

The County of Santa Cruz Integrated Community Health Center Commission

AGENDA

May 11th, 2017 @ 12:00 pm

Meeting Location: 1080 Emeline Avenue, DOC Conference Room (Second Floor), 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. Review and Accept April 13th, 2017 Meeting Minutes
4. Policies and Procedure – Recommend for Approval

Policy #: Policy Name:

210.01	Medical Assistant Supervision by Registered Nurse
300.09	Medication Refills
300.13	Language Interpreters
410.08	Conducting Rapid Tests
430.01	Radiology Department - Order for Patient Radiology Procedure
430.03	Radiology Department - Retention and Organization of Films
430.09	Radiology Department - Document Retention

5. Budget/Financial Update
6. CEO Update
7. Quality Management Committee Update
 - a. Quality Management Plan – Recommend for Approval
8. Floor plan of new MH site in Watsonville – For information only

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
<i>Action Item 1: Invite Santa Cruz Aids Project (SCAP) to a presentation</i>	Amy Peeler		

Next meeting: June 8th 12:00 pm-2:30 pm
115-A Coral Street, Conference Room (Second Floor), Santa Cruz, CA

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Jessica McElveny


Minutes of the meeting held *April 13th, 2017*

1. Attendance			
	Rahn Garcia	Vice-Chair	
	Christina Berberich	Member	
	Pam Hammond	Member	
	Kristin Meyer	Member	
	Dinah Phillips	Member	
	Amy Peeler	County of Santa Cruz, Health Services, CEO of Clinics	
	Giang Nguyen	County of Santa Cruz, Health Services, Director	
	Michael Beaton	County of Santa Cruz, Health Services, Director of Admin Services	
	Arnold Leff, MD	County of Santa Cruz, Health Services, Health Officer	
	Raquel Ramirez Ruiz	County of Santa Cruz, Health Services, Sr. Health Services Manager	
	Nikki Yates	County of Santa Cruz, Health Services, Accountant III	
	Jessica McElveny	County of Santa Cruz, Health Services, Admin Aide	
Meeting Commenced at 12:49 pm and concluded at 2:40 pm			
2. Excused/Absent			
	Excused: Rama Khalsa and Nicole Pfeil Absent: Fernando Alcantar and Gustavo Mendoza		
3. Oral Communications			
4. Review of March 9 th , 2017 minutes			
	Rahn Garcia requested to amend the minutes to reflect that he excused himself at 1:25pm. Kristina Meyer motioned for the acceptance of the minutes pending the amendment, the motion was seconded by Pam Hammond. The rest of the member present were in favour.		
5. Community Health Center Presentation – Tour of Watsonville Health Center			
	Walter Espinoza, Health Center Manager, lead a tour of the Watsonville Health Center. The tour was attended by Rahn Garcia, Christina Berberich, Pam Hammond, Dinah Philips and Amy Peeler.		
6. Policies and Procedure – Vote			
	Kristin Meyer motioned for the acceptance of eleven policies and procedures, the motion was seconded by Dinah Philips. The rest of the member present were in favour. Kristin Meyer requested three policies be brought back to the commission for approval after requested clarification and changes are made.		
	Policy #:	Policy Name:	Approved:
1	200.02	Job Descriptions: Physician/Mid-Level Practitioner	Yes
2	410.02	Lab Specimen Labeling	Yes
3	410.03	Point of Care Testing: Sample Identification, Back Office Test Ordering and Resulting in EPIC	Yes
4	410.04	Lab Director’s Delegated Responsibilities	Yes
5	410.05	Urinalysis (81002), Back Office Urine Dip with Siemens CliniTek Status Analyzer	Yes
6	410.06	Lab Specimen Recollection	Yes
7	430.01	Order for Patient Radiology Procedure	No
8	430.03	Retention and Organization of Films	No
9	430.05	Daily Duties	Yes
10	430.07	Orthopedic	Yes
11	430.09	Documentation	No
12	430.10	Workflow for EPIC x-ray orders	Yes

13	430.11	STAT Readings	Yes
14	430.12	TB Chest Radiology Exams	Yes
7. Grant Applications - Approval			
Amy Peeler requested approval to submit an application for the Substance Abuse and Mental Health Services Administration Grant for the Benefit of Homeless Individuals. Kristen Meyer motioned to approve, the motion was seconded by Dinah Philips. The rest of the member present were in favour.			
8. Privileging Renewal List - Approval			
Raquel Ramirez Ruiz requested the commission approve clinician privileging. Christina Berberich motioned to approve clinician privileging, the motion was seconded by Dinah Philips. The rest of the member present were in favour.			
9. Calendar of Duties			
Amy Peeler reviewed the commission calendar of duties and purpose of the calendar.			
10. Budget/Financial Update			
Michael Beaton gave a presentation on the financials for all the clinics ending March 31 st , 2017.			
11. CEO Update			
Amy Peeler reported on the street parking at the Homeless Person's Health Project and that the Santa Cruz City Manager confirmed that any ticket staff and patients receive will be waived. Amy Peeler also reported that the Homeless Service Center is reclaiming the administrative space that was leased to the Homeless Person's Health Project effective June 30 th and the Health Services Agency has submitted an application for the Whole Person Care grant. Amy Peeler also reported that that the Board of Supervisors approved the appointment of Len Finnochio to the Commission and he will attend the May meeting.			
12. Quality Management Committee Update			
Raquel Ramirez Ruiz reported that at the last Quality Management Meeting in March, Dr. Violich and Sharon Polak provided an overview of Acuere, the reporting portal developed by the clinics Electronic Health Record vendor. The data is pulled from the clinics Electronic Health Records and is available to guide work on population health.			
Action Item 1: Dinah Philips requested that the Commission agenda include more detail.			

Next Meeting: *May 11th at 12:30 pm at 1080 Emeline Ave Building D (Second Floor), Santa Cruz, CA*

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

<p>SUBJECT: Medical Assistant Supervision by Registered Nurse</p> <p>SERIES: 100 Administration</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.:</p> <p style="text-align: center;">210.01</p> <p>PAGE: 1 OF 6</p> <p>EFFECTIVE DATE: July 2001</p> <p>REVISED: November 2003 May 2017</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ</p> <hr/> <p>HEALTH SERVICES AGENCY</p> <p>Clinics and Ancillary Services</p> </div>
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GENERAL STATEMENT:

A Medical Assistant (MA) is an unlicensed person who provides administrative, clerical and technical support in medical offices or clinics. The practice of medical assistants is under the authority of the Medical Board of California. Specific guidelines allow a registered nurse to clinically supervise the medical assistant.

POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Service Agency to provide medical assistant supervision by a registered nurse in compliance with the California Board of Registered Nursing and Medical Board of California guidelines.

PROCEDURE:

Pre-Visit – one to three days prior to scheduled office visit

- Review patients scheduled within the next few days.
- Obtain records or notes for any emergency department (ED) visits, discharge summaries for inpatient admissions, or referral notes for specialist visits through available sources.
- Check outstanding test orders and add results to Epic, if available.
- In appointment notes, add any required forms for front desk to give to patient.
- Identify/flag patients that frequently no-show.
- At the direction of the provider, MA will contact complex patients before visit to screen for specialist visits, ED visits, inpatient admission, tests; medication reconciliation; visit agenda/patient concerns, etc.; reminders for patient – bring meds in a bag, write down questions for your clinician, etc.
- Complete pre-visit chart scrub for patients on tomorrow’s schedule according to established protocols (e.g., identify all preventive and chronic care that is due, open test and referral orders, etc.).
- All communication with patients must be documented in Epic.

SUBJECT:
Medical Assistant
Supervision by Registered
Nurse

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Day of Visit

- Complete or update chart scrubs, if not completed the day prior (best practice) and prepare for huddle with clinician/care team.
- Obtain and document vital signs in Epic: height, weight, heart rate, blood pressure, temperature, O² saturation, pain level, last menstrual period, head circumference (pediatrics).
- Complete fields in Epic rooming tab as defined by clinic work flow.
- Check outstanding orders for tests and referrals and resolve per clinician direction.
- Identify all preventive and chronic care gaps based on patients' problem lists and evidence-based guidelines.
- Utilizing standard or standing orders – administer order or schedule whatever is necessary to close identified gaps in care.
- Ensure all rooms are fully stocked as per inventory list.
- Prepare rooms with all required equipment based on type of visit (e.g., cervical cancer screening, skin biopsy or cryotherapy, IUD placement, well-child, etc.).

Sample table

Visit Type/Reason for Visit	Standard Equipment
Cervical cancer screening	Gown, drape, specula, lube, Thin prep bottle, cytobrush, etc.
Skin biopsy	1% lidocaine, syringe, needle (be specific), biopsy "packet"

- Identify and complete all preparation that can be done in advance for acute care visits (prior to clinician portion of the visit) based on standing orders and/or protocols (e.g., rapid strep, urinalysis, pregnancy test).
- Enter chief complaint.
- Perform all tests and procedures as ordered by clinician (once trained and proficiency documented): electrocardiogram, visual acuity, pulmonary function, rapid strep, peak flow, hearing, pregnancy, urinalysis, point of care tests (blood glucose, H. pylori, INR, etc.), immunizations, injections (e.g., Depo Provera, B12, etc.), diabetic foot exams, PHQ9, suture removal, dressing application/change, etc.
- Schedule tests, referral appointments, and follow-up visits before patient leaves, when feasible.
- Provide self-management support as specified by clinic protocols (e.g., review of care plan, weight management/fitness, diabetes care, etc.).

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- Provide patient education materials and advanced directive if needed and enter billing code in EPIC as specified in clinic protocols (e.g., colorectal cancer screening recommendations and options, wound care, etc.).
- Dispense and track fecal occult blood test (FOBT) for colorectal cancer (CRC) screening.
- All communication with patients must be documented in Epic.


After the Visit

- Call with test and referral appointments not made during office visit (e.g., patient had to leave, unable to reach lab or specialist at time of visit).
- Confirm that test and referral appointments are kept.
- Notify patients of test results per provider instructions.
- Address patient questions or concerns when within scope or re-direct to appropriate care team member.
- All communication with patients must be documented in Epic.

Medical Assistant Practice Guidelines

Medical Assistants may not make any clinical assessment of a patient’s condition, presentation or complaint, even if asked to do so by a patient or clinician. Medical Assistants may not interpret for patients or clinicians, in any manner, any test result or other clinical finding. Medical Assistants must be formally trained and demonstrate competency to perform any clinical tasks assigned to them. A physician must be present on site when Medical Assistants conduct any clinical function.

MA	Task/Procedure
Y	Auditory Screening
Y	Clinical Patient Data Collection: e.g., height, weight, TPR, BP, allergies, chief complaint, medications: including medication reconciliation within established workflow, previous conditions, family history, etc. (can also see Role Delineation and Message Management Section under Message).
Y	Crash Cart: Check and order supplies and test defibrillator.
Y	Depression Screening Test: <i>MAs may not score exam.</i>
Y	Ear Irrigation: <i>Requires pre and post assessment by RN or clinician.</i>
Y	EEGs and EKGs
Y	Visual Acuity
N	Fetal Monitoring and Non-Stress Test: <i>Assessment of results and triage may only be performed by an RN.</i>
Y	Hot and Cold Applications: <i>Per order of RN or clinician.</i>

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Y	Laboratory Tests: Perform and document simple “Point of Service” and quality control tests, e.g., blood glucose, urine chemistry test strips, pregnancy tests, rapid streps, etc.
N	Medication Samples: May not hand out medication samples to patients, even if the packaging has been prepared and verified by a clinician.
Y	Monofilament Test
N	Nails Cut: For patients with known peripheral vascular disease and diabetes.
Y	Orthopedic Appliances: Apply knee immobilizers, envelope slings, orthotics, and other similar devices except casts and splints. Select/adjust/instruct crutch use. Obtain impressions for orthotics, padding, and custom molded shoes. <i>MAs use pre-printed, approved material.</i>
N	Orthopedic Appliances: Unna Boot and Orthoglass splint with ace bandage.
Y	Orthopedic Appliance Removal: Casts, splints, or other external devices.
Y	Oxygen: <i>Physician order required.</i>
Y	Peak Flow Spirometry
Y	TB Skin Test: Administer and measure results. <i>MAs may measure results, but not interpret results.</i>
Y	Specimen: Collect by non-invasive techniques, and preserve specimens for testing, including urine, sputum, semen, anterior nares swab, throat cultures, wound culture, finger-stick blood glucose and stool. <i>For MAs throat culture requires training and RN/provider assessment.</i>
MA Dressings, Wound Care, and Assisting with Minor and Major Surgery	
Y	Dressings, Bandages: Apply or remove
Y	Examinations and Procedures: Prepare patients, position, drape
Y	Procedure Assist: Colposcopy, hysteroscopy, LEEP, etc. <i>MAs Only non-invasive specimen collection</i>
Y	Surgery: Minor assist and prepare sterile field, shave, prep site (skin antiseptis), position and drape patient. Excludes cutting, clamping, suturing, incising or dissecting tissue.
Y	Suture and Staples Removal: <i>MAs must have wound assessed by RN/provider prior to removal and use written post-removal care instructions.</i>
Y	Wounds, Clean with Ordered Solution(s)
N	Wounds, Invasive, Sterile Packing: Debridement, including wet to dry dressing application and removal.

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MA	Medication Administration Every medication dose must be verified by a licensed staff member prior to administration, with the exception of prefilled single-dose vaccine syringes (see below).
N	Mixing of medications in a syringe
Y	Reconstituting Medication
Y	All Routes: Except intravenous
N	Anesthetic Agents: Topical anesthesia and inject lidocaine for local anesthesia only. Inter-digit nerve blocks may only be performed per RN standardized procedure.
N	High Risk Medications: May only be given by a licensed individual as permitted within their scope of practice, foundation policy or guidelines and subject to independent verification prior to administration.
Y	Inhalation: MAs may administer medication by inhalation if the medications are patient-specific and have been or will be routinely and repetitively administered to that patient.
N	Intravenous Medications
N	Medication Ordering: <i>Verbal order, including prescriptions. MAs may pend order in Epic, but may not administer until signed.</i>
Y	Medication Review: <i>Note in Epic which meds the patient is taking and which they have discontinued.</i>
N	Prescription: Call in new and refills with changes made.
Y	Prescription: Call in refills without any changes.
Y	Vaccinations Administration: In single-dose prefilled syringes when all syringes contain the same vaccine.
MA	IV Therapy and Blood Withdrawal/Laboratory Tests
Y	Laboratory Order: Scribe order and send (pend) to clinician for signature.
N	Laboratory Order: Independently order lab tests outlined in a standardized procedure. <i>MAs may only pend orders for clinician signature.</i>
MA	Role Delineation and Message Management All messages will be documented in the electronic health record using standard workflows. (can also see Task/Procedure under Clinical Patient Data Collection for Details)
N	Assess/Identify Learning Needs: Develop an education plan.
N	Care Management: Systematically manage a defined population via multi-disciplinary plan. <i>Standardized procedure required to initiate and provide care.</i>
Y	Group Appointment Administrative Tasks: e.g., greeting, hand-out/collection of release forms, etc.

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N	Group Appointment Co-Facilitation
Y	Message: Call or “secure message” patient to transmit information. Will document all in the electronic health record using standard workflows. (can also see Task/ Procedure under Clinical Patient Data Collection for details)
N	Nursing Advice
Y	Patient Education: Distribute preapproved, preprinted educational material.
N	Perform Patient Assessment: Independent clinical judgment, develop nursing diagnosis and plan of care; develop/initiate/coordinate nursing and multidisciplinary care plan based on assessment.
Y	Standing and Future Orders: <i>MAs may follow if no assessment required for routine procedures within these standard practice guidelines.</i>
N	Take Verbal Orders
N	Use the title “Nurse”

This list is an operational guide and is not inclusive of all tasks and procedures. The supervising physician authorizes the MA to perform services and the physician is responsible for the patient's treatment and care. MAs, LVNs or RNs with questions regarding a specific task or procedure should discuss them with their managers. Managers may refer questions to the Chief of Clinic Services

<p>SUBJECT: Medication Refills</p> <p>SERIES: 300 Patient Care and Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.09</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: July 2001</p> <p>REVISED: March 2017 May 2017</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p> </div>
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GENERAL STATEMENT:

It may be necessary for a patient to refill a pharmacy prescription prior to the next clinic appointment.

POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency to assist in pharmacy prescription refills when needed to assure continuity of care.

PROCEDURE:

A. Specific Medication Refills Requiring a General Medical Clinic Visit With the Provider:

1. Pain Medication:

- a. Narcotics are rarely refilled before the provider has evaluated the patient in person.
- b. Narcotics that have been lost or stolen are of particular concern. Patients should be scheduled for a provider visit.
- c. Provider to review the Controlled Substance Utilization Review and Evaluation System (CURES) if appropriate.
- d. Patients new to clinic – needing refills on current chronic medication, schedule for provider visit.

B. Medication Refill Procedure

1. All refills may require up to 72 business-hours to be processed.
2. Refill determinations are made by licensed medical providers only.

SUBJECT:
Medication Refills


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300.09

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3. The chart is reviewed by the provider or designated clinic staff including:
 - a. Medication requested.
 - b. Determine if there an Rx in chart for that medication.
 - c. Determine if the time interval is appropriate time interval.
 - d. Determine if a Treatment Authorization Request (TAR) is required.
 - e. Determine when patient was last seen in clinic. If more than one year, schedule a provider visit.
 - f. Determine if appropriate labs have been completed.
 - g. The request is submitted to the provider via Epic.
4. If the requested refill is not ordered, the provider or medical staff notifies the patient or pharmacy.

<p>SUBJECT: Language Interpreters</p> <p>SERIES: 300 Patient Care & Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.13</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: July 2001</p> <p>REVISED: November 2003 April 2013 May 2017</p>	<div style="text-align: center;">  </div> <hr/> <p style="text-align: center;">COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <p style="text-align: center;">Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

Interpretation services may be required to allow for patient care provision, patient education, or consent for treatment.

POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency (HSA) to provide assistance in interpretation for county residents visiting the health clinics. Utilizing a patient family member as interpreter should be avoided whenever possible. HSA utilizes the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) which are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for individuals as well as health and health care organizations to implement culturally and linguistically appropriate services.

PROCEDURE:

A. Advance Notice of Need for Interpretation Services:

1. Assessment for the need of translation services is done at the time the appointment is scheduled.
2. Verification of Language needs will be written on the problem list in Epic.

B. Available Translator Services:


1. Certified bilingual support staff are available in Clinic Services.
2. Healthcare trained video interpretation.

SUBJECT:

Language Interpreters

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3. Central California Alliance for Health (CCAH) translation services are available to CCAH members.
 - a. Provides telephone interpretation services.
 - b. Face-to-face interpretation services require prior authorization 4-5 days prior to appointment required and are only authorized for the following situations: Members who are deaf or hard of hearing, end of life issues, abuse or sexual assault issues or complex procedures or courses of therapy.

<p>SUBJECT: Conducting Rapid Tests</p> <p>SERIES: 400 Standing Orders</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 410.08</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: May 2017</p> <p>REVISED:</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency (HSA) to provide rapid testing for, but not limited to, Hepatitis C and HIV by standing physician's order.

POLICY STATEMENT:

The County of Santa Cruz Health Services Agency will provide rapid testing procedures for all available rapid tests.

REFERENCES:

California Health and Safety Code Section 120917; Business and Professions Code Section 1206.5; OraQuick Rapid HIV & HCV Testing Procedures & Quality Assurance Plan, Health Services Agency;

Appendix E: HCV Rapid Testing Tracking Log (CDPH).

PROCEDURE:

1. Patients should be appropriately screened using recommended screening tools to identify individuals at increased risk for HCV, HIV, strep throat, or other infections where rapid tests can provide diagnosis.
2. Patients who are identified to be at increased risk for Hepatitis C or HIV will be tested by licensed or trained medical personnel using rapid HCV and HIV test kits.
3. Only licensed or trained personnel can conduct rapid tests for HIV or Hepatitis C. These are medical professionals (MD, RN, NP, PA, medical assistants, pharmacist, etc.) who may administer the test as part of their regular scope of medical practice; staff trained as HIV/HCV test counselors by Office of AIDS (OA) or its agents; or staff who have been trained by a site supervisor who completed OA's HCV Train-the-Trainer program.
4. All back office rapid testing shall be documented and closed in Epic on the same day of service, using the appropriate Epic IUC (order code).

SUBJECT:
Conducting Rapid Tests


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410.08

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5. For instructions on how to perform the test, refer to the specific test procedure for the back office test you are performing.
6. All rapid HCV testing shall be documented in the HCV Rapid Testing Tracking Log provided by the California Department of Public Health, see reference Appendix E: HCV Rapid Testing Tracking Logs.
7. Timeliness and completeness of clinical documentation is the responsibility of the licensed or trained medical personnel providing care.
8. It is the responsibility of the Health Center Manager to maintain accurate accounting of form Appendix E: HCV Rapid Testing Tracking Logs. Logs will be submitted for quarterly progress reports.
9. HSA licensed or trained medical personnel administering HCV rapid test must refer patients who have a reactive antibody test result to follow-up RNA testing and HCV medical care as required by California Health and Safety Code 120917. Same day blood draw for follow-up HCV RNA test is strongly encouraged in sites with the capacity for on-site phlebotomy. See reference OraQuick Rapid HIV & HCV Testing Procedures & Quality Assurance Plan, Health Services Agency for more details regarding clinic flow procedures.

<p>SUBJECT: Radiology Department - Orders for Radiology Exam</p> <p>SERIES: 400 Ancillary Services</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 430.01</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: July 2001</p> <p>REVISED: June 2016 May 2017</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p> </div>
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GENERAL STATEMENT:

An order by an authorized healthcare provider is required to perform any radiographic exam.


POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency (HSA), Radiology Department that a written or verbal order by a county authorized provider is required in order to provide radiologic services to clients of HSA General Medical Clinic, TB Clinic, Ortho Clinic, Homeless Persons's Health Project (HHP), county jail, juvenile hall and other safety-net organizations in the county.

PROCEDURE:

A. Acceptable orders:

1. Electronic order placed by an authorized provider, using the county's electronic health record system.
2. Written order by authorized provider.
3. A verbal order is acceptable but must be promptly followed by a written order by an authorized provider.

<p>SUBJECT: Radiology Department - Retention and Organization of Films and Images</p> <p>SERIES: 400 Ancillary Services</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 430.03</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: July 2001</p> <p>REVISED: June 2016 May 2017</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ</p> <hr/> <p>HEALTH SERVICES AGENCY</p> <p>Clinics and Ancillary Services</p> </div>
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POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency (HSA), Radiology Department to maintain a film library for all conventional diagnostic radiographs and an electronic archival system for all digital radiographs performed at Santa Cruz and Watsonville Health Centers.

PROCEDURE:

A. Conventional (Hard) Films:

1. Are filed according to the terminal digits of the patient's HSA medical record number.
2. Routine films are maintained in the X-Ray offices for seven years from date of last service.
3. Employee films are retained for thirty years.
4. Films may be released to outside physicians or other healthcare personnel when required.

B. Release of Hard Films:

1. Department must document where films are released.
2. Obtain all pertinent information.
3. Log the release of films into patient's Epic Electronic Health Record (EHR).
4. Do not send original film folder, send in X-ray mailer envelope or folder to requesting facility or clinician, place envelope in Outgoing mail by reception. Be sure to enclose information on where the films can be returned to.

SUBJECT:
Retention and Organization
of Films and Images

POLICY NO.:

430.03

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5. If patient picking up report or images place in folder by reception labeled "PATIENT PICKUP", under patient's last name.

C. Digital Images:

1. Routine films are maintained in the X-Ray offices for seven years from date of last service.
2. Employee films are retained for thirty years.
3. Routine backups of servers are requires to maintain images.
4. Uploaded CD images from outside facilities can be maintained with other county digital images, CD can then be destroyed or returned to client.

D. Release of Digital Images:

1. Obtain all pertinent information.
2. Burn CD from Viztek/OpalRad computer [at Emeline] or from the OpalRad Web interface app [at Watsonville].
3. Log the release of CD into patient's Epic EHR as proof disc was sent or created.
4. If mailing, place in appropriate delivery envelope to ensure the safe delivery of disc and place in Outgoing mail by reception.
5. If patient picking up report or images place in folder by reception labeled "PATIENT PICKUP", under patient's last name.

<p>SUBJECT: Radiology Department – Document Retention</p> <p>SERIES: 400 Ancillary Services</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 430.09</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: August 2014</p> <p>REVISED: August 2014 December 2015 June 2016 May 2017</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ</p> <hr/> <p>HEALTH SERVICES AGENCY</p> <p>Clinics and Ancillary Services</p> </div>
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GENERAL STATEMENT:

This policy is in place to outline the required maintenance and organization of departmental documentation, other than exam documentation.

POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency, Radiology Department that proper documentation be maintained and retained using available forms of record keeping, for Santa Cruz and Watsonville Health Centers.

PROCEDURE:

- A. Retention of the following documents must be filed and archived in the appropriate binders listed below for a minimum of 12 months for exam orders and 24 months for equipment service/maintenance:
1. Orders Binder:
 - i. Outside provider orders.
 - ii. Coroner orders.
 2. Equipment/Maintenance Binder:
 - i. Purchase orders.
 - ii. Service/Work/Maintenance orders.

SUBJECT:
Documentation

POLICY NO.:

430.09

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B. Retention of the following documents must be entered into the electronic health record and/or picture archive and communication systems (PACS) as described below and maintained indefinitely:

1. Electronic Health Record system:

- i. Release of Information (ROI).
- ii. Outside provider orders.

2. PACS:

- i. Outside provider orders.
- ii. Coroner orders.

C. Retention and updates of the following documents must be filed and maintained in the appropriate binders listed below, for the prescribed time:

1. Radiation Safety Binder:

- i. Updated state or federal regulations and guidelines (kept until further updates are available).

2. Dosimetry Badge Binder:

- i. Radiation dosimetry reports (maintained for the duration of technologists employment).

D. Outside radiology reports are to be routed to medical records and scanned into the electronic health record system.

E. All invoices, packing slips & maintenance documents should be forwarded via interoffice mail to Santa Cruz Health Center, X-ray department.

**COUNTY OF SANTA CRUZ (HSA)
FY 16/17 CLINIC
CLINIC SERVICES
AS OF 04/30/2017**

EXPENDITURES	<u>Sum of Budget</u>	<u>Sum of Actual</u>	<u>Sum of Estimated Actuals</u>	<u>Variance</u>	<u>Variance %</u>	<u>Notes</u>
CLINIC ADMINISTRATION	5,436,296.00	3,593,755.24	5,451,330.17	15,034.17	0%	
CORAL STREET CLINIC (HPHP)	4,116,199.00	2,568,659.64	3,606,645.26	(509,553.74)	-12%	Result of lower then expected salary expenses. In general, salaries have been trending lower.
EMELINE CLINIC	7,040,887.00	4,976,001.13	6,659,288.50	(381,598.50)	-5%	
FORENSIC SERVICES	98,831.00	96,565.80	102,916.60	4,085.60	4%	
MENTAL HEALTH FQHC	10,961,603.00	4,378,760.70	7,279,096.23	(3,682,506.77)	-34%	Result of lower then expected intra-fund transfers.
WATSONVILLE CLINIC	6,332,655.00	4,482,582.26	6,170,358.55	(162,296.45)	-3%	
WATSONVILLE DENTAL	2,150,000.00	658,977.63	2,024,840.00	(125,160.00)	-6%	
TOTALS	36,136,471.00	20,755,302.40	31,294,475.31	(4,841,995.69)	-13%	

REVENUES	<u>Sum of Budget</u>	<u>Sum of Actual</u>	<u>Sum of Estimated Actuals</u>	<u>Variance</u>	<u>Variance %</u>	<u>Notes</u>
CORAL STREET CLINIC (HPHP)	4,344,154.00	3,085,125.12	4,522,937.00	178,783.00	4%	
EMELINE CLINIC	7,223,564.00	3,325,595.13	5,830,788.02	(1,392,775.98)	-19%	Result of lower then expected outpatient clinic fees per the monthly projection report
MENTAL HEALTH FQHC	12,061,603.00	6,437,217.88	8,378,565.00	(3,683,038.00)	-31%	Result of lower then expected outpatient clinic fees per the monthly projection report
WATSONVILLE CLINIC	7,310,966.00	6,035,429.42	8,005,014.74	694,048.74	9%	
WATSONVILLE DENTAL	2,656,785.00	1,468,682.74	2,024,840.00	(631,945.00)	-24%	Result of lower then expected outpatient clinic fees per the monthly projection report
TOTALS	33,597,072.00	20,352,050.29	28,762,144.76	(4,834,927.24)	-14%	

Grand Total	2,539,399.00	403,252.11	2,532,330.55	(7,068.45)	0%	
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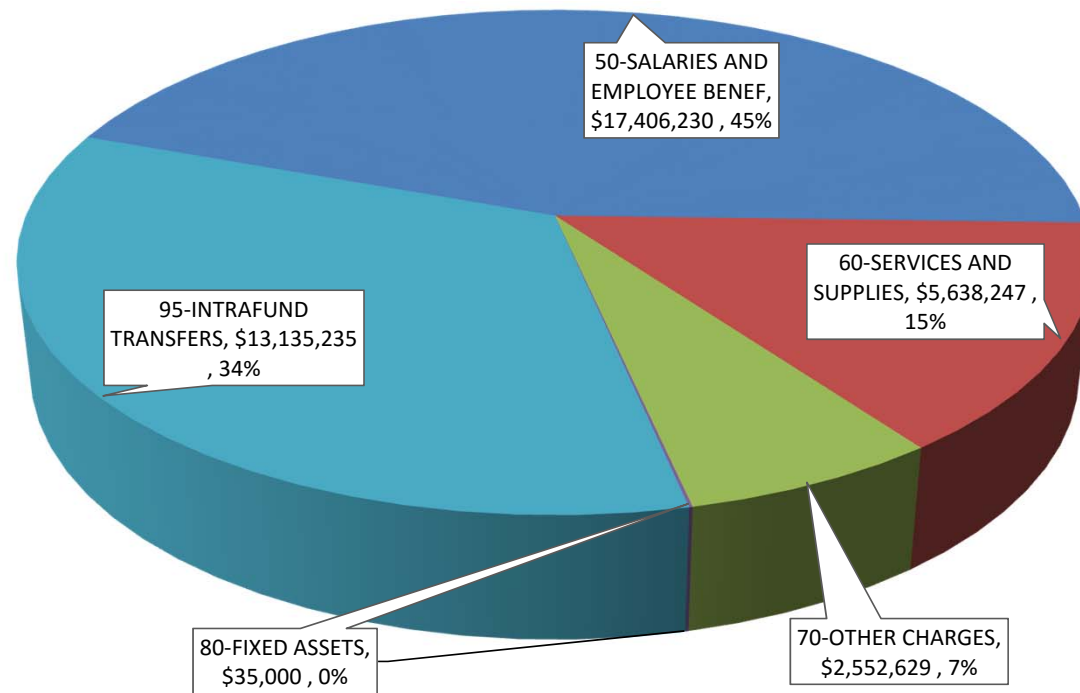


HEALTH SERVICES AGENCY CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET

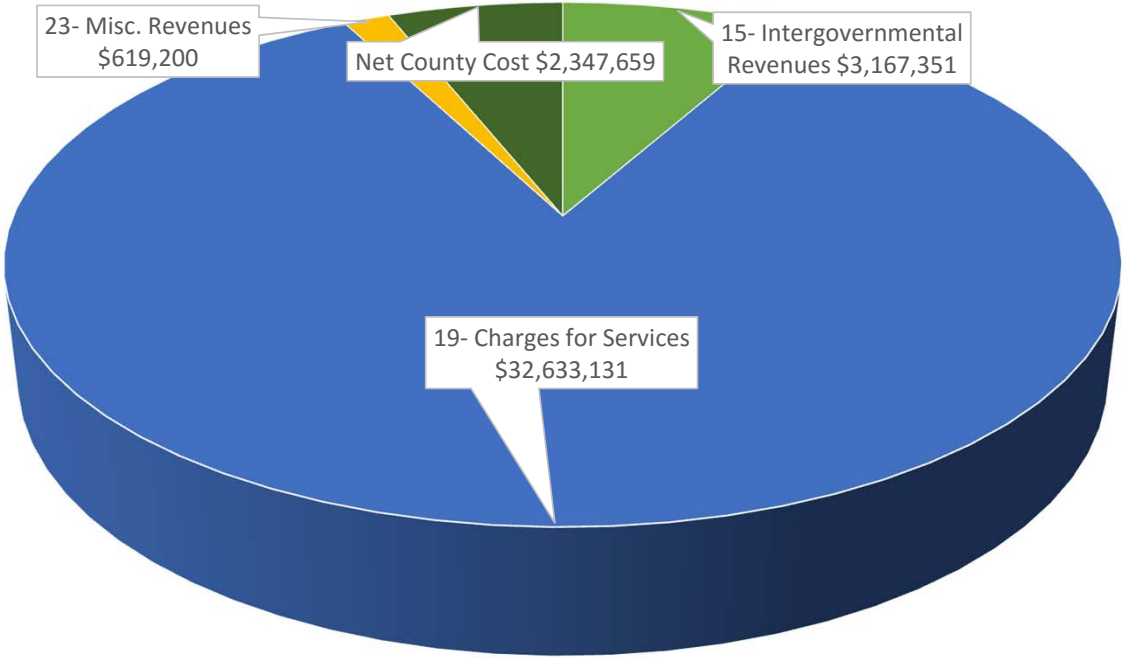
Budget Presentation
for
County of Santa Cruz
Community Health Center Commission

Presented by: Amy Peeler, Chief of Clinic Services

CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET \$38,767,341 EXPENDITURES



CLINIC SERVICES DIVISION
FY 2017-18 RECOMMENDED BUDGET
\$38,767,341 FUNDING SOURCES



CLINIC SERVICES DIVISION

FY 2017-18 RECOMMENDED BUDGET

Three Year Budget Trend

	FY 2015-16 Actual	FY 2015-16 Budgeted (REV)	FY 2016-17 Budgeted	FY 17-18 Recommended
EXPENDITURES	26,287,775	37,470,337	35,797,377	38,767,341
50-SALARIES AND EMPLOYEE BENEF	13,923,407	16,045,500	16,631,061	17,406,230
60-SERVICES AND SUPPLIES	4,485,471	5,631,384	5,806,561	5,638,247
70-OTHER CHARGES	2,430,246	1,713,921	2,570,206	2,552,629
80-FIXED ASSETS	62,325	100,000	40,000	35,000
95-INTRAFUND TRANSFERS	5,386,327	13,979,532	10,749,549	13,135,235
REVENUES	(23,721,405)	(34,680,938)	(33,257,978)	(36,419,682)
15-INTERGOVERNMENTAL REVENUES	(2,969,638)	(2,633,768)	(3,331,506)	(3,167,351)
19-CHARGES FOR SERVICES	(20,209,533)	(31,928,610)	(28,907,912)	(32,633,131)
23-MISC. REVENUES	(542,423)	(118,560)	(1,018,560)	(619,200)
29-OTHER GOVERNMENTAL UNIT REVENU	75			
5-LICENSES, PERMITS AND FRANCHIS	113			
NET COUNTY COST (GENERAL FUND)	2,566,370	2,789,399	2,539,399	2,347,659

CLINIC SERVICES DIVISION

FY 2017-18 RECOMMENDED BUDGET

Salaries and Benefits

EXPENDITURES	FY 2015-16 Actual	FY 2015-16 Budgeted (REV)	FY 2016-17 Budgeted	FY 2017-18 Recommended
50-SALARIES AND EMPLOYEE BENEFITS	13,923,407	16,045,500	16,631,061	17,406,230
51000-REGULAR PAY-PERMANENT	8,514,101	10,267,154	10,556,505	10,872,977
51005-OVERTIME PAY-PERMANENT	286,683	158,500	148,500	274,500
51010-REGULAR PAY-EXTRA HELP	534,187	466,000	625,000	661,000
51040-DIFFERENTIAL PAY	236,595	194,478	243,571	294,819
52010-OASDI-SOCIAL SECURITY	673,515	764,951	789,289	822,101
52015-PERS	1,497,446	1,797,595	1,928,342	2,056,269
53010-EMPLOYEE INSURANCE & BENEFITS	1,954,294	2,167,161	2,071,086	2,135,812
53015-UNEMPLOYMENT INSURANCE	6,189	9,264	11,605	13,694
54010-WORKERS COMPENSATION INSURANCE	217,779	220,397	257,163	275,058
55021-OTHER BENEFITS MISC	2,617			
SALARIES AND EMPLOYEE BENEFITS TOTAL	13,923,407	16,045,500	16,631,061	17,406,230

CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET

Position Title	FTE# 16-17	FTE# 17-18	Add/Delete
ACCOUNTING TECHNICIAN	3.00	3.00	
ADMIN AIDE	2.00	2.00	
ADMIN SERVICES MANAGER	1.00	1.00	
CHF OF CLINIC SVCS	1.00	1.00	
CHF RAD TECHNOLOGIST	1.00	1.00	
CLERICAL SUPVR I	1.00	1.00	
CLERK III	6.00	5.00	-1.00
CLINIC NURSE II/III	10.50	10.00	-0.50
CLINIC PHYSICIAN	11.05	10.55	-0.50
COMMUNITY HLTH WKR II	2.00	2.00	
DEPTL ADMIN ANALYST	0.00	2.00	2.00
DEPTL INFO SYS ANALYST	1.00	1.00	
DETENTION NURSE SPEC I/II	1.35	1.35	
DIR OF LABORATORY SVCS	1.00	1.00	
HEALTH CENTER MANAGERS	3.00	3.00	
LAB ASST/PHLEBOTOMIST	3.60	3.60	
MED CARE SERVICE WKR	2.00	2.00	
MEDICAL ASSISTANT	31.50	32.50	1.00
MEDICAL BILLING TECH	6.00	6.00	
MEDICAL DIRECTORS	2.00	2.00	
MH CLIENT SPECIALIST	1.00	1.00	
MH SUPVG CLIENT SPEC	0.80	0.80	
PHYS ASST/NURSE PRACT	9.10	9.80	0.70
PUBLIC HEALTH NURSE II/III	4.50	4.50	
RAD TECHNOLOGIST	0.60	1.00	0.40
SR ACCOUNTING TECH	1.00	1.00	
SR HEALTH SVCS MGR	2.00	1.00	-1.00
SR HUM SVCS ANALYST	1.00	0.00	-1.00
SR MH CLIENT SPECIALST	7.00	7.00	
SR PUB HLTH MICROBIOLG	3.00	3.00	
SR RECEPTIONIST	1.00	1.00	
TYPIST CLERK III	0.50	0.50	
Total Positions	123.50	123.60	0.10

Clinic Staffing Changes Recommended

Clinic Physician 0.50 Full-time equivalent (FTE) reduction offset by 0.70 FTE Physician Assistant/Nurse Practitioner increase.

Radiology Technologist 0.40 FTE added, reduction of 0.50 FTE Clinic Nurse.

1.0 FTE Medical Assistant added in exchange for 1.0 FTE Clerk III position.

1.0 FTE Sr. Health Services Manager and 1.0 FTE Sr. Human Services Analyst positions exchanged for 2.0 FTE Departmental Administrative Analysts.

CLINIC SERVICES DIVISION

FY 2017-18 RECOMMENDED BUDGET

Other Charges/Cost Allocation

EXPENDITURES	FY 2015-16 Actual	FY 2015-16 Budgeted (REV)	FY 2016-17 Budgeted	FY 2017-18 Recommended
70-OTHER CHARGES	2,430,246	1,713,921	2,570,206	2,552,629
75000-UNCOLLECTIBLE ACCOUNTS-EXPENSE	25,496			
UNCOLLECTIBLE ACCOUNTS-EXPENSE	25,496			
75220-CITY OF WATSONVILLE	63			
75330-HSA COST ALLOCATION-ADMIN	1,703,732	1,043,823	1,855,422	1,763,870
HSA COST ALLOCATION-ADMIN	1,703,732	1,043,823	1,855,422	1,763,870
75331-HSA COST ALLOCATION-COMBINED	560,805	530,098	574,784	648,759
HSA COST ALLOCATION-COMBINED	560,805	530,098	574,784	648,759
75334-HSA COST ALLOC-PUBLIC HEALTH	140,149	140,000	140,000	140,000
HSA COST ALLOC-PUBLIC HEALTH	140,149	140,000	140,000	140,000
OTHER CHARGES TOTAL	2,430,183	1,713,921	2,570,206	2,552,629

HSA Cost Allocation charges include both intra and inter departmental County support: HSA administration and fiscal services, information technology, personnel, general county administration, A-87 Cost Plan allocations, janitorial, and Medical Director Oversight. Allocations are determined based on a combination of FTEs, budget size, building usage, claims processed, and time study.

CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET Intrafund Charges


EXPENDITURES	FY 2015-16 Actual	FY 2015-16 Budgeted (REV)	FY 2016-17 Budgeted	FY 2017-18 Recommended
95-INTRAFUND TRANSFERS	5,386,327	13,979,532	10,749,549	13,135,235
95211-INTRA-FUND TRF-JV HLL MED CARE	(283,790)	(212,054)	(212,054)	(301,404)
95225-INTRA-FUND TRF-OTHER				
MENTAL HEALTH FQHC REVENUE	5,670,118	14,191,586	10,961,603	13,436,639
INTRAFUND TRANSFERS TOTAL	5,386,327	13,979,532	10,749,549	13,135,235

Juvenile Hall Medical Services charges are based on Clinic Services actual budget costs and are reimbursed by County Probation. Mental Health FQHC Revenue projections are developed by the Behavioral Health Division with approval of HSA Administration. Clinic Services currently retains \$1.1 million of Integrated Behavioral Health Services revenue for providing program support, such as office space, registration, and billing services; however, this revenue is generated via mental health staffing direct service delivery.

CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET Intergovernmental Revenues

REVENUES	FY 2015-16 Actual	FY 2015-16 Bud (REV)	FY 2016-17 Budgeted	FY 2017-18 Recommended
15-INTERGOVERNMENTAL REVENUES	(2,969,638)	(2,633,768)	(3,331,506)	(3,167,351)
40935-FED-MAA/TCM MEDI-CAL ADMIN ACT	(204,364)	(265,000)	(265,000)	(210,000)
40954-FED-EMERGENCY SHELTER GRANT <i>(HUD MATCH)</i>	(371,864)	(489,506)	(489,506)	(542,351)
40996-FED-HEALTH PROGRAMS	(2,191,895)	(1,631,088)	(2,577,000)	(2,415,000)
41095-FED-MISC GRANTS	(201,515)	(248,174)		
INTERGOVERNMENTAL REVENUES TOTAL	(2,969,638)	(2,633,768)	(3,331,506)	(3,167,351)



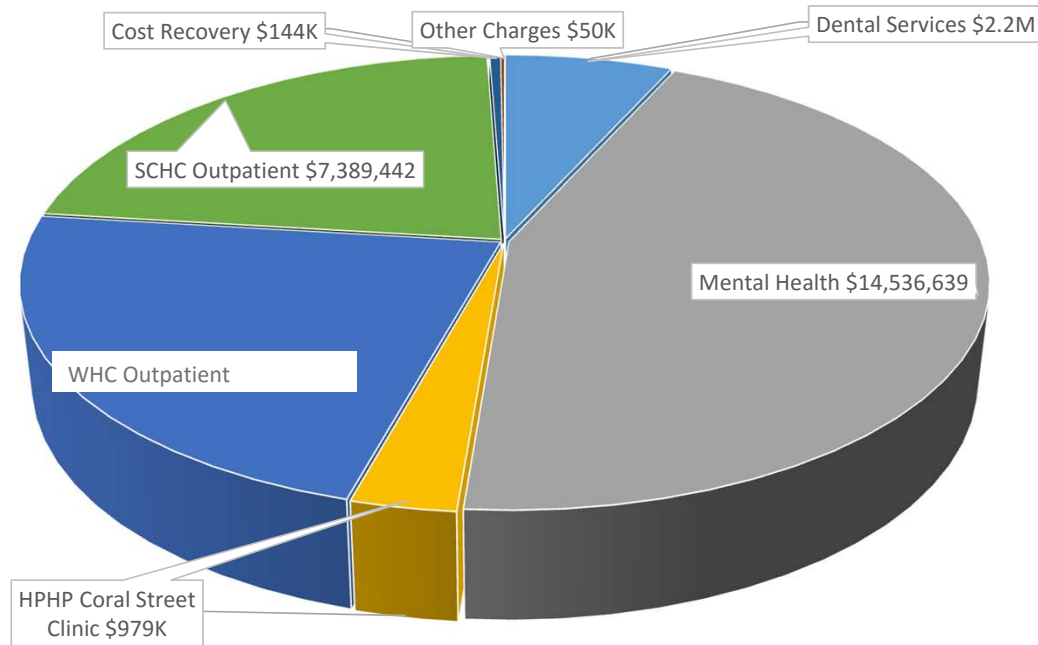
 The Health Resources and Services Administration (HRSA) provides HSA Clinics Services with federal support to provide medical care to uninsured and underinsured individuals in our community.

CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET CHARGES FOR SERVICES

REVENUES	FY 2016-17 Budgeted	FY 2017-18 Recommended	Sum of Variance
19-CHARGES FOR SERVICES	(28,907,912)	(32,633,131)	(3,725,219)
41675-OUTPATIENT CLINIC FEES-EPIC	(28,713,912)	(32,439,131)	(3,725,219)
CONTRACT (Dental Services)	(2,656,785)	(2,200,000)	456,785
OUTPATIENT CLINIC FEES-EPIC			
OUTPATIENT CLINIC FEES- Mental Health	(12,061,603)	(14,536,639)	(2,475,036)
OUTPATIENT CLINIC FEES-HPHP	(891,000)	(979,000)	(88,000)
OUTPATIENT CLINIC FEES-SCHC	(5,880,453)	(7,389,442)	(1,508,989)
OUTPATIENT CLINIC FEES-WHC	(7,224,071)	(7,334,050)	(109,979)
42022-COST RECOVERY-OTHER	(144,000)	(144,000)	0
42047-OTHER CHARGES CURRENT SERVICES	(50,000)	(50,000)	0
CHARGES FOR SERVICES BUDGETED	(28,907,912)	(32,633,131)	(3,725,219)

Outpatient revenue for SCHC is projected to increase due to primary care staffing improvements. Reduction to dental program revenue anticipated based on prior year actuals.

CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET CHARGES FOR SERVICES \$32,633,131

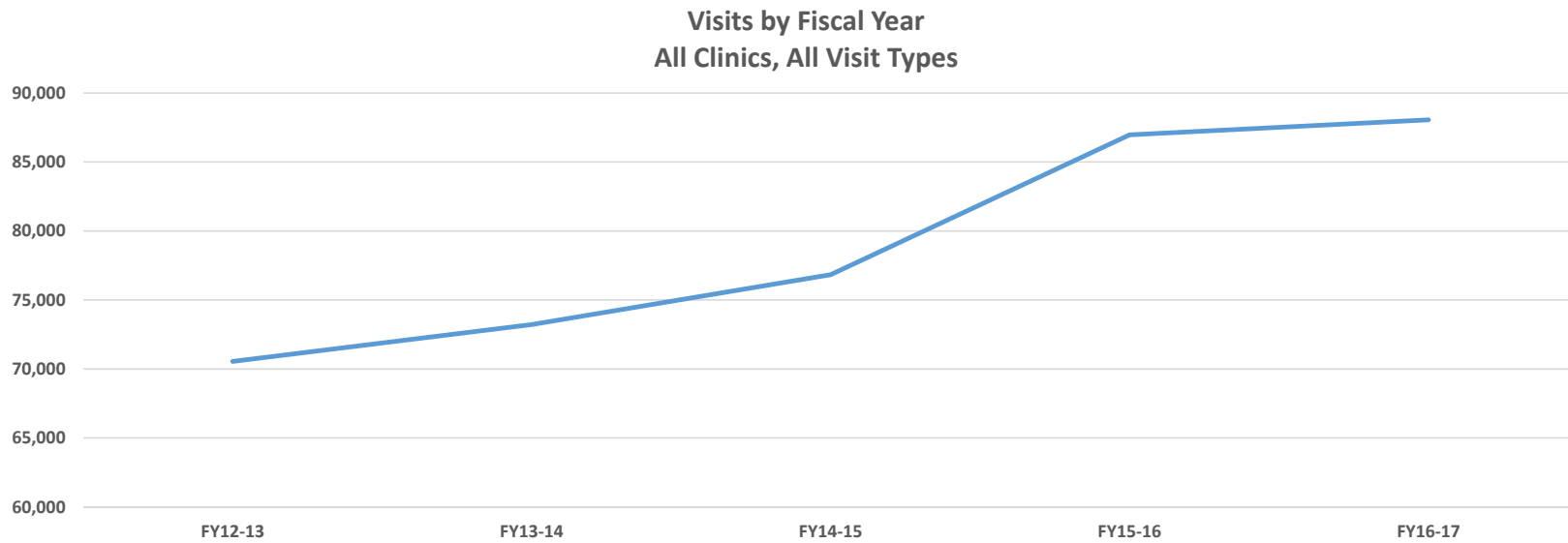


CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET MISC REVENUE

REVENUES	FY 2015-16 Actual	FY 2015-16 Budgeted (REV)	FY 2016-17 Budgeted	FY 2017-18 Recommended
23-MISC. REVENUES	(542,423)	(118,560)	(1,018,560)	(619,200)
42384-OTHER REVENUE	(542,613)	(118,560)	(1,018,560)	(619,200)
CENTRAL COAST ALLIANCE REVENUE CBI		(30,000)	(930,000)	(480,000)
PH PROJECT CONNECT REVENUE		(88,560)	(88,560)	(139,200)
MISC. REVENUES TOTAL	(542,613)	(118,560)	(1,018,560)	(619,200)

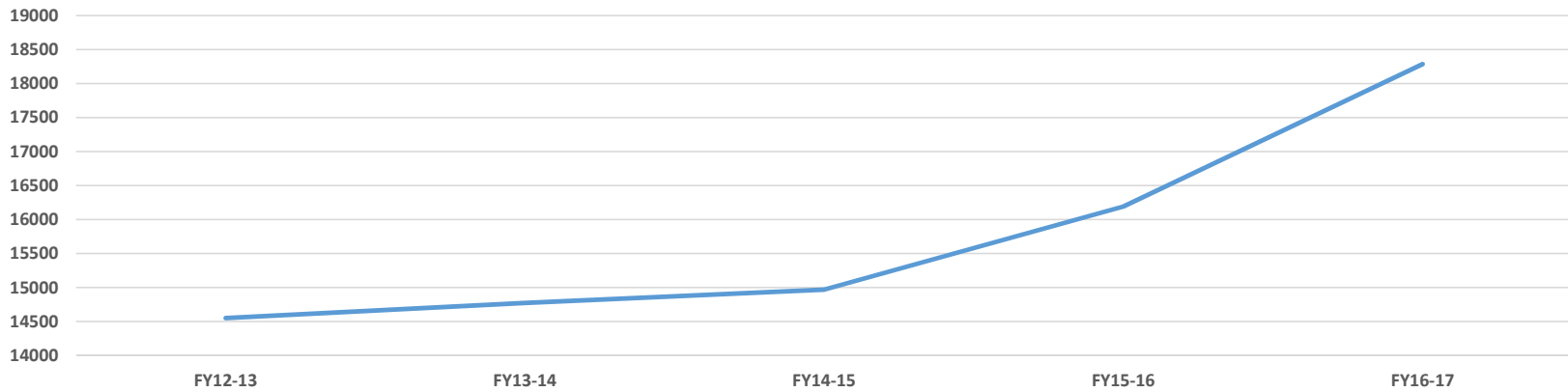
Budget changes include reduction to projected Care Based Incentive Revenue and increase to Project Connect Revenue.

CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET VISITS BY FISCAL YEAR



CLINIC SERVICES DIVISION FY 2017-18 RECOMMENDED BUDGET UNIQUE PATIENTS BY FISCAL YEAR

Unique Patients by Fiscal Year
All Clinics, All Visit Types




Abstract

ACT First is an integrated treatment program offering comprehensive, housing-based services to chronically homeless individuals with co-occurring mental illness and substance abuse disorders, including frequent users of the ER and other systems throughout Santa Cruz County. *ACT First* is managed by the Homeless Persons' Health Project (HHP), part of the Clinics Division of the Health Services Agency with the County of Santa Cruz.

The project uses a "Housing First" evidenced based practice along with Assertive Community Treatment (ACT) as a best practice intervention for high needs clients to provide person-centered services and a continuum of individualized support from the streets to permanent supportive housing. A number of existing innovative programs are leveraged to provide a broad range of services to consumers within the housing setting, in community settings where the homeless live, and at the sites of HHP's existing patient centered Federally Qualified Health Center (FQHC). HHP provides integrated medical, mental health and substance abuse treatment, including a medication-assisted treatment program, with an onsite medication dispensary program and a project targeting frequent users of hospital emergency rooms. Although the *ACT First* services team is co-located and integrated with HHP, they will provide the majority of services in clients' own environments. In addition to ACT, consumers are provided medication support, benefits advocacy, money management services, housing support services, independent living skill support, and transportation assistance.

Services are mobile and include after-hours response for urgent needs. Building on a strong history of collaboration across homeless service providers, and in conjunction with the goals of the Smart Path Coordinated Entry System, *ACT First* works with chronically homeless, medically vulnerable persons eligible for the program across Santa Cruz County, focusing on services for clients entering or currently residing in permanent supportive housing programs, while assisting clients to get into permanent supportive housing. The project will serve 110 individuals in the First year (80 intensively and 30 outreached) and 250 over the life of the project with a "no-wrong-door" approach to outreach and engagement and expand access to services in a welcoming, culturally sensitive, person-centered and recovery-oriented service system. Anticipated outcomes include improved housing retention, and reductions in substance use, annual jail days, ambulance use, emergency room visits, hospital admissions, and days spent homeless. In addition, improvements in client functioning, client perceptions of care, quality of life and community integration are expected as the result of improved access to benefits, housing, and medical care.

<p>SUBJECT: Documentation of Medical Services</p> <p>SERIES: 500 Medical Records</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 530.01</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: December 2011</p> <p>REVISED: November 2015 June 2016</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <p>Clinics and Ancillary Services</p>
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POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency (HSA) that medical services are documented in a timely and thorough manner. This policy outlines minimum expectations for documentation of services provided by HSA medical providers.

REFERENCES:

Cal. Admin. Code tit. 22, § 75055; Cal. Admin. Code tit. 9, § 1830.205 & 1840.314; Central California Alliance for Health PCP Contract.

FORMS:

None.

POLICY:

1. All HSA services by primary care clinic licensed clinical providers shall be documented in the EPIC electronic record system.
2. Documentation that is made in EPIC shall not be duplicated in paper. Documentation that is made in EPIC shall not be duplicated in electronic form, except in the case of disease or service specific databases adopted for use by HSA.
3. No HSA primary care clinic staff shall maintain HSA patient documentation outside of EPIC.
4. Timeliness and completeness of clinical documentation is the responsibility of the Licensed Practitioner providing care. Monitoring of the quality and timeliness of clinical documentation is the responsibility of the Medical Directors.
5. Practitioners who provide care under supervision (nurses, mid-levels, clinicians in training or on probation) shall close completed encounters prior to routing them for supervisor review.
6. It is expected that most clinical encounters will be documented and closed on the date of service of the encounter. Clinical encounters that are open seven business days or more after the date of service shall be considered delinquent.
7. Practitioners with delinquent open encounters shall be offered additional training, tutoring, and/or one-on-one assistance. The Medical Director(s) in consultation with the Chief of Clinic Services will take special circumstances into consideration.



County of Santa Cruz
Health Services Agency
Clinics Division

Open Charts

VAHRADIAN, SCOTT	(Physician Assistant)	All Open Charts	48
		MCal Open Charts	34
	March 2016		2
	April 2016		46
VENTIMIGLIA, MATTHEW	(Psychologist)	All Open Charts	0
VIOLICH, MICHELE	(Physician)	All Open Charts	0
WATS FP NURSE CLINIC	(Physician)	All Open Charts	0
WEBER, JAN B	(Psychiatrist)	All Open Charts	0
WILLKIE, CATHY	(Psychologist)	All Open Charts	0

2016

Grand Total All Open Charts	452
Grand Total MCal Open Charts	292 (65%)

Record Selection

Appointment Status = Completed

Provider Types: Physician, Physician Assistant, Nurse Practitioner, Psychologist, Licensed Clinical
Psychiatrist

Social Worker,

Encounter Types: Office Visit, OB Visit, Behavioral Health Visit, Occupational Health Visit, BH/MH Visits, OFFICE
VISIT (ID)

Departments: SCZ HPHP CLINIC, SCZ SC CLINIC, SCZ SC ORTHO CLINIC, SCZ WATS CLINIC, SCZ WATS HDC CLINIC

Open Chart = Encounter Closed Date is blank

Provider Status = Active



Open Charts

MEYER, BRUCE	(Psychologist)	All Open Charts	0
MODEL, DANIEL	(Psychologist)	All Open Charts	0
NUNBERG, HELEN	(Physician)	All Open Charts	0
PUTHIAPARAMPIL, THANKAMMA JOHN	(Psychiatrist)	All Open Charts	0
RATICO, HELEN	(Psychiatrist)	All Open Charts	0
RATTO, ANDREA	(Physician Assistant)	All Open Charts	1
	April 2016		1
REGGIO, JAMES	(Nurse Practitioner)	All Open Charts	0
RESNIKOFF, DAVID	(Licensed Clinical Social Worker)	All Open Charts	0
REYES, WILIBALDO	(Physician Assistant)	All Open Charts	2
		MCal Open Charts	2
	December 2015		1
	January 2016		1
RICH, BRYAN	(Psychologist)	All Open Charts	0
RICHMAN, NEIL	(Physician)	All Open Charts	0
ROBISON, BRUCE	(Physician)	All Open Charts	0
RUSH, SHELBY	(Physician)	All Open Charts	0
SANFORD, ERIC	(Physician)	All Open Charts	0
SANTILLANO, EUGENE	(Physician)	All Open Charts	127
		MCal Open Charts	92
	December 2015		49
	March 2016		20
	April 2016		58
SHANNAHAN, JILL	(Psychiatrist)	All Open Charts	4
	April 2013		4
TALBOT, JENNIFER	(Licensed Clinical Social Worker)	All Open Charts	0
TESTSCZ, PROVIDER	(Physician)	All Open Charts	0



County of Santa Cruz
Health Services Agency
Clinics Division

Open Charts

JOHNSTON, JASON	(Physician Assistant)	All Open Charts	8
		MCal Open Charts	6
	March 2016		5
	April 2016		3
JORDAN, MARION	(Physician Assistant)	All Open Charts	67
		MCal Open Charts	34
	November 2015		1
	December 2015		1
	January 2016		10
	February 2016		15
	March 2016		8
	April 2016		32
KARON, JEFFREY	(Physician)	All Open Charts	20
		MCal Open Charts	14
	March 2016		1
	April 2016		19
KELLEY, JUDITH	(Physician)	All Open Charts	63
		MCal Open Charts	37
	February 2016		8
	March 2016		17
	April 2016		38
KOLLMANN, ALICE	(Nurse Practitioner)	All Open Charts	0
LAMPERT, BARBARA	(Psychiatrist)	All Open Charts	0
LAPLANT, TANYA M	(Nurse Practitioner)	All Open Charts	0
LEONARD, WENDY	(Physician)	All Open Charts	57
		MCal Open Charts	32
	April 2016		57
LITWILER, HELEN	(Nurse Practitioner)	All Open Charts	0
LOU, LINDA	(Physician)	All Open Charts	25
		MCal Open Charts	14
	April 2016		25
LOUGHLIN, KATHLEEN	(Physician)	All Open Charts	0
MACY, STEVE	(Licensed Clinical Social Worker)	All Open Charts	0
MAISTERRA, NINA	(Physician)	All Open Charts	0



County of Santa Cruz
Health Services Agency
Clinics Division

Open Charts

BACOS, DIMITRI	(Psychiatrist)	All Open Charts	5
		MCal Open Charts	5
	February 2016		1
	March 2016		4
BERMAN, PAUL H	(Physician)	All Open Charts	2
		MCal Open Charts	2
	April 2016		2
BROOKS, ROBIN P.	(Physician)	All Open Charts	0
BROWN, LORI	(Licensed Clinical Social Worker)	All Open Charts	2
		MCal Open Charts	1
	February 2016		1
	March 2016		1
CISNEROS, JEANETTE	(Physician)	All Open Charts	5
		MCal Open Charts	4
	April 2016		5
CONDON, KATHLEEN	(Psychologist)	All Open Charts	0
CRISTOBAL, CARMELITA F	(Physician)	All Open Charts	14
		MCal Open Charts	14
	October 2015		2
	November 2015		2
	December 2015		3
	January 2016		2
	February 2016		2
	April 2016		3
DE LA ROSA, LAURA	(Licensed Clinical Social Worker)	All Open Charts	0
ELLIOTT, NANCY	(Physician Assistant)	All Open Charts	1
	April 2016		1
FOUNTAIN, STEVEN	(Physician)	All Open Charts	0
GRAUE, CARL	(Licensed Clinical Social Worker)	All Open Charts	0
GUEVARA, ADRIANA	(Licensed Clinical Social Worker)	All Open Charts	0
HANSEN, ANNIKEN	(Physician)	All Open Charts	1
		MCal Open Charts	1
	April 2016		1
HENDRIX, ROSE MARIE	(Physician)	All Open Charts	0



County of Santa Cruz
Health Services Agency
Clinics Division

Open Charts

TESTSCZ, PROVIDER	(Physician)	All Open Charts	0
VAHRADIAN, SCOTT	(Physician Assistant)	All Open Charts	5
		MCal Open Charts	2
	June 2016		2
	July 2016		3
VENTIMIGLIA, MATTHEW	(Psychologist)	All Open Charts	0
VILLANUEVA, IGNACIO	(Physician Assistant)	All Open Charts	0
VIOLICH, MICHELE	(Physician)	All Open Charts	0
WALL, DAVID	(Physician Assistant)	All Open Charts	0
WATS FP NURSE CLINIC	(Physician)	All Open Charts	1
	December 2016		1
WEBER, JAN B	(Psychiatrist)	All Open Charts	0
WHITEHEAD, ALLISON	(Nurse Practitioner)	All Open Charts	3
		MCal Open Charts	3
	April 2017		3
WILLKIE, CATHY	(Psychologist)	All Open Charts	0

2017

Grand Total All Open Charts	185
Grand Total MCal Open Charts	122 (66%)

Record Selection

Appointment Status = Completed
FQHC-Defined Visits
All Departments

Open Chart = Encounter Closed Date is blank
Provider Status = Active



County of Santa Cruz
Health Services Agency
Clinics Division

Open Charts

LOU, LINDA	(Physician)	All Open Charts	28
		MCal Open Charts	12
	April 2017		28
MACY, STEVE	(Licensed Clinical Social Worker)	All Open Charts	0
MEYER, BRUCE	(Psychologist)	All Open Charts	1
		MCal Open Charts	1
	September 2016		1
MINKNER, RICHARD	(Physician)	All Open Charts	0
MODEL, DANIEL	(Psychologist)	All Open Charts	1
	April 2017		1
MOSCHELLA, JOANN	(Physician)	All Open Charts	0
PUTHIAPARAMPIL, THANKAMMA JOHN	(Psychiatrist)	All Open Charts	0
RATICO, HELEN	(Psychiatrist)	All Open Charts	0
RATTO, ANDREA	(Physician Assistant)	All Open Charts	0
REGGIO, JAMES	(Nurse Practitioner)	All Open Charts	0
REYES, WILIBALDO	(Physician Assistant)	All Open Charts	1
	April 2017		1
RICH, BRYAN	(Psychologist)	All Open Charts	0
RICHMAN, NEIL MICHAEL	(Physician)	All Open Charts	1
	March 2017		1
RIDAY, MARIBETH	(MH Nurse Practitioner)	All Open Charts	0
SANFORD, ERIC	(Physician)	All Open Charts	0
SANTILLANO, EUGENE	(Physician)	All Open Charts	23
		MCal Open Charts	19
	February 2017		1
	March 2017		21
	April 2017		1
STILES, JOEL	(Psychologist)	All Open Charts	0
TALBOT, JENNIFER	(Licensed Clinical Social Worker)	All Open Charts	0



County of Santa Cruz
Health Services Agency
Clinics Division

Open Charts

HOGELAND, CHRIS	(Licensed Clinical Social Worker)	All Open Charts	4
		MCal Open Charts	2
	January 2017	3	
	February 2017	1	
JOHNSTON, JASON ELLIOTT	(Physician Assistant)	All Open Charts	3
		MCal Open Charts	2
	April 2017	3	
JORDAN, MARION	(Physician Assistant)	All Open Charts	22
		MCal Open Charts	14
	November 2015	1	
	December 2015	1	
	January 2016	1	
	September 2016	1	
	November 2016	1	
	February 2017	6	
	March 2017	5	
	April 2017	6	
KARON, JEFFREY	(Physician)	All Open Charts	0
KELLEY, JUDITH	(Physician)	All Open Charts	22
		MCal Open Charts	13
	February 2017	1	
	March 2017	6	
	April 2017	15	
KLOBERDANZ, KELSEY	(MH Nurse Practitioner)	All Open Charts	0
KOLLMANN, ALICE	(Nurse Practitioner)	All Open Charts	0
KRISHNAN, BRINDA	(Psychiatrist)	All Open Charts	3
		MCal Open Charts	3
	April 2017	3	
KUMAR, SUSEELA	(Physician)	All Open Charts	0
LEFF, ARNOLD	(Physician)	All Open Charts	0
LEININGER, JEFFREY	(MH Nurse Practitioner)	All Open Charts	3
		MCal Open Charts	2
	March 2017	2	
	April 2017	1	
LEONARD, WENDY	(Physician)	All Open Charts	12
		MCal Open Charts	7
	April 2017	12	



County of Santa Cruz
Health Services Agency
Clinics Division

Open Charts

ALVARADO, FABIAN	(Nurse Practitioner)	All Open Charts	1
	April 2017		1
BACOS, DIMITRI	(Psychiatrist)	All Open Charts	3
	April 2017	MCal Open Charts	3
			3
BERMAN, PAUL H	(Physician)	All Open Charts	14
		MCal Open Charts	12
	February 2017		1
	March 2017		2
	April 2017		11
BROOKS, ROBIN P.	(Physician)	All Open Charts	0
BROWN, LORI	(Licensed Clinical Social Worker)	All Open Charts	0
CISNEROS, JEANETTE	(Physician)	All Open Charts	1
	April 2017		1
CONDON, KATHLEEN	(Psychologist)	All Open Charts	0
CRISTOBAL, CARMELITA F	(Physician)	All Open Charts	0
DE LA ROSA, LAURA	(Licensed Clinical Social Worker)	All Open Charts	0
DUQUE, JORGE	(Licensed Clinical Social Worker-Q)	All Open Charts	0
ELLIOTT, NANCY	(Physician Assistant)	All Open Charts	0
GANT, THOMAS	(Physician)	All Open Charts	2
		MCal Open Charts	2
	April 2017		2
GRAUE, CARL	(Licensed Clinical Social Worker)	All Open Charts	0
HANSEN, ANNIKEN	(Physician)	All Open Charts	0
HAR, DELEE	(Physician)	All Open Charts	0
HAUBACH, CAROL	(Physician)	All Open Charts	1
	April 2017		1
HENDERSON, CATHERINE	(Nurse Practitioner)	All Open Charts	30
		MCal Open Charts	25
	March 2017		3
	April 2017		27

Santa Cruz County Health Services Agency
Clinic Services Division
Quality Management Plan
May 2017

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Introduction and Statement of Purpose

Santa Cruz County Health Services Agency's Clinic Services Division (CSD) is committed to ensuring access to high quality patient-centered health care for all members of our community. Our Mission, embodied in the work of all staff who support patient care at HSA Clinics, ***is to provide high quality, comprehensive primary care services, outreach, and advocacy to community members who have traditionally been marginalized by socioeconomic, cultural, language or other barriers to health care.*** Our collaborative approach fosters teamwork between clinicians, support staff, patients and outside community resources. As part of this commitment, our organization embarked upon a vigorous review of our existing Quality Management system. This has been a collaborative effort that includes administrators, clinicians, and support staff from Homeless Persons Health Project (HPPH), Watsonville Health Center and Santa Cruz Health Center.

CSD has clearly defined our division-wide goal for Quality Management, identified current barriers to reaching this goal, and developed a comprehensive approach to overcoming these barriers and providing consistent, high quality health care to all who are served at each of Santa Cruz County Health Service Agency's primary care health facilities. Throughout our planning process, CSD has included activities to ensure maintenance of the quality standards for primary health care that have been established by the Health Resources and Services Administration's Bureau of Primary Health Care. Specifically, our Quality Management Plan will provide leadership and guidance in support of the division's mission and for ensuring that the health centers are operating in accordance with applicable Federal, State, and local laws and regulations. This Quality Management document reflects the outcomes of our extensive planning work, and provides a framework for continual reassessment of our Quality Management program over time.

Purpose:

The Purpose of our Quality Management Plan is to ensure high quality care and services for our patients that is reflected in a holistic set of indicators that are objectively measured and trusted, and driven by stakeholder engagement and institutional value of providing high quality care.

Background:

Our Clinic Services Division established a Steering Committee in 2012 to improve communication between health centers and across the wide variety of Quality Improvement (QI) activities being conducted within the Health Services Agency. Despite improved communication, our organization continued to lack a systematic means of determining the quality of care our patients receive or a consistent approach to enacting change. Although QI projects were being successfully performed, there was no framework for expanding the new process at an institutional level. In addition, our organization was reporting on clinical indicators to various upstream stakeholders without clearly defined and agreed upon processes to regularly review clinical measures, design improvements or track changes over time. Because of the disconnect between health care providers and data reporting, the Steering Committee found that the accuracy of data generated from the Electronic Health Record (EHR) was inconsistent due to variability in data entry and access to discrete fields for data extraction. This had contributed to the devaluing of the Quality Management process amongst health care providers because the data did not consistently reflect the work being performed. Furthermore, we found that there has not been a clear process in place for reporting problems that arise from a staff or patient perspective.

Our Theory of Change

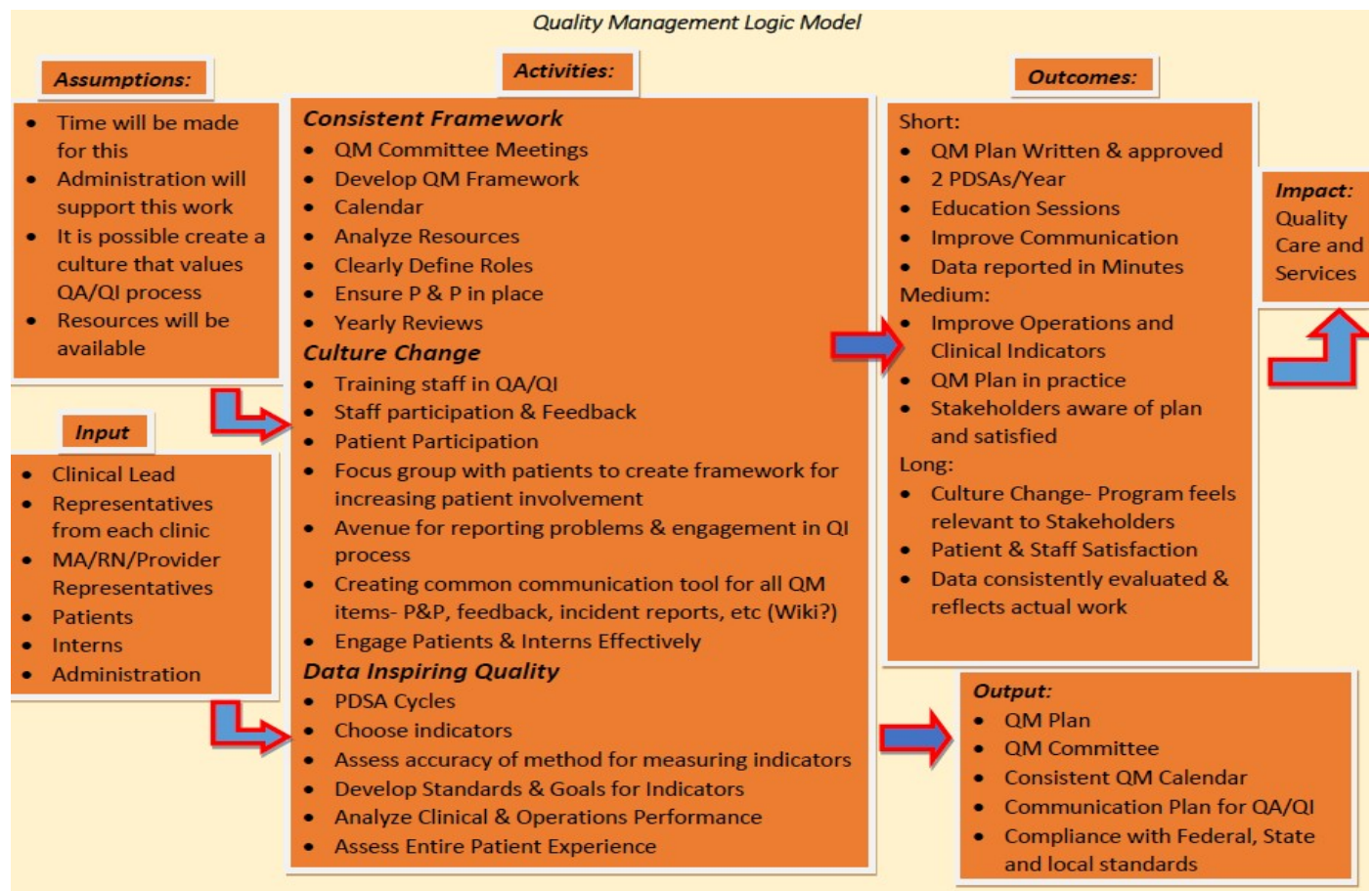
Our Quality Management team has defined a clear set of objectives that will allow us to overcome barriers and reach our goal of consistently high quality patient care that is confirmed through objective measures.

We will reach our goal by focusing on the following three Objectives:

- 1. Develop and Maintain a Cohesive and Comprehensive Framework that includes a plan for engagement of and communication to all stakeholders, as well as a playbook for change that provides a structured process for implementing improvements.**
- 2. Create an institutional consensus around shared definitions of Quality Assurance and Quality Improvement that provides the foundation for improving the perceived value of this process by all stakeholders.**
- 3. Utilize trustworthy data from our robust EHR to drive improvements in quality and efficiency of care and services to our patients.**

Our Logical Framework:

The Quality Management team has developed a logic model that will serve as a framework for continual reassessment of our Quality Management plan. The model is considered a fluid process that is open for stakeholder feedback and will be reevaluated yearly to ensure we are meeting our goals.



Scope of Work

The scope of work within our Quality Management plan is comprehensive, and includes all stakeholders involved in the direct or indirect provision of clinical care to patients seen at our four health facilities. Our goal is to provide a quality experience for all patients, including sub-populations such as those experiencing homelessness or living with HIV, throughout the entire process of accessing, receiving and continuing care. To this end, the scope includes all administrative and clinical departments who participate in providing primary care, in-house specialty services such as HIV, Orthopedics, Tuberculosis, Behavioral Health, Dental, Immunizations, and any support services. To ensure quality care is provided to HSA patients who are seen by outside service providers, we will undergo a due diligence process when signing contracts and perform intermittent quality reviews that include patient satisfaction surveys.

Program Structure and Accountability

Organizational Structure and Accountability

The Co-Applicant Board is ultimately accountable for the quality of care and services provided to the patients cared for at the health centers overseen by the Clinics Services Division. The Co-Applicant Board has delegated oversight responsibility for the effectiveness and efficiency of care and services to the Chief of Clinic Services, who has assigned responsibility for implementation of policies to the Medical Services Director. The Medical Services Director has designated the Senior Health Services Manager to facilitate the Quality Management Committee and to work directly with medical directors at each health center to ensure quality and implement all aspects of the Quality Management Program.

The operation of the CSD_Quality Management program is the collaborative responsibility of the CSD Quality Management Committee, which involves all appropriate personnel including management, clinical staff, and support staff representing each of our four health centers. The Quality Management Committee may consist of the following members and other staff as necessary:

1. CSD Medical Services Director
2. CSD Chief of Clinics
3. Data Analyst
4. Santa Cruz Health Center QI Lead
5. Homeless Persons Health Project (HHP) Health Center QI Lead
6. Watsonville Health Center QI Lead
7. Public Health/Clinics Physician Liaison QI Lead
8. Nursing (RN or MA) Representative for Watsonville Health Center
9. Nursing Representative (RN or MA) for Santa Cruz Health Center
10. Nursing Representative (RN or MA) for HPHP Health Center
11. Representative At-Large (Intern, patient, registration staff, or community partner)
12. Representative from Integrated Behavioral Health team

The Senior Health Services Manager acts as the facilitator of the Quality Management Committee, and prepares the Committee Agendas and Meeting Minutes. These documents are contained within a shared drive on the CSD computer system. A quorum is defined as presence of 4 core members.

Representatives to the committee are re-assessed on an annual basis.

The Quality Management Committee is responsible for:

- Developing priorities and setting thresholds for Quality Indicators
- Ensuring that all sub-populations are represented in Quality indicators and activities
- Requesting further investigation of specific topics
- Analyzing data and audits
- Recommending membership on Quality Improvement Teams
- Participating in and assessing patient satisfaction surveys
- Reporting committee findings and recommendations to all stakeholders
- Facilitating an annual evaluation of the Quality Management Program.

Meeting Structure

Meetings are conducted on the same day and time on a monthly basis. A Yearly Calendar has been created to ensure that the Quality Management Committee meets all of its objectives for the year. The template includes key operational and clinical indicators, reporting expectations, and quality improvement activities. As this is an iterative process, we utilize our experience in prior years to improve upon our processes for the following year.

A template for the meeting Agenda and Minutes can be found in Attachment 2. An annual 'open house' provides all stakeholders with the opportunity to learn more about the committee, contribute additional ideas and consider membership. This provides the committee with an opportunity to further engage stakeholders, and promotes the ability to meet the second objective outlined in our Strategic Plan that focuses on strengthening the institutional value of quality assurance and quality improvement. To this end, the Quality Management Committee has identified the following key stakeholders:

- Patients
- Clinic Providers
- Nurses, Medical Assistants
- Front Office Staff
- Administrators
- Community Partners
- Co Applicant Commission

Defining Quality and Quality Management

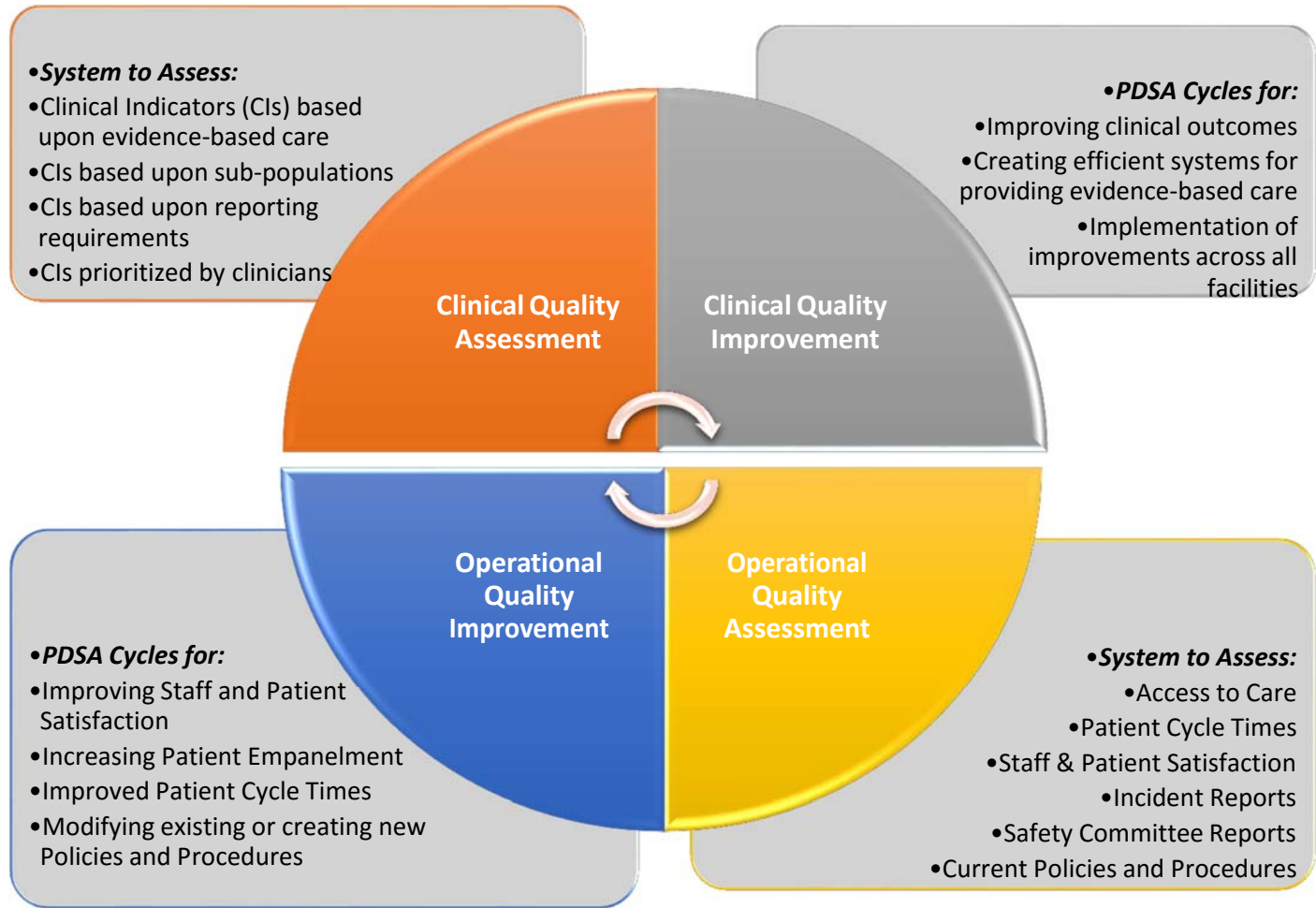
Developing a comprehensive Quality Management Plan requires a commonly agreed upon definition of Quality. This is particularly important as we engage stakeholders in the integration of quality management into our institutional work. For the purpose of this plan, CSD has chosen to adopt the World Health Organization (WHO)¹ and Institute of Medicine (IOM) definition of quality as it pertains to health systems. The definition emphasizes a whole-system perspective that reflects a concern for the outcomes achieved for both individual service users and whole communities. This is particularly applicable given our dual role of providing individual clinical care and protecting public health. The WHO and IOM definition suggests that a health system should seek to make improvements in six areas of quality.

¹ Quality of Care: A process for making strategic choices in health systems. World Health Organization, 2006

Our shared definition of Quality requires that health care be:

- **Effective**- delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need;
- **Efficient**- delivering health care in a manner which maximizes resource use and avoids waste;
- **Accessible**- delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need;
- **Acceptable/Patient-Centered**- delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities;
- **Equitable**- delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;
- **Safe**- delivering health care which minimizes risks and harm to service users.

Santa Cruz Health Services identifies three major components to Quality Management that includes Quality Assessment, Quality Improvement and Quality Assurance. By addressing these three separate and essential components to Quality Management, the Quality Management Committee strives to meet all of these dimensions of quality health care. Because the committee recognizes that the entire health system from both an Operational and Clinical perspective must work collaboratively to achieve our goals, we consider Quality indicators across all departments. The diagram below provides a simple illustration of the intersection of Quality Assessment and Quality Improvement across both Operations and Clinical Care.



Quality Assessment

Quality Assessment involves the identification of indicators that best reflect quality clinical and operational performance and review of these indicators to ensure that all of our health facilities are meeting Standards and Goals that we have set for ourselves. Quality Assessment includes a thorough review of the process by which to measure these indicators to ensure accuracy.

Indicator Selection

Indicators are identified through a variety of internal and external processes that reflect a patient's ability to efficiently access high quality health care. For this reason, indicators often reflect both operational and clinical service provision. The following categories, along with specific examples, are major drivers in indicator selection:

- Indicators reflecting timely Access to Care
 - Time to next appointment
 - Timely phone responses
- Indicators reflecting efficient Provision of Care
 - Patient Cycle times
 - Use of My Chart EHR functionality

- Departmental Communication Systems
- Indicators reflecting Evidence-based Clinical Care
 - Clinical Indicators identified by external sources such as the Uniform Data System (UDS) Clinical Outcomes and Quality Care measures and other Clinical Guidelines
 - Clinical Indicators reflecting health of sub-populations served by CSD such as those living with HIV, homelessness, mental illness or substance abuse
 - Clinical Indicators identified by CSD clinicians to be key to quality care provision
- Indicators driven by Patient and Staff Satisfaction via surveys and informal feedback
- Indicators reflecting Safe provision of care as identified through Safety and Incident Reports

In many cases, similar indicators may fall under several categories. For example, UDS measures Pap smear utilization and our HIV Quality Management Committee follows a similar indicator. It is the responsibility of the CSD QM Committee to create a streamlined means of selecting indicators that can efficiently serve all of our patients and simultaneously address the needs of sub-populations and various reporting entities. To improve integration and efficiency, the CSD QM Committee facilitates collaboration to ensure that system improvements follow a similarly streamlined approach.

Indicator Measurement

It is the responsibility of the CSD QM Committee to review methods of measuring indicators. The Data Analyst effectively extracts data from our robust EHR system, and depends upon all stakeholders to consistently enter data into discrete data fields. The QM Committee reviews the data fields used and the process for determining if an indicator has been met. These processes must then be communicated to stakeholders and reviewed for user functionality. Adjustments are then made and stakeholders are trained in the final process.

Indicator Analysis

The CSD QM Committee is responsible for developing standards and goals for the indicators we have chosen to follow. Results will be compared to HSA Clinics' internal goals and to external benchmarking standards. Indicators are reviewed by the CSD QM Committee at intervals determined by our yearly calendar and as indicated by stakeholder request. Results are available to all stakeholders upon request.

Indicator Reporting

Indicators are reported at QM Committee meetings based upon our set yearly calendar. All data reports reviewed at each meeting are included in the Meeting Minutes, and these Minutes are distributed to all HSA Clinics staff members. Meeting Minutes are also made available upon request to patients and community partners.

Indicator Tracking

Indicators that have not met our internal goals or external benchmarking standards are identified and quality improvement activities are developed. It is the responsibility of the QM Committee to facilitate quality improvement teams, track progress, and determine successful outcomes.

Quality Improvement

Once gaps in quality care have been identified through the process of Quality Assessment, the QM Committee chooses priority indicators to focus improvement efforts. A Process Improvement Team² is appointed by the committee and tasked with first addressing the following three questions:

1. What are we trying to accomplish? (Setting our AIM)
2. How will we know that a change has led to improvement? (Establishing Measures)
3. What changes can we make that will result in improvement? (Selecting Change)

Once these questions are addressed, a pilot 'change' project is designed and implemented by the Process Improvement Team through a Plan, Do, Study, Act (PDSA) cycle. Baseline measures should be established prior to the PDSA cycle, and appropriate comparison measures should be obtained to assess for success of the intervention. The Process Improvement Team presents their findings to the QM Committee, and successful interventions are implemented throughout all health facilities. The QM Committee is responsible for ensuring consistent implementation, which includes communication to and training of appropriate staff members. This may also include the establishment or revision of Policies and Procedures. In this case, the QM Committee is responsible for appointing appropriate personnel to develop and implement the policy or procedure in a systematic way.

Clinic Level Quality Improvement

Although most system improvements will be expanded throughout all CSD health facilities, each health facility has unique sub-populations and system challenges. In these cases, the QM Committee representative from each health facility is responsible for choosing Process Improvement Teams for their sites and then reporting results to the QM Committee. When appropriate, system improvements may be replicated across all sites.

Provider Level

Since our EMR system allows health care providers to run reports on their individual patient panels, some providers have conducted their own internal improvement activities in collaboration with their team members (medical assistant and RN). Providers are encouraged to present their experiences to the QM Committee via their health center QI representative so that all providers can learn from their experience.

Quality Assurance Activities

For the purposes of CSD Quality Management, Quality Assurance is considered a process of ensuring basic standard practices within the health system from both an operational and clinical standpoint. In addition to indicators that are chosen by the QM Committee, routine audits will be conducted. Audits may also be triggered by challenges brought to the committee through a variety of channels. When areas of deficit are noted, we follow the workflows described below, and determine the most appropriate action. In some cases, a new Policy or Procedure may be developed. In other cases, the QM Committee may consider quality improvement activities that will improve the system of care.

² Adapted from Institute for Healthcare Improvement
<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx>

SOURCES OF AUDIT TOPICS

Audit and data collection may be directed at problem areas identified by:

1. Needs assessment data
2. Clinical Guidelines Audits
3. Licensing and funding standards
4. Data reports from internal and external sources
5. Peer Review
6. Prescribing patterns
7. Billing data
8. Scheduling and staffing plans
9. Incident/occurrence reports, and
10. Patient satisfaction surveys/grievance forms.

Quality Assurance activities may also be triggered by:

1. Patient Complaint
2. Staff Complaint
3. Community Complaint
4. Provider variability in terms of meeting clinical indicators or utilization of services
5. Malpractice Data

Quality Assurance Work Flow for Issues Brought to the Committee:

1. Comes to attention of the committee
2. Committee will:
 - a. Determine who will investigate (internal or external auditor)
 - b. Gather data (either committee members or investigator)
 - c. Formulate plan of action
 - d. Designated investigator reports back to committee with results and recommendations

Quarterly Audit Activities will be conducted, and may include 1-2 of these topics:

1. Registration
2. Clinical Care
3. Epic Documentation
4. Prescriptions
5. Referrals

Resource Assessment

Although quality care should not be driven by financial incentives alone, financial resources are essential to providing quality care and promoting health center program sustainability. The Quality Management Committee is tasked with ensuring that the quality of care we provide is reflected in the data that is presented to reporting and funding entities. When funding opportunities are missed, this must be reviewed to assess for avoidable causes and addressed by the QM Committee. In addition, the Quality Management Committee is tasked with advocating the need for the Health Services Agency to commit resources towards Quality Management for the promotion of consistency in the quality of care we provide across all health facilities and patient populations.

Strengthening Institutional Consensus

To maintain a successful Quality Management Program, it is essential that all stakeholders trust in the process we have created. The QM Committee is committed to building and maintaining an institutional consensus around Quality Improvement that promotes a shared definition of quality and unified approach to reaching our goals. To this end, we are developing a plan that will foster and maintain a culture shift within our organization that inspires stakeholder value in Quality Assessment and Improvement. This plan includes the following processes:

- Training staff in Quality Assessment, Quality Improvement, and Quality Assurance
- Staff participation & Feedback
- Patient Participation
- Focus group with patients to create framework for increasing patient involvement
- Avenue for reporting problems and involvement in QI process
- Create common communication tool such as a Wiki for all QM items
- Engage Patients, Interns and Community Partners Effectively
- Data Quality- ensuring accuracy and communicating measurement process

Additional Components of Quality Management

Utilization Management

The CSD Utilization Management program provides a comprehensive process through which review of services is performed in accordance with both quality clinical practices and the guidelines and standards of local, state and federal regulatory entities. The Utilization Management program is designed to monitor, evaluate and manage the quality and timeliness of health care services delivered to all health center patients. The program provides fair and consistent evaluation of the medical necessity and appropriateness of care through use of nationally recognized standards of practice and internally developed clinical practice guidelines. This work is integrated into the QM Committee's ongoing assessment of Operational Indicators.

Credentialing, Recredentialing, and Privileges

Our credentialing and privileging processes accomplish initial credentialing, required recredentialing, and specific privileging for all contracted, voluntary and employed providers. This ensures appropriate qualifications to provide care and services and verifies the absence of any State and Centers for Medicare and Medicaid Services (CMS)-imposed sanctions. Specific quality indicators addressing the credentialing and privileging processes are part of CSD QM Program.

Risk Management and Patient Safety

The Clinic Services Division Risk Management program monitors the presence and effectiveness of patient risk minimization activity, including incident reports, sentinel events, infection control, lab quality control and patient safety. These risk minimization activities will be proactive whenever possible. Improvements to related processes and policies will also result from QM activities based upon triggers listed in the Quality Assurance section. The Santa Cruz County Health Services Agency's Safety Committee is ultimately responsible for monitoring the breadth of patient and staff safety within our Agency. The Safety Committee reports their findings to the Quality Management Committee, and the QM Committee will respond when appropriate and when the issue is within our Scope of Work. The total Risk Management program is closely integrated with the CSD Quality Management Program.

Confidentiality

The activities of the Quality Management Program are legally protected under the California Health & Safety Code Section 1370. The law protects those who participate in quality of care or utilization review. It provides further that “neither the proceedings nor the records of such reviews shall be subject to discovery, nor shall any person in attendance at such reviews be required to testify as to what transpired thereat.”

All copies of minutes, reports, worksheets and other data are stored in a manner ensuring strict confidentiality. A written confidentiality policy detailing procedures for maintenance and release of data and other QI related information governs the release of such information. This policy specifies the use of record number or other identifiers in place of patient names, and code numbers in place of physician or other provider and staff names. This policy also provides methods for restricting all quality improvement documents solely to authorized individuals. In addition, all data will be treated as Medical Staff peer review information as defined in the California Statute and shall be considered protected information under the provisions of the California Evidence Code 1157.

Health Records

Santa Cruz Health Services Agency Clinics will achieve continued excellence with respect to its health records. These records will be maintained in a manner that is current, detailed, secure, and enabling of effective, confidential patient care and quality review. Health records will reflect all aspects of care and will be complete, accurate, systematically organized, legible, authenticated, and readily available to all appropriate health care practitioners and other necessary parties, in strict accordance with the Health Information Portability and Accountability Act (HIPAA) guidelines.

Process for Revision of Quality Management Plan

Each year, the Quality Management Committee will facilitate the review and update of our Quality Management Plan and logical framework. We will invite all stakeholders identified previously in this document to participate in this review. This annual review will be scheduled into our Yearly Calendar to ensure its prioritization.

Board approved _____
(Signature of Board Chair or Co-Chair)

_____/_____
(Date)

Attachment 1: Quality Management Work Plan Template

County of Santa Cruz, Health Services Agency, Clinic Services Division

Our goal for 2016 is to refine and further standardize our process for evaluating current practice and improving upon the quality of our services. The Quality Management Committee has identified three key categories to focus on. These include Patient & Staff Satisfaction, Clinical Care, and Clinical Operations. Throughout the year, we will focus on clarifying key indicators within each of these categories and on improving the quality of the data we record, collect, and analyze. We will strive to build upon prior work and conduct 1 PDSA within each category per year. In addition, Quality Assurance activities will be conducted throughout the year.

	PATIENT & STAFF SATISFACTION	CLINICAL CARE	CLINICAL OPERATIONS
DEFINE/CLARIFY KEY INDICATORS			
IMPROVE DATA COLLECTION METHODS			
BUILD UPON PRIOR PROJECTS			
IMPROVE- PDSAs			

Attachment 2: Quality Management Committee Meeting Agenda and Minutes

QM Committee:	
Date/Time:	-----, 8:30 to 9:30 am
Meeting Location:	
Leader:	
Facilitator/Transcriber:	
Attending:	
Guest(s):	

Persistent Focus on Excellence in Patient Care in a Compassionate Environment

Agenda Items	Discussion	Data/Trends Reviewed	Action/Decision	Who	Date Due
Agenda review and announcements				Committee	n/a
Approve minutes				Committee	Today
Review incident reports				Committee	Today
Calendar Activities for Month					
Other Action Items Due					

Minutes approved _____
 ___/___/___

(Signature of committee facilitator)

(Date)

Next Meeting

Date/Time:	
Meeting Location:	1080 Emeline, Room 200