

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

May 21, 2024 – 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*)
Sara Hunt – Community Member (*in person*)
Luz Castro – Consumer Member (*via Webex*)
Blanca Macias-Villa – Consumer Member (*via Webex*)
Erin Breen – Community Member (*via Webex*)
Brian Knudsen – Consumer Member (*via Webex*)
Jasmine Coca – Community Member (*in person*)

ABSENT:

ALSO PRESENT:

LEGAL COUNSEL: Edward Wyner, Associate General Counsel

CHIEF EXECUTIVE OFFICER: Randy Smith

STAFF: Andria Cordovez Mulet, Bernadette Meily, Cassondra Major, Emily Anelli, Fermin Leguen, Julie Maldonado, Justin Tully, Kim Saner, Kyle Parkson, Luann Province, Merylyn Yegon, Natalie Yanish, Ronique Tatum-Penegar, Ryan Kelsch, Tawana Bellamy, Theresa Ladd, Yin Jie Qin

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

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 p.m. Tawana Bellamy, Senior Administrative Specialist, 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 Chair closed the First Public Comment portion.

IV. ADOPTION OF THE MAY 21, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Feliz-Barrows, seconded by Member Black and carried unanimously to approve the May 21, 2024 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: April 16, 2024 *(for possible action)*

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

Member Coca joined the meeting at 2:35 p.m.

Heard out of order.

VIII. CEO & STAFF REPORTS *(Information Only)*

• CEO Comments

Randy Smith, Chief Executive Officer shared the Service Area Competition – Additional Area grant application that was put together for an opportunity to serve the Pahrump area, was administratively disqualified due to a clerical mistake in the application. Mr. Smith further shared that the mistake concerned required zip codes that were not indicated on some of our service sites. Mr. Smith advised that there is a plan to ensure this type of mistake does not happen again. Mr. Smith shared the grant would have been a big endeavor and a great opportunity for the health center.

Member Coca commented that mistakes happen and maybe if this possibility comes up again, it would be a possibility.

Chair Melendrez thanked Mr. Smith for being transparent and commented that things happen, and it would have been great to get these resources but also challenging trying to serve a bigger, wider area. Chair Melendrez further commented that we should take what we can learn from this and move forward.

Mr. Smith further provided updates on the following:

- Behavioral Health Clinic at Decatur.
- Dental Clinic at Fremont.
- Medical Director recruitment.
- HRSA Region 9 Administrator Site Visit at Fremont – May 15, 2024.
- Prospective Payment Systems (PPS) Rate Setting.

- New Board Members.
- Family Planning Services
- Employee Engagement

Member Knudsen joined the meeting at 2:43 p.m.

VI. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Accept the March 2024 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Yin Jie Qin, Controller in Finance presented the March 2024 Year to Date Financial Report as for March 31, 2024.

Further to an inquiry from Member Coca regarding the funding for the buildout of the dental and Behavioral Health clinics, Ms. Qin advised that there is a separate budget for the buildouts. Mr. Smith further advised that the funding for the dental project will be included in the next fiscal year's budget.

Further to an inquiry from Member Hunt, Ms. Qin commented that Behavioral Health did not receive a grant and further explained how the information was shown on the bar chart. Member Hunt inquired about \$49K in Behavioral Health in actuals, Mr. Smith shared that we have a behavioral health grant, it is an incubator grant through the state that was received in July of this fiscal year, after the fiscal year 24 budget was put together.

A motion was made by Member Feliz-Barrows, seconded by Member Coca, and carried unanimously to accept the March 2024 Year to Date Financial Report, as presented.

- 2. Receive, Discuss and Approve the Submittal of the FTCA Redeeming Application for CY25;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Submittal of the FTCA Redeeming Application for CY25 with the following highlights.

- Covers services included in the health center's HRSA approved scope of work.
- Redeeming application is for continued coverage for medical malpractice under the Federal Torts Claim Act (FTCA) for calendar year 2025.
- Application includes:
 - Quality Improvement and Assurance
 - Process Improvement
 - Annual Trainings – HIPPA, Infection Control, OB Care, other identified high-risk areas
 - Continuity of Care processes
 - Risk Management
 - Goals, Activities, and Reports
 - Credentialing and Privileging
 - Claims Management

A motion was made by Member Black, seconded by Member Feliz-Barrows, and carried unanimously to approve the Submittal of the FTCA Redeeming Application for CY25, as presented.

3. Receive, Discuss and Approve the Submittal of the Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE); direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Submittal of the Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE) with the following highlights.

- Estimated Award Amount: \$1.1 Million.
- Period of Performance: September 1st, 2024, through August 31st, 2026 (2 years).
- Potential for ongoing funding at the year two funding amount (\$500k).
- This grant will allow SNCHC to increase the number of patients receiving mental health and substance use disorder services (SUD). It will also allow for an increase in the number of patients receiving medications for opioid use disorder (MOUD).
- Funding will enable the Behavioral Health (BH) department to add new behavioral health providers and support staff. Space for this team is being constructed at Decatur and is anticipated to be available at the end of the year.

Member Hunt appreciated that Mr. Smith was applying for the grant and thanked him for using the word integration and weaving that in the application.

A motion was made by Member Hunt, seconded by Member Feliz-Barrows, and carried unanimously to approve the Submittal of the Grant Application for the Behavioral Health Services Expansion (HRSA-24-078 BHSE), as presented.

4. Receive and Discuss the UDS Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith provided an overview of the UDS Report and shared the 2023 UDS Demographic breakdown. Mr. Smith further shared there were a high number of patients not reporting or choosing not to disclose their race and ethnicity, sexual orientation, gender identity and income. Mr. Smith believes that it could be a workflow issue that can be resolved, or the questions are sensitive to answer, and patients do not want to respond. Mr. Smith shared there is an opportunity to use technology inside the electronic health record to hard code some of the fields that will not allow someone to advance until an option is selected and to continue supporting and training staff to help capture the information.

Mr. Smith commented that there are changes in the 2024 UDS report. Mr. Smith shared that we will be going from the entire health center's demographics to patient level data, and it will still follow HIPAA compliance, as no medical or sensitive information will be shared. Mr. Smith mentioned that HRSA will be releasing some quality dollars to each health center and the money will be allocated to help health centers collect this type of data. Mr. Smith advised that the race and ethnicity will now include nationality.

Further to an inquiry from Member Feliz-Barrows regarding the sexual orientation question, Mr. Smith commented there is always an option for patients to choose not to disclose, it is the unknown/unreported categories we want to look at, even if all of the unknowns chose not to disclose, we can capture that data.

Further to an inquiry from Member Hunt regarding race and ethnicity and if patients select both, does the data overlap, Mr. Smith commented that for each race, there is always the ethnicity piece that goes with it. Each patient should only select one race and one ethnicity.

Member Feliz-Barrows commented that we must find a way to ensure people feel comfortable answering the questions.

No action required.

5. Receive, Discuss and Approve the Patient Origin Report and the Change in Scope request to HRSA to add zip codes 89139 and 89148 to existing catchment area; direct staff accordingly or take other action as deemed necessary (for possible action)

Mr. Smith presented the Patient Origin Report and the Change in Scope request to HRSA to add zip codes 89139 and 89148 to the existing catchment area. Mr. Smith shared the patient demographics from the UDS report is used each year, specifically the zip code for which patients are residing in, to help define the catchment area. Mr. Smith further shared that the catchment area must be comprised of the zip codes for which the first 75% of the health center's patients come from.

Mr. Smith advised that based on the UDS data for 2023 and to comply with HRSA's regulation of including zip codes that comprise 75% of where current health center patients reside, it is proposed that the health center add zip codes 89139, and 89148 to its existing catchment area. Mr. Smith further advised that by adding the two zip codes, it would bring the health center to 75.65% of where its patients come from.

A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to approve the Patient Origin Report and the Change in Scope request to HRSA to add zip codes 89139 and 89148 to existing catchment area, as presented.

6. Receive, Discuss and Approve the Final Risk Management Report for CY23; direct staff accordingly or take other action as deemed necessary (for possible action)

Mr. Smith presented the Final Risk Management Report for CY23 with the following highlights.

- Three out of the four goals had improvements:
 - Goal 1: Reduce medication errors to zero (0).
 - Goal 2: Reduce delayed response time for Dr. Bluebird events by 50% year over year.
 - Goal 4: Improve the reporting of actual or potential incidents.

Mr. Smith further shared that goal three (3), reduce the number of physical safety findings by 5%, was not met. Mr. Smith further shared some key takeaways for CY23 to include a new format for capturing the milestones and completion dates, reporting consistency to the Governing Board, aligning goals with FTCA program, modifying goal three (3), and implementing some risk management programs.

A motion was made by Member Feliz-Barrows, seconded by Member Breen, and carried unanimously to approve the Final Risk Management Report for CY23, as presented.

Member Black left the meeting at 3:28 p.m.

7. Receive, Discuss and Approve the CY24 Risk Management Goals; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the CY24 Risk Management Goals. Mr. Smith advised that goal three (3) from the CY23 plan was revised and now focuses on employee injuries. Mr. Smith further advised that the activities were updated to reflect the current progress and the baseline information was updated to include two years of baseline information.

Mr. Smith advised of FTCA's new and modified requirements for 2024.

- Review of Risk Management Systems
 - Question 3(A): Health centers attest that they have developed and implemented an annual health care risk management training plan based on identified areas/activities of highest clinical risk. The training plan, at minimum, incorporates obstetrics procedures if the health center provides clinical services to any of the following individuals (even if they do not provide labor and delivery services):
 - Prenatal patients.
 - Postpartum patients.
 - Patients who are of reproductive age.
- UDS 2023 – Table 6B error
 - Zero prenatal care patients by age on Table 6B. Health centers are required to report any patients that they provide prenatal care to, even if that care is only by referral.

Mr. Smith proposed to add a fifth goal for CY24. Mr. Smith shared the fifth goal would be to improve the capture of UDS required prenatal clinical data that would capture entry into Prenatal care (closes the loop on referrals) and weight at birth (assesses medical home status), both are FQHC clinical performance measures.

Further to an inquiry from Member Coca, regarding patients who come onboard late or never had prenatal care; some providers are hesitant to take those cases because of the risk the patient has not had treatment before, Mr. Smith commented that the staff are skilled at engaging with other providers in the community to make sure the patient will go somewhere that can take care of their needs.

A motion was made by Member Feliz-Barrows, seconded by Member Castro, and carried unanimously to approve the CY24 Risk Management Goals, as presented.

Member Feliz-Barrows left the meeting at 3:38 p.m.

8. Receive and Discuss the Q1 Risk Management Report for CY24; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the Quarter 1 Risk Management Report for CY24 and shared the following results.

- Goal #1: Reduce medication errors to zero (0).
 - Result: Zero (0) Med errors in CY24 compared to three (3) Med errors in CY23
- Goal #2: Reduce delayed response time for Dr. Bluebird events by 50% year over year.
 - Result: 100% < two (2) minute response in CY24 compared to 96% < two (2) minute response in CY23

- Goal #3: Reduce the number of employee injuries to zero (0).
 - Result: Zero (0) Employee injuries in CY24 compared to two (2) Employee injuries in CY23
- Goal #4: Improve the reporting of actual or potential incidents.
 - Result: 15 incident reports submitted in CY24 compared to 65 incident reports submitted in CY23.

A motion was made by Member Breen, seconded by Member Knudsen, and carried unanimously to accept the Q1 Risk Management Report for CY24, as presented.

9. Receive and Discuss the Health Insurance Portability and Accountability Act (HIPPA) Risk Assessment; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the Health Insurance Portability and Accountability Act (HIPPA) Risk Assessment findings for CY24.

Findings/areas of highest risk identified:

1. Oral Communications – It was observed that no PHI was being discussed in areas where the public have access, however, the areas where MAs, CHNs, and Providers often coordinate care, is in an area where conversations could be overheard by a passing patient. Although the behavior of staff is effectively mitigating this potential risk, this was still identified as a finding because the open areas in bullpens surrounding patient rooms does present a risk of PHI being overheard.
 - a. Ongoing observation is needed to ensure conversations continue to only occur confidentially either in patient rooms, or other designated areas where the public does not have access, whenever possible.
2. Protecting Confidentiality of Electronic PHI – There was one monitor observed at the Fremont location to be in a position such that passers-by could easily see the screen, although not clearly. The team member assigned to that workstation was asked if a privacy protector was available for their monitor. One was located and installed immediately. All other monitors in public areas were either positioned well or had privacy screens over the monitors. Although this finding was a high risk, it was mitigated immediately.
 - a. Ongoing observation is needed to ensure the computer screens remain protected.
3. Fax Machine Confidentiality of PHI/ Paper Confidentiality of PHI – There are some network printer/fax machines in clinic areas where patients may see documents being printed as they pass by. No documents were observed in the machines. Space is limited in some of these areas, which is why they have been placed where they are. Although there is no logistical space available to mitigate the logistics of this finding, the diligent practices of the team to not leave documents unattended, nor print materials unless being present to retrieve them immediately are mitigating the risk.
 - a. Ongoing observation is necessary to ensure the team’s behaviors continue to mitigate this risk.

A motion was made by Member Coca, seconded by Member Macias-Villa, and carried unanimously to accept the Health Insurance Portability and Accountability Act (HIPPA) Risk Assessment, as presented.

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

Chair Melendrez shared that Nevada Minority Health and Equity Coalition will have an impact summit in November this year. Chair Melendrez will follow up with more information later and would love to see the health center represented there.

Chair Melendrez commented that the board should consider having a half day retreat in the summer to talk about future direction, best practices, learnings, challenges and anything else that would move the board towards professional development.

The board discussed a potential timeframe for an in person retreat for some time in August 2024. Ms. Bellamy will contact board members to determine the date.

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) April 2024 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.

XI. ADJOURNMENT

The Chair adjourned the meeting at 3:52 p.m.

Randy Smith
Chief Executive Officer - FQHC

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