

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: ABDELLATIF Vanetta M

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 provides the following services:

1. Oversees initiatives to improve quality, safety, cost-effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees in-house nursing and medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies untoward clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures 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 (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	Average number of days to next available appointment is three or less	3	4	4	4
Outcome		0	0	0	0
Output	Number of annual visits meets budgeted goal	96.0%	98.0%	100.0%	100.0%
Quality	80% of diabetics have two HgbA1c tests (standard for diabetic control)	60	83	90	80

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 Healthcare Organizations, stipulations of multiple federal and state grants, CareOregon contract, Central City Concern contract.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2007	2007	2008	2008
Personnel	\$946,197	\$65,416	\$947,000	\$32,140
Contracts	\$154,601	\$9,399	\$172,319	\$8,181
Materials & Supplies	\$67,159	\$2,721	\$82,484	\$1,996
Internal Services	\$78,996	\$10,331	\$82,195	\$6,542
Subtotal: Direct Exps:	\$1,246,953	\$87,867	\$1,283,998	\$48,859
Administration	\$21,436	\$0	\$22,436	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$21,436	\$0	\$22,436	\$0
Total GF/non-GF:	\$1,268,389	\$87,867	\$1,306,434	\$48,859
Program Total:	\$1,356,256		\$1,355,293	
Program FTE	6.61	0.40	6.53	0.22
Program Revenues				
Indirect for dep't Admin	\$3,696	\$0	\$2,575	\$0
Other / Miscellaneous	\$0	\$87,867	\$0	\$48,859
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$3,696	\$87,867	\$2,575	\$48,859

Explanation of Revenues

Significant Program Changes

Last year this program was: #40009, Medical, Mid-level and Nursing Directors
None anticipated.