Tillamook County Community Health Centers

STRATEGIC PLAN

2019-2022

MARLENE PUTMAN
Administrator

HARRY COFFMAN
Health Council Chair

DR. LISA STEFFEY, DO
Medical Director

Executive Summary

Founded in 1994, the Tillamook County Community Health Centers (TCCHC) is celebrating 25 years of serving the community. In that time TCCHC has built a strong, dependable and sustainable organization geared toward meeting the unique needs of the residents of Tillamook County. The Health Centers provide a comprehensive and patient-centered program that addresses the full-spectrum of the bio-psycho-social healthcare needs of our patients. With a dedicated team of providers and staff, TCCHC is able to provide direct services for primary care, acute care, behavioral health (including Medication Assisted Treatment (MAT)), nutrition and case management. Through our community partners and contractors, we are also proud to provide dental, specialized behavioral health and specialty medical services for our patients. TCCHC works with our partners and ensure that our referred patients receive the same high standard of care and financial discount they would receive from our Health Centers.

TCCHC is also proud to provide these services to everyone, and no one is ever refused service because of an inability to pay. The Health Centers practice holistic, team-based care that is sensitive to the individual needs of our patients without discrimination based on race, color, national origin, religion, gender, disability, political belief, age or sexual orientation. TCCHC provides a safe space where all are welcome and cared for in a culturally competent manner by a care team that is invested in the community and their patients. To ensure that our patients with limited English proficiency receive the same level of care and attention as our English speaking patients, TCCHC has invested in building a Spanish language interpretation and translation program and is unique in the region for its staff of qualified and certified Spanish language interpreters and translators. We also provide quality telephonic and in-person interpretation in other languages through our well vetted contractors.

The Health Center coordinates a countywide Wellness Coalition (established 2016) comprised of over 35 multi-sector partners and 65 individuals engaged population health improvement efforts in one or more of the action/work groups. Although it is the vision of the Coalition that Tillamook County become "a place where people feel empowered by their community to engage in healthful lifestyles", the current goal is to address the risk factors that lead to diabetes and other chronic diseases and thereby reduce the number of people that become type 2 diabetics. The Health Center believes that this community-based work will result in improved health and wellness for individuals and the community.

The Health Center is proud of the work it has accomplished in its first 25 years, and looks forward to continuing to meet the everchanging needs of our community. In recent years, TCCHC has dedicated itself to building a strong financial model to ensure the sustainability of our organization. Today, TCCHC is in the strongest financial state in recent memory. It has done this while also expanding services to include onsite nutrition and behavioral health and expanding dental care services in the community. The 2019-2022 Strategic Plan looks to build on our recent successes and position TCCHC for continued growth and success in the future. While program growth will remain a focal point of this plan, TCCHC also recognizes that sustainable growth must be accompanied by organizational structure and systems. This plan will have a particular emphasis on developing the internal processes, systems and structures that will be required to meet our long-term financial and programmatic growth objectives. At the heart of this strategic plan is an unrelenting focus on people, both the patients we serve and the individuals who provide those services. It is this combined emphasis on programs, structure and people that we will enable and empower us to another 25 years of success in promoting and protecting the health of ALL people in Tillamook County!

Marlene Putman, Administrator

Table of Contents

Organizational Overview

The Tillamook County Community Health Centers (TCCHC) is a Federally Qualified Health Center (FQHC) primarily serving the residents of Tillamook County, OR. As an FQHC, the Center receives Health and Human Services funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals. TCCHC is also a deemed federal Public Health Service employee through the Federal Torts Claims Act.

TCCHC is committed to providing quality, affordable and accessible services, without discrimination on the basis of: race, color, national origin, religion, gender, disability, political beliefs, age, sexual orientation or religious creed. No one is refused service due to inability to pay. The Centers offer a wide array of services to meet the diverse bio-psycho-social needs of the community. Services provided by the Centers include:

- Behavioral/Mental Health
- CDL Exams
- Dental/Oral Health
- Environmental Health – Food, Water, lodging, Restaurants
- Health Insurance Assistance (OHP/QHP)
- HIV/AIDS Assistance
- Immunizations
- Immediate Care
- Nutrition & Health Education
- Pediatric – All Ages
- Preventative Care/Services
- Primary & Family Healthcare
- Public Health/Home Visits
- Spanish Interpreters
- WIC – Women, Infants & Children Nutrition Services
- Women's Health

TCCHC practices team-based care, where a Primary Care Provider leads a care team of medical assistants, nurses, specialized doctors, health educators, and other healthcare professionals. This team serves as a health coach helping patients to be healthy and happy by providing the right care and services for the individual and family. In recognition of this care model, TCCHC is recognized by the Oregon Health Authority (OHA) as a certified Patient Centered Primary Care Home (PCPCH Tier 4).

The *mission* of TCCHC is *to promote and Protect the Health of ALL People in Tillamook County*.

TCCHC's *vision* for Tillamook is *a thriving community that will attain the highest level of community wellness by empowering people to improve their health and well-being.*

The Center's vision for itself is that TCCHC will be recognized as the healthcare provider and employer of choice in Tillamook County by establishing a culture that champions patient-centered care, promotes staff engagement, embraces the latest technology, and pursues community and strategic alliances.

The Tillamook County Community Health Centers achieves its mission and strives for its visions by honoring its *core values* of:

- Care and Compassion
- Honesty and Integrity
- Teamwork
- Community
- Excellence and Quality
- Accountability
- Education, Teaching and Training

SWOT Analysis and Competitive Advantages

Two SWOT analyses were conducted during the strategic planning process. The SWOT presentation below represents the second of the two analyses. The first was written and presented to the Steering Committee by the consultant conducting the Just Culture Survey in the Just Culture Survey Report, which can be found in Appendix I below (p. 16). The Steering Committee, upon review of the Just Culture Survey Report, conducted their own SWOT analysis, which is depicted here. This analysis was conducted in preparation for the Strategic Planning Event, which was held in April 2019. The purpose of the analysis was to inform the planning of the Strategic Planning Event around actional strengths, weaknesses, opportunities and threats facing the Health Centers.

Strengths	Opportunities
- Financial stability - Tenured providers and staff - Culturally competent & bilingual workforce - Hours of operation - Integrated service delivery model - Collaborative - Engaged Health Council - Patient Centered culture	- Partnerships with local agencies, i.e. TFCC - Harm reduction - Working with CCO - Community health workers - Interpreting program - Food security - School based health programs
Weaknesses	**Threats**
- Staffing, recruiting and human resources - Burn out - Staff not working to top of skill set - Internal communication - Training and on-boarding - Facilities: - Space constraints - Interior layout of the clinic - Clinic aesthetics - Low frequency of visits - Internal systems and processes	- Cost of living - Housing crisis - Small panel sizes - Flexibility of OHP plan - Increased demands of CMS/CCO/PCPCH - Low frequency of visits - Healthcare reform - Local competition from large regional healthcare group - Increase in environmental health concerns

Competitive Advantages
- Care for all patients, regardless of ability to pay   - Patient centered culture   - Qualified and certified interpreters and translators on staff   - Integrated service delivery model with onsite wrap-around services   - Open panels   - Access

Strategic Planning Process

The 2019-2022 Tillamook County Community Health Centers Strategic Plan is the culmination of a six month process, initiated in January 2019 and concluding with the final approval of the strategic planning goals by the Health Council in July 2019. The planning effort was led by a Steering Committee comprised of a range of clinical and administrative staff and Health Council members.

The initial months of preparation focused on employee engagement and solicitating feedback from all TCCHC personnel. This process started by reissuing the Just Culture Survey, and administering the survey by interview, rather than in writing. This process occurred from January through February 2019. Staff were issued the contents of the survey in writing in advance of an interview with an outside consultant. This ensured a 100% participation rate in the Just Culture Survey. The report provided by the consultant to TCCHC Health Council and staff on the outcome of the survey can be found in the appendices below.

Following the Just Culture survey, focus groups were formed to provide additional feedback on areas of particular interest identified by staff and management through the Just Culture Survey. These focus groups addressed the patient experience, culture and systems within the organization, and innovations and new programs. Focus group members represented various areas throughout the organization and were issued questionnaires in advance of their focus group discussion events. This process took place from February through March 2019. The focus groups each met once, for a 60 minute session with an outside consultant to provide feedback on their specific focus area. Due to scheduling issues the Innovations and New Programs focus group was unable to meet collectively and provided their feedback through individual interviews. All focus group events and interviews were facilitated by an outside consultant. The reports provided by the consultant to TCCHC Health Council and Executive Leadership on the outcomes of the focus groups can be found in the appendices below.

The next step in the process was an all-staff strategic planning event, which occurred in April 2019. Participants in the event included staff, clinical providers, management and leadership, and the Health Council. The event was developed by the Steering committee which included medical leadership, executive leadership and department personnel. The agenda for the event, and the information provided to inform the event's discussions, resulted from a review of staff feedback as presented in the Just Culture Survey, the focus group reports and a review of performance and health indicator data by executive leadership. The event was facilitated by an outside consultant. The report provided by the consultant to TCCHC on the outcome of the strategic planning event can be found in the appendices.

The strategic planning event report led to an itemized list of actionable objectives identified throughout the strategic planning process. This list was presented to the Steering Committee and Health Council to select the items they wished to include in the final strategic plan. This assessment process produced the final strategic goal sheet, which was approved by the TCCHC Health Council in July 2019. The approved goals for the 2019-2022 TCCHC Strategic Plan are presented in the following section of this report. Further work will be completed in the coming years to develop actions plans for the goals as delineated in the Operations Plan section below (pg 13).

Strategic Goals and Activities

Goal 1: Expand and Enhance Patient Services

STRATEGIC OBJECTIVES	STRATEGIC ACTIVITIES	ACTION ITEMS
1. *INCREASE HEALTHCARE OPTIONS IN TILLAMOOK COUNTY SCHOOLS*	a) Develop model for School Based Health Center	i. Develop pilot program with one participating school ii. Expand program to additional schools as demand warrants
2. *EXPAND PHYSICAL INFRASTRUCTURE THROUGH CAPITAL INVESTMENT*	b) Investigate capital requirements to expand physical infrastructure	iii. Create master facilities plan for TCCHC iv. Conduct feasibility analysis of master facilities plan v. Develop capital campaign aligned with feasibility analysis vi. Increase prudent reserve fund to account for capital projects
3. *DEVELOP INTEGRATED SERVICE DELIVERY MODEL WITH PARTNER AGENCIES*	c) Increase the number and frequency of partner agency services delivered in a TCCHC facility	vii. Identify partner agency services that can be delivered in TCCHC facility now or with minimum effort viii. Identify additional partner agency services to be delivered in TCCHC facility and develop plan to overcome barriers to providing those services onsite
	d) Explore delivering TCCHC services, with TCCHC personnel, in a partner agency facility	ix. Identify TCCHC services that can be delivered in a partner agency facility now or with minimum effort x. Identify additional TCCHC services to be delivered in partner facility and develop plan to overcome barriers to providing those services onsite
	e) Integrate TCCHC communication technologies (i.e. patient portal, electronic records) with partner agencies	xi. Create a phone line that centralizes all patient calls to a single source for all TCCHC provided and contracted services xii. Explore linking to partner agencies through website and MyChart
4. *EXPAND SCOPE OF SERVICES TO MEET THE DIVERSE NEEDS OF ALL THE VARIOUS REGIONS OF*	f) Define scope of services needed in North and South County	xiii. Market and implement Mobile Clinic xiv. Investigate demand for services by region and service type xv. Articulate market strategy to TCCHC personnel, patients and the community

TILLAMOOK COUNTY	g) Explore additional services required to serve the unmet bio-psycho-social needs of patients in our community	xvi. Conduct a gap analysis to identify unmet service needs xvii. Identify which new services are best delivered through TCCHC xviii. Collaborate with community partners to identify which new services are best delivered through their agency

Goal 2: Create the optimal patient care experience

STRATEGIC OBJECTIVES	STRATEGIC ACTIVITIES	ACTION ITEMS
1. *LEVERAGE TECHNOLOGY TO REDUCE BARRIERS TO CARE*	a) Develop options for electronic visits and consults	i. Provide virtual visits with TCCHC providers ii. Facilitate virtual visits with TCCHC partner agencies iii. Coordinate with outside agencies to facilitate virtual visits with specialty services
	b) Improve telephone systems and processes	iv. Develop process to limit transfers to no more one transfer per call v. Optimize Epic telephone encounters to eliminate voice mail vi. Replace phone calls with texting for routine messaging
	c) Optimize MyChart	vii. Increase MyChart utilization from current baseline viii. Make MyChart the TCCHC preferred outlet for communicating with the clinic and scheduling appointments
	d) Develop interactive web presence	ix. Enhance connectivity between MyChart and website x. Make all forms available online and for digital submission xi. Connect patients to partner agencies via TCCHC website
2. *PROMOTE A CULTURE OF PATIENT CENTERED CARE AND CUSTOMER SERVICE*	e) Adopt customer service standards	xii. Develop Uniform customer service training and annual competencies for all areas xiii. Develop customer service standard work for all areas xiv. Incorporate customer service training into onboarding process
	f) Align daily Epic schedule around the patient experience	xv. Build schedule template that accounts for all the standard elements of a patient encounter xvi. Create standard work for each standard element of a patient encounter
3. *DELIVER CULTURALLY COMPETENT AND LINGUISTICALLY SENSITIVE CARE*	g) Emphasize recruitment of bi-lingual staff	xvii. Develop comprehensive recruiting plan for all TCCHC positions xviii. Create marketing plan targeting bi-lingual applicants

	h) Emphasize professional development of bi-lingual personnel	xix.	Define formal path for bi-lingual personnel to become certified and qualified interpreters/translators
		xx.	Define incentives for staff to become certified and qualified interpreters/translators
	i) Explore strategy to grow the interpreting program aligned with patient needs	xxi.	Study market demand for interpreters/translators among Tillamook County health services
		xxii.	Perform workforce capacity study to identify the available bi-lingual talent pool
		xxiii.	Collaborate with clinic partners to expand access to onsite interpreters in Tillamook County

Goal 3: Create the optimal workforce experience

STRATEGIC OBJECTIVES	STRATEGIC ACTIVITIES	ACTION ITEMS
1. *PROMOTE OPPORTUNITIES FOR WORKFORCE GROWTH AND DEVELOPMENT*	a) Create career or promotion tracks for all positions	i. Identify and outline promotion tracks for all position ii. Identify additional experience/training required for further advancement for positions with a terminal promotion track (i.e. positions that do not lead to management or higher) iii. Conduct regular reviews of positions and update position descriptions and associated compensation as warranted
	b) Create workforce training program aligned with career and promotion tracks	iv. Identify training and continuing education opportunities that can be supported by the organization that position staff for advancement v. Identify the educational and external experience requirements for advancement to leadership or higher license clinical positions, and how the organization can support employees seeking such advancement
	c) Create formal intensive on-boarding program for all positions	vi. Create training program for all new employees vii. Create standard training competencies for all new employees
	d) Develop employee recognition program aligned with the personality profiles of all personnel	viii. Create structured employee recognition program ix. Identify recognition preferences for all employees

STRATEGIC OBJECTIVES	STRATEGIC ACTIVITIES		ACTION ITEMS	
2. *MAXIMIZE WORKFORCE PRODUCTIVITY THROUGH SYSTEMS AND PROCESSES*	e)	Develop standard work for all positions	x.	Create annual training plans and competencies around standard work for all positions
			xi.	Developing training plans for all new program areas
	f)	Implement management methodology	xii.	Select Management Methodology like Lean, Six Sigma or IHI
			xiii.	Develop report out structure to share improvements resulting from adopted program
	g)	Automate basic tasks	xiv.	Leverage technology to reduce non-value-added tasks from personnel like using tablets or kiosks
	h)	Develop real-time performance communication	xv.	Identify data that employees need in real-time to improve their performance
			xvi.	Create systems to pull that data on a regular basis
			xvii.	Develop process to present data in a format that is visible and easily accessible to personnel
3. *DEVELOP CULTURE OF TEAMWORK, COMMUNICATION, AND CONNECTIVITY*	i)	Select teamwork methodology	xviii.	Implement a program like TeamSTEPPS and embed the program standard work for all areas
	j)	Select leadership development program	xix.	Implement a system like Table Group and embed the program into leadership standard work

Goal 4: Build a financial model poised for service growth

STRATEGIC OBJECTIVES	STRATEGIC ACTIVITIES		ACTION ITEMS	
1. *DEVELOP FINANCIAL STANDARDS FOR ADDITIONAL SERVICES*	a)	Create a formal structure for change management	i.	Develop grants management program
			ii.	Adopt system for developing new service lines
			iii.	Adopt system to assessing and procuring new technologies and equipment
	b)	Develop productivity models around program growth	iv.	Develop ROI assessment that will be used for all new programs
			v.	Define productivity requirements for current services to support investment in new programs
	c)	Develop revenue-based staffing model	vi.	Define financial break-even productivity requirements to support current staff model
			vii.	Identify collective productivity requirements to support additional shared support staff
			viii.	Identify individual productivity requirements to support additional 1:1 staff

	d)	Develop decision making standards for major expenses and projects	ix. x.	Select decision making process, such as RACI Delineate decision making authority by job type
2. RECRUITMENT AND RETENTION	e)	Create a comprehensive recruitment strategy	xi.	Create competitive position descriptions and compensation models for revenue generating positions
	f)	Create a comprehensive retention strategy	xii. xiii.	Develop mentorship program Identify and implement performance appraisal process to align vision to action
	g)	Create transition plans for all key positions	xiv. xv.	Create succession plans for all leadership positions Develop interim plans for all leadership and revenue generating positions
	h)	Explore adding human resources to Health Center workforce	xvi. xvii. xviii. xix.	Create the job description and reporting structure within the Health Department Identify how this position will integrate with County HR infrastructure Conduct feasibility steady on adding HR to Health Center workforce Depending on the outcome of the feasibility study, negotiate with County leadership to add position in Health Center
3. LEVERAGE TECHNOLOGY TO ENHANCE REVENUE AND DECREASE WASTE	i)	Leverage Epic system to optimize billing	xx. xxi.	Identify and correct current deficiencies Identify and implement opportunities for improvement
	j)	Develop internal reporting that informs strategy for maximizing revenue	xxii. xxiii.	Provide monthly reports on revenue generated and missed opportunities Develop actions plans for missed revenue opportunities

	k) Automate tasks that are non-value added to the patient	xxiv.	Explore using tablets and kiosks for registration and rooming
		xxv.	Automate patient paperwork through MyChart and TCCHC website
		xxvi.	Provide initial intake forms on MyChart for chief complaint and patient history
4. *DEVELOP MARKETING STRATEGY TO DRIVE PRODUCTIVITY IN DEFINED GROWTH SEGMENTS*	l) Create marketing strategy for all revenue generating service lines	xxvii. xxviii.	Develop a marketing strategy for medical services Develop a marketing strategy for behavioral health services
		xxix.	Develop nutrition program and develop marketing strategy for nutrition program
	m) Align marketing strategy to optimize provider panels	xxx. xxxi.	Define optimal panel size per job type and licensure Create custom marketing strategy to achieve desired panel size
	n) Develop comprehensive organizational marketing strategy	xxxii. xxxiii.	Explore alternative marketing venues Create marketing key performance indicators

Operations Plan

1. Phase 0: July 1, 2019 to December 31, 2019
   a. Identify leadership champions for strategic goals
   b. Identify champions for strategic objectives
      i. Champions commission strategic objective action teams
   c. Develop measures and targets for activities and outputs
   d. Identify and implement quick fix projects
   e. Study and exploration
   f. Champions and action teams develop Year 1 action plan
   g. Quarterly reports to all-staff
2. Phase 1: January 1, 2020 to December 31, 2020
   a. Introduction and Implementation of new programs/procedures
   b. Champions and action teams develop Year 2 action plan
   c. Quarterly reports to all-staff
3. Phase 2: January 1, 2021 to December 31, 2021
   a. Utilization of new programs/procedures
   b. Incremental improvements on new programs/procedures
   c. Champions and action teams develop Year 3 action plan
   d. Quarterly reports to all-staff
4. Phase 3: January 1, 2022 to December 31, 2022
   a. Finalize/fine tune new programs/procedures
   b. Focus on underperforming parts of the strategy
   c. Complete new strategic plan by June 30, 2022
   d. Quarterly reports to all-staff

Market Analysis

Tillamook County is designated as a Health Professional Shortage Area for low income, homeless and migrant farm worker populations. It is also designated as a Dental Health Care Shortage Areas for low income populations. In addition to provider shortages, barriers such as transportation and geographic isolation may be present with community-level research pointing to transportation to healthcare services as a key issue for residents in the entire region.

Socio-economic conditions in Tillamook County may also be a key issue for residents needing access to healthcare services. In 2017 Tillamook County's median household income of $45,061 was significantly lower than the median household income for the state, which was $56,119. Tillamook's median income was also lower than the adjacent counties of Clatsop and Columbia. Tillamook county also experiences a rate of homelessness which is three times that of Oregon, with 9 residents per 1,000 experiencing homelessness compared to Oregon's 3 in 1,000.

Population demographic information based on the last US Census data indicate that there are 26,787 people residing in Tillamook County with the following distribution: 94% Caucasian, 13% Hispanic or Latinx; 2% Indian; 1% Asian; 1% Black (Census Data) The Health Center 2018 Uniform Data System (UDS) report indicates a patient demographic distribution of: 91% self-report as Caucasian, 6.5% Hispanic/Non-white, and mixture of Asian, pacific islander, and native American for the remaining 2.5% at etc. According to Oregon Health Authority data, 25% of new births in the county are Hispanic. Interestingly, approximately 19% of the patients served request a Spanish Interpreter and interpreters are used regularly every day.

County age distribution according to Census Data is: 19% between 0-17 years; 56% between 18-64; and 25% between the ages of 65+ years. Health Center 2018 UDS data indicates 32% of services are provided to patients 0-17 years; 10% to patients 18-24; 24% to patients 25-44; 24% to patients 45 – 64; and 10% to patients 65+. 75% of patients are 44 years of age or younger. The Health Center is clearly serving a younger population of children and families.

Further, 2018 UDS and Columbia Pacific Coordinated Care Organization (CPCCO) data also indicate that the vast majority of patients reside in the 97141 zip code where the Tillamook Clinic is located and which is also the largest population center in the county.

In Clatsop, Columbia, and Tillamook Counties, 13 percent of the total population reported food insecurity (low food security and very low food security)—the same as in Oregon overall. The proportion of food insecure children (under 18 years of age) in each of these counties is slightly higher than in Oregon overall (20%) and slightly lower than across Oregon's rural counties (23%). In all of these places, the percentage of food insecure children is higher than the percentage of the total population living below the federal poverty level.

The Oregon Health Plan (OHP) provides healthcare coverage for low income Oregonians through Medicaid. Currently, 94 percent of Oregon adults have health insurance, though 10% of the Tillamook population are uninsured. OHP provides health insurance to one-quarter of adults in Oregon. Higher proportions of the population are uninsured in the Columbia, Clatsop and Tillamook service region than in Oregon overall. Twenty-seven percent (27%) of the population in Clatsop and Tillamook Counties are on OHP. It is also notable that 16-20% of Tillamook OHP current enrollees have not accessed care in the last 12-month period with any provider (Columbia Pacific Coordinated Care Organization use report,

2019). Fifteen percent (15%) of Oregon's population is on Medicare and the Columbia, Clatsop and Tillamook service region has a higher proportion of Medicare users than the state average. In Clatsop and Tillamook Counties, about one-fifth of the population is on Medicare. Based on recent UDS data and clinic records, Health Center patient payor mix is: 55% Medicaid; 17% uninsured; 18% insured; 10% Medicare.

Tillamook County experienced a 10% increase in its adult population with chronic conditions between 2010 and 2017. In the 2010-2013 reporting period, Tillamook County had the lowest proportion in the region, however, by the 2014- 2017 reporting period, it had the highest proportion, increasing to a level which is 7% higher than in Oregon overall. Furthermore, while the prevalence of cardiovascular disease in Clatsop and Columbia Counties is similar to that of Oregon (7%), the prevalence in Tillamook County is around 1.5 times higher (11%). Contributing to this may be an increase in physical inactivity for Tillamook adults. In Oregon, there was little change from 2010 to 2017, with nearly one-fifth of the population inactive outside of work. Tillamook County saw the biggest change in number of inactive adults—an 8% jump—in that time period, rising from 18% to 26% of adults inactive outside of work.

Inadequate prenatal care is another challenge facing Tillamook County. Inadequate prenatal care occurs when care is not initiated until after the fourth month of pregnancy or when less than 50 percent of recommended visits are received. In Tillamook County, only 65% of pregnancies received first trimester care, compared to 77% in Clatsop County and 80% throughout the state.

Tillamook also has a striking disparity in the ratio of resident per dentists in the population with 2,220 individuals per one dentist. This is nearly 1,000 more individuals per dentist than the state of Oregon. The incidence of dental caries/decay is also significantly higher than the state average in rural areas such as Tillamook, caused in part by the lack of water fluoridation and limited access to dental care. Despite this disparity, Tillamook County did experience a significant decline in its proportion of 11th graders not receiving oral care between 2013 and 2017, dropping 12 percentage points from 37% to 25% to become the lowest in the region.

In addition to the lack of dental care providers in the county, Tillamook also suffers from a shortage of mental health providers. Tillamook is designated as a Mental Health Care Health Professional Shortage Area, and at 400 to one, Tillamook County has the largest ratio of adult residents to mental health care providers in region, a figure nearly double the state ratio.

With the higher than average rate of opioid prescribing in the Coastal region of Oregon including Tillamook County (as reported by the Oregon Health Authority), increased efforts to address opioid addiction have resulted in a demand for alternative treatment modalities for pain management and treatment of opioid addiction.

Domestic violence and abuse rates are higher than the state average in Tillamook County. Experiencing trauma increases the risk for chronic disease.

Other community factors impacting the ability to support families and to bring professionals to the community include the lack of affordable housing and limited affordable quality child care options.

Appendix I: Just Culture Survey Report

Executive summary

Tillamook County Community Health Center (TCCHC) has built a successful product that is designed to meet the preventative, acute and chronic health needs of the community, ranging from direct healthcare services in its clinics to its work in the community through the public health and environmental health divisions. TCCHC is innovative with a dedicated workforce eager to provide the best for their community. There is a strong foundation from which to build and grow the work of this department. Staff are dedicated to their work and their patients and want the best for their community. The services provided by the department rival or exceed that of any other healthcare provider in the county. Staff and providers were proud of the product they helped to build and excited about the future of the department.

Opportunities for improvement centered on how the department was going to sustain growth into the future given their current constraints. Respondents were concerned that they systems within the department were insufficient to sustain their current projects and maintain their growth. Concerns about leadership and communication were abundant, with acute concern for the number of leadership positions remaining unfilled. In the absence of these positions, current leaders are left to fill the void, resulting in inadequate supervision, poor communication and burnout for both the remaining managers and their staffs. There is more than a strong foundation to build upon, but attention will need to be paid to building internal capacity to sustain the upward trajectory of the department.

Methods:
To inform the upcoming Tillamook County Community Health Center strategic planning initiative, feedback from staffing and providers was solicited using the just culture survey tool. Feedback from these surveys was collected by personal interviews. The goal for this project was to collect 40 interviews from providers and staff across all divisions of the department. Thirty-seven interviews were conducted in total for a 92.5% completion rate. Additional interviews may be conducted for any staff that would still like to participate. All divisions within the department were represented, with the exception of medical records. The other areas of the department with sub-optimal completion rates were administration (due mostly to scheduling issues) and Medical Assistants (due mostly to self-selecting out of the process), though both groups had a greater than 50% completion rate.

Below is the report on the feedback received from these interviews. All data captured has been aggregated and anonymized. Respondents were assured that their feedback was confidential and that no retribution would occur resulting from their feedback. To ensure confidentiality as much as possible, whenever respondent comments are referenced, they will all be referenced with the pronoun "she." The report will review the feedback derived from the five questions asked in the survey, with particular attention to the opportunities for improvement. At the end, a brief assessment of the feedback and recommendations for the planning committee of the strategic planning event conclude this report.

What makes the Tillamook County Community Health Center Stand out in the Community:
There was a general sense of pride and satisfaction from both the providers and staff with the product that that clinic and the department as a whole were providing the community. The department - including the clinic, public health and environmental health – provide a wide array of services to the community. This was definitely a point of pride for all the work groups interviewed for this project. There was a collective sense that the department was meeting the wrap-around health needs of the community, whether it be for direct care services or preventative services ranging from the county's immunization

16

program, the clinic's wellness exam initiatives, or the environmental health team's work in protecting the community from foodborne illnesses. There was also a great deal of pride in the number and availability of resources offered in the clinic. Respondents were pleased with the addition of dental, behavioral health and nutrition programs. Many were looking forward to seeing these programs expand over time to provide more direct behavioral health care and perhaps even adding direct dental services to the clinic. While it was not noted as often as the aforementioned programs, the availability of women's health, reproductive and family planning services offered by the clinic is notable. Those discussing this program were very passionate about it and see it has something that distinguishes the clinic in the community.

There was also general praise for the presence of a team of care coordinators and the ability of the clinic to connect patients and community members to resources in the community, both for their own healthcare and for their other psycho-social needs. There was appreciation for the care coordination team itself, but most respondents took pride in trying to help connect patients with community services whether they were the care coordinators themselves or the providers, clinical staff or registration staff. There was also a value, from all the work groups in the department, for being in the community and getting to know the needs of the community, ranging from the clinic itself through the work of public and environmental health divisions.

Understanding the needs and challenges faced by the community extended to how the department treats its clients. The department prided itself on the openness of its culture toward clients of all cultural and socio-economic backgrounds. There was the common theme for the value of seeing everyone regardless of their ability to pay, but the sentiment from the respondents went beyond that to truly believing that they were part of an culture that was accepting, inviting and nurturing to all individuals seeking their care. One respondent commented that she felt the clinic saw some patients that no other clinic in the area would be willing to treat. Ultimately, they wanted to be seen as the place where all people, from the homeless to the affluent, or from those with chronic or terminal diseases to those merely seeking wellness exams, were welcomed, embraced and received high quality care. As a result, the certified Spanish interpreter program received high praise from almost all respondents. This was seen as a defining characteristic of the department and something that truly distinguished it from competitors in the market. There were several respondents who commented on how this program extended beyond the exam room and was available to patients needing any of the wrap-around services provided in the clinic. This program was definitely a point of pride in the department. This is certainly a program that should be retained and celebrated in the community.

The accessibility of the services was also noted. While the providers and the clinical staff felt overwhelmed at times, there was a general sense from the providers to the clinical staff and registration staff, that the clinic provided timely and accessible care to their patients and the community. There was probably the least amount of agreement on this, of all the topics covered in this section, but generally it was endorsed that the clinic schedule is accessible to the community.

Overall there was a great deal of pride in the product that the department produces for and in the community. Several respondents commented on the changing reputation of the department in the community. Many acknowledged that the department historically did not have a great reputation, including the clinic, but thought that was turning around. The rebranding was cited as one reason for this, but more than that the respondents felt that the quality of the products and services the various arms of the department deliver was the main driver in changing the perception of the community. It was noted that this is a work in progress and more could be done to improve the reputation of the department

through marketing and infrastructure improvements, but it was generally held that the department was moving in the right direction in buildings its brand within the community.

What is the best part of the job:
This section elicited the least amount of feedback from respondents. Three themes emerged from the responses of this section, however, that were seen from providers and staff alike: working with patients and the community, working with their individual work units, and making a difference in the community.

The overwhelming response from this question centered on the experience of working with the patient or members of the community. This was a pretty universal response ranging from the providers to clinical staff, registration staff, ancillary staff and the public and environmental health divisions. Respondents enjoyed the opportunity to get to know the individuals and families they served, to understand their circumstances and challenges, and to work with them through these challenges.

Respondents also listed the relationships they built with their immediate work groups (i.e. providers and clinical staff, registration, care coordinators, public health, etc.) to be one of the best parts of their work experience. Respondents gave the general sense that there is relative harmony within their immediate work groups and that the members of their group work collaboratively and constructively together. The only exception to those may have been the care coordination team. Once you move beyond the immediate working group teams, the quality of the relationships appear to weaken and fray. Despite this, it was heartening to hear that most respondents, even when expressing opportunities for improved relationships with their peers in other work groups or divisions, still assumed positive intent on the part of everyone in the clinic and believed that everyone was coming to work to try to help the patient.

Respondents also valued that through their jobs they were able to make a difference in the community. One respondent commented that one of the best parts of her job was when she was able to see a patient make a breakthrough in their health. Other respondents valued that while what they do might not be seen by the community, they know that their contributions help improve the health of the community or support providers caring for patients. There were even several respondents who valued the outreach efforts by the clinic to engage patients in their health and ensure that they are coming in for their appointments, and that they get to contribute to engaging patients to be active in their own care. They appreciated that the clinic tries to reach out to all no-shows and proactively reach patients for preventative care so that no one falls through the cracks.

Tools:
The conversation around tools divided in two directions: the material tools needed for the job (technology, equipment, supplies, etc.) and the intangible tools required to do the job, like systems and processes. The general consensus was that everyone had the requisite material tools to complete their jobs. There was even some praise for the tools, such as the option for standing desks. When the need for a new tool arises, most of the respondents felt like they could get what they need, although it may take a while for that process to unfold. However, there were a few notable exceptions such as access to printers and faxes, access to general office supplies, and the quality of the second-tier fleet of county vehicles. This feedback will be addressed further in the sections below.

The availability of the intangible tools resulted in a much broader topic of conversation. The general sense was that needed communication and process tools were either not in place or not utilized. This was a major dissatisfier for most of the respondents. This was fairly universal across all work groups and

between the clinic as well as public and environmental health. This seems to have been exacerbated by the current leadership vacancies. This feedback will be addressed further in the sections below.
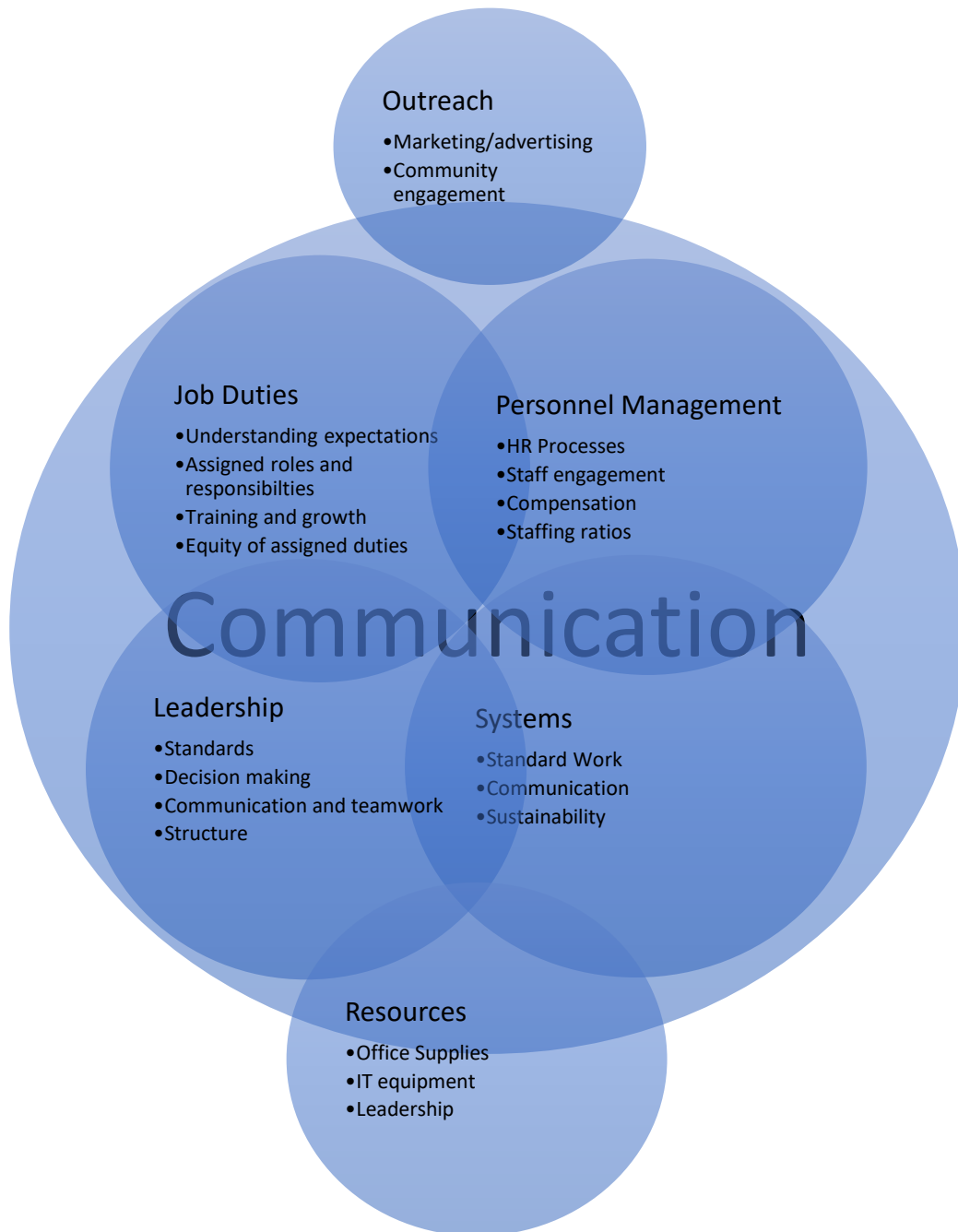
Improvement opportunities:
Opportunities for improvement, both for the individual job experience and the department in general, generated the most discussion and content for the survey. There was considerable overlap between these two categories, as well as the category on tools, and for that reason they will be combined for this section. After meeting with the respondents and reviewing their feedback, it would be difficult to disentangle improvement opportunities unique to either their individual job experience or the department as a whole. For the most part, what would improve the clinic and the job experience were indistinguishable for most respondents.

Due to the volume of feedback on improvement opportunities, this section will adopt visualization tools rather than the narrative format used above. For the purposes of simplification, feedback on opportunities for improvement have been grouped into broad categories which are organized by theme and subpoints. You will notice that some of the themes and subpoints overlap from category to category. This is not an error, but a reflection of the reality that some of the opportunities addressed have multiple implications.

The diagram and chart below are intended to help illustrate the overarching message from the respondents on how all the individual components that make up the categories and themes fit into this message. It was clear from all the respondents interviewed that communication is at the center of their current challenges but also the path toward improvement across all the opportunities they highlighted. The diagram immediately below illustrates how the categories and themes relate to each other and to communication, and the chart thereafter provides greater detail about the subpoints that informed the creation of these categories and themes.

When reviewing the illustrations below, please note that this is an amalgamation of feedback from providers, frontline staff and management. These individual groups proved too small to provide individualized feedback from each of these groups and guarantee confidentiality. What is interesting, however, is that all three of these groups generally gave very similar feedback and opportunities to improve. For this reason it is doubtful that presenting this information for providers, frontline staff and managers, respectively, would add anything to this report and analysis.

Major Categories and Themes from Opportunities for Improvement

Outreach
- Marketing/advertising
- Community engagement

Job Duties
- Understanding expectations
- Assigned roles and responsibilties
- Training and growth
- Equity of assigned duties

Personnel Management
- HR Processes
- Staff engagement
- Compensation
- Staffing ratios

Communication

Leadership
- Standards
- Decision making
- Communication and teamwork
- Structure

Systems
- Standard Work
- Communication
- Sustainability

Resources
- Office Supplies
- IT equipment
- Leadership

Categories and Themes for Improvement Opportunities with Corresponding Subpoints

Category: Job Duties	Category: Personnel Management
Understanding expectations - • Job descriptions are unclear, do not include all job responsibilities including grant obligations • Job descriptions do not reflect reality • Unclear/unstated expectations for new programs or positions *Assigned roles and responsibilities -* • Role clarity between groups • Role Clarity within groups • Medical records oversight • Understanding up/downstream implications *Training and growth -* • Onboarding process • Ongoing training • Career advancement *Equity of assigned duties -* • Distribution of assignments • Temporary assignment becoming permanent	*HR Processes -* • Delays in posting new positions • Delays in hiring posted positions • Onboarding process • Ongoing training • Career advancement *Staff engagement -* • Staff appreciation and recognition • Retain and re-recruit top talent • Morale • Professionalism *Compensation -* • Wage scale • Pay equity *Staffing ratios*
Category: Systems	Category: Leadership
Standard work - • Lack of standard work • Enforcing standard work *Communication -* • Process for transferring medical records with outside facilities • Communication between work groups *Sustainability -* • Onboarding process • Sustainable process improvement	*Standards -* • Enforcing standard work • Sustaining/enforcing change • Lack of follow through *Decision making -* • Inclusive decision making • Leadership by committee *Communication and teamwork -* • Collaboration, cooperation and teamwork between groups • Communication between management and staff • Management responsiveness *Structure -* • Clearly defined leadership within groups
Category: Resources	Category: Outreach
Access to office supplies - *Access to IT equipment -* *Access to leadership -*	*Marketing/advertising -* *Community engagement -*

Assessment of Improvement Opportunities:
When looking at the improvement opportunities, it can seem overwhelming. Providers and staff certainly provided a great deal more feedback on opportunities for improvement than they did on where the department is succeeding. However, consider the structure of the survey itself. The survey essentially invited more feedback on improvement opportunities. Two of the five questions focused specifically on this topic, and the topic of tools inherently invites a conversation that is more about what is missing than what is available. It should also be noted that respondents provided this feedback with a genuine interest in seeing improvements made to the department. There is an earnest desire to see the department continue to grow and develop and for them to be a part of that growth.

One comment from a responder that resonated during this process was that Community Health is not currently considered the best place to work in Tillamook, but it could be and that she wants to see it develop that reputation. That is the spirit in which this feedback was given. A brief SWOT analysis may also be helpful to structure one's thinking about this feedback and frame it in a way that seems less overwhelming. The planning Steering Committee would be encouraged to include a SWOT analysis either in their pre-event planning and/or as an organized activity during the strategic planning event. An example of how this information could inform a SWOT analysis could look like this:

Strengths	Opportunities
Mission Dedicated, passionate personnel Innovative	Comprehensive wrap-around services in one location Commercial payers Accessible, welcoming
Weaknesses	**Threats**
Communication Understanding roles and responsibilities Difficulty in recruiting Staff engagement Systems, processes	OHP patients can go anywhere CMS/CCO/PCPCH requiring more and more wrap-around services Adventist expanding Rinehart reorganizing

To arrive at the categories and themes outlining the opportunities for improvement, the subpoints were taken from the feedback from the respondents. Generally one subpoint would need to be mentioned multiple times to be added to the list, although some subpoints only mentioned once or twice may have been added if it added a unique perspective that may add value to the strategic planning process. The subpoints were then organized around similar themes and categories to organize the feedback. One exercise the planning committee for the strategic planning event may want to consider is disaggregating all the subpoints and reorganize them to see if they draw similar or different conclusions. This could be the first step in a Root Cause Analysis (RCA) conducted by the planning committee as it prepares for the strategic planning event.

What is presented above is not an RCA, only an aggregation of the data formed around common themes for ease in assessment and analysis. On the surface, communication may appear to be the root cause of the opportunities listed above, and perhaps it is, but it may also be a symptom. Consider the following subpoint:
- Category: Job Duties
  - Theme: Assigned Roles and Responsibilities

22

- Subpoint: Understanding upstream/downstream implications

A brief RCA of the subpoint "understanding upstream/downstream implications" might look like this:

- Staff do not understand the upstream and downstream implications of how their work affects and is affected by others.
    - Why?
        - Because staff do not spend time with other work groups or learning their roles.
    - Why?
        - Because there is not time or incentive to spend time with other work groups and learning their roles.
    - Why?
        - Because staff are just trying to figure out how to do their own jobs correctly.
    - Why?
        - Because there was no formal training program for new staff.
    - Why?
        - Because there is no system in place for onboarding new staff.

The exercise above is strictly conjecture, but it illustrates the point that while it may appear at first that communication between groups is the problem, upon deeper analysis you could see that poor communication is also the symptom of the root cause of a lack of adequate systems to ensure adequate onboarding. The diagram below may therefore be a better illustration of the root cause of the opportunity of understanding upstream/downstream implications than the Venn diagram shown above.
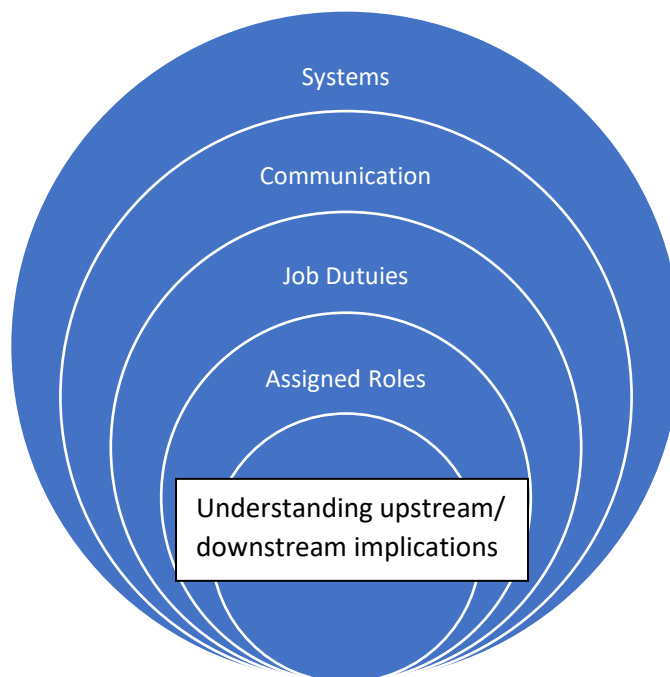

Recommendations:

Throughout the strategic planning process it is encouraged that the planning committee conduct Root Cause Analyses to make sure they have a clear understanding of the strategic initiatives they want to consider and that they can build a roadmap that will effectively deliver on the promise of that plan. The committee may also want to consider including the staff at the strategic planning event in structured and

organized RCA activities to help them see the complexity of the opportunities before them and how best to implement strategies to affect the changes they want to see.

Ultimately, any strategic plan in the healthcare setting is going to need to address the healthcare triple-aim of patient experience, quality and value. Obviously, the survey tool used here produced very little information on how to impact the patient experience or quality, and the value proposition was really not discussed. So how do you implement a strategic plan that will make the department viable in our current regulatory environment while not dismissing the thoughtful feedback provided by staff? Consider introducing the quadruple-aim of healthcare: patient experience, quality, value and **joy**. Building the triple aim around joy in practice will ensure commitment to the triple aim while addressing the opportunities the team would like to see made in their daily experience. Joy in practice will feed patient experience and quality of care, which then leads to increased value for the patient, payer and community.
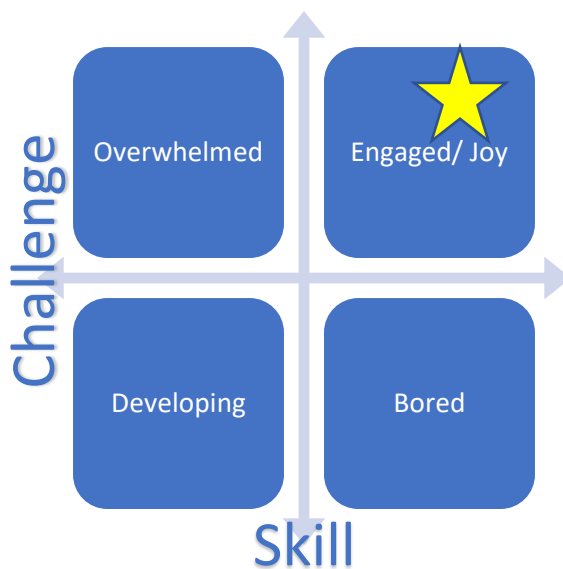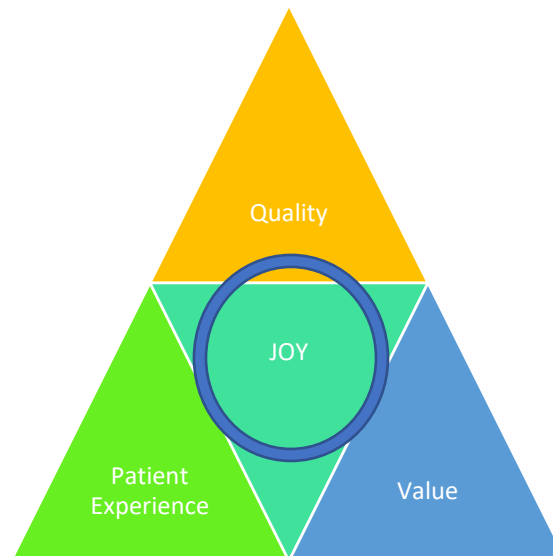
To build a culture of joy in practice, a skill-task align evaluation can be helpful. A highly engaged staff that experiences joy in their practice work in an environment that matches the challenges of their job with their skills. Highly skilled staff should be given highly challenging activities, whereas staff with lower skill levels should be given less challenging tasks while they develop their skills. The challenge of the task can be related to either the complexity of the task or the volume of the tasks assigned. For example, a the tasks assigned to a care coordinator may be less complex that those given a physician, but you may be making the tasks too challenging if you are giving a new care coordinator an excessive number of tasks before they are fully capable of performing the job. When the challenge of the tasks assigned exceeds the skill of the worker, this leads to the worker to become overwhelmed. On the flip side, when highly skilled workers are given tasks that do not present a challenge, they become bored. In either case, the result is employees who are disengaged with their work. The goal should be to match an employee's skill with the challenge of the job thereby making a work experience that is engaging and joyful. Bear in mind, however, that overtime an employee's skills will increase, so you need to be aware of when an employee will need new challenges to remain engaged.

24

Appendix A: Selected Comments

What do you think makes us a shining star in the community?
- Reach diverse population, including low-income. Provide a wide array of services.
- Affordable, quality care.
- How we treat patients. Everyone treated like family. Patients receive same experience without regard to financial or social status, or lifestyle.
- Good with handling acute cases, getting patients into the clinic quickly.
- Patients can build better relationship with provider.
- Provide good customer service. Provide good access to low-income. Don't turn people away.
- Proud that providers spend time with patient and will help connect them with resources.
- Great providers. Everyone cares. That is why they are here.
- Having certified interpreters is huge. This is an excellent service, and the only clinic in the community that offers this service. This is our greatest asset.
- Expansion of services and PCPCH. At standard or above, better for patients. Looking at all aspects of care and trying to keep all the care in one place.
- Communication with Hispanic population. Presence of Spanish speaking staff and interpreters.
- Working with veterans
- Serving the low-income community
- Incentives to engage disengaged patients with preventative care.
- Serves city of Tillamook well. Limited in how much we can serve North and South counties.
- Believes in the philosophy and attitude of the clinic: Holistic care, want to treat the whole person.
- Includes variety of services, including MAT, mobile clinic, medical and dental.
- Access to family planning services for all people regardless of ability to pay.
- We do a better job of providing full circle care for patients.
- Stigma of Health Department wearing off. Education improving in the community that we see all patients, and accept all insurances, including commercial.
- Clinic reaches out to patients who no-show or need preventative care. Tries to make sure no one fall through the cracks.
- People go above and beyond to do thing for people in the community.
- Staff willing to take the time to walk through things with patients. Willing to hold the patient's hand. Don't blow off the patients or their concerns.
- Including dental in services - explaining importance of dental care. Better able to prevent dental issues and improve overall health.

What is the best part of your job?

- Can make a difference in people's lives.
- Clinic is always working on innovations and trying to improve.
- Flexibility and variety. The unexpected adds to the engagement of her job.
- Working with patients. This can be a mixed experience. Some days this is very tiring, but an appreciative patient can make your month.
- Feels proud when she can advocate for a client and something actually gets done to their benefit.
- Good job security.
- Been great experience so far. Very happy. Less stress than last job.
- Being able to work independently
- Helping patients
- The best part if the flexibility to do something more than she was doing when she started. Really believes in the mission. It is not just a job, it is what I believe in.
- Proud of the work. Not a lot of people do it.
- People - patients and co-workers. Likes relating to people.
- Good rapport with patients. Good to know they trust her and her care.
- Able to communicate with people regardless of language. Likes to connect with people through their language. People open up more this way.
- Loves a lot of the people in the health center, especially those living the mission.

Do you have the tools you need to do your job?
- There is no job description for what she does. The job description does not reflect the reality of her daily job duties.
- Policies and procedures are implemented without input from staff. People have little say. Feels this is dangerous at times.
- Phone system could be improved. No phone tree or rollover. Patient calls may go unanswered, patients get frustrated. The system for answering calls could be improved. Answering phones up front during late hours is problematic.
- Need better change management. Need to be better able to share changes between workgroups.
- More training is needed on how to manage the emotional demands of the job. Motivational training would be good.
- Hopeful to get managers with knowledge of their work groups in every divisions. Having someone here who understands what we do for immediate problem solving.
- Too much tribal knowledge within the department. There is not a good way to transmit knowledge.
- Almost too many tools, like the wellness questionnaire. Can be overwhelming
- Wants better teamwork with management and other divisions.
- Wants a printer, fax machine, copier more readily available to send and receive faxes
- Have knowledgeable people in place to provide a lot or resources, ie. VA
- Need better process for getting info from Epic "Care Everywhere."
- Need better access to shredder
- Scanner for frontline for insurance cards.
- Hard to do two people's jobs when short staffed.
- Process for getting needed equipment takes too long.
- Little things can be hard to come by, like pens or sticky notes. Need to go through management for these little things.
- Workflows are inefficient, resulting in work arounds, i.e. only one fax machine in available in the clinic.

How could your job be improved?

- Feels under pressure work quickly. Criticized for not doing things right.
- Need clear guidelines - policies seem to be intentionally vague. Clear guidelines would decrease error and possibility of poor training.
- Having managers who are not burnt-out.
- Opportunities for shadowing different works to understand their work. Not sure management even knows what staff do.
- People do not understand the downstream implications of how their work performance affects other employees and workgroups.
- Different work groups need an opportunity to get to know each other.
- When workload gets increased, it created more opportunities for mistakes. Work is not distributed evenly. People who complain about workload are not asked to take on more.
- Better communication. Multiple meetings, but different information can be received or perceived at these meetings. Meetings and deliverables need to be documented with clear directives.
- There is a disconnect between medical records, the providers/clinical staff and the front office.
- Improved connection with and communication between the clinic and public shared patients.
- Opportunities to branch out of current position. Would like some kind of conversation or planning around advancement. Would like career planning and a training plan aligned with opportunities within the department.
- Better external communication from community partners on absenteeism and coordination of care for shared patients/referrals.
- Space - need everyone on the same campus. This would reduce the disconnect between different groups.
- Job could be improved if there was another person to help.
- Would like to be given the opportunity to work to the top of their scope of practice
- Opportunities for efficiencies in workflows
- Better understanding of realistic job expectations.
- Too many people involved in scheduling. Consistency of training in scheduling varies.
- A lot of meetings, but nothing happens
- Feels like there is a lot of ancillary staff, but doesn't know what we are doing with all this extra staff
- Lack of training and screening new hires. Work arounds created when staff cannot do full scope.
- Improve wage scale.
- Better training and onboarding for new employees like Epic and clinic systems. Need more structure for new employees.
- New programs need more structure and organization. It feels like leadership does not quite know what it wants from new programs or personnel.

How could our clinic be improved?

- The exterior of the clinic could be improved to be more inviting to patients.
- Provide more training to all staff on how to direct homeless population toward accessible services.
- Staff training seems to be inconsistent. People are learning their jobs differently.
- More outreach to North and South counties.
- Patients complain about all the forms. Do not always complete the required information.
- Specialty training for staff who show interest or proclivity to take on new and different work.
- Clinic could be more professional.
- Need something to bring people together, create more cohesion in the department.
- Consequences for people not doing their jobs. People lose motivation when seeing other people not getting away with not doing their jobs. Result is really bad habits formed in the organization.
- Improve clinic morale. Complainers can get away with doing less. Non-complainers are given more responsibilities.
- Staff need better resources to help troubleshoot. Independently solve problems.
- Nothing seems to stick. Not a lot of consistency. No one person is responsible. Everything done by committee.
- Need meetings for all staff that is more than just training seminars. Need opportunity to share about what is happening in each area. Need opportunity for staff to talk through issues. Missing out on what is happening in other groups.
- Staff do not have the energy to change anything.
- Communication - things are lost in the top-down structure.
- There is sometimes a disconnect between the clinic and public health. There are opportunities for better collaboration between the two groups.
- Improved staff appreciation. There is a lot of turnover. More appreciation could lead to decreased turnover.
- Hard for staff to express needs to management and get constructive response.
- Staff lack good access points to communicate with management.
- Saturday clinic would be good since there are no Saturday healthcare services available in the community.
- Staff are asked to take on additional responsibilities when vacancies occur. Would prefer a better, more personable handoff of responsibilities. Wants to feel management is working with you during these transitions, not just delegating responsibilities.
- The clinic is taking on a lot of new things, but the process of getting people on board is slow. Always feel a little short staffed, like they are always behind. Can lead to burnout.
- The atmosphere in the building could be warmer. There is no art on the walls in the exam rooms for example.
- Need another RN or two. Need better utilization of RN and MA.
- Clinic should be more involved in the community and find ways for the community to get engaged with the clinic.
- Too much importance placed on the wellness questionnaire. Doesn't understand the internal review process for the questionnaires.
- Need to focus on employee satisfaction and appreciation. Staff are over-worked, over-stressed and have low morale.
- Fill key positions and build on them.
- The department has people with good ideas, but insufficient personnel to build on the ideas.
- Could use better marketing to educate the community on the services and resources we provide.

- Appreciation: recognition does not need to cost money. Acknowledge concerns and then do something. It feels like there is always something being added to their workload.
- Management says they are transparent, but they are not. Staff gets the run around.
- Hire a nursing supervisor and a front office supervisor. Need to take these roles away from the manager.
- HR could be a better partner.
- Wage scale and workload equity needs to be improved.
- Poor adherence to standard work leads to poor patient experience.

Appendix II: Organizational Culture, Systems and Processes Focus Group Report

Executive Summary

The focus group charged with looking at the organization culture, systems and process of the Community Health Center showed a great deal of pride in their work and the services the department was providing to the community. They were united in seeking a workplace culture that values communication, teamwork, collaboration and that provides a healthy environment in which team members can thrive. They see the path to securing this culture through an emphasis on building communication systems that encourage intergroup dialogue and a shared understanding of the all the various aspects of the work of the department. Likewise, the focus group was united in their desire to provide an optimal experience for all clients encountering the department. This extended from the physical environment of the facilities to the professionalism of the staff and the efficiency of the systems that facilitate patient interaction with the department. To achieve this patient experience, the group stressed a variety of tangible steps ranging from improving the ambiance of the clinical facility through improved lighting and art to designing clinical workflows around what it easiest for the patient. An example of this later approach would be finding new ways to capture patients data to reduce the number of forms patients complete at the time of their visit. The focus group saw the key to long-term systems and culture improvement centered on active communication and transparency in the development of systems and more importantly in the outcomes of changes in the organization. Their thinking was that if staff know how the changes impacting their workflow are leading to results, and that they can ultimately affect those results, they will be more excited about contributing to improvement initiatives in the future.

Methods

To capture staff level feedback on culture, systems and processes a focus group was formed with representatives invited from six areas within the department, including clinical and non-clinical personnel. Due to scheduling challenges, the focus group was not able to meet together and individual interviews were scheduled with the focus group members. Five of the six invitees participated, with the only exception being the management representative, whose participation was optional. The members that participated represented or had experience working in care coordination, registration, medical staff, public health and panel coordination. Focus group members were given a brief report with data pertaining to their work and requested to familiarize themselves with the report prior to their interview. Including in the report was the questionnaire used for the interviews. Interviewed were conducted during the weeks of March 11 and March 18, 2019. The following content represents the feedback received from the questionnaire.

Themes

Workplace culture

Themes emerging on the ideal workplace culture were similar between all participants. Respondents want to work in a supportive, team-oriented environment where all team-members are focused on the same mission and in the service of the patient. They desire an environment where there is a free flow of communication, both vertically and horizontally within the organizational structure, and where all personnel feel comfortable and safe approaching any other team-members to ask for help or discuss their work. They also desire a workplace where communication is clear and provides a consistent framework that guides the activities of every part of the clinic. They want to work in an environment where the department feels like one cohesive unit, and not a collection of individual work groups. They also want to feel like their work is supported by management and where they are empowered to do their work and are not overly burdened by management oversight. They want to feel that management

is a partner, eliminating barriers to their success, rather than one of the barriers to doing their work. Examples they would like to see improved were in the areas of medical records administration and double booking patients. Lastly, one respondent commented on the desire to work in an environment that promoted the health and wellbeing of the staff, along with the patients. She wants to be in an environment where there are opportunities to focus on self-care and building supportive relationships with colleagues where she is supported and encouraged in her own physical and emotional health.

Workplace Culture Tangible First Steps

The focus group generated a lot of good ideas for tangible steps that can be taken quickly to build upon the current strengths of Center's culture and sustain and develop their ideal workplace environment. The majority of these ideas concerned fostering better teamwork. Some of this feedback also focused on opportunities for greater individual satisfaction in their roles. Their ideas included:

- Daily huddles in each workgroup and between every workgroup
- Focus group with representation from each workgroup to address teamwork and collaboration
- Regular public recognition of individual associates from different workgroups (i.e. the Medical assistants recognize someone from registration or the care coordinators recognize someone from public health).
- Reinstate the Weekly Update memo
- Circulate memos with any changes in the department to all workgroups, even if it does not pertain to their operations, so that everyone is aware of what is happening elsewhere in the department.
- Increased training for new hires along with a competency assessment to ensure new hires are competent in their role before asked to function independently.
- Create a patient schedule that allows for a steady and even flow of patient that ensures providers and staff can take their allotted breaks.
- Eliminate double-booking.

Communication, Teamwork and Morale

Based on the feedback from the Just Culture Survey, the focus group was also asked to provide ideas for tangible first steps on improving communication, teamwork and morale. There is significant overlap between the actionable solutions listed here and those above about the ideal working environment. Responses to this questions are listed here to show both the areas of overlap and original ideas focused on these identified areas of opportunity.

- Intergroup focus group working on teamwork solutions. (mentioned above)
- Distribute a weekly update memo. This was said to be especially important during times of reduced staffing (mentioned above)
- Encourage and empower the recently (re)formed social committee and provide more opportunities for team-members to socialize and build relationships
- Provide training on stress management and identifying/supporting stress and workplace fatigue in co-workers. This individual was looking for something similar to the provider burnout class held recently, but focused on all personnel.
- Create opportunity to educate team-members on the functions of their colleagues such as shadowing or cross training between different work groups.
- Encourage staff to volunteer to participate in focus groups with a particular emphasis on recruiting new and different team-members who may not have participated in such activities in the past.

- Widely distribute project outcomes to the entire department. It was said that is important to see the result of work put into various projects, even if the outcomes do not impact all groups. It was stated that it is important to see that changes have meaningful outcomes impacting the department or community.
- Share staff schedules and identify back-up support when personnel are unavailable or out of the office. An electronic mechanism was suggested so that personnel from various sites had access to this information.

One item that drew considerable attention was to improve the quality, facilitation and communication resulting from organizational meetings. There was a general consensus that more meetings may help improve morale and communication, but the focus group recognized that with staff shortages that may not be possible. However there was also a consensus that meetings needed to be more action oriented, more conversational and result in actionable deliverables and timelines. The team also wanted to see the minutes, action items, deliverables and timelines distributed in writing after the meeting to create a record of what was discussed and to ensure that anyone not present at the meeting received the same information. Following meetings, it was suggested that staff receive regular feedback on the work being done as a result of the meeting. It was commented that sometimes they felt like they would go weeks without receiving any updates on what was discussed at a meeting. They would like more touchpoints throughout the process to receive regular updates and provide timely feedback that can result in revisions and improvements to the workplan created at a meeting.

Patient Environment
Center personnel were very passionate about ensuring an ideal environment for the clients they serve. On the whole, personnel were pleased with the environment that has been created for the patients, but have a strong vision for the future. Prized by all staff is an environment where patients are received in a warm, friendly and inviting manner that is free of judgment. Center personnel want a patient experience where the patient feels comfortable to seek care for anything they may be need. Patients should feel that the department genuinely and earnestly wants to care for them and not that the department is only there because it is a required public service.

The patient experience should also include great care from every member of the care team. That starts with great care from the providers along with a warm and compassionate bedside manner, but extends to every member of the team. Each care team-member should project confidence in their ability to perform the needed tasks for the patients in a friendly and caring manner. Patients should expect to move through the stages of the appointment smoothly in a streamlined process. This streamlined process should include a more effective way of capturing their data and fewer burdensome forms. Through their experience with their care team, patients should leave feeling empowered in their treatment plan. Throughout their experience of care, the patient should also feel like they have a vested interest in the performance and services of the department.

Patients should also experience a warm, bright and inviting physical environment. Warm, bright colors should permeate the facility with ample lighting in both the exam rooms and public spaces. With inclement weather and many dark, cloudy days in Tillamook, the interior of the clinic should be an aesthetic respite from the harsh climate. There should be pleasing art in public spaces and exam rooms and other aesthetic touches like the flowers Dr. Paulissen places in the waiting room should be standard in the clinic.

In an ideal state, the patient should also be able to receive all their needed services at one time and in one place. This is a more aspirational ideal, which would require capital investment and coordination with the CCO and insurance carriers, but it was worth mentioning. With current insurance restrictions, patients requiring multiple services – like diabetic foot care, a diabetic follow up with their PCP and a visit with the health psychologist – may need to schedule separate appointments on different days in order for this services to be covered. An optimal patient experience would be that the patient can receive all these services at one time and place.

Patient Environment Tangible First Steps
There were a number of solutions generated by the focus group to help foster the optimal patient experience. Some are more tangible and feasible than others, but all warrant consideration. They range from the simple and straightforward to more complex fixes that require coordination with our community partners. Some of these ideas would be to:

- Stagger provider schedules and eliminate double booking to create more consistent flow.
- Improve the aesthetics of the clinic with better lighting, brighter colors and art in both the waiting area and the exam rooms.
- Add more varied programming to the TV in the waiting room. Include promotional material about the department if possible.
- Make basic materials more available for patients in the clinic, like pens and forms being readily available at the registrars' work stations.
- Provide better entertainment/amusement options for children in the waiting room and exam rooms.
- Make the follow-up process for no-shows more action oriented where staff are helping patients overcome barriers preventing them from attending their appointments.
- Coordinate with the hospital so that admitted and Emergency Department patients are referred back to their PCP rather than an in-house provider for follow-up care
- Coordinate with the hospital so that newborns and mothers are referred back to mother's PCP rather than an in-house provider for newborn care
  - Promote newborn care services in the community.
- Reduce paperwork for patients by finding creative solutions to capturing data, such as registration kiosk, tablet, or online forms that would allow for less upfront work in registration and enable the registrar to service more than one client at a time.

Systems and processes
This focus group was also asked how to establish the systems or processes that can help build and sustain the culture they want for themselves and the community they serve. This area of inquiry elicited the least amount of feedback and respondents largely spoke more to the qualities they would want to see in their systems or processes rather than a broad vision for building the structure of systems and processes. If structured systems or process improvement techniques are going to be adopted, leadership may need to provide the structure, keeping in mind the needs the focus group identified. Special attention should be given to the feedback on how to excite and engage staff in systems and process improvement activities. Before touching on how to engage staff in the process, here are the main points that the focus group generated on what they would like to see in the area of systems and process improvements:

- Standard work in each work group with all team-members trained to the same standard

- Generate input from all workgroups before implementing changes, even if changes do not impact all groups. Sometimes outside eyes can be helpful in reviewing a process, and this way all groups are informed and working together.
- Build time into the standard work of all team-members for process improvement and provide more opportunities to provide real-time feedback.
- Be strategic with change initiatives. Announce them early and spread them out over time so they can be properly studied and implemented. When multiple initiatives coincide it can be difficult to focus or determine what elements contributed to the success or failure of an initiative.
- Build consistency and follow through into change initiatives to prevent backsliding when encountering challenges.
- Create and update policies to document standard work.

The feedback on how to engage, excite and motivate staff for process improvement shows the seriousness with which the focus group took their work and the pride they take in the products they produce. There was some discussion of incentives programs, which should be considered, but most of the feedback centered on results. The focus group members saw results driving engagement and excitement. They argued that if staff can see the impact of their work, they will get more excited about contributing to process improvement activities in the future. Such results need to be shared in real-time and updated regularly to maintain engagement. Suggestions included a public scoreboard where there would be visual display of performance and improvement overtime. It was also suggested that competitions be created to spur more interest in the improvements. When the scores come out, high performers can be recognized and their feedback can be solicited on how they achieved their results to help improve the performance of their colleagues. Then celebrate incremental improvements as well as the monumental accomplishments.

Appendix III: Innovations and New Programs Focus Group Report

Executive Summary

This report is ultimately incomplete due to the lack of participation from the invited members of the committee. That being said, from those who did participate there are definitely areas of common interest in new programs or program expansions, as well as some unique individual ideas for creative ways to distinguish the Center. There was a distinct interest in the wraparound services provided by the Center and an interest in building and expanding those services to address the unmet psycho-social healthcare challenges facing many members of our community. What was clear from the interviews is that the staff and providers in the Center are passionate about their work and ideas for growing the services in the Center. This was also evident from the Just Culture Survey responses from the focus group members invited, but who did not participate in this focus group. One comment from a focus group member in the Just Culture Survey was to identify the passions and interests of Center personnel, and expand services based on those interests. Examples cited were an employee wanting to do wound care and another employee interested in being an x-ray technician. It is unclear if either of those services are viable, though the wound care option should be attainable, but it was clear that the Center personnel have distinct ideas for how they would like to see the Center grow in the years ahead and how they can contribute to that growth. Taking into account the unique skills and interest of Center personnel and building new programs around the synergy between their interest and the community needs may present a path forward that will be win-win for both the patients and the staff.

Methods

To capture staff level feedback on innovations and new programs a focus group was formed with representatives invited from six areas within the department, including clinical and non-clinical personnel. Due to scheduling challenges, the focus group was not able to meet together and individual interviews were scheduled with the focus group members. Six focus group members were invited, of which only three participated by the time of this report. The members that participated represented behavioral health, care coordinators and registration staff. Focus group members were given a brief report with data pertaining to their work and requested to familiarize themselves with the report prior to their interview. Including in the report was the questionnaire used for the interviews. Interviewed were conducted during the weeks of March 11 and March 18, 2019. The following content represents the feedback received from the questionnaire.

Themes

Substance Abuse Treatment

The one new program, or perhaps better put, program expansion, that was mentioned by every participant was an increased focus on substance abuse. This included, but certainly extended beyond the Medication-Assisted Treatment program that the Center is currently developing. Emphases were on all forms of substance abuse, not just opioids, ranging from alcohol to all forms of illicit substances. Respondents acknowledged that such treatment options are lacking in our community, but critically needed. Respondents would like to see more substance abuse services available in remote regions of the county, making them more available to some of the patients who may need them most. Other comments emphasized the need to focus on harm reduction for substance abuse patients, not forcing them to treat all their addictions at once, but meeting the patient where they are and working on a plan of incremental improvements. One idea given for a tangible early step would be to start a needle exchange program. Another respondent wanted to see a substance abuse program that gave particular attention to teen users, and to work with the schools to provide services to teens either in the clinic or in the schools. Lastly, one responded suggested that substance abuse patients should be more involved

in our substance abuse program. This could include participation on the Health Council, peer mentoring or social support groups.

Counseling Services

A majority of the respondents also wanted to see an expansion of our Behavioral Health services to include direct treatment for mental illnesses. One respondent commented that the behavioral healthcare system in Tillamook is disjointed and patients would benefit from combining services into one delivery system where patients can receive full-spectrum care for their physical and mental health in one location and with one care team. Another respondent also stressed the need for making counseling services more available to teens and students, and suggested possibly partnering with the school districts to provide onsite counseling services in the schools. Respondents were pleased with the availability of services for health psychology in the clinic, but wanted to see behavioral health therapies broaden for patients psychological care.

Community Engagement

Respondents overwhelmingly wanted to see the Center be more actively engaged in the community. This was in part to promote new programs and build partnerships to support an expansion of our services, but it was also to bring more attention to the services available at the Center and to share those services with more members of the community. Examples of this ranged from something as simple as expanding the patient incentive events from WCC and WWE to other care initiatives, and promote them more aggressively, to community classes on substance abuse, healthy eating or diabetes care. There was significant concern that the Center is still viewed as a county department that only provides basic services to low-income families. Respondents wanted more activities around promoting the Center as the best option in Tillamook for holistic, patient centered care. Other ideas included partnering with the school system, participation in local community events like the parade and the fair, public forums on important health issues in the community, and volunteering in the community at places like the Serenity Club to show patients and the community that the Center cares about what is going on outside its four walls. Respondents also favored exploring more avenues for capturing patient feedback, including patient surveys targeting specific programs (not just the annual CAHPS survey), a patient suggestion box with more direct questions and greater involvement of various patient populations on the health council. It was also commented that much of these activities need to be targeted to the Hispanic population to ensure that their voices are heard and they feel a part of the Center's community.

The items below were not broad themes included by most respondents, but intriguing feedback nevertheless that deserves to be highlighted.

Food security

One respondent was very passionate about the topic of food security and access to healthy foods in the community. This respondent would like to see the Center more actively engaged in helping patients identify and secure healthy foods for themselves and their families. She suggested the Center conduct its own food drive to provide emergency access to food for clients and community members, or partnering with the Food Bank to make their services more accessible for clients with transportation or other limitations that impact their ability to access available food resources in the community.

Veteran's services

One respondent was very proud of the work the clinic does helping Veterans access healthcare services, but is concerned for the future of this program. First, this respondent would like to see Veterans

assistance become a more formal program within the Center. The current state described by this respondent is one where the personnel assigned to this work are all self-taught and that it needs to be worked into their existing job responsibilities. This respondent questioned if there were grants available to support this program or trainings available to help staff working in this area perform more efficiently.

Interpreting services

As mentioned in the Just Culture Survey and report, Center personnel take a great deal of pride in its interpreting services. One respondent suggested they would like to see this become a larger part of our service to the community. They would like to see the Center become a hub for Spanish-language interpretation supporting clients trying to access social service throughout the county. The respondent identified the Center as the agency best positioned to train interpreters in the County and that the Center might be able to create a program training interpreters and contracting with local agencies to share this service for a fee. This would both benefit the community while also providing a new revenue stream for the Center.

Appendix IV: Patient Experience Focus Group Report

Executive Summary

The Patient Experience focus group generated a lot of conversations and ideas about how to create the optimal patient experience in the clinic. This focus group, unlike the "Culture & Systems" and "Innovations & New Programs" focus groups did not have wide involvement from throughout the department, and as a result focused on the experience in the clinic rather than any other service in the department. The focus group's energy was largely centered on maximizing the patient's experience as they go through their visit and making the clinic easier to access remotely. There was a strong emphasis on creating standard work; managing up staff each other and each unit's work to the patients; and smooth transitions from one cycle of care to the next throughout the patient visit. The focus group also discussed how to improve the patient experience when trying to access the clinic remotely by phone or the internet and options. The discussion focused on how to improve the patient's experience, but the focus group acknowledged that the systems and processes they believe would improve the patient experience would improve their experience as well.

Methods

To capture staff level feedback on patient access and patient experience a focus group was formed with representatives invited from three areas within the department, including clinical and non-clinical personnel. This was a continuation of the focus group that was previously formed to address different patient experience workflows, namely developing a policy outlining the procedure for handling late arriving patients. Due to the fact that this focus group had been working together for some time, additional members were not added to this focus group. The result of this decision is that not all workgroups in the department were represented, including care coordination, public health and management. Despite these limitations, the work group comprised various viewpoints from different stages along the patient's experience of care, including registration, rooming, the provider visit, nurse visits and behavioral health. Six (6) members were invited to participate in the focus group and all members participated in the event. Focus group members were given a brief report with data pertaining to their work on the day of the focus group meeting. All participants were present at one focus group session and there were no individual interviews conducted for this body of work. This sessions occurred on Wednesday, March 20, 2019. The following content represents the feedback received from the focus group session.

Themes

Elevating the patient experience

Much of the conversation around elevating the patient experience centered on providing a smooth, streamlined process for the patient at every step in their cycle of care. This started with designing a schedule that is more patient friendly and centered around the patients' needs. This included staggering appointment start times between providers to create a more consistent flow of patients throughout the day. An example of this would be that if all providers start their appointments on the 20s (i.e. 8:20, 8:40, 9:00), change half of the providers schedules to start on the 10s (i.e. 8:10, 8:30, 8:50). This creates a more even distribution of patients entering the clinic throughout the day.

Next, the focus group discussed ways to increase the efficiency of the registration process. This could take many different forms. Ideas generated by the group started with finding new tools to aid the registrars in servicing patients. Examples included adding a registration kiosk or tablet where patients could conduct much of the initial intake independently or even creating a web portal for patients to pre-register before their arrival. Similar to this was the idea to create a secure portal for new patients

39

(patients without MyChart access) to complete intake forms before arriving for their first appointment. It was commented that they currently try to mail these forms to new patients, but they reported that patients often do not receive the packet in time, do not complete the packet once received, or only partially complete the packet, all of which leads to a longer registration process upon arrival.

Throughout the course of the patient visit, the focus group also stressed the need for standard work to be used by all members of the care team. It was noted that from registration through rooming and culminating in the closing or check-out process, different personnel perform their tasks differently. This has the potential for defects in the care process and for patients to have varying experiences depending on the personnel they interact with on a given day. The thinking of the group was that by following standard work throughout the course of the visit, we could improve our training process, ensure that we are meeting all our standards of care, and provide a standard from which process improvements can be experimented with and studied. It should also be noted that standard work should result in a schedule that reflects the time required to complete that work. If it is determined that all the elements of the registration process or the rooming process take 10 minutes, respectively, then that time needs to be built into the schedule to accommodate those requirements.

This leads into the final point that the focus group made regarding elevating the patient experience through their cycles of care. The focus group thought it was important that all staff and providers project confidence in their skills and the value of the tasks that everyone in the clinic is performing. This is a process often referred to as "managing up." The focus group stressed the importance of managing up their teammates during handoffs in care. More importantly, however, they also wanted all team-members to project the value of every step in the care process to the patient, from registration, to the exam and on through closing or check-out. This serves to impress upon the patient that every step in the process is important and designed to provide them with the highest quality of care.

Barriers to accessing services
The focus group was asked to consider what challenges or barriers exist to the patient accessing Center services, thereby contributing to a sub-optimal experience of care. The responses largely touched on communication challenges between the patients and the Center.

Phones calls were one of the biggest challenges noted by the focus group. The group reported that patient phone calls are often transferred to the wrong person, resulting in multiple touchpoints for the patients before they can get their issues addressed. Failure to capture all relevant information from a patient was cited as one of the reasons for this defect. It was noted that there are times when patients are transferred to a different care team member with no relevant data to inform the recipient of the call as to the nature of the inquiry. This leads to a delay in care for the patient and waste in the workflows for staff. It can also result in the patient developing a poor perception of the quality of the clinic and its personnel. Voicemail was also cited as barrier to patients trying to access their care team. Voicemails have a tendency to be overlooked or batched, resulting in increased patient wait times for a response from their care team.

Suggestions for how to improve this process included creating standard work for answering and transferring phone calls. This should include standards for what information needs to be captured for any phone call and what needs to be relayed to the final recipient of the call. It was noted that some staff have started to use the Telephone Encounter function in Epic to record and track patient calls. This is an industry best practice which the Center should

consider. Standard work can easily be created for Telephone Encounters, making the information captured during every phone intake consistent between all personnel. This also gives the team a chance to review prior work done on patient phone calls so they can avoid duplicating work and provide the best service to the patient when handling their call. Lastly, it gives leadership a chance to track the process for handling patient calls. Some health systems have done away with voicemail all together for clinical staff (not providers) in favor of the telephone encounter, which is a system the Center may want to consider as well.

Another idea for improving the patient experience when calling into the clinic was to revisit the personnel assigned to phones and the scope of practice of those personnel. It was suggested that having a clinical personnel assigned to "triage" incoming calls may help quickly address certain medical issues or direct the calls more appropriately. It was also suggested that the Center may want to look into its policies on what information non-clinical personnel can share over the phone. It was thought that the scope of practice for non-clinical personnel may be expanded to provide more point-of-call information to the caller and avoid additional transfers.

The process the Center follows for handling _MyChart_ messages was also cited as a potential barrier to patients accessing the services of the Center. There were two areas where the focus group saw opportunities for improved utilization of MyChart to enhance the patient experience. First, the focus group was under the impression that MyChart messages are all transferred through medical records to the appropriate person. This was seen as an unnecessary delay in the patients' messages being received and reviewed by medical or scheduling personnel. The focus group thought a more efficient process would be to have messages go directly into the in-baskets of the appropriate care-team. Currently, it was reported, access to MyChart messages are heavily restricted for clinical personnel.

Second, the focus group saw opportunities for improving the process for activating MyChart during the patient visit. It was reported that not all staff have Epic access to create new activation passwords when patients forget to activate their account after a visit. This creates unnecessary work tracking down those who can create this password. It also limits the number of personnel who can support patients trying to activate and utilize MyChart. The focus group saw this as a significant barrier to patients using MyChart more regularly to communicate with their care team. The focus group also thought it was a good idea to have personnel available to help train patients on using MyChart.

The focus group also sited delays in receiving radiology results as another significant dissatisfier for patients. They reported that results are often not sent to the clinic by the hospital, resulting in the care team needing to pull results from Care Everywhere or Cerner. The focus group was under the impression that patient information was not always gathered correctly at the point of service for radiology exams, and therefore exam results were not being routed appropriately. They also were under the perception that patient Care Everywhere IDs were restricted from staff, limiting their ability to search for exam results. The end result of these barriers are delays in patients' accessing important data for their healthcare decisions and the projection of a poor image of the Center's performance in caring for the patient.

One last point that was raised that did not garner much discussion, but is nevertheless worthy of consideration, is the difference between the _appointment time and the check-in time_ as another barrier to the optimal patient experience. By giving the patient a check-in and an appointment time, the responsibility is placed on the patient to account for some of the time required for their visit. This system also has the potential to create unnecessary confusion that leads to patients arriving at the wrong time for their appointments.

Additional opportunities to eliminate barriers to optimal patient experience.
Below are two additional opportunities to eliminate barriers to the optimal patient experience derived from the focus group. The first focuses on the registration process and the second focuses on the check-out process, or what might be better understood as closing the visit.

It was widely agreed that registration needed to be included in the time allotted for the patient visit. It was commented that the appointment should reflect the patient's schedule, not the provider's schedule. As mentioned above, every part of the patient visit needs to be accounted for in the preparation for the encounter. Building time for the registration process into the patient visit has the potential to lead to a smoother transition through each stage of the patient's cycle of care. In additional to allocating the appropriate time for the registration process, the focus group also suggested that the Center find a way for patients to complete some of their registration paperwork prior to arrival at the clinic. As mentioned above, this could take the form of mailing forms in advance, posting forms on MyChart, or creating an online portal. It was noted that this process is already seeing some success for Well Child Checks and could be expanded to more visit types.

Another suggestion for improving the patient experience was to standardize the check-out process at the end of the visit. This can be referred to as closing the visit. It was suggested to use one person as the champion of the closing process. The concern is that at the moment there are too many potential contacts for a patient at the end of the visit, which can result in poor information relayed between clinic personnel leading to poor service for the patient. Simplifying this process through one person was thought to reduce the likelihood of defects in concluding the patient's visit. The focus group suggested that there was a closing process ready to deploy, but it has been postponed. This process would entail sending the patient with instructions to a designated closer to finish out the visit and schedule any follow-up care. A closing process can be an effective way to conclude a patient visit and ensure they are receiving all their required services. There are strengths and weaknesses to different models of a closing process and the Center would be advised to review its current model before implementation.

Opportunities for win-win solutions to improve patient experience
The focus group was asked if there were any win-win opportunities that would improve the patient experience while also improving the experience for the staff. The focus group reported that they thought all the opportunities they listed would benefit both patients and staff. The focus group suggested that getting started on these improvements sooner rather than later would be a win.

Patient involvement

The focus group was asked how we might be able to involve patients in improving their experience of care. There were several ideas offered for how to include patients. Most of it centered around different ways to solicit feedback from patients. The focus group suggested that the Center form more patient panels, like the focus group, to provide feedback on specific issues. Another idea was to use staff, or volunteers, to conduct interviews with patients during their downtime in the waiting room or the exam rooms. They also suggested that the website and facebook page could be better utilized to solicit patient feedback. They encouraged the Center to invest more resources in the Center's online presence to both provide information to the community about Center services and receive feedback. The focus group also thought that incentivizing feedback, such as raffles for participating in a survey, might encourage more patients to participate.

Staff engagement/participation

The focus group also provided feedback on what would excite or engage the staff to work toward improving the patient's experience of care. First, they commented that it is easier to care for people who are having a good experience in the clinic, so it is to there benefit to do this work. They also would be excited to educate the patients on the way the clinic operates so the patients have a better understanding of what to expect during their visits. Disappointment results from unstated expectations, so if the Center can clearly define what the patient can expect during their visit there is a greater likelihood that the patient will be satisfied with their experience. The focus group also suggested that more interactive and visual contests and scoreboards could both help update team members and spur constructive competition at the same time. Mostly what they stressed though was transparency in the process. Getting all team members on the same page and keeping the team there was considered critical for maintaining staff engagement and excitement in any improvement process. This included the outcome of the strategic planning process as well. The focus group wanted to see an education plan to inform staff of the strategic plan and how it was going to be implemented over time.

Slide 1

Strategic Planning 2019

Tillamook County Community Health

Slide 2

WELCOME &
INTRODUCTIONS
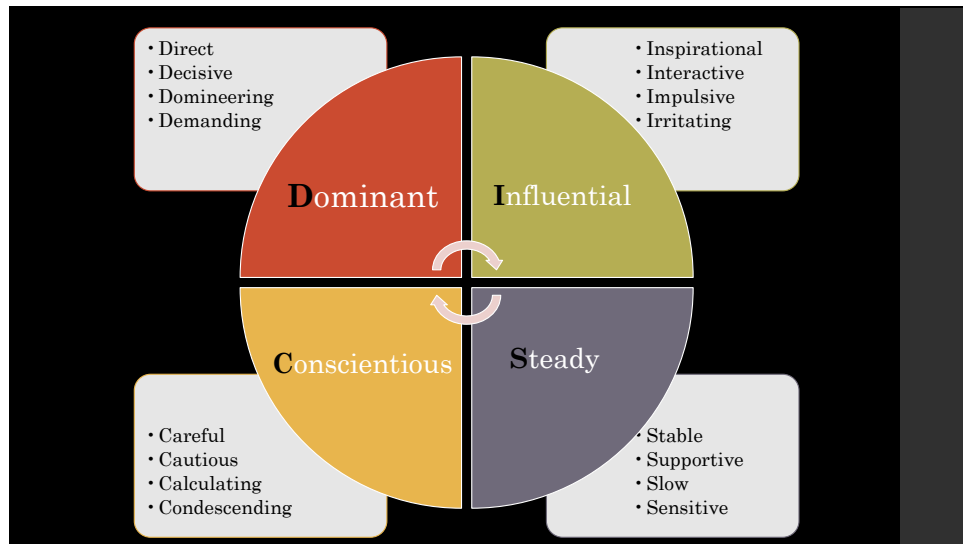
MARLENE PUTMAN

Slide 3

Slide 4

Slide 5

Slide 6

DISC Assessment

Ice Breaker #1

Slide 7

Slide 8

Slide 9

Where We've Been and Where We're Going…

Marlene Putman & Dr. Lisa Steffey, DO

Slide 10

Slide 11

Focus 2015 – 2018: Quality Improvement & Patient Access

OUR ROADMAP

2015

2016

2017

2018

Quality Improvement & Patient Access
- School-based Dental
- Year of Wellness Plan
- BHI Funding/Grant
- Veterans Services
- New Provider (Patricia)

Q.I., Patient Access & Community Wellness
- Medical Director
- PMPM Reimbr.
- 4th Street Annex
- Dental transitions
- BHC & WIC
- YOW

Quality Assurance & Engagement
- Achieve Metrics
- Panel Management
- Marketing Emphasis
- YOW Challenge
- Worksite Health Fairs

Enhance Services
- 2 New BHC
- Nutrition – Diabetes Prev.
- OYA Medical
- Mobile Clinic
- New positions COO, etc.
- YOW → Wellness Coalition

Slide 12

Focus 2019 – 2022: To 2022 and Beyond

OUR ROADMAP

2019

2020

2021

2022

Compliance & Monitoring
- PCPCH Tier 4
- CHA & CHIP - Plans
- HRSA Site Visit
- PH Triennial Review
- Hit HRSA Metric
- MAT Implementation

Expansion ?
- MAT services
- Mobile Clinic Service
- BHI – 2.0 w/TFCC
- Dental – Uninsured?
- OHP Engagement 72 %
- Apply - HRSA Grant

?????

?????

Slide 13

Slide 14

Accomplishments 2018 -19

Achieve CCO Metrics

Achieve 11/13 HRSA Metrics

PCPCH Tier 4

Satisfied (CAPHS) & Engaged (72% OHP) Patients

Public Health - Wellness Partnership Award

Public Health – Successful Triennial Review

Environmental Health- Record # Inspections & Permits

Slide 15

Power Break (5 minutes)

Slide 16

If I had a million dollars...

Table Activity #1

Slide 17

If I had a million dollars…..
Table Activity #1

At each table group, answer the following hypothetical related to where you would like to see the department go in the next three years:

You've just received $5 million to spend on this organization. What would you do with it?

There are no restrictions on this funding, but it must be spent within three years. It should relate to the feedback you provided through the Just Culture Survey and Focus Groups, but it does not have to.

Slide 18

Slide 19

Power Break (5 minutes)

Post a post-it note to you favorite idea from Activity #1

Slide 20

Table Activity #1
Debrief

—

What is your favorite idea from a
different table?

Slide 21

Slide 22

Empathy Ice Breaker

- Ice Breaker #2 – Stand Up / Sit Down

  - A series of statements will be read

    - Stand up if the statement applies to you

    - Sit down if the statement does not apply to you

Slide 23

Slide 24

Slide 25

Slide 26

Slide 27

Slide 28

Slide 29

7 words

Table Activity #2

Slide 30

7 words
Table Activity #2

1. What can we do to improve the client experience?

2. Write down as many ideas as possible in 2 minutes. Write each idea on a different post-it note.

3. After two minutes, report out to your group. Group the ideas into themes.

4. Select 1 or 2 themes, write a plan to present to the room.

Slide 31

Table Activity #2
Report Out

Slide 32

Break (15 minutes)

Post a post-it note to you favorite idea from Activity #2

Egg Hunt!!

Slide 33

Table Activity #2
Debrief

—

What is your favorite idea from a
different table?

Slide 34

QUALITY
PERFORMANCE

Slide 35

2018 Quality Performance Report
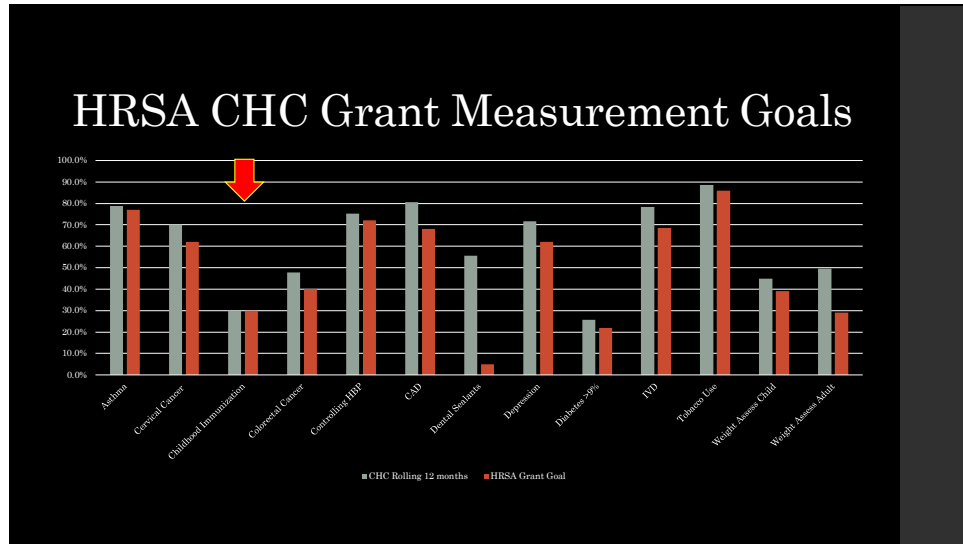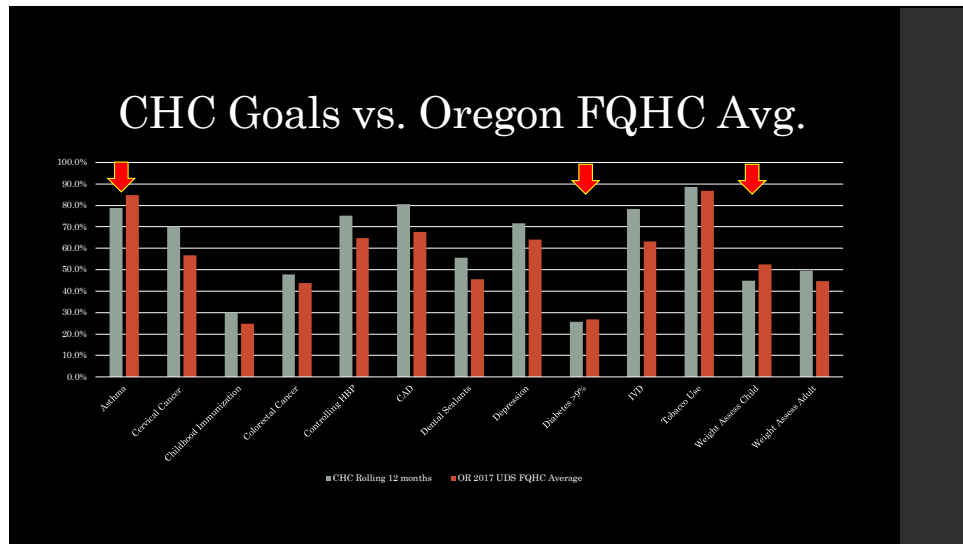
Slide 36

Slide 37

Slide 38
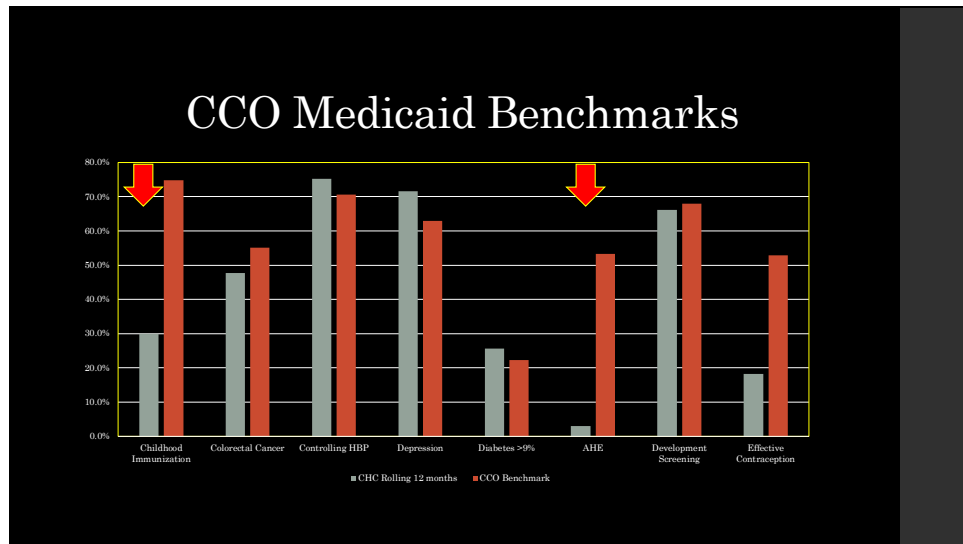
Slide 39

Slide 40

Slide 41

Slide 42

Slide 43

What's new in 2019?

- SBIRT—While not new, we are now required to meet this metric.

- Oral Health exam for all patients who have a diagnosis of Diabetes.

- Post Partum Depression screening: 21-56 days after birth. Currently, home health nurse visits don't count, even though they are extremely thorough and beneficial.

Slide 44

Start, Stop, Continue

Table Activity #3

Slide 45

	After hearing the department's quality report, discuss and prepare a plan to present on what activities or projects the department should:
START	*START* doing that will improve quality
STOP	*STOP* doing that are not working
CONTINUE	*CONTINUE* doing that work well or should be expanded.

Slide 46

Table Activity #3
Report Out

Slide 47

Slide 48

EVENT DEBRIEF &
NEXT STEPS

Appendix VI: Tillamook County Community Health Center Strategic Planning Report: A Guide to Finalizing the 2020-2022 Strategic Plan

Executive Summary

The report below is designed to compile the information gathered at the Strategic Planning Event held on April 17, 2019 and inform the final completion of the 2020-2022 TCCHC Strategic Plan. This report includes an outline of the themes that emerged from the Strategic Planning Event, recommendations and key components for the strategic plan, a proposed implementation timeline, two proposals for the basis of the strategic plan, and appendices presenting the raw feedback received from staff at the Strategic Planning Event. The themes outlined below should complement the information previously gathered and presented in the Just Culture Survey and focus group reports. The recommendations section outlines a structured approach to implement systems that will promote and sustain ongoing growth. This section also includes ideas for steps that can be immediately taken to quickly tackle some of the opportunities identified in these reports. Lastly the strategic plan proposals present both a straightforward, task-oriented strategic plan and a more aspirational and transformational strategic plan. The two proposals do not present much difference in substance, but the manner in which they are framed and their focus areas are uniquely different. The end of this report contains the raw data taken from the flip chart reports presented by staff at the Strategic Planning Event.

Themes

Throughout the course of preparations for the 2019 Strategic Planning event various themes emerged from staff and leadership through the Just Culture Survey, focus groups, and steering committee meetings. Reports have been given to leadership on the outcomes of the Just Culture Survey and the focus groups. The themes outlined here include those originating from the conversations at the Strategic Planning event only. The proposals for the strategic plan, found further below, incorporate feedback from all phases of preparation and the Strategic Planning Event. The data that informs the themes as presented here can be found in the appendices below.

Theme 1: Expanding Services

Expanding services was a popular topic in all three of the strategic planning event table activities. Two broad categories emerged in this topic, expanding services by type and by location.

Expanding services by location

To expand services by location, there was a strong desire to create more presence in northern and southern Tillamook County. This included increasing the number of services available in these communities and increasing the hours of operations in these communities. This also included being a more visible presence in these communities.

Based on current demand and consumption of resources in these communities, an expansion strategy beyond what is currently underway may be unnecessary. The Rockaway Beach outreach clinic along with the new TCCHC Mobile Clinic appear to meet the current demand for services while providing TCCHC with the ability to flex resources as demand changes. A strategy of internal communication combined with external marketing of regional services, including the Mobile Clinic, may address the concerns

expressed here. Internal communication would need to focus on sharing consumption trends in healthcare services for these regions combined with geographic data on panel composition. This will help staff understand where there is the highest demand for our services along with the areas of highest consumption. Socio-economic data and healthcare consumption data for these regions may also be helpful to share with staff to explore the extent to which the north and south county markets are saturated with healthcare resources. This could include sharing data on the number of patients seeking care in these regions compared to the number of patients receiving care from care centers in their vicinity. Such an investigation would alert staff to either opportunities for market penetration in these areas, or market saturation indicating we need to direct our resources elsewhere.

Expanding services by type

There were a number of ideas for new or expanded services discussed at the strategic planning event, but expansion of **mental health** services received the greatest amount of interest. This centered specifically on adding a Psychiatric Nurse Practitioner. The other prominent service area of interest was **dental care**, specifically adding dental as an internal, rather than a contracted service. Other services were mentioned, including several suggestions to explore alternative treatments such as chiropractic and acupuncture, but mental health and dental expansion received the most attention during the event.

The Patient Centered Medical Home care concept does call for the integration of an increasing number of services into the primary care environment. The desire to continue increasing the number of services provided in and through the Health Center is laudable and shows that the staff are bought into the patient centered model of care. For continued service growth, TCCHC would benefit from adopting a system for developing new programs. This should apply to the development of internal services along with those offered in collaboration with local partners. Such a system would provide transparency to staff by providing a roadmap for outlining the current state of new program development in real time, and the barriers the Center is facing along the way.

Providing a comprehensive array of services in a small, rural environment, with limited resources, requires a collaborative strategy. This could include an investigation of the comparative advantages of TCCHC and our local partners to determine which organizations are best positioned to offer the services most needed in our community. The challenge presented by working with community partners to provide expanded services is in creating a seamless experience for the patients we are serving. This was an important point brought forward during strategic planning, which leads us to our next theme from that event.

Connectivity

Connectivity is the term we are using for a number of communication challenges brought forward during the strategic planning event and its run up. Connectivity has to do with internal relationships, cooperation with local partners, and the patient experience when accessing services through the Center.

Internal Connectivity

During the run up to the strategic planning event communication was one of the main topics addressed in the just culture report and in the focus groups. It is surprising then that this was not a larger theme during the strategic planning event. This concern seems to have been manifest as a desire for a larger, integrated campus where all team-members and service partners are stationed together in one facility or complex.

One integrated and seamless campus where all services are available to patients would be a wonderful outcome, but it seems financially inviable at this time. However, we can develop a strategy to enhance connectivity between the work groups within TCCHC that will enable them to operate as if they were on one campus. Leveraging technology and adopting a communication and teamwork methodology will go a long way toward meeting those ends.

External Connectivity

The discussion of external connectivity centered around the need for a seamless experience for patients accessing services through TCCHC but rendered by a contracted provider. Dental services and mental health services were again the most prominent serviced areas mentioned here. Two issues in particular were brought to light. First, patients can struggle with various points of contact for services received outside of the Center. There is not always one central point of information for patients and communication between the Center and a contracted provider can be muddled, which can result in poor communication and outcomes for the patient. Secondly, information is not always consistently relayed between the contracted provider and the Center. This can result in patient records not being accessible at time of service or tracking data not being shared between partners. This can jeopardize patient care and hinder reporting metrics.

Similar to improving internal connectivity, leveraging technology and adopting an external communication and teamwork methodology may improve the underlying defect prompting staff to want one integrated campus. Using one central call center for all services, integrating TCCHC staff into partner offices, hosting partners on-site or exploring telehealth options for patients to receive services from partners from a TCCHCH office may help improve the sense of connectivity between the Center and its partners.

Employee Experience

The most important resource of any organization is its employees, more precisely, the right employees. This means having the right people positioned in the right places to be successful. This was an important topic in the strategic planning event. How we care for an employee as an individual and as part of a team is important for the overall health of the organization.

Care for the individual employee

Much of the conversation around caring for the individual employee centered on compensation, specifically wages. Wages are an indication of how an organization values its employees, but it is not the only thing that makes an employee feel valued. Discussion of compensation often arises when employees do not feel valued. One way to make them feel more valued is to increase their wages, but such a solution does not always produce a long-term effect. Considering that TCCHC employees are already paid competitive wages other strategies are required to make employees whole.

One strategy that was mentioned as part of the strategic planning event was increased training. This can occur in two ways. First, annual competency training will ensure that all staff maintain the skills required to do the job. This helps keep skilled employees sharp and helps to create confidence between colleagues. Advanced training around particular areas of interest is a second area where training can add value for the employee. Providing employees with the opportunity to enhance their skills sets and add meaning to their work can impart value to their work that is separate from their wages. Creating

avenues for growth and development for employees that tie increased skills and responsibilities to increased wages can address both of these issues.

Care for the team

TCCHC offers an intimate work environment. When employees are missing or do not pull their weight, it is acutely felt by everyone on the team. For this reason recruiting was a major concern. The timeliness of filling vacancies and the quality of the candidates placed into those vacancies was a major concern. In addition to bringing in the right candidates, staff were equally concerned about positioning new hires for success through a comprehensive onboarding process. When new hires are not properly trained, it creates an added burden on their colleagues to pick up the slack while they are learning their positions. It saves time in the long run to invest more time upfront in training new employees. Support throughout the onboarding process needs to be tailored to the needs of the individual and position type. The candidate hired locally and the candidate who is relocating to the area will need different support to successfully transition into their new role. For example, a local candidate may need support in learning how to navigate confidentiality in a small community whereas a candidate who is relocating will need support finding housing and integrating into the local community. This should not deter the Center from hiring candidates from outside the area, but should influence the development of their onboarding system.

For all employees, understanding the expectations of their own work, the work of their colleagues and how all of that fits into the larger picture for the organization is an important part of maintaining a positive work environment. Unstated expectations lead to disappointment. If employees do not know what is expected from them, or what should be expected from their colleagues, they can easily be disappointed when their own performance, or that of their colleagues, does not live up to their expectations. Additionally, as conditions change and expectations are altered, these changes must be communicated to all parties so that no one is left working with outdated expectations, which can also result in disappointment and tension between colleagues and workgroups.

Human Resources

One area that impacts both the individual and the team is Human Resources. The Human Resources department was mentioned repeatedly throughout the strategic planning event. Human Resources wields tremendous influence over the daily work environment of all personnel. There is a strong desire for the Center to take on this responsibility internally to provide more timely attention to the recruiting and staffing needs of the department. These needs may be met by an improved working relationship with the Human Resources department of the County. However, part of this partnership needs to be educating the County on the unique needs of a working healthcare center versus that of a municipal government. If the County Human Resources department is unable to adjust its performance based on the needs of a healthcare center, then it may be worth exploring other options to meet the recruiting needs of the Center.

Cultural Competency

The value the Center and its staff place on providing culturally competent care cannot be overstated. The availability and skill of the bilingual staff in the Center was cause for praise from TCCHC personnel throughout this process. At present, the Center has experienced considerable turnover in its bilingual staff, which is a cause for concern among many staff. However, the quality of the interpreting services

provided by the Center was prized by all. This is a program that needs to be continually nurtured and invested in by the Center. It is perhaps the Center's greatest competitive advantage in the market.

Marketing/community perception

The staff and providers of TCCHC understand the great product they present to the community. They are also passionate about sharing that message with the community. Furthermore, healthcare services in Tillamook County do not have the best reputation. This is not surprising as this is a feature of many small communities. Tillamook also has a long memory. This is why a comprehensive marketing strategy is required to highlight the many great services provided by and through the Center. A marketing strategy that excites the community to invest in and promote the Center will be required to meet many of the goals of the strategic plan, including driving volumes to increased revenue.

Technology

Technology in healthcare can be a double-edged sword at times. It can reduce work and greatly improve the lives and healthcare experiences of patients and staff. It can also be terribly burdensome, creating seemingly wasteful work and processes that demand time but produce little value. Unfortunately in clinic operations, we tend to focus on the challenges created by technology, like the demands of the E.H.R. A singular focus on the negatives of technology prevents an organization from leveraging technology to improve patient outcomes and the staff experience.

Leveraging technology to improve clinic operations can start by optimizing and maximizing the current technology available to the Center. Epic, for example, can seem to be a burdensome tool, but it presents enormous possibilities for collecting and processing data, communicating with patients and improving clinical operations. The MyChart portal is a terrific tool that can reduce staff work if optimized. The MyChart app makes this resources available to any patient with a smartphone. As technology ages, we also need to adapt to new trends in optimizing outdated technology. The phone system is one example of this. It is a best practice to maximize patient communication through online portals. That being said, there will always be patients who prefer using the phone. In this case we need to investigate better ways to use old technology. Examples could include eliminating voicemail and replacing it with Telephone Encounters so a caller is always interacting with a person and not a device. Another option would be to transfer all voicemails to email so there is one central location for staff to check all incoming communications. These are both examples of how to optimize old technology for the modern clinic environment. While securing adequate staffing is a challenge, and patient demands seem to routinely increase over time, leveraging technology to automate simple tasks will both improve patient care and the employee experience.

Recommendations

Several tangible recommendations have been covered in the section above. The section below attempts to outline several higher level recommendations oriented toward long-term organizational growth and development. TCCHC has developed a great product with a passionate and dedicated staff to bring that product to the public. The recommended next step in the growth and development of the Center should focus on implementing systems and structures that will promote and sustain ongoing growth. These systems can be included into the overall strategic plan, and are all included in some form in the two proposals discussed in a later section of this report. The recommendations outlined below will provide the tools necessary to address many of the improvement opportunities identified throughout this

process, while also leaving the organization and its personnel with the skills and tools necessary to continuously improve their work and better their environment. It is therefore recommended that the Center consider implementing the following systems, or something similar, to improve operations

- Management Methodology
  - o Preferred product: Lean - VMI
  - o Audience: All staff
- Teamwork Methodology
  - o Preferred product: TeamSTEPPS
  - o Audience: All staff
- Leadership Methodology
  - o Preferred product: Table Group
  - o Audience: Leadership, developing leaders
- Decision Making Methodology
  - o Preferred product: RACI/ROI
    - ▪ Tableau is a recommended product for Business Intelligence reporting to promote data informed decision making
  - o Audience: Leadership

Should the organization elect to pursue these options, it will want to embrace and embed them into its culture. They cannot be implemented piecemeal or half-heartedly. Time and resources will need to be dedicated to implementing these effectively. While it will take time to implement these methodologies and embed them into the organization's culture, we cannot expect staff to wait for new systems to be in place before starting to address their immediate concerns. For this, we can start to use some of the elements of these methodologies to begin work immediately on what we can call "Low Hanging Fruit." Such projects could include

- Improving technology and workflows related to incoming calls and voicemail
- Streamlining the registration process
- Implementing cascading huddles to improve intradepartmental communication
- Developing grants management program
- Expanding the patient incentives programs

These were all burning issues for staff, that could fit into the strategic plan, and utilize elements of the methodologies listed above. Addressing these issues with a limited set of tools from the methodologies above would be a way generate staff excitement about the long-term strategy of implementing these systems into their work. The timeline for implementing this plan will now be outlined in the next section.

Proposed Implementation Plan

5. Complete Strategic Planning: Completed by June 30, 2019
   a. Identify leadership champions for strategic goals
   b. Identify champions for strategic objectives
      i. Champions commission strategic objective action teams
   c. Develop measures and targets for activities and outputs
   d. Present completed report to Health Council and Staff
6. Phase 0: July 1, 2019 to December 31, 2019
   a. Low hanging fruit
   b. Study and exploration
   c. Champions and action teams develop Year 1 action plan

      d.   Quarterly reports
7.   Phase 1: January 1, 2020 to December 31, 2020
      a.   Introduction and Implementation of new programs/procedures
      b.   Champions and action teams develop Year 2 action plan
      c.   Quarterly reports
8.   Phase 2: January 1, 2021 to December 31, 2021
      a.   Utilization of new programs/procedures
      b.   Incremental improvements on new programs/procedures
      c.   Champions and action teams develop Year 3 action plan
9.   Phase 3: January 1, 2022 to December 31, 2022
      a.   Finalize/fine tune new programs/procedures
      b.   Focus on underperforming parts of the strategy
      c.   Complete new strategic plan by June 30, 2022

Proposals for Strategic Plan Objectives and Activities

Below are two proposals for the basis for the final strategic planning document. Both proposals cover similar activities, but approach it from two different perspectives. The first proposal could be described as a more technical strategic plan. It organizes opportunities for improvement around various themes based on the feedback generated throughout this process. It presents a straightforward roadmap that takes the organization strategically through a list of activities to improve the performance of the Center over three years. The second proposal could be described as a more aspirational and transformational strategic plan. It includes many of the same activities, but frames them around goals that seek to impact

Goal: What is the big picture vision?

Strategic Objective	Activities & Outputs	Metrics & Target
What themes are we going to work on within this goal? Examples may look like:	What are we going to do to impact these objectives. These can be guiding and not specific, but they do need to drive our actions. Examples may look like:	What are the specific measures that will indicate our activities are making their desired impact

the identity and culture of the organization. (For the original formatting please refer to the document titled: *Strategic Plan Form*.)

Goal: Create the optimal patient care experience

Strategic Objective	Activities & Outputs	Metrics & Target
Leverage technology to reduce barriers to care	➢ Develop options for electronic visits ➢ Improve telephone systems and processes ➢ Optimize MyChart ➢ Develop interactive web presence ➢ Automate basic tasks	
Develop culture of customer service	➢ Uniform customer service training for all areas ➢ Develop standard work for all areas ➢ Develop standard onboarding and annual competencies	
Create patient centered systems to make care more accessible	➢ Realign the daily Epic schedule around the patient ➢ Streamline processes that do not add value to the patient	
Deliver culturally competent and linguistically sensitive care	➢ Increase hiring of bi-lingual staff ➢ Further develop interpreting program ➢ Expand interpreting services to community partners ➢ Create training program for community interpreters	

Goal: Create the optimal workforce experience

Strategic Objective	Activities & Outputs	Metrics & Target
Promote opportunities for workforce growth and development	➢ Create career or promotion tracks for all positions ➢ Redefine positions as scope changes ➢ Reimagine compensation program around changing scope of position ➢ Develop employee recognition program aligned with the personality profiles of all personnel	
Grow skills and capabilities	➢ Creating workforce training program aligned with career tracks ➢ Develop standard work and annual competencies ➢ Developing training plans for all new program areas	
Maximize workforce productivity through systems and processes	➢ Identify opportunities for automation ➢ Implement management methodology ➢ Develop real-time performance communication	
Develop culture of teamwork, communication, and connectivity	➢ Identify teamwork methodology ➢ Reinforce formal and informal accountability measures ➢ Develop seamless interface for patients and staff with partner agencies	
Leverage technology to enhance performance	➢ Optimize Epic system ➢ Optimize phone system and process ➢ Invest in new technology to further automate basic tasks	

Goal: Expand and Enhance Patient Services

Strategic Objective	Activities & Outputs	Metrics & Target
Maximize utilization of available community resources through strategic partnerships	➢ Develop School based clinic model ➢ Create seamless experience with TFCC ➢ Create seamless experience with dental contractors ➢ Create a TCCHC specific HR plan	
Develop internal service lines for areas of greatest demand	➢ Develop formal structure for existing service lines ➢ Develop formal systems for identify and developing new service lines	
Leverage technology to make more services available to more patients	➢ Optimize existing technology, including Epic ➢ Develop formal system to identifying new technologies and systems for adoption in clinic ➢ Develop telemedicine program for services not available in our market ➢ Develop telemedicine program for services provided through local partners	

Goal: Build a financial model poised for service growth

Strategic Objective	Activities & Outputs	Metrics & Target
Develop financial standards for additional services	➢ Create a formal Grants program ➢ Develop productivity models around program growth ➢ Develop revenue based staffing model ➢ Decision making standards for major expenses	
Recruitment and retention	➢ Create competitive position descriptions and compensation models for revenue generating positions ➢ Develop mentorship program ➢ Develop career building program ➢ Identify and implement performance appraisal process to align vision to action ➢ Develop succession and interim plans for critical positions.	
Leverage technology to enhance revenue and decrease waste	➢ Leverage Epic system to optimize billing ➢ Develop internal reporting that informs strategy for maximizing revenue ➢ Automate tasks that are non-value added to the patient	
Develop marketing strategy to drive productivity in defined growth segments	➢ Create marketing strategy for all revenue generating service lines ➢ Align marketing strategy to optimize provider panels ➢ Explore alternative marketing venues ➢ Create marketing key performance indicators	

Goal 2.0: Become a Center of Excellence for Clinical Operations

Strategic Objective	Activities & Outputs	Metrics & Target

Implement Management Methodology	➢ Identify Management Methodology
	➢ Implement Management Methodology
	➢ Utilize Management Methodology to address operational weaknesses, ie:
	  o Responding to patient calls
	  o Registration process
	  o Rooming	

Implement Teamwork Methodology	➢ Identify Teamwork Methodology
	➢ Implement Teamwork Methodology
	➢ Utilize Teamwork Methodology to address connectivity weaknesses, ie:
	  o Communication with partners
	  o Interdepartmental huddles
	  o Leadership vacancies
	  o Realtime problem solving	

Cultivate Culture of High Performance	➢ Identify and implement performance appraisal process to align vision to action ➢ Develop succession and interim plans for critical positions. ➢ Create in-depth onboarding process ➢ Develop annual training plans for all positions ➢ Develop staffing plans to support strategic plan ➢ Promote a just culture environment	

Goal 2.0: Develop Service Network for Holistic Care

Strategic Objective	Activities & Outputs	Metrics & Target
Build internal capacity	➢ Identify comparative advantages ➢ Develop internal service line structure around comparative advantages ➢ Develop new programs accordingly using decision making methodologies	
Strengthen and enhance strategic partnerships	➢ Identify comparative advantages of community partners ➢ Collaborate with community partners to develop external service lines ➢ Collaborate on development of new programs accordingly using decision making methodologies	
Seamless patient experience	➢ Develop single point of contact for patients ➢ Integrate technologies with partners ➢ Develop telemedicine options for patients seen by partners ➢ Create shared spaced for partners to provide services onsite	

Goal 2.0: Build a financial model poised for service growth

Strategic Objective	Activities & Outputs	Metrics & Target
Develop financial standards for service growth	➢ Create a formal Grants program ➢ Develop productivity models around program growth ➢ Develop revenue based staffing model ➢ Create decision making standards for major expenses	
Develop marketing strategy to drive productivity in defined growth segments	➢ Create marketing strategy for all revenue generating service lines ➢ Align marketing strategy to optimize provider panels ➢ Explore alternative marketing venues ➢ Create marketing key performance indicators ➢ Develop consumer loyalty program	
Build a High Value Care Team	➢ Maximize skill-task alignment driven by top-license performance and develop corresponding compensation model ➢ Develop mentorship program ➢ Develop career building program ➢ Identify and implement performance appraisal process to align vision to action ➢ Develop succession and interim plans for critical positions. ➢ Optimize billing for licensed care givers	

Goal 2.0: Leverage technology to optimize performance and patient experience

Strategic Objective	Activities & Outputs	Metrics & Target
Build a Virtual Care Environment	➢ Develop options for remote visits with TCCHC and partners ➢ Optimize MyChart ➢ Develop interactive web presence	
Optimize resources and modernize process	➢ Automate non-value added tasks ➢ Optimize telephonic communication ➢ Optimize billing through enhanced charting ➢ Develop automated reporting for real-time problem solving ➢ Optimize Epic functionality	

Invest in Strategic Capital Infrastructure	➢ Develop decision making process and ROI for major capital driven service expansion, i.e.
	  o Radiology
	  o Dental bay
	➢ Maximize Epic functionality for patients and staff, i.e.
	  o Tablets/kiosks for patients
	  o Tablet/iphone interface for staff	

Appendices

Appendix 1: Notes from Strategic Planning Event

Leadership meeting themes and groupings

Brown	Red	Green
Extended Services	Improved communication	Marketing
Alligned with public need and	Compensation	Social Media
employee interest	Recognition	Money
Convenience for Patient	Opportunities	Fee for service vs. APM
Improved communication	Transparency	13 pt break event
HR	Assignment equity	Who can bill?
Dental	Staffing	RN? BH? Nutri?
Tele med	Presenteeism	Groups / classes
Strategic Partnerships	Right #s	Panel size
Dental	Right work	Marketing
BH/MH	Skill/task alignment	Scheduling
Schools/Colleges	Standard Work	Appointment reminders
Specialists	Joy	Capital Technology
Acupuncture	Customer Service	Scribes
Chiro	Training	
Massage	Communication	
PT	Voice Mail	
Pediatric dental	MyChart	
N/S Clinics	Language services	
Outreach	Optimize technology	
Perception		
Consistency		
Market Share / Transparency		

Appendix 2: Table Activity 1

If I had a million dollars….

Expand outpatient services (5), in a way that includes
- Expanded and updated facility (8), and
- Updated technology and more support staff (14)

Marketing and staff education (6)
Employee raises (17)
Centrally located – all staff and services in one building – including lab, x-ray and pharmacy (16)
More nursing staff (4)
Specialty care, i.e. dental, mental health
Psych NPs (3)
North/South Clinics (20)
Larger facility (10)
Psych NP (7)
In-house dentist (6)
More staff (1)
More Spanish speaking staff (4)
Mental Health counseling (6)
More nursing staff (4)
Pharmacist in clinic (7)
Mobile needle exchange
Psych NP (6)
Detox facility – inpatient substance abuse (4)
Inpatient psych bed (4)
Respite center (Mental Health, substance abuse, crisis, etc.) (2)
Universal home visits for all parents (9)
Increase salaries (11)
Increase staff (RNs, MAs, EH) (7)
Upgrade communication: tablets (8)
X-ray/ultrasound (3)
Expand services (7)
- Health
- Dental
- Van (plan)

Training (2)
X-Ray (2)
New building with room for multiple agencies (12)
Full-spectrum of providers (5)
Good recruitment and retention plan (7)
Break away from county (5)
Better PR and Social Media (3)
Housing for new employees (2)
Walk-in hours, Saturday clinic (3)
Transportation for patients (5)
Expansion of services (8)
- X-Ray

- In-house dental
- Vision
- Acupuncture
- PT
- Massage
- Chiro

Everyone on one campus (12)
Marketing/outreach person
In-house HR person (33)

Appendix 3: Table Activity 2

7 Words….

More staff (Bilingual, clinical, providers) (7)
Clarification / positions redefined
Update position descriptions
Own HR
Recruit qualified personnel
Access (8)
N / S Facility & Hours
Transportation, i.e. mobile van
Language services – hire translators
Technology / telehealth (online, tablets, etc.)
Happier staff / better attitudes (6)

- Hire more staff
- More multi-team meetings
- Less complaining
- Accountability

Specialties in clinics (1)

- Dental
- Acupuncture
- X-ray
- Mental health
- Psych NP
- Pharmacy
- Bigger building

Training for new front office staff, including customer service (6)
Check-out process (2)
Update phone system/processes (1)

- Every call gets answered
- No voice mail
- Real person answers the phone or given option for extension
- Medical & Dental

Tablets for paperwork (1)

Designated MA + triage nurse: could address BP, vitals, lab results, same day appointments, advise to schedule with primary that same day or go to ER, help get prior auth. Would improve communication to front and back (5)

Self-check-in and -out kiosk in English and Spanish (6)

Streamlined processes (2)

- On-line check-in
- Visit summary

Provider time (7)

- Increasing provider time for patient care, i.e. seeing patient as whole person, listening to patient, providing visit summary

Appendix 4: Table Activity 3

Start, Stop, Continue

Start	Stop	Continue
Additional Services (3)	Voicemail for staff (14)	Panel management (1)
Simplify Charting (3)	Double documentation	Social communication
Improve patient tracking &	between multiple care givers (9)	Integrated services
follow up (1)	Patient paperwork at check-in	All-staff meetings (1)
Better staffing procedures (3)	Implementing new (grant)	Certified interpreters
Team huddles (1)	programs without procedures	Access/knowledge/partnerships
Technological Advancement (6)	and test runs (2)	with community services (1)
Home visit doc	Answering service – telephone	Weekly updates and
Community Outreach (5)	Double booking (include	communication from leadership
• Companies	provider input)	(2)
• Schools	Cumbersome check-in process	Seeing all patients
• Agencies	(10)	High level of patient care
Check-out desk (1)	Complaining, blaming and	Financial performance
Electronic keys (4)	looking back (9)	Data access
Better PR & Marketing	Inconsistent schedule in south	Interpreting services (9)
HR Changes (2)	county (7)	Patient incentives, i.e. gift cards
Saturday clinics	New grant programs without	(9)
HR	support and staff onboard (5)	Good patient care (3)
Increase provider time	Redundant paperwork and not	Check-in process
Same day slots	working to the highest capacity	Teamwork
Awareness of functions	of what you were hired to do.	Panel management (6)
Events for diabetes, asthma,	Inefficient workflows and poor	Outreach marketing (6)
etc. (5)	teamwork. (16)	Patient incentives (6)
Reaching out more through		Quality Care
technology/advertisements (1)		Expand dental program
Training for new hires (5)		Improve access for patients,
Medical van plan (3)		late check-in process
Moving forward (4)		Increased productivity
Positive attitudes (3)		Home visits
Check-out (1)		Dental program
Team building (3)		Mental Health
Consistent marketing (2)		Quality measures
N / S County Access/Clinics (17)		
Electronic check-in (4)		
Patient group education		
More patient time for patient		
with provider and less with		
support staff		
School-based HC in S. County		
Mobile Clinic		
Training coordinator		
Plan for no-shows		

Psychiatric NP to serve integrated MH and addictions (11)		

Append 5: Marlene Notes:

Strategic Goal Themes

Patient Access and Experience
- Technology
- Telemedicine
- Customer service
- 15 min
- Convenience for patient
- Language
- Scheduling

Staff Satisfaction and Experience
- Technology
- Training
- Salary, compensation and role growth
- Best use of time
- Scribes
- Optimism/charity
- Connectivity
- Communication
- Recognition
- Night
- Positive attitude

Service Expansion/Enhancement
- Dental
- Schools
- Technology
- Pharmacy
- Radiology
- Human Resources
- Pharmacy
- Strategic Partnerships

Financial Sustainability
- Financially make standards for scribes
- Productivity standards

- Technology
- Marketing

Staff feedback

Patient Experience
- Technology to help with pre-registration – tablets for check-in
  - Provider technology to speed up providers
- Customer service at front desk – training needed
- Check-out process for patients
- More multi-team meetings:
  - i.e. care coordinators and providers
  - wed morning brief
- Streamline check-in process
- Visit summary for all patients when they leave
- See patient as a whole person
- Increase time with patient
- Update phone system or better understand how to use existing
- Bilingual staff
- Redefining positions
- North County / South County – adding hours
- Funding for transport
- Bilingual staff in more areas
- Technology – telehealth
  - For check-in
  - Fill out wellness survey
  - Self-check-in and -out kiosk
- Every call gets answered and patient receive prompt response

Tablets
Add dentures for low-income
Pharmacy

Advocacy for specific actions:
- Own HR staff for department
- Staff training, retrain everyone
  - Epic
  - Front office
  - Care Coordinators
- North County – need to reassess
  - South County expansion
- 10 less than 10
  - Over 5 years