City of Cincinnati Primary Care Board of Governors Meeting

November 13, 2024

Agenda

Renu Bahkshi	Michelle Burns	Timothy Collier	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 9, 2024, CCPC Board Meeting.

Executive Committee

6:10 pm – 6:20 pm Board Chair Updates

Special Presentation

6:20 pm – 6:35 pm Ms. Abria Drummonds, Senior Administrative Specialist-Call Center Manager
Call Center Presentation – ***document***

Leadership Updates

6:35 pm – 6:45 pm Ms. Joyce Tate, Chief Executive Officer
CEO Report
Personnel Actions – ***document***

6:45 pm – 6:55 pm Mr. Mark Menkhaus Jr., Chief Financial Officer
CFO Report – ***documents***

6:55 pm – 7:05 pm Ms. Angela Mullins, Nursing Supervisor
Policies
- Accommodation of Service Animals in Health Centers
- Administrative Professional Dress Code
- Service and Emotional Support Animals

Vote: **Motion to approve** the Accommodation of Service Animals in Health Centers Policy

Vote: **Motion to approve** the Administrative Professional Dress Code Policy

Vote: **Motion to approve** the Service and Emotional Support Animals Policy

7:05 pm – 7:10 pm Mr. David Miller, Pharmacy Director
Drug Supply Chain Security Act (DSCSA) Compliance Policy and Procedure
Vote: **Motion to approve** the Drug Supply Chain Security Act (DSCSA) Compliance Policy and Procedure

New Business

7:10 pm – 7:25 pm Future of Public Health Discussion

7:25 pm – 7:30 pm Public Comments

7:30 pm Adjourn

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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 11, 2024

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

CCPC Board of Governors Meeting Minutes

Wednesday, October 9, 2024
Call to order at 6:00 pm

Roll Call

CCPC Board members present –Ms. Renu Bahkshi, Mr. Timothy Collier, Ms. Alexius Golden Cook, Dr. Angelica Hardee, Dr. Camille Jones, Mr. John Kachuba, Dr. Phillip Lichtenstein, Ms. Debra Sellers, Ms. Jen Straw, Ms. Erica White-Johnson, Dr. Bernard Young

CCPC Board members absent – Ms. Michelle Burns, Mr. Robert Cummings, Dr. Camille Jones, Ms. Luz Schemmel

Others present – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Dr. Geneva Goode, Mr. Mark Menkhaus Jr, Dr. Edward Herzig, Mr. David Miller, Dr, Yury Gonzales

CCPC Board Meeting Agenda Pa

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. Mr. Collier also gave prayers and acknowledgements to those that were affected by Hurricane Milton.	n/a	Mr. Tim Collier
Roll Call	10 present; 4 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes	**Motion:** the City of Cincinnati Primary Care Board of Governors approves the minutes of September 11, 2024, CCPC Board Meeting.	**M**: Dr. Philip Lichtenstein **2nd:** Dr. Bernard Young **Action: 10-0 Passed**	Mr. Tim Collier
Old Business			
CEO Report	Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board. Governance-Guide-for-Health-Center-Board National Association of Community Health 2023 Patient Satisfaction Survey 1.(**NACHC Board Member Training** • Ms. Tate announced to the board that the National Association of Community Health Centers put together a Board Training Manual and video. It included information regarding board member roles and responsibilities. The training information (manual and video link) were included in the board agenda packet for further review. **Patient Satisfaction Survey Results** • Ms. Tate discussed the 2023 Patient Satisfaction Survey Results with the Board. The Board received this powerpoint on October 8th for their review. • Ms. Tate informed the board members that the epidemiology team analyzed the results.	n/a	Ms. Joyce Tate

	• Survey measured Medical, Dental, School-Based, Behavioral health patient areas. • The survey measured areas of success and needs of improvement. Overall, the results came back positive. • Staff and providers were measured, which came back with positive feedback. • There were questions surrounding our facilities, which came back with positive feedback. • Ms. Tate went over some of the specific questions that were asked in the survey within each subsection. • Ms. Tate shared a number of patients expressed that CCPC needs improvement in the availability of same day appointments and also medical advice availability after hours. • Ms. Tate informed the board that CCPC Leadership team will spend the next 6-12 months working to improve the overall patient experience. • No additional commentary from the board. **Personnel Actions** BOH Personnel Actions_9.24.pdf Ms. Tate shared the CCPC Personnel Actions passed by the Board of Health on September 24, 2024. • A list of Personnel Actions was included in the agenda packet. • CCPC New Hires includes 1 Dentist (Otteria Miller), 1 Medical Assistant (Alyssa O'Bryant), 1 Pharmacist (Aisha Oliver), 1 Dietitian (Amanda Sokol), and 1 Health Counselor (Tonya Banks). • CCPC Promotion includes one promotion from Public Health Nurse 2 to Public Health Nurse 3 (Jonda Proffitt).		

Finance Update	Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY24 and FY25 for the month of August 2024.
	August Report CCPC 9.30.24.docx
	Finance Update CCPC as of August 9.30.24.c
	July Committee Revenue Presentation
	• Please see the memo and presentation attached to the agenda.
	
	Highlights
	• Health Center Disaster hours continue to be low.
	• School Based Disaster Hours continue to be low.
	• Revenue was decreased by 8.46%.
	  ○ Self-paid patients increased by 26.08%.
	  ○ Medicare increased 5.87%.
	  ○ Medicaid decreased by 91.62%. This is because the FY24 figure was inflated because CHD received several months of backlogged payments from Medicaid resulting from ODM's transition from MITS system to the Provider Network Management System (PNM). Meanwhile, the FY25 figure is deflated because of interruptions with OBS claims
		n/a	Mr. Mark Menkhaus Jr.

	going to Medicaid wrap. The issue with Medicaid wrap payments was resolved as of October 2024. ○ Private Pay decreased by 7.40%. ○ Medicaid managed care increased 26.54%. ○ 416—Offset increased by 5.21%. • Expenses increased by 11.12%. The increase is due in part to COLAs and the corresponding fringes. Increases are also due to the timing of invoices paid (ex. LabCorp paid $87,430.25 in FY24 but was paid $181,272.99 in FY25. Also, Cardinal Health was paid $224,228.43 in FY24 but was paid $439,528.39 in FY25. However, Ochin was paid $132,462.73 in FY24 but was paid $63,223.36 in FY25.) ○ Personnel expenses increased 7.06%. ○ Material expenses increased 67.15%. ○ Contractual Costs increased 20.16%. ○ Fixed costs decreased 24.20%. ○ Fringes increased 3.57%. • Net Gain was -$1,459,743.05; decreased 168.30%. ○ Invoices greater than 90 days were at 26%; (below 20% is the goal). ○ Invoices greater than 120 days were at 18%: (below 10% is the goal). ○ Average Days in Accounts receivable were 4.8 days. • No additional commentary from the board.		
New Business			
New Business & Public Comments	• No Public Comments.	n/a	Mr. Tim Collier
Documents in the Packet but not presented.	• Efficiency Update was included in the packet.	n/a	n/a

Meeting adjourned: 6:47 pm

Next meeting: November 13, 2024, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes: https://fb.watch/vIy0ACblOB/

Date: 10/9/2024
Clerk, CCPC Board of Governors

Date: 10/9/2024
Dr. Angelica Hardee, Secretary

CCPC Board of Governors

Cincinnati Health Department
October 9, 2024

Board Members	Roll Call	9/11/2024 Minutes
Ms. Renu Bakhshi	x	
Ms. Michelle Burns		
Mr. Timothy Collier-Chair	x	
Mr. Robert Cummings		
Ms, Alexius Golden Cook	x	
Dr. Angelica Hardee	x	
Dr. Camille Jones		
Mr. John Kachuba	x	
Dr. Philip Lichtenstein	x	
Ms. Luz Schemmel		
Ms. Debra Sellers	x	
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	x
Geneva Goode, DNP	x
Mark Menkhaus Jr	x
Edward Herzig, MD	x
David Miller	x
Yury Gonzales, MD	x

Central Scheduling Unit

Abria Drummonds

Our Mission & Vision

CCPC Mission Statement

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

CCPC Vision Statement

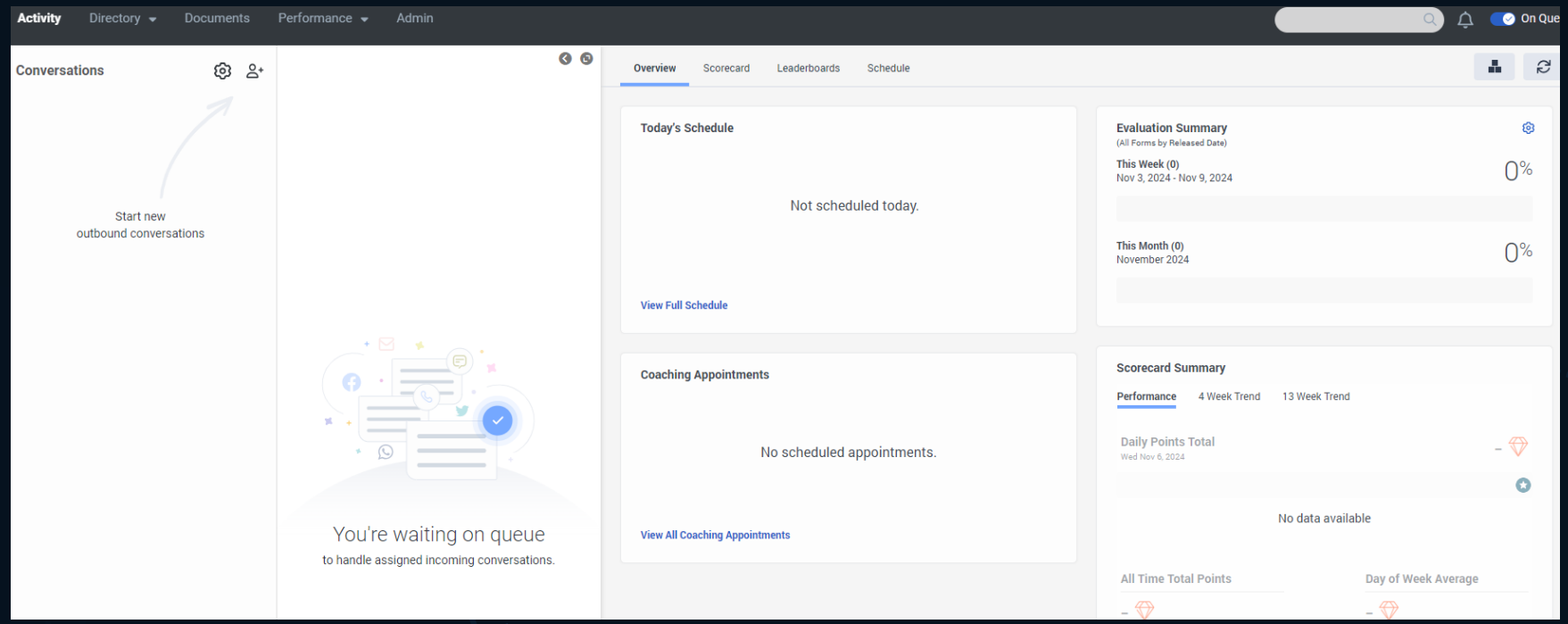
To Create a healthier community by serving one patient at a time

Thank You for Calling CCPC…

The Central Scheduling call center serves as CCPC's first line of contact when patients, partners, or providers call. Our CRRs field inquiries, appointment needs and aid in resolving any challenges patients might be experiencing. Patients who call in are often dependent on the agent on the other end of the line, and a single negative interaction can easily send a patient into the arms of a competing healthcare provider. Therefore, we understand how incredibly important it is to run efficiently and provide excellent service.

Meet the Team: CSU Customer Relations Representatives

Tools of The Trade

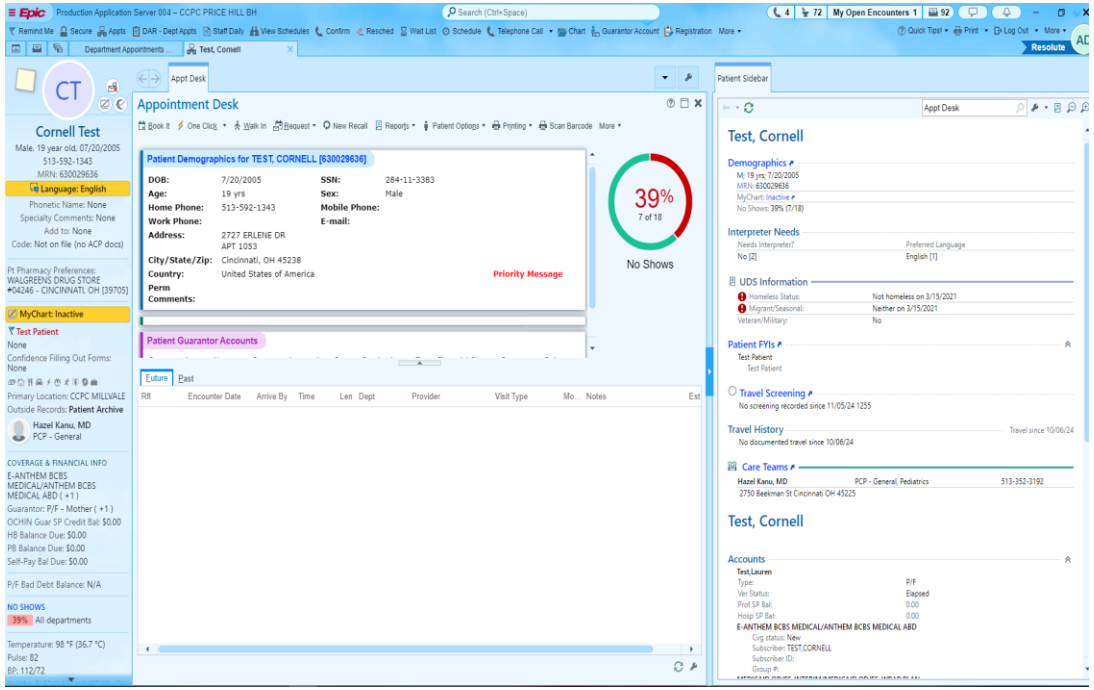


Genesys

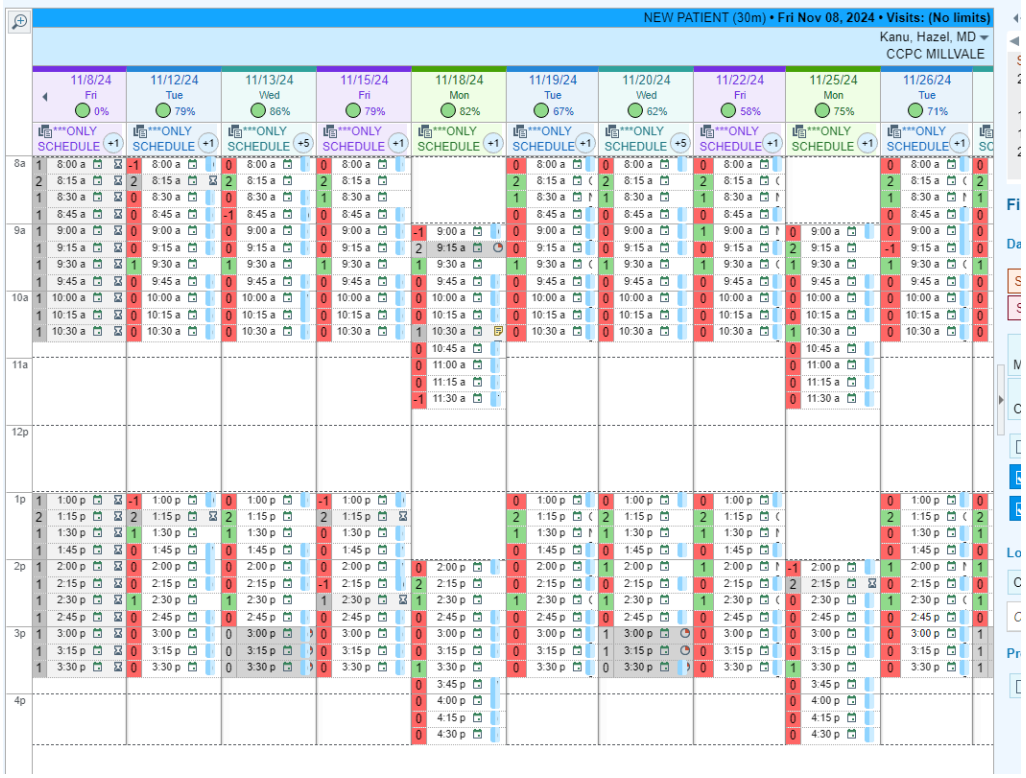
- In August 2024 the call center upgraded to the Genesys system to streamline operations and improve patient experiences.

EPIC

Appointment Desk



Schedule



94,887	3m 58s	34%	N/A
Calls Received	Avg call duration (in minutes)	Calls Above SLA	Avg. CSAT score (customer satisfaction)

CUSTOMER SERVICE

- When scheduling appointments, it's important to consider the following factors:
- The patient's needs and preferences
- The availability of equipment and personnel
- The capacity, requirements, and preferences of the scheduler

Provider Schedule

CCPC PROVIDER SCHEDULES

HEALTH CENTER	PROVIDER NAME	DISCIPLINE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CCPC AMBROSE H. CLEMENT	Julie Wolf, APRN	Adult & Peds	AM ADULT/PM PEDS	AM PEDS/PM ADULT	ADULT ALL DAY			
HEALTH CENTER	Aziza Yun, NP	Adult & Peds	AM PEDS/PM ADULT	AM ADULT/PM PEDS	AM ADULT	AM ADULT/PM PEDS	AM ADULT/PM PEDS	
	Clinique Davis, NP	OB/Gyn			PM ONLY	PM ONLY	AM ONLY	
	Dr. William Moravek	OB/Gyn				AM ONLY		
	Dr. Muhammad Shah	BH Adult		AM ONLY	PM ONLY			
	Alisha Lee	BH Adult			AM ONLY			
	Megan Meyer, APRN	BH Adult	PM ONLY	ALL DAY	ALL DAY	ALL DAY		
	John Monahan	BH Adult	ALL DAY				ALL DAY	
CCPC BOBBIE STERNE	Betsy Bobst, NP	Adult	ALL DAY	AM ONLY	ALL DAY	ALL DAY	ALL DAY	
HEALTH CENTER	Dr. Monal Mehta	Adult	ALL DAY	ALL DAY	ALL DAY	ALL DAY	AM ONLY	
	Dr. Denise Saker	Peds	ALL DAY	PM ONLY		PM ONLY	AM ONLY	
	Dr. Scott Graziano	OB/Gyn				ALL DAY		*SUBJECT TO CHANGE*
	Dr. Elizabeth Kelly	OB/Gyn	AM ONLY		PM ONLY			
	Ashlie Pullen, NP	OB/Gyn		ALL DAY	AM ONLY		AM ONLY	
	Dr. Rocco Rossi	OB/Gyn	PM ONLY					
	John Monahan	BH Adult		ALL DAY	ALL DAY	ALL DAY		
	James Mason	BH Pediatrics	ALL DAY			PM ONLY		
	Zella Massaro	Social Work	ALL DAY	ALL DAY		ALL DAY	ALL DAY	
CCPC BRAXTON CANN	Lauren Gering, APRN	Peds	ALL DAY	AM ONLY	ALL DAY	ALL DAY	ALL DAY	

Performance Indicators

Tracking and analyzing healthcare call center metrics can provide insights into performance and areas for improvement.

Noted areas of improvement are:

Calls Abandoned

In Service Level

Average Wrap Time

Calls answered: the calls that come in to us and we answer

Calls Abandoned: The caller hung up before we answered. This is a really important metric. We want this as low as possible.

Abandon Rate: The percentage of all callers that hung up before we answered. Again, we want this very low.

% In Service Level: This is the percentage of all calls that we answered within 90 seconds, which is the service level goal. We want this as HIGH as possible.

Service Level Calls: The total number of calls we answered within 90 seconds.

Avg Speed of Answer: The average length of time it took us to answer all calls, our goal is 90 seconds.

Avg Talk Time: The average of how long we are engaging with the caller during each call.

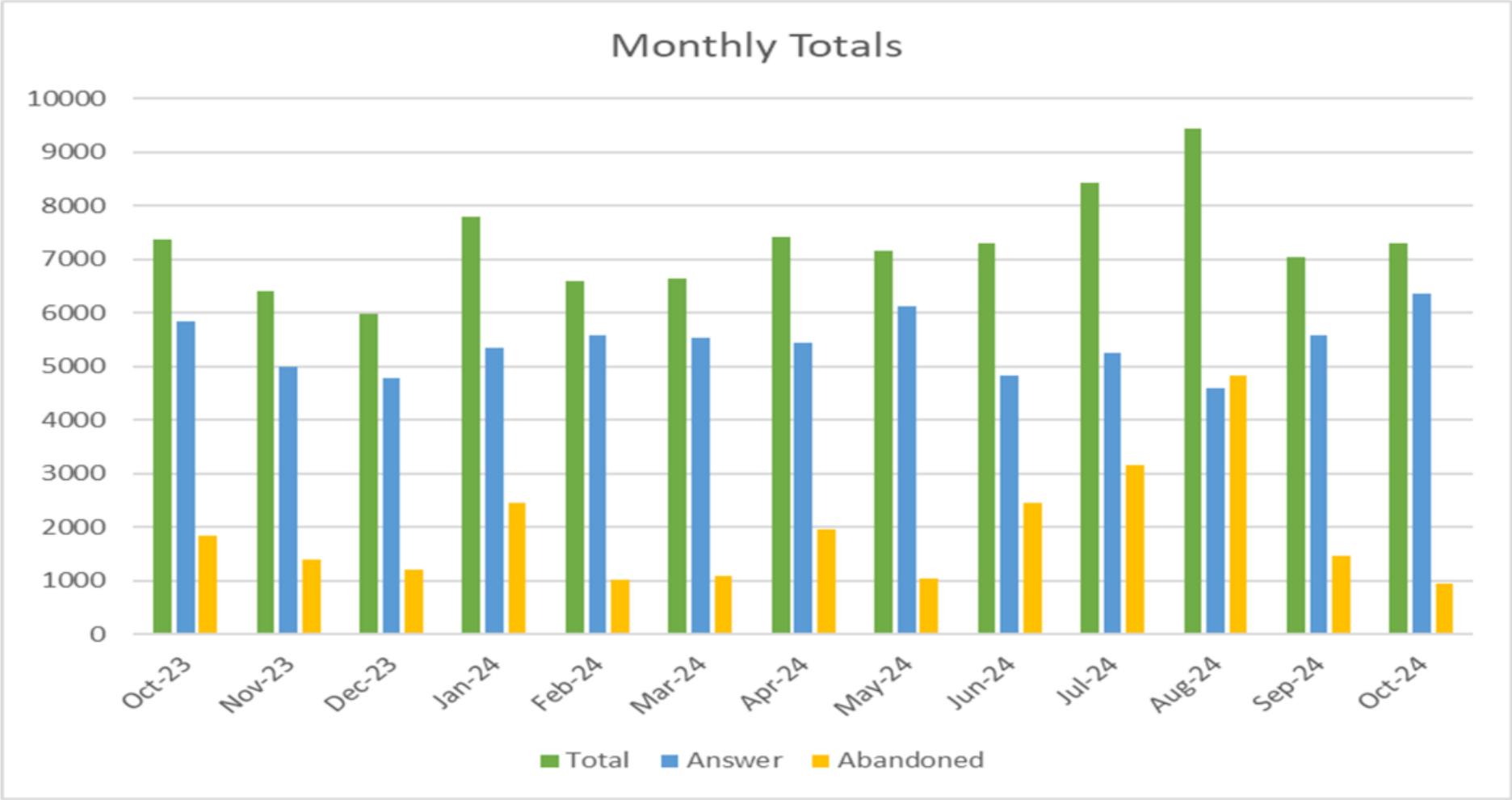
Avg Wrap Time: The average amount of time spent in wrap after a call ends. We want this to be low. It shows how quickly we become available for the next call.

Longest Wait/Max Hold: The caller who waited the longest to speak with us, and the time. These are almost always at lunch.

***Virtual Queue Calls**: the calls that request a call back through the system and we call

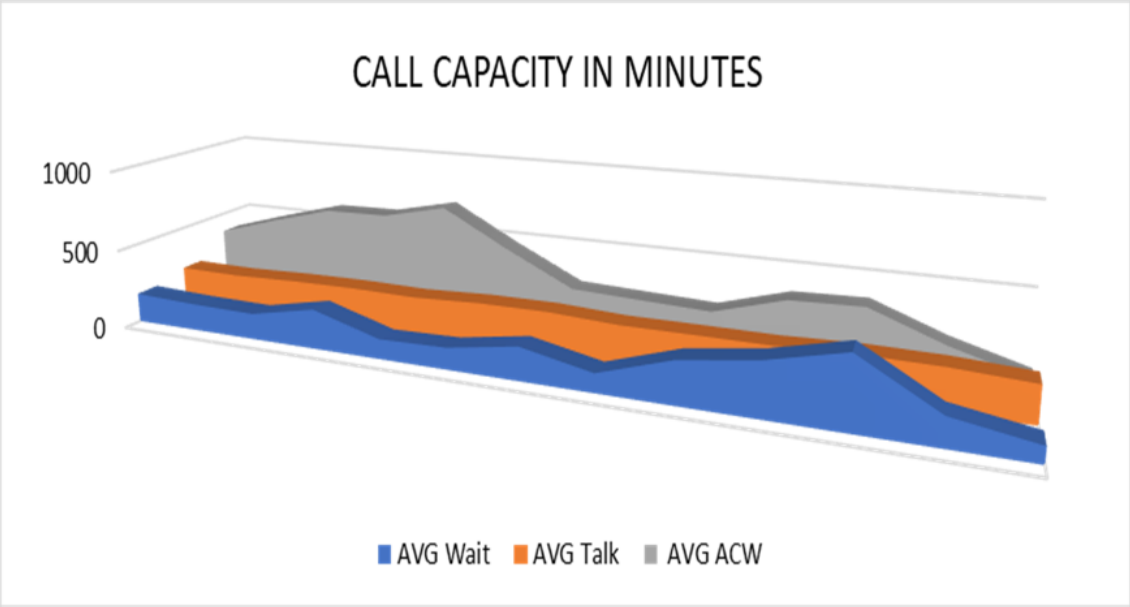
***VQ+ Calls Answered**: the total calls we processed during the day

Annual Performance Report of Call Center



Capacity vs Call Times

Month	AVG Wait	AVG Talk	AVG ACW
10/23/2024	182	229	375
11/23/2024	167	225	495
12/23/2024	161	238	604
1/24/2024	245	243	611
2/24/2024	122	237	702
3/1/2024	132	255	473
4/1/2024	202	257	263
5/1/2024	114	235	245
6/1/2024	254	236	228
7/1/2024	317	235	355
8/1/2024	424	250	369
9/1/2024	168	245	200
10/24/2024	94	221	71



According to research from Accenture, scheduling appointments over the phone takes more than eight minutes, and these calls are transferred 63% of the time. CRRs at CCPC handle entire call.

Changes:

LUNCH AND BREAK SCHEDULES

7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30
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7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30
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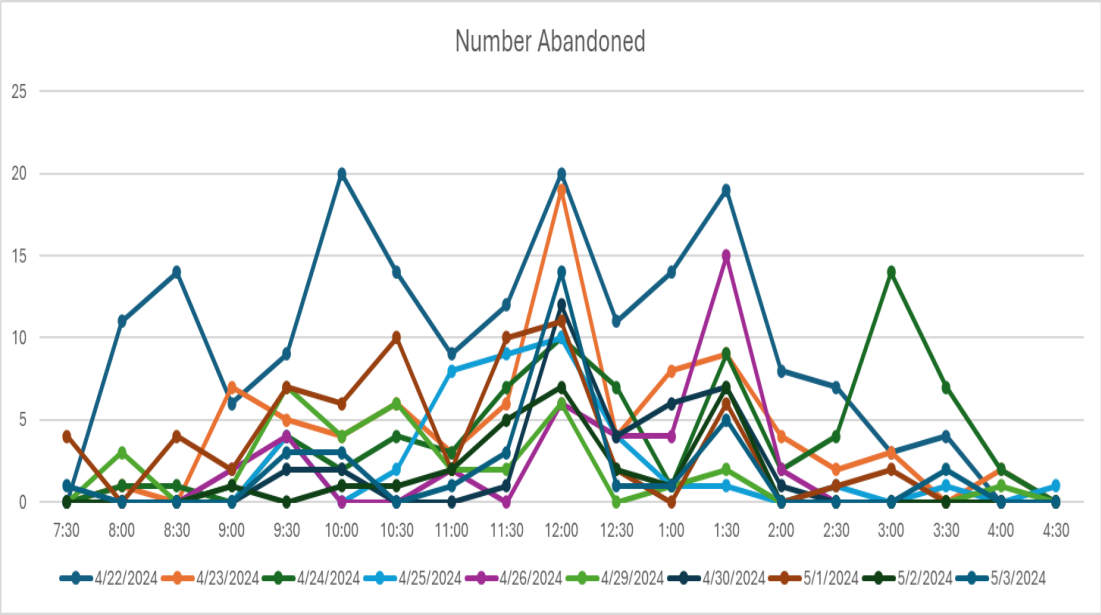
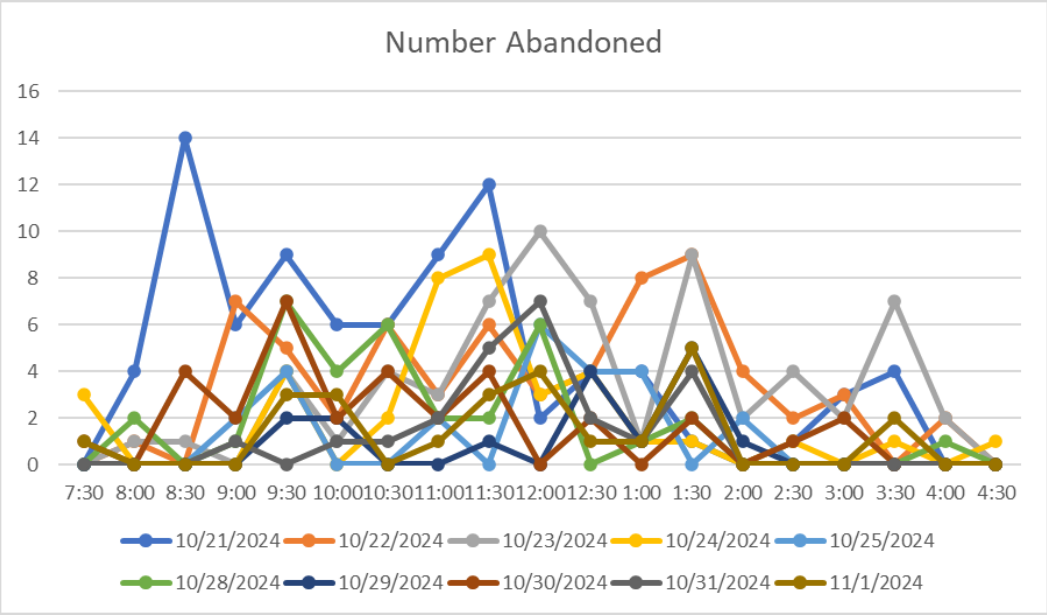




Improvements: Decreased Calls Abandoned

Call Center Blues

- Chronic Absenteeism
- Time Off Queue
- Unscheduled Time From Workstation
- Capacity
- Unbalanced Workload

Strategies for Continuous Improvements

Regular Training updates:

Staff Meetings are held twice a month

One on One meetings are held once a month with staff

Feedback loops from health centers

Implement Advanced Call Routing (call back)

- **Enhance Self-Service Options**
- **Monitor and Improve Call Quality**
- **Optimize Scheduling and Staffing**

Questions?

DATE: November 13, 2024

TO: City of Cincinnati Primary Care Governing Board

FROM: Joyce Tate, CEO

SUBJECT: CEO Report Outline

The CEO Report Outline for November 2024

- **Facility Planning Updates**
- **Capital Projects Update**
- **Mayor's Visit to the Health Centers – Pictures included in Packet**
- **CEO Performance Evaluation-** Board members can send comments and recommendations as deemed appropriate.
- **Ambrose Clement Health Center Fall Festival – Community Day**
- **Braxton Cann Signage**
- **Clinical Pharmacy Staffing**
- **NCQA Renewal Level 3 Recertification**
- **Performance Value Based Care Update-**$149,000 highest in the state

AMBROSE H. CLEME
HEALTH CENTER
city of
CINCINNATI
HEALTH DEPARTMENT
UC Health

PRICE
HILL
HEALTH
CENTER

PHARMACY

Annual Performance Evaluation

For Middle Management (Div. 0), Senior Management (Div. 8), Executive Management (Div. 5), and Cincinnati Organized and Dedicated Employees (CODE).

General Information

Employee Name:

Employee ID #:

Department:

Division:

Employee's Job Classification:

Review Period: From:

To:

Effective Date of Review:

Next Review Date:

Rater's Name:

Reviewer's Name:

Rater's ID:

Reviewer's ID #:

Type of Review: Annual

Introduction & Purpose

For the Rater / Supervisor:
The performance evaluation is a tool to measure, evaluate, reinforce and/or improve your employee's job performance. After completion of the Performance Evaluation, your employee should understand if they have been successful in meeting their goals & objectives for the review period. It is also a tool to measure the degree to which your employee has embraced the values of your Department and the City of Cincinnati. It is best if you give your employee on-going feedback throughout the year.

For the Employee:
The performance evaluation provides feedback concerning a) your supervisor's expectations and priorities of your current position; b) your performance strengths and areas where there is room for improvement; and c) the degree to which you have met your goals & objectives.

Definition of Performance Ratings

The rater must provide comments for each measurement when completing the evaluation.

Performance Ratings:

Exceptional: Employee consistently surpassed expectations, did more than required, and exceeded requirements and goals / objectives.

Exceeds Expectations: The employee met expectations and often rose above expected standards and performance requirements for position held. Did more than required on an ongoing basis.

Meets Expectations: Performance was competent. Achieved results that met requirements or goals / objectives. Performance was at the level expected of a qualified and experienced employee, although there may be opportunities for improvement.

Needs Improvement: Performance fell short of consistently meeting requirements. Needed counseling by supervisor. Needs improvement in area to more effectively and efficiently meet requirements of the position.

Unacceptable: Deficient performance in meeting requirements. Needs counseling and oversight by supervisor on an on-going basis. Immediate, substantial and sustained improvement is required.

These performance ratings are used for individual measurements, sections, and the overall rating.

It is expected that over 80 - 90% of our employees will meet or exceed expectations. However, in the rare case where an employee receives an overall score of "Needs Improvement" or "Unacceptable" for a section or the overall evaluation, the supervisor should consult the Performance Improvement Steps.

Essential Values

Rater must provide comments for each measurement when completing the evaluation.

1. **Acts with Integrity, Ethics & Accountability:** Is perceived as trustworthy. Assumes responsibility for actions and follows through on commitments.. Serves as role model and "walks the talk". Conducts self in a professional manner. Understands the responsibility of being a public servant. Makes decisions in a consistent manner. Maintains confidentiality. Shows compassion for others. Gives honest feedback.
   Rating:
   Comments and / or Examples:

2. **Communicates Effectively:** Demonstrates effective and tactful listening, speaking, and writing skills with all levels of the City Administration. Skilled at interacting with people who have different communication styles. Openly shares appropriate information. Understands and can articulate the Department's mission. Keeps supervisor aware of progress and communicates potential roadblocks and information that could impact public opinion.
   Rating:
   Comments and / or Examples:

3. **Provides Excellent Customer Service:** Understands and embraces that the City's primary mission is to deliver excellent customer service. Responds in a timely and effective manner to both internal and external customer's needs and does so courteously. Looks for creative solutions to better serve our customer, and shares best practices.

Rating:
Comments and / or Examples:

4. **Relationship Building:** Seeks, builds, and maintains productive relationships with employees at all levels, and with customers (both internal and external). Works courteously and cooperatively with other team members and the public. Seeks opportunities to assist others. Treats all people respectfully.
Rating:
Comments and / or Examples:

5. **Embraces Change:** Accepts and promotes new systems, processes, and procedures, and looks for opportunities to improve upon them. Understands the need for change and growth. Seeks to minimize bureaucratic inefficiencies.
Rating:
Comments and / or Examples:

6. **Attitude:** Demonstrates a positive and cooperative attitude and willingness to follow instructions. Shows initiative. Contributes to unit morale and shows acceptance of Department goals. Considers the needs of the organization and others when solving problems and exercising judgment. Extends common-courtesy to others. Is supportive of, and gives credit to, others.
Rating:
Comments and / or Examples:

Section rating for Essential Values:

Rating: Previous Rating:
Comments:

Core Competencies

A Core Competency is an ability to perform a role or complete a set of tasks, which comes from a combination of knowledge, skills and behaviors. Generally speaking, a Core Competency is a "primary responsibility". A person will typically have four to seven Core Competencies; with each one having a set of tasks associated with it. This list is not necessarily all-inclusive of the employee's responsibilities and / or tasks performed.

The first three competencies have been pre-determined. However, there must be at least two to five additional competencies and associated goals added to this list.

The Supervisor selects the Competencies and Goals, with input from the employee. You may also reference the Job Specifications for the position.

The Rater must provide comments for each measurement and should use quantifiable results and specific examples when practical.

1. **Competency: Quality of Work –** work is consistent, thorough and accurate. Follows safe work protocols and exercises proper use of tools and equipment. Demonstrates initiative. Requires minimal supervision and makes sound decisions.
Rating:
Comments and / or Examples:

2. **Competency: Work Productivity –** Manages concurrent assignments and meets deadlines and commitments. The amount of work performed is appropriate to the job function. Uses time wisely. Balances work / personal matters appropriately.
Goal(s):
Rating:
Comments and / or Quantifiable Results:

3. **Competency: Attendance –** Meets normal standards regarding attendance, tardiness, and observance of work hours. Follows call-in procedures and approval procedures for leaves of absence. (The evaluation of an employee's attendance record must not reflect their use of FMLA.)
Goal(s):
Rating:
Comments and / or Quantifiable Results:

4. **Competency:** .
Goal(s): .
Rating:
Comments and / or Quantifiable Results: I.

5. **Competency:** .
Goal(s): .
Rating:
Comments and / or Quantifiable Results: .

6. **Competency:** .
Goal(s):
Rating:
Comments and / or Quantifiable Results:

7. **Competency:**
Goal(s):
Rating:
Comments and / or Quantifiable Results:

8. **Competency:**
Goal(s):
Rating:
Comments and / or Quantifiable Results:

Section rating for Core Competencies:
Rating: Previous Rating:
Comments:

Supervisory / Leadership Skills

(Applicable to supervisory personnel)
Rater must provide comments for each measurement when completing the evaluation.

1. Provides Leadership, Trains, Motivates, and Coaches. Is a Role Model to Team Members, Fosters Teamwork, Provides an Environment for Open and Shared Ideas
Rating:
Comments and / or Examples:

2. Consistently Upholds Standards Fairly, Resolves Problems, Conflicts, and/or Grievances in an Appropriate and Timely Fashion, (i.e.; HR P&P, Labor contracts.), Makes Fair and Consistent Decisions, Maintains Environment for Positive Employee Morale
Rating:

Comments and / or Examples:

3. Plans and Acts Strategically, Delegates Effectively, Promotes Cross Training and Shared Responsibilities
Rating:
Comments and / or Examples:

4. Promotes, embraces, and values Small Business Enterprise (SBE) initiatives, EEO, and Affirmative Action goals. Implements a strategy to increase the number of competitively bid contracts awarded to SBE's. Attains the departmental SBE utilization goal of .
Rating:
Comments and / or Examples:

5. Completes Employees' Performance Evaluations on Time
Rating:
Comments and / or Examples:

Section rating for Supervisory / Leadership Skills:

Comme

Rating: Last Year's Rating:
Comments:

Overall Evaluation

Rating: Previous Rating:

Supervisor's Specific Comments to Support Overall Evaluation:

Rater / Supervisor's Name: Date: ID #:

Supervisor's Signature: _____

Reviewer's Name: Date: ID #:

Reviewer's Signature: _____

I understand that my signature indicates that I have had the opportunity to review and discuss the completed performance evaluation with my supervisor, but does not necessarily mean that I agree with the performance evaluation.

Employee's Signature	Date	ID #

Employee comments (Optional):

Reviewer's Comments (Optional)

Reviewer's Comments:

Signature of Reviewer	Date of review	Reviewer's ID

city of CINCINNATI PRIMARY CARE

AMBROSE *Fall Festival*

Come with your family or a friend

TURKEY Giveaway

Did you know that there is a full-service health center in your neighborhood? Come enjoy free workouts, health screenings, great music, giveaways, food, and more.

AMBROSE HEALTH CENTER COMMUNITY DAY

NOVEMBER 23rd

10 am - 1 pm

3559 Reading Rd Suite 101,
Cincinnati, OH 45229

COME ENJOY

- Food Trucks
- Thanksgiving Food Box Giveaway
- Tour Guide
- Free health screenings
- Fitness Training
- Live DJ
- Face Painting
- Giveaways

Interdepartmental Correspondence Sheet

Date: 10/22/2024

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for October 22, 2024 BOARD of HEALTH MEETING

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

ASHLEY BOYD	**MEDICAL ASSISTANT**	**CCPC**
(Transfer)		
Salary Bi-Weekly Range:	$2,052.24 to $2,167.95	Grant

The Cincinnati Health Department- City of Cincinnati Primary Care (CCPC) wishes to hire Ashley Boyd as a Medical Assistant at The Bobbie Sterne Health Center. Ms. Boyd attended Cincinnati State certified medical assistant program and has been a certified medical assistant since 2013. US Foot & Ankle Specialist currently employs Ms. Boyd. She is skilled in rooming patients, performing EKGs and point of care testing, chaperoning pap, and pelvic exams, and administering vaccine/injections. She is skilled in providing health care services for patients of various ages (toddler to adults). Ms. Boyd has well-rounded clinical experience working in the clinic setting and urgent care. Ms. Ramsey is skilled in EPIC, Microsoft, Outlook, and Excel. During her interview Ms. Ramsey expressed how much she enjoys helping others and being an advocate for patients. We are requesting, our Board of Health, to approve Ms. Boyd for the Medical Assistant position at Bobbie Sterne Health Center.

JAZMIN JOHNSON	**PUBLIC HEALTH NURSE 2**	**CCPC**
(Promotion)		
Salary Bi-Weekly Range:	$2,374.81 to $3,206.05	Grant

The Cincinnati Health Department- City of Cincinnati Primary Care (CCPC) wishes to hire Jazmin Johnson RN at Bobbie Sterne Health Center. Ms. Johnson graduated from Galen College of Nursing in 9/2022. She started he career as a Registered Nurse 05/2023 at UC Health on the mother & baby unit. Ms. Johnson is currently employed by UC Health, working in Internal Medicine. Her clinical nurse skills include assessing patient's condition, gathering information on their medical history, and providing necessary health care. She is skilled in providing health care services to adults. Ms. Johnson has well-rounded clinical experience working in adult medicine and women's health surgical area. Ms. Johnson is skilled in EPIC and has experience with Microsoft Word, Power Point, and Outlook. During her interview Ms. Johnson expressed a desire to work in women' s health and stated she was open to working in all areas within the health center including adult medicine and pediatrics. Ms. Johnson said she is organized, compassionate, and empathetic and she tries to put herself in other's shoes.

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

MELANIE LALLATHIN	**MEDICAL ASSISTANT**	**CCPC**
(Resignation)		
Salary Bi-Weekly Range:	$2,052.24 to $2,167.95	Revenue

Melanie Lallathin MA received an Associate Degree in Medical Assistant from Daymar College in 1996. She is certified through the National Health Career Association as a Certified Medical Clinical Medical Assistant.
Ms. Lallathin has been employed with HealthSource of Ohio, Mercy Family Practice, and Mercy Breast Surgeons. In her previous roles she served as a advocate, direct care/support to large patient population, and resource for her peers.
Ms. Lallathin will provide CHD/CCPC exceptional experience with her healthcare background and she would love to have the opportunity to grow in the CHD/CCPC organization.
I look forward to the opportunity to work with her.

ANDERS MARTIN	**CUSTOMER RELATIONS REPRESENTATIVE**	**CHES**
(Promotion)		
Salary Bi-Weekly Range:	$2,052.24 to $2,167.95	General

Anders Martin was selected for the Customer Relations Representative position. Anders Martin joins the Vital Records and Statistics program with over 10 years of customer service. Anders Martin has worked in customer service and has been an assistant manager at Walgreens locations.

ALYSSA SMITH	**MEDICAL ASSISTANT**	**CCPC**
(Resignation)		
Salary Bi-Weekly Range:	$2,052.24 to $2,167.95	Grant

The Cincinnati Health Department- City of Cincinnati Primary Care (CCPC) wishes to hire Alyssa Smith as a Medical Assistant at Ambrose Clement Medical Center. Alyssa graduated from Beckfield College where she achieved a diploma in Medical Assisting in September 2020. She became a certified medical assistant in October of 2020. Alyssa has 4 years of experience working as a certified medical assistant with obtaining skills in Adults, Pediatrics, and Obstetrics' and Gynecology with St. Elizabeth Hospital, UC Health Internal Medicine, Tri-Health and current The City of Cincinnati Health Department on a temporary assignment. Alyssa's work experience and skill set meet the requirements of those that we are seeking when fulfilling the medical assistant role here at Ambrose Clement Medical Center. Alyssa references verified and were consistent in describing her as being an effective communicator, highly skilled, dependable, punctual, team player and goes above and beyond for all the patients. Alyssa personality and skill set would be a tremendous asset to the Cincinnati Health Department-City of Cincinnati Primary Care. All in which align the core values of excellence, commitment, accountability, leadership, collaboration, and quality.

DATE: November 13, 2024

TO: City of Cincinnati Primary Care Governing Board

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation September 2024

Fiscal Presentation
Fiscal Presentation for September 2024.

- For FY25, as of September 2024, Cincinnati Primary Care had a net loss of $2,728,425.84.
- In FY24, September had a net loss of $793,417.48. Comparing FY25 with FY24 shows a decrease of $1,935,008.36. This decrease is due to lower revenue and higher expenses.
- Revenue decreased by $1,580,413.84 from FY24.
- Medicaid revenue is down 91.61% from the year prior. This is because the FY24 figure was inflated because CHD received several months of backlogged payments from Medicaid resulting from ODM's transition from MITS system to the Provider Network Management System (PNM). Meanwhile, the FY25 figure is deflated because of interruptions with OBS claims going to Medicaid wrap. The issue with Medicaid wrap payments is resolved as of October 2024.
- Expenses increased by $354,594.52 from FY24. The increase is due in part to COLAs and the corresponding fringes. Increases are also due to the timing of invoices paid (ex. LabCorp was paid $151,707.56 in FY24 but was paid $286,952.50 in FY25. Also, Cardinal Health was paid $506,592.54 in FY24 but was paid $476,419.99 in FY25. However, Ochin was paid $132,462.73 in FY24 but was paid $563,315.40 in FY25.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY25 and FY24 for September.

Clinics		
Type Labor Cost	**FY25**	**FY24**
Disaster Regular	$5,080.03	$ 5,749.77
Disaster Overtime	$ 0.00	$ 0.00
Total	$5,080.03	$ 5,749.77

School Based		
Type Labor Cost	**FY25**	**FY24**
Disaster Regular	$ 0.00	$ 82.44
Disaster Overtime	$ 0.00	$ 0.00
Total	$ 0.00	$ 82.44

September Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-7%	1%	0%	9%
Dental	-2%	0%	0%	2%
School-Based Medical	-6%	0%	0%	6%
School-Based Dental	2%	3%	0%	4%
Behavioral Health	-14%	0%	5%	5%
Vision	-8%	0%	0%	5%

Accounts Receivable Trends:

- The accounts receivable collection effort for June for 90-days is 24% and for 120-days is 16%. 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% from the previous month and the rate for 120-days also decreased by 2% from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The days in accounts receivable have increased from the month before by 1.5 days. The days in accounts receivable are above average (by 4.2 days) of the past 13 months at 40.2 days.

City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
September 2023 - September 2024

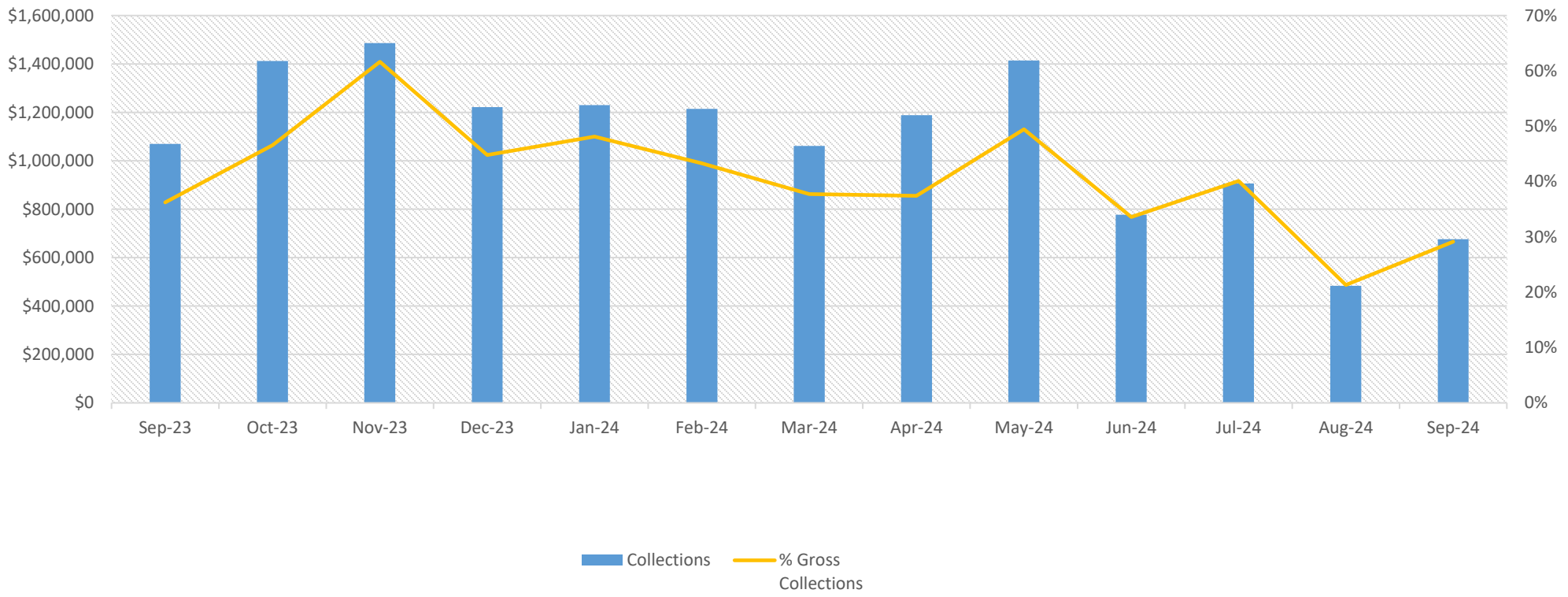
	FY25 Actual	FY24 Actual	Variance FY24 vs F23
Revenue			
8556-Grants\Federal	$838,325.53	$819,801.00	2.26%
8571-Specific Purpose\Private Org.	$9,000.00	$0.00	0.00%
8617-Fringe Benefit Reimbursement	$0.00	$0.00	0.00%
8618-Overhead Charges - Indirect Costs	$61,340.00	$0.00	0.00%
8733-Self-Pay Patient	$236,283.56	$241,678.98	-2.23%
8734-Medicare	$1,343,986.80	$1,372,016.65	-2.04%
8736-Medicaid	$157,338.09	$1,876,084.74	-91.61%
8737-Private Pay Insurance	$260,480.88	$277,088.32	-5.99%
8738-Medicaid Managed Care	$1,462,964.86	$1,324,490.70	10.45%
8739-Misc. (Medical rec.\smoke free inv.)	$38,090.32	$136,893.85	-72.18%
8932-Prior Year Reimbursement	$0.00	$0.00	0.00%
416-Offset	$1,310,197.31	$1,250,366.95	4.79%
Total Revenue	$5,718,007.35	$7,298,421.19	-21.65%
Expenses			
71-Personnel	$3,866,063.78	$3,649,288.30	5.94%
72-Contractual	$1,494,331.62	$1,392,558.19	7.31%
73-Material	$758,287.35	$775,802.78	-2.26%
74-Fixed Cost	$532,300.72	$528,020.42	0.81%
75-Fringes	$1,795,449.72	$1,746,168.98	2.82%
Total Expenses	$8,446,433.19	$8,091,838.67	4.38%
Net Gain (Losses)	**($2,728,425.84)**	**($793,417.48)**	**243.88%**

CHD/CCPC Finance Update

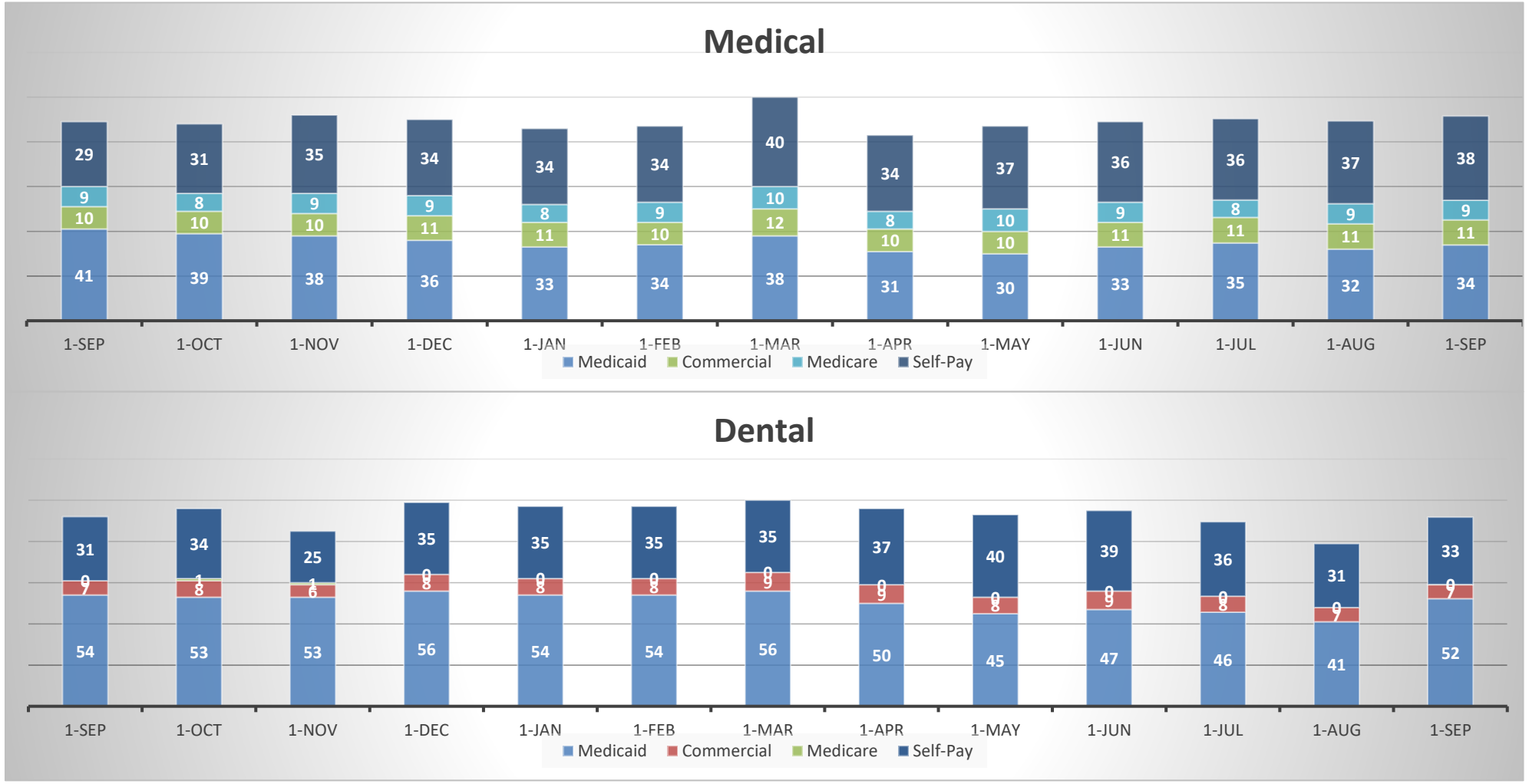
November 13, 2024

Revenue Presentation

Monthly Visit Revenue



Payor Mix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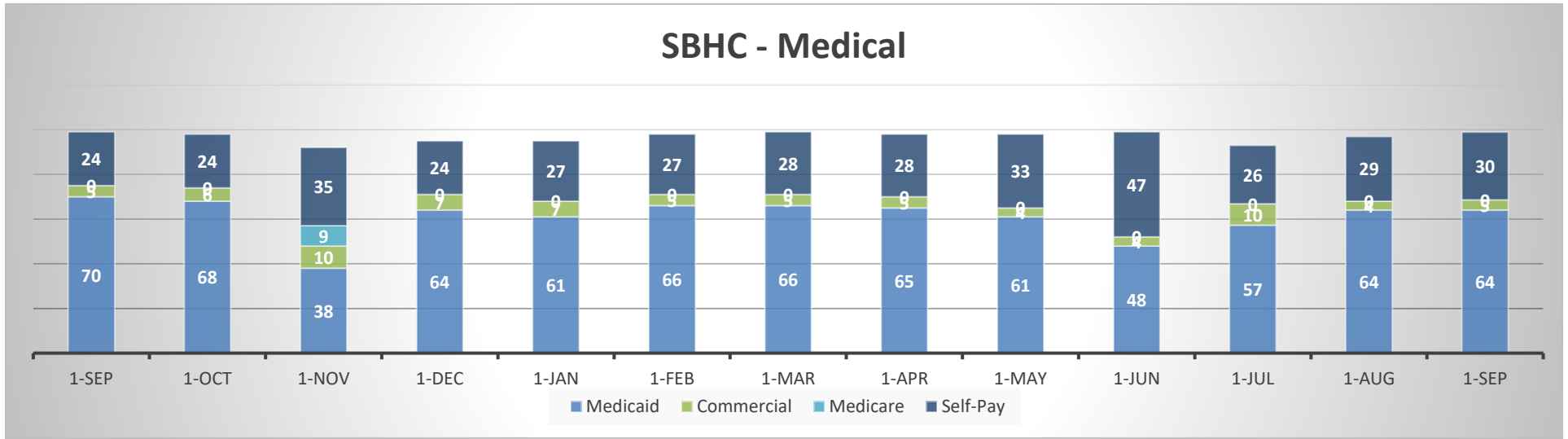
Payor Mix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Medicaid
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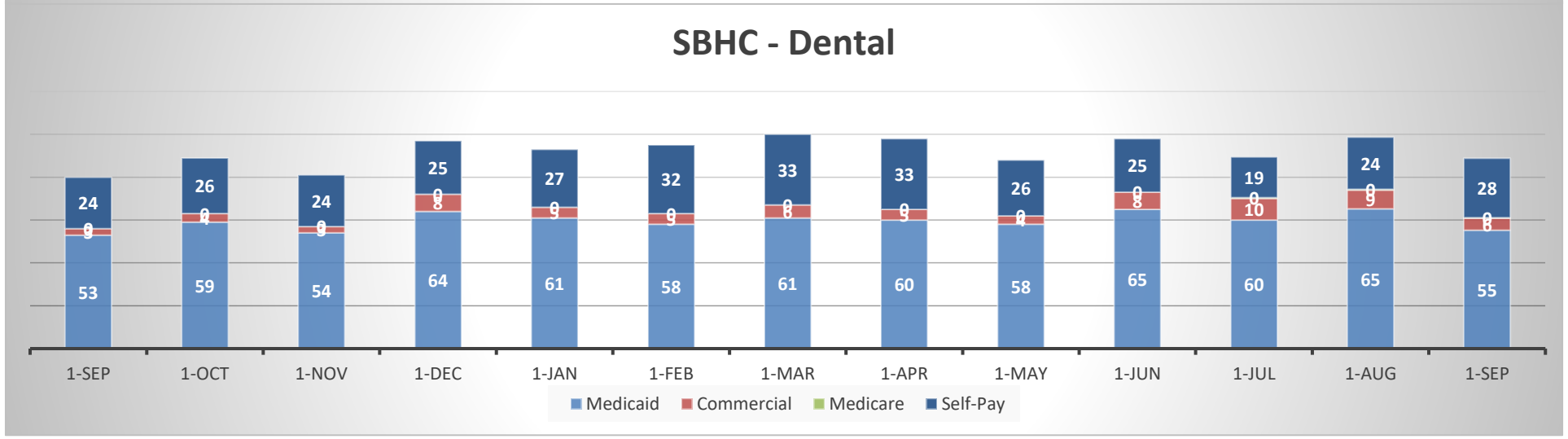
SBHC - Dental
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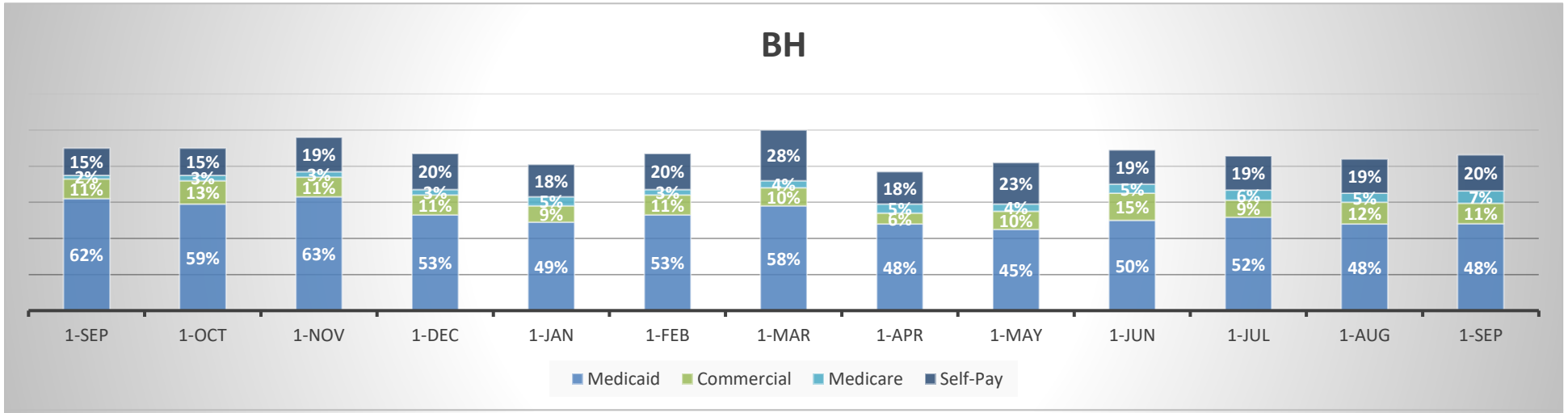
Payor Mix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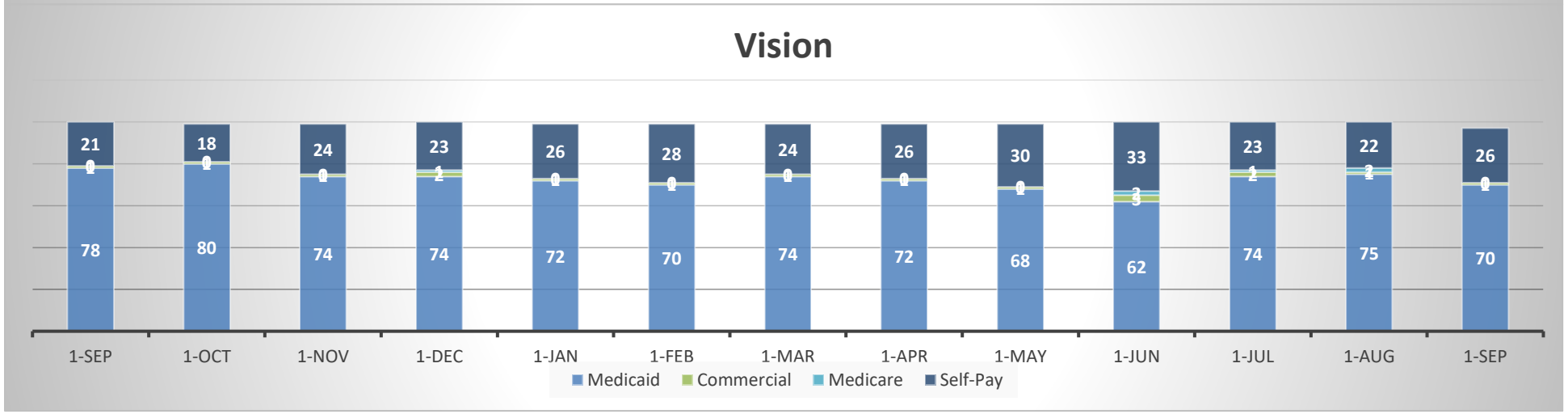
Medicaid Commercial Medicare Self-Pay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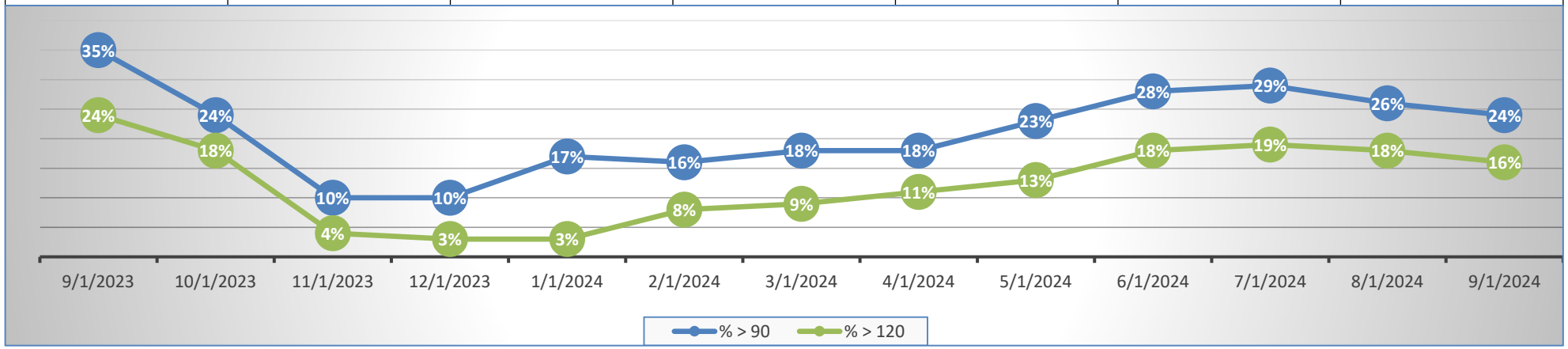
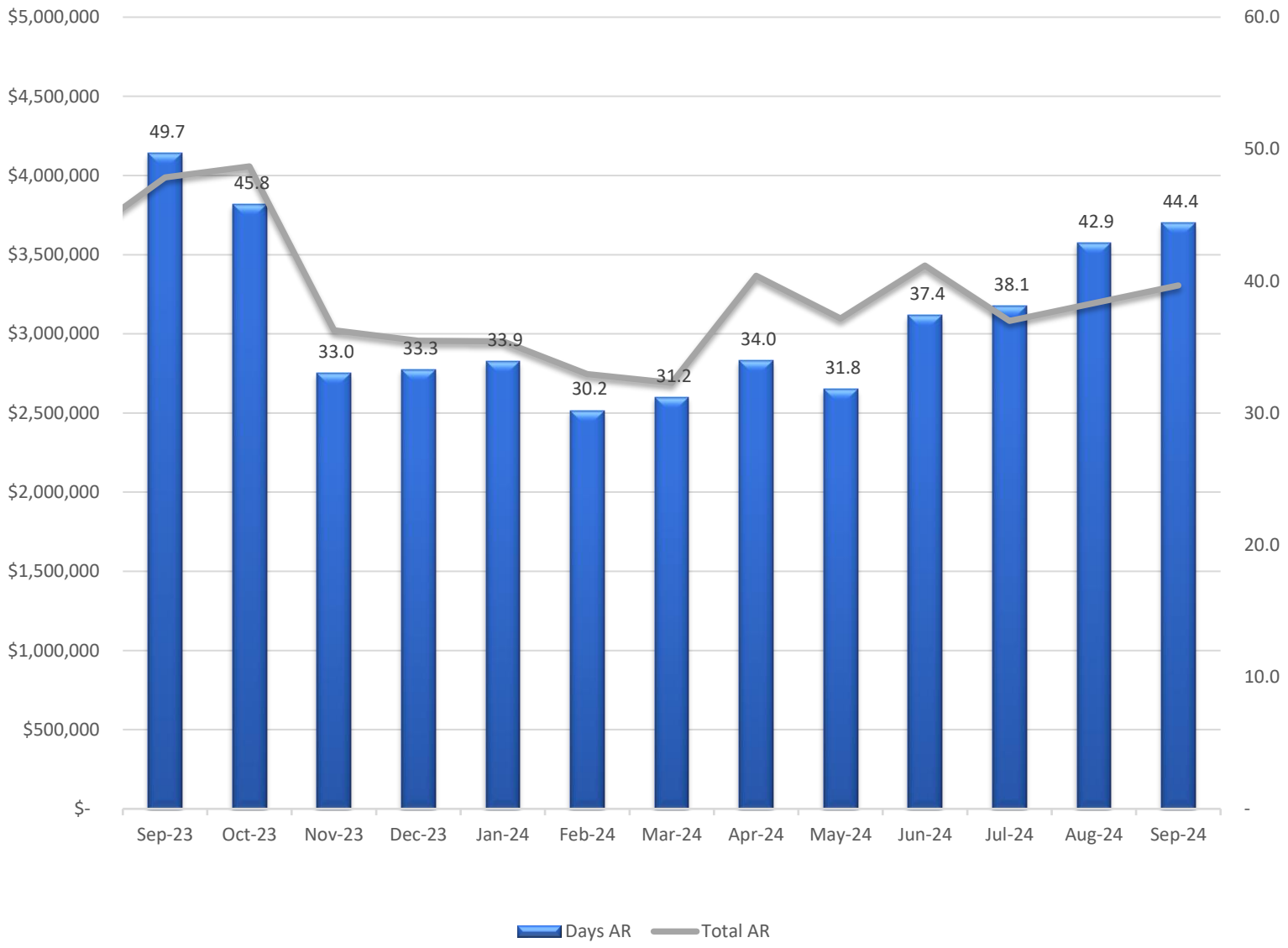
Medicaid Commercial Medicare Self-Pay

AR Trends

Aging Period	Insurance September	Patient - All September	Patient - On Pmt Plan September	Patient - Not on Pmt Plan September	Total September	% Total September
0 - 30	$1,420,041	$133,201	$438	$132,763	$1,553,242	46.99%
31 - 60	$496,895	$108,102	$208	$107,894	$604,997	18.30%
61 - 90	$243,878	$99,259	$174	$99,085	$343,136	10.38%
91 - 120	$201,100	$77,357	$577	$76,780	$278,457	8.42%
121 - 150	$118,484	$57,478	$846	$56,632	$175,962	5.32%
151 - 180	$107,591	$42,761	$445	$42,317	$150,352	4.55%
181 - 210	$93,495	$32,882	$1,172	$31,709	$126,377	3.82%
211+	$167,126	($94,274)	$1,520	($95,794)	$72,852	2.20%
Total	**$2,848,610**	**$456,766**	**$5,380**	**$451,386**	**$3,305,375**	
% > 90	**24%**	**25%**	**85%**	**25%**	**24%**	
% > 120	**17%**	**9%**	**74%**	**8%**	**16%**	



Day in AR & Total A/R



City of Cincinnati Primary Care (CCPC)

Accommodation of Service Animals in Health Centers

Effective Date: November 7, 2024

STANDARD OPERATING PROCEDURES / SYSTEM 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: 11/24

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

To establish a process by which the City of Cincinnati Primary Care (CCPC) personnel will address the presence of a service animal (SA) and emotional support animals (ESA) on the premises of healthcare facilities.

II. POLICY

CCPC staff shall accommodate individuals with disabilities who use an SA and restrict the presence of ESAs on the premises of CCPC facilities (see Appendix).

III. PROCEDURE

A. The use of an SA by persons with a disability is protected under the Americans with Disabilities Act (ADA), therefore CCPC staff shall accommodate individuals with a disability to use SAs in CCPC facilities.
B. Comfort or ESAs providing passive support rather than performing specific tasks are not recognized under federal law and will be excluded from healthcare facilities.
C. CCPC personnel shall consider the difference between an SA and an ESA when encountering an individual with an animal on the premises of a CCPC facility (see Appendix).
D. If the SA's purpose is not clear, CCPC personnel shall ask whether the animal's presence is required because of a disability.
E. Under Title III of the ADA, CCPC personnel shall not require proof of the disability or the animal's training.
F. The following are limitations to the presence of an SA in CCPC facilities:
    1. SAs shall be clean and well-groomed.
    2. Under Title III of the ADA, the patient/handler of an SA is required to maintain control of the animal, which should be tethered with a harness, leash, or other form of restraint unless the use of the restraint will interfere with the animal's performance.
    3. Patient/handler shall provide alternative means of control, such as voice commands or signals to ensure the animal's safe and effective behavior.
    4. An aggressive, disruptive (e.g., excessively barking), or unhousebroken SAs will be excluded from the facility.
    5. SAs may be excluded from areas where their presence may compromise a sterile environment.
    6. The care of the SA is the responsibility of the patient/family. CCPC personnel are not required to assist in any way.

REFERENCES

Guerin, L. (2023). *Ohio laws on service dogs and emotional support animals*. https://tinyurl.com/msjnw9f9

Latino, D. (2024). *Emotional support animal & service animal laws in Ohio*. US Service Animals. https://tinyurl.com/mvs8h7p9

APPENDIX

Definition of Emotional Support Animals and Service Animals

Service Animals (SA)

The SA are trained to perform specific tasks and assist individuals with physical, mental, and emotional disabilities. These disabilities include conditions such as blindness, hearing impairments, physical disabilities, learning disabilities (e.g., autism), or mental health conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), or schizophrenia.

The primary purpose of a SA is to aid their owner in daily tasks that may be challenging due to a disability. These tasks can range from retrieving medication, ensuring the safety of their owner in public, offering comfort and distraction during an anxiety episode, to conducting a room search to provide reassurance to an individual with PTSD. Highly trained SA are also equipped to handle emergencies that may arise due to their owner's disability.

Emotional Support Animal (ESA)

Emotional support animals (ESAs), as their name suggests, play a unique role in offering comfort and assistance to their owners. It's important to distinguish them from therapy animals, which typically work with multiple individuals in care facilities. ESAs are usually designated to a single owner and accompany them in social and public settings, providing a unique form of support.

The primary function of an ESA is to provide continual comfort and reassurance. These animals are valuable for individuals who require emotional support due to mental health challenges or in the aftermath of a traumatic experience. Although ESAs offer physical and emotional support, their role is more akin to that of a pet rather than a SA.

City of Cincinnati Primary Care (CCPC)

Administrative Professional Dress Code Policy

Effective Date: November 7, 2024

POLICY/ SYSTEM 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: 11/24

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

To establish guidelines for a professional dress code that creates a cohesive environment, facilitates a professional image, ensures safety, and minimizes distractions for City of Cincinnati Primary Care (CCPC) contracted, resident, student, fellow, agency, and administrative personnel.

II. POLICY

A. CCPC administrative personnel shall dress professionally. Supervisors are responsible for monitoring policy compliance. Clinical support staff shall refer to Memorandum of Understanding (MOU) Dress Code Policy for AFSCME Locals 3119 and 1543.

   a. All CCPC nurse supervisors, providers, health center coordinators (HCC), and customer relations representatives (CRR) must wear their identification badges and badge extenders during patient contact in a way that is visible to the public. The employee's name and photograph must always be in plain view.
      i. If a CCPC associate has lost or misplaced their identification badge, they are to contact the Human Resources Office for a replacement.
      ii. The loss of an identification badge may result in an assessment of a replacement fee. If identification badges are broken, there may be a replacement charge.
   b. CCPC promotes a positive image demonstrated by the professional attire that patient-facing personnel wear. This attire should be clean, neat, pressed, in good repair and without holes, tears, fraying, fading and inoffensive to the public, patients, visitors, and colleagues.
   c. Slogans, statements, pictures, inappropriate language, and offensive messages on clothing are not acceptable
   d. Apparel shall not promote cigarette, drug, or alcohol use.
   e. Clothing shall not promote sexual activity or innuendo, political candidacy, or behavior contrary to the law.
   f. Attire should be sufficient in length and fit to be modest when performing any activity required by the employees' job.
   g. Personnel will not wear strong perfumes, lotions, aftershaves or colognes.
   h. Hats, silk caps/bonnets are not appropriate. Head covers that are required for religious purposes or to honor cultural tradition are allowed.
   i. All visible tattoos must be in good taste and not depict offensive symbols, slogans, nudity, or violence. Management reserves the ability to require an associate to cover a tattoo that does not meet these qualifications.
   j. Jewelry must not impair the associate's ability to perform job functions. Accessories worn with dress attire should be professional.
   k. Jewelry in the clinical setting should not come in contact with patients or the work area or pose a danger of becoming caught on medical equipment.
   l. Personnel must maintain neatly manicured fingernails, not exceeding ¼" beyond the fingertip. This requirement applies to all types of nail enhancements.
   m. In a professional healthcare setting, employees shall maintain neat, clean, and well-groomed hair. Hair is to be pulled back and secured if longer than shoulder length.
   n. CCPC management reserves the right to request that facial piercings, including tongue piercings, ear plugs, and body piercings, be removed during work hours.

B. Personnel members interacting with patients or working in community settings are not permitted to wear the following items while on duty. These items are not considered professional and are not suitable for a clinical or community setting:
    a. Short and tight clothing or jeans
    b. Sweatshirts and sweatpants
    c. Blue jeans
    d. Shorts
    e. Miniskirts
    f. T-shirts
    g. Midriff or halter tops
    h. Tube tops
    i. Spaghetti strap tops
    j. Tank tops
    k. Low-cut necklines
    l. Skintight, Spandex clothing, leggings
    m. See-through clothing
    n. Shoes should be clean, in good repair, and dedicated to the work setting.
        i. Safety, comfort, and appearance are considerations when selecting appropriate footwear.
        ii. Closed-toed shoes and socks are required in patient care areas while providing direct patient care.
        iii. Hiking boots and flip-flops pose a safety risk and are not permitted.
C. Business Attire
    a. Personnel not in clinical uniform must wear professional business attire and appropriate footwear.
    b. Administrative personnel will wear a professional-looking shirt, dress pants, khakis, dress, suit, pantsuit, or coordinated skirt/slacks and blouse and a coordinated coat or jacket when appropriate.
    c. In some instances, employees in this category may need to visit a clinical site. If this applies, the employee may wear a lab coat over their business attire.
D. Failure to comply may result in corrective action up to and including termination. Personnel working in other divisions that have established uniform policies shall continue to follow those dress codes.

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City of Cincinnati Primary Care (CCPC)

Certification of Service & Emotional Support Animals

Effective Date: November 7, 2024

STANDARD OPERATING PROCEDURES / SYSTEM 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: 11/24

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

To establish a process by which City of Cincinnati Primary Care (CCPC) primary care providers (PCP) issue documentation to patients with disabilities or mental health disorders who require the assistance of a service animal (SA) or an emotional support animal (ESA).

II. POLICY

CCPC primary care providers (PCP) are authorized to provide documentation for an SA or an ESA to patients who meet the criteria. (see Appendix A).

III. PROCEDURE

Individuals who meet the following criteria under the Ohio Revised Code § 955.43, and this policy may request documentation validating the medical necessity to be accompanied by an SA to public accommodations.

A. Service Animals (SA)

Under Title III of the American with Disabilities Act (ADA), the work or tasks performed by an SA must be directly related to the person's disability. This includes:

i. Individuals with blindness or have low vision with navigation and other tasks.
ii. Persons who are deaf or hard of hearing to the presence of people or sounds
iii. Individuals that require non-violent protection or rescue work
iv. Persons in need of wheelchair assistance.
v. Individuals who require assistance during a seizure
vi. Persons who require alerting to the presence of allergens
vii. Individuals that require assistance with retrieving items, such as medicine or the telephone, or other activities of daily living
viii. Persons in need of physical support and assistance with balance and stability to an individual with a mobility disability; and
ix. Individuals with a psychiatric or neurological disability by preventing or interrupting impulsive or destructive behaviors.

B. Emotional Support Animal (ESA)

Under the Ohio Administrative Act § 4112-5, individuals with emotional/mental challenges or behavioral health impairments who request certifying documentation from their PCP for an ESA shall be referred to a licensed mental health professional unless the provider has additional mental/behavior health training.

C. Certifying documentation will be entered into the electronic medical record under “Letters” by the patient’s PCP or licensed mental health professional.

D. Documentation in these letters will include the patient’s name, support that a qualifying diagnosis of a disability has been documented, the date the letter was issued, name, license number and signature of the authorizing provider (see Appendix B).

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APPENDIX A

Difference Between Emotional Support Animals and Service Animals

Understanding the specific laws pertaining to emotional support animals (ESAs) and service animals (SAs) in Ohio is necessary to apprehend the distinctions between them.

Service Animals (SA)
SA are trained to perform specific tasks and assist individuals with physical, mental, and emotional disabilities. These disabilities include conditions such as blindness, hearing impairments, physical disabilities, learning disabilities (e.g., autism), or mental health conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), or schizophrenia.

The primary purpose of a SA is to aid their owner in daily tasks that may be challenging due to a disability. These tasks can range from retrieving medication, ensuring the safety of their owner in public, offering comfort and distraction during an anxiety episode, to conducting a room search to provide reassurance to an individual with PTSD. Highly trained SA are also equipped to handle emergencies that may arise due to their owner's disability.

Emotional Support Animal (ESA)
Emotional support animals (ESAs), as their name suggests, play a unique role in offering comfort and assistance to their owners. It's important to distinguish them from therapy animals, which typically work with multiple individuals in care facilities. ESAs are usually designated to a single owner and accompany them in social and public settings, providing a unique form of support.

The primary function of an ESA is to provide continual comfort and reassurance. These animals are valuable for individuals who require emotional support due to mental health challenges or in the aftermath of a traumatic experience. Although ESAs offer physical and emotional support, their role is more akin to that of a pet rather than a SA.

APPENDIX B

I, @PCP@, have evaluated @NAME@. I am familiar with @FNAME@'s medical history and with the functional limitations imposed by their disability.

In the presence of these functional limitations or disability, I have concluded that @FNAME@ qualifies for the assistance of a service animal.

@FNAME@] has been diagnosed with a disability which affects their activities of daily living. To assist in alleviating these difficulties, and to enhance @FNAME@'s ability to live independently, I am prescribing a service animal that has received special training to assist in coping with his/her disability. Therefore, under the Equal Protection Claus of the 14th Amendment and Title III of the American with Disabilities Act, @NAME@'s request for reasonable accommodation has been granted.

Sincerely,

@PCP@

_____	_____	___@TD@___
Signature	License #	Date

City of Cincinnati Primary Care (CCPC)

Drug Supply Chain Security Act (DSCSA) Compliance Policy and Procedure

Effective Date: November 13, 2024

POLICY/ SYSTEM MANAGER

Name: David Miller, RPh.

Title: Pharmacy Director

Contact: (513) 357-7357; David.miller2@cincinnati-oh.gov

Review: 11/24

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

_____ _____

Board of Governors Chair CCPC Date

_____ _____

Chief Executive Officer CCPC Date

_____ _____

Chief Financial Officer Date

_____ _____

Chief Operations Officer CCPC Date

_____ _____

Director of Clinical and Community Nursing Date

_____ _____

Health Commissioner Date

I. BACKGROUND

The DSCSA is a federal law which became effective on January 1, 2015, requiring all pharmacies, pharmaceutical wholesalers, and manufacturers (each a "Trading Partner") to maintain and share information on the purchasing history of pharmaceutical products. The purpose of the law is to create a secure drug supply chain and a standard industry process for identifying and quickly locating any potential counterfeit or adulterated products which might enter the supply chain. The goal of the law is to ensure patient safety.

II. PURPOSE

To provide a formal outline of procedures to follow to ensure compliance with the dispenser requirements under the DSCSA

III. POLICY

To ensure CCPC/CHD complies with the Drug Supply Chain Security Act (DSCSA) to enhance the security of the pharmaceutical distribution supply chain.

IV. PROCEDURE

(1) Transaction Documentation

A. Upon receiving a shipment, the pharmacy should verify the transaction information, transaction history, and transaction statement.

B. Pharmacy personnel should~~Rere~~cord and store all relevant details in the Infinitrak electronic system.

(2) Product Verification

A. Scan the product identifier to verify its authenticity and compliance.

B. Report visa email to Pharmacist in Charge (PIC)PIC and Pharmacy Director any discrepancies or suspect products.

(3) Suspect Product Investigation

A. Isolate any suspect products, notify the Pharmacy Director within 48 hours and conduct a thorough investigation within 7 business days.

B. Document the investigation process and outcomes.

C. Notify the FDA and trading partners if the product is confirmed as illegitimate.

(4) Training Program

A. Schedule regular~~r~~ yearly -training ~~sessions~~ and ensure all relevant staff attend.

B. Keep records of training attendance and materials covered.

Commented [AM1]: Would you like to specify "who" here?

Commented [AM2]: Would you like to specify "who" here?

Commented [AM3]: Is there a timeline or time constraint for this process?

Commented [AM4]: Would you like to put a number to this requirement?

(5) Audit Process

~~A. Develop an audit schedule and checklist to assess compliance.~~

~~B. Conduct audits and document findings.~~

~~C. Implement corrective actions for any identified non-compliance issues.~~

To maintain DSCSA compliance effectively:

- **Annually**: Full audit of trading partners, data security, and serialization processes.
- **Semiannually**: Verification, traceability data, and system integrity reviews.
- **Quarterly**: Transaction data and process reviews.
- **Monthly**: Spot checks for suspect products and ongoing transaction information reviews.

(6) Record Maintenance

A. Store all transaction records in a secure, electronic format.

B. Ensure records are organized and indexed for easy retrieval.

C. Conduct periodic reviews to ensure the integrity and accuracy of records.

V. RESPONSIBILITIES

Pharmacy Director

Oversee DSCSA compliance, conducts investigations, and liaise with regulatory authorities. Organize and deliver DSCSA training programs.

Cardinal Health

Ensures accurate recording and storage of transaction information and verify product authenticity.

Pharmacist in Charge (PIC)

Perform regular compliance audits and report findings.

VI. REVIEW AND REVISION

This policy will be reviewed annually and updated as necessary to ensure ongoing compliance with DSCSA requirements.

Commented [AM5]: Would you like to add the PIC to this section of responsibilities?

Commented [AM6]: Is there a certain number of audits required?

Now what for public health?

We need to be ready for a new world

Katelyn Jetelina

Nov 08, 2024

424

•

72

42

Share

The U.S. election this week sent shock waves through the field of public health—not just domestically, but internationally as well.

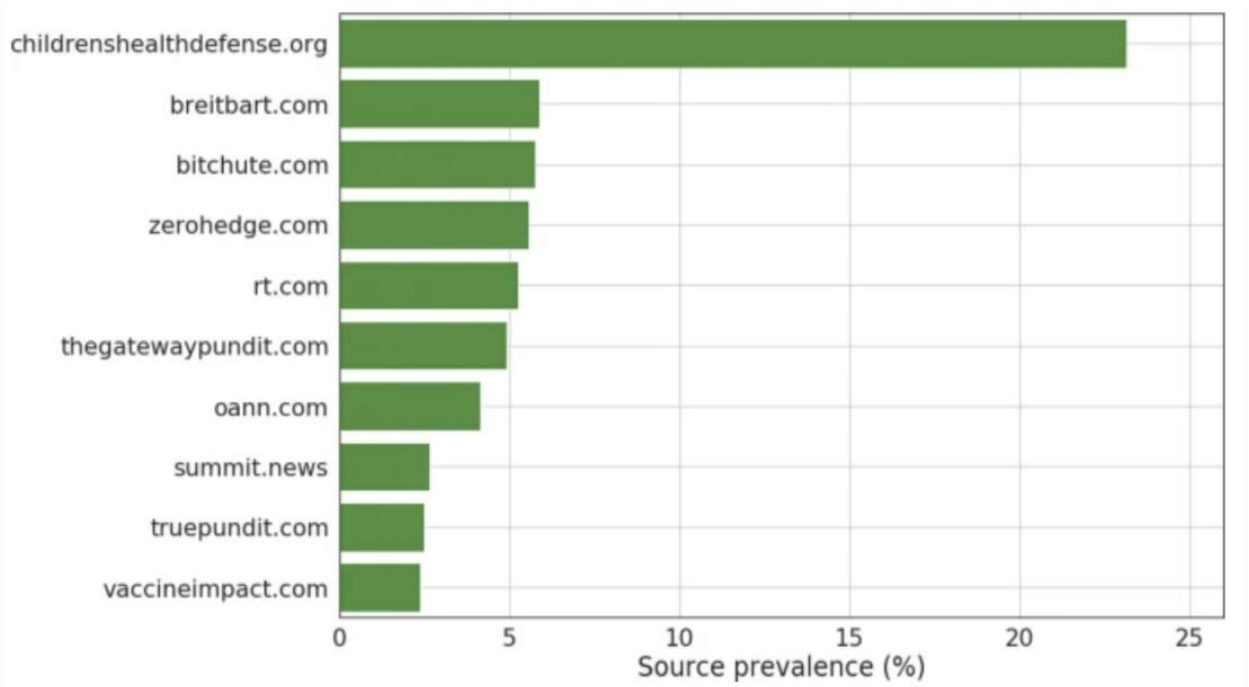
For many in public health, like me, the prospect of national leadership by individuals with an established track record of ignoring the evidence is deeply disconcerting. This has led to anxiety (and even feelings of loss and sadness). So much is unknown about the future of this field—from policies like routine vaccinations, to the impact of falsehoods moving mainstream, to the resources available to hold up an “invisible shield” for the public’s health.

What *is* becoming increasingly clear is that we are entering a new world. As we put one foot in front of another, we must remember there’s a difference between what we can and can’t change, and sometimes, there’s a difference between what is easy and what is needed.

This will be a different world

While we in public health are all too familiar with the cycle of panic and neglect, this terrain is different. The leadership choices are categorically unreliable for scientific narrative.

RFK Jr. will have more influence with his cast of characters, who have a history of opposing evidence-based public health practice. For example, RFK Jr. founded Children's Health Defense, a well-oiled machine responsible for 1 in 4 low-credibility Tweets during the pandemic, leading to a large profit. His influence also led to a Samoa outbreak of measles that caused more than 80 deaths, mostly among children.



Tweets shared by users geolocated in the U.S. that link to a low-credibility source. Source: Nature

Similarly, the Washington Post reported that ***Joseph Ladapo***—the Florida Surgeon General—is on the shortlist for the Secretary of Health and Human Services. Although a doctor, he has a well-documented history of falsehoods about Covid-19 vaccines and went against the standard of practice guidelines for a measles outbreak at a Florida school.

Leadership matters. Ineffective or dangerous health policy decisions can be driven by mixing reasonable ideas with falsehoods and/or not accurately identifying what is causing us to be unhealthy and "fixing" that. For example, RFK Jr. said his first move would be removing fluoride from water—this is not grounded in scientific evidence, and reflects a fundamental misunderstanding between a hazard (that something could potentially cause harm) and a risk (the probability of something happening).

Importantly, all of this unfolds after 5 years of public health being through the wringer. And, in an already shifting landscape: general amnesia of vaccine-preventable diseases, loss of trust in

institutions, and a changing information landscape fueled by social media. This has led to policies like the following:

- Last month, 6 counties in Idaho outright banned the availability of Covid-19 vaccines.
- Texas doesn't allow public health departments to educate about Covid-19 vaccines.
- Missouri has removed the ability for public health departments to report data to WHO (and thus, CDC).

How we navigate this new world will matter

We will all overcome this together, and we will do so through thoughtful and clear communication.

For individuals, this will mean consuming information with a healthy skepticism. For trusted messengers, like physicians, faith-based communities, and businesses, your jobs are more critical than ever. For institutions, this means we need your courage to protect those who are speaking truth. For public health leaders, it's time to be proactive.

How we navigate this changing landscape will matter if we want to ensure that public health is still guided by values that are important to ***all of us***. This does not mean surrendering our mission but rather finding balance.

For public health (and all of us), this means:

- ***Building bridges*** instead of manning the barricades by finding common ground, which requires active engagement and humility. (It always helps me focus on one fact: No one wants to die. Then I move from there.)
- ***Recognizing what you say matters.*** That is, if you want people to hear you. Through literally the words we use, the framing, and the approach.
- ***Communicate with empathy,*** as anger and shame will only drive people further away.
- ***Listening (not simply hearing)*** so we can respond better to the needs on the ground. Americans need their questions answered, not to be told what to believe.
- ***Making strategic choices*** about which battles to fight, at what time, and at what level of government. Political capital is as scarce as financial resources—and needs to be allocated carefully.

I think our ***biggest challenge will be fighting for the truth.***

In this new world, there is a good chance that falsehoods and rumors will be broadcast from the most powerful office in the nation. This will drive even more confusion, anxiety, and questions that will have a direct, negative impact on Americans who genuinely have questions and are interested in making evidence-based health decisions.

We need to elevate reliable narrators to provide a counterweight. Unfortunately, voices that provide unbiased, evidence-based information are increasingly vulnerable, have limited capacity,

and are in a fragmented world. Some Good Samaritans are holding up the front lines of science communication, but only with band-aids, hope, and very limited funding (if at all).

Bottom line

We are entering an uncertain and unfamiliar public health world. We must adapt effectively while keeping true to our mission—to protect the public's health—as our North Star.

One thing is for certain: The entire YLE team will keep showing up. We will continue sharing accurate, honest, and reliable public health information regardless of politics. And we will still be here to empower you all to make evidence-based decisions to keep yourselves and your loved ones healthy. That won't change.

Love, YLE

P.S. YLE efforts are 100% supported through your subscriptions and donations. Please consider an upgrade to keep this work fueled. We need all the support we can get.

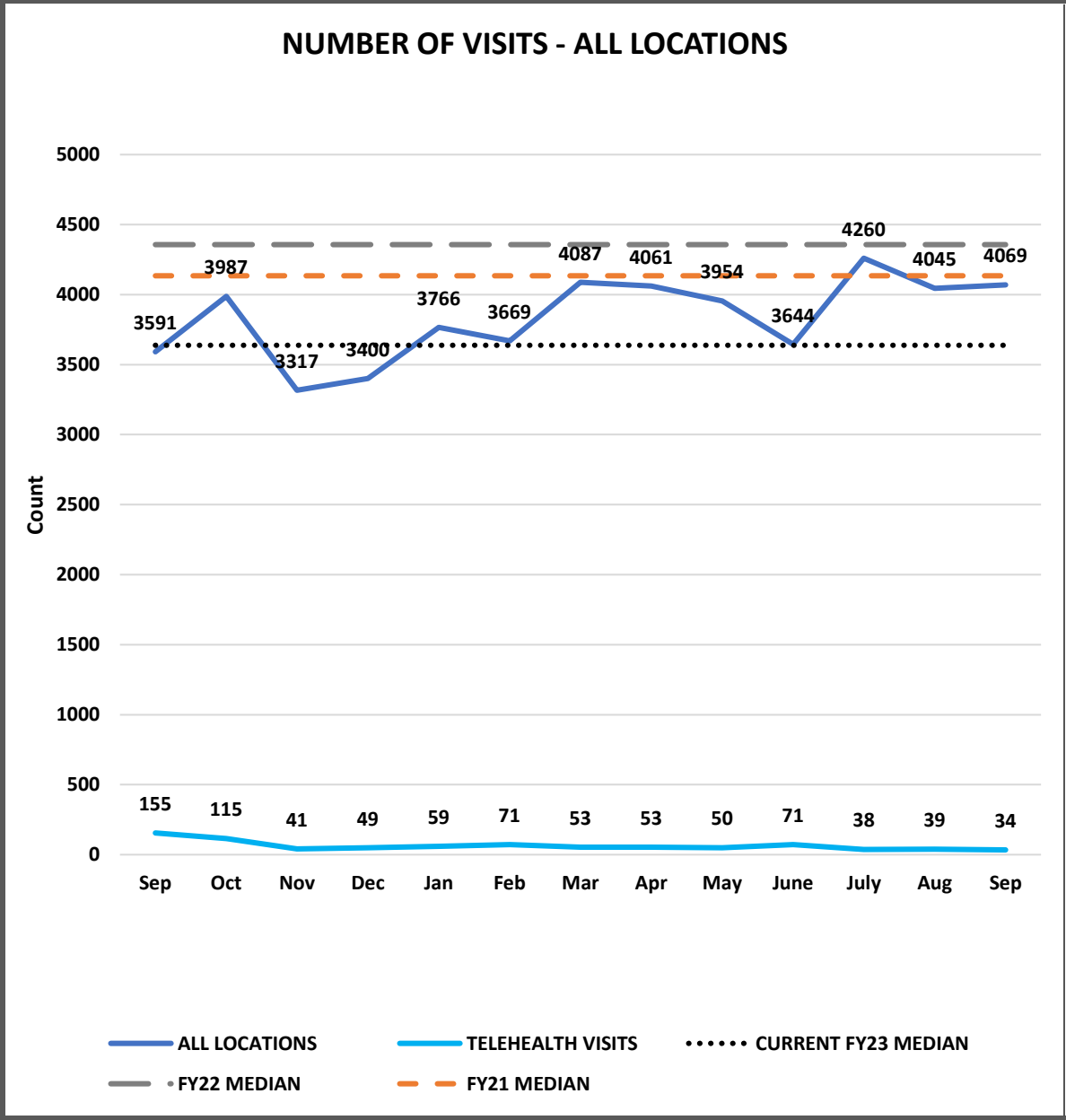
Subscribed

Your Local Epidemiologist (YLE) is founded and operated by Dr. Katelyn Jetelina, MPH PhD—an epidemiologist, wife, and mom of two little girls. YLE reaches more than 280,000 people in over 132 countries and has a team of 11 whose main goal is to "translate" the ever-evolving public health science so that people will be well equipped to make evidence-based decisions. This newsletter is free to everyone, thanks to the generous support of fellow YLE community members. To support the effort, subscribe or upgrade below:

CCPC Board Meeting – Efficiency Update

November 2024

Medical/Behavioral Health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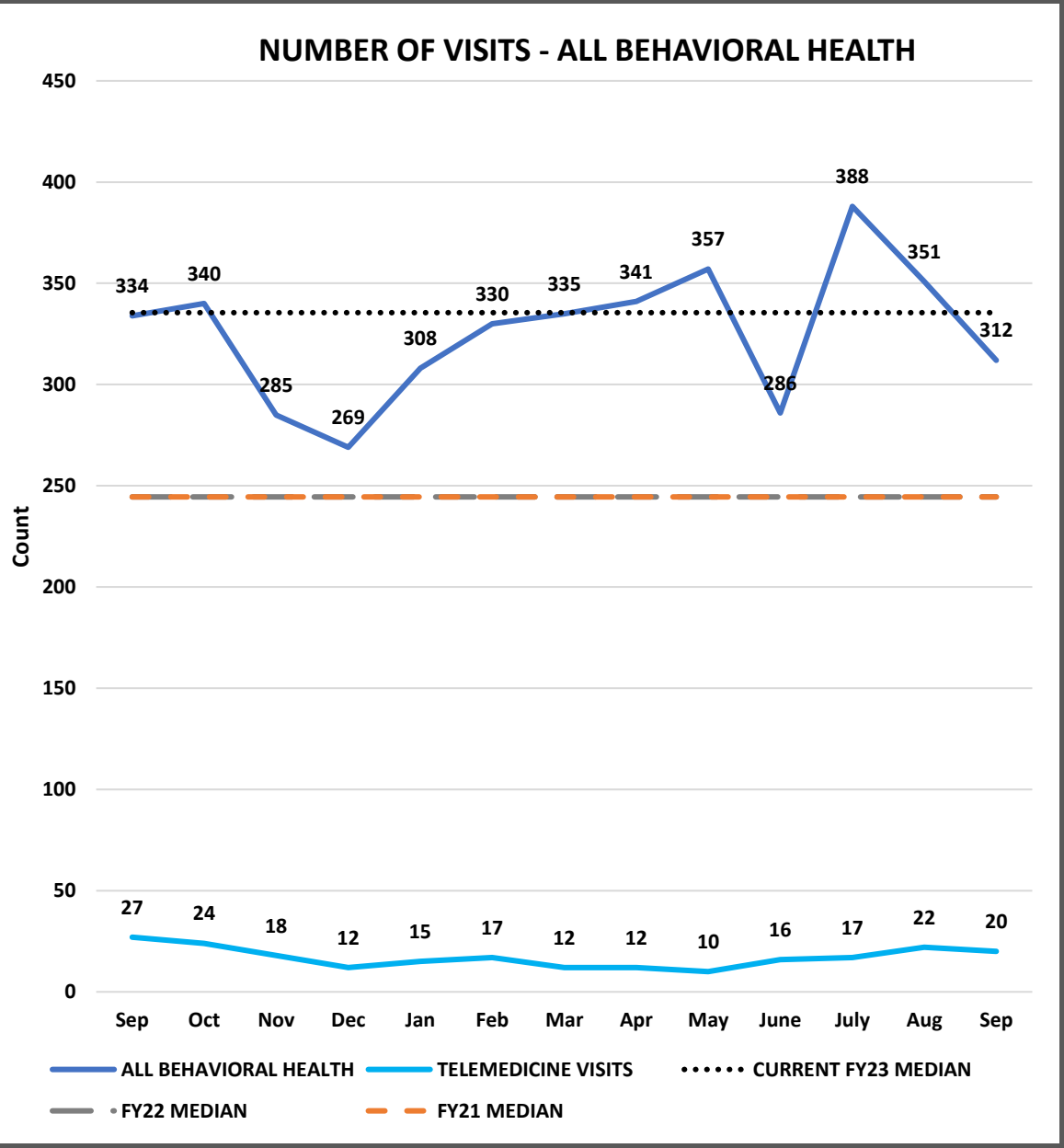
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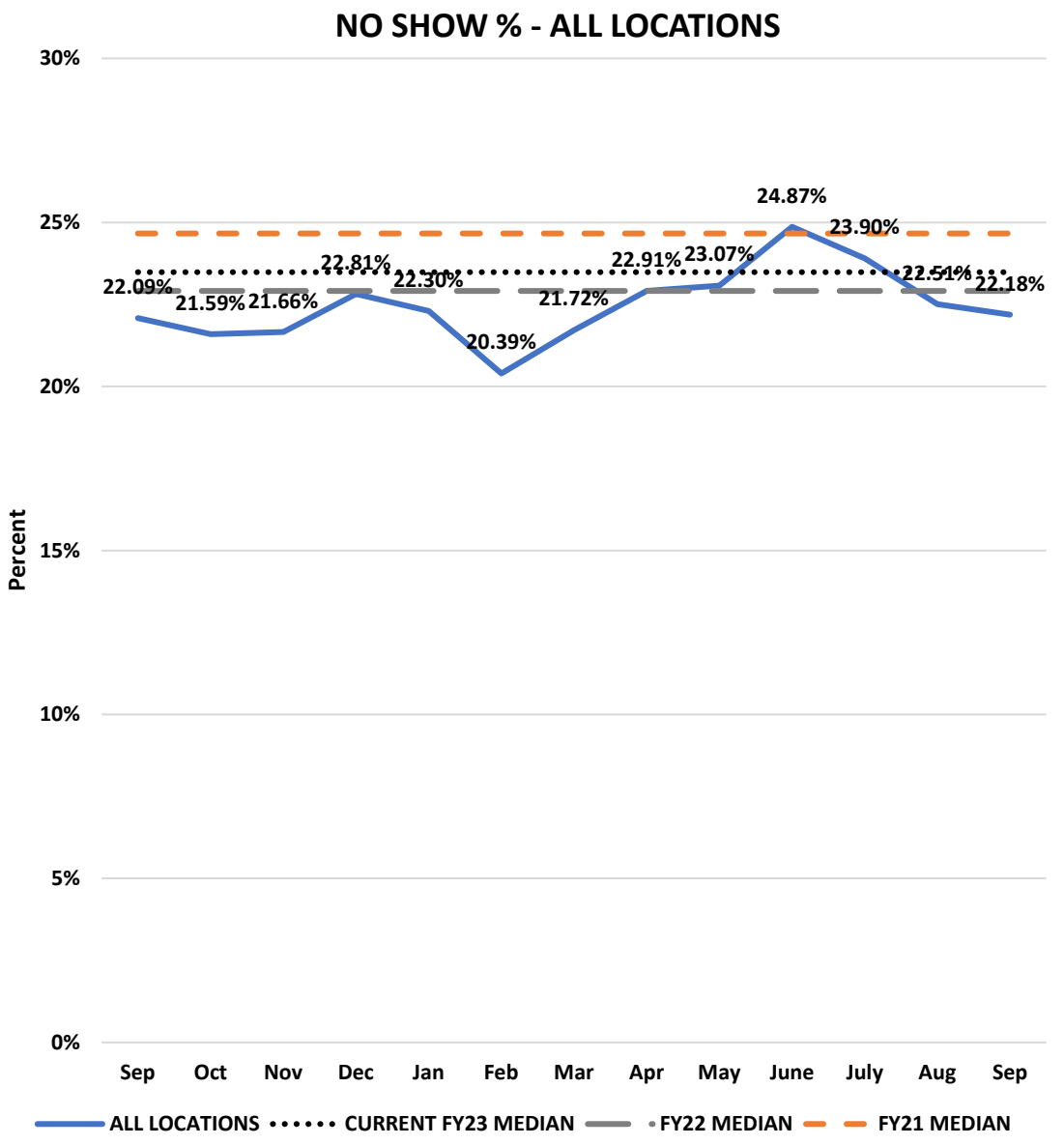
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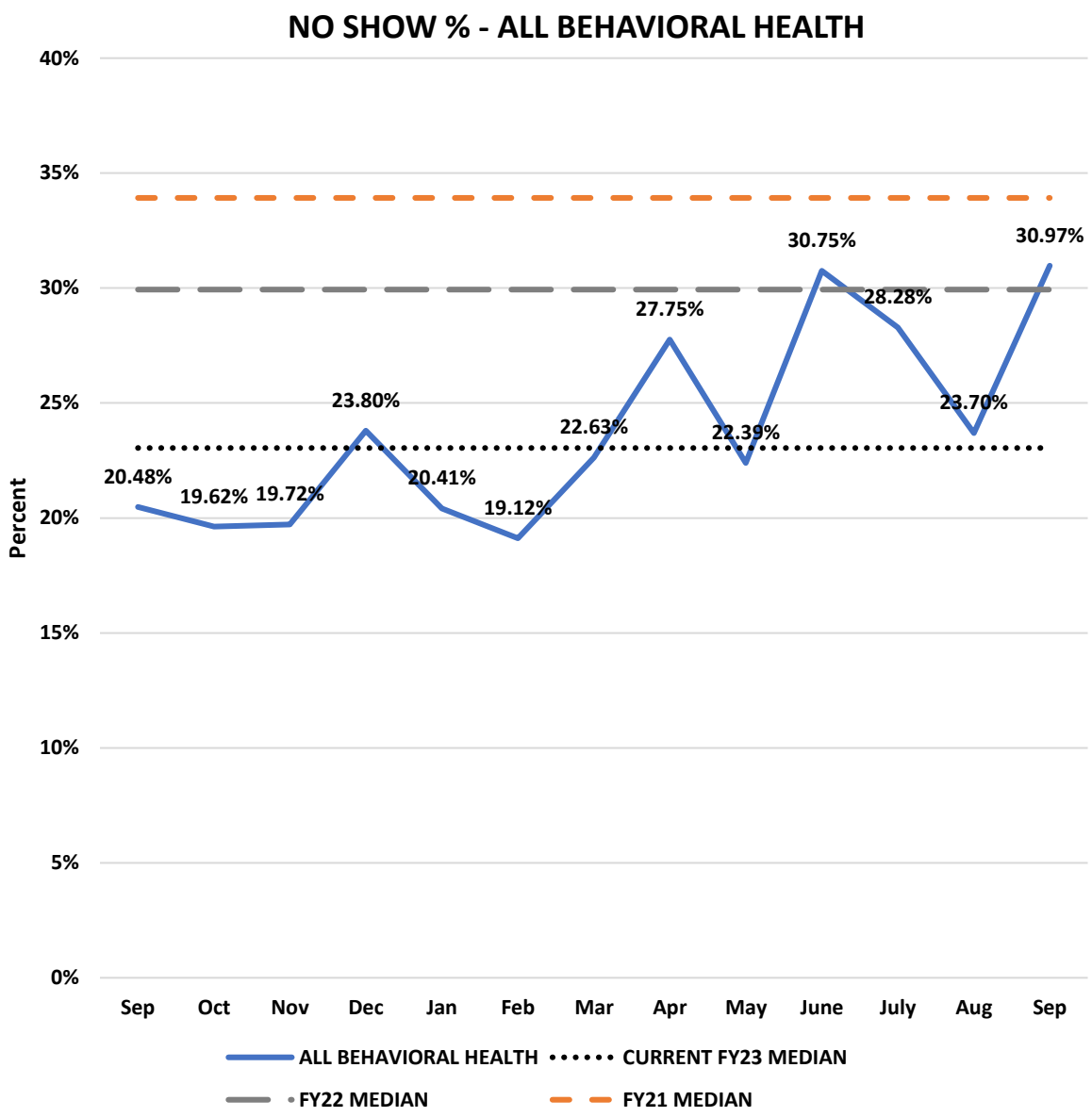
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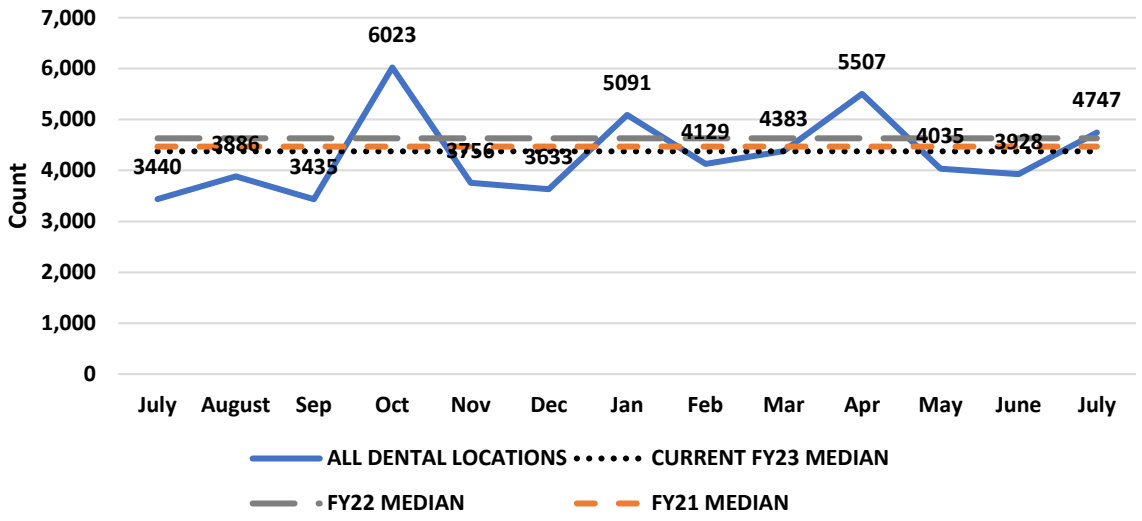
Dental

DENTAL VISITS - ALL LOCATIONS



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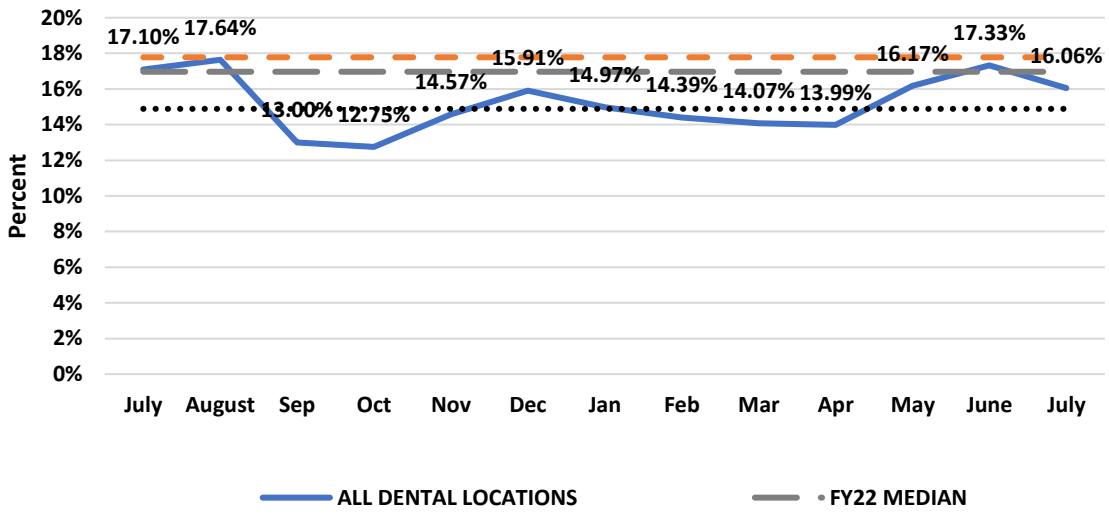
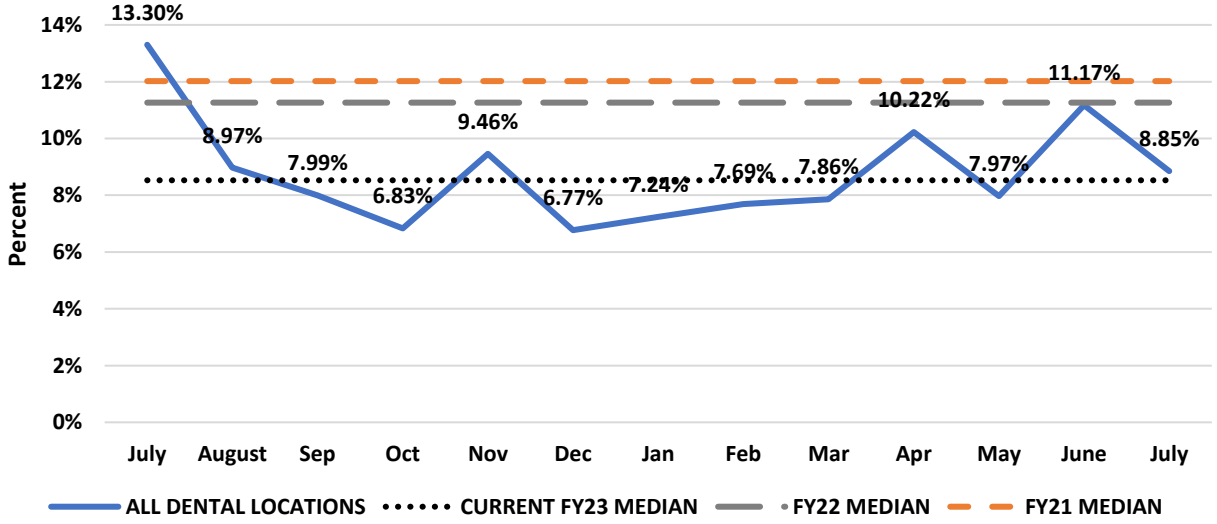


DENTAL NEW PATIENT % - ALL LOCATIONS



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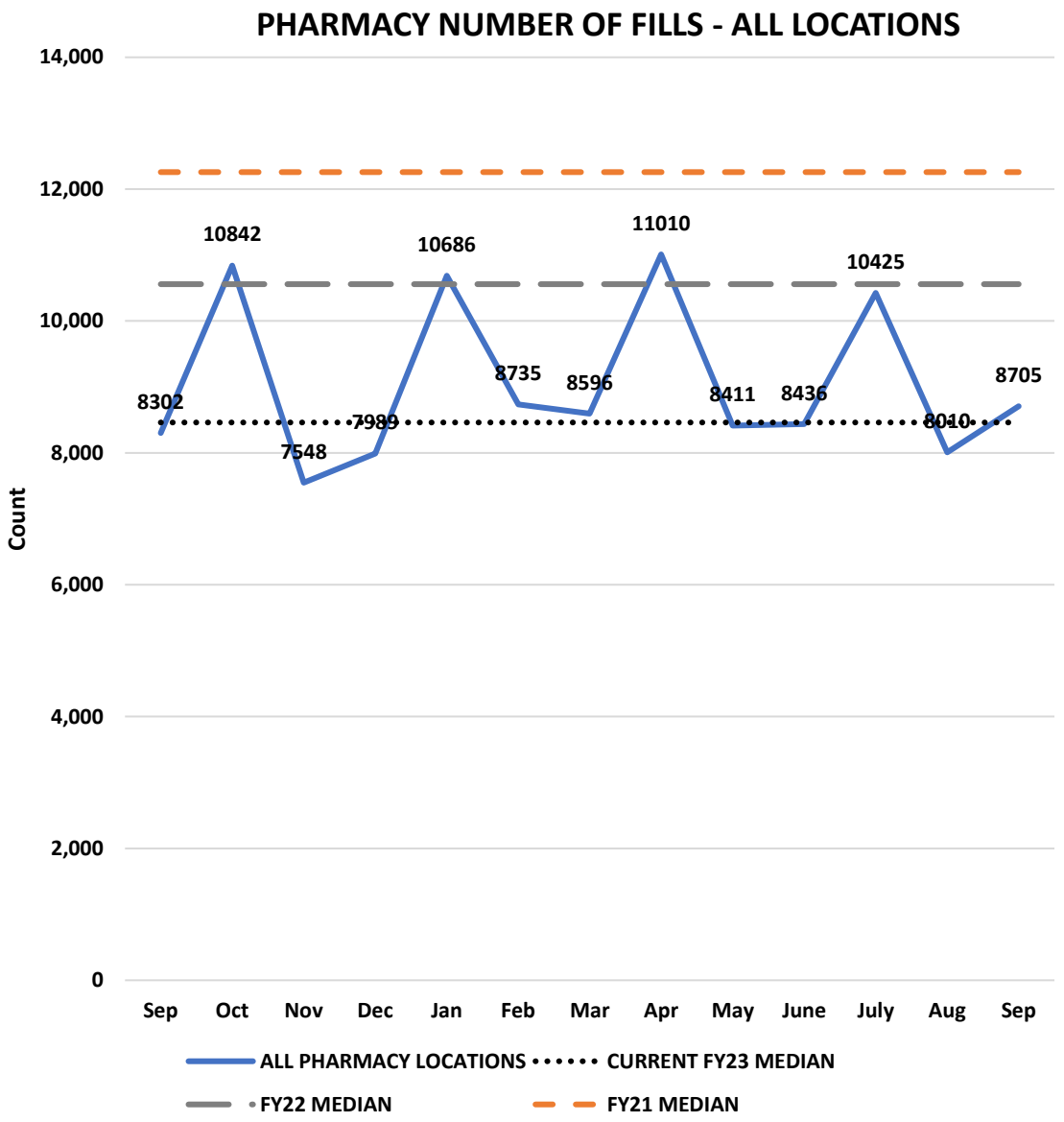
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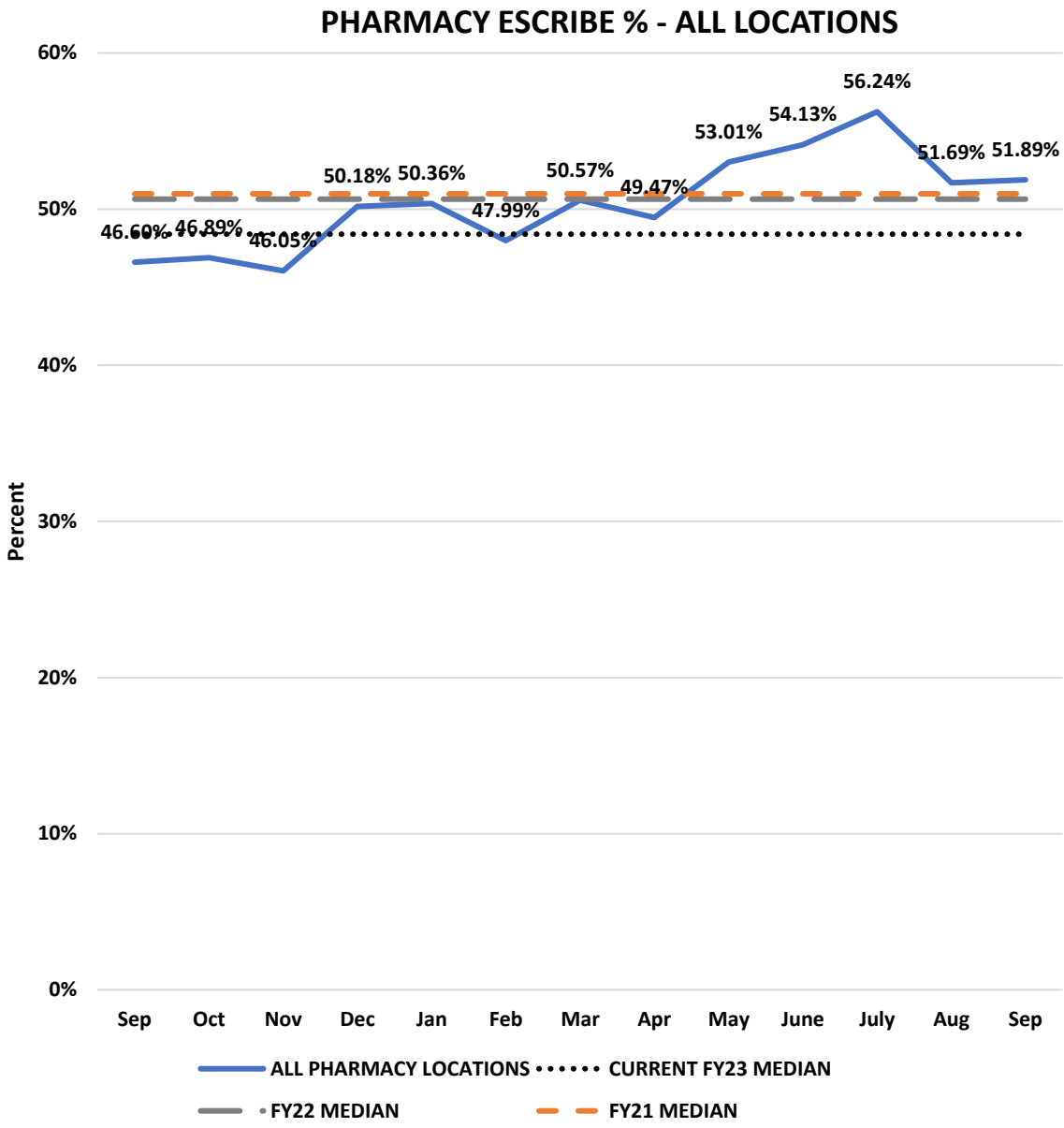
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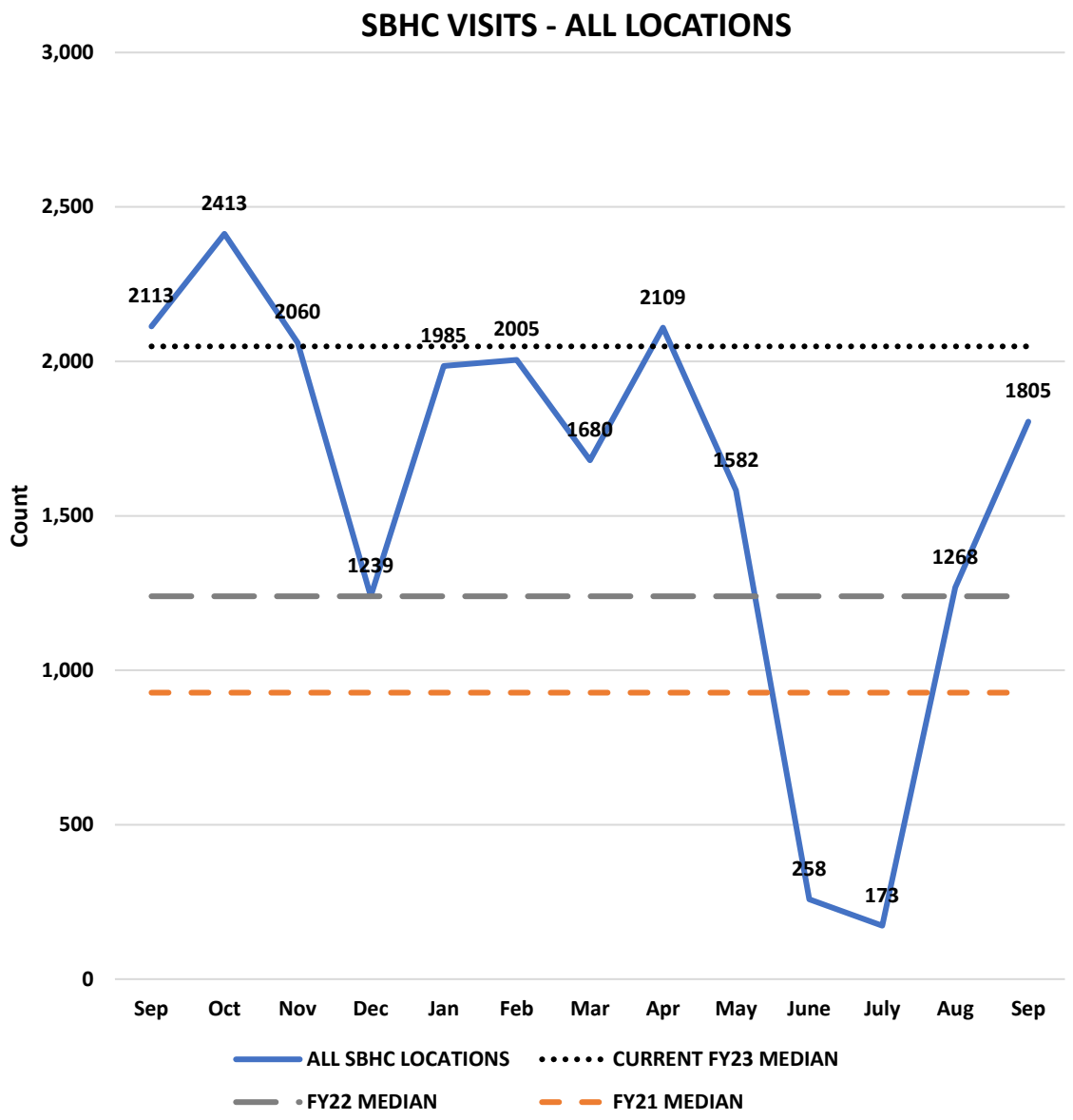
School Based Health Centers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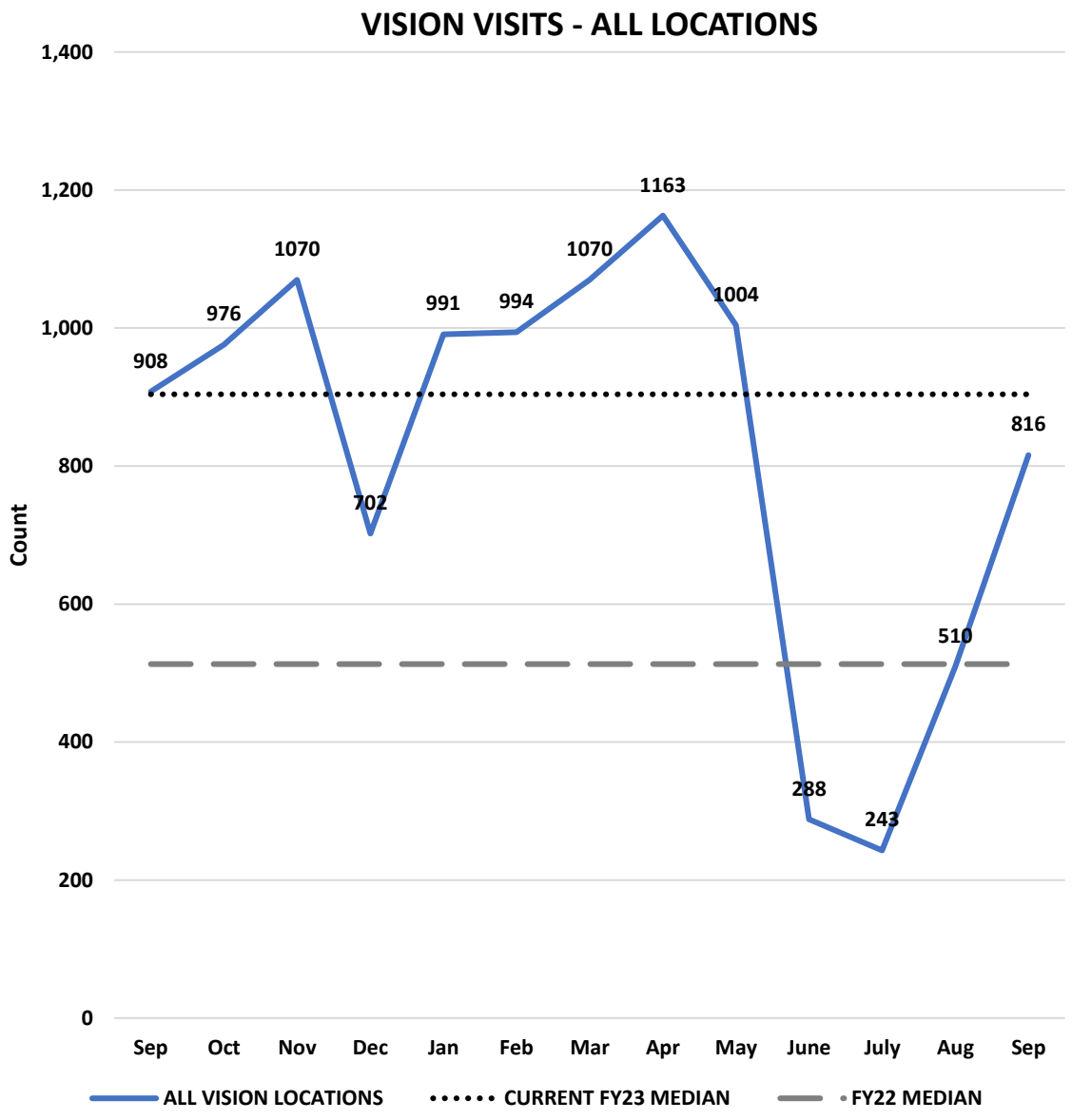
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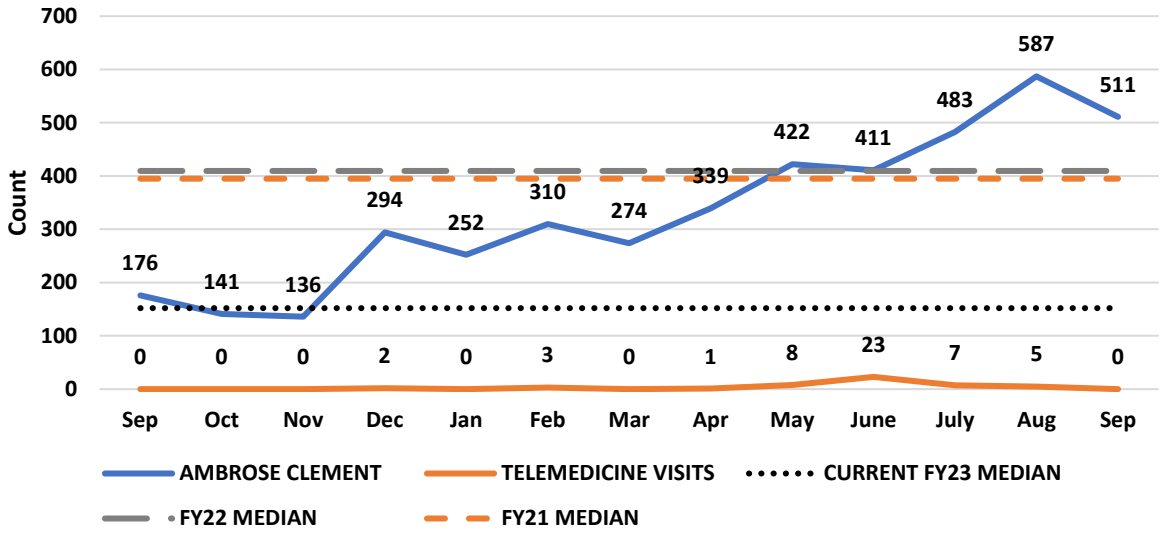
Supplemental Slides

VISITS

AMBROSE



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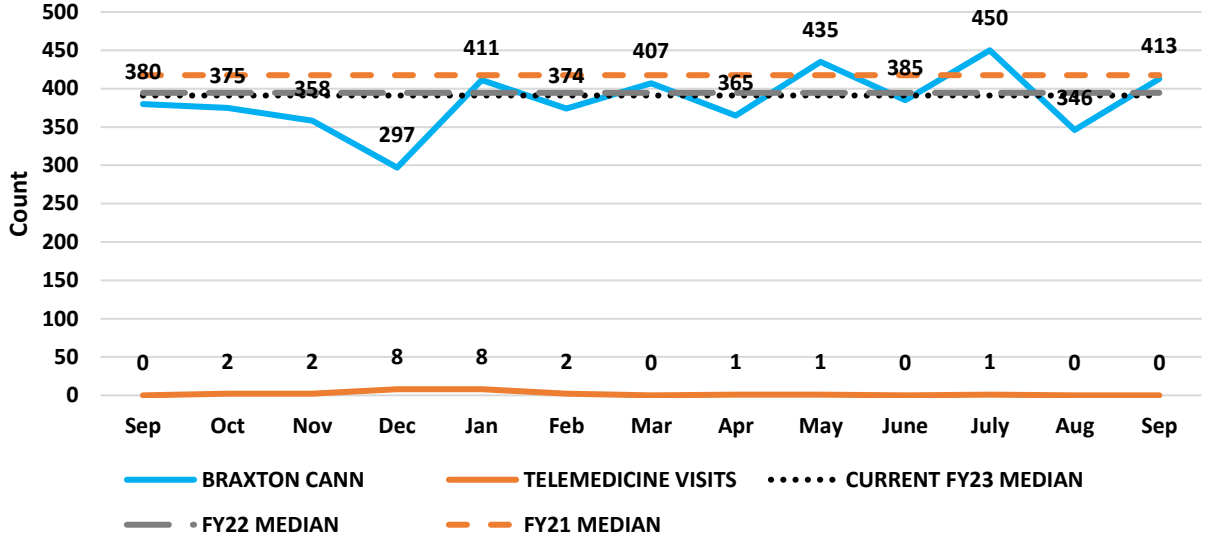

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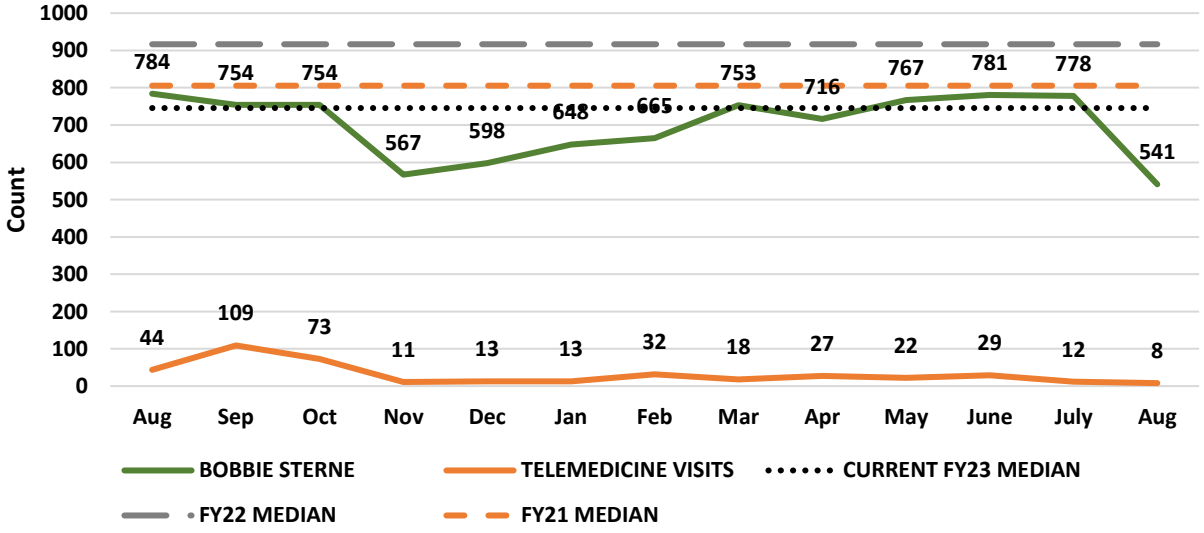
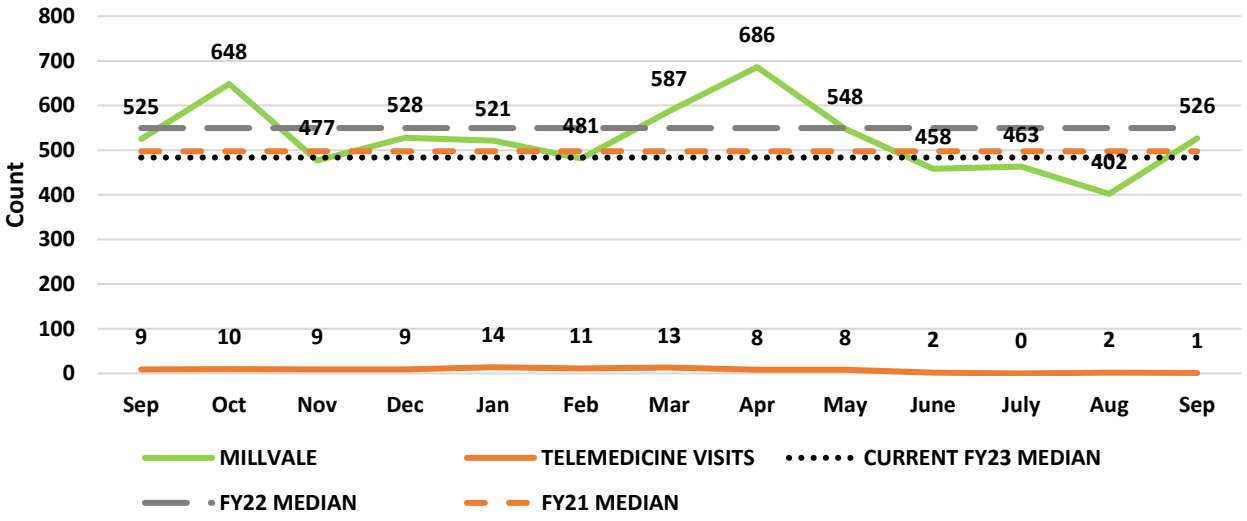


VISITS

MILLVALE



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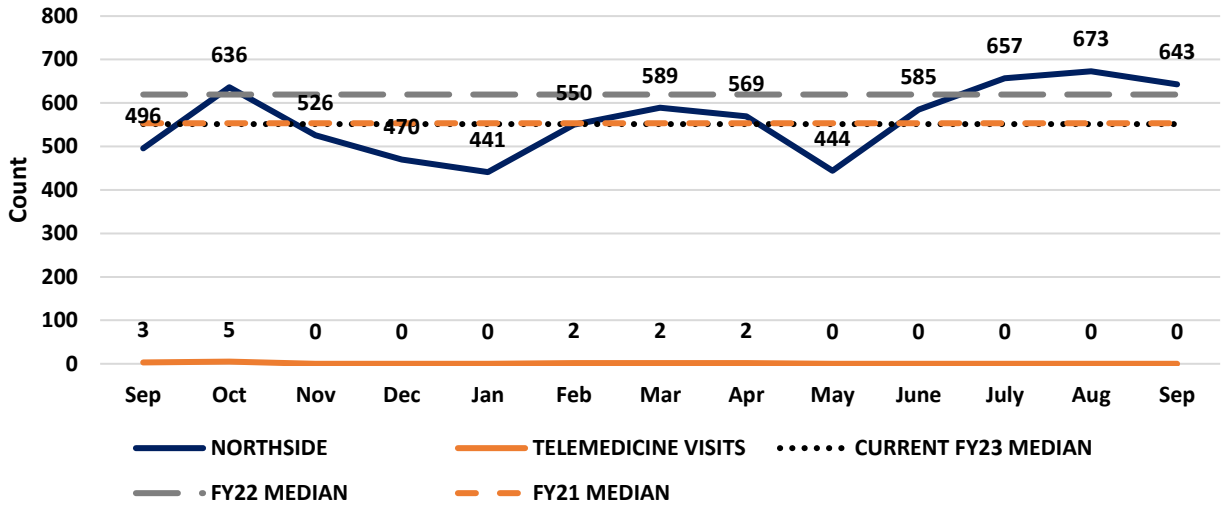

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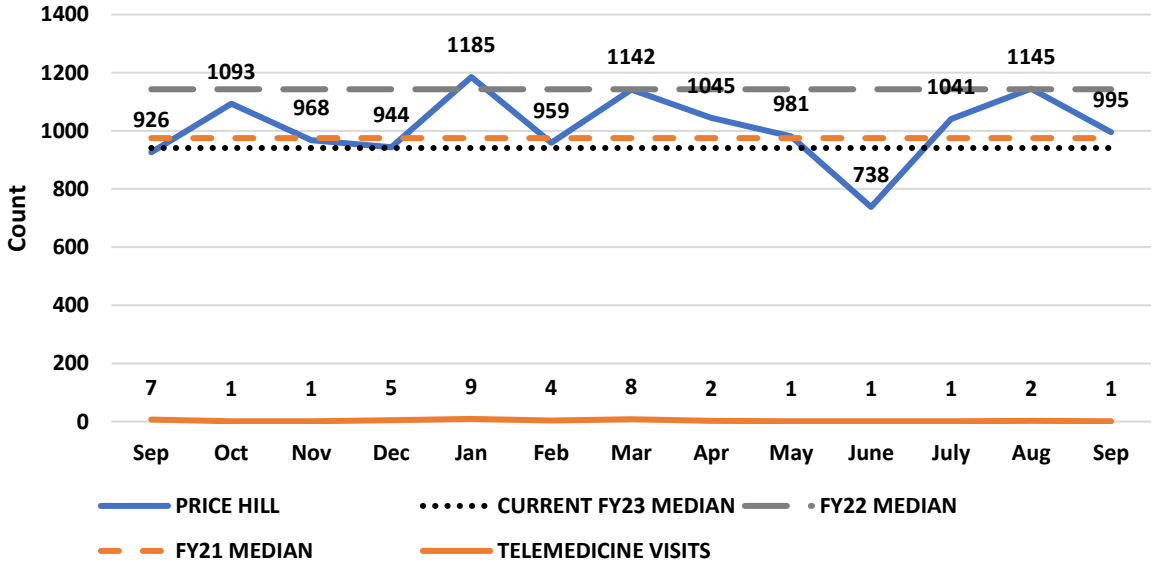

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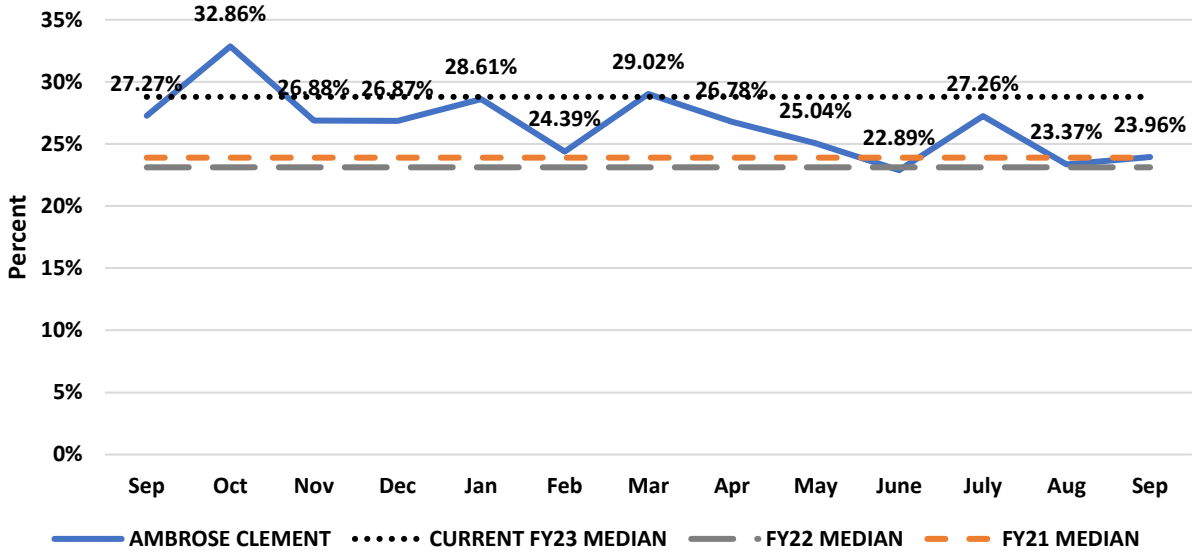

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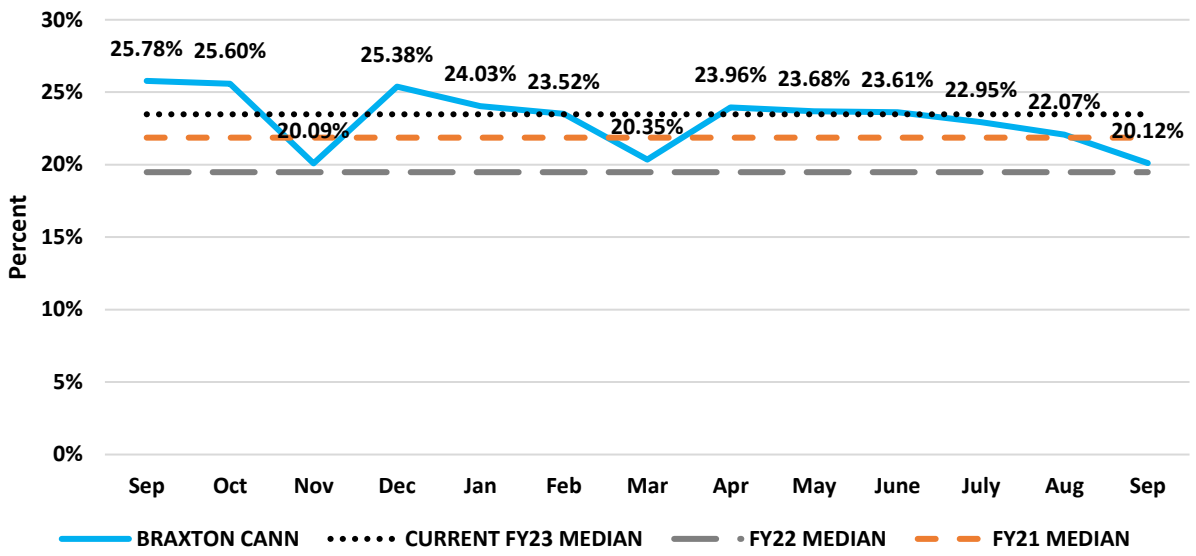

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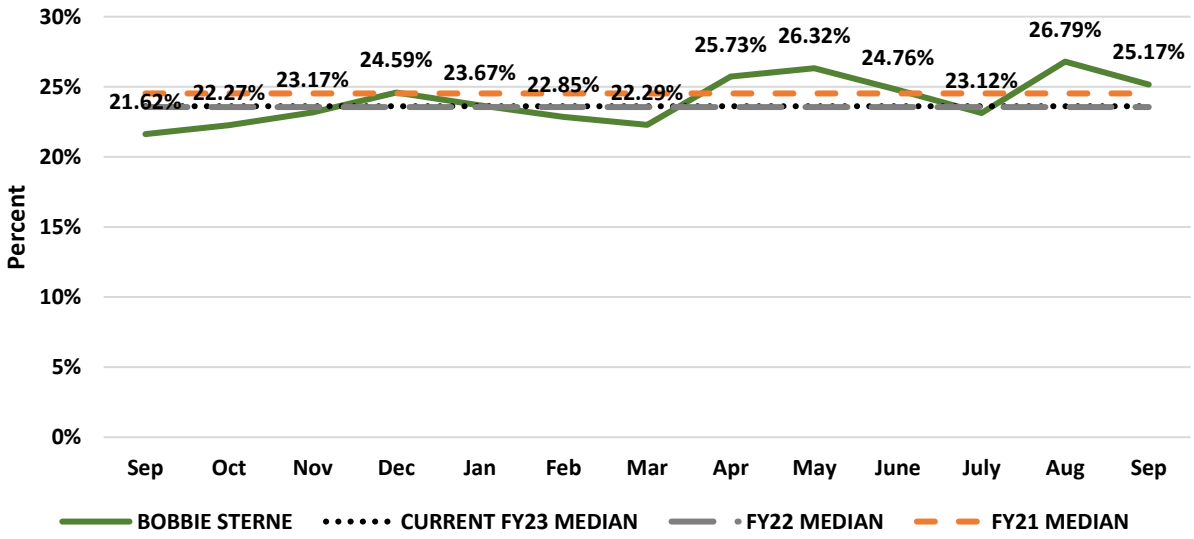

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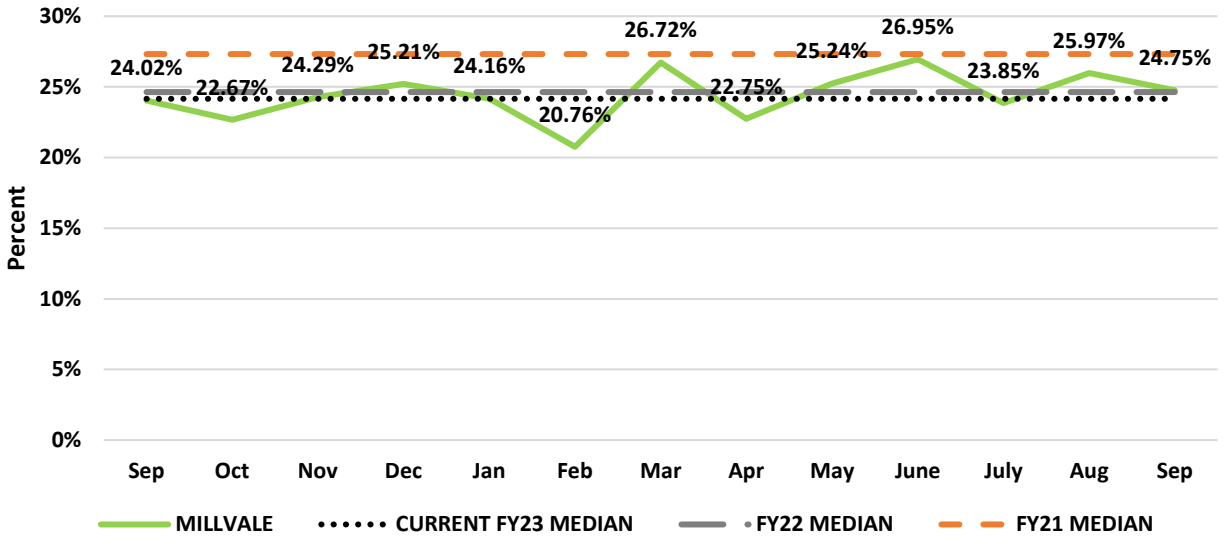

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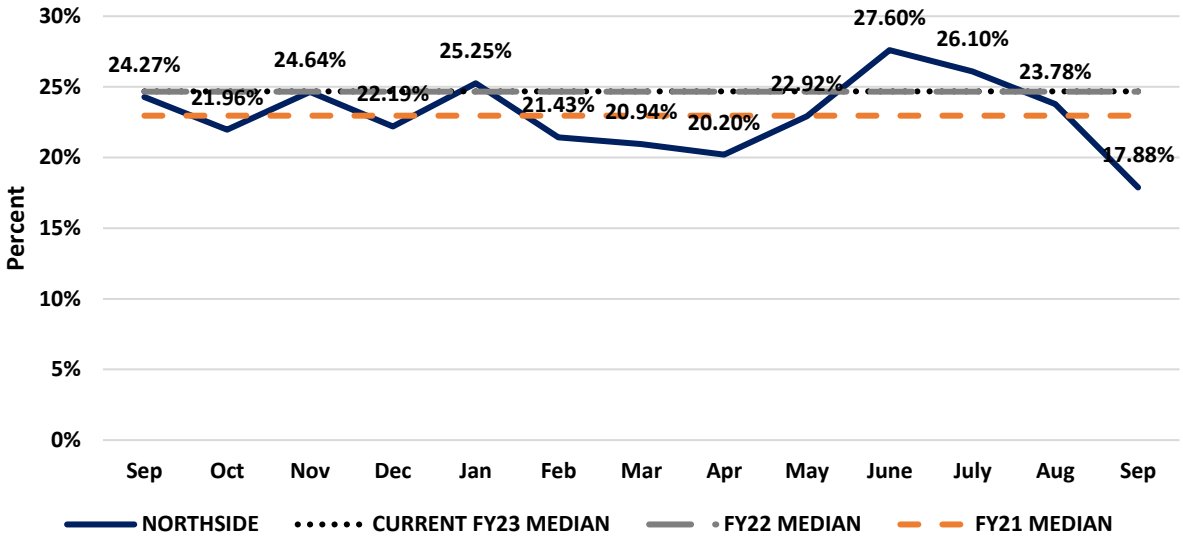
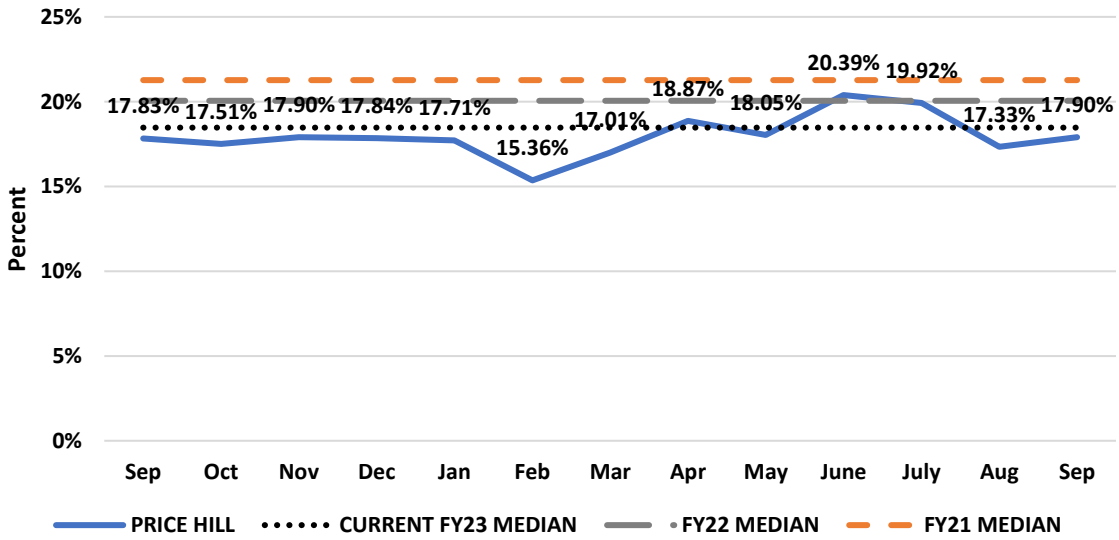
PRICE HILL