

**The County of Santa Cruz**  
**Integrated Community Health Center Commission**  
**MEETING AGENDA**

December 7, 2021 @ 3:00 pm

**MEETING LOCATION:** Microsoft Teams Meeting or call in (audio only) [+1 916-318-9542](tel:+19163189542),  
[500021499#](tel:+19163189542) United States, Sacramento Phone Conference ID: **500 021 499#** / 1080 Emeline  
 Ave., Bldg. D, Santa Cruz, CA 95060

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. November 4, 2021 Meeting Minutes – Recommend for Approval
4. HRSA Form 5B Address Correction - Action Item
5. Policy No.: 640.06 - Restriction on Abortions and Women’s Reproductive Health Services – Recommend for Approval
6. Policy No.: 640.07 - Exceptions to Restriction on Abortions – Recommend for Approval
7. Quality Management Committee Update
8. Social Justice
9. Financial Update
10. CEO/COVID-19 Update

**Action Items from Previous Meetings:**

Action Item	Person(s) Responsible	Date Completed	Comments
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Next meeting: Possible TBD: Original scheduled Meeting January 6, 2022 11:00 am- 1:00 pm

Meeting Location: Microsoft Teams Meeting Or call in (audio only) [+1 916-318-9542](tel:+19163189542),  
[500021499#](tel:+19163189542) United States, Sacramento Phone Conference ID: **500 021 499#** / 1080 Emeline  
 Ave., Bldg. D, Santa Cruz, CA 95060

# The County of Santa Cruz Integrated Community Health Center Commission

**Minute Taker: Mary Olivares**

Minutes of the meeting held December 7, 2021.

**TELECOMMUNICATION MEETING:** Microsoft Teams Meeting - or call-in number 831-454-2222: Meeting Code: 850702.

Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
David Willis	Member
Michelle Morton	Member
Gidget Martinez	Member
Carmen Gross	Patient Guest
Ardella Davies	Patient Guest
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Admin. Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
<b>Meeting Commenced at 3:05 pm and Concluded at 5:00 pm</b>	
Excused/Absent:	
Absent: Gustavo Mendoza	
1. Welcome/Introductions	
Introductions done at this time.	
2. Oral Communications:	
Dave Willis asked for a moment of silence today marking the 80th anniversary of the Pearl Harbor attack.	
Amy provided an overview of the commission for the new commissioners and how important their voice is to this commission. Also, during this time all commission members and county staff welcomed new members and introduced themselves.	
3. November 4, 2021, Meeting Minutes - Action item	
Review of November 4, 2021, Meeting Minutes – Recommended for Approval. Rahn recommend for approval with additional language that was added. Len second, and the rest of the members present were all in favor.	
4. HRSA Form 5B Address Correction - Action Item	
Raquel reviewed with commissioners the updates/corrections in the HRSA Form 5B. Rahn motioned to accept changes to HRSA form 5B. Len second and the rest of members present all in favor.	
5. Policy No.: 640.06 - Restriction on Abortions and Women’s Reproductive Health Services – Recommend for Approval	
Raquel reviewed updates with commissioners. She stated there were minor changes to Policy No: 640.06. Len makes motion to accept the changes to Policy No: 640.06. Marco second and the rest of the members present all in favor. David Willis abstains from voting.	
6. Policy No.: 640.07 - Exceptions to Restriction on Abortions – Recommend for Approval	
Raquel reviewed updates with commissioners. She stated there were minor changes to Policy No: 640.07. Len makes motion to accept the changes to Policy No: 640.07. Marco second and the rest of the members present all in favor. David Willis abstains from voting.	
7. Quality Management Committee Update	
Raquel gave updates on the following: Patient Centered Medical Home (PCMH), Quality Improvement Reporting Document, She gave a brief update on quality improvement data for patients with HIV/AIDS, she stated she will invite the manager of our HRSA Ryan White Grant to attend our next meeting to give an update. She also reported on the quality improvement	

reports for the clinical teams. The clinical team will reach out to the patient to get them scheduled for appointments, and follow-ups. Raquel also stated they had a clinic operational plan training today (12/7/2021). She stated they did a training for the staff to track progress on a program management tool called Trello, she will have Mary send Operational Plan out to the new commissioners.

Raquel also gave an update on Peer Review. She stated 19 charts were reviewed and there were no concerns with care.

**8. Social Justice**

Caitlin acknowledged Amy for the introduction and the overview she gave of the commission during oral communications. Caitlin stated she wanted to leave the commission with three questions as we think of decision making in 2022. Who wins or benefits, who pays or who loses in a decision, and who decides. Caitlin stated as we continue to have conversation that we try to make sure that we are clear headed that all those affected by a decision are taken into consideration especially those who don't have a seat around these tables that make decisions.

**9. Financial Update**

Julian gave an overview of clinics budget. He stated our budget is very complex and that we receive funding from multiple places such as state funding, federal, grants, and local funding. He reported on clinic financials and reviewed revenue, and expenditures with the commissioners. He also gave updates on the following: Days in AR - This is a report on how quickly we send out the billing. The goal is to have this number under 30 days we are currently at 62 days. Percentage > 90 days - This looks at claims over 90 days. Charge Review Days - This report shows how long claims sitting in bucket. Lastly, the Visit Trend - Julian stated we are up over 2,700 hundred visits from the same time period in the previous year.

**10. CEO/COVID-19 Update**

Amy reported that 75% of Santa Cruz County residents have had at least one vaccine. Amy also reported back on commission member a commissioner that has missed several meetings. Amy stated she checked the bylaws and it stated we need to have 2/3 of commission vote to remove an officer that has missed multiple meetings. This will need to be an agenda item at our next meeting. There was discussion within the commission it was decided that Amy will reach out to the commissioner before the next meeting and if Amy can't get a hold of him, we will put this on the agenda. Lastly, Amy reported that every year the California State Association of Counties accepts nominations from counties state-wide highlighting various projects. She was happy to announce this year the Medication Assistant Treatment Program received the award.

**Next Meeting:** January 4, 2022, 3:00 pm - 5:00 pm  
Microsoft Teams Meeting: 1080 Emeline, Santa Cruz, CA

Minutes approved \_\_\_\_\_ / / \_\_\_\_\_  
(Signature of Board Chair or Co-Chair) (Date)

# HRSA Form 5A and 5B

Recommended for approval

8/5/2021



# Form 5A

## Coverage for Emergencies During and After Hours

**ACTION: Remove "X" from column 2**

- **This is not needed because the contract we have with AA Professional Communications is an answering service only and does not offer medical advice.**

Approved Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		
Diagnostic Laboratory	X	X	X
Diagnostic Radiology	X	X	
Screenings	X	X	X
Coverage for Emergencies During and After Hours	X	X	

# Form 5B

## Accessible Location and Hours of Operation

- **ACTION: Address change to Homeless Persons' Health Project Coral Street Clinic – Change 115 Coral St., Santa Cruz, CA 95060 to 115-A Coral St., Santa Cruz, CA 95060**

### Self Updates: Site details

▼ H80CS00048: SANTA CRUZ COUNTY, Santa Cruz, CA		
Grant Number: H80CS00048	BHCMIS ID: 090880	Project Period: 11/01/2001 - 01/31/2023
Budget Period: 02/01/2021 - 01/31/2022		

Site Id: BPS-H80-002733		Site Status: Active	
Site Information			
Site Name	Homeless Persons' Health Project Coral Street Clinic	Physical Site Address	115 Coral St. Santa Cruz, CA 95060

# Form 5B

## Accessible Location and Hours of Operation

- **ACTION: Add new site address for Janus of Santa Cruz – Keep current physical address and add new physical address: 718 Carmel St., Santa Cruz, CA 95060**

### Self Updates: Site details

▼ H80CS00048: SANTA CRUZ COUNTY, Santa Cruz, CA		
Grant Number: H80CS00048	BHCMIS ID: 090880	Project Period: 11/01/2001 - 01/31/2023
Budget Period: 02/01/2021 - 01/31/2022		

Site Id: BPS-H80-002826		Site Status: Active	
<b>Site Information</b>			
Site Name	JANUS OF SANTA CRUZ	Physical Site Address	200 7TH AVE, SANTA CRUZ, CA 95062
Site Type	Service Delivery Site	Site Phone Number	(831) 462-1060

# Form 5B

## Accessible Location and Hours of Operation

**ACTION: North County Mental Health-1400 Emeline Avenue  
Suite 150, 277, & 280**

### Self Updates: Site details

▼ H80CS00048: SANTA CRUZ COUNTY, Santa Cruz, CA

Grant Number: H80CS00048

BHCMIS ID: 090880

Project Period: 11/01/2001 - 01/31/2023

Budget Period: 02/01/2021 - 01/31/2022

Site Id: BPS-H80-000360

Site Status: Active

#### Site Information


Site Name

NORTH COUNTY MENTAL HEALTH

Physical Site Address

1400 EMELINE AVE, SANTA CRUZ, CA 95060



<p><b>SUBJECT:</b> Restriction on Abortions and Women’s Reproductive Health Services</p> <p><b>SERIES: 600</b> Medical/Legal</p> <p><b>APPROVED BY:</b> Amy Peeler, Chief of Clinic Services</p>	<p><b>POLICY NO.:</b></p> <p style="text-align: center;"><b>640.06</b></p> <p><b>PAGE: 1 OF 3</b></p> <p><b>EFFECTIVE DATE:</b> 5/1/2018</p> <p><b>REVISED:</b> 12/7/2021</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p><b>Clinics and Ancillary Services</b></p> </div>
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**GENERAL STATEMENT:**

Health Services Agency (HSA) is committed to high standards and compliance with all applicable laws and regulations.

To guide the administration of the Health Center Program to ensure that HSA complies with Public Laws 115-31, Title V, § 506 [Restriction on Abortions] and 42 C.F.R. §§ 50.301, et seq. [Abortions and Related Medical Services in Federally Assisted Programs of the Public Health Service].

The purpose of this Policy is to provide safeguards that ensure HSA’s compliance with laws and regulations relating to the provision of women’s reproductive health services affecting health centers that receive federal grant funds under Section 330 of the Public Health Service Act (“Section 330”) through the U.S. Department of Health and Human Services (“HHS”).

HHS funds may not be used, in whole or in part, for any abortion. HHS funds may not be used, in whole or in part, for health benefits coverage that include coverage for abortion. The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

These requirements also apply to subawards/subcontracts under a Health Resources and Services Administration grant or cooperative agreement.

**POLICY STATEMENT:**

**Compliance with Federal Regulations:**

- **Section 330 of the Public Health Act:** Under Section 330, Health Center is required to provide, either directly or through contracts or formal written referral arrangements, voluntary family planning services. HRSA defines voluntary family services in the Service Descriptor Guide as the following:

“Voluntary family planning services are appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method (e.g., vasectomy, subdermal contraceptive placement, IUD placement, tubal ligation).”

As neither “appropriate counseling” nor “available reproductive options” are defined in Section 330, the implementing regulations, or HHS Health Resources and Services Administration (“HRSA”) guidance, Health Center will use the criteria established under the Family Planning Program regulations authorized under Title X of the Public Health Service Act for guidance on how best to provide appropriate family planning options counseling to Health Center’s patients.

- **The Hyde Amendment:** In providing women’s reproductive health services as a component of its Section 330-supported health center program, HSA will assure compliance with the Hyde Amendment. The Hyde Amendment is a statutory provision included as part of the annual HHS Appropriations legislation, which prohibits health centers from using federal funds to provide abortions (except in cases of rape or incest, or where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed). The Hyde Amendment prohibits the performance of abortion procedures, as well as the administration of drugs and devices that are used for “medication” abortions that terminate an early pregnancy (up to 70 days from the date of the woman’s last menstrual cycle) rather than prevent implantation, including, but are not limited to, administration of the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol, unless the abortion procedure or medication abortion fits within one of those explicit Hyde Amendment exceptions.
- **Prohibition on Coercion:** In providing women’s reproductive health services as a component of its Section 330-supported health center program, HSA will assure compliance with statutory requirements, as set forth in 42 U.S.C. §300a-8, which prohibits all HSA employed and contracted staff from coercing or endeavoring to coerce any person to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services. HSA will also assure that Health Center employed and contracted staff do not coerce or endeavor to coerce any person not to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services, consistent with guidelines to provide only neutral, factual information and nondirective options counseling.
- **Providing Access to FDA-Approved Contraceptive Methods:** HSA will ensure that its patients have access to the full range of Food and Drug Administration (“FDA”)-approved contraceptive methods designed to prevent a pregnancy.

**REFERENCE:**

Section 330 and Title X of the Public Health Service Act; 65 Fed. Reg. 41270, 41274 (July 3, 2000); 65 Fed. Reg. 41281 (July 3, 2000). Public Law 115-31; Title V [General Provision]; § 506 and 42 C.F.R. §§ 50.301, et seq. [Abortions and Related Medical Services in Federally Assisted Programs of the Public Health Service]; FY2016 Labor-HHS-Education Appropriations Legislation: Pub. Law 114-113, Division H, Title V, §§ 506-507; Medicaid Regulations 42 C.F.R. §§441.200-441.208. Corporation for National and Community Service: 45 C.F.R. §§2520.65(a)(10) and 2520.65(b).

**PROCEDURE:**

**1. Complying with the Hyde Amendment**

All Health Center employed and contractors who provide clinical services and non-clinical support staff agree that HSA shall not provide abortion services, either directly or by contract, within Health Center’s Section 330-supported health center program, unless the abortion fits within a Hyde Amendment exception, as described in Section II(3). These same HSA staff agree that this prohibition includes the administration of “medication” abortions that terminate an early pregnancy (up to 70 days from the date of the woman’s last menstrual cycle) rather than prevent implantation. Medication abortions include, but are not limited to, administering the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol which results in the termination of a pregnancy.

## **2. Options Counseling**

HSA staff providing options counseling shall offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

- a. prenatal care and delivery;
- b. infant care, foster care, or adoption; and
- c. pregnancy termination.

If requested to provide such information and counseling, HSA staff will provide neutral, factual information and nondirective counseling on each of the options, and referral upon request (subject to Section 7 below), except with respect to any option(s) about which the pregnant woman indicates that she does not wish to receive such information and counseling.

## **3. Prohibition on Coercion.**

HSA staff are strictly prohibited from coercing or endeavoring to coerce any person to undergo or not to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services.

## **4. Contraceptive Methods.**

Health Center staff, upon request, will provide patients with information regarding the management/treatment, as appropriate, for a patient's chosen family planning method. Such management/treatment information may address vasectomy, tubal ligation, and placement of long-acting reversible contraception (e.g., IUDs and implants). In addition, Health Center Staff will ensure that its patients have access to the full range of FDA-approved contraceptive methods designed to prevent a pregnancy.

## **5. Referrals for Abortion Services.**

- a. If a patient requests an abortion either for a pregnancy resulting from rape or incest or because the patient suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the patient in danger of death unless an abortion is performed, in accordance with the Hyde Amendment exceptions, and the health center does not furnish abortions in such limited circumstances, HSA staff will provide the patient with a referral to another medical facility.
- b. In the event that a patient's pregnancy is not the result of rape or incest, or the pregnancy does not endanger the life of the woman (as defined in Section II (7)(a) above), and accordingly does not meet a Hyde Amendment exception, and the pregnant woman requests a referral to an abortion provider, HSA staff offering referral assistance may provide the name, address, telephone number, and other relevant information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider. Such HSA staff will not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the requesting patient. Staff may provide language translation assistance for the making of an appointment if the patient is also on the phone with the abortion provider.


## **6. Restriction on Abortions**

HSA's Chief Medical Officer will ensure that the health center and/or sub-awardees/subcontractors comply with this policy:

- a. None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.
- b. None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

c. The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.”



<p><b>SUBJECT:</b> Exceptions to Restriction on Abortions</p> <p><b>SERIES: 600</b> Medical/Legal</p> <p><b>APPROVED BY:</b> Amy Peeler, Chief of Clinic Services</p>	<p><b>POLICY NO.:</b></p> <p><b>640.07</b></p> <p><b>PAGE: 1 OF 2</b></p> <p><b>EFFECTIVE DATE:</b> 5/1/2018</p> <p><b>REVISED:</b> 3/1/2019 12/7/2021</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p><b>Clinics and Ancillary Services</b></p>
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**POLICY STATEMENT:**

To guide the administration of the Health Center Program to ensure that Health Services Agency (HSA) complies with Public Laws 115-31, Title V, § 507 [Exceptions to Restriction on Abortions] and 42 C.F.R. §§ 50.301, et seq. [Abortions and Related Medical Services in Federally Assisted Programs of the Public Health Service].

This Policy establishes exceptions to Restriction on Abortions:

a. The limitations established in the proceeding section shall not apply to an abortion:

- 1) if the pregnancy is the result of an act of rape or incest; or,
- 2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

b. Nothing in the Policy “Restrictions on Abortions” shall be construed as prohibiting the expenditure by the State, locality, entity or private person of State, local or private funds (other than a State’s or locality’s contribution of Medicaid matching funds).

c. Nothing in the Policy “Restrictions on Abortions” shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).

d. None of the Health and Human Services funds may be available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that health care entity does not provide, pay for, provide coverage of, or refer for abortions. The term “health care entity” includes an individual physician, or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

These exemptions also apply to subawards/subcontracts under a Health Resources and Services Administration grant or cooperative agreement.

**REFERENCE:**

Public Law 115-31; Title V [General Provision]; § 507 and 42 C.F.R. §§ 50.301, et seq. [Abortions and Related Medical Services in Federally Assisted Programs of the Public Health Service]



**PROCEDURE:**

HSA's Chief Medical Officer will ensure that the health center and/or sub-awardees/subcontractors comply with this policy.

# FISCAL REPORT

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DR. JULIAN N. WREN, MSW, ED.D.

12-7-21 INTEGRATED COMMUNITY HEALTH CARE COMMISSION MEETING

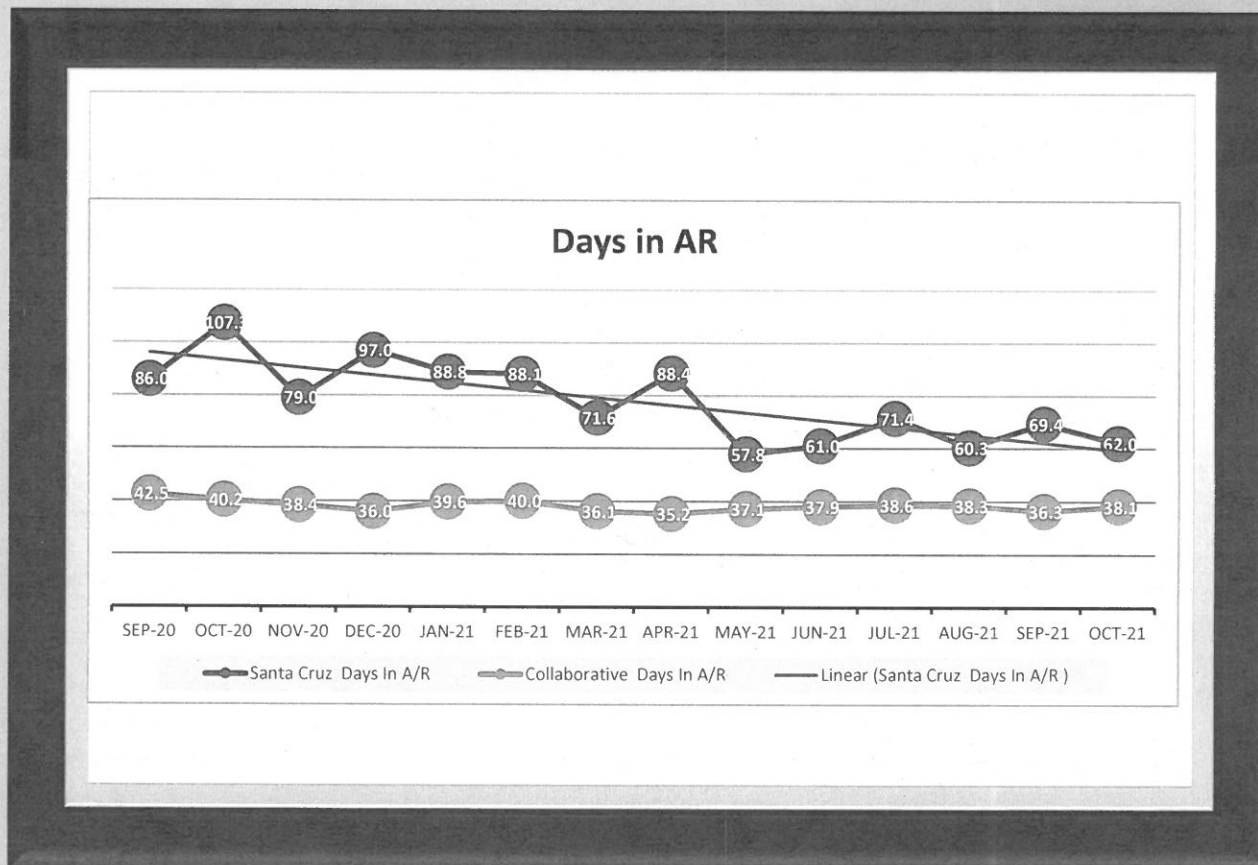
# CLINIC FINANCIALS 10/31/21

Row Labels	Budget	Actual	As of 11/29/30	
Division	CLINIC			
Sub Program	(All)			
GL Key	(Multiple Items)			
<b>REVENUE</b>	<b>(49,316,833)</b>	<b>(9,069,560)</b>	<b>(9,745,190)</b>	<b>Actual Revenue YTD</b>
05-LICENSES, PERMITS AND FRANCHIS	0	1,113	\$10,816,379.56	Expenditures
07-FINES, FORFEITURES & ASSMNTS	0	98	1,071,190	Difference Expenditures vs Revenue
15-INTERGOVERNMENTAL REVENUES	(6,459,085)	(134,391)	1,243,185	Budgeted NCC
40935-FED-MAA/TCM MEDI-CAL ADMIN ACT	(253,750)	0	2,314,375	NCC Current
40954-FED-EMERGENCY SHELTER GRANT	(933,335)	0		
40980-FED-AIDS C.A.R.E. ACT	(441,000)	0		
40996-FED-HEALTH PROGRAMS	(3,520,633)	(60,374)		
41095-FED-MISC GRANTS	(76,139)	0		
41096-FED-OTHER	(809,500)	0		
41106-FED-HUD	(22,708)	(74,017)		
41149-FED-ARP FUNDING	0	0		
19-CHARGES FOR SERVICES	(62,046,739)	(8,933,046)		
23-MISC. REVENUES	(811,809)	(3,334)		
<b>EXPENDITURE</b>	<b>48,073,648</b>	<b>10,816,380</b>		
50-SALARIES AND EMPLOYEE BENEF	27,397,016	7,748,159		
60-SERVICES AND SUPPLIES	7,668,703	1,154,612		
70-OTHER CHARGES	3,367,280	46		
80-FIXED ASSETS	196,211	29,750		
95-INTRAFUND TRANSFERS	9,444,438	1,883,813		
<b>Grand Total</b>	<b>(1,243,185)</b>	<b>1,746,819</b>		



**DAYS IN ACCOUNTS RECEIVABLE**

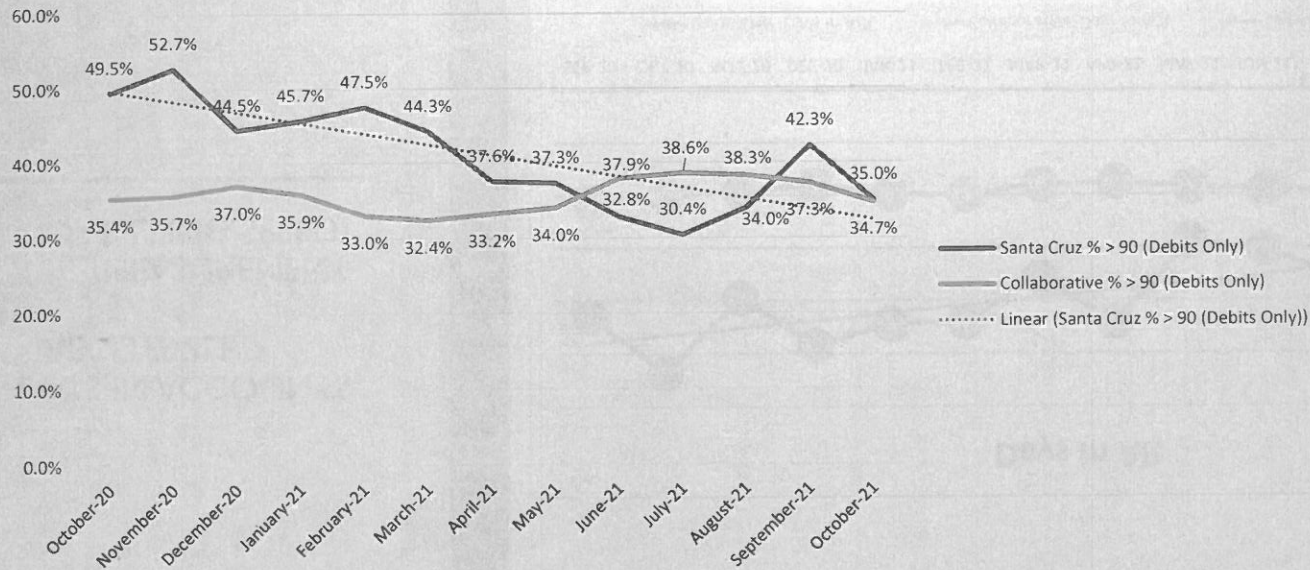
**(MEASUREMENT OF BILLING SPEED)**



October 2021 Revenue Cycle Score Card

# PERCENTAGE > 90 DAYS: (AGE OF CLAIMS)

Percentage of Charges over 90 days Old

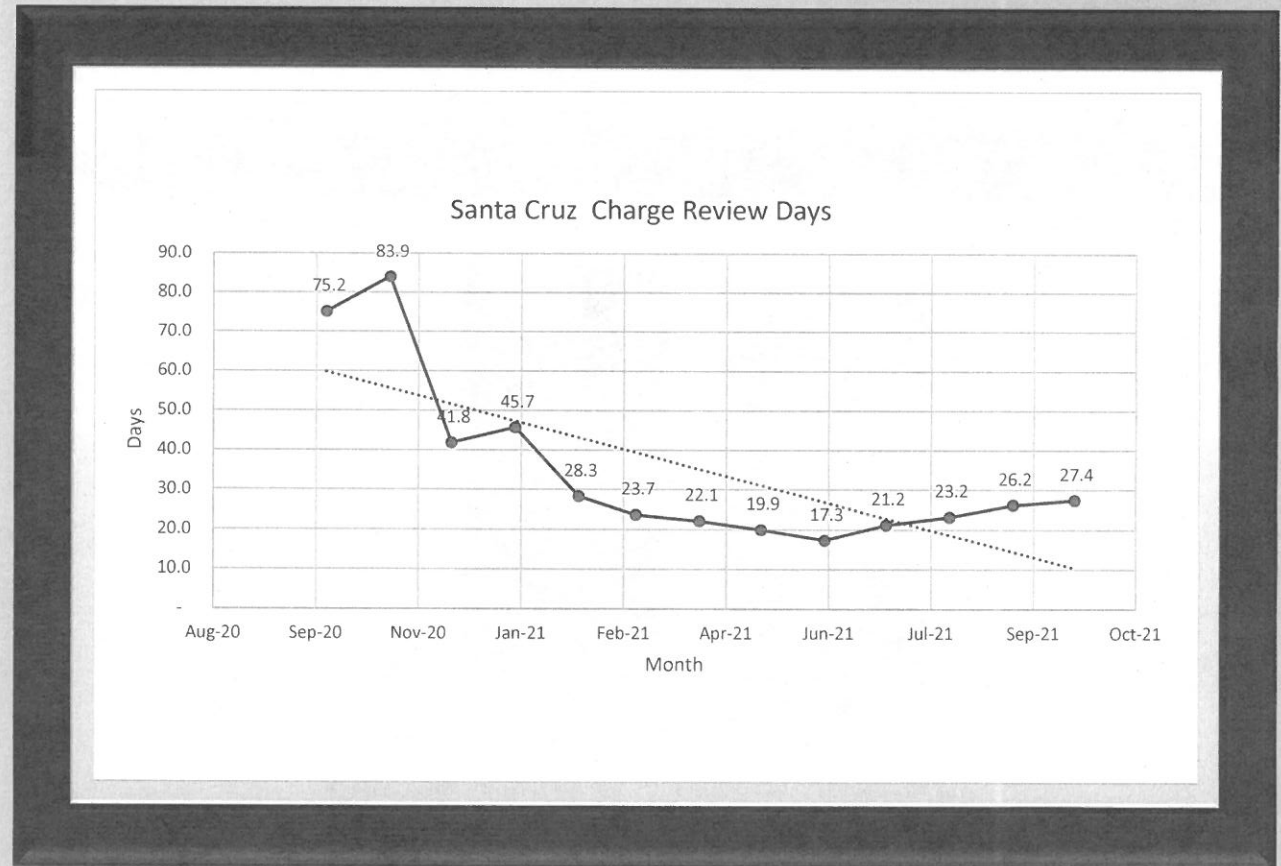


October 2021 Revenue Cycle Score Card



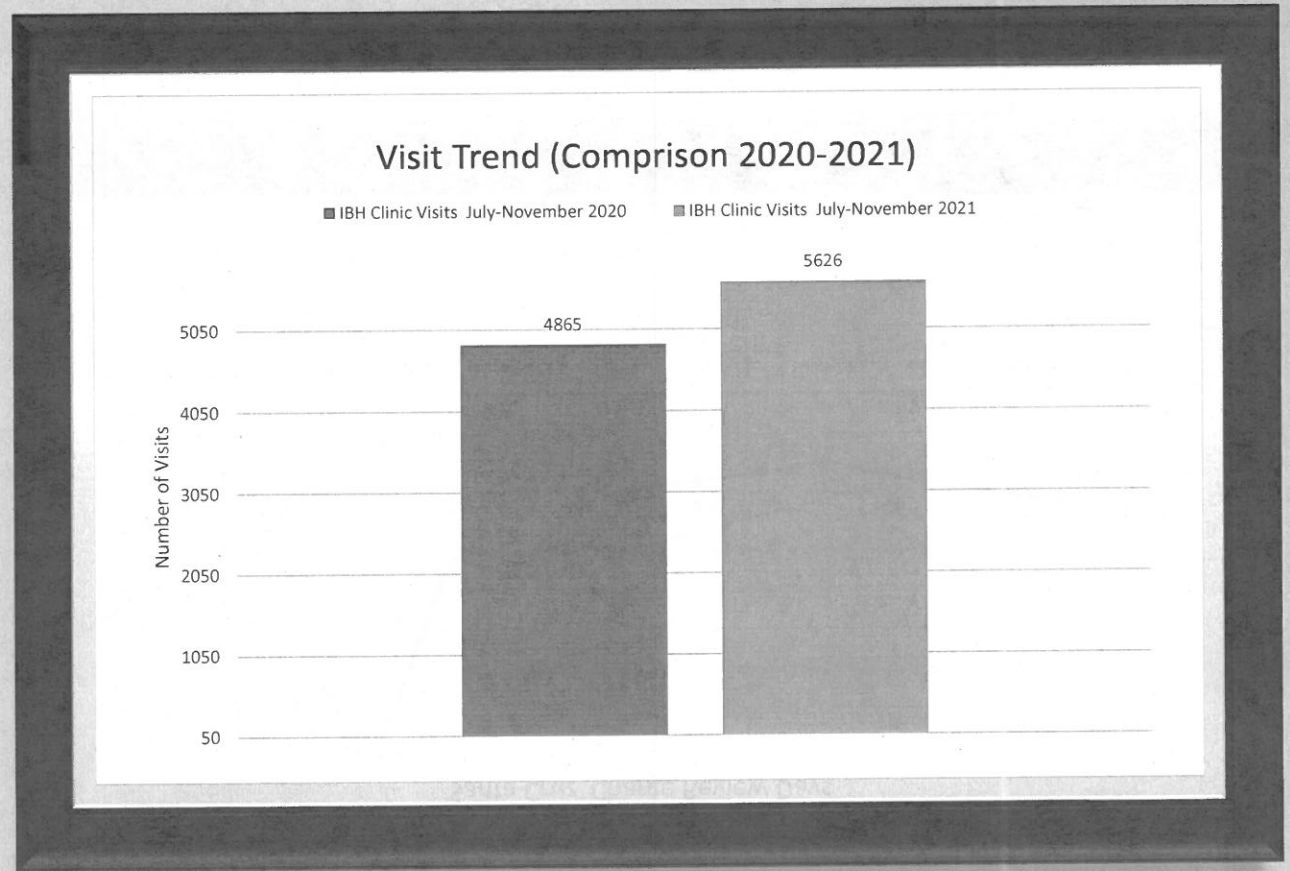
**CHARGE REVIEW DAYS:  
(MEASUREMENT OF  
BILLING REVIEW INITIAL  
REVIEW OF CLAIMS)**

**OCT 2021 REVENUE CYCLE  
SCORE CARD**



# IBH VISITS

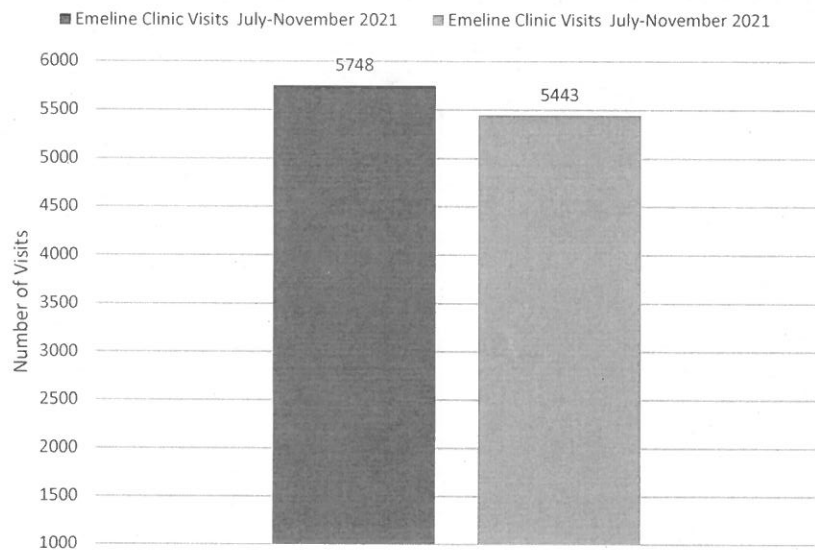
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# EMELINE VISITS

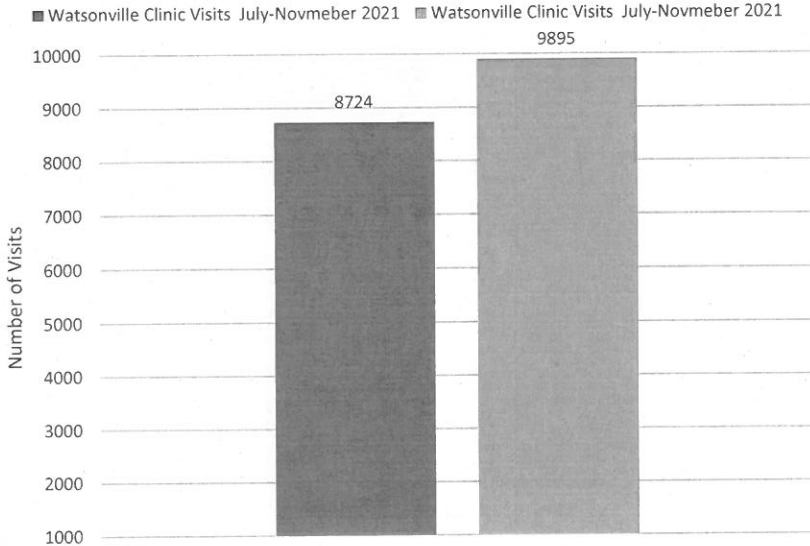
### Visit Trend (Comprison 2020-2021)



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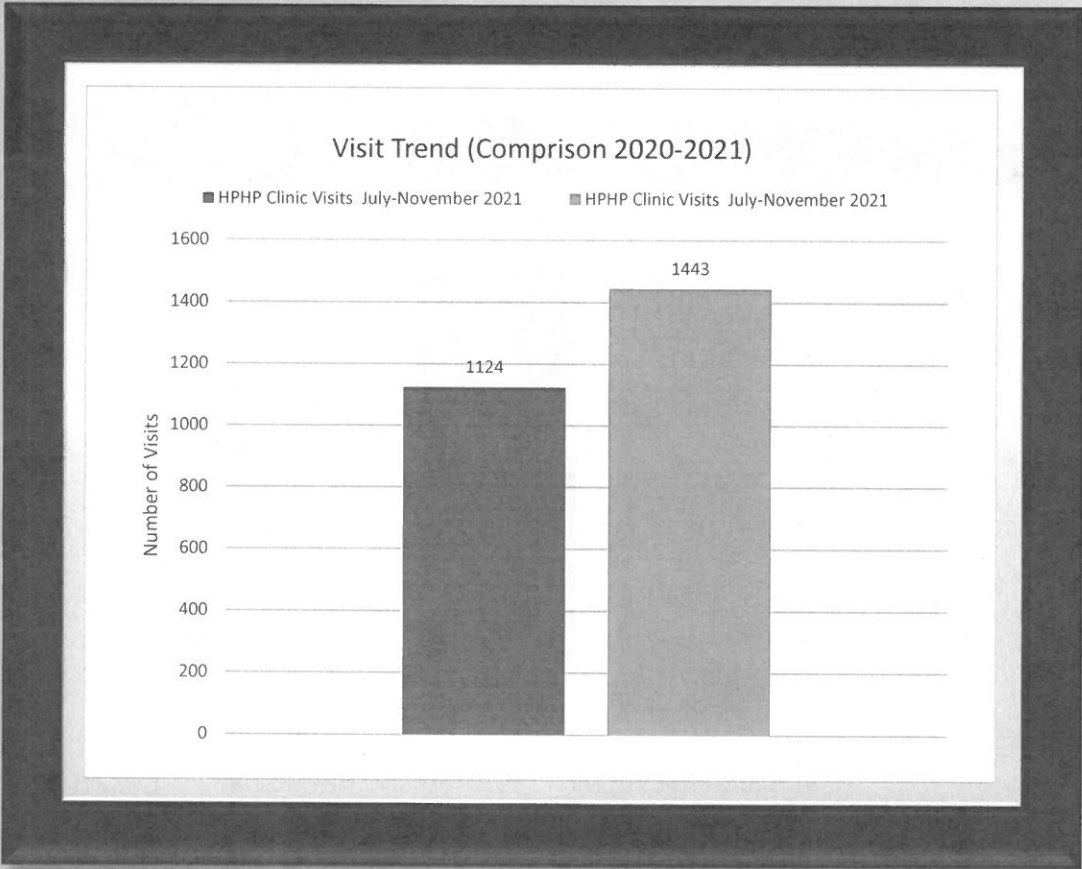
# WATSONVILLE VISITS

Visit Trend (Comprison 2020-2021)



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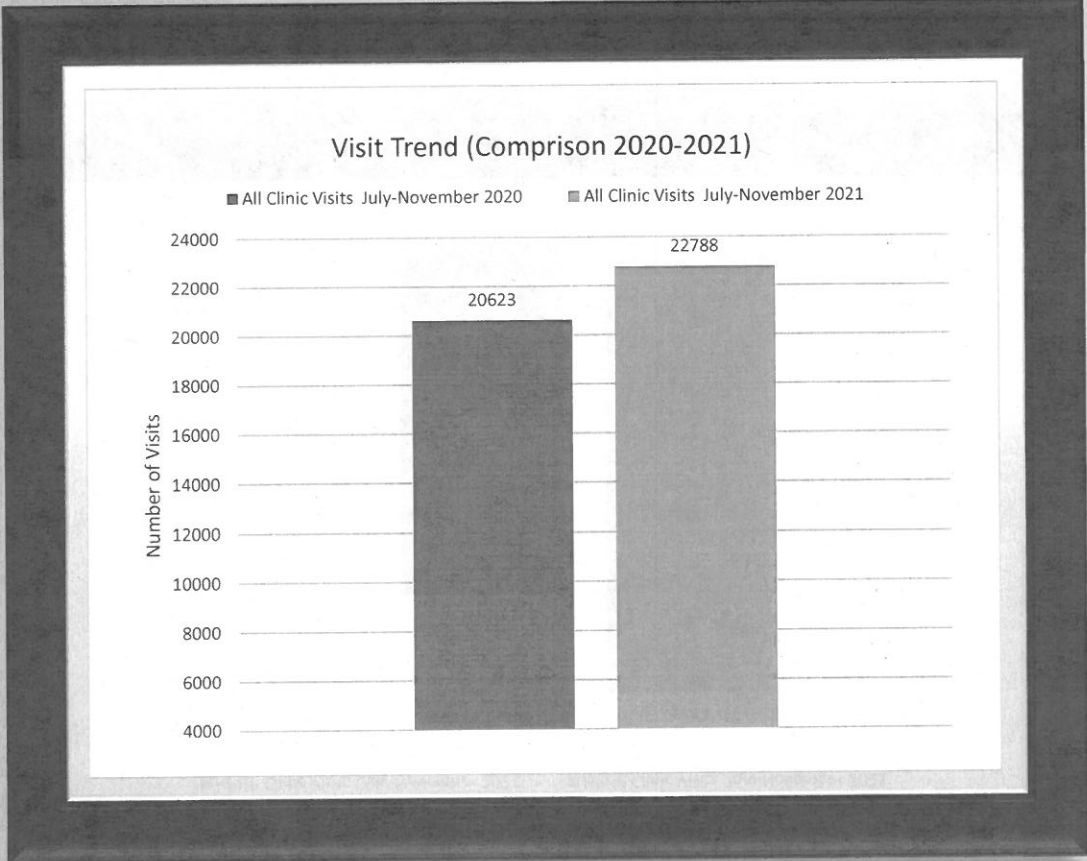
# HPHP VISITS





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# ALL CLINIC VISITS



QUESTIONS  
OR  
COMMENTS?

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# Quality Management Report

December 2021



## Quality Management Committee

- ▶ Patient Centered Medical Home (PCMH)
  - ▶ Quality Improvement Reporting Document
- ▶ Reviewed Quality Improvement Data for patients with HIV/AIDS
- ▶ Quality Improvement Reports for Clinical Team
- ▶ Clinic Operational Plan Training 12/7/2021
  - ▶ Progress tracking on a Program Management Tool- Trello

# Program Management Software

The screenshot displays a software interface for program management. At the top, there is a navigation bar with the following elements: a 'Board' dropdown menu, the title 'Operational Excellence' with a star icon, the user's name 'Raquel Ramirez Ruiz's Workspace', a 'Workspace visible' status indicator, a profile picture, 'Invite' and 'Join board' buttons, and an 'Automation' icon.

The main content area is a grid of strategy and objective cards. Each card includes a title, a progress bar, a description, a due date, and a completion status.

- Strategy 2.1.1:** We will involve all primary care teams in clinical improvement project including panel management approaches to improve patient care and staff satisfaction. Objective 2.1.1.1: By June 30, 2023, build capacity with existing staff to work on quality improvement projects. (Jun 30, 2023, 0/4)
- Strategy 2.1.2:** We will improve standardization of clinical practices. Objective 2.1.2.1: By June 30, 2023, we will create and revise workflows and policies every three years and train staff on these policies. (Jun 30, 2023, 0/4). Objective 2.1.2.2: By June 30, 2023, we will use Electronic Health Records (EHR) to continuously improve and monitor clinical care. (Jun 30, 2023, 0/4)
- Strategy 2.2.1:** We will use key financial metrics and staff input to inform operational decisions. Objective 2.2.1.1: By June 30, 2022, Clinic Services Division will develop a financial and operational metric dashboard accessible to all clinic staff. (Jun 30, 2023, 0/4). Objective 2.2.1.2: By June 30, 2023, build awareness and train staff using existing OCHIN training resources on metric dashboard. (Jun 30, 2023, 0/4)
- Strategy 2.2.2:** Strategy 2.2.2: We will develop policy and systems changes to increase revenue. Objective 2.2.2.1: By June 30, 2023, develop a plan to implement electronic payment feature utilizing My Chart. (Jun 30, 2023, 0/4). Objective 2.2.2.2: By June 30, 2023, conduct pilot to test telehealth technology to reduce missed opportunities. (Jun 30, 2023, 0/3)
- Strategy 2.3.1:** We will ensure our facilities are equitably staffed and equipped to meet the needs of our community. Objective 2.3.1.2: By September 30, 2021, the Homeless Persons Health Project (HPPH) will finish an interim expansion plan and evaluate options to expand and get approval. (Jun 30, 2023, 0/4). Objective 2.3.1.2: By September 30, 2021, the Homeless Persons Health Project (HPPH) will finish an interim expansion plan and evaluate options to expand and get approval. (Sep 30, 0/4)

Each card has a '+ Add a card' button at the bottom right.



**Objective 2.1.1.1: By June 30, 2023, build capacity with existing staff to work on quality improvement projects.**

in list [Strategy 2.1.1: We will involve all primary care teams in clinical improvement project including panel management approaches to improve patient care and staff satisfaction.](#)

**LABELS** + **DUE DATE** Jun 30, 2023 at 5:00 PM ▼ **ADD TO CARD**

- Quality Management Committee
- Members
- Labels
- Checklist
- Dates
- Attachment
- Location
- Cover
- Custom Fields

**Description** Edit

GOAL 2.1 CONTINUOUS PROCESS IMPROVEMENT: Strengthen systems through continuous process improvements.

Target:

- Quality Improvement Teams are in place.
- Data Board is developed.
- Virtual vs Physical location are established.
- Focus Groups are conducted with teamlets.

**Key Steps** Delete

0%

**Assign people and dates to checklist items with Advanced Checklists.** ✕

Plus, see all your assigned items and tasks in [your items](#).  
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- Create QI Teams (clinicians, MA, RN) and increase available staff time to work on improvement projects.
- Build capacity with existing staff to work on quality improvement projects.
- Make time in staff schedules to be involved in patient improvement projects.
- Explore the feasibility of hiring panel manager, health educators and case management staff to improve productivity, clinical care and access to care.

[Add an item](#)

**POWER-UPS**

- + Add Power-Ups

**AUTOMATION** ⓘ

- + Add button

**ACTIONS**

- Move
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- 👁 Watch
- 📁 Archive
- ↔ Share

**Activity** Show details

RR





## Peer Review and Risk Management Committee

- ▶ Reviewed 19 chart with the Death Certificate data.
  - ▶ All charts reviewed provided appropriate care.
  - ▶ Reach out to Behavioral Health to make sure ECG are ordered or requested from the Primary Care Provider for patients that are prescribed psychiatric medication that could impact heart function.
    - ▶ Integrated Behavioral Health will connect with Chief of Psychiatry to write up a protocol.