

Health Center: _____

DHHS/HRSA/BUREAU OF PRIMARY HEALTH CARE (BPHC)

2008 HEALTH CENTER SELF-REPORT TOOL

for

BPHC PROGRAM EXPECTATIONS

January, 2008

Health Center directions: *This updated Self-Report Tool ONLY contains BPHC’s program expectations that are required by law or regulation. Complete all applicable questions (Note: some questions need only be answered by centers receiving funding for special populations); be prepared to provide the relevant documentation source for each response to the surveyor(s) during survey. Any special circumstances and/or additional information should be noted using the back page “For Additional Health Center Comments” section. Please sign the completed Self-Report Tool and have available for surveyor(s) review whenever they arrive on-site.*

Use: *The Joint Commission surveyor(s) will validate these self-reported responses during the indicated survey activities. Therefore, it is suggested that appropriate staff and board members be familiar with responses that pertain to them. Also, an electronic version (PDF) of the Self-Report Tool is available on our website: <http://www.jointcommission.org/AccreditationPrograms/AmbulatoryCare/BPHC>.*

Unmet BPHC Program Expectations: *Any findings will be incorporated into the Joint Commission accreditation report at the Leadership Standard LD.1.30/Element of Performance (EP) #1 from the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC): “The organization provides all services in accordance with applicable licensure requirements, law, rule, and regulation.”*

NOTE: The numbering sequence references the previously used expectations/indicators/review required by law or regulation from the 2000 Primary Care Effectiveness Review that did not “crosswalk” to Joint Commission ambulatory care standards.

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The representatives below certify in good faith that to their best knowledge and belief, the information recorded herein is accurate, complete, and truthful and is not falsified to substantiate compliance.

Executive Director/CEO: _____

Date: _____

Clinical Director/CMO: _____

Date: _____

Board Chair/President: _____

Date: _____

FROM MISSION & STRATEGY PROGRAM EXPECTATIONS

III. MISSION & STRATEGY EXPECTATION: THE HEALTH CENTER UNDERSTANDS ITS HEALTH CARE MARKETPLACE AND ADAPTS AND REPOSITIONS ITSELF TO SURVIVE AND THRIVE IN THE MARKETPLACE.

IIIA. Indicator: A needs assessment is conducted periodically.

1. The needs assessment describes (check those that apply):

- the geographic area and population groups that constitute the principal target population
- the characteristics of this population in terms of age, sex, socio-economic status, ethnicity/culture, language, health status, housing status and health care utilization patterns
- sub-populations with special health care needs (e.g. homeless people, recent immigrants, migrant/seasonal farmer workers, HIV-infected people)
- disparities in health status among sub-groups of the population
- perceptions of the target population about their own health care needs and barriers to access
- other health and human services accessible to the population
- gaps in service that the center proposes to address
- opportunities in the marketplace (partnering, shared services, networks, etc.)

Comments: _____

Survey Activity: Leadership & Governance Discussion Sessions

2. Are there unmet needs of any special populations in the community? Yes___ No___

If yes, are they described in the needs assessment? Yes___ No___

Comments: _____

Survey Activity: Leadership & Governance Discussion Sessions; Patient/System Tracer



FROM GOVERNANCE PROGRAM EXPECTATIONS

I. GOVERNANCE EXPECTATION: THE HEALTH CENTER HAS A GOVERNING BOARD WHICH ESTABLISHES POLICIES, CONTROLS MAJOR RESOURCE DECISIONS AND SELECTS THE DIRECTOR.

IA. Indicator: **The Board fulfills its legislatively mandated functions or has an approved waiver exempting it from specific functions.**

Note: If the health center has a waiver in writing from the Secretary for some or all of the governance requirements, list the requirements waived: Not Applicable (NA) _____

Survey Activity: Governance Discussion Session

(Note: In situations where a waiver has been granted, the functions of the “Board” may instead be directed to the board of the sponsoring organization, an advisory board, or other alternative mechanisms as described in an approved waiver.)

2 -5. Does the board:

ACTION	YES	NO	Has Approved Waiver
2) Determine the services to be provided?			
3) Determine the hours and sites for the center?			
4) Approve the annual budget & grant application?			
5) Approve the selection and dismissal of the program director or CEO/Exec Director?			

Comments: _____

Survey Activity: Competence Assessment Process & Governance Discussion Sessions; Patient Tracer

7. Does the board establish required policies for the health center? Complete chart:

BOARD-ESTABLISHED POLICY	YES/DATE	NO	WAIVED [No waivers for 330(e) grantees]	EXEMPTED AS PUBLIC ENTITY
a. Personnel				
b. Compensation Schedule				
c. Patient Confidentiality				
e. Patient Grievance				
f. Quality Assurance/Improvement				
g. Financial/Accounting				
h. Charge & Sliding Fee Schedules				

Comments: _____

Survey Activity: Competence Assessment Process & Governance Discussion Sessions

8. **If the health center board is a co-applicant with a public entity, does the health center board fulfill all its required responsibilities? Yes___ No ___ Not Applicable___**

4. a) For 330(e) centers, is the percent of non-consumer/non-user board members who derive over 10% of their income from the health care industry equal to or less than 50%?
 Yes___ No ___

b) For 330(g) migrant centers, is the percent of non-consumer/user board members who derive over 10% of their income from the health care industry equal to or less than 67%?
 Yes___ No ___

Comments: _____

Survey Activity: Governance Discussion Session

IIIC. Indicator: The center has written, board approved conflict of interest policies.

1-3 Do health center bylaws or other written corporate documents contain provisions that:

	YES	NO	Comments
(1) ... prohibit board members and their immediate families from being employees of the center?			
(2) ... prohibit conflict of interest or the appearance of conflict by board members?			
(3) ... address potential conflicts of interest for staff?			

Comments: _____

Survey Activity: Governance Discussion Session

IV. GOVERNANCE EXPECTATION: THE BOARD STRUCTURE AND MEETING SCHEDULE ENABLES IT TO FULFILL ITS RESPONSIBILITIES

IVA. Indicator: The center has bylaws that define board structure & responsibilities:

1. Does the center have bylaws which have been approved by the board? Yes___ No ___
 Comments: _____

Survey Activity: Governance Discussion Session

4. Do the bylaws delineate the process for nominating and selecting board members?
 Yes___ No ___
 Comments: _____

Survey Activity: Document Review

IVB. Indicator: Board meetings are regularly scheduled, and the schedule makes meetings accessible to the majority of board members.

2. Does the board meet monthly or has this requirement been waived?
 Yes___ No ___ Waiver Approved___
 Comments: _____

Survey Activity: Governance Discussion Session

IVC. Indicator: Board decisions are documented, and implementation is tracked.

1. Are minutes kept for each meeting? Yes___ No___

Comments: _____

Survey Activity: Governance Discussion Session; Document Review



FROM MANAGEMENT & FINANCE PROGRAM EXPECTATIONS

I. MANAGEMENT & FINANCE EXPECTATION: THE HEALTH CENTER HAS A STRONG MANAGEMENT TEAM RESPONSIBLE FOR CARRYING OUT THE HEALTH CENTER'S MISSION AND STRATEGIC DIRECTIONS.

[NOTE: Various titles are used to designate the Chief Executive of a center including: Chief Executive Officer (CEO); Executive Director (ED), or Project/Program Director (PD). Executive Director is used below to encompass all these titles.]

IA. Indicator: There is a line of authority from the board to a chief executive of the health center who delegates as appropriate to other management staff.

1. If the health center is a part of a larger organization, such as a hospital or health department, AND the health center Executive Director (ED) is different from the head of the overall corporation, does the ED have full or appropriate control over both the day to day operations of the health center and the 330 budget?

a. Operations Yes___ No___ NA___
b. 330 budget Yes___ No___ NA___

Comments: _____

Survey Activity: Leadership Discussion Session; Governance Discussion Session

2. Does the Executive Director, or his/her designee have full authority related to hiring and firing of health center staff? Yes___ No___
If no, are exceptions appropriate? Yes___ No___

Comments: _____

Survey Activity: Leadership Discussion Session; Governance Discussion Session



[NOTE TO SURVEYORS: Also see the following Governance-related questions in the Clinical Program Expectations Section below: IA (p.7); IB1 (p.8); IIB1a (p.11); IIB4a (p.12); VIB2 (p.13)].



FROM CLINICAL PROGRAM EXPECTATIONS

I. CLINICAL EXPECTATION: THE HEALTH CENTER PROVIDES REQUIRED HEALTH CARE SERVICES. IN CASES WHERE A REQUIRED SERVICE IS NOT PROVIDED DIRECTLY BY THE GRANTEE, WRITTEN AGREEMENTS ARE ESTABLISHED SPECIFYING HOW THE SERVICES ARE PROVIDED.

IA. Indicator: The center has in place primary care services for all life cycles as required by law.

1. Does the center provide comprehensive primary health care services for all life cycles?

PROVISION OF PRIMARY HEALTH CARE SERVICES				
Lifecycle	Directly at health center site(s)	Through written referral agreement- list referral entity(s)	Through informal referral (no written agreement)- list referral entity(s)*	Not provided*
a. Perinatal				
b. Pediatric				
c. Adolescent				
d. Adult				
e. Geriatric				

**Requires comments*

Comments: _____

Survey Activity: Patient Tracer; Governance, Leadership & Clinical Leadership/Staff Discussion Sessions

IB. Indicator: The center provides a comprehensive array of preventive services including: prenatal & perinatal services; cancer & other disease screening; eye, ear, & dental screening for children; family planning services; & preventive dental services.

1. Does the center provide prenatal and perinatal services?

PROVISION OF PERINATAL CARE SERVICES				
Prenatal/Perinatal Service	Directly at health center site(s)	Through written referral agreement- list referral entity	Through informal referral (no written agreement)-list referral entity	Not provided*
a. Outreach to identify pregnant women.				
b. Pregnancy testing on demand.				
c. Immediate results of pregnancy test.				
d. Perinatal case management				
e. Nutrition counseling and referral to WIC				
f. Assistance in obtaining Medicaid				
g. Laboratory testing (including HIV serology)				
h. Prenatal medical services provided				
i. Post-partum family planning services				

**Requires comments*

Comments: _____

Survey Activity: Patient Tracer; Leadership & Clinical Ldrshp/Staff Discussion Sessions; Governance Discussion

4. Does the center have systems in place to assure that the following services are available when indicated?

	YES	NO	IF YES, WHERE?
Vaginal deliveries			
Surgical deliveries			
Sonography			
Fetal monitoring			
Genetic Counseling			

Comments: _____

Survey Activity: Patient Tracer; Leadership & Clinical Leadership/Staff Discussion Sessions

5. Does the health center provide cancer screening regularly for the center's patients?

	Written protocols exist		Frequency Defined		Tracking and recall of abnormal		Follow-up on abnormal (as appropriate)		Evidence in medical records protocols are followed	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
a. Cervical cancer/ Pap smears										
b. Breast cancer/ mammograms										
c. Prostatic cancer										
d. Colorectal cancer										

Comments: _____

Survey Activity: Patient Tracer; Leadership & Clinical Leadership/Staff Discussion Sessions

8. Does the center routinely evaluate all children for risk of lead poisoning, including:

	YES	NO	COMMENTS
a. Screening			
b. Testing			
c. Tracking			
d. Recall			
e. Referrals for lead abatement programs for homes of at-risk patients?			

Comments: _____

Survey Activity: Patient Tracer; Clinical Leadership/Staff Discussion Session

10. Does the center routinely monitor for risk factors for HIV disease and other STD's, provide easily accessible counseling and testing, and provide clinical management of STD's, including HIV disease?

- a. Assesses risk factors Yes___ No___
- b. Counseling and testing Yes___ No___
- c. Clinical management Yes___ No___

Comments: _____

Survey Activity: Clinical Leadership/Staff Discussion Session; Patient tracer

11. Are eye, ear, and dental health screening routinely conducted for children?

- a. Does the center provide routine vision screening for children? Yes___ No___
- b. Does the center provide routine hearing screening for children? Yes___ No___
- c. Are regular screenings for oral disease (including oral cancers & HIV related lesions) routinely conducted for the center's patients? Yes___ No___

Comments: _____

Survey Activity: Patient Tracer; Leadership & Clinical Leadership/Staff Discussion Sessions

12. Does the center provide its patients with oral health education about dental preventive services, and appropriate referrals when indicated?

	YES	NO	COMMENTS
Baby Bottle Tooth Decay prevention for mothers			
Tooth brushing and flossing instruction			
Diet education			
Dental trauma prevention			
Promoting the use of supplemental fluoride, where indicated			
Tobacco hazard education			
Prophylaxis (dental cleaning)			
Scaling and root planning			
Sealant application			
Information about fluoride levels in community drinking water			

Comments: _____

Survey Activity: Patient Tracer; Leadership & Clinical Leadership/Staff Discussion Sessions

13. Are family planning services routinely offered to the center’s clients?

- a. Is family planning counseling made available to patients, including adolescents? Yes___ No___
- b. Is the full range of contraceptive methods made available to patients who wish to use contraceptives? Yes___ No___
- c. Is there evidence in the medical record that this information, and the options, were discussed with the client? Yes___ No___
- d. Are family planning patients screened and counseled for STDs? Yes___ No___

Comments: _____

Survey Activity: Patient/System Tracer; Clinical Leadership/Staff Discussion Sessions

IC. Indicator: The center has procedures in place to assure that emergency medical and dental needs are met in an expeditious and high quality manner.

9. Does the center have a procedure for assuring the availability of emergency dental services, and the palliation of pain resulting from oral pathology? Yes___ No___

Comments: _____

Survey Activity: Clinical Leadership/Staff Discussion; Patient Tracer

10. Are procedures for accessing and appropriate use of emergency services during and after-hours, and weekends clearly communicated to patients in written material (posted or distributed)? Yes___ No___

Comments: _____

Survey Activity: Leadership and Clinical Leadership/Staff Discussion Sessions; Patient Tracer

ID. Indicator: The center has systems in place to insure that patients can receive the necessary pharmaceuticals to complete therapy for their medical and oral health conditions, and that drugs maintained in the center are appropriately stored, secured, and dispensed.

1. Are there arrangements which allow written prescriptions to be filled for all patients? Yes___ No___

Comments: _____

Survey Activity: Clinical Leadership/Staff Discussion Session; Patient Tracer

II. CLINICAL EXPECTATION: THE HEALTH CENTER PROVIDES SERVICES WHICH HELP ENSURE ACCESS TO BASIC HEALTH SVCES & FACILITATES ACCESS TO COMPREHENSIVE HEALTH AND SOCIAL SERVICES.

IIA. Indicator: The health center has systems in place that help ensure access to a comprehensive array of services.

4. **If the center receives funding under 330(h)**, does it provide substance abuse services either directly or through referral, as required? Yes___ No___ NA___

4a. If through referral, is a written agreement in place? Yes___ No___

Comments: _____

Survey Activity: Organizational Orientation, Patient Tracer; Leadership and Clinical Leadership sessions

5. Do all centers have systems in place to assist patients by arranging referrals to other providers of medical and health related services including substance abuse and mental health services? Yes___ No___

Comments: _____

Survey Activity: Leadership and Clinical Leadership/Staff Discussion Sessions; Patient Tracer

9. Is there a system in place to assist patients with transportation needs? Yes___ No___
Comments: _____

Survey Activity: Leadership and Clinical Leadership/Staff Discussion Sessions; Patient Tracer

IIB. Indicator: The health center has developed in-house capability or has made other formal arrangements to assure that its clients have convenient access to needed diagnostic radiology and laboratory services, and the results of such studies are available to the center's providers in a timely fashion.

- 1a. If x-rays are performed onsite, is there a current written, dated, board-approved radiology policy and procedure manual? Yes___ No___ NA___
If yes, when was it last updated? _____

Comments: _____

Survey Activity: Leadership, Governance, & Clinical Leadership/Staff Discussion Sessions; Patient Tracer

- 2a. If x-rays are procured from sources offsite, does the center have a written contract or other agreement with a radiology group for radiology services? Yes___ No___ NA___

Comments: _____

Survey Activity: Leadership and Clinical Leadership/Staff Discussion Sessions; Patient Tracer

- 4a. If lab services are provided on-site, what category of CLIA is the center approved for?

NA___ Waived testing___ PPM testing___ Moderate complexity___ High complexity___

b. Is the CLIA review current? Yes___ No___

c. When does the CLIA certificate expire?_____

d. Is there a written, board-approved laboratory policy and procedure manual?
Yes___ No___ If yes, when was it last updated?_____

Comments: _____

Survey Activity: Leadership, Governance, & Clinical Leadership/Staff Discussion Sessions; Patient Tracer

- 5a. If laboratory services are procured from offsite sources, is there a written contract(s) with other laboratories? Yes___ No___ NA___

Comments: _____

Survey Activity: Leadership & Clinical Leadership/Staff Discussion Sessions

III. CLINICAL EXPECTATION: THE HEALTH CENTER HAS REFERRAL ARRANGEMENTS WITH ONE OR MORE HOSPITALS, WHICH ENSURE CONTINUITY BETWEEN OUTPATIENT AND INPATIENT SERVICES.

IIIA. Indicator: Health center clinical staff provide care both for inpatients and outpatients. Where this is not possible, there are arrangements in place to guarantee easy access to inpatient care and promote continuity between the two systems of care.

4. If health center clinical staff do not admit patients and follow them in the hospital, is there a firmly established arrangement to refer patients for hospitalization?

Yes___ No___ NA___

Comments: _____

Survey Activity: Clinical Leadership/Staff Discussion Session; Patient Tracer

5. For patients not admitted to the hospital by health center clinical staff, does the center have a firmly established arrangement for being notified of their discharge, and resuming their primary care?

Yes___ No___ NA___

Comments: _____

Survey Activity: Clinical Leadership/Staff Discussion Session; Patient Tracer

VI. CLINICAL EXPECTATION: THE HEALTH CENTER'S SERVICES ARE ACCESSIBLE TO ITS TARGET POPULATION(S).

VIA. Indicator: The health center has placed its service delivery site(s) in locations which are accessible to the clientele it serves.

1. Does the geographic location(s) of the center's service sites meet the needs of the client population, and provide convenient access? Yes___ No___

Comments: _____

Survey Activity: Clinical Leadership/Staff & Leadership Discussion Sessions; Patient Tracer

VIB. Indicator: The health center's hours of operation promote accessibility.

2. Are the hours appropriate to the needs of the population? Yes___ No___

Comments: _____

Survey Activity: Clinical Leadership/Staff, Leadership, & Governance Discussion Sessions; Patient Tracer

VID. Indicator: Where the center contracts for services, the arrangement contributes to the desired outcomes of availability, accessibility, quality, comprehensiveness, and coordination.

1. In cases where the center contracts for services, do these contracts contribute to providing high quality, available, and accessible services for the center's clientele? Yes___ No___ NA___

Comments: _____

Survey Activity: Clinical Leadership/Staff & Leadership Discussion Sessions; Patient Tracer

VII. CLINICAL EXPECTATION: THE CENTER USES A BOARD APPROVED HEALTH CARE PLAN TO GUIDE THE CENTER'S GOALS IN ADDRESSING THE HIGHEST PRIORITY HEALTH CARE NEEDS OF THE COMMUNITY SERVED.

A. Indicator: There is a written health care plan which addresses high priority health care needs of its community.

2. Are the objectives in the health care plan achievable, time framed, and measurable? Yes___ No___

Comments: _____

Survey Activity: Clinical Leadership/Staff and Leadership Discussion Sessions

VIII. CLINICAL EXPECTATION THE CENTER’S CLINICAL LEADERSHIP AND STAFFING RESULTS IN AVAILABLE, ACCESSIBLE, COMPREHENSIVE, COORDINATED AND HIGH QUALITY SERVICES FOR CENTER PATIENTS.

VIIID. Indicator: The health center has formulated credentialing and privileging processes that meet the standards of the major accrediting bodies.

7. a) If the Center is covered under the Federal Tort Claims Act (FTCA), are the following additional documents (beyond Joint Commission requirements) present & current in each licensed or certified health care practitioner’s personnel file, as applicable?

	YES	NO	NA
Immunization status			
PPD status			
DEA Registration			
Life support training (if applicable)			
Documentation of hospital privileges (if applicable)			

Comments: _____

Survey Activity: Competence Assessment Session; Clinical Leadership/Staff Session; Pt Tracer

XII. CLINICAL EXPECTATION: THE HEALTH CENTER HAS WRITTEN POLICIES AND PROCEDURES TO ENSURE THE EFFECTIVE DELIVERY OF HIGH QUALITY HEALTH SERVICES.

XIIA. Indicator: The center has current written policies and procedures in areas supporting the delivery of high quality services.

1. Does the center have current, approved policy and procedure manuals covering:

	EXISTS		CURRENT		USED BY STAFF	
	YES	NO	YES	NO	YES	NO
a. Hours of Operation?						
b. Patient referral and tracking systems?						
c. Use of clinical protocols?						
d. Risk management procedures?						
e. Procedures for assessing patient satisfaction, including defining languages for the assessments?						
f. Triage, walk-in patients, and phone triage (if FTCA covered)?						
g. Analysis and Appropriate action of each malpractice/patient safety event (if FTCA covered)?						

Comments: _____

Survey Activity: Clinical Leadership/Staff and Leadership Discussion Sessions; Patient Tracer

FOR ADDITIONAL HEALTH CENTER COMMENTS

Page	Question #	Comments
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