

Policies and Procedures of the DEAC Clinic

Delivering Equal Access to Care (DEAC) of Wake Forest University School of Medicine is a collaborative effort that coordinates community service efforts of students from the School of Medicine, Physician Assistant program, and undergraduate student body. DEAC is a student-run organization with faculty advisors from WFU's graduate and undergraduate schools. DEAC is a non-profit organization with 501(c)(3) status.

The concept of a student-run free health clinic in Winston-Salem began among a group of motivated and conscientious Wake Forest University medical students in 2006. Since this time, the organization has harnessed the enthusiasm of hundreds of students and physicians to address the health inequities within the community both through the DEAC Clinic and various other outreach efforts.

In September of 2008, the DEAC Clinic opened its doors to patients, and the organization has blossomed into a multidisciplinary effort to provide health care for the underserved.

The DEAC mission statement is as follows:

The mission of DEAC is to provide high quality free health care to underserved individuals within the Piedmont-Triad area in a sustainable manner, while creating a unique service-oriented learning experience for the students of Wake Forest School of Medicine. The vision of DEAC is to deliver equal access to care for people who would not otherwise receive care or who have no means of acquiring it.

Organizational Marketing

Community Outreach

The DEAC Clinic holds an annual fundraiser to request funds for the operation of the clinic. The fundraiser is a Gala with a silent auction of donated items from community allies. The funds garnered at this event are used to operate the clinic and pay for any resources and promotional materials. In addition to acting as a source of donations and funds, the Gala is our primary opportunity for community outreach, clinic exposure, and recruitment of new physician volunteers. All community members are invited and attendance is not limited to medical center employees or volunteers. The silent auction items and donations are solicited from community organizations, which not only promotes the clinic mission and goals, but strengthens our community outreach.

Further outreach beyond the physician community is achieved through social medial campaigns, for example through the Wake Forest Baptist Annual Giving Campaign, which highlights the work done at DEAC, the Wake Forest Baptist website, our Facebook page, and our Twitter feed.

Website: <http://www.wakehealth.edu/DEAC/>

Facebook: <https://www.facebook.com/DEACClinic/>

Attracting Volunteers

The DEAC Clinic utilizes fliers and an organizational tri-fold board to attract medical students and PA students to commit their time during the clinic. Students are approached during their orientation week and are reminded of opportunities to volunteer with DEAC and the mobile clinic events throughout the year. First year students are further exposed to opportunities at DEAC through an orientation talk given by one of the executive board members. Requests for volunteers are transmitted via the school listserv monthly and the organization is promoted within the medical school as an extracurricular opportunity. Additionally, certain social events are used to promote the clinic and raise funds (for example, the Holiday Ball).

Student recruitment and involvement is not only essential to the weekly functioning of the clinic, but also critical to promoting patient awareness and recruitment. Students working on the hospital wards and in the outpatient setting are able to refer uninsured and underserved patients to DEAC for further care, as well as inform their precepting physicians of these opportunities.

Attracting Patients

Many DEAC patients are referred through the CCC and Health Department, as well as the Wake Forest Baptist Emergency Department and the Downtown Health Plaza. Providers at these points of care are aware of the after-hours services provided at DEAC and refer patients for both follow-up and continued primary care. Furthermore, patients may access specific information about becoming a patient at DEAC through our website.

In the broader community, patients are recruited through Special Projects events, including the Rams Know H.O.W mobile clinics and the Healthy Cooking on a Budget classes.

Website: <http://www.wakehealth.edu/DEAC/How-to-become-a-Patient-at-DEAC.htm>

Financial Responsibility

Processes for:

1. Donations and receipts
 - a. Donations and receipts are handled through the Wake Forest Baptist Hospital Accounting Department.
2. Handling of cash
 - a. Cash is not handled by the board of directors or leadership of DEAC. Cash is controlled by the Dept. Of Medicine at Wake Forest. Expenses are reported to the Dept. where they are given an invoice to pay or reimbursements are distributed.

3. Managing of purchases and expenses, including credit card purchases, establishing appropriate limits on purchases, and securing necessary approvals for purchases above established limits.
 - a. Any and all funding provided to DEAC will be used only to further DEAC's mission, vision, and Board-approved goals. Significant deviations in spending from the Board-approved annual budget must be approved by the Board of Directors. Whereas small purchases of less than \$200 can be made as necessary at the discretion of the Financial and Fundraising Directors (in consultation with the Executive Directors), larger purchases must be approved by the Board of Directors.
4. Acquisition and disposition of organizational equipment, including a process for accurately recording purchase value, depreciation, and disposal costs and value.
 - a. This indicator is not applicable to the DEAC clinic as equipment is currently provided by the CCC as a part of our rent costs.
5. Processing payroll and taxes
 - a. This is not applicable to the DEAC clinic as DEAC does not have paid employees.
6. Financial reporting to management and the board.
 - a. A monthly financial statement is presented to the board monthly
7. 45-day operating reserve is in place
 - a. DEAC has an immense operative reserve beyond 45 days. DEAC is supported by Wake Forest Medical School such that in the event it requires additional funding, the framework is in place for additional funding requests from the institution.
8. Budget development and approval
 - a. The budget is developed annually, presented to the board and voted on before implementation.
9. Internal financial statements, prepared at least quarterly are provided to the board of directors and identify and explain any material variation between actual and budgeted revenues and expenses.
 - a. Internal financial statement are prepared monthly and presented to the board at each meeting.

Acceptance and Distribution of Gifts and Grants

In order to maintain an adequate operating budget, it will be necessary for DEAC and its volunteers to solicit donations from alumni, community members, grant firms, and partner organizations. It is required that all materials utilized to solicit donations and promote the clinic are truthful and representative of the mission and function of DEAC. In addition, the intended use of donations should be fully and clearly identified both prior to and after donation, at the donor's request.

Acceptance of any contribution, gift or grant is at the discretion of DEAC. DEAC will not accept any gifts that cannot be used or disbursed for its purpose and mission.

No irrevocable gift, whether outright or life-income in character, will be accepted if under any reasonable circumstances the gift would jeopardize the donor's financial security.

DEAC will refrain from providing advice about the tax or other treatment of gifts and will encourage donors to seek guidance from their own professional advisors to assist them in the process of making their gifts.

DEAC will accept donations of cash. Gifts of in-kind services or products will be accepted at the discretion of DEAC.

Certain other gifts, real property, personal property, in-kind gifts, non-liquid securities, and contributions whose sources are not transparent or whose use is restricted in some manner, must be reviewed prior to acceptance due to the special obligations raised or liabilities they may pose for DEAC.

DEAC will provide acknowledgments to donors meeting IRS substantiation requirements for property received as a gift. However, except for gifts of cash, no value shall be ascribed to any receipt or other form of substantiation of a gift received by DEAC.

All charitable donations will be kept strictly confidential. The privacy and anonymity of donors will be respected at all times. Permission must be provided to disclose an individual's or an organization's gift and partnership with DEAC.

DEAC will not compensate, whether through commissions, finder's fees, or other means, any third party for directing a gift or donor to DEAC.

Procurement of Goods and Services

To ensure that DEAC recognizes competition among suppliers of goods and services that provide economic benefits, all major procurements or contracts exceeding \$5,000 annually will be decided on a competitive basis between at least two competitors, preferably three. Exceptions will be made for products and services for which there is only one vendor.

Clarification

- New supplier or service agreements will follow the policy outlined herein.
- Existing supplier or service agreements will follow this policy on a cycle of three to five years only related to benefits and audit preparation. Operating agreements will be reviewed in accordance with this policy on a cycle of seven to ten years.

Procedure

- Bids must be submitted with supporting information that includes detail information on the goods and services, past performance, cost/benefit analysis, and a copy of the contracted services if applicable.

- Bids must be submitted to the Finance Director of the Board of Directors for review and recommendation.
- Recommendations will be made by the Finance Director and Board approval must be obtained prior to commitment to a contract and/or services.

AFP Code of Ethical Standards

The DEAC fundraising committee and Finance Director have read and adopted the Association of Fundraising Professionals (AFP) Code of Ethical Standards, as they are outlined in the link below.

<https://www.afpnet.org/files/ContentDocuments/CodeofEthics.pdf>

Volunteers

Feedback

Clients are encouraged to submit feedback in the free response section of the biannual client satisfaction survey (included behind this page). Physicians are encouraged to submit feedback to the Executive Co-Directors via the Physician Volunteer Feedback Form (included behind this page). Volunteers are encouraged to submit feedback verbally to the Manager on Duty, via email to any Advisory Board member, or via anonymous written message left on the Manager on Duty desk at DEAC.

Volunteer Manual

Professionalism and Ethics

As a nonprofit health clinic founded to provide for the unmet healthcare needs of the Forsyth community, all student volunteers, staff, and physicians will be held to the highest standards of professionalism. Every person involved with clinic will be expected to display integrity and clinical excellence. The DEAC clinic seeks to create an atmosphere of respect and trust. As such, the same ethical standards expected of Wake Forest Baptist Health physicians and medical students will be upheld by DEAC volunteers. Any questions in regards to ethics may be addressed by the Wake Forest Baptist Health Ethics Committee.

Nondiscrimination Clause

All patients, student volunteers, staff, and physicians will be treated with the utmost respect and dignity. DEAC does not and shall not discriminate on the basis of race, color, religion, sex, sexual orientation or expression, national origin, age, disability, marital status, or military status, in any of its activities or operations. These activities include, but are not limited to, selection of volunteers and provision of services.

Conflicts of Interest

It is expected that any conflicts of interest related to funding, clinic operations, or personal encounters will be identified and dealt with as they arise. Conflicts of interest

related to patient care and services should be addressed by the Med Team Floor Managers with approval from the Manager(s) on Duty. Conflicts of interest related to funding or other aspects of clinic should be approved by the Board of Directors as outlined above.

Confidential Incident Reporting/Whistleblower Non-Retaliation Policy

If a volunteer suspects, witnesses, or experiences unprofessional or discriminatory behavior, he/she may send a confidential report to DEAC leadership by emailing deac@wakehealth.edu. Only the Executive Co-Directors have access to the email account. The Executive Co-Directors, in consultation with the Medical Director, will investigate the incident and take appropriate action. The anonymity of the person(s) reporting the incident will be maintained throughout the process, unless the Medical Director believes that a volunteer or patient may be at risk. There will be no retaliation against the person bringing forward the complaint.

Volunteer requirements

All DEAC volunteers are expected to conduct themselves as professional and with the utmost integrity. Volunteers are expected to arrive at least 5 minutes prior to start of their scheduled shift. Volunteers must contact their respective floor manager in the event that they will be later than 10 min to their shift. Upon signing the check-in sheet and completing a shift at DEAC, each volunteer will earn 3 to 4 clinic hours (3 for general volunteer position, 4 for floor managers) towards their tracking record. Volunteers may not accept gratuities or favors from parties to a contract, vendors, or prospective vendors.

Volunteer Training

Volunteers will receive orientation and training from the floor manager at the start of their assigned shift. Volunteers also receive a reminder email prior to each volunteer shift that summarizes the agreed upon conduct requirements, with links to training videos created by floor managers.

Volunteer Acknowledgment of Policies and Procedures

All volunteers are required to maintain up to date HIPAA and OSHA training through Wake Forest Baptist Hospital and sign associated acknowledgement policy and procedure documents yearly. All volunteers go through an identical sign-up procedure online, which includes acknowledgment of the policies and procedures that are attached as a PDF. Furthermore, signing in to a DEAC shift implies agreement with the policies and procedures of the clinic as stated in the attached volunteer reminder email. Students must also give verbal confirmation to their floor manager following training.

Computer and Internet Use

Volunteers are not given access to the DEAC wifi network except through the floor manager/station iPads. The Health and Wellness team is able to use their iPad and internet access to find relevant information for patients and/or demonstrate the use of a

fitness app. Otherwise, the internet is only used to update the Google Doc (to track patients) and to access the Baptist/Novant EMR for patient care.

Excused absence

If circumstances arise that prohibit a volunteer from working their shift, they are responsible for finding a replacement. It is expected that the volunteer will notify the respective floor manager of the replacement. Every volunteer is expected to inform the scheduling contact or the manager on duty at least two days in advance with the exception of emergencies. Following this procedure will result in an excused absence and will have no effect on the volunteer's status at DEAC.

Unexcused absences

Any deviation from the above-mentioned protocol will result in an unexcused absence. An unexcused absence will result in a subtraction of 3-4 (3 for general volunteer, 4 for manager shift) volunteer hours from the volunteer's tracking record. In order to prevent habitual absence, volunteers will be prevented from further involvement in DEAC if they acquire three unexcused absences.

Use of Property

DEAC volunteers are expected to be respectful of CCC property, including the physical building, parking lot, equipment, and patient care areas. Items not personally belonging to volunteers may not be removed from the building and any items borrowed must be returned to their proper storage location. Any inappropriate use of CCC property may be grounds for termination of volunteer services.

Termination of Services

The generosity of student and physician volunteers to provide their time in running the DEAC clinic is an invaluable resource and an essential component to achieving DEAC's mission, vision, and values. In order for the DEAC clinic to operate effectively and achieve a minimum standard of care for the patient population that it serves, there are certain minimum standards that volunteers are expected to maintain. Therefore, reports of volunteer conduct that are found to be disruptive to providing patient care as reported by any one of DEAC's Directors or Floor Managers will not be tolerated. This may include, but is not limited to, behaviors such as missing a scheduled volunteer night without securing a replacement in advance, failing to uphold standards of professionalism consistent with patient care or not following the directions of Floor Managers. On the rare occasion that a violation does occur, the following steps will be taken:

1. On the first violation, the student will be provided a warning verbally or by email from the DEAC official (Floor Manager or Director) who observed the violation. The Manager/Director will communicate the reason for issuing the warning and will remind the volunteer of the Policy on the Expected Standards of Volunteer Behavior.
2. On the second violation, the student will be asked to meet with at least one of either the DEAC Executive Directors or the DEAC Clinic Operations Director. The

meeting will discuss with the volunteer the reasons for the first two violations and explain the repercussions of a third violation.

3. On the third violation, the student will be placed on probation and will not be permitted to volunteer at the DEAC Clinic for a period of six months. The volunteer will be informed of the date on which he/she may resume activities with DEAC.

All incidents of unprofessional or discriminatory behavior will be investigated and discussed by the Medical Director, Executive Co-Directors, and Clinic Operations Co-Directors. If it is determined, upon thorough review, that the individual responsible for the incident has acted in direct violation of the professionalism and ethical standards of DEAC, then that person will be dismissed from further involvement with the clinic. Minor offenses may warrant a brief probation period as outlined by the Executive Directors. Compliance with the terms of the probation period will lead to full re-implementation into the clinic, whereas failure to comply with the terms will result in prompt dismissal from clinic.

Volunteer Positions

Students may sign up to volunteer in any of the following positions according to their respective training requirements.

- a) Check-in: this position is open to all medical and PA students as well as any member of the community who complete Hospital volunteer training and DEAC check-in training (i.e. undergraduates, post-bac students, etc.)
- b) Triage: this position is open to all medical and PA students.
- c) Upper Level Med-Team: this position is open to all 3rd and 4th year medical students or 2nd year PA students
- d) Lower Level Med-Team: this position is open to medical and PA students who are beyond have demonstrated specific history and physical skills as determined by achieving a passing score in such their first SPA.
- e) Health and Wellness: this position is open to all medical and PA students.
- f) Lab: this position is open to all medical and PA students who have been shown to have proficiency in phlebotomy as determined by the Lab floor managers.
- g) Interpreters: this position is open to all students as well as any member of the community interested in interpreting. Interpreters must exhibit competency via a written and verbal interpreter examination given by the Interpreting chair.
- h) Pharmacy: this position is open to all medical and PA students as well as any member of the community who completes Hospital volunteer training and DEAC check-in training (i.e. undergraduates, post-bac students, etc.)

Floor Manager positions

Floor managers train and oversee the activities of volunteers each night at DEAC. Rising second year, third year, and fourth year medical students or rising second year PA students are eligible to apply. The floor managers are subcategorized as follows: Check-in/Triage/Pharmacy, Med-Team, Lab, Health and Wellness.

Safety

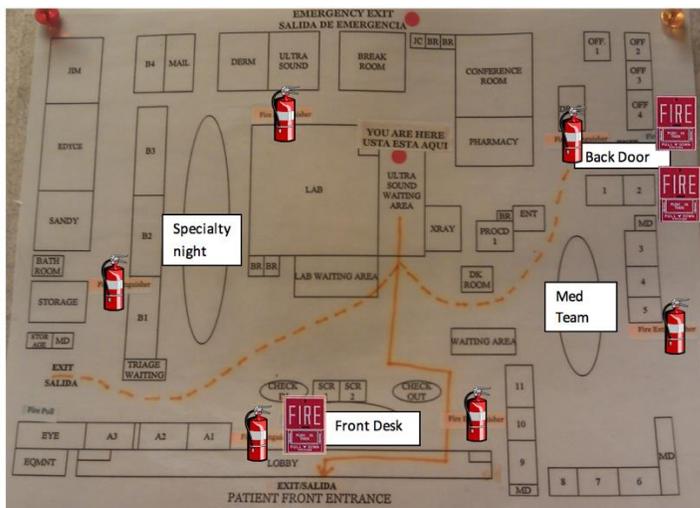
If you feel threatened, get yourself out of the situation. As the Floor Manager or Manager on Duty to call Dr. Armstrong to the room/area you are in: this will serve as a code to get the Sherriff (parked outside). Follow the Sherriff or WSPD instructions.

Needle Sticks/Bodily Fluid Exposure

- Vigorously wash affected area under running water
- IMMEDIATELY let Floor Manager and Manager on Duty know
- Ask the patient to remain until all information and extra blood are collected.

Fire

1. Pull nearest Fire Alarm Pull Station
2. Call 911. Emergency Information
CCC Clinic: 2135 New Walkertown Rd., Winston Salem NC 27101
3. Evacuate all patients and volunteers
4. If small fire, use fire extinguisher to put out.



Severe Weather

Tornado: Instruct Patients, visitors and volunteers to wait in the following areas:

- Hallway between med team and pharmacy area
- Hallway between lab and back hallway
- Procedure room

Winter Weather

- If the clinic will close due to winter weather, a mass email will be sent by 4pm to all scheduled volunteers
- Patients will be able to see if clinic is closed by calling into clinic voicemail and/or TV closing announcements
- If you do not feel safe to drive to the clinic due to weather, call your floor manager or manager on duty.

DEAC Leadership Positions

All persons serving on DEAC Leadership must be in good standing with their academic or professional organization. DEAC Leadership positions are limited to PA and MD students at Wake Forest University School of Medicine. Qualifications will be further delineated in the description of each position.

Co-Directors

The Co-Director position is limited to 3rd or 4th year medical students who have shown demonstrated significant involvement with DEAC through volunteer hours and/or leadership positions, including Floor Manager, Advisory Board, and Resource Group leadership roles. The broad purpose of the two Co-Director positions is to provide oversight and leadership for the DEAC Clinic while also considering the long-term vision and shaping the future direction of the clinic. On a week to week basis, the Co-Directors are ultimately responsible for overseeing the outcome of all activities directly and indirectly related to the clinic. This includes, but is not limited to, finance, fundraising, public relations, volunteer scheduling, clinic outcomes, clinic operations, and specialty clinic functions. An ideal candidate for the Co-Director position is well respected by peers and has the ability to develop harmonious relationships with a variety of personalities. The Co-Director also serves as a liaison between the DEAC Clinic and Wake Forest Baptist Hospital as well as the greater Winston-Salem community

Clinic Operations Director

The Clinic Operations Director is required to be filled by a 3rd or 4th year medical student that has demonstrated a minimum of 5 volunteer days per year at DEAC. The clinic ops director serves to oversee that DEAC operates in a sustainable and efficacious manner while maintaining an optimal learning environment that provides excellent patient care on a weekly basis. The Clinic Operations Director should possess leadership qualities and be familiar with the protocol of the DEAC clinic at each major station. He or she is expected to maintain a Clinic Operations manual and has the ability to make changes to the flow and function of DEAC clinic if they are such that would improve the overall efficiency or DEAC and/or patient care. He or she should be expected to be the primary contact liaison regarding clinic related matters for student volunteers, CCC representatives, other DEAC leadership members, and faculty members.

Budget/Finance Director

The Budget Director serves to manage the annual budget and monitor transactions throughout the year to ensure that the short-term and long-term financial stability of the clinic is sound and to ensure that DEAC's resources are used only to further its mission, vision, and Board-approved goals. The director serves to manage the financial accounts of DEAC which include, but are not limited to: fundraising, federal and state grants, the DEAC Business account at Wells Fargo, and the DEAC endowment. The Finance Director will prepare internal financial statements quarterly (or prior to each meeting, if possible) for review by the Board and will explain any variation between actual and budgeted revenues and expenses.

Fundraising Director

The Fundraising Director oversees all fundraising activities for generating DEAC's operating budget. This includes, but is not limited to, merchandise sales, fundraising events, and organizing the annual DEAC Gala. At this time this position does not handle grant application or maintenance.

Public Relations Director

The PR Director serves to oversee and perform tasks related to presenting DEAC's public face to the greater community of Wake Forest, Winston Salem, the Piedmont Triad, and beyond. This includes development and production of materials (website, digital, and printed) to promote DEAC on an as-needed basis, and includes identification and recruitment of individual and corporate DEAC sponsors.

Volunteer Director

The Volunteer Director serves to recruit physician, student, and interpreter volunteers in addition to organize and maintain the weekly DEAC schedule. This director is also tasked with continually looking for ways to improve the volunteer experience at DEAC.

Special Projects Director

The Special Projects Director serves to develop and implement special programs to enhance the care that we provide to members of our community. The Special Projects Director will work to improve the DEAC Mobile Program and will design new ways to increase healthcare access and improve health literacy in our community. This director will work with the other directors and members of the resource pool to host community programs periodically throughout the year.

Outcomes Director

The Outcomes Director serves to assess clinic operations. They are charged with the task of documenting numerous clinical variables that are established by the NCAFCC annual report.

Physician Assistant (PA) Student Liaison

The PA school student representative was specifically created to establish a closer working relationship with the PA school. This member of the leadership team is responsible for ensuring that PA students are kept well informed about DEAC activities and volunteer opportunities. They will also be tasked with working on fundraising and PR projects to be specifically tailored to the PA school calendar.

Pharmacy Student Liaison

The Pharmacy Liaison position was specifically created to establish a closer working relationship with pharmacy students and residents from Wingate and Campbell universities and to promote inter-professional development. This partnership provides collaboration between medical students, PA students, and student pharmacists to enhance the care for the underserved communities. The Pharmacy Liaison is responsible for scheduling and coordinating pharmacy students and professionals, as well as educate them on the mission of DEAC and how pharmacy can make a positive

impact on medication management within this community. The Pharmacy Liaison is encouraged to participate in fundraising and PR projects with the rest of the board.

DEAC Advisory Board

All persons serving on the Advisory Board must be in good standing with their academic or professional organization. The Advisory Board shall be made of no more than 18 (eighteen) people and will strive to be diverse with respect to gender, age, and areas of expertise. There will be a minimum of 10 students (Medical Students (MS) or Physician's Assistants (PA)) representatives. These student representative positions include the current DEAC leadership (Co-Directors, Fundraising Director, Finance Director, PR Director, Volunteer Director, Outcomes Director, Specialty Clinic Director, and Clinic Operations Director(s)) and any former Co-Directors.

Nominating Process

As all DEAC leadership automatically receive a voting position on the Advisory Board, this section pertains more specifically to faculty members. Each member of the Advisory Board has the right and duty to nominate potential candidates to serve on the Advisory Board. Prospective candidates for Board membership will be placed on the Board if they achieve 2/3 or more support of the **entire** Board (not 2/3 of the quorum established at any given time). As this is a student organization, particular attention will be given to maintaining a largely student based Advisory Board with additional interest in ensuring diversity, departmental representation, dedication to medical education, and interest in serving the underprivileged. These nominations may be submitted at any time, and the nominee's name, biographical information, and contact information will be circulated to the entire Board. A vote on candidates may be held at any scheduled Advisory Board meeting. Terms will begin on the day of confirmation. Orientation to the Board will be provided by the Advisory Board President.

Term

Each Board member may choose a term of either 1, 2 or 3 years and is not to exceed 6 years. At the completion of their term a Board member will express their interest in continuing or discontinuing their service. If they are interested in continuing, they will be considered as potential candidates using the mechanism described above for new candidates. The Board member under consideration will be recused from the vote.

Powers

Subject to the provisions of the laws of this state and any limitations in the Articles of Incorporation, the Advisory Board will manage these Bylaws and the affairs of the organization. It shall be the function of the Board to develop policies and ensure that they are carried out by the organization and take any other actions necessary to realize the mission of the organization.

Duties

It shall be the duty of the Board to:

- a) Perform any and all duties imposed on them collectively or individually by law, by the Articles of Incorporation, or by these Bylaws

- b) Supervise the President and DEAC Leadership, review the Clinic's operational plan and provide input for the long-term outlook of DEAC.
- c) Approve the annual budget prior to the fiscal year
- d) Meet at such times and places as required by these Bylaws, provided that special meetings will only be held upon consensus of the Board of Directors.

Commitment

Members of the Board are expected to prepare regularly for and participate in scheduled meetings and phone conferences, and actively participate in the work of the Board. Board members may resign on their own volition at any time.

Meetings

The Advisory Board will meet once every two (2) to three (3) months. No more than three (3) full months may pass between Advisory Board meetings. Exceptions to be made as deemed necessary. Special meetings may be held at any time when called for by the President or a majority of members. Meeting agendas will be provided by the President at least three (3) days in advance.

Manner of Acting

Unless stated otherwise, decisions and acts of the Board are made when: (a) a simple majority of the Board supports a proposal at a formally announced meeting where a quorum has been obtained, or (b) a proposal formally presented by the President to Board members individually is supported unanimously. A quorum is defined as 2/3 of the Board members. Reasonable attempts shall be made to solicit the input of all members of the Advisory Board on matters under consideration. In the event that quorum cannot be met during a scheduled advisory board meeting, the following may take place in order to maintain progress:

- a) E-voting: Items/proposals will be sent to each of the Advisory Board members electronically. Board members will then have 48hrs to respond to a simple yes/no vote.
 - a. If after 48hrs, a simple majority vote has not been met, the voting period may be extended at the discretion of the Board President
- b) Voting-by-proxy: If a member of the Board is unable to attend a meeting, they may select a voter by proxy to be present on their behalf.
 - a. Notification of voter-by-proxy must be emailed to the Board President at least 1 hour prior to the scheduled meeting.
 - b. Once present, the proxy may take part in any votes during that meeting.

Removal

A member of the Advisory Board may be removed by consensus less one of the entire Board. Cause for removal includes, but is not limited to, the following: repeated failure to attend meetings, failing to fulfill the duties required of directors, or intentional acts or omissions which a prudent person could reasonably have foreseen would seriously damage the reputation or interests of DEAC

Indemnification by Corporation of Directors and Officers

The directors and officers of the corporation shall be indemnified by DEAC to the fullest extent permissible under the laws of this state.

Conflict of interest

All members of the Advisory Board shall declare the existence of any direct or indirect conflict of interest—financial or otherwise, disclose its nature on the record, and abstain from voting on that matter. A conflict is always present when a vote concerns a Board member's personal financial interests or those of his/her family. Advisory Board members may enter into transactions or contracts with DEAC, subject to the limitations of law, the Articles of Incorporation and these Bylaws regarding such dealings. All transactions of DEAC involving the personal financial interests of Advisory Board members, and volunteers shall adhere to standard business practice as a result of the corporate role of a Board member or volunteer. A conflict of interest transaction must be approved by a majority of the members of the Board who do not have any conflict of interest in the matter being considered. Individuals with conflicts of interest may serve on the Advisory Board, including independent contractors; however, each conflict of interest must always constitute less than a majority of the Board. Any member of the Advisory Board who has a financial, personal, or official interest in, or conflict (or appearance of a conflict) with any matter pending before the Advisory Board, of such nature that it may prevent that member from acting on the matter in an impartial manner will offer to the Advisory Board to recuse him/herself from discussion and voting on said item.

Advisory Board President

The President is responsible for the overall coordination of the Advisory Board, communicates regularly with the clinic Co-Directors and all members of the Advisory Board, facilitates all full board meetings and conference calls, and engages in all other Board responsibilities. The President shall be elected by a majority vote of the Advisory Board to serve a one year term. The President does not have to be a prior Co-Director but cannot be currently serving in the position. They shall be a voting member of the Advisory Board and will decide all tied votes of the Board.

Advisory Board Vice President

The Vice President is responsible for maintaining the records of all Advisory Board meetings and conferences including all decisions. The Vice President is responsible for taking and distributing in a timely manner the minutes of Advisory Board meetings. The Vice President will run all meetings at which the President is absent. The Vice President shall be elected by a majority of the Board of Directors and shall be a voting member of the Advisory Board. The Vice President does not have to be a prior Co-Director but cannot be currently serving in the position.

Medical Director

The elected Medical Director will serve as a voting member of the Advisory Board. The primary responsibilities of the Medical Director includes, but is not limited to a) overseeing clinical operations b) serving as a liaison to the Wake Forest Baptist Health

administration c) displaying exemplary dedication to medical education at the clinic d) providing continuing input and feedback about long-term strategic plan of DEAC. He or she is subject to review by the Board but has a term duration limited only by his or her desire serve in that role.

Volunteer Recognition

In an effort to reward those volunteers who have displayed extensive dedication to DEAC, the “Distinguished Volunteer” was created. This distinction is earned by logging a minimum of 50 volunteer hours (25 volunteer hours for PA students) over the course of their medical school curriculum. Each volunteer is responsible for signing the “volunteer check-in” sheet during each shift to earn volunteer hours.

As a part of the DEAC annual gala, we recognize one student volunteer and one physician volunteer with the Spirit of DEAC Award to recognize exemplary dedication to DEAC. These individuals have gone above and beyond the volunteer standard to further the humanitarian mission of DEAC and its community impact.

Non-Partisan Activity

DEAC does not take public stances on partisan issues, but encourages volunteers to thoughtfully reflect on current events. If there is a pertinent issue for the functioning and continued efforts of the clinic, the board of directors will meet to establish a non-partisan and morally driven response.

Risk Management

Informed Consent

Patients who are served by DEAC are given informed consent at the time of becoming a patient.

Terminating Patient Relationships

Policy:

Termination of patient relationships is an extreme and last resort in cases where no other recourse can be found. Termination is determined based on patient behavior and interactions with clinical staff only, and is not influenced by race, gender, socioeconomic status, sexual orientation, religion, citizenship, or any other demographic or cultural characteristics. Reasons for termination include, but are not limited to, aggressive/inappropriate behavior, 3 consecutive no-shows without prior notification, illegal activity on premises, and sexual harassment of volunteers or other patients.

Procedure:

If a volunteer or board member raises concerns regarding patient behavior, the Managers on Duty, Executive Directors, and Clinic Directors will review the patient

charts and interview the appropriate volunteers. If a cause can be determined and addressed, a meeting will be scheduled with the patient to assist them in meeting the needs they express (for example, transportation, interpretation, etc.). If a cause cannot be determined or the behavior is not remedied following a discussion with the patient, the board will decide if termination is the appropriate action. Board approval for termination is required. Below is the policy for board approval:

Decisions and acts of the Board are made when: a) a simple majority of the Board supports a proposal at a formally announced meeting where a quorum has been obtained, or b) a proposal formally presented by the President to Board members individually is supported unanimously. A quorum is defined as 2/3 of the Board members. Reasonable attempts shall be made to solicit the input of all members of the Advisory Board on matters under consideration. In the event that quorum cannot be met during a scheduled advisory board meeting, the following may take place in order to maintain progress:

- c) E-voting: Items/proposals will be sent to each of the Advisory Board members electronically. Board members will then have 48hrs to respond to a simple yes/no vote.
 - a. If after 48hrs, a simple majority vote has not been met, the voting period may be extended at the discretion of the Board President
- d) Voting-by-proxy: If a member of the Board is unable to attend a meeting, they may select a voter by proxy to be present on their behalf.
 - a. Notification of voter-by-proxy must be emailed to the Board President at least 1 hour prior to the scheduled meeting.

If termination is deemed necessary, the patient will be notified at their next scheduled appointment. If the patient does not arrive for their scheduled appointment, they will be contacted via telephone. In either case, a letter will be provided to the patient indicating the termination of care and a copy will be put into the patient's medical record. All patients terminated by DEAC will be referred to the CCC for follow-up care.

Credentialing of Healthcare Professionals

Policy:

Health care providers are vital to both the success of the services provided to DEAC clinic patients and to the effectiveness of student education. A practicing physician, physician assistant, or nurse practitioner may serve as a preceptor at clinic if he/she has a full license and is covered by medical malpractice insurance (private or employer-based plan). A medical resident may serve as preceptor at clinic only if he/she has completed an intern year in a fully accredited residency program, has passed Step 3 of the USMLE, and currently holds a full medical license for the state of North Carolina.

Procedure:

Licensed physicians, physician assistants, nurse practitioners who are currently employees of Wake Forest Baptist Health are welcome to volunteer at DEAC without undergoing a separate verification process, because their licensure status has been

independently verified by Wake Forest Baptist Health and they will necessarily be covered under the hospital's malpractice insurance plan. For community physicians, PAs, NPs, and medical residents (Wake Forest or otherwise), the Scheduling Director will utilize the North Carolina Medical Board website to check the medical license status of the volunteer in question. Proof of medical malpractice coverage must also be submitted to the Scheduling Director.

Tracking Referrals/Diagnostics

Policy:

Referrals are made in-house (either through DEAC specialty nights or the CCC) as much as possible, which ensures that records will be consistently maintained and immediately updated.

Specialty nights conducted at DEAC include: Rheumatology, Cardiology, Pulmonology, Dermatology. Specialties offered at the CCC include Gynecology, Cardiology, Endocrinology, Dermatology, Gastroenterology, ENT, Neurology, Ophthalmology, Physical Therapy, Podiatry, Psychiatry, Rheumatology, Orthopedics, and Radiology.

Procedures:

For specialties that must be conducted outside of DEAC and the CCC, patients are referred to Wake Forest Baptist Hospital. Providers may access the records via the electronic record portal system (Novant and Baptist records) and additionally receive faxed copies of procedure and appointment notes.

Tracking of laboratory diagnostics is the responsibility of the Lab Floor Manager. The Lab manager is required to verify the receipt of the previous week's lab results, file the results in the appropriate patient chart, and deliver them to the attending physician for review.

The CCC is responsible for tracking DEAC referrals and acquisition of results as appointments and results are sent during normal business hours when DEAC is not in operation. Heather Martin at the CCC receives all DEAC referral requests, which are completed on specific forms at clinic night by a physician. All faxed and mailed results are added to the patients' charts as they are received. A physician is required to review and initial the results immediately and contact the patient for follow up if needed. Susan Williams, MD is the point person for following up on DEAC referrals and results and communicates the information to the Managers on Duty.

Clinic Flow

Clinic Flow:

Patients who arrive for their scheduled appointments are greeted by the front desk, check in, and asked to wait in the waiting room. They are then called by a triage team and have their vitals checked and chief complaint recorded. If necessary, patients are sent to the laboratory for blood glucose sampling or urinalysis. Following triage and/or

lab, the patients are escorted to the waiting area. They are then called to see the Med Team (medical students and physicians).

Procedures for Walk-In and Telephone Patients:

- Walk-in patients are not seen at the DEAC clinic. If patients need emergent care, they are referred to the Emergency Department or an ambulance is called. For non-emergent visits, DEAC and CCC walk-in patients will be scheduled at the next available appointment.
- Telephone patients are handled similarly to walk-in patients. If a same-day appointment is needed, the patient is referred to the Emergency Department or a message is left for the CCC to contact the patient the following morning for the next available day-time schedule.

Quality and Accuracy of Records

Policy:

The quality of record keeping is essential to quality care. Therefore, DEAC is committed to reviewing each clinical encounter immediately following the visit.

Procedure:

Prior to patient check-out the Medical Team floor manager briefly reviews the notes for completeness, including double checking that prescriptions are adequately filled, referral paperwork has been properly filled out, and all labs have been drawn. Following the conclusion of the visit and patient check-out, patient records are reviewed after each visit by the Outcomes Director or an Outcomes volunteer. During review, quality, accuracy, and completeness of each record are evaluated, both from the standpoint of appropriate clinical care and record keeping. The Outcomes team is trained to evaluate both SOAP and narrative documentation styles. Assessment and Plan are required to have both a diagnosis/ongoing issue as well as a documented treatment plan.

For example:

1. Diabetes: under control. Last A1c 7.0 on 7/27/16.
 - a. Refilled Metformin 500mg bid. Patient dispensed 90 tablets.
 - b. Labs: HbA1c
2. Epigastric pain: suspected ulcer. Patient advised to start Nexium OTC.
 - a. If no relief, consider PPI and H. pylori serum (lab)
3. HTN: under control with diet and exercise therapy – no change necessary at this visit. Tonight's BP: 125/86.

Concerns are immediately brought to the Manager on Duty and the floor manager is notified of any necessary actions or issues that were missed. The floor manager emails the entire team of floor managers that evening with a summary of reminders and clarifications/lessons learned from the evening.

Finally, the medical director of the CCC periodically randomly samples DEAC charts to ensure adequate quality of care and clinical documentation. Any issues are emailed to the Executive Co-Directors and the Medical Director of the DEAC Clinic.

Quality Improvement

The position of Outcomes Director includes the requirement of participating in bi-annual analysis of pertinent clinic outcomes and review for the purpose of quality improvement. These measures are anecdotally reviewed on a weekly basis by the Outcomes team and flagged for further follow-up at specific quality improvement study periods (bi-annual).

DEAC has a collaborative relationship with a student Institute for Healthcare Improvement (IHI) group that consults and conducts quality improvement projects at DEAC. IHI uses the PDSA (Plan-Do-Study-Act) model for quality improvement, which involves identifying, studying, and implementing solutions to inefficiencies in clinic operations. The DEAC Advisory Board must approve all IHI projects and proposed interventions. DEAC and IHI leadership meet as needed or minimum twice during each project to discuss progress and practical implementation.

Data collection and analysis is typically handled by the IHI team, however, DEAC volunteers may be asked to assist with implementing an ongoing intervention. For example, in the past, Check-In volunteers have been asked to give handouts to patients regarding annual visits, or place additional sheets into the charts of diabetic patients to remind med team to do foot exams. The results of these projects are reported to the board at the conclusion.

Internal quality improvement projects may be recommended by the Outcomes Director or suggested by any DEAC volunteer. These projects must also be approved by the Advisory Board.

Decisions and acts of the Board are made when: a) a simple majority of the Board supports a proposal at a formally announced meeting where a quorum has been obtained, or b) a proposal formally presented by the President to Board members individually is supported unanimously. A quorum is defined as 2/3 of the Board members. Reasonable attempts shall be made to solicit the input of all members of the Advisory Board on matters under consideration. In the event that quorum cannot be met during a scheduled advisory board meeting, the following may take place in order to maintain progress:

- a) E-voting: Items/proposals will be sent to each of the Advisory Board members electronically. Board members will then have 48hrs to respond to a simple yes/no vote.
 - a. If after 48hrs, a simple majority vote has not been met, the voting period may be extended at the discretion of the Board President
- b) Voting-by-proxy: If a member of the Board is unable to attend a meeting, they may select a voter by proxy to be present on their behalf.

- a. Notification of voter-by-proxy must be emailed to the Board President at least 1 hour prior to the scheduled meeting.

Clinical Practice Guidelines

Clinical Practice Guidelines are developed from scientific evidence or consensus of health care professionals in the particular field. Practice guidelines are not intended to address all individual variations but to reflect population-based recommendations.

DEAC endorses the use of evidence based clinical practice guidelines as a means for improving the quality of care delivered and help reduce practitioner variation in diagnosis and treatment.

The DEAC Advisory Board has the ultimate responsibility for ensuring the use of Clinical Practice Guidelines. They delegate oversight of this policy to the clinic's Executive Co-Directors, Clinic Operations Co-Directors, Outcomes Director, and Medical Director.

The DEAC Managers on Duty have the responsibility to oversee the delivery of patient care on clinic nights. It is also their responsibility to ensure that all systems, policies and functions are carried out in the appropriate manner to ensure the delivery of high quality care. Managers on Duty may include both Executive Co-Directors, both Clinic Operations Co-Directors, or a combination thereof.

Volunteer physicians at DEAC are expected to follow the evidence based practice guidelines adopted by Wake Forest Baptist Hospital and the association of their chosen specialty. These guidelines will be used as a basis for disease management programs and quality improvement initiatives. All approved guidelines will be communicated to participating practitioners. DEAC expects its practitioners to utilize the approved guidelines but realizes the guidelines may not address each patient's individual circumstance.

Clinical practice guidelines are best accessed at DEAC online via the Wake Forest portal or the individual medical board and association websites as the guidelines are under constant review and the most recent data are found online. Each department of Wake Forest also provides clinical practice guidelines to its physicians and these documents are available online. Evidence based practice resources have been compiled by the Wake Forest Baptist Hospital Carpenter Library and are available at: <http://www.wakehealth.edu/Library/Learning-Guides-and-Tools/Evidence-Based-Medicine-Resources.htm>

Safety Coordinator

The Managers on Duty act as safety coordinators to maintain a safe working environment. They are trained on locations of fire extinguishers, first aid kits, AEDs, and emergency exits. Additionally, they have the ability to contact the Sheriff who remains on the premises during clinic hours.

Medical Record Documentation

The primary purpose of medical records at DEAC is to document the concerns and medical problems of patients; the evidence gathered by providers to evaluate patient problems, including pertinent history, physical examinations, and diagnostic testing; and the treatment rendered by DEAC providers including plans for follow-up.

Volunteers must undergo HIPAA training prior to volunteering at DEAC. Floor managers are responsible for ensuring proper documentation procedures are followed by reiterating med team responsibilities at the beginning of each med team shift.

Splitting of extremely large medical records into multiple charts is under the purview of the CCC.

Medical Records Documentation

Procedure:

- All entries shall be written in indelible ink on paper charts/forms.
- All entries must be dated and signed and include clear, concise, and pertinent patient information.
- All entries must be authenticated with a signature and professional title. Rubber stamps are not permitted. Only upper level students and physicians are permitted to write in the patient chart, with the exception of lab fingerstick/urinalysis values and health & wellness reports.
- Patient's name or medical record number (MRN) must appear on every page in the record.
- Medical record entries must be completed on the night of the clinic visit. The documentation of each encounter should include: the reason for the encounter, relevant history, physical examination findings, and prior diagnostic testing; the providers' assessment of the patients' condition, clinical impressions, or diagnoses; a plan of care (treatment plan); the date and identity of the provider (physician, nurses, etc.). Past and present diagnoses should be accessible to the treating and/or consulting physician. A list of all medications taken for chronic conditions should be maintained, including the date prescribed and any changes in dosage. The patient's progress, response to treatment, and changes in the treatment or diagnosis should be documented.
- Entries written in error shall have a single line drawn through. Entries will not be erased or obliterated; correction fluid will not be used on a paper record.

Medical Record Security

All patient medical records are secured by the CCC. DEAC volunteers have access to patient medical records as needed to perform the duties required in their volunteer service, but are prohibited from accessing records for any other reason. Medical information may not be disclosed without the consent of the patient. Each patient protected health record will be filed, stored, and restricted from public access.

North Carolina law defines a medical record as personal information that relates to an individual's physical or mental condition, mental history, or medical treatment, including X-rays, and fetal monitor records. N.C.G.S. *section* 90-140. Written prescriptions on file in a pharmacy are also a type of medical record.

Policy:

A complete, legible, and accurate medical record will be maintained for every individual who is evaluated or treated at DEAC. Medical records will be retained as specified below. Medical Records are maintained in accordance with pertinent state legislation or rule, as described below.

Confidentiality:

Confidentiality is a keystone of the client-patient relationship, and as such requires the efforts of all employees and volunteers. All information about patients, their illnesses, or their personal lives must be kept in strict confidence. Patient records are not for casual viewing; and only those who have specific reason should read charts. Conversations with patients at the front desk, nurse's stations, lab, and exam rooms should be held in such a way as to protect the patient's privacy and confidentiality. When talking to a patient about any matter, try to do it such a way that other patients cannot overhear. Case histories, confidential papers, and even the appointment book should be kept where passing patients will not see them. It is improper for you to reveal any information about a patient even to family members of the patient. Since medical information obtained by a provider is confidential, it cannot be released to any individual or agency without specific, written permission of the patient or as stipulated by the law.

What is Protected by the Doctor/Patient Privilege?

Information given by a patient to an attending provider which is "necessary to enable [the provider] to prescribe for such patient as a physician or to do any act for him as a surgeon" is privileged and confidential.

Privileges extend to:

- Doctor – patient relationship that exists at time of communication
- Information was necessary at the time of treatment
- Knowledge was obtained through observation and examination of patient
- Medical Records and records from other healthcare facilities
- Nurses and others working under physician's direction or carrying out a physician's treatment plan.

Protected Information

Volunteers will have access to medical records once becoming a trained and registered DEAC volunteer, including HIPAA and confidentiality training that is done through Wake Forest Baptist Health. Volunteers only have access to the information of patients they are actively caring for while they are caring for them and do not have access to any additional patients.

Consent to Release

No information about a patient, whether written or verbal, is to be released to anyone (even family members) without specific consent of the patient or guardian if the patient is not of age. No copy of any chart is to be released or shown to anyone without written permission of the patient or legal guardian, if the patient is not of age. Previous office notes, lab results, and other records should not be released to consulting physicians without specific release form signed by the patient first. If an emergency requires release of such information to other health care personnel, all relevant records should be released, but the circumstances must be documented in the chart, including a clear statement that emergency circumstances prompted the transfer of information. For patients under the age of 18, the consent of the patient's parent or the legal guardian is required except if the patient is an emancipated minor.

Can Medical Records be Disclosed Without Patient Consent?

Yes, in some cases:

- Optional Disclosure
- Mandatory Disclosure
- Legal Disclosure

Examples of Optional Disclosure:

- Needed for the treatment and Health Care Operations of the patient.
- Peer Review
- State board investigations (e.g. Board of Medicine).
- Certain medical or scientific research.

Example of Mandatory Disclosure:

- Communicable diseases, including HIV infection.
- Labs must report findings of tuberculosis, gonorrhea, syphilis, or other communicable diseases.
- Cancer (Central Cancer Registry)

Example of Legal Disclosure:

- Bullet/gunshot wounds, poisoning, knife wound or any other injury involving grave bodily harm or illness if it appears to be the result of criminal violence.
- Sudden or unusual deaths.
- Disabled adult in need of protective services.
- Abuse of minors.

Document Retention and Destruction

As the paper charts used by DEAC and the CCC are officially under the protection of the CCC staff at all non-DEAC clinic times, retention and destruction of chart documents remain under the prevue of the CCC.

Insurance

Professional liability coverage, with the Medical Center (MC), is a claims-made form with broad language to extend 24-hour coverage to staff for their activities while acting within the “scope of their employment” with the Medical Center. The coverage that exists with the Medical Center begins on the “retro” or beginning date of employment. There is no coverage under the Medical Center policies for events or treatment provided with prior employers, outside employers (moonlighting with an employer other than the WFBMC), or future employers.