

## REQUIRED POLICY

### Administration

Governance (HRSA, BPHC, NM Licensure)  
Conflict of Interest (BPHC)  
Scope of Services/Locations (HRSA, BPHC)  
**Hours of Operations & After Hours Coverage (BPHC, NM Licensure, PCMH 1B)**  
Patient Rights & Responsibilities (BPHC, NM Licensure)  
Ethical Business Practices (BPHC)  
Organizational Delegation of Authority (BPHC)  
Contracted Services (if the organization contracts for services) (HRSA)  
Required Reports for NM Licensure (NM Licensure)

### Clinical – General

**Patient Triage & Scheduling (FTCA, BPHC, PCMH 1A)**  
**Patient Lab, Imaging, and Referral Tracking Systems (FTCA, NM Lic. PCMH 5A,B)**  
Clinical Protocols / Standards of Practice (FTCA, BPHC)  
Informed Consent for Invasive Procedures (FTCA)  
Clinical Emergency Management (NM Licensure)  
Advance Directives (Federal– Patient Self Determination Act & State Laws)  
Child & Adult Abuse and Neglect Reporting (Federal –CAPTA & State Laws)

### Clinical – Medical

**Standing Orders (PCMH 1G)**  
Delegation of Duties (NM Medical & Nurse Practice Acts, FTCA)  
CLIA Waived Testing (CLIA)

### Clinical – Dental/Radiology

Dental X-rays (NM Licensure)  
*Staff & patient protection*

### Clinical – Pharmacy

Administration & Preparation of Drugs (NM Licensure)  
Pharmacy Services (NM Licensure)  
340B Drug Pricing Program (HRSA/OPA)

### Human Resources (ADA, ADEA, COBRA, ERISA, FLSA, WARN, Civil Rights Acts)

Application & Hiring Process (EEOC, ADA, BPHC)  
Recruitment & Retention (RPHCA)  
Professional Licensure (NM Licensure)  
Credentialing & Privileging (BPHC, FTCA)  
Health Requirements for Staff (NM Licensure)  
Orientation & Training (BPHC, FTCA, NM Licensure)  
Employee Conduct, Dress Code, Outside Employment  
Employee Grievance Procedure  
Definition of Harassment, Reporting and Incident Management (federal law)  
Drug Free Workplace (federal law)  
Benefits, including  
*Time off (vacation, holidays, other leave) (FMLA)*  
*Insurance*  
*Retirement Plan*  
Performance Reviews  
Disciplinary Actions  
Termination of Employment – by employee &/or by employer

## **Information Management**

**Required Information in Patient's Health Record (BPHC, FTCA, NM Lic., PCMH 2A,B,C)**

**Privacy & Security of Health Information (HIPAA, FTCA, BPHC, PCMH 6G)**

**Timely Entry of Information into Patient's Health Record (NM Lic., PCMH 1A,B)**

Release of Information (HIPAA)

Inactive Records Retention & Storage (NM SRC Rule 79-1, 80-1))

## **Risk Management (FTCA)**

### **General Safety**

Maintenance of Building(s) and Equipment (BPHC, NM Licensure)

*Time frame for assessments*

*Mechanism for reporting problems and follow-up*

Fire Safety

*Monthly drills/evacuation plan (NM Licensure)*

*Fire extinguisher use training (NM Licensure)*

*Non-smoking environment (state, local laws)*

Emergency Preparedness (OHS)

Interruption of Clinic Services (NM Licensure)

*Utility system disruptions*

*Equipment failures (computers, medical/dental equipment, etc.)*

*Inclement weather*

Vaccine Safety and Temperature Controls (CDC, DOH VFC program)

### **Patient Safety (NCPS, AHRQ, IHI)**

Patient Identification

**Communication with Patients (PCMH 1F)**

*Cultural competency*

*Limited English proficient patients*

*Health literacy*

*Patient empowerment*

Communication between caregiver staff

*Verbal order read back*

*"Do Not Use" list of abbreviations*

***Timely reporting of critical test results & critical values (PCMH 5A)***

***Coordination of Care During Transitions (FTCA, PCMH 5C)***

Safe Medication Management

*Managing look-alike, sound-alike drugs*

*Labeling medications*

*Anticoagulant therapy management*

***Medication reconciliation (PCMH 3D)***

Infection Control

*Hand hygiene, separating infectious patients in waiting room*

*Cleanliness of the clinic (who makes the decision about products, how often surfaces are cleaned, etc.)*

*Autoclave maintenance and quality control*

*Infection control surveillance and reporting*

Universal Protocol – *Time-out prior to invasive procedure requiring an informed consent*

Adverse or Sentinel Events (NM Licensure)

**Risk Management, cont.**

Employee Safety (OSHA)

Use of Personal Protective Equipment

Biohazard Management

*Labeling & Disposal*

*Managing spills*

*Exposure incident management & post exposure follow-up*

Hazardous Materials Management

*MSDS*

*Managing spills*

Dealing With Hostile or Violent Persons

Patient Grievance (BPHC)

Federal Tort Claims Act (FTCA) Coverage (FTCA)

Providing Confidential Services to Minors (state law)

**Quality Improvement** (HRSA, BPHC, FTCA, NM Licensure, **PCMH 6A - E**)

**QA/QI Plan & Committee**

QA/QI Program (with goals)

Clinical Outcomes (clinical measures) Review

Utilization Review

Peer Review

Business Plan/Financials Review

Risk Management Data Review

**Patient Satisfaction/Experience Review**

Staff Satisfaction (if done)

Composition of committee and Responsibilities

Data Collection and Analysis (how often)

Recommendations and Reporting to BOD

**Finance**

Accounting

General operations (GAAP, BPHC)

Reporting to the BOD

Annual Budget Process (HRSA, BPHC)

Annual Financial Audit (HRSA, BPHC)

Long Range Planning & Health Center Priorities (HRSA, BPHC)

Charges & Sliding Fee Schedules

Development and time frames for review (HRSA)

Eligibility determination (HRSA)

No one refused care due to inability to pay (HRSA, BPHC, RPHCA)

Billing & Collections Process (HRSA, BPHC)

Capital Expenditures (HRSA, BPHC)

Name/Logo of Health Center

Chapter: <b>Patient Safety</b>		Title: <b>Communicating with Patients/Families</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of \_\_\_*Health Center Name*\_\_\_ to communicate effectively with our patients, and to provide safe, culturally and linguistically appropriate services. This policy complies with NCQA PCMH standards and national patient safety standards.

**Definitions:**

**NCQA** - National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**Procedure:**

1. Patients will be assessed for race and ethnicity (*documented in structured fields*)
2. Patients will be assessed for language needs (*documented in structured fields*)
3. Patients will be provided interpretation or bilingual services to meet their language needs and will be provided printed materials in the language they prefer.
4. Patients’ cultural beliefs will be considered when communicating with the patients and when planning care.
5. Patients will be assessed for specific communication requirements (because of hearing or vision issues) and staff will adapt their instructions/communications to accommodate the patient’s limitations.
6. The patient’s health literacy should be assessed when giving instructions or when providing specific health information.
7. The patient/family should be encouraged to participate in the patient’s health care planning and decisions, to their fullest capacity.
8. (Who is responsible for monitoring compliance to this policy?)

**Distribution:** (*define what areas of your organization are impacted by this policy*)

Name/Logo of Health Center

Chapter: <b>Patient Safety</b>		Title: <b>Coordination of Care During Transitions</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of \_\_\_ *Health Center Name* \_\_\_ to provide appropriate information to facilities receiving our patients during transitions of care and to follow-up with our patients when they are discharged from another healthcare facility. This policy complies with national patient safety goals and NCQA PCMH standards.

**Definitions:**

**NCQA** - National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**Procedure:**

**1. Transitions to other facilities**

- a. Provide an electronic summary-of-care record for patients being transferred from the health center to another healthcare facility.
- b. Exchange (*preferably electronically*) clinical information with admitting hospitals and ERs or other healthcare facilities, if the patient is not transferred directly from the health center.

**2. Transitions from other facilities**

- a. Identify patients with a hospital admission or ER visit. *List how information is received regarding hospital/ER admissions – from the hospital, the patient, etc.*
- b. Obtain patient discharge summaries from hospitals or other facilities.
- c. Contact patients/families for appropriate follow-up care after hospitalizations or ER visits. (*May define time frame for appropriate follow-up*)

**3. Policy Oversight** (*who is responsible*)

**Distribution:** (*define what areas of your organization are impacted by this policy*)

Name/Logo of Health Center

Chapter: <b>Administration</b>		Title: <b>Hours of Operation &amp; After Hours Coverage</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of     Health Center Name     to provide services at times that are convenient for our patients and to assure that patients have access to clinical advice after business hours. This policy complies with requirements from the BPHC, N.M. Licensure 7.11.2.68 and NCQA PCMH standards.

**Definitions:**

BPHC – Bureau of Primary Health Care, a division of HRSA. Administers funding to Federally Qualified Health Centers through the “330 Grant”.

NCQA – National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**Procedure:**

1. Hours of Operation

- a. Times (*by service and site, if different – Medical, Dental, BH*)
- b. Clearly posting signs
- b. Who is responsible for determining hours of operation?

2. After-Hours Access or Medical Advice

- a. Where are patients told to go or call, after the clinic closes? (*local urgent care, Nurse Advice Line, on-call clinic provider, etc. – not the emergency room* )
- b. If using an on-call clinic provider
  - 1. Time frames for calling patients back
  - 2. Time frames for documenting in the patient’s chart
- c. Who is responsible for monitoring responses to patients?

**Distribution:** All sites/services

Name/Logo of Health Center

Chapter: <b>Clinical - General</b>		Title: <b>Patient Appointments &amp; Triage</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of Health Center Name to provide quality primary and preventative care in a timely manner, and appropriate follow-up for patients with chronic conditions. This policy complies with requirements from the BPHC and NCQA PCMH standards.

**Definitions:**

BPHC – Bureau of Primary Health Care, a division of HRSA. Administers funding to Federally Qualified Health Centers through the “330 Grant”.

NCQA – National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**Procedure:**

1. Patient Appointment Scheduling

- a. Process (by service – Medical, Dental, BH  
- are patients allowed to choose a PCP? Under what circumstances?  
Are scheduling templates used?)
- b. Who is responsible for oversight of appointment scheduling?

2. Open Access Process or Walk-In Triage

- a. Process (by service – Medical, Dental, BH)
- b. Who is responsible for this process?

3. Telephone or E-Messaging Triage

- a. Time frame for calling patients back or responding to e-messages  
(by service – Medical, Dental, BH)
- b. Who can do telephone triage or respond to patient e-mail messages?
- c. Who is responsible for oversight and monitoring response times?

**Distribution:** Medical, Dental & Behavioral Health sites

Name/Logo of Health Center

Chapter: <b>Information Management</b>		Title: <b>Privacy &amp; Security of Health Information</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of Health Center Name to maintain the privacy and security of our patients' health information according to the requirements of HIPAA and CMS Meaningful Use.

**Definitions:**

**HIPAA** – Health Information Portability & Accountability Act.

**CMS** – Centers for Medicare & Medicaid Services

**Health Information** - means any information, whether oral or recorded in any form or medium, that:

- (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

**Procedure:**

1. Follow HIPAA guidelines
  - A. Privacy
  - B. Security
2. Conduct an EHR Security Risk Analysis (*which tool is used?*)
3. Implement security updates as necessary & correct identified security deficiencies.
4. Cooperation with a HIPAA investigation
5. (*Who is responsible for monitoring this policy?*)

**Distribution:** Entire organization



Name/Logo of Health Center

Chapter: <b>Quality Improvement</b>		Title: <b>Quality Improvement Committee</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of     Health Center Name     to assure that patients receive quality services from a safe and stable organization. This policy complies with HRSA/BPHC, NM State Licensure requirements and NCQA PCMH standards.

**Definitions:**

HRSA – Health Resources and Services Administration ([www.hrsa.gov](http://www.hrsa.gov)), a division of the US Health and Human Services Administration

BPHC – Bureau of Primary Health Care, a division of HRSA. Administers funding to FQHC’s through the “330 Grant”.

FQHC – Federally Qualified Health Center – a community health center that receives federal funding

NCQA – National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**Procedure:**

1. QI Program:
  - a. Reviews data from
    - i. Clinical outcomes (*from any clinical reporting requirements – at least 3 preventive care and 3 chronic care measures*)
    - ii. Utilization of services and efficiency of care (*at least 2 measures affecting health care costs*)
    - iii. Peer Review documentation (*for compliance with national standards of care*)
    - iv. Business plan/financial reports
    - v. Risk Management Reports
    - vi. Patient satisfaction/experience survey results
    - vii. Staff satisfaction survey results (*if done*)
  - b. Identifies and prioritizes areas that are outside the goals or expected results that have been set by the management staff and Board of Directors.
  - c. Plans an intervention, carries out the intervention, assesses the impact of the intervention and institutes the process that works (PDSA cycle).
  - d. Continues to monitor processes to assure that identified standards are met.
  
2. Members (*by job title – list who is chairperson*)
  
3. Meetings will be held (*list time frame – monthly is preferable*)

Name/Logo of Health Center

4. The QI chairperson will report to the Board of Directors (*via the Quality sub-committee on a monthly basis OR at the Board of Directors monthly meetings – list to whom and how often*)
5. (*Who will be responsible for monitoring compliance to this policy?*)

**Distribution:** (*define what areas of your organization are impacted by this policy, ie: all programs or clinical, financial, business office, etc.*)

Name/Logo of Health Center

Chapter: <b>Patient Safety</b>		Title: <b>Safe Medication Management</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of     Health Center Name     to provide safe medication management for our patients to comply with national patient safety goals, Meaningful Use of EHRs, and NCQA PCMH standards.

**Definitions:**

**NCQA** - National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**OTC** – Over-the-counter medications.

**Procedure:**

1. Medications (including OTC, herbal therapies and supplements) will be reviewed, reconciled with patients/families and documented in the patient’s record after the patient has:
  - a. initiated care with this health center organization
  - b. been hospitalized
  - c. visited an urgent care center or hospital ER
  - d. had a visit with another healthcare provider since their last visit to this organization’s clinic
2. Information about new prescriptions will be given to the patients/families. Patients/families will be assessed on how well they understand the information. This information and assessment will be documented in the patient’s chart
3. Patients will be assessed on their response to medications and any barriers to adherence of their medication regimen.
4. (*Who is responsible for oversight of this policy?*)

**Distribution:** (*define what areas of your organization are impacted by this policy*)

Name/Logo of Health Center

Chapter: <b>Clinical - Medical</b>		Title: <b>Standing Orders</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** In an effort to promote clinical staff to work to their highest level of licensure or certification and serve our patients as efficiently as possible, it is the policy of Health Center Name to allow for Standing Orders to be followed. This policy meets the requirements for NCQA PCMH standards.

**Definitions:**

NCQA – National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**Procedure:**

1. Standing orders will be issued and signed by the Medical Director with input from the provider staff.
2. Standing orders will comply with accepted standards of care.
3. The Medical Director will review standing orders on an annual basis and re-sign and date the orders.
4. Standing orders will be posted... (*in the lab, nurses' station, etc.*) to be accessible to clinical support staff.
5. All patients who exhibit certain symptoms or are eligible for specific preventive medicine services will receive the same services by standing order.
6. The Medical Director will be responsible for monitoring compliance with standing orders and for making any updates or changes to the orders. Any changes will be communicated to the clinical support staff.

**Distribution:** Medical clinics

Name/Logo of Health Center

Chapter: <b>Clinical - General</b>		Title: <b>Patient Lab Test, Imaging, and Referral Tracking System</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of     Health Center Name     to provide safe care to our patients by tracking tests and referrals until results are received, and to make sure providers have up-to-date information to make appropriate clinical decisions. This policy complies with BPHC, NM licensure and NCQA PCMH standards.

**Definitions:**

BPHC – Bureau of Primary Health Care, a division of HRSA. Administers funding to Federally Qualified Health Centers through the “330 Grant”.

NCQA – National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**Procedure:**

1. General tracking process (*if it's the same for labs, imaging & referrals – make sure to address what happens with overdue results*)
  - a. (*list steps*)
2. Normal results
  - a. *How are they communicated to the provider?*
  - b. *How are they communicated to the patient?*
3. Abnormal results
  - a. *How are they communicated to the provider?*
  - b. *How are they communicated to the patient?*
  - c. *Are there other steps for the organization or provider to take?*
4. *Who is responsible for monitoring this process for compliance?*

**Distribution:** (*define what areas of your organization are impacted by this policy*)

Name/Logo of Health Center

Chapter: <b>Information Management</b>		Title: <b>Patient Health Record Information &amp; Timely Entry of Information</b>	
Date signed:	Date Revised:	Author:	
CEO Signature		BOD President Signature	

**Policy:** It is the policy of     Health Center Name     to ensure that patient health records are complete and contain up-to-date information, so accurate clinical decisions can be made. This policy complies with requirements from N.M. Licensure 7.11.2.24, B.1-8 and NCQA PCMH standards.

**Definitions:**

NCQA – National Committee on Quality Assurance – gives recognition for Patient Centered Medical Home (PCMH).

**Procedure:**

1. A record must be maintained for each patient of this organization.
  - a. Medical records must include at least the following:
    - i. Patient identification and demographics (*in a structured format*)
    - ii. Clinical data (*up-to-date problem list, allergy list, medication list, immunization list; vital signs; and medical & social histories*)
    - iii. Patient consent forms (if applicable)
    - iv. Assessment of the health status and health care needs of the patient
    - v. Brief summary of the episode for which the patient is requiring care
    - vi. Disposition and instructions to the patient
    - vii. Reports of physical examinations, diagnostic & laboratory test results and consultative findings
    - viii. All provider’s orders, reports of treatments & medications, and other pertinent information necessary to monitor the patient’s progress
  - b. Dental records must include at least the following:
    - i. (list)
  - c. Behavioral health records must include at least the following:
    - i. (list)

Name/Logo of Health Center

2. Every record must be accurate, legible and promptly completed.
  - a. Accuracy (*how do you make sure you have the correct record for the patient?*)
  - b. Time frame for entry of information:
    - i. Visit notes – (*may want to include when a EHR note must be locked*)
    - ii. Triage –
    - iii. Secure e-mail messaging –
    - iv. After hours call documentation –
3. Who is responsible for oversight?

**Distribution:** (*define what areas of your organization are impacted by this policy*)