



Public Meeting

September 2024



**community health
center board**

Multnomah County

Table of Contents

Agenda

Public Meeting Minutes

August 12, 2024

Summaries

Department & Strategic Updates



AGENDA



**community health
center board**

Multnomah County



Public Meeting Agenda September 9, 2024 6:00-8:00 PM Virtual, 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:

Tamia Deary – Chair

Brandi Velasquez – Member-at-Large

Darrell Wade- Treasurer

Susana Mendoza- Member-at-Large

Harold Odhiambo - Board Member

Kerry Hoeschen – Secretary

Jose Gomez - Board Member

Monique Johnson - Board Member

Jenna Green - Interim 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
6:00-6:05 (5 min)	Call to Order / Welcome <i>Tamia Deary, CHCB Chair</i>	
6:05-6:10 (5 min)	Minutes Review - VOTE REQUIRED August 12, 2024 Public Meeting Minutes	Board reviews and votes
6:10-6:25 (15 min)	Temporary Adjustment to Billi Odegaard Dental Clinic Hours VOTE REQUIRED <i>Daniel G. Martinez Tovar, Dental Senior Manager</i>	Board reviews and votes
6:25-6:40 (15 min)	FY24 Close Out Report <i>Hasan Badar, Interim CFO</i>	Board reviews
6:40-6:50 (10 min)	Annual Quality Overview <i>Theresa Rice, Quality Team</i>	Board reviews
6:50-7:00 (10 min)	Q2 Complaints and Incidents <i>Kimmy Hicks, Quality Team</i>	Board reviews
7:00-7:10 (10 min)	Break	
7:10-7:25 (15 min)	UDS Report <i>Alex Lehr O'Connell, Senior Grants Management Specialist</i>	Board reviews
7:25-7:30 (5 min)	Workforce Development updates <i>Debbie Powers, HC COO</i>	Board reviews



<p>7:30-7:35 (5 min)</p>	<p>Committee Updates Finance Committee: Darrell Wade, Finance Chair Executive Committee: Tamia Deary, Board Chair Nominating Committee: Tamia Deary, Board Chair Bylaws Committee: Tamia Deary, Board Chair</p>	<p>Board reviews</p>
<p>7:35 - 7:40 (5 min)</p>	<p>Department Updates/Strategic Updates</p> <ul style="list-style-type: none">○ Interim Executive Director○ Operations○ Clinical○ Quality	<p>Board reviews</p>
<p>7:40-8:00 (20 min)</p>	<p>Board Discussion (<i>Closed Executive Session</i>) <i>Tamia Deary, CHCB Chair</i></p>	<p>Board receives updates in an executive session and has discussion</p>
<p>8:00pm</p>	<p>Meeting Adjourns</p>	<p>Thank you for your participation</p>



PUBLIC MEETING MINUTES



**community health
center board**

Multnomah County



CHCB Public Meeting Minutes

August 12, 2024

6:00-8:15 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:

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

Jenna Green - Interim Executive Director

Board Members Excused/Absent: Alina Stircu

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p>Call to Order / Welcome Tamia Deary, CHCB Chair</p>	<p>Meeting called to order at 6:05pm. We <u>do have a quorum</u> with 6 members present. Absent: Alina Darrell joined at 6:06pm making 6 members present.</p>			
<p>Minutes Review - VOTE REQUIRED Tamia Deary, CHCB Chair</p> <ul style="list-style-type: none"> July 8, 2024 Public Meeting Minutes 	<p>July 8, 2024, Public Meeting minutes No changes requested.</p>	<p>Motion to approve: Bee Second: Darrell Yays: 6 Nays: 0 Abstain: 0 Decision: Approved</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p>HRSA Health Center Program Budget Period Renewal *Vote Required <i>HD Grants Team</i></p>	<p>Amanda Hurley presented on the Health Center Program Budget Renewal (BPR). This is the second year of the full grant cycle.</p> <p>BPR Components:</p> <ul style="list-style-type: none"> ● Budget Narrative ● For 3: Income Analysis ● Forms 5A, 5B, and 5C (Approved Scope) ● Project Narrative Update ● Reviewed FY25 BPR Budget Slide ● Same dollar amount year-to-year, set by HRSA allocation adherence ● Reviewed FY25 BPR Patient Goals Slide (by end of 2024). We have received HCP Section 330 Funding since 1980. The health center also receives Health Care for the Homeless grant funds. ● CHCB Exec Committee asked for additional patient detail which will be followed up upon on the UDS presentation at a later date. ● Uptick in patients seeing Behavioral Health Services. ● Must submit a Service Area Competition (SAC) (a competing continuation) application every three years. In non-SAC years, MCHD submits Budget Period Renewal (BPR) applications. ● The most recent SAC was submitted two years ago. The next BPR is due August 16, 2024 to renew funding, and the next SAC is estimated to be due August 2025. <p>Questions? None noted.</p>	<p>Motion to approve: Bee Second: Kerry Yays: 6 Nays: 0 Abstain: 0 Decision: Approved</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p>Roots and Wings Grant Renewal *Vote Required <i>Jenna Green,</i> <i>Interim ICS Director</i></p>	<p>This grant renewal is for a three year period for 2024-2027. \$105,000 is requested annually for the next three years and funding amount is based on historical installments. The Health Center was invited to apply again and intends to use the unrestricted funding for wages of a Medical Assistant to administer immunizations in Student Health Centers.</p> <ul style="list-style-type: none"> ● Since 2021, this funding has been allocated to Student Health Centers and has previously funded an additional medical assistant to optimally staff the David Douglas SHC and staff vaccine clinics throughout the SHC network resulting in more than 2000+ more vaccines to be administered annually by this position. ● This funding supports existing SHC operations and is not linked to specific or required additional patients. ● A small portion of the funds may support the Student Health Action Council program manager and interns who lead youth engagement. ● Questions from the board: What types of projects are funded? <ul style="list-style-type: none"> ○ This information is included in the July 26 email and the August board book. 	<p>Motion to approve: Darrell Second: Bee Yays: 6 Nays: 0 Abstain: 0 Decision: Approved</p>		
<p>New Board Members *Vote Required <i>Tamia Deary, CHCB</i> <i>Chair</i></p>	<p>Tamia presented on two candidates previously interviewed by Nominating Committee on July 29, 2024 and brought to Executive Committee for recommendation to the full board for vote:</p> <ul style="list-style-type: none"> ● José Gomez (bio shared) ● Monique Johnson (bio shared) <p>Both candidate biographies were shared with the board. One candidate is a consumer member and one candidate is a community member. Tamia Deary discloses familial relationship with Monique Johnson.</p>	<p>Motion to approve Monique Johnson: Darrell Second: Kerry Yays: 6 Nays: 0 Abstain: 0 Decision: Approved</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<p>Questions? Kerry - Typically this vote is anonymously made? Tamia- this vote could be by secret ballot; if there's no objection to public vote, we'll conduct it now.</p> <p>(Note that Monique and Jose Gomez are now members of the board effective, 8/12/2024 at 6:40pm. Monique left the board meeting due to a prior commitment at 6:45pm. Jose joined the board meeting at 6:52pm).</p>	<p>Motion to approve Jose Gomez: Bee Second: Darrell Yays: 6 Nays: 0 Abstain: 0 Decision: Approved</p>		
<p>Annual Needs Assessment review <i>HD Grants Team</i></p>	<p>Amanda Hurley presented the annual needs assessment on behalf of Claire Nystrom.</p> <p>Background:</p> <ul style="list-style-type: none"> ● Tied to BPR request presented previously, although it's not required for the BPR renewal and we want to be sure the Board has updated information on anything new in the last year. ● CHCB is required to review Needs Assessment information annually ● Comprehensive Needs Assessment every three years in the Service Area Competition (SAC) application ● In non-SAC years, we submit a Budget Period Renewal (BPR) for the <ul style="list-style-type: none"> ● Health Center Program (Section 330) grant ● BPR no longer asks for any Needs Assessment information 	<p>No action required.</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
	<ul style="list-style-type: none"> Opportunity to look at community assets and prioritize funding and resources <p>Focused on service area AND service population. Reviewed SAC requests, major changes since SAC, race/ethnicity of houseless population, disabling conditions among unsheltered population, homeless point in time numbers, vacancy trends, medical support in vacancy trends, turnover trends, financial impact of vacancies, vacancy rates by division.</p> <p>Target pop is under 200% of fed poverty level, which has declined in Multnomah County. Speculation in the research is suggesting lower incomes are moving out of Multnomah Co. Uptick in homelessness 2022-2023, due in part to tri-county area and city working together for a more standardized and potentially accurate reporting tool. Decrease in Mental Health/unsheltered population, perhaps due to more supportive housing.</p> <p>We can provide a copy of the SAC needs assessment upon request.</p> <p>Questions? None noted.</p>			

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p>Quarterly Vacancy Report Erin Murphy, Deputy Director HD Human Resources</p>	<ul style="list-style-type: none"> ● Recently shared with the executive committee a higher level overview of trends. The following data was discussed: <ul style="list-style-type: none"> ○ FY24 Turnover Trends ○ FY24 Financial Impact of Vacancies (impacts listed are not cumulative) ○ Vacancy Rate by Division (ICS has lowest vacancy rate) ○ Vacancy rates by job profile (send request for this detailed report) ○ ICS (health center) Exit interview data <p>Presented snapshots of aggregated data.</p> <p>Advanced Practice Clinician and Community Health Nurse vacancies have been reduced by half since 2023. Dental assistants are off-setting some of the EFDAs as they are training and supporting dentists in the clinics.</p> <p>Health Assistant positions are also part of EFDA training programs - numbers may fluctuate. Medical Assistant trends - partnering with Class Comp and Local 88 - there are three new avenues - for MAs to come into the department as OAS, a program through United We Heal training, and there's been a hiring focus on this role. The trends and turnover stats are exciting.</p> <p>Exit trends are stable, in part due to robust management support. Exit interview data is showing positive trends (job satisfaction, supportive supervisor etc) Biggest trend from exit interviews is that compensation is a concern of staff.</p> <p>Questions? None noted.</p>	<p>No action required.</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
<p>Follow up from 7-8 Public Meeting:</p> <p>Retention rates per month of how many CareOregon members are staying and leaving each month</p> <p>Anirudh Padmala, Health Center CIO</p>	<p>Health Center Chief Information Officer Anirudh Padmala presented on the assigned patient trends as part of a board follow up request.</p> <p>Anirudh shared information about how many patients from both Coordinated Care Organizations were being assigned or leaving the health center. Retention rates per month of how many CareOregon members are staying and leaving each month</p> <p>Reviewed Slides:</p> <ul style="list-style-type: none"> ● Change in Membership: Trillium Detail (increase) ● Change in Membership: CareOregon Detail (decrease) <p>Questions? None noted.</p>	<p>No action required.</p>		
<p>Committee Updates</p> <p>Finance Committee: Darrell Wade, Finance Chair</p> <p>Quality Committee: Tamia Deary, Quality Chair</p> <p>Executive Committee: Tamia Deary, Board Chair</p> <p>Nominating Committee: Tamia Deary, Board Chair</p>	<p>Tamia shared board committee updates for the evening:</p> <p>Finance Committee: No updates; committee did not meet due to year-end financials not being completed yet.</p> <p>Quality Committee: Annual Quality Report from Theresa Rice. Complaints & Incidents Report from Breishon. Aaron Baeza reported on call center data, changes and service improvements. One note: call abandonment rate is directly due to staffing rates.</p> <p>Exec Committee: Met ad hoc today, August 12, to discuss and recommend new board member applications. No updates shared from July 22 meeting. Committees are well attended and supportive.</p> <p>Nominating Committee: Discussed processing new applications that have come in as well as updates on the community outreach areas, bylaws updates to be added that were voted on.</p>	<p>No action required.</p>		

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Bylaws Committee: Tamia Deary, Board Chair	Bylaws committee: No updates.			
Department Updates/Strategic Updates Interim Executive Director Operations Clinical Quality	<p>Jenna Green, Interim Executive Director, provided department updates.</p> <p>Referenced the August CHCB Memo two events from the past month: July Portland PRIDE festival & parade and the National Health Center Week celebration.</p> <p>Jenna shared two updates from the the Dental team not included in the memo:</p> <p>Exploring two ways to expand access by increasing Saturday hours at East County Dental Clinic beginning Sept. 7, 2024 through December 2024 and adding Baby Day to Mid-County Dental Clinic during the existing Saturday hours beginning Sept. 21, 2024.</p> <p>Questions? None noted.</p> <p>Susana left the board meeting at 7:30p during the break.</p>			
Board Discussion (Closed Executive Session) Tamia Deary, CHCB Chair	Closed Executive session started at 7:37 pm and ended at 8:30pm	Motion to approve Executive Session: Bee Seconded: Darrell Yays: 5 Nays: 0 Abstain: 1		Next public meeting scheduled on Sep 9, 2024
Meeting Adjourns	8: 30pm			

Signed: _____ Date: _____
Kerry Hoeschen, Secretary

Signed: _____ Date: _____
Tamia Deary, Board Chair

Scribe: // Email:
Jodi Shaw /jodi.k.shaw@multco.us



SUMMARIES



**community health
center board**

Multnomah County



Board Presentation Summary

Presentation Title	Adjustment to hours at Billie Odegaard Dental Clinic			
Type of Presentation: Please add an "X" in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
			X	X
Date of Presentation:	9/9/24	Program / Area:	Dental	
Presenters:	Daniel G. Martinez Tovar, EPDH, MBA Dental Senior Manager			
Project Title and Brief Description:				
Change in clinic hours				
Describe the current situation:				
<p>Situation:</p> <ul style="list-style-type: none"> The recent departure of a .75 FTE dentist has resulted in the loss of dental services on Mondays at BODC BODC is also facing vacancies for dental assistants <p>Challenges:</p> <ul style="list-style-type: none"> National and regional shortages of dental assistants are impacting staffing BODC's downtown location, parking expense, and safety concerns present additional challenges in recruitment based on staff feedback <p>Action:</p> <ul style="list-style-type: none"> The internal Dental Assisting Workforce Program is actively working to address staffing shortages Program graduates are required to fill vacant positions within the Community Health Center, including BODC We are simultaneously engaged in various recruitment initiatives to attract new talent 				



Why is this project, process, system being implemented now?

Proposed Change:

- Adjust clinic hours to Tuesday through Friday (closed on Mondays). This change allows us to optimize our current staffing levels and resources. Please see handout.

Decision Process:

- This decision was reached after careful consideration of multiple options, including a review of collective bargaining (union) agreements.

Alternatives Considered:

- Hiring a dentist without Dental Assistant support, which would lead to underutilization of staff
- Relocating a dentist, which would negatively impact care access in another location

Reason for Change:

- Due to a recent dentist departure and current dental assistant vacancies, we need to adjust our schedule to ensure we can continue providing the highest quality of care to our patients.

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):

Staff Impact:

- No reduction in hours or pay for existing staff
- Reassignment to other clinics to support areas with staffing needs and improve overall efficiency

Patient Impact:

- Alternative appointments offered at other dental clinics to ensure continued access to care on Mondays

Next Steps:

- Continue with active recruitment for dental assistants and dentists
- Ongoing dental assistant training program to build future capacity

Contingency Plan (If vacancies filled sooner):

- BODC will reopen on Mondays
- Recruitment will begin for a dentist with appropriate staffing support
- Relocated staff will return to BODC



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

Review - Vote.

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

- Closure of BODC on Mondays until staffing allows Mondays to resume
- Allows us to optimize existing staff resources

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

- BODC remains open 5 days a week with limited staffing
- Hiring or relocating a dentist without the necessary dental assistant support

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

Dental Leadership Team,
SLICS
MCHD Human Resources
Additional ad hoc subject matter experts as needed

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

Daniel G. Martinez Tovar, EPDH, MBA Dental Senior Manager

What have been the recommendations so far?

Update BODC hours

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

As determined by Dental Leadership Team in consultation with MCHD Human Resources and SLICS.

Board Notes:

Adjustment to Billi Odegaard Dental Clinic Hours

Budgeted BODC Staffing Model

Day	Monday		Tuesday		Wednesday		Thursday		Friday	
Dentist 1	DA	DA	OFF	OFF	DA	DA	OFF	OFF	DA	DA
Dentist 2	OFF	OFF	DA	DA	DA	DA	DA	DA	OFF	OFF

- BODC is open 5 days per week
 - Each dentist has two Dental Assistants to be efficient, which equates to two chairs per dentist
 - Below is an illustration of what this would look like.
-

Current State with Dental Assistant Vacancies

Day	Monday		Tuesday		Wednesday		Thursday		Friday	
Dentist 1	DA	Vacant DA	OFF	OFF	DA	Vacant DA	OFF	OFF	DA	Vacant DA
Dentist 2	OFF	OFF	DA	DA	DA	Vacant DA	DA	DA	OFF	OFF

- This was the state when we had 2 dentists at BODC
 - **Mondays and Fridays:** The dental operates at 50% capacity due to a dental assistant vacancy
 - **Wednesdays:** Both dentists operate at 50% capacity because only two of the four needed dental assistants are available to support the two dentists since there are two dental assistant vacancies.
-

Current State with Dental Assistant Vacancies and Dentist Resigning

Day	Monday		Tuesday		Wednesday		Thursday		Friday	
Dentist 1	DA	Vacant DA	OFF	OFF	DA	DA	OFF	OFF	DA	Vacant DA
Dentist 2	OFF	OFF	DA	DA	Vacant DA	Vacant DA	DA	DA	OFF	OFF

- **Mondays and Fridays:** The dental operates at 50% capacity due to a dental assistant vacancy
- **Wednesdays:** Since dentist 1 resigned, we can allocate that dental assistant to dentist 2. This means that Dentist 2 is working at full capacity.

Closing Mondays To Maximize Staffing Efficiency

Day	Monday		Tuesday		Wednesday		Thursday		Friday	
Vacant Dentist	OFF	OFF	OFF	OFF	DA	DA	OFF	OFF	DA	DA
Dentist 2	OFF	OFF	DA	DA	Vacant DA	Vacant DA	DA	DA	OFF	OFF

- **Mondays:** The dental assistant previously assigned to Mondays will now have Mondays off and work on Fridays instead
- **Fridays:** This change allows the Friday dentist to operate at full capacity with dedicated assistant support
- **Wednesdays:** The dental assistant previously assigned to the vacant Dentist 1 will now support Dentist 2, enabling them to work at full capacity.

Staffing Model Once Vacancies Are Filled with Workforce Program

Day	Monday		Tuesday		Wednesday		Thursday		Friday	
Dentist 1	DA	DA	OFF	OFF	DA	DA	OFF	OFF	DA	DA
Dentist 2	OFF	OFF	DA	DA	DA	DA	DA	DA	OFF	OFF

- This is the ideal state we are working towards
- We expect to be at this state when the students enrolled in 3 dental assistant workforce development pathways graduate.

2023 Quality & Risk Report Out

Brieshon D'Agostini (she/her)
Health Center
Chief Quality and Compliance Officer

PURPOSE

“[The Health Center is responsible for] producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.”

- HRSA Health Center Compliance Manual, Chapter 10

“Completing an annual risk management report for the governing board and key management staff that addresses the risk management program activities, goals, assessments, trainings, incidents, and procedures”

- FTCA Program Application Requirements

Agenda

- Patient Safety Incidents
- Patient Complaints
- Patient Experience Surveys
- HIPAA Events
- Staff Training

Patient Safety Incidents

Purpose: Patient safety improvement opportunities and activities

Board Book Attachment(s): Patient Safety Dashboard

By the numbers

Year	Reported Incidents	Sentinel Events
2023	410	7
2022	319	7

12-Month Lookback

Top 3 Reported Incidents by type:

- Clinical Care - 95
- Suicide Attempt - 24
- Immie Error - 22

Related QI Work

Project initiated to improve clinic sterilization process standardization and training for tasked employees.

Barcode scanner use for clinic-administered medications and immunizations, reducing errors related to expiration or look-alike-sound-alike

Patient Complaints

Purpose: Roll-up of Patient Complaints and improvement activities
Board Book Attachment(s): Patient Complaint Dashboard

By the numbers

2023	264
2022	311

12-Month Lookback

Top 3 complaints by type:

- Scheduling Appt - 64
- Customer Service - 54
- Clinical Care - 45

Related QI Work

ICS implemented a new reporting platform for complaints. This allows for submission of complaints directly from patients via external complaint form link in addition to the previously available means.

Patient Surveys

Purpose: Survey trends and improvement activities

Board Book Attachment(s): Crossroads Patient Survey Report

Behavioral Health		Primary Care		Dental		Pharmacy	
Completed	Total	Completed	Total	Completed	Total	Completed	Total
192	937	2584	12326	1393	7773	1291	6381
231	731	2800	9869	828	3942	716	4773

New Trends

Disparities among Asian populations, Cantonese Speakers, and Russian Speakers continue. These groups report the lowest scores in satisfaction and experience.

12-Month Lookback

- Patient Satisfaction improved in 11 out of 16 categories
- Patient Experience improved in 4 out of 5 categories
- No significant score reductions overall

Related QI Work

- Advanced access project was as a result of feedback received from patients.
- Clinic sites working to improve consistent presentation of information to staff.
- MyChart Self-Scheduling and optimization
- Dental Staff Recruitment
- Team-based care work

HIPAA Events

Purpose: Privacy events and improvement trends

Board Book Attachment(s): HIPAA Event Report

By the numbers

	Reported Incidents	Confirmed Breaches
Quarter (Q1 CY24)	26	6
CY 2023	135	22
CY 2022	86	14

New Trends

- Usage of unapproved software.
- Printing PHI to the wrong printer.

Related QI Work

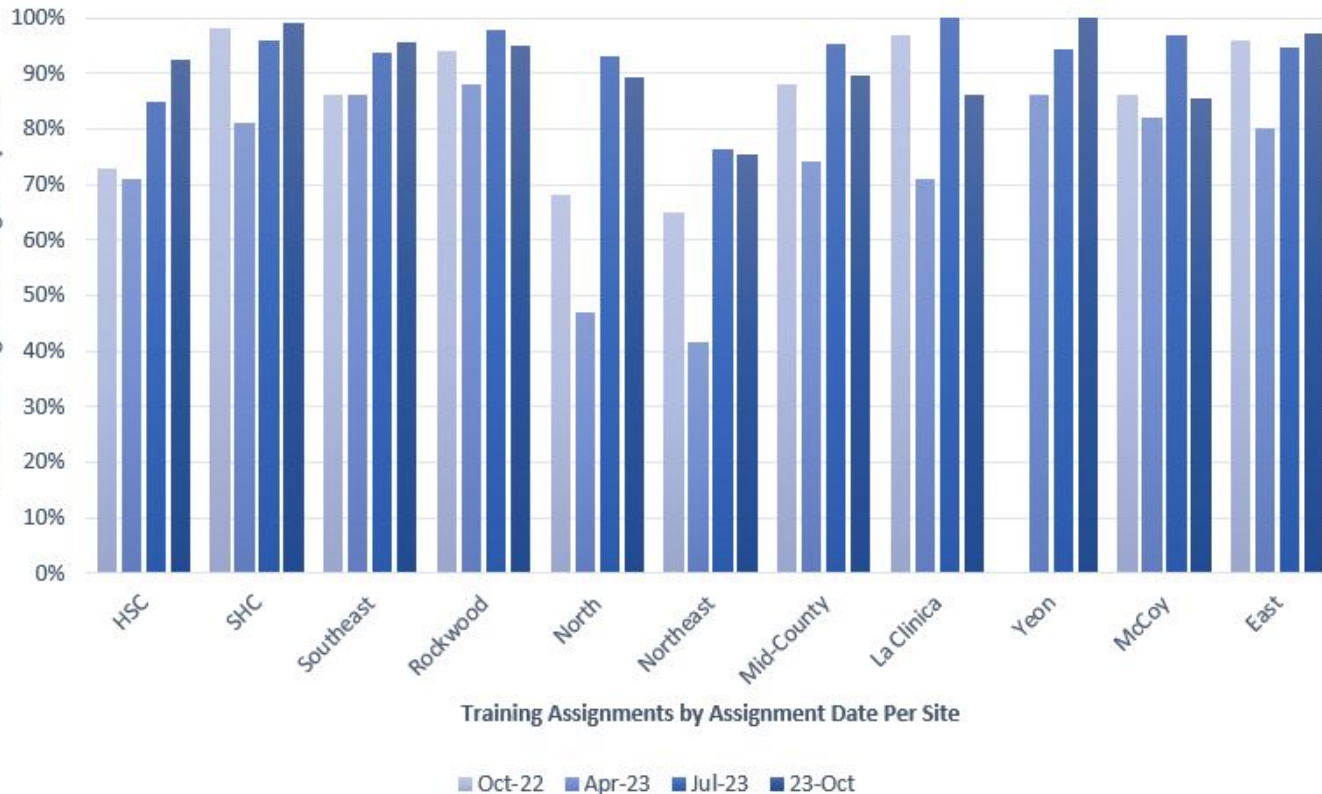
- Break the glass project to reduce the likelihood of ee accessing info, trackable
- In 2023 5 classes of HR Operations 101 for managers & supervisors (which includes privacy training) with 44 participants

Staff Training/Education

Purpose: Training, competency, education rates and trends

Board Book Attachment(s): N/A - new

Training Completion Rates



Related QI Work

- Staff education on the value of training completion.
- Nursing Development Consultant working to improve the content and consistency of clinical competency sign-offs.

Trends

Completion rates increased overall since report-outs began in summer of 2023. Last 2 quarters were ↑ time and ↑ assignments.

Completed Risk Management Activities

Last 12 months

- Annual Hazard Vulnerability Assessments per clinic
- Annual Emergency Plan updates
- Semi-Annual Safety Walkthroughs
- Semi-Annual Environment of Care checks
- Monthly Open for Business Audits

Proposed Risk Management Activities

Next 12 months

- Ensuring equipment needs are met to support good hand hygiene practices: auditing location and functional status of soap dispensers and hand sanitizer dispensers.
- Clinical Competency standardization - improving the approach and consistency in tracking of staff competency completion

Quality Work Plan Status Update 2023 plan covers July 1, 2022-June 30, 2023

Activity	Primary Quality Category	Desired Outcome	End of Year Status
OCHIN Security Tool Analysis	Safety & Compliance	Analysis of available tools through OCHIN to audit and alert inappropriate use of PHI.	Deliverables complete
Quality & Safety Software	Safety & Compliance	Implement new software for tracking patient safety incidents, patient complaints, and quality audits.	Roll over to next year
Open for Business Audit	System & Staff	Implement and optimize a comprehensive "Open for Business Audit" tool that combines separate safety and quality audits into a clear and defined process with reportable results.	Deliverables complete
Training & Competency Framework	Safety & Compliance	Develop a robust framework to support training and competencies that improves quality of care and reduces risk for the Health Center.	Roll over to next year
Racial Equity in Patient Care	Clinical Quality	Build structure, capacity, and tools to enable analysis and improvement of racial disparities in our healthcare system.	Deliverables complete
Medication Management	Safety & Compliance	Reduce errors related to medication safety; Reduce 340B diversion	Roll over to next year
Credentialing Improvement	System and Staff	Develop and implement a robust credentialing program for Other Licensed or Certified Healthcare Practitioners. This position will monitor competency programs to ensure patient safety and Health Center compliance.	Deliverables complete
Contracts Management	Safety & Compliance	Develop quality assurance procedures with respect to contracted services: Language, EPIC Imaging, Quest Diagnostics	Deliverables complete

Quality Work Plan Status Update *2024 plan covers July 1, 2023-June 30, 2024*

Activity	Primary Quality Category	Desired Outcome	End of Year Status
Referral management	Safety & Compliance	Improvements to processes for referrals and follow-up to minimize delays to patient care and improve patient experience	In Progress - On Track
Epic letters review	Client Experience	Review Epic letter templates for literacy, language, clarity, and privacy compliance. Review of letter template usage.	In Progress - On Track
HD Policy Management Framework	System and Staff	ADJUSTED FROM FY23: With Health Department, develop framework and standards for development, review, approval, implementation, and training on new and updated policies.	Deliverables complete
HRSA Badge Analysis	System and Staff	(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.	Deliverables complete
Staff satisfaction survey	System and Staff	Pilot project to implement Health Center specific staff survey	Roll over to next year
Clinical Documentation and Coding Analysis	Clinical Quality	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.	In Progress - On Track
Racial Equity in Patient Care	System and Staff	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	In Progress - On Track
Clinic administered meds/immis barcode scanners	Safety & Compliance	Reduce errors related to medication and immunization safety; better tracking of clinic-administered medications for 340B program compliance.	Deliverables complete

Quality Work Plan Future State - shifting to a

calendar year plan... *2025 plan covers July 1, 2024-June 30, 2025*

Quality Activity	Primary Quality Category	Desired Outcome
LGBTQIA+ Patient Experience/Satisfaction Surveys	Client Experience	Better understanding of how patients who identify as LGBTQIA+ experience services in our Health Center. Make recommendations for services and changes based on survey analysis.
Immi Incident QA/QI	Safety & Compliance	Tool to identify immunization errors better without relying on humans to recognize them or billing rejections.
Increase volume of documented hand hygiene observations	Safety & Compliance	Increase volume of completed and documented hand hygiene observations, supporting a higher level of awareness for the importance of hand hygiene, thereby increasing adherence to routine hand hygiene
Competencies/Clinical Training Coordination Improvement	System & Staff	Standard procedure for oversight, coordination, and documentation of competencies for all roles in all service lines.
Improve Health Center Hypertension management	Clinical Quality	By end of CY 25 Improve Controlled Hypertension clinical quality measure by 3% from CY24 baseline



Q2 Complaints and Incidents

Presenter:
Kimmy Hicks,
Quality Team, Health Dept.



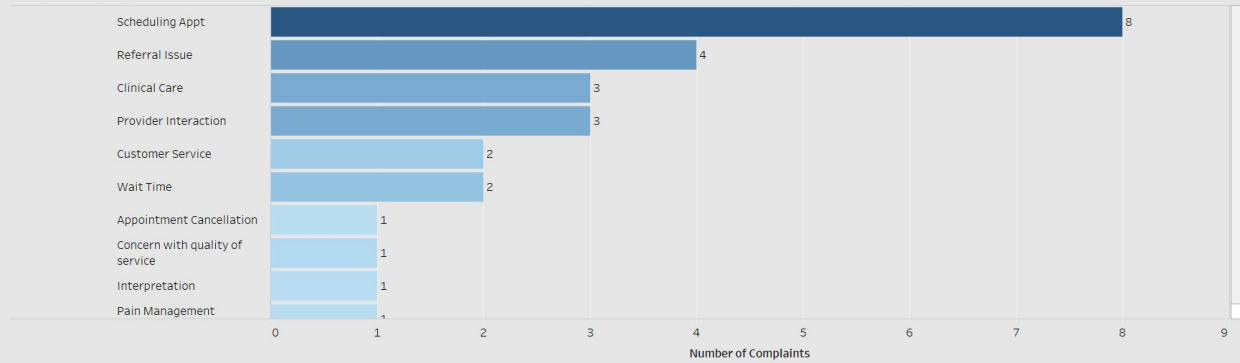
Q2 2024 Complaints

Complaints Report

Reported Complaints

Complaint by Type

Complaints by Type



By Service Area
All

Clinic Site
All

By Quarter
2024 Q2

Clinic Comparison:
None

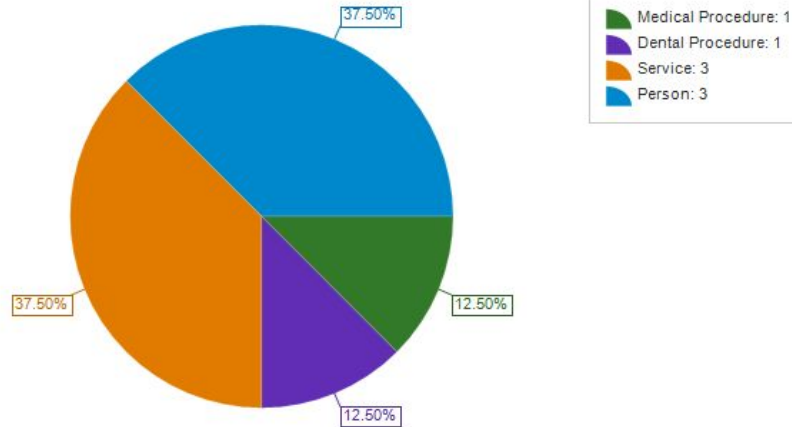


Q2 2024 Complaints

Feedback Report Q2 2024

((EnteredDate is within Calendar 2024 Q2) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Submitting Site is equal to "Integrated Clinical Services (ICS)") or (Public Submission: Facility Group / Top-Level Site is equal to "Integrated Clinical Services (ICS)"))))

Grand Total: 8



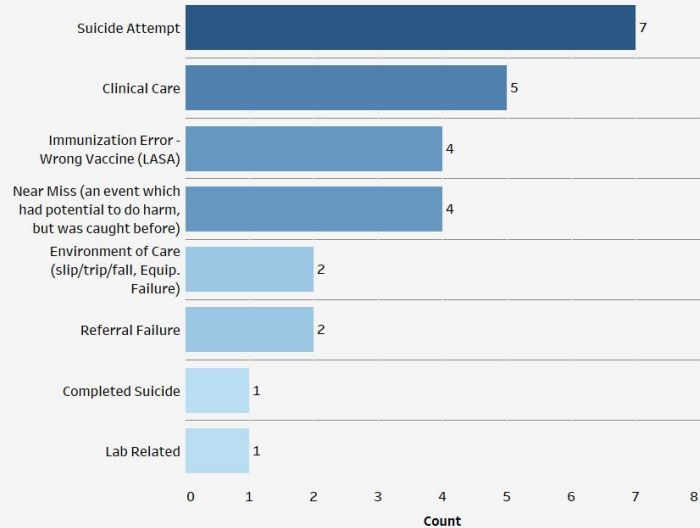
Count of Unique Method of Notification	What is this issue about?
3	Person
3	Service
1	Dental Procedure
1	Medical Procedure

Q2 2024 Incidents

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:

2024 Q2

By Service Area

All

Clinic Site

All

Subject Person:

All

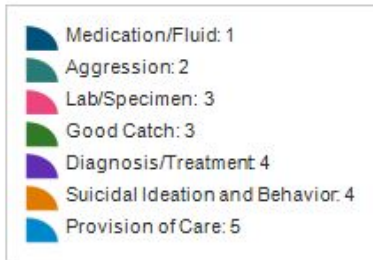
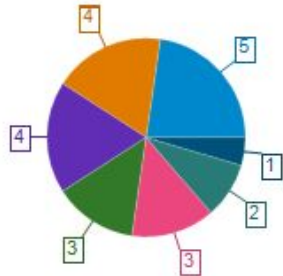


Q2 2024 Incidents

Risk Event Report

EventDate is within Calendar 2024 Q2

(Event Date is within Calendar 2024 Q2) and ((File State is equal to "New") or (File State is equal to "In-Progress") or (File State is equal to "Closed")) and (((Site is equal to "Integrated Clinical Services (ICS)")) or ((Other Site Involved is equal to "Integrated Clinical Services (ICS)"))))





Board Presentation Summary

Presentation Title	UDS Report			
Type of Presentation: Please add an “X” in the categories that apply.				
Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
X	X			
Date of Presentation:	9/9/24	Program / Area:	All FQHC	
Presenters:	Alex Lehr O’Connell, Senior Grants Management Specialist			
Project Title and Brief Description:				
As a HRSA FQHC, we are required to submit a comprehensive report annually on services provided, clinical quality measures, patient demographics, costs, revenues, and other key information. This is the Uniform Data System (UDS) Report, and the information required is dictated by HRSA, with minor changes each year. This information is shared with the CHCB to provide key context for strategic planning and helps guide decision making.				
Describe the current situation:				
UDS data for Calendar Year 2023 has been accepted and published on HRSA’s UDS site.				
Why is this project, process, system being implemented now?				
We share UDS data with the CHCB to inform about changes in who we serve, how we serve them, and what services we provide, in order to help guide strategic decision making.				
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):				
Presentations such as this have been done annually for several years, and presentation materials have been adapted each year as best as possible in response to CHCB feedback, which is welcomed again in this session.				



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

The UDS Report does not require CHCB vote for approval; however it encompasses all costs/revenues/services/staff of the FQHC scope, which is defined by CHCB.

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

N/A

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

N/A

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

Alex Lehr O’Connell, Program Specialist Sr - HRSA
Brieshon D’Agostini, Chief Quality and Compliance Officer
ICS Business Intelligence team
Additional ad hoc subject matter experts as needed

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

Alex Lehr O’Connell, Senior Grants Management Specialist, has worked with FQHCs for many years, and has managed UDS process for ICS since 2018.

What have been the recommendations so far?

N/A

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

UDS Reporting is one of HRSA’s requirements annually to maintain FQHC compliance.

Board Notes:



Department Updates

Strategic Updates

- Interim Executive Director
- Finance
- Operations
- Clinical
- Quality



**community health
center board**

Multnomah County

Community Health Center Board

Health Center Highlights



TO: Community Health Center Board
FROM: Jenna Green, Interim Executive Director & Senior Leadership
RE: Public Meeting Memo - **Monthly Narrative**
DATE: **September 2024**

Executive Director Updates - System level information and updates

- Thank you for your “yes” vote to support the Roots and Wings invitation to apply for renewed funds. We received notification that we will be renewed for another three-year funding period beginning October 2024 and these funds will support Student Health Centers.
- We received notification that we were re-awarded the \$250,000 Health Center Program Service Expansion for School Based Services to expand Behavioral Health that was originally requested in March 2023 from the CHCB. This funding period is 9/1/2024-08/31/25.
- This year, from Aug. 26 to 30, we celebrated the second annual National Community Health Worker Awareness Week to continue upholding this important work. Throughout history and around the world, community health workers (CHWs) have used a variety of methods to promote health, connection, and wellbeing within and across individuals, communities, systems, and sectors. The week is convened by the National Association of Community Health Workers (NACHW) and recognized by Congress to:
 - Celebrate, commemorate, and collaborate with each other
 - Raise awareness of the roles, profession, and diversity of the CHW workforce
 - Acknowledge the many positive impacts on communities

Capital Projects - Facilities updates, high cost projects

- PCC/Fernhill Health Center: thank you to board members Susy Mendoza and Jose Gomez (and interpreters Victor and Rosie) for touring the health center on 8/22/24 with health center staff.
- Generator project: The generator projects are in full construction mode at both sites with contractors running wires and outfitting the clinics with generator outlets. This work is expected to continue over the next month at both NE and Mid County Health Centers.

Strategic Program Updates - Topics related to the strategic plan/direction of the Health Center

- Managers across the health center participated in a “SWOT” exercise (Strengths, Weaknesses, Opportunities, and Threats) in late August which will help the leadership team identify future strategic planning needs and program investments for the CHCB to consider when the organization’s strategic planning cycle kicks off. All staff will be invited to participate in additional planning meetings in October to gather further information and document clinic needs.
- The updated health center website project continues to meet major milestones and recently completed reviews for accessibility, design and color palette options. The team is currently working with operational groups to review the provider search functionality and language translation.
- Wheely McHealy, the mobile health clinic, supported our August National Health Center Week Celebration at the Rockwood Back-to-School Fair Event. Dental education and fluoride varnish services were available for free. The event also featured five more programs from the health center, including: pharmacy, eligibility (insurance help), student health centers, school of community and oral health, and community supported agriculture.

Risk and Compliance Updates - Compliance events, major incidents/events updates

- The quality team submitted the final HRSA Operational Site Visit compliance response on August 13, 2024, following the CHCB's approval of two additional board members. On August 19, HRSA confirmed that the submission was accepted and **the grant condition has been lifted.**

Quality/Process Improvement - Improvement events and activities

- Health center teams have been working on a new process to improve clinical quality by dedicating structured collaboration time with set agendas and quality improvement (QI) activities. Four months in, we are already seeing modest improvements at many sites, and excited to see increased engagement in the QI process.
- Quality & Operations will be co-facilitating training to review the Emergency Operations Plan with ICS Managers and Supervisors, with the goal of improved emergency preparedness and compliance.

General Program Updates - Program/Service-line specific updates

- Primary Care
 - September 24 the health centers will welcome six new APC Fellows!
 - The Franklin SHC late day has changed from Wednesday to Thursday starting the week of September 3, 2024. The hours of the late day remain the same; 8:30-5:00. The actual total hours we offer Franklin SHC services remains the same. The website, all fliers, and clinic signage will be updated.**Each SHC has one late day per week for more evening access for families with children that do not attend the SHC high school.
 - Elwood, Program Supervisor at Health Services Center (HSC), will be leading a Community of Practice for Rapid Start for the second year in a row! The Community of Practice brings together HIV providers, support staff, and administrators across Oregon and Washington to develop protocols for the adoption of rapid starts for newly diagnosed, new to care, and out of care clients with HIV in the region.
- Dental
 - The Dental program's School and Community Oral Health (SCOH) Sealant program has been awarded 3 additional schools that they will serve starting in September (Chapman Elementary, Buckman Elementary and Kairos PDX). The announcement was made by AllSmiles, and we are awaiting confirmation from the OHA.
 - Health Center has begun recruitment for part-time hygienists in an effort to address a nationwide shortage of dental hygienists
 - On September 19th, the dental program will hold their first Skills Fair, with half-day, role-specific training.
- Pharmacy
 - We have selected 6 pharmacy technicians to fulfill new lead roles which were created specifically in response to pharmacy technician concerns about the lack of opportunities for career advancement in our program. This is one of several ways we are currently addressing retention concerns with this role group.
 - We are also working on developing an accredited post-graduate clinical pharmacist residency program that will begin in July 2025!
- Information Systems

- Privacy and Cybersecurity: The Health Center Program is working in collaboration with the County Chief Information Security Officer to schedule a security risk assessment with Moss Adams, a third-party vendor. We are aiming to tentatively schedule this in October. The county's policy requires a security risk assessment every two years. This assessment reviews our organization's people, technology, and processes to identify potential risks and security vulnerabilities before they arise.