

Attachment 12 – Operational Plan

| Goal | Key Action Steps | Person/Area Responsible | Time Frame | Comments |
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| Focus Area: Operational Service Delivery | | | | |
| Goal A1: Provision of Required & Additional Services (Form 5A: Services Provided) within 120 days. | 1. Finalize all formal written agreements as listed on Attachment 7 and as in compliance with Form 5a. | SNCHC Executive Director / SNHD Legal Team | September – December 31, 2019 | Attention paid to services that are in scope. |
| | 2. Enhance referral services by adding a referral coordinator to clinic operations | SNCHC Executive Director | December 31, 2019 | |
| | 3. Orientation for current LIPs/staff on FQHC purpose/clinical requirements/referral arrangements. | SNCHC Executive Director | October 31, 2019 | |
| Goal A2: Clinical Staff Recruitment completed and first year staff in place by December 31st. | 1. Advertise all open clinical position vacancies/ Post on NHSC site/with clinical rotation partners | SNHD Human Resources Director | December 31, 2019 | All positions projected for year one will be filled by December 30th, 2019 |
| | 2. Participate in the National Public Service recruitment/ Loan Program and/or Scholars Program. | SNHD Human Resources Director | December 30, 2019 | Scholars/ Loan repayment may be incentive for nursing and LIP's |
| Goal A3: Credentialing and Privileging on all staff (new and existing) in place and in compliance with new policy. | 1. Initiate credentialing and privileging of providers as soon as they accept the employment offer | SNHD Human Resources Director | Ongoing | Credentialing and Privileging will be completed and board approval of LIP prior to start in clinical. |
| | 2. Monitor status & recredentialing/privileging done every two years per policy. | SNHD Human Resources Director | Ongoing | |
| | 3. Institute regular QI monitoring of files for compliance with policy. | QI/QA Manager/CQI Team | Ongoing | Help prevent "slippage", assure files are audit ready. |
| Goal A4: Professional Coverage for After Hours Care is in compliance with requirements. | 1. Modify current after hours on-call system protocols to address clinical needs of patients | SNCHC Executive Director | September 31, 2019 | Continue discussion with other FQHC's about potential shared services. |
| | 2. Identify a professional on-call system company to contract out the SNHCHC | Director of Finance | December 30, 2019 | Compliance with all HRSA requirements. |

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| | after hours telephone service. | | | |
| Goal A5: Admitting of SNCHC patients provides continuity of care during and after hours. | 1. Complete a Memorandum of Understanding with the University Medical Center to address the admitting/hospitalization needs of SNCHC patients | SNCHC Executive Director | Now through September 1, 2019 | Formalize current, verbal agreement in place, assure compliance with HRSA requirements. |
| | 2. Monitor timely reporting and documentation of SNCHC patients hospitalized. | Chief Administrative Nurse/CQI team. | Ongoing | Make sure that new documentation requirements are functional and working |
| Goal A6: Physical Site Capacity is appropriate to meet patient needs and appropriate for scope of services. | 1. Implement expanded hours of operation in current SNHD clinic. | SNCHC Executive Director | September 31, 2019 | Staff training will need to occur. |
| | 2. Make sure hours are posted on door, telephone message updated, website updated and all written materials update. | SNCHC Executive Director, Facility Manager, IT staff, | September 1, 2019 – ongoing | Inform clients of change. |
| | 3. Complete minor structural modifications in the clinical area of S. Decatur building. | Director of Administration, Facility Manager, | December 30, 2019 | |
| Focus Area: Functioning Key Management Staff/Systems/Arrangements | | | | |
| Goal B1: BPHC competent Management and support Staff will be in place by November of 2019 and receive ongoing training to assure HRSA compliance. | 1. Re-orient Key Management Staff to HRSA compliance Manual. | SNCHC Executive Director | Upon receipt of NGA | All currently have manual. Use of Nevada PCA, NACHC or consultants possible |
| | 2. Provide training opportunities for Management staff in HRSA/BPHC financial and clinical areas. | SNCHC Executive Director | By August of 2020 and annually | Have key staff attend NACHC CHI, financial training, HRSA FTCA & UDS training opportunities as needed. |
| | 3. Advertise and recruit for supporting staff. | Human Resources Director | In place by November of 2019 | |

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| Goal B2: A system for Contractual/Affiliation Agreements monitoring will be in place by September 31st, 2019 | 1. Keep an active log with the status of all contracts/affiliation agreements | Clinical Services Administrative Analyst | September 31, 2019 – Ongoing | Prevent Slippage in contracts. |
| | 2. Create Contract Request Agreements as need arise | Finance Director/SNHD legal to review agreements | Ongoing | Close attention to HRSA Form 5 to be sure to remain in scope. |
| Goal B3: Data Reporting System will be able to pull UDS and other required reports by December 31st, 2019. | 1. Coordinate with the eClinicalWorks vendor to understand which fields populate the required HRSA performance measures. | IT Manger/QI Manager | September 15, 2019 | Understanding of data system is necessary to train staff for reporting. |
| | 2. Enter test data in test patient areas. Run test reports and audit for accuracy with clinical records to be sure system is pulling the correct information. | IT Manger/QI Manager | September 30, 2019. | Verify system is and can pull the correct information before training staff. |
| | 3. One month after clinical training run UDS pilot and review data for accuracy/issues in pulling data from patient charts. | IT Manger/QI Manager | October 30, 2019 | Assess ability to pull UDS reports accurately. |
| Goal B4: Financial Management and Accounting Systems promote compliance with standards of accounting and HRSA tracking of financial performance measures by December 31st, 2019. | 1. Implement Financial Performance Metrics District-wide which are consistent with industry and HRSA measures. | Financial Management/IT Department | December 30, 2019 | |
| | 2. Use ONESolution software to track SNCHC grant revenue, expenses and goals as its own cost center. | Financial Management/IT Department | September 1, 2019 – ongoing | |
| Focus Area: Implementation of Sliding Fee Discount Program | | | | |
| Goal C1: Sliding Fee Discount Program is implemented in accordance with HRSA policies. | 1. Implement New Sliding Fee Policy and train staff on HRSA policies for sliding fee scale. | Financial Management Front line Lead | September 30, 2019 | SNHD has a current sliding fee and has approved new sliding fee policies. |
| | 2. Provide notice of discount availability and no one denied services based on inability to pay. | Director of Administration, IT staff | September 30, 2019 | Includes lobby signs, brochures, website |

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| | 3. Review sliding fee scale and develop as needed fee scales for others primary care services not usually done in regular office visit. | SNCHC ED and Financial Management | September 15, 2019 | Much work has been done in this area, more needs to be done. |
| Goal C2: Billing and Collections System has interoperability with eClinicalWorks by December of 2019 to assure seamless billing. | 1. Implement eClinical Works Health Records Management System | IT, Clinical Services | September 30, 2019 | Rollout is underway at this time. |
| | 2. Integrate eClinical Works Billing and Collections features with internal ERP system | IT, Financial Services | December 30, 2020 | |
| | 3. Train all front-line staff on collection at time of service and polices on financial hardship waiver of fees. | Financial Management Front line Lead | September 30 th , 2019 | At the same time as sliding fee training and HRSA policies. |
| Goal C3: Implementation of a Compliant Sliding Fee Scale | 1. Review and ensure compliance of Sliding Fee Scale with Grant Requirements and Uniform Guidance by QI/QA checks. | Financial Services/ QI Manager and CQI team | October 30, 2019 | |
| Focus Area: Quality Improvement/Quality Assurance (QI/QA) Program | | | | |
| Goal D1: SNCHC develops a culture of Quality and places emphasis on process and performance measure improvement by December of 2019. | 1. Leadership places an emphasis on SNCHC quality program | SNCHC Executive Director/ QI Manager | September 2019 and ongoing | Memos, Meetings and Walk throughs emphasize quality |
| Goal D2: Implementation of QI/QA Plan and Process to improve clinical outcomes and patient satisfaction by December of 2020. | 1. Train clinical teams on required performance measures such as depression screening and BMI counseling and documentation in EHR. Implement | Qi/QA Manager | September 31, 2019. | Staff will be unfamiliar with HRSA performance measures and documentation fields in EHR. |
| | 2. Develop QA/QI monthly, Quarterly, and Annual Reports, Educate appropriate key staff on any new measures and proposed data presentation. | QA/QI Manager and clinical services staff (Pharmacy, Medical, Dental) | September 15, 2019 | Insights can be gained from clinical advisors and help with buy in and prevent "slippage" of goals. |
| | 3. Run data reports, prepare reports and present to CQI. Post clinical team | QA/QI Manager | December 31, 2019 | Per QA/QI plan |

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| | progress in each team work area. | | and ongoing. | |
| | 4. Implement regular patient satisfaction surveys in every clinic. | | | |
| | 4. Develop PDSA's to improve processes, patient outcomes and satisfaction as needed. | QA/QI Manager and clinical team staff | December 31, 2019 – ongoing. | Per QA/QI plan |
| | 5. Incorporate customer satisfaction, and provider's productivity among clinician's performance evaluation indicators | 2. SNCHC Executive Director | January 1, 2020 | |
| Focus Area: Governing Board | | | | |
| Goal E1: Assure Board members comply with HRSA board composition. | 1. Add 3 female SNCHC patient board members and 2 non-patient board members. | SNCHC board with assistance from Executive Director | September 1, 2019 | Expertise in fiscal, legal or social services preferred. |
| | 2. Monitor patient demographics for board composition. Recruit board members who resemble the service area racial/ethnic composition as needed | SNCHC board with assistance from Executive Director | February 1, 2020 and ongoing | Initial UDS run should help with needed board composition |
| Goal E2: All staff and all Board members will have a signed conflict of interest agreement. | 1. All staff will have signed standards of conduct and conflicts of interest listing any potential or actual conflicts of interest and comply with all applicable requirements. | Human Resources Manager | September 1, 2019 | |
| | 2. Both the SNHD and SNCHC boards members will have signed standards of conduct forms listing any potential or actual conflicts of interest and comply with all applicable Federal requirements | SNCHC Executive Director | October 30, 2019 | |

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| Goal E3: The SNCHC Board will complete their initial Strategic Plan by December 31st, 2019 | 1. Complete and Approve the first SNCHC Strategic Plan. | SNCHC board and SNHD Board along with Executive Director and other key management staff. | December 30, 2019 | |
| Goal E4: Complete Initial Board Training by December 31st, 2019 | 1. Using NACHC board training materials convene a training for the board on board responsibilities and HRSA requirements. | SNCHC Executive Director | December 30, 2019 | NACHC has a variety of videos and board manuals for use in training. |
| | 2. Have a written evaluation of the training | Executive Director | December 30, 2019 | |
| Focus Area: Other | | | | |
| Goal F1: Apply for FTCA coverage by November 30th, 2019 | 1. Submit application for FTCA coverage | Executive Director | November 2019 | |
| Goal F2: Submit Medicare FQHC Enrollment Application by November 30th, 2019 | 1. Submit application for Medicare FQHC Enrollment | Finance Director | October 15, 2019 | |
| Goal F3: Submit Medicaid FQHC Application | 1. Submit Medicaid FQHC enrollment application | Finance Director | October 1, 2019 | |