



**Strengthening Oklahoma's Safety Net,  
One Community At A Time**

## **Board Bulletin**

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### **Risk Management: Safeguarding CHC Assets - Part 3**

The Federally Supported Health Centers Assistance Act of 1995 made Federal Tort Claims Act (FTCA) coverage a permanent enhancement for health centers -- allowing precious 330 dollars to be used for patient care instead of costly malpractice coverage. However, health centers must be 'deemed' eligible to participate in FTCA and maintain in good standing with the program to keep the coverage.

#### **Category of Risk - Health Care Provision**

- **Scope of Services** - Only incidents that occur within the scope of the project are covered. As stated in BPHC PIN 2002-07, "...it is crucial that health centers request approval for changes of scope in the areas of sites and services, and update the BPHC regarding any other changes to the scope of project prior to occurrence." Project scope is categorized by five core elements: services, sites, providers, target population, and service area(s). Boards should know the health center's scope and ensure proper BPHC reporting. FTCA covers medical malpractice for the following: 1) Any officer, governing board member or employee of the covered entity; 2) Any full time contract provider (over 32.5 hours/week); 3) Part-time contract provider of services in the fields of family practice, OB-GYN, general internal medicine or general pediatrics.
- **Quality Management** - The Bureau of Primary Health Care (BPHC) specifies in the Program Expectations (PIN 98-23) that "Health centers must have effective clinical and administrative leadership, systems and procedures to guide the provision of services, and ongoing quality improvement programs to ensure continuous performance improvement." Health center boards must develop sound policies regarding quality improvement (QI) and should require routine QI reports. Evidence that contracted service providers adhere to the health center's quality improvement and risk management guidelines should be readily available.
- **Credentialing and Privileging** - Policies should define the process for ensuring that experienced and competent clinical staff meeting national standards are secured by the health centers to provide high quality health care. All licensed or certified health center practitioners -- employed or contracted, volunteers or locum tenens -- must be credentialed and the process should be ongoing for quality assurance purposes.
- **Clinical Leadership** - Health centers should directly employ the Clinical Director as it is critical that clinical leadership always represent the interests of the health center, its patients and the community it serves. The Clinical Director sets the tone for other health care practitioners, including the level of QI commitment.
- **Medical Records** - Most of the FTCA claims being awarded recently center around the lack of medical record clarity and completeness. According to BPHC PIN 98-23, "The health center should utilize a medical records system that promotes thorough documentation and quality of care..." and feeds into the QI program.
- **Patient Satisfaction** - Health centers must have written policies and procedures that address patient satisfaction assessment. Because the viability of a health center depends on clinical services being viewed favorably by the community, in terms of both revenue generation and claim prevention, Phase I of OPCA's statewide Performance Improvement Initiative includes a patient satisfaction component. Patient survey data should be carefully studied with appropriate quality improvement measures taken as necessary.
- **Incident Reporting** - Protocols for incident reporting should be established and carefully followed. Narrative statements explaining the incident must be done right as they are requested when lawsuits arise.

If you have questions or want further information, please contact OPCA by phone or e-mail [jgrant@okpca.org](mailto:jgrant@okpca.org).

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