



MINUTES

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

July 5, 2023 – 1:00 p.m.

Meeting was conducted via Webex Event

MEMBERS PRESENT: Scott Black – Community Member
Jose L. Melendrez – Consumer Member
Erin Breen – Community Member

ABSENT:

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, David Kahananui, Cassius Lockett,
Talibah Abdul-Wahid

I. CALL TO ORDER and ROLL CALL

Chair Breen 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. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

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 5, 2023 MEETING AGENDA (*for possible action*)

A motion was made by Member Black, seconded by Member Melendrez, and carried unanimously to approve the July 5, 2023 Agenda, as presented.

V. REPORT / DISCUSSION / ACTION

1. Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – April 13, 2023; 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 April 13, 2023 Meeting Minutes, as presented.

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

David Kahananui, FQHC Manager presented the Quality and Risk Management Activities Report. Mr. Kahananui provided the following highlights.

- An overview of Quality Management Plan goal and objectives.
- Five (5) 2023 quality measure focus areas and performance measures from January to May 2023:
 - Controlling High Blood Pressure
 - Poor Controlled Hemoglobin A1c (HbA1c)
 - HIV Screening
 - HIV Linkage to Care
 - Tobacco Use Screening and Cessation Intervention
- Risk Management Plan goals and objectives.
- Quarter Two 2023 Risk Summary (April, May and June):
 - Medical Event(s) (Dr. Bluebird) – Two (2)
 - Patient Complaint(s)/Grievance(s) – Zero (0)
 - Medication Error(s) – Zero (0)
 - Patient Issue(s) – Zero (0)
 - Employee Incident(s) – Zero (0)
 - HIPAA Violation(s) – Zero (0)
- Office Administration Risk Assessment completed on February 23, 2023
 - Identified areas needing improvement:
 - Welcome packets for new patients.
 - Training plan
 - Translation services
 - Many improvements will be fixed with new or updated policies, standard operating procedures, or workflows.
- HIPAA Risk Assessment completed on June 12, 2023 - No findings for Decatur or Fremont.
- Current projects: Azara Implementation, new policies and workflows
- Patient Survey Participation Rates for April and May.

Further to an inquiry from Member Breen regarding A1c, Mr. Kahananui advised that the goal is to get the A1c under 9%. Anything over 9% is not in compliance.

Further to an inquiry from Member Breen regarding tobacco cessation, Mr. Kahananui advised that patients are screened for alcohol and substance use.

The five quality measures mentioned earlier are the ones selected to improve in 2023. Member Breen commented that perhaps a discussion can be had about adding other areas to focus on.

Further to an inquiry from Member Breen about adding the prior service period to the performance measures report to show where it started. Mr. Kahananui advised that he make that recommendation to add the information to the next report.

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 July 18, 2023.

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

Mr. Kahananui presented the credentialing and privileging packet for provider Carol Wingfield, APRN-CNP to the committee for recommendation to the Governing Board for approval.

A motion was made by Member Black, seconded by Chair Breen and carried unanimously to accept the Credentialing and Privileging of Carol Wingfield and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on July 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 1:20 p.m.

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

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AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
QUALITY, CREDENTIALING & RISK MANAGEMENT COMMITTEE MEETING
July 5, 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=m05054996814bc27965d38f9aaf819627>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2556 983 6545](https://snhd.webex.com/j?accesscode=25569836545)

For other governmental agencies using video conferencing capability, the Video Address is:
25569836545@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@snchc.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.
- **By telephone:** Call (415) 655-0001 and enter access code 2556 983 6545. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

IV. ADOPTION OF THE JULY 5, 2023 AGENDA *(for possible action)*

V. REPORT / DISCUSSION / ACTION

- 1. Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – April 13, 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Review and Discuss the Quality and Risk Management Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on July 18, 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Review and Discuss the Credentialing and Privileging of Providers and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on July 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

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.

Member Melendrez agreed to chair the remaining 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

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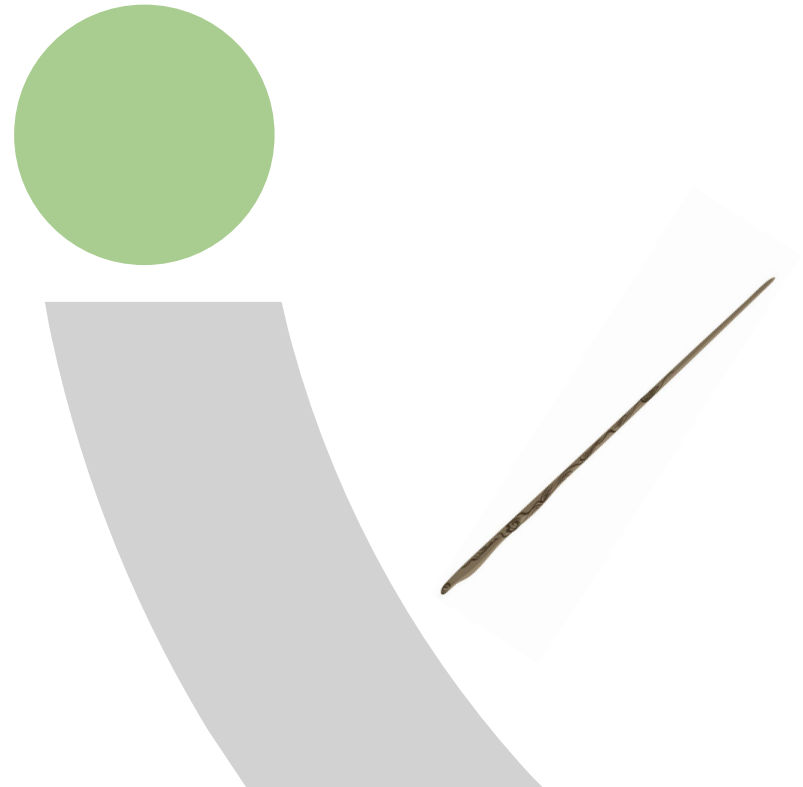
Quality, Credentialing and Risk Management Committee

July 5, 2023



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Quality and Risk Reports



July 5, 2023

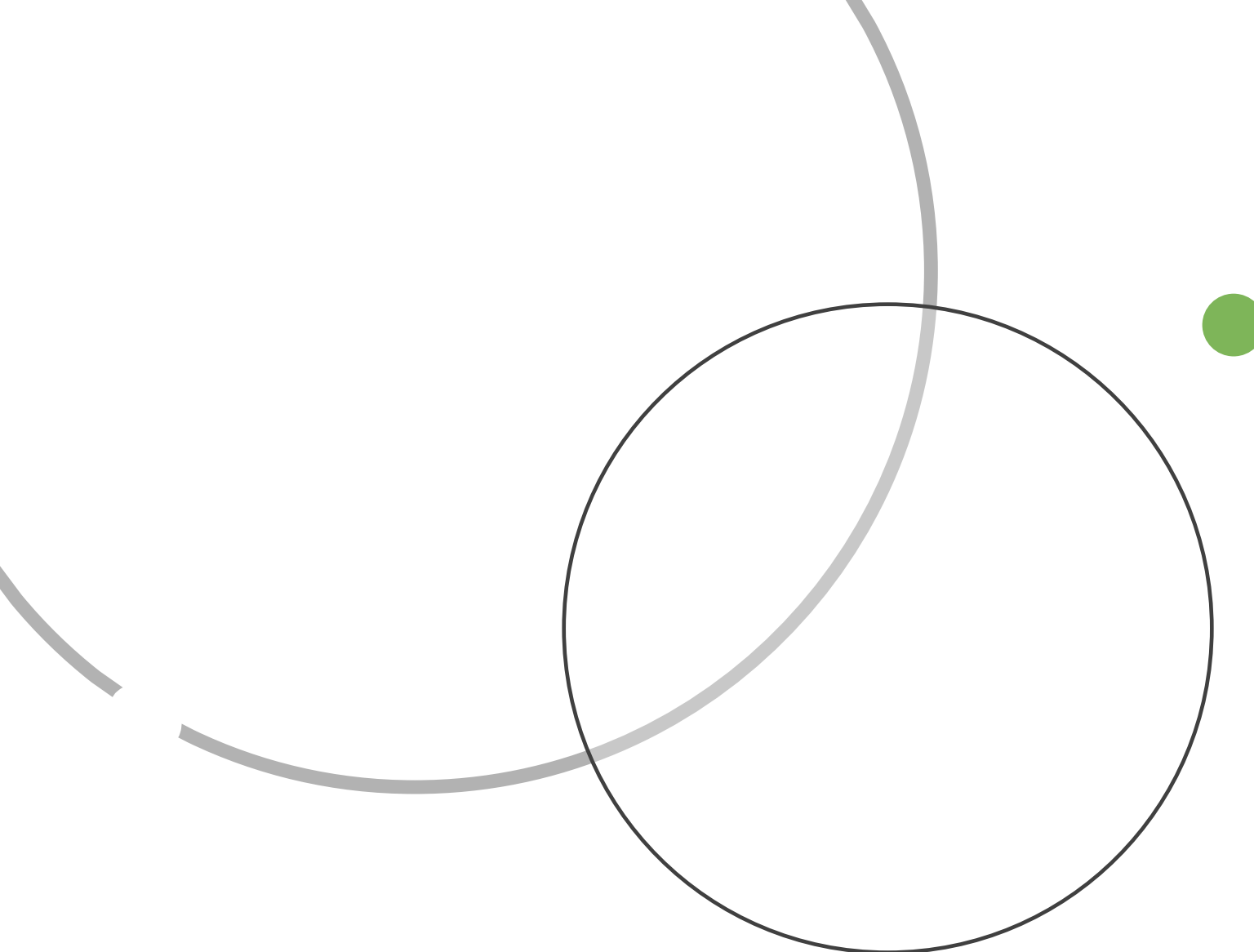
Quality Management Plan

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.



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.

2023 Quality Measure Focus

January - May

- Controlling High Blood Pressure: 52.80% (50.84%)
- Poor Controlled Hemoglobin A1c (HbA1c): 45.60% (41.45%)
- HIV Screening: 72.10% (52.55)
- HIV Linkage to Care: 84.30% (94.69)
- Tobacco Use Screening and Cessation Intervention: 31.70% (0.14%)

Green = Current

() = 2022 UDS

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.

Q2 2023 Risk Summary

April, May and June:

- Medical Event(s) (Dr. Bluebird) – Two (2)
- Patient Complaint(s)/Grievance(s) – Zero (0)
- Medication Error(s) – Zero (0)
- Patient Issue(s) – Zero (0)
- Employee Incident(s) – Zero (0)
- HIPAA Violation(s) – Zero (0)

Q2 2023 Risk Reports

April, May and June:

- 04.06.2023 **Medical Event (Dr. Bluebird):** SNCHC. People noticed that patient was slurring words, not making sense. Patient was able to ambulate to chair without assistance. Patient was assessed by medical provider. Patient declined EMS services and was discharged to family member.
- 05.25.2023 **Medical Event (Dr. Bluebird):** SNCHC. Patient complaining of lightheaded, chest pain, shortness of breath. Patient was assessed by medical provider. Patient declined EMS services and was discharged.

Risk Assessments

Office Administration Risk Assessment – 02.23.2023

- Identified areas needing improvement.
 - Welcome packet (having it available for new patients)
 - Training plan
 - Translation services
 - Many can be fixed with new or updated policies, standard operating procedures, or workflows.

HIPAA Risk Assessment – 06.12.2023

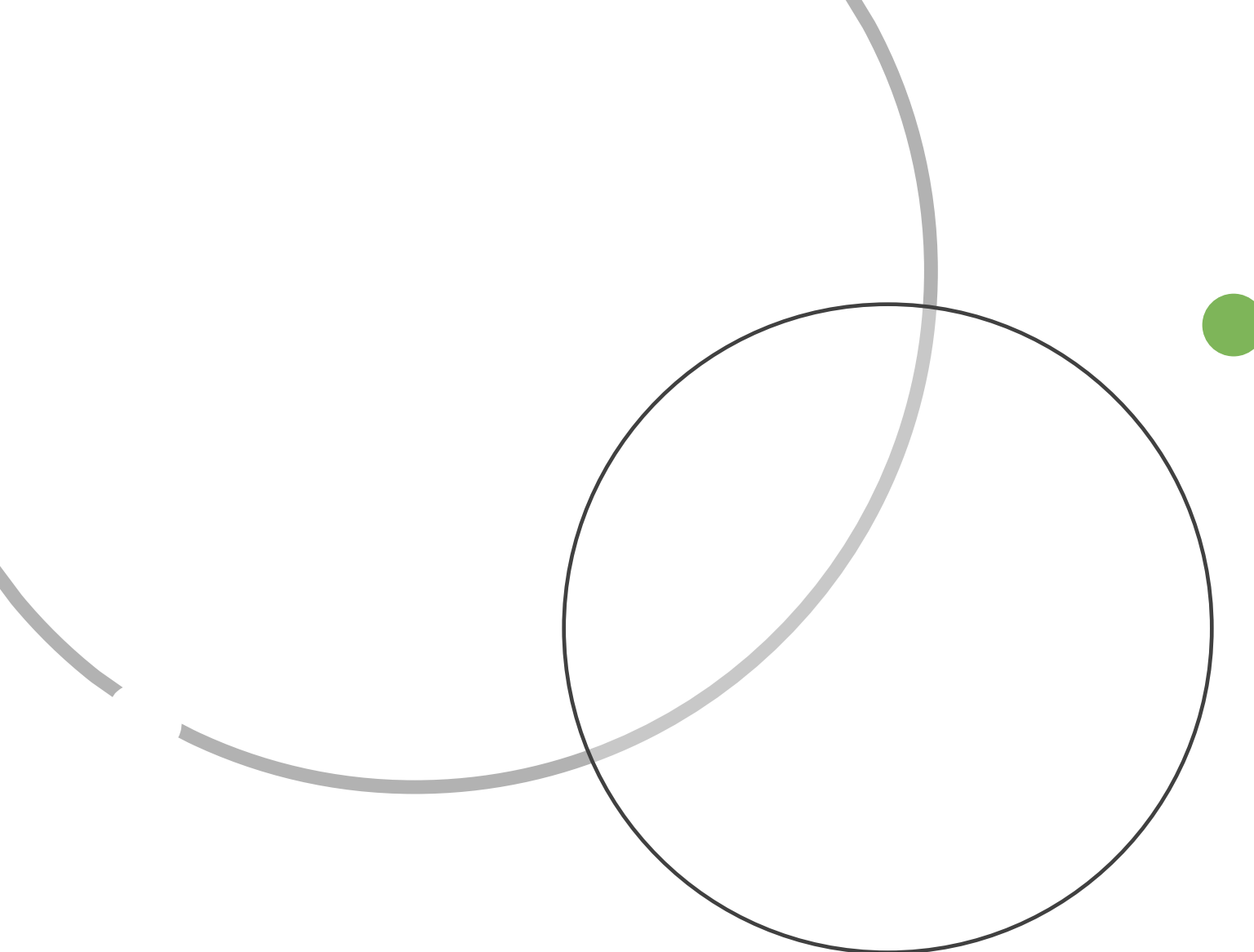
- No findings for Decatur or Fremont

Projects



Projects

- Azara Implementation
- New or Update Policies and Standard Operating Procedures (SOP)
- Developing Workflows



Participation Rates

April 2023 Participation Rates

- Completed Surveys: 324 (221/123)

- Family Health: 108 (45/63)
- Family Planning: 106 (58/48)
- Ryan White: 107 (96/11)
- Behavioral Health: 30 (22/8)
- Dietitian: 1 (0/1)

- Visit Count: 867

- Family Health: 259
- Family Planning: 273
- Ryan White: 335

2022

Completed Surveys; 245 (135/110)

- Family Health: 99 (40/59)
- Family Planning: 108 (68/40)
- Ryan White: 33 (27/6)

May 2023 Participation Rates

- Completed Surveys: 245 (152/93)

- Family Health: 94 (46/48)
- Family Planning: 97 (58/39)
- Ryan White: 49 (44/5)
- Behavioral Health: 5 (4/1)
- Dietitian: 0 (0/0)

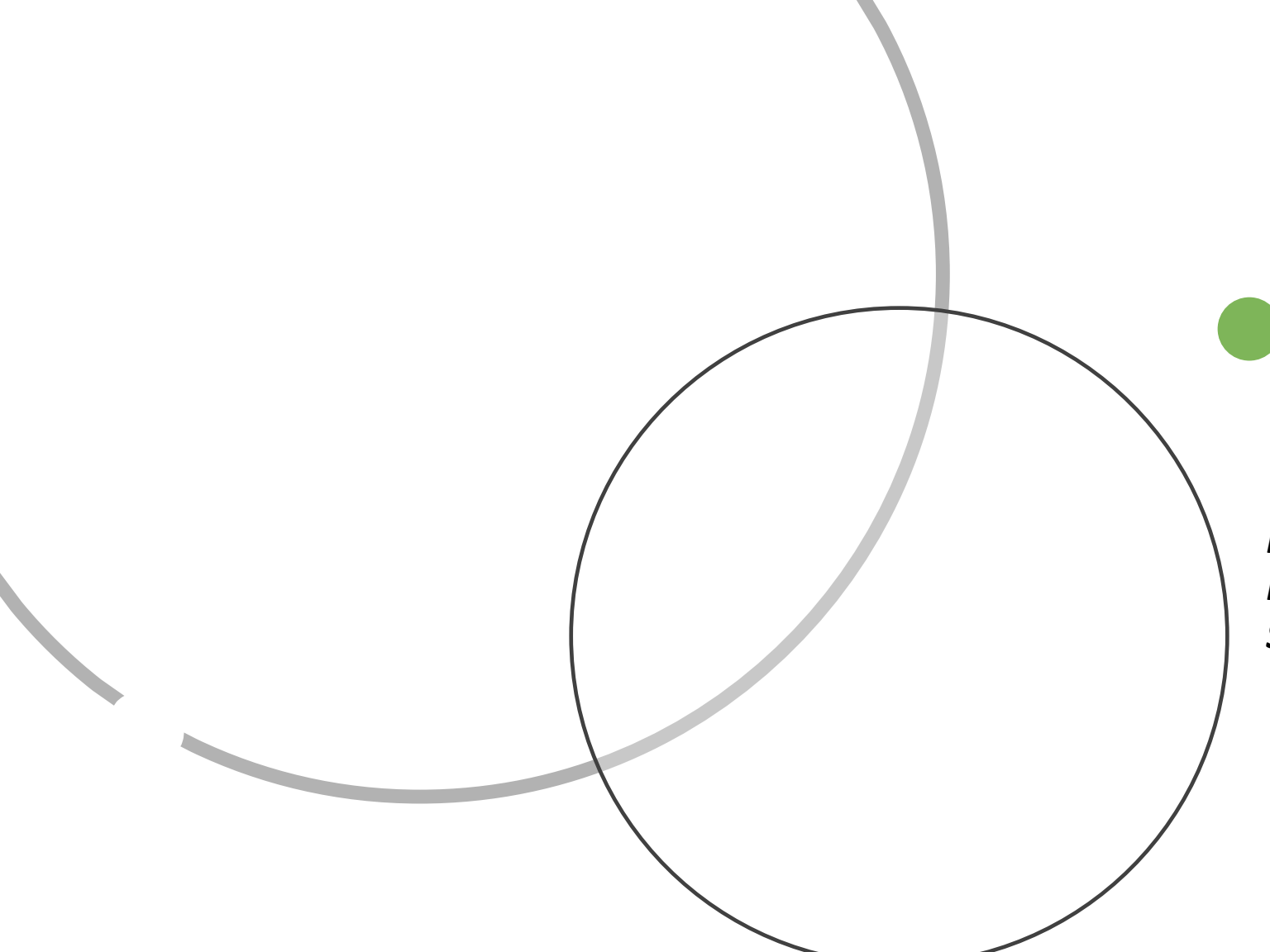
- Visit Count: 869

- Family Health: 413
- Family Planning: 114
- Ryan White: 219
- Behavioral Health: 116

2022

Completed Surveys: 160 (104/56)

- Family Health: 34 (15/19)
- Family Planning: 81 (49/32)
- Ryan White: 44 (39/5)
- Behavioral Health: 1 (1/0)



Recommendation to accept the Quality and Risk Report and Approve Recommendation to the SNCHC Governing Board on July 18, 2023.



Questions?

Credentialing & Privileging of Provider

Carol Wingfield, APRN-CNP

Recommendation to accept the Credentialing and Privileging of the provider, as presented, and Approve Recommendation to the SNCHC Governing Board on July 18, 2023.

Thank you.



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT