Standards of Excellence

Version 2 – March 29, 2019

This project is funded in part by the Advancing a Healthier Wisconsin Endowment of the Medical College of Wisconsin.

The information contained in the WAFCC Standards of Excellence is not intended to serve as legal advice nor should it substitute for legal counsel. The WAFCC Standards of Excellence is not exhaustive, and readers are encouraged to seek additional detailed technical guidance to supplement the information contained herein.

It is the policy of the Wisconsin Association of Free & Charitable Clinics (WAFCC) not to discriminate on the basis of age, disability, race, creed, color, national origin, religion, gender identity, or sexual orientation.

STANDARDS OF EXCELLENCE INTRODUCTION

The mission of the Wisconsin Association of Free and Charitable Clinics (WAFCC) is to support, strengthen and advocate for the uniqueness of the Wisconsin free and charitable clinics (FCCs), the patients they serve, and the communities with whom they partner. The WAFCC offers guidance to those dedicated to delivering free or charitable care and believes the establishment of accepted norms of care can and will enrich the care of those people in greatest need. The WAFCC Standards of Excellence offer measurable guidance specific to the FCC environment, practices and health services. The Standards are a strategic dynamic tool to help FCCs meet the quality challenges of health care delivery.

Measurement of the Standards will provide direction for goal setting, planning to meet goals, evaluating plans, and for guiding projects and actions and may be used in establishing new FCCs and for self-assessment by existing clinics. Attainment and maintenance of the Standards ensures the integrity of services and promotes trust with patients, providers and the community. While WAFCC recognizes each FCC may function and is supported differently, the Standards define those core, evidence-based, and regulatory elements that ensure health care services are effective, safe, patient/family-centered, timely, efficient, and equitable (*Institute of Medicine, Crossing the Quality Chasm, 2001*).

A collaborative of the WAFCC members wrote the Standards. Input from experienced FCC members, three pilot clinics and an expert Committee and Advisory Board further guided the development of a document structured liberally enough to allow adaptation to a variety of clinic settings, yet possess sufficient rigor to challenge FCCs to achieve a high quality of care for the people they serve. The WAFCC welcomes feedback from FCCs to foster an open dialogue for continual improvement within the Standards, please consider joining our Standards Committee or Advisory Panel.

Each Standard is written as a measurable statement describing the outcomes necessary to attain excellence. The document further defines two levels of evidence to describe what a successful clinic will look like once the standard is met. Clinics that have obtained a silver or gold seal can be resurveyed every three years. However, bronze seal clinics will continue to be resurveyed on a yearly basis.

"Required Evidence" details the document, observable or written process, or tangible verification that demonstrates the standard is minimally met. To receive the annual Standards of Excellence Seal a clinic must demonstrate all *Required Evidence* is met for each of the standards.

"Optimal Evidence" details the document, observable or written process, or tangible verification to demonstrate the FCC exceeds the minimum requirements for that standard. Meeting the *Optimal Evidence* indicates a FCC has achieved the highest level of excellence for that standard. Free and charitable clinics meeting all required evidence and further achieving more then one standard at the optimal level will receive special recognition and promotion through the WAFCC.

Guidance, resources, and connections to collaborating members are available at www.WAFCClinics.org to assist FCCs to achieve the Standards of Excellence. The WAFCC is committed to helping all Wisconsin FCCs be successful partners with patients, families, and communities to better serve our neighbors in the greatest need of care.

"Standards are the distilled wisdom of people with expertise in their subject matter and who know the needs of the organizations they represent… Standards are knowledge. They are powerful tools that can help drive innovation and increase productivity. They can make organizations more successful and people's everyday lives easier, safer, and healthier." - The British Standards Institution, 2017

STANDARDS OF EXCELLENCE SECTIONS

The *WAFCC Standards of Excellence* are designed to promote and describe best practices which maximize access to healthcare and improve the overall quality of care for the uninsured, underserved, economically and socially disadvantaged, and vulnerable populations; along with define factors which facilitate organizational competence in free and charitable clinics (FCCs) in Wisconsin.

Sections:

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

GAM1c. Governance Standards

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

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GAM1c. Governance Standards - CONTINUED

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

GAM1d. Financial Standards

Standard	Required Evidence	Optimal Evidence
7. A Clinic maintains accurate financial records.	Internal financial statements are provided to the Governing Body: 1. At least quarterly. 2. Identify and explain any variation between actual and budget.	At least one non-staff, appointed individual provides financial oversight for the clinic. Publicized program and financial results annually to the community and donors.
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*	Copy of financial policies. Copy of current budget and financial statements. 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). Experienced accounting professional on the Governing Body or documented relationship.	Links to Form 990 on website. Hard copies available at clinic. Independent accounting firm annual audit in compliance with Generally Accepted Accounting Principles (GAAP), regardless of annual cash income.
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: • 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.	Display current posters: Wage & Hours Posters: FLSA, FMLA, OSHA, EEO & EPPA. Complete the eLaws First Step Poster Advisor.	
16. A Clinic reviews current licensure to practice.	Job Descriptions include licensing and credentialing criteria as appropriate. Verification of current licensure, date of expiration, any limits to licensure, credentialing, and date of review. Confirmation of credentialing is documented. Record of all licensed clinic employees registered with VHCP or FTCA/HRSA, as applicable.	
17. A Clinic conducts background checks on all employees.	Signed Employee's consent to conduct a criminal background check. Documentation of criminal background check. Documentation of periodic employee criminal background checks, including consent to background check or annual "self-report" process.	Extensive criminal background check completed including arrest records.
18. A Clinic withholds payroll taxes in accordance with federal and state regulations.	Current Federal IRS Form W-3. Current IRS Form W-4 signed by employee. Current year's quarterly IRS Form 941s.	Annual notice is provided to employees about changing Form W-4 if change in address or withholdings occurs. A new Form W-4 when employee personal or financial situation changes. Utilize a payroll service or equivalent service.

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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
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.	Pharmacy manual, logbook and/or other document showing all medications, and household and non-household pharmaceutical waste are: • Maintained in a secure location not accessible to general public or patients; • Maintained under and monitored for appropriate storage conditions; • Safely disposed of. An updated inventory of all prescription medications.	If accepted donated medication, registration and compliance with the Wisconsin Drug Repository.
27. A Clinic's staff demonstrate safe and effective clinical decision-making about patient care and therapeutic options.	Provides medications under the license of a healthcare provider with current prescriptive authority. 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.	Documentation of Clinician's review of medical history, including allergies, adverse drug reactions, medication list and recent laboratory testing at every visit.
28. A Clinic has a process to ensure clear, accurate communication of prescription information to pharmacist or other staff.	Hand-written prescriptions are legible. Oral orders are only given in an emergency situation and are verified as soon as possible by written order.	If clinic has EMR will use E-prescribing to communicate new and renewed prescriptions to the pharmacy.

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.	Pharmacist or other with authority to dispense medications labels all dispensed medications as required by law. Medication samples are dispensed in original manufacturer's sealed packaging; Med 17.04. Documented in the medical record when dispensing medications. All new prescriptions checked for appropriate indication and dose, dosing adjustments, possible drug-drug interactions, duplicate therapies, and allergies. Medication dispensing occurs in an uninterrupted work environment, free of distractions. Medication errors are reported to a healthcare provider and addressed in a dispensary/pharmacy log to minimize patient harm. Secondary staff member and the primary dispenser checks the order for accuracy.	Pharmacist or appropriate clinical staff enters prescription order into pharmacy database system.

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GAM3a. Medication Management - CONTINUED

Standard	Required Evidence	Optimal Evidence
30. A Clinic systematically implements a process for helping patients to safely and effectively administer their medications.	Medication consultation in appropriate language on any prescriptions dispensed in the clinic including: • indication, • administration, • dosage, • potential risks, • intended outcome of therapy. Assessment of patient/family/caregivers' understanding of medications and dates recorded in medical record. 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.	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. Written materials are in a culturally appropriate format. Written materials are in literacy-level appropriate format.
31. A Clinic routinely assesses therapeutic response to medication therapy.	Documentation of assessment and adherence level and barriers to safe and effective self-administration of medications in the medical record. Documentation in medical record of monitoring of therapeutic response with evidence-based clinical indicators. Documentation in medical record in ADR/allergies section of the medical record monitoring for (ADR's).	Record of report of medication adverse effects to FDA.

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GAM3b. Environmental Safety

Standard	Required Evidence	Optimal Evidence
32. A Clinic implements processes to reduce the risk of harm and injury from environmental factors.	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 Governing Body minutes reflect review of policies and procedures guiding a safe environment. 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). Material Safety Data Sheet (MSDS) for each chemical used or stored in the clinic are accessible.	

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GMA3c. Transmission of Bloodborne Pathogens and Communicable Disease

Standard	Required Evidence	Optimal Evidence
33. A Clinic will reduce the risk of transmission of communicable diseases/ bloodborne pathogens.	Documentation of: 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. Clinic has a process to: 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. Access to current guidelines regarding treatment and reporting of communicable diseases, as required by local, state, and federal law.	Clinic uses needles and sharps designed to prevent injury. Evidence of compliance with CDC guidelines for TB screening.

GAM3d. Liability

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

GAM3d. Liability - Continued

35. A Clinic maintains additional malpractice coverage through the WI Injured Patient and Families Compensation Fund (or "the Fund") as applicable per state regulations.	Receipt for coverage via annual malpractice insurance through insurance carrier.	
36. A Clinic provides professional liability (medical malpractice) insurance and Directors and Officers liability insurance which includes employment practices liability protection.	Records indicate all licensed clinic employees/volunteers are registered with VHCP or FTCA/HRSA. Clinic files verify registration is maintained and renewed with VHCP or FTCA/HRSA. Copy of Professional liability coverage for staff and volunteers not covered VHCP or FTCA/HRSA. Copy of Directors and Officers insurance coverage declaration page or paid invoice.	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. Professional liability coverage for Executive Director and paid staff. 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.

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GAM3e. Patient Information Security

Standard	Required Evidence	Optimal Evidence
37. A Clinic communicates and maintains patient information to protect all "individually identifiable health information" and all "protected health information".	Written policy to protect patients' privacy and healthcare information including: 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. Medical records are maintained in a secure location.	

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.

GAM4a. Quality Improvement

Standard	Required Evidence	Optimal Evidence
38. A Clinic implements quality improvement practices.	Clinic meeting agenda and meeting minutes on quality improvement practices. Identify and implement at least one performance improvement activity per year.	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.	Medical record collects patient data to include all elements of the CCDA (Consolidated Clinical Document Architecture): 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	Collect patient data for at least one of the following measures or similar: 1. Tobacco Use 2. Alcohol Consumption 3. Depression Screening 4. Trauma Screening (trauma-informed care) 5. Glucose level 6. Nutrition Counseling 7. Opioid

II. Optimizing the Patient Care Experience (OPC)

Free and charitable clinics provide healthcare services to the most needy in the community—uninsured, underserved, economically and socially disadvantaged, marginalized and vulnerable populations. *Optimizing the Patient Care Experience Standards* will support clinics in providing the best possible experience of care for these patients. Optimal care is compassionate, available when it is needed, high quality, evidence-based, patient-centered, and focused on improving outcomes.

OPC1. Optimal Access to Care

Meeting the *Optimal Access to Care Standards* will help FCCs show how their organizations define, provide, and evaluate access to health care services for their target populations. Fulfilling the *Optimal Access to Care Standards* will facilitate the clinic's role to bridge a gap in the healthcare system for a population that would otherwise lack access to healthcare.

OPC1a. Understanding the Population

Each clinic serves a unique population, and providing optimal access to care requires an understanding of the community being served and the needs of the target population.

Standard	Required Evidence	Optimal Evidence
42. A Clinic identifies the health-related needs of the community they serve.	A process to identify community level health care needs.	
43. A Clinic describes the target population for whom they provide services.	Demographic information on the aggregate population, which may include: age, race/ethnicity, preferred language, gender identity, income, education, employment.	
44. A Clinic designs relevant programs and services to meet the needs of the target population.	Assessment and evaluation of community needs using available tools and data. Plan to address identified needs.	
45. A Clinic engages in activities to understand and meet the cultural and linguistic needs of its population.	Process to utilize demographic data to provide language appropriate services to target population. Policy defining language interpretation services provided at the clinic.	Translation services and printed materials based on language preferences of patient population.
46. A Clinic recognizes the opioid addiction/overdose crisis in its community.	Process to assess clinic capacity to address risk for opioid use, misuse, abuse and/or addiction in its population.	Plan to appropriately address the identified risk. Governing Body approved documents detailing the scope of opioid addiction services to be offered at the clinic and a standardized referral procedure for obtaining services beyond the scope of clinic capability.

OPC1b. Filling the Gap

Standard	Required Evidence	Optimal Evidence
47. A Clinic provides services to a defined population that is unable to get desired care from other settings.	Governing Body approved policy describing the population they serve and the gap the Clinic is filling.	
48. A Clinic provides care to all who qualify for services within the organization's scope of practice and capacity.	Governing Body approved eligibility policy. A documented eligibility screening process. Referral process for patients who do not qualify for Clinic services.	
49. A Clinic identifies and addresses access needs.	Defined process for providing access to appointments at the Clinic. A plan or process for triage of walk-in patients, phone calls, and after hours coverage.	Evaluation of supply and demand issues and a plan or process in place to address this.

OPC1c. Expanding Access through Community Partnerships and Referral Networks

Patients have complex physical, social, psychological, and spiritual concerns that extend beyond the scope of practice of many free and charitable clinics. To address these needs and to connect patients with the desired care, clinics will establish a network of referral services and community resources to address needs beyond their capabilities.

Standard	Required Evidence	Optimal Evidence
50. A Clinic expands access to needed services through a referral network.	Process to recruit and maintain relationships with providers representing the spectrum of health needs of the target population. Current list of community referral resources. Example: Statewide 2-1-1 system or HealthConnect.link. Handout of referral sources in Clinic's community. Plan to train staff regarding community resources and how patients can access them.	Documentation of agreements, both formal and informal, discussions, and/or meeting minutes with other organizations to provide healthcare.
51. A Clinic maintains a tracking process for diagnostic tests and referrals.	Process to track diagnostic testing (i.e. labs, imaging, etc.) and referral orders, recording results and the action(s) taken in the medical record, and following-up on "un-resulted," pending tests, and referrals.	Designated staff/volunteer who schedules appointments for specialty care and referrals and follows up with results of completed referrals. Documentation in patient medical record.

OPC1d. Transitioning to Permanent Health Care Home

Although free and charitable clinics provide essential services to many individuals, the end goal for most patients is acquiring health insurance and transitioning to a permanent health care home.

Standards	Required Evidence	Optimal Evidence
52. A Clinic identifies patients who are uninsured and helps them gain coverage.	Process to inform patients of insurance options. Training procedure to improve staff competency in assessing patients' eligibility for health insurance.	
53. A Clinic assists patients when appropriate to find a permanent health care home.	Documentation of screening for all new patients and periodically thereafter for eligibility to receive clinic services. Standardized process to help assess eligibility for a health insurance plan. Refer to proper agency to enroll if eligible.	Process to help newly insured person identify a health care home and coordinate a safe transition. Follow-up process to ensure the successful transition.

OPC2. Care Management and Support

The purpose of the *Care Management and Support Standard* is to help clinics systematically identify and address vulnerability or high risk for poor health outcomes in the population they serve. These Standards define measures to provide care coordination using a team-based approach.

OPC2a. Forming the Patient-Centered Care Team

Providing optimal care for patients/families/caregivers requires a team approach of clinical and non-clinical staff. Continuity of care with the same health care provider is the ideal for building trust relationships that improve health outcomes. Clinics can encourage trust by helping patients understand their relationship to the clinic as a team-based partnership, and by sending clear, consistent messages describing the clinic's role and responsibilities as a provider.

Standard	Required Evidence	Optimal Evidence
54. A Clinic uses a team to provide a range of health care services.	Defined roles for clinical and non-clinical team members. Job descriptions on file and updated for all care team members. Process to include patient/families/caregivers as primary members of team. Plan to recruit volunteers and/or hires staff to provide care based on the identified needs of the target population. A structured communication process between team members focused on care for individuals. Example: Clinic holds scheduled team meetings routinely to improve care for all patients.	Develops evidence-based clinical protocols to be used across the care team. Clearly articulated set of shared goals. Process to collect feedback on successes and failures in the functioning of the team and achievement of the team's goals. Documentation of any special training of the care team members required to provide health care services to the target population. Example: Care team members are trained in managing the health care needs of the target population, using evidence-based approaches to self-management support, and addressing needs of individuals and families/caregivers proactively.

OPC2a. Forming the Patient-Centered Care Team - CONTINUED

Standard	Required Evidence	Optimal Evidence
55. A Clinic clearly and consistently communicates to the patients/families/ caregivers its role as a safety net provider in meeting their healthcare needs.	Governing Body approved policy stating exactly what the clinic provides in the way of health care services, what responsibilities the clinic has in the patient/clinic relationship and what responsibilities the patient has in the patient/clinic relationship. Orientation process for persons new to the clinic, including the provision of a written plain language handout stating the clinic responsibilities and patient responsibilities. Written document used to educate all patients/families/caregivers on clinic hours, scope of services, and the availability of emergent and non-emergent treatment when the clinic is closed. Process for staff and volunteers to provide information regarding patient-clinic responsibilities to patients and families/caregivers.	Governing Body approved policy for utilizing patient and family/caregiver input to improve the provision of healthcare.

OPC2b. Supporting Self Care and Shared Decision-Making

While healthcare providers and clinical staff may provide expertise, advice and care, ultimately the individual, together with their support system, is in charge of managing their care.

Standard	Required Evidence	Optimal Evidence
56. A Clinic demonstrates use of materials to support patient/family/caregivers in self-management and shared decision-making.	Educational materials and resources for patient/family/caregivers. Self-management tools to record self-care results. Documentation in the medical record of offer to provide services or refer patient/ family/ caregivers to structured health education programs.	Adopts shared decision-making tools. Regular assessment of the relevance and usefulness of materials, tools and community resources.

OPC2c. Identifying Vulnerable and High-Risk Patients

Standard	Required Evidence	Optimal Evidence
57. A Clinic establishes a systematic process and criteria for identifying patients who may benefit from care management and support.	Definition of "high risk" as it relates to the clinic's population. For example, there may be patients who are: managing multiple comorbidities; taking multiple medications; had a hospitalization or visited the ED during the past year; managing behavioral health conditions; have poor social support or financial barriers to health access. Process for identifying patients meeting the high-risk definition.	Process for meeting needs of identified high risk patients.

OPC2d. Formulating the Care Plan

Standard	Required Evidence	Optimal Evidence
58. A Clinic care team and patient/family/caregiver collaborate to develop and update an individual care plan.	Documentation of healthcare team members' discussion of clinical findings with patient/family/caregiver and development of a plan of care. Plan of care is documented in the medical record.	Process for developing a care plan for patients identified as vulnerable or high risk. Care plan may include one or more of the following or similar components: 1) patient preferences and functional/lifestyle goals; 2) treatment goals; 3) assessment of potential barriers to meeting goals with plan to address; 4) self-management plan. Care plan is provided in writing to the patient/family/caregiver designated staff communicates care plan. Health system shares patient information as needed with clinic as allowed by federal and state privacy regulations.

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Fostering Community Relationships (CR)

A close link between a clinic and its larger community can significantly enhance community responsivity to Clinic needs. The *Fostering Community Relationships Standards* describe means to strengthen a clinic's connections within the community, and to promote a Clinic's unique role and responsibility in building a healthier community.

CR1. Effective Collaboration with Health System and Community Partners

Standard	Required Evidence	Optimal Evidence
59. A Clinic maintains an ongoing active relationship with local health system(s).	Process for at least one local Healthcare system to communicate relevant information affecting target population to Clinic. Documentation of Clinic staff and/or volunteers attendance and communication with local healthcare organizations regarding needs of target population.	List of Clinic board member and employee membership on local health systems committees, councils and/or Governing Body. Demonstrates awareness of the value of volunteer membership on local health systems, committees, councils or governing bodies. Roster of Clinic Governing Body includes members of the local Healthcare organizations.
60. A Clinic seeks out and nurtures partnerships to ensure access to essential resources to maintain health.	Documentation of relationships with local organizations with aligning missions to serve persons with limited resources.	

CR2. Building Trust Relationships with the Community

A supportive engaged community is Ideal for building trusting relationships, which improve health outcomes for Clinic patients. Clinics encourage community engagement by continually maintaining two-way, open lines of communication.

Standards	Required Evidence	Optimal Evidence
61. A Clinic clearly and consistently communicates its unique role and responsibilities as a safety net provider to the community.	Brochures, websites, and other public information describing scope and limitations of care as well as patient eligibility with review dates. Information about the clinic, its operation, services, and funding are transparent, accurate, complete and shared with the public. Total number of patients, total number of services, total number of visits, donors, revenue, and expenses are disclosed to the public.	Up-to-date user friendly website that lists services, hours of operations, and eligibility requirements. Website reflects current policy on what healthcare services the clinic provides and clinic hours.

CR2. Building Trust Relationships with the Community - CONTINUED

Standards	Required Evidence	Optimal Evidence
62. A Clinic communicates a clear understanding of the ongoing healthcare needs of uninsured and underserved to the community.	Meeting minutes of Governing Body review of community health needs assessment (CHNA) from at least one local healthcare system every 3 years. If original minutes cannot be located, Governing Body re-reviews and meeting minutes illustrate the CHNA review process. Documentation of Clinic staff and/or volunteers attendance and communication with community organizations regarding Clinic's role in meeting needs of the target population.	At least one local healthcare system presents the CHNA to the Governing Body of the clinic, and meeting minutes illustrate that the presentation was conducted. Clinic data is compared to community needs assessment and presented to Governing Body.

CR3. Reducing the Cost of Healthcare

By providing healthcare services to the uninsured, underserved, economically and socially disadvantaged, marginalized, or vulnerable populations the clinic reduces the financial burden on local healthcare organizations and the government.

The purpose of the *Reducing the Cost of Healthcare* standards is to identify best practices of the Clinic that demonstrate cost effective care and to track the impact a Clinic has on reducing healthcare spending in a community.

CR3a. Partner Health System Collaboration for Cost Effective Care

Standard	Required Evidence	Optimal Evidence
63. A Clinic creates an outreach process to local health system(s).	Clinic brochures and cards found in local health system ED. Process for at least one local health system to initiate communication and referrals to Clinic when uninsured patients have inpatient stay or visit the ED.	Process for Clinic to communicate regularly with healthcare system(s) to share aggregate data on unreimbursed care. Plan to communicate capacity of clinic to help manage care for the complex needs of the uninsured, underserved, economically and socially disadvantaged, marginalized, or vulnerable population. See OPC2.
64. A Clinic tracks and communicates their cost of care.	Report of costs using current Uniform Data System (UDS) definitions figure: • Total cost before donations • Total patients (See Glossary for definition) • Medical cost • Medical visits	

CR3b. Promoting Appropriate Use of Healthcare Resources

The clinic quantifies patient understanding of where to go for the right care, in the right place, at the right time, thereby reducing the overall cost of healthcare in the community.

Standard	Required Evidence	Optimal Evidence
65. A Clinic educates patients/families/caregivers to identify the clinic as his/her primary care provider, if applicable.	Consent to Treat Forms identifying clinic as the patient's primary care provider, if applicable.	Documentation in the medical record of research-informed education technique (such as Teach-Back) with patients to ensure understanding of what a healthcare home is and how to identify clinic as their primary care provider.
66. A Clinic is aware of high-utilizers of ED or inpatient hospital care.	Process to identify patients who are high-utilizers via patient assessment at intake and/or other routine patient survey. See OPC2. Documentation in patient's medical record at each clinic visit regarding interval ED or inpatient use.	Up-to-date database/registry of high-utilizers of ED and inpatient care.
67. A Clinic educates patients regarding appropriate use of ED.	Process to counsel patients regarding services following each ED visit.	

IV. STANDARDS ASSISTANCE

WAFCC is here to help you conduct a self-assessment and work towards achieving the Standards. Starting July 10, 2017, we will have a full-time Standards Manager who will conduct trainings, including on-site assistance, and create an online resource library on our website (www.WAFCClinics.org).

WAFCC Contacts:

Dennis Skrajewski, WAFCC Executive Director at wafccdirector@gmail.com or 414-308-6839

Connor Doppler, WAFCC Manager at wafccmanager@gmail.com or 763-567-9572

V. GLOSSARY

ADEA: Age Discrimination in Employment Act

AICPA: American Institute of Certified Public Accountants

Charitable Clinic: The nonprofit clinic provides goods and/or services for a fee directly to uninsured and/or underserved patients. "Services" include medical, dental, mental health/behavioral health, and/or medications. Clinic may use a flat

fee or sliding fee scale. Payment from the patient is expected at the time of service, and may or may not be waived if the patient has no ability to pay. Clinic may bill patients but does not bill any third-party payers, including Medicaid, Medicare, or commercial insurers. Clinic may be bricks-and-mortar clinic or mobile unit.

CHNA: Community Health Needs Assessment. Here is an example of a CHNA - Aurora Health Care's Community Health Needs Assessment.

ED: Emergency Department

EEO/EEOC: Equal Employment Opportunity Commission

EPPA: Employee Polygraph Protection Act

ERISA: Employee Retirement Income Security Act

Extensive Background Check: There are different categories of background checks that are performed. Civil checks include information that is available in public records, including lawsuits, bankruptcies, liens, property ownership and vehicle registrations. Criminal record may contain information on arrests and convictions. Background checks are conducted at the state, county and national level. The most thorough background check is usually a combination of the three. Make sure that you understand the law for conducting background checks in the state in which you are doing business.

FASB: Financial Accounting Standards Board

Free Clinic: The nonprofit clinic provides all goods and services at no charge directly to uninsured and/or underserved patients. “Services” include medical, dental, mental health/behavioral health, and/or medications. Clinic may request or suggest donations. Clinic does not bill any third-party payers, including Medicaid, Medicare, or commercial insurers. Clinic may be bricks-and-mortar clinic or mobile unit.

Free/Charitable Pharmacy: The licensed pharmacy dispenses free or low-cost medications directly to uninsured and underserved patients.

Federally Designated Clinic: The clinic has been designated as a Federally-Qualified Health Center (FQHC) or FQHC Look-Alike.

FQHC: Federally-Qualified Health Center

FLSA: Fair Labor Standards Act

FMLA: Family and Medical Leave Act

FTCA: Federal Tort Claims Act

Governing Body: a group of people who formulate the policy and direct the affairs of an institution in partnership with the managers, especially on a voluntary or part-time basis.

HIPAA: Health Insurance Portability and Accountability Act

HRSA: Health Resource and Services Administration

Hybrid Clinic: The clinic is a free clinic or charitable clinic as defined above, except that it also bills one or more third-party payers, such as Medicaid, Medicare, or commercial insurers. Clinic has not been designated as a Federally-Qualified Health Center (FQHC), FQHC Look-Alike, or Rural Health Clinic.

Patient: An individual who is receiving needed professional services that are directed by a licensed practitioner of the healing arts toward maintenance, improvement or protection of health or lessening of illness, disability or pain. (US Centers for Medicare & Medicaid Services, CMS)

OSHA: Occupational Safety and Health Administration

Referral Network/Clinic Without Walls: The organization collaborates with volunteer clinicians, safety net clinics, hospitals, and others to match care donated by providers with eligible uninsured and underserved patients. The organization coordinates the donated care for patients referred to the program, but the organization itself does not directly deliver any healthcare services. Project Access programs, for example, would be considered "clinics without walls."

Rural Health Clinic: The clinic has been designated as a Rural Health Clinic

Services: include medical, dental, mental health/behavioral health, and/or medications.

Standards: According to The British Standards Institution (2017) the distilled wisdom of people with expertise in their subject matter and who know the needs of the organizations they represent… Standards are knowledge. They are powerful tools that can help drive innovation and increase productivity. They can make organizations more successful and people's everyday lives easier, safer, and healthier. The point of a standard is to provide a reliable basis for people to share the same expectations about a product or service.

Uninsured: More specifically, medically uninsured - person or group of individuals who have no health insurance.

Underserved: In regard to health services, refers to populations which are disadvantaged because of ability to pay, ability to access care, ability to access comprehensive healthcare, or other disparities for reasons of race, religion, language group or social status.

Visit: Documented contact with a licensed healthcare provider for any healthcare service, including but not limited to medical, nursing, behavioral health, and dental. Visits performed by students under the direct supervision of licensed providers may be counted as a visit. Appointments carried out by dental providers or mental health/behavioral health providers are counted as a visit. Mental health/behavioral health includes services designed to promote well-being by preventing or intervening in mental illness, substance abuse, or other addictions. Exclude visits made for medication pick-up/refill, visits to determine eligibility for clinic services, visits for laboratory/diagnostic tests without contact with a licensed provider, and services provided off-site by referral providers.

VHCP: Wisconsin's Volunteer Health Care Provider Program

WHD: Wage and Hour Division of the Department of Labor

VI. EXAMPLES & RESOURCES

GAM1a – Resources: Healthcare Mission Statements - 50 Examples of NonProfit Mission Statements or https://www.missionstatements.com/hospital_mission_statements.htm. What is a "Goal Statement? - https://nursing.ucsf.edu/what-goal-statement-what-should-be-included-0

GAM1b – Resource: Wisconsin Department of Financial Institution.

GAM1c - Example: Equal Employment Opportunity Policy or Anti-Discrimination Policy and Anti-Harassment Policy

GAM1d – Resources: AICPA / FASB, Form 990, and Guidestar.com

GAM2a - Example: payroll services - Gusto.com or Intuit Services (QuickBooks). Resource: Form W-4, Form W-3 , and Form 941s. Resources: Current Recording Keeping Laws - EEOC and DOL (Department of Labor), Overtime rules and exempt vs. nonexempt employees concepts. eLaws First Step Poster Advisor. Example: consent to conduct a background check form and Wisconsin Circuit Court Access.

GAM2b – Resource: Wisconsin Circuit Court Access. YourVolunteers.com or TrackItForward.com. VHCP or FTCA/HRSA

GAM3a - Wisconsin Pharmacy Code, **Wisconsin Prescription Drug Monitoring Program (PDMP)** - Wis. Stat. § 961.385, Chapter CSB 4, and Confidentiality Laws: Wis. Stat. § 146.82 HIPAA 'Privacy Rule', Wisconsin Board of Pharmacy Regulations, Wisconsin Drug Repository, DNR's website on "donating medical items", DEA Resources, Wisconsin Pharmacy Administrative Code, Pharmacy Self Inspection Report

GAM3c - Reference OSHA, Bloodborne Pathogens standard (29 CFR 1910.1030), OSHA's Personal Protective Equipment standard (29 CFR 1910.132) and Respiratory Protection standard (29 CFR 1910.134)

GAM4a - AHRQ's National Guideline Clearinghouse, The ACP (American College of Physicians), NNCC (National Nurse-Led Care Consortium), and NNCC (National Nurse-Led Care Consortium)

GAM4b - Collect data and report on patient visits, number of unique patients, demographics of unique patients and donated hours by volunteer providers. The VHCP (Volunteer Health Care Provider Programs) requires annual reporting of the types and number of health care services (total number of visits and/or number of patients) provided. Example: St. Joseph's Medical Clinic in Waukesha. Contact Kathleen Becker, SJMC Executive Director for questions. Resources: CDC Best Practices for Comprehensive Tobacco Control Program and American Diabetes Association Standards of Care

OPC1a - Example: Use of epidemiological data such as that available from http://www.countyhealthrankings.org/ . Example 1: Clinic Identifies diabetes as the most prevalent condition in its population and designs special group visits for these patients. Example 2: Planned process to obtain feedback for preferred clinic visit times. Resources: NCQA PCMH Standards, National Healthcare Quality and Disparities Report chart book on access to health care. Rockville, MD: Agency for Healthcare Research and Quality; May 2016. AHRQ Pub. No. 16-0015-5-EF, Healthy People 2020. Access to Health Services. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Available from: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington: National Academies Press; 1993. PCMH 5
- http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-2014-content-and-scoring-summary

OPC1b - Examples: 1: Track availability of appointments. 2: Monitor no-show rates.

OPC2a - Example 1: Routinely sample population using patient care experience survey. Example 2: Establish patient advisory group to give feedback to Governing Body. BOOSTing Care Transitions Resource Room-
- http://www.hospitalmedicine.org/BOOST Example: Job descriptions are developed and updated for all care team members.

OPC2c - Example: Hospital shares health system use data and data are used to identify "high risk" patients

CR1 - Impact 211, HealthConnect.link, Resource: Hospital Emergency Departments: Health Center Strategies That May Help Reduce Their Use (2011, April 11). United States Government Accountability Office Do Free Clinic Reduce Unnecessary Emergency Department Visits? The Virginian Experience (2012). Journal of Health Care for the Poor and Underserved by Hwang, Liao, Griffin, & Foley. Example of CHNA: *Aurora Health Care's Community Health Needs Assessment.*

CR2 - Example: Local food pantry, housing office, legal services, transportation services, ESL programs. See Weebly.com as possible website vendor.

CR3a - PCMH 5 - http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-2014-content-and-scoring-summary

Future Standard Changes

A review of the standards by the Standards Committee will be held after each WAFCC Summit. This would put the next meeting to be sometime in November of 2019.