

Community and Clinical Health Services Action Plan

Community and Clinical Health Services (CCHS) received a clinical operations assessment in December 2023, conducted by 330 Partners. This action plan is in response to the recommendations received. This document indicates the 330 Partners recommendation and is then followed by the division's plan and/or response.

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?

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.
 - Northern Nevada Public Health developed a [Communication Protocol in 2023](#) to establish consistent expectations for the use of various communication channels. This protocol was shared with staff. CCHS leadership reintroduced staff to this protocol. The protocol will be shared with all new staff and will be put on the CCHS employee intranet (SharePoint). CCHS programs have Microsoft Teams chats which are utilized for consistent communication. Examples of these chats include Sexual Health Investigations, Family Planning Sexual Health Clinical Staff, Family Planning Sexual Health Clerical and Clinical staff (utilized for communication between front office and back office), Community Health Workers, Chronic Disease and Injury Prevention, Immunization Team, TB Clinic, WIC, and Management Team. These chats are utilized by core and per diem staff members.

- 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.
 - **CCHS will continue to align and administer with the other NNPH divisions an annual employee engagement survey.**
- 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.
 - **All new NNPH staff members will continue to attend the NNPH orientation where the CCHS Division Director provides an overview of all CCHS programs. In addition, staff are oriented to the other NNPH divisions at this orientation. New staff members will continue to meet one on one with CCHS leadership to get an overview of the programs and to have an opportunity to ask questions. All CCHS staff will have continued access to the CCHS SharePoint which has links for each program and includes a brief description of program activities.**
- 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 employee's access.
 - **An employee intranet (SharePoint) was implemented specifically for CCHS. This space houses forms, policies and procedures, and other static information for CCHS staff. This space also provides an avenue for staff to submit anonymous questions and feedback for the CCHS Division Director.**

Culture

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

- Continue to work with Foundational Diversity, Equity, Inclusion, and Cultural Competency (DEICC) Training at all staff levels.
 - **CCHS staff at all levels completed the Foundational Diversity, Equity, Inclusion, and Cultural Competency (DEICC) training. CCHS staff recently had the opportunity to participate in a second round of training which included workforce microaggressions. CCHS leadership will continue to seek opportunities for DEICC training. DEICC training has been provided to all staff of NNPH.**
- Ensure CCHS policies and procedures are updated and implemented consistently throughout the organization.
 - **CCHS currently has policies and procedures for program activities which are reviewed upon hire and on an annual basis. The following programs are working to add to and improve policies and procedures, including:**
 - **Sexual Health – Completion of Disease Investigation Specialist Standard Operating Procedures**
 - **Sexual Health Family Planning Clinic – Completion of Nurse Standing Orders**
- 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.
 - **CCHS follows [NNPH's Mission and Values which include behavioral descriptors](#). This information is communicated to staff at all levels during employee orientation and during general staff meetings. A recommendation was made to include NNPH Mission and Values on the NNPH intranet homepage, which is currently being reviewed by the Communication Team.**

- 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.
 - **NNPH provides the following updates on this schedule:**
 - **Strategic plan and goals updates – staff complete status updates on a quarterly basis and reports are provided on a minimum of every 6 months.**
 - **Workforce development opportunities are shared posted on NNPH intranet in addition to timely emails.**
 - **Staff recognitions are completed monthly, and staff are verbally updated at the quarterly all staff meetings.**
 - **NNPH has an intranet which includes quarterly updates, workforce development opportunities and staff recognition. A recommendation was made to include NNPH strategies and goals which is currently being reviewed by the Communication Team.**
- District Health Director “chat” – quarterly virtual updates from the District Health Director with an open forum for questions.
 - **NNPH District Health Officer provides quarterly in person updates and an open forum for questions during the quarterly all staff meetings. NNPH Buzz is an employee newsletter which is distributed electronically, a minimum of once a month. A link to “Ask Chad” will be included.**

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.
 - **NNPH falls under Washoe County, hiring processes must be followed and are often related to labor agreements and Washoe County policy. Per diem staff are notified of upcoming vacancies and encouraged to apply.**
- 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.
 - **CCHS currently has the following career ladders in place:**
 - **Public Health Nurse I, II, and Senior Public Health Nurse**
 - **Health Educator I, II, and Health Educator Coordinator**
 - **Public Health Investigator I, II**
 - **Human Services Support Specialist I, II**
 - **Clerical/Admin Series**
 - **Office Assistant**
 - **Office Specialist**
 - **Senior Office Specialist**
 - **Office Supervisor**
 - **CCHS will continue to work with NNPH leadership and Human Resources for opportunities to expand career ladders in other job classes.**
- 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.
 - **CCHS will continue to evaluate ways to improve documentation and tracking for training. CCHS has an Annual Training Day which is used to complete a large**

portion of required training. Documentation for this event is tracked in one location and utilized by programs for grant compliance.

- Evaluate the most effective utilization of CCHS Per Diem staff and incorporate a revised annual performance review.
 - **CCHS is actively evaluating effective utilization of per diem staff. An annual performance review for per diem staff has been implemented in some CCHS programs and will be division wide for all per diem staff as of July 1, 2024.**

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.
 - **Patagonia Health provides program level reports which include no shows and visit volume. This data is used to monitor schedules and guides staffing allocation. Currently the resources necessary to provide this on a dashboard are not available.**
- Ensure all billing is completed for 340b medications, laboratory testing, provider services, and administration fees for vaccine administration.
 - **CCHS currently has a Medical Billing Specialist that covers all programs. Each visit is reviewed for accuracy and insurance eligibility before submitting the claim to the insurance company. Any discrepancies are addressed with the provider and/or staff member and corrected before submission. The error and rejection report is reviewed daily to ensure rejected claims are sent out in a timely manner. The aging report is reviewed at least monthly to ensure CCHS is maximizing revenue, and the insurance companies are adhering to the contract.**
- Explore capacity to bill Community Health Worker services to Nevada Medicaid plans.

- **A process for billing for CHW services has been created. The services CCHS can bill for have been defined and a workflow has been established. Billing for CHW Family Planning Sexual Health services will start on June 10, 2024.**
- 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.
 - **The change is made in an internal system to eliminate additional statements being sent to the client. This is not done as an official write off.**

Electronic Health Record

- Evaluate overall usage of EHR for agency.
 - **CCHS is the only division at NNPH that uses Patagonia Health. This EHR is utilized for all clinically based programs requiring documentation and billing services. CCHS has utilized Patagonia Health for nine years. There is an HL7 connection with Nevada Web IZ and Nevada State Public Health Lab. Patagonia Health is currently used by four other Washoe County departments and is supported by Tech Services.**
- Evaluate the customization process of EHR to identify ways to eliminate duplicative data entry processes.
 - **The Family Planning, Disease Investigation/HIV Programs have met and are exploring methods to prevent duplicate data entry although there is a state requirement to document disease surveillance in State and Federally supported electronic systems which do not communicate with existing EHRs. Disease surveillance covers cases that are often not NNPH clients.**
- Evaluate the use of EHR Super User staff teams or specialists within CCHS to support staff daily.

- **CCHS has an assigned Business Technologist that is the Administrator for Patagonia Health and provides daily support to staff for the EHR. Each program in CCCHS has staff that are more familiar with Patagonia Health, specifically for their designated program and are tasked with training new staff. Leadership will continue to refine the EHR training process based on staff feedback.**
- 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.
 - **The Family Planning Sexual Health and Immunization programs are utilizing tracking systems to monitor daily clinic volume, no shows, and walk-ins. This information is utilized to guide service delivery and schedules. In addition, each grant requires various deliverables and diverse reporting information. The programs will be coming together in the future to evaluate basic reports audits to ensure the integrity of the EHR in a timely and continuous manner. Program**

Quality and Compliance

- Service signage at NNPH Clinic sites did not provide information in multiple languages to represent the populations served at clinic sites.
 - **The 330 Partners assessment took place the first week of December 2023. CCCHS had completed the reconfiguration of the lobby and temporary signage had not arrived. Permanent signage is now in place in English and Spanish.**
- 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.

- **CCHS is in the process of reviewing safety protocols for onsite and offsite activities. Active Assailant training is scheduled for July 10, 2024. A security assessment as well as an evaluation of the panic button system was completed by the County Security Administrator earlier this month and recommendations are being implemented.**
- Staff Safety protocols for outreach staff should be reviewed and included as training in each NNPH/CCHS program protocols.
 - **Safety is a top priority at NNPH. In addition to current safety measures, safety procedures for offsite and outreach activities are being added to all applicable CCHS program protocols.**
- Evaluate the use of an evidence-based social determinants of health (SDOH) screening tool for all patients.
 - **The CHWs currently have a SDOH screening that is documented in their Initial Assessment encounter note. While it is not being done for all clients, it is being completed for clients referred to a CHW.**

Programs and Services

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.
 - **NNPH has a well-defined budget process which is followed by all divisions to ensure consistency. The current CCHS budget process considers Federal, State, and local mandates, available grant funding, public health impact, and existing community resources. These considerations are made annually during the budget process and as grants are implemented and completed. NNPH budget is reviewed by all Washoe County jurisdictions annually.**

SH/FP Services

- Review current program to re-align staffing needs and program expectations based on current volumes.
 - **Changes have been made to the structure of the clinic schedule and include all providers seeing clients on Wednesday mornings, addition of night clinic to the 5th Wednesday of the month, staggering of provider lunches to ensure appointments are available throughout the lunch hour, and standing orders for the RN for PrEP refills, STI treatments, and birth control pill refills. Additionally, staff are currently evaluating grant-related documentation requirements for streamlining as well as regulations relating to the use of dispensing techs in the clinic.**
- Evaluate the most effective workflows for changing to an “open access” model of care.

- **Per the Agency for Healthcare Research and Quality open access “is a method of scheduling in which all patients can receive an appointment slot on the day they call”. The SH/FP program already uses an open access model of care. The clinic accepts walk-in and same day appointments daily. Scheduled appointments are also available for clients desiring an appointment at a later date. There are no restrictions around what type of appointments can be scheduled and routine and problem visits receive the same priority for scheduling.**
- Review patient workflow to create a more patient-centered approach to services, i.e. take services to patient in the room.
 - **Clinic staff have already implemented a patient-centered approach to services. All services are now completed in the same room and clients are not moved to different rooms during their visit.**
- Evaluate provider workflow for EHR; use dictation software for chart completion.
 - **Patagonia EHR has an add-on for dictation software. Staff are evaluating the cost of the software and if there is available funding to support. Much of the documentation currently required is needed for reporting on grant-deliverables but FP/SH will evaluate provider and clinic workflows to see how chart completion can be more efficient.**
- Evaluate and refine the use of Community Health Workers.
 - **Community Health Workers are currently working to the full scope of their role in the clinic. They are part of the health care team and provide patients with coaching and navigation to access health care and community resources that are self-identified or identified by the provider. Additional work is being done to refine the CHW job specification.**

- Create a plan to address staff safety concerns regarding panic buttons and emergency situations in the clinic space.
 - **NNPH and CCHS have a safety plan in place to address a variety of emergency situations. The use of panic lanyards is being reviewed. Additionally, a representative from Washoe County Sherriff's Office will be doing a safety assessment this summer and provide Active Assailant training tailored to the clinic setting.**

TB Control Program

- Evaluate current organizational structure and align staffing needs and program expectations with current patient volumes.
 - **Staffing for the TB program is appropriate for an offsite clinic with the current caseload. Staffing consists of two PHN Case Managers (one part time and one full time), one Senior PHN Coordinator, one Office Support Staff and one PHN Supervisor who has additional duties other than the TB Program. The program is responsible for the care and treatment of anyone that is diagnosed with active disease in Washoe County. TB is a very complex and specialized area of medicine which takes months of training to become competent in. Along with the complexity of the disease, the rate at which active disease cases are diagnosed is very sporadic and unpredictable so it requires having adequately trained staff to take care of this population when the cases are identified. In addition to active disease cases, the program is responsible for evaluating B1/B2 immigrants and treating if diagnosed with Latent Tuberculosis Infection (LTBI), performing contact investigations to active disease cases, performing TB rule outs when someone is suspected of having disease. The program sees a steady stream of these types of clients. The program is also responsible for TB surveillance for the county which means reviewing every positive TB test result that is reported.**
- Evaluate supervision structure - PHN Supervisor and Senior PHN positions.

- **The TB clinic is not housed at 1001 East Ninth Street. The current structure allows for the Senior PHN to be a working lead and manage day to day operations at the clinic while having the PHN Supervisor oversee grants, budget, and upper-level management. In addition, the TB PHN Supervisor oversees compliance for Infection Control, Blood Borne Pathogens, Quality Assurance, Tuberculosis and Emergency medication compliance for all CCHS. CCHS previously had a supervisor who managed compliance for the division. When this position became vacant in 2013, this position was not filled. CCHS was planning to request an above the base for a Compliance Nurse for the division, however the decision was made to restructure supervisory roles to allow the TB supervisory to take on these duties.**
- Evaluate the current use of Community Health Worker as DOT worker and the responsibilities of a position to include additional duties.
 - **The Community Health Worker was in the process of being trained during the assessment and is now providing Direct Observed Therapy.**
- Ensure the current Office Specialist completes the online national interpreter certification process.
 - **The interpreter certification was in process during the assessment. A total of 17 CCHS staff completed the national interpreter certification process.**

Disease Investigation Specialists/Public Health Investigators

- Evaluate and refine the use of Community Health Workers in the program.
 - **The Community Health Worker (CHW) assigned to Investigations and Outreach provides transportation for clients, assists staff during field visits, and conducts outreach during community events. The CHW also provides PrEP navigation services to assist clients on PrEP for HIV prevention, to follow through on**

appointments and insurance coverage matters. This role has been defined since the inception of the CHWs to CCHS.

- Ensure policy and procedures are clearly defined and accessible to the team.
 - **Procedures have been in place for daily activities. Documentation of processes are being compiled into a Disease Intervention Specialist (DIS) Protocol that is in progress. The final document will be available to staff on a program SharePoint and sent to them individually, after review at a team meeting.**
- Create a plan to address staff safety concerns regarding personal safety while providing services in the community.
 - **Staff are provided training in field safety during their initial investigation training. In addition, the Perinatal Hepatitis B Program initiated field visits and developed a document on safety procedures that was reviewed by the Investigations and Outreach supervisor. This document will be made available to Investigations and Outreach staff as well. Also, staff have the option to have another staff person with them on field visits and are encouraged to maximize efforts by conducting field visits for both staff.**

Immunizations

- Evaluate patient volumes for various types of vaccines/services provided.
 - **Staff use data from previous events and seasons to determine extra purchasing needs (example: flu).**
 - **When there is a change in requirements (Examples: TDAP, MCV4) staff use this to guide inventory and the number of clinics offered.**
 - **Continue to monitor the clinic schedule for being fully booked seven days out and add additional shifts to accommodate the need.**

- **As a result of this assessment, staff created a monitoring and tracking tool to assess clinic utilization, for example what time of day do we receive more walk-ins, see more no shows etc. Statistics are gathered by day and divided into AM and PM clinic. The team is in the process of summarizing the data points by month, quarter, and year to date to identify trends.**

Item	Description
# of Avail. Appts.	Number of appointments for each daily period (AM vs PM).
# of Walk-In Appts.	Appointments that are indicated as walk-ins.
# of Scheduled Appts	Appointments that have been scheduled for the period.
# Existing	Type of visit is indicated as IZ Existing.
# New	Type of visit is indicated as IZ NEW.
# COVID only	Visit is for COVID vaccination only.
# Vaccinated	Number of individuals that received a vaccinator.
# Rescheduled/ Canceled	The appointment was canceled or rescheduled.
# of No Shows	The patient did not keep their appointment.

- Evaluate timing of clinics based on volume data and referral data (not currently tracked)
 - **As indicated above, staff have created a monitoring tool to evaluate if adjustments need to be made to the timing of clinics.**
 - **Staff increase the number of shifts seasonally, which will increase the number of patients seen during the Back-To-School and respiratory seasons.**
- Evaluate immunization inventory, including costs to maintain and expired/wasted immunizations.
 - **Currently, each month after completing inventory staff evaluate the need to purchase private pay vaccine or request VFC and 317 vaccines. This entails a detailed review of averages used each month, all tallied on a funding source sheet which will also show the highest use months.**

- **Staff do their due diligence to rotate vaccine stock and ensure using short, dated vaccine sooner than longer expiration dates.**
- **Staff often take on short-dated vaccines from other providers who would not be able to administer before the expiration date. These are then rotated into NNPH inventory with the expectation of being used first.**
- Evaluate appropriate opportunities and outlets for service delivery in the community.
 - **Utilize State vaccination data to guide service delivery. Outreach events are held in low socioeconomic or low vaccination uptake zip codes.**
 - **Staff continue to utilize partnerships with community entities to limit gaps in services for priority populations.**

WIC

- Evaluate current organizational structure and openings to align staffing needs and program expectations with current patient volumes.
 - **With each new WIC staff opening, positions are assessed including the staffing requirements essential to meet the diverse needs of the program and enhance and sustain caseload.**
- Evaluate opportunities to improve/increase service utilization, client convenience, and satisfaction.
 - **The WIC program is driven by client participation numbers and regularly explores recruitment and retention opportunities, including opportunities with the Community Health Worker (CHW) team. CHWs play a vital role in improving client experiences by assisting with outreach, implementing the Cribs for Kids safe sleep program, and more. New activities being explored include grocery store tours and client transportation.**

- **WIC actively collaborates with community partners to enhance the coordination of client services. New partnerships being investigated include referrals between WIC and the Renown Centering Program for pregnant women and infants and the Northern Nevada HOPES Clinic. The NNPH WIC program supports the national and state WIC modernization efforts lead by the Nevada WIC office.**
- **To better accommodate client needs, starting in July 2024 WIC is reintroducing evening hours for appointments and business (formula pick up, WIC card pick up, etc.) that clients may want to complete in the office.**
- Review current productivity by clinic location and allocate resources to the busiest sites.
 - **Clinic participation numbers are monitored, and needs are allocated in terms of Intermittent Hourly (IH) staff. Gaps are filled with IH staff when there are vacancies and leave. The program has two IH staff that can see WIC clients.**

WIC Participation Numbers by Clinic 2024; Quarter 3				
	Jan	Feb	March	Quarterly Avg.
Clinic #301 (operating with 4 FT staff)	1400	1409	1405	1405
Clinic #302 (operating with 5 FT staff)	1636	1655	1667	1653

- **Each of the NNPH WIC sites has five assigned FT staff. Clinic #301 had a long-time staff member leave in August 2022 and has not yet filled the position. Clinic #302 has been fully staffed, except for the site supervisor who is currently on maternity leave (April-June).**
- **When needed, there can be cross coverage between clinics. Many WIC clients prefer remote appointments, and if needed, staff can assist with both clerical and clinical**

responsibilities for the clinic where they do not physically work. This solution has been utilized occasionally and can be explored further to provide support during staff shortages at each clinic location.

- Ensure the current Office Specialist completes the online national interpreter certification process.
 - **Three of the WIC Office Specialists (OS) are proficient in English and Spanish. These bilingual OS directly engage with WIC clients, delivering program information without the need for interpretation services. The fourth OS working with WIC does not work directly with WIC clients and does not speak languages other than English. After evaluation of the program needs, the roles of staff, and the use of the Language Line interpretive service, it was determined that interpreter certification would not be required within the WIC program.**

Chronic Disease and Injury Prevention

- Evaluate current organizational structure to ensure staffing aligns with program expectations.
 - **The CDIP team assesses staffing and organizational structure regularly as funding levels and funding for positions (FT and Intermittent Hourly) change. Program strategic planning is completed about every three years and involves looking at grant deliverables, community health data/needs, opportunities to partner within the community, and budgetary resources. The CDIP strategic planning session was completed May 17, 2024.**
- Ensure the current Office Specialist completes the online national interpreter certification process.
 - **The current Office Specialist is not multilingual.**