

Building and Maintaining Quality Care

To ensure delivery of the highest quality of care, it is imperative that clinics have policies, procedures, guidelines, and systems in place.

Objectives should include:

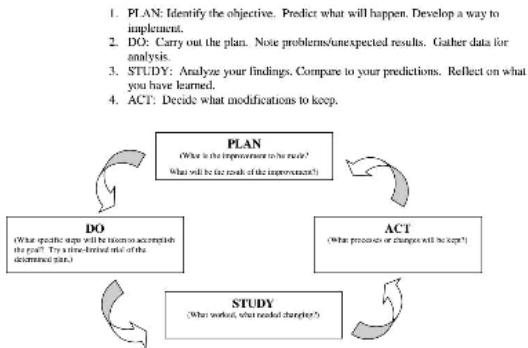
- Delivery of care from triage to treatment
- Document, track, and protect confidential patient information
- Follow generally acceptable practice guidelines

The clinic's governing Board bears the ultimate responsibility for ensuring the delivery of quality patient care. The governing Board should receive recommendations from various committees, the executive director, and medical/dental director(s) to stay apprised of clinic functions and systems. Developing a protocol to ensure consistent communication between committees and directors will help with this effort. When necessary, the governing Board should implement policy or system changes in the best interest of the patients and of the clinic.

The Board of Directors should adopt a formal policy for Quality Assurance/Quality Improvement. Quality assurance is defined as the protocols put in place to assure that standards of care are met in every area of clinic service. A number of different elements may be involved in developing standards of quality care that will typically be supervised by the Medical Director. Elements may include a process of Peer Review, along with a system of clinical program audits. Standards and protocols are established and become the measures against which clinical care is measured. Patient satisfaction may also serve as an important element of quality assurance.

Quality Improvement is defined as a system that strives to continuously improve the health standards of the clinic patients. A methodology is introduced to track and record improvement in the patient health. An example is the PDSA (Plan, Do, Study, Act) methodology (see following section).

PDSA Quality Assurance Model



The establishment of clinical services and peer review committees should be considered to perform specific functions that design and oversee the protocols and evaluate the delivery of patient care. These committees, made up of staff and/or volunteers, would formulate recommendations to the governing Board for approval and/or action.

The clinic's executive director has the day-to-day responsibility of ensuring that all policies, procedures, systems, and functions are in place for the delivery of patient care. The clinic's medical/dental director has the responsibility of ensuring the delivery of quality patient care is carried out.

Scope of patient care is not limited to, but includes:

1. Staffing and Supervision
2. Documentation and Tracking
3. Triage
4. Treatment

1) Staffing and Supervision

Clinics are staffed by paid employees, professional volunteers (e.g. with a medical license) and support volunteers (who assist with administrative functions). The conduct of the paid staff, job expectations, and supervision arrangements should be outlined in the Clinic's Personnel Policies, as well as individual job descriptions. Similar procedures should be put in place to provide appropriate oversight and support for volunteer staff, both professional and support.

Systems should be in place that helps ensure the best possible patient care, including supervision and backup of Clinical Staff.

This system consists of the following provisions:

- Each Practitioner is licensed to practice in the state where the clinic is located.
- Each Practitioner is under the direction of a Medical/Dental Director.
- Each Practitioner has completed the Clinic's Credentialing and Privileging Process. The Medical/Dental Director, the Clinical Services Committee and the Governing Board, approves granting of privileges.
- All new Practitioners attend orientation with the appropriate Program Manager, Executive Director and/or Dental/Medical Director who orients them to the policies of the clinic as outlined in an Employee/Volunteer Training, Policy and Procedure Manual. A specific review of practice protocols is also conducted with the professional health personnel.
- Employee/Volunteer policies encompass general rules regarding the clinic. Specific guidelines regarding the area of work will be the responsibility of the Program Manager or supervisor for that area.
- The appropriate Program Manager and/or Volunteer Coordinator is responsible for securing the necessary personnel for each scheduled clinic.

2) Documentation and Tracking

- 3) Clinics maintain a record of care for each patient receiving treatment. Church Health strongly recommends that all clinics have an Electronic Health Record (EHR) for their clinic before clinic opening. All electronic records will be established utilizing a secure database (this will be discussed with more detail later in the curriculum).
- 4) Patient files should be periodically reviewed to help ensure the delivery of quality care. This should be carried out as a part of a Board-approved Quality Assurance/Quality Improvement Plan.
- 5) Policies and procedures should be in place for when patients miss appointments.
- 6) Patients who are scheduled for referrals, x-rays, laboratory tests, or other diagnostic procedures should be tracked for results.
 - The clinic will have a tracking mechanism in place

- A Program Manager or other designated staff/volunteer will be responsible for ensuring results have been received and provided to a Practitioner for review and recommendations

3) Triage

- Most clinics are not equipped to handle emergency medical care; therefore, any patient walking in with acute or life threatening symptoms should be referred to a local hospital emergency department or, if applicable, EMS summoned.
- Patients may be assessed by a nurse or other healthcare professional prior to being seen by the treating Practitioner on duty. Any urgent findings should be relayed to the Practitioner as soon as possible.
- If patients are seen by appointment only, walk-in patients should be instructed how to make appointments, will be worked-in depending on the situation, or may be referred to other facilities.
- Medical advice or recommendations should not be given over the telephone by a non-licensed healthcare professional. Appropriate documentation of phone calls by a health professional, and any prescribed interventions, should be made in the patient's file.

4) Treatment

Patient treatment/plan of care is performed by licensed, paid/volunteer health care professional staff. Clinics should have guidelines in place that define appropriate treatment and diagnostic procedures for select conditions.

Practice Guidelines

Practice guidelines may be obtained from the National Guideline Clearinghouse™ (NGC), a public resource for evidence-based clinical practice guidelines (NGC is an initiative of the Agency for Healthcare Research and the U.S. Department of Health and Human Services). Copies of practice guidelines for the most commonly diagnosed diseases seen at the clinic should be kept and made available to all practitioners (see NGC website at www.guideline.gov)

Form a Clinic Library

Appropriate reference materials such as Current Therapies Books and Physician Desk Reference (PDR) should be available, and internet access should be considered.

Form a Network and Be a Good Neighbor

Due to the limited resources of most clinics and the limited scope of services provided on site, ancillary services and alternate means of care should be identified by clinics for use by their patients; therefore it's important that clinics develop a working rapport within their health care communities. A positive presence as a part of the safety net and the overall health community will bring positive attention to a clinic.