

HOW TO CREATE A ROTACARE FREE CLINIC

Sending you greetings and wishing you success if you are considering starting a RotaCare Free Clinic. As President of the board, I wish to thank the RotaCare Free Clinics Board of Directors and the RotaCare Bay Area, Inc. board members and staff for all of the work that has been accomplished making RotaCare the tremendous resource it is today. This successful model paves the way so that you and others may provide the vitally needed health care to your community.

—*John Fisher*
RotaCare Free Clinics, President
District Governer 5170, 1989—1990

Most of the information in this manual is based on the RotaCare Bay Area free clinics which all reside in California. Each state has its own laws relating to licensing and insurance.

Jeanie Alexander first wrote “How to Create a RotaCare Free Clinic” in 1998.

Dr. Steven F. Wolfe, founder of RotaCare Concord Free Medical Clinic, also RotaCare Bay Area board member Tammy Janosik, RotaCare Bay Area, Inc. CEO revised it in 2014.

Thank your to Dr. Mark Campbell, founder. Without you RotaCare would never have become a reality.

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Chapter 1

A. The Purpose

Congratulations on your desire to open a RotaCare Free Medical Clinic. We would like to welcome you to the growing family of RotaCare volunteers. We all share the desire to provide free medical care to those in need in our communities. While each clinic develops along a set guideline, you will find that the individuals that make up your clinic offer special talents and personalities that will give your clinic its own unique identity.

The purpose of this book is to provide a tool to facilitate the opening of a RotaCare Free Clinic. Each step in the process is outlined and discussed. It is important to get a sense of the entire process before proceeding. Some steps must be completed before others while some should be conducted simultaneously. A check list is provided immediately following the Table of Contents. This tool will help you to monitor your progress and verify that you have completed each step in the process.

Your clinic will follow the basic steps of opening a clinic. However, each clinic that has started to date has developed in a slightly different way and reflects the needs and desires of the community it serves and the uniqueness of the volunteers who provide the service.

B. RotaCare Today

RotaCare Free Clinics have been in existence since 1989, when the first homeless patient was treated in Santa Clara by founder Mark Campbell. Since then RotaCare has expanded to include clinics in the San Francisco Bay Area, Washington, New York, and Texas. The model of RotaCare under the auspices of RotaCare Free Clinics continually works with groups to open new RotaCare clinics in other locations.

RotaCare Free Medical Clinics is a nonprofit corporation formed for the purpose of

providing free medical care to people who have the most need and the least access to medical services. It is a coalition of Rotarians, physicians, nurses, pharmacists, social workers, interpreters and other volunteers who provide free medical care to the medically underserved in a collaborative effort with hospitals, clinics, community and social service organizations and service groups.

RotaCare Free Clinics is a California nonprofit public benefit corporation and is tax exempt under Section 501c3 of the Internal Revenue Code. RotaCare Free Clinics holds the rights to the RotaCare name. Our California clinics are licensed as community clinics by the State of California and our non-California clinics are similarly licensed under the laws of the states where they are located. Medical liability insurance is provided to our professional volunteers and the clinics are covered by property insurance.

Clinics usually start off by opening one evening week. The RotaCare clinics are intended to treat pain and suffering, although each has a slightly different scope of service depending on the needs of the community. In many instances as clinics provide care for patients with diabetes, hypertension or asthma, the clinic becomes a medical home for chronic patients. The goal of RotaCare is to provide free medical care while patients attempt to get enrolled in a medical home. Additionally, some specialty care is provided. Each clinic is run like an urgent medical care clinic. Each of the clinics serve up to 35 patients per clinic session.

RotaCare clinics are run by volunteers. RotaCare regional boards such as the RotaCare Bay Area board report to the RotaCare Free Clinics Board. Each clinic has its own Advisory Council that is accountable to the Regional RotaCare Board. Its goals are to preserve and advance the RotaCare mission and to insure adherence to RotaCare clinical requirements and policies and procedures.

Each clinic is staffed by volunteers in a manner that assures patients the safest level of care. A physician or a registered nurse must be present at all times when medical care is being provided.. Suggested minimal staffing requirements for a clinic during operation are: a Physician, Physician Assistant, or Nurse Practitioner, a Registered Nurse, Registrar, translator, and a Site Administrator. Clinic volunteers work in collaboration with a number of social service agencies in each community to provide follow-up and long-term care. RotaCare clinics act as a point-of-entry into many social service systems.

Patients are registered and assisted throughout the process by volunteers who speak their language. Nurses take each patient's history and vital signs. Some of the clinics provide toys and books for the children as they wait. The physician examines the patient and charts

the findings in a permanent record. Some clinics have a pharmacy, while others do not. For those that have a pharmacy, the patient record goes to the pharmacy for dispensing of free drugs while the patient waits in the waiting room. In the case of clinics with a pharmacy, consultation with the dispensing pharmacist is available. The patient finishes by meeting with a social worker/resource referral specialist for any special needs. A discharge plan for follow-up care is formulated. RotaCare clinics maintain a large list of pro bono specialist physicians and other low-cost clinics for care outside the clinic's scope of service. The clinics have a list of available local resources that can help provide definitive treatment for problems beyond the scope of service of the clinic.

C. The History

In 1989 a family practice physician, Dr. Mark Campbell, was asked to see homeless patients residing in a shelter at Agnew Development Center in Santa Clara, California without charge. He and his wife, Renata, responded to the call.

A new Rotarian, Dr. Mark Campbell approached his Rotary Club for help in funding the drugs needed to treat the patients he was seeing. Dr. Campbell's club was in Rotary District 5170. When the District Governor, John Fisher, heard of the effort he became interested in taking it to other Rotary clubs in the district. It wasn't long before these two leaders had interested other Rotarians and community members in their dream and formed a charter board. They shortened "Rotary Cares" to form the name and RotaCare was born.

From the beginning everyone involved agreed that it was critical to provide volunteer care for free to those least able to obtain it. This resolution became the mission of RotaCare.

As other clubs within District 5170 heard of the work being done in Santa Clara, they became interested in starting a clinic within their own community. Ken Graham, the first Executive Director of RotaCare, went to his club in Morgan Hill, California and the neighboring club in Gilroy to start the second and third clinics. As these clinics formed, they realized that to sustain a clinic over time they had to recruit a large pool of volunteers instead of depending on one or two people to staff the clinic. This became the model on which all RotaCare clinics are based.

In today's world, medical professionals are able to provide charity care only if they are covered by the necessary insurances. The board went through a 3-year process of incorporating, obtaining 501(c)3 status, trademarking the RotaCare name throughout the United States, writing the policies and procedures that allowed the clinics to be licensed by

the State of California and obtaining malpractice and other insurances.

With the successful completion of these tasks, the board of directors felt it was time to let other Rotary Clubs and physicians know of the service project they had developed. In 1995, the board received a grant from the Robert Wood Johnson Foundation to help them make this dream a reality. With funding from the grant, the board hired a part-time project director and two part-time extension project managers to find Rotary Clubs and physicians interested in starting RotaCare clinics in their own communities. Within six months of the beginning of the grant, ten communities began the process of opening clinics. John Fisher, the Rotary District Governor at the time, took the RotaCare program to other communities. His leadership and devotion to RotaCare have been instrumental in the success of the project.

D. The Organization

RotaCare Free Clinics, is the parent corporation for RotaCare Bay Area, Inc. that oversee the individual San Francisco Bay area clinics. RotaCare Free Clinic's primary function is to encourage growth of new clinics. An example of a regional corporation is RotaCare Bay Area, Inc. Regional boards are made up of a cross section of the community including Rotarians, community activists, medical professionals, and professionals of all areas of interest.

Regional corporations are directly responsible to State licensing agencies for the provision of quality medical care. The Board of Directors, shall have full legal authority and responsibility for the operation of all individual clinics in its geographic area, and for compliance with all applicable laws and regulations.

The regional board makes legal policy and oversees medical quality assurance for the clinics. The regional boards provide oversight for the clinics including: standardized policies and procedures, approval of scope of service, administration of insurance and fund management, and provides Quality Assurance. Each clinic has an Advisory Council that that supports the clinic. Its responsibilities are to preserve and advance the RotaCare mission and adherence to clinical requirements and policies and procedures. The Advisory Council also serves as the Advisor to the Site Administrator.

E. Commonly Asked Questions

? *Do we have to build a clinic?*

No. Clinics are generally held in an existing facility. Advisory Councils have been able to obtain space that is provided free of charge for their use. They are being held in schools, churches, community centers, senior centers, clinics, and hospitals. One clinic operates a mobile facility.

? *Isn't it expensive to open and run a clinic?*

No. Cost for the initial setup varies depending on the facility used. Generally, Advisory Councils have been able to tap into Rotarian volunteers who have provided the materials and manpower to create the necessary environment to hold a clinic. The cost to operate a once a week clinic will run approximately \$20,000 to \$80,000 per year. The cost varies depending on how many patients are seen, and what support is given to the clinic in terms of donations and in-kind services. Examples of donations are things such as medical supplies, medications, office supplies, and more. In-kind donations can come in terms of free rent, laboratory, and radiology services.

? *Where do we get that kind of money?*

Existing clinics find their funding from a variety of sources. They begin by asking their sponsoring Rotary clubs for whatever donation they are able to make that year. With that as their seed money, they then approach community foundations, hospitals and other interested community groups for financial help. It's important to continually research and write grants to potential fundraisers to secure ongoing funding for the clinic.

? *Do clinics receive government support?*

Many clinics have relationships with County Health Departments that make available definitive services and specialized drugs such as flu vaccine. County hospitals have also provided in-kind support to clinics.

? *How do we get started?*

Our Chief Executive Officer and Board members are available to come to your club or community group to present RotaCare. They will provide a program that will cover the basics of RotaCare and answer any questions your group may have. Call RotaCare at (408) 379-8000 to set up an appointment or ask questions. You may also learn about RotaCare at www.rotacarebayarea.org.

? *What is the first step?*

Actually, you've already taken the first step. When RotaCare is approached by a Rotary Club or group that wants to start a clinic, we speak to the individual or group and recommend a person take the lead in pursuing the goal. We also recommend that the group obtain this book to be certain that the clinic is developed within the guidelines of the RotaCare. The RotaCare Free Clinics Board must approve new regional RotaCare corporations, while the Boards of existing RotaCare regional corporations must approve the opening of new RotaCare clinics within their areas.

? *How long will it take?*

With the assumption that you are now at the point where you have made contact with your local Rotary clubs and started to get volunteers from within the club(s) interested in the project, it is reasonable to assume that you are a year or more away from opening your clinic. We have seen projects try to complete the process faster, but with all the different entities that have a part in the process, this is the time frame that we have seen proven over time. Much depends on the size of the community and the different number of groups that need to come to agreement,

Please contact RotaCare Free Clinics or the CEO at RotaCare Bay Area to attain the “notice of intent.” We appreciate the early notification so that we can work with you to put the pieces into place to support your development process.

Chapter 2

A. Letter of Intent

We would appreciate immediate notification of your interest in starting a RotaCare clinic. While we recognize that at this early stage you aren't even sure you can make this clinic a reality, we can help you in many ways as you progress along the journey of opening a clinic. We recognize and accept that you may start the process and change your mind. That is not a problem. Let us know of your interest now so that we can help you make the best decisions possible for your group. Submit the form you will find on the following page. For further support, call RotaCare Bay Area at (408) 379-8000.

One of the first things provided to you will be an updated list of clinics operating in your area. If you are the first in your area, RotaCare will provide you with a list of the nearest geographical sites for further support. Many clinics have benefited from visiting other operating sites to get a sense of the operation. Also, updated information is available on our home page at <http://www.rotacarebayarea.org>.

B. Organizational Structure

It is important to understand the organizational structure under which all RotaCare Clinics operate. RotaCare has a National Board of Directors which is responsible for the oversight of the entire operation and focuses primarily on opening new clinics.

The Regional Boards are similar to the Districts of Rotary. They are concerned with the operation of the individual clinics. They are responsible for setting policy and assuring that each clinic is providing the highest quality medical care. It is RotaCare's goal to make the geographical area encompassed by the Regional Boards such that all board and committee members can get to a meeting by driving no more than one and a half hours.

If a clinic is opening in an area heretofore unserved by RotaCare, they will need to form a Regional Board before opening their clinic. The reason for this will become apparent as we discuss the different roles of the Regional Board and the Advisory Council. At this juncture, it will be helpful to see the organizational charts of the different groups. On the next two pages you will find organizational charts for RotaCare Free Clinics, RotaCare Bay Area (an example of a Regional Board), and a typical Advisory Council and Clinic add org charts here.

The steps for recruiting the volunteers for the Advisory Council will be covered in Chapter 3. As you develop this group, you will need to simultaneously consider the question of location and start date. Choosing a location will be discussed in Chapter 5.

By now, your letter of intent will have been received and processed by RotaCare Free Clinics. They will assign your clinic to a regional board or assist you in setting up a regional board for your area. If you are joining an existing regional board, they will want to meet with your group to discuss your tentative plans. They will provide you with a policy and procedure book which will cover in detail the procedures utilized by the clinics.

Chapter 3

A. Conducting a Needs Assessment

It is important to initially determine the need for a free urgent care clinic within your community to be certain that a need really exists. A systematic appraisal is called a needs assessment, such as those described in California's, Senate Bill 697, Health and Safety Code Sections 127340-127365, which was passed into law in 1994. It requires that every not-for-profit hospital in California conduct a needs assessment and establish a Community Benefits Plan to meet the needs uncovered by the assessment.

We have found the needs assessment information readily available in the communities where we are working to start clinics. The information establishes the number of people within a given geographical area that are lacking sufficient health services to meet their needs.

Other good sources to interview are public and school health nurses. They are intimately aware of the needs not met for the students within their school districts. Also consider interviewing any other community health service entity; contact early in the planning process creates bonds to the project that will be helpful as you move towards opening your clinic.

The needs assessment will show you where your clinic is needed and who it needs to serve.

Important components of the needs assessment

- Identifying the area of greatest need
- Determining the type of medical problems encountered

- Population profile of the community you wish to serve.
- Status of the existing health care delivery system.
- Number and social dispositions of health care practitioners.
- Type of population needing care (i.e. working poor, homeless)

Important sources of input

- Community agencies, ie: County Health Department
- Public health nurses and social workers
- Church groups and others that aid the homeless, indigent and elderly populations.

Consider Population Characteristics when:

- Identifying the specific population subgroups that may benefit from clinic services:
- Creating flyers which must be prepared in the appropriate languages
- When soliciting volunteers as translators
- Planning scope of service, specific cultural health beliefs must be identified and respected
- Ensuring that marketing is responsive to specific population needs

This process is an opportunity to sell the large health care providers the benefits of the RotaCare system. They must see you as a viable alternative to the indigent care that they have to provide at a much higher cost in their own facility.

If you are unable to obtain a needs assessment that is already complete, it is very important to understand that the time spent in developing this information should not be lengthy. Beyond providing the information needed to determine what type of care you need

to provide to whom, by working through the process of conducting a needs assessment you give people in the community “ownership” of the program which can be a tremendous help once you open.

Include in the Needs Assessment

- Income/poverty levels
- Economic forecast for the area
- Business environment
- Employment forecast (important to be aware of large layoffs,
- Cutoff of federal, state or local programs, etc.)
- Anticipated population growth or decline of the area
- Transportation systems for client population

This information is available from the local chamber of commerce, state and federal agencies (i.e. Department of Commerce), business bureaus, area business, local colleges and universities, and online reports

Once this information is collected, you need to determine the geographic area which you intend to serve. Area hospitals, medical and dental societies, Veteran Administrations and other public health agencies, have already done studies on the health care system. They will be able to provide you with the number of physicians, dentists and nurses in the area and the number of hospitals, emergency rooms, and the number of non-paid visits to emergency rooms.

State and federal bureaus will be able to provide you with the cost of health care for various population and where the provision of health care is weakest for your targeted segment of the population. The local Department of Public Health will also be a good source of information and support. The key is to seek out agencies and people who have already collected the data you need. They will gladly provide the information as the service you are going to provide to the community is so valuable and they do not have the resources to meet these needs.

Your local hospital administrator will be a good source of support as hospitals are the ones who bear the brunt of treating the medically indigent. They may be able to suggest or provide personnel within their own organization with the expertise to facilitate your project.

All this information will help to assess the need and your clinic's role in filling the need. Once you have collected the data describing the health care system, you have to determine the feasibility of a clinic from the viewpoints of the political and medical communities. Survey the health care practitioners to get a feel for their numbers and disposition to the idea of a free clinic.

In order to define your "likely" patient population you must meet the people who ordinarily deal with them. Find out from them, who their patients are and what needs are unmet. Ministers, public health officers, social service case managers, school nurses, pharmacists, physicians and dentists active in pro-bone work are the first resources to consult. Find out who the other helping agencies are and how they can assist your agency.

Using this information, your council will be able to develop the scope of service and determine the service area of your clinic.

Chapter 4

The Advisory Council (title)

A. Basic Philosophy

B. Recruiting Volunteers

A. Basic Philosophy

The Advisory Council is accountable to the RotaCare Regional Board of Directors. The Advisory Council works to preserve and advance the RotaCare mission. They insure adherence to RotaCare clinical requirements and policies and procedures in conjunction with RotaCare Bay Area administration guidelines. The Council oversees quality of clinic operations including medical quality improvement, financial controls, and fundraising. This group oversees local finances and directs the local fundraising activities.

An integral part of RotaCare is our affiliation with Rotary clubs. Every clinic is required to have one or more Rotary Clubs as sponsors. This sponsorship will occur in the form of financial support, volunteers, and participation as a member on the advisory council. You will find your clinic more successful if you immediately create a partnership with your Rotary Clubs. With experience, we have found sustainability of clinics to be enhanced by having a Rotarian as Advisory Council Chairperson.

The following steps of recruiting people to serve on your Advisory Council will probably occur simultaneously with your search for possible clinic sites (Chapter 5). We caution you not to make a decision concerning the choice of a site until you have your advisory council formed; however, that does not preclude your exploring possible locations with different groups and members of your community.

This brings up one of the most important components in forming a successful

advisory council — the issue of “ownership.” Each person and group involved in the project must feel they are an important part of the process to feel a long-term commitment. Since the goal is to start a clinic and sustain it over time, ownership becomes critical. We have found that choosing a location before the key players are around the table participating in the decision-making process tends to weaken the commitment of those not included. Each advisory council volunteer will benefit from having a role in the start-up process.

As you begin to talk to candidates for your Advisory Council, you will understand the benefit of starting with Rotary Clubs. Generally speaking, Rotary Club members are the leaders of your business community. Their membership often includes a cross section of the community including representatives from local hospitals, physicians, and possibly administrators, representatives of non-profit groups, and other interested community groups who would be likely to support your plans to open a clinic. By making your initial presentations to Rotarians, you will find they will step forward and volunteer to take an active role in your project. In addition, your regional board will be able to offer support in making the presentations to your Rotary Clubs.

B. Recruiting Volunteer Council Members

“Advisory Council Members”

- Each Rotary Club
- Each hospital wishing to participate
- Physicians and nurses from your medical community
- The local health system(s) responsible for indigent patient care (public and/or private)
- Any non-profit health agency in your community which wants to participate
- Homeless shelters and/or winter shelter programs
- Mental health providers
- Finance background

- Legal background
- Community service groups concerned with the welfare of the population you are targeting
- Any other interested party who can offer a special talent to your effort, including business and professional leaders.

Council Positions

- Council Chair
- Medical Coordinator (Director)
- Site Administrator (required)
- Nursing Coordinator (required)
- Pharmacy Coordinator
- Social Services Coordinator
- Quality Assurance Coordinator
- Volunteer Coordinator
- Treasurer (required)
- Fund Development Coordinator
- Rotarians from local club(s)

Council Chair

We recommend that the council chair be a Rotarian. This guarantees that the project stay closely tied to Rotary and creates ownership by Rotarians. The basic tenant on which RotaCare was formed is stated in the name, “RotaCare” comes from the term “Rotary Cares.” We cannot emphasize this relationship too strongly as your affiliation with Rotary Clubs is

very important and can assist in supporting clinics over time.

You will find that the development of the council becomes a team effort as more people join the group and become involved in soliciting help from their circle of friends and business associates.

Medical Director

Once you have formed a nucleus of interested Rotarians, it is important to mobilize this group to reach out into the medical community. Using their contacts, it is important to find a physician interested in taking on the role of Site Medical Director. Job descriptions can be found in RotaCare's regional policy book.

You will find it beneficial to make a presentation to groups that express interest (medical staff groups, medical societies, etc.) Again, tap into the expertise of your regional board if you need support in this effort.

The person you seek for Site Medical Director will ideally be a leader within the medical community. Following recommendations of members of the medical community, look for someone who does not have strong affiliations with a group that would exclude the likelihood of his or her being able to recruit physicians from other groups. The willingness of the candidate to approach medical colleagues, attend meetings and keep tabs on the development of the clinic is essential to the success of the operation.

The potential candidates will want an estimate of the time commitment they will be making. You can indicate that they will expect to put more up front when preparing the opening of the clinic. Once the clinic actually opens, the obligation will lessen dramatically. At that point, the medical coordinator can expect to work in the clinic at least one clinic session per month, help in the ongoing recruitment of new physicians, and monitor the medical aspects of the clinic operations including quality assurance and credentialing of physician volunteers.

During the period of start up the Medical Director will spend at least 5 hours weekly in helping with recruitment, implementation of policies and procedures, site selection and equipping the clinic, and coordinating the scope of service. It is not necessary that the Medical Director need to be a current caregiver. The Medical Director should share the administrative responsibility of the clinic with other physicians who are interested in assisting with oversight of the clinic. One of these physicians or the Medical Director must be in attendance when the clinic is open.

Clinic Management

There are three required positions, Site Administrator, Clinical Coordinator, and Volunteer Coordinator, which are essential to the functioning of the local clinic. These positions provide administrative leadership and management control on behalf of the Regional Board of Directors. These positions may be held individually or combine based on the qualifications of the individual(s). In the situation where the Site Administrator is not a clinical person, several of the responsibilities are shared between the Site Administrator and Clinical Coordinator. This person reports to the Chair of the Advisory Council and to the Regional CEO.

Specific job descriptions for: Site Administrator, Clinical Coordinator, and Volunteer Coordinator can be found in the RotaCare Policy book.

Chapter 5

A. Clinic Location Possibilities

Generally, the choice of a clinic site develops in one of two ways:

1. Those involved in opening a clinic have started the process based upon a group or facility volunteering their site for the clinic, or
2. The individual or group interested in starting a clinic has contacted local community members and this group meets to determine the best site by establishing criteria and searching for a site.

B. Site Requirements

There are certain basic requirements a site must meet to be able to provide quality medical care to its patients. In this section, we will consider physical or plant requirements. We will first outline the optimal requirements to provide care to approximately 20-35 patients per clinic. We will then note the minimum requirements allowable so that those clinics which have opted for a particular site can determine if it will work.

Perhaps the best way to understand the needs within the clinic is to picture the patient flow. While clinics vary slightly depending on their layout, the following flow chart will give you a general idea how the flow occurs during the clinic.

Each clinic is generally staffed by two to four physicians, three or more nurses, four or more translators, and two or more clerical staff. Especially in the beginning, it doesn't hurt to overstaff somewhat as each person orients to the clinic and the different skills of your volunteers allow your clinic to develop the best flow pattern for the people involved. Since patient flow will generally be light in the first few weeks, this is an excellent time for all

volunteers to get familiar with different jobs and find their place within the clinic.

C. The Optimal Clinic

The optimal clinic would include:

1. A large waiting room. We have discovered that it is the norm for patients to arrive with additional family, even if only one member is sick.
2. Two private areas where the triage nurses can do the intake. Confidentiality is one of the most important aspects of RotaCare clinics and it is necessary to do everything possible to ensure the privacy of our patients.
3. Three to four exam rooms (minimum 7'x10'). Four exam rooms allow one patient to be examined by each physician while the other room is cleaned and a new patient is brought in.
4. A secured area for two to three four-drawer files. All clinic volunteer and patient records must be kept on the premises.
5. A secure area for pharmaceuticals if your clinic is choosing to stock drugs on-site.
6. A registration area.
7. A private area for the social worker(s) to provide discharge instructions and discuss other family needs at the time of discharge. This can be the same areas used earlier by the triage nurses for patient intake.
8. A bathroom.
9. Appropriate door openings and ceiling height. Check into ADA requirements.
10. A water supply for washing hands located in or near the exam rooms.
12. A storage area for medical supplies such as gowns, table paper, etc. The storage area can be separate from the actual clinic area, but should be on the same premises.

13. A designated area for cases that arrive that are possibly infectious, even if this area is designated to be outside.

D. The Minimal Clinic

There are times when you may not be able to find space that meets the “optimal” conditions. However, don’t be discouraged. Many different types of sites are currently being successfully used as RotaCare clinics.

Do not hesitate to submit your proposed layout to the RotaCare CEO so suggestions can be made as to possible ways to make your space work. We are committed to using shared space; we see part of the value of a RotaCare clinic is in not investing in a physical plant.

The bare necessities of a clinic would have to include (based on 25 to 30 patients per clinic session):

1. Two exam rooms. To see 25 to 30 patients, you will need to staff your clinic with two practitioners.
2. Secure pharmacy area for those clinics choosing to keep pharmaceuticals on site.
3. Secure area for medical and volunteer records.
4. A waiting area with space to privately triage patients.
5. Access to a bathroom.
6. Door openings meet local codes and meet ADA requirements.
7. A water supply for washing hands located near the exam rooms.

All clinics should meet the requirements of State of California Title 24 requirements for community clinics. For a copy of this law, please contact the RotaCare office at 408-739-8000.

Every clinic will be required to pass a Fire Inspection. This inspection will be requested by the State when your application is submitted. Remember, it is RotaCare’s policy to always provide the highest standard of safety for all patients and volunteers, so adherence to good safety practices must be observed.

E. Cost of Facility

An important factor contributing to the success of RotaCare has been its ability to find shared locations at no cost to the clinic. This will be a critical determining factor as you look to make your site selection. It is important to find a facility willing to give you a lease at no cost to your clinic per year. Note that you will be able to offer additional insurance to the clinic to protect it during your hours of operation.

F. Current Clinic Locations

It would probably be helpful for you to know the different sites being used as clinics to get a picture of what is possible. Please contact the Regional CEO to get a better idea of how a RotaCare clinic works.

At times RotaCare clinics have sensed a feeling that some community clinics see us as competition. However, on talking further, we have been able to share the RotaCare concept and it has become apparent that we are partners rather than competitors. In the community where we have established a community clinic, we see the patients the clinic is unable to see during the week, along with other people in the community who hear about the clinic through word of mouth or advertising.

All of the other requirements of the clinic are the same that the community clinic faces to become licensed, so little needs to be done to turn it into an operating RotaCare Clinic. In this circumstance, however, remember that you must be sure that all signage used during the clinic clearly reflects that you are a RotaCare Free Medical Clinic, not the facility that is housed there at other times.

G. Other Factors to Consider

Location will be a key factor in successfully reaching the underserved patients you plan to treat. Remember, many factors influence the success of a clinic. If you open your clinic and it doesn't appear to be reaching the numbers of patients you had anticipated, search for the factors that may be affecting that under utilization. Is it because of the clinic location, availability of public transportation, etc. Sometimes it may be necessary to conduct door-to-door interviews in the areas you expect to serve or to question parents of children attending a local school.

H. Resources Available Through Site Selection

The last consideration you would want to consider as you choose your site will be the other resources offered at the sites you are considering. Some of the additional resources that may come with locating at a particular site are volunteers, pharmaceuticals, funding, and joint fund raising opportunities.

I. Improving the Site

Many sites will require building improvements. This is an excellent project to turn over to your Rotary Club. Many clubs seek “hands-on” projects and will willingly take over the design, submission of plans for permits and the actual physical plant changes needed.

In the event that your affiliated Rotary Clubs are not interested in the site improvement project, you will need to factor in cost of improving the site. This can be significant, especially if you must move or put in a water source in or close to your exam rooms.

Even if you have to pay for labor, you may be able to obtain free or discounted materials through a Rotarian or local building supply company. Always ask. Never pay for something you can get free. Remind donors that RotaCare has 501(c)(3) status and that their donations are tax deductible.

J. Final Selection Made

Again, we encourage you to look at all the factors that are involved and make the choice that best fits the population you hope to serve and the volunteers who will be working in your clinic.

After you have made your site selection, please advise your regional RotaCare administrator so that the paperwork to make this a legal site can be processed. The CEO will assist in drafting a Memorandum of Understanding between RotaCare and the clinic site.

Chapter 6

RotaCare Free Clinics requires that all clinics be able to prove financial viability and sustainability prior to authorizing the opening of a clinic. Clinics have been successful in finding funding from a variety of different sources.

Rotary Clubs

The Rotary Clubs sponsoring clinics traditionally have given from \$500 to \$10,000 per year. Much will depend on whether or not the clinic was started by a club, the size of a club and how engaged they are. Ownership of a clinic by one or more clubs strengthens its financial sustainability. On the other hand, Rotary boards change yearly and one board will typically not commit future boards to a particular level of funding. A close relationship is important to maintaining ongoing funding.

Local Hospitals

Not-for-profit hospitals have become the largest supporters of RotaCare clinics. Hospitals in California are required under Senate Bill 697 to have a formal Community Benefits Plan that returns profits to the community. RotaCare clinics are ideal for this purpose. Hospitals wishing to participate are asked to contribute financially, by providing in-kind services such as laboratory and radiology services, and by providing volunteer support to staff the clinics.

Private Donations

Individual donors are critical to RotaCare's funding model.

It is important to remind donors that their donation may be tax deductible, as RotaCare is a 501(c)(3) nonprofit organization as defined by the Internal Revenue Service.

Each regional board should have their own 501c3 status. RotaCare Free Clinics has their own 501c3 and a new regional board can use it also, but it can confusion with funders and it's recommended that each Regional Board have their own 501c3.

Community Events

The clinics have been the recipients of events hosted by Rotary Clubs and community events. Clinics have been named recipients of golf tournaments, wine festivals, etc. It becomes important to have your Rotarians make contacts with community groups to forge relationships that will garner this type of support.

Local Community Foundations and Grants

This has been an extremely successful source of operating funds for clinics. Caution: please do not apply for any grant without first advising the CEO of your Regional Board. Many grantees allow only one application per organization and we want to avoid duplicating or competing for the same funding. If two or more clinics are interested in applying to the same funding source, we can help coordinate the join efforts of multiple clinics.

A. Proving Financial Viability

Each advisory council, prior to receiving approval from its Regional Board of Directors to open its clinic, will be asked to appear before the board or its representatives to discuss long-term plans to sustain the financial stability of its clinic.

For those clinics struggling with this issue, early contact should be made with the Regional Board CEO. While it is not the Regional Board's responsibility to create funding for individual clinics, they have experience in fund raising and can offer suggestions for avenues to pursue.

B. Opening a RotaCare Bank Account

Each RotaCare clinic is required to house all its funds in a RotaCare bank account. The treasurer of your Regional Board is a C.P.A. and will keep all clinic funds accounted for separately from other clinics' funds. It is RotaCare policy that no clinic funds can be touched without the written permission of the clinic which owns the funds. Thus, no clinic which is having financial difficulty can "borrow" funds from another clinic without that clinic's written permission.

All funds are deposited and dispersed through a voucher system. You will be provided with check request and deposit voucher forms that you will submit in accordance with the Policy and Procedure guidelines for handling of your funds.

We have been asked in the past why a clinic can't house its funds in a clinic checking account since that seems a much easier way, especially since some clinics even have a C.P.A. willing to be their treasurer. The reason RotaCare insists on a central account is that each individual Regional Board is the legal entity responsible for handling funds. The RotaCare Regional Board has 501(c)(3) status with the IRS, not the individual clinics. The IRS will hold the Regional Board legally responsible for the legal handling of all funds. Should a clinic inadvertently mishandle funds, the entire organizations' nonprofit status would be jeopardized. Please see the Financial Guidelines in the Policy and Procedure book for specifics on your Regional Board's policies.

Chapter 7

RotaCare Free Clinics requires that each clinic sign the formal Affiliation Agreement.

At this point, it is probable that you have secured all of the key volunteers on your advisory council. Fill in the Affiliation Agreement form and submit it to the CEO of your Regional Board of directors.

At the time you submit this affiliation agreement, your proposed board representative and other designated council members will be asked to appear before the Regional Board for a short update on your council's plans.

After your appearance, the board will discuss your application and vote to bring your clinic in under the auspices of that Regional Board. You will receive notification of your official status.

Chapter 8

RotaCare Free Clinics will provide the Style Guide from RotaCare Bay Area to ensure the use of consistent messaging, logos, and colors.

It is important that all clinics and locations represent themselves as one overall organization for branding purposes.

Chapter 9

A. Scope of Service

RotaCare Bay Area shall primarily provide urgent basic medical care appropriate to the resources of the organization. Some patients presenting with chronic illness such as diabetes, hypertension and asthma, however, will receive appropriate care and follow up as designated by a primary care giver. Each Clinic's Advisory Council can set policy determining frequency of follow-up and method of dispensing medications. RotaCare is committed to assure that any service provided at the clinic is provided by properly credentialed personnel, utilizing appropriate equipment and supplies. The clinic must have sufficient revenue to cover costs to provide the service.

Caution: Initially start with a narrow scope of service until you start treating patients and then gradually expand the scope depending on their needs. To expand services, you may wish to collaborate with various community resources to provide those services at your clinic (i.e. immunization services provided by your public health department at your clinic location).

B. Lease Agreement

Each California clinic is governed by State of California Title 22 requirements. In accordance with Title 22, each clinic must have a lease agreement, updated yearly, with the facility in which the clinic is held. As previously mentioned, RotaCare clinics are located in facilities donated by the facility owner (or lessor). Thus, the lease agreement outlines the expectations of the facility provider. This would generally include:

1. Term of the agreement
2. Days and times of RotaCare clinic operation

3. Requirements of additional coverage naming the facility as an additional insured.

In the event the building is leased by the group donating it to RotaCare use, you must get the written agreement of the building owner to allow the clinic to be held in the facility.

There is no prescribed format for this lease agreement. Clinics have obtained agreements as casual as a one-page letter stating that the owner agrees to allow RotaCare to hold its clinic there on specified days and times. Other facilities have provided detailed legal documents that must be signed off by the CEO of the Regional Board. Any entity legally responsible for your facility can be named as an additional insured on your facility policy.

Your facility may have a standard lease that they use that can be adapted to your use by including the statement that RotaCare agrees to pay \$0 (zero) dollars per year for the use of the clinic where they would normally include the rental or lease price of the space.

Remember that if a legal signature is required, you must have the CEO or president of the Regional Board of Directors sign. The Regional Board is the legal entity and its designated officials are the only authorized group to sign legal documents for the corporation.

This finalized lease agreement must accompany the license application to the state.

C. Transfer Agreements

As required by State of California Title 22, every clinic must have agreements with a hospital or hospitals to accept its patients for emergency, radiological and laboratory services. RotaCare Bay Area can provide sample transfer agreements

We have found most sponsoring hospitals involved in the clinic are willing to participate in these transfer agreements. Please note that these transfer agreements do not state that the hospital will not charge for its services. However, many hospitals are willing to donate to RotaCare patients a set dollar amount of services per year. Not-for-profit hospitals provide a certain amount of charity care per year and they usually will provide these services under their charity care program.

The bottom line for most hospitals is that RotaCare screens many patients that would normally be seen in their emergency departments with no hope of reimbursement. They are generally happy to work out agreements that facilitate RotaCare seeing the uninsured with them handling the few cases that cannot be handled in clinic.

Some hospitals have agreed to see patients in their emergency departments but have been unwilling to accept radiology or laboratory referrals. In this case, you may need to develop a separate agreement with a private radiology and/or laboratory group.

D. Fire Inspection

Each facility has to have a fire inspection before it can be licensed. Generally, the state licensing department will send a form requesting an inspection to the appropriate fire department when it receives your license application.

In an effort to expedite the process, clinics have contacted the fire department on their own and have arranged to have the inspection conducted. The important thing to remember is that the fire department's inspection sheet must indicate that the inspection was conducted for a "community clinic."

This inspection sheet can be turned in to the state at the same time that the clinic application is submitted. Forward the original to the CEO of the Regional Board for inclusion in your application packet.

Chapter 10

Each clinic may define its own scope of pharmaceutical services within the mandates of federal and state law. There are several types of pharmaceutical services available. In all cases these services should be overseen by a pharmacist to insure the integrity of the products and compliance to all governing regulations.

Each clinic should adhere to a drug formulary. A formulary will insure that the clinic is providing cost effective pharmaceutical care within the scope of practice for RotaCare Clinics.

A. On-site Drug Dispensing

Each clinic may elect to provide on-site drug dispensing. This situation is optimal for providing the patient with complete service and proper counseling in the selection and use of the medication. All clinics in the State of California that order wholesale are required to have a pharmacy license issued by the State. Your regional director and board will assist you in this process. You will want to discuss your pharmacy plans with them ahead of time in order to ensure you are meeting all federal and state laws.

C. Out-sourced Prescription Program

A locally designated pharmacy may have a contract with a RotaCare clinic to fill prescriptions. A very specific and detailed contract should contain the following provisions:

1. The pharmacist should verify that the medication is the most cost effective choice and falls within the scope of practice for the clinic before authorizing the prescription.
2. Keep a log of the issued prescription to verify billing.

Either a log, or notation in the patient records must be kept. Work with the Regional board to ensure the agreement is complete and includes all necessary information.

The clinic administration should periodically review participation and utilization of these services to insure that the program remains within the scope of practice of the clinic as well as within the budget.

It is economical to take advantage of community pharmacies such as Walmart, Costco, Safeway, and other local drugstore chains that offer discounted drugs for very inexpensive monthly costs. This is often preferable as the clinics will not be able to purchase drugs so inexpensively. Sending patients out to local pharmacies minimizes risk to the RotaCare organization.

Chapter 11

Now comes the time to plan for the actual opening of your clinic. It is important to remember that experience has shown you will have small numbers of patients when your clinic first opens. It takes time to establish that you are a “safe” place to go for care. The experiences of the few brave souls who venture into the clinic the first few sessions will be your best advertisement as they return to their neighborhoods and jobs and give first-hand testimonials to the care you are giving.

We advise that you plan your media opening for several weeks after you start seeing patients.

A “Grand Opening” with your local officials, and everyone involved in the process, is an important event to emotionally “kick off” your new clinic. Use this as a means of getting all the people who helped start the clinic in one place and recognize the wonderful job you’ve all done. Take lots of pictures, as this is an historical moment.

Congratulations for all you have accomplished! Now, sit back, have fun and welcome to the ever-growing family of RotaCare volunteers!

Notes