



CHCB Public Meeting Minutes June 12, 2023 6:00-8:00 PM via Zoom

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair

Tamia Deary - Vice-Chair

Pedro Sandoval Prieto – Secretary

Brandi Velasquez - Member-at-Large

Kerry Hoeschen – Member-at-Large

Susan Mendoza - Board Member

Alina Stircu- Board Member

Patricia Patron -Board Member

DJ Rhodes - Executive Director, Community Health Center (ICS), Adrienne Daniels - Deputy Director

Board Members Excused/Absent: **Fabiola Arreola** – Board Member, **Darrell Wade** – Treasurer

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	Meeting begins 6:02 PM We <u>do have a quorum</u> with 6 members present. Pedro joined at 6:12pm Kerry joined at 6:20pm Carolina and Victor interpreters			
Minutes Review -VOTE REQUIRED Review Public Meeting minutes	Reviewed May 8th Public Meeting Minutes. Pg. 4 Correct HRSA spelling Pg. 10“Father surveys” to “gathering surveys”	Motion to approve May 8th public meeting minutes: Tamia Second: Bee Yays: 5 Nays: Abstain: 1 Decision: Approved	CHCB Staff: Will make suggested corrections to minutes.	



<p>Annual Quality Plan - VOTE REQUIRED Brieshon D'Agostin, Quality and Compliance Officer</p>	<p>Provided background on Quality Plan. Required to meet several regulatory requirements and provides guidance for our health center's approach to implement quality activities. Regular refresh to update and clarify strategic objectives, update regulation, updated structure.</p> <p>New plan received a formatting update and language updated for clarity.</p> <p>Document has been reviewed by several people and brought to the quality committee twice.</p> <p>New - Quality Approach High level overview of quality (See Image for structure and flow) and provide an explanation on how those structures work together and within the health center.</p> <p>New- Annually Quality Report Annual quality report will include metrics and information to give a high level overview of how the previous years looked. They will include Key Performance Indicators (KPIs).<ul style="list-style-type: none">Reviewed current and newly added KPIs</p> <p>Quality Work Plan<ul style="list-style-type: none">Based on quality metric, operational needs, and resourcesCollaboration with all areas of the Health Center and County Health Department</p> <p>FY 24 Quality Management Plan Timeline</p>	<p>Motion to approve Annual Quality Plan: Kerry Second: Patricia Yays: 4 Nays: 2 Abstain: 2 Decision: Does not carry</p>		
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	<p>June: Quality Management Plan presented at Public Meeting July/August: Quality Work Plan & Annual Quality Report</p> <p>Question: Why do we not have a report on a 3 month or 6 month report versus yearly?</p> <p>Answer: We report out on a quarterly basis and the rest need to be developed. This next year we would like to make sure we've got the right data and context to be accurate with it. So we might be able to transition to a quarterly report for all metrics and future year. We also have to develop the metric to have them available for the future. <i>(connection unstable, information incomplete)...</i>if we can transition to a quarterly for all metrics.</p> <p>Question/Comment: Why would you want to have them both now if we don't have the result from last year? How do we know if it 's working? It would be nice to have it monthly like the financial report or every 3 months. It does not make sense to me to vote at this time as I am not sure what we are changing if we don't know what we are failing on. <i>(Presenters connection unstable, Tamia steps in for comments and address previous question)</i></p> <p>Answer: Tamia Deary, Chair of Quality Committee provided following input</p> <p>Added more metrics moving forward to be able to start a new metrics system we need to name what those need to be. What is being presented is the beginning of the process that will continue to evolve. Without your support we can't do the work that is detailed throughout the plan and is very clearly listed in</p>			
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	<p>the spreadsheet version of this or spreadsheet portion of this plan. We will continue to bring more of these metrics but they take time to develop. Such as the incident and complaints in patient surveys and compliances.</p> <p>Returned to Brieshon for Q & A</p> <p>Supporting comments that Tamia addressed.</p> <p>Question: Is there a possibility that we can also have a monthly report, similar to the finance report?</p> <p>Answer: It could be. Some of the metrics are already shared. Survey metrics are received on a quarterly basis by our vendor, we would need to work on how to present those on a monthly basis. Certain metrics we could provide a monthly metric, for a future year.</p> <p>Uncertainty shared by board members and would like to have further conversations outside of the board meeting.</p> <p>Comment: Additional board members expressed uncertainties about the metrics and reporting. Shared interests of having data on individual clinics.</p> <p>Brieshon provided clarity between the report and plan. Make sure that our Quality Plan can support the metrics that we will be reporting on. The plan is to develop that out this next year. This first year will develop our KPIs and we hope to learn how to measure and analyze the information to continue to adjust our reporting in future years.</p>		<p>CHCB Leadership and Chair to discuss matters regarding votes.</p>	<p>Motion did not carry due to insufficient votes. Current CHCB Bylaws does not address if quorum is need to pass motion.</p>
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	Side discussion regarding if based on votes if Annual Quality Plan does not carry.			
Mid-County Updates: Dental Remodel & Dental Hours Daniel Martinez Tovar, Dental Senior Manager	<p>Main focus if remodel on the flooring, floor access panels, paint, and stainless steel corner guards.</p> <p>Clinic will be closed for 3 weeks in November 2023</p> <p>Cost \$139,000 with a capital funded project, not a client funded project, which means that costs are not charged to the community health center and no budget approval is required.</p> <p>Patient Impacts</p> <ul style="list-style-type: none">• Patients will be redirected to East County, Rockwood Dental or Southeast Dental.• Saturday Clinic will discontinue at Mid-County but expanded Saturday clinic hours at Rockwood Dental. <p>Staff Impacts</p> <ul style="list-style-type: none">• Staff is aware of the reassignment process.• Worked with staff regarding preferences of reassignments.• Staff will be reassigned East County Dental, Rockwood County Dental, Southwest and Northeast dental. <p>Shared images related to necessary remodeling needs.</p> <p>We scheduled the remodel in November to minimize staff impact, as staff usually request time off during the month of November.</p>			



	<p>Question: Did we approve this last year to make this improvement in the clinic?</p> <p>Answer: This was scheduled to be completed earlier in the year. We chose to move it to November, to minimize the staff and client impacts, as there is a high number of staff that are out due on vacation and holidays. This was budgeted previously.</p> <p>Question: Is this normal tear and wear of the dental clinic?</p> <p>Answer: This is from normal wear and tear. Facilities will notify programs when such updates are needed.</p> <p>Comment: Issues with infectious control were addressed. Possible to address these issues at an earlier stage.</p> <p>Question: How do staff feel about moving services to Rockwood temporarily?</p> <p>Answer: Staff will be off and we will use the same staff from Mid County Dental to staff Saturday clinics at Rockwood during remodel. It will not affect staff at Rockwood.</p>			
<p>Q1 Patient Experience Surveys Linda Niksich, Program Specialist Senior, Quality Team</p>	<p>Reviewed continuing trends that I've been reporting about and any current or upcoming activities that are happening in the clinics that can turn these trends around.</p> <p>Common Trends Across PC/Dental/IBH</p> <ul style="list-style-type: none">● Overall satisfaction scores are under “benchmark”● Referral intentions● Cultural and Language needs being met			



	<ul style="list-style-type: none">• Disparities in scores for specific demographics (Asian, Cantonese language speakers, Russian language speakers) <p>Primary Care</p> <ul style="list-style-type: none">• Appointment wait time• Test results communication• Asked about difficulties in caring for health, and cause of worries/stress <p>Dental</p> <ul style="list-style-type: none">• Appointment wait time• Provider wait• Provider time spent <p>Behavioral Health</p> <ul style="list-style-type: none">• Appointment wait time• Provider wait• Provider time spent <p>Pharmacy (No benchmark available yet)</p> <ul style="list-style-type: none">• Pickup wait time• Being told when prescription should be ready <p>Addressing Trends</p> <p>Appointment wait time:</p> <ul style="list-style-type: none">• Advanced Access Project, MyChart Self scheduling, staffing, dental staff recruitment.• Asked about difficulties caring for health and causes of worry/stress: Collecting social driver of health• Test Results Fast Enough: MyChart signup efforts, MyChart optimization, Team based care work.• Race/Language: Engagement with community members themselves about health care needs and preferences. <p>Comment: Received positive feedback from board members.</p>			
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Mid-County Updates: Dental Hours Daniel Martinez Tovar, Dental Senior Manager	<p>Historically, Mid-County would close 1 Saturday a month due to the system updates..</p> <p>We have since updated our dental system, with this new update we no longer need to close 1 Saturday a month.</p> <p>Staff Impacts</p> <ul style="list-style-type: none">• Staff have historically had to flex their schedules to accommodate their work hours and will no longer need to flex.• Our EHR no longer requires this system update that was previously needed.• We no longer need to be closed 1 Saturday a month for system updates <p>Question: Has this been communicated with patients that all Saturdays are open at Mid County Dental.</p> <p>Answer: We have been offering all Saturday appointments to patients but have not made a formal announcement.</p>			
10 min break	7:12- 7: 22PM			
Q1 Complaints and Incidents Kimmy Hicks, Project Manager, Quality Team	<p>Reviewed complaints by location (Medical, Dental, PAC, and Pharmacy).</p> <p>Complaints are pretty even in all departments</p> <p>Complaint by Type</p>			



- Customer Service Complaints
 - Service has declined since COVID
 - Front desk was slow

Complaints by Language

- Pharmacy - interpreter did not communicate everything correctly

Complaints by Location & Race

- Complaints between white and non-white patients are consistent

Incident By Location

- Most of our complaints form Medical and Dental

Incident by Type

- Lab related has the highest complaints

Sample of incidents and results

Incident: Specimen was collected in the wrong tube

Results: Staff was coached to double check the order and focus on the patient in front of them

Incident: Sample was not labeled

Results: Staff members received coaching and a performance improvement plan was placed.

Incident: Abnormal lab, result was not communicated to provider after hours.

Results: Followed up with vendor and vendor staff received coaching and seeked other vendors that may do procurement.

Question: What was the cause for the interpreter to cause an error?

Answer: Provider had changed the medicine and then the pharmacy questioned the change. Client felt confused about what had happened and the interpreter had contributed to the confusion.



Monthly Budget and Financial Reports

-Jeff Perry, Chief Financial Officer, ICS
-DJ Rhodes, Executive Director

Monthly highlights

- 10 months in fiscal year, 83.3% completed
- YTD revenue at 59.6 million dollars, expense at 24.5 million dollars
- 35.1 surplus YTD

Month of April

- Revenue for the month of April is 17.5 1 million dollars on expenses 12.3 million dollars for the month of April.
- Surplus about 5.2 million dollars.

Programmatic Level

- Dental has a \$314,000 loss.
- Pharmacy is showing a 3.4 million dollar gain
- Primary care 26.4 million gain
- Student health 500,000 gain
- HIV 810,000 gain

Program income

- 11.8 million dollar or 75% of the revenue YTD
- **Program income is about 23.1 million dollars. Around 78% of revenue.**

Indirect Cost Expense that FQHC pays to the health department and County.

- Paid about 22.7 million dollars for services representing about 75. Below the current target, the target of 83.3% of the budget.

Budget Adjustment

- No changes this month.



	<p>Percentage of Uninsured Visits by Quarter</p> <ul style="list-style-type: none"> Primary Care at 10.7% versus a 12.7% target Dental at 3.4% versus a 8% dental <p>Payer Mix for ICS Primary Care Health Center</p> <ul style="list-style-type: none"> CareOregon payer mix has increased from 67% last quarter to 72% for this quarter. <p>Number of OHP Clients Assigned by CCO</p> <ul style="list-style-type: none"> Both payers, CareOregon and Tritium are showing an increase. <p>Vacancy Report</p> <p>We are seeing movement on some of the vacancies, we are working with human resources to recruit better and find some provider recruiters to fill vacancies.</p> <p>Human Resources has multiple offers but has not filled those positions. Will continue to work with HR to improve recruitments.</p> <p>No questions or comments regarding monthly financial reports.</p>			
<p>Committee Updates</p> <p>-Quality Committee: Tamia Deary, Quality Chair</p> <p>-Executive Committee: Harold Odhiambo, Board Chair</p>	<p>Tamia Deary, Quality Committee :</p> <ul style="list-style-type: none"> The Quality committee has been working on the Quality Plan, reviewing patient satisfaction surveys based on language trends presented tonight. Meet with Tony (Gaines) from the call center <p>Tamia Deary, Bylaws Committee :</p>			



	<ul style="list-style-type: none"> Continuing working on updating Bylaws. Had some questions at the bylaws about updating based on technology needs and uses. <p>Harold Odhiambo, Executive Committee :</p> <ul style="list-style-type: none"> Working on our legal support, will provide more information in a later presentation. <p>Harold Odhiambo, Nominating Committee & Finance Committee:</p> <ul style="list-style-type: none"> No updates from nominating and finance committee <p>No questions or comments for Committee updates.</p>			
<p>Executive Director's Strategic Updates</p> <p>DJ Rhodes, Executive Director</p>	<p>Patient and Community Determined: Leveraging the collective voices of the people we serve</p> <ul style="list-style-type: none"> Implementation of Narcan Prescribing at Student Health Center We are analyzing the data from a patient survey regarding La Clinic and addressing the client's concerns. <p>Supporting Fiscally Sound and Accountable practices which advance health equity and center on racial equity</p> <ul style="list-style-type: none"> CMAs, LPNs, and RNs received training on using standard tools to assess suicidal ideation and updates suicide prevention process. Developing a strategy to attract and train client's from our community we serve to gain healthcare-related experiences. 			



	<p>Equitable treatment that assures all people receive high quality, safe, and meaningful care</p> <ul style="list-style-type: none">• Participated in outreach event with the Guatemalan consulate to support participants apply for OHP• Primary Care completed Epic Referrer at Ground Rounds <p>Engaged, Expert, Diverse Workforce which reflects the communities we serve</p> <ul style="list-style-type: none">• PAC RN's are expanding their workload and working collaboratively with PaCE agents to reduce in-basket messages• Primary Care Leadership and Dental Staff have finalized a new strategy to provide a warm handoff to support patients with diabetes and other high risk dental populations. <p>ICS Executive Director Strategic Updates</p> <ul style="list-style-type: none">• Legal Counsel Contract<ul style="list-style-type: none">◦ Hear more in the upcoming agenda item• ICS Department Analysis<ul style="list-style-type: none">◦ Information gathering for analysis of staff, costs, and additional infrastructure in progress <p>Question: How are people going to participate in the restructuring? Is this County level? Or board level?</p> <p>Answer: At County level. We are trying to identify which policies are under board governance and which are not under board governance. Creating more clarity in which policies are independent from the health department and which we work</p>			
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	collaboratively.			
Legal Support Harold Odhiambo, Chair	<p>We had a follow up meeting with Steve Burgon with Ogden Murphy Wallace P.L.L.C for a potential contract to meet our board needs.</p> <p>On June 8, 2023, CHCB Vice-Chair, Executive Director, and myself met to learn more about their experience working with FQHCs and board work.</p> <p>We are still looking at receiving more information and determining if we will hire them.</p> <p>Law firm has multiple staff available to support our board needs.</p> <p>Once an agreement is completed we will invite them to present at a public board meeting for all of you to meet them.</p> <p>Comment: Board members expressed the need to have people (representation) that have the knowledge on how to advise the board.</p>			
Executive Director Update (Closed Session) <i>CHCB Board Members to discuss in a confidential separate Zoom</i>	Board moved to confidential session at: 8:03pm	Motion to move to a closed session: Second: Yays: 6 Nays: Abstain: Decision: Approved		



Meeting Adjourns	Meeting adjourns 8:15 PM			Next public meeting scheduled on 7/10/23
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Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Minutes approved, at the July 10, 2023 Public Meeting

Scribe name/email:
Reyna Martinez-Martinez
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