shall apply to all licensed/certified health care professionals and assure (to the extent possible) they are practicing within their respective professional disciplines. The privileging process will clarify who is authorized to practice and will involve the assessment of qualifications and current competencies within the specific scope of patient care services to be provided at the clinic.

RESPONSIBILITIES

The Governing Board is responsible for ensuring the credentialing and privileging processes are established and carried out.

The Executive Director is responsible for obtaining documentation and maintaining confidential and secure files relevant to credentialing and privileging of health care professionals. This process may be assigned to appropriate trained staff/volunteer member but must be assessed by the Executive Director and the Volunteer Medical Director.

CREDENTIALING PROCEDURES

Health care professionals will complete a credentialing registration form. This information will then be appropriately verified by the Executive Director and/or his/her designee. All information will then be assessed by the Executive Director and/or Medical Director.

The form will acquire required information regarding:

1. Current Licensure
2. Board Certification and/or Specialty
3. DEA Agency: As applicable, a current DEA Registration will be obtained for all Health Care Professionals who have prescribing authority.
4. Hepatitis B Immunization Status
5. PPD – TB Skin Test Status: Current results
6. Restricted or Revoked Privileges: As applicable, information regarding restrictions/revocation of privileges at other health care organizations.

PRIVILEGING PROCEDURES

1. The Executive and Medical Directors will assess credentialing profiles of health care provider and evaluate appropriateness for implementation of the privileging process. The provider's requested scope of practice is considered according to the clinic's ability to provide support and types of care performed within the specified clinical setting.

2. The initial privileging process requires verification of privileging from a hospital in support of the health care provider.
3. Upon review of the provider's credentialing registration form and privileging verification, the Medical Director and the Executive Director will make a recommendation to the clinic's Health Services committee for determination of granting privileges.

Adverse Privileging Recommendations and/or Determinations:


If the Medical Director and/or Executive Director anticipate making an adverse privileging recommendation (limit, deny or terminate) to the Health Services committee the provider should be notified of the proposed adverse recommendation and stated reason. The provider will be given an opportunity to provide any supporting information and has 21 days to respond to the notification.

Credentialing & Privileging File Maintenance:

All documentation relevant to the credentialing and privileging of health care providers should be compiled and stored securely.

Standard #3: Credentialing and Privileging Systems

3A2 - The clinic/pharmacy annually reviews any history of prior and current medical malpractice claims for all medical volunteers and staff.

 Lake County Free Medical Clinic	<p style="text-align: center;"><i>Practitioner Credentialing and Verification Policy</i></p>
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Purpose of Policy

The purpose of this policy is to establish a credentialing process for the purpose of validating and evaluating the credentials and competencies of licensed and certified staff as a basis for volunteering (new or continued), employment (new or continued), or a change in assignment.

Policy

The Clinic's credentialing program shall apply to all licensed professional, volunteer and paid, and to certified professionals volunteer and paid. Licensed and certified volunteers apply for privileges or scope of services. This process will clarify who is authorized to perform what tasks and services, and assure (to the extent possible) that persons are practicing within the scope of their licensure or certification, training and experience. This process applies to both LIPs (Licensed Independent Practitioners) and non-LIPs.

Procedures

License/Certification Verification

The Clinic shall use the following procedures:

1. All professionals who are either licensed or certified must be credentialed at the time they begin their volunteer commitment with the Clinic. At the time the application forms are given to the applicant, he/she is informed that failure to provide full disclosure and/or truthful information on the application is grounds for denial of an application for privileges.
2. Prior to the time the practitioner begins work, information pertaining to their credentials will be gathered. At the time of application, new volunteers will be made aware of the Clinic policy of verifying credentials annually; documentation of this agreement will be maintained in each practitioner's confidential file. Also in the file will be the results of credentialing inquiries and current copies of all relevant licensure or certification.
3. The Clinic shall gather the following information as Primary Source Verification:

- Verification through CVO of credentials/licensure – the Clinic will utilize the Ohio E-License online system and the NPDB for all queries and will provide information including licensure and education.
 - Statement of fitness from practitioner attesting to his ability to perform the duties required at the Clinic.
4. The Clinic shall gather the following information as appropriate as Secondary Source Verification:
- Copy of current government-issued ID
 - DEA registration
 - Hospital admitting privileges
 - Immunization/TB results
 - CPR training

Responsibility for Verification

The Clinic's Executive Director is responsible for overseeing that credentialing activities are implemented properly, effectively and fairly. The Executive Director must ensure that the credentialing tasks are conducted privately, and must make sure that the program is implemented in accordance with applicable laws and guidelines. It is the responsibility of the Executive Director to make sure the Clinic and the licensed or certified staff qualifies for FTCA liability coverage.

This responsibility includes, but is not limited to:

- Verifying the credentials of all licensed and certified volunteers
- Maintaining files and information in a confidential manner
- Carrying out telephone conversations and conferences in private
- Receiving confidential information directly (via mail, e-mail, or facsimile)
- Maintaining confidentiality
- Establishing systems for tracking the mailing and receipt of requests for information including time frames for re-credentialing and renewing items such as licenses, registrations, etc.
- Making recommendations to the Executive Director and the Credentialing Committee
- Maintaining a confidential file on each licensed or certified volunteer which includes, among other contents, all information/documentation related to credentialing.

Temporary Privileging

In rare instances, the Clinic is able to grant temporary privileges to a practitioner prior to completing verification of credentials according to the procedures listed above. These instances include situations such as the need for a practitioner to provide important services to a patient on a short-term or emergency basis (e.g., fill in for practitioner who becomes ill or unable to provide care). Though the preference would be to avoid these situations, practitioners may be granted temporary privileges when the following has been completed:

- Licensure verified (can be done by phone)

- Verification of current competence in scope of patient care services to be provided at the Clinic (can also be verified by phone)

Temporary privileges are not to be granted for non-urgent reasons (e.g., insufficient information provided by practitioner to complete the verification process, Clinic staff did not finish verification in timely manner).

Communication of Credentialing Findings

1. The Executive Director will review the results of inquiries and determine a status for each practitioner according to the following options:
 - Grant or renew status/privileges without changes.
 - Change (expand or decrease) status/privileges.
 - Deny or terminate status/privileges.
2. Recommendations shall be presented by the Executive Director to the Medical Director for approval.
3. If the Executive Director and Medical Director recommend making an adverse decision, the applicant must be notified in writing of the proposed decision and the stated reasons for it, and be given an opportunity to provide additional information.
4. The Executive Director will forward the necessary information to the Clinic's Board of Directors. The authority for final action on the recommendation to grant privileges to licensed and certified practitioners lies with the Clinic's Board of Directors. The Board is responsible for the final action to accept, modify or deny the privileges recommended. In the event that a meeting is not scheduled prior to the start date of the practitioner, the Board President may approve the recommendation on behalf of the Board until it can be approved by the full Board at the next meeting.
5. Adverse action taken against a physician, dentist, or registered nurse that concerns professional competence or conduct which is based on formal peer review and is in effect for 30 days or longer must be reported to the NPDB and the state medical, dental or nursing licensing board within 30 days of the final action.

Credentialing Activities After Board Action

Once the Board has approved a practitioner for privileges or scope of practice, signed documentation from the verification and recommendation process is placed in the practitioner's file and the practitioner is notified of the decision.

Re-credentialing Procedures

1. The Clinic re-credentials practitioners annually; this involves updating the volunteer's file consistent with his or her current role and assignment, additional training, and documented competencies.
2. Re-credentialing does not require verification of original education, qualifications and references; rather, it includes documentation of additional training and continuing education, along with changes in request for scope of practice privileges, verification of current licensure or certification status, statement of lack of privileges at another health care facility, and peer reviews (if applicable).
3. Each practitioner will update the information required to perform a licensure/certification verification.
4. Database inquiries are performed in the same manner as detailed above in License/Certification Verification Procedures.
5. Routine and/or special evaluations conducted by the applicant's supervisor should be included in the re-credentialing file. Any special reports concerning the applicant, both positive and negative, also should be included.
6. If adverse information is received from any source, the Executive Director will notify the Medical Director. The Executive Director and Medical Director should consider the most appropriate manner in which to advise the applicant of the adverse information, and provide an opportunity for the applicant to explain or refute the adverse or questionable findings.
7. If warranted, the adverse information may be investigated; after the investigation is concluded, the results/recommendations will be placed in the practitioner's credentialing file and the applicant will be notified of the outcome of this investigation.

Re-credentialing Activities After Board Action

As in credentialing, once the Board has approved a practitioner for privileges or scope of practice, signed documentation from the verification and recommendation process is placed in the practitioner's file and the practitioner is notified of the decision.

Special Re-credentialing Considerations

If a volunteer's scope of practice changes significantly during the credentialed period, re-credentialing should take place at the time of the change, and then again during the following annual review.

Confidentiality

All credentialing and privileging activities are to be considered confidential.

Credentialing Program Evaluation


The credentialing program will be periodically reviewed to make sure that it is accomplishing its goals. If needed, adjustments will be made to the program. These adjustments and improvements will be reported to the Clinic's Board of Directors.

Attachment

Certification of Ability to Perform Volunteer Role

Standard #3: Credentialing and Privileging Systems

3A3 - Each licensed and/or certified volunteer/staff member is credentialed on a recurring basis using a National Practitioner Data Bank (NPDB), the AMA's Physician Profiles, or hospital/health department credentialing service.

 <p>Lake County Free Medical Clinic</p>	<p><i>Practitioner Credentialing and Verification Policy</i></p>
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Purpose of Policy

The purpose of this policy is to establish a credentialing process for the purpose of validating and evaluating the credentials and competencies of licensed and certified staff as a basis for volunteering (new or continued), employment (new or continued), or a change in assignment.

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4. The Executive Director will forward the necessary information to the Clinic's Board of Directors. The authority for final action on the recommendation to grant privileges to licensed and certified practitioners lies with the Clinic's Board of Directors. The Board is responsible for the final action to accept, modify or deny the privileges recommended. In the event that a meeting is not scheduled prior to the start date of the practitioner, the Board President may approve the recommendation on behalf of the Board until it can be approved by the full Board at the next meeting.
5. Adverse action taken against a physician, dentist, or registered nurse that concerns professional competence or conduct which is based on formal peer review and is in effect for 30 days or longer must be reported to the NPDB and the state medical, dental or nursing licensing board within 30 days of the final action.

Credentialing Activities After Board Action

Once the Board has approved a practitioner for privileges or scope of practice, signed documentation from the verification and recommendation process is placed in the practitioner's file and the practitioner is notified of the decision.

Re-credentialing Procedures

1. The Clinic re-credentials practitioners annually; this involves updating the volunteer's file consistent with his or her current role and assignment, additional training, and documented competencies.
2. Re-credentialing does not require verification of original education, qualifications and references; rather, it includes documentation of additional training and continuing education, along with changes in request for scope of practice privileges, verification of current licensure or certification status, statement of lack of privileges at another health care facility, and peer reviews (if applicable).
3. Each practitioner will update the information required to perform a licensure/certification verification.
4. Database inquiries are performed in the same manner as detailed above in License/Certification Verification Procedures.
5. Routine and/or special evaluations conducted by the applicant's supervisor should be included in the re-credentialing file. Any special reports concerning the applicant, both positive and negative, also should be included.
6. If adverse information is received from any source, the Executive Director will notify the Medical Director. The Executive Director and Medical Director should consider the most appropriate manner in which to advise the applicant of the adverse information, and provide an opportunity for the applicant to explain or refute the adverse or questionable findings.
7. If warranted, the adverse information may be investigated; after the investigation is concluded, the results/recommendations will be placed in the practitioner's credentialing file and the applicant will be notified of the outcome of this investigation.

Re-credentialing Activities After Board Action

As in credentialing, once the Board has approved a practitioner for privileges or scope of practice, signed documentation from the verification and recommendation process is placed in the practitioner's file and the practitioner is notified of the decision.

Special Re-credentialing Considerations

If a volunteer's scope of practice changes significantly during the credentialed period, re-credentialing should take place at the time of the change, and then again during the following annual review.

Confidentiality

All credentialing and privileging activities are to be considered confidential.

Credentialing Program Evaluation

The credentialing program will be periodically reviewed to make sure that it is accomplishing its goals. If needed, adjustments will be made to the program. These adjustments and improvements will be reported to the Clinic's Board of Directors.

Attachment

Certification of Ability to Perform Volunteer Role

Standard #4: Patient Care

Section A: Medical Records

4A1 - The Clinic/Pharmacy maintains a medical record for those receiving care from its organization. Medical records may include:

- An up-to-date list of current and active diagnoses
- Allergies, including medication allergies and adverse reactions
- Blood pressure
- Height
- Weight
- BMI
- Current list of prescription medications
- Vaccinations
- Social Determinants of Health screenings
- Depression Screening
- Date of birth
- Gender
- Race
- Home Address and/or Homelessness
- Ethnicity
- Preferred Language
- Telephone Numbers
- E-mail Addresses
- Dates of Clinical Visits
- Financial Information
- Eligibility Information
- Health Insurance Information

STANDARDS FOR MEDICAL RECORDS

Greenville Free Medical Clinic

The primary purpose of medical records at Greenville Free Medical Clinic is to document the concerns and medical problems of our patients, evidence gathered by our providers to evaluate patient problems (including pertinent history, physical examinations, and diagnostic testing) and the treatment rendered by clinic providers, including plans for follow-up.

The following guidelines pertain:

1. Medical records should be complete and legible. All entries in the patient's records should be made with ink, dated, and signed. Correction fluid should not be used in patient's records. Corrections should be made with single line through the words to be deleted, followed by the initials of the person making the corrections.
2. The documentation of each encounter should include: the reason for the encounter, relevant history, physical examination findings, and prior diagnostic testing, the providers' assessment of the patients condition, clinical impressions, or diagnoses, a plan of care (treatment plan), the date and signature of the provider (physician, nurses, etc.).
3. If not documented, the rational for ordering diagnostic and other ancillary services should be easily inferred.
4. Past and present diagnoses should be accessible to the treating and / or consulting physician. A list of all medications taken for chronic conditions should be maintained, including the date prescribed and any changes in dosage.
5. Appropriate health risk factors and any known allergies should be identified.
6. The patient's progress, response to treatment, and changes in the treatment or diagnosis should be documented.
7. Only staff and volunteers who are authorized to review and document a patient medical chart will have access to records.
8. All staff and volunteers will receive routine training and review of these expectations and standards of medical record documentation, access and privacy.

FORMS

There are multiple forms in each chart. These forms are to be kept up to date by clinic providers, nursing staff, (and to a lesser degree) the administrative staff. The following are routinely presented in patient charts.

- **Patient Information Sheet:** When a patient checks in, the volunteer or staff screener will verify with the patient if there have been any changes in their personal data. If so a new personal information sheet will be updated, and copies of new verification documentation will be added.

This information will be located on the left side of the first section of the chart. Outdated information should have a line marked through it and placed underneath current information.

- **Medical history:** Generally, nurses are responsible to obtain family and past medical history, generally summarized on a Med History form. This information will be located on the right side of the first section of the chart, behind the Problem List.
- **Medication List:** This orange form is to be kept updated each visit by the provider or nurse. It is located on the right side of the second section of the chart.
- **Other flow sheets:** Clinic providers may also keep flow sheets for management and follow up of diabetes mellitus, and for managing anticoagulation. These forms should generally be placed underneath the medication list. In charts where this is foremost medical issue, the disease specific flow sheet may overlie the medication list.
- **Progress Notes:** A note is to be made in the chart documenting each encounter with a patient or telephone conversation no matter how seemingly insignificant it is. Any staff member may make an entry. Each entry is to be dated (including the year), signed by the person making the entry. Those making entries are to make an effort to be sure that the entry is in chronological order. Blue progress notes are to be placed on the left side of the second section of the chart with the most recent entry on top.
- **Diagnostic and Lab Reports:** Laboratory and diagnostic testing reports are placed directly under the medication list, in reverse chronological order (i.e., the most recent results on top).
- **Consults and Outside Medical Records:** All other information coming from outside clinical resources is to be placed behind diagnostic test results order by clinic providers.
- **Nursing Notes:** Notations on the Blue Progress Notes by nursing staff must be dated and signed by staff, but do not require co-signature by a provider unless they document that a verbal order was carried out, authorize a prescription refill, or if new information is presented that warrants provider review. When a nurse performs an act authorized by a standing order, a co-signature is also unnecessary, assuming that the staff may write “flu vaccine given per clinic’s protocol”, followed by his or her signature. Nursing Staff should be alert of patients returning for recurrent nursing services without being seen by a provider.

Storage

Medical Record files are stored in cabinets not accessible to the public. When records are in use, every effort will be made for the record to not be available for casual viewing of the patient or the public. Computers that contain patient information can not be accessed by anyone except authorized personnel only.

Location of the Medical Records

The Medical Records storage area is located in a central location and all active charts are filed alphabetically in this area. Patient’s records with pending follow-up or scheduling may be kept in a

secure area in the Nursing department. At the end of a clinic session, charts are to be returned to the Medical Records storage area for proper re-filing.

Retention of Medical Records

Greenville Free Medical Clinic will retain medical records of patients after discharge using the following procedure:

- Adult charts: Retain for at least **10 years** after last visit date.
- Inactive patient charts will be stored downstairs in the basement storage area. A computerized data base is maintained indicating the basic information in the stored patient charts.
- All purged records will be shredded by a commercial document management company.

Copying of Medical Records

The appropriate release of information sheet must be completed by the patient before medical records can be copied and released. The standard charge allowed by the State of South Carolina will be billed to insurance companies, attorney offices and SCVR. Patients should authorize any release of medical information when being referred to another provider or facility. Patient records may be reviewed as part of the QA Program to evaluate need for changes or revisions in patient records.

Privacy of Medical Records

Confidentiality is a keystone of the patient relationship, and as such requires the efforts of all employees. All information about patients, their illnesses, or their personal lives must be kept in strict confidence. Patient records are not for casual viewing; and only those who have specific reason should read charts. Conversations with patients at the front desk, nurse's stations, lab, and exam rooms should be held in such a way as to protect the patient's privacy and confidentiality. When talking to a patient about any matter, try to do it such a way that other patients or volunteers can not overhear. Case histories, confidential papers, and even the appointment book should be kept where passing patients will not see them. It is improper to reveal any information about a patient even to family members of the patient. Since medical information obtained by a provider is confidential, it cannot be released to any individual or agency without specific, written permission of the patient or as stipulated by the law.

Example of Mandatory Disclosure:

- Communicable diseases, including HIV infection.
- Labs must report findings of tuberculosis, gonorrhea, syphilis, or other communicable diseases.
- Cancer (Central Cancer Registry)

Example of Legal Disclosure:

- Bullet/gunshot wounds, poisoning, knife wound or any other injury involving grave bodily harm or illness if it appears to be the result of criminal violence.
- Sudden or unusual deaths.
- Disabled adult in need of protective services.
- Abuse of minors.

Standard #4: Patient Care

Section A: Medical Records

4A2 - The Clinic/Pharmacy periodically reviews patients' medical records to determine quality, completeness, and legibility.

Please refer to sample for 4A1

Standard #4: Patient Care

Section A: Medical Records

4A3 - The Clinic/Pharmacy has policies and procedures about Patient Clinical Data & Patient Information Collection.

Please refer to sample for 4A1

Standard #4: Patient Care

Section A: Medical Records

4A4 - The Clinic Pharmacy has policies and procedures about what information must be included in a patient's medical record.

Please refer to sample for 4A1

Standard #4: Patient Care

Section B: Triage Policies

4B1 - The Clinic/Pharmacy has policies and procedures that address triage, walk-in patients, and telephone triage.

CCHC Policies & Procedures

Policy: Guidelines for Telephone Triage for Flu Symptoms

Area: Clinical

For patients calling or coming to the clinic for cold and flu symptoms, here are a few guidelines to help decide who needs an appointment.

Patient needs an appointment if

- Fever of over 101 degrees with chills
- Green or rust colored sputum
- Symptoms have been present more than one week
- Severe sore throat (difficulty swallowing)

If these symptoms are not present, please give patient Cold and Flu Instructions. For diabetic patients, ask a member of the clinical staff to decide if patient needs an appointment.

If you are not sure what to do, always ask on of the clinical staff to make the decision.

Reviewed:	
Adopted by Board:	
Revision Date:	

CCHC Policies & Procedures

Policy: Telephone Triage Policy	Area: Patient Care
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All CCHC staff and volunteers are oriented to respond to patients' telephone calls requesting health information, medical advice or appointments

Purpose:

- To assure that all callers receive correct information.
- To assure that established patients are evaluated appropriately and referral to appropriate staff for follow-up.
- To refer caller to appropriate resources as needed.

Procedure:

Charlotte Community Health Clinic recognizes the importance of accurate and timely telephone communications. A full time receptionist answers all call coming into the facility. Follow-through with telephone calls includes:

- Calls from patients who needs to talk with a physician/provider/nurse. Staff receptionist will determine purpose of call and transfer call to appropriate staff person. Receptionist will pull patient chart and place on staff person's desk for referral as needed. Receptionist will not provide any medical advice to patients and will transfer all calls seeking medical assistance. The following conditions could be considered emergencies:
 - Chest pain
 - Shortness of breath
 - Loss of Consciousness
 - Paralysis, partial paralysis or numbness
 - Significant Trauma
 - Severe headache
 - Seizure
 - Active bleeding from any site
 - Severe abdominal pain

Registered Nurse triage telephone call:

- The RN will question patient regarding character and duration of symptoms, medical problems and other information required to make an informed decision.
- If at any time the nurse feels uncertain or uncomfortable with providing advice, she/he will confer with onsite provider. If patient reports any of the emergency conditions above, the RN will instruct patient to call 911.

CCHC Policies & Procedures

- If the symptoms reported by the patient are such that the patient can be seen a later time, the RN will schedule a clinic appointment for the patient.
- Following the conversation, it is the responsibility of the RN to document the encounter in the patient charge for reference and include the following:
 - Time and date of call
 - Pertinent details of telephone conversation
 - Recommendations of RN
 - Date of appointment
 - Signature of RN or CCHC personnel
 - Provider signature, as needed.

Telephone calls from patients needing appointments, rescheduling appointments, canceling appointments etc. will handled by receptionist using scheduling system in CareScope (accessible to all staff).

Calls from individuals needing CCHC services will be given information by the receptionist regarding scheduled screening dates or advised according to the clinic's ability to take in new patients.

Volunteers are discouraged from answering CCHC phones

Reviewed:	
Adopted by Board:	
Revision Date:	

SOCIAL WELFARE BOARD OF THE COUNTY OF BUCHANAN

Policy Title: Triage		Policy Relevant to: All Staff
Original Policy Date January 2010	Revised Policy Date: 11/15 7/19 2/20	Policy Number: MED-005
Approved by: Board President:		Executive Director
Attachment and forms:		Related to:

PURPOSE: To provide a mechanism for patients to have immediate access to medical advice and to determine those patients requiring medical attention on an urgent or emergent basis.

Goal of Triage:

These triage guidelines are designed to assist in determining the acuity of a client's needs and the proper action to take. The goal of the triage process is to ensure that a reasonable and responsible level of care regarding the client's presenting problem is accessible to all clients. The guidelines are designed to evaluate clients who call or walk in for care or are encountered through outreach

POLICY:

Triage advice is a medical intervention to determine when a clinical visit is warranted to address a health need/concern or complaint.

Procedures for front desk personnel:

1. When a patient presents to the front desk without an appointment and wants to be seen by the NP or Doctor, the intake personnel will:

- Have patient complete triage form
- Discern if patient is new, established, medical or gyn
- Take the completed triage form to the triage nurse. Patient will wait for nurse's findings in the lobby
- Nurse will advise intake staff of findings, who will put on schedule as applicable or discuss with patient as needed.

2. When a patient presents to the front desk without an appointment and needs to be seen immediately and the patient appears to be in distress or discloses a symptom on the stat chart:

- Call the nurse's station and inform a nurse there is a STAT triage
- Stay with the patient until the nurse arrives

After the nurse has arrived the intake personnel will make sure the nurse has access to patient's EMR.

3. When a patient calls SWB office needing to be triaged the intake personnel will:

- Confirm patient is an existing patient
- If yes, and there is room on today's schedule, then schedule appointment. If no room contact Triage nurse who will ask basic triage questions and review with provider.
- If the patient is new, conduct a verbal financial assessment asking if the patient is insured, on Medicaid and has earnings less than the 200% of the eligibility levels. Intake will schedule the patient for the next available appointment. If patient is too ill to wait for the scheduled appointment instruct patient to call the nurse line (271-4000) to obtain immediate advice.

Procedures for Triage Nurse

The triage nurse will obtain specific information regarding the chief complaint from the patient including pertinent medical history. From that information, the triaging nurse will determine specific needs of the patient.

SOCIAL WELFARE BOARD OF THE COUNTY OF BUCHANAN

Phone call triages:

- If the triage nurse is not able to satisfy a patient's/caller's concerns and/or is uncertain as to the advice to be given to the patient, the triage nurse will consult the on duty provider.
- If the triage nurse determines the patient (caller) has an emergency, the patient will be advised to dial 911. If patient refuses to call 911 the nurse can call 911 for the patient. If the patient is at the clinic the nurse will call 911 for the patient.
- If the patient has an urgent need, the triage nurse will offer the patient the first available appointment

In the absence of a designated triage nurse, the nurse assisting the provider will follow the same policies regarding triaging process as outlined above.

Emergency:	ASAP (ideally same day and provider discretion)	Next available appointment
Chest pain Shortness of breath Hemorrhage (oral, rectal, gyn Severe headache Sudden arm or jaw pain Difficulty walking or speaking Arm or leg numbness vision changes balance problems Suicidal thoughts	Fever >101 with rash Mental health issues Can't urinate Blood pressure high or low Blood sugar high or low Severe pain Blood pressure high or low Injury Recent seizure Vaginal or penis discharge <div> Patient requesting care after 2:00 on Friday or late afternoon is at the provider's discretion. </div>	URI GI upset Aches and pains Medication refills

Remember communicating with the patient is key! Keep patient in the know as to the status of their triage. At a minimum, the triage nurse should check in with them every 30 minutes.

Suggested scripting: all of our patients have been showing up so you may not be able to be seen" --- or "you have another triage in front of you and we haven't had any no shows, so you may want to come back tomorrow early."

It is not good patient care to let a patient sit for long periods without a status update. Good communication helps improve patient satisfaction.

In a STAT emergency several things happen SIMULTANEOUSLY:

1. NEVER LEAVE PATIENT ALONE.

2. The Front office first responder will call the triage nurse to come to the front desk immediately. Meanwhile he first responder will get the triage sheet from the clipboard and will ask the patient's name, date of birth and provider name.

3. The triage nurse must report to the front desk with a stethoscope and a pulse Oximeter. The nurse responder will determine location of care – to request a provider come to the triage area, treat the patient in an exam room and/or contact 911.

4. The triage nurse will advise the first responder to retrieve any necessary items such as oxygen or to call 911. The patient's chart will also be pulled and brought to the triage nurse.

IF THE PATIENT IS TAKEN TO AN EXAM ROOM:

The nurse responder should notify the 2nd nurse in their station of the situation.

The nurse responder is to notify the provider.

The patient's medical record should be delivered by medical records staff with the triage sheet. i.e. Electronic medical record

IF THE PATIENT IS TO BE EVALUATED IN TRIAGE AREA AND/OR CALL 911:

The nurse responder will request provider to come to the triage area.

The patient's medical record should be delivered to the triage area with the triage sheet. i.e. EMR

. WHEN 911 IS CALLED:

The nurse and/or provider, who call 911, must also notify the front desk of the call.

Notify the team leader or clinical coordinator. Team leader or clinical coordinator is to be stationed at ramp door to direct emergency rescue team to triage/exam room area.

The nurse responder is to make sure medical screening examination form is completed. Once completed, to be sure reviewed and signed by a provider.

Forms to be printed or paramedics are: History and physical form, Medication list.

Nurse responder is to coordinate replenishing/returning all equipment, records, and supplies to appropriate areas.

Standard #4: Patient Care

Section C: Standards of Care Treatment and Diagnostic Policies

4C1 - The Clinic/Pharmacy has policies and protocols that define appropriate treatment and diagnostic procedures for selected medical conditions based on current standards of care.



BVMI Healthcare Center
Medical Policies and Procedures Manual

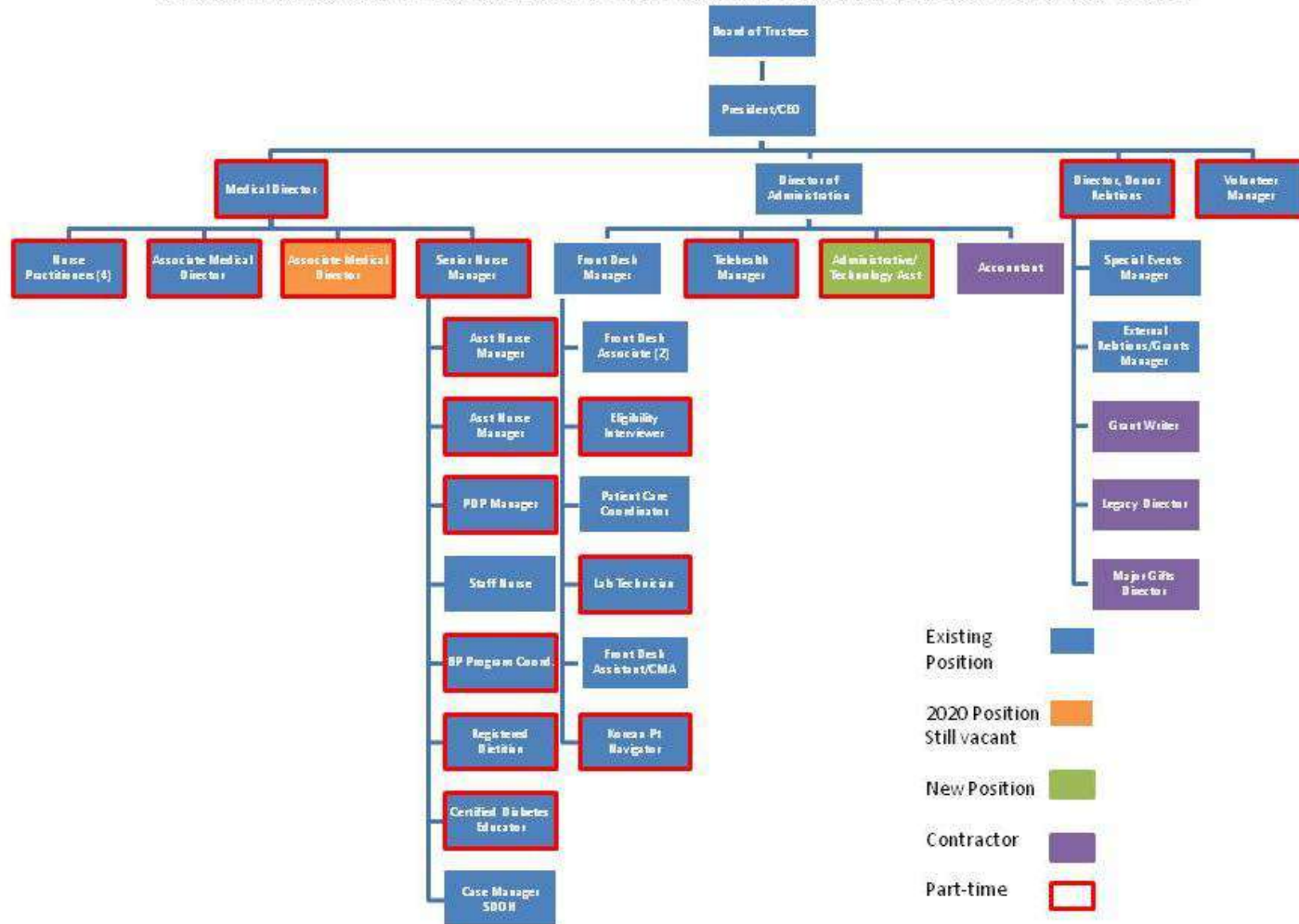
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SECTION 1: ORGANIZATION

A. Organizational Chart

BERGEN VOLUNTEER MEDICAL INITIATIVE ORGANIZATION CHART 2021



B. Description of Functional Responsibilities

1. The Healthcare Center is governed by the BVMI Board of Trustees. The Board of Trustees has standing committees.
2. President/CEO
 - a. Is responsible for the management of all day-to-day functions of the Healthcare Center assisted by the Medical Director and Administrative Director.
 - b. Reports to the Board of Trustees and Board committees as appropriate.
3. Medical Director
 - a. Is a current NJ licensed medical doctor.
 - b. Is responsible for oversight of recruitment and credentialing of all clinical personnel as well as all medical activity delivered by the Healthcare Center and the medical staff and medical volunteers who serve the patients.
 - c. Reports to the President/CEO
 - d. S/he or his/her designee is available to the facility for all hours of operation.
4. Administrative Director
 - a. Is responsible for all administrative staff, non-medical volunteers, support services including technology, payroll, purchasing and facility upkeep.
 - b. Reports to the President/CEO
5. Nurse Manager
 - a. Is a current NJ licensed registered nurse.
 - b. Is responsible for the recruitment, training and organization of all nursing staff.
 - c. Reports to the Medical Director.
 - d. S/he or his/her designee is on premises during patient hours of operation.

C. Confidentiality Policy for Protected Health Information

Any PHI or protected medical information received from our patients will be treated in a confidential manner and will only be used or shared by our employees, staff, and volunteers for providing services to the patients, for limited internal purposes, and as specifically required or authorized by law.

Note: BVMI is not a “covered entity” under the federal HIPAA medical privacy law; however, BVMI will still observe common medical privacy practices. Other laws, such as New Jersey state laws for medical privacy, may still apply.

If protected health information needs to be transferred outside of our organization we ask our patients to sign a consent form.

All employees, staff, and contractors of BVMI will receive periodic reminders of the need to maintain the confidentiality of protected health information.

Any and all records containing PHI or personally identifiable health data will be maintained in a manner that will protect the confidentiality of the information, and destroyed, as applicable, according to the law.

Any employee, staff member or volunteer of BVMI who breaches this trust will be disciplined and risks immediate termination.

This policy is effective upon its release and until replaced by an updated policy.

If anyone has questions, please contact the President/CEO.

SECTION 2: PATIENT CARE POLICIES

A. Eligibility Policies and Procedures

BVMI is a FREE healthcare center designed to serve uninsured people ages 18 and over and provide them with preventive and primary medical care. Patients must be residents of Bergen County who are working with income levels up to 250% of the current Federal Poverty Level Guidelines. Patients who became eligible for services prior to May 15, 2018 will continue to be eligible if their household income is up to 300% of the current Federal Poverty Level Guidelines. Patients on Medicare or Medicaid or any other form of health care coverage are not eligible. Eligibility will be reviewed on an ongoing basis.

When the patient is accepted, he/she signs and is given a copy of the following forms:

- Patient Authorization and Consent to Receive Healthcare Services
- Patient Agreement
- Notice of Limited Liability
- Referral Policy for Non-Primary Care

The criteria for patient eligibility for the Healthcare Center's services are:

- 1) The patient must live in Bergen County.
- 2) There must be earned income in the patient's household and the total household income must be less than 250% of the established Federal Poverty Level Guidelines if application to be eligible for services at the BVMI Healthcare Center is made on or after May 15, 2018.
- 3) Patient must not have any health insurance including Medicare and Medicaid.
- 4) Patient must complete a medical history form which will be reviewed by the nurse manager or designee. Approval that the services available at the BVMI Healthcare Center are appropriate for the patient's health care needs must be signed off on by the nurse manager or medical director.

Bergen County hospitals may require additional documentation to be accepted for Charity Care.

Additional documentation may be required for a patient's participation in Pharmaceutical Companies' Prescription Access Programs (PAPs); some PAPs require residency and/or citizenship.

Each patient must provide some form of photo identification, e.g. driver's license, school/employee photo, any country passport etc.

The procedures for determining patient eligibility for the Healthcare Center's services are:

a) Eligibility interview with prospective patient.

1) Determine residency. The Healthcare Center will accept any of the following documents to establish residency.

- Utility bill
- Bank statement/notice/checks
- Rent receipt
- Envelope mailed to address

2) Determine income. Patient's total household gross income must be less than 250% (or 300% if an established patient prior to May 15, 2018) of the established Federal Poverty Guidelines. Total household income is defined as all monies received including salary, social security income, child support, alimony, unemployment, pension, investment income, rental income, workers' compensation, etc.

Household includes all permanent members of the same household/address who are dependent on the household income. Financially independent individuals will be excluded.

The Healthcare Center will accept the following documents to establish income. Name of patient or head of household must appear on one of these documents including:

- Recent Payroll statements
- Letter from employer stating the gross income on weekly, monthly or yearly income
- Affidavit from patient or head of household of the gross income
- Most current year's Federal or state tax return (most recent return must be provided, if available)
- Social security benefit statement

The Healthcare Center will use yearly, monthly or weekly information.

- 3) Determine insurance status. Information must be provided for every member of the household as to whether the individual has any type of health insurance, e.g. Medicare, Medicaid, workers' comp, private, veteran, or whether healthcare benefits are pending.
- 4) Subsequent to establishing household financial eligibility, each potential patient in the household will be required to complete a screening medical history form which will determine if our primary care facility is appropriate for the patient's medical needs.

Each household is required to re-establish financial eligibility annually.

- b) Each time the patient returns, the patient's contact information will be checked and they will be asked if residency, income or health insurance status has changed.

B. Patient Care Services Policy and Procedure

The Patient Care Committee, comprised of the Medical Director, Associate Medical Director, Lead Nurse Practitioner, Nurse Manager, President/CEO, and Administrative Director meets monthly or as needed to discuss patient care policies and procedures.

Each BVMI patient will receive the core essentials of quality patient care, which include:

- 1) A comprehensive assessment.
- 2) Routine health maintenance measures for health promotion and disease prevention.
- 3) Follow up appointments, referrals, education, and counseling.
- 4) Availability of medical services will be according to posted patient hours; visits are by appointment only.

Services at the BVMI Healthcare Center will be provided by the following: Licensed Independent Practitioner (LIP), Physician Assistants (PA) Psychologists, Social Workers, Registered Nurse (RN), and Licensed Practical Nurse (LPN), and other allied health professionals according to job description.

The Medical Director is responsible for patient care services with the Associate Medical Director, Nurse Manager(s), and staff nurse practitioner(s) reporting to him/her.

- Subsection 1: Delivery of Care
- Subsection 2: Scope of Treatment
- Subsection 3: Assessment and Treatment
- Subsection 4: On site laboratory procedures and specimen collection
- Subsection 5: Identification of patient requiring social service professionals.
- Subsection 6: Referrals for care outside of BVMI.
- Subsection 7: Specific specialty procedures

- Subsection 8: Emergency Care
 Standard of practice for emergency situations
- Subsection 9: Occurrence Reporting
- Subsection 10: Patient Rights and Safety
- Subsection 11: Adverse Medical Device Incidents
- Subsection 12: Suspected Abuse/ Neglect/ Exploitation
- Subsection 13: Review of Patient Medical Records

SUBSECTION 1: Delivery of Care

Patients are scheduled for medical services only after financial and medical eligibility is established.

Patients will be treated by either a physician or a nurse practitioner under the direction of a collaborating physician. All practitioners who deliver care at BVMI are licensed and meet credentialing requirements. The services offered on-site or via telehealth are:

- Primary Medical Care
- Office Gynecology
- Limited specialty care as available (e.g. office orthopedics, dermatology, podiatry)
- General surgical consultations and minor surgery
- Social work consultations
- Case management
- Nutrition counseling
- Diabetes education and counseling

A treatment and education plan will be established and discussed with all patients.

Patients Who Are Non-English Speakers: When a patient neither speaks nor understands English, the Healthcare Center will encourage the patient to bring a non-family interpreter with

them. If the patient cannot provide an interpreter, the Healthcare Center will provide interpretation services.

Appointments: Appointments will be made by telephone during Healthcare Center hours.

A patient who calls during office hours with the need for immediate care will be assessed by a licensed clinical staff member as to whether they should be directed to an Emergency Department or seen that day if an appointment with a practitioner is available or given an appointment for a subsequent day. A recorded message device is active when the Healthcare Center staff are not available to instruct a patient experiencing a medical emergency to call 911 or go to an emergency room. If not a medical emergency, the patient may call the BVMI Healthcare Center during the next business day.

Medical Records: The BVMI Healthcare Center utilizes an electronic medical record system. Each patient shall have a current complete medical record documenting all services provided. All practitioner and nurse encounter notes must be signed and dated electronically.

Each patient's medical record shall include the following:

- Patient identification data, including name, date of admission, address, date of birth, race, sex and the name, address and phone number of the person(s) to be notified in an emergency;
- Patient's chief complaint;
- History of present illness;
- Past medical, family, social histories;
- Review of systems;
- Physical examination;
- The diagnosis or medical impression;
- Diagnostic orders and their results;
- Treatment, medication and diet orders signed by the prescriber;
- Patient care plan;

- Clinical notes;
- A record of medications administered, including name and dosage, date and time, method of administration and name of the person administering the drug;
- Documentation of drug allergies; documentation of other allergies;
- A record of referrals;
- Consultations ordered or provided;
- Documentation of informed consent when needed;
- Documentation of communication or attempted communication with patient for significantly abnormal test results;
- Instructions for follow-up care;
- Record of services or treatment refused by the patient;
- The discharge plan;
- Record release authorizations;
- Specialists who are permitted to use written medical record entries shall write legibly, dated and signed and scanned into the patient's electronic record;
- Medical records will be completed within 24 hours of the visit;

Electronic files are stored in a secured location and are to be accessed only by authorized personnel.

Medical records will only be released with the patient's consent or as required by law or by subpoena.

Copies of the patient's medical record will be provided to the patient or the patient's legally authorized representative. Charges will not exceed allowable fees, and will be assessed at the discretion of BVMI.

Patients have the right to review their medical record unless medically contraindicated by physician order.

Medical records will be preserved in accordance with N.J.S.A. 26:8-5 et seq.

SUBSECTION 2: Scope of Treatment

Treatments and procedures performed at the BVMI Healthcare Center shall be those that can be safely performed in an ambulatory setting and those are limited to the availability of equipment and adequate personnel, appropriate physical environment, and level of expertise of the treating personnel.

Procedures or treatments that require sedation, regional, spinal or general anesthesia, are not appropriate at the BVMI Healthcare Center.

All care will be rendered in treatment rooms of the BVMI Healthcare Center with the doors of the room closed.

A chaperone will be present when requested. A female chaperone will be present any time a female patient is disrobed and being examined by a male practitioner. When a male technician is doing EKG on female patient, there will be a female chaperone. When a female practitioner does a rectal or hernia exam on male patient, a nurse (either gender) should be present.

Patient's written consent must be obtained for any procedure. If consent is obtained through an interpreter, the interpreter shall sign the form as a witness and attest to the patient's understanding.

SUBSECTION 3: Assessment and Treatment

Continuity of Care:

1. After the patient is examined by the practitioner, orders will be written based on the patient's history, physical findings and risk factors. A treatment and education plan will be established and discussed with all patients.
2. Orders will be reviewed and implemented by the practitioner or RN.

Ordering laboratory and diagnostic tests.

- a. Review prescriptions provided to the patient.

NOTE: All prescriptions rendered will be updated and recorded on the electronic medical record. Language-specific medication education materials will be given to the patient, when applicable and available, and will be noted on the patient's chart.

- b. Education/counseling.

Education materials provided to the patient at the direction of the practitioner are documented in the nurse note for the visit.

- c. Referrals for specialty care. See Subsection 6.

Informing Patients of Lab and Other Diagnostic Test Results: All abnormal lab and other diagnostic test results should have follow-up and all patients may have access to these results. Abnormal results will be followed appropriately.

All lab and other diagnostic test results are imported into the patient's electronic chart the day they are received, or as soon as possible.

All lab and other diagnostic test results are reviewed by the medical director or associate medical director.

Abnormal results are noted in order to be reviewed with the patient at the next patient visit. All critical values are reviewed by the medical director/associate medical director or his/her designee and appropriate action taken by them or the attending practitioner in a timely manner.

Normal test results are not routinely called to patients, but patients may call for results.

Telephone Contact: Numerous outside calls may be received at BVMI from established patients requesting medical advice. It is expected that all calls will be handled discreetly and in

a timely manner. Telephone medical advice is never used as a substitute for adequate medical care. Newspaper reporters, media, legal and police questions are to be referred to the President/CEO or his/her designee. The following procedures should be followed when speaking by telephone with a patient:

- Healthcare information may only be discussed with the patient or legal representative after verification of the identity of the caller. Obtain the chart of the patient before providing any information.
- A phone note should be entered into the patient's electronic chart documenting the nature of the call, information given by the caller and information given to the caller.
- Ask questions that would be appropriate for a proper screening. Decisions concerning appropriate care are to be referred to a practitioner or RN.
- Do not make decisions for the caller. Advise caller of limitations inherent via telephone contact; that is, assessments cannot be performed over the telephone.
- Utilize referrals and refer caller appropriately. If the call is determined to be an emergency, instruct the caller to call 911 or go to the nearest emergency room.
- Protected health information is never left as part of a voice message.

Non-Compliant Patients: Care for chronically non-compliant patients may be discontinued at the discretion of the Medical Director after appropriate warning process. An initial warning letter is sent via first class mail and certified mail to the last known address advising the patient that he or she must be compliant to continue as a patient. If no resolution, notification of termination of services with 30 days notice is sent via first class and certified mail.

Tuberculosis Screening Policy:

1. A two-step PPD skin test will be administered to BVMI patients who:
 - have suggestive signs or symptoms of TB
 - have a past or present history of close contact with someone with active TB
 - live now or did live previously in an area with a high incidence of TB
 - previous history of BCG vaccination will be no contraindication to obtaining a TB skin test unless there is a known history of a positive TB skin test

2. **A PPD skin test is contraindicated in individuals who have previous positive tuberculin skin test results or had a live virus vaccine within the previous 6 weeks.**
3. Patients with a positive tuberculin skin test will have a chest x-ray. If the chest x-ray is consistent with active tuberculosis, they will be directed to anti-tuberculosis therapy. If the chest x-ray is negative and they are asymptomatic, the patient will be considered to have a Latent Tuberculosis Infection and will be offered a 6 to 9 month course of appropriate therapy. The patient will be asked to complete an annual TB Screening Questionnaire whether or not the patient accepts the treatment.
4. A positive skin test TB reaction will consist of 10 mm or more of induration. In the two-step process, if the one test showed either no reaction or a small reaction, the second test should be performed two to three weeks later. Both tests should be read and recorded by a trained medical professional at 48 to 72 hours. 5 or more millimeters of induration is considered positive in patients who are:
 - Immunosuppressed
 - HIV infected
 - Contacts of infectious tuberculosis
 - Showing abnormal chest x-rays
5. A patient with a positive TB skin test with a previous BCG vaccination should be sent for a quantiferon gold blood test. If the quantiferon gold blood test is positive, the patient will be referred for a chest xray. If the chest x-ray is consistent with active tuberculosis, they will be directed to anti-tuberculosis therapy. If the chest xray is negative the patient will be considered to have Latent Tuberculosis and will be offered a 6 to 9 month course of appropriate treatment. The patient will be asked to complete an annual TB Screening Questionnaire whether or not the patient accepts the treatment.

Cervical Cancer Screening Policy: The official guidelines for cervical cancer screening at BVMI shall be that of the American College of OB-GYN (ACOG) and the American Society of Colposcopy and Cervical Pathology (ASCCP).

Highlights of these policies are as follows:

- a) Perform Pap smear between ages of 21 and 65 every 3 years if no risk factors like positive prior screening.
- b) In women 21-29, if Pap smear is positive, a reflex HPV will be performed.
- c) Perform a Co-test (Pap and HPV) every 3 years only in women 30 to 65 unless positive prior screening and risk factors are present. If prior screening is positive and risk factors are present, then the screening will be done annually.
- d) In patients 30 to 65, if Pap is negative, but HPV is positive and remains so for one year, perform colposcopy.

HIV Screening Policy:

- a) All new patients, after they pass medical eligibility, will have a complete blood work panel including an HIV screening test. The patient will be informed that this screening is included as part of BVMI's standard initial lab panel. The patient may decline the HIV screening.
- b) If the patient's screening test is positive for HIV, additional confirmation testing will be done utilizing current CDC standards. If positive, the patient will be referred to the Hackensack University Medical Center's HIV clinic located in Hackensack for complete HIV care. The patient will continue to be eligible to receive regular primary care at the BVMI Healthcare Center according to BVMI's usual eligibility guidelines or as long as the care required remains practicable. Positive reports must be reported in writing to the NJ Department of Health and Senior Services. (609-984-5940).

SUBSECTION 4: On-Site Laboratory Procedures and Specimen Collection

1. Any federally CLIA-waived test may be performed on site.

SUBSECTION 5: Identification of Patients Requiring Social Service Intervention and Objectives and Functions of the BVMI Social Worker/Case Manager

A BVMI social worker and/or case manager provides assistance to BVMI patients who require such assistance. The social worker provides short-term psychosocial support and crisis intervention. The case manager provides crisis intervention, community liaison referrals, education and patient advocacy.

Patients are referred to the BVMI social worker or case manager as needed by their attending practitioner or by the Medical Director or Associate Medical Director.

SUBSECTION 6: Referrals for Care Outside the BVMI Facility

BVMI patients are provided primary and preventive medical care at the BVMI Healthcare Center. Limited specialty services are available at the Healthcare Center upon referral by the attending practitioner. BVMI will attempt to arrange for off-site specialty care referrals made by attending practitioners, but cannot guarantee that free specialty services can be provided. This policy is contained in the patient agreement signed at intake. A record of the specialist's visit and report will be entered in the patient's chart.

SUBSECTION 7: Specific Specialty Procedures

Limited invasive procedures may be performed at the BVMI Healthcare Center with the appropriate written patient consent. Examples include:

- Colposcopy
- Endometrial biopsy
- Incision & drainage
- IUD insertion and removal
- Minor surgery, any surgery which can be done under local anesthesia

There shall be a physician director who is clinically responsible for the surgical service. A Board-certified general surgeon will serve as the Director of BVMI's Surgical Service.

The counters and exam table in the examination room where the procedure will take place will be cleaned with a disinfectant cleaner both before and after the procedure.

For all surgical procedures, appropriate barrier protection will be utilized. All protective equipment is disposable.

Surgeries will be confined to the skin and subcutaneous or mucosal tissue, consistent with the description of minor surgery in N.J.A.C. § 13:35-4A.3 BVMI will further limit its minor surgery to skin lesions not to exceed 2 cm in diameter.

At the time of the surgical procedure, epinephrine and Solu-cortef will be available in the exam room being used for the procedure.

A nurse will be present for all surgical procedures.

SUBSECTION 8: Emergency Care

BVMI will provide basic emergency measures, such as CPR, to any individual who requires it. A call to 911 is made immediately. BVMI has at least one person trained in CPR on premises during patient hours.

Responsibilities of staff during the emergency are:

- For all emergencies, the practitioner/nurse manager will assess and initiate the appropriate course of action.
- In case of cardiac arrest, an Automatic External Defibrillator is available.

When the decision is made by the practitioner that the patient requires emergency medical care, the patient will be transferred to a local Emergency Department. All transfers to the Emergency Department will be made by ambulance or otherwise at the discretion of the attending practitioner/medical director. If an ambulance is required, call 911 and give a reason for the transfer. When the ambulance responds, a complete medical report is to be given by a member of the clinical staff.

If the patient refuses to go via ambulance, and is mentally competent and insists that he/she be transferred via car, a form releasing BVMI of responsibility must be signed.

The practitioner will notify the Emergency Department of the transfer and give a verbal report. Have available the patient's name, age, reason for transfer, status of medical condition, if there is a family member present, and that the patient will be coming by ambulance.

A copy of all current pertinent medical information is to go with the patient for use in the Emergency Department.

SUBSECTION 9: Occurrence Reporting

An occurrence is defined as any happening that is not consistent with the normal or usual operation of the Healthcare Center and its departments. Injury does not have to occur. The potential for injury and/or property damage is sufficient for an occurrence.

All occurrences that take place involving patients, visitors, employees and/or volunteers will be documented in writing. This provides a system for identification and follow ups for occurrence prone areas and to provide a warning mechanism of a possible problem.

Any employee or volunteer involved in or observing an unusual incidence is responsible to report the incident immediately to the Nurse Manager/Medical Director and the Administrative Director or /President/CEO. The Administrative Director will obtain any additional information

and a review of the occurrence will be undertaken by the Medical Director and the Risk Management Committee.

SUBSECTION 10: Patients' Rights Statement

The BVMI Healthcare Center adheres to the patient rights as listed in regulations NJAC 8:43A-16.2 and posted in the waiting room. Information on where to apply for Medicare and Medicaid coverage may be obtained at the reception desk.

The Healthcare Center will be guided by the following principles if there are concerns about medical decisions:

- The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action(s).
- The presumption will be in favor of the patient's ability to understand the nature and effects of treatment options and to appreciate the impact of a choice. Whenever possible, decisions should be made at the level closest to the patient, i.e. between the patient and the practitioner, or between the legal guardian or legal advocate of an incapacitated or otherwise legally incompetent patient and the practitioner.
- The patient may choose to delegate responsibility for treatment decisions. Although the decision for treatment has been delegated, medical treatment should remain consistent with the views of the patient.
- All members of the healthcare team should be alert to signs that the patient does not understand clearly what is involved and bring this to practitioner's attention. It may be advisable to obtain consultation from other healthcare professionals or significant others sanctioned by the patient.

The following procedure should be followed:

1. Information should be shared to allow the patient to participate in decisions about his or her care. The process should include:
 - Providing information on the patient's condition.

- Recommending procedure and/or treatment with its significant benefits and risks.
 - Significant alternatives for care or treatment (including no treatment).
 - Likely duration of incapacitation, if any.
2. If the patient chooses a course of treatment that is not acceptable to the attending practitioner or other healthcare professionals, those Healthcare providers may withdraw from the case as long as responsibility for medical care of the patient is transferred to the care of an alternative practitioner.
 3. If the patient decides to refuse all treatment or chooses a course of treatment not acceptable to the attending practitioner, thorough documentation of the decision should be recorded in the patient's medical record.
 4. If the patient decides to refuse all treatment, the patient or surrogate should be informed of the possible medical consequences of her/his action.
 5. The practitioner will document the patient's choice to refuse treatment in the patient's medical record. The patient will be asked to sign a refusal form or write his/her own explanation.

SUBSECTION 11: Adverse Medical Device Incidents

Any time a medical device is involved in the death, serious injury, or illness of a patient it must be reported immediately to the President/CEO and Medical Director, manufacturer of the device, and the FDA. Full information must be taken from the patient, the product name, location of the incident, serial number of the product, name of manufacturer, and a brief description of the incident. If the device is disposable it should be saved along with the wrapper and package if possible.

Under all conditions the Healthcare Center's first responsibility is to the patient. He/ she should be seen immediately by a practitioner to ensure that all corrective action, if needed, is taken.

SUBSECTION 12: Suspected Abuse/Neglect/Exploitation

The suspected physical abuse, sexual abuse, neglect, or exploitation of a child, or a mentally disabled or elderly adult, will be promptly reported to the appropriate authority for investigation. Any Healthcare Center employee or volunteer who has reason to suspect abuse or neglect may have occurred shall make a report to the President/CEO or in his/ her absence the Medical Director, who will then determine appropriate action.

If the suspected abuse/ neglect/ exploitation appears to be of a current nature and may involve the party accompanying the patient, the authorities should be notified while the patient is still on the premises.

Annual Education/training will be provided to appropriate Center personnel, based on written protocols for sexual abuse, domestic violence, and abuse of the elderly or disabled.

SUBSECTION 13: Release of Patient Medical Records

In releasing medical record information, the following will apply:

- A valid authorization from the patient or patient's legal guardian will be required.
- The record must be complete.
- The patient's review of his/her medical record must take place in the presence of an appropriate Healthcare Center employee.
- Nothing may be added to, changed, or taken from the original record.
- Release of copies of the medical record to a patient or third party may be authorized only by written consent of the patient or patient's legal guardian. Documentation of such consent shall be retained in the medical record.

A patient consent form to release medical records may be completed by fax or mail if it cannot be done in person.

Patient consent for release of medical records may not be done verbally.

The medical record may be transmitted by fax or mail as indicated by the information provided on the consent form. It may not be transmitted via email.

C. Pediatric Patient Care Services and Policies

The BVMI Board of Trustees resolved to suspend pediatric services at its June 17, 2010 meeting, until further notice.

SECTION 3: HEALTHCARE PROFESSIONAL POLICIES

A. Pharmacy Policy and Procedures

The Healthcare Center does not provide on-premises pharmacist services. It is the Healthcare Center's intent to assist patients in obtaining the medicines that they require.

- Generic drugs: Patients will be directed to pharmacies which provide low cost generic drug prescription programs.
- Branded drugs: Patients will be entered into the Pharmaceutical Companies' Patient Assistance Program (PAP), when possible, which may require documentation for legal status in the US. The Healthcare Center will engage with as many Pharmaceutical Companies as practically possible to address the needs of our patients.

Prescription Refills

A Registered Nurse with a New Jersey nurses license acting in the role of the BVMI Nurse Manager or the Assistant Nurse Manager is authorized to approve medication refill requests for eligible BVMI patients subject to the following criteria:

- First must check the electronic medical record to confirm that a BVMI practitioner has written the prescription and intends that it is necessary for the patient to be taking the medication at present and for the future until cancelled.
- May give phone authorization to the pharmacies for no more than 30 days.
- The Nurse Manager or Assistant Nurse Manager will consult with the Medical Director or Associate Medical Director on the next business day to review the renewal. A note will be placed in the patient's chart concerning the renewal.
- No opiate, benzodiazepine, hypnotic, anxiolytic, anti-depressant or "pain medication" of any kind may be refilled by a nurse.

If there arises, any question or uncertainty regarding the refill request or the above policy, the nurse manager should call the physician on call.

B. Healthcare Center License Compliance

1. Risk Management Program
2. Quality Assurance
3. Credentialing Policies and Procedures
4. Safety Plan
5. Reportable Events Policy
6. Infection Control Program
7. Infection Control – Employee Health

1. RISK MANAGEMENT PROGRAM

The Bergen Volunteer Medical Initiative (BVMI) recognizes the importance of a well functioning and comprehensive *Risk Management Program*. That program strives to assure that appropriate care is offered by qualified practitioners in an environment safe for patients, volunteers and staff.

PROGRAM PLAN

a. Governing Body

The BVMI Board of Trustees has the ultimate responsibility to assure that a Risk Management Program is established and implemented. The BVMI Board will delegate the administration of the Risk Management Program to BVMI's President/CEO.

In discharging its responsibilities for the Risk Management Program, the Board will:

- 1) Appoint a Risk Management Committee to periodically review existing policies and make recommendations, as necessary.
- 2) Ensure that a comprehensive ongoing and effective Risk Management Program is in place.
- 3) Ensure that significant deficiencies identified by the risk management process are corrected.
- 4) Ensure financial and administrative support necessary for the effective implementation of the Risk Management Program.
- 5) Receive periodic reports on Risk Management Program activities as described in the plan.

a. Administration

Administration is responsible for the general management of the BVMI Healthcare Center and authorized to act on behalf of the Board to assist with the implementation of the Risk Management Program and related activities. Administration/management includes the following key positions: President/CEO, Medical Director, Administrative Director, and Nurse Manager.

- 1) Assigns accountability for Risk Management Program components within BVMI Healthcare Center as follows:

a) Organizational Risk: BVMI President/CEO – Essential functions include:
Ensuring that appropriate risk management protocols and protections are in place that relate to general business liability, directors & officers liability, medical malpractice, employee-related liabilities, cyber security, and any other potential risks that might affect the organization.

b) Clinical Risk

BVMI Medical Director - Essential functions include:

Quality assurance, infection control, medical staff credentialing and clinical practice guidelines or standards.

c) Regulatory/Accreditation/Licensing Risks

BVMI Administrative Director – Essential functions include:

Safety management and loss control, employee accidents, department hazard analysis, equipment management, facility safety and management including fire suppression, Safe Medical Device Act compliance, OSHA compliance programs, employee benefits and workers' compensation, employment practices, contract review, administration and operational activities, including technology/cyber security, disaster planning and preparedness and security systems.

- 2) Supports the integration of the Risk Management Program into the overall management control system used to evaluate the delivery of quality care and services.
- 3) Participates in the review and evaluation of patient care and safety within BVMI.
- 4) Identifies, implements, and supports corrective action plans for BVMI related to Risk Management.
- 5) Monitors effectiveness of corrective actions taken to manage risks for BVMI and makes any adjustments necessary.

b. Professional Staff (Physicians, Nurse Practitioners, Nurses, and other licensed healthcare providers)

The professional staff is responsible for providing diagnostic and therapeutic medical care, and:

- 1) Actively participating in the functions of the Risk Management Program by monitoring, evaluating, and maintaining applicable standards of care within his/her licensure and position.
- 2) Report variances in care to responsible individuals in order to identify and resolve clinical risks.
- 3) Identify, recommend and implement corrective action needed.

c. Integration with Key Aspects of Operations

The Risk Management Program interfaces with other key aspects of operations and shares pertinent information as appropriate with organizational functions/committees such as:

- 1) Quality Assurance
- 2) Medical Services
- 3) Human Resources
- 4) Performance Improvement
- 5) Safety
- 6) Infection Control
- 7) Medical Records
- 8) Security

d. Confidentiality

The Internal Risk Management and Quality Assurance Program includes documents and records which relate to sensitive patient and provider information. It is the intent of the

Internal Risk Management and Quality Assurance Program to apply all existing legal standards and state or federal statutes to provide protection to the documents, proceedings and individuals involved in the program.

Any and all documents and records that are part of the Internal Risk Management Program, as well as the proceedings, reports and records from any of the involved committees shall be maintained in a confidential manner. Disclosure to any judicial or administrative proceedings will occur only under a court order or legal mandate. The Internal Risk Management and Quality Assurance Program will ensure:

- 1) Documents/records generated as part of the organizational Internal Risk Management and Quality Assurance Program, as well as the proceedings, reports/records are to be confidential and subject to the state and federal laws protecting such documents from discovery.
- 2) Copies of minutes, reports, worksheets, and other data summaries related to the Internal Risk Management and Quality Assurance Program are stored in a manner to maintain strict confidentiality.
- 3) Employees, volunteers and physicians/medical staff are obligated to maintain complete confidentiality of all pertinent information to protect patient rights, as required by state and federal law.

e. Evaluation of the Risk Management

The Risk Management Program and BVMI progress toward achieving objectives listed in this plan will be reviewed every two years by the Governing Body of BVMI.

Approval:

BVMI Board Chair

Date

BVMI Healthcare Center President/CEO

Date

2. QUALITY ASSURANCE PROGRAM

a) Quality Assurance Activities:

- 1) There shall be an ongoing process for monitoring and evaluating patient care services, staffing, credentialing, infection prevention and control, housekeeping, sanitation, safety, maintenance of physical plant and equipment, and patient care statistics.
- 2) Evaluation of patient care throughout the facility shall be criteria-based, so that certain review actions are taken or triggered when specific quantified, predetermined levels of outcomes or potential problems are identified. Assessment and improvement efforts will use the traditional PDCA process.
- 3) The quality assurance process shall incorporate periodic review of patient medical records.
- 4) The quality assurance process shall include evaluation by patients of care and services provided by the facility.
- 5) The Medical Director shall follow up on the findings of the quality assurance program to ensure that effective corrective actions have been taken, including at least policy revisions, procedural changes, educational activities, and follow-up on recommendations, and whether additional actions are no longer indicated or needed.
- 6) The quality assurance program shall identify and establish indicators of quality care specific to the facility, which shall be monitored and evaluated.

- 7) The results of the quality assurance program shall be submitted to the governing authority at least annually and shall include at least deficiencies found and recommendations for corrections or improvements. Deficiencies which jeopardize patient safety shall be reported to the governing authority immediately.

PERFORMANCE IMPROVEMENT PDCA PROCESS

PLAN PHASE	DO PHASE	CHECK PHASE	ACT PHASE
<p>Step 1: <i>Identify output, customers, and customers expectations.</i> Answer the following questions for the specific process being improved: What are we doing? For whom? What do they expect?</p>	<p>Step 7: <i>Map out a trial run.</i> Develop a plan of action to pilot the proposed situation.</p>	<p>Step 9: <i>Evaluate results.</i> Verify the effectiveness of the pilot by analyzing the process and outcome indicator data. Consult customers to understand their perceptions.</p>	<p>Step 11: <i>Standardize the change.</i> Flowchart the revised process to show how it should work. Revise standards, policies, and procedures. Communicate to everyone involved. Provide training, ongoing support, clear channels for reviewing snags and recognition. Document the project and share results.</p>
<p>Step 2: <i>Describe the current process.</i> Determine how the process currently works. Flowchart the process with those involved to identify possibilities for improvement.</p>	<p>Step 8: <i>Implement the trial run.</i> Monitor and control the pilot closely to make sure the implementation is following the plan.</p>	<p>Step 10: <i>Draw conclusions.</i> Decide if the pilot needs to be fine-tuned, if it failed, or if it worked. What are the costs and benefits of the improvement? How can the transition be accomplished?</p>	<p>Step 12: <i>Monitor to hold the gains.</i> Establish a regular schedule of measurement and process control to make sure the improvement is maintained.</p>
<p>Step 3: <i>Measure and analyze.</i> Describe what data to collect and how to organize them to best understand the performance of the process. Use appropriate data collection and display tools.</p>			
<p>Step 4: <i>Focus on an improvement opportunity.</i> Identify a specific element of the process to improve. Develop a clear, measurable problem statement.</p>			
<p>Step 5: <i>Identify root cause.</i> Generate possible causes, test them by gathering more data, and then pinpoint the cause(s) having the greatest impact on the problem.</p>			
<p>Step 6: <i>Generate and choose solutions.</i> Consider a variety of alternatives. Encourage customer and staff input and creativity. Select the most promising solution.</p>			

QAP/PCA PROCESS TABLE

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> - Plan - Data Gather - Solution development | <ul style="list-style-type: none"> - Implementation | <p style="text-align: center;"><u>OLD 5 STEP PROCESS</u></p> <ul style="list-style-type: none"> - Evaluate/Outcome - Implementation - Evaluate/Outcome |
|---|--|---|

3. CREDENTIALING POLICIES AND PROCEDURES

Purpose: The purpose of the credentialing process is to ensure high quality medical care for all patients who are seen at the BVMI facility. Practitioners shall be credentialed in accordance with the standards and requirements set forth by the New Jersey Department of Health and Senior Services and the Federal Tort Claims Act.

This process seeks to identify practitioners with a history of increased risk of unacceptable outcomes in patient care. As part of the credentialing process, a biennial review of current BVMI practitioners will be undertaken. This process will be coordinated with the Internal Risk Management and Quality Assurance Program within BVMI.

Responsibility: The responsibility for the oversight and maintenance of the credentialing and review program, the final approval of individual volunteer applications and the periodic review of current practitioners will belong to the BVMI Board of Trustees.

Temporary Privileges: If it becomes urgent or emergent to credential and privilege a practitioner, a nurse, or any other licensed clinician prior to a credentials review by the Medical Services Committee or a final approval of credentials and clinical privileges by the Board of Trustees, authority to perform such credential review and grant temporary staff privileges may be given to the Medical Director with the President/CEO's approval. Such temporary and provisional approval will last for no more than three (3) months, by which time the Medical Services Committee and the Board of Trustees must complete the usual review process and approve or reject the candidate.

- a) **Application Process for Volunteer or Staff Practitioners** (e.g. licensed health care providers)

An applicant will present to the organization and provide the following information, in order to be considered for service at BVMI. An applicant will complete and provide the items listed below.

- A completed BVMI Application for Appointment;
- Proof of current licensure, registration, or certification;
- Proof of current malpractice coverage for work at BVMI or submission of a request to be covered by Federal Malpractice Insurance;
- A completed Delineation of Privileges request
- Results of the self-query of the National Practitioner Data Bank, if applicable;
- Two professional references using the form provided with the Application;
- Proof of relevant education and training;
- A statement of health fitness or the ability to perform the requested privileges;
- Positive identification (via a government picture ID);
- Hospital Admitting privileges, as applicable;
- Proof of DEA registration, if applicable;
- Proof of CDS registration, if applicable;
- Immunization and PPD status;
- Life support certification, as applicable;

If an MD or DO volunteer applicant is retired, he or she may apply to the New Jersey Board of Medical Examiners for a “retired/paid” medical license which will allow them to provide medical care exclusively without compensation (free healthcare center) in the State of New Jersey. This license can be obtained at a reduced rate from the active license, but maintains all of the other stipulations of an active license. (New Jersey State Board of Medical Examiners By-49:9 - 19.15)

www.njconsumeraffairs.gov/bme/education/contedu.htm

b) Application Process for Other Clinical Volunteers or Staff (e.g. allied health care professionals)

An applicant will present to the organization and provide the following information, in order to be considered for service at BVMI. An applicant will complete and provide the items listed below.

- A completed BVMI Application for Appointment;
- Proof of current licensure, registration, or certification;
- Proof of current malpractice coverage for work at BVMI or submission of a request to be covered by Federal Malpractice Insurance;
- A completed Delineation of Privileges request
- Two professional references using the form provided with the Application;
- Proof of relevant education and training;
- A statement of health fitness or the ability to perform the requested privileges;
- Positive identification (via a government picture ID);
- Immunization and PPD status;
- Life support certification, as applicable;

c) **Credential Review Process for BVMI:** The Medical Director and his/her designees will gather the pertinent data necessary to complete the credentialing process. Items that require primary source verification are denoted with a “#”. The following will be completed prior to recommending appointment to the staff of BVMI:

- Review of the completed “Application for Appointment”;
- Confirmation that the applicant has not been out of practice for more than 3 years;
- Verification of current licensure, registration, or certification; #
- Verification of CDS, if applicable; #
- Verification of DEA, if applicable;
- Verification of practitioner’s education and training through AMA Masterfile. #
- Verification of allied health professional’s education and training
- Review of the self-query document from the NPDB (practitioners only). If there are any questions, concerns or irregularities that arise from the NPDB report, the Medical Director will discuss this with the applicant during an interview;

- Assessment of the practitioners competence to perform within the scope of the patient care services to be provided at BVMI;
- Verification of life support training, if applicable;
- Verification of health fitness;#
- Verification of immunization and PPD status;
- Verification of hospital admitting privileges, if applicable;
- Proof of positive identification (via a government issues picture ID);
- Verification that practitioner is not excluded from or sanctioned by the Medicare program (AMA Profile)
- Interview with applicant and review two references for each applicant and record information on the standardized questionnaire;
- Applicant information will be entered into a secure database.
- The Medical Director will review each application and make a determination regarding the suitability of each candidate.
- Each application for privileges will be reviewed by the Medical Services Committee. If the Medical Services Committee recommends approval of the application, this information will be forwarded to the Board of Trustees, in writing, for final approval.
- The applicant will be informed, in writing, of the decision of the Board of Trustees.
- Quality of patient care, medical record keeping and compliance with the BVMI policies and procedures are reviewed and evaluated closely by the Medical Director or his/her designee on a regular basis. This review will consist of personal conversations, chart review and input from the nursing staff.

d) Periodic Review of Active BVMI Practitioners:

- 1) Practitioners will be recredentialed every 2 years.
- 2) A completed re-credentialing application will include:
 - a. Copy of current license, current DEA, CDS, if applicable;
 - b. Statement from practitioner that since last credentialing and privileging review they have had no mental or physical disorder which prevents them

from providing good quality care and that they have completed the requisite CME credits for maintaining their license;

- c. Statement from practitioner that since their last credentialing at BMVI they have not had any restrictions placed on their privileges at any healthcare organization or sanctions taken against them by any healthcare oversight agency;
- d. Evidence of appropriate training in safety, infection control, abuse prevention, and risk management since last credentialing at BVMI;

3) Re-Credentialing Review Process: The Medical Director and his/her designees will gather the pertinent data necessary to complete the re-credentialing process. Items that require primary source verification are denoted with a “#”. The following will be completed prior to recommending the re- appointment of a practitioner to the staff of BVMI:

- a. Verification of current license; #
- b. Verification of DEA, if applicable;
- c. Verification of CDS, If applicable; #
- d. Review of statement from practitioner that since last credentialing and privileging review they have had no mental or physical disorder which prevents them from providing good quality care;
- e. Review of statement from practitioner that since their last credentialing at BMVI they have not had any restrictions placed on their privileges at any healthcare organization or sanctions taken against them by any healthcare oversight agency and that they have completed the requisite CME credits for maintaining their license;
- f. Verification of appropriate training in safety, infection control, abuse prevention, and risk management since last credentialing at BVMI;
- g. Verification of adherence to BVMI’s policies, procedures, and rules;
- h. Review of relevant education, experience, and training (if changed since initial appointment);

- i. Verification of the practitioner's ability to perform the care treatment, and services he/she has been providing and will be providing in the future at the clinic;
- j. Verification that there are no restrictions on practitioner's privileges at any healthcare organization;
- k. Completed competency assessment including a review of the results of peer review activity from the prior 2 years and/or any relevant performance improvement information
- l. The Medical Director will review each application for reappointment and make a determination regarding the suitability of each candidate.
- m. Each application for reappointment will be reviewed by the Medical Services Committee. If the Medical Services Committee recommends reappointment, this information will be forwarded to the Board of Trustees, in writing, for final approval.
- n. The applicant will be informed, in writing, of the decision of the Board of Trustees.

e) Periodic Review of Credentials of Other Active Clinical Staff

All other clinical staff will be re-credentialed every 2 years.

- 1) A completed re-credentialing application will include:
 - a. Copy of current license or certification;
 - b. Statement from clinical staff member that since last credentialing and privileging review they have had no mental or physical disorder which prevents them from providing good quality care and that they have completed the requisite CME credits for maintaining their license or certification;
 - c. Statement from clinical staff member that since their last credentialing at BMVI they have not had any restrictions placed on their privileges at any healthcare organization or sanctions taken against them by any healthcare oversight agency;
 - d. A supervisor's evaluation of performance

- e. Evidence of appropriate training in safety, infection control, abuse prevention, and risk management since last credentialing at BVMI;

f) Specialist Referrals

Referrals for specialty consultations or care will only be made to practitioners who are on the active staff of a Joint Commission accredited hospital. BVMI will obtain updated hospital medical staff rosters from each Bergen County hospital and University Hospital in Newark. The BVMI Medical Director may make an exception for practitioners who are not traditionally on staff at a hospital.

4. SAFETY PLAN

Purpose: The purpose of Bergen Volunteer Medical Initiative's safety plan is to provide a program that ensures employees, patients and visitors with an environment that is safe from all hazards. An unsafe condition will be reported to the Administrative Director.

Objective: The objective is to provide a safe environment for all individuals in the BVMI Healthcare Center as required by OSHA.

Goals: The goal of the BVMI safety plan includes the following:

- To assure the facility is in compliance with applicable fire safety codes.
- To assure that all personnel are educated on the elements of the emergency management plan and response policy.
- To address security and security concerns of patients, visitors, personnel and property.
- To educate personnel on the elements of hazardous materials and waste management as pertinent to the department.
- To assure that all personnel are educated on the elements of electrical safety specific to their department.

INJURY AT BVMI

Employees or volunteers who become injured in the BVMI Healthcare Center offices should report the problem to the Administrative Director. If the injury takes place on the building's premises (not inside the BVMI Healthcare Center), it should be reported to the building's landlord. Injuries will be treated or referred as appropriate. A record will be kept of each event.

ON-SITE EMERGENCIES

1. It is the responsibility of all staff to know the location of the emergency exit route, fire alarm pull stations and fire extinguishers.
2. It is the responsibility of all staff to know and practice the R.A.C.E. procedure.

If you find a fire or smoke, you must institute the R.A.C.E. procedures as follows:

R – RESCUE those in immediate danger.

A – Pull ALARM while exiting the premises. This will automatically call the central office who will alert emergency responders. ALSO call 911 and give:

- Exact location of fire, your name and type of fire (if known).
- Remember: Let operator hang up first.

C – CONTAIN the fire by closing all doors.

E – EVACUATE if fire or smoke is discovered.

Any emergency requiring evacuation of the premises should take place according to BVMI's Emergency Evacuation Plan

- Do not run.
 - Follow the evacuation routes using stairs only - DO NOT USE ELEVATORS. See evacuation maps located in front and rear exits of clinical area, and exit from administrative area.
3. Employees shall assist visitors in complying with the evacuation.
 4. All emergency exits, fire extinguishers and fire alarm pull stations are not to be blocked.

ENVIRONMENTAL SAFETY

- Nothing may be stored under sinks.
- All portable containers must have labels on them indicating the product within and the hazards of the product.

Appropriately grounded extension cords are permitted.

GENERAL SAFETY RULES

- Fire safety procedures will be reviewed biannually.
- All staff is responsible for knowing what their responsibilities are during a fire or disaster alert.
- Know the location of fire pull stations, fire extinguishers and fire exits.

- Equipment such as fans, coffeemakers or other electrical devices must be inspected and approved by the Administrative Director.
- Open doors slowly – there may be somebody on the other side.
- Promptly notify the Administrative Director of defective equipment and other safety hazards.

SIX STEPS TO PROPER LIFTING – ORDINARY OBJECTS

- Improper lifting causes most back injuries received while working in the facility. Back injuries can be very painful and can cripple for life.
 - To avoid a pulled back muscle or damage to your spine, follow the six steps of proper lifting each time you lift an item – no matter how light it may be!
1. FEET - Feet should be placed apart. Spreading one's feet a comfortable distance apart will give greater stability.
 2. BACK - Use the sit-down position and keep your back straight. But remember that "straight" doesn't mean "vertical." A straight back keeps the spine muscles and organs of the body in correct alignment. A straight back minimizes compression to the intestines that can cause hernias.
 3. CHIN - Tuck in your chin so the neck and head continue the straight back line. This helps keep the spine straight and firm.
 4. GRIP - One of the most important elements of correct lifting is use of the entire palm. Extend your fingers and hand around the object you are lifting. Use your palm since the fingers alone have very little power.
 5. ARMS & ELBOWS - Tuck your arms and elbows into the side of your body as you lift the object closer to you. If arms are held away from the body, they lose much of their

strength and power. Body weight is centered more correctly when arms are tucked onto the side of the body.

6. BODY - Position your body so its weight is centered over the feet. This body position provides a more powerful line of thrust and insures better balance.

CHEMICAL SPILL PROCEDURE

"DECIDE"

<u>D</u>	Discover	Upon discovery, contain problem.
<u>E</u>	Evaluate	Consult Material Safety Data Sheet, call manufacturer's Emergency number, as necessary.
<u>C</u>	Choose	Choose appropriate action.
<u>D</u>	Do	Do it.
<u>E</u>	Evaluate	Review the occurrence to help prevent a reoccurrence. Make the occurrence report. Send exposed employees to an Emergency room, as necessary, with a copy of the Material Safety Data Sheet.

Do not place chemical waste in the usual waste receptacle. When in doubt evacuate the area.

NEVER CLEAN UP A CHEMICAL SPILL ALONE.

MSDS Binder on the bookshelf in the Administration Office.

5. REPORTABLE EVENTS POLICY

BVMI shall notify the New Jersey Department of Health, immediately by telephone at (609) 588-7725 or at (609) 392-2020 after business hours, as well as the Bergen County Department of Health by telephone at 201-225-7000, of any event occurring within the facility which jeopardizes the health or safety of patients, employees or volunteers. Events which shall be reported to the Department include, but are not limited to the following:

- a) All fires, disasters, accidents or other unanticipated events which result in serious injury or death of patients, staff or volunteers, in evacuation of patients from the facility, or in closure of the facility for six or more hours;
- b) All deaths of patients occurring in the facility;
- c) Occurrence of epidemic disease in the facility; and
- d) All alleged or suspected crimes which endanger the life or safety of patients, staff or volunteers and which have also been reported at the time of occurrence to the local police department.

Events reported by telephone to the Department in accordance with this section shall be confirmed in writing within seven days of the event, unless the Department determines that a written report is unnecessary. The written report shall contain information concerning injuries to patients, staff or volunteers, disruption of services, extent of damages, and corrective actions taken.

INFECTION CONTROL PROGRAM

BVMI (Bergen Volunteer Medical Initiative) Healthcare Center is committed to providing comprehensive care to all patients while ensuring the safety and health of both employees and patients. The primary goal of the Infection Prevention and Control program is to implement evidenced based infection control policies and procedures designed to decrease the risk and or prevent the spread of infectious /communicable diseases. All patient encounters/procedures/treatments are designed to minimize potential healthcare-associated and occupation risks. The program complies with all Federal, State and Local regulations.

AUTHORITY

- The President/CEO and/or the Medical Director have the authority to institute any appropriate control measures to ensure the health and safety of employees and patients.

DRESS CODE

- Health Center clinical personnel are expected to dress professionally. Legs shall be covered. Sweaters are discouraged while doing patient care. Laboratory coats will be clean. No open toed shoes may be worn while working at the BVMI Healthcare Center.

EMPLOYEE/VOLUNTEER HEALTH

PURPOSE:

To protect BVMI employees, volunteers and patients from exposure to infectious/communicable disease processes, to provide an occupational exposure plan and to manage and prevent outbreaks. BVMI will comply with the Communicable Disease Reporting protocol as per NJAC 8:57 as well as government regulations including local State and Occupational Safety and Health Administration (OSHA). BVMI promotes Healthcare worker education of infection control and infectious diseases.

HEALTH EXAMINATION / SCREENING / VACCINE

- 1) A preplacement evaluation will include physical examination and history of communicable diseases and conditions.
- 2) Rubella, Rubeola and Hepatitis B screening will be performed
- 3) New Hire - TB Screening will be conducted.

EVALUATION OF ILLNESS DURING EMPLOYMENT

- 1) Personnel who are absent from work because of any reportable communicable disease/infection, shall be excluded from work until they have been examined and certified by a physician to be medically cleared to return to work.

HUMAN RESOURCES POLICY

Employee/Volunteer Health Activities

- Report all exposures to BVMI Medical Director.
- Comply with post exposure policy and work restrictions for exposure/illness.
- Maintain high standards of personal hygiene
- Comply with Rubella, Rubeola and Hepatitis B screening

Contractual / Agency/Students

All individuals who work at the healthcare center on a regular basis are required to show evidence of health screening and Infection Control Education (See Policy for Contractual Employees, Policy for Student Affiliates)

Infection Control Education

An Infection Control Professional will serve as consultant for patient care policy and procedure development.

Orientation / New Employees and Volunteers (Includes Temporary Employees):

Identify role and responsibility in the infection control process and review the Infection Control Manual:

General Housekeeping

- Waste Disposal (Regulated Medical Waste/Sharps)
- Housekeeping

- Refrigeration/Food Safety
- Laboratory and Medication Refrigerators

Employee Health

- Health Exam/Screening/Vaccines
- Tuberculosis Screening
- Evaluation of Illness
- Human Resources
- Contracted/Agency/Students

Sterilization of Instruments

Hand Hygiene and Personal Protective Equipment (PPE)

- Standard and Transmission Based Precautions

OSHA Bloodborne Pathogen Standard

Point of Care Testing

Safe Injection Practices (multidose vials)

Annual Training:

Responsibility rests with the Administrative Director to schedule employees and volunteers for annual Infection Control education.

Education will be provided as necessary to address any procedural changes, surveillance or quality improvement / infection control activities

RESPONSIBILITIES OF PERSONNEL

Hand Hygiene

PURPOSE:

To ensure that healthcare workers perform appropriate hand washing and or hand hygiene as per regulatory agency guidelines and recommendation, in order to prevent the transmission of epidemiologically significant organisms and to promote patient and employee well-being.

Standard Precautions

PURPOSE:

Standard Precautions combine the major features of Universal Precautions and Body Substance Precautions, which are to be applied to the care of all patients regardless of the suspected or confirmed presence of an infectious agent. Standard Precautions constitute the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel.

GENERAL PROCEDURES / INFECTION CONTROL

The exam room will be cleaned/disinfected after every patient using EPA registered product following product directions on the label. PPE will be used as required.

All patient care equipment used during the exam will be cleaned/disinfected as per policy

All paper barriers/protective covers will be changed between patients

Standards:

- Only minor surgical procedures shall be performed at BVMI. See Surgical Services section of the Medical Policies & Procedures.

ISOLATION PROCEDURES

- 1) Standard Precautions are utilized for every patient.
- 2) In the event a patient presents to the clinic with sign/symptoms that may warrant isolation, the patient will be isolated as soon as possible. See CDC Guidelines for: **Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings.**
- 3) In the health center, patients requiring isolation precautions shall be placed into an exam room immediately. The door shall remain closed.
- 4) Staff shall wear the appropriate PPE while providing care.
- 5) Hand hygiene will be performed prior to donning PPE and shall be performed after removing PPE prior to exiting the room.

Respiratory Hygiene/Cough Etiquette is intended to prevent the spread of colds, flu and any other potential respiratory infection.

- Patients presenting with fever, cough and or additional symptoms of a respiratory infection shall be placed into an exam room as soon as possible.
- While in the waiting area, the patient shall be given a surgical mask, a box of tissues and antiseptic hand towelettes and asked to remain masked until placed into an exam room.
- Respiratory and Cough Etiquette signage will be posted in the waiting room

REPORTING OF INFECTIONS

1) Surveillance/Assessment

The health center staff shall be responsible for surveillance and assessment activities.

- Any unusual infection occurrences in employees should be reported to the BVMI Medical Director and Administrative Director immediately.
- Report exposure and known communicable disease status in patients to the patient's local and county board of health and/or the State of New Jersey Health Department per Chapter 2 of the State Sanitary Disease Code.
- Report all blood exposure incidents to BVMI Medical Director and Administrative Director immediately.

RESPONSIBILITIES FOR CARE OF EQUIPMENT

DECONTAMINATION, STERILIZATION AND REPROCESSING

The BVMI nurse manager will be responsible for overseeing the sterilization of non-disposable instruments. BVMI will sterilize non-disposable instruments.

The following non-disposable instruments are covered by this policy:

- Gynecology instruments (follow the sterile processing procedures)
- Surgical instruments (follow the sterile processing procedures):
- Dermatology instruments (follow the sterile processing procedures):

- Podiatry instruments (follow the sterile processing procedures):

Linen and Laundry:

All linen is single-use disposable.

Maintenance

Maintenance shall be the responsibility of the Health Center in conjunction with the Landlord/Property Manager.

DISPOSAL OF WASTE Regulated Medical Waste will be disposed of following NJDOH guidelines through a licensed certified waste disposal company.

HOUSEKEEPING

Environmental sanitation is maintained through on-site personnel and contracted services

REFRIGERATION - LABORATORY AND MEDICATION ROOMS

Thermometers should be in each refrigerator with a log that demonstrates daily monitoring of the temps. Temperature should be maintained at 40F or under. No food may be stored in Laboratory/Medication refrigerators.

TRAFFIC CONTROL/VISITORS

Only authorized personnel shall be in the Health Center.

Standard #4: Patient Care

Section D: Tracking Systems for Patient Follow-up

4D1 - The clinic/pharmacy has policies, procedures and a tracking system for patients who miss appointments or require follow-up of referrals, hospitalization, diagnostics (for example, x-rays), or laboratory results. For example:

- Track lab tests until results are available, flagging and following up on overdue results.
- Track imaging tests until results are available, flagging and following up on overdue results.
- Flag abnormal lab results, bringing them to the attention of the clinician.
- Flag abnormal imaging results, bringing them to the attention of the clinician.
- Notify patient/families of normal and abnormal lab and imaging test results.
- Document in patient chart/electronic health record when and how patient was notified of results.

Please refer to sample for 4C1

Standard #4: Patient Care

Section E: Medication Access

4E1 - The Clinic/pharmacy provides patient education related to medication management. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #4: Patient Care

Section E: Medication Access

4E2 - The Clinic/pharmacy provides information on how to take medications. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #4: Patient Care

Section E: Medication Access

4E3 - The Clinic/Pharmacy provides information on interactions and side effects. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #4: Patient Care

Section E: Medication Access

4E4 - The Clinic/Pharmacy assesses availability to access medications. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #4: Patient Care

Section E: Medication Access

4E5 - The Clinic/Pharmacy has systems in place to help patients access medications.

SOCIAL WELFARE BOARD OF THE COUNTY OF BUCHANAN

Policy Title: Dispensary Policy		Policy Relevant to: All Staff
Original Policy Date	Revised Policy Date: 12/30/16; 10/31/18	Policy Number: MED-003
Approved by: Board President: Dr. Stuber		Executive Director
Attachment and forms: CSR for Dispensary operation		Related to: collecting, storage, dispensing and disposing of medications

Policy

This policy describes how medication are dispensed from the Social Welfare Board.

Dispensing

In accordance with the Rules of Department of Insurance, Financial Institutions and Professional Registration, Division 2150 – State Board of Healing Arts, Chapter 5 – General Rules, all dispensed medications must be dispensed according to the Policy and Procedure for Dispensing Medications. The Dispensary shall use the pharmacy management system embedded in the clinic’s electronic medical record a/k/a MDRhythm. A trained licensed or certified health professional shall manage the dispensary. Medications are prescribed in accordance to the guidelines noted above. (copy of the rule is attached hereto)

Under no circumstance shall a patient be charged or billed for a medication.

Medication Sources:

1. **Replenishment programs**
2. **Discount programs**
3. **340B for the Family Planning Clinic**
4. **Wholesale Merchants**
5. **Patient Assistant programs tied to specific patients**
6. **Donations from individuals that are unopened and are part of the clinic’s formulary**
7. **RX Outreach**

Inspection:

- a) All medications will inspected by designated personnel prior to incorporation into existing inventory for evidence of adulteration or misbranding, including but not limited to the following:
 - i. The drug sample is out of date
 - ii. The labeling has become mutilated, obscured, or detached from the drug sample package

- iii. The drug sample shows evidence of having been stored or shipped under conditions that might adversely affect its stability, integrity, or effectiveness
 - iv. The drug sample is a prescription drug that has been recalled or is no longer marketed
 - v. The drug sample is otherwise possibly contaminated, deteriorated, or adulterated.
- b) Any item failing to pass inspection will be disposed following the clinic's disposal policy.
- c) Expired meds shall be discarded per previously defined protocol.
- d) All items placed in inventory will be logged by:
 - i. Medication name
 - ii. Lot number
 - iii. Quantity

Storage:

- a. Items meeting inspection standards will be stored in areas of restricted access in a manner consistent with labeling and compendia requirements.
- b. Dispensary: as to the extent allowable, medications will be stored in the room designated for the purpose of medication dispensing. Dispensary is secured behind 2 locks during non-business hours. During business hours, the Dispensary will not be left unattended.
- c. Storage area: those samples not able to be reasonably accommodated in the dispensary will be placed in a restricted access area.
 - i. Medications requiring room temperature (68-86 degrees F) will be placed in a locked storage room.
 - ii. Medications requiring refrigeration/freezing will be placed in dedicated medication refrigerator.

Inventory inspection:

- a. Staff or volunteer nurses will, at intervals of no greater than three (3) months, inspect dispensary inventory for items at or near expiration (90 days). The inventory maintenance/inspection shall be documented on the inventory log.
- b. Other approved personnel may, independent of above, perform inventory maintenance procedures.
- c. Items found to be at expiration date will be placed with To Be Destroyed (TBD) medications.
- d. Items found to be near expiration date will be flagged to indicate expiration within ninety (90) days (examples given below).
 - a. Highlighted expiration date
 - b. Circling of date on box
 - c. Utilization of adhesive stickers

Destruction:

- a. Clinic staff process items placed in the “to be destructed” TBD medication area.
- b. Processing of items consist of minimizing manufacturer provided packaging.
- c. Processed items are placed in hazardous waste containers and disposed according to hazardous waste material policies.
- d. Destruction Documentation-All materials in inventory that are then placed in the TBD medication area will have the following recorded prior to this placement:
 - a. Medication name
 - b. Quantity
 - c. Date Destroyed
- e. Mediations shall be submerged in water and absorbed in cat liter prior to trash disposal

Dispensing General Medicine Patient Refill Requests

General Procedure

1. All refills will be processed in 48 hours, whether received by walk-in request or refill line request.
2. Refill requests coming through a pharmacy the clinic will have 3 days to respond.
3. All refills processed will be documented on patient chart in narrative form, denoting any medications requested, whether refilled or not, and amount of medication dispensed. If request is denied, documentation should reflect rationale for denial. Verbal reminders to patients regarding any need for follow-up appointment will also be documented in the narrative note.
4. Patients are requested to make medication refill appointments.

Regulatory personnel procedure

- Regulatory personnel must show proof of identification to interested SWB personnel.
- Regulatory personnel will be directed to the Executive Director or Supervising Nurse Practitioner.
- Patient confidentiality shall be maintained.

How to add medication to stock in MDR

*Go to file-→ Medication dispensing -→ Inventory/Stock (top right corner)

Adding to med already in system

1. Type the med into search bar
2. Right click on medication
3. Select “edit/adjust stock item”
4. Find the matching LOT # (if this is a new lot # see instructions below)
5. Click on the “adjust quantity” column and add # of pills
6. Click on “reason for adjust” and type “new stock”
7. Save and close

Adding new lot # to medication already in system

1. Type the med into search bar
2. Right click on medication
3. Select “edit/adjust stock item” and verify this lot number is not listed
4. Close out of that screen and right click on med again
5. Select “new lot”
6. Type in the NDC code and the med will populate.
7. Fill out form (expiration date, supplier i.e. dispensary of hope, and quantity in # of pills, lot #)
8. Save

Adding a new medication that is not in the system

1. Type med into search bar and verify this is not yet in the system
2. Select “add new product” (top right)
3. Type in the NDC code and the med will populate.
4. Fill out form (expiration date, supplier i.e. dispensary of hope, and quantity in # of pills, lot #)
5. Save

Standard #4: Patient Care

Section F: Tracking Duplicated and Unduplicated Patients

4F1 - The clinic/pharmacy has a system to track total number of unduplicated patients and patient visits annually. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #4: Patient Care

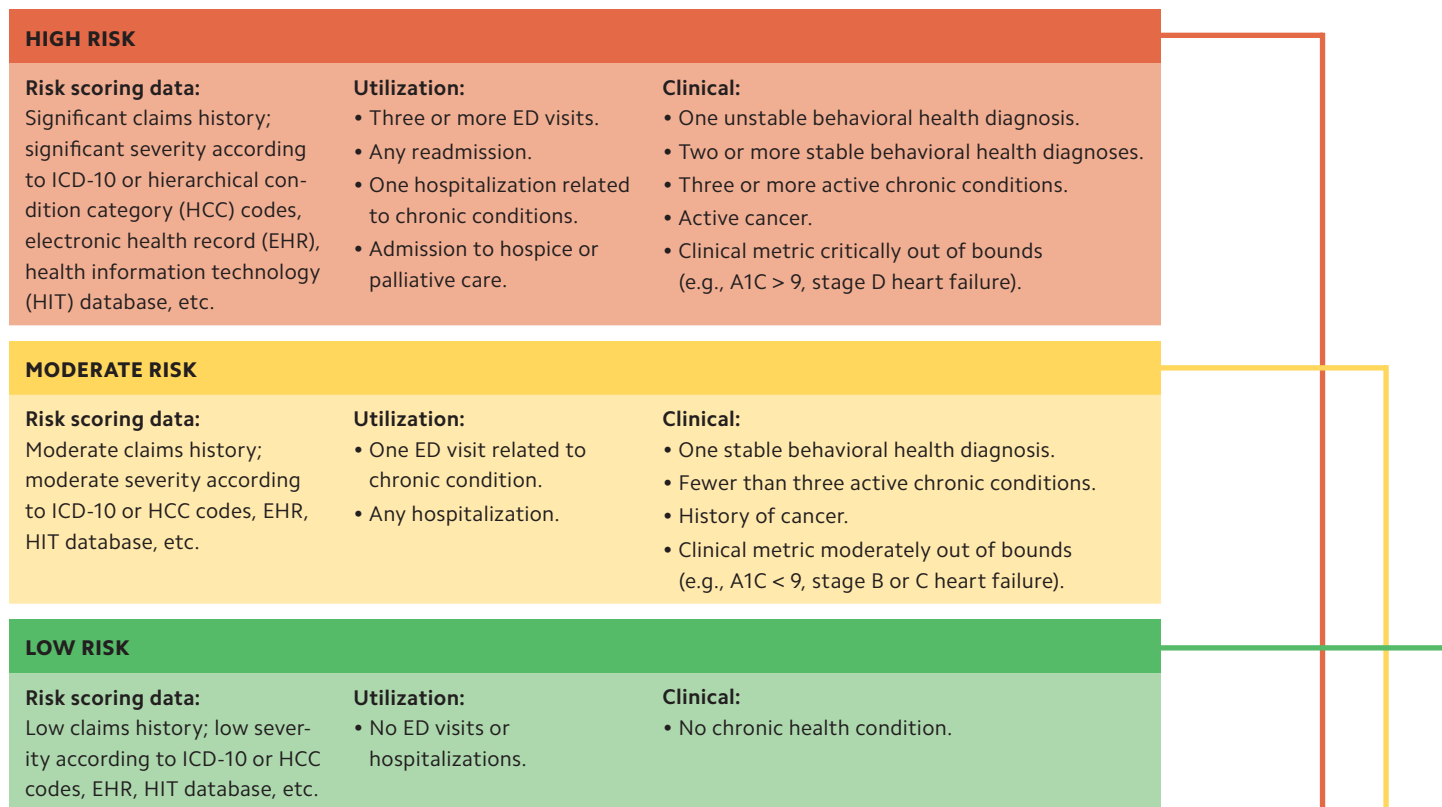
Section G: High Risk Patient Identification

4G1 - The Clinic/Pharmacy has policies and procedures to identify High-Risk Clinic Patients whose overall medical condition warrants care management.

- High risk may include things like a hospital admission, emergency room use, two different diagnoses, non-compliance, or any other measurement that a practice identifies as high risk.

RISK-STRATIFICATION ALGORITHM

Step 1: Use objective data to risk stratify the patient.



Step 2: Use subjective data to assign a risk-stratification level for the patient.



Standard #4: Patient Care

Section H: Support Self-Care Process

4H1 - Free and Charitable Clinics are encouraged to provide educational resources or referrals to patients and families to educate about resources to assist in self-management as is appropriate for its practice.

FAQS

"Do I really need the flu vaccine?"

If you're young and healthy, the flu might not seem like a big deal, but getting the flu vaccine also helps protect more vulnerable people around you.

"Last time I got the flu shot, and I still got sick!"

The flu virus can't protect you 100% of the time, but it's important to get it to protect yourself. (See the Swiss Cheese Model.) Even if you still get sick, the vaccine can reduce the likelihood of getting worse symptoms.

"Why every year?"

Flu viruses change from year to year so it's important to get vaccinated every year to have the best protection.

"Can I get the Covid-19 shot and the flu shot together?"

Yes! It's safe to take both at the same time.

FOR MORE
INFORMATION CHECK
OUT:

THE CENTER FOR
DISEASE CONTROL



With the help of CVS, Free

Flu Vaccines ages 4+

[City Medical Center](#)

Non-profit low-cost clinic

3920 Braxton Suite 110

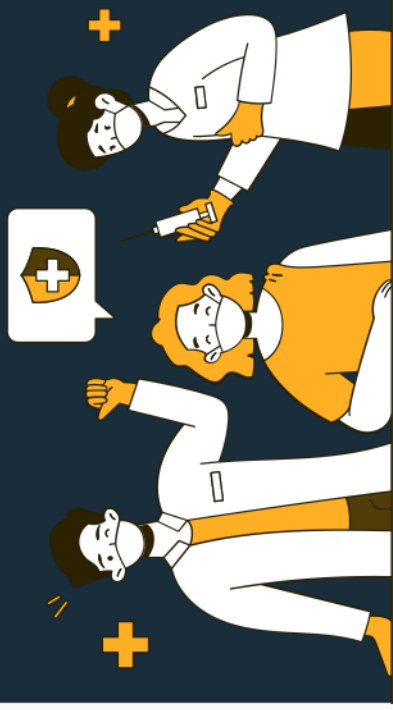
Houston, TX 77063

Phone: 281-853-9924

Open Saturdays from 9am-

12 pm

www.foundationforbe.org



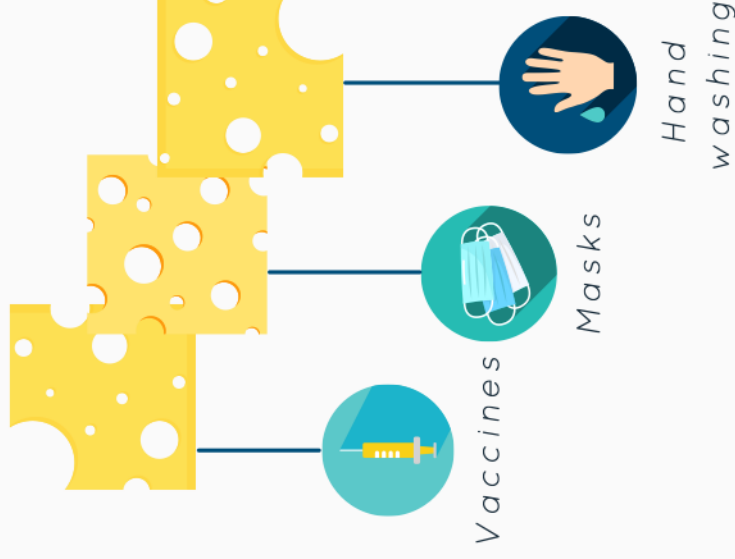
WHY GET THE FLU VACCINE?

EVERYTHING YOU
NEED TO KNOW

WHAT'S A VACCINE?

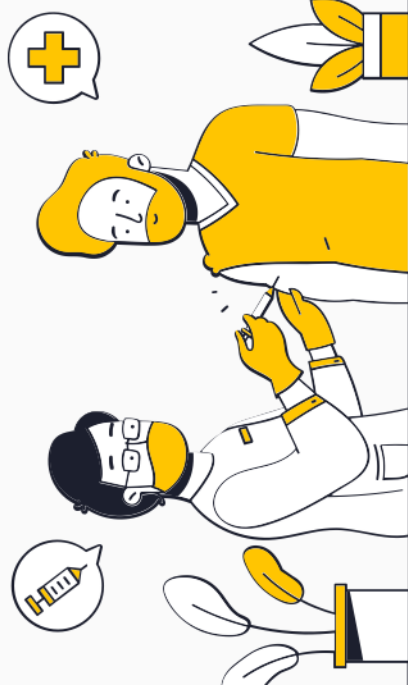
A vaccine is a way to train your body to fight an infection. The flu shot contains flu viruses that are killed so that your body can learn to fight off the flu without actually suffering from the flu.

THE SWISS CHEESE MODEL



Why aren't masks or handwashing enough by themselves?

Because no one method is 100% effective. Each method has "holes" in it. In order to best protect yourself, you have "layer" different methods like Swiss cheese.



WHO SHOULD GET THE FLU SHOT?

Anyone 6 months or older can get the flu shot but those who are especially vulnerable:

- anyone 65 years or older
- pregnant people
- people with chronic health problems such as asthma, diabetes, chronic kidney disease and heart problems
- people with a weak immune system

WHO SHOULD NOT GET THE FLU SHOT?

People who have severe life-threatening egg allergies or have had a life-threatening reaction to the flu shot before

Standard #4: Patient Care

Section I: Provide Referrals to Community Resources and Specialists

4I1 - The Clinic/Pharmacy will maintain a current resource list on topics or key community service areas of importance to the patient population.

[Home](#) [Meet Our Patients](#) [Español](#) [Contact Us](#)

Lewisville: Park Lane Village, 502 S. Old Orchard Lane, #126, Lewisville, TX 75067 | 972-436-7962
Central Elementary School: 400 High School Drive, Lewisville, TX 75057

[About Us](#)[Programs & Services](#)[News & Events](#)[You Can Help](#)[Patient Resources](#)[Schedule An Appointment](#)[Patient Forms](#)[FAQ's](#)[PediPlace Poker Party 2021](#)[Patient Portal](#)[Home](#) > [Patient Resources](#)

Patient Resources

Check out our Patient Portal

What is a Patient Portal? It is a website that you can securely access to see all your children's health information in one place! You can learn more on our [patient portal resource page](#) or email us at portalsupport@pediplace.org for assistance.

[Patient Portal Log in](#)

CONTRIBUTE

A \$25 contribution provides a breathing treatment machine for a child with asthma



Please choose from the following resources.

[Community Medical Resource](#)
[Healthcare Resources](#)
[Local Schools](#)
[Medicaid and CHIP Assistance](#)
[Social Services](#)

Community Medical Resources

[Medical Center of Lewisville](#)
[Children's Medical Center](#)
[Medical City Children's Hospital](#)
[Dallas County Health Department](#)
[Denton County Health Department](#)
[American Academy of Pediatrics](#)
[Healthy Children](#)
[Immunization Information](#)
[Immunization Timeline](#)
[Cook Children's](#)

[top...](#)

Healthcare Resources

[ADHD](#)
[Cómo Acceder al Sitio Web de ADHD en Español](#)
[Asthma](#)
[Breastfeeding](#)

[top...](#)

Local Schools

[Carrollton-Farmers Branch Independent School District](#)

[Dallas Independent School District](#)

[Denton Independent School District](#)

[Lake Dallas Independent School District](#)

[Lewisville Independent School District](#)

[Little Elm Independent School District](#)

[top...](#)

Medicaid and CHIP Assistance

[Texas Medicaid](#)

Client Telephone Hotline: 877-541-7905

[CHIP \ Children's Medicaid](#) (English)

To Apply, [Click Here](#)

[CHIP \ Children's Medicaid](#) (Español)

To Apply, [Click Here](#)

[Denton County Health Department](#)

[Amerigroup](#)

[Aetna Medicaid](#)

[Cooks Children's Health Plan](#)

[Molina Healthcare](#)

[Parkland Community Health Plan](#)

[Superior Health Plan](#)

[Your Texas Benefits](#)

[top...](#)

Social Services – How to Get Help

If you suspect abuse, call the Child Abuse Hotline at 1.800.252.5400 or if the child is in immediate danger CALL 911.

[Child Protective Services](#)

[Children's Advocacy Center for Denton County](#)

[Dallas Children's Advocacy Center](#)

[CASA of Denton County](#)

[Dallas CASA](#)

[United Way of Metropolitan Dallas](#)

[United Way of Denton County](#)

[Social Service Agencies located in Denton County](#)

[Christian Community Action](#) (CCA)

[Greater Lewisville Family YMCA](#)

[National Association of Free Clinics](#)

[Lone Star Association of Charitable Clinics](#)

Standard #4: Patient Care

Section I: Provide Referrals to Community Resources and Specialists

4I2 - The Clinic/Pharmacy will track referrals provided to patients/families. *

Element B: Provide Referrals to Community Resources

POLICY It is the policy of Grace Medical Home to provide patients referrals to community resources.

PROCEDURE All patients who receive referrals from their primary care doctor will be given the referral at the time of the appointment. The referral will be logged into our electronic health record for the referral to be tracked. We will maintain a current resource list on five key community service areas of importance to our patient population in the Community Resource notebook in the Care Coordination room.

For mental health or substance abuse referrals, our Licensed Clinical Social Worker will ascertain the appropriate referral source based on the severity, diagnosis or recommended treatment by the primary care provider. Referrals will be made to our in-house mental health counselors for treatment under the scope of an Licensed Mental Health Counselor. Referrals that need psychiatric care will be made to our in-house psychiatrist or to the Florida Hospital Outlook Clinic. Referrals for substance abuse will be made to the Center for Drug Free Living or other community resources as determined by the physician and the care coordination team.

For opportunities for health education programs, diabetic or pre-diabetic patients will be referred to monthly group classes that are held on every third Saturday of the month. These classes provide health education on weight management, exercise and other lifestyle changes to help manage their health and provide opportunities for peer support.

Policy Implemented:

Standard #4: Patient Care

Section I: Provide Referrals to Community Resources and Specialists

4I3 - The Clinic/Pharmacy refers or provides treatment for mental health and/or substance abuse disorders. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #4: Patient Care

Section I: Provide Referrals to Community Resources and Specialists

414 - The Clinic/Pharmacy has a Specialist Referral Policy.

CCHC Policies & Procedures

Policy: Specialty Care Referrals	Area: Medical Management
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POLICY:

It is the policy of CCHC to assist patients with referrals to specialty care. Patients are referred to Physicians Reach Out (PRO)/CareRing or CMC Myers Park Clinic for their specialty care. There are times that specialists are not available and this is explained to patients at the time they are financially screened for services and as needed. The following procedure outlines how patients are referred.

- The Provider will note the type of specialty service needed and diagnosis in the medical record and on the patient's Check Out form.
- The patient will take the form to the check out desk.
- The Front Office staff will give them the information sheet on how to apply to PRO. Patients should be told of the \$20 application fee.
- Patients that are not eligible for services through PRO are referred to the CMC clinics. These patients should sign a CMC Sliding Scale Consent form making them aware of possible charges.
- A copy of the Check Out form is returned to the Clinic Manager at the end of the clinic session for completion of the PRO referral form. All forms are mailed the patient within seven business days. Patients will receive a copy of the PRO referral form and the instruction sheet on how to obtain services from PRO.
- All PRO/CMC clinic referrals and appointments are noted in red ink in the medical record on the Health Maintenance form under Referrals (bottom left corner). The referral form is filed in the PRO notebooks under the specialty tab requested.
- When making a referral to the CMC clinics the following should be faxed- the referral form, medication record, pertinent labs, pertinent office notes and radiology report. A CCHC cover sheet is completed and the documents are faxed to the appropriate department. The referral form is kept in the medical record under the miscellaneous tab.
- Records are faxed to PRO specialty physicians as requested by PRO staff. This may occur prior to the appointment for screening or after the

CCHC Policies & Procedures

appointment is made. The Clinic Manager and designated staff are responsible for seeing that all record requests are honored prior to the appointment.

- There is a 90-120 day waiting period for most referrals. A list of specialty services with wait times is kept in the clinical area.

Reviewed:	
Adopted by Board:	
Revision Date:	

Standard #4: Patient Care

Section J: Emergency Room

4J1 - The Clinic/Pharmacy provides Patient Education on Proper Use of the Emergency Room.

Where You Go Determines What You Pay

Average Cost for Visits:

Provider	Average Cost
Renewed Hope	\$10 donation
Urgent Care	\$100-\$150
Emergency Room	\$1100+

What Are Examples of Places in Allegan County that Provide Care?

- Renewed Hope Free Health Clinic in Allegan
- Walk-In Urgent Care Options: Located in Allegan and Pullman
- Emergency Room Options: Allegan General Hospital and Borgess PIPP in Plainwell

When Should You Go to the ER?

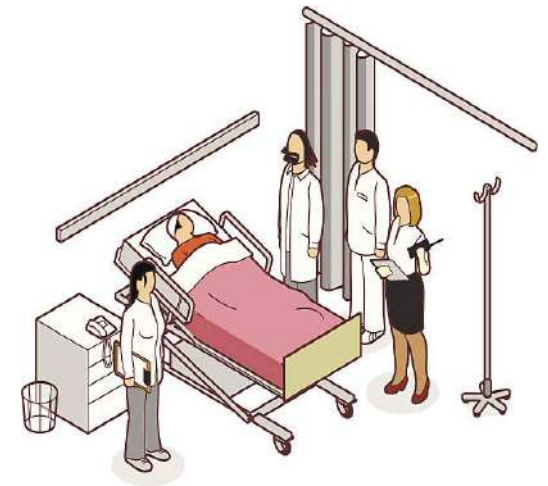
- For life-threatening emergencies
- If the clinic and other options, such as urgent care, are closed and you need assistance right away

Renewed Hope Free Health Clinic
894 Marshall St.

Recipient Name
Address
City, ST ZIP Code

Let's Kick the ER Habit!

Emergency rooms are required to provide service, regardless of ability to pay. However, there is a **Bill** at the end of the visit!



Renewed Hope Health Clinic – Allegan, MI

What is Renewed Hope?

Renewed Hope is a free health clinic for uninsured or underinsured patients who are experiencing non-life-threatening emergencies.

How do you qualify?

To be seen at our clinic, a person must be an Allegan County resident, 18-64 years of age, who has a family income at or below 200% of federal poverty guidelines.

What care do we provide?

We treat people for:

- Common Illnesses
- Minor Injuries
- Prescription Refills
- Physical Exams
- Diagnostic Testing
- Referrals to Specialty Care

When do we see patients?

Since the clinic runs on volunteers, we can see patients whenever those volunteers are available. Call to schedule an appointment and to ask about hours.

Caring for Our Community One Life at a Time!

If you are unsure where the best place for you to go is, we can provide general assistance if you give us a call.

The Difference Between Places of Care

- Health Clinic – For patients who qualify and do not need emergency assistance. Call to make an appointment.
- Urgent Care – One-time visits if you need assistance right away, but isn't an emergency, especially if the clinic is closed. They typically provide walk-in appointments.
- Hospital Emergency Rooms – Emergency situations that are life-threatening where you need to be seen right away. These are open 24 hours a day, 7 days a week, 365 days a year.



Contact Us

Renewed Hope Free Health Clinic
894 Marshall St.
Allegan, MI 49010
(269)-355-3053
director.renewedhope@gmail.com

renewedhopehealth.org

Standard #4: Patient Care

Section J: Emergency Room

4J2 - The Clinic/Pharmacy provides information on Alternative Providers other than the Emergency Room.

[\(https://www.gracemedicalhome.org/coronavirus\)](https://www.gracemedicalhome.org/coronavirus)[How We're Responding to COVID-19 \(https://www.gracemedicalhome.org/coronavirus\)](https://www.gracemedicalhome.org/coronavirus)

✕



HOME (/)
WHO WE ARE
MISSION (/MISSION)
STAFF (/STAFF)
BOARD OF DIRECTORS (/BOARD-OF-DIRECTORS)
BOARD LOGIN (/BOARD-LOGIN)
COMMUNITY IMPACT
ANNUAL REPORT (/ANNUAL-REPORT)
FINANCIALS (/FINANCIALS)
UCF KNIGHTS CLINIC (/UCF-KNIGHTS-CLINIC)
PATIENT INFO
BECOME A PATIENT (/BECOME-A-PATIENT)
SERVICES (/SERVICES)
WELLNESS (/WELLNESS)
SPIRITUAL CARE (/SPIRITUAL-CARE)
RESOURCES (/RESOURCES)
SIGN UP FOR MEND (/MENDSIGNUP)
NEWS (/NEWS)
EVENTS (/EVENTS)
GET INVOLVED
PRAY (/PRAY)
VOLUNTEER (/VOLUNTEER)
INTERN (/INTERN)
CONTACT US
REQUEST INFORMATION (/REQUEST-INFORMATION)
OUR CONTACT INFORMATION (/OUR-CONTACT-INFORMATION)
EMPLOYMENT (/EMPLOYMENT)
PRAYER REQUEST (/PRAYERREQUEST)

DONATE (/DONATE)



BECOME A PATIENT
(/BECOME-
A-PATIENT)

SERVICES
(/SERVICES)

WELLNESS
(/WELLNESS)

SPIRITUAL CARE
(/SPIRITUAL-CARE)

RESOURCES
(/RESOURCES)

SIGN UP FOR MEND
(/MENDSIGNUP)

Local Hospitals and Clinics

Florida Hospital (<https://www.floridahospital.com/>) – (407)-303-5600

Orlando Health (<http://www.orlandohealth.com/>) – (321)-843-7000

Primary Care Access Network (PCAN Clinics) (<http://www.pcanorangecounty.com/docs/englishBrochure.pdf>) – (407) 836-7226

Other Resources

211 Telephone Resource (<http://helplinecenter.org/2-1-1-community-resources/what-is-211/>) – Dial 211

Access Lynx (<http://www.golynx.com/plan-trip/riding-lynx/access-lynx/>) – (407) 841-5969

American Academy of Pediatrics (<https://www.aap.org>) – (847) 434-4000

American Diabetes Association (<http://www.diabetes.org/>) – (407) 660-1926

American Dietetic Association (<http://www.eatright.org/>) – (800) 877-1600

American Heart Association (<http://www.heart.org/HEARTORG/>) – (407) 481-6300

American Lung Association (<http://www.lung.org/>) – (407) 425-5864

Asthma and Allergy Foundation of America (<http://www.aafa.org/>) – (800)-727-8462

CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) (<http://www.chadd.org/>) – (301) 306-7070

Center for Disease Control (<http://www.cdc.gov/>) – (800)-232-4636

Center for Drug Free Living (<https://aspirehealthpartners.com/>) – (407) 245-0010

DCF Child Protection Team (http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/child_protection_teams.html) – (407) 518-6936

Harbor House (<https://www.harborhousefl.com/>) – (407)-866-2856

National Institutes of Health (<https://www.nih.gov/>) – (301) 496-4000

Orange County Health Department (<http://orange.floridahealth.gov/>) – (407) 836-2600

Refugee Health Services (<http://orange.floridahealth.gov/programs-and-services/clinical-and->

Second Harvest Food Bank (<http://www.feedhopenow.org/site/PageServer>) – (407) 295-1066
The Epilepsy Foundation (<http://epilepsyassociation.com/>) – (407) 422-1416
Tobacco Free Florida (<http://www.tobaccofreeflorida.com/>) – (407)-858-1400 ext. 1353
True Life Choice Pregnancy Resource Center (<http://www.truelifechoice.org>) – (407) 244-5527
Vocational Rehabilitation (<http://www.rehabworks.org/>) – (407) 897-2720

Dental Treatment

Accepts children and adults on a slide-scale fee, both insured and uninsured. Proof of financial history and residency may be required. May accept Medicare or Medicaid.

Community Health Care Dental Clinics (<https://www.chcfl.org/services/dental/>) - (407)905-8827
Dental Extraction Center - (407) 250-4832
Lake County Department of Health Dental Clinic - (352) 989-9001
Marion County Department of Health Dental Clinic - (352) 622-2664
Orange Blossom Family Health Center - (407) 428-1672
Orange County Department of Health Dental Clinic - (407) 858-1400
Pine Dental - (407) 290-9568
Poinciana Primary Health Care - (407) 943-8600
Seminole County Department of Health Dental Clinic - (407) 665 - 3346
True Health - (407) 322-8645
Volusia County Department of Health Dental Clinic - (386) 736-5194
Winter Garden Community Health Center - (407) 905-8827

[\(/pray\)](#)[\(/volunteer\)](#)[\(/donate\)](#)

Our Partners



Stay Connected

Subscribe to our newsletter for occasional news and follow us on your favorite social outlet for Grace Medical Home updates.

[\(mail\)](#) [\(http\)](#) [\(http\)](#) [\(http\)](#) [\(http\)](#)

LOCATION

1417 E. Concord Street
Orlando, FL 32803
Call: 407.936.2785

HOURS OF OPERATION

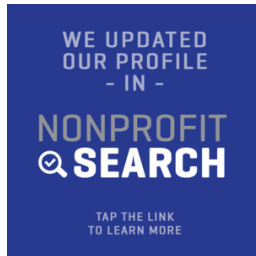
Monday - Thursday 8-6pm
Friday 8-12pm

Patients are seen by appointment only. [\(/request-an-](#)

Fax: 407.936.2792

appointment)

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<https://www.nonprofitsearch.com/>



<https://www.nafcstandards.org/>



<https://www.unitedway.org/>



<https://www.excellenceingiving.org/>



Patient Resources

Are you looking for more information about CVIM? For other community resources? For information about COVID-19? We can help. Check out these resources.



Become a Patient

Need help in Southeastern PA?

2-1-1 is a free 24/7 helpline that connects you to thousands of resources for everyday needs and crisis situations, like:

-
-
-
-
-
- _____



Visit www.211sepa.org (<http://www.211sepa.org>), text 898-211, dial 2-1-1, or email at info@211sepa.org (<mailto:info@211sepa.org>)

Income Tax Assistance

VITA (Volunteer Income Tax Assistance) (<https://www.chestercountyfreetaxes.org/>) is offering free tax services beginning in February 2022. Non-English speaking individuals should bring their own interpreter. [Click here](#) (<http://www.cvim.org/wp-content/uploads/2022/01/VITA-Locations-full-page-Flyer-2022.pdf>) to download a flyer.

COVID-19 Resources

COVID-19 resources from the [Chester County Health Department](https://www.chesco.org/224/Health) (<https://www.chesco.org/224/Health>) can be found here. CVIM's pandemic response is found [here](#). ([?page_id=1125](#))

CVIM Partnership Organizations

[Click Here](#) ([/?page_id=1465](#)) for information about our partner organizations and additional community connections.

Looking for a Release of Medical Information Form? [Click Here](#) (<https://www.cvim.org/wp-content/uploads/2020/10/Medical-Release-Form-ENG-SPN-WRITEABLE.pdf>). You can then return the form to CVIM by emailing Marie Frey at mfrey@cvim.org (<mailto:mfrey@cvim.org>).

For release of medical information to Main Line Health, [click here](#) (<https://www.cvim.org/wp-content/uploads/2020/10/CVIM-Release-Form-2.pdf>). Please fill, with no date, and email to Haydee Simmonds at hsimmonds@cvim.org (<mailto:hsimmonds@cvim.org>).

Take Action

Provide Healthcare, Hope, and Healing

- ➡ **DONATE** (<https://interland3.donorperfect.net/weblink/weblink.a>)
- ➡ **VOLUNTEER** ([/?page_id=839](https://interland3.donorperfect.net/weblink/weblink.a/?page_id=839))



Get Involved

[Donate](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28)
(<https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28>)

[Volunteer](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28)
([/?page_id=931](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28))

[Careers](https://www.cvim.org/careers)
(www.cvim.org/careers)

Get In Touch

[Contact Us](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28) ([/?page_id=2063](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28))

[Become a Patient](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28) ([/?page_id=791](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28))

Resources

[Resource Center](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28) ([/?page_id=1430](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28))

[Latest News](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28) ([/?page_id=1654](https://interland3.donorperfect.net/weblink/weblink.aspx?name=E330224&id=28))

➡ **SIGN UP FOR OUR NEWSLETTER**
(<https://lp.constantcontactpages.com/su/Lka0P72>)



Standard #4: Patient Care

Section J: Emergency Room

4J3 - The Clinic/Pharmacy Records Patients' Emergency Room/Hospital Usage since last visit to clinic/pharmacy.

Please refer to sample from 4A1

Standard #5: Quality Measure & Improvement

Section 5A: Quality Assurance Plans

5A1 - The Clinic/Pharmacy has a written quality assurance plan.

QUALITY ASSURANCE POLICIES AND PROCEDURES

Greenville Free Medical Clinic

PURPOSE

Greenville Free Medical Clinic's mission is "To promote wellness and to provide caring, quality medical care and dental services, health education, and prescription medications without charge to eligible low-income uninsured Greenville County residents."

To help meet our mission and to ensure the delivery of high quality services to our patients, Greenville Free Medical Clinic has established a Quality Assurance (QA) program. The Quality Assurance Program also serves to evaluate that Clinic functions, (i.e. administrative, personnel or clinical) are operating at the most effective level possible to ensure the maximum protection of patients, staff, volunteers and the Clinic itself.

OBJECTIVES

1. To improve quality care and service by establishing a patient focused process of improvement.
2. To measure and improve all clinic aspects including governance, administrative, support and clinical processes that most effect patient outcomes.
3. To provide a mechanism to implement, measure and assess the goals and objectives as defined by the Clinic's Board of Directors.
4. When necessary, use Quality Assurance findings to modify policies and procedures to improve patient care.
5. To provide objective data to be used in the evaluation and re-credentialing/privileging process of all licensed and certified healthcare professionals. Also, to use findings from peer review activity when evaluating Quality Assurance Programs.

SCOPE

The Quality Assurance process shall encompass all functions of patient care and support services provided within this organization to include any appropriate form of contracted service. Through the support of the Board of Directors, administrative, clinical staff/volunteers and support staff/volunteers shall participate in Quality Assurance activities when appropriate. Quality Assurance activities shall be carried out in accordance with all rules and regulations of Greenville Free Medical Clinic.

RESPONSIBILITY

Health Services Committee:

The Board of Directors appoints the Health Services Committee. This Committee shall consist of the Dental and/or Medical director, Executive Director, appropriate program manager(s) and any other staff or volunteers deemed necessary. The Health Services Committee has the responsibility to review all Quality Assurance activities conducted within the Clinic and receives reports from the Executive Director and/or individual Program Managers.

PROCEDURES

The QA process shall be an organized multidisciplinary approach with a patient focus. Emphasis shall be on processes, system improvements and initiating action when a problem is identified. The following Quality Assurance techniques may be incorporated in the Quality Assurance Process:

- Identification of Clinic-wide key performance functions/processes.
- Prioritizing these functions/processes for ongoing measurement, assessment and improvement
- Development of Quality Assurance Indicators
- Collection and Communication of Data
- Feedback from Patients
- Assessment of Data Collected
- Evaluation of Improvement Activities

QUALITY ASSURANCE PROCESS

The following four step process shall be used for Quality Assurance and Quality Improvement processes.

Gather, Evaluate, Decide and Implement (GEDI method)

1. **Gather** data and information to identify opportunities for improvement, for assessing process stability and/or variations and for evaluating the effectiveness of improvement strategies.
2. **Evaluate** data and information to determine our current level of performance, to identify process stability or variation, to identify areas for improvement, to prioritize improvement efforts, to compare performance over time, to identify causes of variation, to determine strategies for improvement, and to evaluate or modify strategies that have been implemented.
3. **Decide** on strategy for improvement and plan for implementation and education of staff and volunteers.
4. **Implement** strategy and continue with step one to assess and evaluate the strategy.

COMMUNICATION OF QUALITY ASSURANCE ACTIVITIES

An annual summarized report of Quality Assurance activities is submitted to the Board of Directors by the Volunteer Medical Director and the Health Services Committee.

CONFIDENTIALITY

All Quality Assurance activities including peer review is considered confidential and all persons involved in the quality assurance process are to regard the activities as protected.

QUALITY ASSURANCE PROGRAM EVALUATION

The Clinical Services Committee shall conduct an annual review of the QA program to assess its effectiveness. This review shall include evaluation of the effectiveness of the overall process, improvements realized, and the status of ongoing Quality Assurance activities. Results of this evaluation shall be used to improve the organizational QA process.

Standard #5: Quality Measure & Improvement

Section 5B: Quality Assurance Implementation

5B1 - The Clinic/Pharmacy has regular, periodic meetings to review and assess quality assurance issues.

Please refer to sample for 5A1

Standard #5: Quality Measure & Improvement

Section 5B: Quality Assurance Implementation

5B2 - The Clinic/Pharmacy considers findings from its peer review activities when reviewing and/or revising its quality assurance plan.

PEER REVIEW POLICIES AND PROCEDURES

Greenville Free Medical Clinic

PURPOSE

Greenville Free Medical Clinic maintains a peer review program to help ensure that practitioners deliver high quality and appropriate treatment to Clinic patients. A peer review program also helps to ensure the maximum protection of clients, staff, volunteers and the clinic itself.

OBJECTIVES

1. To ensure appropriateness of patient treatment
2. To help ensure practitioner continued competence
3. To provide a mechanism for improvement of practitioners care
4. To provide objective data to be used in the re-credentialing and privileging process for practitioners
5. To provide information for Quality Assurance activities in order to identify opportunities to improve patient care

SCOPE AND STRUCTURE

The peer review process will encompass all activities of paid and volunteer health care practitioners.

The Health Services Committee is comprised of licensed healthcare professionals, volunteer and staff, chaired by the Volunteer Medical Director. The committee is responsible for reviewing peer review findings, developing corrective action plans and for making recommendations to the Board of Directors based upon peer review findings and outside consultation, if warranted.

Any and all employees and volunteers have the responsibility to report any activities that they feel may need to be part of the peer review program.

PROCEDURE

Peer review may include but is not limited to the following:

- Periodic review of patient charts/files to review practitioner's actions
- Direct observation of practitioners by the program director
- Direct observation of practitioners by the medical or dental director
- Interview by the medical or dental director
- Obtaining references from outside sources familiar with the practitioner's work

In the event of any of the above indications or observations, the medical or dental director (or their designee) must complete the attached Practitioner/Provider Peer Review worksheet, and submit it with documentation to the Health Services Committee.

COMMUNICATION OF PEER REVIEW ACTIVITIES

The Health Services Committee will receive and review the Practitioner/Provider Peer Review worksheet and make subsequent recommendations to the Board of Directors. The Board will make final decisions regarding the Health Services Committee recommendations as a result of peer review findings. The Board or its designee will submit in writing to the involved practitioner the final decision of the Board of Directors.

If during the peer review process variations from accepted standards of practice are found the medical or dental director and/or Executive Director may notify the involved practitioner of the findings. The involved practitioner will be given the opportunity to respond in a timely manner, not to exceed 21 days.

The Health Services Committee will keep the Volunteer Medical Director apprised of any current peer review activities as well as follow-up needed from prior peer review activities. This would include following implementation of action plans regarding practitioner improvement.

CONFIDENTIALITY

Peer Review activities are considered confidential and are not to be shared outside the scope of what has been discussed above.

PEER REVIEW PROGRAM TRAINING

All persons involved in Peer Review will be trained and educated as to the purpose, techniques and responsibilities involved.

PRACTITIONER/PROVIDER PEER REVIEW WORKSHEET

Greenville Free Medical Clinic

To be completed by Peer Reviewer
This form and all related information is considered confidential

Peer Reviewer Name _____ Title _____

Patient Name _____ SSN# _____

Practitioner/Provider Name _____ Title _____

Date of Service/Care _____

Appropriate Patient Assessment/Visit Form is completed YES _____ NO _____
Practitioner/Provider notes are legible YES _____ NO _____

Preliminary Performance Findings are measured in Levels as described below:

Performance Level 1 = Most experienced, competent clinicians **would** have handled the case **similarly** in all of the respects listed.

Performance Level 2 = Most experienced, competent clinicians **might** have handled the case **differently** in one or more of the respects listed.

Performance Level 3 = Most experienced, competent clinicians **would** have handled the case **differently** in one or more of the respects listed.

Circle any/all that apply:

- a. Choice/recommendation of diagnostic test
- b. Timely ordering of diagnostic test
- c. Addressing abnormal results of diagnostic test
- d. Appropriateness of diagnosis to evidence
- e. Timing/recommendation of treatment initiation
- f. Appropriateness of treatment to condition, plan of care correlates to assessment
- g. Appropriately identifies conditions and treatment for secondary diagnosis
- h. Other relevant aspects of care
(specify) _____

Preliminary Peer Review Performance Review Findings = _____ Level

Signature of Peer Reviewer _____

Date _____

Standard #5: Quality Measure & Improvement

Section 5B: Quality Assurance Implementation


5B3 - The Clinic/Pharmacy utilizes quality assurance findings to modify policies and improve patient care.

Please refer to sample for 5A1

Standard #5: Quality Measure & Improvement

Section 5B: Quality Assurance Implementation

5B4 - The clinic/Pharmacy will review and assess its performance and health outcomes to better understand what is working and what needs improvement to better serve the patient population.

 <p>Lake County Free Medical Clinic</p>	<p>Quality Improvement Plan FY2010</p>
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Purpose of Quality Improvement Plan

The Lake County Free Medical Clinic (the Clinic) exists to provide medical and dental care to residents of Lake, Geauga, and Ashtabula Counties free of charge. The organization places great emphasis on creating and maintaining internal processes that guide the development, evaluation, and improvement of its programs and the services it provides.

The Quality Improvement (QI) Plan addresses the internal operations and functions of the Clinic and should serve as a guide for the continuous evaluation and improvement of those operations. An annual review of the Plan will be conducted to ensure that its contents remain relevant and reflective of current best practices in QI.

Quality Improvement Structure

QI Goals

- Ensure the availability of high-quality and accessible medical and dental services to residents of Lake, Geauga, and Ashtabula counties.
- Integrate continuous QI into the Clinic's practices to promote efficient and effective organizational operation
- Promote QI among staff and volunteers to ensure that clients receive high-quality care regardless of practitioner
- Evaluate and monitor the design and delivery of programs and services to ensure that they are consistent, cost-effective, and responsive to clients' needs
- Oversee the expenditure of funds to ensure fiscal responsibility and accountability

QI Objectives

- Continuous evaluation of the service delivery system to identify opportunities for changing programs in response to client needs, incorporating evidence-based best practices into programming, eliminating barriers to client access to services, and correcting deficiencies in service provision
- Monitor compliance with all state, federal, and/or other applicable rules and regulations by practitioners.
- Annual review of the Clinic's achievement of QI goals/objectives
- Facilitate communication of the Clinic's QI activities to its staff, contract providers, volunteers, consumers, and the public
- Solicit and support input and feedback from community agencies/stakeholders, patients and their families, and the public

Clinic Staff and Volunteers

The Clinic's Executive Director, in conjunction with the Nurse Manager and the Medical Director, is responsible for carrying out the tasks that are central to the successful implementation and monitoring of QI initiatives. The Executive Director is responsible for overseeing QI activities, and reports to the Chair of the Board of Trustees.

QI Committee

The purpose of the QI Committee is to monitor Clinic operations to ensure efficient and effective delivery of service by all Clinic staff and volunteers. Standing members of the Committee include the Executive Director, Medical Director, and Nurse Manager.

The Committee shall regularly discuss and review topics relevant to the successful delivery of services by the Clinic. These topics may include results of peer review activities, surveys and other QI instruments, and any other relevant issues. The QI Committee shall be chaired by the Executive Director and will meet semi-annually and as needed outside of scheduled meetings.

Quality Improvement Activities

Identification, development, and implementation of QI activities

QI projects are identified in a variety of ways: some are ongoing, prescribed activities (e.g., peer review) and others are short-term activities resulting from identification of trends or patterns indicating a need for improvement (e.g., from results of a survey or peer review finding). Other activities may arise out of staff or volunteer concern about a particular issue.

QI activities are carried out following the Plan-Do-Study-Act model:

- Plan: plan a change or test aimed at improvement
- Do: carry out the change or test, preferably on a small scale
- Study: study the results of the change or test (What did we learn? What went wrong?)
- Act: adopt the change, abandon it, or (if necessary) complete the cycle again

Internal QI activities

Internal Incident Review

An internal incident is defined as any event that threatens:

- the health and/or welfare of Clinic staff, volunteers, or patients
- the normal functioning or planned activities of the Clinic

The purpose of internal incident review is to preserve a safe and normally-functioning work environment at the Clinic. The QI Committee will review internal incidents at each meeting.

Peer Review

Peer review is an essential component of QI at the Clinic. Minimally, medical records are reviewed by practitioners twice per year. The process involved review of records by individuals in the same discipline (e.g., physicians review other physicians' notes, RNs

review other RNs' notes, etc.). This is the primary method by which service delivery is evaluated.

Satisfaction Surveys

Internal QI Survey

The Internal QI Survey will solicit feedback from staff and volunteers about the Clinic in the following areas:

- job satisfaction
- communication
- coordination/leadership
- decision-making
- motivation/morale
- group cohesion
- professional growth

The survey is to be administered annually by the Executive Director. Surveys will be administered electronically (utilizing Survey Monkey) and in a way that ensures anonymity so that respondents may feel free to answer honestly.

External QI Survey

The External QI Survey solicits feedback from the community about the Clinic's performance in the following areas:

- services provided
- availability of services
- accessibility of services
- other areas to be determined

At an interval yet to be determined, this survey will be administered electronically and in a way that ensures anonymity so that respondents may feel free to answer honestly.

Suggestion Box

The Clinic will install a suggestion box in order to allow patients (and any others that are so inclined) to suggest ways to improve services at the Clinic. Contents of the boxes are to be collected by the Executive Director, held confidential, and reported in aggregate (except in the instance where further investigation of an individual suggestion is warranted).

Risk Management

Purpose/Objective

Risk management is an essential component of Clinic operations, as it guides policies and procedures in a way that monitors and lowers risk to the safety of patients, staff, volunteers, and the Clinic as a whole. Risk management also provides direction for addressing situations that require revising or creating policies to further reduce risk.

The purpose of continuously monitoring risk is to ensure that the Clinic promotes practices that protect its patients, staff, and volunteers.

Scope of Risk Management Activities

Risk Management policies are in effect relating to topics including:

- Patient Care
- Volunteer Practitioner Credentialing/Privileging
- Staff Training
- Fiscal Practices

This is not an exhaustive list, and policies in each of these areas can be found in the Clinic's policies.

Documentation and Reporting of QI activities

All Quality Improvement-related activities will be documented (e.g., meeting minutes, completed surveys) and will be maintained by the Executive Director, who will shall prepare annual reports summarizing QI activities. Results will be shared with both the Quality Improvement Committee and the Board of Trustees.

Monitoring and Evaluation

QI project evaluation will follow the Plan-Do-Study-Act model (described earlier). QI reports and findings from QI projects will be forwarded to the Board of Trustees through the Executive Director.

Review and Approval

The Board of Trustees shall review and approve the Lake County Free Medical Clinic Quality Improvement Plan each year.

Standard #5: Quality Measure & Improvement

Section 5B: Quality Assurance Implementation

5B5 - The Clinic/Pharmacy shares data on health outcomes and performance with clinicians & staff, public, and/or patients. *

This is a clinic/pharmacy practice, and therefore does not necessarily have a sample policy or document.

Standard #5: Quality Measure & Improvement

Section 5B: Quality Assurance Implementation

5B6 - The Clinic/Pharmacy shares data on health outcomes and performance metrics and holds all in the team accountable to achieving improvement.

Please refer to sample for 5A1

Standard #5: Quality Measure & Improvement

Section 5B: Quality Assurance Implementation

5B7 - The Clinic/Pharmacy is able to implement and demonstrate continuous quality improvement.

Please refer to sample for 5A1