City of Cincinnati Primary Care Board of Governors Meeting

June 10, 2026

Annual Meeting

Agenda

Deirdre Beluan	Michelle Burns	Timothy Collier	Robert Cummings
Alexius Golden Cook	John Kachuba	Dr. Phil Lichtenstein	Luz Schemmel
Debra Sellers	Jen Straw	Erica White-Johnson	Dr. Bernard Young

Meeting Reminders: *Please raise your virtual hand via Zoom when asking a question and please wait to be acknowledged and always remain muted, unless actively speaking/presenting (With the exception of the Board Chair).*

6:00 pm – 6:05 pm Call to Order and Roll Call

6:05 pm – 6:10 pm Vote: **Motion to approve** the Minutes from April 15, 2026, CCPC Board Meeting.
Vote: **Motion to approve** the Minutes from May 13, 2026, CCPC Board Meeting.

Executive Committee

6:10 pm – 6:40 pm Ms. Joyce Tate, Chief Executive Officer
Dr. Yury Gonzalez, Medical Director

Policy Approvals – ***documents from May meeting***

- Vote: Motion to adopt Tort Claims Management Policy
- Vote: Motion to adopt Emergency Codes
- Vote: Motion to adopt Tracking Labs and Diagnostic, Imaging, and Screening
- Vote: Motion to adopt Quality Improvement and Assurance Plan

Policy Approvals – ***documents for June meeting***

- Vote: Motion to adopt Extended Hours
- Vote: Motion to adopt Open Access Appointments

Leadership Updates

6:40 pm – 6:50 pm Ms. Joyce Tate, Chief Executive Officer
CEO Report – ***document***
Personnel Actions

6:50 pm – 7:00 pm Mr. Mark Menkhaus Jr., Chief Financial Officer
CFO Report – ***documents***

New Business

7:00 pm – 7:05 pm Public comments

7:05 pm Adjourn

Documents in the Packet but not presented.

Efficiency Update is included in the packet. Please contact Dr. Geneva Goode (Efficiency Update) with any questions/concerns.

Next Meeting – July 8, 2026

Mission: *To provide comprehensive, culturally competent, and quality health care for all.*

{00335869-1}

CCPC Board of Governors Meeting Minutes
Wednesday, April 15, 2026
Call to order at 6:00 pm

Roll Call

CCPC Board members present –Ms. Deirde Beluan, Mr. Timothy Collier, Mr. Robert Cummings, Ms. Alexis Golden Cook, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Luz Schemmel, Ms. Erica White-Johnson

CCPC Board members absent – Ms. Michelle Burns, Ms. Debra Sellers, Ms. Jen Straw, Dr. Bernard Young

Others present –Ms. Joyce Tate, Mr. Mark Menkhaus Jr., Mr. David Miller, Dr. Nick Taylor, Ms. Marla Fuller, Ms. Tanara Ellis, Ms. Eva Grimm

Board Documents:

City of Cincinnati Primary Care

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:07 p.m. The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.	n/a	Mr. Kachuba
Roll Call	6 present, 6 Absent	n/a	Ms. Marla Hurston Fuller
Minutes	**Motion:** The City of Cincinnati Primary Care for March 11, 2026, CCPC Board Meeting. **No quorum; Motion was put on hold until June meeting**	**M**: **2nd** **Action: Abstain**	Mr. Kachuba
Executive Committee			
Executive Committee: Policy Approval	Motion to approve policies was put on hold as there was not a quorum. Will vote on at June meeting. • Vote: Motion to adopt Tort Claims Management Policy • Vote: Motion to adopt Emergency Codes • Vote: Motion to adopt Tracking Labs and Diagnostic, Imaging, and Screening • Vote: Motion to adopt Quality Improvement and Assurance Plan Paused: Tabled until June meeting. No quorum	**M**: **2nd:** **Action:** **Yes:** **Abstain:**	Mr. Kachuba, Mr. Doig
Introduction of New Board Member Prospects: Ms. Deirdre Beluan, Ms. Michelle Burns, Mr. Timothy Collier	John Kachuba administers the oath of office to new and returning members, including Michelle Burns, Timothy Collier, Deirdre Beluan, Luz Schemmel, and Robert Cummings. Mr. Doig asked for a motion to approve the addition of these board members. **Motion:** to approve that we accept all of the offices that have just stated their oath in this meeting and we welcome them to the CCPC Board.	**M**: Jones **2nd:** Ms. Sellers **Action: 8-0 Abstain** **Passed**	Mr. Kachuba

CCPC Upcoming Board Officer Elections & Nominations	Mr. Kachuba opened the floor for additional nominations for Chair, Vice Chair, and Secretary. Vote to accept Mr. John Kachuba as Board Chair. Vote: To elect Ms. Schemmel for Vice Chair position. Vote: To elect Ms. Burns as Secretary. Dr. Young removed himself from the vote.	**M**: Dr. Jones **2nd:** Ms. Sellers **Action:** 8-0 **Abstain** **Passed**	Mr. John Kachuba
Old Business			
CEO Update	Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board. **Highlights** Joyce Tate provides an update on the upcoming HRSA site visit and the extension of the grant period. HRSA Operational Site Visit coming up on August 11-13. We received official notice from HRSA that our grant period will be extended for one more year. Grant period runs from January 1, 2013 through December 31, 2027. We may need to do a budget period renewal but we don't know the date yet. Estimated that the next sac will not be due until FY 2029. Crest Smile Shop's relocation to the Braxton Health Center is discussed, with plans to move into the Ambrose location in 2028 Ms. Tate highlights the partnership with the Boys and Girls Club and Procter & Gamble. Joyce Tate announces the award of a grant from the American Heart Association to support cardiovascular health initiatives. Dr. Saker's departure and Dr. Mussman's recognition as the Cincinnati Pediatric Society Community Pediatrician of the Year are noted. New hires and promotions are announced, including new dental assistants, a pharmacy technician, and promotions in environmental health and WIC program coordination. Joyce Tate mentions the upcoming new board member orientation and the need for continued advocacy for services and funding.	**n/a**	Ms. Joyce Tate
Finance Update	Mr. Mark Menkhaus Jr. reviewed the of financial data variance between FY25 and FY26 for the month of February 2026. **Highlights** Mark Menkhaus presents the financial report, highlighting total revenue of $28.6 million, up 13.5% from the prior year. Medicaid revenue is up significantly, with a 34% increase year over year. Total expenses are up 8% to $26 million, with personnel expenses and fixed costs increasing.	**n/a**	Mr. Mark Menkhaus Jr.

	The net gain for the fiscal year is $2.6 million, primarily due to the increase in Medicaid revenue. Monthly collections and payer mix are discussed, with a focus on the impact of Medicaid changes on revenue. Accounts Receivable and New Hires Mark Menkhaus discusses accounts receivable trends, noting a current balance of $3.4 million, with 21% over 90 days and 15% over 120 days. The importance of reducing the age of accounts receivable is emphasized. **Q&A:** What is the 416 Offset? - One source of revenue is from the City's general fund. The funds offsets some of the expenses CHD takes in. **Q&A:** Do we have a budget for CCPC? – Overall, we're at about $73 million and CCPC is about $30 million of that. The goal is to meet our expense. In the last few years we've exceeded those and were able to put some cash in the balance.		
New Business			
Conclusion	Mr. Doig revisits the motion to accept the revised bylaws and allows Dr. Young to vote. Vote passed. **Motion**: To accept the revised bylaws. Vote passed. John Kachuba thanks Dr. Hardy and Dr. Jones for their service and contributions to the board.		Mr. Kachuba and Mr. Diog
Public Comments	• No Public Comments.	n/a	Mr. John Kachuba
Documents in the Packet but not presented.		n/a	n/a

Meeting adjourned: 7:10 pm

Next meeting: May 13, 2026, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes:

_____
Date: 4/15/2026
Clerk, CCPC Board of Governors

_____
Date: 4/15/2026
Mr. John Kachuba, Board Chair

CCPC Board of Governors

Cincinnati Health Department
April 15, 2026

Board Members	Roll Call	3/11/2026 Minutes	ByLaws	Approve Ms. Deidre Beluan, Ms. Michelle Burns, Mr. Timothy Collier new board & members Ms. Schemmel and Mr. Cummings Starting 2nd Term	Elections of Board Officers: Chair - Mr. Kachuba	Vice Chair - Ms. Schemmel (Vote Only. No Motion Needed)	Secretary - Ms. Burns (Vote Only. No Motion Needed)
Ms. Renu Bakhshi							
Mr. Robert Cummings	X						
Ms, Alexius Golden Cook							
Dr. Angelica Hardee	X						
Dr. Camille Jones	X			M			
Mr. John Kachuba	X		M				
Dr. Philip Lichtenstein							
Ms. Luz Schemmel	X	M			M		
Ms. Debra Sellers	X	2nd		2nd	2nd		
Ms. Jen Straw							
Ms Erica White-Johnson	X	No audio	2nd				
Dr. Bernard Young	X						
Motion Result:	Quorum	Passed	Passed	Passed	Passed	Passed	Passed

STAFF/Attendees	
Marla Hurston Fuller (clerk)	X
Joyce Tate	X
Geneva Goode, DNP	X
Mark Menkhaus Jr	X
David Miller	X
Yury Gonzales, MD	X
Angela Mullins	X
Anna Novais, MD	X

X	*Present*
	Yay
	Nay
	Absent
	Didn't vote, but present
M	*Move*
2nd	*Second*

CCPC Board of Governors Meeting Minutes
Wednesday, May 13, 2026
Call to order at 6:00 pm

Roll Call

CCPC Board members present – Ms. Deirde Beluan, Mr. Timothy Collier, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Luz Schemmel, Ms. Erica White-Johnson,

CCPC Board members absent – Ms. Michelle Burns, Mr. Robert Cummings, Ms. Alexus Golden Cook, Ms. Debra Sellers, Ms. Jen Straw, Dr. Bernard Young

Others present – Ms. Marla Hurston Fuller, Ms. Joyce Tate, Mr. Mark Menkhaus Jr., Mr. David Miller, Dr. Nick Taylor, Ms. Tanara Ellis, Ms. Eva Grimm, Mr. Ian Diog

Board Documents:

City of Cincinnati Primary Care

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:07 p.m. The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.	n/a	Mr. Kachuba
Roll Call	6 Present, 6 Absent Quorum Not Met Mr. Kachuba suggests starting the meeting without a quorum and addressing non-voting items first.	n/a	Ms. Marla Hurston Fuller
Minutes	**Motion:** The City of Cincinnati Primary Care for April 15, 2026, CCPC Board Meeting. No vote taken since quorum was not met. Will vote during June meeting.	**M:** **2nd:** **Action:** **Yes:** **Abstain**	Mr. Kachuba
Executive Committee			
Policy Approvals	No vote taken since quorum was not met. Will vote during June meeting. Vote: Motion to adopt Tort Claims Management Policy Vote: Motion to adopt Emergency Codes Vote: Motion to adopt Tracking Labs and Diagnostic, Imaging, and Screening Vote: Motion to adopt Quality Improvement and Assurance Plan	**M:** **2nd:** **Action:** **Yes:** **Abstain:**	Mr. Kachuba, Ms. Tate
Old Business			
CEO Updates	Ambrose Lease Update OCHIN Leadership Conference Amendment to Management Agreement with UC – Ambrose Operating Partnership Ms. Tate provides an update on the executive committee meeting, including the retirement of Jim McCray after 35		Ms. Tate

	years of public service. She discusses the release of a nutrition grant and the potential for a new grant for nutrition services. She mentions the identification of a consultant for the nutrition grant and the competitive nature of the grant process. Deirdre Beluan The Health Collaborative asks about the consultant's role, and Joyce.Tate@cincinnati-oh.gov clarifies it is for grant writing, not service delivery. Ms. Tate discusses the procurement of a business consultant for FQHCs across the country and the potential move of the health department to a new building. Ms. Tate provides an update on the lease for the new Ambrose site and the engagement of architects and contractors for the project. Ms. Tate mentions a research study by UC on HPV and colposcopy studies at the Price Hill health center. Phil Lichtenstein questions the composition of the IRB and suggests including community representatives and patients. Ms. Tate agrees to raise the issue with Dr. Musman and check the composition of the UC IRB. Ms. Tate discusses the incentives offered to patients participating in research studies, such as a $50 gift card for transportation.		
CCPC Clinical Pharmacy Presentation	Mr. David Miller introduces the clinical pharmacy team and their presentation on the program's development and services. Ms. Tanara Ellis (Pharm D, Clinical Pharmacist) and Ms. Eva Grimm (PharmD, PGY1 Community-Based Pharmacy Resident present the clinical pharmacy program, its services, and the development of a dashboard for tracking interventions. Ms. Ellis Ellis explains the role of clinical pharmacists in integrated primary care, focusing on chronic conditions and disease prevention. She discusses the expansion of the clinical pharmacy program to new sites and the increase in appointment availability through telehealth. Ms. Grimm presents her residency projects, including a research project on the impact of pharmacist-physician collaboration on hypertension. She discusses the primary and secondary objectives of the research project, focusing on blood pressure control and pharmacist interventions. She also shares the results of the research project, showing similar rates of blood pressure control in both cohorts but a higher percentage of patients meeting stricter blood pressure goals in the collaborative care model. Ms. Grimm highlights the increase in medication adherence and the impact of clinical pharmacists on patient outcomes.		Ms. Ellis, Ms. Grimm

	Ms. Grimm presents the medication adherence data, showing a significant increase in adherence after clinical pharmacy interventions. Phil Lichtenstein and Deirdre Beluan The Health Collaborative express excitement and support for the clinical pharmacy program. Mr. Miller and Ms. Ellis Ellis discuss the evolution of the clinical pharmacy program and the collaboration with primary care providers. Ms. Ellis emphasizes the importance of medication reconciliation and the impact of clinical pharmacists on disease state outcomes.		
Finance Update	CFO Report - Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY25 and FY26 for the month of April 2026. Mr. Menkhaus presents the financial report, highlighting a 15.68% increase in total revenue to $31.9 million for CCPC operations. He notes strong growth in patient revenue lines, including self-pay, Medicare, Medicaid, and private insurance. Mr. Menkhaus also mentions the impact of reduced federal grants but highlights the strength of patient revenue to offset this. He concludes the financial report, noting total expenses of $29.4 million, slightly higher than the prior year. Mr. Menkhaus highlights that personnel costs make up about 21 million of the 29 million budget, with the remaining 8 million coming from services, materials, and fixed costs. He notes that personnel costs are up 8.61% and fringes are up similarly, while contractual material and fixed costs are up by about 8%. Mr. Menkhaus also mentions that the net gain is currently at 2.4 million, which is significantly higher than the same time last year. He explains that the increase is due to catching up on last year's service and materials costs due to invoicing lags. Mr. Menkhaus presents the revenue slide, noting that March collections were 1.5 million, which is a great month for collections. The percent of gross collections for March was 50%, which is one of the better months over the last 13 months. He discusses the payor mix, noting that self-pay is growing relative to Medicaid, with incremental changes in dental and school-based medical and dental services. The accounts receivable trends show that accounts over 90 days old are at 20%, which is on target, and those over 120 days old are at 12%, slightly above the goal. Mr. Menkhaus mentions that the days in accounts receivable have decreased from 41 to 35, which is a positive trend. The total accounts receivable is currently at 3.1 million, which is lower than the average for the last 13		Mr. Menkhaus

	months. He concludes that the financial picture is positive, with good collections and managed expenses. Mr. Menkhaus opens the floor for questions, and Mr. Kachuba comments on the positive report.		
New Business			
Conclusion	Mr. Kachuba asks if there is any new business before the board, and Joyce Tate mentions an open house at the new Cross Road Health Center. The open house starts at 4 PM, and staff and board members are invited to attend and say goodbye to Jamie Barron, who is retiring at the end of the month. Mr. Kachuba notes that the policy approval will be picked up next month and adjourns the meeting, thanking everyone for their patience. Mr. Timothy Collier comments on the meeting, stating that the information presentation was the highlight. Mr. Kachuba agrees and thanks everyone again before adjourning the meeting.		Mr. Kachuba
Public Comments	• No Public Comments.	n/a	Mr. Kachuba, Ms. Fuller
Documents in the Packet but not presented.	Efficiency Update is included in the packet. Please contact Dr. Geneva Goode (Efficiency Update) with any questions/concerns.	n/a	n/a

Meeting adjourned: 7:26 pm

Next meeting: June 10, 2026, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes:

_____
Date: 5/13/2026
Clerk, CCPC Board of Governors

_____
Date: 5/13/2026
Mr. John Kachuba, Board Chair

CCPC Board of Governors

Cincinnati Health Department
May 13, 2026

Board Members	Roll Call	4/15/2026 Minutes	Adopt Tort Claims Management Policy	Adopt Emergency Codes Policy	Adopt Tracking, Labs and Diagnostic, and Screening Policy	Adopt Quality Improvement and Assurance Policy
Ms. Deirde Beluan	X					
Ms. Michelle Burns						
Mr. Timothy Collier-Chair	X					
Mr. Robert Cummings						
Ms, Alexius Golden Cook						
Mr. John Kachuba	X					
Dr. Philip Lichtenstein	X					
Ms. Luz Schemmel	X					
Ms. Debra Sellers						
Ms. Jen Straw						
Ms Erica White-Johnson	X					
Dr. Bernard Young						
Motion Result:	**Quorum**	**Passed**				

STAFF/Attendees	
Marla Hurston Fuller (clerk)	
Joyce Tate	
Geneva Goode, DNP	
Mark Menkhaus Jr	
Edward Herzig, MD	
David Miller	
Yury Gonzales, MD	
Angela Mullins	
Anna Novais, MD	

X	***Present***
	Yay
	Nay
	Absent
	Present but didn't vote
M	***Motion***
2nd	***Second***
	Delayed

city of CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Primary Care (CCPC)

Tort Claims Management

Effective Date: Month XX, 2026

POLICY / SYSTEMS MANAGER

Title: Nursing Administration / Quality Improvement & Assurance

Review: 05/25

A biennial review is required by the Chief Executive Officer (CEO).

_____	_____
Board of Governors Chair CCPC	Date
_____	_____
Chief Executive Officer, CCPC	Date
_____	_____
Chief Medical Officer, CCPC	Date
_____	_____
Chief Operations Officer, CCPC	Date
_____	_____
Director of Clinical and Community Nursing	Date
_____	_____
Health Commissioner	Date

I. PURPOSE

The Federal Tort Claims Act (FTCA) allows applicable claims and legal actions to be defended by the federal government, ensuring that malpractice cases are handled through a standardized administrative process.

The purpose of this policy is to establish internal processes for receiving, documenting, and evaluating claims and legal complaints filed against the City of Cincinnati Primary Care (CCPC) or its personnel. It explains the responsibilities of CCPC leadership and staff in ensuring that each matter is processed under the correct system, whether through the FTCA's federal administrative pathway or the City's local claims procedures.

Pursuant to this policy, CCPC will ensure that:

- Claims, legal complaints, and other allegations of negligence or wrongful acts are reviewed promptly by leadership.
- Relevant documentation is collected and preserved in a manner consistent with federal requirements.
- City Administrators can assess whether claims fall within the scope of FTCA coverage.
- FTCA claims are appropriately directed to the U.S. Department of Health and Human Services (HHS) Office of the General Counsel, as required by federal law, before any lawsuit can proceed in federal court.

II. POLICY

Claims and other legal complaints shall be addressed appropriately and efficiently, with specific attention to whether they fall within the scope of the FTCA. This includes ensuring that all claims are initially reviewed for eligibility as FTCA-covered activities, that administrative requirements such as timely filing with the U.S. Department of Health and Human Services are met, and that documentation needed for claims processing (e.g., deeming letters, scope of project verification, employment records, patient records) is preserved. Where claims fall outside FTCA coverage, they will be processed under the City of Cincinnati's procedures for claims processing and litigation handling.

III. PROCEDURE

All claims and legal complaints received by CCPC must be reviewed and discussed by CCPC leadership, including the Chief Executive Officer (CEO), Chief Medical Officer (CMO), Director of Nursing (DON), and Chief Operating Officer (COO), in accordance with the procedures described in the following sections:

1. Distinguishing Tort Claims from Legal Complaints

For purposes of this policy, a **claim** refers to a written demand for payment or damages presented to CCPC or directly to the U.S. Department of Health and Human Services, often through the FTCA administrative process. Submitting a claim does not, by itself, require or initiate a lawsuit. A **legal complaint**, by contrast, refers to a lawsuit that has been filed in state or federal court alleging negligence or wrongful acts. Distinguishing between these two is important because FTCA requires claimants to first file an administrative claim before filing a legal complaint, and the documentation and response processes differ accordingly.

2. Procedure for Processing Claims

The FTCA requires claims to be filed with the U.S. Department of Health and Human Services (HHS) Office of the General Counsel, General Law Division, Claims and Employment Law Branch. This administrative filing, typically using Standard Form 95 (SF-95), is a mandatory prerequisite before an individual can proceed in filing a legal complaint in state or federal court.

Individuals are encouraged to file their FTCA claims directly with HHS. If, however, an individual mistakenly files an FTCA claim with CCPC instead of HHS, CCPC staff must not attempt to process the claim internally. Instead, CCPC is responsible for immediately forwarding the documentation to HHS at the designated address, while retaining a copy for its secure files. CCPC shall also notify the Law Department so that proper coordination can occur.

Prompt forwarding by CCPC ensures that FTCA deadlines are not missed, and preserves the claimant's right to pursue the claim while protecting CCPC's compliance obligations. This ensures that the claim enters the correct administrative process, that CCPC maintains compliance with FTCA requirements, and that providers are properly protected as deemed federal employees.

FTCA claims provided to CCPC must be promptly forwarded to:

U.S. Dept. of Health and Human Services
Office of the General Counsel
General Law Division
Claims and Employment Law Branch
330 C Street, SW
Attention: CLAIMS
Switzer Building, Suite 2100
Washington, D.C., 20201
Fax No.: 202-619-2922
HHS-FTCA-Claims@hhs.gov

If an individual or their attorney contacts CCPC regarding a new FTCA claim, the health center will instruct the plaintiff or attorney to mail the appropriate FTCA form (SF-95) to the HHS above address.

If CCPC receives a claim that is not covered by the FTCA—for example, vehicle damage or other non-medical torts—CCPC should conduct an investigation of the incident and determine whether it

believes CCPC is liable. If CCPC determines that it is not liable, it should deny the claim in writing. If CCPC determines that it is liable it should send to the Law Department, Litigation Section, a request for payment and a "claims packet" that includes the claim submitted to CCPC, internal investigation reports, estimates of repair (if applicable), insurance coverage, and all other supporting documents.

3. Procedure for Processing Legal Complaints

If CCPC is served with a legal complaint (i.e., a formal lawsuit), CCPC staff must immediately notify the Law Department and provide all pleadings and related documents. No staff member should attempt to respond directly to the court or opposing counsel.

If the legal complaint amounts to a premature FTCA claim (for example, if the claimant has not yet filed the required administrative claim with HHS), CCPC should coordinate with the Law Department to ensure the legal complaint is promptly forwarded to HHS in accordance with the FTCA claims procedure outlined above.

If the legal complaint is not premature or does not fall under the coverage of the FTCA, the Law Department will manage the litigation under existing City processes. This may involve the City's Risk Management office and outside counsel, as appropriate. CCPC's role is to cooperate fully by preserving all relevant records, providing requested information, and ensuring leadership is informed of developments.

IV. DOCUMENT RETENTION AND PRODUCTION

Upon request from HHS OGC, CCPC may be required to provide documentation to facilitate FTCA claims processing, and therefore must retain copies for its own files. Requested documentation may include, but is not limited to:

- Deeming letters confirming FTCA status.
- W-2/1099 forms for employees and contractors.
- Declarations from providers verifying licensure and billing practices.
- Relevant medical records for the patient(s) involved.
- Professional liability insurance policies, if any.
- Narrative statements of fact from involved providers.

Proper retention and organization of these documents ensures that HHS receives a complete and accurate record to evaluate each FTCA claim, while also allowing CCPC to demonstrate compliance with FTCA requirements and maintain readiness for timely review.

All CCPC records must be maintained in accordance with the retention schedules of the City of Cincinnati and the Cincinnati Health Department. Under these schedules, medical records are to be kept permanently when associated with a claim or legal complaint. In all other cases, records should be retained for ten years after a patient's last activity, or at least six years after death. See Appendix A (current as of the publication of this policy).

Documentation related to tort claims or legal complaints must be maintained in secure files designated by the Cincinnati Health Department, in accordance with its procedures for both paper and electronic records. Upon receiving either a claim or complaint, CCPC must take necessary steps to preserve all records related to the incident until such time as the Law Department approves of their disposal or until the retention period has expired, whichever is the latest, including any records subject to automatic destruction (e.g., automatic disposal of an electronic record). All storage and access controls must comply with HIPAA privacy and security requirements.

CCPC must also document its cooperation in prior claims, including records of timely responses, production of requested materials, and coordination with the Law Department and federal agencies. In addition, CCPC should retain documentation of any corrective or preventive measures taken in response to past claims—such as policy revisions, staff training, or quality improvement initiatives—to demonstrate proactive steps to mitigate the risk of similar claims in the future.

Production of documents shall be conducted in coordination with the Law Department to ensure that all disclosures are legally appropriate, responsive to the specific request, and consistent with the City's obligations under all applicable federal and state requirements.

REFERENCES

The Health Services & Resources Administration (2025, March 1). *FTCA frequently asked questions.* U.S. Department of Health and Human Services. https://tinyurl.com/25h3485m

The Health Services & Resources Administration. *Federal Tort Claims Act Health Center Policy Manual*. U.S. Department of Health and Human Services. https://bphc.hrsa.gov/sites/default/files/bphc/compliance/ftcahc-policy-manual.pdf

Appendix A

Form RC-2E

SCHEDULE OF RECORDS RETENTION AND DISPOSITION

(1) TO: Mollie Lair, Chairman, City Records Commission
801 Plum Street, Room 117, Cincinnati, Ohio 45202
(513) 352-3428

City of Cincinnati
County of Hamilton

(2) FROM: Dr. Grant Mussman (DEPARTMENT DIRECTOR NAME) Cincinnati Health Department (DEPARTMENT NAME)

As required by Section 206-11 CMC, I request the following retention schedule be approved for records within this department. Personnel within this department will make every effort to prevent these record series from being destroyed, transferred, or otherwise disposed of in violation of this schedule and no record will be knowingly disposed of which pertains to any pending case, claim, action or request. Further, any microfilm replacing a record listed on this schedule will conform to ANSI standards.

(DIRECTOR'S SIGNATURE) 5/9/24 (DATE)

(3) CERTIFICATION: I hereby certify that our records commission met in an open meeting, as required by Section 121.22 ORC, and passed the retention schedules contained on this form and any continuations sheets. This form was approved on 5/14/24 **(4)** as reflected by the minutes kept by this commission.

Chairman, Records Commission: Mollie Lair (SIGNATURE) 5/14/24 (DATE)

Reviewed by the Ohio History Connection - Amy Czubak Digitally signed by Amy Czubak Date: 2024.06.21 10:48:31 -04'00' (SIGNATURE) 6/21/2024 (DATE)

Approved by the Ohio Auditor of State: Martin E. Meeks Digitally signed by Martin E. Meeks Date: 2024.06.24 09:12:11 -04'00' (SIGNATURE) (DATE)

Records at: Cincinnati Health Department (DEPARTMENT) (DIVISION / SUBDIVISION) (LOCATION / BRANCH)

(5) Schedule Number	(6) Record Title and Description	(7) Retention Period	(8) Media Type	(9) For use by Auditor of State or OHS-LGRP
87-1	Health Center Encounter Form	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Paper until converted electronically	
87-2	Health Center Encounter Form	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Electronic	
95-1	Medical charts that contain history, immunizations, lab work, progress notes, referral to outside hospitals, permission forms and other documents	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Paper until converted electronically	
95-1a	Medical charts that contain history, immunizations, lab work, progress notes, referral to outside hospitals, permission forms and other documents	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Microfilm	

New 10/28/05; Rev 09/16/07; 12/26/08

SCHEDULE OF RECORDS RETENTION AND DISPOSITION

Records at: Cincinnati Health Department
(DEPARTMENT) (DIVISION / SUBDIVISION) (LOCATION / BRANCH)

(5) Schedule Number	(6) Record Title and Description	(7) Retention Period	(8) Media Type	(9) For use by Auditor of State or OHS-LGRP
95-1b	Medical charts that contain history, immunizations, lab work, progress notes, referral to outside hospitals, permission forms and other documents	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Electronic	
CH-001	Home Health Client Records	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Paper until converted electronically	
CH-002	Home Health Client Records	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	AS400	
CH-003	Home Health Client Records	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Electronic	
CL-001	Internal Test Records	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Paper until converted electronically	
CL-002	Internal Quality Control Records	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Paper until converted electronically	
CL-006	Laboratory Studies	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Paper until converted electronically	
CL-007	Internal Test Records	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Electronic	
CL-008	Internal Quality Control Records	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Electronic	
CL-009	Laboratory Studies	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Electronic	
PC-001	Health Center Encounter Form	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Paper until converted electronically	
PC-002	Medical charts that contain history, immunizations, lab work, progress notes, referral to outside hospitals, permission forms and other documents	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Paper until converted electronically	
PC-003	Medical charts that contain history, immunizations, lab work, progress notes, referral to outside hospitals, permission forms and other documents	10 Years after last activity; minimum 6 years after death; permanently if litigation involved	Microfilm	

New 10/28/05; Rev 09/16/07; 12/26/08

city of CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Primary Care (CCPC)
Facility Emergency Code

Effective Date: June 10, 2026

POLICY/ SYSTEM MANAGER

Title: Nursing & Quality

Contact: (513) 357-7406; michelle.daniels@cincinnati-oh.gov

Review: 7/13; rev. 2/15, 3/17, 3/23; 9/25

A biennial review is required by the Chief Executive Officer (CEO).

_____ _____
Board of Governors Chair, CCPC Date

_____ _____
Chief Executive Officer, CCPC Date

_____ _____
Chief Medical Officer, CCPC Date

_____ _____
Chief Operations Officer, CCPC Date

_____ _____
Director of Clinical and Community Nursing Date

_____ _____
Health Commissioner Date

I. PURPOSE

To implement a standardized procedure that will provide specific guidelines and instructions on how to initiate an emergency code within all City of Cincinnati Primary Care (CCPC) facilities.

II. POLICY

CCPC personnel will ensure the safety of all patients, visitors, and staff by implementing a standardized emergency code system to be used in the event of an emergency. This policy will provide all staff with specific guidelines and instructions on how to initiate an emergency code within all CCPC facilities. Staff will use plain language when initiating the emergency code, which will notify the appropriate individuals, and an appropriate immediate response will commence.

III. PROCEDURE

1. **Initiating an Emergency Code Call**

   When initiating an emergency code call, an employee should:

   A. Initiate the notification process for the specific emergency, as outlined in the facility's developed Emergency Resource Guide (ERG).

   B. Use the established plain language code script

      i. Facility Alert

      a. Fire: "Code Red + location + instructions"
      b. Hazmat/Chemical Spill: "Code Orange + location + instructions"
      c. Bomb Threat: "Code **Black** + location + instructions "
      d. All Hazards/Disaster: "Code Yellow + instructions"

      ii. Security Alert

      a. Active Shooter/Hostage Situation/Violence: "**Code Silver** + instructions"
      b. Robbery or violent individual: "Code Violet + location + instructions"
      c. Lockdown: "Lockdown + instructions"
      d. Missing Patient: "Code Adam + instructions"

      iii. Medical Alert

      a. Medical Emergency: "Code Blue + location"

      iv. **Weather Alert** Severe weather: "**Code Grey** + threat/location + instructions"

   C. *Refer to the facility's Emergency Resource Guide for site-specific instructions.*

2. **Notifying CCPC Leadership**

   A. The nursing supervisor, manager, or his/her designee will notify Environmental Safety who will notify CCPC Leadership of the emergency. If unable to contact Environmental Safety, the health center manager or designee should contact their immediate supervisor.

3. **Terminating an Emergency Code Call** -When terminating an emergency code call, an employee will comply with the following:

   A. In all events, except for Lockdown, once the emergency has been effectively managed or resolved, the code should be canceled.

   B. This command will be repeated three times. (All Clear: "Code Green + All Clear") (repeated 3 times)

   C. The cancellation notification will be sent via the same notification process as the initial code activation. For example, if an overhead paging system was used to activate the code, the overhead paging system should be used to cancel the code.

D. Contact Environmental Safety (if not onsite) and inform them of the "All Clear."
E. In the event of a Lockdown, Contact Local Law Enforcement or CHD Safety (refer to ERG) to receive the "All Clear".

4. **Providing Staff Education**
Education regarding the emergency codes will be provided to all employees at the site level.
A. Staff will understand their specific responsibilities as written in the facility's ERG.

Code Designations

1. **Code Red – Fire**
A Code Red denotes the presence or reasonable presumption that a fire is occurring. A staff member who sees or smells smoke should activate the fire code. For example, the overhead call should state "Evacuation, Code Red, Adult Medical Hallway". Staff should implement the emergency procedure **"RACE."**
A. R - Rescue – rescue all individuals (staff, patients, visitors) nearest the fire
B. A - Alarm – activate the fire alarm
C. C - Confine – attempt to confine the fire by closing doors (this will provide a barrier between you and the fire and prevent the fire from spreading). Always touch a closed door before entering to ensure you are not entering a room with a fire.
D. E - Extinguish – using the appropriate fire extinguisher, attempt to extinguish the fire. To effectively put out the fire, use the procedure
"**PASS**"
A. P – Pull the pin
B. A – Aim for the base of the fire
C. S – Squeeze the handle
D. S – Sweep from right to left across the base of the flames
2. **Code Orange – Hazardous Spill**
A Code Orange denotes exposure to a hazardous material or substance within the facility. A staff member who sees the hazardous spill should activate the hazardous spill code. For example, the overhead call should state "Code Orange, Laboratory". Instructions should be given after the code is announced. Staff, patients, and visitors may need to evacuate the building and should be directed to the designated exits.
3. **Code *Black* – Bomb Threat**
A Code Black denotes a bomb threat to the facility. This may include the identification of an actual bomb within the facility. To prevent confusion, always consider any Code Black to be a verified threat to the facility. If a threat is phoned to the facility, follow the script found in the Emergency Action Plan and alert a staff member to activate the bomb threat code. A staff member who sees a threat should activate the bomb threat code. For example, the overhead call should state "Evacuation, Code Black, Front Desk." Instructions should be given after the code is announced. Staff, patients, and visitors should evacuate the building using the appropriate exits.
4. **Code Silver – Active Shooter / Hostage Situation**
A Code Silver denotes an active shooter situation in or around the facility. A staff member who encounters an active shooter or witnesses a hostage situation should activate the active shooter/hostage situation code. The Run, Hide, Fight procedure from the ERG should be implemented. For example, the overhead call should state "Code Silver." Instructions should be given after the code is announced. Staff, patients, and visitors may need to shelter in place or evacuate the building.
5. **Code Violet – Violent Person**

A Code Violet denotes that a violent individual is present or nearby the facility. A staff member who encounters a violent person should activate the violent person code. For example, the overhead call should state "Code Violet, Assistance needed, Front desk." Not all sites are equipped with panic buttons. Each staff member within a facility must be aware of the location of the panic button. If you are in an area with a panic button and it is not visible to the assailant, press the button. A staff member will be designated to call 911.

6. **Code Lockdown**
   A Code Lockdown denotes a facility lockdown. A lockdown is used when there is an immediate threat or life-threatening situation inside or around a CCPC facility. A lockdown minimizes access and visibility while sheltering patients and staff in a secure location. CCPC staff members are responsible for ensuring that no one leaves the safe areas, including patients. A lockdown will be called by those designated by the ERG (health center nursing supervisor or designee). A staff member who determines the need for lockdown should alert the designee who will activate the lockdown code. For example, the overhead call should state "Code Lockdown." Instructions should be given after the code is called. Lockdown is lifted after communication with Local Law Enforcement. (See Emergency Response Guide)
7. **Code Adam – Missing Patient**
   A Code Adam denotes a missing patient. A staff member who determines that a patient is missing should activate the "missing patient" code. For example, the overhead call should state "Code Adam, 4-year-old Hispanic male child wearing red jacket." The description should be detailed enough to give staff, patients, and visitors the primary means of identifying the person in the facility.
8. **Code Blue – Medical Emergency**
   A Code Blue denotes a medical emergency. A staff member who encounters a medical emergency should activate the medical emergency code. For example, the overhead call should state "Code Blue, Front desk."
9. **Code Gray – Severe Weather/Tornado**
   A Code Gray denotes a weather emergency impacting the facility or surrounding areas. Severe weather is defined by any weather event in which reasonable damage and possible injury could occur if exposed to the storm. In other words, storms with golf ball-sized hail, winds more than 60 mph, tornadoes and severe lightning are considered indicators of severe storms. Additionally, torrential rain and flooding may call for alerts under this emergency code. Staff should activate the severe weather code based on weather updates. For example, the overhead call should state "Code Gray, evacuate to the designated shelter location." Instructions should be given after the code is announced based on the specific weather emergency denoted in the ERG.
11. **Code Yellow – All Hazards / Disaster**
    A code yellow denotes hazardous/disastrous events internal or external to the facility or in the community that may potentially cause a hazard or an emergency, in addition to any of the Codes addressed in this response guide. This is used primarily as a preparatory code if something further is expected and a response may be required. The overhead call is Code Yellow + facility name. The ERG should be referenced for the next steps and procedures to follow.

12. **Code Green – All Clear**
    A Code Green denotes that the situation has been effectively managed or resolved, and the code should be canceled. For example, the overhead call should state "Code Green, All Clear" and will be repeated three times.

Emergency Color Code Badges

FRONT

Emergency Codes
Red - Fire
Orange - Hazardous Spill
Black - Bomb Threat
Silver - Active Shooter/ Hostage Situation
Violet - Violent Person
Blue - Medical Emergency
Gray - Severe Weather/Tornado
Green - All Clear
Code Adam- Missing Patient
Yellow- All Hazards Disaster
Code Lockdown- Facility Lockdown

BACK

RACE	PASS
R-Rescue	P-pull the pin
A-Alarm	A-aim for the base of the fire
C-Confine	S-squeeze the handle
E-Extinguish	S-sweep right to left at base of fire

city of CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Primary Care (CCPC)

Tracking Labs and Diagnostic Imaging Policy & Procedure

Effective Date: June 10, 2026

POLICY / SYSTEMS MANAGER

Review: 05/28

A biennial review is required by the Chief Executive Officer (CEO).

_____ _____

Board of Governors Chair CCPC Date

_____ _____

Chief Executive Officer CCPC Date

_____ _____

Chief Medical Officer CCPC Date

_____ _____

Chief Operations Officer CCPC Date

_____ _____

Director of Clinical and Community Nursing Date

_____ _____

Health Commissioner Date

PURPOSE
To standardize tracking and follow up procedures for diagnostic laboratory and imaging tests.

POLICY
City of Cincinnati Primary Care (CCPC) clinical personnel will monitor, track and follow up on diagnostic imaging and laboratory tests as outlined below.

PROCEDURE
The following procedures will be followed when CCPC patients receive a lab or diagnostic imaging order.

Diagnostic, Imaging and Laboratory Test Tracking

1. All orders and communication with the patient will be documented in the patient's electronic health record (EHR), including date and time of notification, mode of communication, and the recipient of the communication.
2. Patients will receive instructions regarding where, when, or how to complete the orders before the end of the encounter.
3. The health center may receive ordered laboratory and diagnostic imaging results through telephone, fax, Care Everywhere, and/or the EHR.
4. The ordering provider and assigned RN/MA receive laboratory results in the EHR result box. Critical laboratory results are communicated to the provider or on call provider by telephone immediately after the result is available.
5. The registered nurse (RN) or medical assistant (MA) will track laboratory orders weekly and diagnostic, imaging orders monthly, using the EHR, patient care lists, reports and Care Everywhere.
6. If a patient has not followed through on their orders, the RN/MA will:
    a. Contact the patient to determine the reasons for non-completion and document the patient's feedback in the EHR.
    b. Provide information on the importance of completing the diagnostic or laboratory testing appointment.
    c. Notify the patient's provider.
7. The provider will review the results and provide the RN/MA with instructions to follow up with the patient. If the provider contacts the patient, they will document this in the EHR.
8. The provider or RN/MA will inform patients about abnormal laboratory and diagnostic imaging results within two to three business days of receiving the results; normal results will be communicated within 10-14 business days of receiving the results.
9. Attempts to communicate with patients will be documented in the EHR and will include the following steps until the patient is reached or the outreach is closed.
    a. Three attempts by phone
    b. Two attempts using MyChart (if enrolled)
    c. One letter (.unabletoreachletter) as the final attempt

10. Critical laboratory, diagnostic, imaging results will be reviewed immediately upon receipt by the ordering or on call provider and communicated to the patient. Attempts to communicate with patients will be documented in the EHR and will include the following steps until the patient is reached or the outreach is closed.
    a. Two telephone calls to the patient,
    b. One telephone call to the patient's emergency contact(s)
    c. One MyChart message (if enrolled)
    d. One letter (.unabletoreachletter)
11. If a patient cannot be reached regarding an abnormal result or critical result within 24 hours, the RN or MA will notify the ordering provider who will decide whether any additional attempts are needed to reach the patient.
12. Review of diagnostic imaging and laboratory tracking will be reviewed during the quarterly quality improvement (QI) meetings.

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2026 - 2027

CITY OF CINCINNATI PRIMARY CARE

QUALITY IMPROVEMENT & ASSURANCE PLAN

CCPC QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN

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CCPC QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN

INTRODUCTION

The CCPC Quality Improvement (QI) Plan guides the clinical and operational quality improvement activities of the organization detailing activities to provide evidenced-based care while improving patients' healthcare outcomes. This plan outlines performance measure goals and initiatives that reflect the health care needs of the populations served by the organization.

CONFIDENTIALITY

All CCPC quality improvement activities are confidential and protected under peer review status. The Chief Medical Officer (CMO) will present provider data to the individual providers. Patient, staff, and health center identifying information will be excluded from Quality Improvement and Risk Management Committee minutes.

CCPC MISSION STATEMENT

To provide comprehensive, culturally competent, quality health care for all.

CCPC VISION STATEMENT

To create a healthier community by serving one patient at a time

CORE VALUES

EXCELLENCE – We honor our mission by upholding excellence in personal, public health and patient care services.

COMPASSION – We foster a culture of compassion and mutual respect among our employees and clients and recognize diversity as a strength in our organization and community.

COMMUNICATION – We are committed to cultivating a sense of transparency both internally and with the public through clear, intentional, and effective communication.

PROFESSIONALISM – Our conduct demonstrates the highest level of respect, integrity, and accountability, and is guided by our sense of trust and morality.

LEADERSHIP – We strive to be the model for public health practices to continuously improve health and social equity for the people of Cincinnati.

QUALITY MANAGEMENT PROGRAM DESCRIPTION

CCPC QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN

LEADERSHIP AND STRUCTURE

QI Leadership, led by the Chief Medical Officer (CMO), Director of Nursing (DON), Chief Operating Officer (COO), and Chief Executive Officer (CEO,) identifies priorities for QI activities with input from the CCPC Clinical and Quality Assurance Committee and the Cincinnati Health Department (CHD) QI Steering Committee. Practice level data and benchmark results from Federally Qualified Health Center (FQHC) reports, including the Uniform Data System (UDS), Clinical Outcome Measures (COM), Healthcare Effectiveness Data and Information Set (HEDIS) and Patient-Centered Medical Home (PCMH) are used to guide decision making and direct QI efforts.

QM Team (CMO, Registered Nurses (RNs), Nursing Supervisor) Priorities:

- Policy and Procedure Development
- Training and Education
- Stakeholder Communication
- Regulatory Compliance
- Quality Assurance Monitoring
- Clinical Risk Management

Epidemiology Priorities:

- Data Collection, Analysis and Reporting
- QI Steering Committee
- QI Project Support
- Data Dashboards

Quarterly QI Meetings Include:

- CMO
- DON
- CEO
- COO
- Associate Medical Director (AMD)
- Nursing Supervisors
- Dental Director (or designee)
- Pharmacy Director (or designee)
- Public Health Nurse Team Leads (or designee)
- Call Center Supervisor
- Health Center Coordinators
- Other Staff as Needed

Data Sharing and Access: Leadership, nursing supervisors, providers and clinical support staff can access Electronic Health Record (EHR) data reports directly in the EHR. Additional reporting is available in the Azara population health and analytics platform. Practice level data, internal audits and chart review information is provided by City of Cincinnati Primary Care (CCPC) Epidemiology and is shared electronically with leadership and Nursing Supervisors monthly.

Quarterly QI Meetings: Practice level data (i.e. clinical quality measures, resource measures and patient experience) is shared with leadership, nursing supervisors, and health center support staff during the quarterly QI meeting. Meeting attendees will provide updates and share relevant, de-identified information from their staff regarding QI activities during quarterly meetings and will communicate key meeting outcomes back to their teams during their monthly staff meetings. All discussion is limited to de-identified patients and staff information. The Quality Management (QM) team documents each meeting and distributes minutes and reports to attendees by email for review, approval and dissemination to health center staff. Minutes are shared with the Clinical and Quality Assurance Committee.

Health Center Staff Meetings: Meetings are held monthly at each health center location. Agenda items include information and reports from quarterly QI meetings, as well as other topics that affect overall health center performance. Staff meet to share information, gain knowledge, review data, and solve problems. Feedback, recommendations, and QI initiatives identified during staff meetings are shared during quarterly QI meetings.

Provider Meetings: CCPC providers (physicians and nurse practitioners) meet monthly to discuss and review individual and practice level audits, data and QI activities. The providers are encouraged to discuss QI issues with their health care teams, to develop health center-based QI activities, using the Model for Improvement process. Plan-Do-Study-Act (PDSA) cycles are encouraged throughout the organization. Providers Meeting minutes are compiled by the CMO's Administrative Staff

Clinical and Quality Assurance Committee Meetings: Meetings are held quarterly to monitor health center quality. Membership is comprised of the CMO as an ex-officio, non-voting participant, and four governing board members. Annually, the committee recommends approval of the annual quality improvement/quality assurance plan to the Board and monitors its implementation and results.

Clinical Risk Management Committee (CRMC) Meetings: CRMC is responsible for reviewing clinical safety events, complaints and risk assessments to mitigate harmful effects, prevent future occurrences and guide process improvement activity. The Clinical Risk Manager (CRM) compiles and organizes incidents for presentation at quarterly CRMC meetings. De-identified reports are presented to CRMC with a focus on process improvement. The CRM facilitates CRMC meetings and documents recommendations and interventions from CCPC

leadership including the CMO, DON, CEO, COO, Chief Financial Officer (CFO) and Dental, Pharmacy, Women Infants and Children Directors. Recommended process changes requiring CCPC Board (hereinafter, Governing Board) approval are reported to the Governing Board before dissemination to staff. Recommended changes not requiring Governing board approval are communicated to department directors and nursing supervisors who share the information with staff. CCPC leadership, department directors, and Nursing Supervisors are responsible for implementing process changes.

Patient Satisfaction Surveys: Electronic Patient Satisfaction Surveys (PSS) are administered continuously throughout the year for a period of ten to twelve months. Paper surveys are administered as needed to obtain sufficient sample size. PSS results are shared with CCPC leadership, health center staff, and the Governing Board to support the development of organization wide QI activities where needed. Results are presented during the quarterly QI meeting, providers meeting, and health center staff meetings.

Governing Board Clinical and Quality Assurance Committee (CQAC): CQAC will monitor health center quality, review the annual QI plan, and make a recommendation for its approval to the Governing Board. This committee meets quarterly.

PROVIDER PEER REVIEW

Provider peer reviews are completed in three ways to evaluate and improve provider performance. First, providers receive individual Uniform Data System (UDS) quality performance data monthly. Second, the medical director completes an annual performance review of the providers' productivity and year-to-date quality measure activity. Third, in response to requests, complaints, or reported clinical safety events from patients or staff, chart reviews are performed by peer providers. The reviewer is selected as outlined in the Peer Review Policy and Procedure. Peer review findings are reported to the provider, CMO, CEO, and COO. Corrective actions are reported to the individual involved, CMO, CEO, COO, and Governing Board.

CITY OF CINCINNATI PRIMARY CARE
PATIENT SAFETY AND CLINICAL RISK MANAGEMENT PLAN

The CCPC Risk Management Plan outlines the organization's Risk Management Program. The Plan supports the mission and vision of CCPC as it pertains to clinical safety, risk reduction, and activities to reduce potential risks at CCPC health centers.

CLINICAL SAFETY EVENTS AND COMPLAINTS

Clinical Safety Events: A Clinical Safety Event (CSE) is an event that occurs at a CCPC work site that is out of the normal workflow and has the potential to disrupt normal clinical operations

or causes harm to patients or staff. CSE include but are not limited to emergency medical response/911 calls, medication errors, needle sticks, and misplaced laboratory or imaging results.

CSE are documented electronically and are available to all CCPC staff within the Health HR Lifeline portal. Nursing supervisors, program directors, and leadership are responsible for completing CSE investigations for their worksite. CSE are to be completed as soon as possible within 3 days of the event's occurrence or discovery. Completed forms are sent electronically to CRM and DON for tracking and review. CSE are reviewed by CRMC during quarterly meetings. Identifying patient, staff and health center information is redacted in CRMC discussions.

Complaints: Any CCPC patient or staff member may submit a complaint form available at all health centers (see appendix A). Once a complaint is submitted, it will be investigated by the nursing supervisor, program director or designee and discussed with any involved staff. After completion of the investigation, the completed form will be sent to the CEO, CMO, COO, DON, and CRM for review and any immediate intervention if necessary. After review and any necessary intervention, the complaint form will be referred to CRM who will track and de-identify the information for presentation at the next CRMC quarterly meeting.

CLINICAL OUTCOMES MEASURES

CCPC population health and COM data are tracked electronically using the Electronic Health Record (EHR) and Azara data analytics software program. Goals and interventions are established by QI leadership, with input from the QM team, nursing supervisors, program directors, and staff. Interventions are identified for each measure to improve patient outcomes and service delivery.

UDS QUALITY OF CARE MEASURES

Focus Area: Women's Health

Measure: Cervical Cancer Screening

Description: Cervical Cancer Screening Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women aged 21*–64 who had cervical cytology performed within the last 3 years
- Women aged 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years.

Rationale: The cervical cancer screening measure captures the percentage of women aged 21-64 who were screened for cervical cancer using specific criteria within a look-back period.

Results:
Cervical Cancer Screening

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
71 %	71 %	71 %	71%	52.14%	55.37%	70%

Interventions:

Strategies Targeting Individuals

- Educational and reminder systems: Use a combination of educational materials, client reminders, and invitation letters to encourage screening uptake
- Targeted communication: Develop specific interventions, such as tailored letters and telephone contact, to address barriers for groups, like those with abnormal Pap test results.
- Strategies targeting healthcare systems and providers
- Integrate HPV self-sampling: Offer at-home self-collection for HPV testing as an alternative to clinician-based pelvic exams to increase access and convenience, notes this YouTube video.
- Offer reminder systems: Implement reminder systems that may include fixed appointments, notes the American Academy of Family Physicians.
- Support providers: Provide healthcare professionals with educational resources and support to help them increase their participation in cervical cancer screening programs.
- Improve accessibility: Focus on improving the physical and financial accessibility of screening services.

Focus Area: Women's Health Services

Measure: Breast Cancer Screening

Description: Breast Cancer Screening Percentage of women 50*–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

- Women 52 through 74 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria.
- Women with a birthdate on or after January 1, 1951, and a birthdate on or before December 31, 1973.

Rationale: To measure the rate of breast cancer screening mammograms performed on eligible women 50*–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

Results:
Breast Cancer Screening

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
39%	58.9%	57.8%	54%	53.61%	53.96%	58%

Interventions:

Demand-side Strategies

- Reminders and outreach: Sending personalized postcards, text messages, or phone calls to remind women to schedule appointments.
- Education: Providing one-on-one or group education and using media campaigns (small and mass media) to inform people about the importance of screening.
- Motivational interviewing: Using trained personnel to have empathetic, non-confrontational conversations about a patient's concerns and motivations for or against getting screened.

Supply-side Strategies

- Reduce out-of-pocket costs: Making mammograms more affordable by covering costs or offering discounts.
- Collaboration with UC Health Mobile Mammogram Program
- Reduce structural barriers: Improving access by, for example, providing mobile mammography units, arranging transportation, or ensuring convenient appointment times.
- Clinician endorsements: Encouraging clinicians to discuss screening needs with patients and endorse specific screening methods.
- Patient navigation: Assisting patient navigators who can help with scheduling, transportation, and follow-up**.**

Behavioral and System-level Strategies

- Text messaging: Using text messages as a tool for reminders and scheduling.
- Online self-scheduling: Making it easier for patients to book their appointments online by providing QR codes or directing them to kiosks.

Focus Area: Prenatal Health Services

Measure: Birth Weight of Infants Born to Prenatal Care Patients Who Delivered During the Year

Description: Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams).

Rationale: A reduction in the incidence of low birth weight is expected to decrease the number of children experiencing associated sequelae, including delayed or diminished intellectual and physical development.

Results:
Birth Weight of Infants Born to Prenatal Care Patients Who Delivered During the Year

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
7%	7%	9%	3%	9%	8.6%	8%

Interventions:

- Continue with the Prenatal Prosperity Program
- Continue with Queens Village
- Continue with Cradle Cincinnati
- Continue with Community Builders
- Continue with Baby Café
- OB Case Management Nurses in Health Centers

Focus Area: Prenatal Health Services

Measure: Early Entry into Prenatal Care

Description: Percentage of prenatal care patients who entered prenatal care during their first trimester.

Rationale: Women are less likely to have complications during birth if they enter care in their first trimester.

Results:
Early Entry into Prenatal Care

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
61%	59%	52%	56%	75%	81%	70%

Interventions:

- Continue with Standing Order: Point of Care Pregnancy Test
- Continue with the Prenatal Prosperity Program
- Continue with Queen's Village
- Continue with Cradle Cincinnati
- Continue to monitor Trimester if Entry

Focus Area: Pediatric Health

Measure: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Description: Percentage of patients 3–17 years of age who had an outpatient visit with a primary care physician (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period.

Rationale: The likelihood of obesity and its long-term complications will be reduced when clinicians ensure patients' BMI percentile is recorded and if the patients and families are educated on nutrition and physical activity. (regardless of the patients' weight).

Results:
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
92%	91%	90%	90%	80%	73%	85%

Interventions:

- Family and patient education for nutrition and physical activity
- Referrals to Cincinnati Children's Hospital Medical Center when necessary.
- Regular scheduled appointments
- WIC services available.

Focus Area: Oral/Pediatric Health Services

Measure: Dental Sealants for Children between 6-9 years

Description: Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period

Rationale: Children who are at moderate to high risk for dental carries will be less likely to experience dental decay when provided with dental sealants on first permanent molars.

Results:
Dental Sealants for Children Between 6-9 years

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
98%	90%	99%	93%	76.5%	59.6%	90%

Interventions:

· Workforce qualification/training: Over the course of the last three years, dental assistants have been encouraged to become certified dental assistants and have acquired training and certificates to apply dental sealants.

· Clinical workflow: Along with an increased emphasis on prevention, the workflow for comprehensive and periodic examinations includes a strong focus on making the application of sealants a top priority. "Sealant kits" are created and readily available for patient care in every dental operatory.

· Systems Improvement: to improve EHR documentation, "sealant smart" codes were created and are bundled with dental exam billing codes to create efficiency in documentation.

· Chart audits: An initiative for applying same-day sealants has been instituted, and charts are audited to ensure that the practice is being followed. This quality measure is also part of a provider's performance evaluation under "productivity and quality".

· Dashboard tracking: The sealant measure is part of the dental program quality dashboard and is tracked monthly. This measure can be tracked across the entire dental program (all providers and sites) and individually. This allows the dental director to follow up with specific sites and/or providers if underperformance is noticed through monthly reports.

Focus Area: Pediatric Health

Measure: Childhood Immunization Status

Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps, and rubella (MMR); three or four H. influenza type B (HiB);three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Rationale: Children will be less likely to contract vaccine preventable disease or to suffer from the effects of these diseases if they receive their vaccinations in a timely manner.

Results
Childhood Immunization Status

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
40%	47%	33%	36%	21%	28%	32%

Interventions:

- Continue to be proactive in educating and encouraging parents to immunize their children against influenza virus yearly as recommended.
- Immunization training for school vaccines at all Hamilton County schools.
- OCHIN has a direct interface between our EHR system and the state-wide immunization Databank (IMPACT) helping to improve immunization tracking.
- IQIP (Immunization Quality Improvement for Providers) program with all health centers and most SBHC sites to raise immunization rates.
- Reminder/recall through EHR for all health centers and SBHC sites. (including no-show follow up, running missing patient lists, etc.)

- IMPACT records are available for multiple states.

Focus Areas: Behavioral /Pediatric /Adult Health

Measure: Screening for Depression and Follow-up Plan

Description: Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit.

Rationale: Patients will be more likely to receive needed treatment and less likely to suffer from the long-term effects of depression if routinely screened and are provided with a follow up plan if the screening is positive.

Results:
Screening for Depression and Follow-up Plan

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
85%	84%	84%	84%	80%	74%	85%

Interventions:

- Increase screenings to all patients in our health centers.
- Follow up appointments for patients who screen positive.
- Continue administering the Edinburgh Depression scale to all CCPC prenatal and postnatal patients.

Focus Area: Mental & Behavioral Health Services

Measure: 12-Month Depression Remission

Description: The percentage of teenage patients (ages 12 to 17) who were diagnosed with major depression or dysthymia and had a starting PHQ-9 or PHQ-9M score higher than nine, who got better within twelve months, as shown by having a PHQ-9 or PHQ-9M score lower than five at the twelve-month mark (plus or minus 60 days).

Rationale: Improvement in depressive symptoms enhances patients' ability to manage activities of daily living, perform self-care, and maintain a healthier lifestyle.

Results: 12-Month Depression Remission

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
23%	25 %	29%	22%	13%	19%	41%

Interventions:

- Best practice advisory every 4 weeks for patients with a PHQ-9 score of 5 or higher.
- Depression care bundle: pharmacotherapy with provider and/or referral to behavioral health.
- Use the pre-clinic huddle to identify patients diagnosed with depression who may need a PHQ-9 assessment.
- Enhance the best practice advisory to uphold greater reliability and sustained long-term outcomes.
- Implement a standardized workflow for referring patients to behavioral health.

Focus Areas: Adult/Pediatric/Prenatal Health

Measure: HIV Linkage to Care

Description: Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.

Rationale: The probability of HIV-related complications and transmission of disease are reduced, *if* patients found to be positive are seen for follow-up care within 30 days of the initial diagnosis.

Results:

HIV Linkage to Care

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
100%	100%	100%	44%	75%	80%	95%

Interventions:

- Provider education on proper documentation of *previous* HIV diagnosis to avoid including patient erroneously in the measure.
- Educate providers and clinical staff regarding documentation of follow-up treatment within 30 days.
- Patient/Family Education

Focus Area: HIV Screening

Measure: HIV Screening

Description: Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV

Rationale: To provide early detection and treatment can support healthier outcomes and quality of life.

Results:
HIV Screening

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
79%	81%	83%	84%	47%	51%	85%

Interventions:

- Provider and staff education and training
- Standardized workflow
- Defer screening

Focus Area: Adult Health Services

Measure: Adult Body Mass Index (BMI) Screening and Follow-Up Plan

Description: Percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period and who had a follow-up plan documented if BMI was outside of normal parameters.

Rationale: The risk of debilitating complications associated with significant weight problems may be reduced when clinicians consistently calculate and document body mass index (BMI) for adult patients, identify those with weight issues, and implement follow-up plans for both overweight and underweight individuals.

Results:
Adult Body Mass Index (BMI) Screening and Follow-Up Plan

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
75%	74%	80%	81%	78%	60%	85%

Interventions:

- Incorporate follow-up plans into the Patient Instructions section of Epic to enhance patient education on nutrition and physical activity.
- Establish workflow processes during provider meetings to strengthen documentation practices and support improved patient outcomes.

- Incorporate targeted education modules into the Relias learning platform to emphasize the importance of accurate and adequate documentation.

Focus Area: Adult Health

Measure: Colorectal Cancer Screening

Description: Percentage of adults 45*–75 years of age who had appropriate screening for colorectal cancer *Use 46 on or after December 31 as the initial age to include in assessment.

Rationale: Early intervention is possible, and increased life expectancy possible if patients receive appropriate colorectal cancer screening.

Results:
Colorectal Cancer Screening

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
45%	47%	42%	49%	45%	43%	52%

Interventions:

- Cologuard Screening
- Collaboration with University Hospital, Good Samaritan Hospital, and other specialists to improve access to colonoscopies.
- Patient education and follow-up.
- Use Epic EHR list to add new patients to the reminder system and utilize Well App.

Focus Area: Adult Health

Measure: Preventative Care and Screening – Tobacco-Use: Screening and Cessation Intervention

Description: Percentage of patients aged 12 years and older who were screened for tobacco-use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user

Rationale: Routinely screening patients for tobacco use and offering effective cessation counseling and pharmacologic interventions will increase cessation rates, lower risks of cancer, asthma, emphysema, and other tobacco-related illnesses.

Results:

Tobacco Use: Screening and Cessation Intervention

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
93%	93%	88%	90%	87%	84%	85%

Interventions:
- Patient Education
- Ohio Tobacco Quitline
- Clinical pharmacy and Public Health Tobacco Free Living Program Collaboration

Pharmacy
- Comprehensive patient education by pharmacists on dispensed smoking cessation products for patients.
- Evaluation by the pharmacist of smoking status, assessment of readiness to quit, development of quit plan, including medications, same day dispensing of products to support quit attempt.
- Medication refill reminders to improve adherence (Health Minder).

Focus Area: Adult Health

Measure: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Description: Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:

- All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or have ever had an ASCVD procedure, or
- Patients 20 through 75 years of age who have had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or
- Patients 40 through 75 years of age with a diagnosis of diabetes, or
- Patients 40 through 75 years of age with a 10-year ASCVD risk score greater than or equal to 20 percent

Rationale: The likelihood of cardiovascular disease clinical events will be reduced if clinicians ensure patients are taking or prescribed statin therapy.

Results:
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
89%	90%	89%	89%	78 %	78%	85%

Interventions:

- Educate CCPC providers on the new Lipid Lowering standards
- Increase the lipid lowering medication options available at CCPC pharmacies
- Maximize use of statin therapy

Focus Area: Adult Health

Measure: Ischemic Vascular Disease (IVD); Use of Aspirin (ASA) or another Antiplatelet

Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period.

Rationale: The likelihood of myocardial infarctions and other vascular events can be reduced if clinicians ensure patients with established IVD use aspirin or other antiplatelet drugs.

Results:
Ischemic Vascular Disease: Use of Antiplatelet

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
89%	87%	85%	89%	79%	75%	85%

Interventions:

- Patient and family education.
- Follow up appointments
- Medication management

Focus Area: Adult Health

Measure: Controlling High Blood Pressure

Description: Percentage of patients 18–85 years of age who had a diagnosis of essential hypertension starting before and continuing into or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.

Rationale: There will be less cardiovascular damage, fewer heart attacks, and less organ damage later in life if hypertension is better controlled.

Results:
Controlling High Blood Pressure

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
70%	74%	72%	70%	69%	67%	75%

Interventions:
Care Plan Initiation and Management for Patients.

- BP rechecks for all patients with elevated BP.
- Patient and family education; medication management and lifestyle modifications.
- Clinical Pharmacy visits.
- Medication refill reminders to improve adherence. (Health Minder)
- Home Blood pressure monitors are available for eligible patients.
- Combination therapies and alternative therapies and education available and recommended to improve adherence.
- Collaboration with University of Cincinnati Medical Center
- Staff education

Pharmacy

- Assess patients to receive a free home blood pressure monitor for set up by pharmacist
- Recommendations to primary care providers by the pharmacist for combination products, alternative therapy to improve adherence and reduce pill burden
- Medication refill reminders

Focus Area: Adult Health

Measure: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Description: Percentage of patients 18–75 years of age with diabetes who had a glycemic status assessment (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) greater than 9.0 percent during the measurement period.

Rationale: There will be better health outcomes and less long-term complications such as amputations, blindness, and end stage organ damage, if there is less poorly controlled diabetes.

Results:
Diabetes Hemoglobin A1c Poor Control

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
22%	21%	19%	17%	23%	28%	20%

Interventions:
- All Patients with an A1c > 9 will be referred to diabetes care management available at the health centers
- Encourage all CCPC Providers to intervene aggressively to elevations in A1c
- Point of Care testing

Pharmacy
- Increase therapeutic options available at CHD/CCPC Pharmacies
- Comprehensive diabetes device education on insulin products, injectables and Continuous Glucose Monitors (CGM)
- Recommendations by the pharmacist to the primary care provider for combination products to reduce pill burden and to improve adherence
- Medication refill reminders to improve adherence (Health Minder).

Focus Area: Vision Health Services

Measure: Eye Exam for Patients with Diabetes

Description: The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Rationale: The early detection and management of diabetic retinopathy, glaucoma, and cataracts to prevent vision loss and blindness.

Results:
Eye Exam for Patients with Diabetes

CCPC 2024	Ohio 2024	National 2024	CCPC Goal
37%	55%	65%	40%

Interventions:

- Continue aligning referral codes and the process for internal referrals and assessment.
- Continue to develop patient reminder strategies for overdue screenings/appointments.
- Continue providing training and education materials to support screening efforts.

Focus Area: School Based Health Centers

CCPC operates thirteen school-based health centers (SBHCs) as part of the FQHC organization. These sites provide access to primary care and illness visits for Cincinnati Public School students from preschool to high school, as well as for their family members and for residents in the surrounding communities.

This Quality Improvement Plan focuses on public health priorities affecting this special population in the current school community landscape.

Immunizations: Pursuant to the school vaccination requirements in Ohio (kindergarten through 12th Grade), the Ohio Revised Code 3313.671 requires students to be fully protected against 10 vaccine-preventable diseases.

- Diphtheria.
- Hepatitis B.
- Measles.
- Meningococcal.
- Mumps.
- Pertussis.
- Polio.
- Rubella.
- Tetanus.
- Varicella.

Accordingly, one area of the CCPC QI plan for school health is ensuring compliance with two required vaccines and one recommended vaccine.

I. Measles is one of the most contagious infectious diseases known to us, and its current resurgence in the United States is directly related to declining vaccination rates. The school-aged population is especially vulnerable to a serious outbreak of measles, considering a school's particular epidemiologic factors (classroom activities, close contact, variable socio-economic status, students' country of origin, etc.). Together, these factors create a highly predictive situation of an outbreak.

II. In addition, during 2008–2022, cervical precancer incidence decreased 79%, and higher-grade precancer incidence decreased 80% among screened women aged 20–24 years in the U.S. since the Human Papilloma Virus (HPV) vaccine was first recommended to the general population. Although causation is not directly shown by this data, there is certainly an important public health outcome associated with the era of HPV vaccination. Therefore, the CCPC QI plan for school health also focuses on improving rates of HPV vaccination as a cancer prevention measure.

III. Mental Health and well-being of students remain a top priority for the School Health program. The SBHC teams see unprecedented levels of depression, anxiety, and other behavioral health problems as a part of primary care, and regular screening has been standard practice for many years. Moving forward to improving outcomes for these individuals, the School Health QI plan now includes a Depression Remission Initiative developed by a CCPC Behavioral Health team and applied to the SBHC teams.

IV. To increase our access to care, the CCPC leadership has supported the training of a lead Nurse Practitioner in a QI project focusing on improving efficiency in the SBHCs.

Below is a brief outline of the current QI Focus Areas.

I. Immunizations: MMR
Definition: Two doses of MMR vaccine are administered by six years of age.
Goal: SBHC teams will achieve MMR vaccination rates above 90% by the end of the 2026-2027 school year.

II. Immunizations: HPV
Definition: Two doses of HPV vaccine are administered by thirteen years of age.
Goal: SBHC teams will improve HPV vaccination rates by 5 - 10% per site by the end of the 2026-2027 academic year.

III. Immunizations: Meningococcal
Definition: Two doses of MCV vaccine are administered by eighteen years of age.
Goal: SBHC teams will achieve MCV vaccination rates above 90% by the end of the 2026-2027 school year.

IV. Depression Remission
Definition: Percentage of adolescent patients (aged 12-17 years) with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than 9, with remission at 12 months as demonstrated by a PHQ-9 score of less than 5
Goal: 80% of patients who screen positive will complete a follow up with the SBHC team within one month.

Focus Area: Behavioral Health

CHD has partnered with Children's Home and Greater Cincinnati Behavioral Health to co-locate both primary care and behavioral health. Our partnership has recently been formalized by contracts. Through a change in scope from HRSA, we will now be able to bill for behavioral health services and reimburse the staff seeing our patients.

While our ultimate end goal would be always having therapists for both children and adults available at all sites, planning is underway to provide at least part time assistance at each site while space and finances continue to be problems. We are committed to the provision of these services.

Focus Area: Nurse Navigators

The nurse navigators are essential members of the care team providing care coordination and follow-up service. By ensuring effective care coordination, nurse navigators enhance patient outcomes, reduce barriers to care, and improve overall care efficiency.

Focus Area: Reproductive Health and Wellness (RHWP)

The OB/GYN health center staff and RHWP team continue to work together to provide standardized clinical care services for health center patients based on the latest clinical guidelines from dependable agencies like Centers for Disease Control and Prevention (CDC), American College of Obstetricians and Gynecologists (ACOG), and American Academy of Pediatrics (AAP). Quality improvement efforts are focused on training and standardized workflows.

Improvement Projects:

- PRAF Completion rates
- Tobacco Screening and Cessation

Additionally, a Standardized Core pathway was developed as a mechanism for delivery of components.

Access to adequate care has been addressed by development of an enhanced access system whereby patients either calling for pregnancy care or presenting for pregnancy testing will be seen by a provider within four days of their initial contact with the health center. A Failure Mode and Effects Analysis was developed as well as Key Drivers, all leading to the development of multiple Plan-Do-Study-Act cycles (PDSA).

Care Coordination was developed with the use of Case Managers from the University of Cincinnati Hospital. All patients see the Case Manager at the beginning of pregnancy and towards the end of pregnancy. A risk tool was developed, and those patients who have an elevated risk score are seen by the Case Managers on a more regular basis.

SUID Education was integrated into the Core Pathway. The CCPC OB care teams and the CHD Community Health Workers (CHWs) address the problem of unsafe sleep and provide the education around Safe Sleep, Smoking Cessation, and other social determinants of health. The CHW also delivers cribs to families in need of a safe sleep environment. The Fetal Infant Mortality Review (FIMR) conducts collaborative reviews on selected fetal/infant deaths in a monthly forum. FIMR is managed by Hamilton County Public Health.

CCPC's goal is to resume the Initiative introduced at five CCPC Health Centers. Each month a Public Health Educator and Cribs for Kids Program Coordinator meets with each Obstetrics (OB) team to review QI data concerning access, gestational age at entry as well smoking cessation education for patients (the Five A's). The data is entered directly from EPIC into the RedCap data bank. The Anderson Center at CCHMC assists us in extraction of data and

production of charts and tools which are disseminated back to the care teams in the health centers.

Focus Area: Oral Health Services

Measure: Completed Treatment Plans

Description: The percentage of children aged 0-18 with completed treatment plans in a program year.

Rationale: The demand for oral health services exceeds the availability of resources. To ensure that patients with diagnosed disease are having the disease resolved, the percentage of completed treatment plans (indicates elimination of disease) for children (0-18 yrs.) will be measured.

Goal (2021): greater than 50%

Interventions:

- A smart code was established to track complete treatment plans.
- As priorities are placed on appointment slots, appointment times will be reserved for returning patients to have access to get treatment needs addressed and completed.
- As children are transported to school-based dental centers, returning patients are given priority to maximize the opportunity to complete treatment on each child.
- A tracking system has been established to enhance communication between nurses and dental staff to ensure that children's treatment needs are prioritized.

Measure: Dental Sealants for Children between 6-9 years-of-age

Description: Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period

Rationale: Children who are at moderate to high risk for dental caries will be less likely to experience dental decay when provided with dental sealants on first permanent molars.

Goal (2026): sealant placement greater than 90%.

Results:

Dental Sealants for Children Between 6-9 years

CCPC 2022	CCPC 2023	CCPC 2024	CCPC 2025	Ohio 2024	National 2024	CCPC Goal
1156 (98.7%)	1044 (90.4%)	879 (98.9%)	1123 (81.1%)	76.4%	59.64%	>90%

Interventions:

- **Workforce qualification/training**: Over the course of the last three years, dental assistants have been encouraged to become certified dental assistants and have acquired training and certificates to apply to dental sealants.
- **Clinical workflow**: Along with an increased emphasis on prevention, the workflow for comprehensive and periodic examinations includes a strong focus on making the application of sealants a top priority. “Sealant kits” are created and readily available for patient care in every dental operatory.
- **Systems Improvement**: to improve EHR documentation, “sealant smart” codes were created and are bundled with dental exam billing codes to create efficiency in documentation.
- **Chart audits**: An initiative for applying same-day sealants has been instituted and charts are audited to ensure that the practice is followed. This quality measure is also part of a provider’s performance evaluation under “productivity and quality”.
- **Dashboard tracking**: The sealant measure is part of the dental program quality dashboard and is tracked monthly. This measure can be tracked across the entire dental program (all providers and sites) and individually. This allows the dental director to follow-up with specific sites and/or providers if underperformance is noticed through monthly reports.

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SIGNATURE PAGE

This CCPC Quality Improvement Plan has been reviewed and approved by the CCPC Chief Medical Officer, the CCPC Nursing Director, the CCPC Executive Director, and the CCPC Chief Operating Officer.

_____ Date: _____
Yury Gonzales MD, Chief Medical Officer, CCPC

_____ Date: _____
Joyce Tate, MPA, Chief Executive Officer, CCPC

_____ Date: _____
Michelle Daniels, DNP, RN, Director of Nursing, CCPC

_____ Date: _____
Geneva Goode, DNP, RN, Chief Operating Officer, CCPC

The CCPC Quality Improvement Plan has been reviewed and approved by the CCPC Board of Governors.

_____ Date: _____
CCPC Board of Governors, Chair

city of CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Primary Care (CCPC)

Extended Hours

Effective Date: June 10, 2026

POLICY/ SYSTEM MANAGER

Review: 6/26

Biennial review required by the Chief Executive Officer (CEO).

_____	_____
Board of Governors Chair CCPC	Date
_____	_____
Chief Executive Officer CCPC	Date
_____	_____
Medical Director CCPC	Date
_____	_____
Chief Operations Officer CCPC	Date
_____	_____
Director of Clinical and Community Nursing	Date
_____	_____
Health Commissioner	Date

I. PURPOSE

Extending the hours at select City of Cincinnati Primary Care (CCPC) Health Centers increases patient access to care and supports the mission and vision of CCPC.

II. POLICY

CCPC will provide routine and urgent appointments outside of normal business hours.

III. PROCEDURE

A. The following CCPC Health Centers will offer extended hours to service the needs of its patients one day per week (see extended days and hours in the table below).

Braxton Cann	Thursday	10:00 AM – 7:00 PM
Bobbie Sterne	Monday	10:00 AM – 7:00 PM
Millvale	Monday Saturday	9:00 AM – 6:00 PM 8:00 AM – 12:00 PM
Northside	Tuesday	10:00 AM – 7:00 PM *First Tuesday only 9:00 AM – 6:00 PM
Price Hill	Wednesday	10:00 AM – 7:00 PM
Ambrose Clement	Monday – Friday	8:00 AM – 5:00 PM *Health centers within 5 miles: Northside and Bobbie Sterne

B. Appointments during the extended hours may be used for routine/return or urgent care needs.
C. Open access (same day) appointments may occur during the extended hours.
D. Health center hours are communicated to patients in health center brochures and on the website.

city of CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Primary Care (CCPC)

Open Access Appointments Policy & Procedure

Effective Date: June 10, 2026

Policy/ System Manager

Clinical Operations

Review: 05/26,6/26

A biennial review is required by the Chief Executive Officer (CEO).

_____ _____

Board of Governors Chair CCPC Date

_____ _____

Chief Executive Officer, CCPC Date

_____ _____

Chief Medical Officer, CCPC Date

_____ _____

Chief Operations Officer, CCPC Date

_____ _____

Director of Clinical and Community Nursing Date

_____ _____

Health Commissioner Date

I. PURPOSE

To improve appointment accessibility and decrease wait times while improving patient satisfaction, care outcomes, and clinical efficiency.

II. POLICY

The City of Cincinnati Primary Care (CCPC) health centers will offer Open Access appointments for established patients.

III. PROCEDURE

1. CCPC clinicians have Open Access appointments reserved each day on his/her schedule.
2. Providers scheduled for sessions of four hours or fewer will have at least one open access appointment allotted. Sessions longer than four hours will include additional Open Access appointments.
3. These appointments cannot be reserved for more than two business days prior to the appointment.
4. Open Access appointments will be reserved for urgent medical issues and walk-in appointments, including sick visits.
5. Open Access appointments are not designated for new patients (establishing care), well-child checks, pre-operative, annual or sports physicals.
6. When patients call with urgent or emergent concerns, the Call Center staff will discuss the need for triage with Call Center registered nurse (RN). If the Call Center RN is not available, staff will attempt to contact the team leader or nursing supervisor at the health center and route the telephone encounter to the appropriate in-basket.

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City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
April 2025 - April 2026

	FY26 Actual	FY25 Actual	Variance FY26 vs FY25
Revenue			
8556-Grants\Federal	$2,024,105.30	$3,892,123.53	-47.99%
8571-Specific Purpose\Private Org.	$0.00	$9,000.00	-100.00%
8617-Fringe Benefit Reimbursement	$0.00	$0.00	0.00%
8618-Overhead Charges - Indirect Costs	$60,700.00	$61,340.00	-1.04%
8733-Self-Pay Patient	$847,046.08	$782,423.10	8.26%
8734-Medicare	$4,879,689.04	$4,094,457.38	19.18%
8736-Medicaid	$11,083,799.21	$8,744,913.58	26.75%
8737-Private Pay Insurance	$1,169,162.45	$998,239.12	17.12%
8738-Medicaid Managed Care	$7,996,921.72	$6,890,407.05	16.06%
8739-Misc. (Medical rec.\smoke free inv.)	$208,214.95	$117,730.07	76.86%
8932-Prior Year Reimbursement	$49,552.50	$59,229.25	-16.34%
416-Offset	$5,978,226.41	$4,789,767.31	24.81%
Total Revenue	$34,297,417.66	$30,439,630.39	12.67%
Expenses			
71-Personnel	$16,634,373.02	$15,402,966.99	7.99%
72-Contractual	$5,110,367.69	$4,372,808.71	16.87%
73-Material	$3,228,627.65	$2,668,246.50	21.00%
74-Fixed Cost	$1,882,380.50	$1,729,848.97	8.82%
75-Fringes	$6,533,107.54	$6,056,872.88	7.86%
Total Expenses	$33,388,856.40	$30,230,744.05	10.45%
Net Gain (Losses)	**$908,561.26**	**$208,886.34**	**334.95%**

CEO REPORT

I. OACHC legislative updates

II. Regional HHS Director will visit the Health Department – June 2026

III. Board Clerk is still pending civil service and BOH approval

IV. Summer schedules are in force – copy brochure and hours

V. New Pharmacy Resident starting in July

VI. Preparing for our HRSA Operational Site visit

VII. Resignation – Renu Bakhshi

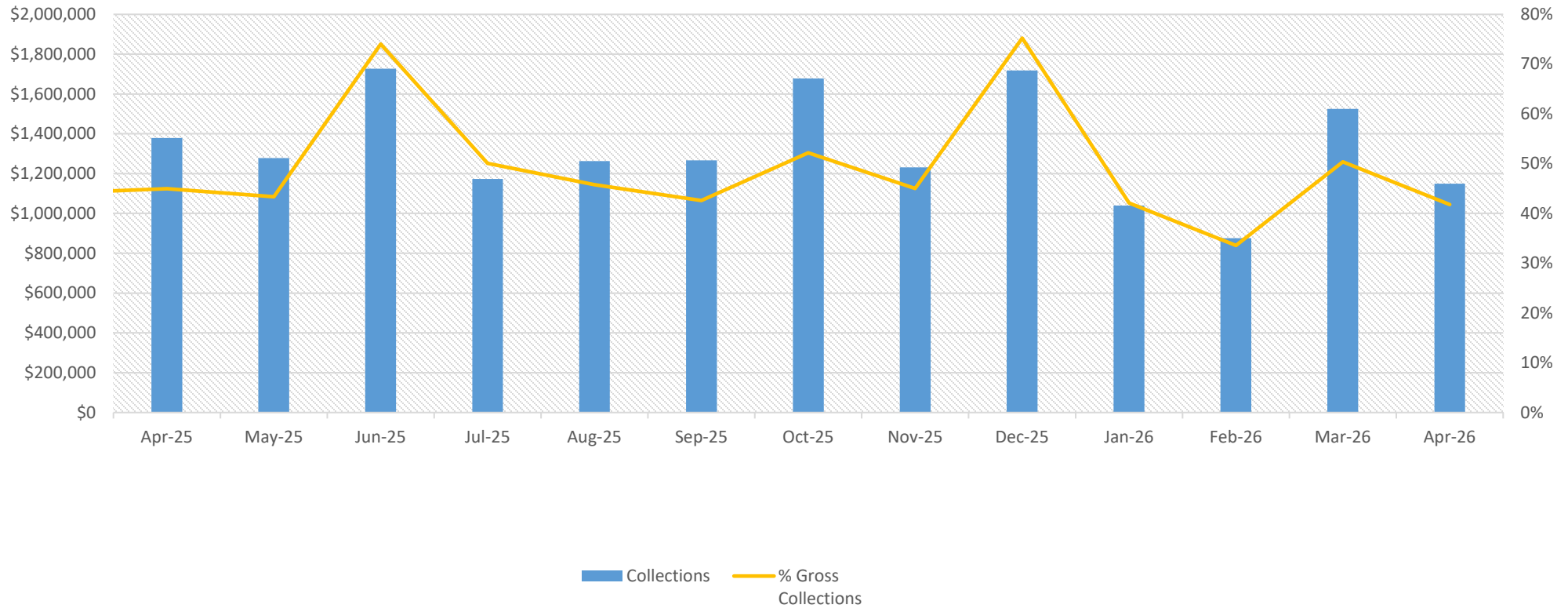
VIII. Board approval to apply for the Nutrition grant if the City allows

CHD/CCPC Finance Update

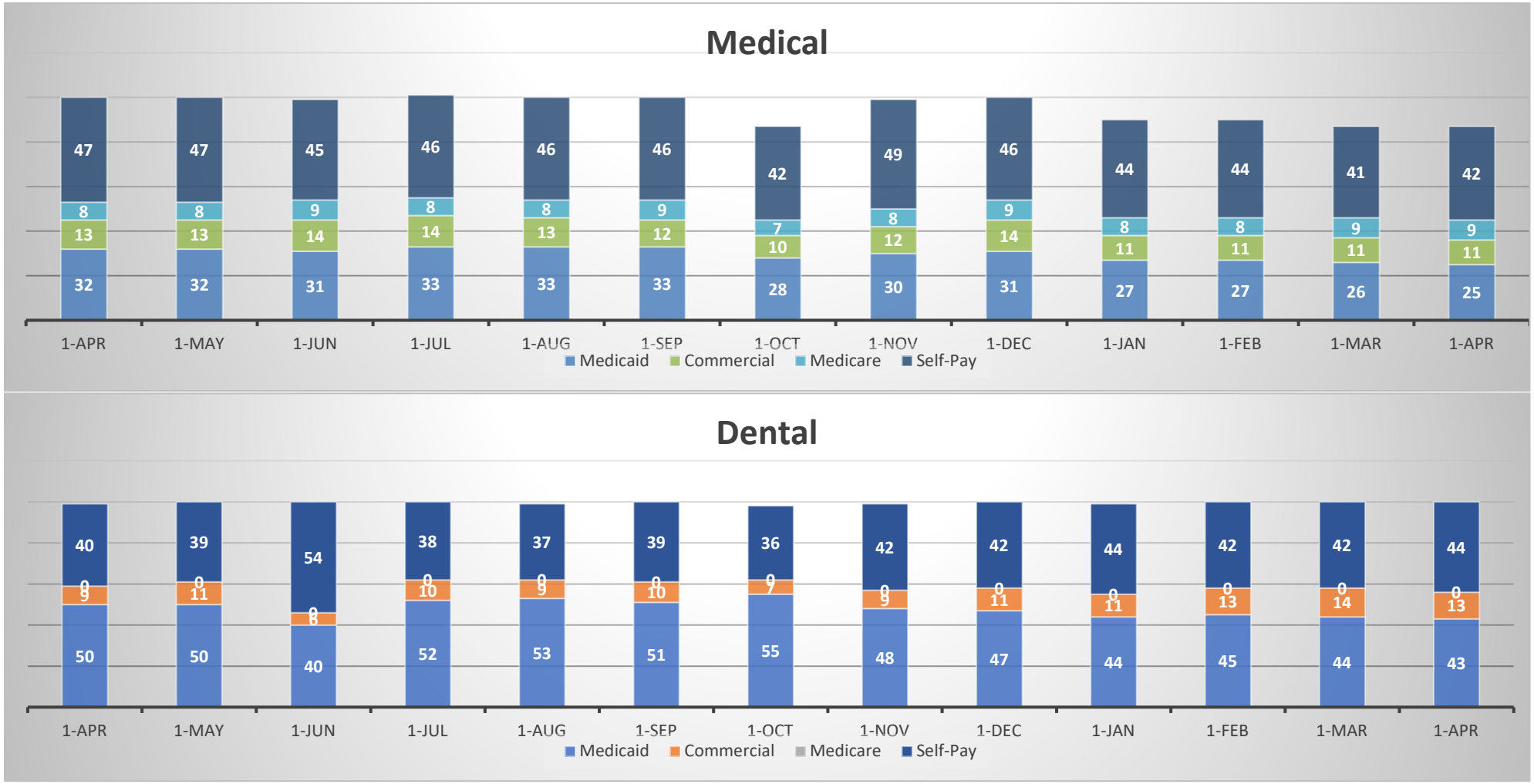
June 10, 2026

Revenue Presentation

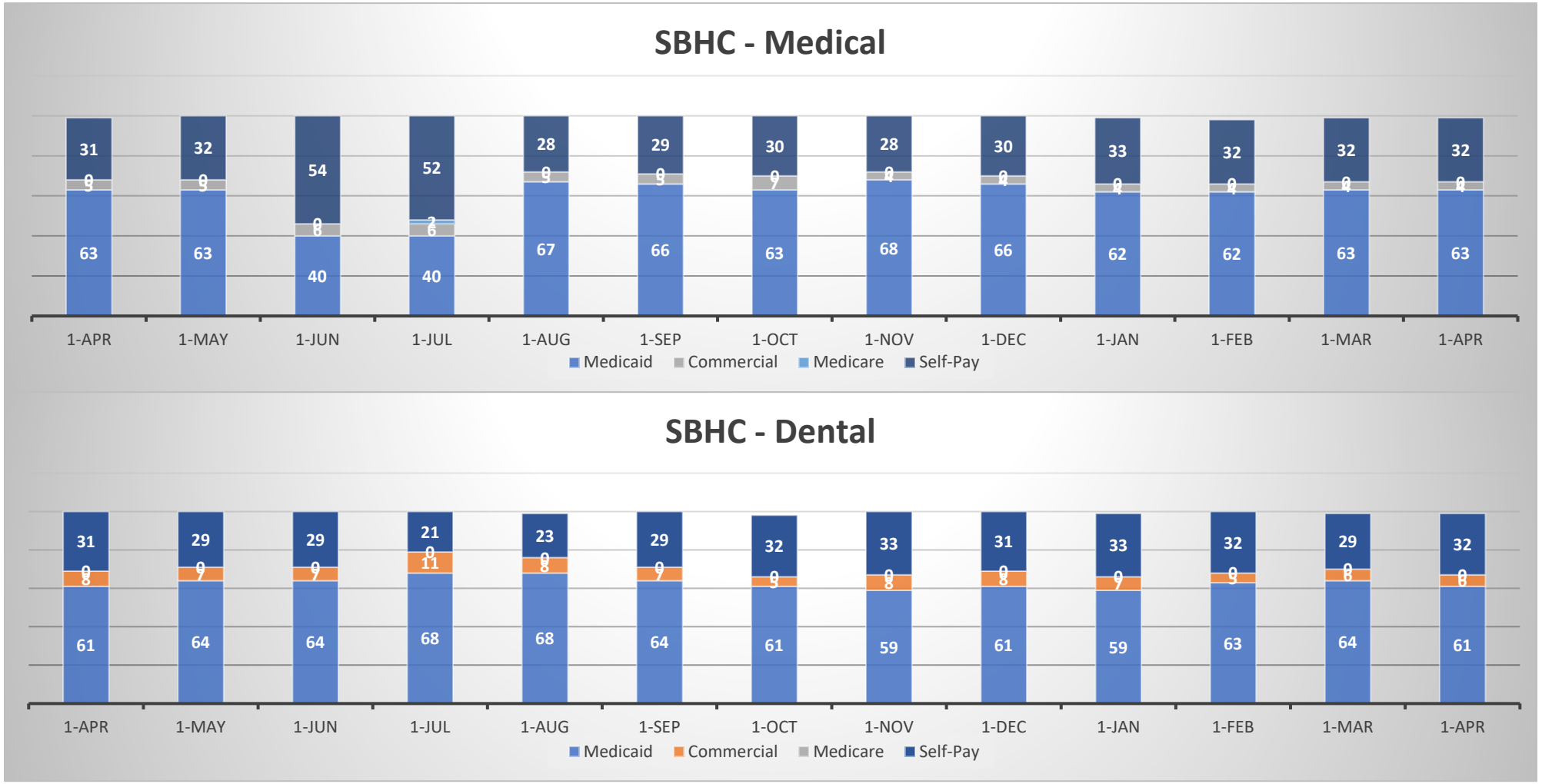
Monthly Visit Revenue



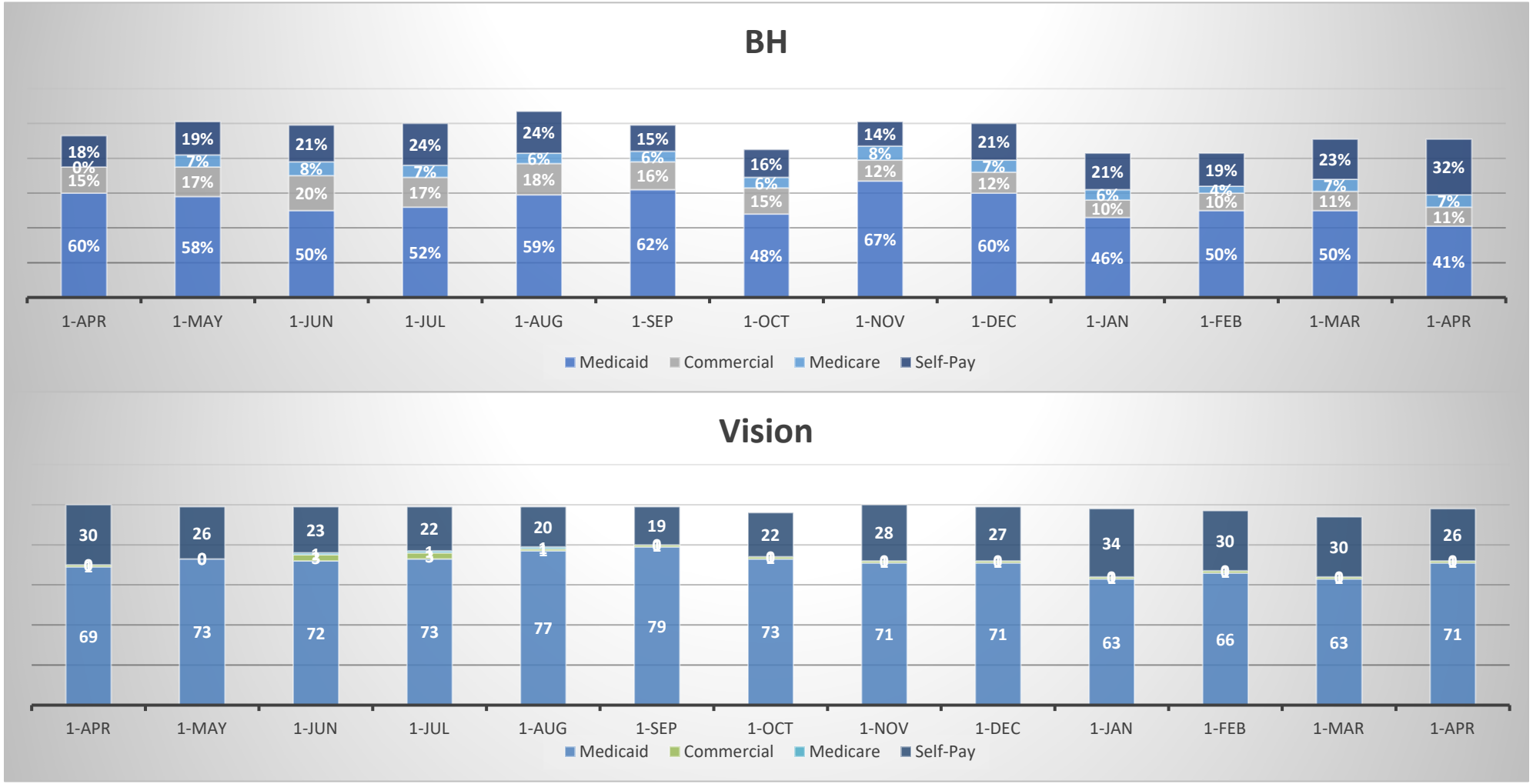
Payor Mix


Medical
47 47 45 46 46 46 42 49 46 44 44 41 42
8 8 9 8 8 9 7 8 9 8 8 9 9
13 13 14 14 13 12 10 12 14 11 11 11 11
32 32 31 33 33 33 28 30 31 27 27 26 25
1-APR 1-MAY 1-JUN 1-JUL 1-AUG 1-SEP 1-OCT 1-NOV 1-DEC 1-JAN 1-FEB 1-MAR 1-APR
Medicaid Commercial Medicare Self-Pay
Dental
40 39 54 38 37 39 36 42 42 44 42 42 44
0 0 0 0 0 0 0 0 0 0 0 0 0
9 11 8 10 9 10 9 9 11 11 13 14 13
50 50 40 52 53 51 55 48 47 44 45 44 43
1-APR 1-MAY 1-JUN 1-JUL 1-AUG 1-SEP 1-OCT 1-NOV 1-DEC 1-JAN 1-FEB 1-MAR 1-APR
Medicaid Commercial Medicare Self-Pay

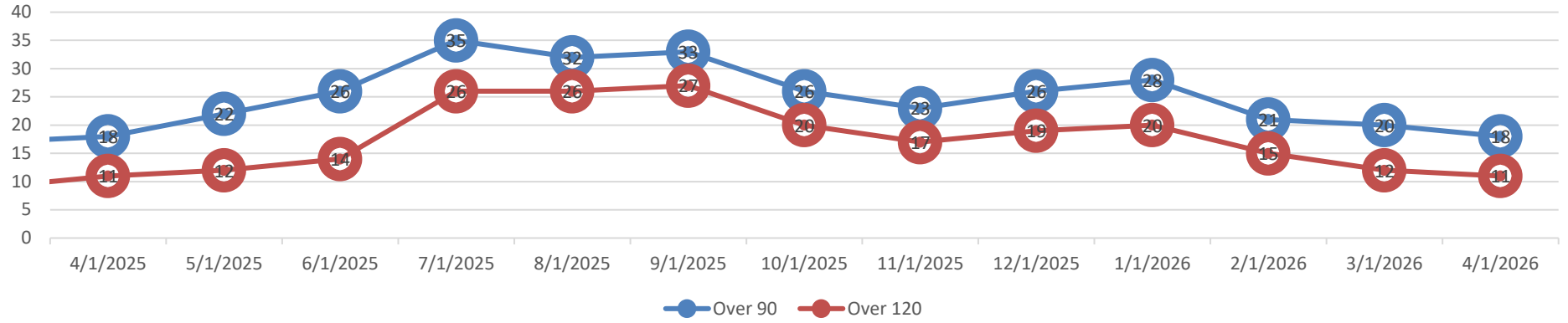
Payor Mix


SBHC - Medical
1-APR
1-MAY
1-JUN
1-JUL
1-AUG
1-SEP
1-OCT
1-NOV
1-DEC
1-JAN
1-FEB
1-MAR
1-APR
Medicaid
Commercial
Medicare
Self-Pay
SBHC - Dental
1-APR
1-MAY
1-JUN
1-JUL
1-AUG
1-SEP
1-OCT
1-NOV
1-DEC
1-JAN
1-FEB
1-MAR
1-APR
Medicaid
Commercial
Medicare
Self-Pay

Payor Mix

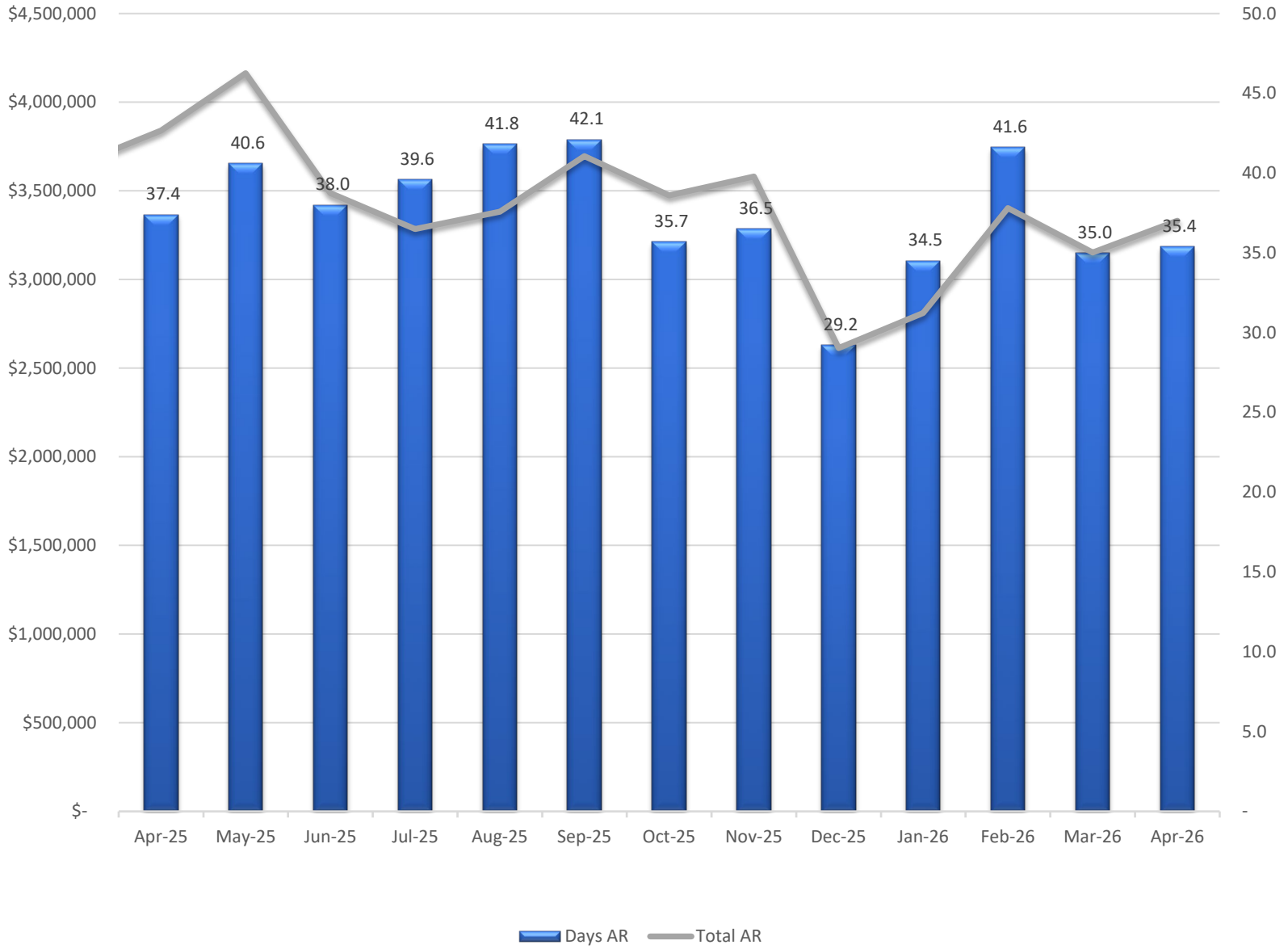

BH
1-APR 1-MAY 1-JUN 1-JUL 1-AUG 1-SEP 1-OCT 1-NOV 1-DEC 1-JAN 1-FEB 1-MAR 1-APR
18% 0% 15% 60%
19% 7% 17% 58%
21% 8% 20% 50%
24% 7% 17% 52%
24% 6% 18% 59%
15% 6% 16% 62%
16% 6% 15% 48%
14% 8% 12% 67%
21% 7% 12% 60%
21% 6% 10% 46%
19% 4% 10% 50%
23% 7% 11% 50%
32% 7% 11% 41%
Medicaid Commercial Medicare Self-Pay
Vision
1-APR 1-MAY 1-JUN 1-JUL 1-AUG 1-SEP 1-OCT 1-NOV 1-DEC 1-JAN 1-FEB 1-MAR 1-APR
30 1 69
26 0 73
23 3 72
22 3 73
20 1 77
19 0 79
22 0 73
28 0 71
27 0 71
34 0 63
30 0 66
30 0 63
26 0 71
Medicaid Commercial Medicare Self-Pay

AR Trends



Aging Period	Insurance April	Patient - All April	Patient - On Pmt Plan April	Patient - Not on Pmt Plan April	Total April	% Total April
0 - 30	$1,489,262	$167,947	$1,838	$166,109	$1,657,209	49.74%
31 - 60	$503,428	$154,564	$3,459	$151,105	$657,992	19.75%
61 - 90	$273,132	$141,665	$1,425	$140,239	$414,796	12.45%
91 - 120	$109,596	$125,341	$1,268	$124,073	$234,937	7.05%
121 - 150	$17,584	$76,337	$1,504	$74,833	$93,921	2.82%
151 - 180	$18,498	$65,432	$1,247	$64,185	$83,930	2.52%
181 - 210	$15,765	$54,711	$2,235	$52,476	$70,476	2.12%
211+	$159,029	($40,365)	$5,031	($45,396)	$118,665	3.56%
Total	**$2,586,294**	**$745,632**	**$18,007**	**$727,625**	**$3,331,926**	
% > 90	**12%**	**38%**	**63%**	**37%**	**18%**	
% > 120	**8%**	**21%**	**56%**	**20%**	**11%**	

Day in AR & Total A/R



DATE: June 10, 2026

TO: City of Cincinnati Primary Care Governing Board

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation April 2026

Fiscal Presentation
Fiscal Presentation for April 2026

- For FY26, as of April 2026, Cincinnati Primary Care had a net gain of $908,561.26.
- In FY25, April had a gain of $208,886.34. Comparing FY26 with FY25 shows an increase of $699,674.92. This increase is due to higher Medicaid revenue.
- Revenue increased by $3,857,787.27 from FY25. The increase is due to higher Medicaid and Medicaid Managed Care revenue. We received the Medicaid Maximization, in the amount of $5,593,757.03, in December. The FY24 Medicaid Maximization was received in February in the amount of $4,489,660.19.
- 7100-Personnel increased by 7.99% (8.61% in March). 7500-Fringes saw an increase of 7.86% (7.94% in March). The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). This is also attributable to the 5% COLA all AFSCME and CODE employees received. CODE and AFSCME employees also received a $1,500 one-time bonus.
- Non-Personnel expenses increased by $1,450,471.66 ($715,527.34 in March) from FY25. The increase is due to the timing of invoices paid ex: Patterson Dental was paid $296,609.30 FY25 but $374,650.56 was paid in FY26. Also, LabCorp was paid $631,887.70 (no change since February) in FY25 but in FY26 was paid $1,385,095.69. However, University of Cincinnati Physicians Company, LLC services were paid $465,265 in FY25 but was paid $338,367 in FY26.
- Here are charges for disaster regular hours and overtime as it relates to COVID-19, Measles and Monkey Pox for FY26 and FY25 for April.

Community Health Centers		
Type Labor Cost	**FY26**	**FY25**
Disaster Regular	$785.88	$15,700.51
Disaster Overtime	$ 0.00	$ 0.00
Total	$785.88	$15,700.51

School-Based Health Centers		
Type Labor Cost	**FY26**	**FY25**
Disaster Regular	$0.00	$0.00
Disaster Overtime	$0.00	$0.00
Total	$0.00	$0.00

March Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-7%	-2%	1%	-5%
Dental	-7%	4%	0%	4%
School-Based Medical	0%	-1%	0%	1%
School-Based Dental	0%	-2%	0%	1%
Behavioral Health	-19%	-4%	7%	14%
Vision	2%	0%	0%	-4%

Accounts Receivable Trends:

- The accounts receivable collection effort for April for 90-days is 18% and for 120-days is 11%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days decreased by 2 days and 120-days decreased by 1 day from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The number of days in accounts receivable has increased from the prior month by 0.4 days. The days in accounts receivable are lower than the average (by 2.1 days) of the past 13 months at 37.5 days.

Pharmacy Profit and Loss:

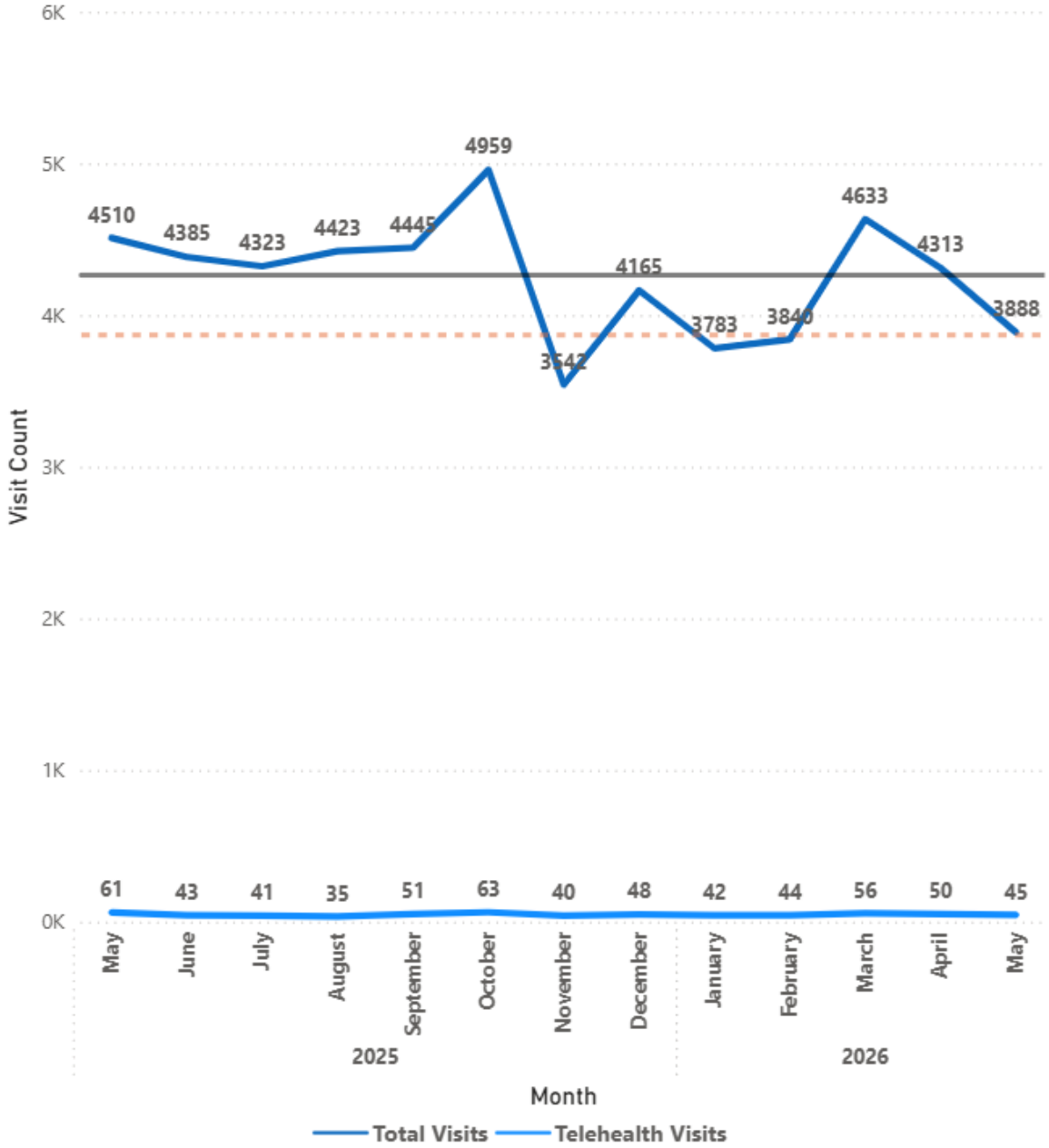
PHARMACY PROFIT AND LOSS				
	FY23	FY24	FY25	FY26
Revenue	$ 6,300,690.56	$ 5,238,764.29	$ 5,502,799.47	$ 5,215,715.82
Fund 416 Expenses	$ 289,436.68	$ 300,781.28	$ 349,159.40	$ 207,971.24
Expenses	$ 3,181,993.51	$ 3,698,117.59	$ 3,884,826.49	$ 3,791,289.35
	$ 3,408,133.73	$ 1,841,427.98	$ 1,967,132.38	$ 1,632,397.71

CCPC Board Meeting – Efficiency Update

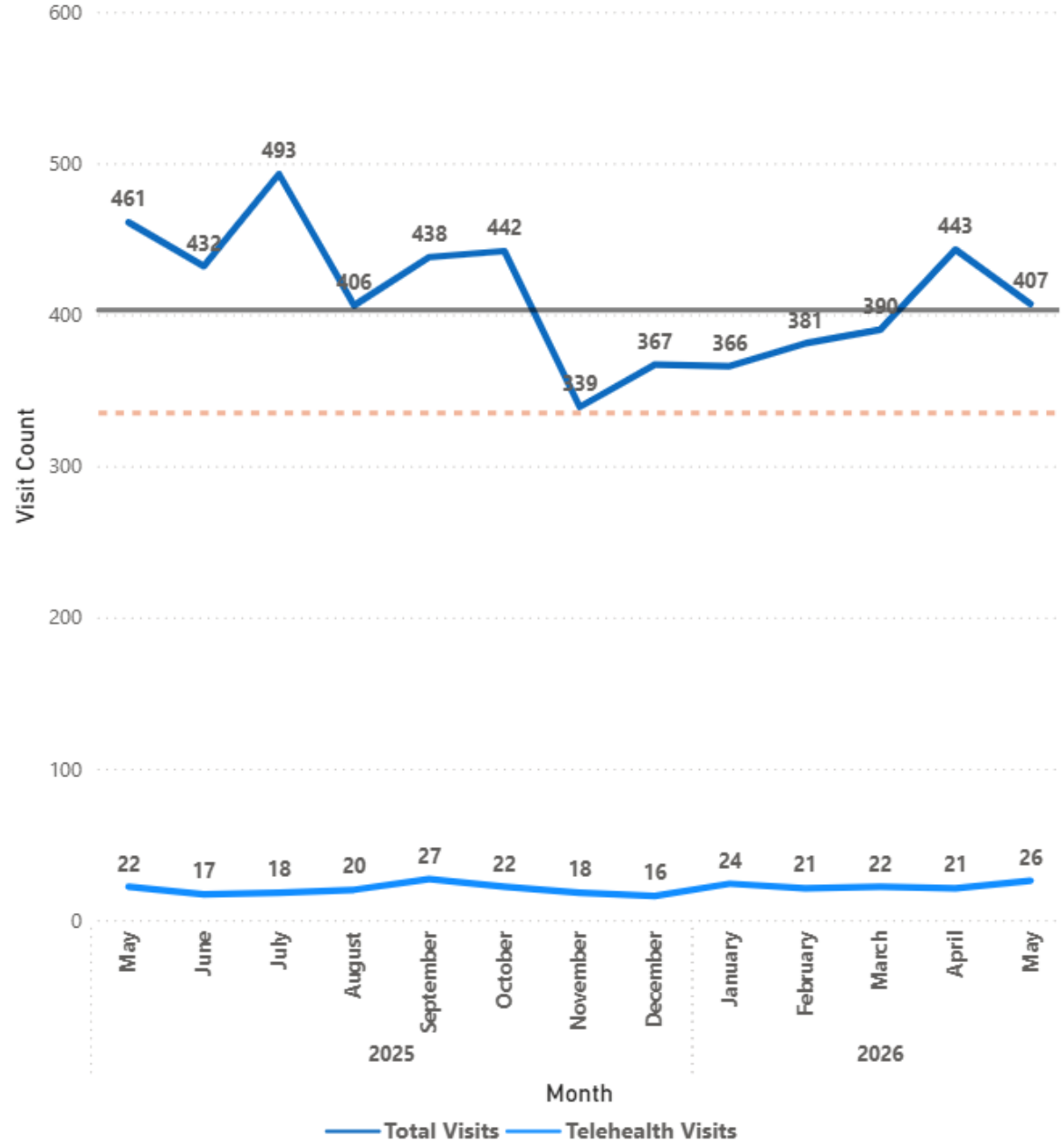
June 2026

Medical/Behavioral Health

Total Visits - All Locations



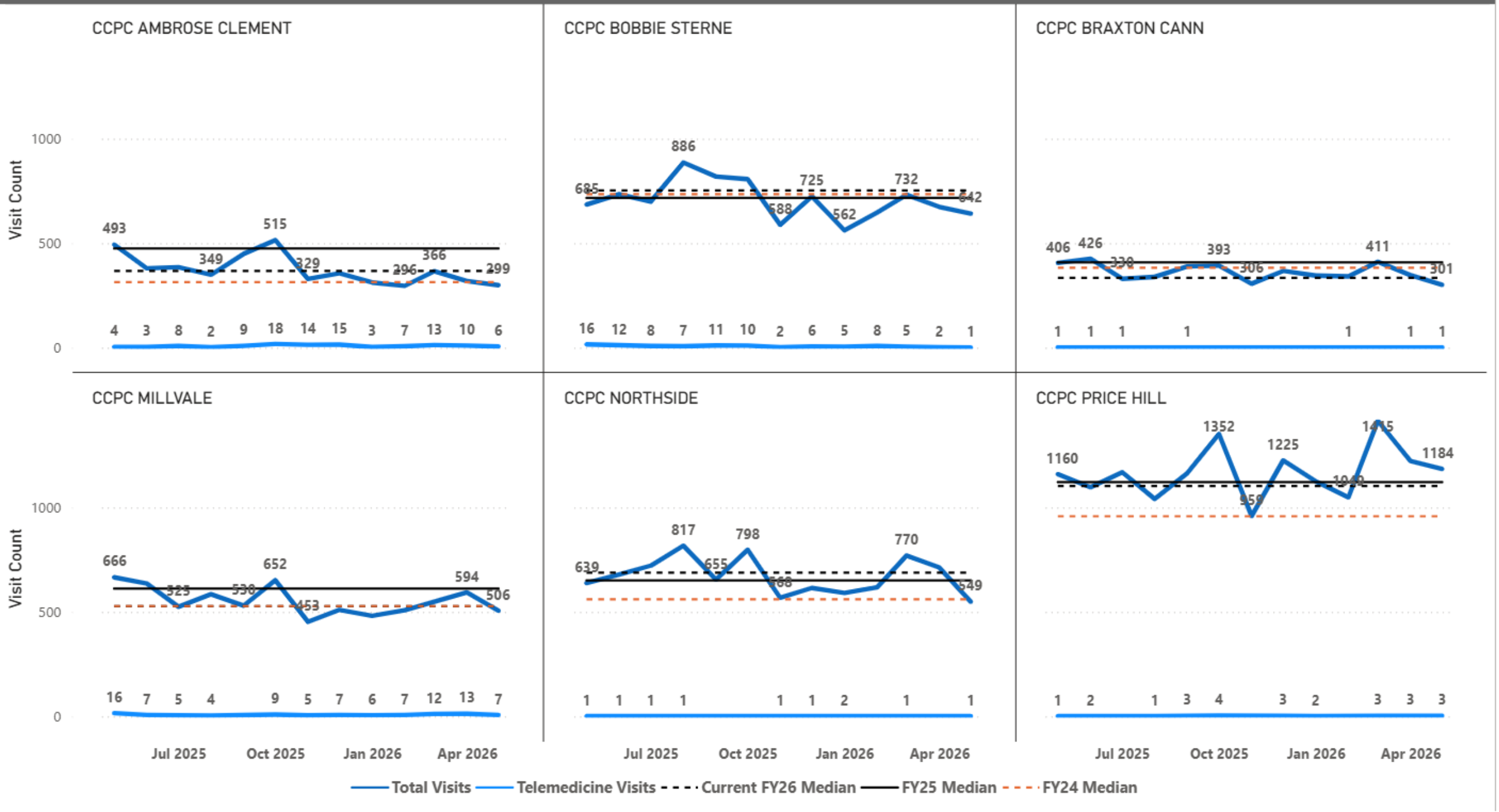
Total Visits - All Behavioral Health



Filters

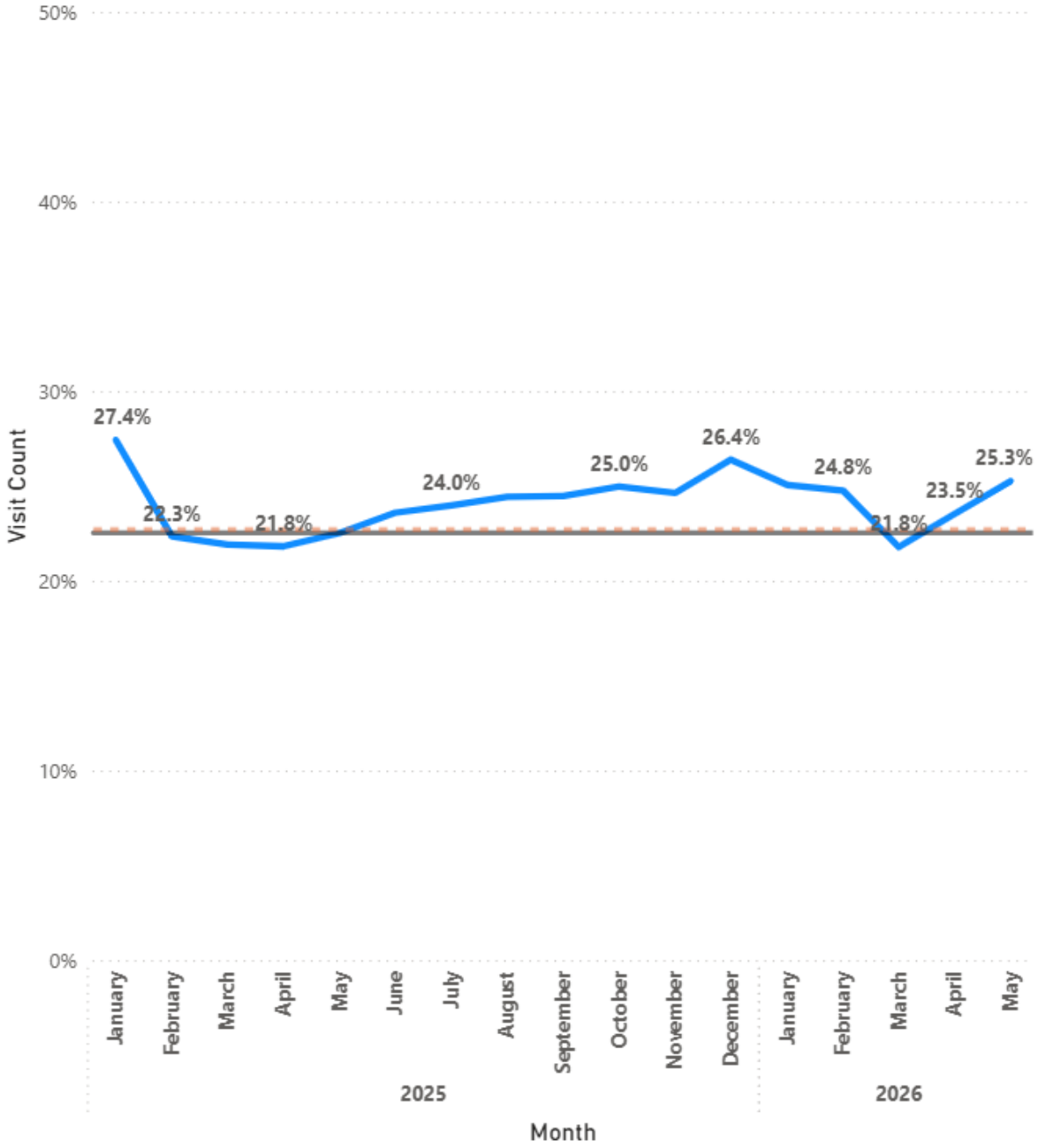
Current FY26 Median
FY25 Median
FY24 Median

Visits by Department

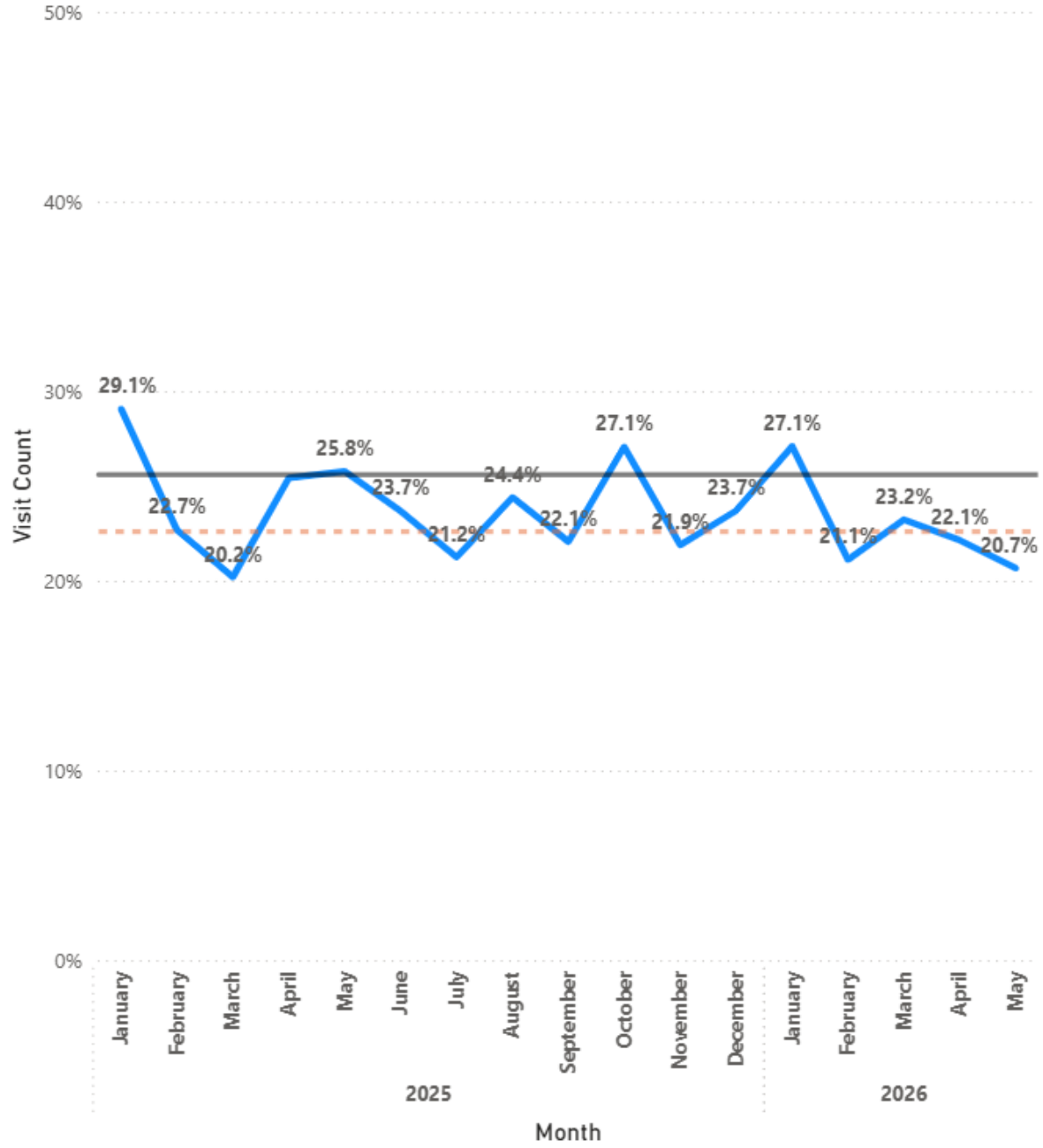


Filters

No Show % - All Locations



No Show % - All Behavioral Health



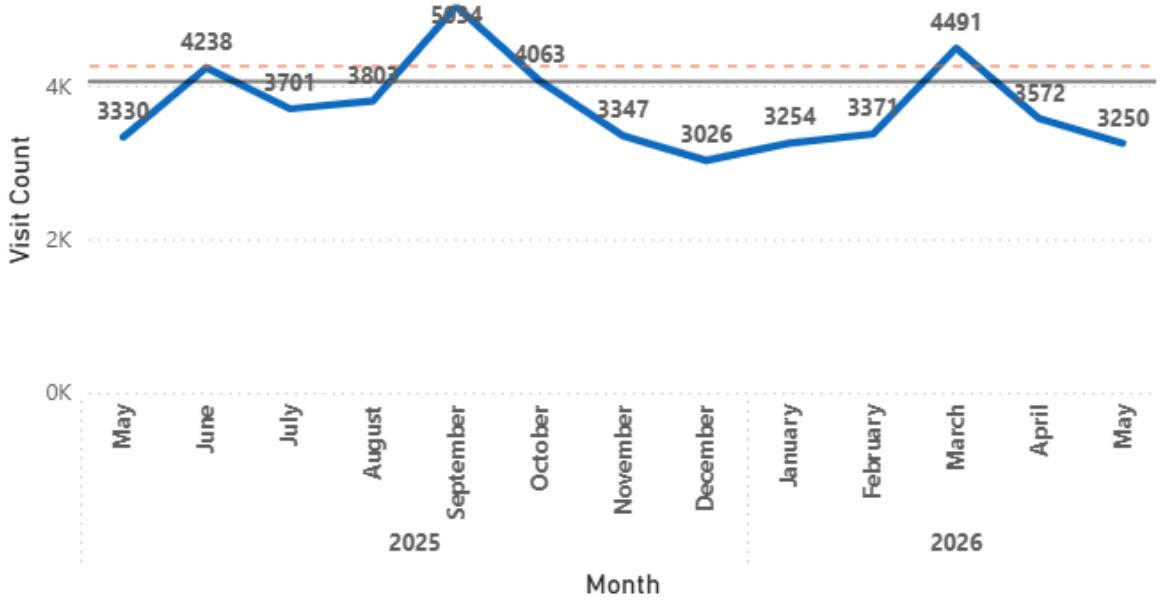
Current FY26 Median — FY25 Median - - - FY24 Median

No Show % by Department

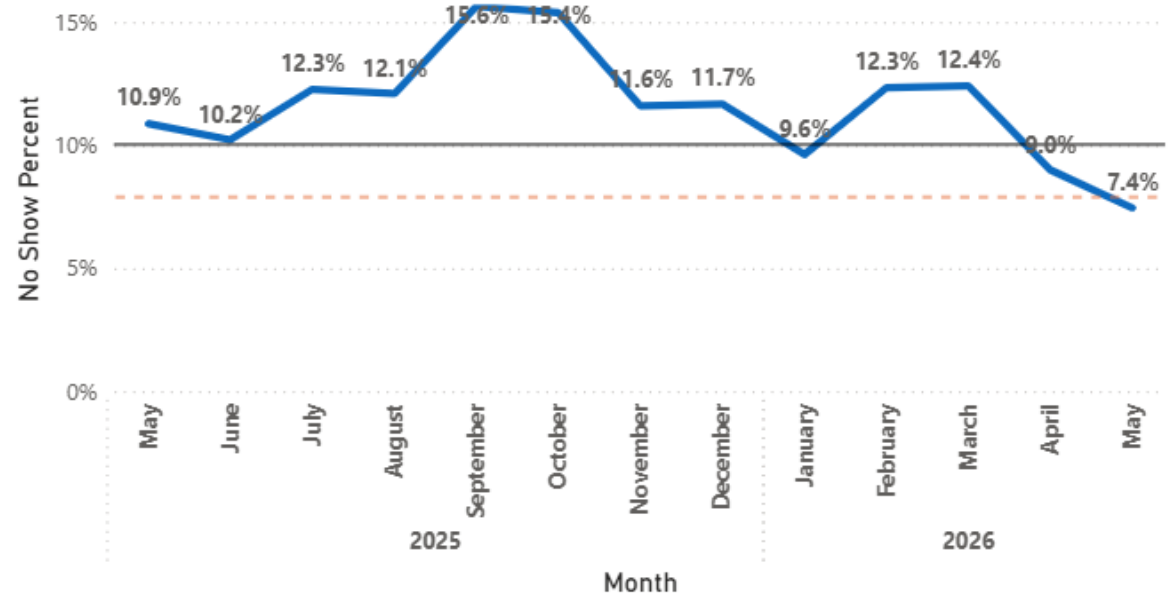
Filters

Dental

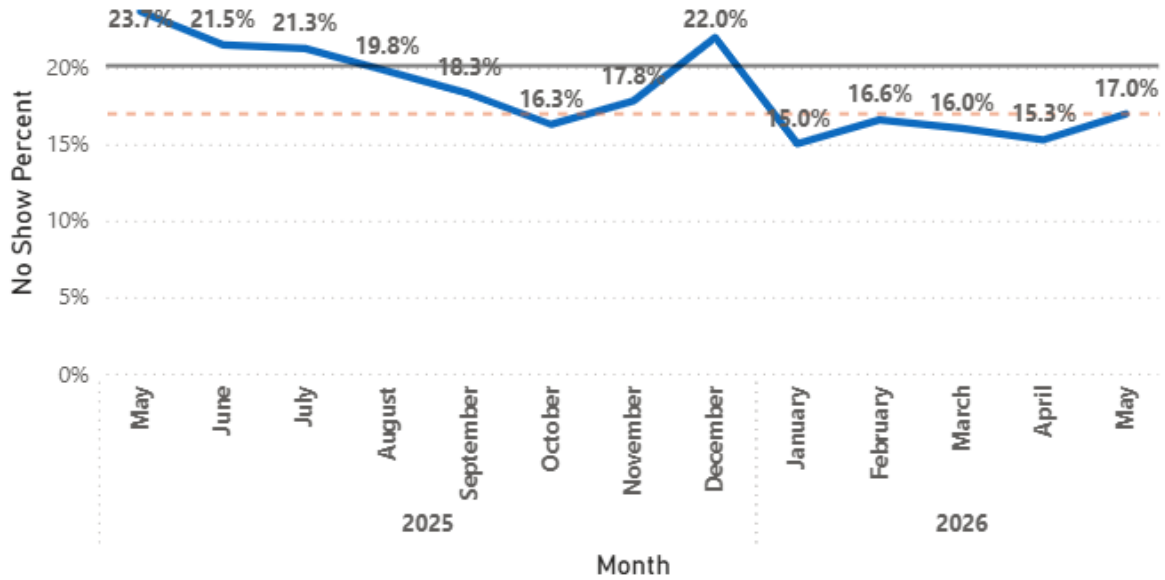
Total Visits - All Dental Locations



New Patient % - All Dental Locations



Broken Appt % - All Dental Locations

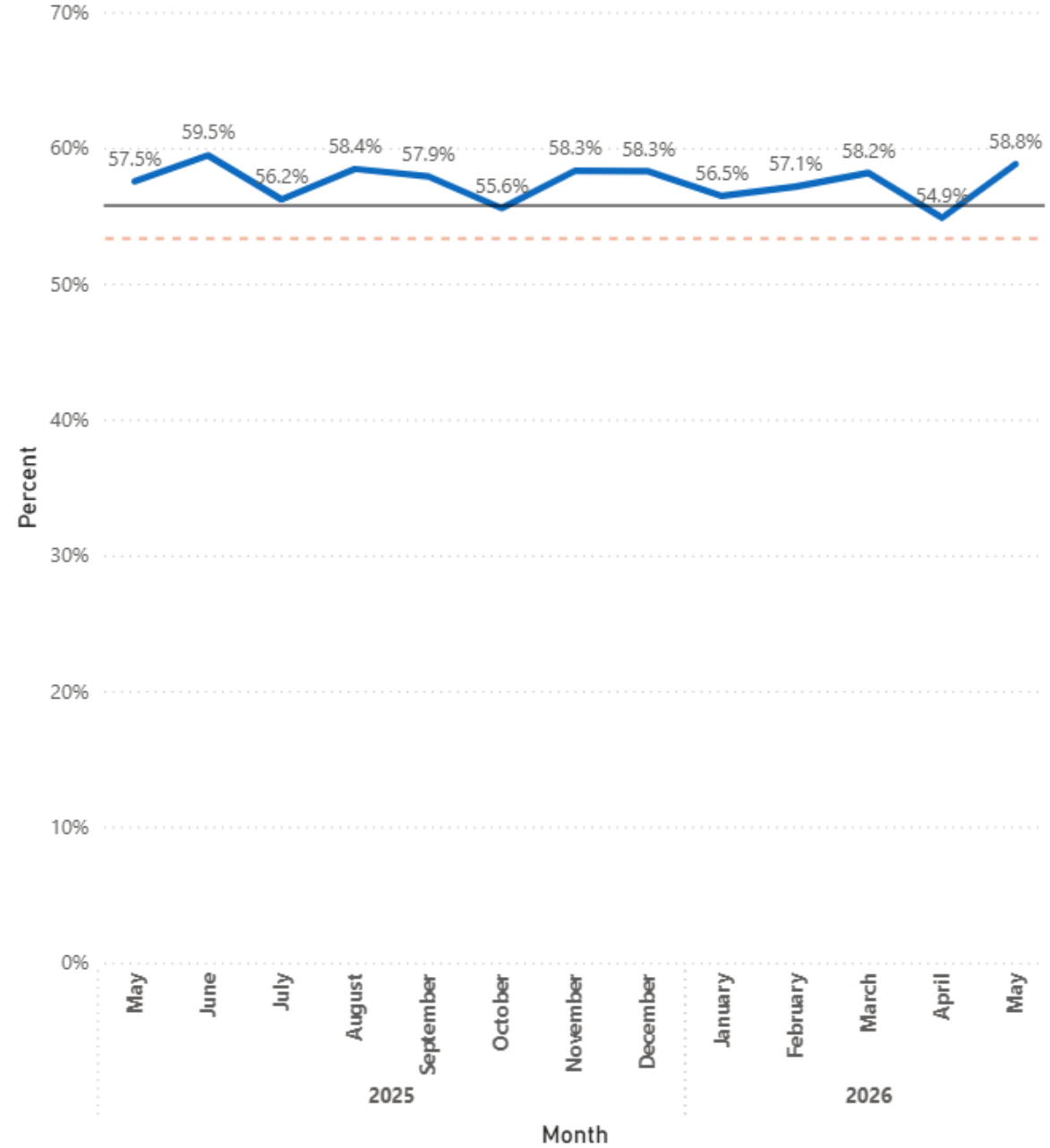


Current FY26 Median — FY25 Median - - - FY24 Median

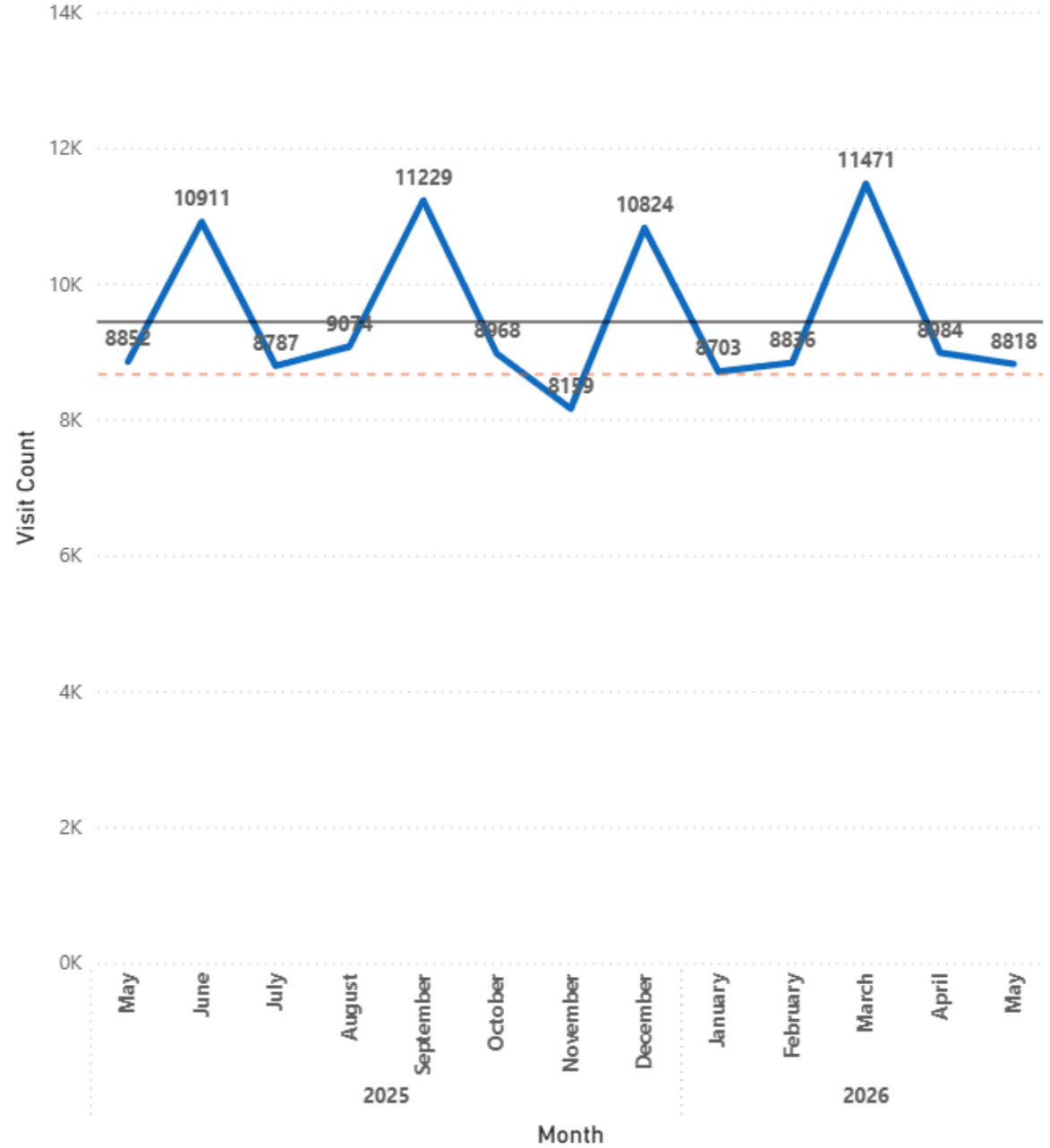
« Filters

Pharmacy

Pharmacy Escribe % - All Locations



Total Fills - All Locations

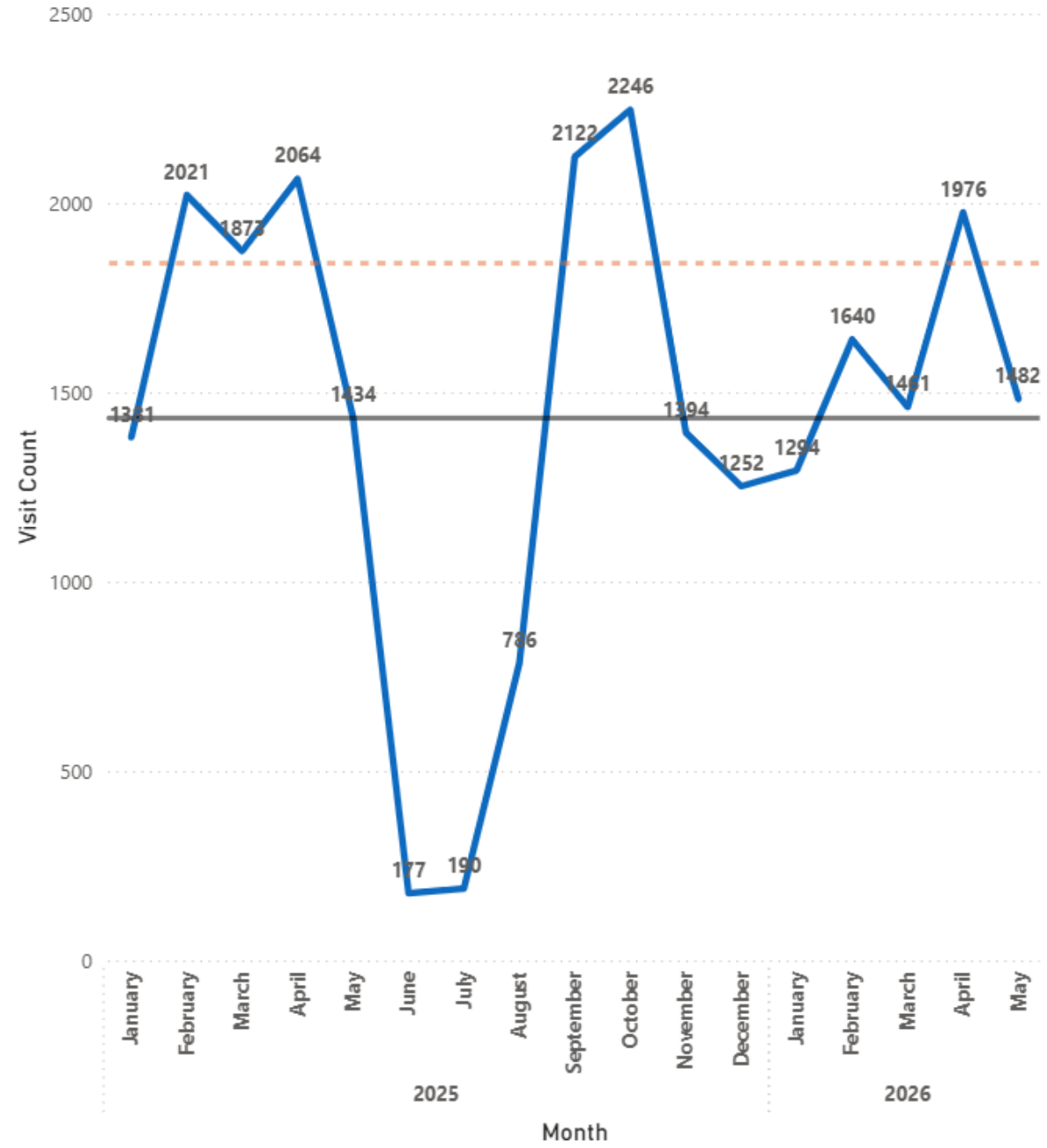


Filters

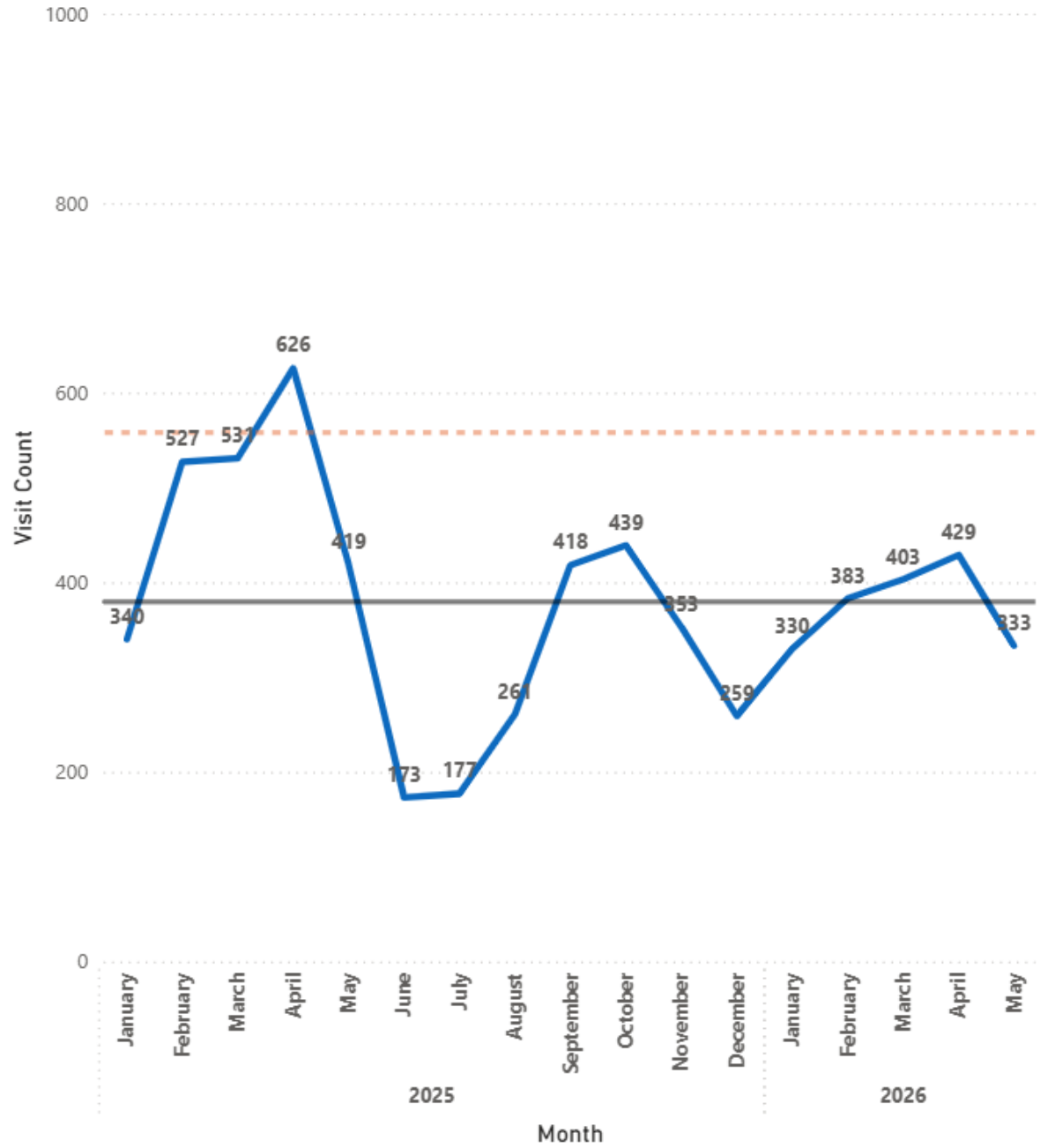
Current FY26 Median — FY25 Median - - - FY24 Median

School Based Health Centers

SBHC Visits - All Locations



Vision Visits - All Locations



Current FY26 Median — FY25 Median - - - FY24 Median

« Filters