

# Strategic Action Plan Proposal

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# Critical SWOT

| Priority | Strengths   | Weaknesses   |
|----------|---|--|
| 1        | CHRISTUS Partnership/ Resource Dedication                   | Facility   |
| 2        | Faith-Based Mission / Heritage and History in Community     | Number of Patients   |
| 3        | Community Support   | Board Structure  |
| 4        | Dedicated Staff   | Staffing Plan  |
| 5        | Volunteer Providers   | Breadth and Depth of Services: needs articulated to providers and post-diagnosis services needed |
|          | Opportunities   | Threats  |
| 1        | Partnerships to Leverage                                    | Miss the Needs of Potential Patients   |
| 2        | Electronic Medical Record                                   | Not Enough / Right Donors for Needs  |
| 3        | Support for the Idea / Energy and Buzz from MDs and Schools | Providers to Volunteer on Exams / Fillings   |
| 4        | Abundance of MDs in Santa Fe                                |  |
| 5        | Language / Literacy Volunteers                              |  |

# Needs Assessment on People We Serve

| Age Group (In years):   | 19-49 uninsured         | Kids <18, uninsured   |
|---|-------------------------|---|
| <b>Why wouldn't these age groups have insurance?</b>                            | -Undocumented           | -Undocumented (Fear of gov't intervention or sharing of info.)    |
|   | -Healthy: invincibility | -Haven't done paperwork (stability of home?)                      |
|   | -Haven't done paperwork | -Might be in gap  |
|   | -Behavioral Health      | -Homeless and/or parentless (Can't get parent permission)         |
|   | -Drug abuse             |   |
| <b>What might the day-in-the-life look like for our patients at these ages?</b> | -Transportation         | -Have subsidized food during year and some access through schools |
|   | -LGBTQ                  | -Parents working or distressed and can't get them to healthcare   |
|   | -Domestic Violence      |   |
| <b>Our services:</b>  |                         | Primary care physicians, immunizations, dental services.          |
| <b>Other services:</b>  | -FQHC's                 | -Head start   |
|   | -PMS                    | -FQHC's: La Familia and SW Care Center                            |
|   | -CSV                    | -School Nurses + clinics in schools                               |
|   |                         | -PMS + van – Medical and Dental                                   |
|   |                         | -CSV ED + Clinics   |

- Board determined to focus on families (above)
- Community Partner review: Need for Chronic Care Management for these families
- Patient survey results on this demographic in January

# Needs Assessment, cont'd

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- According to the CSV Community Health Needs Assessment (CHNA) in 2015, 39% of CSV Emergency Room diagnosis was for general medical visits.
  - Agua Fria Village (37%) and Airport Road (27%) report the highest uninsured rates and percent living in poverty.
  - The CSV CHNA focus groups from these areas report:
    - “Unable to afford co-payments when coverage is available”
    - “Concerns regarding direct communication with healthcare providers”
    - “Feelings of discrimination by administrative and other health care staff due to language barriers or legal status.”
    - “...large number of men in social circles must work excessively and therefore, do not have time or interested in following a healthy diet, getting regular exercise or accessing routine, preventative healthcare.”

# Strategic Conundrum I



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We know: there is a need for services by a population that has no access to care

Once we know what our patients need, we:

- Can't offer a consistent service without consistent volunteer providers at the times and with need

Plans to Overcome:

- Recruitment at CSV under the HEDI grant
- Pipeline volunteer program from CSV
- Make a decision between mobile outreach screening clinics to create demand for the services once the service is in place or mobile services alone

# Strategic Conundrum II



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## Space – it takes a while:

- While we look for a permanent solution we have:
  - Mobile Van
  - Other Location

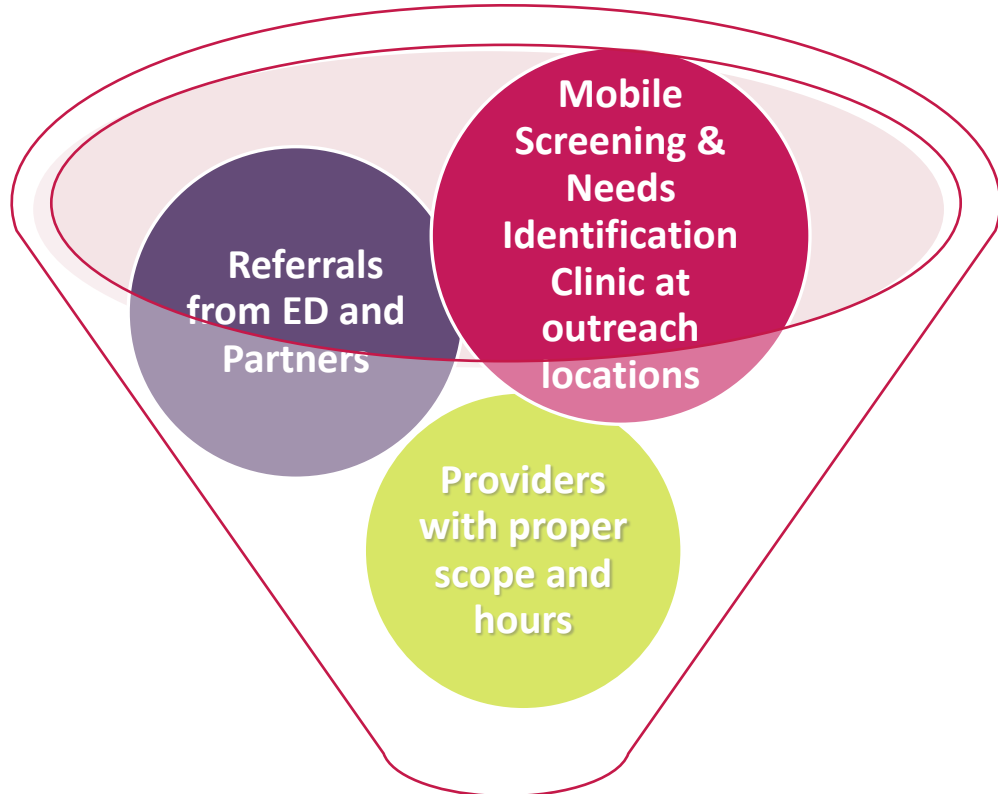
## Recommendation:

- Outreach clinics which can only do screenings (as a practical matter)
- Use as a feeder into existing space and eventually new space
- Mobile or other services in off-site locations

# Near-Term



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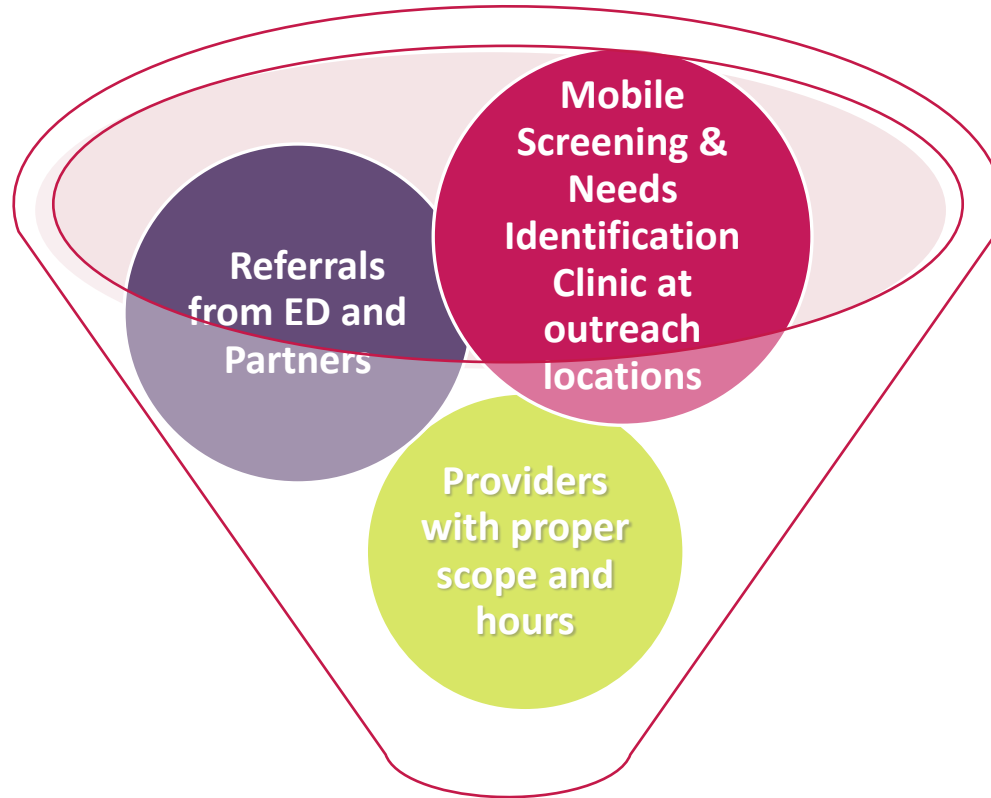


Current location at right hours with right service

# Long-Term



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New Location at right hours  
with right service



# Permanent Space Process

|   | 1        | 2                                 | 3                         | 4                             |
|---|----------|-----------------------------------|---------------------------|-------------------------------|
| <b>Location Option</b>                        | Hopewell | Lease anywhere                    | Other city/catholic space | Mobile van (medical + dental) |
| <b>Individual conducting initial research</b> | Ron      | After Ron Reviews cheaper options | Peter                     | Victoria                      |

- I. Initial research above
- II. Committee to develop a plan (Peter, Tendai, Victoria, Ed Romero, and others) informed by:
  - Space needs (developed by Victoria, Aurora and Carter with help from Erika & Rick)
  - Cost/sq ft
  - Business Plan

# Planning the Plan

|   | Action Plan Item  | Priority | Timeline for Completion | Person/ Group Responsible              | Status  |
|---|---|----------|-------------------------|--|---|
| 1 | Review Clinic Strategic Plan Objectives, Business Plan, Measurement, Reporting and Frequency of Review                        | C        | February                | All                                    | Action Plan completed for Proposal Dec Board Meeting, look at measures and then further articulate longer-term objectives. Rollout plan.  |
| 2 | Identify customer needs: right direction for the Clinic, Children or Adults, Community Need and best benefit to the community | A        | January                 | Aurora, Victoria                       | Board set target: Families (need Peds and Adult). Meetings with partner community organizations serving immigrant/ uninsured target also show some need for chronic care for this same group. |
| 3 | Identify customer needs: Create schedule and care types to meet client needs and SOPs for medical and dental visits.          | A        | January                 | Victoria, Aurora, & Clinical Committee | Designing survey for Care Coordination to run to further determine hours and needs.   |

| Action Plan Item | Priority | Timeline for Completion | Person/ Group Responsible | Status |
|------------------|----------|-------------------------|---------------------------|--------|
|------------------|----------|-------------------------|---------------------------|--------|

## Operations/Supply

|    |   |   |           |   |   |
|----|---|---|-----------|---|---|
| 4  | Documents & Action Plan for <i>Volunteer Recruitment, Engagement &amp; Retention</i> : Maximize the number of Volunteers at the Clinic, Create a Volunteer Recruitment Kit, Create a Volunteer Marketing Kit, Develop programs to orient, retain and evaluate volunteers. | B | February  | Victoria, Aurora, Carter<br>Volunteer Coord | Will be based on schedule and needs of patients, will include supply requests etc   |
| 5  | Establish SOP for provider scheduling   | B | March     | Victoria                                    |   |
| 6  | Documents & Action Plan for <i>Provider Recruitment, Engagement &amp; Retention</i>   | B | February  | Aurora & Victoria                           |   |
| 7  | Documents & Action Plan for <i>Nurse Recruitment, Engagement &amp; Retention</i> :  | B | February  | Victoria                                    |   |
| 8  | Staff structure to reduce independent contractors   | B | March     | Victoria                                    | Will incorporate Employee and Provider Communication Plan   |
| 9  | Find and secure a new location<br>-Create a transition plan<br>-Research mobile van   | A | September | Peter, Victoria, Finance Com.               | Peter to investigate three options (see slide). Team working on space projections with Rick and Erika.  |
| 10 | Address EMR and IT Plan   | B | September | Victoria                                    | Researching no cost Athena product as well as Dental. Currently proving that we are nonprofit. EMR Conversion is always difficult. May need to buy hardware. Going cloud-based and securing electronic data, collecting documents to centralize database. |

**Action Plan Item****Priority****Timeline for  
Completion****Person/  
Group  
Responsible****Status****Generating and Accommodating  
Demand**

|    |  |   |         |                           |  |
|----|--|---|---------|---------------------------|--|
| 10 | Demand: Develop Process for referring and receiving referrals from the emergency departments | B | April   | Aurora & Carter           | Developed relationships and interviewed ED staff about needs.        |
| 11 | Demand: refine partnership with FQHCs  | B | Ongoing | Victoria                  | Outreach already started - work with La Familia and SW Cares already |
| 12 | Demand: Develop or refine partnerships with Community Collateral Agencies                    | B | April   | Aurora & Victoria         | Met with- see Patient Needs Assessment                               |
| 13 | Demand: Refine and/or develop Community Outreach Methods                                     | B | Summer  | Victoria, Aurora & Carter | Mobile Screening Fairs (see diagram)                                 |

**Action Plan Item****Priority****Timeline for  
Completion****Person/ Group  
Responsible****Status****Next -Level Governance**

|    |  |   |          |                        |               |
|----|--|---|----------|------------------------|---------------|
| 14 | Board: Member Job Description & Duties   | A | January  | Kathy                  |               |
| 15 | Board: Committees*, Assignments & Regularity for Meeting                                     | A | January  | Ron                    |               |
| 16 | Board: Member Recruitment by Skill-need  | B | January  | Cynthia                |               |
| 17 | Finance Committee and Executive Director.: understand tools, requirements and key metrics    | A | January  | Jim, Victoria & Tendai | Business plan |
| 18 | Management: Staff structure to reduce independent contractors (including employed providers) | C | February | Victoria               |               |

# Request of Board



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The team would like to Request Approval of the Strategic Action Implementation Plan knowing that we will set high level Objectives and a Scorecard in Early 2018