Master of Public Health

Applied Practice Experience

Exploring Rural Healthcare Systems: An Administrative Learning Approach to Operations, Growth, and Success

by

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MASTER OF PUBLIC HEALTH

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Chapter 1 - Portfolio Products

The Applied Practice Experience (APE) was completed at Clay County Medical Center (CCMC), in Clay Center, Kansas. Clay County Medical Center is a cutting-edge facility, employing more than three hundred (300) staff across forty (40) departments to provide comprehensive care to the community it serves. The facility is a twenty-five (25) bed Critical Access Hospital, including three (3) intensive care unit beds, three (3) obstetrics/gynecology suites, and nineteen (19) beds for inpatient care. The hospital is connected to the emergency department, as well as the laboratory and radiology department.

Clay County Medical Center also includes a new mental/behavioral health clinic, two specialty clinics with contracting providers, a surgery suite, and a wellness center with exercise equipment and an indoor heated pool. Additionally, they offer cardiac rehab, respiratory therapy, speech therapy, physical therapy, occupational therapy, pediatric therapy, pain management, immunizations and vaccines, and wound care. Clay County Medical Center also has five rural health clinics, one of which is connected to the facility in Clay Center, while the remaining 4 are located in surrounding communities. The organization also owns and operates Meadowlark Hospice and Senior Life Solutions.

Contracting providers in the specialty clinics provide care in: audiology, cardiology, dermatology, endocrinology, otolaryngology (ears, nose, throat), foot care, nephrology, neurology, oncology, ophthalmology, orthopedics, pain management, podiatry, pulmonology, surgery, urology, women's health, and wound care. Outside of healthcare, the facility is also well-known among community members for its great dining experience, with home-cooked meals daily in the kitchen and a fun atmosphere in the dining room.

My primary goal for this experience was to develop the skills and knowledge necessary to become an effective healthcare administrator in a successful and growing rural healthcare institution. This hands-on, applied learning experience (APE) was completed part-time between May 2025 and August 2025 with more than 280 hours spent on-site engaging in meetings, accomplishing my learning objectives, participating in ongoing organization activities, and creation/completion of portfolio products as detailed in Table 1.1.

Table 1.1 Summary of Portfolio Products

Portfolio Product		**Description**
1	Strategic Plan	Originally established in 2023 by the Executive Committee, the Strategic Plan was assigned to me to review and update. I incorporated a new mission and vision statement and presented the revised plan to the Board of Trustees at the conclusion of my internship.
2	Interview guideline and qualitative analysis	Developed an interview guide and conducted interviews with all members of the Executive Committee to assess factors contributing to CCMC's growth and success. I then performed a qualitative analysis to identify key themes.
3	Personal Electronic Device Usage Policy	New policy written and developed for the organization to govern the use of personal electronic devices while at work
4	Public Displays of Affection (PDA) Policy	New policy written and developed for the organization to address public displays of affection within the workplace
5	Policy Template	Composed a standardized policy template to streamline the creation of new policies and the revision of existing ones
6	Agendas	Created agendas weekly for meetings
7	Billing Cycle process map	Designed a visual graphic to describe the billing cycle process
8	Policy Development Workflow process map	Constructed a process map to explain the workflow involved in policy development

Table 1.2 Portfolio Products and Competency Addressed

Portfolio Product		**Number and Competency Addressed**	
3, 4, 5, 8	Policies, Policy Template, Policy Development Workflow process map	9	Design a population-based policy, program, project or intervention
1, 7	Strategic Plan, Billing Cycle process map	10	Explain basic principles and tools of budget and resource management
3, 4, 5, 8	Policies, Policy Template, Policy Development Workflow process map	12	Discuss the policy-making process, including the roles of ethics and evidence
1, 3, 4, 6, 8	Strategic Plan, Policies, Agendas, Policy Development Workflow process map	14	Advocate for political, social or economic policies and programs that will improve health in diverse populations
1, 3, 4, 5, 6	Strategic Plan, Policies, Policy Template, Agendas,	16	Apply leadership and/or management principles to address a relevant issue
1, 2, 3, 4, 6, 8	Strategic Plan, Interviews, Policies, Agendas, Policy Development Workflow process map	18	Select communication strategies for different audiences and sectors
1, 3, 4	Strategic Plan, Policies,	21	Integrate perspectives from other sectors and/or professions to promote and advance population health
7, 8	Billing Cycle process map, Policy Development Workflow process map	22	Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative

Chapter 2 - Competencies

Competency 9: "Design a population-based policy, program, project or intervention"

During my applied learning experience (APE), I created two new policies (Appendices 3 and 4) for Clay County Medical Center (CCMC): Personal Electronic Device Usage Policy and Public Displays of Affection (PDA) Policy. I gathered and incorporated feedback from stakeholders to address the content and verbiage of the policies. Additionally, I designed the template (Appendix 5) used to establish these policies and created a "Policy Development Workflow" process map (Appendix 8) that illustrates the design and implementation process for these new documents.

These policies contribute to a healthier organizational environment by promoting professionalism, protecting patient privacy, and reducing behaviors that may undermine patient trust or workplace safety. By establishing consistent expectations across departments, the policies support a positive organizational culture grounded in respect, accountability, and patient-centered care. Incorporating staff input throughout the development process also strengthened buy-in and supports stronger adherence to the finalized policies. Ultimately, these policies help shape a safe, welcoming, and reliable care environment, positively influencing patients' comfort and overall experience when accessing healthcare services.

Competency 10: "Explain basic principles and tools of budget and resource management"

One of the core foundations of success in healthcare is appropriate and effective financial management. To demonstrate this competency, I created a "Billing Cycle" process map (Appendix 7) to explain the healthcare financial workflow. The process map outlines key steps, inputs, and influencing factors for each step. The process begins with registration and the patient encounter, followed by documentation that is used by health information management (HIM) and coding departments to generate a claim. Claims then move to the billing department for finalization and submission to accounts receivable. If a claim contains errors or is denied by insurance, it must be reviewed, corrected, and resubmitted by HIM, coding, and billing staff.

This process map demonstrates how interdependent steps connect across departments and highlights where inefficiencies or communication gaps may occur. For example, errors during registration, such as incorrect insurance information, can cause claim denials and delay

reimbursement. Similarly, delays in clinical documentation can reduce timely billing, leading to lower cash flow and negatively impacting the organization's financial stability. Understanding these connections allowed me to better recognize how operational decisions affect financial performance.

I also contributed to the revision of CCMC's Strategic Plan (Appendix 1), which incorporates essential elements of budgeting, financial planning, and resource allocation. For example, the plan includes a budgeted allocation for employee recognition programs ("budgeted $_____ per employee for recognition years") to strengthen workforce retention and organizational culture. It also includes event-specific budgeting ("Annual Celebration (BBQ in June), budgeted $_____ for venue, catering, activities, and prizes") to support team engagement. Additionally, the Strategic Plan outlines resource needs related to emergency preparedness, succession planning, and initiatives to improve profitability and financial strength. These activities deepened my understanding of how financial decisions align with organizational priorities and long-term sustainability.

Competency 12: "Discuss the policy-making process, including the roles of ethics and evidence"

At CCMC, the policy-making process mirrors the structured approach of governmental systems. My experience creating two new policies (Appendices 3 and 4), editing two existing policies, and developing a standardized policy template (Appendix 5) gave me first-hand insight into the process, including the ethical and procedural considerations involved. To further demonstrate my understanding, I designed a "Policy Development Workflow" process map (Appendix 8) identifying the sequence of steps, stakeholder roles, and necessary inputs. This can be used to assist employees at CCMC in their future endeavors to establish and revise policies and procedures.

Throughout this work, I observed how ethical principles shape policy formulation, especially when addressing sensitive topics such as employee conduct, privacy, and professionalism. For example, the Public Displays of Affection (PDA) Policy was developed to maintain a respectful and professional work environment for both patients and staff. The Personal Electronic Device Usage Policy required balancing ethical considerations such as employee autonomy with patient privacy, workplace safety, and productivity. We carefully considered how

improper device use could compromise patient confidentiality, disrupt workflow, or create inequitable enforcement if guidelines were unclear. By reviewing best practices and comparable policies from peer institutions, I used an evidence-based approach when creating these policies to ensure clarity, alignment with standards, and appropriateness for CCMC's rural healthcare setting. This integration of ethics and evidence strengthened the quality, fairness, and applicability of the policies and reinforced my understanding of the policy-making process in healthcare organizations.

Competency 14: "Advocate for political, social or economic policies and programs that will improve health in diverse populations"

Throughout my applied learning experience (APE), I strengthened my ability to advocate for policies and programs that promote equitable health outcomes among diverse populations in a rural setting. Some initiatives originated at Clay County Medical Center (CCMC) prior to my APE, while others were developed or implemented during my internship. Collectively, these experiences allowed me to contribute to ongoing and newly emerging efforts that advance community health.

I developed concrete advocacy skills through identifying gaps in organizational policies, speaking up about areas that limited patient comfort or staff professionalism, and communicating with key stakeholders to advance solutions. I collaborated with leadership and department manager, gathered feedback, and incorporated evidence-based language and best practices into revised policy drafts. These actions enhanced my ability to advocate effectively within a complex healthcare environment.

A primary example of this advocacy was developing two new organizational policies (Appendices 3 and 4). These policies were designed to promote a safe, respectful, and professional environment for both patients and staff, key components of improving health outcomes in rural populations. By advocating for clear guidelines that protect patient privacy, support staff professionalism, advance productivity, and improve the care environment, I contributed to organizational practices that ultimately enhance patient experience and health equity.

Additionally, updating CCMC's Strategic Plan (Appendix 1) provided an opportunity to advocate at a systems level. I facilitated discussions with executive leadership across four key domains: People, Quality, Operations, and Growth, and recommended improvements related to

planning, accountability, and implementation. I engaged leaders in reflective conversations about past successes and mobilized them to take action toward future goals.

Presenting the updated plan to the Board of Trustees allowed me to educate decision-makers and advocate for initiatives that strengthen access, quality, and sustainability in rural healthcare delivery. The projects I supported allowed me to see how advocacy, planning, financing, and implementation work together to improve health outcomes in diverse populations, particularly in rural areas. This experience enhanced my capacity to apply strategic thinking and leadership to advance equitable health initiatives within a rural healthcare setting.

Competency 16: "Apply leadership and/or management principles to address a relevant issue"

Leadership and management principles were at the core of my internship during the APE as I worked to develop the skills necessary to become an effective healthcare administrator. Throughout my internship, I applied core leadership practices, including creating a vision, fostering collaboration, and guiding decision-making, while working on projects at Clay County Medical Center (CCMC).

A primary example was my leadership in updating the Strategic Plan (Appendix 1), including revising the mission and vision statements and developing new organizational policies (Appendices 3 and 4). I participated in discussions with more than forty (40) department managers to gather diverse perspectives and synthesize feedback. Recognizing that leadership decisions required clarity and structure, I implemented a novel approach to revising the mission and vision statements by deconstructing them by parts of speech. This analytical process enabled the Executive Committee to come to agreement and create statements that reflected the organization's goals and values.

Each week, I collaborated with the Executive Committee to develop agendas (Appendix 6) for meetings. I also identified an operational gap within the organization and created a standardized policy template (Appendix 5) to promote consistency in policy creation and revisions and to improve organizational efficiency.

In addition, I demonstrated leadership by mentoring a new intern, orienting him to the organization, training on scheduling and meeting coordination, and preparing him to continue ongoing projects after my departure. I further took initiative to research a Quality-Based

Reimbursement Program (QBRP) for CCMC, coordinating communication between an insurance representative, the Director of Outpatient Services, and the finance department. Through this effort, we identified key provider metrics, National Provider Identifiers (NPIs), and performance criteria to strengthen the organization's capacity to participate in value-based reimbursement programs.

These collective experiences illustrate how I applied leadership and management principles to address relevant organizational challenges, foster collaboration, and drive continuous improvement at CCMC.

Competency 18: "Select communication strategies for different audiences and sectors"

My internship required engagement with executive leadership, department managers, team members, community volunteers, and patients, each requiring different approaches to convey information effectively. Throughout my Applied Practice Experience (APE), I consistently selected and adapted communication strategies to meet the needs of diverse audiences across multiple organizational sectors.

In "RHC Workflow" and "RHC Transition" meetings, I primarily listened and took detailed notes to summarize for the CEO, recognizing my role as an observer and learner. In contrast, during Executive Committee meetings, I actively participated and communicated using more advanced, professional language appropriate for upper-level management. At Patient and Family Advisory Council (PFAC) meetings, I simplified terminology and adjusted my tone to match participants' varying levels of health literacy, ensuring clarity and engagement. I also adapted to unspoken communication norms, such as refraining from laptop use when it was not common practice. I used agendas (Appendix 6) when facilitating meetings to maintain structure and focus.

My written communication strategies varied depending on context and purpose. While developing and revising organizational policies (Appendices 3 and 4), I used color-coding and in-document comments to clearly explain revisions and rationales, and I solicited feedback through both email and in-person discussions. This same process was also used to update the Strategic Plan (Appendix 1). I also designed a Policy Development Workflow visual graphic (Appendix 8) to communicate procedural information through a visual medium.

Conducting interviews (Appendix 2) with team members further strengthened my interpersonal communication skills, as I practiced active listening, empathy, and confidentiality to foster open dialogue. Additionally, I collaborated with the Marketing and Human Resources departments to prepare materials for an employee celebration event, communicating data and selections clearly through organized Excel sheets.

These experiences enhanced my ability to assess audience needs, select appropriate communication channels and styles, and convey information effectively through written, verbal, and visual methods

Competency 21: "Integrate perspectives from other sectors and/or professions to promote and advance population health"

Throughout my internship, I collaborated extensively with professionals from multiple sectors and disciplines, integrating their perspectives to strengthen organizational initiatives and promote population health. My work on evaluating and updating the Strategic Plan (Appendix 1) required active engagement with members of the Executive Committee, including the Chief Executive Officer, Chief Financial Officer, Human Resources Director, Chief Medical Officer/Emergency Department Director, Hospice Program Director, and the Directors of Inpatient and Outpatient Services. Each leader contributed unique expertise reflecting clinical, financial, administrative, and operational domains.

In revising the mission and vision statements and developing new organizational policies (Appendices 3 and 4), I sought and incorporated feedback from both executive leadership and over forty (40) department managers across diverse service areas. This process deepened my understanding of the interdependence between clinical care, finance, human resources, and patient services, and how these functions collectively influence patient and community health outcomes.

Integrating these diverse perspectives directly shaped strategic planning decisions that benefit patients and the broader community. For example, discussions with leaders informed priorities related to strengthening access to care, improving care coordination and quality of care, and supporting workforce retention. These priorities led to initiatives that address critical rural health needs and improve population health outcomes. By facilitating collaboration and integrating multiple professional perspectives, I helped ensure that the organization's strategic goals were comprehensive, inclusive, and aligned with the shared objective of advancing population health.

Competency 22: "Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative"

To demonstrate this competency, I applied systems thinking tools by developing two visual process maps: one depicting the billing cycle (Appendix 7) and another illustrating the policy development workflow (Appendix 8). Each map identified key components, feedback loops, and interdependent steps within the respective systems, visually representing how inputs, actions, and outcomes connect across departments. These tools helped clarify system relationships, highlight potential inefficiencies, and support decision-making aimed at improving organizational performance.

Table 2.1 Summary of MPH Foundational Competencies

Number and Competency		**Description**
9	Design a population-based policy, program, project or intervention	I designed a policy template, established two new policies for CCMC, and created a visual process map to outline the policy development workflow
10	Explain basic principles and tools of budget and resource management	I developed a billing cycle process map to explain the financial workflow in healthcare and contributed to revising the Strategic Plan to address resource management
12	Discuss the policy-making process, including the roles of ethics and evidence	I constructed a process map to describe the process, including inputs and outputs
14	Advocate for political, social or economic policies and programs that will improve health in diverse populations	I promoted health initiatives through policy development and Strategic Plan revisions that addressed community and organizational needs
16	Apply leadership and/or management principles to address a relevant issue	I led the revision of the Strategic Plan, coordinated policy creation, and mentored a new intern to support organization development

18	Select communication strategies for different audiences and sectors	I adapted communication approaches across team member and community groups through written, verbal, and visual strategies to ensure clarity and engagement
21	Integrate perspectives from other sectors and/or professions to promote and advance population health	I collaborated with leaders across clinical, administrative, and financial departments to align organizational strategies and promote community health
22	Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative	I applied systems thinking to create two process maps that visualize complex organizational workflows

Table 2.2 MPH Foundational Competencies Course Mapping

22 Public Health Foundational Competencies Course Mapping	**MPH 701**	**MPH 720**	**MPH 754**	**MPH 802**	**MPH 818**
Evidence-based Approaches to Public Health					
1. Apply epidemiological methods to settings and situations in public health practice	x		x		
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	x	x	x		
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	x	x	x		
4. Interpret results of data analysis for public health research, policy or practice	x		x		
Public Health and Health Care Systems					
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings		x			
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community, and systemic levels					x
Planning and Management to Promote Health					
7. Assess population needs, assets and capacities that affect communities' health		x		x	
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs					x

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
9. Design a population-based policy, program, project or intervention			x		
10. Explain basic principles and tools of budget and resource management		x	x		
11. Select methods to evaluate public health programs	x	x	x		
Policy in Public Health					
12. Discuss the policy-making process, including the roles of ethics and evidence		x	x	x	
13. Propose strategies to identify relevant communities and individuals and build coalitions and partnerships for influencing public health outcomes		x		x	
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations		x			x
15. Evaluate policies for their impact on public health and health equity		x		x	
Leadership					
16. Apply leadership and/or management principles to address a relevant issue		x			x
17. Apply negotiation and mediation skills to address organizational or community challenges		x			
Communication					
18. Select communication strategies for different audiences and sectors	FNDH 880				
19. Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy	FNDH 880				
20. Describe the importance of cultural humility in communicating public health content		x			x
Interprofessional Practice					
21. Integrate perspectives from other sectors and/or professions to promote and advance population health		x			x
Systems Thinking					
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative			x	x	

Table 2.3 Application of Systems Thinking Tools

Systems-Thinking Tool	Description of Use
Process Mapping	Created a visual process map of the billing cycle to illustrate the sequential flow of financial operations within the healthcare system. The map identified key steps, feedback loops, influencing factors, and

	points of potential inefficiency, helping clarify how departments interact to ensure accurate and timely reimbursement.
Process Mapping	Developed a process map outlining the policy development workflow at CCMC, including stakeholder roles, inputs, and decision points. This tool visually represented the interconnected stages of policy creation, review, and approval, supporting organizational transparency and efficiency.

Systems thinking tools offer structured, visual approaches to understanding and improving complex processes within healthcare systems. During my Applied Practice Experience (APE) at Clay County Medical Center, I applied systems thinking through the creation of two process maps, one illustrating the billing cycle and another depicting the policy development workflow. These visual tools clarified the interconnected steps, decision points, and feedback loops within each process, emphasizing how individual actions contribute to overall organizational performance. The billing cycle process map demonstrated the flow of financial operations, helping identify where inefficiencies or communication gaps might occur across departments. Similarly, the policy development workflow map outlined the structured sequence of stakeholder engagement, review, and approval, reinforcing openness and consistency in organizational governance.

Improving efficiency and communication in these processes has direct implications for healthcare access, quality, and equity. For example, a clearer and more efficient billing cycle supports timely reimbursement, which strengthens the organization's financial stability and its ability to sustain services critical to rural populations. Reducing errors or delays in billing also minimizes patient financial burden and enhances transparency, contributing to more equitable patient experiences. Likewise, mapping the policy development workflow promoted more consistent and inclusive decision-making. Clearer policies ensure staff across departments have shared expectations, which improves the quality and reliability of care. Transparent and well-coordinated policy processes also ensure that decisions, such as those affecting patient access, service delivery, or workforce practices, are informed by diverse perspectives, ultimately advancing equitable and patient-centered outcomes. Collectively, these systems thinking tools provided a replicable framework to improve efficiency, communication, and accountability across operational and administrative functions, thereby supporting improved access to care, higher-quality services, and more equitable healthcare delivery.

Appendix 1: Strategic Plan

Selected excerpts from the Strategic Plan: For competency # 10

- Drive continued development of our team members through orientation, career growth, mentoring, and educational opportunities.
- Enhance the value of team members through recognition programs, closed loop communication, and relationship techniques.
    - Budgeted $__ per employee for recognition years
- Annual celebration
    - BBQ in June
    - Budgeted $_____ for venue, catering, activities, and prizes
- Improve our patient communication
    - Strategic interventions:
        - Phone and other means of communication (patient portal), need to reflect higher level of customer service (external and internal)
- Department level survey questions
    - This was previously cost prohibitive. Need to reassess price.
        - Find alternative ways to accomplish the same goal while being fiscally responsible
- Emergency preparedness
    - Blizzard report completed Month, Day, Year in response to a real event
    - Contaminated patient report completed Month, Day, Year in response to a real event
- Build a collaborative relationship with the health department
- Evolve our business model to maintain sustainability through succession planning and organizational alignment
    - Outline what positions will need filled in the next five years
- Improve profitability and long-term financial strength of the organization
    - Start Revenue Cycle Action Team (RCAT) meetings monthly
    - Strategic interventions:
        - Review coding, billing, aged, denials, charges, and cost of services timely and consistently
        - Pare down on supplies we currently stock
    - Focus on clinical initiatives to improve profitability

Selected excerpts from Strategic Plan: For competency #14

- Improve the wellness of our team members thought ongoing well-being strategies, with a mental health focus
- Patient family advisory committee
- Educate the patient population on wellness needs at all stages of life
    - Strategic interventions:
        - Advanced care planning
        - Health insurance
        - Hospice
        - Women's night
        - Community baby shower
- Focus our safety efforts on all patients and our team members
    - Monitor admission process and ER admission times
    - Pediatric safety

    - Depression screening
    - Fall risk assessment
    - Postpartum
    - Staff education and skills training
- Independent living
- Preventive care (coordinator)
- Expand (specialty) service lines
- MD Save
- Farm safety

Selected excerpts from Strategic Plan: For competency #21

- Physical and mental health improvement
    - Wellness committee
- Decrease our readmission in the ER and inpatient unit
- Services outside of the school year
    - Therapies
- Develop a multi-disciplinary team for patient care review
    - Length of stay
    - Readmission rates
    - Utilization review
- Discharge orders
- Educate the patient population on wellness needs at all stages of life
    - Strategic interventions:
        - Advanced care planning
        - Health insurance
        - Hospice
        - Women's night
        - Community baby shower
- Focus our safety efforts on all patients and our team members
    - Monitor admission process and ER admission times
    - Pediatric safety
    - Depression screening
    - Fall risk assessment
    - Postpartum
    - Staff education and skills training
- Independent living
- Preventive care (coordinator)
- Expand (specialty) service lines
- MD Save
- Farm safety

Appendix 2: Interview Guideline and Qualitative Analysis

Introductory script to be read before interview:
"Hi thanks for joining me today and allowing me to interview you. I'll be conducting this interview today for personal knowledge, and as a learning objective that I created for my internship and MPH program. If it is okay with you, I would like to take notes today to review later. No information directly from your interview will be shared with anyone else. I plan to do a qualitative analysis of all the interviews I conduct to try to establish 'themes'. Is it okay if I take notes while we talk?
I will ask you a bunch of questions, and if you don't have an answer to one, just let me know and we can skip over it or we can come back to a question also. There may be some questions that you feel are not applicable to the type of work which you do-in that case just let me know and we can skip over it, or if you have thoughts in which it is related in a different way, you can tell me that too."

Background

- What is your name?
- Please describe your main role and responsibilities. What is the title of your role? What does a day/ week in your life look like?

CCMC Connection

- How long have you been with CCMC?
- Why did you choose rural health care? Why CCMC?
- What is your favorite and least favorite thing about CCMC specifically?
- How does CCMC collaborate with other providers or facilities? Do you in your role collaborate with professionals outside of CCMC?

Roll specific

- How do you define success in your position?
- What is your favorite part of your job? What is your least favorite part of your job?
- What is something that needs addressed or completed on your to-do list?
- Have there been any successful innovations (clinical, operational, or financial) implemented recently? Anything implemented to create better efficiency?
- Do you feel limited in your role in any way? If so, how?
- How much, if applicable, does changing federal/ state policy affect you in your position? And how, in what ways?

Personal leadership

- Do you manage anyone? Is there anyone working "under" you?
    - What do these relationships look like?
    - How do you practice leadership with them?
    - What is your leadership style?
    - How do you hold others accountable? What do check-ins look like?
    - Has your leadership style changed? If yes, describe how.
- Who is your supervisor and what is your relationship like with them?
    - What performance metrics are most important to you?
    - How is your success "measured"?
    - Do you like the way your supervisor interacts with you? What would you keep and what would you change about this relationship?

CCMC success

- What factors do you think contribute to the success of CCMC?
- What factors do you think contribute to the growth of CCMC?
- What sets CCMC apart from other healthcare facilities? Other critical access hospitals? And other jobs in general?
- What role do you personally play in the growth and success of CCMC?
- What keeps you up at night?
- What gives you hope about the future of CCMC?
- If you could change anything about your job or the organization, what would it be?

Future opportunities

- Where do you see the greatest opportunity for improvement or investment in rural health care over the next five years?
- What advice would you give to someone looking to lead in rural health care settings?

Rural health care

- What are the biggest challenges CCMC faces in delivering care to rural populations?
- How do workforce shortages (physicians, nurses, support staff) affect operations and care delivery?
- How do you assess community needs and decide on new services or investments?
- How do you address access to care for underserved or geographically isolated patients?
- What strategies have you used to grow services or patient volume in a rural area?
- What role, if any, does telehealth play in your strategy for access and outreach?

Financials

- How has reimbursement (e.g. Medicare/ Medicaid) affected your growth strategy?
- What steps are you taking to diversify revenue or control costs without sacrificing quality?
- How do you balance financial sustainability with mission driven care?

Quality

- What initiatives have been most effective in improving health outcomes or patient satisfaction?
- How do you engage with community health or social services to address broader health determinants?

General wrap up

Thank you so much for your time today. I appreciate your openness and honesty to further my personal learning and professional development towards rural healthcare administration. Before we end the conversation,

- Is there anything else you would like me to know?
- Is there anything I can do for you?

Appendix 3: Personal Electronic Device Usage Policy

Clay County Medical Center

Policy: Personal Electronic Device Usage

Purpose

The purpose of this policy is to ensure a safe, productive, and professional work environment by limiting the use of personal electronic devices during working hours. Excessive or inappropriate use of such devices can lead to decreased productivity, safety hazards, and distraction from work-related responsibilities.

While the default expectation is that use of personal electronic devices should be limited during working hours, department managers may authorize use if it is deemed necessary to support productivity or operational efficiency.

Scope

This policy applies to all employees across all departments and roles.

Personal Responsibility

Employees are expected to use sound judgment and respect shared workspaces. Activities that disrupt coworkers, reduce productivity, or give the appearance of disengagement will be addressed accordingly.

Personal Communication Cell Phone Use

We understand that occasional personal phone calls, text messages, and other forms of messaging may take place during working hours. However, we ask that employees keep personal communications to a minimum and ensure that work-related responsibilities remain the top priority. Unless it is an emergency, personal communications should not interfere with productivity or disrupt the work environment.

Departmental Discretion

Department managers may implement additional guidance, restrictions, or approved exceptions to this policy based on specific job functions or operational needs. Any department-level changes must:

- Be communicated clearly to all affected staff
- Be consistent with overall safety and productivity standards
- Be approved by senior leadership or Human Resources when appropriate

Enforcement

- Supervisors will monitor compliance and may address exceptions or inappropriate use directly.
- Repeated or blatant misuse may be addressed through the organization's progressive disciplinary process.
- Reasonable accommodations may be made for documented medical or sensory needs, coordinated through department management and Human Resources.
- Department managers will decide what, if any, accommodations to this policy will be made, on a case-by-case basis and within each specific department.
    - Exceptions to this policy should be thoroughly documented with HR.

Questions and Clarifications

For any questions regarding this policy or to request an accommodation, employees should contact their supervisor or the Human Resources department.

Policy:

Personal Entertainment Use

- The use of personal devices to play games, watch television and videos, and stream content, listen to podcasts, and access social media during working hours may only occur during scheduled breaks.
- Music may be played on a personal electronic device if approved by a manager. Music must be work appropriate, following all other guidelines, policies, and professional standards. Music must be played at an acceptable level to be respectful of others working.
    - Not following rules of appropriate volume level and appropriate choice of music, may cause privileges to be revoked as necessary.

Earbud/Headphone Use

- The use of earbuds or headphones is prohibited during working hours unless approved by a supervisor for specific work-related tasks or trainings. Earbuds and headphones may be used during scheduled breaks without prior approval.

Etiquette:

- Be respectful of guests, patients, team members, etc. by removing earbuds if someone approaches you and wants to talk. Employees should take ear buds out and focus on the conversation.
- Additionally, if using earbuds or similar listening device while attending a training, watching a webinar, etc. the common appropriate courtesy is to place a sign notifying

you are "in a meeting" on your door in single offices or in a visible area on your desk if in shared offices.

Concerns:

- To report a concern or suspected breach of policy, please contact your department manager or Human Resources as soon as possible. Follow-up the report with an email, summarizing the issue to ensure proper documentation. All reports will be handled confidentially and in accordance with CCMC's procedures for addressing workplace concerns.

Acknowledgment

Clay County Medical Center values a productive, respectful, and safe working environment for all employees. Employees are required to acknowledge receipt and understanding of this policy and agree to abide by its terms.

Employee Acknowledgment Form

I have read and understand the Personal Electronic Devices Policy and agree to comply with all provisions stated.

Employee Name: _____

Signature: _____

Date: _____

Appendix 4: Public Displays of Affection (PDA) Policy

CLAY COUNTY
MEDICAL CENTER
Our Family Caring for Yours.

SUBJECT: **Public Displays of Affection**	REFERENCE #
DEPARTMENT: Human Resources REVIEWED LAST:	EFFECTIVE:
APPROVED BY:	REVISED: 08/25

Clay County Medical Center
Public Displays of Affection (PDA) Policy

Purpose:
To maintain a professional and respectful workplace environment that supports patient trust, employee comfort, and the reputation of the healthcare facility.

Scope:
This policy applies to all CCMC employees across all departments and roles, and all CCMC representatives including but not limited to volunteers, students, instructors, contractors, and vendors.

Personal Responsibility:
Employees are expected to use sound judgment and respect shared workspaces. Activities that disrupt and/or disturb coworkers and guests, reduce productivity, or give the appearance of disengagement will be addressed accordingly.

All employees are expected to maintain professional conduct in the workplace, including refraining from inappropriate or excessive public displays of affection (PDA). Each individual is personally responsible for ensuring that their behavior aligns with the company's values of professionalism and respect.

- Employees agree to:
  - Conduct themselves in a manner appropriate to a professional work environment at all times.
  - Be mindful of how personal interactions may be perceived by others in the workplace, including patients, colleagues, and visitors.
  - Respect workplace boundaries and avoid behavior that could cause discomfort, distraction, or create an unprofessional atmosphere.
  - Exercise discretion in personal relationships to prevent any real or perceived conflicts of interest or favoritism.

Failure to uphold these standards may result in corrective action, up to and including disciplinary measures, as determined appropriate by management.

Policy Statement:
Professional conduct is essential in maintaining the integrity and effectiveness of our healthcare environment. Public displays of affection (PDA) among employees—including but not limited to kissing, prolonged hugging, or other intimate physical contact—are not appropriate in the workplace.
Such behavior may be perceived as unprofessional, distracting, or even uncomfortable for patients, visitors, and colleagues. It may also undermine the therapeutic and respectful atmosphere we are committed to providing.

Guidelines:

- **Permissible Conduct:** Friendly greetings such as a brief hug or handshake are acceptable when culturally or situationally appropriate and mutually welcome.
- **Inappropriate Conduct:** The following are considered inappropriate in the workplace and may be subject to disciplinary action:
    - Kissing
    - Prolonged or close physical contact suggestive of romantic intimacy
    - Holding hands in patient care areas
    - Any other behavior deemed disruptive or unprofessional by management
- **Locations:** This policy applies in all areas of the facility and its premises, including patient care areas, staff lounges, hallways, lunchroom, parking lots, and administrative offices.

Reporting:
To report a concern or suspected breach of policy, please contact your department manager or Human Resources as soon as possible. Follow-up the report with an email, summarizing the issue to ensure proper documentation. All reports will be handled confidentially and in accordance with CCMC's procedures for addressing workplace concerns.

Enforcement:
Supervisors and managers are responsible for addressing violations of this policy in a timely and respectful manner. Continued or serious breaches may result in progressive disciplinary action, up to and including termination.

2

Questions and Clarifications:
Employees with questions about this policy or who wish to report a concern should contact the Human Resources department.

Employee Acknowledgment Form
I have read and understand the Public Displays of Affection Policy and agree to comply with all provisions stated.

Employee Name: _____

Signature: _____

Date: _____

Appendix 5: Policy Template

Title of Policy

Purpose: the purpose of this policy is to [insert purpose].

Scope: this policy applies to [insert which employees, departments, or personnel which is applies]. **Ex:** This policy applies to all CCMC employees across all departments and roles, and all CCMC representatives including but not limited to volunteers, students, instructors, contractors, and vendors.

Policy:

Details

Details

Details

Reporting: If applicable – standardized

To report a concern or suspected breach of any CCMC policy, please contact your department manager or Human Resources as soon as possible. Follow-up the report with an email, summarizing the issue to ensure proper documentation. All reports will be handled confidentially and in accordance with CCMC's procedures for addressing workplace concerns.

Enforcement: If applicable – can be reworded as necessary

Supervisors and managers are responsible for addressing violations of this policy in a timely and respectful manner. Continued or serious breaches may result in progressive disciplinary action, up to and including termination.

Personal responsibility: If applicable – can be reworded as necessary

Employees are expected to use sound judgment and respect shared workspaces. Activities that disrupt and/or disturb coworkers and guests, reduce productivity, or give the appearance of disengagement will be addressed accordingly.

All employees are expected to maintain professional conduct in the workplace, including refraining [insert inappropriate behavior or corrective action needed here]. Each individual is personally responsible for ensuring that their behavior aligns with the company's values of professionalism and respect.

Questions and Clarifications: **--** can be changed as needed but should always be included

For any questions regarding this policy or to request an accommodation, employees should contact their supervisor or the Human Resources department.

Or

Employees with questions about this policy, or who wish to report a concern should contact the Human Resources department.

Employee acknowledgement: if applicable

I have read and understand the [insert policy name here] Policy and agree to comply with all provisions stated.

Employee Name: _____

Signature: _____

Date: _____

-developed by Erin Rose May, Intern CEO, 2025.

Appendix 6: Agendas

Selected excerpts from various agendas: for competency 14

- Advanced care planning
- QAPI
- Immunization and vaccine clinic
- Telehealth appointments
- MD Save
- Behavioral / Mental health clinic

Strategy Meeting Agenda Example

Date

Growth

- Item A
- Item B

In process:

- Item C
- Item D

Hold:

- Item E
- Item F
- Item G

Operations

- Item 1
- Item 2
- Item 3
- Item 4

In process:

- Item 5
- Item 6

Hold:

- Item 7

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*Notes:

"items" may be related to personnel, staffing, scheduling, policies, financials, procedure and treatment options, facilities, programs, projects, interventions, challenges, conflicts, strategies, materials, data metrics, legals, contracts, insurance, etc.

Executive Committee Agenda Example

Date

Austin:

- Construction update
- General update
- Recruitment update
- Goals

Jess:

- General update
- Staffing update
- Specialty clinic

Angela:

- General financial update
- Last month finances

Julie:

- General update
- Quality update
- Mock survey

Christi

- HR update
- Time card
- Performance improvement plan
- Policies

Amy

- General update
- Staffing

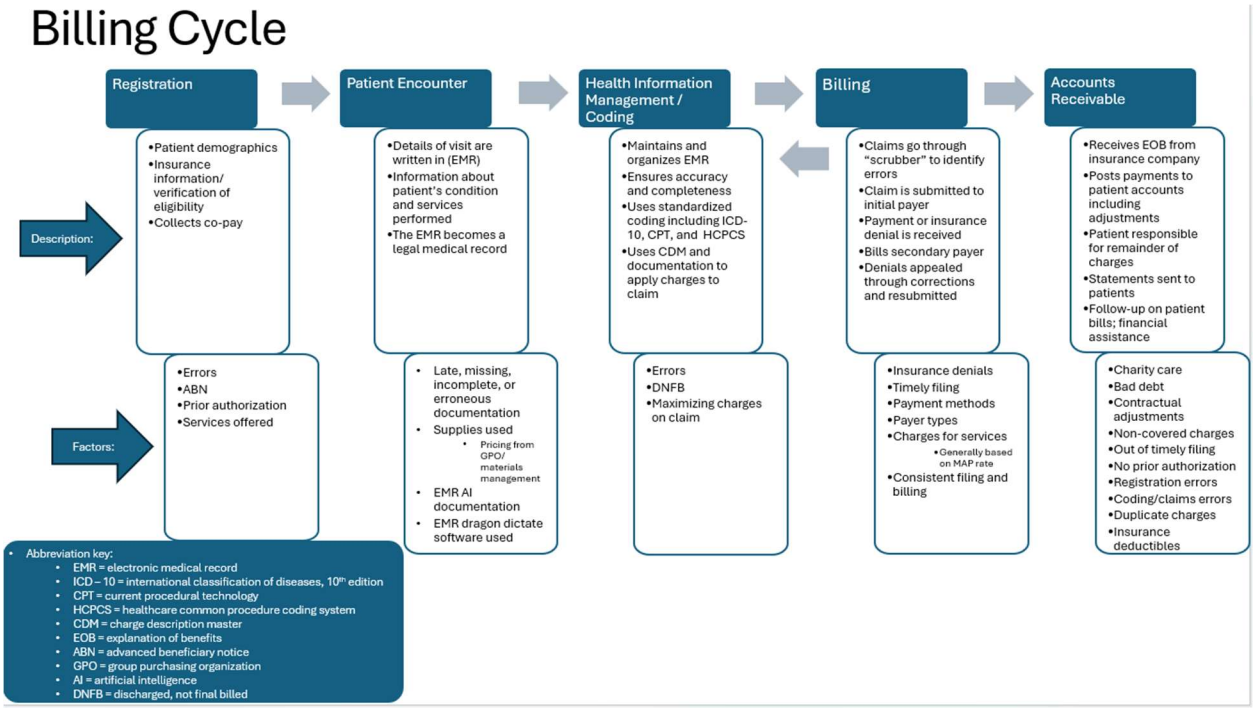
Dr. Kelley

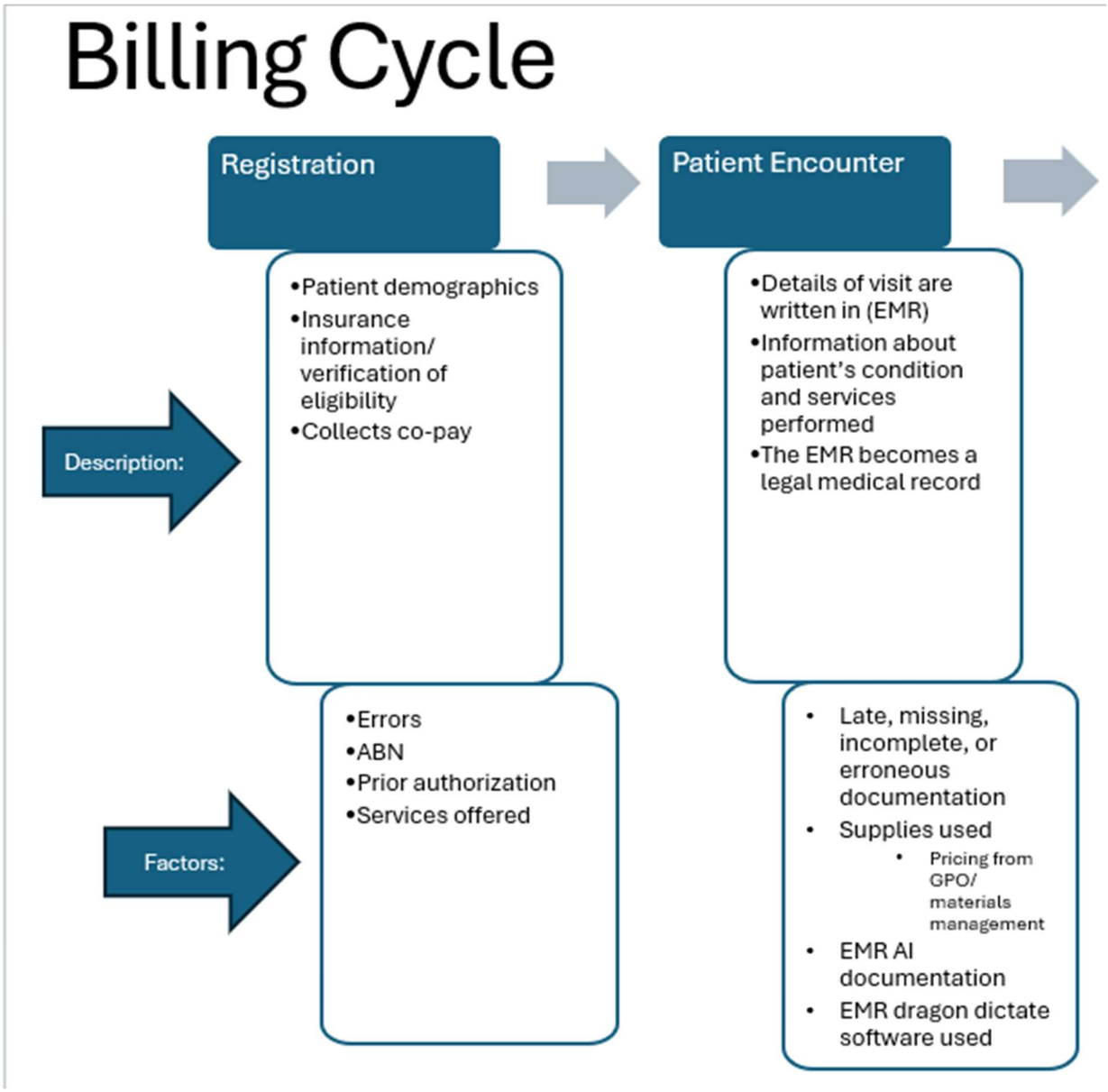
- General update
- Recruitment update

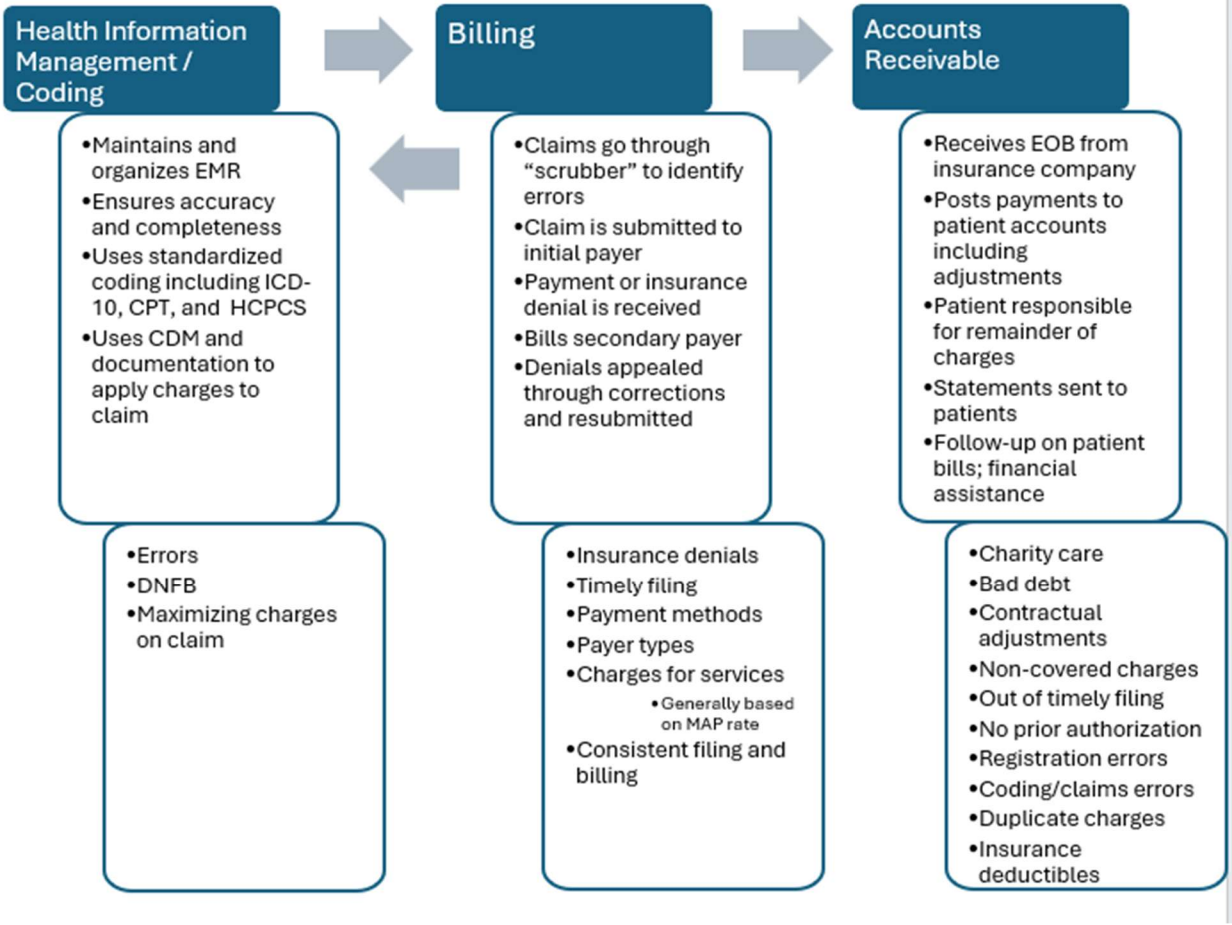
Erin

- Policies
- Strategic plan

Appendix 7: Billing Cycle Process Map




Billing Cycle
Registration
Patient Encounter
Description:
•Patient demographics
•Insurance information/ verification of eligibility
•Collects co-pay
•Details of visit are written in (EMR)
•Information about patient's condition and services performed
•The EMR becomes a legal medical record
Factors:
•Errors
•ABN
•Prior authorization
•Services offered
• Late, missing, incomplete, or erroneous documentation
• Supplies used
• Pricing from GPO/ materials management
• EMR AI documentation
• EMR dragon dictate software used



- Abbreviation key:
  - EMR = electronic medical record
  - ICD – 10 = international classification of diseases, 10th edition
  - CPT = current procedural technology
  - HCPCS = healthcare common procedure coding system
  - CDM = charge description master
  - EOB = explanation of benefits
  - ABN = advanced beneficiary notice
  - GPO = group purchasing organization
  - AI = artificial intelligence
  - DNFB = discharged, not final billed

Appendix 8: Policy Development Workflow Process Map