



## Department of Procurement Services

160 South Hollywood Street · Room 126 · Memphis, TN 38112 · (901) 416-5376

September 16, 2021

RE: Addendum #2: **RFP #09272021KC – Employee Onsite Medical Services**

Dear Bidders:

This Addendum forms a part of the Contract Documents and modifies the Plans and Specifications posted on September 7, 2021. The Vendor shall acknowledge receipt of this Addendum on the Bid Form. Failure to do so may subject the Bidder to disqualification.

### **Item #1 – Minority, Women-owned and Small Business Enterprise Program**

Should a non-certified MWSBE Bidder be awarded the Employee Onsite Medical Services contract, the awardee shall take affirmative action to ensure that Minority, Women-owned and Small Business Enterprises, which have been certified by the City of Memphis, Memphis-Shelby County Airport Authority, Mid-South Minority Business Council Continuum – Uniform Certification Agency (UCA), Shelby County Government or TriState Minority Supplier Development Council (TSMSSDC) and approved by SCS Office of Minority, Women-Owned and Small Business Enterprise are utilized for purchases and services, when possible, as sources of supplies, equipment, construction and services for Shelby County Schools for non-federal funded purchases.

For non-federal funded purchase orders, a non-certified MWSBE successful contractor must contact SCS Office of Minority, Women-Owned and Small Business Enterprise to request verification of the sub-contractor MWSBE certification status. Please see the contact information below.

Joyce Douglas, MWSBE Manager  
Minority, Women-Owned and Small Business Enterprises  
160 S. Hollywood Street, Suite 318  
Memphis, TN 38112  
Phone: (901) 416-4737  
Email: [douglasja@scsk12.org](mailto:douglasja@scsk12.org)

### **Item #2 – Questions and Responses**

1. Can you explain the reason Shelby County Schools decided to go to RFP? Are you looking to transition away from your current vendor? **With the current contract expiration date nearing, the process is to submit an RFP for new and/or existing proposals to bid.**
2. The RFP referenced a anticipated contract date of Jan 1, 2022. Is the expectation that the wellness center would be operational on / around that date or is there time allowed for transition? **By Jan. 2022 the wellness center should be fully operational.**
3. What is the anticipated date for award? **Oct-Nov. 2022**
4. Does Shelby County Schools allow all employees to access the wellness center for primary care needs or only those on the health plan? **Staff with primary care needs and only dependents on the SCS health plan.**

5. What is the total number of Shelby County Schools employees, retirees, spouses and dependents that have access to the wellness center for primary care services?

- A) Self-insured medical plans (actives, early retirees, employees and dependents): 16,550
- B) Medicare Surround with Rx (retirees and dependents): 7,950
- C) Medicare HMO with Rx (retirees and dependents): 172

6. What is the total number of employees that could have access for occupational services? **Any staff that would be included in question #5 that would have an accident on the job.**

7. While pre-pack medication dispensing is offered at the Shelby County Schools wellness center, would SCS be interested in having access to a full service pharmacy onsite? **Yes**

8. Can you provide the 2020 / 2021 operating budget for the wellness center? **\$883,606**

9. The staffing model references a MD consultant. Can you provide additional details regarding the role for that individual? **MD consultant assist with overview of OJI cases as well as apply medical knowledge that is not led by a physician.**

10. Please confirm the following staffing model is what has been requested as part of the quote:

- a. (3) Nurse Practitioners
- b. (4) Medical Assistants
- c. (1) Nurse Practitioner (Mental Health)
- d. (1) Scheduler

11. Is Shelby County Schools open to an alternative staffing model? **An alternative would be physicians or physician assistants included with nurse practitioner or in place of a nurse practitioner. In reference to Mental Health a licensed psychologist can also be added in the staffing model.**

12. It was referenced as part of the RFP that Shelby County Schools provided a scheduler. Is that in addition to the staffing model provided? If so would Shelby County Schools be open to allowing that individual be hired as an employee of Premise Health? **SCS has a scheduler funded through SCS general fund, however included in the staffing model, the vendor will need to hire an additional fulltime scheduler to assist with call volume.**

- a. Shelby County Schools will provide a scheduler who will be a school district employee to provide internal support for clinical staff and administration. The proposer agrees to allow access to their scheduling system for our SCS staff that support the Family Care Centers

13. Do you want to retain your current staff? **Yes**

- a. If yes, can you provide the FTE & salaries for the current staff? **Fulltime Staff includes: Shelby County Schools Clinic Manager \$60,000-\$95,000 and Program Assistant (Scheduler) \$32,000-\$45,000**
- b. Are you aware of any non-competes in place for existing staff that you may want to retain? **No**  
What is current tenure of each staff member? **Shelby County Schools Clinic Manager: 7 years and Program Assistant: 10 years**
- c. Do you or current HC vendor pay out any bonuses to the staff? If yes, what is the bonus structure? **No**



d. Do any of the staff members perform additional duties (e.g. supervisory role, medical oversight, etc.)?

Manager manages clinic operations

14. Is your health center serving as a Primary Care Medical Home (PCMH) for your employees / dependents?

No

15. Are you looking to provide occupational injury treatment in addition to intaking first report of injuries for workers compensation incidents? Not at this time

16. Are you looking for occupational health reporting in addition to the reporting requirement in the RFP? If so, what metrics would be included? Collaborating with Shelby County Schools' Risk Management team and review OJI cases

17. Does Shelby County Schools require a copay for non-preventive/non-occupational health visits? Only copay required is for dependents under the SCS health plan

18. Are the drug screens for pre-employment physicals only? No, drug screens are only for DOT physicals and any employee that is suspected to be under the influence while on the job.

a. Does this also include random drug screens? SCS does not conduct random drug screens

b. If including random drug screens, does Shelby County Schools manage the random selection or would you prefer we manage this? N/A

19. Do you want your behavioral health specialist to also support virtual visits? Yes

20. Is there a need for virtual only behavioral health support? Yes

21. Can you provide a benefits summary for Shelby County Schools medical plan(s) offered? See attached

22. Do you have an overarching incentive program? NO

a. If so, can you please provide a summary of this?

23. During what hours would you like virtual primary care visits to be available? During health center hours or 24/7? Only During health center hours- During health promotions campaigns, hours can be tailored to fit staff schedules

24. What is the current participation percentage for HRA use as well as biometrics and who is eligible to participate, i.e. employee only or employee + spouse? NA

25. What prevalent trends has Shelby County Schools seen within their covered population over the last 3 years? For example, increased rates of Diabetes, MSK, etc. N/A

26. Can you provide additional detail on Shelby County Schools overall population health management model? The current pandemic has highlighted our need to provide onsite mental health services

a. Is there anything else you are looking to add? Mental Health

27. Can you provide utilization data for the following areas? For the 20-21 year:

a. Ancillary Visits (lab and nurse appts) 6013

b. Provider Visits: N/A

c. Primary Care Visits N/A

d. Occupational health provider visits by workers comp injury support and physical count: 266

e. Drug Screens: 14

28. Would you be able to please provide a copy of the current dispensing formulary in use, along with a rolling 12 month utilization snapshot? **See sample drug dispensary for 12 months**
29. Does the wellness center manage chronic conditions or only acute? **only acute**
30. Can we assume all equipment/supplies would remain at the site should a vendor transition occur? **Yes**
31. Given the closure of the 2<sup>nd</sup> wellness center location, do you have equipment that is available to be utilized for future locations? **Yes**
32. To aide us in IT pricing, can you provide a listing of wellness center rooms / layout? **Only 1 location that includes: 3 exam rooms, waiting area, 1-2 triage areas, storage for medicine and supplies, 2 restrooms**
33. What is the timeline that Shelby County Schools would like to see 1-2 additional wellness centers be implemented? **Jan. 2022**
34. Would Shelby County Schools be open to sharing wellness center access with other organizations in the area should multiple locations be implemented? **Yes**
35. The retirees that access the wellness center, are they pre-65 or medicare eligible? If post-65, is there an expectation to bill medicare? **Pre-65, medicare is not eligible**
36. With dependent children accessing the wellness center, what age range is seen? **Ages 5 and up**
37. Are pediatric vaccines administered in the wellness center? If so, what vaccines? **No**
38. Does Shelby County Schools have a wellness coaching vendor / platform for employees / dependents to access? If so, who is the vendor and can you describe the platform? **No**
39. Does wellness coaching take place by the onsite clinical staff as part of standard visit? **Onsite staff**
40. Are annual physicals performed at the wellness center? **Only for employees that require physicals for every 3 years. Annual physicals are not required.**
41. Will Shelby County BOE be willing to grant an extension for the RFP due date to 10/15/2021? **No**
42. Please confirm if the Grays Creek location is still closed. **Grays Creek is still closed**
43. Please summarize the site selection process for the 2<sup>nd</sup> or 3<sup>rd</sup> locations. Where are the additional location of the health center being considered? **North Memphis and East Memphis**
44. Can you please provide a detailed visit listing including type of visits and length of visits? **All visits are scheduled 30 minutes apart for a 10 hour day. Visits include: pre-employment physicals, DOT physicals, COVID work clearances, acute care visits**
45. What is the operational expense of the health center on an annual basis? **\$900,000 annually for 1 clinic**
46. Although Shelby County BOE is not sharing the health center with other entities, is there an interest in exploring a shared health center model? **NO**
47. Are there any employers that would be a good cultural fit for this model? **N/A**



48. Please provide a census file for all members that are eligible to utilize the health center. **13,900 employees**

49. Please provide a listing of all Shelby County BOE locations including, garages, schools, admin buildings, etc. **Please log on <http://www.scsk12.org/schools/?LP=schools#/>**

50. For the newly proposed satellite health center, will the BOE hold the lease or will the vendor? **We will hold the lease if the satellite center is completely owned by SCS. We will hold partial expenses if owned by vendor.**

51. Describe the interest in implementing a stand-alone full retail pharmacy within the health center management. **We are operating based off the existing model. Onsite pharmacy is bringing the convenience of medication during the visit.**

52. Has the BOE secured or anticipate securing any federal grant funding that will be applied to the health center? Please list all grant information and all compliance standards. **NO**

53. Is the BOE firm on the health center go live date to be 1/1/2022? **YES**

54. What are the top 3 reasons Shelby County Board of Education wants to transition partners? **It is our process to submit RFP once existing contract is nearing expiration**

55. How would you describe your “corporate” culture and what important characteristics (demographic or otherwise) should we consider in developing a transition plan for your organization? **Shelby County Schools is Tennessee’s largest public school district and is among the 25 largest public school districts in the United States. Formerly comprised of two smaller districts, Memphis City Schools and Shelby County Schools, SCS serves over 110,500 students in more than 214 schools. We are the second largest employer in Shelby County with over 13,900 employees, including 6,000 teachers.**

56. What are the main areas of concern with your current model of care that you wish to improve? **We would like to focus on additional locations and have an added focus on Mental Health**

57. Are any healthcare services currently provided onsite such as mass biometric screening, pre-employment drug testing, etc. If so, please provide the volume of screenings and the typical time periods when these services would be delivered. **We would like to offer biometric screenings during certain health campaigns, i.e. men’s health month which services 250+ men within the district with future growth once a year.**

58. Can you please provide detailed floor plans of the existing facility? **Floor plan attached**

59. Can you provide a brief overview of medical plan options or provide us with a new hire kit to see the medical plan choices offered from a total program design perspective? **N/A**

60. Does your current health center provide disease management and other health intervention services (please specify by program) to your organization or are these carved out to a specialty vendor? **We currently only focus on acute health diagnosis. We refer staff to their primary care physician for disease management**

61. What is your employee annual turnover rate for 2019? 2020? **N/A**

62. What is your healthcare data warehousing strategy and do you use a vendor independent from your claims administrator? **The vendor shares data with SCS clinic staff**

63. Are there any prevalent conditions or problem areas that are of specific concern, within the employee population? If so, what programs and efforts have been deployed to speak to the issues? **N/A**
64. Can you provide us with reports detailing the disease prevalence/cost for your population as well as your Lifestyle Management and Disease Management program ROI thus far in the current onsite center? **N/A**
65. Do you currently provide (or will you consider) incentives/disincentives to employees for participating in health care intervention services, wellness, onsite clinic etc.? What are the current (or contemplated) rewards/incentives/disincentives for the future plan years? **No**
66. Do you know what the risk profile of your population is? If so, what toolsets do you use? (HRA; biometric screening, data mining). **N/A**
67. Do you have the data you need to document how your current onsite clinic vendor is performing with respect to improving population health status, reducing disease prevalence in your population or achieving other health/condition improvements, and improvement in gaps in care? What areas, in terms of data, would you want to improve? **We have customer service survey; attached**
68. Do your employees currently complete an HRA or participate in biometric screening? Who provides the HRA? **Cigna** Is a Personal Health Record generated for the employee as a result? **Yes as long as they are in-network**
69. What percentage of eligible employees completed an HRA? Biometric screening? **N/A**
69. What is your “per employee per month” (PEPM) medical spend now? PEPM for primary care now? **\$85,000 \$90,000 medical spend per month and primary care**
70. How is occ health case management handled today? Can you provide volume by week, by month and by job class? **Volume per week: 200 staff per week, job class is not documented during visit**
71. Can you share a minimum of six months of occupational health reporting? **We see a total of 266 OJI for the 2020-2021 year**
72. Are any of the current clinical team members dedicated to occupational health only? If so, how many? **Only the clinic staff and risk management team, a total of 4**
73. Can you provide reports, for your health center, detailing appointment by hour, appointment by day, appointment by clinician and by appointment type? **Due to HIPPA, No, however scheduling is 15-30 minutes for regular sick visits; 45 minutes for new-hire physicals**
74. How does the current health center define participation? **N/A**
75. How does the current health center define engagement? **N/A**



76. Is the Shelby County Board of Education open to shared / network clinics as a solution to increase access to their employees and dependents? **Yes**

77. Can you provide claims trend reporting that identifies the claims spend of the users of the health centers vs. non-users of the health center? **N/A- No insurance is filed through the clinic.**

78. What is the overall participation rate within the clinic/wellness services of the eligible population? **5% of staff utilize the clinic**

79. Are incentive-based programs used to drive wellness within your population? **No**

80. What is the breakdown of visit types or services rendered at the clinic? **Pre-employment physicals, DOT physicals, Pre-K employee physicals, OJIs, acute care visits, COVID return to work clearances**

81. Are there any efforts to encourage referrals to high quality / lower-cost providers? If so, what services are being used to coordinate? **Clinic staff encourages referrals to primary care physicians as well as seek services for staff without insurance with chronic health conditions**

82. Is there an interest in a coordinated capability to address mental health needs of the population and their dependents? **YES**

83. What drove the decision to close the Grays Creek clinic in 2019-2020? **Building closed and property to sell**

84. What role has the clinic played in executing Shelby County School's COVID-19 response and ongoing strategy evaluation? **The clinic currently offers only return to work clearances with full examinations when servicing COVID positives and quarantine staff.**

Thank you,

Procurement Services

Comparison of Plans:

CIGNA Medical Plan Comparison	OAP IN-NETWORK PLUS	OAP BASIC OPTION	CHOICE FUND HRA
	In-network	In-network Out-of-network	In-network Out-of-network
	You Pay	You Pay	You Pay
<b>Annual deductible</b>			
Employee Employee + 1 Family	\$500 \$1,000 \$1,000	\$1,000 \$2,000 \$2,000	\$2,000 \$4,000 \$4,000
<b>Annual Out-of-pocket maximum*</b>			
Employee	\$3,000	\$4,000	\$8,000
Employee + 1	\$9,000	\$12,000	\$24,000
Family	\$9,000	\$12,000	\$24,000
Coinurance	20%	20%	50%
<b>Annual Health Fund (HRA)</b>			
Annual Health Fund provided to offset your deductible			
Employee Employee + 1 Family	N/A	N/A	N/A
			\$500 \$1,000 \$1,000
<b>Medical coverage</b>			
Doctor's office visits	\$25 copay	20%	50%
Preventive care (mammograms, PAP test, physicals, immunizations)	0%	0%	Not Covered
Specialist visits	\$40 copay	20%	50%
Telemedicine visits	\$25 copay	Copay: 20%	N/A
Outpatient surgery	\$250 copay	20%	50%
Inpatient hospital (per stay)	\$500 copay	20%	50%
Emergency room	\$250 copay	\$400 copay	\$400 copay
Labs and X-rays	20%	20%	50%
Urgent Care	\$75 copay	20%	50%
<b>Prescription drugs</b>			
Deductible	N/A	N/A	\$100 per person
Generic (30-day supply)	\$10 copay	\$10 copay	50%
Preferred Brand Formulary (30-day supply)	20% (\$25 min/\$60 max)	20% (\$25 min/\$60 max)	50%
Non-Preferred Brand (Non-formulary) (30-day supply)	30% (\$50 min/\$80 max)	30% (\$50 min/\$80 max)	50%
Mail Order (90-day supply)	3 x retail copay	3 x retail copay	Not covered

Pricing Summary:

CIGNA Medical Plan Cost Comparison	20 Pay Premiums		24 Pay Premiums	
Medical Plan	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>OAP In-Network Plus</b>				
Employee Only	\$125.81	\$155.81	\$104.85	\$129.85
Employee + 1	\$280.39	\$310.39	\$233.66	\$258.66
Family	\$391.13	\$421.13	\$325.95	\$350.95
<b>OAP Basic</b>				
Employee Only	\$88.09	\$118.09	\$73.41	\$98.41
Employee + 1	\$215.32	\$245.32	\$179.43	\$204.43
Family	\$300.36	\$330.36	\$250.30	\$275.30
<b>OAP Choice Fund HRA</b>				
Employee Only	\$55.80	\$85.80	\$46.50	\$71.50
Employee + 1	\$147.76	\$177.76	\$123.13	\$148.13
Family	\$206.12	\$236.12	\$171.77	\$196.77

\*All plans have an unlimited lifetime plan maximum

For questions, please feel free to call (901) 416-5304 or email us at [benefits@scsk12.org](mailto:benefits@scsk12.org).

How are we doing? Take the SCS HR Survey by clicking [HERE!](#)



Drugs	Units
CETIRIZINE	26
LORATADINE 10 MG	20
CHLORPHENIRAMINE	17
AMOXICILLIN CLAV	15
FLUCONAZOLE	15
METHYLPREDNISOLONE	13
BENZONATATE	12
ONDANSETRON	12
FLUTICASONE PRO	10
AZITHROMYCIN250	9
AMOXICILLIN 875	8
DIPHENHYDRAMINE	7
IBUPROFEN 800	7
AMOXICILLIN 500 MG	5
IBUPROFEN 400	4
SULFANMETHOXAZOLE	4
TRIAMCINOLONE	4
DOXYCYCLINE HYCLATE	3
METHYPREDNISONE DOSE PK	3
METRONIDAZOLE TABS	3
MUPIROCIN OINTMENT	3
VENTOLIN HFA	3
CEFDINIR 300 MG	2
CIPROFLOXACIN 500 MG	2
NEOMYIN POLY B	2
CLINDAMYCIN 300 MG	1
CLOTRIMAZOLE 1% CREAM	1
CYCLOBENZAPRINE	1
HYDROXYZINE	1
MECLIZINE 25 MG	1
NAPROXEN 500 MG	1
OFLOXACIN	1
PROAIR HFA	1
PROMETHAZINE	1
FLUTICASONE PRO	19
CHLORPHENIRAMINE	15
FLUCONAZOLE	13
CETIRIZINE	12
AZITHROMYCIN250	10
LORATADINE 10 MG	10
METHYLPREDNISOLONE	10
BENZONATATE	9
IBUPROFEN 400	9
AMOXICILLIN CLAV	8
ONDANSETRON	7
IBUPROFEN 800	5

CIPROFLOXACIN OPHTHALMIC SOL	4
DIPHENHYDRAMINE	3
MUPIROCIN OINTMENT	3
AMOXICILLIN 875	2
CYCLOBENZAPRINE	2
ERYTHROMYCIN OPTH	2
MECLIZINE 25 MG	2
NEOMYIN POLY B	2
PROAIR HFA	2
TRIAMCINOLONE	2
VENTOLIN HFA	2
AMOXICILLIN 500 MG	1
CEPHALEXIN 500 MG	1
HYDROXYZINE	1
MELOXICAM 7.5 MG	1
METHYPREDNISONE DOSE PK	1
SULFANMETHOXAZOLE	1
FLUTICASONE PRO	43
CETIRIZINE	38
CHLORPHENIRAMINE	38
IBUPROFEN 800	24
BENZONATATE	22
LORATADINE 10 MG	21
AZITHROMYCIN250	19
CYCLOBENZAPRINE	18
AMOXICILLIN CLAV	17
FLUCONAZOLE	17
METHYLPREDNISOLONE	17
IBUPROFEN 400	15
ONDANSETRON	13
NAPROXEN 500 MG	11
CIPROFLOXACIN 500 MG	7
DIPHENHYDRAMINE	6
TRIAMCINOLONE	6
MUPIROCIN OINTMENT	5
ERYTHROMYCIN OPTH	4
MECLIZINE 25 MG	4
PROMETHAZINE	4
SULFANMETHOXAZOLE	4
VENTOLIN HFA	4
AMOXICILLIN 875	3
CEFDINIR 300 MG	3
METHYPREDNISONE DOSE PK	3
CEPHALEXIN 500 MG	2
MELOXICAM 7.5 MG	2
NEOMYIN POLY B	2
ALBUTEROL AEROSOL	1



BACTRIM DS	1
CLARITIN	1
CLOTRIMAZOLE 1% CREAM	1
DOXYCYCLINE HYCLATE	1
METRONIDAZOLE TABS	1
NITROFURANTOIN 100MG	1
PROAIR HFA	1
SILVADENE CREAM 1%	1
FLUTICASONE PRO	54
LORATADINE 10 MG	48
CETIRIZINE	39
AZITHROMYCIN250	26
BENZONATATE	17
FLUCONAZOLE	16
IBUPROFEN 800	14
METHYLPREDNISOLONE	13
NAPROXEN 500 MG	13
MUPIROCIN OINTMENT	10
TRIAMCINOLONE	10
CYCLOBENZAPRINE	9
CEPHALEXIN 500 MG	8
VENTOLIN HFA	8
ONDANSETRON	7
CEFDINIR 300 MG	6
ERYTHROMYCIN OPTH	6
AMOXICILLIN 875	4
CIPROFLOXACIN OPHTHALMIC SOL	4
DOXYCYCLINE HYCLATE	4
MECLIZINE 25 MG	4
SULFANMETHOXAZOLE	4
CIPROFLOXACIN 500 MG	3
DICLOFENAC SODIUM	3
DIPHENHYDRAMINE	3
NITROFURANTOIN 100MG	3
PREDNISONE 10MG	3
AMOXICILLIN CLAV	2
CHLORPHENIRAMINE	2
HYDROXYZINE	2
NEOMYIN POLY B	2
PREDNISONE 5MG	2
AMOXICILLIN 500 MG	1
IBUPROFEN 400	1
METHYPREDNISONE DOSE PK	1
PROAIR HFA	1
LORATADINE 10 MG	41
AZITHROMYCIN250	33
FLUTICASONE PRO	32

CHLORPHENIRAMINE	24
CETIRIZINE	22
FLUCONAZOLE	17
BENZONATATE	16
METHYLPREDNISOLONE	12
AMOXICILLIN CLAV	11
NAPROXEN 500 MG	11
TRIAMCINOLONE	10
MECLIZINE 25 MG	9
CYCLOBENZAPRINE	7
IBUPROFEN 800	7
AMOXICILLIN 875	5
VENTOLIN HFA	5
CEPHALEXIN 500 MG	4
CIPROFLOXACIN 500 MG	4
IBUPROFEN 400	4
ONDANSETRON	4
AZITHROMYCIN 500 MG	3
DOXYCYCLINE HYCLATE	3
METHYPREDNISONE DOSE PK	3
AMOXICILLIN 500 MG	2
BACTRIM DS	2
CIPROFLOXACIN OPHTHALMIC SOL	2
DIPHENHYDRAMINE	2
MELOXICAM 7.5 MG	2
NITROFURANTOIN 100MG	2
SULFANMETHOXAZOLE	2
ACETAMINOPHEN 500 MG	1
ALBUTEROL AEROSOL	1
CEFDINIR 300 MG	1
DICLOFENAC SODIUM	1
ERYTHROMYCIN OPTH	1
METRONIDAZOLE TABS	1
MUPIROCIN OINTMENT	1
OFLOXACIN	1
SILVADENE CREAM 1%	1
FLUTICASONE PRO	39
FLUCONAZOLE	34
AZITHROMYCIN250	28
BENZONATATE	24
CETIRIZINE	21
LORATADINE 10 MG	18
CHLORPHENIRAMINE	13
AMOXICILLIN CLAV	12
AMOXICILLIN 875	10
IBUPROFEN 800	10
METHYLPREDNISOLONE	10



TRIAMCINOLONE	10
CYCLOBENZAPRINE	9
VENTOLIN HFA	9
MUPIROCIN OINTMENT	6
NAPROXEN 500 MG	6
CEFDINIR 300 MG	5
MECLIZINE 25 MG	5
MELOXICAM 7.5 MG	4
NEOMYIN POLY B	4
CEPHALEXIN 500 MG	3
CIPROFLOXACIN 500 MG	3
SULFANMETHOXAZOLE	3
AZITHROMYCIN 500 MG	2
CIPROFLOXACIN OPHTHALMIC SOL	2
DOXYCYCLINE HYCLATE	2
ERYTHROMYCIN OPTH	2
IBUPROFEN 400	2
METHYPREDNISONE DOSE PK	2
METRONIDAZOLE TABS	2
NITROFURANTOIN 100MG	2
ONDANSETRON	2
ALBUTEROL AEROSOL	1
AMOXICILLIN 500 MG	1
CLOTRIMAZOLE 1% CREAM	1
HYDROXYZINE	1
PREDNISONE 10MG	1
PROMETHAZINE	1
AZITHROMYCIN250	27
CETIRIZINE	26
FLUTICASONE PRO	25
FLUCONAZOLE	10
IBUPROFEN 800	10
LORATADINE 10 MG	8
CYCLOBENZAPRINE	7
MUPIROCIN OINTMENT	7
TRIAMCINOLONE	7
METHYLPREDNISOLONE	6
IBUPROFEN 400	5
AMOXICILLIN CLAV	4
BENZONATATE	4
CEPHALEXIN 500 MG	4
CHLORPHENIRAMINE	4
SULFANMETHOXAZOLE	3
AMOXICILLIN 875	2
AZITHROMYCIN 500 MG	2
MECLIZINE 25 MG	2
METRONIDAZOLE TABS	2

CEFDINIR 300 MG	1
DIPHENHYDRAMINE	1
ERYTHROMYCIN OPTH	1
MELOXICAM 7.5 MG	1
NAPROXEN 500 MG	1
NEOMYIN POLY B	1
NITROFURANTOIN 100MG	1
PROMETHAZINE	1
AZITHROMYCIN250	36
IBUPROFEN 800	24
FLUCONAZOLE	22
CETIRIZINE	17
FLUTICASONE PRO	17
CYCLOBENZAPRINE	11
LORATADINE 10 MG	11
CEPHALEXIN 500 MG	9
MUPIROCIN OINTMENT	9
AMOXICILLIN 500 MG	6
MELOXICAM 7.5 MG	6
METHYLPREDNISOLONE	6
METHYPREDNISONE DOSE PK	6
CHLORPHENIRAMINE	5
IBUPROFEN 400	5
AMOXICILLIN CLAV	4
BENZONATATE	4
NAPROXEN 500 MG	3
TRIAMCINOLONE	3
ALBUTEROL AEROSOL	2
CLOTRIMAZOLE 1% CREAM	2
DIPHENHYDRAMINE	2
MECLIZINE 25 MG	2
PREDNISONE 10MG	2
SULFANMETHOXAZOLE	2
AMOXICILLIN 875	1
CEFDINIR 300 MG	1
CLINDAMYCIN 300 MG	1
ERYTHROMYCIN OPTH	1
HYDROXYZINE	1
NEOMYIN POLY B	1
OFLOXACIN	1
VENTOLIN HFA	1
Total	2128





SHELBY COUNTY SCHOOLS

## Patient Satisfaction Survey Report

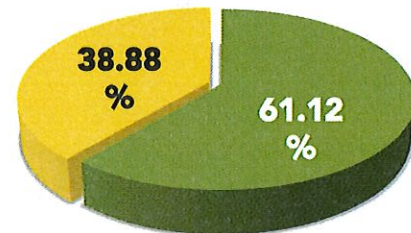
July 2019 - June 2020

Your clinic visit today is at which location?

**Answer Options**

Gray's Creek  
Flicker St

Response Percent	Response Count
61.12%	261
38.88%	166
<b>TOTAL</b>	<b>427</b>



■ Gray's Creek ■ Flicker St

Are you..

**Answer Options**

Patient  
Other\*

Response Percent	Response Count
99.30%	424
0.70%	3



\*Family member, friend, support provider, etc.

Please rate the following aspects of your experience:

Query	Excellent	Very Good	Good	Fair	Poor	N/A	Total
The overall quality of care your received at this Family Care Center	400	23	0	0	1	0	424
Friendliness of the staff who took your registration and insurance information	403	17	1	0	2	0	423
How attentive the staff were to your needs	410	14	0	0	1	0	425
How well the doctor explained your condition and care to you in ways you understand	408	15	2	0	0	1	426
How well the staff explained your discharge instructions to you and your family	393	24	1	0	0	6	424
How well we met your expectations for timely care	410	14	0	0	0	1	425
The staff's efforts to protect your privacy	401	19	0	0	0	5	425
The cleanliness of this facility	397	25	2	1	0	0	425

### PERCENT CALCULATIONS

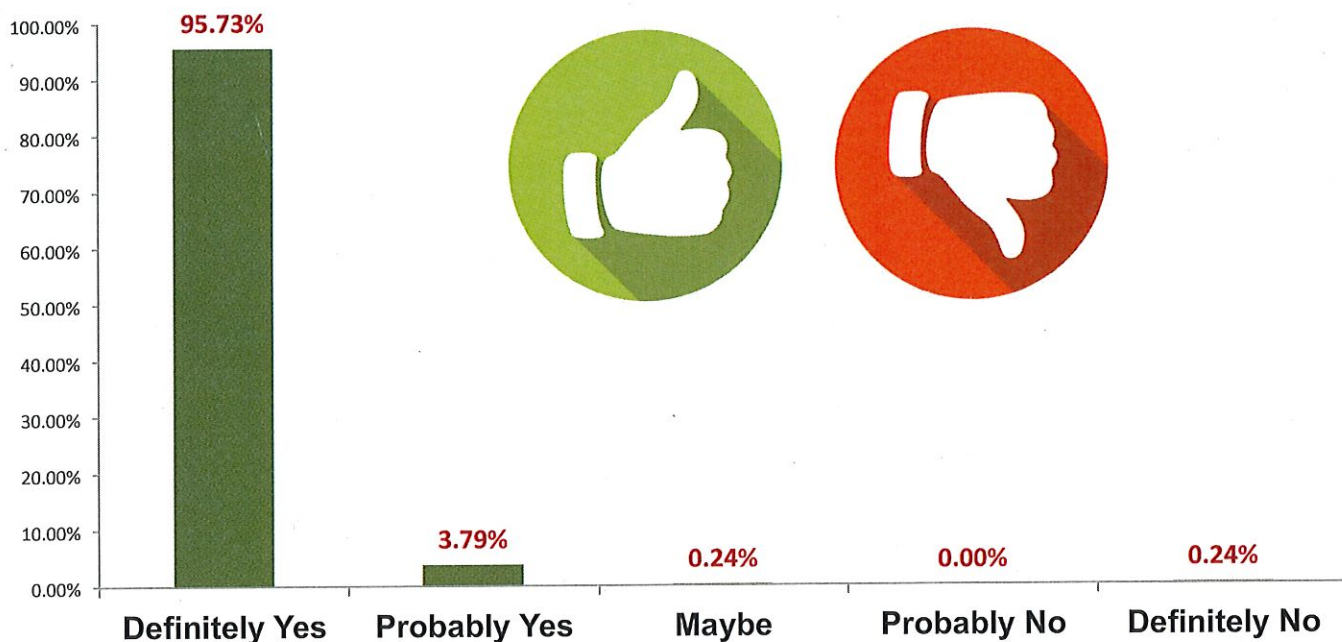
Query	Excellent	Very Good	Good	Fair	Poor	N/A	Total
The overall quality of care your received at this Family Care Center	94.34%	5.42%	0.00%	0.00%	0.24%	0.00%	100.00%
Friendliness of the staff who took your registration and insurance information	95.27%	4.02%	0.24%	0.00%	0.47%	0.00%	100.00%
How attentive the staff were to your needs	96.47%	3.29%	0.00%	0.00%	0.24%	0.00%	100.00%
How well the doctor explained your condition and care to you in ways you understand	95.77%	3.52%	0.48%	0.00%	0.00%	0.23%	100.00%
How well the staff explained your discharge instructions to you and your family	92.69%	5.66%	0.24%	0.00%	0.00%	1.41%	100.00%
How well we met your expectations for timely care	96.47%	3.29%	0.00%	0.00%	0.00%	0.24%	100.00%
The staff's efforts to protect your privacy	94.35%	4.47%	0.00%	0.00%	0.00%	1.18%	100.00%
The cleanliness of this facility	93.41%	5.88%	0.47%	0.24%	0.00%	0.00%	100.00%
<b>Average Percent</b>	<b>94.85%</b>	<b>4.44%</b>	<b>0.18%</b>	<b>0.03%</b>	<b>0.12%</b>	<b>0.38%</b>	<b>100.00%</b>



Please Rate:

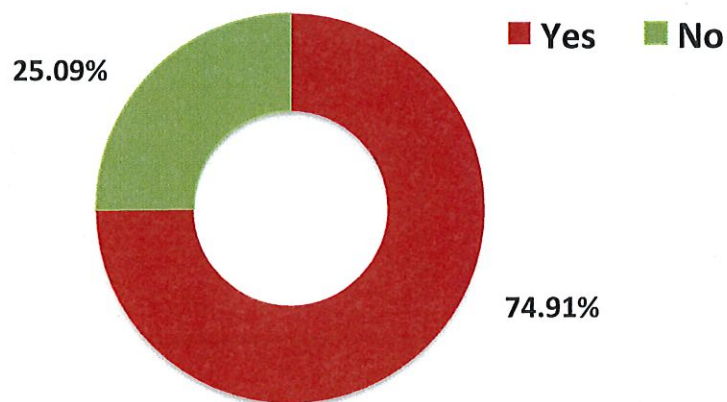
Query	Definitely Yes	Probably Yes	Maybe	Probably No	Definitely No	Total
If a friend or family member could go to any other medical care center, would you recommend this facility to them?	404	16	1	0	1	422

Query	Definitely Yes	Probably Yes	Maybe	Probably No	Definitely No	Total
If a friend or family member could go to any other medical care center, would you recommend this facility to them?	95.73%	3.79%	0.24%	0.00%	0.24%	100.00%



If we have further questions, may a representative from this facility call to talk to you about your experiences?

Answer Options	Response Percent	Response Count
Yes	74.91%	406
No	25.09%	136





PRINTED SCALE 1/2" X 1/4" NO SCALE  
DATE 08-10-16 SHEET 1 OF 1

SCS CLINIC/130 FLICKER STREET/ 38122

