

### MINUTES

#### SOUTHERN NEVADA COMMUNITY HEALTH CENTER QUALITY, CREDENTIALING & RISK MANAGEMENT COMMITTEE MEETING January 10, 2024 – 1:00 p.m. Meeting was conducted via Webex Event

MEMBERS PRESENT:	Scott Black – Community Member Erin Breen – Community Member		
ABSENT:	Jose L. Melendrez – Consumer Member		
ALSO PRESENT: (In Audience)	None		
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel		
CHIEF EXECUTIVE OFFICER:	Randy Smith		
STAFF:	Andria Cordovez Mulet, Tawana Bellamy Bernadette Meily, Cassondra Major, Kimberly Monahan, Merylyn Yegon, Randy Smith, Rubin Saavedra, Jacqueline Ayala		

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

Chair Breen called the Southern Nevada Community Health Center Quality, Credentialing & Risk Management Committee Meeting to order at 1:01 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

#### II. PLEDGE OF ALLEGIANCE

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

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

#### IV. ADOPTION OF THE JANUARY 10, 2024 MEETING AGENDA (for possible action)

A motion was made by Member Black, seconded by Chair Breen, and carried unanimously to approve the January 10, 2024 Agenda, as presented.

#### V. REPORT / DISCUSSION / ACTION

1. Approve Quality, Credentialing & Risk Management Committee Meeting Minutes – October 11, 2023; direct staff accordingly or take other action as deemed necessary (*for possible action*)

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

2. Review, Discuss and Accept the Fourth Quarter Quality and Risk Management Report and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 16, 2024; direct staff accordingly or take other action as deemed necessary (for possible action) Cassondra Major, Clinical Office Supervisor, provided an overview of the Fourth Quarter Quality Report.

Further to an inquiry from Member Black, Ms. Major advised that patients are not given an incentive to complete the surveys, just encouraged.

Randy Smith, Chief Executive Officer, FQHC presented the Fourth Quarter Risk Management Report.

Further to an inquiry from Chair Breen, Mr. Smith advised that for goal four (4), we should be able to compare CY23 to CY24.

A motion was made by Chair Breen, seconded by Member Black, and carried unanimously to the Fourth Quarter Quality and Risk Management Report and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 16, 2024.

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

Mr. Smith presented the proposed Quality, Credentialing & Risk Management Committee meeting schedule. The meetings are proposed to take place on the following Wednesdays at 1:00 p.m.

<ul> <li>April 10, 2024</li> </ul>	<ul> <li>July 10, 2024</li> </ul>	<ul> <li>October 9, 2024</li> </ul>	<ul> <li>January 8, 2025</li> </ul>
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A motion was made by Member Black, seconded by Chair Breen, and carried unanimously to approve the Quality, Credentialing & Risk Management Meeting Schedule, as presented.

4. Review, Discuss and Accept the Credentialing and Privileging of Providers Rubin Saavedra, MD and Josefina Ascano, APRN II and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 16, 2024; direct staff accordingly or take other action as deemed necessary (for possible action)

Mr. Smith presented providers Rubin Saavedra, MD and Josefina Ascano, APRN II to the committee for initial credentialing and privileging and approve recommendations to the Governing Board on January 16, 2024. Member Black and Chair Breen commented that they are happy there is growth on the health center's medical team.

A motion was made by Member Black, seconded by Chair Breen and carried unanimously to accept the Credentialing and Privileging of Providers Rubin Saavedra, MD and Josefina Ascano, APRN II and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 16, 2024.

Mr. Smith shared that Ms. Major was promoted to Clinical Office Supervisor and we have started the process to fill her previous role of Quality Management Coordinator.

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

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

#### XIII. ADJOURNMENT

The Chair adjourned the meeting at 1:32 p.m.

Randy Smith Chief Executive Officer - FQHC

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### AGENDA

#### SOUTHERN NEVADA COMMUNITY HEALTH CENTER QUALITY, CREDENTIALING & RISK MANAGEMENT COMMITTEE MEETING January 10, 2024 – 1:00 P.M.

#### Meeting will be conducted via Webex Event

### NOTICE

WebEx Event address for attendees:

https://snhd.webex.com/snhd/j.php?MTID=m267dc5ddade0535a54e78a1a01063cac

To call into the meeting, dial (415) 655-0001 and enter Access Code: 2558 832 3623

For other governmental agencies using video conferencing capability, the Video Address is: <u>25588323623@snhd.webex.com</u>

#### 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 2558 832 3623. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on.

#### **IV. ADOPTION OF THE JANUARY 10, 2024 AGENDA** (for possible action)

#### V. REPORT / DISCUSSION / ACTION

- 1. Approve Quality, Credentialing & Risk Management Committee Meeting Minutes October 11, 2023; direct staff accordingly or take other action as deemed necessary (for possible action)
- 2. Review, Discuss and Accept the Fourth Quarter Quality and Risk Management Report and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 16, 2024; direct staff accordingly or take other action as deemed necessary (for possible action)
- 3. Review and Discuss the Quality, Credentialing & Risk Management Meeting Schedule; direct staff accordingly or take other action as deemed necessary (for possible action)
- 4. Review, Discuss and Accept the Credentialing and Privileging of Providers Rubin Saavedra, MD and Josefina Ascano, APRN II and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 16, 2024; direct staff accordingly or take other action as deemed necessary (for possible action)
- VI. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. See above for instructions for submitting public comment.

#### VII. ADJOURNMENT

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

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



### MINUTES

#### SOUTHERN NEVADA COMMUNITY HEALTH CENTER QUALITY, CREDENTIALING & RISK MANAGEMENT COMMITTEE MEETING October 11, 2023 – 1:00 p.m. Meeting was conducted via Webex Event

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

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

The Chair called the Southern Nevada Community Health Center Quality, Credentialing & Risk Management Committee Meeting to order at 1:02 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

#### II. PLEDGE OF ALLEGIANCE

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

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

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

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

#### V. REPORT / DISCUSSION / ACTION

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

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

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

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

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

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

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

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

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

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

A motion was made by Chair Breen, seconded by Member Black and carried unanimously to accept the Credentialing and Privileging of Providers Rebecca Campalans, CNP, RN, and David Rivas, DO, and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on October 17, 2023.

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

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

#### XIII. ADJOURNMENT

The Chair adjourned the meeting at 1:28 p.m.

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

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### PROPOSED 2024 SOUTHERN NEVADA COMMUNITY HEALTH CENTER QUALITY, CREDENTIALING & RISK MANAGEMENT COMMITTEE MEETING SCHEDULE

All SNCHC Quality, Credentialing & Risk Management Committee Meetings are proposed to occur on a quarterly basis on the following Wednesdays at 1:00 p.m.:

DATE	TIME
April 10, 2024	1:00 p.m.
July 10, 2024	1:00 p.m.
October 9, 2024	1:00 p.m.
January 8, 2025	1:00 p.m.

## Quality, Credentialing and Risk Management Committee

January 10, 2024



AT THE SOUTHERN NEVADA HEALTH DISTRICT

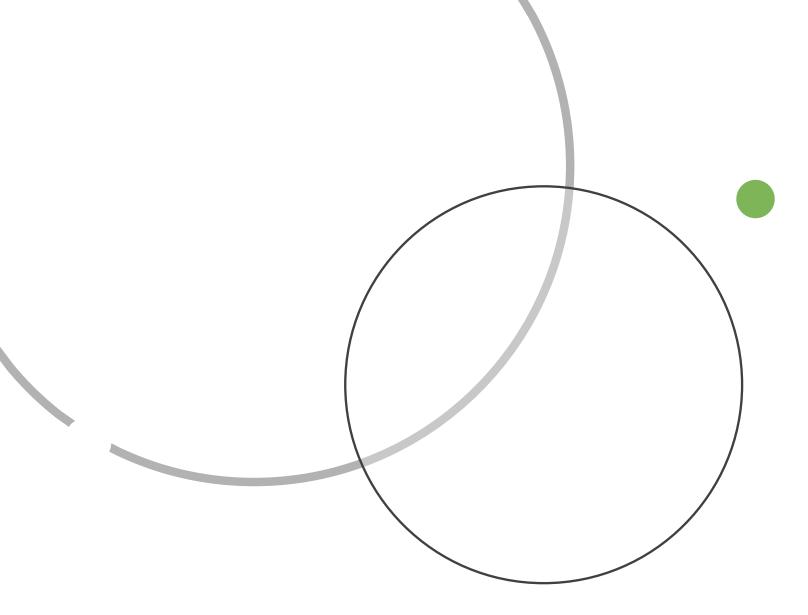


## Quality Report

Cassondra Major, MBA, CHW I, CPC, NCMA

Clinical Office Supervisor

January 10, 2024





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 lease once within 12 months before the end of the measurement period and who received tobacco cessation intervention if identified as a tobacco user.

## 2023 Quality Measure Focus

- **HIV Screening:** Patient aged 15-65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period. Patient with documentation of an HIV test performed on or after their 15<sup>th</sup> birthday and before their 66<sup>th</sup> birthday.
- **HIV Linkage to Care:** Patients first diagnosed with HIV by the health center between December 1<sup>st</sup> of the prior year through November 30<sup>th</sup> of the current measurement period and who had at least one medical visit during the measurement period or prior year. Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by the health centers providers and had a medical visit with a health center provider who initiates treatment for HIV or had a visit with a referral resource who initiates treatment for HIV.

## Quality Measure Focus Data

January – December

- Controlling High Blood Pressure: 63.2% (50.84%)
- Poor Controlled Hemoglobin A1c (HbA1c): 38.5% (41.45%)
- HIV Screening: 77.2% (52.55%)
- HIV Linkage to Care: 91.1% (94.69%)
- Tobacco Use Screening and Cessation Intervention: 45.0% (0.14%)

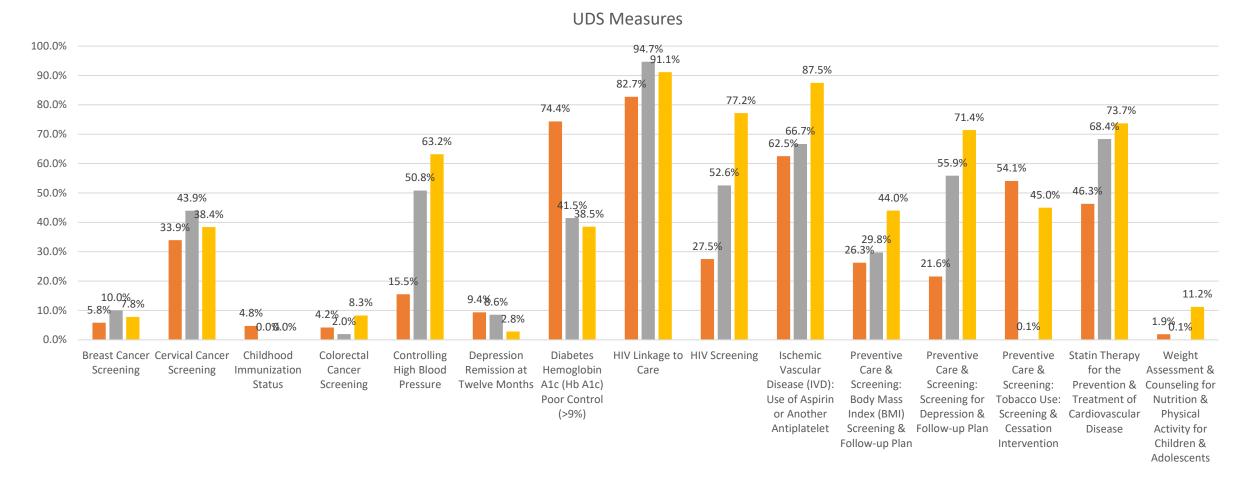
() = 2022 UDS

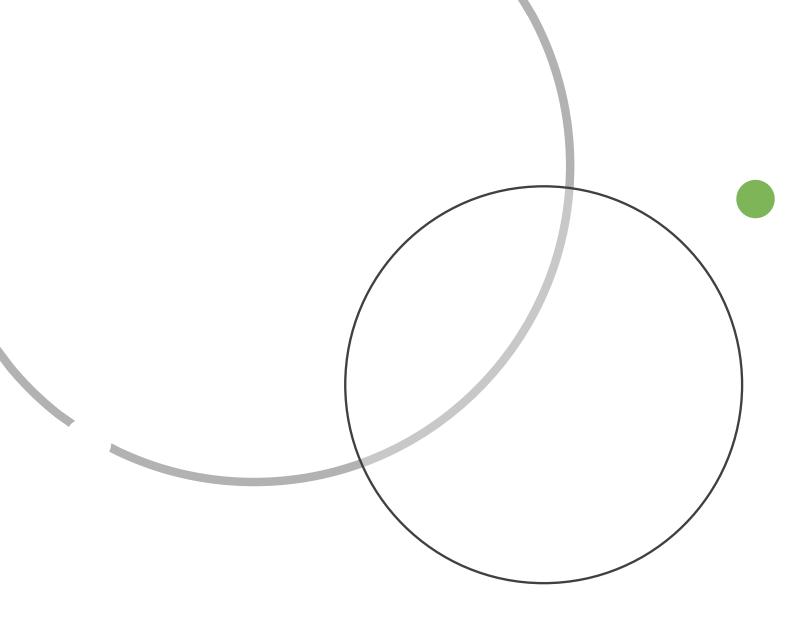
## Preventative Screenings Data

### January – December

- BMI Screen & Follow-up
  - 44.0% (29.76%)
- Cervical Cancer Screen
  - **38.4%** (43.94%)
- Colorectal Cancer Screen
  - 8.3% (1.96%)
- Depression Screen
  - 71.4% (55.88%)

## Year by Year Comparison

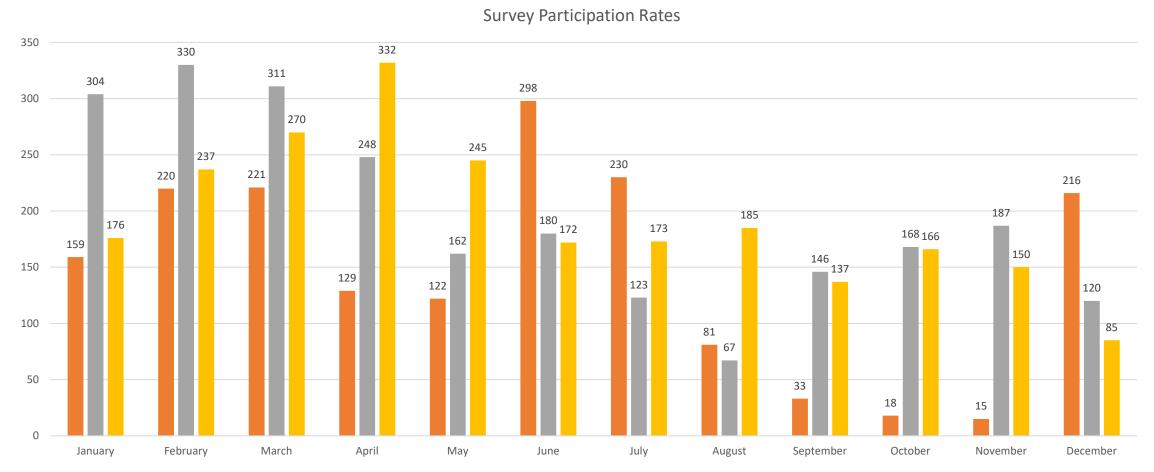






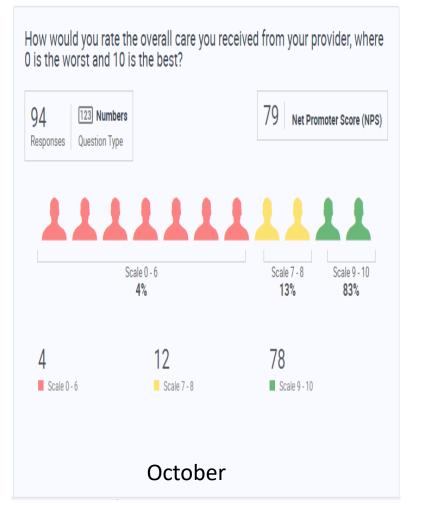


### Participation Responses

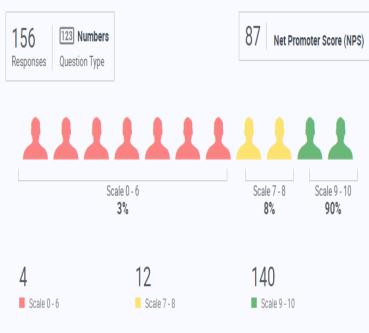


■ 2021 ■ 2022 ■ 2023

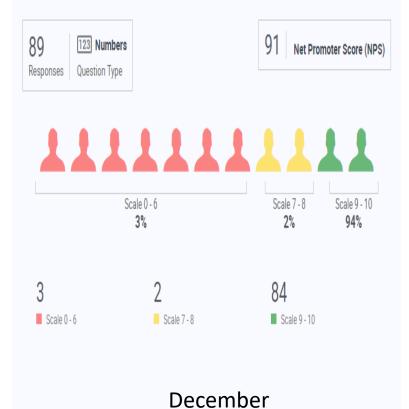
### Net Promoter Score



How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?



How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?



November

# Risk Management

David Kahananui, FQHC Administrative Manager





### CY23 Risk Management Report

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> <li>Implementation of the vaccine administration training and competency checklist, which is reviewed one by one during employee evaluation, and updated by the supervisor annually.</li> <li>Annual vaccine administration training every September organized and facilitated by the Vaccine Coordinator.</li> </ul>	Q1: 0 Q2: 1 Q3: 1 Q4: 1 CY23: 3 Result: 4 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> <li>Clinical staff and Chief Nurse are working to revise the current policy for medical events, that will include training for staff responding to medical events. This is currently in process and should be ready for presentation in Q3.</li> <li>Inspect and verify the crash carts are labeled and stocked with supplies.</li> <li>Mapping of AEDs and provide biannual training for use of AEDs when BLS licenses are renewed.</li> </ul>	Q1: 7/7 < 2-minute response Q2: 6/6 < 2-minute response Q3: 6/6 < 2-minute response Q4: 5/6 < 2-minute response CY23: 24/25 < 2-minute response Result: 4% late responses in 2023 vs. 25% late responses in 2022		
			# 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> <li>Director of Facilities and Security organized the train the trainer program for safety and security, and de-escalation, which will occur in Q3 of 2023.</li> <li>Working with a vendor to update internal and external camera coverage. This is currently in progress and should be complete by Q3.</li> <li>Director of Facilities and Security and the Safety Officer will organize a way to monitor safety and security on a regular basis by Q3.</li> </ul>	Q1: 1 Q2: 0 Q3: 1 Q4: 0 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> <li>FQHC Operations Officer to review and revised as needed the current Incident Reporting policy and procedure. – June 2023</li> <li>FQHC Quality Improvement Coordinator to review and revise as needed the current Incident Reporting form. – June 2023</li> <li>FQHC Operations Officer to facilitate the completion of division-wide training on the current/revised Incident Reporting policy, procedure, and form. – July 2023</li> </ul>	Q1: 16 Q2: 9 Q3: 18 Q4: 22 CY23: 65 Result: 65 incident reports submitted in CY23 vs 15 incident reports in CY22 333% increase in reporting		



### Questions?

Request to accept the Fourth Quarter Quality and Risk Management Report and Approve Recommendation to the SNCHC Governing Board on January 16, 2024. Quality, Credentialing and Risk Management Committee

Proposed 2024 Meeting Schedule

Randy Smith, CEO - FQHC



QCRM Committee Proposed 2024 Meeting Schedule

All SNCHC Quality, Credentialing & Risk Management Committee Meetings are proposed to occur on a quarterly basis on the following Wednesdays at 1:00 p.m.:

- April 10, 2024
- July 10, 2024
- October 9, 2024
- January 8, 2025



Initial Credentialing & Privileging of Providers

- Rubin Saavedra, MD
- Josefina Ascano, APRN II

Request to accept the Credentialing and Privileging of Providers Rubin Saavedra, MD and Josefina Ascano, APRN II and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on January 16, 2024



## Questions

