

Priority: Accountability

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: KULLBERG Patricia

Related Programs:

Program Characteristics:

Executive Summary

Directors ensure that MDs, NPs, PAs, RNs, and LPNs have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement (QI) initiatives are effective and appropriate for the communities we serve; and patient care is safe, cost-effective, and based on proven best practices.

Program Description

Medical services provide the following services:

1. Oversee initiatives to improve quality, safety, cost-effectiveness and access; develops and implements patient care guidelines, policies, procedures.
2. Recruit, hire, credential and monitor provider performance; oversee in-house nursing and medical educational programs.
3. Set and monitor provider and nursing productivity goals.
4. Investigate and remedy untoward clinical incidents and errors.
5. Ensure that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensure that administrative practices are consistent with quality patient care.

Program Justification

Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Average number of days to next available appointment is three or less	5	3	4	4
Outcome	80% of diabetics have 2 HgbA1c tests (standard for diabetic control) in 12 mos.	43%	60%	83%	90%
Output	Number of annual visits meets budgeted goal.	91%	96%	98%	100%

Performance Measure - Description

1. 80% of diabetics have two HgbA1c tests (standard for diabetic control) in 12 months.
2. Number of annual visits meets budgeted goal.
3. Average number of days to next available appointment is four or less.

Legal/Contractual Obligation

Oregon State Board of Nurses, Oregon State Board of Medical Examiners, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Health Care Organizations, National Commission on Correctional Health Care, stipulations of multiple federal and state grants, Care Oregon contract, Central City Concern contract.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$841,722	\$52,925	\$953,292	\$65,416
Contracts	\$158,051	\$13,456	\$154,601	\$9,399
Materials & Supplies	\$64,934	\$7,826	\$67,159	\$2,721
Internal Services	\$141,790	\$10,100	\$78,996	\$10,331
Subtotal: Direct Exps:	\$1,206,497	\$84,307	\$1,254,048	\$87,867
Administration	\$0	\$0	\$21,436	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$21,436	\$0
Total GF/non-GF:	\$1,206,497	\$84,307	\$1,275,484	\$87,867
Program Total:	\$1,290,804		\$1,363,351	
Program FTE	0.00	0.00	6.61	0.40
Program Revenues				
Indirect for dep't Admin	\$5,062	\$0	\$3,696	\$0
Other / Miscellaneous	\$0	\$84,306	\$0	\$87,867
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$5,062	\$84,306	\$3,696	\$87,867

Explanation of Revenues

Significant Program Changes

Last year this program was: #40032, Medical, Mid-level and Nursing Directors
None anticipated.