Will County Community Health Center
2025 - 2028 Strategic Plan

MISSION: The mission of the Will County Community Health Center is to improve the health of the residents of Will County by providing access to quality integrated medical, behavioral health, and dental care through community collaboration, service and education.

ACCESS TO CARE	QUALITY OF CARE	STAFF ENGAGEMENT	FINANCIAL SUSTAINABILITY	TRANSFORMATION & INNOVATION
GOAL: Optimize scheduling and registration processes to minimize lost appointment time and maximize appointment opportunities. • Partner with hospitals to strengthen the communication regarding patient hospitalizations & discharges. Explore developing a software integration. • Study & optimize the provider's scheduling templates to identify opportunities to increase appointment opportunities. • Explore options to support patient transportation.	GOAL: Utilize, refine, and make accessible to relevant staff, existing UDS data tools within Next Gen that define the current state of key performance measures and identify opportunities for improvement, ultimately improving the quality of care delivery to patients. • Review a monthly sample of providers' orders to identify that the full order cycle is completed. Evaluate and identify any "holes" in the cycle and implement changes to close the loop. • Develop a reference tool and training guide for clinical staff that outlines: *Defined key performance measures *How to complete the performance indicator cycle *How to accurately document key performance measure results. • Reeducate the staff on the PCMH Model of care	GOAL: *** Continue to develop unique & creative ways to celebrate and recognize staff. To build a healthier work community thru staff engagement. *** Collaborating with the Will County Health Department strategic plan team relating to Work Force Development and Staff Communication and Engagement. • Rewards and Recognition. • Improve the Evaluation Process. • Staff Engagement	GOAL: Develop a strong financial foundation that can support growth and expansion at the health center. · Increase patient volume and increase revenue. (Including Medicaid and all payor types). · Develop a plan to improve provider productivity. · Decrease cycle time of registration processes. · Evaluate no show rates and develop an improvement plan to reduce frequency.	GOAL: Over the next three years, transform business operations that: * Provide efficient patient cycle flows * Increase patient volume and satisfaction * Position the Community Health Center for future success • Use population health technology to enable staff to address and predict the health care needs of patients. • Evaluate job duties and deliverables, realigning as necessary to create a more effective and efficient service delivery model. • Identify how technology can reduce the administration burden of patient registration and what steps and financial resources will be required to execute by year end 2025 • Explore the use of Healthcare Artificial Intelligence (AI) and other tools and emerging solutions to enhance and automate existing systems

Will County Health Department & Community Health Center

Will County Community Health Center
STRATEGIC PLANNING 2026 - 2028 - (Updated First Quater 2026)

Strategic Initiative: ACCESS TO CARE

					TEAM
GOALS	Optimize scheduling and registration processes to minimize lost appointment time and maximize appointment opportunities.		MEASUREMENT: • Review Third (3rd) next available appointment report. • Secret Shopper Data. • Call Center number of patient per hour. • Number of patients turned away.		**Team Coordinator:** Maureen Miller **Team:** Norma Musvibe Veronica Ayon Carol Ricken
				UPDATE	**STATUS**
OBJECTIVE #1	Partner with hospitals to strengthen the communication regarding patient hospitalizations & discharges. Explore developing a software integration.	ACTION	• Ensure access to Behavioral Health, Primary Care, and Obstetric providers in accordance with managed care/plan from the hospital by strengthening the communication with hospitals and decreasing the no show rate. • • Collaborate with hospital discharge planning staff to minimize missed follow up appointments from discharged patients.	WCCHC management staff met with Silver Cross leadership on August 26, 2025. Collaboration was discussed and adjustments were made to improve process flow and timely patient access. Communication between organizations is positive. Hospital's BH post hospitalization care is a strong need. WCCHC has capacity. Follow up discussion to be scheduled. Dates and times for a meeting between Silver Cross and the Behavioral Health Supervisor are currently being coordinated.	Met In Progress
OBJECTIVE #2	Study & optimize the provider's scheduling templates to identify opportunities to increase appointment opportunities.	ACTION	• Optimize providers schedule templates ensuring standardization of administration time and appointment duration among all providers. • Review and consolidate appointment and event categories in Next Gen. • Use provider productivity report to assess productivity (number of patients seen) among all providers.	Restructured provider templates are complete. Modifications are being made as needed. An additional 114 patient appointment slots with the revision, primarily in primary care and behavioral health. Next phase of improvement will focus on cycle time and provider productivity.	Met Met In Progress

Will County Health Department & Community Health Center

Will County Community Health Center
STRATEGIC PLANNING 2026 - 2028 - (Updated First Quater 2026)

Strategic Initiative: ACCESS TO CARE

				UPDATE	STATUS
OBJECTIVE #3	Explore options to support patient transportation.	ACTION	• Explore options and partnerships to address transportation as a barrier to care including Joliet township PACE, Medicaid rides for seniors, Will Grundy Medical Clinic Resources, HIV case management funding & potentially increasing telehealth visits.	Patient transportation continues to be a challenge. Currently, a transportation guide is being developed to address this barrier to care. To support high acuity patients, the health center has engaged with the Joliet Fire Department's Community Paramedic Program to conduct home visits for patients that have transportation barriers and require a higher level of care but are not appropriate for hospitalization.	In Progress Met

Will County Health Department & Community Health Center

Will County Community Health Center
STRATEGIC PLANNING 2026 - 2028 - (Updated First Quater 2026)

Strategic Initiative: QUALITY OF CARE

					TEAM
GOALS	Utilize, refine, and make accessible to relevant staff, existing UDS data tools within Next Gen that define the current state of key performance measures and identify opportunities for improvement, ultimately improving the quality of care delivery to patients.		MEASUREMENT: • Monthly reporting of HQM and UDS data. • Monthly evaluation of date to determine current state and areas for improvement. • Year over year evaluation of data to assess and determine effectiveness of process changes. • Percent of order cycles fully complete. "Loop closed". • UDS measures that reflect the HRSA guidelines for health disparities in our service areas and reflected in the Service Area Competition (SAC) grant.	The health center moved to a cloud based system, the monthly UDS is on hold as of September 2025. Evaluations of measures are conducted monthly and weekly with the new HQM workgroup which focuses developing workflows and using them to create a reference guide to improve consistency in care and documentation. Annual data is available and will be presented to the Continuous Quality Improvement Committee (CQI Committee) for review.	**Team Coordinator:** Phil Jass **Team:** Dr Byrd Norma Musvibe Solange Forewah
				UPDATE	**STATUS**
OBJECTIVE #1	Review a monthly sample of providers' orders to identify that the full order cycle is completed. Evaluate and identify any "holes" in the cycle and implement changes to close the loop.	**ACTION**	• Document the order management process to ensure accuracy and process results in "closed loop". • Identify and implement needed process changes • Train staff on any order cycle changes. Establish process expectations, ensuring cycle closure. • Evaluate monthly performance indicators for success rate at minimum of 70% • Complete quarterly record audit of failed closures to identify cause	The HQM workgroup developed workflows and the ordering process was defined as using the Order module (test tube icon in EHR). The clinical leadership team, will present the workflow processes to the Chief Medical Officer to approve this process and then inform the clinic administration and providers of the updates.	In Progress

CONTINUED - Strategic Initiative: QUALITY OF CARE

				• Request that the EMR/ITT teams develop an at-a-glance DASHBOARD that; a) is a comprehensive list, by provider, of all of the patients b) constructed with x-axis being all of the performance measures and routine health maintenance elements, and the y-axis are patient names c) it should appear as a pop up upon opening the EMR d) it should be viewable by all staff e) it should be modifiable such that a date of completion can be entered into the box corresponding to a completed (closed) event. In this way loop closure can be tangibly viewed.	Objective New Element 2026
				UPDATE	**STATUS**

OBJECTIVE #2	Develop a reference tool and training guide for clinical staff that outlines:
	• Defined key performance measures
	• How to complete the performance indicator cycle
	• How to accurately document key performance measure results.
		ACTION	• With input from the providers, determine best resource format for guide/tool (paper plan, SharePoint, etc..)
			• Gather workflows for all UDS measures ensuring EHR documentation aligns with the workflow and processes.
			• valuate mapping of performance measure reporting to ensure all data is being captured and reported accurately
			• Develop tool
			  • Provide tool to the clinical teams
			  • Train all clinical staff on tool
			  • Re-evaluate effectiveness within the CQI Committee
				Reference tool is currently being developed. The HQM workgroup has developed six workflows that will be included. These are elevated blood pressure screening, depression screening, breast cancer screening, colorectal screening, cervical cancer screening and diabetes workflow. The Workflow development phase will pause momentarily to allow for training and education of the staff on the six (6) workflows that have been developed.	In Progress

CONTINUED - Strategic Initiative: QUALITY OF CARE

				UPDATE	STATUS
OBJECTIVE #3	Reeducate the staff on the PCMH Model of care	ACTION		• Education on the PCMH model will involve the following elements: - Re-education of all staff - Development of materials for staff - the CMO sent a comprehensive email to all staff regarding the PCMH model - written and visual depiction of the model was shared with all staff - general training presentation at an upcoming All Staff Meeting, based on the joint statement published in February 2011 by the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), and American Osteopathic Association (AOA) Guidelines for Patient-Centered Medical Home (PCMH) Recognition and Accreditation Programs Nurse (CCN)Ensuring that all CCNs have business	New Objective 2026
OBJECTIVE #3		ACTION	• Reinforcing discussions will ensure in the department meetings immediately following the intiial PCMH presentation. • Routine reminders to staff of the fundamental elements of the PCMH model via emails, flyers, and posters that list key words and key concepts of the PCMH model of care. • Intentional scheduling with the patients' chosen provider (as best as psossible)		New Objective 2026

CONTINUED - Strategic Initiative: QUALITY OF CARE

				UPDATE	STATUS
OBJECTIVE #3		ACTION	• Introducing the patients to their Coordinated Care Nurse (CCN) Ensuring that all CNN's have business cards for the purpose of sharing their contact information with patients. • Add education on the PCMH model to the CHC's site - specific orientation checklist. • Develop a "one-sheeter" training flyer that will be used during the site-specific orientation.		New Objective 2026

				UPDATE	STATUS
OBJECTIVE #3		ACTION	• Reinforcing discussions will ensure in the department meetings immediately following the intiial PCMH presentation. • Routine reminders to staff of the fundamental elements of the PCMH model via emails, flyers, and posters that list key words and key concepts of the PCMH model of care. • Intentional scheduling with the patients' chosen provider (as best as psossible) • Introducing the patientsto their Coordinated Care Nurse (CCN) Ensuring that all CNN's have business cards for te purpose of sharing their contact information with patients. • Add education on the PCMH model to the CHC's site - specific orientation checklist. • Develop a "one-sheeter" training flyer that will be used during the site-specific orientation.		New Objective 2026

2026

Will County Health Department & Community Health Center

Will County Community Health Center
STRATEGIC PLANNING 2026 - 2028 - (Updated First Quater 2026)

Strategic Initiative: STAFF ENGAGEMENT

				UPDATE	STATUS
GOALS	• Continue to develop unique & creative ways to celebrate and recognize staff. To build a healthier work community thru staff engagement. • Collaborating with the Will County Health Department strategic plan team relating to Work Force Development and Staff Communication and Engagement.		The community health center strategic planning team is working in close collaboration with the health department staff engagement/communication strategic planning team because the goals for staff engagement are identical.		**Team Coordinator:** Kathleen Harkins **Team:** Jessica Bugarwicz Veronica Ayon (TBH Primary Care RN)
				UPDATE	**STATUS**
OBJECTIVE #1	Rewards and Recognition	ACTION	Acknowledge and reward employees for contributions and achievements.	An employee recognition program policy was developed and approved. The recognition program description and nomination form was sent to all staff on 2/4/2026. The years of service program has also been implemented and rolled into the employee recognition program.	Met
OBJECTIVE #2	Improve the Evaluation Process	ACTION	Re-examine the evaluation process for ways to improve the forms and process.	An employee evaluation tool survey has been developed and finalized 8/18/25. The all staff email with the survey was sent to County HR as a FYI on 8/26/25. Next steps: Send to all staff.	In Progress

Will County Health Department & Community Health Center

Will County Community Health Center
STRATEGIC PLANNING 2026 - 2028 - (Updated First Quater 2026)

CONTINUED - Strategic Initiative: STAFF ENGAGEMENT

				UPDATE	STATUS
OBJECTIVE #3	Staff Engagement	ACTION	Build a healthier work community through staff engagement	Progress continues to be made in standardizing employee recognition plans across the agency, improving staff meetings to be more engaging and including speakers from across the agency. CHC staff continue to present at GC meetings to date, and as of December 2025 have presented at the BOH. .A monthly newsletter has been created and distributed monthly to update GC, BOH, and County Board members. Staff have been encouraged to participate in GC and BOH meetings, Leadership, including Communication and Engagement SP members, have attended local board meetings. To date, the health center has created a sign-up sheet for managers to have their staff present at upcoming Governing Council meetings. Staff will either present on a national health observance topic for that month or simply present a basic update on what they do within the area they work within.	Met
				The Committee developed guiding principles and requirements for staff meetings to make them more engaging. The CHC has been following these guiding principles and has sent out two follow up surveys to employees following the last two staff meetings to evaluate effectiveness of meeting. The team continues it work on management staff leadership training regarding how to properly communicate with staff (communication needs to be consistent, often, professional) and how to engage staff in decision making. Elizabeth will reach out to County to ask about manager trainings and Stacey Knack is working on a presentation/ training.	Met

Will County Health Department & Community Health Center

Will County Community Health Center
STRATEGIC PLANNING 2026 - 2028 - (Updated First Quater 2026)

Strategic Initiative: FINANCIAL SUSTAINABILITY

					TEAM
GOALS	Develop a strong financial foundation that can support growth and expansion at the health center.		MEASUREMENT: • Daily, Weekly and Monthly Reports to assess revenue cycle management. • Number of missed opportunities (empty appointment slots) • Financial reports • WCCHC Monthly Revenue - FY budget report		**Team Coordinator:** Stacy Baumgartner **Team:** Abose Oshin Dr. Garg Carol Ricken
				UPDATE	**STATUS**
OBJECTIVE #1	Increase patient volume and increase revenue. (Including Medicaid and all payor types).	**ACTION**	• Enroll uninsured patients in Medicaid/Medicare. • Increasing overall patient volume. • Improve collection of co-payments. • Increase the number of payers, including private and HMO payers. • Explore the feasibility of creating an insurance credentialing position. • Maximizing billing opportunities for all enabling services	• Provider template upate is complete and resulted in increased access with the goal to increase patient volume. • Exploring moving collection to registration from reimbursement. • Improve communication at registration to strenthen payment collection. • All providers are credentialed with IMPACT to ensure timely payments.	In Progress
OBJECTIVE #2	Develop a plan to improve provider productivity.	**ACTION**	• Align provider productivity goals with scheduling template to ensure the goals are achievable. • Establish provider scheduling consistency by reviewing template and applying a standard rubric for all. Determine strategies to fill open appointment slots.	• Currently assessing provider producivity. • Restructured provider templates are complete. • Unscheduled provider designated, hospital discharge and telehealth appointment slots will be converted to same day appointments if not filled by the start of the current day has been complete. • Establish population health campaigns to fill open appointment slots.	In Progress
OBJECTIVE #3	Decrease cycle time of registration processes.	**ACTION**	• Daily Reports. • Explore workflow efficiencies to reduce cycle time. • Develop work tools, implement strategies, study the data and use this to manage staff. • Train staff on efficient processes.	• Cycle time reports are being utilized to benchmark the current processes. • Registration paperwork has been revised and is being tested for efficiency and validity. • The key strategy to improve cycle time is to have electronic registration and pre-registration. This is currently being explored.	In Progress

Will County Health Department & Community Health Center

Will County Community Health Center
STRATEGIC PLANNING 2026 - 2028 - (Updated First Quater 2026)

CONTINUED - Strategic Initiative: FINANCIAL SUSTAINABILITY

				UPDATE	STATUS
OBJECTIVE #4	Evaluate no show rates and develop an improvement plan to reduce frequency.	ACTION	• Study the no show data (time of day, day of week and other factors). • Develop and implement a no-show policy. • Utilization of same-day cancellations • Actively confirm appointments. • Establish the best frequency for reminder calls.	• The Quality and Risk Coordinator ia able to run no show data as a reference tool. • Work to improve appointment confirmation and reminder notification is in process • Process to actively fill cancelled appointments.	In Progress

Will County Health Department & Community Health Center

Will County Community Health Center
STRATEGIC PLANNING 2026 - 2028 - (Updated First Quater 2026)

Strategic Initiative: TRANSFORMATION & INNOVATION

					TEAM
GOALS	Over the next three years, transform business operations that: * Provide efficient patient cycle flows * Increase patient volume and satisfaction * Position the Community Health Center for future success		MEASUREMENT: * Time to process from door to provider waiting room. * Quality of paper forms requiring completion. * Number of forms electronically completed & automatically uploaded into NextGen. * Before and after measure of time to register		**Team Coordinator:** Carol Ricken **Team:** Nicole DeSavieu, Phil Jass, Kathleen Harkins
				UPDATE	**STATUS**
OBJECTIVE #1	Use population health technology to enable staff to address and predict the health care needs of patients.	**ACTION**	* Develop a written framework to utilize technology including the identification of target patient populations. * Identify human capital and other needed resources. * Develop and deliver population health training. * Monitor progress in meeting the deliverables outlined in the framework.	10 workflows have been created/modified to capture quality measures and identify patient follow up care. Key is the "closing the referral loop" which focuses on patient completion of recommended follow up care. Month of March, pause on additional workflow creation to train, support, retrain and audit processes to ensure new workflows are adopted.	In Progress
				Measurement metrics include: *Registration cycle time improvement *Pre-approval of insurance *Decreased patient cycle time	In Progress

CONTINUED - Strategic Initiative: TRANSFORMATION & INNOVATION

				UPDATE	STATUS
OBJECTIVE #2	Evaluate job duties and deliverables, realigning as necessary to create a more effective and efficient service delivery model.	ACTION	* Develop work plans for key positions. Use the work plan to evaluate current state and identify how to optimize position productivity. * Identify metrics that will measure progress. * Update Job Descriptions to align with the model. * Communicate the reasoning for proposed changes. Develop and schedule training for modified positions as needed. *Developed and communicate the business case for providing job shadowing opportunities as needed.	Measurement metrics include: *Registration cycle time improvement *Pre-approval of insurance *Decreased patient cycle time	Met
	Identify how technology can reduce the administration burden of patient registration and what steps and financial resources will be required to execute by year end 2026		Upon completion of GBS transition, explore the functionality of automated forms in NextGen. Define a timetable of execution to automated processes. * Work with GBS to determine scope of automation possible. * Identify compatible electronic signature pads for patient consent signing. * Access cost and other needed resources to determine feasibility	GBS Beta test ready to launch but in limited capacity. Slow to ready state. Testing in SBCH starting mid-March. Other alternative includes software system integrated with Next Gen that allows patients to pre-register prior to appointment or upon entry into facility at Kiosk stations. CHC has applied for a grant which if received, includes this system. Interim plans includes registration staff summarizing consent documents and patient approving with electronic signature pad. Will Streamline paperwork process time at registration.	In Progress
				With new workflows in place, begin to measure and evaluate patient cycle times. Identify areas for improvement and workflow changes. State of Illinois Capital Grant presented. CHC submitted for $1.5 million dollars to renovate registration and reimbursement workspace for patient registration/checkout efficiency, expand Infectious Disease department, expand medical records staff workspace, and other minor changes.	In Progress

CONTINUED - Strategic Initiative: TRANSFORMATION & INNOVATION

				UPDATE	STATUS
		ACTION	Prepare for first stage of paperwork automation. * Identify forms required for all patients (i.e. registration & general consents). * Consolidate forms with like information. * Ensure form content meets regulatory and accreditation requirements. * Revise consent forms to conform to Next Gen requirements.	Additional revisions to registration paperwork. Legal approval for Notification of Privacy Practices received. Will complete entire packet revision by end of March and submit for legal review 2026 technology initiatives will include testing electronic signature pads to streamline registration and a focus on promoting the use of the patient portal.	In Progress
		ACTION	Implement Rapid Improvement Teams: * Online registration through the NextGen portal by year end 2026. Patient Portal Improvement Projects * Explore current online portal capabilities. * Identify desired portal capabilities. * Detail the project process and cost for full portal registration.	All management staff to complete portal registration as a patient to become knowledgeable and improve recommendations/assistance with patient use.	In Progress
OBJECTIVE #4	Explore the use of Healthcare Artificial Intelligence (AI) and other tools and emerging solutions to enhance and automate existing systems	ACTION	IT is currently creating an AI Policy for both WCHD & CHC, once they are done, the CHC would like to work with IT to accomplish the following: • Utilize GBS expertise to identify AI capabilities of Next Gen and impact of current accessible tools. * Senior Leadership will participate in at least one training related to healthcare AI. * Survey providers to determine their interest and priority related to Healthcare AI	2027 Initiative	Pending