



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

Board Bulletin

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The Board's Role in Assuring Clinical Quality

Ensuring that high quality clinical services are delivered is critical to community health center (CHC) success. The overarching CHC goal is to provide affordable health care and eliminate health disparities. In recent years, tremendous focus has been placed on quality improvement activities. The United States spends more on health care than other nations but patient outcomes have been dismal. CHC boards must institute clinical policies that not only improve patient outcomes but also safeguard resources and Federal Tort Claims Act (FTCA) coverage.

Clinical Quality Assurance Policies

Creating an organizational culture of excellence in health care service delivery can only be accomplished if the board embraces the idea, enforcing it with policy and careful oversight. CHC Program Expectations, outlined in Bureau of Primary Health Care (BPHC) Policy Information Notice (PIN) 98-23, explain that "Boards must not only plan effectively but also measure and evaluate the health center's progress in meeting its annual and long-term programmatic and financial goals." Identifying and monitoring performance measures that foster "availability, accessibility, quality, comprehensiveness, and coordination" are paramount to an effective clinical quality assurance program. Clinical quality assurance policies include but are not limited to the following areas:

- *Qualified Clinical Leadership* – The board must ensure that the CEO hires a competent, qualified Medical Director by outlining specific educational and experience requirements in the position description. The Medical Director sets the tone for quality excellence when supervising other clinical staff.
- *Clinical Protocols* – CHCs must adhere to generally accepted principles of quality health care that function as the cornerstone for service delivery. Clinical protocols would include policies that outline nursing procedures, scope of practice for providers, patient assessment, documentation of provider orders and nursing actions, pharmacy refills, vital sign procedures including taking of temperature and blood pressure, prescribing and administering medications, storage and disposal of medications, wound dressing, routine urine specimen, vaccine and immunization policy, stool testing, Cardiopulmonary Resuscitation (CPR), provider call coverage, ordering lab tests and radiology, recording and reporting lab tests, infection control procedures, client and family health education. This list is by no means all-inclusive but meant to provide insight into the critical nature and abundance of policies required to ensure that clinical care is being delivered appropriately.
- *Quality Assurance Program* – CHC quality assurance plans, **required for FTCA deeming**, must include patient satisfaction; performance measure tracking; health status outcomes; cost and productivity; privileging and credentialing of clinical workforce; comparison of the CHC to comparable providers at a state and national level; and periodic review of the CHC's performance in meeting the health needs of the community.
- *Patient Policies* – The board should approve a "Patient Rights and Responsibilities" policy that states the purpose, the procedure for distributing and posting information and how communication barriers will be addressed to ensure all patients understand their rights and responsibilities and client grievance procedures. Boards must develop policy to handle *Health Care Proxy*, *Advance Directives*, and *Informed Consent*. Procedures to report dependent abuse/neglect and conduct crisis intervention should also be in place.
- *Environment of Care Policies* – Known risk management principles must be incorporated into performance improvement activities to ensure a safe environment for providers, employees, patients and visitors (e.g., use of microwave ovens, smoke-free workplace, restriction of weapons in facilities).
- *Emergency Preparedness* – Policies should include procedures for bioterrorism, bomb threats, tornadoes, ice storms, fire, communication loss and evacuation instructions. Proactive strategies for addressing management of medical equipment, utility systems, security, and hazardous materials must be in place.

An interdisciplinary quality improvement committee, with the Medical Director taking the lead, should assist the CEO and the board in developing clinical policies that improve patient outcomes and protect the CHC. Always remember, health center exposure to litigation is increased if policies have been developed but are not being followed. To review OKPCA's entire *Board Bulletin* series, visit the 'Governance' section of www.okpca.org.

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