



FQHC Policy Development

Policies should be reviewed at a Committee or Board level. All policies are to be approved by the Board of Directors. Operational procedures/protocols should accompany policies when appropriate to provide operational detail consistent with implementing policies. Operational procedures/protocols do not require Board Approval.

NOTE 1: Policy review dates should be at least every 2 years unless a more stringent timeframe is required based on state and/or Federal regulations.

NOTE 2: This is only a suggested list. All policies will not apply to your scope of services. There may be services not included in this list (e.g., mental health, substance abuse, Pharmacy (340b))

Attachment A: Sample policy format and description.

The following policies and documents MUST be approved by the BOD.

- a) Current clinical standards of care;
- b) Provider credentials and privileges;
- c) Risk management procedures and/or Risk Management Plan;
- d) Hours of Operation/Locations
- e) Sliding Fee Policy/Scale
- f) Patient grievance procedures;
- g) Incident management;
- h) Confidentiality of patient records; and
- i) Quality Assurance/Quality Improvement Plan
- j) Accounting/Financial Services Policies
- k) Human Resource Policies

Major Policy and Protocol Categories:

Administrative/Governance (AG)
Facilities Management (FM)
Financial Services (FS)
Human Resources (HR)
Infection Control (IC)
Information Management (IM)
Leadership (LD)

Laboratory Services (LS)
Medication Management (MM)
Medical Services (MS)
Quality/Risk Management (QRM)
Rights and Responsibilities (RR)

Suggested Table of Contents

Administrative/Governance (AG)

Hours of Operation
Policy Management
Contracts Management
Customer Service
Telephone Responsiveness
Emergency Closing
Patient Valuables
Required Reporting to the Police
Parking

Facilities Management (FM)

Safety Management Plan
Security Management Plan
Hazard Surveillance
Hazardous Materials and Waste Management Plan
Bio-Hazardous Waste
Radiation Safety, as applicable
Emergency Preparedness Plan
Specific Emergency Procedures
Emergency Codes
Evacuation Procedures
Life Safety Management Plan
Interim Life Safety Management Plan
Medical Equipment Management Plan
Utility Systems Management Plan
Temporary Privileges during Disasters
Medical Gas and Vacuum Systems, as applicable

Financial Services (FS)

General Ledger Maintenance and Chart of Accounts
Record Retention
Requisition, Purchasing and Receiving
Accounts Payable and Cash Disbursements (including Petty Cash)
Debarment and Procurement (contracting)
Patient Revenue (including charge master maintenance)
Claims Processing
Statement Processing
Adjustment to Fees

Sliding Fee Policy
Bad Debt Management
Monthly Contractual Allowance Calculation
Extended Payment Plans, if applicable
Cash Receipts
Fixed Assets and Deprecation (including capitalization threshold and federal funded asset requirements)
Federal Cost Principles to Federal Grant Funds
Pay Type Code Assignment
Appointment Scheduling
Missed Appointment
Open Access Scheduling
Cash management and investment Policy
Month end close and interim financial statement preparation
Budget development and processing
Grant management including draw down requirements and reporting requirements
Payroll Process
Inventory

Human Resources (HR)

General Employment Practices
Smoke-Free / Drug Free Workplace
Moral – Ethical Conflict
Employing Relatives
Worker’s Compensation
Sexual and Other Harassment
Employee Grievance Process
Personnel Records
Hiring Practices
Promotions and Demotions
Work Hours
Fringe Benefits
Moonlighting
Performance Appraisals and Merit Increases
Overtime and Compensatory Time
Paid Time Off
Meal and Break Periods
Leaves of Absence
Dress Code
Compensation
Employee Lounge
Continuing Education (CME)
Time Stamping
Staff Orientation
Probationary Period
Tardiness, Absenteeism, and Attendance
Employee Lounge & Lockers – personal items.
Employee Termination
Disciplinary Action
Employee Identification Badges

Code of Conduct
Inquiries and References
Gifts and Rebates
Solicitation
Death of Employee
Personal Status Changes
Unemployment Compensation
Immigration Law Compliance
Inspection and Searches
Americans with Disabilities Act
Temporary and Per Diem Employees
Competency Testing
Employee Assistance Program
Tuition Assistance / Career Development
Educational Time Off

Infection Control (IC)

Infection Prevention and Control Policy

Infection Prevention and Control Manual:

- ✓ Scope of Infection Prevention and Control Program
- ✓ Surveillance and Reporting of Infections
- ✓ Transmission of Organisms
- ✓ Standard Precautions
- ✓ Transmission Based Precautions
- ✓ Airborne Transmission Precautions
- ✓ Droplet Transmission Precautions
- ✓ Contact Transmission Precautions
- ✓ Prevention of the Development of Airborne Resistant Organisms
- ✓ Patient Protocol Following Significant Exposure to Blood
- ✓ Health Care Workers- Health Maintenance
- ✓ Employee Immunizations
- ✓ Tuberculin Skin Test
- ✓ The Health Care Worker Acquiring Disease
- ✓ The Infected Health Care Worker
- ✓ Blood Borne Infections
- ✓ Job Classification to Exposure to Blood Borne Infections
- ✓ Protocol Following Significant Exposure to Blood
- ✓ General Housekeeping of the Health Center
- ✓ Materials and Practices
- ✓ Spot Cleaning of Body Fluid Spills
- ✓ Equipment and Material Maintenance Practices
- ✓ General and Biomedical Waste
- ✓ Cleaning, Disinfection of Medical Instruments
- ✓ Sterilization and Disinfection

Associated Documents:

OSHA Manual

Information Management (IM)

Information Management Overview
HITECH (Omnibus Act) Compliance Policies
Use of Abbreviations
Medical Record Documentation Standards
Medical Record Documentation Timeliness Standards
Medical Record Storage and Tracking System
Medical Record Retention and Destruction
Protected Health Information
Disclosure of Protected Health Information
Emergency Requests for Protected Health Information
Privacy Protection for Personal Information
Transfer of Patient Records
Subpoenas and Court Orders
Charges for Medical Record Copies
Fax Communications
Data Management
IT Inventory
IT Security Plan (Disaster Recovery Plan)
IT Contingency Plan
Disposal of IT Equipment
Computer Viruses
Copyrights and License Agreements

Leadership (LD)

Mission and Vision Statement
Organizational Chart
Medical Staff By-laws
By-laws for the Corporation
Governing Board Self-Evaluation
Format for Board of Directors Minutes

Laboratory Services (LS)

Laboratory Scope of Services
Conducting Lab Quality Control and Maintenance
Specimen Collection and Handling
Reporting Panic Values (Timeliness)
Reporting Lab Errors/Incidents

Medication Management (MM)

Medication Storage and Disposal
Recalled, Returned or Discontinued Medications
Use of Investigational Medications
Medication Reconciliation
Look-alike/Sound-alike Medications
Prescribing Medications-Pharmacy Access
Dispensing Medications-Safe and Effective Administration
Medication Orders

High Alert and Hazardous Medications
Monitoring (surveillance) of vaccines and other medications/injectables
Emergency Medication Management
Preparing Medications (labeling)
Medication Errors-Adverse Event Monitoring
Medication Lists
Sliding fee- Pharmacy
Prescription Assistance Program Management, if applicable
Formulary Management
340B Program Management
Sample Medication Management, in applicable
Medication Counseling

Medical Services (MS)

Scope of Medical Services
Appointment System/Scheduling
Patient Screenings, Assessments and Reassessments
Abuse and Domestic Violence
Pain Assessment and Management
Depression Screening and Management
After-hours Accessibility
Clinical Supervision and Back-Up of Clinical Staff
Verbal Orders
Use of Standing Orders
Leaving the Center against Medical Advice
Nutrition Management
Missed Appointment Follow-Up
Abnormal Lab Follow-Up
Patient Triage (Walk-in and Telephone)
Patient Plan of Care
HIV Pre and Post Test Counseling
Care Transitioning
Administering Sedation/Anesthesia
Performing Surgical, High Risk or Complex Office Procedures
Translation Services
Family Planning Policy
Pre-Natal Care Plan
Medical Personnel Health File
Medical Personnel Fitness to Perform
Disruptive Patient Management
Patient Involuntary Discharge from Care
Health Education and Health Promotion
Chronic Condition Management
CPR/ACLS/PALS Staff Requirements
Referral Management-Coordination of Care *(includes all types of referrals i.e. hospitalization, ED, Specialist, diagnostics)*
Chaperone Policy
Patient Identification Process for Procedures (if applicable to the center)
Life-Threatening Emergencies – Patient Management

Non Life Threatening Emergencies – Patient Management
Maintenance and Inspection of Emergency Crash Cart

Quality/Risk Management (QRM)

Quality Management Program Description
QM Key Performance Indicator Work Plan
Patient Safety and Risk Management Plan
Peer Review Process
Provider Improvement
Incident Management
Patient Complaints
Assessing Satisfaction
Credentialing and Privileging
Medical Record Reviews
Use of Clinical Practice Guidelines/Protocols
Provider Appeal Process

Rights and Responsibilities (RR)

Patient Rights Policy
Protecting Patients from Abuse, Neglect, and Exploitation
Communication of Patient Rights and Responsibilities
Provision of Culturally/Linguistically Competent Care
Advance Directives
Informed Consent
Confidentiality

Associated Documents:

Patients' Bill of Rights

Confidentiality Statement/Employee Confidentiality Agreement

DENTAL SERVICES (DS)

Administration (AD)

Dental Program Policies and Procedures
Organizational Chart
Dental Program Summary
New Employee Orientation
Privileging/Credentialing (if not addressed in organization credentialing/privileging policy)
Dental Record Documentation
Pain Documentation
Staff Assignments and Duties
Sliding Fee Discounts
Staff Training
Competency Assessment
Students, Trainees, and Volunteers
Dress Code (if not addressed in a similar policy in HR)
Assessing Patient Satisfaction
Leave

Clinical Services (CS)

Appointment Scheduling
Guidelines for Prenatal Oral Health
Ordering/Requisitioning Supplies
Intoxicated Persons
Informed Consent
Emergency Dental Care and Triage
Medical Emergencies in the Dental Clinic
Standing Orders for Dental Auxiliary Staff
Obtaining a Medical History
Schedule of Services
Referral Management
Dental Laboratory
Protective Stabilization
Radiography
Informed Consent
Pharmacy/Prescriptions
Hypertension Screening and Treatment Guidelines
Premedication
Reporting Domestic Violence
Use of Nitrous Oxide
Oral Disease Prevention/Health Promotion
Conscious Sedation

Environment of Care (EC)

Radiological Protection
Equipment Maintenance and Product Recalls
Nitrous Oxide Safety
Fire Plan
Monitoring Water Quality in Dental Unit Lines
Mercury Hygiene
Precious Metal Recovery
Hazardous Materials Management

Quality Management (QM)

These policies generally apply across an organization and do not require specific policies addressing dental.

Infection Control (IC)

These policies generally apply across an organization and do not require specific policies addressing dental.

Attachment A

POLICY FORMATTING

<p>DEPT/OPS AREA: This area lists identifies the department or operational area in which the policy is most relevant to. For example, Medical Management (MM) is a department that usually houses clinical policies.</p>	<p>POLICY NAME:</p>	<p>POLICY NUMBER: MM 1.0 This is an example of the numbering. Policy identification and numbering is strongly recommended.</p>
<p>EFFECTIVE (ORIGINAL) DATE: Date policy is initially effective. This date will not change.</p>		<p>REVISED DATE(S): Date of last revision</p>
<p>APPROVAL DATE(S): Date entered each time the policy is approved</p>	<p>DATE(S) REVIEWED: Date of policy review. Policy review dates may not always be the same as revised date. Policies may be reviewed and not revised. Recommend at least every two year policy review timeframe.</p>	<p>APPROVED BY: Board of Directors or your designated department or governing body. <i>You may want to add a signature line however; validation of BOD approvals via BOD minutes is acceptable.</i></p>
<p>Applies To: This area identifies applicability. For example, there may be certain policies that are developed specific to Medicare, Medicaid, other payers or regulatory entities, and/or other departmental areas. If a policy applies across the organization indicate by entering "ALL" in this box.</p>		
<p>POLICY STATEMENT: State organizations policy. Usually one or two statements.</p> <p>RESPONSIBILITY: State who is responsible for ensuring compliance with the policy. Who has ultimate authority, who has overall accountability and whom might the provisions of the policy be delegated to for oversight and/or day to day operations?</p> <p>IMPLEMENTATION: These are the steps needed to implement the policy. Try to keep the steps to departments and/or staff titles and not staff names. Keep as high level as possible since they require a review and approval process. Use procedures and/or protocols for outlining specific operational details of a process or use a process flowchart diagram. Desk procedures do not require a Committee or Board review as they are guidelines and/or protocols used to implement a policy. Desk Procedures are usually signed off by department heads and can be revised as needed.</p> <p>DOCUMENTATION/MONITORING: How will compliance to this policy be documented/monitored, by whom, and how often?</p> <p>REFERENCES: Example Joint Commission Ambulatory Care Standards Health Center Program Statute: Section 330(k)(3)(A) of the PHS Act</p>		

Please contact Quality First Healthcare Consulting, Inc. if you would like a template of this policy format.

