Health Center:

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

2012 HEALTH CENTER SELF-REPORT TOOL

for

BPHC PROGRAM EXPECTATIONS

January, 2012

Health Center directions: This updated Self-Report Tool ONLY contains BPHC’s program expectations or Federal Tort Claims Act documentation that are required by law or regulation, and do not “crosswalk” to Joint Commission ambulatory care standards. Complete all applicable questions (Note: some questions need only be answered by centers receiving funding for special populations), and be prepared to provide the relevant documentation source for each response to the surveyor(s) during survey. Any special circumstances and/or additional information should be noted using the back page “For Additional Health Center Comments” section. Please sign the completed Self-Report Tool and have available for surveyor(s) review whenever they arrive on-site.

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

Unmet BPHC Program Expectations: Any findings will be incorporated into the Joint Commission accreditation report at the Leadership Standard LD.04.01.01/Element of Performance (EP) #2 from the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC): “The organization provides care, treatment, or services in accordance with licensure requirements, laws, rules, and regulations.”

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


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

Executive Director/CEO: _______________________________ Date: ________________

Clinical Director/CMO: _______________________________ Date: ________________

Board Chair/President: _______________________________ Date: ________________

01-01-12
III. MISSION & STRATEGY EXPECTATION: THE HEALTH CENTER UNDERSTANDS ITS HEALTH CARE MARKETPLACE AND ADAPTS AND REPOSITIONS ITSELF TO SURVIVE AND THRIVE IN THE MARKETPLACE.

IIIA. **Indicator:** A needs assessment is conducted periodically.

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

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

   Comments: ________________________________________________________________

   *Survey Activity: Leadership & Governance Discussion Sessions*

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

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

   Comments: ________________________________________________________________

   *Survey Activity: Leadership & Governance Discussion Sessions; Patient/System Tracer*
FROM GOVERNANCE PROGRAM EXPECTATIONS

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

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

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

Survey Activity: Governance Discussion Session

(Note #1: In situations where a waiver has been granted, the functions of the “Board” may instead be directed to the board of the sponsoring organization, an advisory board, or other alternative mechanisms as described in an approved waiver.

Note #2: There is no governing board requirement for health centers operated by an Indian tribe, or tribal or Indian organization under the Indian Self-Determination Act, or an urban Indian organization under the Indian Health Care Improvement Act.)

2-5. Does the board:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>YES</th>
<th>NO</th>
<th>Has Approved Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Determine the services to be provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Determine the hours and sites for the center?</td>
<td></td>
<td></td>
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<tr>
<td>4) Approve the annual budget &amp; grant application?</td>
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</tr>
<tr>
<td>5) Approve the selection and dismissal of the program director or CEO/Executive Director?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Comments:

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

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

<table>
<thead>
<tr>
<th>BOARD-ESTABLISHED POLICY</th>
<th>YES/DATE/SIGNATURE</th>
<th>NO</th>
<th>WAIVED [No waivers for 330(e) grantees]</th>
<th>EXEMPTED AS PUBLIC ENTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Compensation Schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Patient Confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Patient Grievance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Quality Assurance/Improvement Plan (reviewed &amp; approved every 3 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Financial/Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Charge &amp; Sliding Fee Schedules</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Credentialing/Privileging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Survey Activity: Competence Assessment Process & Governance Discussion Sessions

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

Comments:

Survey Activity: Governance Discussion Session
II. GOVERNANCE EXPECTATION: THERE IS SIGNIFICANT AND SUBSTANTIVE INPUT INTO THE MISSION AND POLICIES OF THE HEALTH CENTER FROM PEOPLE WHO USE THE HEALTH CENTER SERVICES.

IIA. Indicator: The board has a consumer majority or an approved waiver.

1. Are a majority of board members consumers/users of center services*? Yes___ No ___
   Comments: ________________________________________________________________

   Survey Activity: Governance Discussion Session

   *A consumer/user/patient is someone who has had a face-to-face encounter with a Licensed Independent Practitioner at the center within the two years prior to the most recent HRSA/BPHC grant submission, or who is a legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant.

1a. Can the consumer/user status of board members be verified? Yes___ No ___
   Comments: ________________________________________________________________

   Survey Activity: Governance Discussion Session; Billing records review

1b. If the health center has an approved waiver, is it actively pursuing the consumer input strategy approved under the waiver? Yes___ No ___ Not Applicable ___
   Comments: ________________________________________________________________

   Survey Activity: Governance Discussion Session

IIB. Indicator: The health center has defined mechanisms for ensuring input from special populations served by the health center.

INDICATE BELOW IF THE CENTER RECEIVES HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) FUNDING DESIGNATED TO SERVE ANY OF THE FOLLOWING SPECIAL POPULATIONS:

___ Homeless Persons (330h)  ___ People with HIV/AIDS (Ryan White Parts C & D)
___ Residents of Public Housing (330i)  ___ Migrant & Seasonal Farm Workers (330g)
___ Students in School-based Clinics (330e-i)  ___ Other: _____________________

IF THE CENTER RECEIVES HRSA FUNDING FOR ANY OF THE ABOVE SPECIAL POPULATIONS, PLEASE COMPLETE THE FOLLOWING:

1. Is there representation among consumer/user board members of the special population group(s)* served? Yes ___ No ___ NA___
   Comments: ________________________________________________________________

   Survey Activity: Governance Discussion Session

   *Only centers with 330g, 330h, 330i funding are required to have consumer board representation of these special populations.
IIIC. Indicator: The board, as a whole is reasonably representative of the people being served by the health center.

1. Do Board members reasonably reflect the health center user population in terms of race, ethnicity, and gender? Yes___ No ___

   Comments: _____________________________________________________________
   _______________________________________________________________________

   Survey Activity: Governance Discussion Session

III. GOVERNANCE EXPECTATION: THE SIZE AND COMPOSITION OF THE BOARD ENABLES THE BOARD TO FUNCTION EFFECTIVELY IN THE CURRENT HEALTH CARE ENVIRONMENT.

IIIА. Indicator: The total number of board members is appropriate to the size and complexity of the health center.

1. Is a number or limited range of board members specified in the bylaws? Yes___ No___
   If yes, indicate the number/range:___________________

   Comments: _______________________________________________________________________

   Survey Activity: Governance Discussion Session

2. For 330(e) community health centers and 330(g), migrant health centers, is the size of the board at least 9 but no more than 25 members, as required? Yes___ No ___

   Comments: _______________________________________________________________________

   Survey Activity: Governance Discussion Session

IIIB. Indicator: The board provides the expertise necessary to fulfill its mission and function effectively in the marketplace.

1. Based on the internal needs of the health center and the marketplace in which it operates, are the non-user board members representative of the local community and selected for their expertise in community affairs, finance, business, government, social services, legal affairs, labor relations, or other commercial and industrial concerns? Yes___ No ___

   Comments: _______________________________________________________________________

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

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

   Comments: ____________________________________________________________

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ... prohibit board members and their immediate families from being employees of the center?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) ... prohibit conflict of interest or the appearance of conflict by board members?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) ... address potential conflicts of interest for staff?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Comments: ____________________________________________________________

   *Survey Activity: Governance Discussion Session*

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

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

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

   *Survey Activity: Governance Discussion Session*

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

   *Survey Activity: Document Review*

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

   2. Does the board meet monthly or has this requirement been waived?
      Yes___ No___ Waiver Approved___
      Comments: ____________________________________________________________

   *Survey Activity: Governance Discussion Session*
IVC. **Indicator:** Board decisions are documented, and implementation is tracked.

1. a) Are minutes kept for each Board meeting? Yes___ No___
   b) Do they reflect Board approval of Quality Improvement activities? Yes___ No___
   Comments: ________________________________________________________________

   **Survey Activity:** Governance Discussion Session; Document Review

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FROM **MANAGEMENT & FINANCE PROGRAM EXPECTATIONS**

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

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

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

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

   **Survey Activity:** Leadership Discussion Session; Governance Discussion Session

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

   **Survey Activity:** Leadership Discussion Session; Governance Discussion Session

3. a) Is there a Quality Improvement/Quality Assurance Committee? Yes___ No___
   b) If Yes, do minutes of the QI/QA Committee meetings document QI/QA activities? Yes___ No___ NA___
   c) Is there annual training on risk management for all staff? Yes___ No___

   **NOTE TO SURVEYORS:** Also see the following Governance-related questions in the Clinical Program Expectations Section below: IA (p.7); IIB1 (p.8); IIB4a (p.11); IIIB2 (p.12); VIIB2 (p.13).
FROM CLINICAL PROGRAM EXPECTATIONS

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

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

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

<table>
<thead>
<tr>
<th>Lifecycle</th>
<th>Directly at health center site(s)</th>
<th>Through written referral agreement- list referral entity(s)</th>
<th>Through informal referral (no written agreement)- list referral entity(s)*</th>
<th>Not provided*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Perinatal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pediatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Adolescent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Adult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Geriatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Requires comments

Comments: ____________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Survey Activity: Patient Tracer; Governance, Leadership & Clinical Leadership/Staff Discussion Sessions
IB. Indicator: The center provides a comprehensive array of preventive services including: prenatal & perinatal services; cancer & other disease screening; eye, ear, & dental screening for children; family planning services; & preventive dental services.

1. Does the center provide prenatal and perinatal services?

<table>
<thead>
<tr>
<th>PROVISION OF PERINATAL CARE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prenatal/Perinatal Service</strong></td>
</tr>
<tr>
<td>a. Outreach to identify pregnant women.</td>
</tr>
<tr>
<td>b. Pregnancy testing on demand.</td>
</tr>
<tr>
<td>c. Immediate results of pregnancy test.</td>
</tr>
<tr>
<td>d. Perinatal case management</td>
</tr>
<tr>
<td>e. Nutrition counseling and referral to WIC</td>
</tr>
<tr>
<td>f. Assistance in obtaining Medicaid</td>
</tr>
<tr>
<td>g. Laboratory testing (including HIV serology)</td>
</tr>
<tr>
<td>h. Prenatal medical services provided</td>
</tr>
<tr>
<td>i. Post-partum family planning services</td>
</tr>
</tbody>
</table>

*Requires comments

Comments: ____________________________________________________________

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>IF YES, WHERE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal deliveries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical deliveries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic Counseling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________

Survey Activity: Patient Tracer; Leadership & Clinical Leadership/Staff Discussion Sessions
5. Does the health center provide cancer screening regularly for the center’s patients?

<table>
<thead>
<tr>
<th>Written protocols exist</th>
<th>Frequency Defined</th>
<th>Tracking and recall of abnormals</th>
<th>Follow-up on abnormals (as appropriate)</th>
<th>Evidence in medical records protocols are followed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>a. Cervical cancer/Pap smears</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Breast cancer/mammograms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Prostatic cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Colorectal cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:________________________

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Tracking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Recall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Referrals for lead abatement programs for homes of at-risk patients?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:________________________

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

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

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

Comments:________________________

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

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

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

Comments:________________________

Survey Activity: Patient Tracer; Leadership & Clinical Leadership/Staff Discussion Sessions
12. Does the center provide its patients with oral health education about dental preventive services, and appropriate referrals when indicated?

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

Comments: ________________________________________________________________
________________________________________________________________________

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

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

a. Is family planning counseling made available to patients, including adolescents? Yes___ No___

b. Is the full range of contraceptive methods made available to patients who wish to use contraceptives? Yes___ No___

c. Is there evidence in the medical record that this information, and the options, were discussed with the client? Yes___ No___

d. Are family planning patients screened and counseled for STDs? Yes___ No___

Comments: ________________________________________________________________
________________________________________________________________________

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

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

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

Comments: ________________________________________________________________
________________________________________________________________________

Survey Activity: Clinical Leadership/Staff Discussion; Patient Tracer

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

Comments: ________________________________________________________________
________________________________________________________________________

Survey Activity: Leadership and Clinical Leadership/Staff Discussion Sessions; Patient Tracer
ID. **Indicator:** The center has systems in place to insure that patients can receive the necessary pharmaceuticals to complete therapy for their medical and oral health conditions, and that drugs maintained in the center are appropriately stored, secured, and dispensed.

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

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

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

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

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

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

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

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

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

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

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

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

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

   *Survey Activity: Leadership, Governance, & Clinical Leadership/Staff Discussion Sessions; Patient Tracer*
2a. If x-rays are procured from sources offsite, does the center have a written contract or other agreement with a radiology group for radiology services? Yes___ No___ NA___

Comments: ______________________________________________________________
________________________________________________________________________

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

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

NA__ Waived testing__ PPM testing__ Moderate complexity__ High complexity____

b. Is the CLIA review current? Yes___ No___
c. When does the CLIA certificate expire?___________
d. Is there a written, board-approved laboratory policy and procedure manual? Yes___ No___ If yes, when was it last updated?_____

Comments: ________________________________________________________________

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

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

Comments: ______________________________________________________________
________________________________________________________________________

Survey Activity: Leadership & Clinical Leadership/Staff Discussion Sessions

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

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

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

Comments: ________________________________________________________________

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

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

Comments: ________________________________________________________________

Survey Activity: Clinical Leadership/Staff Discussion Session; Patient Tracer
VI. CLINICAL EXPECTATION: THE HEALTH CENTER’S SERVICES ARE ACCESSIBLE TO ITS TARGET POPULATION(S).

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

1. Does the geographic location(s) of the center’s service sites meet the needs of the client population, and provide convenient access? Yes___ No___
   Comments: _____________________________________________________________  
   Survey Activity: Clinical Leadership/Staff & Leadership Discussion Sessions; Patient Tracer

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

2. Are the hours appropriate to the needs of the population? Yes___ No___
   Comments: _____________________________________________________________  
   Survey Activity: Clinical Leadership/Staff, Leadership, & Governance Discussion Sessions; Patient Tracer

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

1. In cases where the center contracts for services, do these contracts contribute to providing high quality, available, and accessible services for the center’s clientele? Yes___ No___ NA___
   Comments: _____________________________________________________________  
   Survey Activity: Clinical Leadership/Staff & Leadership Discussion Sessions; Patient Tracer

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

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

2. Are the objectives in the health care plan achievable, time framed, and measurable relative to the Uniform Data System (UDS) clinical measures? Yes___ No___
   Comments: _____________________________________________________________  
   Survey Activity: Clinical Leadership/Staff and Leadership Discussion Sessions
VIII. **CLINICAL EXPECTATION**: The Center’s clinical leadership and staffing results in available, accessible, comprehensive, coordinated and high quality services for center patients.

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

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

<table>
<thead>
<tr>
<th>Documentation Type</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
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<tbody>
<tr>
<td>Immunization status</td>
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<tr>
<td>National Practitioner Data Bank (NPDB) query</td>
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<tr>
<td>DEA Registration (as applicable)</td>
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<td>Life support training (as applicable)</td>
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<td>Documentation of hospital privileges (as applicable)</td>
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Comments: __________________________________________

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

*Includes: Licensed Independent Practitioner; Licensed Practitioner (e.g., RN, LPN); Certified Practitioner/Technician (e.g., dental, lab, radiology)

XII. **CLINICAL EXPECTATION**: The health center has written policies and procedures to ensure the effective delivery of high quality health services.

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

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

<table>
<thead>
<tr>
<th>Policy/Procedure</th>
<th>EXISTS</th>
<th>CURRENT</th>
<th>USED BY STAFF</th>
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<tbody>
<tr>
<td>a. Hours of Operation?</td>
<td>YES</td>
<td>NO</td>
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<td>b. Patient referral and tracking systems?</td>
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<td>c. Tracking of xray &amp; lab tests (if FTCA covered)?</td>
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<td>c. Use of clinical protocols?</td>
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<td>d. Risk management procedures?</td>
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<td>e. Procedures for assessing patient satisfaction, including defining languages for the assessments?</td>
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<td>f. Triage, walk-in patients, and phone triage (if FTCA covered)?</td>
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<td>g. Analysis, appropriate action and followup of each malpractice/patient safety event (if FTCA covered)?</td>
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Comments: __________________________________________

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

FOR ADDITIONAL HEALTH CENTER COMMENTS

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<thead>
<tr>
<th>Page</th>
<th>Question #</th>
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