

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO THE 2000 PCER & HS/HC PCER QUESTIONS  
MISSION & STRATEGY - MODULE I (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MISSION & STRATEGY*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities [Fiscal Reviewer Activity]	STAR/STAR (SV) ***
I. EXPECTATION: THE HEALTH CENTER PROVIDES ACCESS TO AS MANY CLIENTS AS POSSIBLE WITHIN THE UNDERSERVED POPULATIONS OF THE COMMUNITY, GIVEN AVAILABLE RESOURCES	I. EXPECTATION: THE [HSHC PROGRAM] PROVIDES ACCESS TO AS MANY [AT-RISK AND] UNDERSERVED STUDENTS AND COMMUNITY POPULATIONS [AS POSSIBLE] GIVEN AVAILABLE RESOURCES  <i>{Ed Note: Wording in [brackets] indicates minor difference from the 2000 PCER}</i>			
I.A. Indicator: The health center has a clear mission to serve the UNDERSERVED.	A. Indicator: HSHC has a clear mission to [increase access to comprehensive primary and preventive health care and to improve the health care status of] underserved [and vulnerable populations].  <i>{Ed Note: Wording in [brackets] indicates minor difference from the 2000 PCER}</i>			
I.A.1 Does the health center have a written mission statement?	I.A.1 Does the health center have a written mission statement?	LD.1 The leaders provide for organization planning. LD.1.1 Planning includes establishing a mission and values, articulating a vision for the organization, and providing strategic, operational, programmatic, and other plans and policies.	Document Review Governance Interview Leadership Interview	
I.A.2 Does the health center=s mission encompass providing services to under served populations?		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. <a href="#">{Note: PCER specificity re under served}</a>	Document Review Governance & Leadership Interviews	STAR (SV)

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I.A.3 Does the board understand the impact of its decisions on fulfilling the mission (i.e. serving under served clients vs. being a competitive market force)?	I.A.2 How is your mission statement operationalized?	LD.1.3.1 The organization's leaders and, as appropriate, community leaders and organization collaborate to design services. 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. LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and systematically assessed and improved.	Governance & Leadership Interviews	
I.B. Indicator: Barriers to access are addressed.	I.B Indicator: Barriers to access are addressed.			
I.B.1 Have barriers to care been identified?	I.B.1 Have barriers to care been identified?	CC.1 Patients have access to the appropriate type of care.	Leadership, Governance & Clinical Leadership/Staff Interviews	
I.B.2 Are barriers recognized by board, management and staff?		LD.1.3.1 The organization=s leaders and, as appropriate, community leaders and organization collaborate to design services.	Leadership, Governance, & Clinical Ldrshp/ Staff Interviews	
I.B.3 What is the health center doing to measure their progress toward eliminating identified barriers to care?	I.B.2 What is the health center doing to measure their progress toward eliminating identified barriers to care?	LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and systematically assessed and improved. PI.4 Data are systematically aggregated and analyzed on an ongoing basis. PI.5 Improved performance is achieved	Leadership & Governance Interviews	

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		and sustained.		
II. EXPECTATION: HEALTH CENTER STAFF EXHIBIT BEHAVIORS, PRACTICES, ATTITUDES AND POLICIES WHICH RESPECT AND RESPOND TO THE CULTURAL DIVERSITY OF THE COMMUNITIES SERVED.	II. EXPECTATION: SBHC GRANTEE STAFF, BOARD OR PLANNING/ADVISORY GROUP, STUDENTS, PARENTS, AND COMMUNITY PARTNERS EXHIBIT BEHAVIORS, PRACTICES, ATTITUDES, AND POLICIES WHICH RESPECT AND RESPOND TO THE CULTURAL DIVERSITY OF THE POPULATIONS SERVED.			
II.A. Indicator The organization is culturally competent.	II.A. Indicator The organization is culturally competent.			
II.A.1 Are there staff who speak the languages within the community (or have appropriate arrangements for interpretation services been made)?	II.A.1 Are there staff who speak the languages within the community (or have appropriate arrangements for interpretation services been made)?	RI.1.3.4 The organization demonstrates respect for the following patient needs: communication.	Visits to Patient Care Settings Clinical Leadership/Staff Interview	
II.A.2 Has the practice been adjusted to accommodate specific cultural needs of clients?	II.A.2 Has the practice been adjusted to accommodate specific cultural needs of clients?	RI.1.2.1 Patients= cultural, psychosocial, spiritual, and personal values are respected.	Leadership & Clinical Leadership/Staff Interview Visits to Patient Care Settings	
II.A.3 Are staff provided with ongoing training/education in issues concerning cultural competency?	II.A.3 Are staff provided with ongoing training/education in issues concerning cultural competency?	RI.1.2.1 Patients= cultural, psychosocial, spiritual & personal values are respected. HR..4.1 Ongoing in-service or other education and training maintain and	Visits to Patient Care Settings Human Resources Interview	

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competency?		improve staff competence.	Interview	
	II.A.4 Are the SBHC materials and publications available in languages appropriate to the student population?	PF.1.1 Patient values, learning needs, abilities, and readiness to learn are assessed. PF.2. Patient education is tailored to address patients' needs, values, abilities, and readiness to learn.	Visits to Patient Care Settings	
III. EXPECTATION: THE HEALTH CENTER UNDERSTANDS ITS HEALTH CARE MARKETPLACE AND ADAPTS AND REPOSITIONS ITSELF TO SURVIVE AND THRIVE IN THE MARKETPLACE.	III. EXPECTATION: THE SBHC GRANTEE UNDERSTANDS ITS HEALTH CARE MARKETPLACE AND ADAPTS AND REPOSITIONS ITSELF TO SURVIVE AND THRIVE IN THE MARKETPLACE.			
III. A. Indicator A needs assessment is conducted periodically.	III. A. Indicator A needs assessment is conducted periodically.			
III.A.1 <b>The needs assessment describes (check those that apply):</b> __the geographic area and population groups that constitute the principal target population __the characteristics of this population in terms of age, sex, socio-economic status, ethnicity/culture, language, health status, housing status & health care utilization patterns __subpopulations with special health care needs (e.g. homeless people, recent immigrants, migrant/seasonal farmer workers, HIV-infected people)	III.A.1 <b>The needs assessment describes (check those that apply):</b> __the geographic area and population groups that constitute the principal target population __the characteristics of this population in terms of age, sex, socio-economic status, ethnicity/culture, language, health status, housing status, health care utilization patterns, and [school lunch eligibility] __subpopulations with special health care needs (e.g. homeless people, recent immigrants, migrant/seasonal farmer workers, HIV-infected people, [special education students, students with	LD.1.1.1 Planning addresses all patient care and organizationwide functions in this manual LD.1.3 The plan (s) includes services based on identified patient needs and 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.  <i><u>[Note: PCER specificity re details]</u></i>	Leadership Interview. Governance Interview Clinical Leadership/Staff Interview	STAR (SV)

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<p>__disparities in health status among subgroups of the population                      __perceptions of the target population about their own health care needs and barriers to access                      __other health and human services accessible to the population                      __gaps in service that the center proposes to address                      __opportunities in the marketplace (partnering, shared services, networks, etc.)</p>	<p>disabilities])                      __disparities in health status among subgroups of the population                      __perceptions of the target population about their own health care needs and barriers to access [(e.g. students, parents, health providers, education administrators)]                      __other health and human services accessible to the population                      __gaps in service center proposes to address                      __opportunities in the marketplace (partnering, shared services, networks, etc.)                      __the identity of community leaders whose participation, or lack thereof, could positively or negatively affect the center.                      __incidences of domestic violence, STDs, child abuse, depression.                      __required resources.]  <i>{Ed Note: wording in [brackets] indicates minor difference from 2000 PCER}</i></p>			
<p>III.A.2 Are there unmet needs of any special populations in the community?</p>	<p>II.A.2. Are there unmet needs of any special populations in the community?</p>	<p><b>NO COMPARABLE JCAHO STANDARD/INTENT</b></p>	<p><i>add to: Visits to Patient Care Settings Leadership &amp; Clinical Leadership/Staff Interviews</i></p>	<p>STAR (SV)</p>
<p>III.A.3 How frequently is the needs assessment updated?                      ____ annually                      ____ at time of project period grant submission in conjunction with strategic planning</p>	<p>III.A. 3 Is there a clear process for reviewing the program plan periodically and making midyear adjustments or implementing corrective action if needed?</p>	<p>LD.1.1.1 Planning addresses all patient care and organizationwide functions in this manual   <i>{Note: PCER specificity re frequency}</i></p>	<p>Leadership &amp; Governance Interviews</p>	<p>STAR (SV)</p>

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____ other (note frequency). When was the needs assessment updated last?	When was the needs assessment updated last?			
	III.A.4 Does the process include improved availability, accessibility, acceptability, and risk appropriate care?	<b>NO COMPARABLE JCAHO STANDARD/INTENT</b>	<i>add to: Leadership &amp; Governance Interviews</i>	STAR (SV)
III.A.4 Are the needs assessment process and results described in written form?	III.A.5 Are the needs assessment process and results described in written form?	LD.1.1.1 Planning addresses all patient care and organizationwide functions in this manual  <i><u>{Note: PCER specificity re written documentation}</u></i>	Leadership Interview. Document Review	STAR (SV)
	III.A.6 Does the needs assessment process involve parents, students, school faculty, center staff, school board, referral networks, and community partners?	<b>NO COMPARABLE JCAHO STANDARD/INTENT</b>	<i>add to: Leadership &amp; Governance Interviews</i>	STAR (SV)
III.B. Indicator The board and staff are knowledgeable about marketplace trends.	III.B. Indicator: The board and staff are knowledgeable about marketplace trends.			
III.B.1 Do board meetings include information about and discussions of the health care environment and marketplace trends?	III.B.1 Do advisory group meetings include information about and discussions of the health care environment and marketplace trends?	<b>NO COMPARABLE JCAHO STANDARD/INTENT</b>	<i>add to: Document Interview Governance Interview</i>	STAR (SV)
III.B.2 Are staff familiar with trends?		LD.1.2 The leaders communicate the organization=s plan(s) throughout the organization.	Visits to Patient Care Settings Clinical Leadership/Staff Interview	

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<p>III.B.3 Do board and staff have sufficient information to make informed decisions about the center=s mission, strategy and policies?</p>	<p>III.B.2 Do [advisory/planning group] and staff have sufficient information to make informed decisions about the SBHC mission, [plan], strategy, policies, and [protocols]?</p> <p><i>{Ed Note: Wording in [brackets] indicates minor difference from the 2000 PCER.}</i></p>	<p>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</p>	<p>Leadership Interview Governance Interview</p>	
<p>III.C. Indicator There is a written, board-approved, strategic plan which appropriately responds to the marketplace.</p>				
<p>III.C.1 <b>Does a written strategic plan exist?</b></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.</p>	<p>Document Review Leadership Interview</p>	
<p>III.C.2 Has the strategic plan been approved by the board?</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. LD.1.3.5 The organization=s scope of services is defined in writing and approved by the leaders.</p>	<p>Document Review Governance Interview Leadership Interview</p>	
<p>III.C.3.a Describe the strategic planning process.... Does the process include a reassessment of the mission?</p>		<p>LD.1.1 Planning includes establishing a mission and values, articulating a vision for the organization, and providing strategic, operational, programmatic, and</p>	<p>Leadership Interview Governance Interview</p>	

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		other plans and policies.		
<p>III.C.3.b Describe the strategic planning process.... Are data and information collected &amp; analyzed concerning potential needs regarding services, staff, facility, capital and equipment?</p>		<p>LD.1.3.1 The organization=s leaders and, as appropriate, community leaders and organization collaborate to design services. LD.1.3.3.1 The leaders are responsible for gathering, assessing, and acting on patient satisfaction information. LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation.</p>	<p>Leadership Interview Governance Interview</p>	
<p>III.C.3.c Describe the strategic planning process.... Does the health center=s budget support the strategic plan?</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 LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation LD.1.5.1 The budget review process considers the appropriateness of the organization=s plan for providing care to meet patient needs.</p>	<p>Leadership Interview Governance Interview</p>	
<p>III.C.3.d Describe the strategic planning process.... Are board members involved in the strategic planning process?</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.</p>	<p>Governance Interview Leadership Interview</p>	

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<p>III.C.3.e Describe the strategic planning process.... Are key staff involved in the strategic planning process? Are other staff generally aware of the strategic plan's goals and objectives? Key staff involved? Other staff aware?</p>		<p>LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. LD.1.2 The leaders communicate the organization=s plan(s) throughout the organization. LD.1.3.1 The organization=s leaders and, as appropriate, community leaders and organizations collaborate to design services.</p>	<p>Leadership Interview Visits to Patient Care Settings Clinical Leadership/Staff Interview</p>	
<p>III.C.3.f Describe the strategic planning process.... Are key stakeholders in the community consulted in the strategic planning process (including public housing residents, where applicable)?</p>		<p>LD.1.3.1 The organization=s leaders and, as appropriate, community leaders and organizations collaborate to design services.</p>	<p>Governance Interview Leadership Interview</p>	
<p>III.C.4 Is there an annual evaluation of the strategic plan?</p>		<p>LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation. <u>[Note: PCER specificity re frequency]</u></p>	<p><i>add to:</i> <i>Leadership Interview.</i> <i>Document Review</i></p>	
<p>III.C.5 Is there a capital plan, and does it fit the organization's needs? ___no capital plan ___yes, capital plan ___plan fits needs ___plan doesn't fit needs</p>		<p>LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation.</p>	<p>Leadership Interview Document Review</p>	
<p>III.C.6 Does the strategic plan address managed care</p>		<p>LD.1.1 Planning includes establishing a mission and values, articulating a vision</p>	<p>Leadership Interview</p>	

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and other reimbursement trends in the marketplace?		for the organization, and providing strategic, operational, programmatic, and other plans and policies. <u><i>[Note: PCER specificity re managed care &amp; reimbursement]</i></u>	[Fiscal Reviewer]	
III.C.7 Is the health center positioning itself to effectively compete in the local and state health care environment?		LD.1.3.1 The organization=s leaders and, as appropriate, community leaders and organizations collaborate to design srvc. <u><i>[Note: PCER specificity re Aeffectively compete]</i></u>	Leadership Interview [Fiscal Reviewer]	
III.D. Indicator There is a written annual operating plan that guides the board and management.	III.C. Indicator: There is a written annual current operating plan that guides the [advisory group and management. (i.e. current academic year-July-June)]  <i>{Ed Note: Wording in [brackets] indicates minor difference from the 2000 PCER}</i>			
III.D.1 Is a process used to integrate into the annual planning process any major changes which might impact the health center (e.g., industry changes, state reform initiatives, coverage and reimbursement issues, network involvement, mergers, etc.)?	III.C.1 Is a process used to integrate into the annual planning process any major changes which might impact the health center (e.g., industry changes, state reform initiatives, coverage and reimbursement issues, network involvement, mergers, etc.)?	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. LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation.	Leadership Interview	
III.D.2 Is the annual plan developed by staff and approved by the board?	III.C.2 Is the annual plan developed by staff and approved by the [advisory group]?	LD.1.1 Planning includes establishing a mission and values, articulating a vision for the organization, and providing	Leadership Interview Governance	

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		strategic, operational, programmatic, and other plans and policies. LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation..	Interview Document Review	
<p>III.D.3 How often &amp; by whom are financial &amp; statistical information reviewed to assure their consistency with the annual operating plan? If variances exist, is the operating plan revised?</p> <p>a. Frequency of review: ___ monthly ___ quarterly ___ semi-annually</p> <p>b. Reviewed by: ___ CFO ___ CEO ___ other senior staff ___ finance committee ___ full board</p> <p>c. If variances: ___ no, operating plan not revised ___ yes, operating plan revised accordingly</p>	<p>III.C.3 How often &amp; by whom are financial &amp; statistical information reviewed to assure their consistency with the annual operating plan? If variances exist, is the operating plan revised?</p> <p>a. Frequency of review: ___ monthly ___ quarterly ___ semi-annually</p> <p>b. Reviewed by: ___ CFO ___ CEO ___ other senior staff ___ finance committee ___ full board</p> <p>c. If variances: ___ no, operating plan not revised ___ yes, operating plan revised accordingly</p>	<p>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.</p> <p>LD.1.5 The leaders develop an annual operating budget and a long-term capital expenditure plan, including a strategy to monitor the plan=s implementation.</p>	<p>Leadership Interview. Governance Interview Document Review</p>	
<p>III E. Indicator Collaborations exist which ensure the effective use of limited health center resources, gain access to a comprehensive array of services for patients and evolve successfully with marketplace trends.</p>				
<p>III.E.1 <b>Does the health center have a collaboration and affiliation strategy to integrate and strengthen the system of care for under served clients?</b></p>		<p>LD.1.3.1 The organization=s leaders and, as appropriate, community leaders and organizations collaborate to design services.</p>	<p><i>add to:</i> Leadership Interview Document Review Clinical</p>	<p>STAR</p>

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served clients?		LD.3.2 The leaders maintain communication with functionally or corporately related health care delivery organizations. <u><i>{Note: BPHC specificity re under served}</i></u>	<i>Leadership/Staff Interview</i>	
III.E.2 With which organizations/entities does the center currently collaborate in order to provide comprehensive care to clients? Why? Is the collaboration formal (i.e. defined by a written contract, memorandum of agreement or letter)? Organization Purpose Formal (written agreement) Informal (written agreement)		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. LD.3.2 The leaders maintain communication with functionally or corporately related health care delivery organizations.	Leadership Interview Clinical Leadership/Staff Interview	
III.E.3 Is the health center involved in local, regional or statewide networks?		LD.1.3.1 The organization's leaders and, as appropriate, community leaders and organization collaborate to design services. LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. LD.3 Patient care services are integrated throughout the organization. LD.3.2 The leaders maintain communication with functionally or	Leadership Interview Clinical Leadership/Staff Interview Visits to Patient Care Settings	

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		corporately related health care delivery organizations.		
III.E.4 Have any collaborations, affiliations or participation in networks affected the health center=s ability to meet 330 law, regulation or program expectations?		LD.1.1.2 When the organization is part of a multiorganization system, its leaders participate in policy decisions that affect the organization <u><i>{Note: BPHC specificity re 330 requirements}</i></u>	<i>add to: Leadership Interview</i>	STAR
III.E.5 Are staff participating in local/state/regional coordinating committees, task forces, boards, etc.?		LD.1.3.1 The organization's leaders and, as appropriate, community leaders and organization collaborate to design services. LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes. LD.3 Patient care services are integrated throughout the organization. LD.3.2 The leaders maintain communication with functionally or corporately related health care delivery organizations.	Leadership Interview Clinical Leadership/Staff Interview Visits to Patient Care Settings	
IV. EXPECTATION: THE HEALTH CENTER HAS A QUALITY IMPROVEMENT SYSTEM THAT ADDRESSES BOTH CLINICAL SERVICES & MANAGEMENT.	IV. EXPECTATION: THE SBHC HAS A QUALITY IMPROVEMENT SYSTEM THAT ADDRESSES BOTH CLINICAL SERVICES & MANAGEMENT.			
IV.A Indicator The center has a written quality improvement/ management plan which	IV.A Indicator The center has a written quality management plan.			

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establishes a quality management team with broad representation from both clinical and management staff.				
IV.A.1 Is there a written quality management plan?	IV.A.1 Is there a written quality management plan?	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. LD.4.2 The leaders adopt an approach to performance improvement.	Document Review Leadership Interview	
IV.A.2 Does the plan establish a quality management committee?		LD.4.2 The leaders adopt an approach to performance improvement	Performance Improvement Interview Document Review Leadership Interview	
IV.A.3 Does the committee meet at least quarterly?		LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and systematically assessed and improved.	Performance Improvement Interview Document Review Leadership Interview	
IV.A.4 Are there complete minutes of quality management committee meetings?		LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and systematically assessed and improved	Performance Improvement & Leadership Interviews Document Review	

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IV.A.5 Are quality findings used in the development/revision of the quality management plan?		LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and systematically assessed and improved. LD.4.3.1.2 The leaders act on recommendations from cross-organization performance-improvement activities.	Document Review Leadership Interview Performance Improvement Interview	
IV.A.6 Are quality management findings routinely reported to the board, management and staff? a) Board b) Management c) Staff		LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and systematically assessed and improved. LD.4.3.1.1 The leaders appropriately communicate info from cross-organization performance-improvement activities.	Performance Improvement, Governance & Leadership Interviews Document Review	
IV.A.7 Who is responsible for the quality management program? ___ Clinical Director ___ QA Coordinator ___ Other (explain)		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.	Document Review Leadership, Performance Improvement & Clinical Ldrship/ Staff Interviews	
IV.B Indicator: Systems exist to assess and document performance and improvement including, at a minimum, patient satisfaction and access; quality of clinical care; quality of workforce and environment; cost and productivity; health status outcome.	IV.B Indicator: Systems exist to assess and document performance and improvement including, at a minimum, patient satisfaction and access; quality of clinical care; quality of workforce and environment; cost and productivity; health status outcome.			
IV.B.1 Are there processes in place to monitor	IV.B.1 Are there processes in place to monitor	LD.1.3.3.1 The leaders are responsible for gathering, assessing, and acting on	Performance Improvement	

JCAHO 2000-2001 AMBULATORY CARE STANDARDS CROSSWALK TO THE 2000 PCER & HS/HC PCER QUESTIONS  
MISSION & STRATEGY - MODULE I (3/2/01)

<b>2000 Primary Care Effectiveness Review (PCER) MISSION &amp; STRATEGY*</b>	<b>2000 Healthy Schools/Healthy Communities PCER</b>	<b>JCAHO 2000-2001 Ambulatory Care Standards**</b>	<b>JCAHO Survey Activities</b> [Fiscal Reviewer Activity]	<b>STAR/STAR (SV) ***</b>
performance and improvement of both clinical services and management? Are indicators established to measure improvement? __patients satisfaction __access __quality of clinical care (including at a minimum BPHC clinical outcome measures) __quality of workforce & environment __cost __productivity __health status	performance and improvement of both clinical services and management? Are indicators established to measure improvement? __patients satisfaction    __access __quality of clinical care (including at a minimum BPHC clinical outcome measures) __quality of workforce & environment __cost                            __productivity __health status [__ chart audits __staff credentialing & training requirements __patient self-assessment tools __CLIA certification __risk management assessment program]  <i>{Ed Note: Wording in [brackets] indicates minor difference from the 2000 PCER}.</i>	patient satisfaction information. 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.  HR 7.1 Credentialing criteria are uniformly applied to licensed independent practitioners applying to provide patient care services for the organization.	Interview Document Review Leadership Interview Clinical Leadership/Staff Interview	
IV.B.2 Are industry benchmarks used to compare with the center's indicators?		IM.10 Comparative performance data and information are defined, collected, analyzed, transmitted, reported, and used in accordance with national and state guidelines for data-set parity and connectivity. IM.10.1 The organization uses external reference databases, when available, for comparative purposes. LD.1.10 Clinical practice guidelines are used in designing or improving processes that evaluate and treat specific diagnoses, conditions, or symptoms, as appropriate.	Performance Improvement Interview Document Review Leadership Interview Clinical Leadership/Staff Interview	
IV.B.3 Are annual goals and objectives developed and monitored in order to improve these indicators?		LD.4.3 The leaders ensure that processes and activities that most affect patient outcomes are continually and	Performance Improvement Interview	

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MISSION & STRATEGY - MODULE I (3/2/01)

2000 Primary Care Effectiveness Review (PCER) MISSION & STRATEGY*	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
Note any improvements documented		systematically assessed and improved.	Document Review Leadership Interview	
IV.B.4 Does the health center=s information system (IS) adequately support the quality management system?	IV.B.2 Does the health center=s information system (IS) adequately support the quality management system?	IM.1 The organization plans and designs information management processes to meet internal and external information needs. IM.1.1 Internal and external information management processes are appropriate for the organization=s size and the complexity of its services.	Leadership Interview Clinical Leadership/Staff Interview Visits to Patient Care Settings	
IV.B.5 Does the board approve the process for measuring patient satisfaction and monitor results? a. Approves process b. Monitors results		LD.1.3.3.1 The leaders are responsible for gathering, assessing, and acting on patient satisfaction information. 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. LD.4.3.1.1 The leaders appropriately communicate information from cross-organization performance-improvement activities.	Governance Interview Leadership Interview Performance Improvement Interview	
	IV. B.3	LD.4 The leaders set expectations,	Governance,	

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**MISSION & STRATEGY - MODULE I (3/2/01)**

2000 Primary Care Effectiveness Review (PCER) <b>MISSION &amp; STRATEGY*</b>	2000 Healthy Schools/Healthy Communities PCER	JCAHO 2000-2001 Ambulatory Care Standards**	JCAHO Survey Activities <small>[Fiscal Reviewer Activity]</small>	STAR/ STAR (SV) ***
	Is there evidence to support the grantee's collection and submission of the SBHC's current minimum data set? Does grantee use collected data (quarterly & annual reports) for internal assessments of program progress and make modifications accordingly?	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.	Leadership, & Performance Improvement Interviews	

**Notes:**

\* **Embolden** PCER Question Is Mandatory/Required by Federal Law or Regulation

\*\* This column contains only the relevant standard(s) references; however, in each case the standard and intent statement which are evaluated by the surveyors were both considered when determining if the standards and PCER questions cross-walked.

\*\*\* ASTAR≡ references elements of the 2000 PCER which must be directly addressed due to the specificity of BPHC statutory, regulatory, legal, or other requirements. Notation in the STAR column consists of one of two designations: ASTAR≡ indicates those elements of the PCER which are self-reported by the health center and will be pro-actively validated by the surveyors; ASTAR (SV)≡ indicates elements of the PCER which are self-reported by the health center and sample validated by the surveyors.