

2017

Wilkes Community Health Center Strategic Plan

ADOPTED BY BOARD OF DIRECTORS: OCTOBER 26, 2017

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List of Abbreviations

Chief Executive Officer	CEO
National Association of Community Health Centers	NACHC
North Carolina Community Health Center Association	NCCHCA
Federally Qualified Health Center	FQHC
Board of Health	BOH
Human Resources	HR
Management Team	MT
Quality Improvement Committee	QIC
Chief Operating Officer	COO
Director of Nursing	DON
Chief Medical Officer	CMO

Wilkes Community Health Center Governance Section

GOVERNANCE				
Goals	Action Steps	Timeframe	Person Responsible	Progress
A. Conduct annual Board self-evaluation.	A1. Select board self-evaluation tool. A2. Implement board self-evaluation tool. A3. Analyze results of self-evaluation tool; prioritize training needs. A4. Schedule and implement board training.	A1. March 1 – 31, annually A2. April 1 – May 31, annually A3. June 1 – 30, annually. A4. July 1 – December 31, annually	A. CEO, Board Chair	
B. Implement training plan for board members.	B1. Budget for selected board members to attend NACHC and NCCHCA training events. B2. Those attending events report back to full board. B3. Implement an orientation process for new board members (could include board manual, visit with key staff, mentoring by current board member, etc.).	B1. Annually B2. Annually B3. Within the first two months of a new board member joining the board	B. CEO, Board Chair, Board	
C. Implement formal process for annual CEO evaluation.	C1. FQHC board selects a process/tool for CEO evaluation.	C1. December 1-31, annually C2. January 1-31, annually	C. Board Chair, Board, BOH	

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	<p>C2. FQHC board schedules CEO evaluation ahead of County BOH evaluation.</p> <p>C3. County BOH evaluates CEO using their process/tool and reviews FQHC Board evaluation.</p>	<p>C3. January 1- February 15th, annually</p>		
<p>D. Assist with center marketing efforts (ongoing).</p>	<p>D1. As part of the overall marketing plan developed by staff, board will volunteer to speak, distribute materials, assist with health fairs, etc.</p>	<p>D1. January 1 – December 31, annually.</p>	<p>D. Board</p>	
<p>E. Implement annual staff appreciation plan during public health month April or May.</p>	<p>E1. Decide type of staff appreciation event or activity to conduct.</p> <p>E2. Make plans and budget for event/activity.</p> <p>E3. Board invited to attend event/activity and participates in staff appreciation.</p>	<p>E1. March 1 – April 30, annually.</p> <p>E2. April 1 –May 31, annually.</p> <p>E3. April 1-May 31.</p>	<p>E. Board, CEO, MT</p>	
<p>F. Develop a board succession plan.</p>	<p>F1. Implement training to assure smooth transition for board members.</p>	<p>F1. Jan 1- March 31, or when vacancies occur</p>	<p>F.CEO, Board Chair</p>	
<p>G. Develop a succession plan for CEO position.</p>	<p>G1. Determine timeframe for transition with CEO and Board of Health.</p> <p>G2. Determine if CEO position will be hired by internal move or recruitment.</p> <p>G3. If recruitment, consider plan for overlapping timeframe for shadowing, development, and transition.</p> <p>G4. If internal move, develop plan to fill other positions for transition.</p>	<p>G1.12 months prior to planned transition</p> <p>G2. TBD</p> <p>G3. TBD</p> <p>G4. TBD</p>	<p>G. Board Chair, Board, CEO, BOH</p>	

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<p>H. Develop an emergency transition plan for key staff.</p>	<p>H1. Develop a written plan to cover key staff vacancies for emergency transitions (e.g. death, disability, illness, lengthy leave time)</p> <p>H2. Board approves emergency transition plan.</p> <p>H3. Communicate emergency transition plan to key staff.</p>	<p>H1. March-May, 2018</p>	<p>H. CEO, MT, Board</p>	
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Wilkes Community Health Center Human Resources Section

<p>HUMAN RESOURCES</p>				
<p>Goals</p>	<p>Action Steps</p>	<p>Timeframe</p>	<p>Person Responsible</p>	<p>Progress</p>
<p>A. Implement a work force development plan (ongoing).</p>	<p>A1. Through annual employee assessments, identify training and development needs.</p> <p>A2. Develop budget and plans to provide staff development.</p>	<p>A1. January 1 – December 31, annually</p> <p>A2. January 1 – December 31, annually</p>	<p>A. CEO, HR, MT</p>	
<p>B. Promote staff retention and satisfaction (ongoing).</p>	<p>B1. Perform bi-annual staff satisfaction survey.</p> <p>B2. Monitor and review staff turnover annually, along with exit interviews.</p>	<p>B1. August, February, annually</p> <p>B2. January 1 – June 30, annually.</p>	<p>B. CEO, HR, MT, board, QIC</p>	

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	B3. Based on review of above information, develop and implement strategies to promote retention and satisfaction.	B3. ongoing		
C. Improve effectiveness of provider recruitment efforts	<p>C1. Identify barriers to provider recruitment (salary, benefits, rural area, moving expenses, etc.)</p> <p>C2. Develop plans to address barriers (improve salary and benefit package), to minimize barriers and/or collaborate with training/residency programs to enhance recruitment. Look into the NHSC or the ORH Loan Repayment Plan.</p> <p>C3. Develop plans to enhance recruitment efforts through well-planned internships and/or site visits by potential providers (geared to the candidate - schools, housing, community leaders, recreational activities, health center staff and board, hospital and other agency staff, etc.).</p>	<p>C1. January-December, annually</p> <p>C2. January 2018</p> <p>C3. January-December, annually</p>	C. CEO, CMO, Board, HR	

Wilkes Community Health Center: Financial Management

FINANCIAL MANAGEMENT				
Goals	Action Steps	Timeframe	Person Responsible	Progress
A. Increase revenues from Medicaid, Medicare, and Private Insurance.	<p>A1. Implement marketing plan (see Marketing).</p> <p>A2. Monitor billing and collections monthly, revising policies and procedures and providing needed training to maximize patient revenues.</p>	<p>A1. January-December, annually</p> <p>A2. Monitor monthly, review and update policies and procedures annually, assess and address training needs quarterly.</p>	A. CFO, CEO, COO, Board	
B. Evaluate and enhance organizational productivity.	<p>B1. Implement a dashboard to evaluate organizational productivity on a quarterly basis.</p> <p>B2. Work with NCCHCA to evaluate patient flow, wait times, no show rate, and clinical systems with clinical team, and develop and implement plans to enhance productivity.</p> <p>B3. Consider implementing Open Access and monitor impact.</p> <p>B4. Evaluate support staffing levels annually with clinical team, and develop and implement plans to enhance productivity.</p>	<p>B1. January, April, July, October, quarterly</p> <p>B2. January 1 – March 31 annually</p> <p>B3. January 2019 or at time of implementation of new EMR</p> <p>B4. January 1 – March 31 annually.</p>	B. CMO, CEO, MT, QIC, Board	

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	<p>B5. Evaluate space and facility needs annually with staff input, and develop and implement plans to improve space and facility issues.</p> <p>B6. Evaluate clinical equipment and technology needs annually with staff input, and develop and implement plans to repair, upgrade, or obtain needed equipment.</p> <p>B7. Evaluate administrative equipment and technology needs annually with staff input, and develop and implement plans to repair, upgrade, or obtain needed equipment.</p>	<p>B5. January-March, annually.</p> <p>B6. January-March, annually.</p> <p>B7. January-March, annually</p>		
<p>C. Consider developing a dashboard for financial indicators.</p>	<p>C1. Identify key indicators for dashboard.</p> <p>C2. Develop system to update dashboard quarterly.</p> <p>C3. Review dashboard quarterly and develop corrective action plans as needed.</p>	<p>C1. December 1-31st, annually</p> <p>C2. Update quarterly on QI data dashboard</p> <p>C3. January, April, July, October, quarterly</p>	<p>C. QIC</p>	

Wilkes Community Health Center: Quality Improvement

QUALITY IMPROVEMENT				
Goals	Action Steps	Timeframe	Person Responsible	Progress
A. Update QI Plan annually.	A1. QI team, Management team and Board review annually and approve.	A1. November, annually	A. CMO, QI Team, Board, CEO	
B. Implement updated QI plan by December 31 st annually	B1. Staff in-service training. B2. Incorporate QI components into EHR. B3. Do a baseline audit to test the system.	B1. December, annually B2. Notify vendor of any needed updates/revisions by November annually B3. January, annually	B. Medical Director, QI Team, DON, COO	
C. Update Compliance Plan annually	C1. Review plan in light of changes to compliance/requirements. C2. Management team and board review and approval.	C1. November, annually	C. Medical Director, QI Team	
D. Implement updated Compliance Plan by January each year.	D1. Staff in-service training.	D1. January, annually	D. Medical Director, QI Team	
E. Update Patient Safety Plan annually.	E1. Annually review patient safety issues in prior year, and update plan. E2. Management team and board review and approval.	E1. November, annually	E. Medical Director, QI Team	
F. Implement [updated] Patient Safety plan by January each year	F1. Staff in-service training.	F1. January, annually	F. Medical Director, QI Team	

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<p>G. Select an annual focus area for Quality Improvement beginning in 2017.</p>	<p>G1. Identify area of focus for upcoming year. G2. Implement PDSA cycle.</p>	<p>G1. November, annually G2. ongoing</p>	<p>G. CMO, QIC, DON</p>	
<p>H. Achieve PCMH certification by December 2018</p>	<p>H1. Download the NCQA standards and guidelines document and begin educating staff regarding the concept areas and required criteria. Begin to work closely with NCCHCA to complete readiness assessment and participate in cohort 2. H2. Apply PCMH concepts to the practice. H3. Enroll in Q-PASS and complete initial questionnaire. H4. Schedule Recognition Check-Ins with NCCHCA PCMH Lead. H5. Achieve recognition.</p>	<p>H1. Beginning in January 2018 H2. From January 2018 to December 2018, ongoing H3. December 2017- January 2018 H4. Beginning in January until recognition achieved H5. By December 2018</p>	<p>H. NCCHCA, QIC, CMO, MT</p>	
<p>I. Attain FTCA approval by no later than December 2018 for CY 2019?</p>	<p>I1. Review FTCA standards and guidance and begin educating staff regarding required documentation. I2. Begin gathering required documentation including Board minutes documenting QI activities, QI Committee Meeting Minutes/Assessments, QI reports to Board/Key Management. I3. Review required policies and procedures for compliance with FTCA requirements. I4. Review/update position descriptions to ensure there is a designated Risk Manager, QI/QA Coordinator, and Claims Manager. I5. Complete FTCA application and review against required documentation.</p>	<p>I1. Beginning in March 2018 I2. To I.4. From January to December, 2018 I5. By December 2018 I6. By July 2019</p>	<p>I.MT, Board, QIC</p>	

	I.6. Submit FTCA application for deeming.			
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Wilkes Community Health Center: Infrastructure

INFRASTRUCTURE				
Goals	Action Steps	Timeframe	Person Responsible	Progress
A. Ensure information systems are providing reliable data for decision-making and quality improvement.	<p>A1. Assess current EHR/Practice Management System and other options to determine best fit for organizational needs.</p> <p>A2. Secure provider/staff input on limitations of current EHR/PMS and what is needed for an improved or new system.</p> <p>A3. Work with current vendor to secure needed improvements, or purchase/install new EHR.</p> <p>A4. Develop/update templates, procedures, etc. for data entry and reporting.</p> <p>A5. Provide staff training for data entry and reporting.</p>	<p>A1. January-March, annually</p> <p>A2. January-March, annually</p> <p>A3. January-March, annually</p> <p>A4. April-June, annually</p> <p>A5. Ongoing</p>	A. CEO, CFO, CMO, Board, DON, Clinical Nursing Supervisor	

Wilkes Community Health Center: Facility Development

FACILITY DEVELOPMENT				
Goals	Action Steps	Timeframe	Person Responsible	Progress
A. Conduct a feasibility study (financial, marketing, pt. mix/volume, service delivery, staffing) for facility development by December 2018.	A1. Reevaluate our assessment based on current funding and financial indicators.	A1. June 30, 2018.	A. CEO, Board	
B. Develop capital improvement plan (renovation plan and budget) for new main facility by February 2019.	B1. Reevaluate plan for renovation and equipment for new space. B2. Consider if administration remains in current site.	B1. TBD if feasible	B. CEO, Board	
C. Develop and implement fund-raising plan to cover renovation costs.	C1. Develop and implement fund-raising plan. C2. Research local and federal grants to help with renovation cost	C1. Feb 2019 C2. Ongoing	C. CEO, CFO, Board, MT	
D. If feasible open new facility by December 2019	D1. Schedule open house and invite key people and community. D2. Begin scheduling appointments for new facility.	D1. November 2019-January 2020 D2. December 2019-January 2020	D. CEO, MT, Board	

	D3. Develop and implement communication plan to inform current patients and community about the move.	D3. November-December 2019		
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Wilkes Community Health Center: Marketing

MARKETING				
Goals	Action Steps	Timeframe	Person Responsible	Progress
A. Set targets for Medicaid, Medicare, and Private Insurance users for the upcoming CY by October 1 annually.	<p>A1. Review user and market penetration data, and results of community surveys, patient surveys, or focus groups.</p> <p>A2. Prioritize strategies, set timetables, and determine level of effort/funds, for each paysource.</p> <p>A3. Set targets for the upcoming CY for increased number of uses by paysource.</p> <p>A4. Insure that new user forms prompt patient to identify what brought them to the center to evaluate effectiveness of marketing plans.</p>	<p>A1. September 1–30, annually</p> <p>A2. October 1-15, annually</p> <p>A3. October16-31, annually</p> <p>A4. November 1-30, annually</p>	A. QIC, MT, CEO, Board	
B. Develop and implement marketing plan beginning January 1 annually.	<p>B1. Develop action steps and assignments to implement strategies.</p> <p>B2. Implement strategies.</p>	<p>B1. December 1-31 annually</p> <p>B2. January 1 –December 31 annually</p>	B. MT, CEO	

Wilkes Community Health Center SWOT Analysis

Internal	Strengths
	<p><i>What are strengths that add value to our services?</i></p> <ul style="list-style-type: none"> • Comprehensive and affordable services • Organizational/Staff longevity • Friendly compassionate staff • Strong local connections • Strong leadership • Strong benefits package • Strong co-applicant board representative of community • Strong grant support from ORH, Duke Endowment • Strong community partners
External	Weakness
	<p><i>What factors distract from our ability to deliver benefits?</i></p> <ul style="list-style-type: none"> • In initial stages of implementing PCMH Model • Current EMR • Facility • Potential for community to continue to see the FQHC as only providing Health Dept./Public Health services • Low productivity due to EMR and clinic layout • Non-competitive salaries • Organizational communication • Provider recruitment and retention due to shortage of primary care providers in area
Internal	Opportunities
	<p><i>What opportunities exist in our market from which we could benefit?</i></p> <ul style="list-style-type: none"> • Move to a larger facility • Significant population still needing increased access to care • Continued growth with strong referral network/partners • MH/SA service growth with AIMS funding • Extend services to patients with private insurance, etc. • Apply for FTCA to cover malpractice costs • Apply for PCMH Certification • Apply for 340B Drug Pricing

	Threats
	<p data-bbox="275 232 1016 261"><i>What factors beyond our control can potentially threaten our practice?</i></p> <ul data-bbox="323 266 1121 402" style="list-style-type: none"><li data-bbox="323 266 1121 295">• Politics (Fed & State, eg. lack of Medicaid expansion, ACA uncertainty)<li data-bbox="323 300 632 329">• National Policy (funding)<li data-bbox="323 334 722 363">• Rising cost of healthcare & drugs<li data-bbox="323 368 1016 402">• Complexity of reporting to county, state and federal agencies