



## MINUTES

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

October 11, 2023 – 1:00 p.m.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Scott Black – Community Member  
Erin Breen – Community Member
- ABSENT:** Jose L. Melendrez – Consumer Member
- ALSO PRESENT:** None  
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer (*absent*)
- STAFF:** Andria Cordovez Mulet, Bernadette Meily, Cassius Lockett, Cassondra Major, Tawana Bellamy, Cortland Lohff, David Kahananui, Edward Wynder, Erick Kandell, Kim Saner, Randy Smith

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

The Chair called the Southern Nevada Community Health Center Quality, Credentialing & Risk Management Committee Meeting to order at 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 OCTOBER 11, 2023 MEETING AGENDA (*for possible action*)

*A motion was made by Member Black, seconded by Chair Breen, and carried unanimously to approve the October 11, 2023 Agenda, as presented.*

#### V. REPORT / DISCUSSION / ACTION

1. **Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – July 5, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

*A motion was made by Member Black, seconded by Chair Breen, and carried unanimously to approve the July 5, 2023 Meeting Minutes, as presented.*

2. **Review, Discuss and Accept the Quality and Risk Management Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on October 17, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

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

- Explained what it means to be a Federally Qualified Health Center (FQHC).
  - Receives funds from Health Resources and Services Administration (HRSA)
  - Provides services in underserved areas.
  - Provides services regardless of whether the patient has the ability to pay.
  - Participates in Program Quality Improvement Initiatives.
- Outlined the quality measures the health center is required to report to HRSA and to the National Committee for Quality Assurance (NCQA).
- Overviewed the five quality measures the health center was focused on in 2023.
- Shared where SNHD rank in comparison to other FQHC's and patient visit counts for July, August and September.

David Kahananui, FQHC Administrative Manager presented the Risk Management report. Mr. Kahananui advised that he is now the Risk Manager for the FQHC. Mr. Kahananui provided an overview of plans to review the incident forms and workflow process. Mr. Kahananui further provided updates to the Risk Management Report.

Further to an inquiry from Chair Breen regarding what is a Blue Bird event, Mr. Kahananui shared that a Dr. Blue Bird event is called over the PA system when there is an urgent medical issue happening in the clinic.

Further to an inquiry from Member Scott regarding the medication errors, Mr. Kahananui advised that vaccines were administered to patients who had previously received them. Mr. Kahananui shared timely communication with the State to get records to show what vaccines should be administered was delayed, and we were unable to verify which vaccines to administer.

*A motion was made by Member Black, seconded by Chair Breen, and carried unanimously to Accept the Quality and Risk Management Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on October 17, 2023*

- 3. Review, Discuss and Accept the Credentialing and Privileging of Providers Rebecca Campalans, CNP, RN, and David Rivas, DO, and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on October 17, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer presented the initial credentialing and privileging of Rebecca Campalans and David. Rivas. Mr. Smith advised that staff followed the standard process to verify the providers and that their licenses are active.

*A motion was made by Chair Breen, seconded by Member Black and carried unanimously to accept the Credentialing and Privileging of Providers Rebecca Campalans, CNP, RN, and David Rivas, DO, and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on October 17, 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 1:28 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  
October 11, 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=mc1d8a3d3aa513a11c6bf9ffcad53cc39>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2553 339 8281](https://snhd.webex.com/snhd/j.php?MTID=mc1d8a3d3aa513a11c6bf9ffcad53cc39)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25533398281@snhd.webex.com](https://snhd.webex.com/j.php?MTID=mc1d8a3d3aa513a11c6bf9ffcad53cc39)

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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**

#### **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](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 339 8281. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on.

#### **IV. ADOPTION OF THE OCTOBER 11, 2023 AGENDA (for possible action)**

## V. REPORT / DISCUSSION / ACTION

1. **Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – July 5, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
2. **Review, Discuss and Accept the Quality and Risk Management Report and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on October 17, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
3. **Review, Discuss and Accept the Credentialing and Privileging of Providers Rebecca Campalans, CNP, RN, and David Rivas, DO, and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on October 17, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

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## VII. ADJOURNMENT

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

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



# MINUTES

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

July 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.

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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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# Quality, Credentialing and Risk Management Committee

October 11, 2023



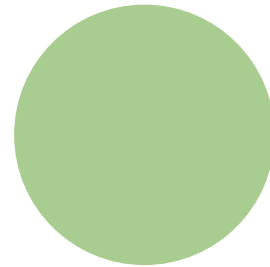
SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT





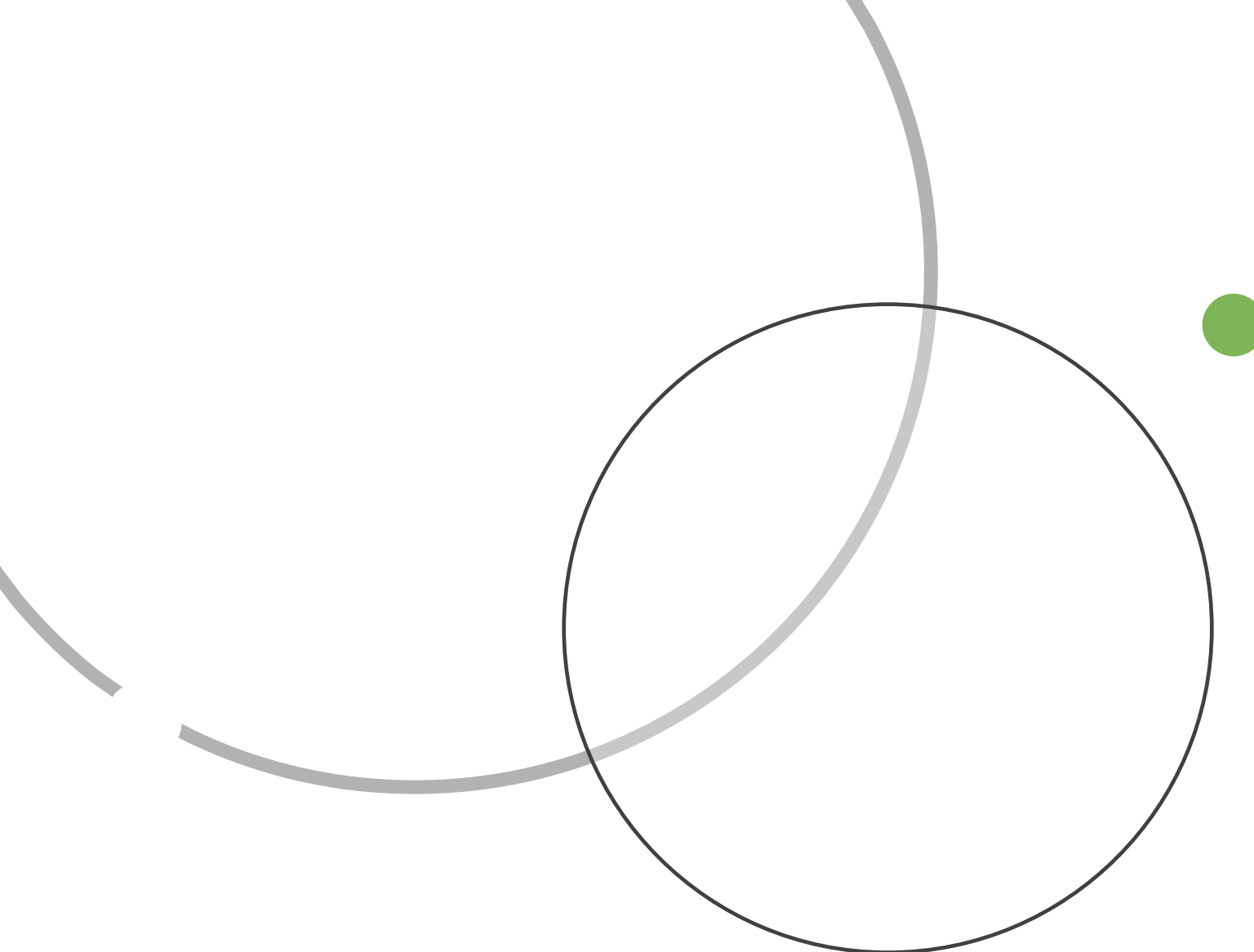
# Quality Report



Cassandra Major, MBA, CHW I, CPC, NCMA

Quality Management Coordinator

October 11, 2023



Background



# Federally Qualified Health Centers (FQHC)

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## Southern Nevada Community Health Center (SNCHC)

- What does it mean to be a FQHC?
  - Health Center received funds from HRSA.
  - Health Center provides services in underserved areas.
  - Health Center provides services regardless of patient's ability to pay.
    - Sliding Fee Discount Program
  - Health Center participates in Program Quality Improvement Initiatives.

# The Abbreviations!

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- Health Resources and Services Administration (HRSA)
  - Uniform Data System (UDS)
  - Federal Tort Claims Act (FTCA)
  
- National Committee for Quality Assurance (NCQA)
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Patient Centered Medical Home (PCMH)

# UDS

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- Patient Demographics Profile
  - Patients by Age and Sex Assigned at Birth
  - Demographic Characteristic
    - Race, Ethnicity, Sexual Orientation, Gender Identity
  - Zip Codes
- Clinical Services and Outcomes
  - Selected Diagnosis and Services Rendered
  - Quality of Care Measures
- Financial
  - Financial Costs
  - Patient Service Revenue

# PCMH

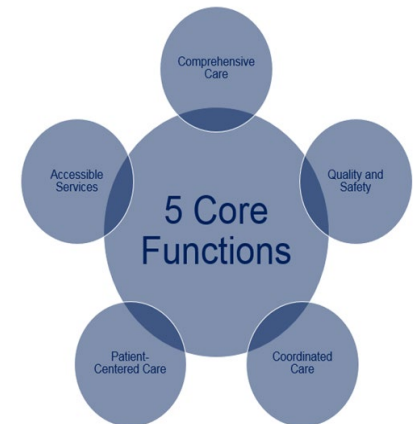
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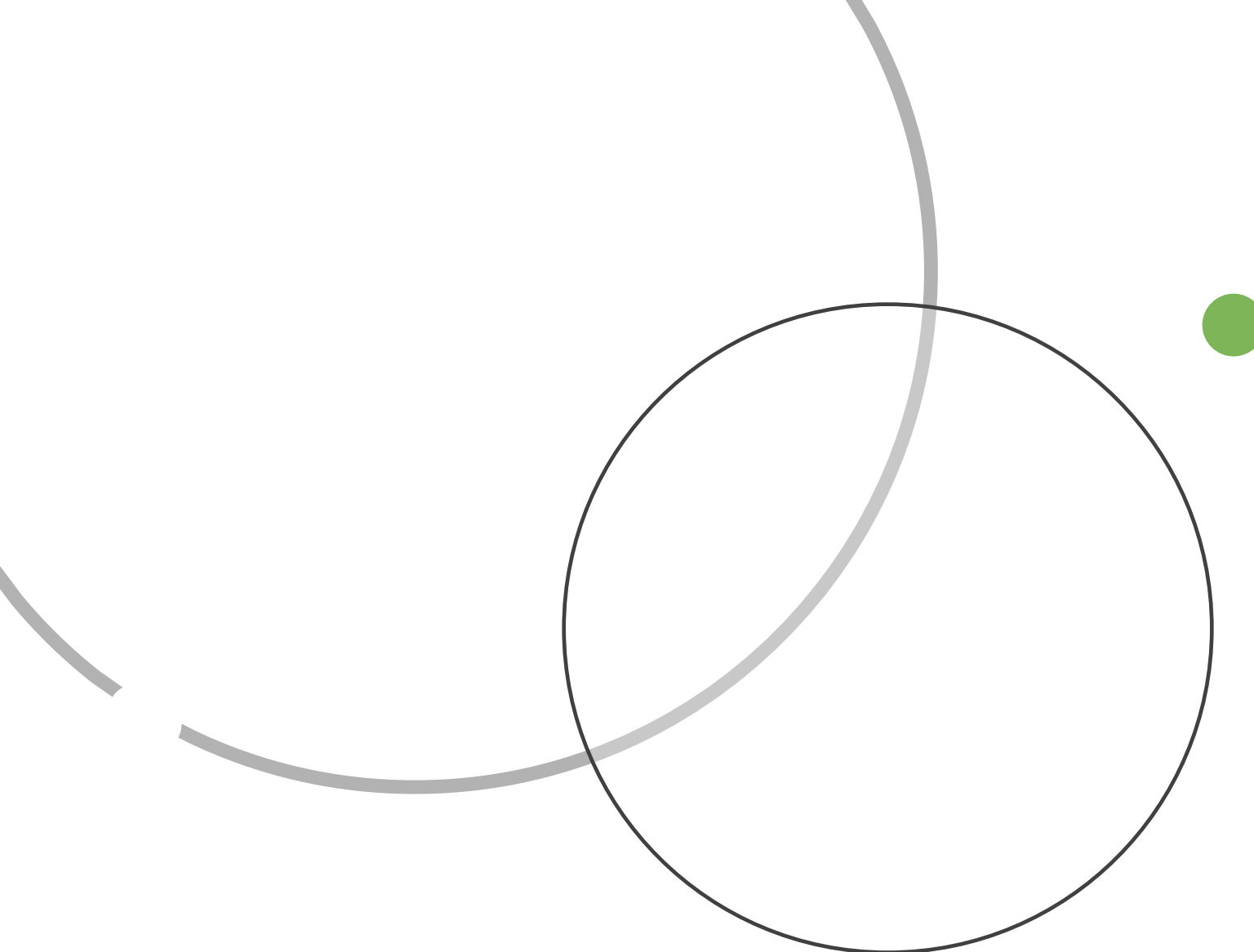
The PCMH model is an approach to delivering high quality, cost-effective primary care.

Using a patient-centered, culturally appropriate, and team-based approach, the PCMH model coordinate patient care across the health system.

## Why PCMH

- Reduce Fragmentation
- Align with Payers
- Improve Staff Satisfaction
- Improve Patient Experience
- Better Manage Chronic Condition
- Align with State/Federal Initiatives
- Lower Health Care Costs
- Improve Patient Centered Access





Quality Measures

# 2023 Quality Measure Focus

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- **Controlling High Blood Pressure:** Patients 18-84 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 18-74 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.
- **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

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- **HIV Screening:** Patient aged 15-65 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 15<sup>th</sup> birthday and before their 66<sup>th</sup> birthday.
- **HIV Linkage to Care:** Patients first diagnosed with HIV by the health center between December 1<sup>st</sup> of the prior year through November 30<sup>th</sup> 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.

# Quality Measure Focus Data

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## January – September

- Controlling High Blood Pressure: 62.9% (50.84%)
- Poor Controlled Hemoglobin A1c (HbA1c): 43.2% (41.45%)
- HIV Screening: 76.3% (52.55%)
- HIV Linkage to Care: 86.4% (94.69%)
- Tobacco Use Screening and Cessation Intervention: 24.1% (0.14%)

( ) = 2022 UDS

# Preventative Screenings Data

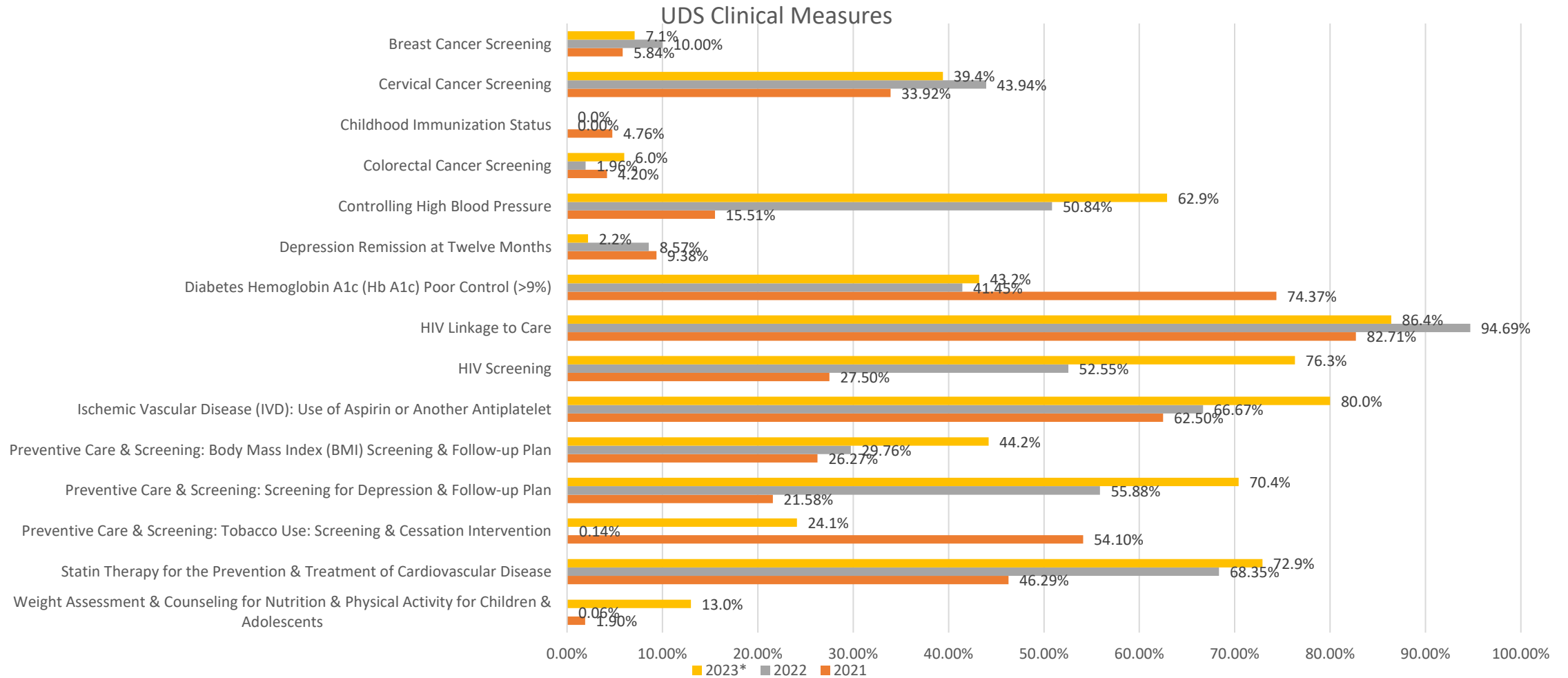
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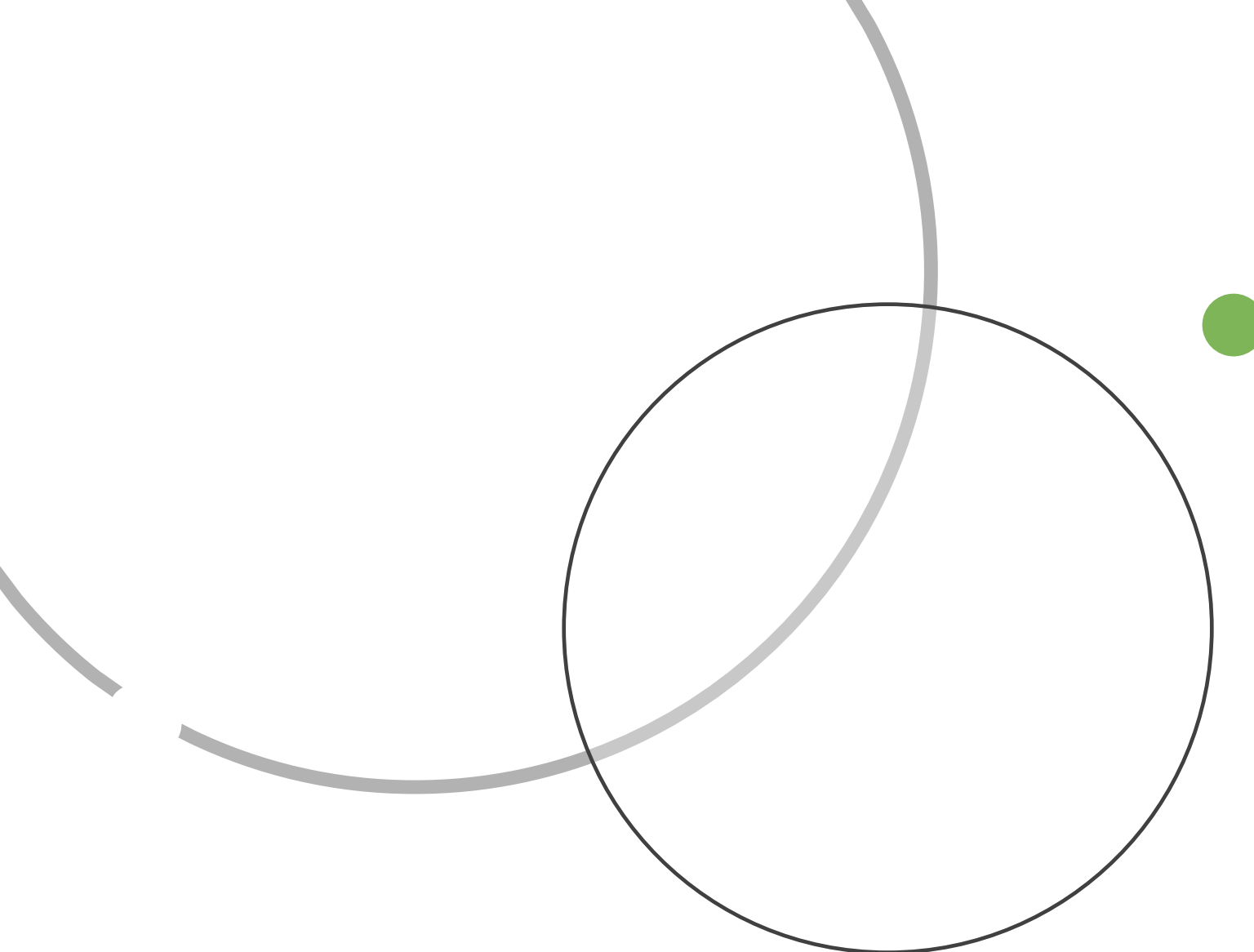
## January – September

- BMI Screen & Follow-up
  - 44.2% (29.76%)
- Cervical Cancer Screen
  - 39.4% (43.94%)
- Colorectal Cancer Screen
  - 6.0% (1.96%)
- Depression Screen
  - 70.4% (55.88%)

*() = 2022 UDS*

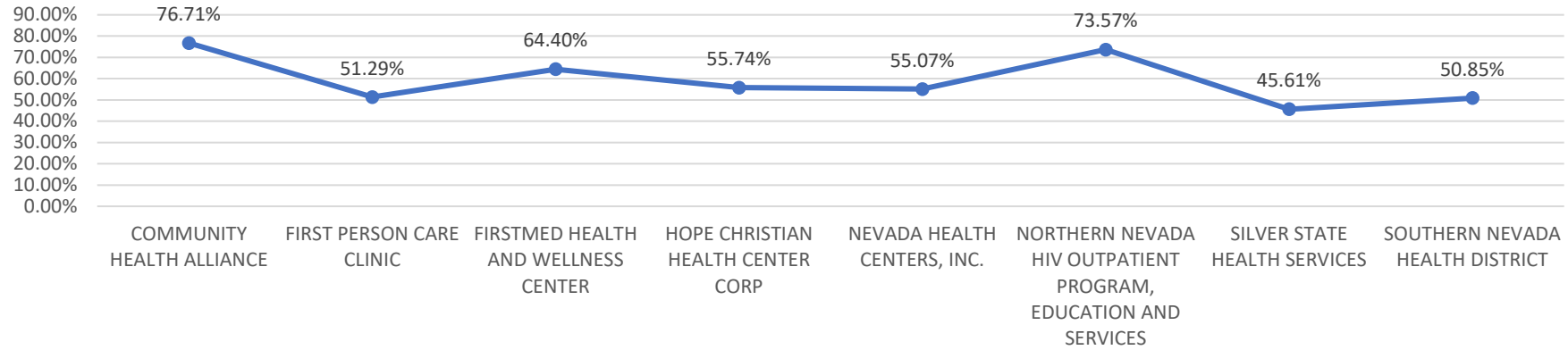
# Year by Year Comparison



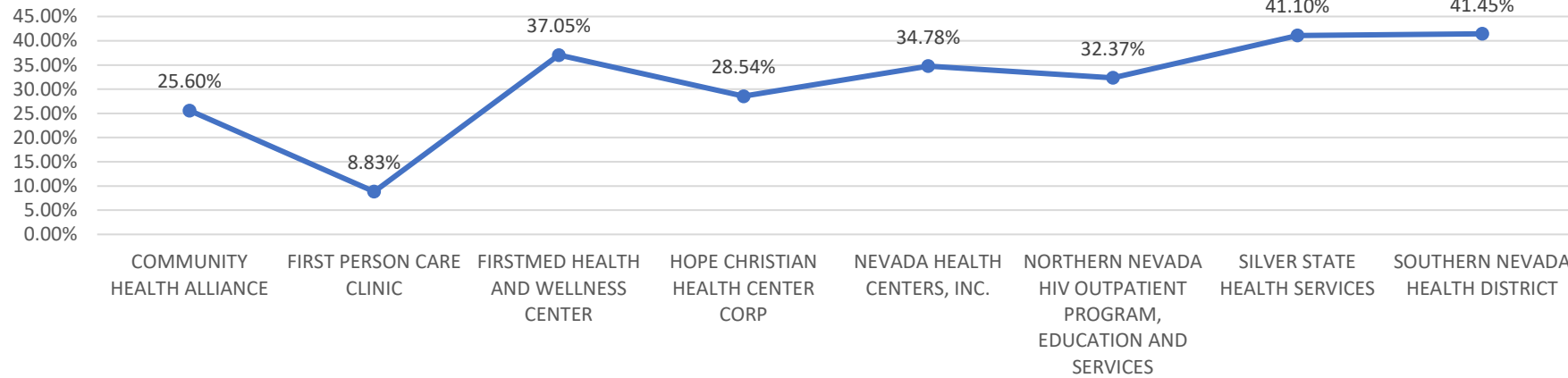


# Nevada FQHC UDS Comparison

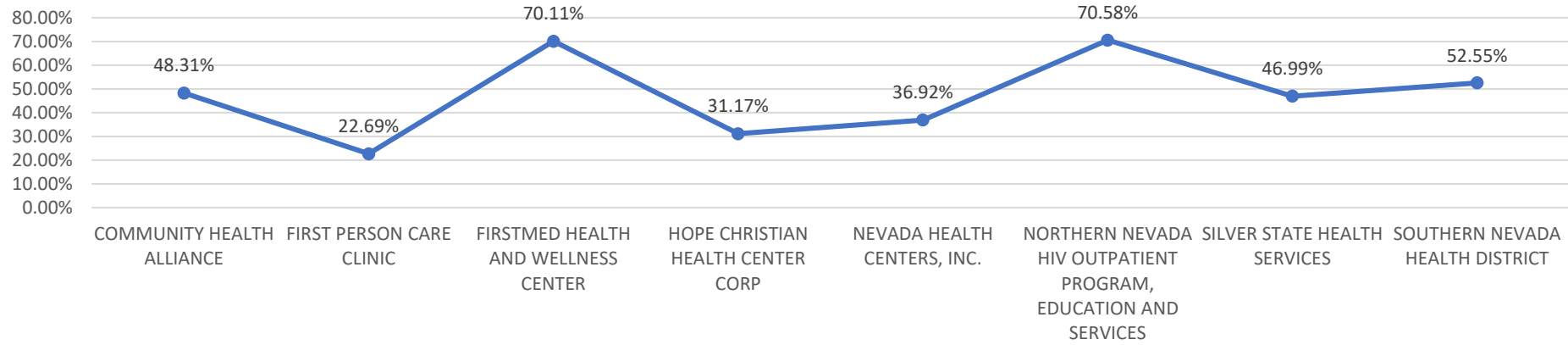
### Blood Pressure Control (Hypertensive Patients with Blood Pressure < 140/90)



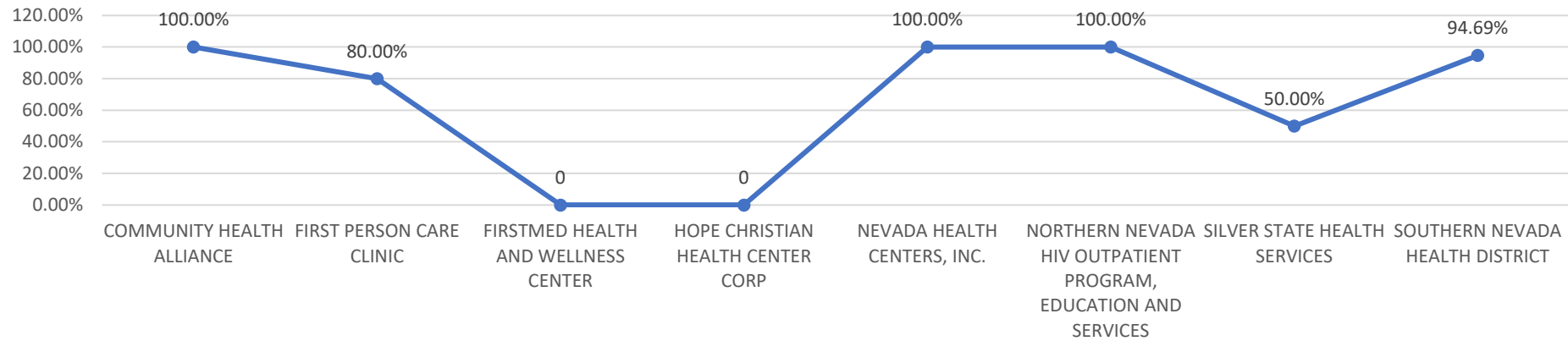
### Uncontrolled Diabetes > 9%

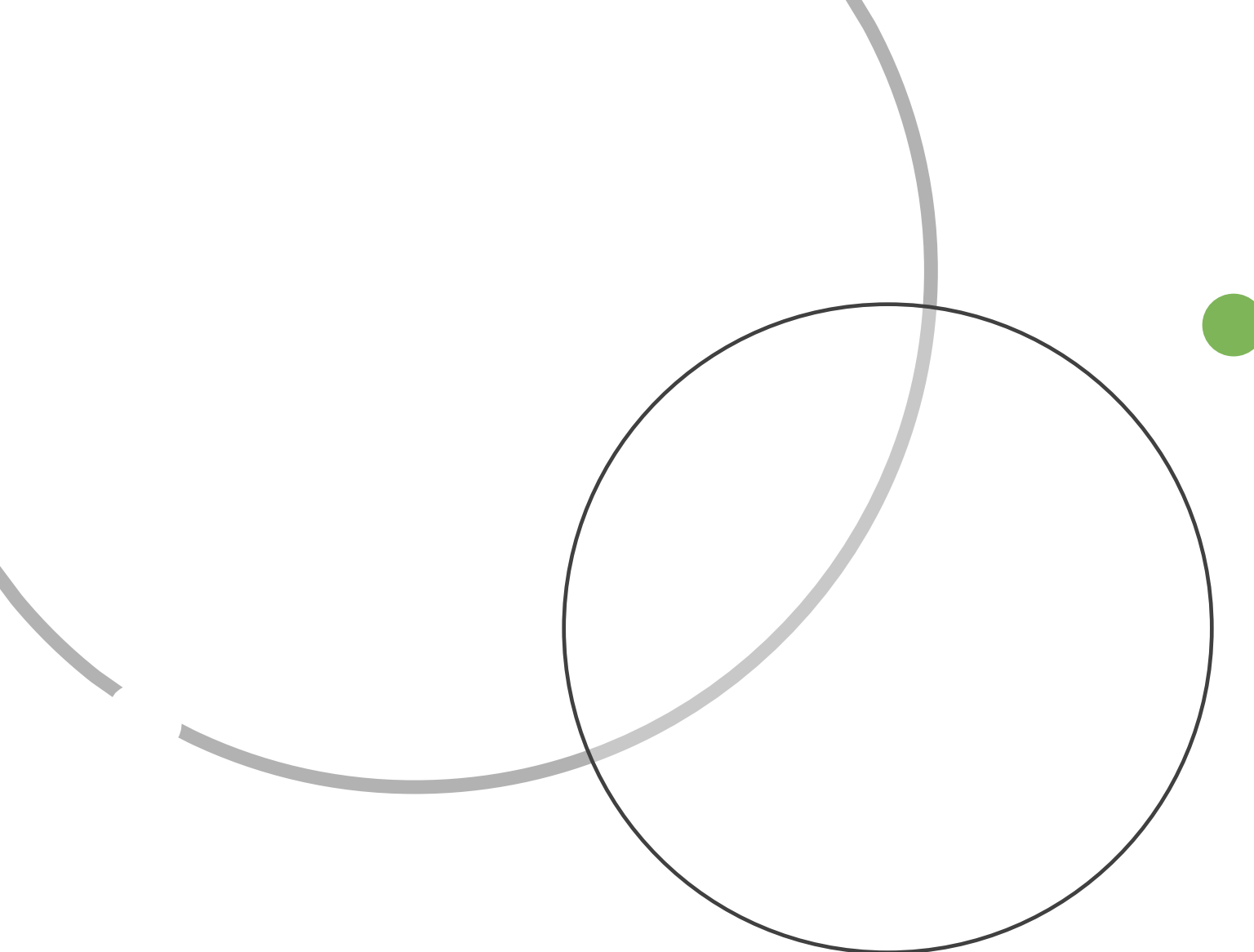


### HIV Screening



### HIV Linkage to Care

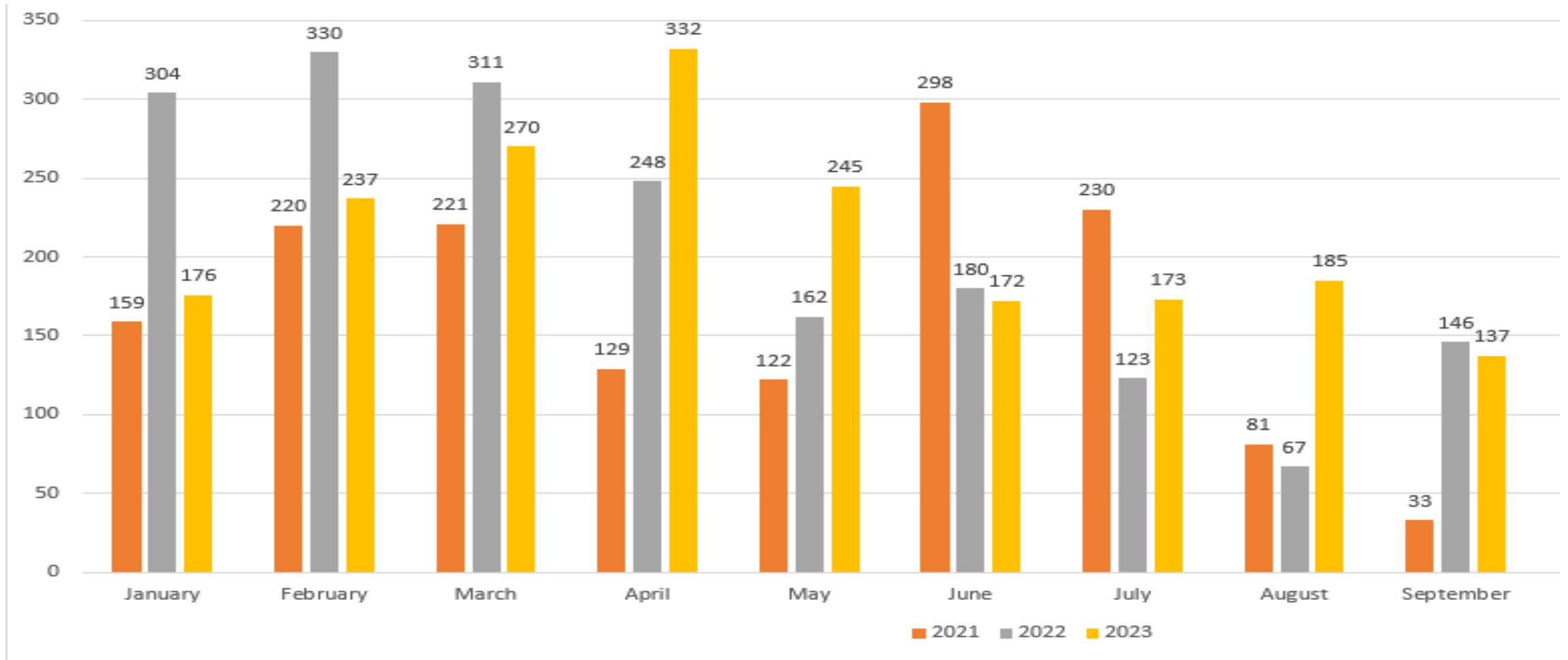




Survey



# Participation Responses



# Visit Counts

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## July

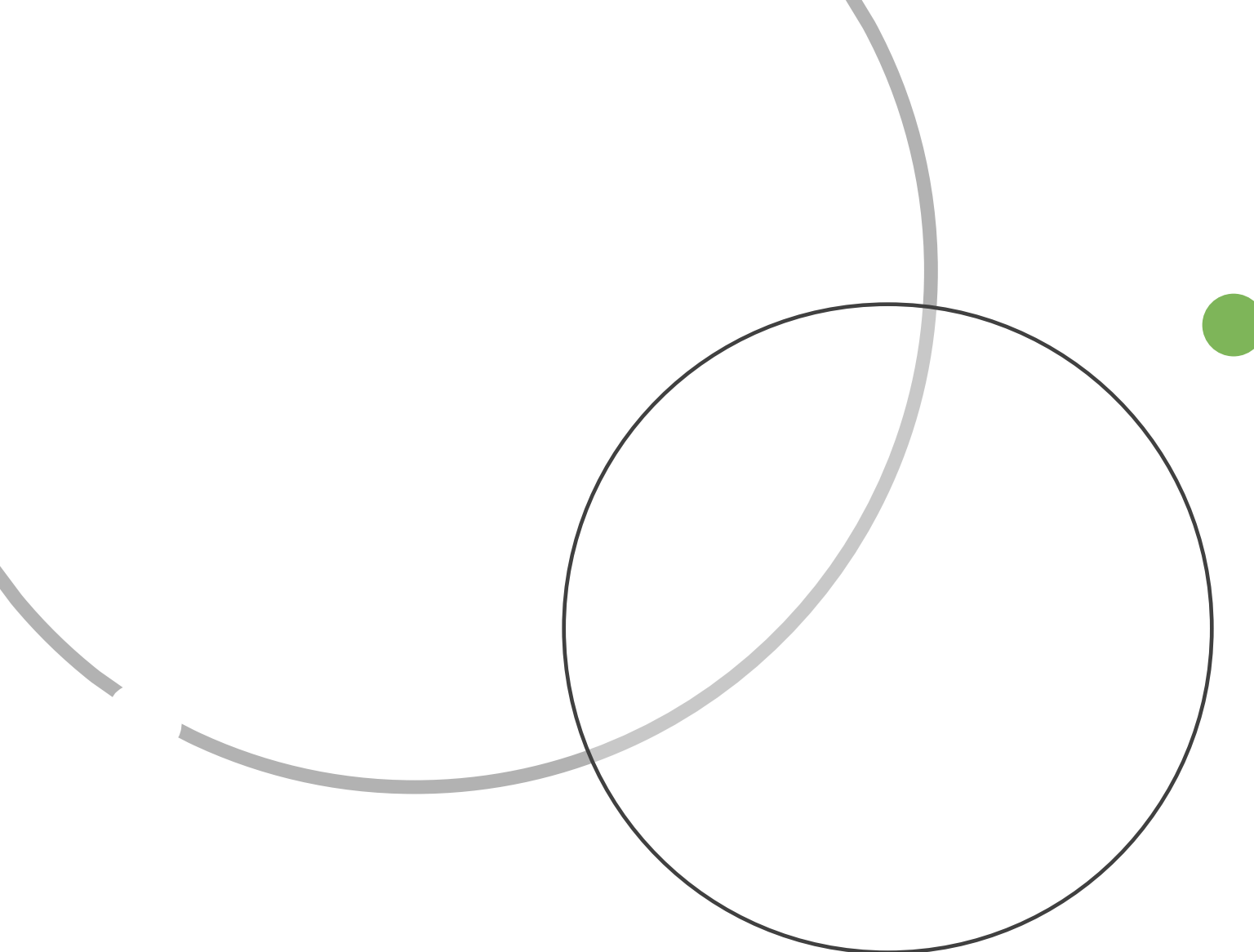
- Visit Count: 1649
  - Behavioral Health: 102
  - Family Health: 441
  - Family Planning: 261
  - Refugee: 2
  - Ryan White: 222
  - Sexual Health: 621

## August

- Visit Count: 2057
  - Behavioral Health: 155
  - Family Health: 604
  - Family Planning: 299
  - Mobile: 3
  - Refugee: 8
  - Ryan White: 228
  - Sexual Health: 760

## September

- Visit Count: 1600
  - Behavioral Health: 102
  - Family Health: 500
  - Family Planning: 132
  - Refugee: 12
  - Ryan White: 218
  - Sexual Health: 636



Questions



# Risk Management



AT THE SOUTHERN NEVADA HEALTH DISTRICT

David Kahananui, FQHC Administrative Manager

# Risk Management Update

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New Risk Manager for the FQHC is David Kahananui, MBA-HM

- Completed a Risk Management Training and Certification program through ECRI
- Incident form and workflow process underway
  - Each incident will go through a process before it is closed to
    - extract lessons learned and
    - document a resolution/conclusion
  - A quarterly internal report will be provided to update
    - Incident types
    - Incident trends
    - Mitigation efforts
  - Communication will be provided as necessary for prevention of incidents recurring, and general risk mitigation
    - E.g., patients, staff, leadership, security, insurance payors, nursing/medical boards, clinicians, legal, police, etc.
  - Adjustments to the workflow process may be made based on results
  - All incidents will be filed with a resolution for reference and learning

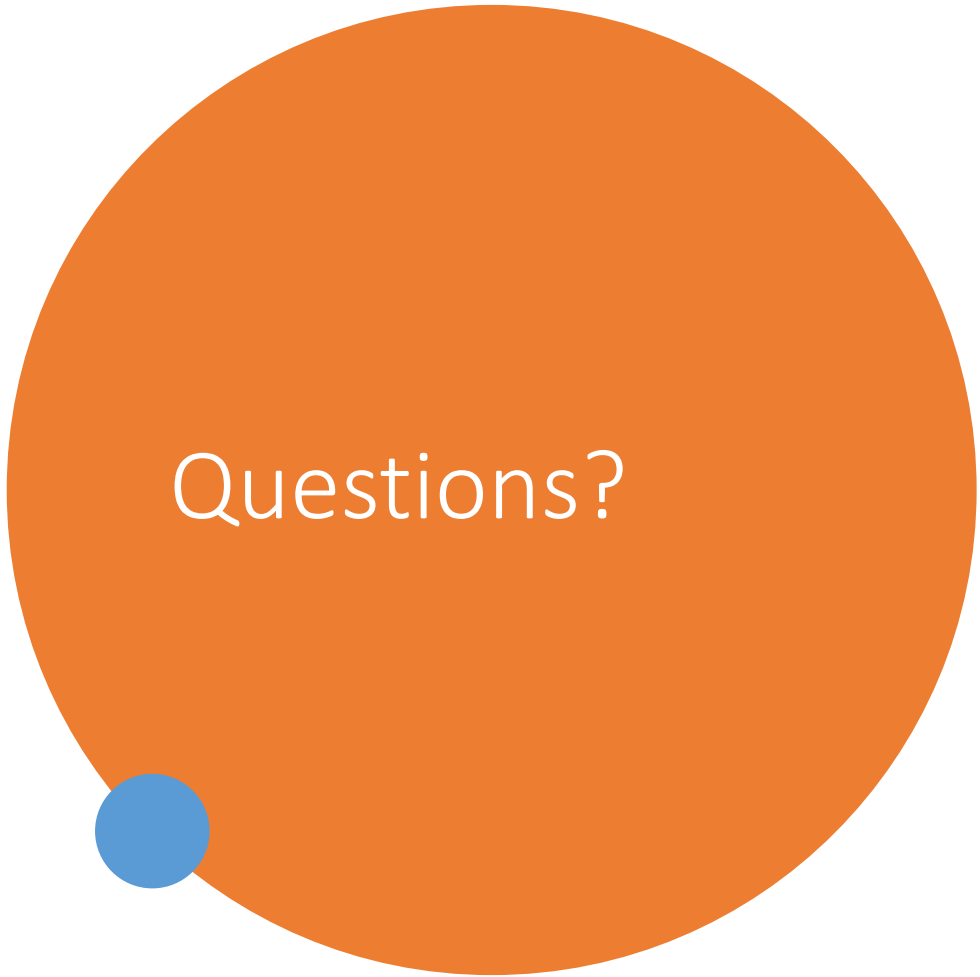
Clinical team completed an ECRI 3-series training for safe, equitable obstetrics care for all women.

# Risk Management Workflow



# Risk Management Report Updates

CY23 Goals	CY22 Baseline	CY23 Activities (What, Who, When)	CY23 Performance
<b># of Medication Errors</b>			
Goal #1: Reduce medication errors to 0.	Seven (7) errors	<ul style="list-style-type: none"> <li>Implementation of the vaccine administration training and competency checklist, which is reviewed one by one during employee evaluation, and updated by the supervisor annually.</li> <li>Annual vaccine administration training every September organized and facilitated by the Vaccine Coordinator.</li> </ul>	Q1: 0 Q2: 1 Q3: 1 Q4: CY23: 2 Result: <b>5 fewer in CY23 than in CY22</b>
<b># of Bluebird responses under 2 Minutes</b>			
Goal #2: Reduce delayed response time for Dr. Bluebird events by 50% year over year.	5 bluebird incidents – 25% of which had a delayed response time at or longer than 2 minutes	<ul style="list-style-type: none"> <li>Clinical staff and Chief Nurse are working to revise the current policy for medical events, that will include training for staff responding to medical events. This is currently in process and should be ready for presentation in Q3.</li> <li>Inspect and verify the crash carts are labeled and stocked with supplies.</li> <li>Mapping of AEDs and provide biannual training for use of AEDs when BLS licenses are renewed.</li> </ul>	Q1: 7/7 < 2-minute response Q2: 6/6 < 2-minute response Q3: 6/6 < 2-minute response Q4: CY23: 19/19 < 2-minute response Result: <b>0% late responses vs. 25% late responses last year</b>
<b># of Employee Injuries</b>			
Goal #3: Reduce the number of physical safety findings by 5%.	12 findings and 17 recommendations made from a legal and liability institute, who performed a safety and security assessment in Sept of 2022 1 employee injury in 2022	<ul style="list-style-type: none"> <li>Director of Facilities and Security organized the train the trainer program for safety and security, and de-escalation, which will occur in Q3 of 2023.</li> <li>Working with a vendor to update internal and external camera coverage. This is currently in progress and should be complete by Q3.</li> <li>Director of Facilities and Security and the Safety Officer will organize a way to monitor safety and security on a regular basis by Q3.</li> </ul>	Q1: 1 Q2: 0 Q3: 1 Q4: CY23: 2 Result: <b>2 employee injuries in CY23 vs. 1 in CY22</b>
<b># of Incident Reports Completed</b>			
Goal #4: Improve the reporting of actual or potential incidents.	15 total incidents reported in CY22	<ul style="list-style-type: none"> <li>FQHC Operations Officer to review and revised as needed the current Incident Reporting policy and procedure. – June 2023</li> <li>FQHC Quality Improvement Coordinator to review and revise as needed the current Incident Reporting form. – June 2023</li> <li>FQHC Operations Officer to facilitate the completion of division-wide training on the current/revised Incident Reporting policy, procedure, and form. – July 2023</li> </ul>	Q1: 16 Q2: 9 Q3: 18 Q4: CY23: 43 Result: <b>43 incident reports submitted in CY23 vs 15 incident reports in CY22</b>



Questions?

Thank you!





# Initial Credentialing & Privileging of Providers

Rebecca Campalans, CNP, RN

David Rivas, DO



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT



Thank You!