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Conducting a SWOT Analysis and Assessing Clinic Roles to Improve Integrated Healthcare

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Abstract

Currently, those with a mental illness are less likely to receive primary care services and are more likely to die sooner than those without a mental illness. Combating this health disparity, integrated healthcare is a holistic approach that treats both mental and physical health. The cooperation and partnership of multiple health disciplines is a whole-person method that improves a patient's overall wellbeing. Community Alliance is an organization in Omaha, Nebraska that offers integrated health care services through its clinic to community members. With multiple areas of care, roles and responsibilities can become easily obscured creating confusion and mistakes in the clinic. To alleviate these obstacles and improve their integrated healthcare services, I took field notes and conducted interviews to understand the roles and responsibilities of the Community Alliance clinic staff. Clearly defined roles and responsibilities can support fewer mistakes and a smoother transition between care services can improve employee satisfaction and a patient's overall experience, safety, and health outcomes. To further understand and assess the clinic's operations, an evaluation of strengths, weaknesses, opportunities, and threats was conducted to provide insight into possible changes that would enhance efficiency and execution of care. From these insights, future structural and policy changes can be supported to improve integrated healthcare and patient health.

Chapter 1 - Introduction

Specific Aims

Community Alliance is an organization located in Omaha, Nebraska that offers integrated health care. This approach to care provides psychiatric services, mental health services, substance abuse counseling, primary medical care, and a variety of rehabilitation, employment, and interpersonal supports. As a recent recipient of the Substance Abuse and Mental Health Services Administration (SAMHSA) and Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant, Community Alliance is evaluating current operations in integrated care to establish a crucial baseline measure for program change. Our findings will allow Community Alliance to improve their offered services and in turn improve the health of their patients. These improvements will enhance the efficiency of services offered and allow Community Alliance to make the most of their grant. This project aims to evaluate and define the current roles and responsibilities of staff in Community Alliance's clinic as well as current strengths, weaknesses, opportunities, and threats to eliminate current and future barriers in everyday operations and increase the impact of their SAMHSA grant.

Significance

A baseline inventory of daily roles and responsibilities of the Community Alliance clinic staff will allow Community Alliance to make informed decisions about future integrated care improvements and implement efficient changes to improve the overall scope and quality of care they offer patients. In addition, this program evaluation will determine the strengths, weaknesses, opportunities, and threats (SWOT) of current clinic procedures through observation and staff

interview. By doing so, the clinic can better understand the current strengths and weaknesses of their integrated healthcare approach, make better-informed decisions on how their services are executed, and set future goals for the clinic. Community Alliance intends to implement the evidence-based team development program, TeamSTEPPS, in a way that is informed by the evaluation. This information will help them build on successful characteristics and recognize needed improvements throughout the clinic and their services provided.

Chapter 2 - Background and Literature Review

Epidemiologic description of the health problem

Integrated healthcare is the collaboration amongst healthcare professionals to provide complete treatment that improves the overall wellbeing of the patients (APA, 2013). This care system is based on interprofessional collaboration and communication of the patient's physical, mental, and social requirements. Integrated healthcare has been shown to reduce depression, enhance access to services and resources, improve quality of care, and reduce the overall cost of care (APA, 2013). Statistics have shown that those with a mental illness die twenty to twenty-five years earlier than those without (Community Alliance, 2020). Eighty percent of those deaths are from preventable illnesses (Community Alliance, 2020).

An interprofessional approach to care that improves mental, physical, and social health can help reduce this death rate and protect those with a mental illness. Community Alliance conducted a study of their 2020 program year, demonstrating that:

- 91% of participants in Community Alliance's outpatient psychiatric treatment and counseling services reported experiencing reduced psychological stress;

- 95% of persons seen within Community Alliance's primary care clinic were screened for high blood pressure; of those identified with hypertension and at higher risk for stroke, 65% showed improvement in diastolic and 55% in systolic blood pressure; and
- 8 out of 10 individuals without any source of income were successful in obtaining financial resources through employment, federal and state assistance programs or other resources (Community Alliance, 2020).

Implementing a successful integrated healthcare system is a substantial challenge that requires frequent evaluation and adaptations. This form of care works best when all healthcare workers share information and work together to create an appropriate treatment path for the patients. It has been shown that effective teamwork improves patient safety and outcomes (Babiker, 2014). Since integrated care incorporates multiple specialties working as one team, the line of communication between the areas can easily be misconstrued or skipped altogether. One study that assessed health care professionals' experiences of integrated care showed that the main areas of difficulty were communication, agreement on roles and responsibilities, management, facilities, clear leadership/decision-making, and their experiences with integrated healthcare not being routinely surveyed (Stephenson, 2017).

One case study among nurse practitioners and the integration into primary care discussed how a clear understanding of roles is imperative for effective interprofessional collaboration (Brault, 2014). Not having clearly defined roles in a clinical team setting showed conflict and reduced the effectiveness and quality of care provided to their population (Brault, 2014). Another study found that role boundaries could be organized around interprofessional interactions and the distribution of tasks. The understanding and utilization of facets of staff roles including

workplace characteristics, dynamics between team members, and personal attributes, were found to include professional satisfaction and decreased wait times for patients (MacNaughton, 2013).

Program Description

Community Alliance's mission is "Helping individuals with mental illness achieve their unique potential and to live, work, learn and contribute in a community of mutual support." (CA, 2020). In order to meet this mission, Community Alliance has a clinic that offers primary care, therapy, and case management. Through these services, clients get the physical, mental, and social support they need to be successful and improve their overall wellbeing. The clinic is made of a psychiatrist, primary care physicians, medical assistants, a nurse care coordinator, reception, a clinic manager, case managers, and therapists.

The clinic's team is dedicated to providing resources to clients or finding resources in the community that will help them live a healthier life. To approach this integrated health care model, the team works together to create a rigorous health plan that results in the client receiving quality care that targets all areas of health. As clients enter the program, they are scheduled for services and begin their integrated healthcare journey. The client will continue with regularly scheduled visits to the clinic as needed.

As a recent recipient of the Substance Abuse and Mental Health Services Administration (SAMHSA) grant, Community Alliance is required to evaluate services being offered so the clinic can work as efficiently as possible, and the clients continue to receive quality care. Through evaluation, the clinic can discover areas of strength and adopt changes that streamline

processes and procedures by making well-informed decisions and changes. Improving daily operations will improve client's care and health as well as worker satisfaction.

Evaluation Framework

To support a successfully integrated healthcare clinic, this project and program evaluation need to determine the specific roles and responsibilities of clinic staff at Community Alliance. Once these roles are determined, a full report will be presented to Community Alliance staff and administration as well as recommendations on how to improve efficiency and utilize each staff role productively and cohesively. This report will also describe common identified themes, strengths, and weaknesses of their integrated health care approach, and potential future areas of change. By identifying and reporting these areas, effective changes can be made to the integrated services offered at Community Alliance. These changes can benefit and improve the lives of both staff and patients. Clinic staff could experience smoother daily operations, improved productivity, better work environment, reduced unknowns, and overall better job satisfaction. Patients could expect reduced wait times and improved health outcomes.

In addition to defining roles and responsibilities, it is crucial to determine what works well and what doesn't work well in the clinic's daily tasks. This can be evaluated by using a SWOT analysis. This analysis determines the strengths, weaknesses, opportunities, and threats that exist in the function of the organization (CDC, 2015). A SWOT analysis will help evaluate the environment at the Community Alliance clinic. This will allow Community Alliance administration and staff to determine the current resources and needs of the organization while taking into account internal and external factors. After completing the SWOT analysis, I will discuss with Community Alliance the common themes of the results and make related

suggestions. From the outcomes and suggestions, we can create possible future goals for the clinic and to better support how their integrated health care is delivered.

SWOT analyses have been used in thousands of areas, including businesses, healthcare, leadership fields, and other organizations, to determine successes and areas of improvement. Implications of the analysis have included improvement of businesses, better working conditions and support for ICU nurses, more successful integration of electronic health records (Shahmoradi, 2017), and improvement of COVID-19 prevention and control strategies (Wang, 2020). One study conducted in Pakistan helped improve the safety of patients by conducting a SWOT analysis on integrating the World Health Organization patient safety curriculum (Misbah, 2017).

Performing a SWOT analysis at the Community Alliance clinic will allow pitfalls and strengths to be identified in their integrated healthcare approach. By uncovering and addressing needed changes, patients and employees can have a better and safer experience. Addressing areas of threats, and defining roles and responsibilities, will determine where some areas of care and communication are being overlooked. Addressing these overlooked areas will allow for a more seamless process of integrated physical, mental, and emotional health, and improve the overall quality of life. Once barriers and miscommunication are addressed and changes are identified, employees can have a stronger idea of what is expected of them and how their responsibilities serve the patients. Overall, identifying these important aspects will improve the services and care Community Alliance offers.

Chapter 3 - Methods

Evaluation Methods

This topic was best addressed with a community-based participatory research approach (CBPR). The input, participation, and partnership of the Community Alliance (CA) staff were crucial to best identifying areas of change. Using this approach allowed the input of the participants to be the guiding factor for future suggestions that will improve the lives of the clients and the Community Alliance team. CBPR is useful when working with vulnerable populations (Holkup, 2004). Since Community Alliance serves a vulnerable group, this approach helped address the unique needs of the clients, even though clients were not consulted, employees feedback shaped the evaluation. Because the results are completely devised from staff input, the equal partnership with Community Alliance will increase the effectiveness of the study results and dissemination. Incorporating a community-based participatory approach, I discussed findings with the organization preceptor, Rachel Heinz, the Nurse Care Coordinator at Community Alliance and collaboratively developed suggestions and created future goals. Additional staff and administration will be included based on availability. Utilizing this partnership to identify potential changes and future goals will help integrate the new adjustments and increase the likelihood of success.

To determine the roles and responsibilities of Community Alliance employees, members that do not have direct contact with clients were job shadowed. This included the medical assistant, clinic manager, and the receptionist. While shadowing, field notes were taken on observations of job roles and daily operations. Doing this allowed for a better understanding of the intake process, how each area of care works together, and an examination of additional tasks each role may be taking on. These observations enlightened possible barriers to Community

Alliance's integrated healthcare services that employees may not be aware of. The results shed light on areas that hinder a successful integrated healthcare experience and efficient workplace.

To collect necessary data, semi-structured interviews were conducted with a primary care physician, case managers, therapists, nurse care coordinator, primary care physician, medical assistants, clinic manager, and receptionist (See Appendix A for Interview Questions). Through one-on-one semi-structured interviews, roles and responsibilities were assessed. At the beginning of each interview, participants were asked to identify their daily tasks, and what they consider to be their main roles and responsibilities at the clinic. A list of each position interviewed, and the rundown of their responsibilities can be found in Appendix B. Collected information included what the employee perceives their role and responsibilities to include and what tasks they are truly performing. To get a better understanding of these tasks, employees were asked to describe daily tasks and identify tasks they feel are a part of their position and what tasks they have taken on but do not feel are their responsibility. Additionally, they were asked what support would make them more successful in their role at Community Alliance

A SWOT analysis was performed through these semi-structured employee interviews. Each participant was asked to identify strengths, weaknesses, opportunities, and threats to the clinic's operations. To begin, participants were asked to describe what was going well and what they perceived to be the strengths of the clinic. Switching gears, they were asked what could be made more effective or what isn't going well. While evaluating strengths and weaknesses is beneficial, identifying potential opportunities to improve the clinic and the client's experience would be a great benefit to the clinic as they make decisions on how to fully utilize their funding. Interviewees were asked what potential opportunities they thought would improve the clinic and if there was anything clients ask for that is not currently being offered. The final stage of the

SWOT analysis identifies current threats. Threats are anything that could harm the organization, its goals/outcomes, or people.

Every interview was recorded and transcribed. From these transcriptions, emergent themes were coded and transferred to theme tables. These themes, or common topics that can contribute to future suggestions and changes, will be stated in the final report. Tables were created that outline each employment area with a description/list of identified roles and responsibilities (see Appendix B). All unassigned tasks or areas of confusion were documented. SWOT analysis feedback was sorted under one of four categories: strengths, weaknesses, opportunities, and threats.

All results from observations, role inventory, SWOT analysis, are compiled in the final report. Suggestions, in light of the results, include where to make effective change, how to alleviate barriers and future recommendations.

Standards and Criteria

This evaluation was feasible due to the small population of Community Alliance's clinic. Nine interviews were conducted, making the analysis process feasible in the four-month time frame. Every position at the clinic was invited to participate voluntarily. During the interviews, it was expressed that they were welcome to discontinue at any time and were asked to answer the questions honestly and to the best of their abilities. Permission was granted to record the interview for transcription and analysis. Every position was asked the same interview questions (see Appendix A) and all questions related to the aim of the study. The questions evaluated the roles, responsibilities, and SWOT of the clinic. Since this was a program evaluation, the project was deemed exempt by the IRB.

Chapter 4 – Results

Roles and Responsibilities

Every position but psychiatry agreed to an interview. While interviewees listed their main responsibilities, almost all additionally noted that it was almost impossible to capture every task they perform. A common theme, when asked their day-to-day tasks was “no day, is the same”. The clinic staff must be adaptable problem solvers that are open to tackling new challenges. Many staff discussed that other members of the team are unaware of what their roles and responsibilities are and how that can be a barrier to communication and performing their daily tasks to the best of their ability. It is difficult to assign or transfer clients and have a seamlessly integrated health care system when members are unaware of what other areas are responsible for. Many team members discussed that there was not a formal run down of their roles and responsibilities listed in the application when they first started their position.

Throughout the evaluation, it became clear that roles are going unclaimed, or some responsibilities need to be reassigned. Additional tasks that were identified as being an extra project or responsibility outside of an employee’s main role are also noted in Appendix B. In some cases, there are too many people on one task and then nobody is there to follow up. Current responsibilities that are going unclaimed include: following up on missed appointments, having someone dedicated to tracking each person’s case to make sure they are receiving care, having medical questions direct to medical personnel only, scheduling, following up, and wellness coordinator duties (see Appendix C). Many of these tasks can be corrected by being reassigned, improving communication, and creating a set process of referral and follow-up. This would ensure that every client's question and concern is being answered.

Many participants noted that they answer schedule questions or are changing the schedule themselves. Interviewees note that this creates miscommunication and takes away time and energy from roles that should not be handling the scheduling. Hiring a second receptionist dedicated to handling the schedule could help alleviate some of this confusion. Additional responsibilities should be reallocated to another area or an additional clinic role hired. For example, respondents suggested that hiring a second receptionist would allow the Clinic Manager and Case Manager to focus on their specific roles instead of covering the front desk. Interviewees suggested that moving data entry responsibilities from case management to a second receptionist would also alleviate this overload of responsibility. Another role noted as going unclaimed is education for chronic diseases such as diabetes and heart disease. Current clinic staff do not have the time or qualifications to do these tasks and would benefit from hiring someone who is educated on the needed subjects.

During the interviews, participants were asked to describe what forms of support would make them more successful in their roles at the clinic. Figure one outlines what was identified by interviewees as ways the clinic can offer support to the current team that would help them be more successful and allow them to achieve what their position should be responsible for. Incorporating this support will help alleviate the confusion of whose role is whose and guarantee that clients' health needs are being met.

Table 1.

Ways to Support Clinic Staff
• Streamline communication
• Establish clearer policies
• Hire a second Receptionist

• Hire a second Medical Assistant
• Create more opportunities for clinic staff to voice their opinions and ideas
• Hiring a Health and Wellness Coordinator
• Adopting a new electronic health record
• Hire additional Therapists
• Allocate more time for therapists' initial session with a client
• Introduce more defined processes
• Hire additional Case Managers
• Foster a better understanding/communication between upper management and the clinic
• Reduce the amount of data input or dedicating it to someone other than case managers

SWOT Analysis

Strengths

Identification of the strengths of the clinic were made by asking participants what they thought was going well. Through qualitative analysis, three main themes were identified: 1) The clinic's Case Managers, 2) the staffs' passion for the clients and the work, and 3) quality of care were recognized as being the best positive takeaways (see Table 2).

Table 2.

Strength Themes	Quotation		
Case Managers	“Our case managers are really wonderful. I can reach out to them and say hey I have back to back clients, can you check on this for me?”	“We have good case managers, really really good. We just need more.”	“Our case management is really strong. They do a great job of getting them into services.”
Staff's passion for the clients	“Everyone really enjoys working with our patient population.”	“We love the practice, love the people.”	“Everyone in here really cares about the treatment recovery of each patient, I really do have that faith.”
Quality of care	“Brand new patients come in and they	“I've seen the people who are walking away	“We all have a lot of strengths separately...if

slowly realize that they aren't judged, we aren't going to treat them any different."	feeling good about coming here and knowing that we're helping them. I know it feels good for them and I know it feels food for me too."	someone doesn't know something, there's someone close to you that does."
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Interviewees reported that Case Managers wear many hats in the clinic, and even though their roles and responsibilities are very broad, they do their best to assure patients receive the care they need and deserve. Every staff member interviewed spoke very highly of the clients and enjoy working with them. Many feel like they are making a difference and offering a vital service. The quality of service that these individuals receive is top-level. Participants reported additional strengths worth noting, such as staff strengths as a whole and individual clinic strengths which are noted in Appendix D.

Weaknesses

The top four weakness identified were 1) communication, 2) availability of providers, 3) lack of interpreters, and 4) lack of follow-up (see Table 3).

Table 3.

Weakness Themes	Quotation		
Communication	"It's the effective communication. I think that leads to clients falling through the cracks. It affects our clients more than we're seeing."	"Management's kind of lack of willingness to change or support staff is a huge weakness; communication between the clinic and administration is lacking."	"We're dwindling and it all comes down to communication."
Availability of Providers	"I think the lack of trust in our clients whether they can vocalize that or not, your doctor's telling me I need this. I	"It's very hard to get in touch with providers about things that are important. It makes it hard for the client to get	"If they can't get in for six weeks but they need to be in sooner than that and we have no openings, that's a big

	want this, and now you're telling me I can't because there's no availability."	the proper attention they need if we can't talk about it because they're not available."	dilemma and we want them to have their care now...It takes so long to get into med management. Even therapy, we have a waitlist."
Lack of Interpreters	"If they can't find an exact dialect, they'll just be like well, this dialect is close enough. You can't do that. You can't swap out languages. It's hindering our clients."	"We struggle finding some interpreters. We couldn't do translating over the phone because we couldn't find an interpreter. That's not an ideal situation. We had to cancel his appointment."	
Lack of Follow-up	"then who claims ownership, and knowing who's responsible for taking action. It's a huge grey area"	"There were like four different people touching one thing and then nobody followed up because all these hands are in the pot."	

The lack of communication was the most commonly identified problem. Most miscommunication is happening between management and staff. Unclear processes and procedure changes create more work than solutions and participants identify the lack of communication as affecting the clients as well. The availability of providers is a barrier to clients receiving necessary medical and mental health help. Interviewees note that many patients have to wait weeks or months to have an appointment with primary care, psychiatry, and therapy. Without regular services and assistants, clients are less likely to come back, many participants discussed how the lack of availability is causing them to lose clients. The lack of availability is also creating communication issues between providers and the rest of the team.

Through observation and interview, I learned that Community Alliance serves a diverse group of clients, many speaking different languages. The current interpreting service utilized by

Community Alliance is difficult to schedule and lacks multiple languages. Clients who are Sudanese have had appointments canceled because there are no current available interpreters.

As mentioned in the strength’s category, participants noted again that there is a lack of follow-up in the clinic. For example, one or two employees may start solving a client issue and refer to another employee, but because it is unknown whose main responsibility it becomes, there is no follow-up to ensure it got completed. From my observations, clients are falling through cracks. There are additional weaknesses, including staff weaknesses, noted in Appendix E.

Opportunities

Four common areas of opportunity identified by participants were 1) improving communication 2) team building 3) creating standard policies and procedures, and 4) hiring a Health and Wellness Coordinator (see Table 3).

Table 3.

Opportunity Themes	Quotation		
Creating Standard Policies and Procedures	“When rules or new situations that do come in that are the standard, we would do very well with sticking to those, we just need them implemented.”	“We need to be more clear on our end and have set processes and procedures when that process is changed.”	“I think having a set procedure for like if a person calls in with this concern, this is the person that handles it would hopefully ensure those things are getting answered by a quality person and the client is being taken care of.”
Improving Communication	“Scheduling and things like I think communication improvement would lead to better patient outcomes.”	“Figuring out the process of how things need to be communicated can take out the middleman. That’s big.”	“We need more team communication so we can sit down and say what we think is going wrong and how to change it. Just more

			open conversation would help.”
Team Building	“We need to work on our team-building skills. We have some that work well together, but need to improve as a clinic as a whole.”	“We really really need team building. It would help us be more effective,”	“Continued lack of clients and continued lack of functionality and teamwork amongst workers will cause the clinic to fail.”
Hiring a Health and Wellness Coordinator	“We need someone with a little bit more knowledge to talk about high blood pressure, diabetes, those kinds of things instead of just classes.”	“Needs are not being met. We need someone that can talk about more chronic issues. Our clients’ rates of diabetes and cholesterol issues are incredibly high. We need someone who is specifically trained for that and fill the Wellness Coordinator role.”	“Our Health and Wellness Coordinator has a really good opportunity to improve patient health. I think that’s an opportunity where we could really help patients because the physicians don’t have time to have those conversations.”

Many staff members comment on how incorporating new standard procedures and policies would help reduce the amount of miscommunication occurring within the clinic. Adding additional team building programs is an evidence-based opportunity that would help ease some of the barriers and weakness encountered in the clinic.

Currently, the Health and Wellness Coordinator position is vacant and that leaves a vacant area of health in the clinic’s services. This position offers education about current chronic diseases, disease maintenance, as well as subjects like substance abuse. The current staff does not have the time, education, or expertise to assume the roles and responsibilities required of the Health and Wellness Coordinator. Without this additional education, it is difficult for a patient to develop a well-rounded sense of health. In addition to these opportunities, noteworthy supplementary opportunities mentioned by employees, such as dental and transportation services, were added to a list (see Appendix F) for Community Alliance’s reference.

Threats

The four main threats identified in this evaluation were 1) staff turnover 2) safety 3) rescheduling, and 4) the current health records and bookkeeping (see Table 4). If not addressed, these threats have the potential to negatively impact the health of patients and impede the potential of the clinic and its funding.

Table 4.

Threat Themes	Quotation		
Staff Turnover	“It’s leading to patients leaving because they don’t like having to get to know new staff members constantly.”	“If there continues to be high turnover nothing will ever truly get done. The clinic will never reach the potential it has.”	“I’ve had clients tell me that they’re not coming here anymore because they’re tired of having all the providers leave. It’s hard for clients to trust us in general, turnover has been a big thing, clients definitely notice.”
Safety	“There need to be more safety protocols clearly outlined.”	“Our physical safety is still not where it needs to be. There are no panic buttons and we let people use the bathroom that doesn’t go to the clinic. It’s just not safe and I feel uncomfortable.”	“I know I feel unsafe. I worry about my safety and security. My last job had a security guard and here we are exposed to dangerous situations.”
Rescheduling	“Clients are not getting the message that their appointment was changed. They were told they weren’t going to be able to be seen until March, and now they’ve moved to the beginning of February, and some of them we can’t get a hold of them because they don’t have a phone. So they just end up missing their appointment.”	“Our attempts to try and rearrange the schedule to get people in sooner leads to clients being rescheduled several times before they get in which leads to no shows because people can’t remember when their original appointment was.”	“After how many times we’ve scheduled people or moved their appointments, they just miss them. Our expectations are not clear and it’s a threat to the clinic.”

Health Records/Book Keeping	“Our electronic health record is not built for what we need it to do. There are workflow issues and inefficiencies that make it hard to do what we need to do.”	“Our electronic health records are horrible. Not because of lack of documentation but because it’s not set up for primary care.”	“Bookkeeping isn’t good. We’re seeing people before they have insurance. It could cost us money and could be a threat to the clinic in the future.”
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Staff turnover appears to be the biggest threat that needs to be addressed. Almost every interviewee communicated that the constant changing of staff is causing clients to leave and making any policy or procedures implemented even more difficult to execute. The current staff is dedicated and passionate about the clientele, but without improvements, the clinic can expect ongoing turnover. Additional threats (see Appendix G), such as poor staff morale and appreciation, are also contributing to staff turnover.

Rescheduling can be reflected in the lack of availability of providers. Employees expressed that it’s difficult to have successfully integrated healthcare when clients can not be seen on a regular and timely basis. The population served has a high homeless and low-income rate. From observation, they have difficulty finding transportation and some do not have a way to be contacted. When they are rescheduled, it makes it that much harder to make their appointments and that is reflected in this evaluation. Many primary care staff discussed how the electronic records and bookkeeping are making it difficult for providers to be successful in their role. They suggested a system that is designed for primary care would help alleviate confusion and add security to the clinic. Additionally, additional safety measures were identified as common theme. Primary care members and therapists discussed how they become isolated with clients with no way to alert others if the situation becomes dangerous. Many discussed panic buttons and other precautions and how that would keep both the clinic staff and clients safe.

Chapter 5 - Discussion

Summary

Community Alliance is dedicated to serving its clients and offering them an integrated healthcare experience. This baseline inventory of daily roles and responsibilities of the Community Alliance clinic staff will allow Community Alliance to make informed decisions about future integrated care improvements and implement efficient changes to improve the overall scope and quality of care they offer clients. The identified themes will help the clinic better understand the current strengths and weaknesses of their integrated healthcare approach, make better-informed decisions on how their services are executed, and set future goals for the clinic. This information will help them build on successful characteristics and recognize needed improvements throughout the clinic and their services provided. Making the suggested changes will help maximize the SAMHSA funding and improve the daily operations of the integrated healthcare system.

Strengths and Limitations

The greatest strength of this evaluation is that it was conducted using a community-based participatory approach. Direct feedback from the clinic staff is supporting the recommendations and future changes to the clinic. Conducting the evaluation by an outside neutral party allowed for genuine and accurate feedback. Without evaluation, there would not be formal documentation of what is and is not working well in the clinic. With new changes and transitions, the SAMHSA funding can be maximized and TeamSTEPPS can be strengthened. This evaluation will assist the management and administration to make well-informed decisions.

This evaluation is not without limitations. The clinic team is small, and most positions are independent and only include one person. Psychiatry did not participate in the evaluation and only two out of four therapists provided feedback. The roles and responsibilities of each team member are extensive and reporting every one of their tasks from one interview is unlikely. Additional documentation of roles and responsibilities should be an ongoing process for the clinic. There is a chance of different reporting biases, such as selective memory and exaggeration. Others may have been less willing to discuss the extent of their opinions because they are in a vulnerable position and fear punishment.

Recommendations

This evaluation has shed light on areas of the clinic that could use improvement. Hiring additional clinic team members would help alleviate the stress and rebalance the roles at Community Alliance as well as create a better-integrated health experience for the clients. Case Managers are overworked and have more responsibilities than is manageable; an additional Case Manager would help reduce burnout/turnover, improve data entry, and better support other roles and the client. Filling the vacant Medical Assistant and Health and Wellness Coordinator positions would allow primary care to focus on treating the client's physical needs, improve the overall operations, and expand the clinic's potential. Hiring another medical assistant would let the Nurse Care Coordinator dedicate their time to grants and management. Currently, there are three people responsible for the receptionist position. Hiring a second front desk worker would improve the scheduling and rescheduling difficulties, allow the Clinic Manager and Case Manager to focus on their designated responsibilities, and improve the clinic's effectiveness.

Clients would be less likely to fall through the cracks and their mental and physical needs would be met more promptly.

Roles and responsibilities are still largely unknown as well as responsibility gray areas. Identifying and reporting these “gray areas” followed by suggesting a specific designated role/position to conduct that task in the future could help improve efficiency and communication in the clinic. Understanding and creating structured roles and responsibilities will help alleviate confusion and mistakes throughout the clinic. This in turn can optimize the client’s experience, improve their safety, and enhance their overall health. This evaluation identified the main responsibilities, but as stated in the limitations, it is likely not a complete list. Hiring staff to cover these additional roles will improve the designated responsibilities, but additional awareness is needed. Current team members need to communicate what they are responsible for and what they face every day by having opportunities to share. Short fifteen-minute presentations during the morning huddle would allow the position to explain what they do, what challenges they’re facing, and what support they would like from other positions. This would assist in improving communication and understanding of roles. Operations would become more efficient and new procedures and processes could be set.

Establishing standard procedures and policies can help eliminate confusion. A set intake process would help reduce the likelihood of a client going untreated. New policies and procedures should be created in conjunction with the staff members to ensure that they are realistic and beneficial for the clinic. Management should continue quality improvement, using this evaluation as a reference, as they initiate new changes.

With the questioning of staff roles and responsibilities, creating a process for assigning client requests/tasks and follow-up will set clear expectations and direct the responsibility to

someone qualified to handle the situation. Collaboration with other positions is a given, but this way someone will be responsible for initiation and follow-up. Adding an additional meeting in the day, besides the morning huddle, will allow the clinic team to communicate or recognize lack of follow-up by checking-in with one another to discuss specific clients and circumstances that have occurred throughout the day.

Finally, team building is a crucial step in creating a dynamic and resilient work environment. During the evaluation, many people commented on the lack of teamwork and expressed the need for team building. Including a team development program in the clinic’s improvement plan would alleviate some communication barriers and assist in understanding and respecting each other’s roles. Team building can also extend to staff appreciation. Successful integrated healthcare requires all aspects of care to work together for the common good of the client and to meet their whole-body needs. Without communication or effective team building, integrated health will be difficult to achieve. With this in addition to the added changes discussed above, staff turnover rates could decrease, and client retention may increase. This could create a robust integrated healthcare clinic that works efficiently and has the capacity for growth.

Table 5.

Identified Theme	Recommendation
Communication	Create additional meeting times for staff to meet. During the first meetings, each position in the clinic could prepare a small fifteen-minute presentation discussing what their role and responsibilities are and what support they need from other team members. Later, they can discuss current clients and connect with the appropriate staff member who could offer a solution.
Availability of Providers	Hire additional providers and second receptionist to continue growing clientele and resolve scheduling issues.
Lack of Interpreters	Designate one staff member to create a list of current languages available, contact information for that interpreter, and evaluate what languages are missing. Search for alternative interpreting services
Lack of Follow-Up	Create a standard procedure for when a concern or question comes in and who it gets designated to. The qualified person will then be responsible for following up to ensure that the situation was solved.

Creating Standard Policy and Procedures	Management can use this report as a reference and support for the creation of new policy and procedures. Conduct quality improvement on one area such as reception (scheduling, rescheduling, retention etc.) and form a new policy/procedure while collaborating with clinic staff.
Team Building	Begin the TeamSTEPPS program as planned. Greater appreciation and respect for roles and responsibilities could create a stronger team, improve patient health, reduce staff turnover, and improve communication
Hiring a Health and Wellness Coordinator	Actively recruit a self-starting Health and Wellness Coordinator that has expertise in educating the public in multiple health promotion topics and can grow the position to meet client needs
Staff Turnover	Increase clinic staff, team building, and communication. Introducing a staff appreciation program would help the employees feel respected and appreciated for their hard work and boost staff morale
Increasing Safety Precautions	Install panic buttons in the therapist and examination rooms. Assess budget and determine if there is enough funding for a security guard.
Rescheduling	Hire a second receptionist who can dedicate their time to organizing their schedule. Additionally, hiring more providers could make it easier for clients to get in, less likely to be rescheduled, and more likely to retain services
Health Records/Bookkeeping	Research widely used electronic health records that are used and created for primary care. Transition to that system and dedicate data input to the additional receptionist.

Dissemination Plan

The Nurse Care Coordinator who oversees the clinic’s grants has helped guide the goals and aim of the evaluation. This full report as well as a summation of the results will be shared with the Nurse Care Coordinator to disperse to all participants and clinic management. As the clinic works to improve daily operations and maximize the SAMHSA grant, this report can be used as a guide and reinforcement for change. The role and responsibility lists can be shared with clinic staff and added to job descriptions as they hire new team members. Staff should continue to be involved in future processes to guarantee that new adaptations are feasible in all areas of their integrated health care plan.

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Appendix A

Roles and Responsibilities

1. Can you take me through a typical day for you and your day-to-day tasks?
2. What are your main responsibilities here at Community Alliance?
3. Are you responsible for any additional projects?
4. Have you taken on any additional tasks that you would not consider to be in your job description?
5. Are there any tasks/responsibilities in the clinic you think are going unclaimed that would benefit someone undertaking? Or can you describe some role and responsibility “grey areas” here in the clinic?
6. What additional support would help you be more successful in your role here at the clinic?

SWOT

Strengths

1. What are some of the clinic’s strengths, what is going well?
2. What do you think makes Community Alliance unique?

Weaknesses

1. Can you describe some of the clinic’s weaknesses, what areas do you think need improvement or could be made more effective?
2. Have you noticed any common complaints from patients that could be addressed by making changes in the clinic?

Opportunities

1. Think about possible opportunities that could improve the clinic. What opportunities do you think would improve the clinic and patients’ health/experience?
2. Is there a need that’s not being met but could be? Is there anything that patients ask for that you don’t offer but could offer?

Threats

1. Think about current or potential threats to the clinic. What challenges do you think the clinic faces or could face in the future?

Any final suggestions or observations that you think would like to add?

Appendix B

Reception: Main Roles/Responsibilities
Sorting faxes
Canceling and Scheduling Appointments
Giving appointment reminders
Explain and distribute entry paperwork
Clerical work
Follow-up phone calls
Call and reschedule no-shows
Friendly face/first impression of the clinic
Serve as the bridge between the rapid response team and the services at the clinic

Reception: Additional Responsibilities/Tasks
Call and identify translators for multiple languages

Medical Assistant: Main Roles/Responsibilities
Review the day's schedule. Ensure that the clients' records are prepared. If changes have been made, make sure records and labs are up to date
Prepare examine rooms
Take vitals
Injections, bloodwork, EKGs
Charting
Have clients prepared by their appointment time
Take calls from clients with questions or concerns
Assist in examinations when needed
Create report with clients

Medical Assistant: Additional Responsibilities/Tasks
Scheduling- scheduling, rescheduling, and follow ups
Ensure clients will be warm over the weekend. Hand out gloves/hats

Case Manager: Main Roles/Responsibilities

Any task that does not fall between primary care or therapy
Find resources for clients: transportation, housing, etc.
NOMS
Crisis management
Work with family members
Help apply for programs such as rental assistance, financial aid, disability, Medicaid, etc.
Problem solver
Help navigate the healthcare system
Check the daily schedule to see who is coming in and what providers they're seeing.
Compliance paperwork
Daily living assessments
Assess the schedule and determine what clients are a priority to meet with and who could possibly be added to the schedule.
Additional tasks given by providers or therapists
Update maps provided by community support workers.
Coordinate communications with all other programs

Therapist: Main Roles/Responsibilities

Behavioral health therapy
Conduct approximately 45 minute mental health therapy sessions with clients
Chart
Help clients set goals and how to work towards them
Update treatment plans
Conduct assessments
Collaborate with other clinic members and integrate services
Be an advocate for the client

Case Manager: Additional Responsibilities/Tasks

Miscellaneous paperwork
Outreach calls, assess if a client wants to maintain services. Continue those calls since they are not told to be discharged.
Data entry
Medication management map goals
Reception
Answer scheduling questions

Therapist: Additional Responsibilities/Projects

Implementation of the First Episode Psychosis program
Occasional case manager tasks: e.g calling probation officers

Nurse Care Coordinator: Main Roles/Responsibilities

Grant management: SAMHSA, RCC etc.

NOMS assessments: assist in interviews, recruitment, data tracking etc.

Reassessments: tracking when clients need 3, 6, & 9 month reassessment. Tracking what needs to be completed and what is already done.

Data cleaning: building disease registries and conducting quality assurance

Student recruitment and management

Provide support to other clinic roles

Continuously coordinate and manage the health status of clients at Community Alliance

Nurse Care Coordinator: Additional Responsibilities/Tasks

Medical Assistant role: checking in clients, getting vitals, assess clients, pharmacy questions, medical refills, injections, lab draws etc.

Miscellaneous COVID tasks

Involved in administrative team and responsibilities: Frequent contact for clinic complaints and suggestions/interpersonal conflicts

Primary Care Provider: Main Roles/Responsibilities

Primary Care Physician

Take care of all the clients' medical needs

Provide leadership in the clinic

Collaborate with other service providers throughout the clinic

Primary Care Provider: Additional Tasks/Responsibilities

Additional screenings/tests for grants: Hepatitis C screening, cholesterol screening, diabetes screening, etc.

Clinic Manager: Main Roles/Responsibilities

Oversee clinic operations

Problem solves with upset clients

Work closely with all clinic positions and help where needed

Coordinate with other programs for services

Create reports

Provide leadership in the clinic

Communicate new policies/procedures

Address and manage issues in the clinic

Clinic Manager: Additional Tasks/Responsibilities

Cover reception duties regularly

Scheduling

Appendix C

Unassigned Tasks/Responsibilities “Gray Areas”
• Following up on missed appointments
• Someone dedicated to tracking each person’s case to make sure they’re being seen and scheduled
• No system for doing controls on the medical instruments on a regular basis
• Medical questions directed to medical staff and not case workers
• Scheduling
○ Understanding what can and can’t be scheduled
• Taking ownership when an issue arises with a client
○ Person addressing is qualified to handle the task
○ Need a set format/system of how to assign a new task to someone when a concern or complaint comes in
• Need a wellness coordinator or someone who has time to sit down with clients and do the educational part of integrated healthcare
○ Currently, position is vacant and it’s hindering clients’ health

Appendix D

Strengths
• Staff strengths
○ Interests and expertise are well rounded
▪ Each individual has very strong areas of knowledge
○ Recognizes strengths in each other and aren't afraid to ask for assistance
○ Adaptable
○ Truly wants what's best for the clients
○ Willingness to communicate
○ Enjoys working with the population/community
• Clinic strengths
○ Multiple contacts in the community
○ Judgement free
○ Growing
○ Knowledgeable Case Managers
○ Effective Nurse Care Coordinator
○ Staff enjoy each other
○ Willingness to change
○ Provides quality care
○ Unique integrated healthcare model
○ Open and welcoming presence at the front desk
○ Has the potential to help many and be a successful integrated health care clinic

Appendix E

Weaknesses
• Staff weaknesses
○ Have limited power
○ Poor communication
▪ Between team members
▪ Between the team and administration
○ Poor teamwork
○ Lack of respect
○ Limited trust that others will follow through
○ Starting a task and not following through
○ Interpersonal conflicts
○ Not understanding each other's roles
○ Lack of ethnic/racial diversity
• Clinic weaknesses
○ Inconsistent rules and procedures
○ Lack of policies
○ Losing clients
○ High turnover rate
○ Availability of providers
○ Environment that does not foster the exchange of ideas
○ Not enough psychiatry available
○ Not enough med providers
○ Clients have a long wait time to receive services
▪ Med management, psychiatry, therapy, etc.
○ Constant rescheduling
○ Not enough Medical Assistants
○ Poor bookkeeping
▪ Seeing patients before they have insurance and losing money
○ Lack of planning
▪ Fighting fires, not preventing them
○ Too much paperwork for the clients
▪ Some are unable to comprehend
○ Poor electronic health record

Appendix F

Opportunities
<ul style="list-style-type: none"> • More specific care for diabetes and chronic issues <ul style="list-style-type: none"> ○ Clients' rates of diabetes and cholesterol are high ○ Substance abuse and smoke cessation
<ul style="list-style-type: none"> • Hiring a wellness coordinator <ul style="list-style-type: none"> ○ Not only do classes but also develop physical materials for people to take home (hard to get people to return) ○ One on one education
<ul style="list-style-type: none"> • Case managers allowed to focus on case management instead of clinic management
<ul style="list-style-type: none"> • Creating a time for providers and staff to come together and discuss clients as well as what could be improved
<ul style="list-style-type: none"> • Improve teamwork/team building <ul style="list-style-type: none"> ○ Would improve communication
<ul style="list-style-type: none"> • More effective communication
<ul style="list-style-type: none"> • Create set policies and processes and a process when changing processes
<ul style="list-style-type: none"> • Creating a process where clients are not overwhelmed with paperwork on their first day
<ul style="list-style-type: none"> • Having stock medications in the clinic
<ul style="list-style-type: none"> • Having onsite labs with instant numbers so clients can be treated that day
<ul style="list-style-type: none"> • Providing education to clients on medications and why they may be getting taken off
<ul style="list-style-type: none"> • Create a monitoring process of provider patterns of prescribing controlled substances
<ul style="list-style-type: none"> • Offer transportation services
<ul style="list-style-type: none"> • Offer dental services
<ul style="list-style-type: none"> • Create a program for staff members that focuses on self-care <ul style="list-style-type: none"> ○ Clients can sense stress and team members are getting mentally exhausted
<ul style="list-style-type: none"> • More community outreach and getting Community Alliance's name out there <ul style="list-style-type: none"> ○ Been around 40 years and few know what it provides ○ Bring in more people
<ul style="list-style-type: none"> • Increase security measures

Appendix G

Threats
• Unclear safety protocols and procedures
○ No panic buttons in therapy and clinic rooms
○ No set protocol of what to do when a client is enraged or a potential danger to themselves or others
○ Staff being discouraged from calling 911
○ Allowing nonclients to use the clinic restroom
• Not retaining clients
○ High no-show rate
○ Competing integrated healthcare systems taking clients
○ Losing clients because the clinic is losing employees
▪ Creates a lack of trust and organization
• Poor staff morale
○ High turn over rate and low work satisfaction
○ Current lack of staff appreciation and trust
• Current medical records
○ Documentation is poor because it is not set up for primary care
○ Records in court are so poor they may not stand up in court (if needed)
• Lack of interpreters
• Seeing clients before they have insurance
○ Insurance needs to be verified before each visit
○ Running in-office tests without insurance loses the clinic money
• Long wait times for primary care, therapy, and psychiatry
• Lack of communication
○ Lack of documenting what communication does occur

Bibliography

Jessica Hicks received a Bachelor of Science from Wayne State College with a major in Family and Consumer Science, a concentration in Foods and Nutrition, and a minor in Public Health. She is currently a Master of Public Health student with a concentration in Health Promotion at the University of Nebraska Medical Center College of Public Health. Jessica is employed as a Research Assistant, where she works as the liaison for the UNMC PHEAST program. Following graduation, she will work as the new WIC Director at East Central District Health Department in Columbus Nebraska. Her primary values are empathy, respect, harmony, communication, and optimism. These guide her in her mission to help underserved populations and leave her community a little better than she found it.

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EDUCATION

MASTER OF PUBLIC HEALTH
UNMC College of Public Health
Concentration: Health Promotion

Expected Graduation: May 2021

BACHELOR OF SCIENCE DEGREE IN FAMILY & CONSUMER SCIENCE

Wayne State College

May 2019

Major: Foods and Nutrition

Minor: Public Health

PROFESSIONAL EXPERIENCE

UNMC College of Public Health, Omaha NE

March 2019 - Present

Graduate Assistant

- Serve as the liaison to the Public Health Early Admissions Student Track (PHEAST). Mentor undergraduate PHEAST students from WSC, PSC, CSC, and UNK as they prepare to matriculate to UNMC COPH
- Work closely with the Assistant Dean for Student Affairs (ADSA), and program staff to plan a coordinated and collaborative approach to recruiting, admissions, public health education/training, and educational preparedness
- Organize monthly webinars and newsletters for the PHEAST students that prepare them for careers in public health, expose them to opportunities at UNMC, foster personal and professional development, and grow their passion for public health

Douglas County Health Department, Omaha NE

March 1st, 2021 - Present

Volunteer for Douglas County COVID-19 Information Line

- Answer the community's COVID-19 questions and concerns, schedule vaccine appointments, provide education on the available vaccines, and advise on exposure guidelines

Community Alliance, Omaha NE

January 2021 – Present

Public Health Intern

- Assess Community Alliance clinic staff's roles and responsibilities by interview and job shadowing and perform a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis to improve their integrated health care services and make well informed decisions to optimize their Substance Abuse and Mental Health Services Administration (SAMHSA) grant

North Central District Health Department, O'Neill NE

May 2020 – August 2020

Health Promotion Intern

- Assessed and identified the community's most crucial health needs
- Created an evidence-based mental health campaign tailored to the district's large Native American population and surveyed the materials' effectiveness among the target population
- Created educational COVID-19 content for the department's social media platforms

Wayne State College, Wayne NE

July 2018 – May 2019

Community Coordinator

- Responsible for assisting the Director and Assistant Director of Residence Life
- Supervise hall's resident assistants and desk workers
- Assist in the overall leadership and direction of the assigned community, facilitate team development, counsel undergraduate students, assist in the administration of the residence halls within their assigned community, and act as a resource person for students living in the Residence Life community

Wayne State College, Wayne NE

August 2017 – May 2018

Resident Assistant

- Monitored residence halls at Wayne State College and provided support to students
- Organized programming to educate residents in the halls over academic excellence, life skills, intrapersonal development, cultural competency, community engagement, and wellness

Lincoln Parks and Recreation, Lincoln NE

Summer of 2016, 2017, & 2018

Day Camp Leader

- Organized and executed enriching programs for the children dedicated to health, education, and fun. Acted as a role model, caretaker, and leader for those in the program

VOLUNTEER & LEADERSHIP EXPERIENCE

COPH National Public Health Week Committee

April 2020

American Legion Auxiliary Post 195 Member

2014 - Present

- Make quilts of valor, host Memorial Day ceremonies

Mentorship with a third-grade girl from St. Mary's School every Friday

Spring 2019

Service-learning project for World Heart Day

Fall 2016, 2017, & 2019

Serve on the Campus Housing Master Plan Steering Committee at WSC

2018-2019

Identified a need for women and children escaping domestic violence at Haven House

Spring 2019

- Through WSC Early Childhood Association, raised money and purchased necessities for the women and children staying at the house

Volunteer for the Down Syndrome Walk in Norfolk NE

October 2016, 2017, 2018

President of Ironic Bonders (WSC Chemistry Club)

2017-2018

HONORS & AWARDS

Recipient of the Keith Swarts – Jayme Nekuda Service-Learning Award	Summer 2020
Awarded Outstanding Graduate through the WSC Family and Consumer Science Department	2019
Inducted into Rho Alpha Sigma (Resident Assistant Honor Society)	2018
Accepted into the PHEAST program	Spring 2017
Inducted into Alpha Lambda Delta National Honor Society	2016