PURPOSE:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) to express in writing its policies regarding clinic operations conducted through its Schools of Medicine (HSC and Paul L. Foster), School of Nursing, School of Allied Health Sciences and School of Pharmacy. These TTUHSC Ambulatory Clinic policies and procedures shall stand as a record to guide actions, creating a framework within which personnel may operate. They are not designed to preclude the clinical judgment and discretion of TTUHSC personnel.

SCOPE:

This policy applies to all TTUHSC ambulatory clinic operations conducted through its Schools.

PROCEDURE:

1. **Definitions:** These terms shall have the following meaning for all TTUHSC Ambulatory Clinic policies and procedures:

   a. “Schools” means the HSC School of Medicine (Lubbock, Amarillo and Permian Basin campuses), the Paul L. Foster (PLF) School of Medicine, the School of Nursing, the School of Allied Health Sciences and School of Pharmacy.

   b. “If Applicable” means it applies to the Schools’ clinical operations to the extent the School’s clinical activities are addressed in the TTUHSC ambulatory clinic policy and procedure.

   c. “Ambulatory clinic” means any clinic operated by any Schools where health care services are provided to patients by employees or agents of TTUHSC Schools.

   d. "Committee" means the TTUHSC Ambulatory Clinic Policy Committee as created under this policy.

2. **TTUHSC Ambulatory Clinic Policy Committee**

   a. **Establishment of the Committee & Responsibilities.**

      a) The Schools’ Deans have established the TTUHSC Ambulatory Clinic Policy Committee (hereinafter “Committee”) to develop, review, revise and maintain ambulatory clinic policies and procedures as set forth below. It is the responsibility of the Committee to review and initiate necessary revisions to ambulatory clinic policies and procedures as necessary to meet operational and regulatory requirements.

      b) The Committee has authority to consult with appropriate internal staff with expertise in specific areas (i.e., HIPAA Privacy, Legal, Compliance, etc.) as part of the policy development and review process.

   b. **Membership.** The Committee shall consist of the following voting members (unless otherwise stated) as appointed by the respective Dean of each School:

      c) Performance Improvement/Quality representatives from each campus of the HSC School of Medicine and PLF School of Medicine operating ambulatory clinics;
d) Risk Management representative from each campus of the HSC School of Medicine and PLF School of Medicine operating ambulatory clinics;

e) Representative from School of Nursing, School of Allied Health and School of Pharmacy;

f) Clinic Operations Manager/Representative from each campus of the HSC School of Medicine and PLF School of Medicine operating ambulatory clinics.

g) Representative from Institutional Health/Infection Control

h) Institutional Compliance Officer (non-voting): The TTUHSC Institutional Compliance Officer shall serve as the Chair for the first year. Each year thereafter a member of the Committee representing one of the Schools (and in the case of the HSC School of Medicine, each of its three campuses) shall serve as Chair. For example, a representative from the HSC School of Medicine – Amarillo campus will serve one year, the next year, a representative from the School of Nursing, and the third year, a representative from the HSC School of Medicine–Lubbock, and so on. The Chair shall rotate among all Schools/campuses on a yearly basis, beginning the first day of January.

c. **Meetings.** The Committee shall meet on a monthly basis. A simple majority shall constitute a quorum for the conduct of business by the Committee. At the discretion of the Chair, a meeting may be cancelled or rescheduled.

3. **Policy & Procedure Approval & Posting**

   a. **Council of Deans Approval.** After review and/or revisions by the Committee, ambulatory clinic policies and procedures shall be presented to the Council of Deans for approval by the Chair and/or Institutional Compliance Officer.

   b. **Posting.** After approval by the Council of Deans, the new and/or revised policies and procedures shall be posted on the TTUHSC website.

   c. **Certification.** The Committee Chair or Institutional Compliance Officer who obtains approval from the Council of Deans shall add a certification of such approval to each ambulatory policy and procedure to include the date of such approval by the Council of Deans.

4. **Policy & Procedure Format:** The prescribed format for all ambulatory clinic policies and procedures is the same form on which this policy is written. The following are explanatory comments.

   a. The “Title” should be brief, but descriptive of the policy statement

   b. “Number” shall be assigned by the Committee

   c. “Approval Date” shall be the date the policy was originally approved.

   d. “Effective Date” shall be the date of the most recent revision of the policy.

   e. “Version No.” shall be the sequential revision numbers.

   f. Pages shall be numbered in the “footer” showing page number along with the total number of pages in the policy, such as “1 of 2, 3 of 5, 4 of 4, etc.”

5. **Policy & Procedure Review Schedule:** Each policy and procedure shall, at a minimum, be reviewed tri-annually by the Committee based on the last revision date. Nothing herein prevents the Committee from reviewing and proposing revisions to ambulatory clinic policies and procedures prior to the tri-annual review date, if it is necessary to maintain operational and/or regulatory compliance.

**CERTIFICATION:**

This policy was approved by the Council of Deans in January 2011 via e-mail vote.