



## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

August 15, 2023 – 2:30 p.m.

Meeting was conducted via WebEx Event

**MEMBERS PRESENT:** Jose L. Melendrez, Chair – Consumer Member  
Donna Feliz-Barrows, Vice-Chair – Consumer Member  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project  
Jasmine Coca – Community Member, Catholic Charities of Southern Nevada  
Brian Knudsen – Consumer Member  
Father Rafael Pereira – Community Member, All Saints Episcopal Church  
Luz Castro – Consumer Member  
Scott Black – Community Member, City of North Las Vegas

**ABSENT:** Lucille Scott – Consumer Member

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer

**STAFF:** Tawana Bellamy, Jacques Graham, Edward Wynder, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Jonna Arqueros, David Kahananui, Kimberly Monahan, Luann Province, Merylyn Yegon, Ryan Kelsch, Talibah Abdul-Wahid, Cassandra Major, Yin Jie Quinn

#### I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 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

*Member Feliz-Barrows joined the meeting at 2:33 p.m.*

**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 AUGUST 15, 2023 MEETING AGENDA *(for possible action)*

*A motion was made by Member Feliz-Barrows, seconded by Member Knudsen and carried unanimously to approve the August 15, 2023 Meeting Agenda, as presented.*

**V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- 1. APPROVE MINUTES – SNCHC Governing Board Meeting:** July 25, 2023 *(for possible action)*
- 2. Approve Credentialing and Privileging of Provider Zhulieta Todd, MPAS, PA-C;*(for possible action)***

*A motion was made by Member Black, seconded by Member Breen, and carried unanimously to approve the Consent Agenda, as presented.*

**VI. REPORT / DISCUSSION / ACTION**

Recommendations from the August 14, 2023 Finance & Audit Committee

- 1. Receive, Discuss and Accept the June 2023 Year-To-Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*Member Father Rafael joined the meeting at 2:36 p.m.*

Ms. Whitaker presented an overview of the June 2023 Year-to-Date Financial Report as of June 30, 2023. Ms. Whitaker advised an unaudited stamp was on most pages because it was a snapshot of the financials after the majority of the transactions were entered for year-end. Ms. Whitaker further advised that cost allocations and a lot of year-end activities still need to be recorded and reconciled.

Ms. Whitaker provided the following highlights.

- Net Actual Position as of June 30, 2023 was negative \$3.49M – This is a better position than the Net Budgeted Position of negative \$3.99M
- Charges for Services was budgeted at \$17.3M, the actual was \$18.5M, a positive variance of \$1.19M due to Pharmacy activity with higher percentage of commercially insured patients combined with an increase in the number of prescription medications per encounter.
- Total Salaries & Benefits were budgeted at \$7.86M, actual was \$8.26M, variance was \$405K.
- Total Other Operating - \$163K was budgeted for Capital Outlay, actual was \$63K, variance was \$100K due to equipment that initially was budgeted that has not been purchased on some of the grants.
- Contractual was budgeted at \$1.77M, actual was \$1.58M, variance was \$240K due to timing issues of where expenditures were budgeted.
- Patient Encounters – Of the 27,922 patients encounters through June 30, 2023:
  - Pharmacy - 39%
  - Primary & Preventative Care – 25%
  - Ryan White – 15%
  - Family Planning – 14%
  - Behavioral Health – 5%
  - Refugee Health – 2%

Ms. Whitaker further reviewed the following:

- Revenue by Department
- Expenses by Department

- Budget Augmentation Comparison

	<b>Budget Through June 2023 Pre-Augmentation</b>	<b>Budget Through June 2023 Post-2<sup>nd</sup> Augmentation</b>
<b>Net Position</b>	Negative \$4.89M	Negative \$3.49M

Ms. Whitaker advised again that June financial report is the unaudited financial performance to date.

Member Father Rafael commented that the information presented in the notes on the slides answered his questions and acknowledged that the numbers are unaudited.

Further to an inquiry from Member Father Rafael, Ms. Whitaker advised that this report is through June 30, 2023, noting that there are transactions that still need to be completed.

Member Father Rafael requested the final numbers for the fiscal year be presented at the next regular meeting. Ms. Whitaker advised that she could bring an update to the numbers and some of the numbers like the post-employment benefits will not be available until the end of the month. Ms. Whitaker further advised that she could provide the cost allocation and the only thing that would be missing would be any adjustments the auditor would request.

Further to an inquiry from Member Father Rafael, Ms. Whitaker advised that the new fiscal year financial report will be presented at the next meeting. It will include the Sexual Health Clinic and Behavioral Health.

Member Father Rafael commented that overall, the financials look great.

*A motion was made by Member Father Rafael, seconded by Member Castro, and carried unanimously to accept the June 2023 Year-to-Date Financial Report, as presented.*

- VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Chair Melendrez commented that as he travels across the United States, he recognized COVID-19 is still prevalent.

**VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

- Executive Director Comments

There were none.

- Overview of Federal Tort Claims Act (FTCA) Deeming Application

Randy Smith, FQHC Operations Officer provided an overview of the Federal Tort Claims Act (FTCA) program and deeming application.

- Highlights from the July 2023 Operations Report

Mr. Smith presented highlights from the June 2023 Operations report.

In addition to Mr. Smith's highlights from the operations report, Dr. Leguen advised that we are trying to address the need to break the silos between different programs to deliver the services that are needed for the organization to be successful.

*Member Knudsen left the meeting at 2:57 p.m.*

Member Coca inquired about adding additional hours to the clinic and possibly changing certain days and hours on which services are provided and if that would make an impact on services the health center is trying to build. Mr. Smith advised that there has not been specific conversation with staff regarding adding additional hours. Mr. Smith further advised that there has been some discussion with leadership on our workflows and our staffing at the Fremont site. Mr. Smith advised that there are some limitations on how late staff can work in the evening and on Saturdays. Mr. Smith commented that as opportunities for expansion or additional expanded hours come up, we can review them to see how we can leverage them to add value to our patients.

Dr. Leguen advised that Southern Nevada Health District (SNHD) is a hybrid organization, and the health center is a part of that. For the most part it is a great thing, and in some areas not that great. Dr. Leguen provided an example of that noting SNHD's core hours of operation and that some staff cannot be asked to start before or after those core hours. Dr. Leguen further advised that adding additional days at the Fremont location would be contingent on growth and demand for services which also would mean we need to hire additional staff.

Ms. Anderson-Fintak advised that the limitation of staff time is according to the union contract. All of the healthcare workers are part of the bargaining union, which means that we would have to bargain with the union for additional hours.

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) July Operations Reports
- Risk Management Report

**X. 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.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 3:34 p.m.

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

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## AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
GOVERNING BOARD MEETING  
August 15, 2023 – 2:30 p.m.**

**Meeting will be conducted via Webex Event**

### NOTICE

**WebEx Event address for attendees:**

<https://snhd.webex.com/snhd/j.php?MTID=m2ac00eefa833999b36ca2bb533886c1e>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2553 550 2022](https://snhd.webex.com/snhd/j.php?MTID=m2ac00eefa833999b36ca2bb533886c1e)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25535502022@snhd.webex.com](https://snhd.webex.com/snhd/j.php?MTID=m2ac00eefa833999b36ca2bb533886c1e)

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#### 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.

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#### I. CALL TO ORDER & ROLL CALL

#### II. PLEDGE OF ALLEGIANCE

**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](mailto: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 2553 550 2022. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on.

#### III. ADOPTION OF THE AUGUST 15, 2023 AGENDA *(for possible action)*

**IV. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- 1. APPROVE MINUTES – SNCHC GOVERNING BOARD MEETING:** July 25, 2023 *(for possible action)*
- 2. Approve Credentialing and Privileging of Provider Zhulietta Todd, MPAS, PA-C;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**V. REPORT / DISCUSSION / ACTION**

Recommendations from the August 14, 2023 Finance & Audit Committee

- 1. Receive, Discuss and Accept the June 2023 Year-To-Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**VI. BOARD REPORTS:** The Southern Nevada Community Health Center Governing Board members may identify and comment on Health Center related issues or ask a question for clarification. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada Community Health Center Governing Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

**VII. EXECUTIVE DIRECTOR & STAFF REPORTS *(Informational Only)***

- Executive Director Comments
- Overview of Federal Tort Claims Act (FTCA) Deeming Application
- Highlights from the July 2023 Operations Report

**VIII. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) July Operations Reports
- Risk Management Report

**IX. 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.**

**X. 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.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

July 25, 2023 – 3:30 p.m.

Meeting was conducted In-person and via WebEx Event

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Rooms A and B

**MEMBERS PRESENT:** Jose L. Melendrez, Chair – Consumer Member (*Webex/In person*)  
Donna Feliz-Barrows, Vice-Chair – Consumer Member (*In-person*)  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)  
Jasmine Coca – Community Member, Catholic Charities of Southern Nevada (*In person*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*In person*)

**ABSENT:** Lucille Scott – Consumer Member  
Luz Castro – Consumer Member  
Scott Black – Community Member, City of North Las Vegas

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer

**STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Jacques Graham, Edward Wynder, Cassius Lockett, Cortland Lohff, Randy Smith, Kim Saner, Michael Johnson, Donnie (DJ) Whitaker, Justin Tully, Jonna Arqueros, Yin Jie Quinn, Jonas Maratita, Luann Province, Kimberly Monahan, David Kahananui, Cassondra Major, Lourdes Yapjoco, Randolph Luckett, Talibah Abdul-Wahid

#### I. **CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 3:31 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 25, 2023 MEETING AGENDA** (*for possible action*)

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael and carried unanimously to approve the July 25, 2023 Meeting Agenda, as presented.*

**V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

**1. APPROVE MINUTES – SNCHC Governing Board Meeting:** June 20, 2023 *(for possible action)*

*A motion was made by Member Father Rafael, seconded by Member Feliz-Barrows, and carried unanimously to approve the Consent Agenda, as presented.*

**VI. REPORT / DISCUSSION / ACTION**

Recommendations from the July 5, 2023 Quality, Credentialing & Risk Management Committee Meeting

**1. Review, Discuss and Accept the Quality and Risk Management Report;** 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 Reports. Ms. Major advised of a request from the committee to enhance the data reporting process to include year-to-date, year-over-year and external benchmarks (e.g., UDS, HEDIS & Healthy People 2023). The focus areas will include FQHC Clinical Performance Measures, Patient Satisfaction Survey Results and Risk Management Goals. Ms. Major advised that future presentation would include the requested information.

Ms. Major advised that the FQHC selected five Uniformed Data System (UDS) measures to focus on for the remainder of 2023.

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

Ms. Major provided an overview of the January to June 2023 quality measures for the five (5) areas of focus. Ms. Major advised the number in parentheses is what was reported in 2022 for our UDS measures. Ms. Major further advised of a new population health platform called Azara, which allows for a deeper dive into the metrics and measures that has been implemented in the health center and staff are currently training. Ms. Major advised that for Poor Controlled Hemoglobin A1c, we want that number closer to zero than 100, as this is a reverse metric.

Ms. Major further advised of the following:

- 2023 Quarter Two Risk Summary (April to 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)
- Risk Assessments
  - Office Administration Risk Assessment completed on February 23, 2023
    - A few areas were identified as needing improvement. Most can be fixed with new or updated polices, standard operating procedures, or workflows.
      - Welcome packet (having it available for new patients)
      - Training plan
      - Translation services
  - HIPAA Risk Assessment – completed June 12, 2023
    - No findings for Decatur or Fremont



- Projects
  - Implementation of Azara DRVS
  - Develop New or Update policies and Standard Operating Procedures (SOP)
  - Develop workflows for providers, medical assistants and nurses.
- Patient Satisfaction Survey Results

	Completed Surveys	Visit Count
April	324	867
May	245	869
June	172	1041

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to accept the Quality and Risk Management Report, as presented.*

**2. Approve Credentialing and Privileging of Providers Carol Wingfield, APRN-CNP, Kikam Yun, APRN II and Stephanie Romano, APRN II;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer, presented to the board for approval the credentialing and privileging of providers Carol Wingfield, Kikam Yun, and Stephanie Romano.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Credentialing and Privileging of Providers Carol Wingfield, APRN-CNP, Kikam Yun, APRN II and Stephanie Romano, APRN II, as presented.*

Recommendations from the July 17, 2023 Finance & Audit Committee Meeting

**3. Receive, Discuss and Accept the May 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented an overview of the May 2023 Year-to-Date Financial Report as of May 31, 2023. Ms. Whitaker further advised that this budget does not include the budget augmentation that was approved in June as this report is as of May 31, 2023. The June financial report will include the budget augmentation.

Highlights

- All Funds for All Divisions – as of May 31, 2023
  - Net Budget Position- negative \$4.475M
  - Net Actual Position – negative \$4.414M
  - Net Position Variance - \$60,833
- Revenue
  - Charges for Services was budgeted at \$14.30M, actual was \$16.74M, with a variance of \$2.4M increase is due to a good portion of pharmacy related activity.
- Supplies were budgeted at \$10.86M, actual was \$14.44 with a variance of \$3.58M is due to a good portion of pharmacy related activity.
- Other Grant Revenue is the WRAP reimbursement revenue.
- Total Transfers was budgeted at \$5.15M, actual was \$4.89M with a variance of negative \$256K.

Member Father Rafael inquired about the revenue for Administration (Revenue by Department). Ms. Whitaker advised that is generated by the WRAP reimbursement. Ms. Whitaker advised that this was not part of the initial budget. Ms. Whitaker further explained that the WRAP payment is Nevada Medicaid reimbursement. When the health center has a charge, the health center gets the difference between that and our Prospective Payment System (PPS) rate. It is revenue that if we are not collecting it in the charges for services, then we are reimbursed that amount. Ms. Whitaker advised that we are able to go back two years.

Ms. Whitaker further reviewed the Expenses by Department. Further, Ms. Whitaker advised on a question from the board at the June 2023 meeting regarding the budgeted and actual dollars for Administration under Employment (Salaries, Taxes & Fringe). Ms. Whitaker advised that the difference was due to payroll that was posted in a different area, and they were able to reclassify that activity to align to the correct area.

Member Father Rafael inquired if the Sexual Health Clinic is included with the FQHC now or will be in FY2024. Mr. Smith advised it will be in FY2024.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to accept the May 2023 Year-to-Date Financial Report, as presented.*

- VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

There were no board reports.

**VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

- Executive Director Comments

Dr. Leguen advised that COVID-19 testing ended at the Decatur office. Dr. Leguen commented that employees involved in that work will be recognized at a future meeting.

- Highlights from the June 2023 Operational Report

Randy Smith, FQHC Operations Officer presented highlights from the June 2023 Operations report.

Mr. Smith advised that Gary Costa formerly resigned, and we are grateful for his service. Mr. Smith further advised that with Mr. Costa's resignation, we are still in compliance with the bylaws and HRSA with nine (9) board members. Mr. Smith advised the board that he will need help identifying potential board members. Chair Melendrez agreed with Mr. Smith and advised the board members to search their networks and help identify potential patient board members. Mr. Smith advised of the gender, race and ethnicity the candidates would need to be to meet the population of the patients served at the health center. Ms. Anderson-Fintak further advised of the qualification needed for a patient board member.

Further to an inquiry from Member Coca on who should board members provide the information to once someone has been identified, Mr. Smith advised board members to send identified candidates to him.

Ms. Anderson-Fintak further advised of other board members' requirements in addition to being a patient board member. Chair Melendrez provided his experience in being a patient board member. Chair Melendrez further advised that the staff are doing an outstanding job.

Further to an inquiry from Member Coca regarding the State Incubator Grant, Mr. Smith advised that he is not sure why we did not receive the full amount as the state did not provide a lot of feedback.

Further to an inquiry from Member Coca on the resubmission of the State Incubator Grant, Mr. Smith advised that it has been resubmitted and we should hear back hopefully in the next few days.

Further to an inquiry from Member Coca regarding ongoing employment for staff members who were part of the COVID-19 testing, Mr. Smith advised that we have found a place for them.

Further to an inquiry from Member Coca on Azara DRVS ability to pull numbers for reports easier, Mr. Smith advised yes. The software will help provide data for mandated reporting.

Further to an inquiry from Member Coca regarding Medicaid being an impediment for patients if they need to be seen for three (3) different things, Mr. Smith advised that Medicaid is allowing us to bill for more than one (1) medical service each day.

Further to an inquiry from Member Father Rafael on hiring staff to reach goals, Mr. Smith advised that the medical director position is vacant, and several candidates are moving through the recruitment process for the Licensed Clinical Social Worker (LCSW) position. Mr. Smith further advised that we are doing well with the support staff we have. There are a number of new providers that are still ramping up and we have not realized the full benefit of having them yet.

Further to an inquiry from Member Father Rafael on when the FY24 starts and if the FY24 goals will be tracked, Mr. Smith advised that the FY24 started July 1 and he plans to provide an update on the goals at each board meeting.

Further to an inquiry from Member Coco on the strategies and if they will be shared with the board, Mr. Smith advised that he would share them as educational information in future meetings.

Further to an inquiry from Chair Melendrez on the number of refugees we are expecting. Mr. Smith advised the existing team is seeing about twenty (20) per week. Productivity in part is predicated on the needs of the program and of the refugees coming into the system. The health center's goal is to increase capacity to see more refugee patients.

Further to an inquiry from Member Coco on medical examination for immigrant applicants, Dr. Leguen advised that we are referring to the traditional refugee health assessment. Immigration services are completely different and have certain requirements and have to be credentialed by a Civil Surgeon in order to be able to deliver that service. Dr. Leguen further advised that our initial approach is to start with the refugee service and then as we develop, we can incorporate all of the tools.

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) June 2023 Operations Reports

**X. 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.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 4:28 p.m.

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

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**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**

SNCHC Governing Board Meeting

August 15, 2023

# FQHC Financial Report

Results as of June 30, 2023

*Unaudited Annual Position*

# All Funds/Divisions

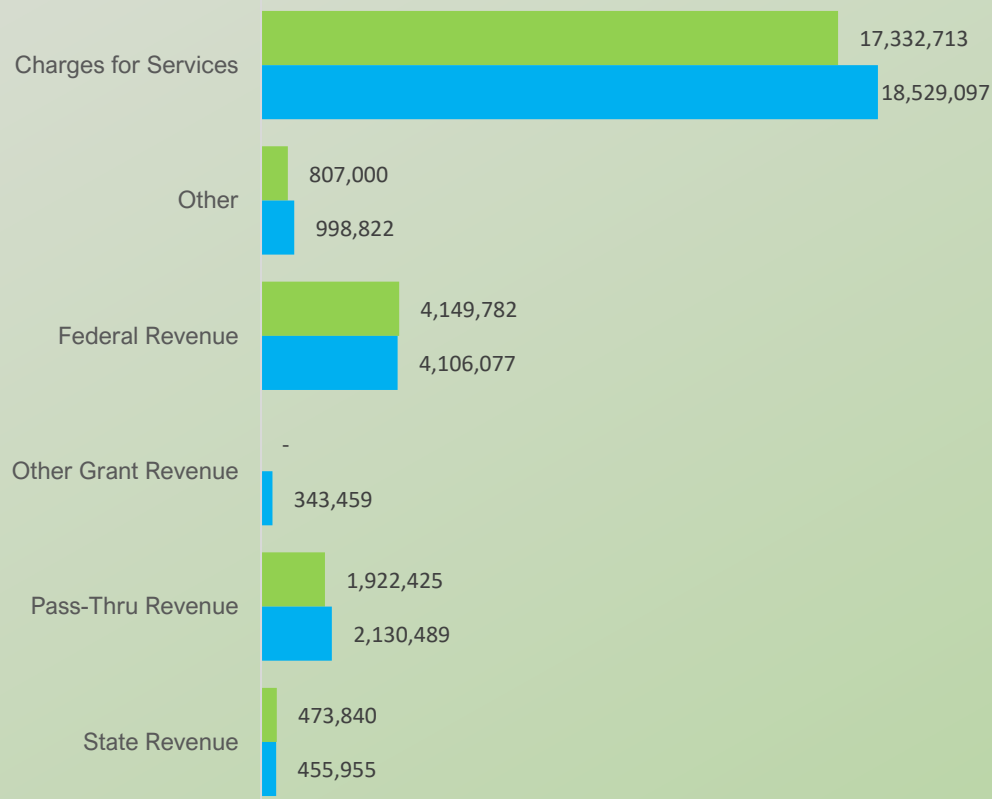
Activity	Budget as of June	Actual as of June	Variance	%
Charges for Services	17,332,713	18,529,097	1,196,384	7%
Other	807,000	962,262	155,262	19%
Federal Revenue	4,149,782	4,106,077	(43,705)	-1%
Other Grant Revenue	-	343,459	343,459	0%
Pass-Thru Revenue	1,922,425	2,130,489	208,064	11%
State Revenue	473,840	455,955	(17,885)	-4%
<b>Total FQHC Revenue</b>	<b>24,685,760</b>	<b>26,527,341</b>	<b>1,841,581</b>	<b>7%</b>
Salaries	5,518,840	5,900,205	381,365	7%
Taxes & Fringe Benefits	2,342,092	2,365,850	23,758	1%
<b>Total Salaries &amp; Benefits</b>	<b>7,860,932</b>	<b>8,266,055</b>	<b>405,123</b>	<b>5%</b>
Supplies	13,622,173	14,229,393	607,220	4%
Capital Outlay	163,955	63,626	(100,329)	-61%
Contractual	1,772,759	1,531,837	(240,922)	-14%
Travel & Training	65,461	69,494	4,033	6%
<b>Total Other Operating</b>	<b>15,624,348</b>	<b>15,894,349</b>	<b>270,001</b>	<b>2%</b>
Indirect Costs/Cost Allocations	5,198,406	5,860,494	662,088	13%
Transfers IN	(1,423,602)	(1,527,714)	(104,112)	7%
Transfers OUT	1,423,602	1,527,714	104,112	7%
<b>Total Transfers</b>	<b>5,198,406</b>	<b>5,860,494</b>	<b>662,088</b>	<b>13%</b>
<b>Net Position</b>	<b>(3,997,926)</b>	<b>(3,493,557)</b>	<b>504,369</b>	<b>-13%</b>

NOTES:

- 1) FISCAL YEAR-END BALANCES ARE PRE-AUDITED FIGURES. SHOULD EXTERNAL AUDITORS SUGGEST ADJUSTMENTS, ENTRIES WILL BE COMPLETED AS NEEDED.
- 2) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 3) OUTPACING BUDGET DUE TO CHANGES IN NEVADA MEDICAID REIMBURSEMENT (THE WRAP) PROGRAM UPDATES LEADING TO MULTI-PERIOD REVENUE CATCHUP.
- 4) OTHER GRANT REVENUE FROM UNANTICIPATED SOURCES DURING BUDGET/AUGMENTATION PROCESS (TWO ADDITIONAL GRANTS AND ONE SETTLEMENT ADJUSTMENT).
- 5) REALLOCATION OF SIX-MONTHS OF MEDICAL DIRECTOR EXPENSES, TWO MID-YEAR PROMOTIONS, AND ADDITIONAL COSTS ASSOCIATED WITH RECRUITING.
- 6) PHARMACY ACTIVITY CONTINUES TO OUTPACE EXPECTED PATIENT ENCOUNTERS AND RISING COST OF PRESCRIPTION DRUGS LED TO INCREASED EXPENSES.

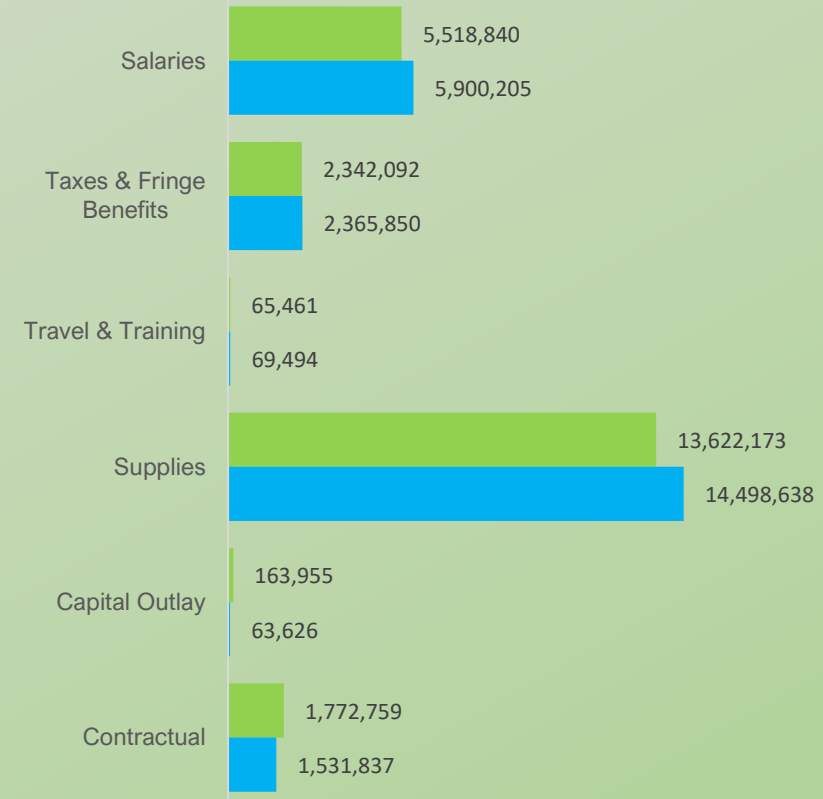
# Revenues & Expenses

## FQHC Total Revenue by Type



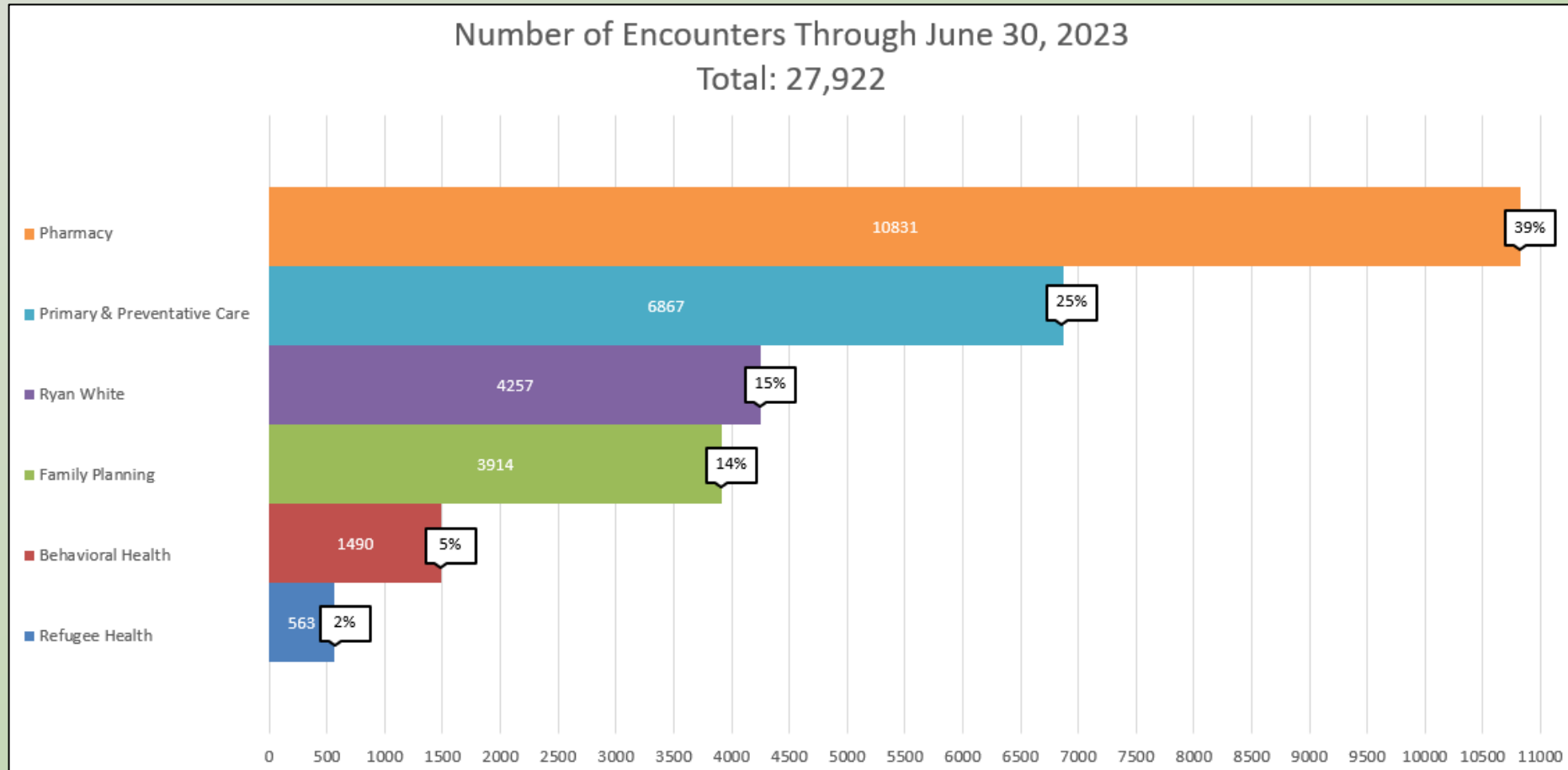
■ Budget ■ Actual

## FQHC Total Expense by Type



■ Budget ■ Actual

# Patients by Department





# Revenue by Department

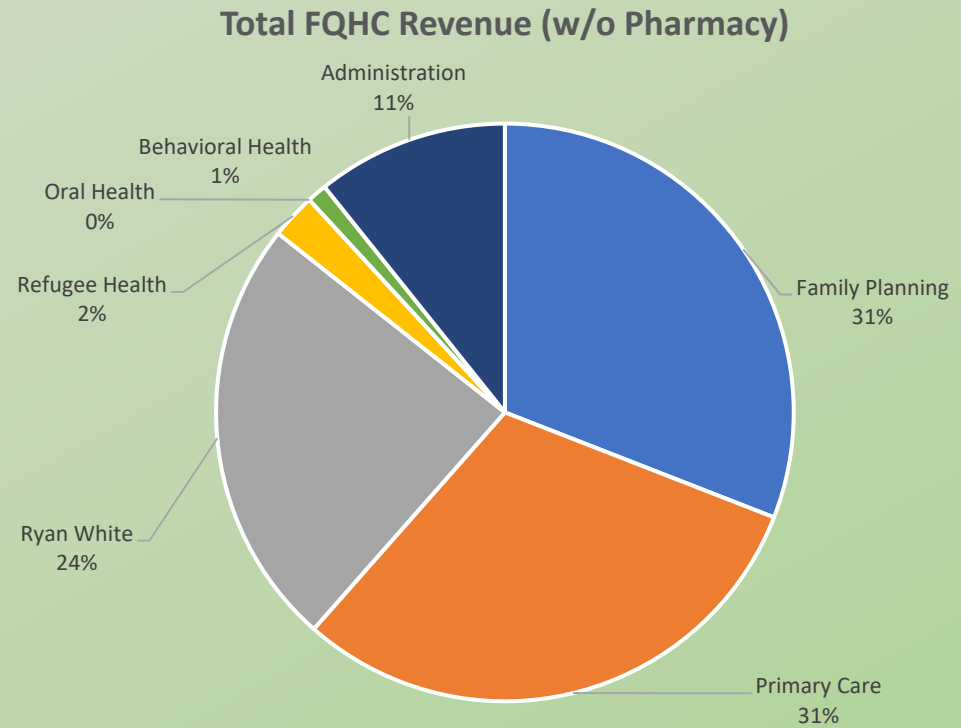
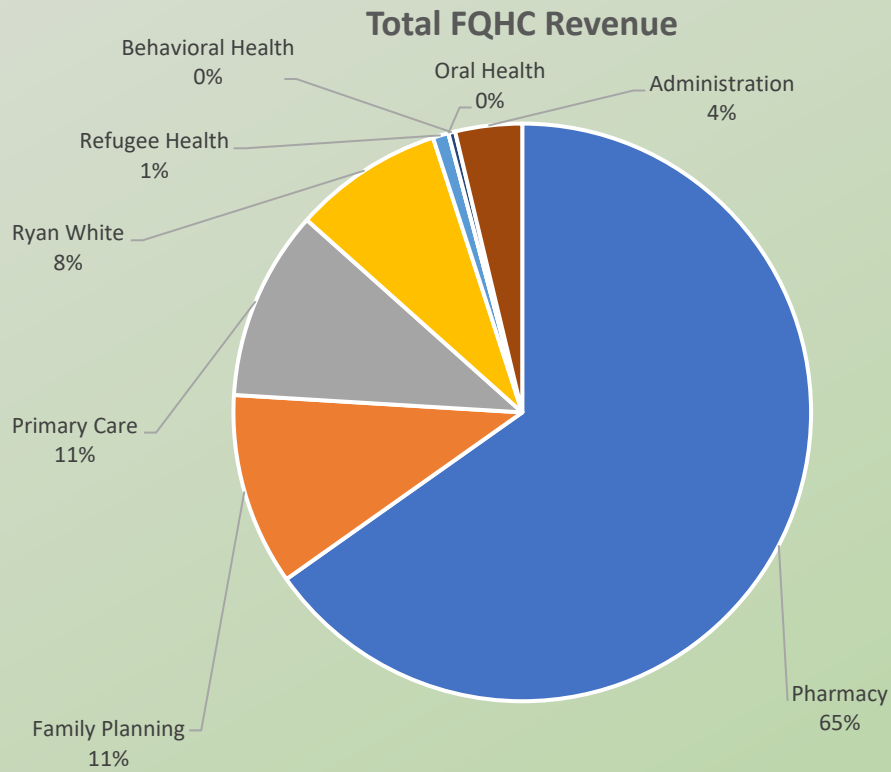
Department	Budget as of June	Actual as of June	Variance	%
<b>Charges for Services (+ Wrap)</b>				
Family Planning	382,080	491,018	108,938	29%
Pharmacy	16,336,148	17,319,970	983,822	6%
Primary Care	214,780	245,385	30,605	14%
Ryan White	233,705	281,281	47,576	20%
Refugee Health	89,000	96,311	7,311	8%
Behavioral Health	84,000	101,557	17,557	21%
Administration	800,000	955,838	155,838	19%
<b>OPERATING REVENUE</b>	<b>18,139,713</b>	<b>19,491,359</b>	<b>1,351,646</b>	<b>7%</b>
<b>Grants</b>				
Family Planning	1,948,140	2,367,047	418,907	22%
Primary Care	2,583,031	2,581,710	(1,321)	0%
Ryan White	1,866,081	1,949,725	83,644	4%
Refugee Health	148,795	137,500	(11,295)	-8%
<b>SPECIAL REVENUE</b>	<b>6,546,047</b>	<b>7,035,981</b>	<b>489,934</b>	<b>7%</b>
<b>TOTAL REVENUE</b>	<b>24,685,760</b>	<b>26,527,341</b>	<b>1,841,581</b>	<b>7%</b>

NOTES:

- 1) FISCAL YEAR-END BALANCES ARE PRE-AUDITED FIGURES. SHOULD EXTERNAL AUDITORS SUGGEST ADJUSTMENTS, ENTRIES WILL BE COMPLETED AS NEEDED.
- 2) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 3) WRAP REIMBURSEMENTS ARE OUTPACING ANTICIPATED REIMBURSEMENT RATE.
- 4) NO-COST EXTENSION APPROVED FOR COVID TELEHEALTH GRANT ALLOWING FOR COMPLETION OF ADDITIONAL REQUESTS FOR REIMBURSEMENT.

# Revenue by Department

*(With and without Pharmacy)*



# Expenses by Department

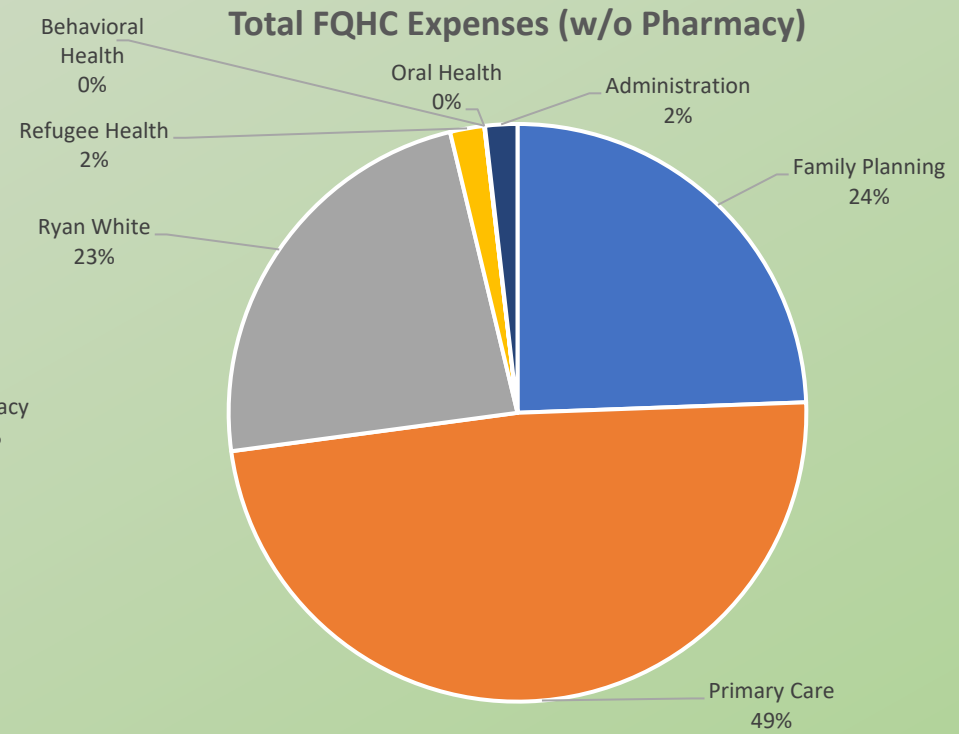
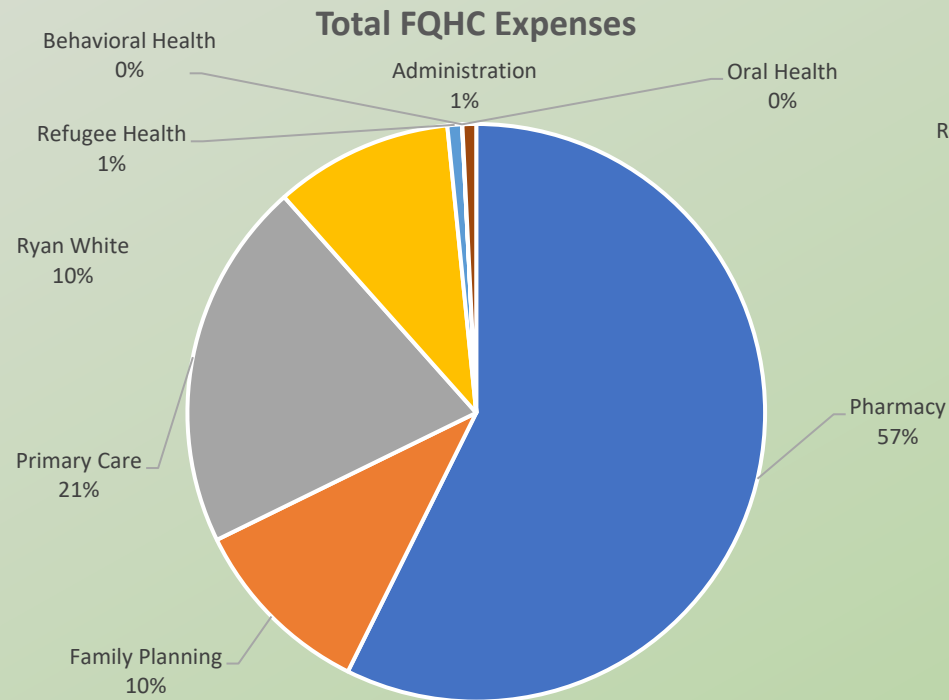
Department	Budget as of June	Actual as of June	Variance	%
<b>Employment (Salaries, Taxes, &amp; Fringe)</b>				
Family Planning	1,593,512	1,619,831	26,318	2%
Pharmacy	299,413	291,011	(8,402)	-3%
Primary Care	3,688,539	3,875,778	187,240	5%
Ryan White	2,002,285	2,187,113	184,828	9%
Refugee Health	133,295	124,101	(9,194)	-7%
Behavioral Health	4,250	3,905	(345)	-8%
Administration	139,638	164,316	24,678	18%
<b>Total Personnel Costs</b>	<b>7,860,932</b>	<b>8,266,055</b>	<b>405,123</b>	<b>5%</b>
<b>Other (Supplies, Contractual, Capital, Training)</b>				
Family Planning	823,112	925,790	102,678	12%
Pharmacy	12,853,769	13,445,397	591,628	5%
Primary Care	1,389,567	1,175,123	(214,444)	-15%
Ryan White	457,754	249,213	(208,541)	-46%
Refugee Health	63,200	75,719	12,519	20%
Administration	36,946	23,107	(13,839)	-37%
<b>Total Other Expenses</b>	<b>15,624,348</b>	<b>15,894,349</b>	<b>270,001</b>	<b>2%</b>
<b>Total Operating Expenses</b>	<b>23,485,280</b>	<b>24,160,404</b>	<b>675,124</b>	<b>3%</b>
Indirect Costs/Cost Allocations	5,198,406	5,860,494	662,088	13%
Transfers IN	(1,423,602)	(1,527,714)	(104,112)	7%
Transfers OUT	1,423,602	1,527,714	104,112	7%
<b>Total Transfers &amp; Allocations</b>	<b>5,198,406</b>	<b>5,860,494</b>	<b>662,088</b>	<b>13%</b>
<b>TOTAL EXPENSES</b>	<b>28,683,686</b>	<b>30,020,898</b>	<b>1,337,212</b>	<b>5%</b>

NOTES:

- 1) FISCAL YEAR-END BALANCES ARE PRE-AUDITED FIGURES. SHOULD EXTERNAL AUDITORS SUGGEST ADJUSTMENTS, ENTRIES WILL BE COMPLETED AS NEEDED.
- 2) REALLOCATION OF SALARY EXPENSES FROM PREVIOUS SIX MONTHS IN JUNE BASED ON UPDATED PAYROLL ALLOCATION.
- 3) PROMOTION OF TWO OPERATIONAL SUPERVISORS TO MANAGER DUE TO SIGNIFICANT INCREASES IN VOLUME POST-OPENING OF FREMONT LOCATION.
- 4) PHARMACY REQUIRED TO HIRE TEMPORARY ASSISTANCE THROUGHOUT FOURTH QUARTER FOLLOWING STAFF TURNOVER COMBINED WITH LARGER THAN ANTICIPATED DEMAND FOR HIGH-COST MEDICATIONS IN JUNE.

# Expenses by Department

*(With and Without Pharmacy)*



# Budget Augmentation Comparison

<b>FQHC - COMBINED</b>		<b>Budget Through June 2023</b>	<b>Budget Through June 2023</b>
		<i>Pre-Augmentation</i>	<i>Post-Augmentation</i>
<b>Revenues</b>			
	Charges for Services	13,974,543	18,529,097
	Other	-	962,262
	Grants	7,683,924	7,035,981
	<b>Total Revenue</b>	<b>21,658,467</b>	<b>26,527,341</b>
<b>Expenses</b>			
	Salaries	6,478,743	5,900,205
	Taxes & Fringe Benefits	2,753,464	2,365,850
	<b>Total Personnel Costs</b>	<b>9,232,207</b>	<b>8,266,055</b>
	Supplies	10,442,708	14,229,393
	Capital Outlay	83,455	63,626
	Contractual	1,024,226	1,531,837
	Travel & Training	92,871	69,494
	<b>Total Other Operating</b>	<b>11,643,260</b>	<b>15,894,349</b>
	Indirect Costs/Cost Allocations	5,726,090	5,860,494
	Transfers IN	(1,426,062)	(1,527,714)
	Transfers OUT	1,381,949	1,527,714
	<b>Total Transfers &amp; Allocations</b>	<b>5,681,977</b>	<b>5,860,494</b>
	<b>Total Expense</b>	<b>26,557,444</b>	<b>30,020,898</b>
	<b>Net Position</b>	<b>(4,898,977)</b>	<b>(3,493,557)</b>

# Questions?

*Recommendation to Accept the June 2023 Year-to-Date Financial Report, as presented.*




# Board Reports



# Executive Director Comments

Fermin Leguen, MD, MPH





# Overview of Federal Tort Claims Act (FTCA) Deeming Application

Randy Smith, FQHC Operations Officer

# FTCA Program/Application Elements

- Risk Manager – Position / Job Function
- Risk Management – Plan
- Risk Management – Annual Goals and Overview (annual report to the board)
- Risk Management – Quarterly reports on progress towards goals
- Quality Improvement – Plan
- Credentialing and Privileging – Clinical Staff, Granting, Modifying and Removing Privileges
- Peer Review – Ongoing Professional Practice Evaluation P&P
- Training Plan – Outline of required trainings and staffed required to take them
- Training Tracking Spreadsheet – All FQHC staff (100+), role and program specific trainings, 22 different trainings
- Claims Management – Process



# Highlights from July 2023 Operations Report

Randy Smith, FQHC Operations Officer

# July Highlights

## Access:

- 875 unduplicated patients
  - 293 new patients
- 3,603 unduplicated patients served YTD.
- More rapid growth expected through the Sexual Health Clinic (SHC) and the Refugee Health Clinic (RHC) – Integrated Care Model
- New providers (1.0 FTE APRN and 1.0 FTE MD joined SNCHC in August) – Assigned to Fremont
- Improved workflows (processes) and teamwork (culture and change management)
- Data informed decision

# July Access Report

Provider	Total Visits	Work Days	Visit/WD	Dept
Team A	135	16	8.4	FP
Team B*	54	7	7.7	PC
Team C*	48	16	3.0	PC
Team D	119	13	9.2	FP
Team E	67	14	4.8	BH
Team F*	14	4	3.5	RD
Team G*	28	7	4.0	PC
Team H	113	14	8.1	SHC
Team J	147	16	9.2	PC
Team K*	97	16	6.1	PC
Team L	202	16	12.6	SHC
Team M	37	13	2.8	BH
Team N	128	13	9.8	PC
Team O	173	15	11.5	SHC
Team P	150	16	9.4	PC
Team Q	137	13	10.5	SHC
Total	1649	209	7.5	

\* Intentional Deviation from Regular Schedule/Contractor

# Operations Strategies

- Leadership – Vision, strategy, change management, and accountability
- CHN Managers – Day-to-day operations, process improvement, patient experience, supervision
- Business Office – Grant, contracts and agreements, risk management, metrics
- Quality – Standard Operating Procedures (SOPs) and Policies and Procedures, trainings, information technology systems
- Access – Where appropriate remove silos that restrict access to care, integrated care model
- Reporting – Robust, available, transparent



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Questions?

# Memorandum

**Date:** August 15, 2023  
**To:** Southern Nevada Community Health Center Governing Board  
**From:** Randy Smith, FQHC Operations Officer *RS*  
Fermin Leguen, MD, MPH, District Health Officer *FL*

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**RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – JULY 2023**

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Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

## July Highlights

### Access

- 875 unduplicated patients
  - 293 new patients
- 3,603 unduplicated patients served YTD.

### Administrative

- The Sexual Health Clinic (SHC) formally joined the FQHC in July 1<sup>st</sup>.
- Service Area Competition (SAC) notice of award released. Applications due by 8/23/23.
- Federal Tort Claim Act (FTCA) deeming application in the final phase of completion.
- Title X Family Planning program visit postponed. New date to be determined.
- Additional unbudgeted Family Planning funds awarded from the State.
- Azara DRVS staff training underway.
- One new mid-level provider began on 8/7/23.
- Recruitments for the Medical Director, Licensed Clinical Social Worker, and a mid-level provider are ongoing.
- Transition of the Refugee Health Clinic (RHC) to Fremont on track for 9/5/23.

## HIV / Ryan White Care Program

- A. The Ryan White program received 65 referrals between July 1<sup>st</sup> through July 31<sup>st</sup>. There were no pediatric clients referred to the MCM (Medical Case Management) program in July and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 570 total service encounters in the month of July provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 280 unduplicated clients served under these programs in July.
- C. The Ryan White ambulatory clinic had a total of 422 visits in the month of July: 48 initial provider visits, 147 established provider visits, 15 tele-visits (established clients). There were 25 Nurse visits and 187 lab



visits. There were 23 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Worker (LCSW) and the Psychiatric APRN during the month of July.

- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 19 patients enrolled and seen under the Rapid stART program in July.

### Family Planning (FP)

Unduplicated Patients	July 2022	July 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	110	161	↑	110	161	↑
Number of Pt: Decatur PHC	303	191	↓	303	191	↓

Duplicated Patients	July 2022	July 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	111	175	↑	111	175	↑
Number of Pt: Decatur PHC	323	199	↓	323	199	↓
<b>New Patients</b>	123	84	↓	123	84	↓
Number of Pt: Fremont PHC	30	39	↑	30	39	↑
Number of Pt: Decatur PHC	93	45	↓	93	45	↓
<b>APRN Visits</b>	324	258	↓	324	258	↓
Number of Pt: Fremont PHC	75	120	↑	75	120	↑
Number of Pt: Decatur PHC	249	138	↓	249	138	↓

Client Encounters by Locations			
Location	Decatur PHC	Fremont PHC	Total
Family Planning	199	175	374

Client Encounters by Location				
Location /Program	Jun-22	Jun-23	FY 21-22	FY 22-23
Family Planning	434	374	434	374

- A. FP Program services at Fremont and Decatur Public Health Centers served 439 clients: 422 of them were unduplicated.
- B. The Fremont Public Family Planning Clinic served 249 clients: 238 of them were unduplicated.
- C. The Decatur Family Planning Clinic served 190 clients: 184 of them were unduplicated.

## Pharmacy Services

	Jun-22	Jun-23		FY22	FY23		% Change YTD
Client Encounters (Pharmacy)	1,426	1170	↓	13,677	13,870	↑	1.4%
Prescriptions Filled	1,814	1611	↓	17,470	18,820	↑	7.7%
Client Clinic Encounters (Pharmacist)	78	52	↓	405	584	↑	44.2%
Financial Assistance Provided	12	15	↑	127	129	↑	1.6%
Insurance Assistance Provided	2	9	↑	46	29	↓	-37.0%

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served 374 clients: 352 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 175 clients: 161 of them were unduplicated.
- C. The Decatur Family Planning Clinic serviced 199 clients: 191 of them were unduplicated.

## Eligibility Case Narrative and Monthly Report

As a team, the Eligibility Workers submitted a total of 174 applications for the month.

Applications	Status
92	Approved
44	Denied
66	Pending

## FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 606 encounters to 521 unduplicated patients for the month of July. There were 96 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The FQHC- SHC is participating in a research project in collaboration with the University of San Diego, California (UCSD) looking at STI's as a tool for HIV prevention. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- C. The FQHC-SHC clinical team completed annual trainings, including trainings on human trafficking and safe injection practices.
- D. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- E. Three (3) community health nurses, one (1) medical assistant, and one (1) administrative assistant are continuing orientation in FQHC-SHC. Additionally, FQHC-SHC began the process for filling one (1) vacant community health nurse position.

## Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month July 2023.

Client required medical follow- up for Communicable Diseases	21
Referrals for TB issues	12
Referrals for Chronic Hep B	5
Referrals for STD	3
Pediatric Refugee Exams	6
Clients encounter by program (adults)	57
Refugee Health screening for July 2023	57
<b>Total for FY22-23</b>	<b>57</b>

## Quality & Risk Management

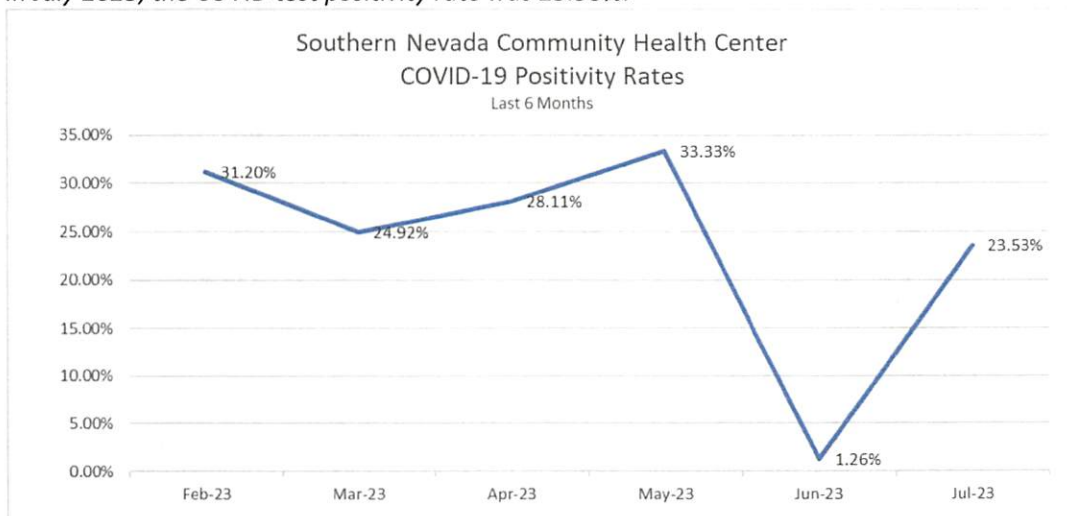
### A. Quality

#### COVID-19 Testing

From January 2021 to July 2023 the Southern Nevada Community Health Center completed **100,519** COVID-19 tests, 105 of which were conducted in July of 2023.

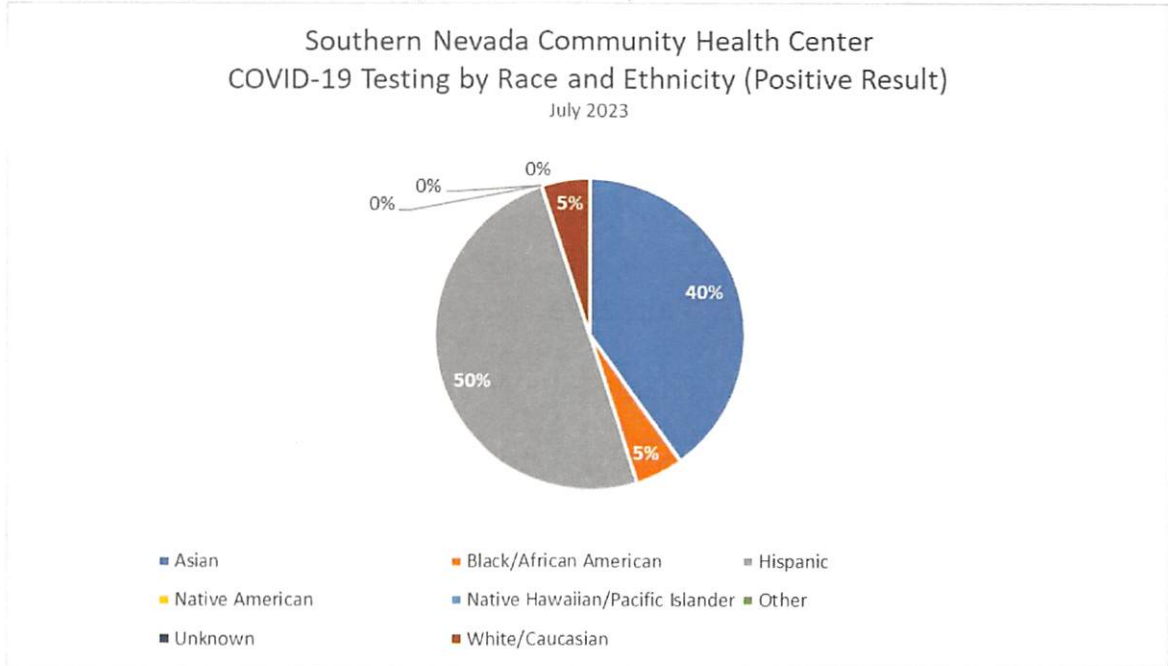
The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.

*In July 2023, the COVID test positivity rate was 23.53%.*

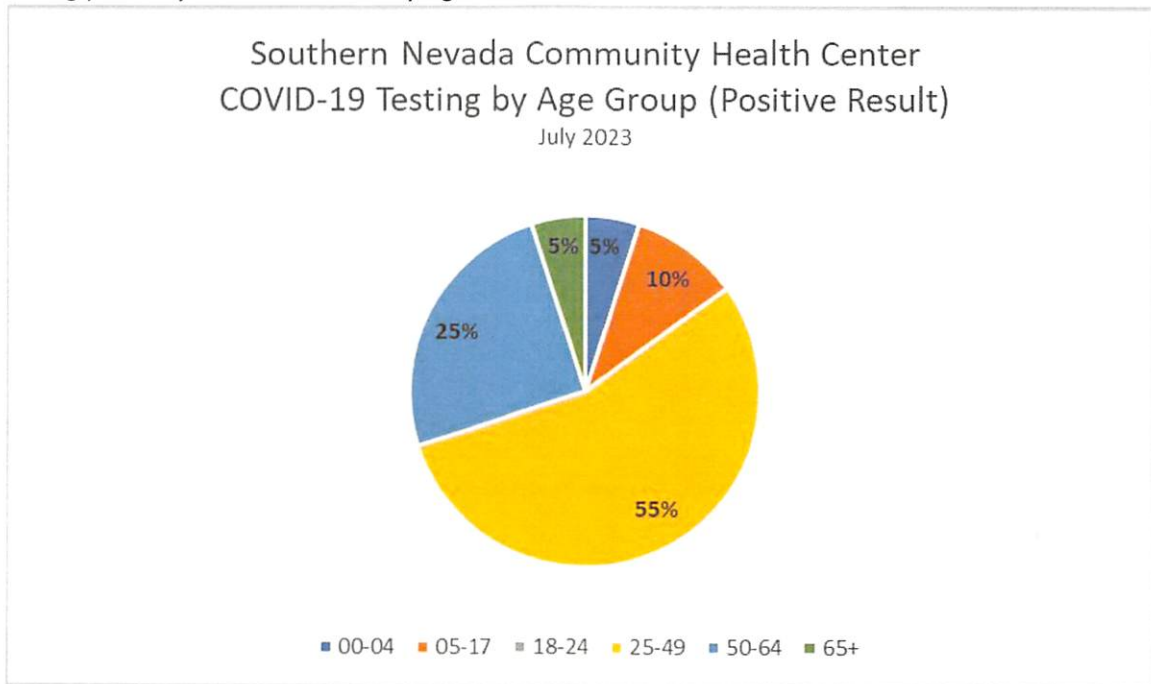




Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:



**B. COVID-19 Vaccine Program and Monkeypox**

The Southern Nevada Community Health Center administered 98 COVID and Monkeypox vaccines in July.

## Risk Management

- Medical Events (Dr. Bluebird) – Two (2)
- Patient Complaints/Grievances – Zero (0)
- Medication Errors – Zero (0)
- Patient Issues – Zero (0)
- Employee Incidents – Zero (0)
- HIPAA Violation(s) – Zero (0)

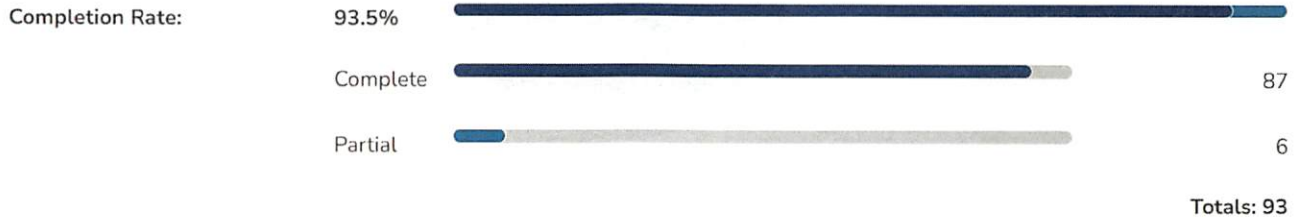
## Health Center Visit Report Summary – July 2023

Patient Satisfaction: See attached survey results.

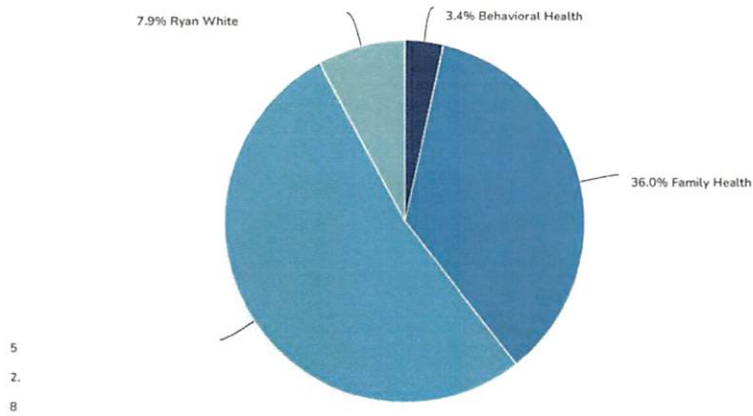
The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

## Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey (English) July 2023

### Response Counts

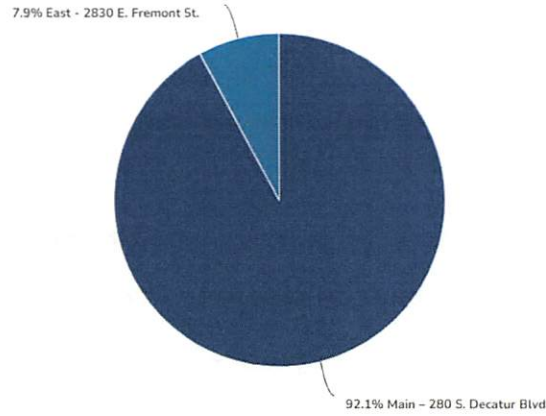


### 1. Service received during your visit



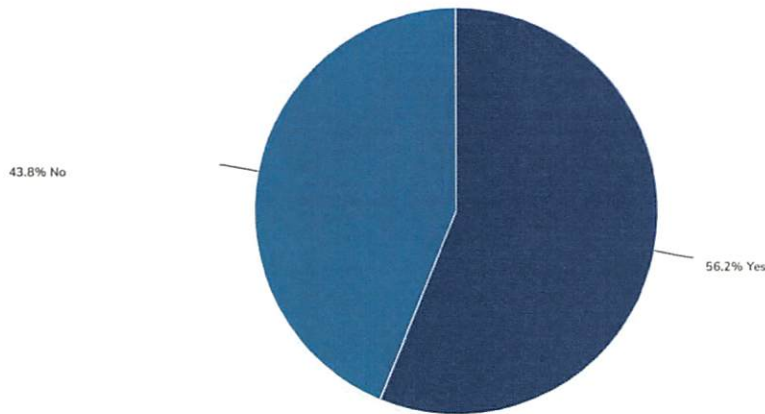
Value	Percent	Responses
Behavioral Health	3.4%	3
Family Health	36.0%	32
Family Planning	52.8%	47
Ryan White	7.9%	7
		<b>Totals: 89</b>

2. Southern Nevada Health District (SNHD) location



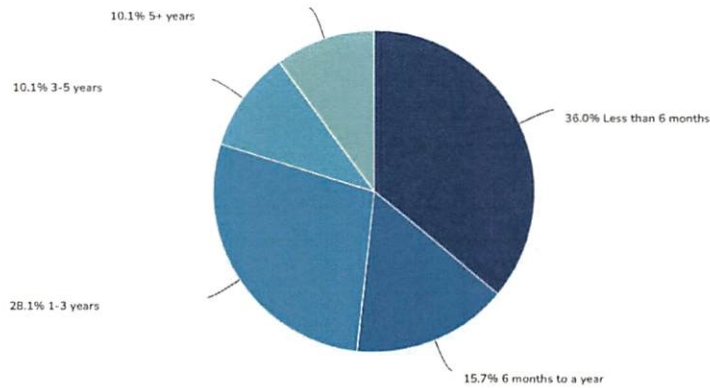
Value	Percent	Responses
Main - 280 S. Decatur Blvd	92.1%	82
East - 2830 E. Fremont St.	7.9%	7
		<b>Totals: 89</b>

3. Do you have health insurance?



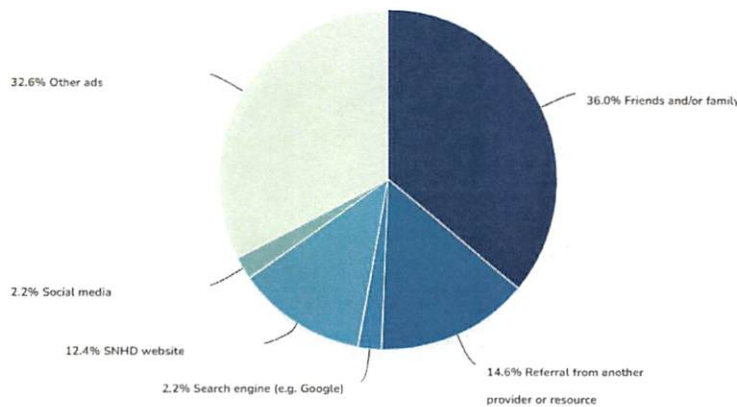
Value	Percent	Responses
Yes	56.2%	50
No	43.8%	39
		<b>Totals: 89</b>

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



Value	Percent	Responses
Less than 6 months	36.0%	32
6 months to a year	15.7%	14
1-3 years	28.1%	25
3-5 years	10.1%	9
5+ years	10.1%	9
<b>Totals: 89</b>		

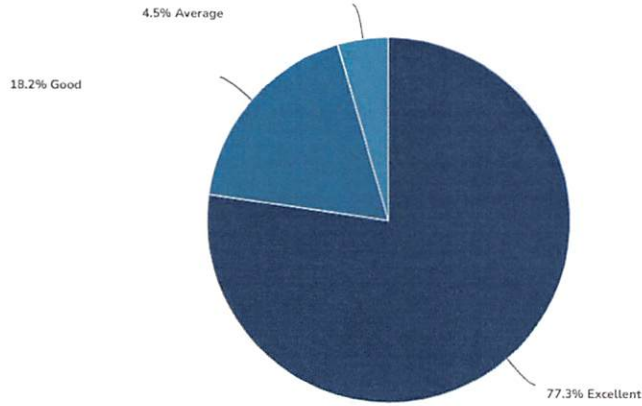
5. How did you hear about us?



Value	Percent	Responses
Friends and/or family	36.0%	32
Referral from another provider or resource	14.6%	13
Search engine (e.g. Google)	2.2%	2
SNHD website	12.4%	11
Social media	2.2%	2
Other ads	32.6%	29
<b>Totals: 89</b>		

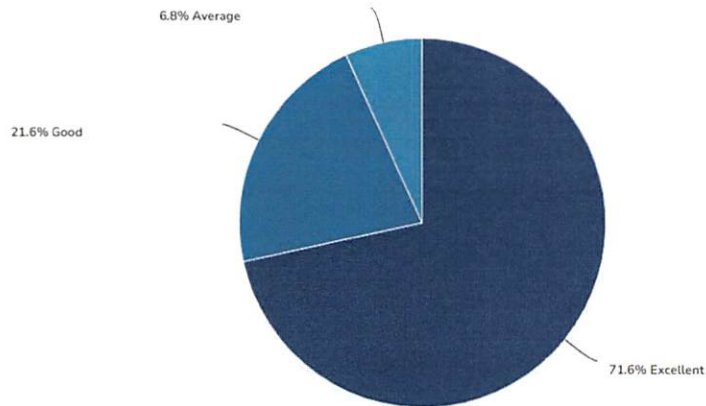


6. Ease of scheduling an appointment



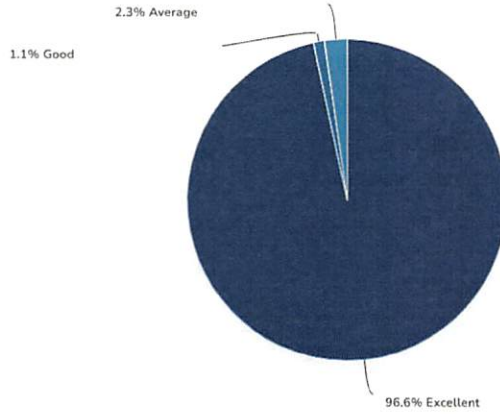
Value	Percent	Responses
Excellent	77.3%	68
Good	18.2%	16
Average	4.5%	4
		<b>Totals: 88</b>

7. Wait time to see provider



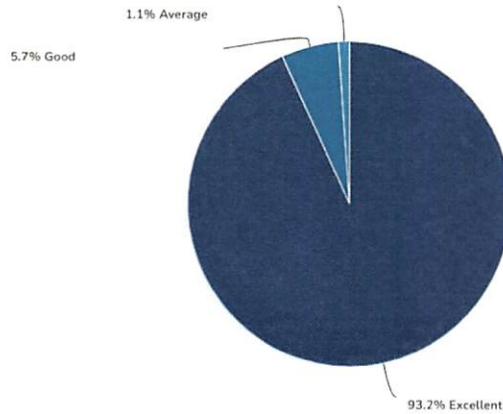
Value	Percent	Responses
Excellent	71.6%	63
Good	21.6%	19
Average	6.8%	6
		<b>Totals: 88</b>

8. Care received from providers and staff



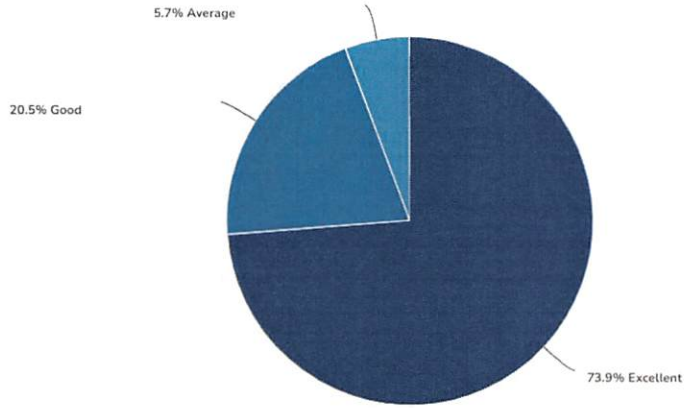
Value	Percent	Responses
Excellent	96.6%	85
Good	1.1%	1
Average	2.3%	2
<b>Totals: 88</b>		

9. Understanding of health care instructions following your visit



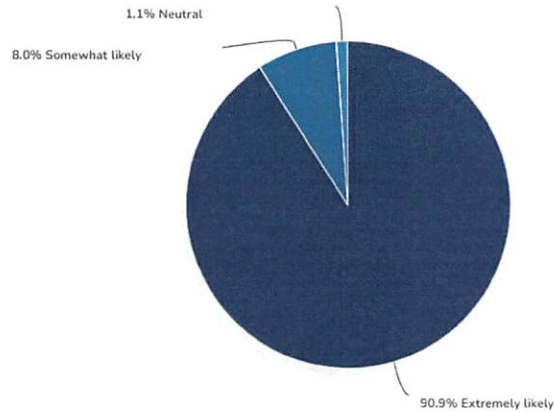
Value	Percent	Responses
Excellent	93.2%	82
Good	5.7%	5
Average	1.1%	1
<b>Totals: 88</b>		

10. Hours of operation



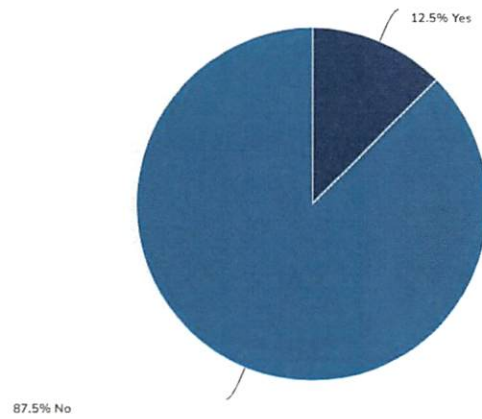
Value	Percent	Responses
Excellent	73.9%	65
Good	20.5%	18
Average	5.7%	5
<b>Totals: 88</b>		

11. Recommendation of our health center to friends and family



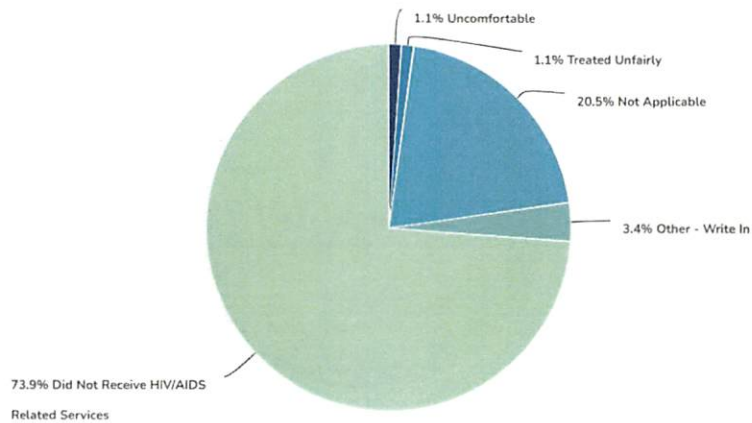
Value	Percent	Responses
Extremely likely	90.9%	80
Somewhat likely	8.0%	7
Neutral	1.1%	1
<b>Totals: 88</b>		

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



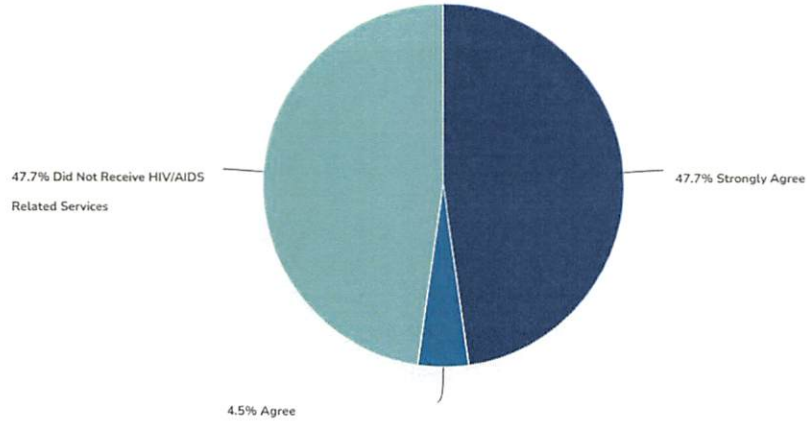
Value	Percent	Responses
Yes	12.5%	11
No	87.5%	77
<b>Totals: 88</b>		

13. Based on your HIV status, at any moment during your visit, did you feel...



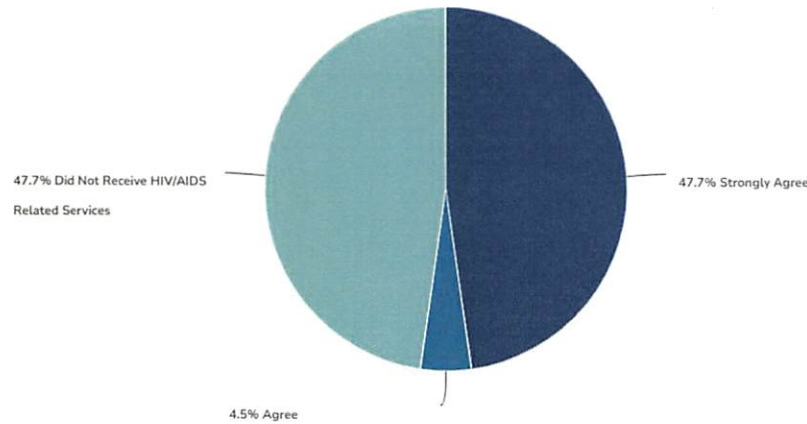
Value	Percent	Responses
Uncomfortable	1.1%	1
Treated Unfairly	1.1%	1
Not Applicable	20.5%	18
<a href="#">Other - Write In (click to view)</a>	3.4%	3
Did Not Receive HIV/AIDS Related Services	73.9%	65
<b>Totals: 88</b>		

14. During your visit, did you feel that staff members treated you with care?



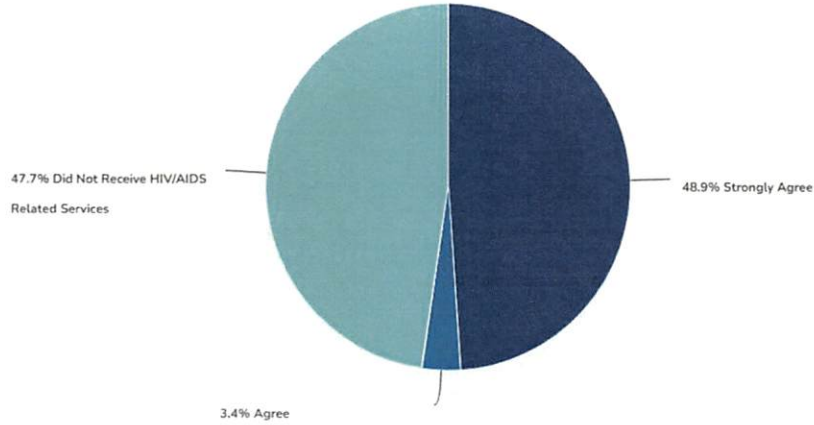
Value	Percent	Responses
Strongly Agree	47.7%	42
Agree	4.5%	4
Did Not Receive HIV/AIDS Related Services	47.7%	42
<b>Totals: 88</b>		

15. During your visit, did you feel that staff members treated you with respect?



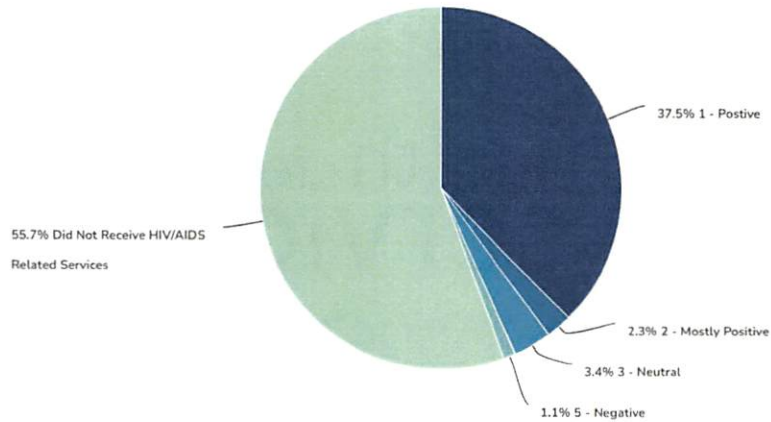
Value	Percent	Responses
Strongly Agree	47.7%	42
Agree	4.5%	4
Did Not Receive HIV/AIDS Related Services	47.7%	42
<b>Totals: 88</b>		

16. During your visit, did you feel that staff members were supportive?



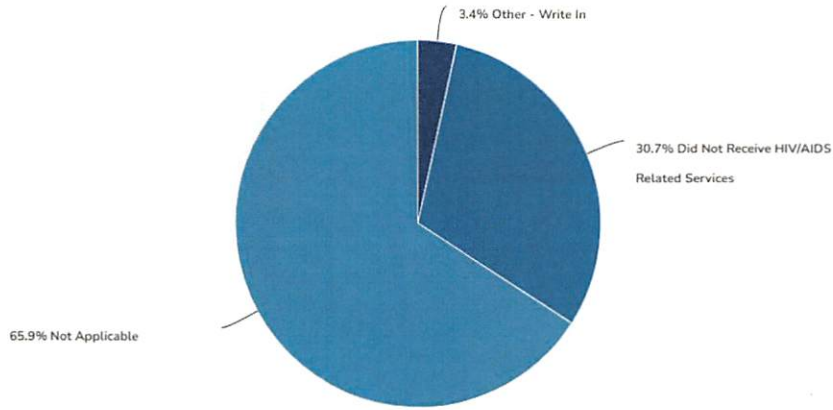
Value	Percent	Responses
Strongly Agree	48.9%	43
Agree	3.4%	3
Did Not Receive HIV/AIDS Related Services	47.7%	42
<b>Totals: 88</b>		

17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Postive	37.5%	33
2 - Mostly Positive	2.3%	2
3 - Neutral	3.4%	3
5 - Negative	1.1%	1
Did Not Receive HIV/AIDS Related Services	55.7%	49
<b>Totals: 88</b>		

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



Value	Percent	Responses
<a href="#">Other - Write In (click to view)</a>	3.4%	3
Did Not Receive HIV/AIDS Related Services	30.7%	27
Not Applicable	65.9%	58
		<b>Totals: 88</b>

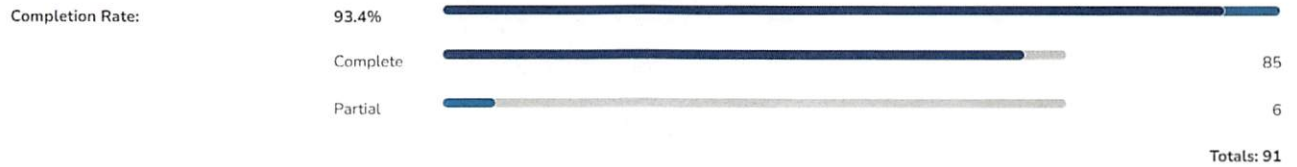
19. Comments



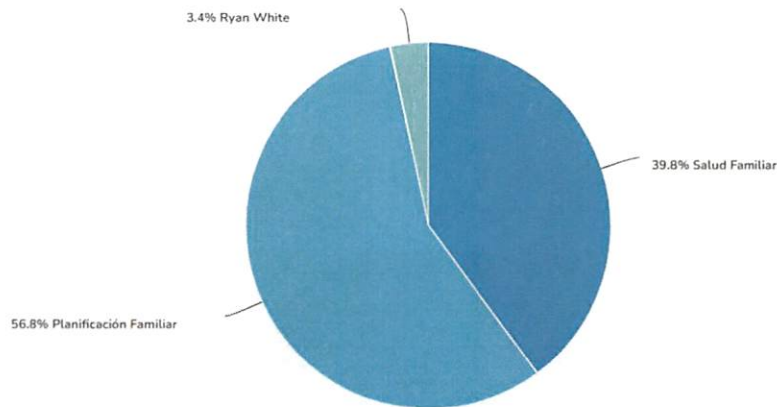


## Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) (Spanish) July 2023

### Response Counts



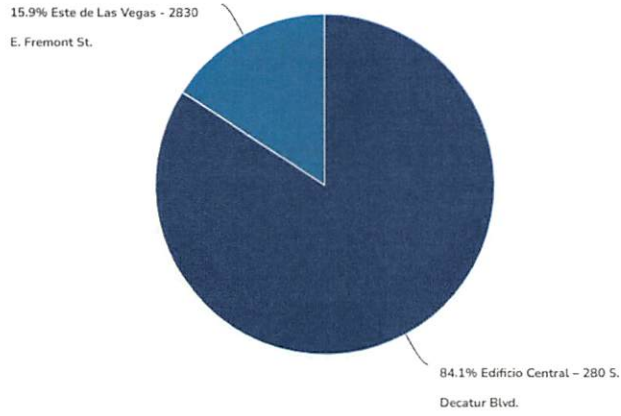
### 1. Marque los servicios recibidos durante su visita



Value	Percent	Responses
Salud Familiar	39.8%	35
Planificación Familiar	56.8%	50
Ryan White	3.4%	3
		<b>Totals: 88</b>

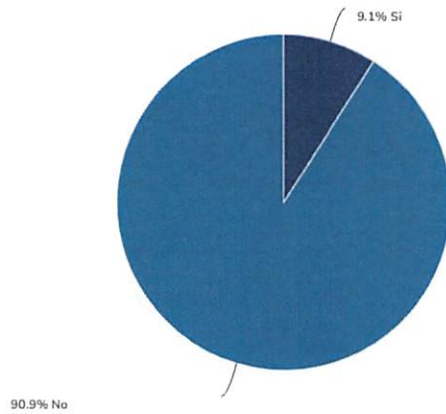


2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



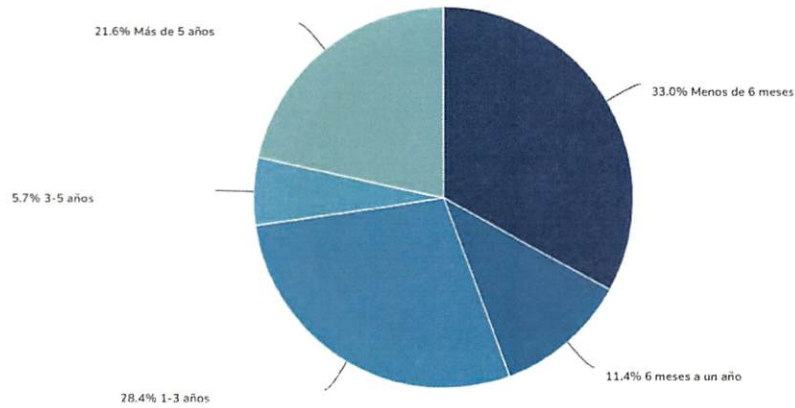
Value	Percent	Responses
Edificio Central - 280 S. Decatur Blvd.	84.1%	74
Este de Las Vegas - 2830 E. Fremont St.	15.9%	14
		<b>Totals: 88</b>

3. ¿Tiene seguro médico?



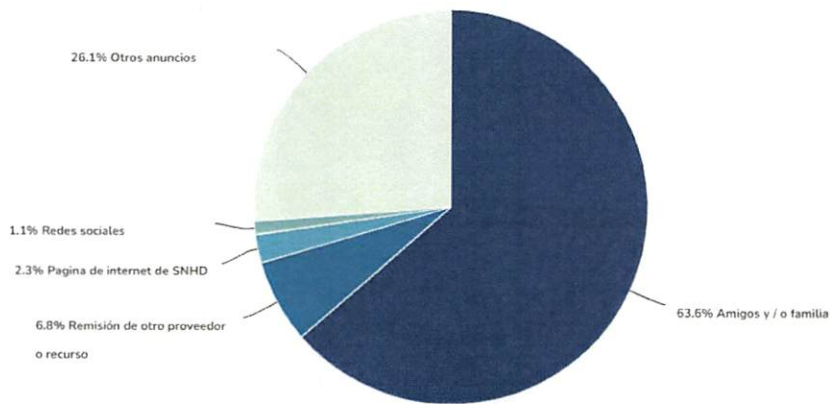
Value	Percent	Responses
Si	9.1%	8
No	90.9%	80
		<b>Totals: 88</b>

4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



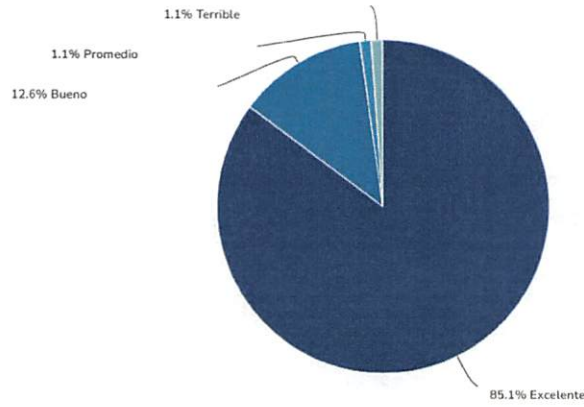
Value	Percent	Responses
Menos de 6 meses	33.0%	29
6 meses a un año	11.4%	10
1-3 años	28.4%	25
3-5 años	5.7%	5
Más de 5 años	21.6%	19
		<b>Totals: 88</b>

5. ¿Como usted supo de nosotros?



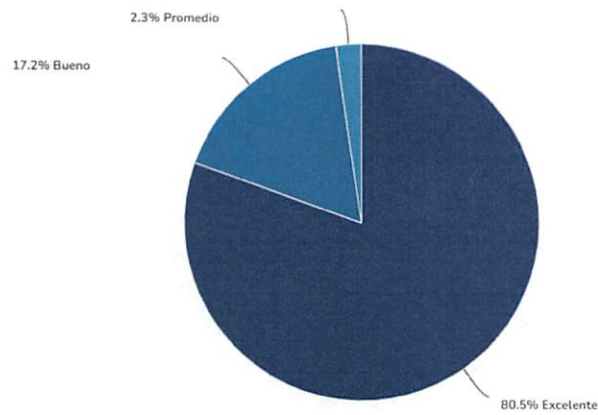
Value	Percent	Responses
Amigos y / o familia	63.6%	56
Remisión de otro proveedor o recurso	6.8%	6
Pagina de internet de SNHD	2.3%	2
Redes sociales	1.1%	1
Otros anuncios	26.1%	23
		<b>Totals: 88</b>

6. Facilidad para programar una cita



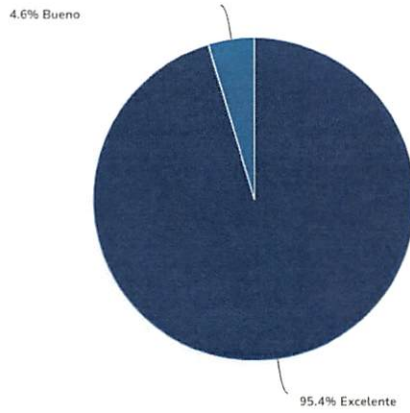
Value	Percent	Responses
Excelente	85.1%	74
Bueno	12.6%	11
Promedio	1.1%	1
Terrible	1.1%	1
		<b>Totals: 87</b>

7. Tiempo de espera para ver a un proveedor de salud



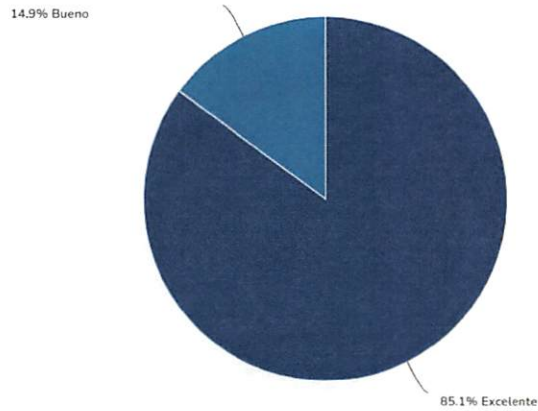
Value	Percent	Responses
Excelente	80.5%	70
Bueno	17.2%	15
Promedio	2.3%	2
		<b>Totals: 87</b>

8. Atención recibida de los proveedores y personal



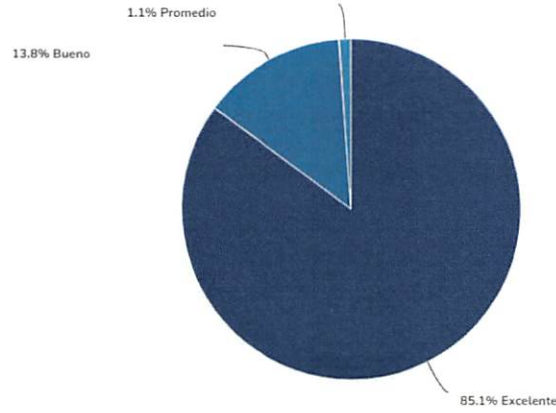
Value	Percent	Responses
Excelente	95.4%	83
Bueno	4.6%	4
<b>Totals: 87</b>		

9. Comprensión de las instrucciones del cuidado de salud después de su visita



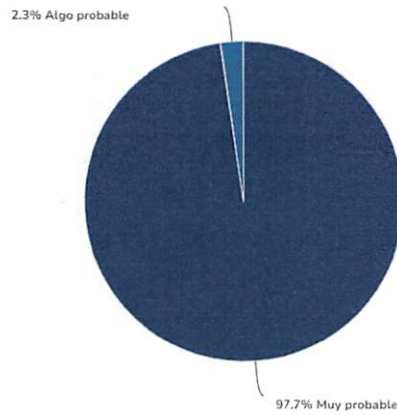
Value	Percent	Responses
Excelente	85.1%	74
Bueno	14.9%	13
<b>Totals: 87</b>		

10. Horarios de operación



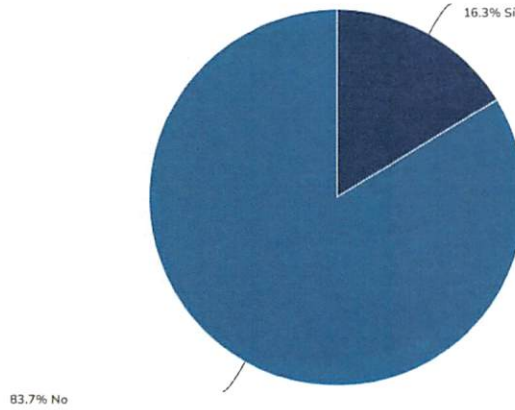
Value	Percent	Responses
Excelente	85.1%	74
Bueno	13.8%	12
Promedio	1.1%	1
		<b>Totals: 87</b>

11. Recomendaría nuestro centro de salud a amigos y familiares



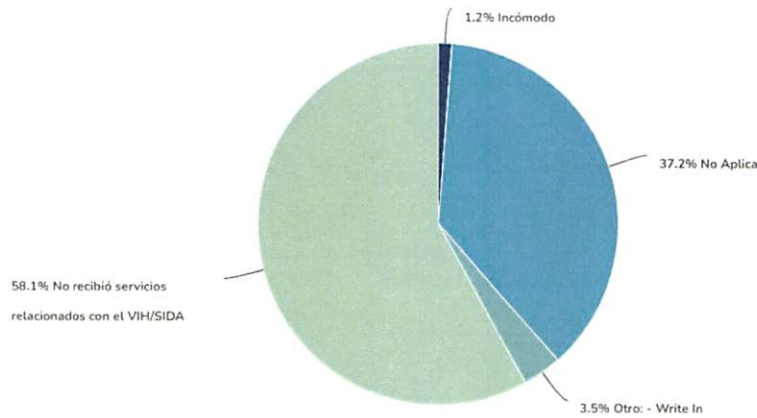
Value	Percent	Responses
Muy probable	97.7%	85
Algo probable	2.3%	2
		<b>Totals: 87</b>

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



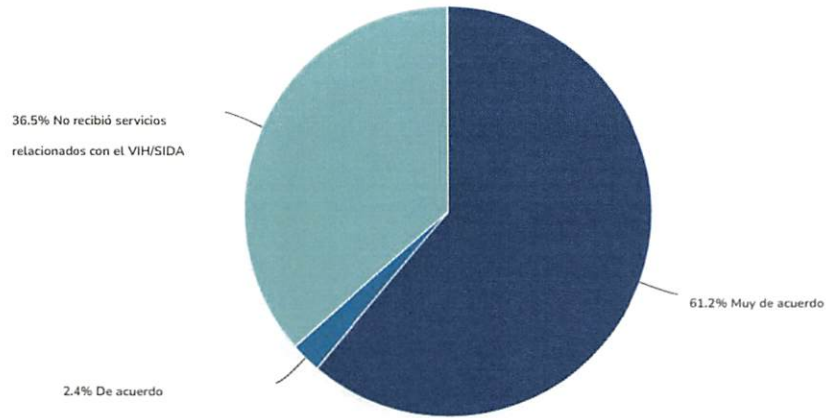
Value	Percent	Responses
Si	16.3%	14
No	83.7%	72
<b>Totals: 86</b>		

13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



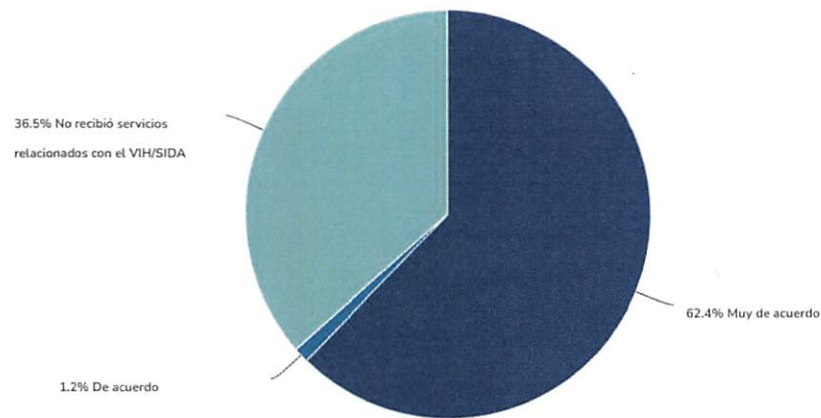
Value	Percent	Responses
Incómodo	1.2%	1
No Aplica	37.2%	32
<a href="#">Otro: - Write In (click to view)</a>	3.5%	3
No recibió servicios relacionados con el VIH/SIDA	58.1%	50
<b>Totals: 86</b>		

14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



Value	Percent	Responses
Muy de acuerdo	61.2%	52
De acuerdo	2.4%	2
No recibió servicios relacionados con el VIH/SIDA	36.5%	31
<b>Totals: 85</b>		

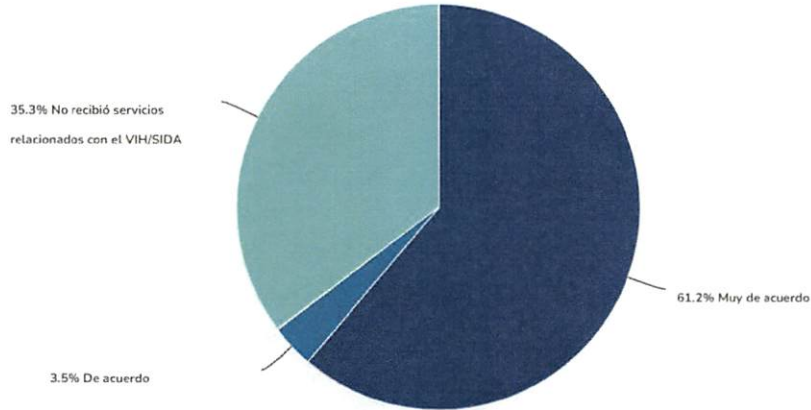
15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



Value	Percent	Responses
Muy de acuerdo	62.4%	53
De acuerdo	1.2%	1
No recibió servicios relacionados con el VIH/SIDA	36.5%	31
<b>Totals: 85</b>		

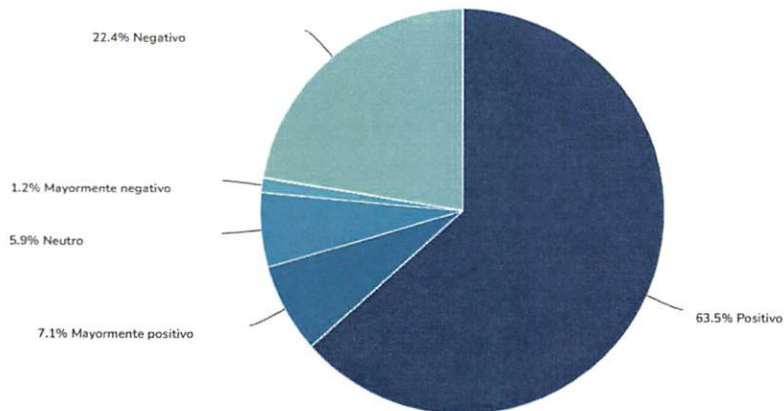


16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



Value	Percent	Responses
Muy de acuerdo	61.2%	52
De acuerdo	3.5%	3
No recibió servicios relacionados con el VIH/SIDA	35.3%	30
<b>Totals: 85</b>		

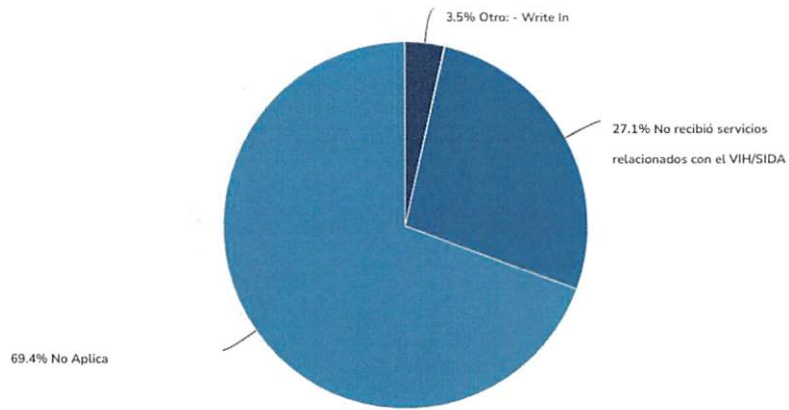
17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?



Value	Percent	Responses
Positivo	63.5%	54
Mayormente positivo	7.1%	6
Neutro	5.9%	5
Mayormente negativo	1.2%	1
Negativo	22.4%	19
<b>Totals: 85</b>		

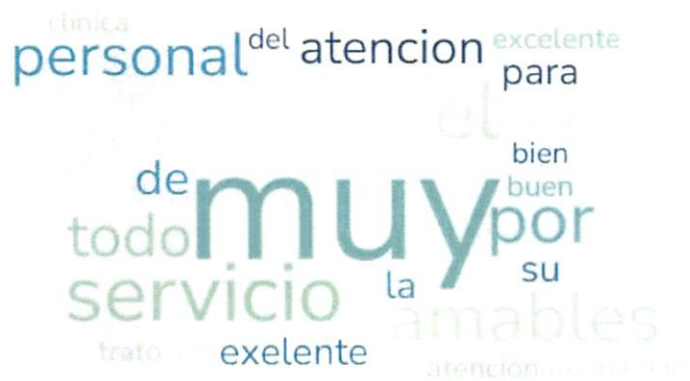


18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.



Value	Percent	Responses
<a href="#">Otro: - Write In (click to view)</a>	3.5%	3
No recibí servicios relacionados con el VIH/SIDA	27.1%	23
No Aplica	69.4%	59
		<b>Totals: 85</b>

### 19. Comentarios





# Risk Management Annual Report

Fiscal Year Ending June 30, 2023

Legal Department  
July 2023



## EXECUTIVE SUMMARY

This report provides a summary of the Southern Nevada Health District's Risk Management activity for Fiscal Year 2023. As part of Risk Management's strategy of developing a risk management culture, this report will be presented to the Health District's Leadership team.

Risk Management continues to analyze current insurance market trends. Risk Management will continue working closely with our insurance broker to aggressively pursue reasonable insurance coverages to protect the Health District.

## RISK MANAGEMENT STRUCTURE AND GOALS

### RISK MANAGEMENT

Risk Management is the process of identifying risks, assessing the likelihood and impact of their occurrence, and determining the most effective means of managing them or reducing them to an acceptable level. The aim is to reduce the frequency of risk events occurring and minimize the severity of their consequences if they do occur. The goal is to reach an optimal balance of risk, benefit, and cost while achieving business objectives. The Health District's Risk Management Program seeks to achieve this goal by being a resource to Health District programs and divisions in the areas of risk and claims management concepts, consulting, and education. Good risk management also ensures the Health District is in a stronger position to minimize financial losses, service disruption, bad publicity, threats to public health, and compensation claims.

Risk Management manages the Health District commercial liability programs. As program administrator, the Risk Manager manages demands and lawsuits of professional and general liability claims against the Health District and its employees. Although there is no direct financial implication, the mitigation of risk is a key element of good financial stewardship.

While Risk Management purchases the Health District's Employment Practices insurance and gets involved in strategic and any settlement discussions, the Human Resources department oversees, those claims.

Primary Risk Management activities include:

- ✓ Investigation, management, and disposition of professional liability claims and lawsuits
- ✓ Investigation, management, and disposition of general liability claims and lawsuits
- ✓ Risk education
- ✓ Risk assessment and loss control
- ✓ Commercial insurance purchasing
- ✓ Risk monitoring and reporting

# FISCAL YEAR 2023 RESULTS

## INSURANCE POLICIES

The Health District maintains insurance coverage for exposure to a variety of potential claims. The primary coverages include:

- Professional Liability (Medical Malpractice)
- General Liability
- Employment Practices (EPL) (includes Directors & Officers)
- Automobile
- Property
- Cyber Risk & Privacy
- Workers' Compensation
- Environmental Liability

For the General Liability coverage period (7/1/2022-07/01/2023) and the Professional Liability Coverage period (8/1/2022-8/1/2023), the Health District's insurance policies are as follows:

Coverage	Policy Period	Limits	Retention
Professional Liability	08/01/2022 – 08/01/2023	\$1M/\$3M	\$50K
General Liability	07/01/2022 – 07/01/2023	\$10M	\$50K
Employment Practices	07/01/2022 – 07/01/2023	\$10,000	\$50K
Automobile	07/01/2022 – 07/01/2023	\$1M	\$50K
Property	07/01/2022 – 07/01/2023	\$300M	\$50K
Cyber Risk Privacy	07/01/2022 – 07/01/2023	\$3M	None
Workers' Compensation	07/01/2022– 07/01/2023	Statutory/\$2M	None
Environmental Liability	07/01/2022 – 07/01/2023	\$2M	\$25K

## COST OF RISK

The Cost of Risk compares the Health District’s risk management program expenditures to the Health District’s fiscal year operating expenses. The Cost of Risk includes any paid claims (amounts paid in the fiscal year without regard to the year the claims arose), insurance premiums, and operational and administrative expenses. The Cost of Risk is outlined in the table below.

### COST OF RISK DETAIL

	FY20	FY21	FY22	FY23
<b>PREMIUMS &amp; EXPENSES</b>				
Professional Liability Insurance	\$75,735.00	\$96,000.00	\$81,021.22	\$75,847
General Liability Insurance	\$326,681.69	\$330,171.64	\$386,461.71	\$431,147.68
<i>Employment Practices</i>				
<i>Property Insurance</i>				
<i>Auto Insurance</i>				
<i>Cyber Risk/Privacy</i>				
Workers’ Compensation	\$279,895.00	\$816,812.00	\$410,863.00	\$493,366.00
<b>Subtotal</b>	\$682,311.69	\$1,242,983.64	\$878,345.93	\$1,000,360.68
<b>CLAIMS ADMINISTRATION</b>				
Expenses–Outside Counsel	\$56,073.00	\$252,828.73	\$120,870.58	\$20,007.86
Maintenance Deductible	\$76,068.37	\$22,665.50	\$36,870.20	0
<b>Subtotal</b>	\$132,141.37	\$275,494.23	\$157,740.78	\$20,007.86
<b>Total</b>	<b>\$814,453.06</b>	<b>\$1,518,477.87</b>	<b>\$1,036,086.71</b>	<b>\$1,020,368.54</b>
<b>COST OF RISK</b>				
Total Health District Operating Expenses	\$ 90,655,702	\$123,802,958	\$147,986,384	\$124,913,443
<b>Cost of Risk (as % of Health District Operating Expenses)</b>	.9%	1.2%	.7%	.8%

Cost of risk remains low to the Health District. While we saw an increase to general liability coverage due to several factors, including additional property coverage and increase in staff on payroll, some of the factors were outside of our control, such as overall increase to the PACT members. Additional FTEs also account for the higher cost in Workers’ Compensation costs. The Legal Department has continued to work to keep outside counsel costs low, which is demonstrated in the trend.

## INCIDENT REPORTS

An important element of the Risk Management program is the identification, reporting, and analysis of incidents that occur on Health District property. A reportable incident includes any occurrence that is inconsistent with routine Health District operations. Reporting and reviewing these events is a critical part of quality assurance, quality improvement, and risk mitigation. Health District leadership encourages staff to report any incident or opportunity for improvement.

It should be noted that there was a 57% increase overall in incident reports; however, it is more likely due to better reporting systems and the increase in the use of security assistance in calling “Dr. Bluebird.” When a patient, client, or member of the public is in our buildings at Decatur or Fremont and they experience a medical event, staff utilize the intercom system to call “Dr. Bluebird.” This is a request for the designated medical response team and security personnel to respond to the stated location. The incident report from security does not have protected health information and is limited to their involvement in the response. Routinely, security personnel provide escort for emergency medical services in and out of the building. Additionally, they are present for the safety of our staff.

Clinical occurrences, including medical responses to “Dr. Bluebird,” are analyzed separately by Quality Management Coordinator to identify the basic or causal factors underlying the incident and potential improvement in processes or systems to reduce the likelihood of future incidents.

**FACILITY INCIDENT SUMMARY**

In Fiscal Year 2023 (7/1/2022-6/30/2023), 94 incident reports were filed.

**FY23 Incident Report Summary**

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
39	15	3	11	17	4	5

In Fiscal Year 2022 (7/1/2021-6/30/2022), 54 incident reports were filed.

**FY22 Incident Report Summary**

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
4	17	2	2	13	4	12	5

In Fiscal Year 2021 (7/1/2020-6/30/2021), 20 incident reports were filed. We attribute this low rate to the COVID-19 response and the limited services that were offered in our buildings.

**FY21 Incident Report Summary**

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
1	7	0	0	8	3	1	0

In Fiscal Year 2020 (7/1/2019-6/30/2020), 50 incident reports were filed.

**FY20 Incident Report Summary**

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc	Multiple Types
15	7	1	8	3	8	8	9