

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

July 16, 2024 – 2:30 p.m.

Meeting was conducted In-person and via WebEx

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

- MEMBERS PRESENT:** Jose L. Melendrez, Chair (*via Webex*)
Donna Feliz-Barrows, Vice-Chair (*in person*)
Jasmine Coca, Second Vice-Chair (*in person*)
Scott Black (*via Webex*)
Erin Breen (*via Webex*)
Brian Knudsen (*via Webex*)
Blanca Macias-Villa (*via Webex*)
- ABSENT:** Luz Castro
Sara Hunt
- ALSO PRESENT:**
- LEGAL COUNSEL:** Edward Wyner, Associate General Counsel
- CHIEF EXECUTIVE OFFICER:** Randy Smith
- STAFF:** Cassius Lockett; Cassondra Major; Donna Buss; Emily Anelli; Fermin Leguen; Jacques Graham; Justin Tully, Kim Saner, Kyle Parkson, Merylyn Yegon, Ronique Tatum-Penegar, Ryan Kelsch, Tawana Bellamy, Todd Bleak, 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 2:33 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 JULY 16, 2024 MEETING AGENDA *(for possible action)*

Chair Melendrez opened the item for board discussion and questions and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Black and carried unanimously to approve the July 16, 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: June 18, 2024 *(for possible action)*

Chair Melendrez called for questions and there were none.

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

VI. REPORT / DISCUSSION / ACTION

Recommendations from the July 15, 2024 Finance and Audit Committee Meeting

1. Receive, Discuss and Approve the Augmentation to the Southern Nevada Community Health FY2024 Budget; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie Whitaker, Chief Financial Officer, presented the Augmentation to the Southern Nevada Community Health FY2024 Budget with the following highlights.

Staffing

- Staffing for FY24 is projected to be 120 FTEs compared to FY24 January augmented budget of 118 FTEs.

Revenue

- General Fund revenue is projected at \$29.7M, an increase of \$4.5 M from the FY24 January augmented budget.
- Special Revenue Fund (Grants) is projected at \$7.5M in FY24 a decrease of \$3.0M from FY24 January augmented budget.

Expense

- FQHC combined expenditures for FY24 budget is \$42.0M compared to \$39.5M from FY24 January augmented budget.

Patient Encounters

- FY2023 Total: 26,740
- FY2024 Total: 27,605

Chair Melendrez called for board discussion and questions and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to Approve the Augmentation to the Southern Nevada Community Health FY2024 Budget, as presented.

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

Ms. Whitaker presented the May 2024 Year to Date Financial Report, as of May 31, 2024.

Chair Melendrez called for board discussion and questions and there were none.

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

SNCHC Governing Board

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

Randy Smith, Chief Executive Officer, FQHC presented two new board member candidates for consideration by the board.

Further to an inquiry from Member Feliz-Barrows, Mr. Smith shared that Ms. Bellamy attempted to pull the Nominations Committee together. Mr. Smith further shared that part of the challenge was receiving one of the application packets late and without enough time to pull the committee together. Mr. Smith shared Ms. Bellamy contacted Chair Jose and Board Member Castro, who is the chair of the Nominations Committee for guidance, and they did not have any concerns with bringing them directly to the board rather than waiting another month to pull the committee together.

Further to an inquiry from Member Coca, Mr. Smith advised that one candidate is a consumer member, and the other is a community member.

Chair Melendrez expressed that he was excited to have a CPA joining the board.

A motion was made by Member Feliz-Barrows, seconded by Member Coca, and carried unanimously to Approve the new Board Member Candidates, as presented.

- 4. Receive, Discuss and Approve the Re-credentialing and Renewal of Privileges for Providers Nelson Duran, Physician Assistant II and Todd Bleak, Pharmacy Services Manager;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Re-credentialing and Renewal of Privileges for providers Nelson Duran, Physician Assistant II and Todd Bleak, Pharmacy Services Manager.

Chair Melendrez called for board discussion and questions and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Coca, and carried unanimously to Approve the Re-credentialing and Renewal of Privileges for Providers Nelson Duran, Physician Assistant II and Todd Bleak, Pharmacy Services Manager, as presented.

- 5. Receive, Discuss and Accept the 2nd Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, Administrative Manager, FQHC presented the 2nd Quarter Risk Management Report.

Further to an inquiry from Member Coca, Mr. Kahananui advised that data is documented in the Electronic Health Record (EHR), and that data is then structured and captured to give us reporting. Mr. Kahananui further advised that the Azura system provides dashboards to watch on a regular basis to see the data changes.

A motion was made by Member Coca, seconded by Member Feliz-Barrows, and carried unanimously to Accept the 2nd Quarter Risk Management Report, as presented.

- 6. Receive, Discuss and Accept the Risk Management Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the CY24 1st quarter Risk Management Assessment.

Chair Melendrez called for board discussion and questions and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Coca, and carried unanimously to Accept the Risk Management Assessment, as presented.

- 7. Receive, Discuss and Approve the CHCA-022 Late Arrivals, No-Shows, and Same Day Cancellations Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the CHCA-022 Late Arrivals, No-Shows, and Same Day Cancellations Policy and Procedure.

Member Feliz-Barrows commented that she read the policy and thought it was very good and the policy gives staff the authority to make decisions about each person that comes through the clinic.

Chair Melendrez appreciated that Mr. Smith is addressing the work culture and how we serve the community.

Further to an inquiry from Member Coca, Mr. Smith shared that the policy is currently in effect as a standard operating procedure. Mr. Smith further shared that 90 percent of what is in the standing operation procedure is in the policy to address parts that were unclear and clarify some areas of the workflow.

A motion was made by Member Macias-Villa, seconded by Member Feliz-Barrows, and carried unanimously to approve the CHCA-022 Late Arrivals, No-Shows, and Same Day Cancellations Policy and Procedure, as presented.

8. Receive, Discuss and Approve the CHCA-009 Diagnostic and Laboratory Tracking Policy and Procedure; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the CHCA-009 Diagnostic and Laboratory Tracking Policy and Procedure.

Chair Melendrez called for board discussion and questions and there were none.

A motion was made by Member Feliz-Barrows, seconded by Member Coca, and carried unanimously to approve the CHCA-009 Diagnostic and Laboratory Tracking Policy and Procedure, 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 the Nevada Minority Health and Equity Coalition Impact Summit is scheduled on November 15, 2024 at the Cox Pavilion at UNLV. Chair Melendrez is hoping that the health district will participate.

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

- CEO Comments

Mr. Smith advised the board on the following:

- Employee Engagement Activities
- CY24 Unduplicated Patients Counts – Actual vs. Goal
- Federal Tort Claims Act (FTCA) Redeeming Application
- HRSA Behavioral Health Expansion Grant Application
- HRSA’s New Access Point Funding Opportunity
- Buildout of the new Behavioral Health Clinic at Decatur
- HRSA Operational Site Visit to occur between January and March of 2025
- Medical Director recruitment
- Board Retreat Update
- Three positions filled:
 - Quality Improvement Management Coordinator
 - Advanced Practice Registered Nurses
 - Clinical Staff Physician
- NVPCA Annual Conference – Elevating the Practice of Community – SNCHC able to sponsor two board members.

Further to an inquiry from Member Feliz-Barrows, Mr. Smith advised that there is a pharmacy at the Fremont location but it is online. Member Feliz-Barrows commented that a lot of pharmacies like CVS and Walgreens have closed in that area and thinks we can advertise that we have a pharmacy at the clinic.

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) June 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 period.

XI. ADJOURNMENT

The Chair adjourned the meeting at 3:45 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab



AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

July 16, 2024 – 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=m8c9456be17b93ac5f216315e82f2f21e>

To call into the meeting, dial (415) 655-0001 and enter Access Code: **2557 039 7061**

For other governmental agencies using video conferencing capability, the Video Address is:
25570397061@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. Please clearly state your name 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. **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 2557 039 7061 to provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

IV. ADOPTION OF THE JULY 16, 2024 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:** June 18, 2024 *(for possible action)*

VI. REPORT / DISCUSSION / ACTION

Recommendations from the July 15, 2024 Finance and Audit Committee Meeting

- 1. Receive, Discuss and Approve the Augmentation to the Southern Nevada Community Health FY2024 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Accept the May 2024 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

SNCHC Governing Board

- 3. Receive, Discuss and Approve the Board Member Candidates;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Receive, Discuss and Approve the Re-credentialing and Renewal of Privileges for Providers Nelson Duran, Physician Assistant II and Todd Bleak, Pharmacy Services Manager;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Receive, Discuss and Accept the 2nd Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 6. Receive, Discuss and Accept the Risk Management Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 7. Receive, Discuss and Approve the CHCA-022 Late Arrivals, No-Shows, and Same Day Cancellations Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 8. Receive, Discuss and Approve the CHCA-009 Diagnostic and Laboratory Tracking Policy and Procedure;** 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)**

VIII. CEO & STAFF REPORTS (Informational Only)

- CEO Comments

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) June 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. **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 the Administration Office 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 the Administration Office at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or (702) 759-1201.

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

June 18, 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 Room A

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*)
Erin Breen – Community Member (*via Webex*)
Brian Knudsen – Consumer Member (*via Webex*)
Jasmine Coca – Community Member (*in person*)

ABSENT:

Luz Castro – Consumer Member
Blanca Macias-Villa – Consumer Member

ALSO PRESENT:

LEGAL COUNSEL:

Edward Wyner, Associate General Counsel

CHIEF EXECUTIVE OFFICER: Randy Smith

STAFF:

Andria Cordovez Mulet, Anilkumar Mangla, Cassius Lockett, Cassondra Major, David Kahananui, Emily Anelli, Jacqueline Ayala, Jacques Graham, Jonas Maratita, Julie Maldonado, Kim Saner, Kimberly Monahan, Kyle Parkson, Merylyn Yegon, Ronique Tatum-Penegar, Tawana Bellamy

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:30 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 JUNE 18, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Feliz-Barrows, seconded by Member Breen and carried unanimously to approve the June 18, 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: May 21, 2024 *(for possible action)*

~~**2. Approve the Behavioral Health Crisis Event and Security Communication Policy and Procedure;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~

The Behavioral Health Crisis Event and Security Communication Policy and Procedure was removed from the Consent Agenda for further discussion.

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

VI. REPORT / DISCUSSION / ACTION

Item 2 from the Consent Agenda:

2. Approve the Behavioral Health Crisis Event and Security Communication Policy and Procedure; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further from an inquiry from Member Hunt regarding de-escalation training for security personnel and staff, Randy Smith, Chief Executive Officer, FQHC advised that he did not recall the specific name of the training that security goes through. Member Hunt also inquired about the frequency of training. Mr. Smith commented that he would follow up with Member Hunt on her request regarding the name and frequency of the de-escalation training.

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

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

Donnie Whitaker, Chief Financial Officer presented the April 2024 Year to Date Financial Report as for April 30, 2024.

Member Feliz-Barrows shared that the Finance and Audit Committee meet on June 17, 2024 and decided to remove slides containing additional information and will not be shown in future meetings, as it was the same information displayed differently.

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

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

Chair Melendrez shared that the Nevada Minority Health and Equity Coalition's impact summit is on November 15, 2024.

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

- CEO Comments

Mr. Smith advised the board that he has received one of two applications for new members and will look to bring the Nominations Committee together in July to review the potential applicants to make a recommendation to the Governing Board.

Mr. Smith further commented about the Governing Board Retreat to occur in the next few months, ideally in September. Mr. Smith commented that hopefully the new board members would also be able to attend. Mr. Smith shared that Ms. Bellamy has started to look at potential venues. Mr. Smith further shared that since this is a public organization and this is not a public meeting, the content would be educational in nature. Mr. Smith shared the following as potential topics:

- Community Needs overview
- Program Specific education (e.g., Ryan White & Family Planning)
- Team Building

Mr. Smith asked board members what other topics they may be interested in or learning more about so that staff can prepare and make it a meaningful day. Further to a discussion with the board members, there was interest in discussing:

- Health equity – staff and health district perspective.
- Impacts from upcoming election.
- Healthcare/Legislative Policy updates (HRSA, Bureau of Primary Healthcare, NACHC).
- Types of partnership engaged in through the health center (directly or ancillary).
- Board member round table - share more about themselves and programs that each might be engaged in that connect back to the health center.

Further to an inquiry from Member Coca, Mr. Smith shared that health center department managers would be invited to attend the meeting and can speak to the day-to-day life of a patient coming in to the health center.

Further to an inquiry Member Feliz-Barrows, Mr. Smith shared that details regarding how long the retreat would be have not been discussed but felt a half a day would be enough time to get through meaningful material. Chair Melendrez commented that four to five hours should be enough time and suggested 9 a.m. – 2 p.m. to include lunch.

Mr. Smith further provided an update on the following:

- Federal Tort Claims Act (FTCA) redeeming application - due June 24, 2024
- PPS Rate Setting – State acknowledged receipt of application on May 24, 2024
- Medical Director recruitment
 - An offer has been extended.
 - Recruitment efforts continue for additional candidates.
- Billing and Coding Specialist
 - Reviewed a sampling of medical and behavioral health charts.
 - Provided high-level overview to the health center leadership team and revenue cycle manager.
 - Onsite in July to shadow and give technical assistance to the providers on documentation practices.
- Grant and Activity (Renewals and New Grants)
- Employee Engagement Committee & Staff Recognition
- Unduplicated Patients and Patient Visits
- Patient Satisfaction Survey overview of questions and survey tool

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) May 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 3:21 p.m.

Randy Smith
Chief Executive Officer - FQHC

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SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC GOVERNING BOARD MEETING
JULY 16, 2024

Southern Nevada Community Health Center FY2024 Budget Augmentation

Presenter: Donnie (DJ) Whitaker, CFO



AT THE SOUTHERN NEVADA HEALTH DISTRICT

BUDGET PURPOSE

Definition

- A “Budget augmentation” is a procedure for increasing appropriations of a fund with the express intent of employing previously unbudgeted resources of the fund for carrying out the increased appropriations.

NRS 354.626

- “Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions, states that “No governing body or member thereof, officer, office, department, or agency may, during any fiscal year, expend or contract to expend any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law.”

SUMMARY

Staffing:

Staffing for FY24 is projected to be **120 FTEs** compared to FY24 January augmented budget of 118 FTEs.

Revenue:

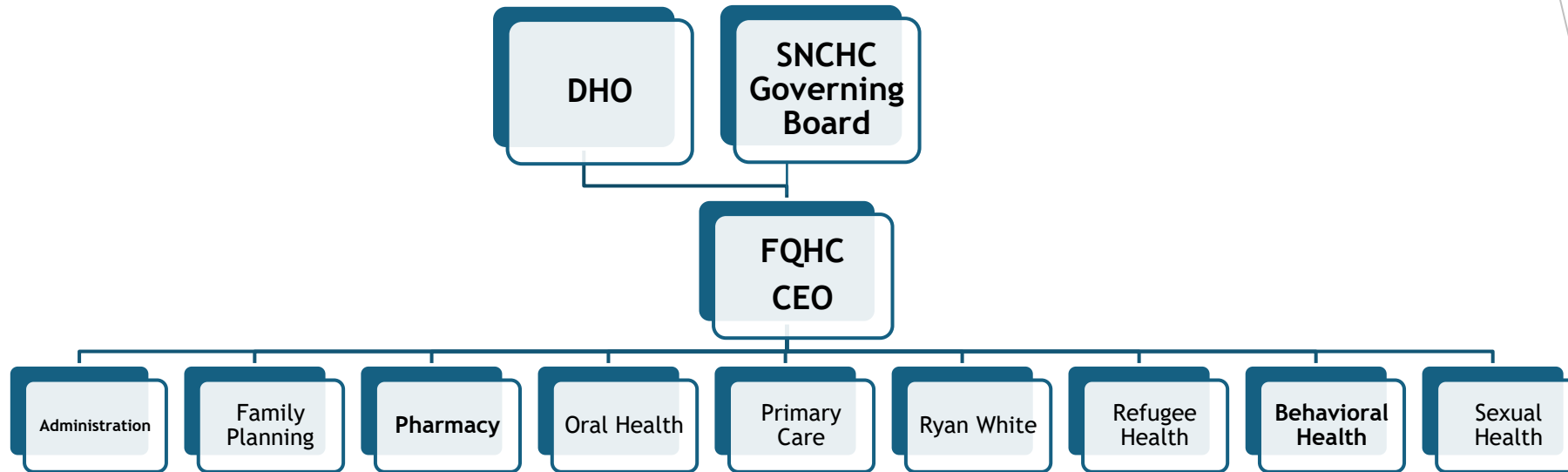
General Fund revenue is projected at **\$29.7 M**, an increase of \$4.5 M from the FY24 January augmented budget.

Special Revenue Fund (Grants) is projected at **\$7.5 M** in FY24 a decrease of \$3.0 M from FY24 January augmented budget.

Expense:

FQHC combined expenditures for FY24 budget is \$42.0 M compared to \$39.5 M from FY24 January augmented budget.

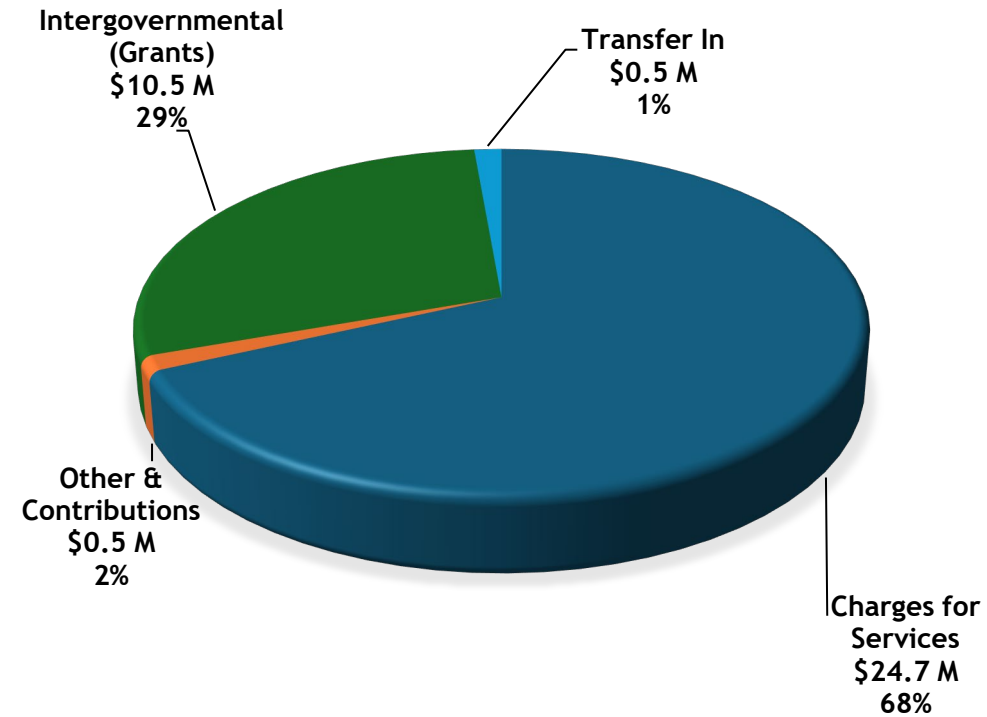
FQHC Division Org Chart



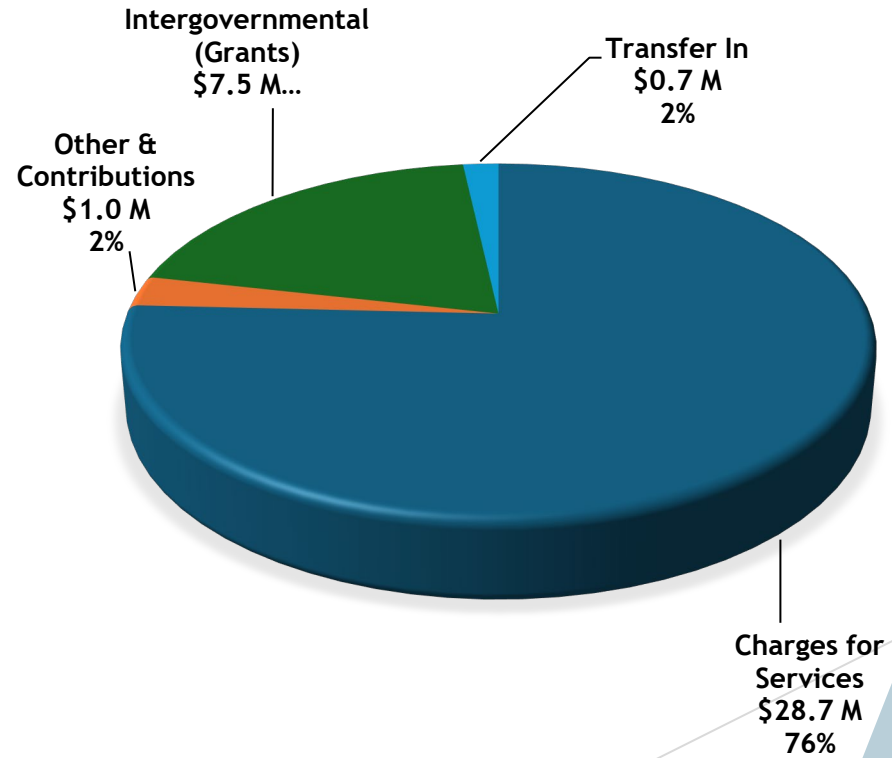
REVENUES

COMBINED REVENUES BY SOURCE - comparison

FY2024 January Budget
Augmentation Revenue
\$36.2 M



FY2024 June Budget
Augmentation Revenue
\$37.9 M

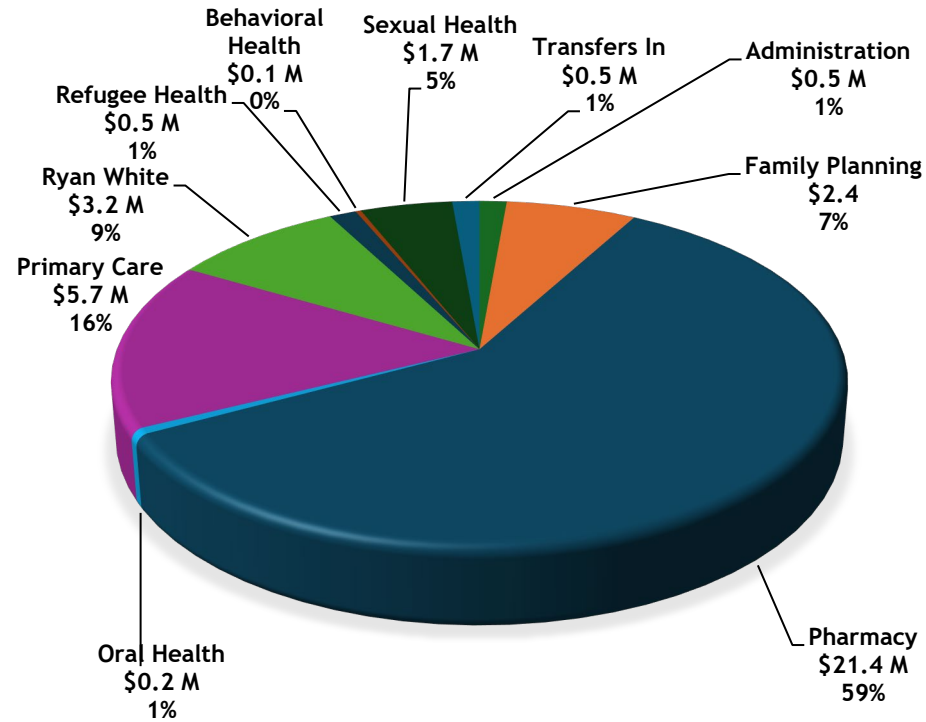


% Percentages are based on total revenue

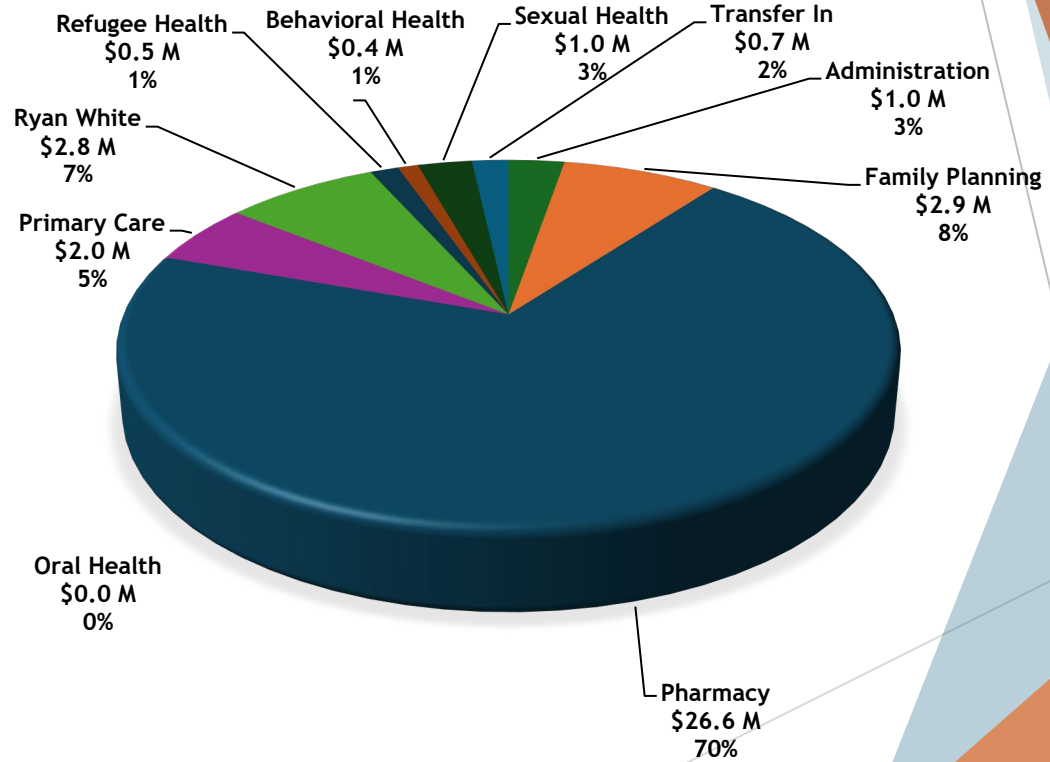
REVENUES

COMBINED REVENUES BY DEPARTMENT - comparison

FY2024 January Budget
Augmentation Revenue
\$36.2 M



FY2024 June Budget
Augmentation Revenue
\$37.9 M



% Percentages are based on total revenue

REVENUES

GENERAL & SPECIAL REVENUE FUND SUMMARY

General Fund:

Total Charges for Services revenue is proposed at \$28.7 M reflecting a \$4.0 M increase compared to \$24.7 M from FY24 January augmented budget.

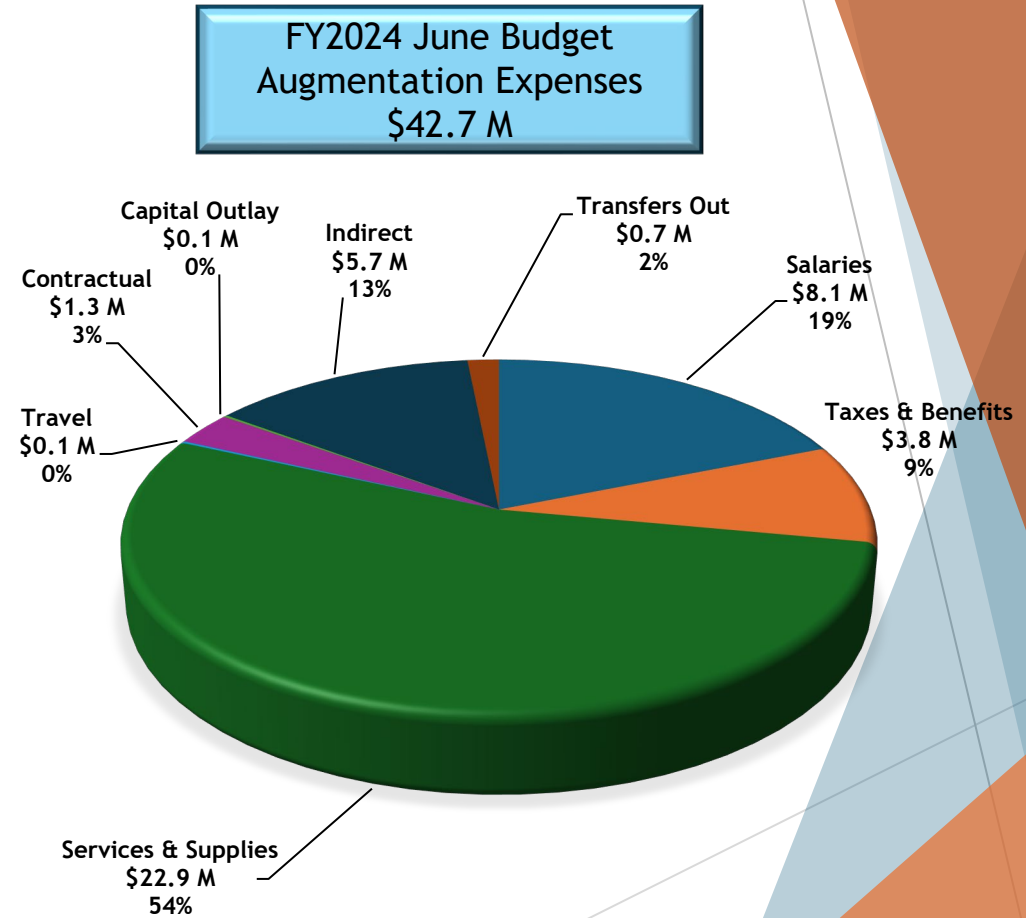
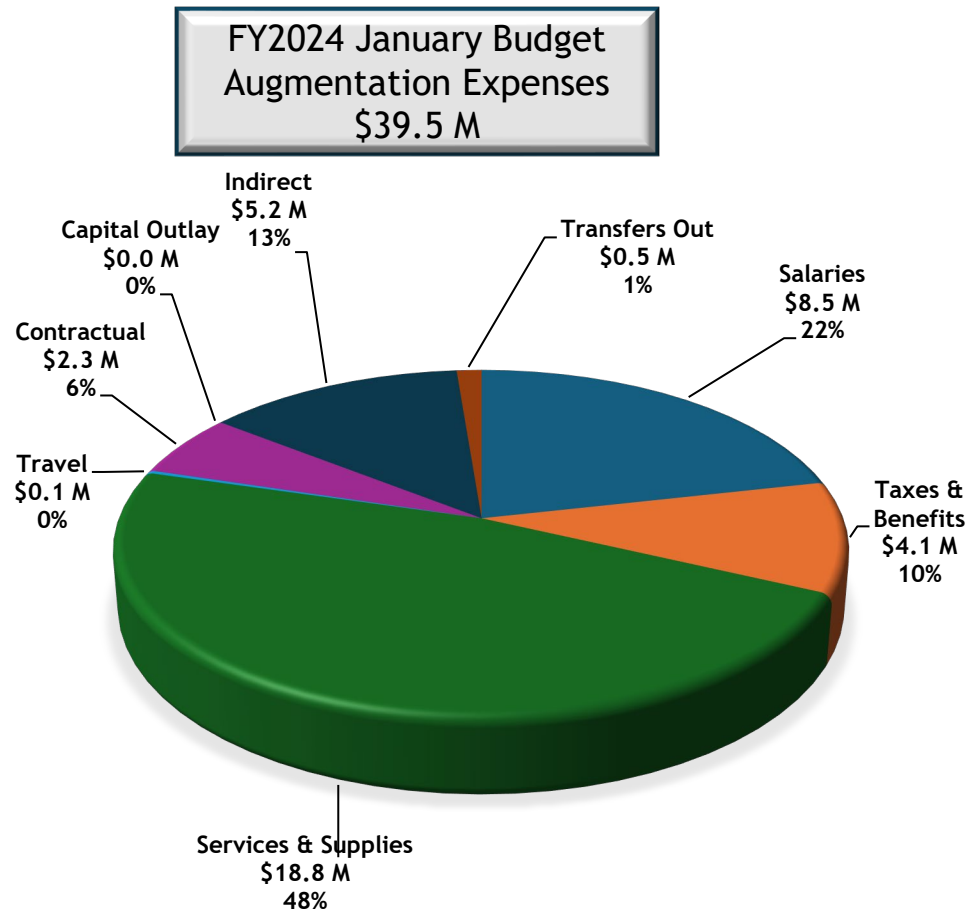
**Major component of Charges for Services revenue is Pharmacy which increased from \$21.4 M to \$26.6 M.*

Special Revenue Fund:

Federal (Grants) revenue decreased from \$10.5 M FY24 January augmented budget to \$7.5 M due to the conclusion of Health Center Grants: New Access Point and Community Health Centers.

EXPENDITURES

COMBINED EXPENSES BY SOURCE - comparison

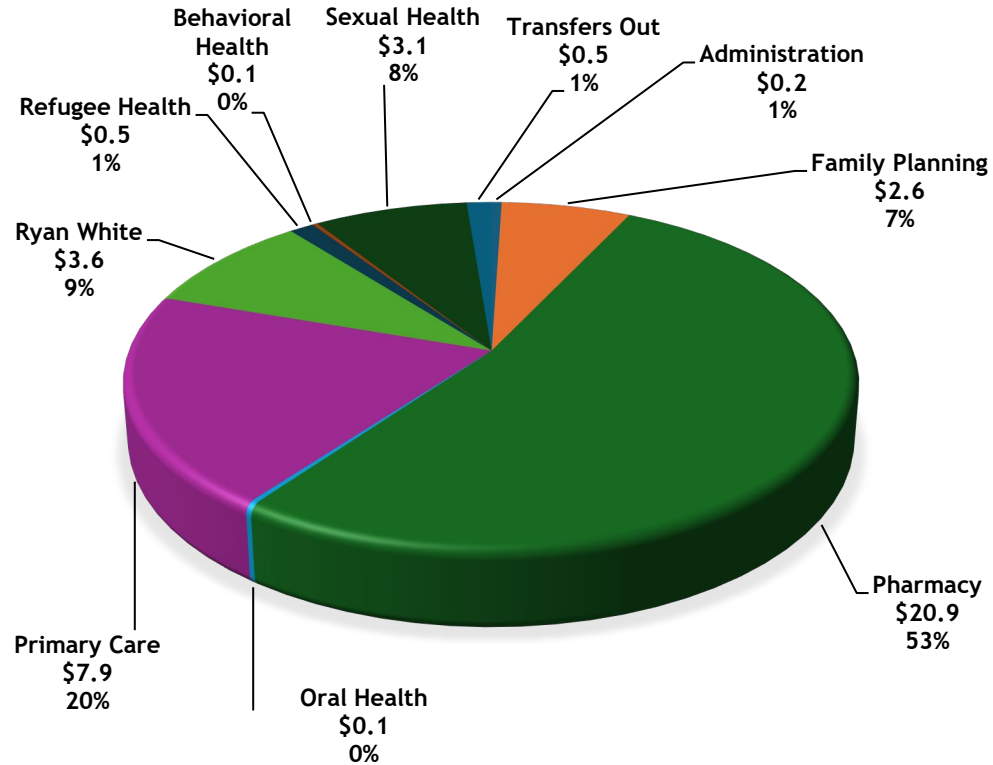


% Percentages are based on total expenses

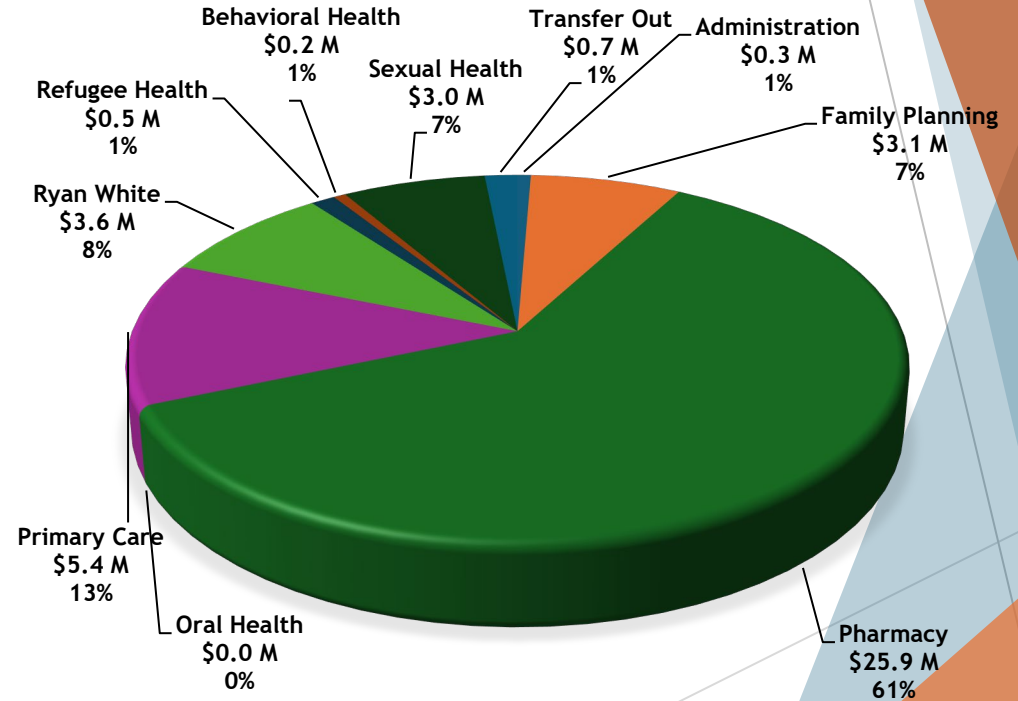
EXPENDITURES

COMBINED EXPENSES BY DEPARTMENT- comparison

FY2024 January Budget
Augmentation Expenses
\$39.5 M



FY2024 June Budget
Augmentation Expenses
\$42.7 M



% Percentages are based on total expenditures

EXPENDITURES

GENERAL & SPECIAL REVENUE FUND SUMMARY



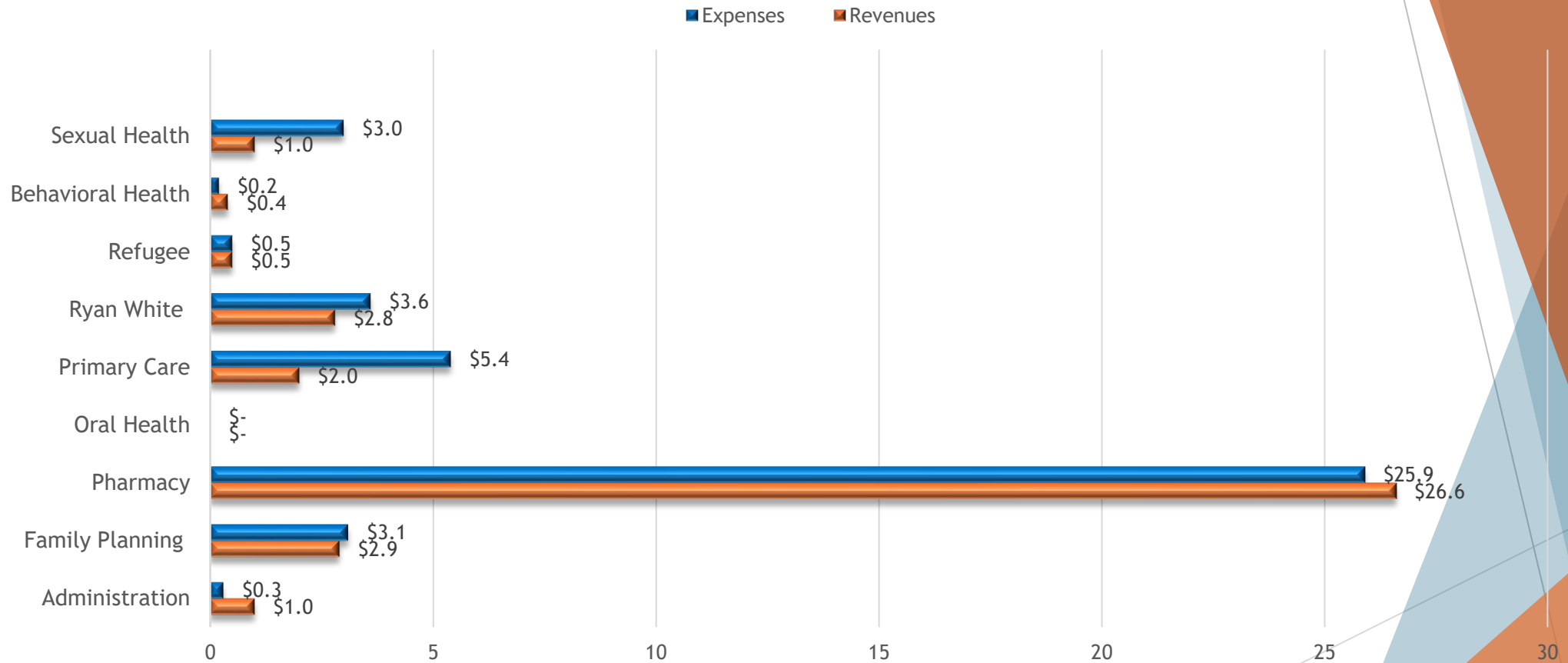
Primary Care's combined expenses decreases from \$7.9 M FY24 January augmented to \$5.4 M due to the expiration of Health Center grants (e.g. New Access Point and Community Health Centers).



General Fund Pharmacy total expenses is projected at \$25.8 M. Pharmacy medication expenses increased from \$17.6 M to \$21.9 M, a \$4.3 M increase from FY24 January Augmentation to FY24 June Augmentation.

REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DEPARTMENT



*Amounts are represented in millions

STAFFING FY2024

FQHC Total FTE

Department	2023/2024 AMENDED (JAN)	2023/2024 AMENDED (JUN)	FTE Change
Admin ⁽¹⁾	9	10	1
Family Plan	20	20	0
Pharmacy	4	4	0
Oral Health	0	0	0
Primary Care	37	37	0
Ryan White	26	26	0
Refugee	0	0	0
Behavioral Health ⁽²⁾	2	3	1
Sexual Health	20	20	0
Total	118	120	2

(1) Addition of Administration Specialist.

(2) Addition of Behavioral Health Manager.



Thank you.

RECOMMENDATION

Approval of the Southern Nevada
Community Health Center FY2024 June
Budget Augmentation, as presented.



Financial Report

Results as of May 31, 2024

All Funds/Divisions

Activity	Budget as of May	Actual as of May	Variance	%
Charges for Services	22,608,349	23,384,741	776,392	3%
Other	458,333	645,419	187,086	41%
Federal Revenue	6,619,656	3,180,809	(3,438,847)	-52%
Other Grant Revenue	105,539	4,978	(100,561)	-95%
Pass-Thru Revenue	2,764,904	2,435,475	(329,429)	-12%
State Revenue	147,930	331,644	183,715	124%
Total FQHC Revenue	32,704,711	29,983,067	(2,721,644)	-8%
Salaries	7,943,356	7,470,691	(472,665)	-6%
Taxes & Fringe Benefits	3,601,003	3,321,079	(279,923)	-8%
Travel & Training	78,457	64,462	(13,995)	-18%
Total Salaries & Benefits	11,622,815	10,856,232	(766,583)	-7%
Supplies	17,170,750	17,646,107	475,357	3%
Capital Outlay	17,875	43,798	25,923	145%
Contractual	2,135,719	1,057,332	(1,078,387)	-50%
Total Other Operating	19,324,344	18,747,237	(577,107)	-3%
Indirect Costs/Cost Allocations	4,812,827	4,491,899	(320,928)	-7%
Transfers IN	(490,272)	(649,444)	(159,172)	32%
Transfers OUT	491,134	649,444	158,309	32%
Total Transfers	4,813,689	4,491,899	(321,790)	-7%
Total FQHC Expenses	35,760,849	34,095,369	(1,665,480)	-5%
Net Position	(3,056,137)	(4,112,301)	(1,056,164)	35%

1

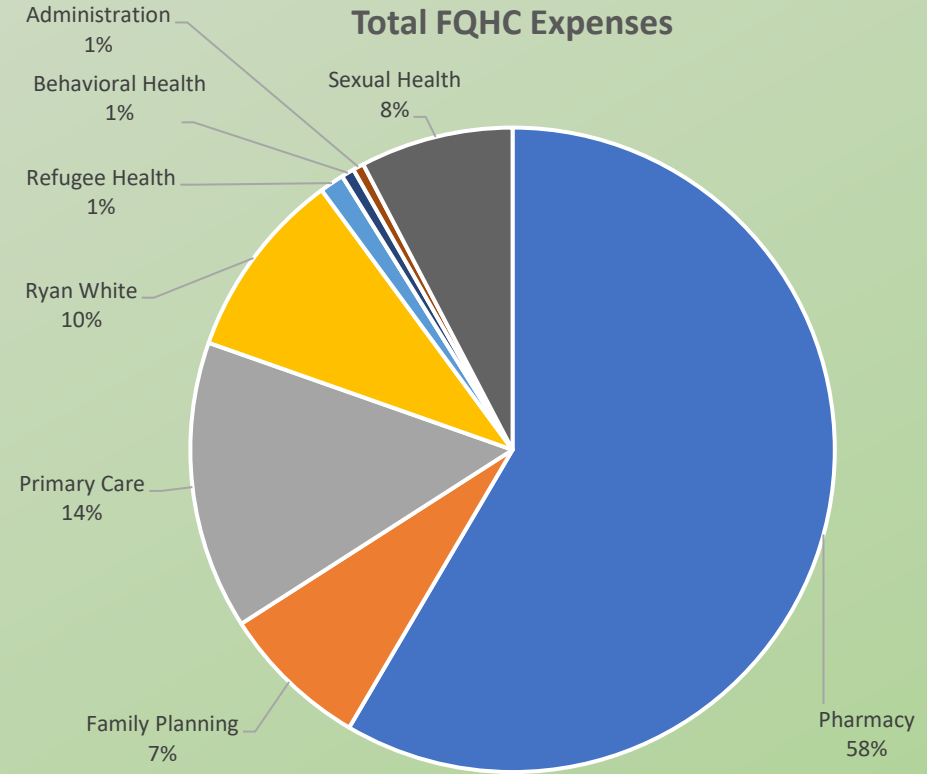
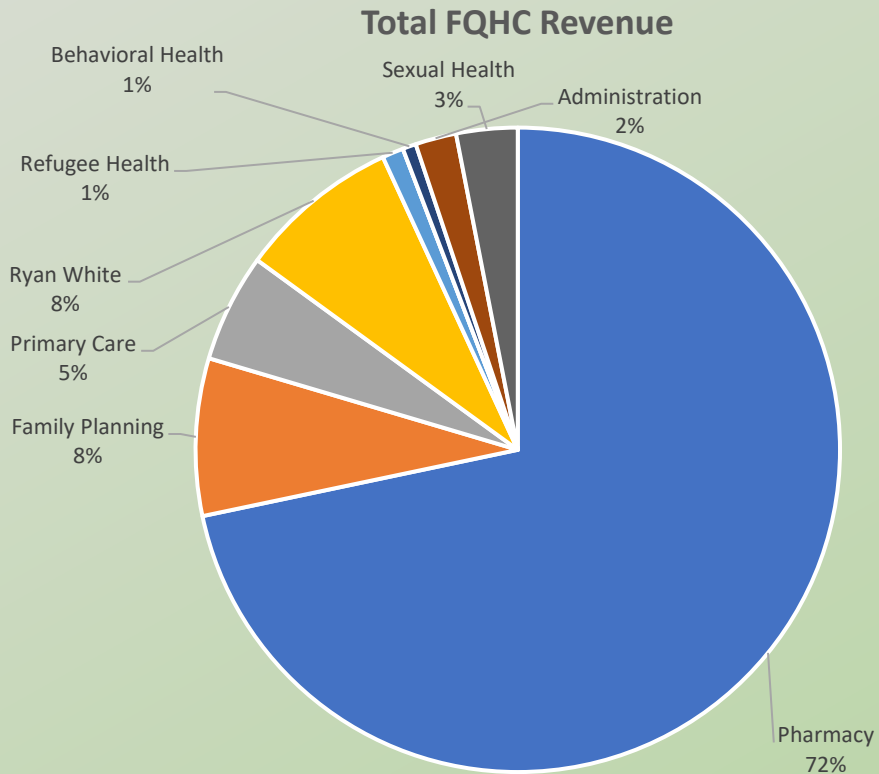
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NOTES:

- 1) GRANT REVENUE AND PERSONNEL BUDGETS WILL BE ALIGNED TO EXPECTATIONS DURING AUGMENTATION.
- 2) CAPITAL EXPENSES FOR PURCHASE OF SURGICAL EQUIPMENT, SOFTWARE LICENSES, AND NEW PERMANENT SIGN.
- 3) SIGNIFICANT BUDGETED CONTRACTS EXPENSES NOT REQUIRED AS OF MAY 2024.

Revenues and Expenses by Department



Revenue by Department

Department	Budget as of May	Actual as of May	Variance	%
Charges for Services, Other, Wrap				
Family Planning	427,159	256,918	(170,242)	-40%
Pharmacy	19,602,308	21,632,435	2,030,128	10%
Oral Health (Dental)	139,955	-	(139,955)	-100%
Primary Care	325,656	210,891	(114,765)	-35%
Ryan White	384,897	189,792	(195,105)	-51%
Refugee Health	119,488	124,515	5,027	4%
Behavioral Health	129,565	137,486	7,921	6%
Administration	458,333	647,711	189,378	41%
Sexual Health	1,479,322	830,413	(648,909)	-44%
OPERATING REVENUE	23,066,682	24,030,161	963,479	4%
Grants				
Family Planning	1,828,881	2,114,159	285,278	16%
Pharmacy	-	-	-	0%
Oral Health (Dental)	-	-	-	0%
Primary Care	4,872,253	1,329,280	(3,542,973)	-73%
Ryan White	2,531,349	2,194,443	(336,905)	-13%
Refugee Health	370,675	178,654	(192,022)	-52%
Behavioral Health	-	91,939	91,939	0%
Sexual Health	34,871	44,432	9,560	27%
SPECIAL REVENUE	9,638,029	5,952,907	(3,685,123)	-38%
TOTAL REVENUE	32,704,711	29,983,067	(2,721,644)	-8%

NOTES:

- 1) ADDITIONAL 459K IN REVENUE RECEIVED FROM PRIOR YEAR'S ACTIVITY DUE TO VENDOR TRUE-UP FROM EFFECTIVE RATE CONTRACT.
- 2) SERVICES NOT YET OPERATIONAL IN MAY 2024 (ANTICIPATING GO-LIVE IN Q4 FY25).
- 3) APPROVED SHC BUDGET ESTABLISHED PRIOR TO CONSOLIDATION IN JULY 2023. UPDATING EXPECTATIONS FOR FY24 AND FY25.
- 4) NO BUDGETED GRANT ACTIVITY FOR FY 2024.
- 5) GRANT REVENUE AND PERSONNEL BUDGETS WILL BE ALIGNED TO EXPECTATIONS DURING AUGMENTATION.
- 6) CAPACITY RESERVED BUT ENCOUNTERS LIMITED BY COMMUNITY PARTNERSHIP ELIGIBLE REFERRALS.

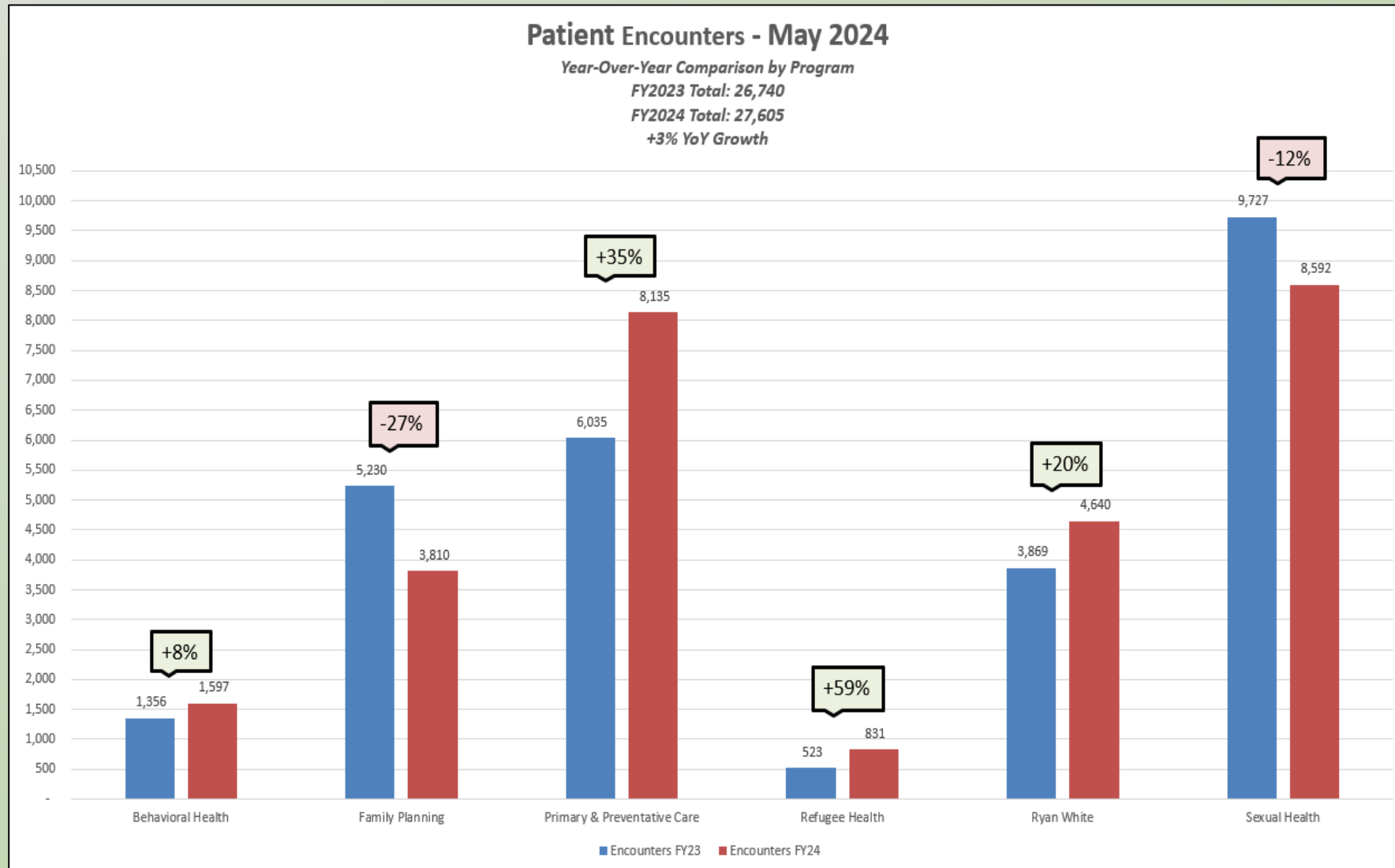
Expenses by Department

Department	Budget as of May	Actual as of May	Variance	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	1,600,226	1,599,077	(1,148)	0%
Pharmacy	343,594	347,887	4,292	1%
Oral Health (Dental)	-	-	-	0%
Primary Care	4,336,116	3,806,494	(529,623)	-12%
Ryan White	2,624,648	2,473,169	(151,479)	-6%
Refugee Health	268,443	243,717	(24,726)	-9%
Behavioral Health	49,613	189,185	139,571	281%
Administration	86,425	94,268	7,843	9%
Sexual Health	2,235,292	2,037,975	(197,318)	-9%
Total Personnel Costs	11,544,358	10,791,771	(752,588)	-7%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	444,412	609,837	165,425	37%
Pharmacy	16,214,675	16,959,142	744,467	5%
Oral Health (Dental)	50,609	-	(50,609)	-100%
Primary Care	1,936,323	475,853	(1,460,470)	-75%
Ryan White	262,463	344,878	82,416	31%
Refugee Health	160,109	120,209	(39,900)	-25%
Behavioral Health	11,550	814	(10,736)	-93%
Administration	74,283	68,055	(6,228)	-8%
Sexual Health	248,378	232,911	(15,467)	-6%
Total Other Expenses	19,402,801	18,811,699	(591,102)	-3%
Total Operating Expenses	30,947,159	29,603,470	(1,343,690)	-4%
Indirect Costs/Cost Allocations	4,812,827	4,491,899	(320,928)	-7%
Transfers IN	(490,272)	(649,444)	(159,172)	32%
Transfers OUT	491,134	649,444	158,309	32%
Total Transfers & Allocations	4,813,689	4,491,899	(321,790)	-7%
TOTAL EXPENSES	35,760,849	34,095,369	(1,665,480)	-5%

NOTES:

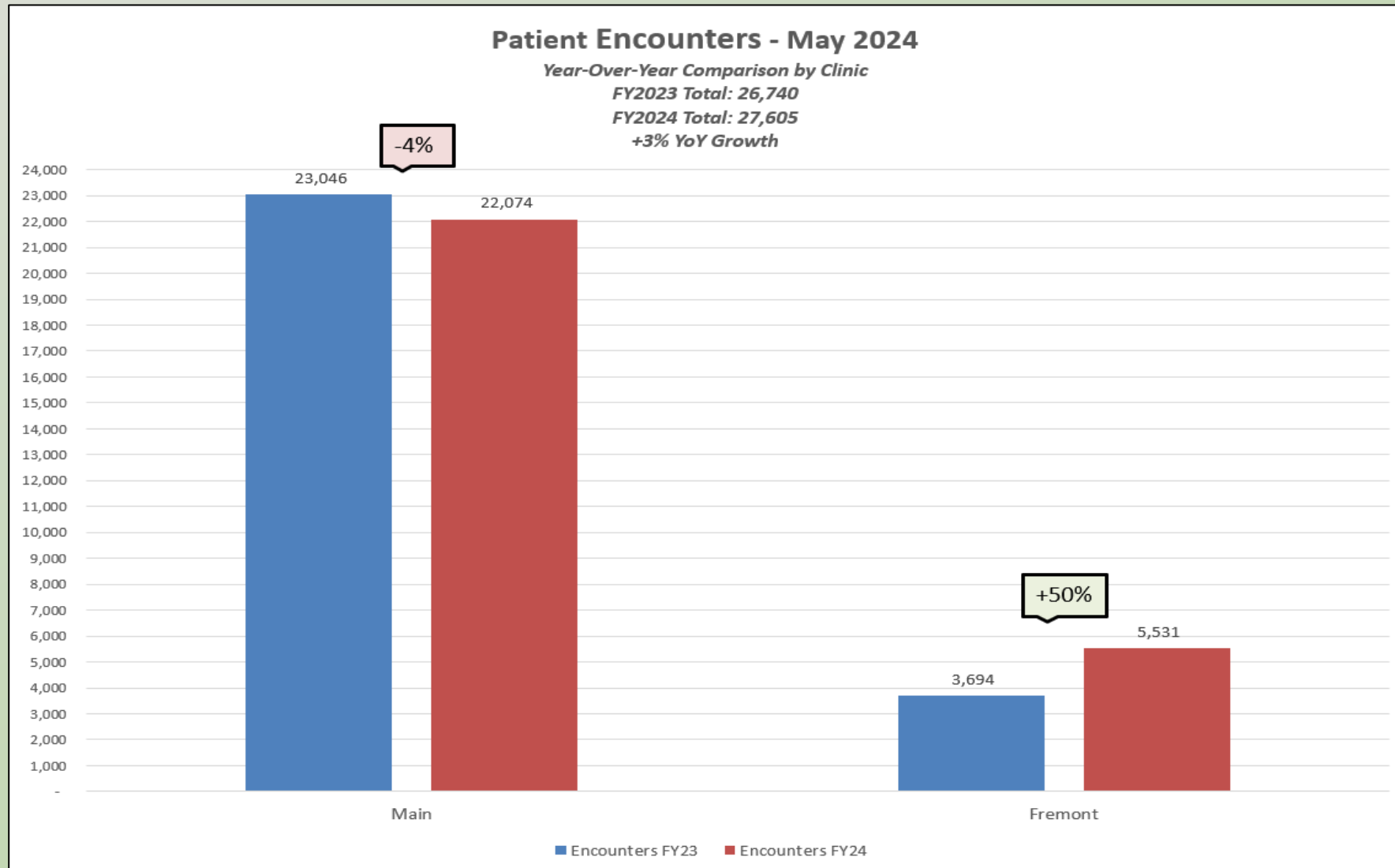
- 1) SERVICES NOT YET OPERATIONAL IN MAY 2024.
- 2) BUDGET FOR GRANT-FUNDED EXPENSES WILL BE INCREASED IN AUGMENTATION.
- 3) SIGNIFICANT BUDGETED CONTRACTS EXPENSES NOT REQUIRED AS OF MAY 2024.

Patients Encounters by Department



NOTE: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY24 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTATIVE CARE DIVISION.

Patients Encounters by Clinic



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

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.)

Additional Information

Post-Augmentation of June 30, 2024


Activity	Budget as of May	Actual as of May	Variance	%
Charges for Services	26,321,816	23,384,741	(2,937,075)	-11%
Other	945,141	645,419	(299,722)	-32%
Federal Revenue	3,698,017	3,180,809	(517,208)	-14%
Other Grant Revenue	34,465	4,978	(29,487)	-86%
Pass-Thru Revenue	2,664,696	2,435,475	(229,221)	-9%
State Revenue	454,970	331,644	(123,325)	-27%
Total FQHC Revenue	34,119,105	29,983,067	(4,136,037)	-12%
Salaries	7,549,540	7,470,691	(78,849)	-1%
Taxes & Fringe Benefits	3,379,643	3,321,079	(58,564)	-2%
Travel & Training	65,773	64,462	(1,311)	-2%
Total Salaries & Benefits	10,994,956	10,856,232	(138,724)	-1%
Supplies	21,049,721	17,646,107	(3,403,615)	-16%
Capital Outlay	63,523	43,798	(19,725)	-31%
Contractual	1,194,311	1,057,332	(136,979)	-11%
Total Other Operating	22,307,555	18,747,237	(3,560,318)	-16%
Indirect Costs/Cost Allocations	5,193,905	4,491,899	(702,006)	-14%
Transfers IN	(614,318)	(649,444)	(35,126)	6%
Transfers OUT	614,318	649,444	35,126	6%
Total Transfers	5,193,905	4,491,899	(702,006)	-14%
Total FQHC Expenses	38,496,416	34,095,369	(4,401,048)	-11%
Net Position	(4,377,312)	(4,112,301)	265,010	-6%

THANK YOU.






RECOMMENDATION



Approval of the May 2024 Year-to-Date
Financial Report, as presented.



NEW BOARD MEMBER CANDIDATES

■ Candidate 1 – (Marie)

- Occupation: Accountant/CPA
- Interested in becoming a member of the SNCHC's Governing Board because they firmly believe in the power and responsibility of serving the community in which they live.
- Desire to leverage their skills, experiences, and networks to further the health center's mission.
- Believes that mental health services and substance abuse treatment are significantly lacking.
- Nevada Society of CPAs; SEC Pro Group, Nevada Chapter; volunteer for Salvation Army and SafeNest.
- University of Nevada, Las Vegas, Business Administration major in Accounting, minor in Mathematics in 2002
Active Certified Public Accountant (CPA) State of Nevada (license 4142)

■ Candidate 2 – (Ashley)

- Occupation: Card/Fraud Operations Specialist
- Interested in becoming a positive impact in providing and receiving input on new additions for better healthcare.
- Believes an unmet need is dental care, as it can be the costliest type of care.
- Community Organization: San Diego Civic Dance Association
- High school graduate: International Studies
- Over 20 years of volunteer experience



RECOMMENDATION

Approval of the two board member candidates, as presented.

RE-CREDENTIALING AND RENEWAL OF PRIVILEGES



Nelson Duran
Physician Assistant II



Todd Bleak, MBA, AAHIVP
Pharmacy Services Manager



RECOMMENDATION

Approval of the Re-credentialing and
Renewal of Privileges for Nelson Duran and
Todd Bleak, as presented.

CY24 Goals	Baseline	CY24 Activities (What, Who, When)	CY24 Performance										
# of Medication Errors													
Goal #1: Reduce medication errors to 0.	CY22 – 7 errors CY23 – 3 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: 0 Q3: 0 Q4: 0 CY24 Result: 0 Med errors in CY24 compared to 3 Med errors in CY23										
# of Bluebird responses under 2 Minutes													
Goal #2: Reduce delayed response time for Dr. Bluebird events by 50% year over year.	CY22 – 25% of bluebird incidents w/response time at or longer than 2 min CY23 – 4% bluebird incidents w/response time at or longer than 2 min	<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: 3/3 response time under 2 min Q2: 1/1 response time under 2 min Q3: Q4: CY24 Result: 4/4 (100%) < 2-minute response compared to 96% < 2 minute response in CY23										
# of Employee Injuries													
Goal #3: Reduce the number of employee injuries to 0.	1 employee injury in 2022 2 employee injuries in 2023	<ul style="list-style-type: none"> Safety Officer and Security training on Active Shooter and parking lot safety in February of 2024. 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: 0 Q2: 0 Q3: 0 Q4: 0 CY24 Result: 0 Employee injuries compared to 2 Employee injuries in CY23										
# of Incident Reports Completed													
Goal #4: Improve the reporting of actual or potential incidents.	15 total incidents reported in CY22 65 total incidents reported in CY23	<ul style="list-style-type: none"> FQHC Administrative Manager to create, implement, and monitor the new Incident Reporting process. FQHC Administrative Manager to create, implement, and monitor the new incident reporting forms. FQHC Administrative Manager to keep statistics of types of incidents being reported, severity of incidents, and the number of incidents. FQHC Administrative Manager to review the findings with the Quarterly Quality, Risk Management, and Credentialing Committee. 	<table border="1"> <thead> <tr> <th>2024</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Q1: 15</td> <td>16</td> </tr> <tr> <td>Q2: 12</td> <td>9</td> </tr> <tr> <td>Q3:</td> <td></td> </tr> <tr> <td>Q4:</td> <td></td> </tr> </tbody> </table> CY24 Result: 27 incident reports submitted compared to 25 incident reports submitted through Q2 of CY23.	2024	2023	Q1: 15	16	Q2: 12	9	Q3:		Q4:	
2024	2023												
Q1: 15	16												
Q2: 12	9												
Q3:													
Q4:													

Q2 RISK MANAGEMENT REPORT

			Measures
<p>Goal #5: Implement workflow to track prenatal services and baby birth weights to help mitigate obstetric risks, and ensure appropriate care is received.</p>	<p>CY23 0 prenatal visits/referrals documented CY23 0 newborn birth weights documented</p>	<ul style="list-style-type: none"> Verify eCW documentation requirements to capture data for patients by age who received prenatal visits/referrals by trimester of pregnancy <ul style="list-style-type: none"> UDS Table 6b Sections A & B Verify eCW documentation requirements to capture data for the newborn birthweights (in grams) being documented by race/ethnicity. <ul style="list-style-type: none"> UDS Table 7a - Birthweight FQHC Operations Managers to develop and implement a workflow and process to <ul style="list-style-type: none"> document and track prenatal pts by age and document and track prenatal pts by which trimester their pregnancy is in per UDS requirements document whether SNCHC conducted the prenatal visit or provided the patient a referral to another provider for prenatal care per UDS requirements. <ul style="list-style-type: none"> Follow up with referred patients to document status of pregnancy, and ensure prenatal, intrapartum, and postpartum care needs are planned. FQHC Operations Managers to develop and implement a workflow and process to document and track newborn birth weights by race, per UDS requirements. Adopt new Pregnancy Intention Screening practices to satisfy new UDS measure. 	<p>2024</p> <ol style="list-style-type: none"> # of documented eligible pregnant pts by age # of documented Pts listed by Trimester of Pregnancy # of documented Prenatal visits or prenatal referrals # of documented newborn birthweights by race <p>Q1:</p> <ol style="list-style-type: none"> 0 0 0 0 <p>Q2:</p> <ol style="list-style-type: none"> 34 0 0 0 <p>Q3:</p> <ol style="list-style-type: none"> <p>Q4:</p> <ol style="list-style-type: none"> <p>CY24 Results:</p> <ol style="list-style-type: none"> 34 0 0 0

Q2 RISK MANAGEMENT REPORT – NEW GOAL



RECOMMENDATION

Approval of the 2nd Quarter Risk Management Report, as presented.

TOPIC	YES	NO	NA	FINDINGS/COMMENTS
ENVIRONMENT OF CARE				
1. General appearance of the facility provides an inviting, organized, professional environment.	✓			
2. Grounds are maintained and well kept.	✓			
3. A smoke-free environment is promoted and provided for patients and family members.	✓			
4. There is adequate reception room seating.	✓			
5. Reception area, restrooms, hallways, and all patient care areas are clean and without safety hazards.	✓			
6. Equipment is not stored in corridors nor are there other tripping hazards in traffic areas.		✓		Filing cabinets and printers in hallways of Decatur clinic. There is ample room to get around them, but they are stored in corridors.
7. Equipment cords are positioned out of the general walking area.	✓			
8. Safety rails in bathrooms and other areas are secure.	✓			
9. Adjustable office chairs and wrist rests are located at computers.	✓			
10. Keys are available for unlocking bathrooms. Staff is trained in thumbnail locks and other door release mechanisms.	✓			Electronic key cards are used for restricted access, and bathrooms with door locks only lock from inside for privacy, and when vacant are accessible.
11. Examination rooms are free of excess clutter and cleaned between patients.	✓			
12. There is adequate space in patient treatment areas.	✓			

QI RISK ASSESSMENT

MEDICAL/DENTAL RISK MANAGEMENT ASSESSMENT TOOL – CONDUCTED 3-5-2024

QI RISK ASSESSMENT FINDINGS

MEDICAL DENTAL RISK MANAGEMENT ASSESSMENT TOOL – CONDUCTED 3-5-2024



CY24 Medical Dental Risk Management Assessment Findings and Action Plan

Findings/areas of highest risk identified:

1. **Environment of Care (HIPAA)**– There are some network printer/fax machines, shredding bins, triage equipment, and filing cabinets stored in clinic area corridors where patients may see documents being printed as they pass by.
2. **Security and Incident Management** – Emergency phone numbers, although reviewed regularly, are not posted by all phones.
3. **Fire Safety** – RACE (Remove/Rescue, Alarm/Alert, Confine/Contain, Extinguish/Evacuate) training is not currently provided to the team.

Assessment Synopsis:

Although there were several elements of this assessment that were non-clinical in nature, there were still significant clinical components to the survey that were found to be in compliance. All stock of medications, crash cart items, and vaccines were discovered to be in proper storage and not expired. Sharps containers are present anywhere injections can be administered and in lab draw/exam rooms. Staff were observed washing hands thoroughly after doffing gloves and donning new gloves while entering another exam room. Labels on lab specimen tubes and receptacles were present and completed. Lab Assistant was overheard asking the patient to verify PII on the labels prior to collecting the specimen.

QI RISK ASSESSMENT ACTION PLAN

MEDICAL DENTAL RISK MANAGEMENT ASSESSMENT TOOL – CONDUCTED 3-5-2024

Action Plan:

CY24 Goals	CY24 Activities (What, Who, When)	CY24 Performance
3 & 6 Month Follow Up		
<p>Goal #1: Check with facilities on storage options and regulations for items stored in clinic corridors.</p>	<ul style="list-style-type: none"> Facilities dept. will review area and provide guidance on code and regulation expectations Operations Managers regularly walk through potential risk areas throughout the day with the intention of observing safety regarding corridor storage and eliminating clutter and hazards. 	<p>June 2024 – facilities reviewed. Areas up to code. Managers observing daily to monitor. September 2024 – December 2024 –</p>
3 & 6 Month Follow Up		
<p>Goal #2: Work with communications and Admin Supervisor to create a small card with emergency numbers to post at all phones.</p>	<ul style="list-style-type: none"> Communications dept. approval of materials. Operations Managers ensure cards are created and placed appropriately. Operations Managers identify any computer screens that need a privacy cover and get it on order and installed through IT. 	<p>June 2024 – revamping of entire phone system underway. New extensions are being established internally along with protocols for contacting emergency services. Also, physical desk phones are being removed. September 2024 – December 2024 –</p>
3 & 6 Month Follow Up		
<p>Goal #3: Provide RACE Training</p>	<ul style="list-style-type: none"> RACE (Remove/Rescue, Alarm/Alert, Confine/Contain, Extinguish/Evacuate) training program needs to be identified. Plan RACE training at staff meeting Conduct RACE training. 	<p>June 2024 – Safety officer was contacted regarding fire safety training. September 2024 – December 2024 –</p>



RECOMMENDATION

Approval of the Risk Management
Assessment, as presented.



CHCA-022 LATE ARRIVALS, NO-SHOWS AND SAME DAY CANCELLATIONS POLICY & PROCEDURE

PURPOSE

The Southern Nevada Community Health Center (SNCHC) is committed to compliance with Health Resources and Services Administration (HRSA) standards for community health centers, including ensuring access to quality healthcare. It is the responsibility of the Community Health Nurse Manager, Behavioral Health Manager and/or their designee(s) to monitor and manage all appointment activity to maximize access to care and ensure good stewardship of human and financial resources.

SCOPE

Applies to all SNCHC workforce.

POLICY

To provide guidance when a patient arrives late, fails to show up for a scheduled appointment or cancels on the same day as their appointment.

DIVISION:	FQHC	NUMBER(s):	CHCA-022
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Late Arrivals, No-Shows, and Same Day Cancellations	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Guidance for when a patient arrives late, fails to show for a scheduled appointment or cancels on the same day as their appointment	ORIGINATION DATE: March 23, 2023	
APPROVED BY: CHIEF EXECUTIVE OFFICER – FQHC:		REPLACES: Standard Operating Procedure dated March 23, 2023	
Randy Smith _____		Date _____	

I. PURPOSE

The Southern Nevada Community Health Center (SNCHC) is committed to compliance with Health Resources and Services Administration (HRSA) standards for community health centers, including ensuring access to quality healthcare. It is the responsibility of the Community Health Nurse Manager, Behavioral Health Manager and/or their designee(s) to monitor and manage all appointment activity to maximize access to care and ensure good stewardship of human and financial resources.

II. SCOPE

Applies to all SNCHC workforce.

III. POLICY

To provide guidance when a patient arrives late, fails to show up for a scheduled appointment or cancels on the same day as their appointment.

The health center uses a mix of scheduled appointments, same day appointments, and walk-ins to achieve optimal access to patient care services. No-Shows and Same Day Cancellations create waste in the system and reduces access to care for all patients. When a scheduled appointment goes unused, it takes an available slot away from another patient and delays the delivery of healthcare.

- Late Arrival - Shall mean any patient who arrives at the clinic more than fifteen (15) minutes after their scheduled appointment time.
- No-Show - Shall mean any patient who fails to show for a scheduled appointment without prior notification.

Late Arrivals, No-Shows, and Same Day Cancellations

- Same Day Cancellation - Shall mean any patient who cancels their appointment less than twenty-four (24) hours before their scheduled time.

IV. PROCEDURE

When patients are initially scheduled and then again when appointments are confirmed, patients are instructed to arrive prior to their scheduled appointment time, thirty (30) minutes for new patients/select appointment types and fifteen (15) minutes for established patients.

A. Late Arrivals

1. Patients will be given a fifteen (15) minute grace period. Patients arriving during this grace period are checked-in for their appointment. Status in eClinicalWorks (eCW) is changed to arrive "ARR" then the Administrative Assistant (AA)/Patient Services Representative (PSR) will change the status to waiting room "WAITROOM" for the Medical Assistant (MA) to start the intake.
 - a. Patients who check-in during the grace period may be seen out of order if another patient with a close appointment time is already checked-in and ready to be seen. In these occurrences, every effort should be made to see the patient who arrived during the grace period as close to their actual appointment as possible.
2. Patients arriving fifteen (15) minutes after their scheduled appointment time. The AA/PSR will change the status in eCW to No-Show "N/S" and the patient will be given the following options:
 - a. Offered the option to wait. These patients will be treated as a walk-in. If an appointment slot becomes available, they will be offered the open appointment slot on a first come, first serve basis. There is no guarantee the patient will be seen the same day. The patient can be seen by any available provider as a Same Day appointment if clinically appropriate.
 - b. Offered to reschedule their appointment.
 - At the provider's discretion, a bridge refill of medications can be given to the patient to ensure their continued access to prescribed medications until their new appointment.

B. No-Shows

1. When a patient fails to show for their appointment:
 - a. Established Patients: The MA will review the list of patients that No-Showed with provider during the next day's care team huddle. If the provider determines that the patient needs to be seen, the MA will reach out to the patient to attempt to schedule a new appointment.

Late Arrivals, No-Shows, and Same Day Cancellations

- The MA will contact the patient and document the communication. If staff are not able to reach the patient, leave a message. Document in eCW a general note, a message was left and the reason for the call. When the patient returns the call, whoever receives the call has the information and can assist. Be mindful of patient privacy, when not speaking directly with the patient.
 - Three (3) attempts to contact the patient will be made via a phone call. *Ryan White patients: The provider can send a referral to the Community Health Worker (CHW) for a possible Home Visit.*
 - b. New Patients: Follow up with these patients will occur at the determination of the CHN Manager and/or their designee. Factors such as capacity, strategic initiatives, and contractual requirements will be considered when determining which patients to engage.
2. The AA/PSR changes the status in eCW to a No-Show (N/S). When a patient is a No-Show for their scheduled appointment, the slot can be offered to a walk-in patient if the patient is ready within the fifteen (15) grace period. The add-on patient should show arrive “ARR” no more than five (5) minutes after the grace period has expired.
- a. If a new patient No-Shows three (3) times, they will not be allowed to schedule new appointments. After the third No-Show, patients will only be seen as a Walk-in/Same Day.
 - b. If an established patient No-Shows three (3) times in a twelve (12) month period, they will only be seen as a walk-in for the next six (6) months.
 - i. The provider may schedule a follow-up appointment for the patient after a visit, but if the patient No-Shows that appointment, they will only be seen as a walk-in for the next six (6) months.
- C. Same Day Cancellations
1. When a patient calls to cancel an appointment on the Same Day, offer to reschedule.
 - a. The Call Center will change status in eCW to cancelled “CANC” and create a new appointment.
 - If the patient does not want to reschedule, the eCW status will still reflect cancelled.
 - b. The AA/PSR can fill the slot with any walk-in/Same Day patient.
 - The slot can be offered to a walk-in patient if the patient is ready within the fifteen (15) grace period. The add-on patient should

Late Arrivals, No-Shows, and Same Day Cancellations

show arrive “ARR” no more than five (5) minutes after the grace period has expired.

2. When a patient cancels an appointment via SMS or through the after-hours line.
 - a. If through SMS, eCW will reflect canceled by SMS “CANCSMS” as the status
 - b. If through after-hours, the Call Center will change status to canceled “CANC” in eCW.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Community Health Nurse Clinic Manager
 Clinical Office Supervisor
 Senior Patient Services Representative

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1		
Version 0	03/23/2023	First issuance –as a Standard Operating Procedure

1. ATTACHMENTS

Attachment No. CHCA-022 ATT-1, No-Show Log



RECOMMENDATION

Approval of the CHCA-022 Late Arrivals,
No-shows and Same Day Cancellations Policy
& Procedure, as presented.



CHCA-009 DIAGNOSTIC AND LABORATORY TRACKING POLICY & PROCEDURE

PURPOSE

It is the policy of Southern Nevada Community Health Center (SNCHC) to track orders for all diagnostic testing, including imaging and laboratory tests, as well as to provide prompt notification of results to patients.

SCOPE

This policy applies to all Workforce members within the scope of their practice.

POLICY

To ensure timely review and communication of results from all diagnostic testing, including studies of imaging and laboratory orders to patients as well as appropriate tracking of open orders in the electronic health records (EHR), which is essential for ensuring safe and effective patient centered care.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-009
PROGRAM:	Division Wide	VERSION:	1.0 <u>10</u>
TITLE:	Diagnostic, <u>Imaging</u> , and Laboratory Tracking	PAGE:	1 of 5
		EFFECTIVE DATE: 7/16/2024 October 27, 2022 <u>July</u>	
DESCRIPTION: Policy and procedure to track <u>all orders for diagnostic testing, including imaging</u> and laboratory tests.		New	
APPROVED BY: FQHC CHIEF OPERATIONS-EXECUTIVE OFFICER:		REPLACES: <u>New Version 1.01</u>	
_____ <u>10/27/2022</u> <u>7/16/2024</u>			
Randy Smith		Date	

I. PURPOSE

It is the policy of Southern Nevada Community Health Center (SNCHC) to track orders for all diagnostic testing, including imaging and laboratory tests, as well as to provide the prompt notification of the results to for patients. ~~It is the policy of SNCHC to follow up in a systematic process for all overdue results.~~

II. SCOPE

This policy applies to all Workforce members within the scope of their practice.

III. POLICY

To ~~provide and~~ ensure timely review and communication ~~and review~~ of results from all diagnostic testing, including studies of imaging ~~and~~ laboratory orders to patients as well as appropriate tracking of open orders ~~documentation~~ in the electronic health records (EHR), which is essential for ensuring safe and effective quality patient centered care.

IV. PROCEDURE

- A. SNCHC endeavors to communicate electronically with testing facilities, including laboratories and imaging facilities. This communication includes both ordering tests and retrieving results.
- B. SNCHC uses an electronic medical record system, eClinicalWorks (eCW), that has bi-directional interface capabilities with certain reference diagnostic testing centers, including imaging centers- and laboratories, such as Southern Nevada Public Health Laboratory (SNPHL), Quest Diagnostics (Quest) and/or Laboratory Corporation of America (LabCorp).
- C. Providers are trained ~~and educated~~ on the process for placing orders and receiving results via eCW. Components of training included:
 1. Ordering diagnostic tests, including imaging and labs.
 2. Electronically submitting orders and printing orders for the patient.
 3. Reviewing results by tasks that are created for electronic review and provider signature.
 4. Forwarding results notes to clinic support staff for patient outreach to discuss results with patients as directed by the provider.
- D. Management of Abnormal Imaging and Lab Results:
 1. Receipt of abnormal imaging and lab results through eCW.
 - i. Critical imaging and lab results are called to either the ordering provider, nurse and/or an on-call provider, if after hours.
 - ii. Abnormal imaging or lab results are assigned high priority/red in the eCW system. These flags alert the provider of the abnormal results to ensure timely follow-up with the patient.
 2. Receipt and management of abnormal in office lab results.
 - i. In-house laboratory tests are performed during the patient's office visit.
 - ii. Results are entered into the patients' medical record by the clinical support staff performing the test and the provider has the capability to pull the results into the progress notes.
 - iii. Provider will review, manage and discuss the result(s) with patient, parent or guardian.
- E. Communication of abnormal results, per the provider's order and documentation:
 1. Abnormal ~~result is~~results are interpreted by provider/physician prior to clinical support staff notifying patient, parent or guardian. Notification of abnormal result

to patient/parent/guardian should be attempted within three (3) business days of receipt.

2. Provider will ~~provide-give~~ clear expectations for following up results and care plan ~~to for~~ the clinical support staff member when handling abnormal results. Documentation is entered in eCW and is consistent with medical standards of care, ~~and legal prudent.~~
3. A clinical support staff member will attempt to contact the patient/parent/guardian by:
 - i. Telephone call: If unsuccessful, after a minimum of three (3) attempts, or telephone number is disconnected or no other emergency contact number documented in eCW, proceed to next step.
 - ii. A clinical support staff member will create a letter or certified (depending on result type) in eCW addressed to the patient, parent or guardian, providing one of the following and letter will be translated in the patient's appropriate language prior to mailing:
 - Instructions for follow-up care.
 - Instructions to call staff to discuss the results.
 - Instructions to call to schedule an appointment with provider. Telephone call: If unsuccessful, after a minimum of three (3) attempts, or telephone number is disconnected.

F. Communication of Normal Imaging and Lab Results:

1. Normal results are reviewed by ~~provider~~physician prior to clinical support staff notifying patient, parent or guardian.
2. Communication of normal results will occur by one of the following methods:
 - i. Provider or designated clinical support staff member will outreach to patient, parent or guardian via phone call to discuss normal results.
 - ii. If patient has enrolled in patient portal, imaging and lab results will be visible to the patient ~~thereafter provider has reviewed results.~~
 - iii. Provider or clinical support staff member will create a normal results letter in eCW, and designated staff member will mail letter to the patient, parent or guardian. Letter will be translated in the patient's appropriate language prior to mailing.

G. Tracking Overdue Imaging and Lab Results:

1. When a provider places an order for diagnostic testing, including imaging or lab(s), a time frame is noted on the lab order for the completion of the study.
2. The *overdue* results folder will contain clinic collected orders that do not have results within seven (7) business days and STAT orders that do not have results with two (2) business days.
3. The Overdue Results report include imaging and lab collection orders that do not have results within fourteen (14) business days after the expected completion date and imaging and laboratory orders that have expired, one (1) year after the order date.
4. Each business day, a designated staff member will monitor and manage the overdue results for management of overdue stat and clinic collection orders.
 - i. Staff member will check if there is no result for the test. If there is a result, the duplicate order will be cancelled.
 - ii. If no result is found for the test, staff member will create a telephone encounter with reason for call “test reminder” and will contact the patient via telephone to verify if the test was completed. If there is no phone number on file, they will contact patient’s emergency contact.
 - iii. If the patient had the test done at an outside facility, the test results will be requested and upon receipt, scanned according to the medical record indexing workflow.
 - iv. If the test has not been completed, staff will ask when the test is scheduled and document. Note, not all tests require an appointment.
 - v. If the patient does not have the test scheduled, staff offer to assist the patient with making the appointment and document.
 - vi. If the patient does not answer the phone, staff leave a message to return call (refer to patient communication consent form). Leave encounter open and route to the ordering providers as well as verbal notification to the provider or designee as assigned.
 - vii. If the patient does not respond, staff will attempt to contact again in one (1) business day and document in the encounter. A total of three (3) telephone attempts will occur withing three (3) business days.
 - viii. If the patient does not respond after the third (3rd) phone call, staff will send an overdue letter to the patient.
 - ix. Send a letter to the patient via United States Postal Service

Diagnostic, Imaging, and Laboratory Tracking

(USPS) mail and enclose order slip(s).

- x. If the patient does not respond or refuses the test, staff will notify the providers so there can be further discussion with the patient or the order can be cancelled per the provider.
- 5. On a quarterly basis, a designated staff member will “work” the overdue results report.

Additional Sections

Not Applicable

Acronyms/Definitions

Not Applicable

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Administrative Assistant Referral Coordinator

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0	10/27/2022	First issuance
<u>Version 1.01</u>	<u>7/16/2024</u>	<u>Clarify inclusion of imaging in tracking policy</u> <u>Revised Title, adding the word “Imaging”</u>

VII. ATTACHMENTS

Not Applicable



RECOMMENDATION

Approval of the CHCA-009 Diagnostic and Laboratory Tracking Policy & Procedure, as presented.

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.

CEO COMMENTS

Randy Smith, Chief Executive Officer - FQHC

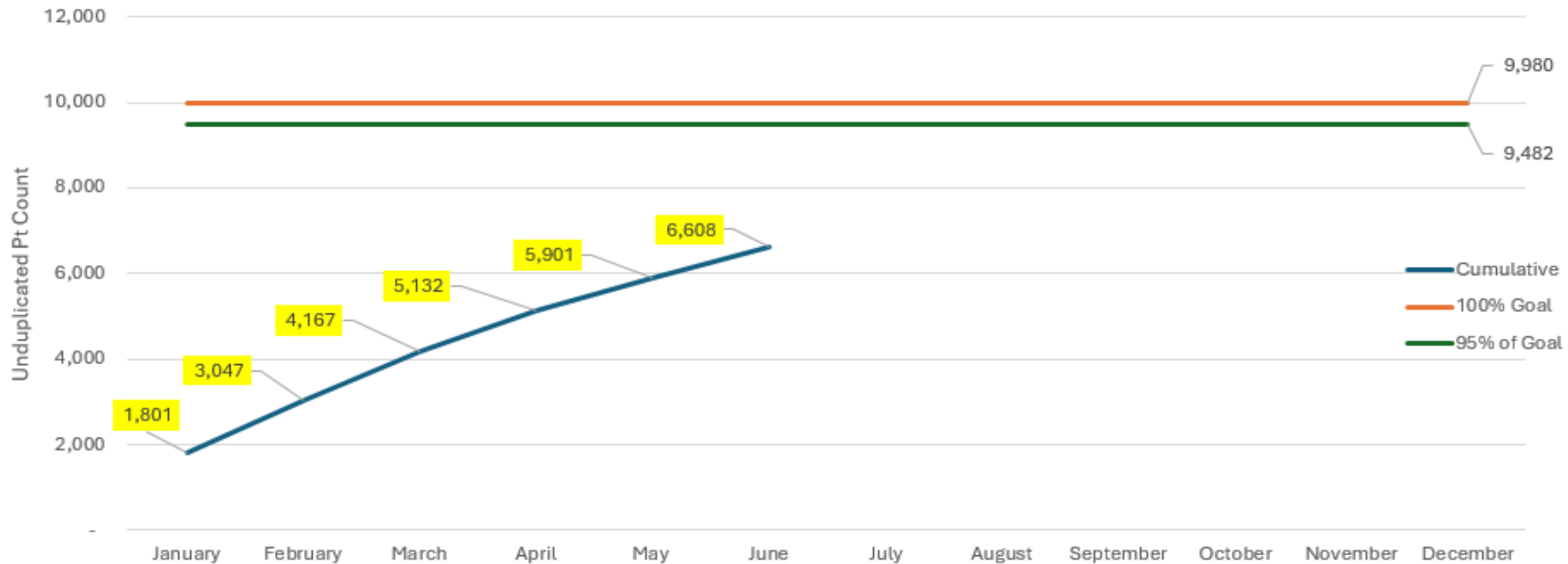


EMPLOYEE ENGAGEMENT

- Employee Recognitions July:
 - On the Spot Awards
 - Four (4) employees recognized.
 - Exemplary Service
 - One (1) employee recognized.
- Employee Engagement Committee
 - Met on July 11th to select a Committee Chair/Vice-Chair and approve the Committee Charter
 - Eight (8) volunteer employees for Decatur and Fremont plus two (2) management team members
 - Organizational Vital Signs (OVS) survey results and response plan
 - Areas of focus: Trust, Retention, and Future Success

CY24 UNDUPLICATED PATIENTS

2024 Unduplicated Pt Count - Actual vs. Goal



ADMINISTRATIVE UPDATES

- Revisions to the Federal Tort Claims Act (FTCA) redeeming application corrections are due July 18, 2024.
- The HRSA Behavioral Health Expansion grant application is submitted. Notice of awards are expected on September 1, 2024.
- HRSA released a New Access Point funding opportunity for approximately 77 awards nationwide. Applications are due September 30, 2024.
 - 89103 zip code identified as a High Priority Area by HRSA
- The buildout of the new Behavioral Health Clinic at Decatur is underway.
 - Anticipated completion date: September 5, 2024
- **Notification of HRSA OSV between January and March of 2025.**

ADMINISTRATIVE UPDATES

- The Medical Director recruitment is active. New candidates are being screened.
- The new Quality Improvement Management Coordinator is scheduled to start on August 12, 2024.
- A new APRN is scheduled to begin August 20th follow by a new Clinical Staff Physician on October 7th.
- Board Retreat planning update
- NVPCA annual conference – Elevating the Practice of Community
 - September 25th and 26th @ JW Marriot in Summerlin
 - Funding for two (2) board member registrations



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

THANK YOU

MEMORANDUM

Date: July 16, 2024

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC ^{RS}
Fermin Leguen, MD, MPH, District Health Officer ^{KL} *on behalf of FL*

Subject: Community Health Center FQHC Operations Officer Report – June 2024

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.

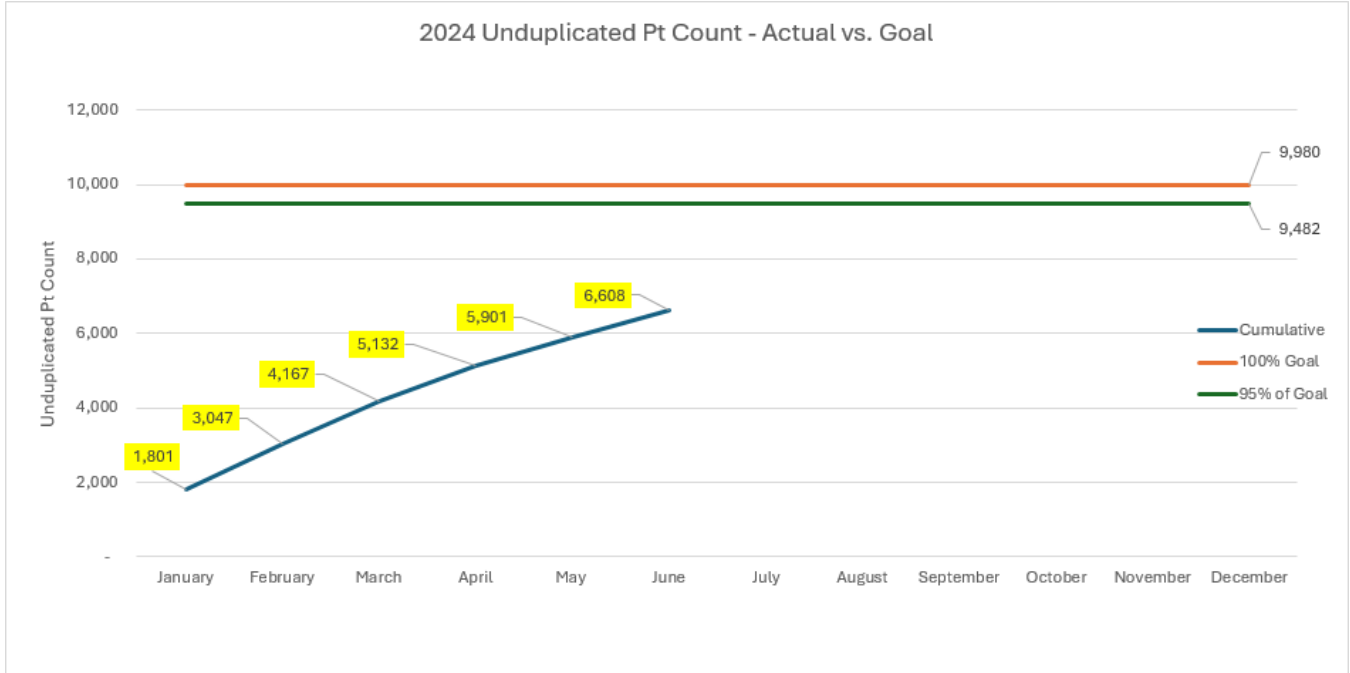
May Highlights

Administrative

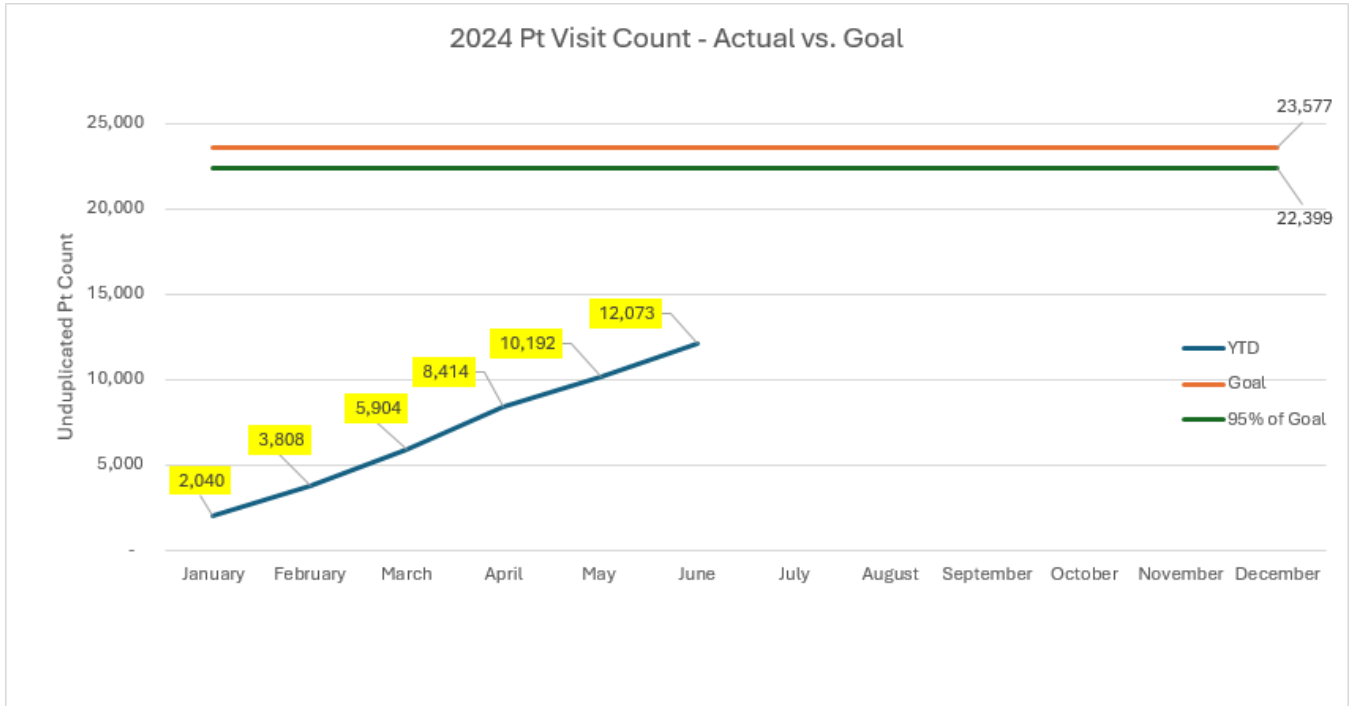
- Revisions to the Federal Tort Claims Act (FTCA) redeeming application are due July 14, 2024.
- The HRSA Behavioral Health Expansion grant application is submitted. Notice of awards are expected on September 1, 2024.
- HRSA released a New Access Point funding opportunity for approximately 77 awards nationwide. Applications are due September 30, 2024.
- The buildout of the new Behavioral Health Clinic at Decatur is underway.
- The Medical Director recruitment is active. New candidates are being screened.
- The new Quality Improvement Management Coordinator is scheduled to start on August 12, 2024.
- The new Clinical Staff Physician is scheduled to start on October 7, 2024.
- Employee Recognitions:
 - On the Spot Awards
 - Four employees recognized.
 - Exemplary Service
 - One employee recognized.

Access

Unduplicated Patients through June of 2024 – 66.21% to goal of 9980 unduplicated patients:



Patient Visits through June of 2024 – 51.21% to goal of 23,577 patient visits:



Provider Visits by Program and Site – June 2024

Facility	Program	JUNE '24	JUNE '23	JUNE YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
DEC & FRE	Behavioral Health	213	105	51%	1,869	1,480	21%
DEC & FRE	Ryan White	177	168	5%	2,638	2,133	19%
Decatur	Family Health	535	296	45%	5,367	2,631	51%
Fremont	Family Health	316	185	41%	2,721	1,724	37%
Total	Family Health	851	481	43%	8,088	4,355	46%
Decatur	Family Planning	174	111	36%	1,816	2,514	-38%
Fremont	Family Planning	121	169	-40%	1,044	1,402	-34%
Total	Family Planning	295	280	5%	2,860	3,916	-37%
ASEC	Sexual Health	76	100	-32%	1,425	1,293	9%
DEC & FRE	Sexual Health	545	545	0%	6,914	6,807	2%
Total	Sexual Health	621	645	-4%	8,339	8,100	3%
Grand Total		2,157	1,679	22%	23,794	19,984	16%

Pharmacy Services

	Jun-23	Jun-24		FY23	FY24		% Change YOY
Patient Encounters (Pharmacy)	1,170	1,236	↑	13,870	15,977	↑	15.2%
Prescriptions Filled	1,611	1,955	↑	18,820	23,479	↑	24.8%
Patient Clinic Encounters (Pharmacist)	52	47	↓	584	455	↓	-22.1%
Financial Assistance Provided	15	18	↑	129	217	↑	68.2%
Insurance Assistance Provided	-	8	↑	29	72	↑	148.3%

- A. Dispensed 1,955 prescriptions for 1,236 patients.
- B. Completed 71 pharmacist patient clinic encounters.
- C. Assisted 18 patients to obtain medication financial assistance.
- D. Assisted eight (8) patients with insurance approvals.

Family Planning Services

- A. The Family Planning program has seen year-over-year increases in the number of encounters provided for three consecutive months (April – June). This trend is expected to continue in FY25 as the health center’s newest providers continue to onboard and ramp up access to patient care services.
- B. The health center is leveraging the expertise of the Family Planning team in operationalizing the new HRSA clinical performance measure for CY24 that focuses on a patients’ pregnancy intentions.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 49 referrals between June 1st and June 30th. There were two (2) pediatric clients referred to the Medical Case Management program in June and the program received one (1) referral for pregnant women living with HIV during this time.
- B. There were 637 total service encounters in the month of June provided by the Ryan White program Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers and Health Educator. There were 326 unduplicated clients served under these programs in June.
- C. The Ryan White ambulatory clinic had a total of 405 visits in the month of June, including: 23 initial provider visits, 140 established provider visits, 16 of which were telehealth encounters. There were 24 nurse visits and 218 lab visits. There were 62 Ryan White services provided under Behavioral Health by the Licensed Behavioral Health providers and the Psychiatric APRN during the month of June and 42 unduplicated clients served. There were 18 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in June.
- 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 17 patients enrolled and seen under the Rapid stART program in June.

FQHC-Sexual Health Clinic (SHC)

- A. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The FQHC- SHC is participating in a research project in collaboration with the University of San Diego, California (UCSD) looking at STI’s as a tool for HIV prevention. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- C. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- D. One Medical Assistant continues orientation in FQHC-SHC. There is one CHN vacancy in SHC due to an interdepartmental transfer.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of June 2024

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	9
Referrals for Chronic Hep B	3
Referrals for STD	2
Pediatric Refugee Exams	15
Clients encounter by program (adults)	56
Refugee Health screening for May 2024	56
Total for FY23-24	696

Eligibility and Insurance Enrollment Assistance

As a team, Eligibility Workers submitted a total of 50 applications for the month.

Applications	Status
41	Approved
12	Denied
5	Pending

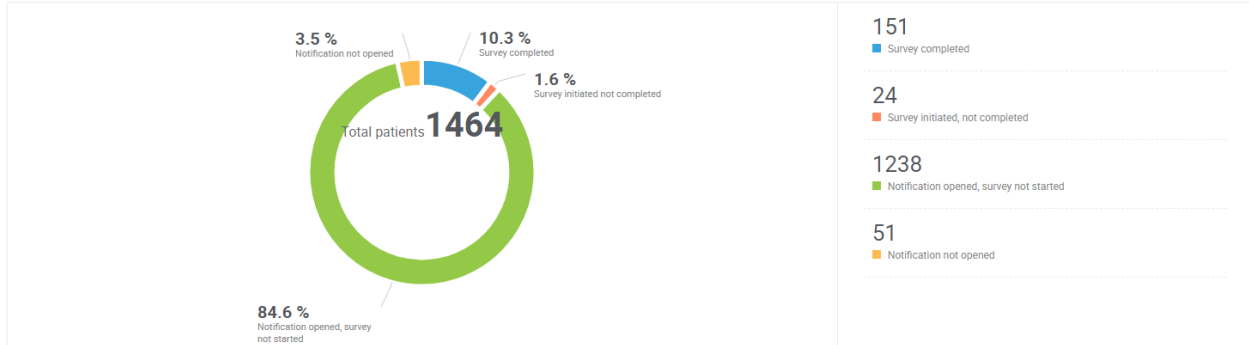
Training for CHWs to support Eligibility work has begun. Fremont is able to handle an eligibility referral from start to finish. The goal is to complete four or five referrals per week to ease the eligibility workload, and then begin training two staff at Decatur by August.

Patient Satisfaction: See attached survey results.

SNCHC 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.

Southern Nevada Community Health Center Patient Satisfaction Survey – June 2024

Overview



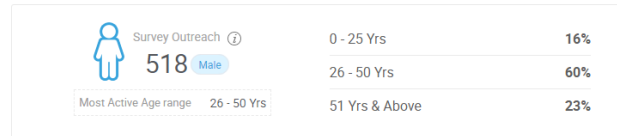
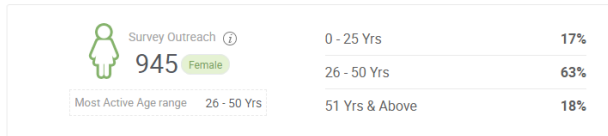
151
Survey completed

24
Survey initiated, not completed

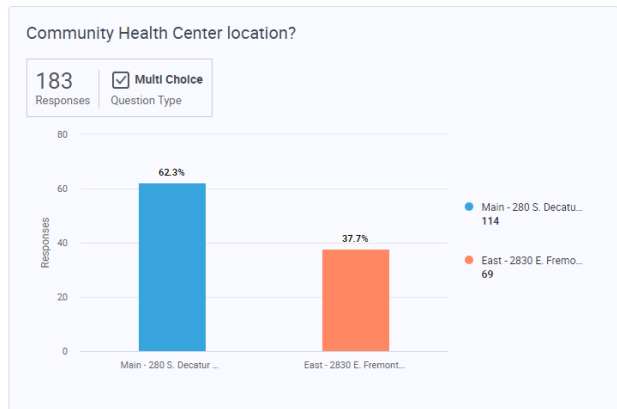
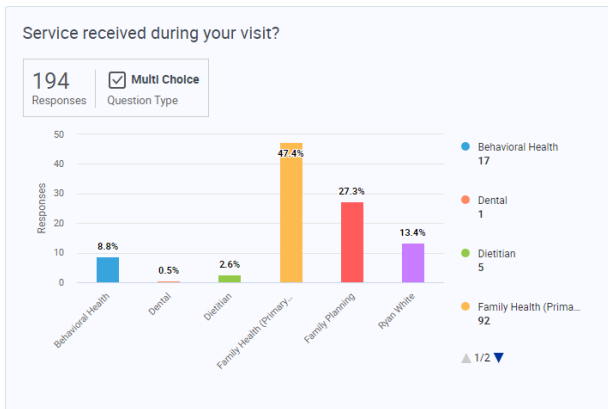
1238
Notification opened, survey not started

51
Notification not opened

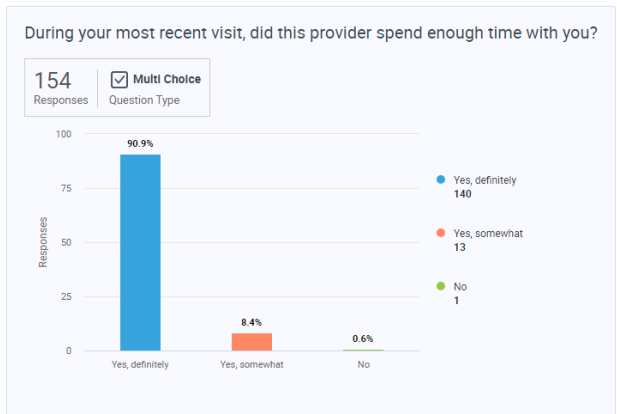
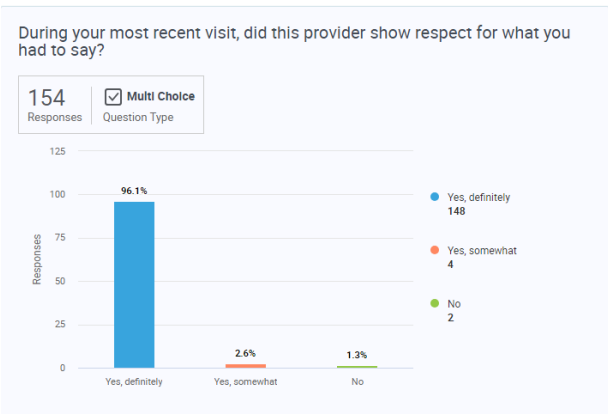
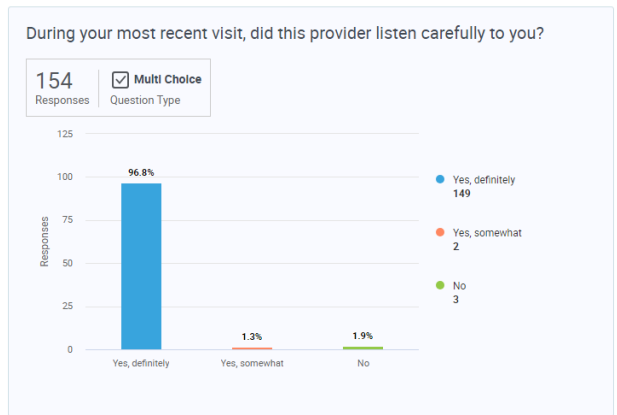
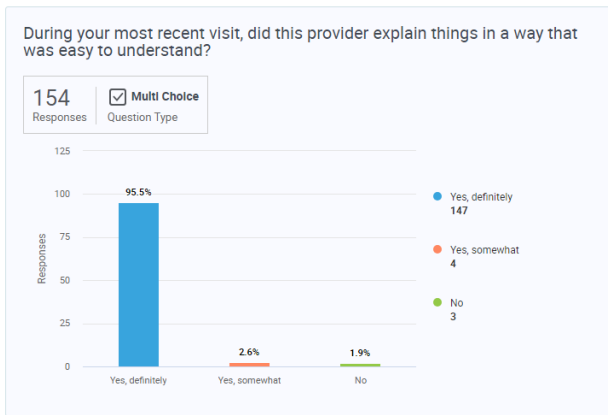
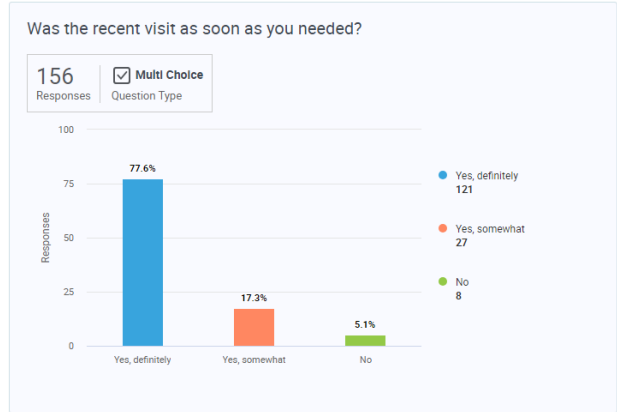
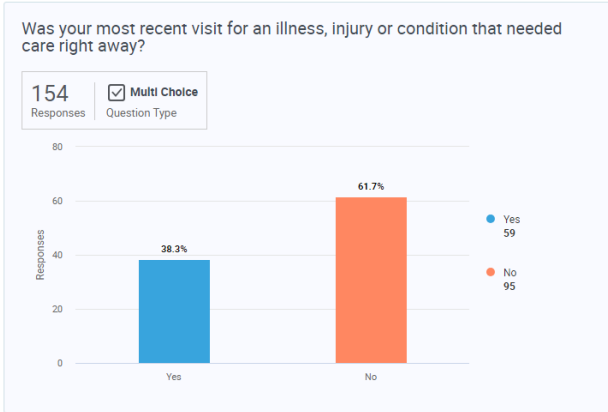
Gender



Service and Location

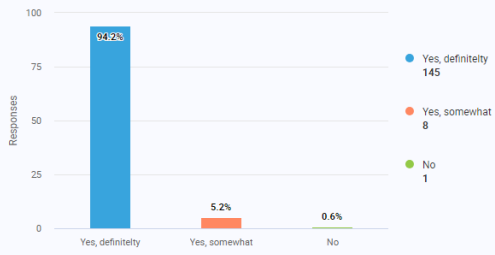


Provider, Staff and Facility



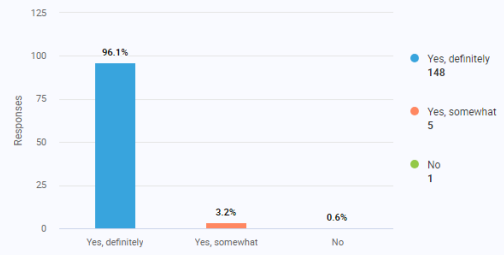
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

154 Responses Multi Choice Question Type



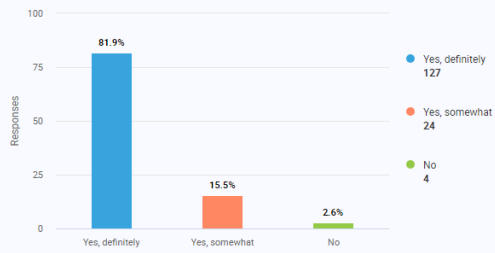
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

154 Responses Multi Choice Question Type



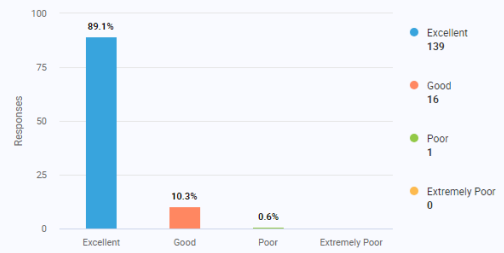
Thinking about your recent visit, was it easy to schedule an appointment?

155 Responses Multi Choice Question Type



Thinking about the facility, how was the overall cleanliness and appearance?

156 Responses Multi Choice Question Type



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

154

Responses

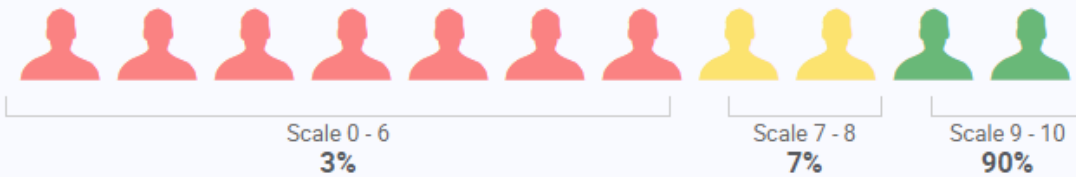
123

Numbers

Question Type

87

Net Promoter Score (NPS)



4

Scale 0 - 6

11

Scale 7 - 8

139

Scale 9 - 10

General Information

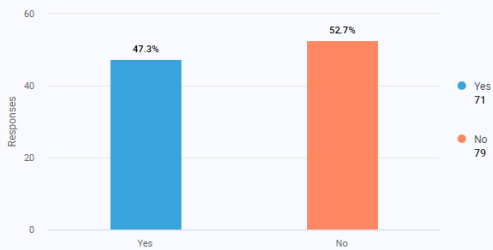
Do you have health insurance?

150

Responses

Multi Choice

Question Type



How did you hear about us?

163

Responses

Multi Choice

Question Type

