

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>I. 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.</p>	<p>I. EXPECTATION: THE [SBHC] PROVIDES ACCESS TO [COMPREHENSIVE PRIMARY] HEALTH CARE. IN CASES WHERE A REQUIRED SERVICE IS NOT PROVIDED DIRECTLY BY THE GRANTEE, WRITTEN AGREEMENTS ARE ESTABLISHED SPECIFYING HOW THE SERVICES ARE PROVIDED.</p> <p><i>{Ed Note: Wording in [brackets] indicate a minor difference from the 2000 PCER.}</i></p>			
<p>IA. Indicator: The center has in place primary care services for all life cycles as required by law.</p>				
<p>I.A.1 Does the center provide comprehensive primary health care services for all life cycles? a. Perinatal b. Pediatric c. Adolescent d. Adult e. Geriatric</p> <p>Are these services provided: on-site; through written referral agreements; or through informal agreements?</p>		<p>LD 1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization. LD.1.3.5 The organization’s scope of services is defined in writing and approved by the leaders.</p> <p><u><i>{Note: PCER specificity re delivery method}</i></u></p>	<p><i>add to:</i> Leadership Interview Clinical Leadership/Staff Interview Medical Record Review</p>	<p>STAR (SV)</p>
<p>IB. Indicator: The center provides a comprehensive array of preventive services including: prenatal and perinatal services; cancer and other disease screening; eye, ear, and dental screening for children; family planning services; and</p>				

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preventive dental services.				
<p>I.B.1 Does the center provide prenatal and perinatal services? a. Outreach to identify pregnant women. b. <u>Pregnancy testing on demand.</u> c. <u>Immediate results of pregnancy test.</u> d. Perinatal case management e. Nutrition counseling and referral to WIC f. Assistance in obtaining Medicaid g. <u>Laboratory testing (including HIV serology)</u> h. <u>Prenatal medical services provided by a physician or, as appropriate NP or CNM following standard protocols</u> i. Post-partum family planning services</p> <p>Are these services provided: on-site; through written referral agreements; or through informal agreements?</p> <p><i>{ED NOT: Loose correlation between 2000 and 1995 sections. Underlined text indicates a change in the requirement from 1995 PCER}</i></p>		<p>PE.1 An initial assessment of each patient's physical and psychosocial status and health history is conducted. PE.1.6 Each patient's needs for follow-up care are assessed. PE.6 Prenatal physical assessments are performed. PE.6.1 Postpartum physical assessments are performed. LD 1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization. LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders. LD.1.10 Clinical practice guidelines are used in designing or improving processes that evaluate and treat specific diagnoses, conditions, or symptoms, as appropriate. CC.2 Patients are accepted for entry to appropriate settings based on assessment. CC.2.1 Criteria define the patient information necessary to determine the appropriate care setting. CC.3 Patients and families receive information about proposed care during the entry process. CC.4 Continuity of care is provided from initial assessment throughout diagnosis and care. CC.5 Care is coordinated among health care professionals and settings. CC.6 An established procedure(s) governs</p>	<p><i>add to: Visits to Patient Care Settings Health Record Review Clinical Leadership /Staff Interview</i></p>	<p>STAR (SV)</p>

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		patient consultations and referrals or transfers to another level of care, health professional, or setting. CC.6.1 The follow-up process provides for continuing care based on the patient's care needs. CC.7 Appropriate patient care and clinical information is exchanged when patients enter, are admitted, referred, transferred, or discharged. <u><i>[Note: PCER specificity re delivery method]</i></u>		
I.B.2a If patients are referred for perinatal care, a. Does the center have a system for tracking the patients to insure care is received?		CC.4 Continuity of care is provided from initial assessment throughout diagnosis & care. CC.5 Care is coordinated among health care professionals and settings. CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting. CC.6.1 The follow-up process provides for continuing care based on the patient's care needs. CC.7 Appropriate patient care and clinical information is exchanged when patients enter, are admitted, referred, transferred, or discharged.	Clinical Leadership/Staff Interview Visits to Patient Care Settings Patient Interview	
I.B.2b Is there a system to return patients to the health center for on-going primary care and well-child care?	I.A. SERVICES OFFERED AND DELIVERY METHOD Indicate if provided by grantee and if informal or formal. ... Immunizations	CC.4 Continuity of care is provided from initial assessment throughout diagnosis and care. CC.5 Care is coordinated among health care professionals and settings. CC.6.1 The follow-up process provides for continuing care based on the patient's care needs.	Clinical Leadership /Staff Interview Visits to Patient Care Settings	
I.B.2c		IM.7.2 The medical record contains sufficient information to identify the patient, suggest the diagnosis, justify the treatment	Health Record Review	

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Is tracking documented in the medical record?		support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers. IM.7.6 Medical record data and information are managed in a timely manner. IM.7.8 All medical record entries are dated and authenticated and their authors are identified.		
I.B.3 Which of the following perinatal education services are available through the health center? Childbirth education Parenting skills education Tobacco use/cessation Substance abuse education and treatment Nutrition education, such as breast feeding Education on baby bottle tooth decay Family Planning Pre and intra-conceptional counseling and care		PF.2 Patient education is tailored to address patients' needs, values, abilities, and readiness to learn. PF.4 Education activities and resources are planned and coordinated. <u><i>{Note: PCER specificity re clinical conditions}</i></u>	<i>add to: Patient interviews Health Record Review Clinical Leadership/Staff Interview Facility Tour</i>	STAR (SV)
I.B.4 Does the center have systems in place to assure that the following services are available when indicated? Vaginal deliveries Surgical deliveries Sonography Fetal monitoring Genetic Counseling		LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders. <u><i>{Note: PCER specificity re clinical conditions}</i></u>	<i>add to: Organizational Overview Visits to Patient Care Settings</i>	STAR (SV)
I.B.5 Does the health center provide cancer screening regularly for the center's clients? a. Cervical cancer/ Pap smears b. Breast cancer/mammograms c. Prostatic cancer d. Colorectal cancer e. Skin cancer f. Oral cancer		PE.1 An initial assessment of each patient's physical and psychosocial status and health history is conducted. PE.1.5 Diagnostic testing necessary for determining the patient's health care needs is performed. PE.3 Information from assessments is integrated and analyzed to identify and prioritize each patient's care needs	<i>add to: Organizational Overview Visits to Patient Care Settings Clinical Leadership/Staff Interview Health Record</i>	STAR

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Do written protocols exist? Frequency defined? Tracking and recall? Follow-up on abnormal? Evidence in the medical records protocols are followed?		<u><i>[Note: PCER specificity re clinical conditions]</i></u>	<i>Review Patient Interviews</i>	
I.B.6 Does the center have a standard protocol for monitoring risk factors for atherosclerotic vascular disease, including serum cholesterol/triglyceride monitoring, tobacco use, obesity, dietary fat considerations, exercise, etc.?		LD.1.10 Clinical practice guidelines are used in designing or improving processes that evaluate and treat specific diagnoses, conditions, or symptoms, as appropriate. <u><i>[Note: PCER specificity re clinical conditions]</i></u>	<i>add to: Clinical Leadership/Staff Interview Health Record Review</i>	STAR (SV)
I.B.7 Are patients who are determined to be at high risk for tuberculosis exposure routinely skin tested?		IM.7.2 The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers. IM.7.6 Medical record data and information are managed in a timely manner. IM.7.8 All medical record entries are dated and authenticated and their authors are identified. PE.6 Prenatal physical assessments are performed. IC.4 The organization takes action to prevent or reduce the risk of nosocomial infections in patients, employees, and visitors. <u><i>[Note: PCER specificity re clinical conditions]</i></u>	<i>add to: Health Record Review</i>	STAR (SV)
I.B.8 Does the center routinely evaluate all children for risk of lead poisoning, including: a. Screening b. Testing c. Tracking d. Recall		PE.1 An initial assessment of each patient's physical and psychosocial status and health history is conducted. PE.1.5 Diagnostic testing necessary for determining the patient's health care needs is performed. PE.1.6 Each patient's needs for follow-up	<i>add to: Organizational Overview Visits to Patient Care Settings Clinical Leadership/Staff</i>	STAR (SV)

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<p>e. Referrals for lead abatement programs for homes of at-risk patients?</p>		<p>care are assessed. PE.3 Information from assessments is integrated and analyzed to identify and prioritize each patient's care needs. PF.2 Patient education is tailored to address patients' needs, values, abilities, and readiness to learn. Education addresses PF.3 Follow-up instructions are provided to the patient and individuals or organization providing continuing care.</p> <p><u><i>[Note: PCER specificity re clinical conditions]</i></u></p>	<p><i>Interview Health Record Review Patient Interviews</i></p>	
<p>I.B.9 Does the center routinely screen for family violence, and have a mechanism to refer clients for service and assistance? Who is the referral entity(s)?</p>		<p>PE.5 Criteria are used to identify possible victims of abuse or neglect PE.5.4 Victims of abuse are referred to private or public agencies that provide or arrange for evaluation and care</p>	<p>Health Record Review Visits to Patient Care Settings Patient & Clinical Leadership/Staff Interviews</p>	
<p>I.B.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 b. Counseling and testing c. Clinical management</p> <p><i>[ED NOTE: 1995 citation specific to Homeless]</i></p>		<p>LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders.</p> <p><u><i>[Note: PCER specificity re clinical conditions]</i></u></p>	<p><i>add to: Organizational Overview Clinical Leadership/Staff Interview Leadership Interview Visits to Patient Care Settings</i></p>	<p>STAR (SV)</p>
<p>I.B.11 Are eye, ear, and dental health screening routinely conducted for children? a. Does the center provide routine vision screening for children? b. Does the center provide routine hearing</p>		<p>PE.1 An initial assessment of each patient's physical and psychosocial status and health history is conducted. LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders.</p>	<p><i>add to: Organizational Overview Visits to Patient Care Settings Patient & Clinical</i></p>	<p>STAR (SV)</p>

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<p>screening for children? c. Are regular screenings for oral disease (including oral cancers and HIV-related lesions) routinely conducted for the center's patients? <i>{ED : References to eye and ear screening appear to be new in 2000}</i></p>		<p align="center"><i>{<u>Note: PCER specificity re body systems</u>}</i></p>	<p><i>Leadership/Staff Interviews Health Record Review</i></p>	
<p>I.B.12 Does the center provide its patients with oral health education about dental preventive services, and appropriate referrals when indicated? __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 planing __Sealant application __Assessment of fluoride levels in community drinking water</p>		<p>LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders. PF.2 Patient education is tailored to address patients' needs, values, abilities, and readiness to learn. Education addresses PF.3 Follow-up instructions are provided to the patient and individuals or organization providing continuing care. CC.2.1 Criteria define the patient information necessary to determine the appropriate care setting. CC.3 Patients and families receive information about proposed care during the entry process. CC.5 Care is coordinated among health care professionals and settings. CC.6 An established procedure(s)governs patient consultations and referrals or transfers to another level of care, health professional, or setting. CC.6.1 The follow-up process provides for continuing care based on the patient's care needs. CC.7 Appropriate patient care and clinical information is exchanged when patients enter, are admitted, referred, transferred, or discharged.</p> <p align="center"><i>{<u>Note: PCER specificity re clinical conditions</u>}</i></p>	<p><i>add to: Organizational Overview Visits to Patient Care Settings Clinical Leadership/Staff Interview Health Record Review Patient Interviews</i></p>	<p align="center">STAR (SV)</p>

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<p>I.B.13 Are family planning services routinely offered to the center’s clients?</p> <p>a. Is family planning counseling made available to women of childbearing age, including adolescents?</p> <p>b. Are the full range of contraceptive methods made available to women who wish to use contraceptives?</p> <p>c. Is there evidence in the medical record that this information, and the options, were discussed with the client?</p> <p>d. Are family planning patients screened and counseled for STDs?</p>		<p>LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements.</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.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements.</p> <p>CC.5 Care is coordinated among health care professionals and settings.</p> <p>CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting.</p> <p>IM.7.2 The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers.</p> <p>PF.2 Patient education is tailored to address patients= needs, values, abilities, and readiness to learn....</p> <p><u><i>[Note: PCER specificity re clinical conditions]</i></u></p>	<p><i>add to:</i> <i>Organizational Overview</i> <i>Visits to Patient Care Settings</i> <i>Clinical Leadership/Staff Interview</i> <i>Health Record Review</i> <i>Patient Interviews</i></p>	<p>STAR (SV)</p>
<p>I.C Indicator: The center has procedures in place to assure that emergency medical and dental needs are met in an expeditious and high quality manner.</p>	<p>I.C Indicator: The center has procedures in place to assure that emergency medical and dental needs are met in an expeditious and high quality manner.</p>			
<p>I.C.1</p>	<p>I.C.1 Are there written protocols that cover “in</p>	<p>LD.2.1 The leaders are responsible for</p>	<p><i>add to:</i></p>	<p>STAR (SV)</p>

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<p>Are there written protocols that cover “in house” patient emergencies?</p>	<p>house” patient emergencies?</p>	<p>developing, implementing, and maintaining policies and procedures that guide and support the provision of care. TX.3.9 The organization has emergency medication systems. TX.5.4 The patient is monitored throughout the postprocedure period, with specific attention to TX.5.4.4 Any unusual events or postoperative complications and the management of those events and complications; and CC.4 Continuity of care is provided from initial assessment throughout diagnosis and care. CC.5 Care is coordinated among health care professionals and settings. CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting. EC.1..3 A management plan addresses safety EC.2.2 The safety management plan is implemented. <u><i>[Note: PCER specificity re documentation]</i></u></p>	<p><i>Environment of Care Visits to Patient Care Settings</i></p>	<p>(SV)</p>
<p>I.C.2 Are appropriate staff trained and certified in emergency procedures (Basic Life Support, Advanced Cardiac Life Support, Advanced Trauma Life Support)?</p>	<p>I.C.2 Are appropriate staff trained and certified in emergency procedures (Basic Life Support, Advanced Cardiac Life Support, Advanced Trauma Life Support)?</p>	<p>HR.3 The competence of all staff members is continually assessed, maintained, demonstrated and improved. HR.4.1 Ongoing inservice or other education and training maintain and improve staff competence. LD.1.6 The leaders provide for uniform performance of patient care processes throughout the organization.</p>	<p>Human Resources Interview Visits to Patient Care Settings</p>	
<p>I.C.3</p>	<p>I.C.3</p>	<p>TX.3.3 Prescribing and ordering of</p>	<p>Visits to Patient Care Settings</p>	

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Are emergency kits or “crash carts” adequately stocked with appropriate medications and supplies?	Are emergency kits or “crash carts” adequately stocked with appropriate medications and supplies?	medications follow established procedures. TX.3.9 The organization has emergency medication systems. EC.2.7 The medical equipment management plan is implemented.	Care Settings	
I.C.4 Is there an inventory of the contents of the emergency kit and are all contents Ain-date≅ and quickly accessible.	I.C.4 Is there an inventory of the contents of the emergency kit and are all contents Ain-date≅ and quickly accessible.	TX.3.9 The organization has emergency medication systems. EC.2.7 The medical equipment management plan is implemented. EC. 1.6 A management plan addresses emergency preparedness. EC.2.5 The emergency preparedness management plan is implemented.	Visits to Patient Care Settings	
I.C.5 Is there a procedure that is followed for regular inspections of the emergency kit, and are the inspections documented?	I.C.5 Is there a procedure that is followed for regular inspections of the emergency kit, and are the inspections documented?	TX.3.9 The organization has emergency medication systems. EC.2.7 The medical equipment management plan is implemented. EC. 1.6 A management plan addresses emergency preparedness. EC.2.5 The emergency preparedness management plan is implemented.	Visits to Patient Care Settings	
I.C.6 Are the staff trained in the use of the emergency equipment?	I.C.6 Are the staff trained in the use of the emergency equipment?	HR.3 The competence of all staff members is continually assessed, maintained, demonstrated and improved. HR.4.1 Ongoing inservice or other education and training maintain and improve staff competence. LD.1.6 The leaders provide for uniform performance of patient care processes throughout the organization.	Human Resources Interview Visits to Patient Care Settings	
I.C.7 Does the program conduct regular cardio-respiratory Amock codes≅?	I.C.7 Does the program conduct regular cardio-respiratory Amock codes≅?	EC. 1.6 A management plan addresses emergency preparedness. EC.2.5 The emergency preparedness management plan is implemented. EC.1..3 A management plan addresses safety EC.2.2 The safety management plan is	Visits to Patient Care Settings Clinical Leadership/Staff Interview	

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		implemented.		
I.C.8 Are there adequate procedures for the transfer of patients via emergency transport?	I.C.8 Are there adequate procedures for the transfer of patients via emergency transport?	CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting. EC. 1.6 A management plan addresses emergency preparedness. EC.2.5 The emergency preparedness management plan is implemented.	Visits to Patient Care Settings Clinical Leadership/Staff Interview	
I.C.9 Does the center have a procedure for assuring the availability of emergency dental services, and the palliation of pain resulting from oral pathology?	I.A. SERVICES OFFERED AND DELIVERY METHOD Indicate if provided by grantee and if informal or formal. ...Dental Care – Emergency I.C.9 Does the center have a procedure for assuring the availability of emergency dental services, and the palliation of pain resulting from oral pathology?	CC.1 Patients have access to the appropriate type of care. RI.1.2.7 Patients have the right to appropriate assessment and management of pain. LD.2.1 Leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. <u>[Note PCER specificity re clinical condition]</u>	<i>add to: Clinical Leadership/Staff Interview</i> <i>Visits to Patient Care Settings</i>	STAR (SV)
I.C.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)?	I.A. SERVICES OFFERED AND DELIVERY METHOD Indicate if provided by grantee and if informal or formal. ...Emergency Medical Services ... 24 hour coverage I.C.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)?	LD.1.3.4 Care is available in a timely manner to meet patient needs	<i>add to: Clinical Leadership/Staff Interview</i> <i>Visits to Patient Care Settings</i> <i>Patient Interviews</i>	STAR (SV)

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I.C.11 Does the health center have procedures to ensure follow-up by health center clinicians when health center patients use emergency services?	I.C.11 Does the health center have procedures to ensure follow-up by health center clinicians when health center patients use emergency services?	CC.5 Care is coordinated among health care professionals and settings.	Clinical Leadership/Staff Interview Visits to Patient Care Settings	
I.C.12 For health centers participating in managed care plans, does the center monitor the availability of appropriate emergency services for its enrollees?	I.C.12 For health centers participating in managed care plans, does the center monitor the availability of appropriate emergency services for its enrollees?	LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. <u><i>[Note: PCER specificity re managed care]</i></u>	<i>add to: Visits to Patient Care Settings Clinical Leadership/Staff Interview</i>	STAR (SV)
I.D. Indicator: The center has systems in place to insure that patients can receive the necessary pharmaceuticals to complete therapy for their medical conditions, and that drugs maintained in the center are appropriately stored, secured, and dispensed.	I.D. Indicator: The center has systems in place to insure that patients can receive the necessary pharmaceuticals to complete therapy for their medical conditions, and that drugs maintained in the center are appropriately stored, secured, and dispensed.			
I.D.1 Are there arrangements that allow written prescriptions to be filled for all patients?	I.D.1 Are there arrangements that allow written prescriptions to be filled for all patients?	TX.3 Medication use is based on a framework that addresses TX.3.1 thru TX3.14 TX.3.1 The organization identifies an appropriate selection of medications available for prescribing or ordering. TX.3.2 The organization addresses prescribing or ordering and procuring medications not available in the organization. TX.3.3 Prescribing and ordering medications follow established procedures. TX.3.4 Preparing and dispensing	<i>add to: Visits to Patient Care Settings Clinical Leadership/Staff Interview</i>	STAR

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		medication(s) adhere to law, regulation, licensure, and professional standards of practice. TX.3.5 Preparation and dispensing of medication(s) is appropriately controlled. TX.3.6 Pharmacists review all prescriptions or orders. TX.3.7 When preparing and dispensing a medication(s) for a patient, important patient medication information is considered. TX.3.8 The organization identifies how it will provide pharmacy services when the pharmacy is closed or otherwise not available. TX.3.9 The organization has emergency medication systems. TX.3.11 Prescriptions or orders are verified and patients are identified before medication is administered. <u><i>[Note: PCER specificity re arrangements]</i></u>		
I.D.2 Does the center have an established pharmacy and therapeutics committee or other method of examining pharmacy issues and drug policies?	I.D.2 Does the center have an established pharmacy and therapeutics committee or other method of examining pharmacy issues and drug policies?	See TX.3 thru TX.3.9, & TX.3.11 above	Visits to Patient Care Settings Clinical Ldrshp /Staff Interview	
I.D.3 Is there a drug formulary, and do all providers prescribe from it?	I.D.3 Is there a drug formulary, and do all providers prescribe from it?	See TX.3 thru TX.3.9, & TX.3.11 above	Visits to Patient Care Settings Clinical Leadership/Staff Interview	
I.D.4 Are prescriptions written to assure cost effectiveness (generics, etc.)?	I.D.4 Are prescriptions written to assure cost effectiveness (generics, etc.)?	See TX.3 thru TX.3.9, & TX.3.11 above RI.2.4 [A code of ethical behavior addresses] concern for the cost of care.	Visits to Patient Care Settings Clinical Leadership/Staff Interview	
I.D.5 If samples or prepackaged drugs are used, are	I.D.5 If samples or prepackaged drugs are used, are	In addition to TX.3 thru TX.3.9, & TX.3.11	Visits to Patient Care Settings	

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proper inventory procedures followed, including a method to recall these samples if necessary?	proper inventory procedures followed, including a method to recall these samples if necessary?	above: TX.3.10 The organization has a medication recall system.	Clinical Leadership/Staff Interview	
I.D.6 Are drugs stored, secured, and dispensed in accordance with Federal, state, and local laws and regulations? a. Are prescription pads properly secured?	I.D.6 Are drugs stored, secured, and dispensed in accordance with Federal, state, and local laws and regulations? <i>{Ed Note: no elements regarding prescription pads}</i>	See TX.3 thru TX.3.9, & TX.3.11 above	Visits to Patient Care Settings Clinical Leadership/Staff Interview	
I.D.7 Are procedures for handling, prescribing and securing controlled substances in conformance with Federal, state, and local laws and regulations?	I.D.7 Are procedures for handling, prescribing and securing controlled substances in conformance with Federal, state, and local laws and regulations?	See TX.3 thru TX.3.9, & TX.3.11 above	Visits to Patient Care Settings Clinical Leadership/Staff Interview	
I.D.8 Are periodic stock inspections and regular stock rotations performed to eliminate outdated stock?	I.D.8 Are periodic stock inspections and regular stock rotations performed to eliminate outdated stock?	See TX.3 thru TX.3.9, & TX.3.11 above	Visits to Patient Care Settings Clinical Leadership/Staff Interview	
I.D.9 Are outdated medications disposed of in an appropriate manner?	I.D.9 Are outdated medications disposed of in an appropriate manner?	See TX.3 thru TX.3.9, & TX.3.11 above	Visits to Patient Care Settings Clin. Leadership /Staff Interview	
I.D.10 If the center <u>contracts</u> for pharmacy services: a. Is the name and address of the pharmacy(s) available? b. Does the center verify that the pharmacy(s) are properly licensed and certified? c. Does the center maintain a current list of pharmacy services offered and the fee schedule? d. Are patient drug profiles maintained by the contracted pharmacy(s)? e. Are there provisions for applying a sliding fee	I.D.10 If the center <u>contracts</u> for pharmacy services: a. Is the name and address of the pharmacy(s) available? b. Does the center verify that the pharmacy(s) are properly licensed and certified? c. Does the center maintain a current list of pharmacy services offered and the fee schedule? d. Are patient drug profiles maintained by the contracted pharmacy(s)? e. Are there provisions for applying a sliding fee	LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization. LD.2.6 The leaders are responsible for selecting sources of needed services not provided by the organization. RI.2 A code of ethical behavior addresses	Health Record Review Visits to Patient Care Settings Clinical Leadership/Staff Interview [Fiscal Reviewer: 10c,e,g]	

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>discount? f. Are the providers satisfied with the quality and timeliness of pharmacy services? g. Does the center participate in the Federal Drug Pricing Program with its contracted pharmacy?</p>	<p>discount? f. Are the providers satisfied with the quality and timeliness of pharmacy services? g. Does the center participate in the Federal Drug Pricing Program with its contracted pharmacy?</p>	<p>RI.2.4 concern for the cost of care</p>		
<p>I.D.11 Where indicated, does the center access the state=s AIDS Drug Assistance program (ADAP)?</p>		<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Visits to Patient Care Settings Clinical Leadership /Staff Interview</i></p>	<p>STAR (SV)</p>
<p>I.D.12 If the center maintains an onsite pharmacy/dispensary: a. Is there a current, written, board-approved pharmacy policy and procedure manual? b. Does the center verify that the pharmacy(s) are properly licensed and certified? c. Is the pharmacy supervised by a licensed pharmacist? d. If pharmacy technicians are used, are they properly licensed, trained and certified? e. Are pharmacy services conducted in conformance with Federal, state, and local laws? f. Are the pharmacy's space, supplies, and equipment, adequate for its function? g. Are drug profiles maintained for every patient? h. Does the pharmacy participate in the QM program? i. Does the pharmacy participate in the Federal Drug Pricing Program? j. Are the providers satisfied with the performance of the in-house pharmacy? k. Does the pharmacist provide patient education?</p>	<p>I.D.11 If the center maintains an onsite pharmacy/dispensary: a. Is there a current, written, [advisory]-approved pharmacy policy and procedure manual? b. Does the center verify that the pharmacy(s) are properly licensed and certified? c. Is the pharmacy supervised by a licensed pharmacist? d. If pharmacy technicians are used, are they properly licensed, trained and certified? e. Are pharmacy services conducted in conformance with Federal, state, and local laws? f. Are the pharmacy's space, supplies, and equipment, adequate for its function? g. Are drug profiles maintained for every patient? h. Does the pharmacy participate in the QM program? i. Does the pharmacy participate in the Federal Drug Pricing Program? j. Are the providers satisfied with the performance of the in-house pharmacy?</p> <p><i>{Ed Note: no 'k' element; under element 'a', board changed to advisory}</i></p>	<p>TX.3 Medication use is based on a framework that addresses TX.3.1 through TX.3.14. TX.3.4 Preparing and dispensing medication(s) adhere to law, regulation, licensure, and professional standards of practice. TX.3.5 Preparation and dispensing of medication(s) is appropriately controlled. TX.3.6 Pharmacists review all prescriptions or orders. TX.3.7 When preparing and dispensing a medication(s) for a patient, important patient medication information is considered. HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.2 An adequate number of qualified staff are provided. LD.2.1 Leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. LD.2.5 The leaders are responsible for determining space and other resources</p>	<p>Visits to Patient Care Settings Clinical Leadership/Staff Interview</p>	

JCAHO AMBULATORY CARE 2000-2001 STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 16
CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		required for services. PI.3.1 The organization collects data to monitor its performance. PF2.1 Patient education is tailored to address patients= needs, values, abilities, and readiness to learn. Education addresses safe and effective medication use consistent with legal requirements and patient needs.		
II. EXPECTATION: THE HEALTH CENTER PROVIDES SERVICES WHICH HELP ENSURE ACCESS TO BASIC HEALTH SERVICES AND FACILITATES ACCESS TO COMPREHENSIVE HEALTH AND SOCIAL SERVICES.	II. EXPECTATION: THE HEALTH CENTER PROVIDES SERVICES WHICH HELP ENSURE ACCESS TO BASIC HEALTH SERVICES [AS WELL AS] FACILITATES ACCESS TO COMPREHENSIVE HEALTH AND SOCIAL SERVICES. <i>{Ed Note: minor wording change}</i>			
II.A. Indicator: The health center has systems in place which help ensure access to a comprehensive array of services.	II.A. Indicator: The health center has systems in place which help ensure access to a comprehensive array of services.			
II.A.1 Is there a system in place to assess the patients' health and psychosocial risks?	II.A.1 Is there a system in place to assess the patients' health and psychosocial risks?	PE.1 An initial assessment of each patient's physical and psychosocial status and health history is conducted.	Health Record Review	
II.A.2 Is the patient's primary care plan integrated with other services in the health center, such as nutrition, social services, substance abuse, dental	II.A.2 Is the patient's primary care plan integrated with other services in the health center, such as nutrition, social services, dental services, health	PE.3 Information from assessments is integrated and analyzed to identify and prioritize each patient's care needs.	Health Record Review Clinical Leadership/Staff	

JCAHO AMBULATORY CARE 2000-2001 STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 17
CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
services, health education?	education, [and special education]? <i>{Ed Note: No reference to 'substance abuse'}</i>		Interview	
II.A.3 Do the provider staff collaborate with other community care providers in the provision of comprehensive health services, and, as indicated, other needs such as housing, food, etc.?	II.A.3 Do the provider staff collaborate with other community care providers in the provision of comprehensive health services, and, as indicated, other needs such as housing, food, etc.?	CC.5 Care is coordinated among health care professionals and settings.	Clinical Leadership/Staff Interview	
II.A.4 If the center receives funding under 330(h), does it provide substance abuse services either directly or through referral, as required? a. If through referral, is a written agreement in place?		LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders. <i>{Note: PCER specificity re delivery method}</i>	<i>add to:</i> <i>Organizational Overview</i> <i>Health Record Review</i> <i>Visits to Patient Care Settings</i>	STAR (SV)
	I.A. SERVICES OFFERED AND DELIVERY METHOD - Indicate if provided by grantee and if informal or formal. ...Occupational or Vocational Therapy; ...WIC Services; ...Head Start; ...Special Education Programs; ...Employment/Educational Counseling ...Home Visiting	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to:</i> <i>Organizational Overview</i>	STAR (SV)
II.A.5 Do all centers have systems in place to assist clients by arranging referrals to other providers of medical and health related services including substance abuse and mental health services?	I.A. SERVICES OFFERED AND DELIVERY METHOD - Indicate if provided by grantee and if informal or formal. ...Case Management	LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. CC.4 Continuity of care is provided from initial assessment throughout diagnosis and care. CC.5 Care is coordinated among health care professionals and settings. CC.6 An established procedure(s) governs	<i>add to:</i> <i>Organizational Overview</i> <i>Health Record Review</i> <i>Visits to Patient Care Settings</i>	STAR (SV)

JCAHO AMBULATORY CARE 2000-2001 STANDARDS CROSSWALK TO 2000 PCER & HS/HC PCER QUESTIONS Page 18
CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
{ED NOTE: Multiple references in 1995 PCER to referrals.}		patient consultations and referrals or transfers to another level of care, health professional, or setting. IM.7.2 The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers. <u><i>[Note: PCER specificity re services]</i></u>		
II.A.6 Are established linkages to other providers utilized?	II.A.4 Are established linkages to other providers utilized?	CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting.	Clinical Leadership/Staff Interview	
II.A.7 Is there a system in place to assess the quality and availability of these resources and services?	II.A.5 Is there a system in place to assess the quality and availability of these resources and services?	PI.3.1 The organization collects data to monitor its performance. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization.	Improving Organizational Performance Interview	
II.A.8 Is there a system in place to assist clients in gaining eligibility for financial assistance in accessing health and social services?	I.A. SERVICES OFFERED AND DELIVERY METHOD -Indicate if provided by grantee and if informal or formal. ...Eligibility Assistance ...Out Stationed Eligibility Workers II.A.6 Is there a system in place to assist clients in gaining eligibility for financial assistance in accessing health and social services?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
II.A.9 Is there a system in place to assist patients who have transportation needs?	I.A. SERVICES OFFERED AND DELIVERY METHOD - Indicate if provided by grantee and if informal or formal. ...Transportation II.A.7 Is there a system in place to assist patients who have transportation needs?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Visits to Patient Care Settings Clinical Leadership/Staff Interview</i>	STAR (SV)

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/ STAR (SV)***</p>
<p>II.A.10 What populations has the center targeted in its outreach efforts? (List) a. Have these been successful in bringing patients into care?</p>	<p>I.A. SERVICES OFFERED AND DELIVERY METHOD - Indicate if provided by grantee and if informal or formal. ...Outreach/Enrollment</p> <p>II.A.8 Is there evidence of outreach in the areas of:</p> <ul style="list-style-type: none"> • [Outreach to inform students about the services available at the school-based health center, encourage enrollment and to inform and encourage parents to become more involved in health center activities; • Outreach as a component of the educational effort to teach families and the greater community about healthy behaviors and about the availability and proper use of health services; • Outreach as part of the psychosocial and case management services available at the school-based health center, e.g., home visits. • Outreach as part of enrolling students into insurance plans i.e. CHIP, Medicaid] <p>a. Have these been successful in bringing patients into care?</p> <p><i>{Ed Note: Wording in [brackets] indicates differences from the 2000 PCER}</i></p>	<p>LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders.</p> <p><i><u>{Note: PCER specificity re different types of outreach services}</u></i></p>	<p>Visits to Patient Care Settings Leadership Interview</p>	<p>STAR (SV)</p>
<p>II.A.11 Does the center have a program and material that educates its patients and the community as to the availability and appropriate use of health services?</p>	<p>I.A. SERVICES OFFERED AND DELIVERY METHOD - Indicate if provided by grantee and if informal or formal. ...Services for siblings/family of students</p> <p>II.A.9 Does the center have a program and material that educates its patients and the community as to the availability and appropriate use of health services?</p>	<p>PF.2.6 How to access resources; PF.2.7 When and how to obtain further care....</p>	<p>Visits to Patient Care Settings</p>	

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>II.A.12 Does the center provide material and information about managed care plans that the center participates in?</p>	<p>II.A.10 Does the center provide material and information about managed care plans that the Center participates in?</p>	<p>PF.2.6 How to access resources; PF.2.7 When and how to obtain further care... [Note: PCER specificity re managed care]</p>	<p><i>add to: Visits to Patient Care Settings</i></p>	<p>STAR (SV)</p>
<p>II.B. 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.</p>	<p>II.B. Indicator: The health center has developed capability 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. <i>{Ed Note: dropped word "in-house"}</i></p>			
<p>II.B.1 If x-rays are performed onsite: a. Is there a written, dated, board-approved radiology policy and procedure manual? Is it current? b. Are radiology services supervised by a certified technician or a licensed primary care provider? c. <u>Are all x-rays interpreted by a board certified radiologist?</u> d. Is the radiology department staffed by technicians, specially trained in radiology procedures and licensed, or certified by the state, or otherwise qualified by training and experience? e. Are the radiology department's space, supplies, and equipment adequate for its functions? f. Is the staff radiation exposure measured and monitored by film badges? Do records of staff radiation exposure indicate that staff exposure is</p>	<p>I.A. SERVICES OFFERED AND DELIVERY METHOD Indicate if provided by grantee and if informal or formal. ...Diagnostic X-ray Procedures (tech component) ...Diagnostic Tests/Screenings (professional component)</p>	<p>LD1.1.1 Planning addresses all patient care and organization wide functions in this manual. LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders. LD.2.5 The leaders are responsible for determining space and other resources required for services. HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.2 An adequate number of qualified staff are provided. PI.3 Data are collected to monitor the</p>	<p>Visits to Patient Care Settings Human Resources Interview Environment of Care Health Record Review</p> <p><i>add to: Document Review</i></p>	<p>STAR (SV) (Q #1a)</p>

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>radiation exposure indicate that staff exposure is within the recommended limits as defined by the National Council of Radiation Protection and Measurement?</p> <p>g. Are there written standards for radiation safety, and are these standards adhered to by all personnel?</p> <p>h. Are copies of all radiology reports kept on file?</p> <p>i. Are providers satisfied with the quality and timeliness of services and with the timely availability of readings?</p> <p>j. Is there evidence of timely follow-up on abnormal or problem results? (medical record review)</p> <p><u>k. Is the radiology equipment regularly inspected by a radiation physicist?</u></p> <p><i>[ED NOTE: Underlined text indicates a change in the requirement from 1995 PCER]</i></p>		<p>stability of existing processes, identify opportunities for improvement, identify changers that will lead to improvement, and sustain improvements.</p> <p>PI.3.1 The organization collects data to monitor its performance</p> <p>EC.2.7 The medical equipment management plan is implemented.</p> <p>IM.3.2.1 Medical records are periodically reviewed for completeness, accuracy, and timely completion of all information, and action is taken as necessary to improve.</p> <p><u><i>[Note: PCER specificity re documentation]</i></u></p>		
<p>II.B.2 If x-rays are procured from <u>sources offsite</u>, complete a-j below.</p> <p><u>a. Does the center have a written contract or other agreement with a radiology group for radiology services?</u></p> <p>b. Does the center document that the radiology provider has proper licensure and meets all Federal, state, and local regulations?</p> <p>c. Does the center document that the radiologist(s) used are licensed <u>and board certified?</u></p> <p>d. Does the center maintain a current list of radiology services offered, and a fee schedule, <u>and is this information available to all providers?</u></p> <p>e. Are copies of reports kept on file by the radiology provider?</p> <p><u>f. Are there arrangements which assure access to needed X-ray studies for low income and uninsured patients?</u></p>	<p>II.B.1 If x-rays are procured from <u>sources offsite</u>, complete a-j below.</p> <p>a. Does the center have a written contract or other agreement with a radiology group for radiology services?</p> <p>b. Does the center document that the radiology provider has proper licensure and meets all Federal, state, and local regulations?</p> <p>c. Does the center document that the radiologist(s) used are licensed and board certified?</p> <p>d. Does the center maintain a current list of radiology services offered, and a fee schedule, and is this information available to all providers?</p> <p>e. Are copies of reports kept on file by the radiology provider?</p> <p>f. Are there arrangements which assure access to needed X-ray studies for low income and</p>	<p>LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements.</p> <p>LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization.</p> <p>LD.2.6 The leaders are responsible for selecting sources of needed services not provided by the organization.</p> <p>RI.2 A code of ethical behavior addresses</p> <p>RI.2.4 concern for the cost of care</p> <p>PI.31 The organization collects data to monitor its performance.</p>	<p>Leadership Interview Clinical Leadership/Staff Interview Visits to Patient Care Settings Health Record Review</p> <p><i>add to:</i> <i>Document Review</i></p> <p>[Fiscal Reviewer: Q#2f, g & i]</p>	<p>STAR (SV) (Q#2a)</p>

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<p>g. If x-rays are paid for by the client, is a sliding fee discount applied to radiology services? h. Are providers satisfied with the quality and timeliness of radiology services and with the timely receipt of reports? <u>i. Can patients without insurance or financial resources receive the needed X-ray studies?</u> <u>j. Is there evidence of timely follow-up on abnormal or prob results? (med'l record review)</u> <i>{ED NOTE: Underlined text indicates a change in the requirement from 1995 PCER}</i></p>	<p>uninsured patients? g. If x-rays are paid for by the client, is a sliding fee discount applied to radiology services? h. Are providers satisfied with the quality and timeliness of radiology services and with the timely receipt of reports? i. Can patients without insurance or financial resources receive the needed X-ray studies? j. Is there evidence of timely follow-up on abnormal or problem results? (medical record review)</p>	<p align="center"><u>{Note: PCER specificity re documentation}</u></p>		
<p>II.B.3 Are mammography services and ultrasound services provided: a. Mammograms b. <u>Ultrasounds</u> <i>{ED NOTE: Underlined text indicates a change in the requirement from 1995 PCER}</i></p>	<p>SERVICES OFFERED AND DELIVERY METHOD Indicate if provided by grantee and if informal or formal ...Diagnostic X-ray Procedures (tech component) ...Diagnostic Tests/Screenings (professional component)</p>	<p>LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders. LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization.</p>	<p>Organizational Overview Visits to Patient Care Settings</p>	
<p>II.B.3c If these services are provided in-house, is there a certificate attesting to the accreditation of the facility to conduct these services?</p>		<p align="center">NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Visits to Patient Care Settings</i></p>	<p>STAR (SV)</p>
<p>II.B.4 If laboratory services are provided on site: a. <u>What category of CLIA is the center approved for?</u> <u> ___ waived testing ___ ppm testing</u> <u> ___ moderate complexity</u> b. Is the CLIA review current? c. <u>When does the CLIA certificate expire?</u> d. Is there a written, board-approved laboratory policy and procedure manual? <u>When was it last updated?</u> e. Are the laboratory procedures and practices in</p>	<p>I.A.SERVICES OFFERED AND DELIVERY METHOD Indicate if provided by grantee and if informal or formal ...Diagnostic Laboratory (tech component) ...Diagnostic Tests/Screenings II.B.2 If laboratory services are provided on site: a. What category of CLIA is the center approved for? waived testing ppm testing</p>	<p>PE.1.10 Pathology and clinical laboratory services and consultation are readily available to meet patients' needs. PE.1.10.1 The organization provides for prompt performance of adequate examinations in anatomic pathology, hematology, chemistry, microbiology, clinical microscopy, parasitology, immunohematology, serology, virology, and nuclear medicine related to pathology and clinical laboratory services.</p>	<p>Visits to Patient Care Settings Clinical Leadership/Staff Interview HR Interview Health Record Review <i>add to: Document Review</i></p>	<p>STAR (SV) (Q#4a-d)</p>

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>compliance with OSHA's safety and infection control requirements? f. Is the laboratory staffed by technicians, who are specially trained in laboratory procedures and licensed, or certified by the state if required, or otherwise qualified by training and experience? g. Is the laboratory supervised? h. Are the laboratory's space, supplies and equipment adequate for its function? i. Is there evidence that the center participates in a proficiency testing program and that the laboratory is in compliance? j. Are copies of all laboratory reports kept on file? k. Has a list of tests and normal ranges been supplied to the center's providers? l. Has the center established "panic values" for the various tests which are conducted in its laboratory? <u>m. Is there a protocol in place in the event of a panic value?</u> n. Is internal quality control maintained through regular calibration of equipment and validation of test results? <u>o. Are there arrangements to assure that patients without insurance or financial resources can receive necessary diagnostic laboratory tests?</u> p. Are the providers satisfied with the quality and timeliness of laboratory services and the timely availability of results? <u>q. Is there evidence of timely follow-up on abnormal/problem results? (medical record review)</u></p> <p><i>{ED NOTE: Underlined text indicates a change in the requirement from 1995 PCER}</i></p>	<p>____ moderate complexity b. Is the CLIA review current? c. When does the CLIA certificate expire? d. Is there a written, board-approved laboratory policy and procedure manual? When was it last updated? e. Are the laboratory procedures and practices in compliance with OSHA's safety and infection control requirements? f. Is the laboratory staffed by technicians, who are specially trained in laboratory procedures and licensed, or certified by the state if required, or otherwise qualified by training and experience? g. Is the laboratory supervised [according to law]? h. Are the laboratory's space, supplies and equipment adequate for its function? i. Is there evidence that the center participates in a proficiency testing program and that the laboratory is in compliance? j. Are copies of all laboratory reports kept on file? k. Has a list of tests and normal ranges been supplied to the center's providers? l. Has the center established "panic values" for the various tests which are conducted in its laboratory? m. Is there a protocol in place in the event of a panic value? n. Is internal quality control maintained through regular calibration of equipment and validation of test results? o. Are there arrangements to assure that patients without insurance or financial resources can receive necessary diagnostic laboratory tests? p. Are the providers satisfied with the quality and timeliness of laboratory services and the timely availability of results? q. Is there evidence of timely follow-up on</p>	<p>PE.1.10.1.1 While the patient is under the organization's care, all laboratory testing is done in the organization's laboratories or approved reference laboratories. PE.1.10.2 When organized central pathology and clinical laboratory services are not offered, the organization identifies acceptable reference or contract laboratory services. PE.1.10.2.1 Reference and contract laboratory services meet applicable federal standards for clinical laboratories. PE1.11 The organization defines the extent to which the test results are used in an individual's care (definitive or used only as a screen). PE.1.12 The organization identifies the staff responsible for performing and supervising waived testing. PE.1.13 Staff performing tests have adequate, specific training and orientation to perform the tests, and demonstrate satisfactory levels of competence. PE.1.14 Policies and procedures governing specific testing related processes are current and readily available. PE.1.15 Quality control checks are conducted on each procedure as identified by the organization. PE.1.15.1 At a minimum, manufacturers' instructions are followed. PE.1.15.2 Appropriate quality control and test records are maintained. PI.3.1 The organization collects data to monitor its performance. LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. IC.1 The organization uses a coordinated</p>	<p>{Fiscal Reviewer Q#4o}</p>	

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
	<p>abnormal/problem results? (medical record review)</p> <p><i>{Ed Note: no 'k' element; under element 'a', board changed to advisory; element 'g' phrase added [according to law]}</i></p>	<p>process to reduce the risks of endemic and epidemic nosocomial infections in patients and health care workers</p> <p>LD.2.5 The leaders are responsible for determining space and other resources required for services.</p> <p>HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance.</p> <p>HR.2 An adequate number of qualified staff are provided.</p> <p><u><i>{Note: PCER specificity re documentation</i></u></p>		
<p>II.B.5</p> <p><u>If laboratory services are procured from offsite sources:</u></p> <p><u>a. Is there a written contract (or contracts) with other laboratories?</u></p> <p>b. Does the center document that the laboratory(ies) have proper licensure and meet Federal, state, and local regulations, including CLIA?</p> <p>c. Does the center document that the laboratory <u>director is licensed and certified?</u></p> <p>d. Are the center's providers supplied with a current list of the laboratory services offered and their costs?</p> <p>e. Are duplicate copies of the laboratory reports kept on file in the contracted laboratory, either hard copy or electronic?</p> <p><u>f. Are there arrangements to assure that patients without insurance or financial resources can receive necessary diagnostic laboratory tests?</u></p> <p><u>g. Is there evidence of timely follow-up on</u></p>		<p>LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements.</p> <p>LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization.</p> <p>LD.2.6 The leaders are responsible for selecting sources of needed services not provided by the organization.</p> <p>RI.2 A code of ethical behavior addresses RI.2.4 concern for the cost of care</p> <p>HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance.</p> <p>HR.2 An adequate number of qualified staff are provided.</p> <p>PI.3.1 The organization collects data to monitor its performance.</p>	<p>Visits to Patient Care Settings Clinical Leadership/Staff Interview HR Interview Health Record Review</p> <p><i>add to: Document Review</i></p>	<p>STAR (SV) {Q#B5A}</p>

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
<p><u>abnormal/problem results? (medical record review)</u> h. Are the providers satisfied with the quality and timeliness of laboratory services and with the timely receipt of results? <i>{ED NOTE: Underlined text indicates a change in the requirement from 1995 PCER; 1995 PCER addressed licensed technicians; 2000 PCER addresses licensed director.}</i></p>		<p><i>{Note: PCER specificity re documentation}</i></p>		
<p>II. C. Indicator: The health center provides or facilitates access to needed dental services.</p>				
<p>II.C.1 Does the center provide onsite dental services?</p>	<p>I.A. SERVICES OFFERED AND DELIVERY METHOD Indicate if provided by grantee and if informal or formal....Dental Care - Restorative</p>	<p>LD.1.3.5 The organization's scope of services is defined in writing and approved by the leaders. <i>{Note PCER specificity re services.}</i></p>	<p><i>add to: Org Overview Visits to Patient Care Settings</i></p>	<p>STAR (SV)</p>
<p>II.C. 2 Does the center have referral arrangements with other dental services in the community?</p>		<p>LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. CC.1 Patients have access to the appropriate type of care. CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting. <i>{Note PCER specificity re services.}</i></p>	<p><i>add to: Leadership Interview Clinical Leadership/Staff Interview Health Record Review Patient Interviews</i></p>	<p>STAR (SV)</p>
<p>II.C. 3 Does the center have a process to assure access to needed dental services for patients without insurance or other financial resources?</p>		<p>CC.1 Patients have access to the appropriate type of care. CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting.</p>	<p><i>add to: Leadership Interview Clinical Leadership/Staff Interview</i></p>	<p>STAR (SV)</p>

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		<i>[Note PCER specificity re services.]</i>		
<p>III. EXPECTATION: THE HEALTH CENTER HAS REFERRAL ARRANGEMENTS WITH ONE OR MORE HOSPITALS, WHICH ENSURE CONTINUITY BETWEEN OUTPATIENT AND INPATIENT SERVICES.</p>	<p>III. EXPECTATION: THE HEALTH CENTER HAS REFERRAL ARRANGEMENTS WHICH ENSURE CONTINUITY BETWEEN OUTPATIENT AND INPATIENT SERVICES. <i>{Ed Note: Dropped "w/ one or more hospital"}</i></p>			
<p>III.A. 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.</p>	<p>III.A. 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.</p>			
	<p>III.A.1 Does SBHC grantee have documented referral linkage with other appropriate organizations?</p>	<p>CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting.</p>	<p>Leadership & Clinical Leadership/Staff Interviews</p>	
<p>III.A.1 Do health center physicians have admitting privileges and admit and follow hospitalized patients? a. privileges b. admit patients c. follow patients</p>	<p>III.A.2 Do health center physicians have admitting privileges and admit and follow hospitalized patients? a. privileges b. admit patients c. follow patients</p>	<p>HR.7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization. HR.7.2 Each licensed independent practitioner provides care under the auspices of the organization in accordance with delineated clinical privileges. HR.7.2.1 Clinical privileges are granted based on the practitioner's qualifications and the care provided by the organization. CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional,</p>	<p>Credentials Review Leadership & Clinical Leadership/Staff Interviews</p>	

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		or setting.		
III.A.2 Where permitted, do nurse practitioners admit and follow patients?	III.A.3 Where permitted, do nurse practitioners admit and follow patients?	HR.7.2 Each licensed independent practitioner provides care under the auspices of the organization in accordance with delineated clinical privileges.	Credentials Review	
III.A.3 Are the specific terms of hospital privileges documented?	III.A.4 Are the specific terms of hospital privileges documented?	HR.7.2 Each licensed independent practitioner provides care under the auspices of the organization in accordance with delineated clinical privileges. HR.7.2.1 Clinical privileges are granted based on the practitioner=s qualifications and the care provided by the organization.		
III.A.4 In cases where health center physicians do not admit patients and follow them in the hospital, is there a formalized mechanism to refer patients for hospitalization, and to resume their primary care upon discharge?	I.A. SERVICES OFFERED AND DELIVERY METHOD - Indicate if provided by grantee and if informal or formal. ...Following Hospitalized Patients III.A.5 In cases where health center physicians do not admit patients and follow them in the hospital, is there a formalized mechanism to refer patients for hospitalization, and to resume their primary care upon discharge?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Clinical Leadership/Staff Interview Health Record Review</i>	STAR
III.A.5 For patients not admitted by health center physicians, does the health center have a mechanism for monitoring their hospital care, and being notified of their discharge?	III.A.6 For patients not admitted by health center physicians, does the health center have a mechanism for monitoring their hospital care, and being notified of their discharge?	CC.6.1 The follow-up process provides for continuing care based on the patient's care needs. PI.3 Data are collected to monitor the stability of existing processes, identify opportunities for improvement, identify changers that will lead to improvement, and sustain improvements. CC.7 Appropriate patient care and clinical information are exchanged when patients enter or are admitted, referred, transferred, or discharged. <i>[Note PCER specificity re arrangements.]</i>	<i>add to: Clinical Leadership/Staff Interview Health Record Review</i>	STAR
III.A.6 Do inpatient services provide for continuity of	III.A.7 Do inpatient services provide for continuity of	CC.6 An established procedure(s) governs	Clinical Leadership/Staff	

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV)***
care (discharge planning, timely transfer of patient records, post-hospital follow-up, and discharge summaries)?	care (discharge planning, timely transfer of patient records, post-hospital follow-up, and discharge summaries)?	patient consultations and referrals or transfers to another level of care, health professional, or setting. CC.7 Appropriate patient care and clinical information is exchanged when patients enter, are admitted, referred, transferred, or discharged	Interview Health Record Review	
IV. EXPECTATION: THE HEALTH CENTER ASSURES THAT QUALITY SPECIALTY MEDICAL, DIAGNOSTIC AND THERAPEUTIC SERVICES ARE AVAILABLE TO PTS.				
IVA. Indicator: The center has a specific procedure for referring patients for specialty care.				
IV.A.1 Does the center have a written procedure for referring patients for specialty care/diagnostic services?		LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements.	P&P review Visits to Patient Care Settings Clinical Leadership/Staff Interview	
IV.A.1a Does the procedure require that the referring physician provide a written summary of relevant history and the reason for the referral?		CC.4 Continuity of care is provided from initial assessment throughout diagnosis and care. CC.5 Care is coordinated among health care professionals and settings. CC.6 An established procedure(s) governs patient consultations and referrals or transfers to another level of care, health professional, or setting. CC.7 Appropriate patient care and clinical information is exchanged when patients enter, are admitted, referred, transferred, or	Health Record Review Clinical Leadership/Staff Interview Visits to Patient Care Settings	

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		discharged.		
IV.A.2 Through formal or informal arrangements, has the center been able to provide access to specialty care for patients without financial resources?		NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
IV.A.3 Is there a process for tracking referred patients to assure that they have kept their appointment, and that the specialist=s report is received back in a timely fashion?		CC.6.1 The follow-up process provides for continuing care based on the patient's care needs.	Health Record Review Clinical Leadership /Staff Interview	
V. EXPECTATION: THE HEALTH CENTER HAS FIRM AND CLEAR ARRANGEMENTS FOR AFTER HOURS COVERAGE.	IV. EXPECTATION: THE HEALTH CENTER HAS FIRM AND CLEAR ARRANGEMENTS FOR AFTER HOURS COVERAGE.			
V.A Indicator: The health center has specific arrangements to ensure access to needed health services after hours and on weekends.	IV.A Indicator: The health center has specific arrangements to ensure access to needed health services after hours and on weekends.			
V.A.1 Does the center have a system for providing access to clinical consultation (and care as needed) for patients after hours and on weekends: <u>a. Is telephone consultation available for all patients?</u> b. Are patients seen in an appropriate facility if care is determined necessary?	IV.A.1 Does the center have a system for providing access to clinical consultation (and care as needed) for patients after hours and on weekends: a. Is telephone consultation available for all patients? b. Are patients seen in an appropriate facility if care is determined necessary?	CC.1 Patients have access to the appropriate type of care. LD.1.3.4 Care is available in a timely manner to meet patient needs LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. PI.3 Data are collected to monitor the stability of existing processes, identify opportunities for improvement, identify changers that will lead to improvement, and sustain improvements. CC.6 An established procedure(s) governs	Health Record Review Patient Interviews Visits to Patient Care Settings Clinical Leadership/Staff Interview	

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CLINICAL PROGRAM (MODULE II) (3/2/01)

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p><i>{ED NOTE: Underlined element new in 2000.}</i></p>		<p>patient consultations and referrals or transfers to another level of care, health professional, or setting.</p>		
<p>V.A.2 Are printed materials available to the patients describing the procedure for accessing clinicians after hours and on weekends?</p>	<p>IV.A.2 Are printed materials available to the patients describing the procedure for accessing clinicians after hours and on weekends?</p>	<p>CC.3 Patients and families receive information about proposed care during the entry process. LD.1.3.4 Care is available in a timely manner to meet patient needs.</p>	<p>Visits to Patient Care Settings Clinical Leadership/Staff Interview Facility Tour Patient Interviews</p>	
<p>V.A.3 Has the center made provision for accommodating the needs of monolingual, non-English speaking patients after hours and on weekends?</p>	<p>IV.A.3 Has the center made provision for accommodating the needs of monolingual, non-English speaking patients after hours and on weekends?</p>	<p>RI.1.3 The organization demonstrates respect for the following patient needs: RI.1.3.4 Communication.</p>	<p>Leadership Interview Clinical Leadership/Staff Interview Facility Tour Visits to Patient Care Settings</p>	
<p>V.A.4 In cases where clinicians who are not members of the health center staff are participating in after hours and weekend call, is there provision for timely follow-up by center clinicians of patients seen by them?</p>	<p>IV.A.4 In cases where clinicians who are not members of the health center staff are participating in after hours and weekend call, is there provision for timely follow-up by center clinicians of patients seen by them?</p>	<p>CC.6.1 The follow-up process provides for continuing care based on the patient's care needs.</p>	<p>Health Record Review Clinical Leadership/Staff Interview</p>	
<p>V.A.5 Is there a system whereby after hours and weekend patient contacts are documented in the patient's medical record?</p>	<p>IV.A.5 Is there a system whereby after hours and weekend patient contacts are documented in the patient's medical record?</p>	<p>IM.7.2 The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers. IM.7.8 All medical record entries are dated</p>	<p>Health Record Review</p>	

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		and authenticated and their authors are identified.		
VI. EXPECTATION: THE HEALTH CENTER'S SERVICES ARE ACCESSIBLE TO ITS TARGET POPULATION(S).	V. EXPECTATION: THE HEALTH CENTER'S SERVICES ARE ACCESSIBLE TO ITS TARGET POPULATION(S).			
VI.A. Indicator: The health center has placed its service delivery site(s) in locations that are accessible to the clientele it serves.	VA. Indicator: The health center has placed its service delivery site(s) in locations that are accessible to the clientele it serves.			
VI.A.1 Does the geographic location(s) of the center's service sites meet the needs of the client population, and provide convenient access?	V.A.1 Does the geographic location(s) of the center's service sites meet the needs of the client population, and provide convenient access?	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.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. <i>{Note PCER specificity re access}</i>	<i>add to: Leadership, Clinical Leaders/Staff, Patient/Family Interviews</i>	STAR
VI.B Indicator: The health center's hours of operation promote accessibility.	V.B Indicator: The health center's hours of operation promote accessibility.			
VI.B.1 Do the hours of operation of the center include some evening hours and/or weekend hours? a. What are they?	V.B.1 Do the hours of operation of the center include some evening hours and/or weekend hours? a. What are they?	LD1.3.4 Care is available in a timely a manner to meet patient needs	Clinical Leadership/Staff Interview Visits to Patient Care Settings Facility Tour	
	V.B.2 Is the clinic operational year round or 12 month basis?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Clinical Leaders/Staff Interview</i>	STAR (SV)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
VI.B 2 Are the hours appropriate to the needs of the population?	V.B 3 Are the hours appropriate to the needs of the population?	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. <i>{Note PCER specificity re access}</i>	<i>add to: Leadership, Clinical Leaders/Staff, Patient/Family Interviews</i>	STAR
C. Indicator: The mix of services offered by the center, and the provider mix are responsive to the unique needs of the service population(s).	C. Indicator: The mix of services offered by the center, and the provider mix are responsive to the unique needs of the service population(s).			
VI.C.1 Is the mix of services offered by the center responsive to the unique needs of the client population(s), including any special populations served by the center?	V.C.1 Is the mix of services offered by the center responsive to the unique needs of the client population(s), including any special populations served by the center?	LD.1.3 The plan(s) includes services based on identified patient need is consistent with the organization's mission 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.	Leadership Interview Clinical Leaders/Staff Interview Patient/Family Interview	
VI.C.2 Is the mix of providers at the center appropriate to the needs of the client populations (e.g. specialty mix of providers, their training and background, their ethnicity and language competency)?	V.C.2 Is the mix of providers at the center appropriate to the needs of the client populations (e.g. specialty mix of providers, their training and background, their ethnicity and language competency)?	LD.2.2 The leaders are responsible for providing an adequate number of qualified, competent staff. LD.2.3 The leaders are responsible for determining the qualifications and competence of patient care staff who are not licensed independent practitioners. HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.2 An adequate number of qualified staff are provided.	Leadership Interview Clinical Leadership/Staff Interview Human Resources Interview Visits to Patient Care Settings	
VI.C.3 Are patients given choice in selecting their	V.C.3 Are patients given choice in selecting their	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Clinical Leaders/Staff</i>	STAR (SV)

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
provider(s) when possible?	provider(s) when possible?		<i>Interview Patient/Family Interview</i>	(SV)
	V.D Indicator: School-based health centers in the Healthy Schools, Healthy Communities program are expected to have systems and written protocols in place according to which informed parental consent is gained for student enrollment into the center. Informed parental consent policies and procedures must be consistent with applicable local, State and Federal laws.			
	V.D.1 Are informed consent procedures in place?	RI 1.2.2 Informed consent is obtained.	Clinical Leaders/Staff Interview, Visits to Pt Care Settings	
	V.E Indicator: EACH HEALTHY SCHOOLS, HEALTHY COMMUNIT IES GRANTEE MUST ESTABL I SH AND FOLLOW PROTOCOLS BY WHICH CONFIDENTIAL I TY OF THE I NDI VI DUALS RECEI VING SERVI CES I S MAI NTAI NED. ALL I NFORMAT I ON REGARDI NG PERSONAL FACTS MUST BE KEPT CONFIDENTIAL I N ACCORDANCE WI TH APPL I CABLE STATE AND FEDERAL REGULATI ONS.			
	V.E.1 Are confidentiality procedures in place?	RI 1.3.1 The organization demonstrates respect for the following patient needs: confidentiality	Clinical Leaders/Staff Interview, Visits to Pt Care	

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
			Settings	
VI.D. Indicator: Where the center contracts for services or uses volunteers, the arrangement contributes to the desired outcomes of availability, accessibility, quality, comprehensiveness, and coordination.				
VI.D.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?		LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. <u><i>{Note PCER specificity re arrangements.}</i></u>	<i>add to: Leadership & Clinical Leadership/Staff Interviews</i>	STAR
VI.D.2 In cases where the center uses volunteers for clinical services, do the arrangements with volunteers contribute to providing high quality, available, and accessible services for the center=s clientele?		LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities.	Human Resources Interview Leadership & Clinical Leadership/Staff Interviews	
VII. EXPECTATION: THE HEALTH CENTER USES A BOARD-APPROVED HEALTH CARE PLAN TO GUIDE THE CENTER GOALS IN ADDRESSING THE HIGHEST PRIORITY HEALTH CARE NEEDS OF THE COMMUNITY SERVED.	VI. EXPECTATION: THE HEALTH CENTER USES A BOARD-APPROVED HEALTH CARE PLAN TO GUIDE THE CENTER GOALS IN ADDRESSING THE HIGHEST PRIORITY HEALTH CARE NEEDS OF THE COMMUNITY SERVED.			
VIIA Indicator: There is a written health care plan which	VIA Indicator: There is a written health care plan which			

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
addresses high priority health care needs of its community.	addresses high priority health care needs of its community.			
VII.A.1 Does the health care plan address the identified highest priority needs and health disparities in the community?	VI.A.1 Does the health care plan address the identified highest priority needs and health disparities in the community?	LD.1.3 The plan(s) includes services based on identified patient needs and is consistent with the organization's mission. 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.	Leadership Interview Clinical Leadership/Staff Interview	
VII.A.2 Are the objectives in the health care plan achievable, time framed, and measurable?	VI.A.2 Are the objectives in the health care plan achievable, time framed, and measurable?	LD.1.3.3 Services are designed to respond to patient and family needs and expectations. PI.2.1 Performance expectations are established for new and modified processes PI.2.2 The performance of new and modified processes is measured <u><i>[Note PCER specificity re documentation.]</i></u>	<i>add to:</i> Leadership Interview Clinical Leadership/Staff Interview Document Review	STAR
VII.A.3 Does the health care plan describe the role the center plays as part of the community system of care in addressing high priority needs?	VI.A.3 Does the health care plan describe the role the center plays as part of the community system of care in addressing high priority needs?	LD.1.3 The plan(s) includes services based on identified patient needs and is consistent with the organization's mission.	Leadership Interview Clinical Leadership/Staff Interview	
VII.A.4 Are clinical health status outcomes monitored and analyzed, and reflected in the development of the plan?	VI.A.4 Are clinical health status outcomes monitored and analyzed, and reflected in the development of the plan?	LD.1.10.3 Leaders evaluate the outcomes related to use of clinical practice guidelines and determine indicated refinements to improve pertinent processes. PI.3.1 The organization collects data to monitor its performance.	Clinical Leadership/Staff Interview Improving Organizational Performance Interview	

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/STAR (SV)***
		PI.3.1.2 The organizations collects data to monitor performance of areas targeted for further study. PI.4 Data are systematically aggregated and analyzed on an ongoing basis.	Visits to Patient Care Settings	
VII.B. Indicator: The health care plan is used by the center's clinical staff as a work plan for addressing the community's health care needs.	VI.B. Indicator: The health care plan is used by the center's clinical staff as a work plan for addressing the community's health care needs.			
VII.B.1 Do the clinical staff participate in the development of the health care plan?	VI.B.1 Do the clinical staff participate in the development of the health care plan?	LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.	Leadership Interview Clinical Leadership/Staff Interview	
VII.B.2 Are the clinical staff familiar with the contents of the health care plan?	VI.B.2 Are the clinical staff familiar with the contents of the health care plan?	LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.	Clinical Leadership/Staff Interview Visits to Patient Care Settings	
VII.B.3 Does the center's management information system supply data required for development and monitoring of the health care plan?	VI.B.3 Does the center's management information system supply data required for development and monitoring of the health care plan?	IM.8 The organization collects and analyzes aggregate data to support patient care and operations. LD.4.4.2 The leaders provide information systems and data management processes for ongoing performance-improvement activities.	Clinical Leadership/Staff Interview Improving Organizational Performance Visits to Patient Care Settings	
VII.B.4 Is the plan monitored by the quality management program?	VI.B.4 Is the plan monitored by the quality management program?	PI.3.1 The organization collects data to monitor its performance. PI.4 Data are systematically aggregated and analyzed on an ongoing basis.	Leadership Interview Clinical Leadership/Staff	

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		analyzed on an ongoing basis.	Interview Improving Organizational Performance	
VIII. EXPECTATION: THE HEALTH CENTER'S CLINICAL LEADERSHIP AND STAFFING RESULTS IN AVAILABLE, ACCESSIBLE, COMPREHENSIVE, COORDINATED AND HIGH QUALITY SERVICES FOR HEALTH CENTER PATIENTS.	VII. EXPECTATION: THE HEALTH CENTER'S CLINICAL LEADERSHIP AND STAFFING RESULTS IN AVAILABLE, ACCESSIBLE, COMPREHENSIVE, COORDINATED AND HIGH QUALITY SERVICES FOR HEALTH CENTER PATIENTS.			
VIII.A. Indicator: The center's provider recruitment and retention program enables it to maintain a stable core staff of primary care clinicians whose training and experience prepare them to competently serve the clients of the center.	VII.A. Indicator: The center's provider recruitment and retention program enables it to maintain a stable core staff of primary care clinicians whose training and experience prepare them to competently serve the clients of the center.			
VIII.A.1 Does the center have a written recruitment and retention plan which includes: a. Estimated future projections of provider needs? b. A formalized process for orienting clinical providers? c. Provision for a formalized exit interview with all departing clinical providers? d. Clinical staff input into center policies which Directly affect their clinical practices? <u>e. Policies which promote retention such as incentive payment programs?</u> f. Policies which provide for career enhancement	VII.A.1 Does the center have a written recruitment and retention plan which includes: a. Estimated future projections of provider needs? b. A formalized process for orienting clinical providers? c. Provision for a formalized exit interview with all departing clinical providers? d. Clinical staff input into center policies which directly affect their clinical practices? e. Policies which promote retention such as incentive payment programs?	LD.1.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff. 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.1.1.1 Planning addresses all patient care and organization wide functions in this manual. LD.1.7 The leaders and appropriate staff	<i>add to: Clinical Leadership/Staff Interview Human Resources Interview Visits to Patient Care Settings Documentation Review</i>	STAR (SV)

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
for clinical providers? <i>{ED NOTE: Underlined element new in 2000.}</i>	f. Policies which provide for career enhancement for clinical providers?	representatives participate in decision-making structures and processes. HR.3.1 The organization encourages staff self-development and learning HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities. <u><i>{Note PCER specificity re documentation.}</i></u>		
VIII.A.2 Is the center's clinical provider compensation and benefits package competitive for the area?	VII.A.2 Is the center's clinical provider compensation and benefits package competitive for the area?	LD.1.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff.	Leadership, Human Resources & Clinical Leadership/Staff Interviews	
VIII.A.3 Are the center's requirements for hospital after hours and weekend coverage reasonable given center needs and the market?	VII.A.3 Are the center's requirements for hospital after hours and weekend coverage reasonable given center needs and the market?	CC.5 Care is coordinated among health care professionals and settings.	Clinical Leadership/Staff Interview	
VIII.A.4 Has the center established provider productivity standards? a. Are providers meeting the standards?		NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
VIII.A.5 Does the center provide supportive services to enhance providers' productivity and efficiency?		NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Clinical Leadership/Staff Interviews</i>	STAR
VIII.A.6 Have there been significant changes in the key clinical staff since the last PCER or the last grant application? If so what have been the reasons?	VII.A.4 Have there been significant changes in the key clinical staff since the last PCER or the last grant application? If so what have been the reasons?	LD.1.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff.	Leadership Interview Clinical Leadership/Staff Interview	
VIII.A.7	VIII.A.5	LD.1.3.1 The organization=s leaders and, as	Leadership Interviews	

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>Does the center support the participation of clinicians in networks of other health center clinicians or organizations serving similar populations?</p>	<p>Does the center support the participation of clinicians in networks of other health center clinicians or organizations serving similar populations?</p>	<p>appropriate, community leaders and organizations collaborate to design services. LD.3.2 The leaders maintain communication with functionally or corporately related health care delivery organizations.</p>	<p>Interview Clinical Leadership/Staff Interview</p>	
<p>VIII.B. Indicator: The clinical staff is led by a clinical director who is a member of the management team and provides leadership and management for all center clinicians.</p>	<p>VII.B. Indicator: The clinical staff is led by a clinical director who is a member of the management team and provides leadership and management for all center clinicians.</p>			
<p>VIII.B.1 Is there a designated clinical director?</p>	<p>VII.B.1 Is there a designated clinical director?</p>	<p>LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.</p>	<p>Leadership & Clinical Leadership/Staff Interviews</p>	
<p>VIII.B.2 Does he/she: a. Have adequate administrative time allotted to discharge his/her duties? b. Have the appropriate authority, responsibility, training and experience? c. Conduct annual performance evaluations of each provider's performance? d. Provide orientation of new clinical staff members? e. Have lead responsibility or substantive involvement in the hiring/dismissal of clinical staff? f. Serve as a key member of the management team? g. Regularly advise the CEO and board on issues regarding clinical services and patient care? h. Have responsibility for developing and implementing the clinical quality management program? i. In collaboration with the clinical staff, develop</p>	<p>VII.B.2 Does he/she: a. Have adequate administrative time allotted to discharge his/her duties? b. Have the appropriate authority, responsibility, training and experience? c. Conduct annual performance evaluations of each provider's performance? d. Provide orientation of new clinical staff members? e. Have lead responsibility or substantive involvement in the hiring/dismissal of clinical staff? f. Serve as a key member of the management team? g. Regularly advise the CEO and board on issues regarding clinical services and patient care? h. Have responsibility for developing and implementing the clinical quality management program? i. In collaboration with the clinical staff, develop</p>	<p>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. HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities. HR.7.3 Procedures are defined for discontinuing appointments and curtailing clinical privileges of licensed independent practitioners. LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. LD.1.9 The leaders are responsible for making initial appointments and reappointments, and granting or curtailing the delineated clinical privileges of licensed independent practitioners.</p>	<p>Credentials Review Human Resources Interview Clinical Leadership/Staff Interview Governance Interview Visits to Patient Care Settings</p>	

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>and implement health maintenance protocols and chronic disease management protocols? <u>j. Have on-going liaison with other providers of health services in their community and marketplace?</u> <i>{ED NOTE: Changes underlined}</i></p>	<p>and implement health maintenance protocols and chronic disease management protocols? j. Have on-going liaison with other providers of health services in their community and marketplace?</p>	<p>LD.3.1 The leaders provide for communication and coordination. 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>VIIIC. Indicator: All physician providers are board certified and/or residency trained. Other providers are licensed and certified.</p>	<p>VIIIC. Indicator: All physician providers are board certified and/or residency trained. Other providers are licensed and certified.</p>			
<p>VIII.C.1 Are all physicians board certified or residency trained?</p>	<p>VII.C.1 Are all physicians board certified or residency trained?</p>	<p>HR.7 All individuals permitted by law and the organization to practice independently are appointed through a defined process. {Note: PCER specificity re qualifications}</p>	<p><i>add to: Credentials Review</i></p>	<p>STAR (SV)</p>
<p>VIII.C.2 Are positions that require licensure filled by appropriately licensed professionals? {ED NOTE: Expanded requirement in 2000.}</p>	<p>VII.C.2 Are positions that require licensure filled by appropriately licensed professionals?</p>	<p>HR.2 An adequate number of qualified staff are provided. HR.7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization.</p>	<p>Credentials Review</p>	
<p>VIII.C.3 Do staff receive training to maintain licensure and meet regulatory requirements such as OSHA and CLIA? a. Are all licenses up-to-date?</p>	<p>VII.C.3 Do staff receive training to maintain licensure and meet regulatory requirements such as OSHA and CLIA? <i>{Ed Note: clause 'a' not included}</i></p>	<p>EC.2.4 The hazardous materials and wastes management plan is implemented. HR.4.1 Ongoing in-service or other education and training maintain and improve staff competence. PE.1.13 Staff performing tests have adequate, specific training and orientation to perform the tests and demonstrate satisfactory levels of competence. LD.1.1 Planning includes establishing a mission and values, articulating a vision for</p>	<p>Human Resource Interview</p>	

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		the organization, and providing strategic, operational, programmatic, and other plans and policies.		
VIII.C.4 Is there appropriate supervision/collaboration and backup for all clinical provider staff as required by state law?	VII.C.4 Is there appropriate supervision/collaboration and backup for all clinical provider staff as Required by state law?	LD.2.1 The leaders are responsible for developing, implementing, and maintaining policies and procedures that guide and support the provision of care. LD.2.4 The leaders are responsible for maintaining any necessary quality control programs.	Visits to Patient Care Settings Clinical Leadership/Staff Interview Health Care Record Review	
VIII.D. Indicator: The health center has formulated credentialing and privileging processes that meet the standards of the major accrediting bodies.	VII.D. Indicator: The health center has formulated credentialing and privileging processes which meet the standards of the major accrediting bodies. <i>{Ed Note: minor word change}</i>			
VIII.D.1 Is there evidence through primary source verification that clinicians have current licenses in the jurisdiction(s) where the center is providing services?	VII.D.1 Is there evidence through primary source verification that clinicians have current licenses in the jurisdiction(s) where the center is providing services?	HR.7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization.	Credentials Review	
VIII.D.2 Does the credentialing process include querying the National Practitioner Data Bank?	VII.D.2 Does the credentialing process include querying the National Practitioner Data Bank?	HR.7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization.	Credentials Review	
VIII.D.3 Does the credentialing process lead to privileging clinicians at the health center?	VII.D.3 Does the credentialing process lead to privileging clinicians at the health center?	HR.7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization. HR.7.2.1 Clinical privileges are granted based on the practitioner=s qualifications and the care provided by the organization.	Credentials Review	

CLINICAL PROGRAM (MODULE II) (3/2/01)

<p>2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p>2000 Healthy Schools/Healthy Communities PCER</p>	<p>JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p>JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p>STAR/STAR (SV)***</p>
<p>VIII.D.4 Does the credentialing process ensure that staff and contracted providers possess the training, experience, competence, and eligibility for hospital privileges required in their position descriptions?</p>	<p>VII.D.4 Does the credentialing process ensure that staff and contracted providers possess the training, experience, competence, and eligibility for hospital privileges required in their position descriptions?</p>	<p>HR.7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization. LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization.</p>	<p>Credentials Review</p>	
<p>VIII.D.5 Has the credentialing and health center privileging process been approved by the board?</p>		<p>LD.1.9 The leaders are responsible for making initial appointments and reappointments, and granting or curtailing the delineated clinical privileges of licensed independent practitioners.</p>	<p>Governance Interview Leadership Interview</p>	
<p>VIII.D.6 Is there a system in place for the <u>annual</u> re-credentialing of clinical staff, referral staff, and outside contractors that evaluates performance and licensure and certifies capability to continue to serve on the health center staff? {ED NOTE: Change underlined}</p>	<p>VII.D.5 Is there a system in place for the annual re-credentialing of clinical staff, referral staff, and outside contractors that evaluates performance and licensure and certifies capability to continue to serve on the health center staff?</p>	<p>LD.1.9 The leaders are responsible for making initial appointments and reappointments, and granting or curtailing the delineated clinical privileges of licensed independent practitioners. HR.7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization. HR.7.2.2 Clinical privileges are reviewed or revised every two years. {Note: PCER specificity re timeframe}</p>	<p>add to: Credentials Review</p>	<p>STAR (SV)</p>
<p>VIII.D.7 Are the following documents present and current in clinical staff personnel files? - Professional school diploma, and <u>evidence of primary source verification</u> - Certification of residency training, as applicable - Documentation of hospital privileges, as applicable</p>	<p>VII.D.6 Are the following documents present and current in clinical staff personnel files? - Professional school diploma, and evidence of primary source verification - Certification of residency training, as applicable - Documentation of hospital privileges, as applicable</p>	<p>HR.7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization.</p>	<p>add to: Credentials Review Human Resources Interview</p>	<p>STAR (SV)</p>

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<ul style="list-style-type: none"> - Board Certification, as applicable - Immunization status - PPD status - Current license to practice, and <u>evidence of primary source verification</u> - DEA Registration - Reference letters - Life support training (BLS, ACLS, ATLS as appropriate) - Documentation of continuing professional education - Annual performance evaluations - Proof of malpractice insurance - National Practitioner Data Bank inquiries - Definition of privileges - Current employment contract or position description --continued-- 	<ul style="list-style-type: none"> applicable - Board Certification, as applicable - Immunization status - PPD status - Current license to practice, and evidence of primary source verification - DEA Registration - Reference letters - Life support training (BLS, ACLS, ATLS as appropriate) - Documentation of continuing professional education - Annual performance evaluations - Proof of malpractice insurance - National Practitioner Data Bank inquiries - Definition of privileges - Current employment contract or position description 	<p align="center"><i><u>[Note: PCER specificity re required elements.]</u></i></p>		
<p>VIII.D.7 --continued--</p> <ul style="list-style-type: none"> - <u>Any history of professional liability claims that resulted in settlements or judgments by or on behalf of the practitioner</u> - <u>Information from relevant organizations about sanctions or limitations on licensure or previous sanctions by Medicare/Medicaid (HCFA website)</u> - <u>A signed attestation by the applicant as to the correctness and completeness of the application and the Recredentialing form and statement regarding:</u> * <u>physical or mental impairments which prevent the provider from performing the essential functions of the position, with or without accommodation</u> * <u>lack of present illegal drug use</u> * <u>history of loss of license or felony convictions</u> * <u>history of loss or limitation of privileges or disciplinary action</u> 	<p>VII.D.6 --continued--</p> <ul style="list-style-type: none"> - Any history of professional liability claims that resulted in settlements or judgments by or on behalf of the practitioner - Information from relevant organizations about sanctions or limitations on licensure or previous sanctions by Medicare/Medicaid - A signed attestation by the applicant as to the correctness and completeness of the application and the recredentialing form and statement regarding: * physical or mental impairments which prevent the provider from performing the essential functions of the position, with or without accommodation * lack of present illegal drug use * history of loss of license or felony convictions * history of loss or limitation of privileges or disciplinary action 	<p>--continued from above--</p>	<p>--continued from above--</p>	

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
-Supervision agreement (non physician providers) as appropriate <u>Comment on all no responses.</u> {ED NOTE: New elements underlined.}	-Supervision agreement (non physician providers) as appropriate {Ed Note: no reference to " HCFA website }			
VIII.D.8 Is information about clinician certification and years in practice easily available to health center clients?		NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Patient/Family Interview</i>	STAR (SV)
VIII.E Indicator: The health center ensures access to continuing professional education that maintains licensure of its provider staff and is appropriate to the needs of the health center, its staff and the community served.	VII.E Indicator: The health center ensures access to continuing professional education that maintains licensure of its provider staff and is appropriate to the needs of the health center, its staff and the community served.			
VIII.E.1 Does the center provide adequate leave and funding for continuing professional education for providers and other clinical support and supervisory staff?	VII.E.1 Does the center provide adequate leave and funding for continuing professional education for providers and other clinical support and supervisory staff?	LD.1.8 The leaders develop programs for recruiting, retaining, developing, and continuing the education of all staff. HR.4.1 Ongoing in-service or other education and training maintain and improve staff competence.	Leadership Interview Clinical Leadership/Staff Interview Human Resources Interview Visits to Patient Care Settings	
VIII.E.2 Does the center conduct any in-service training programs for staff? a. If so, were the subject areas relevant to the needs of the populations served?	VII.E.2 Does the center conduct any in-service training programs for staff? a. If so, were the subject areas relevant to the needs of the populations served?	HR.4.1 Ongoing in-service or other education and training maintain and improve staff competence.	Human Resources Interview	
VIII.E.3 Do members of the clinical staff have electronic access to clinical journals, medical literature,	VII.E.3 Do members of the clinical staff have electronic access to clinical journals, medical literature,	IM.9 Knowledge-based information systems, resources, and services meet the organization's needs.	<i>add to: Clinical Leadership/Staff Interview</i>	STAR (SV)

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>emerging new protocols, etc., during day and evening hours?</p>	<p>emerging new protocols, etc., during day and evening hours?</p>	<p>IM.9.1 Knowledge-based information resources are available, current, and authoritative. <u><i>{Note: PCER specificity re electronic access}</i></u></p>	<p><i>Visits to Patient Care Settings</i></p>	
<p>VIII.E.4 Are there computer terminals dedicated for clinicians' use?</p>		<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Clinical Leadership/Staff Interview Visits to Patient Care Settings</i></p>	<p>STAR (SV)</p>
<p>VIII.E.5 Are there local or regional medical libraries and other sources of current clinical information?</p>	<p>VII.E.4 Are there local or regional medical libraries and other sources of current clinical information?</p>	<p>IM.9 Knowledge-based information systems, resources, and services meet the organization's needs. IM.9.1 Knowledge-based information resources are available, current, and authoritative.</p>	<p>Clinical Leadership/Staff Interview</p>	
<p>VIII.E.6 Does the center subscribe to medical, nursing, and other journals as a means of assisting staff in their continuing education?</p>	<p>VII.E.5 Does the center subscribe to medical, nursing, and other journals as a means of assisting staff in their continuing education?</p>	<p>IM.9.1 Knowledge-based information resources are available, current, and authoritative.</p>	<p>Clinical Leadership/Staff Interview</p>	
<p>VIII.E.7 In areas where HIV disease is prevalent, has the center used the services of the HRSA funded AIDS Education and Training Centers?</p>		<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Clinical Leadership/Staff Interview</i></p>	<p>STAR (SV)</p>
<p>VIII.E.8 Has the center made efforts to expose its staff to training in cultural sensitivity and competence?</p>	<p>VII.E.6 Has the center made efforts to expose its staff to training in cultural sensitivity and competence?</p>	<p>RI.1.2.1 Patients' cultural, psychosocial, spiritual, and personal values are respected.</p>	<p>Visits to Patient Care Settings</p>	
<p>VIII.F Indicator: Within the organization, the management creates an environment that promotes collaboration among teams and individuals.</p>	<p>VIII.F Indicator: Within the organization, the management creates an environment that promotes collaboration among teams and individuals.</p>			

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
VIII.F.1 Are there regular meetings of the clinical staff? How often?	VII.F.1 Are there regular meetings of the clinical staff? How often?	LD.3.1 The leaders provide for communication and coordination. <u><i>{Note: Specificity re regular clinical staff meetings}</i></u>	<i>add to: Clinical Leadership/Staff Interview</i>	STAR (SV)
VIII.F.2 Do the regular meetings provide an opportunity for staff at all levels to raise issues and concerns, and make suggestions for improvement in the center's operations?	VII.F.2 Do the regular meetings provide an opportunity for staff at all levels to raise issues and concerns, and make suggestions for improvement in the center's operations?	LD.3.1 The leaders provide for communication and coordination. PI.3 Data are collected to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvements. PI.5 Improved performance is achieved and sustained.	Leadership Interview Clinical Leadership/Staff Interview	
VIII.F.3 Are there minutes of the clinical staff meetings?	VII.F.3 Are there minutes of the clinical staff meetings?	LD.3.1 The leaders provide for communication and coordination. <u><i>{Note: Specificity re meeting minutes}</i></u>	<i>add to: Documentation Review</i>	STAR (SV)
VIII.F.4 Are there regular "all staff" meetings, and are there minutes of these meetings?	VII.F.4 Are there regular "all staff" meetings, and are there minutes of these meetings?	<u><i>LD.3.1 The leaders provide for communication and coordination.</i></u> <u><i>{Note: Specificity re meeting minutes}</i></u>	<i>add to: Documentation Review</i>	STAR (SV)
VIII.F.5 Has the center developed mechanisms for recognizing outstanding performance of individuals or teams?	VII.F.5 Has the center developed mechanisms for recognizing outstanding performance of individuals or teams?	PI.3.1.3 The organization collects data to monitor improvements in performance. <u><i>{Note: Specificity re performance recognition}</i></u>	<i>add to: Leadership Interview</i>	STAR (SV)
IX. EXPECTATION: HEALTH CENTERS HAVE APPROPRIATE AFFILIATIONS WITH CLINICAL TRAINING PROGRAMS GIVEN THEIR LOCATION AND RESOURCES.	VIII. EXPECTATION: HEALTH CENTERS HAVE APPROPRIATE AFFILIATIONS WITH CLINICAL TRAINING PROGRAMS. <i>{Ed Note: No reference to "given their location and resources"}</i>			
IX.A. Indicator: Affiliation agreements with health professions training institutions further	VIII.A. Indicator: Affiliation agreements with health professions training institutions further			

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CLINICAL PROGRAM (MODULE II) (3/2/01)

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>the mission and objectives of the health center, and provide valuable experience and training for students and residents.</p>	<p>the mission and objectives of the health center, and provide valuable experience and training for students and residents.</p>			
<p>IX.A.1 Does the center have any affiliations with health professions training institutions? a. Are they written? b. List type of affiliations (e.g., medical residency programs, medical schools, nursing schools, dental schools, allied health training programs, etc.)</p>	<p>VIII.A.1 Does the center have any affiliations with health professions training institutions? <i>{Ed Note: No reference to elements 'a' and 'b'}</i></p>	<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Human Resources & Clinical Leadership/Staff Interviews Document Review</i></p>	<p>STAR (SV)</p>
<p>IX.A.2 If so, what categories of trainees are involved (residents, students, nurse practitioner students, physician assistant students, other)?</p>	<p>VIII.A.2 If so, what categories of trainees are involved (residents, students, nurse practitioner students, physician assistant students, other)?</p>	<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Human Resources & Clinical Leadership/Staff Interviews</i></p>	<p>STAR (SV)</p>
<p>IX.A.3 In the view of the clinical staff, do such affiliations contribute to enhancing professional environment of the center?</p>	<p>VIII.A.3 In the view of the clinical staff, do such affiliations contribute to enhancing professional environment of the center?</p>	<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Human Resources & Clinical Leadership/Staff Interviews</i></p>	<p>STAR (SV)</p>
<p>IX.A.4 Have such affiliations been seen to adversely affect productivity?</p>	<p>VIII.A.4 Have such affiliations been seen to adversely affect productivity?</p>	<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Human Resources & Clinical Leadership/Staff Interviews</i></p>	<p>STAR (SV)</p>
<p>IX.A.5 Is the clinical director responsible for managing the quality of care of those trained under the health professions education affiliation(s)?</p>	<p>VIII.A.5 Is the clinical director responsible for managing the quality of care of those trained under The health professions education affiliation(s)?</p>	<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Human Resources Interview Clinical Leadership/Staff Interview</i></p>	<p>STAR (SV)</p>
<p>IX.A.6 Does the health center have a role in selection of trainees?</p>	<p>VIII.A.6 Does the health center have a role in selection of trainees?</p>	<p>NO COMPARABLE JCAHO STANDARD/INTENT</p>	<p><i>add to: Human Resources Interview</i></p>	<p>STAR (SV)</p>

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
trainees?	trainees?		<i>Clinical Leadership/Staff Interview</i>	
IX.A.7 Do health center staff have faculty appointments?	VIII.A.7 Do health center staff have faculty appointments?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Human Resources Interview Clinical Leadership/Staff Interview</i>	STAR (SV)
IX.A.8 Is there a faculty training for health center staff <u>by</u> affiliated institutions?	VIII.A.8 Is there a faculty training program for health center staff of affiliated institutions?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Human Resources Interview Clinical Leadership/Staff Interview</i>	STAR (SV)
IX.A.9 Is there appropriate orientation for trainees and faculty?	VIII.A.9 Is there appropriate orientation for trainees and faculty?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Human Resources Interview Clinical Leadership/Staff Interview</i>	STAR (SV)
IX.A.10 Is there an evaluation program for the health professions affiliation?	VIII.A.10 Is there an evaluation program for the health professions affiliation?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Human Resource & Clinical Leadership/Staff Interviews</i>	STAR (SV)
IX.A.11 Is the center appropriately compensated by the training institution?	VIII.A.11 Is the center appropriately compensated by the training institution?	NO COMPARABLE JCAHO STANDARD/INTENT	[Fiscal Reviewer]	
X. EXPECTATION: THE HEALTH CENTER HAS A CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES.	IX. EXPECTATION: THE HEALTH CENTER HAS A CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES.			

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
X.A Indicator: The center has developed, and its board has adopted, a Consumer Bill of Rights and Responsibilities.	IX.A Indicator: The center has developed, and its board has adopted, a Consumer Bill of Rights and Responsibilities.			
X.A.1 Has the center developed a Consumer Bill of Rights and Responsibilities which has been adopted by the board?	IX.A.1 Has the center developed a Consumer Bill of Rights and Responsibilities which has been adopted by the [advisory] group? (Ed Note: Replace Board with advisory)	RI.1 The organization addresses ethical issues in providing patient care.	Documentation Review Governance Interview Visits to Patient Care Settings	
X.A.1a If so, has the document been widely disseminated to the center's clients?	IX.A.1a If so, has the document been widely disseminated to the center's clients?	RI.1 The organization addresses ethical issues in providing patient care.	Patient Interviews	
X.A.2 Does the center's Bill of Rights address, at a minimum: a. Disclosure of information for consumers to make informed decisions about their health plans, professionals and facilities? b. Choice of health care providers? c. Appropriate access to emergency services? d. Participation in treatment decisions? e. Respect and non-discrimination? f. Confidentiality of health care information? g. Access to records? h. Procedures for resolving patient complaints and grievances?	IX.A.2 Does the center's Bill of Rights address, at a minimum: a. Disclosure of information for consumers to make informed decisions about their health plans, professionals and facilities? b. Choice of health care providers? c. Appropriate access to emergency services? d. Participation in treatment decisions? e. Respect and non-discrimination? f. Confidentiality of health care information? g. Access to records? h. Procedures for resolving patient complaints and grievances? [i. Participation with providers in formulating treatment plans]? {Ed Note: element 'i' added}	RI.1 The organization addresses ethical issues in providing patient care. RI.1.2 Patients are involved in all aspects of care. RI.1.2.3 The family participates in care decisions RI.1.2.5 Patients are involved in resolving conflicts about care decisions PF.2.8 Patient education addresses patient and family responsibilities in the care process.	Visits to Patient Care Settings Documentation Review Patient Interviews	
XI. EXPECTATION: THE HEALTH CENTER'S CLINICAL	X. EXPECTATION: THE HEALTH CENTER'S CLINICAL			

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
STAFF AND PROGRAMS FUNCTION EFFECTIVELY UNDER MANAGED CARE.	STAFF AND PROGRAMS FUNCTION EFFECTIVELY UNDER MANAGED CARE.			
XI A. Indicator: The health center's clinical staff are knowledgeable about managed care trends.	XA. Indicator: The health center's clinical staff are knowledgeable about managed care trends.			
XI.A.1 Is the health center's clinical staff aware of all the managed care contracts in place at the health center?	X.A.1 Is the health center's clinical staff aware of managed care [trends in their marketplace]? <i>{Ed Note: Wording in [brackets] indicate difference from the 2000 PCER}</i>	LD.3.2 The leaders maintain communication with functionally or corporately related health care delivery organizations. <i>{Note: PCER specificity re information}</i>	<i>add to: Clinical Leadership/Staff Interview</i>	STAR (SV)
XI.A.2 Can the health center's clinical staff describe the status of the state's Medicaid program in relation to managed care?	X.A.2 Can the health center's clinical staff describe the status of the state's Medicaid program in relation to managed care?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Clinical Leadership/Staff Interview</i>	STAR (SV)
XI B. Indicator: The health center's clinical staff are knowledgeable about the impact on managed care on their clinical practice and the finances of the health center.	XB. Indicator: The health center's clinical staff are knowledgeable about the impact on managed care on their clinical practice and the finances of the health center.			
XI.B.1 Is the health clinical center staff aware of all the managed care contracts in place at the health center?	X.B.1 Is the health clinical center staff aware of all the managed care contracts in place at the health center?	LD.3.1 The leaders provide for communication and coordination. <i>{Note: PCER specificity re information}</i>	<i>add to: Clinical Leadership/Staff Interview</i>	STAR (SV)
XI.B.2 Is there evidence the clinical staff are knowledgeable about the degree of financial risk which the health center incurs with respect to	X.B.2 Is there evidence the clinical staff are knowledgeable about the degree of financial risk which the health center incurs with respect to	LD.3.1 The leaders provide for communication and coordination.	<i>add to: Clinical Leadership/Staff Interview</i>	STAR (SV)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
managed care?	managed care?	<i>[Note: PCER specificity re information]</i>		
XI.B.3 Is the clinical staff aware of specific requirements in each contract that impact their practice? a. Requirements for prior authorization? <u>b. Requirements for referral to specific providers?</u> {ED NOTE: New requirement underlined.}	X.B.3 Is the clinical staff aware of specific requirements in each contract that impact their practice? a. Requirements for prior authorization? b. Requirements for referral to specific providers?	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.1.3.4 Care is available in a timely manner to meet patient needs. LD.1.3.4.1 Patient care is provided either directly or through referral, consultation, or contractual arrangements. LD.1.3.4.1.1 The leaders approve sources of patient care provided outside the organization.	Organizational Overview Clinical Leadership/Staff Interview Visits to Patient Care Settings Patient Interviews	
XI.B.4 Are there routine mechanisms for reporting information about clinical and financial performance under managed care to the clinical staff? a. Is the information used to enhance performance?	X.B.4 Are there routine mechanisms for reporting information about clinical and financial performance under managed care to the clinical staff? a. Is the information used to enhance performance?	PI.3.1.3 The organization collects data to monitor its performance	Clinical Leadership/Staff Interview Leadership Interview	
C. Indicator: The health center has written policies and procedures to guide the clinical staff in implementing managed care contracts.	X.C. Indicator: The health center has written policies and procedures to guide the clinical staff in implementing managed care contracts.			
XI.C.1. Does the health center have written policies and procedures describing: a. Prior approval? b. Utilization review? c. Utilization management?	X.C.1. Does the health center have written policies and procedures describing: a. Prior approval? b. Utilization review? c. Utilization management?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Clinical Leadership/Staff Interview Visits to Patient Care Settings</i>	STAR (SV)
XI.C.2 Is the health center's staff working with other	X.C.2 Is the health center's staff working with other	LD.1.3.1 The organization's leaders and, as appropriate, community leaders and	Leadership Interview	

<p align="center">2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*</p>	<p align="center">2000 Healthy Schools/Healthy Communities PCER</p>	<p align="center">JCAHO 2000-2001 Ambulatory Care Standards**</p>	<p align="center">JCAHO Survey Activities [Fiscal Reviewer Activity]</p>	<p align="center">STAR/STAR (SV)***</p>
<p>providers in their community to develop disease management protocols and systems? a. If yes, for which diseases?</p>	<p>providers in their community to develop disease management protocols and systems? a. If yes, for which diseases?</p>	<p>organizations collaborate to design services.</p>	<p>Clinical Leadership/Staff Interview</p>	
<p>XII. EXPECTATION: THE HEALTH CENTER HAS WRITTEN POLICIES AND PROCEDURES TO ENSURE THE EFFECTIVE DELIVERY OF HIGH QUALITY HEALTH SERVICES.</p>	<p>XI. EXPECTATION: THE HEALTH CENTER HAS WRITTEN POLICIES AND PROCEDURES TO ENSURE THE EFFECTIVE DELIVERY OF HIGH QUALITY HEALTH SERVICES.</p>			
<p>XII A. Indicator: The center has current written policies and procedures in areas supporting the delivery of high quality services.</p>	<p>XI A. Indicator: The center has current written policies and procedures in areas supporting the delivery of high quality services.</p>			
<p>XII.A.1 Does the center have current, approved policy and procedure manuals covering a. Hours of Operation? b. Patient referral and tracking systems? c. The use of clinical protocols? d. Risk management procedures? e. Procedures for assessing patient satisfaction including defining languages for the assessments? f. Informed consent and the involvement of consumers in treatment decisions?</p>	<p>XI.A.1 Does the center have current, approved policy and procedure manuals covering a. Hours of Operation? b. Patient referral and tracking systems? c. The use of clinical protocols? d. Risk management procedures? e. Procedures for assessing patient satisfaction? f. Informed consent and the involvement of consumers in treatment decisions?</p> <p><i>{Ed Note: No reference to “defining languages for the assessment in element ‘e’}</i></p>	<p>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. CC.6 An established procedure(s) governs patient consultations, and referrals, or transfers to another level of care, health professional, or setting. LD.1.4 The planning process provides for setting performance improvement priorities and identifies how the organization adjusts priorities in response to unusual or urgent events. PE.5 Criteria are used to identify possible victims of abuse or neglect. LD.1.3.3.1 The leaders are responsible for gathering, assessing, and acting on patient satisfaction information. RI.1.2.2 Informed consent is obtained. LD.1.10.1 The ambulatory care organization=s leaders identify criteria for the</p>	<p><i>add to: Documentation Review</i></p>	<p>STAR (SV)</p>

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		selection and implementation of clinical practice guidelines. <u><i>{Note: PCER specificity re policies/procedure manuals}</i></u>		
XII.A.2 Have the policy and procedure manuals been approved by the appropriate management official(s) and approved by the board?	XI.A.2 Have the policy and procedure manuals been approved by the appropriate management official(s) and approved by the board [as appropriate]? <i>{Ed Note: Added "as appropriate"}</i>	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. <u><i>{Note: PCER specificity re management official(s)}</i></u>	<i>add to: Documentation Review</i>	STAR (SV)
XII.A.3 Are policies and procedures regularly reviewed and updated?	XI.A.3 Are policies and procedures regularly reviewed and updated?	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. <u><i>{Note: Specificity re review/update}</i></u>	<i>add to: Documentation Review</i>	STAR (SV)
XIIB. Indicator: The center has a medical records system which thoroughly documents the health and medical care services provided to the patient. The records are catalogued in such a way as to ensure confidentiality and permit easy retrieval.	XI B. Indicator: The center has a medical records system which thoroughly documents the health and medical care services provided to the patient. The records are catalogued in such a way as to ensure confidentiality and permit easy retrieval.			
XII.B.1 Is a clinical record maintained for every patient receiving care at the health center?	XI.B.1 Is a clinical record maintained for every patient receiving care at the health center?	IM.7.1 The organization initiates and maintains a health or medical record for every individual assessed or treated.	Health Record Review	
XII.B.2 Is a problem oriented medical record or similar format used?	XI.B.2 Is a problem oriented medical record or similar format used?	IM.7.2 The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care	Medical Record Review	

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CLINICAL PROGRAM (MODULE II) (3/2/01)

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
		providers.		
XII.B.3 Is there an individual responsible for the overall direction of the supervision of the medical records system? If yes, is this person qualified by education or experience?	XI.B.3 Is there an individual responsible for the overall direction of the supervision of the medical records system? If yes, is this person qualified by education or experience?	LD.2.2 The leaders are responsible for providing an adequate number of qualified, competent staff. HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.2 An adequate number of qualified staff are provided.	Health Record Review Human Resources Interview	
XII.B.4 Is there a staff member or regular consultant who has appropriate medical records certification?	XI.B.4 Is there a staff member or regular consultant who has appropriate medical records certification?	HR.1 Leaders of functional areas define qualifications and job expectations for their staff, and establish a system for evaluating job performance. HR.2 An adequate number of qualified staff are provided.	Human Resources Interview	
XII.B.5 Are the medical records organized in such a way that information is easily located and which facilitates the retrieval and entry of clinical information to ensure continuity of, and adherence to, treatment plans?	XI.B.5 Are the medical records organized in such a way that information is easily located and which facilitates the retrieval and entry of clinical information to ensure continuity of, and adherence to, treatment plans?	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. IM.3.2.1 Medical records are periodically reviewed for completeness, accuracy, and timely completion of all information, and action is taken as necessary to improve. IM.6 Adequate integration and interpretation capabilities are provided. IM.7.9 The organization can quickly assemble all components of a patient's record, regardless of their location in the organization, when needed for use in patient care.	Health Record Review	
XII.B.6 Are medical records periodically reviewed to determine quality, completeness, and usability?	XI.B.6 Are medical records periodically reviewed to determine quality, completeness, and usability?	IM.3.2.1 Medical records are periodically reviewed for completeness, accuracy, and	Health Record Review	

2000 Primary Care Effectiveness Review (PCER) CLINICAL PROGRAM*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV)***
determine quality, completeness and legibility?	determine quality, completeness and legibility?	timely completion of all information, and action is taken as necessary to improve.		
XII.B.7 Are portable immunization records and portable prenatal records provided, as appropriate?	XI.B.7 Are portable immunization records and portable prenatal records provided, as appropriate?	NO COMPARABLE JCAHO STANDARD/INTENT	<i>add to: Health Record Review Visits to Patient Care Settings</i>	STAR (SV)
XII.B.8 Does a review of the medical record reveal any significant problems in documentation?	XI.B.8 Does a review of the medical record reveal any significant problems in documentation?	IM.3.2.1 Medical records are periodically reviewed for completeness, accuracy, and timely completion of all information, and action is taken as necessary to improve.	Health Record Review	
XII.B.9 Are the medical records properly secured during times when the medical records staff are not present?	XI.B.9 Are the medical records properly secured during times when the medical records staff are not present?	IM.2.3 Records and information are protected against loss, destruction, tampering, and unauthorized access or use.	Health Record Review	
XII.B.10 Is there a system to purge and store inactive records on a regular basis?	XI.B.10 Is there a system to purge and store inactive records on a regular basis?	IM.6.1 The retention time of medical record information is determined by the organization based on law and regulation, and on its use for patient care, legal, research and educational activities.	Health Record Review	
XII.B.11 Is there a method for randomly selecting medical records for audits?	XI.B.11 Is there a method for randomly selecting medical records for audits?	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.	Health Record Review	
XII.B.12 Are procedures in place to enable patients to review and copy their records and to request amendments?	XI.B.12 Are procedures in place to enable patients to review and copy their records and to request amendments?	IM.4 Decision makers and other appropriate staff are educated and trained in the principles of information management.	Health Record Review	
XII.B.13 Are procedures in place to get patient consent for release of medical record information?		IM.2.3 Records and information are protected against loss, destruction, tampering, and unauthorized access or use.	Health Record Review	

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.

*** “STAR” 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: “STAR” indicates those elements of the PCER which are self-reported by the health center and will be pro-actively validated by the surveyors; “STAR (SV)” indicates elements of the PCER which are self-reported by the health center and sample validated by the surveyors.

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