# **COOPERATIVE AGREEMENT**

AN AGREEMENT by and between Jackson County, Missouri, hereinafter referred to as "the County" and the CABOT WESTSIDE HEALTH CENTER, 2121 Summit Street, Kansas City, MO 64108, hereinafter referred to as "Clinic."

WHEREAS, the County recognizes its statutory obligations to the poor under Sections 205.210 et seq., and 205.580, RSMo; and,

WHEREAS, the County recognizes the difficulty of accessing health care for indigents and Spanish speaking persons of the Westside of the greater Kansas City area; and,

WHEREAS, Clinic can provide for such needs;

NOW THEREFORE, the County and the Clinic agree, in consideration of the following mutual promises and valuable consideration, as follows:

- 1. <u>Provisions</u>. The Clinic agrees to use the funds provided by the County under this Agreement to provide a variety of health care and social welfare services to the indigent residents of the Westside of the Kansas City, Missouri metropolitan area, as is more fully set out in the proposal attached hereto as Exhibit A.
- 2. <u>Term of Payment</u>. The County agrees to pay to Clinic the amount of \$51,205.00 in quarterly installments of \$12,801.25, to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 below.
- 3. **Report**. Within 30 days after the conclusion of each calendar quarter under this Agreement, Clinic shall submit a quarterly report, including cancelled checks and/or

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a copy of the face of the check and corresponding bank statements, invoices, and any other documents as requested by the Director of Finance and Purchasing to establish that the funds paid by the County were used for the purpose set forth in this Agreement. The last quarter's report shall include an annual report which shall summarize Clinic's activities pursuant to this Agreement. Failure to submit the annual report shall disqualify the Clinic from future funding by the County.

- 4. Submission of Documents. No payment shall be made under this contract unless the contracting agency shall have submitted to the County's Director of Finance and Purchasing (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) the agency's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the agency's total budget for its most recent fiscal year; and, (4) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years.) If an agency has previously received County funding, to be eligible for future payments, an agency must submit either an audited financial statement for the agency's most recent fiscal or calendar year, by March 31 of the following year, or a certified public accountant's program audit of County funds, by January 31 of the following year. Any document described herein which was submitted to the Director of Finance and Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if the contract agency is out of compliance on any other County contract.
  - 5. Audit. The County further reserves the right to examine and audit, during

reasonable office hours, the books and records of the Clinic pertaining to the finances and operations of the Clinic.

- 6. <u>Default</u>. If the Clinic shall default in the performance or observation of any term or condition of this Agreement, the County shall give the Clinic written notice setting forth the default and the correction to be made. Thereafter, if said default shall continue and not be corrected within 10 days of the receipt of the notice by the Clinic, the County may, at its election, terminate the Agreement and withhold any payments not yet made to the Clinic. Said election shall not in any way limit the County's rights to seek legal redress.
- 7. <u>Conflict of Interest</u>. The Clinic warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this Agreement.
- 8. <u>Term.</u> This Agreement shall be effective as of January 1, 2011, and shall terminate on December 31, 2011. This Agreement may be terminated prior to that date by either party upon written notice, delivered thirty days prior to the effective date of termination. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by the Clinic as verified by the County's audit.
- 9. <u>Liability and Indemnification</u>. No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and Clinic shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, costs (including reasonable attorney's fees directly related thereto) including but not limited to violation of civil rights and/or bodily injury to

or death of any person and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions of Clinic during the performance of this Agreement.

10. <u>Incorporation</u>. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County and the Clinic have executed this Agreement this /S+ day of April , 2011.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

V. Stephen Nixon County Counselor Michael D. Sanders County Executive

ATTEST:

CABOT WESTSIDE HEALTH CENTER

Mary Jo Spino

Clerk of the County Legislature

Executive Director

# **REVENUE CERTIFICATE**

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this agreement is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$51,205.00 which is hereby authorized.

Director of Finance and Purchasing

Account Number 002-7703-56789

77032011001





# OUTSIDE AGENCY FUNDING REQUEST FORM 2011 BUDGET

415 E 12th Street, 2nd Floor Kansas City, MO 64106

Email: auditor@jacksongov.org

| Section A: Organization or Agency Information         | page 1      |
|---|-------------|
| Section B: Agency's 2010 and 2011 Revenue Information | page 2      |
| Section C: Individual Program Budget                  | page 3      |
| Section D: Program Information                        | pages 4 - 8 |
| Section E: Summary of Request by Program              | page 9      |

|                | Section A: Organizat                | tion or Agency Information               |      |
|----------------|-------------------------------------|--|------|
| Name:          | Cabot Westside Health Center        |  |      |
| Address:       | 2121 Summit Street, Kansas C        | ity, MO 64108                            |      |
| Phone No:      | 819.471.0900 ext 281                | Fax: 816.471.3150                        |      |
| Website Addr   | ess: www.saintlukeshealthsystem.org |  |      |
| Federal Tax I  | D No: 44-0546280                    | Fiscal Year Cycle: January-December 2011 |      |
| Executive Dire | ector:                              | Liz Lovin Jussicz mirez                  |      |
| Name and Titl  | le of Principal Contact Person:     | Jan Whitlow, Director of Development     |      |
| Phone No:      | 816.471.0900 ext 281                | Email Address: jwhitlow@solnt-luke       | SOCO |
|                |                                     |  |      |

Date:

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9/14/2010

| Section B: Agency's 2010 and 2011 Revenue Information |  |    |                     |                       |  |  |  |  |
|---|--|----|---------------------|-----------------------|--|--|--|--|
|   | Agency's 2011 Projected Revenue Information  |    |                     |                       |  |  |  |  |
| Funding Entity  | Agency's 2011 Total Projected Revenue<br>Source You Will Request 2011 Funding From   |    | Projected<br>Amount | % of<br>Total Revenue |  |  |  |  |
| Federal   | MO Family Health Council-Title X   | \$ | 85,611              | 3                     |  |  |  |  |
| State   |  | \$ | •                   | 0                     |  |  |  |  |
| Jackson County  | Outside Agency Funding   | \$ | 40,000              | 1                     |  |  |  |  |
| Other Counties  |  | \$ |                     | 0                     |  |  |  |  |
| City  | KCMO Health Levy Wyandotte Health Foundation, Terry Curran Trust, Health Care Foundation of Greater Kansas City, REACH Healthcare Foundation, Homer McWilliams Charitable Trust, Blue Cross and Blue | \$ | 439,214             | 16                    |  |  |  |  |
| Charity/Donations                                     | Shield of Kansas City, United Way  | \$ | 387,557             | 14                    |  |  |  |  |
| Fundraisers   |  | \$ | - }                 | 0                     |  |  |  |  |
| Other   | Jackson County Family Court-Dental Screenings  | \$ | 25,000              |                       |  |  |  |  |
| Other   | Net Patient Revenue  | \$ | 1,808,856           | 65                    |  |  |  |  |
|   | 2011 Total Projected Revenue   | \$ | 2,786,238           | 99                    |  |  |  |  |

|                               | Agency's 2010   | Revenu   | ie Info      | rmati    | on               |                       |
|-------------------------------|---|--|--------------|----------|------------------|-----------------------|
| Funding Entity                | Agency's 2010 Tota<br>Source You Received                                     |  | nm.          |          | Amount           | % of<br>Total Revenue |
| Federal                       | MO Family Health Council-Tit  |  | <i>7</i> (1) | \$       | 91,282           | 3                     |
| State                         | INO Family Health Council-11  | ie v   |              | \$       | 91,202           |                       |
|                               | Outoide Assess Funding  |  |              | l i      | 04.005           | 0                     |
| Jackson County Other Counties | Outside Agency Funding  |  |              | \$       | 31,205           | 1                     |
| 1                             | KONO HEEMEN   |  |              | \$       | -                | 0<br>17               |
| City                          | Wyandotte Health Foundation<br>Health Care Foundation of Gr                   | CCMO Health Levy  Nyandotte Health Foundation, Terry Curran Trust, Health Care Foundation of Greater Kansas City, REACH Healthcare Foundation, Homer |              |          |                  |                       |
| Charity/Donations             | Shield of Kansas City, United   | Way  |              | \$       | 452,619          | 15                    |
| Fundraisers                   |   |  |              | \$       | -                | 0                     |
| Other (please list)           | Jackson County Family Court-  | Dental Scre  | enings       | \$       | 25,000           | 1                     |
| Other                         | Net Patient Revenue   |  |              | \$       | 1,920,894        | 63                    |
| L                             | Net Patient Revenue   |  |              | \$       | 3,028,642        | 100                   |
| Jackson County Fu             | If your agency received fur<br>please identify the funding so<br>nding Source |  |              |          | name below.      | gram Name             |
| СОМВАТ                        |   |  | <u> </u>     | \$       | _                | <u> </u>              |
| Mental Health Levy            |   |  | Ø            | \$       | _                |                       |
| Board of Services f           | or Developmentally Disabled   |  | v            | \$       | _                |                       |
| Domestic Violence             | •   |  | Ø            | \$       | -                |                       |
| The Residences                | Commission  |  | Ø            | \$       | _                |                       |
| Outside Agency Pro            | ogram   | v  |              | \$       | - 31,205 O       | utside Agency         |
| P 1 7 2010                    | 2010 Total Jackson  | on County  | Funding      | \$       |                  | Dental screening      |
| まいしれ ま いてらしに                  | your agency receive funding or r  | esources in  |              | m either | of the following | ?                     |
| MUTUM MISSOURIO               |   |  | <b>2</b>     | \$       | -                |                       |
| Harvesters                    |   |  | Ø.           | \$       |                  |                       |

# Section C: 2011 Program Budget

Complete a separate program budget for each program your agency is applying for funding.

**Agency Name:** 

**Cabot Westside Health Center** 

**Program Name:** 

**Cabot Medical Program** 

| •                                      | ersonal Servi                |   |             |  |
|--|------------------------------|---|-------------|--|
| For each salary request belo           | ow please atta  Total Salary | ch a job descr<br>% of Salary<br>to be funded by<br>Jackson Co. | <u>ipti</u> | on or duties.  Amount of Salary to be funded by Jackson County |
| Yvonne Ornelas-Rios, Nurse Practition  | 1                            | 21%   | \$          | 19,603   |
| Gianina Aguirre-Medical Assistant      | \$31,000                     | 10%   |             | 3,000  |
|  |                              |   | \$          |  |
|  |                              |   | \$          | -  |
|  |                              |   | \$          | -  |
|  |                              |   | \$          |  |
|  |                              |   | ,           |  |
| Total Salaries                         |                              |   | \$          | 22,603   |
| Total Benefits                         | ···-                         |   | \$          |  |
|  | Total Pers                   | onal Services   | \$          | 22,603   |
| Con                                    | ntractual Serv               | ices  |             |  |
| Outside Services-Saint Luke's Lab      |                              |   | \$          | 2,000  |
|  |                              |   | \$          | -  |
|  |                              |   | \$          | -  |
|  |                              |   | \$          | -  |
|  |                              |   | \$          | -  |
|  |                              |   | \$          | <del>_</del>   |
|  | Total Contrac                | tual Services   | \$          | 2,000  |
| No.                                    | Supplies                     |   |             |  |
| Medical Supplies                       |                              |   | \$          | 1,000  |
| ••                                     | •                            |   | \$          | -  |
|  |                              |   | \$          |  |
|  |                              | İ   | \$          | -  |
| RECEIVED                               |                              |   | \$          | -  |
| JAN 2 4 2011                           |                              |   | \$          |  |
| JACKSON OCLDITY                        |                              | otal Supplies   | \$          | 1,000  |
| AUDITOR'S OFFICE<br>MSAS CITY, MSSOURI |                              |   | _           | 05 000   |

**Total Program Request \$** 

25,603



# Performance Management Process **And Position Description**

| saintlukeshealthsyst | em.org                |  | _                  |   | CAROT  |
|----------------------|-----------------------|--|--------------------|---|--|
| Name:                |                       |  |                    | Campus or Location:   | CABOT  |
| Employee ID:         |                       | ** The 1997  |                    | Cost Center Name:   | 973810 CABOT MEDICAL   |
| Position Title:      | 31932                 | Nurse Practitioner                                     |                    | Date of Review:   |  |
| Next Level Manag     | er's Signa            | ture at Time of Review                                 | v:                 |   |  |
| Mission Statemer     | it: The Sa            | int Luke's Health Syste                                | em is a faith-base | d, not-for-profit aligned health                              | n system committed to the highest  |
|                      |                       |  |                    | ices in a caring environment.                                 | We are dedicated to enhancing the  |
| physical, mental a   | nd spiritua           | l health of the commu                                  | nities we serve.   |   |  |
| I. POSITION SU       |                       |  |                    |   |  |
| Primary Purpose      | : This sec            | tion provides a brief d                                | escription of the  | position.   |  |
| In collaboration w   | ith a physication and | cian provides general certification. Provide           | health care mana   | gement and treatment. To app<br>Cabot Westside Clinic service | propriate client groups, as determined sites. Practices nursing within the   |
| scope of individua   | knowled               | ge, skills, and abilities                              | according to the   | Missouri and Kansas Nurse P                                   |  |
| ancillary and nursi  | ng person             | nel, as assigned. Teac                                 | h wellness throug  | gh education and counseling.                                  |  |
| Position Reports     | To: (job t            | itle)Medical Direc                                     | tor                | ·   |  |
| II. EDUCATION        | AND EX                | PERIENCE REQUI   | RED FOR POSI       | TION:   | •  |
| Education: This s    | ection idea           | ntifies both the requir                                | ed and preferred   | l level of education for the pos                              | sition.  |
|                      |                       |  |                    |   | - <del></del>  |
|                      |                       | quired to meet the <b>min</b><br>vel one would seek in |                    |   |  |
| Education            | <u>n</u>              |  | Required           | <b>Preferred</b>  |  |
| High School diplor   | na or equi            | valent   |                    |   |  |
| Junior College/Ted   | hnical Scl            | ool  |                    |   | •  |
| Bachelor's degree    |                       |  | X                  |   |  |
| Master's degree      |                       |  |                    |   | ·  |
| Ph.D.                |                       |  |                    |   |  |
| MD                   |                       |  |                    |   |  |
| Certification/Regi   | stration              |  |                    |   |  |
|                      |                       |  |                    |   | or certification for the position.   |
|                      |                       |  |                    | v to meet the minimum qualifi                                 |  |
| PreferredTh          | e ideal lev           | vel one would seek in                                  | recruiting candida | ates for this position.                                       |  |
| Certification/       | Registrati            | lon  | Required           | <b>Preferred</b>  |  |
| RN License from N    |                       |  | <u> </u>           |   |  |
| Completion of a nu   |                       |  | S                  | 1 1   |  |
| least 9 months dura  |                       |  | 1 1                |   |  |
| and clinical experie |                       | a of health care.                                      | .                  | [- <del></del>  |  |
| Bilingual – English  | /Spanish              | · · · · · · · · · · · · · · · · · · ·                  | _                  | X   | ,  |
| Experience: This s   | ection spe            | cifies both the minim                                  | um and preferre    | d level of previous position-re                               | elated experience to perform the   |
|                      |                       | perience acquired at S                                 |                    |   | The state of the s |
|                      |                       |  | <u>Minimum</u>     | <u>Preferred</u>  | RECEIVED   |
| No Previous Experi   |                       | -  | <del>   </del>     |   | CONTROL OF THE ACTION  |
| Up to 1 Year Exper   |                       | -  | X                  | V   | SEP 7 7 2010   |
| 1 to 2 Years of Pos  | mon-Kela              | ец ехрепенсе   |                    | X   | JACKSON COUNTY   |
|                      |                       |  | 1                  |   | AUDITOR'S OFFICE   |
|                      |                       |  |                    | 1   | KANSAS CITY, MISSOURI  |

| 2 to 5 Years of Position-Related Experience<br>5+ Years of Position-Related Experience   |                                       |                 |                     |                                       |   |               |
|--|---------------------------------------|-----------------|---------------------|---------------------------------------|---|---------------|
| The <b>kind</b> of position-related experience inclin health care of clinic patients.  | ludes: 1                              | The Nurse Pract | itioner works close | ly with all into                      | ernal/external per                      | sons involved |
| III. PRIMARY CUSTOMERS OF THIS   | POSITIO                               | <b>V:</b>       |                     |                                       | • |               |
| At Saint Luke's, the ultimate customer is alw Identify those other primary customers to with a Patient Staff Physicians  IV. DOCUMENTATION OF PLANNING | nom you pr                            | ovide service.  |                     |                                       | ernal and external                      | customers.    |
| Discussion(s) Completed: Date Reviewed Upon Hire (or when Position Description updated)  |                                       | Employee's      |                     |                                       | Ianager's Signa                         | ture          |
| Performance Planning   |                                       | <del></del>     |                     |                                       | <del></del> ~                           |               |
| Progress On Personal Commitments   |                                       |                 | ·                   |                                       |   |               |
| Performance Review   |                                       |                 |                     |                                       |   |               |
| V. ADDITIONAL INFORMATION AT T   | IME OF I                              | REVIEW:         | <del></del>         | · · · · · · · · · · · · · · · · · · · | <del></del>                             | <del></del> ] |
|  | · · · · · · · · · · · · · · · · · · · | Yes             | No                  | - 44                                  |   | <u></u>       |
| Employee Performance Worksheet Submitte  | đ                                     |                 |                     |                                       |   |               |
| Coworker/Customer Feedback Used  |                                       |                 |                     |                                       |   | ,             |
| Confidentiality Agreement Reaffirmed   |                                       |                 |                     |                                       |   |               |
| Corporate Compliance Plan Reaffirmed   | •                                     |                 |                     |                                       |   |               |
| Access/Use of Technology Policy Reaffirmed   | d                                     |                 |                     |                                       |   |               |
| Annual Safety Training Completed   |                                       |                 |                     |                                       |   |               |
|  | Neon                                  | ates Pediati    | ics Adolescent      | s Adults                              | Geriatrics                              |               |
| Ages of Patients Served by this Position:  | <u>x</u>                              | <u>x</u>        | X                   | X                                     | X                                       |               |
| Age Specific Competency Requirements Met  If no, please explain:   | ;                                     | Yes             | No                  |                                       |   |               |
| Unit Specific Competency Requirements Met  | :                                     |                 |                     |                                       |   |               |

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Jackson County Auditor's Office Kansas City, Missouri

# VI: PERFORMANCE REVIEW BY CORE VALUE:

## CORE VALUE: Teamwork

# Shared Behaviors:

- Adjusts and is flexible to meet changing work needs and demands.
- Works cooperatively with own and other teams to achieve common goals.
- Shares information and resources appropriately.
- Communicates honestly and confronts issues and problems as soon as they arise.
- Participates in and supports team activities.
- Recognizes others' accomplishments, provides feedback, and mentors others.

# Job Specific Accountabilities:

- Conducts performance evaluations of subordinate staff.
- Participates in ongoing professional development activities according to a jointly developed annual plan for achieving continuing education and professional development goals.
- Participate in staff meetings.
- Covers phone calls on a rotating basis with other providers.
- Performs other duties as assigned.

# Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |  |
|----------------------------|-------------------|------------------|--|
|                            |                   |                  |  |
|                            |                   |                  |  |
|                            |                   |                  |  |

## **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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# CORE VALUE: Quality/Excellence

#### **Shared Behaviors:**

- Strives to be the best; stretches own capabilities to continuously improve. Sets a positive example for others.
- Demonstrates professionalism and accountability.
- Takes initiative to identify and analyze problems; generates alternative solutions. Takes appropriate risks that lead to improved work practices.
- Demonstrates and promotes high standards for quality and productivity; focuses on results.
- Demonstrates understanding and sensitivity to compliance issues related to corporate compliance plan.

# Job Specific Accountabilities:

- Evaluates physical and psychosocial health status of clients via comprehensive health history and physical examination.
- Utilizes skills of observation, inspection, percussion and auscultation using diagnostic instruments and/or laboratory procedures basic to physical assessment.
- Plans, implements, and evaluates patient care.
- Develops individualized nursing care plans, including education, based upon client health needs.
- Performs other duties as assigned.

## Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            |                   |                  |

# **Progress on Personal Commitments:**

|         | Outstanding | <b>Exceeds Expectations</b> | Achieves Expectations | Needs Improvement |
|---------|-------------|-----------------------------|-----------------------|-------------------|
| Rating: |             |                             |                       |                   |

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## CORE VALUE: Customer Focus

#### **Shared Behaviors:**

- Treats patients, physicians and coworkers with courtesy and respect.
- Identifies customer expectations and works to meet and exceed them.
- Puts customers first and is responsive to customer requests.
- Maintains a high degree of ethics, integrity, and confidentiality.
- Appreciates, celebrates and values diversity.

# Job Specific Accountabilities:

- Consults with patient and members of the health care team to provide for ongoing health needs.
- Counsels individuals, families, and groups regarding health and illness, and the promotion of wellness.
- Participates in joint development and review/revision of adopted protocols or guidelines involving client care.
- Complies with all clinic policies, especially those regarding professional conduct, including maintenance of client confidentiality and courteous treatment of clients and staff.
- Performs other duties as assigned.

# Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            |                   |                  |

# **Progress On Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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| CORE VALUE: Learning and Innovation  | _ |
|--|---|
| <ul> <li>Shared Behaviors:         <ul> <li>Learns from own and other's experiences and uses this knowledge to enhance individual/team performance.</li> <li>Recognizes needs and opportunities for self, team and entity. Uses this knowledge to seek best practices, new ideas or changes which result in higher levels of performance.</li> </ul> </li> </ul> |   |

# Job Specific Accountabilities:

•

# Personal Commitments Set for Review Period:

Shows curiosity and embraces opportunities to learn. Seeks, encourages and promotes innovation.

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            |                   |                  |

# **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             | = -                  |                       |                   |

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## CORE VALUE: Stewardship

# **Shared Behaviors:**

- Examines existing processes and problems and continuously looks for ways to do things better.
- Uses resources (people, supplies, environmental) in a responsible cost-effective manner.
- Uses own time and that of others effectively.
- Is fiscally responsible and suggests cost-saving measures.

# Job Specific Accountabilities:

- Assesses normal and abnormal findings from the client history, physical exam and laboratory reports.
- Makes appropriate and timely referrals and consultations to medical and/or social resources based upon client needs.
- Manages the health care plan prescribed for the client, according to collaborative practice agreement.
- Enters appropriate diagnosis and reimbursement codes, as needed.
- Performs other duties as assigned.

## Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            |                   |                  |

## **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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| VII: PERFORMANCE REVIEW COMMENTS:  |   |        |
|--|---|--------|
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
| ·  |   |        |
| VIII. OVERALL PERFORMANCE RATING:  |   |        |
| VIII OVERALL PERFORMANCE RATING:   |   |        |
| Performance Needs Improvement:   |   |        |
| Employee does not consistently meet shared behaviors, job s  |   | s ofte |
| require supervision, redirection and/or re-instruction. Emploaccurate and timely fashion. Employee's performance/behavior cause          | yee does not consistently complete job assignments in an  | or for |
| coworkers. This level of performance cannot continue and must impr   |   |        |
|  |   |        |
| Performance Achieves Expectations:   |   |        |
| Employee consistently achieves the shared behaviors, job spe   | ecific accountabilities, and individual goals with minimal  |        |
| supervision. Employee's performance consistently meets the completes routine assignments in an accurate and timely fashion; assu         | demands placed upon his/her position. Employee reliably mes additional responsibilities when requested; assists in ex | tra    |
| project work. Employee sustains steady and competent performance.  |   |        |
| Performance Exceeds Expectations:  |   |        |
| Employee consistently exceeds shared helicities and ish and  | paisa aggountakilitias. Employee sets shallenging individua   | .1     |
| Employee consistently exceeds shared behaviors, and job spe<br>goals and shows initiative in meeting them. Employee assum                | nes extra responsibilities and projects often, does advance   |        |
| planning, anticipates problems, and initiates appropriate action. Empland complex parts of the job. Employee's performance is recognized |   |        |
| is sought out frequently for guidance.   |   |        |
| Performance is Outstanding:  |   |        |
|  |   | . ~    |
| Employee's performance is clearly recognizable as being con accountabilities, and individual goals. Employee demonstrate                 | es a very high degree of expertise and serves as a model of   |        |
| extenence manner to be a continual performance, this individual is<br>Employed to the rest of ganization well beyond what is expected    | s called upon to resolve difficult, unusual, and critical issues.   | •      |
|  | 2 Wallan are beope of money persons   |        |
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| JACKSON COUNTY   |   |        |
| AUDITOR'S OFFICE<br>MANSAS CITY, MISSOURI  |   |        |



# Performance Management Process And Position Description

| Name:                        |  | ···                                   |                  | Campus or Location:                                   | CABOT  |
|------------------------------|--|---------------------------------------|------------------|---|--|
| Employee ID: Position Title: | 31926 Medical As   | sistant                               |                  | Cost Center Name: Date of Review;                     | 973810 - Medical   |
|                              |  |                                       |                  |   |  |
| Next Level Mana              | ager's Signature at Tir  | ne of Review:                         | <del></del>      |   |  |
| levels of excelle            |  | th care and he                        | alth related ser |   | health system committed to the highest<br>ent. We are dedicated to enhancing the |
| I. POSITION S                | UMMARY:  | · · · · · · · · · · · · · · · · · · · |                  |   |  |
| Primary Purpos               | se: This section provi   | des a brief des                       | cription of the  | position.   |  |
| patients, proces             |  | assisting with                        | office procedui  | es, scheduling appointment                            | ncluding, but not limited to, rooming ts, EKGs, injections and phlebotomy.       |
| Position Reports             | s To: (job title)  |                                       |                  |   |  |
| II. EDUCATIO                 | N AND EXPERIEN   | CE REQUIRI                            | ED FOR POSI      | TION:   |  |
| Required – 7                 | section identifies bot<br>The level required to r<br>The ideal level one w | neet the <b>mini</b> n                | num qualificati  |   | position.  |
|                              | <u>cation</u>  | Required                              | Preferred        |   |  |
| High School diplo            | •  | X                                     |                  |   |  |
| Junior College/Te            |  | <b></b>                               | X                |   |  |
| Bachelor's degree            |  | $\vdash$                              | <b>—</b>         |   |  |
| Master's degree              |  | $\vdash$                              |                  |   |  |
| Ph.D.<br>M.D.                |  | H                                     |                  |   |  |
| Certification/Reg            | gistration: This secti<br>e position.                                      | on identifies l                       | both the requi   | red and preferred special                             | ized type of licensure, registration, or   |
|                              | The level legally requi<br>The ideal level one wo                          |                                       |                  | v to meet the minimum qual<br>ates for this position. | lifications of the position.   |
|                              | ication/Registration   |                                       | Required         | Preferred   |  |
| CMA or RMA                   |  | ·                                     |                  | X   |  |
| CPR                          |  |                                       |                  | X   |  |
|                              |  |                                       |                  |   |  |
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SEP 172010

| Experience: This section specifies both the duties. This includes both experience acquired   |  | osition-related experience to perform the                          |
|--|--|--|
| No Previous Experience is Required Up to 1 Year Experience is Required I to 2 Years of Position-Related Experience 2 to 5 Years of Position-Related Experience 5+ Years of Position-Related Experience   | Minimum Preferred  X  X                          |  |
| The kind of position-related experience includ   | es:  |  |
| •  |  |  |
| III. PRIMARY CUSTOMERS OF THIS P   | OSITION;   | ······································                             |
| At Saint Luke's, the ultimate customer is alwaldentify those other primary customers to whome Patients Physicians Co-workers Administration Outpatient departments Physician referrals Family members/care-givers of patients  | n you provide service.                           | to other internal and external customers.                          |
| IV. DOCUMENTATION OF PLANNING,   | PROGRESS, AND REVIEW SESSIONS:                   |  |
| Discussion(s) Completed:  Reviewed Upon Hire (or when Position Description updated)  Performance Planning  Progress On Personal Commitments  | Employee's Signature                             | Manager's Signature  |
| Performance Review   |  |  |
| V. ADDITIONAL INFORMATION AT TIME  | ME OF REVIEW:                                    |  |
| Employee Performance Worksheet Submitted Coworker/Customer Feedback Used Confidentiality Agreement Reaffirmed Corporate Compliance Plan Reaffirmed Access/Use of Technology Policy Reaffirmed Annual Safety Training Completed  Ages of Patients Served by this Position:  Age Specific Competency Requirements Met:  If no, please explain: | Neonates Pediatrics Adolescents  X X X X  Yes No | Adults Gerlatrics X X X  |
| Unit Specific Competency Requirements Met:  If no, please explain:   | 2  | SEP 17 2010  JACKSON COUNTY AUDITOR'S OFFICE KANSAS CITY, MISSOURI |

# VI: PERFORMANCE REVIEW BY CORE VALUE: CORE VALUE: Teamwork

#### **Shared Behaviors:**

- Adjusts and is flexible to meet changing work needs and demands.
- Works cooperatively with own and other teams to achieve common goals.
- Shares information and resources appropriately.
- Communicates honestly and confronts issues and problems as soon as they arise.
- Participates in and supports team activities.
- Recognizes others' accomplishments, provides feedback and mentors others.

# Job Specific Accountabilities:

- Communicates well
- Collaborates well.
- Prioritizes and has ability to ascertain what needs to be done.
- Performs related work as required.
- At end of day, returns exam rooms to original state. Ensures room is ready for the next day. Sanitizes all equipment in exam rooms including table.
- When above duties have been carried out and if there is ample time, it is expected that all employees file charts and pull necessary lab work for review as well as answer telephones.
- Checks and stocks exam room daily.

## Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   | ·                |
|                            |                   |                  |
|                            |                   |                  |

#### **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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# CORE VALUE: Quality/Excellence

#### **Shared Behaviors:**

- Strives to be the best; stretches own capabilities to continuously improve. Sets a positive example for others.
- Demonstrates professionalism and accountability.
- Takes initiative to identify and analyze problems; generates alternative solutions. Takes appropriate risks that lead to improved
  work practices.
- Demonstrates and promotes high standards for quality and productivity; focuses on results.
- Demonstrates understanding and sensitivity to compliance issues related to corporate compliance plan.

## Job Specific Accountabilities:

- Observes, records and reports patient's condition and reaction to drugs and treatments to physicians. Dispenses medication as
  directed by physician.
- Maintains and reviews patient's records, charts and other pertinent information. Charts tests and examination results.
- Maintains patient confidentiality.
- Disposes of bio-hazardous medical waste properly.

# Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            | •                 |                  |
|                            |                   |                  |
|                            |                   |                  |

## **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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#### CORE VALUE: Customer Focus

#### **Shared Behaviors:**

- Treats patients, physicians and coworkers with courtesy and respect.
- Identifies customer expectations and works to meet and exceed them.
- Puts customers first and is responsive to customer requests.
- Maintains a high degree of ethics, integrity and confidentiality.
- Appreciates, celebrates and values diversity.

# Job Specific Accountabilities:

- Communicates effectively to patients; professional attitude and attire; phone skills
- Knowledge of specimen collection, obtaining vitals, obtaining pertinent information/history.
- Knowledge of instruments for PAP smears, pelvic, anascopes, lesion removal wound repair, colposcopy, flex signoidoscopy, x-ray, phlebotomy.
- Knowledge of pre-cert requirements.
- Greets patients and prepares them for physician examination. Screens patients for appropriate information. Prepares patient charts accurately and timely for physician's use.
- Arranges for patient testing and admissions.
- Responds to and refers incoming telephone calls appropriately. Instructs patient and family regarding medications and treatment instructions as directed by physician. Enters all information on patient chart.
- Maintains orderly and efficient/timely flow of patients: (a) obtains weight and height: (b) takes blood pressure (temperature when necessary); (c) collects specimens (blood, urine, etc.); (d) takes medical history information; (3) prepares patients for exam, having them in proper undress; (f) administers certain tests and treatments as directed by physician; (g) assists doctor as needed.
- Keeps charts up-to-date: (a) works up new patient charts; (b) chart visits at end of day and/or all necessary information and drugs prescribed on "Chart Insert", (c) reviews all lab, hospital and other reports and posts in chart as necessary; (4) ensures patient information form is updated as needed. Files transcription into chart when received.
- Knowledge of complaint and compliment management system.

#### Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            |                   |                  |

# **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      | 7                     |                   |

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# CORE VALUE: Learning and Innovation

#### **Shared Behaviors:**

- Learns from own and others' experiences and uses this knowledge to enhance individual/team performance.
- Recognizes needs and opportunities for self, team and entity. Uses this knowledge to seek best practices, new ideas or changes which result in higher levels of performance.
- Shows curiosity and embraces opportunities to learn.
- Seeks, encourages and promotes innovation.

## Job Specific Accountabilities:

- Successfully completes MAI Career packet
- Participates in performance improvement activities and attends educational offerings as appropriate
- Maintains skill levels needed to successfully complete all requirements of job
- Knowledge of complaint and compliment management system.

•

# **Personal Commitments Set for Review Period:**

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            | ·                 |                  |

# **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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| CORE VALUE: S | tewardship |
|---------------|------------|
|---------------|------------|

#### **Shared Behaviors:**

- Examines existing processes and problems and continuously looks for ways to do things better.
- Uses resources (people, supplies, environmental) in a responsible cost-effective manner.
- Uses own time and that of others effectively.
- Is fiscally responsible and suggests cost-saving measures.

# Job Specific Accountabilities:

- Conservative approach to use of resources.
- Knowledge of appropriate resources (i.e., which suppliers we use and where to get information, etc.)
- Prepares equipment and aids physician during treatment, examination and testing of patients.
- Maintains exam rooms for necessary supplies and materials. Assures cleanliness.
- Prepares trays or carts for procedures as directed by physician.
- Orders medical supplies needed weekly, or gives a list of medical supplies needed to the employee who is assigned to purchase supplies.
- •

## Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |

## **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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| VII: PERFORMANCE REVIEW COMMENTS:  |
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|  |
| VIII. OVERALL PERFORMANCE RATING:  |
| Performance Needs Improvement:  Employee does not consistently meet shared behaviors, job specific accountabilities and/or individual goals. Employees often require supervision, redirection and/or re-instruction. Employee does not consistently complete job assignments in an accurate and timely fashion. Employee's performance/behavior causes problems for patients/customers, the department/unit and/or for   |
| coworkers. This level of performance cannot continue and must improve.   |
| Performance Achieves Expectations:   |
| Employee consistently achieves the shared behaviors, job specific accountabilities, and individual goals with minimal supervision. Employee's performance consistently meets the demands placed upon his/her position. Employee reliably completes routine assignments in an accurate and timely fashion; assumes additional responsibilities when requested and assists in extra project work. Employee sustains steady and competent performance.  |
| Performance Exceeds Expectations:  |
| Employee consistently exceeds shared behaviors, and job specific accountabilities. Employee sets challenging individual goals and shows initiative in meeting them. Employee assumes extra responsibilities and projects often, does advance planning, anticipates problems and initiates appropriate action. Employee exceeds requirements even on some of the most difficult and complex parts of the job. Employee's performance is recognized by others. Employee is noted by others as a reliable resource and is sought out frequently for guidance. |
| Performance is Outstanding:  |
| Employee's performance is clearly recognizable as being consistently distinguished in fulfilling shared behaviors, job-specific accountabilities and individual goals. Employee demonstrates a very high degree of expertise and serves as a model of excellence/mentor. Due to exceptional performance, this individual is called upon to resolve difficult, unusual and critical issues. Employee adds value to the organization well beyond what is expected within the scope of his/her position.  |
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Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name:

**Cabot Westside Health Center** 

**Program Name:** 

**Cabot Medical Program** 

# **Proposed Program**

Detail functions to be performed by each program.

Cabot seeks funding to provide comprehensive medical care for indigent patients living in Jackson County, MO

Medical Services include:

Infant and child health care: well child examinations, treatment of childhood diseases, lead screenings, TB testing, and immunizations

Women's Health: pregnancy testing, family planning/contraceptive services, gynecology, pap smears, screenings for STDs

Adult Medicine: health screenings, adult immunizations, treatment for acute illnesses (bronchitis, gastroenteritis, treatment of chronic illnesses (diabetes, high blood pressure)

Preventive Care: screenings for prevention and early detection of illnesses (diabetes and high blood pressure), TB testing, HIV testing and counseling, injury prevention Laboratory and Medication

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Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Health Center

Program Name: Cabot Medical Program

| Participants Identify the number of participants by County that each program serves. |                                       |  |
|--|---------------------------------------|--|
| Jackson, MO  | 4,7                                   |  |
| Clay,Platte,   |                                       |  |
| Cass, MO   | 4                                     |  |
| Wyandotte,   | , , , , , , , , , , , , , , , , , , , |  |
| Johnson, KS  | 7.                                    |  |
| Other  | <del></del>                           |  |
| Missouri   |                                       |  |

# **Target Population**

Describe target population and demographics to be served by each program.

Target population are men, women, and children living in Jackson County, Missouri. 90% prefer to receive their medical care in Spanish

20% are newborns to preschool age

16% are elementary school age

11% high school age

28% young adults

27% adults

19% 35-54 years of age

7% are over 55

13% have private health insurance

32% receive Medicaid and Medicare

55% are uninsured with most qualifying for the Cabot discount

80% are from households with incomes below the federal poverty level

86% are women and children

Would you provide these services to anyone at your door?

Answer Yes
Answer No

Is anyone denied services?

What level of indigents (below poverty level) do you serve?

Please classify your program from the following types by percentage of your agency's overall service

Senior Program

3%

Indigent Program (Below Poverty Level)

86%

Senior Indigent Program

3 %

What oritoria do you have for the clients you serve?

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JACKSON COUNTY AUDITOR'S OFFICE KANSAS CITY, MISSOURI

Section D

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name:

**Cabot Westside Health Center** 

**Program Name:** 

**Cabot Medical Program** 

# **Service Delivery Area**

Identify your specific geographic service delivery area for each program.

The service area includes predominantly Jackson County with 80% or 6,302 patients living in Jackson County.

Most of the patient population are from these zip codes 64123,64124,64125,64126,64127,64108,64111, and 64131

Other areas served include Wyandotte and Johnson Counties in Kansas and on the Missouri side Clay, Platte, and Cass Counties.

# **Fund Separation**

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

Each time a patient presents for services, proof of residency (current utility bill or housing payment/rent receipt) is required and the address is recorded in their patient record.

Patient demographic information is reported monthly to the City of Kansas City, Missouri Health Department. The monthly report includes a summary of patients by zip code.

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Complete a separate program information sheet for each program your agency is applying for funding.

| Agency Name:                                | Cabot Westside Health Center  |  |  |  |
|---|---|--|--|--|
| Program Name:                               | Cabot Medical Program   |  |  |  |
|   |   |  |  |  |
|   | Approach & Method   |  |  |  |
|   | List the top three (3) objectives for each program.                                   |  |  |  |
| 1.Improved access to mesidents seeking care | nedical care by providing bilingual/Spanish primary health services to Jackson County |  |  |  |
| 2.Improved health statu                     | S   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |

Detail specific methods you will use to achieve these objectives.

Cabot's bilingual providers and staff will serve the increasing number of Jackson County residents seeking medical care

Cabot will continue to seek funding to supplement the sliding fee payment schedule offered to patients with financial need

Increase the hours of operation to include evenings and Saturday mornings to allow for additional patient visits

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MANSAS CITY, MISSOURI

Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Cabot Westside Health Center** 

**Program Name:** 

**Cabot Medical Program** 

# **Evaluation**

How can the success of each program be evaluated?

Indicate performance measures or statistics you will use to demonstrate the success of each program.

Improvement in medical care will be measured by the number of patients, patient visits, number of immunizations, well woman visits with success being a 3% increase in each area.

# **Notification**

How will your organization make clients, the public and the media aware of the generous taxpayer funding received from Jackson County? (Please attach any examples) Cabot communicates the generous funding from Jackson County in the annual report (see attached), web site, funding requests, board meetings, donor recognition, and health system publications.

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# Section C: 2011 Program Budget

Complete a separate program budget for each program your agency is applying for funding.

**Agency Name:** 

**Cabot Westside Health Center** 

**Program Name:** 

Cabot Dental Program

| Maria Lopez-Dental Assistant   | Position / Title             |          | Total Salary  | % of Salary<br>to be funded by<br>Jackson Co. |    | On or duties.  Amount of Salary to be funded by Jackson County |
|--|------------------------------|----------|---------------|---|----|--|
| Maria Lopez-Dental Assistant   | Orlando Silva, DDS           |          | \$135,000     | 15%   | \$ | 20,102   |
| S  |                              | int      | \$36,000      | 14%   | \$ | 3,000  |
| S  |                              |          |               |   | \$ | _  |
| Total Salaries Total Benefits  Total Personal Services  Contractual Services  Dutside Services-Saint Luke's Lab  Total Contractual Services  Total Contractual Services  Total Contractual Services  1,50  Supplies  PECEIVED  JAN 2 4 2011 Total Supplies \$ 1,00   |                              |          |               |   | \$ |  |
| Total Salaries Total Benefits  Total Personal Services  Contractual Services  Dutside Services-Saint Luke's Lab  Total Contractual Services  Total Contractual Services  Total Contractual Services  Supplies  Dental Supplies  FECEIVED  JAN 2 4 2011  Total Supplies \$ 1,00   |                              |          |               |   | \$ |  |
| Total Benefits  Total Personal Services  Contractual Services  Dutside Services-Saint Luke's Lab  Total Contractual Services  Total Contractual Services  Supplies  Dental Supplies  \$ 1,50 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -   |                              |          |               |   | \$ | _  |
| Total Benefits  Total Personal Services  Contractual Services  Dutside Services-Saint Luke's Lab  Total Contractual Services  Supplies  Dental Supplies  \$ 1,50 \$ - \$ 1,50 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -  |                              |          |               |   |    |  |
| Total Personal Services \$ 23,10  Contractual Services  Dutside Services-Saint Luke's Lab \$ 1,50 \$ - \$ - \$ - \$ - \$ Supplies  Dental Supplies \$ 1,00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -   | Total Salaries               |          |               |   | \$ | 23,102   |
| Contractual Services  Outside Services-Saint Luke's Lab  \$ 1,50 \$ - \$ - \$ - \$ Total Contractual Services \$ 1,50  Supplies  Dental Supplies  \$ 1,00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -  | Total Benefits               |          |               |   | \$ | <u>-</u>   |
| Outside Services-Saint Luke's Lab  \$ 1,50 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -   |                              |          | Total Pers    | onal Services                                 | \$ | 23,102   |
| \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -  |                              | Conti    | ractual Serv  | ices  |    |  |
| \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -  | Outside Services-Saint Luk   | e's Lab  |               |   | \$ | 1,500  |
| S  | Odiolog Colvidos Callic Edit | 3 0 1130 |               |   |    | ·<br>-   |
| S  |                              |          |               |   |    | · <b>-</b>   |
| State   Stat |                              | *        |               |   |    | -  |
| Total Contractual Services   |                              |          |               |   | -  | _  |
| Total Contractual Services \$ 1,50  Supplies \$ 1,00 \$ - \$ - \$ - \$ AN 2 4 2011  Total Supplies \$ 1,00   |                              |          |               |   |    | -  |
| Supplies \$ 1,00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 1,00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$  |                              | -        | Total Contrac | ctual Services                                |    | 1,500  |
| Dental Supplies \$ 1,00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 1,00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$   |                              |          |               |   |    |  |
| \$ -<br>\$ -<br>\$ -<br>\$ -<br>\$ -<br>\$ -<br>\$ -<br>\$ -<br>\$ -<br>\$ -   | Pental Supplies              | <u></u>  |               |   | \$ | 1,000  |
| \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -  | Jonal Oupplies               |          |               |   | •  | -  |
| ######################################   |                              |          |               |   |    | <b>-</b> ·   |
| ### Total Supplies \$ 1,00   |                              |          |               |   |    | -  |
| JAN 2 4 2011   | RECEIVED                     |          |               |   |    | -  |
| Total Supplies \$ 1,00   | ı                            |          |               |   |    | -  |
| MITARIOS DIVERTY   | JAN 2 4 2011                 |          | Т             | otal Supplies                                 |    | 1,000  |
|  |                              |          | •             |   |    |  |

# **Dental Director**

Dental Director's primary duties include providing full-time care with regard to diagnosis and treatment of conditions of the teeth, soft tissues and the oral cavity and oversight of the operations of the Dental Department.

# Responsibilities:

- Perform General dentistry services, including the diagnosis and treatment of diseases, injuries, and malformations of teeth, gums and related oral structures.
- Examine patients to determine the nature of the condition affecting the patient, utilizing x-rays, dental instruments and other diagnostic procedures.
- Clean, fill, extract and replace teeth, using rotary and hand instruments, dental appliances, medications and surgical implements.
- Provide preventive dental services and education to patients pertaining to oral and dental hygiene,
- Provide education to Dental staff on new policies and procedures.
- Supervise other dentists, dental students and Professional volunteers.
- Develop and update protocols for Dental Department.

Other requirements as stated in employment contract.



SEP : 7 2010

| 2 Saint Luke's<br>E Health System |
|-----------------------------------|
| THealth System                    |
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# Performance Management Process And Position Description

| saintlukeshealthsyst                | em.org   | 4                         | And I osition Descri                         | hrion   |
|-------------------------------------|--|---------------------------|--|---|
| Name:                               | ·  |                           | Campus or Location:                          | CABOT   |
| Employee ID:                        |  |                           | Cost Center Name:                            | 973815 CABOT DENTAL   |
| Position Title;                     | Dental Assistant 3191:                                     | 2                         | Date of Review:                              |   |
| Next Level Manag                    | er's Signature at Time of                                  | Review:                   |  |   |
| levels of excellenc                 |  | and health related serv   |  | th system committed to the highest<br>We are dedicated to enhancing the |
| I. POSITION SU                      | MMARY:   |                           | A de la  |   |
|                                     | This section provides a                                    |                           |  |   |
| Assist dentist in pr                | oviding comprehensive na                                   | atient care in all aspect | s of general dentistry includit              | ng oral surgery. The Dental Assistant                                   |
|                                     |  |                           | s, equipment maintenance and                 |   |
| Position Reports                    | Γο: (job title) Dental I                                   | Director                  |  |   |
| II. EDUCATION                       | AND EXPERIENCE RI  | EQUIRED FOR POS           | ITION:                                       |   |
| Education: This se                  | ection identifies both the r                               | required and preferre     | d level of education for the po              | osition.  |
|                                     | e level required to meet the<br>e ideal level one would se |                           |  |   |
| Education                           | _  | <u>Required</u>           | Preferred                                    |   |
| High School diplor                  |  | X                         |  |   |
| Junior College/Tec                  | hnical School  |                           | <u> </u>                                     |   |
| Bachelor's degree                   |  |                           |  |   |
| Master's degree                     |  |                           | <u>                                     </u> |   |
| Ph.D.                               |  |                           | <u> </u>                                     |   |
| MD                                  |  |                           |  |   |
| Certification/Regi                  | stration   |                           |  |   |
| This section identif<br>RequiredThe | ies both the required and                                  | the applicable state la   | w to meet the minimum qualif                 | n, or certification for the position. ications of the position.         |
| Certification/I                     | Registration   | Required                  | <u>Preferred</u>                             |   |
| CPR                                 |  | X                         |  |   |
| Bilingual English/S                 |  | X                         |  |   |
| Dental Assistant Ce                 |  |                           | X  |   |

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| Experience: This section specduties. This includes both expe                             | ifies both the minimum | and preferred l                       | evel of previous positio | n-related experience to perform the      |
|--|------------------------|---------------------------------------|--------------------------|--|
| auties. This includes both exp   |                        | n Luke's and else<br>Minimum          | Preferred                |  |
| No Previous Experience is Rec  |                        | X                                     |                          |  |
| Up to 1 Year Experience is Re  |                        | <u> </u>                              | x                        |  |
| 1 to 2 Years of Position-Relate<br>2 to 5 Years of Position-Relate                       | •                      | <del></del>                           |                          |  |
| 5+ Years of Position-Related B   | -                      |                                       |                          |  |
|  |                        |                                       |                          | 1 diamental and estimate Dontal          |
| The kind of position-related exassistants also work with person                          |                        |                                       |                          | dentists, students, and patients. Dental |
| and the same from the same from the same from the same same same same same same same sam |                        | •                                     | ·                        |  |
| III. PRIMARY CUSTOMER  | S OF THIS POSITIO      | N:                                    |                          |  |
|  |                        |                                       |                          | other internal and external customers.   |
| Identify those other primary cu  | stomers to whom you p  | rovide service.                       | •                        |  |
| <ul><li>Patient</li><li>Staff</li></ul>  |                        |                                       |                          | •  |
| ■ Physicians   |                        |                                       |                          |  |
| Students   |                        |                                       | TITLE CHOCKONO.          |  |
| IV. DOCUMENTATION OF   | PLANNING, PROGI        | RESS, AND RE                          | VIEW SESSIONS:           |  |
| Discussion(s) Completed:   | Date                   | Employee's                            | Signature                | Manager's Signature                      |
| Reviewed Upon Hire (or when Position   |                        |                                       |                          | •  |
| updated)   |                        |                                       |                          |  |
| Performance Planning   | <del></del>            |                                       |                          |  |
| Progress On Personal   |                        |                                       |                          |  |
| Commitments  |                        |                                       |                          |  |
| Performance Review   |                        |                                       |                          |  |
| -  |                        | · · · · · · · · · · · · · · · · · · · |                          |  |
| V. ADDITIONAL INFORMA  | ATION AT TIME OF       | REVIEW:                               |                          |  |
|  |                        | Yes                                   | _ <u>No</u>              |  |
| Employee Performance Worksl  | heet Submitted         |                                       |                          |  |
| Coworker/Customer Feedback   | Used                   |                                       |                          |  |
| Confidentiality Agreement Rea  | ffirmed                |                                       |                          |  |
| Corporate Compliance Plan Re   | affirmed               |                                       |                          |  |
| Access/Use of Technology Poli  | icy Reaffirmed         |                                       |                          |  |
| Annual Safety Training Comple  | eted                   |                                       |                          |  |
|  | Neo                    | nates Pediati                         | rics Adolescents         | Adults Geriatrics                        |
| Ages of Patients Served by this  | Position:              |                                       |                          |  |
|  |                        | Yes                                   | <u>No</u>                |  |
| Age Specific Competency Requ   | uirements Met:         |                                       |                          |  |
| If no, please explain:   |                        |                                       |                          |  |
| Unit Specific Competency Requ  |                        |                                       |                          |  |
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|  |                        |                                       |                          |  |
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| JACKSON COUNTY   |                        |                                       |                          |  |
| AUDITOR'S OFFICE<br>KANSAS CITY, MISSOI  | JRI .                  | 2                                     |                          |  |

# VI: PERFORMANCE REVIEW BY CORE VALUE:

# CORE VALUE: Teamwork

#### Shared Behaviors:

- Adjusts and is flexible to meet changing work needs and demands.
- Works cooperatively with own and other teams to achieve common goals.
- Shares information and resources appropriately.
- Communicates honestly and confronts issues and problems as soon as they arise.
- Participates in and supports team activities.
- Recognizes others' accomplishments, provides feedback, and mentors others.

# Job Specific Accountabilities:

- Complies with all professional and governmental rules, guidelines, laws and ethics.
- Complies with all clinic and department policies, procedures and guidelines.
- Participates actively in the ongoing quality assurance, quality improvement, professional development and department development processes.
- Immediately informs the Dental Director of any potential risk management issue or other matter that may affect job performance.
- Performs other duties as assigned.

# Personal Commitments Set for Review Period:

| Results | Outcomes/Res | Action/Activities | Personal Commitments/Goals |
|---------|--------------|-------------------|----------------------------|
|         |              |                   |                            |
|         |              |                   |                            |
| -       | <del></del>  |                   |                            |

# **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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CORE VALUE: Quality/Excellence

#### **Shared Behaviors:**

- Strives to be the best; stretches own capabilities to continuously improve. Sets a positive example for others.
- Demonstrates professionalism and accountability.
- Takes initiative to identify and analyze problems; generates alternative solutions. Takes appropriate risks that lead to improved work practices.
- Demonstrates and promotes high standards for quality and productivity; focuses on results.
- Demonstrates understanding and sensitivity to compliance issues related to corporate compliance plan.

#### Job Specific Accountabilities:

- Records complete intraoral and extraoral examination findings as dictated. Gathers additional data as requested for definitive diagnosis and treatment.
- Performs chairside dental assisting for procedures, surgery, radiology and laboratory functions delegated by the Dentist pursuant to Missouri Dental Board rules and department policy.
- Performs expanded functions pursuant to Missouri Dental Board rules and department policy provided the appropriate training and written proof of competence in those delegated areas is complete and on file with Cabot Westside Health Center.
- Distributes and evaluates superbills for propriety and compliance with department policy. Performs procedures only as authorized by completed superbills in compliance with department policy.
- Performs other duties as assigned.

#### Personal Commitments Set for Review Period:

| Action/Activities | Outcomes/Results   |
|-------------------|--|
|                   |  |
|                   |  |
|                   | - TOUR ( TOUR ) TOUR STATE OF THE STATE OF T |

#### **Progress on Personal Commitments:**

|         | Outstanding | <b>Exceeds Expectations</b> | Achieves Expectations | Needs Improvement |
|---------|-------------|-----------------------------|-----------------------|-------------------|
| Rating: |             |                             |                       |                   |

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# CORE VALUE: Customer Focus

# **Shared Behaviors:**

- Treats patients, physicians and coworkers with courtesy and respect.
- Identifies customer expectations and works to meet and exceed them.
- Puts customers first and is responsive to customer requests.
- Maintains a high degree of ethics, integrity, and confidentiality.
- Appreciates, celebrates and values diversity.

## Job Specific Accountabilities:

- Obtains complete patient medical histories, dental histories and patient registration data. Seats and prepares patients for procedures. Assists patients with post-operative and next visit instructions.
- Provides patient education related to oral health. Emphasizes and encourages preventive dental care.
- If bilingual, translate for dental staff and patients.
- Follows up on referrals given to our patients that have been referred to specialists.
- Performs other duties as assigned.

#### Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            |                   |                  |

# **Progress On Personal Commitments:**

|         | Outstanding | <b>Exceeds Expectations</b> | Achieves Expectations | Needs Improvement |
|---------|-------------|-----------------------------|-----------------------|-------------------|
| Rating: |             |                             |                       |                   |

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# CORE VALUE: Learning and Innovation

#### **Shared Behaviors:**

- Learns from own and other's experiences and uses this knowledge to enhance individual/team performance.
- Recognizes needs and opportunities for self, team and entity. Uses this knowledge to seek best practices, new ideas or changes which result in higher levels of performance.
- Shows curiosity and embraces opportunities to learn.
- Seeks, encourages and promotes innovation.

## Job Specific Accountabilities:

- Demonstrates a thorough understanding of the System's diversity initiative.
- Demonstrates ability to explore new ideas, look for trends, and propose operational changes with the goal of improving overall performance.
- Maintains professional affiliations and enhances professional development to keep pace with the trends in health care administration.
- Attends required meetings and participates in committees as requested
- Performs other duties as assigned.

## Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            |                   |                  |

## **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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# CORE VALUE: Stewardship

#### **Shared Behaviors:**

- Examines existing processes and problems and continuously looks for ways to do things better.
- Uses resources (people, supplies, environmental) in a responsible cost-effective manner.
- Uses own time and that of others effectively.
- Is fiscally responsible and suggests cost-saving measures.

## Job Specific Accountabilities:

- Maintains all equipment in assigned operatories in good condition, clean and in working order. Schedules equipment repair with approval of the dental director or his/her designee.
- Keeps each assigned operatory clean and the laboratory, organized and well stocked with instruments and supplies.
- Prepares materials, organizes and sets out instruments and supplies prior to commencing dental procedures.
- Cleans, disinfects and sterilizes instruments, etc. according to CDC recommendations and department procedure.
- Performs other duties as assigned.

#### Personal Commitments Set for Review Period:

| Personal Commitments/Goals | Action/Activities | Outcomes/Results |
|----------------------------|-------------------|------------------|
|                            |                   |                  |
|                            |                   |                  |
|                            |                   |                  |

#### **Progress on Personal Commitments:**

|         | Outstanding | Exceeds Expectations | Achieves Expectations | Needs Improvement |
|---------|-------------|----------------------|-----------------------|-------------------|
| Rating: |             |                      |                       |                   |

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| VII: PERFORMANCE REVIEW COMMENTS:  |  |  |  |
|--|--|--|--|
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| VIII. OVERALL PERFORMANCE RATING:  |  |  |  |
|  |  |  |  |
| Performance Needs Improvement:   |  |  |  |
| Employee does not consistently meet shared behaviors, job specific accountabilities, and/or individual goals. Employees often  |  |  |  |
| require supervision, redirection and/or re-instruction. Employee does not consistently complete job assignments in an accurate and timely fashion. Employee's performance/behavior causes problems for patients/customers, the department/unit and/or for coworkers. This level of performance cannot continue and must improve. |  |  |  |
| coworkers. This level of performance cannot continue and must improve.   |  |  |  |
| Performance Achieves Expectations:   |  |  |  |
| Employee consistently achieves the shared behaviors, job specific accountabilities, and individual goals with minimal  |  |  |  |
| supervision. Employee's performance consistently meets the demands placed upon his/her position. Employee reliably   |  |  |  |
| completes routine assignments in an accurate and timely fashion; assumes additional responsibilities when requested; assists in extra project work. Employee sustains steady and competent performance.  |  |  |  |
| Baufaumanaa Evanda Eumastatianus   |  |  |  |
| Performance Exceeds Expectations:  |  |  |  |
| Employee consistently exceeds shared behaviors, and job specific accountabilities. Employee sets challenging individual goals and shows initiative in meeting them. Employee assumes extra responsibilities and projects often, does advance   |  |  |  |
| planning, anticipates problems, and initiates appropriate action. Employee exceeds requirements even on some of the most difficult   |  |  |  |
| and complex parts of the job. Employee's performance is recognized by others. Employee is noted by others as a reliable resource and is sought out frequently for guidance.  |  |  |  |
| Performance is Outstanding;  |  |  |  |
| Terror mance is Outstanding.   |  |  |  |
| Employee's performance is clearly recognizable as being consistently distinguished in fulfilling shared behaviors, job-specific  |  |  |  |
| excell as A of California and serves as a model of excell as A of California exceptional performance, this individual is called upon to resolve difficult, unusual, and critical issues. Employee adds value to the organization well beyond what is expected within the scope of his/her position.                              |  |  |  |
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| AUDITOR'S OFFICE RANSAS CITY, MISSOURI   |  |  |  |

Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Cabot Westside Health Center** 

**Program Name:** 

**Cabot Dental Program** 

# **Proposed Program**

Detail functions to be performed by each program.

Cabot seeks funding to provide comprehensive dental care for indigent patients living in Jackson County,

МО

Dental services include:

Emergency treatment

X-rays

Teeth cleaning

Sealants

Fillings

Crowns

Bridges

Root canals

Full and partial dentures

Tooth extractions (with the exception of bone impacted).

Dentures

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Complete a separate program information sheet for each program your agency is applying for funding

**Agency Name:** 

**Cabot Westside Health Center** 

**Program Name:** 

**Cabot Dental Program** 

| Parti  | cipants   |  |  |  |
|--|---|--|--|--|
| Identify the number of participants  | by County that each program serves.                   |  |  |  |
| 1  | 0.749   |  |  |  |
| Jackson, MO  | 2,748   |  |  |  |
| Clay,Platte,<br>Cass, MO   | . 221   |  |  |  |
| Wyandotte,   |   |  |  |  |
| Johnson, KS  | 312   |  |  |  |
| Other  |   |  |  |  |
| Missouri   | 29  |  |  |  |
|  | Population  |  |  |  |
|  | graphics to be served by each program.                |  |  |  |
| Target population are men, women, and children livin                             | g in Jackson County, Missouri.                        |  |  |  |
| 90% prefer to receive their medical care in Spanish                              | -   |  |  |  |
| 20% are newborns to preschool age<br>16% are elementary school age               |   |  |  |  |
| 11% high school age  |   |  |  |  |
| 28% young adults<br>27% adults   |   |  |  |  |
| 19% 35-54 years of age   |   |  |  |  |
| 7% are over 55   |   |  |  |  |
| ,  |   |  |  |  |
| 13% have private health insurance  |   |  |  |  |
| 32% receive Medicaid and Medicare  |   |  |  |  |
| 55% are uninsured with most qualifying for the Cabot                             | discount  |  |  |  |
| 80% are from households with incomes below the fed<br>86% are women and children | eral poverty level                                    |  |  |  |
| Would you provide these services to anyone at your door?  Answer Yes Answer No   |   |  |  |  |
| What level of indigents (below poverty level) do y                               | ou serve?   |  |  |  |
| Please classify your program from the following to<br>Senior Program             | pes by percentage of your agency's overall service 2% |  |  |  |
| Indigent Program (Below Poverty Level) 73%                                       |   |  |  |  |
| Senior Indigent Program 2%   |   |  |  |  |
| What criteria do you have for the clients you serve                              | e?  |  |  |  |

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Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Cabot Westside Health Center** 

**Program Name:** 

**Cabot Dental Program** 

# Service Delivery Area

Identify your specific geographic service delivery area for each program.

The service area includes predominantly Jackson County with 80% or 6,302 patients living in Jackson County.

Most of the patient population are from these zip codes 64123,64124,64125,64126,64127,64108,64111, and 64131

Other areas served include Wyandotte and Johnson Counties in Kansas and on the Missouri side Clay, Platte, and Cass Counties.

# **Fund Separation**

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

Each time a patient presents for services, proof of residency (current utility bill or housing payment/rent receipt) is required and the address is recorded in their patient record.

Patient demographic information is reported monthly to the City of Kansas City, Missouri Health Department. The monthly report includes a summary of patients by zip code.

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Complete a separate program information sheet for each program your agency is applying for funding.

| Agency Name:   | Cabot Westside Health Center   |  |  |  |
|--|--|--|--|--|
| Program Name:  | Cabot Dental Program   |  |  |  |
|  |  |  |  |  |
|  | Approach & Method  |  |  |  |
| <del></del>  | List the top three (3) objectives for each program.  |  |  |  |
| 1.Improved access to d residents seeking care.                         | ental care by providing bilingual/Spanish oral health services to Jackson County   |  |  |  |
| •  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2.improved oral health s   | status   |  |  |  |
|  |  |  |  |  |
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| 3.   |  |  |  |  |
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|  |  |  |  |  |
| Deta   | il specific methods you will use to achieve these objectives.  |  |  |  |
| Cabot's bilingual provide  | rs and staff will serve the increasing number of Jackson County residents seeking  |  |  |  |
| oral health care   | The area of the more against the more against the agai |  |  |  |
| Cabot will continue to sedinancial needs                               | ek funding to supplement the sliding fee payment schedule offered to patients with   |  |  |  |
| Increase the hours of operation to allow for additional patient visits |  |  |  |  |
| caso and mode of opt   | station to allow for additional patient visits   |  |  |  |
|  |  |  |  |  |
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Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name:

**Cabot Westside Health Center** 

**Program Name:** 

**Cabot Dental Program** 

# **Evaluation**

How can the success of each program be evaluated?

Indicate performance measures or statistics you will use to demonstrate the success of each program. Improvement in oral health will be measured by the number of patients, patient visits, number of preventive dental exams with success being a 3% increase in each area.

# **Notification**

How will your organization make clients, the public and the media <a href="mailto:aware of the generous taxpayer funding received from Jackson County?">aware of the generous taxpayer funding received from Jackson County?</a> (Please attach any examples) Cabot communicates the generous funding from Jackson County in the annual report (see attached), web site, funding requests, board meetings, donor recognition, and health system publications.

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