

**JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO THE 2000 PCER REVIEW QUESTIONS:**  
**GOVERNANCE MODULE III. (4/29/00)**

2000 Primary Care Effectiveness Review (PCER) GOVERNANCE*	2000 Healthy Schools/Healthy communities PCER	JCAHO 2000-2001 Ambulatory Care Standards **	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SR) ***
I. EXPECTATION: THE HEALTH CENTER HAS A GOVERNING BOARD WHICH ESTABLISHES POLICIES, CONTROLS MAJOR RESOURCE DECISIONS AND SELECTS THE DIRECTOR				
I.A. Indicator: The board fulfills its legislatively mandated functions or has an approved waiver exempting it from specific functions.				
I.A.1 Does the health center have a waiver, in writing from the Secretary, for some or all of the governance requirements? Note: Not applicable to 330(e) funded CHCs.		NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR
I.A.2 <b>Does the board determine the services to be provided?</b>		LD.1 The leaders provide for organization planning. LD.1.1 Planning includes establishing a mission and values, articulating a vision for the organization, and providing strategic, operational, programmatic, and other plans and policies. LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders. <i>[Note: PCER specificity re Board role]</i>	<i>add to: Governance Interview Leadership Interview Document Review</i>	STAR

Notes:

- \* **Embolden** PCER Question Is Mandatory/Required by Federal Law or Regulation
- \*\* This column contains only the relevant standard(s) references; however, in each case the standard and intent statement which are evaluated by the surveyors were both considered when determining if the standards and PCER questions cross-walked.
- \*\*\* ASTAR≡ references elements of the 2000 PCER which must be directly addressed due to the specificity of BPHC statutory, regulatory, legal, or other requirements. Notation in the STAR column consists of one of two designations: ASTAR≡ indicates those elements of the PCER which must be pro-actively validated by the surveyors; ASTAR (SR)≡ indicates elements of the PCER which are self-reported by the health center and sample validated by the surveyors.
- + NCS =No Comparable JCAHO Standard/Intent Statement to the 2000 PCER question; indicates need for a separate method to record findings specific to BPHC requirements.

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<b>I.A.3</b> <b>Does the board determine the hours and sites for the center?</b>	Governance – II. FUNCTION 8. Do Board members approve formal policies for the health center <i>as required</i> ? Is this documented in Board minutes, by notation of Board approved dates and/or by Board signatures on key policy documents including, but not limited to...principles of practice (scope of services, locations, hours of operation...	LD.1.3.5 the organization’s cope of services is defined in writing and approved by the leaders. LD.2.1 the leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. CC.1 Patients have access to the appropriate type of care. CC.3 Patient and families receive information about proposed care during the entry process. <u><i>[Note: PCER specificity re Board role]</i></u>	Add to: <i>Governance &amp; Leadership Interviews Document Review</i>	STAR
<b>I.A.4</b> <b>Does the board approve the annual budget and grant application?</b>	Governance - II. FUNCTION <b>6. Does the Board participate in the development of and/or review the final grant application for BPHC-funded programs prior to its actual submission as required?</b>	LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan’s implementation. LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. <u><i>[Note: PCER specificity re Board role]</i></u>	add to: <i>Governance &amp; Leadership Interviews Document Review</i>	STAR
<b>I.A.5</b> <b>Does the board approve the selection and dismissal of the program director or chief executive officer?</b>	Governance - II. FUNCTION <b>4. Does the Board have sole authority to hire, review the performance of, and dismiss the Executive Director as required?</b>	HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.3 The competence of all staff members is continually assessed, maintained, demonstrated and improved. <u><i>[Note: PCER specificity re Board role]</i></u>	add to: <i>Governance &amp; Leadership Interviews Document Review</i>	STAR
<b>I.A.6</b> <b>Does the board review the performance of the director on an annual basis?</b>	Governance - II. FUNCTION <b>4. 4.....Does the Board annually review the performance of the Executive Director as required?</b>	LD.2 The org=s leadership is effective. HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.3 The competence of all staff members is continually assessed, maintained, demonstrated and improved.	add to: <i>Governance &amp; Leadership Interviews Document Review</i>	STAR (SR)

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		<u>[Note: PCER specificity re frequency]</u>		
<p><b>I.A.7</b>  <b>Does the board establish required policies for the health center, including:</b>  <b>Personnel</b>  <b>Compensation Schedule</b>  <b>Patient Confidentiality</b>  <b>Patient Bill of Rights</b>  <b>Patient Grievance Procedures</b>  <b>Quality Assurance Improvement</b>  <b>Financial/Accounting</b>  <b>Charge and Sliding Fee schedules</b>  <b>Research</b></p>	<p>Governance - II. FUNCTION</p> <p>8. Do Board members approve formal policies for the health center <i>as required</i>? Is this documented in Board minutes, by notation of Board approval dates and/or by Board signatures on key policy documents including, but not limited to: annual business plan; annual budget; compensation schedule; <b>confidentiality policy</b>; employee dismissal policy; employee grievance policy; fee schedules; financial/accounting policies; financial/accounting policy; <b>non-discrimination policy</b>; patient grievance policy; personnel policy manual; principles of practice (scope of services, locations, hours of operation, clinical protocols, quality coverage, scheduling, tracking, etc.); assurance plan; research policy; sexual harassment policy?</p>	<p>LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders.</p> <p>LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan's implementation.</p> <p>LD.1.6 The leaders provide for uniform performance of patient care processes throughout the organization.</p> <p>LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care.</p> <p>LD.2.2 The leaders are responsible for providing an adequate number of qualified, competent staff.</p> <p>LD.4 The leaders set expectations, develop plans, manage processes and set priorities to measure, assess, and improve the quality of governance, management, clinical and patient care services and support activities.</p> <p>IM.2 Confidentiality, security, and integrity of data and information are maintained.</p> <p><u>[Note: PCER specificity re documentation]</u></p>	<p><i>add to:</i>  <i>Governance &amp; Leadership Interviews Document Review</i></p>	<p>STAR (SR)</p>

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I.A.7 -- continued from above-- <b>Does the board establish required policies for...</b>	Governance - II. FUNCTION --continued from above--	IM.2.1 The organization determines appropriate levels of security and confidentiality for data and information. PI.1 The leaders establish a planned, systematic, organization wide approach .... RI.1.1 Patient rights are respected and supported. RI.1.2.4 Patients involved in investigational studies and clinical trails participate in care decision throughout the care process.	Governance Interview	
I.A.8 Does the board select the independent auditor, or does the board receive and accept the annual audit and management letter? Is acceptance documented in board minutes?	<b>10. Is the annual audit presented in person by the auditor and officially accepted by the Board as required?</b>  Note: Coordinate findings with the fiscal reviewer.	LD.1.7 The leaders and appropriate staff representatives participate in decision making structures and processes. LD.2.6 The leaders are responsible for selecting sources of needed services not provided by the organization. <i>[Note: PCER specificity re documentation]</i>	[Fiscal Reviewer]	
I.A.9 <b>If the health center board is a co-applicant with a public entity, does the health center board fulfill all its required responsibilities?</b>		LD.1.1.2 When the organization is part of a multi-organization system, its leaders participate in policy decisions that affect the organization. LD.2 The organization=s leadership is effective. LD.3.2 The leaders maintain communication with functionally or corporately related health care delivery organizations. <i>[Note: PCER specificity re Board role]</i>	<i>add to:</i> <i>Governance Interview</i>	STAR
I.B. Indicator: The board participates in reviewing and approving key actions for the health center, while delegating management responsibility to staff through the director.				

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<p>I.B.1 Do the board minutes indicate that the director or his/her designee reports to the board at monthly meetings and as needed between meetings?</p>	<p>Governance - III. Structure III. A. Board 4. Does the Executive Director report regularly and fully to the Board of Directors at every meeting and as needed between meetings? b. Are reports written? c. Clear and understandable? d. Distributed in advance?</p>	<p>IM.1 The organization plans and designs information management process to meet internal and external information needs. LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.</p>	<p>Governance Interview Leadership Interview</p>	
<p>I.B.2 Do the board minutes indicate that the clinical director reports regularly to the board?</p>	<p>Governance - III. Structure: III.A.Board 5. Does the Clinical Director report regularly to the Board about clinical issues including clinical performance, the QA Plan, and similar matters?</p>	<p>IM.1 The organization plans and designs information management process to meet internal and external information needs. LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.</p>	<p>Governance Interview Clinical Leadership/Staff Interview</p>	
<p>I.B.3 Do the board minutes indicate that the board receives monthly financial reports? Are reports presented or co-presented by a board member?</p>	<p>Governance - III. Structure: III.A.Board <b>6 a. Does the Board receive monthly fiscal status reports from the health center, including a comparison of budgeted to actual expenditures, balance sheet and a forecast of future income and expenditures? Are reports received prior to the meeting? Are reports presented by a Board member?</b></p>	<p>IM.1 The organization plans and designs information management process to meet internal and external information needs. LD.1.5 The leaders develop an annual operation budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation. LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. <i>{Note: PCER specificity re documentation}</i></p>	<p>[Fiscal Reviewer]</p>	
<p>I.B.4a Are financial reports to the board written: I.B.4b Are financial reports to the board clear and understandable? I.B.4c Are financial reports to the board distributed in advance of the meeting?</p>	<p>Governance - III. Structure: III.A.Board <b>6.b. Are reports written? Clear and understandable? Distributed in advance?</b></p>	<p>IM.1 The organization plans and designs information management process to meet internal and external information needs. LD.1.5 The leaders develop an annual operation budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation. <i>{Note: PCER specificity re documentation}</i></p>	<p>[Fiscal Reviewer]</p>	

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<p>I.B.5 Does the board have a policy defining who has authority to execute and sign contracts and agreements?</p>	<p>Governance - II. FUNCTION 7. Does the Board require prior approval, partially delegate to management, or fully delegate to management any of the following actions: affiliation agreements; building purchases or sale; construction/renovation contracts; consultant contracts; grant submissions; land purchases or sales; major purchases or sales; managed care contracts; management contracts; marketing campaigns; service contracts; site additions or deletions?</p>	<p>LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. LD.2.6 The leaders are responsible for selecting sources of needed services not provided by the organization.</p>	<p>Governance Interview Leadership Interview</p>	
<p>I.B.6 Does the board approve agreements and contracts that have major clinical, financial or strategic implications for the health center including: clinical services for required services, affiliation agreements with other entities, managed care, management, building/land purchase, sale or <u>lease of significant assets</u>, site additions or deletions, construction/renovation contracts, major equipment purchases/leases, <u>consulting contracts, service contracts and grant submissions</u>?</p>	<p>Governance - II. FUNCTION 7. Does the Board require prior approval, partially delegate to management, or fully delegate to management any of the following actions: affiliation agreements; building purchases or sale; construction/renovation contracts; consultant contracts; grant submissions; land purchases or sales; major purchases or sales; managed care contracts; management contracts; marketing campaigns; service contracts; site additions or deletions?</p>	<p>LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. LD.2.6 The leaders are responsible for selecting sources of needed services not provided by the organization.</p>	<p>Governance Interview Leadership Interview</p>	
<p>I.B.7 Does the board clearly delegate management responsibility to health center staff through the director?</p>		<p>LD.2.1 The leaders are responsible for developing, implementing and maintaining policies and procedures that guide and support the provision of care. LD.1.6 The leaders provide for uniform performance of patient care processes throughout the organization. LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.</p>	<p>Leadership Interview</p>	

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<p>I.B.8 Does this delegation include full authority through the director for the selection and dismissal of staff?</p>	<p>Governance - II. FUNCTION</p> <p>5. Does the Board delegate full authority to the Executive Director for all other hiring and firing of health center staff?</p> <p><i>If no, are exceptions appropriate?</i></p>	<p>LD.2.1 The leaders are responsible for developing, implementing and maintaining policies and procedures that guide and support the provision of care.</p> <p>LD.1.6 The leaders provide for uniform performance of patient care processes throughout the organization.</p> <p>LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.</p>	<p>Governance Interview</p>	
<p>I.B.9 Is the board fulfilling its policy-level responsibilities and not involving itself in health center day-to-day operations?</p>		<p>LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.</p> <p>LD.2 The organization's leadership is effective.</p> <p>LD.2.1 The leaders are responsible for developing, implementing and maintaining policies and procedures that guide and support the provision of care.</p>	<p>Leadership Interview</p>	
<p>II. EXPECTATION: THERE IS SIGNIFICANT AND SUBSTANTIVE INPUT INTO THE MISSION AND POLICIES OF THE HEALTH CENTER FROM PEOPLE WHO USE THE HEALTH CENTER SERVICES.</p>				
<p>II.A. Indicator The board has a consumer majority or an approved waiver.</p>				
<p>II.A.1 <b>Are a majority of board members consumers of health center services?</b></p>		<p>NCS<sup>+</sup></p>	<p><i>add to: Governance Interview</i></p>	<p>STAR</p>

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II.A.1.a Can the consumer status of board members be verified?	GOVERNANCE IV. Membership 2. Can the user status of the Board members be verified? Are a majority of the Board members designated as regular center users as required?	NCS <sup>+</sup>	add to: Governance Interview	STAR
II.A.1.b If the health center has an approved waiver is it actively pursuing the consumer input strategy approved under the waiver?		NCS <sup>+</sup>	add to: Governance Interview	STAR
II.A.2 Does the health center meet the intent of the law in ensuring significant consumer input into its mission and policies? If no, how can consumer input be improved?		LD.1.3.2 The design of patient care to be provided is appropriate to the scope and level of care required by the patients served and standards of practice. LD.1.3.3 Services are designed to respond to patient and family needs and expectations. LD.1.3.3.1 The leaders are responsible for gathering, assessing, and acting on patient satisfaction information.	Governance & Leadership Interviews	
II.B. Indicator The health center has defined mechanisms for ensuring input from special populations served by the health center.				
II.B.1 For 330(e) community health centers which also receive funding designated to serve a special population (i.e. sections 330(g) migrant, 330(h) homeless, or 330(i) public housing), is representation among consumer board members reasonably proportional to the percent of health center clients the special population group represents?	GOVERNANCE IV. Membership 4. For Section 329 Migrant Hlth Programs: Are MSFWs represented in the user segment of the Board in approximately the same ratio that they are represented among the center=s users as required? 4. a. If the program receives Section 329 funds only, are 51% of board members MSFWs as required?	NCS <sup>+</sup>	add to: Governance Interview	STAR

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	<b>b. If the program receives Section 329 funds as well as other federal funding, is the % of user Board members representative of the MSFW user population?</b>			
II.B .1.a. Is there at least one active representative on the board for each special population group for which the health center receives funding?		NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR
II.B.2 For all health centers, regardless of funding sources, are there defined mechanisms in addition to board membership to ensure the input of various populations served by the health center into its policies (e.g. committee membership, focus groups)?		LD.1.3.1 The organization=s leaders and, as appropriate, community leaders and organizations collaborate to design services. LD. 1.3.2 The design of patient care to be provided is appropriate to the scope and level of care required by the patients served and standards of practice.	Governance Interview Clinical Leadership/Staff Interview	
II. C. Indicator The board, as a whole, is reasonably representative of the people being served by the health center.				
II.C.1 <b>Do board members reasonably reflect the health center user population in terms of: race, ethnicity, gender?</b>	GOVERNANCE IV. Membership <b>3. Do user Board members represent:</b> <b>a. The demographic characteristics of the population as required: gender, economic status, race/ethnicity; age?</b> <b>b. The special populations served?</b>	NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR
II.C.2 Are there significant segments of health center users who are not adequately represented on the board?		NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR
III. EXPECTATION: THE SIZE AND COMPOSITION OF THE BOARD ENABLES THE BOARD TO FUNCTION EFFECTIVELY IN THE				

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CURRENT HEALTH CARE ENVIRONMENT.				
III. A. Indicator The total number of board members is appropriate to the size and complexity of the health center.				
III.A.1 <b>Is the number or limited range of board members specified in the bylaws?</b>		NCS <sup>+</sup>	<i>add to: Document Review</i>	STAR
III.A.2 <b>For 330(e), community health centers and 330(g), migrant health centers, is the size of the board at least 9 but no more than 25 members, as required?</b> {Not applicable for 330(h) or 330(i).}	GOVERNANCE IV. Membership <b>1. Do the bylaws provide for a Board composed of 9 to 25 members as required? How many members are called for in the bylaws? How many are currently on the Board?</b>	NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR
III.A.3 Is the actual number of board members in conformance with the bylaws?		NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR
III B. Indicator The board provides the expertise necessary to fulfill its mission and function effectively in the marketplace.				
III.B.1 Based on the internal needs of the health center and the marketplace in which it operates, is the range of expertise on the board: good__ acceptable__ limited__ poor__ What expertise is available on the board? (List)	GOVERNANCE -IV. Membership 7. Do board members represent a broad range of expertise, and is this expertise used effectively? Areas of expertise: accounting/finance/banking; business; community affairs; education; federal/state/local government; health administration; health professions; human resources; insurance; law; marketing/public relations; religious organizations; union; other.	NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR

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III.B.2 Is the expertise used in a way which enables the board to fulfill its responsibilities?		LD.2 The organization=s leadership is effective. <u>[Note: PCER specificity re Board role]</u>	add to: Governance Interview	STAR
III.B.3 What additional expertise is needed on the board for it to fulfill its responsibilities?		LD.2 The organization=s leadership is effective. <u>[Note: PCER specificity re Board role]</u>	add to: Governance Interview	STAR
III.B.4 For 330(e) do no more than 50% (for 330(g), no more than 33%) of non-consumer board members derive more than 10% of their income from the health care industry, as required?	GOVERNANCE - III. STRUCTURE IV. Membership 5. Do fewer than 50% of non-user Board members derive more than 10% of their income from the health care industry as required?	NCS <sup>+</sup>	add to: Governance Interview	STAR
III.C. Indicator The health center has written, board-approved conflict of interest policies.				
III.C.1 Do health center bylaws or other written corporate documents prohibit board members and their immediate families from being employees of the health center? (Note: staff may serve as ex-officio members and may serve on board committees)	GOVERNANCE - III. STRUCTURE IV. Membership 6. Do bylaws prohibit Board members and members of their immediate family from being employees or contractors of the health center as required? Is this lack of conflict of interest verified?	RI.2 A code of ethical behavior addresses... RI.2.2 relationships with other health care providers, educational institutions, and payers; RI.2.3 protection of the integrity of clinical decision making, regardless of how the organization compensates or shares financial risk with its leaders, managers, clinical staff, and licensed independent practitioners; and <u>[Note: PCER specificity re documentation.]</u>	Add to: Governance Interview	STAR (SR)
III.C.2 Do health center bylaws or other written corporate documents contain provisions that prohibit conflict of interest or the appearance of conflict by board members?		RI.2 A code of ethical behavior addresses RI.2.2 relationships with other health care providers, educational institutions, and payers; RI.2.3 protection of the integrity of clinical decision making, regardless of how the organization compensates or shares financial risk with its leaders, managers, clinical staff,	Add to: Document Review Leadership Interview Governance Interview	STAR (SR)

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		and licensed independent practitioners; and <a href="#">[Note: PCER specificity re documentation.]</a>		
III.C .3 Do written corporate documents address potential conflicts of interest for staff?		RI.2 A code of ethical behavior addresses RI.2.2 relationships with other health care providers, educational institutions, and payers; RI.2.3 protection of the integrity of clinical decision making, regardless of how the organization compensates or shares financial risk with its leaders, managers, clinical staff, and licensed independent practitioners; and <a href="#">[Note: PCER specificity re documentation.]</a>	<i>add to: Document Review</i>	STAR (SR)
III.C.4 Do conflict of interest safeguards for board and staff members meet Federal standards?		RI.2 A code of ethical behavior addresses... RI.2.2 relationships with other health care providers, educational institutions, and payers; RI.2.3 protection of the integrity of clinical decision making, regardless of how the organization compensates or shares financial risk with its leaders, managers, clinical staff, and licensed independent practitioners; and	Document Review Leadership & Governance Interviews	
IV. EXPECTATION: THE BOARD STRUCTURE AND MEETING SCHEDULE ENABLES IT TO FULFILL ITS RESPONSIBILITIES				
IV.A Indicator The health center has bylaws that define board structure and responsibilities:				

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IV.A.1 Does the health center have bylaws which have been approved by the board?		LD.1.1 Planning includes establishing a mission and values, articulating a vision for the organization, and providing strategic, operational, programmatic, and other plans and policies LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. <u>[Note PCER specificity re Board role.]</u>	<i>add to: Document Review Leadership Interview</i>	STAR
IV.A.2 Do the bylaws sufficiently address the structure and responsibilities of the board? If no, what improvements are recommended?		LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.	Document review Leadership Interview	
IV.A.3 Are the bylaws current, and are they followed by the health center?		NCS <sup>+</sup>	<i>add to: Governance Interview Leadership Interview</i>	STAR
IV.A.4 Do the bylaws delineate the process for nominating and selecting board members and officers?	GOVERNANCE - III. STRUCTURE III. A. Board <b>3. Do Board bylaws clearly delineate a process for nominating and selecting Board members and officers? Are these rules followed as documented in Board minutes?</b>	NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR (SR)
IV.A.5 Do the bylaws address length and number of allowable terms for members and officers?		NCS <sup>+</sup>	<i>add to: HR interview Governance Interview</i>	STAR (SR)
IV.A.6 Do the bylaws specify expectations regarding meeting attendance?	GOVERNANCE - III. STRUCTURE III. A. Board 2. Are Board members expected to attend all meetings? Is there a provision for removing inactive members? Is this documented in Board minutes?	NCS <sup>+</sup>	<i>add to: Governance Interview and Document Review</i>	STAR (SR)

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IV.A.7 Are there provisions for removing inactive board members? When applicable, have they been followed?	GOVERNANCE - III. STRUCTURE III. A. Board 2. Are Board members expected to attend all meetings? Is there a provision for removing inactive members? Is this documented in Board minutes?	NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR (SR)
IV.B Indicator: Board meetings are regularly scheduled, and the schedule makes meetings accessible to the majority of board members.				
IV.B.1 Is meeting frequency specified in the bylaws?	GOVERNANCE - III. STRUCTURE III.A. Board <b>1. Does the Board hold regularly scheduled business meetings at least monthly as required? Are complete minutes kept for each meeting as required?</b>	LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.  <u><a href="#">[Note: PCER specificity re documentation]</a></u>	<i>add to: Governance Interview</i>	STAR (SR)
IV.B.2 <b>Does the board meet monthly or has this requirement been waived?</b>	GOVERNANCE - III. STRUCTURE III. A. Board <b>1. Does the Board hold regularly scheduled business meetings at least monthly as required? Are complete minutes kept for each meeting as required?</b>	LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.  <u><a href="#">[Note: PCER specificity re frequency]</a></u>	<i>add to: Governance Interview</i>	STAR
IV.B.3 Are meetings held at a time and place that is accessible to the majority of board members?		LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.  <u><a href="#">[Note: PCER specificity re frequency]</a></u>	<i>add to: Document Review Governance Interview</i>	STAR (SR)
IV.B.4 Are reasonable efforts made to fully include board members who may need special	GOVERNANCE - III. STRUCTURE III. A. Board 7. Are translation services provided to the Board	NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR (SR)

<b>2000 Primary Care Effectiveness Review (PCER) GOVERNANCE*</b>	<b>May 1995 PCER*</b>	<b>JCAHO 2000-2001 Ambulatory Care Standards**</b>	<b>JCAHO Survey Activities</b> <small>[Fiscal Reviewer Activity]</small>	<b>STAR/STAR (SR) ***</b>
accommodation? (e.g. electronic participation if travel time is burdensome, translation services, assistance with physical disabilities, provision of meals, child care costs, travel reimbursement).	as needed? 12. Are Board members covered by the same travel policy as staff?			
IV.C Indicator: Board decisions are documented, and implementation is tracked.				
IV.C.1 <b>Are minutes kept for each meeting?</b>		IM.1 The organization plans and designs information management process to meet internal and external information needs. LD.1 The leaders provide for organization planning. <u><i>[Note: PCER specificity re documentation]</i></u>	<i>add to:</i> Document Review Governance Interview	STAR
IV.C.2 Do the minutes document major issues discussed and all actions taken?		IM.1 The organization plans and designs information management process to meet internal and external information needs. LD.1 The leaders provide for organization planning. LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and systematically assessed and improved. LD.4.3.2 The leaders act on recommendations from cross-organization performance-improvement activities	Document Review Governance Interview	
IV.C.3 Are the minutes stored in an organized and accessible manner?		IM.2.2 Collection, storage, and retrieval systems are designed to allow timely and easy use of data and information without compromising their security and confidentiality.	Document Review	
IV.C.4 Is there a mechanism for tracking implementation of decisions and procedures?		LD .2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and	Governance Interview Leadership	

2000 Primary Care Effectiveness Review (PCER) GOVERNANCE*	May 1995 PCER*	JCAHO 2000-2001 Ambulatory Care Standards **	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SR) ***
		support the provision of care. IM.1 The organization plans and designs information management processes to meet internal and external information needs. PI.3.1 The organization collects data to monitor its performance.	Interview Document Review	
IV.D. Indicator: The board committee structure is appropriate.				
IV.D.1 Are standing committees defined in the bylaws?	GOVERNANCE - III. STRUCTURE III.B. <i>Committees</i> 1. Does the Board have a committee structure that meets the program and management needs of the health center?	NCS <sup>+</sup>	<i>add to:</i> <i>Governance Interview and Document Review</i>	STAR (SR)
IV.D.2 In the reviewers opinion, are the standing and ad hoc committees appropriate?		NCS <sup>+</sup>	<i>add to:</i> <i>Governance Interview</i>	STAR
IV.D.3 Are minutes kept of committee meetings and results reported to the full board?	GOVERNANCE - III. STRUCTURE III.B. <i>Committees</i> 2. Are Board committees fully seated, meeting appropriately, maintaining written minutes, and reporting to the full Board or to the Board=s Executive Committee?	LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and systematically assessed and improved. LD.4.3.2 The leaders act on recommendations from cross-organization performance-improvement activities IM.1 The organization plans and designs information management processes to meet internal and external information needs.	Governance Interview Document Review	
IV.D.4 Are the committees functioning effectively? If no, how could committee functioning be improved?		NCS <sup>+</sup>	<i>add to:</i> <i>Governance &amp; Leadership Interviews</i>	STAR

2000 Primary Care Effectiveness Review (PCER) GOVERNANCE*	May 1995 PCER*	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/ STAR (SR) ***
IV.E Indicator: There are defined procedures for board orientation, development and evaluation.				
IV.E.1 Is there a routine process for orienting and training new board members?	GOVERNANCE - III. STRUCTURE III. A. <i>Board</i> 9. Is there a routine process for orienting and training new Board members to BPHC=s rules, regulations and expectations as well as relevant developments in the health care industry (e.g., managed care, FQHCs, etc.)? Are materials provided to new members as part of this process? Are relevant special population program regulations and expectations provided as part of the process?	IM.4 Decision makers and other appropriate staff are educated and trained in the principles of information management. HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities. LD.4.1 The leaders understand the approaches to and methods of performance improvement.	Governance Interview	
IV.E.2 Are board members knowledgeable about the health center=s compliance with applicable laws and regulations including: Health Centers Consolidation Act, program regulations (for 330(e) and (g)), Program Expectations, American with Disabilities Act (ADA), Clinical Laboratory Improvement Act (CLIA), Federal Tort Claims Act (FTCA), Occupational Safety and Health Act (OSHA), Fair Labor Standards, Veterans Health Act of 1992, and Family and Medical Leave Act.	GOVERNANCE - III. STRUCTURE III. A. <i>Board</i> <b>8. Is the Board aware of the organization=s compliance with applicable federal laws and regulations including: Americans with Disabilities Act (ADA); Clinical Laboratory Improvement Act (CLIA); Federal Tort Claims Act (FTCA); Occupational Safety and Health Act (OSHA); Public Health Services Act/Program Expectations; Ryan White CARE Act; Veterans Health Act of 1992.</b>	NCS <sup>+</sup>	<i>add to: Governance Interview</i>	STAR
IV.E.3 Are board members given opportunities to		IM.4 Decision makers and other appropriate staff are educated and trained in the principles	Human Resources Interview	

2000 Primary Care Effectiveness Review (PCER) GOVERNANCE*	May 1995 PCER*	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SR) ***
develop their knowledge and skills, within available resources?		of information management. HR.3.1 The organization encourages staff self-development and learning.	Governance Interview	
IV.E.4 Does the board have a defined process for assessing its own performance both in terms of compliance with BPHC law and expectations and with corporate non-profit performance? a. How frequently? b. When was the last assessment done? c. Is the assessment written? d. Have any actions been taken as a result?	GOVERNANCE - III. STRUCTURE III.A. Board 14. Does the Board have a defined process for evaluating its own performance (as required)? If so, how frequently is this done, and when was the last evaluation completed?	LD.4.5 The leaders measure and assess their effectiveness in improving performance	Governance Interview	
IV.E.5 Is there a plan for board development?		LD.4.1 The leaders understand the approaches to and methods of performance improvement. LD.4.6 The leaders understand and manage the change process to make improvements.	Leadership Interview Governance Interview Human Resource Interview	

Residual issues addressed in the May 1995 PCER NOT CROSS-WALKED TO THE 2000 PCER

GOVERNANCE

III. Structure

- 10. Do Board members serve without compensation or personal benefit, except for reimbursement of allowable expenses?
- 11. Do Board members *other than migrant farm workers* receive reimbursement for wages lost during time spent away from job on official health center business?  
If yes, is family income under \$10,000 per year or individual income under \$7,000 per year?
- 12. Are Board members covered by the same travel policy as staff?
- 13. Is the quantity and variety of Board members= travel appropriate to their responsibilities?

Notes:

- \* **Embolden** PCER Question Is Mandatory/Required by Federal Law or Regulation
- \*\* This column contains only the relevant standard(s) references; however, in each case the standard and intent statement which are evaluated by the surveyors were both considered when determining if the standards and PCER questions cross-walked.
- \*\*\* ASTAR≡ references elements of the 2000 PCER which must be directly addressed due to the specificity of BPHC statutory, regulatory, legal, or other requirements. Notation in the STAR column consists of one of two designations: ASTAR≡ indicates those elements of the PCER which must be pro-actively validated by the surveyors; ASTAR (SR)≡ indicates elements of the PCER which are self-reported by the health center and sample validated by the surveyors.

**JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO THE 2000 PCER REVIEW QUESTIONS:**  
**GOVERNANCE MODULE III. (4/29/00)**

- + NCS = No Comparable JCAHO Standard/Intent Statement to the 2000 PCER question; indicates need for a separate method to record findings specific to BPHC requirements.

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