



The BRIDGE Healthcare Clinic

Physical Therapy Clinic Manual

Orientation and Regulations

**University of South Florida
School of Physical Therapy and Rehabilitation Sciences**

2008-2009

BRIDGE Healthcare Clinic
Physical Therapy

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Reviewed By:	Date:	Sections Updated:
Elizabeth Morgan (Co- Director) and Laura Denney (Co-Director)		

Note: The constitution should be read and updated annually by the BRIDGE physical therapy director(s). If you have updated the constitution at any time, please add your name, committee position, date updates were made, and sections that were updated. Steering committee members should be encouraged to read the constitution, and volunteers should be made aware that the constitution exists should they need to refer to it for any reason. Committee members from medicine and social work should be kept up-to-date should any changes be made to the constitution.

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Chapter 1:
Clinic Description

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1.1 Description

BRIDGE Healthcare Clinic is a non-profit student-founded and student-run free healthcare clinic. The clinic was founded in the fall of 2006 by four University of South Florida (USF) third-year medical students focused on addressing a gap in healthcare access for the underinsured and uninsured inhabitants of the Tampa, Florida area; specifically the 33612 and 33613 zip codes. Since fall of 2006, BRIDGE Healthcare Clinic has grown to encompass USF College of Medicine (COM), School of Physical Therapy and Rehabilitation Sciences (SPTRS), and School of Social Work (SW). This model has aided the students in creating a venue of collaborative care precepted by licensed professionals that centers on the needs of each individual patient. BRIDGE Healthcare Clinic has embodied the meaningfulness of free healthcare provided for those who would otherwise have no access.

The conceptual framework of BRIDGE Healthcare Clinic Physical Therapy embodies the following:

- Needs assessments
- Development of new avenues for access to care
- Community partnerships
- Peer mentoring
- Faculty precepted and facilitated learning
- Collaborative and integrative healthcare
- Evidence-based practice
- Outcome evaluation and development planning

1.2 Mission Statement

The mission of University of South Florida's BRIDGE Healthcare Clinic Physical Therapy, as part of the University's first student-founded and student-run free clinic, is to provide Physical Therapy care and education to the uninsured and under-insured residents of the "University Area Community" through collaboration, evidence-based intervention, and patient-centered service.

1.3 Vision Statement

By the year 2011, BRIDGE Healthcare Clinic Physical Therapy will have annually sustainable staffing, well documented outcomes analysis, and financial stability made possible by hosting numerous fundraising events, and through the procurement of grants. It is our hope that as the clinic develops; our commitment to providing free collaborative and competent healthcare will increase in strength and effectiveness, thus continuously improving our mission to address the healthcare disparities observed in our target community.

1.4 Founding Management Team

Andrea Parilak, sDPT, Founder and Director

James Madison University 2006 – BS, Kinesiology and Spanish
University of South Florida 2009 - DPT

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Jamie Fox, sDPT, CPT, Operations Coordinator

University of Tampa 2005 – BS, Sports Management and Adult Fitness
University of South Florida 2009 - DPT

Kelly McClain, sDPT, Operations Coordinator

University of South Florida 2006 – BA, Psychology
University of South Florida 2009 - DPT

Christopher Fussell, sDPT, Staff Coordinating Officer

Florida State University 2002 – BS, Kinesiology
University of South Florida 2009 - DPT

Janelle Coffman, CPT, sDPT Patient Coordinating Officer

University of South Florida 2006 – BA, Psychology
University of South Florida 2009 - DPT

Arneli Alba, sDPT, Information Technology and Public Relations Officer

Florida International University 2005 – BS, Health Sciences
University of South Florida 2009 - DPT

Lisa Childress, sDPT, Treasury and Fundraising Officer

University of South Florida 2006 – BS, Physical Education
University of South Florida 2009 - DPT

1.4.1 Advisory Committee

An advisory committee was selected to provide mentoring and aid in the development and operation of the physical therapy aspect of the clinic. Meetings with the Advisory Committee are scheduled on an as needed basis. Members of this committee are Dr. William Quillen, Director of USF SPTRS, and Dr. David Newman, Coordinator of USF PT Center and clinical faculty. Clinic advisors have spent countless hours providing essential feedback on clinic decision-making and operations, volunteering for clinic shifts, and mentoring students from all three DPT classes. It is up to the physical therapy student leaders to fill advisor positions as deemed necessary. There should not be any time when the steering committee does not have an official USF SPTRS faculty or staff member serving as advisor for operations and development.

1.4.2 Steering Committee

The Physical Therapy steering committee was formed in January 2007 and consisted of a group of dedicated students that worked together as a strong governing body to represent BRIDGE Healthcare. Each position is briefly detailed below. Some steering committee positions are shared by more than one student. As of September of this year, the steering committee successfully made its first leadership transition to the second year Physical Therapy students who ventured to take on the responsibility and challenge of managing the clinic and ensuring its continued development and sustainability. The new leadership consists of a co-directorship (shared management structure) which will function to work as a unit and attack new challenges with double

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the “man-power”. As the clinic develops and grows, it is expected that the steering committee will adapt and mold the responsibilities of their position to best serve the BRIDGE Healthcare Clinic community.

Depending on the amount of students who volunteer to serve on the steering committee, elections for committee positions may or may not be necessary. It is up to the current leadership to make decisions as far as who will fill leadership positions each year, how to elect new leadership, and manners in which to best transition and train the new leadership. Upon transition, the constitution should be updated by the director or co-Directors as deemed necessary. The new director or co-directors should be advised to read thoroughly through the constitution to be knowledgeable about the history of the clinic and set regulations.

Clinic Director:

- Attend collaborative meetings with student directors from College of Medicine and School of Social Work (and any other school involved)
- Delegate/share duties to/with steering committee
- Development of mission, vision, and goals
- Development of strategic opportunities for clinic growth and sustainability
- Communication link with community partners

Operations Coordinator:

- Greet patients and complete Sovereign Immunity documentation
- Accompany patients to examination room
- Maintain proper clinic flow throughout shift, update as necessary
- Act as communication link between medical and social work teams
- Track and maintain inventory
- Clinic set-up and clean-up

Patient Coordinator:

- Schedule and confirm patient appointments and follow-ups
- Maintain and assemble paperwork
- Perform patient screenings on medical patients
- Act as communication between medical and social work teams for patient scheduling
- Accompany patient to waiting room after conclusion of appointment

IT/Public Relations:

- Update website as needed
- Identify opportunities to promote and advertise for clinic in the community
- Write highlights for website

Research Coordinator:

- Research and identification of grants and funding opportunities
- Maintenance of demographic and statistic information

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- Provide valid outcome measurement tools

Treasury/Fundraising:

- Develop, maintain, and update budget and financial plan
- Write purchase orders and equipment orders
- Purchase equipment and necessary tools for clinic operation
- Plan and coordinate fundraising events

1.5 Organization Structure

The organization was founded by four medical students in their third year of medical school during the 2006-2007 academic school years. The founders also acted as Medical Directors and encouraged students of the remaining schools of USF Health to found and develop collaborative sectors to represent their own realm of study and healthcare. To this date, students of the USF SPTRS and SW have accepted this challenge and currently offer services in collaboration with medical services.

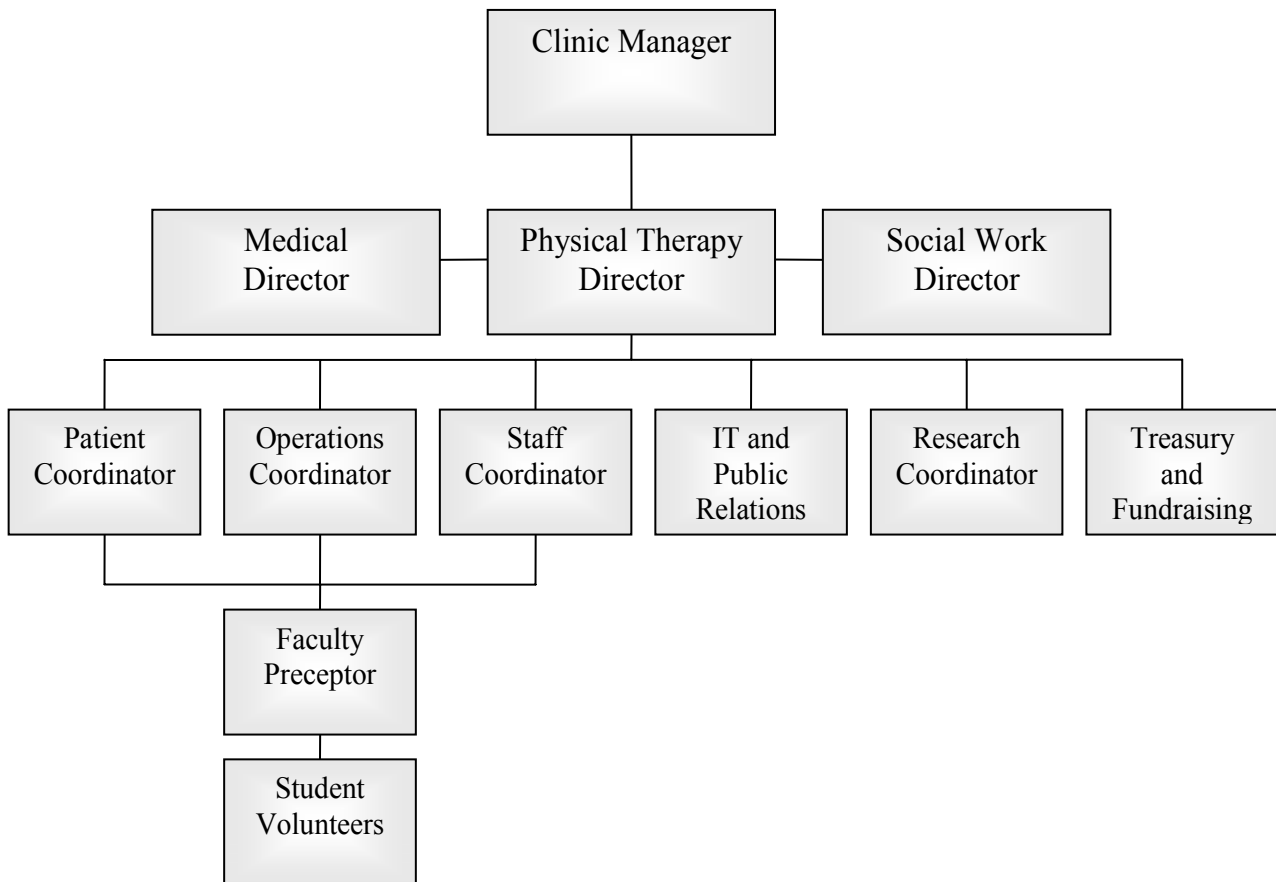
The clinic is managed by an undergraduate student at USF who applied and interviewed for the position in the summer of 2008. This student is currently working on his Bachelor of Arts degree in Business Administration. Each set of student directors from the COM, SPTRS, and School of SW have created their own functioning unit referred to as a “committee” that makes decisions for their respective sector of the clinic and collaborates with the other sectors as well.

The student director from the SPTRS oversees and collaborates with a committee of fellow Physical Therapy students who fill important positions including: Patient Coordinator, Operations Coordinator, Staff Coordinator, Treasury and Fundraising, Information Technology, Research, and Public Relations. As a unit, the steering committee works to implement initiatives to oversee functioning of the clinic which includes student and faculty volunteer involvement, patient care, and clinic development. (See below for Algorithm)

The student directors and committee are supported in many different ways by the Director of USF SPTRS and a clinical and an academic representative to act as advisors and in decision making and clinic growth.

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1.5.1 Management Flow



Students and faculty volunteers are overseen by the steering committee. Faculty volunteers act as licensed Physical Therapist preceptors during clinic shifts. Preceptors oversee and approve student decision making when delivering patient care, and sign off on notes. Student volunteers participate in teams of one 2nd or 3rd year student physical therapist (SPT) and one 1st year SPT to complete patient encounters

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1.6 Location



The Hillsborough Health Department located at 13601 North 22nd Ave Tampa, FL 33612 under the direction of Dr. Doug Holt has been generously offered free of charge as a venue for services on Tuesday nights from 5:00pm to 9:00pm. The clinic is located in what is loosely referred to in the Tampa community as “Suitcase City”, a term allotted to this neighborhood because of its continuous turnover of inhabitants relating to poverty and high crime. The clinic serves the community immediately surrounding the Health Department in the 33612 and 33613 zip codes of Tampa Florida which lies less than half a mile from University of South Florida’s Tampa Campus.

This venue of service is donated to BRIDGE free of charge. This is a huge honor for the USF Health students to receive from Hillsborough County Health Department Director Doug Holt. Because volunteers and staff are guests of this venue, it should be treated with care. Work spaces of daytime health department staff should not be tampered with or rearranged. Any trash should be cleaned up at the end of the shift, and anything moved should be placed back in its original position. Volunteers and staff should not enter the clinic until 5:30pm to ensure that health department staff has been given enough time to complete their shift and exit the building. Disrespect to clinic space or health department staff is not tolerated; if a volunteer does not follow by this rule then a warning will be given (including janitorial staff). If this rule is disobeyed for a second time, then this student volunteer and staff will not be invited back to the clinic venue.

1.7 Screenings for Eligibility to Receive Services

Prior to receiving services, each patient is screened by a student staff member who has been trained and certified by the Florida Department of Health (FLDOH) to do so. This screening allows the patient to report their gross earned and unearned income within the last four weeks. If the total income reported is less than the monthly amount delineated by the Federal Government as “200% Poverty” for that particular family size, and they are uninsured for the services sought, they are financially eligible to receive care. Below is an excerpt from the *Client Eligibility and Referral Process Training Guide* by the FLDOH Volunteer Health care Provider Program that briefly explains the role of financial eligibility.

“An explanation must be provided to the client that determining eligibility is necessary to ensure that the volunteer provider serves only those persons who have no other source of care and that he/she is financially eligible for the program according to s. 766.1115, Florida Statutes, and 64F-11, Florida Administrative Code. Completing a Financial Eligibility Form (DH 1032E) will determine who in a family unit is eligible to receive services. A family unit is defined as the individuals related through blood, marriage, law, or conception...”

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If the total income has exceeded the “200% Poverty” amount for their family size, then the remainder of the Financial Eligibility Form; *Budget Computation Section 3*, can be completed. In this section the family can report extra expenses that they may have including childcare and child support. After the total net income amount is totaled that the financial status is again reviewed to determine eligibility. This form is updated annually and is based on patient report. A complete outline of *Federal Poverty Guidelines* can be found in the *Appendix of Supporting Documents*.

Each time thereafter that the patient returns to receive service free of charge, they must sign the *Patient Referral Form* from the *Volunteer Healthcare Provider Program* out of the FLDOH which explains that the state is solely liable for any injury or damage suffered, and that the state’s liability is limited as found in s. 768.28 of the *Florida Statutes*. The patient is to sign and date this form and fill out the address, phone, date of birth, and demographic information. After services are rendered, the estimated value of health care provided is documented at the bottom of the form by the precepting licensed professional (licensed Physical Therapist in this case), dated, and signed. Charges are the same as used in the USF Physical Therapy Clinic and can be found on the *USF Physical Therapy Center Coding/Fee Schedule 2006* in the *Appendix of Supporting Documents*.

1.8 Services

With the establishment of BRIDGE Healthcare Clinic and initial development and funding of resources, the BRIDGE Clinic physical therapy services are directed towards evaluation and management of primarily musculoskeletal injuries and impairments. Educational training for integumentary conditions and assistive device use is also provided.

- Musculoskeletal injury (Chronic or sub-acute):
 - Muscle strains
 - Ligamentous sprains
 - Joint pain (arthritis, tendonitis, bursitis, impingement, adhesive capsulitis)
 - Muscle weakness
 - Range of motion deficit
- Back pain (Chronic or sub-acute):
 - Low back pain

*Note: We do not offer treatment for patients with vascular or neurological conditions where therapeutic exercise would be contraindicated.
- Spinal anomaly (Chronic or sub-acute):
 - Scoliosis
 - Spondylolisthesis
 - Postural analysis
- Education for conditions of the integumentary:
 - Diabetic wound prevention
 - Wound care education & training in self management

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**Note: Actual wound care is not provided; services are limited to patient education at this time.*

- Assistive Device Training:
 - Body mechanics
 - Correct fit and technique
 - Safety awareness

**Note: At this time we do not provide assistive devices or equipment to patients. We will offer educational training to patients who are already in possession of personal assistive devices and equipment.*

1.8.1 Physical Therapy Screenings

Each patient that receives care from the medical student volunteers will also have an opportunity to be screened by a BRIDGE Physical Therapy Patient Coordinator to determine if physical therapy may be a beneficial adjunct treatment for them. During each medical appointment there is a scheduled amount of time for a physical therapy screen to occur. During that time, the Physical Therapy Patient Coordinator discusses any musculoskeletal complaints the patient may be having. The Patient Coordinator may then offer that physical therapy may be beneficial for them and asks if they would like the referral. If the patient would like to receive physical therapy care then the Patient Coordinator will discuss this with the medical team to collaborate on care options. The appointment will be made at the conclusion of the medical appointment with both Physical Therapy and Medical Patient Coordinators present.

1.8.2 Translators

As you will see below, a large majority of the patient population served is Spanish-speaking only. When the clinic became operational, the medical students advertised to the USF community that the BRIDGE Healthcare Clinic was in need of Spanish translators on Tuesday nights. There was an overwhelming response from both undergraduate and graduate students interested in serving the community. To date there are over 20 regular volunteers that rotate through clinic shifts to serve as translators for medical, social work, and physical therapy students. There is also a small group of patients who speak Creole, and are interpreted by a select group of USF students who volunteer their time on an as needed basis.

1.9 Financial Status

Nonprofit
Instatement: Florida Department of Revenue
Exemption Category: 501 (C) (3) ORGANIZATION
Title: University of South Florida Foundation I

1.10 Collaborations

Collaborations for the foundation and development of BRIDGE Healthcare Clinic Physical Therapy include relationships on various levels, including those within the community, university, academic, and media realms.

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Community

The clinic has collaborated with the Director of the Hillsborough Health Department, Allscripts Online Records, Tower Imaging, and Quest Diagnostics. In September, 2008 The Hillsborough County Board of Commissioners also recognized the efforts of BRIDGE Healthcare Clinic by presenting an award to the clinic Directors at a televised Board meeting. These collaborations have helped to spread the word about the clinic and also to bring national recognition to the University of South Florida and its dedication to the community nationally and internationally.

University

The clinic has formed relationship with and benefitted greatly from guidance provided by USF Health Deans, Directors, and clinical and academic faculty mentors. The clinic has provided an opportunity for the entire University population to become involved in the clinic whether it is through volunteering, donating, fundraising, or receiving and promoting services.

Academic

Collaboration between students of the COM, SPTRS, and School of SW have allowed for the development of a sustainable and patient-centered clinic thus far. Other collaborations such as those with Public Health and Nursing have been occurring over the last year and will continue on into the future. Other areas of study from USF have also voiced interest, such as Athletic Training, and will be considered as the clinic grows and develops.

Media

The clinic has collaborated with University media representatives, local newspapers, and local television stations including “The St. Petersburg Times”, the “Tampa Tribune”, “Bay News 9”, and “The Oracle” to promote the clinic and disperse information to those who could potentially benefit. The media has been essential in dispersing clinic information to the surrounding community.

1.11 Legal Structure

As a nonprofit organization, BRIDGE Healthcare Clinic has shared management between three USF Health denominations, those being COM, SPTRS, and School of SW. Liability is covered by Florida Department of Health under Chapter 766 of the Florida Statutes “Medical Malpractice and Related Matters” Section 1115 “Health care providers; creation of agency relationship with governmental contractors”, and 64F-11, Florida Administrative Code. A copy is attached in the *Appendix of Supporting Documents* for reference.

1.12 Integration with Curriculum

The original founders from Medicine, Social Work, and Physical Therapy have supported many different ways in which to encourage student involvement in the clinic as steering committee members, staff, and translators. One of the ways that involvement has been encouraged by physical therapy is by integrating clinic involvement with specific courses. This general idea is supported, however, it should be noted that in

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keeping with the foundation of having students volunteer out of their own will and desire to help, involvement in the clinic shall never be mandatory for course grades or for graduation from any of the respective programs.

Integration with curriculum is encouraged and the physical therapy student leaders of BRIDGE Healthcare Clinic should feel open to pursuing creative ways to enhance involvement yet at the same time ensuring the preservation of the original intent to welcome students who desire to be there rather than who are required to be there.

1.13 Development to Date

BRIDGE Healthcare Clinic Physical Therapy to date has been operational for 6.5 total months from when development was initiated in January of 2007. Developments initiated in January of 2007 encompassed forming a steering committee of Physical Therapy students, planning for equipment needs and financial start-up costs, dispersing information to the community and potential sponsors and donors, outlining and refining goals for type of services offered, and creating a clinic flow with the available resources provided in the Hillsborough County Health Department.

BRIDGE Healthcare Clinic Physical Therapy as of September 16, 2008 has:

- Welcomed over 60 Physical Therapy students and 12 clinical or academic faculty volunteers (more than half of the USF SPTRS student body)
- Operated for 6.5 months and 23 total shifts
- Scheduled 60 appointments and had 49 patient encounters
- Seen an average of 2.6 patients per clinic night
- Offered Physical Therapy adjunct care to an estimated 33% of medical patients screened
- Donated 92 preceptor hours, 276 staff hours, and 368 student volunteer hours
- Donated skilled preceptor time valued at a total of \$5,520
- Served a patient population of 56.5% Spanish speakers (43.5% English speakers), 65.2% females (34.8% males), and an average age of 39.5 years
- Delivered services to patients with a total value of \$7,162.65

Chapter 2:
The Market

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2.1 Industry Description and Trends

Only 28% of major business firms offer insurance coverage to part time workers and only 3% offer coverage to temporary workers. In addition to this, the cost of private health insurance premiums has increased by 6.1% from 1994 to 2004 with the average annual cost for employers providing coverage for an individual being \$4,024 and the cost for a family coverage being \$10,880. The cost of insurance premiums for families increased by 9.2% in 2005. This increase exceeds the overall increase in workers' earnings by over 6%.

In addition to the above mentioned information, the U.S. Census Bureau performed a study in 2005 that ranked Florida third in the nation for having the highest number of uninsured inhabitants. This study reported that approximately 20%, or 18 million people in this state do not have health care coverage.

2.2 Threats to Industry Market

The greatest threat to our clinic would not be losing our primary target market; it would be lack of funding, or interruption of funding. Due to the fact that patients receive free care when they come to the BRIDGE Healthcare Clinic there is no constant revenue stream. Instead the clinic must rely on donations, fundraising, and grants. Due to the current economic downfall many companies have smaller budgets, which leave them with less funding opportunities.

Additional threats to the clinic would be lack of both student and faculty volunteers. Our physical therapy student volunteers are currently full time students within the School of Physical Therapy and Rehabilitation Sciences and volunteer their time outside of their required class time. As a result of this, when student schedules become increasingly demanding of their time or when students are on vacation, it can become difficult to maintain the appropriate amount of student volunteers needed to staff the clinic.

2.3 Patient Opportunities

Currently the BRIDGE Healthcare clinic only serves the 33613 and 33612 zip codes within Tampa, Florida. This leaves an abundance of patients that live in other zip codes that could still benefit from the services provided. Branching out to patients in other zip codes will provide the clinic with ample opportunity to maintain the functioning of the clinic based on patient need.

In addition to branching out to other zip codes we can also increase the services that provided by bringing in other colleges located within the University of South Florida such as Public Health and Nursing. By expanding the services provided we increase the variety of patients that can benefit from BRIDGE Healthcare Clinic outreach.

2.4 Funding Opportunities

While there is currently economic disharmony and it may be increasingly more difficult to rely on specific corporations for funding, the BRIDGE Healthcare Clinic still has access to grants as a source of funding. As the clinic becomes more developed our use of outcome measures to document positive patient impact is increasing. By using well researched, valid, and reliable outcome measures the clinic more accurately measure

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patient progress and impact of interventions provided. With measurement of these two things, the clinic will be able to better advocate for the procurement of funding through grants.

2.5 Market Description

The BRIDGE Healthcare Clinic is located in Tampa, Florida and provides free health care to the uninsured and underserved individuals living within the University Area Community through partnerships with the University of South Florida, the University Area Community Health Center, and other various health care related businesses and practitioners.

The following are some statistics that express the demographics of this community and also the outstanding need for outreach that exists there. All figures are provided from the Florida Department of Health 2007. As you can see below, the majority (75%) of inhabitants are eligible by age to be seen at the clinic. It is not a requirement that the patient be a U.S. Citizen to receive service.

*2.6 Market Statistics – Florida Department of Health
Hillsborough County – Tampa, Florida*

Race

55% White
32% Black
18% Hispanic

Age

25% under 18
18% ages 18-24
32% ages 25-44
16% ages 45-64
9% over 65

Income

Household income less than 70% of the median for Hillsborough County
(25% of the population have incomes below 100% that of poverty)

Community Facts

The highest concentration of single mothers in the Tampa Bay Region
Unemployment rates double that of the rest of the county
The highest teenage pregnancy rate in the county
Highest crime rates in the county
The highest infant mortality rate in the county
High illiteracy rates
Population to Primary Care Physician ratio is 17,964:1

Providers

***Located within 5 miles of BRIDGE
Physicians***

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18 Physicians and Surgeons specializing in cardiology and vascular issues
22 Physicians and Surgeons specializing in family and general practice
13 Physicians and Surgeons specializing in orthopedics

Special Services

5 Diagnostic Imaging Centers
11 Medical Laboratories

2.7 Primary Target

Health Care Consumers

Our primary target market is the individuals who live within the 33613 and 33612 zip codes of Tampa, Florida and are 18 years of age and older; these patients can be employed or unemployed. Within this population we are targeting males and non-pregnant females who have fallen between the cracks of access to healthcare and lie between the 100-200% poverty level as defined by the *Federal Poverty Guidelines*. The 100-200% poverty level is dependent upon family size, income, and other factors contributing to financial status including child support and childcare fees. These patients are those who do not have a low enough income that qualifies them for Federal or State coverage through Medicare or Medicaid, but they do not have a high enough income to afford private insurance coverage. This community, which is loosely referred to as “Suitcase City,” is known to be an area of low income and high need.

A survey performed in 2004 by the Bureau of Epidemiology within the Florida Department of Health showed that approximately 16% of all individuals they randomly surveyed within Hillsborough County had no health insurance. Of this 16%, 23.3% of the individuals were Non-Hispanic Blacks and 31.1% were Hispanic, while only 10.5% of the individuals were white. Of the individuals that live within the above mentioned zip codes, the majority of them are either Hispanic or Non-Hispanic Blacks.

2.8 Secondary Target

Health Care/Health Service Providers

With an undertaking such as this, there is high reliance upon collaborations with various health entities located within the Tampa area. Because the clinic is primarily run by students from the University of South Florida there have been partnerships made with sectors in the university. The Hillsborough County Health Department has also been a major partner for the BRIDGE Healthcare Clinic by providing a service venue free of charge.

2.9 Market Readiness

Only 28% of major business firms offer insurance coverage to part time workers and only 3% offer coverage to temporary workers. In addition to this, the cost of private health insurance premiums has increased by 6.1% from 1994 to 2004 with the average annual cost for employers providing coverage for an individual being \$4,024 and the cost for a family coverage being \$10,880. The cost of insurance premiums for families increased by 9.2% in 2005. This increase exceeds the overall increase in workers’ earnings by over 6%.

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As a result, it is no surprise that with the cost of insurance increasing and the prevalence of economic hardship, this current gap between individuals who have health care coverage and those who do not is widening.

2.10 Opportunities

It is evident in this day and age that there is a need for clinics that provide free health care to those individuals who are uninsured and underinsured. Without the opportunity to receive free health care these individuals are often left to fend for themselves. Without a job and/or without healthcare coverage, often times it is not only the individual who suffers, but also the family who may rely on their income to support costs of essentials necessary for living.

2.11 Competition

BRIDGE Healthcare Clinic's "competitors" are not in fact "competitors" at all but rather "collaborators". The clinic directors' aim is to fill the gap in healthcare for the uninsured and underinsured, however, that also comes hand in hand with the fact that BRIDGE Healthcare Clinic may not be the best option for patients that walk through the doors. For patients who are screened for eligibility and for one reason or another are not approved, there are most likely other and even better options in the community for them to receive healthcare. One example is the Hillsborough County Health Care Plan. This plan is offered at most free clinics in the Hillsborough County area of Tampa, Florida. Below is an excerpt from *Hillsborough County Health and Social Services* on what this health plan entails.

"The Hillsborough County Health Care Plan, created in 1991, is a comprehensive managed care plan for indigent residents with incomes up to 100% of the federal poverty level who do not qualify for other coverage. Services are delivered by a network that includes 600 primary care physicians, 12 clinics and 5 hospitals. The Plan emphasizes primary and preventative services, early intervention, health education, and the coordination of health and social services. Through competitive contracts with providers in four regional networks, enrollees are "mainstreamed" into the system and provided access to the same providers available to other insured residents. The Plan is administered by the Hillsborough County Department of Health & Social Services with oversight from a community advisory board".

2.11.1 Local Provider Competition

The foundational concept of the BRIDGE Healthcare Clinic is to leave no health disparity left unaddressed by providing free care to individuals who are either uninsured or underinsured. As a result of this, the BRIDGE Healthcare Clinic does not have true competitors; instead they have partners in care.

Any clinic that either provides free health care or service at a discounted rate to the above mentioned individuals is helping to conquer the amount of health problems seen in those who are economically disadvantaged. This is the ultimate goal of the

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BRIDGE Healthcare Clinic, and as such, it is desired that more health care providers take on a charitable role such as seen with our own initiative.

2.11.2 Student-Run Free Clinics

In regards to our “competition” with other student clinics, there are only 2 other student-run free clinics in the country that provide physical therapy services. The first, which is part of the nation’s oldest student-run free clinic, is the “Student Health Action Coalition Clinic” which is run by students from the University of North Carolina at Chapel Hill. The second clinic is the “Salvation Army Student-Run Free Clinic” which is run by students from the University of Kentucky.

Due to the fact that neither of these clinics are in close proximity to the BRIDGE clinic they are no threat to the operation of our clinic.

2.12 Advantages and Strategic Opportunities

It is evident in this day and age that there is a need for clinics that provide free health care to those individuals who are uninsured and underinsured. Without the opportunity to receive free health care these individuals are often left to fend for themselves. This is not only potentially detrimental to themselves but also to their families who are relying on the health of their family member to be the revenue stream that provides them with a roof over their heads and food in their mouths.

As part of a University that has been recognized by “The Carnegie Foundation” for both research (2007) and community outreach (2008), the Tampa Board of County Commissioners (2008), and Florida Governor Charlie Crist (2008), many doors have been opened to spread light on the novel initiatives of the University of South Florida through BRIDGE Healthcare Clinic. This offers a unique opportunity to encourage other Physical Therapy Schools to either advocate for involvement in or foundation of their school’s student-run or free clinic.

2.13 Risks and Obstacles

The operation of the BRIDGE clinic is made possible because of the countless volunteer hours of both USF faculty and students and through the partnerships made within the community but there are some inherent risks and obstacles with this type of clinic. The BRIDGE Healthcare Clinic is currently housed in the University Area Community Health Center and is open on Tuesday nights from 5:30 p.m. to 9:00 p.m. Because we are using a location that is shared space, we are unable enter into the clinic prior to the appointment times of our first patients for early set-up and shift preparation. Additionally during the clinic’s operating hours there are members of the cleaning staff performing their nightly duties, and if any construction work needs to be done on the building it is done at this time. There have been instances in which we have had to close the clinic early secondary to not having any water or the air conditioning not working.

There has also been a lack of accurate community education regarding the operation of the clinic. In several instances we have had patients come to the clinic with the perception that it was a walk-in clinic. Due to the fact that the clinic is staffed based on a patient load that is already established, we have had to turn patients away. This could shed a negative light on our clinic and lead individuals to believe that we are not there for the community if we are turning them away.

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This brings up another obstacle for the clinic that is a two-fold matter. Currently the clinic only operates for three and a half hours one night a week. Not only has this resulted in the inability to schedule follow-up appointments for patients until numerous weeks after their initial visit, we are unable to schedule the individuals who “walk-up” within a timely fashion. This issue is two-fold because opening the clinic additional nights in the week requires more volunteer hours from both faculty and students. As mentioned previously, our physical therapy student volunteers are currently full time students within the SPTRS and volunteer their time outside of their required class time. As a result of this, when student schedules become increasingly demanding of their time or when students are on vacation, it can become difficult to maintain the adequate number of staff and volunteers. The faculty members that volunteer at the clinic also maintain full-time positions within the school and volunteer outside of their regular working hours.

Chapter 3:
Financials

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3.1 Funding Opportunities

Because BRIDGE Healthcare Clinic is a non-profit organization, the identification of and acquisition of funding from supporters is of utmost importance. In the Fall of 2006, BRIDGE Healthcare Clinic was given \$10,000 in the name of Steven Klasko, Dean of the College of Medicine at the University of South Florida to aid in coverage of start-up costs for all schools of USF Health involved. Leftover monies would be kept in the USF Foundation account for USF student organizations under the title “BRIDGE Healthcare Clinic”.

This generous donation allowed BRIDGE Physical Therapy to purchase the tax-free equipment necessities used in a typical Physical Therapy clinic. Other equipment was acquired via donation from the USF SPTRS Director, students and faculty.

The steering committee spent much time developing a financial flow sheet to outline the current financial status and prospected cost to support clinic operations over the following year and years to come. Costs appeared to be minimal, but it was agreed that in order to ensure sustainability of the clinic and prepare for future endeavors, it was necessary to establish a strong financial plan for future student leaders to use as a guide.

The strategic plan laid out by collaboration within the steering committee includes continuing to advocate for private and corporate donations and sponsorships, hosting annual fundraising events that supporters can look forward to enjoying, and researching and applying for promising grants and awards.

3.1.1 Donations

Donations have been received from numerous entities including corporations, the University, community, and USF faculty, staff, and students. Donations have also been received in numerous forms including donated services (Figure 1), venue (Department of Health Building under direction of Dr. Doug Holt), equipment (Figure 2), and money. Though BRIDGE Physical Therapy does not directly request imaging and labs, it is important to include that the medical students of BRIDGE receive free services from Tower Imaging and Quest Diagnostics of Tampa, Florida. Patient folders at the clinic contain information from medicine, social work, and physical therapy, so lab and imaging results obtained are viewed and utilized by Physical Therapy students as well. All donations are tax deductible.

Monetary donations are received through a P.O. box mailing address, or via online through the USF Foundation website <https://usfweb2.usf.edu/foundation/asp/ssl/adfdn/search.asp> by typing “BRIDGE Healthcare Clinic” into the search tool. Checks are made out to “USF Foundation” with “Fund # 250107” in the memo and can be mailed to the address below. Donors can also delineate in the memo exactly what they’d like the money to be used for.

USF Health Development
12901 Bruce B. Downs Blvd, MDC 70
Tampa, FL 33612

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DONATED SPECIALTY REFERRAL SERVICES

CHAIRMAN NAME	CHAIRMAN EMAIL	DONATED REFERRAL SERVICE	CONTACT	PHONE #	EMAIL
Anne Curtis, MD	acurtis@health.usf.edu	Cardiology	Connie Smailes	259-0649	csmailes@health.usf.edu
Neil Fenske, MD	nfenske@health.usf.edu	Dermatology	Angelique Carr	974-3868	acarr1@health.usf.edu
	-		Nancy Crespo	974-2133	ncrespo@health.usf.edu
James Brownlee	hbrownle@health.usf.edu	Family Medicine	Volun. Faculty on-site		
Allan Goldman, MD	agoldman@health.usf.edu	Internal Medicine	Allan Goldman, MD	974-3594 Carolyn	agoldman@health.usf.edu
Clifton Gooch, MD	cgooch@health.usf.edu	Neurology	Diane Clancy	250-2171	dclancy@health.usf.edu
Harry vanLoveren, MD	hvanlove@health.usf.edu	Neurosurgery	Donna Price	259-0994	dprice@health.usf.edu
			Renee Dubault	259-0887	rdubault@health.usf.edu
David Keefe, MD	dkeefe@health.usf.edu	OB/GYN	David Keefe, M.D.	259-8514	dkeefe@health.usf.edu
Peter Pavan, MD	ppavan@health.usf.edu	Ophthalmology	Debbie Hillabush	974-1530	dthorne@health.usf.edu
Robert Pedowitz, MD	pedowitz@health.usf.edu	Orthopaedic Surgery	Bob Pastizzo	396-9986	bpastizz@health.usf.edu
Thomas Mccaffrey, MD	tmccaffr@health.usf.edu	Otolaryngology	Monique Sinclair	506-8970	msinclair@health.usf.edu
Robert Nelson, MD	rnelson@health.usf.edu	Pediatrics	Robert Nelson, MD	259-8867 Barbara	rnelson@health.usf.edu
Frank Fernandez, MD	ffernand@health.usf.edu	Psychiatry	Sara Cubilete	974-2303	scubilet@health.usf.edu
Richard Karl, MD	rkarl@health.usf.edu	Surgery	Syrae Henning	259-0956	shenning@health.usf.edu

Figure 1. Donated specialty referral services as of September, 2008 for BRIDGE Healthcare Clinic medical students.

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DONATED EQUIPMENT

Item	Quantity	Value	Total	Donor
Blankets	3	\$9.99	\$29.97	USF SPTRS Director
Exam tables	2	\$149.99	\$299.98	USF SPTRS Director
Foam roll	1	\$34.99	\$34.99	USF SPTRS Director
Gowns	6	\$2.50	\$15.00	USF SPTRS Director
Laptop	1	\$879.00	\$879.00	USF SPTRS Director
Microwave	1	\$59.99	\$59.99	Faculty
Pillow Cases	6	Set of 2 \$5.49	\$16.47	USF SPTRS Director
Pillows	4	\$7.99	\$31.96	USF SPTRS Director
Printer	1	\$34.99	\$34.99	Student
Privacy Curtain	1	\$100.00	\$100.00	USF SPTRS Director
Rolling Cart	1	\$24.99	\$24.99	Clinical Faculty
Sheets	6	\$12.99	\$77.99	USF SPTRS Director
Storage Box	1	\$14.99	\$14.99	Student
Storage Closet	1	\$0.00	\$0.00	USF SPTRS Director
Towel Set	2	\$6.99	\$13.98	USF SPTRS Director
VHI Exercise Software	1	\$0.00	\$0.00	USF SPTRS Director
Total Value of Donated Equipment			\$1,634.30	

Figure 2. Spreadsheet of donated equipment and total value to date as of September, 2008 for BRIDGE Healthcare Clinic Physical Therapy.

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3.1.2 Fundraising

Since its founding in January 2007, BRIDGE Healthcare Clinic physical therapy has hosted a number of fundraising events that have brought in a large amount of profit which will be saved for future use. The fundraising and treasury committee members have planned and implemented three major fundraising events that have generated more than \$2,000.00 for BRIDGE Healthcare Clinic. These events are advertised to the surrounding community and within the USF Campus. All fundraising events are meant to be enjoyable, with the intent of bringing supporters back year after year. Additional detail about these fundraising events is detailed below.

- Annual Golf Tournament hosted by the *Association of Physical Therapy Students*
 - Just under 40 golfers in attendance
 - Post-tournament dinner provided on-site

- University Bake Sale
 - Hosted by USF Marshall Center
 - Handed out information to student body about the clinic
 - Generated a list of undergraduates interested in volunteering to translate for Spanish-speakers

- Cook book
 - Recipes provided by USF Health students and faculty
 - Prepared as Holiday gifts

- Entertainment night at local restaurant
 - Free live entertainment
 - 50/50 raffle and silent auction
 - Percentage of proceeds to be donated

3.1.3 Grants and Awards

The research coordinator on the Physical Therapy steering committee is constantly investigating promising grant and award opportunities that support causes such as community outreach, advocacy for health access, and healthcare or education to the underserved population. To date, BRIDGE has received one grant from the Adult Health Education Center (AHEC) of USF to provide reimbursement for services provided by the clinic manager. BRIDGE Healthcare Clinic is currently working to apply for an award that provides up to \$100,000 in support for initiatives that benefit that community; the award is detailed below and attached in full in the *Appendix of Supporting Documents*.

- Sapphire Award
 - Under “The Blue Foundation For a Healthier Florida”

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- The Sapphire Award was researched in January 2007 by the BRIDGE Physical Therapy Director and Research Coordinator and identified as a promising opportunity to support the initiative. However, because the Sapphire Award requires objectively defined outcome measures to prove the positive impact of the initiative, BRIDGE Physical Therapy was forced to forgo applying for the award until patients started to receive care and adequate outcomes could be compiled.
- Excerpt from award nomination form: “The Sapphire Award is designed to recognize and promote excellence in community health programming in Florida. Award winning programs will have demonstrated impact in improving the health-related outcomes of Florida’s at-risk populations and communities”.
- Due in April annually

3.2 Operations Reports

Each academic year, the annual operations reports should be updated and added to the constitution; this includes productivity report, capacity report, and cancellation/no-show report. Improvements and areas for improvement should be identified and a clinic growth and patient outreach plan should be developed and implemented.

3.2.1 Productivity

Month/Year	Physical Therapy Charges	Patient Visits
October 07'	\$ 125.00	1
November 07'	\$ 413.77	2
December 07'	\$ 613.77	4
January 08'	\$ 936.31	7
February 08'	\$ 1,291.08	9
March 08'	\$ 2,082.41	13
April 08'	\$ 1,646.75	10
May 08'	\$ 491.31	3
June 08'	\$ - *	0**
July 08'	\$ - *	0**
August 08'	\$ - *	0**
September 08'	\$ 2,389.62	12
Total	\$ 9,990.02	67
Average Cost Per Visit	\$ 163.77	

*There are no charges for the months of June, July, and August secondary to the clinic being closed for the summer months.

**There are no patient visits for the months of June, July, and August secondary to the clinic being closed for the summer months.

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3.2.2 Clinic Capacity

Month/Year	Actual Visits	Possible Visits	Days Open
October 07'	1	6	1
November 07'	2	6	1
December 07'	4	12	2
January 08'	7	24	4
February 08'	9	24	4
March 08'	13	24	4
April 08'	10	12	2
May 08'	3	12	2
June 08'	0	0	2
July 08'	0	0	0
August 08'	0	0	0
September 08'	12	24	4
Total	61	144	26
Visits Per Day	2.346153846		
Operational Clinic Capacity		0.423611111	

*There are no patient visits for the months of June, July, and August secondary to the clinic being closed for the summer months.

3.2.3 Cancellation/No-show rate

Month/Year	Scheduled Visits	Actual Visits
October 07'	1	1
November 07'	2	2
December 07'	4	4
January 08'	9	7
February 08'	9	9
March 08'	15	13
April 08'	9	10
May 08'	3	3
June 08'	0	0
July 08'	0	0
August 08'	0	0
September 08'	19	12
Total	71	61
Cancellation/No Show Rate		0.14084507

*There are no patient visits for the months of June, July, and August secondary to the clinic being closed for the summer months.

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3.3 Spending of Clinic Funds

Clinic funds are meant to benefit the patient (directly or indirectly), or contribute to the sustainability of the clinic. Direct patient benefit from clinic funds may be through purchase of equipment, orthotics, educational materials, or anything that the patient will receive directly from a physical therapy committee member that will compliment their plan of care. Indirect patient benefit from clinic funds may be related to marketing materials and therapy equipment/office supplies. An example of spending that does not directly benefit the patient but contributes to the sustainability of the clinic is the annual recognition banquet which secures our relationship with community partners and encourages the continuation of donations and sponsorships. Funding is not to be used to reward volunteer students or faculty, for personal gain, for non-clinic related matters, or to provide kickbacks to interested parties. All funding requests should be submitted to the Treasury coordinator(s) in the form of a physical therapy purchase request. In the case that the person requesting pre-pay or reimbursement is unsure as to whether or not the spending is appropriate, then the treasury coordinators shall make a decision using their best judgment to approve or deny the request based on benefit to the clinic or the patients.

Chapter 4:
***Supporting
Documents***

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4.1 S.W.O.T. Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> ▪ Inter-professional Collaborations ▪ Free Health Care ▪ Location is easily accessible for our target population ▪ Location – free space available with some equipment already provided ▪ Partnerships with medical companies ▪ Integration with class curriculum ▪ Student Spanish and Creole translators ▪ One hour of care dedicated to each patient ▪ Low operating cost ▪ Provides mentoring opportunities between student peers ▪ Facilitates positive working-relationships between faculty and students ▪ Provides opportunity for students to gain leadership and managerial experience ▪ Patient-centered and evidence-based intervention 	<ul style="list-style-type: none"> ▪ Open 1 day a week/patient are usually seen only once a month ▪ Not enough space to address the amount of need for services ▪ Annual transition of leadership/training of new staff ▪ Transportation of certain larger pieces of equipment each shift ▪ Closed physical therapy services during summer ▪ Students’ time management during shifts ▪ Students have to balance full-time class schedule with clinic time
Opportunities	Threats
<ul style="list-style-type: none"> ▪ Preceptors from the community ▪ Fundraising through student organizations ▪ Collaboration with Public Health and Nursing ▪ Partnerships with local specialty services ie. Orthotics, assistive devices, medical equipment ▪ Students from other universities have contacted BRIDGE leadership for advice in starting their own clinics 	<ul style="list-style-type: none"> ▪ Sustainability (lack of funding, lack of student and faculty participation secondary to academic and time constraints) ▪ Patient compliance with home programs ▪ “No-show” rate 18%

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4.2 The 2008 Florida Statutes

Title: XLV: TORTS

Chapter 766: Medical Malpractice and Related Matters

Section 1115: Health care providers; creation of agency relationship with governmental contractors--

(1) SHORT TITLE.--This section may be cited as the "Access to Health Care Act."

(2) FINDINGS AND INTENT.--The Legislature finds that a significant proportion of the residents of this state who are uninsured or Medicaid recipients are unable to access needed health care because health care providers fear the increased risk of medical negligence liability. It is the intent of the Legislature that access to medical care for indigent residents be improved by providing governmental protection to health care providers who offer free quality medical services to underserved populations of the state. Therefore, it is the intent of the Legislature to ensure that health care professionals who contract to provide such services as agents of the state are provided sovereign immunity.

(3) DEFINITIONS.--As used in this section, the term:

(a) "Contract" means an agreement executed in compliance with this section between a health care provider and a governmental contractor. This contract shall allow the health care provider to deliver health care services to low-income recipients as an agent of the governmental contractor. The contract must be for volunteer, uncompensated services. For services to qualify as volunteer, uncompensated services under this section, the health care provider must receive no compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient, or any public or private third-party payer, for the specific services provided to the low-income recipients covered by the contract.

(b) "Department" means the Department of Health.

(c) "Governmental contractor" means the department, county health departments, a special taxing district with health care responsibilities, or a hospital owned and operated by a governmental entity.

(d) "Health care provider" or "provider" means:

1. A birth center licensed under chapter 383.
2. An ambulatory surgical center licensed under chapter 395.
3. A hospital licensed under chapter 395.
4. A physician or physician assistant licensed under chapter 458.

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5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
6. A chiropractic physician licensed under chapter 460.
7. A podiatric physician licensed under chapter 461.
8. A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this section.
9. A midwife licensed under chapter 467.
10. A health maintenance organization certificated under part I of chapter 641.
11. A health care professional association and its employees or a corporate medical group and its employees.
12. Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.
13. A dentist or dental hygienist licensed under chapter 466.
14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.
15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

(e) "Low-income" means:

1. A person who is Medicaid-eligible under Florida law;

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2. A person who is without health insurance and whose family income does not exceed 200 percent of the federal poverty level as defined annually by the federal Office of Management and Budget; or
 3. Any client of the department who voluntarily chooses to participate in a program offered or approved by the department and meets the program eligibility guidelines of the department.
- (4) CONTRACT REQUIREMENTS.--A health care provider that executes a contract with a governmental contractor to deliver health care services on or after April 17, 1992, as an agent of the governmental contractor is an agent for purposes of s. [768.28](#)(9), while acting within the scope of duties under the contract, if the contract complies with the requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider under contract with the state may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:
- (a) The right of dismissal or termination of any health care provider delivering services under the contract is retained by the governmental contractor.
 - (b) The governmental contractor has access to the patient records of any health care provider delivering services under the contract.
 - (c) Adverse incidents and information on treatment outcomes must be reported by any health care provider to the governmental contractor if the incidents and information pertain to a patient treated under the contract. The health care provider shall submit the reports required by s. [395.0197](#). If an incident involves a professional licensed by the Department of Health or a facility licensed by the Agency for Health Care Administration, the governmental contractor shall submit such incident reports to the appropriate department or agency, which shall review each incident and determine whether it involves conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities under this paragraph are confidential and exempt from the provisions of s. [119.07](#)(1) and s. 24(a), Art. I of the State Constitution.
 - (d) Patient selection and initial referral must be made solely by the governmental contractor, and the provider must accept all referred patients. However, the number of patients that must be accepted may be limited by the contract, and patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.
 - (e) If emergency care is required, the patient need not be referred before receiving treatment, but must be referred within 48 hours after treatment is commenced or within

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48 hours after the patient has the mental capacity to consent to treatment, whichever occurs later.

(f) Patient care, including any follow-up or hospital care is subject to approval by the governmental contractor.

(g) The provider is subject to supervision and regular inspection by the governmental contractor.

A governmental contractor that is also a health care provider is not required to enter into a contract under this section with respect to the health care services delivered by its employees.

(5) NOTICE OF AGENCY RELATIONSHIP.--The governmental contractor must provide written notice to each patient, or the patient's legal representative, receipt of which must be acknowledged in writing, that the provider is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. [768.28](#). With respect to any federally funded community health center, the notice requirements may be met by posting in a place conspicuous to all persons a notice that the federally funded community health center is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. [768.28](#).

(6) QUALITY ASSURANCE PROGRAM REQUIRED.--The governmental contractor shall establish a quality assurance program to monitor services delivered under any contract between an agency and a health care provider pursuant to this section.

(7) RISK MANAGEMENT REPORT.--The Division of Risk Management of the Department of Financial Services shall annually compile a report of all claims statistics for all entities participating in the risk management program administered by the division, which shall include the number and total of all claims pending and paid, and defense and handling costs associated with all claims brought against contract providers under this section. This report shall be forwarded to the department and included in the annual report submitted to the Legislature pursuant to this section.

(8) REPORT TO THE LEGISLATURE.--Annually, the department shall report to the President of the Senate, the Speaker of the House of Representatives, and the minority leaders and relevant substantive committee chairpersons of both houses, summarizing the efficacy of access and treatment outcomes with respect to providing health care services for low-income persons pursuant to this section.

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(9) MALPRACTICE LITIGATION COSTS.--Governmental contractors other than the department are responsible for their own costs and attorney's fees for malpractice litigation arising out of health care services delivered pursuant to this section.

(10) RULES.--The department shall adopt rules to administer this section in a manner consistent with its purpose to provide and facilitate access to appropriate, safe, and cost-effective health care services and to maintain health care quality. The rules may include services to be provided and authorized procedures. Notwithstanding the requirements of paragraph (4)(d), the department shall adopt rules that specify required methods for determination and approval of patient eligibility and referral and the contractual conditions under which a health care provider may perform the patient eligibility and referral process on behalf of the department. These rules shall include, but not be limited to, the following requirements:

(a) The provider must accept all patients referred by the department. However, the number of patients that must be accepted may be limited by the contract.

(b) The provider shall comply with departmental rules regarding the determination and approval of patient eligibility and referral.

(c) The provider shall complete training conducted by the department regarding compliance with the approved methods for determination and approval of patient eligibility and referral.

(d) The department shall retain review and oversight authority of the patient eligibility and referral determination.

(11) APPLICABILITY.--This section applies to incidents occurring on or after April 17, 1992. This section does not apply to any health care contract entered into by the Department of Corrections which is subject to s. [768.28](#)(10)(a). Nothing in this section in any way reduces or limits the rights of the state or any of its agencies or subdivisions to any benefit currently provided under s. [768.28](#).

History.--s. 1, ch. 92-278; s. 22, ch. 93-129; s. 1, ch. 94-75; s. 246, ch. 94-218; s. 425, ch. 96-406; s. 126, ch. 97-237; s. 9, ch. 97-263; s. 11, ch. 98-49; s. 41, ch. 98-89; s. 233, ch. 98-166; s. 88, ch. 99-3; s. 286, ch. 99-8; s. 49, ch. 2000-242; s. 145, ch. 2000-318; s. 88, ch. 2001-277; s. 114, ch. 2002-1; s. 1900, ch. 2003-261; s. 51, ch. 2003-416; s. 1, ch. 2004-54; s. 1, ch. 2005-118.

<http://www.leg.state.fl.us/Statutes/index> "Online Sunshine" The Official Internet Site of the Florida Legislature. Copyright 1995-2008

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4.3 Risk Prevention Plan

The following is a description of potential risks that may be faced along with examples of each risk, those potentially affected, and the risk prevention strategy in place to be used. Those involved in overseeing and participating in clinic operations (committee members, supporters, volunteers, and mentors) value the health and safety of all those involved and take very seriously the implementation of strategies to reduce all potential risks.

Primary risk prevention strategies include the provision of a written constitution, volunteer and preceptor orientations, education integrated in class curriculum, and interdisciplinary pre-clinic meetings. As seen below, some other risk prevention strategies are adopted from the Hillsborough County Health Department and are required for matriculation into the USF College of Medicine or for participating in clinical rotations.

Itemized risks	Entity affected	Prevention strategy
Acute injury or life threatening event <ul style="list-style-type: none"> ▪ Cardiac event, stroke, syncope ▪ Slip, fall 	Patient, family member, committee member, volunteer, or cleaning staff	<ul style="list-style-type: none"> ▪ All volunteers are CPR/Basic Life Support certified or CPR/Advanced Care Life Support certified ▪ Contract with University Community Hospital for free emergency care if needed on Tuesday nights ▪ Gait belts will be used on patients with balance deficits
Spread of infection disease <ul style="list-style-type: none"> ▪ MRSA ▪ TB ▪ HIV/AIDS ▪ Influenza 	Patient, family member, committee member, volunteer, or cleaning staff	<ul style="list-style-type: none"> ▪ All volunteers have records indicating completion of up-to-date immunizations or titer for influenza, rubella, measles, mumps, TB, Hepatitis B, tetanus ▪ All volunteers are required to have proof of certification of HIV/Blood borne Pathogen Education ▪ Personal protective devices are used when in potential contact with bodily fluids (latex and latex-free gloves and face mask) ▪ Equipment is sterilized after each use, volunteers sanitize hands before and after each encounter
Adverse reaction or outcome to treatment <ul style="list-style-type: none"> ▪ Allergic reaction to 	Patient	<ul style="list-style-type: none"> ▪ See prevention strategy for “Acute injury or life threatening event” for immediate response strategy

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<p>latex, theraband, cleaning product</p> <ul style="list-style-type: none"> ▪ Cardiac event, syncope ▪ Slip, fall ▪ Musculoskeletal injury to joint mobilization, therapeutic exercise, or range of motion 		<ul style="list-style-type: none"> ▪ Liability coverage as outlined in Chapter 766 of the Florida Statutes ▪ Detailed patient history performed prior to initiating interventions ▪ Doctor of Physical Therapy class curriculum starting with year one covers relative contraindications and contraindications to initiating or continuing intervention ▪ Equipment is inspected for safety prior to use on every Tuesday night
<p>Malicious acts or crime</p> <ul style="list-style-type: none"> ▪ Vandalism ▪ Theft ▪ Assault 	<p>Patient, family member, committee member, volunteer, or cleaning staff</p>	<ul style="list-style-type: none"> ▪ Volunteers are asked to carpool to reduce number of vehicles at risk for foul play and to encourage use of the “buddy system” ▪ Physical therapy constitution outlines unacceptable behaviors related to malicious acts or crimes ▪ A paid security officer patrols the clinic site and parking lot from 5:30pm until close on clinic nights ▪ Cleaning staff locks up building at the close of each Tuesday night shift ▪ Therapy equipment is stored in a locked closet
<p>Breach of patient confidentiality and/or privacy</p> <ul style="list-style-type: none"> ▪ Unlawfully disclosing patient information ▪ Computer system hacking ▪ Filing system and patient record viewing ▪ Patient encounter visible or audible to public 	<p>Patient</p>	<ul style="list-style-type: none"> ▪ All volunteers are required to have proven certification of HIPAA Orientation ▪ Patient files are stored at the clinic in a locked filing cabinet; filing cabinet stays locked throughout shift and is only accessible by committee members who have a key ▪ Patient information and scheduling is kept on an online password protected site; access to this site is limited to committee members only ▪ Patient encounters occur in a private examination room; the door is kept closed during

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<p>Misuse of finances</p> <ul style="list-style-type: none"> ▪ Overspending ▪ Underestimating budget expenses ▪ Theft ▪ Personal or non-clinic related spending ▪ Failure to report or misuse of donations, fundraising, or sponsorship 	<p>Committee member, or volunteer</p>	<p>encounter</p> <ul style="list-style-type: none"> ▪ Committee member(s) dedicated to formulation of annual budget, prospected spending, finance acquisition strategies ▪ Appropriate behaviors associated with clinic funds outlined in physical therapy constitution ▪ Financial decisions are made collaboratively with treasuring/fundraising coordinators and clinic director(s) ▪ USF Foundation account approves purchases and fundraising events, and oversees clinic funds
<p>Loss of autonomy</p> <ul style="list-style-type: none"> ▪ Inability to recruit patients for direct access ▪ Loss of patient screening opportunity ▪ Patient discharge without interdisciplinary collaboration 	<p>Committee member or volunteer</p>	<ul style="list-style-type: none"> ▪ Established public relations and marketing dissemination plan in place for recruitment of physical therapy patients ▪ Well-functioning clinic flow established which provides time for physical therapy screenings; changes to clinic flow are made collaboratively with medical and social work steering committee members ▪ Well established inter-professional decision-making on patient care options and interventions
<p>Misconduct, wrongdoing, inappropriate behavior, misrepresentation of organization</p> <ul style="list-style-type: none"> ▪ Sexual misconduct ▪ Mistreatment based on race, ethnicity, religion, or sex ▪ Disrespect of community partners, co-workers, or valued supporters 	<p>Committee member or volunteer</p>	<ul style="list-style-type: none"> ▪ Appropriate behaviors of volunteers and committee members is outlined in the physical therapy constitution ▪ All volunteers and committee members are encouraged to familiarize themselves with the physical therapy constitution

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<p>Misuse of service venue (Hillsborough County Health Department)</p> <ul style="list-style-type: none"> ▪ Theft ▪ Vandalism ▪ Altering clinic layout ▪ Breaching restricted clinic areas ▪ Disrespect or maltreatment of cleaning staff 	<p>Committee member or volunteer</p>	<ul style="list-style-type: none"> ▪ Volunteers are reminded at each volunteer orientation and at the onset of each clinic shift of the appropriate behaviors and treatment of clinic venue ▪ Volunteers are not allowed to enter the clinic venue until doors are unlocked by a committee member ▪ Clinic members are not permitted to enter clinic venue until 5:30pm to ensure that Hillsborough County Health Department staff has completed their shift and exited the building ▪ Operations coordinators have the designated task upon clinic shift closing to double check that all equipment and clinic property has been left unchanged, cleaned, and in proper condition ▪ Cleaning staff has been made aware by Hillsborough County Health Department director of which rooms are to remain locked on Tuesday nights
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4.4 Marketing Strategies and Dissemination

4.4.1 Advertising

Thus far the clinic has invested in numerous forms of marketing that are of high value for the price paid. Because the organization is non-profit and has 501-c3 status, most materials were able to be purchased “tax exempt”, or at a reduced price. Materials bear the “BRIDGE” logo which includes the words “BRIDGE Healthcare Clinic” in an arc shape representing the theme of building a “bridge” connecting the university and community, and covering the gap in healthcare that is being addressed. At the bottom of the logo is the written form of the acronym BRIDGE which stands for “building relationships and initiatives dedicated to gaining equality”. In between the text is an image of three figures with linked hands; this represents the university, the community, and the corporate venue (Hillsborough County Health Department). The colors are “USF green and gold”, and white; this signifies that BRIDGE Healthcare Clinic’s proudly represents standards of reform and community outreach that the University of South Florida embodies on many levels.

Marketing materials designed and purchased thus far include business cards, brochures, web space, T-shirts, and lapel pins.

The business cards include the BRIDGE logo and contact information on the front, and appointment information space on the back. Contact information includes the address, phone number, email, and website. These cards are given to patients at the conclusion of their visit so they can write down the date and time of their next appointment on the back of the card. This is also meant to create a means to spread information about the clinic through “word of mouth”. Each committee member carries a number of business cards in their wallet at all times so that when dispersing information to community partners and potential patients they will have a tangible reminder to hand to the interested party.

The web space is privately hosted and paid for by clinic funds; it can be found at www.bridgehealthcareclinic.org. A link to this site can be found at on the USF Health homepage <http://health.usf.edu>, and the SPTRS homepage <http://health.usf.edu/medicine/dpt/ServiceLearning.htm>. By hosting the clinic website on these sites, information can be dispersed to a much larger group of potential volunteer and community partners. The website includes sections dedicated to clinic mission, contact information, clinic spotlight, a password protected site for shift sign-up, sponsors, donations, media & testimonials, links, medicine, physical therapy, social work, and directions.

The T-shirts are “USF green” and include the USF Health logo on the front left chest and the BRIDGE logo centered on the back. T-shirts are dispersed to all members from medicine, social work, and physical therapy who volunteer on the committee. Students are encouraged to wear their shirts regularly in order to incite conversation about what BRIDGE Healthcare Clinic is and how to get involved. These shirts are worn on campus, around the community, and even out of town. All locations that have exposure to this T-shirt are opportunities to spread the word about what USF has to offer the community and the students.

The label pins display the BRIDGE logo in “USF green and gold” and were made special in May 2008 at the first annual recognition banquet to present to committee members, faculty preceptors, and community partners. These pins are worn proudly by

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the students and faculty preceptors on their USF white coats. This promotes dispersion of information within the local healthcare community and to potential patients. Along with the lapel pins, BRIDGE Healthcare Clinic travel mugs were given out as well. Because these mugs are meant to be carried outside of the home, this method of information dispersion is another added way to reach the healthcare community, community partners, and potential patients.

Future methods of advertising include designing, printing, and dispersing flyers and/or brochures within the local community. Information dispersion will focus on local community centers and churches within the 33612 and 33613 zip codes. The committee would also like to have a radio highlight on local radio stations in order to reach potential patients that may not have access to view television spotlights, the website, or who do not regularly read local newspapers.

4.4.2 Public Relations

One of the first methods used to spread information about the clinic and to reach potential patients was at local health fairs. Three health fairs in particular brought in enough patients to establish a baseline of about 50 medical patients, about 30% of whom ended up being physical therapy referrals. There were also about 5 patients who were recruited from these health fairs as direct access physical therapy patients. The following are the three health fairs in which committee volunteers from both medicine and physical therapy attended in order to encourage community partnerships and disperse information to the local consumer:

- “Black Heritage Festival” Health Fair on January 13th, 2007 at Raymond James Stadium in Tampa, FL.
 - This event was co-sponsored with USF Health Service Corps and provided free blood pressure, blood sugar, and blood cholesterol screenings. Business cards were handed out to potential patients or people who knew of friends and family that may be eligible for care.
- “Day of Pampering” on Saturday October 4th, 2007 from 9am-3pm, with supervision provided by Community Health Advocacy Partnership (CHAP)
 - Co-sponsored along with USF Health Service Corps, this event was hosted at the University Area Community Development Center only a quarter of the mile down the road from the actual clinic. This event was devoted to increasing women’s health awareness about prevalent health issues such as breast cancer, diabetes, hypertension, and hypercholesterolemia. Women were invited to stop by the USF Health booth to receive free blood pressure, blood sugar, and blood cholesterol screenings and to view a tri-fold presentation about BRIDGE Healthcare Clinic.
 - Business cards were handed out, patients were screened for financial eligibility, and if eligible, their names were documented so that a clinic representative could call them to schedule an appointment.
- “University Fair” on Friday November 7th, 2007 from 6pm-9pm at the First University SDA Church in Tampa.
 - This event was co-sponsored with USF Health Service Corps and provided free blood pressure, blood sugar, and blood cholesterol screenings.

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Business cards were handed out to potential patients or people who knew of friends and family that may be eligible for care.

As previously written, BRIDGE Healthcare Clinic has contacted and been contacted by a number of media representatives with the focus of highlighting community involvement and to spread information about clinic services. Because the majority of our target population does not have access to advertising through the BRIDGE website and the USF Health and USF SPTRS websites, newspapers and television news are a promising alternative to disperse information. All media documents are included in the appendix of supporting documents. The entities covering news and information about the clinic are as follows:

- “A prescription for giving back”
 - October 2nd, 2007
 - Featured in St. Petersburg Times Newspaper written by Lane DeGregory
 - Storyline about the initial vision, development, and implementation of BRIDGE Healthcare Clinic by the four medical student founders
- “BRIDGE Healthcare Clinic to serve uninsured patients in university area”
 - October 2nd, 2007
 - Featured in the St. Petersburg Times Newspaper written by Anne DeLotto Baier
 - Highlights information about the clinic including location, hours, and services.
- “Aspiring Doctors offer free help”
 - October 3rd, 2007
 - Featured in the Tampa Tribune Newspaper written by Lenora Lake
 - Highlights a case presentation, information about the founders, and quotes from Hillsborough County Health Department Director Doug Holt. Also presents information on clinic location, hours, and services.
- “What’s Right: Student free clinic”
 - October 23rd, 2007
 - Featured on My Fox Tampa Bay - Fox 13 News
 - Video coverage of patient encounter and highlight of location, contact information, and services
 - <http://www.myfoxtampabay.com/myfox/pages/Home/Detail;jsessionid=E2436502E9F01C85189DA8A2E480B427?contentId=4719589&version=2&locale=EN-US&layoutCode=VSTY&pageId=1.1.1&sflg=1>
- “USF BRIDGE Clinic in spotlight as Crist signs health insurance bill”
 - May 21st, 2008
 - Featured on the USF Health News website filed under “Integrating USF Health”
 - Highlights clinic visit by Governor Charlie Crist who had recently signed a bill intended to provide affordable health care coverage to uninsured Floridians known as “Cover Florida”. Following the bill-signing ceremony, Florida Senator Victor Crist and Representative Arthenia

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Joyner presented a \$5,000 donation for the BRIDGE Healthcare Clinic from the University Area Community Development Corporation, Inc.

- “County recognizes student-run BRIDGE Healthcare Clinic”
 - Publicly televised meeting on September 4th, 2008
 - September 5th, 2008
 - Featured on the USF Health News website and filed under “Integrating USF Health”
 - Highlights recognition by Hillsborough County Board of County Commissioners of BRIDGE Healthcare Clinic as part of USF’s international recognition under the Carnegie Foundation for “Community Engagement”

There has been one article and one highlight written by student committee members. The highlight was written by BRIDGE Physical Therapy founder and director Andrea Parilak sDPT and focuses on describing the essential relationship between student committee members and faculty mentors. The article highlights Dr. William S. Quillen, Director of USF SPTRS, Dr. Janice Pitts, Faculty, and Dr. David Newman, Coordinator of USF Physical Therapy Center and Clinical Faculty. The highlight was featured for 3 months on the clinic website. This was meant to show appreciation to the clinic mentors and to encourage involvement from additional SPTRS faculty as mentors and/or preceptors. Medical co-founder and co-director Waldo Guerrero also wrote an article in the Spring of 2008 titled “Bridging Healthcare to the Underserved: An Analysis of University of South Florida’s Free Student Run Clinic”.

Lastly, in May 2008, clinic committee members planned and implemented the first annual “BRIDGE Appreciation Banquet” hosted at Moffett Cancer Center in Tampa, Florida on USF’s Campus. The clinic committee members strongly believe that in order to secure the sustainability of continual support from community partners, government officials, university personnel, and consumers there must be a form of public appreciation annually. The banquet included a dinner catered by a local restaurant, introduction speeches, a highlighted video to be hosted on the USF Health homepage, public appreciation and awards given to student committee members, faculty preceptors and mentors, and community partners including Governor Crist and Ted Couch of “The Couch Family Foundation” in Tampa, Florida. The banquet was concluded with a surprise donation of \$1,000 by a representative Governor Crist and recognition of the four medical founders. Awards included certificates and plaques. Gifts, which second as advertising materials, included BRIDGE lapel pins and travel mugs.

4.4.3 Personal Selling

Although personal selling has not dealt with any exchange of monies, the BRIDGE physical therapy committee has regular meetings with potential faculty preceptor and student volunteers. Certain meetings are dedicated to providing information about the clinic and recruiting volunteers, and other meetings are meant to orient volunteers to clinic flow and operations prior to their first shift.

Secondly, in September 2008, BRIDGE Healthcare Clinic was invited to a meeting of the Tampa Bay Board of County Commissioners to be recognized for its continued community involvement. At this meeting, clinic committee members were

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able to network with local healthcare professionals and legislative staff. This networking was a very important opportunity to “sell” the concept of the clinic in order to secure continuous support from the local government.

4.5 Marketing-related business goals:

- Through marketing and community outreach, within one year, BRIDGE Healthcare Clinic Physical Therapy will have recruited a minimum of twenty patients to receive “direct access” physical therapy care.
- Through evaluation of the “BRIDGE Healthcare Clinic Physical Therapy Patient Survey” completed by each patient, within one year the three most successful methods of information dispersion to the target population will be identified.
- Through personal selling, including volunteer and preceptor interest meetings and orientations, within two years BRIDGE Healthcare Clinic Physical Therapy will benefit from involvement of a minimum of 70% of the Doctor of Physical Therapy student body and 60% of the Physical Therapy academic and clinical faculty.

The complete “BRIDGE Healthcare Clinic Physical Therapy Patient Survey” can be found in the “Appendix of Supporting Documents Section”. This survey will be given to each patient at their initial visit and every sixth visit thereafter. Questions related to marketing include the following.

- How did you hear about BRIDGE Healthcare Clinic?
- What are the three best ways for you to receive information about BRIDGE Healthcare Clinic?
- How many people have you personally dispersed information about BRIDGE Healthcare Clinic to?
- What was your method of dispersing information about the clinic?

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4.6 Outcome Instruments

As with any business or organization, it is imperative to establish valid and reliable outcome measurement tools in order to establish a baseline, track and assess change trends, and develop methods for improvement. Without outcome measurement tools, BRIDGE Healthcare Clinic would most likely struggle with sustainability, procurement of grants, and patient satisfaction.

Patients have presented thus far with pathology relating mostly to the shoulders, cervical spine, lumbar spine, and knees. However, clinic volunteers have also treated a few patients presenting with pathology relating to the wrist and hands, ankles, and thoracic spine. Outcome measurement tools chosen have been formally tested for validity and reliability on all body parts treated thus far at the clinic. Below is a detailed description of each measurement tool, what it is used for, levels of validity and reliability, and scoring system. A copy of each measurement tool and corresponding research articles can be located in the appendix of supporting documents.

Outcomes are also based off of tracked clinic statistics indicating improved service to patients. Such improvements are demonstrated by an increased number of patients seen per clinic night, number of charged units donated per patient encounter, percentage of student and faculty volunteers involved, financial support from sponsors and donors, patient attendance rate, and improved transition between school semesters, leadership, and clinical rotations. A “patient satisfaction” survey has also been developed and is meant to be completed at initial visit and every sixth visit thereafter (about 2-4 times per year). This survey includes questions relating to interaction with students, interaction with preceptors, encounter duration/promptness, quality of care, compliance with home program, understanding of intervention and home program, and a comments section. This survey is translated into Spanish and there is an option to use a translator or have a committee member assist in completion of the survey if the patient is unable to for any reason.

4.6.1 Neck Disability Index (NDI)

Published by Howard Vernon in 1991, the NDI was the first instrument designated to assess self-rated disability in patients with neck pain; it was tested on subjects who had suffered whip-lash injuries. Currently, the NDI is the oldest, most widely used and most strongly validated instrument for assessing self-rated disability in patients with neck pain. As of 2007 it had been used in over 300 research studies and translated into 22 languages. The NDI has 10 sections each with levels of disability that correspond to a 0-5 rating system, high score being 50. Scoring is as follows: 0-4 = none, 5-14 = mild, 15-24 = moderate, 25-34 = severe, and over 34 = complete (referring to disability level). According to Vernon, 8 studies have reported test-retest reliability of the NDI between 0.90 and 0.93, and strong and well-documented convergent and divergent validity with other instruments used in the evaluation of patients and subjects with neck pain. Clinicians can also use a “minimum clinically important change” of 3 to 5 points in practice settings.

4.6.2 Oswestry Functional Scale for Low back pain

First developed by Fairbank in 1980, the Oswestry Low Back Pain Disability Questionnaire has been shown to be reliable and valid for use with patients with low back

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pain. Test-retest reliability reported by Fritz and Irrgang in 2001 was 0.90. Similar to the NDI, the Oswestry questionnaire is a self-administered form with 10 sections relating to activities of daily living and/or pain. Each section contains six statements and are scored on a scale ranging from 0-5, highest total score being 50 (100%). The “minimal detectable change” has been reported by a number of researchers (Fritz and Irrgang in 2001, Stratford et al in 1994, and Beurskens et al in 1996) ranging from 4-10 points. Scoring is as follows: 0-20% = minimal disability, 20-40% moderate disability, 40-60% severe disability, 60-80 crippled, and 80-100 bed bound or symptom magnifier. The form can be completed in about 5 minutes and takes about 1 minute to score.

4.6.3 Disabilities of Arm, Shoulder, and Hand (DASH) Questionnaire

The DASH was developed in the last decade and in 1999, the American Academy of Orthopaedic Surgeons along with the Institute for Work and Health published and published a User’s Manual for the outcome measure. The DASH is a 30-item questionnaire designed to evaluate “upper extremity-related symptoms and measure functional status at the level of disability”. The DASH includes items that cover activities related to symptoms, physical function, and psychological function. This is a great tool for patients who present to the clinic with a previously undiagnosed condition relating to the upper extremity. The questionnaire is thorough in nature and aids in the formation of functional goal setting.

4.6.4 Lower Extremity Functional Scale (LEFS)

Based on the World Health Organization’s model of disability, the LEFS is efficient to administer, score, and record. It is applicable to a wide variety of patients with lower-extremity orthopedic conditions, is applicable for documenting function on an individual patient basis as well as in groups, was developed using a systematic process of item selection and scaling, and yields reliable and valid measurements. The LEFS is a self-report questionnaire consisting of 20 items which are rated on a 5-point scale, from 0 (extreme difficulty/unable to perform) to 4 (no difficulty), and a total possible score of 80 (higher score indicates better function). The questionnaire was administered to 57 patients with a variety of orthopedic complaints. Binkley et al reported in a study in 1999 that internal consistency of the LEFS was $\alpha = 0.96$, test-retest reliability was $R=0.86$, there was a correlation between the LEFS scores and the SF-36 physical function subscale or $r = 0.80$. Binkley et al also concluded from this study that the capacity of LEFS to detect change in the lower-extremity function appeared to be superior to that of the SF-36 physical function subscale. The LEFS is a great measurement tool to use in the clinic to represent initial function, ongoing progress, and outcome as well as to aid in setting functional goals.

4.7 Discrimination

Discrimination of any type, including race, sex, religion, ethnicity, sexual preference, health, and educational realm, is not tolerated. If any person witnesses or is subject to discrimination, this should be brought to the attention of the director(s). A warning shall be given to this person after the first offense. If the person disobeys this rule a second time they will not be invited back to participate in the clinic.

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4.8 Sexual Misconduct

Sexual misconduct, including uninvited or unwanted sexually explicit comments, gestures, physical contact, or photographs, is not tolerated. If any person witnesses or is subject to sexual misconduct, this should be brought to the attention of the director(s). A warning shall be given to this person after the first offense. If the person disobeys this rule a second time they will not be invited back to participate in the clinic.