

The County of Santa Cruz Integrated Community Health Center Commission

AGENDA

June 8th, 2017 @ 12:00 pm

Meeting Location:

115-A Coral Street 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 11th, 2017 Meeting Minutes - Recommend for Approval
4. Community Health Center Presentation – Tour of the Homeless Persons Health Project
5. Policies and Procedure – Recommend for Approval

Policy #:	Policy Name:
300.13	Language Interpreters
300.24	After Hours Clinic Advice by Telephone
300.28	Exam Room Infection Control
400.02	Overdue Lab & Imaging Results
410.07	Back Office Direct Strep QuickVue In-Line Strep A (LS943)
410.08	Conducting Rapid Tests
610.01	Consent for Treatment

6. Budget/Financial Update
 - a. Clinics FY 17-18 Proposed Budget - Recommend for Approval
7. CEO Update
8. Quality Management Committee Update

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: July 13th 12:30 pm-2:30 pm (1080 Emeline Ave, Building D (Second Floor) Santa Cruz, CA)

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Jessica McElveny

Minutes of the meeting held *May 11th, 2017*

1. Attendance			
	Rahn Garcia	Vice-Chair	
	Christina Berberich	Member	
	Pam Hammond	Member	
	Gustavo Mendoza	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, Administrative Services Manager	
	Jessica McElveny	County of Santa Cruz, Health Services, Admin Aide	
Meeting commenced at 12:36 pm and concluded at 2:27 pm.			
2. Excused/Absent			
Excused: Rama Khalsa and Fernando Alcantar			
Absent: Nicole Pfeil			
3. Oral Communications			
Pam Hammond requested that Amy Peeler invite different clinic staff members to speak to the commissioners at future meetings.			
4. Review and Acceptance of the April 13th, 2017 Meeting Minutes			
Dinah Phillips motioned for the acceptance of the minutes, the motion was seconded by Kristin Meyer. The rest of the members present were in favour.			
5. Policies and Procedures – Recommend for Approval			
Christina Berberich motioned for the acceptance of four policies and procedures, the motion was seconded by Pam Hammond. The rest of the member present were in favour. Three policies and procedures were not approved and will be brought back to the commission for approval after the requested clarification and changes are made.			
	Policy #:	Policy Name:	Approved:
1	210.01	Medical Assistant Supervision by Registered Nurse	Yes
2	300.09	Medication Refills	No
3	300.13	Language Interpreters	No
4	410.08	Conducting Rapid Tests	No
5	430.01	Radiology Department - Order for Patient Radiology Procedure	Yes
6	430.03	Radiology Department - Retention and Organization of Films	Yes
7	430.09	Radiology Department - Document Retention	Yes
6. Budget/Financial Update			
Amy Peeler presented the proposed budget for FY 17-18. Dinah Phillips motioned to delay the approval of the FY 17-18 budget to the June 8 th , 2017 meeting. The motion was seconded by Gustavo Mendoza and the rest of the members present were in favor.			
7. CEO Update			
Amy Peeler provided an update on the number of open charts each medical provider has and the reduction of open charts since May 2016. Amy Peeler also provided an abstract on the Assertive Community Treatment (ACT) First grant application to the Substance Abuse & Mental Health Services Administration (SAMHSA).			
8. Quality Management Committee Update			
a. Quality Management Committee Update - Recommend for Approval			
Raquel Ramirez Ruiz reported that the Quality Management team is formalizing a peer review committee and patient safety/risk management committee.			

<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 June 2017</p>	<div data-bbox="1073 163 1260 348" 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 (Spanish and English) support staff are available in Clinic Services.
2. Trained medical interpreters are available via video conference or telephone for other languages.
3. Central California Alliance for Health (CCAH) translation services are available to CCAH members.

<p>SUBJECT: Outside Normal Business Hours Advice by Telephone</p> <p>SERIES: 300 Patient Care & Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.24</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: December 2011</p> <p>REVISED: June 2017</p>	<div data-bbox="1071 163 1258 346" 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:

It is the policy of the County of Santa Cruz Health Services Agency (HSA) that patients have timely access to interactive clinical advice to communicate over the telephone with a provider outside of normal business hours in a manner that is culturally and linguistically appropriate.

It is the policy of the HSA that clinical advice by telephone outside of normal business hours is communicated only to patients who are established with the HSA's clinics.

It is the policy of the HSA's Clinics that communication outside of normal business hours by telephone is performed and documented in the patient's medical record in a manner that is consistent with medical and legal prudence.

PROCEDURE:

Patients can seek and receive clinical advice from an on-call provider employed by HSA by telephone when the office is closed.


HSA establishes a monthly schedule for call providers which can be found on the intranet site.

Patients are informed of the availability of outside of normal business hours coverage service when they establish care with an HSA clinic, on the front door of the clinics as well as on every appointment reminder card. The number is also stated on the outside of normal business hours message.

When patients call an HSA clinic during usual operating hours they hear a recording that informs them:

1. Of the Clinic's usual business hours.
2. To call 911 for a medical emergency.
3. Of the telephone number for the on-call provider.

Once the patient is connected to the answering service, the operator on duty at the answering service:

<p>SUBJECT: Exam Room Infection Control</p> <p>SERIES: 300 Patient Care and Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.28</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: June 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:

The effective use of disinfectants are part of a multi barrier strategy to prevent healthcare associated infections. Environmental surfaces (e.g., bedside table) may contribute to transmission of infection due to the ability of pathogenic microbes to be present on them for extended durations of time. Transfer of pathogenic organisms may occur with hand contact between contaminated surfaces and health care personnel or patients.


POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency (HSA) to prevent the contamination of examination rooms with potentially infectious material and to prevent the spread of disease between patients and staff. Examination rooms will be cleaned between patients by trained personnel and according to an established schedule, including the disposal of infectious waste.

PROCEDURE:

A. Between patients.

1. Wash hands and wear gloves.
 - a. Wash your hands after each patient visit
 - b. Put on new gloves
2. Remove the table paper and place into the trash or into the biohazard waste if soiled with any body fluid.
3. Wipe examination table with disinfectant cloth or spray with disinfectant spray. Use all cleaning products or equipment in accordance with the manufacturer's directions.
4. Let the table dry or wipe it dry with clean paper towel.

<p>SUBJECT: Overdue Lab & Imaging Results Tracking</p> <p>SERIES: 400 Ancillary Services</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 400.02</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: April 2013</p> <p>REVISED: June 2017</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <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) to document and monitor all tests ordered, including laboratory and radiology. The patient's primary care provider (PCP) is notified of all unfilled orders in a timely manner.

It is the policy of the HSA to document and monitor all test results. Results are documented, and the patient's primary care provider is notified of the results. All orders are monitored for successful completion of results.

It is the policy of the HSA that patients are notified of their test results in a timely manner. The notification and all relevant communication are documented in the patient's medical record in a manner that is consistent with medical and legal prudence.

PROCEDURE:

HSA electronically communicates with laboratory and imaging facilities. The communication includes both ordering tests and retrieving results.

In the event that an electronic communication cannot be achieved due to downtime or other reasons, HSA has established downtime procedures for ordering tests and retrieving results by fax

HSA tracks the orders of all laboratory and imaging tests, regardless of the location (internal or external) of the test. All results are tracked through to receipt of results. HSA flags all outstanding orders, based on a designated period of expected turnaround time for the test as determined by the specific test. Flagging is a systematic method of drawing attention to results that are outstanding manually or electronically.

HSA utilizes its electronic health record (EHR) system, EPIC, to order tests and monitor outstanding results. In the event that a test is outstanding after the designated time frame of expected results notification, the clinical support staff assigned to the patient's provider contacts the laboratory or diagnostic facility to determine the status of the results. If necessary, the patient is contacted. These communications are documented in the patient's medical record in a manner that is consistent with medical and legal prudence.

<p>SUBJECT: Back Office Direct Strep Quick In-Line Strep A (LS943)</p> <p>SERIES: 400 Ancillary Services</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 410.07</p> <p>PAGE: 1 OF 5</p> <p>EFFECTIVE DATE: June 2017</p> <p>REVISED:</p>	<div data-bbox="1068 163 1258 352" 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:

Group A Streptococci are organisms that typically cause illnesses such as tonsillitis, pharyngitis and scarlet fever. These infections can lead to serious complications, including rheumatic fever and acute glomerulonephritis. Rapid diagnosis and appropriate antibiotic therapy of Group A Streptococcal infections appear to be the best means of preventing these complications.


The QuickVue In-Line Strep A Test is a lateral-flow immunoassay utilizing an in-the-device antigen extraction. The test, containing a highly specific and sensitive antibody reactive to the Strep A antigen, is specific to group A with no cross-reactivity from other groups of Streptococci. The QuickVue In-Line Strep A Test allows for the rapid detection of Group A Streptococcal antigen directly from patient throat swab specimens. The test is intended for use as an aid in the diagnosis of Group A Streptococcal infection.

To perform the test, a Throat Swab specimen is collected and inserted into the Swab Chamber of the Test Cassette. The Extraction Solutions are mixed, resulting in a green color change, and added to the Swab in the Swab Chamber in order for the antigenic component of the bacteria to be extracted.

Extraction begins instantaneously, after which the extracted solution flows from the Swab Chamber onto the test strip by capillary action. The extracted sample flows through a label pad consisting of a pink label containing rabbit polyclonal anti-Strep A antibody and a blue control label. If the extracted solution contains Strep A antigen, the antigen will bind to the antibody on the pink test label which, in turn, will bind a rabbit polyclonal anti-Strep A antibody spotted on the membrane, resulting in the formation of a pink-to-red Test Line. A blue Control Line will also appear next to the letter "C" on the Test Cassette indicating that the reagents were mixed and added properly, proper volume of fluid entered the Test Cassette and capillary flow occurred. A blue Control Line should always appear in a properly functioning Test Cassette. If Strep A is not present or present at very low levels, only a blue Control Line will be visible.

POLICY STATEMENT:

The HSA laboratory follows the Infectious Diseases Society of America (IDSA) guidelines for diagnosis of streptococcal pharyngitis. The guidelines state that negative rapid streptococcal tests should be confirmed in children and adolescents. For County of Santa Cruz Health Services Agency (HSA) patients <18 years old, Culture, Routine Throat Strep Screen (LT488) must be ordered. The backup culture

SUBJECT: Back Office Direct Strep Quick In-Line Strep A (LS943)	POLICY NO.: 410.07 PAGE: 3 OF 5	
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4. Swabs >8 hours at room temperature
5. Swabs >72 hours refrigerated

C. Reagents and Materials:


1. QuickVue In-Line Strep A kit
2. Routine culture swabs
3. Timer

D. Internal Quality Control: Check the three types of Internal Quality Control (QC) on each test performed:

1. **Built-in Extraction Reagent Control:** The color of the Extraction Reagent changes from clear to green as the reagents are mixed together. The color change is an internal extraction reagent control and is an indication that the reagents were mixed and functioning properly.
2. **Built-in Positive Antigen Control:** Blue control line next to the letter "C" serves as a built-in positive antigen control. The appearance of this control indicates that the detection antibody is functionally active and is also evidence that the detection part of the test is functioning properly.
3. **Built-in Negative Background Control:** The background area in the Read Result Window should be white to light pink within 5 minutes and not interfere with the reading of the result. A lack of interfering background serves as a built-in negative background control, indicating that there are no immunological interfering substances in the sample.

E. External Quality Control (QC) Testing:

1. **Responsibility for QC:** Laboratory staff are responsible for routine performance and documentation of QC.
2. **QC Frequency:** Run Positive and Negative Controls included in kit with each shipment of a new kit lot number

SUBJECT: Back Office Direct Strep Quick In-Line Strep A (LS943)	POLICY NO.: 410.07 PAGE: 5 OF 5	
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Background color in the result window interferes with test interpretation at 5 minutes


Note: If either of these occurs, retest using a fresh swab and a new QuickVue Test Cassette.

H. Reporting Results:

1. Order LS943 and enter results in EPIC. Verify that the internal control (blue line "C") is valid.
2. Report negative tests as: "Negative for Group A Streptococci".
3. Order LT488 Throat Culture Strep Screen for confirmation; deliver swab to lab.
4. Report positive tests as: "Positive for Group A Streptococci." No confirmatory culture required.

I. Limitations:

1. The contents of this kit are for use in the qualitative detection of Group A Streptococcal antigen from throat swabs only.
2. Respiratory infections, including pharyngitis, can be caused by Streptococcus from serogroups other than Group A as well as other pathogens. The QuickVue In-Line test will not differentiate asymptomatic carriers of Group A Streptococcus from those exhibiting Group A Streptococcal infection.
3. In rare cases, test specimens heavily colonized with Staphylococcus aureus can yield false positive results.
4. Test results must always be evaluated with other data available to the physician. A negative test result might occur if the level of extracted antigen in a sample is below the detection level of the test. Additional follow-up testing using the culture method is recommended if the QuickVue In-Line test result is negative.

<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: June 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).

<p>SUBJECT: Consent for Treatment</p> <p>SERIES: 600 Required Reporting</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 610.01</p> <p>PAGE: 1 OF 3</p> <p>EFFECTIVE DATE: July 2001</p> <p>REVISED: June 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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POLICY STATEMENT:

It is the policy of the Health Services Agency of the County of Santa Cruz to support the two separate aspects of patient consent. First, a patient has the right to consent (or refuse consent) to any recommended medical procedure. Second, a patient has the right to sufficient information to make that consent meaningful.

REFERENCE:


Consent for Treatment Form & Consent for the Exchange of Confidential Medical, Mental Health, & Substance Abuse Disorder Treatment Information

PROCEDURE:

- A. HSA Clinics Staff must comply with the following guidelines:
 - 1. All adults, aged 18 years and older, must sign a Consent to Treat form;
 - 2. Consent to treat minors (patients younger than 18 years old) must be obtained.

- B. The provider must document informed consent in the medical record and/or on the informed consent form.

- C. The provider must obtain informed consent by giving the patient the following:
 - 1. Information about the diagnosis
 - 2. The nature and purpose of the proposed treatment
 - 3. The known risks and consequences of the proposed treatment

SUBJECT: Consent for Treatment	POLICY NO.: 610.01 PAGE: 3 OF 3	 The seal of Santa Cruz County, California, featuring a central figure holding a scale, surrounded by the text "THE GREAT SEAL OF THE COUNTY OF SANTA CRUZ" and the year "1850".
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F. All patients wishing to receive Integrated Behavioral Health Services (IBH) &/or Medication Assisted Treatment (MAT) for substance use disorders must complete and sign the Exchange of Confidential Medical, Mental Health, & Substance Abuse Disorder Treatment Information form. If a patient refuses to sign the form a priority message must be placed in the patient's medical record stating, "DOES NOT CONSENT TO IBH OR MAT SERVICES" and patient should be referred elsewhere for IBH or MAT services.

**COUNTY OF SANTA CRUZ (HSA)
FY 16/17 CLINIC
CLINIC SERVICES
AS OF 05/31/2017**

EXPENDITURES	Sum of Budget			Sum of Actual			Sum of Estimated Actuals			Variance		Variance %		Notes
CLINIC ADMINISTRATION	5,436,296.00	3,800,956.39	5,456,371.68	22,075.68	0%		Primarily the result of lower than expected payroll							
CORAL STREET CLINIC (HPHP)	4,116,199.00	2,779,726.89	3,308,289.22	(807,909.78)	-20%		Primarily the result of lower than expected payroll							
EMELINE CLINIC	7,040,887.00	5,483,989.90	6,401,018.64	(639,868.36)	-9%		Primarily the result of lower than expected payroll							
FORENSIC SERVICES	98,831.00	49,872.39	64,534.90	(34,296.10)	-35%		Primarily the result of lower than expected payroll							
MENTAL HEALTH FOHC	10,961,603.00	4,378,760.70	8,340,886.00	(2,620,717.00)	-24%		Primarily the result of lower than expected intra fund transfers							
WATSONVILLE CLINIC	6,332,655.00	4,969,323.01	5,704,840.53	(627,814.47)	-10%		Primarily the result of lower than expected payroll							
WATSONVILLE DENTAL	2,150,000.00	741,679.82	1,663,468.00	(486,532.00)	-23%		Primarily the result of lower than expected professional and special services							
TOTALS	36,136,471.00	22,204,309.10	30,941,408.97	(6,195,062.03)	-14%									
REVENUES	Sum of Budget	Sum of Actual	Sum of Estimated Actuals	Variance	Variance %	Notes								
CORAL STREET CLINIC (HPHP)	4,344,154.00	3,394,014.26	3,847,865.05	(496,288.95)	-11%		Primarily the result of lower than expected federal health programs							
EMELINE CLINIC	7,223,564.00	4,203,902.58	5,098,512.38	(2,125,051.62)	-29%		Primarily the result of lower than expected outpatient clinic fees and other revenue							
MENTAL HEALTH FOHC	12,061,603.00	7,256,837.96	9,440,886.00	(2,620,717.00)	-22%		Primarily the result of lower than expected outpatient clinic fees							
WATSONVILLE CLINIC	7,310,966.00	6,717,626.38	7,925,927.12	614,961.12	8%									
WATSONVILLE DENTAL	2,656,785.00	1,624,911.80	2,055,571.00	(601,214.00)	-23%		Primarily the result of lower than expected outpatient clinic fees							
TOTALS	33,597,072.00	23,197,292.98	28,368,761.55	(6,228,310.45)	-16%									
Grand Total	2,539,399.00	(992,983.88)	2,572,647.42	33,248.42	1%									