



MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER QUALITY, CREDENTIALING & RISK MANAGEMENT COMMITTEE MEETING

April 13, 2023 – 1:00 p.m.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Scott Black – Community Member (*via Webex*)
Jose L. Melendrez – Consumer Member (*via Webex*)
- ABSENT:** Erin Breen – Community Member
- ALSO PRESENT:** None
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Randy Smith, Edward Wynder,
Cassius Lockett, Cassondra Major, Kyle Parkson

I. CALL TO ORDER and ROLL CALL

Member Melendrez called the Southern Nevada Community Health Center Quality, Credentialing & Risk Management Committee Meeting to order at 1:02 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT:

A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

IV. ADOPTION OF THE APRIL 13, 2023 MEETING AGENDA (*for possible action*)

A motion was made by Member Black, seconded by Member Melendrez, and carried unanimously to approve the April 13, 2023 Agenda, as presented.

V. REPORT / DISCUSSION / ACTION

- 1. Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – July 27, 2022;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to approve the July 27, 2022 Meeting Minutes, as presented

- 2. Nomination of Chair of the Quality, Credentialing & Risk Management Committee;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Member Melendrez nominated Member Erin Breen to serve as Chair to the Quality, Credentialing & Risk Management Committee. Member Melendrez further explained that he would serve as chair if Member Breen was not able to and chaired the rest of the meeting.

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to nominate Member Erin Breen to serve as Chair of the Quality, Credentialing & Risk Management Committee and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on April 18, 2023.

3. Review and Discuss the Quality, Credentialing & Risk Management Charter and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on April 18, 2023; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer presented the recommended changes to the Quality, Credentialing & Risk Management Charter. Most changes are to realign the activities to the essential activities that HRSA requires for the health center and FTCA programs. Other changes were related to language and grammar.

Member Black commented that having the charter updated to what we need to do is good.

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to approve the Quality, Credentialing & Risk Management Charter and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on April 18, 2023

4. Review and Discuss the Quality, Credentialing & Risk Management Meeting Schedule; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith advised the committee would meet at least four (4) times per year. Mr. Smith proposed that the committee would meet quarterly to assess each quarter's activities.

Month	Review
January	Quarter 4 activities
April	Quarter 1 activities
July	Quarter 2 activities
October	Quarter 3 activities

Member Melendrez commented about the meeting times aligning with the Governing Board meetings in order to be ready to present the recommendations. Mr. Smith agreed.

Mr. Smith advised that Ms. Bellamy will contact committee members to establish the meeting times.

5. Review, Discuss and Accept the Quality and Risk Management Activities Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on April 18, 2023; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Cassandra Major, Quality Risk Management Coordinator presented the Quality and Risk Report with the following highlights:

- Quality Management Plan – no changes.
- Uniform Data Systems (UDS) – We are required to report on:
 - Patient Demographics
 - Clinical Services and Outcomes
 - Financial Costs

Mr. Smith commented that the final UDS report was accepted, and we met our requirements for this year. Mr. Smith further shared that staff attended a kickoff meeting of a new software, Azara, which will help to streamline the reporting process and improving clinical services.

Ms. Major continued with the following Quality and Risk Report highlights:

- Clinical Performance Measures
 - Required to report eighteen (18) measures to HRSA
 - Not reporting on three (3) of the measures because we do not have obstetric or dental services. Once we have those services, we will start reporting early entry to prenatal care, low birth weight and dental sealant for children between 6-9 years.
 - Quality of Care Measures – UDS data recently submitted to HRSA, there are improvement in several areas.
 - In the Childhood Immunization Status and Weight Assessment and Counseling, we had a pediatric nurse practitioner in 2020-2021. Most of the visits for that area now tend to be sick visits as opposed to well-child visits. It is a challenge to meet the criteria in those areas.

Dr. Leguen inquired about what age group and immunizations are reported for the childhood immunization status. Ms. Major advised it is specific immunizations before a child's second birthday. Dr. Leguen commented that we may need to work with our informatics staff and Nevada's immunization system to be able to capture the information and provide an accurate report of the status. Ms. Major agreed with Dr. Leguen and commented that she will work with the Medical Assistants to help understand how to pull the data from WebIZ into our Human Resource System. Ms. Major further advised that was a huge component that was missing in capturing that data for the patients that were seen.

Dr. Leguen inquired about the cervical cancer screening, and that it is inconsistent with our planning in the future. Mr. Smith agreed and commented that they are working with some of the health plans. We have a list of patients who need this service and staff are actively reaching out to them. Mr. Smith further shared that Azara Population Health System, will help us to accurately identify gaps in care at the time patients are in the office to see us for something else or if we are engaging in an outreach effort using our medical staff.

Mr. Smith advised that of the eighteen (18) measures, the Health Center improved on eight (8).

Dr. Leguen inquired about benchmarking our current performance. Ms. Major advised that last year they were looking at how we ranked with other FQHC's in Nevada, and we have some work to do. In 2023, we are building towards being better in a lot of the areas. We will focus on some of the measures where we ranked low, and we are already building some of the processes out to ensure we can improve them. Mr. Smith commented that in the summer, we will benchmark our performance again relative to other FQHCs in Nevada once everything is finalized.

Ms. Major advised that the health center decided to focus on five (5) of the fifteen (15) measures. Work has already started to find ways to improve the outcomes of our patients in these measures:

- Controlling High Blood Pressure
- Poor Controlled Hemoglobin A1c (HbA1c)
- HIV Screening
- HIV Linkage to Care
- Tobacco Use Screening and Cessation Intervention

Ms. Major reviewed the measures for the first quarter, January – March of 2023.

- Controlling High Blood Pressure: 55.56%
- Poor Controlled Hemoglobin A1c (HbA1c): 0.00%*
- HIV Screening: 53.49%

- HIV Linkage to Care: 100%
- Tobacco Use Screening and Cessation Intervention: 0.00%*
*Data not calculated correctly

Ms. Major further shared the following highlights:

- Risk Management plan – no changes
 - Risk Management Reports January, February and March:
 - Medical Event(s) (Dr. Bluebird) – Four (4)
 - Patient Complaint(s)/Grievance(s) – Two (2)
 - Medication Error(s) – Zero (0)
 - Patient Issue(s) – One (1) – patient was discharged from our clinic
 - Employee Incident(s) – One (1)
 - Health Insurance Portability and Accountability Act (HIPAA) Violation(s) – Zero (0)
- Activities we are working on:
 - Clinical Practice Audits/Guidelines
 - Incident Reporting
 - Patient Complaints/Grievances
 - Patient Safety
 - Patient Satisfaction Surveys
 - Policies and Standard Operating Procedures
 - Workflows
- Standard Operating Procedure (SOP)
 - Working to provide clear-cut direction and instructions as to the steps necessary to complete a specific task or process.
 - Best Practices
 - Consistency and Efficiency
 - Quality
 - Proper Onboarding and Training
 - Maintains Organizational Knowledge
 - Reduces Misunderstandings
 - Improves Safety
 - Compliance
 - Finalized SOPs
 - Basic Infertility (Family Planning)
 - Bus Passes
 - Late Arrival, No-Show and Same Day Cancellation
 - Prescription Refill
 - Prevention, Detection and Control of High Blood Pressure
 - Ryan White Outpatient Ambulatory Health Services
 - Telehealth Process
 - Vaccine Administration

Mr. Smith thanked Ms. Major for writing all the SOPs.

Ms. Major provided an overview of the survey results for January, February and March of 2023. The survey was completed by patients in Family Health, Family Planning and Ryan White. The survey was offered in English and Spanish.

A motion was made by Member Melendrez, seconded by Member Black, and carried unanimously to Accept the Quality and Risk Management Activities Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on April 18, 2023.

6. Review and Discuss the Credentialing and Privileging of Providers and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on April 18, 2023; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the following providers for Credentialing and Privileging:

- Chris Mariano, MSN, APRN, CPNP-PC
- Maria Arganoza-Priess, DO, MS
- Matthew Bonello, DO

A motion was made by Member Melendrez, seconded by Member Black and carried unanimously to approve the Credentialing and Privileging of Providers and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on April 18, 2023.

VI. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 2:48 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/tab



AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
QUALITY, CREDENTIALING & RISK MANAGEMENT COMMITTEE MEETING
April 13, 2023 – 1:00 P.M.**

Meeting will be conducted via Webex Event

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m6a5220a346b82581546aa4efc6e8944a>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2555 360 1517](https://snhd.webex.com/join?accesscode=25553601517)

For other governmental agencies using video conferencing capability, the Video Address is:
25553601517@snhd.webex.com

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

I. CALL TO ORDER & ROLL CALL

II. PLEDGE OF ALLEGIANCE

- #### **III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

- **By Webex:** Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional instructions will be provided at the time of public comment.
- **By email:** public-comment@snhc.org For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

IV. ADOPTION OF THE APRIL 13, 2023 AGENDA *(for possible action)*

V. REPORT / DISCUSSION / ACTION

- 1. Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – July 27, 2022;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Nomination of Chair of the Quality, Credentialing & Risk Management Committee;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Review and Discuss the Quality, Credentialing & Risk Management Charter and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on April 18, 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Review and Discuss the Quality, Credentialing & Risk Management Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Review, Discuss and Accept the Quality and Risk Management Activities Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on April 18, 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 6. Review and Discuss the Credentialing and Privileging of Providers and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on April 18, 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VI. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

See above for instructions for submitting public comment.

VII. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Tawana Bellamy or Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Tawana Bellamy or Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.



MINUTES

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
QUALITY, CREDENTIALING & RISK MANAGEMENT COMMITTEE MEETING
July 27, 2022 – 2:00 p.m.
Meeting was conducted via Webex Event**

- MEMBERS PRESENT:** Scott Garrett – Chair, Consumer Member (*Call-In User 3*)
Jose L. Melendrez, Consumer Member (via Webex)
Timothy Burch, Community Member, Clark County (*Call-in User 4*)
- ABSENT:** Aquilla Todd – Consumer Member
- ALSO PRESENT:** None
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer (*absent*)
- STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Cortland Lohff, Randy Smith, Edward Wynder, Cassius Lockett, Cassondra Major

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center Quality, Credentialing & Risk Management Committee Meeting to order at 2:16 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call. A quorum was not established. The Chair proceeded with the meeting.

II. PLEDGE OF ALLEGIANCE

- III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

IV. ADOPTION OF THE JULY 27, 2022 MEETING AGENDA (*for possible action*)

Since quorum had not been established, Chair Garrett move to the informational presentations.

V. REPORT / DISCUSSION / ACTION

- 1. Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – January 26, 2022;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

No quorum to take action.

- 2. Discuss and Accept Fourth Quarter FY22 Quality and Risk Management Activities Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on July 28, 2022;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Cassandra Major, FQHC Quality Management Coordinator, presented the Quality and Risk Management Activities Report to the Committee.

Ms. Major reviewed the goal and objectives of the Quality and Risk Management Plan, which were presented to and approved by the Governing Board. Ms. Major reminded the committee of the clinical performance measures being tracked as a requirement from HRSA.

Ms. Major presented a table of the performance measures which includes the Clinical Quality Measures, 2021 Nevada Overall Percentage, 2021 Percentage reported to HRSA, and 2022 goals from January through June. Ms. Major advised improvements are being made in 2022 as workflows and processes are being looked at in the clinic to ensure quality metrics are met for the year.

Randy Smith, FQHC Operations Officer, explained that he and Ms. Major are looking at how they can unpack the measures to provide more context to the committee and Governing Board as to what each clinical quality measure encompass. Ms. Major outlined there were significant improvements from 2021 to June 2022 in Cervical Cancer Screening, Tobacco Cessation, HIV Screening and HIV Linkage to Care.

Ms. Major informed the committee of the quality improvement activities and noted the Quality Management Meeting were re-established to address the quality measures and other quality improvement processes throughout the FQHC. Ms. Major explained Azara is a new software program with analytic tools that will be implemented with the EHR to help capture data and improve the numbers reported to HRSA.

Ms. Major outlined that the Health Center received 577 patient satisfaction surveys for the second quarter, with the survey being available in both English and Spanish.

Ms. Major advised that, in Quarter two of 2022, there were no significant adverse events. There were five medical events, none transported and two medical events for dosing errors, for which action plans were implemented and have since been completed.

Ms. Major briefed the committee on panic buttons the behavioral health providers will have in their office, which will give them the ability to contact security if they feel the environment is unsafe. Further, when staff move to the Fremont location, they will have panic button badges that will be used to alert security to respond to their area.

Chair Garrett thanked Ms. Major for the report.

No quorum to take action.

3. Discuss and Accept Fourth Quarter FY22 CHC Management Care Credentialing Process Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on July 28, 2022; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Fourth Quarter FY22 CHC Managed Care Provider Credentialing report to the committee.

Mr. Smith outlined the Revenue Cycle Workflows and noted within the electronic health environment, there are means to setup the system to more accurately capture services being provided, including: which practitioners are providing the service and at what location the service is being rendered. Mr. Smith explained it is important because health centers do not typically have the same reimbursement level at each of their sites and you want to make sure the services are setup properly within the Electronic Health Record (EHR), so the reimbursement is maximized and there are no errors.

No quorum to take action.

4. Discuss HRSA Findings - Credentialing and Privileging; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the HRSA Findings – Credentialing and Privileging report.

Mr. Smith explained that HRSA provided a written report of five areas of non-compliance. HRSA provided an opportunity for us to resolve the findings within a 14-calendar day period and if resolved they do not show up as an area of non-compliance. Mr. Smith commented that one area is around Provider Credentialing and Privileging.

Mr. Smith provided an overview of the Provider Credentialing and Privileging Plan that was submitted to HRSA. Mr. Smith highlighted the following gaps:

- Credentialing – primary source verification for education and licenses was missing in some of the sample files that were reviewed
- Privileging – need documentation to confirm providers are competent in a particular area and job descriptions for other clinical staff need to be verified by a supervisor.

Mr. Smith commented that HRSA has not provided a final determination as to whether the plan submitted will meet the requirement of clearing the condition. Further, this committee should expect to see and review credentialing files to recommend to the board for approval.

No action required.

5. Review and Discuss Annual HIPAA Risk Assessment; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Major presented the HIPAA Risk Assessment and noted there were no potential threats identified during the quarterly HIPAA Assessment on July 11, 2022 with the Health District's Compliance officer.

No action required.

*Member Burch joined the meeting at 2:43 p.m.
Quorum is confirmed.*

Heather Anderson-Fintak, General Counsel, noted that with Member Burch joining the meeting, we do have quorum and action can be taken on the adoption of the agenda and various line items.

Chair Garrett asked Member Melendrez if staff needed to go over the information again with Member Burch prior to voting on the previous line items. Member Melendrez commented that the committee does not need to go back and can move forward with voting. Chair Garrett read each item needing action into the record.

(Heard out of order)

IV. ADOPTION OF THE JULY 27, 2022 MEETING AGENDA *(for possible action)*

A motion was made by Chair Garrett, seconded by Member Melendrez, and carried unanimously to approve the July 27, 2022 Agenda, as presented.

V. REPORT / DISCUSSION / ACTION

- 1. Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – January 26, 2022;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Chair Garrett, seconded by Member Melendrez, and carried unanimously to approve the January 26, 2022 Quality, Credentialing & Risk Management Committee Minutes, as presented.

- 2. Discuss and Accept Fourth Quarter FY22 Quality and Risk Management Activities Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on July 28, 2022;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Chair Garrett, seconded by Member Burch, and carried unanimously to approve Fourth Quarter FY22 Quality and Risk Management Activities Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on July 28, 2022, as presented.

- 3. Discuss and Accept Fourth Quarter FY22 CHC Management Care Credentialing Process Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on July 28, 2022;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Chair Garrett seconded by Member Burch and carried unanimously to approve the Fourth Quarter FY22 CHC Management Care Credentialing Process Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on July 28, 2022, as presented.

Chair Garrett asked about the security provided on site and how often are staff trained in areas such as active shooter. Ms. Anderson-Fintak commented that staff are trained on active shooter response on a yearly basis. The Health District recently engaged in a physical security assessment of the entire Decatur location. Ms. Anderson-Fintak noted it is in its first stage of process and we hope to have the consultant on site in August. The intent of the assessment is to have the recommendations implemented at the Decatur and Fremont location to ensure staff and patients' safety.

- VI. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 2:48 p.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

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Quality, Credentialing and Risk Management Committee

April 13, 2023



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Nomination of Chair

Quality, Credentialing and Risk Management Committee

Nomination of Chair

- The Chair shall preside over and carry out the agenda for the Committee meeting.

Motion to elect _____, as Chair for the Quality, Credentialing and Risk Management Committee.



Quality, Credentialing and Risk Management Committee Charter



AT THE SOUTHERN NEVADA HEALTH DISTRICT

QCRM Charter

Southern Nevada Community Health Center
Quality/Credentialing Committee Charter
(As approved by the ~~Board of Directors~~ Governing Board on 04/__/2023)

Committee Purpose:

The Quality/Credentialing Committee (the “Committee”) supports the Board in fulfilling its oversight responsibilities in areas relating to patient safety, operational and clinical quality, patient satisfaction, employee satisfaction, physician satisfaction, risk management and regulatory preparedness and compliance.

QCRM Charter

Scope of Duties and Responsibilities:

The Committee's responsibilities and duties include but are not limited to:

1. Reviews and recommends the approval of ~~Approving~~ the Quality Management (QM) Plan to the Board ~~to maintain and enhance clinical and operational quality throughout the organization.~~
2. Monitor~~ing~~ patient and, employee, and ~~physician~~ satisfaction.
3. Monitors progress towards clinical quality performance goals and risk management mitigation activities. Performs benchmarking against relevant sources.
- ~~3.4.~~ Review~~ing~~ and recommends for approving ~~safety related goals and objectives and reporting performance~~ against targets to the Board ~~the annual Risk Management Plan to the Board.~~
4. ~~Providing education on safety, quality, and efficiency related topics~~
5. Overseeing the effectiveness of the medical staff credentialing process.
6. Review~~s ing~~ and recommends for approval ~~acting on medical staff recommendations to grant~~ medical staff appointments, reappointments, and clinical privileges to the Board.

QCRM Charter

Scope of Duties and Responsibilities:

The Committee's responsibilities and duties include but are not limited to:

1. Reviews and recommends the approval of the Quality Management (QM) Plan to the Board.
2. Monitors patient and employee satisfaction.
3. Monitors progress towards clinical quality performance goals and risk management mitigation activities. Performs benchmarking against relevant sources.
4. Reviews and recommends for the annual Risk Management Plan to the Board.
5. Overseeing the effectiveness of the medical staff credentialing process.
6. Reviews and recommends for approval medical staff appointments, reappointments, and clinical privileges to the Board.

QCRM Charter

Composition:

The Committee shall be comprised of at least three Board members. In addition, the Executive Director, FQHC Operations ~~Officer Chief, Informatics/Quality Assurance Nurse, Director of Clinical Services, and the Chief~~ Medical ~~Director Officer~~ and the FQHC Quality Management Coordinator will be subject matter Committee members. The Committee shall determine whether members should undergo any initial or annual training to help them fulfill their Committee responsibilities. The members of the Committee shall serve at the pleasure of the Board.

Meetings:

The Committee shall meet four (4) times per year and as deemed necessary to carry out its responsibilities. Meetings may be called by the Chairman of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

QCRM Charter

Voting and Quorum:

Voting on Committee matters shall be on a one vote per member basis. At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and, the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members. Board members who are not also Committee members may attend Committee meetings but may not vote.

Reports:

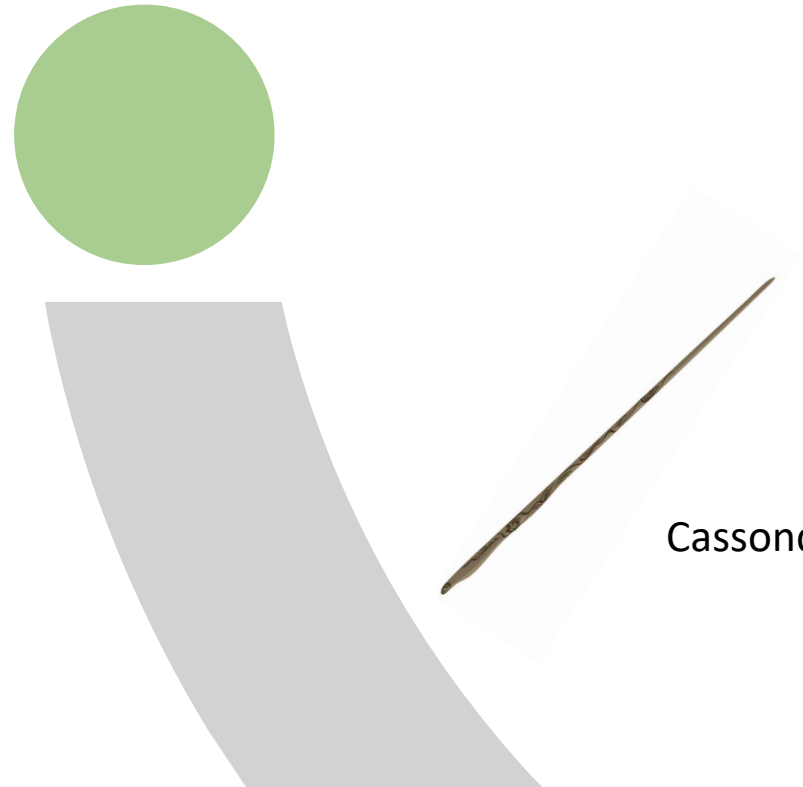
All actions authorized or taken by the ~~Finance and Audit~~ Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

Motion to accept the QCRM Charter and Approve Recommendations to the SNCHC Governing Board on April 18, 2023.

QCRM Meeting Schedule

- Meets four (4) times per year and as deemed necessary to carry out its responsibilities.
 - January – Q4 activities
 - April – Q1 activities
 - July – Q2 activities
 - October – Q3 activities

Quality and Risk Reports



Cassandra Major, MBA, CHW I, CPC, NCMA
April 13, 2023

Quality Management Plan

Goal:

- To increase the value of services by enhancing quality and strengthening the ability to deliver cost effective care.

Objectives:

- To design effective processes to meet the needs of patients which are consistent with the health center's mission, vision, goals, and plans.
- To collect data to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvement.
- To aggregate and analyze data on an ongoing basis and to identify changes that will lead to improved performance and a reduction in errors.
- To achieve improved performance and sustain the improvement throughout the organization.
- To promote collaboration at all levels of the organization enabling the creation of a culture focused on performance.
- To educate leaders and staff regarding responsibilities and effective participation in performance improvement activities.



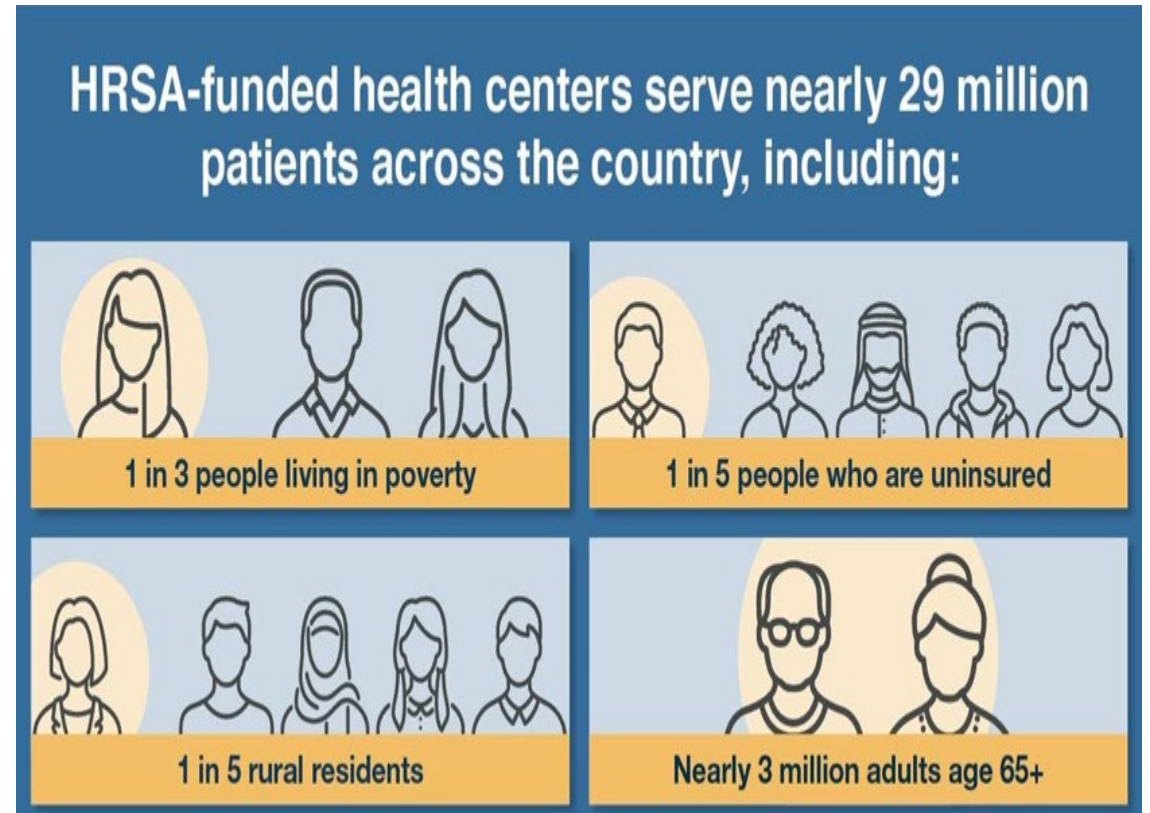
Uniform Data System (UDS)



UDS

What we're reporting?

- Patient Demographics
- Clinical Services & Outcomes
- Financial Costs



Clinical Performance Measures

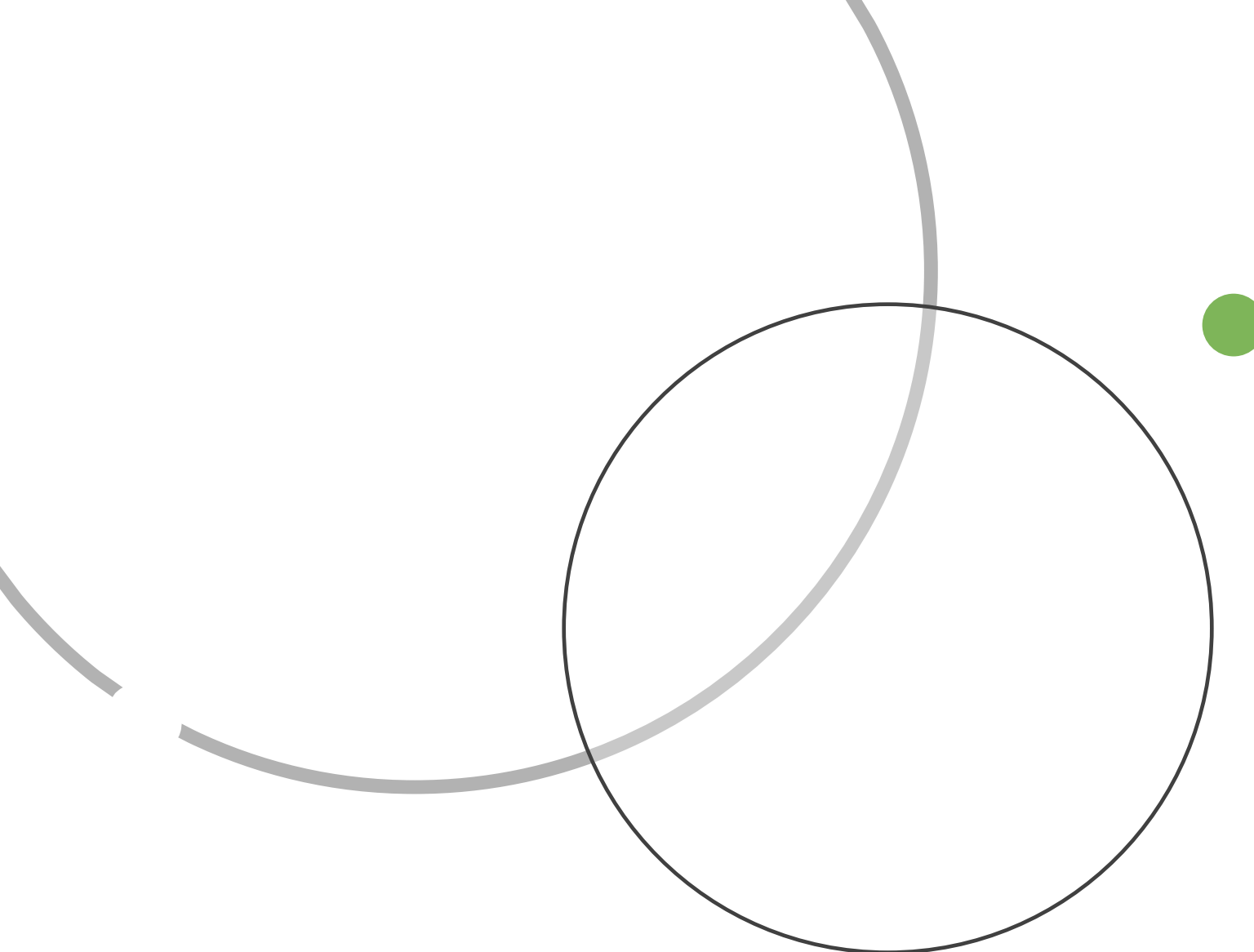
Screening and Preventive Care
Cervical Cancer Screening
Breast Cancer Screening
Body Mass Index (BMI) Screening and Follow-Up Plan
Tobacco Use: Screening and Cessation Intervention
Colorectal Cancer Screening
HIV Screening
Screening for Depression and Follow-Up Plan

Maternal Care and Children's Health
Early Entry into Prenatal Care
Low Birth Weight
Childhood Immunization Status
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Dental Sealants for Children between 6-9 Years

Chronic Disease Management
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
HIV Linkage to Care
Depression Remission at Twelve Months
Controlling High Blood Pressure
Diabetes: Hemoglobin A1c (HbA1c) Poor Control

UDS Data

Quality of Care Measures		
	2021	2022
Childhood Immunization Status	4.76%	0.00%
Cervical Cancer Screening	33.96%	43.94%
Breast Cancer Screening	5.84%	10.00%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	1.90%	0.06%
Preventive Care and Screening: Body Mass index (BMI) Screening and Follow-up Plan	26.27%	29.76%
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	54.10%	0.14%*
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	46.29%	68.35%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	62.50%	66.67%
Colorectal Cancer Screening	4.20%	1.96%
HIV Linkage to Care	82.71%	94.69%
HIV Screening	27.50%	52.55%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	21.58%	55.88%
Depression Remission at Twelve Months	9.38%	8.57%
Controlling High-Blood Pressure	61.79%	50.84%
Diabetes: Hemoglobin A1C Poor Control	32.71%	41.45%



2023 Quality Measure Focus



2023 Quality Measure Focus

- **Controlling High Blood Pressure:** Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period with a medical visit during the measurement period. Patient whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic pressure less than 90 mmHg during the measurement period)
- **Poor Controlled Hemoglobin A1c (HbA1c):** Patients 18 through 74 years of age with diabetes with a medical visit during the measurement period. Patient whose most recent HbA1c level performed during the measurement period was greater than 9.0% or patients who had no HbA1c test conducted during the measurement period

2023 Quality Measure Focus

- **HIV Screening:** Patient aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period. Patient with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday
- **HIV Linkage to Care:** Patients first diagnosed with HIV by the health center between December 1st of the prior year through November 30th of the current measurement period and who had at least one medical visit during the measurement period or prior year. Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by the health centers providers and had a medical visit with a health center provider who initiates treatment for HIV or had a visit with a referral resource who initiates treatment for HIV
- **Tobacco Use Screening and Cessation Intervention:** Patient aged 18 years and older seen for a least two medical visits in the measurement period or at least one preventive medical visit during the measurement period. Patients who were screened for tobacco use at least once within 12 months before the end of the measurement period and who received tobacco cessation intervention if identified as a tobacco user

Q1 2023 Measures

January - March

- Controlling High Blood Pressure: 55.56%
- Poor Controlled Hemoglobin A1c (HbA1c): 0.00%*
- HIV Screening: 53.49%
- HIV Linkage to Care: 100%
- Tobacco Use Screening and Cessation Intervention: 0.00%*

*Correcting data mapping

Risk Management



Risk Management Plan

Goals and Objectives:

- Engage in proactive risk management and patient safety activities.
- Enhance patient satisfaction.
- Continuously improve patient safety.
- Identify and analyze risk of loss, errors, events and system breakdowns leading to harm to patients, staff, and visitors and minimize/prevent the reoccurrence.
- Implement an effective process to manage identified risks.
- Enhance environmental safety for patients, visitors, and staff through participation in environment of care-related activities.
- Monitor the effectiveness of interventions and plans of action.

2023 Risk Management Reports

January, February and March:

- Medical Event(s) (Dr. Bluebird) – Four (4)
- Patient Complaint(s)/Grievance(s) – Two (2)
- Medication Error(s) – Zero (0)
- Patient Issue(s) – One (1)
- Employee Incident(s) – One (1)
- Health Insurance Portability and Accountability Act (HIPAA) Violation(s) – Zero (0)

Projects



Activities

- Clinical Practice Audits/Guidelines
- Incident Reporting
- Patient Complaints/Grievances
- Patient Safety
- Patient Satisfaction Surveys
- Policies and Standard Operating Procedures
- Workflows

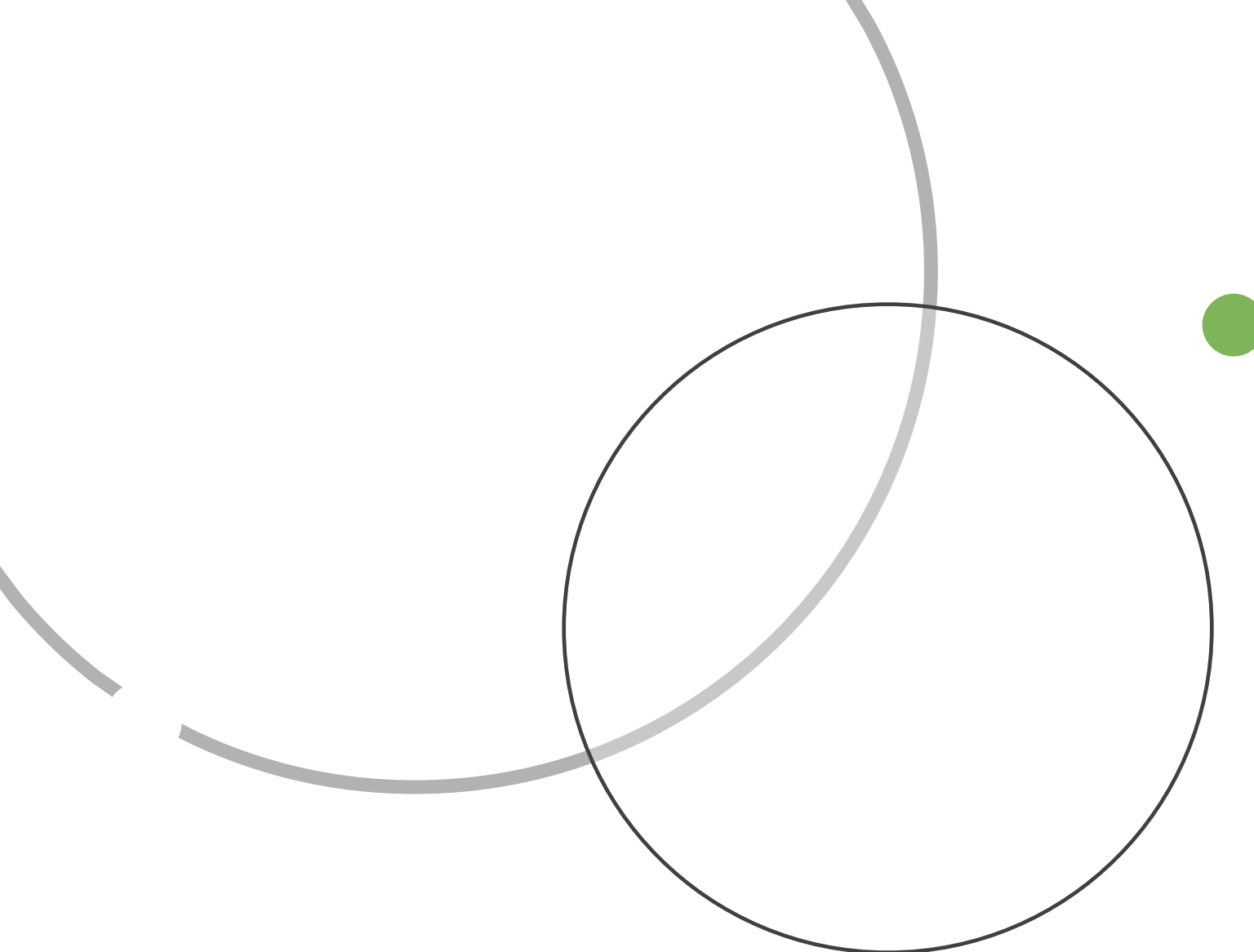
Standard Operating Procedure (SOP)

Provides clear-cut direction and instructions as to the steps necessary to complete a specific task or process.

- Best Practices
- Consistency and Efficiency
- Quality
- Proper Onboarding and Training
- Maintains Organizational Knowledge
- Reduces Misunderstandings
- Improves Safety
- Compliance

Finalized SOP

- Basic Infertility (Family Planning)
- Bus Passes
- Late Arrival, No-Show and Same Day Cancellation
- Prescription Refill
- Prevention, Detection and Control of High Blood Pressure
- Ryan White Outpatient Ambulatory Health Services
- Telehealth Process
- Vaccine Administration



Survey Results

January 2023 Survey Results

- Completed Surveys: 145 (81/64) 17%
 - Family Health: 11 (4/7)
 - Family Planning: 126 (70/56)
 - Ryan White: 8 (7/1)
- Visit Count: 867
 - Family Health: 259
 - Family Planning: 273
 - Ryan White: 335
- Behavioral Health: 30 (22/8)
- Dietitian: 1 (0/1)

February 2023 Survey Results

- Completed Surveys: 219 (109/110) 28%
 - Family Health: 103 (48/55)
 - Family Planning: 89 (39/50)
 - Ryan White: 27 (22/5)
- Visit Count: 786
 - Family Health: 294
 - Family Planning: 317
 - Ryan White: 175
 - Behavioral Health: 10 (6/4)
 - Dietitian: 8 (3/5)

March 2023 Survey Results

- Completed Surveys: 262 (144/118) 24%
 - Family Health: 129 (67/62)
 - Family Planning: 101 (46/55)
 - Ryan White: 36 (34/2)
- Visit Count: 1079
 - Family Health: 350
 - Family Planning: 409
 - Ryan White: 199
 - Behavioral Health: 121
 - Behavioral Health: 6 (2/4)
 - Dietitian: 2 (0/2)



Motion to accept the Quality and Risk Management Activities Report, as presented and Approve Recommendations to the SNCHC Governing Board on April 18, 2023.



Questions?

Credentiailling and Privileging of Providers



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Credentialing & Privileging of Providers

Chris Mariano, MSN, APRN, CPNP-PC

Maria Priess, DO, MS

Matthew Bonello, DO

Motion to accept the Credentialing and Privileging of the providers, as presented and Approve Recommendations to the SNCHC Governing Board on April 18, 2023.

Thank you!



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT