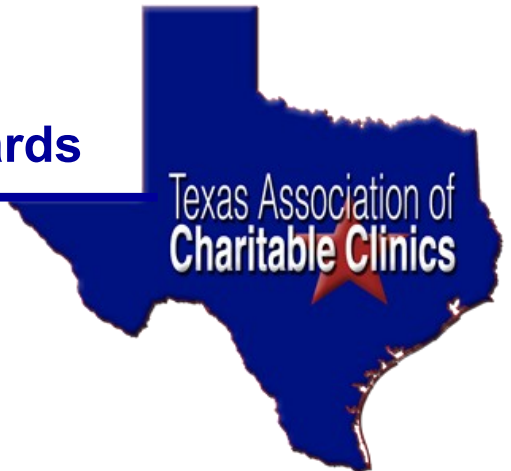


Charitable Clinic Operational Standards

Board Approved and Effective June 2017. Updated February 2018.



TXACC Charitable Clinic Operational Standards

INTRODUCTION

The Texas Association of Charitable Clinics (TXACC) is a private, not for profit membership association that supports Texas' free and charitable clinics. Through mentoring, the provision of resources, education, advocacy efforts, and services, TXACC seeks to strengthen the charitable clinic system in Texas.



Texas charitable clinics provide essential health services for community members. In this evolving health care environment, it is increasingly important to be able to demonstrate the value that your organization delivers to the populations you serve. Nationally, many statewide charitable clinic associations are responding by developing operational standards for use by their members.

In support of its mission and its members, TXACC went through a process in 2016-17 to develop a set of operational standards for member charitable clinics. The standards development project was made possible through a grant from the Episcopal Health Foundation and included significant involvement and input from TXACC Member Organization. The resulting TXACC Charitable Clinic Operational Standards (TXACC Standards) were initially approved by the TXACC Board of Directors in June 2017, and the updated standards were approved in February 2018.

The purpose of the TXACC Standards is to serve as a common set of characteristics that describe organizational competence, best practice, and quality of care in Texas free and charitable clinics. By adopting a set of standards for Texas free and charitable clinics, we can

- Demonstrate competence, quality, and stewardship to patients, providers, community service partners, donors, grant makers, and other stakeholders.
- Equip boards of directors with a set of standards for assuring accountability.
- Equip staff with a set of standards that provide guidance, uniformity, and transparency for daily operations.
- Equip new staff with a starting point for orientation to organizational standards.
- Facilitate transfer of knowledge and sharing of best practices for implementing standards by TXACC members.
- Provide a framework for voluntary benchmarking across organizations.

The TXACC Standards are organized into eleven categories. Each category has at least one CORE standard, for a total of 15. In the future these CORE standards will be used as an eligibility guideline for TXACC membership. Each category also has a set of additional standards that can be implemented at the option of your organization. The additional standards are important components of high-performing, quality clinics within the context of the clinic's mission and goals. Clinics should attest to the standards that are actively in place. For each standard, the policy/process/procedure should be routinely evaluated and approved by the Board of Directors, where appropriate.

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Category	Standard
▶ A. Mission and Programs	
	1. *CORE* The clinic has a Board-approved mission statement that describes the population served by the clinic.
	2. The clinic has a Board-approved strategic plan that a) links services to the mission statement; b) articulates organizational goals; and c) outlines timelines and responsibilities.
	3. The clinic annually reviews its programs and services to evaluate progress towards defined goals and objectives (e.g. as outlined in the Strategic Plan).
▶ B. Access	
	1. *CORE* The clinic has a Board-approved policy providing for nondiscrimination in service delivery on the basis of race, color, religion, sex, national origin, age or disability.
	2. The clinic has a Board-approved process for determining eligibility for services, including screening new and existing patients, and uniformly uses and trains staff/volunteers on said process.
	3. The clinic has a policy for patients, staff and stakeholders stating a) what services the clinic provides; and what responsibilities b) the clinic has and c) the patient has in the patient/clinic relationship.
	4. The clinic has a process for orienting new patients, including materials at an appropriate reading level and in other languages that explain clinic responsibilities and patient responsibilities from their Board-approved policy (see above standard).
	5. The clinic assesses the cultural and linguistic needs of its patient population.
▶ C. Governance	
	1. *CORE* As applicable based on its corporate structure, the clinic has documentation of its 1) Articles of Incorporation, 2) Board-approved by-laws, and 3) Proof of 501c3 federal tax exemption.
	2. *CORE* The clinic has an elected, volunteer Board of Directors that governs the organization, approves all applicable clinic policies, and has set term limits.
	3. The clinic has a conflict of interest policy that applies to and is signed by Board members.
	4. The clinic's Board of Directors conducts its meetings at least quarterly, ideally in person, with a quorum present in accordance with the by-laws.
	5. The clinic maintains permanently the written meeting minutes reflecting actions of the Board and any reports to the Board.
	6. The clinic has a written policy for promoting diversity within the Board, and Board membership strives to reflect the diversity of its community.
▶ D. Human Resources and Volunteer Management	
	1. *CORE* The clinic has a currently licensed medical doctor serving as medical director (either volunteer or paid).
	2. The clinic has written procedures in place for an annual review that ensures providers are a) credentialed and licensed as required by law; b) operating within the ethical standards and scopes of practice; and c) maintaining professional competence.
	3. The clinic withholds and files quarterly payroll tax forms for all employees, and if applicable files 1099 forms for contract employees.
	4. The clinic has a written process for evaluation of staff, including Board evaluation of the Executive Director whether volunteer or paid.

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Category	Standard
▶ D. Human Resources and Volunteer Management (continued)	
	5. The clinic has written, Board-approved personnel policies that are in compliance with all the applicable laws and regulations. These personnel policies govern the work and actions of employees and volunteers of the organization.
	6. The clinic has a written process for employee/volunteer orientation which includes discussion of the organization's mission, job expectations, and formalized job descriptions (including licensing and credentialing criteria as appropriate).
	7. The clinic has a Board-approved process for peer review and appropriate supervision of advanced practice providers and physicians.
	8. The clinic requires background checks on all clinic personnel and volunteers prior to the time they are hired or volunteer in the clinic.
	9. All personnel receive HIPAA training prior to working in the clinic and periodically thereafter, and are expected to follow established guidelines regarding the patient's right to privacy and confidentiality of information.
▶ E. Financial	
	1. *CORE* The Board annually approves an operating budget prior to the beginning of the new fiscal year.
	2. *CORE* As applicable based on its corporate structure, the clinic abides by IRS standards.
	3. The clinic has Board-approved financial policies that are in compliance with Standard Accounting Principles.
	4. The clinic prepares financial statements at least quarterly for review by the Board of Directors.
	5. The clinic does not carry a persistent deficit in net current assets.
	6. The clinic has an independent accounting firm perform an annual audit. If the clinic has annual income (cash basis, excluding in-kind contributions) of less than \$500,000, the clinic will undergo an annual financial review instead.
▶ F. Donors and Fund Development	
	1. *CORE* The clinic's solicitations, promotional materials, and grant applications are accurate, ethical and clearly identify the organization, its mission and the intended use of the solicited funds.
	2. The clinic has a Fundraising Plan, including budgetary needs, that is reviewed and approved by the Board annually.
	3. The clinic has written, Board-approved policies regarding their responsibility to ethically generate philanthropic support including processes for donor recruitment, donor confidentiality, and the acceptance and distribution of charitable gifts and grants.
▶ G. Community Awareness	
	1. *CORE* The clinic generates annually a document (e.g. Annual Report) that describes the clinic's mission, services, values, and basic financial data. This document is made available to patients, staff, and stakeholders.
	2. The clinic seeks partnerships with other health care, social service providers, and other community organizations that extend or otherwise support the services offered by the clinic in order to address the needs of the patient population.
	3. The clinic has a written, Board-approved policy for taking public stands on pertinent issues and ensures that the activities of the organization fall within allowable limits of nonprofit political activity.

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Category	Standard
▶ H. Operational Best Practices and Record Management	
	1. *CORE* The clinic maintains a medical record for each patient including demographic, health assessment and diagnostic information relevant to care.
	2. The clinic has a written policy/procedure for the release of patient medical records, including obtaining the patient's written consent prior to release.
	3. The clinic has a process for regular review of patient medical records to determine quality, completeness, and accuracy of documentation.
	4. The clinic maintains and reviews annually an operational policy/procedure manual.
	5. The clinic has a process for defining appropriate care standards based on the most current evidence.
▶ I. Patient Care Management, Coordination, and Self-Care Support	
	1. *CORE* The clinic has a written Patient Consent policy including the use of a consent form to be signed by all patients (or their representative) before medical treatment is rendered.
	2. All individuals (staff, volunteers, providers, and patients) are treated with compassion, respect and dignity.
	3. Patients are informed about care received and engaged in the decision-making process.
	4. The clinic has a process for obtaining lab and imaging testing for patients, including tracking and following up on results.
	5. The clinic has a process to ensure every patient has an understanding and expectation of prescribed medications' indications, administration, dosage, potential risks, and intended outcome of the therapy.
	6. The clinic trains and assigns staff to provide specific health care services, based on the identified needs of the target population.
	7. The clinic maintains and regularly updates a formal handout of referral sources and community resources in their community.
	8. The clinic has a process for care coordination and referral tracking, including communication with other specialists and health care facilities to which the patient may visit and follow-up on results.
	9. The clinic has a systematic process and criteria for identifying patients who are "high risk" and may benefit from additional care management.
	10. The clinic develops a plan of care for "high-risk" patients that includes patient self-management and is tailored to the needs of the patient population.
▶ J. Risk Management and Safety	
	1. *CORE* If the clinic operates a pharmacy or otherwise provides medications to patients, the clinic has policies/procedures in place that conform to the federal and state requirement.
	2. *CORE* If the clinic performs laboratory testing on-site, the clinic is appropriately registered or certified under the Clinical Laboratory Improvement Amendment (CLIA).
	3. *CORE* If the clinic has x-ray or other radiological equipment, the clinic has a written safety protocol in place and follows federal/state regulations.
	4. The clinic carries appropriate insurance (as applicable) for property, general liability, directors & officers and professional liability (malpractice).
	5. The clinic follows Occupational Safety and Health Administration (OSHA) regulations that are maintained in an OSHA manual, and provides training for new hires and annual training for existing employees.

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Category	Standard
▶ J. Risk Management and Safety (continued)	
	6. The clinic has a Board-approved process for addressing medical or public health emergencies, including mitigating the spread of communicable diseases.
	7. The clinic has a Board-approved policy/procedure for terminating physician/patient relationships.
	8. The clinic has a Board-approved process for assuring information technology security.
▶ K. Performance Improvement	
	1. *CORE* The clinic has a process to collect and aggregate data including the number of unduplicated patients, patient visits, and clinically-relevant quality of care measures. Annual reporting of clinical measures may be requested by TXACC in the future.
	2. The clinic has written quality improvement policies/procedures including standard protocols for quality assurance.
	3. The clinic has a formal process to receive feedback and opportunities for improvement from patients, staff and volunteers.
	4. Data from the clinical outcomes and evaluation process are analyzed and used to improve clinic operations.