



SJCC BOARD OF DIRECTORS ATTENDANCE RECORD 2019

2019 Meeting Dates

Member Name	Joined Board	Term	1/29/19	2/26/19	3/26/19	4/30/19	5/28/19	6/25/19	7/30/19	8/27/19	9/24/19	10/29/19	11/26/19	12/31/19
Baskett, Mike	2018		P	P	P	P	P	P	P					
Cortez, Ismael	2011		AU	AU	P	AE	AE	AU	AE					
Heck, Brian	2019		N/A	N/A	N/A	Applicant	Applicant	N/A	Applicant					
Maldonado, Alvin	2011		AE	AE	P	AE	AE	AE	AE					
Medina, Esgardo	2018		P	P	P	P	P	P	AE					
Mills, Mary	2010		P	AU	AE	AE	P	P	P					
Place, Rod	2010		P	P	AE	P	P	P	P					
Sandoval, Luz Maria	2013		P	P	P	P	P	P	P					
Seng, Bradley (non-Voting Member)	2019		P	P	AE	P	P	P	P					
Shelton, Beth	2012		P	P	P	P	P	Resigned 6/19/19						
Yonemoto, Alicia	2014		P	P	P	P	P	P	P					

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused

INITIAL APPOINTMENTS

AUGUST 2019

The following practitioners have applied for membership and privileges at San Joaquin General Hospital. The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous hospital and other institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Competency / Privilege Review	Proctoring Required	Proctor	Rec Status/Term	Recommend
			NO INITIAL APPOINTMENTS ON THIS REPORT				Dept: Cred: Mec:
							Dept: Cred: Mec:
							Dept: Cred: Mec:

**Temporary Privileges

AUGUST 2019

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	Action Taken/Rec. Exceptions for Cause	Rec. Staff Category/Reappoint Period	Recommend
			NO REAPPOINTMENTS ON THIS REPORT			Dept: Cred: MEC:
						Dept: Cred: MEC:

ADVANCEMENTS

AUGUST 2019

The following practitioners are being advanced to their requested staff status to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care.

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend
	NO ADVANCEMENTS ON THIS REPORT				Dept: Cred: MEC:
					Dept: Cred: Mec:
					Dept: Cred: MEC:

CEO Report – Previous 30 Days

6

- HR Tabletop Exercise – completed meetings with med staff leaders and department heads to galvanize buy-in; 85 physical moves in progress (HR and SEIU are on board)
- New phone center leadership – schedules previously going unfilled are now being prioritized; opportunity to modify appointment supply to match demand; KPIs being monitored and reported weekly at operational analytics meetings
- Modeling various scenarios for growth, consolidation, translocation (pan-ambulatory, not just SJCC)
- RCM outsource due diligence continues; RCM tracer results published w/o 8/19 and AR remediation effort began 8/26
- Marketing plan – 60 day plan for Manteca is in flight
- CipherHealth POC signed – outreach to assigned/unseen population
- Wipfli – 1st week of September promise date for consolidated PPS model
- Fiscal Solutions – signed agreement for onsite w/o 9/16 for compliance review
- Annual Recertification due to HRSA 10/2; internal target 9/18
- PRIME reporting due 9/30; quality and data teams operating at full steam
- UDS kickoff occurred w/o 8/12; well in advance of 2/15/20 due date
- Strategic planning sessions completed (9/6 HRSA due date)

MILITARY DEPARTMENT CONTRACT REQUEST

(THIS DOCUMENT IS NOT A BINDING AGREEMENT)

FISCAL CONTROL NUMBER

DATE:

15 August 2019

Requesting Installation Agency Code:
46000

Internal Document Number:

REQUESTOR LOCATION:

Discovery Challenge Academy
700 E Roth Road, BLDG 3
Lathrop, CA 95330

SERVICE LOCATION (IF DIFFERENT):

Discovery Challenge Academy
700 E Roth Road, BLDG 90
Lathrop, CA 95330

Point of Contact :

SGT BENNY MONTIEL

Contact phone Number:

(916) 855-4023

Contact email:

montiel@discoverychallengeacademy.com

SUGGESTED VENDOR #1:

San Joaquin General Hospital / San
Joaquin County Clinics
500 West hospital Rd.
French Camp, CA 95231
Farhan Fadoo, CEO
(209) 468-6372
ffadoo@sjgh.org

SUGGESTED VENDOR #2:

SUGGESTED VENDOR #3:

Preliminary Considerations:

Is this an Amendment or an Adjustment to an existing contract? NO

Can this service be provided with in our agency? NO

Can another Agency perform the service? NO

Is the clear, concise, detailed description of work to be performed attached to this request? YES

Is this an Emergency Contract in accordance with PCC 1102? "a sudden, unexpected occurrence that poses a clear and imminent danger, requiring immediate action to prevent or mitigate the loss or impairment of life, health, property, or essential public services."
(if yes, attach detailed justification). NO

Contract Information :

Description of/ and Justification for Services:

Request to Fund For Discovery Challenge Academy (DCA) Cadet Medical Health Services

Contract period:

27 Months, October 2019 – December 2021

Nomination of COR:

SGT Benny Montiel (916) 855-4023

Nomination of Assistant COR: Michael West (916) 283-7945

CALSTARS Information

	FISCAL YEAR	INDEX-OBJECT-PCA	
1)	19/20	6454-413-65000	\$ 50,322.72
2)	19/20	6455-413-65004	\$ 16,774.24
3)	20/21	6454-413-65000	\$63,914.00
4)	20/21	6455-413-65004	\$21,304.66
5)	21/22	6454-413-65000	\$31,956.99
6)	21/22	6455-413-65004	\$10,652.33
			TOTAL AMOUNT: \$ 194,924.94

SERVICE CERTIFICATION

I hereby certify, on personal knowledge, that this acquisition of services herein is necessary and appropriate for the accomplishment of the mission of his installation, and will not violate existing agreement or regulations.

Name and Title of Requesting Official:

SGT BENNY R. MONTIEL, DCA, LOGISTICS NCO

Name and Title of Approving Authority:

LTC PETER A LEWIS, DCA, DIRECTOR

DATE

15 AUG 19

DATE

15 Aug 2019

FUND CERTIFICATION

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

FISCAL YEAR

AMSCO

AMOUNT

SIGNATURE

DATE



San Joaquin County Clinics
500 West Hospital Road • French Camp • CA 95231 • (209) 468-6372

Lathrop Youth Academy - Health Services Budget / Twenty-Seven (27) Months
October 1, 2019 through December 31, 2021

	Oct19-Jun20 9 Months 35 Weeks	Jul20-Jun21 12 Months 44 Weeks	Jul21-Dec21 6 Months 22 Weeks	Total Budget 27 Months 101 Weeks
<u>SALARIES</u>				
Physician on Site:				
Up to 3 hrs/wk x \$206/hr = \$618/wk	21,630.00	27,192.00	13,596.00	62,418.00
Phone Consultation @ \$60/hr x 2 hr/mo	1,080.00	1,440.00	720.00	3,240.00
Nurse Practitioner/Physician Assistant:				
Up to 3 hrs/wk x \$71.38/hr = \$214/wk	7,490.00	9,416.00	4,708.00	21,614.00
Nurses:				
Up to 3 hrs/day x \$52.75/hr = \$158.25/day				
3 days per week	16,616.25	20,889.00	10,444.50	47,949.75
TOTAL SALARIES	46,816.25	58,937.00	29,468.50	135,221.75
<u>BENEFITS</u>				
Social Security (FICA) @ 6.2% of Salaries	2,902.61	3,654.09	1,827.05	8,383.75
Medicare @ 1.45% of Salaries	678.84	854.59	427.29	1,960.72
Unemployment (SUI) @ 0.05%	23.41	29.47	14.73	67.61
Workers Comp @ 1.04%	486.89	612.94	306.47	1,406.30
TOTAL BENEFITS	4,091.75	5,151.09	2,575.54	11,818.38
TOTAL SALARIES AND BENEFITS	50,908.00	64,088.09	32,044.04	147,040.13
MEDICAL SUPPLIES @ \$1,000 PER MONTH	9,000.00	12,000.00	6,000.00	27,000.00
TOTAL SALARIES, BENEFITS & MEDICAL SUPPLIES	59,908.00	76,088.09	38,044.04	174,040.13
INDIRECT FEE @ 12%	7,188.96	9,130.57	4,565.28	20,884.81
GRAND TOTAL	67,096.96	85,218.66	42,609.32	194,924.94

Primary Medicine Family Medicine Pediatrics Healthy Beginnings (OB/GYN)
French Camp | Stockton | Manteca

SCOPE OF WORK HEALTH CARE

- I. SCOPE: The work includes having a State of California licensed physician, physician assistant, and nurse staff or the Youth Programs Medical Clinic (Here in after referred to as the Clinic) Lathrop, California for (27) twenty seven months with a start date of 01 October 2019 thru 31 December 2021.
2. CONTRACTING OFFICER'S REPRESENTATIVE: Whenever in these specifications the abbreviation COR is referenced, it shall be the same as if the term Contracting Officer's Representative is referenced. The COR for this project is SGT Benny Montiel, NCOIC Logistics Challenge Academy (DCA) (916) 855-4023 and the Assistant COR is Michael West, Budget Officer (DCA) (916) 855-4030.
3. SPECIFIC REQUIREMENTS FOR CONTRACTED PERSONNEL: The contractor shall provide services of the following professional medical personnel:
 - a. On-site/Off-Site/On-Call Physician shall furnish medical advice, opinions, and recommendations to the Clinic staff concerning health care and treatment issues which pertain to students enrolled in the Youth Program resident course at 700 E. Roth Rd., Lathrop, California. Up to 3 hours per week on-site and up to 2 hours per month on-call.
 - b. Part-Time Registered Nurse shall report to the Clinic and provide on-site support each week the Youth Program resident course is in session. The nurse shall attend to students and provide advice to the staff within professional guidelines and legal limits. Up to 3 hours per day and up to 3 days per week on alternate days from physician and nurse practitioner or physician assistant.
 - c. Physician Assistant shall provide health care services to patients under direction and responsibility of physician: examines patient, performs comprehensive physical examination, and compiles patient medical data, including health history and results of physical examination. Administers or orders diagnostic tests, such as x-ray, electrocardiogram, and laboratory tests, and interprets test results for deviations from normal. Performs therapeutic procedures, such as injections, immunizations, suturing and wound care, and managing infection. Develops and implements patient management plans, records progress notes, and assists in provision of continuity of care. Instructs and counsels patients regarding compliance with prescribed therapeutic regimens, normal growth and development, family planning, emotional problems of daily living, and health maintenance.
4. CLINIC OPERATIONS AND LOGISTICS: The contractor shall obtain prior approval from the COR to obtain/purchase equipment and supplies that cannot be obtained through Youth Programs supply channels for the operation of the clinic. The contractor shall not obtain/purchase services, supplies, and equipment used to support Clinic operations, without the benefit of a fully approved contract amendment and prior approval of the COR. The COR shall designate a military officer or non-commissioned officer to oversee the administrative operations of the Clinic. The officer or non-commissioned officer shall among other duties, be responsible for certifying time and attendance records for all personnel. Personnel employed in support of this contract are deemed to be employees of the contractor. The contractor shall be responsible for providing normal payroll and employee services to include Workers Compensation Insurance, OASDI contributions, employee benefit plans (if any), and the Administration of state and federal income tax reporting and withholding. Normal work hours shall be determined by the COR and may be extended to accommodate actual workloads.

5. **JOB DESCRIPTIONS AND ADDITIONAL DUTIES:** Contract employee duties and responsibilities shall generally conform to the position descriptions developed by the State of California for Physicians, Nurses, and Physician Assistants. Copies of the position descriptions are attached and included as part of this contract. The physician, nurses, and physician assistants employed under provisions of this contract must possess a license issued by the state of California to practice their respective professional skills.
6. **PROFESSIONAL SERVICES:** Professional services provided by the contract employees shall be limited to the students who attend the resident phase of schools or academies operated under the supervision of the Director, Youth Programs, Military Department, and State of California.
7. **MILITARY DEPARTMENT RESPONSIBILITIES:** The Military Department has overall responsibility for the management and operation of the Clinic. The Military Department shall furnish, without cost to the contractor, Working space, furnishings, supplies, and equipment needed for the medical professionals to provide medical services and treatment to Youth Programs students. The Military Department shall transport or ensure students arrive at the clinic for evaluations or treatment. The Military Department shall provide transportation and supervision for students who are referred to a medical care facility located off post. The Military Department shall ensure the Clinic is maintained in a safe condition and complies with State of California requirements.
8. **CONTRACTOR EMPLOYEES:** Contracted employees shall provide professional services in a careful and professional manner consistent with standards prescribed by the State of California and other regulatory agencies. All material and supplies furnished by the contractor shall be new. The contractor shall ensure contracted employees are familiar with safety requirements mandated by the State of California and CAL OSHA for their scope of work.

San Joaquin County Clinics Strategic Plan 2019-2022

Priority	Strategy	Outcome
<u>Financial Strength and Sustainability</u> Build a financially strong and sustainable organization	1.1 Improve billing and collection processes 1.2 Maximize value-driven care incentives 1.3 Introduce new operational initiatives to improve financial performance 1.4 Implement operational efficiencies to reduce the cost of providing care 1.5 Shutter underperforming sites with limited potential for growth	Improved financial oversight Increased revenues Increased productivity Eliminates unnecessary expenditures
<u>Operational and Administrative Capacity</u> Develop the infrastructure to support efficient operations and implement improvements to streamline business practices	2.1 Improve productivity 2.2 Expand scope of services and optimize PPS rates 2.3 Standardize management practices across all sites 2.4 Create new leadership roles to address administrative gaps 2.5 Enhance patient experience/satisfaction	Increased productivity Improved access and expanded services Improved organizational infrastructure Elevated satisfaction scores
<u>Physical Footprint(Growth/Expansion)</u> Delivering care where our patients live and work	3.1 Evaluate ideal locations for future expansion and growth 3.2 Expand capacity and services in desired locations 3.3 Shutter underperforming sites with limited potential for growth 3.4 Explore opportunities for acquisitions of existing practices	Boosted satisfaction scores Increased revenues and expanded services Eliminates unnecessary expenditures
<u>Marketing and Business Development</u> Manage every channel and achieve success a by developing and adhering to a strategic marketing roadmap	4.1 Rebrand SJCC to reflect our emphasis on the health system 4.2 Enhance marketing and business development functions 4.3 Optimize digital/web functionality and utilization 4.4 Further strategic partnerships with managed care plans and other key stakeholders 4.5 Cultivate a health system relationship with SJGH while operating as a self sufficient arm of the health care delivery network in San Joaquin County	Increased revenues Improved organizational infrastructure Increased patient satisfaction Improved community relationships
<u>Technological capacity</u> Implement and utilize technology to enhance patient care and the patient experience	5.1 Expand Business Intelligence capacity 5.2 Implement Data Governance 5.3 Optimize use of Cerner EMR 5.4 Implement population health suite of tools 5.5 Drive innovation within Health System 5.6 Capitalize on opportunities in telehealth	Improved organizational infrastructure Standardization and increased organizational knowledge Improved performance monitoring Improved organizational infrastructure
<u>Board Governance</u> Maintain a strong, vital Board of Directors	6.1 Coordinate a series of on-site training and educational programs for the board members 6.2 Invite a select number of board members to attend "Board Member Boot Camp" annually 6.3 Schedule a special session to review the contents of the HRSA manual 6.4 Develop a board member recruitment plan 6.5 Identify board members to participate in community events and spread the word about us	Increased board member satisfaction Strong & vital Board of Directors
<u>Community Role</u> Be recognized in the community as a high quality services provider and essential community organization.	7.1 Regularly engage community feedback on service needs and the perception of the health system 7.2 Educate other non-profits about our breadth of services, access and programs	Improved exposure and community relations Enhanced community relations

San Joaquin County Clinics Strategic Plan 2019-2022		
Priority	Strategy	Outcome
Human Resources Design employee incentives to boost morale, increase accountability and develop leaders	8.1 Enhanced education and training programs 8.2 Develop a recruitment plan 8.3 Create and implement onboarding and offboarding processes 8.4 Design a leadership development program	Improved employee and physician satisfaction Boosted morale Improved patient care Improved accountability
Quality Improving the health of our community, <u>one patient at a time</u>	9.1 Increase clinical quality scores (HEDIS, Waiver programs, etc.) 9.2 Utilize operational data to meet objectives and enhance quality of care 9.3 Implement self service data access model 9.4 Implement Super User model by onboarding a Clinical Quality SME (Subject Matter Expert) within each Care Team 9.5 Collaborate with payer partners to address gaps in care	Enhanced patient satisfaction Enhanced quality of care increased operational efficiency Increased provider engagement "Real time" analysis to modify care delivery model Streamlined data delivery processes Strengthens rapport with payers Healthy symbiotic relationship with payers

Priority: Financial Strength and Sustainability						
Strategy		Key Activities		Outcome	Success Metric	Staff
1.1	Improve billing and collections processes	1.1.a 1.1.b	Analyze the internal billing/collections process and address gaps Explore outsourcing billing/collections	Improved billing/collection processes	Establish reliable A/R Baseline Reduce gross A/R days by 3% each year	CFO
1.2	Maximize value-driven care incentives	1.2.a 1.2.b 1.2.c	Analyze FTE budget and current assignments Make adjustments, where appropriate, to streamline staffing Ensure incentive based measures are captured and reported	Increased revenues	Completed analysis Reallocation complete	CEO CFO COO
1.3	Introduce new operational initiatives to improve financial performance	1.3.a 1.3.b	Consolidation of co-located clinics to maximize efficiency Introduction of 340b pharmacy services for patients	Improved revenue	Revenue increased by 10%	CEO COO CFO
1.4	Implement operational efficiencies to reduce the cost of providing care	1.4.a	Modification of provider schedules (advanced access)	Increased productivity	Decrease "unproductive" time to 25% year 1, Decrease to 20% year 2, Decrease to 15% year 3	CEO COO CFO
1.5	Shutter underperforming sites with limited potential for growth	1.5.a 1.5.b	Conduct growth analysis for underperforming sites For sites with limited growth potential, begin evaluating for closure consideration	Eliminate unnecessary expenditures	Analysis complete for underperforming clinics Decision/Strategy	CEO CFO

Priority: Operational and Administrative Capacity						
	Strategy		Key Activities	Outcome	Success Metric	Staff
2.1	Improve Productivity	2.1.a	Implement advanced access	Increased productivity Patient satisfaction	decrease to 25% year 1 decrease to 20% year 2 Decrease to 15% year 3	CEO
		2.1.b	Reduce appointment type variety/complexity			COO
		2.1.c	Implement centralized scheduling and referrals			Staff Dev
		2.1.d	Enhance staff education in conjunction with HR lead			Lead
2.2	Expand scope of services and optimize PPS rates	2.2.a	Complete HRSA Form to add a new service	Improved access and expanded services	HRSA approves new service New PPS rate received	CEO
		2.2.b	Receive notification of approval			COO
		2.2.c	Update form 5a			CFO
		2.2.d	Submit necessary forms to DHCS to trigger new PPS rate			
2.3	Standardize management approach across all sites			Increased productivity Staff satisfaction and retention	Decreased number of rescheduled specialty visits due to last minute vacation approvals	
		2.3.a 2.3.b	Standardize methodology for approval of provider time off requests Standardized training methodology in conjunction with HR Lead			COO
2.4	Create new leadership roles to address administrative gaps		Create compliance/quality lead role	Improved organizational infrastructure	Positions filled	
		2.6.a	Create marketing/outreach/business development role			CEO
		2.6.b 2.6.c	Create staff development lead role Create credentialing lead role			HR Lead
2.5	Enhance patient experience/satisfaction	2.5.a	Reduce wait times	Increased patient satisfaction scores	Decrease the number of repeat appointments	
		2.5.b	Streamline registration processes			
		2.5.c	Implement innovation strategies			COO

Priority: Physical Footprint (Growth/Expansion)						
Strategy		Key Activities		Outcome	Success Metric	Staff
			Key Activities	Outcome	Success Metric	Staff
3.1	Evaluate ideal locations for future expansion and growth	3.1.a 3.1.b 3.1.c 3.1.d	Evaluate our patient population distribution throughout the county Evaluate areas where potential future patients are located Triangulate the optimal locations for future sites Identify locations within the desired areas for future sites	Patient Satisfaction	Submissions to the County for future sites are approved	CEO COO Strategic Initiatives DIR Board
3.2	Expand capacity and services in the desired locations	3.2.a 3.2.b	Determine locations with expansion capabilities and assess value of moving services Align market analysis with future expansion where data indicates	Boosted satisfaction scores Increased revenues	Impact access with broadened services	CEO COO Strategic Initiatives DIR Board
3.3	Shutter underperforming sites with limited potential for growth	3.3.a 3.3.b	Conduct growth analysis for underperforming sites For sites with limited growth potential, begin evaluating for closure consideration	Fiduciary responsibility Eliminate unnecessary expenditures	Monthly review of clinic performance Analysis complete for underperforming clinics Decision/strategy	CEO COO Strategic Initiatives DIR CFO Board
3.4	Explore opportunities for acquisitions of existing private practices	3.4.a 3.4.b 3.4.c	Routinely connect with physician leadership to assess if any private practices may be available in optimal locations Conduct analysis where opportunities arise Acquire and open in new locations if the opportunity aligns with our goals	Increased patient population Enhanced provider network	Analysis of potential opportunities complete Decision/Strategy	CEO Strategic Initiatives DIR

Priority: Marketing and Business Development						
Strategy		Key Activities		Outcome	Success Metric	Staff
4.1	Design and launch a marketing campaign with emphasis on rebranding SJCC	4.1.a 4.1.b 4.1.c 4.1.d 4.1.e	Create and receive approval for long term marketing campaign Develop new branding and messaging via engaging clinic teams/internal stakeholders/patients Oversee deliverables associated with campaign Assess ROI for all components of campaign and monitor regularly Conduct surveys to determine effectiveness of campaign	Standardization of SJCC branding and messaging Increased name and brand recognition	All advertising will reflect new SJCC branding Surveys reflect increasingly positive response to new SJCC branding	CEO DIR Comm Engagement
4.2	Enhance business development and marketing functions	4.2.a 4.2.b 4.2.c 4.2.d 4.2.e 4.2.f 4.2.g	Evaluate current business development and marketing efforts, identifying gaps or missed opportunities Research our competitors' strategies/campaigns Determine business development goals Evaluate status of current marketing partnerships and vendor agreements Develop and utilize process for synced SJCC advertising and promotions activities Launch marketing and business development programs Monitor marketing and business development programs and "course correct" when indicated	 Increased capacity to capture business opportunities Enhanced business model	Complete business development plan with identified opportunities Demonstrate business development programs success by 2% increased market share each year	DIR Comm Engagement
4.3	Optimize digital/web functionality and utilization	4.3.a 4.3.b	Identify market accessible online distribution channels Build online marketing process utilizing channels that include social media, websites, email and mobile apps	Increased market reach Increased patient engagement	Surveys will demonstrate steady increase in patient engagement	DIR Comm Engagement
4.4	Enhance strategic partnerships with managed care plans and other key stakeholders	4.4.a 4.4.b	Provide SJCC representation and leadership at local/state coalitions and convenings. Engage health plans and community stakeholders in SJCC ventures	Increased referrals to SJCC Increased co-marketing efforts Enhanced SJCC name recognition	Increase referrals by 10% Participated in 6 co-marketing efforts	DIR Comm Engagement

Priority: Technological Capacity						
Strategy		Key Activities		Outcome	Success Metric	Staff
5.1	Expand Business Intelligence capacity	5.1.a 5.1.b 5.1.c	Perform gap analysis on data Train analysts on data warehousing and analytics Develop user manual for BI tools Train users on BI Tools	Improved organizational infrastructure	Finalized gap analysis Published BI Tools manual User adoption of BI Platform BI Analysts from the data warehouse	BI Director
5.2	Implement Data Governance	5.2.a 5.2.b 5.2.c 5.2.d 5.2.e 5.2.f 5.2.g 5.2.h 5.2.i 5.2.j 5.2.k	Educate leadership on data governance Develop charter Create policies Identify and train data stewards & owners Identify data standards Communicate governance structure Create and populate data dictionary Identify areas for improvement Data stewards document processes Determine data sources Obtain source data Monitor compliance Survey customers	Data Governance Compliance Standardization and increased organizational knowledge Standardized business logic Enhanced organizational structure	80% attendance and participation by data stewards Data governance policies approved by Executive Leaders Organization wide usage of data dictionary Every data steward documents one process, at a minimum	BI Director
5.3	Optimize use of Cerner EMR	5.3.a 5.3.b 5.3.c	Conduct physician and staff education Review and address systemic CROs Design Cerner EMR to drop CPT II codes automatically from specific events or forms usage	Improved performance monitoring Impact to PRIME and MU	Decrease outliers by 1% year 1, 2% year 2 and 3% year 3 Decrease systemic CROs by 5% year 1, 10% year 2 and 20 % year 3	CMIO
5.4	Implement population health suite of tools	5.4.a 5.4.b 5.4.c 5.4.d 5.4.e 5.4.f	Implement HealthIntent platform Build population health reports/dashboards as identified by leadership Develop and execute training to ensure tools are utilized as designed Evaluate data to determine if gaps exist Address gaps Identify and automate reports to support patient safety and quality	Improved performance monitoring Enhanced patient care Refined analytics Improved clinical accuracy, efficiency and timeliness	HealthIntent platform is fully implemented Population Health reports/dashboards deployed to production Decrease the number of CROs pertaining to systemic errors by 5% year 1, 10% year 2 and 20% year 3 CPT II codes are automatically dropped without human intervention when triggered by certain events in the system	CMIO
5.5	Drive Innovation	5.5.a 5.5.b 5.5.c 5.5.d 5.5.e	Integrate US census data to allow analysis of income, gender breakdown and location Increase adoption of strategic dashboards Partner with MCO's to close care gaps Evaluate CDS (Clinical Decision Support) vendors Determine if outsourcing CDS aligns with goals Evaluate vendors for EMR extensions Determine if implementation of EMR extensions aligns with goals	Leverage technology to create efficiencies through business process automation	Leadership team utilizes strategic dashboards Management utilizes tactical/operational dashboards	CMIO MD Informatics Lead Clinical Informatics lead
5.6	Capitalize on opportunities in telehealth	5.6.a 5.6.b 5.6.c	Create telehealth strategic plan Broaden telehealth services where favorable	Improved patient satisfaction Increased provider satisfaction	Present strategic plan and implement plan where advantageous	CMIO DIR Strategic Initiatives

Priority: Board Governance						
Strategy		Key Activities		Outcome	Success Metric	Staff
6.1	Maintain a strong, vital Board of Directors	7.1.a	Create an onboarding module for new board members	Strong, experienced Board of Directors	Enhanced understanding of FQHC requirements and operational processes	BOD
		7.1.b	Coordinate a series of training and educational programs for the board members			CEO
		7.1.c	Invite a select number of board members to attend "Board member boot camp" annually			COO
		7.1.d	Develop a board recruitment plan			Strategic Init. Director

Priority: Community Role						
Strategy		Key Activities		Outcome	Success Metric	Staff
7.1	Regularly engage community feedback on service needs and the perception of the health system	7.1.a 7.1.b 7.1.c 7.1.d 7.1.e	Participate in community convenings and coalitions Provide leadership in community efforts addressing health issues Develop a speakers bureau highlighting expertise at SJCC Facilitate training/presentations and organize convenings on health topics, featuring SJCC expertise and successful models Establish a feedback loop from the community to clinic teams	Improved exposure and community relations Increased positive recognition of SJCC as a health care organization and leader	Demonstrated engagement in community initiatives Improved reputation reflected on surveys	CEO COO Comm Engagement DIR
7.2	Educate other non-profits about our breadth of services, access and programs	7.2.a 7.2.b 7.2.c	Disseminate information on SJCC services and programs Engage community stakeholders in development or implementation of programs Engage community stakeholders in identifying and addressing gaps in care including access	Enhanced community relations Improved understanding of SJCC services and programs by community based organizations	Increased level of engagement by community based organizations in SJCC ventures (Comm Engagement DIR

Priority: Human Resources (HR)						
Strategy		Key Activities		Outcome	Success Metric	Staff
8.1	Enhanced education and training programs	8.1.a 8.1.b 8.1.c 8.1.d 8.1.e	Evaluate need Design the training Train the trainers Survey the participants Adjust the curriculum, if needed	increased employee and physician satisfaction	Program implemented 80% of surveys are positive	CEO HR Lead
8.2	Develop a recruitment plan	8.2.a 8.2.b 8.2.c	Determine objectives Outline timeline and resources Ensure recruitment plan aligns with HR strategies Implement recruitment plan	Increased employee and physician satisfaction	Staff retention	HR Lead
8.3	Create and Implement onboarding and off-boarding processes	8.3.a 8.3.b 8.3.c 8.3.d	Design physician, leader and staff onboarding and offboarding processes Train and distribute new processes widely Monitor process compliance Evaluate and make modifications to content, when necessary	Increased physician and staff satisfaction Enhanced Security	Standardized onboarding experience for all FQHC employees	HR Lead
8.4	Design a leadership development program	8.4.a 8.4.b 8.4.c 8.4.d	Review external leadership programs for best practices Craft SJCC Leadership development curriculum Schedule classes Launch program	Establish mechanism for professional growth	Increases accountability Boosted morale Authentic Leaders	CEO COO HR Lead

Priority: Quality Assurance and Improvements						
Strategy		Key Activities		Outcome	Success Metric	Staff
9.1	Increase clinical quality scores (HEDIS, Waiver programs, etc.)	9.1.a 9.1.b 9.1.c	Enhance Pre visit planning Implement and utilize provider dashboards (HealtheRegistries) Enhance post Visit care gap analysis	Enhanced patient satisfaction	Meet or exceed target benchmarks	CEO Quality Director
9.2	Utilize operational data to meet objectives and enhance quality of care	9.2.a 9.2.b	Analyze data trends to ensure they meet desired level of quality Interpret data to effectuate performance improvement by identifying gaps in workflows	Enhanced quality of care increased operational efficiency	Demonstrated compliance with STEEP (Safety, Timely, Effective, equitable, patient centered)	CEO COO Bi/QA Director
9.3	Implement self service data access model	9.3.a 9.3.b 9.3.c	Launch automated dashboards HealtheIntent Implementation Ensure data transparency	Increased provider engagement "Real time" analysis to modify care delivery model	Availability of provider dashboards Functional HealtheIntent tool Internal data utilization driving operational enhancements Data confidence	Quality Director BI Director
9.4	Implement Super User model by onboarding a Clinical Quality SME (Subject Matter Expert) within each Care Team	9.4.a 9.4.b 9.4.c	Identify and train SMEs (Subject Matter Expert) Communicate Super User Model broadly Facilitate quarterly SME educational sessions	Improve operational efficiency	Self sufficient care teams Improved clinical quality metrics	COO
9.5	Collaborate with payer partners to address gaps in care	9.5.a 9.5.b 9.5.c	Modify processes to ensure data flows between payer partners Resolve workflow challenges quickly Identify pain points and address them in a collaborative fashion	Streamlined data delivery processes Strengthens rapport with payers Healthy symbiotic relationship with payers	No data transfer issues Strengthened relationship between clinic and payers	COO Director, Strategic Inuit Quality Director Health Plan Partners