

Operation Access

2010 Operating Plan

Overview

Mission:

The mission of Operation Access is to mobilize a network of medical volunteers, hospitals, and referring community clinics to provide low-income, uninsured people access to donated outpatient surgeries and specialty care that improves their health, ability to work, and quality of life.

Vision:

The vision for Operation Access is to help bridge the healthcare gap in the San Francisco Bay Area while becoming a national model for medical volunteerism.

Core Values:

Service - Caring - Respect - Hope

Driving Strategies:

1. Improve Access to Care p. 2
2. Promote Medical Volunteerism p. 3
3. Strengthen Organizational Capacity p. 4
4. Initiate the OA Institute p. 5

Funding

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Performance Measurement

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- Hallmarks of Success p. 8
- Strategic Scorecard p. 9

Strategy I: Improve Access to Care

Our goal is to strengthen and expand access to needed specialty care for low income, uninsured people living in the Bay Area that will improve their health, ability to work, and quality of life.

- I-1 **Provide surgical care and specialty services (screenings, diagnostics) to at least 1200 low-income, uninsured patients in the Bay Area.** (approx. 2,800 total appointments). (Program staff) *Scorecard measure*

	Goal
Alameda County (Jenevieve, Daniel L)	380
Contra Costa County (Jenevieve, Jennifer)	135
Marin County (Daniel R, Meilyn)	190
Sonoma County (Daniel R, Meilyn)	145
San Francisco County (Lucia, Ali)	200
San Mateo County (Lucia, Ali)	<u>150</u>
Total:	1,200

- I-2 **Increase the efficiency of the screening process** with a target of 7 days or less between referral and eligibility decision. (Program Coordinators) *Scorecard measure*
- I-3 **Increase the efficiency in the delivery of service** with a target of 53 days or less from when the eligibility decision is made and the first appointment occurs with the medical specialist. (Program staff) *Scorecard measure*
- I-4 **Improve outcomes** of patients through surgical and specialty services, with a goal of over 90% of patients reporting improved health, ability to work and quality of life based on **satisfaction surveys**. Communicate results to relevant stakeholders and respond to any areas of concern. (Program Coordinators) *Scorecard measure*

Strategy II: Promote Medical Volunteerism Locally

Our goal is to provide a meaningful experience for medical professionals to volunteer locally, be a trusted resource for community clinics and their patients, and a valued charity care/community benefit program for Bay Area participating hospitals.

- II-1. **Increase participation rate of surgeons and other specialists.** Conduct an annual review of the number of admitting specialists at each participating hospitals to determine baseline (currently ~13%). Increase participation rate of specialists (as active OA medical volunteers) by 0.5% per quarter. (Program Managers) *Scorecard measure*
- II-2. **Optimize utilization of specialist volunteers;** with a target of at least 50% of active specialists providing a service during each quarter. (Program Managers) *Scorecard measure*
- II-3. Based on needs articulated by our community clinic partners, as well as input from other stakeholders, **recruit targeted specialists** to expand the range and volume of services available to OA patients. (Program Managers)
- II-4. Identify and maintain satisfactory (medium or above) level of involvement from a **surgeon champion** at each participating hospital who will be the lead ambassador to promote volunteerism on behalf of OA and recruit other surgeons and medical professionals to participate in the program. (Program Managers)
- II-5. Maintain regular contact with each participating **hospital's community benefits** person. Encourage ways to recognize and promote medical volunteerism through the community benefit departments of each hospital. (Program Managers)
- II-6. Cultivate relationships with **executives at hospitals and clinics** to build awareness and strengthen the OA network. (Ben)
- II-7. Cultivate relationships with **key staff at participating hospitals and the primary referring community clinics** to build awareness and strengthen the OA network. (Program Managers)
- II-8. Perform main point of contact and training role for interested **interpretive and administrative volunteers.** Keep database updated for use by all staff. (Ali).
- II-9. Continue the OA **volunteer recognition** program, including Volunteer of the Quarter and volunteer recognition celebration(s). (Program Staff)
- II-10. Conduct and evaluate **clinic and medical volunteer satisfaction surveys.** Communicate results and respond to areas of concern. (Jason and Program Staff)
- II-11. Develop and maintain **service agreements**, where appropriate, with medical centers, medical groups, community clinics as needed. (Ben and Program Managers)
- II-12. Participate in appropriate **committees, task forces and coalitions in OA's 6 county service area** to promote medical volunteerism and efforts to improve access to care and strengthening the safety net. (Ben and Program Managers)

Strategy III: Strengthen Organizational Capacity

Our goal is to continually improve how OA operates, create greater awareness of our program, generate abundant financial support to operate with excellence, and fully engage staff and board members to achieve positive results.

- III -1 Recruit, retain and enrich a **quality staff** that makes OA an outstanding place to work. Encourage personal and professional development among all staff members. Maintain score of 8 on employee feedback regarding whether staff have the resources to grow in their positions and feel satisfied in their jobs. (Ben and Jason) *Scorecard measure*
- III-2 Increase **diversification of funding sources**, and achieve **revenue goals**. (Ben and Ellen) *Scorecard measure*
- III-3 Maintain **fiscal responsibility** and management of expenditures across the three major areas of program, fundraising and administration (with goal of having at least 85% of cash expenditures going to the OA program). (Ben and Jason) *Scorecard measure*
- III-4 Maintain **operating cash reserve** of 6 months. (Ben and Jason) *Scorecard measure*
- III-5 Demonstrate a **high value return for dollars spent** by OA- Target of 7:1 ROI - ratio of amount of donated charity care to OA's cash expenses (Jason) *Scorecard measure*
- III-6 OA staff meet or exceed goals in this **operating plan**. Achieve target of 80% of tactics in the plan successfully completed or on track each quarter. (OA staff) *Scorecard measure*
- III-7 Pursue upgrades to the **patient/provider database** with the objectives of increasing efficiency in case management, records management, reporting, and communication with medical providers as well as to allow for easy updates by replication sites. (Jason)
- III-8 Pursue **technology enhancements** that increase the efficiency of OA operations. (Marisol)
- III-9 Update and maintain the new **website** on a regular basis to inform and inspire all who visit, including patients, volunteers, donors, hospital administrators, clinic managers and the general public. (Marisol)
- III-10 Develop and implement a print and electronic **communications plan** and a **development plan** (details of the plan included later in this document). (Ellen)
- III-11 **Raise awareness of OA** through the media by providing stories to news outlets, publications of participating hospitals, medical journals, etc. (Ellen)
- III-12 Produce the **annual report** and two **newsletters** in 2010. (Ellen)
- III-13 Provide transparent financial **accounting** for internal and external reporting. Undergo annual audit that continues to have no management findings. (Marisol and Jason)

Strategy IV: Launch the OA Institute

Our goal is to develop more awareness of Operation Access outside the Bay Area, expand alliances and collaborative partnerships, and generate increased inquiries about OA's program.

- IV-1 Establish the **OAI Advisory Council** to guide the development of this initiative. (Ben, Jennifer and OA Board)
- IV-2 Further document and articulate the **compelling case for Operation Access** including track record, growth, cost-effectiveness, core competencies, and distinctive features. Develop an OAI brochure if funds available to do so. (Jennifer)
- IV-3 Write proposals to obtain \$50,000 to \$100,000 in **start-up funding for the OAI**. (Jennifer, Ben and new development officer)
- IV-4 **Increase visibility** in Specialty Care Access Initiative sites throughout California, and with the California Health Care Safety Net Institute. (Jennifer and Program Managers)
- IV-5 Continue conversations with Kaiser Permanente Napa/Solano, Denver, Fresno and other interested sites to **provide support and technical assistance** in establishing a viable medical volunteerism program. (Jennifer).
- IV-6 Define and offer **cost-effective approaches for providing start-up assistance** to communities of varying size and complexity. (Jennifer and Jason)
- IV-7 Increase **national visibility through outreach** to, and collaboration with, interested national associations, conferences, interest groups, and publications. (Jennifer and Ben)
- IV-8 Explore potential links with **academic institution(s) for research** studies. (Jennifer)
- IV-9 Systematize and better document **best practices and** continue the development of databases, and systems to allow for their effective use in providing technical assistance. (Jennifer and Jason)
- IV-10 Monitor ongoing **health reform developments** at the state and national level and modify plans as needed. Health policy developments need to be monitored on an ongoing basis to ensure that OA and its Institute are in sync with emerging plans for the future of healthcare financing and delivery. (Jennifer and Ben)
- IV-12 **Develop planning grant for Phase II**. It is anticipated that the component of Phase II focusing on planning and securing funding for a National Demonstration Project may require additional resources to successfully implement. A planning grant would underwrite the development of this key expansion. (Jennifer, Ben and new development person)

Operation Access

Organization Budget – DRAFT (approved by Board 11/16/09)

Fiscal Year 2010: January 1, 2010 - December 31, 2010

	Proposed ORG Budget 2010	Proposed Bay Area Budget 2010*	Proposed OAI Budget 2010*
<u>Operating Income</u>			
Foundation Grants	175,000	165,000	10,000
Corporate Support	720,000	710,000	10,000
Individual and Family Fnd. Donations	125,000	100,000	25,000
Bequest	175,000	110,000	65,000
Consulting and Technical Assistance	25,000	20,000	5,000
Interest Income	5,000	5,000	-
Net Operating Income	1,225,000	1,110,000	115,000
<u>Expense</u>			
Salaries	705,000	628,000	77,000
Payroll Taxes & Fringe	155,000	138,000	17,000
Interpretive Services	40,000	40,000	-
Volunteer Recognition & Recruitment	30,000	30,000	-
Patient Reimbursements	8,000	8,000	-
Rent	76,000	70,300	5,700
Telephone	11,000	10,175	825
Office Supplies & Equipment	14,000	12,950	1,050
Postage	8,000	7,400	600
Printing	6,000	5,550	450
Insurance	7,000	6,475	525
Marketing & Outreach	28,000	25,000	3,000
Meetings & Travel	20,000	15,850	4,150
Professional Development	12,000	11,000	1,000
Consultants	87,000	85,000	2,000
Audit & Administrative Fees	18,000	16,300	1,700
Total Expense	1,225,000	1,110,000	115,000
<u>Surgical and specialty services**</u>	1,200	1,200	
Ratio: Bay Area budget/services		865	
Amount of Donated Medical Services	9,300,000	9,300,000	
<u>Expenses by program area***</u>			
Bay Area Program	77%	77%	
OA Institute	8%		8%
Fundraising	8%		
General & Administrative	7%		

*Includes overhead (fundraising and general & administrative)

**2010 Service goals per city where provided: Alameda: 380 (+9% over 2009 goal), C. Costa: 135 (+170%), Marin: 190 (+6%), Sonoma: 145 (+4%), SF: 200 (-17%), San Mateo: 150 (+7%) = 1200 total

***Goal is to achieve a 15% overhead operating expense rate (2% including in-kind expenses)

Critical Success Factors

- Recruit, recognize and continually support the medical professionals who volunteer their time and services, and also the participating hospitals & clinics.
- Ensure there is adequate funding/financial support to operate with excellence.
- Create greater awareness of Operation Access among our stakeholders (clinics, hospitals, volunteers, corporations and foundations that provide funding, individual donors)
- Expand within Kaiser and Sutter Health with support from the headquarters/regional offices and current participating hospitals.
- Continue to engage the Board (and Advisory Council) in meaningful ways and maximize each person's expertise and taps into the collective wisdom of both the Board and Advisory Council.
- Retain and enrich the OA staff, and encourage personal/professional development opportunities.
- Initiate the OA Institute to help promote medical volunteerism and strengthen the safety net with interested communities outside the Bay Area.
- Maintain organizational flexibility and respond to new challenges and new opportunities that will arise during the year.
- Recognize that access to care and providing primary care to underserved populations (vulnerable, poor, minorities) is a funding priority for many foundations and be proactive regarding the future implications for Operation Access.
- Focus resources on the core strategies and operational tactics.
- Reward success. Correct problems as they arise. Welcome challenge as an opportunity to learn and grow and improve.

The OA Operational Plan

Hallmarks of Success

- The mission, values, vision, and core strategies are clearly understood and enthusiastically approved by the Board.
- Management, Staff and Board roles and responsibilities are understood and accountabilities are firmly in place.
- The operational plan is reviewed regularly and revised as conditions warrant.
- The pace of the operational plan is doable, but stretches the organization.
- The staff uses a variety of methods to accomplish their objectives, based on the scope and complexity of the specific tactic.
- The annual operational plan gets results and achieves at least 85% of the objectives and benchmarks developed for each tactic.
- The operational plan is considered one of management's primary tools and a valuable document for the Board as well.
- The operational plan is the principal document used to determine the budget, allocate resources, and determine priorities for the organization.
- Success by the staff in achieving goals is celebrated and rewarded.
- The operational plan is a stimulus for the Board and Operation Access staff to think and act more strategically.

“The best plan is only a plan, that is, good intentions, unless it degenerates into work. The distinction that makes a plan capable of producing results is the commitment of key people to work on specific tasks. The test of a plan is whether management actually commits resources to action which will bring results in the future.”

Peter Drucker, Management: Tasks, Responsibilities, Practices, p. 12

Operation Access Strategic Scorecard – 2009 measures and targets

Measure and targets will be reviewed at the beginning of 2010.

Operation Access Scorecard

	Measure	Target															
Learning & Growth																	
Staff meet or exceed organizational goals	Percentage of Operating Plan tactics successfully completed or on track	85%															
Maintain a committed staff and stable management	Average employee rating on a scale of 1-10 for the following questions: (1) Do you have the resources to grow in your position? (2) Do you feel satisfied in your job?	8															
Internal Process																	
Match referral volume to local service capacity	Number of counties in which the volume of OA services provided are at least 85% of the volume of eligible referrals received in the county	>=5 of 6															
Increase efficiency in screening process	Median # of days between referral and eligibility decision	7															
Increase efficiency in delivery of service	Median # of days between eligibility decision and first appt with a specialist	<=53															
Financial																	
Increase diversification of funding sources and achieve revenue goals	YTD income received by category																
		<table border="1"> <tr> <td>Grants <\$25k</td> <td>\$110,000</td> </tr> <tr> <td>Grants \$25k - \$100k</td> <td>\$225,000</td> </tr> <tr> <td>Grants >100k</td> <td>\$400,000</td> </tr> <tr> <td>Donations</td> <td>\$115,000</td> </tr> <tr> <td>Bequest</td> <td>\$175,000</td> </tr> <tr> <td>Consulting Income</td> <td>\$25,000</td> </tr> <tr> <td>Interest Income</td> <td>\$7,000</td> </tr> <tr> <td>TOTAL</td> <td>\$1,057,000</td> </tr> </table>	Grants <\$25k	\$110,000	Grants \$25k - \$100k	\$225,000	Grants >100k	\$400,000	Donations	\$115,000	Bequest	\$175,000	Consulting Income	\$25,000	Interest Income	\$7,000	TOTAL
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	YTD income from new funding sources	\$105,700															
Maintain fiscal responsibility and management of expenditures	YTD expenses incurred by category																
		<table border="1"> <tr> <td>Program Expenses</td> <td>80% of budget</td> </tr> <tr> <td>Fundraising</td> <td>10% of budget</td> </tr> <tr> <td>Administration</td> <td>10% of budget</td> </tr> <tr> <td>TOTAL</td> <td>\$1,057,000</td> </tr> </table>	Program Expenses	80% of budget	Fundraising	10% of budget	Administration	10% of budget	TOTAL	\$1,057,000							
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Maintain adequate cash reserve	Number of months current operating cash on hand could finance forecasted expenses.	6															
Provide a high value return for dollars spent by Operation Access	Return on investment - Ratio of amount of donated charity care provided divided by OA's cash expenses	7:1															
Stakeholders																	
Increase participation rate of surgeons and other specialists	% of the total surgeons and specialists admitting to participating hospitals who are active OA medical volunteers (each % is approximately 18 doctors)	Increasing 1% per quarter (currently ~12%)															
Optimize utilization of participating surgeons and other specialists	% of active participating surgeon and specialist volunteers who provided a service during the quarter	50%															
Improve patient outcomes through surgical procedures	% of surgical patients surveyed reporting improved health, ability to work, and quality of life	90%															
Provide donated surgical and specialty services to eligible uninsured people	# of surgical and specialty services provided YTD	1100															