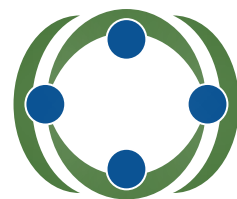




# Public Meeting

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**January 2024**



**community health  
center board**

*Multnomah County*

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# AGENDA



**community health  
center board**

*Multnomah County*



# Public Meeting Agenda

## January 08, 2024

### 6:00-8:00 PM

### Gladys McCoy 8th Floor 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.*

**CHCB Board Members Present:**

- |   |   |                                       |
|---|---|---------------------------------------|
| <b>Tamia Deary</b> – Chair                | <b>Susana Mendoza</b> – Member-at-Large | <b>Harold Odhiambo</b> - Board Member |
| <b>Kerry Hoeschen</b> – Secretary         | <b>Alina Stircu</b> – Board Member      |                                       |
| <b>Brandi Velasquez</b> – Member-at-Large | <b>Darrell Wade</b> – Board Member      |                                       |

**Jenna Green - Interim Executive Director (Ex Officio)**

**Desired Outcomes for this Executive Session**

- Review Minutes; Committee and Full Board Meetings
- Committee Updates
- Review Agreements and Action Items
- Craft CHCB Meeting Agenda and Shared Understanding of All Items

Time	Topic/Presenter	Process/Desired Outcome
<b>6:00-6:05</b> (5 min)	<b>Call to Order / Welcome</b> Tamia Deary, CHCB Chair	Call to order Review processes
<b>6:05-6:10</b> (5 min)	<b>Minutes and Consent Agenda Review- VOTE REQUIRED</b> December 11th Public Meeting Minutes Consent agenda items: New Providers Update, Quality Work Plan Update	Board reviews and votes
<b>6:10-6:15</b> (5 min)	<b>Pedro Recognition</b> Jenna Green, Interim Executive Director	Board recognizes past board member
<b>6:15-6:20</b> (5 min)	<b>2024 CHCB Calendar Of Meetings -VOTE REQUIRED</b> Jenna Green, Interim Executive Director	Board reviews and votes
<b>6:20-6:35</b> (15 min)	<b>HRS .04.03 Policy Review - VOTE REQUIRED</b> Brieshon D’Agostini, Quality and Compliance Officer Bernadette Thomas, Chief Clinical Officer	Board receives updates and votes
<b>6:35-6:50</b> (15 min)	<b>Q3 Incidents &amp; Complaints</b> Brieshon D’Agostini, Quality and Compliance Officer	Board receives updates and provides feedback
<b>6:50-7:05</b> (15 min)	<b>Q3 Patient Experience Survey</b> Linda Niksich, Program Specialist Senior, Quality Team	Board receives updates and provides feedback
<b>7:05-7:15</b>	<b>10 Minute Break</b>	
<b>7:15-7:25</b> (10 min)	<b>Monthly Financial Reporting Package</b> Jeff Perry, Chief Financial Officer	Board receives updates and provides feedback



<p><b>7:25-7:30</b> (5 min)</p>	<p><b>Annual Board Member Documents</b> Jenna Green, Interim Executive Director</p>	<p>Board receives and completes annual documents</p>
<p><b>7:30-7:35</b> (5 min)</p>	<p><b>Committee Updates</b> 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>Board receives updates</p>
<p><b>7:35-7:50</b> (15 min)</p>	<p><b>Executive Director’s Strategic Updates</b> Jenna Green, Interim Executive Director</p>	<p>Board receives updates</p>
<p><b>7:50-8:05</b> (15 min)</p>	<p><b>Board Updates</b> Tamia Deary, CHCB Chair <i>(Closed Executive Session)</i></p>	<p>Board receives updates in an executive session and has discussion</p>
<p><b>8:05</b></p>	<p><b>Meeting Adjourns</b></p>	<p>Thank you for your participation</p>



# PUBLIC MEETING MINUTES



**community health  
center board**

*Multnomah County*



## CHCB Public Meeting Minutes December 11, 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

**Darrell Wade** - Treasurer

**Susana Mendoza** - Board Member

**Tamia Deary** - Vice-Chair

**Kerry Hoeschen** – Member-at-Large

**Alina Stircu**- Board Member

**Pedro Sandoval Prieto** – Secretary

**Brandi Velasquez** - Member-at-Large

**Jenna Green** - Interim Executive Director (Ex Officio)

**Board Members Excused/Absent:** Brandi Velasquez

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<b>Call to Order / Welcome</b> Harold Odhiambo, CHCB Chair	Meeting begins 6:05 PM  We <u>do have a quorum</u> with 7 members present.  <i>Recording of the meeting started at 6:35pm. The start of the meeting was not recorded, but is captured below in these minutes.</i>  7 board members and 2 interpreters present			
<b>Minutes Review -</b> <b>VOTE REQUIRED</b> Review Public Meeting minutes	Reviewed Public Meeting Minutes. October 19th Special Public Meeting Minutes November Public Meeting Minutes  Correction to 10/19/23 minutes: needs to reflect that Kerry was absent. Currently says she participated by phone.	<b>Motion to approve Oct 19 Special Public meeting minutes and November public meeting minutes:</b> Kerry <b>Second:</b> Alina Yays: 6 Nays: Abstain: 1 <b>Decision:</b>		





<p><b>ODHS Afghan Services - VOTE REQUIRED</b> Amaury Sarmiento, Senior Regional Health Manager</p>	<p>Will the project date be adjusted from 1/1/24 since that is imminent, and how will the positions be sustained after the project period ends if successful?</p> <ul style="list-style-type: none"> <li>The project has been accepted and is now in the negotiating session with the State. The exact dates of the project are a moving target. This is a pilot of this kind of service, and will be evaluated. If successful, leadership will consider how to build this service into a core part of the clinic. There is an opportunity to extend the positions and project into the future.</li> </ul> <p>Appears to be a short timeline to fill positions -- what are the ramifications if they are not filled or vacated partway through the project?</p> <ul style="list-style-type: none"> <li>Positions will first be posted as Work Out of Class (WOC) which will greatly expand the pool of applicants and expedite the recruitment process. If the position does not get extended, the applicant would be able to return to their previous position.</li> </ul> <p>What is the plan to support a person taking this WOC position so they are successful and develop those crucial external relationships?</p> <ul style="list-style-type: none"> <li>Case Manager would work with refugee program specialists and be introduced to existing community partners.</li> </ul> <p>Please explain how the .05 program specialist position is already existing.</p> <ul style="list-style-type: none"> <li>Program Specialist position is already filled. The change would be that the position would be funded by the grant rather than health center funds.</li> </ul>	<p><b>Approved</b></p> <p><b>Motion to approve ODHS Afghan Services Grant</b></p> <p><b>Application:</b> Tamia</p> <p><b>Second:</b> Kerry</p> <p>Yays: 7</p> <p>Nays:</p> <p>Abstain:</p> <p><b>Decision: Motion carries</b></p>		
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	<p>If successful, can this kind of service be replicated to other refugee communities?</p> <ul style="list-style-type: none"> <li>The hope is to grow the project to offer case management services to other refugee/immigrant communities. This project will help create a blue print.</li> </ul>			
<p><b>COVID Bridge Services - VOTE REQUIRED</b> Debbie Powers, Deputy Director, Clinical Operations and Integration</p>	<p>Please expand on the budget breakdown</p> <ul style="list-style-type: none"> <li>The budget is organized to allow for planned and anticipated contractual services. Bridge Services funding allows redirection of ICS funds for current agency staff and redirect those employees with additional hours or bring in agency employees to do only vaccines for a brief time. The health center is not currently able to set up big COVID vaccine clinics, but wants to allocate staff to do COVID and flu vaccines. This funding allows this with current staff and to use the extra staffing support.</li> </ul> <p>Are positive COVID results currently being tracked?</p> <ul style="list-style-type: none"> <li>Since most tests are done at home, the health center does not have that data, unless the patient calls the clinic. Positiveness data is primarily drawn from hospitalization rates.</li> </ul>	<p><b>Motion to approve COVID Bridge Services Funding:</b> Alina <b>Second:</b> Tamia Yays: 7 Nays: Abstain: <b>Decision: Motion carries</b></p>		
<p><b>CareOregon Community Supports Grant - Eligibility Assistance Program - VOTE REQUIRED</b> Jeff Perry, Chief Financial Officer</p>	<p>What motivated Care Oregon to reach out to the health center? Are they concerned the Eligibility Specialists are not doing enough or is the health center patient flow down from what it should be?</p> <ul style="list-style-type: none"> <li>Care Oregon is looking to expand their outreach. The State is doing something similar. This effort is trying to</li> </ul>	<p><b>Motion to approve CareOregon Community Supports Grant:</b> Kerry <b>Second:</b> Darrell</p>		



	<p>get individuals enrolled, and informed that resources exist for them.</p> <p>Some of the Eligibility Specialists were having to use their own equipment to do the job of enrolling community members, or they would go to public events but not be able to enroll community members on the spot. This funding would allow that.</p>	<p>Yays: 7 Nays: Abstain: <b>Decision: Motion carries</b></p>		
<p><b>Legal Support Official Vote - VOTE REQUIRED</b> Harold Odhiambo, CHCB Chair</p>	<p>There was extensive discussion and debate on whether the document being voted on should be reviewed by a third party law firm.</p> <p>The agreement clarified the scope of Ogden Firm Legal Services as it relates to the CHCB: to help the CHCB develop by-laws and other documents and comply with state and federal rules, and to differentiate that this law firm will not act on behalf of the County.</p> <p>One member believed that the board’s due diligence included having another law firm review the agreement that had been reviewed by the County’s legal team. The agreement had changes that were not brought back to the CHCB for review prior to going to the County attorney for review.</p> <p>Other members did not understand why it was necessary for another law firm to review the document, and expressed concerns about the associated costs of an additional review, and the delay in receiving legal services for an unknown amount of time due to the postponement. One member reminded the body that historically, the CHCB has used this process to secure legal services and only had the County legal team review the agreement between the CHCB and the law firm.</p>	<p><b>Motion to approve Ogden Firm Legal Services for the CHCB:</b> Kerry <b>Second:</b> Alina Yays: 6 Nays: 1 Abstain: <b>Decision: Motion carries</b></p>		



	<p>A motion to table the motion to approve Ogden Firm Legal Services, have the document reviewed by a third party law firm and brought back to the CHCB in January was made by Tamia and seconded by Darrell. The vote was Yays: 2, Nay: 5, Abstain: 0, and the motion failed.</p> <p>The motion to adopt the agreement then moved forward.</p>			
<p><b>Strategic Oral Health Equity Project (SOHEP) Grant from CareOregon: Phase 2 -</b>  <b>VOTE REQUIRED</b>  Azma Ahmed, Dental Director</p>	<p>Several members commended the Dental team on this interesting and important work that focuses on improving oral health for minorities.</p> <p>Is the body voting on whether to apply or accept funds from Care Oregon?</p> <ul style="list-style-type: none"> <li>The Phase 2 business plan was due in December and was submitted. This is a formal request to receive funding.</li> </ul> <p>Please describe the interest of staff to participate in this program?</p> <ul style="list-style-type: none"> <li>Staff are kept informed with monthly newsletters and quarterly team meetings. Staff have volunteered to test concepts or have stepped up to be trainers for the new workforce. Some dentists have signed up to have students to be part of their practice. The Dental team has held events focused on dental assistants, and have attended events to discuss with student dental assistants why they want to enter this field.</li> </ul>	<p><b>Motion to approve Strategic Oral Health Equity Project (SOHEP) Grant from CareOregon: Phase 2:</b> Kerry  <b>Second:</b> Alina  Yays: 7  Nays:  Abstain:  <b>Decision: Motion carries</b></p>		
<p><b>Announce Executive Officer Nominations</b></p>	<p>Timeline reviewed</p>			



Jenna Green, Interim Executive Director	Vote will be certified by the Secretary and the Nominating Committee chair will announce the results.			
<b>10 min break</b>	<b>7:00pm-7:10pm</b>			
<p><b>Monthly Financial Reporting Package</b> Jeff Perry, Chief Financial Officer</p>	<p>The body reviewed financials from Period 4 of FY24</p> <p>What is the referral difference due to between Care Oregon referrals vs Trillium?</p> <ul style="list-style-type: none"> <li>The health center has worked with Care Oregon for quite a while. Trillium is relatively new to the Portland area but it is growing.</li> </ul> <p>What is contributing to the losses reflected in some departments, such as Student Health Centers and Dental and what can be done to lessen those losses?</p> <ul style="list-style-type: none"> <li>Dental has a pathway to improve its fiscal picture, such as getting more staff that will result in seeing more patients, and the team is making strides in a positive direction. This is early in the year for Student Health Centers, and over the course of the year, the positive fiscal picture averages out. Also, it is getting more expensive to cover the expenses to run health centers, such as the labor expenses for pharmacy.</li> </ul>			
<p><b>Committee Updates</b> Quality Committee: Tamia Deary, Quality Chair</p>	<p>Quality Committee: Meeting featured a very informative presentation by Tony Gaines about call center improvements and the work his team is doing to maintain a fully staffed call center. Abandonment rates and customer service feedback is</p>			



<p>Bylaws Committee: Tamia Deary, Bylaws Chair  Finance Committee: Darrell Wade, Finance Chair  Executive Committee: Harold Odhiambo, Board Chair</p>	<p>directly linked to being fully staffed. He shared efforts to keep fully staffed, such as incentives. stay interviews, and how to better compensate call center staff by ensuring KSAs allow them more compensation based on language and knowledge.</p> <p>ByLaws Committee: No report</p> <p>Finance Committee: Committee met 12/7/23 and Jeff reviewed monthly financials, Q4 of fiscal year and cashflow. Committee will meet again 1/4/24.</p> <p>Exec Committee: Reviewed the election process, and planned the pre-budget meeting at the end of the December 18 Executive Committee meeting. CHCB members are encouraged to attend. The agenda will be sent out soon.</p>			
<p><b>Executive Director's Strategic Updates</b>  Jenna Green, Interim Executive Director</p>	<p>Patient Access Center (PAC) improvements included a strong decline of call abandonment rates compared to last year. Continued focus on wait times.</p> <p>Mobile unit mechanical and staffing challenges continue but full-time provider has been hired and starts in January.</p> <p>Immediate Care provider positions are filling with Providence changing their urgent care model. Health Center has made three offers.</p> <p>FTCA deeming application status</p> <p>Uniform Data System (UDS) report due 2/15/24.</p> <p>Announcement from OHA that new z code will be effective January 1, 2024 and will allow the health center to be</p>			



	<p>reimbursed for refugee screenings.</p> <p>Revenue Cycle registration project is underway. Sliding Fee Scale evaluation in progress.</p> <p>CHCB FY25 Budget Planning session scheduled 12/18/23. Agenda will be shared this week.</p> <p>Operational Site Visit (OSV) scheduled 3/26/24-3/28/24. The HRSA site visit is planned for March 2024 which will assess the health center’s compliance, policies, and attestation. More information will be shared prior to the visit.</p> <p>Met with NWRPCA on 12/7/23 and was a routine meeting to discuss opportunities and challenges.</p> <p>Amended agreement in progress for counter signature with OMW.</p>			
<p><b>Announce Executive Officer Election Results</b> Nominating Committee Member. Darrell Wade</p>	<p>Chair: No candidate received a majority of votes cast. Kerry Hoeschen is elected Secretary (majority) Susana Mendoza is elected Member-at-Large (majority)</p> <p>Results were announced by Darrell, a member of the Nominating Committee, which included language that the vote to approve the sole candidate as board chair failed because of the 4-4 vote. A challenge was raised by Tamia that the bylaws say whichever candidate gets the most votes is elected to the office. She stated no one was running against her and therefore the position was hers with the most votes. Based on the challenge, Tamia declared the chair seat.</p>			



	<p>Darrell responded that Tamia has won seat of chair. Results need to be confirmed by the Secretary. The results will be clarified before the end of this week.</p>			
<p><b>Labor Relations Updates</b>          Jenna Green, Interim Executive Director  <i><b>Bargaining and Negotiation Updates (Closed Executive Session)</b></i>   <i>CHCB Board Members to discuss in a confidential separate Zoom</i></p>	<p>Board moved to confidential session at: 8:30pm          Board returned from confidential session at 8:52pm           There was a brief discussion about whether there should be another vote to approve the second set of minutes. The vote earlier in the meeting covered both sets of minutes. It was requested that it be clarified that the vote was for both sets since Kerry had abstained from the first set of minutes because she was absent at that meeting, but was not absent from last month’s public meeting and should have been allowed to vote on those minutes.           Pedro gave thanks to Harold and shared that he is retiring his position as Secretary because his term is over. He has been on the board for 10 years and has always liked to support the community and especially the latino community. He held many positions on the board and thanked everyone for the opportunity. Next year he plans to rest and possibly come back after a year. He wished everyone good luck for everything they will do over the next year.           Harold thanked Pedro for his service.           Tamia thanked Pedro for his contributions and appreciated his work and hopes he will have a great time off.           Jenna invited Pedro to come to the in-person January meeting</p>	<p><b>Motion to move to a closed session: Darrell</b>  <b>Second: Kerry</b>          Yays: 7          Nays:          Abstain:  <b>Decision: Approved</b></p>		





	<p>for a public thanks and recognition for his service. If that date doesn't work, another will be found. She encouraged him to continue to attend meetings as a member of the community. She thanked him for all the years of service.</p> <p>Pedro shared he is available in January to attend the in-person meeting to shake hands with everyone. He hopes to return after his year break.</p>			
<b>Meeting Adjourns</b>	Meeting adjourns 8:58 PM			Next public meeting scheduled on 1/08/24

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Pedro Prieto Sandoval, Secretary**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Harold Odhiambo, Board Chair**

**Scribe: Jordana Sardo/jordana.sardo@multco.us**



# CONSENT AGENDA



**community health  
center board**

*Multnomah County*

# Consent Agenda January 08, 2024

## Consent Item (Summary with Detail Reports following)

### **New Providers Update**

The health center has hired multiple new providers in the past few months. These providers are all dedicated to working with safety net patient populations and bring unique skills sets with them to their team practices.

Providers hired between May 8, 2023 and December 31st, 2023:

Medical Providers: 6

Behavioral Health: 0

Dental: 0

Pharmacy: 0

### **Quality Work Plan Update**

Progress Report on ongoing Quality Activities for FY 2024.

This report includes a description of the activities, outcomes, key deliverables/timeline, and status updates.

# Consent Agenda January 08, 2024



Multnomah County  
Integrated Clinical Services

## ***New Provider Report***

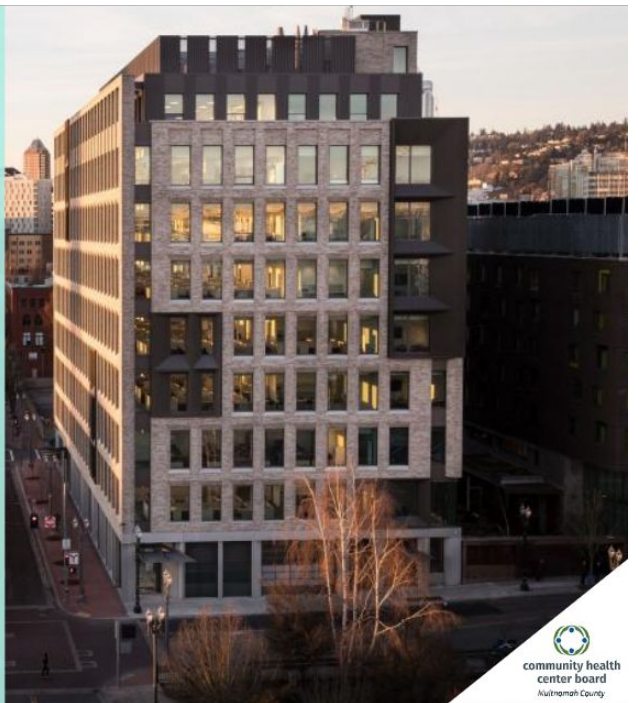
January 8, 2024



## **May 8, 2023 - December 31, 2023**

### **New Hires**

MEDICAL	6
BEHAVIORAL HEALTH	0
DENTAL	0
PHARMACY	0

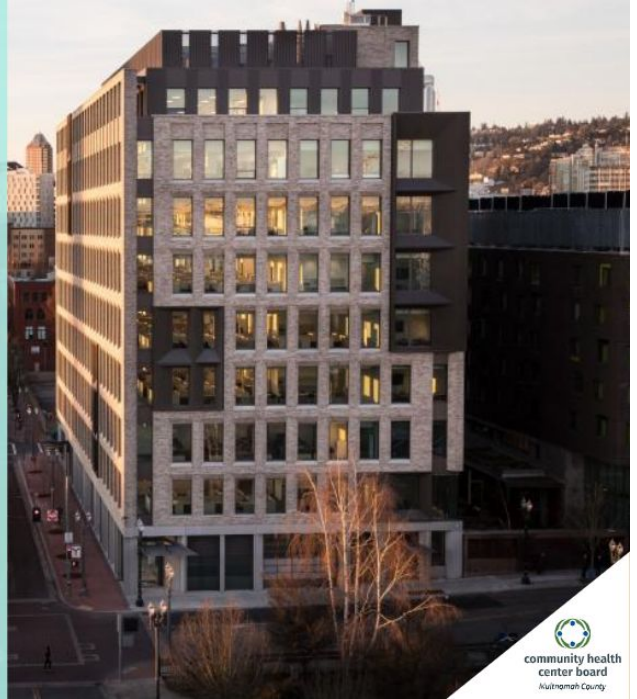


# Consent Agenda January 08, 2024

## ***New Providers***

May 8, 2023 - December 31, 2023

- ❖ Benjamin Smith, MD, Mid County
- ❖ Lin Zocco, PA-C, North Portland
- ❖ Jodi Wallis, CPNP, Mid County
- ❖ Cody Myers, PA-C, North East
- ❖ Jessica Cyphert, PA-C, East County
- ❖ Nanette Zunkel, FNP, *New Mobile Clinic*





# Consent Agenda January 08, 2024

## Quality Work Plan Progress Report FY 2024

Quality Activity	Desired Outcome	Key Deliverables/Timeline	Mid Year Status
<b>Referral management</b>	Improvements to processes for referrals and follow-up to minimize delays to patient care and improve patient experience	By June 30, 2024: Recommendations for program changes to optimize and/or centralize parts of the referral process.	Programming in development for centralizing parts of the referral process. Specialist assigned to coordinate centralized referral planning and work.  In progress - on track
<b>Epic letters review</b>	Review Epic letter templates for literacy, language, clarity, and privacy compliance. Review of letter template usage.	By June 30, 2024: Review current letter template usage Review and update current letter content for literacy/language and compliance Identify and implement communications and training related to Epic letter template usage	In progress - on track  Reports in development
<b>Policy Management Framework</b>	ADJUSTED FROM FY23: With Health Department, develop framework and standards for development, review, approval, implementation, and training on new and updated policies.	By Dec 31, 2023: Policy management framework developed for Health Department that both meets the Department needs, Division compliance and operational needs, and Health Center governance needs.  By June 30, 2024: Review of current policies for needed changes to align with new framework.	Policy management framework drafted with the Health Dept Policy review in progress  In progress - on track
<b>HRSA Badge Analysis</b>	(Request from CHCB Qual Comm) Analysis of which HRSA "Badges" are realistic for the Health Center to apply for, and what administrative lift might be needed.	By June 30, 2024: Complete analysis and recommendation for HRSA Badge recognition.	In progress - on track  Planning in process
<b>Staff satisfaction survey</b>	Pilot project to implement Health Center specific staff survey	By Dec 31, 2023: Launch first annual Health Center staff survey	Additional programming needed Launch delayed until April  In progress - delayed
<b>Clinical Documentation and Coding Analysis</b>	With contracted consultants, perform audit of current clinical documentation and coding practices and develop recommendations for improvements to maximize revenue, reduce compliance risk, reduce clinician/staff burnout, and provide appropriate documentation in clients records.	By March 31, 2024: Analysis and recommendations report to identify opportunities for improvement in clinical documentation and coding.	Contract complete - working with vendor to set up process and details  In progress - on track
<b>Racial Equity in Patient Care</b>	Build structure, capacity, and tools to enable analysis and improvement of racial disparities in our healthcare system. (Request from CHCB Qual Comm): Timely, cost effective, and accurate written translations	By June 30, 2024: Perform analysis of written translation process for equity, access/timeliness, and cost.	Planning in process  In progress - on track
<b>Clinic-administered meds/immis barcode scanners</b>	Reduce errors related to medication and immunization safety; better tracking of clinic-administered medications for 340B program compliance.	By March 31, 2024: Implement barcode scanners for clinic-administered medications and immunizations	Project manager assigned Specialist assigned for ongoing work  In progress - on track



# SUMMARIES



**community health  
center board**

*Multnomah County*



# Policy Review Presentation Summary

<b>Presentation Title</b>	HRS.04.03 Licensing, Credentialing and Privileging			
<b>Type of Presentation: Please add an “X” in the categories that apply.</b>				
<b>Inform Only</b>	<b>Annual / Scheduled Process</b>	<b>New Proposal</b>	<b>Review &amp; Input</b>	<b>Inform &amp; Vote</b>
				X
<b>Date of Presentation:</b>	12/18/23	<b>Program / Area:</b>	Health Center, all clinical services	
<b>Presenters:</b>	Bernadette Thomas Brieshon D’Agostini			
<b>Policy Title and Brief Description:</b>				
This policy requires the approval of the CHCB; it describes how we ensure that our clinical staff are competent and safe to deliver care to the clients of the health center.				
<b>Describe the current situation:</b>				
The existing policy did not fully describe our policy and procedure for other licensed and certified health care professionals (which include nurses, community pharmacists, medical assistants, dental assistants, community health workers, and many others).				
<b>Why is this project, process, system being implemented now?</b>				
This policy and attachments are being updated to better encompass all licensing, credentialing, and privileging purpose, definitions, process, and standards to affirm duty of care for clients and prevent harm to clients.				
<b>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):</b>				



This policy represents major performance and quality improvement initiatives, including implementing and formalizing a peer review process, creating credentialing committees to approve and review the credentialing and privileging of health center staff, and clearly defining roles and responsibilities.

**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):**

The Health Center will update "HRS.04.03 Health Center Licensing, Credentialing, and Privileging" to set robust, clear, and compliant practices for ensuring the qualifications and competencies of its clinical staff.

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

The policy will not be updated, and the Health Center is at risk of non-compliance with licensing, credentialing, and privileging standards.

**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)**

Bernadette Thomas, Chief Clinical Officer  
Brieshon D’Agostini, Chief Quality and Compliance Officer  
Miguel Angel Martinez Serena, Credentialing Specialist

**What have been the recommendations so far?**

To create a more robust credentialing and privileging process for all health center staff.

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



Extensive review of regulatory guidelines (HRSA, FTCA, and Joint Commission), as well as consultation with expert content platforms including ECRI and Feldsman Tucker.

Board Notes:



# SUPPORTING DOCUMENTS



**community health  
center board**

*Multnomah County*



# PROPOSED 2024 Meeting Calendar

January						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
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19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
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July						
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28	29	30	31			

August						
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18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
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27	28	29	30	31		

November						
S	M	T	W	T	F	S
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
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1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**Community Health Center Board Meetings**  
2nd Monday of every month \*except November 6:00pm – 8:00pm

Executive Committee Meetings  
4th Monday of every month \*except May 6:00pm-7:30pm



January	Council Business	ICS Strategic Update	Budget Report	Meeting Cal. Approval	Committee Appts	New Providers		Quality Work Plan Update	Committees Finance Quality
February	Council Business	ICS Strategic Update	Budget Report					Q4 Complaints & Incidents	Committees Finance Quality
March	Council Business	ICS Strategic Update	Budget Report				FY23 Budget By Program Overview	Q4 Patient Exp. Survey	Committees Finance Quality
April	Council Business	ICS Strategic Update	Budget Report				Annual Budget Approval		Committees Finance Quality
May	Council Business	ICS Strategic Update	Budget Report		New Providers	UDS Report		Q1 Complaints & Incidents	Committees Finance Quality
June	Council Business	ICS Strategic Update	Budget Report	Annual Quality Plan				Q1 Patient Exp. Survey Fiscal Year 24 Quality Plan	Committees Finance Quality
July	Council Business	ICS Strategic Update	Budget Report						Committees Finance Quality
August	Council Business	ICS Strategic Update	Budget Report	Needs Assessment	New Providers	FY Closeout Report		Q2 Complaints & Incidents	Committees Finance Quality
September	Council Business	ICS Strategic Update	Budget Report		CEO Eval Survey Overview			Q2 Patient Exp. Survey	Committees Finance Quality
October	Council Business	ICS Strategic Update	Budget Report	Annual Retreat		UDS Report	Q1 Financial Report	Quality Plan Final Report	Committees Finance Quality
November	Council Business	ICS Strategic Update	Budget Report			Exec Officer Nomination Slate		Q3 Complaints & Incidents	Committees Finance Quality
December	Council Business	ICS Strategic Update	Budget Report	New Providers	CEO Eval Report	Exec Officer Elections		Q3 Patient Exp. Survey	Committees Finance Quality



CHCB 2024 Calendar Tracker : Vote Required Required Report Standard Report

<b>Public Meeting January 8</b>	-CHCB Meeting Calendar - Executive Director (10) -Quality Work Plan Update (consent agenda) -New Provider Update (consent agenda) -Committee Appointments - Board Chair -HRS.04.03Licensing, Credentialing, and Privileging Policy Review - Brieshon D./Bernadette T. -Q3 Incidents & Complaints - Kimmy H. (15) -Q3 Pt Experience Surveys -Linda N. (15) -Annual Board Member Documents	<b>Executive Committee January 22</b>	-Discussion about CHCB appreciation dinner/event -ICS.01.44 Quality Improvement Policy Review - Bernadette T.
<b>Public Meeting February 12</b>	-4th Qtr Complaint & Incidents - Kimmy H. (15) -ICS.01.44 Quality Improvement Policy Review - Bernadette T.	<b>Executive Committee February 26</b>	
<b>Public Meeting March 11</b>	-Q4 Pt Experience Surveys -Linda (20) -FY25 Health Center/ICS Budget Approval - Executive Director/Jeff P. (10) - School Based Health Center Update - Alex	<b>Executive Committee March 25</b>	-ICS.12.01 through 12.12 Policy Review - Jeff P. -ICS.04.08 Patient No-Show Policy Review - Tony G.
<b>Public Meeting April 08</b>	-Quality Work Plan Update -ICS.12.01 through 12.12 Policy Review - Jeff P. -ICS.04.08 Patient No-Show Policy Review - Tony G.	<b>Executive Committee April 22</b>	
<b>Public Meeting May 13</b>	-New Provider Update (consent agenda) -UDS Report -(10 min) - Alex L-O. -Q1 Complaints & Incidents - Kimmy H. (15)	<b>Executive Committee May 27</b>	
<b>Public Meeting June 10</b>	-Q1 Patient Experience Surveys -Linda (20) -Annual Quality Plan - Brieshon - (10)	<b>Executive Committee June 24</b>	-Annual Strategic Retreat Planning
<b>Public Meeting July 08</b>	-Policies- Data Governance- Brieshon D. (5)	<b>Executive Committee July 22</b>	
<b>Public Meeting August 12</b>	-Annual Needs Assessment - Grants (15) -Q2 Complaints & Incidents - Kimmy H. (10) -Annual Quality Report - Brieshon D.	<b>Executive Committee August 26</b>	-AGN.10.03 ICS Fee Policy Review - Jeff P.
<b>Public Meeting September 9</b>	-Q2 Patient Experience Surveys -Linda N. -AGN.10.03 ICS Fee Policy Review - Jeff P. -CEO Eval Survey Overview	<b>Executive Committee September 23</b>	-Budget Retreat Planning
<b>Public Meeting October 14</b>	-Announce Retreat Date -Quality Plan Final Report- Brieshon D. (20) -SHC Update - Alex L. (10)	<b>Executive Committee October 28</b>	-Executive Officer Elections Slate
<b>Public Meeting November 18</b>	-Announce Executive Officers Slate -Q3 Complaints & Incidents - Kimmy H. -FY Closeout Report - Jeff P. (10) -Q1 Financial Report - Jeff P.(10)	<b>Executive Committee November 25</b>	-(CEO Evaluation Report) - (10) -Executive Officer Elections Update
<b>Public Meeting December 9</b>	-Executive Officer Elections Results - (10) -Q3 Patient Experience Surveys -Linda N. -Monthly Financial Report - Jeff P.(10) -(CEO Evaluation Report) - (10)	<b>Executive Committee December 23</b>	





# Q3 Incidents & Complaints

**Kimmy Hicks,**  
Quality Project Manager



## Q3 2023 Complaints By Location

### Complaints Report

Reported Complaints | Complaint by Type

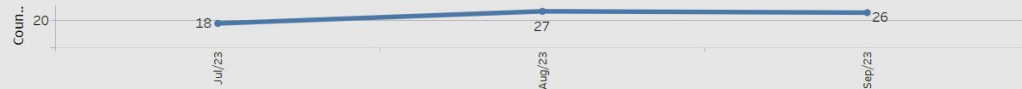
Point of Reference: From 7/1/2023 - 9/30/2023: Primary Care completed 32,675 appts (includes Telehealth visits). Dental completed (approx.) 14,632 appts.

### Reported Complaints

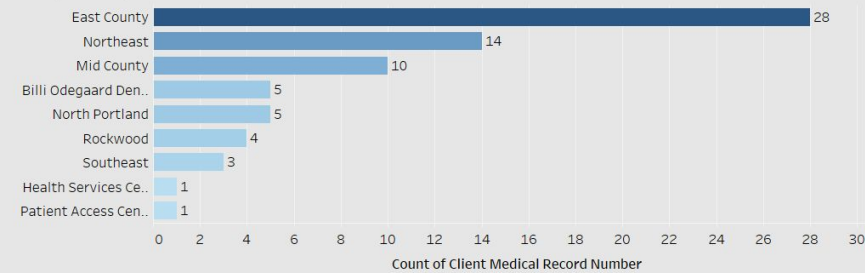
This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type...*

By Servi.. All | By Quar.. 2023 Q3

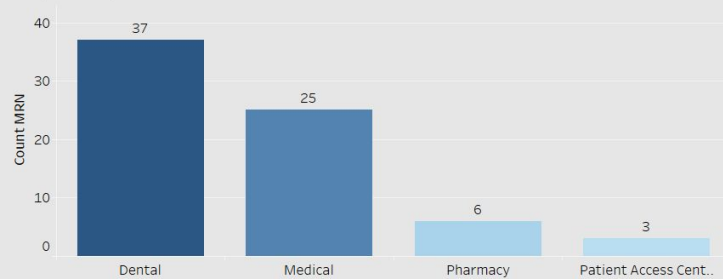
Complaints by Month



### Complaints by Location

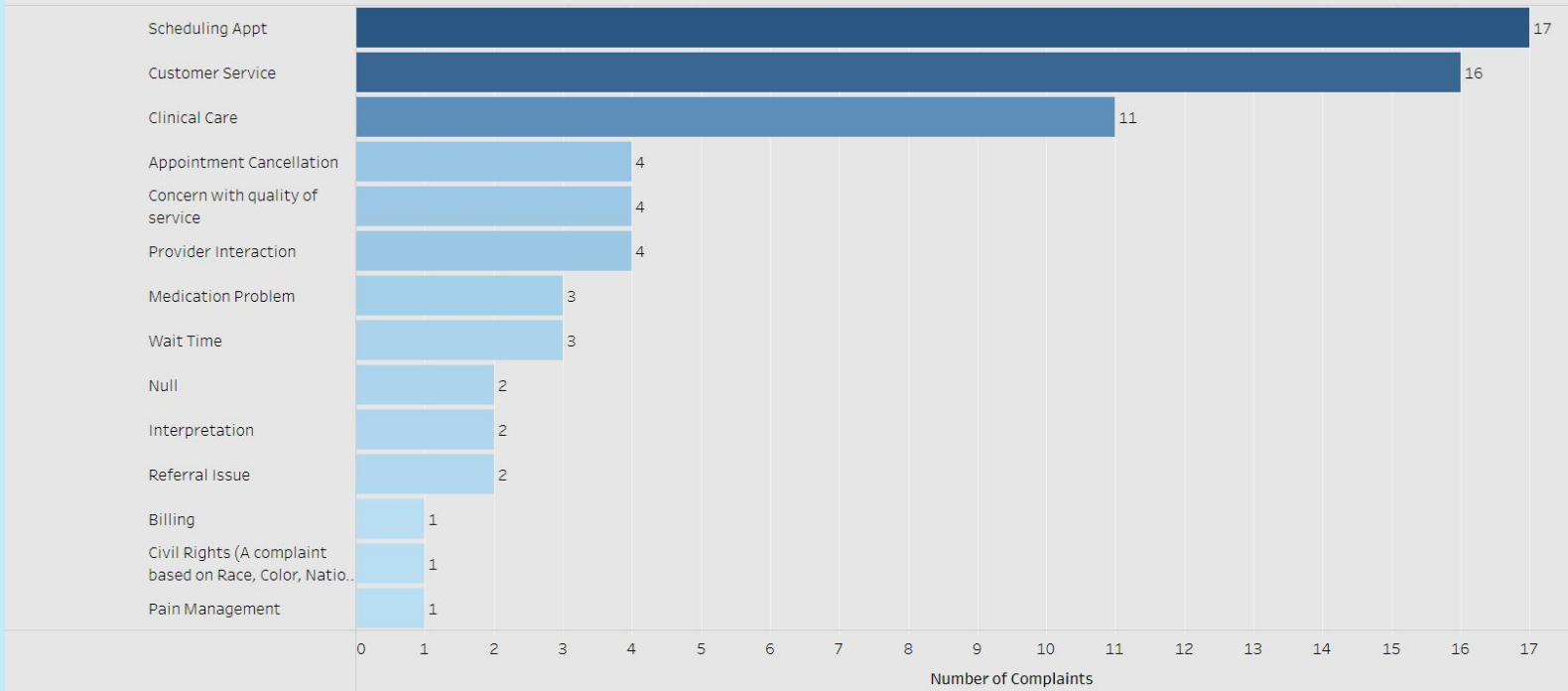


### Complaints by Service Area



# Q3 2023 Complaints By Type

Complaints by Type



Multnomah County

# Q3 2023 Complaint By Race

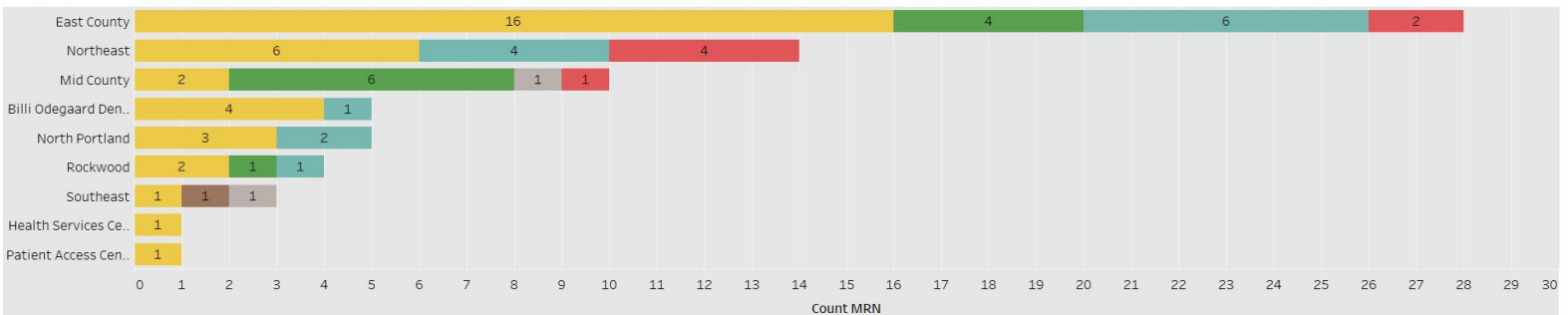
Please use the filters below to select the Date Range, Service Area, and Complaint Category to analyze.

Select the .. All

By Quarter 2023 Q3

By Service Area All

Location and Race Analysis



RACE

- White
- Black/Afric..
- Unknown
- Patient Ref..
- Other Asian
- Chinese

# Q3 2023 Incidents By Location

## Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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### Reported Incidents

This report displays all of the incidents reported to ICS.

By Service Area: All | By Quarter: 2023 Q3

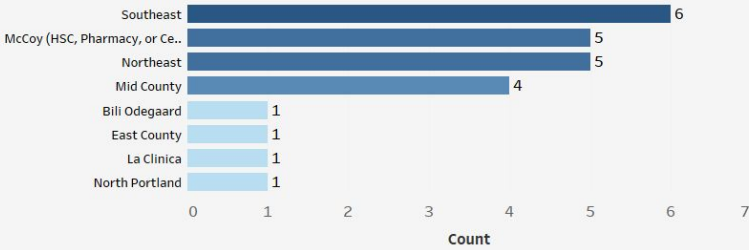
Subject Person Affected by Event: Client

Incidents by Month

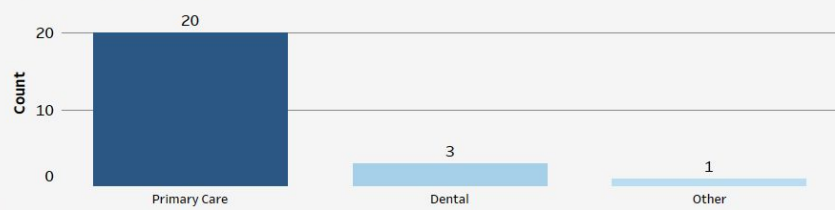


Point of Reference: From 07/01/2023 - 09/30/23; Primary Care completed 32,675 appts (includes Telehealth visits). Dental completed (approx.) 14,632 appts.

### Incidents by Location



### Incidents by Service Area

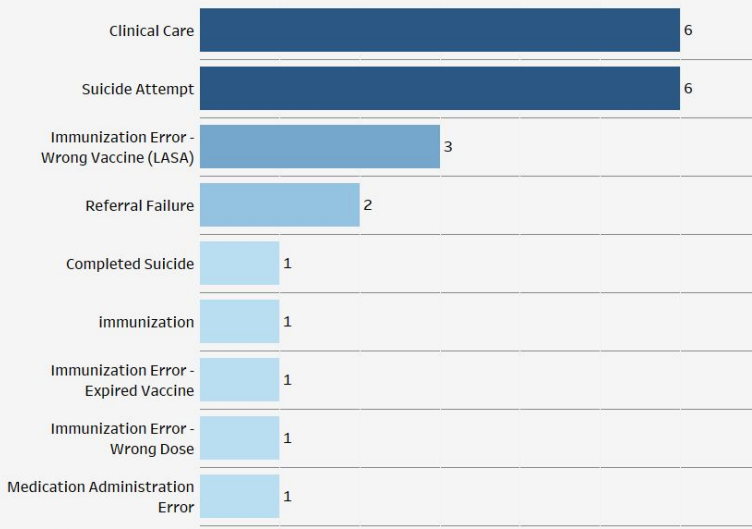


# Q3 2023 Incidents By Type

## Incidents Report

Reported Incidents	Incident by Type	Reported Pharmacy Med Dispensing Errors	Med Dispensing Error by Type	Definitions
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### Type of Incident



Use the filters below to further explore the data!

By Quarter: 2023 Q3

By Service Area: All

Clinic Site: All

Subject Person: Client

# Q3 Incidents & Complaints

## *Questions?*



# Q3 2023 Patient Surveys: Trends and Improvements

Prepared for the Community Health Center Board  
January 8, 2024

Linda Niksich, Patient Experience Sr. Specialist



## Trends We Are Monitoring...

### Common Trends Across the Health Center as a Whole (all service lines)

- Overall satisfaction scores are under “benchmark”
- Appointment Wait Time (PC/Dental/IBH)
- Referral Intentions
- Cultural and Language Needs being met
- Disparities for Asian populations/Cantonese & Russian Languages

### Pharmacy

- Pickup wait time
- Accuracy of RX Fill
- Privacy of Health Info
- Loyalty Intentions

### Primary Care

- Test results received quickly enough
- Asked about difficulties in caring for health, and causes of worries/stress

### Dental

- Provider wait
- Provider time spent
- Phone Att.Courtesy & Helpfulness
- Provider Explanation/Listening/Respect/
- Quality of Care

### Behavioral Health

- Provider wait
- Provider time spent

**Introduction:** Q3 is showing signs of some reversing trends as well as getting closer to meeting or exceeding National Benchmarks. The Health Center as a whole exceeded the National Benchmarks for “Provider Wait”, “Portal Satisfaction” (both on the Satisfaction side; and on the Experience side, “Asked About Difficulties Caring for Health”, “Same Day Answers to Questions”, and “Provider Involved You in Healthcare Decisions”.

**Trends We are Monitoring:** We are still monitoring these common trends across the Health Center as a whole (PC/Dental/IBH); **Overall Satisfaction** (which refers to the specific question posed to patients about how satisfied they were with their entire visit) has been steadily improving since Q1 2023 (1.4% under National Benchmark for Q3 2023)

**Appointment Wait Time** (the patients’ satisfaction with the time from when they requested the appointment to when their appointment occurred) has been hovering around 78% since the start of 2023, while the National Benchmark is 83.4% for Q3 2023.

**Referral intentions** (the likelihood that patients will refer friends and family to our health center) has been steadily improving but is not quite meeting the National Benchmark yet (2.6% under National Benchmark for Q3 2023).

We have also been monitoring **Cultural and Language Needs Being Met** which has been steadily improving since Q1 2023 (2.4% under National Benchmark for Q3

2023).

Over time we continue to see **Disparities** for specific demographics (such as our Asian populations, Chinese-Cantonese speakers and Russian speakers).

**Primary Care:** Looking specifically at PC; Experience questions; “Being Asked About Difficulties in Caring for Health” AND “Causes of Worries or Stress” have both steadily improved since Q1 2023. In fact, “Asked about Difficulties in Caring for Health” exceeded the National Benchmark by 6.2%!!! (Highlighted in Green and will continue to monitor for trend reversal or if this is just a one-off)

Almost all Primary Care Satisfaction measures improved in Q3 with the exception of “Appointment Wait” (the time from requesting an appointment and the actual appointment) and exceeded the National Benchmark for “Quality of Care”.

**Dental:** Looking specifically at Dental; a few measures have been added to this trends list as they are showing signs of possible trends (Highlighted in Yellow).

On a positive note, Dental exceeded the Benchmarks for these Experience measures; “Same Day Response to Questions” AND “Provider Involved you in Health Care Decisions”.

**Integrated Behavioral Health:** And looking specifically at IBH; Although we continue to monitor Appointment Wait Time, Provider Wait, and Provider Time Spent in BH...All BH Satisfaction Measures improved in Q3, meeting or exceeding 8 out of the 13 National Benchmarked questions.

IBH also exceeded all of the Experience National Benchmarked questions (3/3).

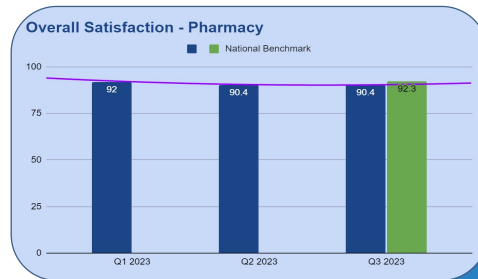
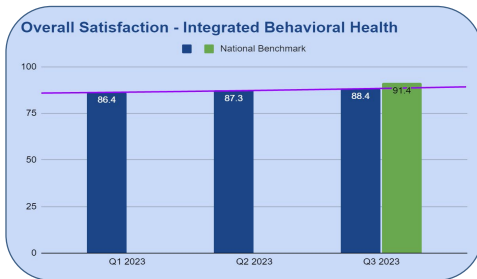
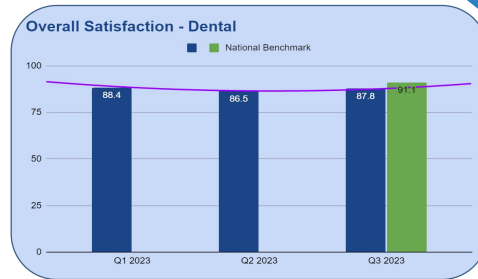
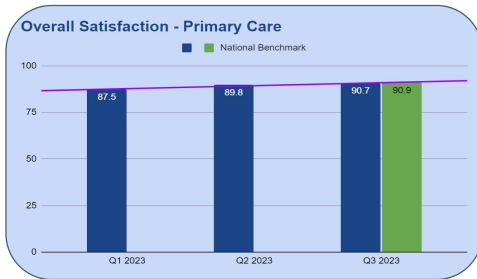
**Pharmacy:** For pharmacy, we have been monitoring, “Pickup Wait Time” since the beginning of 2023 and continues to be a trend. We are seeing possible indications of trending for; “Accuracy of RX Fill”, “Privacy of Health Info”, and Loyalty/Referral Intentions.

NOTE: Crossroads currently has only a small number of Pharmacies within their database for benchmarking (about 13) which is too small of a list for meaningful comparison.

*Next Slide...*



# Overall Satisfaction By Service Line - Q3 2023



**Looking at Overall Satisfaction by Service Line:** (overall satisfaction refers to how satisfied the patient was with their entire appointment or pharmacy visit)

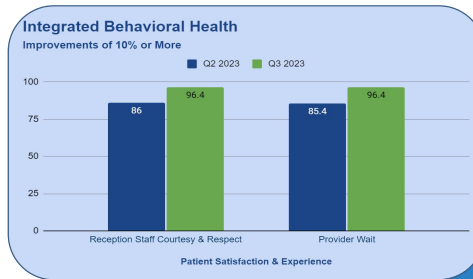
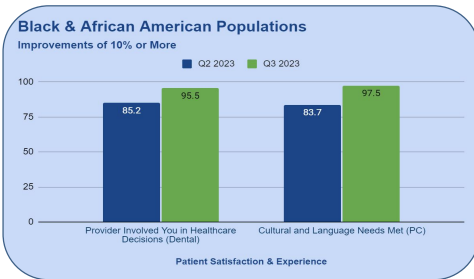
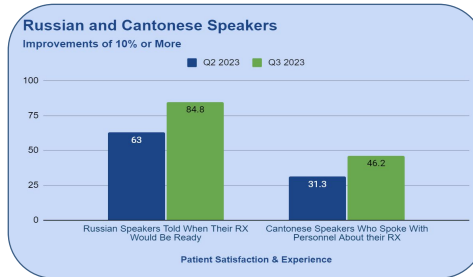
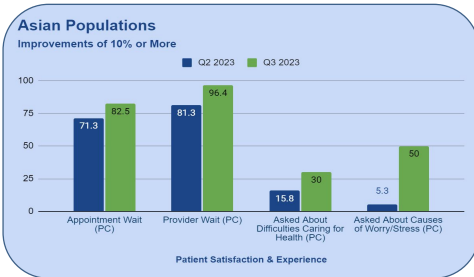
**Primary Care:** When we separate the survey results by service line, in Q3 2023, Primary Care has basically hit the National Benchmark (shown in Green) only being .2% under. You can also see the trendline (in purple) showing slow but steady improvement since the start of 2023.

**Dental:** For Dental, Q3 2023 shows slight improvement since the previous quarter and is just a few points away from the National Benchmark.

**Integrated Behavioral Health:** Integrated Behavioral Health is steadily improving since the start of the year as well, just a few percentage points away from hitting the National Benchmark.

**Pharmacy:** And Pharmacy is closing in on the Q3 2023 National Benchmark as well.

# Improvements of 10% or More in Q3 2023



For Q3 we did see improvement across many categories and demographic groups, however, to get really statistically significant data, we will continue to monitor these improvements to see if they are maintained or improve further.

Because we continue to see disparities among our Asian populations, Cantonese speakers and Russian speakers; I want to highlight some significant improvements among these populations as well as our Black Populations and a couple of significant improvements for Integrated Behavioral Health Overall. The following measures saw improvements of more than 10% since the previous quarter...

## Asian Populations:

Appointment Wait (PC) up 11.2%

Provider Wait (PC) up 15.1%

Asked about Difficulties Caring for Health (PC) up 14.2%

Asked about Causes of Worry or Stress (PC) up 44.7%

## Russian Speakers:

Told when their Prescription would be ready (Pharm) up 21.8%

## Cantonese Speakers:

Spoke with Personnel about RX (Pharm) up 14.9%

## Black and African American Populations:

Provider Involved You in Health Care Decisions (Dental) up 10.3%

Cultural and Language Needs Met (PC) up 13.8%

**Integrated Behavioral Health:**

Reception Staff Courtesy and Respect up 10.4%

Provider Wait Satisfaction up 11%

**NOTE:** This slide does not show all of the improvements that we are seeing among the demographics represented, just those that were more than a 10% improvement. (Dental had several improvements among Russian and Cantonese speakers, as well as Asian and Black populations)

Any questions???

<b>Title:</b>	<b>Health Center Licensing, Credentialing, and Privileging</b>		
<b>Policy #:</b>	HRS.04.03		
Section:	Human Resources	Chapter:	Licensing, Credentialing, Scope of Practice
Approval Date:	Enter policy approval date.	Approved by:	Bernadette Thomas, Chief Clinical Officer  Brieshon D'Agostini, Chief Quality and Compliance Officer  H. Odhiambo /s CHC Chair
Related Procedure(s):	<a href="#">Credentialing and Privileging Information Summary</a> <a href="#">Credentialing and Privileging Procedure for LIPs</a> <a href="#">Credentialing and Privileging Procedure for OLCPs</a> <a href="#">Peer Review Procedure</a> <a href="#">National Practitioner Data Bank (NPDB) Procedure</a>		
Related Standing Order(s):	Not applicable		
Applies to:	All employed, volunteer, and locum tenens (contracted staff) LIPs and OLCPs who are permitted by law and who provide direct patient care at the Health Center.		

## PURPOSE

To ensure that patients of the Health Center are receiving care from individuals who meet the qualifications and competencies in their respective disciplines, and to affirm the duty to care for patients and the duty to prevent harm to patients.

## DEFINITIONS

Term	Definition
Certification	Issued by a professional certifying body to demonstrate the individual's knowledge, skills, and competencies based upon a professional training program.  Certified Medical Assistant (CMA) Community Health Worker (CHW) Dental Assistant (DA)

	<p>Expanded Function Dental Assistant (EFDA)          Laboratory Technician (LT)          Medical Laboratory Technician (MLT)          Peer Support Specialists (PSS)          Pharmacy Technician (CPhT)          Phlebotomist (CPT)          Social Worker (RBSW, LMSW)</p>
Competence	<p>Verification of skills, abilities, and knowledge through an orientation process during which a supervisor or delegate evaluates the professional's clinical qualifications and performance based upon their job description.</p>
Competency: Clinical Knowledge	<p>Maintenance of certifications and licenses, attendance at County training offered during Grand Rounds, obtaining Continuing Education Units (CEUs), completion of required on-line training as assigned, peer chart reviews.</p> <p>Evaluated through tracking course completions in Workday, verification of attendance at training, tracking of CEU, and review of peer chart reviews and other clinical knowledge events.</p>
Competency: Interpersonal and Communication Skills	<p>Clinical staff interact with patients and each other in a respectful manner.</p> <p>Evaluated through patient satisfaction surveys, complaints and feedback, incident reports, and ad hoc feedback from patients and staff.</p>
Competency: Patient Care	<p>The expectation is for all staff to provide compassionate, appropriate, and effective patient care for the promotion of health, prevention of illness, and treatment of disease.</p> <p>Evaluated through peer reviews, clinical quality measures, and patient feedback surveys.</p>
Competency: Practice-based learning improvement	<p>Clinical staff utilize clinical quality metrics and other measures for clinical improvement.</p> <p>Evaluated through clinical quality metrics and performance improvement activities.</p>
Competency: Professionalism	<p>Clinical staff demonstrate behaviors that reflect continuous professional development, diversity, and ethics.</p> <p>Evaluated through patient surveys, complaints and feedback, and attendance to annual diversity training and completion of the annual Code of Ethics review.</p>

<p>Competency: System-based practice</p>	<p>Clinical staff demonstrate an understanding of the contents and systems in which healthcare is provided.</p> <p>Evaluated through attendance to Epic and other clinical applications training, ad hoc training for new equipment, systems, and processes.</p>
<p>Credentialing</p>	<p>The systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence, and the individual's ability to perform job responsibilities.</p>
<p>Credentials Verification Organization (CVO)</p>	<p>Any organization that provides information on an individual's professional credentials. An organization that bases a decision in part on information obtained from a CVO should have confidence in the completeness, accuracy, and timeliness of information.</p>
<p>Fitness for Duty</p>	<p>The ability to perform the duties of the job in a safe, secure, productive, and effective manner. Required for Licensed Independent Practitioners and Other Licensed or Certified Health Care Practitioners.</p>
<p>Health Care Quality Improvement Act (HCQIA)</p>	<p>A federal law stating that a peer review committee and other persons involved in the professional review of disciplinary action are not liable for civil monetary damages when conducted in a manner that meets HCQIA standards.</p>
<p>Just culture</p>	<p>An organization's culture that recognizes that individuals are human, fallible, and capable of making mistakes, especially when the systems that they work in are flawed. A just culture strives to use these mistakes as a way to uncover root causes and make improvements, rather than resulting in automatic punishment.</p>
<p>Licensed Independent Practitioner (LIP)</p>	<p>Any individual permitted by law (the statute which defines the terms and conditions of the practitioner's license) and the facility to provide patient care services independently (i.e. without supervision or direction) within the scope of the individual's license and in accordance with individually granted clinical privileges.</p> <p>Acupuncturists (LAc)        Nurse Practitioners (APRN, PMHNP, CNM)        Physicians (MD, DO)        Physician Assistants (PA)        Clinical Pharmacists        Dentists (DMD, DDS)        Expanded Practice Dental Hygienists        Licensed Clinical Social Workers        Psychologists        Mental Health Counselors</p>

Licensure	<p>A legal right that is granted by a government agency in compliance with a statute governing an occupation (such as the Board of Medicine, Nursing, Dentistry, Pharmacy, Psychiatry, Social Work, and Licensed and Professional Counselors).</p> <p>Acupuncturist (LAc)            Advanced Practice Registered Nurse (APRN-NP)            Certified Oregon Pharmacy Technician (CPT)            Doctor of Dental Medicine (DMD)            Doctor of Dental Surgery (DDS)            Doctor of Osteopathic Medicine (DO)            Doctor of Podiatric Medicine (DPM)            Expanded Practice Dental Hygienist (EPDH)            Licensed Clinical Social Worker (LCSW)            Licensed Master of Social Work (RBSW, LMSW)            Licensed Practical Nurse (LPN)            Licensed Professional Counselor (LPC)            Licensed Marriage and Family Therapist (LMFT)            Medical Doctor (MD)            Pharmacist (RPH)            Physician Assistant (PA)            Psychologist (PsyD)            Registered Dental Hygienist (RDH)            Registered Nurse (RN)</p>
National Practitioner Data Bank (NPDB)	<p>A web-based repository of reports used as a workforce tool to enhance professional review efforts and prevent health care fraud and abuse, with the ultimate goal of protecting the public.</p>
Other Licensed or Certified Health Care Practitioners (OLCPs)	<p>Individuals who are licensed, registered, or certified but are not permitted by law or health center policy to provide patient care services without direction and supervision.</p>
Peer	<p>A person who is of equal standing with another, belongs in the same group or profession, and has the expertise to evaluate the subject matter under review (e.g. physician to physician, dentist to dentist).</p>
Peer review	<p>A structured process whereby medical providers evaluate the quality of their colleagues' work in order to ensure that prevailing standards of care were met.</p>
Peer Review Committee	<p>A committee formed to conduct the reviews of the performance of an individual or group if sanctioned by the quality improvement committee, executive leadership, or Community Health Center Board.</p>
Primary Source Verification (PSV)	<p>A process through which an organization validates credentialing information from the organization that originally conferred or issued the credentialing element to the practitioner. These include direct</p>

	correspondence, telephone, fax, email, online, or paper reports received from original sources.
Privileging	<p>LIP: Clinical privileging is defined as the process by which a practitioner, licensed for independent practice (i.e. without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.) is permitted by law and the Health Center to practice independently to provide medical or other patient care services within the scope of the individual’s license, based on the individual’s clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. LIP clinical privileging is provider-specific.</p> <p>OLCP: OLCP privileging is defined as the process by which a licensed, registered, or certified healthcare worker is permitted by law and/or the Health Center to practice in their role according to their job description, Health Center Policy and Procedure, and their state licensing board, where applicable. OLCP clinical privileging is role-specific.</p>
Remedial action	An intervention to improve competency such as monitoring, proctoring, consultations (prospective, concurrent, retrospective) and action plans.
Secondary Source Verification (SSV)	A process through which an organization documents credentialing information through written material (e.g. copy of license or transcript) that is not considered primary source material.

## **POLICY STATEMENT**

The Health Center’s credentialing and privileging process is intended to protect its patients by ensuring that its healthcare workers possess requisite training, experience, and competence. All Licensed Independent Practitioners (LIPs) and Other Licensed and Certified Practitioners (OLCPs) who provide patient care services through Health Center sites are required to be credentialed and privileged prior to treating patients as described in this policy and the attached procedures.

The Health Center requires that LIPs and OLCPs cooperate in the credentialing and privileging process. Failure to comply with credentialing and privileging requirements, including failure to submit necessary documentation, may result in disciplinary action up to, and including termination. LIPs and OLCPs whose credentialing or privileges have been denied or revoked have a right to appeal the decision as described in the applicable Credentialing and Privileging procedures and the appropriate bargaining agreement.



LIPs: It is the ultimate responsibility of the Health Center’s Credentialing Committee to appoint and re-appoint appropriately licensed and qualified individuals to the Medical, Pharmacy, and Dental staff, and to grant such individuals specific clinical privileges. Such appointments and reappointments will be made upon the recommendation of the Health Center Chief Clinical Officer (CCO) and the clinical component director (Medical Director, Pharmacy Director, Dental Director) to the Health Center’s Credentialing Committee.

OLCPs: It is the ultimate responsibility of Health Human Resources to credential OLCPs and maintain current licensure and certification documentation. It is the responsibility of the Health Center Chief Clinical Officer (CCO) and clinical component directors and managers (Medical Director, Pharmacy Director, Dental Director, Director of Nursing) to privilege OLCPs through competencies.

The duration of any appointment to the clinical staff and the specific clinical privileges granted will not exceed two (2) calendar years.

For LIPs: temporary appointments and privileges may be conferred as described in the attached procedure.

National Practitioner Data Bank (NPDB): All LIPs and OLCPs will be enrolled in the NPDB continuous query upon hire.

## **REFERENCES AND STANDARDS**

- County Collective Bargaining Agreements (CBAs)
- HRSA Health Center Program Compliance Manual, Chapter 5 “Clinical Staffing”
- HRSA Health Center Program Compliance Manual, Chapter 21: “Federal Tort Claims Act”
- HRSA PIN 2001-16 “Credentialing and Privileging of Health Center Practitioners”
- HRSA PIN 2002-22 “Clarification of Bureau of Primary Health Care Credentialing and Privileging Policy outlined in Policy Information Notice 2001-16”
- The Joint Commission (TJC) Standards:
  - HR.01.01.01 “The organization defines and verifies staff qualifications”
  - HR.01.06.01 “Staff are competent to perform their responsibilities”
  - HR.02.01.03 “The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently”
  - HR.02.03.01 “The organization has a fair hearing process for addressing adverse credentialing and privileging decisions”

- Program Assistance Letter 2017-07: Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations

## RELATED DOCUMENTS

Name	
Provider Scope of Practice HRS.04.07	
Attachment B - Board Resolution 04-151	

## POLICY REVIEW INFORMATION

Point of Contact:	Bernadette Thomas, Health Center Chief Clinical Officer
Supersedes:	