

Oneida Business Committee Agenda Request

1. Meeting Date Requested: 01 / 25 / 17

2. General Information:

Session: Open Executive - See instructions for the applicable laws, then choose one:

Agenda Header:

Accept as Information only

Action - please describe:

Approve OCHD FY 2017 First Quarter Report

3. Supporting Materials

Report Resolution Contract

Other:

1.

3.

2.

4.

Business Committee signature required

4. Budget Information

Budgeted - Tribal Contribution

Budgeted - Grant Funded

Unbudgeted

5. Submission

Authorized Sponsor / Liaison:

Primary Requestor/Submitter:
Your Name, Title / Dept. or Tribal Member

Additional Requestor: _____
Name, Title / Dept.

Additional Requestor: _____
Name, Title / Dept.

**ONEIDA COMPREHENSIVE HEALTH DIVISION
 DR. RAVINDER VIR MEDICAL DIRECTOR
 DEBRA DANFORTH, RN, BSN, OPERATIONS DIRECTOR
 DIVISION UPDATE
 Quarter 1 FY 2017
 October-December, 2016**



Executive Management Team:	
Division Dir-Operations, Debra Danforth RN, BSN,	869-4807
Division Dir-Medical, Ravinder Vir, MD,	869-4808
Asst. Operations Director, Judi Skenandore,	869-4809
Executive Assistant, Mercie Danforth	869-4810
Business Operations Director, Jeff Carlson,	869-4805
Ancillary Services Director, Dave Larson,	869-4820
Director of Nursing-OCHC, Sandra Schuyler,	869-4906
Behavioral Health Manager, Mari Kriescher,	490-3737
Employee Health Manager, Mary Cornelissen	405-4492
AJRCCC Administrator, Dave Larson (Interim)	869-2797
Public Health Officer, Eric Krawczyk,	869-4812

Mailing Address: P.O. Box 365, Oneida, WI 54155
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center
 Behavioral Health Services
 Anna John Resident Centered Care Community
 Employee Health Nursing

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THE ONEIDA COMPREHENSIVE HEALTH DIVISION IS COMPRISED OF:

*Oneida Community Health Center (OCHC)
Anna John Resident Centered Care Community (AJRCCC)
Oneida Behavioral Health (OBH)
Employee Health Services (EHS)*

VISION:

A progressive sustainable health system that promotes Tsi?niyukwaliho tá (Our Ways).

MISSION:

We provide the highest quality, holistic health care to ensure the wellness of OUR Oneida Community.

VALUES:

Responsive Leadership: *Consistent attentive listening, honesty, doing the right thing, timely decision making and seeing issues resolved to completion.*

Culturally Sensitive: *Meeting people where they are and being sensitive to their unique needs as human beings within the Oneida Community.*

Continuous Improvement: *Striving to achieve a higher quality of health care and a higher performing workforce through our Commitment to Learning and Growth.*

Communication: *Fostering honest, respectful and timely communication with the appropriate level of transparency.*

Safety: *Striving for an environment that provides the highest level of physical and emotional safety for our patients, employees and community in an environment free of fear, retaliation and repercussion.*

Respect: *Create a welcoming and compassionate environment focused on the individual needs of OUR community and Health Care Team*

OUR 2015-2018 STRATEGIC PLAN IS FOCUSED IN FOUR SPECIFIC AREAS:

1. Improve Population Health Management
2. Continuous Quality Improvement
3. Optimize Technology
4. Enhance Our Workforce

OUR 2015-2018 INITIATIVES THAT WILL BE FOCUSED TO ACHIEVE OUR STRATEGIES:

- 1. Accreditation:** The Comprehensive Health Division will validate and assure the community the delivery of the highest quality health care services in achieving AAAHC (Accreditation Association for Ambulatory Health Care) accreditation by December 2017 through team work, leadership and commitment. By accomplishing accreditation we will provide staff a sense of accomplishment, increase quality of care, enhance public validation for community/customer satisfaction, improve recruitment/retention of providers, and increase the probability of outside funding.
- 2. Advancing Technology:** Utilize innovative State of the Art technology and data analytics to continuously improve wellness and health outcomes.
- 3. Optimize staffing processes:** To work collaboratively with HRD to enhance the Division processes for recruitment, hiring, and retention and provide recommendation (s) for change to the Oneida Business Committee by September 30, 2017. By enhancing the recruitment, hiring, and retention processes we will have a lean hiring practice, improve our recruitment and retention, enhance our services from HRD (letters, market analysis), have improved collaboration/working relationship with HRD, fill all vacancies with qualified people in a timely manner, and improve our Supervisor/Director satisfaction with HRD processes.

IMPROVE POPULATION HEALTH MANAGEMENT

Initiatives: Optimizing Staffing Processes and Accreditation

- We continue to recruit for vacancies in Primary Care including Pediatrics, Family Practice and Internal Medicine
- Michelle Kreft Family Practice Nurse Practitioner started on November 7, 2016.
- Access to care remains sub optimal across the Health Division.
- The high NO SHOW rates also contribute to sub optimal access to care for our patients.
- No show rates in the Medical Clinic decreased from 13.9% in FY 2015 to 10.3 % in FY 2016.
- Recruitment and retention of Health Care Providers and professionals remains ongoing.
- Recruitment and retention of nursing staff (RN, LPN, and CMA positions) remains ongoing.
- Limited Succession planning for future retirements of staff with longevity and the restraints within the organization limit options available
- The Division is looking at innovative team based approaches to provide quality care to our community.
- A cross functional Population Health Management project team continues its work on our Population Health Management strategic initiative.
- Access to care is continuously monitored across the Health Division. We have staffing, space and financial constraints that prevent us from providing optimal access to care in our Division.
- OCHD is re-evaluating a longer term Facility expansion plan to improve access and for provision of healthcare to our community.

Medical

- Routine appointments are currently booking 4-8 weeks out for the Medical Clinic
- **See attachment A for No Show data for Medical Clinic**

Behavioral Health

- Psychotherapist positions are filled. Susan Exworthy started on November 7, 2016 and Heidi Blanks started on December 19th, 2016
- Clinical Substance Abuse Counselor- 1 position filled, Heidi Kleinschmidt started on December 5th, 2016.
- Executive Summary of Customer Service Survey for 2016 see attachment B
- No Show and Access to Care reports see attachment D & E.

Optical

- Routine exams are booking 5 months out for Optical
 - Optical does have a walk-in clinic on Monday and Thursday mornings for patients who needs their appointments sooner. A sign-up begins at 7:45 AM and the patient will need to wait to be seen.
 - Optical also sees emergencies as needed
- Dr. Roxanne Doyle-Keszko submitted her resignation effective December 31, 2016 to transition to a part-time private practice closer to her home.
- Efforts for recruitment to fill her vacancy have been initiated and hope to have a full time replacement by March, 2017.
- A contract for a new full time Optometrist was started for Dr. Tracy Rosiek. Her anticipated start date is Monday, March 6th, 2017.
- Dr. Ashley Torreano started on 12-29-16 as a fill in Independent Contracted Optometrist.
- Ruth Anne McMonagle started as a sub relief Optometric Technician in October.
- Practice Watch is a function within Compulink that would allow us to text a patient an appointment reminder. It is currently not functioning properly due to Oneida's security access requirements. We continue to work with MIS security to resolve this issue.

Dental

- For Routine exam and Filling appointments the week of April 17, 2017
- Emergencies are still being seen on a daily basis
- Dental Cleaning and other Perio appointments are being scheduled the week of August 28, 2017. A call list is still utilized for cancelations.
- We are short staffed four dental assistants, Dental is working with HR to post the positions
- Continue CDHC access to care w/hygienist (Barb A) at Head Start, ONES, High School and Diabetes Clinic
- Letter to community regarding Cell Phone use within the Dental Clinic see attachment C
- Referral of children w/MA/Badger Care or those with no insurance who are in need of a pediatric dentist, continue to be referred to the Oral Health Partnership (OHP), additionally contact has been made with First Impressions Pediatric Clinics. There are offices in Appleton, Suamico and in the spring an office will open in Bellevue.
- Dental staff have been working with PRC to negotiate a reduced PRC rate with the dental offices who receive majority of our dental referrals.
- Dr. Wendy Pietz (Board Certified Oral Surgeon) started in December 8, 2016 and will provide services 3-4 times per month.
- Contact has been made with a sedation dentistry office in Freedom and Algoma. Both dentists have agreed to see our patients who need sedation to complete their routine dental needs.

ANNA JOHN RESIDENT CENTERED CARE COMMUNITY (AJRCCC) UPDATE:



The average daily census for 1st Qtr of the Fiscal Year 2017 is indicated in the chart below:

	October	November	December	Total
Total Billable days for the Residents in the Month	1358	1348	1367	4073
Number of Calendar Days	31	30	31	92
Daily Average Census	43.8	44.9	44.1	44.27
*Oneida Enrolled	38	37	33	
* Other Tribe	4	4	4	
*Non-Tribal	8	9	9	
% full	91.26%	93.61%	91.87%	92.23%
	Payment source			
			Medicaid	73.29%
			Med A	6.75%
			Private	13.36%
			VA	.93%

*Varies by Admissions and Discharges throughout the month

- Between the months of October to December, 2016; HRD reported that as of 1/1/2017 the Anna John Resident Centered Care Community had a total of 65 tribal employees working the 24/7 shifts to care for our Residents during the 1st quarter 2017.
- Quality Assurance/Regulatory Compliance Issues:
The Quality Assurance mandated that all AJRCCC staff training was completed along with additional policy and procedures updated by the Quality Assurance Team; and 2 minor reports were sent in to the State of Wisconsin, Bureau of Quality Assurance.
- Shared activities between AJRCCC and Elder Services continue on a scheduled plan.
- The Congregate Mealsite hours of operation are Monday through Friday from 8:00 AM to 4:30 PM and continues to average 80-100 per day in attendance.
- Dave Larson continues as the Acting Administrator for the AJRCCC awaiting finalization of the reorganization within the Health Division. Job descriptions have been submitted to HR for finalization along with the Reorganization paperwork.
- Reorganization should be complete by January 31, 2017.

- The AJRCCC board has been actively reviewing their By-Laws and have been meeting regularly with a full board.

OPTIMIZE TECHNOLOGY

Initiatives: Advancing Technology and Accreditation

- **The EMR Team** continues ongoing review and updating of the system on a regular basis as new releases are available within the application and added on software. Every update/new release requires numerous hours of testing and coordination for implementation to assure that all the application and updates are tested before going live. Our next anticipated upgrade will not be until the second quarter of 2017. There are many anticipated changes and upgrades required in our server configurations that are required for the next upgrade to 12.2. This upgrade is in preparation for the Electronic Prescribing of Controlled Substances (EPCS). MIS has been working this last quarter on upgrading our servers for all the needed applications to meet the requirements for this new version of Centricity.
- **HIPAA Security Policies/Procedures:** HIPAA and EMR SOP training continues for AJRCCC and MIS staff. We have finalized an E-Learning format for staff in order to deliver this information to MIS staff, but we have encountered formatting issues. We were able to find a solution in order to provide the E-Learning, but were not able to complete for the end of 2016. Required areas that needed this training were given face to face training once again this year. In 2017, we will continue to work on providing this training through E-Learning for all employees.
- **Risk Assessment-** We continue to meet regularly and have completed and implemented the correction plan for 2016. We once again engaged with MetaStar to assist us with our annual Risk Assessment. We have completed the required HIPAA Security Risk Assessment Review and Walk through by the end 2016 for the areas. The walk through assessment for AJRCCC is in process.
- **Patient Portal-** Nothing new to update this quarter.
- **Automated Clinically Messaging (ACM):** This is a functionality which has been added to the Medical Patient Portal. This functionality will provide providers the ability to send mass or individual messaging to patients, office visit clinical summaries securely to patients and consult patient summaries to outside providers automatically via the patient portal. In the last quarter we have installed GE/SureScripts Document Management solution. Mid-December we tested and went live with the automation of Transfer of Care (TOC) documents to providers we had secure email address too that we refer to. The ability to get service providers direct address has been a challenge and we continue to gather more direct addresses. Oneida Community Health Center has successfully been testing and was able to complete 1 secure message per provider to a patient. We continue to test and work through this functionally. We hope to go live with this to all medical staff and patients by end of 2nd quarter of the calendar year. This will allow us to communicate securely with patients via the patient portal.
- **E-signature-** BH will be requesting the quote for laptops for the 2nd phase of implementation.
- **Meaningful Use (MU):** We are coming to an end of the 90 day reporting period for MU measures for Modified Stage 2 for 2016. We will continue to follow the guidelines for the Medicaid program of Meaningful Use as we are directed by Center for Medicaid and

Medicare Services (CMS). We have been monitoring and will evaluate the Clinical Quality Reporting (CQR) results after the 1st of the year to verify we have met the required measures in order to receive the incentive money. We will need to attest for Modified Stage 2 by February 28, 2017 for qualified Eligible Professionals (EP).

The team continues to work with MetaStar to assist all areas with meeting Meaningful Use and its different programs.

- **PQRS-Physician's Quality Reporting System.** We have registered once again to report PQRS data as a group for Oneida Community Health Center for 2016. We will utilize Quality Submission Services (QSS) in conjunction with Clinical Quality Reporting (CQR) function with GE Centricity for 2016 data submission. We have received notification that our PQRS data submitted in 2016 for 2015 was sufficient and we will receive no negative payments for Medicare payments in 2017.
- **Proximity Cards-** We have successfully implemented Imprivata in the Optical and Medical areas. We continue to work on the application, formatting and profiling of users to make the application work without inconsistencies.
- **Picture Archiving Communication System (PACS)-** We have successfully implemented a permanent fix to prevent Link Logic issues when past images are attached to the PACS system. We have successfully implemented a solution with Nuvodia and Hospital Sisters Health System (HSHS) to provide us the ability of a secure image transfer agreement between both entities.
- **Behavioral Health Chart Status Project (OBH)-** We will need to continue transferring our OBH Medical Records Excel database into the EMR. This is a task that we will continue to require the assistance of the General Electric (GE) consultant because of the complexity of the licensing requirements to complete this portion of the status changes on the patient banner. This has been worked on but is still in process; we have resolved some of the issues with set up of the signature capture. The signature capture must be in working order to have all of our licensing requirements in the EMR utilizing the banner for a fully functioning Chart Status. We are continue to work on the signature capture implementation (starting with Registration) in order to move forward with the OBH Chart Status Project. We are in the process of testing the reports for all areas. However, we are not fully functioning with all of our documents live which poses a challenge to ensure the report is functioning as designed. We have initiated having the medical records techs start the conversion of chart status to test the reports. We have about 10,200 charts that need to be converted to eliminate the excel database for OBH. A request for overtime for medical records techs is forthcoming to complete the conversion.
- **REPORTS-** We are working with the Cognos application to determine if the functionality of that system will be sufficient to enable the ability to pull quality assurance and outcome reports, OBH Provider reports, no show reports and access to care report. We continue to work with Management Information Systems (MIS) on OBH Reports. We has been successful with getting ongoing reports of Access to Care, Monthly and Quarterly No Show/Cancellation Summary and Provider Utilization Reports for OBH but continue to work on these reports for the medical area as well as Optical and Dental. However, MIS will be continuing to assist us however has very limited time available due to the current MIS workload and only one person in this position with MIS to do this.
 - "VisAnalytics Reporting User Guide" is available. This is work in progress and needs to be user friendly.
 - Oneida Behavioral Health (OBH) has not yet been able to get the desired clinical data from the EMR.

- Oneida Community Health Center (OCHC) continues to work with MIS to finalize the access to care report. We anticipate expanding this to Access to Care Report to be included as part of this report over the next quarter.
- We have contracted with GE to create Crystal Reports for OBH Chart Status. We have received the 1st test report in December 2016 and are in the process of testing and reviewing.
- **Team Based Care /Population Health Management-** The project charter for Population Health Management has been completed but is in need of some revisions. The Diabetic Team is currently working on a project plan for Team Based Care. Our proposed go live date is 1/20/2018.

PATIENT MANAGEMENT SYSTEM (PMS)

- Batch Eligibility- Emedapps 271 Submission files continue to go through still with occasional glitches. Emedapps continues to fix them as they occur. Full database runs of Batch Eligibility have been attempted with little success because they are being tested in the Development environment and a new version of the SevaXchange application. A new full database run will be completed again the weekend of January 13, 2017. This must be completed since the General Electric (GE) Centricity Electronic Data Interchange (EDI) Plug-ins that are currently in use only get completed at the registration level.
- Electronic Data Interchange (EDI) Eligibility - The GE Centricity EDI plug-ins are set up and being used by our Billing and Registration staff on a patient-by-patient basis. Batch eligibility EDI by the provider schedule has currently been suspended until we get a better idea on the number of transactions we are actually sending in a month. Many of the main insurances have been linked to this capability which has allowed us to electronically check insurance eligibility on a patient in real-time, directly from GE Centricity.

CONTINUOUS QUALITY IMPROVEMENT

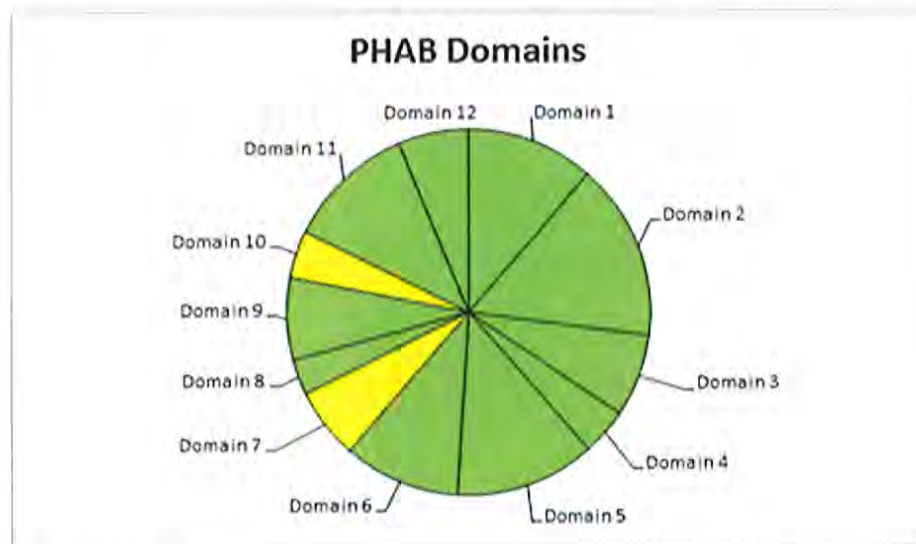
Initiatives: Accreditation

Accreditation of the Health Division

- Data tracking and collecting with all departments.
- Continue going through the G drive.
- Orientation Manual
- Patient satisfaction survey – Jan/ Feb 2017.
- Reviewing all procedure codes.
- Integrating Diabetic education with facebook posts on TVs that will be installed in front lobby.
- Working on a reporting structure for the additional Health Division Committees i.e. Pharmacy and Therapeutics, Infection Control etc to report their meeting minutes to the QA team.
- Work continues on the training tracking tool for OCHD with Human Resources.
- We had a follow up meeting regarding the Bomb Threat incident on 11/01/16 and will be developing a team in collaboration with the Oneida Police Department, Emergency Management and other areas to address the areas that needed improvement following our debriefing. Over all the incident was a great learning tool for our emergency policies.

Public Health Accreditation

- Opened new Prevention grant objective Sept 2016 – August 2017. Funds will be used to cover costs to continue Tribal Accreditation and Quality Forums.
- In November, submitted the Community Health Services Department quarterly performance management progress reports for April – June 2016 and July – Sept 2016 to the division Quality Improvement Committee.
- Community Health Services Department and key internal partners for the next Community Health Assessment completed training on an overview of a Community Health Assessment and how it relates to day to day on Dec 8, 2016.
- Community Health Assessment (CHA) Leadership team has been assembled to coordinate the next Community Health Assessment (CHA). Meetings will begin in Jan 2017.
- We completed review of Domains 12, 3, 11, 2, 6, 10, and 7. This means we reviewed and identified documentation for all twelve domains!
- Article submitted to the Kalihwisaks and Facebook announcement informing the community of our success in completing review of all twelve domains during the last week of Dec 2016.



** Red- No review yet

Yellow- greater than 50% complete

Green- 100% complete

ENHANCE OUR WORKFORCE Initiative: Optimizing our staffing processes

HUMAN RESOURCE MANAGEMENT

Number As of 01/01/17 Comprehensive Health Division Employees: 335

118	Oneida Enrolled
31	American Indian/Alaskan
3	Black/African American
2	Asian
4	Hispanic/Latino
175	Caucasian/other
2	Two or More Races

- **AJRCCC: (65)**
 - 26 Oneida Enrolled (INCREASED FROM 15% TO 41.5% OF EMPLOYEE BASE FOR AJRCCC)
 - 9 American Indian/Alaskan
 - 1 Asian
 - 2 Hispanic/Latino
 - 27 Caucasian/other

- **Current vacancies as of 01/01/17:**
 - Purchased/Referred Care Supervisor
 - Certified Medical Assistant-OCHC
 - Certified Nursing Assistant
 - Clinical Substance Abuse Counselor OBH
 - Dental Assistant /ET
 - Diabetes Program Supervisor
 - LPN – AJRCCC
 - LPN- OCHC
 - Mammography Technician-OCHC
 - Physician Pediatrician
 - Physician Family Medicine
 - Physician Internal Medicine
 - Psychiatrist OBH
 - Psychotherapist OBH
 - RN – AJRCCC
 - RN-OCHC
 - Dietary Aide/Cook-AJRCCC

FINANCIALS

**Based on 4th Quarter FY 2016 with GL closed for FY 2017 and GL not closed for FY 2016

Funding Sources for FY-2017

TRIBAL CONTRIBUTION: 3.10%

GRANTS: 3.96%

OTHER SOURCES:

External Sales/Third Party Revenue/other income 47.51%

Indian Health Services: 45.43%

Total Budget: **\$51,295,138**

Status as of 01/18/17

Budget as of 01/18/17: \$51,295,138

Revenues/Expenditures as of 01/18/17: \$53,901,414

LONG TERM CARE:

- There is a great deal of concern regarding the Social Security Act and its impact on both MA and MA waivers. This includes all waivers (e.g. 1915a, 1915b, 1915c, 1915i, 1115). The concern centers around the Office of General Counsel for CMS. General Counsel has repeatedly said that federal statute, federal regulation, and court rulings (to include U.S. Supreme Court) notwithstanding, Tribes are considered an ethnic minority and not a political entity. While Several Tribes and States have found language to side step this issue, this is becoming a larger and more significant issue, particularly as the environment of healthcare is rapidly changing. The Vice Chairwoman raised this

concern directly with CMS. **This does need to be a priority going forward with the Trump administration. This may need to be elevated to the HHS level.**

- The Long Term Care Workgroup with the State of WI, the 1915C waiver is the recommendation that will be coming forward from this group. This group is not in favor of a demonstration waiver and will be discussed in detail at the February 9, 2017 meeting with just the Tribes. The meeting with the that will include the State participation will be held on February 10, 2017 in Wausau.
- MACRA and MIPS final rule was released on October 14, 2016 and does not specifically say that Tribes are exempted from the requirements. MACRA does not provide an explicit exclusion for FQHC's but they should not be affected because they bill under an all-inclusive rate. **This needs to be clarified with CMS and remains an issue throughout Indian Country.**
- Working collaboratively with Governmental Services Division.
- Reorganization is in process for the Community Options Program(COP) to better address the needs of long term care and improved efficiencies within this area.

Celebrations and Successes:

We have had two retirements this quarter and wish them both well as they enter a new stage in their life! Congratulations to both Brian Denny and Judi Skenandore!



Community Health Assessment Team



Participants of Craft Sale 2016



OCHC Bomb Threat Evacuation Incident



We would like to welcome Chenoa Webster to Comprehensive Health Division!!!

Shekoli Swakweku,

“My name is Chenoa Webster and I am excited to join the team at Community Health as a Community Health Worker for Healthy Start. I have a long history of work experience within the early childhood development field and have worked for the tribe at Oneida Child Care Centers and the Head Start Program. In addition to my work with the tribe, I have worked with youth outreach of all ages in Native communities in MN, AZ, and WI within after-school programming, mentorship programs, AmeriCorps, elementary and high schools, and early learning centers.

I grew up in Minneapolis, MN and attended school at the University of Arizona in Tucson for two years. I achieved my Child Development Associate (CDA) specializing in infant and toddler development and have really enjoyed working with our youngest youth and families in the community. Achieving an optimal start to life is so important for our youth and future generations to come. This is why I believe so strongly in the Healthy Start Program and I know it can be all the difference needed in many children and families lives.

In my free time, I enjoy spending time with my family the most and especially with my two daughters who are my pride and joy. I love adventurous travel and am always looking for new opportunities to learn and grow.

I am so honored to continue my work with youth and families within our Oneida community and I look forward to working in a new capacity for Healthy Start within the Community Health Department.”

Highlights for the Comprehensive Health Division for 2016

- In May – we went to smoke free campuses for the Divisions buildings.
- 2016 saw the first year of monthly cultural awareness trainings. In November there was a poll done showing that there was an increased awareness in staff regarding Oneida's culture.
- An awesome face book was developed to communicate with the community / employees.
- 2016 saw new providers coming on board throughout the Division.
- Active shooter training Tribal Wide
- Evacuation of staff and patients during a bomb scare – successful and in a timely manner.
- Many electronic medical record successes. One success - immunization information able to travel electronically to and from Wisconsin immunization registry.
- Many of the mandatory trainings have been developed into e-learnings. Not losing patient care time to complete the trainings.
- The booster club has arranged some fantastic events that staff enjoyed. Successful money raising events to coordinate the events for staff enjoyment. Employee Morale has improved throughout the Division!
- 2016 Craft Sale was a huge success once again!
- Community Health has applied for Public Health Accreditation.
- Meeting goals for Meaningful Use and the Physician Quality Reporting System. Both measure quality of care.
- Center for Disease Control (CDC) recognition and acceptance for the Diabetes Prevention Program (DPP) following application for the new Medicare DPP program.
- Screening mammography available following installation of new digital mammography.

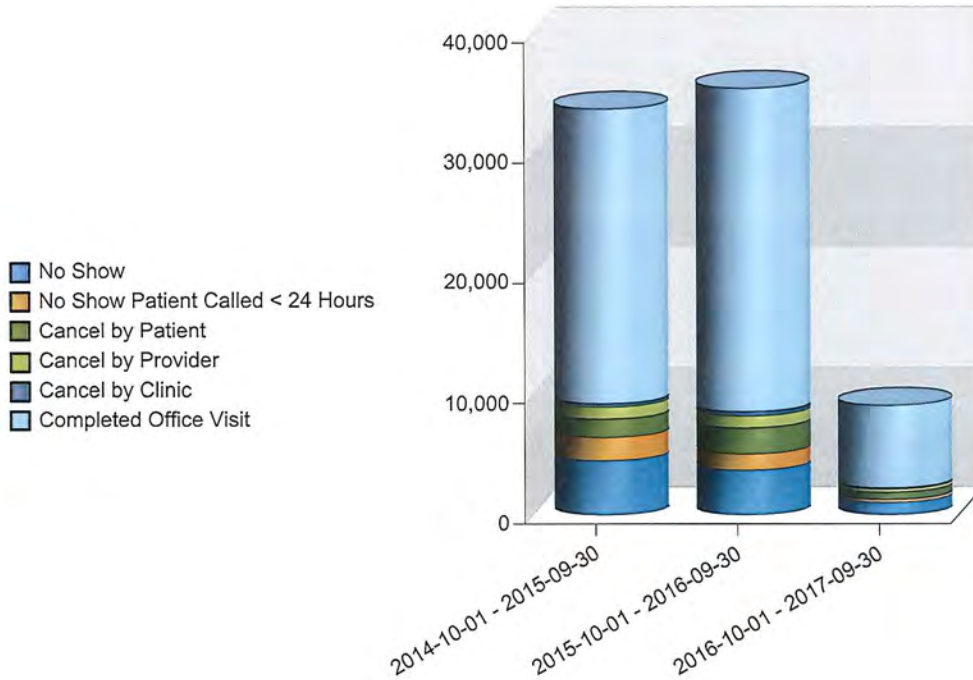
We look forward to 2017 with all the challenges and positive changes to come.

Please follow us on our Oneida Comprehensive Health Division Facebook page!



Three Year By Quarter No Show/Cancellation Summary

Oneida Health Center Medical Clinic



Range	FY QTR	No Show	%	No Show Patient Called < 24 Hrs	%	Cancel by Patient	%	Cancel by Provider	%	Cancel by Clinic	%	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2016-10-01 - 2017-09-30	Qtr01	976	10.8%	267	3.0%	579	6.4%	255	2.8%	98	1.1%	2,128	6,883	9,011	6,114	4,803
2016-10-01 - 2017-09-30		976	10.8%	267	3.0%	579	6.4%	255	2.8%	98	1.1%	2,128	6,883	9,011	6,114	4,803
2015-10-01 - 2016-09-30	Qtr04	939	11.0%	292	3.4%	564	6.6%	184	2.2%	59	0.7%	2,000	6,546	8,546	6,533	4,621
	Qtr03	861	9.9%	353	4.0%	549	6.3%	192	2.2%	109	1.2%	2,026	6,710	8,736	6,704	4,501
	Qtr02	777	9.0%	338	3.9%	547	6.4%	285	3.3%	115	1.3%	2,037	6,576	8,613	6,577	4,464



Three Year By Quarter No Show/Cancellation Summary

Oneida Health Center Medical Clinic

Range	FY QTR	No Show	%	No Show Patient Called < 24 Hrs	%	Cancel by Patient	%	Cancel by Provider	%	Cancel by Clinic	%	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2015-10-01 - 2016-09-30	Qtr01	1,059	11.2%	370	3.9%	522	5.5%	337	3.6%	81	0.9%	2,361	7,061	9,422	7,065	5,031
2015-10-01 - 2016-09-30		3,636	10.3%	1,353	3.8%	2,182	6.2%	998	2.8%	364	1.0%	8,424	26,893	35,317	26,879	8,662
2014-10-01 - 2015-09-30	Qtr04	989	13.3%	334	4.5%	402	5.4%	315	4.2%	65	0.9%	2,105	5,358	7,463	5,359	4,102
	Qtr03	1,119	13.1%	502	5.9%	418	4.9%	346	4.1%	65	0.8%	2,450	6,072	8,522	6,074	4,355
	Qtr02	1,120	12.7%	601	6.8%	368	4.2%	145	1.6%	69	0.8%	2,303	6,524	8,827	6,526	4,514
	Qtr01	1,203	13.5%	509	5.7%	361	4.0%	206	2.3%	85	1.0%	2,364	6,563	8,927	6,566	4,808
2014-10-01 - 2015-09-30		4,431	13.1%	1,946	5.8%	1,549	4.6%	1,012	3.0%	284	0.8%	9,222	24,517	33,739	24,525	8,307
Summary		9,043	11.6%	3,566	4.6%	4,310	5.5%	2,265	2.9%	746	1.0%	19,774	58,293	78,067	57,518	11,030

Oneida Behavioral Health Services

**2016 Customer
Experience Survey (CES)**

**Executive Summary:
October 2016**



A Good Mind. / A Good Heart. / A Strong Fire.

**Data Compiled by: Dr. David Prestby, Oneida Behavioral Health Services (BHS),
Research, Data, & Evaluation Analyst
11/15/2016**

**ONEIDA BEHAVIORAL HEALTH SERVICES (BHS):
2016 CUSTOMER EXPERIENCE SURVEY (CES) EXECUTIVE SUMMARY
(October 2016)**

The following **TABLES** and **FIGURES (10.00 to 10.14)** described in this report were designed to be a general visual aid to the reader. The preliminary data results are explained in terms of percentage or numbers represented for each question of the **2016 Customer Experience Survey (CES)**. Participants (n=216) represent the client/patient who participated in the one page (12 question) **2016 Customer Experience Survey (CES)**. This executive summary is for the month of October 2016.

TABLE 10.00 (below) reveals the data of “Type of Provider Service Received Today” at Oneida Behavioral Health Services for October 2016 and **TABLE 10.01** (below) reveals the Patient Account Representative (PAR) assistance for when Oneida BHS Providers didn’t put their ID number on the survey form. **TABLE 10.02** (following page) reveals the total data distribution for which Oneida BHS provider was seen by the survey participant.

TABLE 10.00
Type of Provider Service Received Today at Oneida BHS

Provider Service	Frequency	Percent	Valid Percent	Cumulative Percent
ATODA	35	16.2	16.2	16.2
CO	47	21.8	21.8	38.0
MH	72	33.3	33.3	71.3
DR	51	23.6	23.6	94.9
Triage	1	.5	.5	95.4
SW	10	4.6	4.6	100.0
Total	216	100.0	100.0	

TABLE 10.01
PAR Assist for Oneida BHS Provider for Survey

PAR Assisted BHS Provider	Frequency	Percent	Valid Percent	Cumulative Percent
PAR Robert Pamanet	57	26.4	26.4	26.4
PAR Tina Platt	18	8.3	8.3	34.7
No PAR Assist Needed	141	65.3	65.3	100.0
Total	216	100.0	100.0	

TABLE 10.02

Provider Seen Today at Oneida BHS

Oneida BHS Provider	Frequency	Percent	Valid Percent	Cumulative Percent
Mike Agneessens	15	6.9	6.9	6.9
Scott Lalonde	11	5.1	5.1	12.0
Becky Krueger	9	4.2	4.2	16.2
Tor Adkins	20	9.3	9.3	25.5
Benjamin Cheney	23	10.6	10.6	36.1
Martha Brito	22	10.2	10.2	46.3
Valorie Helander	4	1.9	1.9	48.1
Rhonda Huhtala	13	6.0	6.0	54.2
Lisa Shaw	8	3.7	3.7	57.9
Marybeth King	1	.5	.5	58.3
Timothy Lambert	5	2.3	2.3	60.6
Teri Nehring	15	6.9	6.9	67.6
Carmen Collier	3	1.4	1.4	69.0
Dr. Michael O'Neill	11	5.1	5.1	74.1
Dr. Veeranagouda Patil	16	7.4	7.4	81.5
Dr. Josephina Rodriguez	7	3.2	3.2	84.7
Dr. Chandra Shekar	3	1.4	1.4	86.1
Dr. David Dzubinski	9	4.2	4.2	90.3
Rob Haen	1	.5	.5	90.7
Jessica DeGroot	4	1.9	1.9	92.6
Christina Courtney	1	.5	.5	93.1
Lynn Metoxen	5	2.3	2.3	95.4
Kate Sayers	4	1.9	1.9	97.2
Dr. Sharyl Trail	2	.9	.9	98.1
Omit	4	1.9	1.9	100.0
Total	216	100.0	100.0	

In **TABLE 10.03**, evaluation respondents may have one or multiple responses to the one specific qualitative Oneida Behavioral Health Services (BHS) October **2016 Customer Experience Survey (CES)** question (question #12), but the response(s) is only counted as one response, either positive/encouraging response, neutral response, or negative response. The exception to this rule is if responses were in two or three areas. Overall, 73.0% of the total comments were in the positive/encouraging response level (n=60), 10.0% were in the neutral response level (n=8) and 17.0% of the total comments were in the negative response area (n=14). The total number of qualitative responses for the Oneida Behavioral Health Services (BHS) October **2016 Customer Experience Survey (CES)** Individual Survey Responses was 82.

TABLE 10.03

**Qualitative Response Summary (n=82) of the Oneida Behavioral Health Services (BHS):
Additional Comments from the October 2016 Customer Experience Survey (CES) Individual
Survey Responses (n=82)***

Type of Response	Number of Responses	Percent of Responses
Positive/Encouraging Response	60	73%
Neutral Response	8	10%
Negative Response	14	17%
Total Responses	82	100%

*Data compiled by Dr. David Prestby, Oneida Behavioral Health Services, Research, Data, & Evaluation Analyst, November 14, 2016.

All responses for the one specific qualitative Oneida Behavioral Health Services (BHS) October **2016 Customer Experience Survey (CES)** question (item question #12) may be viewed on the next two pages in **RESPONSE TABLE 10.03A** (next page) and **RESPONSE TABLE 10.03B** (following page). The remaining **TABLES** and **FIGURES (10.04 to 10.14)** provides preliminary data results in terms of percentage or numbers represented for each of the eleven (n=11) quantitative assessment questions of the October **2016 Customer Experience Survey (CES)**.

RESPONSE TABLE 10.03A (Part 1 of 2)

Oneida Behavioral Health Services (BHS): Evaluation of Additional Comments from the October 2016 Customer Experience Survey (CES) Individual Survey Responses (n=82)*

Question #	Positive/Encouraging Response (n=60)	Negative Response (n=14)
12. Please share any additional comments; concerns or suggestions (use back of form if needed):	<p>Great work, Staff is friendly & very helpful, Rebecca is respectful and easy to converse with, there is a good social worker-client atmosphere, Becky is awesome, Becky was great & very friendly, Torr is good listener, Tor is very concern/well informed-cares about his clients very much, Tor is helping me more than any other Counselor-I trust him & am extremely comfortable working on my issues with him, Torland has been a great counselor easy talk to about anything or everything, Everything is getting better in my family-my son's grades are unbelievable better because of these services, Tor is great really caring, I am always helped in my life when I see Tor, Love the music, Dr. D was great, Best Doctor "Dr. O" you have in this department, like the waiting room message, Experience here at Behavioral Health is always good for me-the staff are friendly and welcoming, Everything with my appt. today went very good, Always a great experience-the doctors are friendly and professional, today the waiting room was set up differently then I had seen it before & it was playing music-I think that was a great idea I really enjoyed listening while I was waiting, great staff as always, thanks for all your help, I love coming to Oneida BH-I don't know if I would be comfortable going elsewhere, I feel better today leaving my appointment, Rob Rock's, very helpful and right to the point, I think they are doing a good job and are very helping, Kate is an amazing woman-I would recommend her to everyone, Yes-this is a very helpful place I appreciate the services of OBH, Love Nigel the dog, I enjoy seeing my counselor-she helps me very much through my concerns, made my daughter very comfortable and that what I want so she is comfortable and able to express her feelings & continue to be comfortable-thank you, Martha has been such a great help to me-I am feeling more confident & starting to have a positive outlook for my future thanks to Martha, My Provider has helped me continuously with my sobriety and I really appreciate her help-she has opened my eyes to a lot of answers to my problems-don't know what I would do without her, I am very happy with Mike A as my provider, great listener Scott was great and easy to talk to, Scott was very helpful and respectful, Scott is the best AODA counselor, (Continued on Part 2 Response Table 10.03B)</p>	<p>I wish Dr. X would do more for me-it seems that I walk in & out with him, Don't like the new waiting room, Don't like color of paint, why is TV up and turned off, It could have been better if my Dr. was prepared for me on time, Dr. X did not listen to anything I had to say "personal issues"-I will not be back to see him, put some chairs back up by the front desk again, The BHS nurse was LATE again, I don't like the way the chairs are arrange in the waiting room it's to cramped too close to other people-feels like it's less privacy, Hallway smells like a hospital, Don't like waiting area impersonal not cozy, A "PAR" is not always welcoming-I feel that sometimes I am a bother or an annoyance to her, maybe put a clock in the lobby,</p> <p>(Continued on Part 2 Response Table 10.03B)</p>

*Data compiled by Dr. David Prestby, Oneida Behavioral Health Services, Research, Data, & Evaluation Analyst, November 14, 2016. All responses are typed as they appear from the CES. Thus, there may be some misspelling and grammatical errors.

RESPONSE TABLE 10.03B (Part 2 of 2)

Oneida Behavioral Health Services (BHS): Evaluation of Additional Comments from the October 2016 Customer Experience Survey (CES) Individual Survey Responses (n=82)*

Question #	Positive/Encouraging Response (n=60)	Negative Response (n=14)
<p>12. Please share any additional comments; concerns or suggestions (use back of form if needed):</p>	<p>I always thought AODA as kind of a bad thing-I know realize it helps people to the best of their ability, I find Teri to be a wonderful and caring person and I am glad I get counseling from her and also glad I met her in my journey through life, an excellent option to my other services Terry is honest and very astute to my issues and helping me with my challenges, Terri N is very competent and knowledgeable through her counseling session-she is very caring which makes her a counselor you can trust and open up to, I always feel very welcomed and I feel at ease and know I can express my feelings, My counselor is like an angel on my shoulders, very friendly & concerned about what I need, I didn't see Terri for a few weeks and she called me to see how I was doing-I appreciate her for her concern and I needed to see her so I went to thank her for calling actually in my time of need, I love carmen she has helped me so much already would see her twice a week if I could, Carmen helped with making sure I understood everything, Rhonda was both very professional and personable, Rhonda is very nice and understanding, I would like to thank Ben he is helping me in ways I wasn't understanding, my provider was very thorough and understandable-thank you, I feel a sense of safety here, counselor respectful & easy to talk to, I have the feeling of control versus I felt lost prior to seeing Ben-He has helped with suggestions about my health and wellbeing so I can get back on track and return to school and my life and can be normal again, talking with Ben and helping me heal and giving me recommendations for my health has improved my life-he is like a friend and I look forward to talk about my situations he helps me through on my visits, Thank you I appreciate the encouragement, I've worked with this provider previously & this person works wonderful with me-they keep it real and tells it like it is, excellent care, (n=60)</p>	<p>Don't like when I see the Doctor that the nurse that does the weight & blood pressure asks for information on any depression-not the nurse's business-I thought that's suppose to stay private with the doctor and I-would like that to change, (n=14)</p>

*Data compiled by Dr. David Prestby, Oneida Behavioral Health Services, Research, Data, & Evaluation Analyst, November 14, 2016. All responses are typed as they appear from the CES. Thus, there may be some misspelling and grammatical errors.

NOTE: Neutral or non-judgmental responses were also totaled in separate response categories, i.e. "N/A", "None", etc. There were a total of 8 Neutral or non-judgmental responses (n=8).

**Note: Neutral/General Responses are as follows; nice to see some growth too a lot of work on all are parts-thanks, I knew all of this stuff before, None, This time I do not have any additional comments, Absolutely, have a great day, thank you, very good and helpful, (n=8).

TABLE 10.04

1. The Patient Account Representative was welcoming and courteous upon arrival.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	177	81.9	81.9	81.9
Agree	38	17.6	17.6	99.5
Strongly Disagree	1	.5	.5	100.0
Total	216	100.0	100.0	

FIGURE 10.04

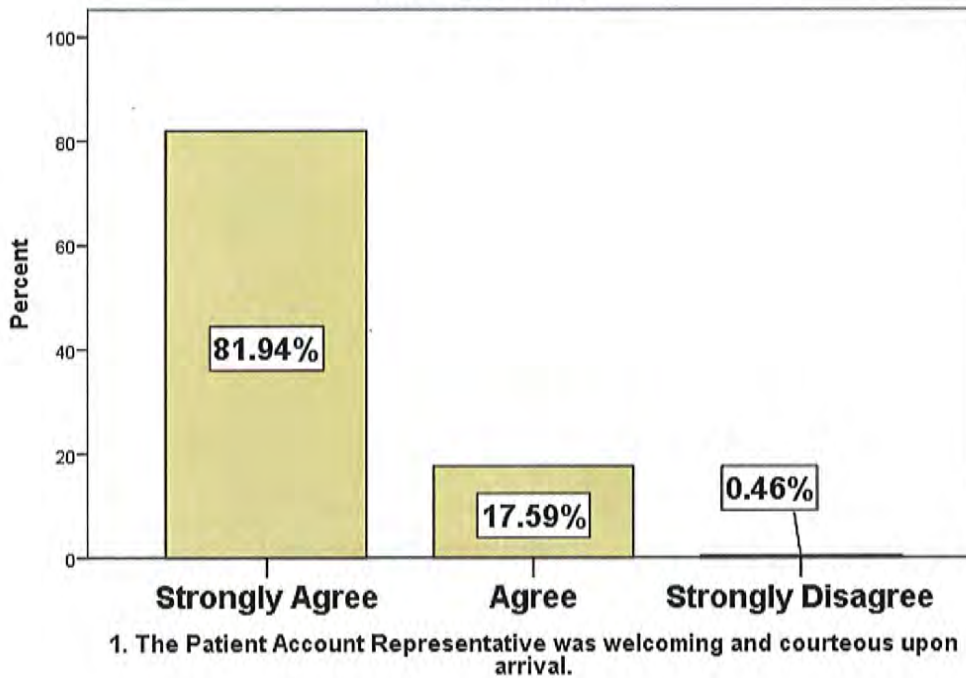


TABLE 10.05

2. The clinic setting was clean, comfortable and inviting.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	165	76.4	76.4	76.4
Agree	49	22.7	22.7	99.1
Strongly Disagree	2	.9	.9	100.0
Total	216	100.0	100.0	

FIGURE 10.05

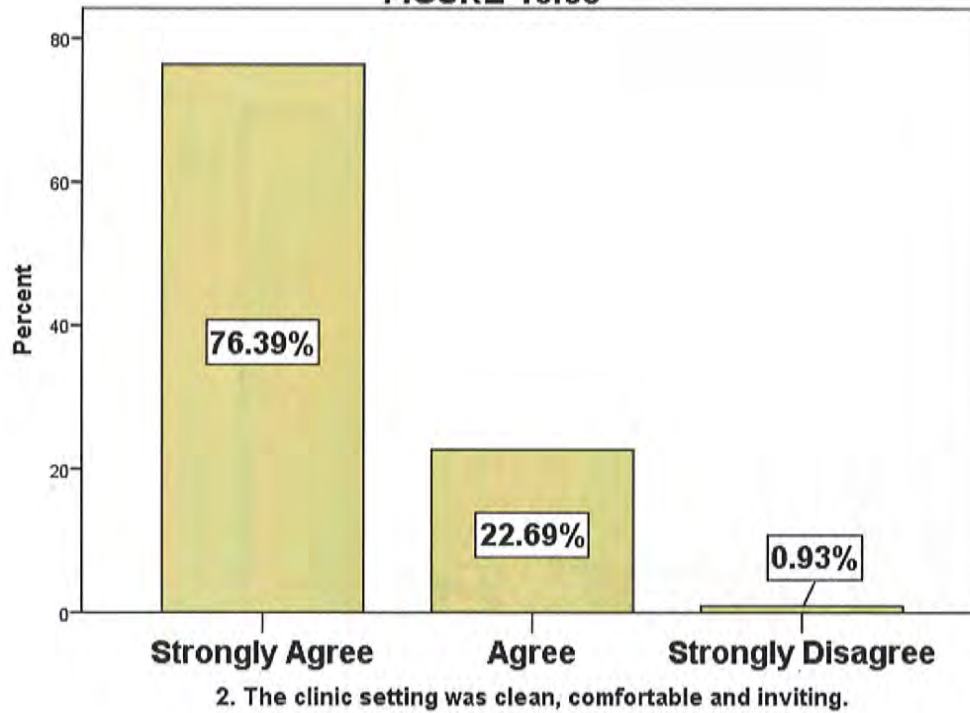
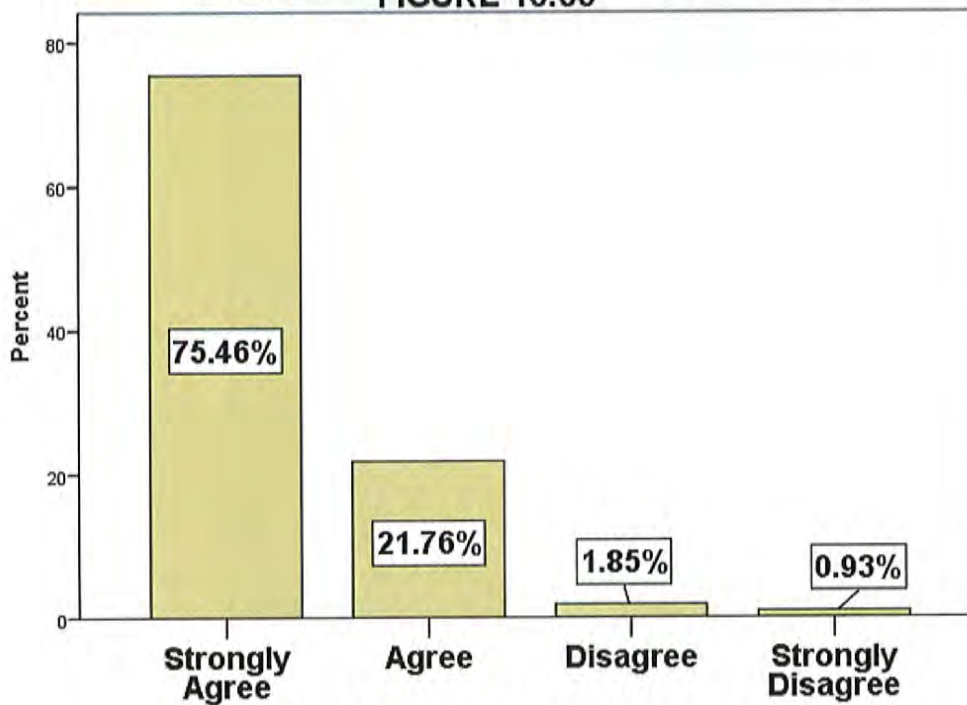


TABLE 10.06

3. The clinic was set up in a way that respects my privacy

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	163	75.5	75.5	75.5
Agree	47	21.8	21.8	97.2
Disagree	4	1.9	1.9	99.1
Strongly Disagree	2	.9	.9	100.0
Total	216	100.0	100.0	

FIGURE 10.06



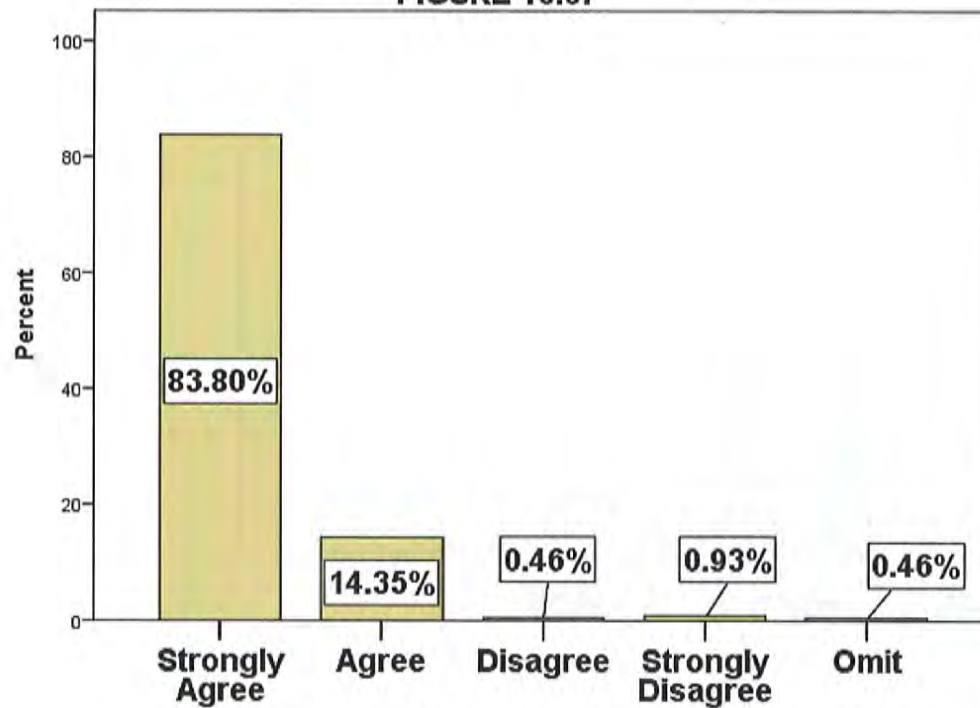
3. The clinic was set up in a way that respects my privacy

TABLE 10.07

4. The provider I saw today was respectful of my cultural needs.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	181	83.8	83.8	83.8
Agree	31	14.4	14.4	98.1
Disagree	1	.5	.5	98.6
Strongly Disagree	2	.9	.9	99.5
Omit	1	.5	.5	100.0
Total	216	100.0	100.0	

FIGURE 10.07



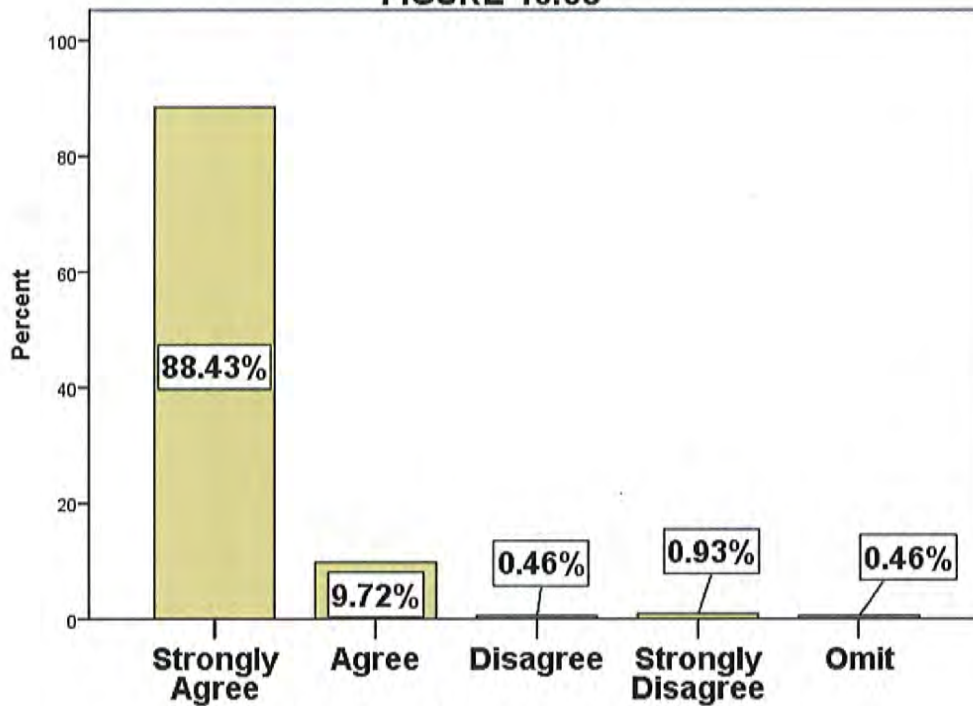
4. The provider I saw today was respectful of my cultural needs.

TABLE 10.08

5. I have confidence in the provider I saw today.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	191	88.4	88.4	88.4
Agree	21	9.7	9.7	98.1
Disagree	1	.5	.5	98.6
Strongly Disagree	2	.9	.9	99.5
Omit	1	.5	.5	100.0
Total	216	100.0	100.0	

FIGURE 10.08



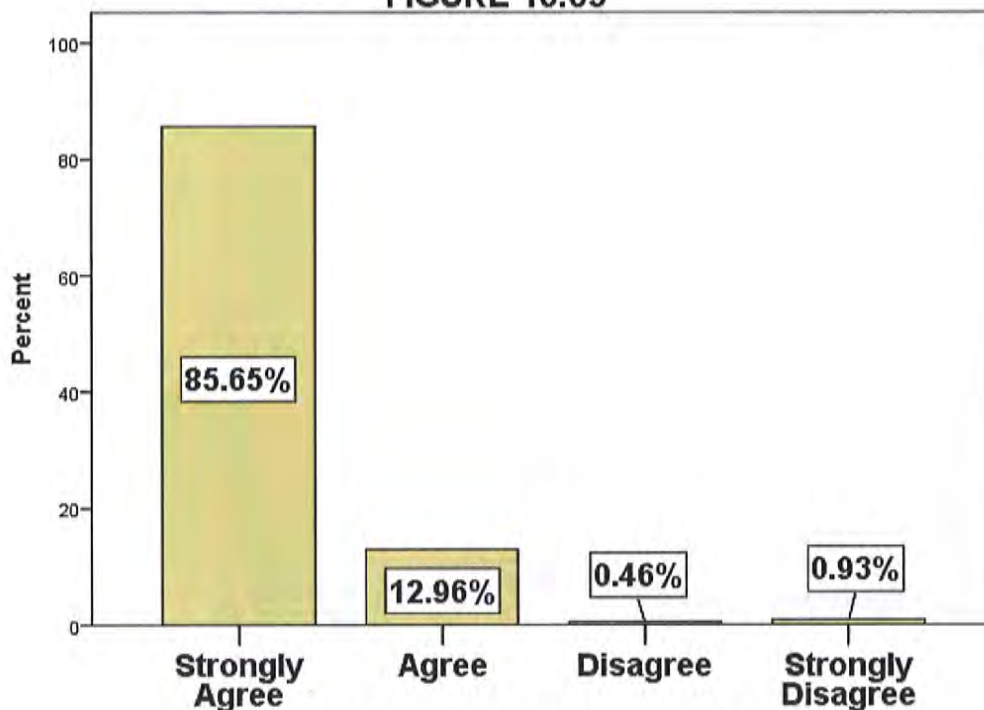
5. I have confidence in the provider I saw today.

TABLE 10.09

6. The provider I saw today was prepared and dependable.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	185	85.6	85.6	85.6
Agree	28	13.0	13.0	98.6
Disagree	1	.5	.5	99.1
Strongly Disagree	2	.9	.9	100.0
Total	216	100.0	100.0	

FIGURE 10.09



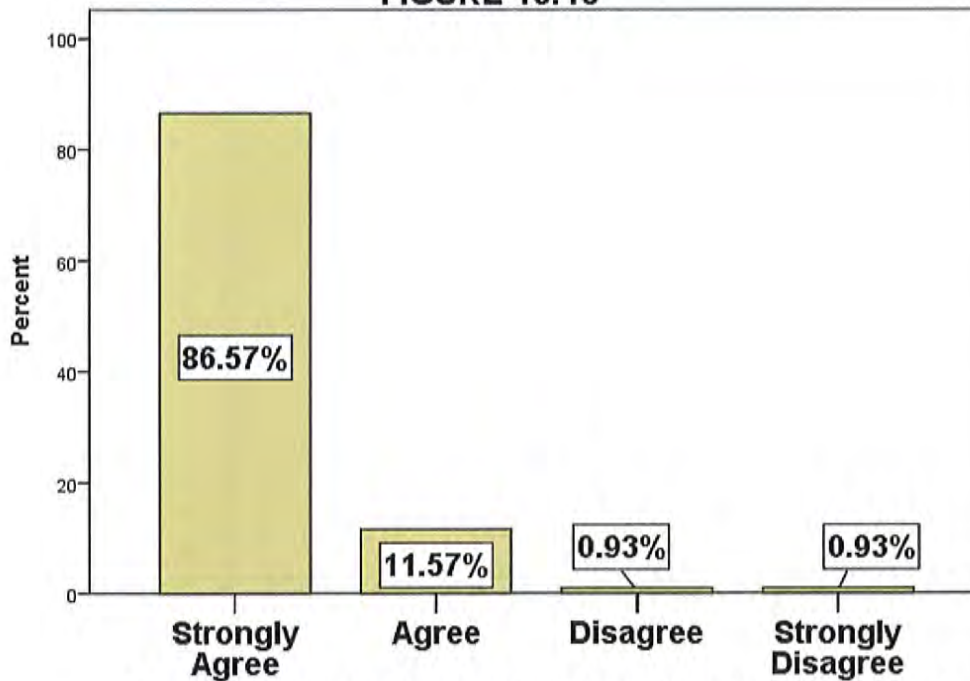
6. The provider I saw today was prepared and dependable.

TABLE 10.10

7. I trust that the provider I saw today believes in my ability to change and grow.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	187	86.6	86.6	86.6
Agree	25	11.6	11.6	98.1
Disagree	2	.9	.9	99.1
Strongly Disagree	2	.9	.9	100.0
Total	216	100.0	100.0	

FIGURE 10.10



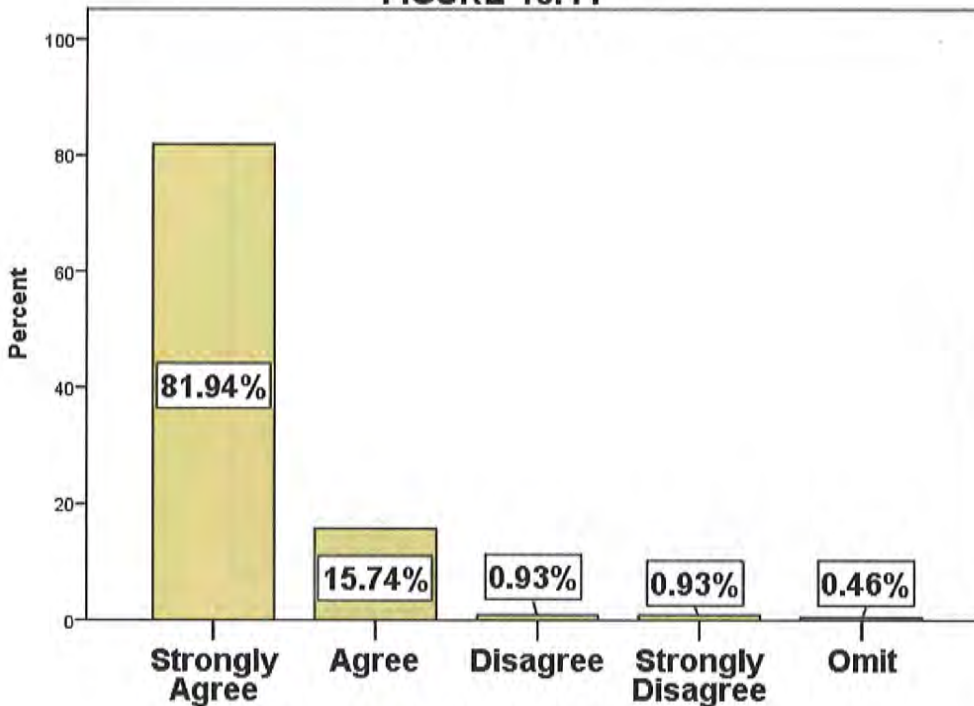
7. I trust that the provider I saw today believes in my ability to change and grow.

TABLE 10.11

8. I feel my provider is helping me to achieve my goals.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	177	81.9	81.9	81.9
Agree	34	15.7	15.7	97.7
Disagree	2	.9	.9	98.6
Strongly Disagree	2	.9	.9	99.5
Omit	1	.5	.5	100.0
Total	216	100.0	100.0	

FIGURE 10.11



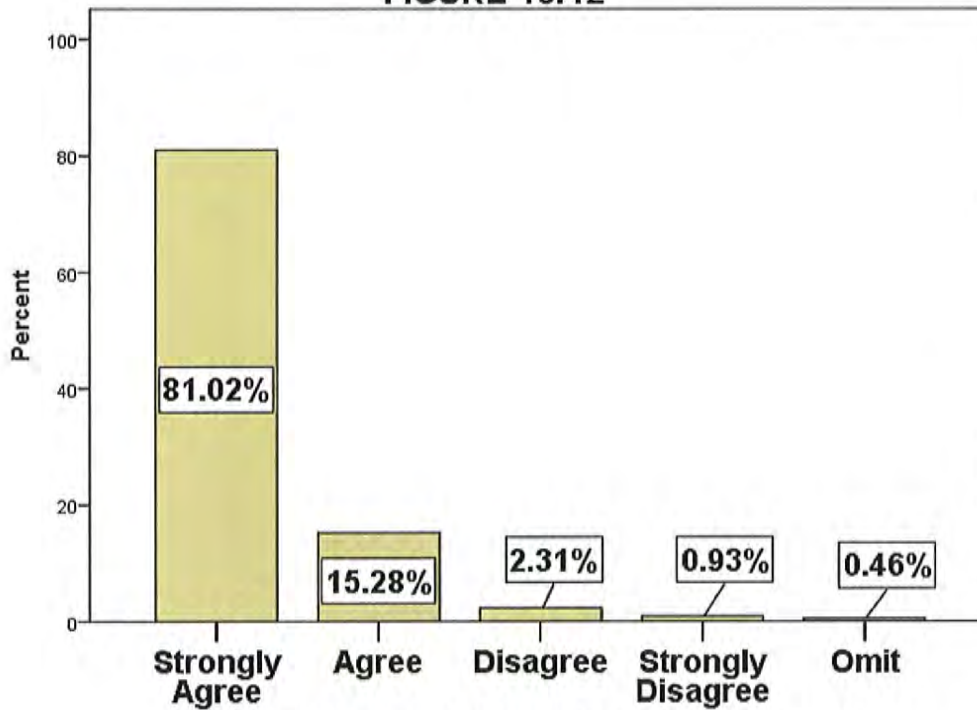
8. I feel my provider is helping me to achieve my goals.

TABLE 10.12

9. The provider started and ended my sessions on time today.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	175	81.0	81.0	81.0
Agree	33	15.3	15.3	96.3
Disagree	5	2.3	2.3	98.6
Strongly Disagree	2	.9	.9	99.5
Omit	1	.5	.5	100.0
Total	216	100.0	100.0	

FIGURE 10.12



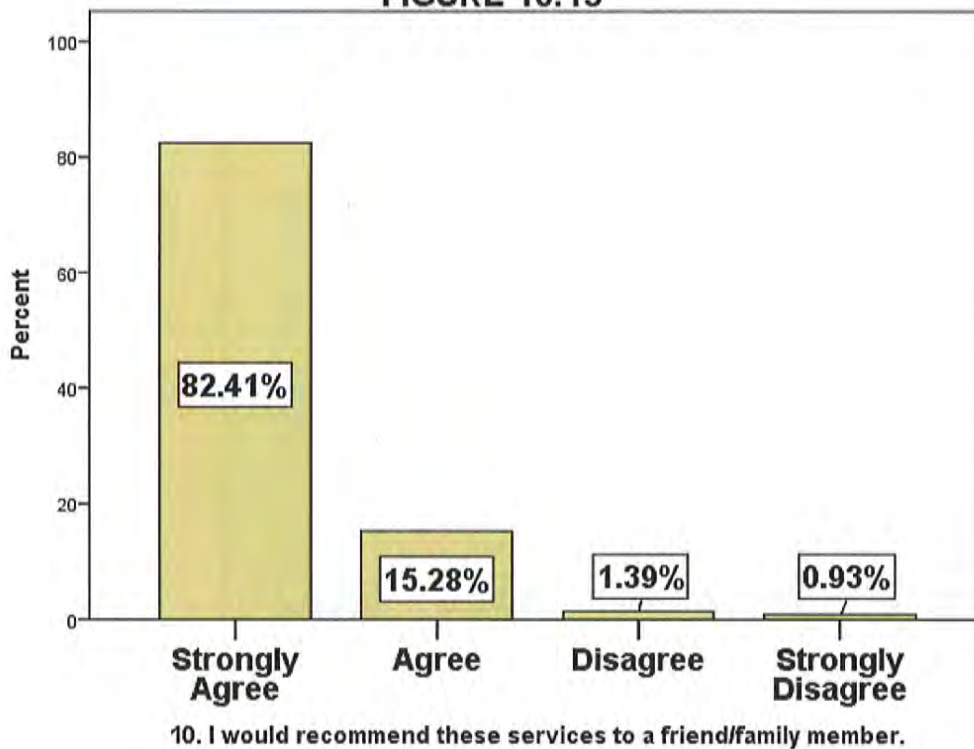
9. The provider started and ended my sessions on time today.

TABLE 10.13

10. I would recommend these services to a friend/family member.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	178	82.4	82.4	82.4
Agree	33	15.3	15.3	97.7
Disagree	3	1.4	1.4	99.1
Strongly Disagree	2	.9	.9	100.0
Total	216	100.0	100.0	

FIGURE 10.13



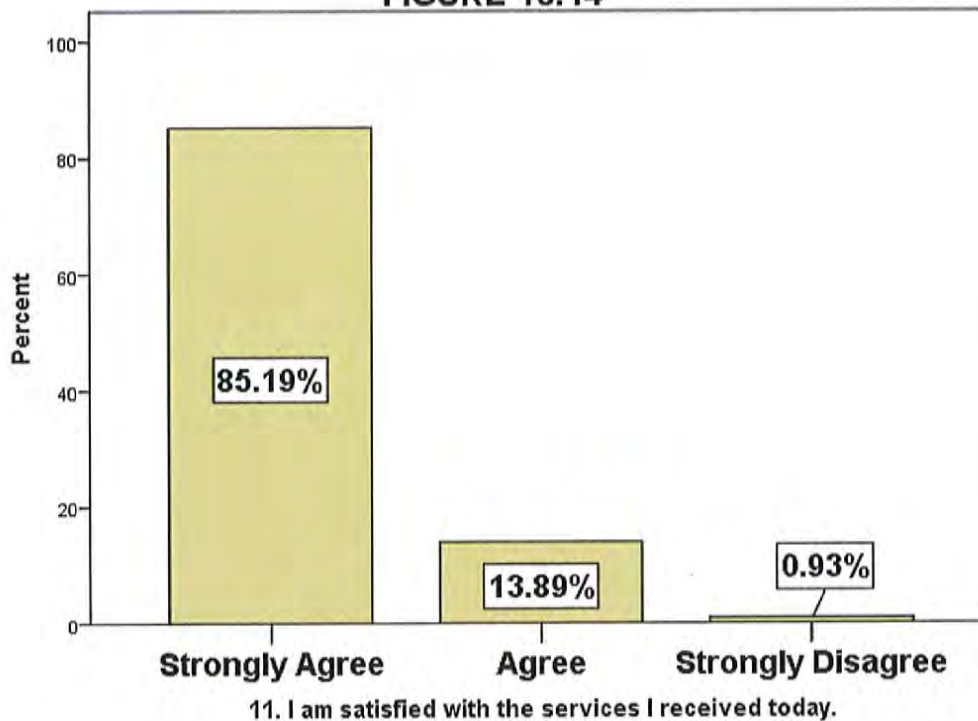
10. I would recommend these services to a friend/family member.

TABLE 10.14

11. I am satisfied with the services I received today.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	184	85.2	85.2	85.2
Agree	30	13.9	13.9	99.1
Strongly Disagree	2	.9	.9	100.0
Total	216	100.0	100.0	

FIGURE 10.14





A Good Mind. / A Good Heart. / A Strong Fire.

C

To all Oneida Dental Patients and families:

We have recently been experiencing an increasingly high number of incidents of our patients bringing their cell phones into the treatment areas when coming into the Dental Clinic. We have had situations where patients have tried to take calls while they are getting their teeth worked on, patients that have tried to video themselves while getting procedures performed or patients wanting to take pictures of themselves in the dental chair etc. Although we recognize that Social Media, Snapchat, Facebook and Instagram are all popular sites and everyone wants to share their experiences, it's really not safe for our patients and staff. As the Dental department, we want to protect your privacy and your safety and provide the best dental experience that we can for you as patients utilizing our services. Therefore, we feel it necessary to take this action to insure that we are protecting your safety and privacy as Oneida Dental Patients. Thank you in advance for your full cooperation!


Effective immediately; for patient safety and privacy, no cell phones, tablets or video recorders will be allowed in the patient treatment areas of the Oneida Dental Clinic.

Cell phones ringing and/or vibrating cause disruption to the dental staff. This creates a safety issue for dental staff and the patients receiving dental treatment.

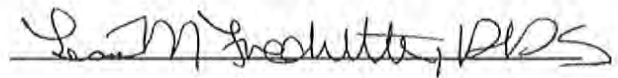
Your options are:

1. Do not bring your cell phone to your dental appointment.
2. If you choose to bring your phone into the Dental area you will be asked by the Dental Staff to turn your phone off and it will be placed into a container in the treatment room and returned to you at the end of treatment.
3. Individuals who accompany patients may choose to wait in the waiting area with their phone, or turn their phone off and place it into a container in the treatment room. The phone will be returned at the end of treatment.
4. Individuals choosing to not follow this notice will have treatment stopped and the appointment rescheduled.

Yaw^ko for your understanding and cooperation.



Dr. Bill Stempski, Dental Director



Dr. Lisa Frechette, Assistant Dental Director



BH - Access Of Care 3rd Available appointment

BH ATODA Intakes

Resource	Appointment Type	Next 3rd Open
Agneessens BA CSAC CSIT, Mike F	Intake Mental Health/ATODA-90	Feb 20, 2017 1:00:00 PM
Krueger MSW APSW CSAC, Rebecca	Intake Mental Health/ATODA-90	Feb 10, 2017 10:00:00 AM
Metoxen MSW SAC , Lynn	Intake Mental Health/ATODA-90	Feb 9, 2017 10:00:00 AM

BH-ATODA (C2)

Resource	Appointment Type	Next 3rd Open
Agneessens BA CSAC CSIT, Mike F	Individual Therapy Session-60	Dec 21, 2016 10:00:00 AM
Krueger MSW APSW CSAC, Rebecca	Individual Therapy Session-60	Dec 23, 2016 8:00:00 AM
Lalonde BS CSAC, Scott	Individual Therapy Session-60	Dec 27, 2016 3:00:00 PM
Rasmussen BSW CSAC, Dale S	Individual Therapy Session-60	Dec 16, 2016 4:30:00 PM

BH-Co-Occuring Intake

Resource	Appointment Type	Next 3rd Open
Cheney MSW, LCSW, SAS Benjamin R	Intake Mental Health/ATODA-90	Feb 13, 2017 8:30:00 AM
Collier, Carmen D MS LPC CSAC	Intake Mental Health/ATODA-90	Feb 1, 2017 4:30:00 PM
King MSW LCSW CSAC, Mary Beth	Intake Mental Health/ATODA-90	Feb 2, 2017 8:00:00 AM
Lambert LPC CSAC, Timothy C	Intake Mental Health/ATODA-90	Feb 2, 2017 3:00:00 PM
Nehring MSE LPC CSAC CS, Teri	Intake Mental Health/ATODA-90	Jan 30, 2017 8:00:00 AM

BH-Co-Occuring C2

Resource	Appointment Type	Next 3rd Open
Cheney MSW, LCSW, SAS Benjamin R	Individual Therapy Session-60	Dec 16, 2016 8:30:00 AM
Collier, Carmen D MS LPC CSAC	Individual Therapy Session-60	Dec 14, 2016 10:00:00 AM
King MSW LCSW CSAC, Mary Beth	Individual Therapy Session-60	Dec 21, 2016 10:00:00 AM



BH - Access Of Care 3rd Available appointment

Resource	Appointment Type	Next 3rd Open
Lambert LPC CSAC, Timothy C	Individual Therapy Session-60	Dec 12, 2016 10:00:00 AM
Nehring MSE LPC CSAC CS, Teri	Individual Therapy Session-60	Dec 5, 2016 7:00:00 AM

BH MH Intakes

Resource	Appointment Type	Next 3rd Open
Brito, MFT TL SAC IT, Martha	Intake Mental Health/ATODA-90	Feb 13, 2017 10:00:00 AM
Exworthy, Susan M	Intake Mental Health/ATODA-90	Jan 10, 2017 2:00:00 PM
Helander MSW LCSW, Valorie	Intake Mental Health/ATODA-90	Feb 13, 2017 11:00:00 AM
Huhtala MSW LCSW, Rhonda	Intake Mental Health/ATODA-90	Feb 21, 2017 9:00:00 AM
Sayers MSW LCSW LMFT, Kathleen	Intake Mental Health/ATODA-90	Feb 6, 2017 7:00:00 AM
Shaw MSW LCSW, Lisa	Intake Mental Health/ATODA-90	Feb 2, 2017 10:00:00 AM

BH-Mental Health (C2)

Resource	Appointment Type	Next 3rd Open
Brito, MFT TL SAC IT, Martha	Individual Therapy Session-60	Dec 21, 2016 7:30:00 AM
Cornelius-Adkins MSW LCSW SAC CSOT BCD, Torland E	Individual Therapy Session-60	Dec 22, 2016 7:00:00 PM
Helander MSW LCSW, Valorie	Individual Therapy Session-60	Dec 27, 2016 9:00:00 AM
Huhtala MSW LCSW, Rhonda	Individual Therapy Session-60	Jan 9, 2017 11:00:00 AM
Sayers MSW LCSW LMFT, Kathleen	Individual Therapy Session-60	Dec 29, 2016 2:00:00 PM
Shaw MSW LCSW, Lisa	Individual Therapy Session-60	Jan 10, 2017 9:30:00 AM

BH-EMDR Intakes

Resource	Appointment Type	Next 3rd Open
Collier, Carmen D MS LPC CSAC	BH-EMDR Intake	May 30, 2017 2:00:00 PM
King MSW LCSW CSAC, Mary Beth	BH-EMDR Intake	Jan 16, 2017 1:00:00 PM



BH - Access Of Care

3rd Available appointment

Resource	Appointment Type	Next 3rd Open
Shaw MSW LCSW, Lisa	BH-EMDR Intake	Jan 31, 2017 2:00:00 PM

BH-EMDR Therapy

Resource	Appointment Type	Next 3rd Open
Collier, Carmen D MS LPC CSAC	BH-EMDR Therapy	Dec 16, 2016 3:00:00 PM
King MSW LCSW CSAC, Mary Beth	BH-EMDR Therapy	Dec 22, 2016 2:00:00 PM
Shaw MSW LCSW, Lisa	BH-EMDR Therapy	Jan 18, 2017 7:30:00 AM

BH-Veteran Eval

Resource	Appointment Type	Next 3rd Open
Shaw MSW LCSW, Lisa	Veterans Evaluation	Feb 20, 2017 8:30:00 AM

BH-Intial Reiki Appointment

Resource	Appointment Type	Next 3rd Open
King MSW LCSW CSAC, Mary Beth	Reiki	Dec 14, 2016 6:00:00 PM
Lalonde BS CSAC, Scott	Reiki	Dec 30, 2016 11:00:00 AM
Nehring MSE LPC CSAC CS, Teri	Reiki	Jan 5, 2017 10:00:00 AM
Shaw MSW LCSW, Lisa	Reiki	Jan 17, 2017 10:30:00 AM

BH-Psych Evals

Resource	Appointment Type	Next 3rd Open
Sayers PHD, Michael	Psychological Evaluation	Dec 22, 2016 8:30:00 AM
Trail PsyD Sharyl	Psychological Evaluation	Dec 9, 2016 9:00:00 AM

BH- Psych Eval FU



BH - Access Of Care 3rd Available appointment

Resource	Appointment Type	Next 3rd Open
Sayers PHD, Michael	Psychological Eval Follow Up	Dec 2, 2016 1:00:00 PM

BH-Child Evals

Resource	Appointment Type	Next 3rd Open
Dzubinski MD, David L	BH-Child Eval	Jan 24, 2017 1:00:00 PM

BH-Child Med Checks

Resource	Appointment Type	Next 3rd Open
Dzubinski MD, David L	BH-Child Med Check	Dec 14, 2016 7:00:00 AM

BH-Adult Evals

Resource	Appointment Type	Next 3rd Open
Patil MD, Veeranagouda	BH-Adult Eval	Feb 1, 2017 1:00:00 PM
Rodriguez MD, Josefina	BH-Adult Eval	Jan 30, 2017 9:00:00 AM
Shekar MD, Chandra K.	BH-Adult Eval	Jan 10, 2017 2:00:00 PM

BH-Med Checks

Resource	Appointment Type	Next 3rd Open
ONeill, MD, Michael	BH-Medication Check	Dec 8, 2016 9:30:00 AM
Patil MD, Veeranagouda	BH-Medication Check	Jan 6, 2017 11:30:00 AM
Rodriguez MD, Josefina	BH-Medication Check	Jan 11, 2017 10:00:00 AM
Shekar MD, Chandra K.	BH-Medication Check	Dec 14, 2016 10:00:00 AM

BH-RN Triage Assessment

Resource	Appointment Type	Next 3rd Open
Paluch MSE RN LPC, Dave	RN-Psychatric Nursing Assessment	Jan 4, 2017 9:30:00 AM



BH - Access Of Care

3rd Available appointment

Resource	Appointment Type	Next 3rd Open
Skrivanie MSN RN, Lois	RN-Psychatric Nursing Assessment	Dec 20, 2016 2:00:00 PM

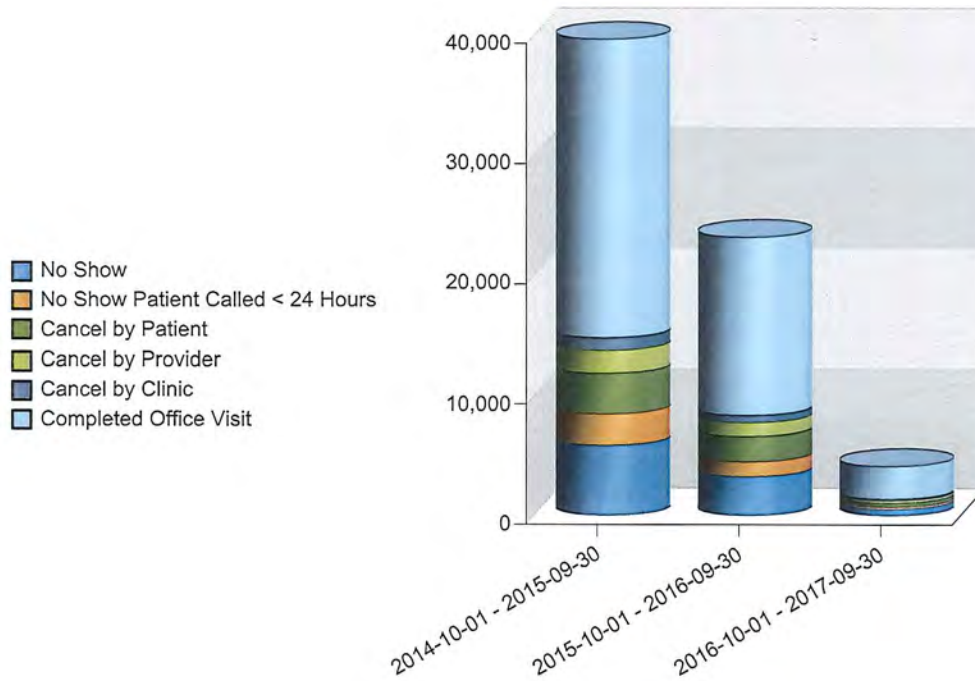
BH-Eval FU

Resource	Appointment Type	Next 3rd Open
Dzubinski MD, David L	BH-Eval FU	Feb 9, 2017 3:00:00 PM
ONeill, MD, Michael	BH-Eval FU	Dec 12, 2016 10:30:00 AM
Patil MD, Veeranagouda	BH-Eval FU	Jan 13, 2017 1:30:00 PM
Rodriguez MD, Josefina	BH-Eval FU	Jan 4, 2017 9:30:00 AM



Three Year By Quarter No Show/Cancellation Summary

Behavioral Health Services



Range	FY QTR	No Show	%	No Show Patient Called < 24 Hrs	%	Cancel by Patient	%	Cancel by Provider	%	Cancel by Clinic	%	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2016-10-01 - 2017-09-30	Qtr01	497	12.2%	188	4.6%	343	8.4%	179	4.4%	148	3.6%	1,355	2,733	4,088	2,507	1,299
2016-10-01 - 2017-09-30		497	12.2%	188	4.6%	343	8.4%	179	4.4%	148	3.6%	1,355	2,733	4,088	2,507	1,299
2015-10-01 - 2016-09-30	Qtr04	769	13.2%	268	4.6%	537	9.2%	281	4.8%	164	2.8%	2,019	3,809	5,828	3,796	1,481
	Qtr03	807	13.8%	314	5.4%	532	9.1%	205	3.5%	101	1.7%	1,959	3,895	5,854	3,643	1,496
	Qtr02	824	13.2%	339	5.4%	573	9.2%	307	4.9%	224	3.6%	2,267	3,979	6,246	3,643	1,501

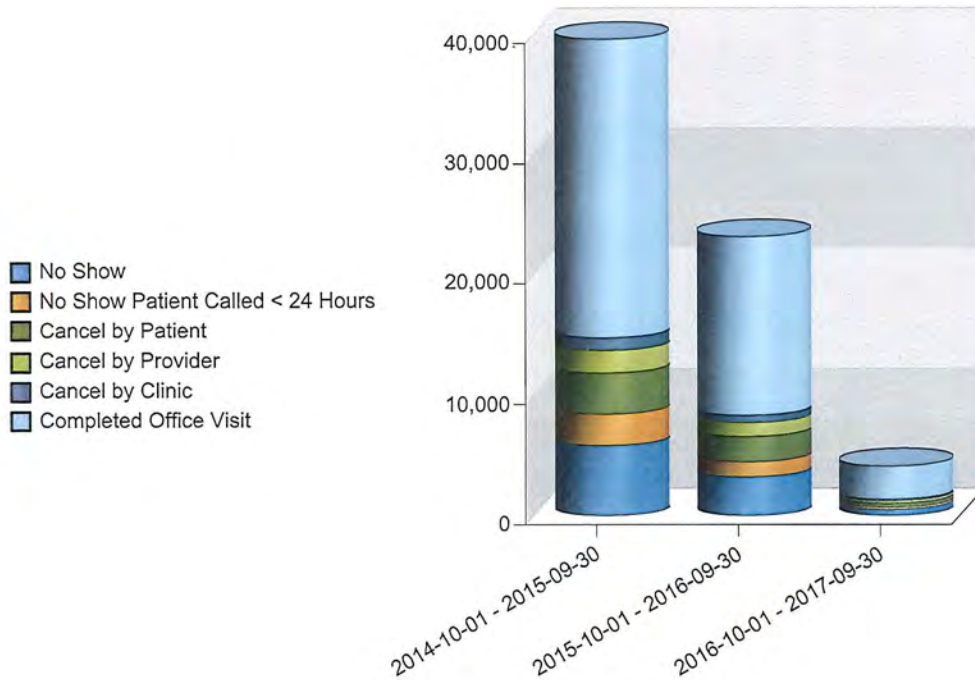


Three Year By Quarter No Show/Cancellation Summary Behavioral Health Services

Range	FY QTR	No Show	%	No Show Patient Called < 24 Hrs	%	Cancel by Patient	%	Cancel by Provider	%	Cancel by Clinic	%	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2015-10-01 - 2016-09-30	Qtr01	807	15.5%	331	6.4%	456	8.8%	362	7.0%	122	2.3%	2,078	3,127	5,205	3,122	1,377
2015-10-01 - 2016-09-30		3,207	13.9%	1,252	5.4%	2,098	9.1%	1,155	5.0%	611	2.6%	8,323	14,810	23,133	14,204	2,485
2014-10-01 - 2015-09-30	Qtr04	1,477	15.4%	633	6.6%	816	8.5%	392	4.1%	230	2.4%	3,548	6,037	9,585	6,038	2,098
	Qtr03	1,510	15.2%	631	6.4%	887	8.9%	451	4.5%	146	1.5%	3,625	6,300	9,925	6,303	2,206
	Qtr02	1,373	13.6%	666	6.6%	930	9.2%	538	5.3%	392	3.9%	3,899	6,179	10,078	6,182	2,119
	Qtr01	1,445	14.4%	701	7.0%	776	7.8%	481	4.8%	280	2.8%	3,683	6,323	10,006	6,371	2,151
2014-10-01 - 2015-09-30		5,805	14.7%	2,631	6.6%	3,409	8.6%	1,862	4.7%	1,048	2.6%	14,755	24,839	39,594	24,894	3,417
Summary		9,509	14.2%	4,071	6.1%	5,850	8.8%	3,196	4.8%	1,807	2.7%	24,433	42,382	66,815	41,605	4,345



Three Year By Quarter No Show/Cancellation Summary Behavioral Health Services



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Three Year By Quarter No Show/Cancellation Summary

Behavioral Health Services

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Summary		9,509	14.2%	4,071	6.1%	5,850	8.8%	3,196	4.8%	1,807	2.7%	24,433	42,382	66,815	41,605	4,345