



MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

October 17, 2023 – 2:30 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 (*via Webex*)
Donna Feliz-Barrows, Vice-Chair – Consumer Member (*in person*)
Scott Black – Community Member, City of North Las Vegas (*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: Erin Breen – Community Member, UNLV Vulnerable Road Users Project
Lucille Scott – Consumer Member
Luz Castro – Consumer Member

ALSO PRESENT:

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

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

STAFF: Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Kim Saner, Edward Wyner, Bernadette Meily, Greg Tordjman, Jonas Maratita, Julie Maldonado, Merylyn Yegon, Randolph Lockett, Yin Jie Qin, Su

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 4:02 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

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

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.

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

IV. ADOPTION OF THE OCTOBER 17, 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 October 17, 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: September 19, 2023** (*for possible action*)
2. **Approve the Advance Directive Policy and Procedure** (*for possible action*)
3. **Approve the Credentialing and Privileging of Providers Rebecca Campalans, CNP, RN, and David Rivas, DO** (*for possible action*)

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

VI. REPORT / DISCUSSION / ACTION

Recommendations from the October 4, 2023 Nominations Committee

1. **Receive, Discuss and Approve the Nominations Committee Charter;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer advised the charter outlines the duties and responsibilities of the committee. The changes represent current activities being delivered by the committee. The committee has reviewed and accepted the changes. The charter is being presented for the board's approval.

A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Nominations Committee Charter, as presented.

2. **Receive, Discuss and Approve Governing Board Officer Appointment;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith advised that Member Jasmine Coca volunteered to service as Second Vice Chair of the Governing Board. The committee accepted the recommendation, and it is being presented for board's approval.

A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve Member Jasmine Coca as Second Vice Chair, as presented.

Member Coca thanked everyone for nominating her and approving her appointment as Second Vice Chair.

3. **Receive, Discuss and Approve Board Member Candidates;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith provided an overview of the skills and interests of two board member candidates. One community member and one consumer member. The committee reviewed their applications and recommended them to the board for approval.

Member Feliz-Barrows commented that they are both really great candidates.

A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve Sara Hunt and Blanca Macias, as presented.

4. **Receive, Discuss and Approve Governing Board Member New Term;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith advised that one existing board member was seeking an additional term. Mr. Smith outlined sections of the bylaws regarding term of office, term extensions and attendance. Mr. Smith further outlined the justification for the staff and committee's recommendation. Mr. Smith advised that he spoke with Member Scott prior to the committee meeting regarding attendance and shared that it could be an area of concern. The staff and committee recommended not extending an additional term to Member Scott based on her availability to participate and attendance recorded.

A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to not extend an additional term to Member Lucille Scott, as presented.

Chair Melendrez thanked Member Scott for her services and welcomed her back when her schedule is more flexible to participate on the board.

Member Father Rafael shared that he is resigning from the Governing Board as of October 17, 2023. He shared that he has enjoyed being on the board for the past four years. Member Father Rafael advised that since the FQHC has absorbed the sexual health clinic this past July, according to SNCHC bylaws, this is an appearance of a conflict of interest since the health center rents space from the church to deliver services from that location. Member Father Rafael shared that he has enjoyed serving and being a part of the board. Member Father Rafael thanked everyone for having him.

Mr. Smith thanked Member Father Rafael for his service on the board and for his many contributions, particularly concerning improving the format of the monthly financial reports.

Chair Melendrez commented that Member Father Rafael will be missed.

Dr. Leguen thanked Father Rafael for his service. Dr. Leguen further invited Member Father Rafael to attend the District Board of Health meeting in October to participate in the recognition of the All Saints Sexual Health Clinic Team which gain national recognition from the CDC for its innovative sexual health interventions.

Recommendations from the October 9, 2023 Executive Director Annual Review Committee

5. Receive, Discuss and Approve the Executive Director Report of Accomplishments and Identify Goals; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Leguen presented the Executive Director Report of Accomplishments and Identify Goals.

Mr. Smith advised of two additional goals recommended by the Executive Director Annual Review Committee to add to FY24. If the board decides to pursue these goals, Mr. Smith will provide some options for financial sustainability for the board to consider.

- Maintain HRSA Compliance.
- Make the Community Health Center financially sustainable.

Ms. Anderson-Fintak advised that members not on the committee may identify additional goals for the health center.

Further to an inquiry from Member Coca on providing additional goals at a later time, Mr. Smith advised that he bring any additional goals back to the Governing Board to give them an opportunity to approve.

A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Executive Director Report of Accomplishments and Identify Goals in addition to the two recommendations from the Executive Director Annual Review Committee.

6. Receive, Discuss and Approve the Summary of the Executive Director Evaluation Results; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the SNHD Internal Staff Survey Results. Mr. Smith advised that staff input was added to the process at the request of Member Breen. Mr. Smith provided an overview of the staff's input. Mr. Smith further presented the Executive Director Evaluation Results with the following highlights:

- Out of nine board members, six completed the evaluation survey.

Questions	Weighted	Average Score
Q1: CEO ensures that the agency has a long-range strategy which achieves its mission, and toward which it makes consistent timely progress through...	20%	3.5
Q2: Administration and Human Resource Management...	50%	3.0
Q3: When representing the organization in the communities the CEO...	10%	3.5
Q4: The CEO exhibits sound knowledge of the financial management of the organization through the following demonstrated activities...	20%	3.5
"General Strengths" Narratives - 2023	<ul style="list-style-type: none"> • Strong leadership with people in mind. Approachable and always willing to listen. • Establishing the clinic(s) has a resource for the community. • Working in the community, working with the board. • Knowledgeable leader who cares about staff and the community. • Community Driven, Cultural Competency, Interpersonal Communications, Financial Planning 	
"Areas for Growth" Narratives - 2023	<ul style="list-style-type: none"> • None that I can think of at this point. • Finding and retaining staff. • There are staffing issues of positions not filled, I don't know if he can help with that. 	
2023 Executive Director Annual Review Overall Weighted Score:	3.25	

Chair Melendrez thanked Dr. Leguen for his leadership and service and commented that Dr. Leguen has done a phenomenal job.

A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Summary of the Executive Director Evaluation Results, as presented.

Recommendations from the October 11, 2023 Quality, Credentialing & Risk Management Committee

- 7. Receive, Discuss and Approve the Quality and Risk Management Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented an update to the Quality and Risk Management Report. Mr. Smith advised about the FTCA medical malpractice insurance program. Mr. Smith further advised that based on

feedback from HRSA on our FTCA application, updates to the Risk Management Plan under the Administrative Structure section are needed.

Mr. Smith advised of the following redlined changes needed in the Risk Management Plan that require the board's approval to make the changes.

8.1 Risk Manager
<ul style="list-style-type: none">The Risk Management Program is administered through the Southern Nevada Community Healthy Center's FQHC Administrative Manager who is the designated Risk Manager for the health center. Health District's Risk Manager. The Risk Manager's role is to maintain a proactive risk management program in compliance with the provisions of federal, state, and local statutes, applicable scope of practice and regulations. In so doing, the Risk Manager crosses operational lines and interfaces with Leadership, staff, providers, and other professionals to meet program goals. As the primary contact between the CHC and other external parties on all matters related to risk identification, prevention, and control, the Risk Manager reports to the insurance carrier actual/potential clinical, operational, or business claims or lawsuits, as specified in the insurance policy and/or contract.
8.2 Claims Management
<ul style="list-style-type: none">The Health District's General Counsel is responsible for the management and processing of claims related activities and serves at the claims point of contact. Upon the health center being FTCA deemed, General Counsel will be responsible for FTCA claims management and will serve as the point of contact.

Mr. Smith further advised that part of the program includes the annual staff training plan. Elements of the training plan were previously shared with the board. There are about twenty-two different required trainings for staff to complete on an annual basis. The training plan articulates what those trainings are, and which position types are required to complete them. Mr. Smith further advised that a tracking sheet is maintained to monitor adherence to the completion of required trainings. Annual trainings are an aspect of the risk management program.

Further to an inquiry from Member Coca regarding the frequency of completing the training, Mr. Smith advised these are annual trainings and staff do not necessarily have to complete all of them. The required annual trainings depend on the position held within the health center.

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

Recommendations from the October 16, 2023 Finance & Audit Committee

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

Donnie (DJ) Whitaker, Chief Financial Officer, presented the August 2023 Year to Date Financial report with the following highlights.

- Financial Report Categorization Chart showing the Statement Categories for Revenue and Expenses and what elements are included in each line item.
- Overall budget actual was negative \$2.2M, a negative variance of \$1.08M.
- Patients Encounter by Department – Year Over Year Comparison
 - FY2023 Total: 3,856
 - FY2024 Total: 4,773
 - 24% Year Over Year Growth

Member Father Rafael thanked Ms. Whitaker for the improvements to the financials and a great job of presenting and adding extra information on what is included in each category. It is very helpful. Member Father Rafael asked the board to ask questions and keep track of the goal about making the health center financially sustainable.

A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to accept the August 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 / Leadership Succession Planning

Dr. Leguen provided an overview of Leadership Succession Planning. Dr. Leguen advised that we are working on succession planning for the entire organization. Dr. Leguen further advised that Mr. Smith functions as the CEO/Chief Operations Officer. This is to consolidate the succession planning across the organization. Dr. Leguen shared an organization chart for Southern Nevada Health District (SNHD).

Mr. Smith presented an organization chart for the health center. The organization chart showed the potential future state of the health center. Mr. Smith shared that this information is being provided to give the board relevant information about what is happening within the health district around succession planning and its implications for the structure of SNCHC. Mr. Smith advised that the selection of the health center's CEO is a board decision. Mr. Smith further advised that he will provide his curriculum vitae (CV) to the board for review and that he is available for questions about his past experience and credentials.

Further to an inquiry from Member Coca about when the changes would be in effect, Mr. Smith advised this topic will be presented to the board next month to seek approval.

Dr. Leguen advised that if the board approves the recommendation, the recommendation will be sent to HRSA for final approval.

- Highlights from the September 2023 Operations Report

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

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) September 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 3:40 p.m.

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

/tab

AMENDED



AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

October 17, 2023 – 2:30 p.m.

Meeting will be 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

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m8ca1ec3d6fda33debf40a6aa0822f0bc>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2552 755 2556](tel:25527552556)

For other governmental agencies using video conferencing capability, the Video Address is:
25527552556@snhd.webex.com

NOTE:

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

I. CALL TO ORDER & ROLL CALL

II. PLEDGE OF ALLEGIANCE

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

- **By Webex:** Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snchc.org For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.
- **By telephone:** Call (415) 655-0001 and enter access code 2552 755 2556. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

AMENDED

IV. ADOPTION OF THE OCTOBER 17, 2023 AGENDA *(for possible action)*

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:** September 19, 2023 *(for possible action)*
2. **Approve the Advance Directive Policy and Procedure** *(for possible action)*
3. **Approve the Credentialing and Privileging of Providers Rebecca Campalans, CNP, RN, and David Rivas, DO** *(for possible action)*

VI. REPORT / DISCUSSION / ACTION

Recommendations from the October 4, 2023 Nominations Committee

1. **Receive, Discuss and Approve the Nominations Committee Charter;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Receive, Discuss and Approve Governing Board Officer Appointment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Receive, Discuss and Approve Board Member Candidates;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Receive, Discuss and Approve Governing Board Member New Term;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Recommendations from the October 9, 2023 Executive Director Annual Review Committee

5. **Receive, Discuss and Approve the Executive Director Report of Accomplishments and Identify Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **Receive, Discuss and Approve the Summary of the Executive Director Evaluation Results;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Recommendations from the October 11, 2023 Quality, Credentialing & Risk Management Committee

7. **Receive, Discuss and Approve the Quality and Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Recommendations from the October 16, 2023 Finance & Audit Committee

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

VII. **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)***

AMENDED

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

- Executive Director Comments
- Leadership Succession Planning
- Highlights from the September 2023 Operations Report

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) September 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 Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

XI. 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

September 19, 2023 – 2:30 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: 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*)
Luz Castro – Consumer Member (*via Webex*)
Scott Black – Community Member, City of North Las Vegas (*via Webex*)
Lucille Scott – Consumer Member (*in person*)

ABSENT: Jose L. Melendrez, Chair – Consumer Member
Brian Knudsen – Consumer Member
Father Rafael Pereira – Community Member, All Saints Episcopal Church

ALSO PRESENT: David Neldberg

LEGAL COUNSEL: Edward Wynder, Associate General Counsel

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

STAFF: Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Jonna Arqueros, David Kahananui, Kimberly Monahan, Luann Province, Merylyn Yegon, Bernadette Meily, Cassondra Major, Greg Tordjman, Jonas Maratita, Justin Tully, Kim Saner, Kyle Parkson, Merylyn Yegon, Beverly Cuasito, Miriam Lee, Renita Anderson, Patricia Quiroz, Itzel Ortega-Martinez, Claudette Farjado, Jennifer Loysaga, Randolph Lockett, Cherie Custodio, Wendy Mendoza, Maria Mendoza, Dennis Morala, Joannah Delarmente, Ina Fincher, Marites Navarro, Edna Del Rosario, Myra Santillan, Lilliana Dominguez

I. CALL TO ORDER and ROLL CALL

The Vice Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:32 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. RECOGNITION

COVID-19 Testing and Vaccination Clinic Staff

The Vice Chair Feliz-Barrows recognized the COVID-19 Testing and Vaccination Clinic Staff. In July, 2023, the Southern Nevada Health District COVID-19 Testing Clinic, located at the north-side of the Decatur office along with the COVID-19 Vaccination Clinic, located just inside the main doors, closed. We had many staff that worked in these clinics, some of which have done so since the start of the COVID-19 pandemic. On behalf of the Southern Nevada Community Health Center and the Health Center Governing Board, we would like to extend our deepest gratitude for your dedication, and long

hours, to ensure that testing and vaccinations were accessible to Southern Nevadans, and countless visitors. Thank you for your service to our community.

III. PLEDGE OF ALLEGIANCE

- IV. **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 Vice Chair closed the First Public Comment portion.

V. ADOPTION OF THE SEPTEMBER 19, 2023 MEETING AGENDA *(for possible action)*

A motion was made by Member Black, seconded by Member Castro and carried unanimously to approve the September 19, 2023 Meeting Agenda, as presented.

- VI. **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:** August 15, 2023 *(for possible action)*

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

VII. REPORT / DISCUSSION / ACTION

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

Donnie (DJ) Whitaker, Chief Financial Officer, advised that the Finance and Audit Committee did not meet to review the July financials. Ms. Whitaker presented the July 2023 Year to Date Financial report with the following highlights.

General and Special Revenue Funds

- Charges for Services – Currently the Pharmacy is generating more revenue than one twelfth of the budget, variance was a positive nine (9) percent.
- Total FQHC Revenue – Budget as of July was \$2.39M, actual was \$2.22M and variance was negative seven (7) percent.
- Salaries and Benefits – Budget as of July was \$1.14M, actual was \$876K and variance was positive twenty-four (24) percent. Some of this is due to unfilled positions that were budgeted for twelve months.
- Supplies – Budget as of July was \$1.09M, actual was \$1.55M and variance was a negative forty-two (42) percent.
- Net Position – Budget as of July was negative \$617K, actual was negative \$739K and variance of twenty (20) percent, a larger loss than what was budgeted. The indirect cost and cost allocations are generated by revenues and based on expenditure. This will level out as we move through the year as some of the federal expenditures come on and the allocations and the recovery of the indirect.

Patients by Department

- Total number of patient encounters through July 31, 2023: \$3,364
 - Pharmacy – 36%
 - Sexual Health – 20%
 - Primary & Preventative Care – 16%
 - Ryan White – 12%

- Family Planning – 11%
- Behavioral Health – 3%
- Refugee Health – 2%

Ms. Whitaker further advised of the following:

- Revenue by Department
- Expenses by Department

At the request of Member Father Rafael, Ms. Whitaker provided an update to the 2023 fiscal year end budget. Adjustments were made in account receivables, supplies and indirect cost and cost allocations.

A motion was made by Member Castro, seconded by Member Coca, and carried unanimously to accept the July 2023 Year to Date Financial Report, as presented.

2. Review, Discuss and Accept the transfer of associated budgeted funds with the Public Health Programs (Express STI Testing, Linkage to Care, Congenital Syphilis Case Management Program and Expedited Partner Treatment) from the Southern Nevada Community Health Center to the Primary and Preventive Care Division; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker provided some background information regarding the transfer of funds with the forementioned public health programs. Ms. Whitaker advised that a transfer of budget authority is necessary to move funds from the FQHC to the Primary and Preventive Care for SHOPP and public health grant activity resulting in a reduction to the previously approved fiscal year 2024 General Fund and Grant budgets for FQHC.

Ms. Whitaker recommended approval of the FY2024 FQHC Sexual Health budget transfer to the PPC Division, as presented.

- \$404,521 Grant Revenue Transfer from FQHC to PPC SHOPP
- \$404,521 Grant Expense Transfer from FQHC to PPC SHOPP
- \$332,254 General Fund Operating Expense Transfer from FQHC to PPC SHOPP
- Total Expense budget impact \$736,775 for General Fund & Grant Funds
- FTE impact of 2.10 General Fund positions and 4.9 Grant positions (7 FTE total)

A motion was made by Member Coca, seconded by Member Scott, and carried unanimously to accept the transfer of associated budgeted funds with the Public Health Programs (Express STI Testing, Linkage to Care, Congenital Syphilis Case Management Program and Expedited Partner Treatment) from the Southern Nevada Community Health Center to the Primary and Preventive Care Division, as presented.

SNCHC Governing Board

Heard out of order.

7. Review and Discuss Health Center UDS Comparison and Patient Origin Reports; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer, presented the Patient Origin Report with the following updates:

- SNCHC's Service Area should reflect the geographic area from where the top 75% of health center patients reside.
- The current HRSA approved Service Area based on the CY22 Patient Origin Report includes 30 zip codes.
- Analysis of the CY23 UDS shows 75% of SNCHC's patients come from 22 zip codes.
- Zip codes to remove include:
 - 89074, 89081, 89113, 89118, 89123, 89129, 89139, 89148, 89183

- Zip code to add: 89117
- Proposed new Service Area includes the following zip codes:
 - 89030, 89031, 89032, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89115, 89117, 89119, 89121, 89122, 89128, 89142, 89146, 89147, 89156, 89169

Mr. Smith advised that he is seeking board approval to complete a Change in Scope request with HRSA to update SNCHC's Service Area based on the CY23 Patient Origin Report analysis.

Further to an inquiry from Member Coca regarding the location of the zip codes to be removed, Mr. Smith advised that the zip codes are all in Clark County. Patients from those zip codes as well as other zip codes will continue to receive services.

A motion was made by Member Coca, seconded by Member Scott, and carried unanimously to approve to complete a Change in Scope request with HRSA to update SNCHC's Service Area based on the CY23 Patient Origin Report analysis, as presented.

3. Review and Discuss the Process of the Annual Executive Director Evaluation; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer advised the board of the process for the Executive Director's annual evaluation. Mr. Smith provided an overview of the following areas:

- **Four (4) Scored Questions - Scoring Guide**
 - 1 - Poor
 - 2 - Fair
 - 3 - Good
 - 4 - Outstanding
- **Two (2) Non-Scored Narrative Questions**
 - General Strengths
 - Areas for Growth
- **Weight of Each Question**
 - Question 1 – Weighted 20% of overall score
 - Question 2 – Weighted 50% of overall score
 - Question 3 – Weighted 10% of overall score
 - Question 4 – Weighted 20% of overall score

Further to an inquiry from Member Breen regarding input from staff, Mr. Smith advised that he will provide a tool to capture staff feedback and will provide that information to the board to help with Dr. Leguen's evaluation. Member Black commented that input from the District Board of Health may also be considered.

Member Scott left the meeting at 3:08 p.m.

4. Review and Discuss the Executive Director FY23 Accomplishments and FY24 High Level Goals; direct staff accordingly or take other action as deemed necessary *(for possible action)*

This item was removed from the agenda and will be presented at a future meeting.

5. Review and Discuss Interest in Officer and Committee Membership; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented an overview of the Office and Committee Membership list and noted a vacancy for the Second Vice Chair role. Member Coca expressed interest in the position. Mr. Smith advised that Member Coca will be presented to the Nominations Committee for consideration.

6. Review and Discuss Calendar Year 2023 and 2024 Meeting Schedule; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith reviewed the results for a survey regarding the November 2023 meeting date and calendar year 2024 meeting schedule. Mr. Smith advised that based on the results of the survey, the board will continue to meet according to the current structure. If any of the potential new board member candidates are approved, this will give them an opportunity to vote on any changes needed.

7. Review and Discuss Health Center UDS Comparison and Patient Origin Reports; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the Nevada UDS Comparison Report and advised where the health center ranked in each quality measure.

VIII. 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.

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

- Executive Director Comments

There were none.

- CEO Transition and Succession Planning

This item was removed from the agenda.

- Highlights from the August 2023 Operations Report

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

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) August Operations Reports

XI. 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 Vice Chair closed the Second Public Comment.

XIII. ADJOURNMENT

The Vice Chair adjourned the meeting at 3:49 p.m.

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

/tab



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-018
PROGRAM:	Division Wide	VERSION:	1.0X
TITLE:	Advance Directive Policy and Procedure	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	To provide guidance to patients on Advance Directives	ORIGINATION DATE: Click or tap here to enter text.	
APPROVED BY:		REPLACES: Click or tap here to enter text.	
FQHC OPERATIONS OFFICER:			
Randy Smith	Date		
DISTRICT HEALTH OFFICER:			
Fermin Leguen MD, MPH	Date		

I. PURPOSE

To provide guidance for Southern Nevada Community Health Center’s (SNCHC) staff to engage patients to provide an Advance Directive.

II. SCOPE

This policy applies to SNCHC and its Workforce.

III. POLICY

SNCHC respects the rights of patients and recognizes that each patient is an individual with unique healthcare needs. Because of the importance of respecting each patient’s personal dignity, SNCHC provides considerate, respectful care focused upon the patient’s individual needs.

SNCHC affirms the patient’s right to make decision regarding his/her medical care, including the decision to discontinue treatment, to the extent permitted by law.

SNCHC has in place a mechanism to ascertain the existence of/or provide information about Advanced Directives at the time of presentation.

- This applies to all adults eighteen (18) years or older that present for services.
- By providing the patient with written information and verbal communication of these rights at the time of establishing care with SNCHC,
- The provision of care is not conditioned on the existence of an Advanced Directive
- If on file, the most recent Advanced Directive(s) is kept in the patient's medical record.
- The Advanced Directive(s) can be changed at any time while the person is competent to do so, and the patient's medical record will be updated accordingly.
- It is the responsibility of the patient's legal decision maker to exercise the rights delineated on behalf of the patient if the patient has been judged incompetent in accordance with the law or is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure or is unable to communicate his/her wishes regarding treatment.

It shall be noted that SNCHC staff and notaries are not able to witness, nor facilitate in, the preparation of a living will, advance directive, power of attorney or other healthcare directive to the physician.

IV. PROCEDURE

- A. When an adult, eighteen (18) years or older patient presents to SNCHC for an appointment to establish care, staff will ascertain whether there is an Advanced Directive/Living Will on file in the eClinicalWorks (eCW) the facilities electronic health record (EHR).
- B. This is accomplished by asking the patient or surrogate to respond to the Advanced Directive/Living Will question and indicating with Yes or No in eCW.
- C. Yes, ask the patient if they have the document with them.
 1. Scan document into eCW.
 - a. Select "Patient Docs"
 - b. Select "AdvDirectiveDocuments" folder.
 - c. Save
 2. If a patient doesn't have the document, ask them to bring it at their next appointment.
- D. No, provide them with an Advanced Directives packet.

Acronyms/Definitions

Advance Directive – a written instruction, such as a living will or durable power of attorney for healthcare, recognized under state law, relating to the provision of healthcare when the individual is incapacitated. The document expresses the wishes about treatment preferences and the designation of a surrogate if the patient is incapacitated.

Durable Power of Attorney/Durable Power of Attorney of Healthcare (DPOA) – A document that designates an agent or proxy to make healthcare decisions if the patient is no longer able to make them. The document directs the surrogate to function as “attorney-in-fact” and make decisions regarding all treatment, including the final decision about cessation of treatment.

Healthcare Directive (Directive) – term referring to Advance Directive of subset of Advance Directive, e.g., Mental Healthcare Directive, Behavioral Healthcare Directive, Durable Power of Attorney, Physician Order for Life Sustaining Treatment, etc.

Physician Order for Life Sustaining Treatment (POLST) – document used to communicate decisions about the type(s) of life sustaining treatment a patient desires that is signed by a licensed independent medical practitioner. Like an Advance Directive but has more authority as a physician order that healthcare workers must follow.

Advance Care Planning – are documents that outline in writing the process that enables individuals to make plans about their future healthcare. Advance care plans provide direction to healthcare professionals when a person is not able to either make and/or communicate their own healthcare choices.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Chief Medical Officer

FQHC Medical Director

Community Health Nurse, Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Advanced Directive packet

DRAFT

NEVADA

Advance Directive

Planning for Important Healthcare Decisions

Courtesy of CaringInfo

www.caringinfo.org

800-658-8898

CaringInfo, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care and the experience of caregiving during serious illness and at the end of life. As part of that effort, CaringInfo provides detailed guidance for completing advance directive forms in all 50 states, the District of Columbia, and Puerto Rico.

This package includes:

- Instructions for preparing your advance directive. Please read all the instructions.
- Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

BEFORE YOU BEGIN

Check to be sure that you have the materials for each state in which you may receive healthcare. Because documents are state-specific, having a state-specific document for each state where you may spend significant time can be beneficial. A new advance directive is not necessary for ordinary travel into other states. The advance directives in this package will be legally binding only if the person completing them is a competent adult who is 18 years of age or older, or an emancipated minor.

ACTION STEPS

1. You may want to photocopy or print a second set of these forms before you start so you will have a clean copy if you need to start over.
2. When you begin to fill out the forms, refer to the gray instruction bars — they will guide you through the process.
3. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
4. Once the form is completed and signed, photocopy, scan, or take a photo of the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers, and/or faith leaders so that the form is available in the event of an emergency.

5. You may also want to save a copy of your form in your electronic healthcare record, or an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.
6. Nevada maintains an Advance Directive Registry. By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one. You can read more about the registry, including instructions on how to file your advance directive, at <https://www.nvsos.gov/sos/online-services/nevada-lockbox>.

INTRODUCTION TO YOUR NEVADA ADVANCE HEALTH CARE DIRECTIVE

This packet contains a legal document, a **Nevada Advance Directive**, that protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself.

Part I is the **Nevada Durable Power of Attorney for Health Care Decisions**, which lets you name someone, called your agent, to make decisions about your health care—including decisions about life-sustaining treatments—if you can no longer speak for yourself. The power of attorney for health care decisions is especially useful because it appoints someone to speak for you any time you are unable to make your own health care decisions, not only at the end of life. Part I also allows you to express your desires regarding your health care and other advance planning decisions, including your desires regarding life-sustaining treatments, in order to help guide your agent.

Part II is a **Nevada Declaration**, which is your state's living will. Part II lets you state your wishes regarding the withholding and withdrawing of life-sustaining treatments, including the artificial administration of nutrition and hydration, in the event that you can no longer make your own health care decisions and you are terminally ill. The declaration in Part II becomes effective when—and is only effective when—your attending physician determines that (1) you are incapable of making decisions about the use of life-sustaining treatment and (2) you have a terminal condition. Because Part II is limited in this way and Part I allows you to express the same decisions, if you plan to complete Part I, you may wish to leave Part II blank and record your advance planning wishes in Part I only.

Part III contains the signature and witnessing provisions so that your document will be effective.

Part IV contains the certification of competency that must be filled out by an advanced practice registered nurse, physician, psychologist, or psychiatrist if you reside in a hospital, residential facility for groups, facility for skilled nursing, or home for individual residential care at the time of completing your advance directive.

You may fill out Part I, Part II, or both, depending on your advance planning needs. **You must complete Part III. You must complete Part IV if you meet the prerequisites.**

Following the advance directive is an **Organ Donation Form**.

How do I make my Nevada Advance Health Care Directive legal?

Nevada requires that you execute your form using the Nevada statutory language, which is reflected in the forms below.

If you fill out Part I, you can make your advance directive legal in one of two ways.

Option 1: Sign your document in the presence of two witnesses and use the Nevada statutory language. These witnesses cannot be:

- the person you name as your agent,
- a health care provider,
- an employee of a health care provider,
- an operator of a health care facility, or
- an employee or an operator of a health care facility.

At least one of your witnesses must be a person who is not related to you (by blood, marriage or adoption) and who will not inherit from you under any existing will or by operation of law. Signing your document in this way will also make Part II legal.

OR

Option 2: Have your signature witnessed by a notary public and use the Nevada statutory language. Having your signature notarized will only make Part I legal (*i.e.*, Part II needs an additional witness besides the notary).

If you fill out Part II, you must sign your form in front of two witnesses and use the Nevada statutory language that is included in the form.

Regardless of whether you fill out Part I or Part II, if you reside in a hospital, residential facility for groups, facility for skilled nursing, or home for individual residential care, you must obtain a certification of competency filled out by an advanced practice registered nurse, physician, psychologist, or psychiatrist at the time you complete these documents

Whom should I appoint as my agent?

Unless he or she is your spouse, legal guardian, or next of kin, the person you appoint as your agent **cannot** be:

- your health care provider,
- an employee of your health care provider,
- an operator of a health care facility, or
- an employee of a health care facility.

You can appoint two or more persons to act as co-agents. Unless you provide otherwise, each co-agent will be able to exercise authority independently. You also may appoint one or more successor agents who step in if the person you name as agent is unable, unwilling or

unavailable to act for you.

Should I add personal instructions to my advance directive?

Yes! One of the most important reasons to execute an advance directive is to have your voice heard. When you name an agent and clearly communicate to them what you want and don't want, they are in the strongest position to advocate for you. Because the future is unpredictable, be careful that you do not unintentionally restrict your agent's power to act in your best interest. Be especially careful with the words "always" and "never." In any event, be sure to talk with your agent and others about your future healthcare and describe what you consider to be an acceptable "quality of life."

When does my agent's authority become effective?

Part I, **Nevada Durable Power of Attorney for Health Care Decisions**, goes into effect when your doctor or advanced practice registered nurse determines in writing that you are no longer able to make or communicate your health care decisions.

Part II, the **Declaration**, becomes effective when—and is only effective when—your attending physician determines that (1) you are incapable of making decisions about the use of life-sustaining treatment and (2) you have a terminal condition.

You retain the primary authority for your healthcare decisions as long as you are able to make your wishes known.

Agent Limitations

A directive to withhold or withdraw life-sustaining treatment from a pregnant patient is not effective if it is probable that the fetus would survive to the point of live birth with continued life-sustaining treatment.

Your agent does not have the power to authorize any of the following:

- Abortion
- Sterilization
- Commitment or placement in a facility for treatment of mental illness
- Convulsive treatment
- Psychosurgery
- Aversive intervention (punishment meant to encourage or discourage behavior)
- Experimental, biomedical, or behavioral treatment, or participation in any medical, biomedical, or behavioral research program
- Any other treatment for which you, in your Durable Power of Attorney for Health Care (Part I), state that your agent may not consent.

Your agent will be bound by the current laws of Nevada as they regard pregnancy and termination of pregnancies.

What if I change my mind?

You may revoke your advance directive at any time in any manner that expresses your intent.

You may revoke the appointment of your agent (Part I) at any time by notifying your agent or your treating physician, hospitals, or other health care provider orally or in writing.

Your durable power of attorney (Part I) is automatically revoked if:

- you execute a new durable power of attorney, or
- you appoint your spouse as your agent and your marriage ends (unless you state otherwise under Part I).

If you wish to set an expiration date for your durable power of attorney (Part I), you may do so on page 4, section 5. If you do not set an expiration date, your durable power of attorney remains valid until it is revoked.

Revocation of your declaration (Part II) is effective when you notify your attending physician.

Mental Health Issues

These forms do not *expressly* address mental illness, although you can state your wishes and grant authority to your agent regarding mental health issues. The National Resource Center on Psychiatric Advance Directives maintains a website (<https://nrc-pad.org/>) with links to each state's psychiatric advance directive forms. If you would like to make more detailed advance care plans regarding mental illness, you could talk to your physician and an attorney about a durable power of attorney tailored to your needs.

What other important facts should I know?

The state of Nevada also has a **Nevada Advance Directive for Adults with Intellectual Disabilities**, which may be used for adults with significantly subaverage general intellectual functioning and deficits in adaptive behavior and a **Nevada Advance Directive for Adults with Dementia**. You should see your healthcare provider or attorney if you believe you need these forms.

Be aware that your advance directive will not be effective in the event of a medical emergency, except to identify your agent. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless you have a separate physician's order, which are typically called "prehospital medical care directives" or "do not resuscitate orders." DNR forms may be obtained from your state health department or department of aging (<https://www.hhs.gov/aging/state-resources/index.html>). Another form of orders regarding CPR and other treatments are state-specific POLST (portable orders for life sustaining treatment) (<https://polst.org/form-patients/>). Both a POLST and a DNR form MUST be signed by a healthcare provider and MUST be presented to the emergency responders when they arrive. These directives instruct ambulance and hospital emergency personnel not to attempt CPR (or to stop it if it has begun) if your heart or breathing should stop.

Part I. Nevada Durable Power of Attorney For Health Care Decisions

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR HEALTH CARE. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENT OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE CONSENT, REFUSAL OF CONSENT, OR WITHDRAWAL OF CONSENT TO ANY CARE, TREATMENT, SERVICE, OR PROCEDURE TO MAINTAIN, DIAGNOSE, OR TREAT A PHYSICAL OR MENTAL CONDITION. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF TREATMENT OR PLACEMENTS THAT YOU DO NOT DESIRE.

2. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

3. EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THE POWER OF THE PERSON YOU DESIGNATE TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE THE POWER TO CONSENT TO YOUR DOCTOR OR ADVANCED PRACTICE REGISTERED NURSE NOT GIVING TREATMENT OR STOPPING TREATMENT WHICH WOULD KEEP YOU ALIVE.

4. UNLESS YOU SPECIFY A SHORTER PERIOD IN THIS DOCUMENT, THIS POWER WILL EXIST INDEFINITELY FROM THE DATE YOU EXECUTE THIS DOCUMENT AND, IF YOU ARE UNABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF, THIS POWER WILL CONTINUE TO EXIST UNTIL THE TIME WHEN YOU BECOME ABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF.

5. NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. IN ADDITION, NO TREATMENT MAY BE

STATUTORY
WARNING

NEVADA ADVANCE DIRECTIVE - PAGE 2 OF 15

GIVEN TO YOU OVER YOUR OBJECTION, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED IF YOU OBJECT.

6. YOU HAVE THE RIGHT TO DECIDE WHERE YOU LIVE, EVEN AS YOU AGE. DECISIONS ABOUT WHERE YOU LIVE ARE PERSONAL, SOME PEOPLE LIVE AT HOME WITH SUPPORT, WHILE OTHERS MOVE TO ASSISTED LIVING FACILITIES OR FACILITIES FOR SKILLED NURSING. IN SOME CASES, PEOPLE ARE MOVED TO FACILITIES WITH LOCKED DOORS TO PREVENT PEOPLE WITH COGNITIVE DISORDERS FROM LEAVING OR GETTING LOST OR TO PROVIDE ASSISTANCE TO PEOPLE WHO REQUIRE A HIGHER LEVEL OF CARE. YOU SHOULD DISCUSS WITH THE PERSON DESIGNATED IN THIS DOCUMENT YOUR DESIRES ABOUT WHERE YOU LIVE AS YOU AGE OR IF YOUR HEALTH DECLINES. YOU HAVE THE RIGHT TO DETERMINE WHETHER TO AUTHORIZE THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE DECISIONS FOR YOU ABOUT WHERE YOU LIVE WHEN YOU ARE NO LONGER CAPABLE OF MAKING THAT DECISION. IF YOU DO NOT PROVIDE SUCH AUTHORIZATION TO THE PERSON DESIGNATED IN THIS DOCUMENT, THAT PERSON MAY NOT BE ABLE TO ASSIST YOU TO MOVE TO A MORE SUPPORTIVE LIVING ARRANGEMENT WITHOUT OBTAINING APPROVAL THROUGH A JUDICIAL PROCESS.

7. YOU HAVE THE RIGHT TO REVOKE THE APPOINTMENT OF THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THAT PERSON OF THE REVOCATION ORALLY OR IN WRITING.

8. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THE TREATING PHYSICIAN, ADVANCED PRACTICE REGISTERED NURSE, HOSPITAL, OR OTHER PROVIDER OF HEALTH CARE ORALLY OR IN WRITING.

9. THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

10. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

STATUTORY
WARNING
(CONTINUED)

NEVADA ADVANCE DIRECTIVE - PAGE 3 OF 15

STATUTORY
WARNING
(CONTINUED)

12. YOU MAY REQUEST THAT THE NEVADA SECRETARY OF STATE ELECTRONICALLY STORE WITH THE NEVADA LOCKBOX A COPY OF THIS DOCUMENT TO ALLOW ACCESS BY AN AUTHORIZED PROVIDER OF HEALTH CARE AS DEFINED IN NRS 629.031.

PRINT YOUR
NAME

PRINT THE
NAME, ADDRESS
AND PHONE
NUMBER OF YOUR
AGENT

1. DESIGNATION OF HEALTH CARE AGENT.

I, _____, do hereby designate and appoint:
(name)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

as my Agent to make health care decisions for me as authorized in this document.

Insert the name and address of the person you wish to designate as your agent to make health care decisions for you. Unless the person you designate is your spouse, legal guardian or the person most closely related to you by blood, none of the following may be designated as your agent: (1) your treating provider of health care, (2) an employee of your treating provider of health care, (3) an operator of a health care facility, or (4) an employee of a health care facility.

2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

By this document I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3. GENERAL STATEMENT OF AUTHORITY GRANTED.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the agent named above full power and authority: to make health care decisions for me before, or after my death, including consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition; to request, review and receive any information, verbal or written, regarding my physical or mental health, including, without limitation, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records, EXCEPT any power to enter into any arbitration agreements or execute any arbitration clauses in connection with admission to any health care facility including any skilled nursing facility, and subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4. SPECIAL PROVISION AND LIMITATIONS.

(Your agent is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization, or abortion. If there are any other types of treatment or placement that you do not want your agent's authority to give consent for or other restrictions you wish to place on his or her authority, you should list them in the space below. If you do not write any limitations, your agent will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.

In exercising the authority under this durable power of attorney for health care, the authority of my agent is subject to the following special provisions and limitations:

ADD ADDITIONAL INSTRUCTIONS HERE ONLY IF YOU WANT TO LIMIT THE SCOPE OF YOUR AGENT'S AUTHORITY

5. DURATION.

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my attorney-in-fact will continue to exist until the time when I become able to make health care decisions for myself.

I wish to have this power of attorney end on the following date:

PRINT THE EXPIRATION DATE (OPTIONAL)

6. STATEMENT OF DESIRES.

(With respect to decisions to withhold or withdraw life-sustaining treatment, your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement or statements that reflect your desires and/or write your own statements in the space below.)

(If the statement reflects your desires, initial the line next to the statement.)

A. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures.

Initial _____

B. If I am in a coma which my doctors or advanced practice registered nurses have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments **not** be used.

Initial _____

C. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments **not** be used.

Initial _____

D. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastro-intestinal tract after all other treatment is withheld.

Initial _____

E. I do **not** desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My attorney-in-fact is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life.

Initial _____

(If you wish to change your answer, you may draw an "X" through the answer you do not want, circle the answer you prefer, and initial the changes)

INITIAL THE STATEMENTS THAT REFLECT YOUR WISHES (OPTIONAL)

ANY INSTRUCTIONS ON THE USE OF LIFE-SUSTAINING OR PROLONGING TREATMENTS SHOULD BE CONSISTENT WITH INSTRUCTIONS PROVIDED IN YOUR NEVADA DECLARATION (PART II), IF ANY

Other or Additional Statements of Desires:

(Attach additional pages if needed)

ADD OTHER INSTRUCTIONS, IF ANY, REGARDING YOUR ADVANCE CARE PLANS

THESE INSTRUCTIONS CAN FURTHER ADDRESS YOUR HEALTH CARE PLANS, SUCH AS YOUR WISHES REGARDING HOSPICE TREATMENT, BUT CAN ALSO ADDRESS OTHER ADVANCE PLANNING ISSUES, SUCH AS YOUR BURIAL WISHES.

ATTACH ADDITIONAL PAGES IF NEEDED

7. STATEMENT OF DESIRES CONCERNING LIVING ARRANGEMENTS.

A. I desire to live in my home as long as it is safe and my medical needs can be met. My agent may arrange for a natural person, employee of an agency or provider of community-based services to come into my home to provide care for me. When it is no longer safe for me to live in my home, I authorize my agent to place me in a facility or home that can provide any medical assistance and support in my activities of daily living that I require. Before being placed in such a facility or home, I wish for my agent to discuss and share information concerning the placement with me.

Initial _____

B. I desire to live in my home for as long as possible without regard for my medical needs, personal safety or ability to engage in activities of daily living. My agent may arrange for a natural person, an employee of an agency or a provider of community-based services to come into my home and provide care for me. I understand that, before I may be placed in a facility or home other than the home in which I currently reside, a guardian must be appointed for me.

Initial _____

(If you wish to change your mind, you may do so by drawing an "X" through the answer you do not want, and circling the answer you prefer.)

Other or Additional Statements of Desires:

INITIAL THE
RESPONSES THAT
REFLECT YOUR
WISHES
(OPTIONAL)

THESE
INSTRUCTIONS CAN
FURTHER ADDRESS
YOUR LIVING
ARRANGEMENTS.

8. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternate agent but you may do so. Any alternate agent you designate will be able to make the same health care decisions as the agent designated in paragraph 1, page 3 in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1, is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If the person designated in paragraph 1 as my agent is unable to make health care decisions for me, then I designate the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternate Agent

Name: _____

Address: _____

Telephone Number: _____

B. Second Alternate Agent

Name: _____

Address: _____

Telephone Number: _____

9. PRIOR DESIGNATIONS REVOKED.

I revoke any prior durable power of attorney for health care.

10. WAIVER OF CONFLICT OF INTEREST.

If my designated agent is my spouse or is one of my children, then I waive any conflict of interest in carrying out the provisions of this Durable Power of Attorney for Health Care that said spouse or child may have by reason of the fact that he or she may be a beneficiary of my estate.

PRINT THE NAME,
ADDRESS AND
PHONE NUMBER OF
YOUR FIRST
ALTERNATE AGENT

PRINT THE NAME,
ADDRESS AND
PHONE NUMBER OF
YOUR SECOND
ALTERNATE AGENT

11. CHALLENGES.

If the legality of any provision of this durable power of attorney for health care is questioned by my physician, my advanced practice registered nurse, my agent or a third party, then my agent is authorized to commence an action for declaratory judgment as to the legality of the provision in question. The cost of any such action is to be paid from my estate. The durable power of attorney for health care must be construed and interpreted in accordance with the laws of the State of Nevada.

12. NOMINATION OF GUARDIAN.

If, after execution of this durable power of attorney for health care, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

12. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my health care, to my agent named herein, pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations.

This section is not required, and you may cross it out if you desire.

Part II: Declaration Relating to the Use of Life-Sustaining Treatment

If I should lapse into an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time (a terminal condition) and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Nevada Uniform Act on the Rights of the Terminally Ill, to:

_____1. Keep me comfortable and allow natural death to occur. I do not want any life-sustaining treatment or other medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

((or))

_____2. Keep me comfortable and allow natural death to occur. I do not want any life-sustaining treatment or other medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

((or))

_____3. Try to extend my life for as long as possible, using all available life-sustaining treatment or other medical interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

Any questions regarding how to interpret or apply my declaration shall be resolved by my agent appointed under a durable power of attorney for health care (Part I), if I have appointed one.

I further direct that:

(Attach additional pages if needed)

PART II ONLY APPLIES TO WITHHOLDING OR WITHDRAWING OF LIFE-SUSTAINING TREATMENTS IF YOU ARE TERMINALLY ILL

BECAUSE PART II IS LIMITED IN THIS WAY, IF YOU PLAN TO COMPLETE PART I, YOU MAY WISH TO LEAVE PART II BLANK AND RECORD YOUR ADVANCE PLANNING WISHES IN PART I.

INITIAL ONLY ONE

ADD ADDITIONAL INSTRUCTIONS, IF ANY, IN THE EVENT YOU HAVE A TERMINAL CONDITION

ATTACH ADDITIONAL PAGES IF NEEDED

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PART III: EXECUTION

Nevada requires that you execute your form using the Nevada statutory language, which is reflected in the forms below.

If you fill out Part II, you must sign your form in front of two witnesses and use the Nevada statutory language.

If you fill out Part I, you can make your advance directive legal in one of two ways.

1. Sign your document in the presence of two witnesses and use the Nevada statutory language. These witnesses cannot be:
 - the person you name as your agent,
 - a health care provider,
 - an employee of a health care provider,
 - an operator of a health care facility, or
 - an employee or an operator of a health care facility.

At least one of your witnesses must be a person who is not related to you (by blood, marriage or adoption) and who will not inherit from you under any existing will or by operation of law.

Signing your document in this way will also make Part II legal.

OR

2. Have your signature witnessed by a notary public and use the Nevada statutory language. Having your signature notarized will only make Part I legal (i.e., Part II needs an additional witness besides the notary).

You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your providers of health care.

IF YOU FILLED OUT PART II, YOU MUST HAVE YOUR DOCUMENT WITNESSED IN ADDITION TO BEING NOTARIZED

SIGN AND PRINT YOUR NAME, THE DATE, AND LOCATION HERE

HAVE YOUR WITNESSES SIGN, DATE AND PRINT THEIR NAMES AND ADDRESSES HERE

REQUIRED STATEMENT BY ONE OF THE ABOVE WITNESSES IF YOU FILLED OUT PART I

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Alternative No. 1: Sign before witnesses.

I sign my name to this Durable Power of Attorney for Health Care on

_____ at _____, _____.
(date) (city) (state)

(signature)

(print name)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, and that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as agent by this document and that I am not a provider of health care, an employee of a provider of health care, the operator of a community care facility or an employee of an operator of a health care facility.

Witness 1:

Signature: _____ Residence Address: _____

Print Name: _____

Date: _____

Witness 2:

Signature: _____ Residence Address: _____

Print Name: _____

Date: _____

I declare under penalty of perjury that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: _____ Residence Address: _____

Print Name: _____

Date: _____

IF YOU FILLED OUT PART 2, YOU MUST SIGN BEFORE A NOTARY

SIGN AND PRINT YOUR NAME, THE DATE, AND LOCATION HERE

A NOTARY PUBLIC MUST COMPLETE THIS SECTION

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Alternative No. 2: Sign before a notary public.

I sign my name to this Durable Power of Attorney for Health Care on

_____ at _____, _____.
(date) (city) (state)

(signature)

(print name)

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Nevada)
) ss.
County of _____)

On this _____ day of _____, in the year _____,
before me, _____, personally appeared
(name of notary public)

(name of principal)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

NOTARY SEAL

(signature of notary public)

*Courtesy of CaringInfo
www.caringinfo.org*

ASK YOUR
TREATING
ADVANCED
PRACTICE
REGISTERED
NURSE, PHYSICIAN,
PSYCHOLOGIST,
OR PSYCHIATRIST
TO FILL THIS OUT

PART IV: CERTIFICATION OF COMPETANCY

If you reside in a hospital, residential facility for groups, facility for skilled nursing, or home for individual residential care, Nevada requires that you include a certification of competency from an advanced practice registered nurse, physician, psychologist, or psychiatrist along with your power of attorney:

The undersigned treating (advanced practice registered nurse/physician/psychologist/psychiatrist) of _____ states as follows:

PRINT YOUR NAME
HERE

1. That I am a licensed (advanced practice registered nurse/physician/psychologist/psychiatrist) practicing in the State of _____, and I have been a licensed (advanced practice registered nurse/physician/psychologist/psychiatrist) for _____ years. My present address is _____.

PRINT YOUR NAME
HERE

2. That I have examined _____ and have concluded as a result of that examination that the he/she is mentally competent to understand the nature of the Durable Power of Attorney for Health Care proceedings and the delegation of authority to an agent.

(Signature of certifying advanced practice registered nurse/physician/psychologist/psychiatrist) (Date)

(Name of certifying advanced practice registered nurse/physician/psychologist/psychiatrist)

NEVADA ORGAN DONATION FORM – PAGE 1 OF 1

ORGAN DONATION
(OPTIONAL)

INITIAL THE
OPTION THAT
REFLECTS YOUR
WISHES

ADD NAME OR
INSTITUTION (IF
ANY)

PRINT YOUR NAME,
SIGN, AND DATE
THE DOCUMENT

YOUR WITNESSES
MUST SIGN AND
PRINT THEIR
ADDRESSES

AT LEAST ONE
WITNESS MUST BE
A DISINTERESTED
PARTY

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Palliative Care
Organization
2023 Revised.

Initial the line next to the statement below that best reflects your wishes. You do not have to initial any of the statements. If you do not initial any of the statements, your attorney for health care, proxy, or other agent, or your family, may have the authority to make a gift of all or part of your body under Nevada law.

____ I do not want to make an organ or tissue donation and I do not want my attorney for health care, proxy, or other agent or family to do so.

____ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

Name of individual/institution: _____

____ Pursuant to Nevada law, I hereby give, effective on my death:

____ Any needed organ or parts.

____ The following part or organs listed below:

For (initial one):

____ Any legally authorized purpose.

____ Transplant or therapeutic purposes only.

Declarant name: _____

Declarant signature: _____, Date: _____

The declarant voluntarily signed or directed another person to sign this writing in my presence.

Witness _____ Date _____

Address _____

I am a disinterested party with regard to the declarant and his or her donation and estate. The declarant voluntarily signed or directed another person to sign this writing in my presence.

Witness _____ Date _____

Address _____

Courtesy of CaringInfo

www.caringinfo.org



Southern Nevada Community Health Center
Nominating Committee Charter

(As approved by the Board of Directors Governing Board on 02/07/2020, 10/ /2023)

Committee Purpose:

The Nominating Committee (the “Committee”) supports the Board in fulfilling its responsibility to identify candidates to serve as Community Health Center Directors and Officers.

Scope of Duties and Responsibilities:

The Committee will review and, as necessary, update the Board Recruitment and Retention Plan (the Plan). Consistent with the criteria set forth in the Plan:

- Recommend to the Board criteria for identifying and evaluating candidates for the Board
- Identify, recruit, and review the qualifications of candidates for the Board.
- ~~Recommend to the Board members for appointment to board committees and as committee chairs and consider rotating members among committees as appropriate considering, among other things, individual member experience, knowledge, and/or background.~~
- Conduct an annual a periodic evaluation of the Board’s effectiveness and performance.
- Perform such other duties and responsibilities as are consistent with the purpose of the Nominating Committee or the as the Board deems appropriate.

Additional Authority:

The Committee has the authority to take any actions it considers appropriate to fulfill the above duties and responsibilities, including without limitation, the authority invite such experts and other advisors as it deems appropriate to assist it in the performance of its functions. The Committee shall present nominations for Board vacancies and for the offices of Chair, First Vice-Chair, and Second Vice-Chair at each Annual Meeting and at other times when vacancies occur in the offices

Composition:

The Committee shall be appointed by the Board and shall be comprised of at least three Board members. Committee members serve at the discretion of the Board.

Meetings:

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

Voting and Quorum:

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

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

Reports:

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

SNCHC Governing Board Meeting

October 17, 2023



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Nominations Committee Charter



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Nominations Committee Charter

Southern Nevada Community Health Center
Nominating Committee Charter

(As approved by the *Board of Directors Governing Board* on 10/__/2023)

Committee Purpose:

The Nominating Committee (the “Committee”) supports the Board in fulfilling its responsibility to identify candidates to serve as Community Health Center Directors and Officers.

Scope of Duties and Responsibilities:

- ~~Recommend to the Board members for appointment to board committees and as committee chairs and consider rotating members among committees as appropriate considering, among other things, individual member experience, knowledge, and/or background.~~
- Conduct ~~an annual~~ a periodic evaluation of the Board’s effectiveness and performance.
- The Committee shall present nominations for Board vacancies and for the offices of Chair, First Vice-Chair, and Second Vice-Chair at each Annual Meeting and at other times when vacancies occur in the offices.

Additional Authority:

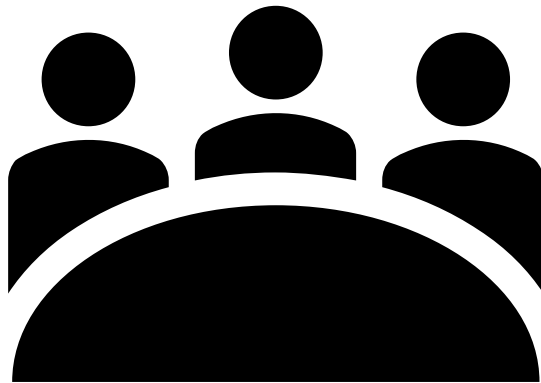
The Committee has the authority to take any actions it considers appropriate to fulfill the above duties and responsibilities, including without limitation, the authority invite such experts and other advisors as it deems appropriate to assist it in the performance of its functions.

Recommend a Motion to Approve the Recommended Changes to SNCHC Nominations Committee Charter, as presented.

Governing Board Officer Appointment

Recommendation of Officer Appointment:

- Jasmine Coca - Second Vice Chair



Recommend a Motion to Approve Jasmine Coca as Second Vice Chair of the SNCHC Governing Board, as presented.

Board Member Candidates



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Board Candidate – Community Candidate

- Bachelor's, Master's, and Doctorate in Psychology and licensed by the Nevada Board of Psychological Examiners.
- Employed by the Kirk Kerkorian School of Medicine at UNLV
- Active member in the Nevada Psychological Association.
- Interested in Becoming a Board Member:
 - **The work of FQHCs is incredibly important in our community. It is encouraging to see SNCHC expand care to include mental health services and they would like to support those efforts by serving on the Board.**
- Unmet Health Needs in the Community:
 - **While there are gaps in accessing primary and specialty medical care in Southern Nevada, their greatest concern is for the unmet mental health and substance use needs.**

Board Candidate – Consumer Candidate

- Currently finishing AA in business, will pursue accounting in the fall 2023.
- Belong to Make the Road Nevada and they serve under-represented undocumented folks in the community,
- Launched the Health Equity Campaign within Make the Road Nevada in 2021.
- Has over a decade of training in management in the private and nonprofit sector, that includes but not limited to: Finance, Compliance, and HR.
- Interested in Becoming a Board Member:
 - **Sees this as a unique opportunity to bolster the initiatives they are involved in within the community.**
 - **They aim to bring a fresh perspective to the board and use the insights gained to enhance our collective efforts in promoting health and well-being within our community.**
- Unmet Health Needs in the Community:
 - **Limited access to insurance especially within the undocumented community.**
 - **Mental health resources.**
 - **Language barriers.**
 - **Health disparities.**

Recommend a Motion to Approve Sara Hunt and Blanca Macias-Villa as New Board members to the SNCHC Governing Board, as presented.



Governing Board Member New Term

Term of Office and Term Extensions

SNCHC Bylaws, Article IV, Section 4: Term of Office:

“Members shall each serve three (3) year terms.”

SNCHC Bylaws, Article IV, Section 5: Term Extensions:

“A current or former Member may serve additional terms if the Board determines after careful deliberation and as reflected in the minutes, it is in the best interest of the organization and in furtherance of best practices.”

Board Member Attendance

Bylaws, Article V, Section 2: Attendance Requirements:

“A Member who has been absent from three (3) consecutive meetings or more than fifty percent (50%) of regularly scheduled meetings in a twelve (12) month period, without reasonable excuse, duly noted in the minutes of the meeting, shall be subject to removal from the Board.”

Staff and Committee Recommendation

- Act in accordance with the Bylaws.
- Consistent attendance at Governing Board and Committee meetings is critical to the Board's ability to exercise its authority over the health center.
- No action can be taken by the Board without achieving a quorum at meetings.
- HRSA requires the health center to hold a monthly Governing Board meeting.

Recommend a Motion to _____ an additional term to Board Member Lucille Scott.



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Executive Director Annual Review Committee

October 17, 2023

Southern Nevada Community Health Center

Executive Director & Staff Accomplishments

FY2023

Fermin Leguen, MD, MPH
Executive Director
Southern Nevada Community Health Center



Health Center Staffing as of 9/2023

Budgeted FTEs	Vacancies
114.0	9.0

Budgeted FTE	Position	Vacancies
1.0	Medical Director	1.0
16.2	Medical Providers	3.0
2.0	Licensed Clinical Social Workers	1.0
1.0	Psychiatric APRN	0.0
1.0	Registered Dietician	1.0

Unique Patients Served: 5,293

Primary Care: 4,164

Family Planning: 4,093

Ryan White: 2,084

Provider Encounters:
12,309

Behavioral Health: 1,534

Clinical Pharmacist: 288

Dietitian: 146

Revenues and Expenses by Fiscal Year

	FY20-21	FY21-22	FY22-23
Revenues	\$20,699,370	\$24,025,423	\$25,919,761*
Expenses	\$20,887,131	\$26,123,255	\$30,791,905*

**preliminary amounts (unaudited)*

- SNHD's **Cost Allocation Expense in FY23: \$6,559,228**

Factors Influencing FY23 Expense and Revenues

- **Revenue:**

- Full year of PPS wrap reimbursement with an approximate \$213k increase in reimbursement compared to budget.
- Loss of approximately \$1 million in COVID funding that was previously available in FY21 and 22.
- Two (2) providers retired in FY23 contributing to the loss of nine (9) months of provider appointment access and associated revenue.

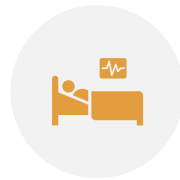
- **Expense:**

- Total active FTEs grew by 19%.
- Onboarding four (4) new providers increased expenses without off-setting revenue.
- Increased costs of pharmacy medications.
- Increased health center's SNHD internal cost allocation expenses.
- **Cost Allocation Expense in FY23: \$6,559,228**

Goals/Opportunities for FY2024



Obtain Patient Centered Medical Home (PCMH) accreditation



Increase the number of unique patients serviced



Improve daily operations and clinical performance results



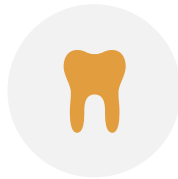
Optimize and expand services at the Fremont Location



Enhance integration of Sexual Health Clinic services



Build the Behavioral Health clinic at the Decatur Location



Develop Oral Health program at the Fremont Location



Enhanced Refugee Services

Recommendations from the Executive Director Annual Review Committee



Maintain HRSA
Compliance.



Make the Community
Health Center Financially
Sustainable.

Thank you!

Questions?

Fermin Leguen, MD, MPH
District Health Officer / Executive Director
leguen@snhd.org
702-759-1508 (o) / 702-816-0144 (c)





SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNHD Internal Staff Survey Results for
Fermin Leguen, MD, MPH, Executive Director

September 28, 2023

Q1. Dr. Leguen consistently demonstrates equitable and fair treatment of SNCHC employees, contractors, and volunteers.

1 - Strongly Disagree	0
2 - Disagree	0
3 - Unsure	0
4 - Agree	2
5 - Strongly Agree	2



Comments:

- Dr. Leguen is consistently observed providing leadership and decision making that supports the fair and just treatment of all those who work at the health center as well as for those who receive care at the clinic.
- Although most of my direct observations of his interactions with SNCHC staff are with leadership staff, he has consistently treated them fair and equitable. As for other staff, I have no reason to suspect that his intentions are other than to treat them fair and equitable as well

Q2. Dr. Leguen consistently provides thorough administrative leadership and oversight of SNCHC's compliance with HRSA program requirements.

● 1 - Strongly Disagree	0
● 2 - Disagree	0
● 3 - Unsure	0
● 4 - Agree	2
● 5 - Strongly Agree	2



Comments:

- Dr. Leguen provides ongoing leadership and administrative support to the health center's management team to ensure SNCHC is in compliance with HRSA requirements. Dr. Leguen was an active participant in the health center's OSV and provided leadership support for SNCHC's response to program findings identified during the audit. All program findings were successfully cleared.
- Although these tasks are generally delegated to the FQHC Operations Officer and to his leadership team, Dr. Leguen keeps himself aware of the operations of the SNCHC and of its compliance with HRSA program requirements and has been an effective leader.

Q3. Dr. Leguen ensures that the SNCHC has a viable long-range strategy to achieve its mission and utilizes data to measure progress towards achieving programmatic, clinical, and financial goals.

● 1 - Strongly Disagree	0
● 2 - Disagree	0
● 3 - Unsure	0
● 4 - Agree	3
● 5 - Strongly Agree	1



Comments:

- Dr. Leguen engages the health center's management team to identify high-level strategies to advance SNCHC's mission and to improve the long-term sustainability of clinic services.
- Although these tasks are generally delegated to the FQHC Operations Officer and to his leadership team, Dr. Leguen does ensure that SNCHC has a viable and long-term strategy to achieve its mission.

Q4. Dr. Leguen appropriately utilizes financial and utilization data to ensure SNCHC is maximizing budgetary and human resources to achieve health center goals.

● 1 - Strongly Disagree	0
● 2 - Disagree	0
● 3 - Unsure	0
● 4 - Agree	3
● 5 - Strongly Agree	1



Comments:

- Dr. Leguen demonstrates a leadership style that relies on objective data to support growth and process improvement. Objective programmatic and financial data is used to support decision making.
- Dr. Leguen reviews and comments regularly on interim financial reports as well as the initial and augmented budgets for SNCHC and SNHD.
- Although these tasks are generally delegated to the FQHC Operations Officer and to the CFO, Dr. Leguen does ensure these data are utilized appropriately to ensure SNCHC is maximizing resources to achieve its goals.

Q5. Dr. Leguen properly represents SNCHC in the community and fosters the establishment of new community partners and develops existing partnerships.

● 1 - Strongly Disagree	0
● 2 - Disagree	0
● 3 - Unsure	1
● 4 - Agree	1
● 5 - Strongly Agree	2



Comments:

- Dr. Leguen and the SNHD is highly regarding in the community. Dr. Leguen takes an innovative approach to establishing and fostering community partnerships to mutual benefit the patients served through SNCHC and other providers in the service area.
- I have witnessed that he represents the SNCHC very well in front of the Governing Board and the Board of Health and that during these times, he has been a strong advocate for the SNCHC, but I am unsure about his interactions with the community and with community partners.



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

2023 Executive Director Annual Review Results

October 17, 2023

Annual Executive Director Evaluation

- HRSA required activity.
- The health center Governing Board is responsible for assessing the achievement of project objectives (***Monthly Board Reports and Annual Accomplishments***).
- The Governing Board is responsible for evaluating the performance Executive Director of the Southern Nevada Community Health Center (***Annual Evaluation***).

Evaluation Tool

- Four (4) Scored Questions - Scoring Guide
 - 1 - Poor
 - 2 - Fair
 - 3 - Good
 - 4 - Outstanding
- Two (2) Non-Scored Narrative Questions
 - General Strengths
 - Areas for Growth
- Weight of Each Question
 - Question 1 – Weighted 20% of overall score
 - Question 2 – Weighted 50% of overall score
 - Question 3 – Weighted 10% of overall score
 - Question 4 – Weighted 20% of overall score

of Evals Requested:

9

of Evals Received:

6

Q1: CEO ensures that the agency has a long-range strategy which achieves its mission, and toward which it makes consistent timely progress through:

- Providing Leadership in Program development and org plans with BOD.
- Meets or exceeds program goals in quantity and quality.
- Evaluates how well goals and objectives have been met.
- Demonstrates quality of analysis and judgment in program planning, implementation, and evaluation.
- Shows creativity, and initiative in developing new programs.
- Maintains and utilizes a working knowledge of significant developments and trends in the field (such as healthcare legislation, public health concerns, health disparities, other disease and healthcare issues in communities served).

Average Score
(Weighted at 20%)

3.5



Q2: Administration and Human Resource Management:

- Divides and assigns work effectively, delegating appropriate levels of freedom and authority.
- Establishes and makes use of an effective management team.
- Maintains appropriate balance between administration and programs.
- Ensures that job descriptions are developed, and that regular performance evaluations are held and documented.
- Ensures compliance with personnel policies and state and federal regulations on workplaces and employment.
- Ensures that employees are licensed and credentialed as required.
- Recruits and retains a diverse staff.
- Ensures that policies and procedures are in place.
- Encourages staff development and education.
- Maintains a climate which attracts, keeps, and motivates a diverse staff of top-quality people.

Average Score
(Weighted at 50%)
3.0



Q3: When representing the organization in the communities the CEO:

- Serves as an effective spokesperson for the agency; represents the programs and point of view of the organization to the agencies, organizations and the general public.
- Establishes sound working relationships and cooperative arrangements with community groups and organizations.
- Welcomes and pursues opportunities to share organizational objectives and perspectives in local, regional, and national forums as strategically appropriate.

Average Score

(Weighted at 10%)

3.5



Q4: The CEO exhibits sound knowledge of the financial management of the organization through the following demonstrated activities:

- Assures adequate control and accounting of all funds, including developing and maintaining sound financial practices.
- Works with the staff, Finance Committee, and the board in preparing a budget; sees that the organization operates within budget guidelines.
- Maintains official records and documents, and ensures compliance with federal, state, and local regulations and reporting requirements (such as annual information returns, payroll withholding and reporting, etc.).
- Executes legal documents appropriately.
- Assures that funds are disbursed in accordance with contract requirements and donor designations.

Average Score
(Weighted at 20%)

3.5



“General Strengths” Narratives - 2023

- Strong leadership with people in mind. Approachable and always willing to listen.
- Establishing the clinic(s) has a resource for the community.
- Working in the community, working with the board.
- Knowledgeable leader who cares about staff and the community.
- Community Driven, Cultural Competency, Interpersonal Communications, Financial Planning



“Areas for Growth” Narratives - 2023

- None that I can think of at this point.
- Finding and retaining staff.
- There are staffing issues of positions not filled, I don't know if he can help with that.

2023 Executive Director Annual Review Overall Weighted Score:

3.25

Scoring Guide

- 1 – Poor
- 2 – Fair
- 3 – Good
- 4 - Outstanding

*Recommend a Motion to Approve the Executive
Director Evaluations Results, as presented.*



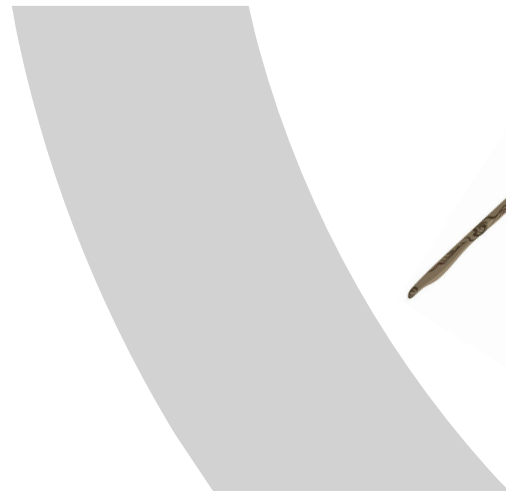
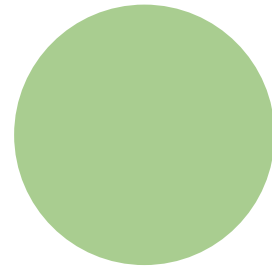


Questions?





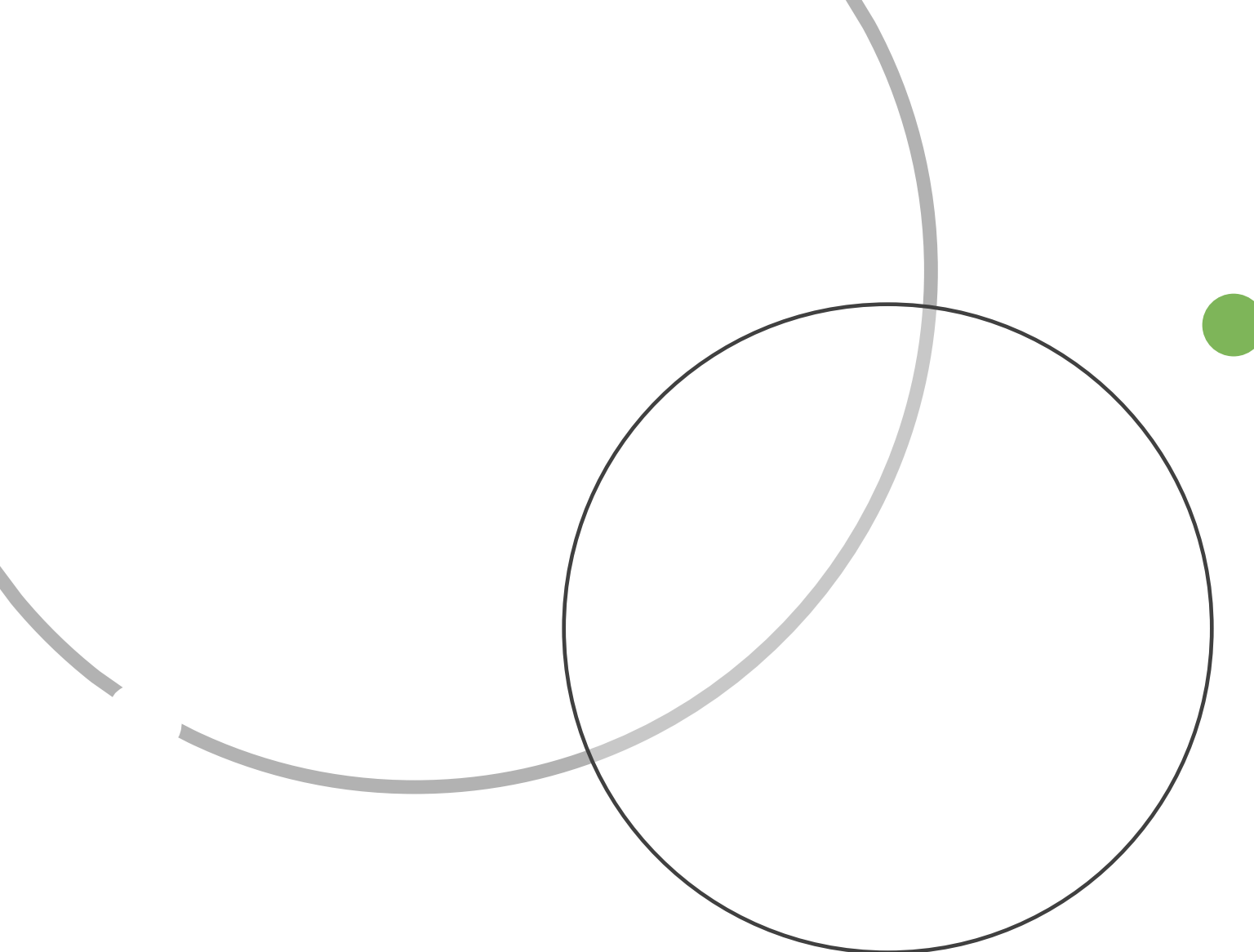
Quality Report



Cassandra Major, MBA, CHW I, CPC, NCMA

Quality Management Coordinator

October 17, 2023



Quality Measures

2023 Quality Measure Focus

- **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.
- **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 15th birthday and before their 66th birthday.
- **HIV Linkage to Care:** Patients first diagnosed with HIV by the health center between December 1st of the prior year through November 30th of the current measurement period and who had at least one medical visit during the measurement period or prior year. Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by the health centers providers and had a medical visit with a health center provider who initiates treatment for HIV or had a visit with a referral resource who initiates treatment for HIV.

Quality Measure Focus Data

January 2023 – September 2023

- 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

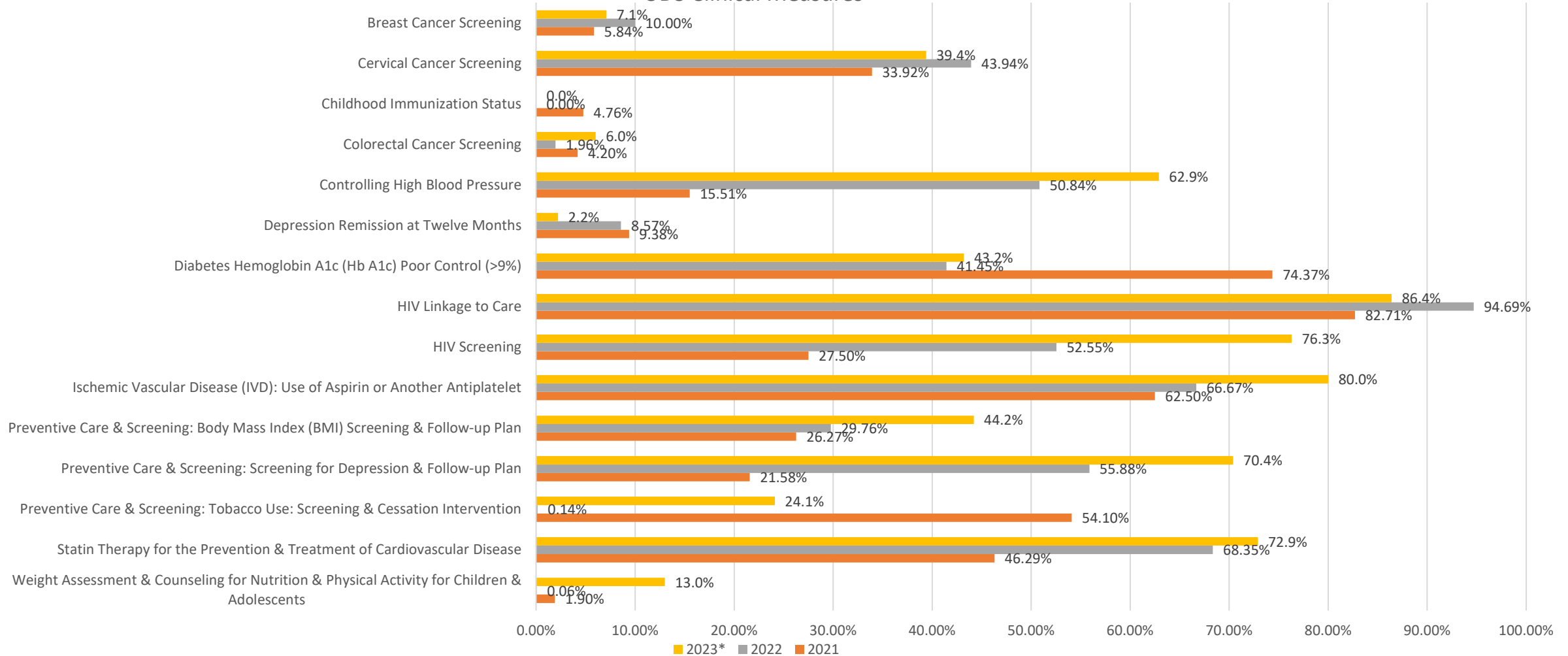
January 2023 – September 2023

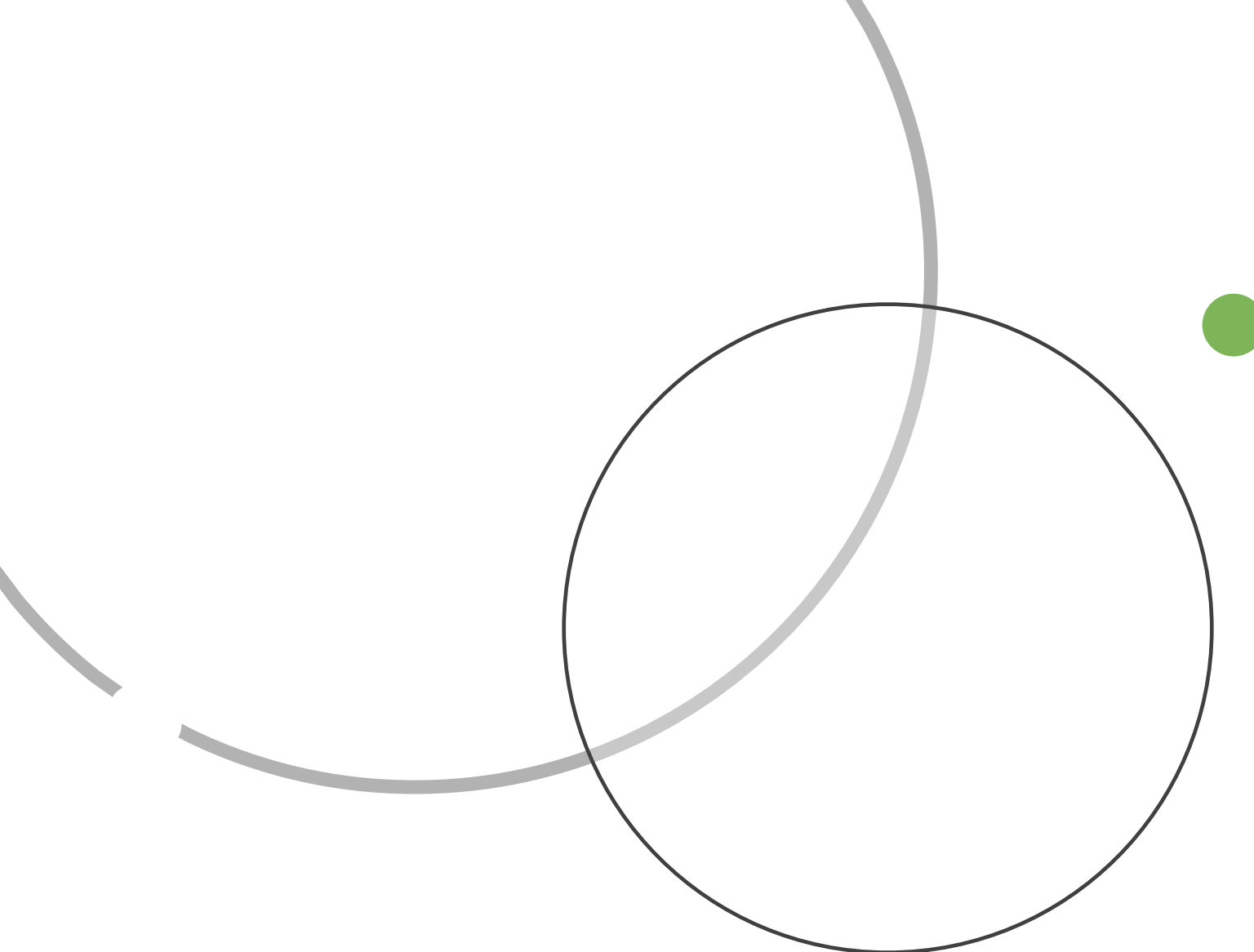
- BMI Screen & Follow-up
 - 44.2% (29.76%)
- Cervical Cancer Screen
 - 39.4% (43.94%)
- Colorectal Cancer Screen
 - 6.0% (1.96%)
- Depression Screen
 - 70.4% (55.88%)

() = 2022 UDS

Year-Over-Year Comparison

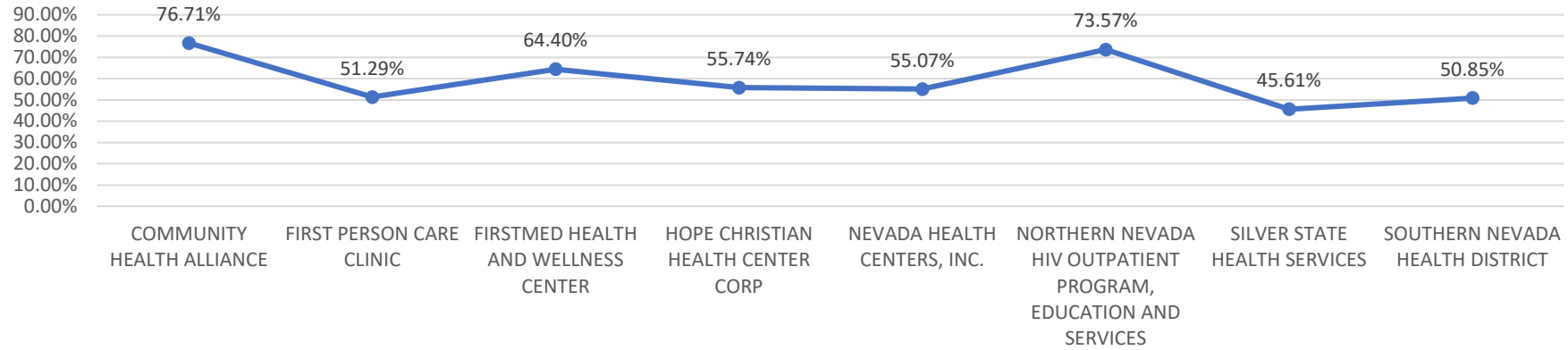
UDS Clinical Measures



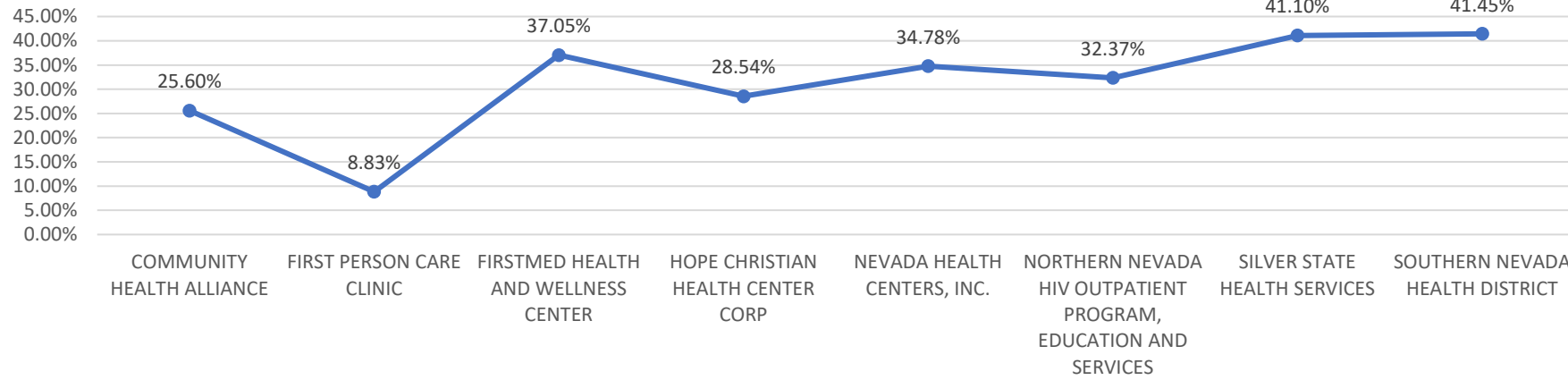


Nevada FQHC UDS Comparison

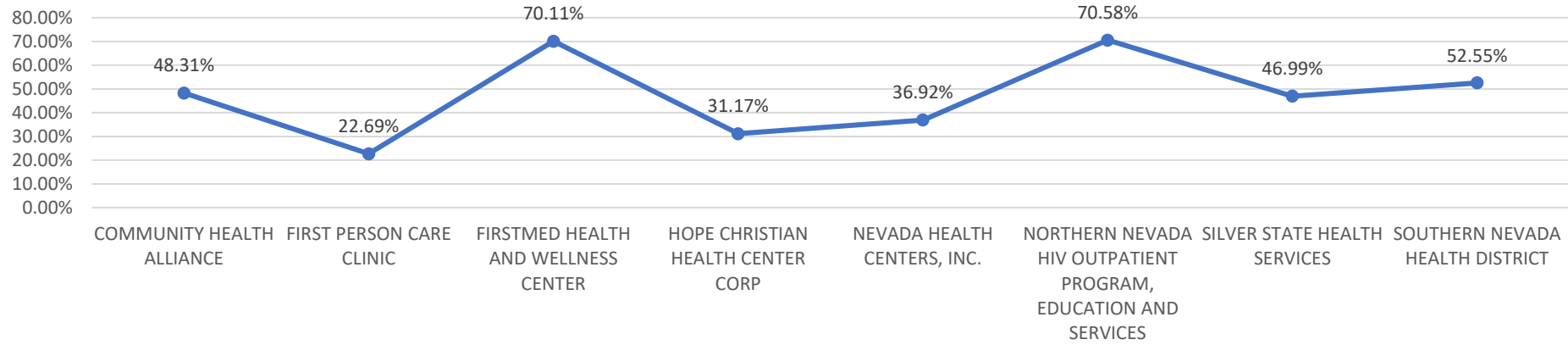
Blood Pressure Control (Hypertensive Patients with Blood Pressure < 140/90)



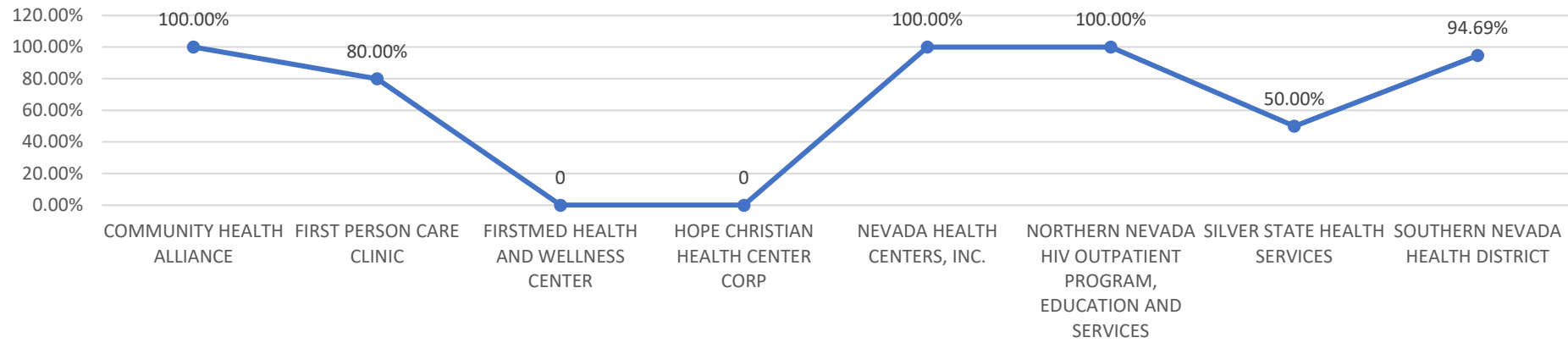
Uncontrolled Diabetes > 9%

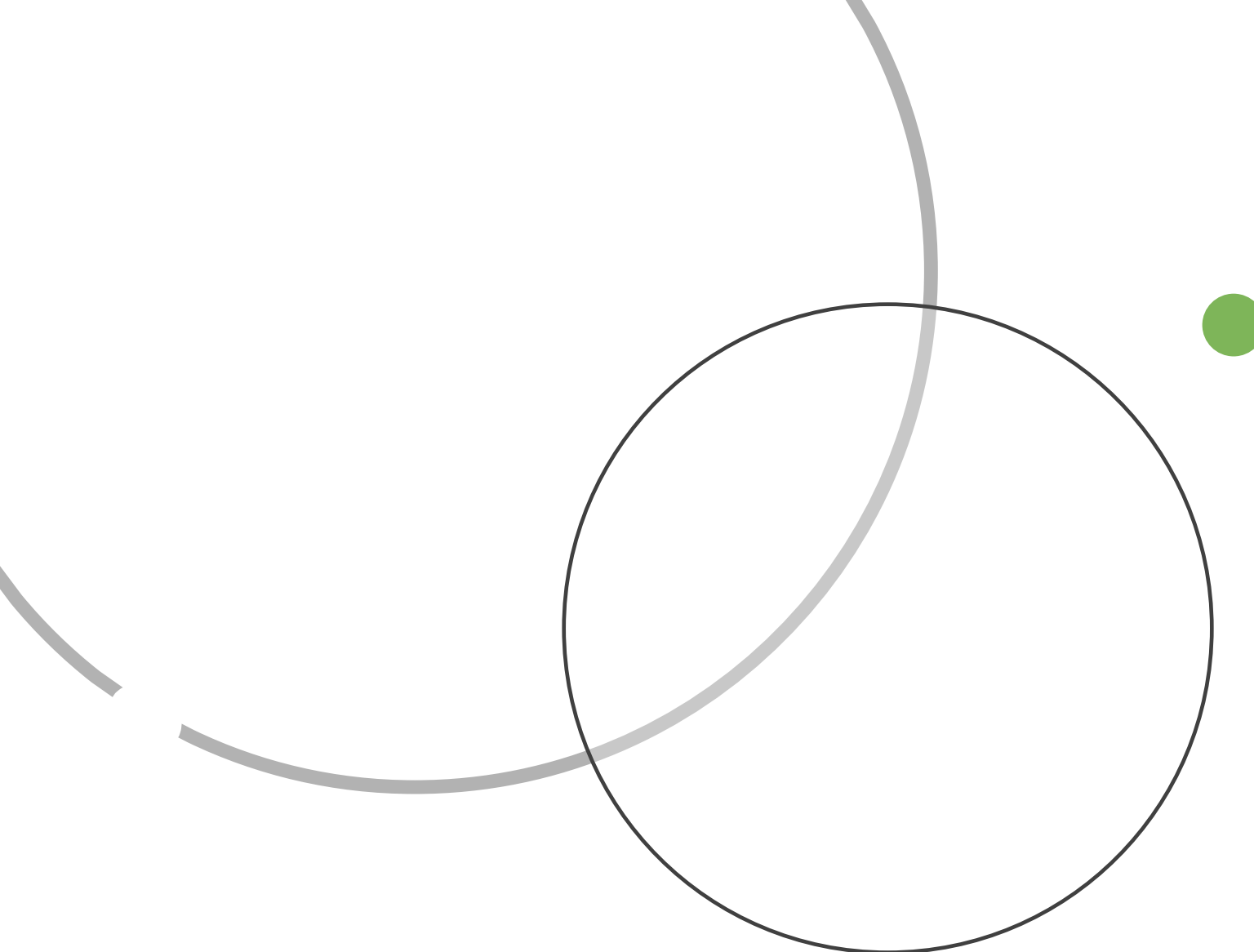


HIV Screening



HIV Linkage to Care





Questions



Risk Management



AT THE SOUTHERN NEVADA HEALTH DISTRICT

David Kahananui, FQHC Administrative Manager

Risk Management Plan

- The Health Center maintains a risk management plan.
- The plan includes:
 - Philosophy & Purpose
 - Guiding Principles
 - Program Scope and Objectives
 - Program Functions
 - Assessment of Risks/Risk Management Practices
 - Intersection of Quality And Risk
 - Administrative Structure
 - Monitoring and Continuous Improvement
 - Compliance Program
 - Confidentiality of Personal Health Information

Administrative Structure

8.1 Risk Manager

- The Risk Management Program is administered through the Southern Nevada **Community Healthy Center's FQHC Administrative Manager who is the designated Risk Manager for the health center. ~~Health District's Risk Manager.~~** The Risk Manager's role is to maintain a proactive risk management program in compliance with the provisions of federal, state, and local statutes, applicable scope of practice and regulations. In so doing, the Risk Manager crosses operational lines and interfaces with Leadership, staff, providers, and other professionals to meet program goals. As the primary contact between the CHC and other external parties on all matters related to risk identification, prevention, and control, the Risk Manager reports to the insurance carrier actual/potential clinical, operational, or business claims or lawsuits, as specified in the insurance policy and/or contract.

8.2 Claims Management

- **The Health District's General Counsel is responsible for the management and processing of claims related activities and serves at the claims point of contact. Upon the health center being FTCA deemed, General Counsel will be responsible for FTCA claims management and will serve as the point of contact.**



Southern Nevada Community Health Center's Risk Management Plan

1. MISSION STATEMENT

The Southern Nevada Community Health Center's mission is to serve Clark County residents in underserved areas with appropriate and comprehensive outpatient health and wellness, emphasizing prevention and education in a culturally respectful environment.

2. PHILOSOPHY & PURPOSE

Risk management is a process directed toward the identification, evaluation, and correction of potential risks that could lead to patient, staff, or visitor injury and/or result in property loss or damage. At its core, risk management includes activities, processes, and policies that reduce risk exposure. Policies and procedures are developed and implemented to ensure continuous and measurable quality improvement in patient care, efficiency and effectiveness of clinical services and management, and community and financial accountability.

The CHC's Risk Management Plan operationalizes those policies and procedures to support the CHC's mission as it pertains to operational risk, clinical risk, and patient safety. It also protects the CHC's financial assets and intangible assets such as reputation and community standing.

3. GUIDING PRINCIPLES

Risk management activities include identifying and evaluating risks, followed by the selection and implementation of the most appropriate methods for correcting, reducing, managing, transferring and/or eliminating the risk. Collaboration across programs and among management, staff, and providers is essential for a sustainable, effective risk management program.

By integrating the "Triple Aim" concepts of improving patient care, improving the patient experience, and reducing costs, with risk management principles, the CHC's vision of a healthy patient-centered delivery system that provides an integrated continuum of care is both achievable and sustainable.

The CHC supports the establishment of a just culture wherein unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. A just culture, the bedrock for balanced accountability of staff, providers, and the CHC, balances the CHC's accountability to employees and patients with staff and provider accountability for the quality of their choices.

3.1 Leadership

Health District and CHC Leadership, staff, and medical providers are committed to providing the highest level of safe patient services and fully support this comprehensive, integrated program. And, all are committed to establishing effective mechanisms for assessing and responding to risk-related findings.

Building on the above, the CHC's governing body authorization and adoption of this program is documented in board meeting minutes. In so doing, the CHC Board both demonstrates its commitment to an ongoing, comprehensive, and systematic approach to reduce the CHC's exposure to risk and authorizes CHC management to implement performance improvement and risk management strategies.

4. PROGRAM SCOPE AND OBJECTIVES

Program goals and objectives are to:

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

5. PROGRAM FUNCTIONS

The Risk Management Program interfaces with programs and across divisions to facilitate the development of policies and procedures addressing events which may create business-related liability, professional liability, general liability, and motor vehicle liability exposures occurring with patients, staff, visitors, and organizational assets.

5.1 Risk Management Program Functions

An effective risk management program protects the CHC's assets by having a structured, systematic process in place to reduce risks that may result in loss (e.g., loss of productive staff time or financial resources). An effective risk management program includes, but is not limited to, the following components:

- a) Systems for reducing the risk of adverse outcomes and potentially unsafe conditions across all health care activities.
- b) Proactively advising the CHC regarding strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, and staff.
- c) An internal system to collect and analyze information on injuries/adverse events occurring within the CHC.

- d) Conducting, participating in, and/or facilitating a root cause analysis of all serious incidents that resulted in or had the potential to result in serious harm/permanent impairment to an individual.
- e) Fostering a culture of safety across the organization that embodies an atmosphere of mutual trust in which providers and staff can talk freely about safety concerns and potential solutions.
- f) Facilitating annual health care risk management training for all staff.
- g) Facilitating quarterly risk management assessments.
- h) Annual reporting to CHC and Health District Leadership, the CHC Board, and the Health District Board regarding health care risk management activities and progress in meeting goals which, at a minimum, includes:
 - ✓ Completed risk management activities.
 - ✓ The status of the CHC's performance relative to identified goals; and
 - ✓ Proposed risk management activities relating and/or responding to identified areas of high risk.
- i) Developing and facilitating the development of policies and/or procedures related to claims management, incident reporting, training, tracking access to care activities, and risk management goals.
- j) Maintaining up-to-date policies and procedures regarding the CHC's risk management operations and processes.
- k) Supporting QI/QA improvement programs across all programs and activities.
- l) Decreasing the likelihood of claims and lawsuits through effective claims management and investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.
- m) Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include:
 - ✓ Claims and claim trends
 - ✓ Culture of safety surveys
 - ✓ Event trending data
- n) Maintaining documentation of Risk Management Program operations and processes.

5.2 Provider Credentialing and Privileging

Whether employed or contracted, healthcare practitioners will only be granted the privilege of providing health services to CHC patients after completion of a credentialing process. Each provider's licensure, certification, education, training, competence, immunization status, and hospital admitting privileges (when applicable) will be reviewed and verified.

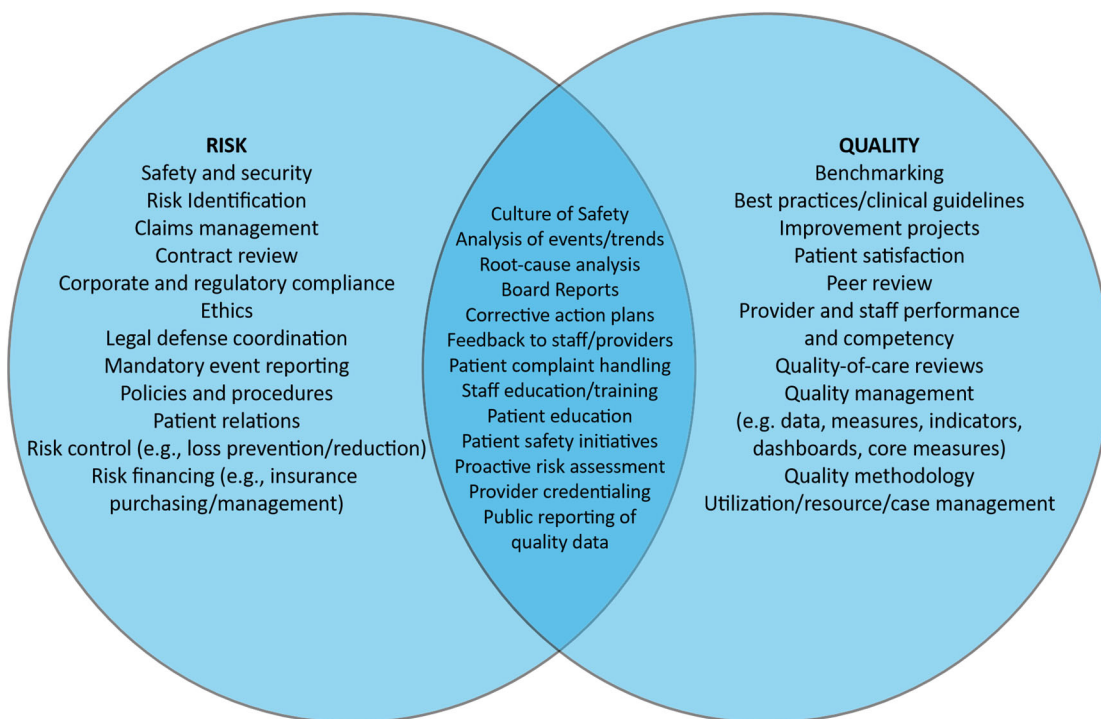
The Health District's Human Resources Department vets and onboards all healthcare providers.

6. ASSESSMENT OF RISKS/RISK MANAGEMENT PRACTICES

The Risk Management Plan will be reviewed and updated annually, or as needed to identify and assess the existing and potential risks of the CHC and the CHC's activities to reduce said risks. Risks will be identified through a review of incident reports and any organizational/department/program risk assessment.

7. INTERSECTION OF QUALITY AND RISK

Risk management and QI/QA activities should be coordinated with applicable programs to identify and develop quality and performance improvement measures. To enhance the identification and/or resolution of risk and quality issues, the Risk Manager will coordinate activities between risk and quality/performance.



8. ADMINISTRATIVE STRUCTURE

8.1 -Risk Manager

The Risk Management Program is administered through the Southern Nevada Community Healthy Center's FQHC Administrative Manager who is the designated Risk Manager for the health center.~~Health District's Risk Manager.~~ The Risk Manager's role is to maintain a proactive risk management program in compliance with the provisions of federal, state, and local statutes, applicable scope of practice and regulations. In so doing, the Risk Manager crosses operational lines and interfaces with Leadership, staff, providers, and other professionals to meet program goals. As the primary contact between the CHC and other external parties on all matters related to risk identification, prevention, and control, the Risk Manager reports to the insurance carrier actual/potential clinical, operational, or business claims or lawsuits, as specified in the insurance policy and/or contract.

8.2 Claims Management

The Health District's General Counsel is responsible for the management and processing of claims related activities and serves at the claims point of contact. Upon the health center being FTCA deemed, General Counsel will be responsible for FTCA claims management and will serve as the point of contact.

9. **MONITORING AND CONTINUOUS IMPROVEMENT**

The Risk Manager reports activities and outcomes (e.g., claims activity, risk and safety assessment results, event report summaries and trends) regularly to the governing board. This report informs the CHC Board and Health District Board of efforts made to identify and reduce risks and the success of these activities and communicates outstanding issues that need input and/or support for action or resolution. Risk management reports on risk management activities and outcomes will be provided to the CHC's Executive Director, the CHC Governing Board, and the Southern Nevada District Board of Health.

10. **COMPLIANCE PROGRAM**

The Health District has implemented a robust compliance program. By resolution dated November 21, 2019, the Health District Board demonstrated its support by authorizing and approving the Health District's compliance program.

This Risk Management Plan incorporates and integrates the Compliance Program's concepts and principles, including the Code of Conduct. Doing so further helps assure the CHC Board is meeting its obligations under Section 330's implementing regulations to ensure that the health center is operating in compliance with applicable Federal, state, and local laws.

11. **CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION**

Data and recommendations associated with Qi/QA are solely for the improvement of client care, services and safety. As such, documents and records that are part of the Qi/QA process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections can include attorney client privilege, attorney work product, and peer review protections.

All proceedings, records, data, reports, information and any other material used in the quality management process which involves peer review shall be held in strictest confidence only accessible to those parties responsible for assessing quality of care and service.

CHC will minimize the identifiability of a client's personal health information used for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending do not disclose a client's personal health information.

[SIGNATURES ON FOLLOWING PAGE]

The signatures below represent an acceptance, approval, and support of the Risk Management Program.

Southern Nevada
Community Health Center

Fermin Leguen, MD
Executive Director

Date

Southern Nevada
Health District

Fermin Leguen, MD
~~Chief Medical Officer and~~
~~Acting Chief Health Officer~~ District Health Officer

Date

Southern Nevada
Community Health Center

~~Jose Melendrez~~ ~~Scott Black-~~
Board Chair

Date

Approved by the CHC Board: _____ 01/23/2020



Risk Management Report Updates

CY23 Goals	CY22 Baseline	CY23 Activities (What, Who, When)	CY23 Performance
# of Medication Errors			
Goal #1: Reduce medication errors to 0.	Seven (7) errors	<ul style="list-style-type: none"> Implementation of the vaccine administration training and competency checklist, which is reviewed one by one during employee evaluation, and updated by the supervisor annually. Annual vaccine administration training every September organized and facilitated by the Vaccine Coordinator. 	Q1: 0 Q2: 1 Q3: 1 Q4: CY23: 2 Result: 5 fewer in CY23 than in CY22
# of Bluebird responses under 2 Minutes			
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"> 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. Inspect and verify the crash carts are labeled and stocked with supplies. Mapping of AEDs and provide biannual training for use of AEDs when BLS licenses are renewed. 	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: 0% late responses vs. 25% late responses last year
# of Employee Injuries			
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"> 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. Working with a vendor to update internal and external camera coverage. This is currently in progress and should be complete by Q3. Director of Facilities and Security and the Safety Officer will organize a way to monitor safety and security on a regular basis by Q3. 	Q1: 1 Q2: 0 Q3: 1 Q4: CY23: 2 Result: 2 employee injuries in CY23 vs. 1 in CY22
# of Incident Reports Completed			
Goal #4: Improve the reporting of actual or potential incidents.	15 total incidents reported in CY22	<ul style="list-style-type: none"> FQHC Operations Officer to review and revised as needed the current Incident Reporting policy and procedure. – June 2023 FQHC Quality Improvement Coordinator to review and revise as needed the current Incident Reporting form. – June 2023 FQHC Operations Officer to facilitate the completion of division-wide training on the current/revised Incident Reporting policy, procedure, and form. – July 2023 	Q1: 16 Q2: 9 Q3: 18 Q4: CY23: 43 Result: 43 incident reports submitted in CY23 vs 15 incident reports in CY22

Recommend a Motion to Approve the Quality and Risk Management Report and Risk Management Plan, as presented.



Financial Report

Results as of August 31, 2023

Financial Report Categorization

Statement Category – Revenue	Elements
Charges for Services	Fees received for medical services provided from patients, insurance companies, Medicare, and Medicaid.
Other	Medicaid MCO reimbursements (the wrap), administrative fees, and miscellaneous income (sale of fixed assets, payments on uncollectible charges, etc.).
Grants	Reimbursements for grant-funded operations via Local, State, Federal, and Pass-Through grants.

Statement Category – Expenses	Elements
Salaries, Taxes, and Benefits	Salaries, overtime, stand-by pay, retirement, health insurance, long-term disability, life insurance, etc.
Travel and Training	Mileage reimbursement, training registrations, hotel, flights, rental cars, and meeting expenses pre-approved, job-specific training and professional development.
Supplies	Medical supplies, medications, vaccines, laboratory supplies, office supplies, building supplies, books and reference materials, etc.
Contractual	Temporary staffing for medical/patient/laboratory services, subrecipient expenses, dues/memberships, insurance premiums, advertising, and other professional services.
Property	Fixed assets (i.e. buildings, improvements, equipment, vehicles, computers, etc.)
Indirect/Cost Allocation	Indirect/administrative expenses for grant management and allocated costs for shared services (i.e. Executive leadership, finance, IT, facilities, security, etc.)

All Funds/Divisions

Activity	Budget as of August	Actual as of August	Variance	%
Charges for Services	3,303,413	3,894,993	591,581	18%
Other	85,556	119,601	34,045	40%
Federal Revenue	834,079	428,729	(405,351)	-49%
Other Grant Revenue	30,172	4,978	(25,194)	-84%
Pass-Thru Revenue	385,165	347,441	(37,724)	-10%
State Revenue	87,178	-	(87,178)	-100%
Total FQHC Revenue	4,725,564	4,795,743	70,179	1%
Salaries	1,531,158	1,332,003	(199,155)	-13%
Taxes & Fringe Benefits	678,474	605,464	(73,010)	-11%
Travel & Training	15,761	1,874	(13,887)	-88%
Total Salaries & Benefits	2,225,393	1,939,341	(286,053)	-13%
Supplies	2,183,783	3,538,717	1,354,935	62%
Capital Outlay	1,667	6,993	5,327	320%
Contractual	370,341	100,592	(269,749)	-73%
Total Other Operating	2,555,790	3,646,303	1,090,512	43%
Indirect Costs/Cost Allocations	1,125,829	1,468,637	342,808	30%
Transfers IN	(236,626)	(139,272)	97,354	-41%
Transfers OUT	228,934	139,272	(89,662)	-39%
Total Transfers	1,118,137	1,468,637	350,500	31%
Net Position	(1,173,757)	(2,258,538)	(1,084,781)	92%

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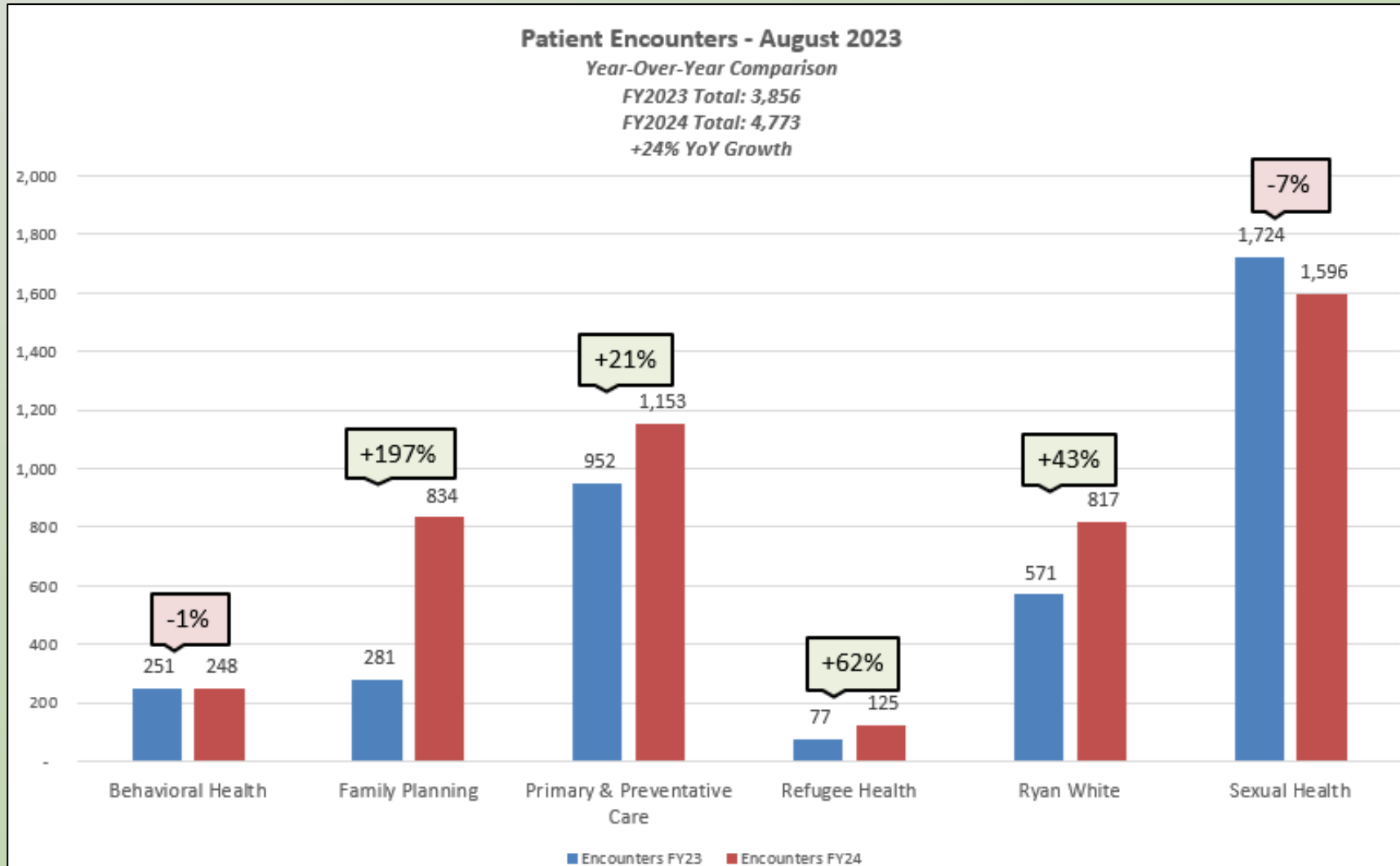
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NOTES:

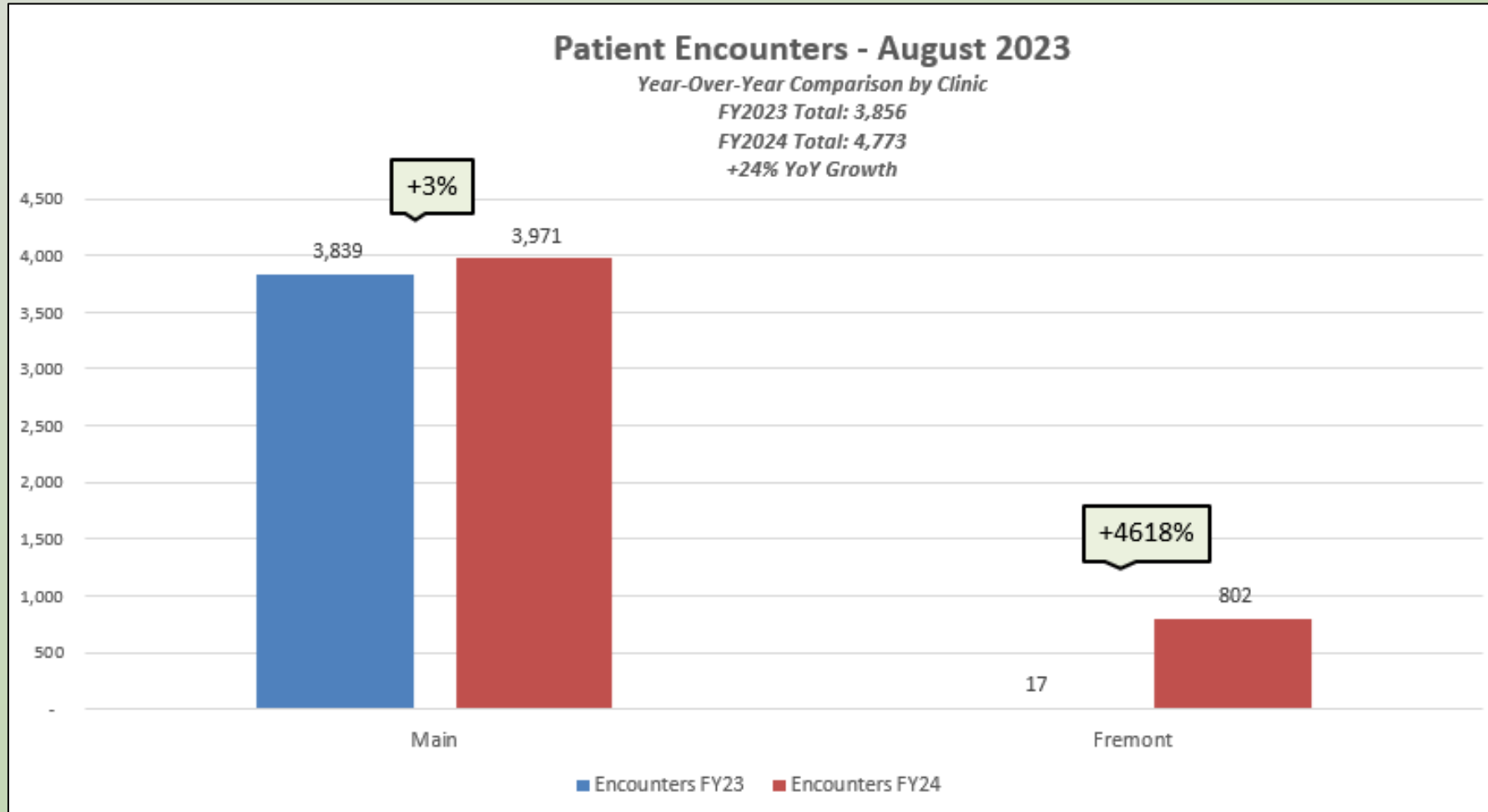
- 1) WRAP REVENUE FROM STATE POSTED TO ADMINISTRATION "OTHER REVENUE" CATEGORY SINCE IT IS NOT BROKEN DOWN BY PROGRAM/CLAIM.
- 2) EMPLOYMENT BUDGET INCLUDES ANTICIPATED FY24 HIRING OF MULTIPLE POSITIONS (MEDICAL DIRECTOR, STAFF PHYSICIAN, LCSW, PHARMACIST, PHARMACY TECHNICIAN) WHICH WERE NOT FILLED AS OF AUGUST 2023.
- 3) PHARMACY MEDICATIONS CONTINUE TO DRIVE INCREASED SUPPLIES EXPENSE DUE TO INCREASED PATIENT ENCOUNTERS AND MEDICATION INFLATION.
- 4) SIGNIFICANT BUDGETED CONTRACTS FOR THE YEAR HAVE NOT BEGUN AS OF AUGUST 2023.

Patients Encounters by Department



NOTE: SEXUAL HEALTH WAS MOVED TO FQHC IN JULY 2023 (FISCAL YEAR 2024). PRIOR YEAR DATA IS ACTIVITY FROM DEPARTMENT WHILE UNDER SNHD PRIMARY AND PREVENTATIVE CARE.

Patients Encounters by Clinic



NOTE: FREMONT CLINIC OPENED ON AUGUST 30TH, 2022.

Revenue by Department

Department	Budget as of August	Actual as of August	Variance	%
Charges for Services (+ Wrap)				
Family Planning	77,665	98,067	20,401	26%
Pharmacy	2,544,034	3,420,649	876,615	34%
Oral Health (Dental)	25,446	-	(25,446)	-100%
Primary Care	336,341	71,503	(264,838)	-79%
Ryan White	69,981	73,802	3,820	5%
Refugee Health	21,725	4,034	(17,691)	-81%
Behavioral Health	88,776	29,599	(59,177)	-67%
Administration	-	119,536	119,536	0%
Sexual Health	225,000	197,406	(27,594)	-12%
OPERATING REVENUE	3,388,969	4,014,594	625,625	18%
Grants				
Family Planning	373,304	199,291	(174,013)	-47%
Pharmacy	-	-	-	0%
Oral Health (Dental)	-	-	-	0%
Primary Care	557,974	204,019	(353,955)	-63%
Ryan White	358,296	339,930	(18,366)	-5%
Refugee Health	42,278	31,075	(11,203)	-26%
Behavioral Health	-	-	-	0%
Sexual Health	4,743	6,833	2,090	44%
SPECIAL REVENUE	1,336,595	781,148	(555,446)	-42%
TOTAL REVENUE	4,725,564	4,795,743	70,179	1%

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NOTES:

- 1) ADDITIONAL PATIENT ENCOUNTERS ARE DRIVING MORE REVENUE AND REIMBURSABLE EXPENSES VIA THE PHARMACY.
- 2) SERVICES NOT YET OPERATIONAL IN AUGUST 2023.
- 3) PATIENT VOLUME LAGGING EXPECTATIONS DUE TO OPEN POSITIONS LIMITING CAPACITY.
- 4) PATIENT VOLUME LAGGING EXPECTATIONS DUE TO LESS-THAN-EXPECTED DEMAND.
- 5) WRAP REVENUE FROM STATE POSTED TO ADMINISTRATION "OTHER REVENUE" CATEGORY SINCE IT IS NOT BROKEN DOWN BY PROGRAM/CLAIM.
- 6) GRANT REVENUES ARE TRAILING BUDGET DUE TO PENDING ONBOARDING OF GRANT-FUNDED POSITIONS AND ASSOCIATED REVENUE AND REIMBURSABLE EXPENSES.
- 7) NO BUDGETED GRANT ACTIVITY FOR FY 2024.
- 8) GRANT EXPENSE RECORDING ACTIVITY UNDERWAY TO ASSIGN EXPENSES TO THE APPROPRIATE GRANT.

Expenses by Department

Department	Budget as of August	Actual as of August	Variance	%
Employment (Salaries, Fringe, Training)				
Family Planning	314,553	280,377	(34,176)	-11%
Pharmacy	89,815	49,031	(40,783)	-45%
Oral Health (Dental)	-	-	-	0%
Primary Care	879,901	715,832	(164,069)	-19%
Ryan White	411,506	458,683	47,177	11%
Refugee Health	29,817	42,129	12,312	41%
Behavioral Health	55,863	-	(55,863)	-100%
Administration	37,854	17,941	(19,913)	-53%
Sexual Health	390,324	373,473	(16,851)	-4%
Total Personnel Costs	2,209,632	1,937,467	(272,165)	-12%
Other (Supplies, Contractual, Capital)				
Family Planning	102,169	19,795	(82,374)	-81%
Pharmacy	1,982,292	3,486,931	1,504,639	76%
Oral Health (Dental)	9,202	-	(9,202)	-100%
Primary Care	351,469	80,301	(271,168)	-77%
Ryan White	47,721	37,769	(9,952)	-21%
Refugee Health	29,111	590	(28,520)	-98%
Behavioral Health	2,100	-	(2,100)	-100%
Administration	13,506	4,393	(9,113)	-67%
Sexual Health	33,982	18,397	(15,585)	-46%
Total Other Expenses	2,571,551	3,648,176	1,076,625	42%
Total Operating Expenses	4,781,184	5,585,643	804,460	17%
Indirect Costs/Cost Allocations	1,125,829	1,468,637	342,808	30%
Transfers IN	(236,626)	(139,272)	97,354	-41%
Transfers OUT	228,934	139,272	(89,662)	-39%
Total Transfers & Allocations	1,118,137	1,468,637	350,500	31%
TOTAL EXPENSES	5,899,321	7,054,280	1,154,960	20%

NOTES:

- 1) EXPENSES ARE TRAILING BUDGETED EXPECTATIONS DUE TO ANTICIPATED GRANT-FUNDED, REIMBURSABLE EXPENSES NOT YET SPENT/OPERATIONALIZED.
- 2) SERVICES NOT YET OPERATIONAL IN JULY 2023.
- 3) PHARMACY MEDICATIONS CONTINUE TO DRIVE INCREASED SUPPLIES EXPENSE DUE TO INCREASED PATIENT ENCOUNTERS AND MEDICATION INFLATION.
- 4) GRANT-FUNDED EXPENSES NOT YET RECORDED DUE TO PENDING BUDGET REALLOCATION BETWEEN SHND PRIMARY CARE AND FQHC.
- 5) BEHAVIORAL HEALTH ACCOUNT CREATED. WORKING WITH STAFF TO ASSIGN SALARY AND OPERATING EXPENSES



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

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.

Executive Director Comments

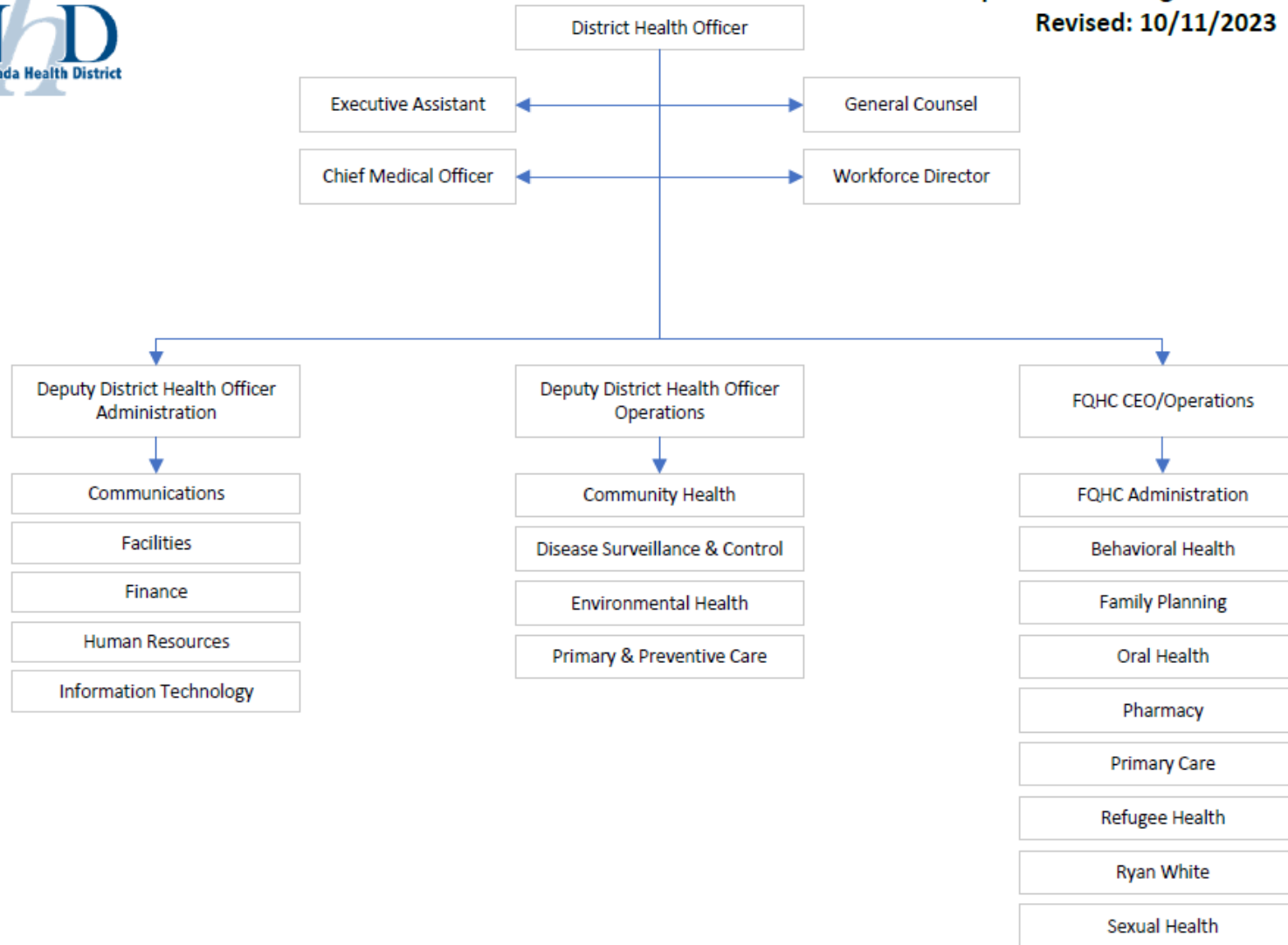
Fermin Leguen, MD, MPH
District Health Officer / Executive Director

Leadership Succession Planning

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

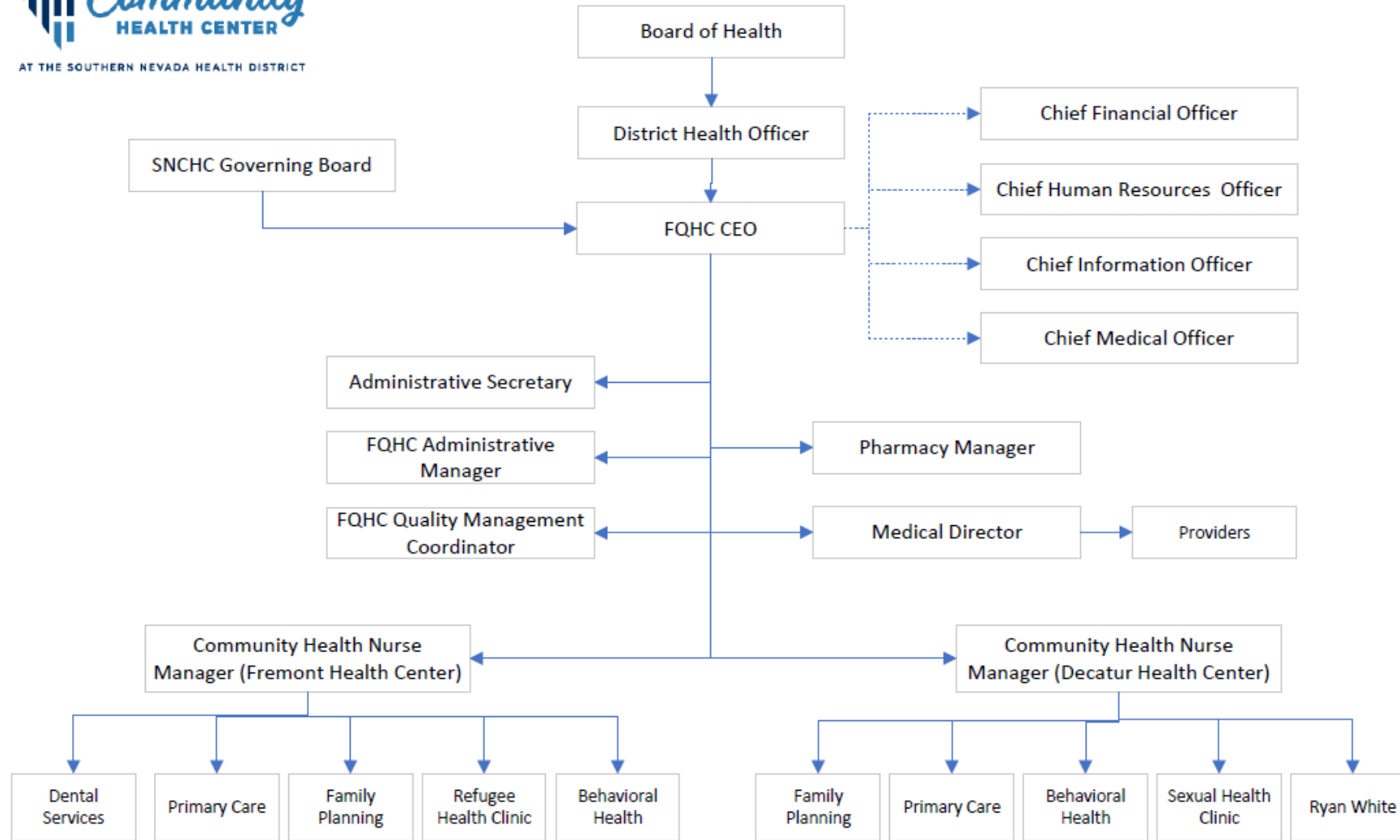


Proposed SNHD Organizational Chart
Revised: 10/11/2023





Southern Nevada Community Health Center



Highlights from the September 2023 Operations Report

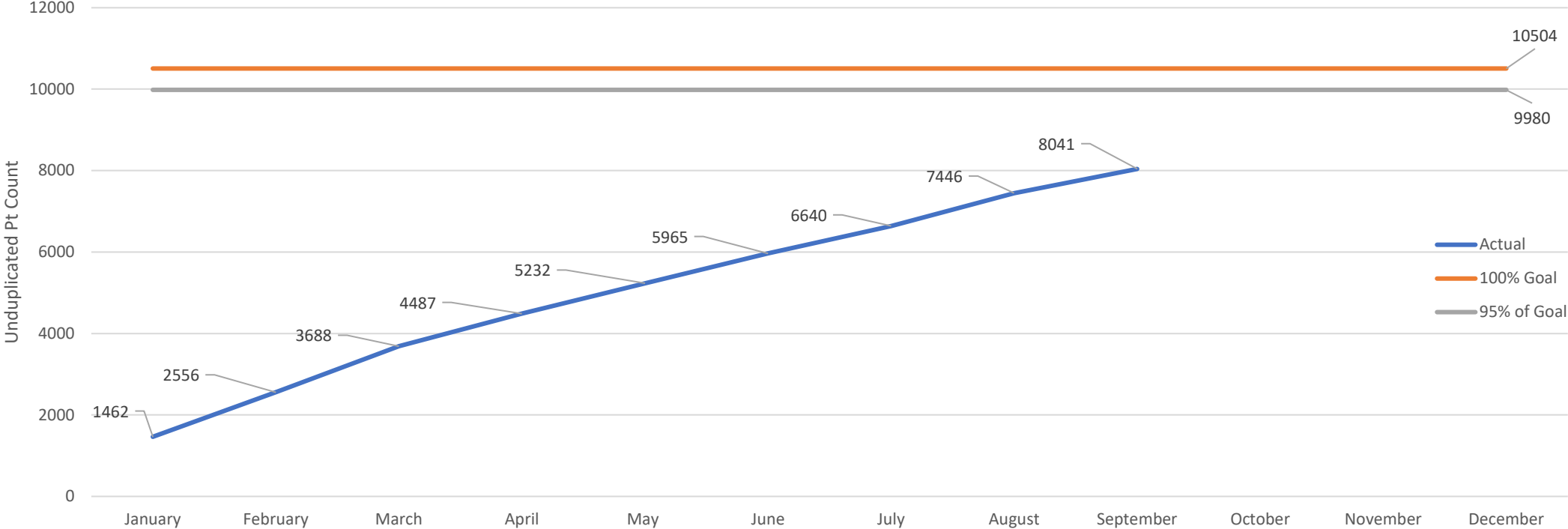
Randy Smith, FQHC Operations Officer

Administrative Update

- FTCA application resubmitted on 10/16/23
- November (11/21/23) and December (12/19/23) Governing Board Meetings
 - Staff to follow up with board on whether the dates needs to be changed
- 1st full month of Refugee Health Clinic services at Fremont
- Health Center Organizational Structure
 - Community Health Nurse Manager, 2.0 FTE – Decatur and Fremont operations
 - FQHC Administrative Manager, 1.0 FTE – FQHC Business Office
 - Grants Management: Applications, Reports, Audits, Program Development
 - Agreements – Legal and Finance
 - HRIS – Human Resources
 - Payer Relations – Pay for Performance (e.g., HEDIS), New Members,
 - Health Center Risk Manager
 - Board support

Unduplicated Patients

2023 Unduplicated Pt Count - Actual vs. Goal



Encounters by Department & Site

Facility	Program	Sept '23	FY24 YTD	Sept '22	FY23 YTD	Sept YoY %	FY YTD YoY %
Decatur	Behavioral Health	105	364	121	369	-13%	-1%
Decatur	Family Health	369	1,087	248	971	49%	12%
Fremont	Family Health	189	508	146	283	29%	80%
Decatur	Family Planning	115	410	252	790	-54%	-48%
Fremont	Family Planning	47	311	115	125	-59%	149%
Decatur	Ryan White	246	699	181	519	36%	35%
ASEC	Sexual Health	130	383	115	262	13%	46%
Decatur	Sexual Health	519	1,650	603	1,778	-14%	-7%
Total		1,720	5,412	1,781	5,097	-3%	6%

Access Report by Team and Department

Provider	Total Visit	Work Days	Visit/W	Dept
Team A	133	14	9.5	FP
Team B	53	7	7.6	PC
Team C*	44	5	8.8	PC
Team D*	10	2	5.0	PC
Team E	50	9	5.6	BH
Team F*	58	7	8.3	PC
Team G	163	14	11.6	SHC
Team H	151	14	10.8	PC
Team I*	122	11	11.1	PC
Team J	143	11	13.0	SHC
Team K	57	15	3.8	BH
Team L	180	15	12.0	PC
Team M*	28	9	3.1	FP
Team N	169	15	11.3	SHC
Team O	185	15	12.3	PC
Team P	174	15	11.6	SHC
Total	1720	178	9.1	

* Denotes an intentional deviation from appointments schedule/contactors

July = 7.5

August = 8.7

September = 9.1

21% increase since July

Thank You.



MEMORANDUM

Date: October 17, 2023

To: Southern Nevada Community Health Center Governing Board

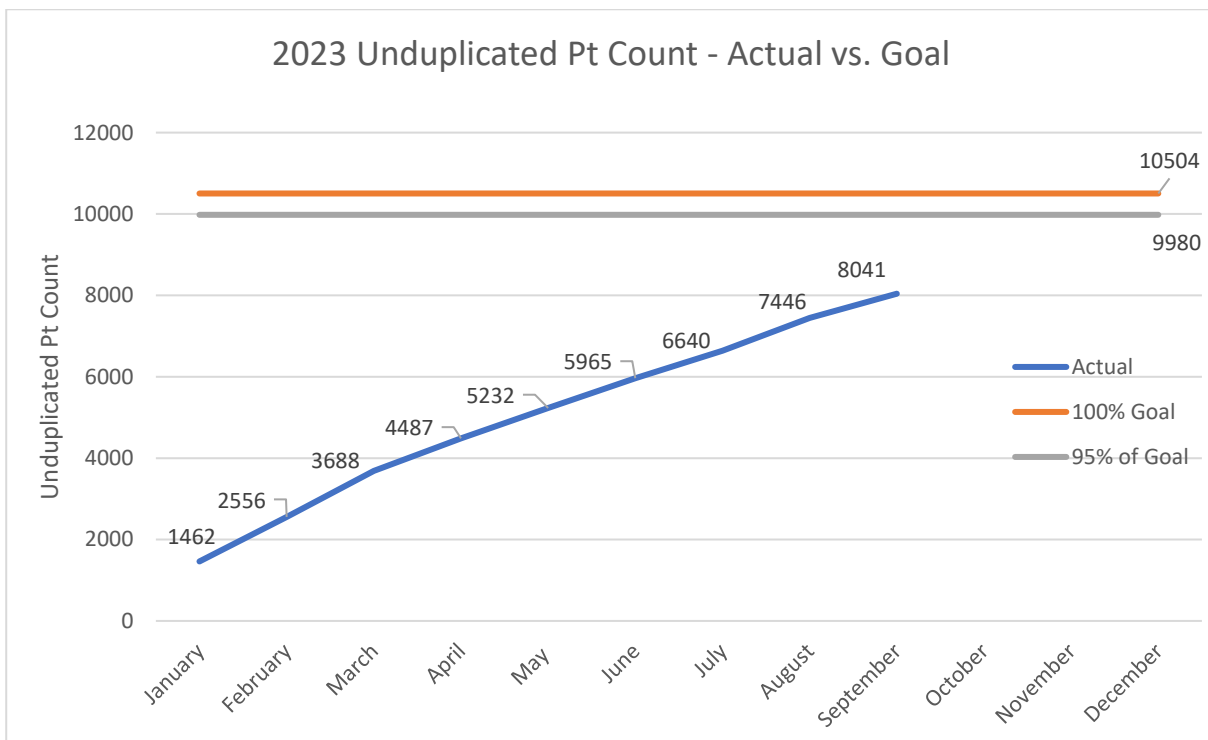
From: Randy Smith, FQHC Operations Officer *RS*
 Fermin Leguen, MD, MPH, District Health Officer *FL*

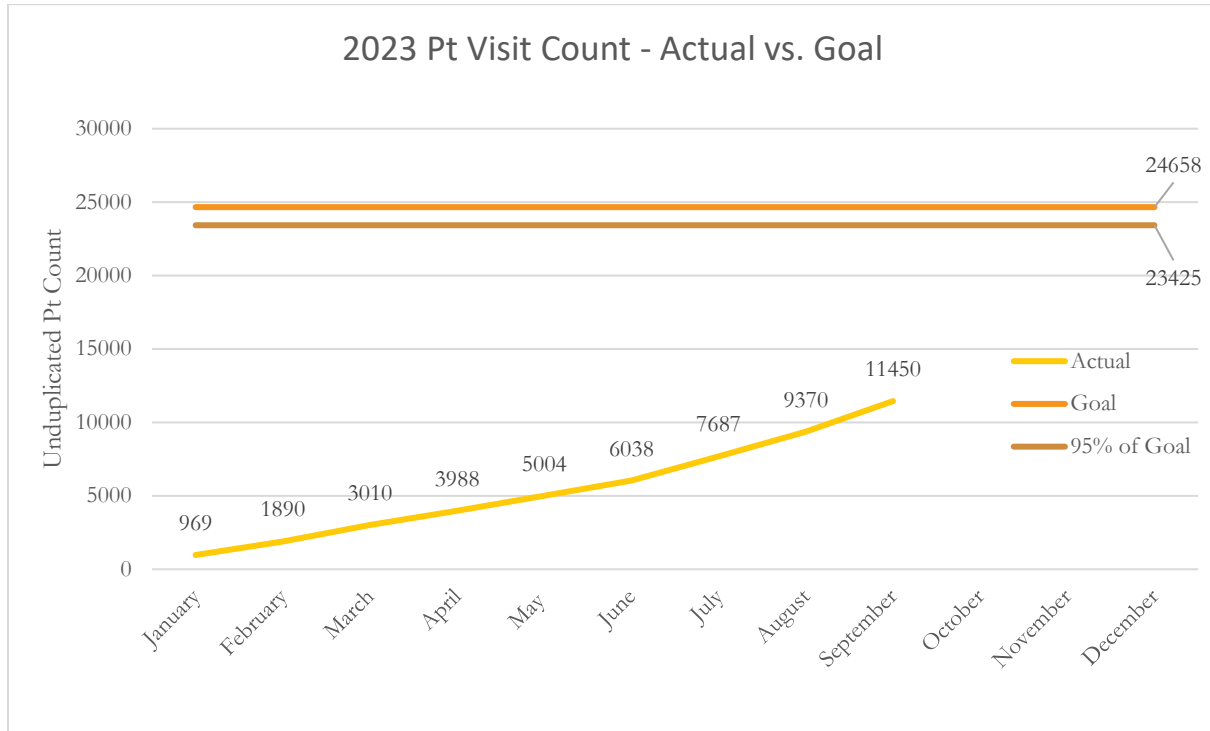
Subject: Community Health Center FQHC Operations Officer Report – September 2023

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.

September 2023 Highlights

Access





Facility	Program	Sept '23	FY24 YTD	Sept '22	FY23 YTD	Sept YoY %	FY YTD YoY %
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Administrative

- Federal Tort Claim Act (FTCA) deeming application corrected and resubmitted on 10/16/23.
- Clinical staff completed required OB training.
- Azara DRVS staff training in clinical and administrative features continues.
- Ryan White Part B on-site program audit scheduled for 10/25/23.
- FQHC Administrative Manager position implemented.

- Two new APRNs accepted job offers with start dates in November and December.
- Recruitment for a Medical Director and a Licensed Clinical Social Worker continues.
- The Refugee Health Clinic (RHC) transitioned to day-to-day health center operations at Fremont effective 9/5/23.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 58 referrals between September 1st through September 30th. There were two (2) pediatric clients referred to the MCM (Medical Case management) program in September and the program received one (1) referral for pregnant women living with HIV during this time.
- B. There were 683 total service encounters in the month of September provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, and Health Educator). There were 331 unduplicated clients served under these programs in September.
- C. The Ryan White ambulatory clinic had a total of 416 visits in the month of September: 39 initial provider visits, 190 established provider visits, 11 tele-visits (established clients). There were 17 nurse visits and 170 lab visits. There were 24 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Worker and the Psychiatric APRN during the month of September.
- 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 14 patients enrolled and seen under the Rapid stART program in September.

Family Planning (FP)

- A. Family Planning program services at the Fremont and Decatur Public Health Centers served 231 clients.
- B. The Fremont Family Planning Clinic served 78 clients.
- C. The Decatur Family Planning Clinic served 153 clients.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) provided 714 encounters in September.
 - a. There were 127 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) clinic site.
 - b. There are currently 112 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.

Refugee Health Clinic (RHC)

Services provided in the Refugee Health Clinic for the month of September 2023.

ADULTS	
Total Scheduled	66
Cancelled	3
No Show	21
Total Seen	42

CHILDREN	
Total Scheduled	14
Cancelled	0
No Show	0
Total Seen	14

Pharmacy Services

	Sep-22	Sep-23		FY23	FY24		% Change YTD
Client Encounters (Pharmacy)	1,125	1,251	↑	3,533	3,922	↑	11.0%
Prescriptions Filled	1,488	1,739	↑	4,651	5,441	↑	17.0%
Client Clinic Encounters (Pharmacist)	34	29	↓	178	96	↓	-46.1%
Financial Assistance Provided	5	17	↑	24	53	↑	120.8%
Insurance Assistance Provided	2	7	↑	5	8	↑	60.0%

- A. Dispensed 1,739 prescriptions for 1,251 clients.
- B. Pharmacist completed 29 client clinic encounters.
- C. Assisted 17 clients to obtain medication financial assistance.
- D. Assisted 7 clients with insurance approvals.

Eligibility and Insurance Enrollment Assistance

As a team, the Eligibility Workers submitted a total of 75 applications for the month.

Applications	Status
42	Approved
11	Denied
21	Pending

Risk Management Program

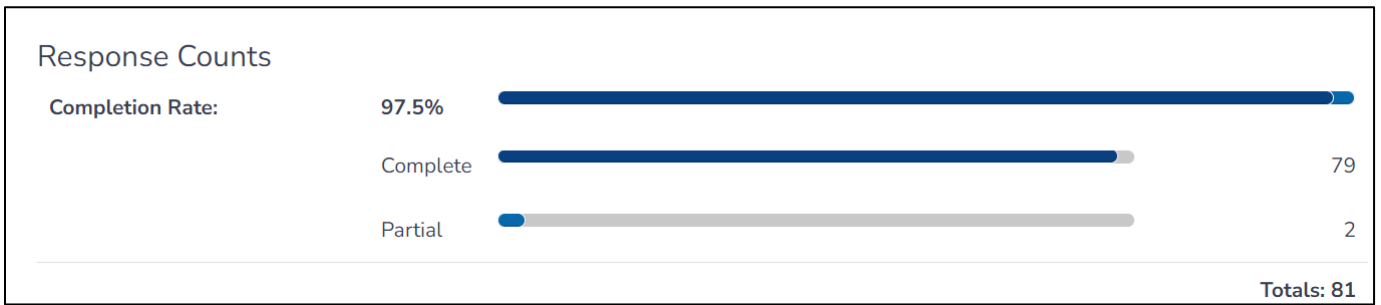
July, August, and September

- Medical Event(s) (Dr. Bluebird) – Ten (10)
- Patient Complaint(s)/Grievance(s) – One (1)
- Incident Report(s) – Two (2)
- Medication Event(s) – One (1)
- Patient Issue(s) – One (1)
- Employee Incident(s) – Two (2)
- HIPAA Violation(s) – Zero (0)

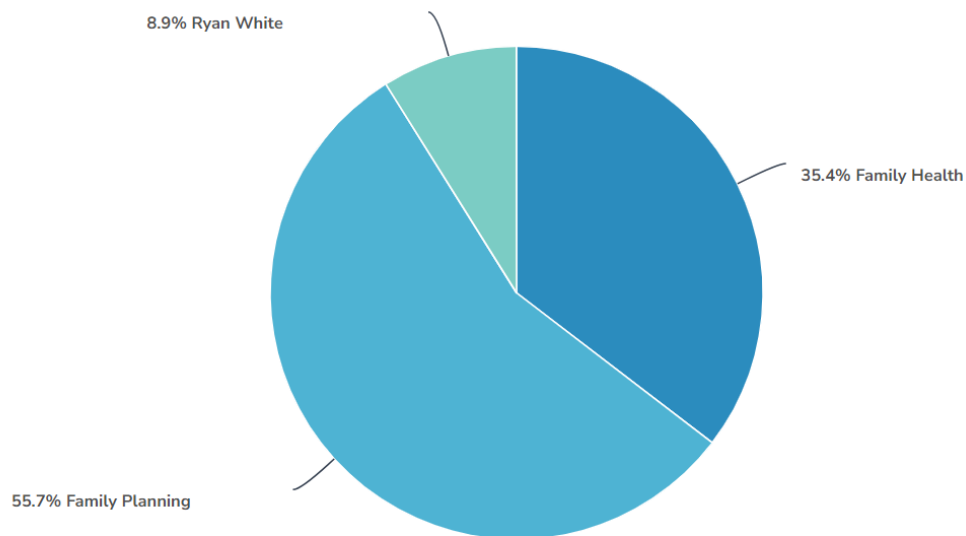
Patient Satisfaction: See attached survey results.




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) September 2023

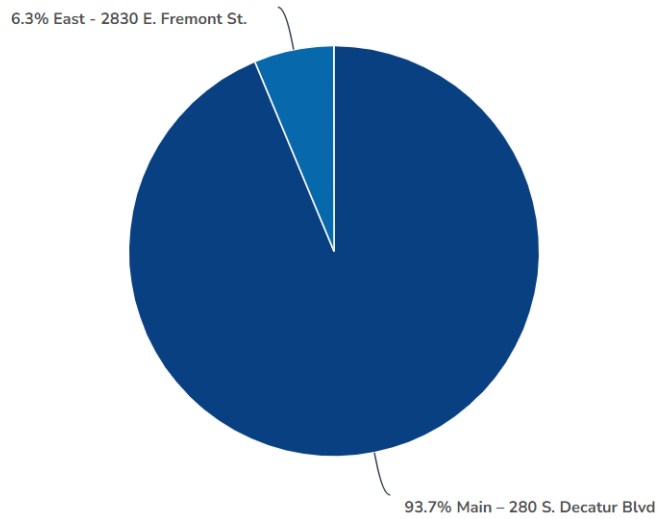


1. Service received during your visit



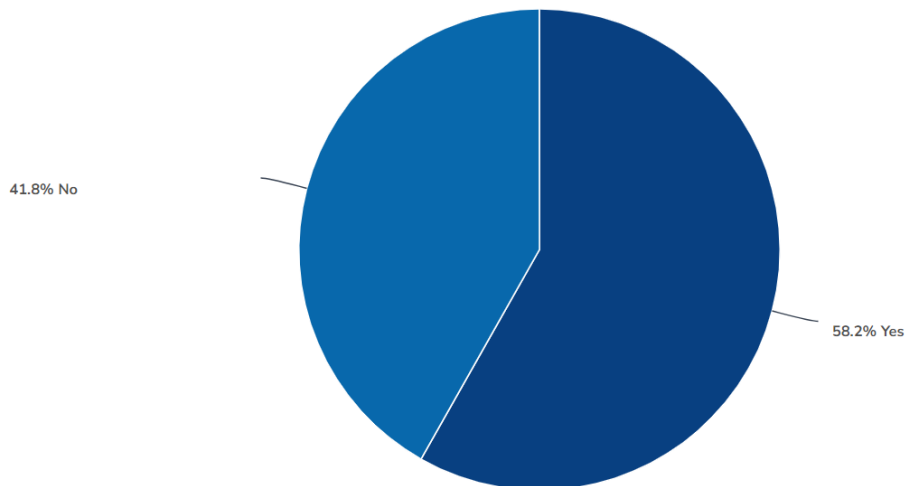
Value	Percent		Responses
Family Health	35.4%		28
Family Planning	55.7%		44
Ryan White	8.9%		7
			Totals: 79

2. Southern Nevada Health District (SNHD) location



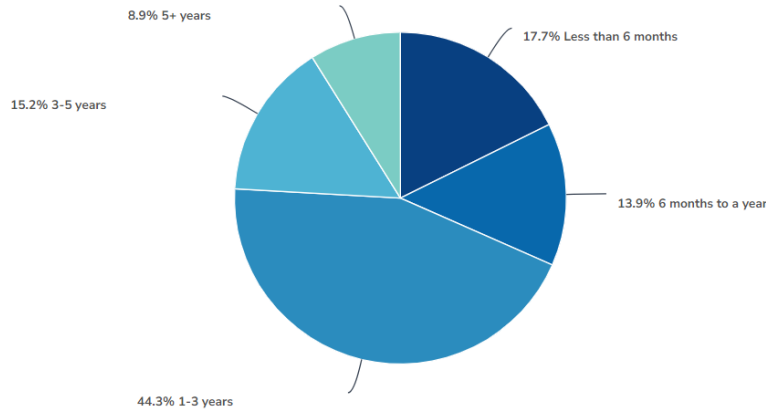
Value	Percent	Responses
Main - 280 S. Decatur Blvd	93.7%	74
East - 2830 E. Fremont St.	6.3%	5
Totals: 79		

3. Do you have health insurance?



Value	Percent	Responses
Yes	58.2%	46
No	41.8%	33
Totals: 79		

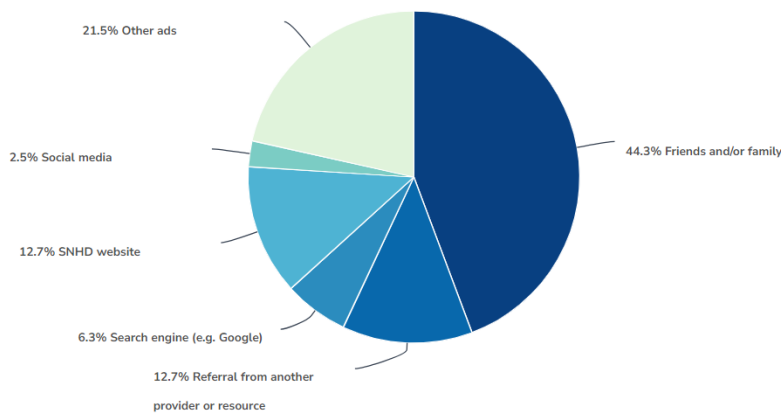
4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



Value	Percent	Responses
Less than 6 months	17.7%	14
6 months to a year	13.9%	11
1-3 years	44.3%	35
3-5 years	15.2%	12
5+ years	8.9%	7

Totals: 79

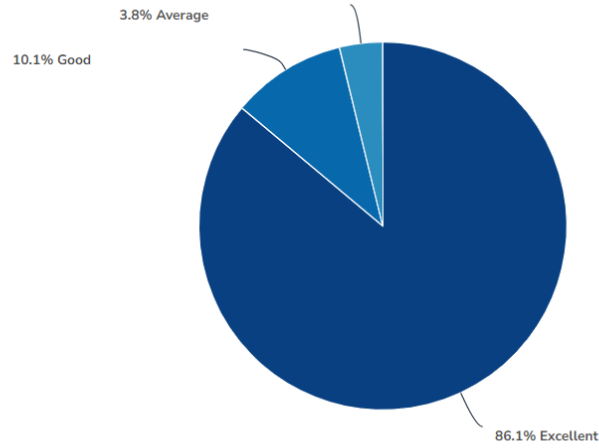
5. How did you hear about us?



Value	Percent	Responses
Friends and/or family	44.3%	35
Referral from another provider or resource	12.7%	10
Search engine (e.g. Google)	6.3%	5
SNHD website	12.7%	10
Social media	2.5%	2
Other ads	21.5%	17

Totals: 79

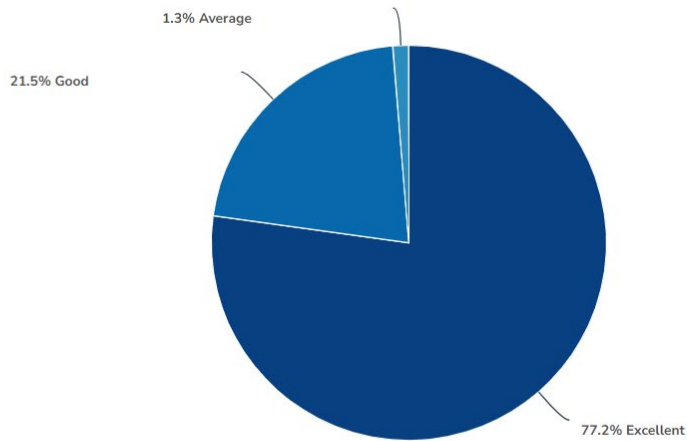
6. Ease of scheduling an appointment



Value	Percent	Responses
Excellent	86.1%	68
Good	10.1%	8
Average	3.8%	3

Totals: 79

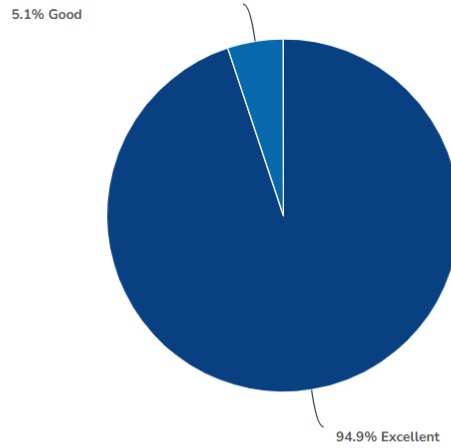
7. Wait time to see provider



Value	Percent	Responses
Excellent	77.2%	61
Good	21.5%	17
Average	1.3%	1

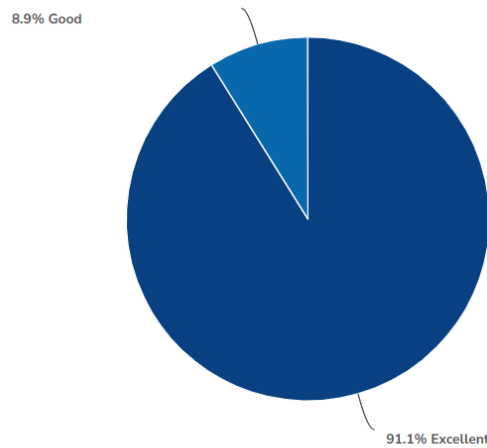
Totals: 79

8. Care received from providers and staff



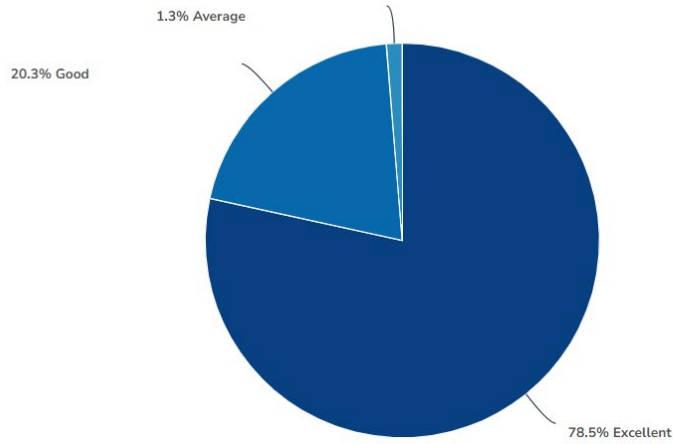
Value	Percent	Responses
Excellent	94.9%	75
Good	5.1%	4
Totals: 79		

9. Understanding of health care instructions following your visit



Value	Percent	Responses
Excellent	91.1%	72
Good	8.9%	7
Totals: 79		

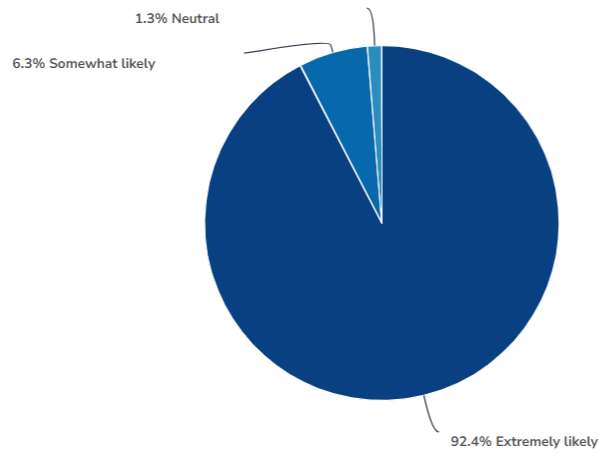
10. Hours of operation



Value	Percent	Responses
Excellent	78.5%	62
Good	20.3%	16
Average	1.3%	1

Totals: 79

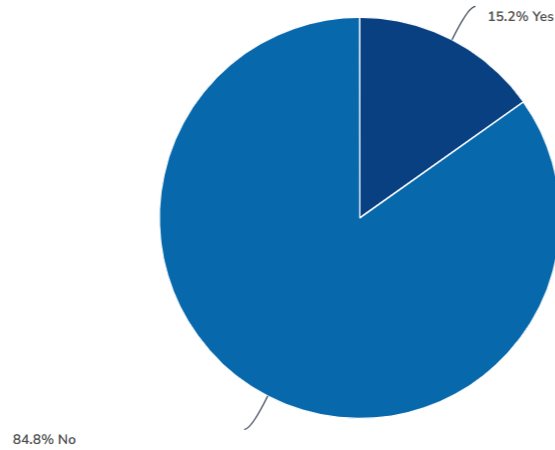
11. Recommendation of our health center to friends and family



Value	Percent	Responses
Extremely likely	92.4%	73
Somewhat likely	6.3%	5
Neutral	1.3%	1

Totals: 79

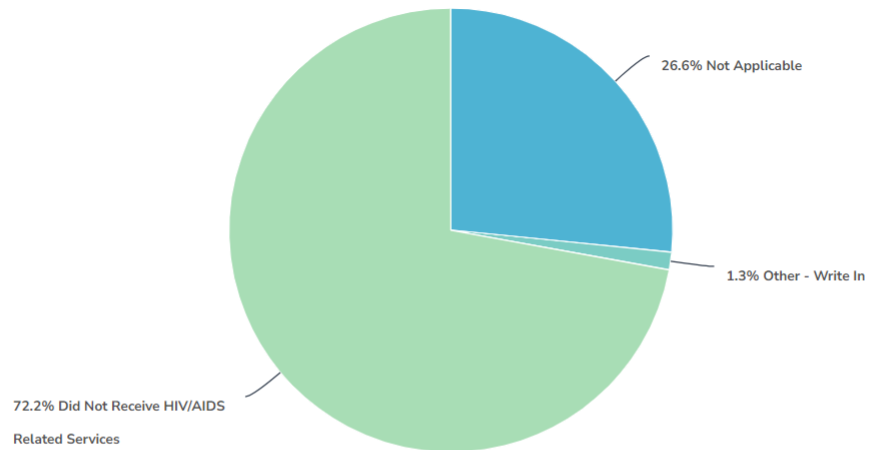
12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



Value	Percent	Responses
Yes	15.2%	12
No	84.8%	67

Totals: 79

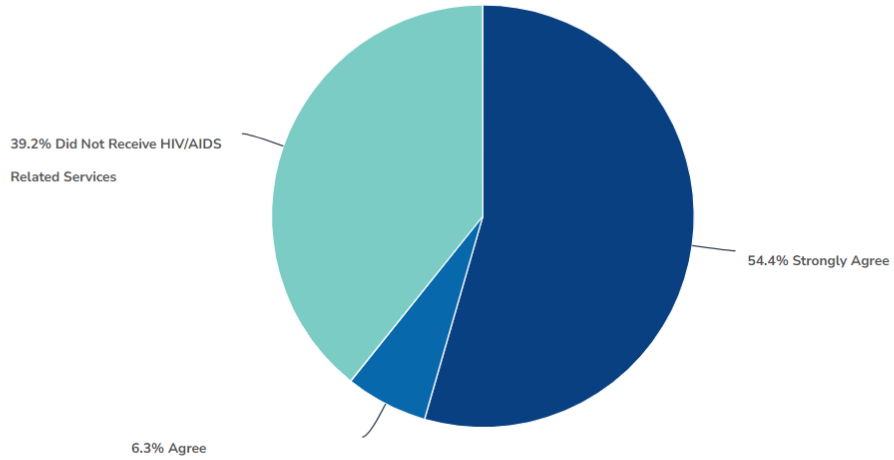
13. Based on your HIV status, at any moment during your visit, did you feel...



Value	Percent	Responses
Not Applicable	26.6%	21
Other - Write In (click to view)	1.3%	1
Did Not Receive HIV/AIDS Related Services	72.2%	57

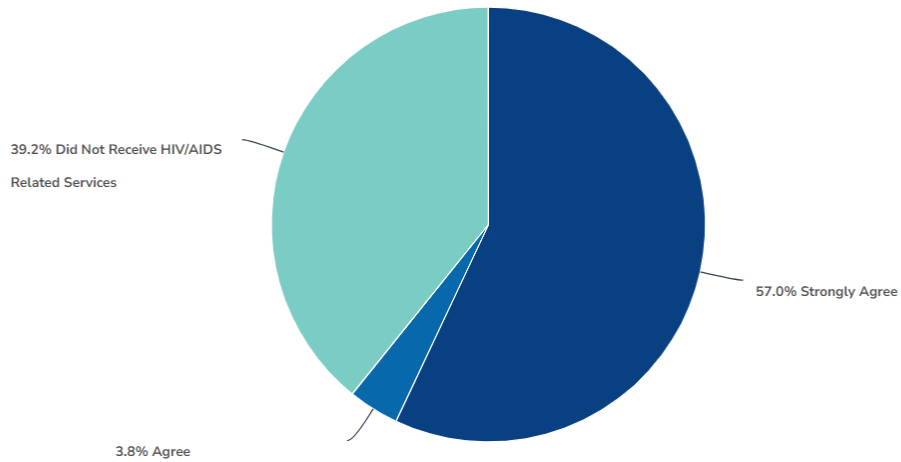
Totals: 79

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



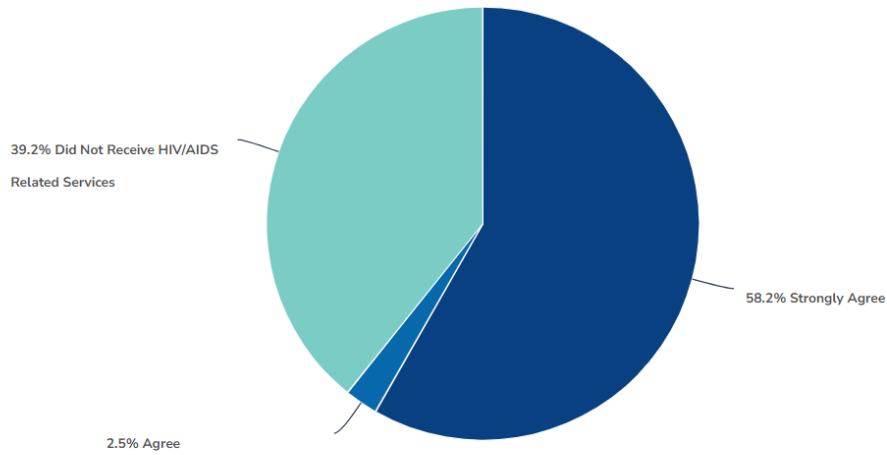
Value	Percent	Responses
Strongly Agree	54.4%	43
Agree	6.3%	5
Did Not Receive HIV/AIDS Related Services	39.2%	31
Totals: 79		

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



Value	Percent	Responses
Strongly Agree	57.0%	45
Agree	3.8%	3
Did Not Receive HIV/AIDS Related Services	39.2%	31
Totals: 79		

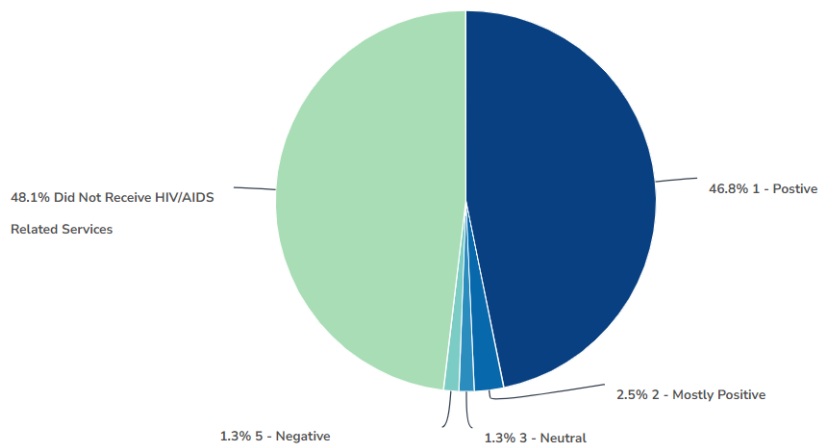
16. During your visit, did you feel that staff members were supportive?



Value	Percent	Responses
Strongly Agree	58.2%	46
Agree	2.5%	2
Did Not Receive HIV/AIDS Related Services	39.2%	31

Totals: 79

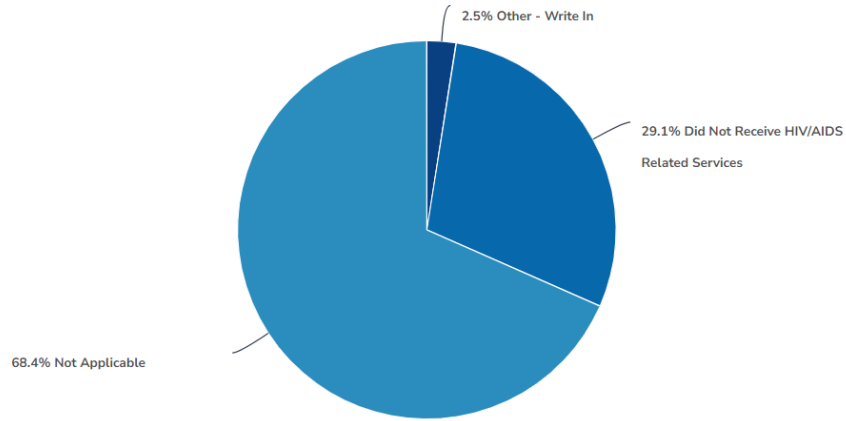
17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Postive	46.8%	37
2 - Mostly Positive	2.5%	2
3 - Neutral	1.3%	1
5 - Negative	1.3%	1
Did Not Receive HIV/AIDS Related Services	48.1%	38

Totals: 79

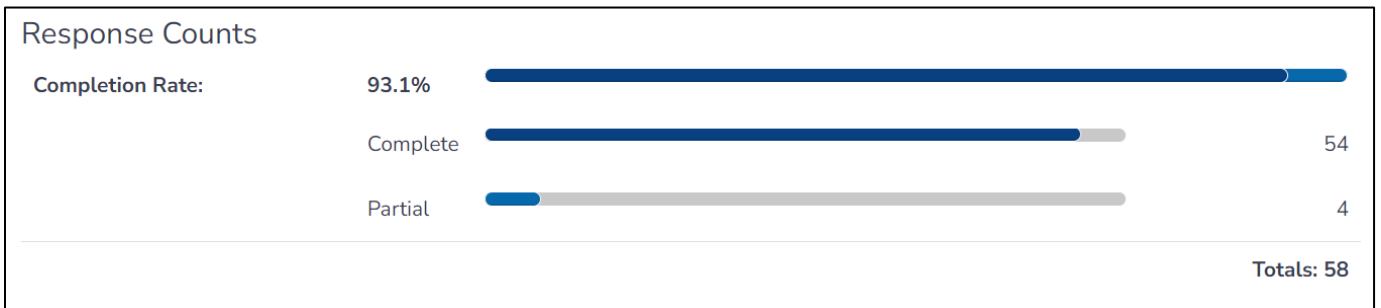
18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



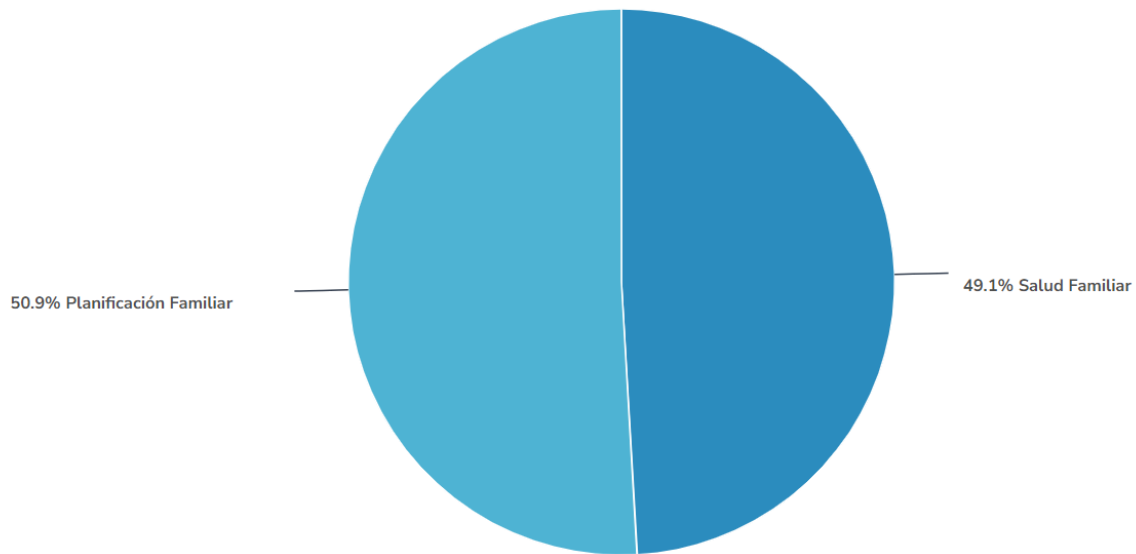
Value	Percent	Responses
Other - Write In (click to view)	2.5%	2
Did Not Receive HIV/AIDS Related Services	29.1%	23
Not Applicable	68.4%	54

Totals: 79

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

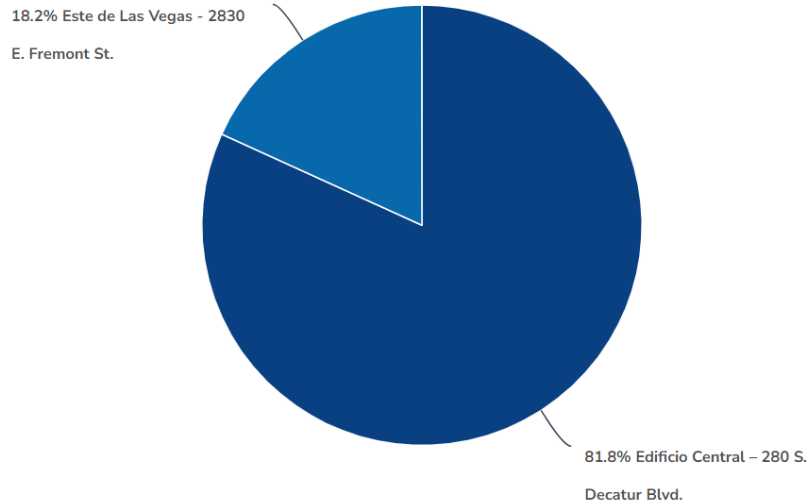


1. Marque los servicios recibidos durante su visita



Value	Percent	Responses
Salud Familiar	49.1%	27
Planificación Familiar	50.9%	28
Totals:		
55		

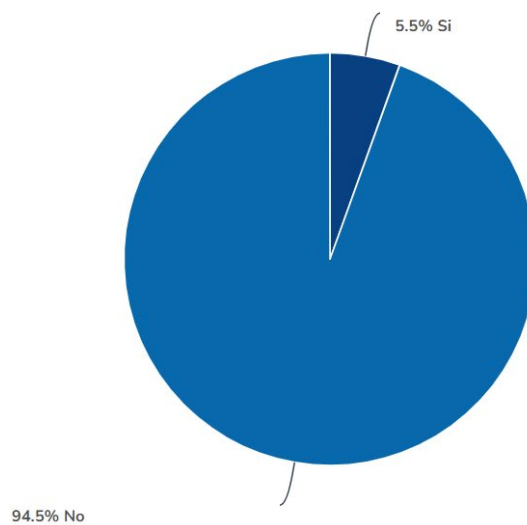
2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



Value	Percent	Responses
Edificio Central - 280 S. Decatur Blvd.	81.8%	45
Este de Las Vegas - 2830 E. Fremont St.	18.2%	10

Totals: 55

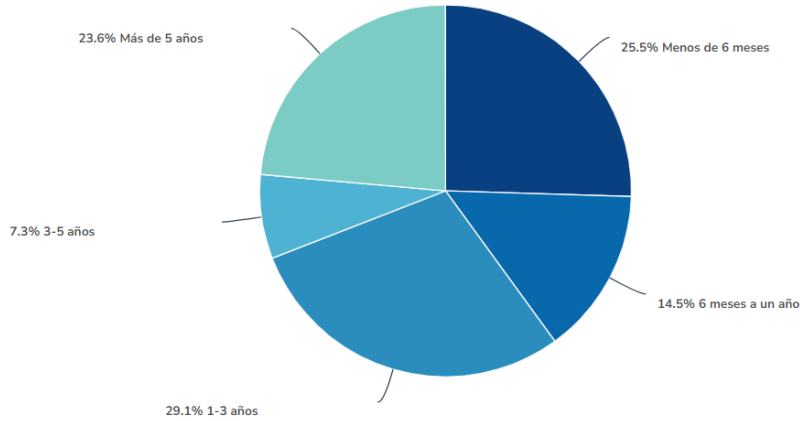
3. ¿Tiene seguro médico?



Value	Percent	Responses
Si	5.5%	3
No	94.5%	52

Totals: 55

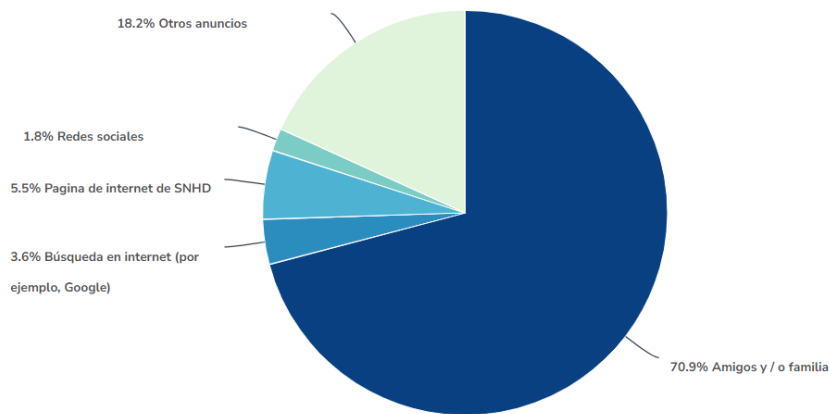
4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



Value	Percent	Responses
Menos de 6 meses	25.5%	14
6 meses a un año	14.5%	8
1-3 años	29.1%	16
3-5 años	7.3%	4
Más de 5 años	23.6%	13

Totals: 55

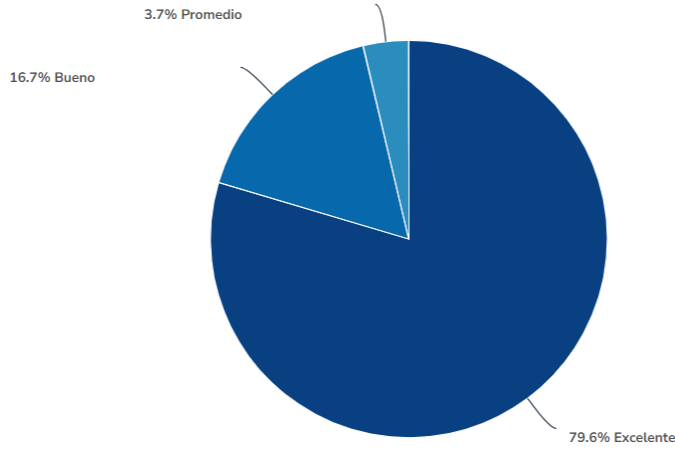
5. ¿Como usted supo de nosotros?



Value	Percent	Responses
Amigos y / o familia	70.9%	39
Búsqueda en internet (por ejemplo, Google)	3.6%	2
Pagina de internet de SNHD	5.5%	3
Redes sociales	1.8%	1
Otros anuncios	18.2%	10

Totals: 55

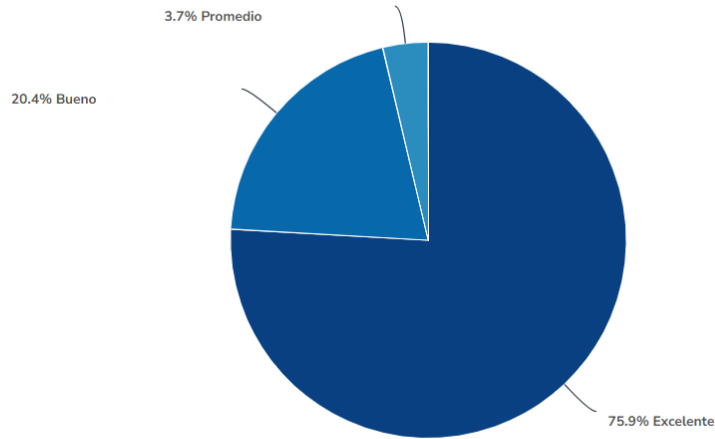
6. Facilidad para programar una cita



Value	Percent	Responses
Excelente	79.6%	43
Bueno	16.7%	9
Promedio	3.7%	2

Totals: 54

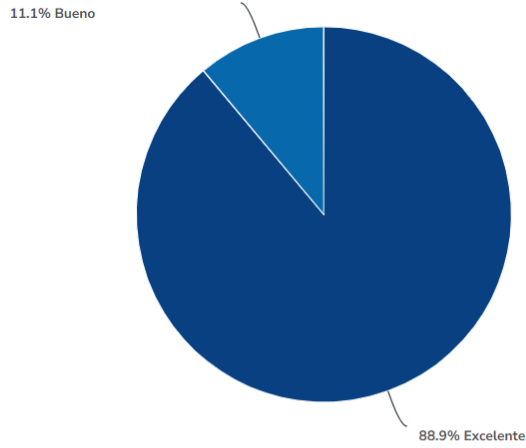
7. Tiempo de espera para ver a un proveedor de salud



Value	Percent	Responses
Excelente	75.9%	41
Bueno	20.4%	11
Promedio	3.7%	2

Totals: 54

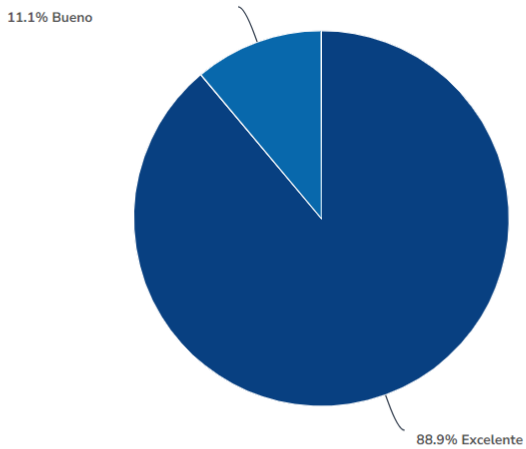
8. Atención recibida de los proveedores y personal



Value	Percent	Responses
Excelente	88.9%	48
Bueno	11.1%	6

Totals: 54

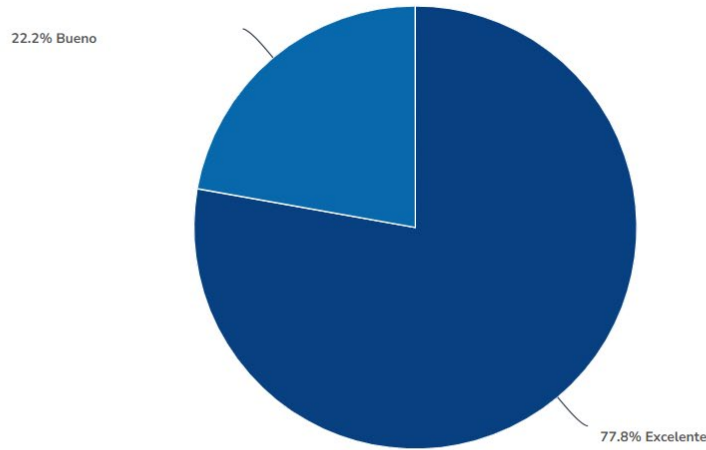
9. Comprensión de las instrucciones del cuidado de salud después de su visita



Value	Percent	Responses
Excelente	88.9%	48
Bueno	11.1%	6

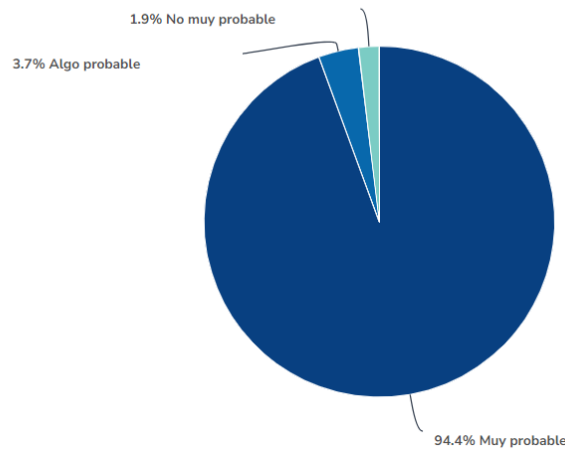
Totals: 54

10. Horarios de operación



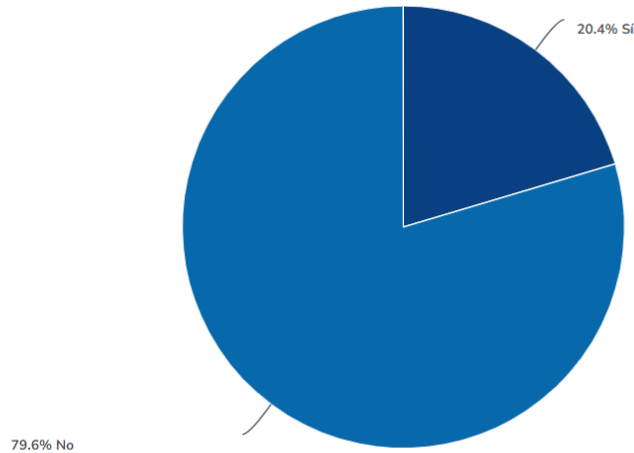
Value	Percent	Responses
Excelente	77.8%	42
Bueno	22.2%	12
Totals: 54		

11. Recomendaría nuestro centro de salud a amigos y familiares



Value	Percent	Responses
Muy probable	94.4%	51
Algo probable	3.7%	2
No muy probable	1.9%	1
Totals: 54		

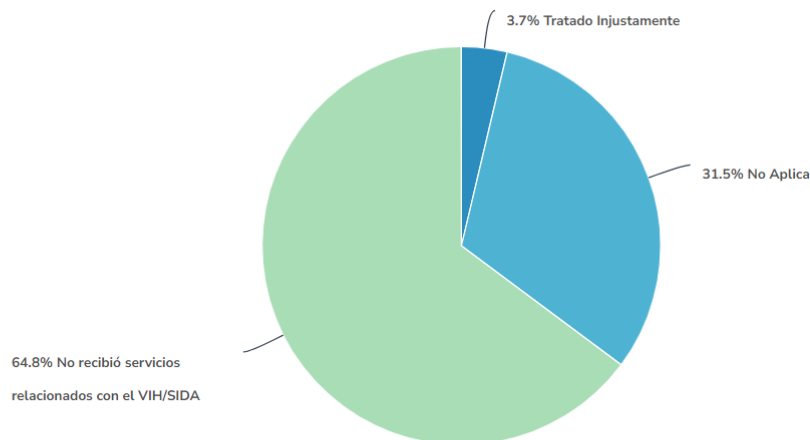
12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



Value	Percent	Responses
Sí	20.4%	11
No	79.6%	43

Totals: 54

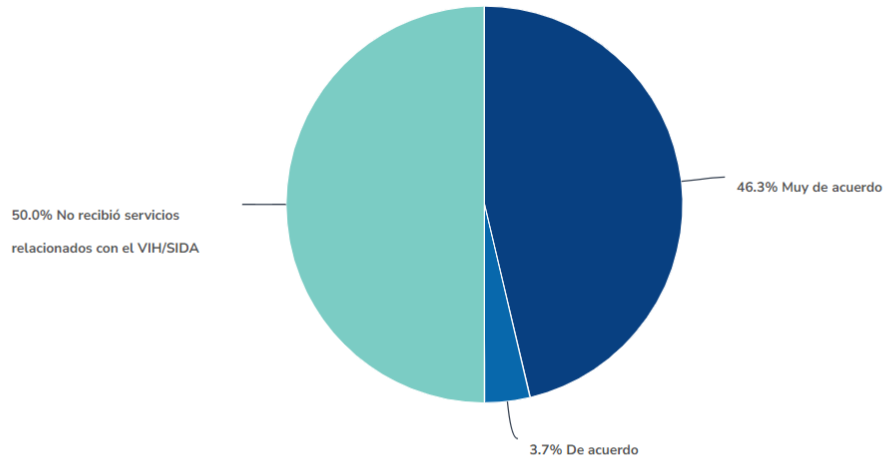
13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



Value	Percent	Responses
Tratado Injustamente	3.7%	2
No Aplica	31.5%	17
No recibió servicios relacionados con el VIH/SIDA	64.8%	35

Totals: 54

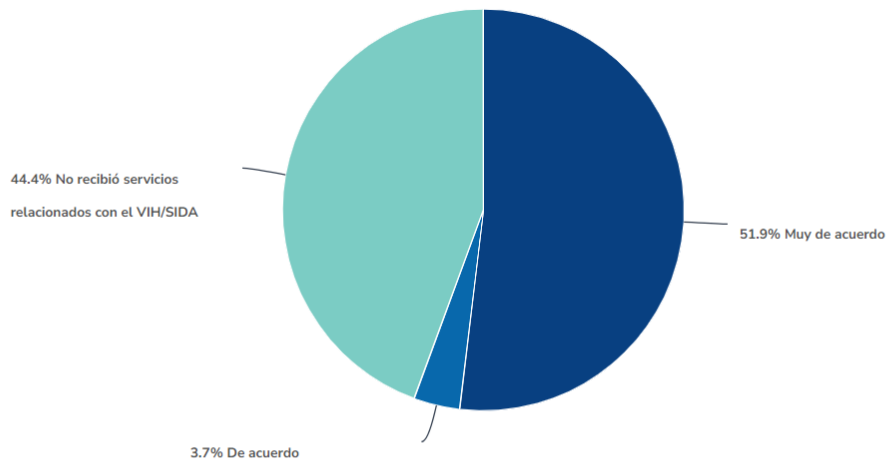
14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



Value	Percent	Responses
Muy de acuerdo	46.3%	25
De acuerdo	3.7%	2
No recibió servicios relacionados con el VIH/SIDA	50.0%	27

Totals: 54

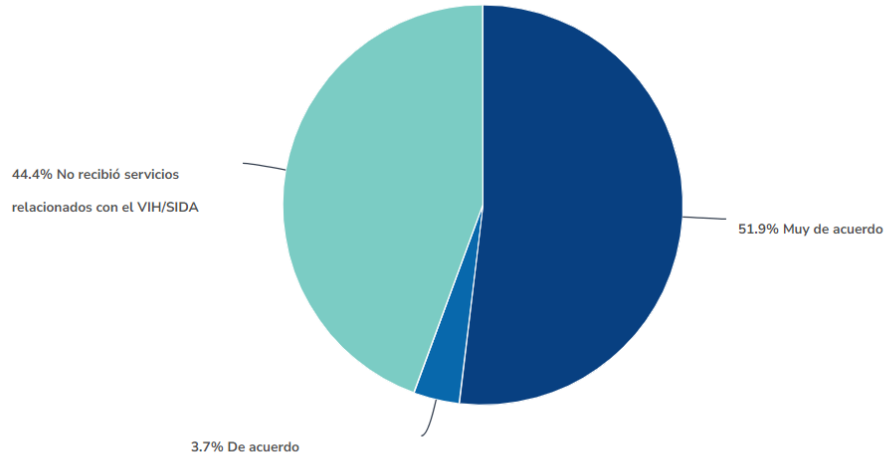
15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



Value	Percent	Responses
Muy de acuerdo	51.9%	28
De acuerdo	3.7%	2
No recibió servicios relacionados con el VIH/SIDA	44.4%	24

Totals: 54

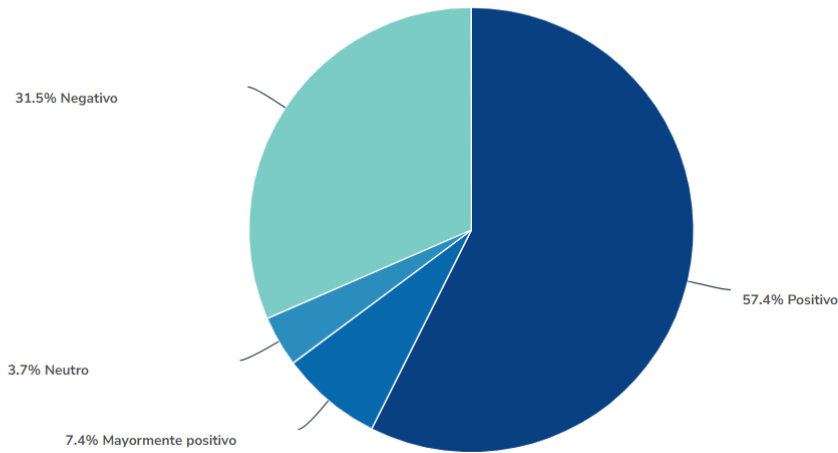
16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



Value	Percent	Responses
Muy de acuerdo	51.9%	28
De acuerdo	3.7%	2
No recibió servicios relacionados con el VIH/SIDA	44.4%	24

Totals: 54

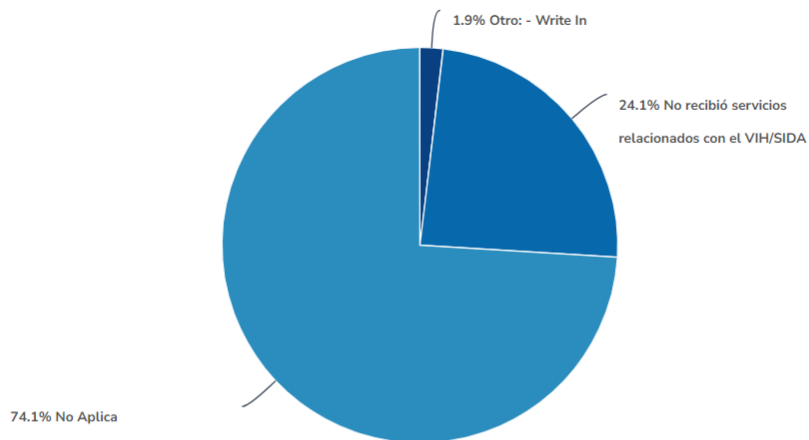
17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?



Value	Percent	Responses
Positivo	57.4%	31
Mayormente positivo	7.4%	4
Neutro	3.7%	2
Negativo	31.5%	17

Totals: 54

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
Otro: - Write In (click to view)	1.9%	1
No recibió servicios relacionados con el VIH/SIDA	24.1%	13
No Aplica	74.1%	40

Totals: 54