Clinical Operations Assessment

Prepared for:

NORTHERN NEVADA
Public Health

330Partners

330Partners

Thank you for selecting 330 Partners for your Clinical Operations Assessment.

We hope that you found our consultant team to be knowledgeable in their areas of expertise and our services to be of value.

At the end of this report, you will find additional information about 330 Partners and our services. We hope to assist you in the future!

Again, we thank you for the opportunity.

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Note

It is the nature of this type of assessment to identify and focus on issues that present some deficiency or opportunity for improvement rather than provide a myriad of examples of success and accomplishment resulting from services. While that is the case in this document, the Consultant must acknowledge that many Northern Nevada Public Health (NNPH) employees encountered during the assessment can be described as passionate about the organization's mission and understand that NNPH plays an essential role in the overall community safety net.

Executive Summary

City/Urban Health Departments are subject to a highly complex set of operating and clinical standards, are expected to serve high-need populations, and be good financial stewards of the resources entrusted to them by taxpayers while at the same time meeting the most pressing public health needs.

Northern Nevada Public Health (NNPH) recognized the need for a clinical operations assessment through NNPH's strategic plan priorities to address healthy lives, healthy environment, a local culture of health, impactful partnerships, organizational capacity, and financial stability.

330 Partners conducted the clinical operations assessment for NNPH Community and Clinical Services (CCHS) Division, which is included in the following pages, utilizing a mix of virtual and onsite NNPH supervisors, staff, and external stakeholder interviews/observations, physical NNPH clinic space reviews, employee feedback surveys, and an onsite employee focus group to make recommendations to increase efficiency and productivity while aligning with NNPH strategic priorities.

The CCHS Division displayed several strong program attributes throughout the assessment, which is reinforced by maintaining national accreditation through the Public Health Accreditation Board. This includes overall positive performance in the areas of Quality and Safety, 340B Pharmacy Program Integrity, and Data/Grants Management. Additionally, CCHS is working actively with staff to complete national interpreter certification and provides a robust employee recognition program. Throughout the process, the CCHS Division staff and management were open and engaging, expressing their commitment to NNPH, CCHS programs, and the clients that are served.

During the operational assessment, several overarching themes emerged as challenges in the current environment across all CCHS programs. These themes include communication (both formal and informal), training (documentation of processes), and organizational culture (including issues with administrative functions) – these are woven throughout the observations and feedback received during the assessment process.

Communication is challenging in any organization and is not a unique problem to NNPH. In any organization, when staff feel a lack of clarity and responsiveness, they can begin to assume meaning and relay incorrect information. Instead of fostering a partnership approach and encouraging collaboration and engagement, staff can perceive that their fears and needs are being "dismissed" simply by not participating in the communication chain. An overall organizational communication plan that outlines how information will be communicated throughout the CCHS Division is recommended to ensure staff feel a more effective line of communication exists between NNPH leadership, management, and teams.

Training is an essential component of any clinical system and was found to be inconsistent or lacking documentation of program processes in some CCHS departments. Developing, refining, and reinforcing knowledge, skills, and attitudes that create effective teamwork behaviors such as

communication, coordination, and collaboration are needed for team-based care. Enhancing the CCHS organizational training plan to encompass competencies in not only clinical and technical skills but also communication, situational awareness, leadership, role clarity, and coordination will provide a framework for all learners to apply across different settings and teams.

A strong organizational culture impacts the values and norms of an organization. It creates and supports the mission, vision, and values. The type of culture an organization has will influence its financial growth, internal communication, risk-taking, and innovation. At NNPH, some CCHS employees expressed a mismatch between the stated organizational culture and how employees view their needs and values being met by the organization. Throughout the assessment, different groups of CCHS staff expressed feeling underappreciated, an overall lack of teamwork between departments and clinic sites, perceived issues with pay, and, at times, not feeling "heard" by leadership. Promoting a culture of transparency with clear expectations, along with providing continuous feedback and offering recognition, will foster an environment that allows employees to be open and honest and provide staff with a feeling of belonging and security in their job roles.

Assessment Process

330 Partners was engaged by Northern Nevada Public Health (NNPH) to complete a clinical operations assessment for the Community and Clinical Health Services (CCHS) Division that would address some key questions:

1. Is the CCHS Division providing the services that are most needed in the community?
2. How can CCHS align services with staffing most efficiently to create sustainability?
3. Is there alignment with the current organizational structure of the CCHS Division and the services provided?

To address these key questions, the clinical operations assessment for NNPH consisted of several components:

- Virtual interviews with key program staff
- Virtual interviews with NNPH Community and Clinical Health Services Division Management Team
- An Employee Feedback Survey
- Employee Focus Group
- Onsite physical space review of each NNPH clinic/service line
- Onsite patient tracer activities
- Onsite interviews with program staff and managers
- Review of data provided by program management, including human resources and financial data
- Review of key NNPH documents, including the 2023 Northern Nevada Community Health Assessment, NNPH Strategic Plan, 2023 Washoe County Health District Employee Engagement Survey, the Health Equity Organizational Assessment and Plan, and Board of Health Reports
- Review of program-specific documentation, including policies and procedures, documented workflows, employee training handbooks
- Interviews with community stakeholders and collaborating agencies

The assessment process lasted approximately two months and only addressed NNPH's Community and Clinical Health Services Division. No assessment was completed for the other areas of NNPH listed on the current Health District organizational chart – the consultants understand additional assessments will take place for each Division at a later date.

The assessment was a combination of document review, virtual interviews completed prior to the onsite visit to each clinic site, an online employee feedback survey, a two-day onsite physical survey and assessment at each NNPH clinic site, and stakeholder interviews with community agencies. It is of note that the 330Partners consultant team was only privy to the information, staff, and clinic volumes assessed during the onsite visit to the NNPH clinics/programs. Therefore, the findings and recommendations included in this report are based on this limited view of the operational settings.

The data reports provided to the consultant team were used to formulate recommendations. In some areas, program data is not readily available or is very limited and/or tracked by multiple systems and hard to extrapolate. Standard reports that allow for volume tracking, revenue (grant

and fee-for-service), and other metrics would be helpful to obtain a better "snapshot" of the viability of some of the CCHS programs.

The report of current operations for each NNPH/CCHS Program/Service is described in the Observations by Program/Services section. These observations are structured into the following sections:

For each CCHS Program:
1. Clinic Management
2. Clinical Care Model and Delivery
3. Physical Space Layout
4. Documentation Systems/Electronic Health Record
5. Finance and Revenue
6. Providers and Staffing
7. Quality and Compliance
8. Risk/Liability, where applicable

Each program was assessed based on the services and programs that were operational at NNPH/CCHS as of the date of the onsite assessment (12/4/23-12/5/23). Through the assessment process, several key themes were discovered as areas affecting all the NNPH/CCHS programs and/or staff. These are addressed separately in the following sections but may also be included within the individual program observations.

STAFF FEEDBACK SURVEY

The Consultants developed and conducted a 24-question online Employee Feedback Survey that asked employees to evaluate various statements regarding the organization's overall culture and within their departments, identify barriers they face, and their perceptions of improvement opportunities.

In addition, NNPH employees were asked to identify the top 3 reasons they like working for the organization and the top 3 reasons they would consider leaving the organization, as well as provide "one thing that NNPH Leadership needs to hear." The full Employee Survey Results are included as an Appendix to this report.

114 NNPH employees, full-time and per diem staff, were provided the online link via email to complete the survey. Of the 62 NNPH employees that completed the online survey, 32% of respondents work in Sexual Health/Family Planning, 17% work in Immunizations, 11% work in WIC, 11% work in Chronic Disease and Injury Prevention, 8% work in Administration/Clerical, 6% work in the Tuberculosis Program, 6% in Disease Intervention, and another 6% identified as working in "other" departments. The response rate for survey completion was 54% for all staff, with an average time to complete the survey at approximately 11 minutes for each participant.

Overall, the survey results were generally positive when it came to employees working with their supervisor, interactions with co-workers, and the services provided by NNPH perceived as being needed in the community.

Based on the top five positive responses (deemed "positive" based on the respondents' level of agreement with statements as either "strongly agree" or "agree"), the employees believe they have clear job descriptions and received a good orientation and training program upon hire. In addition, they understand their program management structure, believe their work environment is generally safe and pleasant, and have access to their direct supervisor for assistance on a daily basis.

Based on the level of "disagreement" with certain statements, opportunities exist to improve the organization's ability to adapt to change and improve perceived inequities in treatment and internal communication gaps. In addition, the organization could also work to strengthen interpersonal relationships among employees by filling staffing positions more quickly, reviewing wage surveys, and investing in career planning, recognition programs, and professional development.

The most frequently used word/phrase in the survey to describe why staff like working at NNPH was "the work is rewarding." Additional positive words and phrases ("positive" as interpreted by the Consultant) included "flexible schedules/hours," "co-workers," "benefits," and "the mission of NNPH and my program services." All of these words complement the organization's stated values and positively differentiate it from other organizations.

Conversely, the most frequently used words and phrases used to describe the top reasons an employee would leave NNPH included "favoritism/lack of fairness." The most used words and phrases selected were "lack of professional opportunities for growth or advancement," "too much criticism and lack of support," "conflict with supervisors/management," and "job is too difficult, stressful, or demanding."

The survey question regarding "What could NNPH do differently to help you in your job?" garnered many of the same responses that employees listed as reasons they would leave the organization. These included increasing wages, reducing staff vacancy rates and turnover, increasing opportunities for advancement, addressing the morale of the workforce, and improving communication between supervisors/managers and programs.

The open-ended question asked, "What is the one item you want NNPH Leadership to hear from this feedback?" The word cloud graphic below visually demonstrates the one-word descriptions used for this response, giving greater prominence to words that appear more frequently in the survey.

STAFF FOCUS GROUP

From the information collected via the survey, a staff focus group was conducted to discuss the various issues brought forward by the CCHS team to obtain additional feedback and elicit ideas and solutions. The focus group was held during lunch hours at the main NNPH CCHS location, with 21 CCHS team members in attendance. The consultants had asked that at least one program staff member from each program/service line attend the focus groups, including per diem staff, and that no management staff attend so the group could discuss items more openly. During the focus group, the consultants focused on the specific feedback from the NNPH Staff Feedback Survey and asked participants to respond to questions about communication and culture. Respondents were also allowed to provide feedback via email or privately and were also told they could provide feedback beyond their responses to the focus group topics of communication and culture in the organization.

During the staff focus group, the following questions were asked:

<u>Communication</u>:

- When you started working at NNPH, how did you find out about the services and programs offered by the CCHS division?
- Provide an example of when you received excellent communication at NNPH.
- If you could change one thing about communication at NNPH, what would it be?

<u>Culture:</u>

- One word to describe the culture at NNPH.
- What are the key values that NNPH needs to compete and thrive?

The responses received were indicative of a Division (CCHS) that has some programs communicating very well while others do not receive as much information, creating a "silo" effect for those programs. The CCHS Division has put various modes of communicating information into place but does not currently have a formal plan for internal communication with teams across multiple sites and services/programs. Of note, several CCHS participants were meeting for the first time during the focus group and stated a desire to incorporate meeting each department/program to form a better understanding of all services in the Division. The participants expressed frustration over perceived inequities with NNPH leadership roles and program management. The focus group participants also voiced concerns with core administrative and human resources functions related to posting, hiring, and pay evaluation. The next section of the report will focus on these specific areas of concern that permeated both the staff feedback survey and the focus group discussions.

Communication, Culture
& Administrative Functions

COMMUNICATION

Throughout the course of the assessment process, from the beginning with virtual interviews with program management, the staff feedback survey and focus groups, and through the onsite assessment, refinement of internal communication was identified as a need within NNPH.

During onsite interviews with the team, it is clear that NNPH communication over the past several years has been outwardly focused due to COVID-19 emergency responses and the need for messaging related to communicable diseases and other larger campaigns for community needs. A dedicated team handles all external communications and is led by the Communications Manager. One item of note during the assessment process is the confusion of the name change from Washoe County Health District to Northern Nevada Public Health (NNPH). Several external stakeholders were not aware that the health district had officially changed its name.

For internal communications, CCHS currently utilizes an internal Sharepoint drive for staff resources, policies, and procedures that is organized by year. However, after speaking with several CCHS teams, the feedback was that some program policies or procedures have not been created, or staff are not aware that they are available. There is a staff intranet provided by Washoe County, but CCHS staff report the majority of the information does not apply or that the information provided has not been updated in a long time. Most communication with staff is handled through one-to-one interaction, emails, staff meetings (some required and some not), Microsoft Teams chats, and other methods. Of note are the bi-weekly virtual huddle meetings that have an average of 50 staff members in attendance. These meetings are recorded, and staff have the opportunity to watch the meeting at a later time, but it is not a requirement. Since attendance is not required and attendance is not tracked, if staff are not present or don't receive the information, this creates a void and a missed opportunity to connect with the overall CCHS team.

Staff further state that communication also depends on the individual program manager providing the information and that often, information can feel "siloed" to their department/services. The use of some communication tools, like Microsoft Teams, are not used across all programs, and staff in some programs report that regular team meetings often include clinical team members but not "all" members of the team, leaving out clerical or administrative team members.

Staff report wanting to feel connected to the overall CCHS team and wanting to support the vision of NNPH. Staff feedback surveys positively indicated that staff feel connected to their immediate supervisor and/or someone who can provide direction when needed. Focusing on long-term relationship rebuilding through consistent communication channels will be essential to creating a cohesive team structure across CCHS service sites and programs.

It is recommended that NNPH create an internal communications policy that outlines how communication will be provided by utilizing a combination of the communication methods already developed among teams, with a commitment to keeping all staff fully informed of the NNPH mission, vision and values, strategy, operations, and leadership decisions to promote effective communication throughout the organization. A sample internal communications policy is included as an Appendix to this report.

CULTURE

Organizational culture is the collection of values, expectations, and practices that guide and inform the actions of all team members. Culture affects all aspects of an organization, from punctuality and tone to contract terms and employee benefits. When workplace culture aligns with staff and teams, they're more likely to feel more comfortable, supported, and valued. Organizations that prioritize culture can weather difficult times and changes in the environment and become stronger.

Currently, when asked to define the culture at NNPH/CCHS in a few words, the staff responded during focus group sessions:

- "divided"
- "compartmentalized"
- "fragmented"
- "scattered"
- "disjointed"
- "too many changes"
- "not heard"

Per the Northern Nevada Public Health website, the mission is stated as "NNPH strives to improve and protect our community's quality of life and increase equitable opportunities for better health." CCHS services "focus on disease prevention, community and individual education, and wellness." During the employee focus group session, several staff members in the CCHS Division met each other for the first time and enjoyed the chance to connect and talk about their programs. The consultants asked those staff in attendance to state the mission of NNPH and the CCHS Division. Only one person from the group knew the mission statement and could provide both the CCHS focus and values. When asked about the strategic plan goals and connections to the Washoe County Community Health Assessment, many staff were unsure how these related. Simple actions such as providing an ongoing update to the strategic plan and CHIP activities via a Teams Chat channel, along with incorporating program orientation for new employees to the services and programs provided in each CCHS department, will build cohesion for staff connection.

Changing culture is not an easy task and can take anywhere from months to several years. The first step is to define the desired values and behaviors of NNPH/CCHS team members. Staff need to understand them and how they relate to their day-to-day behavior. Developing behavioral descriptors for each value and articulating how those translate into actionable behaviors at all levels – from front desk/check-in areas to middle management will be a baseline need.

Sharing the future vision of NNPH includes alignment with the work of the Community Health Assessment and CHIP, the FY24-26 NNPH Strategic Plan, and the Health Equity Plan will also help to strengthen the culture by making staff feel more in tune with the goals and objectives that have been developed and how they are contributing to the success of NNPH/CCHS.

Ensuring that the NNPH mission and values also line up with Human Resources processes, including hiring, performance management, compensation, and promotion of talent, will further demonstrate to employees that the culture is important and that they are being heard by leadership.

ADMINISTRATIVE FUNCTIONS

One of the consistent issues expressed throughout the assessment process is related to the posting, hiring, and onboarding processes at NNPH. Further issues were reported with pay equity, position titles, and inclusive language in job postings. These issues are complicated by the Korn Ferry report, in which several pockets of CCHS staff reported continued feelings of mistrust and frustration with leadership over how the results were disseminated and implemented.

For the NNPH Community and Clinical Health Division, there were several noted vacancies at the time of the onsite assessment (*source: CCHS organizational chart*). Of those employment vacancies, several have been vacant for well over one year, some of which are due to grant funding reductions. On average, vacancies for most positions can range from 4 months to one year. Vacancies are in different stages of posting and interviewing/hiring through NNPH/CCHS Human Resources and Washoe County processes.

The use of per-diem staff is evident throughout the CCHS Division, with many program managers reporting that they "could not provide services without using the per-diems." The use of an extensive amount of per-diem staff (40+ per-diem staff for all job classifications) creates a large administrative workload for tracking and scheduling staff to work on various days and at multiple outreach locations. Many of the per-diem staff are previous full-time, experienced NNPH/CCHS employees who have remained at NNPH/CCHS but can often bring challenges to the program teams by continuing perceptions of "how things used to be" and not participating in current team dynamics communication, and meetings. This disconnect creates frustration and confusion when processes change, but all team members are not aware of this due to the nature of their work schedules.

Currently, all hiring processes for NNPH/CCHS employees are handled through the centralized Washoe County Human Resources Department. The Program Supervisor will request to fill the position, which must be an approved/budget position, and then the Division Director must approve the request before the request is sent to Human Resources. The Fiscal Compliance Officer and Administrative Health Officer approve the position fill request, which is then routed back to Human Resources with final approval by the District Health Officer. While this process contains many steps and approvals, the average time to complete the process to fill an approved/budgeted position is one business week.

The requisition of the approved position is then listed in System Applications and Products (SAP) software, with the Washoe County Human Resources completing a review and providing an existing list of candidates (those who have applied for that position within the past three years) to the CCHS Program Supervisor. This process may take 5-10 business days. CCHS Program Supervisors or hiring Managers are required to contact any applicant to determine if there is still interest or a viable candidate. If no candidates remain after this initial review, Human Resources will open the position again for new recruitment, which can take up to a month to complete. There is no current policy regarding posting CCHS positions internally prior to external postings. Several current per diem CCHS staff expressed frustration over not posting these full-time positions internally first, as several would want to apply. Staff stated that if they are already employed as a CCHS per-diem staff member, they have to reapply for the full-time position posting.

Once a candidate is selected and reference checks are completed by the program manager, an offer of employment memo is sent to Human Resources, who routes the memo to the Fiscal Department for the hire. The offer letter is signed by the District Health Officer and then sent to

the new employee. However, according to program managers, they are required to offer the starting wage for the pay category of the position. Many feel that they have lost good candidates because of the inability to negotiate base pay rates. Further, the Korn Ferry report with recategorization of pay ranges has created what some existing staff see as pay inequities when new staff are hired and are making the same rate as existing staff who have been with NNPH/CCHS for multiple years. Program Managers state they focus on the benefits provided by NNPH/CCHS, which are described as "very good" and a way to offset the starting wage for new applicants.   However, in many cases, experienced candidates still decline offers of employment as they feel their years of service are not recognized. Benefits for new employees become active on the 91st day of employment, and all new employees are required to enter the medical insurance plan at the high deductible level for the first two years of employment. There are also two voluntary associations that NNPH/CCHS employees may join – the Washoe County Employees Association, which supports non-clinical team members and averages around 75% staff enrollment, and the Washoe County Nurses Association, which supports clinical team members (RN or APRN). Human Resources reports a good working relationship with both associations and feels there is a mutual understanding of the role of human resources and when association involvement or representation benefits the employee.

Retention of per-diem staff and the overall hiring process for NNPH team members should be reviewed for any areas to create less of an administrative burden on NNPH/CCHS Human Resources and the programs and services designed to support the Division. Barriers created in the hiring process only prohibit the ability of NNPH to further its goals to control and prevent disease, promote health and wellbeing across the lifespan, assure safe and healthy living environments, and conduct public health planning and policy development.

Additional administrative functions that should be reviewed and updated include the tracking of onboarding orientation and training provided to all NNPH/CCHS employees. Human Resources shared the New Employee Checklist for Supervisor, the listing of New Employee Onboarding Bridge trainings, a separate checklist that is covered/distributed during department new hire orientation, and an additional packet of information provided to benefited new employees. Per Human Resources, they only track the county-required Bridge trainings for new hires and the individual program supervisors/managers must track all other training and competency evaluations. All CCHS staff are responsible for reviewing all policies and procedures that are pertinent to their position and acknowledging their understanding when there is an update to the policy, whether it is a new policy or some others that are required to be reviewed annually. Competency and proficiency checks for some positions may be required at various intervals and are also tied to the employee's annual performance review. Of note, CCHS per diem staff do not receive an annual performance review but are required to complete any proficiency or competency testing required by the position. This creates a system in which program managers must develop and track information for a large number of both full-time and per diem employees to ensure all training and competency requirements are being maintained. Further, not providing an annual performance review to per diem staff does not provide a formal mechanism to engage the employee in a meaningful discussion about work performance and expectations.

Kudos to NNPH for their employee recognition program, Health Heroes. It has been active for a couple of years, and NNPH staff or clients can nominate a staff person, and they choose which core value/s the employee demonstrates. Core Values include Collaboration, Adaptability, Trustworthiness, Inclusivity, and Compassion. There is an employee recognition team that reviews all of the entries (with identifying information removed), and they choose the Health Heroes and the Honorable Mentions. The Health Heroes get swag, a certificate, and lunch and are recognized at the Board of Health meetings.

As part of the assessment process, the consultants spoke with external stakeholders to receive feedback on their interactions with the CCHS Division services of NNPH. The feedback received during the process came from several collaborating partners, including the University of Nevada/Reno School of Medicine, Safeway (Immunization Partner), Eddy House, Southern Nevada Health District, Northern Nevada HOPES (Ryan White and FQHC), Community Health Alliance (FQHC), and discussions with current Board of Health members.

These various stakeholders have interacted with NNPH/CCHS services in numerous ways, including through ongoing collaborative stakeholder meetings, immunization outreach clinics, sexual health/family planning outreach, referral partnerships, and through other community opportunities. All stakeholders reported positive connections with CCHS in these areas through shared activities, including state and local government policy relations and advocacy, cross-collaboration on programs and services – sharing resources and materials ("productive collaborators"), strong connections with academia, and being a phenomenal partner during COVID vaccination efforts.

Other positive efforts reported include flu clinics and immunization clinic outreach to address early childhood immunization needs to keep kids in school. However, several stakeholders reported that it has not always been visible to other healthcare providers in the area what clinical services are provided by NNPH and how NNPH/CCHS connects their patients to a medical home provider (if none exists for the patient) when they receive services at CCHS. Several stakeholders did not know that clinical services are provided by NNPH/CCHS – they report NNPH is seen as the "health department" (several didn't even recognize "NNPH" – the consultants had to clarify that it was "Washoe County Health District").

In identifying how NNPH can be an effective partner in the healthcare landscape of Reno, stakeholders offered the following suggestions for CCHS services:

- Do not provide direct patient services or consider contracting out those services to other healthcare providers – this creates a duplication of services in many areas. Instead, focus on screening patients who present for services and connecting them to care at one of the healthcare providers in the service area that serve uninsured and underinsured patients.
- Community Health Education/Outreach and connecting to care:
    - Mental health and substance use disorders; both adults and children
    - Communicable Diseases and STI
    - Childhood Immunizations
    - Human Trafficking
    - Maternal and newborn health
    - Continued COVID efforts and informing the city and healthcare systems/agencies on best practices
- Continue TB screening, prevention, and treatment.
- Be a convener:
    - Assist in finding gaps in services that are needed by residents and focus efforts on collaborating with others to fill those needs

- ▪ Planning for the next pandemic and focus on emergency response efforts to ensure capacity for the future.
- ● Reduce barriers to collaboration with external partners – grants/contracts signed and approvals more timely

The Board of Health (BOH) members interviewed report that communication and information from the CCHS team is reported very consistently. BOH members each reported being very "proud" of the work provided during the COVID pandemic and the massive efforts taken by the NNPH/CCHS team to not only provide mass vaccination events but the broader messaging that occurred along with providing messaging in multiple languages. BOH members also expressed the challenging nature of providing direct healthcare services to the community as there is increased demand and a lack of healthcare workers to fill that need. Discussions also included the current clinical services provided and how NNPH can be poised to address individual social determinants of health in an efficient and helpful way.

ENVIRONMENTAL SCAN

Environmental scanning is a process that surveys and interprets relevant data to identify external opportunities and threats that could influence future decisions. For this assessment, a SWOT analysis was developed. SWOT stands for strengths, weaknesses, opportunities, and threats. A similar review was likely used during the development of the overall NNPH strategic plan, although it may not have been focused only on the CCHS Division. The SWOT below is based on the information and data discovered during the clinical operations assessment process through discussions with both NNPH/CCHS staff and external stakeholders.

Strengths:
- Strategic Priorities and Goals of the current Strategic Plan
- NNPH is seen as a productive collaborator
- Staff are committed to the mission of NNPH and the patients they serve
- Division and Health District Leadership longevity
- National Accreditation
- Diversity, Equity, and Inclusion training program

Weaknesses:
- Korn Ferry report residual
- Staff morale
- Perceived lack of communication internally
- Lack of communication/branding externally
- Daily clinic workflow processes

Opportunities:
- NNPH CCHS Succession planning
- More data management dashboards to assist teams in understanding caseloads and other relevant CCHS program data
- Assist in collecting social determinants of health data and focus efforts on collaborating with others to fill those needs
- Collaborating agency connection to the Community Health Assessment and alignment with local healthcare systems

Threats:
- Staff turnover and morale
- Lack of clear communication regarding program/service changes
- Hiring processes, perceived pay inequity, staff development
- Continued pandemic response efforts
- Budget cuts/funding for Public Health

ORGANIZATIONAL CHART

The current organizational chart for CCHS (dated 1.1.24) outlines the Division Director with 8 Direct Reports; 6 direct report supervisors represent clinical services, and two direct reports include an administrative office supervisor and an administrative assistant. The span of control among clinical supervisors varies from 3 to 11 direct reports. Several supervisors provide support and supervision to multiple programs within the Division and/or serve in multiple Division roles. It was noted that many CCHS staff are also cross-trained to work in multiple programs or are in the process of being trained to take on additional roles. Many positions are also designated as a "I or II," which provides a path for advancement and Public Service Interns are utilized within the Division (a great recruiting tool). The current organizational chart provides the framework for the services provided by the Division and appears appropriate for the level of FTE staff and per-diem staff employed at the time of the assessment.

DATA MANAGEMENT

Data management is currently the responsibility of each Community and Clinical Services Division (CCHS) department/program, but it also includes financial data and management from the overall Health District. The agency has been utilizing an electronic health record (EHR), Patagonia, since 2017. It was noted throughout the assessment process that multiple information systems continue to be used and required by both federal and state systems and for grant funding purposes.   This often creates duplicative data entry requirements for staff involved in utilizing only specific parts of the EHR for telephone encounters, referral information, or other demographic data entry activities.

During the clinical operations assessment process, the consultants asked for specific day-to-day patient volume data for the programs and services currently provided in the Community and Clinical Services Division. The consultants worked with CCHS managers and supervisors to receive program and service-level data. The consultants reviewed program-level data via the Quality Metrics Dashboard, which effectively provides multi-year data for all CCHS programs related to patient volumes, outreach activities, and other data points. Family Planning/Sexual Health provided monthly data tracking with averages per day for the various disciplines in Family Planning/Sexual Health, including no-show rates and walk-in rates. Immunizations also provided data tracking for the number of immunizations provided by month and the location, along with outreach appointments/efforts.

Per the Quality Metrics Dashboard, for FY 2023, several of the service lines within CCHS – WIC, Sexual Health/Family Planning, Immunizations, and Disease Intervention (Public Health Investigations) have seen their patient volumes decrease since FY2021 from between 5-10%, on average. The Tuberculosis Program maintained an average of 7 active patients over the same period, while the HIV Program experienced growth with a 7% increase in patient volumes. Several program managers expressed concern over decreasing volumes and were evaluating strategies to provide greater patient access to services while also ensuring grant requirements are being met.

The consultants further interviewed the CCHS Fiscal Compliance Officer and billing staff at NNPH/CCHS to understand the current status of financial management for the programs and services within the CCHS Division. Billing for services is a complex task and is currently billed through Patagonia (currently only Family Planning/Sexual Health, Immunizations, and TB

services). Any claims denials are also handled by the same office and the same team of staff. Complex data management is required to ensure patients with specific program grant funding are billed separately (to the grant program) from non-grant patients. The billing team sends an average of 1,000 patient statements per month.   Gross billable revenue for CCHS services during FY2023 was reported to be $653,472.70, an increase of 10% from FY22. Currently, all billing revenue goes to the Health Fund to offset the costs of the CCHS Division. Specific grant funding by program and service line is tracked by the CCHS Fiscal Compliance Officer and CCHS individual program managers, who are also responsible for writing grants, completing grant reports, and working with the CCHS Fiscal Compliance Officer on budgets and grant spending. Program managers are also responsible for seeking additional grant funding to support programs and initiatives when there are budget shortfalls. The CCHS Fiscal Compliance Officer and Program Managers currently coordinate 20+ grants for the Division.

Additional program data received that contributed to the analysis within the clinical operations assessment is included and referred to within the current status of each CCHS program/service.

Sexual Health/Family Planning

Per the NNPH Website: The Sexual Health Program provides integrated response to sexually transmitted infections, including HIV, and unplanned pregnancies through education, treatment, and surveillance activities. Family Planning and Teen Health Mall services also provide pregnancy planning, contraception, and some women's health services.

Clinic Management

The Sexual Health/Family Planning programs are provided onsite at the 9th Street clinic location. The programs have been combined for clinical services delivery, and both have a Nurse Practitioner Supervisor and a Public Health Nurse Supervisor onsite for day-to-day management. Additionally, the Clinic Office Supervisor provides oversight to the office specialists/front desk functions for the program. The current organizational structure represents all three supervisor positions reporting to the CCHS Division Director. Communication, meetings, application of policies and procedures, and workflow changes occur at the program level.

Clinical Care Model and Delivery

Sexual Health and Family Planning services are clinically integrated at the clinic level. Advanced Practitioners (APRN) and Registered Nurses (RN) staff are integrated to provide services for patients presenting in the clinic for either need. A combination of full-time and per-diem staffing is used to maintain the posted clinic operating hours, with walk-in and same-day appointments available. Office Assistants/Medical Assistants are utilized to room patients, complete basic information for the visit, and set up the room for any needed procedures. Public Health Nurses are utilized for completing laboratory testing (wet mount preps), vaccine and medication administration, and any needed blood draws for testing.

The program provides core Title X family planning services and contraception in the form of LARCs, implants, emergency contraception, pills, condoms, etc. The program also provides sexually transmitted infection screenings for chlamydia, gonorrhea, Trichomonas, Syphilis, HIV, Hepatitis B and C, along with pregnancy testing, and refers patients for vasectomy services.

At the time of the onsite assessment, the consultant was not able to observe clients receiving services for Sexual Health/Family Planning as the patients scheduled for the day had no-show appointments.

Physical Space Layout

The office specialist (OS)/check-in space has been recently updated to house all OS staff for Sexual Health/Family Planning and Immunizations. Currently, the service delivery area is the largest pod within the clinic space, with patient exam rooms facing outward, a consult area, and lab spaces located within the internal area of the pod. PHN offices, Office Assistant, and APRN

offices are also located within the service area/pod. The Supervisors of direct clinical care are located in an adjacent space but not directly in the service area/pod. Based on current reported patient volumes, the current clinical space supports the number of patients seen on any given day.

Workflow

Workflow for the Sexual Health/Family Planning (SH/FP) Program was limited to staff interviews with staff providing services onsite. No actual patient visits were made for any of the programs or services listed. The consultant completed a patient tracer of the program, acting as a presenting SH/FP patient, in order to describe the workflow that was completed. Referrals can be made to the program, appointments can be scheduled, and same-day/walk-in appointments are available. *The same team is used for both service lines.* The workflow was observed as follows:

1. The patient enters 9th Street Clinic and meets with an OS to complete the check-in process and needed paperwork. The OS staff also creates the clinic superbill document and completes any needed financial paperwork, including Title X requirements.
2. OS enters information into Patagonia to register the patient if not already registered in the system. OS runs insurance eligibility, if applicable.
3. OS notes in Patagonia that the patient is ready, and Clinic Assistant (CA) retrieves the patient from the lobby area.
4. Clinic Assistant (CA) reviews symptoms and chief complaint with the patient, enters information in Patagonia, and completes consent forms. The CA is responsible for setting up the exam room for any procedures that will be completed by the APRN staff and completing the required urine pregnancy test.
5. APRN staff meet with the patient to review the reason for their visit, including medical history, allergies and medications, sexual history, and sexual practices; they may need to complete add-on testing - skin/mouth/rectum assessments and swabs and create orders. *Of note, the APRN in the clinic at the time of the onsite assessment stated that laptops are not used in the exam room and all documentation occurs after the visit.*
6. Should the patient require an immunization, blood work, additional assessments, or other laboratory procedure (wet mount prep), the patient is moved from the exam room to an adjacent area by the PHN. *Most communication regarding moving patients from room to room and lab results are communicated verbally or via Microsoft Teams.*
7. The PHN then provides education and required follow-up instructions. Medications are ordered in Patagonia and notification of needed meds is sent via Microsoft Teams to the Dispensing Technician in Training. The APRN verifies the medications along with printing and verifying the prescription label.
8. The patient is referred to a Public Health Investigator (PHI) for any positive STI results and any needed follow-up related to sexual partner notifications.
9. Patient may also be referred to one of the Community Health Workers (CHW) assigned to the SH/FP/STI programs. This is generally initiated by the APRN during the visit when any social determinant issues are identified; however, any CCHS staff member can refer a patient to the CHW team.

It was noted during the workflow assessment that only specific immunizations (*Human Papilloma Virus, Tetanus, Diphtheria and Pertussis, Flu, Hepatitis A&B (Twinrix*) may be given in conjunction with the SH/FP clinic services. All other requests for immunizations require the patient to make a separate appointment with the Immunizations Program (which is in the same clinic space).

Results Notification

- Results notifications are assigned to a clinical staff person on the SH/FP team daily. The staff person responsible records results from both the State Lab and Quest on the paper Daily Lab Log and enters the Quest results into Patagonia.
- If a patient has a reportable STI (chlamydia, gonorrhea, or syphilis), those results are printed from Patagonia and given to the Public Health Investigator (PHI) Team. The PHI then contacts the patient to schedule treatment.
- For all other positive results, the APRN reviews them and contacts the patient (the APRN or Clinic Assistant may contact the client after the APRN reviews the results).
  - The APRN reviews all Paps (negative or abnormal) and determines what follow-up is needed.
  - If patients need additional routine screening, they are contacted with when to follow up.

Community Health Workers

Community Health Workers (CHWs) are utilized to assist SH/FP patients with needs that may fall outside of the scope of a general clinic visit. Currently, two CHWs are assigned to support the program by providing patients with community resources, assisting patients with making needed appointments, providing transportation services directly or furnishing bus passes, and providing individualized plans for each patient to address social determinants of health. CHW staff also provide health interventions and conduct outreach in the community, along with creating social media posts for programs and services.

Moderately Complex CLIA laboratory

A moderately complex CLIA lab is onsite at 9th Street Clinic for the program to complete STI rapid testing, screening hemoglobin A1C, and wet mount preps/KOH via microscopy.   PHN staff are the only staff that can complete the wet mount preps/KOH.   Overall, SH/FP staff report positive relationships with both the State lab and Quest Laboratory, receiving most lab results back within 24 -48 hours. For Pap Smears, the average turnaround time is 24-72 hours, but can be up to one week if pathologist review or HPV genotyping is required. Mycoplasma Genitalia resulting is generally 3-7 days.

A valid CLIA certificate was displayed in the laboratory area, CLIA ID 29D0665552 with an expiration date of 2/2/25, along with the State of Nevada, Department of Health and Human Services, Division of Public and Behavioral Health registration as a Public Health Laboratory, license 1745-PHRL-18, with an expiration date of 12/31/24.

340b Medications

340b medications used for treatment in the SH/FP program come in bulk. The APRN verifies the medications along with printing and verifying the prescription label out of Patagonia. The current prescription labeling practice meets all the definitions required by the Nevada Board of Pharmacy for a dispensing provider. In Nevada (NAC 639.742(4), physician dispensing of medications can be delegated to a Dispensing Technician in Training (TDT) with certain requirements. The TDT requires 1500 hours of documented on-the-job training, which is

currently being managed by the ARPN team, which provides a log of hours. A medication protocol has been developed, and the team is also working on competency training for the TDT position. The position is currently being filled by a CA staff member.

The NNPH 340b Policy was reviewed by the consultant, along with the current 340b registration information for NNPH listed on the HRSA Office of Pharmacy Affairs Information System (OPAIS). All programs are listed as active within the database with several 340B ID numbers for each program:

- STD895201: The last recertification date for the program is 5/9/23. The Authorizing Official associated with the 340b site ID is Kevin Dick, and the Primary Contact is Kelly Verling.
- FP895207: The last recertification date for the program is 5/9/23. The Authorizing Official associated with the 340b site ID is Kevin Dick, and the Primary Contact is Kelly Verling.

The current NNPH 340b policy reviewed states that NNPH will bill Medicaid fee-for-service for the 340b medications dispensed for all programs. Per the CCHS Division Director, 340b medications are being billed to Nevada Medicaid appropriately at this time. An internal auditing process is completed quarterly to ensure medications are appropriately dispensed and tracked for NNPH patients receiving 340b medications. The organization maintains a 340B Oversight Committee and has outlined drug formularies for each program. Tracking of 340b medications, including transfers, are maintained using the Medication Error Dispensing Log, which tracks which 340b program medications are being ordered from and any errors that may need correction. Medical devices (LARCs) are currently ordered under 340b for stock and documented in the patient record, when received in the clinic setting. Staff monitor expiration dates, return expired items, and order stock as needed through the Clinic Procurement Coordinator.

The organization currently maintains 340b procurement accounts with McKesson and Cardinal for medications and supplies used in the SH/FP programs. The Clinic Procurement Coordinator places the orders for medications and supplies through the correct 340b vendor account utilizing an internal purchase order process for tracking.

Electronic Health Record

All SH/FP patient registration, corresponding telephone notes, and clinical information are documented in Patagonia, but also uses external databases for documentation and reporting. All billing for the SH/FP program occurs out of Patagonia.

Currently, there is a unidirectional lab interface with Patagonia for some of the state lab request results. There is no interface with Quest labs. Most laboratory results must be manually entered into the system.

It was also noted by the consultants that there is no current team of internal "super users" for Patagonia and that all updates/release notes for the software are sent to the CCHS team by the Washoe County IT department for review. No formal training plan exists; all program staff are trained/mentored by a staff person who is already employed at NNPH/CCHS.

Finance and Revenue

The grant revenue for Sexual Health consists of 3 grants totaling $643,148, and Family Planning consists of 3 grants totaling $1,612,181. It is of note that NNPH did not receive the anticipated amount of Title X grant funding for the Sexual Health program that has been received in the past. Current Title X funding ends as of 3/31/2024, but the county is using American Rescue Plan Act (ARPA) funding (even though $400,000 less per year than received in the previous Title X grant funding) to offset this loss at least through FY2026.

Laboratory testing is also billed out of Patagonia for both labs sent to the state lab and Quest. The only laboratory testing not billed is for Pap Smears (completed through Women's Health Connection - both the state lab and Quest directly bill these) and certain types of Medicaid (state lab only directly bills Medicaid).

Billing revenue exists for the SH/FP program, and for FY23, it was $375,098 for both programs. All billing is completed through Patagonia – the current billing must be split for grant funding. All billing denials for services are sent back to the APRN team for follow-up. Billing reports that the APRN team is very responsive and generally completes needed follow-ups within 48 hours.

Providers and Staffing

Per the last NNPH/CCHS org chart (dated 1.1.24), the Sexual Health and Family Planning Programs are currently staffed with a Nurse Practitioner Supervisor and a Public Health Nurse Supervisor onsite for day-to-day management, three full-time APRN staff and one per diem APRN, a Senior Public Health Nurse, 2 Public Health Nurses*, 4 clinic/medical assistants, 4 Community Health Workers (housed in this department, but work for various programs), and one office specialist. *The two PHN staff work part-time in Sexual Health/Family Planning with the rest of their time spent in the Maternal and Child Health Program/Fetal Infant Mortality Review (FIMR).

FY2023 data from the NNPH Quality Metrics Dashboard describes the SH/FP patient volumes - 4,030 patients were seen in the program between onsite clinic services and outreach. Program data for the department reveals that 77% of these visits included an APRN, and 23% of visits were with a nurse only. APRN providers had 10.6 appointments per day, with nursing averaging five visits per day between Sexual Health and Family Planning combined.   Management has reported that the goal for the APRN team is for 15 patients per day, per provider, with 30-minute appointment scheduling. The average no-show rate for FY23 was calculated at 26%, with a walk-in appointment rate of 32% for services, as patients are seen when they arrive, even if a previous appointment was missed.

Quality and Compliance

For the SH/FP Program, a consistent framework was found for policies, workflows, etc. Within CCHS, each program or service line has created its own version of documents, and some have created complex workflows and diagrams that clearly outline the services being provided. Some staff reported that workflows can change frequently, and due to the use of both full-time and per diem staff, information is not always communicated to all team members, which can cause frustration and confusion at times. While discussing workflows in the department, one staff person stated, "Everything always gets done, but it may be a little different each time." Communication of workflow changes was an area that several staff reported could use improvement.

Patient Satisfaction for the combined program is measured at regular intervals, with the most recent results listed below. Responses to questions are rated from 1-5, with the highest score or satisfaction rating at 5; scores indicate that patients are very satisfied with the program in the areas listed.

	Ease of making an appointment/I was able to get the services or help I needed	Provider was polite/The CCHS staff I interacted with were polite	Staff answered my questions/The CCHS staff I interacted with was knowledgeable	Provider clearly explained what I wanted to know/CCHS staff explained things to me in a way I could understand	Wait time/I was helped by CCHS staff in a timely manner
FP & STD n=102	**4.72**	**4.81**	**4.87**	**4.79**	**4.57**

Medical interpretation for office visits is provided onsite by Spanish-speaking staff. All of those patient-facing staff are currently completing online national interpreting certification; this includes the Office Specialists at the front desk, Office Assistants/Medical Assistants, and any other CCHS staff that have patient contact. For any other needed language support, the program utilizes a telephone language line for medical interpreting.

All Community Health Workers (CHWs) have completed the required state certification program. The CHW team reports that more program guidelines and policies around their work would be helpful, along with exploring additional skills/competencies that the team can gain to assist the clinic when out in the field connecting with patients.

The consultant also noted that few clinic directional signs (external and internal) were provided in Spanish language. Many forms and other patient educational materials were provided in Spanish language. The NNPH website also offers translation for Spanish, Filipino, and Chinese.

Risk/Liability

Throughout the onsite assessment, it was noted that all equipment utilized in the clinic was in good operating order and had been inspected by an outside vendor within the past year. Records of temperature logs for refrigeration, maintenance logs, and spore testing for the autoclave and other laboratory equipment were up to date. Medications and supplies were stored in locked and secured areas, and the Clinic Procurement Coordinator's office was secure with locked keypad access only.

Panic buttons are installed in exam rooms and other areas of the clinic space, with annual security training completed by the Director of Security (County employee). While completing the onsite assessment, the entire 9th Street clinic building was evacuated for a suspected fire/smoke issue, allowing the consultants to both participate in and observe the emergency management processes followed by the team.

Tuberculosis Prevention and Control

Per the NNPH Website: The Washoe County Tuberculosis Control Program is dedicated to controlling the spread of tuberculosis by ensuring effective treatment for persons with active TB disease, identification and treatment of persons exposed to someone with TB disease and persons with latent TB infection (LTBI) who are at risk of developing active TB disease. The TB program provides TB evaluations for newly arrived immigrants residing in Washoe County, persons with symptoms of TB disease and persons exposed to someone with TB disease.

Clinic Management

The Tuberculosis Prevention and Control Program (TPC) is provided onsite at the Kirman Street clinic location. The program has a Public Health Nurse Supervisor onsite for day-to-day management. This position also serves as the Quality Assurance Supervisor for the CCHS Division, with the position reporting to the CCHS Division Director. Communication, meetings, application of policies and procedures, and workflow changes occur at the program level.

Clinical Care Model and Delivery

TPC services are provided onsite at the clinic by three full-time staff members: a Senior Public Health Nurse II and two additional Public Health Nurse II staff members. A bilingual Office Specialist also provides support to the team by scheduling patients for appointments and follow-up, keeping paperwork updated and scanning documents, and providing translation services, as needed.

The program:

- Provides directly observed therapy (DOT) to persons with active TB disease
- Provides TB disease evaluation and consultation for clients referred by their physicians
- Identifies and tests persons exposed to someone with active TB disease (contact investigation)
- Evaluate new immigrants planning to reside in Washoe County for active TB disease
- Tests household members of new immigrants
- Evaluates symptomatic persons living in shelters
- Tests new group home residents referred by Washoe County Social Services
- Provides TB education to all persons residing in Washoe County
    - Provide Latent Tuberculosis Infection (LTBI) treatment to:
    - Infected contacts to active TB
    - Children under five years of age and members of their household
    - Immigrants and members of their household
    - Homeless persons
    - Former inmates who are homeless upon release from jail or prison
    - Persons with high medical risk for developing TB disease

The program team only follows patients who are uninsured and have no primary care provider or immigrants who arrive in the area with an abnormal chest x-ray. For those immigrants new

to the area who bring an abnormal chest x-ray from their country of origin, the program arranges an updated chest x-ray and confirmatory blood test.

Currently, the PHN II nurses provide direct observations of treatment (DOT) with plans to train a Community Health Worker in this role. The program also allows video DOT to be submitted from patients, which is reviewed daily and stored in the electronic health record. (*the consultant had the opportunity to view a video DOT for a current patient during the onsite assessment*)

At the time of the onsite assessment, the consultant was not able to observe clients receiving services for TPC, as the clients being served were not scheduled for office visits that day. TPC staff were on their way to complete a direct observation of treatment for a patient who had been non-compliant due to being unhoused.

Physical Space Layout

The Kirman clinic space is an older building adjacent to the local hospital, Renown Health, which provides excellent access to radiology services for TPC patients. However, due to the age and current condition of the building, Washoe County will be developing a new clinic site closer to the current 9th Street location. This new site will not be as accessible to the hospital for radiology needs but will provide an updated space and layout for TPC services.

Currently, the site houses three negative pressure rooms, a small lab and medication area, a lab storage area for offsite pick up, a shared nursing office, a Supervisor/Sr PHN shared space, the Office Specialist area, and a small lobby/waiting area.

Workflow

Workflow for the TPC Program was limited to staff interviews with staff providing services onsite. No actual patient visits were made for any of the programs or services listed. The consultant completed a patient tracer of the program, acting as a presenting SH/FP patient, in order to fully observe the workflow that was completed. Referrals are made to the program from shelters, clinics, state labs, refugee agencies, and other health care providers. The workflow was described as follows:

1. Referral is received by the Tuberculosis Control Program.

2. Once a referral is completed, the Public Health Nurse or other designee conducts outreach to the client to explain the process and set up an appointment.

3. An appointment is made for the chest x-ray (provided onsite at Renown Hospital) and lab testing for diagnosis.

4. After a positive diagnosis, the Public Health Nurse (PHN) will provide education and resources and schedule the Direct Observation Therapy (DOT) worker to bring the patient their daily dose of medication. The PHN will complete a home visit monthly to check in on the patient.

Currently, chest X-rays are available as needed and per the contract with Renown Health. The staff report a quick turnaround time in receiving needed reports.

Lab screening and testing are sent to Quest Labs or the State Lab for processing. The PHN reports that laboratory specimens sent to the Nevada State Public Health Lab (NSPHL) drop-off is completed by the Clinic Procurement Coordinator (or Office Specialist if there is an urgent need) and/or that Quest Laboratories pick up specimens daily. Results are generally received or available within 24 hours.

The PHN reports the current caseload for active TB patients in the program is six patients.

Results Notification

Once a patient is confirmed positive, the goal is to ensure treatment is completed to prevent the further spread of the disease. The PHN team completes clinic visits and home visits for newly diagnosed cases and collects sputum cultures as required. The team follows the majority of patients for a minimum of 6 months.

Community Health Worker

A Community Health Worker (CHW) has been assigned to the program to provide DOT services and address any needs that may fall outside of the scope of a general clinic visit. CHW can support the program by providing patients with community resources, assisting patients with making needed appointments, providing transportation services directly or furnishing bus passes, and providing individualized plans for each patient to address social determinants of health.   CHW staff also provide health interventions and conduct outreach in the community, along with creating social media posts for programs and services.

340b Medications

340b medications used for treatment in the TPC come in bulk and are usually received by the NNPH 9th Street location. The PHN Supervisor will transport medications to the TPC clinic. Occasionally, TPC may receive medications from the national stockpile. All TPC cases are reviewed by the Medical Director, Dr. Krasner, who will prescribe the appropriate medication regimen for patients. Patients are notified to come into the clinic, where the PHN will dispense or administer the medications depending on the specific regimen for the patient.

The NNPH 340b Policy was reviewed by the consultant, along with the current 340b registration information for NNPH listed on the HRSA Office of Pharmacy Affairs Information System (OPAIS). All programs are listed as active within the database with several 340B ID numbers for each program:
- TB895204: The last recertification date for the program is 5/10/23. The Authorizing Official associated with the 340b site ID is Kevin Dick, and the Primary Contact is Kelly Verling.

The current NNPH 340b policy reviewed states that NNPH will bill Medicaid fee-for-service for the 340b medications dispensed for all programs. Per the CCHS Division Director, 340b medications are being billed to Nevada Medicaid appropriately at this time. An internal auditing process is completed quarterly to ensure medications are appropriately dispensed and tracked for NNPH patients receiving 340b medications. The organization maintains a 340B Oversight Committee and has outlined drug formularies for each program. Tracking of 340b medications, including transfers, are maintained using the Medication Error Dispensing Log, which tracks which 340b program medications are being ordered from and any errors

that may need correction. Staff monitor expiration dates, return expired items, and order stock as needed through the Clinic Procurement Coordinator.

The organization currently maintains 340b procurement accounts with Cardinal for medications and supplies used in TPC program. The Clinic Procurement Coordinator places the orders for medications and supplies through the correct 340b vendor account utilizing an internal purchase order process for tracking.

Electronic Health Record

All TPC patient registrations, corresponding telephone notes, and clinical information are documented in Patagonia, but it also uses external databases (EpiTrax) for documentation and reporting. There is no billing for the TPC program.

Currently, there is a unidirectional lab interface with Patagonia for some of the state lab request results. There is no interface with Quest labs. Most laboratory results must be manually entered into the system.

It was also noted by the consultants that there is no current team of internal "super users" for Patagonia and that all updates/release notes for the software are sent to the CCHS team by the Washoe County IT department for review. No formal training plan exists; all program staff are trained/mentored by a staff person who is already employed at NNPH/CCHS.

Finance and Revenue

The grant revenue for the Tuberculosis Control Program is $108,947. The program only serves uninsured patients and does not bill for any services provided.

FY2023 data from the NNPH Quality Metrics Dashboard describes the TPC patient volumes - 7 patients were seen in the program.

Quality and Compliance

For the TPC Program, a consistent framework was found for policies, workflows, etc. Within CCHS, each program or service line has created its own version of documents, and some have created complex workflows and diagrams that clearly outline the services being provided. A Tuberculosis Exposure Control Plan (revised February 2020) was also reviewed.

Patient Satisfaction for the TPC is measured at regular intervals, with the most recent results listed below. Responses to questions are rated from 1-5 with the highest score or satisfaction rating at 5; scores indicate that patients are very satisfied with the program in the areas listed.

	Ease of making an appointment/I was able to get the services or help I needed	Provider was polite/The CCHS staff I interacted with were polite	Staff answered my questions/The CCHS staff I interacted with was knowledgeable	Provider clearly explained what I wanted to know/CCHS staff explained things to me in a way I could understand	Wait time/I was helped by CCHS staff in a timely manner

TB n=9	5.00	5.00	5.00	5.00	5.00

Medical interpretation for TPC office visits is currently provided through a telephone language line. For conversational calls, i.e. reminders for appointments, scheduling, etc., the Office Specialist is utilized. Per CCCHS, all patient-facing staff are currently completing online national interpreting certification, and this should include the Office Specialist at the TPC front desk.

The consultant also noted that few clinic directional signs (external and internal) were provided in Spanish language. Many forms and other patient educational materials were provided in Spanish language. The NNPH website also offers translation for Spanish, Filipino, and Chinese.

The consultant was present during a TPC team daily huddle and observed a tightly-knit team with great communication and teamwork!

Risk/Liability

Throughout the onsite assessment, it was noted that all equipment utilized in the TPC clinic was in good operating order and had been inspected by an outside vendor within the past year. Records of temperature logs for refrigeration, maintenance logs, and other laboratory equipment were up to date. Medications and supplies were stored in locked and secured areas.

Each negative pressure room had been inspected daily and recorded on the appropriate flow sheet. The negative pressure rooms also had alarms placed outside of each room with a color indicator of green or red to ensure the system was working appropriately. A posted Maintenance schedule for the negative pressure rooms and the entire clinic space included the replacement and maintenance schedule of all filtration and lighting used in the TPC clinic.

Of note for the TPC team is the issue of safety while in the field, attempting to make contact with patients and provide DOT. The team did not report any immediate safety issues and also stated that if there is a known concern, the team travels in pairs to ensure physical safety during outreach activities.

The Kirman Street clinic has panic buttons installed in the clinic exam rooms, with a bell/device in the hallway that will alarm in the event a panic button is activated in a clinic room. This alerts the remaining staff in the clinic of an emergency situation, to which they would respond and contact 911. The current panic buttons do not alert any outside security or law enforcement of an issue.

Disease Investigation Specialists/Public Health Investigators

Sexual Health Outreach and Investigations Mission: To promote and improve the sexual health of our community through teamwork, communication, and integrity.

Clinic Management

The Disease Investigation Specialists/Public Health Investigators (DIS/PHI) offices are located at the 9th Street clinic. However, much of the work is completed offsite. The program has a Public Health Supervisor onsite for day-to-day management. The current organizational structure represents the supervisor position reporting to the CCHS Division Director. Communication, meetings, application of policies and procedures, and workflow changes occur at the program level.

Clinical Care Model and Delivery

DIS/PHI services are completed by a team dedicated to providing epidemiological investigations, partner services, linkage to care, field-delivered therapy, and follow-up for clients known or suspected of having a reportable sexually transmitted infection (STI) such as gonorrhea, chlamydia, and provide HIV linkage to care. The team includes an Epidemiologist and a Public Health Nurse II along with 6 Disease Investigation Specialists/Public Health Investigators – 2 DIS/PHI are specifically assigned to HIV cases. An Office Specialist also provides support to the team by scheduling patients for appointments and follow-ups, keeping paperwork updated and scanning documents, and assisting with medical records requests and follow-ups as needed.

Currently, the PHN II completes all outreach for required offsite laboratory blood draws and, along with the Epidemiologist, provides follow-up on any positive syphilis cases for babies and pregnant mothers or neurosyphilis cases. The PHN II and/or the Epidemiologist also provide training and education to community agencies and medical providers to ensure reporting requirements are understood and followed. The Epidemiologist is also contacted with any unresolved complex cases or those that need additional attention.

The program also utilizes several per diem PHN to provide offsite STI screening and testing at community locations throughout the week. These sites include the local jail, senior centers, bathhouses, local community colleges, and other local non-profit agencies.

Physical Space Layout

The DIS/PHI team offices are adjacent to the SH/FP clinical area, with the team combined in several offices. PHI team members report this layout is beneficial, as the team is continually sharing data and information.

Workflow

Workflow for the PHI Program was limited to staff interviews at the 9th Street clinic with staff who were available and onsite during the assessment process. No actual patients were seen in the clinic interacting with PHI staff. Referrals are generally through the CCHS SH clinic but

may also be made to the program by other community health care providers. DIS/PHI completes all of the discovery work related to the case in collaboration with the PHN.

1. When a patient presents for STI testing, and a positive result is found, the SH team generally notifies DIS/PHI of the positive result. DIS/PHI staff report the majority of referrals for HIV services are external, from community partners.

2. The DIS/PHI reviews the clinical notes in Patagonia and attempts to make contact with the patient to discuss sexual history and risk information and what comes next, including contacting sexual partners. The goal is to have the patient complete treatment and contact sexual partners to get tested and/or notify them of exposure and offer Partner Services when appropriate. Contact requirements are as follows (as described by the team and outlined in the DIS priority grid):

    - Chlamydia = Contact within five days and 30 days for follow-up:
        o Phone call x 2
        o Text x 1
        o Email x 1
        o Flag chart as untreated
    - Gonorrhea = Contact within five days and 30 days for follow-up
        o At least three attempts via a combination of the following methods:
        o Phone call x 2
        o Text x 1
        o Email x 1
        o Social Media search
        o Flag chart as untreated and document in a contact record tab
    - Syphilis = Contact within five days and 60 days for follow-up
        o At least three attempts via a combination of the following methods:
        o Phone call x 2
        o Text x 2
        o E-mail x 1
        o Social Media search
        o Field visit(s) for untreated cases
        o Certified letter x 1
        o Intercept in the field (HOPES, jail)
        o Create contact log in Patagonia if there is a chance the person could present as a walk-in to NNPH/CCHS
    - HIV = contact all cases; Contact within five days and linkage to care within 30 days
        o Phone, text, email, social media, letters, field visits until found
        o Intercept in the field (jail, HOPES, community)

Staff report varying caseloads, which can be affected by their assigned provider and other factors (PHI I versus PHI II staff), but on average, each DIS/PHI is providing over 500 investigations per year for Chlamydia, Gonorrhea, and Syphilis infections. Staff report that those caseload burdens have been higher due to the increasing rates of Syphilis, which staff report is the hardest to successfully treat. Non-NNPH/CCHS cases are referred to the diagnosing provider for treatment, and if a case falls in a non-priority category (not listed above) – DIS/PHI notifies the partner of exposure and options for testing/treatment.

Partner Services

Partner Services is traditionally known as contact or disease investigation. These efforts solicit sex and needle-sharing partners of a confirmed case. Partner Services *are offered for cases meeting the following criteria:*

- *All NNPH tested chlamydia positive and gonorrhea index cases*
- *All HIV*
- *All Syphilis*
- *Pregnant cases*
- *18 and younger*
- *At the discretion of the Investigator*

Community Health Worker

Community Health Workers (CHW) have been assigned to the SH/FP/STI departments and are utilized to provide patient transportation, conduct outreach in the community (especially with no Health Educator position funded in STD or HIV), and assist with referrals for other services needed by a client. CHWs also deliver condoms to the community distribution sites.

Treatment Protocols

To receive treatment for positive results, patients are directed as follows:

- If they have tested with a community provider, the provider is asked to provide treatment. If they do not provide the treatment, if the patient does not want /are unable to receive treatment from the original provider, the patient is scheduled in SH/FP clinic for treatment.
- The PHN will complete treatment for syphilis or, gonorrhea, or one-time chlamydia in the field but cannot provide oral medications that need to be taken for multiple days. The pharmacy regulations allow for administering medication (injections or one treatment administration) but not dispensing, which is multiple days of taking meds. *All medications used for the program are 340b program medications and follow all guidelines as described in the Sexual Health/Family Planning section above.*
- Partner-delivered therapy is allowed for chlamydia and gonorrhea, however.

Electronic Health Record

All DIS/PHI patient registration, corresponding telephone notes, and clinical information are documented in Patagonia, but it also uses external databases (EpiTrax) for documentation and reporting. Files are also securely stored on the CCHS Sharepoint so that all DIS/PHI may access information, as needed, during the investigation process. There is no billing for the DIS/PHI program.

It was also noted by the consultants that there is no current team of internal "super users" for Patagonia and that all updates/release notes for the software are sent to the CCHS team by the Washoe County IT department for review. No formal training plan exists; all program staff are trained/mentored by a staff person who is already employed at NNPH/CCHS.

Finance and Revenue

The grant revenue for the Sexual Health Outreach and Investigations Program, which includes two grants for HIV Surveillance, is $432,243. The program does not bill for any services provided.

FY2023 data from the NNPH Quality Metrics Dashboard describes the DIS/PHI patient volumes, indicating 7,724 disease cases were investigated, a slight decrease from FY2021. HIV cases have increased by 67% from 36 reported in FY2021 to 54 cases in FY2023.

Quality and Compliance

For the DIS/PHI Program, a consistent framework was found for some workflows, training schedules, a DIS priority grid, mission and values with performance measures, etc. Within CCHS, each program or service line has created its own version of documents, and some have created complex workflows and diagrams that clearly outline the services being provided. During interviews with DIS/PHI staff, it was reported that more policies and procedure information would be helpful with onboarding and training. Some felt they had not received adequate information, which caused them to have a lot of questions regarding appropriate procedures.

Three members of the DIS team are bilingual and are in the process of completing the national interpreting certification course. If they are not available, Community Health Workers and clerical staff are asked to assist via a Microsoft Teams chat dedicated to these requests. For languages other than Spanish, a language line is used for interpretation.

The consultant also noted that few clinic directional signs (external and internal) were provided in Spanish. Many forms and other patient educational materials were provided in Spanish language. The NNPH website also offers translation for Spanish, Filipino, and Chinese.

Risk/Liability

Of note for the DIS/PHI team is the issue of safety while in the field, attempting to make contact with patients and/or partners. The team did not report any immediate safety issues and also stated that if there is a known concern, the team travels in pairs to ensure physical safety during outreach activities.

Women, Infants, and Children Program (WIC)

Per the NNPH website, the Northern Nevada Public Health WIC program provides nutritious foods, nutrition education, breastfeeding/chest-feeding support, and referrals to health and other community resources for eligible participants.

Clinic Management

WIC services are offered primarily at two locations. The main locations are at the 9th Street Clinic and the South Reno Clinic on West Moana Lane. The team also provides virtual support to referrals from Incline Village Community Hospital. NNPH's two primary WIC locations have a Registered Dietician Nutritionist on-site for day-to-day management.   The current organizational structure represents RD's position reporting to a Public Health Supervisor. Communication, meetings, application of policies and procedures, and workflow changes occur at the program level.   In addition to an RD, the 9th Street office has 4 FT team members. At the South Reno location, in addition to the RD, 3 FT team members with 1 one position currently vacant.

Physical Space Layout

A WIC office is conveniently located on the ground floor of NNPH at the 9th Street office. There is a dedicated check-in window for WIC clients. The South Reno WIC location is on the ground floor of an office building in a suite with direct access to the outside.

Workflow

Workflow for the WIC Program included observation of incoming calls, in-person eligibility verification, and staff interviews at the 9th Street and South Reno locations. No in-person visits were observed onsite at the 9th Street location. The services rendered described by the WIC Team include (per WIC Program guidelines): Nutrition education, Breastfeeding education, Distribution of Breastfeeding supplies, and Connection to community resources

WIC services are initiated via client preference, referral, or office location. The workflow was described by staff as:

1. WIC staff meet with clients to determine needs. Appointments and walk-ins are accommodated. Virtual appointments are also offered and available for clients who prefer not to come into the facility. Clients may also submit a questionnaire online via the NNPH website to have a WIC staff contact them for enrollment, questions, etc.

2. New clients seeking WIC benefits meet with a staff member. The client intake is completed. If needed (per WIC guidelines), a follow-up appointment with a Registered Dietician Nutritionist may be required.

3. The intake requires that a height and weight be obtained on all children. This requirement may be satisfied by bringing the child into the WIC office or by providing a recent doctor's note with this data.

4. The enrollment process is then completed electronically by the WIC team via the state software program. Benefit determination can be completed at the time of the client's visit if the client has all the documentation to complete the enrollment process. If the client does not have the necessary documents, the required documents can be emailed or brought to the location to complete the application.

5. WIC staff then provide clients with the appropriate method to access benefits.

At the time of the on-site assessment, the WIC team was completing the department's activities both in person and virtually. At the 9th Street office, the consultants did not witness any visits or enrollments. However, incoming calls were being answered, and information about WIC was provided. At the South Reno location, the consultants observed a team member virtually meeting with the client via phone. There was also a client that came into the location to initiate an enrollment. Incoming calls were also observed and addressed by the team. The RDs state that the schedule is busy and that they are able to keep up with the demands for getting clients seen per WIC guidelines.

Electronic Health Record

WIC staff do not have access to the EHR and do not document in the system. They utilize the required WIC program software to submit applications for benefits.

Finance and Revenue

The grant revenue for the WIC Program FY 2023 is $1,356,413. The program does not bill for any services provided.

FY2023 data from the NNPH Quality Metrics Dashboard describes the WIC volume at 3,385, a slight decrease from FY2022.

Quality and Compliance

For the WIC Program, a consistent framework was found for workflows, training schedules, mission and values with performance measures, etc. Each location complies with the standards set by WIC service locations.

Interpretation services for WIC are provided through a telephone language line and/or bilingual staff. Per CCCHS, all patient-facing staff are currently completing online national interpreting certification.

The consultant's observation regarding signage: At 9th Street, signage for WIC services is visible and well-positioned. Hours of operation are posted. At the South Reno Location: Signage on the monument sign outside the building and the door of the suite to the clinic are visible and marked with hours of operation. There is free parking available just outside the door to the ground-floor suite. Wheelchair accessibility is present but must be accessed from the back of the building with an entrance through a side door to the office building. Clients then ring a bell at the exit (back door) of the WIC office to gain entry.

Patient Satisfaction for the combined program is measured at regular intervals, with the most recent results listed below. Responses to questions are rated from 1-5 with the highest score or satisfaction rating at 5; scores indicate that patients are very satisfied with the program in the areas listed.

	Ease of making an appointment/I was able to get the services or help I needed	Provider was polite/The WCHD staff I interacted with were polite	Staff answered my questions/The WCHD staff I interacted with was knowledgeable	Provider clearly explained what I wanted to know/WCHD staff explained things to me in a way I could understand	Wait time/I was helped by WCHD staff in a timely manner
WIC n=62	**4.81**	**4.85**	**4.91**	**4.84**	**4.73**

Risk/Liability

The WIC program team did not report any immediate safety issues, and none were noted at the time of the visit.

Consultants were able to view the intake and meeting spaces for encounters with clients. There are adequate options to meet with clients in a private setting if the client expresses HIPAA or confidentiality concerns.

Immunizations

Per the NNPH website, the Immunization Program promotes public health by reducing vaccine-preventable disease (VPD) through education, community outreach, policy development, subject matter expertise, and immunization delivery, with an emphasis on collaboration with community partners.

Clinic Management

The Immunization Program office is located at the 9th Street clinic. The program has a Public Health Nurse Supervisor and a Sr. Public Health Nurse onsite for day-to-day management. The current organizational structure represents the supervisor position reporting to the CCHS Division Director. Communication, meetings, application of policies and procedures, and workflow changes occur at the program level.

Clinical Care Model and Delivery

Immunization services are provided onsite by 2-3 Public Health Nurse III staff, depending on patient volume. The program also includes around 20 per diem nursing staff to assist with services both in the clinic and immunization sites in the community. The Office Specialists also provide support to the team by scheduling patients for appointments and follow-up, keeping paperwork updated and scanning documents, and providing translation services, as needed.

The program:

- Immunizations are provided Monday – Friday, 8 am-430 pm.
- Appointments are scheduled. If/when needed, additional schedules will be opened to accommodate patient demand. Walk-in will be accommodated if the schedule permits.
- Serves children with Medicaid or uninsured patients.
- Supports the VFC program review process by providing two nurses to conduct the compliance reviewing and training related to VFC for approximately 50 community providers.
- Provides case management of prenatal Hep-B patients
- Works closely with the school to improve vaccination compliance
- Connects patients to primary care providers
- Collaborate with community organizations to provide vaccination events. (Often staffed with per diem nurses).

Physical Space Layout

The office specialist (OS)/check-in space has been recently updated to house all OS staff for Immunizations and Sexual Health/Family Planning. Currently, the service delivery area is adjacent to the Sexual Health/Family Planning Clinic. PHN offices, Office Assistant, and APRN offices are also located within the service area/pod. The Supervisors of direct clinical care are located in an adjacent space but not directly in the service area/pod. Based on current reported patient volumes, the current clinical space supports the number of patients seen on any given day.

<u>Workflow</u>

1. The office assistant will check the state immunization database for the patient to determine what is needed.

2. The office assistant provides information to the Immunization Nurse to draw up vaccines needed, and a superbill is created to bill for services.

3. Immunization nurse meets with parents/guardians and children or, if adult, the adult patient, to discuss what they will receive and the visit and provides education.

4. Immunization nurse provides vaccines and gives educational handouts (VIS documents)

5. OA adds information to the state database after a visit is complete and immunization is provided. OA provides updated immunization records to parents/guardians at the time of the visit and upon request.

6. The superbill is then forwarded to Billing for processing.

<u>Electronic Health Record</u>

The Immunization team states that they document office encounters in Patagonia as well as on paper. They also use EpiTrax to report communicable diseases and Web IZ to update the state database records. Immunization records are available for clients online or by in-person pick up at the 9th Street office location. New protocols and policy updates are placed in a binder for nurses to review and sign off on.

<u>Finance and Revenue</u>

The grant funding for the Immunization Program for FY2023 is $2,300,973, and the billing revenue is reported at $273,639.

FY2023 data from the NNPH Quality Metrics Dashboard describes the immunization program volume at 12,433, a decrease from FY2021 and FY2022 (likely due to decreased COVID vaccinations), with 1,946 immunizations provided in offsite locations.

<u>Quality and Compliance</u>

Patient Satisfaction for the combined program is measured at regular intervals, with the most recent results listed below. Responses to questions are rated from 1-5 with the highest score or satisfaction rating at 5; scores indicate that patients are very satisfied with the program in the areas listed.

	Ease of making an appointment/I was able to get the services or help I needed	Provider was polite/The WCHD staff I interacted with were polite	Staff answered my questions/The WCHD staff I interacted with was knowledgeable	Provider clearly explained what I wanted to know/WCHD staff explained things to me in a way I could understand	Wait time/I was helped by WCHD staff in a timely manner
IZ n=38	**4.7**	**4.85**	**4.92**	**4.75**	**4.8**

The Public Health Nurse Supervisor reports that all vaccines have standing orders. The program also conducts annual compliance training for all new and existing nurses. The program also has an extensive Immunization Protocol Manual, which outlines all vaccines provided by the program.

The consultants observed that documentation for the immunization program is available in both English and Spanish.

Risk/Liability

Immunization Errors: If there is a mistake with an immunization administration, the immunizing nurse will notify their supervisor and inform the patient to complete an incident report. There is a needlestick injury policy for the program and an injury report form with a Bloodborne Pathogen Exposure reporting form. The organization utilizes safety syringes along with pre-filled syringes, where available/applicable. The Bloodborne Pathogen training reviews safety information and encourages all staff to ensure they have completed training before using any new safety device.

Vaccine refrigeration documentation was complete and up to date, with no noted issues with temperature ranges on the logs reviewed. The agency also has a backup generator for vaccine refrigeration in the event of a power outage.

The team did not report any immediate safety issues, and none were noted at the time of the visit.

Chronic Disease and Injury Prevention (CDIP) [also Get Health Washoe]

Per the NNPH website, this resource was designed as a road map and a resource for people who want to live healthy lives and reduce the impact of chronic disease in the community. The Program focuses on the modifiable risk factors of tobacco use and exposure, lack of physical activity, and poor nutrition. In recent years, the focus has been expanded to include injury prevention and responsible cannabis use, including eliminating secondhand cannabis smoke exposure.

Clinic Management

The Chronic Disease and Injury Prevention program is managed by the Public Health Supervisor, who also oversees the WIC program.

The program has two health education coordinators who support the program's initiatives. One Coordinator focuses on Nutrition and Physical Activity and the other Coordinator focuses on Injury Prevention and Tobacco/Responsible Cannabis Use. Each coordinator has two health educators on the team. The focus of the program is on education, advocacy, and awareness. Outreach for the team is conducted by per diem staff who work to educate the communities on the initiatives within the program

Model and Delivery

Per the NNHP website, CDIP focuses on policy, systems, and environmental changes rather than individual behavior change strategies. CDIP strives to achieve health equity by eliminating health disparities and achieving optimal health for all Washoe County residents. CDIP services are not billable.

Initiatives and Programs in CDIP

> **5210 Healthy Washoe** works with communities to create environments that support healthy choices in everyday settings, including schools, healthcare offices, and workplaces. 5210 Healthy Washoe was adapted from Let's Go! and is a simple guideline with the following message: 5 or more servings of fruits & vegetables per day, two or fewer hours of screen time, 1 hour or more of physical activity and 0 sugary drinks per day.

> **Fuel Up Healthy, GO!** is a program for elementary school classrooms that promotes healthy behaviors, focusing on the importance of healthy eating and being physically active. This FREE program takes very little class time and is open to all kindergarten-5th grade classrooms in the Washoe County School District.

> **The Healthy Corner Store Initiative, Grab Healthy,** is a new program designed to help small markets improve the health of their community by stocking and marketing healthy food into neighborhood corner stores. The program currently has four stores utilizing it.

> A healthcare educator collaborates with local convenience stores to sell fresh produce and provide resources for nutrition education in the community. Health educators also

collaborate with local vending companies to educate on providing healthy options in vending machines.

Be Tobacco Free which focuses on**:** Smoking Cessation, Smoke Free Housing**,** No Smoking Signs**;** Tobacco Free Workplace**;** Tobacco Information for Medical Providers; and information on Smoke Free and Vape Free Outdoor Events

Injury Prevention programming for Unintentional falls among Seniors; Suicide prevention, and Fatal drug overdose/Poison Prevention

Electronic Health Record

The CDIP program staff do not have access to the EHR and do not document in the system. They maintain separate documentation to meet the metrics and requirements of the grant.

Finance and Revenue

The grant revenue for the CDIP program FY 2023 is $578,801. The program does not bill for any services provided.

Quality and Compliance

For the CDIP Program, a consistent framework was found for workflows, training schedules, mission, and values with the grant performance measures.

Risk/Liability

The CDIP team did not report any immediate safety issues, and none were noted at the time of the visit.

The consultants were able to complete a visit to one of the Healthy Corner Store Locations of the program. The CDIP program funding had provided a Window Cling depicting healthy fruits and vegetables, which replaced tobacco advertisements. The consultants interviewed the shop owner, who was very excited to talk about their involvement with the program. The owner explained how they had worked with CDIP to make accommodations on the market shelves and the refrigerated case for produce and healthy food options. The market also had the 5210 Healthy Washoe sticker logo displayed on the entry door.

Communication

Throughout the course of the assessment process, beginning with virtual interviews with program management, the staff feedback survey, and focus groups, and throughout the onsite assessment, communication was identified as an opportunity at NNPH.

- Create an internal communications policy that outlines how communication will be provided by utilizing a combination of communication methods among teams, with a commitment to keeping all staff fully informed of the NNPH mission, vision and values, strategy, operations, and leadership decisions to promote effective communication throughout CCHS.

- Continue to administer an annual employee engagement survey and share the results with an action plan with the staff. Ensure questions address employee preferences and need for communication.

- Create NNPH services by location informational sheets for each CCHS program and ensure new staff feel connected to the services provided at their primary work site through employee orientation.

- Investigate the use of an employee intranet (within the County's current system) to share information and post events and updates specific to CCHS. This space could also house forms, policies and procedures, and other static information that CCHS employees access

Culture

Recentering the culture to align with expectations is critical to the overall success of CCHS.

- Continue work with Foundational Diversity, Equity, Inclusion, and Cultural Competency (DEICC) Training at all staff levels.

- Ensure CCHS policies and procedures are updated and implemented consistently throughout the organization.

- Define the desired values and behaviors of NNPH/CCHS team members. Staff need to understand them and how they relate to their day-to-day behavior. Develop behavioral descriptors for each value defined and articulate how those translate into actionable behaviors at all levels.

- Create a "living document" that sits on the NNPH network that will provide regular quarterly updates on NNPH strategies and goals, upcoming workforce development opportunities, and staff recognition plans.

- District Health Director "chat" – quarterly virtual updates from the District Health Director with an open forum for questions

Human Resources

Throughout the assessment process and in every program visited, staff and managers reported wait times and frustrations in the hiring process at NNPH.

- Strategize with Washoe County Human Resources on ways to improve the hiring process for CCHS, specifically in regard to:
    - Per Diem staff wishing to transition to full-time postings
    - Requirements to offer experienced, professional staff the minimum wage offering for a position

- Investigate, create, and implement career ladders for staff development at all levels, including management/future leadership. This work has started with the Senior PHN job title as a way to provide succession planning for future transition to Program Manager and create span of control.

- Consider systems to centralize training documentation and tracking for all CCHS employees; some are tracked by Human Resources and others are tracked by program managers

- Evaluate the most effective utilization of CCHS Per Diem staff and incorporate a revised annual performance review

Finance and Data

- Expand on program-level dashboards that provide real-time data on current caseloads, referrals, visit volume, etc. Several programs and services do not track basic referral data, so teams do not know if they are missing any referrals for patients who need CCHS services.

- Ensure all billing is completed for 340b medications, laboratory testing, provider services, and administration fees for vaccine administration.

- Explore capacity to bill Community Health Worker services to Nevada Medicaid plans.

- Investigate the current billing process for charges that are adjusted on patient accounts at the time of service but then are reinstated when a patient returns to services anytime in the future.

Electronic Health Record

- Evaluate overall usage of EHR for agency

- Evaluate the customization process of EHR to identify ways to eliminate duplicative data entry processes.

- Evaluate the use of EHR Super User staff teams or specialists within CCHS to support staff daily.

- Develop a useful reporting module in EHR for supervisors and managers to use for tracking program and service line metrics on a daily/weekly basis.

<u>**Quality and Compliance**</u>

- Service signage at NNPH Clinic sites did not provide information in multiple languages to represent the populations served at clinic sites.

- Staff Safety protocols should be reviewed at each site with teams. Further review of the effectiveness of the panic buttons in the SH/FP/TPC program should be reviewed, including the use of other devices (panic lanyards) should be explored.

- Staff Safety protocols for outreach staff should be reviewed and included as training in each NNPH/CCHS program protocols.

- Evaluate the use of an evidence-based social determinants of health (SDOH) screening tool for all patients.

<u>**Programs and Services**</u>

Key questions to be addressed for overall programs and services for the assessment included:
- Is the CCHS Division providing the services that are most needed in the community?
- How can CCHS align services with staffing most efficiently to create sustainability?
- Is there alignment with the current organizational structure of the CCHS Division and the services provided?

Based on the 2022-2025 Washoe County Community Health Assessment (CHA), the top three ranked areas of need include 1) mental health, 2) access to health services, and 3) social determinants of health. Continued areas of concern expressed in the report include an increase in new infections of chlamydia, gonorrhea, and syphilis, increasing rates of homelessness, a lack of improvement in child (ages 1-19) mortality rates, and low vegetable consumption for adults and adolescents. Based on this data, CCHS is providing some of the needed services identified as ongoing community gaps in the CHA. Some of these have been provided directly by NNPH/CCHS and/or have been provided in collaboration with other agencies.

However, to address the sustainability of current services, it was clear during the assessment process that several programs and services provided by CCHS were not at full capacity. Programs are operating within current grant guidelines and requirements, and billable services are being completed. Overall, there are low-cost healthcare providers located close to NNPH/CCHS clinic sites that provide some of the same clinical services and can connect patients to a primary care medical home and mental health treatment.

To determine which clinical services and programs NNPH/CCHS should be providing, NNPH/CCHS should first define those services required or mandated by Nevada laws, local ordinances, or federal public health requirements. It is recommended that

NNPH/CCHS create a priority budget process and consider providing direct services for those required mandates, within the constraints of current grant funding and grant contract cycles. NNPH/CCHS should also explore potential collaborative relationships to provide clinical services in a lower cost structure while maintaining the quality of clinical services.

- Utilize a systematic Priority Budget Process Matrix to identify the programs and services NNPH/CCHS is required to provide by mandates, council resolutions, or other factors, such as being the only provider for the service.

- Using the Priority Budget Process Matrix, determine which services will be provided directly by NNPH/CCHS or if there are other service provider arrangements that can provide the same (or similar) service under contract, either onsite or at other locations.

- Using the Priority Budget Process Matrix, create a clear plan with target deadlines (based on budgeted grant funding cycles and service obligations) for any selected programs or services.

- After identification of any service or program changes, target the development of relationships and meetings with identified service providers to begin discussions of contracting for services or transitioning services via referral processes.

As mentioned in the Environmental Scan section of this report, the current CCHS organizational chart provides the framework for the services provided by the Division and appears appropriate for the level of FTE staff and per-diem staff employed at the time of the assessment. However, as any service programs, grant funding, and revenues are evaluated as above, an updated organizational chart to reflect any proposed changes would be needed.

SH/FP Services
- Review current program to re-align staffing needs and program expectations based on current volumes.

- Evaluate the most effective workflows for changing to an "open access" model of care.

- Review patient workflow to create a more patient-centered approach to services, i.e. take services to patient in the room

- Evaluate provider workflow for EHR; use dictation software for chart completion

- Evaluate and refine the use of Community Health Workers.

- Create a plan to address staff safety concerns regarding panic buttons and emergency situations in the clinic space.

TB Control Program
- Evaluate current organizational structure and align staffing needs and program expectations with current patient volumes.

- Evaluate supervision structure - PHN Supervisor and Senior PHN positions

- Evaluate the current use of Community Health Worker as DOT worker and the responsibilities of a position to include additional duties.

- Ensure the current Office Specialist completes the online national interpreter certification process.

Disease Investigation Specialists/Public Health Investigators
- Evaluate and refine the use of Community Health Workers in the program

- Ensure policy and procedures are clearly defined and accessible to the team

- Create a plan to address staff safety concerns regarding personal safety while providing services in the community.

Immunizations
- Evaluate patient volumes for various types of vaccines/services provided

- Evaluate timing of clinics based on volume data and referral data (not currently tracked)

- Evaluate immunization inventory, including costs to maintain and expired/wasted immunizations

- Evaluate appropriate opportunities and outlets for service delivery in the community

WIC
- Evaluate current organizational structure and openings to align staffing needs and program expectations with current patient volumes.

- Evaluate opportunities to improve/increase service utilization, client convenience, and satisfaction.

- Review current productivity by clinic location and allocate resources to the busiest sites.

- Ensure the current Office Specialist completes the online national interpreter certification process.

Chronic Disease and Injury Prevention
- Evaluate current organizational structure to ensure staffing aligns with program expectations.

- Ensure the current Office Specialist completes the online national interpreter certification process.

Workplan Development & Alignment
NNPH Strategic Plan/Priorities and Goals

Communication

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Create an internal communications policy that outlines how communication will be provided by utilizing a combination of communication methods among teams, with a commitment to keeping all staff fully informed of the NNPH mission, vision and values, strategy, operations, and leadership decisions to promote effective communication throughout CCHS.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1					
Continue to administer an annual employee engagement survey and share the results with an action plan to the staff. Ensure questions address employee preferences and needs for communication.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1					
Create NNPH services by location informational sheets for each CCHS program, ensure new staff feel connected to the services provided at their primary work site through employee orientation.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1					
Investigate use of an employee intranet (within the County's current system) to share information and post events and updates specific to CCHS. This space could also house forms, policies and procedures, and other static information that CCHS employees access	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1					

Culture

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Continue work with Foundational Diversity, Equity, Inclusion and Cultural Competency (DEICC) Training at all staff levels.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.3.2 and 5.3.3					
Ensure CCHS policies and procedures are updated and implemented consistently throughout the organization	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1					
Define the desired values and behaviors of NNPH/CCHS team members. Staff need to understand them and how they relate to their day-to-day behavior. Develop behavioral descriptors for each value defined and articulate how those translate into actionable behaviors at all levels.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.2					
Create a "living document" that sits on the NNPH network that will provide regular quarterly updates on NNPH strategies and goals, upcoming workforce development opportunities, staff recognition plans.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.2					
District Heath Director "chat" – quarterly virtual updates from the District Health Director with an open forum for questions	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.2					

Human Resources

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Strategize with Washoe County Human Resources on ways to improve the hiring process for CCHS specifically in regard to: oPer Diem staff wishing to transition to full-time postings oRequirements to offer experienced, professional staff the minimum wage offering for a position	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.2/District Goal 5.3.1					
Investigate, create, and implement career ladders for staff development at all levels, including management/future leadership. This work has started with the Senior PHN job title as a way to provide succession planning for future transition to Program Manager and create span of control.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.2					
Consider systems to centralize training documentation and tracking for all CCHS employees; some are tracked by Human Resources and others are tracked by CCHS program managers	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.1					
Evaluate most effective utilization of CCHS Per Diem staff and incorporate a revised annual performance review	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.1/District Goal 5.3.3					

Finance & Data

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Expand on program-level dashboards that provide real-time data on current caseloads, referrals, visit volume, etc.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.2					
Ensure all billing is completed for 340b medications, laboratory testing, provider services, administration fees for vaccine administration	NNPH Strategic Plan Priority 6: Financial Stability/District Goal 6.1.3					
Explore capacity to bill Community Health Worker services to Nevada Medicaid plans	NNPH Strategic Plan Priority 6: Financial Stability/District Goal 6.1.3					
Investigate current billing process for charges that are adjusted on patient accounts at the time of service, but then are reinstated when a patient returns to services anytime in the future.	NNPH Strategic Plan Priority 6: Financial Stability/District Goal 6.1.2					

Electronic Health Record

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Evaluate overall usage of EHR for agency	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.3					
Evaluate customization process of EHR to identify ways to eliminate duplicative data entry processes.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.3					
Evaluate the use of EHR Super User staff teams or specialists within CCHS to support staff daily	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.3					
Develop useful reporting module in EHR for supervisors and managers to use to track program and service line metrics on a daily/weekly basis.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.3					

Quality & Compliance

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Service signage at NNPH Clinic sites did not provide information in multiple languages to represent the populations served at clinic sites.	NNPH Strategic Plan Priority 1: Healthy Lives/District Goal 1.2.1					
Staff Safety protocols should be reviewed at each site with teams. Further review of the effectiveness of the panic buttons in the SH/FP/TCP program should be reviewed, including the use of other devices (panic lanyards) should be explored.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.1					
Staff Safety protocols for outreach staff should be reviewed and included as training in each NNPH/CCHS program protocols	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.1					
Evaluate use of an evidence-based social determinants of health (SDOH) screening tool for all patients	NNPH Strategic Plan Priority 4: Impactful Partnerships/District Goal 4.4					

Programs & Services

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Utilize a systematic Priority Budget Process Matrix to identify the programs and services NNPH is required to provide by mandate or council resolutions.	NNPH Strategic Plan Priority 6: Financial Stability					
Using the Priority Budget Process Matrix, determine which services will be provided directly by NNPH/CCHS or if there are other service provider arrangements that can provide the same (or similar) service under contract, either onsite or at other locations.	NNPH Strategic Plan Priority 6: Financial Stability					
Using the Priority Budget Process Matrix, create a clear plan with target deadlines (based on budgeted grant funding cycles and service obligations) for any selected programs or services.	NNPH Strategic Plan Priority 6: Financial Stability					
After identification of any service or program changes, target development of relationships and meetings with identified service providers to begin discussions of contracting for services or transitioning services via referral processes.	NNPH Strategic Plan Priority 6: Financial Stability					

Sexual Health Family Planning

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Review current program to re-align staffing needs and program expectations based on current volumes.	NNPH Strategic Plan Priority 6: Financial Stability					
Evaluate most effective workflows for changing to an "open access" model of care.	NNPH Strategic Plan Priority 1: Healthy Lives/District Goal 1.2.1					
Review patient workflow to create a more patient-centered approach to services, i.e. take services to patient in the room	NNPH Strategic Plan Priority 1: Healthy Lives/District Goal 1.2.1					
Evaluate provider workflow for EHR; use of dictation software for chart completion	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.3					
Evaluate and refine the use of Community Health Workers	NNPH Strategic Plan Priority 1: Healthy Lives/District Goal 1.3.2					
Create a plan to address staff safety concerns regarding panic buttons and emergency situations in the clinic space.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.1					

Tuberculosis Control Program

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Evaluate current organizational structure and align staffing needs and program expectations with current patient volumes.	NNPH Strategic Plan Priority 6: Financial Stability					
Evaluate supervision structure - PHN Supervisor and Senior PHN positions	NNPH Strategic Plan Priority 6: Financial Stability					
Evaluate current use of Community Health Worker as DOT worker and responsibilities of position to include additional duties.	NNPH Strategic Plan Priority 1: Healthy Lives/District Goal 1.3.2					
Ensure current Office Specialist completes online national interpreter certification process.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.2					
Evaluate and address staff safety in the TB Control Program	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.1					

DIS

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Evaluate and refine the use of Community Health Workers in the program	NNPH Strategic Plan Priority 1: Healthy Lives/District Goal 1.3.2					
Ensure policy and procedures are clearly defined and accessible to team	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.2					
Create a plan to address staff safety concerns regarding personal safety while providing services in the community	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.1					

Immunizations

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Evaluate patient volumes for various types of vaccines/services provided	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.2					
Evaluate timing of clinics based on volume data and referral data (not currently tracked)	NNPH Strategic Plan Priority 1: Healthy Lives/District Goal 1.2.1					
Evaluate immunization inventory, including costs to maintain and expired/wasted immunizations	NNPH Strategic Plan Priority 6: Financial Stability					
Evaluate appropriate opportunities and outlets for service delivery in the community	NNPH Strategic Plan Priority 1: Healthy Lives/District Goal 1.2.1					

CDIP

| Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Evaluate current organizational structure to ensure staffing aligns with program expectations	NNPH Strategic Plan Priority 6: Financial Stability					
Ensure current Office Specialist completes online national interpreter certification process	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.2					

WIC

Action Steps/Objectives	Strategy Alignment	Primary Staff Responsible	Secondary Staff Responsible	Timeline	Resources	Additional Information
Evaluate current organizational structure and openings to align staffing needs and program expectations with current patient volumes	NNPH Strategic Plan Priority 6: Financial Stability					
Evaluate opportunities to improve/increase service utilization, client convenience, and satisfaction.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.3					
Review current productivity by clinic location and allocate resources to the busiest sites.	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.5.2					
Ensure current Office Specialist completes online national interpreter certification process	NNPH Strategic Plan Priority 5: Organizational Capacity/District Goal 5.1.2					

Appendix

Employee Survey Results
Employee Focus Group Summaries
Sample Communications Plan

# Q1 Please provide your current work location/department

Answered: 62   Skipped: 0
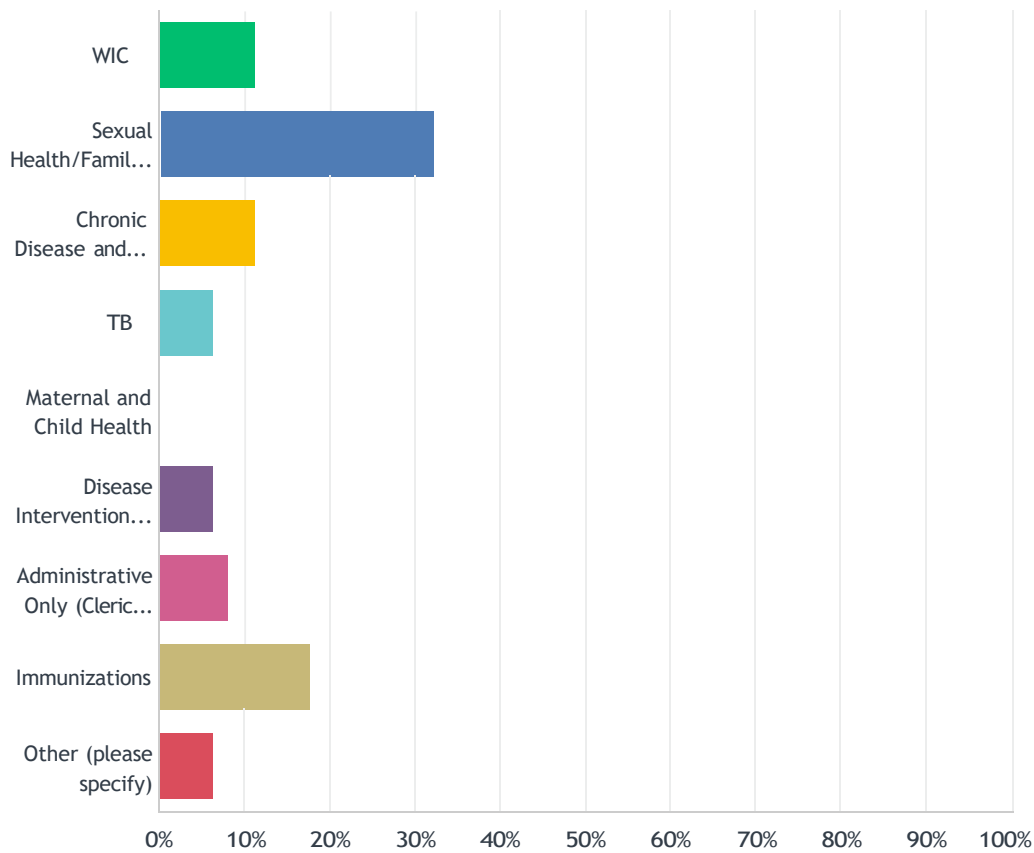
ANSWER CHOICES	RESPONSES	
WIC	11.29%	7
Sexual Health/Family Planning	32.26%	20
Chronic Disease and Injury Prevention	11.29%	7
TB	6.45%	4
Maternal and Child Health	0.00%	0
Disease Intervention (DIS)	6.45%	4
Administrative Only (Clerical, Office Assistant, Billing, Human Resources, etc.)	8.06%	5
Immunizations	17.74%	11
Other (please specify)	6.45%	4
TOTAL		62

Q2 Availability of a clear job description for your position

Answered: 62   Skipped: 0
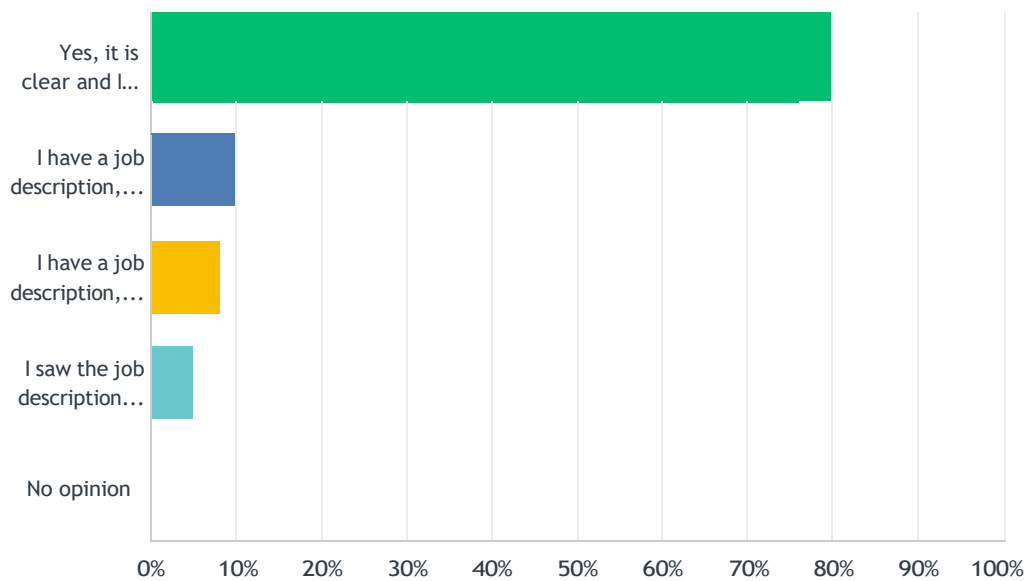
ANSWER CHOICES	RESPONSES	
Yes, it is clear and I understand all aspects of my position	75.81%	47
I have a job description, but I am still trying to understand my responsibilities	9.68%	6
I have a job description, but it does not reflect the work I do each day	8.06%	5
I saw the job description when I was hired, but otherwise, I don't really know what it says.	4.84%	3
No opinion	1.61%	1
TOTAL		62

Q3 My orientation to NNPH was timely and complete, both for the overall general orientation and the orientation to my specific workplace and/or program.
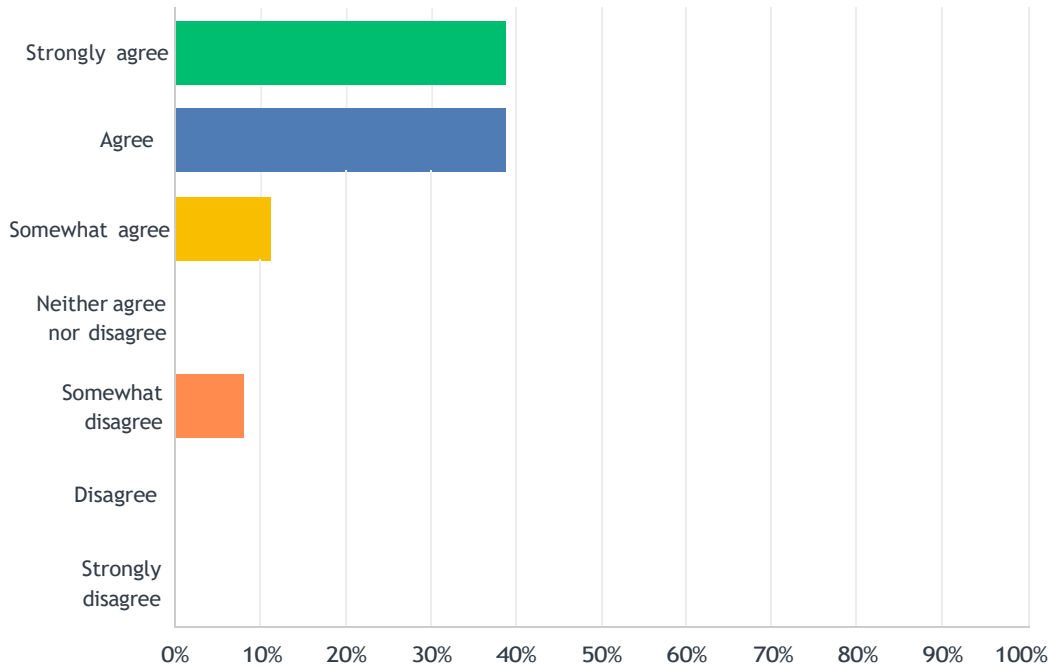
Answered: 62   Skipped: 0
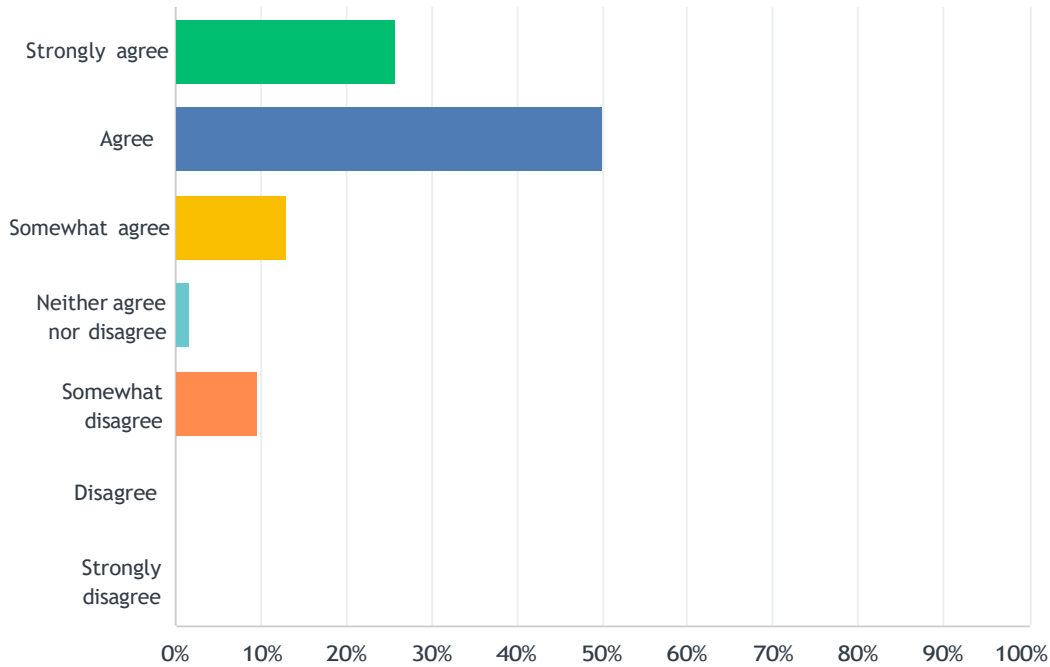
ANSWER CHOICES	RESPONSES	
Strongly agree	25.81%	16
Agree	50.00%	31
Somewhat agree	12.90%	8
Neither agree nor disagree	1.61%	1
Somewhat disagree	9.68%	6
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		62

Q4 I received sufficient training when hired and have ongoing training opportunities that allow me to perform my job well.
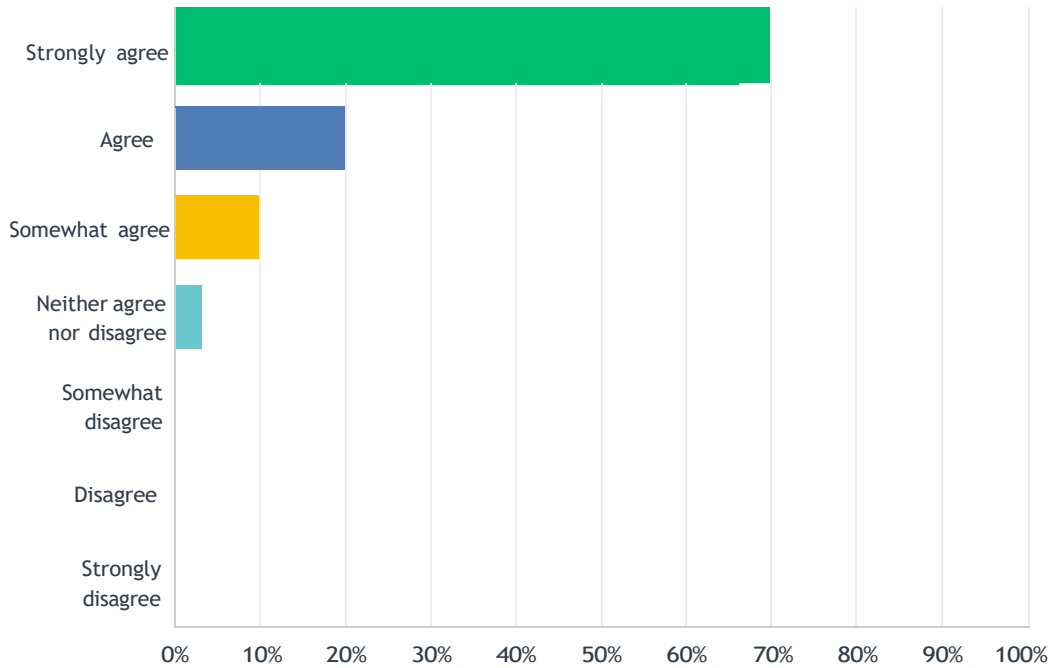
Answered: 62   Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	38.71%	24
Agree	38.71%	24
Somewhat agree	11.29%	7
Neither agree nor disagree	1.61%	1
Somewhat disagree	8.06%	5
Disagree	1.61%	1
Strongly disagree	0.00%	0
TOTAL		62

Q5 I have access to a supervisor to answer my questions (in a timely manner) and to assist me in carrying out my job duties.
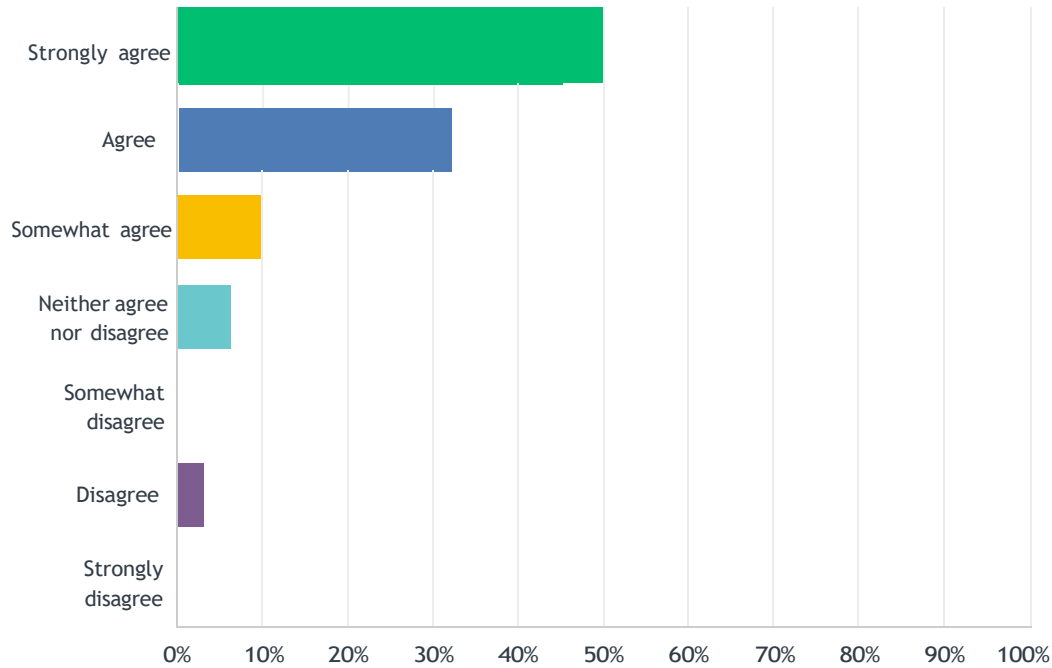
Answered: 62   Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	66.13%	41
Agree	19.35%	12
Somewhat agree	9.68%	6
Neither agree nor disagree	3.23%	2
Somewhat disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	1.61%	1
TOTAL		62

## Q6 I receive feedback and evaluation in a timely manner regarding my performance in my current role.

Answered: 62   Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	45.16%	28
Agree	32.26%	20
Somewhat agree	9.68%	6
Neither agree nor disagree	6.45%	4
Somewhat disagree	1.61%	1
Disagree	3.23%	2
Strongly disagree	1.61%	1
TOTAL		62

## Q7 I feel there is fairness in supervision and employment opportunities at NNPH.

Answered: 62   Skipped: 0
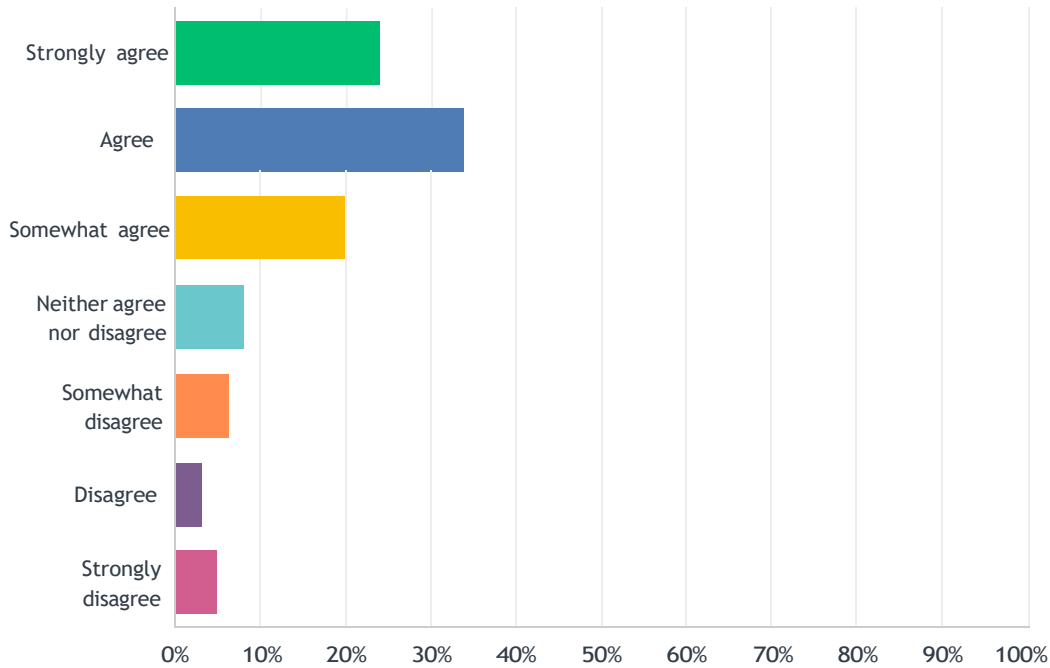
ANSWER CHOICES	RESPONSES	
Strongly agree	24.19%	15
Agree	33.87%	21
Somewhat agree	19.35%	12
Neither agree nor disagree	8.06%	5
Somewhat disagree	6.45%	4
Disagree	3.23%	2
Strongly disagree	4.84%	3
TOTAL		62

Q8 My supervisor has clearly communicated their expectations regarding my job performance.
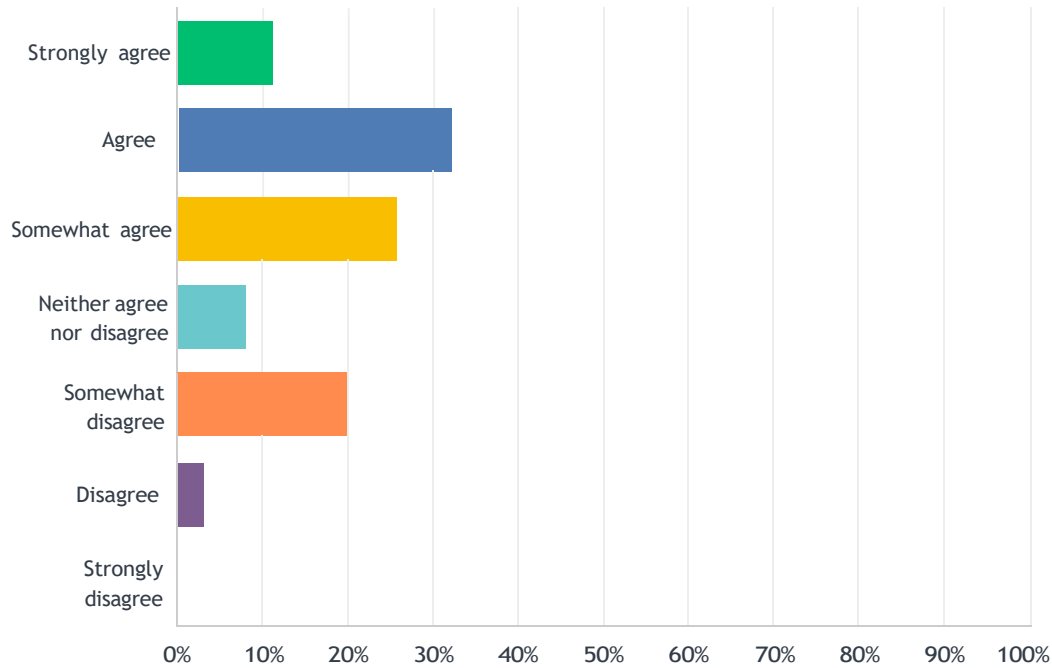
Answered: 61   Skipped: 1
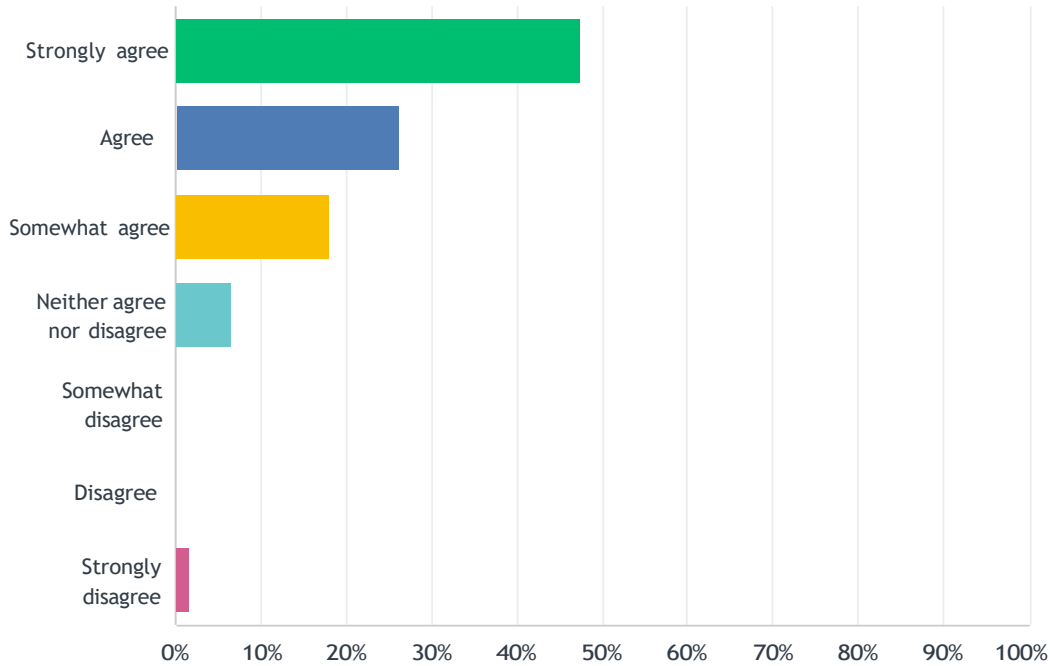
ANSWER CHOICES	RESPONSES	
Strongly agree	47.54%	29
Agree	26.23%	16
Somewhat agree	18.03%	11
Neither agree nor disagree	6.56%	4
Somewhat disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	1.64%	1
TOTAL		61

Q9 I feel that communication between NNPH departments and programs is effective.

Answered: 62   Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	11.29%	7
Agree	32.26%	20
Somewhat agree	25.81%	16
Neither agree nor disagree	8.06%	5
Somewhat disagree	19.35%	12
Disagree	3.23%	2
Strongly disagree	0.00%	0
TOTAL		62

Q10 I feel that communication and information from NNPH managers and supervisors is shared timely throughout the organization.

Answered: 62   Skipped: 0
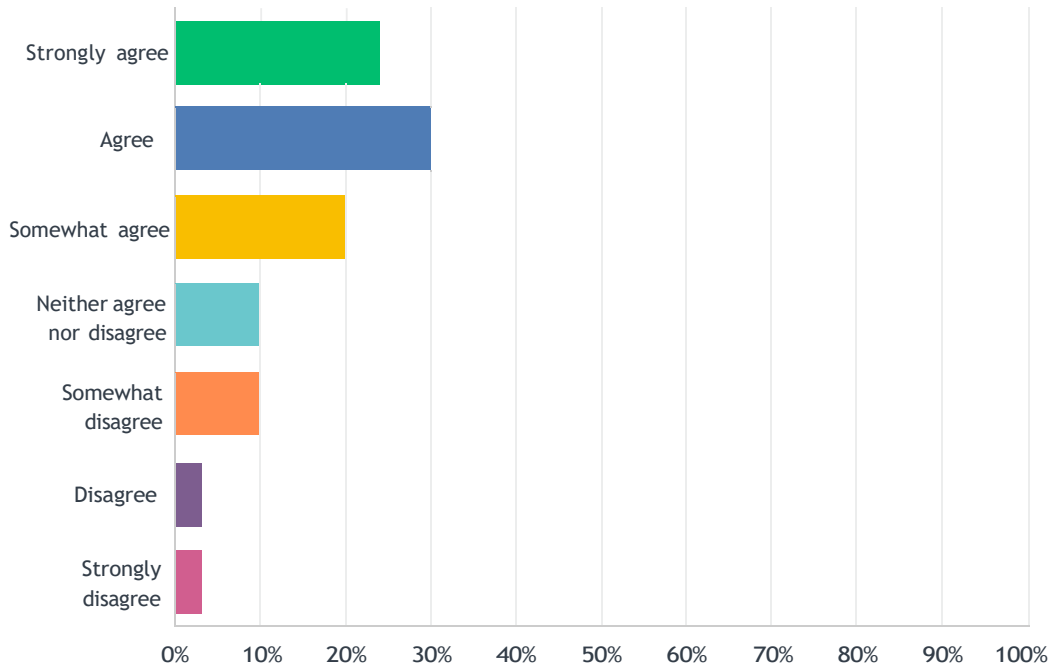
ANSWER CHOICES	RESPONSES	
Strongly agree	24.19%	15
Agree	30.65%	19
Somewhat agree	19.35%	12
Neither agree nor disagree	9.68%	6
Somewhat disagree	9.68%	6
Disagree	3.23%	2
Strongly disagree	3.23%	2
TOTAL		62

Q11 I feel that morale is good in my office and/or program.

Answered: 62   Skipped: 0
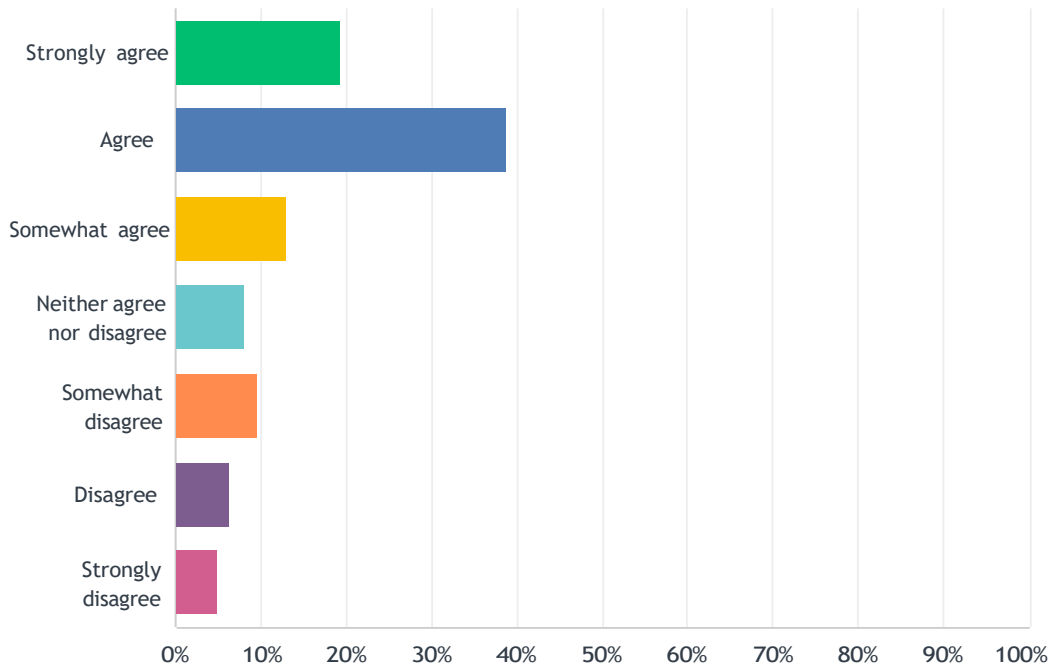
ANSWER CHOICES	RESPONSES	
Strongly agree	19.35%	12
Agree	38.71%	24
Somewhat agree	12.90%	8
Neither agree nor disagree	8.06%	5
Somewhat disagree	9.68%	6
Disagree	6.45%	4
Strongly disagree	4.84%	3
TOTAL		62

Q12 I feel that my skills are fully utilized in my current job.

Answered: 61   Skipped: 1
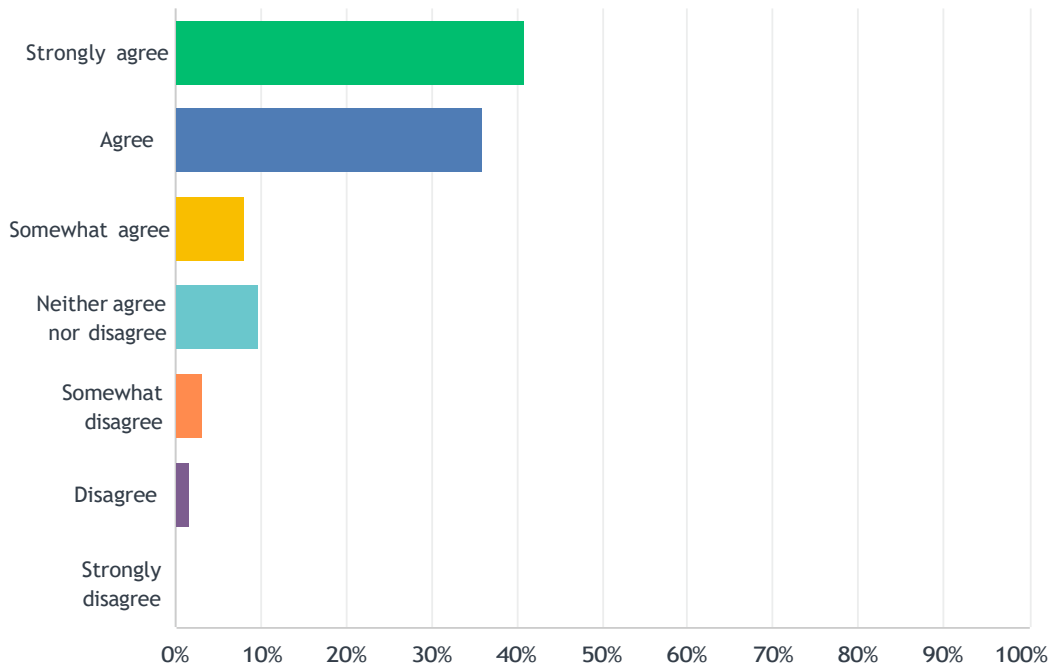
ANSWER CHOICES	RESPONSES	
Strongly agree	40.98%	25
Agree	36.07%	22
Somewhat agree	8.20%	5
Neither agree nor disagree	9.84%	6
Somewhat disagree	3.28%	2
Disagree	1.64%	1
Strongly disagree	0.00%	0
TOTAL		61

Q13 I have the opportunity to do what I do best every day.

Answered: 62   Skipped: 0
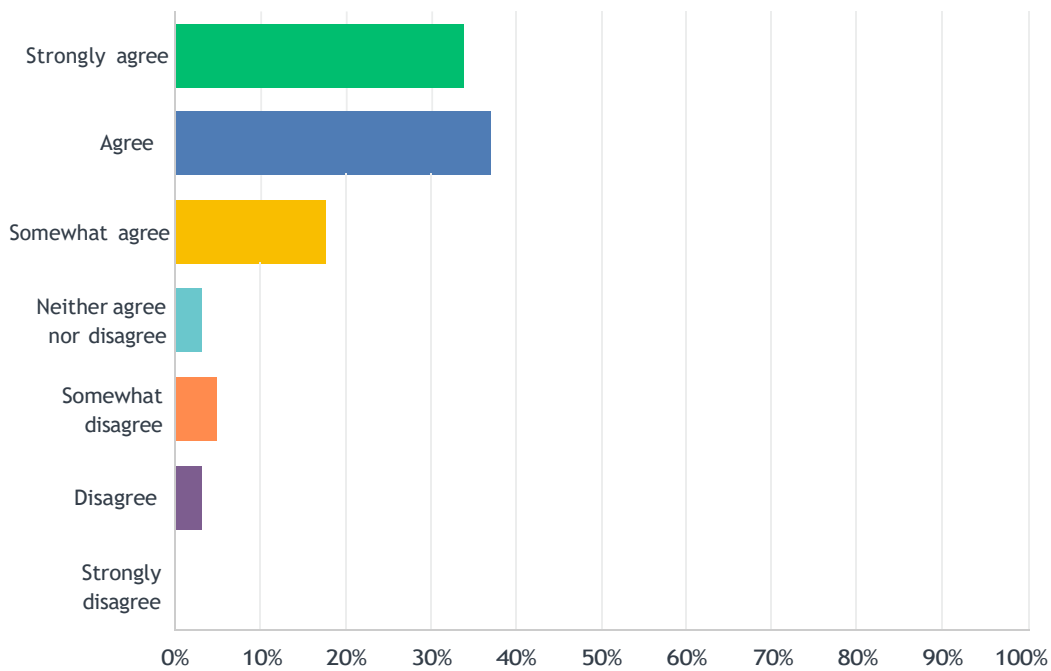
ANSWER CHOICES	RESPONSES	
Strongly agree	33.87%	21
Agree	37.10%	23
Somewhat agree	17.74%	11
Neither agree nor disagree	3.23%	2
Somewhat disagree	4.84%	3
Disagree	3.23%	2
Strongly disagree	0.00%	0
TOTAL		62

Q14 The consumers and families that receive services in my program view NNPH positively.

Answered: 62   Skipped: 0
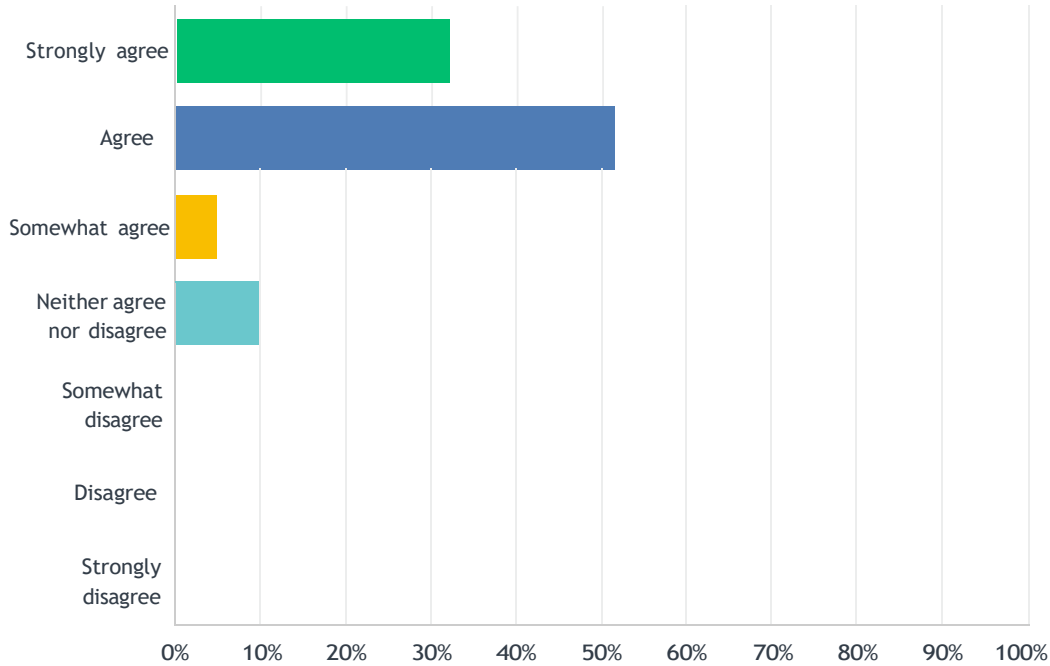
ANSWER CHOICES	RESPONSES	
Strongly agree	32.26%	20
Agree	51.61%	32
Somewhat agree	4.84%	3
Neither agree nor disagree	9.68%	6
Somewhat disagree	0.00%	0
Disagree	1.61%	1
Strongly disagree	0.00%	0
TOTAL		62

Q15 My coworkers are committed to doing quality work.

Answered: 62   Skipped: 0
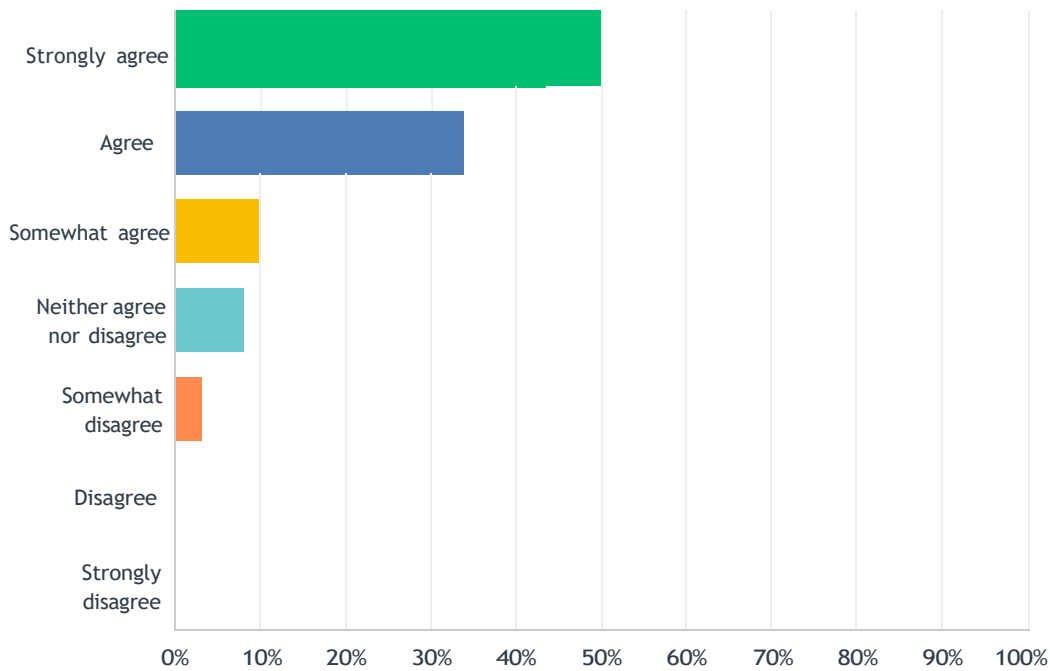
ANSWER CHOICES	RESPONSES	
Strongly agree	43.55%	27
Agree	33.87%	21
Somewhat agree	9.68%	6
Neither agree nor disagree	8.06%	5
Somewhat disagree	3.23%	2
Disagree	1.61%	1
Strongly disagree	0.00%	0
TOTAL		62

Q16 Someone at NNPH encourages my development.

Answered: 62   Skipped: 0
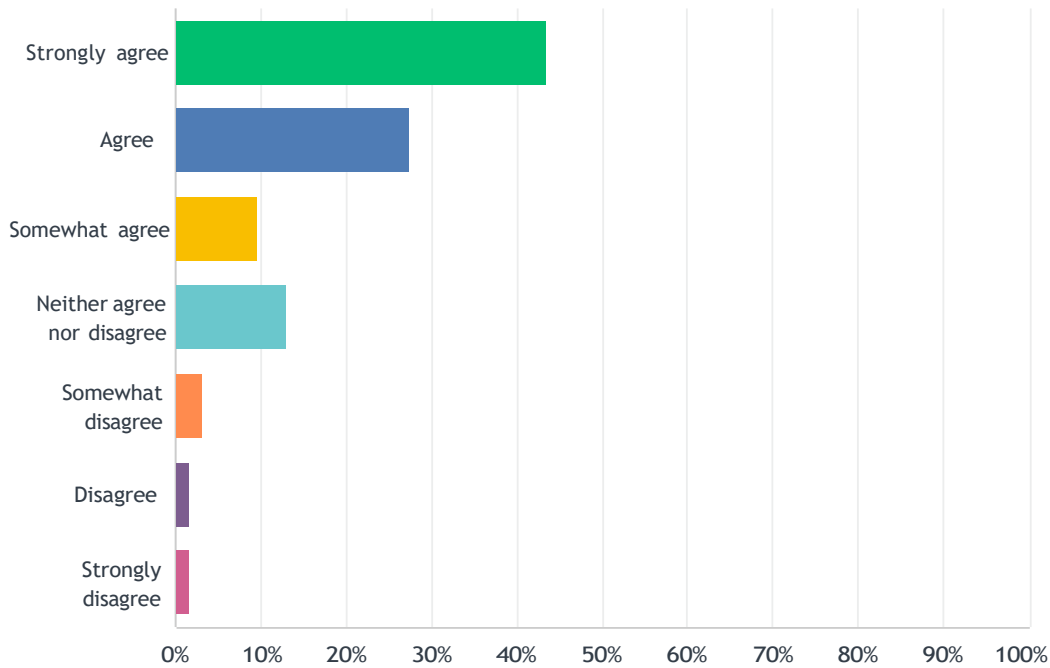
ANSWER CHOICES	RESPONSES	
Strongly agree	43.55%	27
Agree	27.42%	17
Somewhat agree	9.68%	6
Neither agree nor disagree	12.90%	8
Somewhat disagree	3.23%	2
Disagree	1.61%	1
Strongly disagree	1.61%	1
TOTAL		62

Q17 The rate of pay I receive for my work is fair.

Answered: 62   Skipped: 0
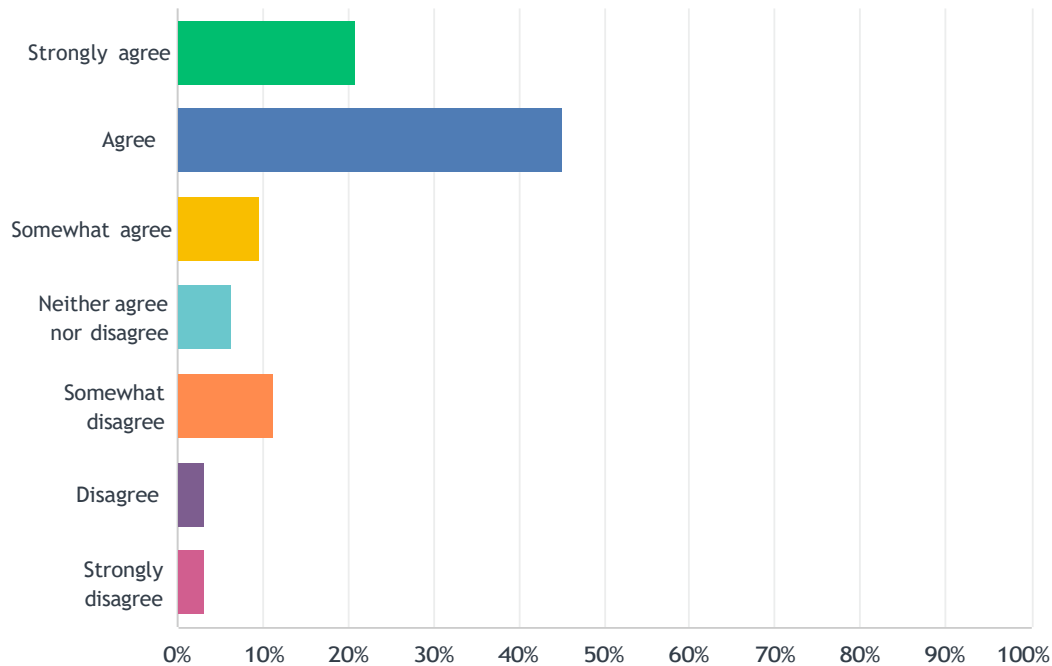
ANSWER CHOICES	RESPONSES	
Strongly agree	20.97%	13
Agree	45.16%	28
Somewhat agree	9.68%	6
Neither agree nor disagree	6.45%	4
Somewhat disagree	11.29%	7
Disagree	3.23%	2
Strongly disagree	3.23%	2
TOTAL		62

Q18 The benefits I receive (health and dental insurance, retirement, etc) are good.

Answered: 62   Skipped: 0
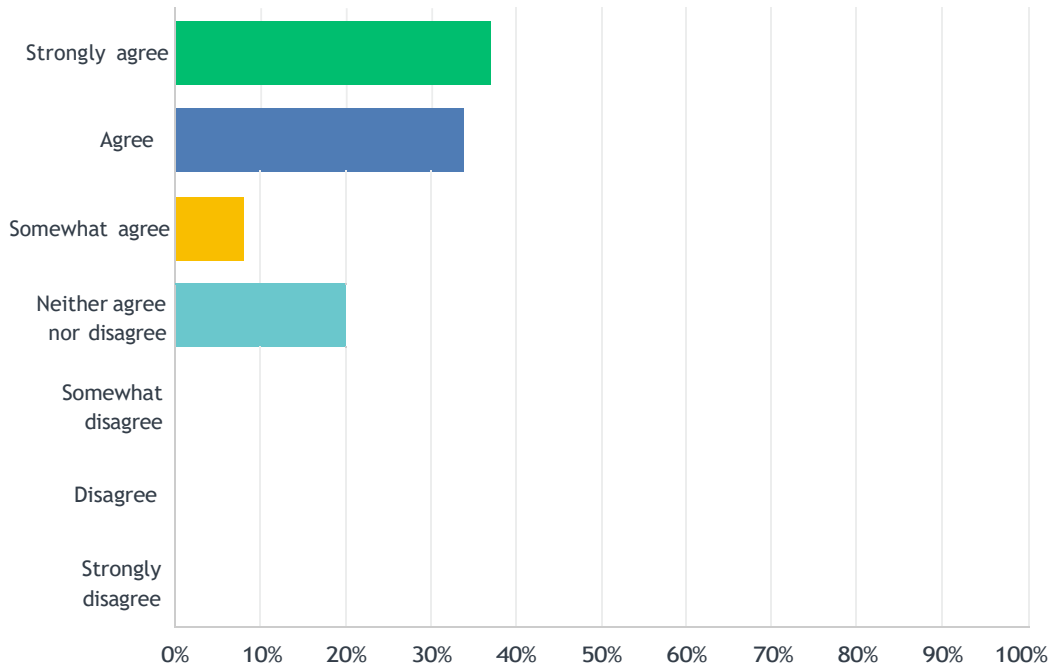
ANSWER CHOICES	RESPONSES	
Strongly agree	37.10%	23
Agree	33.87%	21
Somewhat agree	8.06%	5
Neither agree nor disagree	20.97%	13
Somewhat disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		62

Q19 My supervisor and I have a good working relationship.

Answered: 62   Skipped: 0
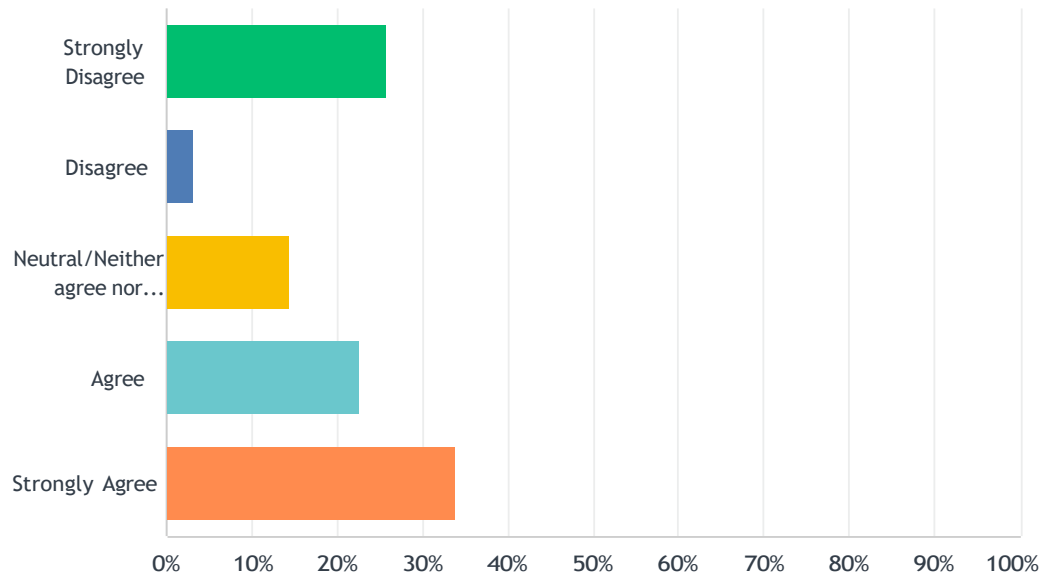
ANSWER CHOICES	RESPONSES	
Strongly Disagree	25.81%	16
Disagree	3.23%	2
Neutral/Neither agree nor disagree	14.52%	9
Agree	22.58%	14
Strongly Agree	33.87%	21
TOTAL		62

Q20 What do you like best about NNPH? (Select up to 3 choices)

Answered: 62   Skipped: 0
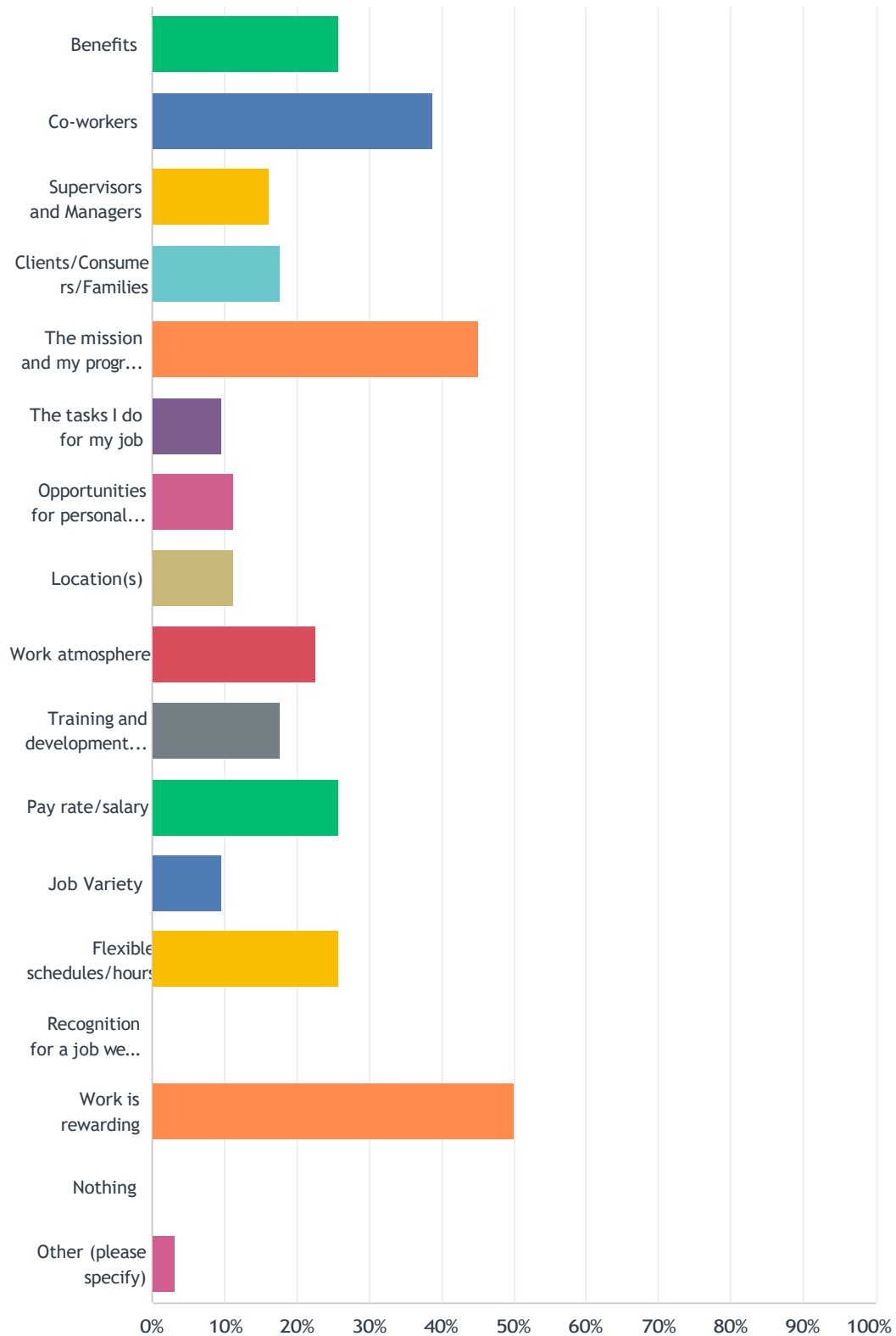
NNPH Employee Satisfaction and Feedback Survey

ANSWER CHOICES	RESPONSES	
Benefits	25.81%	16
Co-workers	38.71%	24
Supervisors and Managers	16.13%	10
Clients/Consumers/Families	17.74%	11
The mission and my program services	45.16%	28
The tasks I do for my job	9.68%	6
Opportunities for personal or professional growth	11.29%	7
Location(s)	11.29%	7
Work atmosphere	22.58%	14
Training and development opportunities	17.74%	11
Pay rate/salary	25.81%	16
Job Variety	9.68%	6
Flexible schedules/hours	25.81%	16
Recognition for a job well done	0.00%	0
Work is rewarding	50.00%	31
Nothing	0.00%	0
Other (please specify)	3.23%	2
Total Respondents: 62		

NNPH Employee Satisfaction and Feedback Survey

Category	
Low wages or benefits	
Conflicts with coworkers	
Not enough hours/schedule	
Job is too stressful,...	
NNPH's focus and/or missi...	
Demands of other...	
Lack of opportunitie...	
Personal reasons	
Thinking of relocating o...	
Conflict with supervisors ...	
Favoritism, lack of...	
Lack of staff	
Too much criticism/la...	
Challenges with...	
Poor training	
Nothing	
Other (please specify)	
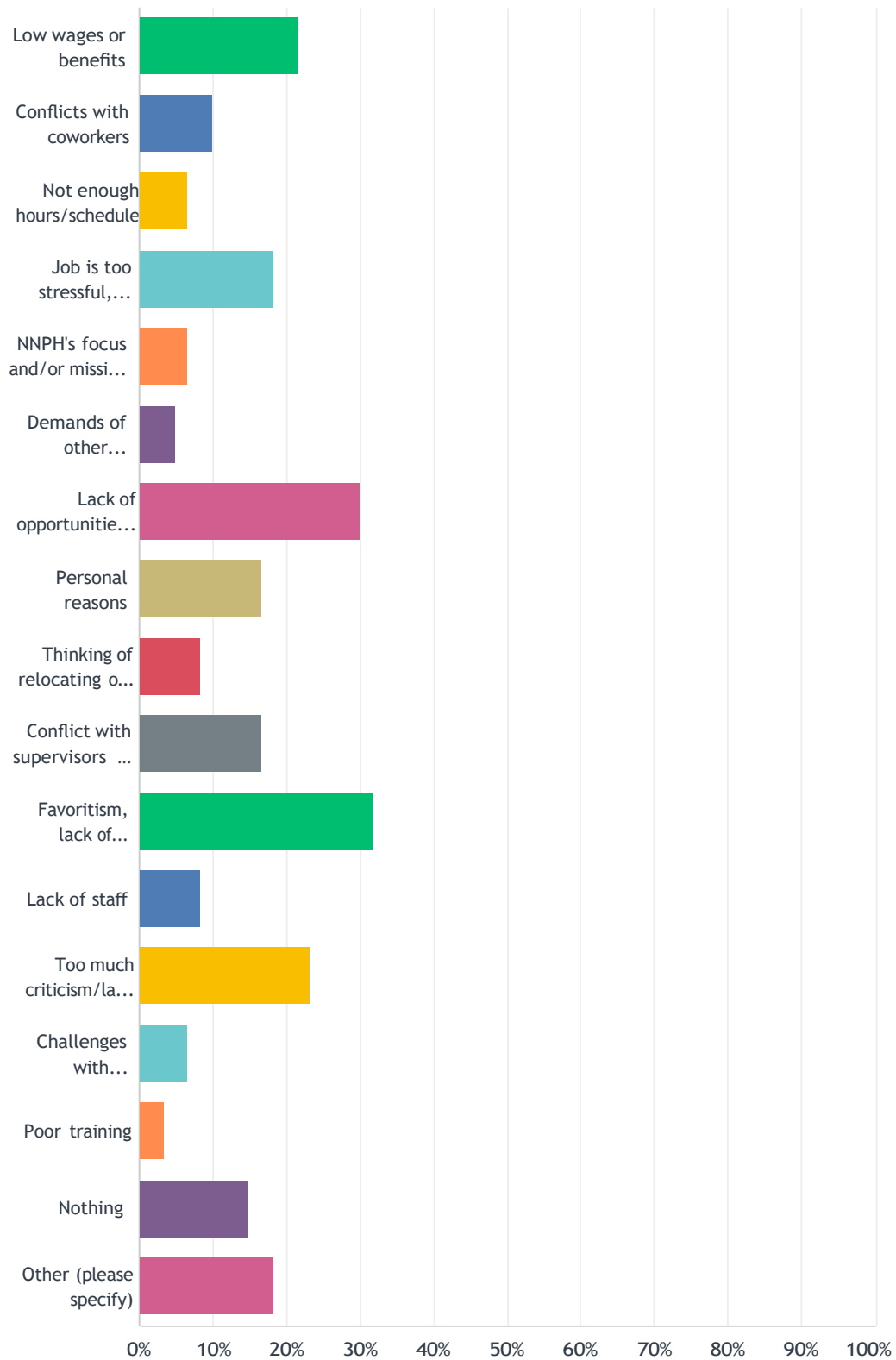
ANSWER CHOICES	RESPONSES	
Low wages or benefits	21.67%	13
Conflicts with coworkers	10.00%	6
Not enough hours/schedule	6.67%	4
Job is too stressful, difficult, or demanding	18.33%	11
NNPH's focus and/or mission has changed for the worse	6.67%	4
Demands of other job/primary employment	5.00%	3
Lack of opportunities for professional growth or advancement	30.00%	18
Personal reasons	16.67%	10
Thinking of relocating out of the area	8.33%	5
Conflict with supervisors or management	16.67%	10
Favoritism, lack of fairness	31.67%	19
Lack of staff	8.33%	5
Too much criticism/lack of support	23.33%	14
Challenges with clients/consumers/families	6.67%	4
Poor training	3.33%	2
Nothing	15.00%	9
Other (please specify)	18.33%	11
Total Respondents: 60		

Q22 What could NNPH do differently to help you in your job? (Select up to 3 choices)

Answered: 61   Skipped: 1
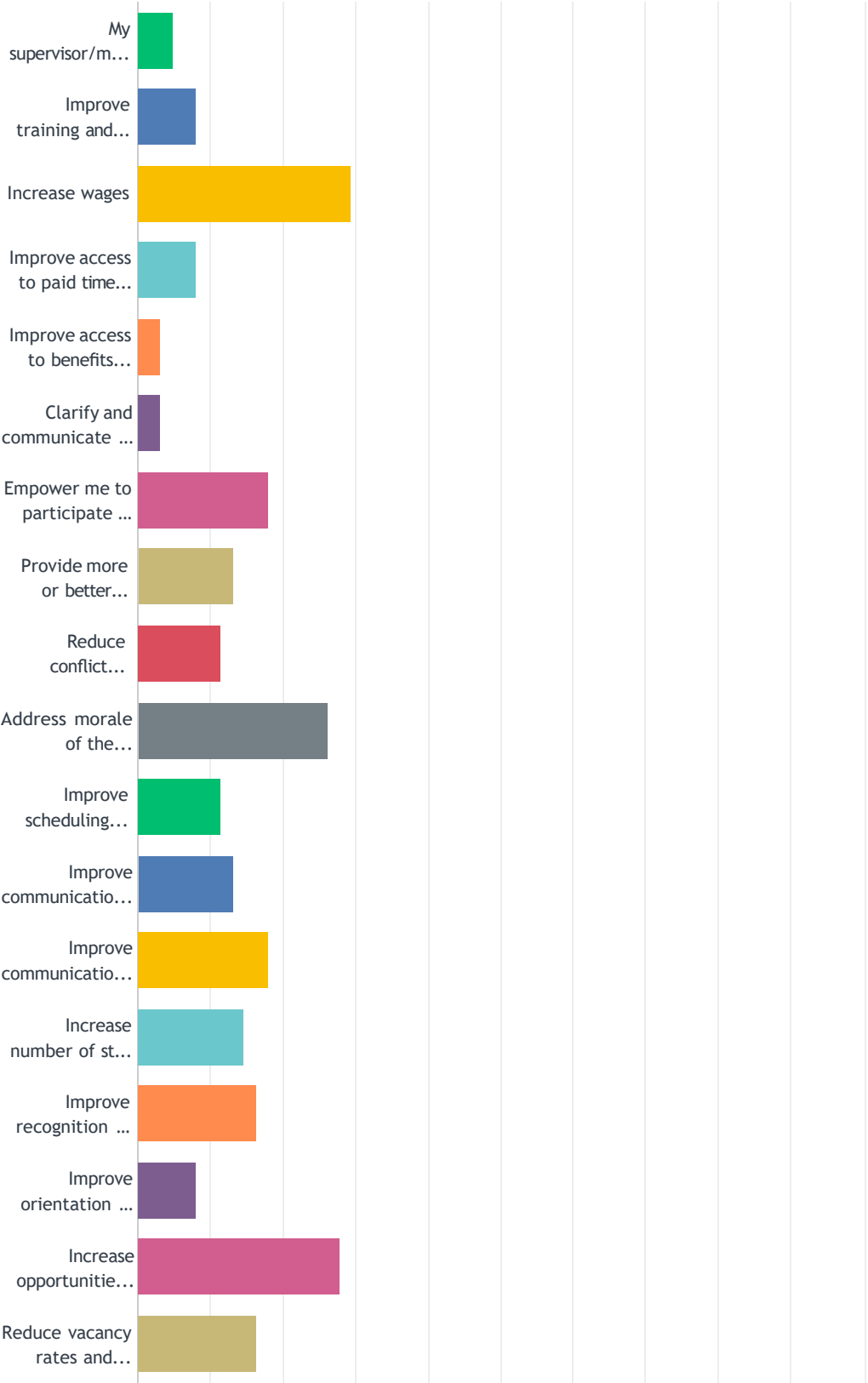
NNPH Employee Satisfaction and Feedback Survey
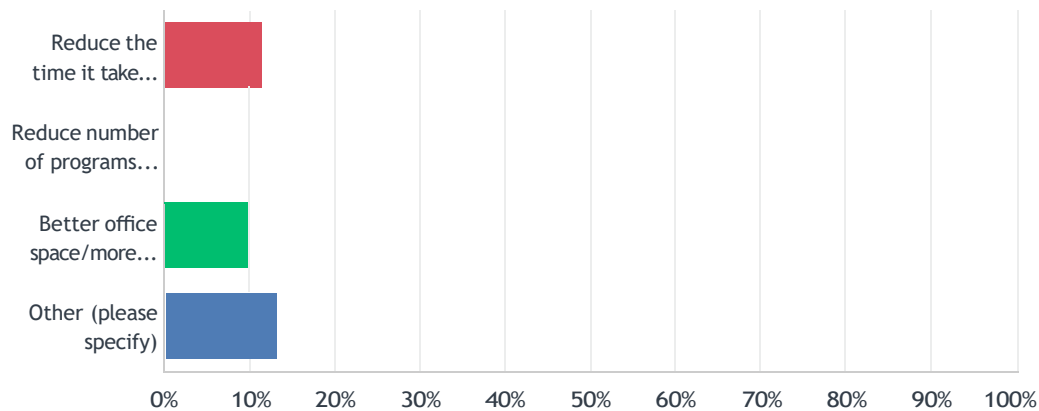
ANSWER CHOICES	RESPONSES	
My supervisor/manager could be more supportive	4.92%	3
Improve training and support for supervisors	8.20%	5
Increase wages	29.51%	18
Improve access to paid time off	8.20%	5
Improve access to benefits (health, dental, retirement, etc)	3.28%	2
Clarify and communicate the NNPH mission and focus	3.28%	2
Empower me to participate in decisions that affect my work	18.03%	11
Provide more or better training	13.11%	8
Reduce conflict between coworkers	11.48%	7
Address morale of the workforce	26.23%	16
Improve scheduling policies and practices	11.48%	7
Improve communication between program sites	13.11%	8
Improve communication between supervisors/managers and program staff	18.03%	11
Increase number of staff at my work site (to do the work)	14.75%	9
Improve recognition and feedback	16.39%	10
Improve orientation for new employees	8.20%	5
Increase opportunities for advancement	27.87%	17
Reduce vacancy rates and turnover issues	16.39%	10
Reduce the time it takes to onboard new staff	11.48%	7
Reduce number of programs provided/use staff differently	1.64%	1
Better office space/more efficient use of space	9.84%	6
Other (please specify)	13.11%	8
Total Respondents: 61		

December 5, 2023

NNPH Employee Focus Group Meeting Notes

21 Attendees

COMMUNICATION

Question #1

Provide an example of when you experienced excellent communication at NNPH.

- We have a Teams meeting, or Huddles, with CCHS every other week– we like it (especially as a per diem). These are scheduled for ½ hr. and they are.
- The Teams Chat for Family Planning is great – but for the per diems it is hard to see through the messages. Maybe there could be a separate chat for updates.
- There is communication with each team on a daily basis.
- My supervisor will meet with me 1:1 and there is a team meeting but it only includes clinical staQ and not the clerical team – I think that is a problem.
- In our department, it's remember to read this when you get it. Things are not communicated directly to the team. Not like in Family Planning.

Question #2

When you first started working here, how did you find out about all of the NNPH Community and Clinical Division programs and services?

- Through the website, and from huddles it helped me to know what other teams did than a formal presentation.
- I met with every supervisor to learn what each department did. But that was only because I asked to do that.
- The intranet is more for the county and not really for CCHS.
- The Intranet is not updated often.
- I have been here a while and you used to have to meet with each department to be sure you knew the departments, there was a checklist.

Question # 3

If there was one thing you could change right away about communication at NNPH, what would it be?

- There is a gap, we have several community partners that other programs in CCHS are reaching out to and we don't know it.
- The community does not know we exist.
- Was the rebranding communicated to the community? It doesn't seem like the rollout of the rebranding was not eQectively communicated.
- During the transition, we only had one month to get all of our program paperwork updated.

Culture –

Question #1

Provide one word that describes the current work culture at NNPH.

- Divided/Compartmentalized – everyone is their own group within the bigger picture. We never get to know others in other departments.
- Scattered – decisions are made and we are going to this now…. Changes made on a whim
- Compartmentalized – I have to know what others do, but not everyone does.
- Fragmented – The process changes and we do not know what is going on. I have multiple supervisors that I have to report to
- Dynamic – things change so often

Question # 2

What key values would help CCHS/NNPH compete and thrive?

- More of a presence in the community
- Cost for some services is a deterrent. STD treatment could be $300
- We have competition with FQHCs. They are really active in the community and they provide many of the services we do.
- The perception the community has of NNPH may be based on interactions with other county departments.

Other Comments:

- For the new Check-in Area: The rotating of working areas is an issue and we don't feel that we are heard and management has not come down to here or see the workflow. The triage window does not really work for us.
- Management takes little to no interest in the input of the subordinates.
- We need a clean comfortable break room with windows and a sink
- When new processes are implemented we need to know how we'll get =the information (where will mail go, where do I get the messages)
- They ask for our opinion, but the division is already made and in process.
- Calculated (management does what they want to do)
- The organization is very finance driven and less people-focused
- There is a diQerent culture from management to supervisor
- There are too many supervisors – there are 7 of us and 3 supervisors
- We are not heard.
- Management needs training.

<p style="text-align:center">SAMPLE</p>

COMMUNICATIONS PLAN

POLICY:
Utilizing a combination of communication methods among colleagues, AGENCY is committed to keeping colleagues fully informed of its mission, vision and values, strategy, operations, and leadership decisions to promote effective communication throughout the organization.

PURPOSE:
Effective internal communication at AGENCY:

1. Supports the mission, vision, and values of the organization by establishing effective internal communications mechanisms among colleagues of AGENCY.
2. Supports excellence by fostering positive work relationships between colleagues among all departments, programs, and disciplines in the organization.
3. Ensures timely release of information about AGENCY operations in culture, quality, finance, and governance.
4. Defines official methods of communication within AGENCY.
5. Ensures information disseminated to colleagues is relevant, easy to access, accurate, and appropriate in both content and quantity.
6. Utilizes methods and technologies appropriate to the requirements of AGENCY colleagues.
7. Promotes two-way communication between colleagues and leadership.
8. Creates a sense of ownership in major organizational decisions, and to reinforce high performance and a health care focus.

DEFINTIONS:

- **One-way communication** occurs in a straight line from sender to receiver and serves to inform (e.g., AGENCY Tweet). One-way communication is not conversational in nature.

- **Two-way communication** includes feedback from the receiver to the sender and verifies a message has been received accurately. In two-way communication, communication is negotiated. Both sender and receiver listen to each other, gather information and are willing to make changes to work together in harmony. Their intent is to negotiate a mutually satisfactory situation.

- **Methods** of communication are tools and systems used to relay information to colleagues (e.g., face-to-face meetings, electronic communication). Communication methods are subject to change at the discretion of the CEO or leadership designee(s).

PROCEDURE:

1. AGENCY maintains internal communications channels outlined in Attachment 1. Communications channels are subject to change based on emerging priorities identified by regulatory and accrediting bodies and/or the Board and leadership of AGENCY as well as internal changes to policies, procedures, and processes.

2. The types of communication disseminated internally cover a range of topics, and include (but are not limited to) the following:
    a. Mission, vision, and values of AGENCY
    b. AGENCY promotional and event information
    c. Operational status changes and security alerts
    d. Colleague announcements (e.g., births)
    e. Media releases
    f. Health and safety information
    g. Holiday closures
    h. Job postings
    i. Advocacy updates
    j. New programs or service lines, changes in existing programs or service lines
    k. Notice of service disruption
    l. Notification of new policies and procedures and updates to existing policies and procedures
    m. Organizational and departmental updates/changes
    n. Physical moves/relocations of individuals and teams
    o. Related news and information
    p. Retirements, promotions, and new employee hires
    q. Success stories and accomplishments of colleagues
    r. Updates to the strategic plans

3. Communications is a shared responsibility involving all colleagues. All colleagues are accountable for regularly accessing communication vehicles for messaging pertaining to them.

4. Deputy Commissioners, AGENCY Leadership (Managers and Directors) are responsible for communicating operational updates (e.g., changes in policies, processes, and procedures) to their respective teams, programs, and practice locations and ensure access to key communication methods.

Attachment 1: AGENCY Communication Methods (subject to change)				
Method	Purpose	Frequency	One-Way (1) or Two-Way (2)	Communication Type
Board of Health (BOH)	Governance oversight of strategy and operations. Members include Board members; AGENCY Leadership; Commissioner	Monthly	2	Face-to-face; Zoom
AGENCY Leadership Team (MLT)	Communicates and deploys BOD approved strategy in day-to-day operations. Establishes corporate goals. Members include Health Commissioner, Deputy Commissioners, Department Heads	Monthly	2	Face-to-face; Zoom
Quality Performance Improvement Committee (QPI)	Oversight of quality– approves KPIs, sets and monitors progress on goals. Members include MLT, EEMT, BOD representation.	Monthly	2	Face-to-face; Zoom
Excellence Council (EEC)	Oversight of culture. Members include Senior Leadership Team, Board, provider, and colleague representation.	Monthly	2	Face-to-face; Zoom
Financial Oversight Committee	Oversees Finance. Members include CEO; CFO; Board Executive Committee.	Monthly	2	Face-to-face; Zoom
	Communicate and deploy strategy and operations oversight; establish program and departmental KPIs. Members include: Senior Leadership Team, Senior Directors and Directors.	Monthly	2	Face-to-face; Zoom
Leadership Management Team (LMT)	Including but not limited to operations and strategy updates; report activities; review corporate goals; discuss pertinent operational issues; review policies and procedures.	Monthly	2	Face-to-face; Zoom
Foundation Advisory Board	The purpose and function of the Foundation Advisory Board is to provide the necessary structure to leverage Community awareness and investments in mission, vision, and values. Serves as a team of community partners that brings strategic knowledge and skills to support Foundation growth and a thriving multidisciplinary primary care system responsive to the needs of communities served.	Quarterly	2	Face-to-face; Zoom
Strategic Planning	Biennial survey of colleagues to identify organizational Strengths, Opportunities, Aspirations and Results; Strategic Planning sessions with Board and Leadership	Biennial / Annual Board Update	2	Face-to-face; Zoom

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Method	**Purpose**	**Frequency**	**One-Way (1) or Two-Way (2)**	**Communication Type**
Data Intelligence Committee	Oversee the people, processes and information technology required to create consistent and proper handling of data and understanding of information across the organization.	Monthly	2	Face-to-face; Zoom
Corporate Education Committee	Develop, implement, and oversee the facilitation of the educational activities for colleagues that will support their socialization and integrate into organization through continuing education, competency evaluation and personal and professional development.	Bimonthly	2	Face-to-face; Zoom
Sweet Team	A multidisciplinary workgroup focused on developing strategies to improve outcomes for the diabetic population of the organization.	Monthly	2	Face-to-face; Zoom
Controlled Substance Committee	A clinical committee that focuses on issues surrounding the safe prescribing of controlled substances when part of a patient's treatment plan.	Monthly	2	Face-to-face; Zoom
Building and Grounds	Oversight of construction, alteration/renovation projects at practice locations and facilities	As Needed	2	Face-to-face; Zoom
Primary Care Team	Including but not limited to multidisciplinary case studies; review clinical policies and procedures/standing orders. Members include medical, dental, and behavioral health providers, COO/CNO	Monthly	2	Face-to-face; Zoom
Practice Manager Meetings	Members include Practice Managers, COO/CNO, Director of Nursing, select directors and managers as needed.	Monthly	2	Face-to-face; Zoom
Operation Meetings	Practice location, program, and departmental meetings to discuss operations, key messages from BOD, SLT, EEMT, LMT, and conduct quality activities.	Minimum Monthly	2	Face-to-face
Quality Boards	Electronic boards strategically placed at all locations – displays Quality KPI data and current operational messages.	Daily, Ongoing	1	Electronic
All Staff Emails	Used for important messages to colleagues from leadership to communicate special messages related to operations in culture, quality, finance, and governance.	Ongoing as needed	1	Electronic
Daily Fly-Ins (Huddles)	Brief departmental gatherings to advise on the day's operations related to specific departments/practice locations/programs.	Daily	2	Face-to-face

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CEO Site Visits	Provide opportunity to conduct formal and informal dialogue and engage with CEO at practice location level.	Quarterly	2	Face-to-face
CEO/Lead Provider Team - Medical	Medical operations oversight. Membership includes CEO, COO/CNO, Lead Medical Providers.	Monthly	2	Face-to-face; Zoom
CEO/Lead Provider Team - Dental	Dental operations oversight. Membership includes CEO, COO/CNO, Lead Dental Providers, Director of Dental Operations.	Monthly	2	Face-to-face; Zoom
CEO/Lead Provider Team – Behavioral Health	Behavioral Health operations oversight. Membership includes CEO, COO/CNO, Lead BH Providers, Behavioral Health Operations Director.	Monthly	2	Face-to-face; Zoom
Positive Life Leadership (Administration, Fiscal, Clinical)	Review and evaluate Ryan White HIV/AIDS Program funded activities as they relate to performance objectives and administrative, clinical, and fiscal requirements.	Monthly	2	Face-to-face; Zoom
Colleague Onboarding	Orientation for new hires; includes overview of organization and history; environment of care and safety; AGENCY Excellence, etc.	Semi-monthly or as needed	1	Face-to-face
Colleague Newsletter	Used for the primary dissemination of information from colleagues, programs, departments, and disciplines which is important and relevant to their work on a weekly basis. Special tweets may be released for time sensitive announcements. Managed by the Communications and Marketing Manager.	Weekly	1	Electronic
CEO Communique	Direct email from CEO to all colleagues for time-sensitive messages related to external environmental influences and/or internal operations.	As needed	1	Electronic
Phone Tree and All Colleague Messaging (SMS)	Communicate time-sensitive messages to all colleagues during and after hours (e.g., pending closures during weather-related events).	As needed	1	Phone; Text Messaging (SMS)
Flight School	Two-year personal and professional development training for colleagues entering the Excellence Initiative. Seven (7) classes include overview of mission, vision and values, Joint Commission and HRSA overview, public speaking, and facilitation training.	Quarterly	2	Face-to-face

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Colleague Mastermind Workshops (mandatory)	Mandatory workshops for all colleagues. Two-hour sessions include personal and professional development training sessions (e.g., empathy, self-perception, strengths identification, personality profiling, team development, etc.)	Quarterly	1	Face-to-face
Colleague Town Halls	Facilitated by the CEO or leadership designee – informational sharing sessions with practice locations, departments, and teams (e.g., town hall to report and review responses to colleague satisfaction and engagement surveys).	As needed	2	Face-to-face; Zoom
HealthStream	Electronic portal used to provide colleague education on policies and procedures and key topics related to operations in culture, quality, finance, and governance. Used to manage 45- and 90-day evaluations, performance improvement opportunities, annual evaluations.	Ongoing	1	Electronic
P: Drive	Serves as electronic repository for policies and procedures and resources to facilitate department, practice, program, and team projects/work.	Ongoing	1	Electronic
Social Media and Website	This serves as both and internal and external means of communication to colleagues, patients, and other stakeholders. Managed by the Communications and Marketing Manager.	Daily, ongoing	2	Electronic
Workforce Surveys	Survey engagement and satisfaction of colleagues in clinical and non-clinical areas.	Biennially (every two years), or at direction of leadership	2	Electronic
Credentialing and Privileging	Reviews credentials and clinical competency information for all licensed independent practitioners prior to initial appointment and biennial reappointment to ensure high quality care is provided by clinical providers with appropriate training and experience.	As needed	2	Face-to-face; Zoom
Talent Development Committee	This is a board committee that meets quarterly to review Talent Development updates. The committee looks at recruitment, retention, turnover, diversity, policies, benefits, and any	Quarterly	2	Face-to-face; Zoom

Method	Purpose	Frequency	One-Way (1) or Two-Way (2)	Communication Type
	other pertinent Talent Development related items. The committee is made up of Chief Talent Officer and two board representatives at present.			
IT Security Committee	A committee comprised of members representing IT, Operations, Quality, Environment of Care and Compliance focused on identifying and mitigating risks and potential issues related to both cyber and physical IT security: access to data, electronic Protected Health Information, and the organizational documents.	Quarterly	2	Face-to-face; Zoom
Infection Control Committee	A multidisciplinary committee focused on an ongoing program of prevention, control, and surveillance of infections: promoting a healthy and safe environment by preventing transmission of infectious agents among patients, staff, and visitors, developing risk reduction strategies for the identified risks of acquiring and transmitting infections. limit the transmission of infections associated with the use of medical equipment, devices and supplies and hand hygiene compliance.	Monthly	2	Face-to-face; Zoom
Pharmacy and Therapeutics / 340b Compliance	Assure compliance with 340b regulations in pharmacy operations and managing/maintaining the formulary system to promote safety, effectiveness according to formulary principles.	Quarterly	2	Face-to-face; Zoom
Compliance	Provides oversight of processes to ensure compliance with applicable Federal, State, and Local laws and regulations, including oversight for the 340B Pharmacy Program. Committee includes senior leaders, Board representative, and clinical provider representatives.	Quarterly	2	Face-to-face; Zoom
Advisory Committees	Multiple venues for consumer input from special populations, patients, etc.	Schedules vary (monthly, quarterly, as needed)	2	Face-to-face; Zoom
Patient Safety Committee	A multidisciplinary committee focused on improvement of the patient safety culture and prevention of patient harm events within the organization.	Monthly	2	Face-to-face; Zoom

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Utilization Management Committee	Committee focused on maximizing revenue in the organization. The committee accomplishes this by analyzing Revenue Cycle Management concerns/issues and developing strategies to overcome challenges in the area as well as on grants management. Additionally, the committee strategizes ways to increase cash collections and customer service in Guest Services. Maximization of revenue can also be accomplished by implementing savings on expenses throughout the organization.	Monthly	2	Face-to-face; Zoom
Environment of Care (EOC)	A multidisciplinary committee focused on assuring the safety and security of CWH colleagues, patients, visitors, and sites; addressing issues related to safety, security, emergency management, utilities management, and the physical environment.	Monthly	2	Face-to-face; Zoom
401(k) Committee	Retirement Benefits Oversite Committee	Quarterly	2	Face-to-face
Grants / Program Workgroup	Prepares for and manages AGENCY grant applications and awarded grants	Monthly	2	Face-to-face
Compliance Hotline	Report suspected areas of organizational non-compliance	As needed	1	Phone
One-on-one with direct reports	Supervisor holds in person meetings with colleagues one a one-to-one basis as needed.	As needed	2	Face-to-face
Management by Walkaround / Rounding	LMT visits with departments, programs, colleagues, patients, and practice locations	As needed	2	Face-to-face
Behavioral Health Quality	Evaluate key performance indicators (KPIs) in Behavioral Health	Monthly	2	Face-to-face; Zoom
Primary Care Team (Medical, Behavioral Health)	Case conferencing, education, quality	Monthly	2	Face-to-face; Zoom
Primary Care Team Dental	Case conferencing, education, quality	Monthly	2	Face-to-face; Zoom

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Primary Care Team Dental Quality	Evaluate and monitor dental program KPIs, initiate TALONS	Monthly	2	Face-to-face; Zoom
Colleague Evaluations	Review individual colleague performance	Annually	2	Face-to-face
30, 60, 90 Day Evaluations	Review new hire individual colleague performance	As needed	2	Face-to-face
All Colleague Education Days (31)	Education and training – care, quality, revenue cycle management, etc.	Twice per year (16 hours)	1 or 2	Face-to-face; Zoom

330 Partners, LLC is a consulting collective that focuses on assisting safety-net clinics and non-profit organizations to help them meet today's health and human services industry challenges, with special emphasis on the unique needs of federally qualified health center (FQHC) Section 330 PHS grantees. Our consultants are former DHHS/HRSA administrators, FQHC executives, health system leaders, and practice management specialists, averaging more than 20 yearsof experience.

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