

## **The Clinic**

**The Clinic Name:** The working name of the clinic is Impact PQ Health Clinic.

### **Clinic Vision Statement:**

PQ Impact Health Clinic will be established by the PQ Outreach Coalition on Carmel Mountain Road in Rancho Penasquitos. The purpose of the clinic is to promote health for entire families in Rancho Penasquitos and surrounding communities. Services will be available to all regardless of ability to pay or insurance status. The clinic will address preventative and maintenance healthcare needs through routine scheduled primary care appointments with referrals to specialist as needed. Acute minor illnesses and injuries will also be treated in an urgent care type environment on a walk-in basis. Transport will be immediately called if the medical situation is beyond that capability of the clinic.

### **The Service Concept:**

The service will start with limited hours specifically designed to meet the schedules of the working poor. Generally, this means being open on Saturdays and evenings. The facility will be designed for a maximum patient load of 10,920 patients based on 35 patients a day for 312 days per year.

Medical staffing for the clinic will be in partnership with North County Health Services and Volunteers in Medicine – San Diego. North County Health Services already has a major commitment to the health of the target populations in other areas of North County and preliminary discussions indicate that they would be interested in working with us. Volunteers in Medicine – San Diego is part of an international network of retired

medical doctors and care only for uninsured patients. They additionally have access to a wide spectrum of specialists for this segment of the community. They also have expressed an interest in our project.

The PQ Outreach Coalition would own and maintain the building with long-term service agreements with the medical staffing partners. The Coalition would be responsible for providing spiritual guidance through multi-language literature distribution and personal interaction with the patients and staff. This spiritual component would be part of the contractual agreement that covers the total health of the families in Rancho Penasquitos and the surrounding communities. The Coalition could also provide a receptionist, a billing specialist and other non-medical personnel as part of the contract. All staff will be required to agree to a criminal record background check.

The Health Clinic will seek to become a Federally Qualified Health Center (FQHC). There are just two community health clinics in San Diego County that are certified by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This is the gold standard for health care and the clinic will seek this certification.

### **The Facility:**

The proposed clinic will require a two story, 2000 square foot building to meet the ultimate patient load. The plan is to complete only the first floor until the patient load requires additional space. This space will include a reception area, registration counter, exam rooms, a secure record storage room, a locked dispensary, a break room, rest rooms on both floors, doctors and staff offices, a dentistry suite probably upstairs, an inoculation area with a separate outside entrance, an isolation suite, an elevator, a closet for network

hubs and routers on the second floor and a small server room on the first floor with additional power, air conditioning and room to accommodate the UPS, servers and networking for the building. The goal is to have a paperless patient record system but some paperwork is always generated in the process and that paperwork must be kept until it is archived into the electronic system. These rooms will also handle the phone system wiring and equipment.

### **Demographics:**

Demographic trends are available for radial trade areas around the church in circles with radii of one mile, three miles and five miles with the church as the center point. Specific data from the three-mile area will be discussed here with the complete data set available in the appendices.

The 2000 census is the only firm data with projections for 2005 and 2010. The population is projected to increase from 97,221 to 112,806, which is an increase of 16.03%. The under 18-population percentage will drop slightly from 29.2% to 28.0% with a projected net increase of 3216. The major ethnic groups in 2000 were white (63.5%) and Asian/Pacific Islander (25.5%). The median household income is projected to increase from \$78,193 to \$99,192. The two lowest income categories of less than \$25,000 and \$25,000-\$49,999 will drop from 8.1% to 6.4% and 17.1% to 11.9% respectively. This last income statistic is misleading in that two people working 40 hours a week at \$8.00 per hour will have combined earnings of \$33,280. Eight dollars per hour will be minimum wage in California beginning 1/1/2008. Unless the job has health insurance benefits, which does not often happen in minimum wage situations, there is an excellent chance that the adults in the family will be uninsured.

There are several significant developments of Section 8 and lower income housing within the target three-mile area. However, there is no clinic, either non-profit or for profit, within 10 miles of our location that accepts all persons in need of health care regardless of their ability to pay. A mobile clinic from Father Joe's Villages comes to Our Lady of Mount Carmel Catholic church once a month and the mobile clinic from North County Health Services comes once a month to Saint Thomas Episcopal Church about a mile from the Mount Carmel Church of the Nazarene. The focus of both of these clinics is primarily the immigrant day laborers that live in the vicinity. Thus the call from God motivates us to establish a permanent, quality community health clinic in our neighborhood.

**Funding Goal:**

The funding goal is to build the clinic building with equipment and furnishings debt free and also build an endowment that would provide maintenance, equipment replacement, and medical supplies and assistance to those patients who could not otherwise receive such care. This endowment would allow long term staffing contracts without a heavy financial burden on the staffing provider.