

Department of State Health Services Standards for Public Health Clinic Services

Revised 8/31/04



DSHS Standards for Public Health Clinic Services

The DSHS Standards for Public Health Clinic Services replace the existing Quality Care: Client Service Standards for Public Health and Community Clinics and are intended to augment program-specific standards. The standards address common components for administering public health clinics to assure the delivery of quality health services.

The revised DSHS Standards for Public Health Clinic Services has four topic areas:

- I. Personnel
- II. Quality Improvement
- III. Client Rights
- IV. Clinical Operations

Each standard has a corresponding statement of intent and evaluative criteria, which will be utilized by DSHS for ensuring compliance with the standards.

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Standard	Intent	Evaluation Criteria
Section I. Personnel		
A. The contractor shall develop and maintain personnel policies and procedures to ensure that clinical staff is hired, trained and evaluated as appropriate to their job position.	A. To ensure that the contractor has a documented process for hiring, training and evaluating appropriate staff who are providing clinical services.	A. Review of contractor policies and procedures.
B. The personnel policies and procedures should address: 1. Job descriptions; 2. Employee Orientation; and 3. Annual job evaluations.	B. To ensure: 1. Written job descriptions identifying required qualifications and job duties for positions providing direct client services are available to management and staff. 2. To ensure each employee is appropriately oriented to their position, clinic setting and duties. 3. To ensure that each employee is annually evaluated and provided with feedback on job performance and any appropriate corrective actions if warranted.	B. Review of personnel policies and procedures and a sample of contractor: 1. Written job descriptions 2. Orientation sign-in sheets or documentation in personnel records. 3. Written job evaluations.
C. All employees with direct client contact will be appropriately identified with a name badge.	C. Employees are appropriately identified to clients and visitors.	C. Observation of employees wearing agency specific name badges with job title and applicable credentials.
Section II. Quality Improvement		
A. The contractor shall develop and	A. To ensure that the contractor has a documented	A. Review of the contractor's/provider's

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<p>implement a Quality Assurance (QA) plan for internal review and evaluation of its services and compliance with DSHS rules and policies and procedures as well as other nationally recognized treatment guidelines.</p>	<p>comprehensive internal process to ensure that quality services are provided to include any subcontractors and that compliance with DSHS rules and policies and procedures is achieved.</p>	<p>adopted QA plan.</p>
<p>B. The QA plan should include:</p> <ol style="list-style-type: none"> 1. Establishment of a multi-disciplinary committee, to include the medical director, clinic director, a nurse, an eligibility staff and a records manager, which meets at a minimum annually. 2. The staff responsible for the internal review and evaluation. 3. The frequency (minimum twice a year) of the internal review and tool/forms to be utilized. 4. The scope of the review at a minimum to include: <ol style="list-style-type: none"> a. Administrative Policies; b. Eligibility/Billing; c. Provision of Clinical Service— 	<p>B. To ensure that:</p> <ol style="list-style-type: none"> 1. All levels of management, clinicians and staff are represented on the QA committee. The committee will annually review the plan and QA process. 2. A qualified staff member is responsible for implementing the QA plan. 3. An appropriate timeframe and standard tools/forms are identified for completing the QA reviews. 4. That the review encompasses specific areas for review. 	<p>B. Review of:</p> <ol style="list-style-type: none"> 1. QA plan and committee minutes. 2. QA plan, committee minutes and appropriate review supporting documentation. 3. QA plan, committee minutes, tools, forms and appropriate review supporting documentation. 4. QA plan, committee minutes and completed tools and forms

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<p>to include standing delegation orders/protocols, client observation and record review;</p> <p>d. Adverse outcomes; and</p> <p>e. Client satisfaction and/or complaints.</p> <p>5. Methods for reporting findings and recommendations and to whom reports should be made.</p> <p>6. Requirements for an action plan to correct or improve areas with significant findings/trends and future evaluation of effectiveness of the plan in addressing findings.</p>	<p>5. That a standard format for reporting findings and recommendations for corrective actions is utilized.</p> <p>6. That a plan for corrective actions is developed to address findings/trends identified in QA reviews and that an evaluation is completed to ensure that actions have facilitated appropriate changes to address areas found not in compliance.</p>	<p>5. QA plan, committee minutes, reports.</p> <p>6. QA plan, committee minutes, corrective action plan and evaluation reports.</p>
Section III. Client Rights		
A. The contractor shall insure informed consent is obtained for services provided.	A. To ensure that clients are provided appropriate information regarding clinical care and procedures in order to make an informed decision regarding consent.	A. Review of consent policy as well as completed consent forms and appropriate clinical documentation in client record.
B. The contractor shall insure patients are involved in resolving conflicts about care decisions.	B. To ensure that clients are involved with resolving conflicts about care decisions with the care providers.	B. Review of policy and appropriate clinical documentation in client record.
C. The contractor shall insure the confidentiality of client information.	C. To ensure that client information is kept confidential and secured and that information	C. Review of client confidentiality and record release policies and

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	is released only with client consent.	documentation in client record.
D. The contractor shall insure services are provided in a confidential setting.	D. To ensure that clients are provided a confidential setting for eligibility determination and delivery of clinical services.	D. Review of client confidentiality policy and observation of implementation during the eligibility determination and delivery of clinical services to ensure that the contractor makes a reasonable effort to insure client confidentiality.
E. Contractor shall have a client grievance process.	E. To ensure clients have a process for resolution of conflict or concern.	E. Review of client grievance process.
Section IV. Clinical Operations		
A. The contractor maintains a Client Record System which includes: 1. Format order within the record; 2. Record retention; and Proper disposal of the record	A. To ensure that contractors appropriately maintain client information	A. Review of medical record policies and observation of policy implementation.
B. The contractor maintains a safe environment.	B. To ensure that the contractor maintains a physical environment free of hazards and manages staff activities to reduce risk of injuries.	B. Review of safety policy and observation of policy implementation and clinic environment.
C. The contractor manages hazardous materials and waste risks including: 1. Handling, storage and disposing of hazardous materials and waste according to applicable laws and	C. To ensure that the contractor maintains a plan for managing hazardous materials and waste.	C. Review of hazardous materials and waste plan or policy and observation of implementation and clinic environment.

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Standard	Intent	Evaluation Criteria
<p>regulations, when appropriate;</p> <p>2. Handling, storage and disposing of chemical and infectious waste including sharps; and</p> <p>3. An orientation and education program for personnel who manage or have contact with hazardous materials and waste.</p>		
<p>D. The contractor maintains fire-safety equipment and conducts fire drills regularly.</p>	<p>D. To ensure that the contractor develops a plan which identifies how it will establish and maintain a fire-safe environment to include inspecting, testing and maintaining fire equipment on a minimum annual basis and that the contractor reports and investigates fire protection deficiencies, failures and user errors.</p>	<p>D. Review of fire safety plan or policy and observation of implementation and supporting documentation for inspections and investigations of deficiencies.</p>
<p>E. The contractor maintains, tests and inspects medical equipment and documents these activities to include:</p> <p>1. Assessing and minimizing clinical and physical risks of equipment through inspection, testing and maintenance;</p> <p>2. Reporting and investigating equipment management problems,</p>	<p>E. To ensure that the contractor maintains a plan for maintaining medical equipment.</p>	<p>E. Review of medical equipment maintenance plan or policy and observation of implementation and clinic environment and documentation.</p>

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<p>failures and user errors; and</p> <p>3. Designing an orientation and education program for personnel who use the equipment.</p>		
<p>F. The contractor maintains appropriate infection control activities to include:</p> <ol style="list-style-type: none"> 1. Reporting infections, when appropriate, within the organization or to public health agencies; 2. Taking action to prevent and reduce the risk of nosocomial infections in patients, staff and visitors; 3. Taking action to control outbreaks of nosocomial infections when identified; 4. Requiring employee immunizations; 5. Required employee screening based on risk; and 6. Development of a Bloodborne Pathogen Plan to include education annually for employees deemed at 	<p>F. To ensure that the contractor uses a coordinated process to reduce the risks of endemic and epidemic nosocomial infections in both patient care and staff health activities.</p>	<p>F. Review of Infection Control Plan or Policy, supporting documentation and employee immunization records, as well as observation of implementation within clinic environment.</p>

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risk.		
G. The contractor shall maintain appropriate CLIA certification for laboratory services.	G. To ensure appropriate laboratory services.	G. Review of CLIA Certificate.
H. The contractor shall maintain appropriate pharmacy license.	H. To ensure that all pharmacy services are provided according to state pharmacy law.	H. Review of pharmacy license.