7 Results

7.1 Health Care and Process Results

7.1a Health Care and Customer-Focused Service Results

To track, improve, and demonstrate health care results, AF uses a comprehensive set of ambulatory care measures based on the Ambulatory Care Quality Alliance's (AQA's) Clinical Performance Measures for Ambulatory Care (and some recommended in the Healthy People 2020 report), Data and Information for Health Care International (DDDI) measures (some of which overlap with AQA's measures), reporting requirements for BPHC-sponsored collaborative projects to reduce health disparities, and the particular needs of AF's key communities. Committed to achieving health care results comparable to the best anywhere, AF compares its performance against the DDDI highest performer and 90th percentile performance, and it strives to meet and exceed *Healthy People 2020* goals by 2018. Participation in the Benchmarking Consortium of the State Association of CHCs enables AF to compare its performance against that of its peers on multiple health care results. (While AF segments much of its results data by county, its overall performance as a community health center is determined by averaging the results for all three counties.) AF also uses comparative state data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS).

Health care results are shown by county. Results for specific clinics are AOS. Van- and clinic-based services are designed to achieve comparable outcomes; therefore, results for van-based services are included in results for the appropriate county and described separately only where they differ significantly. The information system includes patient registries that permit segmentation of health care results by site, provider, and key patient demographic factors. Additional segmented data are AOS.

Lifestyle risk factors and behavioral health are systematically evaluated at all initial and routine periodic visits based on AF's adult screening and prevention clinical guidelines, which are embedded in the PHP. Like the prevailing trend across the United States, obesity is increasing among AF patients; however, at a much slower rate. In addition, the body mass index (BMI) levels in all three counties have been significantly lower than the state's average levels for CHCs for the past three years (Figures 7.1-1 and 7.1-2), with two counties better than the state-best CHC performance. These favorable trends
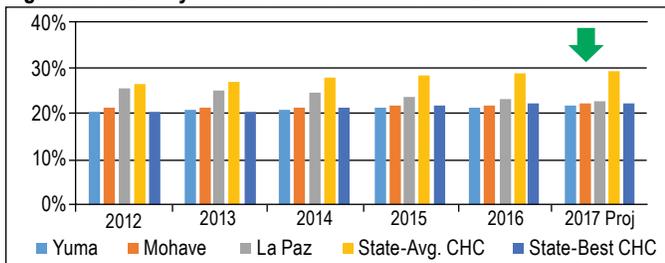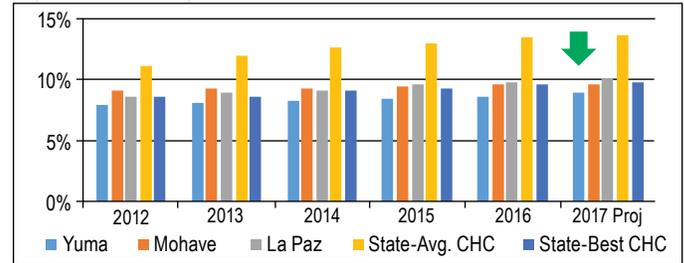
Figure 7.1-2: Lifestyle Risk Factor: % Youth with BMI >30


reflect AF's multipronged approach: community education, family enrollment in food benefit programs, customized ethnic meal plans on CCKs, nutrition education during group medical appointments and all dental visits, and school-based programs to influence children's eating habits. AF systematically screens patients for smoking. Smokers are flagged in the PHP, and medical and dental assistants collect and record information on patients' readiness to quit (e.g., some time, next six months, now), offer support matched to readiness, and document screening results for reinforcement by the primary medical and dental providers. AF's performance for all three counties on screening for smoking (Figure 7.1-3) is projected to exceed the DDDI 90th percentile and is at or near the *Healthy People 2020* goal.

According to the CDC, annually, major depression affects about 6.7% of U.S. adults, resulting in lost productivity, absenteeism, and high medical costs; up to 10% of those afflicted die from suicide. Among all ethnic groups, Hispanics experience the highest incidence. Although the screening rates for depression among U.S. primary care doctors remain very low and even lower for domestic violence, AF systematically screens all patients at enrollment and at routine periodic visits, with information documented in the patient's EHR. Dramatic improvement is associated with the deployment of AF's screening and prevention clinical guidelines across PCTs in 2012 (Figures 7.1-4 and 7.1-5). All three counties are at or near the state-best CHC rates.

Cancer screening rates are key indicators of the effectiveness of AF's prevention and screening services. A substantial improvement starting in 2010 is associated with implementation of the PCT model and enhanced responsibility of medical assistants for ensuring compliance with screening and prevention guidelines. The gain in breast cancer screening (Figure 7.1-6) corresponds to AF's Save-a-Life campaign, launched in one
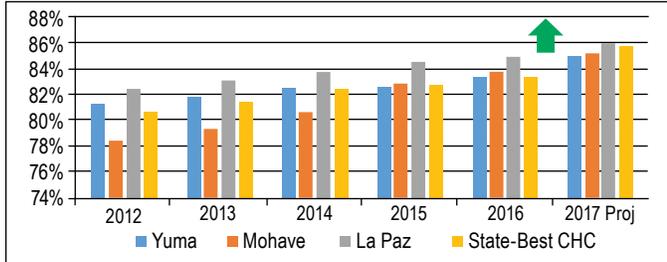
Figure 7.1-1: Lifestyle Risk Factor: % Adults with BMI >30

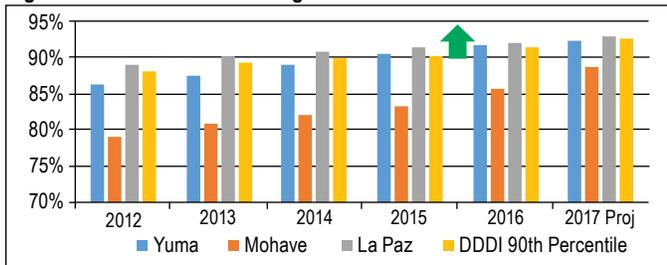**Figure 7.1-3: Lifestyle Risk Factor: Screening for Smoking**
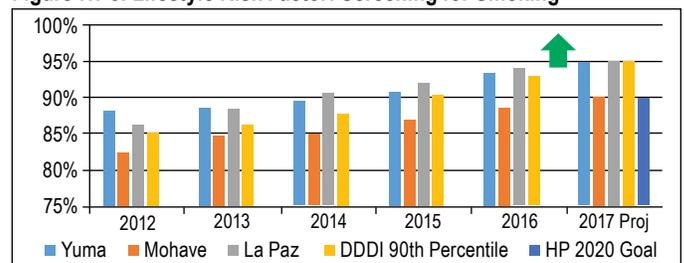
Figure 7.1-4: Behavioral Health: Screening for Depression
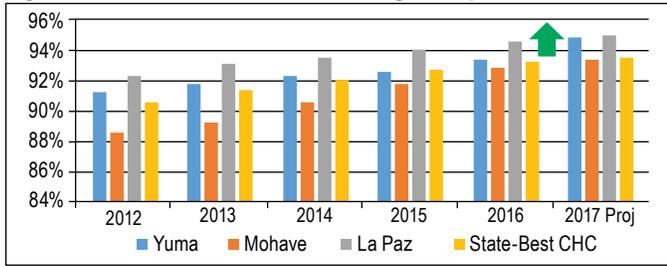
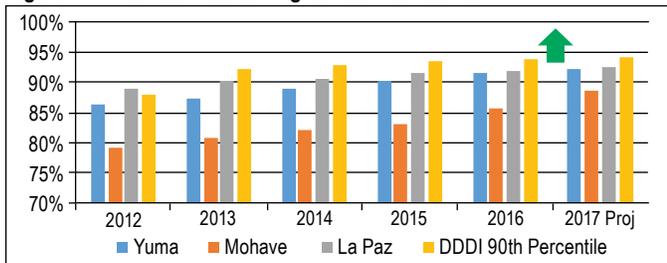**Figure 7.1-5: Behavioral Health: Screening for Domestic Violence**

Figure 7.1-6: Cancer: Screening for Breast Cancer

Figure 7.1-8: Cancer: Screening for Colon Cancer

Yuma County. The campaign has since been deployed to the other two counties with similar favorable trends.

The percentage of high-risk persons receiving influenza and pneumococcal vaccines (Figures 7.1-9 and 7.1-10) has increased since 2010. This strong performance indicates the effectiveness of the PHP in electronically tracking and reminding providers of needed immunizations, making any service experience an immunization opportunity. AF also began providing the shingles vaccine for patients over 50 and has recently begun an educational campaign to promote vaccination against HPV in children between the ages of 11 and 13. See Figures 7.1-10-A and 7.1-10-B.

TB treatment requires extended therapy, typically for six months or more. Inadequate treatment is associated with transmission of the disease and development of resistant strains. In all three counties, documented full treatment has improved, from rates
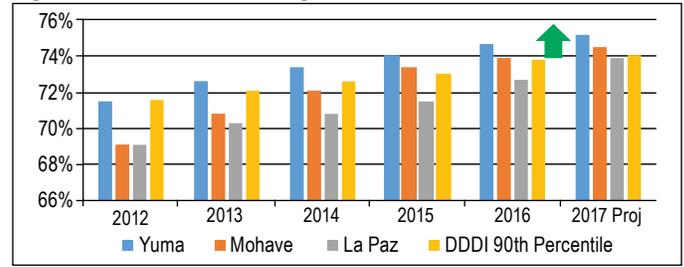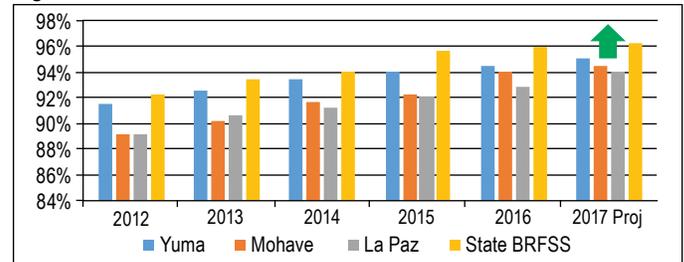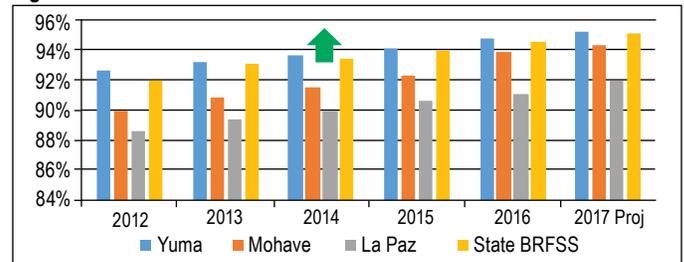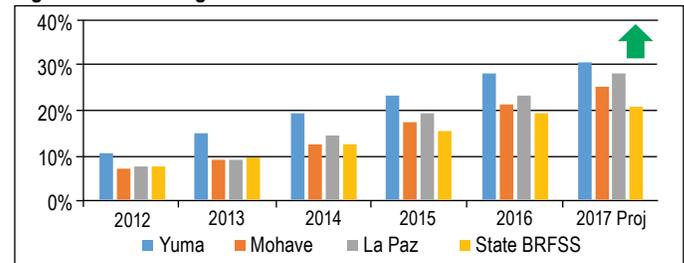
PCT in 2010 and now organization-wide. Other contributors to improved performance include expanding mobile services to border residents in 2011 and opening the Women's Health Center in 2012. Screening for cervical cancer (Figure 7.1-7) shows similar favorable trends.

Across the United States, screening for colon cancer lags behind screening for breast and cervical cancer. Performance in all three counties (Figure 7.1-8) improved dramatically in 2012, when AF redesigned its processes for scheduling and transportation, increasing access to diagnostic procedures by hospital partners. This improvement also closed the gap between clinic-served patients and those served by mobile vans, for whom the screening rate was lower in all counties. Performance in 2016 is better than the 90th percentile in Mohave County, where an Elders Council campaign targeting retirees was developed; performance is also better than the DDDI 90th percentile in

Figure 7.1-9: Communicable Diseases: Influenza Immunization

Figure 7.1-10: Communicable Diseases: Pneumococcus Immunization

Figure 7.1-7: Cancer: Screening for Cervical Cancer

Figure 7.1-10-A: Shingles Vaccines

**Figure 7.1-10-B: HPV Vaccines within Appropriate Age Range**

Participation in a CHC learning collaborative, with implementation of clinical guidelines for pediatric and adult asthma in 2012, resulted in a favorable trend in administering appropriate treatment with anti-inflammatory medication; in 2016, performance surpassed DDDI 90th-percentile performance (Figure 7.1-13) Also, nearly 80% of patients have a current severity assessment. More effective management has increased the average number of symptom-free days in a two-week period from 7.9 to 9.5, close to the collaborative goal of 10. In 2013, the year after guideline implementation, hospitalization and ED visits for asthma dropped 32.4% in Yuma County.

AF's heart disease clinical guidelines include management of hypertension and high cholesterol (Figure 7.1-14). Blood pressure control has improved, with performance slightly below the DDDI 90th percentile. AF's performance in cholesterol screening exceeds the DDDI 90th percentile, and its percentage of patients with LDL cholesterol <130 approaches the DDDI 90th percentile.

Prenatal care in the first trimester is an important indicator of access to services; lower rates are typical among teens, minorities, and low-income groups. Early prenatal care is associated with higher birth weight and more favorable infant health care outcomes. The number of newborns with low birth weight (<2500 grams) per 100 births (Figure 7.1-15) has dropped in all three counties. AF's multipronged approach—building community and patient awareness; providing educational materials for teenage mothers; and providing support services, transportation, and mobile van access in rural locations—has resulted in improving performance for timely prenatal care (in the first trimester), approaching the *Healthy People 2020* target (Figure 7.1-16).

well below national and state performance (Figure 7.1-11). Although performance lags behind the state-best CHC, AF's results are favorable, particularly for Yuma County, given the high incidence of TB and the challenges in maintaining treatment and accomplishing follow up among residents of border communities.

AF's clinical guideline for diabetes prescribes periodic screening and therapy to keep blood sugar and cholesterol levels in control. Performance on three key screening tests—HbA1c screening, an eye exam, and a urine protein test—has improved steadily since 2012 (Figure 7.1-12). AF uses multiple strategies to achieve a high rate of dilated eye exams, typically difficult for organizations that do not provide on-site vision care. These strategies include reinforcement of the importance by dentists and pharmacists, transportation to a network of partner optometrists, and a secure fax-back form to confirm the appointment and to document findings in the patient's PHP. Although HbA1c <7.0 typically is the goal for diabetes patients, AF focuses on reducing the percentage of patients in poor control (i.e., HbA1c >9.5).

Asthma is the most prevalent chronic disease among children and the sixth most prevalent among adults. Poorly managed asthma leads to hospitalization and Emergency Department (ED) care, lost school and work days, and needless health risks and costs. AF's clinical guideline for asthma prescribes appropriate medication based on the severity assessment.

Children and adolescents (0–21 years) covered by Medicaid are required to have early and periodic screening, diagnostic, and treatment (EPSDT) services (e.g., a comprehensive H and P; age-appropriate immunizations; vision, hearing, and lead screening; and parental anticipatory guidance). Providing
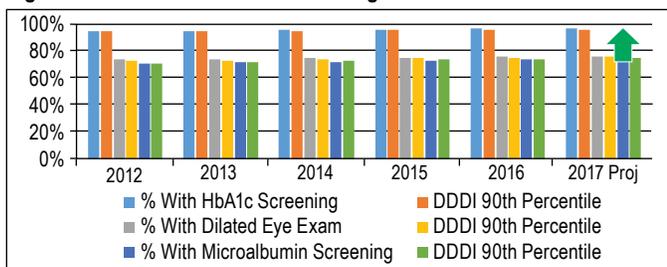
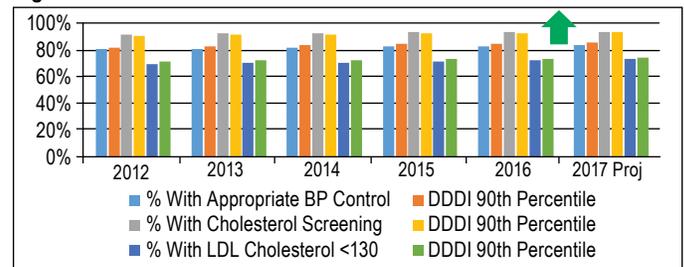**Figure 7.1-11: Communicable Diseases: Completion of Treatment for TB**
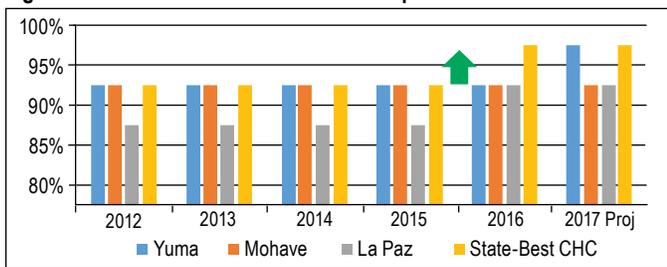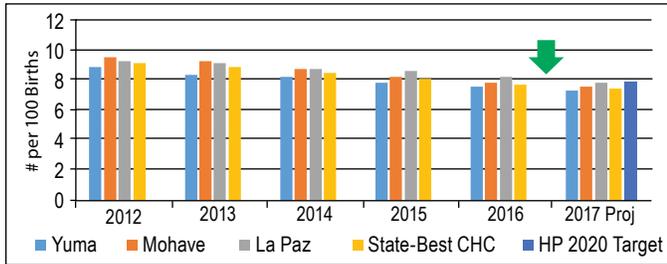

Figure 7.1-13: Asthma Care
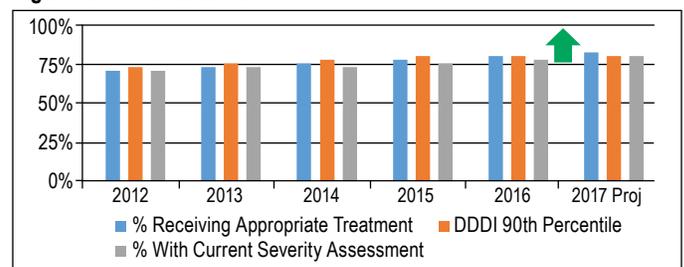
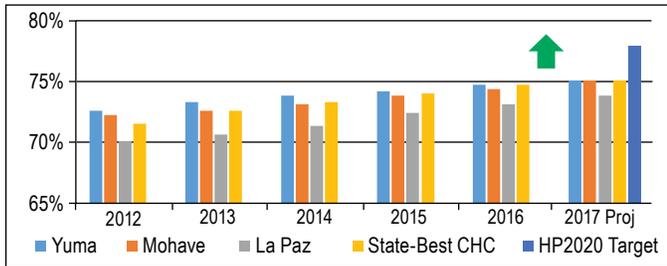**Figure 7.1-12: Diabetes Care: Screening in Past Year**

Figure 7.1-14: Heart Care

Figure 7.1-15: Pregnancy and Childbirth: Newborns with Low Birth Weight
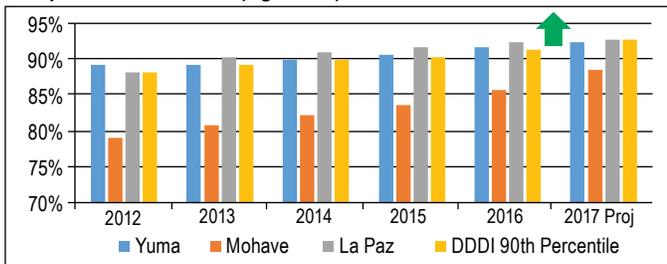

Figure 7.1-16: Pregnancy and Childbirth: Pregnant Women with Early Prenatal Care

Figure 7.1-19: Pediatric Care—Well Child Appropriate Immunizations (Ages 3–6)

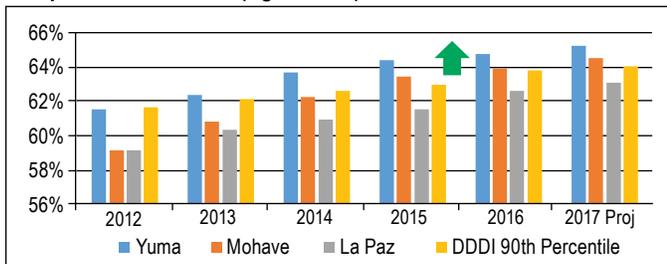**Figure 7.1-20: Pediatric Care—Well Child Appropriate Immunizations (Ages 12–21)**

appropriate well-care to children aged three to six is critical for anticipating health or developmental barriers to school readiness and ensuring up-to-date immunizations before a child's entry into day care programs or kindergarten. (AF tracks performance on specific EPSDT interventions; however, screening tests and anticipatory guidance are embedded in age-specific well-child guidelines, and results shown for well-visits represent performance on individual interventions.) AF's performance in two of the three counties for H and Ps for children aged three to six (Figure 7.1-17) exceeded the DDDI 90th percentile and this benchmark for immunizations (Figure 7.1-19). Providing age-appropriate care and immunizations for adolescents (Figures 7.1-18 and 7.1-20) has improved in all three counties,

with performance highest in Yuma County, home to AF's two school-based clinics. Yuma's performance compares favorably to the DDDI 90th percentile. Adolescent results segmented by age (AOS) show that younger teens (ages 12 to 15) are significantly more likely to have age-appropriate periodic care (74.6%) and immunizations (71.4%) than older teens—a consistent pattern across counties that is highly correlated with the school dropout rate in these communities. Prescribing antibiotics for cold symptoms and sore throats is widespread in the United States, adding unnecessary risk and cost. AF's pediatric acute care guideline calls for symptomatic treatment of viral upper respiratory infections (URIs) and testing to determine the cause of sore throats (e.g., streptococcal pharyngitis) and the appropriate treatment. In two of the three counties, performance on both measures (Figures 7.1-21 and 7.1-22) exceeded or neared the DDDI 90th percentile.

Oral health contributes significantly to overall health, and poor oral hygiene complicates diabetes, heart disease, and other chronic problems. AF dentists check each patient's online PHP to reinforce medical treatment and self-management goals. Over the past five years, the percentage of adults receiving yearly dental care (Figure 7.1-23) and the percentage of eight-year-olds with sealant present to prevent dental caries (Figure 7.1-24) increased in all three counties.
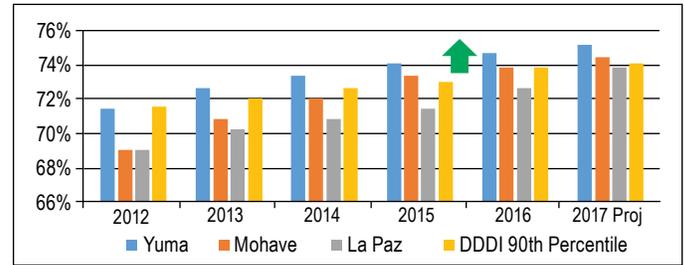
Figure 7.1-17: Pediatric Care—Well Child Comprehensive H and P (Ages 3–6)

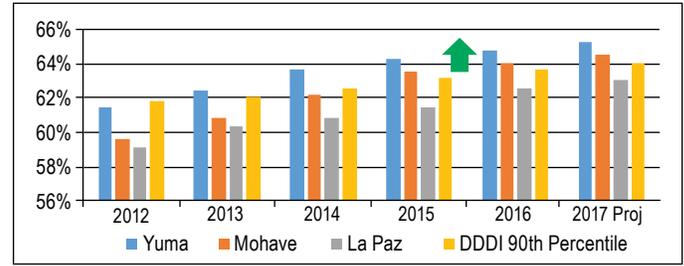**Figure 7.1-18: Pediatric Care—Well Child Comprehensive H and P (Ages 12–21)**

Figure 7.1-21: Pediatric Care—Acute: Appropriate Treatment for URI
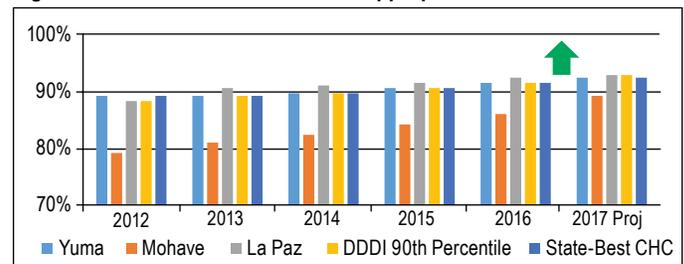
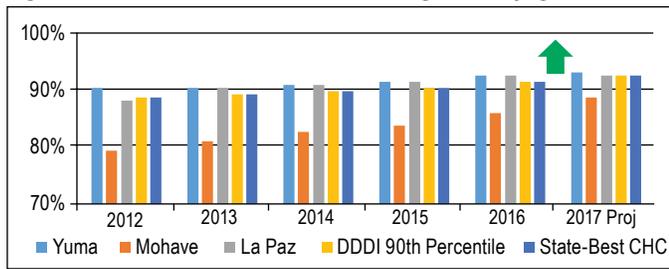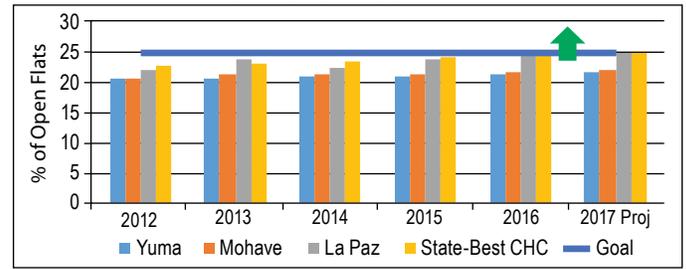**Figure 7.1-22: Pediatric Care—Acute: Testing for Pharyngitis**

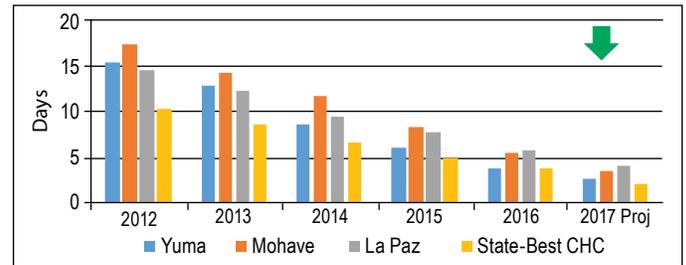**Figure 7.1-23: Dental Health (Adults): Dental Exam in Past Year**

Figure 7.1-24: Dental Health (Children): 8-Year-Olds With Sealant Present

Figure 7.1-25: Future Capacity: Open Appointment Slots

Figure 7.1-26: Third Next Available Appointment
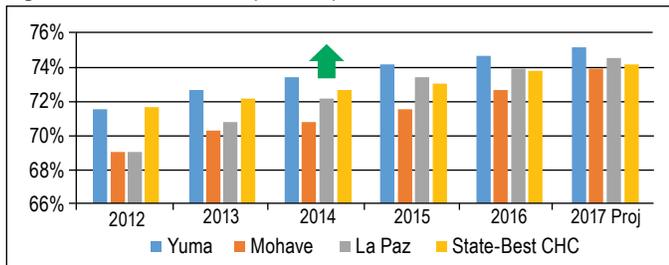
Figure 7.1-27: Wait Time to be Seen After Appointment Time
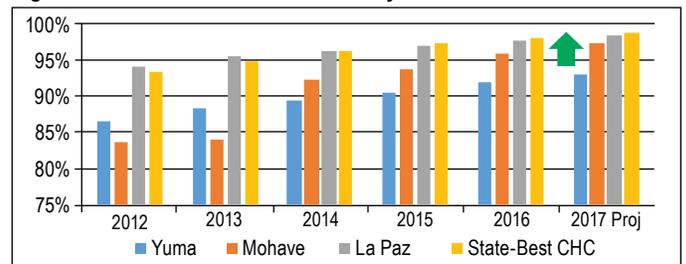

Figure 7.1-28: Medical Records Accuracy Rates
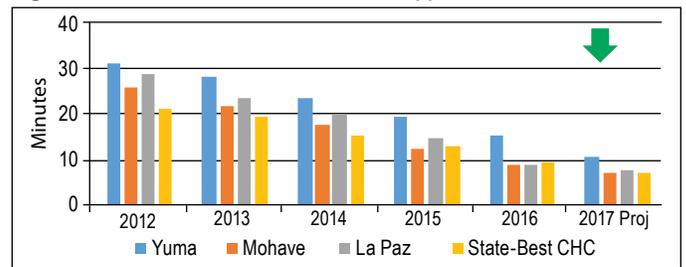
7.1b Work Process Effectiveness Results

7.1b(1) Improving access to care is an important goal for AF. By using the PIF model and sharing best practices across all clinics, AF has made significant improvements in patient access over the past four years. AF tracks several indicators for patient access. Future capacity (Figure 7.1-25) is the percentage of appointment slots that are open and available for scheduling patients over the next four weeks. The goal is to fill no more than 75% of future appointment slots. All counties have shown improvement, and La Paz is on target to meet this goal. The "third next available" appointment (Figure 7.1-26) is the average number of days between the time a patient requests an appointment with a physician and the third next available appointment for a new patient physical, routine exam, or return visit exam. This access measure is more accurate than the "next available" appointment because it eliminates chance occurrences such as appointments that are available because of last-minute cancellations. The goal is to decrease the number of days to the third next available appointment to zero (same day) for primary care. All three counties have shown significant improvement.

Wait time to be seen after appointment time is another measure of process effectiveness and efficiency. It also relates to patient satisfaction. Improvements in all three counties can be seen in Figure 7.1-27.

Another measure of efficiency and effectiveness is the accuracy rate of medical records (Figure 7.1-28). While all of the counties demonstrate a beneficial trend, two are at or near the state-best CHC performance.

Unplanned system downtime can create disruptions in processes requiring work-arounds to maintain operations. Since 2012, AF has improved its system reliability to world-class performance in unplanned system downtime (Figure 7.1-29).
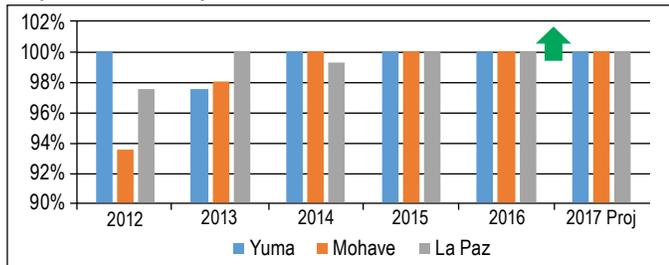
Figure 7.1-29: Unplanned System Downtime
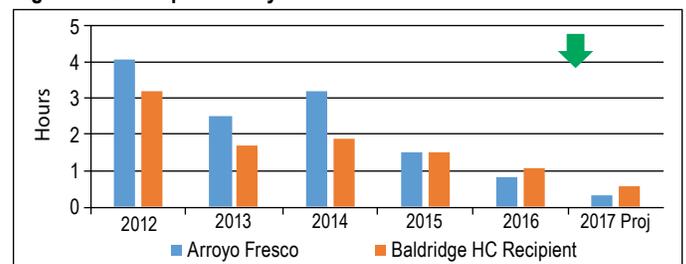
7.1b(2) AF has a comprehensive program for emergency preparedness, described in 6.2c. One of the key factors in being prepared is the timely completion of required drills. Since 2015, all three counties have been at 100% compliance (Figure 7.1-30).

Results demonstrating a safe work environment are shown in Figures 7.1-31 through 7.1-33. Results for key measures for workplace health safety and security continue to improve, and most surpass the levels of a 2015 Baldrige Award recipient (Figure 7.1-31). To ensure it continues this performance, AF maintains a rigorous, proactive training and inspection program (Figure 7.1-32). These efforts are recognized by AF staff members, as shown in their survey responses (Figure 7.1-33).

Figure 7.1-30: Emergency Preparedness—Required Drills Completed On Time

7.1c Supply-Chain Management Results

Supply order accuracy (Figure 7.1-34) is critical to efficient operations across AF's three counties. AF has been near the Buck & Major benchmark (adjusted for volume and number of line items) since 2012. In addition, AF benefits from the cost savings made possible by its membership in a purchasing consortium. These savings have continued to increase since 2012 (Figure 7.1-35) and contribute to AF's ability to compensate for unreimbursed care.

Figure 7.1-34: Supply Order Accuracy

Figure 7.1-31: Workplace Health, Safety and Security

	2012	2013	2014	2015	2016	2017 (proj.)	2015 Baldrige Benchmark
Lost-Time Injuries	0.07	0.12	0	0.053	0	0	0.45
Total Temporary Disability Days	12	9	11	4	6	6	9
Sharps Injuries	0.4	0.45	0.37	0.22	0.23	0.2	0.5
Annual TB Test Compliance	100%	100%	100%	100%	100%	100%	100%
Security Incidents (all locations)	6	6	4	4	5	4	N/A
Van/Auto Insurance Claims/100,000 miles	1.7	1.4	1.25	1.1	0.83	0.88	0.75

Figure 7.1-32: Proactive Health, Safety and Security Measures

|	2012	2013	2014	2015	2016	2017 (proj.)
Annual TB Testing	100%	100%	100%	100%	100%	100%
Annual Fit Testing	100%	100%	100%	100%	100%	100%
Chemical Inventories Conducted	100%	100%	100%	100%	100%	100%
Hazardous Waste Inspections Conducted	100%	100%	100%	100%	100%	100%
Fire Systems Tested	100%	100%	100%	100%	100%	100%
Fire Drills Conducted	100%	100%	100%	100%	100%	100%
Active Shooter Drills Conducted	100%	100%	100%	100%	100%	100%
Emergency Power Systems Tested	100%	100%	100%	100%	100%	100%
Defensive Driving Course	100%	100%	100%	100%	100%	100%

Figure 7.1-33: Survey Results: "AF provides a safe operating environment"

	2012	2013	2014	2015	2016	2017 (proj.)
AF	91.3%	94.7%	96.2%	95.8%	97.2%	97.5%
State Best CHC	88.3%	89.5%	91.7%	92.0%	93.0%	93.5%

Figure 7.1-35: Cost Savings From Purchasing Consortium
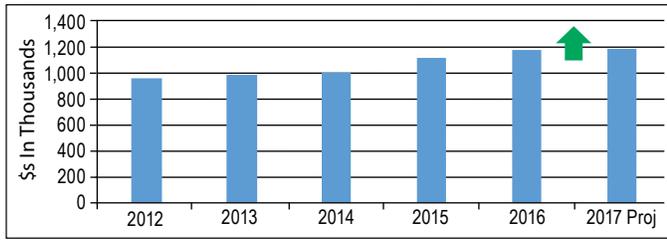

7.2 Customer-Focused Results

### 7.2a Patient- and Other Customer-Focused Results

7.2a(1) For the past five years, AF has consistently scored well above the Packer top decile in patient satisfaction (Figures 7.2-1 through 7.2-7). AF attributes these results as "patient and family satisfaction" since many surveys actually are completed by family members (parents of children or children of elderly parents) and reflect their opinion, as well as those of the patient. More detailed segmented results, including by county and PCT, as well as results dating back to 1999, are AOS. When used as a comparison, "State CHC Best" refers to the best performance, other than that of AF.

Patient satisfaction exceeds the top decile across all freestanding clinics for both medical (Figure 7.2-2) and dental (Figure 7.2-3) services.
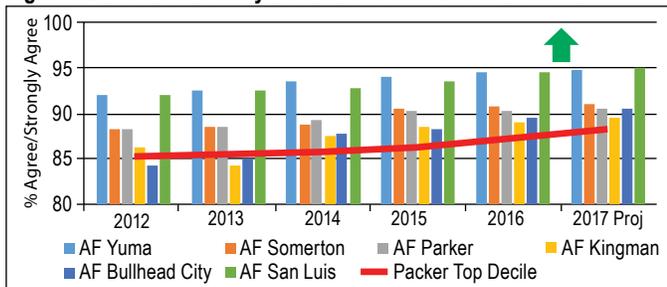
Figure 7.2-1: Aggregate Patient Satisfaction
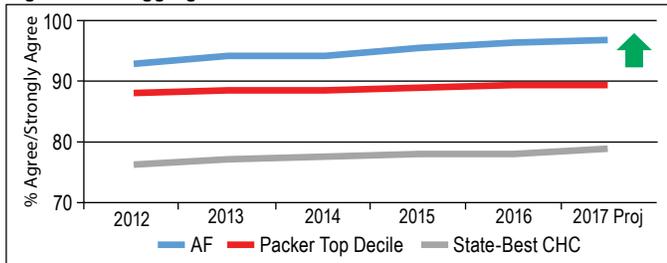
Figure 7.2-2: Patient/Family Satisfaction with Medical Services
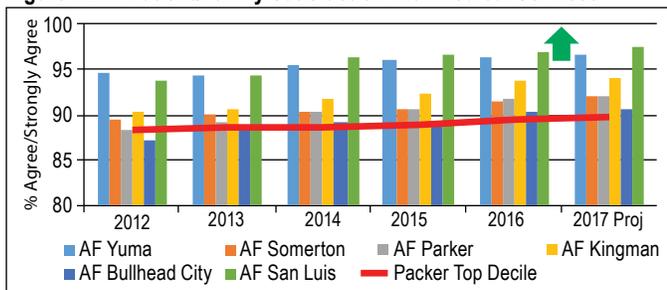
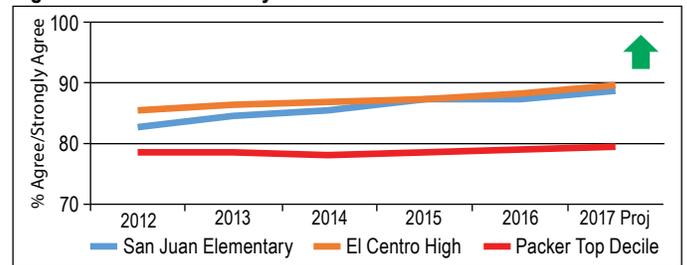**Figure 7.2-3: Patient/Family Satisfaction with Dental Services**

Satisfaction with in-school services is consistently high for both elementary and high school students, and again exceeds the top-decile benchmark by a large margin (Figure 7.2-4).

While significantly better than the Packer top-decile comparison, overall satisfaction for mobile van services (Figure 7.2-5) lags similar AF results for the freestanding clinics. Analysis of the data and input from focus groups in 2016 indicates that, while the convenience of the mobile van was appreciated, it is not always available in respondents' neighborhoods at their desired time. As a result of this analysis, schedules have been adjusted for all mobile vans.

AF demonstrates sustained high performance in all key requirement factors for patients and families (Figure 7.2-6).

AF's support services also rate highly with patients and families (Figure 7.2-7). Results for other services, including vision and hearing screening programs, are AOS.
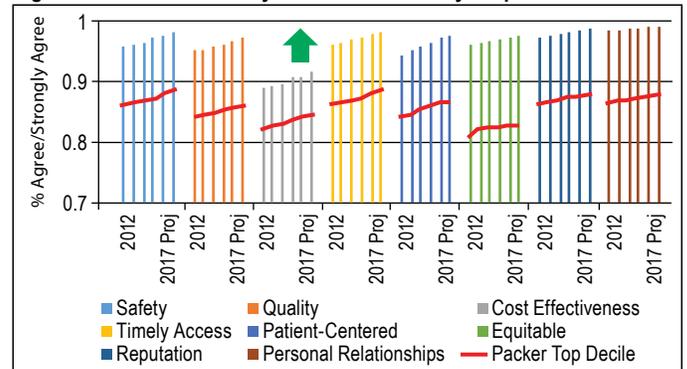
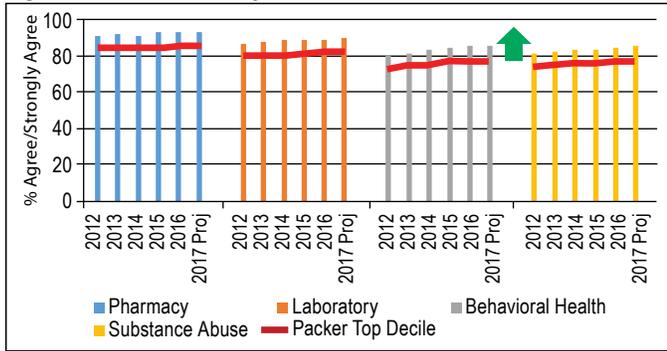**Figure 7.2-4: Patient/Family Satisfaction with School Services**

Figure 7.2-5: Patient/Family Satisfaction with Mobile Van Services
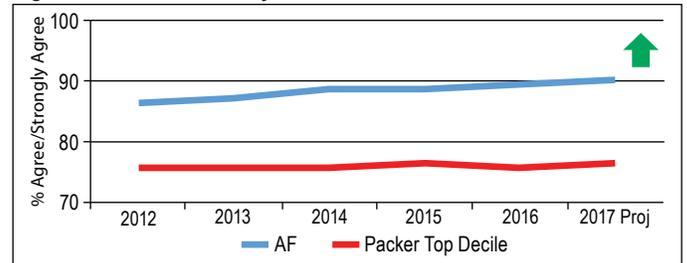
Figure 7.2-6: Patient/Family Satisfaction for Key Requirements

Figure 7.2-7: Patient/Family Satisfaction with Services

Community stakeholders also rate AF highly in all of their key requirements areas. This survey, conducted by Packer, includes residents of all three counties in which AF operates (Figure 7.2-8).

AF conducts an annual survey of its partners' satisfaction with their relationship with AF (Figure 7.2-9). Since it is an internally conducted survey, no comparisons are available.

Payor satisfaction with relationships with state CHCs is determined through a survey conducted by Packer for the State CHC Benchmarking Consortium. AF is ranked the best in the state (Figure 7.2-10).

AF measures dissatisfaction by the percentage of respondents in the Packer survey who "strongly disagree" about the quality of its services. AF's performance is significantly lower (better) than the Packer lowest decile (Figure 7.2-11).

In 2014, AF introduced a new approach to measuring and managing complaints (3.2b[2]), in which it ranks the impact and severity of each complaint. The three-year trend is favorable (Figure 7.2-12). AF has not yet been able to find a suitable benchmark for this metric.
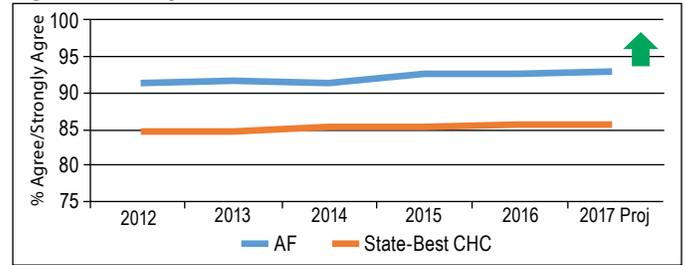
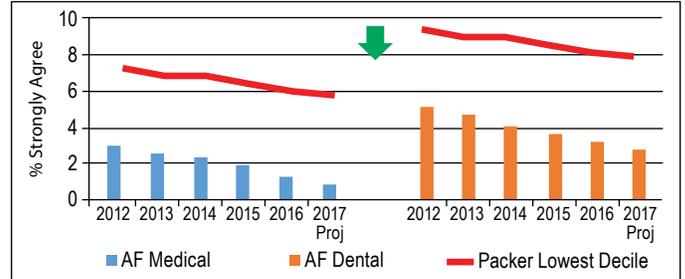**Figure 7.2-8: Community Satisfaction by Key Requirements**
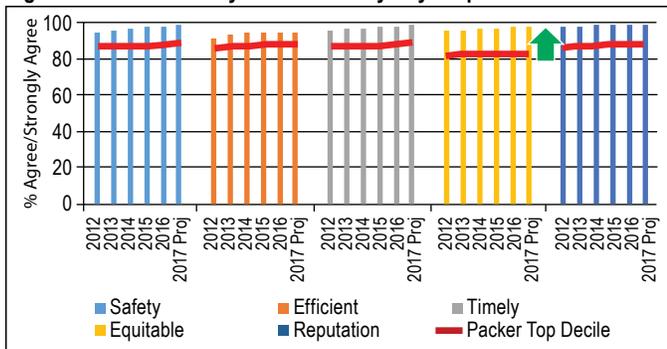
Figure 7.2-9: Partner Satisfaction by Key Requirements
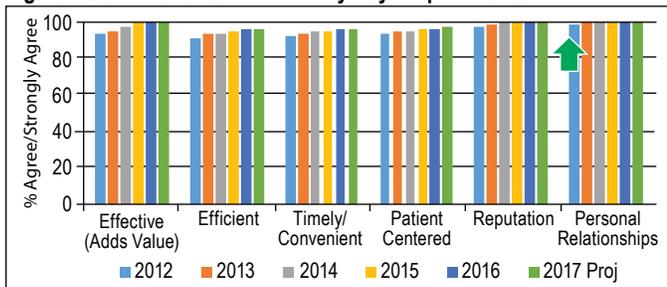
Figure 7.2-10: Payor Satisfaction

Figure 7.2-11: Patient/Family Member Dissatisfaction

Figure 7.2-12: Aggregate Complaint Severity
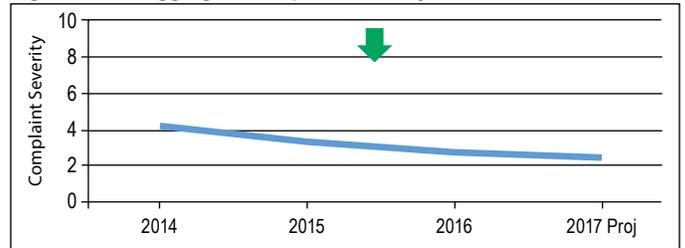
Patients and their families also rate AF highly for satisfaction with the resolution of their complaints (Figure 7.2-13), and the ratio of complaints to compliments received has been trending positively (Figure 7.2-14).

Figure 7.2-13: Satisfaction with Complaint Resolution

Figure 7.2-14: Complaints vs. Compliments

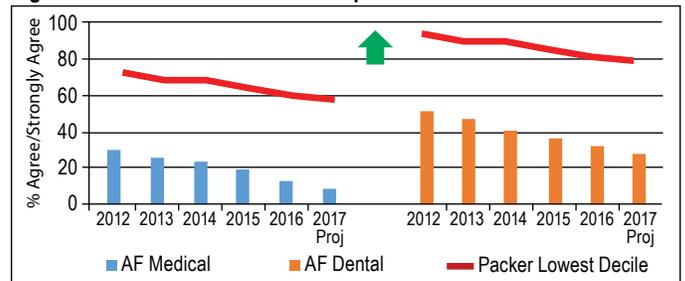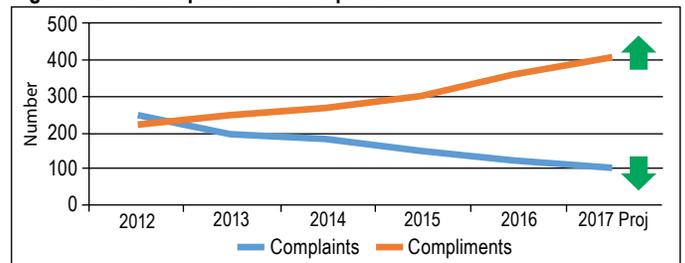**7.2a(2)** AF scores well in indicators of patient and family engagement. Willingness to recommend AF is in the top decile for AF medical services, and at the top decile for dental services (Figure 7.2-15). AF also has a custom question in the Packer survey: "Have you ever recommended AF to another person?" More than 70% of survey respondents actually have recommended AF (Figure 7.2-16). Since this is a custom question, Packer has no relevant comparative results in its database.

Community perception of which CHCs provide the best care is determined through the Packer survey conducted for the State CHC Benchmarking Consortium. AF is ranked well above the next best CHC in the state (Figure 7.2-17).

Community engagement with AF is increasing. AF continues to receive favorable mentions in social media and local print, web, radio, and TV comments (Figure 7.2-18).
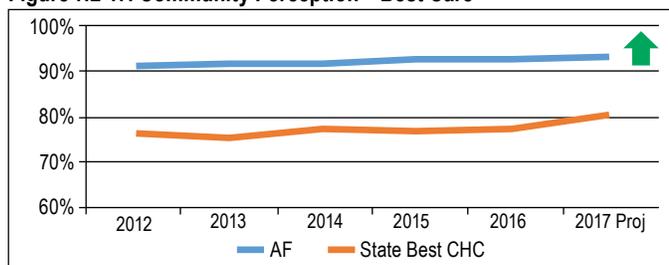
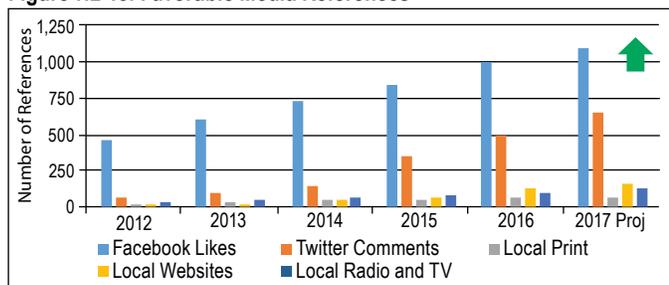**Figure 7.2-15: Would Recommend AF**
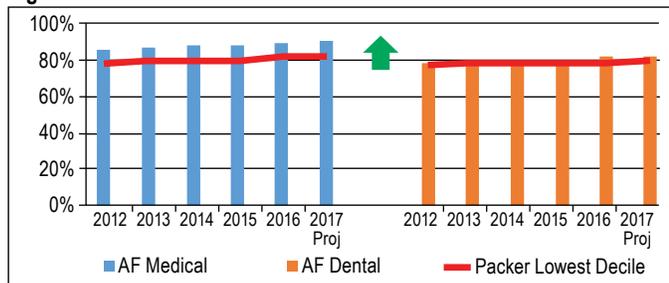
Figure 7.2-16: Did Recommend AF
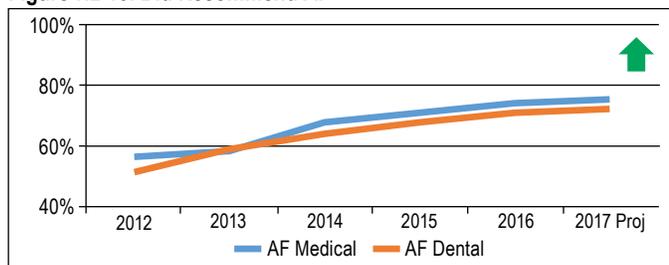
Figure 7.2-17: Community Perception—Best Care

**Figure 7.2-18: Favorable Media References**

7.3 Workforce-Focused Results

7.3a Workforce-Focused Results

7.3a(1) To measure workforce capability and capacity, AF has focused on three areas to reduce employee turnover: (1) retaining first-year staff (5.1a[2]), (2) improving the workplace environment (5.1b[1]), and (3) enhancing workforce benefits and policies (5.1b[2]). The implementation of the "fair living wage" contributed to the decline in turnover in 2016, particularly for administrative staff (Figure 7.3-1) and new hires (Figure 7.3-2). In turn, AF's vacancy rate remains the best in the state (Figure 7.3-3). The projected increases in 2017 for administrative and management are due to anticipated retirements of long-term employees. Succession plans are in place to fill those positions internally. When used as a comparison, "State CHC Best" refers to the best performance, other than that of AF.

Clinical managers and the HR Department are diligent in ensuring licensure requirements are met (Figure 7.3-4).

Figure 7.3-1: Turnover by Employee Group
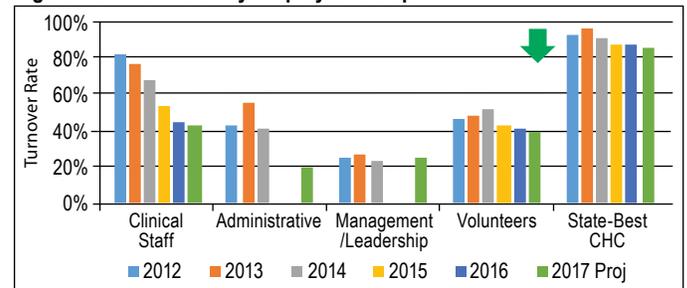
Figure 7.3-2: Turnover Rate for Employees <1-Year Tenure
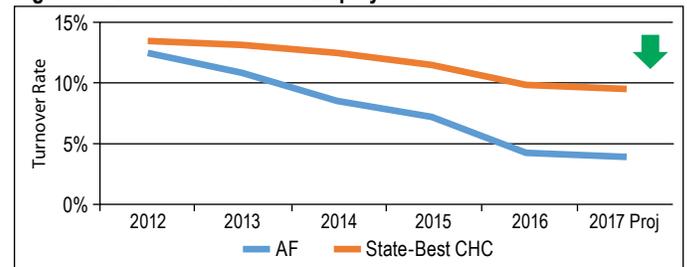
Figure 7.3-3: Vacancy Rate

Figure 7.3-4: Licensure

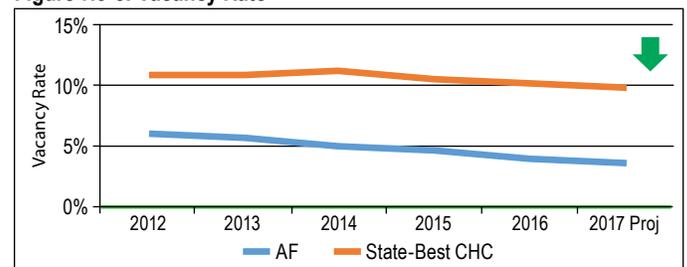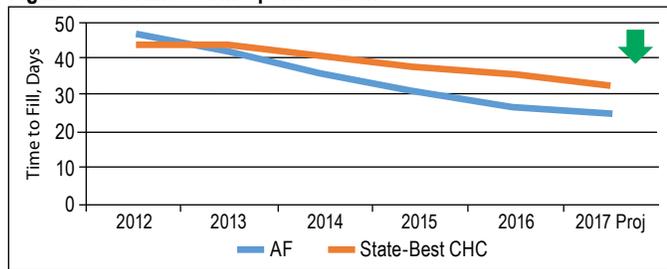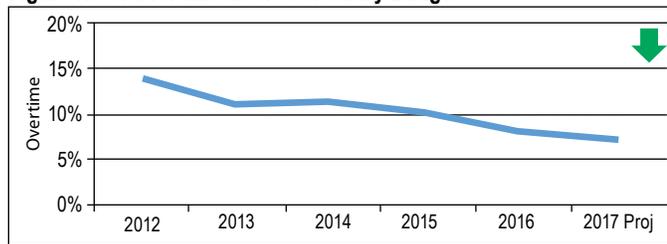|	2012	2013	2014	2015	2016	2017 (proj.)
Medical staff	100%	100%	100%	100%	100%	100%
Other clinical staff	100%	100%	100%	100%	100%	100%
Facilities	100%	100%	100%	100%	100%	100%

Continued, disciplined use of process improvement tools and methodology (6.1b[3]) has led to improvements in AF's work-force processes, as seen in the decrease in the time needed to fill open positions (Figure 7.3-5), reduction in overtime (Figure 7.3-6), and improving productivity of PCTs (Figure 7.3-7). The State CHC Benchmarking Consortium does not measure overtime, and PCT productivity is a unique measure for AF; therefore, no comparisons are available for these metrics.

Efforts to improve the engagement of volunteers (Figures 7.3-14 and 7.3-15) have resulted in a corresponding increase in total volunteer hours (Figure 7.3-8) and in hours per volunteer. The State CHC Benchmarking Consortium does not measure this, but benchmarking two recent Baldrige Award recipients in health care indicates that AF performs comparably to them.

Figure 7.3-8: Volunteer Hours
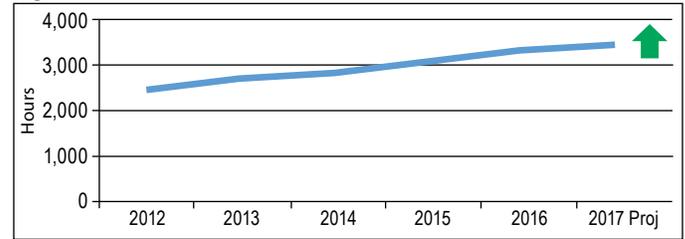
7.3a(2) AF's highly-engaged workforce members have embraced the AF value of *performance* through their many contributions to the organization's efficiency and effectiveness. A portion of those savings are passed on to them each year through the Gainsharing Program (Figure 7.3-9). The payout has increased in nine of the last ten years.

Since its inception in 2014, the Healthy Living program (5.1b[1]) has seen employee participation increased to nearly 90% (Figure 7.3-10).

Recognition plays an important role in building workforce engagement at AF (5.2a[4]). Results for two of its recognition programs are shown in Figures 7.3-11 and 7.3-12. STAR allows any person to recognize another for worthwhile contributions.

Figure 7.3-5: Time to Fill Open Positions

Figure 7.3-9: Gainsharing Payout

Figure 7.3-6: Overtime as of % of Salary Budget
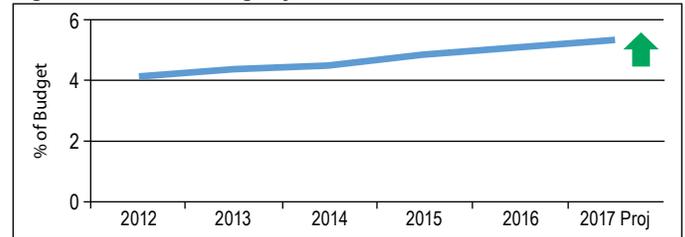
Figure 7.3-10: Healthy Living Program Participation

Figure 7.3-7: PCT Productivity
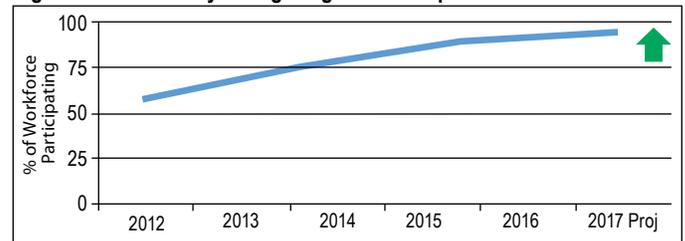
Figure 7.3-11: STAR Recognition
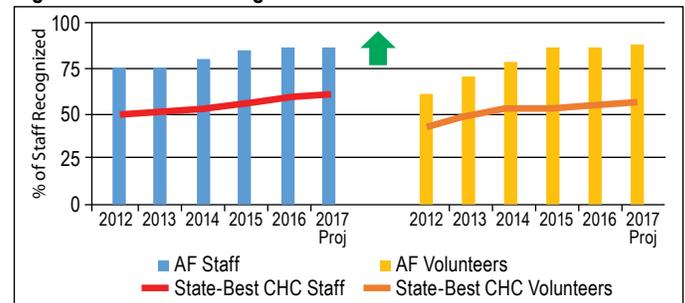
Figure 7.3-12: Thank You Notes
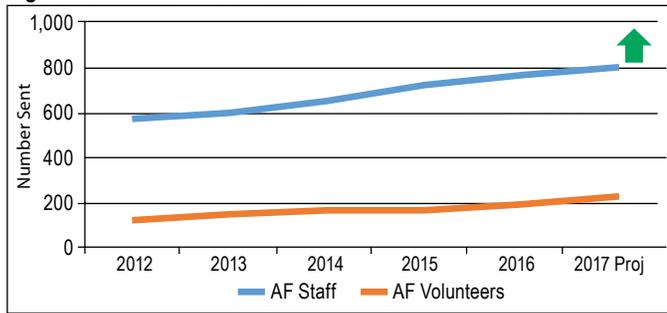
AF also believes that a personal touch is important in recognition. Each senior leader, including Ramon Gonzalez, handwrites personal "thank you" notes to employees for their specific actions in supporting the VMV; each leader averages more than two a week.

7.3a(3) In a recent review of workforce engagement factors (5.2a[2]), AF determined that there were slight differences for younger workers (millennials) versus older workers (Figure P.1-6). By addressing some of these factors through revised recruitment and retention policies, AF has closed the gap in engagement between these two groups (Figure 7.3-13). Staff satisfaction against all key job requirements (Figure P.1-7) remains well above the top-decile benchmark (Figure 7.3-14).

Physician (Figure 7.3-16) and volunteer satisfaction (Figure 7.3-17) also remain high.

Figure 7.3-13: Staff Engagement

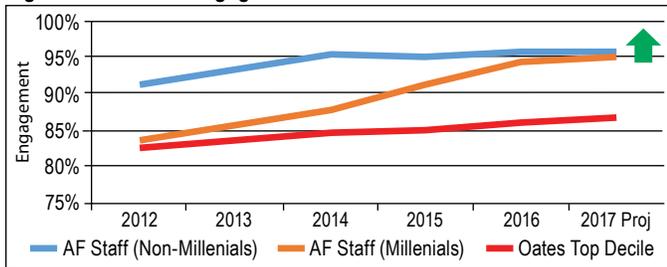**Figure 7.3-15: Key Engagement Drivers**
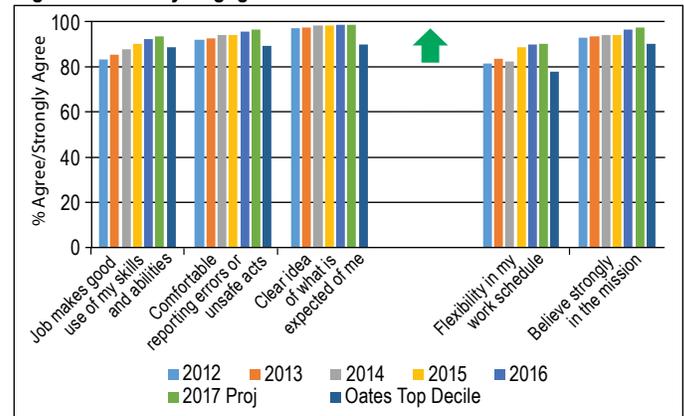
Figure 7.3-16: Physician Satisfaction
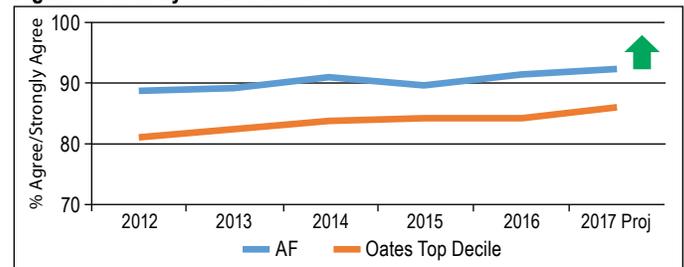
Figure 7.3-17: Volunteer Satisfaction
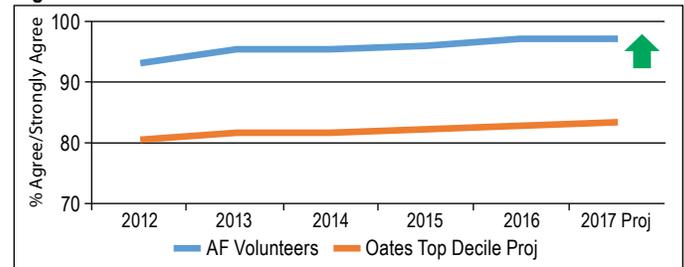
Two additional indicators of workforce engagement are responses to the Oates survey questions shown in Figures 7.3-18 and 7.3-19. Responses for all workforce segments exceed the top decile.

Figure 7.3-14: Staff Satisfaction for Key Requirements

	2012	2013	2014	2015	2016	2017 (proj.)	Oates Top Decile 2016
Safety	88.5%	89.3%	90.7%	89.5%	92.0%	93.7%	90.7%
Timely access	86.5%	85.5%	87.9%	89.0%	90.7%	91.5%	88.3%
Patient-centered service	97.2%	97.5%	98.2%	98.2%	98.5%	98.5%	86.5%
Equitable (including culturally sensitive) care	89.4%	89.9%	90.6%	90.0%	91.7%	92.5%	88.3%
Reputation as a high-quality health center	91.0%	91.4%	91.5%	92.3%	94.5%	94.8%	89.5%
Knowledge, skills, and tools to do the job	86.3%	86.7%	87.5%	88.3%	89.5%	90.0%	87.2%
Personal relationships and partnerships	90.2%	91.3%	93.3%	93.5%	94.1%	94.5%	86.3%
Fair pay and benefits	81.5%	83.5%	82.5%	86.7%	87.8%	88.2%	76.8%
Recognition	89.4%	89.9%	90.6%	90.0%	91.7%	92.5%	86.3%

Figure 7.3-18: Overall Engagement by Function ("I am proud to work here")
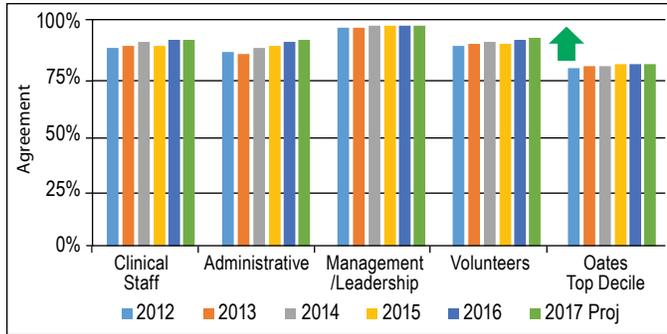
Figure 7.3-19: I Would Recommend AF as a Place to Work
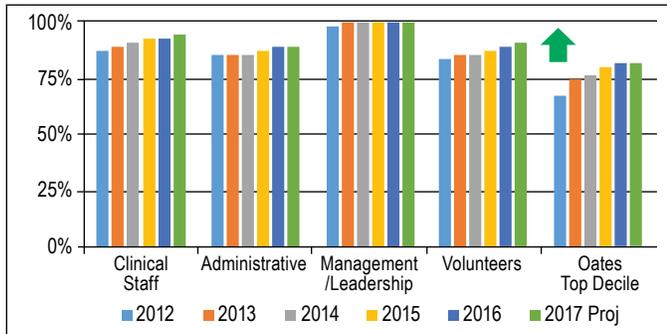
7.3a(4) AF devotes significant resources to maintain and build workforce capabilities (Figure 7.3-20). The organization measures the effectiveness of its efforts through proficiency rates defined by Kirkpatrick level 2 (*learning*, as measured by pre- and post-tests) and level 3 (*behavior*, measured by spot tests and performance reviews) for core training, which includes all mandated requirements. All segments of the AF staff continue to improve their proficiency (Figure 7.3-21).

Workforce satisfaction with training and development offerings and delivery, as measured by Kirkpatrick level 1 (*reaction*, through post-training surveys and follow-up inputs), exceeds the top decile for all segments (Figure 7.3-22).

Figure 7.3-20 Workforce Development

	2012	2013	2014	2015	2016	2017 (proj.)
Degree/ Certification Program Enrollment	43	47	51	50	55	58
CEUs Awarded	903	947	951	975	993	1,000
Tuition Reimbursement ($ thousands)	40.30	41.70	44.80	52.30	59.70	62.00
Advancement (promotions from within)	5	8	11	14	19	20
Leadership Training Participation	11	14	23	37	42	48

Figure 7.3-21: Proficiency Rates for Core Training

Figure 7.3-22: Workforce Satisfaction with Training
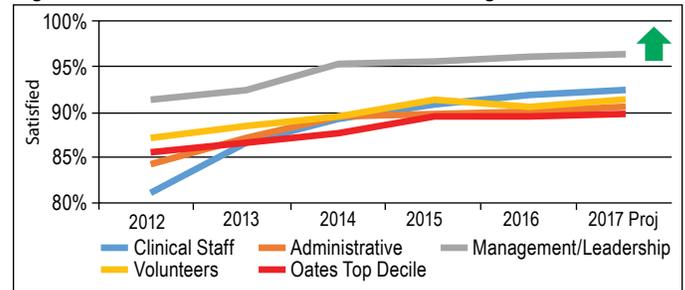
7.4 Leadership and Governance Results

7.4a Leadership, Governance, and Societal Responsibility Results
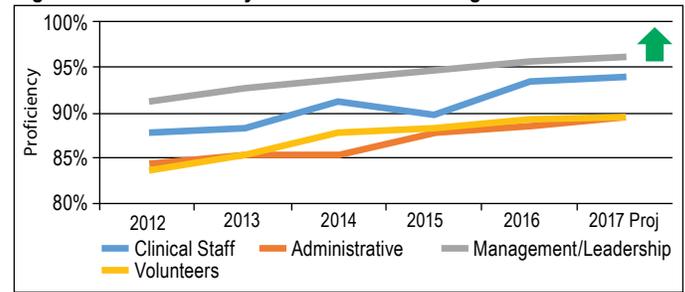
7.4a(1) Results to support the statement "senior leaders encourage frank, two-way communication" from the Oates Staff Satisfaction Survey are shown in Figure 7.4-1. AF's senior leaders have created an intentional culture that results in highly engaged employees. The effectiveness of their communication with the workforce is shown with results that exceed the Oates top decile.

7.4a(2) Results of the board assessment against the Stewart-Hagen model (Figure 7.4-2) show increasing trust in AF's governance over the last four years, and 2016 results are approaching, equal to, or in one case better than the Stewart-Hagen survey's national database benchmark (top-decile performance of peer group).

7.4a(3) Results of AF's legal, regulatory, and licensure requirements are shown in Figures 7.4-3 through 7.4-6. AF results show the best performance possible across these measures.

Figure 7.4-1: Employee Satisfaction with Senior Leader Communication
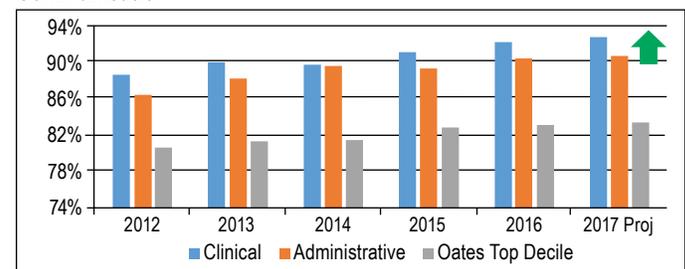
Figure 7.4-2: Trust in the Governance of the Organization

Percent of Board Members Ranking Statements as "Highly Agree"	2012	2013	2014	2015	2016	Benchmark
The board adopts a strategic plan consistent with the organization's vision, mission, and values.	75%	78%	83%	87%	92%	96%
The board understands, accepts, and acts consistently with its legal, moral, and regulatory responsibilities.	89%	91%	89%	95%	98%	98%
Board members understand that ethical behavior is often judged by perceptions and do not engage in any transactions that might appear to be self-serving.	74%	73%	77%	86%	93%	95%
The board makes issues and decisions transparent to the communities in which the organization operates.	79%	86%	89%	92%	96%	94%

Figure 7.4-3: HIPAA Compliance

	2012	2013	2014	2015	2016	2017 (proj.)
Arroyo Fresco	100	100	100	100	100	100

Figure 7.4-4: % Staff and Volunteers Trained in HIPAA

	2012	2013	2014	2015	2016	2017 (proj.)
Arroyo Fresco	100	100	100	100	100	100

Figure 7.4-5: Licensures

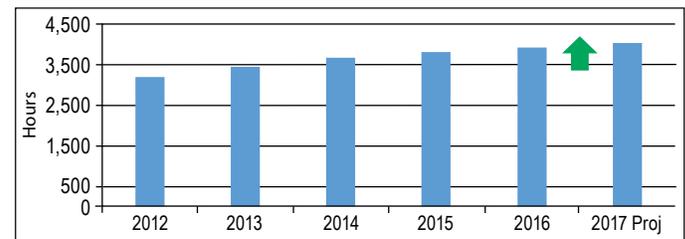|	2012	2013	2014	2015	2016	2017 (proj.)
Health professionals	100	100	100	100	100	100
Pharmacies	100	100	100	100	100	100
Motor Vehicle Drivers	100	100	100	100	100	100
OP Medical Facilities and Behavioral Health Facilities	100	100	100	100	100	100

Figure 7.4-6: % Staff and Volunteers Trained in Proper Disposal of Medical Waste

	2012	2013	2014	2015	2016	2017 (proj.)
Arroyo Fresco	100	100	100	100	100	100

Figure 7.4-8: Support of Key Communities: Staff Members' Volunteer Hours

Figure 7.4-9: AF Community Support of Key Programs—Annually

Key Program	2012	2013	2014	2015	2016
Donations of low-fat, high-nutrition donations to local food banks (lbs.)	742	782	864	990	1,120
Participation in Healthy Body Program (# of 8–13 year-olds enrolled)	65	78	86	97	109
Counseling and child care provided at Casa de Cuidar (hours)	108	123	156	208	260
Donated use of facilities for community-sponsored groups (hours)	213	262	361	417	570
Expect to Succeed mentoring relationships	28	30	46	52	63

7.4a(4) Results for ethical behavior are shown in Figure 7.4-7.

7.4a(5) Results for fulfilment of societal responsibilities are shown in Figures 7.4-8 and 7.4-9. Despite its limited resources, AF has favorable results that show its commitment to supporting key communities. AF's community support has increased significantly.

7.4b Strategy Implementation Results

Results for the successful accomplishment of action plans related to the strategic objectives are shown in Figure 7.4-10. Results for building core competencies are demonstrated in the excellent outcomes shown in 7.1a(1) and reflected in the satisfaction and engagement reported in 7.2. An example of a result of intelligent risk taking is the current strategic opportunity to partner with a dialysis provider.

Figure 7.4-7: Staff, Volunteer, and Community Responses to Ethics-Related Questions

Source	Statements Ranked as "Highly Agree"	2012	2013	2014	2015	2016	Benchmark
Oates Staff Satisfaction Survey	AF's senior leaders expect me and motivate me to do what is right for our patients and the communities we serve.	94%	96%	98%	97%	98%	67%
Volunteer Survey	I choose to volunteer at AF because of its high ethical standards.	88%	87%	89%	92%	93%	71%
Community Climate Survey	I trust AF to respond to the needs of its patients and the community.	88%	88%	89%	91%	95%	94%
Community Climate Survey	I believe that AF communicates timely and accurate information.	86%	89%	93%	93%	95%	96%

**Figure 7.4-10: Achievement of Action Plans**
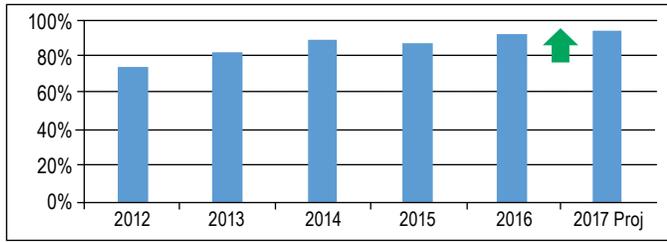
## 7.5 Financial and Market Results

7.5a Financial and Market Results

7.5a(1) AF tracks a number of financial measures in different departments based on the needs of each department's day-to-day management activities and processes, and several financial and market measures roll up to the FOCUS scorecard. Figure 7.5-1 shows AF's actual expenses and revenues, as well as its net collections. AF works very hard to maintain financial solvency by keeping costs in line with the net revenues for each fiscal cycle. The days-to-payment for accounts receivable (Figure 7.5-2) have decreased for all payor types since 2012, and AF's performance related to private insurance companies was the state best in 2016. AF has maintained relatively high collection rates (Figure 7.5-3), even for self-pay patients, and AF's current overall performance nearly equals the state-best level.
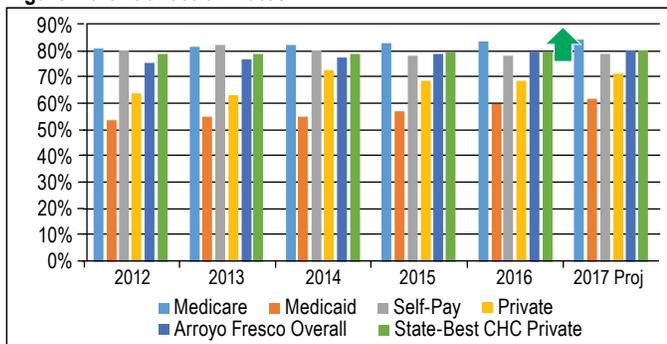
Figure 7.5-1: Revenues, Expenses, and Collections
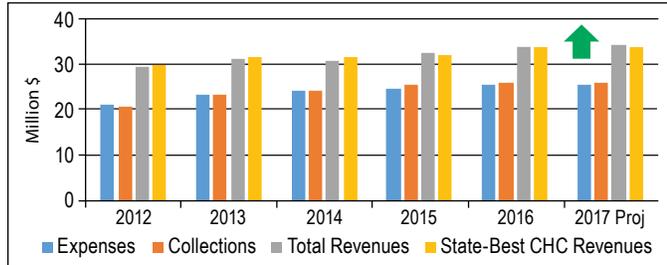
**Figure 7.5-2: Accounts Receivable by Payor Type**
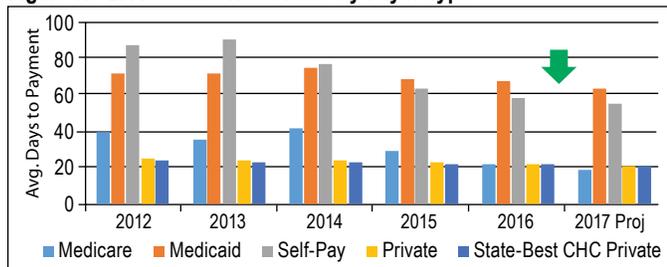

Figure 7.5-3: Collection Rates

As a nonprofit organization, AF considers the value of its medical services to be the primary measure of economic value. AF assesses this value in terms of RVUs per $1,000 of budgeted expenditures in each of the clinical units. Segmentation by clinic, physician, work unit (e.g., speech therapy, physical therapy), payment source, and the most frequent clinical conditions treated is AOS. In 2011, AF persuaded the State Association of CHCs to adopt RVUs/$1,000 budget as a measure for all CHCs in the state. Since RVUs measure clinical services provided, AF uses RVUs/$1,000 net asset value as a measure of return on assets (Figure 7.5-4). AF's performance on this measure has been the best—or near the best—among state CHCs.

7.5a(2) To help identify market trends and determine resources or strategic changes needed for the future, AF tracks its marketplace performance by county and its health care services. Consistent with its mission to serve patients regardless of their ability to pay, AF holds a higher market share in Yuma and La Paz counties (Figure 7.5-5), which have a higher percentage of the population below the poverty threshold. Figure 7.5-6 shows a sample of AF's results by major service types. Results for additional major service types, as well as data segmented by individual services (e.g., for heart disease and well-child care), are AOS. A lower percentage of market share for chronic disease reflects the fact that AF refers many complex chronic disease cases to specialists.
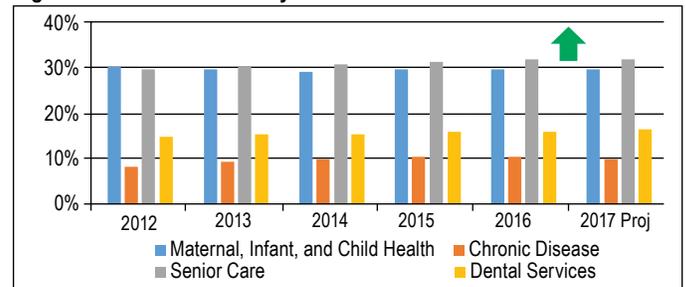
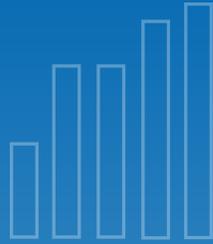**Figure 7.5-4: Return on Assets in Clinical Units**
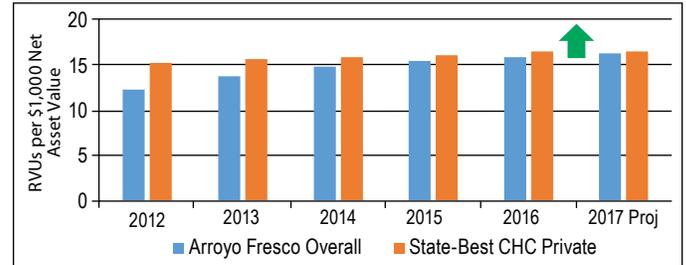
Figure 7.5-5: Market Share by County
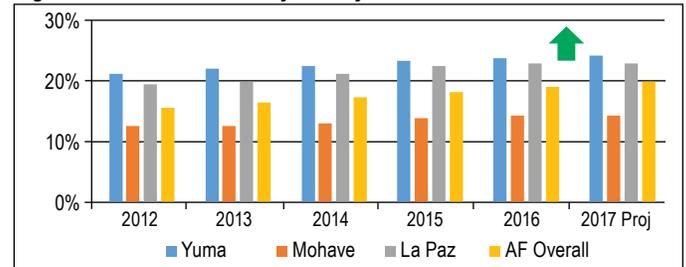
Figure 7.5-6: Market Share by Service

The ratio of the Baldrige Program's benefits for the U.S. economy to its costs is estimated at **820 to 1**.

99 Baldrige Award winners serve as national role models.

2010–2014 award applicants represent **537,871 jobs**, 2,520 work sites, over $80 billion in revenue/budgets, and more than 436 million customers served.

364 Baldrige examiners volunteered roughly **$5.5 million** in services in 2014.

State Baldrige-based examiners volunteered around **$30 million** in services in 2014.

Baldrige Performance Excellence Program

Created by Congress in 1987, the Baldrige Program (http://www.nist.gov/baldrige) is managed by the National Institute of Standards and Technology (NIST), an agency of the U.S. Department of Commerce. The program helps organizations improve their performance and succeed in the competitive global marketplace. It is the only public-private partnership and Presidential award program dedicated to improving U.S. organizations. The program administers the Presidential Malcolm Baldrige National Quality Award.

In collaboration with the greater Baldrige community, we provide organizations with

- a systems approach to achieving organizational excellence;
- organizational self-assessment tools;
- analysis of organizational strengths and opportunities for improvement by a team of trained experts; and
- educational presentations, conferences, and workshops on proven best management practices and on using the Baldrige Excellence Framework to improve.

Foundation for the Malcolm Baldrige National Quality Award

The mission of the Baldrige Foundation is to ensure the long-term financial growth and viability of the Baldrige Performance Excellence Program and to support organizational performance excellence in the United States and throughout the world. To learn more about the Baldrige Foundation, see http://www.baldrigepe.org/foundation.

Alliance for Performance Excellence

The Alliance (http://www.baldrigepe.org/alliance) is a national network of Baldrige-based organizations with a mission to grow performance excellence in support of a thriving Baldrige community. Alliance members contribute more than $30 million per year in tools, resources, and expertise to assist organizations on their journey to excellence. Alliance member programs also serve as a feeder system for the national Baldrige Award.

American Society for Quality

The American Society for Quality (ASQ; http://www.asq.org/) assists in administering the award program under contract to NIST. ASQ's vision is to make quality a global priority, an organizational imperative, and a personal ethic and, in the process, to become the community for all who seek quality concepts, technology, or tools to improve themselves and their world.

For more information:
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