

I. Clinic Governance, Administration and Management (GAM)

GAM1. Governance and Administration

The purpose of the Governance, Administration, and Management (GAM) section is to provide a framework of tools by which a Clinic’s Governing Body ensures accountability, fairness, and transparency of the organization. The Standards describe mechanisms, which promote a Clinic’s duty to enhance living its mission, monitoring meaningful impact on current and future healthcare gaps, and ensuring viability of the organization. Additionally, these Standards describe the criteria for directors and managers to efficiently administer a Clinic’s operations.

GAM1a: Mission Statement & Goal Standards

A Clinic's Mission Statement clearly communicates services provided, by whom and to whom. A good Mission Statement includes rationale for the clinic, any guiding principles, and must be clear, memorable, and concise. Goal Statements provide direction for planning, evaluating plans, and guiding projects and actions.

Standard	Required Evidence	Optimal Evidence
1. A Clinic has a Mission Statement approved by the Clinic’s Governing Body.	Mission Statement with date of Governing Body approval. *Governing Body Minutes from meeting verifying approval of Mission Statement.	Governing Body approved Mission Statement reviewed annually by Board. Minutes reflecting this annual review.
2. A Clinic's Mission Statement addresses a documented, current community healthcare service need. *Current = within 3 years of today’s date	Section of Mission Statement verifying compliance to this standard. Section of documentation verifying community healthcare service need; including date of documentation publication.	At least one of the healthcare needs in the Mission Statement is identified in the most recent Community Health Needs Assessment (CHNA). Mission does not inappropriately duplicate other community programs serving the same need and/or population without demonstrated need or deficit in care/program.
3. A Clinic's identified Goal Statements are consistent with its Mission Statement and are specific, measurable, acceptable, realistic, and time-bound (S.M.A.R.T. goals).	Section of Goal Statement verifying compliance to this standard.	Governing Body Meeting Minutes verifying approval of Goal Statements. Strategic Plan links program(s) to Mission Statement and Goal Statements.

* If original policy cannot be located, Governing Body re-reviews and meeting minutes illustrate the approval process for stated standard.

GAM1b. Legal Document Standards

These Standards describe minimum legal accountability for a Clinic. The information contained in the Legal Document Standards is not intended to serve as legal advice nor should it substitute for legal counsel.

Standard	Required Evidence	Optimal Evidence
<p>4. A Clinic complies with all applicable federal, state and local laws, either as its own entity or through an umbrella entity/organization.</p>	<p>Governing Body meeting minutes validating by-law approval.</p> <p>Articles of Incorporation with certification from State of Wisconsin/Wisconsin Department of Financial Institution.</p> <p>Letter issuing Federal Tax Identification Number (TIN).</p> <p>Copy of federal tax exemption letter 501(c)3.</p> <p>Copy of Wisconsin Sales and Use Tax Certificate of Exempt Status (CES), as required.</p> <p>Copy of IRS 990 Form or equivalent, as required.</p>	

GAM1c. Governance Standards

Standard	Required Evidence	Optimal Evidence
<p>5. A Clinic is governed by an elected body.</p>	<p>Clinic by-laws with term limits and staggered terms for Governing Body.</p> <p>Clinic by-laws or other document showing that meetings are held regularly.</p> <p>Written meeting minutes reflecting actions of the Governing Body, including any reports and are maintained as required by law or funding source.</p> <p>Clinic roster showing Governing Body, staff, and volunteers reflect the diversity of the local community and patient population.</p>	<p>Maintain Governing Body commissioned committees with Governing Body members on each committee.</p> <p>Governing Body training manual that has key Governing Body documents.</p> <p>Written policy promoting diversity within the Governing Body, staff, and volunteers.</p>

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GAM1c. Governance Standards - CONTINUED

Standard	Required Evidence	Optimal Evidence
6. A Clinic has a Conflict of Interest Policy.	<p>Meeting minutes validating Governing Body approval of Conflict of Interest Policy.</p> <p>Potential Governing Body members complete the Conflict of Interest Disclosure statement as part of the application process.</p>	Annually scheduled submission of Conflict of Interest Disclosure statements.

GAM1d. Financial Standards

Standard	Required Evidence	Optimal Evidence
7. A Clinic maintains accurate financial records.	<p>Internal financial statements are provided to the Governing Body:</p> <ol style="list-style-type: none"> 1. At least quarterly. 2. Identify and explain any variation between actual and budget. 	<p>At least one non-staff, appointed individual provides financial oversight for the clinic.</p> <p>Publicized program and financial results annually to the community and donors.</p>
8. A Clinic establishes an Annual Budget approved by the Governing Body.	Meeting minutes verifying budget submission and approval prior to each fiscal year.	
9. A Clinic's Governing Body establishes financial policies and practices that ensure compliance with Standard Accounting Principles. See AICPA/FASB*	<p>Copy of financial policies.</p> <p>Copy of current budget and financial statements.</p> <p>A Clinic with annual cash income of \$500,000 or greater, is audited annually by an independent accounting firm in compliance with Generally Accepted Accounting Principles (GAAP).</p> <p>Experienced accounting professional on the Governing Body or documented relationship.</p>	<p>Links to Form 990 on website. Hard copies available at clinic.</p> <p>Independent accounting firm annual audit in compliance with Generally Accepted Accounting Principles (GAAP), regardless of annual cash income.</p>
10. A Clinic's fundraising practices follow the Association of Fundraising Professionals Code of Ethics.	Copy of fundraising policy or description of customary practice.	Profile on Guidestar.org.

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GAM1d. Financial Standards - CONTINUED

Standard	Required Evidence	Optimal Evidence
11. A Clinic's financial resources are used solely in furtherance of the clinic's charitable purposes and mission.	Meeting minutes demonstrating Governing Body approval of contracts for all contracts that are substantial or not approved in the current budget. Process for contract approvals, including authority to approve in relation to contract dollar amount. Annual budget does not carry a persistent deficit in net current assets.	

GAM2. Operational Competency

The purpose of the Operational Competency Standards is to identify those organizational functions, which contribute to an efficiently run clinic, meet required legal statutes for employees and show effective volunteer engagement.

GAM2a. Employee Management

Standard	Required Evidence	Optimal Evidence
12. A Clinic maintains employee records in compliance with all local, state, and federal laws.	Personnel files maintained in compliance with Wis. Statute 103.13. File for every employee containing job description and annual review.	Documented relationship or Governing Body member with Human Resources experience.
13. A Clinic's employees know their Job Descriptions and Clinic mission statement.	Job Description with employee signature upon hire.	As occurs, Job Description signed by employee with any updates or changes.
14. A Clinic has a current Employee Handbook.	Employee Handbook showing: <ul style="list-style-type: none"> ☐ accessible to all employees ☐ section on overtime expectations ☐ verification of receipt upon hire. 	Verification of annual review of Employee Handbook by director. Verification of employee notification of changes to Employee Handbook.

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GAM2a. Employee Management -CONTINUED

Standard	Required Evidence	Optimal Evidence
15. A Clinic posts current employment posters.	<p>Display current posters: Wage & Hours Posters: FLSA, FMLA, OSHA, EEO & EPPA.</p> <p>Complete the eLaws First Step Poster Advisor.</p>	
16. A Clinic reviews current licensure to practice.	<p>Job Descriptions include licensing and credentialing criteria as appropriate.</p> <p>Verification of current licensure, date of expiration, any limits to licensure, credentialing, and date of review.</p> <p>Confirmation of credentialing is documented.</p> <p>Record of all licensed clinic employees registered with VHCP or FTCA/HRSA, as applicable.</p>	
17. A Clinic conducts background checks on all employees.	<p>Signed Employee’s consent to conduct a criminal background check.</p> <p>Documentation of criminal background check.</p> <p>Documentation of periodic employee criminal background checks, including consent to background check or annual “self-report” process.</p>	<p>Extensive criminal background check completed including arrest records.</p>
18. A Clinic withholds payroll taxes in accordance with federal and state regulations.	<p>Current Federal IRS Form W-3.</p> <p>Current IRS Form W-4 signed by employee.</p> <p>Current year’s quarterly IRS Form 941s.</p>	<p>Annual notice is provided to employees about changing Form W-4 if change in address or withholdings occurs.</p> <p>A new Form W-4 when employee personal or financial situation changes.</p> <p>Utilize a payroll service or equivalent service.</p>

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GAM2b. Volunteer Management

Standard	Required Evidence	Optimal Evidence
19. A Clinic conducts annual review of all reviews all volunteers to assure current licensure to practice.	Volunteer Job Descriptions include appropriate licensing and credentialing criteria. Record of all licensed clinic volunteers registered with VHCP or FTCA/HRSA, as applicable.	Current licensure, date of expiration, any limits to licensure, credentialing, and date of review are documented.
20. A Clinic conducts criminal background checks on all volunteers that will be on the premises when there are patients or children present.	Signed Volunteer's consent to conduct a criminal background check. Documentation indicates online search through Wisconsin Circuit Court Access on volunteer background. Documentation of periodic volunteer criminal background checks, including consent to background check or annual "self-report" process.	Extensive criminal background checks completed including arrest records.
21. A Clinic has a current Volunteer Manual.	Written Volunteer Manual is available to all volunteers.	Volunteer Manual receipt and agreement to adhere signed annually by volunteers.
22. A Clinic tracks Volunteer hours.	Record of tracking of Volunteer hours.	
23. A Clinic has Volunteer recognition strategies and activities to retain and recognize volunteers.	A plan to recognize and retain volunteers.	

GAM2c. Policy & Procedure Manual

Standard	Required Evidence	Optimal Evidence
24. A Clinic maintains a Policy & Procedure Manual.	Written Policy & Procedure Manual is readily available to employees and volunteers.	Verification of Policy and Procedure Manual with regular review and updating.
25. A Clinic's Policies & Procedures are formally promulgated.	Policy & Procedures with approval date. Meeting minutes verifying Clinic Policies approval by Clinic Governing Body or delegation to management or Committee Commission.	

GAM3. Risk Management

The goal of the Risk Management Standards is to reduce risks to the clinic and ensure individual safety by identifying high risks and defining methods to avoid risk. Sources of risks to organization and individuals include but are not limited to financial viability, liability, organizational practices, and patient sources. All members of the Clinic are responsible to provide safe care and ensure safety processes.

GAM3a. Medication Management

Note: The Standards in this section are intended for application in clinics that dispense medications legally requiring a medical prescription from an on-site dispensary and/or pharmacy. These Standards refer to medication prescriptions that are not classified as controlled substances as determined by the Drug Enforcement Act and the Food and Drug Administration. Refer to federal- and state-specific mandates for proper licensing and dispensing of these controlled substances.

Standard	Required Evidence	Optimal Evidence
<p>26. A Clinic has a process for obtaining, receiving, storing, and disposing of medications in accordance with all applicable federal, state, and local laws and regulations, including the Drug Supply Chain Security Act (DSCSA), as well as a gift in-kind donor mandates, if applicable.</p>	<p>Pharmacy manual, logbook and/or other document showing all medications, and household and non-household pharmaceutical waste are:</p> <ul style="list-style-type: none"> ☐ Maintained in a secure location not accessible to general public or patients; ☐ Maintained under and monitored for appropriate storage conditions; ☐ Safely disposed of. <p>An updated inventory of all prescription medications.</p>	<p>If accepted donated medication, registration and compliance with the Wisconsin Drug Repository.</p>
<p>27. A Clinic’s staff demonstrate safe and effective clinical decision-making about patient care and therapeutic options.</p>	<p>Provides medications under the license of a healthcare provider with current prescriptive authority.</p> <p>Pharmacist or appropriate staff documents in medical record patient’s medication history, including allergies, adverse drug reactions, and contraindications with current prescriptions at every visit.</p>	<p>Documentation of Clinician’s review of medical history, including allergies, adverse drug reactions, medication list and recent laboratory testing at every visit.</p>
<p>28. A Clinic has a process to ensure clear, accurate communication of prescription information to pharmacist or other staff.</p>	<p>Hand-written prescriptions are legible.</p> <p>Oral orders are only given in an emergency situation and are verified as soon as possible by written order.</p>	<p>If clinic has EMR will use E-prescribing to communicate new and renewed prescriptions to the pharmacy.</p>

GAM3a. Medication Management- CONTINUED

<p>29. A Clinic prepares and dispenses medications in accordance with all applicable federal, state, and local laws and regulations and gift in-kind donor mandates, if applicable.</p>	<p>Pharmacist or other with authority to dispense medications labels all dispensed medications as required by law.</p> <p>Medication samples are dispensed in original manufacturer's sealed packaging; Med 17.04.</p> <p>Documented in the medical record when dispensing medications.</p> <p>All new prescriptions checked for appropriate indication and dose, dosing adjustments, possible drug-drug interactions, duplicate therapies, and allergies.</p> <p>Medication dispensing occurs in an uninterrupted work environment, free of distractions.</p> <p>Medication errors are reported to a healthcare provider and addressed in a dispensary/pharmacy log to minimize patient harm.</p> <p>Secondary staff member and the primary dispenser checks the order for accuracy.</p>	<p>Pharmacist or appropriate clinical staff enters prescription order into pharmacy database system.</p>
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GAM3a. Medication Management- CONTINUED

Standard	Required Evidence	Optimal Evidence
<p>30. A Clinic systematically implements a process for helping patients to safely and effectively administer their medications.</p>	<p>Medication consultation in appropriate language on any prescriptions dispensed in the clinic including:</p> <ul style="list-style-type: none"> □ indication, □ administration, □ dosage, □ potential risks, □ intended outcome of therapy. <p>Assessment of patient/family/caregivers' understanding of medications and dates recorded in medical record.</p> <p>Documentation of evidence-informed education method such as Teach-Back to ensure patient/family/caregivers understanding of patient medications and how to take them safely and effectively. Documentation in patient medical record.</p>	<p>Written literacy-level and culturally appropriate educational materials and resources for patient/family/caregivers that describe the medication's indications, administration, dosage, potential risks, and intended outcome of therapy.</p> <p>Written materials are in a culturally appropriate format.</p> <p>Written materials are in literacy-level appropriate format.</p>
<p>31. A Clinic routinely assesses therapeutic response to medication therapy.</p>	<p>Documentation of assessment and adherence level and barriers to safe and effective self-administration of medications in the medical record.</p> <p>Documentation in medical record of monitoring of therapeutic response with evidence-based clinical indicators.</p> <p>Documentation in medical record in ADR/allergies section of the medical record monitoring for (ADR's).</p>	<p>Record of report of medication adverse effects to FDA.</p>

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GAM3b. Environmental Safety

Standard	Required Evidence	Optimal Evidence
<p>32. A Clinic implements processes to reduce the risk of harm and injury from environmental factors.</p>	<p>Policies and Procedures to assure a safe environment in the clinic setting including: 1) Fire safety and evacuation plan, 2) Hazardous chemical and wastes exposure and removal, 3) Transportation of contaminated items and sharps, and 4) Weather emergencies</p> <p>Governing Body minutes reflect review of policies and procedures guiding a safe environment.</p> <p>Orientation processes demonstrates understanding of information about how threats and disruptive behaviors, fire safety, and environmental hazards are managed. Documented orientation (agenda and attendee list).</p> <p>Material Safety Data Sheet (MSDS) for each chemical used or stored in the clinic are accessible.</p>	

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GMA3c. Transmission of Bloodborne Pathogens and Communicable Disease

Standard	Required Evidence	Optimal Evidence
<p>33. A Clinic will reduce the risk of transmission of communicable diseases/ bloodborne pathogens.</p>	<p>Documentation of:</p> <ol style="list-style-type: none"> 1. Personal Protective Equipment (PPE) is easily accessible to all clinic personnel. 2. Clinic adheres to Universal Precautions. 3. Clinic implements evidence-based hand hygiene practices. 4. All needles and sharps are disposed of in specially designed needle disposal receptacles. <p>Clinic has a process to:</p> <ol style="list-style-type: none"> 1. Identify patients with potential communicable diseases. 2. Contain, clean and dispose of body fluids. 3. Implement isolation of potentially communicable patient. 4. Communicate exposure, or potential exposure, to clinic personnel and patients. 5. Respond to patient/ clinic personnel exposure. <p>Access to current guidelines regarding treatment and reporting of communicable diseases, as required by local, state, and federal law.</p>	<p>Clinic uses needles and sharps designed to prevent injury.</p> <p>Evidence of compliance with CDC guidelines for TB screening.</p>

GAM3d. Liability

Standard	Required Evidence	Optimal Evidence
<p>34. A Clinic has malpractice insurance for volunteer providers.</p>	<p>Documentation of volunteer provider registration with the VHCP or FTCA/HRSA or other malpractice coverage.</p>	

GAM3d. Liability - Continued

<p>35. A Clinic maintains additional malpractice coverage through the WI Injured Patient and Families Compensation Fund (or “the Fund”) as applicable per state regulations.</p>	<p>Receipt for coverage via annual malpractice insurance through insurance carrier.</p>	
<p>36. A Clinic provides professional liability (medical malpractice) insurance and Directors and Officers liability insurance which includes employment practices liability protection.</p>	<p>Records indicate all licensed clinic employees/volunteers are registered with VHCP or FTCA/HRSA.</p> <p>Clinic files verify registration is maintained and renewed with VHCP or FTCA/HRSA.</p> <p>Copy of Professional liability coverage for staff and volunteers not covered VHCP or FTCA/HRSA.</p> <p>Copy of Directors and Officers insurance coverage declaration page or paid invoice.</p>	<p>Meeting minutes from Governing Body or attorney review of VHCP or FTCA/HRSA coverage to determine if additional coverage is needed; such as Professional Liability Coverage or Board and Directors Coverage.</p> <p>Professional liability coverage for Executive Director and paid staff.</p> <p>A fidelity bond and/or commercial crime insurance, with liability limits no less than the maximum amount of cash and cash equivalents on hand at any point in the year, for acts of dishonesty by staff, volunteers, and board members with financial duties is also provided.</p>

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GAM3e. Patient Information Security

Standard	Required Evidence	Optimal Evidence
<p>37. A Clinic communicates and maintains patient information to protect all “individually identifiable health information” and all “protected health information”.</p>	<p>Written policy to protect patients’ privacy and healthcare information including:</p> <ol style="list-style-type: none"> 1. Limiting the use and disclosure of protected health information. 2. Need to obtain written permissions from patients to authorize covered entities to use or disclose health information. 3. Process on medical record retention and destruction. 4. Transfer of patient information outside the clinic in a secure confidential manner. 5. Documentation of orientation of all clinic personnel regarding patient privacy rights, communication of patient healthcare information. 6. Password-protected access to computers and electronic data (e.g., documents, spreadsheets, etc.) with patients’ protected health information. 7. Expectations regarding not sharing passwords and appropriate use of electronic data containing patients’ protected health information (e.g., not sending and storing the data on another device, etc.) 8. Appropriate use of e-mails and other communications of data containing patient’s protected health information. 9. Notice of Privacy Practices is provided to patients regarding disclosure and use of personal health information. <p>Medical records are maintained in a secure location.</p>	

GAM4. Performance Measurement

The purpose of the Performance Management Standards is to help clinics identify elements of a performance improvement program, which utilizes best practice guidelines to enhance the quality of care delivered to the free or charitable clinic population.

Standard	Required Evidence	Optimal Evidence
38. A Clinic implements quality improvement practices.	<p>Clinic meeting agenda and meeting minutes on quality improvement practices.</p> <p>Identify and implement at least one performance improvement activity per year.</p>	A Quality Improvement Plan based on the evaluation of data approved by the Clinic's Governing Body.

GAM4b. Data Collection

Standard	Required Evidence	Optimal Evidence
39. A Clinic collects and records patient data to describe and measure patient demographics and/or clinical performance.	Annual data reports on patient visits, number of unique patients, demographics of unique patients, and donated hours by volunteer providers. These demographics include but are not limited to: Income, Race/Ethnicity, and Gender. Annual data report.	Data analysis report from required evidence is used to demonstrate measurement and reporting of one clinical outcome related to: Chronic Conditions, Preventive Care, or Measures on clinical utilization.
40. A Clinic measures patient experience.	Periodic report of patient experience and feedback collected through surveys, phone calls, or other means.	A written plan to improve patient experience based upon the patient experience report.
41. A Clinic records "basic" patient information in a medical record.	<p>Medical record collects patient data to include all elements of the CCD (Consolidated Clinical Document Architecture):</p> <ol style="list-style-type: none"> 1. Allergies 2. Medications 3. Immunizations 4. Conditions 5. Procedures 6. Test results 7. Medical history 8. Vitals 9. Provider notes 10. Past visits 11. Plan of care 12. Reason for transition 13. Patient instructions 14. Admitting diagnosis 15. Demographics 16. Insurance information 	<p>Collect patient data for at least one of the following measures or similar:</p> <ol style="list-style-type: none"> 1. Tobacco Use 2. Alcohol Consumption 3. Depression Screening 4. Trauma Screening (trauma-informed care) 5. Glucose level 6. Nutrition Counseling 7. Opioid