

# The County of Santa Cruz

## Integrated Community Health Center Commission

### MEETING AGENDA

June 3, 2021 @ 11:00 am

**MEETING LOCATION:** Microsoft Teams Meeting Or call in (audio only) [+1 916-318-9542](tel:+19163189542) [,886796507#](tel:+1886796507) United States, Sacramento Phone Conference ID: 886 796 507# / 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. May 6, 2021 Meeting Minutes – Recommend for Approval
4. Diabetes Therapy Management Pilot Presentation
5. Credentialing and Privileging Policy 200.03 – Recommend for Approval
6. Risk Management Report – Recommend for Approval
7. Operational Plan – Recommend for Approval
8. Clinic’s 21-22 budget – Recommend for Approval
9. Social Justice
10. Board Recruitment
11. Quality Management Committee Update
12. CEO/COVID-19 Update/ CZU Lightening Complex Fire Update

**Action Items from Previous Meetings:**

Action Item	Person(s) Responsible	Date Completed	Comments
<b>QI Measure for Mental Health and Behavioral Health concerns. On 10/1/20 minutes. Follow up next 2-3 months.</b>	Raquel		
<b>E-mail Conflict-of-Interest form to commission. DocuSign format.</b>	Mary		
<b>Central California Alliance Health Corrective Action Plan. Committee would like quarterly</b>	Raquel		

<b>updates on the corrective action plan deficiencies. Item on 5/6/21 Minutes.</b>			
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Next meeting: July 1, 2021 11:00 am- 1:00 pm

Meeting Location: Microsoft Teams Meeting Or call in (audio only) +1 916-318-9542

,886796507# United States, Sacramento Phone Conference ID: 886 796 507# / 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 June 3, 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
Michelle Morton	Member
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, Administrative Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Vera Eichenbaum,	Alliance, PharmD, BCMAS, TTS
Yasuno Sato	Pharm.D., Clinical Pharmacy Manager, Central California Alliance for Health
Meena Qazizada,	Pharm D, Central California Alliance for Health
Navneet Sachdeva	Pharmacist, Central California Alliance for Health
<b>Meeting Commenced at 11:10 am and Concluded at 12:56 pm</b>	
Excused/Absent:	
Absent: Gustavo Mendoza Excused: Marco Martinez-Galarce	
1. Welcome/Introductions	
Introductions were conducted with commission members and guest speakers from the Central California Alliance for Health.	
2. Oral Communications:	
Christina Berberich, Chair Commission Member gave an overview to guest speakers from Central California Alliance for Health on what the commission duties are.	
3. May 6, 2021 Meeting Minutes - Action item	
Review of May 6, 2021 Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as submitted. Dinah second, and the rest of the members present were all in favour.	
4. Diabetes Therapy Management Pilot Presentation	
Vera from the Central California Alliance for Health shared the diabetes pilot study results with commission. She stated with this project they partnered up with the Watsonville Health Center. Once a month they met with providers to discuss the patients and answered any medication questions they had. At three months they reviewed the patients progress and 6 months collected data and analyzed it. Vera stated the highlights and successes were: 60% of patients in our intervention group achieved A1C<9: 10/15 patients had a total decrease in A1C and they updated providers on most current ADA guidelines and Alliance resources. Lastly, Vera stated some of the challenges were: Medication non-adherence and appointment no-shows. One of the commission members asked if we could write letters of support, please let us know this is how the commission can be most supportive. It was asked that Amy forward any recommendations in support of efforts described to the commission from the Central California Alliance for Health and on how we can implement that.	
5. Credentialing and Privileging Policy 200.03 – Recommend for Approval	
Raquel reviewed with commission members changes to Policy 200.03 - Credentialing and Privileging. Rahn moved to adopt as submitted. Caitlin second, and the rest of the members present were all in favour.	
6. Risk Management Report – Recommend for Approval	
Raquel presented to the commission members the Risk Management Report for approval. Rahn moved to adopt as submitted. Dinah second, and the rest of the members present were all in favour.	
7. Operational Plan – Recommend for Approval	
Raquel presented the Operational Plan a 54-page document for approval. Raquel stated the County is requiring for us to submit objectives on hypertension in which are currently being edited. She stated once that is done, she will replace that	

objective on the document. Rahn motioned we accept and approve this document with some additional refinement in one particular area in the objectives. Dinah second, and the rest of the members present were all in favour.
<b>8. Clinic's 21-22 Budget – Recommend for Approval</b>
Julian presented 21/22 recommended budget for approval. Julian stated they started this process right after Christmas and that he's been working with HSA Admin and CAO's office to come up with final budget. Budget hearings are scheduled for June 21 – 24 and half day on the 29 <sup>th</sup> . The CAO's office requested 3 budget scenarios. No furlough, Half furlough (3.75%), and Full furlough (7.5%). CAO recommended to BOS to use the New Federal funding towards eliminating furloughs. Julian presented the no furlough scenario. Julian then reviewed 21/22 budget with commission. Julian stated that potential revenue we would be receiving in Grants and Revenue: \$8,334,199: 3 Physicians (\$3,348,726): ELC Funding (\$127,000): COVID 19 ARP (\$3,413,375): HRSA ARP Infrastructure Grant (\$680,136): "Proposed" Saturday Clinic Net Revenue (\$355,808): Ryan White Part C funding (\$409,150) and we will be getting COVID grant money in 21-23 and 22-23 amount TBA. If there are any changes during budget hearings Julian will bring back to the commission. Dinah recommends for approval. Caitlin second, and the rest of the members present were all in favour.
<b>9. Social Justice</b>
Caitlin has no updates for today. Amy made an announcement that Encompass Community Health Service is having a local forum in July on equity, iniquities, and inclusions. In September they will be having a forum on racial inequities, and in November they will be having one on bias in our schools. Amy will try and get this available to the commission.
<b>10. Board Recruitment</b>
Amy has no updates today. Item tabled for next meeting.
<b>11. Quality Management Committee Update</b>
Raquel reported that quality management is working on the continuing quality improvement projects hypertension, diabetes, BMI, cervical and colorectal cancer screenings. Raquel also reported that quality management had reviewed and approved the clinic two-year strategic plan- July 2021 through June 2023. She reported the peer review committee automating chart review monthly assignments using digital DocuSign system will go live in June. Raquel also reported on the 2020 Patient Satisfaction Survey Results. She stated Watsonville Health Center received 166 Responses, Santa Cruz Health Center received 134 Responses, and HPHP 34 responses. Raquel reviewed the results of the 6 questions with the commission.
<b>12. CEO/COVID-19 Update</b>
Amy reported we are not filling all of our vaccine slots and that we will be integrating vaccinations with our regular clinic schedule. She also stated we have all our current physician vacancies filled for the first time. We have two new physicians starting in the next couple of months. Lastly Amy reported we have a meeting on Friday with a Medical Director applicant.
<i>Action items:</i> •

**Next Meeting:** July 1, 2021 11:00 am - 1:00 pm  
Microsoft Teams Meeting: 1080 Emeline, Santa Cruz, CA

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

<p><b>SUBJECT:</b> Credentialing and Privileging</p> <p><b>SERIES: 200</b> Personnel</p> <p><b>APPROVED BY:</b> Amy Peeler, Chief of Clinic Services</p>	<p><b>POLICY NO.:</b>  <b>200.03</b></p> <p><b>EFFECTIVE DATE:</b> July 2001</p> <p><b>REVISED:</b> February 2017 August 2018 September 2018 March 2020 June 2021</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p><b>Clinics and Ancillary Services</b></p>
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**GENERAL STATEMENT:**

Credentialing and privileging are processes of formal recognition and attestation that an independent licensed practitioner or other licensed or certified practitioner is both qualified and competent.

Credentialing verifies that the staff meets standards by reviewing such items as the individual's license, experience, certification, education, training, malpractice and adverse clinical occurrences, clinical judgment and character by investigation and observation, as applicable.

Privileging defines an independent, licensed practitioner's scope of practice and the clinical services he or she may provide.

**POLICY STATEMENT:**

Health Services Agency Clinic Services Division shall credential, and privilege all employed, contracted, locum tenen, or volunteer licensed and certified practitioners in accordance with the Bureau of Primary Health Care (BPHC) guidelines and standards.

Credentialing and privileging shall be conducted without regard to race, ethnicity, national origin, color, gender, age, creed, sexual orientation, or religious preference.


**Reference:**

HRSA Health Center Compliance Manual

**KEY DEFINITIONS:**

**Credentialing:** The process of assessing and confirming the qualifications for a licensed or certified health care practitioner.

**Credentials Verification Organization (CVO):** A contracted organization that performs verification of a variety of primary and secondary sources.

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**Privileging:** The process of authorizing a licensed or certified health care practitioner’s specific scope and content of patient care services. This is performed in conjunction with an evaluation of an individual’s clinical qualification and/or performance.

**Licensed, Independent Practitioner (LIP):** Physician, dentist, physician assistant, nurse practitioner, psychiatrist, licensed clinical social workers (LCSW), or psychologist permitted by law to provide care and services without direction or supervision, within the scope of the individual’s license and consistent with individually granted clinical privileges. This includes contracted practitioners providing care at any Clinic Services Division Health Center.

**Other Licensed or Certified Practitioner (OLCP):** An individual who is licensed, registered or certified but is not permitted by law to provide patient care services without direction or supervision; this includes laboratory technicians, medical assistants (MA), licensed practical nurses (LPN), registered nurses (RN), public health nurses (PHN), registered dieticians (RD), and registered dental assistants (RDA). This includes contracted OLCPs providing care at any Clinic Services Division Health Center.


**Primary Source Verification (PSV):** Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. PSV methods include direct correspondence, telephone verification, internet verification or reports from credential verification organizations (e.g., American Medical Association (AMA) Masterfile or American Osteopathic Association (AOA) Physician Database).

**Secondary Source Verification (SSV):** Verification of a specific credential by a source other than the original source; SSV is used to verify credentials when PSV is not required. SSV methods include the original credential, a notarized copy of the credential or a copy of the credential (when made from an original by Clinic Services Division staff).

**Peer Review and Risk Management Committee:** The goal of the medical peer review is to improve quality and patient safety by learning from past performance, errors and near misses. Educational peer review, for both the provider and the health center, is a tool for identifying, tracking, and resolving suboptimal inappropriate clinical performance and medical errors in their early stages. Plan, Do, Study Act cycles are used for providing feedback and developing strategies for improvement. Both the medical and educational peer reviews will be conducted annually by the Peer Review and Risk Management Committee made up of the Medical Director and Provider Members of the Quality Management Committee. Aggregated data and summaries of the PDSA cycles will be presented to the Co-Applicant Board.

**Forms:**

- Credentiaing/ Re-Credentiaing Checklist
- Health Services Agency Privilege/Procedure List for Licensed, Independent Practitioners
- Health Services Agency Privilege/Procedure List for Other Licensed or Certified Practitioners

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**PROCEDURES:**


Verification of credentials will occur for all LIPs and OLCPs by obtaining Primary Source or Secondary Source Verification using accepted national verification sites. Credentialing documents requiring verification and the verification sites for licensed, registered and certified staff are included in the Credentialing/Re-credentialing Checklist (ATTACHMENT 1). The candidate must submit applicable documentation for review.

Through a formal contract between Health Services Agency and Dignity Health patients can be admitted by the Emergency Department physician and will be followed by a hospitalist.

**RESPONSIBILITIES:**

The completed Credentialing Checklist and additional materials will be reviewed by the credentialing manager for completeness and forwarded to the Credentials Verification Organization (CVO) for verification. Any missing information will be requested from the applicant. The additional requested materials must be returned within two weeks to credentialing manager or designee.

1. CVO verifies credentials and forwards information to the hiring manager or designee. The hiring manager maintains the credentialing spreadsheet to accurately track all practitioners' credentials.
2. County Personnel Department will complete query of Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal index systems pursuant to standard process. LIPs and OLCP additionally have a query of the National Practitioner Data Bank (NPDB) and Medi-Cal Suspended and Ineligible Provider List completed by the CVO. Clearance of query is filed in the LIP or OLCP credentialing file. The LIP or OLCP bears the burden of establishing and resolving any reasonable doubts about his/her qualifications. A copy of government issued photo identification will be requested at Personnel during the onboard processing and additionally, will be kept in the Employee Documents Database. Failure to meet this burden may result in denial of the application. Verification of Basic Life Support Training for LIPs and OLCPs.
3. All adverse information found on the background check is evaluated by the Medical Director and Peer Review and Risk Management Committee.
4. A pre-employment physical is completed in accordance with County Personnel Procedures. Fitness for duty is evaluated at time of hire with a physical exam reviewing immunizations and PPD status. Annually, thereafter fitness for duty will be documented in the annual evaluation for LIPs and OLCPs.

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5. The Supervising Practitioner completes proctoring of twenty patient encounters for LIPs during initial evaluation of competency. Peer chart audits are completed at least twice a year thereafter at designated Provider meetings. Each Practitioner will review up to ten charts to assess current competencies. If issues arise it will be elevated to a supervisory review to determine if corrective action is needed. All other licensed, registered and certified practitioners will have clinical competencies evaluated during orientation and annually thereafter. The evaluation data shall be provided to the Clinic Services Division designated staff for placement into credentialing database.
  
6. Practitioner shall complete a Clinical Privileges/Procedure Application (ATTACHMENT 2) prior to providing clinical services. Practitioners, employed and contracted, shall have the burden of producing all necessary information in a timely manner for an adequate evaluation of their qualifications and suitability for clinical privileges. The applicant's failure to sustain this burden may be grounds for denial or termination of privileges.
  
7. At any time based on an incident and competency issues, Medical Director or Supervising Practitioner may revise or revoke privileges of the LIP or OLCP. A corrective action will be issued and LIP or OLCP will have the right to appeal to the Chief of Clinic Services. The Chief of Clinic Services will have five business days to respond to the LIP or OLCP. If revocation is reversed the LIP/OLCP must complete a renewal of privileges document and competencies will be reviewed by the Medical Director at six months and then again at twelve months.

**APPROVAL PROCESS**


Health Services Agency Co-Applicant Board authorizes the Medical Director, in combination with the appropriate Supervising Practitioner, to approve credentialing and privileging of health care practitioners who meet the standards for verification. The Supervising Practitioner and Medical Director will assess the credentials of each health care practitioner as outlined in the Credentialing/ Re-credentialing Checklist.

Upon the final decision by the Medical Director, Clinic Services Division staff will notify the physician in a timely manner of the approval and the next re-credentialing period. If the Medical Director denies the practitioner's application the Medical Director will work with the Personnel Department on next steps.

**RE-CREDENTIALING AND RE-PRIVILEGING:**

Credentialing and privileging of current LIPs and other Licensed or Certified Practitioners shall be reviewed at a minimum of every two years. Application for reappointment will be sent to practitioner sixty days prior to their appointment expiration day. The Practitioner shall complete attestation for



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completion of continuing education and attestation questionnaire. Primary source verification of expiring or expired credentials shall be completed by Clinic Services Division staff on an on-going basis. A performance evaluation shall be completed annually by the Supervising Practitioner. All reappointment information will be forwarded to the Medical Director for review.

**TEMPORARY PRIVILEGING:**

Temporary privileges may be granted to a LIP by the Medical Director to fulfill a patient care need. This includes providing temporary privileges to a locum tenens LIP or extra help LIP who is covering for an employed or contracted LIP who is ill or taken a leave of absence. Privileges may be granted to a LIP who has the necessary skills to provide care to a patient that a LIP currently privileged does not possess. Temporary privileges may be granted provided current licensure and current competence has been verified.

**EXPIRED LICENSURE:**

Each month, Clinic Services Division staff, will audit the database to determine which providers have a California Professional License, DEA Certificate, or current Board certification that will be expiring in sixty (60) and thirty (30) days. An e-mail notice is sent to the provider 60 days prior to expiration and a final notice is sent 30 days prior to expiration. E-mail notifications are copied to their Health Center Managers and the Medical Director.

If provider fails to respond and the license expires the Medical Director will have the provider perform limited duties, if possible, until the next steps are coordinated with the Personnel Department.

## ATTACHMENT 1: Credentialing=

Provider Name: \_\_\_\_\_

Provider Type: \_\_\_\_\_

### Licensed Independent Provider (LIP)

- Physician
- Physician Assistant
- Nurse Practitioner
- Psychiatrist
- Licensed Clinical Social Worker
- Clinical Psychologist
- Acupuncturist

### Other Licensed or Certified Practitioner

- Registered Nurse (RN, PHN, LPN)
- Medical Assistants
- Public Health Microbiologist
- Clinical Lab Scientist
- Laboratory Assistant (Phlebotomist)
- Radiologic Technologist
- Licensed Marriage and Family Therapy
- Mental Health Client Specialist (MAT Only)

Credentialing Requirement	Practitioner Type	Verification Type	Verification Source		
<b>Licensure, Registration, or Certification</b>	All Practitioner Types	Primary Source	Perform internet verification with licensing board or telephone verification. <ul style="list-style-type: none"> <li>• MD/DO: Medical Board of California</li> <li>• NP/PHN/RN: Board of Registered Nursing</li> <li>• PA: Physician Assistant Committee</li> <li>• LCSW: Board of Behavioral Sciences</li> <li>• Lab Scientist: CA Department of Public Health Laboratory Personnel License Verification</li> <li>• MA: Telephone Verification</li> </ul>		
<b>Curriculum Vitae</b> (For re-credentialing obtain attestation by practitioner that CV has not changed since initial credentialing)	Licensed Independent Practitioners	Not applicable	Copy of Curriculum Vitae		
<b>Education/Training</b> <ol style="list-style-type: none"> <li>1. Graduation from Medical School</li> <li>2. Residency</li> <li>3. Board Cert, if applicable</li> </ol>	Licensed Independent Practitioners	Primary Source	<ul style="list-style-type: none"> <li>• Education Commission for Foreign Medical Graduates</li> <li>• American Board of Medical Specialists</li> <li>• American</li> </ul>		

			<p>Osteopathic Association Physician Database</p> <ul style="list-style-type: none"> <li>American Medical Association Masterfile</li> </ul> <p>Alternatively, perform direct correspondence or telephone verification</p>		
	Other Licensed or Certified Health Care Practitioners	Secondary Source	Copy of Credential (made from the original)		
<b>Board Certification, if applicable</b>	MD and DO	Primary Source	Perform internet verification by specialty at the Board site (e.g. American Board of Internal Medicine or American Board of Family Medicine)		
<b>Current Competence to Practice</b>	Licensed Independent Practitioners	Primary Source	Complete through proctoring of first 20 patient encounters by Supervising Practitioner for new County Employees and Contracted LIPs. Established LIPs have peer chart reviews completed biannually.		
	Other Licensed or Certified Health Care Practitioners	Primary Source	Completed through a review of clinical competency and performance by the Supervisor during orientation for new employees. Established employees have clinical competency reviewed biannually by the Supervisor.		
<b>Government Issued Picture ID</b>	All Practitioner Types	Secondary Source	Copy of ID (made from the original and kept in Employee Documents Database)		
<b>DEA</b>	Licensed Independent Practitioners, as applicable	Secondary	Notarized copy or copy of credential (made from the original)		
<b>NPDB Query</b>	LIP and OLCF	Required every two years	NPDB copy will be kept in Employee Document Database		

<b>Background Check</b>	All Practitioners Types	Primary Source	Completed by Personnel Department: <ul style="list-style-type: none"> <li>Processing of fingerprints through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal index systems</li> </ul>
	Licensed Independent Practitioners	Primary Source	Completed by Clinic Services Division Staff/ CVO: <ul style="list-style-type: none"> <li>National Practitioner Data Bank (NPDB) query completed</li> <li>Medi-Cal Suspended and Ineligible Provider List query completed</li> </ul>
<b>Immunization/PPD Status Current</b>	All Practitioners Types	Secondary Source	Copy of immunization record (made from the original) or statement from Occupational Health Program of immunization and PPD status in accordance with CAL OSHA Aerosolized Transmissible Diseases (ATD) vaccine requirements submitted at the time of the pre-employment physical. Record of completion and expiration is kept in Employee Document Database.
<b>Health/Fitness</b>	Licensed Independent Practitioners	Primary Source	Pre-employment physical signed by the Occupational Health Provider. Must have ability to perform requested privileges.
<b>Basic Life Support Training</b>	LIP and OLCP	Secondary Source	Copy of certificate made from original

**Medical Director Review**

**Credentialing Manager Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Medical Director Signature and Credentials:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Medical Director Recommendation**

- Recommend approval of credentialing
- Do not recommend approval of credentialing

Provider Name: \_\_\_\_\_

## ATTACHMENT 2: HEALTH SERVICES AGENCY CLINIC SERVICE DIVISION PRIVILEGE/PROCEDURE LIST FOR LICENSED, INDIVIDUAL PRACTITIONER

### Section A: Ambulatory Practice

These privileges include routine diagnostic and therapeutic procedures associated with outpatient care such as but not limited to:

- Obtain a history, perform a physical examination, order and interpret clinical laboratory tests, provide routine primary care procedures, prescribe medications, request consultation and make referrals.
- Care of neonates and infants, including both well-baby and ill newborns.
- Illnesses, disorders and injuries of childhood, such as pneumonia, asthma, gastrointestinal infections, dehydration and urinary tract infections.
- Illnesses, disorders and injuries of adolescence.
- Illnesses, disorders and injuries of the adult, including but not limited to conditions of the heart, kidney, lung, musculoskeletal system, skin, eye and nervous system, and including multi-system diseases such as diabetes mellitus, HIV/AIDS and cancer.
- Women's health, including illnesses, disorders and injuries of the female reproductive and genitourinary systems.
- Pre-and post-operative evaluation and care.
- Acute and chronic diseases of the elderly, including dementias, as well as functional assessment, physiologic and psychologic aspects of senescence and end-of-life care.
- Psychiatric disorders in children and adults, emotional aspects of non-psychiatric disorders, psychopharmacology, alcoholism and other substance abuse.
- Community issues, such as child abuse and neglect, domestic violence, elder abuse and neglect, disease prevention and disaster preparedness.

**Exclusions: Though considered core privileges for Family Medicine, the following privileges will be excluded for this applicant at their request.**

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<b>Privileges in Ambulatory Practice</b>	<b>Please Check Requested Privileges</b>	<b>Approved by Medical Director</b>
Primary Care Infants: 0-2 years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Primary Care Children: 2-12 years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Primary Care Adolescents: 12-18 years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Primary Care Adults: 18-65 Years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Primary Care Seniors: 65 + Years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**Section B: Special Procedures**

<b>Procedures</b>	<b>Please Check Requested Privileges</b>	<b>Approved by Medical Director</b>
Anoscopy, Proctoscopy	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Bursal & Joint Aspirations & Injections	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Cervical Polypectomy	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Colposcopy	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Cryotherapy	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Debridement of Minor Burns	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Dx & Rx of Most Common Dermatological Disease	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
EKG Interpretation	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Endometrial Biopsy	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Excision of Minor Skin Lesions	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Family Planning/Contraception	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
I & D of Abscess or Cyst	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
I & D of Bartholin's Gland/ Word Catheter Placement	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
I & D of External Hemorrhoids	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Ingrown Toenail Removal	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
IUD Insertion	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Removal of Foreign Bodies from Ears	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Removal of Foreign Bodies from Eyes	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Removal of Foreign Bodies from Nose	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Removal of Impacted Cerumen	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Simple Fracture: Casting	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Simple Fracture: Splinting	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Suture of Lacerations	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Treatment of Plantar Warts	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Tympanometry	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Venipuncture	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

Vulvar & Vaginal Biopsy	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Prenatal Care	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Anesthesia: (Types):	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Other:	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

- Applicant attests that clinical training provided is adequate instruction and experience for requested privileges.
- Any restrictions on clinical privileges granted are waived in an emergency.
- Clinical privileges expire and must be renewed after two years.

Date of prior privileging approval:

\_\_\_\_\_

I understand that by making these privilege requests, I am bound by the applicable policies of the entity at which the privileges are requested.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

All requested privileges approved. YES  NO  If NO, list exception/s:

\_\_\_\_\_

Required supervision or training completed? YES  NO

The requested privileges can be performed at any Clinic Services Division Health Centers.

I have reviewed the capabilities of this provider; the privileges requested and recommend this provider for Appointment or Reappointment.

\_\_\_\_\_

Medical Director

\_\_\_\_\_

Date

**ATTACHMENT 3: HEALTH SERVICES AGENCY PRIVILEGE and  
PROCEDURE LIST FOR OTHER LICENSED OR CERTIFIED  
PRACTITIONERS (OLCP)**

Staff Name: \_\_\_\_\_

**Other Licensed or Certified Practitioner**

- Registered Nurse (RN, PHN, LPN)
- Medical Assistants
- Public Health Microbiologist
- Clinical Lab Scientist
- Laboratory Assistant (Phlebotomist)
- Radiologic Technologist
- Other: \_\_\_\_\_

**Privileges in Federally Qualified Health Center**

Age Group	Please Check Requested Privileges	Approved by Medical Director or Designee
Infants: 0-2 years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Children: 2-12 years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Adolescents: 12-18 years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
18-65 Years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Seniors: 65 + Years	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**Accrediting Body or Policy and Procedure**

	Please Check Requested Privileges	Approved by Medical Director or Designee
For Medical Assistants: As delineated in Clinic Services Division Policy number 210.01-Supervision by Registered Nurse of Medical Assistant	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
For Radiologic Technologist: As delineated in the Scope of Practice and Responsibilities for CRT's as stated in the California Code of Regulations Sections 30100-30500.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
For Nurses: As recognized by the Nursing Board of California and delineated in Scope of Practice and	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no



Responsibilities for RN's and as stated in the Nursing Practice Act located in the California Professions Code starting with Section 2700.	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a
For Clinical Lab Scientist: As recognized by the California of Public Health Laboratory Field Services and as delineated in job specifications.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
For Laboratory Assistant: As recognized by the California of Public Health Laboratory Field Services and as delineated in job specifications.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
For Public Health Microbiologist: As recognized by the California of Public Health Laboratory Field Services and as delineated in job specifications.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Other:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

**Exclusions: The following privileges will be excluded for this applicant at their request.**

- Applicant attests that clinical training provided is adequate instruction and experience for requested privileges.
- Any restrictions on clinical privileges granted are waived in an emergency.
- Clinical privileges expire and must be renewed after two years.

Date of prior privileging approval: \_\_\_\_\_

I understand that by making these privilege requests, I am bound by the applicable policies of the entity at which the privileges are requested.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All requested privileges approved? YES  NO  If NO, list exception/s:

Required supervision or training completed? YES  NO

The requested privileges can be performed at any Clinic Services Division Health Centers. I have reviewed the capabilities of this provider; the privileges requested and recommend this provider for Appointment or Reappointment.

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date



HEALTH SERVICES AGENCY  
CLINIC SERVICES DIVISION  
FY 2021-22 RECOMMENDED BUDGET

Budget Presentation  
for  
County of Santa Cruz  
Community Health Center Commission

June 3, 2021

Presented by: Dr. Julian N. Wren, CFO of Clinic Services

# REQUESTED ACTION

- Commission to approve the recommended Clinic Services Division Fiscal Year 21/22 budget.

# Unique Year for Budget Development FY 21-22

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- CAO's office requested 3 budget scenarios.
- No furlough, Half furlough (3.75%), and Full furlough (7.5%)
- CAO recommended to BOS to use the New Federal funding towards eliminating furloughs.
- I am presenting the no furlough scenario.

# SWOT

## Strengths

- \* Necessary piece of safety-net
- \* Revenue generating with PPS rate
- \* Innovative health community
- \* Dedicated workforce (fully staffed)
- \* Historically stable bipartisan supported federal funding
- \* Mobile Unit

## Weaknesses

- \* Space
- \* Competing priorities
- \* Case Management
- \* North County Medical Director
- \* Quality broadband access and video capabilities

## Opportunities

- \* COVID 19 Funding
- \* Strategic Planning
- \* Deeper collaboration with FQHCs
- \* Opioid crisis funding
- \* Homeless funding
- \* CalAIM

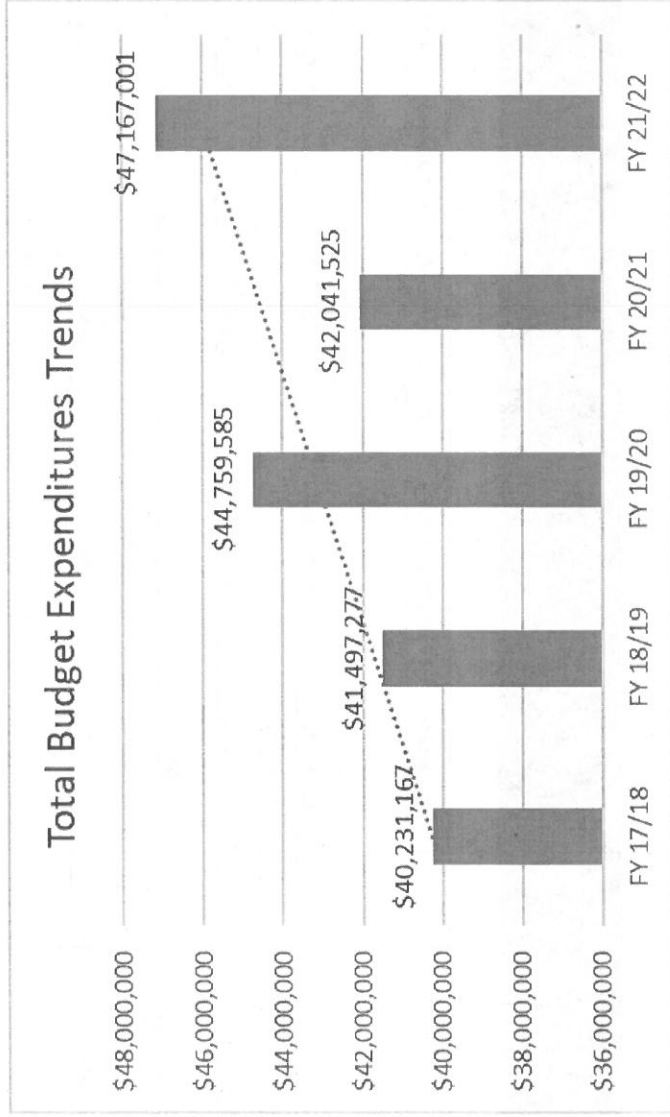
## Threats

- \* Telehealth Reimbursement (65%)
- \* Recruitment (Medical Director)
- \* Space Challenges
- \* PH Emergencies
- \* Quality broadband access and video capabilities

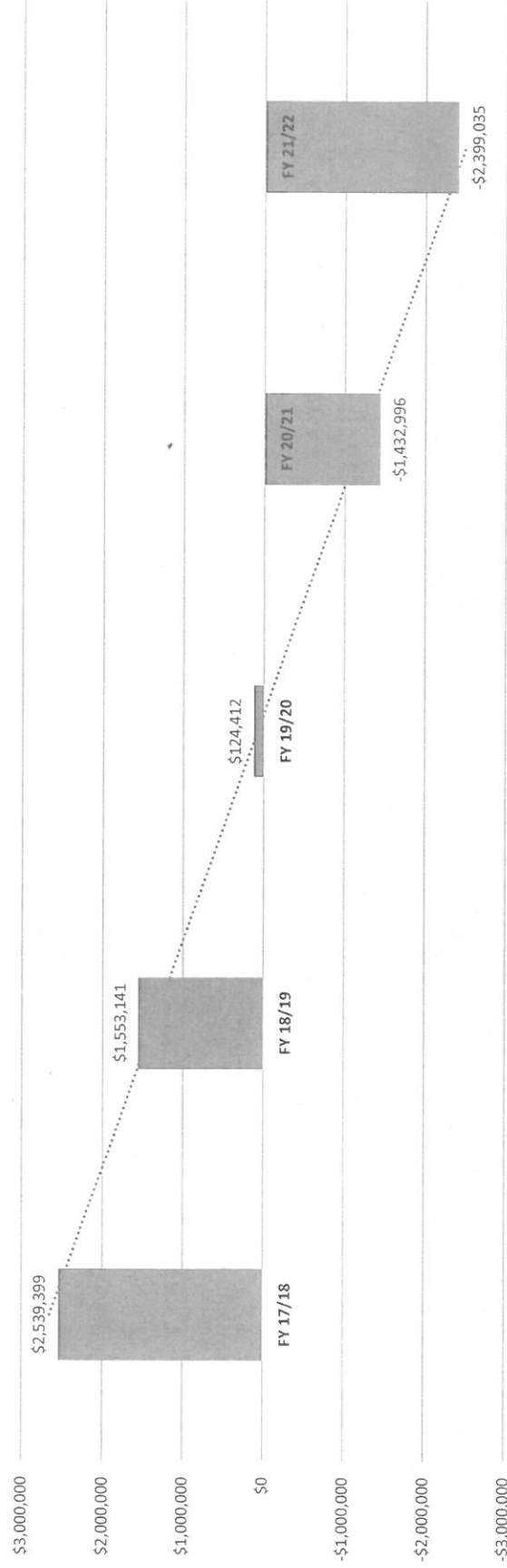
CLINIC SERVICES DIVISION  
 FY 2021-22 RECOMMENDED BUDGET  
 4 Year Budget Trend

	FY 18-19 Budgeted	FY 19-20 Budgeted	FY 20-21 Budgeted	FY 21-22 Recommended	Percent Change
<b>EXPENDITURES</b>					
50-SALARIES AND EMPLOYEE BENEF	41,497,277	44,759,585	42,041,525	47,167,001	12.2%
60-SERVICES AND SUPPLIES	19,263,247	25,985,173	24,291,511	27,397,016	12.8%
70-OTHER CHARGES	5,870,899	6,566,010	6,262,919	7,246,461	15.7%
80-FIXED ASSETS	2,663,589	2,741,421	2,552,213	2,882,951	12.9%
95-INTRAFUND TRANSFERS	10,468	323,334	196,135	196,135	0.0%
90-OTHER FINANCING USES	13,689,074	9,235,873	8,538,747	9,444,438	10.6%
		100,000	200,000	0	-100.0%
<b>REVENUES</b>					
15-INTERGOVERNMENTAL REVENUES	-39,944,386	-44,827,400	-43,474,521	-49,566,036	14.0%
19-CHARGES FOR SERVICES	-3,390,153	-4,030,520	-5,144,475	-6,417,946	24.8%
23-MISC. REVENUES	-35,479,533	-39,307,722	-36,650,741	-42,454,790	15.8%
	-1,074,700	-1,489,158	-1,679,305	-693,300	-58.7%
<b>NET COUNTY COST (GENERAL FUND)</b>	<b>1,552,891</b>	<b>124,412</b>	<b>-1,432,996</b>	<b>-2,399,035</b>	<b>67.4%</b>

# Total Budget Expenditures Trend

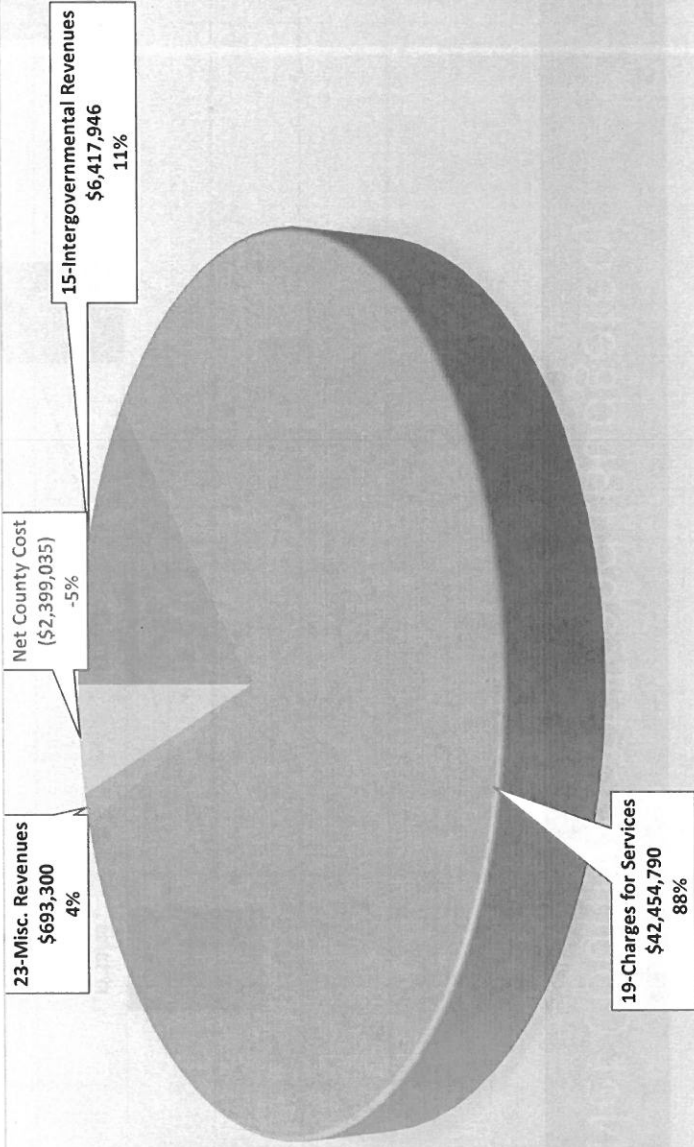


# Net County Cost Trend (Budgeted)

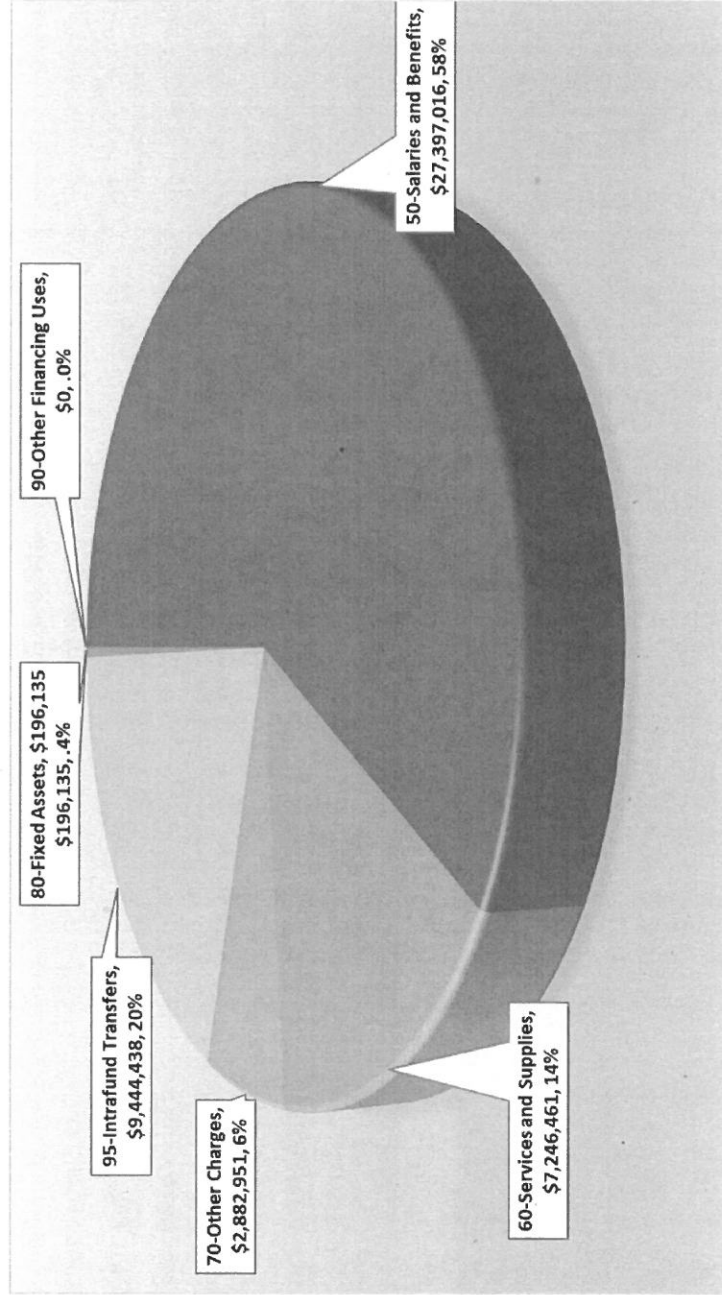




CLINIC SERVICES DIVISION  
FY 2021-22 RECOMMENDED BUDGET  
\$49,566,036 FUNDING SOURCES



CLINIC SERVICES DIVISION  
FY 2021-22 RECOMMENDED BUDGET  
\$47,167,001 EXPENDITURES



CLINIC SERVICES DIVISION  
 FY 2020-21 RECOMMENDED BUDGET  
 Salaries and Benefits

EXPENDITURE	FY 2019-20 Budgeted	FY 2020-21 Budgeted	FY 2021-22 Recommended	Percent Change
50-SALARIES AND EMPLOYEE BENEFITS	25,985,174	24,291,511	27,397,016	12.8%
51000-REGULAR PAY-PERMANENT	16,269,681	14,704,601	16,399,242	11.5%
51005-OVERTIME PAY-PERMANENT	274,500	274,500	274,500	0.0%
51010-REGULAR PAY-EXTRA HELP	661,000	661,000	661,000	0.0%
51040-DIFFERENTIAL PAY	297,538	269,743	356,577	32.0%
52010-OASDI-SOCIAL SECURITY	1,224,380	1,111,319	1,258,209	13.2%
52015-PERS	3,700,842	3,549,407	4,221,157	18.9%
53010-EMPLOYEE INSURANCE & BENEFITS	3,147,840	3,294,324	3,857,303	17.1%
53015-UNEMPLOYMENT INSURANCE	27,443	24,341	17,974	-26.2%
54010-WORKERS COMPENSATION INSURANCE	381,950	402,276	351,054	-12.7%
55021-OTHER BENEFITS MISC	0	0	0	0%
SALARIES AND EMPLOYEE BENEFITS TOTAL	25,985,174	24,291,511	27,397,016	12.8%

## Potential revenue

- Grants and Revenue: \$8,334,199
  - 3 Physicians (\$3,348,726)
  - ELC Funding (\$127,000)
  - COVID 19 ARP (\$3,413,375)
  - HRSA ARP Infrastructure Grant (\$680,136)
  - “Proposed” Saturday Clinic Net Revenue (\$355,808)
  - Ryan White Part C funding (\$409,150)
  - We will be getting COVID grant money in 21-23 and 22-23 amount TBA

# Supplies & Fixed Assets

HPHP Pre-Approved Remodel,  
HVAC Unit, and Hydrosurgery  
System, and Exam Table.

Vaccine refrigerators.

Furniture for Triage Suite D at  
WHC.

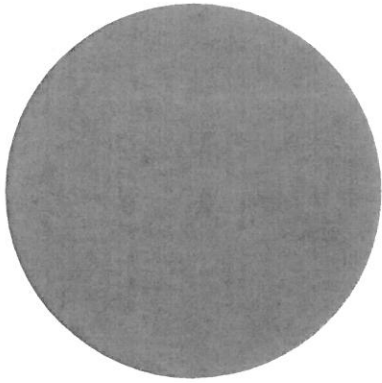
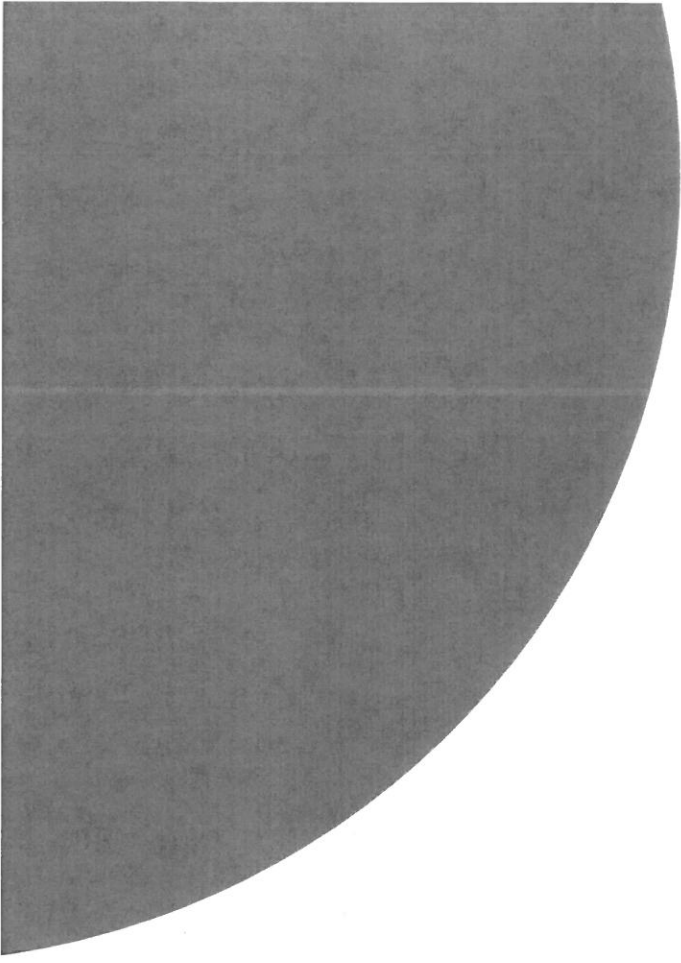
Power Exam Tables.

Storage Structure for mobile unit.

Trellis Software for lab.

Small transport vehicle for WHC.

Van for WHC



Questions?



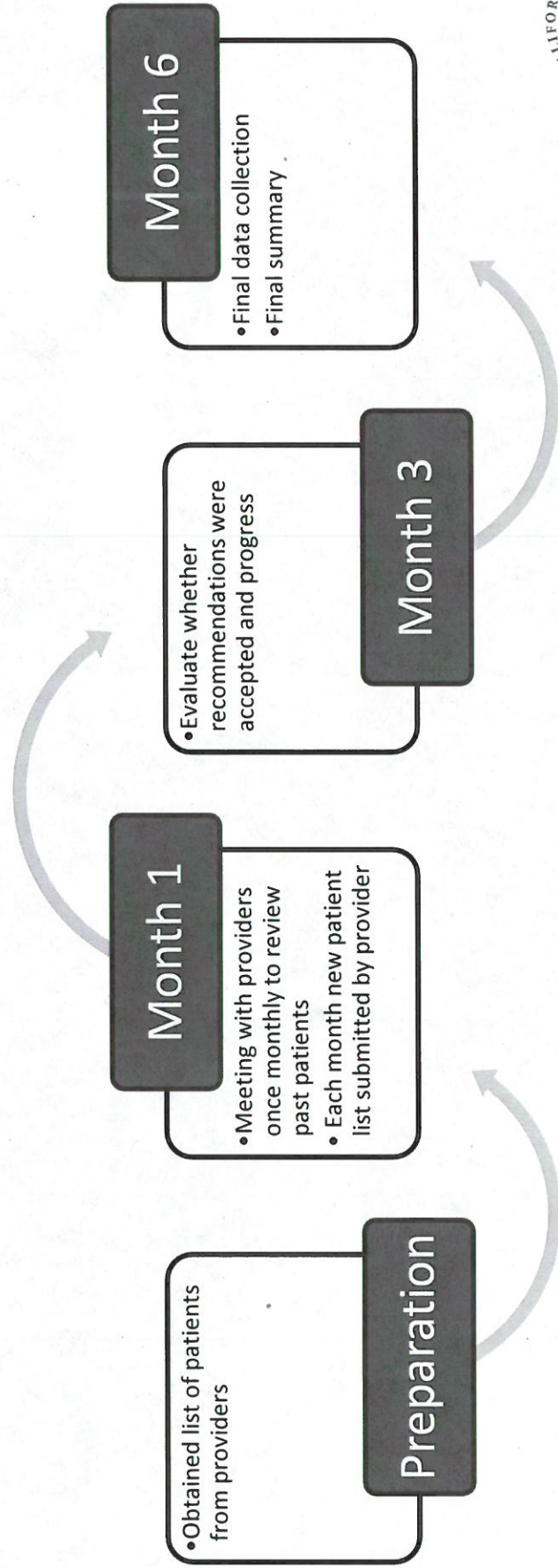


# Diabetes Therapy Management Project Results

Vera Eichenbaum, PharmD, BCMAS, TTS  
6/3/2021

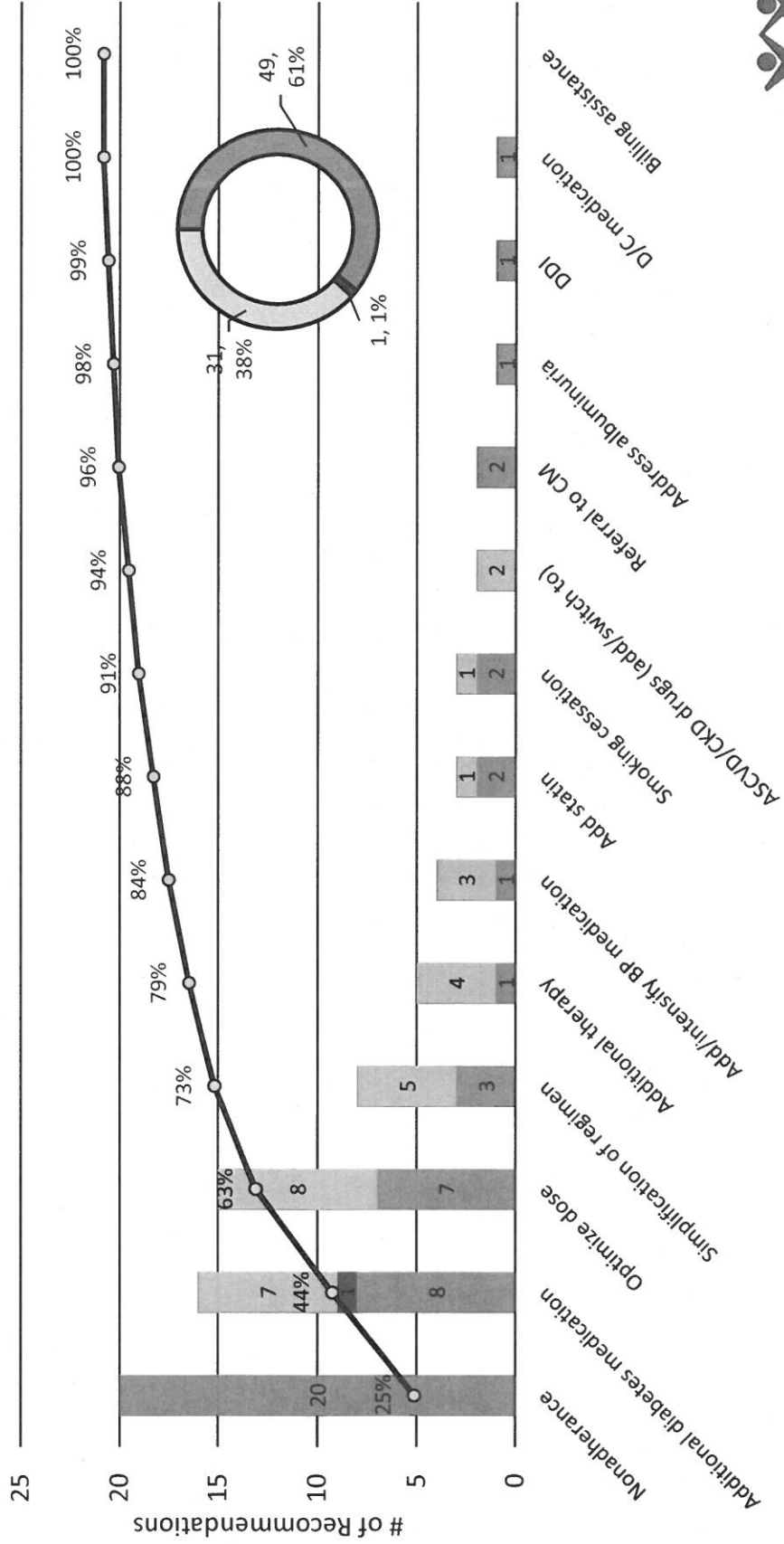


# PROJECT TIMELINE

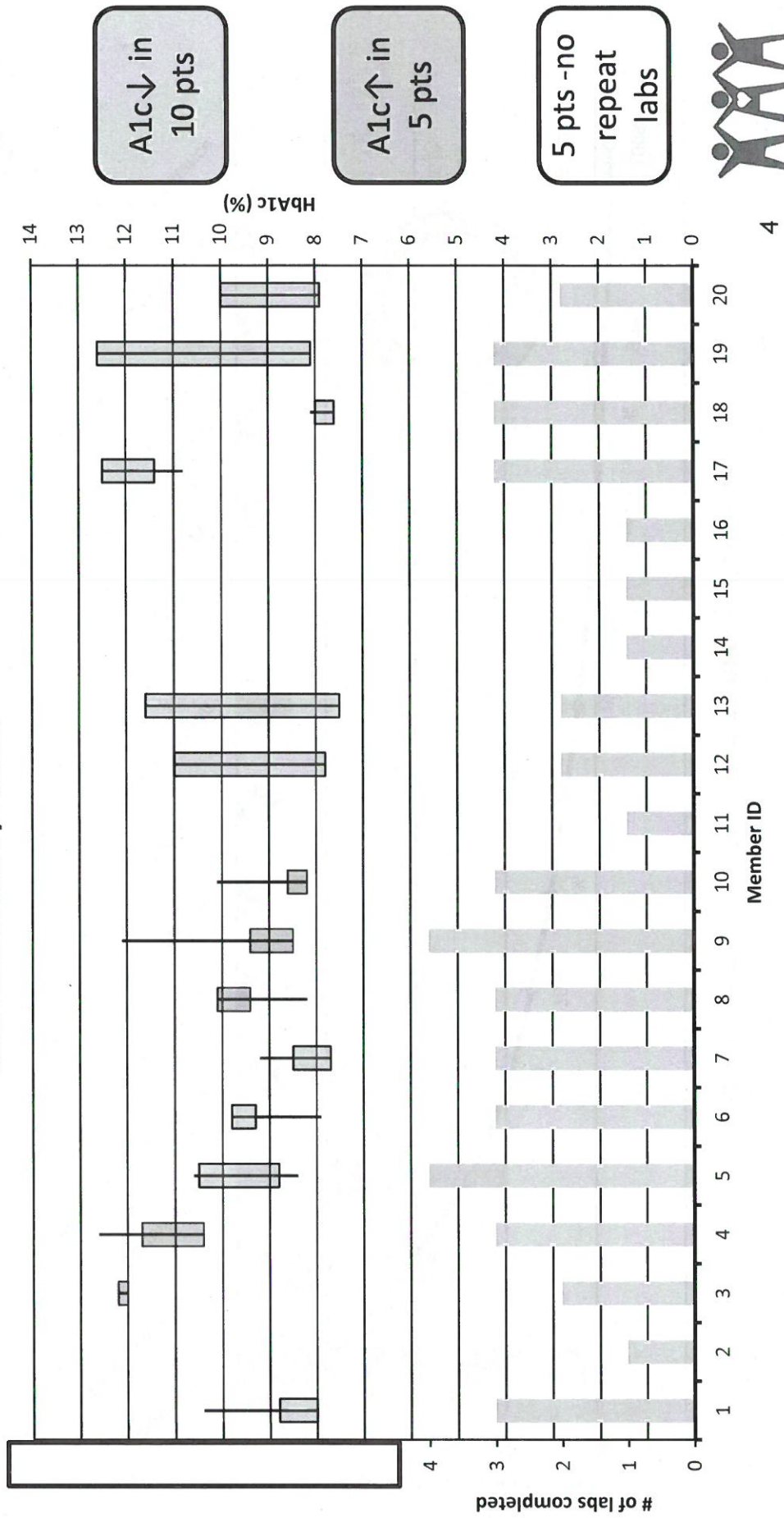




### Watsonville Health Center Recommendations (n=81)

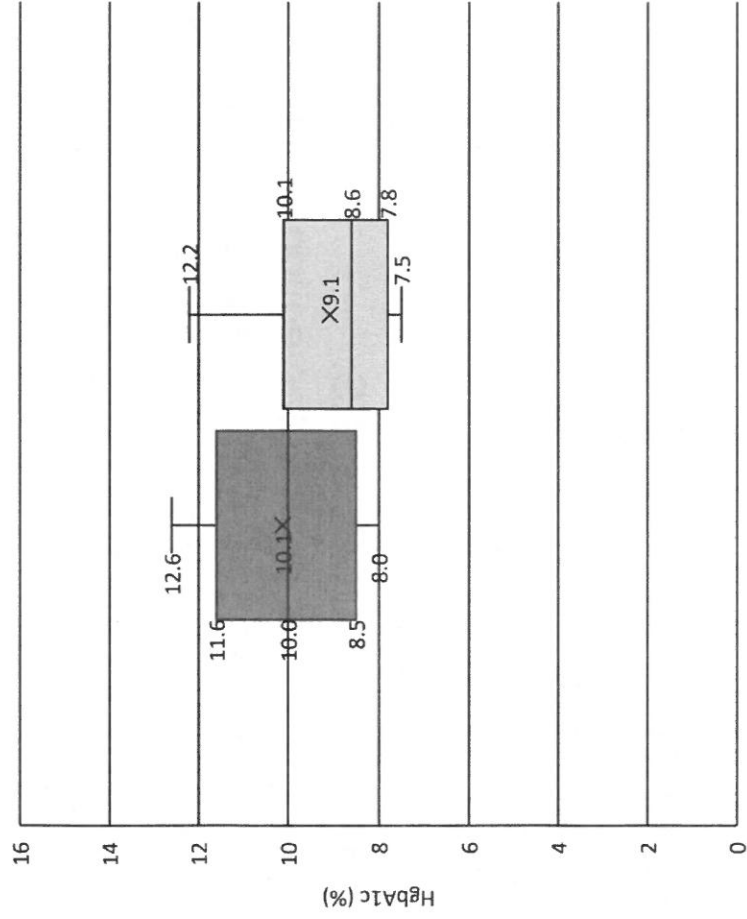


# WHC HbA1c Data By Patient



# Pre-Post Intervention A1c Comparison

Watsonville Health Center



Poor control (n=15):  
67% → 40%



## SUMMARY

### CHALLENGES:

- Medication non-adherence
- Appointment no-shows

### HIGHLIGHTS & SUCCESSES:

- 60% of patients in our intervention group achieved A1C<9
- 10/15 patients had a total decrease in A1C
- Updated providers on most current ADA guidelines and Alliance resources

### FACTS:

- *Per American Diabetes Association, in 2017 diabetes cost the US \$347 billion*
- *Per National Quality Forum reducing A1C by just 1%, helps reduce risk of microvascular complications (eye, kidney and nerve disease) by as much as 40%*



Thank you!

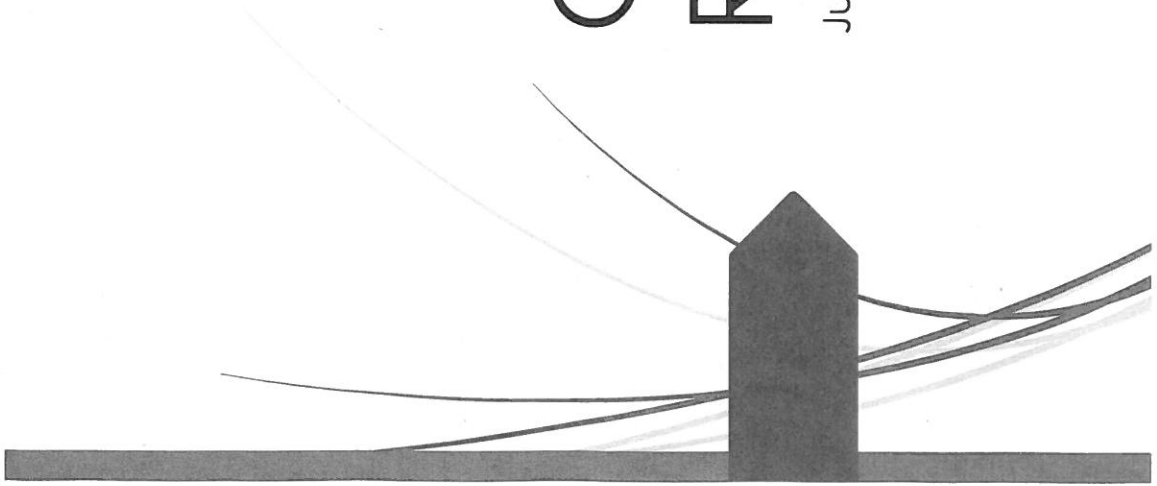


Questions?



# Quality Management Report

June 3, 2021





## Quality Management Committee Peer Review and Risk Management Committee

- ▶ Continuing Quality Improvement Projects(Hypertension, diabetes, BMI, cervical and colorectal cancer screenings)
- ▶ Peer Review Committee: Automating Chart Review Monthly Assignments using digital DocuSign System. GO LIVE: June
- ▶ Reviewed and Approved Clinic Two Year Strategic Plan- July 2021 through June 2023
- ▶ COVID-19 Recovery Team:
  - ▶ Mass Vaccine Clinics Sunsetting
  - ▶ Walk-in/Clinic appointment model

# Patient Satisfaction Survey Results

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2020





# Watsonville Health Center 2020

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Responses 166

Sent via text in December 2020

Reflecting on last 6 months



# Santa Cruz Health Center

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Responses 134

Sent via text in December 2020

Reflecting on last 6 months



# Homeless Persons Health Project

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Responses 34

Sent via text in December 2020

Reflecting on last 6 months



# Watsonville Health Center

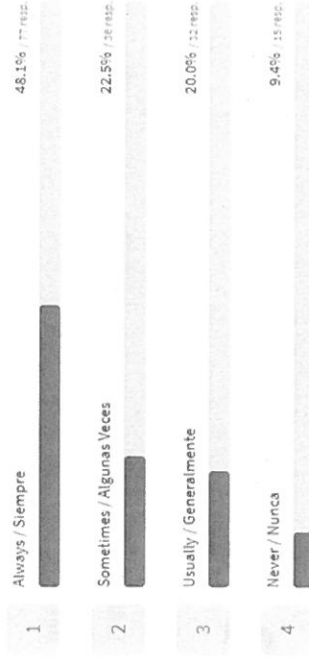
## Question 1

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In the last 6 months, when you contacted this clinician's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

En los últimos 6 meses, cuando se puso en contacto con el consultorio de este médico para obtener una cita para la atención que necesitaba de inmediato, ¿con qué frecuencia obtuvo una cita tan pronto como la necesitaba?

160 out of 166 answered



# Santa Cruz Health Center

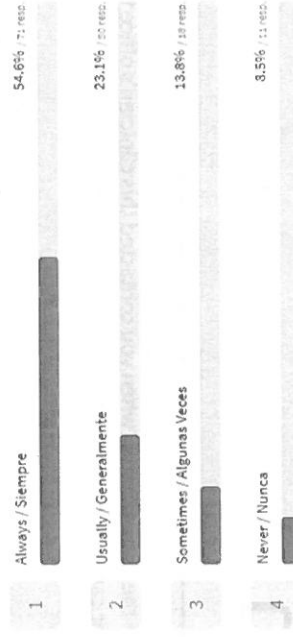
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130 out of 134 answered



# Homeless Persons Health Project

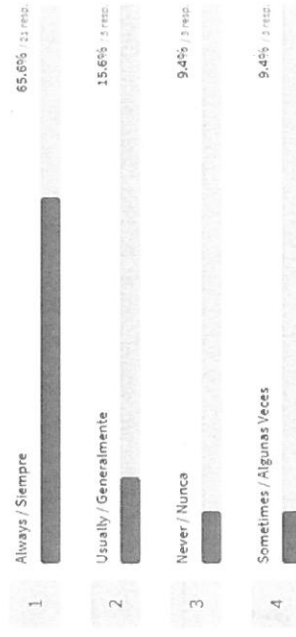
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En los últimos 6 meses, cuando se puso en contacto con el consultorio de este médico para obtener una cita para la atención que necesitaba de inmediato, ¿con qué frecuencia obtuvo una cita tan pronto como la necesitaba?

32 out of 34 answered



# Watsonville Health Center 2020

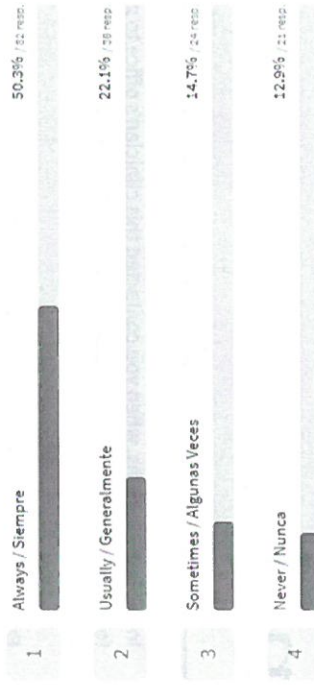
## Question 2

---

In the last 6 months, when you contacted this clinician's office during regular office hours, how often did you get an answer to your medical question that same day?

En los últimos 6 meses, cuando se puso en contacto con el consultorio de este médico durante el horario regular de oficina, ¿con qué frecuencia obtuvo una respuesta a su pregunta médica ese mismo día?

163 out of 166 answered



# Santa Cruz Health Center

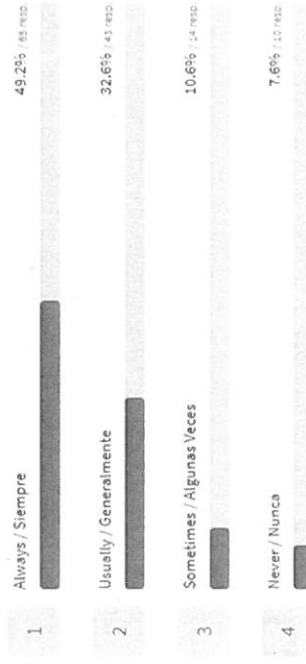
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132 out of 134 answered





# Homeless Persons Health Project

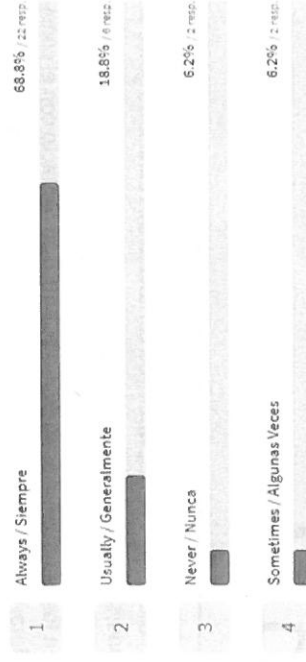
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32 out of 34 answered



# Watsonville Health Center 2020

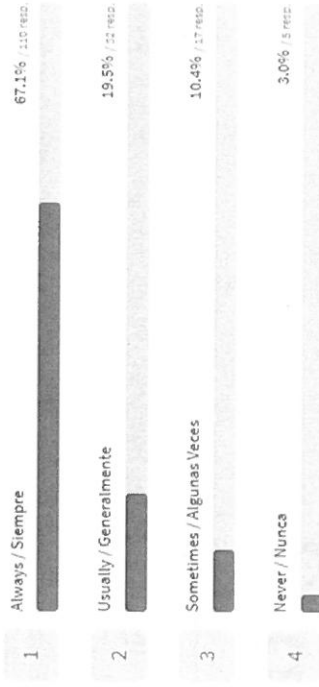
## Question 3

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In the last 6 months, how often did this clinician explain things in a way that was easy to understand?

En los últimos 6 meses, ¿con qué frecuencia este clínico explicó las cosas de una manera que era fácil de entender?

164 out of 166 answered



# Santa Cruz Health Center

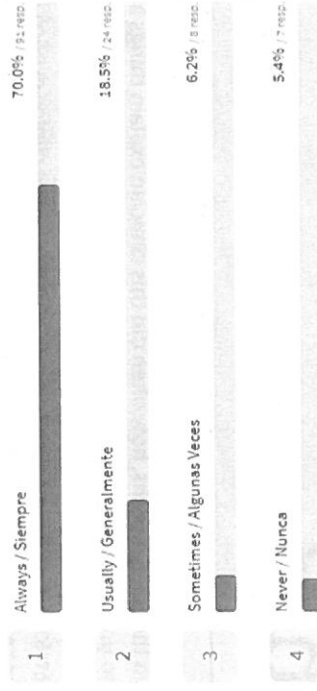
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130 out of 134 answered



# Homeless Persons Health Project

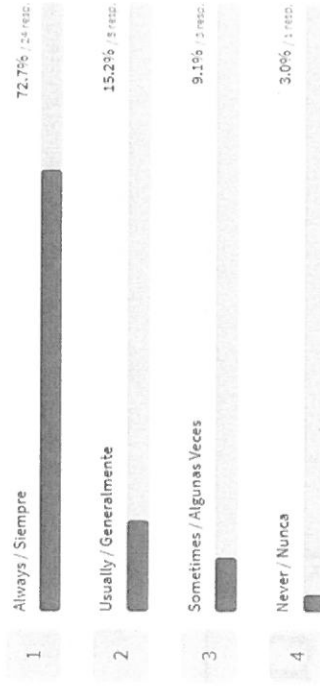
## Question 3

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En los últimos 6 meses, ¿con qué frecuencia este clínico explicó las cosas de una manera que era fácil de entender?

33 out of 34 answered



# Watsonville Health Center 2020

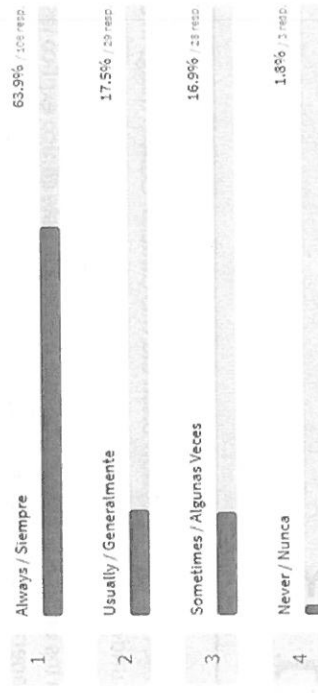
## Question 4

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In the last 6 months, how often did this clinician listen carefully to you?

En los últimos 6 meses, ¿con qué frecuencia le escuchó atentamente este clínico?

166 out of 166 answered



# Santa Cruz Health Center

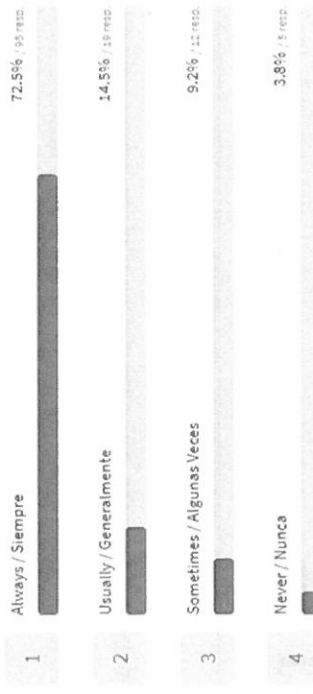
## Question 4

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En los últimos 6 meses, ¿con qué frecuencia le escuchó atentamente este clínico?

131 out of 134 answered



# Homeless Persons Health Project

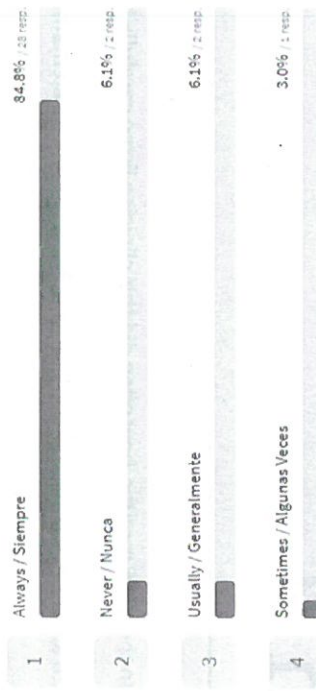
## Question 4

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33 out of 34 answered



# Watsonville Health Center 2020

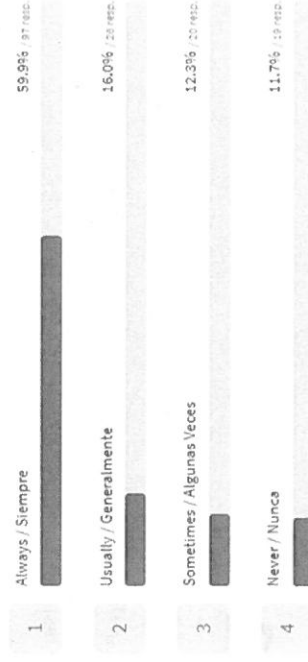
## Question 5

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In the last 6 months, when this clinician ordered a blood test, x-ray, or other test for you, how often did someone from this clinician's office follow up to give you those results?

En los últimos 6 meses, cuando este médico ordenó un análisis de sangre, radiografía u otro examen, ¿con qué frecuencia alguien del consultorio de este médico le hizo seguimiento para darle esos resultados?

162 out of 156 answered





# Santa Cruz Health Center

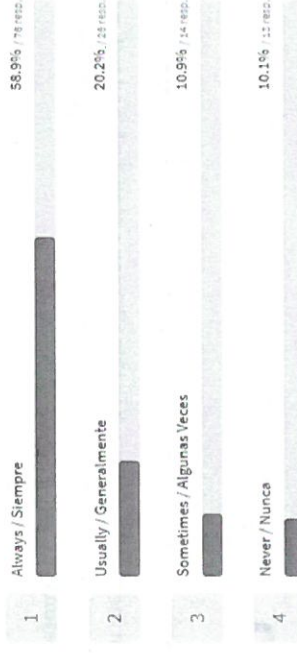
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129 out of 134 answered



# Homeless Persons Health Project

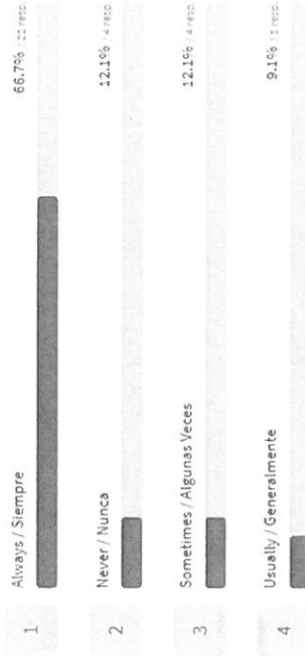
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En los últimos 6 meses, cuando este médico ordenó un análisis de sangre, radiografía u otro examen, ¿con qué frecuencia alguien del consultorio de este médico le hizo seguimiento para darle esos resultados?

33 out of 34 answered



# Watsonville Health Center 2020

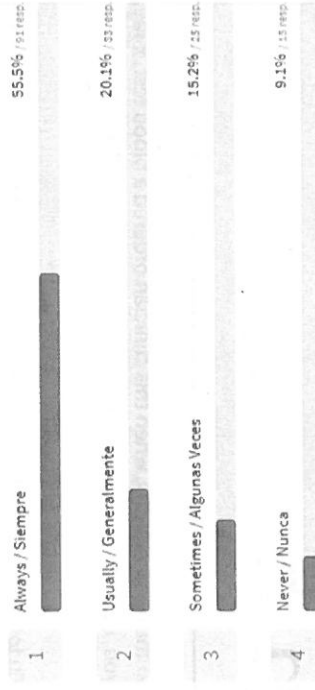
## Question 6

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In the last 6 months, how often were clerks and receptionists at this clinician's office as helpful as you thought they should be?

En los últimos 6 meses, ¿con qué frecuencia los empleados y recepcionistas de la oficina de este médico fueron tan útiles como usted pensó que deberían ser?

164 out of 166 answered



# Santa Cruz Health Center

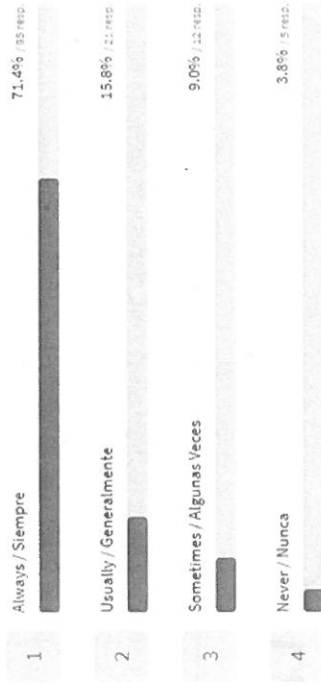
## Question 6

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In the last 6 months, how often were clerks and receptionists at this clinician's office as helpful as you thought they should be?

En los últimos 6 meses, ¿con qué frecuencia los empleados y recepcionistas de la oficina de este médico fueron tan útiles como usted pensó que deberían ser?

133 out of 134 answered



# Homeless Persons Health Project

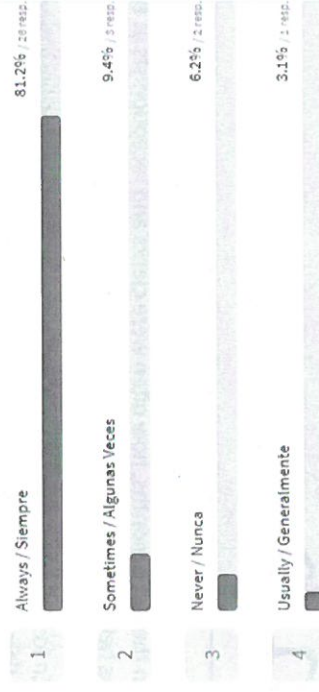
## Question 6

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In the last 6 months, how often were clerks and receptionists at this clinician's office as helpful as you thought they should be?

En los últimos 6 meses, ¿con qué frecuencia los empleados y recepcionistas de la oficina de este médico fueron tan útiles como usted pensó que deberían ser?

32 out of 34 answered



# Risk Management Report 2021

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- Hazard Vulnerability Assessment Completed annually at each Health Center
- Our early 2020 Assessment ranked Fires and Infectious Outbreak Disease in the top 3
- Use this tool to build our annual Emergency Preparedness Drills in November
- Rank over 60 hazards



# Tool:

## Emergency Management

Hazards - Santa Cruz County Emeline Health Center  
 Hazard and Vulnerability Assessment Tool  
 Naturally Occurring Events

Event	PROBABILITY ALERTS Likelihood this will occur 0 = N/A 1 = Low 2 = Moderate 3 = High	ACTIVATIONS Number of Activations	HUMAN IMPACT Possibility of death or injury 0 = N/A 1 = Low 2 = Moderate 3 = High	PROPERTY IMPACT Physical losses and damages 0 = N/A 1 = Low 2 = Moderate 3 = High	BUSINESS IMPACT Interruption of services 0 = N/A 1 = Low 2 = Moderate 3 = High	PREPAREDNESS Preplanning 0 = N/A 1 = High 2 = Moderate 3 = Low	INTERNAL RESPONSE Time, effectiveness, resources 0 = N/A 1 = High 2 = Moderate 3 = Low	EXTERNAL RESPONSE Community/Mutual Aid staff and supplies 0 = N/A 1 = High 2 = Moderate 3 = Low	RISK * Relative threat 0 - 100%
<b>SCORE</b>									
Active Shooter	1	0	2	2	3	3	3	3	30%
Acts of Intert	1	0	2	1	1	3	3	3	31%
Bomb Threat	1	0	2	2	2	3	3	3	17%
Building Move	0	0	0	0	0	3	3	3	0%
Chemical Exposure, External	1	0	0	0	0	3	3	3	10%
Civil Unrest	1	0	0	0	0	3	3	3	10%

Active Shooter  
 Acts of Intent  
 Bomb Threat  
 Building Move  
 Chemical Exposure, External  
 Civil Unrest  
 Communication / Telephone Failure  
 Dam Failure  
 Drought  
 Earthquake  
 Epidemic  
 Evacuation  
 Explosion  
 External Flood  
 Fire  
 Flood  
 Forensic Admission  
 Gas / Emissions Leak  
 Generator Failure  
 Hazmat Incident  
 Hazmat Incident with Mass Casualties  
 Hostage Situation  
 Hurricane  
 HVAC Failure  
 Inclement Weather  
 Infectious Disease Outbreak  
 Internal Fire  
 Internal Flood  
 IT System Outage  
 Landslide

Large Internal Spill  
 Mass Casualty Incident  
 Natural Gas Disruption  
 Natural Gas Failure  
 Other  
 Other Utility Failure  
 Pandemic  
 Patient Surge  
 Picketing  
 Planned Power Outages  
 Unplanned Power Outages  
 Radiation Exposure  
 Seasonal Influenza  
 Sewer Failure  
 Shelter in Place  
 Strikes / Labor Action / Work Stoppage  
 Suicide  
 Supply Chain Shortage / Failure  
 Suspicious Odor  
 Suspicious Package / Substance  
 Temperature Extremes  
 Tornado  
 Transportation Failure  
 Trauma  
 Tsunami  
 VIP Situation  
 Water Contamination  
 Water Disruption  
 Weapon  
 Workplace Violence / Threat



# Emeline Top 10 HVA

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2021

## TOP 10 HVA

	RANK
Generator Failure	1
Pandemic	2
Tsunami	3
Epidemic	4
Earthquake	5
Fire	6
Planned Power Outages	7
Unplanned Power Outages	8
External Flood	9
Flood	10

# HPHP Top 10 HVA

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2021

TOP 10 HVA	RANK
Planned Power Outages	1
Unplanned Power Outages	2
Pandemic	3
Infectious Disease Outbreak	4
Earthquake	5
Internal Flood	6
Other Utility Failure	7
Patient Surge	8
Fire	9
Sewer Failure	10

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# WHC Top 10 HVA

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2021

TOP 10 HVA	RANK
Generator Failure	1
Pandemic	2
Tsunami	3
Epidemic	4
Earthquake	5
Fire	6
Planned Power Outages	7
Unplanned Power Outages	8
External Flood	9
Flood	10