



## Quality Standards Program

The mission of the National Association of Free and Charitable Clinics is building healthy communities for all through quality, equitable, accessible healthcare. The NAFC and our members are dedicated to ensuring that our patients receive quality healthcare. Therefore, during our 20<sup>th</sup> Anniversary, the NAFC 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 on 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.

For questions regarding the NAFC quality standards program, please contact the Nicole Lamoureux, President and CEO at [Nicole@nafclinics.org](mailto:Nicole@nafclinics.org) or 703-647-7427.

# Table of Contents

## Standard #1: Administrative

- Section 1A: Active Non-Profit Status
- Section 1B: Financial and Legal
- Section 1C: Governing Body
- Section 1D: Human Resources
- Section 1E: Conflict of Interest

## Standard #2: Clinic/Pharmacy Responsibilities

- Section 2A: Hours of Operations and Eligibility
- Section 2B: Referral List
- Section 2C: Community Partnerships
- Section 2D: Demographics and Language
- Section 2E: Patient Care Team
- Section 2F: Coordinate with Facilities and Manage Care Transitions
- Section 2G: Patient Satisfaction

## Standard #3: Credentialing and Privileging Systems

- Section 3A: Use of National Provider Data Bank
- Section 3B: Verification of Licensure or Certification
- Section 3C: Review of Previous Medical Malpractice Claim

## Standard #4: Patient Care

- Section 4A: Medical Records
- Section 4B: Triage Policies
- Section 4C: Standards of Care Treatment and Diagnostic Policies
- Section 4D: Tracking Systems for Patient Follow-up
- Section 4E: Medication Access
- Section 4F: Tracking Duplicated and Unduplicated Patients
- Section 4G: High Risk Patient Identification
- Section 4H: Support Self-Care Process
- Section 4I: Provide Referrals to Community Resources and Specialists
- Section 4J: Emergency Room

## Standard #5: Risk Management Systems

- Section A: Quality Assurance Plans
- Section B: Quality Assurance Implementation

## Standard #1: Administrative

23 points

### Section A: Active Non-Profit Status

- 1A1 - The Clinic/Pharmacy will have an active IRS 501c3 designation letter for its operations. **(2 pts)**\*\*\*
- 1A2 - The Clinic/Pharmacy will have purpose and mission clearly stated, as well as provide services consistent with the stated mission. **(1 pt)**\*\*\*

### Section B: Financial and Legal

- 1B1 - The Clinic/Pharmacy must produce timely financial reports and have their Board annually review their budget. **(1 pt)**\*\*\*
- 1B2 - The Clinic/Pharmacy with annual revenue over \$300,000 must obtain an audit by an independent accounting firm. **(1 pt)**\*\*\*
- 1B3 - The Clinic/Pharmacy must comply with all Federal, State, and local laws. **(1 pt)**\*\*\*
- 1B4 - The Clinic/Pharmacy perform an internal review of the organization's compliance and present the findings to the Board. **(1 pt)**\*
- 1B5 - The Clinic/Pharmacy must have General Liability insurance coverage or its equivalent. **(2pts)**\*\*\*
- 1B6 - The Clinic/Pharmacy must have Professional Liability insurance coverage or its equivalent. **(1 pt)**\*\*\*
- 1B7 - The Clinic/Pharmacy must have Directors and Officers (D&O) insurance coverage or its equivalent. **(2pts)**\*\*\*
- 1B8 - The Clinic/Pharmacy must have Medical Malpractice Liability insurance coverage or its equivalent. **(2pts)**\*\*\*

### 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. **(1 pt)**\*\*
- 1C2 - The Clinic/Pharmacy must have a Board responsibilities document. **(1 pt)**\*\*
- 1C3 - The Clinic/Pharmacy must have a Board Code of Conduct Document. **(1 pt)**\*\*

### Section D: Human Resources

- 1D1 – The Clinic/Pharmacy provides policies that address assessment, screening, training, evaluation, and advancement for Staff and Volunteers. **(1 pt)**\*
- 1D2 – The Clinic/Pharmacy has written personnel policies (handbook) for employees and volunteers. **(1 pt)**\*\*
- 1D3 – The Clinic/Pharmacy's new employees/volunteers receive review of policies and must acknowledge their understanding in writing. **(1 pt)**\*\*
- 1D4 – The Clinic/Pharmacy's Executive Director/CEO must perform written evaluations of paid staff at least once per year. **(1 pt)**\*
- 1D5 – The Clinic/Pharmacy must have Staff and Volunteer job descriptions. **(1 pt)**\*\*\*

### 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. **(1 pt)**\*\*\*

## Standard #2: Clinic/Pharmacy Care Responsibilities

20 points

### Section A: Hours of Operations, Eligibility, Services

- 2A1 - The clinic/pharmacy has clearly stated and posted hours of operation and eligibility requirements. **(1 pt) \*\*\***
- 2A2 - The clinic/pharmacy has a clearly stated policy that explains services available to patients. **(1 pt) \*\*\***
- 2A3 - The clinic/pharmacy has a patient/clinic responsibility agreement. **(1 pt) \*\*\***

### Section B: Referral List

- 2B1 - The clinic/pharmacy develops a community resources list for patient use. **(1 pt) \*\***
- 2B2 - The clinic/pharmacy provides patients with a referral list of providers or social services agencies. **(1 pt) \*\***

### Section C: Community Partnerships

- 2C1 - The clinic/pharmacy has a policy and procedure on how to develop and maintain community partnerships. **(1 pt) \***

### 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: **(2pts) \*\***
  - Gender
  - Race
  - Ethnicity
  - Preferred Language
- 2D2 - The clinic/pharmacy should understand and meet the cultural and linguistic needs of their patients. **(1 pt) \***
- 2D3 - The clinic/pharmacy provides interpretation services available for non-English speaking patients. **(1 pt) \***
- 2D4 - The clinic/pharmacy provides printed/electronic materials available in the languages of each clinic's population. **(1 pt) \***

### Section E: Patient Care Team

- 2E1 - The clinic/pharmacy has defined roles for clinical and non-clinical team members (job descriptions) **(1 pt) \*\***
- 2E2 - The clinic/pharmacy holds regular team meetings or has a structured communication process. **(1 pt) \***
- 2E3 - The clinic/pharmacy uses standing orders. **(1 pt) \***
- 2E4 - The clinic/pharmacy provides training and assigns teams to provide patient care. **(1 pt) \*\***
- 2E5 - The clinic/pharmacy care team is trained in Evidence-Based Approaches to Patient Care. **(1 pt) \***
- 2E6 - The clinic/pharmacy ensures that publicly distributed educational information is factual. **(1 pt) \*\*\***

### 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. **(2 pts) \***

### Section G: Patient Satisfaction

- **2G1** - The clinic/pharmacy has a way to measure patient satisfaction. **(1 pt) \*\***

## Standard #3: Credentialing and Privileging Systems

**5 Points**

- **3A1** - The clinic/pharmacy verifies licensure, certification, and/or registration of each licensed and/or certified individual. **(2pts) \*\*\***
- **3A2** - The clinic/pharmacy annually reviews any history of prior and current medical malpractice claims for all medical volunteers and staff. **(2pts) \*\***
- **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. **(1 pt)**

## Standard #4: Patient Care

**44 points**

### Section A: Medical Records

- **4A1** - The Clinic/Pharmacy maintains a medical record for those receiving care from its organization. Medical records may include: **(2 pts) \*\*\***
  - 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
- **4A2** - The Clinic/Pharmacy periodically reviews patients' medical records to determine quality, completeness, and legibility. **(2 pts) \***
- **4A3** - The Clinic/Pharmacy has policies and procedures about Patient Clinical Data & Patient Information Collection. **(2 pts) \***
- **4A4** - The Clinic Pharmacy has policies and procedures about what information must be included in a patient's medical record. **(2 pts) \*\***

## Section B: Triage Policies

- **4B1** - The Clinic/Pharmacy has policies and procedures that address triage, walk-in patients, and telephone triage. **(2 pts) \*\*\***

## 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. **(2 pts) \***

## 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: **(2 pts) \***
  - 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.

## Section E: Medication Access

- **4E1** - The Clinic/pharmacy provides patient education related to medication management. **(2 pts) \*\***
- **4E2** - The Clinic/pharmacy provides information on how to take medications. **(2 pts) \*\***
- **4E3** - The Clinic/Pharmacy provides information on interactions and side effects. **(2 pts) \*\*\***
- **4E4** - The Clinic/Pharmacy assesses availability to access medications. **(2 pts) \*\*\***
- **4E5** - The Clinic/Pharmacy has systems in place to help patients access medications. **(2 pts) \*\*\***

## 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. **(2 pts) \*\*\***

## 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. **(2 pts) \***
  - 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.

## 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. **(2 pts) \*\***

## 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. **(2 pts) \*\***
- 4I2 - The Clinic/Pharmacy will track referrals provided to patients/families. **(2 pts) \***
- 4I3 - The Clinic/Pharmacy refers or provides treatment for mental health and/or substance abuse disorders. **(2 pts) \***
- 4I4 - The Clinic/Pharmacy has a Specialist Referral Policy. **(2 pts) \***

### Section J: Emergency Room

- 4J1 - The Clinic/Pharmacy provides Patient Education on Proper Use of the Emergency Room. **(2 pts) \*\*\***
- 4J2 - The Clinic/Pharmacy provides information on Alternative Providers other than the Emergency Room. **(2 pts) \*\*\***
- 4J3 - The Clinic/Pharmacy Records Patients' Emergency Room/Hospital Usage since last visit to clinic/pharmacy. **(2 pts) \*\***

## Standard #5: Quality Measure & Improvement

**8 points**

### Section 5A: Quality Assurance Plans

- 5A1 - The Clinic/Pharmacy has a written quality assurance plan. **(1 pt) \***

### Section 5B: Quality Assurance Implementation

- 5B1 - The Clinic/Pharmacy has regular, periodic meetings to review and assess quality assurance issues. **(1 pt) \*\***
- 5B2 - The Clinic/Pharmacy considers findings from its peer review activities when reviewing and/or revising its quality assurance plan. **(1 pt) \***
- 5B3 - The Clinic/Pharmacy utilizes quality assurance findings to modify policies and improve patient care. **(1 pt) \***
- 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. **(1 pt) \***
- 5B5 - The Clinic/Pharmacy shares data on health outcomes and performance with clinicians & staff, public, and/or patients. **(1 pt) \*\***
- 5B6 - The Clinic/Pharmacy shares data on health outcomes and performance metrics and holds all in the team accountable to achieving improvement. **(1 pt) \***
- 5B7 - The Clinic/Pharmacy is able to implement and demonstrate continuous quality improvement. **(1 pt) \***



**How to Earn a Seal of Excellence**

To earn a Seal of Excellence, your organization must meet certain standards and points. There are three levels: Bronze, Silver, and Gold.

- **Bronze Seal:** To get a Bronze Seal, you need to meet at least 21-40 points from the list of standards.
- **Silver Seal:** For a Silver Seal, you need 41-70 points.
- **Gold Seal:** To earn a Gold Seal, your organization must reach 71+ points.

Gold Seal	Silver Seal	Bronze Seal	No Rating
71- 100 Points total	41 - 70 Points total	21 - 40 Points total	0-20 Points

**Required Standards:**

Some standards are required to earn a seal, and they are marked with asterisks at the end of the standard:

- 1 asterisk means the standard is required for only Gold. (example: Standard #1B4)
- 2 asterisks mean the standard is required for Gold and Silver. (example: Standard #1C1)
- 3 asterisks mean the standard is required for Bronze, Silver, and Gold. (example: Standard #1A1)

By meeting the necessary points and attesting to the required standards, your organization can earn a Bronze, Silver, or Gold Seal.