



HOPE STREET

FREE CLINIC

FAITH, HOPE AND LOVE

Quality Improvement/Quality Assurance (QI/QA) Operating Procedures Manual

1. Introduction

Hope Street Free Clinic (HSFC) is committed to providing high-quality patient care through an ongoing Quality Improvement/Quality Assurance (QI/QA) program. This manual outlines the policies and procedures to ensure compliance with federal and state regulations while maintaining the confidentiality of patient records.

2. Organizational Structure and Responsibility

2.1 QI/QA Oversight

- The QI/QA program is overseen by a designated individual, the **QI/QA Coordinator**, appointed by clinic leadership.
- The QI/QA Coordinator reports directly to the Medical Director and works closely with medical staff to ensure implementation.
- The QI/QA Committee, consisting of QI/QA Coordinator, Medical Director and Executive Director, meets quarterly to review QI/QA activities.

2.2 Board-Approved Policy

- HSFC maintains a board-approved QI/QA policy that:
 - Evaluates the quality and utilization of services.
 - Assesses patient satisfaction and grievance processes.
 - Ensures patient safety and response to adverse events.
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3. QI/QA Assessment Procedures

3.1 Utilization and Quality of Services

- Periodic assessments are conducted by QI/QA Coordinator.
- Assessments involve:
 - Systematic collection and evaluation of patient records.
 - Review of adherence to evidence-based clinical guidelines.

3.2 Patient Satisfaction and Grievance Resolution

- Patient satisfaction is measured through surveys, direct feedback, and focus groups.
- A grievance resolution process is in place, ensuring:
 - Timely investigation of complaints and Documentation of resolution outcomes.
 - Transparent communication with patients.

3.3 Identifying and Addressing Adverse Events

- HSFC follows a standardized protocol for identifying, analyzing, and mitigating patient safety incidents.
 - All adverse events are reviewed, and follow-up actions are implemented as necessary.
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4. Data Collection and Reporting

4.1 Quarterly QI/QA Assessments

- Conducted at least **quarterly** by healthcare professionals.
- Evaluates:
 - Provider adherence to clinical guidelines.
 - Trends in patient outcomes.
 - Effectiveness of corrective actions implemented.

4.2 Reporting and Decision-Making

- Findings from QI/QA assessments are documented in a standardized format.
 - Reports are shared with key management staff and the governing board to support decision-making and continuous improvement.
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5. Confidentiality and Patient Record Management

5.1 Health Record Maintenance

- HSFC maintains a **retrievable health record** for each patient, ensuring compliance with federal and state laws.
- The clinic utilizes a **certified Electronic Health Record (EHR)** system to ensure accuracy and accessibility.

5.2 Safeguarding Patient Information

- Strict policies and procedures are in place to prevent unauthorized access, loss, or destruction of patient records.
 - Patient information is disclosed only as required by law or necessary for care provision, with appropriate safeguards.
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6. Credentialing and Privileging

6.1 Credentialing Process

- HSFC ensures that all licensed and/or certified healthcare practitioners meet the required qualifications before providing care.
- The credentialing process includes:
 - Verification of education, training, licensure, and certification.
 - Review of work history and references.
 - Background checks and exclusion screening.
 - Ongoing monitoring of credentials to ensure compliance with state and federal regulations.

6.2 Privileging Process

- Practitioners must apply for clinical privileges that align with their scope of practice and expertise.
- Privileging is granted based on:
 - Demonstrated competency and experience.
 - Review by the Medical Director and/or credentialing committee.
 - Periodic reassessment to ensure continued compliance with clinical standards.
- Any modifications or revocations of privileges are documented and communicated to the practitioner in a timely manner.

7. Compliance and Continuous Improvement

- HSFC continuously monitors compliance with established QI/QA protocols.
- Regular staff training ensures adherence to best practices and regulatory requirements.
- The QI/QA program evolves based on data-driven insights, patient feedback, and healthcare advancements.

This Quality Improvement and Quality Assurance Plan is a living document that will be reviewed and updated regularly to reflect changes in best practices, regulations, and the needs of our patients and community. By adhering to the guidelines and strategies outlined in this plan, we can ensure delivery of high-quality, compassionate, and effective primary care services.