



## **NAFC Quality Standards**

The mission of the National Association of Free and Charitable Clinics is to ensure the medically underserved have access to affordable health care. The NAFC and our members are dedicated to ensuring that our patients receive quality health care. Therefore, to quantify and qualify the care provided at the Free and Charitable Clinic network, the NAFC has formalized the following Quality Standards for all member organizations.

Current and potential members will be expected to attest/pledge that they successfully incorporate these standards within their organizations. When applicable and appropriate, site visits and organizational audits will be performed and reports and recognitions of performance will be provided to the membership and other stakeholders.

The standards will allow the NAFC to showcase the quality care provided to our patients to policy makers, partners, funders and stakeholders. Additionally, the standards will assist the NAFC in developing benefits and resources that will help organizational members enhance the care they provide to patients.

The NAFC would like to thank the Ohio Association of Free Clinics who generously allowed the NAFC to adopt the majority of their standards of care handbook for our membership. The NAFC would also like to thank the Virginia Association of Free and Charitable Clinics, the South Carolina Association of Free and Charitable Clinics and the North Carolina Association of Free and Charitable Clinics for sharing their certification and accreditation documents with the NAFC.

For questions regarding the NAFC quality standards program, please contact the Nicole Lamoureux, CEO at [Nicole@nafclinics.org](mailto:Nicole@nafclinics.org) or 703-647-7427.

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## Standard #1: Administrative

13 Points

### Element A: Mission

1 Point

1. Organization will have purpose and mission clearly stated, as well as provide services consistent with the stated mission.

#### Scoring

1 Point	0 Points
Met	Not met

### Element B: Financial and Legal

4 Points

1. Financial Accountability
  - Each clinic must produce timely financial reports and have their Board annually review their budget.
  - Clinics with annual revenue over \$300,000 must obtain an audit by an independent accounting firm.
  - Clinics must provide confidential means for employees to report suspected financial impropriety.
2. Legal Compliance and Accountability
  - Clinics must comply with all Federal, State, and local laws.
  - Clinics perform an internal review of the organization's compliance and present the findings to the Board.
3. Insurance Coverage
  - Clinics must have General Liability, Professional Liability and Directors and Officers (D&O) Liability insurance coverage or its equivalent.

#### Scoring

4 Points	3 Points	2 Points	1 Point	0 Points
All factors met	Factor #3 and #1 or #2 met	Only factor #3 or both factors #1 and #2 met	Only factor #1 or #2 is met	No factors met

**Element C: Governing Body**

**5 Points**

1. Each Clinic must have a defined description of their Board, including the size of the Board, the term length for Board members, and stated expectations for members.
2. The conduct for Board members must be presented to each member and include:
  - Policies for attendance and participation.
  - A minimum of four board meetings per year.
  - Responsibilities for each of the potential subcommittees.
  - Annual evaluation of the performance of the Board.
  - A procedure for selecting and removing Board members.
3. The responsibilities of the Board must be clearly presented and include the following:
  - Ongoing planning and evaluation of the Clinic.
  - Creation of policies for effective management of the organization.
  - Approval of organization’s budget and assessment of organization’s financial performance in relation to the budget and review of expense percentages.
  - Role of the Executive Director.

**Scoring**

5 Points	4 Points	3 Points	2 Points	1 Point	0 Points
All factors met	Factors #2 and #3 met	Factor #1 met with only #2 or #3	Only factor #2 or #3 met	Only factor #1 met	No factors met

**Element D: Human Resources**

**2 Points**

1. Each clinic provides policies that address assessment, screening, training, evaluation, and advancement for Staff and Volunteers.
2. Written personnel policies for employees and volunteers.
3. New employees receive review of policies and must acknowledge their understanding in writing.
4. Executive Director must perform written evaluations of paid staff at least once per year.

**Scoring**

2 Points	1 Point	0 Points
All factors met	2 out of 4 factors met	0-1 factors met

**Element E: Conflict of Interest**

*1 Point*

- 1. Clinics must provide a policy for disclosure potential conflicts of interest from staff, Board members, and volunteers.

**Scoring**

1 Point	0 Points
Met	Not met

**Standard #2: Enhanced Access and Continuity**

*14 Points*

**Element A: Access During Office Hours**

*2 Points*

- 1. Free and Charitable Clinics should develop a formal resource directory of referral sources in their community that **is not** the emergency room (unless a true emergency) or should have a formal process for assisting with referrals for patient.
- 2. Free and Charitable Clinics are encouraged to retain community collaboratives and form relationships and understanding with other community stakeholders.

**Scoring**

2 Points	1 Point	0 Points
2 factors met	1 factor met	No factors met

**Explanation and Documentation:**

- Since Free and Charitable Clinics are often open limited hours each week, it is important that patients know the community resources and the appropriate use of those resources.
- Free and Charitable Clinics should educate all patients on the appropriate use of the local emergency room as well as provide alternative sources of care for non-emergent treatment when the clinic is closed. The practice should have a documented process in place that includes the process for staff and volunteers to follow in providing this information to patients. Additionally, any formal agreements for providing patient care with other organizations should be clearly documented and kept on file for review.
- As part of the health care safety net system, Free and Charitable Clinics have a responsibility to form collaborations and agreements with other community stakeholders.

- Documented process for staff and volunteers to follow.

## Element B: Continuity of Care

**1 Point**

1. Continuity of care with a provider in the Free or Charitable Clinic setting isn't always practical. However, continuity can be encouraged by helping patients understand their relationship within the clinic. If a clinic is a medical home, the patient should understand that they should call the clinic before going to the emergency room for non-emergent needs. If a clinic provides episodic care only, the patient should know and understand the clinic model of health care delivery and be provided a list of other sources of care.

### Scoring

1 Point	0 Points
1 factor met- MUST MEET	No factors met

### Explanation and Documentation:

- In the Free or Charitable Clinic setting, a personal clinician is considered a group of volunteer physicians with one Medical Director. A patient rights and responsibilities document will be provided to patients.

**Element C: Free or Charitable Clinic Responsibilities:**

**3 Points**

- 1. Every Free and Charitable Clinic has a policy stating **exactly**:
  - What the clinic provides in the way of health care
  - What responsibilities the *clinic* has in the patient/clinic relationship
  - What responsibilities the *patient* has in the patient/clinic relationship
  
- 2. A patient responsibility agreement should be created and provided to each patient explaining the ‘rules of the road’ to patients, so they know what the clinics responsibilities are and what their (the patient’s) responsibilities are.

**Scoring**

3 Points	2 Points	1 Point	0 Points
Both factors met	Only Factor #1 met	Only Factor #2 met	No factors met

**Explanation and Documentation:**

- Free and Charitable Clinics have a process for providing patients and their families’ information on the obligations of the clinic and the responsibilities of the patient as partners in care. The model of a volunteer Free or Charitable Clinic is explained to patients and information is provided in several different formats, including appropriate literacy levels and languages. The clinic has policies clearly stating the clinics responsibilities and how this information is shared with volunteers, staff and patients and their families.
  
- Information provided to patients includes clinic hours and where to seek care after hours. Free and Charitable Clinics maintain a medical record that includes (but not limited to) comprehensive patient information such as medications; clinic visits; visits to specialists; medical history; health status; test results; self-care information and data from recent hospitalizations. Patients can expect evidence-based care from their clinician as well as support for self-management of their health and health care.

**Element D: Culturally and Linguistically Appropriate Services**

**4 Points**

- 1. Each clinic should know or determine, the racial and ethnic diversities of its population.
- 2. All Free and Charitable Clinics should strive to understand and meet the cultural and linguistic needs of their patients.
- 3. Interpretation services should be available for non-English speaking patients.
- 4. Printed materials should be available in the languages of each clinics’ population.

**Scoring**

4 Points	3 Points	2 Points	1 Point	0 Points
All factors met	Factor #2 met + 2 additional factors met	Only factor #2 met	Any factors other than #2 met	No factors met

**Explanation and Documentation:**

- Free and Charitable Clinics have a report showing its assessment of the racial, ethnic and language composition of its patient population. Language services and/or multi language staff should be used to interpret for the patient. Requiring a friend or family member present to interpret is not acceptable practice. Patients may be less forthcoming with a family member present and the family member may not be familiar with medical terminology.

**Element E: The Practice Team Roles and Training**

*4 Points*

Free and Charitable Clinics have documentation demonstrating the following:

- Defining roles for clinical and non-clinical team members (job descriptions)
- Having regular team meetings or structured communication processes
- Using standing orders
- Training and assigning teams to provide patient care

**Scoring**

4 Points	3 Points	2 Points	1 Point	0 Points
All factors met	Factors #1, #2, and #4 are met	At least 2 factors out of #1, #2, or #4 are met	At least 1 factor out of #1, #2, or #4 are met	No factors met

**Explanation and Documentation:**

- Factor #1:** Job descriptions should provide staff position descriptions identifying roles and functions.
- Factor #2:** Free and Charitable Clinics should have a description of its structured communication process. Team meetings may include huddles; which are a meeting to discuss

patients being seen for that day. A structured communication plan may include regular e-mail exchanges, tasks or messages placed in the patients' medical record about that specific patient.

- **Factor #3:** Free and Charitable Clinics can use standing orders such as testing protocols, defining triggers for prescription orders, medication refills, vaccinations, and routine preventive services. Policies should be in place explaining exactly when standing orders can be used and by who.
- **Factor #4:** Free and Charitable Clinics should demonstrate that they have a training process and training schedule for training staff in each area identified.

## Standard #3: Identify and Manage Patient Populations

6 Points

### Element A: Patient Information:

3 Points

1. Free and Charitable Clinics will gather patient demographic information and keep patient information in a medical record. Information may include but not be limited to:
  - Date of birth
  - Gender
  - Race
  - Home Address and/or Homelessness
  - Ethnicity
  - Preferred Language
  - Telephone Numbers
  - E-mail Addresses
  - Dates of Clinical Visits
  - Financial Information
  - Eligibility Information
  - Health Insurance Information

#### Scoring

3 Points	0 Points
Met	Not met

#### Explanation and Documentation:

- The Free or Charitable Clinic documents and updates patient's information on a regular basis. The clinic has a process whereby patient information is verified and updated in a systematic method to ensure accuracy.
- The clinic provides reports from the medical record showing the percentage of **all** patients for each populated data field. The report contains each required data element to determine how many elements are consistently entered in the practice's electronic system.

**Element B: Clinical Data:**

**2 Points**

- 1. Free and Charitable Clinics keep a medical record for each patient with appropriate information which may include the following:
  - An up-to-date list of current and active diagnoses
  - Allergies, including medication allergies and adverse reactions
  - Blood pressure
  - Height
  - Weight
  - BMI
  - Current list of prescription medications

**Scoring**

2 Points	0 Points
Met	Not met

**Explanation and Documentation:**

- The Free or Charitable Clinic documents and updates patient’s information on a regular basis. The clinic has a process whereby patient information is verified and updated in a systematic method to ensure accuracy.

**Element C: Health Assessment:**

**1 Point**

- 1. A comprehensive health assessment will be maintained in the medical record and will include:
  - Documentation of immunizations and screenings
  - Medical history of patient and family
  - Communications need

**Scoring**

1 Point	0 Points
Met	Not met

**Explanation and Documentation**

- The Free or Charitable Clinic will conduct a comprehensive health assessment that identifies health risks, barriers, and literacy and their role in the patient’s overall health status. The health assessment includes an evaluation of social and cultural needs, preferences, strengths and limitations. Examples of these characteristics can include family/household structure, support systems, household/environmental risk factors and patient/family concerns. The practice identifies whether the patient has specific communication requirements (e.g., because of hearing or vision issues).
- The clinic provides a process showing how the information is consistently collected *ora* completed patient assessment of the factors documented during the health assessment.

**Standard #4: Plan and Manage Care**

*9 Points*

**Element A: Identify High-Risk Patients**

*2 Points*

1. Define “high-risk” as it relates to your practice

**Scoring**

2 Points	0 Points
Met	Not met

**Explanation and Documentation**

- Identification of High-Risk Clinic Patients whose overall medical condition warrants care management. High risk may include things like a hospital admission, emergency room use, two different diagnoses, non-compliance or any other measurement that a practice identifies as high risk.
- Free and Charitable Clinics should identify patients as high-risk if the patient has two different diagnoses, recent hospital admission, mental illness substance abuse, non-compliance, has a high-risk chronic disease such as Diabetes, Epilepsy, Heart Disease, Cancer, Hypertension, or Alzheimer’s disease or any other measurement that the clinic identifies as high-risk.

- The Free or Charitable Clinic will document each high-risk patient and follow the Care Management Plan for High-Risk.

## Element B: Care Management

*1 Point*

Follow the Care Management Plan for High-Risk/Chronically Ill Patients during each visit to the clinic.

### Scoring

1 Point	0 Points
Met	Not met

### Explanation and Documentation

- Provide High-Risk Patients with longer appointment times.
- Healthcare Provider should ask patient for their chief health concern and then Healthcare Provider includes patient in the decision-making process.
- Healthcare Provider or Nurse provides the patient with a care plan along with goals that the patient can refer to after their appointment. Care plan is updated at every visit. It is suggested that each high-risk patient is provided with a clinical summary of the visit along with test results and treatment provided at visit.
- It is recommended that a Nurse or Healthcare Provider follow-up with patient after clinic hours.
- If patients do not meet goals, then Nurse or Healthcare Provider will identify barriers and available resources to overcome obstacles.

## Element C: Medication Management

*4 Points*

1. Provide patient education related to medication management.
2. Provide information on how to take medications.
3. Provide information on interactions and side effects.
4. Assess availability to access medications.
5. Systems in place to help patients access medications – ensure access to essential medications

**Scoring**

4 Points	3 Points	2 Points	1 Point	0 Points
All factors met	factor #4 met + 2 additional factors	factor #4 met + one additional factor	Only factor #4 met, or 3 others met excluding #4	No factors met

**Explanation and Documentation**

- Clinical Staff/Volunteer will document all medications including over-the-counter medication use by patient.
- Clinical Staff/Volunteer will provide patient with health education in regard to medication including how to take medication, interactions, and side effects. Healthcare Provider or Nurse will assess patient understanding of medication use to ensure compliance.
- Clinical Staff/Volunteer or Pharmacist will assess availability of medication.

**Element D: Test tracking and follow-up 2 Points**

1. Free and Charitable Clinics will develop and maintain documented process or procedure for staff.
  - Track lab tests until results are available, flagging and following up on overdue results.
  - Track imaging tests until results are available, flagging and following up on overdue results.
  - Flag abnormal lab results, bringing them to the attention of the clinician.
  - Flag abnormal imaging results, bringing them to the attention of the clinician.
  - Notify patient/families of normal and abnormal lab and imaging test results.
  - Document in patient chart/electronic health record when and how patient was notified of results.

**Scoring**

2 Points	0 Points
Met	Not met

**Explanation and Documentation**

- Clinical Staff/Volunteer will develop and maintain a clearly defined documented process or procedure for staff.



management programs or classes. Programs may be offered through community agencies, a health plan or a patient’s employer.

- Educational programs and resources may include information about a medical condition or about the patient’s role in managing the condition. Resources include brochures, handout materials, videos, Web site links and pamphlets, as well as community resources (e.g., programs, support groups). Based on the practice’s assessment of languages spoken by its patient’s materials in languages other than English should be available for patients/families, if appropriate.
- Patients/families may be referred to resources outside the practice, with consideration that resources may not be covered by health insurance. Self-management programs may include asthma education, diabetes education and other classes or groups as well as referrals to community resources for the uninsured and underinsured or for transportation assistance to medical appointments for patients. A list of community educational and programmatic resources should be compiled and kept on file as a resource in the clinic.
- The clinic will work with patients to develop a self-care plan that addresses a patient’s condition and includes goals and a way to monitor self-care. The clinic will develop a documented process or use a template-documented process provided by the NAFC to reflect how the clinic plans to develop a self-care plan with a patient. For example, a practice may use a list of questions to identify patient goals and needs and then have a patient sign an “agreement” that he or she is willing to work towards the goals outlined. The patient will be provided with self-management tools (such as a food diary, weight log sheet etc.) by the clinic. The clinic can create their own self-management tools or use template tools made available from NAFC.

## Element B: Provide Referrals to Community Resources

**3 Points**

1. Free and Charitable Clinics will maintain a current resource list on topics or key community service areas of importance to the patient population.
2. Free and Charitable Clinics will track referrals provided to patients/families.
3. Clinic refers or provides treatment for mental health and/or substance abuse disorders.

### Scoring

3 Points	2 Points	1 Point	0 Point
All factors met	2 factors met	1 factor met	No factors met

### Explanation and Documentation

- The key resource list is specific to the needs of the practice’s population— not specific to patients with important conditions—and includes programs and services to help patients in self-care or give the patient population access to care related to at least five topics or key community service areas of importance, which may include:
  - Smoking cessation
  - Weight management (under and overweight)
  - Exercise/physical activity
  - Nutrition
  - Parenting
  - Dental
  - Other, such as Transportation to medical appointments - Noncommercial health insurance options Obtaining prescription medications- Falls prevention- Meal

support- Hospice- Respite care- Child development- Immunization information- Child care, - Breastfeeding etc.

- Although the practice may provide one or more services, it must also identify services or agencies available in the community. The intent of the element is for the practice to connect patients with available community resources.
- The clinic tracks frequency and types of referrals to agencies to evaluate whether it has identified sufficient and appropriate resources for its population over time.
- The clinic provides treatment or identifies a treatment provider and helps patients get care for mental health and substance abuse problems, if needed.
- The clinic shall compile a list that of community resources and services that cover at least of the above topics/service areas. The list of community resources for educational programs referenced above in Element A can be used as part of the documentation for Element B, bearing in mind that the information compiled for resources in Element A may not cover enough topics for Element B. In such a case, the list from Element A would be used as a starting point to build upon.
- The clinic staff/volunteers shall note the type of referral and material given to the patient at the time each is provided. If a patient is an established patient of the clinic, the clinic worker shall follow up with the patient on referral appointment attendance and adherence to any care plan given. All should be noted and dated in the patient chart/electronic health record.
- The clinic should make every effort to send and receive patient information between the clinic and the referred to specialist to attempt to ensure continuity of care and a complete patient medical record.

## Standard #6: Track and Coordinate Care

6 Points

### Element A: Test Tracking and Follow-up

2 Points

1. Free and Charitable Clinics track tests performed on patients by means determined by the practice and follow-up on test results to make sure that needed tests are performed and acted on when needed.
2. Free and Charitable Clinics establish a consistent protocol to communicate to patients both normal and abnormal lab, tests, and imaging results.

#### Scoring

2 Points	1 Point	0 Points
2 factors met	Only 1 factor met	No factors met

#### Explanation and Documentation

- Monitoring ensures that clinics perform necessary tests and act upon any results that require action.
- Ineffective tracking and managing of test results can cause suboptimal patient care if clinics do not follow up on results.

- Patients should not be left to wonder for longer than necessary about their results.
- The clinic has a written process or procedure for staff and a report or log showing the test tracking containing the test name and date of performance and date results are returned.

### **Element B: Referral Tracking and Follow-up**

**2 Points**

1. Clinics should establish a policy and procedure to refer patients to specialists, as well as protocol to follow up with the specialist provider to obtain relevant patient medical records from a patient visit to a specialist; both for one-time and ongoing specialist care.
2. Clinics should establish a process to follow-up with a patient to ensure the patient is keeping referral appointments, including appointments with specialists.

#### **Scoring**

2 Points	1 Point	0 Points
2 factors met	Only 1 factor met	No factors met

#### **Explanation and Documentation**

- Referral tracking is an important part of providing seamless continuum of care for patients.
- Tracked referrals will be considered important by the clinician for a patient’s treatment, or in accordance with the clinic’s guidelines. In order to best take care of patients, different practices must cooperate and share files and important information. Clinics and specialists that interact regularly will establish time periods within which they must share patient information.
- In order to maintain good standing with other community health providers, patients referred by the clinic should attend their appointments with the specialists. As a sign of respect, and to assure the best care possible is being provided, patients should keep their appointments with organizations to which the clinic refers them.
- The clinic has a documented process or procedure and a report or log showing the referral tracking process is followed.
- A Memorandum of Understanding may be created between clinics and any referred specialists.

### **Element C: Coordinate with Facilities and Manage Care Transitions 2 Points**

1. Clinics should provide patient education on proper use of emergency care to help guide patients towards more consistent, non-institutional providers for routine health care needs.
2. Clinics should provide patients with information on alternative providers to the Emergency Room for non-emergent care.
3. Clinics should have a process in place to coordinate care transitions to other primary care providers if a change in the patient’s financial or insurance coverage circumstances change.

- Clinics should inquire and note in the patient chart/electronic health record if a patient has been treated in a hospital, emergency room or any other provider since the patient's last visit to the clinic.

### Scoring

2 Points	1 Point	0 Points
3-4 factors met	1-2 factors met	0 factors met

### Explanation and Documentation

- The emergency room should be used for crises only, and patients that do not have a serious condition should not seek treatment at an ER. Other community health centers are available to help patients when the clinics do not run to prevent large bills and to prevent the ER from becoming overcrowded.
- Clinics should create a resource list of local community health centers, rural health centers, health departments, and local pharmacies that provide care to the medically underserved.
- Clinics may create educational documents about emergency room usage, and other community healthcare providers, especially those that can accommodate patients with insurance or financial changes.
- Clinics should have space on the chart/electronic health record to note visits to the ER or other providers that list the provider and the date of the visit, and a brief reason for the visit.

## Standard #7: Measure and Improve Performance

*7 Points*

### Element A: Measure and Improve Performance

*1 Point*

- The clinic will review and assess its performance and health outcomes to better understand what is working and what needs improvement to better serve the patient population.

### Scoring

1 Point	0 Points
Met	Not met

**Explanation and Documentation**

- The clinic reviews its performance on a range of measurers to help it understand its delivery of care system’s strengths as well as the opportunities for improvement. Clinics may choose to measure any or all of the following:
  - Preventive Care
  - Chronic or acute care
  - Utilization measures affecting health care costs
- When a clinic selects measures of performance, they must document the period of measurement, the number of patients represented by the data and the patient selection process.
- Preventive services are routine health care services that include – but are not necessarily limited to - screenings, checkups and patient counseling to prevent illness or disease.
- Chronic or acute care services are important and often long-term conditions such as diabetes, heart disease, asthma, depression, etc.
- Utilization measures are those demonstrations that show resources are used judiciously to help patients receive appropriate care. These measures may include things like ER visits, potentially avoidable hospitalizations and hospital readmissions, redundant imaging or lab tests, prescribing generic medications instead of brand name medications, etc.

**Element B: Measure Patient /Family Experience**

*2 Points*

1. Clinics should administer patient and family satisfaction surveys in a culturally and linguistically appropriate manner for the patient population to assess areas in need of improvement.
2. Clinics should establish a process to capture feedback from any patient advisory council or similar body that encourages patient engagement to augment the information collected from the surveys.

**Scoring**

2 Points	1 Point	0 Points
Both factors met	Only 1 factor met	No factors met

**Explanation and Documentation**

- Free and Charitable Clinics obtain feedback from patients/families on their experiences with the practice and their care. All feedback will be compiled into reports with summarized results of patient feedback.
- Free and Charitable Clinics should administer a survey to evaluate the patient/family experiences with the clinic and access to health care. Evaluation experiences may include items such as:
  - Communication (culturally and linguistically): including feelings of respect, being listened to and being able to get questions answered.

- Whole-person care: may include the provision of comprehensive care, self-management support, advice and assistance and support for making changes in health habits and health care decisions.
- Free and Charitable Clinics will gather data from patients and their families through methods such as focus groups, individual interviews, suggestion boxes, and/or phone conference interviews.

## Element C: Implement and Demonstrate Continuous Quality Improvement

### 2 Points

1. The clinic should have an ongoing quality improvement strategy that includes ongoing review of performance and outcomes as compared to established goals.
2. Quality improvement strategies need to be imbedded into the practice culture to be able to measure improvement and make changes in real time that are necessary to achieve improvement goals.
3. Clinics should be able to measure and compare outcomes over time in areas identified for improvement.
4. Implement and Demonstrate Continuous Quality Improvement.

#### Scoring

2 Points	1 Point	0 Points
3-4 factors met	1-2 factors met	No factors met

#### Explanation and documentation:

- Free and Charitable Clinics must have a clear and ongoing quality improvement plan and a process that includes consistent reviews of performance data and evaluation of performance against goals.
- Free and Charitable Clinics set goals and act to improve performance based on resource measures and patient experience measures. The goal is for the clinic to reach a desired level of accomplishment based on its self-identified goals for improvement. Clinic must demonstrate that it collects clinical, and/or patient experience performance data and assesses the results over time.
- Volunteers and staff should be trained and strategies for improvement embedded into the clinic practice to be able to measure improvement and make changes in real time that are necessary to achieve improvement goals.
- Free and Charitable Clinics can demonstrate that its performance on the measures has improved over time, based on its assessment. The clinic provides reports demonstrating improvement on performance measures.

**Element D: Report Performance and Data Externally & Internally 2 Points**

1. Clinics should share data on health outcomes and performance metrics established by the practice to exhibit the impact of quality improvement and intervention strategies, as well as to hold all in the team accountable to achieving improvement.
2. Report Performance and Data Externally and Internally
  - o Examples of sharing data internally could be discussion in team meetings or posting unidentified patient data in a staff area.
  - o Examples of sharing data externally could be inclusion in an annual report or newsletter, or sharing data with a government agency.

**Scoring**

2 Points	1 Point	0 Points
Report data internally AND externally	Report data internally OR externally	Do not report data

**Explanation and Documentation:**

- Free and Charitable Clinics may use the data produced for the following:
  - o Reports to individual clinicians and staff (via memos, staff meetings, etc.)
  - o Reports to the public by the health plan
  - o Reports to patients
- Reports reflect the care provided by the care team

**Final Scores: Standards #1-7 = 60 Points**

Gold Rating	Silver Rating	Bronze Rating	No Rating
46 - 60 Points total*	31 - 45 Points total	16 - 30 Points total	0-15 Points