City of Cincinnati Primary Care Board of Governors Meeting

November 12, 2025

Agenda

Renu Bahkshi	Robert Cummings	Alexius Golden Cook	Dr. Angelica Hardee
Dr. Camille Jones	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 October 8, 2025, CCPC Board Meeting.

Leadership Updates

6:10 pm – 6:25 pm Ms. Joyce Tate, Chief Executive Officer
CEO Report – ***document***
Personnel Actions – ***document***
- Vote: **Motion to approve** Saturday Health Center Hours from Millvale Health Center to Price Hill Health Center starting in January 2026.

6:25 pm – 6:35 pm Mr. Mark Menkhaus Jr., Chief Financial Officer
CFO Report – documents

6:35 pm – 6:45 pm Dr. Yury Gonzales, Medical Director
Policies – ***documents***
- The Affordable Care Act 45 CFR 92.11 Policy
  - Vote: **Motion to approve** the Affordable Care Act 45 CFR 92.11 Policy
- Walk-In Triage Policy and Procedure
  - Vote: **Motion to approve** the Walk-In Triage Policy and Procedure
- Emergency Crash Cart and AED 2025 Policy
  - Vote: **Motion to approve** the Emergency Crash Cart and AED 2025 Policy

6:45 pm – 6:55 pm Mr. David Miller, Pharmacy Director
340B Insulin & EpiPen Policy and Procedure
- Vote: **Motion to approve** the 340B Insulin & EpiPen Policy and Procedure

New Business

6:55 pm – 7:00 pm Comments

7:00 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 – December 10, 2025

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

CCPC Board of Governors Meeting Minutes

Wednesday, October 8, 2025

Call to order at 6:00 pm

Roll Call

CCPC Board members present –Mr. Robert Cummings, Dr. Angelica Hardee, Dr. Camille Jones, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Debra Sellers, Ms. Jen Straw, Ms. Erica White-Johnson, Dr. Bernard Young

CCPC Board members absent – Ms. Renu Bakhshi, Ms. Alexius Golden Cook, Ms. Luz Schemmel

Others present – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Mr. Mark Menkhaus Jr., Dr. Edward Herzig, Mr. David Miller, Ms. LaSheena White, Dr. Nick Taylor, Dr. Michelle Daniels, Ms. Eva Grimm, Dr. Yury Gonzales

Board Documents:

CCPC-BOARD-MEETING-AGENDA-PACKET_10.8.2025.PDF

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:00 p.m. The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients. The board also spoke words in remembrance of Dr. Camille Graham, former Board of Health member.	n/a	Mr. John Kachuba
Roll Call	10 present, 2 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes	**Motion:** The City of Cincinnati Primary Care September 10, 2025, CCPC Board Meeting.	n/a	**M**: Dr. Camille Jones **2nd:** Ms. Debra Sellers **Action: 8-0, Passed**
Old Business			
CEO Update	Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board. CEO update Memo was included in the agenda packet. **Budget Period Renewal Submission** • Ms. Tate stated that the budget period renewal (BPR) was submitted on time to HRSA. • She noted that CCPC may need to make minor adjustments based on feedback, but the submission was accepted and recognized. • Ms. Tate stated that she wanted to ensure the board was aware that the renewal process is moving forward as expected. **Business and Measures Consulting Engagement** • Ms. Tate stated that work is underway to engage the Business and Measures Consulting Group.	**n/a**	Ms. Joyce Tate

- She noted that Mr. Menkhaus has been coordinating efforts with the group and with the city to finalize the engagement.
- Ms. Tate stated that the consultant will assist CCPC in evaluating strategy and efficiency as the healthcare operating environment continues to change.

OECC Conference Participation

- Ms. Tate stated that many CCPC staff attended the OECC Conference.
- She shared that although she was unable to attend, positive feedback was received regarding the sessions.
- Ms. Tate stated that no final guidance has yet been received from HHS or HRSA on expected programmatic changes.

Federal Funding and Government Shutdown Preparedness

- Ms. Tate stated that the current government shutdown is not expected to interrupt CCPC's ability to draw federal grant funds immediately.
- She noted that many community health centers nationwide may only have up to 90 days of operating cash, and CCPC has less capacity than that.
- Ms. Tate stated that the team is monitoring the situation closely alongside the National Association of Community Health Centers (NACHC).

Capital Project Updates and Facility Master Planning

- Ms. Tate stated that significant work continues across CCPC's capital project portfolio.
- Key staff, including Mr. Menkhaus, Dr. Good, Dr. Taylor, Dr. Novice, and Mr. Miller are working with architectural teams to refine facility plans.
- Ms. Tate stated that planning continues for the Crest Smile Shoppe relocation to Avondale, with another coordination meeting scheduled.
- She noted that lease negotiations with The Community Builders are progressing well, supported by Mr. Dan Bowers of Public Services.

Roberts Dental Expansion and Recognition Event

- Ms. Tate stated that Cincinnati Public Schools will host a grand opening ceremony at Roberts Academy on Friday at 9:30 AM.
- The wellness hub will be named the Darlene K. Mine Wellness Center in recognition of her contributions to school-based health development.

	• Ms. Tate stated that board members are welcome to attend, and Dr. Crumpton will be present.
	
	Community Health Center Federal Funding and 340B Advocacy
	• Ms. Tate stated that there is still no long-term resolution regarding Community Health Center federal funding.
	• She noted ongoing concern about changes to the 340B drug pricing program.
	• Ms. Tate stated that OACHC will testify at the State Legislature on October 15 to advocate for preserving the current 340B model.
	• She added that Mr. Miller, Director of Pharmacy, is actively monitoring developments.
	
	Personnel Updates
	• Ms. Tate stated that new hires approved in September include:
	  o Shania Cheatham, Dental Assistant
	  o Two Breastfeeding Peer Counselors for WIC
	  o One new Dietitian
	• Ms. Tate stated that the new staff will support increased service demand and continuity of care.
	
	Board Member Recognition
	• Ms. Tate stated that she wishes to congratulate Dr. Hardee, who recently received recognition from the Cincinnati Chamber.
	• She encouraged the board to view photos posted publicly, noting the pride in her accomplishment.
	
	Government Shutdown FAQs for Board Reference
	• Ms. Tate stated that FAQs from NACHC regarding the government shutdown were included in board packets.
	• She encouraged members to review them for clarity on operational implications.
	
	Ms. Tate concluded her report and thanked the board for their continued support and engagement.
	
	• No additional commentary from the board.		

2025 Awards and Recognitions	Dr. Gonzales presented the 2025 Awards and Recognitions presented to CCPC to the board. Presentation included in the agenda packet. **Highlights**	**n/a**	Dr. Yury Gonzales

	• Dr. Gonzales stated that he was honored to share recent awards and recognitions received across the health center system. • Dr. Gonzales stated that all six major Community Health Centers received Patient-Centered Medical Home (PCMH) recognition for 2025. • This recognition reflects high-quality, patient-centered care and required extensive documentation and assessment. • He acknowledged staff and leadership across all centers for their work collecting, preparing, and submitting required information. • Dr. Gonzales stated that CCPC received three HRSA Quality Awards: 1. Health Center Quality Leader – Gold Level o Awarded to centers in the top 10% nationally for overall clinical quality performance. 2. Heart Health Quality Badge o Recognizes exceeding 80% performance on measures related to cardiovascular prevention such as: ▪ Tobacco screening and cessation ▪ Aspirin or antiplatelet therapy ▪ Statin use ▪ Hypertension control 3. Advancing Health Information Technology for Quality o Recognizes impressive performance in telehealth, care coordination, and expanded patient access through MyChart and other digital tools. • Dr. Gonzales stated that CCPC continues to be recognized by the American Heart Association, receiving awards for the fourth consecutive year, reflecting sustained quality improvement: 1. Target: BP (Blood Pressure) Gold Plus Award o Reflects consistent and sustained hypertension control through coordinated clinical workflows. 2. Diabetes Control – Gold Award o Awarded for long-term improvements in blood sugar management, which is particularly challenging due to the long-term outcome of metrics. 3. Cholesterol Management – Gold Award o Recognizes demonstrated control of lipid levels associated with cardiovascular disease prevention. • Dr. Gonzales emphasized that these achievements are the result of system-wide teamwork, including: 1. Medical providers		

	2. Nurses 3. Medical assistants 4. Front desk and support staff 5. Pharmacy and care coordination teams • He noted that sustained quality improvement required "changing the system, not just the process." • Dr. Gonzales shared that these accomplishments demonstrate that "in spite of challenges, resource limitations, and daily obstacles, passion and hard work make progress possible." • He closed by stating that "it always seems impossible until it's done," and expressed pride in the collective work across the organization. Remarks: • Dr. Herzig stated that these recognitions are important for the public to know, as they show that the health centers provide high-quality care. He added that this is the type of achievement that should be recognized by city leadership, including the mayor, and understood and valued by the patients we serve. • Dr. Hardee stated that CCPC has consistently received the Gold Plus awards for the past two to three years, and she suggested that this ongoing achievement should be highlighted publicly, such as through a press release or external communication. • Dr. Lichtenstein emphasized the importance of informing senators and Congressman Landsman about the department's achievements and recognitions, highlighting that taxpayer dollars are being used effectively to improve the longevity, productivity, and quality of life of the people they serve. He noted that these accomplishments provide a strong snapshot of their impact. ▪ Ms. Tate stated that he will be present on the 24th, and much of the relevant material has been included in his packet for discussion.		
Finance Update	Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY25 and FY26 for the month of August 2025. • Please see the memo and presentation included the agenda packet. **Highlights** • Health Department participated in the 4th Annual Business Enterprise Expo. • Opportunity for local businesses to connect with city departments and offer services or supplies. • Resources available on the City of Cincinnati	**n/a**	Mr. Mark Menkhaus Jr.

	"Doing Business with the City" website.
	• Health Center Disaster hour costs were down $2,743.30.
	• School Based Disaster Hours were zero.
	• Revenue increased by 38.78%.
	  o Self-paid patients increased by 21.81%.
	  o Medicare increased by 11.54%.
	  o Medicaid increased by 794.26%.
	  ▪ Interruption in revenue collection in prior year.
	  o Private Pay increased by 12.32%.
	  o Medicaid managed care increased by 19.90%.
	  o 416—Offset increased by 23.74%.
	• Expenses decreased by 5.68%.
	  o Personnel expenses increased by 4.09%.
	  o Material expenses decreased 45.87%.
	  o Contractual Costs decreased by 25.66%.
	  o Fixed costs increased by 32.42%.
	  o Fringes increased by 5.42%.
	• Net Gain was $316,070.37; it decreased by 120.78%.
	• Payer Mix Trends:
	  o August: Medicaid 33%, Self-Pay 46% (Self-Pay now majority in medical).
	  o Vision: mostly Medicaid.
	  o Behavioral Health: mostly Medicaid (59%), Self-Pay 24%.
	  o Noted drift of medical services from Medicaid toward Self-Pay over time.
	• Invoices greater than 90 days were at 32%; (below 20% is the goal).
	• Invoices greater than 120 days were 26% (below 10% is the goal).
	• Average Days in Accounts receivable were 41.8 days.
	
	• No additional commentary from the board		

New Business			
Public Comments	• No Public Comments.	n/a	Mr. John Kachuba
Documents in the Packet but not presented.	• Efficiency Update was included in the packet.	n/a	n/a

Meeting adjourned: 6:45 pm

Next meeting: November 12, 2025, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes: https://archive.org/details/ccpc-board-10-8-25

_____
Date: 10/8/2025
Clerk, CCPC Board of Governors

_____
Date: 10/8/2025
Mr. John Kachuba, Board Chair

CCPC Board of Governors

Cincinnati Health Department
October 8, 2025

Board Members	Roll Call	9.10.2025 Minutes
Ms. Renu Bakhshi		
Mr. Robert Cummings	x	
Ms. Alexius Golden Cook		
Dr. Angelica Hardee	x	
Dr. Camille Jones	x	M
Mr. John Kachuba - Chair	x	
Dr. Philip Lichtenstein	x	
Ms. Luz Schemmel		
Ms. Debra Sellers	x	2nd
Ms. Jen Straw	x	
Ms Erica White-Johnson	x	
Dr. Bernard Young	x	
Motion Result:	**Quorum**	**Passed**

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

STAFF/Attendees	
Sa-Leemah Cunningham (clerk)	x
Joyce Tate, CEO	x
Geneva Goode, DNP	x
Mark Menkhaus Jr	x
Ed Herzig, MD	x
David Miller	x
LaSheena White	x
Nick Taylor, MD	x
Eva Grimm	x
Michelle Daniels, DNP	x
Yury Gonzales, MD	x

DATE: November 12, 2025

TO: City of Cincinnati Primary Care Board of Governors

FROM: Joyce Tate, CEO

SUBJECT: CEO Report for November 2025

- **Annual Fall Festival – Ambrose Clement Health Center**
  - Event Details: Saturday before Thanksgiving, 10:00 AM – 1:00 PM.
  - Community Support & Donations: Board members interested in contributing can coordinate with Ms. Sa-Leemah Cunningham. Donations may include gift certificates, monetary contributions, or volunteer support.
  - Turkey Distribution:
    - Ms. Bria Favors secured 200 turkeys, purchased by AltaFiber (continuing a three-year partnership).
    - Turkeys will be handed out at the event; last year Mayor Pureval participated, and he has expressed interest in returning.
    - Mr. Whitehead, NAACP President, plans to assist with distribution.
  - Food Assistance: Joe Bro organization will provide free meals; staff will assist with pickup and distribution of food baskets.
  - Emphasis on volunteer support for smooth distribution.

- **Vision Services Update**
  - Locations: Primarily at AWL; Euler focuses on children.
  - Board Reminder: Encourage patients to maintain appointments. Compliance with vision services will be an auditing factor during the upcoming HRSA site visit.
- **Saturday Clinic Hours – Proposed Relocation**
  - Recommendation: Move Saturday operations from Millville to Price Hill.
  - Rationale:
    - High demand at Price Hill; increased accessibility for community patients.
    - Current Millville staff schedules and union seniority considerations addressed.
    - Ambrose was considered but Price Hill prioritized due to higher utilization.
    - Monitoring Plan: Team will evaluate utilization after implementation; and adjust as needed.
    - Board Action Required: Asking for Motion to approve the Saturday relocation.
- **Bylaw Committee**
  - Looking to formulate a ByLaw Committee
  - Next Steps: CEO will coordinate with Mr. Doig and Board members (Dr. Jones, Dr. Hardy, Mr. Ketubah) for a virtual meeting.

- Action: Board members are encouraged to review the annotated bylaws and submit feedback prior to future ByLaws meeting.

❖ **340B Program – Legislative Updates**
- Current Status: Ongoing federal and state debates; new rebate program could shift operational workflow (upfront purchasing, rebates on back end).
- Advocacy Efforts: CCPC participated in discussions with a state senator to clarify the community benefits of 340B funds.
- Next Steps: Monitor upcoming webinars and legislative developments; continue advocacy to protect public FQHC interests.

❖ **Facility Updates**
- Parking Challenges:
- Bobbie Sterne site impacted by nearby TQL stadium events.
  - Price Hill and Northside sites experiencing limited staff/patient parking. Alternative options are being explored.
- Northside Gas/CO Incident:
  - Temporary evacuation due to suspected gas; Duke Energy confirmed safe levels (yellow zone).
  - Rooftop unit replaced; full building re-entry approved.
- Water Safety:
  - Lead detected in some faucets; filters replaced and retested.
  - Signage in place at affected faucets; ongoing monitoring in collaboration with Waterworks.

❖ **Personnel Actions**
- CCPC
  - Desiree Branson – Expanded Function Dental Assistant
  - Keara Williams – Dental Hygienist
- Relevant CHD Hires
  - LaToyia Wilson – Senior HR Analyst (Transfer)

altafiber

PLEASE JOIN US FOR

city of CINCINNATI HEALTH DEPARTMENT

AMBROSE

FALL

Festival

SATURDAY, NOVEMBER 22ND

Turkey Giveaway

10AM - 1PM

3559 READING RD SUITE 101,
CINCINNATI,OH 45229

FREE HOT FOOD

FACE PAINTING

FREE HEALTH SCREENINGS

GAMES, MUSIC LIVE DJ

GIVEAWAYS

"Come Celebrate & Harvest With Us"

Interdepartmental Correspondence Sheet

Date: 10/28/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD, MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for October 28, 2025 BOARD of HEALTH MEETING

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

DESIREE BRANSON	**EXPANDED FUNCTION DENTAL ASSISTANT**	**CCPC**
(Other)		
Salary Bi-Weekly Range:	$2,813.22 to $2,967.55	Revenue Fund
Desiree Branson has over 7 years of dental experience as a dental assistant; for 3 of those years Ms. Branson has worked as an Expanded Function Dental Assistant. She has worked in both pediatrics and general dentistry. Ms. Branson has a strong background in public health and previously worked with the Cincinnati Health Department as a dental assistant. She has experience as a chair side dental assistant with endo and restorative dentistry. She has a wide range of experience, and we think she will be a great asset to the Cincinnati Health Department dental program.		

BEMNET MELAKU	**PUBLIC HEALTH EDUCATOR**	**CHES**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,813.22 to $2,967.55	General Fund
We are excited to welcome Bemnet Melaku as the new Public Health Educator for the Tobacco Free Living Program. In this role, she will play a key role in advancing our efforts to reduce tobacco and vaping rates in Cincinnati through community education and policy, systems, and environmental changes. Bemnet brings an exceptional blend of education and experience, holding a bachelor's degree in neuroscience and a master's degree in public health. Her background in health education and program evaluation, coupled with her ability to adapt materials for diverse audiences, makes her an outstanding fit for this position and a valuable addition to our team.		

KEARA WILLIAMS	**DENTAL HYGIENIST**	**CCPC**
(Transfer vacancy)		
Salary Bi-Weekly Range:	$3,385.82 to $3,906.72	General Fund
Ms. Williams is a Registered Dental Hygienist with an associate's degree in dental Hygiene Technology. She is also certified to administer local anesthesia and monitor nitrous oxide sedation. Ms. Williams has experience working with population groups with traditionally high disease rates and unmet dental needs. She was previously employed by the Cincinnati Health Department as a dental assistant and left to pursue her hygiene degree. We are excited to join our dental team.		

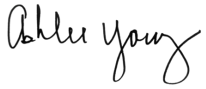
PROMOTION

CATHERINE LANZILLOTTA	**PUBLIC HEALTH EDUCATOR**	**CCPC**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,295.94 to $3,085.55	Revenue Fund
Mrs. Catherine Lanzillotta is a graduate of Mt St. Joseph's University and has over 18 years' experience as a registered nurse. She has been employed by the Cincinnati Health Department since January 2019 as a School Health Nurse and is currently serving in the CLPPP as a Lead Case Manager. She is a Lieutenant Colonel in the Ohio Military Reserve where leadership, communication, and teamwork are core values.		

OLUWASEUN OLADIMEJI	**ENVIRONMENTAL SAFETY SPECIALIST**	**CHES**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,577.67 to $3,464.17	Grant Fund
The CHES Employee Safety/Emergency Preparedness work unit wishes to promote Oluwaseun Oladimeji to the position of Environmental Safety Specialist. Mr. Oladimeji was selected from a large pool of applicants and was chosen for his education, previous work experience, and his current performance in the CHD Food Safety Program. We fully anticipate Oluwaseun to continue our employee safety efforts and provide excellence in service.		

TRANSFER

LATOYIA WILSON	**SENIOR HUMAN RESOURCES ANALYST**	**HUMAN RESOURCES**
(New Position)		
Salary Bi-Weekly Range:	$2,784.15 to $4,232.79	General Fund
LaToyia Wilson comes to the Health Department as a Senior Human Resources Analyst, bringing extensive experience in public sector and nonprofit HR operations. She provides strategic guidance in workforce planning, recruitment, benefits administration, and labor compliance. Known for her professionalism and discretion, Ms. Wilson has led initiatives that improve efficiency, strengthen employee engagement, and ensure organizational compliance. Currently pursuing a Master of Public Administration, she combines analytical rigor with a people-centered approach to support the City's mission and leadership priorities.		

Board Chair Signature: 

DATE: November 12, 2025

TO: City of Cincinnati Primary Care Governing Board

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation September 2025

Fiscal Presentation
Fiscal Presentation for September 2025.

- For FY26, as of September 2025, Cincinnati Primary Care had a net gain of $38,599.13.
- In FY25, September a net loss of $2,789,765.84. Comparing FY26 with FY25 shows an increase of $2,828,364.97. This increase is due to higher revenue and higher expenses.
- Revenue increased by $2,888,670.34 from FY25. The increase is due to higher Medicaid and Medicaid Managed Care revenue.
- 7100-Personnel increased by 12.07%. 7500-Fringes saw an increase of 9.16%. 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 employees received at the end of September.
- Non-Personnel expenses decreased by $570,763.72 from FY25. The decrease is due to the timing of invoices paid (ex. LabCorp were paid $286,952.50 in FY25 but have not been paid as of 8/31/2025. Also, Cardinal Health was paid $476,419.99 in FY25 but $338,206.55 has been paid in FY26. However, Ochin was paid $563,315.40 in FY25 but was paid $495,672.66 in FY26. Also, Hamilton County was paid $25,000 in FY26 and was not paid in FY25 as of 9/30/2024.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 and Monkey Pox for FY26 and FY25 for September.

Clinics		
Type Labor Cost	**FY26**	**FY25**
Disaster Regular	$785.88	$5,080.03
Disaster Overtime	$ 0.00	$ 0.00
Total	$785.88	$5,080.03

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

September Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-1%	1%	0%	8%
Dental	-1%	3%	0%	6%
School-Based Medical	2%	0%	0%	-1%
School-Based Dental	9%	1%	0%	1%
Behavioral Health	14%	5%	-1%	-5%
Vision	9%	0%	0%	-7%

Accounts Receivable Trends:

- The accounts receivable collection effort for July for 90-days is 32% and for 120-days is 26%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days and 120-days increased by 1% from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The number of days in accounts receivable has increased from the month before by 0.3 days. The days in accounts receivable are slightly above the average (by 1.9 days) of the past 13 months at 40.2 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	$ 1,618,772.22
Fund 416 Expenses	$ 289,436.68	$ 300,781.28	$ 349,159.40	$ 61,741.31
Expenses	$ 3,181,993.51	$ 3,698,117.59	$ 3,884,826.49	$ 859,932.94
	$ 3,408,133.73	$ 1,841,427.98	$ 1,967,132.38	$ 820,580.59

City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
September 2024 - September 2025

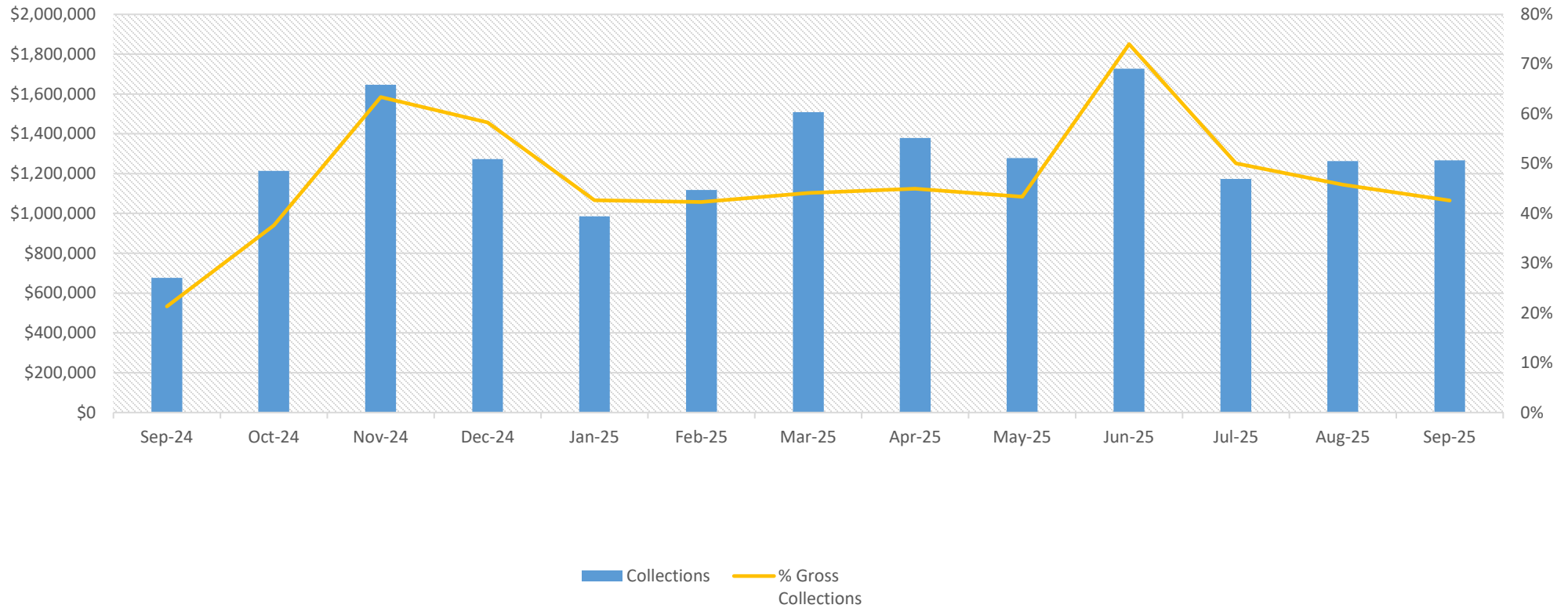
	FY26 Actual	FY25 Actual	Variance FY26 vs FY25
Revenue			
8556-Grants\Federal	$750,000.00	$838,325.53	-10.54%
8571-Specific Purpose\Private Org.	$0.00	$9,000.00	-100.00%
8617-Fringe Benefit Reimbursement	$0.00	$0.00	0.00%
8618-Overhead Charges - Indirect Costs	$60,700.00	$0.00	0.00%
8733-Self-Pay Patient	$277,705.30	$236,283.56	17.53%
8734-Medicare	$1,599,432.61	$1,343,986.80	19.01%
8736-Medicaid	$1,408,996.82	$157,338.09	795.52%
8737-Private Pay Insurance	$303,147.09	$260,480.88	16.38%
8738-Medicaid Managed Care	$2,399,811.28	$1,462,964.86	64.04%
8739-Misc. (Medical rec.\smoke free inv.)	$96,190.13	$38,090.32	152.53%
8932-Prior Year Reimbursement	$0.00	$0.00	0.00%
416-Offset	$1,649,354.46	$1,310,197.31	25.89%
Total Revenue	$8,545,337.69	$5,656,667.35	51.07%
Expenses			
71-Personnel	$4,332,745.99	$3,866,063.78	12.07%
72-Contractual	$1,066,559.51	$1,494,331.62	-28.63%
73-Material	$669,427.43	$758,287.35	-11.72%
74-Fixed Cost	$478,169.03	$532,300.72	-10.17%
75-Fringes	$1,959,836.60	$1,795,449.72	9.16%
Total Expenses	$8,506,738.56	$8,446,433.19	0.71%
Net Gain (Losses)	**$38,599.13**	**($2,789,765.84)**	**-101.38%**

CHD/CCPC Finance Update

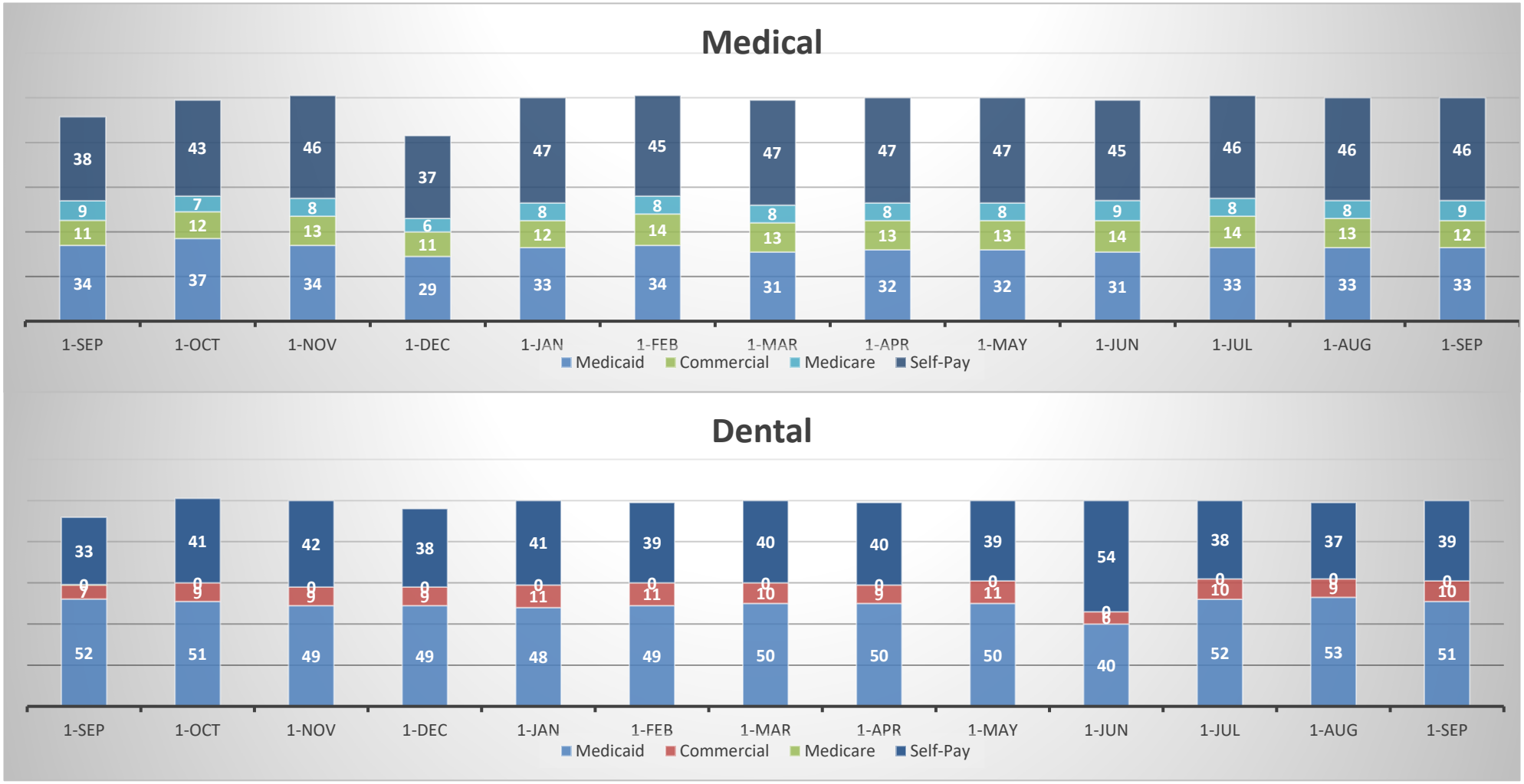
November 12, 2025

Revenue Presentation

Monthly Visit Revenue



Payor Mix


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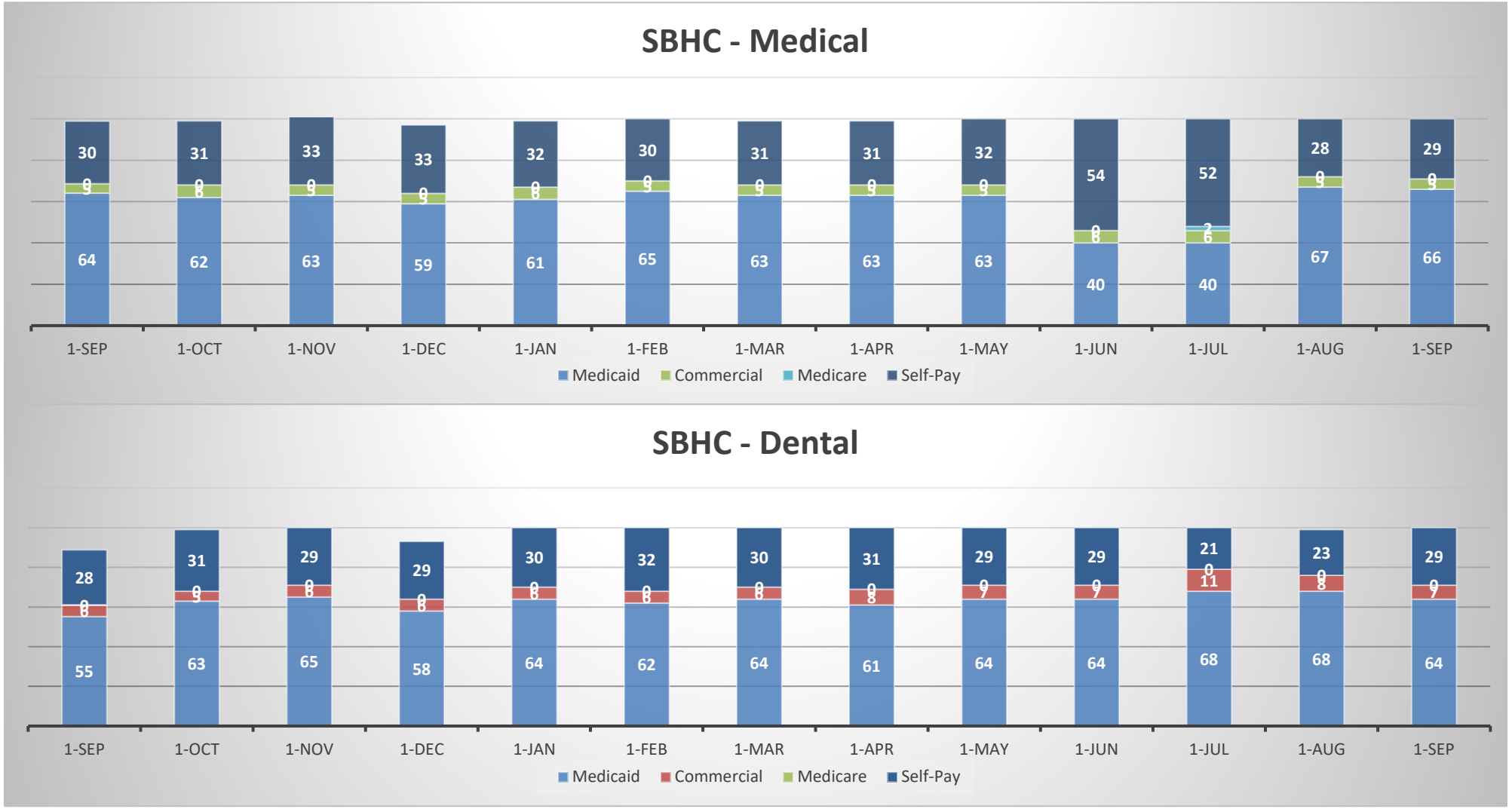
Medicaid
Commercial
Medicare
Self-Pay

Payor Mix


SBHC - Medical
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Self-Pay

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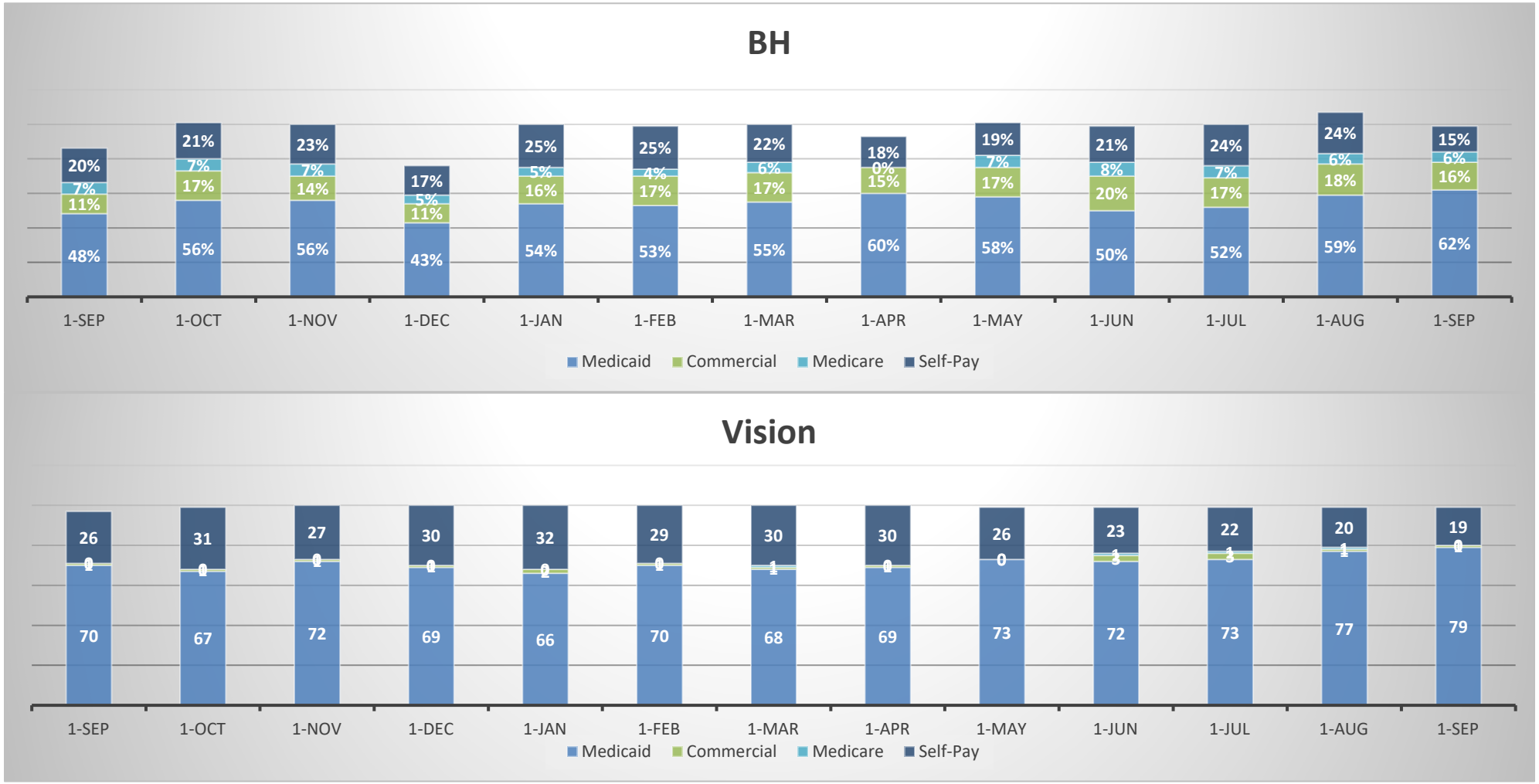
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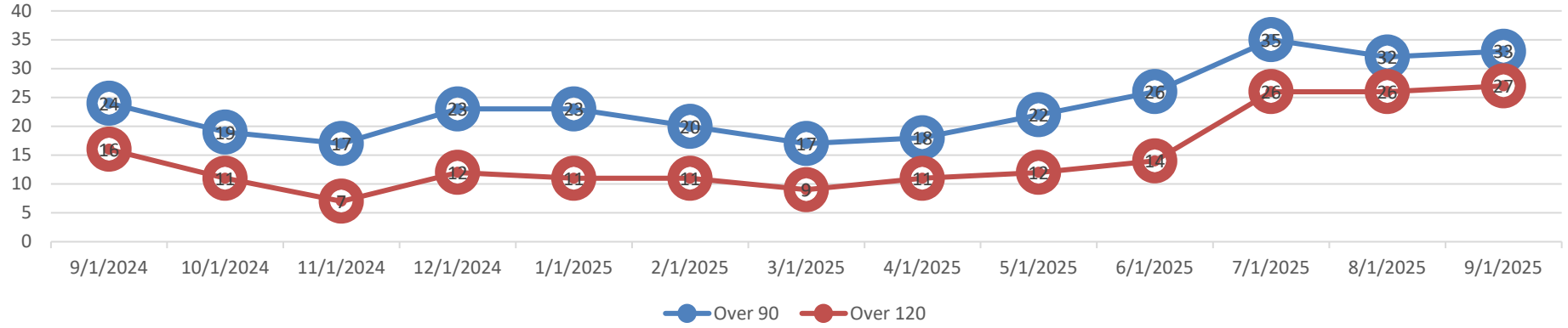
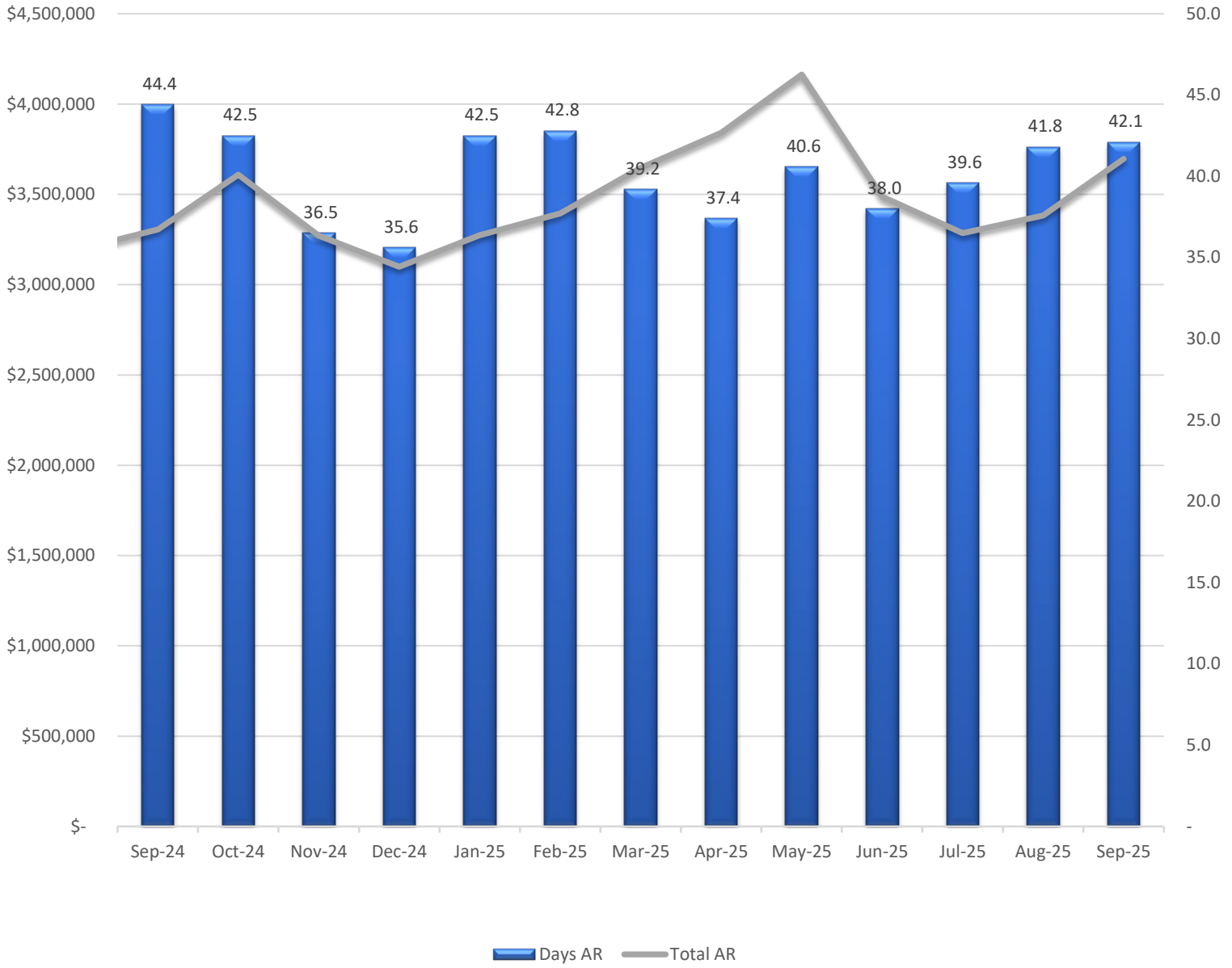


Aging Period	Insurance September	Patient - All September	Patient - On Pmt Plan September	Patient - Not on Pmt Plan September	Total September	% Total September
0 - 30	$1,605,287	$149,425	$3,019	$146,406	$1,754,712	47.47%
31 - 60	$387,061	$105,448	$2,215	$103,233	$492,508	13.32%
61 - 90	$151,117	$92,280	$2,961	$89,319	$243,397	6.58%
91 - 120	$86,799	$113,195	$3,049	$110,146	$199,994	5.41%
121 - 150	$60,679	$115,992	$1,129	$114,863	$176,671	4.78%
151 - 180	$79,165	$113,069	$1,234	$111,835	$192,233	5.20%
181 - 210	$76,677	$80,061	$568	$79,493	$156,738	4.24%
211+	$438,743	$41,486	$2,025	$39,461	$480,228	12.99%
Total	**$2,885,527**	**$810,955**	**$16,200**	**$794,755**	**$3,696,482**	
% > 90	**26%**	**57%**	**49%**	**57%**	**33%**	
% > 120	**23%**	**43%**	**31%**	**43%**	**27%**	

Day in AR & Total A/R



city of CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Primary Care (CCPC)

The Affordable Care Act 45 CFR § 92.11
The Provision of Equitable Language Services

Effective Date: October 29, 2025

POLICY / SYSTEMS MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 10/25

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 comply with section 45 CFR § 92.11 of the Affordable Care Act (ACA), which mandates that a covered entity provide culturally appropriate language services and auxiliary aids to all patients and members of the public free of charge.

II. POLICY

The City of Cincinnati Primary Care (CCPC) will comply with Section 45 CFR § 92.11 of the ACA to prohibit discrimination and ensure effective communication with all patients and members of the public.

III. PROCEDURE

A. CCPC will display Language Access Notices in English and 15 different languages in all its community and school-based health centers to inform patients of the language and interpretive services provided.
B. CCPC will ensure these notifications are displayed on posters in a clear and prominent location within its health centers, where it is reasonable to expect these notifications to be visible to individuals seeking interpretive language services.
C. Patients will receive registration documents available in their respective languages, including the patient's after-visit summary.
D. All CCPC personnel will have access to these interpretive services and will receive training in their appropriate utilization.

REFERENCES

Buse, K., Mays, N., Colombini, M., Fraser, A., Khan, M., & Walls, H. (2023). *Making Health Policy.* McGraw-Hill.

Campbell, N. (2022). *Effective policies and procedures: A step-by-step resource for clear communication*. Harper Collins Leadership.

Code of Federal Regulations. (2024) § 92.11 Notice of availability of language assistance services and auxiliary aids and services. https://tinyurl.com/2vc9mtph

Department of Health and Human Services (2025). Section 1557 of the Affordable Care Act: Civil rights, health reform, race, and equity. *Howard LJ*, *55*, 855. https://tinyurl.com/bdd925jn

Hall, M. A., Bobinski, M. A., Orentlicher, D., Cohen, I. G., Bagley, N., & Sawicki, N. N. (2024). *Health care law and ethics*. Aspen Publishing.

Seavey, J. W., Aytur, S. A., & McGrath, R. J. (2023). *Health policy and analysis: Framework and tools for success*. Springer Publishing Company.

White, K. M., Dudley-Brown, S., & Terhaar, M. F. (Eds.). (2024). *Translation of evidence into nursing and healthcare*. Springer Publishing Company.

Wu, X., Ramesh, M., Howlett, M., & Fritzen, S. A. (2023). *The public policy primer: Managing the policy process*. Routledge.

city of CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Primary Care (CCPC)

Walk-In Triage Policy & Procedure

Effective Date: October 27, 2025

POLICY / SYSTEMS MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 10/25

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 ensure that effective walk-in triage procedures are incorporated into the care of City of Cincinnati Primary Care (CCPC) health centers, and each team member understands their roles and responsibilities.

II. POLICY

Any individual presenting to a CCPC site with an illness or complaint will undergo an assessment to determine the most appropriate course of action or treatment.

III. PROCEDURE

The following outlines the roles and responsibilities of CCPC personnel in this policy and procedure:

A. **Customer Relations Representative (CRR).**

1. In the event an individual presents to the health center with an *emergency*, a registered nurse (RN) or provider should be notified immediately, and 911 should be called.
2. When an individual presents with an *urgent* condition, the RN or provider should be notified, and an open access appointment with a provider should be utilized. If no appointments are available, the individual will be added to the RN schedule for triage on the same day.
3. The CRR may address *non-emergency/non-urgent* visits or requests for an appointment as appropriate, and the next available appointment will be scheduled.
4. If, for any reason, the CRR is unable to provide the individual with an appropriate non-urgent appointment or the individual requests a same-day appointment and none are available, the individual should be referred to the medical assistant (MA) or the RN for further assistance.

B. **Registered Nurse/Provider**

1. All individuals who walk into a CCPC health center with an *emergency* or *urgent* problem will be triaged by the RN or provider for appropriate nursing and medical intervention, regardless of their status as a CCPC patient.
2. If an RN is on site, she/he will notify the provider of any triaged patient who needs an appointment for acute or persistent symptoms when no appointment times are available.
3. In the event an RN is unavailable, the provider will assess when an individual requires evaluation in a timely and medically appropriate manner.

C. **Medical Assistant**

1. When an individual walks into the health center with a *non-emergency/non-urgent* or *routine* condition and requests a same-day appointment when none is available or when the individual is requesting an earlier appointment than what has been offered by the CRR, the MA should interview the patient and discuss their problem with the RN and/or provider who will then determine when the individual will be seen and by whom.

IV. DEFINITION OF TERMS

A *Emergent:* Emergency conditions are those in which severe disability or loss of life can only be avoided by immediate medical attention (See Appendix).

B *Urgent:* Acute conditions are those that require medical attention within 24 hours to prevent disease progression or relieve severe pain and/or discomfort (See Appendix).

C *Non-emergency/non-urgent:* Patients with persistent symptoms for which attention is required within 48-72 hours.

D *Routine:* These visits monitor chronic or non-urgent health issues. (See Appendix).

REFERENCES

Buse, K., Mays, N., Colombini, M., Fraser, A., Khan, M., & Walls, H. (2023). *Making Health Policy.* McGraw-Hill.

Campbell, N. (2022). *Effective policies and procedures: A step-by-step resource for clear communication*. Harper Collins Leadership.

Hall, M. A., Bobinski, M. A., Orentlicher, D., Cohen, I. G., Bagley, N., & Sawicki, N. N. (2024). *Health care law and ethics*. Aspen Publishing.

Hostetter, J., Schwarz, N., Klug, M., Wynne, J., & Basson, M. D. (2020). Primary care visits increase utilization of evidence-based preventative health measures. *BMC Family Practice*, *21*(1), 151. https://tinyurl.com/2bdckkd7

Seavey, J. W., Aytur, S. A., & McGrath, R. J. (2023). *Health policy and analysis: Framework and tools for success*. Springer Publishing Company.

White, K. M., Dudley-Brown, S., & Terhaar, M. F. (Eds.). (2024). *Translation of evidence into nursing and healthcare*. Springer Publishing Company.

Windrose Health Network. (2020). Patient care policy: Screening patients for appointments and refill requests.

Wu, X., Ramesh, M., Howlett, M., & Fritzen, S. A. (2023). *The public policy primer: Managing the policy process*. Routledge.

APPENDIX

General Examples*

1. Emergent Examples

- Fever in an infant
- Severe wheezing in a patient with asthma
- Shortness of breath or difficulty breathing (not caused by sinus congestion)
- Chest pain
- Seizures, convulsions, or passing out
- Trauma (broken bones, head injury/concussion, lacerations, burns, or significant bleeding
- Coughing up blood
- Vomiting blood
- Stroke symptoms: sudden onset of confusion, droopy face, paralysis, slurred speech, or vision changes
- Eye injury
- Pregnant patients with any of the following (present or on-call obstetric provider must be notified):
    - Abdominal pain or cramping
    - Vaginal Bleeding
    - Fever 100.4 or greater
    - Water broken
    - Sudden swelling of hands, face, or eyes accompanied by headache, visual changes, or sudden weight gain.
    - Increased blood pressure
    - Four or more contractions within one hour
    - Feeling unwell or experiencing a sense of doom
    - Severe vomiting or diarrhea
    - Burning or pain with urination
    - Minor trauma (fall)
    - Loss of conciseness
    - Increased shortness of breath
    - Postpartum complications (depression, thoughts of harming self or infant)

2. Urgent Examples:

- Any child with an acute illness
- Reported vaccine adverse reaction
- Eye irritation or drainage
- Passing blood in urine or stools
- Any adult patient with one of the following:
    - Fever
    - Abdominal pain
    - Severe headache or dizziness

3. Routine Examples:

- Routine check-up or physical
- Nurse-only visit
- Follow-up of chronic condition
- Discussion of prenatal care/postnatal care
- Any patient who wants “to get acquainted”
- Patient who states explicitly that the problem is not urgent

**The examples provided serve as a reference framework and should not be construed as prescriptive, limited, or reflective of all individuals who enter the CCPC health centers requiring triage. In circumstances of uncertainty, the Clinical Resource Representative (CRR) should seek guidance from the Registered Nurse (RN) or an alternate licensed healthcare provider.*

city of CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Primary Care (CCPC)

Emergency Crash Cart & Automated External Defibrillator (AED) Policy & Procedure

Effective Date: November 04, 2025

POLICY / SYSTEMS MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 11/25

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 Pharmacy Date

_____ _____

Director of Clinical and Community Nursing Date

_____ _____

Health Commissioner Date

I. PURPOSE

To establish a uniform process and a standardized practice by which the City of Cincinnati Primary Care (CCPC) shall monitor and maintain emergency crash cart medications, equipment, supplies, and Automated External Defibrillators (AEDs).

II. POLICY

Pharmacy and nursing teams shall collaborate to manage and maintain the emergency crash carts and AEDs at all CCPC health centers.

III. PROCEDURE

A. Crash carts shall be locked at all times when not in use.
B. The pharmacy department will supply replacement locks.
C. Crash carts will be stocked to allow for addressing the following conditions:
    1) Respiratory distress
    2) Respiratory arrest
    3) Chest pain
    4) Cardiac arrest
    5) Drug overdose
    6) Hypoglycemia
    7) Anaphylactic reaction
D. Medications stored in the crash cart will be based on current medical guidelines as well as CCPC standing orders, policies, and/or procedures related to emergencies such as:
    1) CCPC Policy and Procedure for the Administration of Intranasal Naloxone
    2) CCPC Standing Order for the Treatment of Anaphylaxis
E. Each month, all health center emergency crash carts are to be jointly checked by a member of the pharmacy and nursing staff. **No changes to medications on the crash cart shall be made.**
F. Pharmacy and Nursing staff will utilize the standardized "Emergency Crash Cart Monthly Checklist" to inventory medications, oxygen, and medical supplies.
G. The following forms shall be included on the crash cart
    - Crash Cart Supply Inventory (See Appendix A).
    - Lock Changes (See Appendix B).
    - AED Monthly Checklist (See Appendix C).
    - Replenishment Log (See Appendix D).
    - Emergency Notes Page (See Appendix E). This worksheet does not replace incident and safety reporting and shall not be included in the EHR.
H. Pharmacy and nursing personnel checking the cart will sign and date the checklist monthly when verification is complete.
I. Once the verification is complete, the signed checklist will be placed in the emergency crash cart binder before the previous month's checklist for the current year.
J. The pharmacy and nursing personnel will keep checklists from previous years on file.
K. Any items that expire within 30 days must be replaced immediately to ensure no expired items are on the crash cart during an emergency.

L. Pharmacy staff are responsible for replacing medications and oxygen.
M. Pharmacy and nursing personnel must notify the pharmacist of soon-to-be-expired medications or low oxygen cylinders.
N. Oxygen cylinders will be labeled with tags according to status (full, in use, empty). Oxygen cylinders will be replaced when the tank is <500 psi.
O. Nursing is responsible for replacing the equipment and supplies.
P. The nursing staff member checking the cart must notify the nursing supervisor of equipment and/or supplies that are soon to expire.
Q. Anytime a crash cart is unlocked, the person responsible for opening the cart is to document the following information on the attached "Emergency Crash Cart Lock Changes Form" (See Appendix B).
    1) Date cart unlocked
    2) Reason for opening the crash cart
    3) Lock numbers
    4) His/her signature
R. This document shall be kept in the binder on the crash cart.
S. Nursing and pharmacy staff will also use the "AED Monthly Checklist" to monitor the AED devices at each health center site (See Appendix C).
T. This monthly checklist will include verification of the following:
    1) AED Readiness (the device is clean, with no cracks, damage, or foreign substances noted to readiness
    2) Display (indicator light shows "OK")
    3) AED Battery (adequate charge and the expiration date)
    4) Adult AED Pads (1 adult in machine and one backup, expiration dates)
    5) Pediatric AED Pads (2 backup and expiration date)
    6) Use-by date on all electrode packets is current
U. Nursing personnel assigned to check the AED must notify the Nursing Supervisor if the AED indicator does not show "OK" or if damage to the AED is noted.
V. Nursing staff shall be responsible for cleaning the device if needed.
W. In the event of an emergency, medications and supplies used from the cart are to be documented by the staff providing care in the "Emergency Crash Cart Replenishment Log" (See Appendix D).
X. The Replenishment Log will be given to the Pharmacy and/or Nursing Supervisor as soon as possible to restore supplies and/or medications promptly.
Y. This document shall be kept in the binder on the crash cart.

REFERENCES

Aller, S. (2024). *Increase crash cart awareness to improve code blue efficacy* [Doctoral dissertation], Madonna University.

Health First. (2024, September 2017). *What medical offices need to know about crash carts*.

Seavey, J. W., Aytur, S. A., & McGrath, R. J. (2023). *Health policy and analysis: Framework and tools for success*. Springer Publishing Company.

White, K. M., Dudley-Brown, S., & Terhaar, M. F. (Eds.). (2024). *Translation of evidence into nursing and healthcare*. Springer Publishing Company.

Wu, X., Ramesh, M., Howlett, M., & Fritzen, S. A. (2023). *The public policy primer: Managing the policy process*. Routledge.

APPENDIX A

Month: _____

Year: _____

Pharmacy Department				
Item Description	Quantity Expecte	Verified	Lot Number	xpiration Da
Ephinephrine Auto-Injector 0.3 mg (Adult)	1			
Ephinephrine Auto-Injector 0.15 mg (Pediatic)	1			
Aspirin 81mg, Chewable Tablet Bottle	1			
Aspirin 325mg Tablet Bottle	1			
Diphenhydramine HCL Injection 50mg/ml vial (Benadryl)	2			
Nitroglycerin 0.4mg Sublingual Tablet Bottle	1			
Dextrose 50% Prefilled Syringe	2			
Solu-Medrol 125 mg vial	2			
Sodium Chloride 0.9% Injection, 500ml IV Bag	2			
Glucagon 1mg/1ml, Emergency Kit	2			
Oral Glucose Gel	2			
Narcan Nasal Spray	4			
Ammonia Inhalants	2			
Nursing Department				
Item Description	Quantity Expecte	Verified	Lot Number	xpiration Da
Alcohol Prep Pads	6			
Windlass Extremity Tourniquet	1			
Catheter IV Needles: 18G	2 Each			
Catheter IV Needles: 20G	2 Each			
Catheter IV Needles: 22G	2 Each			
Flashlight	1			
Gauze Bandages 4x5	2			
Gauze Pads, Sterile 4x4	12			
Hemostat, Sterile	1			
IV Primary Tubing Set	2			
IV Extension Tubing Set	1			
Sodium Chloride 0.9% Pre-filled Flushes	10			
23Gx1" Syringes	2 Each			
Trauma Sheers	1			
Tape 1" roll	1			
Pharmacy Department (Oxygen Tanks) Nursing Department (Oxygen Supplies)				
Item Description	Quantity Expecte	Verified	Lot Number	xpiration Da
Oxygen Tanks D-or E-size	1 to 2			
Oxygen Regulator	1			
Oxygen Tank Wrench	1			
Pediatric and Adult Oxygen Mask with Tubing	1			
Pediatric and Adult Oxygen Tubing	1			
Pediatric and Adult Mouth-to-Mouth Resuscitation Device	1 Each			
Pediatric and Adult Resuscitation Masks	1 Each			
Pediatric and Adult Ambu Bags	1 Each			
Emergency Crash Cart Replenishment Log	1			
Nursing Staff (signature):			**Date:**	
Pharmacy Staff (signature):			**Date:**	
				Rev. 10.2025

APPENDIX B

CITY OF CINCINNATI PRIMARY CARE (CCPC)
EMERGENCY CRASH CART LOCK CHANGES FORM

LOCK CHANGES			
Date	**Reason**	**Lock #**	**Signature (Print/ Sign)**

*Tamper-evident seal tags are to be ordered by pharmacy personnel

APPENDIX C

AED MONTHLY CHECKLIST

Location: 3101 Burnet Ave, Cincinnati, Ohio 45229 / Dolres L. Bowen Auditorium **YEAR** 2025

Equipment	Instructions	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Life Pak CR2 Defibrillator	Check the readiness display for a single flashing green light. Check electrode tray is still sealed and the expiration date in the upper right corner. Check for damage, cracks, or foreign substances. Check to ensure that emergency supplies stored with or near the defibrillator are fully stocked and ready for use.												
AED Battery	Check if in machine and the expiration date.												
AED Pads (If Extra are Available)	Check electrode tray is still sealed and the expiration date in the upper right corner.												

Recommended Corrective Actions

1. Notify supervisor or AED Program Manager if AED indicator does not show OK, replenish additional supplies as needed, clean device as needed. Contact Richard Singleton at Richard.singleton@cincinnati-oh.gov or at (513) 926-5323.

Nursing Staff Name:	Initials:	Title:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX D

CITY OF CINCINNATI PRIMARY CARE (CCPC) EMERGENCY CRASH CART REPLENISHMENT LOG:

Date	Meds/Supplies (Name/NDC)	Reason	Quantity	Signature (Print & Sign)

APPENDIX E

Emergency Notes Page

- Date and time of Emergency: _____ _____ AM/PM
- Location of Emergency (be specific): _____
- Call to EMS/police: Circle: yes/no
- Time:
- Who Called:
- Dispatcher name:
- EMS Arrival time:
- EMS Responder name/s if applicable:
- Patient Name and DOB if available:
- Who was present during the emergency?

- CPR: Circle: YES/NO
- Start time :
- End Time:
- Medicines given with name, time, and dose:

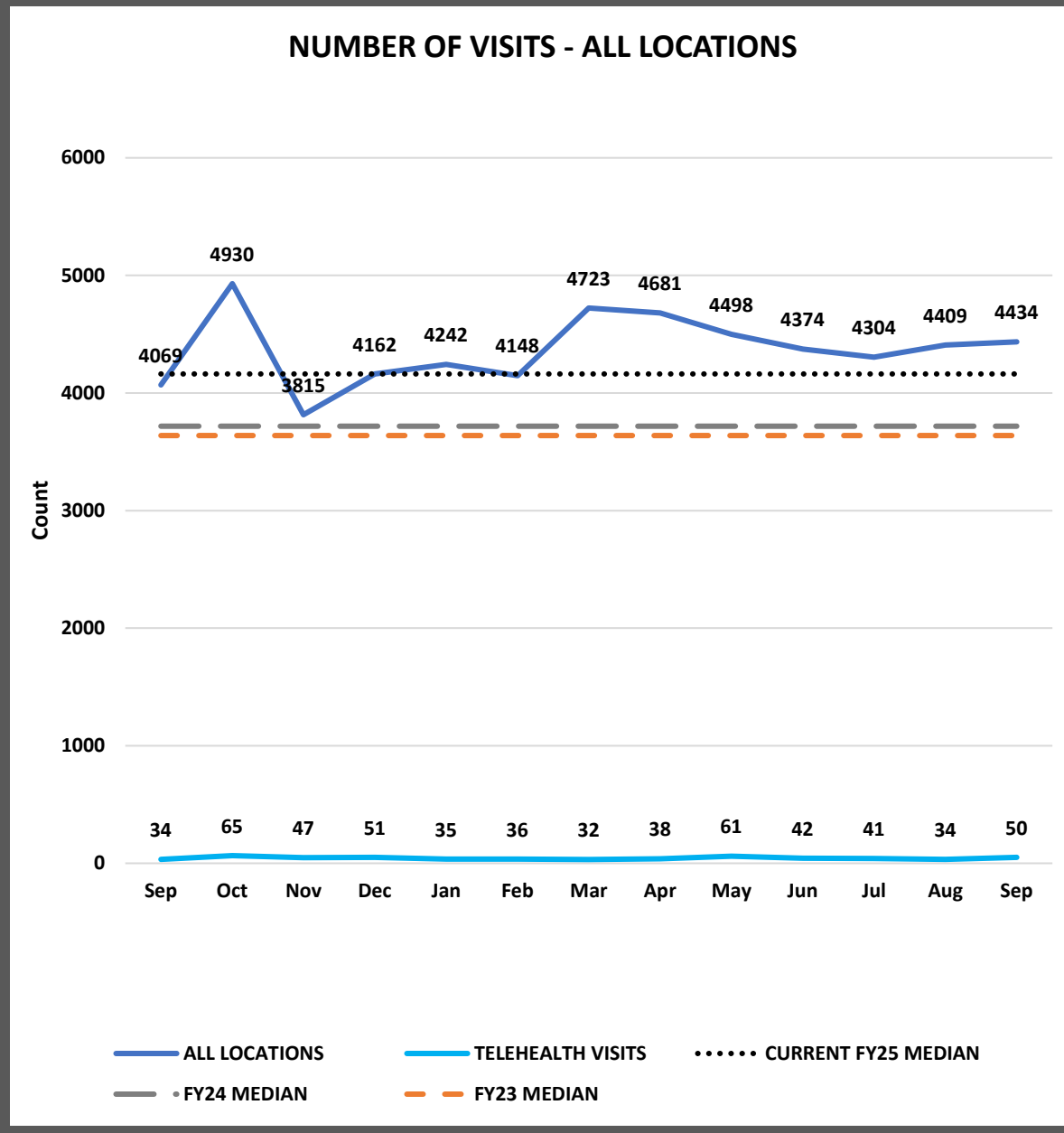
- Behavioral Health: Yes/ NO
- IV access: Yes/ NO
- Narrative Description: (what took place/assessment including initial and last set of vitals):

*Please remember to complete your electronic incident report and submit it electronically to Risk Management.

CCPC Board Meeting – Efficiency Update

November 2025

Medical/Behavioral Health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5000
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1000
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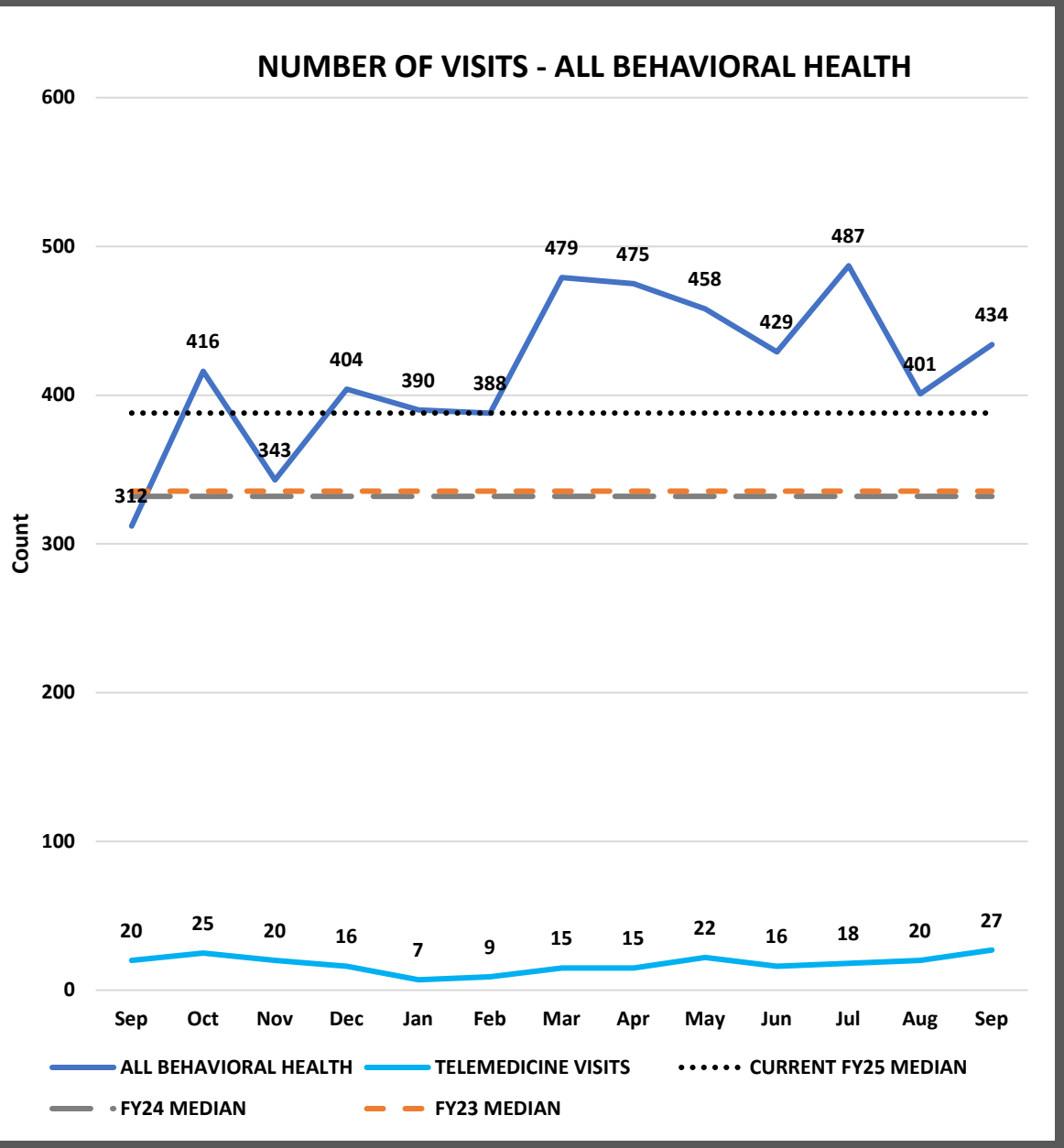
4242
4148
4723
4681
4498
4374
4304
4409
4434
34
65
47
51
35
36
32
38
61
42
41
34
50
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
ALL LOCATIONS
TELEHEALTH VISITS
CURRENT FY25 MEDIAN
FY24 MEDIAN
FY23 MEDIAN


NUMBER OF VISITS - ALL BEHAVIORAL HEALTH
Count
600
500
400
300
200
100
0
312
416
343
404
390
388
479
475
458
429
487
401
434
20
25
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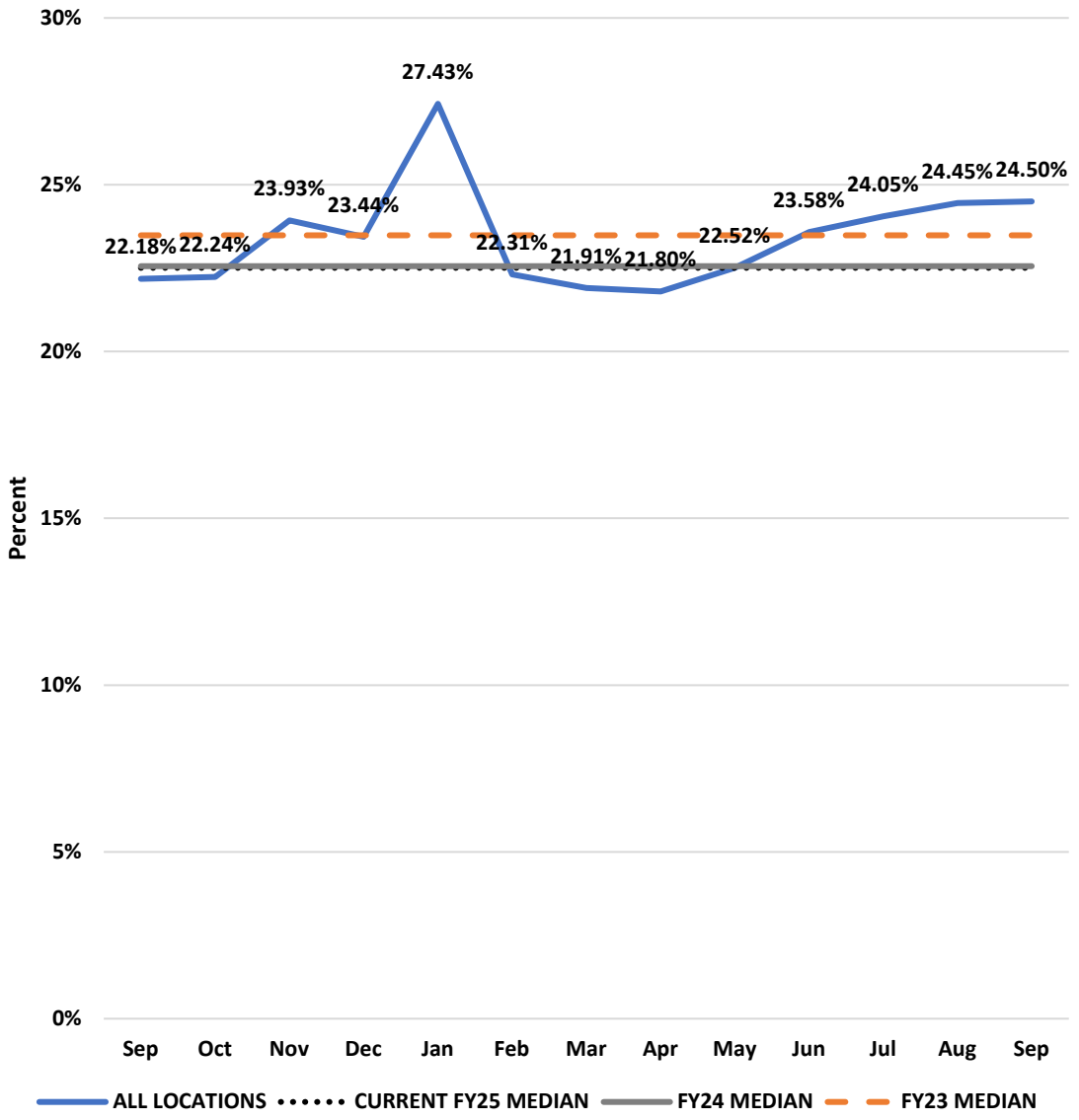
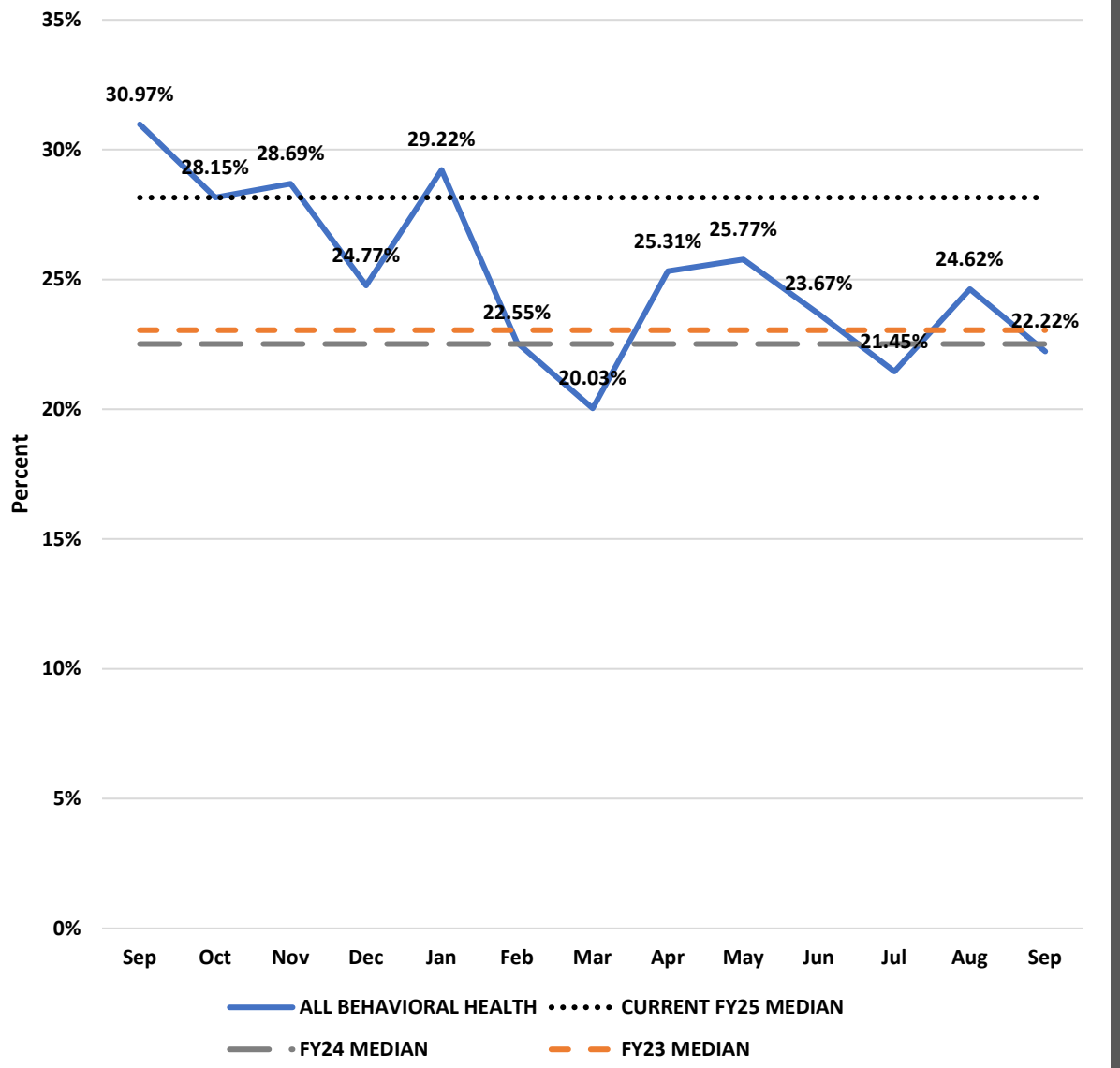
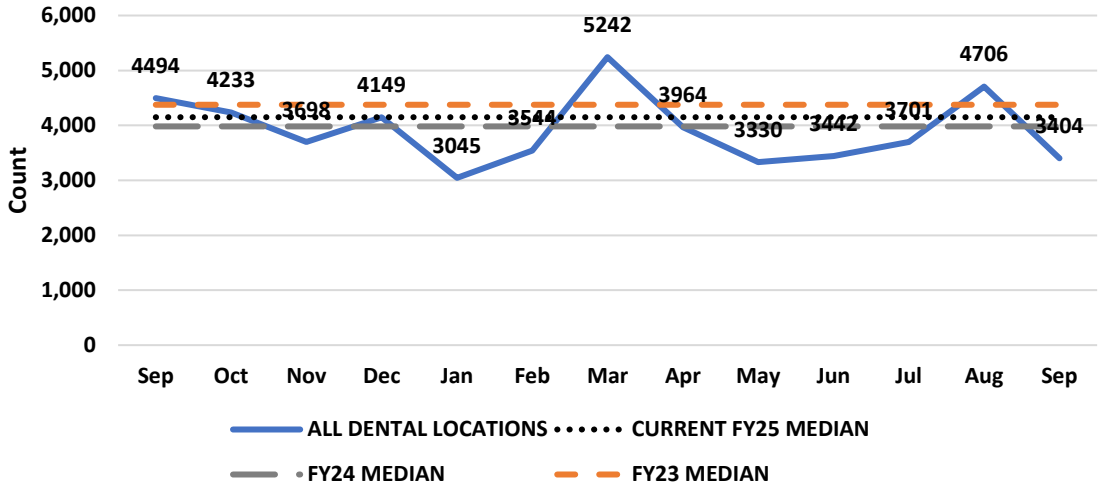
Sep
ALL BEHAVIORAL HEALTH
TELEMEDICINE VISITS
CURRENT FY25 MEDIAN
FY24 MEDIAN
FY23 MEDIAN


NO SHOW % - ALL LOCATIONS
30%
25%
20%
15%
10%
5%
0%
Percent
22.18%
22.24%
23.93%
23.44%
27.43%
22.31%
21.91%
21.80%
22.52%
23.58%
24.05%
24.45%
24.50%
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
ALL LOCATIONS
CURRENT FY25 MEDIAN
FY24 MEDIAN
FY23 MEDIAN

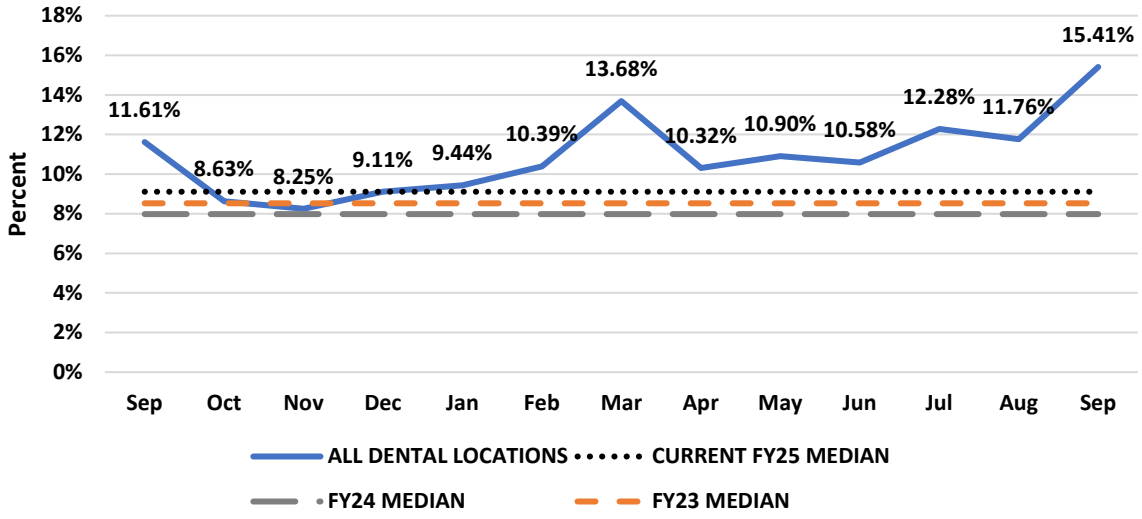

NO SHOW % - ALL BEHAVIORAL HEALTH
35%
30%
25%
20%
15%
10%
5%
0%
Percent
30.97%
28.15%
28.69%
24.77%
29.22%
22.55%
20.03%
25.31%
25.77%
23.67%
21.45%
24.62%
22.22%
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
ALL BEHAVIORAL HEALTH
CURRENT FY25 MEDIAN
FY24 MEDIAN
FY23 MEDIAN

Dental

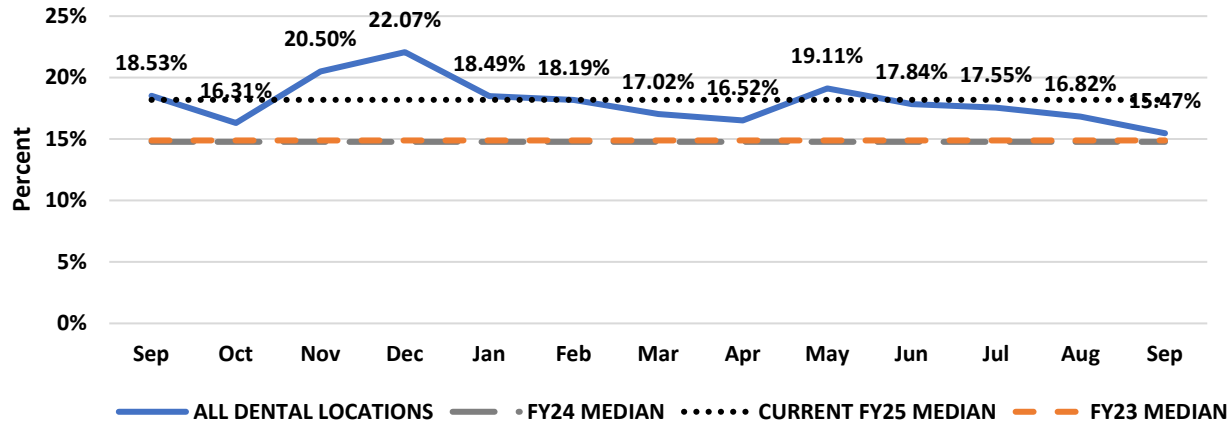
DENTAL VISITS - ALL LOCATIONS



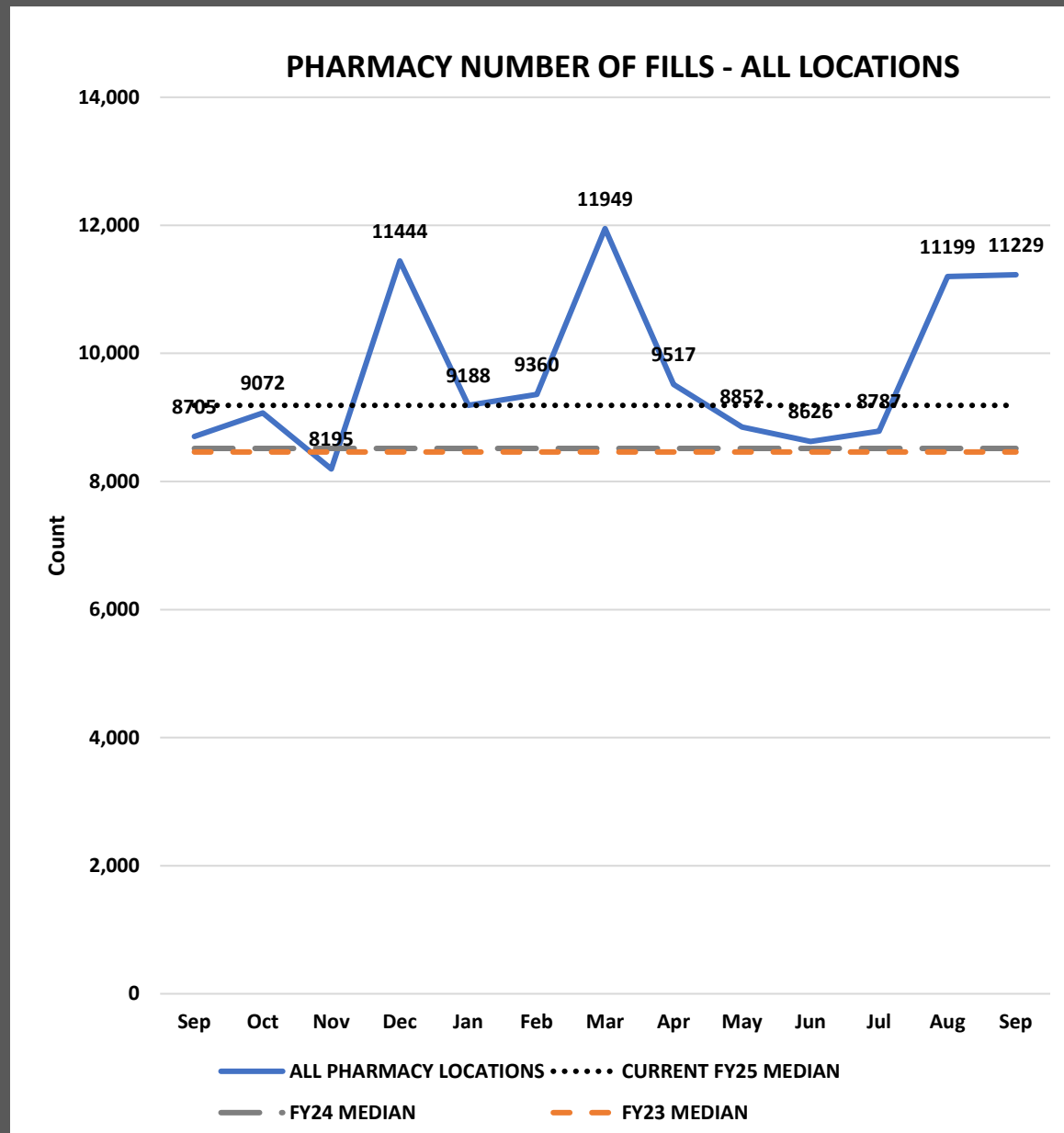
DENTAL NEW PATIENT % - ALL LOCATIONS

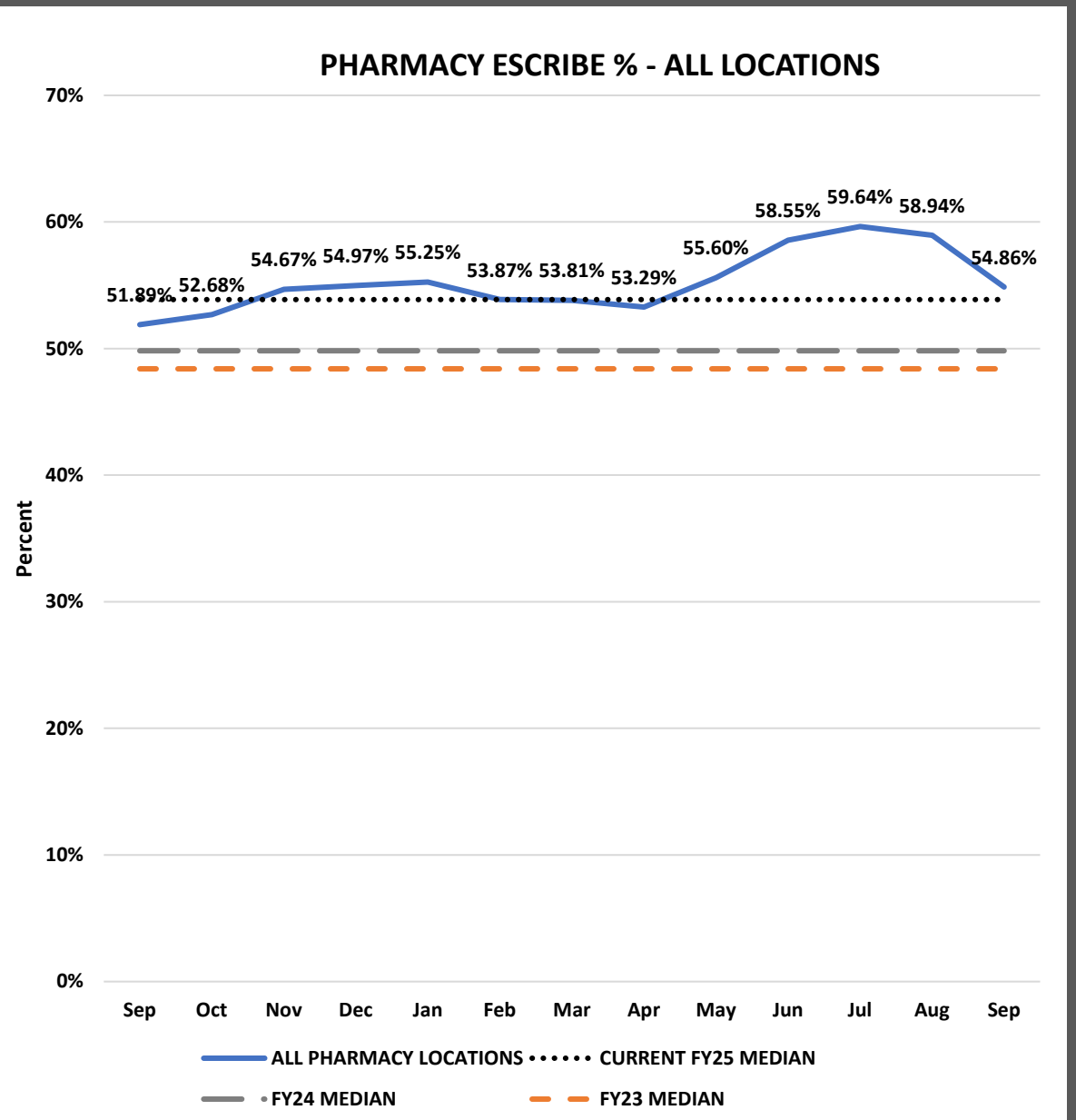


DENTAL BROKEN APPT % - ALL LOCATIONS

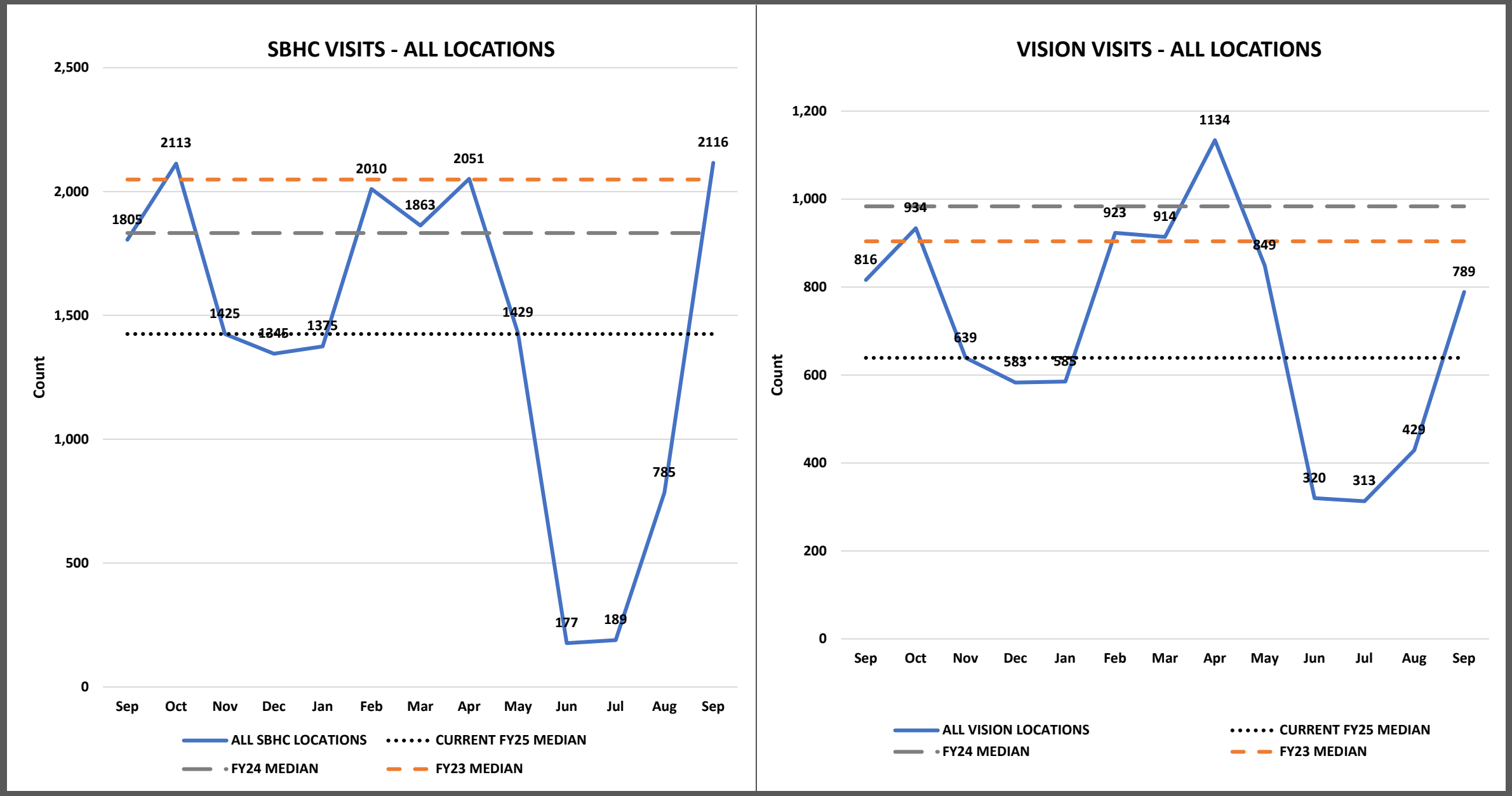


Pharmacy


PHARMACY NUMBER OF FILLS - ALL LOCATIONS
Count
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
8705
9072
8195
11444
9188
9360
11949
9517
8852
8626
8787
11199
11229
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
ALL PHARMACY LOCATIONS
CURRENT FY25 MEDIAN
FY24 MEDIAN
FY23 MEDIAN


PHARMACY ESCRIBE % - ALL LOCATIONS
Percent
70%
60%
50%
40%
30%
20%
10%
0%
51.89%
52.68%
54.67%
54.97%
55.25%
53.87%
53.81%
53.29%
55.60%
58.55%
59.64%
58.94%
54.86%
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
ALL PHARMACY LOCATIONS
CURRENT FY25 MEDIAN
FY24 MEDIAN
FY23 MEDIAN

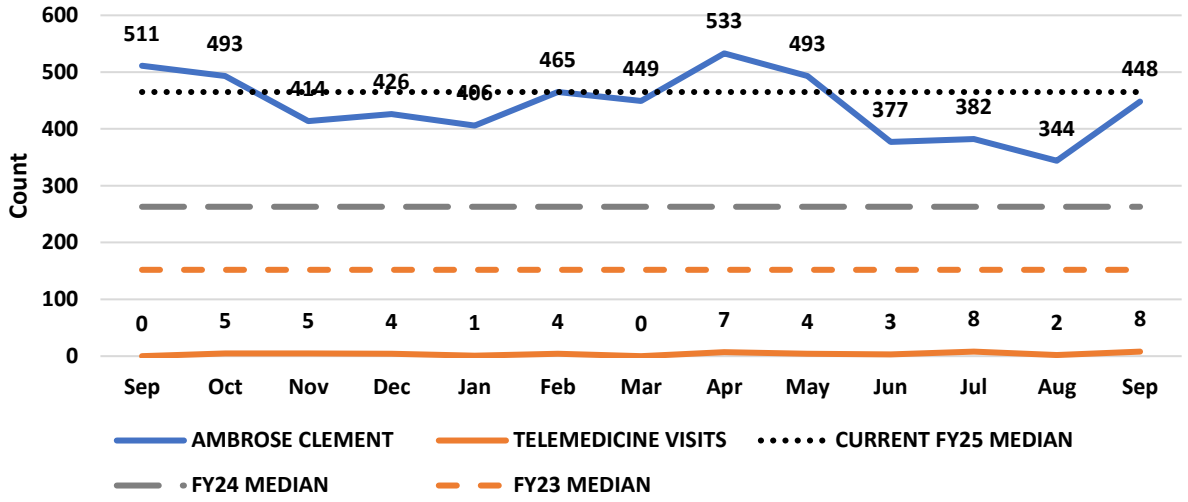
School Based Health Centers


SBHC VISITS - ALL LOCATIONS
Count
2,500
2,000
1,500
1,000
500
0
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
1805
2113
1425
1345
1375
2010
1863
2051
1429
177
189
785
2116
ALL SBHC LOCATIONS
CURRENT FY25 MEDIAN
FY24 MEDIAN
FY23 MEDIAN
VISION VISITS - ALL LOCATIONS
Count
1,200
1,000
800
600
400
200
0
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
816
934
639
583
585
923
914
1134
849
320
313
429
789
ALL VISION LOCATIONS
CURRENT FY25 MEDIAN
FY24 MEDIAN
FY23 MEDIAN

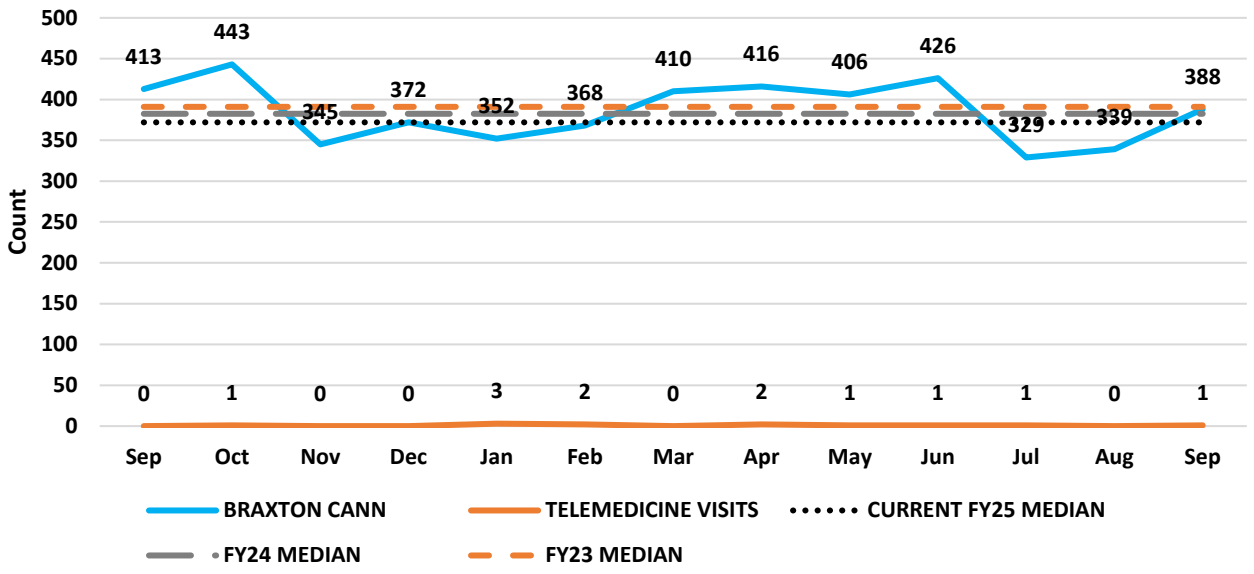
Supplemental Slides

VISITS

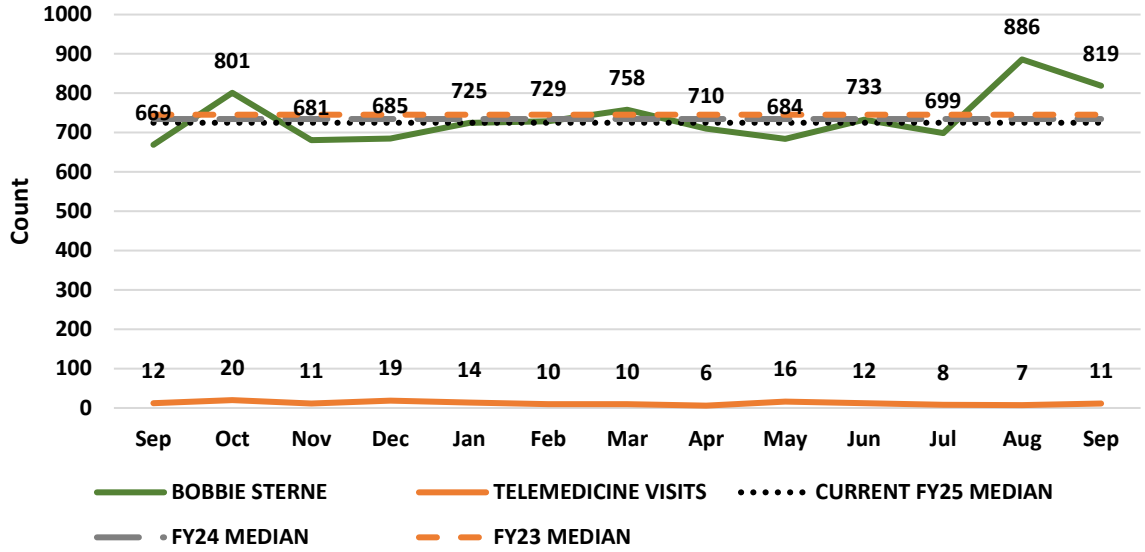
AMBROSE



BRAXTON CANN

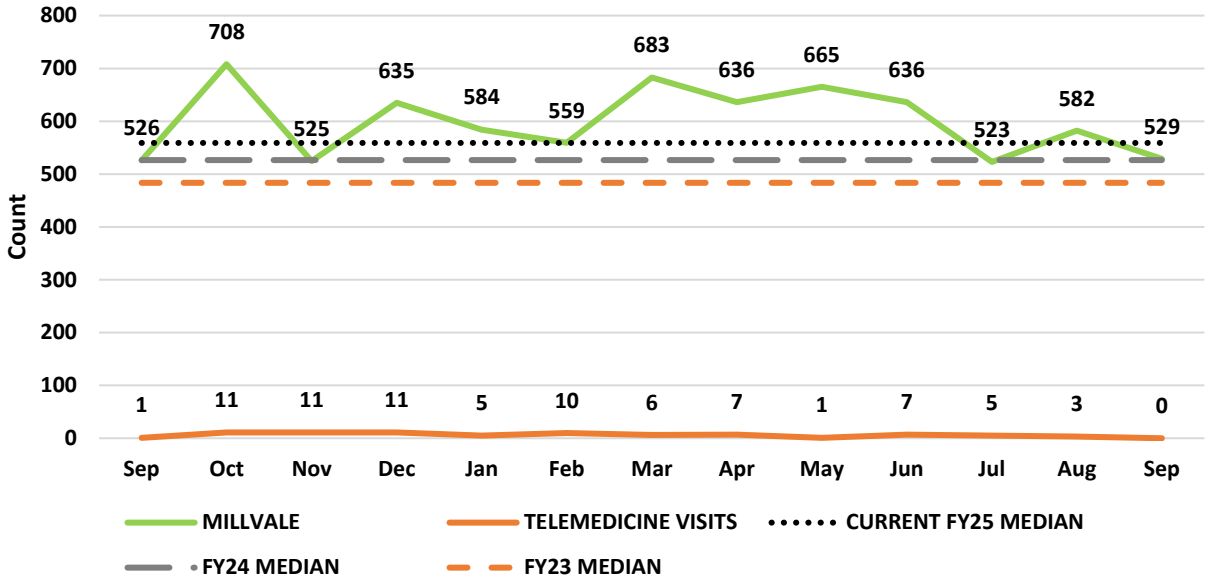


BOBBIE STERNE

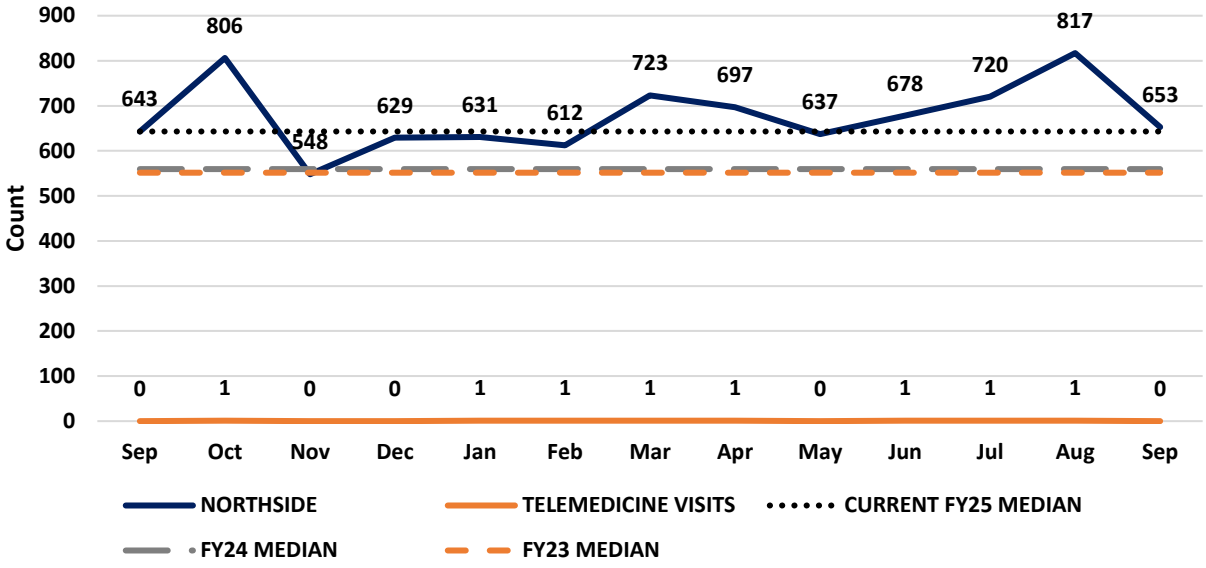


VISITS

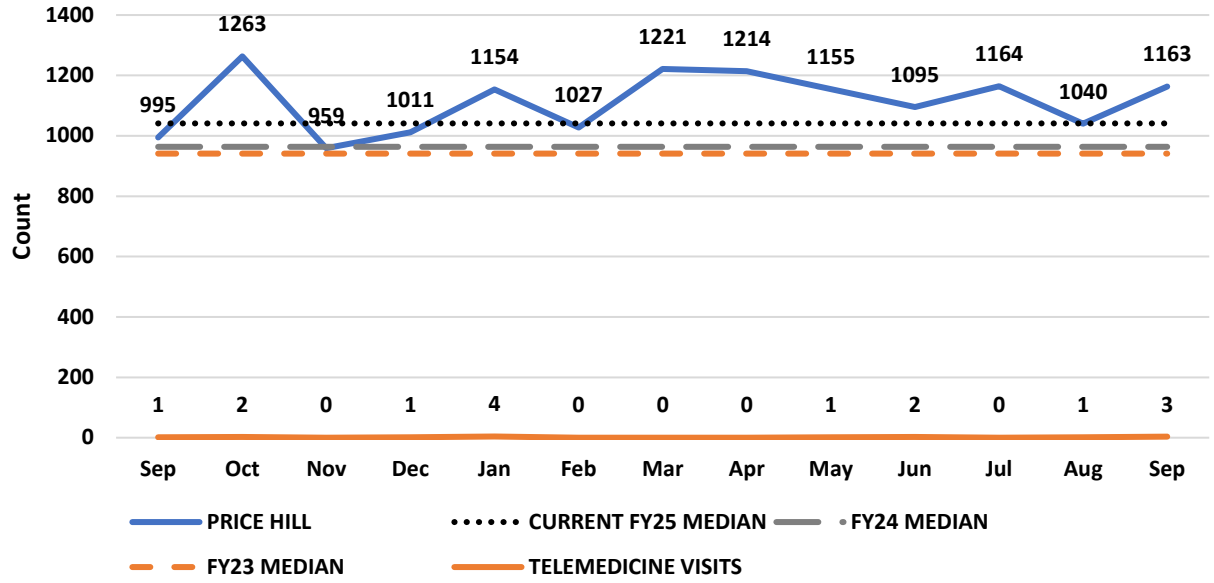
MILLVALE



NORTHSIDE

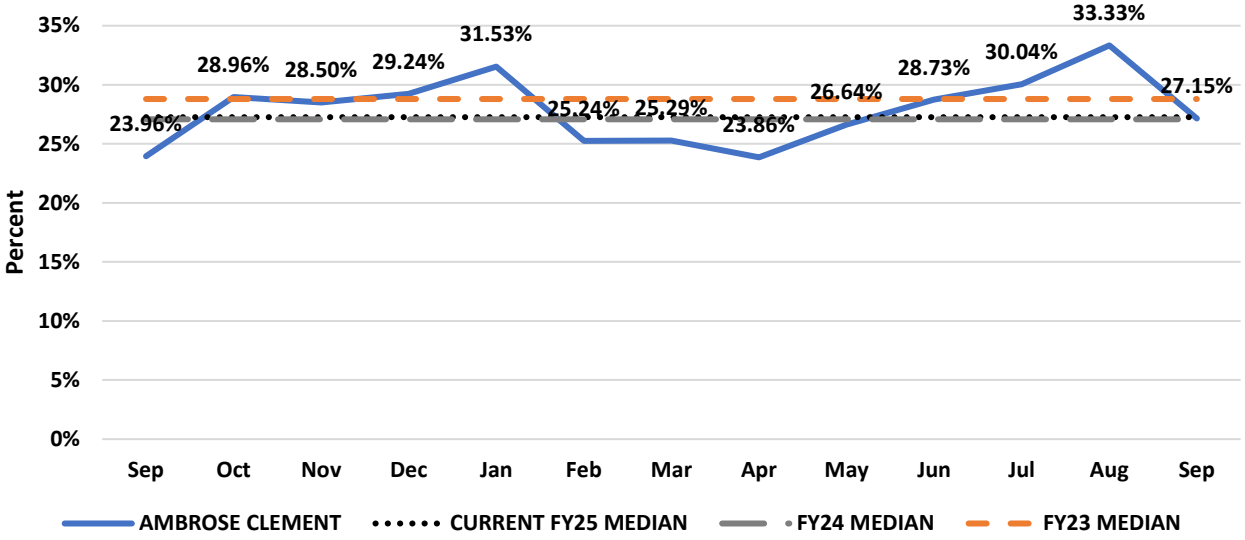


PRICE HILL

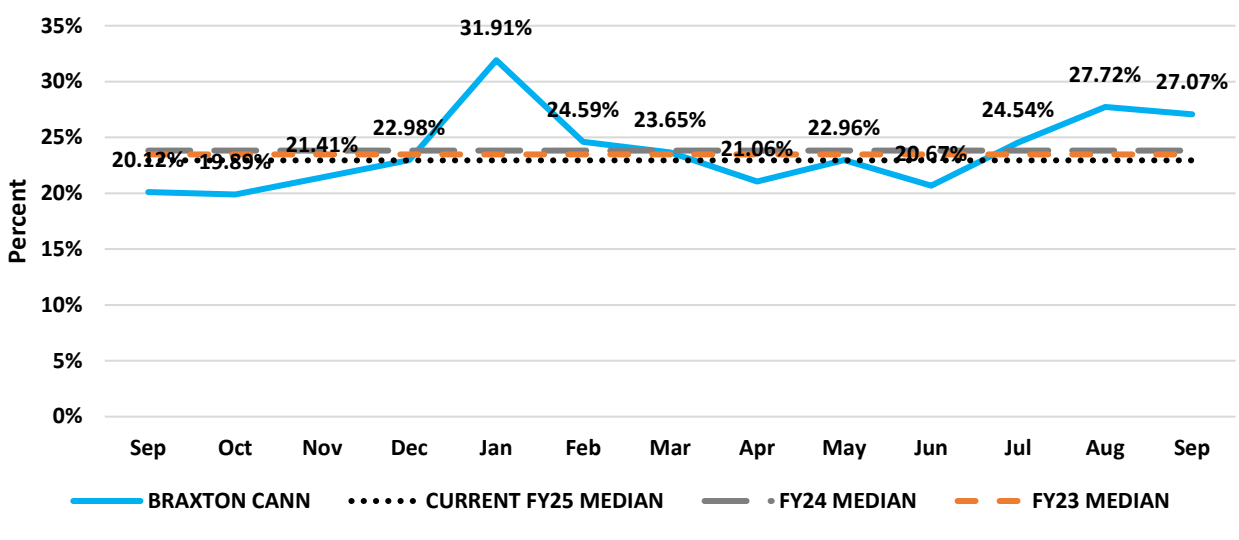


NO SHOW PERCENT

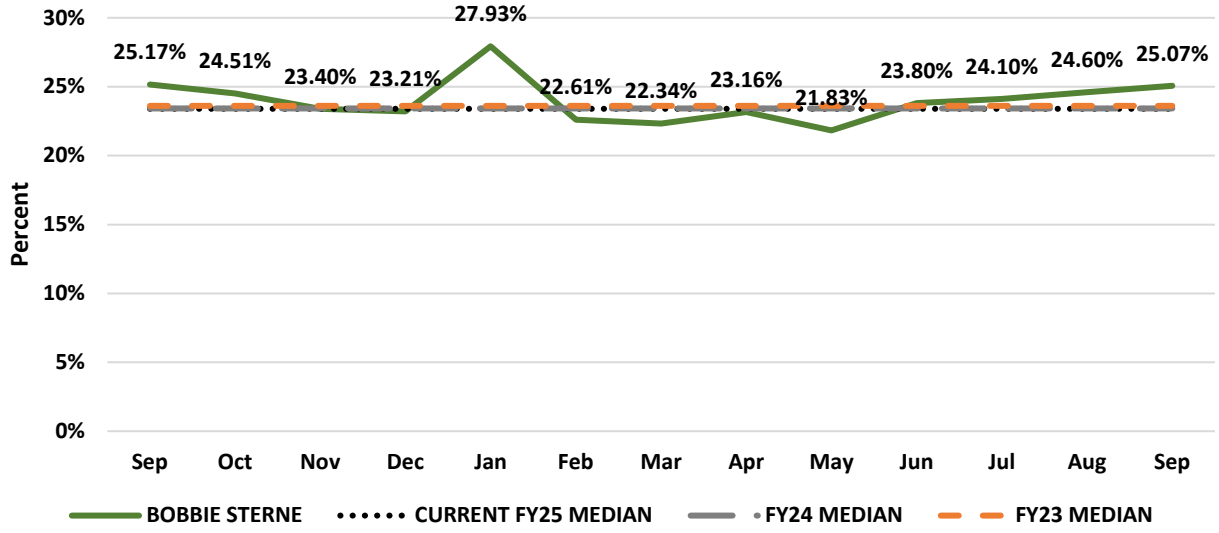
AMBROSE



BRAXTON CANN

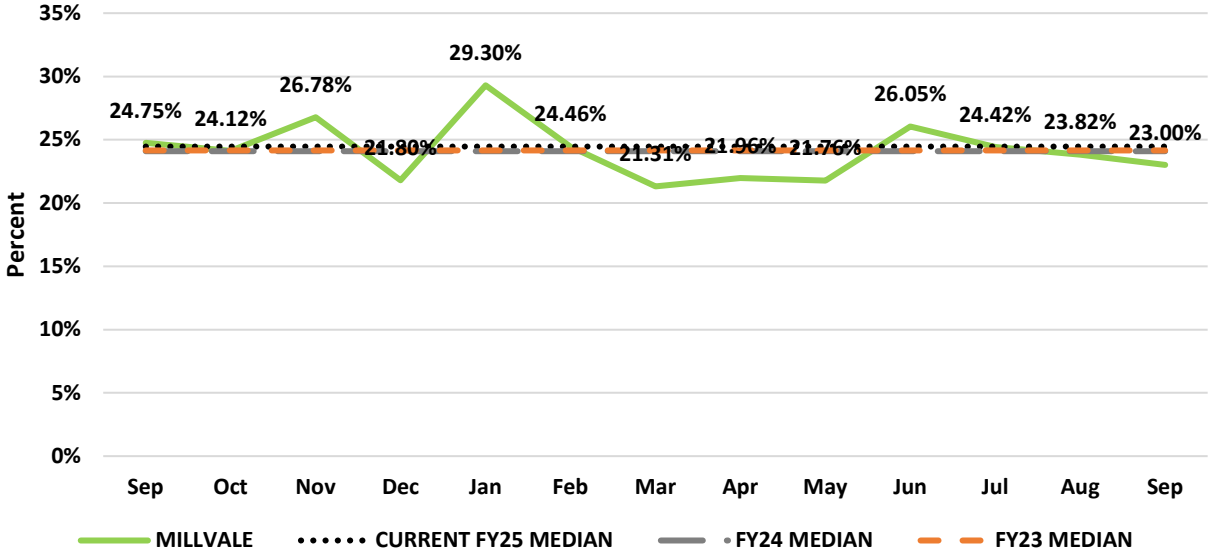


BOBBIE STERNE

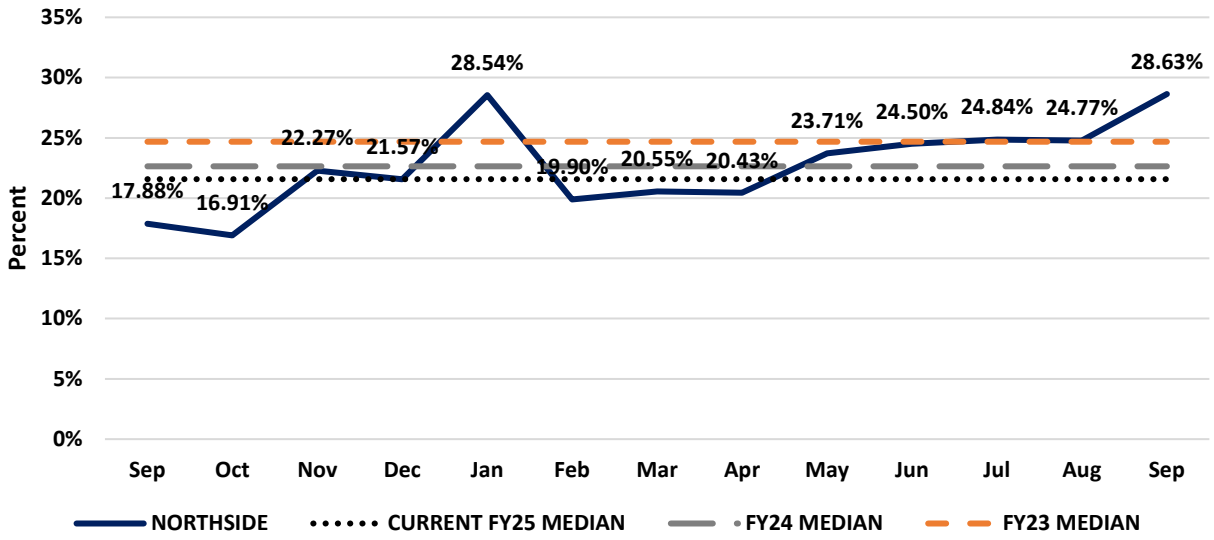


NO SHOW PERCENT

MILLVALE



NORTHSIDE



PRICE HILL