Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

Meeting Agenda

October 20, 2023 / 9:30 AM to 11:00 AM

Meeting Location

Community Room 2020 at 4600 Broadway / Sacramento, CA

- Community Room 2020 is accessible without staff/security needing to let you in. The room is located on the 2nd floor at the top of the back stairs (near the Broadway entrance).

Public comment will be taken after each agenda item and at the end of the meeting.

Closed Session 9:30-10:00
Topic
HRSA Project Director evaluation – *Jan Winbigler, Chair*
Open Session 10:00-11:00
Topic
Opening Remarks and Introductions – *Jan Winbigler, Chair* • Roll Call and welcoming of members and guests • *Review and approval of 09/15/23 CAB meeting minutes Public Comment
Brief Announcements – *All* •
Leadership Updates – *Drs. Mendonsa and Mishra* • Health Resources and Services Agency (HRSA) Project Director Update -*Dr. Mendonsa* • HRSA Medical Director Reports – *Dr. Mishra* • Public Comment
Quality Improvement • 2023 QI Plan: Monitoring Report for Quarter 3 – *Dr. Hutchins* • Patient Feedback Survey Findings – *Robyn Alongi* • Public Comment
CAB Governance • Committees Updates to CAB – *Committee Chairs* o Clinical Operations Committee – *Chair Gallo* ▪ Review of Policies and Procedures ➢ *PP-CS: 01-01 Quality Improvement* ➢ *CS-03-01:Telephone-Protocol* ▪ Program Review: Refugee Program

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Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

- *Finance Committee – *N/A – no meeting this month*
- *Governance Committee – *Chair Winbigler*
  - Officer nominations for 2024 – verbal nominations
  - *Proposal to amend Bylaws to align conflict of interest definition with policy and procedure document
  - Update on recruitment
  - Update on training

November Monthly Meeting Items – *All*

- HRSA Project Director Report
- HRSA Medical Director Report
- Elections for officer positions for 2024
- Committee Updates
  - Policy and Procedure Review
    - *PP-CS-03-04: Emergency Medical Response Team*
    - *PP-CS-03-02: Incident Reporting*
    - *PP-CS-02-05: Variance Reporting*
    - *07-05: Credentialing and Privileging*
  - October Financial Status Report
  - Recruitment and Training Updates
- Public Comment

Public Comment Period – *Ms. Fryer, Vice-Chair*

Closing Remarks and Adjourn – *Jan Winbigler, Chair*

Next Meeting: Friday, November 16, 2023 / 9:30-11:00 AM

*Items that require a quorum of CAB members and vote.

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Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

Meeting Minutes
September 15, 2023 / 9:30 AM to 11:00 AM

Meeting Location: 4600 Broadway, Sacramento, CA, Community Room 2020

Meeting Attendees
CAB Members: Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Jan Winbigler
SCHC Leadership: Sharon Hutchins, Andrew Mendonsa, Susmita Mishra
SCHC Staff: Robyn Alongi
Community Members: Belinda Brent

Topic

Opening Remarks and Introductions – *Jan Winbigler, Chair*
• Roll Call and welcoming of members and guests.
  ○ Jan Winbigler welcomed the group, took roll call, and a quorum was established.
• *Review and approval of 08/18/23 CAB meeting minutes
  ○ Laurine Bohamera made a motion to approve the August minutes as written. Paula Lomazzi seconded the motion. A roll call vote was taken.
  ▪ Yes Votes: Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Jan Winbigler
  ▪ No Votes: None
  ▪ The motion passed.
• Public Comment – no comments were made.

Brief Announcements – *All*
• Paula Lomazzi announced she is retiring from the Board.
  ○ Paula Lomazzi was presented with a certificate of appreciate for her 20 years of service.
• Chris Delany, one of the founders of Loaves & Fishes passed away last week. Her memorial service is September 28.
• HRSA Operational Site Visit Tentative Time Period Announced.
  ○ HRSA will conduct a two or three day in-person site visit between April and June 2024.
• Time to Update CAB Member Bios.
  ○ Members were asked to update their bios and sign the conflict of interest form.
• Public Comment – no comments were made.

Leadership Updates – *Drs. Mendonsa and Misra* • Health Resources and Services Agency (HRSA) Project Director Update - *Dr. Mendonsa*   ○ Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates

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- The Health Center is waiting for communication from HRSA regarding our School Based Mental Health satellite sites pending applications and regarding sites which became inactive.
- Ongoing appreciation was expressed for Dr. Mishra for her time spent onboarding new school-based staff who will be providing services under this contract.

- Expanded Access Weekend (9am to 1pm) / Evening Clinics (5 to 7pm)
  - We continue to offer extra-hours clinics aimed at expanding access and meeting gaps in care. QI staff are continuing to measure the success of these clinics and to identify opportunities within these clinics.
- Health Center Growth / Staffing
  - Management continues to fill the positions from FY23-24 Growth Request.
  - Interviews for OA-II positions will begin as soon as possible. The Health Center has a major need for this staff classification.
  - Leadership started its initial exploration for the FY 24-25 Growth Request.
  - Candidates for the Human Services Planner supporting Health Program Managers and the Senior OA supporting Dr. Mendonsa have received offers of employment and are moving through the hiring process.
- Space/Staffing Updates
  - Admin relocated to 711 G Street. They will maintain an office at the Health Center to assist clinic staff with tech and other admin-related needs.
  - Some of the space maximizing projects (e.g., double desks in office, measurements to determine how to use space) have been completed. Other projects are still pending due to HRSA approval or because we are waiting for the project to be assigned to a County work team.
  - The quote for new signage throughout the Health Center has been approved.
- Mobile Van and Homeless Medicine Media Event
  - On August 23, 2023, the Health Center hosted all the major media outlets for a touring event at our Loaves & Fishes clinic which included a tour of our mobile medicine van. The event was well attended by the media, members of the community, and the CAB members. Media clips can be found at: Sacramento County showcases mobile medicine van and Mobile clinic brings health care to homeless in Sacramento County. You can also learn more about the DHS' services for the homeless by clicking here.
- Referral Department Improvement Project
  - This project is ongoing.
  - The Executive Team and Planner Robyn Alongi will be meeting to develop a formal workplan and benchmarks.
  - Leadership is meeting with external subject matter experts and FQHCs.
- CAB Proclamation
  - The Board of Supervisors will present the Proclamation honoring CAB Member Nora Aaron Washington on September 26, 2023.
- New Initiatives and Miscellaneous
  - Leadership is working with several local colleges to develop placement relationships for graduate students at the Health Center.

- HRSA Medical Director Reports – *Dr. Mishra*
  - Vaccines
    - We have begun administering flu vaccines. The patient flu clinic will be held September 25 through October 31.
    - The employee flu clinic is September 18 - 29.

- COVID boosters
  - Free COVID boosters are available for children.
  - The Health Center must purchase commercial monovalent vaccine boosters for adults which is costly. Our initial order will be 500 doses and will cost $65,000.
  - We received a HRSA Bridge grant to help with the cost of purchasing commercial vaccines.
  - We must waste (dispose of) all the COVID vaccines received with Federal funding.
- Quest Lab: Prolonged wait times
  - Efforts to reduce wait time include adding a permanent third phlebotomist.
  - Leadership is looking for space to house the third phlebotomist.
  - Staff posted flyers indicating other Quest locations and hours and made them more visible for those waiting at Quest.
  - Leadership is considering having a phlebotomy retrain the medical assistants.
- Continuing Education and Longitudinal Knowledge:
  - Provider meetings for physicians, nurse practitioner, physician assistant, mental health counselors are held every 3rd Tuesday.
  - September 19 meeting trainings will include:
    - The Health Center purchased Call Psych, an app which will help clinicians know what medication to recommend/prescribe based on individual patient needs. It enhances access to psychiatrist knowledge.
    - Resources and medication management for psychiatry conditions above and beyond mood disorders, e.g., night terrors, eating disorder, PTSD, presented by Dr. Shannon Suo (Family Medicine/Psychiatry).
    - Stimulant management for Adult Hyperactivity Disorder, presented by Dr. Onate (Internal Medicine/Psychiatry).
    - Update on eligibility and services provided by our Complex Care Management (CCM) program presented by Dr. Kirti Malhotra. The CCM program has expanded to adults.
- After Hours Clinic:
  - Dates are set for October, November, and December. We are not finding enough providers due to UCD's payment structure that pays the faculty at the Health Center less than the customary rate if they work after hours.
  - We have mentioned this issue to UCD, and they are looking into it.
- Referrals Program:
  - We continue to work to increase specialty access. Two gastroenterology physicians are interested in volunteering/expanding their volunteer scope at the Health Center.
  - The SPIRIT organization identified a urologist and an additional dermatologist group in Davis for our Healthy Partner patients.
- Operational Improvement
  - The new referrals workflow is almost complete and will be utilized for training the referrals team.
  - The Executive Team is reviewing the referrals team dashboard to visualize the status of referrals and seeking assistance from a consultant.
- Programs Update
  - We lost a Nurse Practitioner (NP). A NP resident is interested in the position.
  - We are hiring an on-call NP who has experience with people experiencing homelessness and she is interested in working on the mobile van. This will allow us to expand van services.
  - A Family Medicine doctor is interested in part time work. She will start on-call in Adult Medicine.
  - Three gastrointestinal doctors want to volunteer.
  - The Health Center is dedicating one clinician to become a EMR builder; this will make the EMR more efficient.
  - We are meeting with UCD and other providers to see how they implement their Comprehensive Perinatal Services Program to provide guidance on our program.

- Street Medicine
  - We are in the process of increasing the County on-call nurse practitioner to an additional half day of street medicine.
  - A direct contract with a health plan has received the green light and is moving through the contract process.
    - HealthNet offered Housing and Homelessness Incentive Program (HHIP) funding to help serve the homeless population. The Board of Supervisors approved accepting HHIP funding. It is hard to bill for services delivered to homeless patients because we don't always know to which they are assigned Health Plan. This funding will support services when we are not able to bill.
    - We have not heard from the other health plans yet.
  - The SCHC van will start visiting the Safe Space Housing site at Power Inn and Florin Road.
- Public Comment
  - A public member noted how valuable the EMR builder will be for the Health Center.
  - The UCD population health team is assigned to work on street medicine coordination. They are starting with faculty in the hospital.

CAB Governance

- Committees Updates to CAB – Committee Chairs
  - Clinical Operations Committee – *Ms. Stacholy*
    - Clinical Operations did not meet this past month.
  - *Finance Committee – *Ms. Bohamera*
    - Review of August Financial Status Report
      - We are waiting for finance to close out items to give us a more complete picture of the financial status of the Health Center.
    - Updates on grants
      - *Vote on Budget Progress Report submission for HRSA main grant
        - Jan Winbigler made a motion to approve the Budget Progress Report. Paula Lomazzi seconded the motion. A roll call vote was taken.
        - Yes Votes: Laurine Bohamera, Vince Gallo, Paula Lomazzi, Suhmer Fryer, Jan Winbigler
        - No Votes: None
        - The motion passed.
      - *Vote on accepting HRSA Bridge grant
        - Paula Lomazzi made a motion to accept the HRSA Bridge grant funding. Vince Gallo seconded the motion. A roll call vote was taken.
        - Yes Votes: Laurine Bohamera, Vince Gallo, Paula Lomazzi, Suhmer Fryer, Jan Winbigler
        - No Votes: None
        - The motion passed.
      - *Vote on HRSA HIV Ending the Epidemic: Year-End Report submission
        - Laurine Bohamera made a motion to submit the HRSA HIV Ending the Epidemic: Year-End Report. Suhmer Fryer seconded the motion. A roll call vote was taken.
        - Yes Votes: Laurine Bohamera, Vince Gallo, Paula Lomazzi, Suhmer Fryer, Jan Winbigler
        - No Votes: None
        - The motion passed.

- Review of Policies and Procedures - NA
- *Governance Committee – *Ms. Winbigler*
  - The Governance Committee is proposing amendments to the Bylaws to align with the conflict of interest definition within the policy and procedure document. CAB must receive at least 14 days notification to allow discussion and to vote on it at the October 20, 2023, meeting. CAB previously voted to change the language in the P&P, but we did not go back to update the Bylaws; this is an effort to align the two documents.
  - Update on recruitment – the revised recruitment flyer was shared with the CAB.
    - A member asked to move the wording a bit to not interfere with the background graphics.
    - Governance Committee contacted Ms. Robinette and was not able to reach her.
  - Update on training
    - We have asked Julia Jackson to provide training on the Brown Act and Board processes.
    - Paula made a motion that CAB extends a meeting(s) to allow time to receive the training(s). Vince Gallo seconded the motion.
      - Yes Votes: Laurine Bohamera, Vince Gallo, Paula Lomazzi, Suhmer Fryer, Jan Winbigler
      - No Votes: None
      - The motion passed.
  - Proposal for annual review of HRSA Project Director and HRSA Project Manager
    - Governance recommends returning to the standard review format.
    - Review will be done at the October or December meeting.
    - CAB only has authority over the Project Director. It is not a requirement to review staff, but it is appreciated.
    - Jan Winbigler proposed using an electronic survey to provide feedback for staff in preparation for the October meeting. Paula seconded the motion.
      - Yes Votes: Laurine Bohamera, Vince Gallo, Paula Lomazzi, Suhmer Fryer, Jan Winbigler
      - No Votes: None
      - The motion passed.

October Monthly Meeting Items – *All*

- HRSA Project Director Report
- HRSA Medical Director Report
- Annual review of HRSA Project Director and staff (closed session) at the end of the meeting
- Nominations for officer positions for 2024
- 2023 QI Plan: Monitoring Report for Quarter 3
- Committee Updates
  - Policy and Procedure Review
    - *PP-CS-11-03: Budget Development, Procurement and Compliance*
    - *PP-CS-04-18: Standing Orders for Primary Care*
    - *PP-CS-04-22 Peer Review*
  - Patient Feedback Survey Findings
  - September Financial Status Report
  - Recruitment and Training Updates

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• Public Comment –
Public Comment Period – *Ms. Fryer, Vice-Chair* o No comments were made.
Closing Remarks and Adjourn – *Jan Winbigler, Chair* Meeting adjourned at 11:04 am

Next Meeting: Friday, October 20, 2023 / 9:30-11:00 AM

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HRSA Project Director Updates

October 20, 2023, CAB Meeting

1. **Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates.**
    - The Health Center awaits communication from HRSA regarding our School Based Mental Health satellite sites pending applications and regarding sites which became inactive.
    - Updates on current initiatives and partnership activities.

2. **HRSA and Medi-Cal Audits / Facility Site Reviews**
    - The Health Center has started preparation for site visits and audits expected to occur in the first quarter of next year. Dr. Hutchins has formed ongoing workgroups to tackle various subject areas.

3. **Sacramento County Health Center Receives a Prestigious Award**
    - Sacramento County Health Center was recognized by River City Medical Group last night and bestowed an award of excellence. Only a handful of providers were recipients of awards. The Health Center was specifically called out during opening remarks by the River City CEO for our innovative weekend and evenings clinics which have reduced gaps in care. The award, River City's Chief Medical Officer's Excellence in Community Health and Preventative Care, was bestowed to the Health Center because of our pioneering care within the community, approaches to decreasing gaps in care, and improving the care we provide to our patients.

4. **Street Medicine Program**
    - The Health Center is in the process of bringing a County On-Call Nurse Practitioner to an additional half day of street medicine service. A direct contract with a health plan has been greenlighted and moving through the contract process. Dr. Mishra is working internally with staff to iron out details and will provide additional updates during her report.

5. **Improved Access and Provider Services**
    - The Health Center continues to work to increase specialty access. We are in talks with two Gastroenterology physicians interested in volunteering/expanding their volunteer scope at the Health Center. The organization SPIRIT has found a urologist and pending an additional dermatologist group in Davis for our Healthy Partner patients.
    - We continue to offer extra-hours clinics aimed at expanding access and meeting Gaps in Care (GICs)
    - Saturday, August 26 is the next scheduled extra hours clinic. Cervical cancer screening, well-child visits, fluoride, and immunizations will be offered. Appointments for immunizations will be scheduled and walk-ins will be welcomed.

6. **Health Center Growth / Staffing**
    - Management continues to fill the positions from FY23-24 Growth Request.
    - We welcomed Robin Skalsky, LCSW into an acting-Health Program Manager role to assist with Vanessa's departure.
    - Almost ready to announce a new Human Services Planner which will be a new addition to the HC team.
    - Filling current vacant positions and converting staff from temp and on-call to permanent status is a priority.
    - Staffing update related to medical providers is deferred to Dr. Mishra.

7. **Space/Staffing Updates**
    - Some of the space maximizing projects (e.g., double desks in offices, measurements to determine how to use space) have been completed. Other projects are still pending either due to HRSA approval or awaiting the project to be assigned to a county work team.
    - New Health Center signage remains in process.

8. **Referral Department Improvements**
    - Remains a focus for the Executive Team. A workgroup has been formed and met twice.
    - Exploring bringing in between 7-10 temp Medical Assistants and housing them in the old Admin area to work on backlog.
    - Dr. Mishra has been in talks with consultants regarding other ideas to address the issue.

9. **CAB Proclamation**
    - We received the Board of Supervisor Proclamation honoring CAB Member Nora Aaron Washington. Thanks to Dr. Mishra we have contact information and will be mailing the honor to family out of state.

10. **New Initiatives and Miscellaneous**
    - Pursuing student placements from various universities.
    - Contracts such as consultants and SCOE are going through the standard routing process.
    - Additional Street Medicine Information – Deferred to Dr. Mishra's report.

Medical Director's Report to CAB
October 20, 2023

1. Staff/access
    - County On Call Nurse Practitioner (NP) for Street Medicine- hiring in process.
    - County On Call MD for Same Day Access/Urgent care- hiring in process.
    - Interviews for permanent NP complete to improve primary care access- next step is reference check.
    - Volunteer GI doctor, Dr. Cara Torruellas will join in November.
    - Retirement of Sr. Radiology Tech at the end of October- Recruitment to begin soon.
2. Services
    - Street Medicine
        a. Added psychiatry evaluation/services- Tuesday team has an Addiction Medicine Fellow, Dr. Cara Eberhardt; Friday team has Psychiatry NP- Ashley King.
        b. Expanded dispensed medication to include prescription medications. Dispensing protocols follow Board of Pharmacy regulations. Last week we dispensed blood pressure medications.
    - Mental Health and Substance Abuse
        a. Collaborating with UCD on NIH grant to improve patient adherence of treatment for opioid use disorder started in the emergency room.
        b. CallPsych - We have purchased subscription for 15 clinicians to pilot an online app that provides treatment options for adult mental health disorders based on a risk calculator.
        c. UCSF Child and Adolescent Psychiatric Portal (CAPP)- Free synchronous and asynchronous child psychiatry consultations and social work care coordination services. Education for school based mental health clinicians also provided (Project Echo).
    - School Based Mental Health
        a. Chart reviews to improve documentation and billing have begun.
    - Expanded hours and ad hoc clinics to close performance measure care gaps continue.
3. Vaccines
    - Flu vaccine clinics ongoing.
    - Covid-19 boosters for children have arrived and we have begun administration. We are awaiting Covid-19 boosters for adults.
    - Respiratory Syncitial Virus (RSV) - due to increased morbidity and mortality due to RSV, we will be purchasing and offering this vaccine. We have received RSV for children (Beyfortus) and adults age 60+ (Arexvy) and will be purchasing for formulation for pregnant women (Abrysvo).
4. Referrals Program
    - Work continues to improve the time to process referrals to schedule appointments with specialists and imaging centers.
    - Focus areas include - Creation of a standard workflow and training all staff.
    - Enhance staffing and allow them to work at their highest level.

Utilize our Electronic Medical Record system to streamline processing

5. Policies and Procedures
    - Dr. Hutchins and Robyn Alongi have created a P&P committee which has allowed for a much more organized forum to edit and update policies.

Patient Numbers CY 2023							
❖ Payor Type			1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal[1]
TOTAL	Unduplicated Patients Established (Seen)		8,731	13,090	16,690		11,000
Medi-Cal Managed Care	River City Medical Group	Enrolled	8,416	8,848	8,748		
		Established (Seen)					
	UCD Health Net	Enrolled	3,590	3,652	3,661		
		Established (Seen)					
	Nivano	Enrolled	3,394	3,503	3,167		
		Established (Seen)					
Medicare Advantage	Nivano	Enrolled	109	91	102		
		Established (Seen)					
Not Insured	Healthy Partners	Enrolled	2,975	2,993	2,993		
		Established (Seen)					
Self-Pay	Sliding Fee Discount Program	Enrolled					
		Established (Seen)					
Patient Access			**1st Qtr**	**2nd Qtr**	**3rd Qtr**	**4th Qtr**	**Goal[2]**
No Show Rate – Adult Primary Care			19.9 %	19.3 %	19.4 %		≤20%
No Show Rate – Pediatrics & Adolescent Care			24.5 %	23.0 %	21.0 %		≤15%
No Show Rate – Family Medicine			17.1 %	15.2 %	16.0 %		≤20%

[1]Patient goal is set prior to the beginning of the three-year HRSA grant period and must be reached by the end.

[2]There is no federal or state goal to meet. These are proposed internal goals given our history and comparative performance.

Clinical Performance Measures CY 2023					
❖ HEDIS (Health Plans) – Medi-Cal	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal[3]
Chlamydia Screening	33.3 %	47.6 %	54.7%		54.9 %
Follow Up After Emergency Department Visit for Alcohol / Substance Abuse w/in 30 days	0.0 %	0.0 %	8.3%		21.3 %
Follow Up After Emergency Department Visit for Mental Illness w/in 30 days	0.0 %	22.9 %	25.4%		53.5 %
Immunization for Adolescents	25.7 %	30.5 %	37.4%		36.7 %
Lead Screening in Children	23.7 %	17.1 %	31.7%		71.5 %
Postpartum Care	81.6 %	69.2 %	69.9%		76.4 %
Weight Assessment and Counseling – BMI	TBD	74.9 %	79.4%		76.6 %
Well-Child Visits for <15 months	1.8 %	12.7 %	15.9%		70.7 %
Well-Child Visits for 15-30 months	17.3 %	30.9 %	33.3%		54.9 %
Well-Child Visits for 3-21 year olds	3.6 %	12.8 %	20.2%		45.3 %

Target met *Within 3 percentage points of target*

❖ All Measures and Counts are Cumulative

Clinical Performance Measures CY 2023					
❖ HRSA	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal
Body Mass Index (BMI) Screening and Follow-Up Plan	22.7 %	22.9 %	21.5 %		75.0 %
Depression Remission at Twelve Months	0.9 %	1.5 %	1.3 %		
HIV Linkage to Care					100.0 %
HIV Screening	79.5 %	79.4 %	79.8 %		
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	73.3 %	71.4 %	73.7 %		80.0 %
Low Birth Weight*					10.0 %*
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	76.8 %	77.5 %	75.1 %		82.9 %
Tobacco Use: Screening and Cessation Intervention	67.3 %	69.3 %	74.5 %		88.6 %
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	16.4 %	18.1 %	18.3 %		85.0 %

Clinical Performance Measures CY 2023										
❖ HEDIS & HRSA	HEDIS					HRSA				
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal
Breast Cancer Screening	23.3 %	34.8 %	39.7%		53.93 %	43.7 %	41.2 %	42.1 %		
Cervical Cancer Screening	27.5 %	43.2 %	45.4%		59.12 %	46.6 %	46.5 %	45.3 %		40.0 %
Child Immunization Status	13.1 %	17.1 %	21.1%		38.20 %	16.9 %	15.7 %	14.3 %		55.0 %
Colorectal Cancer Screening	10.9 %	18.3 %	24.2%		TBD	25.0 %	28.7 %	34.7 %		30.1 %
Controlling High Blood Pressure	31.6 %	62.6 %	65.5%		55.35 %	48.1 %	49.6 %	52.1 %		88.6 %
Early Entry into Prenatal Care	52.6 %	56.4 %	63.4%		85.89 %	65.0 %	59.2 %	57.6 %		50.0 %
Diabetes HbA1c Testing Poor Control[#] *(includes lack of A1c testing)*	91.8 %	68.7 %	69.1%		39.9 %	49.4 %	41.1 %	45.7 %		20.0 %
Screening for Clinical Depression and Follow-Up Plan	TBD	TBD	TBD		TBD	42.9 %	44.5 %	53.2 %		60.0 %

[#]Target Goals for these Measures are inverted.
Greyed out measures are completed by Chart reviews at the close of the Calendar Year.

❖ All Measures and Counts are Cumulative

2023 SCHC Quality Improvement Plan

Quantitative Monitoring Report

AIM: **Population Health Outcomes**

Category: **Clinical Performance Measures**

Goal 5 Focused on Measures That Signal a Healthy Start in Life

Achieve Minimum Performance Level		Target	Q2	Q2	Q3	Source
WCV	*Wellchild visits for chidren 3-21*	48.93%	3.60%	12.80%	20.20%	HEDIS
CIS	*Childhood immunizations at two years*	34.79%	13.10%	17.12%	21.10%	
IMA	*Adolescent immunizations at 13 years*	35.04%	25.70%	30.48%	37.40%	
LOS	*Lead Screening*	63.99%	23.70%	28.37%	31.70%	
TFC	*Topical fluoride application**	TBD	TBD	TBD	TBD	
PNC	*Prenatal care*	85.40%	52.60%	56.41%	63.41%	

Goal 6a Focused on Secondary Prevention of Health Issues

Achieve Minimum Performance Level		Target	Q1	Q2	Q3	Source
BCS	*Breast cancer screening*	50.95%	23.30%	34.79%	39.80%	HEDIS
CCS	*Cervical cancer screening*	57.64%	27.50%	43.21%	45.40%	
COL	*Colorectal cancer screening*	49.88%	10.90%	18.31%	24.21%	

Goal 6b

Achieve High Performance Level		Target	Q1	Q2	Q3	Source
CHL	*Chlamydia screening in women*	55.32%	33.30%	47.57%	54.71%	HEDIS

Goal 7 Care Coordination and Treatment for Chronic Conditions Prevalent Among SCHC Patients

		Target	Q1	Q2	Q3	Source
HBD^	*A1C control for diabetic patients*	62.53%	20.70%	16.92%	23.20%	HEDIS
CBP	*Controlling high blood presssure for hypertensive patients*	59.85%	31.60%	62.64%	65.50%	

Goal 8 Diagnosis and Treatment of Mental, Behavioral Health and Substance Use Related Conditions

		Target	Q1	Q2	Q3	Source
FUA	*Follow-up after ED visit or Hospitalization for Alcohol and Drug Use**	21.31%	TBD	0.00%	8.33%	HEDIS
FUM	*Follow-up after ED visit or Hospitalization for Mental Health**	53.54%	TBD	22.86%	25.42%	
	*Depression Screening**	TBD	TBD	TBD	TBD	
	*Depression Follow Up**	TBD	TBD	TBD	TBD	
DEP ScrFU	*Depression screening for adolescents/adults**	60%	42.90%	44.50%	53.20%	UDS

June-July 2023

Question	Facility	Responses		
Access to Care		**Good/Very Good**		
Able to get appointment	Agg Data	89.0%		
	SCHC	74.0%		
Convenient hours of operation	Agg Data	91.3%		
	SCHC	80.3%		
Able to make same-day appointment when sickor hurt	Agg Data	64.9%		
	SCHC	49.5%		
Calls quickly returned	Agg Data	73.5%		
	SCHC	58.6%		
		Yes	**No**	
Explanation of fees	Agg Data	89.6%	10.4%	
	SCHC	75.4%	24.6%	
Facility		**Good/Very Good**		
Neat, clean and comfortable building	Agg Data	96.3%		
	SCHC	85.1%		
		Excellent/ Good	**Fair/ Poor**	**Not Applicable**
Handicap accessibility	Agg Data	73.6%	4.0%	22.5%
	SCHC	71.8%	11.7%	16.5%
Reception		**Good/Very Good**		
Friendly and helpful to you	Agg Data	96.3%		
	SCHC	94.7%		
	QI Goal	75.0%		
Nurses and Medical Assistants		**Good/Very Good**		
Listens to you	Agg Data	96.6%		
	SCHC	96.0%		
Friendly and helpful to you	Agg Data	96.8%		
	SCHC	94.4%		
Answers your questions	Agg Data	96.3%		
	SCHC	93.9%		
Question	**Facility**	**June - July 2023**		
Medical Physicians		**Excellent/ Good**	**Fair/ Poor**	**Not Applicable**
Listens to you	Agg Data	96.5%	3.0%	
	SCHC	98.5%	4.2%	
Spends enough time with you	Agg Data	94.7%	3.0%	
	SCHC	90.1%	3.4%	
Answers your questions	Agg Data	96.0%	3.6%	
	SCHC	95.7%	3.4%	
Friendly and helpful to you	Agg Data	96.8%	2.7%	
	SCHC	96.9%	3.1%	
Considers your personal or family beliefs	Agg Data	95.2%	3.8%	
	SCHC	94.7%	5.4%	
Gives you good advice and treatment	Agg Data	95.9%	3.4%	
	SCHC	94.6%	5.0%	

June-July 2023

General		Yes	No	Not Applicable
Do you see the same provider for most of your medical visits at this clinic?	Agg Data	85.0%	15.0%	
	SCHC	70.2%	29.8%	
Would you send your friends and family to us?	Agg Data	96.9%	3.1%	
		92.1%	7.9%	
		Very Good/ Good	Fair/ Poor	Not Applicable
How would you rate your overall experience with this visit?	Agg Data	96.1%	3.1%	
	SCHC	95.0%	5.6%	

County of Sacramento Department of Health and Human Services Division of Primary Health Services Policy and Procedure	Policy Issuer (Unit/Program)	**Clinic Services**
	Policy Number	**01-01**
	Effective Date	**09-29-10**
	Revision Date	~~07-09-~~2009/22/2023
Title: **Quality Improvement**	Functional Area: **Organization**	
Approved By: ~~Sharon Hutchins~~Andrew Mendonsa, HRSA Project Director		

Policy:

Sacramento County Health Services (SCHC) ~~leadership~~ is committed to improving services for ~~enrollees~~our patients. ~~In order~~T ~~t~~o evaluate performance, under guidance from the Co-Applicant Board, the Quality Improvement Committee selects or creates indicators to monitor and analyze. Clinic o~~O~~perations are adjusted ~~in order~~ to enhance service provision in areas revealed to need improvement.

Procedures:

A. Quality Improvement (QI) Plan

1. A QI Plan will be approved annually by the Health Center Management Team, the Quality Improvement Committee (QIC), and the Co-Applicant Board.
2. See attachment A, Quality Improvement ~~ed QI~~ Plan.

B. QIC

1. The SCHC~~Health Center~~ QIC will be comprised of the following:
   a. HRSA Project Director
   b. HRSA Project Manager
   ~~b.~~c. Medical Director
   ~~c.~~d. Pharmacy Director
   ~~d.~~e. Physician Representative(s)
   ~~e.~~f. Nursing Supervisor Representative
   ~~f.~~g. Nursing Program Representative
   ~~g.~~h. Program Planner
   ~~h.~~i. Administrative Services Officer (Data Reports)
   ~~i.~~j. Others as indicated.
2. The scope and responsibilities include developing performance indicators, analyzing data and making recommendations for change. ~~-~~The QIC will review trended quality performance data, identify opportunities to improve ~~client~~ patient care and service, provide policy decisions, review, and make recommendations regarding the annual Quality Improvement Plan. These policy decisions and directions will be relayed to the Operations Team to develop workflows and manage the logistics of executing the policy decisions.

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3. The QIC will meet monthly or not less than ten (10) times per year.
4. A Quality Improvement Report will be provided to the Co-Applicant Board at least quarterly by the designated Project Director or designee.
5. See QI Plan for additional details.

C. Operations Team

The Operations Team will develop workflows to execute the QI policy decisions

~~2.~~1. ~~Once~~made by ~~-~~QIC and/or CAB ~~make policy decisions concerning quality improvement, they will be sent to the Operations Team. The Operations Team will develop workflows to execute those decisions~~.

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References:
HRSA Health Center Program Compliance Manual, Chapter 10: Quality Improvement/Assurance

Attachments:
Annual Quality Improvement Plan

Field Code Changed

Contact:
Sharon Hutchins, HRSA Project ~~Director~~Manager

Co-Applicant Board Approval Date:
~~07/17/2020~~

Sacramento County Health Center

Quality Improvement Plan

2023

Department of Health Services
Primary Health Division
Approved by CAB on 03/17/2023

OVERVIEW

Sacramento County Health Center (SCHC) has a systematic approach to quality measurement and quality improvement. The Quality Improvement (QI) Plan outlines the process that includes methods to monitor performance and implement changes in practice, when necessary, with follow up measurement to determine whether new practices positively affected performance.

Review of data is essential to the QI process. Data can include but is not limited to performance indicators, satisfaction surveys, member concerns (complaints, grievances), service utilization, medication errors, chart review, etc. Compliance and risk management are also integral to quality management. The Health Center is a public entity and has separate units or departments for Compliance (HIPAA), risk management, contracts, fiscal, safety, information management, and legal counsel.

Health Center Vision

- To be an exceptional health care center valued by the communities we serve and our team.

Health Center Mission

- To provide high quality, patient-focused, equitable healthcare for the underserved in Sacramento County, while providing training for the next generation of local health care providers.

Values

- Accountability
- Diversity
- Excellence
- Respect
- Compassion
- Equity
- Education

Goals

- Reducing health inequities and assisting patients in achieving better health outcomes through best practice and/or evidenced based guidelines;
- Patients feel that the SCHC cares about and works to improve their well-being, safety and experience in a respectful way;
- Care Team members understand and believe in their role and are supported to carry it out in a positive environment; and
- Responsible management of funds to ensure economic sustainability of health center.

Guiding Principles for Service Provision

- Access to care for routine, same day, and new member appointments;
- Respect, sensitivity, and competency for populations served;
- A safe and attractive environment for clients, visitors and staff;
- A work culture that acknowledges all team members provide essential high quality services;
- Effective communication and information sharing;
- Effective and efficient use of resources to sustain the mission;
- Implementation of data-informed practices; and
- Continuous improvement.

PROGRAM STRUCTURE

Quality Improvement Committee (QIC)

1. The QIC provides operational leadership and accountability for clinical continuous quality improvement activities.
2. QIC meets at least monthly or not less than ten (10) times per year.
3. The QIC represent different disciplines and service areas within the Health Center. This includes the Division Manager, Medical Director, Pharmacy Director, QI Director, designated Administrative Services Officer (reports), and representatives for clinics, physicians, and nursing.
4. QIC responsibilities include:
    a. Develop the annual QI Plan that includes a specific approach to Continuous Quality Improvement (CQI) based on the Quadruple Aim, and present it to the Co-Applicant Board (CAB) for adoption.
    b. Establish measurable objectives and indicators of quality based upon identified priorities.
    c. Monitor data indicating progress toward clinical goals related to Patient Experience and Population Health Outcomes.
    d. For clinical indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
    e. Report to the CAB on clinical quality improvement activities on a regular basis.
5. Management Team responsibilities include:
    a. Implement strategies and provide education to staff on clinical quality standards and metrics.
    b. Monitor data indicating progress toward the goals related to Reducing Costs and Care Team Well-Being.
    c. For economic and personnel indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
    d. Report to the CAB on non-clinical quality improvement activities on a regular basis.
    e. Report back to the QIC.
6. Health Center Co-Applicant Board (CAB) role includes:
    a. Authorities outlined in Clinic Services *PP 01-02: Co-Applicant Board Authority*.
    b. Delegate authority and responsibility for the QI Program to the QIC.
    c. Review, evaluate, and approve the Quality Improvement Plan annually and receive quarterly reports on identified quality indicators.

PERFORMANCE INDICATORS & ANALYSIS

Performance Indicators are identified and measured as part of the quality improvement initiatives. They:

- Have defined data elements;
- Have a numerator (who/what was changed) and denominator (of what eligible group) available for measurement; and
- Can detect changes in performance over time and allow for a comparison over time.

Outcomes / Process Measurements are those that:

- Identify measurable indicators to monitor the process or outcome;
- Collect data for specified time period, or ongoing;
- Are compared to a performance threshold or target; and
- Evaluate the effectiveness of defined action(s).

Data Analysis establishes:

- Priorities for improvement;
- Actions necessary for improvement;
- Whether process changes resulted in improvement; and
- Performance of existing key processes.

Continuous Quality Improvement (CQI) -- Clinic Services frequently utilizes the Plan–Do–Study–Act (PDSA) method for focused intervention. See PDSA Work Sheet.

PLAN	Identify area target not met. Identify most likely cause(s) through data review. Identify potential solution(s) and data needed for evaluation.
DO	Implement solution(s) and collect data needed to evaluate the solution(s).
STUDY	Analyze the data and develop conclusions.
ACT	Recommend further study / action. May need to abort, adapt or adopt. This decision depends upon results of the analysis. If the proposed solution was effective, decisions are made regarding broader implementation including the development of a communication plan, etc. If the solution was not effective, QI team returns to planning step.

COMMUNICATION AND COORDINATION

Communication

Problems may be identified from data, staff or management experience, concerns, audits, or agency feedback. Managers are responsible for:

1. Sharing the plan including indicators and targets with staff at all levels;
2. Including multidisciplinary staff from all areas of operations in problem identification; developing strategies, implementing interventions, and review of data analysis;
3. Providing information alerts or policy and procedure guidance; and
4. Imbedding key priorities into Health Center policies, training, and other core materials.

CONFIDENTIALITY AND PRIVACY OF PERSONAL HEALTH INFORMATION

All data and recommendations associated with quality management activities are solely for the improvement of patient experience, patient care, economic sustainability, or the well-being of the care team. All material related to patient care is confidential and accessible only to those parties responsible for assessing quality of care and service. All proceedings, records, data, reports, information and any other material used in the clinical quality management process which involves peer review shall be held in strictest confidence and considered peer review protected.

The Health Center will minimize use of identifiable protected health information for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending shall not disclosure a client's protected health information. Use of aggregate data or reports will be maintained in the CAB meeting minutes.

Personal health information obtained because of a client complaint or appeal is kept in a secure area and is only made available to those who have a need to know. Computer access to personal health information about a client's complaint or appeal is password protected and only accessible to those who need access.

Clinic Services Policies & Procedures Manual and the County Office of Compliance have extensive policies and procedures for health information management and protected health information.

2023 QUALITY IMPROVEMENT GOALS AND OBJECTIVES

Annually, the Health Center selects Quality Improvement goals and objectives for each part of the Quadruple Aim. The Quality Improvement Committee (QIC) is responsible for oversight of two of the Aims: Patient Experience and Population Health Outcomes. The Management Team is responsible for the remaining two Aims: Reducing Costs and Care Team Well-Being.

Patient Experience ***(Patients feel that the SCHC cares about and works to improve their well-being, safety and experience in a respectful way)***

Goal 1: Improve Access to Care

- Objective 1-1: Improve Access by Telephone During and After Hours
  - Reduce the amount of time patients spend on the phone by:
    - Increasing the percentage of calls answered within Service Level each month from a baseline of 72% to 80% by December 2023.
    - Reduce the Longest Queue time to less than 1 hour each month.
  - Track above metrics by number of call center personnel hours on shift.
- Objective 1-2: Reduce No Shows
  - Reduce No Shows by 5% for each program.
  - Track the no-show rate for each provider.
  - Track appointment reminders to see how many are completed (i.e. patient responds by confirming or canceling the appointment).

- Objective 1-3: Increase Appointment Access
  - Increase availability of appointments after regular business hours by conducting a minimum of 12 after hours (Saturdays &/or evening) clinics.
  - Track provider and schedule utilization, average lead time and time lost to no shows.
  - Track the percentage of new members who get new member appointments within 120 days of assignment to SCHC and how many of these are completed (e.g. have all components including SHA).
- Objective 1-4: Reduce Time from Referral/Order to Appointment
  - Process at least 25% of referrals within the DHCS timely access requirements.
  - Track time from order to schedule and then to visit.

Goal 2: Improve Customer Service

- Objective 2-1: Improve Continuity of Care
  - Track percentage of PCP empaneled patients.
  - Track the number of non-urgent appointments that are with the patient's PCP as a measure of continuity of care.
- Objective 2-2: Improve Pre-Visit Planning
  - Document pre-visit planning workflows for patient registration in Family Medicine, Adult Medicine, Behavioral Health and Pediatrics.
  - Track pre-visit (e.g. checks of health maintenance section prior to patient visits.

Goal 3: Improve Patient Engagement

- Objective 3-1: Improve Patient Outreach
  - Increase the percentage of active adult patients with activated My Chart from 31% to 35% by end of 2023.
  - Ensure contact by visit or outreach (call/letter/text) with all empaneled patients at least once per calendar year.
  - Document outreach workflows and ensure consistency (e.g. script) among all
- Objective 3-2: Improve Supports for Health Literacy and Patient Education
  - Ensure 10 most common forms or handouts for each program are available in the languages (other than English) spoken by at least 3,000 English-limited residents of Sacramento County (Cantonese, Dari, Farsi, Hmong, Mandarin, Pashto, Spanish, Russian, Ukrainian, Vietnamese).

Population Health Outcomes *(Reducing health inequities and assisting patients in achieving better health outcomes through best practices and/or evidence-based guidelines)*

Care Coordination

Goal 4: Improve Care Coordination of Patients with High Service Utilization or Who Require Services Across Systems

- Objective 4-1: Increase rate of patients receiving follow up after ED visit or hospitalization within 30

days to 50%

- Objective 4-2: Ensure utilization of Hypertension & Diabetes in-clinic program services is 95% of program capacity.
- Objective 4-3: Ensure the number of multi-visit patients participating in Complex Care Management (CCM) is 95 % of program capacity.
- Objective 4-4: Track number of patients 1) referred to and 2) receiving care coordination services from other organizations (plans/providers).

Clinical Performance Measures

Goal 5: Achieve Minimum Performance Level (MPL) on Select Uniform Data System (UDS) and Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures Focused on Those That Signal a Healthy Start in Life

- Objectives:
  - Prenatal/Postpartum care
  - Lead Screening
  - Childhood Immunization (CIS)
  - Adolescent Immunization (IMA)
  - Well-Child Visits for children 0-30 months of age (WCV-30)
  - Well-Child Visits for those 3-21 years of age (WCV 3-21)

Goal 6a: Achieve MPL on Select UDS and HEDIS Quality Measures Focused on Secondary Prevention of Health Issues Prevalent Among SCHC Patients

- Objectives:
  - Breast Cancer Screening (BCS)
  - Cervical Cancer Screening (CCS)
  - Colorectal Cancer Screening (CRCS)
  - Flu Immunizations
  - Tobacco Cessation

Goal 6b: Achieve High Performance Level (HPL) for HEDIS Quality Measures Focused on Secondary Prevention of Health Issues Prevalent Among SCHC Patients

- Objectives:
  - Chlamydia Screening
  - Hypertension Management: BP Control

Goal 7: Achieve MPL Performance on Select UDS and HEDIS Quality Measures Focused on Care Coordination and Treatment for Chronic Conditions Prevalent Among SCHC Patients

- Objectives:
  - Diabetes Management: A1c Testing & Control
  - Diabetes Management: Vison Check
  - Diabetes Management: Nephropathy

- Diabetes Management: Neuropathy
- Cardiovascular Disease (CVD): Statin Therapy
- HIV: Viral Suppression

Goal 8: Improve Performance on Select UDS and HEDIS Quality Measures Focused on Diagnosis and Treatment of Mental, Behavioral Health and Substance Use Related Conditions Among SCHC Patients

- Objectives:
  - Depression Screening and Follow Up
  - Depression Remission at 12-Months
  - Follow-up after Emergency Department visit or Hospitalization for Alcohol and Drug Use
  - Follow-up after Emergency Department visit or Hospitalization for Mental Health

Goal 9: Improve QI Support and Infrastructure

- Objective 9-1: Track staff effort and financial impact of QI projects to help build the QI program.
- Objective 9-2: Develop Standards for the Content of Quality Improvement Plans
  - Ensure Program QI Plans include the following components:
    - List of Key Performance Indicators
      Based on above requirements
    - List of key stakeholders and their role
    - Initial QI relevant Program SWOT analysis
    - Outline of proposed improvement activities and prospective timeline
- Objective 9-3: Develop Standards For Accountability For Program Quality Performance
  - Each Program will have an assigned Quality Coach from the Quality Department
  - Each Program will assign a designated Quality Lead and an alternate/assistant
    Leads may be either staff or providers. If Quality Lead is not the program medical director or program manager, a standard for communication of quality plan activities must be outlined.
  - Program Quality Leads and/or Program leadership will be required to report on performance of Program Quality Plan quarterly to the QIC.
- Objective 9-4: Develop Standards For Reporting Program Quality Performance
  - Set tiered performance targets for all goals that align with MPL and include stretch goals
  - Develop Program Quality Dashboards *(analog in 2023; digital in 2024)*
  - Dashboards will be updated monthly and posted/provided to QIC.
  - QIC will have a monthly opportunity for any program to report/address significant barriers to improvement projects.
  - Programs will provide structured report-out quarterly at QIC meeting.
  - Develop Program level Project Plans to address goals that include operational standard deliverables (SOPs, Workflows, Job Descriptions, EMR tools).

Goal 10: Address Racial and Ethnic Disparities Identified in Select UDS and HEDIS Quality Measures

- Objective 10-1: Reduce Racial and Ethnic Health Disparities in the Control of Diabetes and Hypertension

- Compare data for three-year intervals from pre-pandemic (2016-2018), pandemic (2019-2022), and post-pandemic (2023-2025) to account for temporal trends that have had differential impacts on racial and ethnic groups.
- Use the results to direct focus of quality improvement to health outcomes and groups with the greatest disparities and health burden.
- Work with UC Davis experts on the effective measurement of health inequities and effective strategies to reduce them.

Reducing Costs *(Responsible management of funds to ensure economic sustainability of health center)*

Goal 1: Health Center staff will develop a dashboard of indicators to monitor the relative costs and revenues associated with specific programs and practices.

- Objective 1: At least semi-annually, produce calculations of the number of visits and total revenue per
  - Clinical department/program (i.e. Adult Medicine, Behavioral Health Services, Dental Services. Family Medicine, Homeless Services, Mobile Services, Pediatrics, Refugee, School-Based Mental Health, Specialty Services)
  - Provider type
  - Provider FTE
  - Medium (i.e. video, phone, and in person appointments)

Care Team Well-Being *(Staff members understand and believe in their role and are supported to carry it out in a positive environment)*

Goal 1: Identify barriers and obstacles to long-term retention for County staff.

- Objective 1: Review findings from HRSA survey and identify one or more actionable strategies to improve employee retention.

Goal 2: Improve morale and retention of the Care Team.

- Objective 1: Review the results of the personnel survey and identify one to three areas for action to improve care-team well-being for action by December 2023.
- Objective 2: Review institutional policies and practices to determine if changes can be made to aid retention efforts.

2023 QUALITY IMPROVEMENT PROJECTS

For the 2023 plan, SCHC is distinguishing among four categories of Quality Improvement Projects and introducing increased infrastructure to support these.

1. The first category projects affect all or the majority of clinical programs at SCHC to which most programs can and should contribute. SCHC clinical programs are Adult Medicine, Family Medicine, Integrated Behavioral Health, Pediatric Preventive Dental Services, Pediatrics, Radiology, Refugee Health Assessment, and School-Based Mental Health.

2. The second category projects affect all or the majority of clinical programs at SCHC and will be led by clinical support programs staff. Administration, Quality Improvement, Registration, Member Services, and Referrals are examples of clinical support programs.

3. The third category projects are those that affect more than one clinical program area, but which will be led by a single clinical program.

4. The fourth category projects are specific to and led by a single clinical or non-clinical program area.

SCHC will begin 2023 working on specified projects to address the specific measures outlined below. Additional projects may be proposed to or by the QIC as the need arises, such as not being on course to achieve the objectives (see previous section) or converting tracking objectives to targeted objectives. QI projects may be proposed to QIC using the standard form and process by any provider or program representative. QIC will evaluate proposals and incorporate approved projects into the overall QI plan and schedule.

Category 1 Projects: Clinic-Wide Projects to Which Most Programs Contribute

Initial Projects
Reduce No Shows
Lead: QIC

Increase Appointment Access
Lead: QIC

Category 2 Projects: Clinic-Wide Projects Led by Support Programs

Initial Projects
New Patient Outreach and Initial Health Appointment
Lead: Member Services

Depression Screening and Follow Up
Lead: QI Team

Breast Cancer Screening
Lead: QI Team

Colorectal Cancer Screening
Lead: QI Team

Reduce Wait Times in the Call Center
Lead: Call Center

Conduct Pre-Visit Planning
Lead: Registration

Reduce Processing Time for Non-Urgent Referrals
Lead: Referrals

Category 3 Projects: Projects Affecting More than One Clinical Program Led by Single Clinical Program

Initial Projects
Reduce Repeat Calls to Call Center
Lead: Adult Medicine

Cervical Cancer Screening
Lead: Adult Medicine

Follow Up After ED Visit or Hospitalization for Mental Health
Lead: Integrated Behavioral Health

Follow Up After ED Visit or Hospitalization for Substance Use
Lead: Integrated Behavioral Health

Well-Child Visits 0-30 Months (including required immunizations)
Lead: Pediatrics

Well-Child Visits 3-21 Years (including required immunizations)
Lead: Pediatrics/Family Medicine

Lead Screening by 2 Years
Lead: Family Medicine

Increase the Percentage of Diabetic Patients with Controlled Blood Sugar
Lead: Adult Medicine/Diabetes Clinic

Increase the Percentage of Hypertensive Patients with Controlled Blood Pressure
Lead: Adult Medicine/Hypertension Clinic

Category 4 Projects: Projects Affecting a Single Clinical Program Led by that Clinical Program

Initial Projects
Timely Entry (1st Trimester) into Prenatal Care
Lead: Family Medicine

Complete Post-Partum Visit during set window
Lead: Family Medicine, Pediatrics, and Adult Medicine

ATTACHMENT A: QI Project Idea Submission and Approval Form

Sacramento County Health Center **Quality Improvement Project Proposal**	Name	
	Department/Program	
	Faculty Advisor Name (for Learner)	
	Submitted Date	
	QIC Review Date	

Quality Improvement Project Title:
Background: Relevant historical data and information. Explain why the current process or system needs improvement. What is the impact this is having on our organization, our patients? (limit of 400 characters with spaces)
What SCHC goals and objectives does the project address? *Mission and values, and/or Quality Improvement Plan and/or HEDIS or HRSA measures.* (limit of 200 characters with spaces)
Improvement Goal: What outcome are you hoping to achieve? (limit of 200 characters with spaces)
Ease of Project: Does SCHC currently collect the relevant data needed for your project? YES NO Does the literature support the ability for an ambulatory facility to intervene to improve the outcome? YES NO Is there a source of funding? YES NO What are the resources you need (time, staff, funding, equipment, space, etc.). (limit of 400 characters with spaces)

SCHC Quality Improvement Committee				
Review Date:	Decision Date:	Approved?	YES	NO
Recommendations/Next Steps:				

ATTACHMENT B: QI Project Description A3

Project Name:	Program Owner:	Start Date:	Projected End Date:

Project Team

Role/Title	Name	Department	Prefered Contact Method
Project Lead			
Project Manager			
PM Support			

Background

Why do we care? What is the impact on patients? Who are the stakeholders?

Gap Analysis

Identify what is causing or contributing to the problem. Which cause has the largest impact?

What is the gap b/w actual & desired outputs of process?

References

Research,standards, guidelines

Risks & Barriers

Brief description of Risks /to Project Success/Completion

Initial State / Baseline

Define current reality. Base info here on observations, process mapping, and data. Include baseline metrics.

AIM

What are we trying to accomplish. SMART

MEASURES

Type	Metric(s)	Measure-ment	Base line	Target	Long Term
Outcome					
Process					
Barrier					

DELIVERABLES

ACTION PLAN

Priority	Action	Owner	Start Date	Due Date	Level of Effort (H/M/L)	Potential Impact (H/M/L)
1						
2						
3						
4						
5						

RESOURCE NEEDS

Check boxes?

COMPLETION & ROLLOVER EXPECTATIONS

Estimated time to completion. Area with ongoing oversite after project completion.

ATTACHMENT C: QI Project Charter

Date:	**Sponsor (clinical lead):**
Project Name:	
Team Clinical Chairperson (Drive the project, give provider perspective, get provider buy-in): **Team Administration Chairperson (Drive project, give admin/line staff perspective, get staff buy-in):**	
Team Members (contribute your experience and perspective to the project, input ideas and help test ideas and administer change): 1. Name (Role/Responsibility) Line Staff 2. Name (Role/Responsibility) Clinician 3. Name (Role/Responsibility) Outside eyes 4. Name (Learner?) 5. Name (Coach to help guide process)	
Meeting Schedule (Meet at least monthly, possibly more at the beginning)**:**	

1 **Background**

Relevant historical data and information. Explain why the current process or system needs improvement. What is the impact this is having on our organization, our patients? Why now?

2 Current Condition

Detailed description of the current situation, process, trend chart, what is the problem we are trying to solve?

3 Goal Statement

Where do we want to go? Specific goal to address the gap for future state from the current states. What outcome are we hoping to achieve? Set SMART goals (Specific, Measurable, Acheivable, Revelant, Timebound).

Scope and Barriers

- Whose input and support will this project require? How will you engage these key stakeholders?
- What barriers do you predict to your success? How will you overcome these barriers?
- List any guidelines for the team, including project constraints, rules or procedures, technology considerations, what is out of scope, etc.

This worksheet walks you through the process of testing changes for improvement. Discuss and jot down ideas for each of the four questions and use the tips to guide you through each discussion.

Discussion questions	Discussion tips
Aim setting: What are we focusing on now, and what is our goal?	• Set aims from the point of view of our patients (i.e., what would they want you to work on?). • Set your aims high ("stretch goal") – even halfway there would be a substantial improvement. • Look to make substantial progress in a matter of weeks.
Measurement: How will we know if we are making it better?	• Provide feedback on performance and change using data. • Collect data pre- and post-change. • Avoid long baseline studies that postpone getting to the change. • Keep it simple. • Choose practical measurement over perfect measurement. • Keep the time between intervention (action) and measurement to a minimum.
Idea generation: What changes do we think will make it better?	• Think about the rules and mental constructs that underlie the current way of doing things. This is the "box" that our current thinking is in. Get outside the box by asking: "Does it have to be that way?" "What would it be like if we were prohibited from following that rule?" "If we broke those rules, would that be so bad after all?" • Turn needed behavioral changes into specific techniques that people can learn. • Always generate multiple ideas for change. There may be legitimate reasons why a certain idea cannot be tested. If that is your only idea, then momentum is stopped.
Testing: How will we carry out progressive trials of our ideas?	• People are more likely to go along with a test of change if they are involved in the planning of it. • Don't get attached to any one way of implementing an idea. Stay at the change-concept level and allow others the joy of developing the specifics to fit their situation. • Start small and work initially with those willing to work with you. Use the success of these few to approach others. • Improvement is always a "work in progress"; it is not a one-time event. Work to keep the momentum going. Take the biggest step you can take, but don't worry that you are not doing it all. One step leads to another.

	• Be sure to allocate time to reflect on the results of every test of change and its implications for the next test. • Integrate improvement into regular work. For example, allocate office meeting time for this. Always be testing a change and letting everyone know about it. • Anticipate the impact of the change on other players in the system. Keep them informed – no surprises. Don't let the unwilling stop you from testing a change with those who are willing, but don't do anything behind anyone's back. • Communicate, communicate, communicate … repeat. • Don't lose sight of the whole system as you work on a small piece of it. Don't let analysis interfere with synthesis.

ATTACHMENT D: QI Project Monthly Status Report

PROJECT STATUS REPORT			
Project Title:			
Start Date:		Workgroup	
Projected End Date:			
Sponsor/Lead:			
Project Manager:			

Narrative Status Summary

Progress Chart(s)

Active Subtasks			
Phase	Subtask	Barriers/Questions	Target Date

Next Steps			
Phase	Subtask	Barriers/Questions	Target Date

ATTACHMENT E: Program Quarterly Report Schedule

QIC 2023 Report Out Schedule

Program	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec
Member Services		QI Team Training	1			2			3			4
Call Center				1			2			3		
Referrals	N				1			2			3	
Registration			1			2			3			4
Quality			1			2			3			4
Adult Med	N			1			2			3		
Pediatrics					2			3			4	
Family Med					1			2			3	
IBH	N			1			2			3		

Standard PowerPoint presentation template will be used for Program Quarterly Report Outs

Prospective QI Team Activities

Program	January	February	March	April	May	June	July
Member Services		Introduction to Principles of Quality Project Management	G3:O1 Initiation/Analysis	G3:O1 Design/Develop	G3:O1 Test/Impliment	G2:O1 Initiation/Analysis*	G3:O1 Maintenance G2:O1 Design
Call Center	G1:O1 Initiation/Analysis		G1:O1 Design/Develop	G1:O1 PDSA	G1:O1 PDSA	G1:O1 PDSA	G1:O2 Initiation
Referrals	G1:O4 Initiation/Analysis		G1:O4 Design/Develop	G1:O4 PDSA	G1:O4 PDSA	G1:O4 PDSA	G1:O4 Maintenance
Registration	G2:O2 Initiation/Analysis		G2:O2 Design/Develop	G2:O2 Impliment	G2:O2 Maintenance	G2:O2 Phase 2 Initiation/Analysis	G2:O2 Phase 2 Design/Develop
Quality	CMS2 Develop BCS Initiation/Analysis		CMS2 Test BCS Design/Develop	CMS2 Impliment BCS Test	CMS2 Maintenance BCS Impliment	BCS Maintenance CRCS Analysis	CRCS Design/Develop
Adult Med			CDC Analysis	CDC Design/Develop	CDC PDSA	CDC-PDSA	CDC-PDSA
Pediatrics	WCV-Outreach Initiation/Analysis		WCV-Outreach Develop	WCV-Outreach Test/Impliment	WCV+-Workflow Initiation/Analysis	WCV+ Review Design/Develop	WCV+-Workflow Impliment
Family Med			PPC Initiation	PPC Analysis	PPC Design/Develop	PPC Test	PPC Impliment
IBH			FUA/FUM Workflows Analysis/Design	FUA/FUM Workflows Devleop/Test	FUA/FUM Workflows Impliment	DRR Initiate/Analysis	DRR Design/Develop
QIC/Leadership *Goal setting, develop guidelines, set expectations, remove barriers.*	2023 QI Plan	G1:O3 Increase Appts Develop Guidelines	G2:O1 Appt w/PCP G1:O2 Reminders Research	G2:O1 Appt w/PCP G1:O2 Reminders Develop Guidelines		G2:O2 Phase 2 Establish Priorities	

ATTACHMENT F: QIC Monthly Meeting Agenda

	Topic	Owner	Time
1	Announcements	Sharon	5 min
2	Clinic Wide Measure Status Update	Sharon	5 Min
3	Report Out A	Program/Project Lead	10 Min
4	Report Out B	Program/Project Lead	10 Min
5	Report Out C	Program/Project Lead	10 Min
6	Questions/Discussion of Monthly Status Project Reports *Monthly status reports provided to QIC one week prior to meeting*	QIC	10 Min
7	Action Item Recap	Sharon	5 min

	County of Sacramento **Department of Health Services** **Division of Primary Health** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**03-01**
		Effective Date	**09-30-10**
		Revision Date	**10-03-23**
Title: **Telephone Protocol**		Functional Area: **Clinic Operations**	
Approved By: Andrew Mendonsa, Psy.D., ABBHP, MBA, Division Manager			

Policy:

The Sacramento County Health Center is committed to excellent customer service by assisting individuals by phone promptly, respectfully, and sensitively.

Procedures:

A. General guidelines for staff assigned to phones

1. Answer the phone in a professional and courteous manner and identify yourself. e.g., “Thank you for calling the Sacramento County Health Center. This is NAME. How may I help you today?”
2. Update the patient contact information at every encounter (address, phone numbers, and emergency contact) in the Electronic Health Record (EHR).
3. Verify eligibility while assisting the patient.
4. Refer to Policy and Procedures (PP) 03-08 Appointment Scheduling if scheduling an appointment.
5. If the caller is upset, respond in a calm, understanding, and professional manner. Request assistance from a colleague or supervisor as needed.
6. Before placing a caller on hold, ask the caller “May I place you on a brief hold?” Allow the caller to respond before placing them on hold.
7. For non-English speaking and hearing impaired callers, ask the caller to hold for an interpreter. Document primary language and the need for an interpreter in the EHR.
    a. From the main toolbar open the registration tab.
    b. Select the “Additional Pat Info” radio button on the left side.
    c. Document the patients language needs. e.g., Female Dari interpreter needed.

B. Management and direction of calls:

1. If the caller wants to make, change, or get information about an appointment, proceed with the call per PP 03-08 Appointment Scheduling.
2. All other requests:
    a. Give the caller the correct departments phone number and other pertinent information, then transfer the call and provide a warm handoff. e.g., I have Patient Name on the line and he needs to…

Department	Phone	Reason to Transfer Call
Behavioral Health Clinician of the Day	(916) 539-8340	• Suicide and homicide ideation ○ Keep the caller on the line and have a colleague call the Behavioral Health Clinician for assistance
Main Pharmacy	(916) 874-9642	Outside pharmacy calls
Pediatric and Adolescent Primary Care	(916) 876-5437	• Make, change, and reschedule appointments • Request for same-day/urgent appointment • Leave a message for a pediatrician • Speak to a pediatric nurse
Referrals Team	(916) 874-9334	• Referral questions • Any calls with referral and specialist questions • Healthy Partners (HP) Diagnostic Questions
Registered Nurse		
Pediatric Dept	Send Telephone Encounter	• Callers report an urgent medical problem • Medical questions • Medication reaction • Patient requesting an urgent appointment, and no appts. are available within 48 hours • Providers & other professionals • Hospital discharge and no available appointments within 10 days • Quest (or other professional) calling with critical labs
Adult Medicine	Ashley: 4-1093 Farzam: 4-9246 Ana: 5-3054 Diana: 4-3359	
Family Medicine	Erica: 5-0754	
Send Telephone Encounter		Send a telephone encounter for • Checking on forms/letters • Medical question regarding visits • Lab results • Checking on will-call and forms/letters that can't be located • Patient requesting sooner (not urgent) appt. • Non-medical questions or concerns
Department Routing Guide		
Medical Records Request		(916) 874-9298
Member Services Team/Healthy Partners		(916) 874-1805
Refugee Health Assessment Program		(916) 874-9227
Pediatric Clinic		(916) 876-5437
Radiology Appointment or Questions		(916) 874-9522
Employment Verification for DHS employees		Dept of Health Services, Human Resources (916) 875-1300
Department of Human Assistance		(916) 874-3100

C. Creating and sending a telephone encounter message from the callers EHR:

1. Messages must be professionally written, accurate, complete, and prompt. Slang is unacceptable.
2. Do not send EHR message if the patient indicates an urgent medical problems. Transfer the call to the registered nurse as noted above.
3. Review “Patient Encounter Selection” if there is a recent encounter regarding the same issue. Select the encounter. Edit the note per the patient’s request. Save and route the encounter.
4. If the patient calls with a new concern, request, or question:
    a. Click “New Encounter” to create a telephone encounter.
    b. Select the date
    c. Enter the PCP
    d. Click accept (this action will open a new encounter)
    e. Complete the following section:
        i. Contact Section: Incoming call, outgoing, other
        ii. Reason for call (select from the drop-down menu)
        iii. Routing (see the department Message Routing Guide)
        iv. My Note: type the message per the caller’s request
        v. On the left side, “Close the Workspace”
        vi. Select “Accept” below the note to save the information
5. The designated medical staff will respond or consult the provider and respond to the message within two working days.
6. Per provider directive, the designated medical staff (medical assistant, registered nurse, or pharmacist) will contact the caller and document the action taken utilizing the same encounter.
    a. The designated staff can **edit the note** to document what actions were taken or they can create a **new note** in the same encounter.
    b. To save the documentation, click the radio buttons,“**Close the Workspace**” and “**Accept**.”

References:
PP 02-02 Interpreter for Patient Care
PP 03-08 Appointment Scheduling
PP 04-01 Urgent Services
PP 05-01 Pharmacy Refill Procedure

Attachments:
Call Center Call Routing – Primary Care Workflow

Contact: Health Program Manager for Operations

Program Summary: Refugee Health

Name of Program	Description
Summary and purpose	The Refugee Health Program serves legal immigrants with eligibility determined by the federal Office of Refugee Resettlement. The purpose is to ensure new arrivals are healthy enough to become self-sustaining, contributing members of the community.
When did the program start?	Many decades ago
Is our purpose still relevant?	Yes
Description of current scope and activities. Which types of patients are served? At which sites? What are the hours?	There are two foci for the Refugee Health Program. The first is Refugee Health Assessment, in which providers and staff review overseas medical records, conduct a thorough health assessment, and order relevant tests and vaccines. The second is Linkage, in which new arrivals with significant medical or mental health needs are linked to appropriate care in the US health care system, including making appointments and assisting patients to attend them.
Current staffing levels	Health Assessment (RHAP Program) • 24 staff (including on call, temporary and registry staff) • 4 providers (1 full time, the others part-time) Linkage (RHPP Programs) • 12 staff, including on call and temporary staff
Financing and Budget	Health Assessment (RHAP Program) $1,197,161 Linkage (3 RHPP Programs) $439,927
How effective are we being (and how do we know)? *List specific metrics if possible.*	Pending final 2022 Audit results 1a) Exceeded: Ensure that 90% of all arriving refugees start the health assessment process. 1b) Exceeded: Ensure that 60% of all [arrivals of other statuses]… start the health assessment process 2) Not met: Ensure that 60% of all arriving refugees [and arrivals of other statuses]… have completed health assessments within 90 days from date of arrival, date parole status is granted [or other relevant date]. *CDPH will assist us in processing waiver requests. They understand most delays are due to 1) challenges with Quest appointments, 2) people coming into the clinic late, and other waivable reasons.* 3) Met: Assess immunization status of 95% of children and adults who have started a health assessment 4) Not met: Ensure that 90% of individuals identified as eligible to receive scheduled immunizations at the time of the health assessment are either immunized or referred to an appropriate provider. *This is a documentation issue, not a performance issue. See more discussion in point # 2 in the next section.* 5) Exceeded: Ensure that 95% of individuals identified with a health

	condition needing further medical evaluation are referred to a health care provider. 6) Exceeded: Ensure that 95% of arrivals who completed health assessment are evaluated for TB infection or disease…. 7) Objective not Met: Ensure that 90% of individuals diagnosed with Class II LTBI start LBTI treatment according to CDPH Guidelines *Data coordination issue with Sacramento Co Public Health* 8) Objective not Met: Ensure that 70% of those commencing LTBI treatment complete the recommended course of therapy. *See comment above.*
Are we meeting our patient satisfaction and quality goals with this program? *List specific metrics if possible.*	NA -need to develop them specific metrics this federal fiscal year