

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

December 14th, 2017 @ 12:30 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. November 9th, 2017 Meeting Minutes – Recommend for Approval
4. Quality Management Committee Update
5. Risk Management Report
6. Budget/Financial Update
7. CEO Update

**Action Items from Previous Meetings:**

Action Item	Person(s) Responsible	Date Completed	Comments

Next meeting: January 11<sup>th</sup>, 2018 12:30 pm-2:30 pm (1080 Emeline Ave, Building D (DOC 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 *November 9<sup>th</sup>, 2017*

<b>1. Attendance</b>			
Rama Khalsa	Chair		
Rahn Garcia	Vice-Chair		
Christina Berberich	Member		
Pam Hammond	Member		
Kristin Meyer	Member		
Dinah Phillips	Member		
Len Finocchio	Member		
Amy Peeler	County of Santa Cruz, Health Services, CEO of Clinics		
Raquel Ramirez Ruiz	County of Santa Cruz, Health Services, Sr. Health Services Manager		
Jeanette Garcia	County of Santa Cruz, Health Services, Admin Services Manager		
Jessica McElveny	County of Santa Cruz, Health Services, Admin Aide		
Linda Manley	County of Santa Cruz, Health Services, Admin Aide		
<b>Meeting Commenced at 12:35 pm and concluded at 2:30 pm</b>			
<b>2. Excused/Absent</b>			
Absent: Nicole Pfeil, Fernando Alcantar and Gustavo Mendoza			
<b>3. Oral Communications</b>			
<b>4. Review of August 10<sup>th</sup>, 2017 minutes - Recommend for Approval</b>			
Dinah Phillips motioned for the acceptance of the minutes, the motion was seconded by Rahn Garcia. The rest of the member present were in favour.			
<b>5. Substance Abuse Presentation – Shaina Zura, Licensed Clinical Social Worker and Chief of Substance Use Disorder Services</b>			
Shaina Zura gave a presentation on the Drug Medi-Cal program.			
<b>6. Quality Management Committee Update</b>			
Raquel Ramirez Ruiz reported on the summer 2017 patient satisfaction survey results. Pam Hammond excused herself at 2:12 pm.			
<b>7. Policies and Procedures - Recommend for Approval</b>			
The following policies and procedures were reviewed and recommended for approval. The rest of the member present were in favor.			
<b>Policy #:</b>	<b>Policy Name:</b>	<b>Motioned by:</b>	<b>Seconded by:</b>
100.03	Billing Department and Front Office Policies and Procedures	Rahn Garcia	Kristin Meyer
100.07	Women's Reproductive Health Services	Len Finocchio	Christina Berberich
500.01	Confidentiality and Access of the Medical Record	Dinah Phillips	Kristin Meyer
610.01	Consent for Treatment	Rahn Garcia	Dinah Phillips
610.02	Consent for Treatment of a Minor	Len Finocchio	Rahn Garcia

610.03	Consent for Immunizations	Dinah Philips	Christina Berberich
700.01	Emergency Procedures	Christina Berberich	Pam Hammond
8. Budget/Financial Update			
Jeanette Garcia gave an update on the year to date financials.			
9. CEO Update			
Amy Peeler reported that the Health Resource and Services Administration (HRSA) will be doing a site visit in May of 2018. She also reported on the status of multiple grant awards and the federal government fiscal cliff and the potential impacts to the clinics. Len Finocchio excused himself at 2:01 pm.			
10. Executive Session – Public Performance Evaluation Chief Executive Officer pursuant to subdivision (b) of Government Code section 54957			
The commission members held a closed door session regarding the Public Employee Performance Evaluation of Chief Executive Officer pursuant to subdivision (b) of Government Code section 54957 and confirmed the prior action taken by the Executive Committee.			

**Next Meeting:** *December 14th pm at 1080 Emeline Ave Building D (Basement), Santa Cruz, CA*

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

## **Risk Management Report 2017**

The Patient Safety and Risk Management Program is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous improvement strategies to support an organizational culture of safety. The governing body empowers the organization leadership and management teams with the responsibility for implementing performance improvement and risk management strategies.

### **PROGRAM GOALS AND OBJECTIVES**

The Patient Safety and Risk Management Program goals and objectives are to:

- Continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- Minimize adverse effects of errors, events, and system breakdowns when they do occur.
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, and operational risks.
- Facilitate compliance with regulatory, legal, and accrediting agency requirements.
- Protect human and intangible resources (e.g., reputation).

**Status:** The Health Services Agency's Safety Committee, Peer Review Committee, Quality Management Committee and the Risk Management Division address patient, staff, volunteer and visitor safety concerns through-out the year. The Incident Reporting system is in place to report any concerns and are reviewed at the Safety Committee meetings. Our Health Center Managers conducted a Hazards Vulnerability Assessment. The Peer Review Committee reviews mortality data to assess if there are any concerns with the treatment provided and then shared with the Primary Care Provider. The Quality Management Committee conducts multiple patient and employee satisfaction surveys and then reviews the results to create improvement activities. The Quality Management Committee is focusing on My Chart Utilization for improved patient care, communication and efficiencies. The Clinic Services Division leadership team are in communication with the Risk Management Division to establish improved communication and coordination. Regular meetings will be formalized between divisions in 2018.

	A	B	C	D	E	F
1	<b>County of Santa Cruz (HSA)</b>					
2	<b>FY 17/18 (All) CLINIC(All)</b>					
3	<b>As of 11/30/17</b>					
4						
5						
6	GLKey	(All)				
7	Division	CLINIC				
8	Object	(All)				
9						
10	<b>Row Labels</b>	<b>Sum of Budget</b>	<b>Sum of Actual</b>	<b>Sum of Estimated Actuals</b>	<b>Sum of EA Var to Bud</b>	<b>42% of Fiscal Year</b>
11	<b>EXPENDITURE</b>	39,762,824	9,977,602	34,390,982	5,371,842	<b>25%</b>
12	CLINIC ADMINISTRATION	5,272,758	2,366,618	5,652,203	(379,445)	45%
13	CORAL STREET CLINIC (HPHP)	3,827,756	1,137,817	3,556,828	270,928	30%
14	EMELINE CLINIC	8,444,059	2,549,755	7,681,387	762,672	30%
15	FORENSIC SERVICES	0	46,579	0	0	Intrafund Transfer
16	MENTAL HEALTH FQHC	13,436,639	1,432,713	9,500,000	3,936,639	11%
17	WATSONVILLE CLINIC	7,181,612	2,237,980	6,500,564	681,048	31%
18	WATSONVILLE DENTAL	1,600,000	206,139	1,500,000	100,000	13%
19						
20	<b>REVENUE</b>	(37,415,165)	(8,892,119)	(30,400,000)	(7,015,165)	<b>24%</b>
21	CLINIC ADMINISTRATION	(1,600,000)	(504,175)	(1,600,000)	0	32%
22	CORAL STREET CLINIC (HPHP)	(2,741,051)	(34,274)	(3,100,000)	358,949	1%
23	EMELINE CLINIC	(8,622,825)	(1,615,972)	(7,500,000)	(1,122,825)	19%
24	MENTAL HEALTH FQHC	(14,536,639)	(3,416,724)	(10,600,000)	(3,936,639)	24%
25	WATSONVILLE CLINIC	(7,714,650)	(2,660,747)	(8,600,000)	885,350	34%
26	WATSONVILLE DENTAL	(2,200,000)	(660,226)	(2,200,000)	0	30%
27	<b>Net County Cost</b>	<b>2,347,659</b>	<b>1,085,483</b>	<b>3,990,982</b>	<b>(1,643,323)</b>	
28						
29	Why \$1.6M increase in Net County Cost?					
30	1) Revenue challenges at Emeline Health Center					
31	2) Increases due to negotiated salaries/benefits					