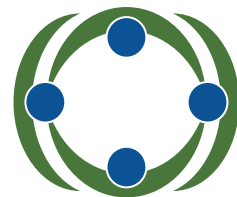




Public Meeting

February 2024



**community health
center board**

Multnomah County

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AGENDA



**community health
center board**

Multnomah County

Public Meeting Agenda
February 12, 2024
6:00-7:30 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.

CHCB Board Members Present:

Tamia Deary – Chair
Darrell Wade- Treasurer
Kerry Hoeschen – Secretary
Brandi Velasquez – Member-at-Large
Susana Mendoza- Member-at-Large
Alina Stircu – Board Member
Harold Odhiambo - Board Member

Darnell "DJ" Rhodes - Executive Director (Ex Officio)

- Meetings are open to the public
- There is no public comment period
- Guests are welcome to observe/listen
- All guests will be muted upon entering the Zoom

Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:10 (10 min)	Call to Order / Welcome Tamia Deary, CHCB Chair	
6:10-6:15 (5 min)	Review January 8th Public Meeting Minutes- VOTE REQUIRED	Board reviews and votes
6:15-6:25 (10 min)	Vacancy Report Erin Murphy - Human Resources Manager	Board receives update
6:25-6:35 (10 min)	ICS.01.44 Quality Improvement Policy -VOTE REQUIRED Brieshon D'Agostini Quality and Compliance Officer	Board reviews and votes
6:35-6:40 (5 min)	Bi-annual ED evaluations - VOTE REQUIRED Tamia Deary, CHCB Chair	Board reviews and votes
6:40-6:50 (10 min)	Notice of Intent To Amend CHCB Bylaws Tamia Deary, CHCB Chair	Board reviews
6:50-7:00	10 Minute Break	
7:00-7:10 (10 min)	Monthly Financial Reporting Package Jeff Perry, Chief Financial Officer	Board receives update
7:10-7:15 (5 min)	Committee Updates Finance Committee: Darrell Wade, Finance Chair Quality Committee: Tamia Deary, Quality Chair Executive Committee: Tamia Deary, Board Chair	Board receives updates
7:15-7:30 (15 min)	Executive Director’s Strategic Updates Darnell "DJ" Rhodes - Executive Director	Board receives updates



7:30	Meeting Adjourns	Thank you for your participation
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PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



**CHCB Public Meeting Minutes
January 08, 2024
6:00-8:00 PM Gladys McCoy
Building Room 850**

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:

Tamia Deary – Chair

Kerry Hoeschen – Secretary

Darrell Wade – Treasurer

Susana Mendoza – Member-at-Large

Brandi Velasquez – Member-at-Large

Alina Stircu – Board Member

Harold Odhiambo - Board Member

Jenna Green - Interim Executive Director (Ex Officio)

Board Members Excused/Absent:

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Tamia Deary, CHCB Chair	Meeting begins at 6:06 PM We <u>do have a quorum</u> with 7 members present.			
Minutes and Consent Agenda Review- VOTE REQUIRED Review Public Meeting minutes December 11th Public Meeting Minutes Consent agenda items: New Providers Update, Quality Work Plan Update	All voted to approve.	Motion to approve December 11th Public meeting minutes: Harold Second: Kerry Yays: 7 Nays: 0 Abstain: 0 Decision: Approved Motion to approve Consent Agenda Items: Darrell		



		<p>Second: Susanna Yays: 7 Nays: 0 Abstain: 0 Decision: Approved</p>		
<p>Pedro Recognition Jenna Green, Interim Executive Director</p>	<p>Pedro attended as a community member and is recognized for his 10 years of exemplary service to the CHCB and lifetime dedication to serving others. Pedro thanked the board and staff and suggested a return as chair after a period of rest.</p>			
<p>2024 CHCB Calendar Of Meetings -VOTE REQUIRED Jenna Green, Interim Executive Director</p>	<p>A proposal is submitted to the board to move meetings that fall on a holiday (May 27th and November 11th) to the week prior and to change the start time of ExComm meetings from 5:45 to 6:00PM.</p>	<p>Motion to approve the 2024 Calendar of Meetings and updated Executive Meeting Times: Harold Second: Susanna Yays: 7 Nays: 0 Abstain: 0</p>		



		Decision: Approved		
<p>HRS .04.03 Policy Review - VOTE REQUIRED</p> <p>Brieshon D’Agostini, Quality and Compliance Officer Bernadette Thomas, Chief Clinical Officer</p>	<p>Bernadette and Brieshon propose a comprehensive revision to the credentialing and privileging policy. This policy covers all clinical staff including Licensed Independent Practitioners and Other Licensed and Certified Healthcare Professionals. The changes are reflected in formatting and content.</p> <p>Questions:</p> <ul style="list-style-type: none"> ● Susana asks if the transcriptions include other languages. <ul style="list-style-type: none"> ○ Bernadette explains these are academic transcripts and outlined in a separate policy. 	<p>Motion to approve the Hrs .04.03 Policy as Presented: Harold Second: Susanna Yays: 7 Nays: 0 Abstain: 0 Decision: Approved</p>		
<p>Q3 Incidents & Complaints</p> <p>Brieshon D’Agostini Quality and Compliance Officer</p>	<p>Brieshon reports of approximately 47,000 visits to dental and medical, we received 71 complaints and many were received through the patient survey process. The three largest categories of complaints were scheduling appointments, customer service, and clinical care. All were followed up on as needed.</p> <p>Questions:</p> <ul style="list-style-type: none"> ● Harold asks in regards to scheduling of appointments, what is the breakdown of complaints. <ul style="list-style-type: none"> ○ Brieshon explains she does not have a breakdown but complaints included the inability to see a provider within a certain time frame or canceled appointments. ● Harold asks if there is a clinic that stands out in having more complaints. <ul style="list-style-type: none"> ○ Brieshon advises she did not see one that stands 			



	<p>out.</p> <ul style="list-style-type: none"> • Tamia asks how the barcode scanners will reduce safety incidents? <ul style="list-style-type: none"> ○ Brieshon explains the barcode scanners project is in process and is expected to reduce errors.. • Harold asks if incidents and complaints affect patients' ability to access care? <ul style="list-style-type: none"> ○ Brieshon advises she will look into it and get back to board. 			
<p>Q3 Patient Experience Survey Linda Niksich, Program Specialist Senior, Quality Team</p>	<p>Linda reports the Patient Experience Survey covers overall satisfaction and experience with our health center services. Overall satisfaction is almost meeting benchmarks. Quarter 3 represents July-Sept. We received 982 complete surveys, which exceeds measures.</p> <p>Questions:</p> <ul style="list-style-type: none"> • Harold asks what the benchmark is in terms of percentages for improvement and are they going to get higher, then requests to see a breakdown of different clinics? <p>Linda offers the breakdown in future reports.</p>			
10 min break	7:05pm-7:15pm			
<p>Monthly Financial Reporting Package Jeff Perry, Chief Financial Officer</p>	<p>Questions:</p> <ul style="list-style-type: none"> • Harold asks when looking at projected billables, why is there such a large variance. <ul style="list-style-type: none"> ○ Jeff explains the target is based on the beginning of 	Request to have a full vacancy report at the next public meeting.	Jeff or ED to follow up	Next Public Meeting 02/12/24



	<p>the year, and is still being offset. Then advises the move towards a different way of being reimbursed, fee for service vs value based/APM membership.</p> <ul style="list-style-type: none"> ○ Jenna shares another factor is that budgeted visit targets are set based on budgeted provider FTE, which is impacted throughout the year by vacancies. ● Tamia asked when the vacancy report will be reported out on next? 			
<p>Board Member yearly paperwork Jenna Green, Interim Executive Director</p>	<ul style="list-style-type: none"> ● Board member packets were distributed and board members were asked to return them in the next few weeks. <ul style="list-style-type: none"> ○ Virtual board members will get their forms via email. ○ Tamia requested COI forms be received prior to next Executive Committee. ○ Only modification to this year’s packet is updated pricing for parking reimbursement for in-person meetings. 			
<p>Committee Updates Quality Committee: Tamia Deary, Quality Chair Bylaws Committee: Tamia Deary, Bylaws Chair Finance Committee: Darrell Wade, Finance Chair Executive Committee: Tamia Deary, Board Chair</p>	<p>Quality Committee: Seeking members. Tamia made a request that Brieshon revisit obtaining HRSA badges and suggests moving forward we will have further discussion on what we may qualify for.</p> <p>ByLaws Committee: No current update</p> <p>Finance Committee: Darrell reports meeting on January 4th and will meet again on February 1st.</p>			



	<p>Exec Committee: No current update</p> <p>Jenna shared Nominating Committee will be convened in January or February to hold special election for vacant Vice Chair position and also review applications of prospective board members.</p>			
<p>Executive Director's Strategic Updates Jenna Green, Interim Executive Director</p>	<p>Jenna shares numeric snapshot of 2023 achievements including unique patients, referrals processed, phone calls handled, prescriptions process, and other metrics. Major health center events are highlighted in addition to numerous staff recognitions throughout the year.</p> <p>Update provided on FY24 budget priorities aligned to:</p> <ul style="list-style-type: none"> ● Financial stewardship <ul style="list-style-type: none"> ○ Clinical programming investments ○ Capital project updates ● Operational excellence <ul style="list-style-type: none"> ○ Conversion to Quest Labs ○ Barcode scanner project ● Health center of choice <ul style="list-style-type: none"> ○ Public-facing website project ● Our people <ul style="list-style-type: none"> ○ Internal workforce development progress ● Advance health equity <ul style="list-style-type: none"> ○ Mobile van update 			
<p>Executive Session</p>	<p>Roll call was initiated and all members approved to go into executive session Board commenced an Executive Session at 8pm and ended at 8:22pm</p>			



Meeting Adjourns	Meeting adjourns 8:22 PM			Next public meeting scheduled on 2/12/24
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Signed: _____ Date: _____
Kerry Hoeschen, Secretary

Signed: _____ Date: _____
Tamia Deary, Board Chair

Scribe:
Edie Honesto//



SUMMARIES



**community health
center board**

Multnomah County

Policy Review Presentation Summary

Presentation Title	ICS.01.44 Quality Improvement Policy			
Type of Presentation: Please add an “X” in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
				X
Date of Presentation:	2/12/24	Program / Area:	Health Center, all clinical services	
Presenters:	Brieshon D’Agostini, Health Center Chief Quality and Compliance Officer			
Policy Title and Brief Description:				
This policy requires the approval of the CHCB. Policy purpose: Establish the programming and approach to a culture of Quality.				
Describe the current situation:				
The existing policy was substantially accurate, though had some wording that needed to be updated to align with current practices.				
Why is this project, process, system being implemented now?				
This policy is due for update or renewal March 8, 2024.				
Briefly describe the history of the project so far (Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):				
Title updated from “Quality Improvement Policy” to “Health Center Quality Management Policy” to be more inclusive of Quality Improvement, Quality Assurance, and areas of compliance related to quality. Update wording to be consistent with other policies Add definition for Quality Metrics				



Move Procedures to attachment to be consistent with other policies

Update Contact to Quality Supervisor

The updated policy is reflective of current work, and no implementation needs are expected.

List any limits or parameters for the Board’s scope of influence and decision-making:

The board has oversight authority of policies related to personnel and quality of care.

**Briefly describe the outcome of a “YES” vote by the Board
(Please be sure to also note any financial outcomes):**

Policy will be approved with proposed changes.

**Briefly describe the outcome of a “NO” vote or inaction by the Board
(Please be sure to also note any financial outcomes):**

Policy will not be changed. Outstanding questions will need to be analyzed and brought back to CHCB for future vote. Risk of non-compliance with HRSA standards at HRSA OSV in March.

Which specific stakeholders or representative groups have been involved so far?

Human Resources, Labor Relations, Health Center Credentialing, Health Center Quality, Clinical Leadership including Medical, Dental, Pharmacy, Behavioral Health, and Nursing.

**Who are the area or subject matter experts for this project?
(Please provide a brief description of qualifications)**

Brieshon D’Agostini, Chief Quality and Compliance Officer

Theresa Rice, Quality Supervisor

What have been the recommendations so far?

Update the policy as proposed.

How was this material, project, process, or system selected from all the possible options?

This policy was compared against other internal policies and compliance standards including from Joint Commission, HRSA, and other resources.

Community Health Center Budget Priorities FY 25

Community Health Center Board
December 18, 2023



Welcome!



This evening's goals:

1. Review current FY24 budget performance
2. Create a shared understanding of budget obligations, risks, and opportunities for FY25
3. Discuss the anticipated budget investments and essential services

Role of the Board in Budget Planning

Assure that the Community Health Center has appropriately designed the financial resources to carry out its scope of project - also known as: What did we promise to patients?

All board members:

- Provide input, share priorities, give feedback on budget needs
- Participate in budget trainings
- Vote on the final budget proposal

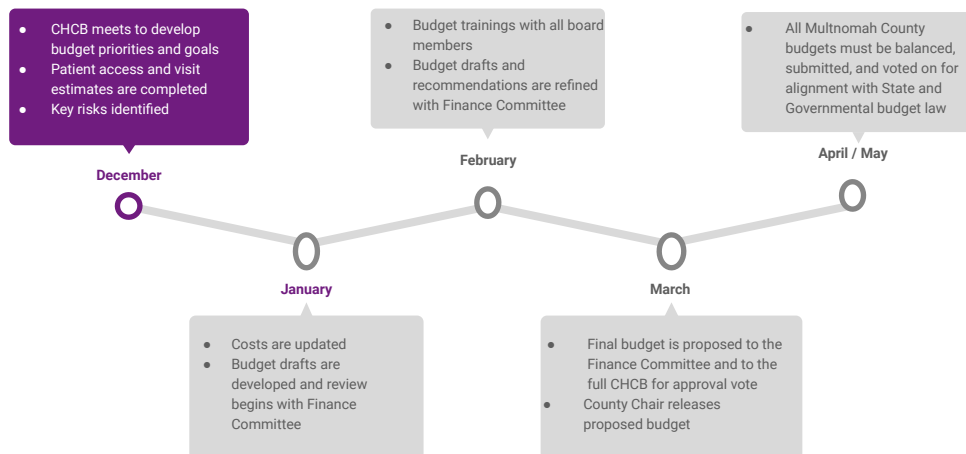
Finance committee members:

- Assist with final budget refinements and share recommendations with full board

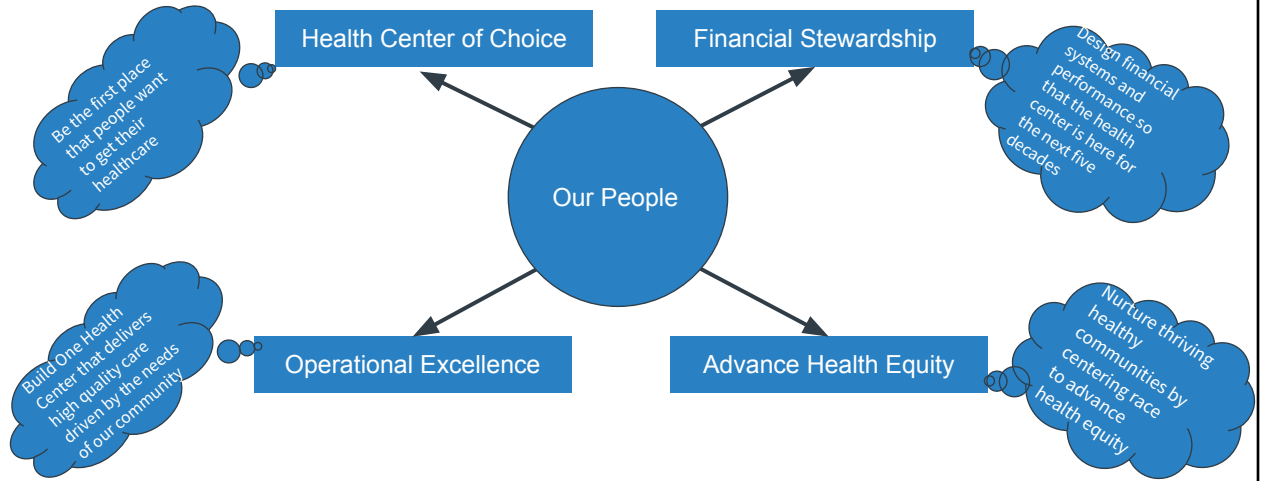
Board members do not:

- Make specific decisions on individual staff changes (except for the Executive Director role)

FY25 Budget Timeline



Our Strategic Values



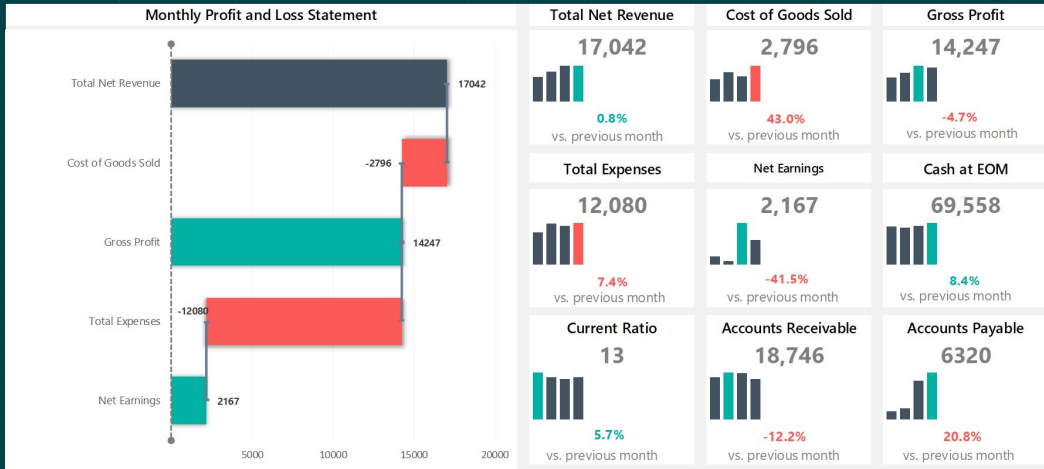
FY24 Budget

Performance to date

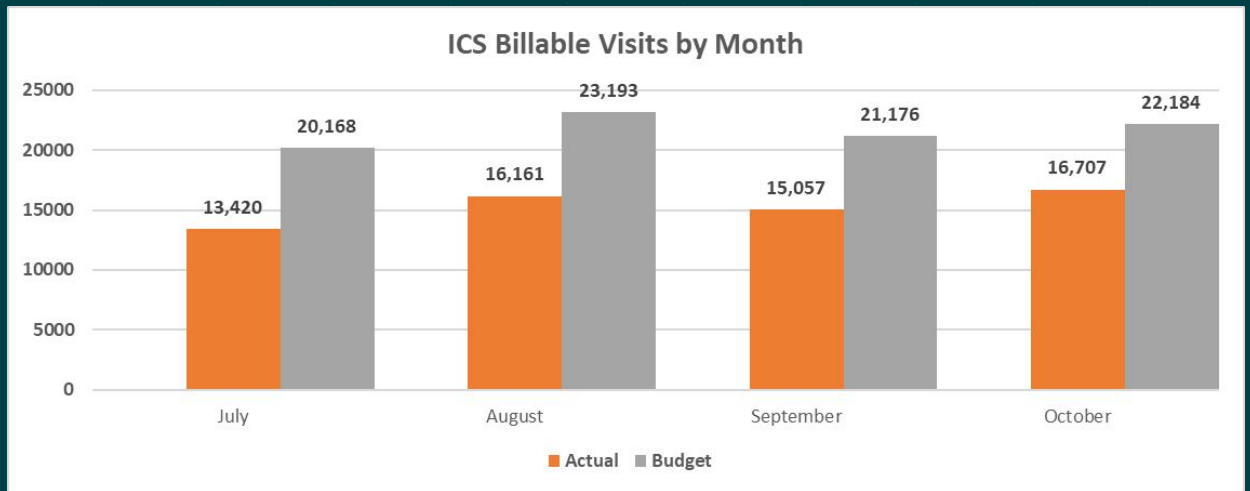
FY24 Trends

Year to date performance

Health Center Financial Trend

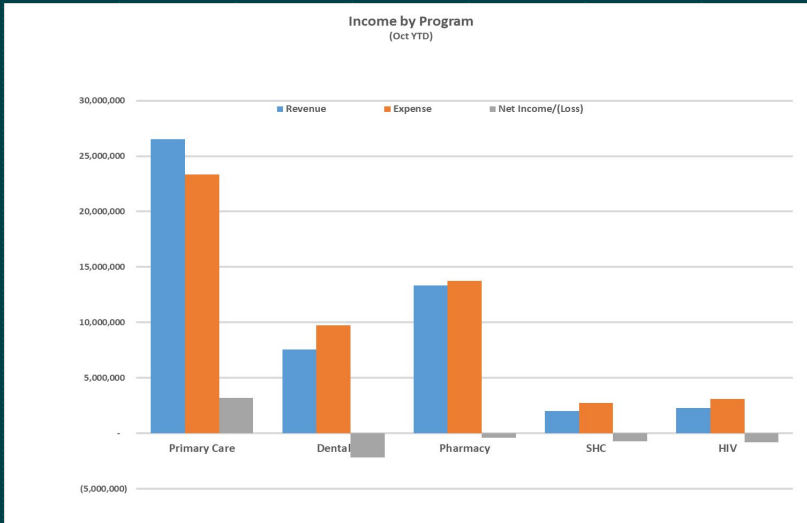


Community Health Center FY24 Financial Summary



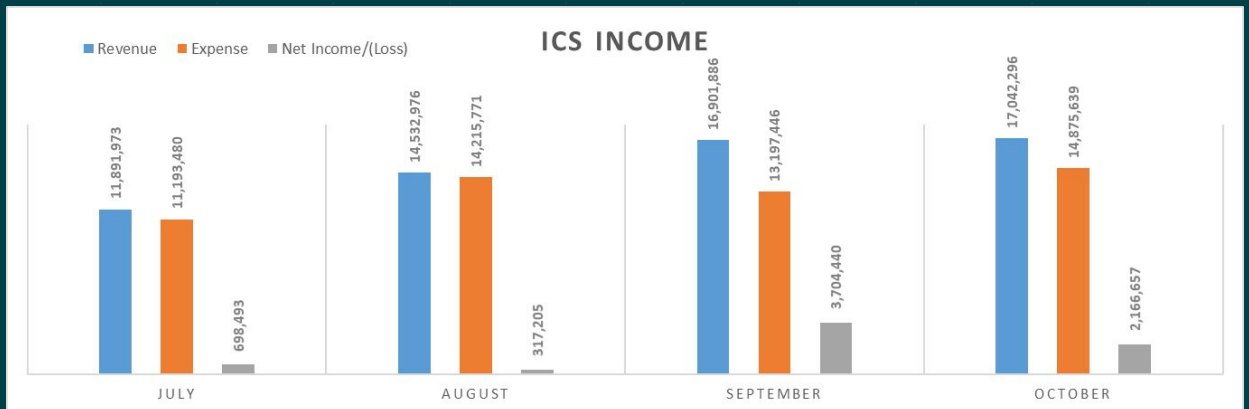
Community Health Center

FY24 Financial Summary



Community Health Center

FY24 Financial Summary





Major **Headwinds** Of 2025 Budget

Community Health Center

FY25 Budget Headwinds Financial Summary

- **Dental Losses Continue - \$10.0M**
- **Indirect Rate Increased 35% - \$5.0M**
- **Internal Services Increases - \$5.0M**
- **Visit Counts Declining**
- **Unexpected Facility Project Overrun**

FY25 Budget

Obligations, Risks, and
Known Areas of
Investment

All Service Areas

Primary Care

Dental

Pharmacy

All Service lines

★ *Star indicates a compliance requirement or grant obligation*

★ *Star indicates capital project*

In Progress from FY24

- ★ Mobile Unit
- ★ PCC Expansion ★
- Marketing expansion
- ★ Launch of new policy management and quality software
- Barcode Scanner Project
- Language Services invoice reconciliation & improvement

Anticipated for FY25

- Full website launch
- Language Services, Lab, and Radiology invoice reconciliation improvement project
- Registration improvement
- Rockwood refresh ★
- Mid County refresh ★

Dental

- ★ *Star indicates a compliance requirement or grant obligation*
- ★ *Star indicates capital project*

In Progress from FY24

- Dental Assistant workforce training expansions
- Fully launch 2 chair model
- Increase schedule utilization and decrease no-shows
- COD/ ICS partnership : Shared Oral Health Equity Project (SOHEP)

Anticipated for FY25

- ★ Expanded care for the uninsured
- Evaluation of Billie O ★ re-location to McCoy

Pharmacy

- ★ *Star indicates a compliance requirement or grant obligation*
- ★ *Star indicates capital project*

In Progress from FY24

- Pharmacy Clerk to Technician workforce training
- Expansion of the clinical pharmacy program
- Pharmacy Robot ★
- Evaluation of contract pharmacy agreements
- Increase pharmacy capture rate
- Expansion of mail and delivery services

Anticipated for FY25

- Pharmacy Clerk to Technician workforce training
- Expansion of the clinical pharmacy program
- Pharmacy Robot
- Evaluation of contract pharmacy agreements
- Increase pharmacy capture rate
- Expansion of mail and delivery services

Primary Care

- ★ *Star indicates a compliance requirement or grant obligation*
- ★ *Star indicates capital project*

In Progress from FY24

- ★ Battery back ups in Vaccine Fridges
- ★ Generator installations ★
- Nurse Triage at PAC
- eReferrals
- Advanced Practice Clinician Fellowship
- MA Apprenticeship
- Team Anchor model implementation
- Group visits, diabetes management
- Book it (prep for pt self-scheduling)
- Standard client visit prep and rooming

Anticipated for FY25

- Patient self-scheduling options
- Convenient Care
- Hospital transitions of care (TOC)
- RN Care Management and Standing Orders
- Prenatal case management
- MyChart & Artera (texting) expansion

Open Board Discussion

- Questions
- Align on Budget Priorities

Integrated Behavioral Health

In Progress from FY24

- Mental Health Service Expansion - Case Management
- Peer Trainee Program
- Transitions of Care
- Billing optimization

Anticipated for FY25

- Case Manager - Adolescent Focus
- Community MH-BH Navigator
- Certified Recovery Peer

★ *Star indicates a compliance requirement or grant obligation*

Student Health Centers

In Progress from FY24

- Behavioral health recruitment, onboarding and program development
- Telemed pilot at 3 schools outside of our 9 SHC network
- Narcan part 2: Care Oregon opioid prevention grant in place and begin health education work
- Recentered our Pacific Islander population with staff trainings
- Building new dashboard and conducting monthly performance reviews with each SHC
- Strong Student Health Center Action Council participation

Anticipated for FY25

- Behavioral health services at full capacity
- Make determination re: feasibility of telemed pilot model & expansion
- Expanded summer access at David Douglas SHC
- Strong Student Health Center Action Council participation
- Opioid (and other drug) prevention health education at full capacity

Medical Director's Office

In Progress from FY24

- Provider Recruitment Specialist
- ★ Quarterly peer review
- Value Based Pay Implementation

Anticipated for FY25

- ★ Adoption of Peer Review Software
- Credentialing and Privileging of Other Licensed and Certified Professionals
- Adoption of Epic Value Based Pay Modules

★ *Star indicates a compliance requirement or grant obligation*

Budget Questions

Strategic considerations for Board Members

- How does this work support our mission and / or vision?
- What other opportunities or alternatives were considered?
- What patterns or trends are we seeing over time?
- How does this align with our goals and strategy?
- How does this work reflect our stated values and priorities?
- Are there metrics to gauge success of this work?
- What is the expected impact of this work?
- In what other ways could this be addressed?
- What assumptions are we making?
- What are the risks of selecting this approach?

CHCB Summary: FY 25 Budget Priorities

FY25 Budget Headwinds Financial Summary

1. Dental Losses Continue - \$10.0M
2. Indirect Rate Increased 21%% - \$4.4M
3. Internal Services Increases 12.4% - \$2.4M
4. Visit Counts leveling out (increasing but at a slower rate)
5. Unexpected Facility Project Overrun

All Service Lines:

FY 24 In Progress	FY25 Anticipated
<p><u>Capital Projects:</u></p> <ul style="list-style-type: none"> ● Mobile Clinic ● PCC Clinic ● Generator installations <p><u>Marketing expansion:</u></p> <ul style="list-style-type: none"> ● Public-facing website project <p><u>Language Services:</u></p> <ul style="list-style-type: none"> ● Invoice reconciliation & improvement <p>Technology and Innovation:</p> <ul style="list-style-type: none"> ● Implementation of new policy management and quality software ● Barcode Scanner Project ● Pharmacy IVR 	<ul style="list-style-type: none"> ● Language Services, Lab, and Radiology invoice reconciliation improvement project ● Rockwood Facility Refresh ● Mid County Facility Refresh <p><u>Capital investments:</u></p> <ul style="list-style-type: none"> ● PCC Cully expansion (opening CY24) ● Generator installs: Mid County and NEHC <p><u>Environment of Care/Staff & Patient Safety:</u></p> <ul style="list-style-type: none"> ● Exam room curtains ● Testing for staff respiratory equipment <p><u>Marketing Expansion:</u></p> <ul style="list-style-type: none"> ● Full website launch <p><u>Technology and Innovation:</u></p> <ul style="list-style-type: none"> ● Epic first and integrations <ul style="list-style-type: none"> ○ Gen AI and Epic ○ RightFax Outbound ○ Badge Scanners ○ Value Based Performance Management and Payer Platform ○ MyChart and Artera ○ Ryan White - CareWare - Epic Integration ● Revenue Cycle Optimization <ul style="list-style-type: none"> ○ Registration improvement ● Improved Data Mart and Data Management <ul style="list-style-type: none"> ○ Improved Security and access

	<p>controls</p> <ul style="list-style-type: none"> ○ Launch Data Literacy Programming
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SERVICE LINES/Programs

Dental	FY24 In progress	FY25 Anticipated
	<ul style="list-style-type: none"> ● Dental Assistant workforce training expansions ● Fully launch 2 chair model ● Increase schedule utilization and decrease no-shows ● COD/ ICS partnership : Shared Oral Health Equity Project (SOHEP) 	<ul style="list-style-type: none"> ● Expanded care for the uninsured ● Adding dental services to La Clinica/future PCC location
Pharmacy	FY24 In progress	FY25 Anticipated
	<ul style="list-style-type: none"> ● Pharmacy Clerk to Technician workforce training ● Expansion of the clinical pharmacy program ● Expansion of the Pharmacy Robot ● Increase pharmacy capture rate ● Expansion of mail order services 	<ul style="list-style-type: none"> ● Pharmacy Clerk to Technician workforce training ● Expansion of the clinical pharmacy program and addition of pharmacist outreach coordinators ● Expansion of the Pharmacy Robot ● Evaluation of contract pharmacy agreements ● Increase pharmacy capture rate ● Expansion of mail services ● Added Community Pharmacists
Primary Care	FY24 In progress	FY25 Anticipated
	<ul style="list-style-type: none"> ● Advanced Practice Clinician Fellowship-Access & retention ● MA Apprenticeship ● Team Anchor model implementation ● Group visits, diabetes 	<ul style="list-style-type: none"> ● Patient self-scheduling ● Hospital transitions of care/RN Case management (TOC) ● Prenatal case management ● Adoption of Peer Review Software ● Adoption of OCHIN Epic Value

	<p>management</p> <ul style="list-style-type: none"> ● Book it (prep for pt self-scheduling) ● Battery back ups in Vaccine Fridges ● Nurse Triage at PAC ● eReferrals ● Provider Recruitment Specialist ● Value Based Pay Implementation 	<p>Based Pay Modules</p>
<p>Integrated BH</p>	<ul style="list-style-type: none"> ● Mental Health Service Expansion - Case Management ● Peer Trainee Program ● Transitions of Care ● Billing optimization 	<ul style="list-style-type: none"> ● Case Manager - Adolescent Focus ● Community MH-BH Navigator ● Certified Recovery Peer
<p>Student Health Centers</p>	<ul style="list-style-type: none"> ● Behavioral health recruitment, onboarding and program development ● Telemed pilot at 3 schools outside of our 9 SHC network ● Narcan part 2: Care Oregon opioid prevention grant in place and begin health education work 	<ul style="list-style-type: none"> ● Behavioral health services at full capacity with new BH Supervisor ● Make determination re: feasibility of telemed pilot model & expansion ● Expanded summer access at David Douglas SHC ● Narcan part 2: Care Oregon opioid prevention grant in place and begin health education work



SUPPORTING DOCUMENTS



**community health
center board**

Multnomah County

Title:	Health Center Quality Management Improvement		
Policy #:	ICS.01.44		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	02/12/2024 03/08/2024	Approved by:	B. D'Agostini /s/ Health Center Chief Quality and Compliance Officer Tamia Deary, Chair /s/ Community Health Center Board
Related Procedure(s):	<u>Health Center Quality Management Procedure</u> ICS Reproductive Health Program QI Procedure		
Related Standing Order(s):	Not applicable		
Applies to:	Health Center staff and programs <u>Programs requiring Quality Improvement (QI) procedures to meet/exceed standards/targets for compliance</u>		

PURPOSE

~~This policy establishes a quality improvement and quality assurance program to promote a culture of quality within the Health Center Integrated Clinical Services (ICS) with the philosophy of continuous quality improvement (CQI) among management and staff for service delivery and population health outcomes. This policy establishes a quality improvement and quality assurance program for the health center program, the Integrated Clinical Services division and related services.~~

DEFINITIONS

Term	Definition
Key Performance Indicators (KPI)	Performance measure/data reports to evaluate performance.
Quality Assurance (QA)	Systematic monitoring or evaluation to ensure that requirements or standards of quality are being met.

Quality Improvement (QI)	The use of a deliberate, systematic and continuous effort to achieve measurable improvements in identified indicators of quality care.
Quality Metrics	Measures used to evaluate progress toward goals on selected areas of focused improvement that have designated targets within a timeframe.

POLICY STATEMENT

The ~~Health Center Quality program~~ objectively, systematically and continuously monitors, evaluates and makes improvements to assure the quality of services ~~including provided to the the people served at the Multnomah County Community Health Center. ICS regularly~~ **generation and analysis of quality metrics** ~~KPI measures~~ to monitor and **maintain performance as well as** address ~~measures~~ **metrics** not meeting goals.

Each year, the Health Center creates an annual Quality **Management** Plan, which is approved by the Community Health Center Board (**CHCB**), including various identified goals based on regulatory requirements, ~~and industry standards,~~ and best practices to assist leadership to identify quality improvement priorities. Activities are identified, implemented and evaluated according to the time frame indicated for the activity. ~~The Health Center ICS~~ provides assessment reports to other agencies as required.

The Quality Program is managed by the **Health Center Chief Quality and Compliance Officer** ~~Quality Director~~ with clinical oversight by the **Chief Clinical Officer** ~~Medical Director~~. The program will be responsible for assessing:

- The quality of health center services;
- Patient satisfaction and the outcomes of patient grievance processes;
- The utilization of Health Center services, consistent with evidence-based guidelines; and
- The status of activities around any safety and adverse events, including follow-up actions, as appropriate.

REFERENCES AND STANDARDS

- Health Resources & Services Administration (HRSA). (2017). [Health Center Program Compliance Manual](#).
- HHS.gov Title X Family Planning. (2017) retrieved from <https://www.hhs.gov/opa/title-x-family-planning/index.html>
- The Joint Commission Standards (TJC). (2017) Retrieved from https://www.jointcommission.org/standards_information/standards.aspx

~~PROCEDURES AND STANDING ORDERS ¶¶~~

~~Methods to collect KPI/data ¶¶~~

- ~~1. Review of Medical Records (OHA Required Activity): ¶¶~~
 - ~~○ Perform reviews of medical records, or random chart audits, on a regular basis to assess proper charting and provision of quality care. Select chart audits across providers and types of services; may be conducted by designated leadership, or performed as a group activity such as during a staff meeting. Provide to appropriate staff identified areas of improvement. Leadership determines the number of medical records reviewed and frequency. ¶¶~~
- ~~2. Client or Customer Satisfaction Surveys ¶¶~~
 - ~~○ Conduct regular Client Satisfaction Surveys to determine the patient's perspective related to the quality of care to report as performance metrics. ¶¶~~
 - ~~○ ICS will participate in the Customer Satisfaction Survey process conducted by various accrediting and regulatory agencies, if required. ¶¶~~
- ~~3. Direct Observation ¶¶~~
- ~~4. Audits ¶¶~~
- ~~5. Interview with Staff ¶¶~~
- ~~6. Staff Feedback ¶¶~~

~~Conditions to meet when initiating change ¶¶~~

- ~~1. Communication to key stakeholders findings and recommendations ¶¶~~

- ~~2. Educate affected staff of changes~~
- ~~3. Train affected staff of new procedure~~
- ~~4. Practice/apply new procedure at work~~
- ~~5. Sustain using a monitoring system~~

RELATED DOCUMENTS

Name
Attachment A – ICS Quality Management Plan
Attachment B – Complete Template to create a “QI plan” for ICS Programs providing service delivery and population health outcomes
Attachment C – MCHD Reproductive Health Program (Title X) QI Procedure

POLICY REVIEW INFORMATION

Point of Contact:	Theresa Rice, Health Center Quality Supervisor B. D’Agostini Interim ICS Quality Director
Supersedes:	Not applicable

Title:	Health Center Quality Management		
Policy #:	ICS.01.44		
Section:	Integrated Clinical Services	Chapter:	General
Approval Date:	02/12/2024	Approved by:	B. D'Agostini /s/ Health Center Chief Quality and Compliance Officer Tamia Deary, Chair /s/ Community Health Center Board
Related Procedure(s):	Health Center Quality Management Procedure ICS Reproductive Health Program QI Procedure		
Related Standing Order(s):	Not applicable		
Applies to:	Health Center staff and programs		

PURPOSE

This policy establishes a quality improvement and quality assurance program to promote a culture of quality within the Health Center with the philosophy of continuous quality improvement (CQI) among management and staff for service delivery and population health outcomes.

DEFINITIONS

Term	Definition
Key Performance Indicators (KPI)	Performance measure/data reports to evaluate performance.
Quality Assurance (QA)	Systematic monitoring or evaluation to ensure that requirements or standards of quality are being met.
Quality Improvement (QI)	The use of a deliberate, systematic and continuous effort to achieve measurable improvements in identified indicators of quality care.
Quality Metrics	Measures used to evaluate progress toward goals on selected areas of focused improvement that have designated targets within a timeframe.

POLICY STATEMENT

The Health Center objectively, systematically and continuously monitors, evaluates and makes improvements to assure the quality of services including generation and analysis of quality metrics to monitor and maintain performance as well as address measures not meeting goals.

Each year, the Health Center creates an annual Quality Management Plan, which is approved by the Community Health Center Board (CHCB), including various identified goals based on regulatory requirements, industry standards, and best practices to assist leadership to identify quality improvement priorities. Activities are identified, implemented and evaluated according to the time frame indicated for the activity. The Health Center provides assessment reports to other agencies as required.

The Quality Program is managed by the Health Center Chief Quality and Compliance Officer with clinical oversight by the Chief Clinical Officer. The program will be responsible for assessing:

- The quality of health center services;
- Patient satisfaction and the outcomes of patient grievance processes;
- The utilization of Health Center services, consistent with evidence-based guidelines; and
- The status of activities around any safety and adverse events, including follow-up actions, as appropriate.

REFERENCES AND STANDARDS

- Health Resources & Services Administration (HRSA). (2017). [Health Center Program Compliance Manual](#).
- *HHS.gov Title X Family Planning*. (2017) retrieved from <https://www.hhs.gov/opa/title-x-family-planning/index.html>
- The Joint Commission Standards (TJC). (2017) Retrieved from https://www.jointcommission.org/standards_information/standards.aspx

RELATED DOCUMENTS

Name	

POLICY REVIEW INFORMATION

Point of Contact:	Theresa Rice, Health Center Quality Supervisor
Supersedes:	Not applicable